



Chinese and South Asian ethnicities predict mental illness severity during hospitalization

What is this research about?

People who have immigrated or who belong to an ethnic group have higher risk of severe mental illness at hospital admission. Research on immigrants to western countries (Canada, the United Kingdom, and the United States) has shown that those of Chinese descent are less likely to use mental health services. This low use may be a factor behind the greater severity of mental illness in these groups, but previous research has not compared the severity of mental illness among large populations of Chinese and South Asians in a western country.

What did the researchers do?

Researchers looked at patient information on all adults hospitalized for a mental health problem in an Ontario hospital from 2006 to 2014. There were a total of 133,588 patients, 2,582 were Chinese, 2,452 were South Asian.

The researchers looked at the link between ethnicity and four measures of disease severity, based on criteria in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. These measures included involuntary admissions, aggressive behaviours, and the number and frequency of positive symptoms, which include hallucinations, delusions, and abnormal thought process. Gender, diagnosis, and immigration status were also examined in relationship between a person's ethnicity and the severity of their mental illness.

What you need to know

People of Chinese and South Asian descent tend to have more severe mental illness when they go to the hospital. It's possible that their views on mental illness and resulting delays in seeking care may be the cause of the greater severity illness at hospitalization. Service providers need to use targeted, culturally specific and competent care for individuals from these groups.

What did the researchers find?

Patients of Chinese descent had the most severe mental illness, followed by South Asians. Both groups were more likely than other patients to have a diagnosis of schizophrenia, to be admitted against their will, to have more than three positive symptoms, and to behave aggressively.

South Asian men tended to have more aggressive behaviour than women. In this group, severity of mental illness was associated with the patient's diagnosis. For example, South Asian patients with depression were significantly more likely to be severely aggressive, to be admitted against their will and to have severe positive symptoms, but those with bipolar disorder did not show significant differences from the general



population. South Asians who were born in Canada were also more likely to have more severe mental illness.

On the other hand, for Chinese patients, the severity of their illness was not associated with their gender, diagnosis, immigrant category, and whether it was their first hospitalization.

How can you use this research?

This research may be useful to system planners and service providers when developing culturally specific and competent care. It may be useful for the mental health sector to collaborate with other sectors (such as education, community and social services) and alternative health services to provide earlier access to more culturally appropriate care and reduce mental illness stigma for these groups.

Limitations and Next Steps

One key limitation of this study is that ethnicity was determined using a surnames algorithm with high specificity, which likely led to misclassification, grouping some Chinese and South Asians in the general population group. Another limitation is that the South Asian group included Indian, Pakistani, Sri Lankan, and Bangladeshis, who likely have different severities of mental illness and require further examination. Future studies should look at patient/family factors, and health system/provider factors, that might explain the large ethnic differences in illness severity.

About the researchers

Maria Chiu¹, Michael Lebenbaum¹, Alice M. Newman¹, Juveria Zaheer², Paul Kurdyak^{1,2,3}

1 Institute for Clinical Evaluative Sciences, Institute of Health Policy, Management and Evaluation, University of Toronto, Toronto

2 Centre for Addiction and Mental Health, Toronto

3 Department of Psychiatry and Institute for Health Policy, Management and Evaluation, University of Toronto

Keywords

Ethnic; culture; mental illness; severity; Chinese; South Asian; Ontario; hospitalization

This Research Snapshot is based on their article, “Ethnic Differences in Mental Illness Severity: A Population-Based Study of Chinese and South Asian Patients in Ontario, Canada,” which was published in the *Journal of Clinical Psychiatry*, 2016; 77(9) <https://doi.org/10.4088/JCP.15m10086>

This *Research Snapshot* responds to the need for evidence related to “how to provide core services that are accessible, culturally safe, and trauma-informed.” This need was identified during dialogues for EENet’s Sharing Together initiative and falls under Evidence Priority 4: “Culturally competent and culturally safe care that reflects cultural knowledge.” To learn more about Sharing Together, which resulted in an evidence priority agenda for Ontario’s mental health, substance use, and addictions system, visit eenet.ca/initiatives/Sharing.