



victorian refugee
health network

State-wide Meeting

April 2022



Agenda

2:10
PM

Headline Updates:

- **National Policy Update:** Refugee Council Of Australia (Sahar Okhovat)
- **Victorian Refugee Health Network Update:** Victorian Refugee Health Network (Gavin Halge)
- **Settlement Service Update:** AMES (Gerard Murren)
- **VRHN Strategic Plan 2022-2024:** VRHN Executive member (Jessica Trijsburg)
- **Mental Health Reforms:** Department of Health (Irene Tomaszewski)
- **The Program for Refugee Immunisation, Monitoring and Education (PRIME) Update:** Georgie Paxton

3:10
PM

Clinical Group Discussion:

Overview of coordinated response to newly arrived refugees including the challenges, lessons learned and future planning.

3:55
PM

- Evaluation via SurveyMonkey

4:00
PM

- Meeting Close

Headline Updates

2:10
PM

National Policy Updates

Sahar Okhovat- Refugee Council Of Australia



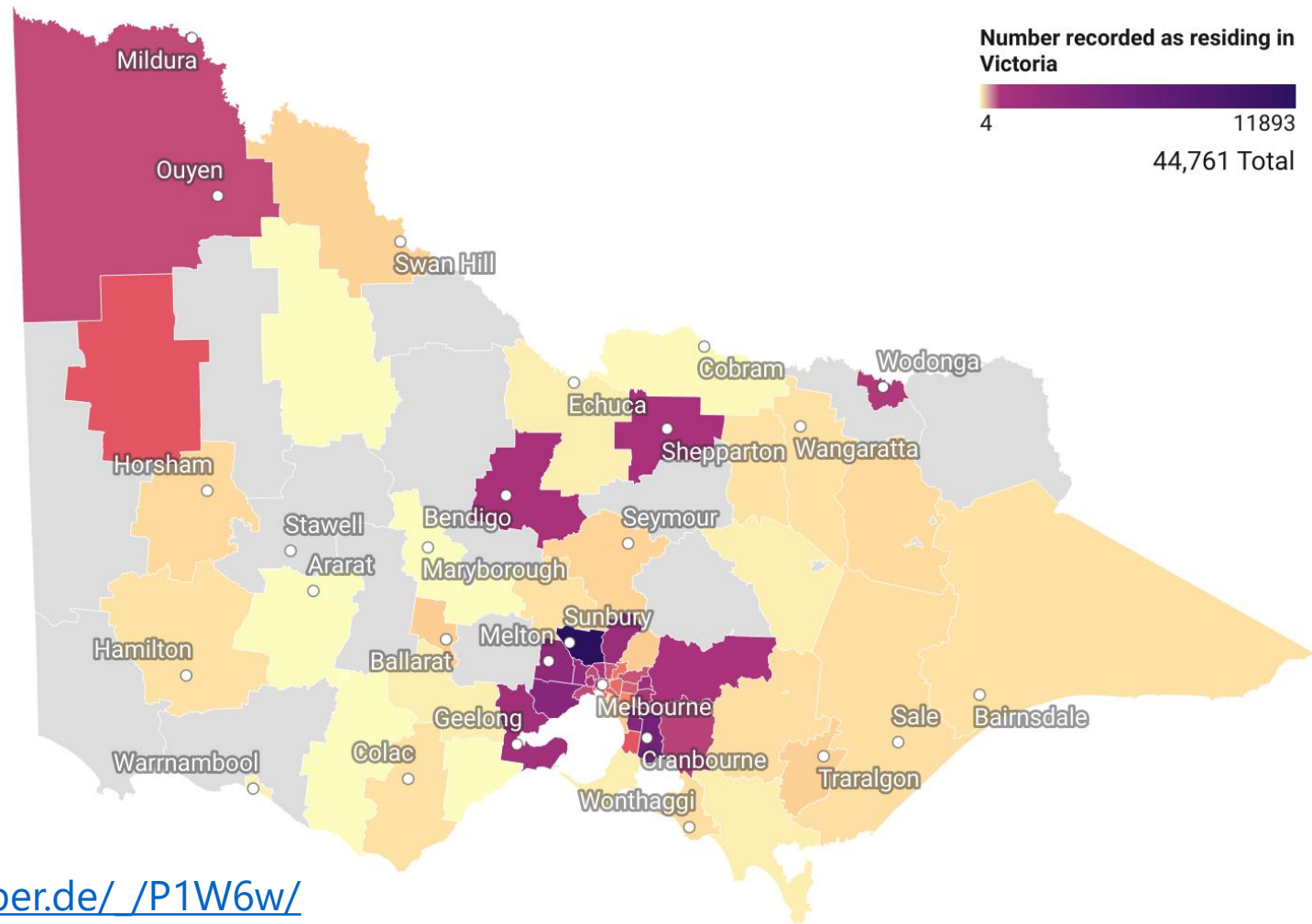
Settlement Data in Victoria

Top 10 settlement areas

Local Government Area	Number of arrivals (Visa Subclass 200s series & 866)
Hume (C)	11,893
Casey (C)	5,232
Wyndham (C)	3,678
Greater Dandenong (C)	3,650
Melton (S)	2,932
Brimbank (C)	2,528
Whittlesea (C)	2,102
Maroondah (C)	1,681
Greater Geelong (C)	1,422
Greater Bendigo (C)	892
Greater Shepparton (C)	850
Yarra Ranges (S)	749
Maribyrnong (C)	634
Moreland (C)	600
Melbourne (C)	504

Humanitarian settlers in Victorian Local Government Areas over the last 10 years

Visa Subclass (200, 201, 202, 203, 204, 866)



Interactive Map available at https://www.datawrapper.de/_/P1W6w/

Date of Arrival between
31/03/2012 and 31/03/2022

Date of Arrival between 31/03/2012 and 31/03/2022

*355 Humanitarian settlers had not recorded their LGA

Map: Victorian Refugee Health Network • Source: Department of Home Affairs - Settlement Data • Map data: ABS • Created with Datawrapper

Settlement Data in Victoria

Humanitarian settlers in Victoria over the last year according to age

Visa subclasses (200 series & 866) with a Date of Arrival between 01/04/2021 & 31/03/2022

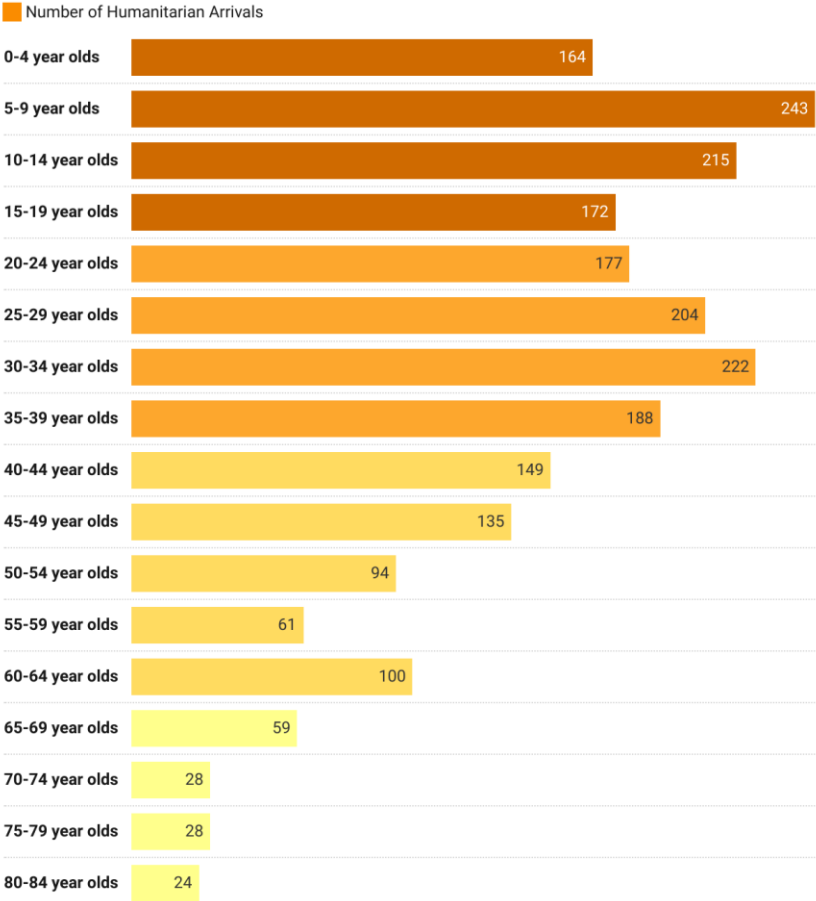
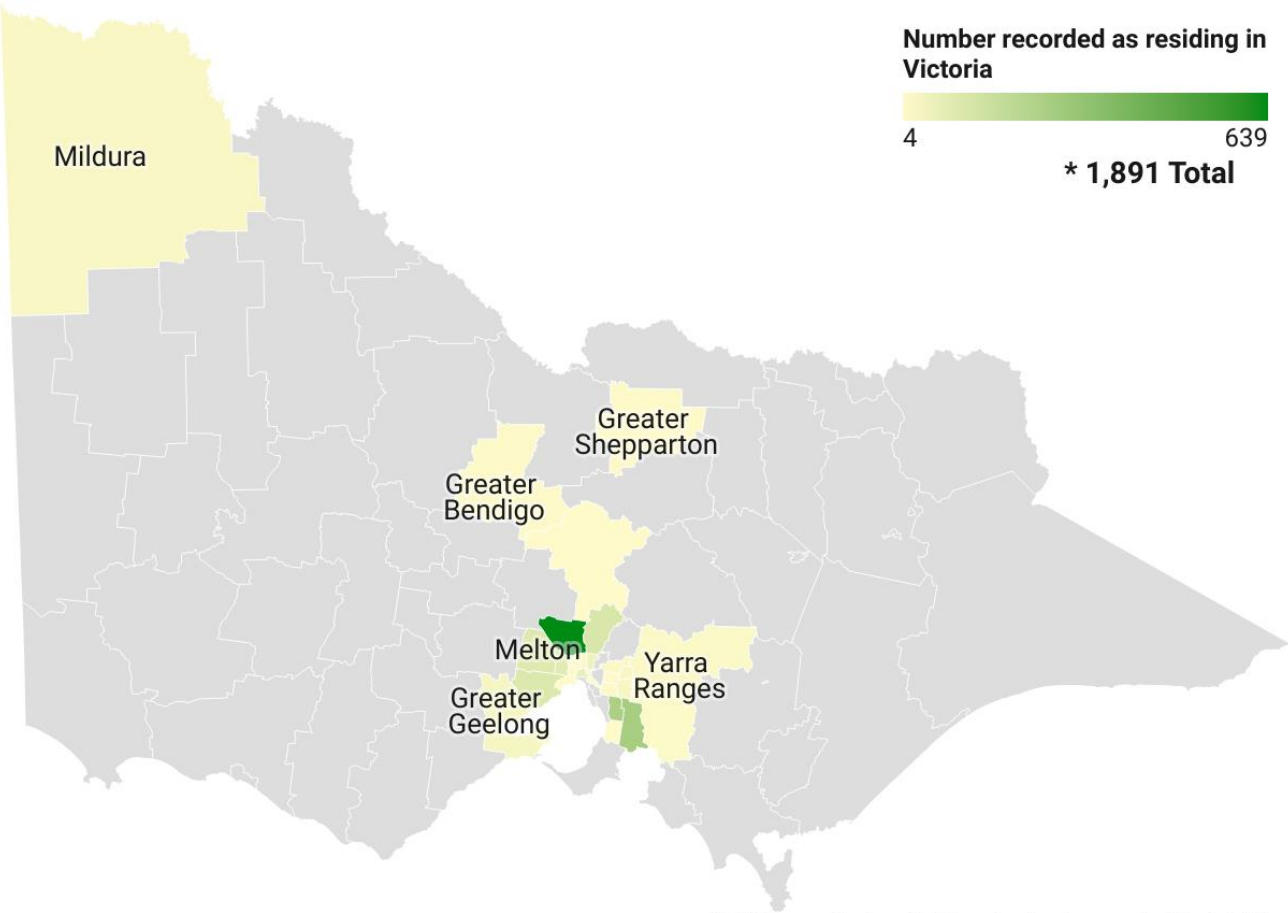


Chart: Victorian Refugee Health Network • Source: Department of Home Affairs • Created with Datawrapper

Date of Arrival between
01/04/2021 and 31/03/2022

Humanitarian settlers in Victorian Local Government Areas over the last year

Visa Subclass (200, 201, 202, 203, 204, 866)



* 78 Humanitarian Settlers had not recorded their LGA

Date of Arrival between 01/04/2021 and 31/03/2022

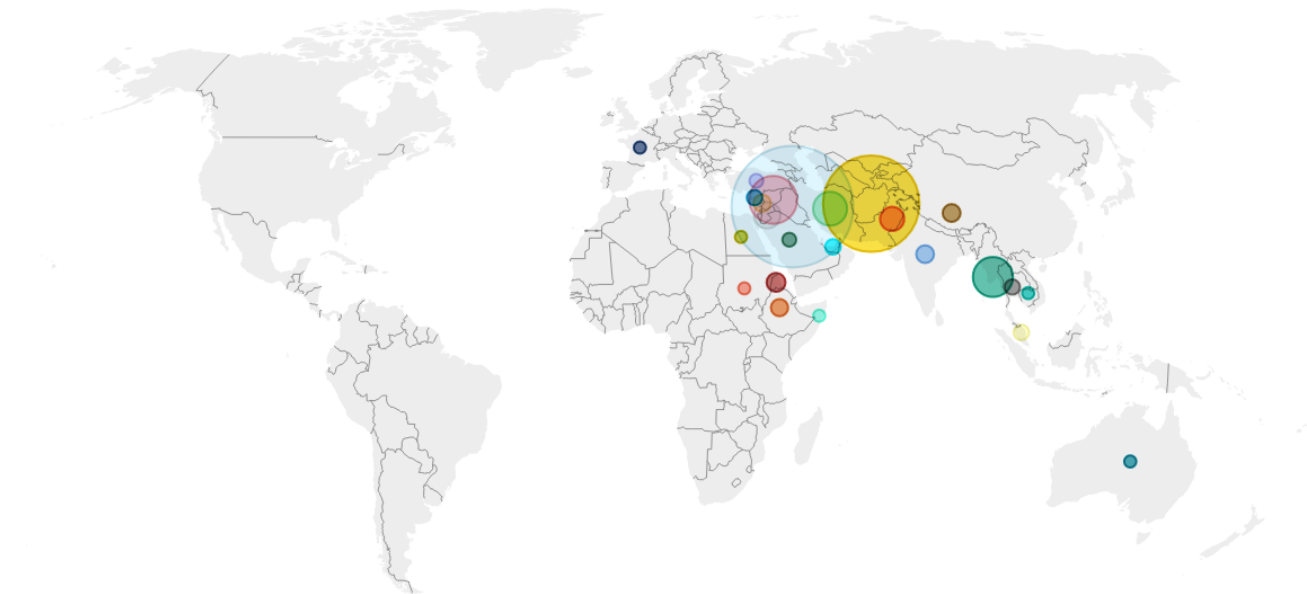
Map: Victorian Refugee Health Network • Source: Department of Home Affairs - Settlement Data • Map data: ABS • Created with Datawrapper

Interactive Map available at: https://www.datawrapper.de/_/Iz890/

Settlement Data in Victoria

Country of Birth - Humanitarian Settlers in Victoria over the past year

Visa Subclasses (200 series & 866)



*Total number 1,891

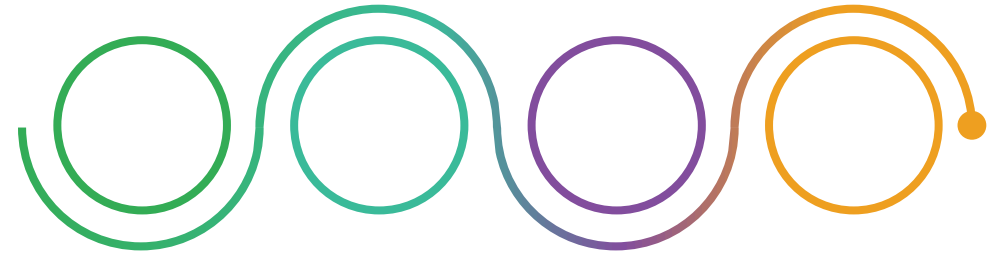
Date of Arrival between 01/04/2021 and 31/03/2022

Map: Victorian Refugee Health Network • Source: Department of Home Affairs • Created with Datawrapper

Interactive map available at: https://www.datawrapper.de/_/tzEaF/

Country of Birth	Numbers on Visa Subclass (200s and 866)
IRAQ	914
AFGHANISTAN	563
SYRIAN ARAB REPUBLIC	126
MYANMAR	84
IRAN	58
JORDAN	32
PAKISTAN	26
ERITREA	14
INDIA	12
TIBET (SO STATED)	12
LEBANON	11
ETHIOPIA	11
TURKEY	6
SAUDI ARABIA	6
THAILAND	8
MALAYSIA	8
YEMEN, REPUBLIC OF	8
CAMBODIA	4
UNITED ARAB EMIRATES	8
SUDAN	4
EGYPT	4
AUSTRALIA	4
SOMALIA	4
FRANCE	4
Grand Total	1891

VRHN Updates



- **VRHN now have a full team:**
Kristina Rienmueller, Reham Elzeiny, Gavin Halge & Tilly Carrodus
- **Website review process underway**
- **VRHN Strategic Planning**

Advocacy/ Sector Development & Policy

- Submission on VIC Budget that included endorsement for the expansion of the Refugee Health Program

VRHN Continue to work in the following areas:

- Afghanistan Arrivals Health Coordination
- COVID-19 Sector Coordination Call
- Continue to maintain focus on COVID-19 Health protection projects
- Monthly E-Bulletin distribution
- Attendance at sector meetings

Humanitarian Settlement Program

Gerard Murren - AMES



Humanitarian Intake



Referrals and arrivals to the Humanitarian Settlement Program has resumed



Arrivals from Afghanistan, Syria/Iraq and Myanmar



Quarantine requirements for unvaccinated arrivals ceased on the 22/04/2022



Normal intake and servicing of clients has resumed for those arriving on the Refugee XB visa



Housing in regional Victoria has been an issue for refugees wishing to settle in the regions



New Case Managers and teams across Melbourne due to the Afghan evacuees and also the opening of International Borders

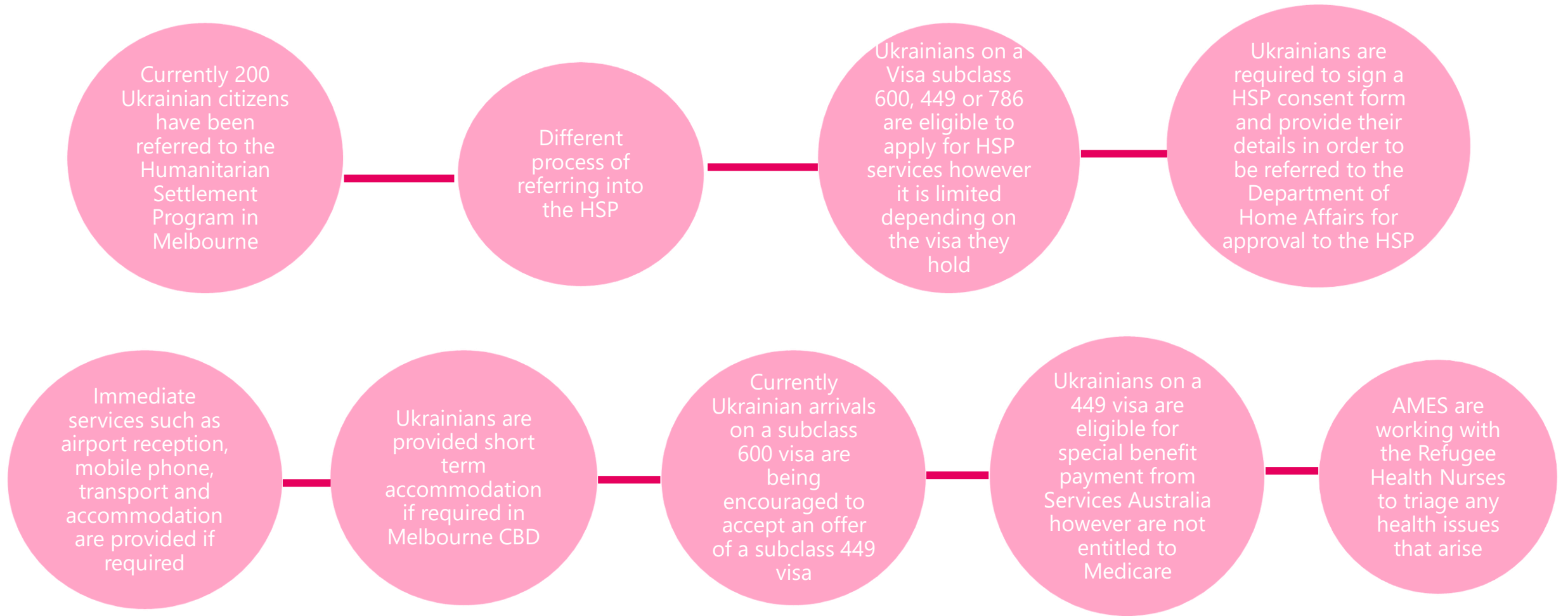


Enquires to HSP Intake HSPIntake@ames.net.au

Afghan Arrivals

- ❑ 2500 Afghan arrivals on a 449 visa
- ❑ Process for applying for a Protection Visa has commenced
- ❑ Majority of the Afghan arrivals have secured long term accommodation primarily in the Southeast region
- ❑ Continue to work with 200 still in short term accommodation in Melbourne's CBD
- ❑ AMES working closely with Department of Education, Noble Park English Language School and Foundation House to assist with the current waitlist for English Language School

Ukrainian Arrivals



Thank you!

For more information contact:
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Victorian Refugee Health Network Strategic Plan 2022-2024

VRHN Statewide Meeting
Thursday 28 April 2022

Jessica Trijsburg
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VRHN Strategic Plan

Guides delivery
of network
Mission, Vision
and embodies
Values

Mission: Collaborating to reduce health disparities experienced by people from refugee backgrounds, including people seeking asylum.

Vision: Victorians from refugee backgrounds, including those seeking asylum, have timely access to appropriate services and other resources required to build and maintain health and wellbeing.

Values: Collaboration | Accountability | Responsiveness | Political neutrality

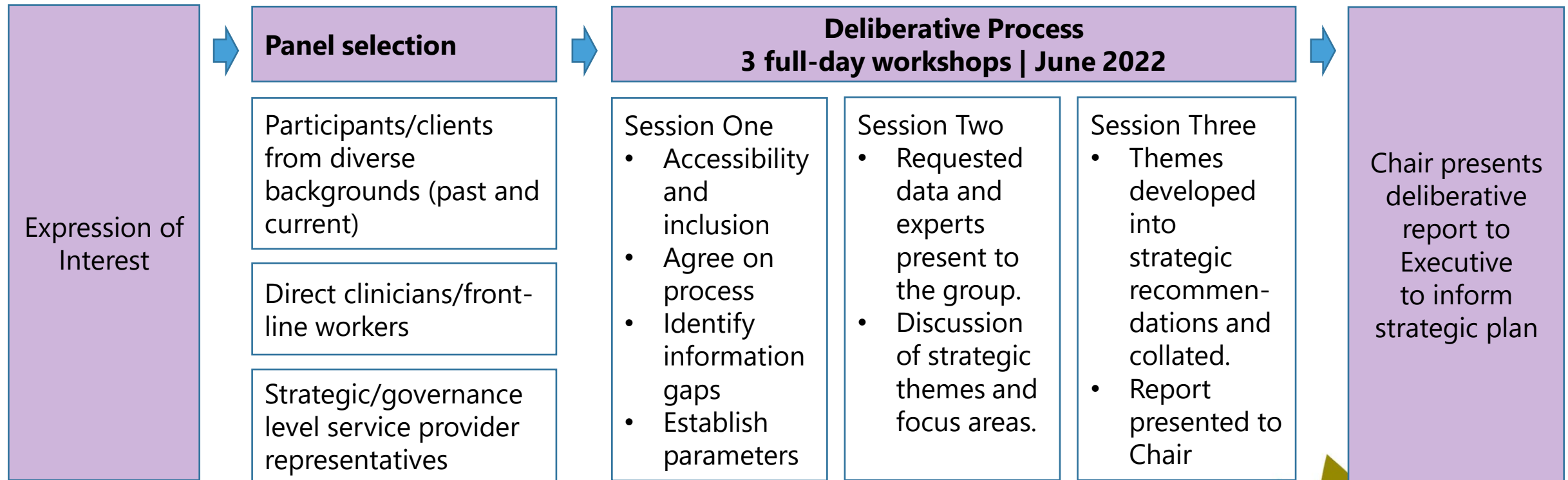


VRHN Strategic Plan



Link to video here: https://www.youtube.com/watch?v= 8qB7pPf6Ec&feature=emb_title

VRHN Strategic Plan



Mental Health and Wellbeing System reform update

Irene Tomaszewski

Mental Health and Wellbeing Division

28 April 2022



Department
of Health

Key reform priorities for 2021-22

Governance & advisory structures	Mental Health & Wellbeing Act	Victorian Collaborative Centre for Mental Health & Wellbeing	Interim Regional Bodies	Local Adult & Older Adult Mental Health & Wellbeing Services	Workforce Strategy & Capability Framework	Outcomes & Performance Framework
<p>Mental Health Ministerial Advisory Committee (MHMAC)</p> <p>Interdisciplinary Clinical Advisory Panel (ICAG)</p> <p>Lived Experience Advisory Group (LEAG)</p>	<p>Safeguarding the rights of people</p> <p>Includes improved access to culturally appropriate and safe mental health and wellbeing services</p>	<p>Purpose-built facility</p> <p>Brings people with lived experience together with and researchers and experts</p>	<p>Bodies will assist and advise Vic Gov on the delivery of local services</p> <p>Currently recruiting for members of the Bodies</p> <p>Key focus on reflecting diversity of regions</p>	<p>Help people experiencing mild-moderate mental health challenges</p> <p>20 sites announced</p>	<p>Launched December 2021</p> <p>Focus now on implementation</p>	<p>Underpins measurement of the success of the reforms</p> <p>Co-design process with people with lived experience</p>

Royal Commission and diverse communities



Recommendation 34 calls for the following:

- **Empower diverse communities** & community-led organisations
- Improve **planning, access & navigability** of the **mental health system**
- **Greater accountability** for a mental health system that is **responsive** to the **needs of diverse communities**
- Improved **access to mental health information & means of communication**
- Improved **data collection & reporting**
- **Development of digital technologies** to support **delivery of language services**

Key initiatives for diverse communities

Diverse Communities' Framework and Blueprint for Action

- Sets short- and long-term priorities for treatment, care, support, health promotion and sector capability
- Developed in partnership with Commissions, peaks, community organisations, service providers and members of the community
- Consultations to begin May/June 2022
- Scheduled for launch in March 2023

Diverse Communities' Working Group

- Representatives from multicultural, LGBTIQ+ and disability peak and community organisations
- Includes lived experience representatives
- Guide the development of the Framework and Blueprint to shape MH reforms

Key initiatives for diverse communities

Diverse Communities' Grants Program

- \$2.4 million per annum over 4 years
- Phase 1 recognises the immediate need to fund the building blocks of the mental health reform and increase sector capacity & capability
- Phase 2 will be aligned with the priority themes and actions outlined in the Framework and Blueprint

Phase 1A (2021-2022)

- Direct allocation
- 1 year of funding
- Total pool of \$2.4 million
- Applications closed

Phase 1B (2022-2023)

- Open funding round
- 1 year of funding
- Total pool of \$2.4 million
- Applications open July 2022

Phase 2 (2023-2025)

- Open funding round
- 2 years of funding
- Total pool of \$4.8 million
- Applications open April/May 2023

Upcoming opportunities to engage

Our team's email: mhwd.diversity@health.vic.gov.au

Interim Regional Bodies recruitment

We're seeking members to join Victoria's eight new mental health Interim Regional Bodies

The Interim Regional Bodies will assist and advise the Victorian Government as it plans and delivers mental health and wellbeing services and supports that meet local needs.

Each body will include at least one person with lived experience of mental illness or psychological distress and at least one person with lived experience as a family member or carer.

Find out more

Visit www.fisherleadership.com or www.boards.vic.gov.au for further details.



Applications extended to Sunday 1 May

Engagement across all reforms



www.health.vic.gov.au/publications/calendar-of-forthcoming-mental-health-and-wellbeing-engagement-eoi-tender-advisory

PRIME PROJECT

Georgie Paxton – Royal Children's Hospital



PRIME original

- Original – 3 years – Nov 2016- Nov 2019
- 4 sites
 - Hume Whittlesea
 - CGD LGA – NPELS & expanded
 - ASRC
 - Cabrini hub
- Multiple partners inc. DH VCF PHNs AMES RHP AIR others
- Results
 - 7652 enrolled
 - Baseline **14.7%** UTD for age,
 - **28%** resident 12m+, but only **3.4%** age 20y+
 - 6149 referred
 - 5355 initiated
 - 4555 completed – coverage **91.2%** enrolled 12m+

PRIME: Program for refugee
immunisation monitoring and education

Briefing paper: 2016-2019 outcomes

February 2020

PRIME - ongoing

Site	Notified Q1 2022	UTD at notify Q1 2022	Referred Q1 2022	Initiated Q1 2022	Completed Q1 2022	Total UTD
Hume-Whittlesea	6247 277	1128 18.1% 0	4810 192	4531 138	3907 66	5035 80.6%
CGD-NPELS	1463 127	27 1.8% 11	1422 132	1399 155	1149 54	1176 80.4%
CGD expanded	2021 618	67 3.3% 28	1521 526	1222 363	819 60	886 43.8%
ASRC	1221 24	105 8.6% 0	997 0	617 6	463 4	568 46.5%
Cabrini	570 7	129 22.3% 1	441 6	410 6	376 7	505 88.6%
Total	11,522 + 3870	1456 12.6%	9191 + 3042	8179 + 2824	6714 + 3278	8170 70.9% + 3615

PRIME – abridged schedule (NPELS)

- Using childhood vaccines up to age 18y
 - Infanrix-hexa – usual 0-9y → using 10-17y
 - MMR-V – usual 4-14y → using 15-17y
 - Prior use - oncology catch-up context
- Project plan 12/21 → 2/22
 - Vaccine Safety Victorian DH, TGA checks
 - CHO order – scope of practice NI at LGA
 - Monitoring plan – active, passive, stakeholders
- Catch up schedule reduces from 18-19 → 10-11 vaccines, 3 visits
- 1st 2 sessions – ~ 100
- Halves everything – needles, equipment, time taken, staff workload, (distress)
- Positive reception, monitoring in place

PRIME-Covid

Hume-Whittlesea

- **5677** eligible clients (5y+) → AIR assessed (up to 4/2022)
- 4040/4583 age 16y+ had 2 doses **88.1%** vs **>95%**
- 645/4583 age 16y+ had 3 doses **14.1%** vs **69.1%** - boosters 26/10/21
- 364/576 age 12-15y had 2 doses **63.2%** vs **80.4%**
- 12/518 of age 5-11y had 2 doses **2.3%** vs **35.2%** started 10/1, 8w interval
- 476 referred
- 215 completed 2nd dose, 46 completed booster dose

CGD projects

- 1981 eligible (5y+) → **1526** AIR assessed
- 667/1526 up to date for age at notification **43.7%**
- *Data pending*

Project commence Jan 2022

Acknowledgements – Rachael James and Sophie Deenmamode – ACPCC/Whittlesea

Acknowledgements

Department of Health - Immunisation section, Regional staff, Diversity Unit – Chelsea Taylor, Stephen Pellissier, Catherine Radkowski, Lucinda Franklin, Kerin Bryant, Kaylene Hodgkin, Ellie Manditis, Bec Saxton, Marcus Wait, Zoe Smith; Crystal Russell, Kim van den Nouwelant, Nick Wilson, Tanya Kilgower

VRHN Secretariat support – Toni Mansfield, Lauren Tyrrell, Sue Casey, Rose Dupleix, Philippa Duell-Piening, Rachael Unwin, Meg Quartermaine, Jeanine Hourani, Reham Elzeiny, Gavin Halge,

VCS Foundation – VCF - ACPCC – Kate Wilkinson, Genevieve Chappell, Julia Brotherton, Rachael James (now Whittlesea), Sophie Deenmamode

Hume Whittlesea Projects – Tanya Perrin, Allyson McMahon, Farah Moualla, Mona Abbouchi, Silvana Goreal, Ellen Gaskett, Ralph Mertins, Angela Dunn, Edwina Dinkha, Rachael Trimbo, Rebecca Frederikson, Jacinta Collins, Samuel Ferrier

Settlement health coordinators & RHP - Natalie Henry, Janan Allouche, Lisa Scott, Aisleen Glasby, Kath Desmyth

AMES – Joe Garra, Tanya De Mel, Victoria Fisher, Sarah Daley

CGD projects – Lisa Beck, Carolyn Hilf, Jane Burkett, Yelda Arman, Anne Souter, Mina Dalili, Harleen Kaur, Meaghan Leamon, Monash Refugee Health – Chiedza Malunga, Jacque McBride; EACH Maria Loupetis, Marilyn Spratling

ASRC – Catherine Cursio, Sheenagh McShane, Nyree Chung, Amali Aluthgame

Cabrini – Tracey Cabrie, Bernadette Flanagan, Natasha Blucher, Hannah Juhrman, Gillian Singleton, Anikee Mallis

PHN staff – NWMPHN, SEMPHN, EMPHN - Suzanne Gibson, Wendy Reid, Angela Ouromis, Bianca Bell, Janet Cowell, Jessica Holman, Cheryl Campbell, Maggie Arnold, Julia Fagg, Vignesh Lingam, Campbell Rule, Nadera Rahmani, Laura Ezerins, Carolyn Leigh, Dianne Hayes, Christine Ferlazzo

External evaluation – Nigel Crawford, Margie Danchin, Shidan Tosif, Jessica Kaufman, Tash Brusco, Georgina Lewis

Evaluation reference group – Project teams, Secretariat support, DHHS colleagues, PHN colleagues, Marilyn Spratling, Kath Desmyth, Lindy Marlow, Kristina Bergin, Clare Tobin, Rachel Heenan, Simon Stokes, Ingrid Laemmle Ruff

Program logic development facilitation – Helen Jordan

Department of Health Immunisation Section – Masha Somi, Hope Peisley

Services Australia – Australian Immunisation Register staff – Scott Stokes, Leslie Jacobs, Tracie Hibberd

Contact: georgia.paxton@rch.org.au



3:10
PM

Clinical Discussion

Overview of coordinated response to newly arrived refugees including the challenges, lessons learned and future planning.

Kath Desmyth- Refugee Health Program

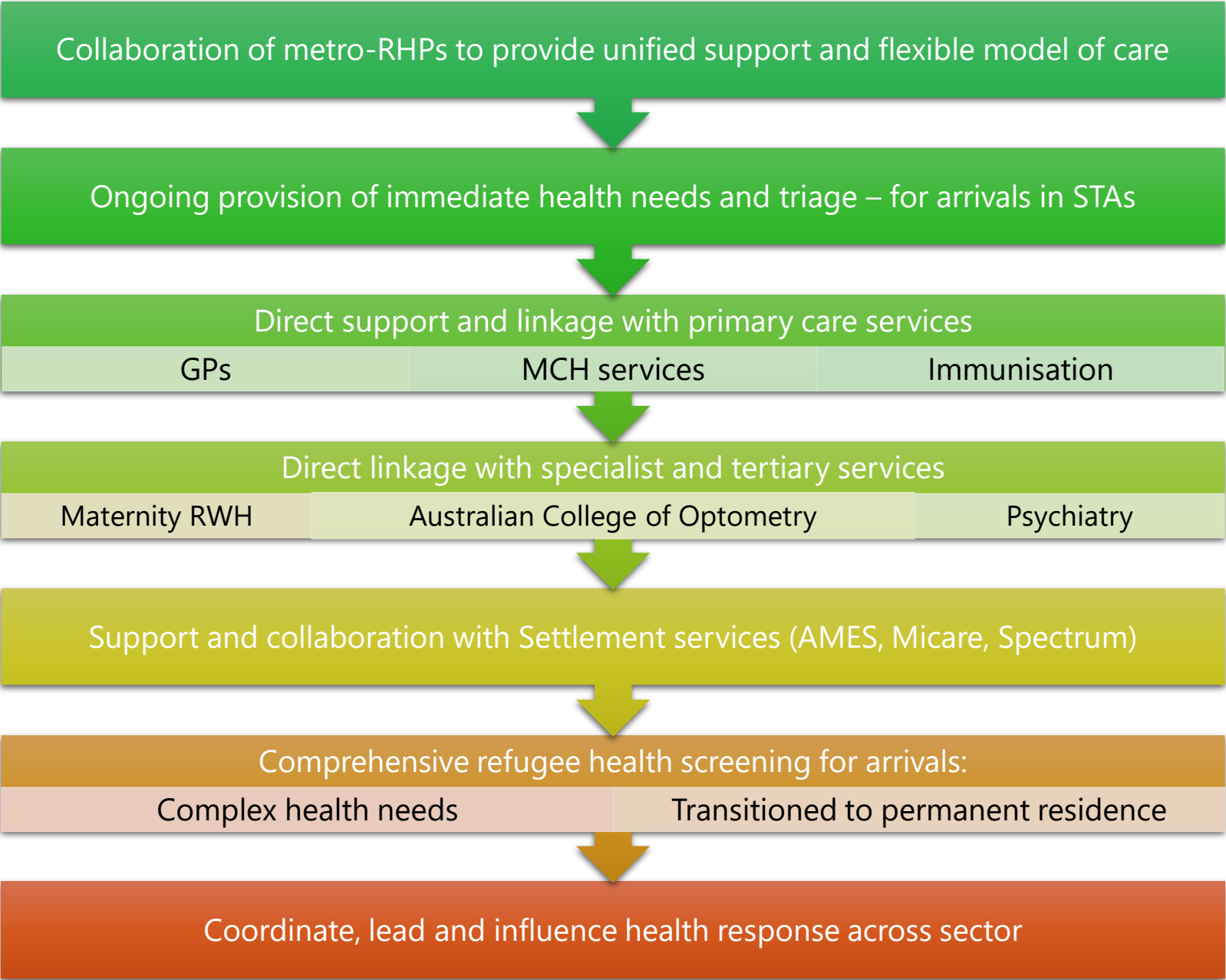
Jacquie McBride- Monash Health

Zabi Mazoori- Foundation House

Georgie Paxton- Royal Children's Hospital

Refugee Health Program

How has the program been supporting and facilitating primary care response?





Afghan Refugee Clinic

- Funded by Department of Health.
- Nurse-led model, supported by community GPs and managed by cohealth Refugee Health Program

TOTAL ACTIONS

29th Sep – Dec 17th 2021

Client appointments – on site	269
Nursing – episodes of care	345
GP Appointments	98
Number of clients supported by BCW	211
Number of clients – Vaccination certificate support	274

Refugee Health Program

Challenges

Significant delays with
Medicare

Accessing services such
as GPs, pathology,
radiology

Delayed comprehensive
refugee health
screening

Managing number of
arrivals within existing
resources and
constraints of
pandemic

Monash Refugee Health and Wellbeing

Month- 2021/ 2022	Number of evacuee referrals
September	69
October	399
November	633
December	328
January	128
February	125
March	334
Community links	268
Total Referrals Sept 2021- March 2022	2284

Monash Refugee Health and Wellbeing Clinic

What did we do?

1

Ramp up nursing and medical services to respond to demand

- Screening community links
- AMES: Triage/ screening/ referral

2

Formalise pathways across MH to address emerging needs e.g.: maternity, dental, radiology, pathology

3

Liaise with Public Health Networks – local GPs

4

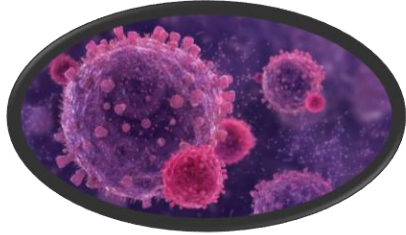
Liaise with universal providers e.g., MCH

Monash Refugee Health and Wellbeing

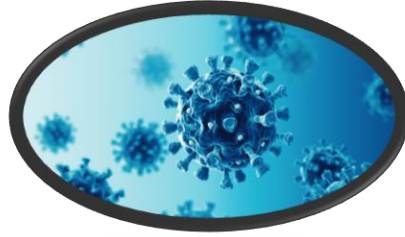
What did we see?



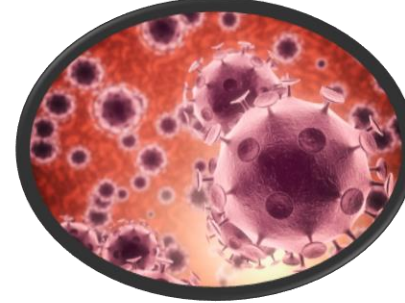
- **Significant nutritional deficits: B12 and Iron (Fe)**



- **Latent tuberculosis infection (LTBI)**



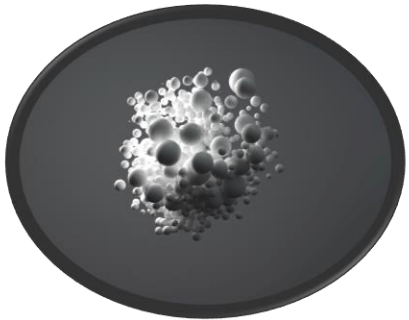
- **Thalassemia major**



- **Cardiovascular Disease**



- **Catch up Immunisation**



- **Undiagnosed Diabetes**



- **Sexual and Reproductive Health concerns**



- **Complex disability- particularly in children**



- **Mental Health: mental illness, PTSD, grief**



- **Oral health.**

Learnings & Challenges

Health is integral to optimal settlement outcomes and should be embedded as part of a comprehensive Humanitarian Settlement Program

Timely access to primary care for comprehensive on arrival health assessment/ screening IS critical. Should this be in the form of a "specialist primary care" model with established links to broader universal service system?

Medicare access is fundamental to addressing on arrival health needs

Dedicated resources are required to lead, support and enable innovation responsiveness

RHP has knowledge, skills and capacity to deliver flexible models of care that transcend regional boundaries, and this should be encouraged

Relationships are key to ensuring service access and health equity and should continue to be nurtured across the RHP

Service system delays/ gaps eg: NDIS for those with complex physical and mental health needs to prevent hospitalisation and deterioration require urgent attention

Funding of Health is complex. Ongoing avenues for dialogue is required to ensure State and Federal responsibilities and complexities can be escalated and resolved e.g. NDIS

Foundation House

- Crisis response – information and psychoeducation sessions for existing Afghan community
- Huge demand for individual counselling (diaspora and evacuees)
- Ongoing online welcome and information groups for new arrivals
- Assisting in processes such as strategic planning, lobbying and advocacy
- Community consultation and partnership with other organisations
- Development and implementation of a short-term psychosocial counselling model

Afghanistan Community Response

- Short-term counselling for new arrivals
- Psychosocial groups
- Working with the sector and services in the region to provide support and responses to evolving community needs
- Working closely with Afghan community organisations
- Linking the new arrivals with the existing Afghan community

Challenges included

- Running the information sessions online
- Not being able to meet new arrivals in person
- Readiness for trauma counselling
- Limited resources to meet demands in a short amount of time

Evaluation survey

<https://www.surveymonkey.com/r/9JKQPZ2>



victorian refugee
health network

Thank you for
attending the VRHN
State-wide Meeting!

April 2022

