BRIEF COMMUNICATION

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Mental Health Problems in Nepalese Migrant Workers and their Families

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Abstract

In this cross-sectional study, we aimed to assess the mental health problems of Nepalese migrant workers and their family members at home in Nepal. Families of migrant workers left behind in Nepal from nine project districts were interviewed to assess the psychosocial problems and offered appropriate psychosocial counseling. We assessed 747 individual members. Ninety-five returned migrant workers received psychosocial counseling, 67% of whom were males. The majority (56%) of returnees suffered from anxiety, 23% had depression and 11% had serious mental illness. The left-behind family members amounted to 652, 93% of whom were females. The majority (56%) had anxiety, 25% had depression, 7% expressed suicidal ideation or had attempted suicide, and 2% had severe mental illness. We concluded that the majority of returning workers and left behind family members suffered from anxiety and depression.

Keywords: Anxiety, Depression, Mental health, Migrant workers, Psychosocial support

Declarations

Ethics approval and consent to participate: Ethical approval for this study granted by the Ethical Review Board of the Nepal Health Research Council (Ref No. 1209). Informed con-sent was taken from the participants.
Consent for publication: Not applicable
Availability of data and materials: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request. All relevant data are within the manuscript.
Competing interest: None
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Nepal has an economy increasingly dependent on remittances from migrant workers [1]. The separation of families causes social and psychological problems. The left behind members, especially the women and children experience social isolation, abuse, harassment, breakdown of relationships among family members and community, and social stigma [2]. In Sri Lanka, two in every five left-behind children were shown to have mental disorders and over a quarter of the left-behind children were underweight or severely underweight [3].

The Safer Migration Project is a bilateral initiative of the Government of Nepal and the Government of Switzerland [4]. The project is implemented through a partnership between HELVETAS Swiss Intercooperation Nepal and the Ministry of Labour, Employment and Social Security. The Centre for Mental Health and Counseling Nepal, a national partner of the Safer Migration Project, has been supporting the program by providing psychosocial support to the families of migrant workers and distressed returnee migrants in nine project districts ranging from the hill regions to the plains of the Terai since 2013. We aimed to describe the psychosocial issues experienced by returned migrant workers and the families of returned and absent migrant workers covered by the project.

METHODS

Ethical approval for this study was granted by the Ethical Review Board of the Nepal Health Research Council. The project was implemented in Khotang, Sarlahi, Ramechhap, Nawalparasi, Dhanusha, Kailali, Dhading, Nuwakot and Sindhupalchowk districts between July 2015 and June 2016.

The psychosocial intervention component of the project included building the capacity of staff. Four staffs from each district were trained in psychosocial counseling during six months practice-based training program. Thirty-nine counselors received a training course of 900 hours: 440 hours theory and 460 hours supervised practice. Trainee counselors maintained the case documentation including details of counseling session plans before the sessions with the help of the assigned psychologist supervisor. Five clinical psychologists were involved in supervision.

Selection criteria for the sample population included returned migrant workers with psychosocial and mental health conditions and the families of migrant workers working in six Gulf countries and Malaysia. We included all the family members of migrant workers. The sample (beneficiaries of the project) were identified through the help of local returnee volunteers, school teachers, local media, the information and counseling center, women's network groups, and the district police office.

The project attempted to address psychosocial problems through a service delivered by trained counselors who visited affected families, developed trust with individual clients and family members and explored the problems. The aim of the intervention was to reduce symptoms by strengthening the ability of clients to cope with their situations and feelings. The psychosocial skills adopted were active listening, helping to analyze the consequence of the suffering of a client, helping to change the focus of the client from symptoms and relationship problems to functional abilities and strengths, tips for self-care such as dietary advice, sleep hygiene, and stress-reducing breathing exercises and intervention focused questions.

Data were collected by the counselors working with returnee workers and their families and entered into an excel spreadsheet. The diagnosis was assigned by the psychologists on the basis of the case records discussed with the counselors during supervision.

RESULTS

The project supported 747 individual clients with a psychosocial counseling service through 36 counselors in the one-year period. This included a total of 95 returnee migrant workers and 652 left behind family members. The majority of left behind family members were females (93%). Majority of them were wives (68%) or mothers (19%) of the migrant workers. Six percent of the clients were children while the maximum number of clients (38%) were of age 26–35 y (**Figure 1**).

Psychosocial problems encountered by the returnee migrant workers and the left behind family members were grouped as anxiety, depression, suicide attempt/risk and severe form of mental illness (**Table 1**). The contributing factors reported included work-related problems such as low pay, illegal status and violence.

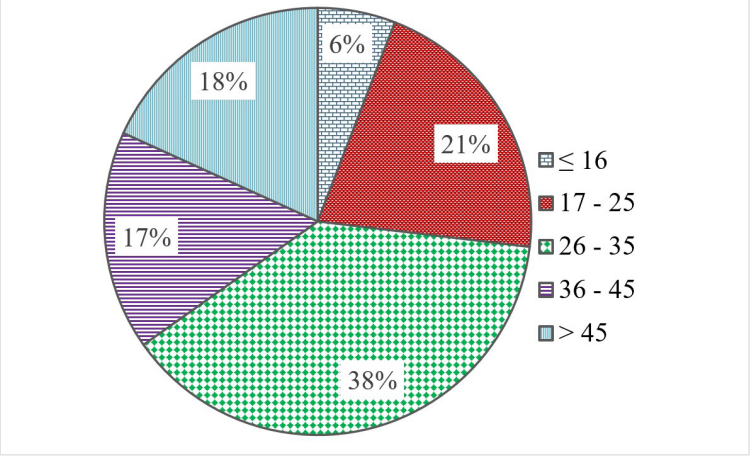
DISCUSSION

We found the prevalence of depression and anxiety in the families of migrant workers to be 25% and 58% respectively, which was twice than that found in the general population of Nepal [5]. Returnee migrant workers

Table 1: Psychosocial problems experienced by returnee migrant workers and the left behind family members attending the psychosocial support program

Psychosocial problems	Returnee migrant workers		Left behind family members	
	Male/ Female	Total (%)	Male/ Female	Total (%)
Anxiety symptoms	46/ 7	53 (56)	7/ 369	376 (58)
Depression	8/ 14	22 (23)	19/ 147	166 (25)
Severe form of mental illness	6/ 4	10 (11)	2/ 9	11 (2)
Suicide attempt/ risk	2/ 4	6 (6)	3/ 41	44 (7)
Others	2/ 2	4 (4)	16/ 39	55 (8)
Total	64/ 31	95 (100)	47/ 605	652 (100)

Figure 1: Age distribution (in years) of clients attending psychosocial counseling (n = 747)



also reported higher levels of depression and anxiety than in the general population of Nepal.

Two studies on depression among migrant workers in Qatar and Saudi Arabia found a high prevalence of mental health problems [6, 7]. A telephone screening survey of 2520 migrant workers in Qatar found just over half screened positive for depression. A large number (26%) of those surveyed were Nepali workers. The prevalence of a positive screen for depression was higher in labor migrants than in white collar workers [6]. A cross-sectional survey of 400 male migrant workers in Saudi Arabia found the prevalence of depression as 20%; it did not vary by duration of stay or living condition but by age, stress, and self-reported health [7].

Women in Nepal experienced higher rates of depression than men [5]. Studies in Sri Lanka where nearly ten percent of the adult population is employed abroad as migrant workers, demonstrate a prevalence of mental disorder of 21% among spouses of migrant workers left behind and of 30% in non-spouse caregivers [8]. Our findings of the prevalence of mental health problems in the families of left behind migrants are consistent with those of studies of left-behind families in other countries such as Sri Lanka and Jamaica [8, 9].

Limitations of this study include a small number of returning workers, especially those of women. We were not able to estimate severity by use of a standardized rating scale for depression and anxiety. Problems of data collection did not allow us to disaggregate some of the data relating to returnee workers and left-behind clients so that analysis of contributory factors between these two groups is unsatisfactory.

Future research may investigate further the work-related aspects of the mental health problems of returnee migrant workers and possible preventive strategies for workers and their left-behind family members.

CONCLUSION

We found that 56% of returnee migrant workers and 58% of left behind family members in Nepal suffered from anxiety. In addition, 23% of returnee workers and 25% of left behind family members suffered from depression.

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