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DGPPN

NFN Netzwerk für traumatisierte Flüchtlinge in Niedersachsen e.V.

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

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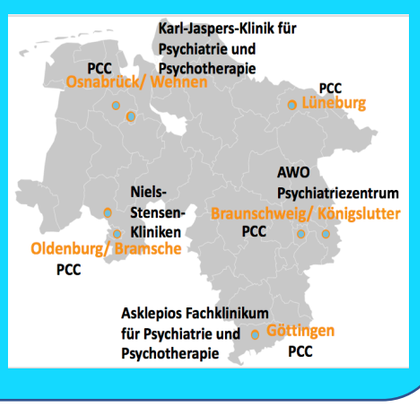
Introduction

REFUGEES:
- **vulnerable population, high 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)

funded by:

What does refuKey do? stepped-care approach
- setup of **psychosocial counselling centers** (PCC) next to the 5 state reception centers
- linking PCCs with psychiatric routine care clinics as **co-operating competence centers**
- **provision of interpreters** & refuKey staff as **„midwives"**
- **In-house training** (asylum law, work with interpreters, transcultural psychiatry etc.)

Aim: Improvement of mental health care for refugees in the state of Lower Saxony
- **reduction of access barriers**
- **transcultural competence** of treatment teams
- **need-adapted treatment: prevention, adequate access to care & follow-up** => reduction of re-hospitalisation rate
- **scientific evaluation** of the project



Methods

Evaluation study design

	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. Secondary data collection

Analysis of the **situation of mental health routine care**: Numbers of refugee patients, treatment setting, diagnoses, use of interpreters, length of stay, rate of re-hospitalisation etc.

II. Survey among treatment teams

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

III. Survey among experts

Exploration of **challenges in providing mental health care to refugees and expectations for improvement through refuKey** with structured interviews and focus group discussions

IV. Primary data collection

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 8 languages:
- **Warwick Edinburgh Mental Well-Being Scale** (general well-being)
- **Hopkins Symptom Checklist 25** (Anxiety & Depression)
- Psychoticism and Somatization subscale of **Symptom Checklist 90**
- PTBS-Symptoms subscale of **Harvard Trauma Questionnaire**
- **WHO Quality of Life Questionnaire (bref)** (quality of life)
- **Post-migration Living Difficulties Checklist** (current life stressors)
- Questions about discrimination
- Draft of the **National Migration Questionnaire of DGPPN** (socio-demographic and flight-specific data)

Preliminary results & conclusions

I. Secondary data collection

low rate of return (*n*=7 from 32 psychiatric clinics in Lower Saxony) ➡ **lack of systematic psychiatric routine care data documentation of refugees**

large differences in the numbers of treated refugees (between 1 and 180 per quarter) ➡ **different levels of intercultural opening in psychiatric clinics in Lower Saxony**

III. Survey among experts

Main **impediments to high-quality mental health care for refugees**: Bureaucratic workload, language barriers, insecure legal status (no residence permit), limited personnel resources (*n*=14 experts) ➡ **need of: qualified interpreters, knowledge of asylum law, reduction of structural access barriers and residence permit for refugees**

IV. Primary data collection

♦ **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
- **> 60% no residence permit**
- 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)

♦ *Reported estimation of burden severity at admission in % (n=100)*

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**

➡ **refugee patients are severely burdened**

♦ **Similar severity levels of psychiatric symptoms between refugee patients in psychiatric clinics and PCC before the treatment**

➡ **stepped-care approach beneficial to deliver need-adapted treatment according to symptom severity** (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
Depressivity	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	-

* not significant after Bonferroni correction for multiple testing

The prevalence of clinically relevant symptoms & their severity before and after treatment within refuKey (n=28)

depressivity	**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 of mental health**

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

General well-being	Depressivity	Anxiety	Psycho-ticism	Somati-zation	Traumati-zation	Quality of life
-.250**	**.415****	**.341****	**.367****	**.401****	**.457****	**-.537****

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