Examining the association between mental health need and utilization of care among asylum seekers and refugees in Berlin

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Access to care I

- Asylum Seeker Benefit Act, 1993 (Bozorgmehr & Razum, 2015; Frank et al., 2017)
  - Restricted access during first 15 months upon arrival
  - Paragraph 6: Special needs → e.g. psychotherapy

- Barriers
  - Administrative and practical barriers (Bozorgmehr & Razum, 2015; Baron & Flory, 2016)
  - Limited resources (Brandes et al, 2009; Baschin et al, 2012; Koesters et al, 2018)
  - Health literacy (Schneider et al., 2015; Schneider et al., 2017)
Access to care II

- Mental Health need
  - Heterogeneous prevalence (WHO Technical guidance report, 2018; Georgiadou et al., 2018)
  - Supply deficit (Baron & Flory, 2016; Srjbrandij et al., 2017)

- Consequences of restricted access (Baron & Flory, 2016; Frank et al., 2017; Bozorgmehr & Razum, 2015)
  - Delayed care
  - Misjudgment of health status
Methodology

Cross-sectional Study

Cluster Sampling

16 Municipal housings

218 Participants

Analysis

RESPOND Survey

Descriptive

Bivariate

Multinomial Regression

Door-to-door

Stand

Internal

Source: own illustration
### Methodology II

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Dependent Variable</th>
<th>Covariates</th>
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</thead>
<tbody>
<tr>
<td>Mental health need score</td>
<td>Utilization of Care: General Practitioner, Specialist, Emergency Care, Mental health Specialist</td>
<td>Age, Gender, Subjective Overall health status, Legal status, Quality of Life, Social Connectedness</td>
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<tr>
<td>4-Point Scale: None, Low, Moderate, Severe</td>
<td>4-Point Scale: Never, More than 12 months ago, Less than 12 months ago</td>
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Descriptive Statistical Findings

- **81.9%** indicated some form of mental health need
- Severe mental health need has largest percentage

Source: own illustration of the results from the study of 2019
Descriptive Statistical Findings II

- Mental health services utilized the least
- Women utilized Emergency care most frequently
- Men utilized Specialists most

Source: own illustration of the results from the study from 2019
Descriptive Statistical Findings III

- Low: General Practitioner was utilized the most
- Moderate and severe: Emergency Care was utilized the most

Source: own illustration of the results from the study 2019
Bivariate Analysis and Multinomial Regression Analysis Findings

- **Bivariate analysis:**
  - General Practitioner, Emergency Care, Mental health services, Subjective overall health, and Quality of Life have significant associations with mental health need.

- **Regression analysis:**
  - Subjective overall health and Quality of Life positively associated with higher utilization of care.
  - General Practitioner: higher likeliness of utilization in those with low mental health need.
  - Specialist: utilized more by those with severe mental health need.
  - Mental health services: mental health services are not being utilized as frequently (possibly due to lack of trust, stigma etc.).
  - Emergency Care: as mental health need increases, utilization of Emergency Care also increases (possible because of easier access).
Recommendations to improve access to mental health care

- Trainings to sensitize staff in primary care settings
- Train asylum seekers and refugees as mediators
- e-mental health
- Adaption of AsylbLG
Conclusions

- Enormous mental health need of 81.9% in Participants in Berlin
  - Severe mental health need has highest percentage
- Restricted access to mental health care further enhanced by various barriers
- Shift in utilization of care
  - Underutilization of Mental Health Services
    - Higher utilization of General Practitioners and Emergency Care
→ Delay of care
→ Higher per capita health expenditure for those with restricted access compared to the ones with regular access (Bozorgmehr & Razum, 2015)