Implementing a need-adapted stepped-care model for mental health of refugees: pilot data of the state-funded project “refuKey”

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Introduction

Refugees:

- **vulnerable population, increased psychiatric morbidity** for PTSD, depression, anxiety & schizophreniform disorders (ca. 30% Steel et al., 2009; >20 % Bogic et al., 2015; ca. 11-15% Georgiadou et al., 2018; ca. 20% Giacco et al., 2018; Hollander et al., 2016)
- **lack of access** to adequate **mental health care** (Altunoz et al., 2016; Ansar et al., 2017; Giacco et al., 2018; Schröder et al., 2018)

Optimization of mental health care in Lower Saxony (stepped-care approach)

- setup of **regional psychosocial counselling centres** (PCC)
- linking regional PCCs & psychiatric routine care clinics into **co-operating competence centres**
- refuKey staff as **„midwives“**
- **In-house training** (transcultural psychiatry/psychotherapy, asylum law, work with interpreters etc.)

- **reduction of access barriers**
- **transcultural competence** of treatment teams
- **group-specific, need-adapted treatment** & **post-hospitalisation out-patient care** => reduction of the re-hospitalisation rate
- **scientific findings** through evaluation

funded by:

Methods

Evaluation study design & Measures:

	Pre		Post
I.	**Secondary data collection** in psychiatric clinics & psycho-social centers in Lower Saxony		**Secondary data collection** in psychiatric clinics & psycho-social centers in Lower Saxony
II.	**Survey among treatment teams** in refuKey cooperation clinics		**Survey among treatment teams** in refuKey cooperation clinics
III.	**Survey among experts** in refuKey cooperation clinics & psycho-social centers	Focus group	**Survey among experts** & focus group in refuKey clinics & psycho-social centers
IV.	**Primary data collection** in refuKey-treated refugees & control group		

I. Studying the **state of mental health routine care**:
Numbers of refugee patients, treatment setting, diagnoses, use of interpreters, length of stay, rate of re-hospitalisation …

II. Assessment of the work burden for psychiatrists, psychologists, occupational-, art-, music- and body-therapists, nurses and social workers treating refugees at project start and end using standardised questionnaire:

- **Maslach Burnout Inventory - Human Services Survey,** Maslach & Jackson (1981) (burden in social & health care)
- **Current Mood Scale (Aktuelle Stimmungsskala)**, Dalbert (1992) (mood of personnel providing mental health care for refugee and non-refugee patients)
- sociodemographic and workplace-related data

III. Exploration of **challenges in providing mental health care to refugees and expectations for improvement through refuKey** with structured interviews and focus group discussions at the start, middle and end of the project

IV. Assessment of the **mental health of refuKey-treated refugees pre** & **post treatment** in comparison to a control group in a non-participating psychiatric clinic with a standardized questionnaire in 9 languages:

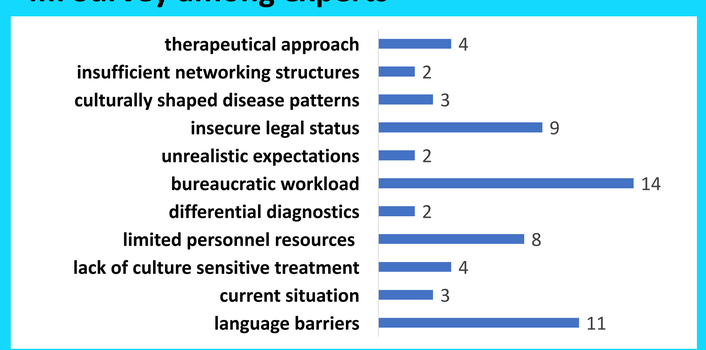
- **Warwick Edinburgh Mental Well-Being Scale** (general well-being)
- **Hopkins Symptom Checklist 25** (Anxiety & Depression)
- **Psychoticism** and **Somatisation subscale** of **Symptom Checklist 90**
- **PTBS-Symptoms subscale** of **Harvard Trauma Questionnaire,** Mollica et al. (1992)
- **WHO Quality of Life Questionnaire (bref)** (quality of life)
- **Post-migration Living Difficulties Checklist,** Silove et al. (1997) (current life stressors)
- Questions about **discrimination** following Finch et al. (2001)
- **Draft of the national migration questionnaire of DGPPN** (socio-demographic and flight-specific data)

Preliminary results

I. Secondary data

- low rate of return (N=7 from 32 psychiatric clinics in Lower Saxony) -> **lack of systematic documentation of asylum seekers and refugees**
- large differences in the numbers of treated refugees (between 1 and 180 per quarter) -> **different levels of transcultural openness**

III. Survey among experts

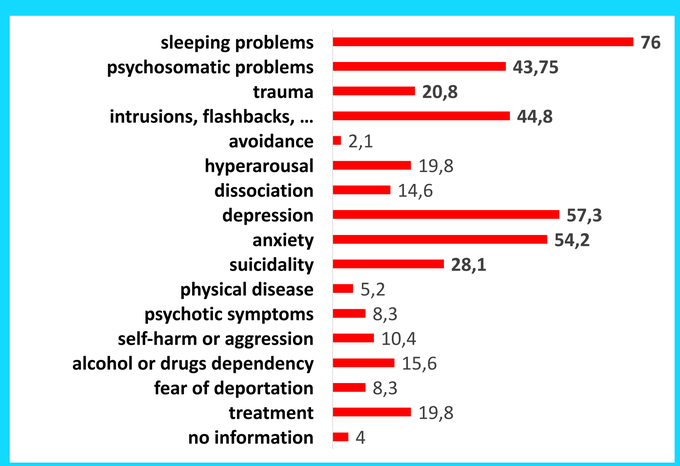


Impediments to high-quality of mental health care for refugees (*N*=14)

IV. Primary data

Refugee patients in refuKey open counselling hours and treatment (PCC: 59.4%, psychiatric clinics: 40.6%):

- N = 454; 54% males; 16 - 67 y.o. (*M*=31.5, *SD*=10.4)
- ≤ 4 years in Germany; from 30 different countries of origin: Afghanistan (15.4%), Iran (14.2%), Syria (8.0%) and Iraq (6.8%), Kosovo, Lebanon, Turkey and Sudan (3.1% each); > 60% with insecure residency status



Reported symptoms and complaints in % (*N*=100 refugee patients)

no answer	0	1	2	3	4	5	6	7	8	9	10
	no	very light		light		moderate		strong		extreme	
12.6	.6	1.1	0	1.1	1.1	3.4	5.2	**7.5**	**14.4**	**18.4**	**34.5**

Estimation of symptom severity / burden in % (*N*=100)

Similar level of severity of psychiatric symptoms btw. refugee patients in psychiatric clinics and PCC

➡ **refugee patients are severely burdened;**
need-adapted stepped-care model is required to distinguish btw. patients & provide sufficient care (Frank et al., 2017)

Mental health of refugee patients before and after treatment within refuKey (*N*=28; Paired t-test)

	N	Pre-treatment M	Pre-treatment SD	Post-treatment M	Post-treatment SD	t	df	p	Cohen's d
General well-being	28	38.5	15.2	45.1	14.6	-2.644	27	<.05	.499
Depression	27	41.7	9.0	34.2	11.5	3.902	26	<.001	.613
Anxiety	28	27.2	6.8	22.8	7.9	3.245	27	<.01	.751
Psychoticism	27	21.1	11.6	9.2	8.7	4.945	26	<.001	.952
Somatization	28	24.9	14.7	12.8	12.9	4.807	27	<.001	.908
Traumatization	27	79.1	20.7	69.2	19.5	2.529	26	<.05	.487
Quality of Life	25	67.9	18.8	74.3	23.9	-1.816	24	ns	-
Post-Migration Living Difficulties	28	58.8	12.9	56.0	15.1	.919	27	ns	-

The prevalence of clinically relevant symptoms and their severity decreases in course of treatment

- depressive symptoms: 92.6% -> 72.4%
- anxiety: 85.7% -> 75.9%
- psychoticism: 96.6% -> 63%
- somatization: 79.3% -> 42.9%
- traumatization: 69% -> 64.3%
- rates of very severe symptoms -> 0

➡ **Improvement on most mental health parameters**

Correlation between mental health indices and Post-Migration Living Difficulties Scale (Pearsons Correlation Analysis; *N*=134)

General well-being	Depression	Anxiety	Psychoticism	Somatization	Traumatization	Quality of life
-.250**	**.415****	**.341****	**.367****	**.401****	**.457****	**-.537****

➡ **strong links between post-migration factors and mental health of refugees** (Laban et al., 2004; Bourque et al., 2011)

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