REMEDI

GPs' Recommendations to patients with Mental health problems and Diverse migration backgrounds

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SUMMARY

Context

Due to the significant rise in migration and the growing ethnic diversity across Europe over the past two decades, the pursuit of ethnic health equity within primary care remains a priority. Additionally, several studies underscore the disproportionate impact of mental health disorders on specific migrant and ethnic minority populations and the persistent disparities they face when seeking access to high-quality mental health care services. In this regard, a relatively underexplored area in European research concerns how the bias of general practitioners (GPs) may act as either facilitators or barriers to migrant and ethnic minority populations' access to mental health care.

Objectives

The REMEDI project seeks to address this research gap by surveying Belgian GPs who increasingly encounter diverse patient populations in their practices. Its primary aim is to examine the extent to which GPs' biases impact ethnic disparities in mental health care. To achieve this, the project includes two distinct components. First, REMEDI seeks to mitigate ethnic disparities and unintentional discrimination in mental healthcare by assessing the impact of an intervention on GPs' decision-making processes when caring for migrant patients compared to non-migrant patients. This intervention consisted of providing additional information about the patient's life story with the objective of humanizing them, thereby contributing to reducing the occurrence of unintentional discrimination by GPs. This component also seeks to identify GP-related factors that may influence ethnic disparities in medical decisions concerning patients with severe depression.

Second, REMEDI aims to investigate the discursive construction of patients with a migration background who are suffering from depression. It also examines the coherent decision-making processes related to patients with a migration background and depression. These investigations contribute to the construction of knowledge and recommendations aimed at eradicating unconscious stereotyping, ultimately enhancing the quality of primary mental health care.

Methods

REMEDI employs an innovative mixed-method design, involving the collection of primary data through a quasi-experimental online survey using video vignettes, for both GPs and trainee GPs. This design is complemented by a qualitative discourse analysis of official policy documents, and a discourse analysis of in-depth interviews with GPs. Moreover, based on the results of the quantitative study and the findings of the qualitative data-collection with GPS, three recommendations were developed. To

discuss and validate these recommendations, several focus groups with GPs and policymakers were organised.

Results

This research reveals that GPs' decision-making might vary depending on the ethnicity of the patient. Although the effect size of these ethnic differences was small, GPs diagnosed post-traumatic stress disorder (PTSD) significantly more often in the migrant patients than in non-migrant patients. GPs perceived the mental illness of the migrant patients as less severe than those of non-migrant patients and were less inclined to prescribe both medical and non-medical treatments, particularly benzodiazepine treatment, to migrant patients. However, the humanization intervention had only a modest effect in mitigating these ethnic disparities. GPs allocated more time when provided with additional information about the patient's life story, and they diagnosed PTSD less frequently in the migrant patients compared to non-migrant patients.

It was observed that older GPs were slightly more susceptible to cognitive shortcuts and tended to associate the patient's migration background with a comorbid PTSD diagnosis alongside depression. Additionally, GPs with a migration background themselves were more inclined to prescribe both medical and non-medical treatments to patients with a migration background. Another significant finding was that a higher perceived workload and lower trust in patients with a migration background significantly increased the likelihood of GPs diagnosing these patients with PTSD.

Furthermore, a critical discourse analysis of Belgian GPs' accounts of patients with a migration background suffering from depression and their related decision-making led to the identification of three interpretative repertoires shaping GPs' consultations with these patients. First, we identified the *legal-political* and *culturalising* repertoire. Both repertoires align with the values related to a neoliberal ideology. While the *humanising* repertoire corresponds to values related to the biopsychosocial and patient-centred model in health care. This highlights the availability of several, sometimes conflicting discourses influencing the accounts of GPs which eventually may lead to the unmet mental health needs of people with a migration background.

The analysis of the Belgian policy documents regarding patients with a migration background and depression in general practices demonstrated the availability of three recurring discourses: (a) the othering discourse, (b) health literacy discourse and (c) person-centred discourse. The former two discourses illustrate the perpetuation of a biomedical discourse. While the last discourse aligns with a counter-discourse associated with the person-centred care model in health care. Consequently, this analysis demonstrated the availability of several contradictory discourses throughout the various policy documents on which GPs might rely when speaking about patients with a migration background suffering from depression.

Recommendations

To address the issue of bias among GPs and subsequently meet the unmet mental health needs of individuals with a migration background, the REMEDI project compiled three recommendations. Detailed operationalisation of these recommendations is available in the project's final report. The first recommendation emphasises the need to promote access to high-quality mental health care for patients with a migration background, refugees, and asylum seekers who require mental health services. This approach ensures a sustained and long-term provision of mental health care within general practice for these patients.

The second recommendation consists of the adoption of intercultural mediators or professional translators in general practices, particularly when encountering language and/or cultural barriers. This step is crucial to enhance effective communication and understanding between GPs and patients from diverse migration background.

The third recommendation underscores the importance of (further) developing intercultural competence within general practice. It is essential to ensure that GPs are responsive to the specific needs of patients with migrant backgrounds, refugees, and asylum seekers and that they can effectively address mental health barriers.

Conclusions

This mixed-method study conducted among Belgian GPs demonstrates that despite the implementation of a humanization intervention, implicit ethnic biases persist among GPs when dealing with patients from migrant and ethnic minority backgrounds. These biases have the potential to perpetuate ethnic disparities in primary mental healthcare and act as barriers to equitable access to high-quality mental health services. Further research is needed to tackle ethnic disparities in healthcare.

Keywords: migrants; migration background; mental health; general practitioners; discrimination