



Short communication

Development of mental health services for lower-skilled migrant workers in Qatar

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ABSTRACT

The largest group of migrants in Gulf Cooperation Council (GCC) countries are lower-skilled migrant workers. GCC countries have witnessed significant healthcare infrastructure investments over recent decades. Despite this, they are lagging to mainstream the mental health needs of lower-skilled migrants into national health policy frameworks. Qatar is one of the GCC countries where lower-skilled migrants constitute 50 per cent of population. In this article, we provide an overview of the development of specialist mental health service for lower-skilled migrants' and discuss the challenges, and measures taken by the State of Qatar to mainstream their health needs into national health policy framework.

1. Introduction

Gulf Cooperation Council (GCC) countries have witnessed significant healthcare infrastructure investments over recent decades. Despite this, they are lagging to mainstream the mental health needs of lower-skill migrants into national health policy frameworks. The Arab states hosted about 23 million migrant workers in 2017, out of which 9 million were women migrant workers (Labour Migration - International Labour Organization, 2021). It is also estimated that the six GCC countries account for over 10 per cent of all migrants globally. Foreign nationals in Bahrain, Kuwait, Qatar and the United Arab Emirates make up most of the population (Labour Migration - International Labour Organization, 2021). 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). Migration is known to increase the risk of psychiatric disorders (Cantor-Graae and Selten, 2005; Gentsch and Massey, 2011; Golay et al., 2019). However, there is a scarcity of research on the mental health of migrant workers in GCC countries. Few studies and researchers support the notion that foreign workers and housemaids are more likely than the native population to have psychiatric symptoms, psychiatric hospitalisations, and higher suicidal rates (Lau et al., 2009; Kronfol et al., 2014; Zahreddine et al., 2014; Zahid and Alsuwaidan, 2014).

In this article, we provide an overview of the development of specialist psychiatry service for lower-skilled migrants. We discuss the challenges, and measures taken by the State of Qatar to mainstream lower-skilled migrants' health needs into national health policy framework.

2. Qatar context

Qatar is a peninsula in the Arabian Gulf, with a population of 2.7 million people. Foreign nationals in Qatar make up more than 80 per cent of the population (Labour Migration - International Labour Organization, 2021). Current estimates suggest that lower-skilled migrants (single male labourers) constitute 50 per cent of Qatar's population (Al-Harabsheh et al., 2019). The healthcare services in Qatar are state-funded. Primary healthcare to single low-income migrant workers is provided by Qatar Red Crescent Society (QRCS) through their healthcare centres. Secondary healthcare, including mental health services (MHS), is provided by Hamad Medical Corporation (HMC). Patients have access to psychiatric medications including antidepressants, oral and depot antipsychotics, mood stabilizers, benzodiazepines, and hypnotics. Inpatient and outpatient treatment is either free or highly subsidized. However, low-income migrants continue to face healthcare challenges due to their cultural and language differences. Some patients

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may be hesitant to seek their employers' permission to visit a doctor, and transportation to get to a healthcare facility as they might be worried about loss of earnings. In case of mental health issues, their own cultural values and stigma are significant obstacles to seek help (Al-Harrahshah et al., 2019).

3. Policy framework

The National Mental Health Strategy for Qatar was launched in 2013 (Ministry of Public Health, Qatar, 2021a,b). This policy initiative focused on providing care in primary and community settings close to the populations served and recognised the importance of providing services for all residents, including lower-skilled migrant workers. This was further supported by the National Health Strategy 2018–2022, which specifically identified mental health as a priority area of development (Ministry of Public Health, Qatar, 2021a,b). Under this framework, the establishment of mental health service for lower-skilled migrant workers was commenced.

4. Development of health services for lower-skilled migrant workers in Qatar

The development of this pioneering service in the region is still evolving but exemplary. The service is based in the Doha Industrial Area (DIA), which is exclusively populated by craft and manual migrant workers with a population of 425,000 (Doha Industrial Area, 2021). To provide secondary healthcare services in the DIA, a new healthcare facility Hazm Mebaireek General Hospital (HMGH), became operational in 2018. The hospital principally serves the single male population's health needs living predominantly in the DIA. This facility also started mental health services in June 2019. The mental health services based in HMGH worked proactively with various stakeholders to develop easy to navigate care pathways. It supports the QRCS, which provides primary care mental health services to this population. The newly set up psychiatry services at the HMGH has currently the following components designed to work in coordination with all stakeholders:

4.1. Psychiatry outpatient services

Psychiatry outpatient services for lower-skilled migrant workers were set up and are led and delivered by consultant psychiatrists. The referrals to these clinics come from the QRCS, Emergency Department (ED), inpatient units and other outpatient services at HMGH, and other hospitals associated with the HMC. Due to the diverse cultural background of staff and closer geographical location to workers residential and work areas, this service is more accessible and responsive, with better staff-patient relationship and continuity of care. Since the service is based in a general hospital, patients find it less stigmatising as compared to going to a mental health facility. Telepsychiatry consultations are also offered, resulting in better engagement and fewer non-attendances, as these workers can attend from their workplace without having to arrange for transportation or having to take time off from their work. The team has assessed 250 patients in outpatient clinics in last three months between 1 st January 2021 and 31 st March 2021.

4.2. Consultation-liaison psychiatry services

Consultation-Liaison (CL) psychiatry service at the HMGH offers 24 h of mental health support to patients in all inpatient units and those presenting to ED with suspected or established mental disorders. The team, supported by consultant psychiatrists, receives consultation requests electronically and by phone. All emergency and routine referrals are prioritised and assessed within 4 and 24 h, respectively. The team has undertaken 428 consultations in last three months between 1 st January 2021 and 31 st March 2021. Upon patient's discharge from the hospital, the CL services organise follow up either in the HMGH

psychiatry outpatient clinics or patients are discharged back to primary care. This has helped to reduce the ED presentation of migrant workers to other general hospitals in Doha.

4.3. Inpatient mental health services

All patients, including lower-skilled migrants, are admitted to the main psychiatric hospital. More than one-third of admissions to psychiatry hospital in January and February in 2019 were single male labourers. Many of these admissions are brief admissions due to psychosocial stressors and could be avoided. Henceforth, there is a plan to set up a psychiatric assessment unit next to the ED at HMGH. This component of the services would be for those psychiatric ED presentations that may require a longer ED stay (up to 72 h).

4.4. Special clinics for major migrant employers

The psychiatry team at HMGH has developed a working partnership with the major employers of manual workers, including the Supreme Committee for Delivery and Legacy (SCDL). SCDL has a dedicated medical team primarily looking after workers building and maintaining Qatar Football World Cup 2022 infrastructure. Through a memorandum of understanding between MHS, SCDL and Ministry of Public Health (MOPH) Qatar, the psychiatry team has developed a clinical pathway for manual migrant workers working for SCDL to access mental health services. The HMGH psychiatry team has also invested in training SCDL clinicians in mental health awareness and screening, and has established a dedicated clinic with rapid access to a free multidisciplinary psychiatry service. A similar process with another major employer of manual migrant workers, Public Works Authority 'Ashghal', has also been initiated.

5. Culturally competent workforce

To provide culturally sensitive and personalised mental health services, HMC has recruited multilingual western qualified consultant psychiatrists, who speak the same languages as the migrant population, thus leading the way in the region. The languages the clinical team can fluently speak include English, Hindi, Urdu, Pashtu, Punjabi, Malayalam, Tagalog, and Arabic. This has helped to improve the quality of psychiatric assessments and establish better rapport between team and patients. The core team is composed of 3 consultant psychiatrists, 1 specialist psychiatrist, 1 head nurse, 1 charge nurse and 4 staff nurses. The core team is supported by psychiatrists, psychologists, social workers, occupational therapists, dieticians, and pharmacist who work across different teams. In its drive to make services culturally sensitive, patient-friendly, and reflect the population's demographic characteristics, the State of Qatar has recruited multilingual western qualified psychiatrists for other mental health services, including inpatient psychiatric units and community mental health teams.

6. Teaching, training, research, and audits

The psychiatry service at the HMGH has led several teaching and training sessions for clinicians from the QRCS, SCDL, and the HMGH. The training included, evaluation and management of common mental disorders; utilisation of screening questionnaires in mental health; care pathways to access secondary services; and risk assessment. The team maintains the database of all the patients. It has ignited a new interest among the colleagues to study the mental health needs of migrants workers. As part of the clinical governance, all components of the psychiatry service for lower-skilled migrant workers are evaluated by regular quality improvement clinical audits and outcome measures, based on Joint Commissioning International (JCI) guidance.

7. Conclusion

Lower-skilled migrants make up a significant proportion of the population in the Arabian Gulf region. However, low-income migrants continue to face healthcare challenges due to cultural differences, language barriers, lack of patient friendly information about healthcare available to them, and an inability to navigate the healthcare system. Guided by the National Health Strategy, National Mental Health Strategy, demographic characteristics of the population, and economic development, Qatar has developed a bespoke mental health service for lower-skilled migrant workers. The service continues to evolve and set the scene for a much-needed focus on the mental health of lower-skilled migrants in the wider Arabian Gulf region. The development of this service may also help other countries in the region when developing and enhancing their mental health services.

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Declaration of Competing Interest

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