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Psychiatric care and immigration. Preliminary findings in a hospital in Madrid, Spain

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ABSTRACT – This pilot study aims to investigate differences regarding access to psychiatric care, motives for demanding emergency psychiatric care, admission rates, rates of compulsory admission, and main diagnoses in immigrants and natives.

Psychiatric emergency visits (n=1,126) and hospitalisations (n=225) were registered in a Spanish Hospital with a catchment area of 280.000 people (19.34% immigrants) between October 20th 2002 and April 30th 2003. Access to psychiatric care, motives for demanding emergency psychiatric care, admission rates, rates of compulsory admission, and main diagnoses in natives and immigrants were compared.

Immigrants were more likely to be compulsory admitted, were under-represented in the emergency and hospitalization units, and were less likely to be readmitted. Motives for hospitalisation were also different. Immigrants seemed to suffer less drug abuse and more anxiety disorders than natives (possibly reactive conditions related to the stress of migration).

Introduction

Immigration is a very important issue in Western Europe. As the number of immigrants grows, there is increasing concern about their mental health. Healthcare systems try to offer the best possible psychiatric care to people from different cultures. To achieve this, psychiatrists need to know if the existing psychiatric facilities have the

right tools to treat immigrants, and if immigrants make proper use of them. Traditionally it has been postulated that immigrants have higher admission rates to psychiatric hospitals than natives (Ödegaard 1932, Dean *et al.* 1981), and studies have shown that they have higher rates of some mental diseases such as schizophrenia (King *et al.* 1994). Some more recent studies, though, disagree with this (Badawi *et al.* 1996, Gallo *et al.* 1995) and argue that immigrants tend to under-use psychiatric services.

In the last five years the number of immigrants has increased notoriously in Spain. Immigrants already represent 2% of the population of Madrid. The main groups are Latin Americans (35% of all immigrants) and Africans (22%).

The aim of this pilot study is to investigate differences among immigrants and natives regarding access to psychiatric care, motives for demanding emergency psychiatric care, admission rates, rates of compulsory admission, and main diagnoses.

Material and Methods

A team of clinical psychiatrists obtained data from all patients seen in the psychiatric emergency room (PER) and/or admitted to the psychiatric hospitalization unit (PHU) in the Fundación Jiménez Díaz general hospital between October 20th 2002 and April 30th 2003. This hospital is part of the National Health Service that provides free medical coverage to natives and immigrants regardless of legal status. Its catchment area (280.000 people) has the highest rate of immigrant population of Madrid (19.34%). The main group is Ecuatorians (7.25%), followed by Colombians (1.55%) and Moroccans (1.18%).

There were 1126 consultations (involving 821 different patients) in the PER. In 23 cases (21 patients), the nationality was unknown, and they were removed from the study; 9% of the patients did not live in the catchment area, and 16.6% lacked health insurance. In 225 of the consultations, the patient was admitted to the PHU.

"Immigrants" were defined as "foreign-born individuals, no matter whether they have been granted Spanish nationality or not". They were grouped according to their countries of origin, culture and ethnicity (Latin-Americans; Africans; EEC Europeans; Non-EEC Europeans, and Others). We grouped black sub-Saharans (n=2 at the PER, from Nigeria) with Moslems from North Africa (n=21, from Morocco) under the same category in order to increase statistical power. The number of black sub-Saharans was extremely small, and all of them came from a Moslem-majority country.

Access to psychiatric care, motives for demanding emergency psychiatric care, admission rates, rates of compulsory admission, and main diagnoses were compared among natives and immigrants. The proportions of immigrants who used the PER and PHU were compared to the proportion of immigrants in the catchment area. Rates were compared using two-group tests of proportions.

Results

Psychiatric Emergency Room

Immigrants were 16.88% of the patients seen at the PER. This proportion was significantly lower than the proportion of immigrants in the catchment area (p=0.0314). Immigrants accounted for 14.14% of PER

consultations (including repetitions). This proportion was also significantly lower than the proportion of immigrants in the catchment area (p<0.0001). Immigrants had lower repetition rates than natives (p=0.0196).

Ecuatorians accounted for 2.18% of PER visits, while they represented 7.25% of the catchment area population, and thus seemed to under-use the PER (RR=0.3796). Moroccans accounted for 1.9% of PER visits, while they represented 1.18% of the population. They seemed to over-use the PER (RR=2.1161) (Table I).

Psychiatric Hospitalization Unit

Immigrants were 11.83% of patients admitted to the PHU. This was significantly lower than the proportion of immigrants in the catchment area (p=0.0008). Immigrants accounted for 9.78% of hospitalizations (including readmissions). This was also significantly lower than the proportion of immigrants in the catchment area (p<0.0001). (Table II).

Immigrants had lower rates of readmission than natives (p=0.0196). None of the

Table I
Nationality and Psychiatric ER use (only countries with significant RR are shown on this table)

	Catchment area population		PER admissions			PER patients			
Country of origin	n	%	n	%	p 1 tail *	n	%	p 1 tail **	RR
Spain	233,432	80.66	947	85.86	0.0000	665.00	83.13	0.0314	1.0305
Ecuador	20,967	7.25	24	2.18	0.0000	22.00	2.75	0.0000	0.3796
Colombia	4,481	1.55	11	1.00	0.0327	10.00	1.25	0.2237	0.8073
Morocco	3,419	1.18	21	1.90	0.0396	20.00	2.50	0.0085	2.1161
UK	675	0.23	7	0.63	0.0000	7.00	0.88	0.0000	3.7514
Japan	168	0.06	5	0.45	0.0845	2.00	0.25	0.0000	4.3065
Total immigrants	55,964	19.34	156	14.14	0.0000	135	16.88	0.0314	0.8726
Total population	289,396		1,103			800			

* Comparison between the proportion of individuals of each nationality in the catchment area and representation in ER visits.
** Comparison between the proportion of individuals of each nationality in the catchment area and representation in ER patients.

Table II
Nationality and use of the Psychiatric Hospitalization Unit (PHU) (only countries with significant RR are shown on this table)

	Catchment area population		PHU admissions			PHU patients			
Country of origin	n	%	n	%	p 1 tail *	n	%	p 1 tail **	RR
Spain	233,432	80.66	203	90.22	0.0000	164.00	88.17	0.0008	1.0931
Ecuador	20,967	7.25	3	1.33	0.0000	3.00	1.61	0.0000	0.2226
Morocco	3,419	1.18	2	0.89	0.3201	2.00	1.08	0.4442	0.9101
UK	675	0.23	2	0.89	0.0000	2.00	1.08		4.6101
Total immigrants	55,964	19.34	22	9.78	0.0000	22	11.83	0.0008	0.6116
Total population	289,396		225			186			

* Comparison between the proportion of individuals of each nationality in the catchment area and representation in PHU admissions.
** Comparison between the proportion of individuals of each nationality in the catchment area and representation in PHU patients.

immigrants were hospitalized more than once, while 19.47% of natives had more than one hospitalization.

Ecuatorians accounted for just 1.33% of PHU admissions, while they represented 7.25% of the catchment area population. They seemed to under-use the PHU (RR=0.2226).

Motives for visiting the PER

The most frequent reasons for consultation among both immigrants and natives were suicide-related behaviours, and there were no significant differences in the rates of the different motives for consultation between immigrants and natives (Fisher's exact test two tails = 0.358).

Motives for hospitalization

In natives, the main diagnoses were psychoses (46.76%), affective disorders (26.86%), drug abuse (8.45%) personality disorders (7.96%), organic mental disorders (4.47%) and anxiety disorders (2.98%).

The main diagnoses for immigrants were psychoses (43.47%), affective disorders (30.43%), personality disorders (8.69%), organic mental disorders (4.34%), drug abuse (4.34%), and anxiety disorders (4.34%).

The rates of compulsory admission were also different in immigrants and natives. 43.42% of natives and 80% of Latin American immigrants respectively suffered compulsory hospitalization. The number of North-Africans is probably too small (n=2) to draw any conclusions.

Discussion

Immigrants seem to under-use psychiatric services, and have a lower rate of repetition than natives (Tables I, II). This supports previous research that indicated that ethnic minorities tend to under-use psychiatric services (Badawi *et al.* 1996, Gallo *et al.* 1995). The fact that immigrants were admitted from the PER to the PHU in a smaller proportion than natives could mean that they are less willingly hospitalized than natives. This may support other studies that showed that immigrants had a significantly lower number of care days than natives (Johansson *et al.* 1998).

Notwithstanding, other studies disagree with our findings. Several authors have affirmed that there is a greater number of psychiatric admissions among immigrants (Ödegaard 1932, Dean *et al.* 1981). For example, several studies have associated the afro-caribbean ethnic group with a higher rate of psychoses and psychiatric admissions in England (King *et al.* 1994).

Motives for hospitalization were also different in immigrants and natives. Immigrants suffered less drug abuse and more anxiety disorders than natives, possibly reactive conditions related to the stress of migration.

The rates of mandatory admission were much higher in immigrants than in natives. This finding is supported by previous studies (Davies *et al.* 1996, Flannigan *et al.* 1994, Thomas *et al.* 1993).

Further research is needed to compare the different pathways of access to psychiatric care in immigrants and natives in Spain. We are currently working on a larger study, introducing new variables and increasing the sample size.

Our study has several limitations. First, the number of cases in some groups is very small. Second, immigrant populations in the catchment area may be much bigger than the theoretical numbers, due to high rates of illegal immigration (i.e., Moroccans). In other cases, patients admitted to the ER may be tourists, thus not registered as living in the catchment area (i.e., UK individuals). Third, we cannot avoid misunderstandings due to cultural differences between the patient and the health professionals. Fourth, the situation of immigrants in Spain may also be different from that of other countries, because most immigrants come from countries of similar cultures (i.e. Latin-America). This may make it difficult to compare the results of Spanish studies with findings from other countries. Finally, this is not a multi-centre study, so the results may not be representative of the immigrant population from other areas of Spain. We emphasize the need to undertake bigger, multi-centre studies on this subject.

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