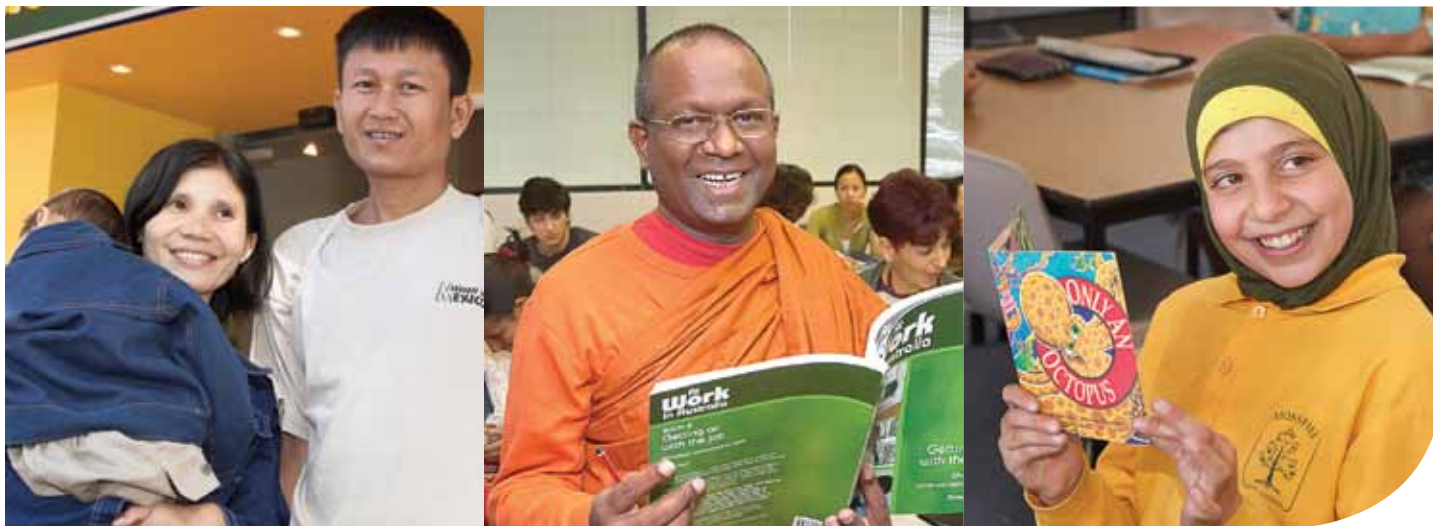


Caring for Refugee Patients in General Practice

A desk-top guide (4th edition)

Tasmania



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Prepared by the Victorian Foundation for Survivors of Torture Inc. with assistance from GPs and specialists in refugee health. Referral information provided by FASSTT agencies.



Foundation House

The Victorian Foundation for Survivors of Torture



fasstt

The Forum of Australian Services for Survivors of Torture and Trauma

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This guide has been produced to support GPs in caring for refugee patients. More detailed information can be found in the companion publication, Promoting Refugee Health: A Guide for Doctors, Nurses and Other Healthcare Practitioners Caring for People from Refugee Backgrounds available to download from the Victorian Refugee Health Network website: www.refugeehealthnetwork.org.au.

A Refugee Health Assessment Template has been developed under the auspices of General Practice Victoria (GPV) to guide GPs in carrying out refugee health assessments. It is available from the General Practice Victoria website: www.gpv.org.au.

While best efforts have been made to ensure the accuracy of the information presented in this publication, readers are reminded that it is a guide only. It is understood that health practitioners will remain vigilant in their clinical responsibilities and exercise their clinical skill and judgement at all times.

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Please contact the Victorian Refugee Health Network at Foundation House if referral or other information has changed at info@refugeehealthnetwork.org.au.

1. Caring for the refugee patient

Each year many thousands of refugees settle in Australia from regions such as South-East Asia, the Middle East and North Africa, and Africa, where they have endured conflict and persecution. Many people of refugee background have a higher rate of long-term physical and psychological problems than other migrants, due in large part to their exposure to deprivation, conflict and oppression. One in four will have been subject to torture or severe human rights violations, with almost three in four being exposed to traumatic events such as forced dislocation, prolonged political repression, refugee camp experiences and loss of, or separation from, family members in violent circumstances.

The time-based Medicare Benefits Schedule (MBS) Items 701, 703, 705 and 707 can be used for the 'Health Assessment for Refugees and other Humanitarian Entrants' (formerly MBS Items 714 and 716). These MBS Items enable GPs to undertake a complete history, examination, investigation, problem list and management plan for new arrivals, many of whom will not have had access to comprehensive health care for some years. For information regarding eligibility for the assessment visit the Department of Health and Ageing Medicare Health Assessment Resource Kit at: www.health.gov.au/internet/main/publishing.nsf/Content/mha_resource_kit.

Many patients of refugee background:

- will require a professional interpreter (engaged free of charge via the Translating and Interpreting Service National Doctors' Priority Line on 1300 131 450)
- may not have undergone pre-departure screening or may have medical conditions that were not picked up prior to arrival in Australia
- may have physical and psychological sequelae associated with pre migration trauma and torture
- may have spent extended periods in detention in Australia
- may be experiencing medical conditions that are uncommon in Australia
- may be struggling with the practical tasks of settling in Australia
- may not know where to get assistance
- may require an approach to consultation and management which accommodates the impact of past trauma, prior experience of health care, cultural differences and the stresses of resettlement.

2. Identifying patients from a refugee background

If your patient speaks a language other than English and comes from a country which has a history of conflict and human rights violations for example Afghanistan, Iraq, Sri Lanka, Iran or Burma, they are likely to be from a refugee background. A country of asylum or transit such as Pakistan, Malaysia, Thailand or Egypt, can also suggest a refugee background. Country of birth is not necessarily an indication of ethnicity or religious background. Clients from refugee backgrounds can also be identified by their visa number which indicates the category of Australia's Humanitarian program under which they arrived. This includes entrants with the following visas:

OFFSHORE - REFUGEE

- 200 Refugee
- 201 In Country Special Humanitarian
- 203 Emergency rescue
- 204 Women at Risk

OFFSHORE – SPECIAL HUMANITARIAN PROGRAM

- 202 Global Special Humanitarian

ONSHORE PROTECTION PROGRAM

- 866 (permanent) Protection

ASYLUM SEEKERS (see [Section 11](#))

*Visa numbers are subject to change. For the most up to date information visit the Department of Immigration and Citizenship webpage www.immi.gov.au.

Consider marking patient files with their visa number, country of birth, preferred language and date of arrival to aid future identification, particularly in patients with special or complex needs.

Pre-arrival health screening

Prior to arriving in Australia, refugee clients may have undergone some of the following tests:

- Visa Medical – refugee and humanitarian entrants undergo a basic medical examination during the visa application process. This may take place months prior to arrival in Australia. The Visa Medical may include: a chest x-ray, HIV serology, syphilis serology, hepatitis B and C serology and a full medical examination.
- Departure Health Check (DHC) – a proportion of applicants undergo this health check approximately 72 hours prior to departure. The DHC usually includes a physical examination, some treatment for parasites and infections, an MMR vaccine and a rapid test for malaria. Personal health information and the DHC results are recorded on a Health Manifest along with health alerts.

It is important for clinicians to be aware of the pre-arrival screening process as it has implications for post-arrival health care (i.e. Mantoux tests should not be performed within 1 month of a live virus vaccine such as the MMR; Albendazole may result in a false negative serology for Strongyloides infection).

Newly arrived refugee patients may require assistance following up on health alerts from their pre-arrival health screening. These alerts include:

- Health Undertaking – entrants in whom TB, HIV, hepatitis B or C or other infectious diseases are detected in the course of visa medical screening may be subject to a Health Undertaking which requires individuals to present for follow-up monitoring within four weeks of arrival in Australia. (See [Section 5](#)).
- Red and General Health Alerts – provide notification, in the alerts column of the Health Manifest, of any potentially serious concerns picked up during a Departure Health Check medical screen to ensure follow up on arrival. See Red and General Health alert information on the Victorian Refugee Health Network website www.refugeehealthnetwork.org.au for more information.

Asylum seekers will have had varied health screening experiences depending on mode of arrival in Australia and migration status (see [Section 11](#)).

For country background information visit the following websites

- Australian Department of Immigration and Citizenship (DIAC) www.immi.gov.au/media/publications/country-guidance-notes.htm
- Ethnomed <http://ethnomed.org>
- World Health Organisation www.who.int/countries/en
- United Nations High Commission for Refugees www.unhcr.org.au

3. Engaging a professional interpreter

Many recently arrived refugees do not speak English to a level that is sufficient to explain complex health issues. It is particularly important that a professional interpreter is utilised with refugee patients with low English proficiency. Engaging an interpreter improves both the quality and safety of provision of healthcare. There are ethical issues associated with using family, friends, a bilingual worker or untrained personnel as interpreters. Such issues include:

- no certainty of accuracy of medical information conveyed, nor of instructions, dosages or diagnosis
- untrained interpreters may be exposed to confidential information, or information of a sensitive or traumatic nature
- placing undue stress on family relations
- imposing unfair responsibility on children.

In short, health care professionals have a professional obligation to understand their clients' needs and clients have the right to fully understand the information provided by health care workers. Using a trained interpreter is the best way to ensure this.

Confidentiality is part of a professional interpreter's code of ethics, and the engagement of professional interpreters forms part of the Royal Australian College of General Practitioners Standards for General Practice. Optimal communication reduces anxiety as well as facilitating the consultation.

Booking and using an interpreter

PRIVATE PRACTICE

TIS on-site and telephone interpreting is free for GPs and specialists (and their staff) in private practice when offering Medicare related services. If your practice does not already have a policy or strategy in place for use of interpreters please use the following points as a guide to establishing an effective strategy:

- ensure all staff are aware that TIS National telephone and on-site interpreting services are free of charge for doctors, nurses and front of house staff while engaging clients of refugee background
- enlist the cooperation of administrative staff to implement a system for booking interpreters
- register your practice for a TIS National Client Code
- when a client calls and is having trouble communicating, ask for their name, phone number and preferred language and tell them you will call them back with an interpreter, then call the TIS Doctors' Priority Line to engage a suitable interpreter and to be put back through to the client using the number they gave
- plan consultations in advance where possible so that an interpreter can be present, and a longer consultation time allowed
- establish if the patient has a preferred language, ethnicity or gender of interpreter

- be aware that a telephone interpreter may be preferred by the client for confidentiality reasons – especially if they are from a small community or language group; it can be helpful to ask if the client prefers an interpreter from interstate
- bookings for on-site interpreters should ideally be made three days in advance (this may be waived if medically indicated)
- on-site interpreters are available for appointments between the hours of 8am and 6pm Monday to Friday and in extraordinary circumstances they can be arranged out of these hours
- TIS Doctors' Priority Line telephone interpreter service is available 24 hours, 7 days a week, free of charge for private practitioners on 1300 131 450. On average it takes less than 3 minutes to connect with an interpreter via this service. Wait times for minority languages can be slightly longer
- telephone interpreters can also be booked in advance using the Request for Pre-booked Telephone Interpreter form
- all TIS bookings can be made via fax or online
- ideally the consultation room should be equipped with a hands-free speaker telephone or two handsets to allow for working with telephone interpreters
- choose seating arrangements that will enable direct communication with the patient
- each state/territory will have private interpreter services, available in addition to the TIS National services (see [Section 12](#)).

Online resources on working with interpreters are available from www.ceh.org.au/mghp/problem_gambling_resources/mghp-using-interpreters.aspx. Ethnologue is an online encyclopaedia of world languages available from www.ethnologue.com.

COMMUNITY HEALTH CENTRES AND HOSPITALS

In a community health centre or hospital, check existing booking procedures and interpreter access as arrangements vary from service to service.

PRACTICE TIP

The Doctors' Priority Line is available 24 hours a day, 7 days a week on 1300 131 450. This number will take you to the front of the TIS National queue. The non-priority access phone number for TIS National is simply 131 450. TIS is also available free of charge for pharmacists, but at the time of writing TIS services are not available free of charge for allied health staff.

LINKS TO TIS FORMS AND RESOURCES

- Medical Practitioners Free Interpreting Registration Form: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/medical-practitioners.htm
- Request Form for TIS National Client Code: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/medical-practitioners.htm
- Telephone Interpreter Pre-Booking Form: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/telephone-booking.htm
- On-Site Interpreter Booking Form: www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/booking.htm

4. Consultation and management

Medical consultation may be a source of anxiety for refugee patients, especially those experiencing psychological sequelae of torture and trauma (see Section 9). Symptoms such as memory loss, confusion, poor concentration and self blame may affect the patient's capacity to hear and understand instructions and to provide information to the doctor. Intrusive memories may be triggered in the course of the consultation. Refugees may have a distrust of authority figures, among them medical professionals. For some this fear may be based on doctors having been actively involved in perpetrating or supervising torture in their country of origin. Others may have uncertainties about their immigration status, mistakenly fearing deportation if they are found to have a serious health problem.

Communication difficulties may be further complicated by cultural and religious differences and the patient's lack of familiarity with the Australian health care system.

In consultation

- Allow time to establish rapport and trust.
- Explain and emphasise doctor-patient confidentiality, patient consent, choice and control.
- Explain procedures and be prepared to repeat information.
- Provide opportunities for the patient to ask questions or seek clarification as some will have come from other cultures in which this was not encouraged.
- Explain why you are asking certain questions.

- Understand that patients may openly show fear and hostility which are characteristic responses to trauma and may have little to do with the consultation per se.
- Be aware that the surgery and aspects of the consultation may be reminders of past trauma (e.g. being made to wait, sudden movements, seating arrangements, medical instruments).
- Consider suspending and rescheduling procedures, if the patient becomes overly anxious.
- Consider a team approach, working closely with reception staff, practice nurse, other doctors and practice or health centre management.

Ongoing management

- Assessment and management can take place over several sessions if a gradual approach is indicated.
- When deciding whether or not to proceed or defer certain questions or an invasive procedure, consider the importance of establishing rapport and trust with the patient, and of ensuring that they fully understand any procedure and the reasons for performing it.
- Consider gender issues, for example, male GPs may consider referring female patients to a female doctor; a male patient may prefer a male doctor.
- Consider a patient-held record, particularly for immunisations, as refugee patients are likely to move frequently in the early settlement period.
- Establish if there are any cultural or religious factors that need to be accommodated.

- Explain the culture and the structure of the health care system; the role of the GP; and the patient's health care entitlements and rights.
- Allow some flexibility with appointments as patients may be unfamiliar with appointment systems or be experiencing anxiety, sleep or memory problems, which may affect compliance.
- Consider an appointment reminder call, particularly in the early settlement period.

Referral for investigations and specialist management

- Be aware in assessing the need for investigations and specialist referral that these can involve a great deal of organisational effort on the part of the refugee patient and may require additional practical support.
- With the patient's permission, include information about the need for an interpreter in referral to specialists, as well as information about any other special needs.
- Given language difficulties and lack of familiarity with specialist referral procedures, consider making the first appointment for the patient.
- Consider requesting that patients be charged the Medicare Benefits Schedule fee only for specialist services, or alternatively refer to a public hospital.
- Consider other Medicare item numbers when billing refugee patients, e.g. case conferencing, mental health, practice nurse and enhanced primary care.
- In rural and regional areas consider the potential for use of telemedicine to access specialist consultation and interpreting services.

Prescribing

- Many refugee patients come from areas where pharmaceuticals are poorly regulated and they may be unaware of the consequences of inappropriate dosing.
- Compliance may also be affected by language problems. An interpreter can write instructions in the patient's own language or instructions may be conveyed diagrammatically.
- A PBS listed drug is highly preferable owing to financial difficulties, as is generic prescribing.
- Take into account a patient's cultural or religious practices (e.g. halal medications for patients of Muslim faiths).
- As ethnicity may affect the efficacy and side-effects of medication, commence patient on a lower dose of medication and increase it slowly, dependent on clinical need.

5. Medical history, examination and immunisation

A comprehensive health assessment, particularly for new arrivals is recommended because:

- people of refugee background often have relatively poor health status and are likely to have had limited access to health care
- pre-arrival screening is limited and follow-up treatment focuses on serious communicable disease
- not all patients are screened and a disease may be contracted subsequent to, or missed in, the screening process
- some health problems experienced by people from refugee backgrounds are asymptomatic, but nonetheless may have serious long-term health consequences (e.g. intestinal parasitic infection, vitamin D deficiency, hepatitis B)
- it optimises the opportunity for early intervention, helping to ensure that physical and psychological problems do not become enduring barriers to settlement
- sensitively administered, a thorough medical examination can reassure the patient and contribute to their psychological recovery.

Immunisation

Vaccine preventable diseases are endemic or epidemic in many countries of origin of refugee families. As many refugee patients may have incomplete immunisation or unsatisfactory records of vaccination, their vaccination status should be reviewed, immunisation offered and consent gained according to the recommendations of the Australian Immunisation Handbook www.immunise.health.gov.au. Also see the Quick Guide Catch-Up Immunisation <http://docs.health.vic.gov.au/docs/doc/Quick-guide-on-catch-up-immunisation-for-Victoria> for an easy to use immunisation schedule.

The Health Undertaking

Entrants in whom certain infectious diseases are detected in the course of pre-arrival screening may be subject to a Health Undertaking. The Undertaking means that the individual is approved for entry to Australia on the condition that they present for follow-up monitoring. It is the responsibility of the applicant to contact the Health Undertaking service by ringing the number listed on the Health Undertaking form (1800 811 334 at the time of writing) issued prior to migration. However some applicants may be uncertain about their obligations or how to fulfil them. Contact your state or territory public health facility or TB service (see [Section 12](#)) if you require more information. A copy of the Health Undertaking form is available here online www.immi.gov.au/allforms/pdf/815.pdf.

Free translation of medical documents

If a patient has a medical report or vaccination certificate issued prior to migration, the Translating and Interpreting Service will provide translation into English in the form of an extract or summary. This service is free of charge to Australian citizens or permanent residents within two years of their arrival or grant of permanent residence. For information on eligible persons and documents see:

- www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/translation_help.htm

6. Diagnoses to consider: a syndromic approach

Significant symptoms	Important diagnoses to consider in refugee clients
Fever	Malaria, influenza, tuberculosis – pulmonary or extra-pulmonary, filariasis, HIV, salmonella typhi, rickettsial disease, dengue, hepatitis, dental infections, rheumatic fever, PID, pyogenic abscess, osteomyelitis and other bacterial infections, yellow fever/haemorrhagic fever (if <2/52) in Australia.
Jaundice	Hepatitis A/B/C/E/other, malaria, typhoid sepsis, leptospirosis, liver abscess or other liver or gall bladder disease, haemolysis, drug induced (e.g. isoniazid, alcohol)
Tiredness/weakness	Anaemia, iron deficiency, pregnancy, depression/anxiety/PTSD, thyroid disease, diabetes, HIV, TB, vitamin D deficiency, lead poisoning
Appetite loss	Intestinal parasites, constipation, depression/anxiety/PTSD, H. Pylori, chronic disease, malignancy
Weight loss	TB, HIV , malignancy, thyroid disease, diabetes, infective endocarditis or other chronic infection, food insecurity, depression/anxiety/PTSD, bereavement, eating disorders, dental problems, intestinal parasites
Abdominal pain	Peptic ulcer/gastritis/H. Pylori infection, constipation, parasitic infestations, PID, malignancy
Diarrhoea	Giardia, amoebiasis, bacterial infection such as salmonella, shigella, cholera, campylobacter, intestinal parasites, HIV
Breathing difficulties	Asthma, COPD, tuberculosis, pneumonia. Other lung disease such as pulmonary eosinophilia, obesity, rheumatic and other heart disease, anxiety, anaemia
Cough	Acute respiratory tract infection, tuberculosis, asthma, COPD, rheumatic heart disease, bronchiectasis, reflux, medications
Muscular/joint/ chronic pain	Vitamin D deficiency, injuries, muscle strain, osteoarthritis and other types of arthritis, infectious diseases (e.g. rheumatic fever, TB, osteomyelitis, sickle cell crisis, psychosomatic illness, congenital abnormalities)
Headache	Meningitis, tension headache, hypertension, depression/anxiety/PTSD, refractory errors of the eye and other eye disorders, cervical spine dysfunction, thyroid disease, sinusitis, previous head injury, migraine, infections, raised intracranial pressure, anaemia
Dysuria/haematuria	UTI, schistosomiasis, gonorrhoea, chlamydia. herpes, tuberculosis, prostatitis, bladder carcinoma
Fits, faints, funny turns	Anaemia, epilepsy, postural hypotension (due to inadequate fluid intake, alcohol and other substance use), diabetes, pregnancy, culture bound syndromes, panic attacks, anxiety/depression/PTSD
Paraesthesia	Diabetes, nutritional deficiency, leprosy, syphilis, B12 deficiency; other causes of peripheral neuropathy
Altered mental state	Acute sepsis, cerebral malaria, meningitis, encephalitis, CNS disease, diabetes, B12 deficiency; lead poisoning, drugs, psychosis.

7. Physical examination of refugee patients

Examination	Sign	Diagnosis to consider in refugee clients and notes
Height/weight, percentiles/BMI	Low BMI/percentile	Malnutrition/ chronic infection (e.g. parasites, tuberculosis, depression, obesity/Western-style diet). <u>See p.11</u> . Repeated measurements useful especially in children
	High BMI/percentile	Obesity
BP	Hypertension	May be chronic and undiagnosed, or secondary to anxiety
	Hypotension	Poor fluid intake/excessive coffee intake
Temperature	Fever	Correlate with length of time since arrival, recent country resided in and other symptoms and signs (e.g. cough, rash).
Peripheries/skin	Scarring	Torture, trauma, burns, keloid, BCG scar
	Rash	Fungal infections, scabies, cutaneous larva migrans, other creeping eruption
	Itch	Dry skin, eczema, scabies, onchocerciasis, psychogenic
	Altered pigmentation	With anhidrosis/anaesthesia: leprosy
	Hair loss	Fungal infections, psoriasis
	Nail changes	Onychomycosis, koilonychia (prolonged Fe deficiency)
	Spider naevi	Liver disease, B12 deficiency, pregnancy
	Ulcers	Cutaneous leishmaniasis, bacterial, tropical
	Oedema	Lymphoedema – filariasis
	Eyes	Jaundice, anaemia. Pterigia. Cataracts
Xerophthalmia. Squint. Refractive error		Vitamin A deficiency dryness and ulceration
Lid scarring		Trachoma scarring, nodules (like sugar crystals under upper lid)
Ears		Discharge. Perforation
	Deafness	Chronic infection, traumatic (head injury/explosions)
Dental	Dental caries, Missing teeth, Gum disease	Torture trauma, cultural practices, Gingivitis/ vitamin C deficiency

CARING FOR REFUGEE PATIENTS IN GENERAL PRACTICE

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Examination	Sign	Diagnosis to consider in refugee clients and notes
Neck	Goitre	Iodine deficiency/hypo/hyperthyroidism
	Lymphadenopathy	See below
Lungs	Localised crepitations	Bronchitis/bronchiectasis, pneumonia
	Generalised crepitations	Congestive cardiac failure (may be secondary to rheumatic/ischaemic heart disease, anaemia)
	Cavitations/pleural effusions	Tuberculosis
	Wheezing	Pulmonary eosinophilia, asthma
Heart	Heart murmurs	Rheumatic heart disease, undiagnosed congenital heart disease, flow murmur from anaemia,
	Pericarditis	tuberculosis, hypertensive cardiomegaly
Abdominal	Hepatomegaly and/or tenderness	Hepatitis (viral, alcohol, other), schistosomiasis, thalassaemia, amoebic or pyogenic liver abscess, hydatid, hepatic carcinoma, subphrenic abscess, visceral leishmaniasis, chronic liver disease, malaria
	Splenomegaly	Typhoid, malaria (with hepatomegaly), visceral leishmaniasis, thalassaemia, bacterial endocarditis, liver disease
Lymph nodes	Generalised lymphadenopathy	Tuberculosis, HIV, toxoplasmosis, lymphoma
	Localised lymphadenopathy	Tuberculosis, lymphogranulosum venereum, Lymphoma or other malignancy, toxoplasmosis, chancroid
If symptomatic or at a later date review the following systems:		
Skeletal/muscular	Bone deformity. Joint disease.	Old fractures – may be malunited, or other trauma, vitamin D deficiency
	Chronic bone pain and tenderness	Osteoarthritis, tuberculosis, inflammatory arthropathy, tuberculous osteomyelitis
Male genitalia		Urethritis, filariasis, epididymitis
Female genitalia	Pelvic tenderness: Vulval scarring, fistulae	Chronic PID, previous endometritis, female genital mutilation
CNS and PNS	Hyper-reflexia:	Thyroid disease, anxiety
	Decreased sensation	Diabetes, with thickened peripheral nerves-leprosy, B12 deficiency
	Weakness	Malignancy or other space occupying lesion, lead poisoning
Urinalysis	Red cells, white cells	Infection (e.g. UTI, STI, schistosomiasis), undiagnosed renal disease
	Protein	Renal disease, diabetes
	Glucose	Diabetes

8. Undertaking investigations

Investigations will depend on the client's symptoms, country of origin and transit.

It is important to provide a clear explanation of the reasons for investigation and to provide pre-test counselling for HIV and others STIs. Respect client confidentiality, including for adolescents. It is not necessary to get a detailed sexual history or a history of sexual trauma to offer screening.

Routine tests recommended by Australasian Society for Infectious Diseases (ASID) are:

- Hepatitis B serology : request Hep B sAb, sAg, cAb
- Hepatitis C Ab
- HIV
- Mantoux appropriate as a first line test in children and people of all ages (or interferon gamma assay – Medicare rebate **only** if immunocompromised; can be used as screen in adults and adolescents; should not be used as initial screening in children <5; use in older children is contentious.)
- Schistosomiasis serology
- Strongyloides serology
- Syphilis RPR/TPPA
- Malaria rapid antigen detection test and thick and thin film

Other important tests in refugees from resource poor settings include:

- FBE
- Ferritin
- LFTs
- Vitamin D level (if dark skinned or little exposure to sunlight due to dress or other risk factor)
- Vitamin A level if < 15 years (WHO advocates empirical treatment for risk groups)
- Stool MC+S OCP especially if paediatric or abdominal symptoms
- Helicobacter stool antigen for H. Pylori if abdominal symptoms
- Serum active B12 and red blood cell folate (in people arriving from situations with significantly restricted food access).

STI screen including:

- First pass urine PCR for chlamydia and gonorrhoea, (or urethral or cervical swabs)
- Blood testing as above for Hep B,C, HIV, Syphilis
- Other chronic disease and cancer screening according to age e.g. Pap smear, mammography, lipids, glucose, etc.

Investigation results

An approach to common investigation results

Test/result	Differential diagnosis	Initial management
FBE/microcytic anaemia	Iron-deficiency anaemia, thalassaemia.	Treat iron-deficiency anaemia and recheck FBE, Fe studies +/- haemoglobin electrophoresis, after 3 months
Fe studies/abnormal	Fe deficiency, low ferritin, low serum iron, increased TIBC	Investigate and treat cause of anaemia, rule out hookworm infection. If dietary cause, educate about iron-rich diet, 3 months of iron treatment, then repeat bloods, if not resolving, investigate further.
FBE/eosinophilia	Worms, e.g. strongyloides, hookworm, schistosoma, filariasis, hydatid disease, cysticercosis, cutaneous larva migrans, tropical pulmonary eosinophilia	Further investigations for type of parasite, if not resolving after treatment refer to infectious diseases.
Faecal specimens/OCP	Pathogenic	Entamoeba histolytica Ascaris lumbricoides Giardia intestinalis Hookworm (Ancylostoma or Necator) Tapeworm (Taenia spp) Whipworm (Trichuris spp) <u>Antibiotic Guidelines</u> for treatment
	Non-pathogenic	Entamoeba coli Entamoeba hartmanii Entamoeba gingivalis Endolimax nana Iodamoeba butschlii Blastocystis hominis (may be symptomatic) Dientamoeba fragilis (may be symptomatic)
Vitamin D level <50	<12.5 severe insufficiency 12.5-25 Vit D moderate deficiency 25-50 Vit D insufficient	Treat with daily 1,000-2,000 IU D3 or high-dose vitamin D if available. Retest after 3 months, then 12 monthly screen family members.

An approach to common investigation results (continued)

Test/result	Differential diagnosis	Initial management
HBV sAg +ve	Current infection (acute/chronic)	If s Ag +ve or sAb -ve and cAb +ve needs LFTs, full Hep A/B/C serology, HBV viral load, alpha-fetoprotein, INR, ultrasound
HBV cAb +ve	Current or past infection	If abN LFTs, or Hep B e Ag +ve refer
HBV sAb +ve	Immune (vaccinated or resolved infection)	Screen family members and vaccinate if non-immune
Hep C Ab +ve	Hepatitis C past or present infection	Check Hep C viral RNA, LFTs, If either abnormal refer
Schistosoma Abs	Past or present infection	If +ve titre, check stool and end urine for schistosoma eggs and blood, and FBC for eosinophilia. See the ASID guidelines , for treatment.
Mantoux test	See Mantoux interpretation guide	CXR and screen family members if +ve Mantoux or gamma IFN +ve
Gamma interferon. e.g. quantiferon gold	Likely to be past infection	CXR and screen family members if +ve Mantoux or gamma IFN +ve If <35 refer infectious diseases for treatment If >35 physical exam and CXR, refer or review CXR and physical yearly for signs of TB Screen family members if +ve.
Syphilis results TPHA, RPR		See Antibiotic Guidelines for treatment.
Strongyloides Ab	Past or present infection	Check eosinophil count and stool specimen. See ASID guidelines for treatment. Follow up at 6 months and 12 months with serology and eosinophil count.
Malaria ICT +ve or thick and thin film +ve	Treat for malaria	Review urgently if P. falciparum, febrile or acutely unwell Refer ID for advice and see Antibiotic or ASID guidelines for treatment.
Urease breath test/stool antigen for H. Pylori		See Antibiotic Guidelines for H. pylori treatment Retest after 4 weeks if persistent symptoms to check eradication.

9. Psychological sequelae

It is rare for a patient to disclose a history of psychological trauma. Talking about past experiences can be psychologically beneficial. The knowledge that the patient has endured certain experiences due to their country of origin or transit is generally sufficient for you to orient your care. However psychological and psychosomatic symptoms may persist and acknowledgement of their causes may be required for ongoing management. Consider asking about past trauma only if appropriate and there is adequate time for response. Some useful questions are:

- Some people have had bad things happen to themselves and their families. Has anything happened to you or your family that could be affecting your health or the way you are feeling now?
- Do you have any problem I can help you with today that is a result of something that happened in the past?

Responding to a disclosure of torture or trauma

- Validate the patient's reaction by acknowledging their experience and its associated pain (e.g. 'That's a terrible thing you have been through').
- Remind patients that their reaction is a characteristic response to their circumstances. Often survivors blame themselves and see their reactions as abnormal or weak.
- Avoid false assurances. Nevertheless, indicate that with time and appropriate support, improvement can be achieved.

- Expect that the person who has disclosed a painful event may be unwilling to talk about it in subsequent consultations. Rather than pushing them to do so, talk about other things that may be currently troubling them.
- Expect inconsistencies in the person's retelling of their trauma history.
- In closing the interview, explain to the person how you are able to assist them.

Management

Medication may be required to manage symptoms which are sufficiently severe that they interfere with the patient's functioning. However there is a consensus among practitioners experienced in caring for this patient group that optimum treatment involves non-pharmacological approaches either in addition to medication or as the primary treatment modality.

When a patient presents with persistent symptoms believed to be related to trauma, consideration should be given for referral to a psychiatrist, psychologist or the specialist service for survivors of trauma and torture in your state or territory. These free and confidential services are non-denominational, politically neutral and non-aligned.

It is important to do the following:

- provide feedback to the patient on your diagnosis or opinion of their condition
- explain what are understood to be the likely causes of the condition (both psychological and physiological)
- outline treatment options so that the patient is able to make a choice
- arrange urgent psychiatric management in the usual way for patients with symptoms and behaviours such as violence to others or self-harm.

Somatic complaints

It is not uncommon for refugee patients to somatise their psychological stress. Consider the following approaches:

- take complaints seriously and conduct appropriate examinations as this can serve to reassure patients when nothing is physically wrong, this is particularly relevant for patient's reporting rapid heartbeat
- help the patient to make connections between the body and mind; explaining the body's physiological response to extreme danger can be helpful in making this link
- avoid dismissing somatic complaints or giving reassurances that they will 'go away with time'
- if somatic symptoms persist consider a referral for counselling and support; this may involve establishing the patient's trauma history if they have not already disclosed this to you
- specialist services for survivors of trauma and torture are located in each state and territory. See [Section 12](#).

Common psychological sequelae of trauma and torture

- Grief
- Guilt and shame
- Distrust and anger
- Anxiety
- Depression
- Post Traumatic Stress Disorder symptoms, commonly: intrusive and recurrent memories, flashbacks, nightmares, avoidance of reminders of traumatic events, detachment from others, numbing, hypervigilance, proneness to startle.

Important psychological symptoms to screen for:

SOMATIC

- appetite
- energy levels
- daily activities
- aches and pains

PSYCHOLOGICAL

- memory
- concentration
- mood/affect
- 'big worries' (may elicit ruminations, intrusive memories; settlement stressors, concern for family overseas, psychosis)
- plans and hopes for the future.

10. Settlement support

For refugee patients the normal stresses involved in settling into a new country are often compounded by the stressful, forced and unplanned nature of their departure and the fact that many are in poor health on arrival. Accordingly, they may require the assistance of a community support agency.

If your patient has been in Australia for less than 6 months and has entered through the Australian Government's Humanitarian Program, or arrived as an asylum seeker and has been granted a permanent protection visa in the last 6 months, they will usually be supported by the Humanitarian Settlement Services (HSS) program which supports new arrivals through a coordinated case management approach for the first 6 months after arrival (sometimes for longer periods when the client has complex needs). See [Section 12](#).

If your patient has been in Australia for longer than six months or is ineligible for HSS support, consider a referral to a Settlement Grants Program (SGP) provider such as a Migrant Resource Centre, or to a Community Health Centre (see [Section 12](#)). They can also advise on local ethno-specific services. Consider streamlining the referral process by developing a list of local support agencies including phone numbers and addresses.

Consider a referral if your patient is experiencing difficulties in accessing:

- English language classes
- housing
- income support
- employment
- social support
- advice on legal or migration matters
- adequate household and personal effects
- support for complex medical follow-up
- schooling for their children
- child care and parenting support.

11. Asylum seekers

Asylum seekers are people who arrive in Australia and subsequently apply for protection as refugees. Those arriving with valid entry documentation (e.g. a student or visitor visa) are permitted to reside in the community while their application is considered and are often provided with a Bridging Visa for this purpose (e.g. Bridging Visa A, Bridging Visa E).

People arriving in Australia without valid entry documentation are subject to a period of mandatory immigration detention. For those arriving by boat it is usually on Christmas Island in the first instance, while initial health, document and security checks are undertaken. After a period in detention on Christmas Island, and while their claim for permanent protection is being processed, people may be:

- moved into another detention facility on the mainland
- moved into the Community Detention program with support from Red Cross and other community agencies
- released from detention on a Bridging Visa E (with work rights and access to Medicare) with initial support provided by Red Cross under the Community Assistance Scheme (CAS) and then based on assessed need, provided with support under CAS or Asylum Seeker Assistance Scheme (ASAS)
- all of the above, over a period of time.

Important considerations for the health care of asylum seekers

- International Health and Medical Services (IHMS) are subcontracted by DIAC to provide health care to asylum seekers in detention (including Community Detention).
- Asylum Seekers are not eligible for Centrelink support. Some asylum seekers living in the community are ineligible for Medicare. Asylum seekers may be eligible for assistance with health care and income support through the Red Cross facilitated Community Assistance Scheme (CAS) or the Asylum Seekers Assistance Scheme (ASAS) (see [Section 12](#)). Those who are Medicare ineligible and not eligible for CAS or ASAS rely on specialist asylum seeker health services and other, often pro bono, services.
- Public hospitals have a duty of care at common law which curtails the refusal to provide emergency care regardless of a patient's capacity to pay. Victoria and the Australian Capital Territory provide free full hospital care and Victoria provides free ambulance, community health, dental services and other services for asylum seekers (see [Section 12](#)).
- Steps to contain the cost of care will be important as asylum seekers may face restrictions on their rights to employment, income support and other benefits.
- Asylum seekers may not have undergone the Visa Medical examination offshore, but will do so in Australia as part of their application for a permanent protection visa.

- You may be in a position to offer a report to assist asylum seekers with their application for permanent residence. Detailed notes will be required for this purpose. In preparing reports assistance may be available from the torture and trauma service or other specialist support services for asylum seekers in your state or territory (see [Section 12](#)).
- The process of applying for refugee status can be highly stressful, exacerbating any pre-existing sequelae associated with psychological trauma.
- While asylum seekers are not entitled to Australian Government settlement support or English language classes, some state/territory and non-government agencies will provide assistance.
- Detention centre experiences (particularly if prolonged), uncertain migration status, limited access to settlement support and barriers to family reunification may be sources of stress, compounding existing psychological sequelae of torture and trauma.

Other visa categories

It should be noted that in some circumstances people from a refugee background have a permanent or temporary visa (e.g. orphan, spouse) that does not entitle them to MBS, yet are unable to pay for healthcare services. These circumstances may require further advice and advocacy with local health and welfare agencies, refugee health services or Centrelink Multicultural Liaison Officers.

12. Referral and further information

ASYLUM SEEKERS

DIAC Hobart	03 6220 4227
Australian Red Cross Asylum Seekers Assistance Scheme (ASAS) and Community Assistance Support (CAS)	03 6235 6029

CHILD HEALTH CLINICS AND PARENTING SERVICES

Parenting Line (24 hours)	1300 808 178
Child Health Clinics in your area – see White Pages under 'Health'	
Burnie	03 6434 6451
Devonport	03 6421 7800
Hobart	03 6230 7899
Launceston	03 6336 2130
Pregnancy Counselling and Support (TAS) Inc.	03 6224 2290
Pregnancy Help Line – after hours	1300 655 156

CHILD PROTECTION SERVICES

Child Protection Advice and Referral Service	1300 737 639
After hours (Child Protection Assessment Board)	1800 001 219

COMMUNITY HEALTH CENTRES

For Community Health Centres in your area	1300 135 513
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DENTAL SERVICES

Oral Health Services Hotline	1800 814 702
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DISABILITY SERVICES

Hobart	03 6230 7600
North	03 6336 4130
North West	03 6434 4103

FAMILY PLANNING

Family Planning Tasmania

Healthline	1300 658 886
Hobart	03 6273 9117
Launceston	03 6343 4566
Burnie	03 6431 7692

FAMILY VIOLENCE

Domestic Violence Crisis Service	1800 608 122
Family Violence Response and Referral Line	1800 633 937

FEMALE GENITAL MUTILATION (FGM)

FGM Education Program	1800 675 028
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HEARING

Tasmanian Hearing Services	1800 423 449
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Tasmanian Deaf Society

www.tasdeaf.org.au

Hobart	03 6231 6501
Launceston	03 6331 9766

IMMUNISATION

Immunisation Hotline	1800 671 738
Australian Childhood Immunisation Register	1800 653 809

INFECTIOUS DISEASES

Royal Hobart Hospital Refugee and Humanitarian Arrival Clinic (RAHAC)	03 6222 8636
Launceston General Hospital	03 6348 7202
Hepatitis Info Line	1300 437 222
Infectious Diseases Information via DHHS Public and Environmental Health Service	1800 671 738
Tasmanian Council on AIDS, Hepatitis and Related Diseases (tasCAHRD)	1800 005 900
Sexual Health Service	1800 675 859

INFECTIOUS DISEASES - TUBERCULOSIS

Hobart	03 6222 7293
Launceston	03 6348 7202
Devonport	03 6421 7700

INTERPRETERS/LANGUAGE SERVICES

TIS Doctors' Priority Line (normal wait time 3 mins)	1300 131 450
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Fee for service

Amigos	03 6228 5480
Language Link	03 6344 7831
All World Languages	03 6224 5355

CARING FOR REFUGEE PATIENTS IN GENERAL PRACTICE

LEGAL SERVICES

Community Legal Services

Hobart	03 6223 2500
Launceston	1800 066 019
North West	03 6424 8720
Women's Legal Service	1800 682 468
Legal Aid Commission of Tasmania	
Telephone Advice Service	1300 366 611

MENTAL HEALTH SERVICES (ADULT)

Statewide Triage Referrals	1800 332 388
Multicultural Health and Wellbeing Policy Officer	03 6222 7656

MENTAL HEALTH SERVICES (CHILD AND ADOLESCENT)

Statewide Triage Referrals	1800 332 388
North	03 6336 2867
North-West	03 6434 7280
South	03 6233 8612

MIGRANT RESOURCE CENTRES

Northern Tasmania	03 6331 2300
Southern Tasmania	03 6221 0999
North-West Tasmania	03 6423 5598

NUTRITION

Community Nutrition Unit (statewide)	03 6222 7222
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OLDER REFUGEES

Community Care (NESB)	03 6334 0990
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Also see Migrant Resource Centres.

OPTOMETRY

Spectacle Assistance Scheme	1800 232 148
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PSYCHOLOGICAL SUPPORT AND COUNSELLING

(Specialist support services for survivors of torture and trauma)

Migrant Resource Centre Launceston	03 6331 2300
Hobart – Phoenix Centre	03 6234 9138

REFUGEE HEALTH ASSESSMENT SERVICES

Refugee and Humanitarian Arrival Clinic (RAHAC)

Royal Hobart Hospital	03 6222 8636
Launceston General Hospital	03 6348 7202

Refugee Arrival Health Assessment Clinic

Refugee Primary Health Care Clinic (GP North)	03 6332 2238
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Migrant Resource Centre	03 6331 2300
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SETTLEMENT SERVICES

Centacare – Hobart	03 6278 1660
Colony 47	1800 265 669

Migrant Resource Centres

Launceston	03 6331 2300
Hobart	03 6221 0999
Burnie/Devonport	03 6223 5598

SEXUAL ASSAULT

Hobart Sexual Assault Support Service	03 6231 1811
Crisis line (24 hours)	03 6231 1817
Launceston Sexual Assault Support Service	
	03 6334 2740
After hours	0409 800 394
North-West Centre Against Sexual Assault	
	03 6431 9711

YOUTH HEALTH

Alcohol and Drug Service	1300 139 641
Free call (24 hours)	1800 811 994
Eating Disorders Hotline	1800 675 028
Colony 47 (Emergency Accommodation)	
	1800 265 669
Health Department	1300 135 513
The Link Youth Health Service	03 6231 2927