



# Report on the Development of Mental Health Self-assessment Tool

This report is part of the project titled 'Mental Health Supports for Sex Workers in Thailand' supported by APCASO

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## Executive summary

**Background:** APCASO and the Service Worker In Group Foundation (SWING) have collaborated on THE PROJECT Mental Health Supports for Sex Workers in Thailand. This initiative seeks to understand the mental health needs of sex workers through a needs assessment, followed by the creation of action-oriented tools for sex worker-led service provision and capacity building. The project addresses the urgent need for mental health education and support among sex workers, considering the impacts of criminalization laws, HIV/STI/TB, and healthcare barriers due to the COVID-19 pandemic.

**Mental Health of Sex Workers:** Sex workers often face societal stigma and complex legislative frameworks that exacerbate mental and physical health challenges. The COVID-19 pandemic has further intensified these issues, leading to increased economic strains and social isolation. Research indicates high prevalence rates of mental disorders such as depression, anxiety, PTSD, and suicidal tendencies among sex workers, particularly in low- and middle-income countries. However, existing mental health assessments do not specifically cater to the unique experiences of sex workers.

**Objective:** The project aims to create a comprehensive mental health self-evaluation tool tailored for sex workers, enabling them to assess their mental well-being, sexual health, and the impact of COVID-19.

**Overview of Mental Health Evaluating Tools:** The project explores three primary tools for mental health assessment: the PHQ-9, the ST-5, and the 2Q Depression Screen. These tools, while effective in general settings, are not specifically designed for sex workers' unique experiences.

**Mental Health Screening at HIV Clinics of SWING Foundation:** SWING Foundation has implemented mental health screening using the 2Q Depression Screen and PHQ-9 at their clinics. The screenings revealed a need for a more tailored approach to address the mental health challenges specific to sex workers.

**Methodology for the Development of a Self-Evaluation Tool for Sex Workers:** SWING's initiative involved conducting a survey with 200 sex workers, using tools like the GHQ-28 to assess their mental health status. The survey collected data on demographics, sex work description, health and mental health, and needs assessment.

**Results:** The analysis of data from tools like the PHQ-9 and ST-5 highlighted the necessity of a specific approach to mental health for sex workers. The findings indicated high stress and depression levels linked to factors unique to sex work, such as financial responsibility and experiences of violence.

**Mental Health Self-Evaluation Tool:** The project's primary objective is to develop a mental health screening tool that is sensitive and responsive to the specific needs of sex workers. This tool will identify signs of mental health issues while considering the unique experiences related

to sex work. The goal is to provide a comprehensive, accessible, and culturally sensitive resource for sex workers, healthcare providers, and support organizations.

In conclusion, this project aims to contribute positively to the well-being and quality of life of sex workers by focusing on a more inclusive and representative approach to mental health assessment, tailored to their unique challenges and experiences.

## **Acknowledgment**

We express our deepest gratitude to the many individuals whose dedication and expertise have greatly contributed to the development of this report.

Our heartfelt thanks go to the 200 participants who generously shared their time and personal experiences, thereby providing the cornerstone for our insights into the mental health needs of sex workers.

We extend our profound appreciation for the funding support provided by APCASO to the project entitled "*Mental Health Supports for Sex Workers in Thailand*," which facilitated this research. Jennifer Ho's technical guidance was crucial in formulating the project's concept and proposal, laying a solid foundation for the study.

In crafting this report, we extend our profound gratitude to our report writing team, Attakorn Somwang, Kittipat Pramualratana and Samarn Sumalu, whose dedication and expertise in articulating our findings have been invaluable. We are equally grateful to Dr. Dusita Phuengsamran for her technical guidance and unwavering support throughout the project's duration.

Our heartfelt appreciation goes out to our diligent data collection team—Supachai Sukthongsa, Denchai Srikrongthong, Virach Suwong, Torwong Wongsing, Naphat Jantasook, Kritsada Chalermkrittikron, Arnon Thepbinkarn, Kim Hiek Thy, Songwasin Pomboribut, and Kittithat Kaosri. Their meticulous and thorough data gathering efforts have been foundational in ensuring the precision and reliability of our research findings.

We would be remiss not to acknowledge the pivotal leadership and supervision provided by Surang Janyam, the Director of SWING, and Chamrong Phaengnongyang, the Deputy Director. Their guidance has been a cornerstone of this project's success.

The collective efforts of everyone involved have been instrumental in assembling a comprehensive report that promises to greatly enhance mental health services for sex workers. Our deepest thanks to each individual for their unwavering commitment and exceptional contributions to this vital endeavor.

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# Mental Health Self-Evaluation Tool

## 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%<sup>1</sup>. A more recent systematic review disclosed that mental health issues are notably pervasive among SWs, with prevalence rates spanning between 50% to 71%<sup>2</sup>.

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<sup>3</sup>.

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<sup>1</sup>. 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 create a comprehensive mental health self-evaluation tool for sex workers, enabling them to assess their mental well-being, sexual health, and the impact of COVID-19.

<sup>1</sup> 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>

<sup>2</sup> 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

<sup>3</sup> 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. Overview of Mental Health Evaluating Tools**

In the following section, we will explore three pivotal tools used in the assessment and screening of mental health conditions: the Patient Health Questionnaire-9 (PHQ-9), the Stress Test Questionnaire (ST-5), and the 2Q Depression Screen. Each of these tools serves a unique purpose in identifying and evaluating different aspects of mental well-being. The PHQ-9 is a comprehensive questionnaire for diagnosing and measuring the severity of depression. In contrast, the ST-5 focuses on evaluating an individual's stress levels through a concise set of questions. Lastly, the 2Q Depression Screen offers a brief initial screening for depression, highlighting the need for further assessment if necessary. Together, these tools represent a spectrum of methods employed by health professionals to gauge mental health, from detailed evaluations to quick screenings, ensuring a broad and efficient approach to mental health care.

#### **3.1 Patient Health Questionnaire-9 (PHQ-9)**

The Patient Health Questionnaire-9 (PHQ-9) is a widely-used and reliable instrument for screening, diagnosing, monitoring, and measuring the severity of depression. Developed as a self-administered tool, it comprises nine questions that are directly based on the nine diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Each question in the PHQ-9 asks respondents to rate the frequency of experiencing specific symptoms of depression over the past two weeks. These symptoms include issues such as lack of interest or pleasure in activities, feelings of hopelessness or depression, sleep disturbances, and energy loss. Responses are scored on a scale ranging from 0 (not at all) to 3 (nearly every day), leading to a total score that ranges from 0 to 27. This score helps in assessing the severity of depression: 0-4 for minimal depression, 5-9 for mild, 10-14 for moderate, 15-19 for moderately severe, and 20-27 for severe depression.

The PHQ-9 is not only valued for its diagnostic accuracy but also for its simplicity and brevity, making it a practical tool for use in various settings, including primary care, psychiatric care, and research. It serves as a useful guide for clinicians to initiate discussions about mental health and to make informed decisions about treatment. Furthermore, the PHQ-9 is beneficial for tracking the progress of patients over time, providing a quantitative measure of response to treatment.

Importantly, the PHQ-9, while highly effective, is not a substitute for a clinical diagnosis by a healthcare professional. It is designed to be a first step in the diagnostic process, signaling the need for further evaluation if high scores are obtained. Moreover, its widespread acceptance and use in various populations make it a versatile and essential tool in mental health assessment.

### **3.2 Stress Test Questionnaire (ST-5)**

The Stress Test Questionnaire, often referred to as ST-5, is a psychological assessment tool designed to measure and evaluate an individual's level of stress. While less known compared to other standardized tests like the PHQ-9, the ST-5 serves a critical role in both clinical and research settings, particularly in the study and management of stress-related conditions.

ST-5 typically comprises five key questions or items, each aiming to probe different aspects of stress experienced by an individual. These aspects can include emotional responses (like feelings of anxiety or irritability), physical symptoms (such as headaches or fatigue), cognitive effects (like concentration difficulties), and behavioral changes (for example, changes in sleep patterns or appetite). The items are designed to capture a broad spectrum of stress responses, making the questionnaire versatile and applicable to a diverse population.

Respondents are usually asked to rate their experiences related to each item on a scale, which might vary from one version of the test to another. Commonly, these scales assess the frequency or intensity of the stress symptoms over a specified period, such as the past week or month. The cumulative score derived from these responses helps in quantifying the individual's stress level.

The ST-5 is praised for its brevity and ease of administration, making it an efficient tool for both clinical practitioners and researchers. In clinical settings, it can serve as a quick screening tool to identify individuals who might be experiencing high levels of stress and who may benefit from further evaluation or intervention. In research, it offers a concise method to quantify stress as a variable, allowing for the study of its impact on various health outcomes or its interaction with other psychological factors.

However, like any self-reported measure, the ST-5 has its limitations, including the potential for response bias. Also, it's important to note that it should not be used as a standalone diagnostic tool. Instead, it should be part of a comprehensive assessment strategy, particularly when diagnosing stress-related disorders or planning treatment interventions. Its simplicity and general nature mean it is well-suited for initial screenings and general research, but it may not capture the nuances of complex stress-related conditions.

### **3.3 2Q Depression Screen**

The 2Q depression screen is a concise and straightforward screening tool used in primary care and other clinical settings to quickly assess the likelihood of depression in a patient. It is derived from the longer and more comprehensive Patient Health Questionnaire (PHQ) series, specifically the PHQ-9, which is a widely-used instrument for diagnosing and measuring the severity of depression.

The 2Q depression screen consists of just two questions, which are the first two items of the PHQ-9. These questions are:



- Over the past two weeks, have you felt little interest or pleasure in doing things?
- Over the past two weeks, have you felt down, depressed, or hopeless?

These questions are designed to capture the core symptoms of major depression: anhedonia (the inability to feel pleasure) and depressed mood. Patients are asked to respond based on the frequency of these experiences, usually with options ranging from "not at all" to "nearly every day."

The simplicity of the 2Q depression screen is a significant advantage, as it allows for a quick initial assessment of depression, which can be particularly useful in busy clinical settings. If a patient answers "yes" to either of the questions, it suggests the need for a more detailed evaluation, potentially using the full PHQ-9 or another comprehensive diagnostic tool.

However, due to its brevity, the 2Q screen has limitations. While it can efficiently identify individuals at risk for major depression, it does not capture the full spectrum of depressive symptoms or the severity of depression. Therefore, it should be viewed as a first step in the screening process, not as a standalone diagnostic tool.

In summary, the 2Q depression screen is a useful, quick, and easy-to-use tool for identifying patients who may need further assessment for depression, but it is essential to follow it up with more comprehensive evaluations to confirm the diagnosis and plan appropriate treatment.

#### **4. Mental health screening at HIV clinics of SWING Foundation**

Since 2022, the SWING Foundation has been implementing mental health screening for patients accessing HIV/STI services at their clinics located in Bangkok (Silom and Sapankwai) and Pattaya. For this purpose, the 2Q Depression Screen is utilized as an initial step to identify signs of depression among patients. If the results from this screening indicate a potential concern, a more in-depth evaluation is recommended, which may involve the use of the comprehensive Patient Health Questionnaire-9 (PHQ-9) or another similar diagnostic tool.

In the past three months, there have been a total of 7,823 screenings conducted across the three SWING clinics. It is important to note that this number may include multiple visits by the same patients. Of these screenings, only five cases were flagged for depression symptoms through the initial 2Q screening. Subsequently, a more detailed assessment using the PHQ-9 was conducted for these individuals. This led to the identification of one case out of the five as having moderate depression, based on the criteria set by the PHQ-9. This underscores the effectiveness of the 2Q Depression Screen as a preliminary tool in a clinical setting, allowing for the efficient identification and subsequent in-depth assessment of depression among patients.

SWING assumes that the 2Q Depression Screen might inadvertently miss some cases of depression, particularly among sex workers, then the focus shifts to developing a more appropriate and context-specific screening tool for this population. This new tool would ideally

incorporate additional questions that are relevant to the unique experiences and challenges faced by sex workers.

Sex work can involve a range of stressors and psychological pressures that are distinct from those encountered in other professions. Therefore, a tailored screening tool would take into account factors such as stigma, discrimination, job-related anxiety, safety concerns, and other psychosocial aspects specific to sex work. By addressing these unique factors, the tool would be better equipped to identify signs of depression that might be overlooked by more generalized screening instruments like the 2Q.

The development of this tool would involve collaboration with mental health professionals, researchers familiar with the sex work industry, and, importantly, input from sex workers themselves to ensure that the questions are relevant, respectful, and sensitive to their experiences. This collaborative approach would not only enhance the tool's effectiveness but also promote its acceptance and use within the sex worker community.

In essence, by creating a depression screening tool that is specifically designed for sex workers, incorporating both the general symptoms of depression and the particular challenges faced in their line of work, it's likely that a more accurate and meaningful assessment of their mental health can be achieved.

## 5. Methodology for the Development of a Self-Evaluation Tool for Sex Workers

SWING's initiative to develop a self-evaluation tool specifically tailored for sex workers involved a comprehensive approach that aimed to address the unique circumstances of this demographic. This included aspects of mental well-being, sexual health, and the impact of COVID-19. To ensure the tool's effectiveness and relevance, SWING conducted a survey with 200 sex workers aged 18 and above in Bangkok and Pattaya. The survey was structured to collect a wide range of data, which included:

- **General Information:** This section gathered basic demographic information such as age, gender, education level, and background. Understanding these factors was crucial to contextualize the responses within the broader spectrum of the sex worker population.
- **Sex Work Description:** Detailed information regarding the nature of the participants' sex work was collected. This included the types of services provided, as well as the frequency of their work. Gaining insight into these aspects was essential to understand the specific challenges and stressors associated with different forms of sex work.
- **Health and Mental Health Assessment:** The survey assessed the overall health and mental health status of the participants. This was done using the Thai version of the General Health Questionnaire-28 (GHQ-28), a proven tool for evaluating psychological well-being and identifying potential psychiatric disorders.
- **Needs Assessment:** This crucial part of the survey focused on understanding the participants' needs and preferences regarding mental health services and

support. It sought to gather input directly from the sex workers about what types of assistance and interventions they would find most beneficial.

The collected data was meticulously analyzed to determine how effectively it captured the mental health status and related circumstances of the participants. This analysis was instrumental in informing the development of the finalized tools. The ultimate goal was to create a resource that could be employed in SWING clinics to screen for mental health conditions among sex workers in a manner that is both sensitive and specific to their unique experiences and needs.

By leveraging this data-driven approach, SWING aimed to enhance the accuracy and relevance of mental health screening for sex workers, ensuring that the tools used are genuinely reflective of their experiences and tailored to their specific challenges.

## **6. Results**

### **6.1 Assessment of Mental Health Status Using PHQ-9**

Table 6.1 presents the results of the PHQ-9 mental health assessment conducted on a group of individuals. The PHQ-9 questionnaire covers nine key areas related to symptoms of depression. The responses are categorized into four frequency levels: 'Not at all' (0), 'Several days' (1), 'More than half the days' (2), and 'Nearly every day' (3). For instance, 45.5% of participants reported little interest or pleasure in doing things on several days, while 49.0% did not experience this at all. The highest percentage of severe symptoms (87.5%) was observed in thoughts of being better off dead or self-harm, where most participants reported not experiencing these thoughts at all. Other areas such as feeling down, having trouble sleeping, and feeling tired or having little energy showed similar trends with higher percentages for 'Not at all' and 'Several days.'

Table 6.2 categorizes the levels of depression based on the total scores obtained from the PHQ-9 assessment. The majority of the participants (81%) fall under 'No depression' with scores less than 7. A significant portion (18%) showed 'Minimal depression' with scores ranging from 7 to 12. Only 1.0% of the participants were categorized under 'Mild depression' with scores between 13 and 18. Notably, no participants were identified with 'Moderate depression' (scores above 19). This distribution underscores that while most participants did not exhibit significant depressive symptoms, a portion did show minimal to mild levels of depression.

Together, these tables offer a comprehensive view of the mental health status of the assessed group, highlighting the prevalence and severity of depressive symptoms as measured by the PHQ-9.

**Table 6.1 PHQ-9 Mental Health Assessment Results**

<b>PHQ-9 mental health assessment</b>	<b>Not at all (0)</b>	<b>Several days (1)</b>	<b>More than half the days (2)</b>	<b>Nearly every day (3)</b>
1. Little interest or pleasure in doing thing	45.5	49.0	4.5	1.0
2. Feeling down, depressed, or hopeless	53.0	43.5	2.5	1.0
3. Trouble falling or staying asleep, or sleeping too much	45.0	37.5	12.0	5.5
4. Feeling tired or having little energy	55.5	38.0	5.0	1.5
5. Poor appetite or overeating	69.0	26.0	3.5	1.5
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	62.0	34.0	3.0	1.0
7. Trouble concentrating on things, such as reading the newspaper or watching television	68.5	25.5	5.0	1.0
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so figety or restless that you have been moving around a lot more than usual	79.5	19.5	0.5	0.5
9. Thoughts that you would be better off dead, or of hurting yourself	87.5	10.5	1.5	0.5

**Table 6.2 Levels of Depression as Identified by PHQ-9 Scores**

<b>Level of depression</b>	<b>Number</b>	<b>Percentage</b>
No depression (<7)	162	81%
Minimal depression (7-12)	36	18%
Mild depression (13-18)	2	1.0%
Moderate depression (> 19)	0	0%
<b>Total</b>	<b>200</b>	<b>100%</b>

## 6.2 Evaluation of Stress Levels Using the ST-5 Questionnaire

Table 6.3 delineates the responses to the Stress Test Questionnaire (ST-5), focusing on five key stress-related symptoms experienced over 2-4 weeks. The symptoms are categorized by their frequency: 'Not at all', 'Several days', 'More than half the days', and 'Nearly every day'. For instance, 45.0% of respondents did not experience sleep problems, while 37.5% faced them for several days. A similar pattern is observed in other symptoms like reduced concentration, where 68.5% did not experience it at all. A notable proportion of respondents felt bored or fed up and had an unwillingness to socialize, with 45.5% and 69.0% respectively not experiencing these feelings at all. The data provides a comprehensive view of the prevalence of various stress symptoms among the participants.

Table 6.4 categorizes the overall stress levels of respondents based on their cumulative scores from the ST-5 questionnaire. A majority of participants, 64.5% or 124 individuals, are in the 'Mild Stress' category with scores ranging from 1 to 4 points. In contrast, 17.5% of participants reported experiencing 'No Stress'. A smaller proportion, 14.5% or 29 individuals, fall under the 'Moderate Stress' category with scores between 5 and 7 points. Only a small percentage, 2.5% or 5 individuals, experienced 'High Stress', and an even smaller group, 1% or 2 individuals, were categorized as having 'Very High Stress'. This distribution effectively illustrates the varying degrees of stress severity among the participants.

The combination of these two tables offers valuable insights into the stress experiences of individuals, measuring both the frequency of specific stress-related symptoms and the overall stress levels as quantified by the ST-5 questionnaire.

**Table 6.3 Frequency of Stress Symptoms Based on ST-5 Assessment**

<b>Symptoms or feelings experienced over a period of 2-4 weeks:</b>	<b>Not at all</b>	<b>Several days</b>	<b>More than half the days</b>	<b>Nearly every day</b>	<b>Total</b>
1. Sleep problems: Difficulty falling asleep or oversleeping	45.0	37.5	12	5.5	100.0
2. Reduced concentration	68.5	25.5	5	1.0	100.0
3. Irritability / Restlessness / Anxiety	56.0	37.5	5.5	1.0	100.0
4. Feeling bored or fed up	45.5	49	4.5	1.0	100.0
5. Unwillingness to socialize with others	69.0	26.5	3.5	1.0	100.0

**Table 6.4 Distribution of Stress Levels Among Respondents**

<b>Levels of Stress:</b>	<b>Number</b>	<b>Percentage</b>
No stress (0 point)	35	17.5
Mild Stress (1-4 points)	129	64.5
Moderate Stress (5-7 points)	29	14.5
High Stress (8-9 points)	5	2.5
Very High Stress (10-15 points)	2	1
<b>Total</b>	<b>200</b>	<b>100</b>

### 6.3 Sex Work-Related Circumstances and Their Impact on Mental Health

The selected circumstances presented in Table 6.5 are intrinsically tied to the context of sex work and mental health. The financial responsibility towards family, coupled with the impact of the COVID-19 pandemic, indicates a high level of economic pressure and instability, which can contribute to stress and anxiety. The varying degrees of preparedness for future events and concern about societal disruptions reflect ongoing uncertainty and the potential for chronic stress. Alcohol consumption patterns suggest the use of substances as a coping strategy for work-related stress. The lack of immediate assistance and experiences of violence highlight the inherent risks and potential trauma associated with sex work. Lastly, the reluctance or inability to seek help after experiencing violence points to a significant gap in support and mental health resources for sex workers, exacerbating the potential for mental health issues.

**Table 6.5 Sex Work-Related Circumstances**

<b>Sex work related Circumstances</b>	<b>Percentage (N=200)</b>
<b>1) Financial Responsibility to Family/Home</b>	
Regularly send money every month	66.5
Send money but not regularly	16.0
No obligation to send money to family	17.5
<b>Total</b>	<b>100.0</b>
<b>2) Impact of COVID-19 Pandemic on Work, Income, and Lifestyle</b>	
No impact at all	6.5
Least impacted	2.5
Slightly impacted	4.5
Moderately impacted	20.5
Highly impacted	16.5
Most impacted	49.5
<b>Total</b>	<b>100.0</b>
<b>3) Preparedness for Future Unforeseen Events like Pandemics</b>	
Unsure	6.0
Least prepared	4.5

Slightly prepared	3.5
Moderately prepared	39.5
Highly prepared	32.0
Most prepared	14.5
<b>Total</b>	<b>100.0</b>
<b>4) Concern About Future Major Societal Disruptions</b>	
Not worried at all	6.5
Least worried	7.5
Slightly worried	7.5
Moderately worried	31.5
Highly worried	26.0
Most worried	21.0
<b>Total</b>	<b>100.0</b>
<b>5) Alcohol Consumption During Work Hours</b>	
Never drink at all	25.0
1-2 small bottles or glasses every day	16.5
3 or more small bottles or glasses every day	25.5
Drink occasionally, but not every day	33.0
<b>Total</b>	<b>100.0</b>
<b>6) Immediate Assistance in Case of Issues with Clients</b>	
Have someone to ask for help immediately	50.5
Do not have anyone to ask for help	34.0
Unsure	10.0
Never go out with clients	5.5
<b>Total</b>	<b>100.0</b>
<b>7) Experiences of Violence in the Past Year</b>	
Experienced (e.g., physical assault, client not paying, client not using or secretly removing condoms)	20%
Did not experience	80%
<b>Total</b>	100.0
<b>8) Seeking Help or Advice After Experiencing Violence in the Past Year</b>	
Sought help but did not receive any assistance	1.5
Sought advice and received helpful guidance	3.0
Sought advice but did not receive helpful guidance	.5
Did not seek help or advice	12.0
Never experienced any such incidents	77.0
<b>Total</b>	<b>100.0</b>

- Financial Responsibility to Family/Home:** A significant majority (66.5%) of sex workers regularly send money to their family every month, indicating a substantial financial burden or sense of responsibility. 16.0% send money irregularly, while 17.5% have no such obligations.

- **Impact of COVID-19 Pandemic:** The pandemic has profoundly impacted this group, with only 6.5% reporting no impact. The majority (49.5%) were most impacted, while 16.5% were highly impacted, and 20.5% moderately impacted. This indicates substantial disruption in work, income, and lifestyle due to the pandemic.
- **Preparedness for Future Unforeseen Events:** Responses varied, with 39.5% moderately prepared and 32.0% highly prepared, suggesting a significant level of resilience or learning from the pandemic. However, 14.5% felt most prepared, while a smaller percentage felt less prepared or unsure.
- **Concern About Future Major Societal Disruptions:** A considerable number of participants (31.5% moderately worried, 26.0% highly worried, and 21.0% most worried) expressed concern about future societal disruptions, indicating awareness and anxiety about potential challenges.
- **Alcohol Consumption During Work Hours:** A notable 25.5% consume three or more small bottles or glasses every day, and 33.0% drink occasionally but not every day, highlighting the possible use of alcohol as a coping mechanism.
- **Immediate Assistance in Case of Issues with Clients:** Only 50.5% have someone to ask for help immediately, while 34.0% do not have this support, indicating vulnerability in their work environment.
- **Experiences of Violence in the Past Year:** 20% experienced violence, such as physical assault or issues with clients, underscoring the risks associated with sex work.
- **Seeking Help or Advice After Experiencing Violence:** Only a small percentage sought and received help or advice, with 12.0% not seeking help at all, possibly due to stigma, fear, or lack of trust in available support systems.

**Table 6.6** provides a detailed breakdown of how various aspects of sex work correlate with levels of depression and stress symptoms. The table is divided into two main categories: levels of depression (ranging from minimal to moderate, N=38) and stress symptoms (ranging from mild to high stress, N=165).

- **Financial Responsibility to Family/Home:** A substantial 76.3% of those with minimal to moderate depression regularly send money to their family every month, compared to 69.1% who experience mild to high stress. This suggests a strong correlation between financial responsibility and mental health challenges.
- **Impact of COVID-19 Pandemic:** The pandemic's impact is significantly felt, with 65.8% of those with minimal to moderate depression and 50.9% with stress symptoms reporting being most impacted. This highlights the profound effect of the pandemic on mental health among sex workers.
- **Preparedness for Future Unforeseen Events:** Among those with depression, 42.1% feel highly prepared for future events, similar to 32.7% of those experiencing stress. This indicates a level of resilience and adaptation to potential crises.



- **Concern About Future Major Societal Disruptions:** There's a notable concern for future disruptions, with 34.2% each in the depression group worried highly or moderately, and a similar pattern is observed in the stress group (26.1% highly worried and 33.3% moderately worried).
- **Alcohol Consumption During Work Hours:** Alcohol consumption correlates with mental health challenges. Among those with depression, 34.2% consume three or more small bottles or glasses every day. A similar trend is seen in the stress group, with 26.1% consuming the same amount.
- **Immediate Assistance in Case of Issues with Clients:** More than half (52.6%) of those with depression have someone to ask for help immediately, compared to 50.3% in the stress group. However, a significant portion in both groups does not have immediate support.
- **Experiences of Violence in the Past Year:** A notable 42.1% of those with depression and 77.6% with stress symptoms experienced violence, indicating a high prevalence of such experiences and their impact on mental health.
- **Seeking Help or Advice After Experiencing Violence:** Only a small percentage sought and received help or advice, with 26.3% of those with depression and 13.9% of those with stress symptoms not seeking help at all, pointing to potential barriers in accessing support.

Overall, Table 6.6 elucidates the complex interplay between various sex work-related circumstances and their impacts on mental health, particularly highlighting the significant challenges faced by sex workers in terms of financial responsibility, the impact of COVID-19, preparedness for future events, societal disruptions, substance use, support systems, and experiences of violence.

**Table 6.6 Sex Work-Related Circumstances and Their Impact on Mental Health**

<b>Sex work related Circumstances</b>	<b>Levels of Depression</b> (Minimal – Moderate) (N=38) % (n)	<b>Stress Symptoms</b> (Mild-High stress) (N=165) % (n)
<b>1) Financial Responsibility to Family/Home</b>		
Regularly send money every month	76.3% (29)	69.1% (114)
Send money but not regularly	10.5% (4)	14.5% (24)
No obligation to send money to family	13.2% (5)	16.4% (27)
<b>2) Impact of COVID-19 Pandemic on Work, Income, and Lifestyle</b>		

<b>Sex work related Circumstances</b>	<b>Levels of Depression</b> (Minimal – Moderate) (N=38) % (n)	<b>Stress Symptoms</b> (Mild-High stress) (N=165) % (n)
No impact at all	0.0% (0)	5.5% (9)
Least impacted	0.0% (0)	3.0% (5)
Slightly impacted	7.9% (3)	4.2% (7)
Moderately impacted	13.2% (5)	20.0% (33)
Highly impacted	13.2% (2)	16.4% (27)
Most impacted	65.8% (25)	50.9% (84)
<b>3) Preparedness for Future Unforeseen Events like Pandemics</b>		
Unsure	2.6% (1)	6.1% (10)
Least prepared	5.3% (2)	4.2% (7)
Slightly prepared	0.0% (0)	3.6% (6)
Moderately prepared	36.8% (14)	40.0% (66)
Highly prepared	42.1% (16)	32.7% (54)
Most prepared	13.2% (5)	13.3% (22)
<b>4) Concern About Future Major Societal Disruptions</b>		
Not worried at all	5.3% (2)	4.8% (8)
Least worried	0.0% (0)	6.7% (11)
Slightly worried	10.5% (4)	7.9% (13)
Moderately worried	34.2% (13)	33.3% (55)
Highly worried	34.2% (13)	26.1% (43)
Most worried	15.8% (6)	21.2% (35)
<b>5) Alcohol Consumption During Work Hours</b>		
Never drink at all	18.4% (7)	23.0% (38)
1-2 small bottles or glasses every day	28.9% (11)	18.2% (30)
3 or more small bottles or glasses every day	34.2% (13)	26.1% (43)
Drink occasionally, but not every day	18.4% (7)	32.7% (54)
<b>6) Immediate Assistance in Case of Issues with Clients</b>		
Have someone to ask for help immediately	52.6% (20)	50.3% (83)
Do not have anyone to ask for help	42.1% (16)	33.3% (55)
Unsure	2.6% (1)	10.9% (18)
Never go out with clients	2.6% (1)	5.5% (9)
<b>7) Experiences of Violence in the Past Year</b>		
Experienced (e.g., physical assault, client not paying, client not using or secretly removing condoms)	42.1% (16)	77.6% (128)
Did not experience	57.9% (22)	22.4% (37)
<b>8) Seeking Help or Advice After Experiencing Violence in the Past Year</b>		
Sought help but did not receive any assistance	2.6% (1)	1.8% (3)

<b>Sex work related Circumstances</b>	<b>Levels of Depression</b> (Minimal – Moderate) (N=38) % (n)	<b>Stress Symptoms</b> (Mild-High stress) (N=165) % (n)
Sought advice and received helpful guidance	2.6% (1)	3.6% (6)
Sought advice but did not receive helpful guidance	0.0% (0)	0.6% (1)
Did not seek help or advice	26.3% (10)	13.9% (23)
Never experienced any such incidents	65.8% (25)	73.9% (122)

The analysis of sex work-related circumstances and their impact on mental health yields several key insights for implementing effective mental health support for sex workers. This highlights the necessity of providing mental health services that specifically address the unique challenges brought about by these sex work-related circumstances.

## **7. Mental Health Self-evaluation Tool**

The primary objective of this project is to develop a mental health screening tool that is not only more sensitive but also more responsive to the specific needs of sex workers. Recognizing the unique challenges faced by individuals in this line of work, the project aims to create a tool that goes beyond the scope of general mental health assessments like the PHQ-9 and ST-5, which may not fully capture the intricacies of the sex work profession.

In the course of their work, sex workers encounter various stressors and circumstances that can significantly impact their mental well-being. These include, but are not limited to, societal stigma, potential for physical and emotional abuse, irregular income, and legal concerns. Traditional mental health screening tools often overlook these specialized factors, leading to a gap in proper assessment and support.

Therefore, this project seeks to bridge this gap by developing a tool tailored to the unique context of sex workers. This tool will aim to identify signs of mental health issues such as depression, anxiety, and stress, while also considering the particular experiences related to sex work. It will be designed to be user-friendly, culturally sensitive, and accessible, ensuring that it can be effectively used by sex workers themselves, healthcare providers, and support organizations.

The ultimate goal is to provide a comprehensive mental health resource that empowers sex workers, enabling them to receive appropriate and timely support. By focusing on a more inclusive and representative approach to mental health assessment, the project aspires to contribute positively to the overall well-being and quality of life of sex workers.

## SWING: Service Worker Inclusive and Nurturing Gauge

This name captures several essential elements:

- "**Service Worker**": Directly identifies the primary audience and focus group.
- "**Inclusive**": Emphasizes the tool's comprehensive and respectful approach, considering the diverse experiences within the sex worker community.
- "**Nurturing**": Suggests care, support, and growth, aligning with the tool's objective of fostering mental well-being.
- "**Gauge**": Indicates the tool's function as a measure or assessment of mental health.

The acronym SWING is memorable and also conveys a sense of movement or progression, which can be metaphorically associated with the journey towards improved mental health and support.

## SWING: Service Worker Inclusive and Nurturing Gauge

DATE: \_\_\_\_\_ UIC: \_\_\_\_\_

### General Stress Level Assessment:

How would you rate your overall level of stress at this time using the scale provided?

0 (No Stress)	1 (Mild Stress)	2 (Moderate Stress)	3 (High Stress)	4 (Very High Stress)
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Please indicate your level of stress related to the following issues. Use the scale provided to specify the intensity of your stress for each item.

Stress issues	Level 0 (No Stress) 1 (Mild) 2 (Moderate) 3 (High) 4 (Very High)
HIV, STI infection	0 - 1 - 2 - 3 - 4
Financial Responsibility & security	0 - 1 - 2 - 3 - 4
Future Unforeseen Events like Pandemics	0 - 1 - 2 - 3 - 4
Future Major Societal Disruptions	0 - 1 - 2 - 3 - 4
Alcohol Consumption During Work Hours	0 - 1 - 2 - 3 - 4
Stigma and discrimination	0 - 1 - 2 - 3 - 4
Violence at work	0 - 1 - 2 - 3 - 4
Violence not at work	0 - 1 - 2 - 3 - 4
Social acceptance	0 - 1 - 2 - 3 - 4
Familial acceptance	0 - 1 - 2 - 3 - 4
Other	0 - 1 - 2 - 3 - 4

Over the last 2 weeks, how often have you been bothered by any of the following problems?

PHQ9	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
Scores				
Total				

**Need assessment:**

Please review the following list of mental health services. For each service, indicate whether you feel you need it or not, and specify when you would prefer to receive it, if applicable. Your responses will help us understand your mental health needs and preferences better.

<b>Supports</b>	<b>Need or not</b>	<b>When</b>
Psychotherapy or Counseling	<input type="checkbox"/> Not sure <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ASAP <input type="checkbox"/> Any time later
Psychiatric Services	<input type="checkbox"/> Not sure <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ASAP <input type="checkbox"/> Any time later
Medication	<input type="checkbox"/> Not sure <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ASAP <input type="checkbox"/> Any time later
Support Groups	<input type="checkbox"/> Not sure <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ASAP <input type="checkbox"/> Any time later
Online and Telehealth Services	<input type="checkbox"/> Not sure <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> ASAP <input type="checkbox"/> Any time later
Others (specify)		

## **Next step: Plan for Pilot Testing of the Mental Health Assessment Tool for Sex Workers**

The pilot testing of **SWING: Service Worker Inclusive and Nurturing Gauge**, the newly developed mental health assessment tool, is a critical phase in its validation process. This stage aims to evaluate the tool's comprehensibility, applicability as a self-assessment instrument, and its effectiveness in capturing mental health issues and service needs among sex workers. The testing will be conducted in two primary settings: SWING clinics, with clients accessing HIV services, and during outreach activities.

### **Comprehension and Understanding Assessment**

The initial part of the pilot test focuses on assessing whether the language used in the tool is readable and understandable for the target population. It is crucial that the tool's language is clear, culturally sensitive, and free of complex medical jargon to ensure it is accessible to individuals with varying levels of education and backgrounds. Participants will be asked to provide feedback on the clarity of the questions, the relevance of the content, and any difficulties they encounter while interpreting the tool.

### **Applicability as a Self-Assessment Tool**

Another vital aspect of the pilot test is to evaluate the tool's applicability as a self-assessment instrument. This involves determining how effectively the tool can be self-administered by sex workers in different environments, including clinical settings and outreach sites. The ease of use, time taken to complete the assessment, and any challenges faced in self-administration will be closely monitored. Feedback will be solicited to understand participants' comfort level with the tool and their willingness to engage with it in a real-world setting.

### **Capturing Mental Health Issues and Service Needs**

Perhaps the most critical aspect of the pilot test is to assess the tool's efficacy in accurately capturing the mental health issues and service needs of sex workers. This will involve analyzing the tool's responses to identify common themes and concerns raised by participants. The ability of the tool to highlight areas requiring immediate attention, such as high levels of stress, depression, or anxiety, will be evaluated. Additionally, the tool's effectiveness in identifying the need for specific mental health services, such as counseling, support groups, or crisis intervention, will be assessed.

### **Implementation and Feedback**

During the pilot testing phase, the tool will be administered to a diverse group of sex workers visiting SWING clinics and participating in outreach activities. This diverse representation ensures that the tool is tested across a broad spectrum of individuals within the sex worker community. After completing the assessment, participants will be encouraged to provide honest feedback on their experience, including any suggestions for improvement.

### **Data Analysis and Tool Refinement**

The data collected from the pilot test will be meticulously analyzed to identify areas for improvement. This analysis will guide the refinement of the tool, ensuring it is tailored to meet the specific needs of the sex worker population effectively. The feedback will be instrumental in making necessary adjustments to the tool's language, format, and content.

### **Conclusion**

The pilot test aims to ensure that the mental health assessment tool is not only a reliable and valid instrument for evaluating mental health among sex workers but also a practical and user-friendly resource that can be easily incorporated into their daily lives. This process is crucial in ensuring that the tool fulfills its intended purpose – to provide a comprehensive, sensitive, and effective means for sex workers to assess and address their mental health needs.