Utilisation of specialist mental health and addiction services in New Zealand: a comparative analysis of refugees with the general population

Abstract

Background This study describes and compares the utilisation rates of specialist mental health and addiction (MH) services between different refugee groups and the New Zealand (NZ) resident population.

Methods Using linked data in Statistics NZ's Integrated Data Infrastructure, we identified 23,709 individuals with anasylum seeker or refugee visa who stayed in NZ for at least 6 months. Logistic regression models compared the use of MH services between different refugee groups (quota refugees, convention refugees, family reunification, and asylum seekers). We conducted cox regression hazard models to investigate the time to the first service use between refugee groups and a sample of NZ resident population, including NZ-born and overseas-born individuals.

Results Adjusting for age, sex, ethnicity, neighbourhood deprivation, and time spent in NZ, we found that asylum seekers, family, and convention refugees were less likely to utilise MH services than quota refugees. The following groups had higher odds of utilising MH services: females compared with males (OR = 1.46, 95%CI = 1.35, 1.59) and those living in more deprived neighbourhoods compared with less deprived areas (OR = 1.27; 95%CI = 1.18, 1.38). Quota refuges were more likely to use MH services compared to the NZ-born group (HR = 1.94, 95%CI = 1.86, 2.03). Convention, family and asylum seekers were less likely to utilise MH services than the NZ-born population (HR = 0.82; [95% CI = 0.76, 0.89], HR = 0.54; [95% CI = 0.46, 0.64], and HR = 0.71, [95%=0.59, 0.86], respectively). We found that quota refugees' primary source of MH service use was NGOs whereas for other refugee sub-groups, it has been District Health Boards.

Conclusion The use of MH services differed between refugee groups. Quota refugees were more likely to utilise services, mainly from NGOs, with women and those who lived in the most deprived areas more likely to use MH services. These results have policy implications, such as improving early service accessibility for all refugee sub-groups.