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[Mental Health Challenges of Migrant Domestic Workers in Lebanon: Community-Based Solutions]

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Abstract:

Migrant Domestic Workers (MDWs) in Lebanon face severe mental health challenges due to exploitative labor conditions, social isolation, and inadequate access to mental health services. The restrictive Kafala system exacerbates these issues by limiting workers' mobility, exposing them to abuse, and excluding them from labor protections. Despite high rates of psychological distress—including anxiety, depression, and trauma—MDWs encounter significant barriers to mental health support, such as language constraints, lack of culturally competent services, and distrust in formal healthcare institutions.

This study explores community-driven solutions to enhance MDWs' mental health accessibility by focusing on peer-led mental health support networks and migrant-sensitive healthcare practices. Through desk research and a systematic review of existing literature, the study highlights the effectiveness of peer support models, mobile mental health units, and digital self-help interventions in addressing MDWs' needs. Findings indicate that peer-led mental health programs improve psychological well-being, social integration, and trust in support systems, while expanding access to public healthcare through cultural competency training, multilingual services, and mobile units ensures more inclusive and effective mental health care.

The study concludes that strengthening peer networks and adapting healthcare services to MDWs' cultural and linguistic contexts can provide immediate, scalable, and sustainable mental health solutions. These interventions offer a practical roadmap for NGOs, CSOs, and policymakers to address MDWs' mental health crises while advocating for their long-term inclusion in Lebanon's healthcare system. By implementing these community-driven reforms, MDWs can receive the mental health support they urgently need, improving their overall well-being and resilience.

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[التحديات المتعلقة بالصحة النفسية للعاملات المنزليات المهاجرات في لبنان: حلول مجتمعية]

إعداد الباحث: مارون ميخائيل

الملخص:

تواجه العاملات المنزليات المهاجرات في لبنان تحديات نفسية حادة بسبب ظروف العمل الاستغلالية، والعزلة الاجتماعية، وضعف الوصول إلى خدمات الصحة النفسية. ويؤدي نظام الكفالة التقييدي إلى تفاقم هذه المشكلات من خلال تقييد حرية تنقل العاملات، وتعريضهنّ لسوء المعاملة، وحرمانهنّ من الحماية العمالية. وعلى الرغم من ارتفاع معدلات الضيق النفسي، بما في ذلك القلق والاكتئاب والصدمات، تواجه العاملات المنزليات المهاجرات عقبات كبيرة تحول دون حصولهنّ على الدعم النفسي، مثل الحواجز اللغوية، وغياب الخدمات الملائمة ثقافيًا، وانعدام الثقة في المؤسسات الصحية الرسمية..

تستكشف هذه الدراسة الحلول المجتمعية لتعزيز إمكانية وصول العاملات المنزليات المهاجرات إلى خدمات الصحة النفسية، من خلال التركيز على شبكات دعم نفسي يقودها الأقران والممارسات الصحية المراعية لاحتياجات المهاجرين. ومن خلال المراجعة المنهجية للأدبيات القائمة، تسلط الدراسة الضوء على فعالية نماذج الدعم النفسي القائم على الأقران، والوحدات المتنقلة للصحة النفسية، والتدخلات الرقمية للمساعدة الذاتية في تلبية احتياجات العاملات المنزليات المهاجرات. وتشير النتائج إلى أن البرامج النفسية التي يقودها الأقران تُحسن الرفاه النفسي، والاندماج الاجتماعي، وتعزز الثقة في أنظمة الدعم، في حين أن توسيع نطاق الوصول إلى الرعاية الصحية العامة من خلال التدريب على الكفاءة الثقافية، والخدمات متعددة اللغات، والوحدات المتنقلة يضمن رعاية نفسية أكثر شمولًا وفعالية.

تخلص الدراسة إلى أن تعزيز شبكات الأقران وتكييف الخدمات الصحية مع السياقات الثقافية واللغوية للعاملات المنزليات المهاجرات يمكن أن يوفر حلولًا فورية وقابلة للتوسّع ومستدامة للصحة النفسية. تقدّم هذه التدخلات خارطة طريق عملية للمنظمات غير الحكومية ومنظمات المجتمع المدني وصنّاع القرار لمعالجة أزمات الصحة النفسية للعاملات المنزليات المهاجرات، مع الدفع نحو إدماجهنّ على المدى الطويل في النظام الصحي اللبناني. من خلال تنفيذ هذه الإصلاحات القائمة على المجتمع، يمكن للعاملات المنزليات المهاجرات الحصول على الدعم النفسي العاجل الذي يحتجن إليه، مما يساهم في تحسين رفاهيتهنّ العامة وزيادة قدرتهنّ على التكيّف.

Introduction:

Lebanon hosts approximately 250,000 Migrant Domestic Workers (MDWs), with 76% being women and 99% employed as domestic workers (Amnesty International, 2019). These individuals, work under the Kafala (sponsorship) system, which grants employers extensive control over their lives, often leading to exploitation and psychological distress (Harvard International Review, 2020). The Kafala system has been widely criticized as a form of modern-day slavery and is linked to severe human rights violations, including workplace abuse and forced labor (Human Rights Watch, 2020).

The Kafala system is a legal framework that governs the employment and residency of migrant workers in Lebanon. It ties a worker's legal residency status directly to their employer (or "sponsor"), giving the employer significant control over the worker's ability to stay in the country. Unlike other labor systems that provide workers with contractual protections, the Kafala system excludes migrant domestic workers (MDWs) from the Lebanese Labor Law, leaving them vulnerable to exploitation and abuse.

Key characteristics of the Kafala system **include:**

- Employer Control Over Residency: A migrant worker's residency permit is linked to their employer, meaning they cannot legally stay in Lebanon if they leave or lose their job.
- No Legal Protection Under the Labor Law: MDWs are not entitled to minimum wage, fixed working hours, social security benefits, or other protections afforded to Lebanese workers.
- Restricted Freedom of Movement: Many employers confiscate workers' passports upon arrival, preventing them from leaving the household or finding alternative employment.
- Limited Access to Justice: Workers who face abuse or unpaid wages often struggle to seek justice due to legal and procedural barriers, including the risk of detention or deportation if they leave their employer without permission.

Mental health concerns among MDWs in Lebanon are alarmingly high, with reports indicating that one unnatural death, including suicide or fatal falls, occurs weekly among this population in Lebanon (Human Rights Watch, 2018). Additionally, 68% of MDWs have reported surviving at least one incident of sexual harassment during their employment (Diab, 2023). Despite these grave concerns, MDWs are excluded from Lebanon's labor laws, depriving them of stable working hours, paid leave, health insurance, and access to basic mental health services (Human Rights Watch, 2020).

In focus group discussions (FGDs) conducted by the Lebanese Center for Civic Education (LCCE, 2023) revealed critical gaps in healthcare access, including distrust of national health systems, cultural barriers, and fragmented referral pathways. Many MDWs rely on peer-to-peer networks and informal community-based interventions to cope with mental health distress (GIZ, 2022). The ongoing economic and political instability in Lebanon has further exacerbated their precarious conditions, with some workers abandoned by employers or forced into shelters under deteriorating conditions.

Given these pressing challenges, addressing MDWs' mental health requires immediate, community-driven interventions that bypass systemic barriers and provide accessible, culturally appropriate support mechanisms. While long-term reforms to the Kafala system and labor protections are necessary, short-term solutions are urgent.

Previous studies & theoretical framework

Migration has previously been linked to psychological symptoms, as a result of the stress arising from adapting to a different cultural environment. Migrant workers show an increase in the incidence of serious, psychotic, anxiety, and post-traumatic disorders due to a series of socio-environmental variables, such as loss of social status, discrimination, and separations from the family (Mucci et al., 2019).

Migrant workers, particularly those from vulnerable backgrounds, are at a significantly higher risk of developing mental health issues compared to the general population (Ismayilova et al., 2013; Adhikary et al., 2018; Yang et al., 2011). Contributing factors include poor living and working conditions, lack of social support, financial constraints, and barriers to accessing healthcare (Farwin et al., 2023; Fernandez, 2018; Hasan et al., 2021). Research consistently shows elevated rates of depression, anxiety, and other mental health disorders among migrant workers (Ismayilova et al., 2013; Zhong et al., 2017; Zhang et al., 2021).

Studies have also shown that there are three main categories related to mental health and suicidal risk among DMWs: exploitation and rights violation; social and institutional barriers; and mental health and wellbeing (Caritas, 2023). The latter accumulate over other psychological problems and exacerbate them (GIZ, 2022). This includes acute stress, psychological trauma, panic, and shock (GIZ, 2022).

A report by GIZ (2022) noted that 80% of chronic illnesses among Migrant Domestic Workers (MDWs) are related to mental health issues, exacerbated by long working hours, isolation, and abuse under the Kafala system.

Focus group discussions (FGDs) conducted by the Lebanese Center for Civic Education (LCCE, 2023) have further highlighted additional challenges, including distrust of national mental health services and the absence of culturally sensitive resources, which forces many MDWs to rely on peer-led initiatives for support

Several reports (Caritas 2022, GIZ 2022, LCCE 2023) highlighted the stigma surrounding mental health within MDW communities further complicates access to care. Many workers fear social repercussions if they seek psychological help, often choosing to rely on informal peer-support networks instead. One participant highlighted how deeply ingrained cultural taboos discourage MDWs from discussing mental health issues openly, limiting their access to professional interventions.

The National Mental Health Strategy has acknowledged MDWs as a vulnerable group requiring urgent intervention (Lebanese Ministry of Public Health, 2023).

Theoretical framework for the study

This research adopts a multi-theoretical approach to examine the mental health challenges of Migrant Domestic Workers (MDWs) in Lebanon and identify community-driven solutions. The framework integrates Social Ecological Theory, Empowerment Theory, and Cultural Competency Framework to understand the barriers MDWs face and propose interventions that enhance accessibility to mental health support.

1. Social ecological theory (Bronfenbrenner, 1979)

The Social Ecological Model (SEM) provides a multi-level perspective on the mental health challenges of MDWs by examining how individual, interpersonal, community, and structural factors influence their well-being. This theory is particularly relevant as it highlights the complex interplay between personal experiences, social networks, and institutional barriers affecting MDWs' mental health.

2. Empowerment theory (Zimmerman, 1995)

Empowerment Theory emphasizes the agency of marginalized communities in addressing their challenges through collective action and self-efficacy. T

3. Cultural competency framework (Campinha-Bacote, 2002)

The Cultural Competency Framework is used to assess how well mental health interventions address language barriers, cultural beliefs, and social stigma among MDWs.

Research problem, questions, and hypotheses

Research problem

Migrant domestic workers (MDWs) in Lebanon face severe mental health challenges due to exploitative working conditions, social isolation, and limited access to healthcare. The restrictive Kafala system exacerbates their vulnerability, leading to high levels of stress, anxiety, and depression. Despite their need for support, language barriers, stigma, and distrust in formal healthcare services prevent many from seeking professional help. Additionally, Lebanon’s public healthcare system remains largely inaccessible to MDWs due to financial constraints, lack of cultural competency among providers, and an absence of multilingual mental health services. Given these systemic barriers, there is an urgent need for community-driven and systemic reforms to provide culturally adapted, accessible, and trusted mental health support for MDWs.

While systemic reforms—such as overhauling the Kafala system and ensuring full integration of MDWs into Lebanon’s public healthcare system—are essential for long-term change, they require policy shifts and structural adjustments that may take years to implement. Given the urgent mental health needs of MDWs, this study focuses on community-driven solutions that can provide immediate, scalable, and culturally relevant support. By strengthening peer-led networks and enhancing migrant-sensitive mental health interventions, this approach aims to inform rapid actions that empower MDWs and improve their psychological well-being within existing social and healthcare structures.

The main research question is:

What community-driven solutions can enhance MDWs' mental health accessibility?

Hypotheses

- Community-driven peer support and culturally adapted digital interventions improve MDWs' mental health by enhancing accessibility, trust, and social connectedness.
- Integrating migrant-sensitive practices in public healthcare, including interpreters, cultural mediators, and mobile mental health units, reduces barriers and increases MDWs' utilization of mental health services.

Importance of the study

This research is crucial as it addresses the urgent mental health crisis faced by Migrant Domestic Workers (MDWs) in Lebanon, a population that remains largely invisible in national health policies and labor protections. By focusing on community-driven solutions, the study provides practical, scalable, and culturally relevant interventions that can be implemented rapidly to support MDWs' psychological well-being.

1. Addressing a Critical Public Health Issue

Mental health distress among MDWs is alarmingly high, with evidence of suicide, depression, anxiety, and PTSD resulting from exploitative labor conditions and social isolation. Despite the severity of these issues, MDWs have limited or no access to formal mental health services due to financial, legal, and cultural barriers. This study highlights urgent intervention areas to bridge these gaps and improve MDWs' access to mental health care.

2. Informing Immediate, Actionable Solutions

While long-term policy reforms (such as the abolition of the Kafala system) are necessary, they are complex and slow-moving. This study shifts the focus toward community-driven approaches—such as peer-led mental health support and migrant-sensitive healthcare practices—which can be implemented quickly and effectively within existing social structures. By emphasizing scalable interventions, this research provides a roadmap for NGOs, community organizations, and healthcare providers to take immediate action.

3. Strengthening Migrant-Sensitive Healthcare Practices

The study contributes to the broader discourse on migrant health equity by advocating for culturally competent, linguistically accessible, and trauma-informed mental health services. It underscores the importance of training healthcare professionals in cultural competency, integrating interpreters and cultural mediators, and expanding mobile mental health units to reach MDWs in high-risk and isolated environments.

4. Advancing Research on Mental Health and Migration

This study fills a critical research gap by shedding light on the intersection of labor exploitation, migration, and mental health. While global research on migrant workers' mental health exists, studies specific to MDWs in Lebanon remain scarce. By contextualizing findings within Lebanon's socio-political landscape, this research provides evidence-based recommendations that can inform future studies, policy discussions, and program development.

Study limitations

1. Lack of Primary Data Collection

This research primarily relies on desk research and secondary sources rather than direct fieldwork or first-hand data collection. As a result, findings are based on existing literature, reports, and case studies, which may not fully capture the current lived experiences of MDWs in Lebanon's evolving socio-political landscape.

2. Limited Scope of Systemic Reform Analysis

The study does not focus on broader structural reforms, such as the abolition of the Kafala system or labor law amendments, which are essential for long-term improvements in MDWs' mental health. While systemic changes remain crucial, this study prioritizes immediate, community-driven solutions that can be implemented without waiting for policy shifts.

3. Challenges in Measuring the Impact of Community-Driven Interventions

The effectiveness of peer-led mental health support and culturally adapted digital interventions is supported by global evidence, but their specific impact on MDWs in Lebanon remains understudied. Future research should incorporate longitudinal studies and impact assessments to evaluate the sustainability and long-term effectiveness of these interventions.

Research terms and definitions

- Migrant Domestic Workers (MDWs): Individuals who migrate to work in private households as domestic staff, performing tasks such as cleaning, cooking, childcare, and elderly care. In Lebanon, MDWs are primarily from countries such as Ethiopia, Bangladesh, the Philippines, and Sri Lanka and are employed under the Kafala system.
- Kafala System: A sponsorship-based legal framework that governs the employment and residency of migrant workers in Lebanon. It ties a worker's legal status to their employer (sponsor), often leading to restricted movement, exploitative working conditions, and lack of labor protections.
- Mental Health and Psychosocial Support (MHPSS): A broad range of psychological and social interventions aimed at promoting well-being, preventing mental health disorders, and providing care for individuals experiencing emotional distress or trauma. This includes peer support programs, counseling, crisis intervention, and self-help tools.

- Peer-Led Mental Health Support: A mental health intervention model in which individuals from the same social group (in this case, MDWs) offer support, guidance, and shared experiences to one another, often within structured networks or community-based settings.
- Cultural Competency: The ability of healthcare providers and service organizations to understand, respect, and address the cultural, linguistic, and social needs of diverse populations. In this study, cultural competency refers to migrant-sensitive healthcare practices that accommodate MDWs' linguistic and cultural backgrounds.
- Mobile Mental Health Units: Community-based outreach services that provide on-site psychological support, counseling, and referrals to individuals who face barriers to accessing traditional healthcare facilities. These units are particularly relevant for MDWs with limited mobility or trust in formal institutions.
- Digital Mental Health Interventions: Technology-driven mental health solutions, including self-help applications, guided digital therapy programs, and online peer support platforms. In this study, interventions like Step-by-Step and Self-Help Plus are explored as cost-effective and scalable solutions for MDWs.
- Non-Governmental Organizations (NGOs): Independent organizations that operate at local, national, or international levels to provide humanitarian aid, policy advocacy, and direct support services. In this study, NGOs are crucial actors in offering mental health interventions, legal assistance, and emergency support to MDWs while working alongside governmental and community-based entities.
- Step-by-Step (SbS): Step-by-Step is a digital mental health intervention developed by the World Health Organization (WHO) to provide psychological support for individuals experiencing depression, anxiety, or psychological distress. It is a guided, self-help program delivered through smartphones or computers, using cognitive-behavioral therapy (CBT)-based techniques. The intervention consists of sequential modules that include psychoeducation, problem-solving skills, behavioral activation, and relaxation techniques. Clinical evidence has shown that Step-by-Step is effective in reducing symptoms of depression and anxiety, particularly among vulnerable populations, including refugees and displaced individuals. The program can be culturally adapted and delivered in multiple languages to meet the needs of diverse groups, such as Migrant Domestic Workers (MDWs).
- Self-Help Plus (SH+): Self-Help Plus (SH+) is a low-intensity, group-based psychological intervention developed by the WHO to help individuals manage stress and prevent mental health disorders in crisis-affected settings. It is based on Acceptance and Commitment Therapy (ACT) and consists of five structured sessions delivered through audio recordings and facilitator-led guidance. SH+ has been clinically tested in randomized controlled trials (RCTs) and has shown to be effective in reducing psychological distress and preventing the onset of mental disorders, particularly in asylum seekers, refugees, and populations exposed to adversity. Its structured format and scalability make it a cost-effective intervention for improving mental well-being in underserved and at-risk populations, including MDWs.

Study tool, procedures, and research methodology

This study employs a qualitative research approach using desk research to analyze existing literature, reports, and case studies on migrant domestic workers' (MDWs) mental health challenges and community-driven interventions. The study relies on secondary data sources, including peer-reviewed journal articles, NGO reports, government publications, and international organization assessments (e.g., Human Rights Watch, Amnesty International, and IOM). The research methodology follows a systematic review approach, synthesizing key findings from previous studies on peer-led mental health support, culturally adapted psychological interventions, and migrant-sensitive healthcare models. While the study does not conduct primary data collection, its comprehensive review of existing evidence provides a strong foundation for recommending scalable, rapid-response interventions tailored to MDWs' mental health needs.

Results and discussion section

Given the systemic barriers that limit MDWs' access to formal mental health services, community-driven approaches offer a practical and immediate pathway to improving their psychological well-being. Rather than relying solely on long-term policy reforms, which require structural and legislative changes, grassroots solutions can provide accessible, culturally sensitive, and scalable mental health interventions. This section explores two key community-based strategies that have demonstrated effectiveness in supporting MDWs: (1) strengthening peer-led mental health support networks, which empower MDWs to support each other in managing stress, crisis intervention, and emotional well-being, and (2) expanding access to mental health services through public healthcare, which includes integrating migrant-sensitive practices such as interpreters, mobile mental health units, and culturally adapted digital interventions. These approaches, supported by evidence-based research, provide a roadmap for immediate action, ensuring that MDWs receive the psychological support they need within existing social and healthcare infrastructures.

1. Strengthening peer-led mental health support for migrant domestic workers

Rationale and approach

Building a strong peer-led support system can significantly enhance MDWs' access to mental health assistance by fostering a culturally sensitive, linguistically accessible, and socially integrated framework. Establishing networks where MDWs are trained in stress management techniques, crisis intervention, and emotional well-being will empower them to support one another, thus creating a more inclusive and responsive mental health framework.

To ensure effectiveness, these peer groups should be embedded within existing community centers and safe spaces, where they can operate in collaboration with NGOs, healthcare providers, and governmental bodies. Training programs should be tailored to the specific cultural and psychological needs of MDWs, emphasizing mutual support, trust-building, and connections to formal mental health and psychosocial support (MHPSS) services when needed.

Evidence-based justification

1. **Psychological and social benefits of peer support**

    - A systematic review demonstrated that peer support effectively improves psychological symptoms, enhances social integration, and strengthens life skills. It was also found to be well-accepted by beneficiaries, making it a viable strategy for mental health support (Abou Seif et al., 2022).
    - Another integrative review confirmed that peer-led interventions contribute significantly to well-being and social connectedness, both of which are critical for MDWs who often experience isolation and discrimination (Gower et al., 2022).

2. **Peer support as a reliable and effective strategy**

    - A systematic review emphasized that peer support is consistently effective across diverse settings, reinforcing its adaptability and sustainability (Smit et al., 2023).
    - Another systematic review highlighted peer support as a robust strategy for engaging populations that are typically underserved by traditional mental health services, such as MDWs who may face barriers to formal healthcare due to legal status, financial constraints, or cultural stigma (Sokol & Fisher, 2016).

3. **Convenience and timeliness of remote peer support**

    - A metrics analysis found that remote peer support is particularly beneficial as it allows for convenient and timely access to assistance, an important factor for MDWs with restricted mobility and demanding work schedules (Cheng & Vicera, 2022).

4. **Trust and acceptance of peer support over formal services**

    - A scoping review and a metrics analysis indicated that peer support is often perceived as more trusted than formal MHPSS services, as MDWs feel more comfortable sharing their experiences with peers who understand their struggles firsthand (Ho et al., 2022; Cheng & Vicera, 2022).
    - Another scoping review highlighted that peer networks play a key role in linking vulnerable individuals to governmental and non-governmental resources, helping MDWs navigate available support systems effectively (Ong et al., 2023; Cheng & Vicera, 2022).

Implementation considerations

- Training and Capacity Building: Provide structured training programs for MDWs to equip them with fundamental skills in peer counseling, stress management, and crisis response.
- Integration into Existing Community Spaces: Partner with community centers, shelters, and worker organizations to embed peer support networks within trusted spaces.
- Remote Peer Support: Leverage digital platforms (e.g., WhatsApp groups, hotlines, or mobile apps) to facilitate accessible, anonymous, and timely peer interactions.

- Collaboration with NGOs and Health Services: Establish referral pathways between peer support groups and professional MHPSS services to ensure seamless access to further assistance when needed.

Strengthening peer-led mental health support, will enable MDWs to benefit from a sustainable, community-driven model that enhances their psychological well-being and social resilience while bridging gaps in access to formal mental health care.

2. Expanding access to mental health services through public healthcare

Rationale and approach

Integrating migrant domestic workers (MDWs) into Lebanon's primary healthcare (PHC) system is essential to ensuring their mental well-being and reducing health inequities. This requires addressing language barriers, raising awareness of available mental health services, and training medical professionals in migrant-sensitive healthcare practices. Additionally, mobile mental health units that visit MDW communities can help reduce accessibility challenges and bring care directly to those in need.

To make mental health services more inclusive, a culturally competent and linguistically accessible approach must be implemented. This includes employing interpreters and cultural mediators, adapting psychological interventions to the needs of MDWs, and using digital health solutions such as self-help interventions for mental health.

Evidence-based justification

1. **Primary healthcare as a model for addressing health inequities**
   - A systematic review found that PHC models are better equipped to tackle social determinants of health, making them effective in mitigating health inequities among immigrant populations (Batista et al., 2018).
   - PHC services have also been found to be effective in delivering educational interventions, which are crucial for raising awareness about mental health among MDWs (Batista et al., 2018).
2. **Reducing language and cultural barriers**
   - A systematic review and a scoping review found that the use of interpreters and cultural mediators significantly reduces barriers to healthcare and improves access for migrant populations (Batista et al., 2018; Riza et al., 2020).
   - A scoping review also supported the integration of cross-cultural interventions to promote communication and improve healthcare delivery for migrant groups (Riza et al., 2020).
   - Another systematic review and scoping review confirmed that training medical staff in cultural competency reduces barriers and increases the acceptance of PHC services by migrant populations (Batista et al., 2018; Riza et al., 2020).
3. **Effectiveness of community-based and digital mental health interventions**
   - A multinational randomized controlled trial (RCT) found that Self-Help Plus, a brief guided self-help intervention, led to immediate improvements in mental health among

asylum seekers in Europe, a population with challenges similar to MDWs (Purgato et al., 2021).
- Another RCT found that Self-Help Plus was effective in preventing the onset of mental disorders six months after the intervention in Syrian refugees in Turkey, highlighting its long-term mental health benefits (Acarturk et al., 2022).
- A systematic review demonstrated that the level and quality of cultural adaptation of mental health interventions significantly improves their efficacy, stressing the need to tailor interventions for MDWs (Shehadeh et al., 2016).
- Three RCTs on Lebanese, Syrian, and Palestinian populations found Step-by-Step, a digital mental health intervention, to be effective after cultural and linguistic adaptation (Cuijpers et al., 2022; Heim et al., 2021; Shehadeh et al., 2020).

Implementation considerations

- Integrating MDWs into PHC services:
  - Reduce administrative barriers that limit MDWs' access to public mental health services.
  - Establish awareness campaigns in MDW communities to encourage service uptake.
- Improving language and cultural accessibility:
  - Hire interpreters and cultural mediators in public healthcare facilities.
  - Train healthcare providers in migrant-sensitive care and cultural competency.
- Expanding community-based and mobile mental health services:
  - Deploy mobile mental health units to bring care closer to MDW communities.
  - Ensure these units offer multilingual psychological support tailored to MDWs' experiences.
- Leveraging digital mental health solutions:
  - Implement and culturally adapt self-help interventions such as Step-by-Step and Self-Help Plus.
  - Make digital interventions accessible via smartphones and community centers to reach more MDWs.

Expanding access to mental health services through Lebanon’s public healthcare system, will allow MDWs to receive more inclusive, effective, and culturally appropriate mental health support, improving their overall well-being and resilience.

Research recommendations and conclusions

Research recommendations

Based on the findings of this study, the following recommendations are proposed to enhance the mental health accessibility of Migrant Domestic Workers (MDWs) in Lebanon:

1. **Strengthening peer-led mental health support networks**
   - Establish peer-led mental health groups in community centers and safe spaces to provide culturally relevant, linguistically accessible support.
   - Train MDWs in stress management, crisis intervention, and emotional well-being to empower them as mental health advocates within their communities.

- Utilize digital platforms (WhatsApp, mobile apps, hotlines) to facilitate remote peer support for MDWs with restricted mobility.

2. **Expanding access to mental health services through public healthcare**
   - Integrate migrant-sensitive healthcare practices by training medical professionals in cultural competency and employing interpreters and cultural mediators in healthcare settings.
   - Deploy mobile mental health units to reach MDWs in isolated environments and shelters, ensuring equitable access to professional psychological support.
   - Adapt and implement digital self-help mental health interventions (self-help plus, step-by-step) to provide accessible, low-cost mental health solutions for MDWs.

Conclusion:

This study highlights the urgent mental health crisis among MDWs in Lebanon, emphasizing the barriers that prevent access to essential psychological support. While systemic reforms remain necessary for long-term change, community-driven approaches provide immediate, scalable, and culturally relevant solutions to mitigate the impact of workplace exploitation, social isolation, and trauma.

By strengthening peer-led mental health networks and expanding migrant-sensitive healthcare services, MDWs can access trusted, inclusive, and responsive support mechanisms. Evidence from global and local studies confirms that peer support interventions, mobile mental health units, and culturally adapted digital mental health programs are effective in addressing mental health disparities among marginalized populations.

To achieve sustainable progress, collaboration between community organizations, healthcare providers, and policymakers is essential. The recommendations outlined in this study provide a practical roadmap for improving MDWs' mental well-being while advocating for their long-term integration into Lebanon's public health system. Addressing MDWs' mental health needs is not only a humanitarian obligation but also a critical step toward fostering a more inclusive, just, and equitable society.

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