

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

Deborah Amoah, MSc

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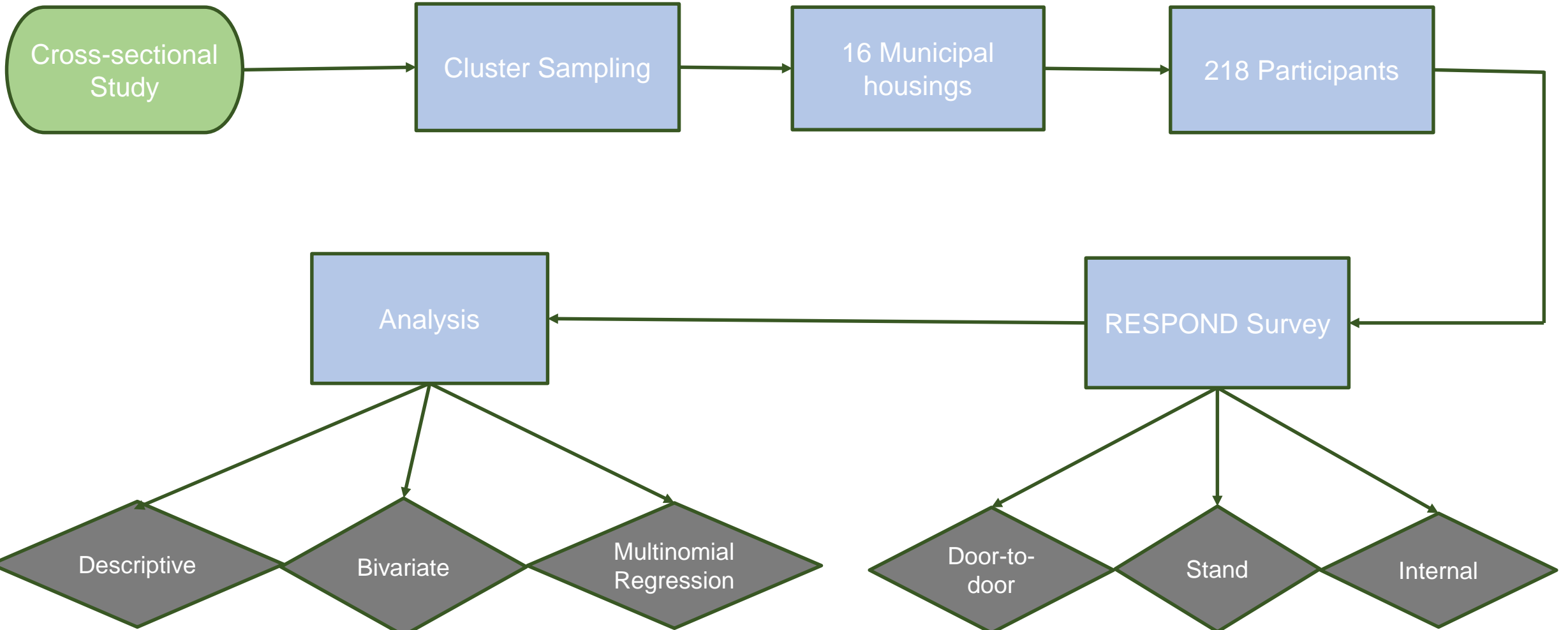
Access to care I

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

Methodology



Source: own illustration

Methodology II

Independent Variable

Mental health need score
4-Point Scale: None, Low, Moderate, Severe

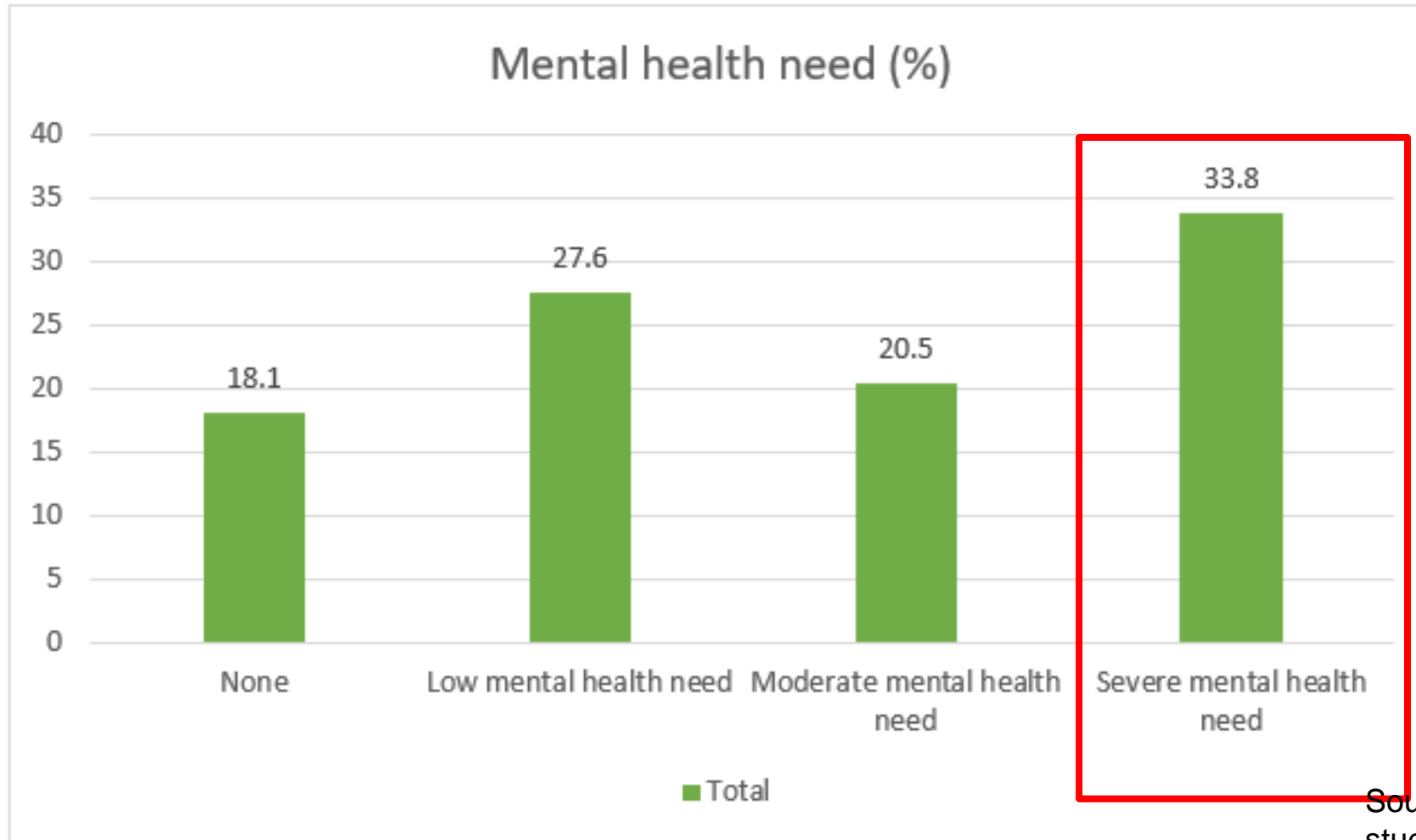
Dependent Variable

Utilization of Care:
General Practitioner, Specialist, Emergency Care, Mental health Specialist
4-Point Scale: Never, More than 12 months ago, Less than 12 months ago

Covariates

Age, Gender, Subjective Overall health status, Legal status, Quality of Life, Social Connectedness

Descriptive Statistical Findings

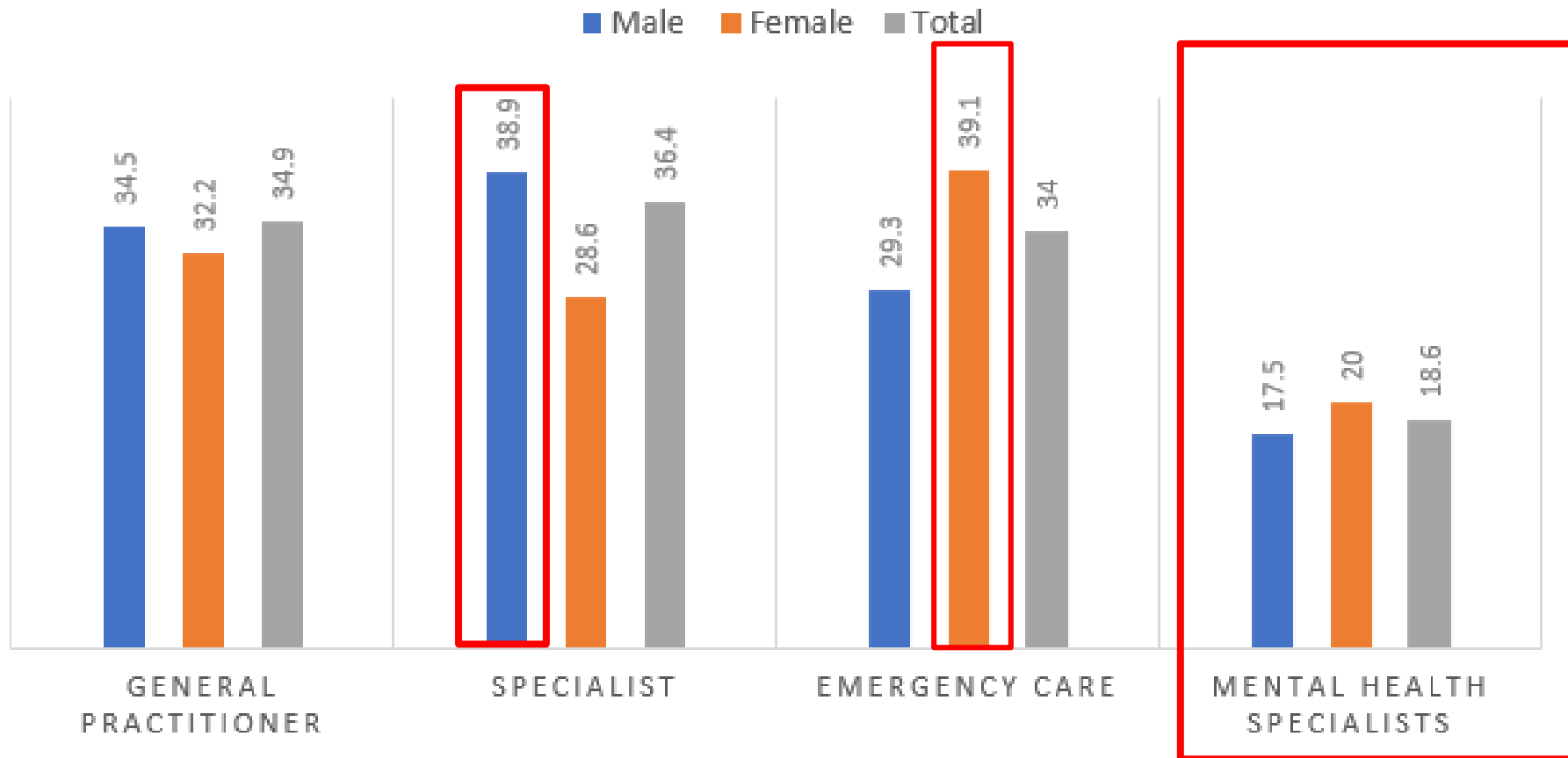


- **81.9%** indicated some form of mental health need
- Severe mental health need has largest percentage

Source: own illustration of the results from the study of 2019

Descriptive Statistical Findings II

UTILIZATION OF CARE (%)

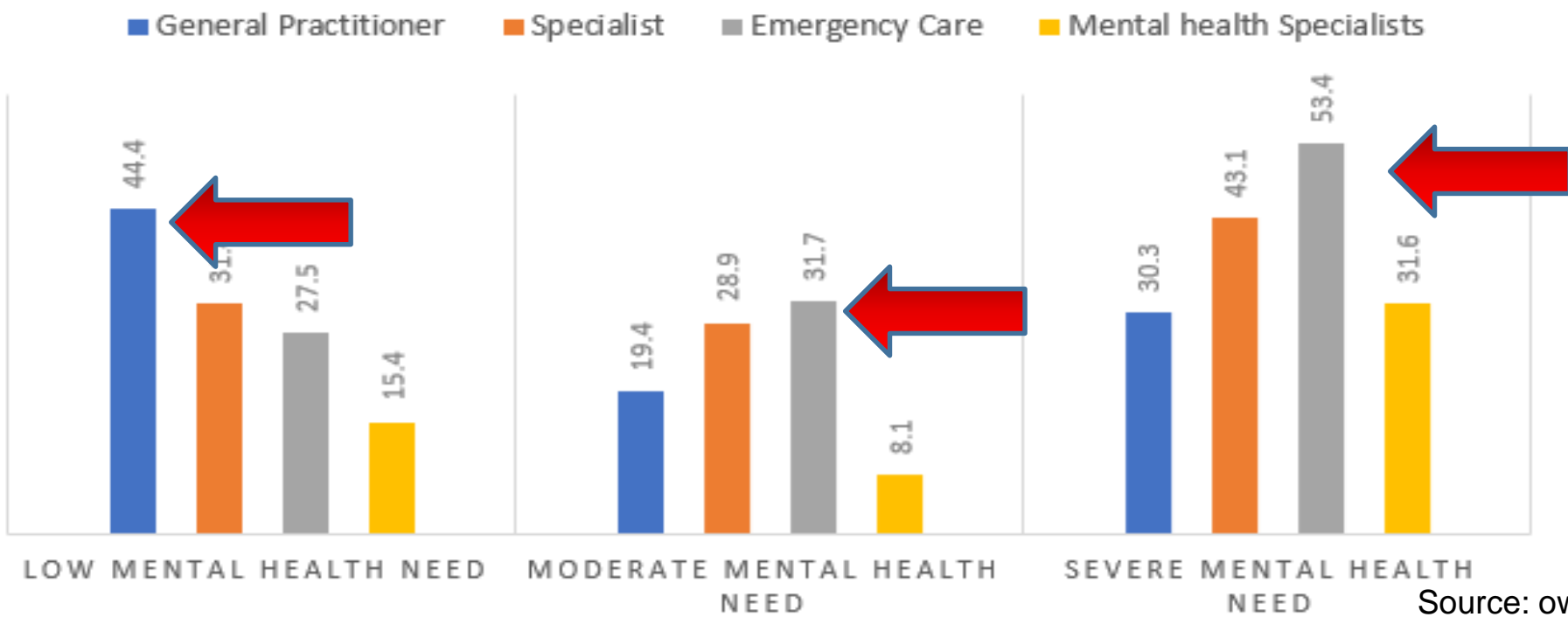


- Mental health services utilized the least
- Women utilized Emergency care most frequently
- Men utilized Specialists most

Source: own illustration of the results from the study from 2019

Descriptive Statistical Findings III

UTILIZATION OF HEALTH CARE BASED ON LEVELS OF MENTAL HEALTH NEED (%)



- 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



Mishkin Berteig, 2015

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)

