

Review

Research on mental disorders and their care in immigrant populations: a review of publications from Germany, Italy and the UK

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Abstract

Objective. – The review aims to identify the extent and nature of research on mental disorders and their care in immigrant populations in three major European countries with high levels of immigration, i.e. Germany, Italy, United Kingdom (UK).

Method. – Peer-reviewed publications on the subject from the three countries between 1996 and 2004 were analyzed. The research questions addressed, the methods used, and the results obtained were assessed.

Results. – Thirteen papers reporting empirical studies were found from Germany, four from Italy and 95 from the UK. Studies addressed a range of research questions and most frequently assessed rates of service utilization in different immigrant groups. The most consistent finding is a higher rate of hospital admissions for Afro-Caribbean patients in the UK. Many studies had serious methodological shortcomings with low sample sizes and unspecified inclusion criteria.

Discussion. – Despite large scale immigration in each of the three studied countries, the numbers of relevant research publications vary greatly with a relatively high level of empirical research in the UK. Possible reasons for this are a generally stronger culture of mental health service research and a higher number of researchers who are themselves from immigrant backgrounds in the UK.

Conclusion. – Overall the evidence base to guide the development of mental health services for immigrant populations appears limited. Future research requires appropriate funding, should be of sufficient methodological quality and may benefit from collaboration across Europe. © 2005 Elsevier SAS. All rights reserved.

Keywords: Migration; Immigrant groups; Mental disorders; Mental health care; Health service research

1. Introduction

Immigrant populations can pose a specific challenge to mental health services. For example, higher rates of schizophrenia have been found in some immigrant groups [12,33,87], especially in asylum-seekers [140,153] and refugees [96,103,142,154]. Research has further shown that pathways to care, treatment provision and treatment outcome often vary between the general population of a host country and immigrant populations as well as between different groups of immigrants [6,14,16,23,36]. On a practical level, mental health care in immigrant populations can be complicated by a number of factors such as language barriers, culture related

symptom presentations, and differences between patients' and staff's expectations as to what treatments services should provide. The significance of these and other factors may vary depending on the group of immigrants in question, the host country, the type of service and the given care situation.

In line with evidence based mental health care, service provision for immigrant populations should be based on research findings on how such services are best designed and delivered. As several European countries have been facing large scale immigration for decades—and are likely to continue to do so in the future—the question arises as to how much and what type of research has been conducted in these countries to address the issue.

In this review we investigated the extent and nature of research on mental disorders and their care conducted in those European countries that had the highest immigration num-

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Table 1
Population, immigration figures, percentage of foreigners and largest immigrant groups in the UK, Germany and Italy

Country	Residents in million [50]	Total immigration 1992 [77]	Total immigration 1999 [50]	Foreigners in % of population [77]	Ethnicity of largest immigrant groups [77]
UK	58	300,000	354,000	4.5	African–Caribbean, South Asian
Germany	82	1400,000	874,000	9.0	Turkish, Eastern Europe and former Soviet Union
Italy	58	182,000	n.a.	2.4	Moroccans, Albanians

bers in the 1990s, i.e. Germany, Italy, and the United Kingdom (UK).

Table 1 shows the immigration figures for each country as obtained by EUROSTAT [51,77]. The data can only be taken as approximate indicators, because the methods of registration, the numbers of illegal immigrants and other factors (e.g. the proportion of transient students) vary substantially between the three countries.

Countries vary with respect to the numbers of immigrants and their origin reflecting different traditions of immigration. Yet, significant numbers of immigrants live in each country and require appropriate mental health care.

Against this background, the review aims to identify the extent and nature of research on mental disorders and their care in immigrant populations in the three countries, and investigated how many papers were published between 1996 and 2004, what research questions were addressed, what methodology was used, and what findings were reported. Additionally, we tried to estimate to what extent researchers from immigrant groups were involved in the identified research in each country, as the interest of researchers from immigrant populations might be a driver for studies on the subject.

2. Method

Four national leading peer-reviewed psychiatric journals (five for Germany) for each country and an additional eight international peer-reviewed psychiatric journals were electronically- and hand searched for the years 1996–2004.

The journals were *Rivista di Psichiatria*; *Minerva Psichiatrica*; *Rivista Sperimentale di Freniatria*; and *Epidemiologia e Psichiatria Sociale* for Italy.

Psychiatrische Praxis; *Nervenarzt*; *Fortschritte der Neurologie und Psychiatrie*; *Nervenheilkunde*; *Psychotherapie, Psychosomatik und medizinische Psychologie* for Germany.

The British Journal of Psychiatry; *Psychiatric Bulletin*; *Psychological Medicine* and *Journal of Mental Health* for the UK.

Leading journals published outside of the three respective countries were also analyzed. The *American Journal of Psychiatry*; *Archives of General Psychiatry*; *International Journal of Social Psychiatry*; *Social Psychiatry and Psychiatric Epidemiology*; *Journal of Nervous and Mental Disease*; *European Psychiatry*; *Acta Psychiatrica Scandinavica*, and *Transcultural Psychiatry* were searched for articles on mental disorders and their care in immigrant populations in the three countries.

Because of the inconsistent use of the term “immigrant”, we extended the inclusion criteria to all articles, where research had been undertaken on ‘ethnic minorities’, ‘migrants’, ‘refugees’ and ‘asylum seekers’ in the given country. We crosschecked the identified articles with a PUBMED search list of the following search categories: “ethnic, ethnic minority, multiethnic, migrants, immigrants, cultural, multi-cultural, transcultural, asylum, refugees” and similar recent research results [16,23,87]. By handsearching the journals, we were also able to include articles on specific populations (e.g. Pakistani) not identified by the electronic search.

In a first step, all articles on the subject—with the exception of letters and book reviews—were included. In a second step, we excluded all theoretical articles like editorials, reviews and debates, and case reports, and analyzed only papers reporting empirical research on all issues of mental disorders and service provision including all aspects of diagnosis and treatment. We devised an extraction sheet (following partly [23]) categorizing journal, year of publication, institution, research questions, methodology, sample size, data source, ethnic groups, and outcome. This was done to assess basic characteristics as well as the content and quality of research papers in a systematic fashion.

To estimate the level of involvement of researchers from immigrant populations in the reviewed studies, we took a pragmatic approach and identified researchers from first or second-generation immigrant groups by their name (or in some cases based on the personal knowledge of the authors of this review). We used a conservative estimate, and excluded researchers from Jewish and Irish groups because it would have been difficult to identify their origin on the basis of names.

The results were analyzed descriptively using MS Access.

3. Results

The review method identified 21 publications from Germany (13 on empirical research, two theoretical papers [75,125], and six case reports [4,49,93,100,132,139]), six from Italy (four on empirical research, one theoretical paper [116], and one case report [47]), and 130 from the UK (95 on empirical research, 31 theoretical papers [2,7,12,16,21,24,25,28,35,44,48,73,76,80,85,87,91,94,101,117,123,126,127,129,134,140,148,151,155,156,161], and four case reports [5,27,74,162]).

3.1. Germany

Research questions, methodology and findings of the empirical studies from Germany and Italy are summarized in Table 2.

In Germany, nine of the 13 studies investigated Turkish patients, four of them exclusively, two studies considered Iranian immigrants, one study was on Greek patients. Most of the research questions focused on psychopathological symptoms, diagnoses, and social characteristics of the patients, but because of varying sample sizes and different methodologies, the findings can hardly be compared. Sample sizes varied between 34 and 6151. Four of the 13 studies were case control studies, the rest used a cross-sectional design. In six studies, two or more immigrant groups were investigated. Results suggest different concepts of substance dependency in Turkish adolescents, a higher risk for suicide in female Turkish adolescents, a lower overall risk of suicide in the Turkish community and an under-utilization of services through Turkish immigrants, whilst Turkish and German raters found similar rates of schizophrenia in Turkish patients. The only intervention study suggested positive effects of a special in-patient treatment programme for Turkish patients.

Twelve of the 13 first authors were German. Nine of the 13 articles were published in German journals (five in *Psychiatrische Praxis*, four in *Nervenarzt*), four in international journals (two in *European psychiatry*).

3.2. Italy

In Italy, the research questions related to the connection between quality of life and mental health and the prevalence of depression. Sample sizes were between 20 and 200. Frighi et al. [54] found that the composition of the migrant group researched had changed considerably over a decade following 1989. The study by Carta et al. [34] suggests that it might not be justified to collapse different nationalities of the African (or other) continent into one category. Lo-Baido et al. [107] found that immigrant women suffering from genital mutilations often show dissociation as a defence mechanism. Favaro et al. [52] reported that refugees show a high risk of developing trauma related disorders.

The first authors of all papers were Italian. Of the four papers, only one was published in an international journal (*Journal of Nervous and Mental Disease*).

3.3. UK

As the number of publications from the UK is much larger, we cannot report the research questions, methods and findings for each paper here. Table 3 groups the research questions addressed, the methodology used and the findings obtained.

Research questions here focussed mainly on epidemiology, psychopathology, assessment, diagnosis, treatment and outcome (60 of 95 articles). Pathways of care were addressed

in 15 papers and compulsory admission and forensic services in eight.

With respect to the methodologies employed, in 66% ($n = 63$) of studies, an ethnic White UK population was studied or mentioned as a reference. Irish immigrants were investigated in 11 studies (12%), Black-Caribbean in 54 studies (57%), Black-African in 32 studies (34%), Asian in 52 studies (55%), and other (Chinese, Jews, Turkish, Kurdish, Greek etc.) in 33 studies (35%). In two papers, studies on general problems of ethnic minorities were reported. Refugees were specifically investigated in seven (7%) studies. One (1%) paper focused on asylum seekers.

Twenty-four studies investigated one immigrant group, 22 studies two groups, 10 studies three groups, and 32 studies four or more groups. In five papers the immigrant groups were not specified or remained unclear and two studies investigated the same group in two different environments. The status, ethnicity and other characteristics of the groups were not always well defined and described.

Seventy-five studies were cross-sectional assessments, seven cohort studies, six qualitative studies, five case control studies and one randomized controlled trial. The sample sizes were smaller than 100 in 25 studies, between 100 and 500 in 42 studies, and more than 500 in 20 studies.

Publications were approximately evenly distributed over the 8 years period covered by the review. The majority of studies (71%) were conducted in London, and 28 papers (29%) alone were published in the *British Journal of Psychiatry*. One article was published in *European Psychiatry*.

The most consistent result is a higher rate of hospital admissions in general and involuntary admissions in particular for African–Caribbean patients [36,71,72,164,135,165]. In Asian women rates of depression and suicidal risk appear higher [8,9,43].

Considering first authors alone, the authors of at least 36 publications (38%) in the UK were of immigrant origin. If the first four authors were considered, researchers from immigrant populations were involved in at least 61 publications (64%).

4. Discussion

The review only searched peer-reviewed psychiatric journals over a period of 9 years and was not exhaustive. Thus, we may have missed important research that has not been published at all or was published in non-psychiatric or non-peer-reviewed journals and books. Yet, it may be assumed that most of the substantial research with relevance for mental health care would have seen the light of a peer-reviewed psychiatric publication. Given that many papers were published in the *British Journal of Psychiatry*, one cannot conclude on a reluctance of higher ranked journals in the UK to accept papers on this issue.

The terminology and notions of immigration vary between the three countries: In Italy the term 'immigrants' is fre-

Table 2
Empirical studies on immigrant populations in Germany and Italy

Author	Research questions	Immigrant group	Method	N	Diagnosis/Sample base	Findings
Siefen et al., 1996 (Germany) [152]	Is there a relationship between immigration and self image in Greek adolescents?	Greeks in Greece 128. Greeks in Germany 103 Germans 111	Case control (without matching), no adjustment for social factors	342	High school students age 11–17, self-image questionnaire	Migrants less depressed, more extroverted, more sexually permissive than their Greek counterparts
Haasen et al., 1997 (Germany) [67]	Is the prevalence of psychiatric disorders higher among migrants in Germany?	Turkey 19%, W Eur 18.6%, E Europe 16.4%, F Yugosl 14.4%, Middle East 14.4%	Cross sectional	263	Migrant admission records, University of Hamburg 93/94	8.4% migrant admission rate compared to 12% migrant percentage in the general population. Underutilization possibly caused by cultural barriers
Priebe and Esmaili, 1997 (Germany) [141]	Is there a difference between treatment seekers and non-seekers in torture victims?	Iran	Cross sectional	34	Iranian torture victims living in Berlin	Psychopathology higher in treatment seekers. Language skills lower in treatment seekers
Schepker and Okur, 1999 (Germany) [149]	Do medication leaflets include a Turkish translation?	Turkish	Cross sectional	97	Drug companies	Only 2/97 had leaflets in Turkish, lack of cultural awareness discussed
Haasen et al., 2000 (Germany) [69]	Are there differences in psychopathological evaluation of German and Turkish language in Turkish migrants?	91 Turkish, 50 German	Cross sectional	141	Paranoid psychosis	Evaluation of content thought disorder most culture sensitive, no over-diagnosis of schizophrenia in Turkish migrants
Haasen et al., 2000 (Germany) [68]	What is the relationship between depression and psychosocial stress among Iranian immigrants?	Iranian	Cross sectional	94	Immigrant sample, 50% Depression	Higher immigration and acculturation stress found in depressive immigrants. More emphasis should be put on the barriers of integration rather than psychopathology
Grube, 2001 (Germany) [63]	Does a special project for treatment of psychiatrically ill Turkish migrants improve mental health?	29 ethnic groups, majority Turkish, Italian, former Yugoslavia	Case control	188	62 schizophrenia, inpatients	Lower readmission rate and higher satisfaction found in the Turkish experimental group
Brune et al., 2002 (Germany) [30]	What is the role of belief-systems in the outcome of psychotherapy for traumatized refugees?	Iran 57, L America 25, Iraq 15, F Yugoslavia 14, Turkey 10, Others 20	Cross sectional, first authors own psychotherapy patients	141	Refugees treated in centers in Sweden (133) and Germany (8)	Strong belief system associated with better treatment outcome.
Penka et al., 2003 (Germany) [138]	Do explanatory models for addictive behavior in Turkish and German youths differ?	Turkish	Cross sectional qualitative	104	Addictive behavior	Turkish youth more likely to reject “dependency” concept. Needs for mainstream services to develop culturally sensitive approach, e.g. information.
Grube 2004 (Germany) [65]	Do ethnic minority inpatients show a higher level of aggression?	Ethnic minorities	Matched pair	521	Inpatients from different ethnicities	Ethnic minorities showed less aggression compared with German patients
Grube 2004 (Germany) [64]	Are non-fatal suicidal acts higher in Mediterranean immigrants?	Mediterranean immigrants	Cross sectional	494	Inpatients from different ethnicities	Risk threefold for young female immigrant patients, correlated with transcultural conflicts

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Table 2
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Author	Research questions	Immigrant group	Method	N	Diagnosis/Sample base	Findings
Künzler et al., 2004 (Germany) [98]	What influence do German language skills have on voluntariness and duration of treatment?	Foreign	Cross sectional	6151	Retrospective analysis of case notes	Involuntary hospital admissions more frequent
Razum and Zeeb, 2004 (Germany) [145]	Are suicide rates higher for Turkish nationals?	Turkish	Cross sectional	1186	Retrospective analysis of suicides	Turks have a lower risk of suicide, however, young female Turks have a higher risk
Frigli et al., 1997 (Italy) [54]	Is there a connection between quality of life and mental health in migrant women?	Latin 58%, Asian 12%, East Europe 8%, Africa 22%	Cross sectional, comparison with sample from 1989	100	Sample of migrant women	Radically changed composition of migrant population compared to 1989, “solitary” migration contributes to anxiety and depression
Favaro et al., 1999 (Italy) [52]	What is the risk of PTSD in refugees?	Former Yugoslavia	Cross sectional	40	Residents of refugee camp	50% of refugees showed symptoms of PTSD, 35% of multiple dissociative disorder
Carta et al., 2001 (Italy) [34]	Is the prevalence of depressive symptoms different in Italians, immigrants from Morocco and immigrants from Senegal?	Moroccans 50, Senegalese 50, Sardinians 100	Case control, no odds ratios computed	200	Migrants to Sardinia, standardized clinical interview	Senegalese subjects did not show increased risk of depression, whereas Moroccans showed greater risk
Lo-Baido et al., 2004 (Italy) [107]	What is the psychopathology of women suffering from genital mutilation?	Immigrants	Cross sectional	20	Standardized psychometric tests	Subjects showed a high prevalence of dissociative symptoms

quently referred to, whilst public concern in Germany is about ‘foreigners’ and about ‘ethnic minorities’ in the UK. Subsequently, we considered all these terms in the review. Thus, although the review is not complete, it probably provides a fair picture of the recent research activities on mental health care for immigrant groups in three European countries with significant immigration.

A main finding is the striking difference in the extent of research. There is hardly any research in Italy, a few more studies from Germany, and nearly 90% of all papers in this review from the UK. Because of the language barrier, access

to international journals publishing in English may be more difficult for German and Italian than for UK researchers. Yet, we also reviewed national journals publishing in German and Italian, so that the language alone cannot—or at least not fully—explain the gap in publications. As mental health services in all three countries are challenged to provide appropriate care for large groups of immigrants, one can only speculate on the reasons for the marked contrast in research output.

In Germany, the fragmentation of the health and social care system can complicate service research and the interest of traditional academic departments and research founders in

Table 3
UK empirical research publications on mental health care in immigrant populations—research question, number of papers and references

Research question	N	References
What is the cross-cultural validity of psychometric scales?	4	[19,88,124,143]
How do epidemiology, psychopathology, assessment, diagnosis, treatment and outcome differ in immigrant populations?	60	[1,6,8–11,15,20,22,26,29,41,42,45,55,56,58,59,62,70–72,79,81–83,86,89,90,92,95,97,102,104,105,110,112–115,119–122,128,130,131,133,144,146,147,157–160,164–168]
What are the specific pathways to care and service provision in immigrant populations and what are their attitudes and satisfaction with the service?	15	[17,31,32,40,43,57,60,61,78,84,99,109,136,137,163]
How do rates for compulsory hospitalization, use of forensic services and psychiatric care in the prison population differ?	8	[3,18,36–38,53,66,135]
What differences can be observed in the uptake of psychotherapy services, illness concepts, traditional healing?	6	[13,39,46,106,111,118]
Others or unclear	2	[108,150]
Total	95	

systematic service research has been rather limited. Studies focused on Turkish immigrants suggested problems of lower service use and a potential benefit of specific interventions.

A specific reason for the dearth of research in Italy might be that care for immigrant groups is sometimes provided separate from mainstream services. Alternative services, often run by religious organizations, provide medical assistance to legal and illegal immigrants, which might make problems with care provision less visible to public providers and more difficult to study.

To some extent, the more extensive research activities in the UK might reflect a stronger societal tradition to integrate immigrant groups and a tendency of the National Health Service to establish an evidence base for service development with a generally higher level of funding and activities in mental health service research [87]. The majority of all studies in this review are from London, which is the biggest metropolitan area in Europe and has both a special history of immigration and a strong critical mass of mental health service researchers. Also, the existing findings on higher admission rates and poorer outcome for some immigrant groups in the UK might be seen as a reason to engage in further research on the issue.

The proportion of researchers from immigrant groups in the UK points towards an additional factor. Most of the papers had at least one author from an immigrant background, and the personal experience and drive of those people might well have initiated a significant number of research activities (all authors of this paper are also first generation immigrants). Academic positions are frequently held by researchers from immigrant groups in the UK. This is less common in Germany, and very rare in Italy.

In the UK, research has provided many interesting and important findings, e.g. with sound evidence for a less favorable outcome of care in African–Caribbean patients. Yet, the reasons for why some immigrant groups over- or underuse mental health services and have different outcomes are still poorly understood, and there have been only indirect implications for service development, e.g. policies for race equality and specialized services for so-called Black- and Minority Ethnic groups, a large part of which are localized in the voluntary sector.

The challenge for research on mental disorders and their care in immigrant populations might be to move beyond repeated cross-sectional demonstrations that service use and outcome varies between different immigrant groups, address more specific research questions with policy relevance, and raise the methodological quality of studies. This pertains especially to the selection criteria, sample size and study design. Although there should be an overlap in problems with service utilization and outcome, no European studies comparing different countries have been conducted yet.

5. Conclusions

More and better research is obviously required to provide a sound evidence for how to deliver best mental health care

for immigrant populations in Europe. The quantity of research in Italy and Germany appears inappropriate given the scale of the challenge in each country, and the reasons for this inadequacy may be further explored. With respect to the quality of studies—in any country—some recommendations for future research might be drawn from the findings of this review:

- Studies should apply clear criteria to define immigrant groups and have sample sizes that are appropriate to address the research question with sufficient statistical power. It is generally preferable to assess more than one immigrant group so that the specificity of findings can be checked. Yet, this may increase the required overall sample size.
- Studies should distinguish between first and second—and possibly further—generations of immigrants as rates of mental disorders and adaptation processes in these groups appear different.
- For various organizational, ethical and financial reasons, intervention studies in the field can be more difficult to conduct than mere observational studies, but should be particularly helpful to provide evidence for how to develop new models of care.
- Research should aim to identify repeated patterns and processes behind the phenomena of lower or higher rates of mental disorders and service utilization in immigrant groups. This may require conceptual and qualitative work in addition to conventional epidemiological and clinical studies.
- International collaborative studies should apply a similar methodology in different European countries and, thus, utilize the existing variation of immigrant groups, societal contexts and health care systems between different countries as a naturalistic experiment to identify general and specific factors.

Overall, the evidence base to guide the development of mental health services for immigrant populations in major European countries appears limited. In order to strengthen research on the issue, particularly in countries like Germany and Italy, a wider interest of research groups is as essential as a willingness of funding bodies to support such research. The suggested methodological standards can only be met with sufficient funding. Considering the general shortage of research evidence in the field, extensive European collaboration might help to provide the critical mass of research expertise and research facilities to engage in more ambitious studies in the future.

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