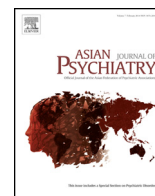




Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp



Review

Mental health issues among migrant workers in Gulf Cooperation Council countries: Literature review and case illustrations

Ziad Kronfol^{*}, Marwa Saleh, Maha Al-Ghafry

Department of Medical Education, Weill Cornell Medical College in Qatar, Doha, Qatar

ARTICLE INFO

Article history:

Received 21 July 2013

Received in revised form 5 February 2014

Accepted 7 March 2014

Available online xxx

Keywords:

Migrant worker

Housemaid

GCC

Middle East

Mental health

Psychological well-being

ABSTRACT

More than 15 million non-nationals are currently living and working in Gulf Cooperation Council (GCC) states. The majority are blue-collar or domestic workers coming from the Indian Subcontinent or South East Asia. They often work under very harsh conditions. There are reports of a high rate of psychosis and suicide among these people but no reliable data are available. To address this issue we conducted a literature search both in English and in Arabic to review the available articles on the psychological well-being of this population. Very few articles were found. We hereby review the available literature and contribute by presenting several brief vignettes to illustrate the various clinical aspects of this at risk population. We also discuss possible reasons for underreporting and underscore the need for more research in this area.

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1. Introduction

According to documents published by the United Nations, a migrant worker is “a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a state of which he or she is not a national” (Office of the United Nations High Commissioner for Human Rights, 1990). There are more than 15 million non-nationals living and working in Gulf Corporation Council (GCC)

^{*} Corresponding author at: Weill Cornell Medical College in Qatar, P.O. Box 24144, Doha, Qatar. Tel.: +974 4492 8343; fax: +974 4492 8377.
E-mail address: zik2002@qatar-med.cornell.edu (Z. Kronfol).

states (International Organization for Migration IOM, 2008). Non-nationals constitute a significant part of GCC total population, ranging from 25% in Saudi Arabia to 66% in Kuwait to over 90% in the United Arab Emirates (UAE) and Qatar (Center for International and Regional Studies, 2011). The largest group of migrant workers in GCC countries are Indian nationals, followed by Pakistanis, and an equal number of foreigners from Bangladesh, the Philippines and Sri Lanka (Kapiszewski, 2006). Women constitute only 30% of the foreign labor force and are still concentrated in the domestic services sector (United Nations Department of Economic and Social Affairs Population Division, 2006, 2009). Furthermore, this migrant labor force, which amounted to 11.6 million in GCC countries in 2008, is expected to increase to over 20 million by 2020 (Baldwin-Edwards, 2005).

While a great deal has been written about health issues of migrant workers in Europe and North America (Gentsch and Massey, 2011; Janta et al., 2011), little is known about the health status of migrant workers in GCC countries, although GCC countries are only behind North America and Europe as the top destinations for migrants (IOM, 2008). Mental health issues in these countries are rarely studied or even addressed. Because migration in general is associated with an increase rate of psychiatric disorders (Cantor-Graae and Selten, 2005; Cantor-Graae and Pedersen, 2013) and because migrant workers in GCC countries in particular are often working under very harsh conditions, we decided to investigate the psychological well-being of migrant workers in GCC countries, first by conducting a thorough review of the literature both in English and

in Arabic, and second by contributing several clinical vignettes that illustrate various aspects of the problem as seen in a psychiatric hospital in one GCC country, Qatar.

2. Methods

The literature search was divided into English and Arabic. For the English search we used various combinations of words and phrases to denote people (such as migrant workers or laborers), topics (such as mental health, mental illness, psychological well-being) and destination (such as Arab, Middle East, Gulf, GCC). The initial searches were done using PubMed, PsycInfo, Google Scholar, Scopus, UN publications, JSTOR, and BMJ. A more limited search was done through Google and Yahoo to gather needed information that was not necessarily available in scientific journals. For the Arabic search we used <http://www.arabpsynet.com/>, a site which pools together psychiatry and psychology-related science and research from all the Arab world. The words or phrases used here included: migration, acculturation, psychological stress, psychological disorders, workers, maids as well as various combinations.

3. Results

A search for migrant workers and GCC countries will usually lead to human rights concerns and violations in this population. A more detailed search examining psychological well-being narrows the results drastically. There are indeed very few articles devoted to

Table 1

Summary of the literature review, in chronological order, of psychological and psychiatric issues in migrant workers in GCC countries.

Author (year)	Country/Region	Population studied	Results/comments
El-Islam et al. (1983)	Kuwait/Qatar	Transient populations	Attitudes to work differ between natives and expatriates.
El-Rufaie (1986)	UAE	Male laborers from India, Pakistan and Iran	Report of an acute schizophrenic episode in 25 male migrant workers
Eelens (1988)	Middle East	Sri Lankan labor migrants	Author discusses reasons for early return home of migrants from Middle Eastern countries
El-Hilu et al. (1990)	Kuwait	Foreign housemaids	Foreign housemaids more likely to be admitted to psychiatric hospitals than native Kuwaiti females.
Ahmed and Zainulabdin (1991)	Gulf States	Pakistani families left behind	Family members left behind by migration workers suffer more emotional hardship than controls "the Dubai syndrome in Karachi"
El-Fawal and Awad (1994)	KSA	Cases of suicide by hanging in Dammam	Majority of victims are male expatriates of low socioeconomic class, coming particularly from the Indian subcontinent. Emphasis more on medico-legal aspects than on psychological issues.
Hafeiz (1996)	KSA	70 immigrant patients and 70 Saudi controls	Schizophrenia more common among Saudis; acute paranoid reaction more common among immigrants
AbuMadini and Rahim (2002)	KSA	Hospitalized psychiatric patients	Non-Arab expatriates more likely than natives to suffer acute and transient psychosis, stress-related or dissociative disorders
Zahid et al. (2002)	Kuwait	South East Asian Housemaids	Precipitating factors for psychiatric admissions include lack of contact with family back home, harassment, limited social support
Zahid et al. (2003)	Kuwait	South East Asian Housemaids	Potential risk factors for psychiatric morbidity include Sri Lankan nationality, Muslim religion, less than 4 years of education, prior history of physical or psychiatric illness
Zahid et al. (2004)	Kuwait	South East Asian Housemaids	Psychiatric hospital admission rates are higher in foreign housemaids compared to native Kuwaiti women
Al Ansari et al. (2007)	Bahrain	Suicide cases over a decade	The suicide rate was much higher in non-Bahrainis compared to Bahrainis. Risk factors include male gender, age below 35 and financial domestic problems.
Anbesse et al. (2009)	Middle Eastern countries	Ethiopian low-income migrant women	Prominent threats to mental health in this population included exploitative treatment, undermining of cultural identity and disappointment regarding unmet expectations.
Lotaief et al. (2009)	KSA	Foreign workers	Ethnicity (especially South East Asians) and level of employment (maids or manual workers) more likely to be admitted to psychiatric hospitals.
Al Madni et al. (2010a)	Dammam, KSA	Death by hanging in Dammam	75% of cases were male laborers, 11.2% were female housemaids. Most suicides occurred in June, least in December and February; very few had a history of previous attempts.
Al Madni et al. (2010b)	Dammam, KSA	Suicide by any mean	More than 80% of cases where laborers and maids; 41% were of Indian nationality, 21% were Saudi; 83% hanged themselves, 5% used firearms; less than 10% had alcohol or illicit drugs in their system
Adhikary et al. (2011)	Middle Eastern countries	Nepalese migrant workers	a review article about work-related health risks, access to healthcare and living conditions of this minority group. The article mentions anxiety and depression as specific risks, along with suicide attempts and mental illness.
Al-Maskari et al. (2011)	UAE	Male migrant workers	25% of participants suffered from depression; 6% reported thoughts of suicide
Joshi et al. (2011)	Qatar, KSA, UAE	Nepalese migrant workers	One quarter of participants reported experiencing accidents or injuries at work. No information about mental illness.

KSA: Kingdom of Saudi Arabia; UAE: United Arab Emirates.

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