

Migration and Mental Health

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Edited by

Dinesh Bhugra

Professor of Mental Health and Cultural Diversity, Health Service and Population Research Department, Institute of Psychiatry,
King's College London, UK

and

Susham Gupta

Consultant Psychiatrist, East London NHS Foundation Trust, London, UK



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Dedicated to
the memory of Mrs Deepti Gupta
and to
Dr Samir K. Gupta

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Foreword

The World Psychiatric Association (WPA) identified mental health and mental healthcare in migrants as one of the priority issues to be addressed in its guidances (Thornicroft *et al.*, 2010; Sartorius *et al.*, in press; Bhugra *et al.*, in press; Brockington *et al.*, in press), which are being published in its official journal *World Psychiatry*. Dinesh Bhugra was asked to chair the relevant task force, and the document was finalized in May 2010 (Bhugra *et al.*, in press). This book is in part the product of the work of that task force.

There are several reasons why the WPA decided to focus on this issue. The first is that in our present multicultural world it is the rule that psychiatrists come into contact with first or second generation migrants in their professional activity, and this poses significant problems that have to be addressed in a rational and effective way.

Diagnosis and differential diagnosis of mental disorders in migrants is one of the most sensitive areas of these problems. Psychiatric diagnosis is based on the experiences that the service user shares with the psychiatrist, and the behaviour the psychiatrist observes. The role of laboratory and instrumental tests is, in our specialty, very limited. But the sharing and the interpretation of the user's experiences may be problematic if there are language barriers and significant cultural differences in the idiom of distress between the user and the psychiatrist, and several behavioural manifestations may have very different meanings across cultures. There is an urgent need for good quality information and continuing education in this area, and the WPA guidance and this book should be very useful in this respect.

Access to mental health services is another sensitive issue. There is evidence that several groups of migrants in various countries have difficulties with contacting health services in general, and mental health services in particular, owing to a variety of barriers and limitations. Furthermore, there are data suggesting that some particularly restrictive modalities of psychiatric care, such as compulsory admission, may be used with a high frequency in some groups of migrants, probably in part because of the above-mentioned problems in communication. A greater awareness of these problems and some guidance about how to address them is urgently needed.

Furthermore, a variety of difficulties is emerging in the implementation of all the most common psychiatric treatments in migrant populations. Pharmacological treatment is complicated by ethnic differences in the pharmacokinetics and pharmacodynamics of some psychotropic drugs, but also by users' problems in understanding and adhering to the prescriptions, and by the interference of dietary habits, religious practices (such as complete fasting in certain periods) and the concomitant use of traditional remedies. On the other hand, the delivery of all psychotherapies is complicated by users' difficulties in establishing an effective therapeutic relationship with professionals, in accepting some basic assumptions of the various techniques, and in agreeing with the proposed outcome indicators. Finally, all psychosocial interventions are made more difficult in migrants by the frequent lack of an efficient social network, by stigma and discrimination, and by objective obstacles to social inclusion.

A second reason that the WPA identified mental health in migrants as a priority is that research in this area has an enormous potential, which up to now has been only partially explored. The study of the epidemiology of mental disorders in migrants may provide

precious information on the role of gene–environment interactions in the development of the various disorders, on the impact of coping strategies and resilience factors, on the genesis of the comorbidity between mental and physical diseases, on the determinants of attempted and completed suicide, and on the factors affecting the course and outcome of the various disorders. Currently available research already provides some interesting hints, but findings are often inconsistent and difficult to interpret, owing to a variety of methodological problems that it will be important and instructive to address and solve. A review of the available research evidence and of its limitations, such as that provided in this book, may be of great use.

Finally, another reason that the WPA gave priority to this issue is that we need to incorporate the mental health of migrants into the curricula of medical students and residents in psychiatry. This topic does not deserve just a formal and marginal attention. Addressing mental health in migrants in the curricula provides the means to emphasise the more general issue of the role of culture in the genesis, manifestation and management of mental disorders, an element which has been lacking in the education of almost all psychiatrists practising today.

We hope that this book, and the WPA guidance produced by the task force led by Dinesh Bhugra, will call the attention of psychiatrists, other mental health professionals, policy-makers and the general public to this challenging and fascinating area, and will generate improved practices and innovative research.

Professor Mario Maj
President, World Psychiatric Association

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Preface

Human beings have migrated from one place to another for millennia. As we are discovering, the human race originated in Africa and gradually spread all over the globe. The reasons for such a movement are both personal and social. Individuals move for betterment – be it educational, financial or social – and may take their families with them or they may follow a primary migrant. Social reasons may include disasters, political turmoil and other factors. The adjustment to the new culture and society will depend upon both personal and social factors. Acculturation will allow the individual to settle down and contribute to the economy both of the new country and of their own. A vast majority of migrants will not suffer from any mental distress but some will, and their responses will depend upon a number of personal, social and cultural factors. Women, children, the elderly, lesbian, gay and transgender individuals will have additional hurdles to overcome, both in the process of migration and in postmigration stages. There is considerable evidence in the literature to suggest that some migrant groups are more prone to certain types of mental illness than others, though aetiological factors still remain unexplained. Managing people with mental illness from other cultures needs a level of awareness and sensitivity which is the hallmark of good clinical practice. Clinicians must be aware of subtle cultural nuances, cultural norms and explanations so that patients and their families can engage in the therapeutic process. Countries around the globe have experienced increasing levels of migration as a result of globalisation and resulting global interconnectedness. Globalisation has also contributed to migration from rural areas to urban areas, with a resulting increase in urbanisation: this has highlighted problems of changing family structures and social support systems and also overcrowding and strains on infrastructure.

The idea of this book emerged as a result of an invitation from the President of the World Psychiatric Association, Professor Mario Maj, made to the senior editor to chair a task force on Migration and Mental Health. The guidance emerging from this task force is being published separately. Some of the authors contributed both to the guidance and to this book; in addition, several chapters were commissioned separately for the book. Putting together and editing this book has been a great pleasure and indeed an honour. We are immensely grateful to all our contributors, who contributed on time in spite of their busy schedules and made our task seriously enjoyable. Inevitably, there is overlap between some chapters and we have deliberately left this in place, first to ensure that the themes of the chapters are not disturbed and, secondly, so that these can be read independently of each other.

Our thanks go to Richard Marley and his team at CUP for their enthusiastic support for the project. We are also thankful to Professor Mario Maj for his direction and support, and for writing the Foreword. Andrea Livingstone did a sterling job of coordinating and pulling the book together, and for this we are immensely grateful.

Dinesh Bhugra
Susham Gupta

Contributors

Mohamed Agoub

Professor of Psychiatry
Department of Psychiatry
Ibn Rushd University Psychiatric Centre
Casablanca
Morocco

Morton Beiser

Professor of Distinction
Department of Psychology
Ryerson University
Professor Emeritus
Cultural Pluralism and Health
University of Toronto
Toronto, Ontario
Canada

Dinesh Bhugra

Professor of Mental Health &
Cultural Diversity
Institute of Psychiatry, King's College
London
London, UK

Kamaldeep Bhui

Professor of Cultural Psychiatry &
Epidemiology
Wolfson Institute of Preventive Medicine
Barts & The London School of Medicine
and Dentistry
Queen Mary University of London
London, UK

Tamsin Black

Consultant Clinical Psychologist
Psychotherapy Department
Mile End Hospital
East London Foundation Trust
London, UK

Miguel Casas

Professor and Head

Servei de Psiquiatria

Hospital Universitari Vall d'Hebron
Universitat Autònoma de Barcelona
Barcelona
Spain

Prabha S. Chandra

Professor of Psychiatry
National Institute of Mental Health and
Neurosciences
Bangalore
India

Andrew Cheng

Distinguished Research Fellow and Professor
Institute of Biomedical Sciences
Academia Sinica
Taipei
Taiwan

Francisco Collazos

Psychiatrist Coordinator, Transcultural
Psychiatry Program
Servei de Psiquiatria
Hospital Universitari Vall d'Hebron
Universitat Autònoma de Barcelona
Barcelona
Spain

Tom K. J. Craig

Professor of Social Psychiatry
Institute of Psychiatry
King's College London
London, UK

Nisha Dogra

Senior Lecturer and Honorary Consultant,
Child & Adolescent Psychiatry
Greenwood Institute
Institute of Child Health
University of Leicester
Leicester, UK

Alexander Friedmann

Assistant Professor and MD
 Psychiatric University Clinic Vienna
 Vienna
 Austria

Susham Gupta

Consultant Psychiatrist
 East London NHS Foundation Trust
 Assertive Outreach Team – City & Hackney
 London, UK

Jannat el Harrak

Intercultural Mediator Transcultural
 Psychiatry Program
 Servei de Psiquiatria
 Hospital Universitari Vall d'Hebron
 Barcelona
 Spain

David Holzer

MD
 Psychiatric University Clinic Vienna
 Vienna
 Austria

Karen Iley

Lecturer in Nursing
 School of Nursing
 University of Manchester
 Manchester, UK

David Ingleby

Professor of Intercultural Psychology
 Department of Interdisciplinary Social
 Science
 Utrecht University
 Utrecht
 The Netherlands

Peter B. Jones

Professor of Psychiatry
 Herschel Smith Building for Brain & Mind
 Sciences
 Department of Psychiatry
 University of Cambridge
 Cambridge, UK

Gurvinder Kalra

Assistant Professor, Department of
 Psychiatry
 LTMGH & LTMM College
 Mumbai, India

Khalid Karim

Senior Lecturer and Honorary Consultant
 Child & Adolescent Psychiatry
 Greenwood Institute
 Institute of Child Health
 University of Leicester
 Leicester, UK

James B. Kirkbride

Sir Henry Wellcome Research Fellow
 Herschel Smith Building for Brain & Mind
 Sciences
 Department of Psychiatry
 University of Cambridge
 Cambridge, UK

I-Chao Liu

Assistant Professor
 Department of Psychiatry
 Cardinal Tien Hospital and School of
 Medicine
 Fu Jen Catholic University
 Taipei County
 Taiwan

Carol Maggi

Assistant Professor of Psychiatry
 Facultad de Ciencias Médicas
 Universidad Nacional de Asunción
 Asunción
 Paraguay

María del Mar Ramos

Psychiatrist
 Servei de Psiquiatria
 Hospital Universitari Vall d'Hebron
 Barcelona
 Spain

Driss Moussaoui

Professor and Chairman
 Department of Psychiatry

Ibn Rushd University Psychiatric Centre
 Casablanca
 Morocco

Priyadarshini Natarajan

CT3 speciality trainee
 South London and Maudsley NHS
 Foundation Trust
 London, UK

James Nazroo

Professor of Sociology
 School of Social Sciences
 University of Manchester
 Manchester, UK

Roger Man Kin Ng

Consultant Psychiatrist
 Department of Psychiatry
 Kowloon Hospital
 Hong Kong

Norman Poole

Locum Consultant in Liaison
 Psychiatry
 St Bartholomew's Hospital
 London, UK

Adil Qureshi

Psychologist Psychotherapy
 Coordinator, Transcultural
 Psychiatry Program
 Servei de Psiquiatria
 Hospital Universitari Vall d'Hebron
 Barcelona
 Spain

Hilda-Wara Revollo

Psychologist
 Pre-doctoral intern
 Transcultural Psychiatry Program
 Servei de Psiquiatria
 Hospital Universitari Vall d'Hebron
 Universitat Autònoma de Barcelona
 Barcelona
 Spain

Pablo Ronzoni

Academic Clinical Fellow in
 Psychiatry
 University of Leicester
 Leicester, UK

Pedro Ruiz

Professor and Executive Vice Chair
 Department of Psychiatry and Behavioral
 Sciences
 University of Miami Miller School of
 Medicine
 Miami, Florida
 USA

Ajit Shah

Professor of Ageing, Ethnicity and Mental
 Health
 International School for Communities,
 Rights and Inclusion
 University of Central Lancashire
 Preston, UK

Laura Simich

Centre for Addiction and Mental Health,
 Toronto and Assistant Professor
 Departments of Psychiatry
 and Anthropology
 University of Toronto,
 Toronto, Canada

Daya Somasundaram

Professor, Discipline of Psychiatry
 Clinical Associate
 University of Adelaide Glenside
 Campus
 Glenside, SA
 Australia

Thomas Stompe

Professor and MD
 Psychiatric University Clinic Vienna
 Vienna
 Austria

Rachel Tribe

Professor
School of Psychology
University of East London
London, UK

Stephen Turner

Academic Clinical Fellow in
Psychiatry
Institute of Psychiatry
King's College London
London, UK

Cristina Visiers

Intercultural Mediation Trainer
Transcultural Psychiatry Program
Servei de Psiquiatria

Hospital Universitari
Vall d'Hebron
Barcelona
Spain

Wojteck Wojcik

Academic Clinical Fellow
Department of Psychological Medicine
Institute of Psychiatry
King's College London
London, UK

Anna Yusim

Senior Resident in Psychiatry
New York University School of Medicine
New York, NY
USA