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Original research article

Mental disorders of foreigners in the Czech Republic

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ABSTRACT

The mental health of foreigners is crucial for successful integration into their new home country. Hospitalization caused by mental disorder is regarded as an indicator of the gravity of the mental illness. The aim of this paper is to describe and analyze the hospitalizations of foreigners diagnosed with F00–F99, according to ICD-10 in all psychiatric facilities in the Czech Republic. The foreigners' data were compared with the data of hospitalized Czech citizens. The methodology of choice included a retrospective study and secondary data analysis. The data were taken from the National Register of Hospitalized People, between 2007 and 2016 (10 years). The number of foreigners hospitalized for mental disorders in the Czech Republic is comparable to the Czech population. The index of masculinity of the hospitalized foreigners in all age cohorts is almost one third higher than in the Czech population. With respect to the patients hospitalized for mental disorder, the most frequent diagnosis for the Czech population is F102 (dependence syndrome) and for the foreigners F432 (adjustment disorder). 2014 was the year when the most Czech individuals were hospitalized with mental disorders; the number of hospitalized foreigners increased in 2016. The variations in the number of hospitalized people may be a result of the restructured psychiatric care and the rise of immigration from non-EU countries due to various reasons. The high level of masculinity index reveals that health-social care for foreigners needs to be adjusted with respect to gender. The social care for the foreigners should focus mainly on the reduction of risk factors, including unsuitable work conditions, discrimination, and insufficient social support.

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Introduction

Mental health may be defined as the state of mental well-being in which individuals realize their abilities, manage to cope with common stress, are able to work productively and profitably, and able to participate in the life of their community [1]. Mental health of foreigners is crucial for successful integration into their new home country. People migrate to achieve better opportunities for themselves or their children, and they expect to have good life conditions. However, as some studies [2–4] reveal, migration is a process that includes stressors, which have a potentially negative impact on the people's mental health. The mental capital of the population is of great economic value. It is however, vulnerable to the harmful effects of mental disorders [5]. Mental disorders and behavioural disorders include a range of diseases stated in Chapter V of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). The mental disorders and behavioural disorders are diagnoses labelled by F (F00-F99) [6]. The most widespread mental disorders in the EU member states include anxiety disorders and depression. The depressive disorder affects around 33.4 million people in Europe. About 60% of all suicides are committed by people with diagnosed depression. Immigrants often commit suicide as well [5,7]. It is expected that by 2020, depression will have become the most common cause of disease in the world [1,8]. The quoted conclusions emphasize the significance of including mental disorders in the priority measures of public health, and introducing cost-effective strategies with the aim of decreasing the burden [5].

In the EU states, the perception of people suffering from mental disorders is not cohesive. It reflects the differences between the member states – e.g. their life situation, tradition, and culture [1]. Therefore, solving the inequalities in the area of mental health has become one of the key parts of the EU health strategy [9]. As a result of the change in attitudes towards mentally ill people in the international law, the Convention on the Rights of Persons with Disabilities was adopted. In the Czech Republic, this came into force in 2009. The treaty represents the highest standard for the protection of the rights of people with disabilities [10]. The Czech Republic belongs to the minority of EU countries that did not employ any governmental plan of mental health care. Therefore, in 2015, the Czech Ministry of Health [11] conceived a plan of action regarding mental health, which corresponds with the national strategy of the psychiatric care reform. In the Czech Republic, the fundamental tool of the foreigner integration policies is the Foreigner Integration Policy adopted in 2000 by the resolution of the Czech government (no. 1266). The main target group for the integration of foreigners are people from the third world countries (i.e. non-EU countries) legally living in the Czech Republic, who did not ask for international protection nor are under such protection [12,13]. The WHO recommends that EU countries develop a national health policy with respect to mental health care in accordance with the Mental Health in Europe Plan of Action. One of the aims of this plan of action is the need to carry out researches focusing on mental health [14].

Most EU member states don't have any properly collected data about foreigners' health, including refugees and asylum seekers [15]. Only a few researches fully and systematically focus on the health of foreigners [16–20]. The WHO published a range of studies with the theme of migration and health, including mental health [5,17]. The main source of information about the health of foreigners in the Czech Republic are the routine statistics of the Czech Statistical Office, which annually publishes summary data on foreigners in the Czech Republic [21]. Another useful source is the findings of researches focusing on foreigners of various nationalities that are organized by the University of South Bohemia in Ceske Budejovice [22–24]. Between the years 2013 and 2017, most researches were focused on the social determiners of the foreigners' health in the Czech Republic, including work, social gradient, dependencies, social exclusion, and social support [25–28].

A report of the Czech Ministry of the Interior from 2016 about the situation of migration and integration of foreigners in the Czech Republic [29] revealed that on 31st Dec 2016 a total of 496,413 foreigners lived legally in the Czech Republic (for more than 90 days), which is 6.2% more than at the end of 2015. The foreigners represented around 4.7% of the Czech population. The most numerous groups included Ukrainians, Slovaks, and Vietnamese.

Mental health of people is determined by a range of factors, including biological, individual, familial and social, economic, and environmental [1]. Mental disorders are almost always of a multi-factorial nature, or rather of a chronic nature. With these types of diseases, people are most often hospitalized because of a newly diagnosed disease or a relapse of the current disease [30]. Hospitalization for mental disorder is always an indicator of the gravity of the mental illness. Therefore, the length of the hospitalization and the number of hospitalized people is an important indicator of the quality of mental health care in the Czech Republic [31]. An analysis of hospitalizations for the F00-F99 diagnoses reveals a significant psychiatric morbidity of the given population, and shows the state of the mental health of the population.

The main aim of the study was to describe and analyze the hospitalization of foreigners in all psychiatric facilities in the Czech Republic with the diagnoses of F00-F99 (mental disorders and behavioural disorders according to ICD-10, Chap. V). The foreigners' data were compared to the corresponding data of hospitalized individuals with residence in the Czech Republic (permanent or temporary).

Materials and methods

A retrospective study and a secondary analysis of data from the National Register of Hospitalized People for the period of 10 years (2007–2016) were carried out. The Register is managed by the Czech Institute of Health Information and Statistics (UZIS CZ). The National Register of Hospitalized People (NRHOSP) is a population register that keeps a record of patients hospitalized at the inpatient ward (whose hospitalization was terminated during the given period). It includes the basic information about admission and discharge, socio-demographic data, and especially the main diagnosis and

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