AIRIS PATTERNS OF MENTAL HEALTH SERVICE USE DURING THE COVID-19 PANDEMIC AMONG IMMIGRANT AND NON-IMMIGRANT YOUTH IN BRITISH COLUMBIA

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BACKGROUND

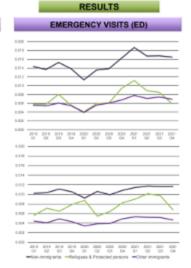
- The COVID-19 pandemic and associated public health measures negatively impacted the mental health (MH) of youth.
- Immigrants and refugees had barriers to healthcare services prior to the COVID-19 pandemic and these may have been compounded.
- We examined changes in patterns of MH service use (community physician visits, emergency department, hospitalizations) during the COVID-19 pandemic among immigrant and non-immigrant youth.

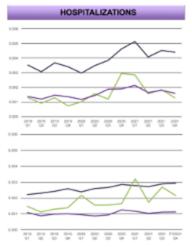
METHODS

- We used linked, population-based administrative data through Population Data BC to calculate the rate of MH service use in BC from 2019 to 2021.
- The study population includes all people ages 10-24 registered for BC MSP during the study period. We stratified analysis by administrative sex ("male" / "female") and compared MH service use by immigration groups: non-immigrants, refugees and protected persons, and other immigrants.

COMMUNITY PHYSICIAN MH VISITS

2019 2019 2020 073 094 00





RESULTS

2021 2021 2021 2021 01 00 00 04

- Before and during the COVID-19 pandemic, MH service use was lower among immigrant vs. non-immigrant youth, especially for community-based physician visits.
- There was a greater increase in emergency department visits and hospitalizations among refugees and protected persons than non-immigrant
- People with "female" administrative sex used more MH services overall, but 'male' refugees and protected persons had increased ED visits and hospitalizations.

CONCLUSIONS

- Throughout the COVID-19 pendemic, the increase in the use of urgent MH services (emergency department visits and hospitalizations) was greate than in community-based physician services for immigrant youth.
- These changes varied notably by administrative sex and immigration
- We need policy interventions at all levels to support better and more equitable access to community healthcare services that meet immigrants' MH needs and reduce long-standing gaps in access to MH services.











