

# Involuntary Psychiatric Treatment of Immigrants with Acute Mental Disorders in Italy. The Role of Forced Migration.



C.Pancheri, V.Roselli, L.Todini, A.Maraone, V.F.Fioriti,  
G.Mandarelli, S.Ferracuti, M.Biondi, M.Pasquini, L.Tarsitani.

Department of Human Neuroscience, 'La Sapienza' University of Rome, Policlinico Umberto I



## BACKGROUND OF THE STUDY

Migration is a risk factor for the development of mental disorders, especially psychotic disorders and severe mood disorders. Forced immigrants are frequently exposed to traumatic events and they are at higher risk of being diagnosed with a mental disorder than economic immigrants. Nevertheless, immigrated persons have difficulty to access community mental health care and a delayed treatment may lead to increased disease severity and consequent emergency referrals. Immigrants in Europe appear at higher risk of psychiatric coercive interventions. Reasons include cultural, ethnic and language differences leading to communication problems between immigrants and mental health professionals.

## AIMS

Aim of the study is to compare rates of involuntary treatment of first generation immigrants admitted to a Psychiatric Intensive Care Unit of a large Italian academic hospital with an age, gender, psychiatric diagnosis and symptom severity matched native counterparts and to explore clinical and migratory factors associated with the involuntary treatment.

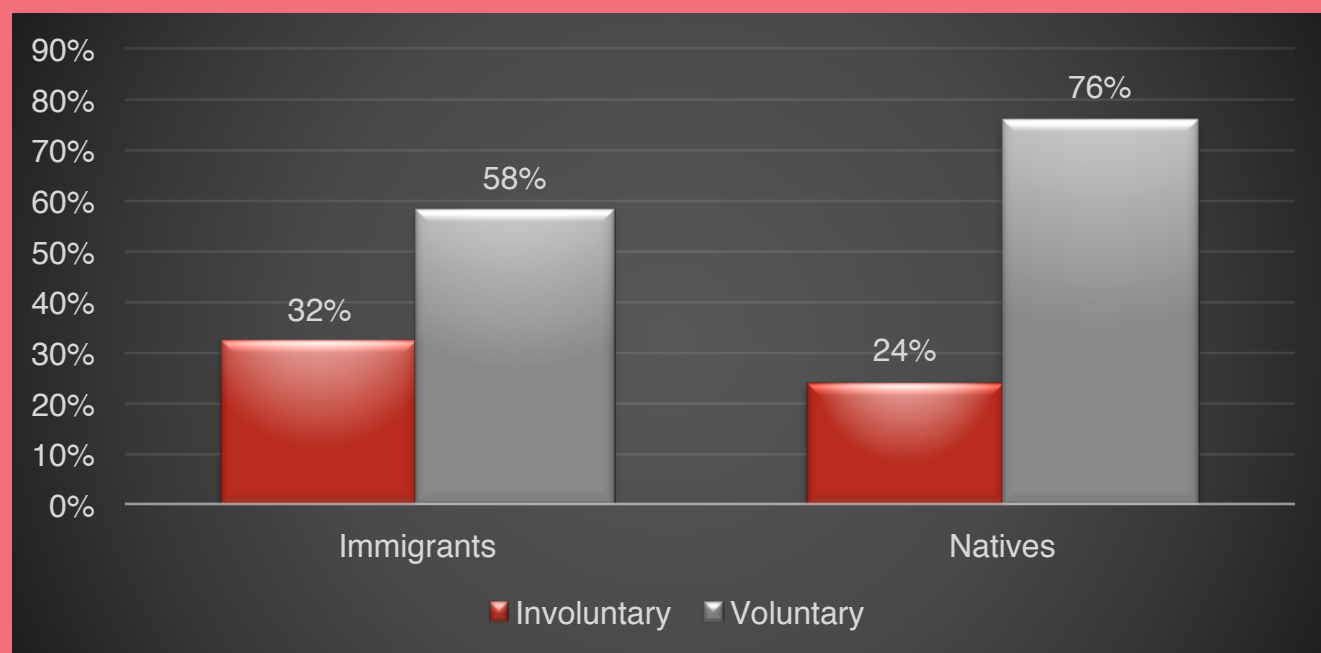
## METHODS

Socio-demographic, clinical and migratory variables were collected in all immigrant patients admitted in the ward from 2013 to 2016 and compared with age-gender-and **DSM-IV** diagnosis-matched sample of native patients admitted in the same period. *Brief Psychiatric Rating Scale (BPRS)* and *Clinical Global Impression (CGI)* scale were administered.

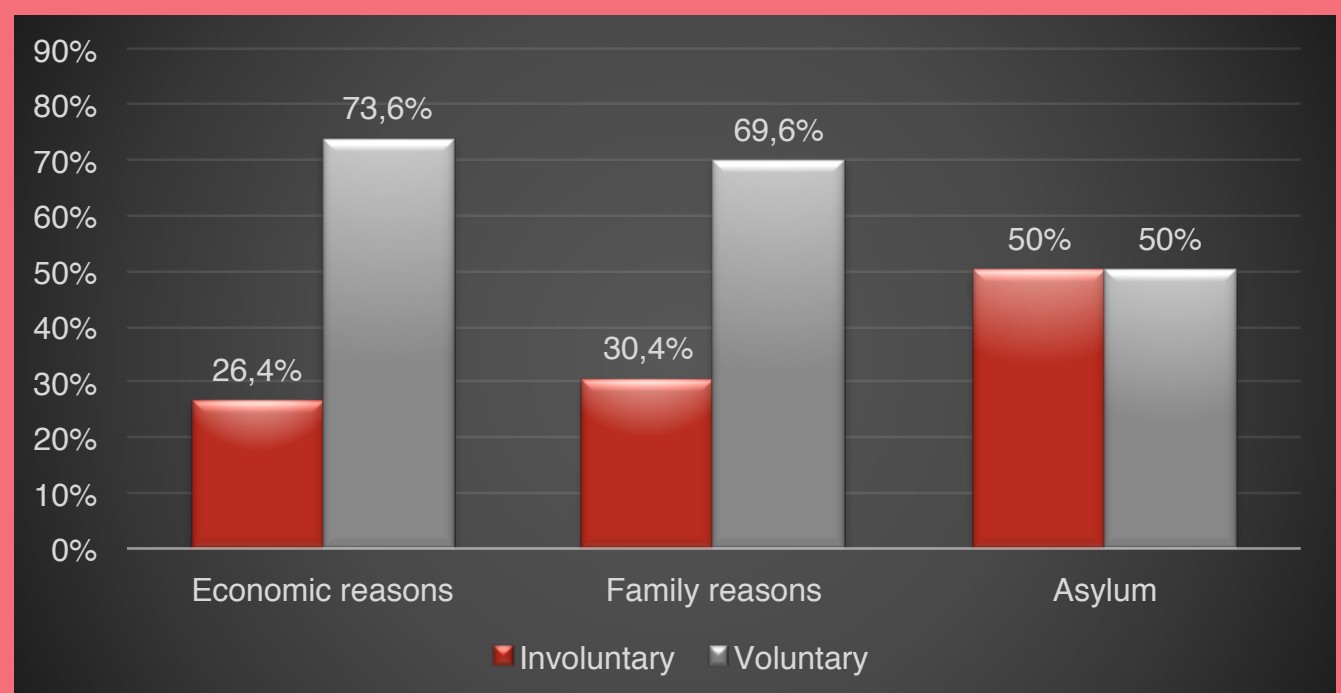
*McNemar test* was used for paired categorical variables. *Chi-square test* was used to compare independent categorical variables. *Binary logistic regression* was used to verify the possible relation between the length of stay in Italy (less than 2 years, 2 to 5 and more than 5) and the involuntary admission.

## RESULTS

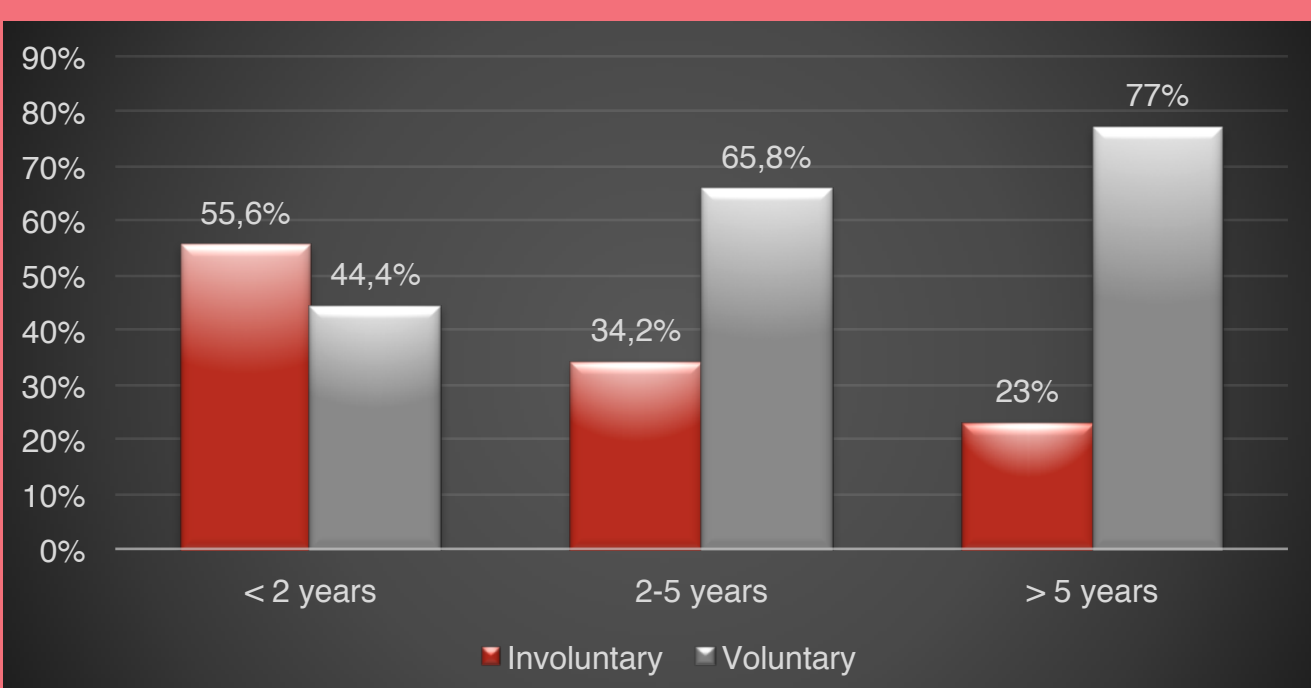
N=117 immigrated patients were compared to 117 natives. Involuntary treatment rates were significantly different in immigrants as compared to controls (**32% vs 24% respectively  $p < 0.001$** ).



Among immigrants, asylum seekers were involuntarily admitted more frequently than patients immigrated for economic or family reasons (**50% vs 26.4% vs 30.4% respectively;  $p = 0.040$** ).



The length of stay in Italy for more than 5 years was associated to a lower risk of being involuntarily hospitalized (**OR = 4.2 CI 95% 1.4 to 12.7**). Gender was not associated to the risk of involuntary treatment.



## CONCLUSIONS

Immigrated individuals with an acute mental disorder appear at higher risk of involuntary treatment. Forced migration is associated with an higher risk. The protective effect of the length of stay in the host country may be related to language skills and cultural adaptation. Since coercive interventions can be traumatic and can affect outcomes, strategies to prevent this phenomenon are needed.