

Findings from a German clinical study: Refugees' pathways to mental health care

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Introduction

Refugees' mental health

- High psychological vulnerability due to pre-, peri-, and post-migration stressors (Giacco et al., 2018)
- Increased risk for developing mental disorders, e.g. depression, anxiety, PTSD, schizophrenia (Henkelmann et al., 2020; Hollander et al., 2016)

Refugees' mental health service use

- Underutilization** of (formal) mental health care services (Satinsky et al., 2019)
- Barriers** to mental health care system (Byrow et al., 2020):
 - Structural barriers** (e.g. language proficiency, financial restraints, lack of mobility)
 - Cultural barriers** (e.g. mental health literacy, stigmatization, health care professionals' (HCP) lack of transcultural knowledge)
 - Refugee specific barriers** (e.g. residence status, mistrust in the health care system)
- Type** of mental health service use:
 - Increased consultation of **general practitioners, non-psychiatric medical specialists, informal health care providers** (reference?)
- Inconsistent findings** concerning **predictors** of refugees' mental health service use (i.a. Laban et al., 2007; Slewa-Younan et al., 2017)

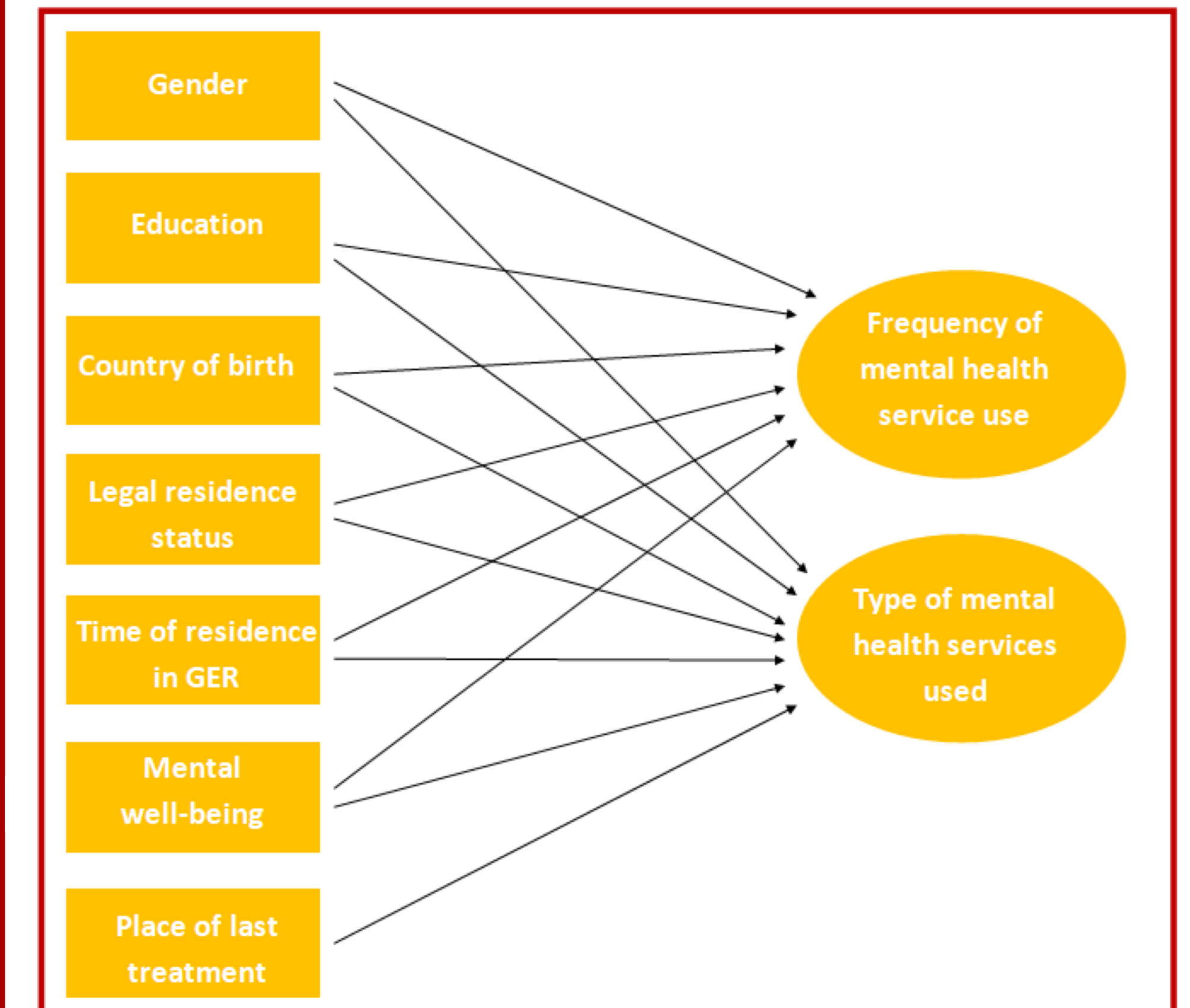
RefuKey-project:

- Founded in 2017 as cooperation between Network for traumatized refugees Lower Saxony (NTFN) & German Association for Psychiatry and Psychotherapy (DGPPN), funded by the state of Lower Saxony
- Aims:** optimization of mental health care for traumatized refugees in Lower Saxony
 - Reduction of access barriers to mental health care
 - Need-adapted mental health care: prevention, adequate access & follow-up treatment
 - Strengthening transcultural expertise of HCPs
 - Intercultural opening of the mental health care system
- Setup** of five „cooperative competence centres“, consisting of newly founded **psychosocial counselling centres (PCC)** and existing psychiatric routine care clinics, near state reception centres (stepped-care approach)
- RefuKey-staff** as linkage between PCCs and clinics (i.a. coordination of refugee patients' transfer, provision of interpreters, establishing regional networks)
- In-house training** (transcultural psychiatry, asylum law, work with interpreters etc.)
- Scientific evaluation**



Study Aims & Research Questions:

- Description of refugees' **pathways to care** before, during and after their flight to Germany
- Which of the following **factors** are **associated with** and **predict frequency and type of refugees' mental health service use** to date?



Methods

RefuKey-evaluation study – study design:

- Secondary data collection** in psychiatric clinics & PCCs in Lower Saxony (pre/post): analysis of mental health routine care situation
- Survey among treatment teams** in refuKey cooperation clinics (pre/post): assessment of treatment burden
- Survey (structured interviews + focus group discussions) among experts** in refuKey cooperation clinics & PCCs (pre/post & during process): exploration of challenges in providing mental health care for refugees, improvement through refuKey
- Primary data collection:**
 - Assessment of mental health of refuKey-treated refugees** (pre- & post-treatment) and comparison to control group of refugees treated in non-participating psychiatric clinics
 - Assessment of refuKey-patients' pathways to mental health care and their mental health service use behaviour**

Sample:

- Refugee patients in cooperative competence centres (N = 1216)
 - 43% female, age (M= 32.56, SD = 10.61)
 - 12.1% illiterate, 28.4% no school diploma; 15.3% high school degree, 19.3% university degree
 - 79% insecure residence status, time of residence in Germany in months (M = 30.73, SD = 40.45)
 - From 69 different countries: 16.2% Afghanistan, 14.4% Iran, 10.5% Syria
- Exclusion criteria:
 - Acute mental health condition (e.g. acute psychotic symptoms, suicidal ideation)

Statistical Analysis:

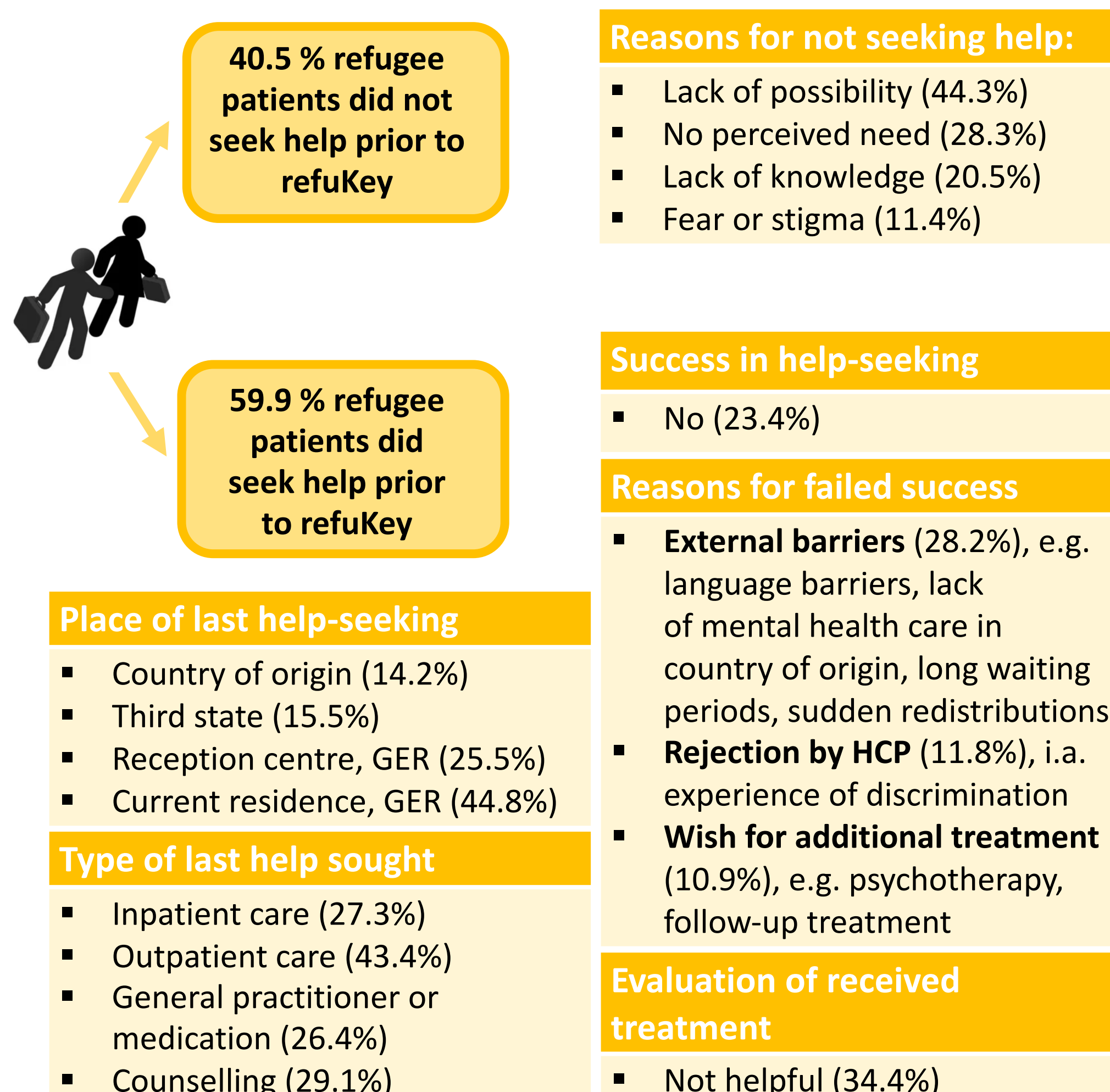
- Chi-Square tests (categorical variables) & Kendall's Tau (metric variables) for correlation analyses
- Ordinal logistic regressions for predictor analyses

Measures & data collection:

- Socio-demographic, flight-specific, and former treatment information** collected with the basic documentation sheet, adapted from the **National Migration Questionnaire** (Golz, 2020; Hauth et al., 2016) by the refuKey staff during first three counselling interviews
- Mental health levels, i.a. **Mental well-being**, assessed using **self-rating questionnaires** provided in 8 different languages, i.a. The **Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**; Tennant et al., 2007), until the fifth therapeutic session (PCC)/day of treatment (clinic)

Results, conclusions & implications

Refugees' mental health service use



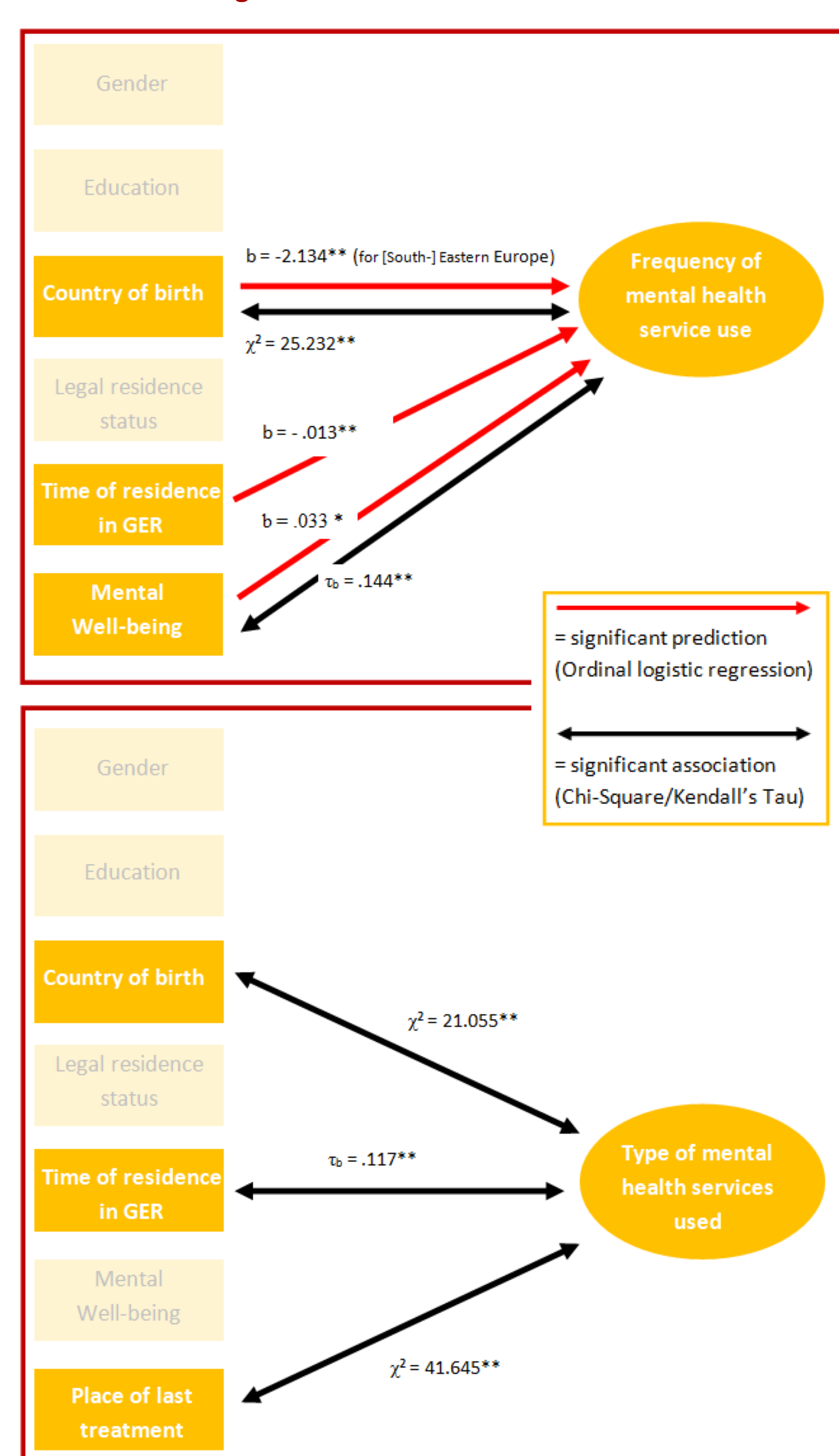
Refugees' pathways to mental health care

Pathways to care	Frequency
Doctor/psychologist/social worker/similar	47.9%
Refugee reception centres	17.4%
Migrant organizations	11.3%
Family/friends/acquaintances	12.3%
Other	16.7%

There is a need for:

- Facilitation of access to mental health care by long-term promotion of low-threshold treatment offers (e.g. PCC)
- Extension of treatment offers
- Strengthening of HCPs' transcultural competence and context sensitivity
- Availability & funding of interpreters for refugees in GER

Prediction of refugees' mental health service use



Impact factors on refugees' service use

- Country of birth:**
- (South-)Eastern European refugees used mental health services more often and tended to use higher threshold services
 - Sub-Saharan African refugees tended to use mental health services less frequently and tended to use lower threshold services
- Time of residence in Germany:**
- Refugees with longer duration of stay sought help more frequently and tended to use higher threshold services
- Mental well-being:**
- Refugees with lower levels of mental well-being sought help less frequently
- Place of last treatment:**
- In their countries of origin, refugees more likely attended to general practitioners or used medication
 - In refugee reception centres in GER, refugees more likely attended to low-threshold counselling services

- Mental health literacy, familiarity with the health care system and level of acculturation might influence refugees' help-seeking behaviour**
 - Need for measures to increase these factors
 - Need for cultural adaption of treatment offers in resettling countries
- Association between less frequent help-seeking behaviour and poorer mental well-being**
 - Indication for particularly high access barriers to mental health care for refugees with lower levels of mental well-being