

# Innovative practice: funding and ensuring sustainability. The case of brief psychological interventions for refugees

David McDaid

Associate Professorial Research Fellow

Care Policy & Evaluation Centre, Department of Health Policy,

London School of Economics and Political Science, UK

**Migrant access to healthcare: From emergency to sustainable solutions**

**Brussels, October 19, 2022; [www.strengths-project.eu](http://www.strengths-project.eu)**

E-mail: [d.mcdaid@lse.ac.uk](mailto:d.mcdaid@lse.ac.uk)



# What happens when mental health needs in migrants /refugees are unrecognised and untreated?

- Systematic reviews indicate **long term high risks** of depression and PTSD

# Prevalence of depression in refugees and asylum seekers.



SCALING UP PSYCHOLOGICAL

Subgroup	Depression Prevalence	Prevalence % (95% CI)	p-Value
Size of Sample			
< 200	347/1055	32.89 (30.06, 35.82)	<0.001
≥ 200	405/1961	20.65 (18.88, 22.51)	
Duration Displaced			
< 4 years	459/1415	32.44 (30.00, 34.95)	0.17
≥ 4 years	334/951	35.12 (32.08, 38.25)	
Visa Status			
Asylum Seeker	261/866	30.14 (27.10, 33.32)	0.04
Refugee	805/3018	26.67 (25.10, 28.29)	
Country of Origin			
Asia	11/574	1.92 (0.96, 3.40)	<0.0001
Africa	7/30	23.33 (9.93, 42.28)	
Middle East	308/1078	28.57 (25.89, 31.37)	
Europe	350/977	35.82 (32.81, 38.92)	
Mixed	275/866	31.76 (28.66, 34.97)	
Residence			
Community	650/2117	30.70 (28.74, 32.72)	<0.0001
Refugee/Asylum Seeker Accommodation	416/1767	23.54 (21.58, 25.59)	
Type of Interview			
Native Language	750/3016	24.87 (23.33, 26.45)	<0.0001
Interpreter	286/809	35.35 (32.05, 38.76)	
Diagnostic Measure			
M.I.N.I	647/2118	30.55 (28.59, 32.56)	<0.0001
WHO-CIDI	32/638	5.02 (3.46, 7.01)	
SCID	387/1121	34.52 (31.74, 37.39)	

Blackmore R, Boyle JA, Fazel M, Ranasinha S, Gray KM, et al. (2020) The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis. PLOS Medicine 17(9): e1003337. <https://doi.org/10.1371/journal.pmed.1003337>

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003337>

# What happens when mental health needs in migrants /refugees are unrecognised and untreated?

- Systematic reviews indicate **long term high risks** of depression and PTSD
- Electronic health records analyses, e.g. in Switzerland indicate **significantly higher health care costs** than for refugees without mental health conditions over 20 months (Tzogiou et al 2022)
- Hospital costs in Germany for refugees with diagnosed mental health conditions but **no insurance** were **1.3 times greater** than a matched cohort of insured people/
- **Long term physical health consequences** of poor mental health (Wagner 2013)

# Long term impacts following war in the former Yugoslavia

OPEN ACCESS Freely available online



## Long-Term Impact of War on Healthcare Costs: An Eight-Country Study

Ramon Sabes-Figuera<sup>1\*</sup>, Paul McCrone<sup>1</sup>, Marija Bogic<sup>2</sup>, Dean Ajdukovic<sup>3</sup>, Tanja Franciskovic<sup>4</sup>, Niccolò Colombini<sup>5</sup>, Abdulah Kucukalic<sup>6</sup>, Dusica Lecic-Tosevski<sup>7</sup>, Nexhmedin Morina<sup>8</sup>, Mihajlo Popovski<sup>9</sup>, Matthias Schützwohl<sup>10</sup>, Stefan Priebe<sup>2</sup>

<sup>1</sup> Centre for the Economics of Mental Health, Institute of Psychiatry, King's College London, London, United Kingdom, <sup>2</sup> Unit for Social & Community Psychiatry, Barts' and the London School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom, <sup>3</sup> Faculty of Humanities and Social Sciences, University of Zagreb, Zagreb, Croatia, <sup>4</sup> School of Medicine, University of Rijeka, Rijeka, Croatia, <sup>5</sup> Department of Mental Health, Modena, Italy, <sup>6</sup> School of Medicine, University of Sarajevo, Sarajevo, Bosnia and Herzegovina, <sup>7</sup> Belgrade University School of Medicine, Belgrade, Serbia, <sup>8</sup> Department of Clinical Psychology, University of Amsterdam, Amsterdam, Netherlands, <sup>9</sup> Institute of Psychology, University of Skopje, Skopje, FYR Macedonia, <sup>10</sup> Department of Psychiatry and Psychotherapy, Technische Universität Dresden, Dresden, Germany

### Abstract

**Objective:** Exposure to war can negatively affect health and may impact on healthcare costs. Estimating these costs and identifying their predictors is important for appropriate service planning. We aimed to measure use of health services in an adult population who had experienced war in the former-Yugoslavia on average 8 years previously, and to identify characteristics associated with the use and costs of healthcare.

**Method:** War-affected community samples in Bosnia-Herzegovina, Croatia, Kosovo, FYR Macedonia, and Serbia were recruited through a random walk technique. Refugees in Germany, Italy and the UK were contacted through registers, organisations and networking. Current service use was measured for the previous three months and combined with unit costs for each country for the year 2006/7. A two-part approach was used, to identify predictors of service use with a multiple logistic regression model and predictors of cost with a generalised linear regression model.

**Results:** 3,313 participants were interviewed in Balkan countries and 854 refugees in Western European countries. In the Balkan countries, traumatic events and mental health status were related to greater service use while in Western countries these associations were not found. Participants in Balkan countries with post traumatic stress disorder (PTSD) had costs that were 63% higher ( $p=0.005$ ) than those without PTSD. Distress experienced during the most traumatic war event was associated with higher costs ( $p=0.013$ ). In Western European countries costs were 76% higher if non-PTSD anxiety disorders were present (0.027) and 63% higher for mood disorders ( $p=0.006$ ).

**Conclusions:** War experiences and their effects on mental health are associated with increased health care costs even many years later, especially for those who stayed in the area of conflict. Focussing on the mental health impact of war is important for many reasons including those of an economic nature.

- Survey of health service use in 8 European countries on average 8 years after war exposure.
- PTSD and Depressive Disorders associated with significantly higher use of services and costs in all 5 Balkan countries: BiH, Croatia, Kosovo, North Macedonia & Serbia
- Anxiety and Depression associated with higher health care costs in Germany, Italy and UK.

# Economic evaluation of PM+ Implementation

- Economic evaluation **embedded into implementation trials** of PM+
  - Estimate **resource use and costs of implementation**, impacts on **health service utilisation**, as well as **productivity losses** for trial participants and family members.
  - Using primary trial outcome data, but also calculating **impacts on quality of life** to generate cost per quality adjusted life year gained estimates that are used by many health systems for **reimbursement/funding decisions**.
- 
-

- Economic analysis of pilot studies in Netherlands, Switzerland and Turkey
- Critically also helped put in place building blocks for economic analysis of implementation trials in countries.
- Economic analysis in pilot studies for Netherlands, Turkish and Swiss studies with economic analysis published

1. de Graaf, Cuijpers, McDaid et al Peer-provided Problem Management Plus (PM+) for adult Syrian refugees; a pilot randomized controlled trial on effectiveness and cost-effectiveness. *Epidemiology and Psychiatric Sciences* 2020; e162: 1-24.

Acarturk C, Uygun E, Ilkkursun Z et al Group Problem Management Plus (PM+) to decrease psychological distress among Syrian refugees in Turkey: A pilot randomised controlled trial. *BMC Psychiatry* 22 22, 8 (2022).

Julia Spaaij, Nikolai Kiselev, Christine Berger et al Feasibility and acceptability of Problem Management Plus (PM+) among Syrian refugees in Switzerland: a pilot randomized controlled trial. *European Journal of Psychotraumatology* 2022 13:1, DOI: 10.1080/20008198.2021.2002027

*Epidemiology and Psychiatric Sciences*

cambridge.org/eps

## Original Article

**Cite this article:** de Graaff AM *et al* (2020). Peer-provided Problem Management Plus (PM+) for adult Syrian refugees: a pilot randomised controlled trial on effectiveness and cost-effectiveness. *Epidemiology and Psychiatric Sciences* **29**, e162, 1–24. <https://doi.org/10.1017/S2045796020000724>

Received: 14 April 2020  
Revised: 13 July 2020  
Accepted: 15 July 2020

### Key words:

Common mental disorders; lay counsellors; posttraumatic stress disorder; randomised controlled trials; task sharing

### Author for correspondence:

Anne M. de Graaff, E-mail: [a.m.de.graaff@vu.nl](mailto:a.m.de.graaff@vu.nl)

## Peer-provided Problem Management Plus (PM+) for adult Syrian refugees: a pilot randomised controlled trial on effectiveness and cost-effectiveness

A. M. de Graaff<sup>1</sup>, P. Cuijpers<sup>1</sup>, D. McDaid<sup>2</sup>, A. Park<sup>2</sup>, A. Woodward<sup>3</sup>, R. A. Bryant<sup>4</sup>, D. C. Fuhr<sup>5</sup>, B. Kieft<sup>6</sup>, E. Minkenberg<sup>7</sup>, M. Sijbrandij<sup>1</sup> and on behalf of the STRENGTHS consortium<sup>1</sup>

<sup>1</sup>Department of Clinical, Neuro- and Developmental Psychology, Amsterdam Public Health Institute, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands; <sup>2</sup>Department of Health Policy, Care Policy and Evaluation Centre, London School of Economics and Political Science, London, UK; <sup>3</sup>KIT Health, KIT Royal Tropical Institute, Amsterdam, The Netherlands; <sup>4</sup>School of Psychology, University of New South Wales, Sydney, NSW, Australia; <sup>5</sup>Department of Health Services Research and Policy, Public Health and Policy, London School of Hygiene and Tropical Medicine, London, UK; <sup>6</sup>i-Psy, Parnassia Groep, Almere, The Netherlands and <sup>7</sup>i-Psy, Parnassia Groep, Den Haag, The Netherlands

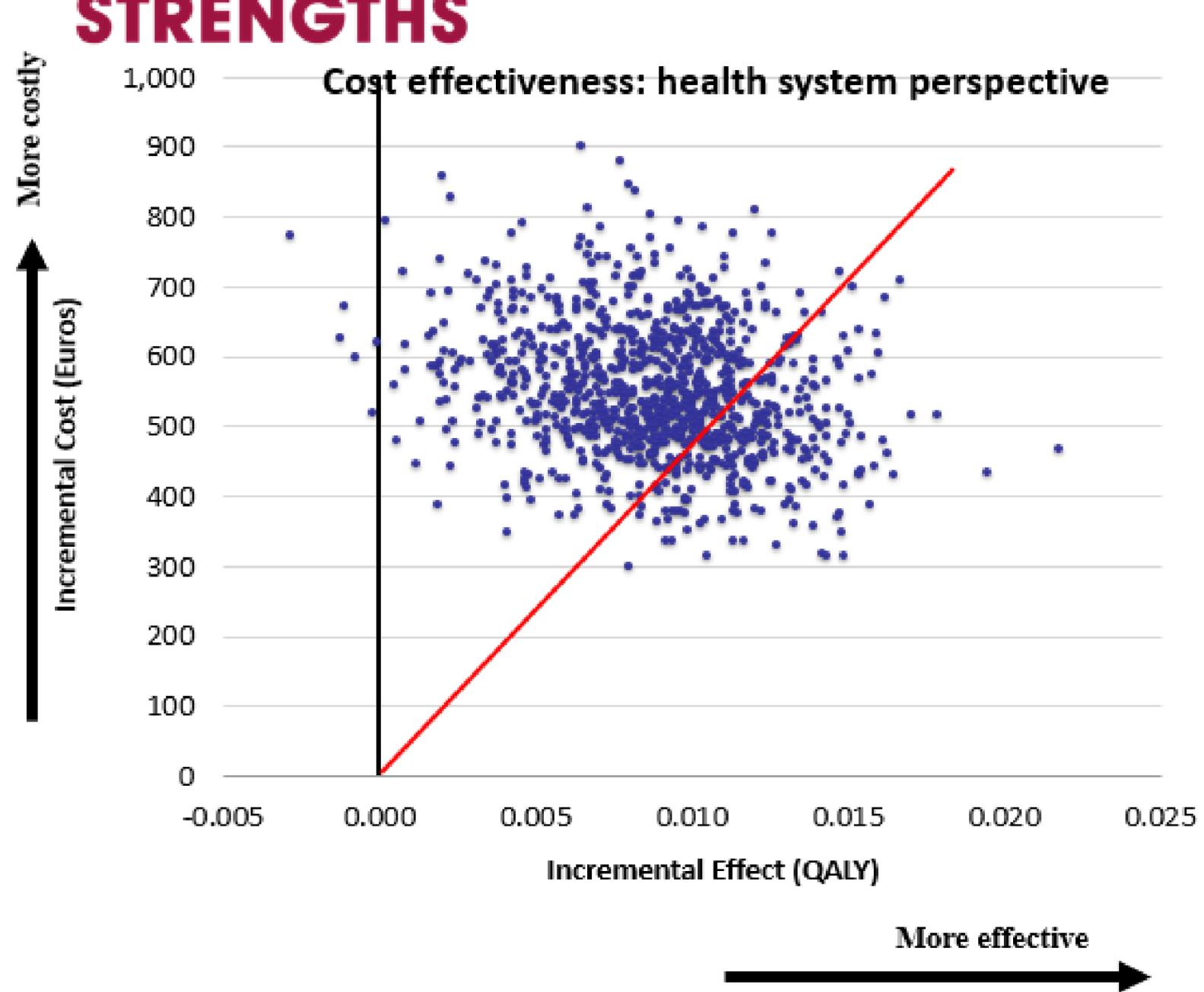
### Abstract

**Aims.** Common mental disorders are highly prevalent among Syrian refugees. Problem Management Plus (PM+) is a brief, transdiagnostic, non-specialist helper delivered, psychological intervention targeting psychological distress. This single-blind pilot randomised controlled trial (RCT) on PM+ delivered by peer-refugees examined trial procedures in advance of a definitive RCT. evaluated PM+’s acceptability and feasibility. and investigated

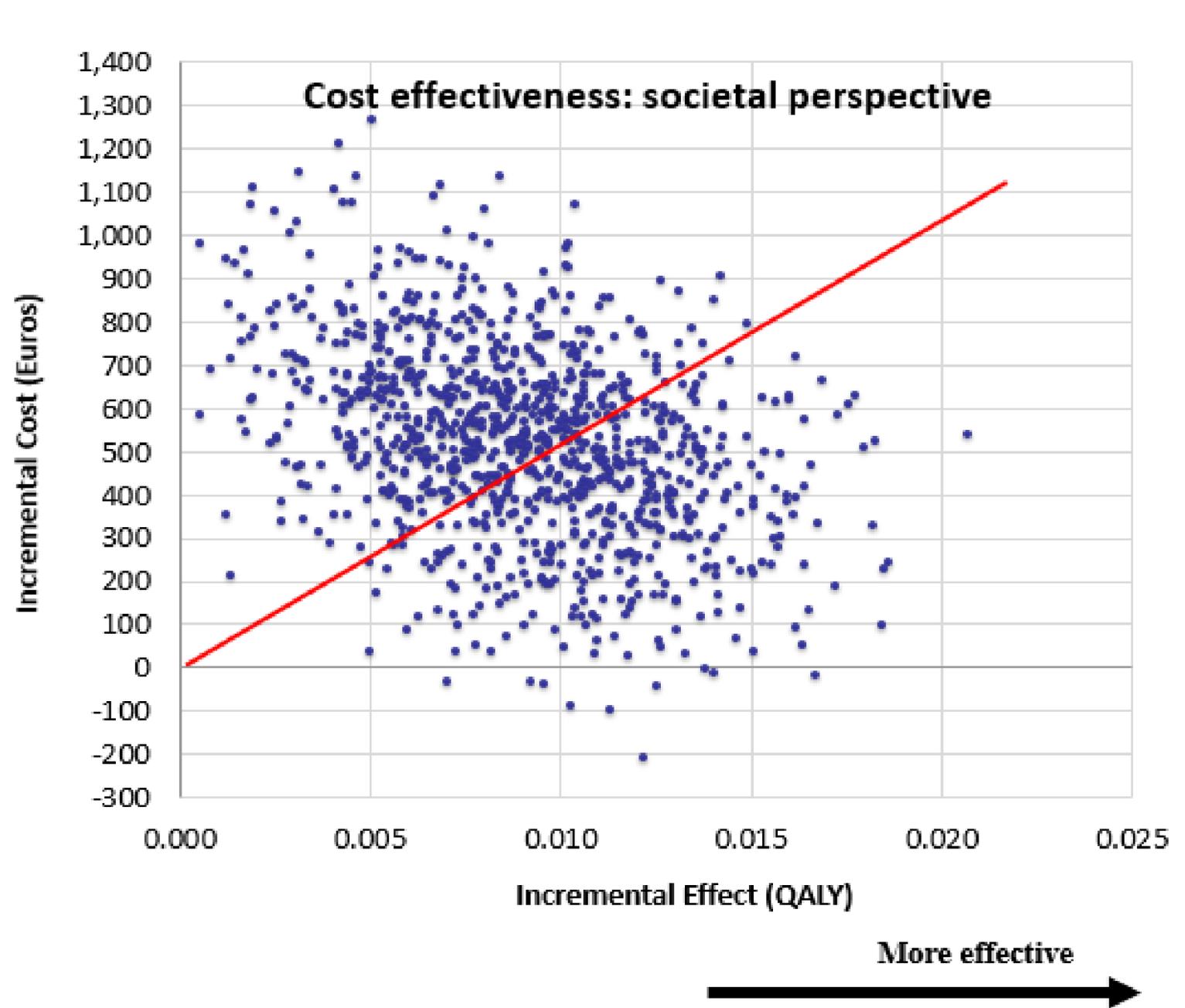
## Economic analysis : Netherlands

- PM+ led to significantly improved mental health outcomes compared to care as usual
  - **Quality of life also significantly improved in PM+ group** compared to usual care group  $p=0.011$
  - No impact on immediate health service utilisation / costs, **but PM+ group have double the contact time with GPs** at 3 month follow up – 37 minutes vs 17 minutes  $p=0.024$
  - Modelling scenarios indicate **potential for increased cost effectiveness over longer time periods with reduced implementation costs**
-

# Economic analysis main trial Netherlands

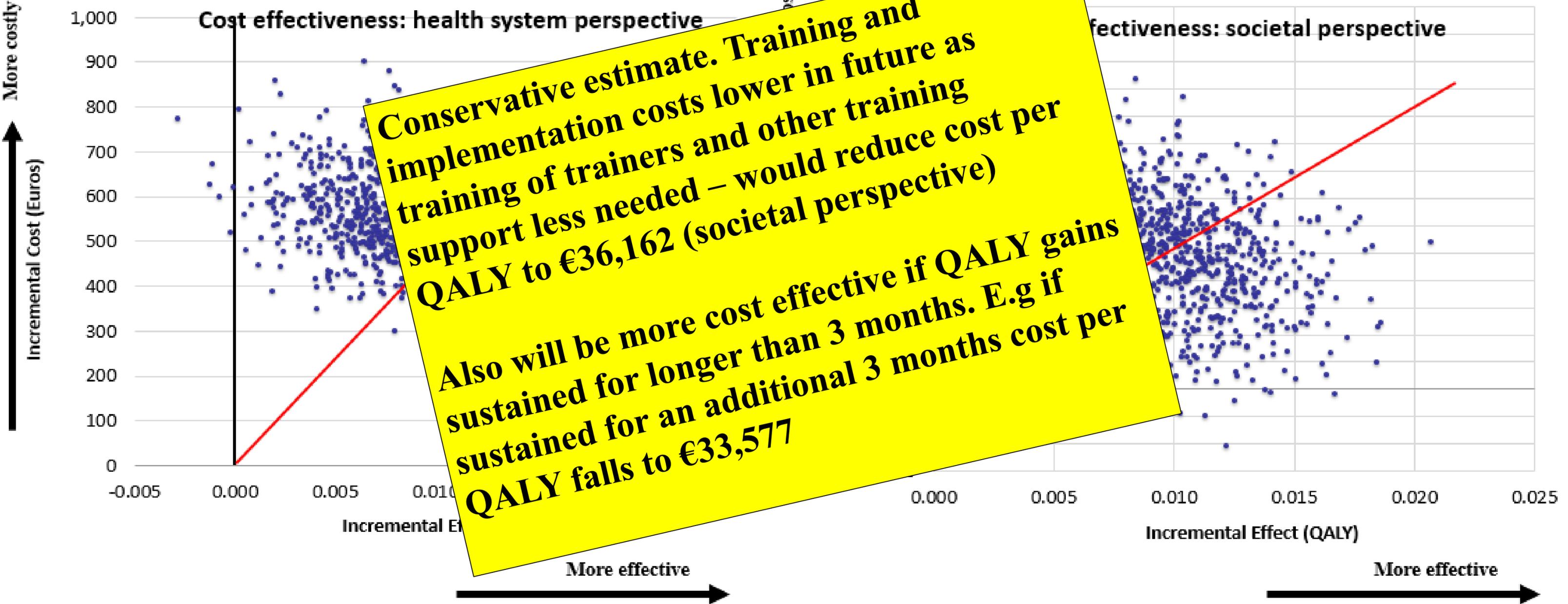


Expected cost per QALY gained €62,000



Expected cost per QALY gained €58,686

# Economic analysis main trial Netherlands



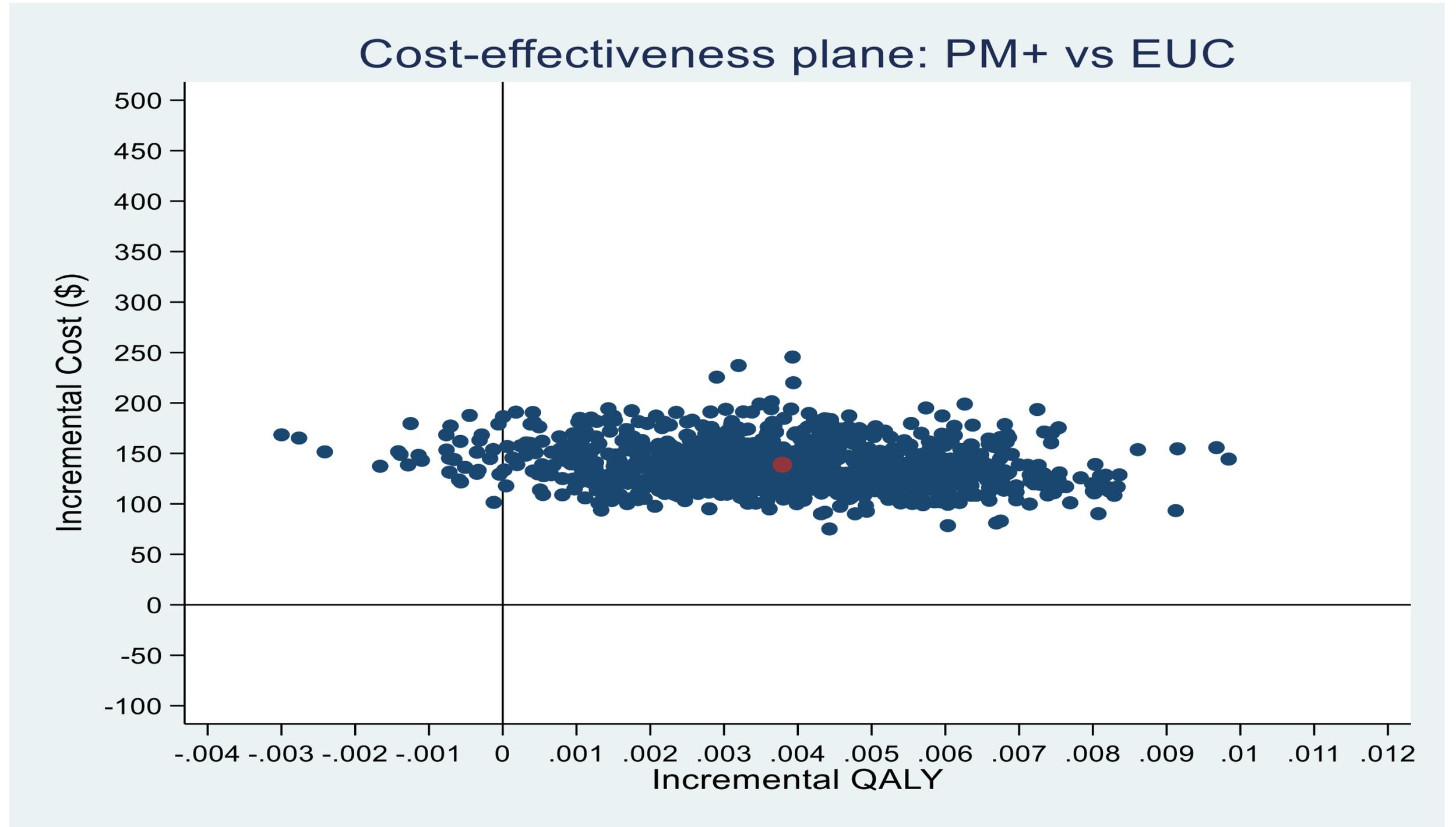
Expected cost per QALY gained €62,000

Expected cost per QALY gained €58,686

## Economic analysis main trial Jordan

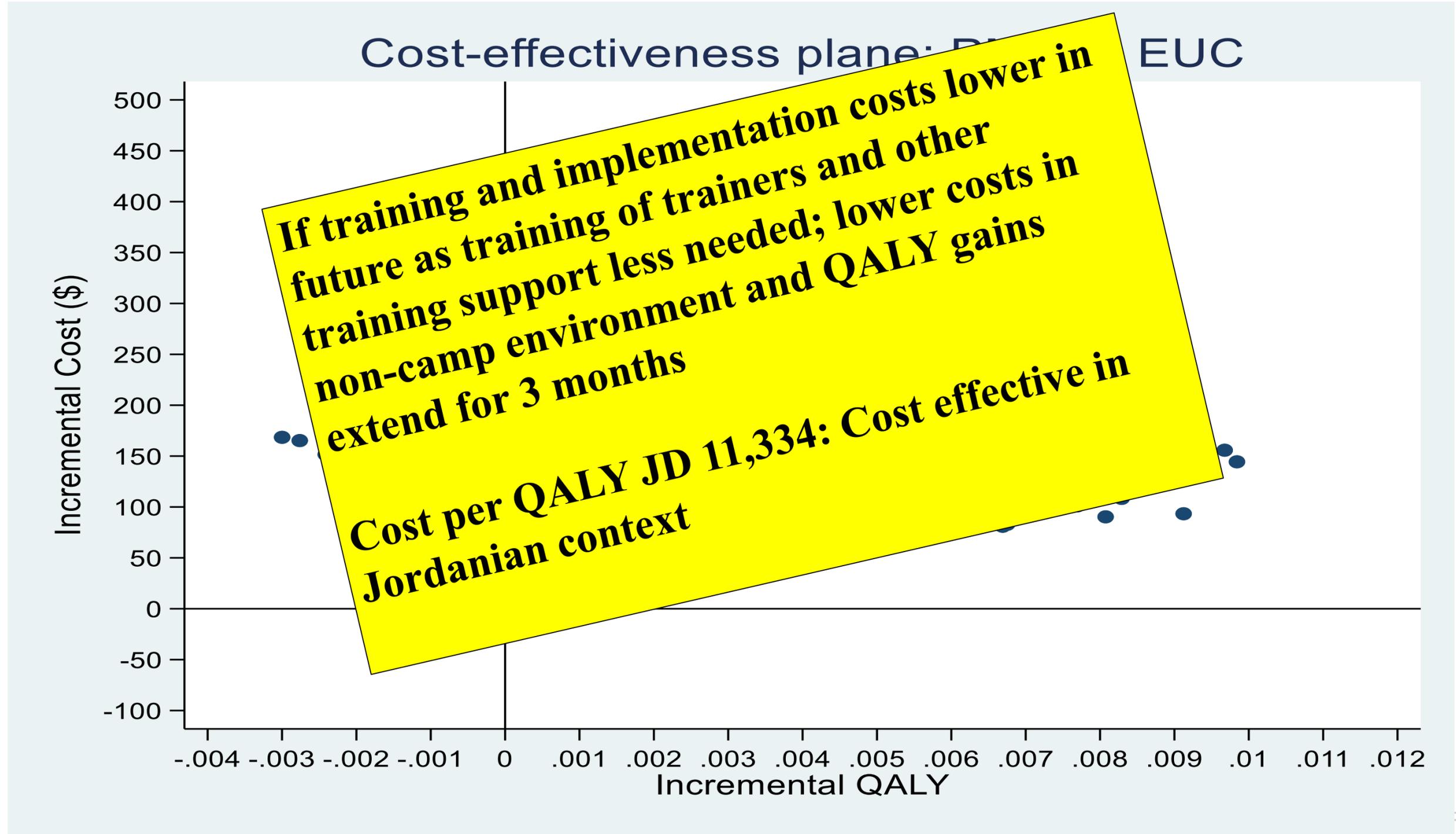
- PM+ led to significantly improved mental health outcomes compared to care as usual at 3 months (Bryant et al, PLoS Medicine, 2022)
  - **Quality of life improved in PM+ group** compared to usual care group  $p=0.07$
  - Special setting; closed refugee camp – little access to specialist services
  - For community dwelling refugees would also be more potential economic productivity gains
  - Modelling scenarios again indicate **potential for increased cost effectiveness over longer time periods with reduced implementation costs**
- 
-

# Economic analysis Jordan: 3 months



Expected cost per QALY gained 36,765 JD

# Economic analysis Jordan: 3 months



Expected cost per QALY gained 36,765 JD

## KEY POINTS

- Brief psychological interventions **shown to improve mental health** of refugees in short term
  - **Scalable through training of trainers' model/ involvement of refugees** in service delivery (but language /rural area barriers?)
  - Future training costs lower –**reducing implementation costs**
  - Even **time-limited additional gains in quality of life can make very cost effective**
  - Health registers indicate **potentially avoidable long-term health and wider economic costs** though better early intervention for refugee mental health
-