
Treatment of mental health problems of undocumented migrants by general practitioners:

views, experiences and expectations of both UMs and GPs



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Context

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Content

- Background
- Two different studies
- Results
- Overarching conclusions

Undocumented migrants in the Netherlands

- 60, 000 – 134, 000
- 1998:
 - no health care insurance
 - right to ‘medically necessary care’
 - reimbursement costs
- Acces hampered
 - Care providers
 - UMs



General practitioners in the Netherlands

- Gatekeeper
- Practice list of +/- 2500 patients
- Obligatory
- Duty to care for UMs: 80% reimbursement



Mental health problems UMs

- High prevalence of mental health problems among UMs in the Netherlands

AND

- if they contact health care, most often this is in consultations with GPs

HOWEVER

- medical records show low rates of mental health problems and of prescription of psychotropics



Aim

What are the views, experiences and expectations of UMs and GPs of the care for UMs with mental health problems?



Methods

Two qualitative semi-structured interview studies in the Netherlands:

(1) 15 UMs varying in age, gender, country of origin, and education

(2) 16 GPs with clinical expertise in the care of UMs

- Purposive sampling until saturation
- Semi-structured in-depth interviews
- Comparative analysis

Results UMs (1)

Self-rated general and mental health

- 5/15 'bad'
- All but one had mental health problems
- Reasons:
 - Directly related to status as UM
 - Past experiences
 - Worries about family

Results UMs (2)

Role of the GP

- 2/15 no GP
- Initial access difficult
- Continuity of care
- Care for physical health problems



Help seeking behaviour mental health problems

- GP as last resort
- Alternatives: religion, activities, friends

Results UMs (3)

Barriers

- General
- Specific to mental health:
 - Unawareness/lack of trust GP as doctor for mental health
 - Doctor-patiënt relationship
 - Taboo, stigma

Expectations

- Documents as solution
 - role GP
- Psychotropics vs counsel and advice

Results GPs (1)

Recording

- Recognition
- ‘Normal reaction to abnormal situation’, avoid stigmatising by not recording
- No added value of recording since no treatment options

Treatment

- Lower prescription rates – continuity of care
- Higher prescription rates – nothing else to offer
- Fewer referrals:
 - Own unfamiliarity
 - Failed past experience



Results GPs (2)

Barriers

- Low consultation rates, lack of continuity
- Physical presentation of mental health problems
- High number of competing problems
- UMs' lack of trust
- Organisational time pressures
- Difficulties in referral to secondary care

Solutions

- Personalised care
- Referral to primary care mental health professionals instead of secondary care institutions

Overarching conclusions

- Important role GPs in mental health problems UMs
- Pivotal role undocumented status
- Main facilitator: relationship based on **trust**



Implications for clinical practice

- Importance of continuity of care
 - One GP for all health problems
 - Low threshold accessing 'own' GP
 - One GP in practice
 - Active role GP
- UM stakeholders
- More transparency around mental health problems UMs



Questions?

