Migrant Patients and First Episode Psychosis: An Observational Study in an Acute Patient Unit

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Background and Aims

The mental health of migrant population is an increasing study field. The aim of this study is to compare sociodemographic and clinical variables between migrant and native patients.

Methods

Data was collected between 01/07/2016 and 31/12/2017 from an inpatient psychiatry unit from the public health-care system - Serviço de Estabilização e Tratamento de Agudos (SETA) at Centro Hospitalar Psiquiátrico de Lisboa (CHPL) in Lisbon. Data relating to DUP and clinical and sociodemographic characteristics were collected retrospectively from case notes.

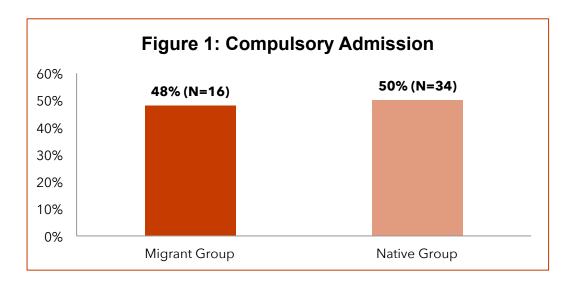
A total of 101 First Episode Psychosis patients were included. The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) was used for diagnosis. Data relating sociodemographic and clinical characteristics were collected retrospectively from case notes.

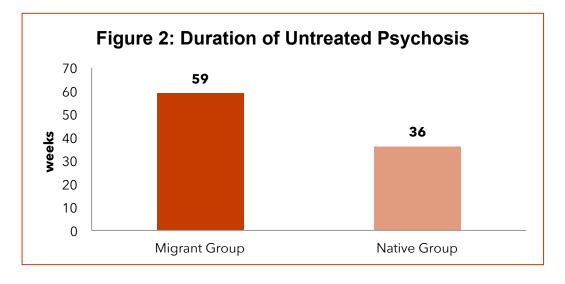
Results

The migrant group represented 33% (N=33) and the native group represented 67% (N=68) of the sample. The average age was 36 for the migrant group and 34 for the native group. The percentage of male patients was higher in both groups: 52% (N=17) in the migrant and 54% (N=37) in the native group. In both groups, the majority of patients were single and unemployed.

| Table 1 - Sociodemographic characteristics | | | | |
|--|--|-------------------|-------------------------|------------------------|
| | | Sample (N=101) | Migrant Group (N=33) | Native Group (N=68) |
| Gender | Male | 53% (N=54) | 52% (N=17) | 54% (N=37) |
| | Female | 47% (N=47) | 48% (N=16) | 46% (N=31) |
| Age | Mean | 35 | 36 | 34 |
| Marital Status | Married | 21% (N=21) | 27% (N=9) | 18% (N=12) |
| | Divorced | 12% (N=12) | 6% (N=2) | 15% (N=10) |
| | Single | 64% (N=65) | 61% (N=20) | 66% (N=45) |
| | Widowed | 2% (N=2) | 3% (N=1) | 1% (N=1) |
| | N.A. | 1% (N=1) | 3% (N=1) | 0% (N=0) |
| Education Level | Anaphabet | 2% (N=2) | 3% (N=1) | 1% (N=1) |
| | 1 st Cycle | 8% (N=8) | 6% (N=2) | 9% (N=6) |
| | 2 nd /3 rd Cycle | 43% (N=43) | 33% (N=11) | 47% (N=32) |
| | Secondary | 20% (N=20) | 12% (N=4) | 24% (N=16) |
| | Higher | 12% (N=12) | 12% (N=4) | 12% (N=8) |
| | N.A. | 16% (N=16) | 33% (N=11) | 7% (N=5) |
| Employment Status | Employed | 27% (N=27) | 24% (N=8) | 28% (N=19) |
| | Unemployed | 53% (N=54) | 58% (N=19) | 51% (N=35) |
| | Student | 13% (N=13) | 12% (N=4) | 13% (N=9) |
| | Retired | 5% (N=5)) | 3% (N=1) | 6% (N=4) |
| | N.A. | 2% (N=2) | 3% (N=1) | 1% (N=1) |

The most frequent diagnosis was F29 – Psychosis NOS (not otherwise specified), according to the ICD-10, which constituted the diagnosis of discharge of 52% (N=17) of patients in the migrant group and 31% (N=21) of patients in the native group. Compulsory admission was 48% (N=16) in the migrant group and 50% (N=34) in the native group. The duration of untreated psychosis was 59 weeks for the migrant group and 36 weeks for the native group.





Conclusions

Sociodemographic variables were similar in migrant and native groups. No relevant differences were found in compulsory admission between migrant and native patients. Migrant patients had a higher duration of untreated psychosis. Some studies found no evidence that migrant patients experienced longer duration of untreated psychosis [1]. Others found that first generation immigrant patients have longer overall DUP than native-born and second-generation immigrant patients [2].

This study was conducted in a single service which limits generalizing the findings to other services and other clinical groups. Further larger studies investigating acute psychiatric patients characteristics would be important to better understand migrant population.

Bibliography

[1] Morgan C., Fearon P., Hutchinson G., et al. (2006) Duration of untreated psychosis and ethnicity in the AESOP first-onset psychosis study; Psychological Medicine, 2006, 36, 239–247

[2] Boonstra N., Sterk B., Wunderink L., et al. (2012) Association of treatment delay, migration and urbanicity in psychosis; European Psychiatry 27 (2012) 500–505