review the existing models on the etiopathogenesis of non-affective psychotic disorders in migrants.
Methods.– A critical review of relevant studies published in the last 10 years.
Results.– The Selective Migration hypothesis posits that increased rates of psychosis among migrants are due to the selective migration of predisposed individuals. A Socio-Developmental Model hypothesizes that exposure to adversity interacts with genetic susceptibility, disrupting normal neurodevelopment and creating an enduring liability to psychosis. Discrimination, as a model of social adversity, was found to induce delusional persecutory ideation. Similarly, the process of Westernization often leads to a breakdown of previously stablished world views, enhancing psychosis risk in genetically predisposed individuals. Adding to this theories, refugees present higher rates of psychosis; they are more likely to experience traumatic situations in their migration path: pre-migration political conflicts and violence, dangerous migration trajectories and forced family separation. In the host country, common stressors include uncertainty about asylum, unemployment and social exclusion.
Conclusions.– The increased incidence of non-affective psychotic disorders among migrants has been attributed to a complex interaction between genetic factors and distress. With the unprecedented levels of global humanitarian crises, elucidation of the etiopathogenesis and detection of early signs of psychosis in this population might favour improved mental health policies worldwide.
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Involuntary psychiatric treatment of first generation immigrants with acute mental disorders in Italy. The role of forced migration

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Background and aims.– Migration is a risk factor for the development of mental disorders. Immigrants in Europe appear at higher risk of psychiatric coercive interventions. Reasons include cultural, ethnic and language differences leading to communication problems between immigrants and mental health professionals. Aim of the study is to explore clinical and migratory factors associated with involuntary treatment in a sample of first generation immigrants.
Methods.– Socio-demographic, clinical and migratory variables were collected and compared with age- gender- and DSM-IV diagnosis-matched sample of native patients. Brief Psychiatric Rating Scale and Clinical Global Impression scale were administered.
Results.– 117 immigrated patients were compared to 117 natives. Involuntary treatment rates were not significantly different in immigrants as compared to controls (32% vs 24%). Among immigrants, asylum seekers were involuntary admitted more frequently than economic of family reasons immigrants (50% vs 27%; $p = 0.04$). The length of stay in Italy appears to be a protective factor against involuntary treatment: 56% of patients in Italy from less than 2 years, 34% of those from 2 to 5 years and 23% from more than 5 year were admitted involuntarily ($p = 0.03$).
Conclusions.– Recently immigrated asylum seekers with an acute mental disorder appear at risk of involuntary treatment. Since coercive interventions can be traumatic and can affect outcomes, strategies to prevent this phenomenon are needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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Mental health needs of french immigrants in Canada

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Background and aims.– Immigrants and refugees are at higher risk for mental health problems having many personal and social factors associated with immigration.
This study's purpose was to examine the perspective of Francophone immigrants with respect to their needs, access to services and use of emotional support.
Methods.– Face to face interviews were conducted with 60 newcomers from Winnipeg, Saskatoon and Ottawa, cities with French minority groups.
Results.– When integrating Canadian society, in a minority linguistic context, Francophone immigrants face social isolation partly related to language. Language barrier has a significant impact on employability. Challenges facing Francophone immigrants have an impact on their emotional well-being. Family, friends, religious and cultural communities play a key role in emotional support. Language and cultural adaptation were determining factor in assessing the quality of services received by newcomers. Main recommendations would be to better inform immigrants of realities of living environments in minority linguistic context, emotional health and well-being, services offered in the official language of their choice and benefits of formal services use. Increase the provision of emotional support services for newcomers and tailor services to specific needs of subpopulations, including men, the elderly, students and those with young children. Finally, the lack of cultural sensitivity is felt in the health system organization, with limited access to services in the official minority language and to professionals from various ethno-cultural backgrounds.
Conclusions.– Better integrate support services, both in health institutions and community services, religious authorities, and community leaders by creating partnerships between stakeholders working within these services.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

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Migrant patients and first episode psychosis: an observational study in an acute patient unit

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Background and aims.– The mental health of migrant population is an increasing study field.
The aim of this study is to compare sociodemographic and clinical variables between migrant and native patients.
Methods.– A total of 101 First Episode Psychosis patients were included. The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) was used for diagnosis. Data relating sociodemographic and clinical characteristics were collected retrospectively from case notes.
Results.– The migrant group represented 33% ($N = 33$) of the patients admitted. The average age was 36 for the migrant group and 34 for the native group. The percentage of male patients was higher in both groups: 52% ($N = 17$) in the migrant and 54% ($N = 37$) in the native group. In both groups, the majority of patients were single and unemployed.
The most frequent diagnosis was F29 – Psychosis NOS (not otherwise specified), according to the ICD-10, which constituted the