

Psychiatric Disorders in ASEAN-Migrants in Malaysia - A University Hospital Experience

Wolfgang Krahl, Aili Hashim, Department of Psychological Medicine, Faculty of Medicine, University of Malaya, 50603 Kuala Lumpur

Summary

Malaysia's workforce presently includes 13% foreigners most coming from the neighboring ASEAN-countries. No data of the prevalence of psychiatric disorders amongst this population is currently available.

Method All patients from ASEAN-countries admitted to the University Hospital, Kuala Lumpur between January 1994 and June 1996 were included in a prospective study.

Results During the study period 39 patients were admitted. Five patients were male (12.8%) and 34 female (87.2%). Most came from Indonesia (51.3%) and the Philippines (41.0%), while one each was from Brunei, Singapore and Thailand. Thirty (76.9%) were working in Malaysia as unskilled workers, 23 (59.0%) as maids. Six of the patients (15.4%) were married to Malaysians and only three (7.2%) held white-collar jobs. Three patients (7.2%) received the diagnosis schizophrenia and ten (25.6%) acute and transient psychotic disorder. Two (5.1%) were diagnosed as bipolar affective disorder - manic and two (5.1%) as depression without psychotic features. Five patients (12.8%) were depressed and had as well presence of psychotic features. Adjustment disorders mostly with depressed mood was diagnosed in fourteen (35.9%), three (7.2%) received another diagnosis.

Conclusion The study showed high rates of acute and transient psychosis as well as adjustment disorders indicating high stress level in this population. In particular maids from Indonesia and the Philippines with their dependent and isolated situation seem vulnerable to develop psychiatric disorders. However, overall the rates of psychiatric admissions (only 1.3%) in the ASEAN-nationals is relatively low and tends to support the view that migrants do not suffer from an excess of mental disorders.

Key Words: Foreign workers, Psychiatric disorders.

Introduction

In the last decade South East Asia has become economically one of the most vibrant regions in the world. At the time of the study the economy was booming and there was optimism about the future. There is however a shortage of labour, and many jobs available for which the local population is reluctant to fill. No country in the region attracts more foreign workers than Malaysia.

At present there are over a million legally employed foreign labourers, which forms (13%) of the workforce. However there are many illegal workers in Malaysia, perhaps accounting for several hundred thousand workers or more. The majority of foreign workers are from neighbouring ASEAN countries mainly from Indonesia, which has a similar culture, religion and language. Others come from the Philippines and Thailand. Non-ASEAN countries that have workers in

a considerable number in Malaysia are from Bangladesh and Myanmar. The foreign workers are mainly employed in the plantations, on construction sites, in factories and as domestic maids. A considerable number of foreigners work in executive and professional positions. These individuals are mostly from Japan, South Korea, Taiwan and Western industrialized countries.

Malaysia has long been a country of destination for many people from different countries. Over time this has resulted in a multiethnic society of about 20 million people, of which over half are Malays, nearly a third are Chinese, and about (8%) are of Indian origin. Today's migrant workers, or guest-workers are not supposed to settle permanently in Malaysia but are instead contracted to return to their respective countries after a number of years.

Though millions of foreigners are in Malaysia very little is known about the psychiatric morbidity amongst them. Literature concerning migrants^{1,2,3,4} provides conflicting results partly due to methodological differences, and partly due to the different migrant groups investigated. Migrants can be short-term migrant workers living without their families, long-term migrants living with their families hoping to reside permanently in the host country; foreign spouses married to locals, overseas students, asylum seekers and refugees.

Thus far in Malaysia there has not been a study conducted that has looked into the aspects of psychiatric illness in ASEAN-nationals. In Singapore a retrospective study regarding Filipino maids⁵ and a separate study about foreign psychiatric patients treated in Singapore have been done⁶. The present study aims to gather preliminary data concerning diagnoses, demographic details including country of origin and socioeconomic background, and other factors in association with mental illness in ASEAN-nationals that were admitted to University Hospital, Kuala Lumpur.

Methods

A prospective study was conducted on thirty-nine consecutive admissions of ASEAN-nationals into the

inpatient psychiatric wards of University Hospital, Kuala Lumpur between January 1994 and June 1996. With a semi-structured interview, the patients were screened with regards to their psychiatric disorder and situation as foreigners. The patients were diagnosed according to ICD-10, a classification system developed by WHO that increases reliability. All investigators were well trained in this classification. To increase inter-rater reliability the patients interviewed were usually discussed within the investigating group. No major discrepancies in the diagnosis were found, indicating a high inter-rated reliability. All of the patients interviewed cooperated, although only one patient could not be interviewed fully as she had been discharged within twenty four hours of admission.

While ideally the study would have examined not only admissions of foreigners to the psychiatric ward but also a control group of foreigners admitted to the general wards, however due to the limited time and resources, we had to do without the control groups.

Results

The thirty-nine patients came from the following ASEAN countries (Table I.)

Table I
Country of Origin

Indonesia	20
Philippines	16
Brunei	1
Singapore	1
Thailand	1

The socio-demographic data are shown in Table II.

Table II
Socio-Demographic Data

	N	Percent
<i>Gender</i>		
Male	5	12.8%
Female	34	87.2%
<i>Marital status</i>		
Married	20	51.3%
Single	12	30.8%
Divorced	5	12.8%
Widowed	2	5.2%
<i>Education</i>		
4 years and less	8	20.5%
Between 5-11 years	23	59.0%
More than 12 years	8	20.5%
<i>Religion</i>		
Christian	18	46.2%
Muslim	18	46.2%
Buddhist	2	5.1%
Other	1	2.6%

The average age of the patients was 29.9 years \pm 6.2.

A remarkable finding is that thirty-four (87.2%) of the admissions are female but only five (12.8%) are male. This result could be due to the location of University Hospital, Kuala Lumpur that is near to residential areas where maids are working.

The reasons to be in Malaysia for ASEAN-nationals is in general to work in Malaysia because they can find better paid jobs in Malaysia. If not working in Malaysia many would have been unemployed in their own home countries. The majority of them was employed in low

skilled work and earns less than US\$ 200 per month. Though most of the foreigners admitted to the psychiatric wards are working in Malaysia, another six of the ASEAN-nationals were married to Malaysians. It is interesting to note that all of them were women. No foreign husbands had been admitted during the investigation period. Table III shows the reason why the foreign patients stayed in Malaysia.

Table III
Reason to be in Malaysia

	N	Percent
<i>Occupation</i>		
Domestic help	23	59.0%
Labourer	7	17.9%
Executive/Professional	3	7.7%
<i>Other</i>		
Married to a Malaysian	6	15.4%

Almost half of the patients were admitted during their first year in Malaysia and eighty percent had been admitted during their first three years in Malaysia.

Feelings of homesickness "nostalgia" have long been considered a specific added stress in migrant⁷, and this was specifically looked for in this study. About three-quarters of the sample (76.3%) admitted to having such feelings. Eighty percent of the sample said that in general they liked being in Malaysia. Only four patients said that they did not like being in Malaysia.

Eighteen of the patients (46.2%) had attempted suicide. Four out of the six men admitted to the hospital had attempted suicide. The female suicide attempters were often in rather socially isolated situations.

Social isolation is considered as potentially an important etiological factor in psychological disorder in-migrants. We therefore inquired into the extent of social contact with Malaysians other than the employer as well as social contact with compatriots (Table IV).

Table IV
Social Contacts of ASEAN-Nationals

	With Malaysians	With Compatriots
Nil	57.9%	31.6%
Few	15.8%	42.1%
Many	26.3%	26.3%

The above data showed that almost three-quarters of our patients have nil or only little social contact with either Malaysians or compatriots. Only about a quarter has extensive social contact. Knowing that Asians in general have lot of social contacts we should consider this social isolation as a high source of stress.

Regarding a previous psychiatric history, seven of the patients (17.9%) stated that they had psychiatric

problems before the present admission. Three patients (7.7%) had a positive family history regarding psychiatric disorder.

The diagnoses of psychiatric disorders in ASEAN-nationals in Malaysia admitted to inpatient services have been tabled (Table V).

An excess of schizophrenia had been observed in previous studies in-migrants^{8,9}. In our study however only three of the patients (7.7%) had been diagnosed to be suffering from schizophrenia.

Acute and transient psychotic disorders were diagnosed in a relatively large number - that is, in ten (25.6%) of our patients. They were all female. Five were Indonesians and five were Philippinas. Eight of these patients had expressed feeling homesick; nine of them had no social contacts with Malaysians other than their employers. Only two had many contacts with their compatriots. In a majority of these patients all psychotic features had vanished within the first three days of admission.

Table V
Psychiatric Diagnosis (ICD-10) in ASEAN-Nationals

	No of Patients	Percentage
Schizophrenia (F20)	3	7.7%
Acute and transient Psychotic disorders (F23)	10	25.6%
Bipolar affective disorder (manic) (F31)	2	5.1%
Depressive episode, severe (F32.2)	1	2.6%
Depressive episode, psychotic (F32.3)	6	15.4%
Adjustment disorders (F43)	14	35.9%
Dissociative motor disorder (F44.4)	2	5.1%
Personality disorder (F60.8)	1	2.6%

Two patients were diagnosed to be suffering from bipolar affective disorder, current episode manic.

Twenty-one of the patients in our sample was diagnosed to suffer from either a depression (18.0%) or an adjustment disorder with depressed mood (35.9%). It is interesting to note that out of the seven patients with the diagnosis of a depression, six of them showed psychotic symptoms. While eighteen patients of the total sample had attempted suicide, fourteen patients of this diagnostic category had made a suicide attempt

Discussion

Earlier studies in other countries (e.g. Australia, Britain, Canada, and USA) had shown higher rates of psychiatric disorder in foreign born compared to native-born populations⁸. Later studies however failed to replicate the excessive rates of psychiatric disorders for foreign-born patients^{9,10}. The supposed excess of mental illness in immigrants has been previously challenged by Murphy¹⁰. Epidemiological studies in Germany by Hafner 1974 -1977 show a much lower prevalence of psychiatric morbidity in foreign-born patients in comparison with the local German population⁹ at least in the first few years after migrating. Our results in Malaysia may be considered to be in accordance with a relatively low rate of severe psychiatric illness in the foreign-born.

The relative excess of females in our foreign-born psychiatric inpatient sample may be due to the more dependent and isolated employment situation - that is as domestic maids or helpers in comparison with foreign-born men who often live together in groups with their compatriots. Another factor might be the area where the University Hospital, Kuala Lumpur is located. There are many residential areas of middle and higher income groups in the close vicinity. These are the typical households that employ these domestic helpers.

We were unable in our study to detect an increased rate of schizophrenia in-migrants as reported in other studies. In our study only three patients (7.7%) were diagnosed to have schizophrenia. The Singapore study

on foreign psychiatric patients treated in Singapore⁶, reveals (38.9%) to have schizophrenia/psychosis. Unfortunately the Singapore study does not differentiate between schizophrenia and other psychoses. Combined together, the schizophrenia and acute and transient psychosis subgroups comprise one third of our total sample. In Britain the higher rates of schizophrenia in foreign-born patients are evident in most studies^{11,12}. A study done in South East England in 1976 by Dean et al.¹³ found that in a sample of 404 foreign inpatients, 153 patients (37.8%) had been diagnosed to have schizophrenia. Very high rates of schizophrenia have been reported in West Indian population residing in Great Britain¹². In Hafner's study⁹ in Germany only (15.4%) were diagnosed to have schizophrenia. As mentioned by Littlewood and Lipsedge¹⁴ and Dean et al.¹³, schizophrenia as seen in patients from developing countries may present atypical features and British psychiatrists may be more likely to diagnose them as schizophrenia than if they were being diagnosed by psychiatrists of their home countries. The psychiatrists involved in our study diagnosing the patients were Asians or had been living for many years in Asia and had therefore a similar cultural background to their patients.

Interestingly ten of our patients (25.6%) exhibited an acute and transient psychosis. All were female originating either from Indonesia or the Philippines. Only one of them had social contacts with Malaysians other than with their employer. Few shared any social relationships with their fellow compatriots. We would expect this to be a particular source of psychological distress more so in Asians because Asian cultures are generally centered on groups rather than individuals. Littlewood and Lipsedge previously described acute psychotic reactions in Caribbean-born patients¹⁴. They hypothesized that there is a closer relationship between the acute psychotic reactions and affective psychosis than with schizophrenic psychosis. In this context it is interesting to note that another six patients in our sample presented as depression with psychotic symptoms. Again the majority of them had impoverished social networks. This particular stressor appears to be common in both acute psychotic psychosis and depression with psychotic symptoms. That could point in the direction of the above stated closer relationship between acute psychotic reactions and the affective disorders.

Half of our patients suffered from either mood disorder or adjustment disorder with depressed mood. In the study done by Dean et al.¹³ in Great Britain only (6.1%) were diagnosed to have a depressive psychosis whilst another (8.7%) were diagnosed to have a neurosis. The specific type of neurosis was not mentioned in that study. The rate of depression and adjustment disorder with depressed mood is notably low in British studies. Whether or not differences are due to distinct patient samples differing diagnostic criteria and diagnosticians or due to the different psychosocial environment in the UK and Malaysia remains unanswered.

Adjustment disorders are less determined by a genetic predisposition than schizophrenia and are shaped more by adverse life events. Living in a foreign country is generally presumed to be stressful. The culture and the language may be unfamiliar and supportive social networks are usually missing. The migrant not uncommonly is without their spouse and family, and there is a disparity in education and job opportunity². Therefore adjustment disorders in foreign nationals may well be common. Fourteen of our patients - that are approximately one third of the total sample - were diagnosed to have adjustment disorder with depressed mood. Six of them were women married to Malaysians and experiencing considerable marital discord. Five of them had attempted suicide. It may be that living in a foreign country whilst married to a local gives rise to certain dynamics whereby an individual may feel trapped. The attempted suicide may be best understood as a cry for help. In such cases the patient's partner must be included in the therapeutic process.

As a preliminary study we can only attempt to address the more severe psychiatric and dramatic disturbances in foreigners. Therefore our sample may only reflect the tip of an iceberg.

Since this was a study of psychiatric admissions it tells us only about the most severe or dramatic psychiatric

problems amongst ASEAN-nationals. Milder forms of psychiatric disturbances might not come to the attention of the medical services. Many foreigners especially in the lower social groups do not have the time; the money or notions even to visit a medical professional. Many seek the help of traditional healers instead. Relatively little is known about psychological problems in foreigners. This area warrants further research.

Conclusion

Bearing in mind the methodological limitations of this preliminary study, its small number and with no control groups-the results suggest the following:

1. Foreigners from other Asean countries are relatively less often hospitalized in a psychiatric ward than the local population. In Malaysia a higher frequency of major mental illness in foreigners cannot as yet be assumed.
2. ASEAN-nationals are more often hospitalized for mood disorders and for adjustment disorders with depressed mood than for any other category of the ICD 10 25.6% also suffered from acute or transient psychotic disorder.
3. Hospitalization occurs mainly within the first few years of residing in Malaysia.
4. Major depression with psychotic features is seen mainly in female labour migrants from Indonesia and the Philippines who belongs to the low-income groups living in very dependent situations.

The number of foreign patients in this study is too small to make generalizations. To increase the number of patients investigated, we suggest a multi-centres study in this area. Further information could be collected by including foreign outpatients.

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