

Refugee health

This week's Update provides an overview of how GPs can become involved in the healthcare of refugees.

This week's Update is by
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Introduction

GENERAL practice involves seeing patients from a wide variety of backgrounds and cultures.

Providing healthcare to migrants can present specific issues surrounding communication and management. While migrants overall have health that is perhaps better than the average Australian-born person, there are subgroups within the migrant community with higher rates of specific health problems. One group with significant health disadvantages is refugees, particularly those who have arrived recently.

Refugee health is a source of interesting and rewarding medicine, as it offers the chance to help people who have endured human rights abuses overseas. Some individuals will be accessing sophisticated medical care for the first time. GPs treating refugees have the opportunity to use a wide range of skills involving cross-cultural communication, returned traveller health, mental health, and many other disciplines. They may also be able to form links with specialised refugee health services that exist in all capital cities and in some rural and regional areas.



Crosscultural communication: Medical officer Dr Anne Eastwood with a patient at the NSW Refugee Health Service.

Photo by Dr Mitchell Smith

Defining refugee status

Refugee outflows originate from man-made events which are generally political in nature. Refugees typically have a history of persecution and/or human rights abuses in their home countries. The UN definition, coined more than 50 years ago, states that refugees are people who flee their country because of a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership of a particular social group.

A refugee either cannot return home or is afraid to do so.¹

Asylum seekers are people who have left their homeland but have yet to receive official recognition as refugees.

The Australian Government currently offers 13,500 visas for permanent settlement each year for persons of refugee background. Most of these places are for people with formal refugee status overseas, or others who don't meet the formal

definition but are at risk of human rights abuses and have links in Australia; that is, relatives or community groups willing to sponsor them. A proportion of the total is set aside for protection visas awarded to asylum seekers who are successful in their claim for refugee status.

Victoria and NSW settle most refugees*, but other states and territories take their share (see Table 1). The current region of origin for the Australian

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Alicia Bonomo, practice nurse, Tamworth, NSW

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Government's offshore Humanitarian Program is evenly divided between those originating from Africa, Asia and the Middle East (see Table 2).

A small proportion of visas from the humanitarian program total is awarded to people who travel to Australia and then seek asylum. Although some of these people must wait in immigration detention while their refugee status determination is proceeding, most live in the community during this time and may access GPs for healthcare.

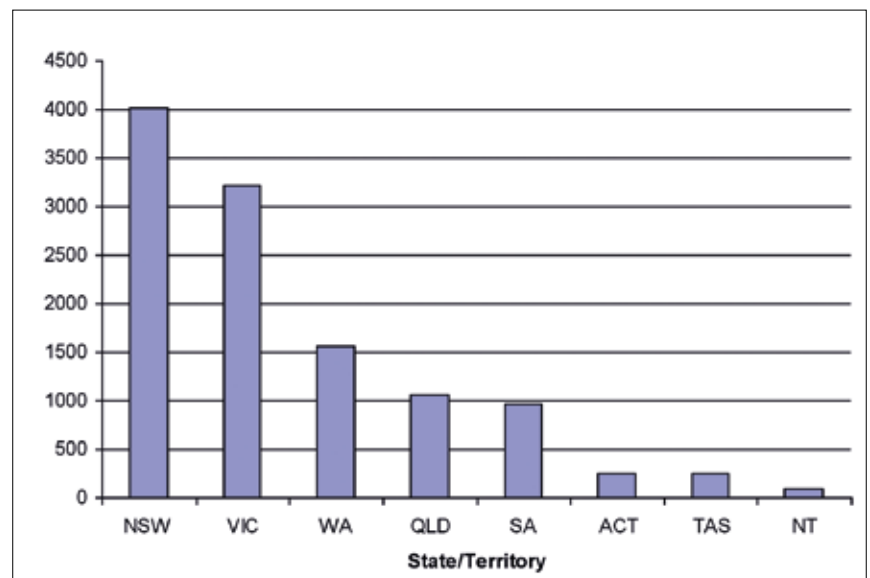
The refugee experience can have a major impact on health. Refugees may have endured adverse situations in their country of origin, during their flight, or while in exile seeking asylum. These may include:^{2,3,4,5}

- War or civil unrest

- Long-term persecution, repression and deprivation
- Separation from, and loss of, family and friends
- Imprisonment without trial
- Actual or threatened beatings, torture and rape, or witnessing of same
- Overcrowding, poor hygiene and under-nutrition, particularly if imprisoned or in refugee camps
- Poor health care, due to destruction of infrastructure, disruption to preventive and curative services, or limited access to health services while fleeing or in exile.

* This generic term is used here to describe all those awarded permanent visas overseas or onshore under the Humanitarian Migration Program.

Table 1. Number of humanitarian settlers by state and territory 2007-08



Source: http://www.immi.gov.au/media/publications/statistics/popflows2007-08/PopFlows_09_chp8.pdf

Common health problems

Refugees are not a homogenous population, and wide variations in health status will occur depending on their country of origin, experiences of human rights abuses, duration of exile, and many other factors.

To be awarded a permanent visa, refugees, like other migrants, must meet certain health criteria. The medical requirements for a visa are outlined in Table 3. Most refugees also undergo an additional 'fit-to-fly' check 72 hours before their departure for Australia. In certain regions, this includes a malaria test, empirical treatment for intestinal parasites, and administration of the MMR vaccine for those younger than 30 years old.

Refugees who have undergone a pre-departure medical screen may present to a GP carrying documentation of any identified issues that require follow-up – for example, newly diagnosed hypertension or pregnancy. The paperwork should also show any test results and immunisation given at the pre-departure check.

As with other migrants, persons with chest x-ray abnormalities, but with active tuberculosis (TB) excluded, may arrive having signed a 'Health Undertaking'. This instructs them to contact immigration health authorities on arrival, after which follow-up is arranged in their destination state or territory. Occasionally, Health Undertakings are issued for non-TB matters, such as hepatitis B carriage.

People of refugee background suffer life-stage conditions and gender-related issues familiar to GPs worldwide. Thus, child, youth, women's and men's health matters will all need to be considered in time. However, such issues occur in the context of poor or disrupted healthcare in the past, as well as disrupted family and social routines. Each individual's exposure

Figure 1: Frequent presenting problems among refugee settlers

- Psychological and behavioural issues
- Loss of identity, isolation
- Anaemia, iron deficiency
- Vitamin D deficiency
- Chronic hepatitis B
- Intestinal parasites, flukes, malaria
- Dental problems
- Under-treated chronic disease or injury
- Visual, aural or skin problems
- *Helicobacter pylori* infection
- Female genital mutilation in some women (from childhood)

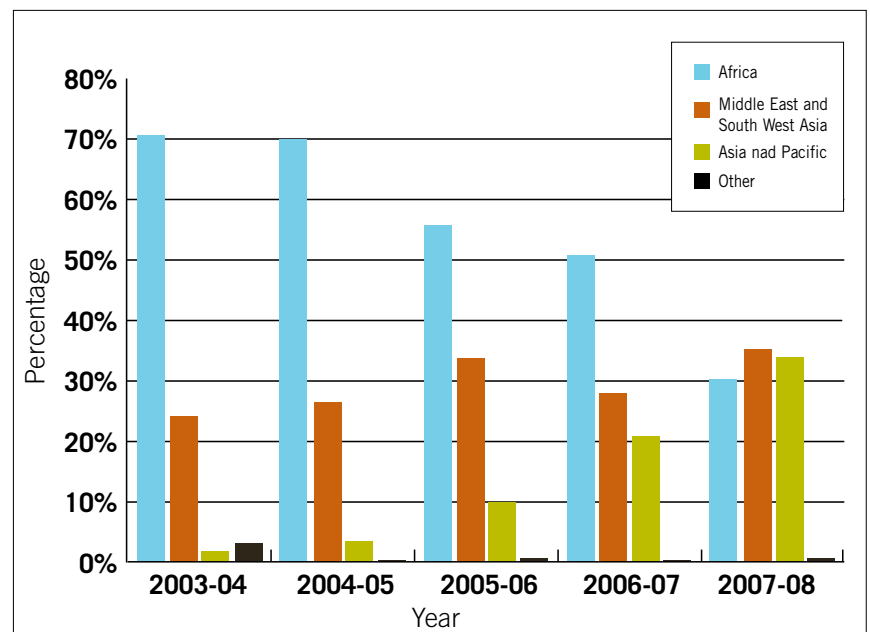
to negative elements of the refugee experience, and their degree of resilience, will often determine the additional health needs that may be present on arrival or arise over time.

Further challenges confront refugees after arrival; these are generally called 'settlement issues' and are faced – to varying degrees – by all migrants. These challenges tend to be accentuated for those of refugee status often due to poor English skills, and being from countries with a more discordant culture compared to Australia. Although refugees are keen to contribute to their new home, these settlement issues may take them some time to resolve and be a source of considerable stress.

Frequent presenting problems among refugees, or conditions commonly found through screening, are listed in Figure 1.

Some people of refugee background will be fortunate enough to have none of these health problems. For those who may have one or more issues, the GP plays a key role in helping to identify and manage them, while hopefully providing a welcoming introduction to the healthcare system in Australia.

Table 2. Regional trend in offshore Humanitarian Program visa grants



Source: Department of Immigration and Citizenship (DIAC) Annual Report 2007-08. <http://www.immi.gov.au/about/reports/annual/2007-08/html/outcome1/output1-2-1.htm#table44>

Table 3: The medical requirements for permanent visa applicants to Australia

- History and examination
- Chest x-ray if 11 years of age or older
- HIV test if 15 years of age or older
- Hepatitis B – only if pregnant or an unaccompanied minor
- Other tests if deemed necessary

Note: Only active TB is mentioned in migration legislation as precluding the granting of a visa, but applicants are offered treatment in most cases, then allowed to migrate. Other health conditions are assessed on the potential cost and impact on the Australian community resulting from the possible use of health and community services. The Migration Regulations allow the need to meet the health requirement to be waived in some circumstances.

Source: DIAC Fact Sheet # 22 – The Health Requirement. <http://www.immi.gov.au/media/fact-sheets/22health.htm>

Management in general practice

The first step is to identify when someone is of refugee background. A broad awareness of international issues and of Australia's refugee migration program

can help. The individual or family initially may be accompanied by a settlement worker, who may help guide patients to future appointments.

Secondly, it is important to determine whether the pre-departure health check was carried out, and whether the person has attended a refugee clinic or similar

service since arrival in Australia, where further screening and assessment may have been performed.

A Medicare item number (714) exists

for health assessment of refugees who have been in the country less than 12 months.⁶

Use of standard care items can take into account the longer consultation times often needed, particularly when an interpreter is used; those with chronic conditions can benefit from Enhanced Primary Care plans and related referrals to allied health professionals. Partnerships with your local early childhood clinic, women's health service, torture and trauma counselling service, and public dental clinic will help meet the health needs of refugee patients.

Guidelines regarding screening for infectious diseases in this target group have been drafted by the Australasian Society for Infectious Diseases.⁷

There are also excellent, succinct guidelines for GPs relating to broader aspects of healthcare for the refugee patient. These include contact numbers for relevant agencies and specialised services in the various states and territories,

and are available through the RACGP's Refugee and Asylum Seeker Health Resource Centre (<http://www.racgp.org.au/refugeehealth>).

Communication is vital and a professional interpreter is the best tool available when seeing a patient whose language is unfamiliar. As well as dealing with the immediate issues, an interpreter can help emphasise the importance of follow-up and ongoing care.

There are many reasons why refugee patients may not follow through with all suggested treatment and referrals. A mass of settlement concerns can mean that health issues are temporarily given less importance.

Financial constraints mean that, where possible, referrals be made to hospital-based specialists and other services. If so-called 'compliance' does seem to be an issue, it may reflect as much on our quality of communication and rapport as health professionals as on some characteristic ascribed to the patient.



Refugee girl from Sudan.

Tips for GPs

Those working with refugees on a regular basis will be aware of several key tips.

Firstly, beware apparent 'neutropenia'. People from certain ethnic backgrounds, including many of African origin, have a different normal reference range for neutrophil counts. Healthy individuals will often be found to have an isolated low percentage of this cell line which, in the absence of an obvious cause, should not need further investigation.

Secondly, interpreters, which are free, are a vital management tool for GPs to help with diagnosis, improve patient adherence to instructions, and reduce medicolegal risk. The use of a properly trained interpreter is a service-quality and risk-management issue. There are RACGP accreditation requirements relating to their use, and the new national registration Good Medical Practice guidelines will include elements relating to using professional interpreters for effective communication and to gain informed consent.

It is important to ensure that reception staff not only know how to book an interpreter, but are also encouraged to do so. A hands-free phone in each consultation room is a useful adjunct. Some further tips on interpreter use are included in Figure 2.⁸ The contact number for the national

Doctors Priority Line is 1300 131 450.

Immunisation catch-up is a difficult management issue for all doctors treating refugees. The best approach is a common-sense one, taking into account any vaccines that have been given pre-departure and since arrival in Australia (such as at school or at a refugee clinic). Formal catch-up guidelines are available in the latest edition of *The Australian Immunisation Handbook*.

As well as patient safety, doctors have to have regard for their own health. Seeing people with traumatic backgrounds may put you at risk of vicarious trauma, also known as secondary traumatic stress. An awareness of this risk and regular use of personal management strategies can help avoid this.

ADDITIONAL RESOURCES TO HELP WITH MANAGEMENT

- Refugee clinics in your state
- Chest clinics for TB-related issues, including Health Undertaking follow-up
- Torture and trauma services – there's one in every capital city, each with a statewide role⁹
- Other multicultural health services in your area.

KEY POINTS

- The refugee experience can have a major impact on health.
- Wide variations in health status of refugees will occur depending on country of origin, experiences of human rights abuses, duration of exile and many other factors.
- Acute and long-standing physical, social and psychological issues need to be identified; multidisciplinary team care will help meet the needs of refugee patients.
- GPs seeing refugees have the opportunity to use a range of skills in cross-cultural communication, returned traveller health, mental health & many other disciplines.
- Communication is vital and a professional interpreter is the best tool available.

Figure 2. Tips for using interpreters

- Phone and on-site interpreters: introduce yourself to the interpreter, and allow the interpreter to introduce themselves to the patient.
- Mention the fact that confidentiality will be maintained. This helps to reinforce this point with the interpreter as well.
- With on-site interpreters, a triangular seating arrangement works well, and ensures the patient and interpreter are included as part of a three-way discussion.
- Always talk to your patient, not to the interpreter, using the first person, that is, 'How bad is the pain?' (Do not say to the interpreter: 'Ask the patient how bad the pain is'.)
- Use short sentences, pausing often to allow the interpreter to translate.
- When listening, use non-verbal communication such as nodding.

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