

NAVIGATING DATA IN IDI TO UNLOCK REFUGEE'S MENTAL HEALTH SERVICE REACH

Insights from population data within IDI

By Arezoo Malihi



Acknowledgement

Stats NZ is the source for any tables, graphs, or data (supplied by Stats NZ) that are quoted in this presentation. Disclaimer – We take full responsibility for the paper, that Stats NZ will not be held accountable for any error or inaccurate findings within this presentation. We acknowledge that access to data is in accordance with the Statistics Act 1975.

DISCLAIMER (IDI)

These results are not official statistics. They have been created for research purposes from the [Integrated Data Infrastructure (IDI) which [is/are] carefully managed by Stats NZ. For more information about the [IDI and/or LBD] please visit <https://www.stats.govt.nz/integrated-data/>.

DISCLAIMER (IRD Tax Data)

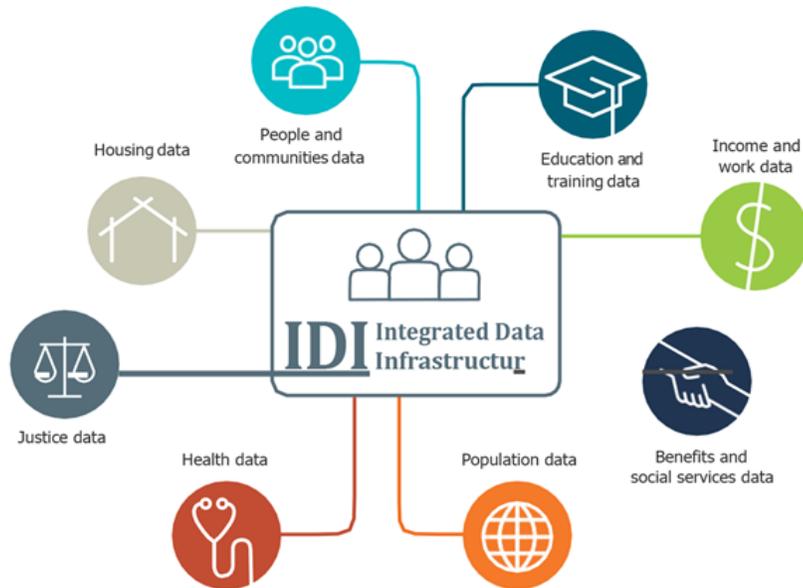
The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes and is not related to the data's ability to support Inland Revenue's core operational requirements.

DISCLAIMER (Census)

Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 1975. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.

HOW WE GOT OUR REFUGEE DATA

Stats NZ's Integrated Data Infrastructure (IDI) is a large research database containing de-identified microdata about people and households.



The IDI contains person-centred microdata from a range of government agencies, Stats NZ surveys including the 2013 Census, and non-government organisations. For more information about data in the IDI, see www.stats.govt.nz/integrated-data/integrated-data-infrastructure

The Longitudinal Business Database (LBD) complements the IDI with microdata about businesses. For more information about data in the LBD, see www.stats.govt.nz/integrated-data/longitudinal-business-database

Health data

- B4 School Checks – from 2011
- Cancer registrations – from 1995
- Chronic conditions – from 2007
- General medical services claims – from 2002
- Health tracker – 2006-13
- Laboratory claims – from 2003
- Mortality – from 1988
- Immunisation – from 2006
- National non-admitted patient collection – from 2007
- Pharmaceuticals – from 2005
- PHO enrolments – from 2003
- Population cohort demographics and addresses – from 2004
- Mental health and addiction – from 2008
- Publicly funded hospital discharges – from 1988
- National Needs Assessment and Service Coordination Information System (SOCRATES)
- Maternity – from 2003

Education and training data

- Early childhood education participation – from 2008
- Primary education – from 2007
- Secondary education – from 2004
- Tertiary education – from 1994
- Industry training – from 2001
- Targeted training – from 2001
- Adult competency assessments – from 2014

Benefits and social services data

- Benefits – from 1990
- Youth services – from 2004
- Children's Action Plan – from 1996
- Working for Families – from 2003
- Child, Youth, and Family – from 1991
- Student loans and allowances – from 1992
- ACC injury claims – from 1994
- Family Start – from 2008

Justice data

- Recorded crime: offenders – from 2009
- Recorded crime: victims – from 2014
- Court charges – from 1992
- Sentencing and remand – from 1998

People and communities data

- Auckland City Mission – from 1996
- Migrant Survey – from 2012
- Driver licence and motor vehicle registers
- Longitudinal Immigration Survey of NZ – 2005-09
- General Social Survey – 2008-2016
- Disability Survey – 2013
- Te Kupenga – 2013

Population data

- Border movements – from 1997
- Visa applications – from 1997
- Departure and arrival cards – from 1997
- 2013 Census
- Births, deaths, marriages, and civil unions – from 1840

Income and work data

- Tax and income – from 1999
- NZ Income Survey – from 2006
- Household Labour Force Survey – from 2006
- Survey of Family, Income, and Employment – 2002-10
- Household Economic Survey – from 2006

Housing data

- Tenancy – from 2000
- Social housing – from 1980

WHY RESEARCH REFUGEES' MENTAL HEALTH

- Over 100 million forcibly displaced at the end of 2022.¹
- Refugees are often exposed to significant trauma.
- Underutilisation of MH health services has been reported in the literature.
- NZ increased quota from 1000 to 1500 people in 2020's commitment as a signatory of the 1951 Convention
- NZ doubled the numbers for recipients of RFSC from 300 to 600 places
- In addition, an average of 398 people apply for asylum within NZ annually
- Settlement Strategy to date

AIMS/METHODS

- Proportions of refugees who ever utilised specialist Mental Health (MH) services in NZ
- Characteristics of those used MH specialist services
- Time to the first MH utilisation in refugees and a sample of resident population
- Case identification of MH conditions (using Bowden, 2020¹ and Social Wellbeing Agency² definitions)
 - (1) Programme for the Integration of Mental Health Data (PRIMHD)
 - (2) National Minimum Dataset (NMDS) national collection of publicly funded hospital discharge information
 - (3) The Pharmaceutical Collection (PHARMAC)
 - (4) SOCRATES (the national data of the MOH for Disability Support Services clients and service providers)
 - (5) The Laboratory Claims (LAB) collection contains claim and payment info for laboratory tests
 - (6) MSD incapacity events (from medical certificates related to incapacity-related benefit receipt)

FLOW CHART OF ADULT REFUGEE COHORT

37,737

- Refugee or Asylum seekers with an approved decision

35,070 Lived in NZ

- 21 ministerial
- 2475 with data in the INZ decision tables only
- 159 arrived in 2021, 27 did not return or left NZ before a decision

33,894 lived in for at least one year

24,894 adults aged 16-65 years

Final Cohort

- 10,629 Quota -----2445 Family-----5358 Convention-----5280 Asylum

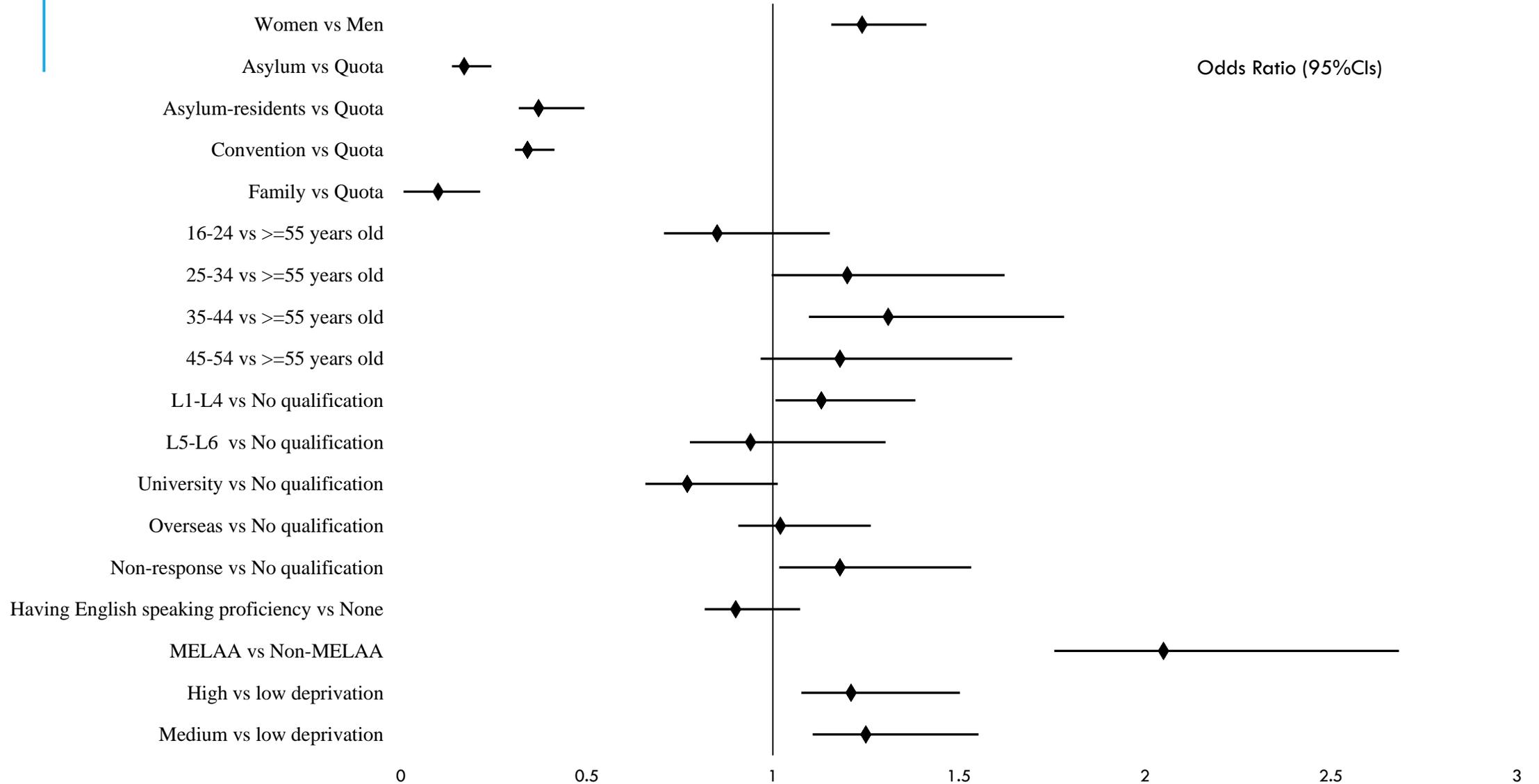


Auckland Medical
Research Foundation
est. 1955

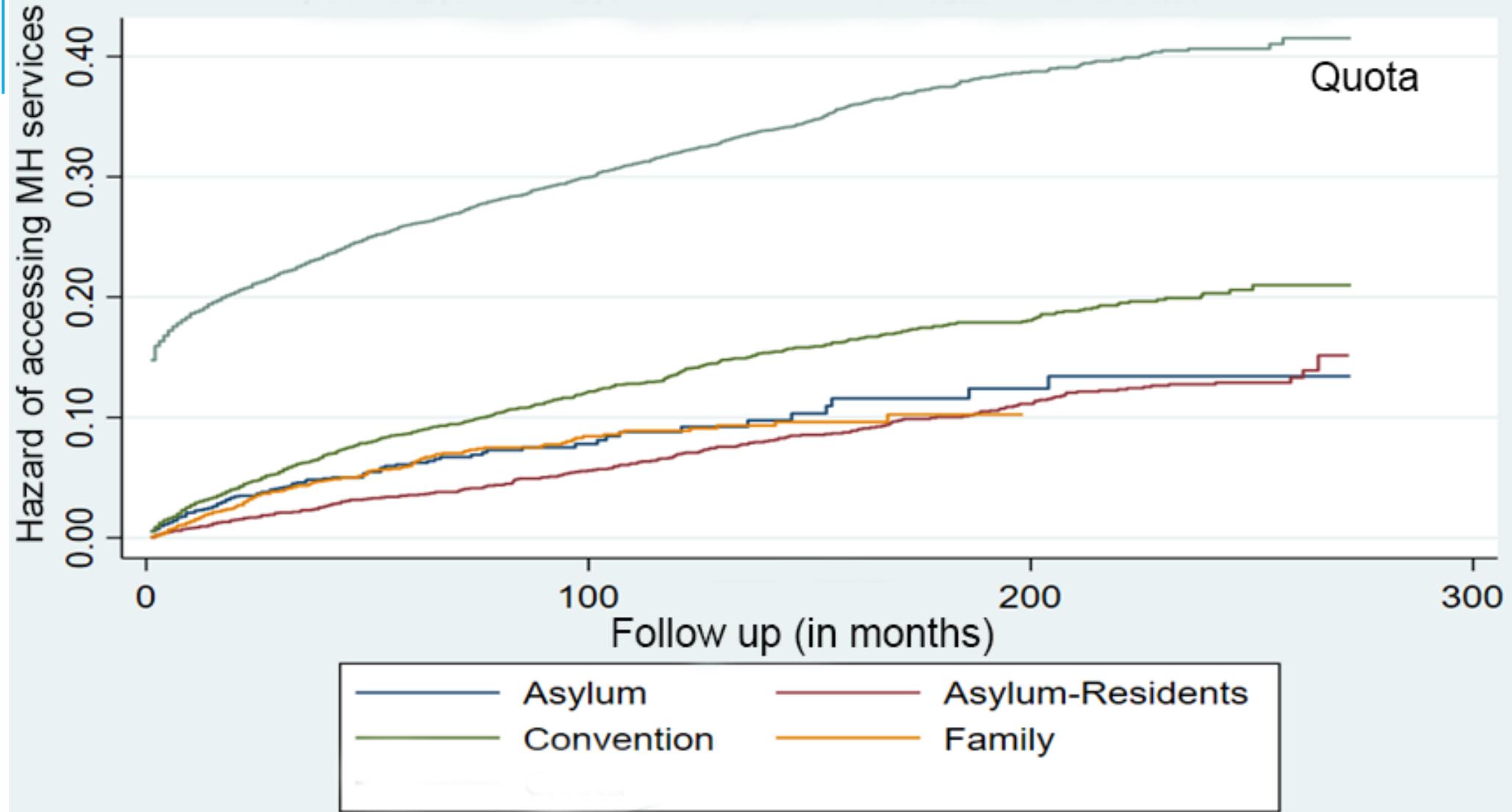
WHO REACHED MH-SERVICES (PRIMHD), BY SUBGROUP

Variables		Utilized mental Health services	No mental health service utilization	Total
n (row%)	Total	5058 (21.3)	18657 (78.7)	23715
Sex	Male	2472 (18.2)	11112 (81.8)	13584
	Female	2586 (25.5)	7545 (74.5)	10134
Group	Asylum	153 (5.0)	2892 (94.9)	3048
	Asylum-Residents	225 (10.1)	2007 (90.0)	2232
	Convention	735 (13.7)	4623 (86.3)	5358
	Family	153 (6.3)	2292 (93.7)	2445
	Quota	3789 (35.6)	6843 (64.4)	10629

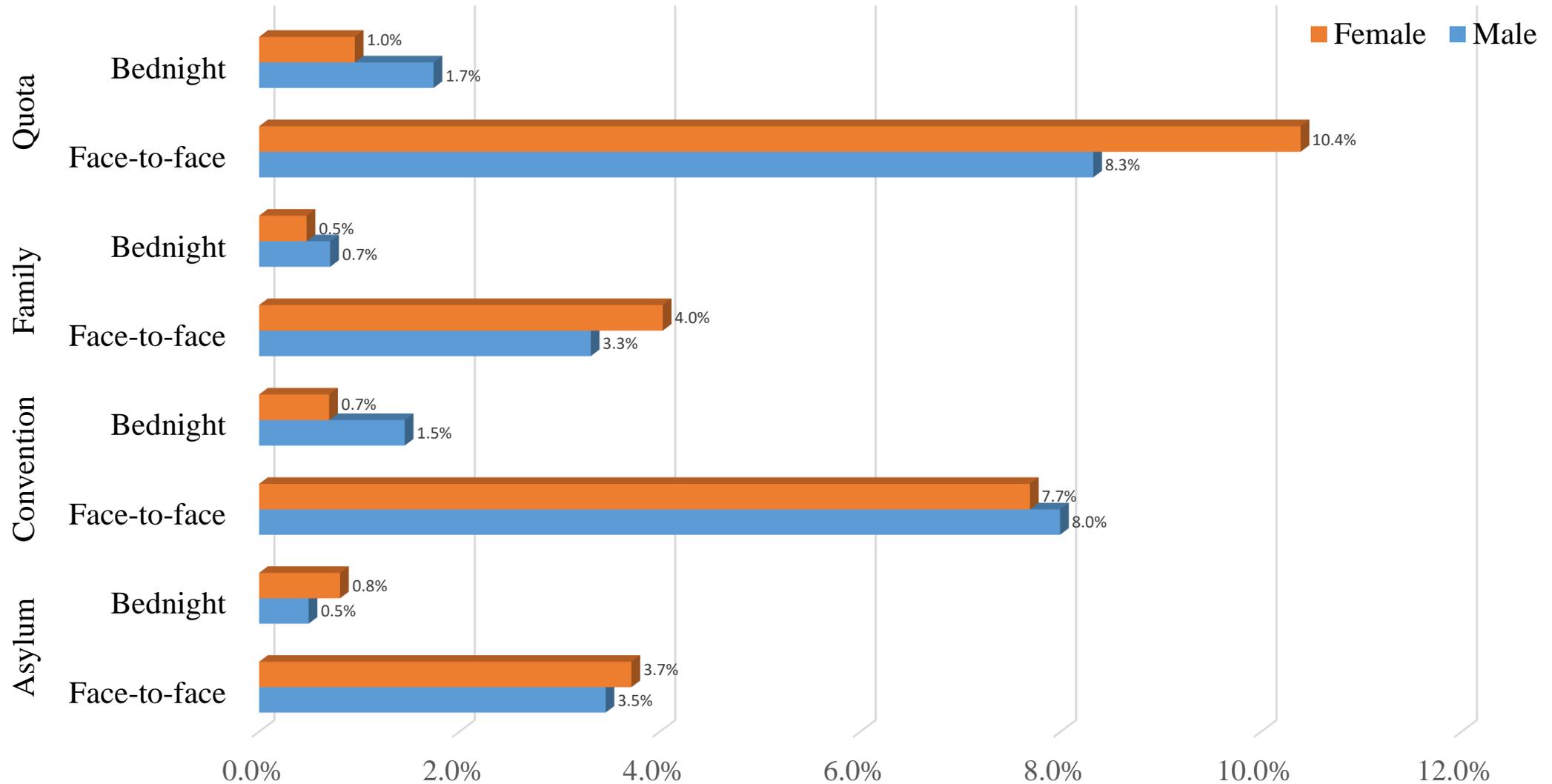
FACTORS INFLUENCING SERVICE USE



TIME TO THE FIRST SERVICE ACCESS (MENTAL HEALTH SERVICES)



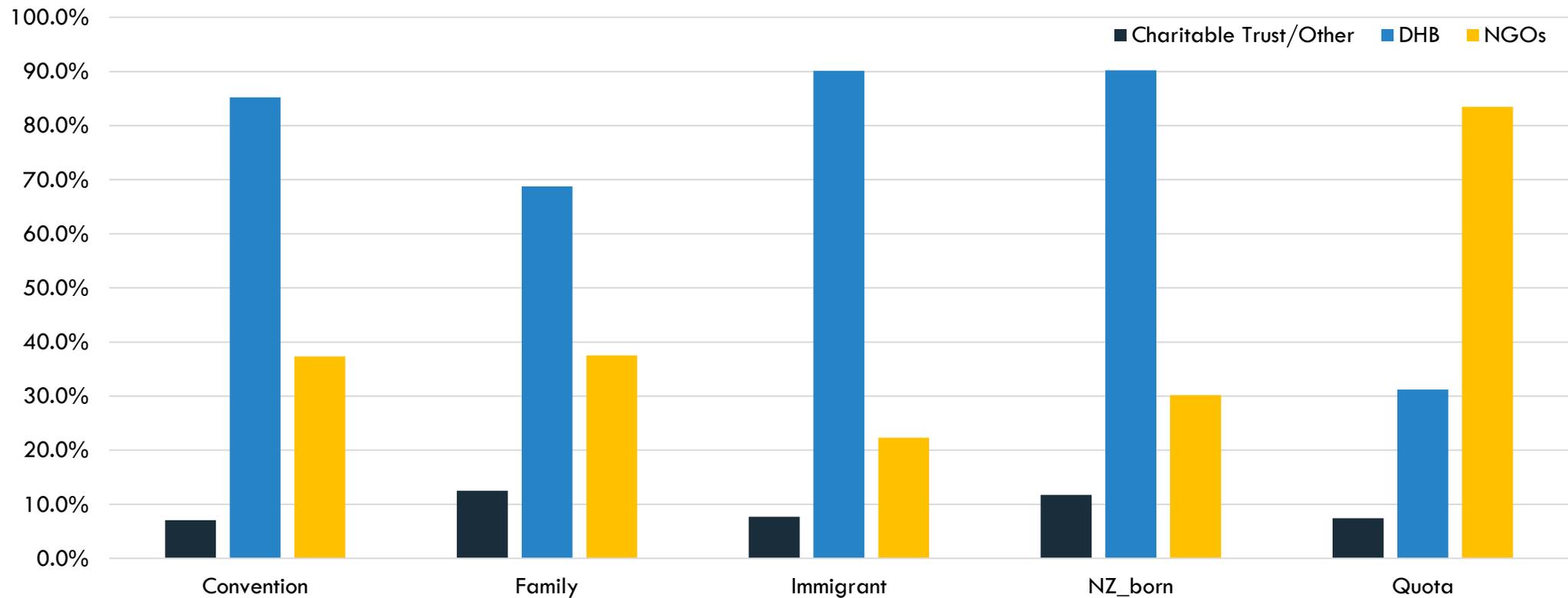
ACCESS TO SPECIALIST MENTAL HEALTH SERVICES



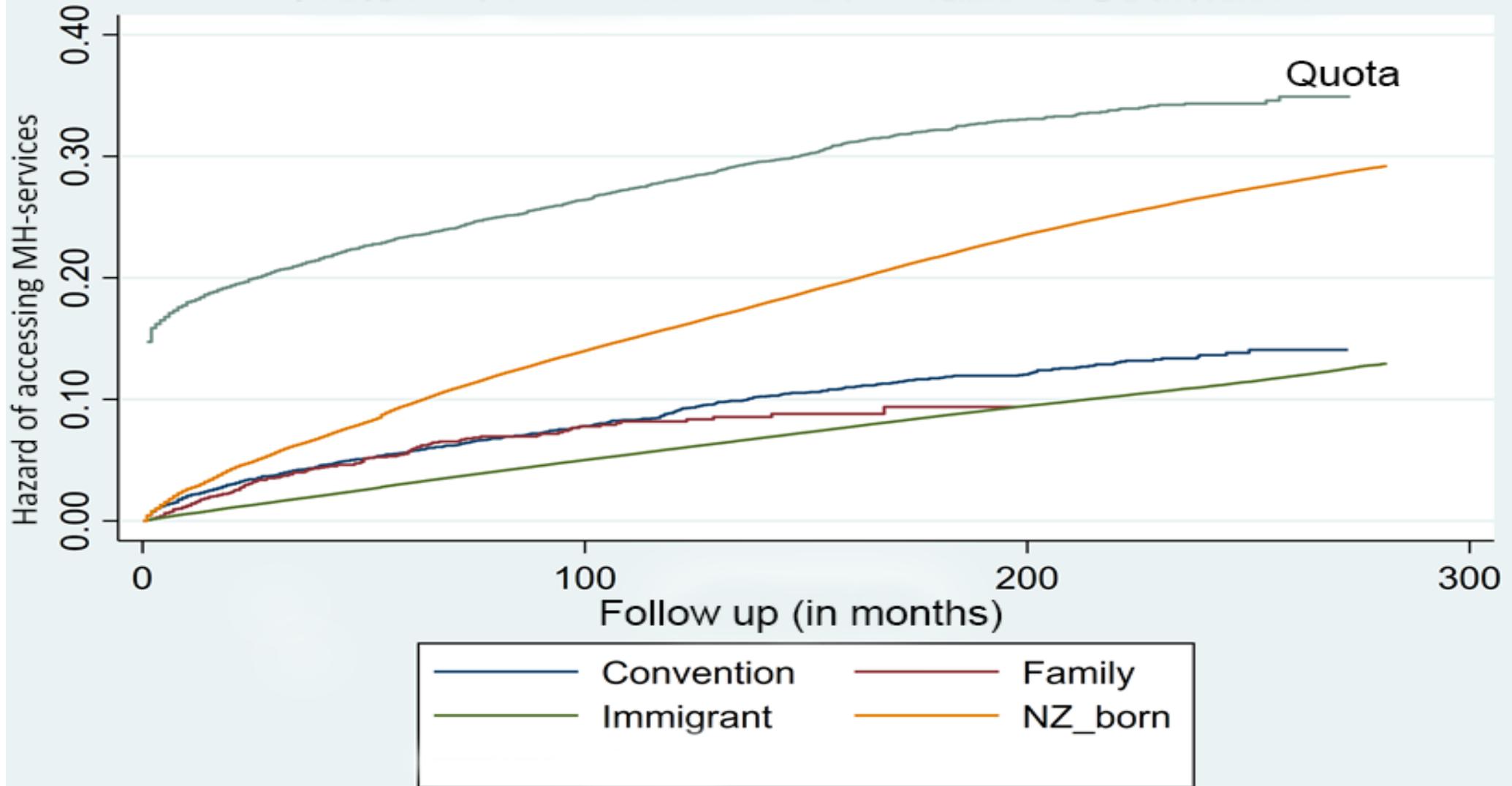
INCIDENCE RATE RATIO

Parameter	Level	Wald Chi-Square	Pr > ChiSq		
				*IRR	95%CI
Group (Ref: quota)	Non-resident asylums	60.51	<.0001	2.52	2.00,3.19
	Resident asylums	6.37	0.012	1.49	1.09,2.02
	Convention	24.69	<.0001	1.36	1.21,1.54
	Family	25.17	<.0001	1.69	1.38,2.08
	Quota	-	-	1.00	-

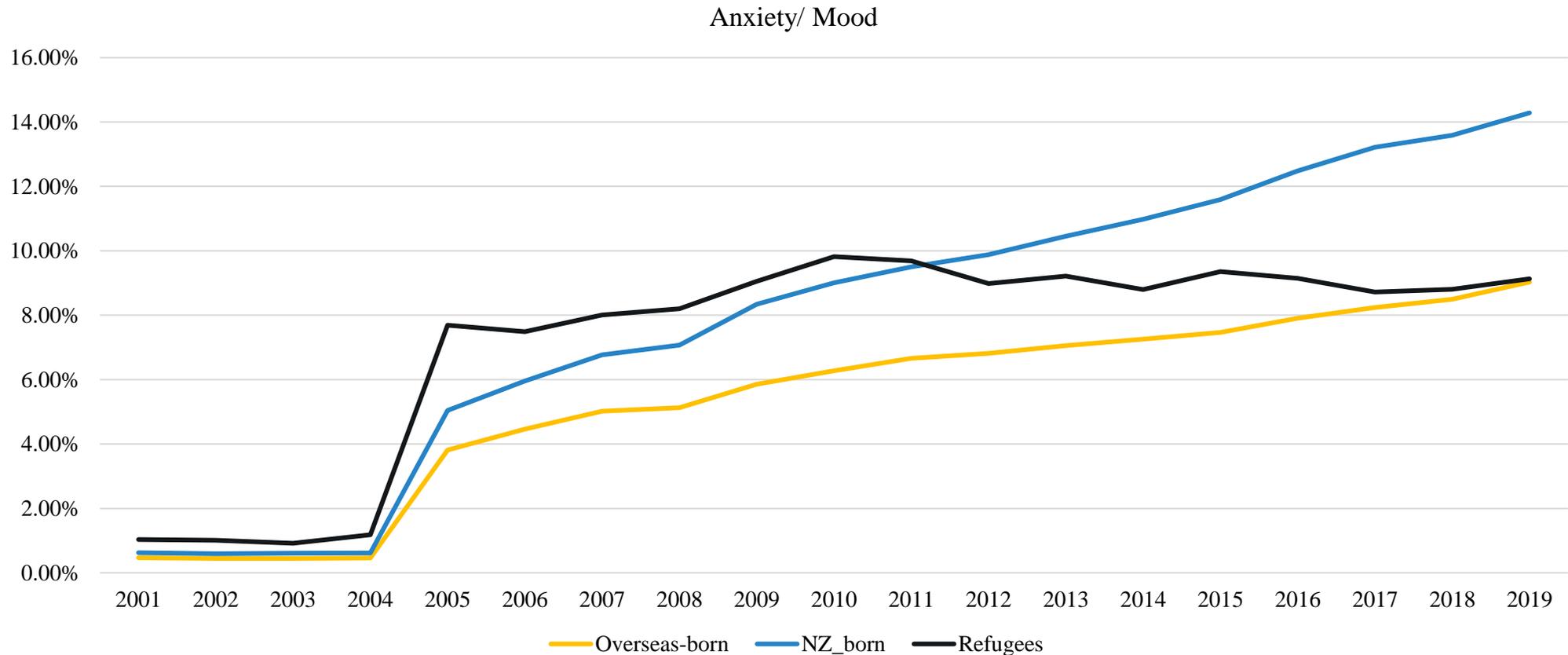
MENTAL HEALTH SPECIALIST SERVICE PROVIDERS



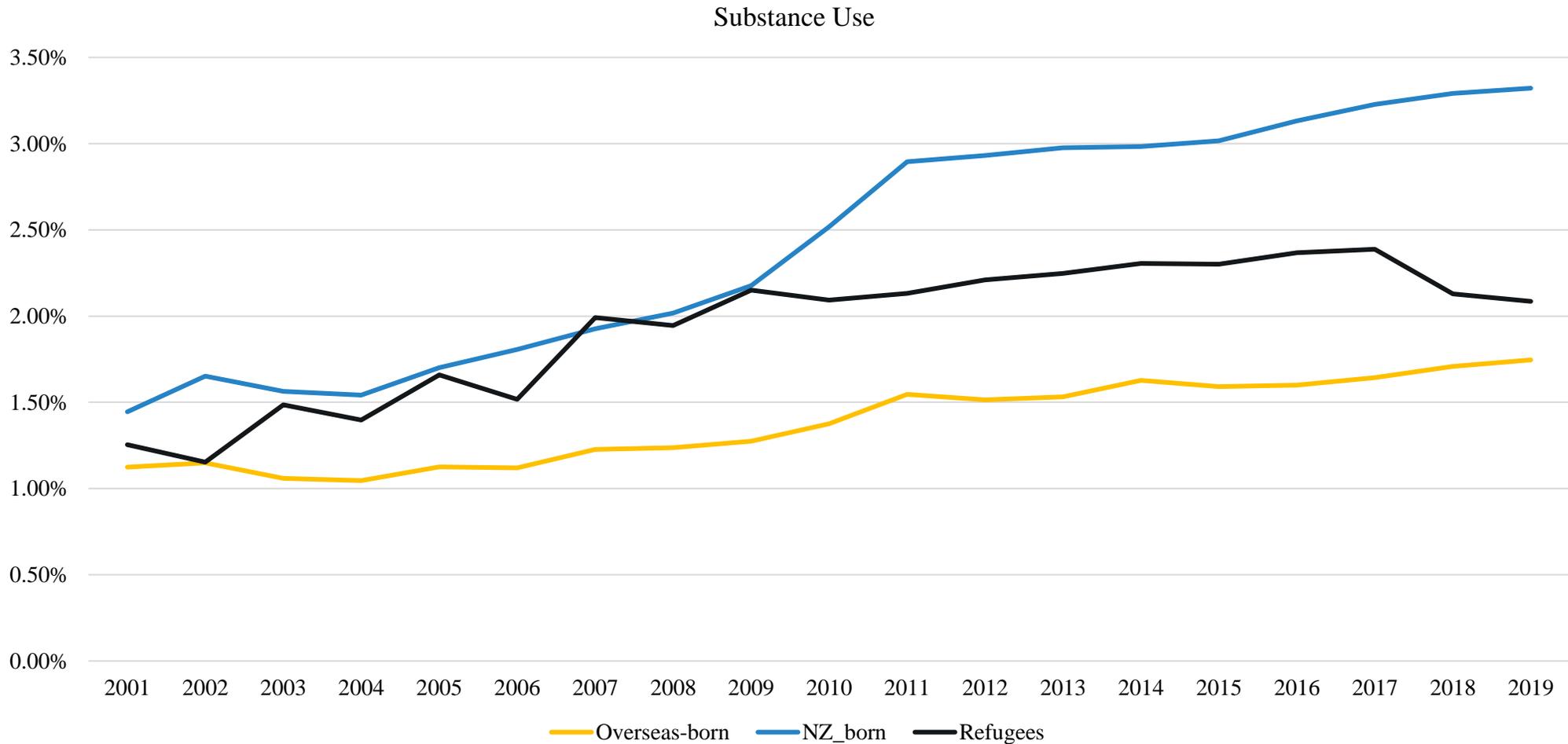
TIME TO THE FIRST SERVICE REACH/COMPARED WITH A SAMPLE POPULATION



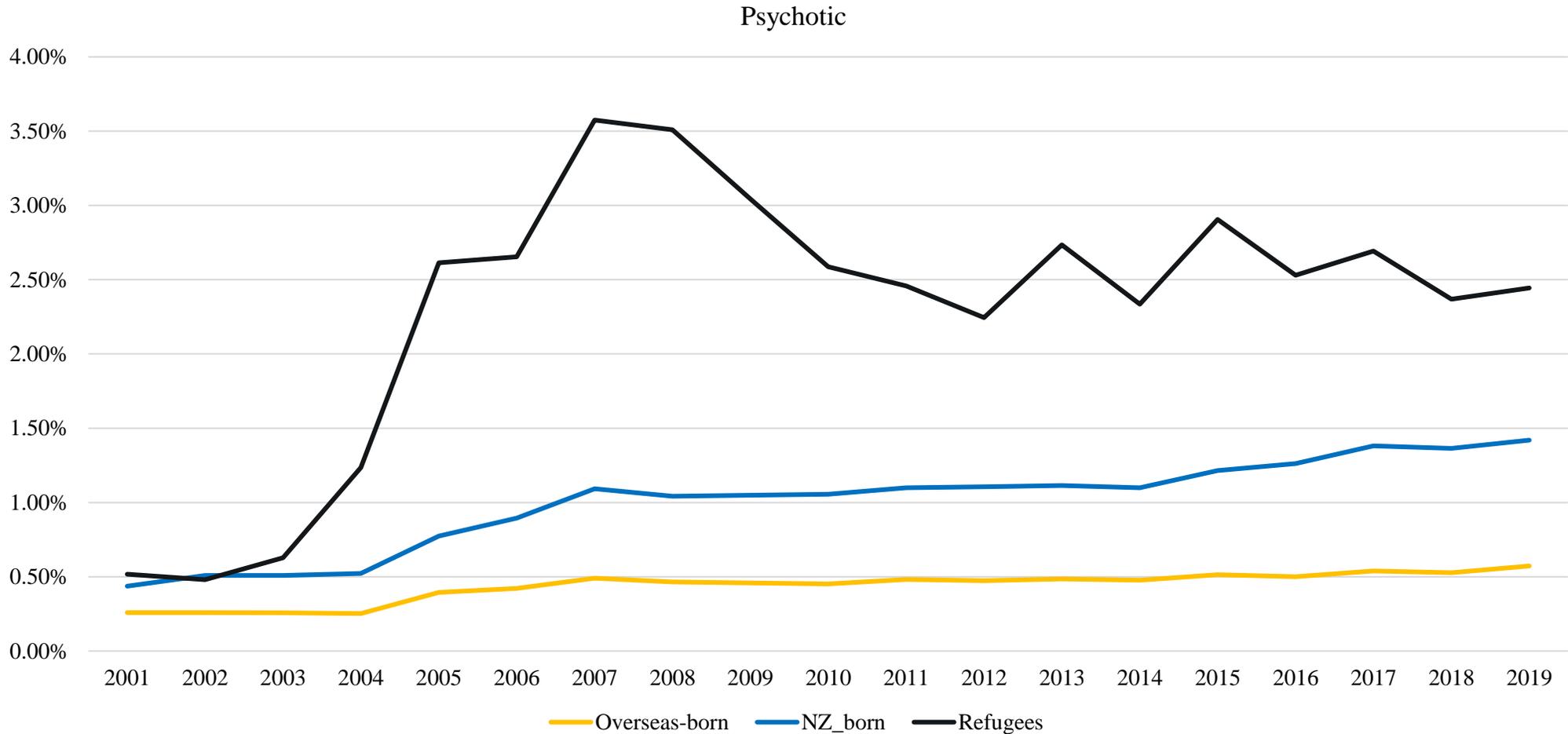
ANXIETY/MOOD DISORDERS IN RESIDENT POPULATION AND REFUGEES



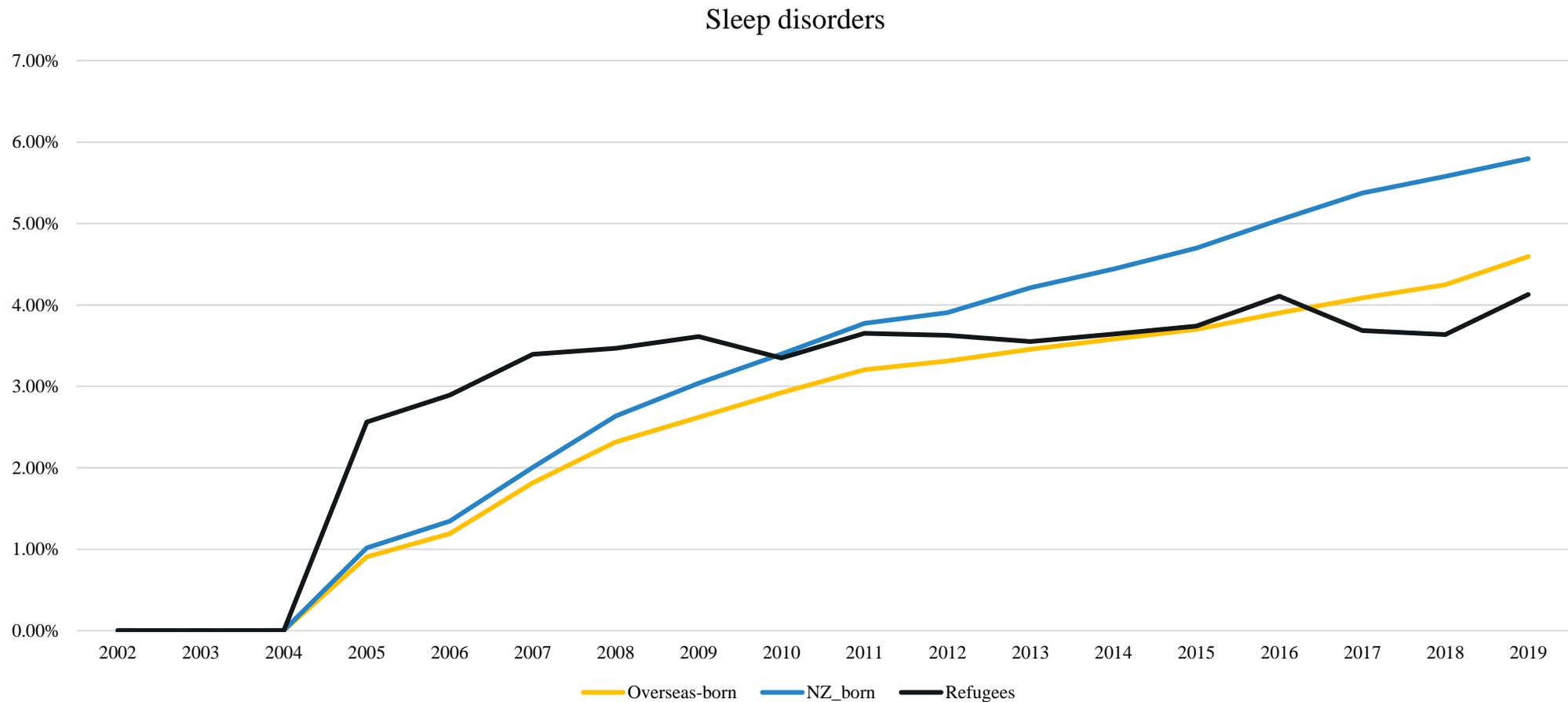
SUBSTANCE USE IN RESIDENT POPULATION AND REFUGEES



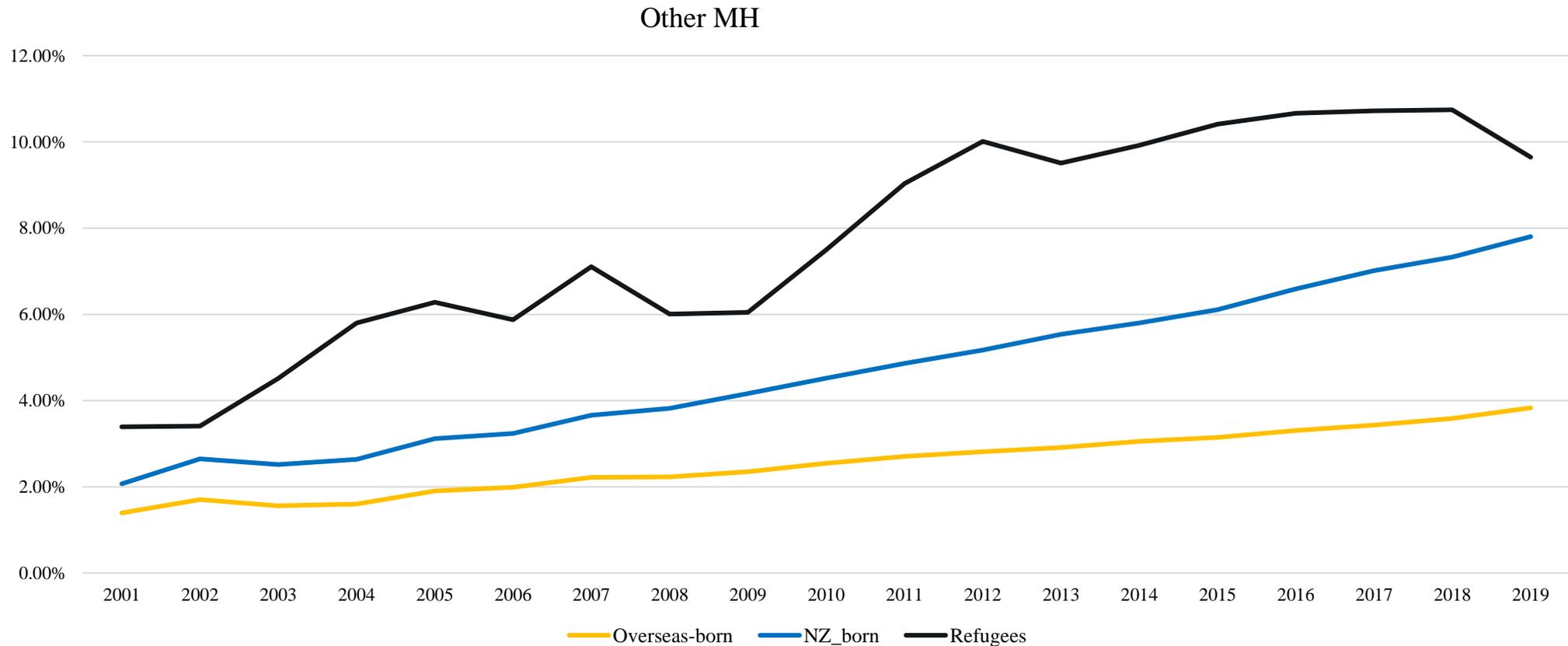
PSYCHOTIC DISORDERS IN RESIDENT POPULATION AND REFUGEES



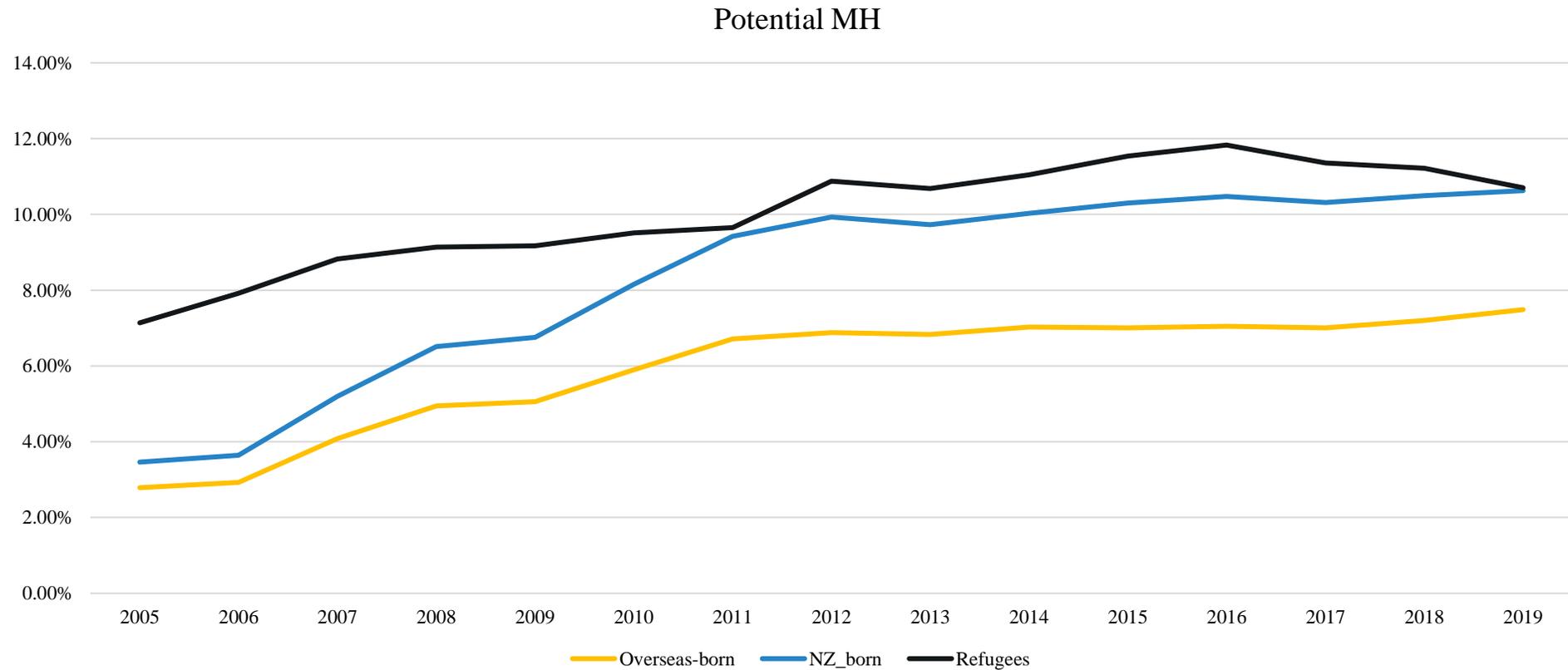
SLEEP DISORDERS IN RESIDENT POPULATION AND REFUGEES



OTHER MENTAL HEALTH CONDITIONS IN RESIDENT POPULATION AND REFUGEES



POTENTIAL MH DISORDERS IN RESIDENT POPULATION AND REFUGEES (PHARMA)



Take home message?!

- ▶ Refugees service use differed between subgroup refugees, with Quota more likely to use services!
- ▶ NZ-born and immigrants comparison with convention and family refugees.
- ▶ The role of NGOs
- ▶ Precautions:
 - Limitations: What can this data answer?
 - WHAT not necessarily WHY
 - Interpretation

IDI journey



- ▶ Lessons learned from a Datalab based research
- ▶ Collaborators; help, guidance, leadership
- ▶ Challenges; with time, resources, delays
- ▶ Plan ahead; Lessons from different writing applications

Next steps

- ▶ Investigating mental wellbeing within IDI
- ▶ Associations between MH identification and long-term chronic conditions
- ▶ Consultation with stakeholders/RAP/RASNZ and former refugees
- ▶ Collaborations to do quantitative and qualitative research on MH
- ▶ Refugee voices
- ▶ Aim for impact

ACKNOWLEDGMENT

PROF JAY MARLOWE; RUTHERFORD DISCOVERY FELLOWSHIP

AUCKLAND MEDICAL RESEARCH FOUNDATION (AMRF)

COMPASS TEAM: Associate Prof Barry Milne, Jessica McLay, and all Datalab team

Associate Prof Dan Exeter and Jessie Colbert: Mobility study

Refugees Advisory Group: Susan Elliot, Deborah Manning, Tim Fadgen, Abann Kamyay Yo, Bilal Nasier, Bernard Sama, Maria Ahmad, Kat Eghdamian, Red Cross, Asylum Seeker Trust, Amanda Aye, Seini O'Connor, and Dr Janine Paynter

IMMIGRATION NZ RESEARCH ANALYST TEAM: Anne-Marie Masgoret and Andrew Hoy

Prof Sholeh Maani – Economist

STATS NZ team

-Rooz, Fredrieke

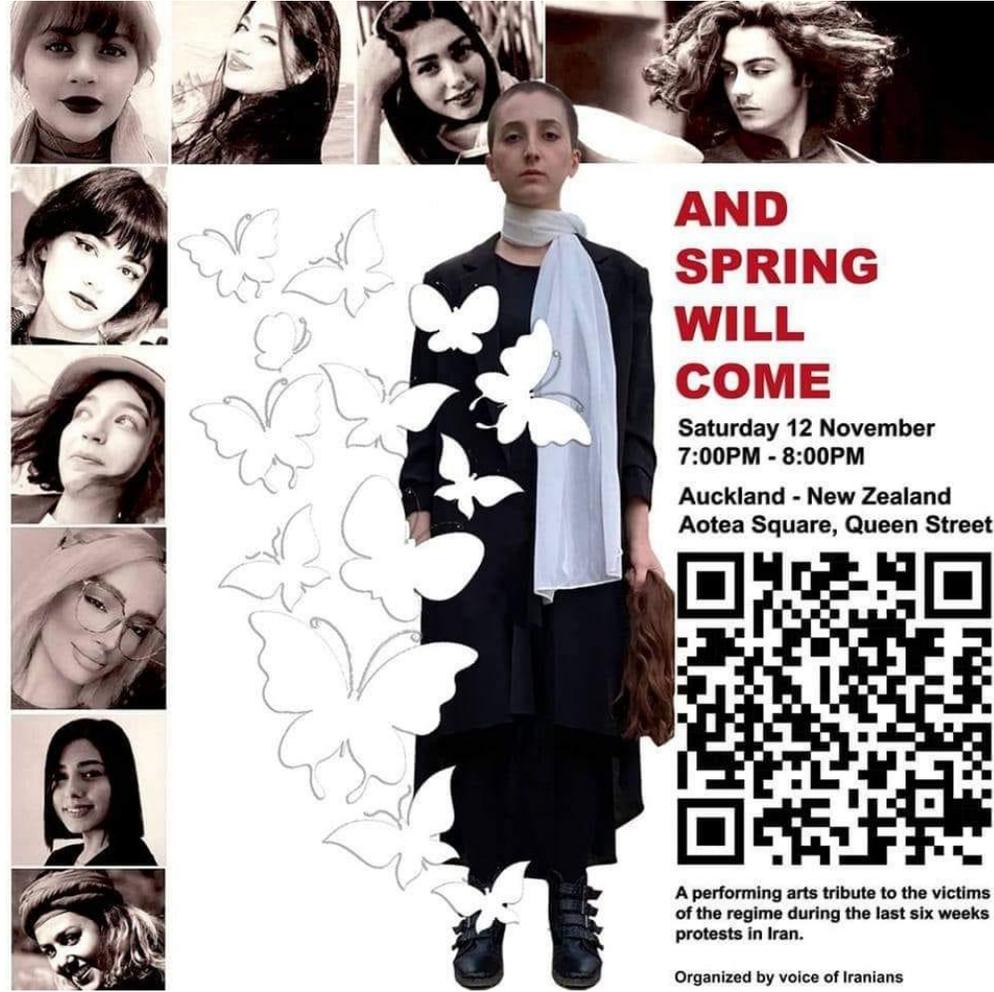


To love is Human

To feel is Human

Yet to still love despite the pain is pure angel.

Rumi



Poster created by the Iranian Community in New Zealand