

Report on Virtual Mental Health Program for Migrant Nepalese - Session 2

Program Title: “Mental Health Awareness Session for Nepali Migrants –Conversation on unheard feelings and mental struggles”

Date: January 23, 2025

Mode: Virtual (Online)

1. Background and Purpose

Nepali migrant workers living abroad face multiple psychosocial stressors, including long working hours, language barriers, financial pressure, family responsibilities, social isolation, and uncertainty related to job security. These challenges often remain unspoken and unaddressed, leading to emotional distress, anxiety, depression, and in some cases, self-harm or suicidal ideation.

Recognizing the urgent need for culturally appropriate, accessible mental health awareness, this second virtual session was designed to help participants identify early signs of mental health difficulties, normalize help-seeking behavior, and understand when and how to seek support. The session was delivered in simple, relatable Nepali language, using case scenarios to reduce stigma and increase engagement

2. Objectives of the Session

The key objectives of session were to:

1. Help participants recognize unheard emotions and hidden mental struggles.
2. Increase awareness of stress, anxiety, and depression symptoms.
3. Enable early identification of warning signs and high-risk indicators.
4. Encourage self-care practices and social support.
5. Promote timely help-seeking and referral to appropriate mental health services.
6. Reduce stigma by normalizing mental health conversations among migrant worker

3. Session Summary

The session began with establishing shared agreements to ensure psychological safety, confidentiality, respect, and voluntary participation. Participants were encouraged to engage either by raising hands or using the chat function.

Key components of the session included:

- **Emotional Check-in:** Participants reflected on their current mood using emojis to gauge readiness and create a supportive environment.
- **Understanding Stress:** Physical, mental, emotional, and behavioral symptoms explained.
- **Negative Thoughts:** Common distressing thoughts were discussed; participants encouraged to see them as signals, not weaknesses.

- **Stress Cycle:** Stress can escalate to anxiety or depression if untreated; early identification is crucial.
- **Risk Identification – Traffic Light Model:**
 - Green: Manageable stress
 - Yellow: Warning signs (withdrawal, persistent negative thoughts)
 - Red: High risk (suicidal thoughts, self-harm, severe hopelessness)
- **Case Studies & Discussion:**
 - **Kushal:** Moderate anxiety and stress; group identified supportive actions.
 - **Lalita:** Severe anxiety, panic, and suicidal thoughts; identified as high-risk needing immediate referral.
- **Response & Support Strategies:**
 - **Normal Stress:** Listen, reassure, encourage self-care.
 - **Warning Signs:** Provide psychosocial support, regular check-ins, involve family/friends.
 - **High Risk:** Ensure safety, never leave alone, refer to professionals.

Key Message: Talking does not worsen problems; silence does

4. Participants Overview

- **Target group:** Non-Resident Nepalese (foreign employment, study, and long-term residence abroad)
- **Total participants:** 28 (15 males, 13 females)
- **Geographical spread:** Participants joined from multiple destination countries like Hong Kong, Bahrain, Saudi Arabia, Netherland, Colombia, Kuwait, India, South Sudan, Nepal, Portugal, Spain)
- **Participation mode:** Audio, chat, and interactive discussion
- **Engagement level:** High engagement observed through chat responses and one-word reflections.

5. Questions and Concerns Raised by Participants

Participants raised reflective and practical questions, including:

- Female, Nepal “*How to understand clearly on concept of mental health?*”
- Female, Europe “*How to access professionals help in abroad whenever we want?*”
- Female, Europe “*Can I write my issues and send it so that I can access help from Nepal?*”

These questions reflected strong interest in self-awareness and need of accessible support systems.

6. Challenges Identified During the Session

- **Low volume of actual migrant Nepalese:** Lesser number of participants was observed which made discussion and experiences sharing limited.
- **Time-zone barriers:** Different time zones affected being fully present during the session.
- **Stigma and fear:** Participants expressed hesitation in openly discussing mental health concerns due to fear of judgment or employment consequences.
- **Limited-service linkage abroad:** Participants highlighted many suicidal, anxiety and depression cases and was concerned about accessibility of mental health support in host countries.
- **Technical issues:** Minor issues while changing slides, opening chat responses was addressed.

7. Key Learnings and suggestions

- Migrant Nepalese experience significant emotional and psychosocial stressors related to financial burden, separation with family, domestic violence, work pressure, and cultural mal-adjustment on abroad.
- Participation in the session was lower than expected. To improve attendance, consider sending reminders in advance, adjusting the timing for participants' convenience, and promoting the session through multiple channels.
- In addition to virtual sessions, consider organizing private assessment and counseling sessions in collaboration with mental health organization to address individual mental health needs of migrants.
- Promoting peer-support networks among migrant communities would be beneficial to those migrants who are rigorously searching immediate help and support.

8. Key Outcomes

- Improved awareness of mental health symptoms among migrant workers.
- Increased ability to differentiate between normal stress, warning signs, and high-risk situations.
- Reduced stigma around discussing emotional distress.
- Strengthened motivation to seek timely help and support.

9. Conclusion and Recommendations

The second virtual mental health session successfully met its objectives by delivering culturally sensitive, practical, and accessible mental health education to Nepali migrant workers. The use of case examples, interactive discussion, and simple risk models proved effective.