



victorian refugee  
health network

# State-wide Meeting

November 2025





**Agenda | 2:00pm – 4:00pm**  
**Chaired by: Sophie Dutertre**

<b>Time</b>	<b>Agenda item</b>	<b>Speaker</b>
2:10pm	National Policy Update	<b>Rebecca Eckard</b> Refugee Council of Australia
2:30pm	AMES Settlement Update	<b>Gerard Murren</b> AMES Australia
2:45pm	Rural and Regional Working Group Update	<b>Veronica Steegs</b> Rural and Regional Working Group Representative
3:00pm	<b>Break (5 mins)</b>	
3:05pm	Victorian Settlement Data	<b>Samina Hassan</b> Victorian Refugee Health Network
3:20pm	Exploring different models of primary care for refugee and/or asylum seeker communities	<b>Merilyn Spratling</b> EACH
		<b>Dr. Lester Mascarenhas</b> Utopia Refugee and Asylum Seeker Health

# National Policy Update

November 2025

Rebecca Eckard  
Refugee Council of Australia

# Key issues and updates

1. Fast track processing & SRSS

2. Refugee and Humanitarian Program

3. Immigration detention and new laws

4. Offshore processing

5. Humanitarian crises arrivals

# Fast track processing+ and SRSS

- Minister has heard communities' concerns about the pace of the current process for people in need of a resolution. It is still **case by case** but the Minister is looking at more efficient ways. People should contact specialised community legal centres (**Refugee Legal**) to get information on their individual case and circumstances.
  - People who arrived by boat 2009-2014 *and* had their protection claims assessed *in Australia* (and refused)
  - “Transitory Group” excluded from consideration at this time
  - RCOA and others looking at post-visa grant support, as very limited settlement support available

## Status Resolution Support Service (SRSS)

- **Medical evidence** for SRSS applications and Continued Eligibility Review (CERs): Concern about clinical expertise being **undermined** by non-clinical decision-makers
- **SRSS Review** in early 2026

# Refugee and Humanitarian Program



This Program year 2025-26

- **20,000 places**, split between ~16,000 overseas and ~4,000 onshore visas: service pressure because of complex needs/multiple issues
- **Reduction in UNHCR-referred places**
- Government still working through Afghan applications, focused on **Locally Engaged Employee (LEE)**
- Increased resettlement from Bangladesh for **Rohingya**
- Increased resettlement for **LGBTQIA+**
- **Student pathway**
- Community Support Program (**CSP**)

**RCOA and others advocating for additional places via complementary pathways**

# Immigration detention

- **1,029 people** held in locked immigration detention facilities, with an average of period of time held **446 days**
- Healthcare Australia (HCA) contracted to provide health services in immigration detention
  - Health provision is focused on **primary health**. Primary health facilities on site and also offered through a virtual care centre
  - **Mental health strategy** in place and a program to **address opioid use**
  - Registered nurses with **mental health accreditation** are being employed by HCA
  - The remit of **torture and trauma services** has been expanded to services beyond torture and trauma services focused on refugees [?]
- Prohibited Items law now in effect: **seize mobile phones** and conduct unwarranted searches on people in immigration detention

- ❖ Forced transfers to Nauru: 4 people so far, up to 350 people at risk
- ❖ High Court challenge underway focused on health needs of an individual

# Solutions for refugees in offshore processing

- **~930 people remain** – ~100 in Nauru (arrivals in 2023 & 2024), 28 in PNG (plus partners & children), ~800 people remain who were transferred to Australia for medical reasons
- **Insufficient resettlement options** available (>750 places), and concern about people exiting community detention and “engagement”
- **NZ arrangement closed**, as people must travel to NZ by end of 2025/beginning 2026

## PNG:

- Situation in PNG deteriorated further and concerns about support to be provided
- Support via PNG Immigration officers to be provided but **no consideration of medical evacuation**

# Arrivals from humanitarian crises

- **Ukraine:** Government inviting people from Ukraine on Temporary Humanitarian Concern (786) visas to apply for a Resolution of Status (RoS) permanent visa
  - Temporary Humanitarian Stay offer for Ukrainians not in previous cohort (arrived before 31/07/2023)
- **Palestinians and Israelis:** Government making offers of a 3-year Temporary Humanitarian Concern (786) visa (449 visa required first)
  - Some 449 visa grants overseas to support travel to Australia
  - Some Resolution of Status (RoS) visa grants for this group (permanent visa)
  - Contact Refugee Legal
  - Can support people with health needs to minimise Medicare gap
- **People from other crises** (Sudan, Iran, Myanmar, etc) not able to access
  - Concern about Government appetite for reform in this space

# Questions?

# Humanitarian Settlement Program - Updates

**Latest update: 5 December 2025**

**Slides for this section are not yet available.**

**Apologies for the inconvenience.**





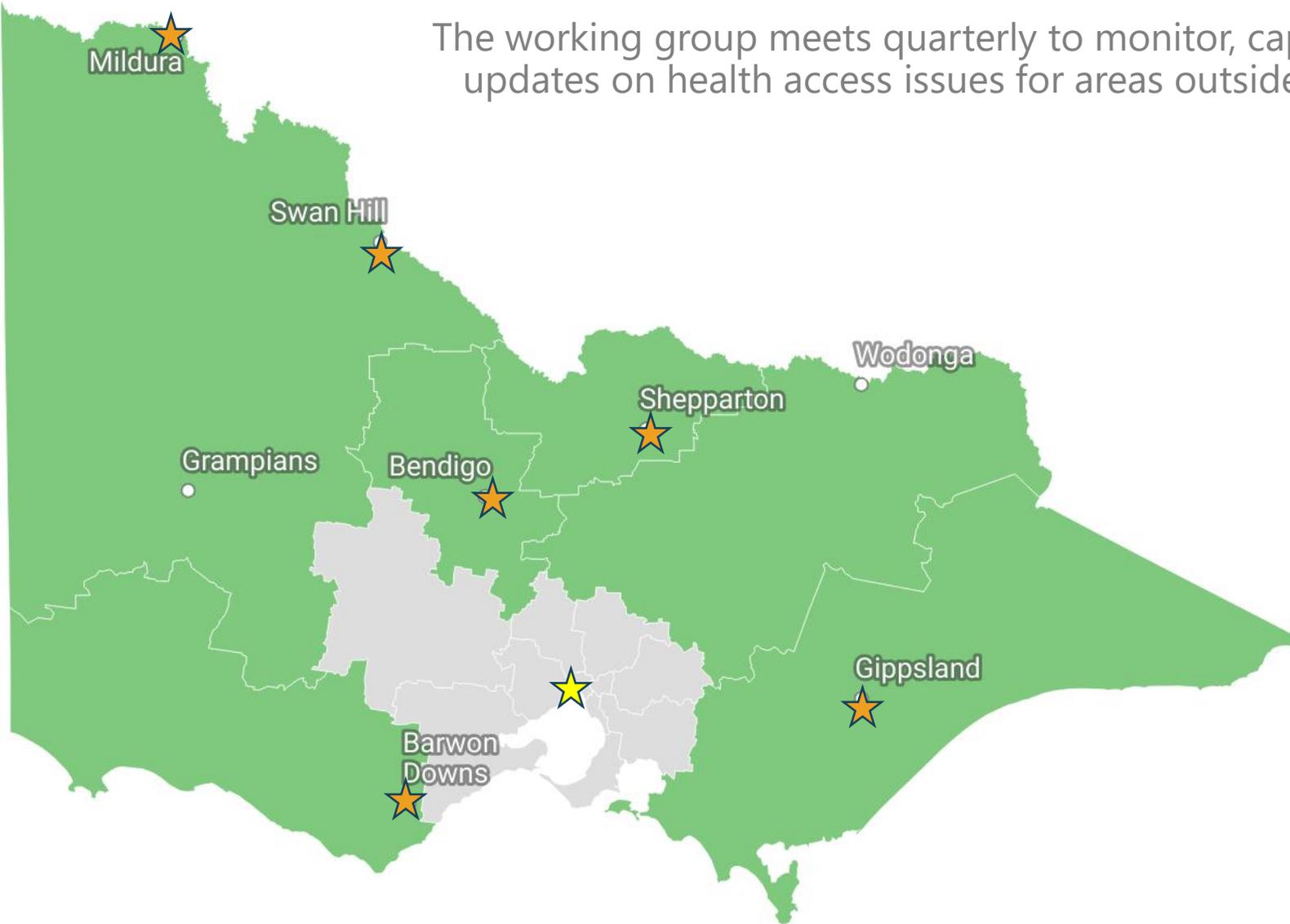
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Rural/Regional  
Working Group

November 2025

# Rural/Regional Working Group

The working group meets quarterly to monitor, capture and have regular updates on health access issues for areas outside metropolitan areas.



## A range of challenges and solutions raised on various topics:

- Transportation
- CRISP
- Health Literacy
- Housing
- Language and interpreters
- Mental health access and literacy
- Oral Health
- PALM Scheme
- Settlement support

# About Bendigo Community Health Services



Refugee Health Clinic run by Dr Michael von Bonin and Refugee Health Nurse Veronica Steegs



## Cultural Diversity

Bendigo Community Health Services' Cultural Diversity team works to improve health and wellbeing outcomes for people of refugee and migrant backgrounds in Bendigo.



## Bendigo Community Health Services run a Refugee Health Clinic

### Current health and wellbeing programs are:

- Refugee Health Navigator Project
- Refugee Cancer Project
- Refugee Carers Program
- Chronic Health and Infectious Disease
- Healthy Lifestyles

# Community members accessing Bendigo Community Health Services:

## Clientele from various backgrounds:

- Karen background
- Afghan background
- South Sudanese background

## Different levels of:

- **Health literacy:** body parts – what is the liver?
- **Language skills:** literacy in own language, literacy in English

**Strong bicultural workforce**



# Management of Hepatitis B



Bendigo Health's Infectious Diseases Unit that prescribes Hep B medication is great but have a **six-month waiting list** for appointments

If someone has been identified to have **Hepatitis B** offshore, they arrive to Victoria with a **health undertaking**.

In Victoria, Local Public Health Units send out a letter in English, directing to resources in English.

Clients get scared when they get that information and don't understand it.



At Bendigo Community Health Services, Dr. Michael completed a **hepatitis B s100 Prescriber Course** so that he can offer Hepatitis B treatment and follow up services.

This is paired with **health education**.

# Health Education: what is working well?

Building a strong rapport

Time for questions – allow about an hour



Use of interpreter

Support as a family

Visual print outs to take home

Targeted and personalised

## Continuing health education

**Group education sessions for broader refugee community and staff (HSP, SETS staff, volunteers)**

Similar health education for Hepatitis C, HIV, Thalassaemia, Helicobacter pylori

**Key practice consideration:** Know who you are working with and their levels of understanding.



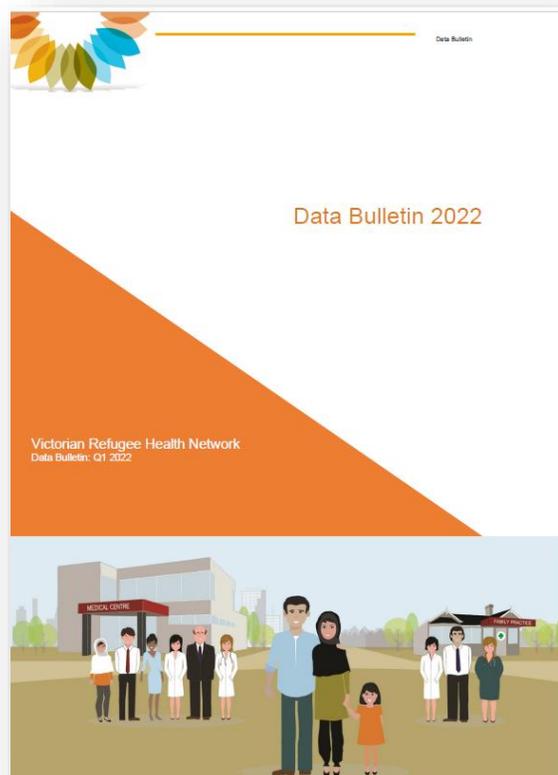
# Victorian Settlement Data

Samina Hassan

Victorian Refugee Health Network



# Visa subclasses



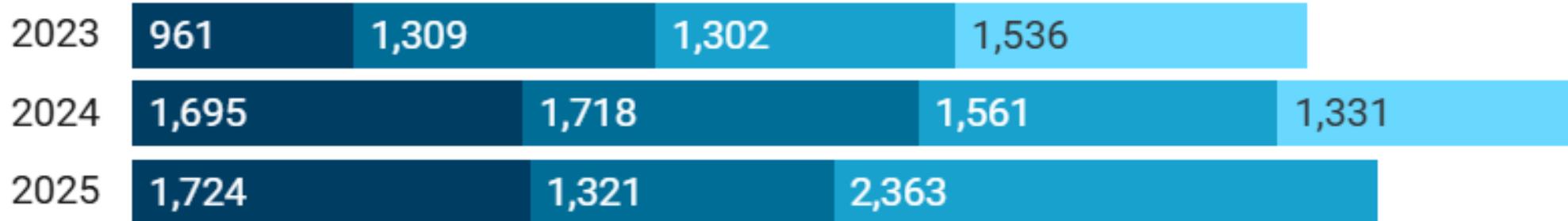
Visa subclass number	Visa name
050	Bridging Visa E
051	
200	Refugee
201	In-Country Special Humanitarian
202	Global Special Humanitarian
203	Emergency Rescue
204	Woman at Risk
449	Temporary Humanitarian Stay
785	Temporary Protection (TPV)
786	Temporary Humanitarian Concern
790	Safe Haven Enterprise (SHEV)
851	Resolution of Status (RoS)
866	Protection

# Humanitarian Entrants in Victoria: Q3 2025 (1 Jul 2025 – 30 Sep 2025)

**2,363 humanitarian entrants** arrived in Australia in the third quarter of 2025 and currently reside in Victoria (as of 4 Oct 2024)

## Number of humanitarian entrants residing in Victoria (by quarter)

■ Q1 ■ Q2 ■ Q3 ■ Q4



[Get the data](#) • Created with [Datawrapper](#)



\* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786).

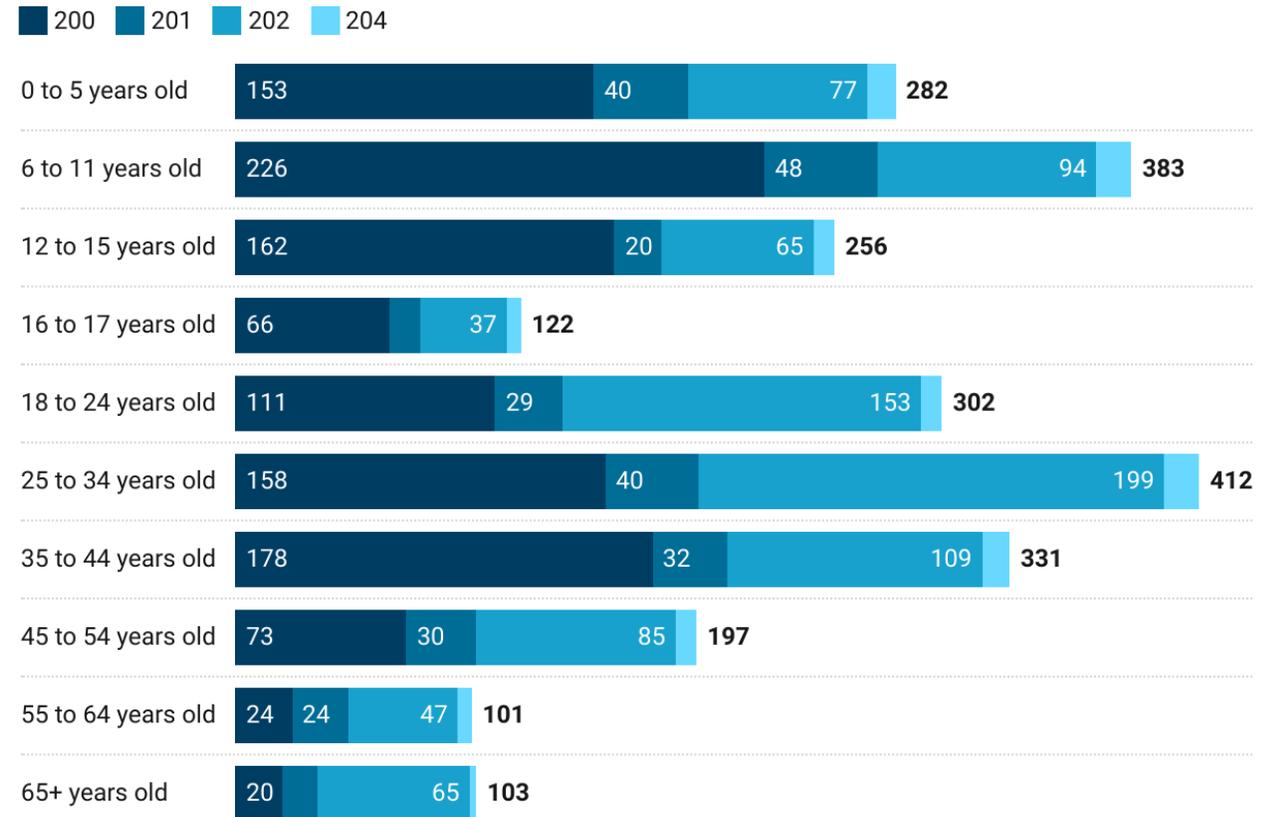
# Humanitarian Entrants in Victoria: Q3 2025

## Country Of Birth

Afghanistan
Syrian Arab Republic
Iraq
Myanmar
Thailand
Eritrea
Jordan
Iran
Pakistan
Turkey
Malaysia
Ethiopia
Congo, Dem Republic Of The
Kenya

## Number of people who arrived in Australia in the third quarter of 2025 and currently reside in Victoria according to age group

Visa subclasses (200 series) with a Date of Arrival between 01/07/2025 and 30/09/2025 and are currently recorded as residing in Victoria as at 04/10/2025



\* These figures are approximations as any cells that have been suppressed were changed to a numerical value to present data in this map.

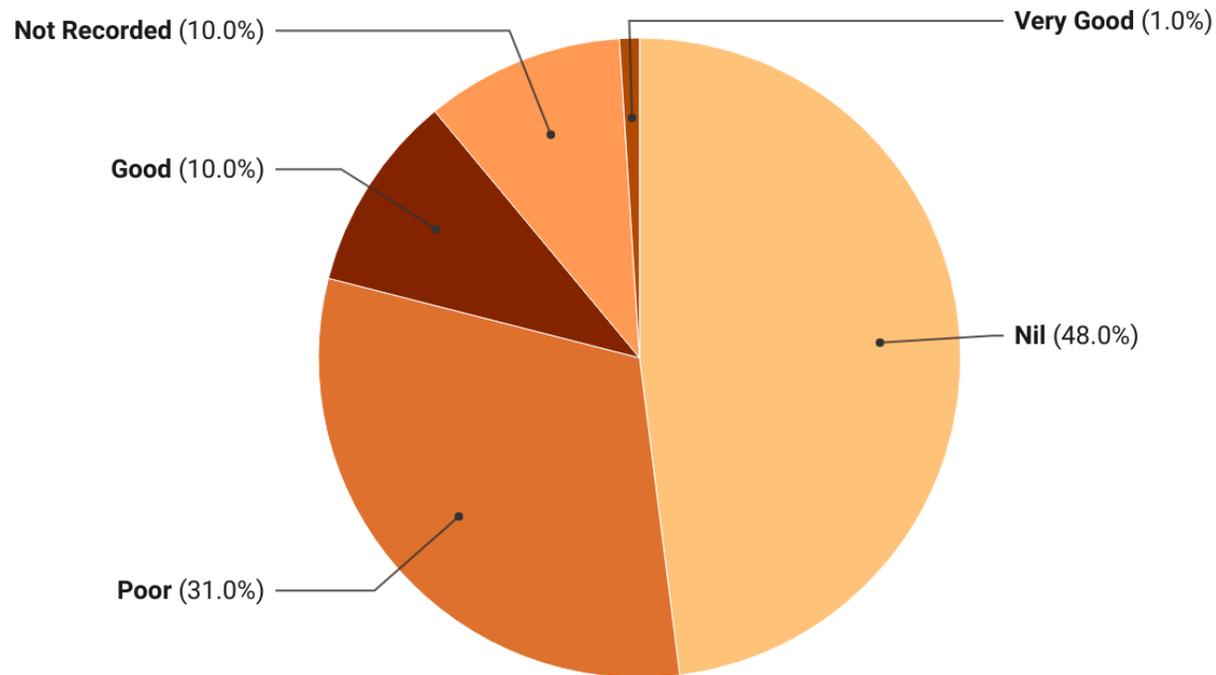
Chart: Victorian Refugee Health Network • Source: Department of Home Affairs Settlement Database • Created with Datawrapper

\* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786).

# Humanitarian Entrants in Victoria: Q3 2024

## English Proficiency of people in Victoria with visa subclass (200 series) who have arrived in Australia in the past quarter

Humanitarian settlers with a Date of Arrival between 01/07/2025 and 30/09/2025 and are currently recorded as residing in Victoria as at 04/10/2025



\* Settlement Database data is compiled from a number of sources including Department of Home Affairs, other Commonwealth agencies and service providers.

Chart: Victorian Refugee Health Network · Created with Datawrapper

### Language spoken – Top 10

- Arabic
- Dari
- Pashto
- Hazaragi
- Karen
- Swahili
- Tigrinya
- Eastern Kayah**
- Karen S'gaw
- Somali**

**40+**  
languages  
reported

including

- Chin Haka
- Chin Teddim
- Chin Zome
- Chin Falam
- Chin Zotong

\* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786).

# Humanitarian Entrants in Victoria: Q3 2025

## Local Government Area

Hume

Casey

Greater Dandenong

Wyndham

Not Recorded

Darebin

Brimbank

Greater Shepparton

Merri-bek

Melton

Whittlesea

Greater Bendigo

Greater Geelong

Cardinia



\* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786).

# Health needs assessments - PHNs



Geographical area	LGA	Liveability Index	Liveability indicators with disadvantage <sup>1,2</sup>	Score for disadvantaged indicators
Urban	Darebin	101.9	Alcohol environment	0.6km
	Maribyrnong	102.5	Alcohol environment	0.5km
	Melbourne	106.3	Alcohol environment	0.2km
	Merri-bek	101.5	Alcohol environment	0.5km
	Moonee Valley	101.6	Alcohol environment	0.6km
	Yarra	105.9	Alcohol environment	0.2km
Green-wedge	Brimbank	98.1	Public transport access Food environment Alcohol environment Health infrastructure	40.2% 1.3km 0.9km 1.7
	Hobsons Bay	100.2	Alcohol environment	0.7km
Hume	Melton	96.5	Access to bulk-billing GP clinics Public transport access Food environment Health infrastructure	1.5km
				34.2%
Melton	Wyndham	95.1	Access to bulk-billing GP clinics Public transport access Food environment Health infrastructure	1.7km
				0.9
Wyndham		96.5	Access to bulk-billing GP clinics Public transport access Food environment Health infrastructure	1.4km
				1.1

*Summary of Liveability Index by LGA, 2021.*

\* This data does not include those on Bridging visas or temporary protection visas (TPV, SHEV, 449, 786).

# Statistics for people seeking asylum

Visa subclass number	Visa name
866	Protection

## SNAPSHOT: 1 SEP 2025 – 30 SEP 25

Total number of protection visa lodgements made onshore during the period: **2,058**

Total number of individuals granted a Final Protection Visa during this period: **431**

### Countries of origin for individuals who were granted a Protection Visa during this period:

Pakistan  
Malaysia  
Myanmar  
China  
Iran

Department of Home Affairs: <https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/humanitarian-program>

Visa subclass number	Visa name
851	Resolution of Status (RoS)

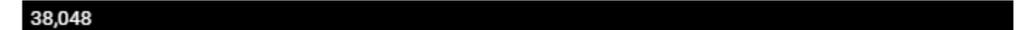
- Can see numbers increasing of RoS visas issued to Ukrainians

Visa subclass number	Visa name
050	Bridging Visa E
051	

### How many people are on bridging visas E?

As at 30 June 2025

Total



Determined (granted a visa, departed, detained or deceased)



Total now on BVE



In community with current BVE



In community waiting for further BVE



Total does not equal total on BVE and determined, as in original.

Chart: Refugee Council of Australia • Source: Department of Home Affairs, Unauthorised Maritime Arrivals on Bridging E  
Get the data • Embed • Download image • Created with Datawrapper

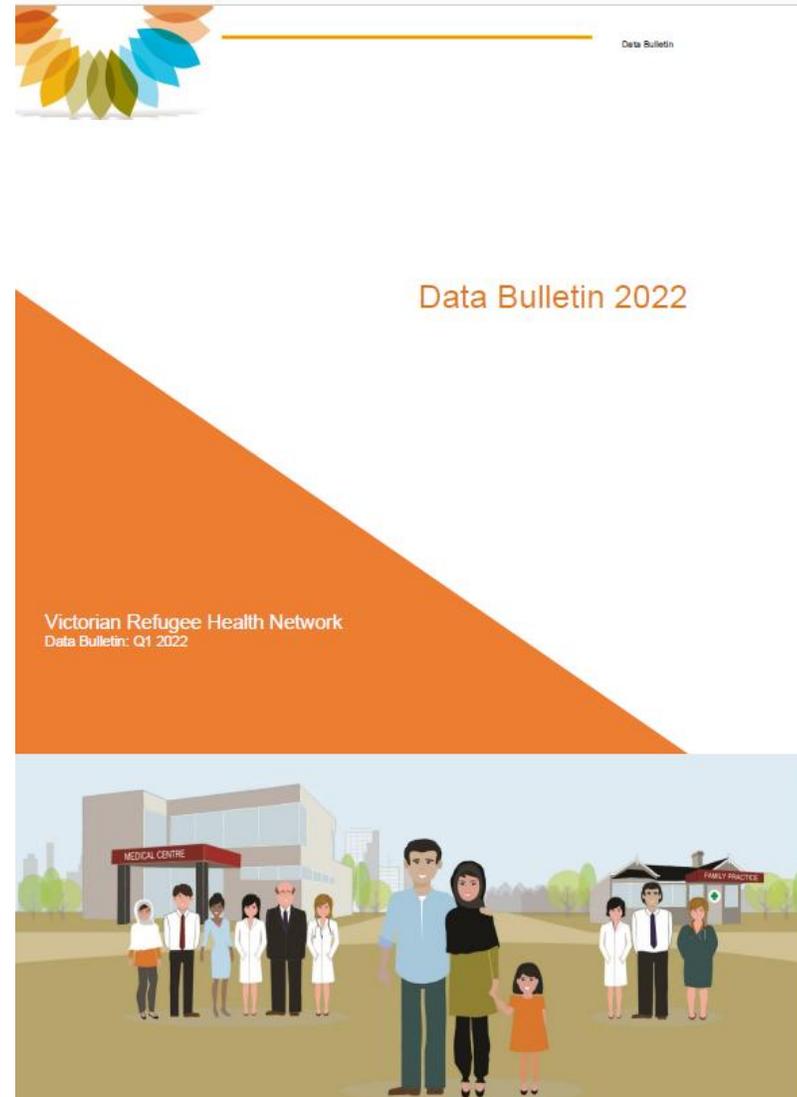
# VRHN Data Bulletin

The Victorian Refugee Health Network publishes a Data Bulletin every quarter that outlines settlement data for Victoria:



[https://refugeehealthnetwork.org.au/resources-referrals-2/? sft tool for clinician=settlement-data](https://refugeehealthnetwork.org.au/resources-referrals-2/?sft%20tool%20for%20clinician=settlement-data)

[hassans@foundationhouse.org.au](mailto:hassans@foundationhouse.org.au)





# Searching for Utopia: emerging models for primary care in 21st century Australia

Published in the Australian Journal of Primary health

Dr Lester Mascarenhas MBChB MPH FRACGP

General Practitioner and Founder of Utopia Refugee Health

Wominjeka!!!



# What, Why and How?



- What is Utopia? (Description of the service)
- Why is Utopia? (Why do we exist?)
- How is Utopia? (How do we operate?)

What is  
Utopia?



# Organisation status



Utopia Refugee Health is a primary care service located in the West of Melbourne, Australia. It is a registered charity. We provide comprehensive primary care to refugees and asylum seeker at minimal cost to the user. We opened in December 2019.

# A snapshot of the service in 2025

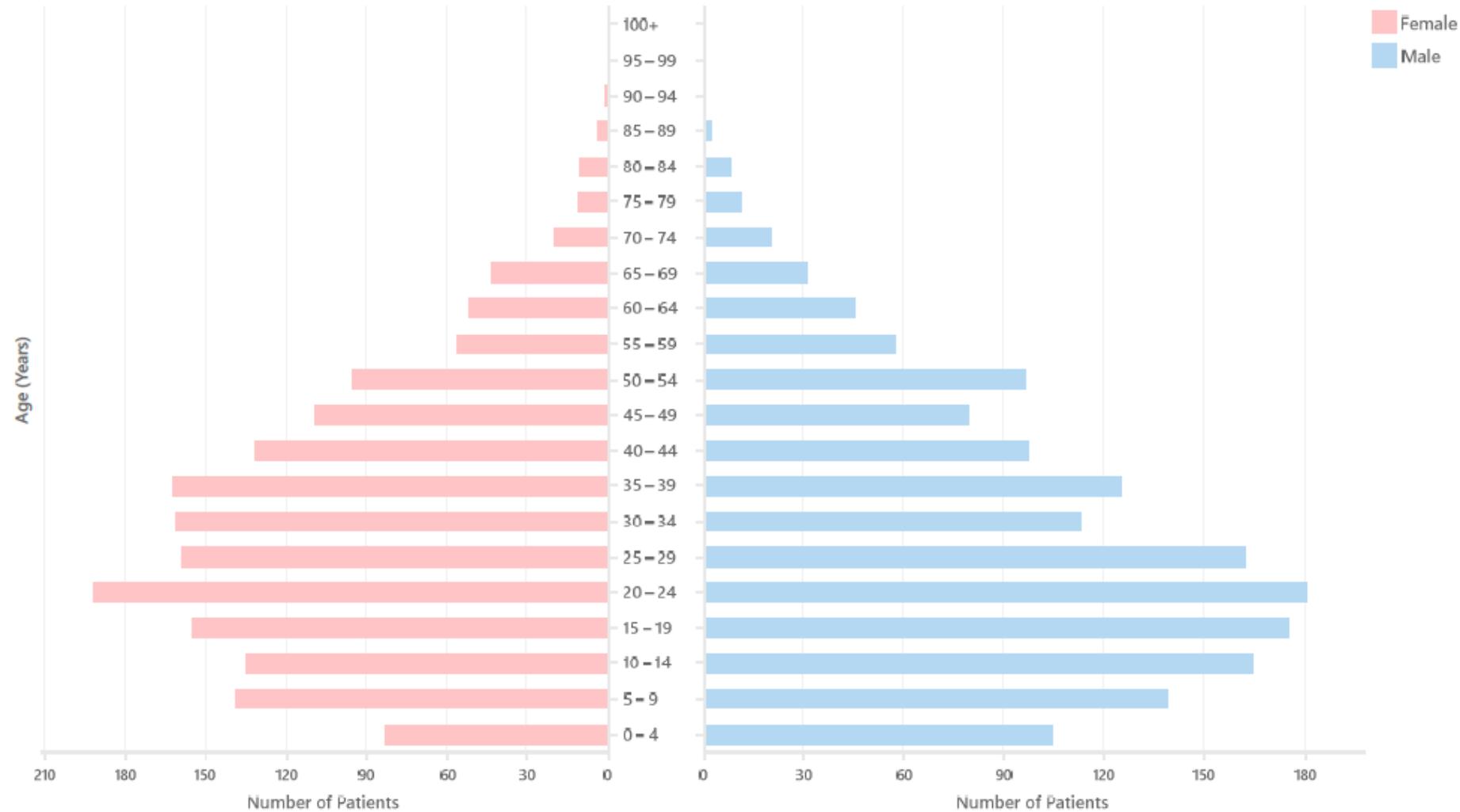


- Management – grand total of 2 ! (Clinic manager and medical director)
- Reception and bicultural workers (6 – all part-time)
- GPs (5 consultants + 1 registrar + 1 doctors in schools)
- Nurses (3 + 1 doctors in schools)
- Visiting staff (paediatrician, social worker, MH worker, pharmacist, hepatologist, infectious diseases, intermittent psychiatrist)
- Other contracted/outsources (legal, accounting, maintenance)

# Age profile of patient at Utopia (May 2025)

## Demographic Breakdown by Age [Population = 3474]

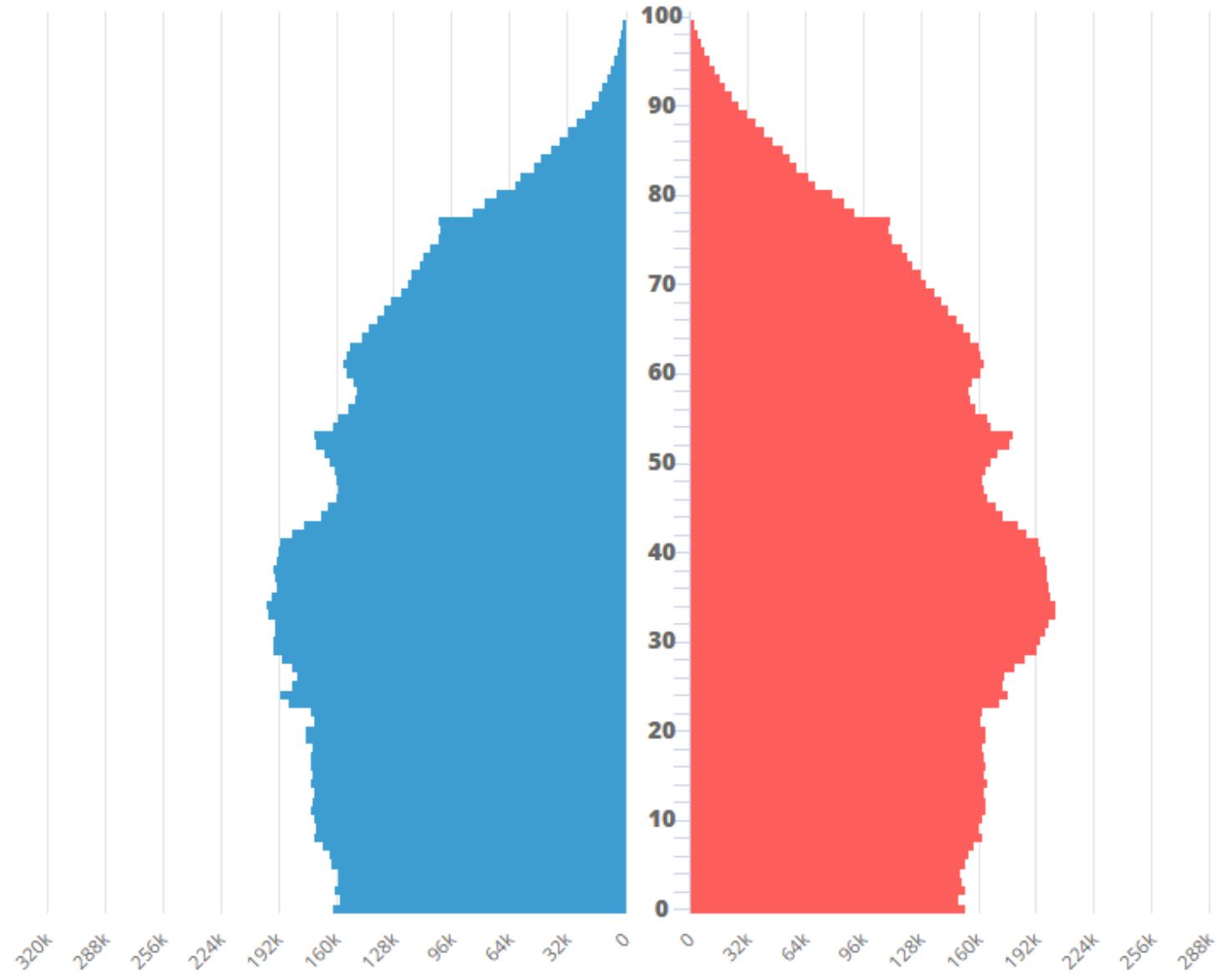
Females = 1725, Males = 1611, Other = 0, Not Recorded = 138



Extract Details:  
Practice Name: Utopia Refugee & Asylum Seeker Health  
BPExtract  
Extract Date: 01/05/2025 2:06 AM  
Patient Count: 3474  
Printed: 13/05/2025 4:20 PM  
Pen CS CAT4 - Not Published(4.62.0.0) - Pen CS

## Australia: projected age structure in 2024

Age profile of  
Australia  
(ABS date)



# Ethnicity profile



# Ethnicity profile

Plot Area



Karen state, Myanmar	1532
Kayah state, Myanmar	574

Why is Utopia?

**UTOPIA**   
Refugee and Asylum Seeker Health

**5**  
Alexandra  
Avenue

Phone  
**(03) 8001 3049**  
Opening hours  
**Monday - Friday**  
**9am to 5pm**



We've all  
worked at  
organisations  
like this

- <https://www.youtube.com/watch?v=DQ5faSm6xAg>

We've all worked at places like this

The image shows a YouTube interface. At the top right, there is a logo for 'UTOPIA' with a globe icon. Below it is the YouTube logo with 'AU' and a search bar containing 'abc utopia'. The main video player shows a man in a suit with a 'UTOPIA' lanyard. The video title is 'When A Government Project Fails | Utopia' by 'Working Dog Producti...' with 177K subscribers. The video has 79K views and was posted 1 year ago. The description includes the hashtag #WorkingDogProductions and a link to ABC iView. The video player has a progress bar at 0:01 / 1:26. To the right is a sidebar of related videos:

- ONE SCENE THAT SUMS UP EACH CHARACTER | Utopia** by Working Dog Productions, 383K views, 1 year ago.
- Mulan All songs HD** by ThomsI, 27M views, 8 years ago.
- Israel deports Greta Thunberg after Gaza-bound ship she wa...** by ABC 7 Chicago, 899 views, 43 minutes ago.
- 10 Minutes of Rhonda Being RHONDA! | Utopia** by Working Dog Productions, 108K views, 10 months ago.
- Is Australia Getting A High-Speed Train? | #Utopia** by Working Dog Productions, 82K views, 1 month ago.
- Utopia: Rob Sitch on the new series Utopia** by ABC iView, 19K views, 10 years ago.

# The Utopia project



- Utopia was the brainchild of 6 individuals
- Their experience was across 4 community health services/ACCHOs in VIC (executive manager, nurse, allied health and GP)
- They had some some pretty grim views of the services that they worked at

# What the founders thought



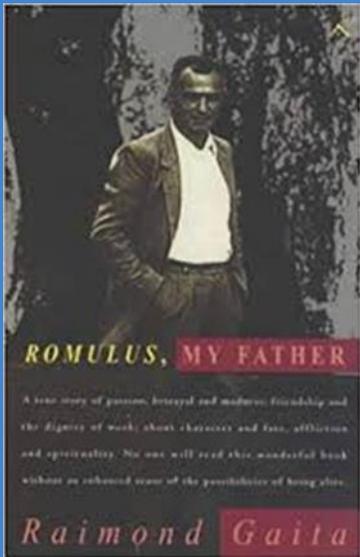
- Increasing corporatization of health services – brand management was becoming more important than purpose.
- There is a bilateral disconnect between management and clinicians.
- Despite ongoing bloc funding, publicly funded health services are always broke.
- Bigger does not always mean better



How do we do it?



# Human Capital



- The property was owned by the founder and was rented to the organisation in the form of a peppercorn lease
- An interest-free loan for building improvements
- The building works were undertaken by a builder who was the son-in-law of a refugee rights activist and costed less than market value.
- Corporate law support worth hundreds of thousands of dollars was provided pro bono by an internationally-renowned law firm.
- Clinical equipment at the outset was sourced through donations. Assembling furniture and small improvement works were provided at low cost from artisans within refugee communities.
- Accounting services are provided at low cost by a private accountant who values Utopia's mission.

# Targeted services



- Over 95% of our patients are refugees/asylum seekers
- S100 Hepatitis B services
- S100 HIV services
- Opiate replacement therapy – oral and injectables
- Treatment of latent TB
- Psychological strategies for post-traumatic stress disorder
- Psychological strategies for children and adolescents with mental illness
- Expanded women's health program – IUCD insertion, medical termination of pregnancy

# Community engagement

- Immersive, mutualism, over a long period of time
- engagement included collaborative cultural endeavours, participation at days of cultural significance within the communities, assisting with community events and engaging community members in the design and the building of the clinic.



# Funding



- Multiple sources of funding
- Medicare MBS funding forms only a part of the income
- Donations and philanthropy
- Research payments
- Teaching payments
- Grants
- Leasing rooms
- Most clinicians provide a portion of their time pro bono (as a trade off for a pleasant working environment)



## Cost- effectiveness

- Data required !!
- Not being privileged to receive bloc funding – we squeeze every dollar for what it's worth
- Someone needs to do a research project on how we spend our funds

# Management and clinicians – not us and them



- Flat, transparent structure, with collective and generally consensual decision-making.
- Enabled by small size of service; careful selection of staff; involvement of staff in key decision-making.
- Director of service is also provider of services
- Staff-management 101

# Primary- secondary care interface



Task-shifting from secondary to primary care



Secondary consultations to avoid referrals



Close communication between primary and secondary care teams to handover aspects of care that may not be easily conveyed through the traditional referral letter.



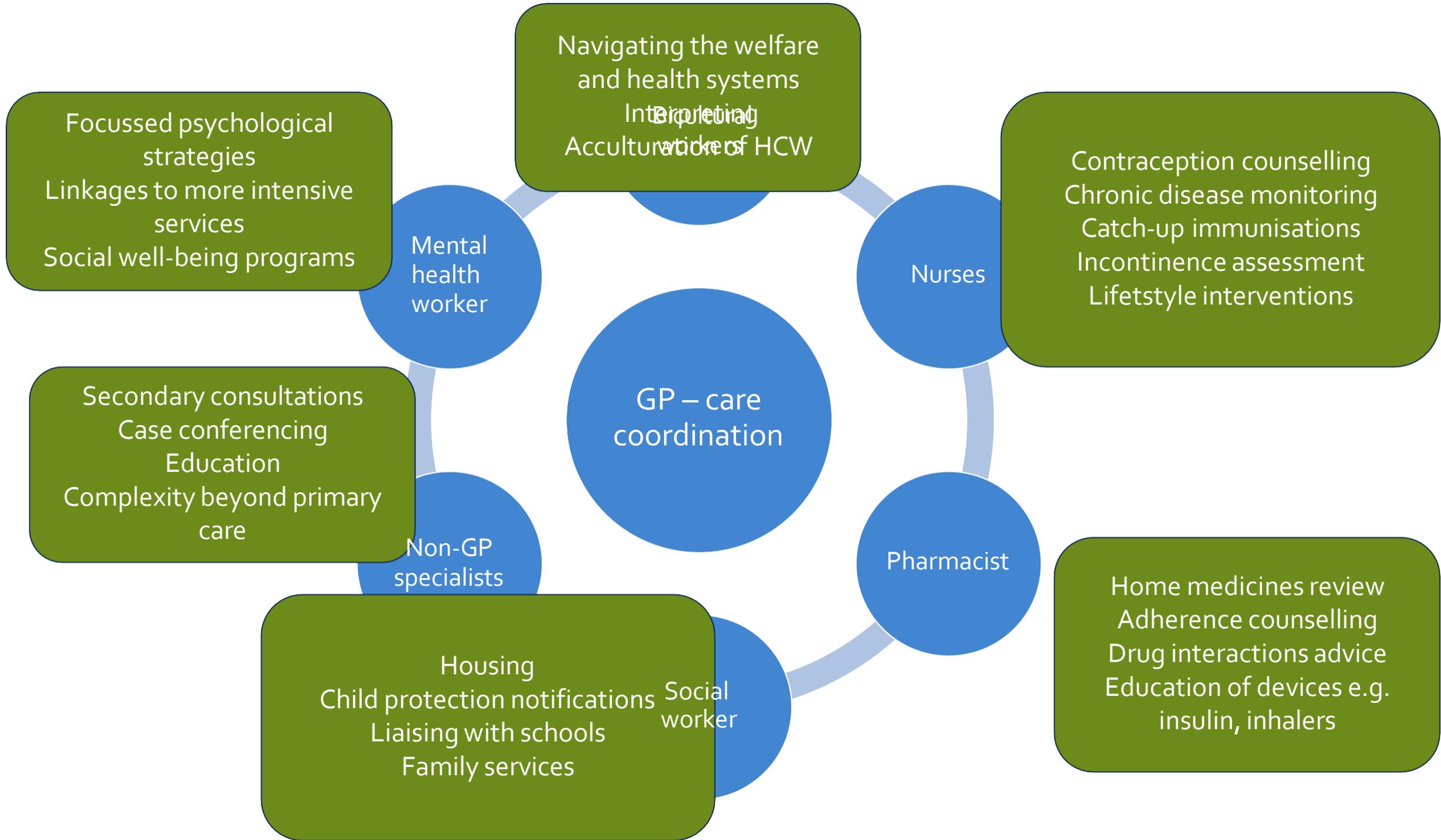
Bilateral exchange of knowledge



Both primary and secondary care clinicians report trust (secondary care clinicians feel comfortable in handing patients back to GPs where appropriate), reduction in duplication (thus improving efficiency). Patients have reported better outcomes

# Task-shifting

- Tasks re-allocated so that they are carried out by HCWs working at top of their scope
- enablers: workplace culture; small cohesive group
- Tasks that have traditionally been seen to be the remit of the GP are carried out by other HCWs
- The Medicare FFS model has been a huge impediment in employing non-physician HCWs and in implementing task-shifting as has the regulatory framework that has kept nurses and allied health workers subordinate to physicians.



# Lay navigators



- known as bicultural workers at *Utopia*.
- All have undergone bicultural work training.
- Assistance with interpreting language and cultural concepts
- They are the first faces that patients see.
- They are embedded in the community and play a vital role in informing the acceptability of operational strategies.

# Challenges

A dimly lit clinical room, possibly a hospital room or a treatment area. In the center, a woman is sitting on a black chair, wearing a white t-shirt with a red rectangular graphic and dark pants. She has a red blanket or jacket draped over her lap. To her right, a healthcare professional in dark scrubs stands facing her, gesturing with her hands as if in conversation. The room contains various medical equipment: a metal cart with supplies on the left, a blue examination table in the background, and a white oxygen tank on the right. The floor is light-colored wood. The overall atmosphere is quiet and professional.

# Replicating the model



- Start-up costs are a significant hurdle.
- Research to support model and cost-effectiveness is required
- Allied health funding is non-existing
- Out-of-hours an unmet need – but financially unviable

# Reflections



- Utopia is an example of a small, purpose-driven, niche service that has built real collaboration with both community members and external partners.
- Where there is trust there is an enormous amount of goodwill from the community and other stakeholders.
- Utopia has brought money to the table..... We have skin in the game vs the blackhole of funds that can never be filled
- The director of services straddles both worlds – service provision and patient care.
- Are we cost-effective? I throw down the gauntlet to any researchers present

Questions?

Dr Lester Mascarenhas

[Lester.Mascarenhas@utopiarefugeehealth.com](mailto:Lester.Mascarenhas@utopiarefugeehealth.com)

[www.utopiarefugeehealth.com](http://www.utopiarefugeehealth.com)



# The Each refugee health model of care

**Merilyn Spratling**  
Refugee Health Nurse Practitioner  
& Clinical Lead

# Each



# Acknowledgement of Country

- Each acknowledges the Traditional Custodians of the diverse lands, skies and waterways across Australia and pay our respects to their Elders past, present and emerging. We also extend our respect to all Traditional Owners, and Aboriginal and Torres Strait Islander Peoples, their Elders, cultures, heritages and their right to determine their own futures.
- Each recognises that sovereignty was never ceded and acknowledges the continuing impact colonisation has had on Aboriginal and Torres Strait Islander Peoples and Communities.
- We also acknowledge the knowledge and skills of our Aboriginal and Torres Strait Islander staff who are currently working, and have previously worked, at Each.



# Aims of this presentation



1. **Demonstrate** how the community health model responds to the health needs of refugee communities
2. **Present an overview** of Each's Refugee Health Program
3. **Good practice:** showcase what works well at Each



# Victorian Refugee Health Program



The program is delivered by community health services, and employs community health nurses (RHNs specialising in refugee health), allied health professionals, and bicultural workers.

- **Increase access to primary health services**
- **Improve the response of health services to refugees' needs.**
- **Coordinate a response to newly arrived refugees.**
- **Help individuals, families, and refugee communities improve their health and well-being.**

More information can be found on the [VRHN website](#)



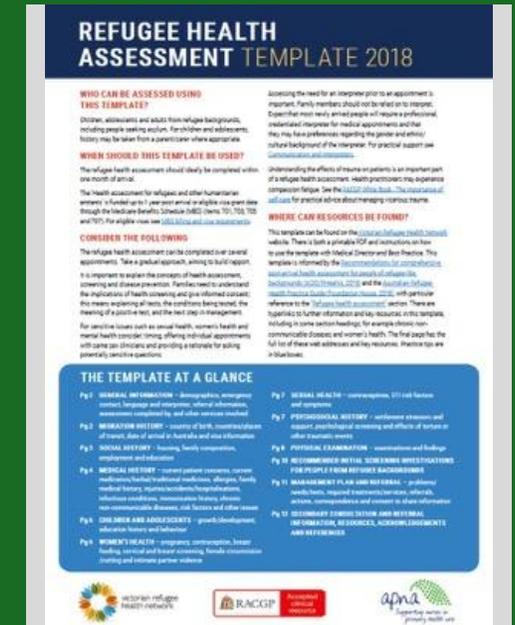
# Each Refugee Health Program model of care-considerations:

- **Intake:** between 300-400 people/year referred to RH program; approx. 85% from Myanmar
- **Known gaps in health service provision** in the east (eg limited access to GPs who bulk bill and/or use interpreters; no Mantoux screening for large number of arrivals, etc)
- **Existing refugee health, settlement and other relevant service providers** (internal and external to Each)
- **literature review & consultation** with relevant services(eg health, settlement, refugee communities, etc)
- **Staffing levels and skills:** evolving (eg specialist refugee GPs now part of team improving access to medical care, pediatricians, BCWs, and 2 Nurse Practitioners)



# Each Refugee Health Program model of care-assessment/referral

- All people referred are **assessed by a RHN within 4 weeks** of arrival/referral date-with professional interpreter- using Refugee Health Assessment tool
- **Plan of care agreed** with person including preferred GP
- RHN prepares **RH assessment report, provided to GP** before first appointment
- **RHN makes other referrals indicated by assessment** (e.g. internally: dental, ACO outreach, physiotherapy, women's health clinic, early intervention, etc, externally: Foundation House, MCH nurse, audiologist, etc)



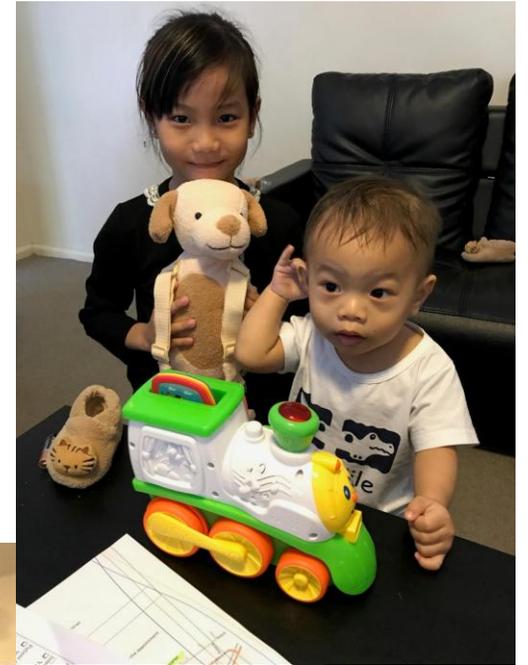
# Each Refugee Health Program model of care-additional activities

- Nurse Practitioner clinic
- Health education sessions (on invitation from services in region)
- Monthly Mantoux skin testing clinic
- Catch up immunisation clinic-all refugees/people seeking asylum attending Each GP/NP clinic- and My Health Eastland- complete catch-up programs at Each
- Support of GP & paediatrician clinics
- Group vaccination sessions (eg flu clinics)
- Establish and provide secretariat for Eastern Region Refugee Health Network



Good practice:  
Showcasing what works well at Each

## Refugee Health Nursing Assessment & Nurse Practitioner clinic



## A (brief) case study

- This refugee mother and son arrived on a humanitarian visa and were referred by AMES settlement services to Each refugee health team:
  - Tial is a 38-year-old Chin Hakha woman from Myanmar,
  - and Van, her 4-year-old son, born in Malaysia.

RHN assessment undertaken 2 weeks after arrival

*(NB this family uses data and processes typical of the complexity of the individuals and families seen by the refugee health team, but is not real)*



# Health issues identified from RHN assessment: Tial

1. **Intermittent lumbar back pain**, due to years of working in farming in Myanmar then in a factory in Malaysia
2. **Torture and trauma issues**: forced into 'portering' by Burmese military and repeated assaults. Fled to Malaysia alone, aged 21 (met and married husband in Malaysia; he died of malaria a few years ago)
3. **No previous Cervical screening test (CST)**
4. **Incomplete record of vaccinations**
5. **No recent dental care**: caries in lower back R and L teeth, intermittent pain, brown oral staining
6. **Chews betelnut**
7. **Intermittent epigastric pain** when feeling hungry or full after eating



# Health issues identified following RHN assessment: Van

## 1. Mother concerned about:

- **speech**: says 3-4 single words only (confirmed by interpreter) and points to communicate wishes
- gross motor**: falls and trips often

2 **Intermittent dental pain** due to milk caries

3 **Incomplete vaccination**

4 **Positive IGRA (latent TB) test in Malaysia.** Not symptomatic for TB



# Referrals by RHN :

**Tial & Van**



- **Nurse Practitioner (NP) clinic (to complete RH assessment)**
- **Each RH vaccination clinic for catch up vaccination**
- **Each dental**

**Tial**



- Each Women's health team (for CST)
- T & T counselling (Foundation House)
- Each physio

**Van**



- Optometry (ACO outreach clinic at Each)
- Audiology (external referral usually to Knox audiology)
- MCH nursing service (Maroondah Council)
- Each RH Mantoux (TB) clinic

**Each REFUGEE HEALTH  
NURSE PRACTITIONER CLINIC**





# Nurse Practitioner clinic

- **NP builds on RHN report to complete assessment (including physical examination), then orders diagnostics** according to Australian refugee health practice guidelines:

All arrivals	FBE, Strongyloides, Hep B & C,
Age/risk based	Vitamin D, varicella/rubella serology,
Country based	Schistosomiasis, malaria

- **Additional tests for Van:** chest x-ray, repeat Mantoux skin test, Ca, PO4 and ALP serology
- **Additional tests for Tial:** Ferritin, Helicobacter Pylori stool antigen, HIV serology

- Standard 1: Assesses using diagnostic capability

## Plans care & engages others & prescribes & implements therapeutic interventions: Tial

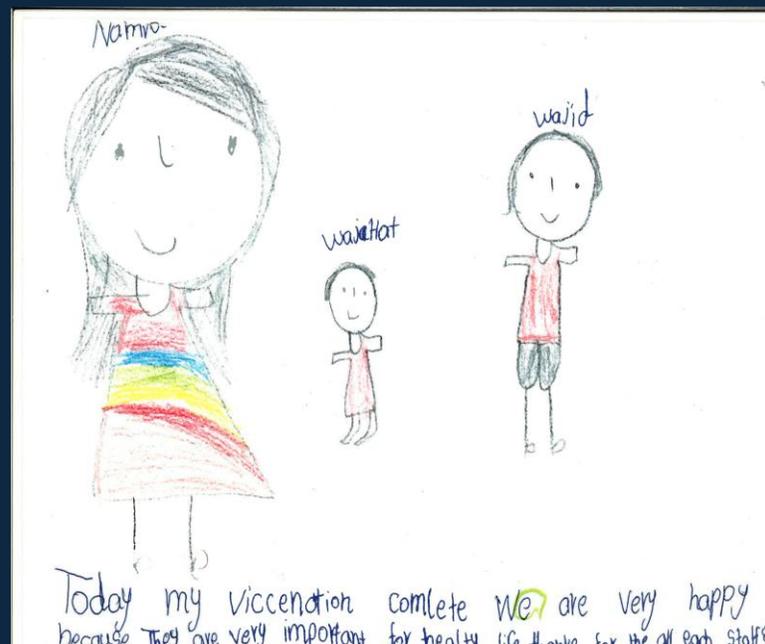
DIAGNOSIS	MANAGEMENT PLAN
1 Positive H Pylori	1 Prescribe Nexium HP7 for 7 days 2 test Van (is contagious and spread through saliva and other body fluids)
2 Vitamin D deficiency (31 nmol/l)	1 Educate about, and prescribe Cholecalciferol 2000 IU daily, 2 Education re sun exposure /dietary calcium intake
3 Positive strongyloidiasis	Educate about, and prescribe Ivermectin 200 µg/kg at day 1 and 14;
4 betelnut use	health education
5 incomplete vaccinations/not immune for Hep B; immune for varicella	Noted RHN has referred to vaccination clinic
6 No previous CST	Noted RHN has referred to women's clinic
7 Lumbar back pain with no serious pathology	Noted RHN has referred to EACH physio
8 Dental caries/intermittent pain	Noted RHN has referred to EACH dental



## Plans care & engages others & prescribes & implements therapeutic interventions: Van

DIAGNOSIS	MANAGEMENT PLAN
<b>1 Delayed speech development</b>	<p>1 Noted RHN has referred for audiology assessment</p> <p>2 Refer to EACH early childhood intervention for speech pathology assessment</p>
<b>2 Gross motor: falls and trips often</b>	<p>1 Noted RHN has referred to ACO outreach clinic for vision assessment</p> <p>2 Refer to EACH GP for assessment (outside RHNP scope of practice)</p>
<b>3 Not linked to MCH</b>	Noted RHN has referred to MCH nurse
<b>4 Positive Mantoux test; Chest Xray NAD</b>	Mantoux test repeated at Each clinic and positive: probable latent TB: referred to EACH paediatrician
<b>5 incomplete vaccinations/not immune for Hep B or varicella</b>	Noted RHN has referred to vaccination clinic
<b>6 Dental caries and pain</b>	Noted RHN has referred urgently to EACH dental





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