REMEDI

REcommendations to patients with MEntal health problems and Diverse migration backgrounds

DURATION
15/12/2019 – 15/03/2022

BUDGET
447 694 €

PROJECT DESCRIPTION

Medical sociologists paint an alarming picture of the mental health status of people with a migration background in Belgium. While higher prevalence rates in depression have been observed in minority populations as compared to non-minorities, people with a migration background also constitute a highly underrepresented group in both ambulant and residential mental healthcare services. Given these concerns, it is important to examine why minority patients are disproportionately absent from mental healthcare services. In the REMEDI project, we focus on the **potential role of provider behavior**. Generally, GPs are the first contact for patients with mental health problems, especially in settings with a (partial) stepped-care model. As gatekeepers, they decide to refer or not refer patients to specialized mental healthcare services based on their assessment of the severity and impact of the observed symptoms. However, these recommendations may be biased due to unconscious stereotyping beliefs among GPs. Such stereotypes could lead to differences in treatment and referral decisions of GPs, ultimately causing discrimination in the medical setting.

In general, the REMEDI project aims to empirically test whether GPs unintentionally discriminate against minority patients with mental health problems. Belgium provides an excellent case-study to explore this issue because of its regional diversity. As Flanders, Wallonia and Brussels differ in many relevant respects (e.g. with regard to the share of minority residents, the organization of the mental healthcare system, the prevalence of mental health problems), it will be possible to investigate the hypothesis that the reliance on stereotypes and unintentional discrimination is likely to be context-dependent. More specially, the REMEDI project aims to answer the following research questions:

1. Do patients' ethnic background and migration status influence GPs' attitudes and recommendations regarding treatment and referral?
2. Does the possible occurrence of unintentional discrimination differ between Flanders, Wallonia and Brussels? And if so, which contextual factors could possibly explain this?
3. How do GPs discursively construct their decision making regarding patients with a migration background suffering from mental health issues? How do GPs accounts of these patients add to the discursive justification, perpetuation and contestation of the measured attitudes, opinions and actual treatment and referral practices?
4. Which tools do GPs use to overcome possible (cultural, linguistics,…) barriers (that enable the use of cognitive shortcuts) in treating and referring patients with a migration background? Does intercultural mediation have thepotential to diminish possible unintentional discriminatory practices among GPs?

To answer these research questions, the team will use a mixed-method research design in which both quantitative and qualitative data will be collected for triangulation purposes. The quantitative research component will consist of a quasi-experimental video vignette study. The team will use three different video vignettes that simulate a conversation between a GP and a male patient who expresses symptoms of major depression, based on DSM-5 criteria. Except for migration background and status, all other content of the vignette will be held constant.

REMEDI

In sum, the team will design the following vignettes: one of an ethnic majority patient, one of an ethnic minority patient of Moroccan descent and one of an English-speaking patient with a refugee status who has a temporary residence permit and is currently in asylum application procedure. GPs will be randomly assigned to one of these three hypothetical scenarios and will be asked to diagnose the patient, to assess the severity of the displayed symptoms, to provide a possible treatment trajectory (if deemed necessary) and to refer the patient to specialized mental healthcare services (if deemed necessary). The qualitative research component will consist of a combination of qualitative, semi-structured interviews and focus groups with GPs who participate in the survey and agree to partake in a follow-up study. It will be analyzed how language is used by GPs to frame, justify, perpetuate and contest the previously measured attitudes and potential discrimination of minority patients with depressive symptoms.

The current research proposal is motivated by the effort to reduce disparities in healthcare. Our ultimate goal is to eliminate accessibility barriers to specialized mental healthcare services for minority patients by identifying and interpreting attitudes of GPs and by translating them into constructive knowledge and a training tool that will eradicate unconscious stereotyping. Besides, the proposed study will allow a better understanding of the potential of intercultural mediation in diminishing possible unintentional discriminatory practices among GPs.

The research findings will be submitted to both highly-regarded peer-reviewed international journals and professional journals (e.g. 'De Huisarts', 'Le journal du médécin'). They will also be presented at both international conferences and regional meetings of GPs. In addition, based on the results of the study, we will compile a condensed training module on cultural competency and unconscious discrimination, to be offered upon request at seminars for GPs or in existing courses for general GPs in training.

CONTACT INFORMATION

Coordinator

Piet Bracke
Universiteit Gent (UGent)
Sociologie
Piet.Bracke@UGent.be

Partners

Melissa Ceuterick
Universiteit Gent (UGent)
Sociologie
Melissa.Ceuterick@UGent.be

Vincent Lorant
Université catholique de Louvain (UCLouvain)
Faculty of Public Health
Vincent.Lorant@uclouvain.be

Brice Lepièce
Université catholique de Louvain (UCLouvain)
Faculty of Public Health
Brice.Lepiece@uclouvain.be

Marie Dauvrin
Université catholique de Louvain (UCLouvain)
Faculty of Public Health
Marie.Dauvrin@uclouvain.be

Stéphanie De Maesschalck
Universiteit Gent (UGent)
Department of Public Health and Primary Care
Stephanie.Demaesschalck@UGent.be

LINKS

http://www.hedera.ugent.be/projects/remedi