I believe that the special problems faced in psychiatric units as a result of HIV merit urgent discussion by the College, the Mental Health Act Commission and the DHSS. In particular, I wonder whether Parliament needs to review the problem of consent for HIV screening when patients are to be admitted to psychiatric hospitals, and also the question of the degree to which the dissemination of their HIV status can be permitted. The use of 'high risk' categories in determining levels of surveillance, while still of use, cannot be considered adequate, given the spread of HIV into the heterosexual non-drug-abusing community.

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First Admissions of Native-Born and Immigrant Patients to Psychiatric Hospitals

SIR: In their study of first admissions of native-born and immigrant patients to mental hospitals in South-East England, Dean *et al* (*Journal*, 1981, **139**, 506–512) found increased rates of admission for most immigrant groups, particularly for illnesses diagnosed as schizophrenia.

However, their findings, which were based on routine data from the four Thames Regions, differed from more locally organised studies in showing substantially smaller excesses, particularly for Asians. For example, for all diagnoses for Indians Dean *et al* found a 50% excess of first admissions for men and a 20% increase for women. For immigrants from Pakistan and the rest of the Asian New Commonwealth they found a 40% deficit.

By contrast, for example, Carpenter & Brockington (*Journal*, 1980, **137**, 201–205) found, for all Asian groups combined, excesses of 200–500% at different age groups. The only exception was the 15–24 year-olds, who showed a 50% excess.

A possible explanation for the discrepancy is the notorious incompleteness of the data source Dean *et al* used (Mental Health Enquiry (MHE)). The authors attempted to address this problem by organising a campaign to improve completeness of recording. However suspicion must remain that while overall they achieved quite good results – 91% completion of the place of birth field – this success may have been patchy, giving rise to systematic distortion in their conclusions. A closer examination of the data for one of the four Regions they studied for 1976 suggests this is likely.

Dean's study excluded all but first admissions so as to avoid multiple counting of individuals. This meant that it depended not only on the birthplace field in each record, but also on the previous admissions question. Permitted responses to this include "not known", and people so coded are not included in first admission statistics. A survey in Newham Health Authority (Glover, 1985) found that about two-thirds of admissions so coded almost certainly were first admissions. Dean also excluded records with the birthplace omitted.

A study of N. W. Thames regional MHE data for 1976 by the Area Health Authority showed that the urban Areas had a higher proportion of first admission records with birthplace uncoded (ranging from 1.4% in Bedfordshire (Beds) to over 10% in Ealing, Hammersmith and Hounslow (EHH) and in Kensington, Chelsea and Westminster (KCW). Urban Areas also had a higher proportion of records with previous admission status "not known" (ranging from 2% in Beds to 16% in Brent and Harrow and 33% in KCW).

In general, but particularly in EHH, birthplace was more frequently missing from records with previous admission status "not known". The same urban areas had rather higher proportions of immigrants in their resident populations than the rural ones.

It seems reasonable to imagine that language difficulty is one obstacle records clerks may encounter in eliciting a patient's previous admission status. Clerks may also be unwilling to ask about some patient's birthplace if racial tension is prominent in the district served. The hospitals serving the Notting Hill Gate area, one of the more racially disturbed at the time, had particularly low rates of birthplace recording.

These findings suggest that the figures Dean *et al* produced are probably a serious underestimate and that the local studies should be considered to be more reliable. They particularly call into question the widely quoted idea that Asians make less use of psychiatric services. This view is based mainly on MHE studies, and runs counter to the impression of many psychiatrists who have worked in areas with large Asian populations.

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Reference

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