



RESPOND Newsletter

Welcome to the Newsletter of the research project RESPOND.

The aim of the project, which is funded by the German Ministry for Education and Research (BMBF), is to improve the evidence base for refugee health service provision in Germany. The project covers five years (2016-2021) and nine work packages, in which we investigate important research questions using qualitative, quantitative and routine data sources.

This issue of the newsletter focuses on a variety of screening procedures for newly arriving asylum seekers. In this context, we previously undertook a comparison of the varying screening strategies of the German federal states (link to article [here](#)), and have now taken a closer look specifically at the screening-strategies for tuberculosis. We also report the results of modelling study which examined the potential cost-utility of a screening for mental illness. Finally, we are pleased to report that we have recently been able to secure funding for a project to continue the work we have started as part of RESPOND, to generate further evidence on the contextual effects on health and access to healthcare for asylum seekers.

Please feel free to forward this email to interested colleagues; these can then subscribe using the form on our [website](#).

Kind regards,

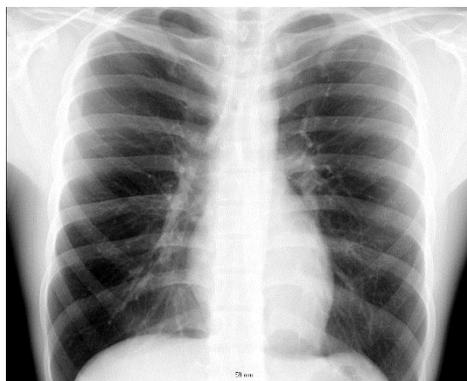
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and Maren Hintermeier (*research assistant*)



Cost-utility analysis of mental health screening

Current evidence shows that refugees have a considerable risk for mental illness, but at the same time experience substantial barriers to accessing appropriate care. Part of the problem is that underlying problems are not adequately identified, or that refugees are unsure who they can turn to if they experience symptoms. To facilitate access to adequate care, several actors in Germany (such as the National Academy of Sciences, Leopoldina) have suggested a standardised examination for mental health among asylum seekers, for example as part of the routine health entry examination or in a primary care setting. However, very little evidence is currently available on the (cost-)effectiveness of such an intervention, that is to say, if the costs incurred by the introduction of a screening programme are matched by expected benefits. As part of the research project RESPOND, a recently published modelling study examined the potential cost-utility of a systematic screening for depression among newly arriving asylum seekers in Germany. To this end, a hypothetical, but practically feasible, screening pathway was modelled, in which all newly arriving asylum seekers are screening using the validated and standardised PHQ9 questionnaire (Patient health Questionnaire 9), and referred to therapeutic care in the case of a diagnosis. Results show that a screening intervention has the potential to be cost-effective, but that certain factors, such as adherence to follow-up appointments and type of treatment, may substantially affect this result. Further research in this field is much needed, especially regarding the costs of the intervention and the acceptability and accessibility of care following screening.

You can find the full-text version of the article [here](#).



Thresholds for tuberculosis-screening

Most European countries carry out a screening for tuberculosis (TB) among newly arriving asylum seekers. Although asylum seekers have an increased risk for TB, this risk is highly

variable with respect to the country of origin. This heterogeneity has led to doubts about the cost-utility of indiscriminate screening programmes. As part of the research project RESPOND, we compared data on the incidence of TB among asylum seekers in Germany with the incidence in their countries of origin in a recently published study. Data from the obligatory entry examinations for asylum seekers in a reception centre in the federal state of Baden-Württemberg from 2002-2015 was used, as well as country-level data on TB incidence from the World Health Organization. The study shows that the risk of TB among asylum seekers from countries with a high incidence of TB is about four times higher than the TB risk of asylum seekers from other countries. This insight could substantially improve the efficiency of TB screening programmes, for example by determining country-specific thresholds. Results show that a country-specific threshold using a TB incidence of 50-100 cases (per 100,000) results in a low rate of false-negative results, i.e. missed cases of active TB. Despite the evidence, currently only few countries (such as the Netherlands) use targeted screening approaches. Further work on this topic in RESPOND will be concerned with the cost-effectiveness of country-specific thresholds to guide the implementation of targeted screening approaches.

You can find the full-text version of the article [here](#).

Funding of a DFG Research Unit in Public Health with Heidelberg subproject NEXUS

We're delighted to be able to continue our research into the health and healthcare for asylum seekers and refugees in the future. The German Research Foundation (DFG) is currently setting up new research groups, with three projects in the area of public health. The research group "Refugee migration to Germany: a magnifying glass for broader public health challenges", hosted at Bielefeld University, has received one of these project grants. The sub-project "NEXUS" ("Natural experiment on contextual effect on health and health care among refugees") will be supported by the DFG at Heidelberg University Hospital for three years. NEXUS is a continuation of the approaches developed as part of RESPOND, and examines the effect of the place of residence and associated contextual factors on the health of asylum seekers, with the aim of further understanding health inequalities and influence strategies to reduce these.

You can find the press release (in German) [here](#).