

Policy Brief

March 2024

Patterns of Detection and Treatment of Mental Health Problems among OFWs: Implications to Psychosocial Support Services

Veronica Esposito Ramirez, Ph.D

The psychosocial well-being of OFWs and their freedom from mental health problems are manifestations of human development. However, the condition of migrant mental health has worsened during the COVID-19 pandemic. Their needs may not be addressed adequately, both in the host country where lockdowns and travel restrictions did not allow them to go anywhere, and in the Philippines when they were forced to come home.

Mental health problem refers to anxiety disorder, depressive disorder, schizophrenia, bipolar, paranoia, panic attacks, fear or distress. These are triggered by stressors such as disruptive events, pandemic, isolation, economic stressors, inability to adjust to new culture or maltreatment from employers.

By identifying ways of promoting psychosocial well-being among land-based OFWs, mental health service providers and migration partner agencies under the Department of Migrant Workers (DMW) can provide interventions that directly address the need for psychosocial well-being during employment overseas. The Department of Health (DOH) can give a big push to the Philippine government's efforts towards advocating mental health care. Likewise, the National Reintegration Center for OFWs (NRCO) can design programs that can respond to the specific needs of those repatriated for mental health reasons.

This study aimed to analyze the patterns of detection and treatment of mental health problems among Overseas Filipino Workers (OFWs). Following are its objectives:

1. Describe how mental health problems among OFW applicants are detected by the DOH Pre-employment Medical Examination (PEME)
2. Determine the common processes, services, and practices in the treatment of mental health problems among OFWs
3. Analyze how responsive these processes, services and practices are to the mental health needs of OFWs
4. Identify the psychosocial factors that affect OFWs' well-being at Pre-deployment, Employment and Return stages
5. Recommend psychosocial support services that government, NGOs and relevant agencies can offer to address OFW mental health problems.

KEY FINDINGS

1. More than a psychological test, what is more appropriate to migrant work is one that can measure readiness for overseas work which includes indicators of multi-cultural, socio-economic, emotional and psychological attributes.
2. A number of services are offered to help OFWs on matters of mental health. There are online private and government online programs and help-calls. However, the needed community (whether local or overseas) psychosocial partnership that can strengthen mental health is not institutionalized.
3. Inter-agency arrangement works for immediate transport and repatriation of OFWs with mental health problems. However, due to the overwhelming number and varying OFW cases that cooperating agencies attend to, especially among employed OFWs overseas, the very small number of

personnel cannot give full attention to the needs of those in need of mental health care.

4. There is interconnectedness and flow of support for mental health systems that can prevent and address mental health problems but it is not systematic.
5. The major stressors to OFW mental health have been identified in this study. There are specific psychosocial factors that affect OFWs' well-being at Pre-deployment, Employment, and Return stages. These factors vary by country of work due to Work environment, Job content, Organizational condition, Workers' capacities, needs and culture, and Personal conditions. The Attributes Claimed the Most by the participants have been identified and ranked in this study. The Psychosocial Support Services needed for these attributes are likewise given.
6. The circumstances that resulted from the global pandemic affected migrant workers which varied according to causes and degrees. This occurred either in their country of work, while in hotel quarantine during their return to the Philippines or during their reintegration in their respective communities. Most OFW patients experienced panic attacks, schizophrenia, paranoia, anxiety and extreme fear.

CONCLUSION

Mental health problems have different levels, ranging from temporary behavioral disorder to severe mental disorder. Therefore, the treatment of mental health problems vary in degree of difficulty and distress. Recommended actions should not be 'once size fits all.' They should be condition-appropriate.

While not yet alarming, the mental health problems of OFWs may worsen over time if not enough attention is given to address them. Intervention may come from both the public and private sectors to effectively and efficiently respond to mental health issues problems during the three phases of migration: pre-departure; while at work overseas; and during reintegration after their return



Veronica Esposito Ramirez, Ph.D is an Associate Professor at the University of Asia and the Pacific (UA&P) Pearl Drive, Ortigas Center, Pasig City 1605, Philippines, Tel. No: (+632) 8637-0912
Email: veronica.ramirez@uap.asia; Website: <https://bit.ly/CRCMOFW>

POLICY RECOMMENDATIONS

<p>Policy 1. Psychosocial evaluation as a tool for detection of OFW mental health problem</p>	<p>A psychosocial evaluation tool must be developed to cover the holistic mental state of the OFW at pre-deployment, employment and return stages. The evaluation instrument should be able to measure readiness for overseas work which includes indicators of multi-cultural, socio-economic, emotional and psychological attributes. A multi-disciplinary team from the pertinent agencies and academic institutions may be convened to develop, pre-test and ascertain the reliability of the instrument. A specialist should be present to help administer the test.</p>	
<p>Policy 2. Psychosocial support services that address OFW mental health problems at Pre-deployment, employment and return stages</p>	<p>A comprehensive framework addressing OFW mental problems should be developed covering the following: awareness-building among OFWs about existing medical services, including mental health care services that they may avail of in every stage of migration process; the process of availing services; referral flow and the monitoring and evaluation of patients until recovery</p>	
<p>Policy 3: The Interconnected components of the Global Scenario of Mental Health systems should be addressed by relevant agencies</p>	<p>Interconnected Components to the Global Scenario of Mental Health Systems</p>	<p>Agencies that can Render Psychosocial Support to OFW Mental Health</p>
	<p>(1) Mental health policies, plans and programs</p>	<p>Department of Health (DOH) Migrant Health Unit (MHU) of the Bureau of International Health Cooperation, as the central coordinating unit and secretariat of the Inter-Agency Medical Repatriation Assistance Program (IMRAP) National Center for Mental Health Local Government Units Department of Migrant Workers</p>
	<p>(2) Legislation and regulations governing mental health service organization and practice</p>	<p>Republic act no. 11036, an act establishing a national mental health policy for the purpose of enhancing the delivery of integrated mental health services, promoting and protecting the rights of persons utilizing psychosocial health services, appropriating funds therefor and other purposes Department of Migrant Workers Philippine Overseas Labor Office</p>
	<p>(3) Mental health financing and payment arrangements</p>	<p>PhilHealth, OWWA, National Health Service of host countries, foreign employer, recruitment agency (depending on Contract and agreement)</p>
	<p>(4) Organization of service programs for detection and treatment of mental illness, including reliable supply of psychotropic medicines, and rehabilitation services</p>	<p>DOST, DOH, OWWA and National Center for Mental Health (NCMH), public and private health institutions, facilities and clinics, NGOs and CSOs whose advocacy is OFW health Department of Migrant Workers</p>
	<p>(5) Systems for training of mental health practitioners from all relevant disciplines</p>	<p>National Center for Mental Health (NCMH) training on mental health for OWWA personnel</p>
	<p>(6) The mental health information systems that enable planning, monitoring and evaluation</p>	<p>The Migrant Health Unit (MHU) of the Bureau of International Health Cooperation, as the central coordinating unit and secretariat of the Inter-Agency Medical Repatriation Assistance Program (IMRAP) designs activities of the program, presents the databases of each agency involved, and evaluates problems encountered during the referral process in order to explore learnings and solutions for future referrals. Department of Migrant Workers</p>
	<p>(7) Programs that are devoted to mental health promotion and illness prevention</p>	<p>The Migrant Health Unit (MHU) Inter-Agency Medical Repatriation Assistance Program (IMRAP) OWWA Overseas Welfare Offices in collaboration with Filipino Associations, Remittance Centers or relevant host country organizations CBCP-ECMI, Ugat Foundation, Global Filipino Movement, Stela Maris (Apostleship of the Sea), KAAGAPAY, etc. Department of Migrant Workers</p>
	<p>(8) Social arrangements that promote social participation including work and income support for people with mental illness</p>	<p>Department of Health Department of Social Welfare and Development (DSWD), Public Employment Service Office (PESO), Department Trade and Industry (DTI)</p>
	<p>(9) The political, socio-cultural and economic environment in which all this occurs.</p>	<p>Department of Migrant Workers and its partner agencies DOLE, DFA, DSWD, DepEd, etc.</p>

To materialize these policies, it is recommended that the Join Manual of Operations in Providing Assistance to Migrant Workers dated August 18, 2015 between DFA, DOLE, DOH, DSWD, OWWA and POEA be revisited to include mental health assistance to OFWs.

A technical working group (TWG) may be formed to include academic institutions, LGUs and civil society organizations to operationalize it in both national and local levels.

It is suggested that the Philippine Migrant Health Network be the focal institution to lead the initiatives in this regard.

Revisiting the existing JMO is easier to pass than an entirely new statute concerning the mental health care and welfare of our OFWs.