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BACKGROUND

Migration is a social determinant of health associated with psychological vulnerability, language barriers, and structural inequalities in accessing healthcare. Within psychiatry services, these factors may lead to delayed engagement with services, more frequent use of coercive measures, and diagnoses potentially affected by cultural and context bias.

OBJECTIVES

To investigate the clinical characteristics and care pathways of migrant psychiatric inpatients compared with native patients, and to explore if and how gender, ethnicity, and migration status influence clinical presentation, treatment patterns, and outcomes.

METHODS

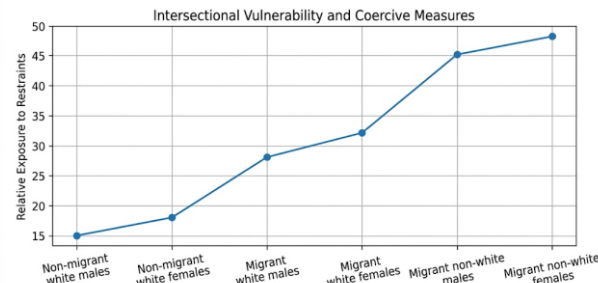
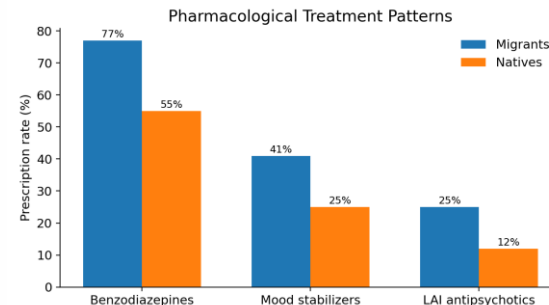
184 MIGRANTS

267 NATIVE

Retrospective multicenter study including first - and second-generation migrants and native patients admitted between 2018–2024 to the SPDCs of Villa Sofia, Ingrassia (Palermo), and Sant’Elia (Caltanissetta). Data were collected through anonymous CRFs and analyzed using IBM SPSS v28 with Mann–Whitney U, Student’s t-test, and Pearson’s chi-square test.

RESULTS

Migrants were significantly younger than native patients (mean age 34.7 vs. 45.2 years, $p < 0.001$), and nearly half (49%) were hospitalized for the first time. Migrants showed a higher proportion of compulsory admission and were more frequently subjected to physical restraint (40.5% vs. 21.9%). Differences were observed in pharmacological treatment patterns. Coercive measures differed according to sex and ethnicity.



DISCUSSION



Migrant patients showed greater clinical complexity, were more frequently exposed to coercive measures and more commonly received benzodiazepines, mood stabilizers, and long-acting injectable antipsychotics, suggesting higher clinical acuity and potential challenges related to treatment adherence and continuity of care. Greater intersectional vulnerability, particularly among non-white migrants increased exposure to coercive interventions potentially influenced by linguistic and cultural barriers.

CONCLUSIONS

These findings highlight the need for culturally sensitive and intersectional psychiatric care, including cultural mediators, transcultural training for healthcare professionals, and strategies aimed at reducing diagnostic bias and promoting equitable access to care.