



Mental Health Early Detection and Resilience Reinforcement among Indonesian Women Migrant Workers Living in Taiwan

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ABSTRACT

Indonesian women migrant workers in Taiwan face psychosocial stressors such as financial difficulties, social isolation, and limited access to mental health care. Despite their growing numbers, few community-based programs address early detection and resilience reinforcement within this population. This community-based program was conducted in December 2022 at a workforce agency in Taipei, Taiwan. Ten Indonesian women migrant workers participated in an online psychosocial screening using the Indonesian Ministry of Health questionnaire, followed by educational sessions on psychological distress and resilience, and a five-finger hypnosis technique for stress management. Pre- and post-tests were administered to assess knowledge and self-stress-management ability. More than half of the participants (55.6%) reported sleep difficulties, and 33.3% experienced tension or worry. Knowledge scores increased from a mean of 3.5 to 4.5 (mean difference = 1.0), and all participants demonstrated the ability to perform self-stress management (mean = 10/10). The program enhanced mental health awareness and self-regulation skills among Indonesian women migrant workers. Integrating early detection and resilience training into workforce agency programs is recommended to promote sustainable psychological well-being and community empowerment.



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INTRODUCTION

The number of Indonesian migrant workers in Taiwan continues to grow, strengthening not only economic cooperation but also people-to-people ties between the two countries (Yustiningrum et al., 2022). In 2019, the Director General of the Taipei Economic and Trade Office (TETO) in Indonesia reported that among approximately 300,000 Indonesians living in Taiwan, about 260,000 were migrant workers (Chen, 2019). Taiwan's aging population has led to a rising demand for caretakers, making it an attractive destination for Indonesian workers (Setyaningsih, 2016). With better wages, worker protection, and a supportive work environment compared to many other destinations, Taiwan has become one of the most preferred countries for Indonesian migrant workers, of whom about 95 percent are women (BP2MI, 2022). This feminization of migration reflects women's growing economic empowerment but also exposes them to new mental health challenges and vulnerabilities.

Financial difficulties, job insecurity, language barriers, discrimination, and poor living conditions are among the main sources of stress for migrant workers and often

contribute to poor mental health (Wong & Song, 2008). At the same time, migration can also be empowering. Indonesian women who work abroad often describe gaining self-confidence, independence, and broader perspectives that help them challenge patriarchal norms (Kiranantika & Kodir, 2019). This process of adapting and finding strength in adversity aligns with the concept of resilience, which refers to the ability to draw on internal and external resources to cope with hardship and grow from it (Michaud, 2006).

Preliminary observations at one workforce agency in Taipei revealed psychosocial problems among Indonesian migrant workers, yet no mental health services or preventive programs were available. There were no structured efforts to detect early signs of mental distress or to strengthen resilience among the workers. This gap highlights the need for practical, community-based initiatives that help migrant workers understand their mental health status and develop coping strategies for daily stress. To date, few mental-health promotion efforts for Indonesian migrant workers in Taiwan have focused on early detection and self-managed resilience enhancement, leaving a critical gap in preventive intervention at the community level.

The present activity was therefore designed to (1) conduct early detection of mental health conditions among Indonesian women migrant workers, (2) provide health education on psychological distress, stress management, and resilience, and (3) train participants in a self-stress-management technique known as five-finger hypnosis to enhance their personal resilience and coping capacity. These objectives guided the implementation of the mental health early detection and resilience reinforcement program at a workforce agency in Taipei, Taiwan.

METHODS

This community-service activity used a descriptive pre–post design to evaluate the implementation of a mental-health early detection and resilience reinforcement program among Indonesian women migrant workers in Taiwan. The program was conducted on December 4, 2022, in the Zhongshan District of Taipei, from 8:00 a.m. to 3:00 p.m. The activity was organized collaboratively by the workforce agency and community-health volunteers, with two facilitators serving as speakers and trainers.

Ten Indonesian women migrant workers participated voluntarily in this program. All participants were recruited through the workforce agency's internal announcement. The inclusion criteria were women aged 20 years and above, currently employed as domestic or caregiving workers, and able to communicate in Bahasa Indonesia. Participants were informed about the purpose and procedures of the activity and provided verbal consent before joining.

The implementation of the program consisted of several coordinated stages. The first stage involved a coordination meeting with the workforce agency to plan the activity schedule, prepare educational materials, and confirm participant attendance. The second stage included an online mental-health early detection screening and a pretest to assess participants' initial knowledge of psychological distress and resilience. The third stage was a health-education session that focused on understanding psychological distress, identifying personal stressors, and recognizing the role of resilience in coping with adversity.

The fourth stage introduced participants to a self-stress-management technique called five-finger hypnosis. During this session, the facilitators explained and demonstrated each step of the technique, followed by guided self-practice by participants. The fifth stage was an open discussion in which participants reflected on their experiences, shared coping strategies, and asked questions about the technique.

and its applications. The sixth stage included a posttest to measure improvement in knowledge and self-management skills after the session. Finally, a six-month follow-up was conducted through an online questionnaire to assess participants continued use of stress-management techniques and their perceived benefits in daily life.

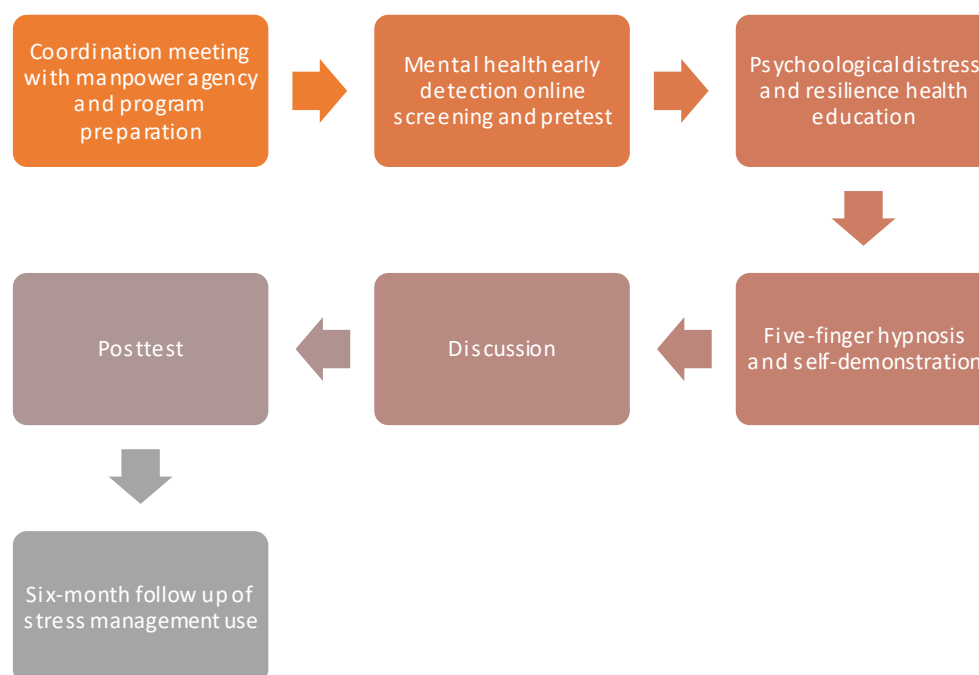


Figure 1. Activity Stages

Data were collected through pre- and post-tests, observational notes, and the follow-up questionnaire. The Indonesian Ministry of Health's standard psychosocial screening questionnaire, which includes 20 yes–no items on symptoms of psychological distress experienced in the previous 30 days, was used for early detection. Quantitative data were summarized descriptively using frequencies and means, and qualitative observations during the session were used to assess participant engagement and responsiveness.

Participation in this activity was voluntary, and confidentiality was maintained throughout the process. No identifying information was collected from participants. The program received administrative approval from the workforce agency, and all participants were informed that the activity was part of a community-based mental-health promotion initiative rather than a research study.

RESULTS AND DISCUSSION

The program was implemented successfully and completed as scheduled. Participants received early detection screening, educational materials, and training on stress management and resilience reinforcement. The high level of participation during discussions with facilitators reflected the participants' enthusiasm and engagement. The online mental-health screening was conducted before the program began, followed by a pretest to assess knowledge of psychological distress, resilience, and stress management. Discussions were held after the health-education session, and a posttest was administered afterward.

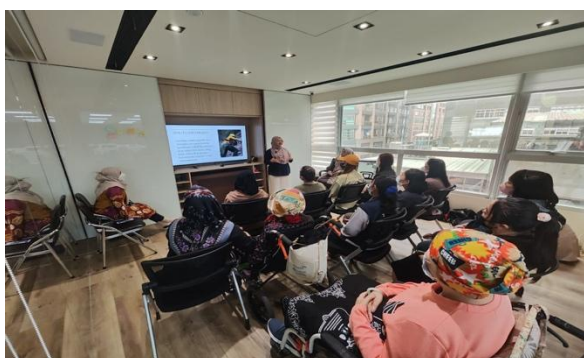


Figure 2. Health education session on psychological distress and resilience.



Figure 3. Demonstration of the five-finger hypnosis technique.

Table 1. The results of the Psychosocial Screening of Indonesian Women Migrant Workers in Taiwan

Questions	YES (%)	NO (%)
Have you often experienced headaches during the last 30 days?	22.2	77.8
Have you experienced a loss of appetite during the past 30 days?	22.2	77.8
Have you had difficulty sleeping during the past 30 days?	55.6	44.4
Have you been easily frightened during the last 30 days?	22.2	77.8
Have you felt tense, anxious, or worried during the last 30 days?	33.3	66.7
Have your hands trembled during the last 30 days?	0	100
Has your digestion been disturbed or poor during the last 30 days?	0	100
Have you had difficulty thinking clearly during the last 30 days?	22.2	77.8
Have you felt unhappy during the last 30 days?	0	100
Have you cried more often during the last 30 days?	11.1	88.9
Have you found it difficult to enjoy daily activities during the last 30 days?	22.2	77.8
Have you had difficulty making decisions during the last 30 days?	22.2	77.8
Has your daily work been disrupted during the last 30 days?	0	100
Have you been unable to do meaningful things in life during the last 30 days?	11.1	88.9
Have you lost interest in various things during the last 30 days?	11.1	88.9
Have you felt worthless during the last 30 days?	11.1	88.9
During the last 30 days, have you had thoughts of ending your life?	0	100
Do you feel tired all the time?	0	100
Have you experienced discomfort in your stomach during the last 30 days?	11.1	88.9
Have you felt easily fatigued during the last 30 days?	22.2	77.8

Table 1 presents the results of the psychosocial screening conducted among Indonesian women migrant workers in Taiwan. The screening tool, developed by the Indonesian Ministry of Health, has been widely used in community health services to

detect early symptoms of psychological distress. The psychosocial screening results revealed that most Indonesian women migrant workers reported minimal psychological symptoms, suggesting generally stable mental well-being within this small group. However, several areas of concern emerged. More than half of the participants (55.6%) reported difficulty sleeping in the past 30 days, while one-third (33.3%) indicated feelings of tension, anxiety, or worry. Additionally, around one-fifth of participants experienced headaches, loss of appetite, fatigue, or difficulty concentrating (each 22.2%). Although none reported persistent sadness, hopelessness, or suicidal thoughts, these mild physical and emotional complaints point to early signs of stress and psychological vulnerability.

The high prevalence of sleep disturbance observed among participants is particularly significant, as it reflects underlying occupational and psychological strain. Sleep problems are widely recognized as early and sensitive indicators of emotional distress, commonly associated with prolonged stress, irregular work hours, and limited opportunities for rest. Among migrant domestic workers in Taiwan, extended working hours, night caregiving duties, and live-in arrangements often restrict personal space and disrupt normal sleep–wake cycles. This overlap between living and working environments leads to chronic fatigue and emotional exhaustion. Recent research in Taiwan reported that 34.6% of Indonesian caregivers experienced poor sleep quality, which was strongly associated with nightwork and workplace bullying (Lu et al., 2022). Similarly, Chen et al. (2023) found that low wages and long working hours were independent predictors of poor subjective sleep quality among Southeast Asian women migrant care workers, while Kuo et al. (2024) observed that nearly half of migrant home care workers in Taiwan suffered from insomnia, which negatively affected their health performance. These findings are consistent with broader evidence linking insufficient rest among migrant caregivers to heightened risks of anxiety, depression, and burnout (Wong & Song, 2008).

Taken together, these results suggest that Indonesian women migrant workers experience cumulative stress from multiple sources, including occupational demands, social isolation, homesickness, and financial obligations to families in Indonesia. Prolonged sleep disturbance can impair concentration, weaken immune function, and reduce overall well-being, further exacerbating the health disparities faced by this population. The findings highlight the need for preventive mental-health interventions that address both behavioral and structural determinants of well-being. Beyond providing mental-health education, targeted efforts should focus on improving rest opportunities, work–life boundaries, and access to psychosocial support. Early detection of sleep disturbance can therefore serve as a critical entry point for resilience-building and health-promotion initiatives among migrant workers.

Beyond individual symptoms, these findings point to the importance of system-level support and community-based prevention. Early detection or psychosocial screening functions as a secondary-prevention approach to identify emerging mental-health issues in community settings. Workforce agencies can be empowered to act as local facilitators, helping to mobilize individuals, families, and communities of migrant workers to engage in mental-health promotion activities (Sahriana, 2018). Research by Istiani, Sutomo, and Agusno (2018) also demonstrated that mental-health training for local cadres significantly improved attitudes and knowledge, showing its effectiveness in building awareness and community capacity for early detection.

From a theoretical perspective, the relationship between migration stress and mental health can operate through both direct and moderating pathways (Wong & Song, 2008). A direct pathway assumes that those who view migration as a positive

opportunity tend to maintain better mental health regardless of stress exposure. A moderating pathway suggests that individuals who attach positive meaning to migration are better able to reframe and manage migration-related stress, resulting in improved mental-health outcomes. As noted by O'Connor (2003) and Lazarus (2006), individuals who can interpret life challenges in meaningful ways manage their emotions and behaviors more effectively, leading to healthier psychological adjustment.

Similarly, research in other migrant contexts supports these relationships between migration meaning, perceived control, and mental health. Watkins et al. (2003), found that prospective Vietnamese migrants who viewed migration as a means to achieve better educational and economic opportunities in Australia reported better perceived mental well-being. Conversely, a study by Ruback, Pandey, Begum, Tariq, & Kamal (2004) among internal migrants in New Delhi, Dhaka, and Islamabad revealed that those who attributed their migration to fate rather than personal agency experienced higher levels of psychological distress. These findings underline that the way migrants interpret their migration experience, whether as self-determined or externally imposed, can influence their resilience and vulnerability to stress.

Before this community-service program, Indonesian women migrant workers in this agency had never undergone a mental-health assessment or received structured therapy or resilience training. This activity therefore introduced them to the concepts of mental-health awareness, stress recognition, and personal resilience. Beyond early detection, participants learned and practiced a self-relaxation method known as five-finger hypnosis, which integrates deep breathing and positive imagery to promote relaxation and emotional balance.

Resilience is defined as an individual's ability to adapt successfully to stress or adversity while maintaining or regaining mental well-being (Smith, 2006). This concept represents a shift from focusing on personal deficits to emphasizing strengths and coping mechanisms. According to Michaud (2006), focusing on strengths fosters hope and supports positive change, while focusing solely on deficits may restore equilibrium but not growth. Strengthening resilience among migrant workers is therefore essential, as it helps them manage occupational stress, maintain motivation, and preserve well-being despite external pressures. This community-based activity successfully introduced a practical approach to early detection and resilience reinforcement, helping participants gain awareness of their psychological health and learn a self-management strategy that can be practiced independently.

Table 2. Pretest and posttest about knowledge of resilience reinforcement in Indonesian migrant workers living in Taiwan (n=10)

Knowledge	Min	Max	Mean	Mean difference
Pretest	0	5	3.5	1.0
Posttest	3	5	4.5	

The importance of resilience in promoting health and well-being is also emphasized by the World Health Organization (WHO, 2017), which identifies resilience as a key pillar of both Health 2020 and the Sustainable Development Goals. Strengthening resilience at the individual and community levels is viewed as essential for reducing vulnerability and enhancing the capacity to adapt to social and environmental challenges. This aligns with the objectives of the current program, which sought to equip Indonesian women migrant workers with knowledge and practical skills to maintain psychological stability in demanding work environments.

Table 2 shows the results of the pretest and posttest on knowledge of resilience reinforcement among Indonesian migrant workers living in Taiwan. There was an

increase in the average score from 3.5 to 4.5, with a mean difference of 1.0. After being screened for early detection, participants completed the pretest to assess their understanding of psychological distress, resilience, and stress management. Following the health-education session, knowledge increased, indicating that the activity successfully improved awareness and understanding. Health education contributes to behavioral change by enhancing knowledge and motivation through participatory learning methods (Notoatmodjo, 2010).

However, achieving lasting behavioral change requires continuous motivation, reinforcement, and environmental support (Kelly & Barker, 2016). Evidence from behavioral science shows that increasing knowledge alone is often insufficient to produce sustained behavior change (Marteau et al., 2015; National Institute for Clinical Excellence, 2014; Arlinghaus & Johnston, 2018). Migrant workers may understand the importance of stress management yet still face structural and contextual barriers such as heavy workloads, irregular schedules, or lack of supportive environments. For this reason, the educational component of this program was designed not only to improve understanding but also to build self-efficacy and motivation for applying the five-finger hypnosis technique in daily life.

Table 3. Posttest about the ability to do self-stress management (n=10)

Ability	Min	Max	Mean
Posttest	10	10	10

Table 3 shows the results of the posttest assessing participants' ability to perform self-stress management. All participants achieved perfect scores (mean = 10), indicating excellent ability to apply the five-finger hypnosis technique. This technique can relieve anxiety by activating the parasympathetic nervous system, slowing heart rate, lowering blood pressure, and reducing muscle tension (Almatin, 2010). When combined with deep breathing, this method enhances oxygenation, promotes relaxation, and may stimulate the vagus nerve, which contributes to emotional regulation (Gerritsen & Band, 2018; Toussaint et al., 2021). Guided imagery, which was also practiced during the session, replaces negative mental images with positive and calming scenarios, promoting psychological recovery and stress reduction (Nguyen & Brymer, 2018; Sanadgol, Firouzkouhi, Badakhsh, Abdollahimohammad, & Shahraki-vahed, 2020). As a form of verbal self-communication, five-finger hypnosis helps guide participants into a relaxed, trance-like state characterized by alpha or theta brain waves, facilitating self-programming and emotional rebalancing (Murbarani, 2018).

These results show that early detection and resilience-reinforcement activities can improve knowledge and self-management skills among Indonesian women migrant workers. By helping them recognize early signs of stress and learn self-regulation techniques, the program contributes to promoting resilience, emotional well-being, and overall health. Supporting resilience not only benefits individuals but also strengthens the collective capacity of migrant communities to cope with challenges related to social and occupational inequality. This aligns with the perspective of Cook and Stewart (2023), who argue that fostering resilience is critical to reducing health disparities among groups facing adverse social determinants of health.

CONCLUSION

The Mental Health Early Detection and Resilience Reinforcement program among Indonesian women migrant workers in Taiwan demonstrated that community-based initiatives can successfully enhance awareness, knowledge, and self-management of psychological distress. Participants learned to apply simple stress-management techniques such as five-finger hypnosis as part of their daily routines, helping to alleviate tension and promote emotional well-being. This activity underscores the importance of integrating early mental-health screening and resilience training into existing migrant workforce programs. It is recommended that local agencies collaborate with the Taiwan Workforce Association to establish ongoing mental-health support systems for Indonesian migrant workers, ensuring sustainable psychological well-being within this vulnerable population. This aligns with the WHO's emphasis on building resilience and promoting mental well-being as part of the Sustainable Development Goals.

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