

Are FEP services successful at engaging young immigrants in treatment?

Clairéline Ouellet-Plamondon^{1,3,7}, Amal Abdel-Baki^{1,3,6}, Luc Nicole^{1,4,5}, Cécile Rousseau²

1 Department of Psychiatry, Université de Montréal, Montreal, Qc, Canada; 2 Department of Psychiatry, McGill University, Montreal, Qc, Canada; 3 Centre Hospitalier de l' Université de Montréal, Montreal, Qc, Canada; 4 Hôpital Louis-H. Lafontaine, Montreal, Qc, Canada; 5 Centre de recherche Fernand-Séguin, Montreal, Qc, Canada; 6 Centre de recherche CHUM, Hôpital Notre-Dame, Montreal, Qc, Canada; 7 Centre for Addiction and Mental Health, Toronto, On, Canada
claireline.ouellet-plamondon@umontreal.ca

Introduction

Immigration is a well-recognized risk factor for psychosis (RR 2.3 1st generation, RR 2.1 2nd generation)¹ and many studies suggest that immigrants use fewer mental health services^{2,3}. A Canadian study found that specific ethnocultural groups are much less likely to use any mental health services (immigrants 5.5% vs non immigrants 14.7%); how recently they immigrated had no significant effect².

Ethnic variations in use of specialist mental health services for patients with schizophrenia are found inconsistently; some studies found that non-whites were less likely to maintain contact, and other studies found no difference in terms of ethnicity⁴.

However, there is no literature regarding immigrants' service use in First Episode Psychosis (FEP).

Objective

The aims of the study are:

- to assess if FEP services are successful at engaging young immigrants in treatment (follow-up and medication compliance) 2 years after admission.
- to compare symptomatic and functional outcome between immigrants and non-immigrants.

Methods

Participants:

Age 18-30
Primary diagnosis of FEP, untreated psychosis or treated less than 1 year prior to admission
Admitted to 2 defined catchment area early psychosis programs, covering 48% of the inhabitants of Montreal, a metropolis of 1.6 million with 31% immigrants⁵.

Ethics:

All subjects gave written informed consent. Project was accepted by ethics and research committees of FEP program hospitals.

Methodology:

Prospective 2-year longitudinal study
Data collected at admission, at 1 and 2 years by research interviews, chart reviews and clinician's reports, including sociodemographic status, symptoms, medication, compliance, diagnoses (DSM-IV-TR criteria), social functioning and attrition rate.

Study groups:

Non-immigrant (included 2nd gen. with mixed parents: i.e. one parent immigrant and the other non-immigrant)
Immigrants (1st and 2nd generation)

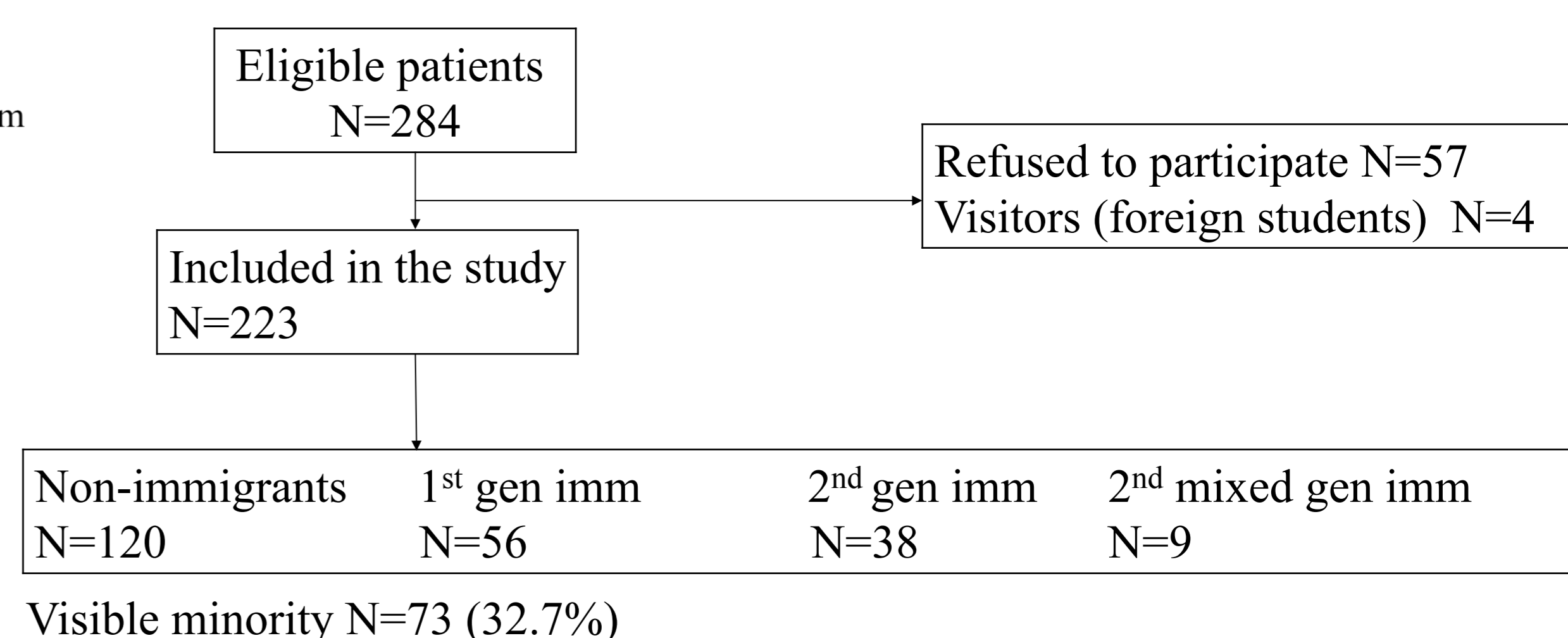
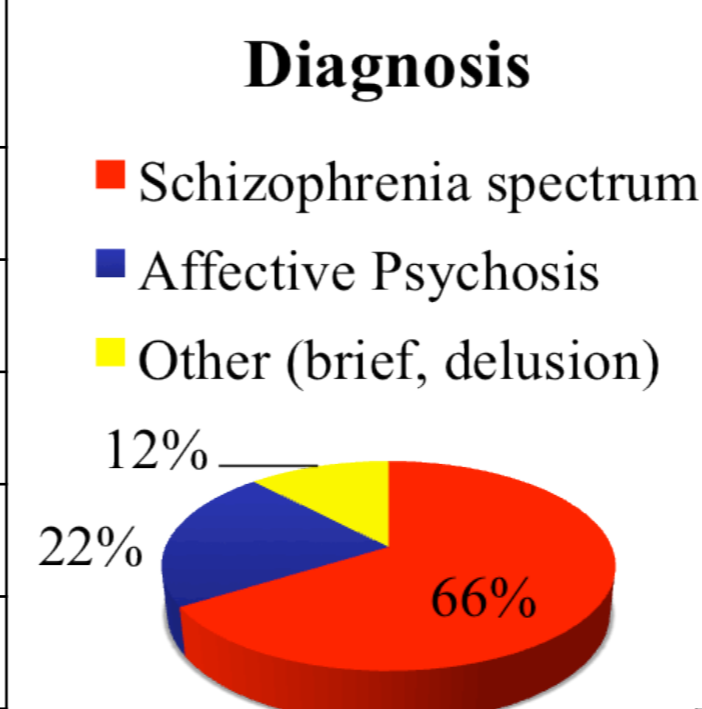
Statistical analysis with SPSS v20

T test for continuous variables and Pearson Chi squared test for categorical variables
Correlation analysis for potential confounding factors of attrition rate. Variables included in the model (migration status, substance use disorder, education level, medication compliance, homelessness history, living arrangements and diagnosis). We selected variables with correlation ≥ 0.2 and included them in a binary logistic regression model.

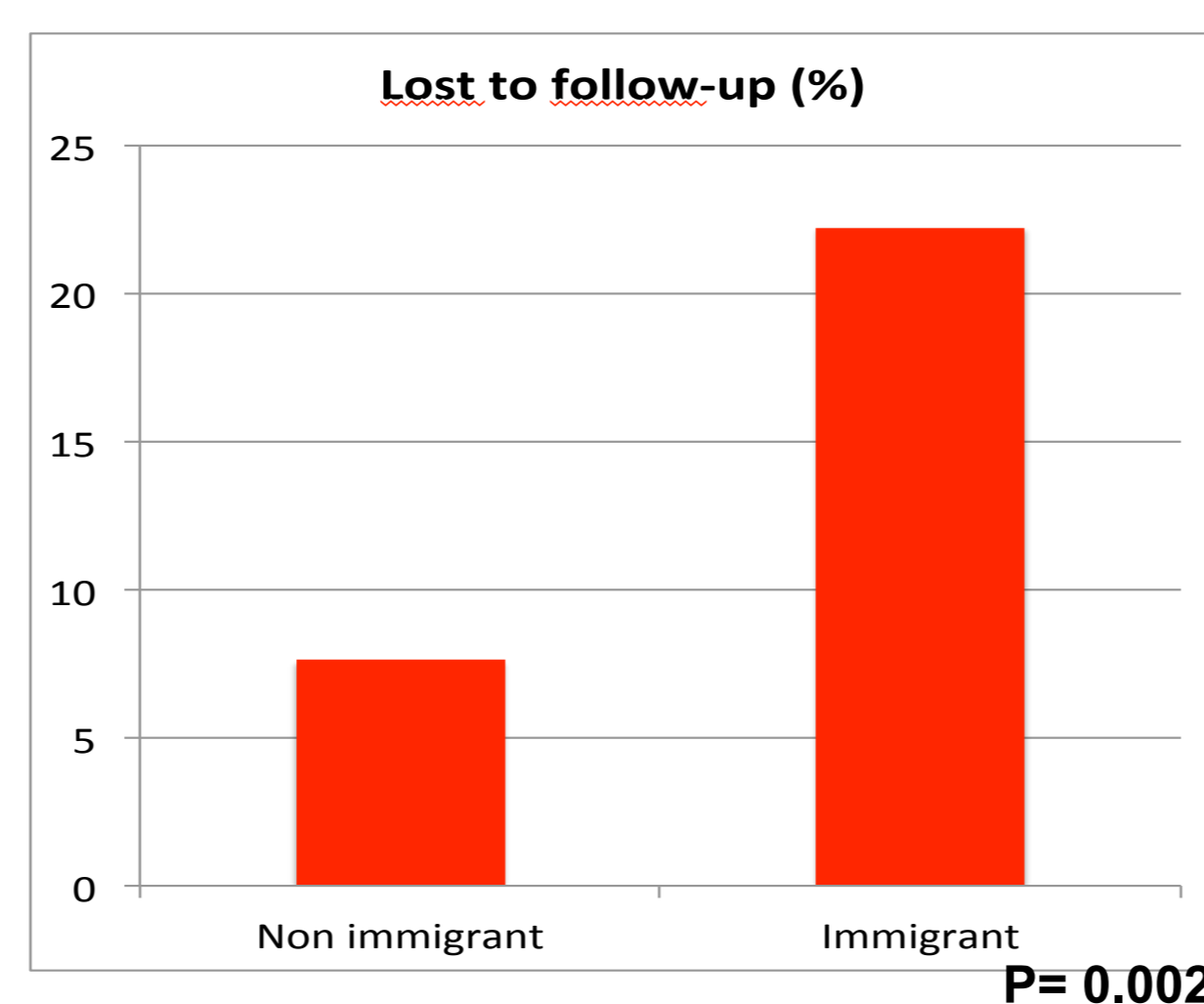
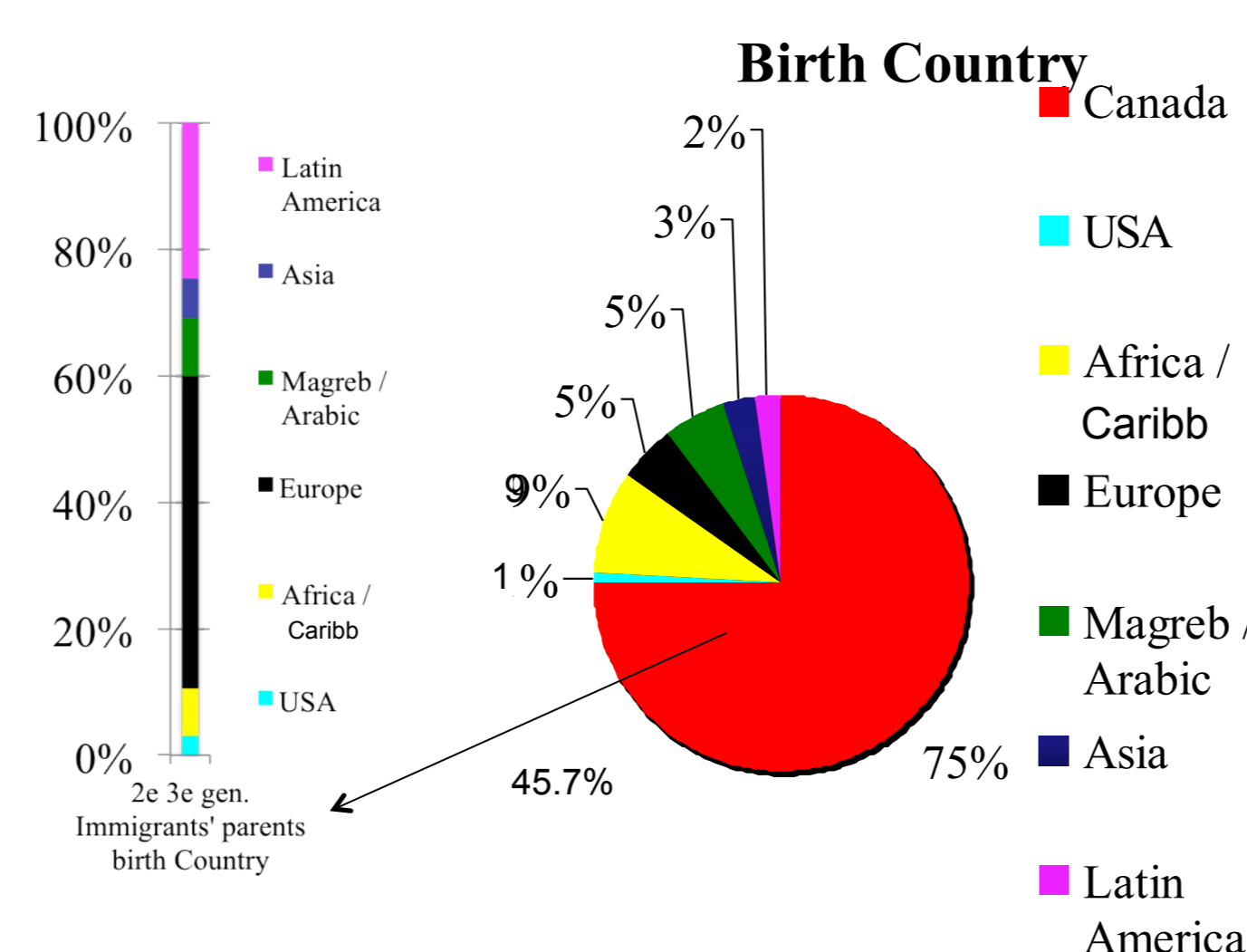
Acknowledgments
This study was supported by the Chair in Schizophrenia at the Université de Montréal, Fondation CHUM, Fondation HLHL and the research fund of the Department of Psychiatry at the CHUM.

Results

Admission cohort characteristics N=223	
Mean age	23.0
Male	81 %
Single	87 %
Years of education	11.0
Work or school	41 %
Legal history (accusation)	28 %
Homelessness history	15 %



FEP non-immigrant and immigrant characteristics



	Admission			2 years		
	Non-Immigrants N=129	Immigrants* N=94	P value	Non Immigrants	Immigrants*	P value
Sociodemographic						
% living with parents	46.7	63.6	0.015	41.1	66.7	0.005
Substance use disorder	63.0	42.4	0.003	46.1	20.5	0.000
Symptoms						
PANSS	74.5	76.3	0.429	53.2	53.4	0.952
CDS	5.9	5.8	0.805	2.8	2.9	0.864
CGI-I	4.9	4.9	0.870	3.0	2.6	0.960
Functioning						
GAF	33.0	29.1	0.010	50.4	51.7	0.570
SOFAS	35.1	32.3	0.102	51.3	51.8	0.850
QOL	47.3	46.7	0.860	73.2	73.5	0.960
Medication adherence (% good)	85.7	84.0	0.498	85.7	88.1	0.709

* No statistically significant difference between 1st and 2nd generation immigrants

Logistic regression

Stopped their follow-up	OR	P value	IC 95%	
			Inferior	Superior
Immigration status (immigrants)	2.927	0.016	1.222	7.007
Having a substance use disorder	0.781	0.566	0.336	1.816

Discussion

Immigrants and non-immigrants entering FEP services had similar symptom levels, but the difference in GAF scores suggests a somewhat lower level of functioning at baseline. However, immigrants were more likely to be living with their families and less likely to have a substance use disorder.

There was no association between immigration status and compliance with medication. The overall good compliance suggests that the two specialized Early Intervention Services are effective in promoting compliance with medication for immigrants as for non-immigrants, when engaged in services.

At 2 years, 1st and 2nd generation immigrants were three times more likely to be lost to follow-up compared to non-immigrants, even when controlling for potential confounding factors like substance use disorder.

Limitation: Lack of statistical power to compare ethnic groups among themselves.

We suggest different hypotheses to account for this difference in engagement in treatment between the 2 groups: increased mobility of immigrants, different system of meanings (to explain mental illness), discrimination and stigmas. We suggest that these factors could be mediated through difference in the therapeutic alliances. Further research is warranted to understand this phenomenon and therefore to offer services that would be better adapted to immigrants with first episode psychosis.

References

- 1-Bourque F, van der Ven E, Malla A. (2011) A meta-analysis of the risk for psychotic disorders among first- and second-generation immigrants. Psychol Med. 2011 May;41(5):897-910.
- 2-Kirmayer LJ, Weinfeld M, Burgos G, du Fort GG, Lasry JC, Young A. Use of health care services for psychological distress by immigrants in an urban multicultural milieu. Can J Psychiatry. 2007 May;52(5):295-304.
- 3-Lindert et al 2008
- 4-Bhui K, Stansfeld S, Hull S, Priebe S, Mole F, Feder G. Ethnic variations in pathways to and use of specialist mental health services in the UK. Systematic review. Br J Psychiatry. 2003 Feb;182:105-16.
- 5-Statistics Canada, Census 2006.