NEED ASSESSMENT FOR MENTAL HEALTH SERVICES AMONG SEX WORKERS IN BANGKOK AND PATTAYA

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Executive summary

Background and Objectives: This report collates the findings from a comprehensive survey aimed at understanding the mental health service needs of sex workers in urban settings, with a particular focus on those diagnosed with depression. The objective is to inform the development of effective, targeted mental health interventions that are accessible and acceptable to this group.

Methods: A cross-sectional study design was employed, utilizing both quantitative and qualitative data collection methods. The sample consisted of 200 sex workers from Bangkok and Pattaya, with the PHQ-9 tool used to detect the presence of depression. Data was gathered through a self-administered online questionnaire and face-to-face interviews conducted by trained SWING clinic staff. Stratified sampling ensured representation across genders and work environments, while convenience sampling facilitated participant recruitment during outreach activities.

Key Findings: The study revealed a significant recognition of the need for mental health services among sex workers, especially among those with depression. High demand was noted for annual mental health screenings in work areas, friendly service units tailored to sex workers, and counseling services aimed at crisis management, including for infectious disease outbreaks. The preference for online self-assessment tools and group support activities indicates a desire for privacy and peer support.

Conclusion and Recommendations: The evidence points to an urgent requirement for mental health support structures that are sensitive to the challenges faced by sex workers. The report recommends the establishment of specialized mental health services that are readily accessible at work sites and through online platforms, regular screening programs for early detection and intervention, and the formation of support groups to promote mental well-being. It also emphasizes the need for ongoing training for healthcare providers to enhance sensitivity and reduce stigma.

Implications: The findings serve as a critical input for healthcare providers, NGOs, and policymakers in structuring and implementing mental health services. By addressing the specific needs and preferences of sex workers, these interventions can significantly improve mental health outcomes and the overall well-being of this marginalized population.

Acknowledgment

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Mental Health Services Need Assessment

1.   Background

APCASO and Service Worker In Group Foundation (SWING) agree to enter into a partnership towards the implementation of THE PROJECT *Mental Health Supports for Sex Workers in Thailand.* This project aims to gain better understanding of the mental health needs of sex workers in Thailand via a needs assessment; followed by translating the assessment findings into action-oriented tools to promote sex workers-led service provision and capacity building. It proposes a workplan for implementing mental health supports for sex workers in Thailand, taking into consideration the impact of criminalization laws, HIV/STI/TB, and the barriers to healthcare services posed by the COVID-19 pandemic. The project seeks to address the urgent need for mental health education and support among sex workers, recognizing the interconnectedness between mental health, sexual health, and the challenges posed by the current health crisis.

Sex work, often shadowed by societal stigma and complex legislative frameworks. Historically, criminalization laws in Thailand have further marginalized the sex worker community, leaving them susceptible to a myriad of mental and physical health challenges. Moreover, the pressing threats of HIV, STIs, and TB, coupled with the barriers to accessing healthcare due to these legal constraints, significantly elevate the urgency of addressing the mental health requirements of this group.

The recent global outbreak of the COVID-19 pandemic has magnified these concerns. Disruptions to healthcare services, increased economic strains, and heightened social isolation contribute to deteriorating mental health, making the situation even more critical. In light of these circumstances, it is crucial to develop a comprehensive mental health intervention that addresses the specific needs of sex workers while considering the interconnected impact of HIV/STI/TB and COVID-19.

Mental health of sex workers

The mental health of sex workers is a significant issue, yet it often remains overshadowed by societal stigmas and systemic biases. Individuals engaged in sex work frequently navigate a complex landscape of emotional, psychological, and societal challenges. The nature of their profession, combined with societal marginalization, can lead to increased vulnerabilities to anxiety, depression, and other mental health disorders. Many sex workers experience heightened levels of stress due to factors such as unpredictable income, concerns for personal safety, and exposure to violence or coercion. The layered complexities of their daily lives, intertwined with the weight of societal judgment, can impede their access to mental health services. While many sex workers are resilient and find support within their communities, it's crucial to recognize the unique mental health challenges they face and advocate for tailored, stigma-free resources and interventions that prioritize their well-being.

Research has explored the mental illness experienced by sex workers. A systematic review and meta-analysis focused on mental health issues among female sex workers in low- and middle-income countries (LMICs) highlighted that mental health challenges are rampant among FSWs in these regions and exhibit strong correlations with common risk factors. This comprehensive review revealed the following pooled prevalence rates for mental disorders among FSWs in LMICs: depression at 41.8%, anxiety at 21.0%, post-traumatic stress disorder (PTSD) at 19.7%, psychological distress at 40.8%, recent suicidal ideation at 22.8%, and recent suicide attempts at 6.3%[1]. A more recent systematic review disclosed that mental health issues are notably pervasive among SWs, with prevalence rates spanning between 50% to 71%[2].

In Thailand, a study conducted on female sex workers seeking humanitarian assistance in Pattaya reported a considerably lower mental health problem prevalence of 9%, a figure starkly disparate from the prevalence rates observed in other countries[3].

The recent systematic review also revealed that studies investigating mental illness among sex workers have utilized various assessment tools to measure depression, anxiety, PTSD, psychological distress, recent suicidal ideation, lifetime suicidal ideation, and recent suicidal attempts[1]. Among the commonly employed instruments are the PHQ9, GHQ-28, Breslau's 7-item PTSD scale, SRQ-20, PCL-C, Symptom Checklist-90 for psychological distress, and the CES-D-8 item, among others. While these instruments are standardized and have a long-standing history of application both in clinical settings and research contexts, it's noteworthy that none are specifically tailored for the unique experiences and challenges faced by sex workers.

This research is an integral component of a broader initiative spearheaded by the Service Workers In Group Foundation (SWING). The project's primary objective is to develop a holistic mental health self-assessment tool tailored specifically for sex workers. Once finalized, this tool will be incorporated into SWING's existing service suite, which includes community-led HIV and STI clinics in Bangkok and Pattaya. Furthermore, it will be utilized in mobile clinics situated within the sex worker community and integrated into various outreach programs. The insights gleaned from this study will directly influence and enhance SWING's approach to addressing the mental health challenges faced by sex workers.

2.   Objectives

To comprehensively assess the mental health needs and challenges of sex workers in Bangkok and Pattaya, Thailand, and propose informed strategies to enhance their mental well-being and access to supportive services.

[1] Beattie TS, Smilenova B, Krishnaratne S, Mazzuca A (2020) Mental health problems among female sex workers in low- and middle-income countries: A systematic review and meta-analysis. PLoS Med 17(9): e1003297. https://doi.org/10.1371/journal.pmed.1003297

[2] Martín-Romo L, Sanmartín FJ, Velasco J. Invisible and stigmatized: A systematic review of mental health and risk factors among sex workers. Acta Psychiatr Scand. 2023;148(3):255□264. doi:10.1111/acps.13559

[3] Jantorn J, Roomruangwong C. Mental health problems and associated factors among female sex-workers seeking for help at the Fountain of Life Center, Pattaya. Chulalongkorn Medical Bulletin. 2019 Jan 23;1(4):403-12.

3. **Method**

3.1 **Study Design:** We will conduct a quantitative cross-sectional study to assess the mental health of sex workers in Bangkok and Pattaya, Thailand, working with SWING Foundation's intervention sites.

3.2 **Participants:** 200 sex workers from Bangkok and Pattaya, aged 18 or above, engaging in sex work, and willing to give informed consent.

3.3 **Sample Size Calculation:** Using a formula for population proportion in cross-sectional studies, we've determined a need for approximately 200 participants. This accounts for a 15% estimated prevalence of mental illness, a 5% margin of error, and a 95% confidence level.

3.4 Sampling Strategy

- Stratified by Gender and Work Setting: Quotas are set for gender (Female, Male, Transgender) and work environment (Venue-based, Non-venue-based) to ensure diverse representation.
- Convenience Sampling: Recruitment will prioritize available and willing participants, with continuous monitoring to meet stratification goals.

3.5 Recruitment Methods

- SWING Clinics: Leveraging existing client relationships, potential participants will be approached respectfully for voluntary participation.
- Outreach Activities: Training outreach workers to acquire informed consent, ensuring ethical and transparent recruitment.

3.6 Inclusion/Exclusion Criteria

- Included: Self-identified sex workers, any gender, aged 18+, able to provide informed consent.
- Excluded: Non-sex workers, under 18, unable to provide informed consent.
- This study aims to provide a comprehensive understanding of the mental health needs of sex workers in these urban areas, respecting their autonomy and ensuring ethical research practices throughout.

4. Data Collection Tool Overview

The data collection for this study was carried out using an online, self-administered questionnaire, which was designed to ensure that participants from a wide range of geographic locations could easily access it, while also maintaining their privacy and convenience. In addition to the questionnaire, interviews were conducted in person by trained interviewers who are affiliated with SWING clinics. These face-to-face interviews were approached with empathy and sensitivity, prioritizing an understanding of the participants' experiences. To balance the need for comprehensive information with the respondents' comfort, the duration of these

interviews was kept brief, lasting approximately 10 to 15 minutes, which helped in reducing the likelihood of survey fatigue.

Questionnaire Sections:

- General Information: Collects demographics like age, gender, education, and background.
- Sex Work Description: Details on the nature of sex work, including service types and frequency.
- Health and Mental Health: Assesses overall and mental health using the Thai GHQ-28 questionnaire.
- Needs Assessment: Gathers participant input on mental health services and support preferences.

The questionnaire is designed to be both thorough and concise, capturing essential information while respecting participant time.

5.   Findings

5.1   General characteristics of participants

Table 5.1 presents the demographic and socio-economic characteristics of 200 participants, along with their health status and access to health insurance. The characteristics include the site of residence, type of venue they work at, generational cohort, sex and gender identification, key-population group, education level, nationality, health insurance coverage, self-assessed general health condition, and whether they have a condition requiring ongoing treatment or medication.

Notable points include:

- A higher percentage of participants are from Pattaya (57.5%) compared to Bangkok (42.5%).
- The majority work at venues (61.5%).
- Gen Y represents the largest generational group at 58.0%.
- Males constitute 60.0% of the respondents, while females make up 40.0%.
- A diverse representation of gender identities is noted, with 40.0% female, 18.0% gay, and 29.5% trans women.
- The key-population group distribution is fairly even, with male sex workers (MSW) at 30.5%, female sex workers (FSW) at 40.0%, and transgender sex workers (TGSW) at 29.5%.
- Education levels vary, but the highest percentage have completed high school/equivalent (32.0%).
- The majority of participants are Thai nationals (78.5%).
- Regarding health insurance, most are covered by the Thai National Health Scheme (65.0%).

- Almost half of the participants rate their general health condition as good (49.0%).
- A minority (12.5%) report a condition that requires ongoing treatment or medication.

Table 5.1 Demographic and Health Characteristics of Sex Workers in Thailand (N=200)

Characteristics	Percentage (N=200)
Site	
BKK	42.5
Pattaya	57.5
Total	**100.0**
Venue	
Venue	61.5
Non-vanue	38.5
Total	**100.0**
Generation	
Gen Z	27.0
Gen Y	58.0
Gen X	15.0
Total	**100.0**
Sex	
Male	60.0
Female	40.0
Total	**100.0**
Gender	
Male	12.5
Female	40.0
Gay	18.0
Trans woman	29.5
Total	**100.0**
Key-population	
MSW	30.5
FSW	40.0
TGSW	29.5
Total	**100.0**
Education	
Primary	18.0
Secondary	26.5
High school/equivalent	32.0
Higher vocational level	14.5
Bachelor and above	8.0
Never studied in school	1.0
Total	**100.0**

Characteristics	Percentage (N=200)
Nationality	
Thai	78.5
Cambodian	5.0
Laotian	14.5
Others (e.g. Vietnamese)	2.0
Total	**100.0**
Health insurance	
None	20.5
Thai National Health Scheme (30 Baht card)	65.0
Social Security Insurance	13.0
Migrant Worker Insurance	0.5
Private company insurance	1.0
Total	**100.0**
Self-assessment general health condition	
Not good	4.0
Moderate	30.5
Good	49.0
Very good	16.5
Total	**100.0**
Condition that requires ongoing treatment or medication	
Yes	12.5
No	86.5
Never been examined	1.0
Total	**100.0**

It is essential to consider how these demographic and socio-economic factors influence both the perceived and actual necessity for these services. The geographical locations of Bangkok and Pattaya, for instance, offer different socio-economic and cultural environments, which may affect the availability and accessibility of mental health services. The distinction in work settings, whether venue-based or non-venue, also plays a role, as it can lead to varying levels of social support and exposure to stressors, impacting mental health differently.

Generational differences are also noteworthy. The diverse mental health needs across generations – Gen Z, Gen Y, and Gen X – may reflect varying attitudes towards mental health, with younger generations perhaps more open to seeking services. Furthermore, the diverse experiences and challenges faced by different sex and gender groups – males, females, gays, and trans women – especially in terms of societal acceptance and discrimination, can lead to different mental health service needs.

Key-population groups, including male, female, and transgender sex workers (MSW, FSW, TGSW), may require tailored mental health services that specifically address their vulnerabilities and the stigma they face. Education level is another factor that could influence the awareness and utilization of mental health services, with those having higher education levels potentially being more receptive.

Nationality also plays a crucial role. Non-Thai nationals, like Cambodian and Laotian sex workers, might encounter additional barriers, including language and legal issues, impacting their access to mental health services. Health insurance coverage is another significant factor; the type of insurance one holds can determine the ease of accessing these services, with those having limited or no insurance facing more significant financial barriers.

The general health condition of the workers, as self-assessed, might correlate with their mental health. Those perceiving their health as poor might experience higher levels of psychological distress. Additionally, those requiring ongoing treatment or medication for other conditions might have increased needs for mental health services, indicating an overlap between physical and mental health issues.

In summary, understanding these diverse characteristics provides a comprehensive framework for comprehending the multifaceted mental health care needs of sex workers. It underscores the importance of developing inclusive, comprehensive, and accessible mental health services that are responsive to the specific requirements of these varied groups.

5.2   Need assessment of mental health services

Table 5.2 in the survey presents the percentage distribution of 200 participants based on their self-perceived need for various mental health care services. The respondents were asked to evaluate their personal need for these services, categorizing it as minimal, moderate, or high.

For mental health counseling services, a significant 58.5% of the participants felt a high need, while 26.5% perceived it as minimal and 15.0% as moderate. This indicates a strong demand for counseling services among the participants.

The need for a friendly mental health service unit specifically for sex workers was considered high by 63% of the respondents. A smaller proportion, 23.0%, viewed this need as minimal, and 14.0% as moderate, highlighting the importance of having accessible and supportive mental health services.

Regarding annual mental health screening services in their work areas, a notable 68% of the participants perceived a high need, with 23.0% seeing it as minimal and 9.0% as moderate. This suggests a significant appreciation for regular mental health assessments in their work environment.

For self-assessment of mental health via online channels and referral services for mental health support, both services were seen as highly needed by 50% of the participants, with 35.0% perceiving it as minimal and 15.0% as moderate. This reflects an awareness of the value of accessible mental health resources and guidance in obtaining care.

Group activities or support groups to promote mental well-being were considered highly necessary by 56.5%, with 33.0% viewing the need as minimal and 10.5% as moderate. This shows recognition of the benefits of communal and peer support for mental health.

The highest perceived need was for counseling in handling future crises like COVID-19, Mpox, TB, HIV, and STIs, with 70.5% seeing a high need, 20.5% a minimal need, and 9.0% a moderate need. This underscores the concern for preparedness and support in facing significant health-related challenges.

Overall, Table 5.2 reveals a considerable recognition among the participants of the high need for various mental health care services, particularly for specialized counseling, regular screenings, online self-assessment tools, referral services, support groups, and crisis management support.

Table 5.2: Percentage Distribution of Participants by Their Perceived Need for Mental Health Services (Question: Do you think you, yourself, have a need for mental health care services?)"

Questions	Need Level			Total
	Minimal	Moderate	High need	(n=200)
1. Mental health counseling services	26.5	15.0	58.5	100.0
2. Friendly mental health service unit for sex workers	23.0	14.0	63	100.0
3. Annual mental health screening services in work areas	23.0	9.0	68	100.0
4. Self-assessment of mental health via online channels	35.0	15.0	50	100.0
5. Referral service for mental health support	35.0	15.0	50	100.0
6. Group activities (support groups) to promote mental well-being	33.0	10.5	56.5	100.0
7. Counseling for handling next crises such as COVID-19, Mpox, TB, HIV, and STIs	20.5	9.0	70.5	100.0

Table 5.3 provides insights into the perceived need for mental health care services among sex workers, as assessed by a sample of 200 individuals. The participants were asked to gauge the general necessity for various mental health services within the sex worker community, categorizing it as minimal, moderate, or high.

In terms of mental health counseling services, 58% of the respondents identified a high need, while 29.5% considered the need minimal, and 12.5% saw it as moderate. This indicates a substantial recognition of the importance of counseling services among sex workers.

For a friendly mental health service unit specifically designed for sex workers, 58.5% of the participants perceived a high need, with 30.5% viewing it as minimal and 11.0% as moderate. This response underscores the demand for supportive and accessible mental health facilities.

Regarding annual mental health screening services in work areas, 61% of the respondents felt there was a high need, with 29.5% considering it minimal and 9.5% moderate. This suggests a significant value placed on regular mental health assessments in their professional environments.

The perceived need for self-assessment of mental health via online channels was high for 52% of the participants, whereas 38.5% saw it as minimal and 9.5% as moderate. This reflects an awareness of the importance of easily accessible mental health resources.

For referral services offering mental health support, 51% of the respondents indicated a high need, with 41% viewing it as minimal and 8.0% as moderate, highlighting the importance of guidance in accessing mental health care.

Group activities or support groups aimed at promoting mental well-being were considered highly necessary by 52%, with 37.5% viewing the need as minimal and 10.5% as moderate. This shows a recognition of the benefits of communal support for mental health.

The highest perceived need was for counseling to manage future crises like COVID-19, Mpox, TB, HIV, and STIs, with 64% seeing a high need, 27.5% a minimal need, and 8.5% a moderate need. This emphasizes the concern for preparedness and support in the face of significant health-related challenges.

Overall, Table 5.3 reveals a considerable acknowledgment among sex workers of the high need for various mental health care services, particularly for specialized counseling, regular screenings, online self-assessment tools, referral services, support groups, and crisis management support.

Table 5.3: Percentage Distribution of Responses on the Perceived Need for Mental Health Care Services Among Sex Workers (Question: Do you think, in general, there is any need for mental health care services among sex workers?)

Questions	Need level			Total
	Minimal	Moderate	High needed	(n=200)
1. Mental health counseling services	29.5	12.5	58	100.0
2. Friendly mental health service unit for sex workers	30.5	11.0	58.5	100.0
3. Annual mental health screening services in work areas	29.5	9.5	61	100.0
4. Self-assessment of mental health via online channels	38.5	9.5	52	100.0
5. Referral service for mental health support	41	8.0	51	100.0
6. Group activities (support groups) to promote mental well-being	37.5	10.5	52	100.0
7. Counseling for handling next crises such as COVID-19, Mpox, TB, HIV, and STIs	27.5	8.5	64	100.0

Figure 5.4 pie chart visualizes the results from a table detailing the prevalence of depression among a group of participants, as detected by the PHQ-9 (Patient Health Questionnaire-9). In the chart, two categories are represented: "No depression detected" and "Depression detected."

Out of 200 participants, 162 (which is 81%) did not show signs of depression according to the PHQ-9, while 38 participants (19%) were found to have depression. The chart uses different shades to distinguish between the two categories, with a larger blue section representing those without depression and a smaller orange section for those with depression. This clear visual representation helps to quickly grasp the proportion of the surveyed population affected by depression versus those not affected.

Figure 5.4   Proportion of Depression Detection Among Repondents via PHQ-9

DEPRESSION DETECTION AMONG REPONDENTS VIA PHQ-9 (N=200)

Depression detected (n=38) 19%
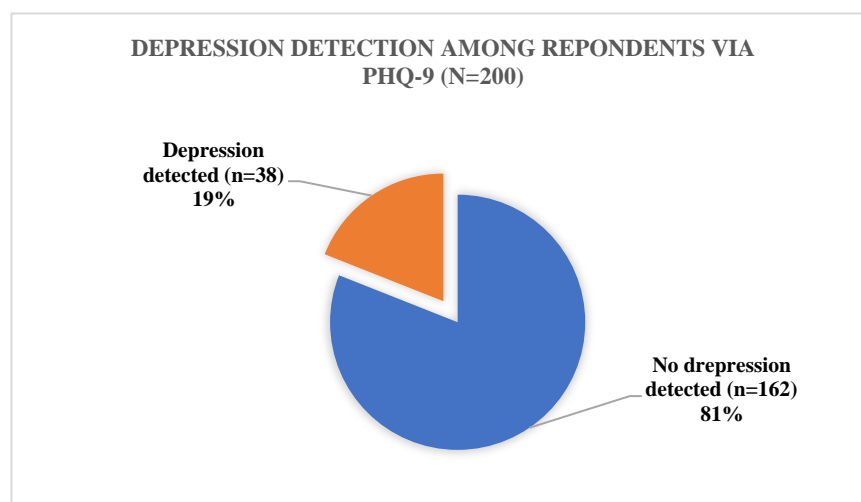
No drepression detected (n=162) 81%

Figure 5.4 bar chart provides a visual representation of the percentage of sex workers who perceive a need for various mental health services, with a distinction made between those who have had depression detected (indicated by orange bars) and those who have not (indicated by blue bars).
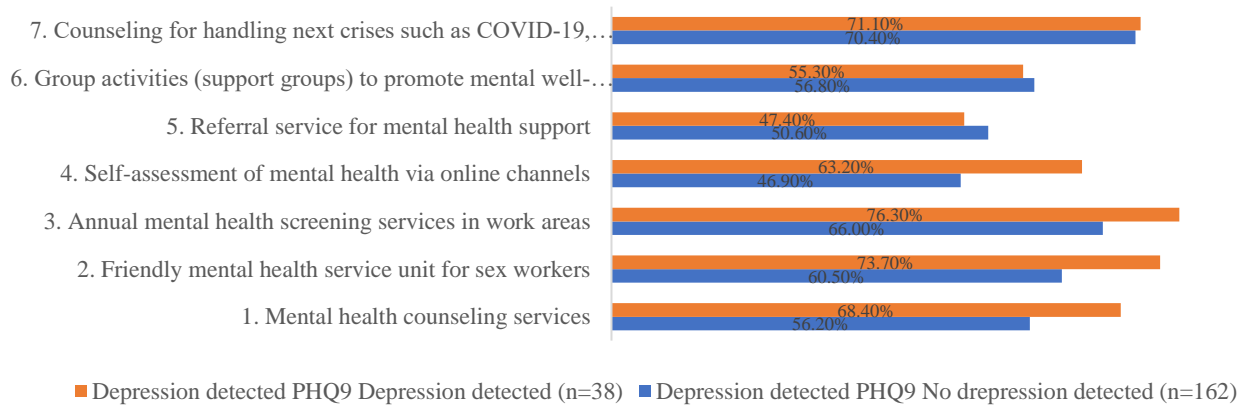
Key findings from the chart include:

- **Annual Mental Health Screening Services in Work Areas**: The highest perceived need among those with depression at 76.3%, compared to 66% among those without.
- **Friendly Mental Health Service Unit for Sex Workers**: A significant need is acknowledged by both groups, with 73.7% of those with depression and 60.5% without indicating a need.
- **Mental Health Counseling Services**: Notably recognized by 68.4% of participants with depression and by 56.2% of those without.
- **Counseling for Handling Next Crises such as COVID-19, Mpox, TB, HIV, and STIs**: A very high demand is shown among both groups, with 71.1% of depressed individuals and 70.4% of the non-depressed recognizing the need.
- **Self-Assessment of Mental Health via Online Channels**: More favored by those with depression (63.2%) than those without (46.9%).
- **Referral Service for Mental Health Support** and **Group Activities (Support Groups)**: Both services show a higher perceived need among those with depression compared to those without, with referral services at 50.6% vs. 47.4% and group activities at 56.8% vs. 55.3%, respectively.

The data suggests that sex workers with depression detected by PHQ-9 consistently see a greater need for mental health services across all categories than those without depression. This highlights the importance of tailored mental health support for sex workers, especially for those experiencing depression.

Figure 5.5   Comparison of Mental Health Service Needs Between Participants With and Without Depression Detected by PHQ-9

Comparison of Mental Health Service Needs Between Participants With and Without Depression Detected by PHQ-9

Service Need	Depression detected PHQ9 Depression detected (n=38)	Depression detected PHQ9 No drepression detected (n=162)
7. Counseling for handling next crises such as COVID-19,…	71.10%	70.40%
6. Group activities (support groups) to promote mental well-…	55.30%	56.80%
5. Referral service for mental health support	47.40%	50.60%
4. Self-assessment of mental health via online channels	63.20%	46.90%
3. Annual mental health screening services in work areas	76.30%	66.00%
2. Friendly mental health service unit for sex workers	73.70%	60.50%
1. Mental health counseling services	68.40%	56.20%

6.   Recommendations

Based on the survey findings and the data represented in the charts, here are recommendations for interventions to support the mental health of sex workers:

1. **Establish Accessible Mental Health Counseling Services**: Given the substantial percentage of sex workers who agree on the need for mental health counseling services, establishing accessible counseling centers is crucial. These should offer privacy, be non-judgmental, and cater specifically to the unique needs of sex workers.
2. **Develop Friendly Mental Health Units**: The findings suggest a need for friendly mental health service units tailored to sex workers. These units should prioritize creating a safe and welcoming environment, perhaps through the involvement of peers in service provision.
3. **Implement Regular Mental Health Screenings**: Annual or more frequent mental health screenings at work areas could help in early detection and intervention of mental health issues.
4. **Create Online Self-Assessment Tools**: The preference for online channels indicates that digital self-assessment tools could be effective. These tools should be anonymous, user-friendly, and provide immediate resources or referrals.
5. **Referral Networks for Mental Health Support**: Establishing a robust referral system for mental health support can ensure that sex workers have access to the necessary services after initial contact or screening.
6. **Organize Support Groups**: Group activities and support groups were seen as beneficial. Interventions could include peer-led support groups to promote mental well-being and resilience.
7. **Crisis Counseling Services**: There's a clear need for counseling services to handle crises like pandemics and STIs. Providing information, support, and counseling specific to these crises can help mitigate their mental health impact.

8. **Enhance Outreach Activities**: Outreach activities should be enhanced to not only provide information but also to actively involve sex workers in the design and implementation of mental health services.

9. **Train Staff in Sensitivity and Awareness**: Staff who interact with sex workers, including healthcare providers, should be trained in cultural competence, sensitivity, and awareness of the issues faced by sex workers to reduce stigma and discrimination.

10. **Research and Continuous Evaluation**: Ongoing research to monitor the effectiveness of these interventions is essential. This should include feedback mechanisms for sex workers to share their experiences with the services provided.

Each of these recommendations should be implemented with the involvement of sex workers at every stage, ensuring that the services are designed to meet their specific needs and preferences.

7.   Conclusion

In conclusion, the report's findings underscore the critical need for specialized mental health services among sex workers, with a pronounced demand among those diagnosed with depression as identified by the PHQ-9. The data reveals that services such as annual mental health screenings, counseling for crises, and friendly mental health units are in high demand, indicating a clear directive for healthcare providers and policymakers to develop targeted, accessible, and stigma-free mental health interventions for this vulnerable population. Additionally, the preference for self-assessment tools and support groups suggests a move towards empowering sex workers with self-managed care options and community support mechanisms. It is imperative that future health service planning incorporates these insights, prioritizing the mental well-being of sex workers to enhance their overall health, safety, and quality of life. This report serves as a call to action to address the evident disparities in mental health service provision and to foster a healthcare environment that is both inclusive and responsive to the nuanced needs of sex workers.