Refugee and Asylum Seeker Health in Australia

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Refugee:
Someone who "owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

Asylum seeker:
A person who has left their country of origin, has applied for recognition as a refugee in another country, and is awaiting a decision on their application.

Outline
- Global and Australian refugee and asylum seeker context
- Syrian refugees – clinical and policy update
- Refugee/asylum seeker health care pathways
- Refugee/asylum seeker health assessment and screening
- Specific health issues
- What can you do?

Refugee/asylum seeker health assessment and screening

Specific health issues

Temporary – 7.2M
1/03/2016

New Australians in 2014

Australian migration context
2014-2015
- Temporary* – 7.2M
  - Visitors – 4.3M
  - Student – 300,963
- Permanent migration (non-Humanitarian) 189,097
  - Skilled – 127,774
  - Family – 61,085
- Humanitarian – 13,756 \(\rightarrow\) 18,750 by 2018
- Protection Visas
  - Non-IMA – 2746

Policy is changing…and changing again
Cumulative impact

Arrival dates – policy (boat arrivals)
- Before August 2012
  - Work rights
  - Retrospective application temporary visas
- 13 August 2012
  - Path – held detention -> Community Detention or Bridging Visa
    - 2013 Temporary Visas
  - Subject to offshore processing (Manus Island, Nauru)
  - No work rights
  - No family sponsorship
- 19 July 2013
  - Offshore processing, no resettlement
  - Prolonged held detention
    - (if stayed in Australia – included in legacy caseload
- 15 December 2014
  - Migration Act amended – legacy caseload
AS policy - clinical implications

- Changes Migration Act (Dec 2014)
  - Removed reference to Refugee Convention
  - Powers to detain at sea
  - Infants born Australia – same status as parents
- ‘Fast track’ processing
  - One shot, on papers, new Immigration Assessment Authority
- Reintroduced TPV
- Safe haven enterprise visa (SHEV) as well as TPV
- Work rights: Bridging Visa E (BVE)
- Babies born < 4/12/14 (Nauru) – stay
- Increased offshore Humanitarian intake
  - 18750 by 2018-19

Numbers (30th December)

<table>
<thead>
<tr>
<th>Place of immigration detention</th>
<th>2014</th>
<th>2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community based IDC</td>
<td>180</td>
<td>139</td>
<td>-41</td>
</tr>
<tr>
<td>Offshore IDC</td>
<td>139</td>
<td>113</td>
<td>-26</td>
</tr>
<tr>
<td>Stewart Island (SIC)</td>
<td>102</td>
<td>102</td>
<td>0</td>
</tr>
<tr>
<td>Charter Flight IDC</td>
<td>30</td>
<td>57</td>
<td>+27</td>
</tr>
<tr>
<td>Total</td>
<td>345</td>
<td>369</td>
<td>+24</td>
</tr>
<tr>
<td>Total in Community detention</td>
<td>369</td>
<td>369</td>
<td>0</td>
</tr>
<tr>
<td>Total in offshore detention</td>
<td>116</td>
<td>116</td>
<td>0</td>
</tr>
<tr>
<td>Total in immigration detention</td>
<td>485</td>
<td>485</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>485</td>
<td>485</td>
<td>0</td>
</tr>
</tbody>
</table>

Numbers – September 2015

<table>
<thead>
<tr>
<th>Entry</th>
<th>Victoria</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Held detention</td>
<td>240</td>
<td>2044 + 1565 RPCs</td>
</tr>
<tr>
<td>Community detention</td>
<td>275</td>
<td>744</td>
</tr>
<tr>
<td>Bridging visa E holders</td>
<td>11,032</td>
<td>28,938</td>
</tr>
</tbody>
</table>

The average period of time for people held in detention facilities has risen to 445 days as of 30th December 2015.
Syrian refugees
Clinical and policy update

Expected demographics
- Actually 12000 + 4000
- Likely 40% Victoria
- Anticipated to start March-April 2016
  - 30% female headed households
  - 52% children
  - 39% (of total) < 11 years
  - Unaccompanied minors may be a priority group
  - Discussion settlement location

Syrian health systems
- 60% public hospitals out of service
- 60-70% reduction pharmaceutical production
- >50% doctors have left (>70% in parts)
- Immunisation
  - 95% 2010 -> 45% 2013
- FASSTT organisations – mental health poor

HEALTH CARE PATHWAYS

The largest Syrian communities at the local government level are currently in Bankstown, NSW (540) and Fairfield, NSW (588), as well as Hume, Vic. (588). These areas also have large Lebanese and Turkish communities.

Access to health care

Community detention
- Assessment & care by GP
- Refugee Health Nurse
- Funded by IHMS
- Not Medicare eligible
- Screening completed varies
- Hospitals
- Medications: through IHMS letter and selected pharmacies (or Hospitals)

Bridging Visa
- +/- Triage
- +/- Assessment & care by GP
- Refugee Health Nurse
- Medicare Eligible (20-25% expired now)
- All Medicare services (inc. CHC & hospitals)

Medications: through IHMS letter and selected pharmacies (or Hospitals)

Offshore
- +/- Assessment & care by GP
- Refugee Health Nurse
- Medicare Eligible
- All Medicare services (inc. CHC & hospitals)

Medications: Medicare HCC

Public Hospitals (including Emergency Department and Royal Dental Hospital Melbourne)
- Medicare eligible asylum seekers are to be provided full medical care (including emergency and elective) including pathology, diagnostic, pharmaceutical and other services in Victorian hospitals as other admitted patients or non-admitted patients. Medicare ineligible asylum seekers are not to be billed, except in situations where they receive the following services as non-admitted patients:
  - spectacles and hearing aids
  - surgical supplies
  - prosthesis
  - aids, appliances and home modifications for the first 30 days post discharge until they are eligible for the Department of Human Services’ Aids and Equipment Program (see below)
  - pharmaceuticals:
    - Note: these should be billed at a level consistent with the Pharmaceutical Benefits Scheme statutory capments.
    - Note: a copayment for prescriptions to these services should not be charged.
- Victorian hospitals may bill Medicare ineligible asylum seekers for pharmaceuticals supplied to admitted patients upon separation.

Community supports

Community detention
- Housing provided
  - Fixed location
  - 60% Special Benefit
  - Contracted case mgt.
  - DHSF case manager
- No legal support
- Code conduct
- No work rights
- Kinder (2015/16)
- No education past 18 y
- Releases ongoing

Bridging Visa
- Housing not provided
  - Crowded/Homeless
  - 60% Newstart
- 6-weeks case work
  - Complex – Band 5
  - Most – Band 6
- No legal support
- Code conduct

Medications: Medicare HCC rate (2015)

Offshore/status granted
- Support to find housing
  - Case manager 6 - 12 months
  - Centres – full access

Medications: Medicare HCC

REFUGEE HEALTH ASSESSMENT

Pre-departure health screen (offshore)

Immigration Medical Exam - all
(Compulsory, 8-12 m prior to travel)
- CMI ≥ 11 yrs
- HIV < 15 yrs
- PVF ≤ 5 yrs

DHC - Humanitarian
(Voluntary – 3 d prior to travel)
- Exam, parasite check
- RDT and Rx if positive
- CMI ≥ 11 yrs
- HIV < 15 yrs
- PVF ≤ 5 yrs

Character requirement

Australia Post arrival health screening

Outcomes
- Fit to fly assessment
- Alert (Red, General)
- +/– delay travel

Humanitarian entrant
1) IME (Mandatory)
2) DHC (Voluntary)
3) POST-ARRIVAL (Voluntary)

Asylum seeker
1) DETENTION HEALTH (Mandatory)
2) POST-ARRIVAL (Voluntary)
3) IME - AT VISA GRANT (All)
Changes to health screening - Syrians

- Combine IME and DHC
  - Extended screening, to possibly include:
    - LTBI for children age 2 – 11 years
    - Hepatitis B
    - Deworming
    - Mental health screening
    - Child developmental assessments
- Extended immunisation
  - 1st dose catch-up
- DIBP to provide health report

Detention health screening

- Previously varied
  - Time in detention
  - Other
- CXR 11 yrs and older (children since June 2014)
- Bloods 15 years and older (children since June 2014)
- Immunisation – improved August 2013
- Physical health summarised on Health Discharge Assessment
- Mental health screening (not on HDA)

Post-arrival process

- Health screening
  - No national process
  - Victoria – primary care model: local GPs and RHN (2006) coordinate and undertake screening
  - NSW – specific services, RHN support (2013)
  - SA, WA, NT, ACT, Tas – central services
  - Quality and uptake are variable
  - High rates of specialist referral

“Refugee Health Check”

- Family doctor
  - General review
  - Screening tests

Post arrival health assessment

- Family/young person’s concern
- Excluding acute illness
- Immunisation
- TB screening
- Parasites
- Blood borne viruses
- Nutrition/growth inc. vit D
- Oral health
- Development/vision/hearing
- Previous severe/chronic illness, physical trauma
- Mental health/trauma
- Resettlement stressors

Revision - ASID refugee screening guidelines

- Key changes
  - Not just ASID – RHEANA, RACGP-SIG
  - Not just refugees – asylum seekers
  - Not just African source countries
  - Not just ID authors - Paediatrics/GPs/Refugee nurses
  - Not just ID topics – broader remit
- Consultation - underway
Clinical experience

- Poor
- Traumatised
- Mobile
- Case managers change regularly
- Handover?
- Health not the focus
- Health service access poor
- Language service ongoing issue

Health issues

- Immunisation, Vitamin D and other common health issues

Prevalence (Australian data)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>7 – 30% all groups, 23 – 39% &lt; 5 years</td>
</tr>
<tr>
<td>Iron deficiency</td>
<td>13 – 30%</td>
</tr>
<tr>
<td>Low Vitamin D</td>
<td>60 – 90% African, 33 – 37% Karen</td>
</tr>
<tr>
<td>Low Vitamin A</td>
<td>20 – 40% African children</td>
</tr>
<tr>
<td>Low Vitamin B12</td>
<td>16 – 18% Afghan, Iran, Bhutan</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>sAg 0 – 21%, sAb 26 – 60%</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1 – 4%</td>
</tr>
<tr>
<td>HIV</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>Schistosoma</td>
<td>5 – 38% African and South Asian</td>
</tr>
<tr>
<td>Malaria</td>
<td>0 – 21% higher South Asian</td>
</tr>
<tr>
<td>Falciparum parasites</td>
<td>4 – 10% African, prior to DHC, still get cases</td>
</tr>
<tr>
<td>Malaria test (+)</td>
<td>10 – 53%</td>
</tr>
<tr>
<td>Syphilis</td>
<td>0% genitourinary, 0 – 6% chlamydia</td>
</tr>
<tr>
<td>Helicobacter pylori</td>
<td>82% African children</td>
</tr>
<tr>
<td>Inadequate  immuno</td>
<td>100%</td>
</tr>
</tbody>
</table>

Clinical red flags

- Rickets, bone pain, muscle pain, late teeth closure (low dairy)
- Prolonged cough, fever, night sweats, poor growth
- Irritability, lethargy, developmental delay (high dairy)
- Diarrhoea, abdominal pain, epigastric pain, vomiting, poor appetite, poor growth
- Traditional medicines, developmental delay, gastrointestinal upset
- Behavioural disturbance: sleep eating, play, communication

Table 1.7 Short checklist of recommendations for health assessment

<table>
<thead>
<tr>
<th>Type</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>(Ask for any detention health paperwork)</td>
</tr>
<tr>
<td>Risk-based</td>
<td>3 sets immunisations (~4 needles in each, ACIR &lt;7y)</td>
</tr>
<tr>
<td></td>
<td>Screening blood tests</td>
</tr>
<tr>
<td></td>
<td>Faecal specimen</td>
</tr>
<tr>
<td></td>
<td>Mantoux test (children)</td>
</tr>
<tr>
<td>Country-based</td>
<td>Check results (i.e. 2 visits)</td>
</tr>
<tr>
<td></td>
<td>Treatment of problems</td>
</tr>
</tbody>
</table>
Mental health - consider

- Country of origin situation
- Migration journey
- Detention experience/uncertainty
- Torture/trauma
- Sexual violence
- Family separation/loss
- Depression
- Anxiety
- PTSD
- Self harm/suicidal ideation
- Adjustment/grief/other

Immunisation

Immunisation – How to Catch-Up

- What vaccines do they need?
  - Australian Immunisation Handbook
  - RCH Immigrant health catch-up immunization page

Immunisation – Summary Tips

- Every child will need catch-up immunization
- If in doubt, immunize – it is generally okay if extra doses are given
- Seek advice if need be
  - RCH Immunisation service (1300 882 924 - Option 2)
  - Paediatric Refugee Fellows (RCH, pager 7142)
- Treat the whole family

Low vitamin D

- Common in refugee communities
- Dependent skin synthesis
  - Diet poor source vitamin D
- Clinical – bone/muscle pain/fatigue, rickets
- Risk factors
  - Lack of skin exposure to UVB in sunlight
  - Dark skin
  - Conditions affecting metabolism
  - Babies: Maternal RF, excl. breastfeeding with other RF

Vitamin D deficiency

- Vit D from Diet <10%
  - Breast milk: poor source – 25 IU/L
  - Formula: 360 – 520 IU/L
  - Naturally occurring: some fish
  - Fortification: margarine
    - Canada, US – milk
- Calcium
  - 2+ serves of dairy per day

Tuberculosis (TB)
- Best test is still TST (Mantoux)
- Latent TB
  - Asymptomatic (only know if we test)
  - 20 – 55% Mantoux +
- In children with LTBI - the lifetime risk of developing TB disease is around 10%, although it is higher in young children (< 5 years, especially < 2 years)
  - Active TB
    - up 150% since compared to this time last year

Developmental Delay in refugee children
- High numbers at risk
- Concerns about development may not be raised in initial consultations
- Providers frequently attribute developmental concerns to English language acquisition problems
- Many contributing factors: nutrition, environment, physical and mental health, language, culture...

Nutrition
- Low rates obesity on arrival
  - Opportunity health promotion
- Post arrival dietary patterns
  - Consider access to food, cooking and food preparation
  - Evolving obesity epidemic
- Anaemia
  - Consider pre-arrival diet
  - Gastrointestinal pathology
  - Lead
  - High dairy intake

Sexual health
- Adolescents/adults should have STI screening
  - Part of post arrival health screening
  - Likely gap in services adolescents
  - Risk exposed to sexual violence
- Variation in sexual health literacy, family and cultural attitudes
- Need for health education/health promotion
  - Better understanding HIV than other STI
  - Barrier contraception

FGMC
- All procedures partial/total removal external female genitalia
  - 4 types
  - But describe what you see
- Consider clinically
  - Wetting
  - Menstrual Sx
  - Sexual health
  - Child protection issue
  - Travel medicine
  - FARREP
  - We are not aware of instances in Vic

WHAT CAN YOU DO?
- The role of health professionals in refugee health care and advocacy
What can you do?

• Provide quality care
  • Work with interpreters
  • Consider refugee background in all patients

• Collaborate with local services
  • Including IHMS*, Refugee nurses, MCHN, preschool, school, other health providers

• Advocate/Feedback to policy makers

IHMS = International Health and Medical Services (private providers of health care in immigration detention facilities, and community detention)

How doctors can engage

• Clinical care
  • Duty of care
  • Be wary of ‘othering’

• Become informed
  • Inform others

• Language services
  • College policy
  • AMA

Language services

• Right and entitlement
  • Hospitals – should happen (advocate)
  • Community health – should happen (advocate)
  • MCH - VTIS
  • Private GPs – TIS 24hr line (free)
  • Private specialists – TIS 24hr line (free)
  • Private psychologists/allied health – not available

Working effectively with interpreters

• Key steps in working with interpreters
  • Booking
  • Briefing
  • The interview
  • Debrief

• Common errors in interpretation
  • DVD educational tool

Tips for working with interpreters

• It takes twice as long - but saves time overall
• Position so talk directly to the client, triangle (7)
• Watch the client as they speak for non-verbal cues
• Use 1st person “How are you today?”
• Introduce interpreter and client, brief the interpreter
  • Important if phone interpreter
• Explain interpreter’s role if unfamiliar to patient or inadequately trained interpreter
• Record interpreter’s name/TIS job number

Language Tips

• Maintain control of interview
  • ask questions and hear full replies

• Short statements, one point at a time
  • Important for telephone
  • lists are helpful

• Avoid slang, complex jargon
  • Check with interpreter if unsure of understanding

• Avoid long discussions with interpreter
  • explain to patient if you need to clarify

• Don’t assume there is a simple translation
Working effectively with interpreters

- Consider
  - Language, dialect
  - Age, gender
  - Religion
  - Political context
  - Familiarity
- Consider impact on interpreter
- Pragmatic issues – e.g. fasting
- Debrief

Maternal and child health

- Birth to school age
  - Development, parenting, support, +/- immunisation
    - Checks: at birth, 2w, 4w, 8w, 4m, 8m, 12m, 18m, 2y, 3.5y
  - Locally zoned

4 yr old kindergarten

- Important! - play based, preparation for school
- Free - kindergarten fee subsidy
  - Refugees/SHP visa 200–217, AS on BV A–F, TPVs 447, 451, 785, RoS visa
  - Comm Detention – via DIBP – access varies (advocate)
- Pre School Field Officers
  - Help kids with developmental problems
  - Free kindergarten association
  - Enrolment – call kinder

Schools

- All kids should be at school
  - (Check level)
- Language schools
  - Within 18 m arrival
  - Local Government and Catholic schools
- Can continue to end of year (if turn 18 during year)
- Support for disability

EAL – new arrival program – Language schools

- English Language Schools:
  - Blackburn (5-18yrs)
  - Collingwood (5-18yrs)
  - Noble Park (5-18yrs)
  - Braybrook (5-18yrs)
- English Language Centres
  - Springvale (5-11yrs)
  - Broadmeadows (12-18yrs)
  - Brunswick (12-18yrs)
  - Glen Eira (12-18yrs)
  - Westall (12-18yrs)

Primary care

- Refugee health teams - Advice on referral pathways
- General Practitioners - Health screening, general, 4yo check (until Nov 2015)
  - (CD = IHMS accredited)
  - Community Health Centres = free
  - Local – bulkbilling doctors
  - Bilingual language doctors
  - Ideally refugee health experienced
- Immunisation – GPs, MCH, Council
  - Opportunistic
Refugee Health Program/Nurses
• 15 community health centres
• 45 RHNS in 14 metro sites and 7 rural sites
• Allied health workers, physios, bicultural workers, support workers, case coordinators

Allied Health
• Community health centres
  • Often only 0 – school entry
  • Children with developmental problems 1 domain
• Early Intervention (0 – school entry)
  • Children with developmental problems > 1 domain
  • All children eligible, including asylum seekers, CD
• Hospital (varies)

Disability
• All ages
  • GP, paediatrician, eyes, ears, (allowances)
• Early childhood
  • MCH
  • Early intervention
• Kindergarten
  • Aide – PSFO, ISF, FKA
• Schools – mainstream or specialist (ID, ASD)
  • Entry criteria (strict)
  • Call for help

Mental health
• Refugee/CALD specific
  • Victorian Foundation for Survivors of Torture (VRST, Foundation House)
  • Centre for Multicultural Youth (CMY)
• Mental health general
  • Schools
  • Headspace
  • Community health centres
  • ATAPS scheme
• (Better Access scheme) – no interpreters
  • CAMHS - location and age

Acute care
• Ambulance
  • Free in emergency
• Public hospitals/related services
  • Free (don’t forget RVEEH hospital)
  • Refugee health nurse liaison (Monash Health)
      mentalhealth/immigrant_refugee.htm

Specialist Paediatric Services
• Anything (anyone) complex, disability, worried
  • All Unaccompanied minors
• Refugee specific
  • RCH, Dandenong/Doveton, Footscray, Reservoir, Melton, Sunshine, Geelong, Ballarat, Bendigo
    • http://www根基.org.au/immigranthealth/about_us/about_the_immigrant_health_service/
• Paediatric hospitals
  • All except RMH, Alfred, St Vincent’s, Footscray
• Most community health centres
Specialty OP Paediatric Services:
RCH Immigrant Health Service
- Paediatricians
  - Georgie Paxton, Andrea Smith, Jane Standish
  - Hamish Graham, Shidan Tosif
  - 2016 Fellows: Karen Kiang, Sophie Oldfield
- Nurse coordinator – Helen Milton
- Dental therapist
- Teacher
- Interpreter service
- Volunteers

RCH Immigrant Health clinic
Monday afternoon

Eyes
- Vision check
  - Government schools – school nurses
  - Medicare – e.g. OPSM, Specsavers (any bulk billing)
  - Australian College Optometry – all
- Glasses
  - Australian College Optometry cheapest ($40/pair)
  - Specsavers/OPSM
- Emergencies - RVEEH

Hearing
- Hearing check
  - Government schools – school nurses
  - Audiologists
    - [Link]
- Hearing aids – Australian hearing
- Emergencies - RVEEH

Teeth
- Priority access
  - [Link]
  - All refugees and AS
  - All kids 0 – 12
- Clinics
  - [Link]

Patient advocacy/consumer liaison
- Available all hospitals
- Mechanism to progress concerns
- Mandatory reporting systems
- Helpful!
- Consider if:
  - Care declined (please act)
  - Language services not available
  - Concerns about care quality
  - Bills being sent incorrectly
  - Positive feedback
Key points

• Major changes – asylum and offshore space
• Changes – offshore and onshore screening
• Access to health care varies depending on pathway
  - Vic policy - equity
• Do not assume screening or follow-up
• Big numbers
• Combination of SHEVs and Syrian cohorts
  • Refugee health = regional issue
• Complex physical and mental health issues
  • Uncertainty and trauma = key drivers
  • Child health = key

Thank-you

• Questions?

• All located at:
• Also DIY Appointment reminder system (NSW Refugee Health)
• Please contact us:
  • Refugee Health Fellow 9345 5522 (page 7142)