PSYCHIATRIC ILLNESS IN FILIPINO MAIDS ADMITTED TO WOODBRIDGE HOSPITAL

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ABSTRACT

This is a retrospective and descriptive study of 44 Filipino maids who had a psychiatric illness in Singapore and were admitted to the state psychiatric hospital. Of those with psychosis, one quarter was diagnosed to have a Brief Reactive Psychosis, 2 had a Depressive illness, whilst 3 had a Schizophrenic illness. One-fifth had symptoms of an Atypical Psychosis. The onset of illness occurred at the sixth week of stay in Singapore, in the majority of the group.

Psychosocial and social-cultural factors were considered as causative to the failure of adaptation resulting in a breakdown of coping mechanisms leading to the illness. Educational and marital status, and lack of integration with the new environment are some of the factors discussed. Life events occurring before the onset of illness were mainly financial and relationship difficulties. Two experienced deaths in their families at home.

Auditory hallucinations, present in twenty-six of the group, and delusions, present in sixteen, were the main symptomatology discussed. The delusions had mainly sexual and religious themes. Seven had a history of suicidal attempts.

Keywords: Filipino maids, psychiatric illness

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INTRODUCTION

Foreign domestic maids are part of the work-force in Singapore. Although they are not migrants per se where migration signifies more or less permanent movement, they are still "movers" faced with psychological and psychosocial adjustment. Their difficulties can be derived from "acculturation" similar to that reported in migrants[1].

Although high mental morbidity rates have been reported in some studies among immigrants to certain countries, this is not a universal finding. The explanations such as "stress of migration" hypothesis and "self-selection' hypothesis are not applicable in all cases[2].

This paper is the result of a study on Filipino domestic maids admitted to Woodbridge Hospital, the state psychiatric hospital in Singapore.

METHOD

This is a retrospective study of Filipino maids admitted to Woodbridge Hospital between March 1983 and January 1989. The cases were identified through the Register of Non-citizens which was begun in Woodbridge Hospital in January 1983.

Forty-seven Filipino maids were referred during this period. All but one required admission. Only 44 of these were included in the study as there was insufficient information on three of the patients.

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In this study, attention was paid particularly to the demography and psychopathology. Data was gathered through scrutiny of case notes and collated using a questionnaire.

RESULTS

1. Patient Characteristics

The Filipino maids had been working in Singapore for varying periods from just two days to as long as three and a half years before admission to Woodbridge Hospital. The majority (34 patients, 77.3%) had been in Singapore for more than six weeks; seven (15.9%) had been here between two to six weeks and three patients (6.8%) had been here less than two weeks (see Table I). All of them had found work in Singapore through employment agencies in the Philippines.

Table I – Time interval between arrival in Singapore and onset of illness.

Time Interval (weeks)	No. of patients (N = 44)	%
< 2	3	6.8
2 – 6	7	15.9
> 6	34	77.3

The mean age of the group was 29.86 years (range 20-49 years, mode, 2 peaks viz 26 years and 30 years). Twenty-eight patients (63.6%) were single, 10 (22.7%) were married, 5 (11.4%) were separated and 1 (2.3%) was widowed.

The majority of the maids were well educated; there were only 3 patients (6.8%) with primary education. Nineteen (43.2%) had completed secondary education and 18 (40.9%) had completed a degree/diploma course. In 4 patients (9.1%), the information was unavailable.

Twenty-seven maids (61.4%) were Catholics and 2 (4.5%) were Christians. Of these, history of church attendance in Singapore was available in 25; 13 maids attended church regularly, 2 did so irregularly and 10 did not attend church at all in Singapore, although all had done so in the Philippines.

More than two-thirds of the maids had worked in the Philippines before coming to Singapore. Thirteen of them (29.5%) had previous employment experience as a maid; 22 (50%) had worked in various other jobs ranging from farming

to office work and nursing. Only 3 patients (6.8%) had never worked previously. In 6 patients (13.7%), the information was unavailable.

2. Family

In 39 patients (88.6%) there was no family history of mental illness. Five of them however had a family history of mental illness.

In the 25 patients in whom information was available, 18 had received approval from their families to come and work in Singapore. Seven patients had come to work here despite parental disapproval.

Whilst during employment, contact with home and family was through letter writing (65.9% of the patients). In 8 patients the information was unavailable and in 5 there was no contact with home. Only one patient had made a trip back to the Philippines; she had gone to see her mother who had been unwell.

3. Social Aspects

The Filipino maids gave various reasons for coming to work in Singapore. Some had come for employment, some for better pay and some to gain experience in overseas work.

Thirty-one (70.5%) were satisfied with their employers and had no complaints. Twelve (27.3%) expressed dissatisfaction mainly with the nature of their work.

Twenty-six (59.1%) of the patients had friends or relatives in Singapore; 17 (38.6%) did not know anyone in Singapore. Twenty-three (52.3%) had regular social contacts, 10 (22.7%) did not. Information was unavailable in 8 and not applicable in 3.

4. Psychiatric Illness

The patients were unwell for varying periods prior to their admission. The majority, 26 patients (59.1%), were unwell for less than two weeks. Thirteen patients (29.6%) were unwell for 2-6 weeks before admission and 3 patients (6.8%) had been unwell for more than 6 weeks. One of the maids in the last group had experienced residual psychotic symptoms for almost one and a half years before problems at home in the Philippines made her unable to cope further and she relapsed.

Precipitating factors were identified in 31 patients (70.5%). Of these, 19 had problems in the Philippines - they missed their families, faced financial hardships, 2 experienced deaths in the family and 5 had relationship problems in Singapore - these were mainly related to work stress and misunderstandings with employers (Table II). In 9 patients (20.4%) there were no precipitating factors and in 4 patients (9.1%) information was unavailable.

The diagnoses made in the 44 cases are shown in Table III. These were made according to DSM III (Diagnostic Schedule of Mental Disorders 1980) criteria.

Table II – Precipitating factors

Problems	No. of Patients (N = 38)
Financial hardship	19
Death in the family	2
Relationship problem with husband/boyfriend	5
Job related problems in Singapore	12

Twenty-six patients experienced auditory hallucinations. These were associated not only with schizophrenic illness but also other forms of psychoses and emotional disorders.

Table III – Distribution of Diagnosis (DSM III) according to Age Group and Marital Status

Diagnosis	20-29 years S	M	Sep	30-39 years S	M	Sep	40-49 years S	M	Sep	Total
Atypical Psychosis	5	0	0	1	2	0	0	2	1	11
Brief Reactive Psychosis	6	0	0	2	0	0	0	1	0	9
Schizophreniform Psychosis	3	0	1	0	1	0	0	0	1	6
Schizophrenia	2	0	1	0	0	0	0	0	0	3
Adjustment Disorder with Depressed Mood	2	1	0	0	2	0	0	0	1	6
Atypical Depression	0	0	0	2	0	0	0	0	0	2
Conversion Disorder	2	1	0	0	0	0	0	0	0	3
Organic Brain Syndrome (Delirium)	0	0	0	0	0	1	0	0	0	1
No Mental Illness	2	0	0	1	0	0	0	0	0	3
Total	26			12			6			44

S : Single
M : Married
Sep : Separated

Sixteen patients had delusions of persecution. Seven had sexual delusions; 4 were deluded that they had been raped by employers, 2 that they were raped by strangers and one was deluded that she was a prostitute and had sex with various people. Nine patients had religious delusions mainly centred around the Virgin Mary.

There was history of suicidal attempts in 7 patients. Three drank solutions (insecticide, soap-water and shampoo), 2 cut themselves, one stabbed herself and one patient tried to hang herself. Eighteen patients had depressed mood.

The length of inpatient stay of the patients ranged from 2 days to 54 days (mean 16.84 days, mode 10 days). All 44 maids studied were eventually repatriated to the Philippines.

DISCUSSION

Not only is this a retrospective study but there was also a lack of information on the mental health of the patients prior to migration. Hence the post-migration presentation, history and symptoms were of importance.

We have described forty-four Filipino maids who had a breakdown leading to a psychiatric illness, the onset of which occurred in the majority at about the sixth week of moving to this country. Odegaard in 1932 in his study of Norwegian emigrants to America, suggested that those who developed a psychiatric illness did so soon after migrating. He hypothesised a "Selection Theory" whereby the mental disorder itself was the cause or reason for the decision to migrate. This is in opposition to the theory that the process of migration provokes illness in predisposed people. It appears that both the event of migration and post-migration stresses were influential factors in causing a breakdown in the majority of our patients.

The move from one country to another is a significant life-event. Brown and Harris (1978) showed that multiple and

unrelated life-events were additive in their effects[3]. High rates of life-events have been found in patients in the three weeks before the onset of psychiatric illness like depression and schizophrenia[4].

Hertz et al[1] describe stages of positive immigrant adjustment. These include : Stage I - Pre-immigration stage, II - Coping stage of immigration and III - Settlement. Psychological problems in adjustment can arise at any stage, from over-idealization at Stage I to disappointment, mood changes in Stage III and difficulties in acceptance and identification in Stage III[1]. No description was given of the time period required for each stage[1].

One major issue in which migration is always involved, is separation from and loss of the country of origin. This is similar to normal experiences of human grief. It is our hypothesis that most of our patients were unable to cope with this sense of separation and loss.

Hertz points out risk factors which are indicators and potential predictors of unfavourable psychological reactions connected with migration. He stated that age, marital and social status are the most important ones. Previous individual and family pathology of which we have no information are also said to be risk factors.

Another important factor is integrating with the new community[5]. Although 58% of the maids had friends and relatives in Singapore, more than a third did not. Familiarity with the new environment is possible through regular support systems which offer understanding and help.

The mean age of the group was twenty-nine years. The majority were single, only 10% were married. Eleven percent had a history of marital discord and were separated from their spouses even before they left their country. It is not known if this group resolved conflicts arising from their broken marriages. Persons who used migration to "move away" from inner conflicts were found in the high risk migration group[1]. Hertz et al suggested that loneliness, associated with the single, separated and widowed is the likely factor leading to difficulties in adjustment in migrants.

Few studies have looked at the effects of educational status on migration. Significantly 80% of the maids had at least secondary education and half of these had tertiary education. Their job could be seen as a lowering of their intellectual and social status. Lowered self-esteem is also known to affect satisfactory adjustment to migration[6].

More than two-thirds of the maids admitted to Woodbridge Hospital had delusions of persecution, sexual delusions and/or religious delusions. There was significant social and cultural colouring of the psychopathology. Tewfik and Okasha and other researchers have noted the prevalence of paranoid or religious colouring in the illness of migrants[7,8]. Etinger has described its development. Similarly, the auditory hallucinations were "intelligible " in the sense used by Karl Jaspers ie understandable in relation to the patients' cultural beliefs and life experience.

There was a history of suicidal attempts in our group. Studies in the UK find rates of suicides and parasuicides occur more in most immigrant groups[9,10]. It is a likelihood that most of these suicidal attempts occurred in the context of a depressive mood as eighteen of our patients also had a depressed mood.

One-fifth of the maids had a diagnosis of Atypical Psychosis. Bagley 1971[5] found that this diagnostic category occurred eight times more in his migrant group of West Indians compared with the general population. Marsella et al were of the opinion that cultural factors influence not only etiology and distribution but also the phenomenology of severe mental disorders.

Studies on migrants have shown generally that biological, psychological and cultural factors follow an interactional model and that these variables are interdependent and cannot be separated one from another.

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