



COVID-19 AND ECONOMIC DOWNFALL UNVEIL MIGRANT WORKERS' MENTAL HEALTH CRISIS IN LEBANON

In the midst of the COVID-19 lockdown and an economic crisis, the preliminary findings from MSF's medical helpline for migrants, and various medical assessments led by MSF teams on the ground in Lebanon, show a severe deterioration in the mental health of migrant workers, many of whom have been physically or sexually abused.

1 July 2020

Overview

MSF's project for migrant workers was established in the Beirut suburb of Dora in March 2020 with the aim of responding to the medical needs of migrant workers in Lebanon. MSF is also working alongside the Anti-Racism Movement (ARM) which provides social and legal assistance to those in need of further support.

Access to primary and secondary healthcare by migrant workers is very restricted in the country, due to the nature of the employment model to which they are tied – known as the Kafala system – which makes them dependent on a sponsor. Migrant workers are often subjected to physical and sexual abuse, long working hours, low wages, and restrictions on their movements and on their communication with the outside world, poor living conditions and a lack of privacy. The onset of the COVID-19 lockdown – which came on top of the ongoing economic crisis in Lebanon – saw a dramatic decline in migrant workers' conditions. This has included a lack of payment by employers, rising homelessness, the inability to be repatriated back home, and declining living conditions in shared accommodation. The combination of these factors is having a dire impact on migrant workers' physical and mental health.

In April 2020, MSF launched an emergency medical helpline for migrants affected by the crisis and in need of medical care. The helpline received more than 400 calls in its first three months, most of which were requests for medical consultations. Following an in-depth analysis of the data generated through our medical helpline service, in addition to feedback from visits to migrant communities and embassies by our teams, MSF has identified urgent mental health needs among migrant workers in Lebanon.

From 3 April to 20 June 2020, MSF provided mental healthcare for 63 patients from the migrant worker community, the majority of them women under the age of 30. They included 20 with psychiatric needs, 16 of whom had psychotic symptoms, and nine of whom required urgent hospitalisation.

The current mental health state of migrant workers – young women in particular – clearly reflects the hardships they have endured for years while living and working under the Kafala system in Lebanon. The COVID-19 lockdown exposed the deep structural flaws of this exploitative system, while the economic crisis generated further vulnerability.

Most of the women who reached out to MSF for mental health services had suffered a wide range of abuses, including forced labour, exploitation, harassment and trafficking, as well as many forms of physical and sexual abuse. Close to half of the women seeking mental healthcare revealed that they had experienced physical and/or sexual abuse.

Although all migrant worker communities in Lebanon are believed to have been severely impacted by the lockdown, MSF findings show that the Ethiopian migrant worker community – which forms the largest group, with more than 150,000 expatriates in the country– has been particularly hard hit¹. Since early 2020, an increasing number of Ethiopian domestic workers have been left in front of the Ethiopian consulate by employers no longer willing or able to pay their salaries. Since the end of May, MSF has conducted more than a dozen visits to the area in close cooperation with Ethiopian community volunteers, providing health screening more than 100 domestic workers and identifying vulnerable people in need of urgent medical care. Many had been sleeping in front of the consulate building for weeks, without shelter or sanitation, and with limited food and water. The majority are requesting to be repatriated to Ethiopia as soon as possible.

Migrant workers, including those without legal status in the country, should have access to comprehensive health services – including mental healthcare. In the current context of economic collapse and COVID-19, the provision of these services is urgently needed.

Mental Health Crisis

The majority of migrants who sought mental health support from MSF (94%) were female, most (61%) of them under the age of 30. More than half (64%) of female patients were of Ethiopian origin, followed by (10%) from Sierra Leone. Others came from Kenya (7%), the Philippines (5%), Sri Lanka (5%), Cameroon (3%), Ghana (2%) and Bangladesh (2%). Most lived in private or shared housing (59%) with others (12%) temporarily hosted by a member of the community. More worryingly, 35% were homeless, this was particularly the case for migrant workers suffering from severe mental health conditions.

Only one female migrant domestic worker seeking mental healthcare contacted us from her employer's home, highlighting the difficulties of accessing mental health support for those who are living and working in homes where they often face restrictions on their movements and a lack of privacy. This is also an indication of the challenges for aid organisations in reaching these particularly vulnerable women.

MSF also received few mental health requests (6% of all mental health requests) from Sudanese males suffering mainly from anxiety and depression, one of them had attempted suicide and was in need of psychiatric hospitalisation. Nevertheless, the most severe mental health symptoms clearly affected female, rather than male, migrant workers, with 30% suffering from depressive disorder. More worryingly, 27% of MSF's female mental health patients exhibited symptoms of psychotic disorder.

¹Migrant workers have been particularly affected by Lebanon's currency crisis, which has resulted in the devaluation of the Lebanese pound, leading to a limited availability of US dollars, which Lebanese employers need to pay migrant workers' salaries.

MSF also found that close to half (42%) of females seeking mental healthcare were survivors of physical and/or sexual violence, although the real numbers are likely to be much higher. For the majority, the abuse was perpetrated by their employer; others experienced abuse by an intimate partner or acquaintance. One woman reported being raped by an acquaintance and forced into prostitution. Another woman had been forced to clean her deceased employer's body, which went against her country's customs and traditions, resulting in significant trauma and shock.

In general, the poor mental health state of migrant workers – young women in particular – reflects the extremely harsh living and working conditions they have experienced for years in Lebanon. The Kafala system not only limits the basic rights of migrant workers, it also puts them at very high risk of exploitation and abuse. This is particularly the case during lockdown periods when their movements are even more restricted than usual. MSF also found that migrant workers who lack proper documentation or sponsorship frequently experience stress, anxiety and depression due to their unofficial status, which hinders their access to basic services, healthcare in particular.

Psychiatric patients: Challenges accessing specialised care and adapted shelter

MSF identified 20 psychiatric patients in the close to three-month period from 3 April to 20 June 2020, at a rate of 1-2 per week. All except one were women, the majority under the age of 30. Four of the women and one male had attempted suicide prior to contacting MSF. In fact, 41% of all female mental health patients assessed by MSF had contemplated suicide during the previous six months². More than half of the female patients were diagnosed as “actively suicidal”³ by the MSF psychologist, who helped each of them develop a ‘personal safety plan’ in order to decrease the risk of suicide.

Sixteen of the 20 psychiatric patients were suffering from psychosis, all of them were women. According to the World Health Organization (WHO), psychosis is characterised by distorted thoughts and perceptions, as well as disturbed emotions and behaviour. Sometimes triggered by extreme stress or trauma, psychosis leads to a loss of contact with reality. Individuals who suffer from psychosis are also at high risk of stigma, discrimination and abuse. MSF found that more than half of the women suffering from psychosis had been physically and/or sexually abused by an employer, intimate partner or acquaintance. MSF mental health staff suspected that the majority of patients experiencing psychotic episodes had been through some form of trauma or abuse, but it was difficult to get a clear picture of their experiences due to the unstable condition of the patients.

Many of the women suffering from psychosis were found disorientated, destitute or homeless in streets in or around Beirut. At least ten of the women were found in front of the Ethiopian

² In 2008, Human Rights Watch found that migrant domestic workers were dying at a rate of one per week, with suicide and attempted escapes the leading causes of death:

<https://www.hrw.org/news/2008/08/26/lebanon-migrant-domestic-workers-dying-every-week>

³ Having a real intent to commit suicide, as opposed to “passively suicidal”, where only the ideation of suicide occurs.

consulate where they had been left by employers who could no longer pay their salaries, despite the absence of shelter and other basic needs at that particular location. Others were being hosted by members of the migrant community before their caregiver reached out to MSF for medical support. The majority of the women had no mobile phone, no proper documentation and no information related to their identity or history. They often had no memory of the months before their medical condition worsened. Their frail mental state made them even more susceptible to abuse and exploitation⁴.

MSF teams referred nine out of the 20 psychiatric patients – mainly those diagnosed with the most severe forms of psychotic disorder – for hospitalisation, while the others were referred to a psychiatrist for specialised medical care. MSF teams faced many challenges in getting psychiatric patients admitted to specialist hospitals in Lebanon. These included: (1) slow referral and admission processes; (2) limited bed capacity at psychiatric hospitals; (3) no insurance policy especially if the patient is undocumented, or absence of any coverage for emergency mental healthcare in particular; (4) expensive treatment and medication, which can cost from 2,000,000 to 3,000,000 LBP⁵; (5) absence of affordable or free psychiatric ambulance services; and (6) concerns and fears by some patients who were reluctant to be admitted to hospital due to various traumas they had experienced⁶.

Psychiatric patients who were not admitted to hospital were housed and cared for by members of their community and provided with basic needs assistance through migrant community organisations such as Eгна Legna, Mesewat and Shama, in addition to the Committee of Ethiopian Volunteers working in coordination with their consulate. MSF continued to provide regular mental health follow-up and medication for those who were housed in the community, while Anti-Racism Movement (ARM) provided social and legal support. This informal set-up also presented many challenges and placed a high burden on the community caregivers, who were often not equipped to look after severe mental health patients, especially those requiring specialist medical attention and regular follow-up or counselling.

Other challenges included overcrowded spaces in the community, which can be very problematic for people with severe mental health needs, as they usually require private and calm spaces in order to recover. Some patients were moved on several occasions from one community home to another, when caregivers needed to go to work in order to support themselves and the vulnerable individuals they were hosting. This instability resulted in occasional loss of follow-up for some psychiatric patients requiring medical care and was not conducive to their recovery. Overall, many psychiatric patients seen by MSF and ARM lacked viable housing options for continuity of care following diagnosis or after discharge from hospital. These limitations – and the other numerous obstacles mentioned above – put them at high risk of relapse, while also placing a heavy burden on an already struggling community in a time of crisis.

⁴ MSF could find no indication that any of the psychiatric patients recently identified had been previously hospitalised for mental health conditions in Lebanon.

⁵ Between 550 and 850 USD according to current Lebanese Central Bank rates, but Lebanese currency continues to devalue in the informal exchange markets due to the ongoing economic crisis.

⁶ MSF covered the hospitalisation fees of seven psychiatric patients. The two remaining patients' hospitalisation fees were covered by Eгна Legna and the Committee of Ethiopian Volunteers working in coordination with their consulate (one patient each). IOM also covered the psychiatric ambulance fees for three of the hospitalised patients.

Key Messages and Recommendations

To Lebanese government institutions, embassies, donors and humanitarian organisations involved in responding to the current situation of migrant workers in Lebanon:

1. MEDICAL TREATMENT AND EMERGENCY MENTAL HEALTH COVERAGE:

Prioritise medical treatment for migrant workers, including those affected by severe mental health conditions, regardless of their legal status. For psychiatric patients, this should include admission to psychiatric facilities and affordable emergency transport services for those requiring specialist care.

In the long term, emergency psychiatric care should be included in the standard insurance policy of migrant workers. At the same time, enhance awareness of, and access to, already existing and free counselling services as a preventative measure.

2. ADAPTED SHELTER FOR SEVERE MENTAL HEALTH CASES:

Establish adapted shelters for vulnerable migrant workers suffering from severe mental health conditions, each attended by a trained medical nurse. If this is not possible, dedicate a space for recovering psychiatric patients within existing shelters where they could receive specialised care from medical personnel and caregivers.

3. COMMUNITY-BASED APPROACHES:

Involve all hosts currently accommodating migrant workers affected by mental health conditions in the development of a community-based mental health response. Equip these hosts with the relevant skills and basic necessities they need to provide a cohesive environment for both patient and caregiver.

4. BASIC NEEDS TO LIVE IN DIGNITY:

Support migrant workers affected by mental health conditions – particularly women who have survived physical and/or sexual abuse – with the basic necessities that would allow them to live in dignity until they are fully recovered and able to support themselves.

On the long term, push for migrant workers to be included and prioritised in the wider humanitarian response mechanisms providing basic necessities for vulnerable population groups in Lebanon.

5. ACCESS TO JUSTICE, REPATRIATION AND REINTEGRATION:

Prioritise the stabilisation and support of migrant workers affected by severe mental health conditions, allowing them to make well-informed decisions regarding repatriation, while providing appropriate shelter and care options until such a time as they can safely return home. The documentation of abuses and access to justice through independent legal actors must also be facilitated prior to departure.

Once repatriated to their countries of origin, connect migrant workers with appropriate support mechanisms – including mental health services – in order to avoid cycles of re-victimisation and facilitate re-integration in their respective communities.

6. END KAFALA:

While MSF and other local organisations currently responding to migrant workers' needs in Lebanon are in a position to address the symptoms of their undignified and precarious living and working conditions – which also manifest as severe mental health concerns – a broader effort to end the Kafala system and ensure the protection of migrant workers is required. These efforts should be followed up on together with the migrant community and all above-mentioned actors.

Testimonies

"I had a lot of issues; I was depressed and had no one to talk to. I was in an abusive relationship: I was trafficked by my partner and raped. It was hell in my heart. I felt ashamed, but after I spoke with the MSF psychologist, she healed my heart. She gave me strength and good advice. She always responded with positive thoughts and made me feel like I had someone to talk to. She told me when we first met that she would bring back my smile... and she really did."

-- Patricia (not her real name), survivor of sexual violence

"My sister came to my employer's house unannounced one day. She was acting erratically and saying that she wanted to return to Ethiopia right now. MSF helped us with treatment and medication. I was helping her take her medication, feeding her and bathing her, and even staying up at night with her. It was exhausting. Now she is feeling much better and I am relieved. But I cannot work as long as I am taking care of her. This is why it would be better for her to return to Ethiopia, where our family can take good care of her, and so that I can go back to work to support them."

-- Maya (not her real name), sister and caregiver

“The most difficult step is to build trust with the psychiatric patients after they are discharged from hospital, so that they can feel comfortable enough to be hosted by a member of our community. Communicating with the patients about their options is also difficult because they are not stable and their mind is confused. On top of this, most community houses are not equipped to host such challenging cases, they are usually too overcrowded for the mental health patient who needs a calmer space.”

The Kafala system is punishing these young girls who are healthy when they first arrive in Lebanon... but the working conditions, restricted movement and language barriers they face on a daily basis – and especially the limited communication with their families back home – results in a culture shock, which they are sometimes unable to recover from.”

-- Sami, Co-founder of Mesewat, a non-profit solidarity network that supports migrant workers in Lebanon

“As a first responder on MSF’s medical helpline for migrant workers, there are many cases I answer to on a daily basis, especially people affected by mental health issues. At first it was hard for me to handle, but the numbers kept increasing by the day and we had to act fast. MSF is providing them with the mental health support they need to survive. Many of the Ethiopian migrant domestic workers who were sleeping for weeks in front of their consulate told me they were struggling with stress and depression.”

-- Sarketlu, MSF secretary and helpline operator

“Assisting the migrant community in Lebanon with the right mental health diagnosis and adapted treatment plans has been very rewarding for me, on both the personal and professional level. Despite the stressful situation they are currently experiencing, the migrant community in Lebanon has demonstrated extraordinary resilience and incredible community support.”

-- Vanessa, MSF psychologist

More on MSF’s medical helpline for migrants:

The team at MSF’s medical helpline for migrants consists of one helpline operator, two medical doctors, two social workers and a psychologist. Services offered include social, medical and mental health assessments, as well as referrals to primary health services at MSF or partner clinics.

To reach MSF’s medical helpline for migrants, please call: **81 300 687**

COVID-19 AND ECONOMIC DOWNFALL UNVEIL MIGRANT WORKERS' MENTAL HEALTH CRISIS IN LEBANON



MSF received mental health requests from migrant workers **63**

61%
of them are under the age of 30



At least 42%
are victims of physical and/or sexual abuse by an employer, partner or acquaintance

20 PSYCHIATRIC patients were identified by MSF



9 of them required urgent hospitalisation, mainly women suffering from psychosis*

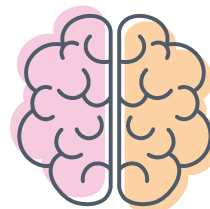


94%
of those mental health patients are women



Migrant workers are from **Ethiopia (64%)**, **Sierra Leone (10%)**, and others from **Philippines, Sri Lanka, Kenya, Cameroon, Bangladesh and Ghana**

30% are suffering from depressive disorder and



27% are exhibiting symptoms of psychotic disorder.

35% are homeless, particularly patients with psychiatric needs



*Psychosis is a mental health disorder characterised by distorted thoughts and perceptions, as well as disturbed emotions and behaviours. Psychosis can sometimes be triggered by extreme stress or trauma

In April 2020, MSF launched an emergency helpline for migrants affected by the crisis and in need of medical care. This data is from a report issued by the project during the period of 3 April to 20 June 2020.

The current mental health state of migrant workers – young women in particular – clearly reflects the hardships they have endured for years while living and working under the Kafala system in Lebanon.

Access to comprehensive health services – mental healthcare in particular – for all migrant workers, regardless of their status in the country, would be the first stepping stone towards restoring their humanity and dignity.



أطباء بلا حدود



[msf.lebanon](https://www.instagram.com/msf.lebanon)



[MSF.Lebanon](https://www.facebook.com/MSF.Lebanon)



[MSF_Lebanon](https://twitter.com/MSF_Lebanon)