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

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Refugees:
- vulnerable population, increased psychiatric morbidity for PTSD, depression, anxiety & schizophrenia disorders (ca. 30% Steel et al., 2009, 2010.27.28.29) & sclerosis disorders (ca. 11.15% Georgiadou et al., 2018.20% Giaccio et al., 2018), 30% Hellmich et al., 2016)
- lack of access to adequate mental health care (Akinlua et al., 2016, 31. Amr et al., 2017. Giaccio et al., 2018, 32. Schröder et al., 2016)
- setup of regional psychosocial counselling centres (PCC) and locum mental health care in Lower Saxony (step-care approach)
- 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

Methods
Evaluation study design & Measures:

Pre
I. Secondary data collection in clinics & psycho-social centers in Lower Saxony
II. Survey among treatment teams in refukey co-operation clinics
III. Survey among experts in refukey co-operation clinics & psycho-social centers
IV. Primary data collection in refukey-treated refugees & control group

Post
II. Secondary data collection in clinics & psycho-social centers in Lower Saxony
Survey among treatment teams in refukey co-operation clinics
Survey among experts in refukey co-operation clinics & psycho-social centers
Survey among experts & focus group in refukey clinics & psycho-social centers

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...

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

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
- psychotherapeutic approach
- therapeutic networking structures
- culturally shaped illness patterns
- socio-cultural expectations
- bureaucratic workload
- differential diagnosis
- limited personnel resources
- lack of cultural sensitive treatment
- current situation: language barriers
- Impediments to high-quality mental health care for refugees (N=18)

IV. Primary data
- Refugee patients in refukey open counselling hours and treatment (PCC: 59.4%, psychiatric clinics: 46.6%)
- N = 445; 54% males; 16 - 67 yo. (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

Mental health of refugee patients before and after treatment within refukey (N=256, Paired t-test)
- Significantly improved GAD-7 scale (38.5% to 28.6%): p < .001, effect size = 0.49
- Significantly improved PHQ-9 scale (45.1% to 36.7%): p < .001, effect size = 0.54
- Significant reduction in the state of psychic distress: 10.4% before refukey treatment vs. 0% after treatment: p < .001, effect size = 0.54

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%
- somatization: 96.6% -> 63%
- traumatization: 79.3% -> 42.9%
- rates of very severe symptoms -> 0

Pre- and post-treatment data of refukey-treated refugees (* p < .05; ** p < .01; *** p < .001)

IV. Primary data
- Refugee patients are severely burdened; need-adapted stepped-care model is required to distinguish btw. patients & provide sufficient care (Frank et al., 2017)

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Improvement on most mental health parameters

Correlation between mental health indices and Post-Migration Living Difficulties Scale (Pearson's Correlation Analysis, N=134)

General well-being
Anxiety
Depression
Psychosomatic complaints
Somatisation
Traumatization
Quality of life

-25**
-415**
-341**
-367**
-201**
-457**
-531**

Strong links between post-migration factors and mental health of refugees (Slaban et al., 2004, Bourque et al., 2011)