

Synopsis no.: S2.11

Preliminary title: Migration History and incidence of psychotic disorders among migrants in Europe

Contact info for the person(s) proposing the synopsis

Name: Ilaria Tarricone & Sarah Tosato

Partner no: P26 / UNIBO

e-mail address: ilaria.tarricone@unibo.it; sarah.tosato@univr.it

Publication category: 2

Working and writing group: I Tarricone, S Tosato, J. Boydell, JP Selten, E van der Ven , F. Bourque, D Berardi, M. Braca, M. Ruggeri, A. Lasalvia, A Mule, A Szoke, A Tortelli, J Kirkbride, M. Di Forti, R Murray, , J van Os, B Rutten, C Morgan

+ WP3 (pending)

Work Packages involved: WP 2

Partners involved from whom candidate co-authors (additional to working and writing group) should be nominated: Amsterdam, Clermont-Ferrand, Sao Paolo, Barcelona, Madrid, Valencia, Santiago, Cuenca.

Objectives (scientific background, hypothesis, methods, and expected results):

Background:

The excess of psychosis among migrants and ethnic minorities is a well defined phenomenon. There have been many studies on the incidence of psychotic disorders among immigrants to Europe, but, to our knowledge, no large collaborative studies in various countries of the EU, using the same inclusion and exclusion criteria. Available studies have been mostly focused on risk factors of psychosis during the post migration phase (such as ethnic fragmentation, unemployment, etc) and among ethnic minorities (second and further generations of migrants). The EU-GEI study as a large collaborative study offers an opportunity to estimate risks in first generations migrants. This study also allows as to compare migration history, psychological aspects that could be related with the experience of being a migrants (more than with psychotic experience) and genetic and familial burden among first generation migrants, using a case control design .

*At the level of **migration history**, we would like to perform a core preliminary study aimed to compare some characteristics of the history of migration between case and controls in differ countries and areas:*

1. Reasons for migration: whether risks for developing psychosis are higher for people who migrate for economic reasons than for those who migrate for political reasons, because economic migrants have an internal enemy (pressure to achieve) and political migrants have an external enemy. The risk for labour migrants furthermore increases if they did a debt before migration. Note: ideally, one would like to compare both types of migrants from the same ethnic group.
2. Age of migration: The results of studies into the relationship between age at migration and risk for

psychosis are mixed. Veling et al. (2011) found a negative relationship for migrants to the Hague, the Netherlands. A study of the Danish registry could not replicate this finding (Pedersen et al., 2012).

3. Risk increases with length of stay in country of destination. On the basis of our clinical experience, we hypothesize that the majority of cases develop psychosis after at least 5 years of permanence. Such a relationship between length of stay and risk for schizophrenia has also been observed for Norwegians in Minnesota by Ødegaard (1932). For cases we will describe the interval between arrival in country of destination and the onset of psychosis. For more sophisticated analyses it would be helpful to dispose of denominators divided by age and length of stay in country of destination.
4. An important protective variable is social support (e.g., Asians in Britain). We need to test at least 2 kinds of social support: a) “informal social network of migrants” including strong family ties and b) “formal social support” of the country of arrival for migrants (social services provision). We can use the question about perceived social support in the MH questionnaire and SEAT (engagement, as sentences like “I have many friends in the neighbourhood”). Social support before migration is also a protective factor. We hypothesize that the migrants at higher risk are the one with lower level of social support.
5. Preparation of migration: we hypothesize that high degree of preparation of migration (as derived from MH questionnaire) is a protective factor.
6. Mismatch between expectations and achievement: we hypothesize that the higher mismatch will be found among cases, with respect to controls.
7. Our null-hypothesis is that the prevalence of substance abuse among ethnic minority cases is not higher than that among native-born cases. We hypothesize that migrants have less substance use before the psychosis onset and less life time use, particularly less cannabis use, compared with natives (CEQ questionnaire)
8. Language proficiency. We hypothesize that an high degree of host country language proficiency (as self-evaluated in the MRC Socio-demographic Schedule) is a protective factor in first generation migrants.
9. Cannabis and other substance use: We hypothesize that migrants have less substance use before the psychosis onset and less life time use, particularly less cannabis use, compared with natives (CEQ questionnaire)
10. Genetics and life events: We hypothesize that the higher incidence of psychosis in migrants can be due to a low genetic risk but to a high level of stressful life events and discrimination. We hypothesize that migrants are subjects with a lower genetic risk (both at the level of family history and at the level of polygenic score) regarding controls which come from the same country, but they have severe stressful life events which could determine the migration and, together with the discrimination suffered in the host country, could be the cause of stress leading to psychosis.

N.B. We need to know which information is available in each country on immigrant groups (see synopsis 1c) and particularly which centres administered Migration History interviews.

Data needed for the study: All incident cases and controls in each centre, their diagnosis, age, sex, ethnicity (or country of birth and parental country of birth). Corresponding data for denominators. Socio-demographic information, Migration History, FIGS, Brief Core Schema Scale, Cognition evaluations (WAIS, BEATS, white noises); CEQ

Plan for statistical analysis (overall strategy):

Case-control study for core paper on migration history

Path analysis and Poisson regression analysis for in-depth, hypothesis-based, studies

In addition, a qualitative study has been conducted to explore the relation between immigration, ethnicity, social environmental and the onset of psychosis in several sites of the EU-GEI. These qualitative findings study may generate further testable hypotheses grounded in the perspectives of participants in the EU-GEI study and, if applicable, they may be integrated in the core or additional papers on migration history (in a mixed methods approach).

Other analyses/methods:

Involvement of external Parties (non EU-GEI):

Italian First Episode Pyschosis study research-network (this network collected - in the same time-frame of the EUGEI study- information about FEP migrants in different places in Italy)

IPR check:

Timeframe: Data to be provided to the analysis team by end 2014. Analyses to begin late 2014 or early 2015. Circulation of manuscript to authors spring 2015, publication by summer 2015.

Additional comments: