

# *Supporting people affected by the current crisis in the Middle East*

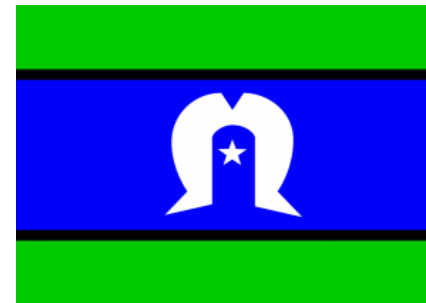
**Tuesday 12 December 2023**

*The content in this session is valid at date of presentation*

# *Acknowledgement of Country*

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



# Collaboration



# Housekeeping – Zoom Webinar

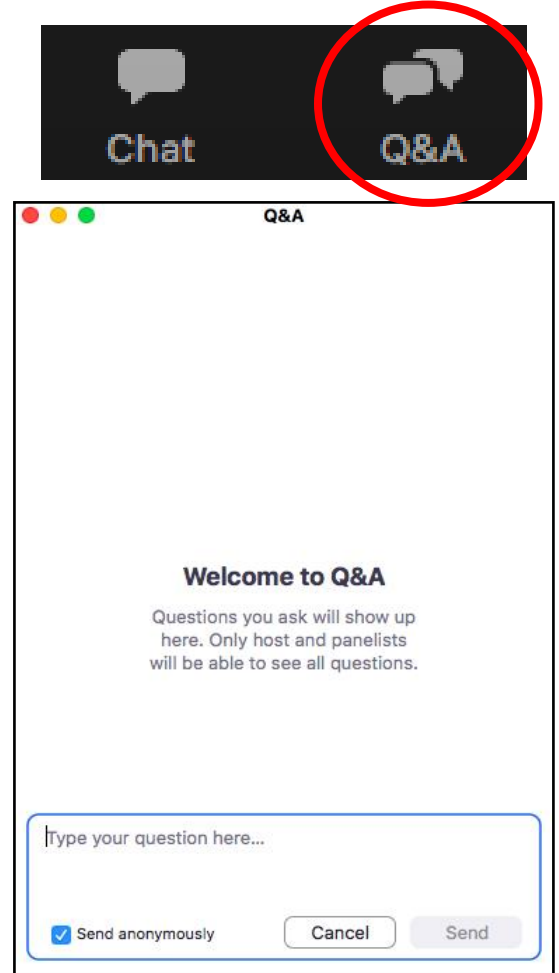
All attendees are muted

Please ask questions via the Q&A box only

Q&A will be at the end of the presentation

This session is being recorded, you will receive a link to this recording and copy of slides in post session correspondence.

Questions will be asked anonymously to protect your privacy

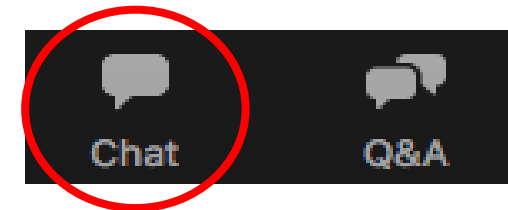
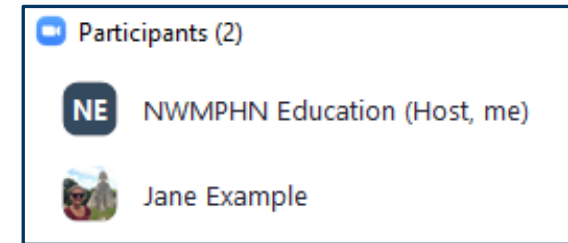


# Housekeeping – Zoom Webinar

Please ensure you have joined the session using the same name as your event registration (or phone number, if you have dialled in)

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If you are not sure if your name matches, please send a Chat message to 'NWMPHN Education' to identify yourself.



# *Today's session*

## **Current situation:**

- **Numbers**
- **Visa type**

## **Understanding trauma and informed practice**

## **Responding to clients/patients: Core skills and practice considerations**

## **Medical response to Gazan arrivals in Victoria**

## **Refugee Health assessment**

## **HealthPathways and resources**

## **Q&A**

# Speakers

## **Dr Sameera Bhayat   Australian Islamic Medical Association**

Dr Sameera Bhayat is a General Practitioner working in Northcote. She is a member of the Australian Islamic Medical Association and on the sub-committee for the AIMA Gazan Medical Response. Dr Sameera has a special interest in mental health. She has experience in medical education, both with the Royal Australian College of General Practitioners, as well as the University of Melbourne. She has also been a clinical editor for HealthPathways in Western Sydney.

## **Dr Amireh Fakhouri   Australian Islamic Medical Association**

Dr Amireh Fakhouri is a GP Registrar working at Utopia Refugee Health Clinic. She is a member of the Australian Islamic Medical Association and on the sub-committee for the AIMA Gazan Medical Response. She has a special interest in Refugee Health and Health Inequity, publishing her most recent book in 2021. She is completing her Masters of Public Health from Monash University and works part-time with the Department of Health and Aged Care in Policy reform.



# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

## Gazan Refugee Medical Response

12<sup>th</sup> December 2023

Dr Amireh Fakhouri (GP Refugee Health Registrar)  
& Dr Sameera Bhayat (GP)







# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

- National organisation with state chapters.
- Aim: unite and inspire Muslim healthcare professionals and serve humanity.
- Membership: Diverse group of professions, grades, ethnicities and localities with the Muslim HCW workforce.
- Part of an international coalition of similar organisations across the world.



# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION

- We are a sub-committee was formed to respond to the health needs of families arriving from Gaza.
- Arriving on a visitor visa (subclass 600). **Ineligible for Medicare and public hospital care.**
- Concerns: **challenges accessing care, fear of costs**
- **Interim plan:** pro-bono care
- **Longer-term solution:** Medicare, public hospital care



## Sub-Committee Members

Dr Mohammad Awad – Neurosurgeon

Dr Ashraf Chehata – Orthopaedic surgeon

Dr Shazeea Mohammad Ali – Geriatrician

Dr Sameera Bhayat – General Practitioner

Dr Amireh Fakhouri – General Practice Registrar in Refugee Health

Dr Mahmoud Youssef – General Practitioner

Dr Mai Altous - Respiratory Physician

Dr Mohammad Ayoubi – General Practitioner

Dr Hadiqa Mughal - General Practitioner



# Current Situation

- Humanitarian Crisis in Gaza- collapse of healthcare system, civilian infrastructure, housing, schools
- 22<sup>nd</sup> November 2023 – Statement by Penny Wong
- 48 hours notice of arriving Gazans through word of mouth by community members
- 800 Visa issued to Palestinians
  - 560 Visas issued to Victoria
  - Between 50 -70 Gazans have arrived
    - Not including 46 Australian residents returning
  - No record of arrivals provided by DFAT
  - Unknown locations – mainly northwest
- 1800 visas issued to Israelis



# Visa Type

- Sponsored Tourist Visa 600
- All have a sponsors in Australia
- No access to Medicare – public hospitals, imaging, pathology PBS
- No access to Centrelink payments
- Ukrainians
  - Visa 600 → 449 → 786
  - 786 is a temporary protection visa for 3 years
  - Must go through process of medical assessment by BUPA ~\$450



# AUSTRALIAN ISLAMIC MEDICAL ASSOCIATION



# Ineligibility for Medicare

**Recognition that Gazans lack Medicare, leading us to engage healthcare professionals willing to provide pro bono services.**

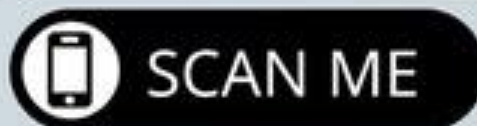
1. QR code was created and circulated for this purpose, and data is securely collected in a database, accessible only to the subcommittee.
2. To date, over **440 healthcare professionals of various ethnic backgrounds** have volunteered to offer pro bono healthcare

# MEDICAL ASSISTANCE FOR

**GAZA FAMILIES – VICTORIA**

This is organised by the  
**Australian Islamic Medical Association Victoria  
(AIMA)**

If you are health professional and are interested  
in assisting, please scan the QR code and  
complete the form.







# Progress

## **1. Department of Health and Aged Care - met with today**

- Approved for extension of the Asylum Seeker policy
- All Gazans can have free access to Tertiary public hospitals - including ED, admissions, outpatient appointments, imaging and pathology

## **2. Ambulance waiver can be sought**



# Progress

1. **General Practice** group to link Gazans with local GPs.
  - Creation of a live **Google Map** as a visual tool for all GPs from the list.
2. **Ophthalmologist** Group to support Gazans with eye trauma from **Phosphorus bombs**.
3. **Dentist** group supporting Refugee Health Assessment with dental emergency care
4. **Specialist** group – all fields of Medicine and Surgery covered
5. **Transportation** support team – to assist to/from medical appointments



# Information for Gazans

- How to navigate the **complex** Australian Healthcare System
- **Flyer** on seeking emergency and routine medical care in Melbourne.
- Intake contact numbers of **Dr. Amireh Fakhouri** and **Dr. Mahmoud Youssef** are provided as points of contact.
  - Both are available for calls, given their proficiency in Arabic.
- **Video** created in Arabic to be sent around to families of arrivals.

The Australian Islamic Medical Association welcomes you to Australia. This flyer is to provide you with your medical and healthcare rights while living in this country.

We understand you do not have a Medicare card, and you are concerned about costs of healthcare including medicines. Without Medicare, hospital and ambulance services and medicines are not free. AIMA cannot provide financial assistance. However AIMA is in contact with public hospitals and the ambulance service as well as charities which may be able to assist with any bills.

In Victoria, you have 4 options to access medical care.

1. If it is an emergency, you can call the ambulance on "000"
  - You can ask for Arabic interpreter by saying "Arabic"
  - Ideally, you should be able to give them your current address, but if you cannot, they can locate you via GPS on your phone.
2. If it is an emergency, you can go to any local emergency department in the public hospitals.
  - It would be good to take some ID that has your name, address, and DOB.
  - You will not be denied treatment because you don't have a Medicare card.
  - You are eligible for a free phone interpreter so you can communicate in Arabic.
  - You will receive the treatment you need, whether it's medications or surgery.
3. If you have a urgent but not life threatening medical condition, you can attend one of the local Priority Primary Care Clinics - <https://www.betterhealth.vic.gov.au/priority-primary-care-centres-ppccs>
  - They are open 8am – 10pm on most days.
  - You do not need a Medicare card to access this service.
  - Doctor service is free but you may be charged for other investigations including xray, imaging, blood tests or medications.
  - You can ask for a phone interpreter also.
  - This can see you for specific conditions only;
    - Small cuts that require stitches
    - Basic fracture management & sprains
    - Minor burns
    - Rashes
    - Urine infections
    - Insect and animal bites
    - Asthma, cough or cold
    - Ear, nose or throat infections
    - Gastroenteritis - vomiting and diarrhoea

ترحب الجمعية الطبية الإسلامية الأسترالية بكم في أستراليا.

هذه النشرة لإعلامكم بحقوقكم الطبية والصحية أثناء إقامتكم في هذا البلد.

نحن نتفهم أنه ليس لديك بطاقة مديكير (بطاقة الرعاية الصحية)، وأنكم قلقون بشأن تكاليف الرعاية الصحية بما في ذلك الأدوية، بدون مديكير، الخدمات الاستشفائية وخدمة الإسعاف والأدوية ليست مجانية. لا يمكن للجمعية الطبية الإسلامية الأسترالية تقديم مساعدة مالية. ومع ذلك، تعمل الجمعية الطبية الإسلامية الأسترالية على التواصل مع المستشفيات العامة وخدمة الإسعاف بالإضافة إلى الجمعيات الخيرية التي قد تكون قادرة على المساعدة في أي فواتير.

نريدكم أن تعلموا أنه لا تقلقوا بهذا الشأن. لقد اتخذنا العديد من التدابير لتمكينكم من الوصول إلى الرعاية الصحية بدون أي تكلفة في ولاية فيكتوريا، نيابة عن الحكومة الأسترالية.

في فيكتوريا، لديكم 3 خيارات للوصول إلى الرعاية الطبية:

1. إذا كانت الحالة طارئة، يمكنكم الاتصال بسيارة الإسعاف على الرقم "000"
  - بإمكانكم طلب مترجم عربي، بقولكم كلمة "أرابيك".
  - من الأفضل إعطاؤهم عنوانكم الحالي إذا كان ذلك ممكناً، ولكن إذا لم تتمكنوا من ذلك، يمكنهم تحديد موقعكم عبر نظام تحديد المواقع على هاتفكم.
2. إذا كانت الحالة طارئة، يمكنكم الذهاب إلى أي قسم طوارئ محلي في المستشفيات العامة.
  - من الضروري أن تحضروا بعض الهويات التي تحتوي على اسمكم وعنوانكم وتاريخ ميلادكم.
  - لن يتم رفض علاجكم بسبب عدم امتلاككم لبطاقة مديكير.
  - أنتم مؤهلون لمترجم هاتفي مجاني حتى تتمكنوا من التواصل باللغة العربية.
  - ستحصلون على العلاج الذي تحتاجون إليه، سواء كان عبارة عن أدوية أو جراحة.
3. إذا كان لديكم احتياجات طبية طارئة نسبياً، يمكنكم زيارة أحد عيادات الرعاية الأولية ذات الأولوية المحلية <https://www.betterhealth.vic.gov.au/priority-primary-care-centres-ppccs>
  - هي مفتوحة من الساعة 8 صباحاً حتى الساعة 10 مساءً في معظم الأيام.
  - لا تحتاجون إلى بطاقة مديكير للوصول إلى هذه الخدمة. لا تحتاجون لدفع ثمن هذه الخدمة، فهي مجانية لأي شخص يعيش في أستراليا.
  - يمكنكم رؤية الطبيب، وإجراء اختبارات الدم، وعمل إجراءات تصويرية مثل الأشعة فوق الصوتية والأشعة السينية.

# Priority Primary Care Centres

Do you need to see a doctor urgently?



Priority Primary Care Centres (PPCCs) provide free treatment for anyone with urgent injuries or illness.



PPCC doctors will help you get the treatment you need quicker than at a hospital emergency department.

They can treat conditions like mild infections, minor burns, sprains or suspected broken bones. PPCC services include pathology, radiology and pharmacy.

If you have a severe injury or illness, call Triple Zero (000). If you do not need urgent care, make an appointment with your regular doctor.



PPCC services are free for everyone, with or without a Medicare card.



Interpreters are available at PPCCs. Call the Translating and Interpreting Service TIS National on 131 450.



Visit the **Better Health Channel** for locations and more information:  
[betterhealth.vic.gov.au/priority-primary-care-centres](https://betterhealth.vic.gov.au/priority-primary-care-centres)

مراكز الرعاية الصحية الأولية ذات الأولوية

مراكز الرعاية الصحية الأولية ذات الأولوية

هل تحتاج إلى رؤية طبيب عاجلاً؟

مراكز الرعاية الصحية الأولية ذات الأولوية (PPCCs) توفر العلاج مجاناً لأي شخص مع إصابات أو أمراض عاجلة. يمكنهم علاج حالات مثل العدوى البسيطة، الحروق البسيطة، الالتواءات أو كسور العظام المشتبه بها. خدمات PPCC تشمل: أمراض الدم، الأشعة السينية، الصيدلانية.



أطباء مراكز الرعاية الصحية الأولية ذات الأولوية سيساعدونك على الحصول على العلاج الذي تحتاجه أسرع من قسم الطوارئ في المستشفى.

يمكنهم علاج حالات مثل العدوى البسيطة، الحروق البسيطة، الالتواءات أو كسور العظام المشتبه بها. خدمات PPCC تشمل: أمراض الدم، الأشعة السينية، الصيدلانية.



إذا كنت بحاجة إلى رعاية طبية عاجلة، اتصل بـ 000 (ثلاثة أصفرة). إذا كنت بحاجة إلى رعاية طبية، يمكنك حجز موعد مع طبيبك.



خدمات مراكز الرعاية الصحية الأولية ذات الأولوية مجانية للجميع، مع أو بدون بطاقة Medicare.



مراكز الرعاية الصحية الأولية ذات الأولوية توفر خدمات الترجمة والتفسير. اتصل بـ خدمة الترجمة والتفسير الوطنية TIS National على 131 450.



تفضل بزيارة **قناة الصحة الأفضل** للحصول على مواقع ومعلومات إضافية:  
[betterhealth.vic.gov.au/priority-primary-care-centres](https://betterhealth.vic.gov.au/priority-primary-care-centres)



Australian Islamic Medical Association  
الجمعية الطبية الأسترالية الإسلامية

Dr Amireh Fakhouri – Arabic



Australian Islamic Medical Association  
الجمعية الطبية الأسترالية الإسلامية

Dr Mahmoud Youssef – English



# What we have achieved so far

- We have assisted **22 Gazan cases (out of the 50-70)**
- Varying medical conditions – infections, wounds etc;
- Conditions are mostly **chronic** conditions
- A few patients requiring public hospital access
- **Declining mental health services currently**



# AIMA role in advocacy

1. Free medications from various pharmacies including Pharmacy 4 Less
2. Complete costs of 4 routine surgeries at St Vincent's Hospital
3. Cost price of any surgery at Sunshine Private Hospital
4. Free eye checks and glasses by SpectacleHub
5. Free imaging from Vision Radiology – Coburg
6. I-Med radiology approved cases-by-case.
7. FMIG & Capital Radiology – initial approval, awaiting logistics





**Advocacy efforts to enable Gazans to receive healthcare while on a tourist visa, granting them access to essential services they would not have otherwise:**

1. Mental health support **from Foundation House**
2. Access to the **Priority Primary Care Centres in Victoria**
3. Access to **Royal Children's Hospital** Refugee Health Clinic
4. Free **immunisations** from Melbourne Council
5. Access to the **Asylum Seeker Resource Centre**
6. **Cabrini** Health Service



**Advocacy efforts to enable Gazans to receive healthcare while on a tourist visa, granting them access to essential services they would not have otherwise:**

- 7. Monash Health Refugee Clinic**
8. Victorian Virtual Emergency Department
9. Australian College of **Optometry** – eye checks and free glasses
10. Witness to War: A national multilingual telephone hotline for people affected by overseas conflicts.
11. Red Cross Migration Support Programs
- 12. MyAgedCare**



# Ongoing Support

## Options

1. Continue to see pro bono
2. Refer to tertiary public health system
3. Refer to the following for ongoing GP support
  - **Cohealth** - <https://www.cohealth.org.au/contact-us/referrals/#/steps/1>
  - **IPC** - [asylumseeker.referrals@ipchealth.com.au](mailto:asylumseeker.referrals@ipchealth.com.au)
  - **Monash Refugee Health** – [rhn@monashhealth.org](mailto:rhn@monashhealth.org) and copy The Program Manager, Jacqui McBride [Jacqueline.McBride@monashhealth.org](mailto:Jacqueline.McBride@monashhealth.org) and Chiedza Malunga [chiedza.malunga@monashhealth.org](mailto:chiedza.malunga@monashhealth.org)
  - **Cabrini** - Health: <https://cabrinioutreach.com.au/our-work/australian-programs/asylum-seeker-and-refugee-health-hub/>
  - **ASRC** - [health@asrc.org.au](mailto:health@asrc.org.au)



# Short term goals

- Discussion with Department of Health re: public hospital access similar to Ukrainians
- Exploring humanitarian visa options
- Ongoing liaison with other community organisations/stakeholders
  - PARA
  - National Zakat Foundation (NZF)
  - Islamic Relief
  - Aus Relief
  - Penny Appeal
  - Islamic Council of Victoria
  - PsychCentral



# Disclaimer

- **We are completely pro bono and have no monetary gain in offering this service.**
- AIMA has been clear in all meetings and messages that we are **not financially responsible for any bills** associated with Gazan healthcare needs however will try to advocate for providers to waive fees.

# *Understanding and responding to trauma – core skills and practice considerations*

Michael Bromhead and Shurba Gokhale

Foundation House

# *Medical Response to Gazan Arrivals in Victoria*

## **Dr Joanne Gardiner:**

Joanne is a GP who has worked with refugees and asylum seekers since 1995; she worked at Foundation House in the Refugee Mental Health Clinic for 15 years; works at Cohealth Collingwood, and runs a GP clinic for refugees and asylum seekers at the Royal Melbourne Hospital one morning per week, where she is also a Refugee Health Fellow part time. She also works 3 days per week at Geelong Head to Health, and is involved in teaching Focussed Psychological Strategies to GPs undertaking further mental health training on behalf of the RACGP. Her primary interests are in Refugee health assessment, refugee mental health and chronic pain.

## **Dr Karen Linton:**

Dr Karen Linton is a GP working at cohealth (community health centre) Footscray for past 20+ years . Graduated last century and have worked in Darwin and overseas in East Timor and with MSF in Liberia before working in community health. Special interest in refugee and asylum seeker health and over the past 2 decades also worked as an educator for GPs across Melbourne's North West, medical students and currently a GP registrar supervisor. Member of the RACGP refugee and asylum seeker special interest group.

# Dec 3<sup>rd</sup> UNRWA Situation Report:

- Nearly 1.9 million people (>85% of the population) displaced across the Gaza Strip
- 1.2 million internally displaced persons (IDPs) sheltering in 156 UNRWA installations, including in the North and Gaza City.
- Over 15,889 Palestinians killed in Gaza, 70% are said to be women and children.
- More than 42 003 injured.



Friday, December 8, 2023

All information is valid as of 6 December 2023 at 22:30

## Day 61 of Hostilities

- The Gaza Strip
- On 6 December, UNRWA was able to confirm that at least one additional colleague had been killed. In total, 133 UNRWA colleagues have been killed since 7 October.
- Since 7 October, up to 1.9 million people (or over 85 per cent of the population) have been displaced across the Gaza Strip. Many people have been displaced multiple times. Families are very vulnerable as they are forced to move and move again in search of safety.
- On 6 December, four UNRWA shelters in Khan Younis were evacuated following evacuation orders by Israeli Authorities. Verifications of details and casualty figures are ongoing.
- As of 6 December, almost 1.2 million internally displaced persons (IDPs) were sheltering in 151 UNRWA installations across all five governorates of the Gaza Strip, including in the North and Gaza City. **More than 1 million IDPs were sheltering in 94 facilities in the Middle, Khan Younis and Rafah areas.**



## UNRWA situation and response to the escalation in the Gaza Strip

### IDPs in UNRWA installations

Confirmed numbers, since 7 October

  
**1,200,000**  
IDPs\*

sheltering in

  
**151**  
UNRWA installations



276 IDPs sheltering in UNRWA premises have been killed and 974 injured, since 7 October.



1 million IDPs were sheltering in 94 facilities in the Middle, Khan Younis and Rafah areas, as of 6 December.

### UNRWA fatalities and damage to installations



133 UNRWA colleagues killed



**129**  
incidents



**91**  
UNRWA installations  
damaged

### UNRWA response – Food assistance



54,863 families outside of shelters have received flour in southern governorates since 21 November.

### UNRWA response – Health



257 health workers attended 11,505 IDPs in shelters on 6 December.

62 post-natal and high-risk pregnancy cases were attended to at health centres and 1,371 in shelters on 6 December.

8,044 patients received healthcare in 8 (out of 22) UNRWA health centres still operational in the Middle and South areas on 6 December.

10,500 medical consultations are provided in UNRWA health centres per day on average.

### UNRWA response – Psychosocial support



96,058 IDPs were provided with psychosocial support and social work services since 7 October.

395,461 children were reached with recreational activities by UNRWA school counsellors in collaboration with other organizations.

\* IDPs in the North and Gaza areas as of 12 October. UNRWA's ability to provide humanitarian support in the North and Gaza City has since been compromised and access to information including updates on IDPs numbers has since been hindered.

# Health in Gaza: WHO surveillance report Dec 4<sup>th</sup>

- 111,000 cases of acute respiratory infections
- 12,000 cases of scabies; 11,000 cases of lice;
- 75,000 cases of diarrhea, of which about half are under the age of 5;
- 24,000 cases of skin rash;
- 2,500 cases of impetigo;
- 2,5000 cases of chickenpox
- 1,100 cases of acute jaundice syndrome among other health conditions.

UNRWA: Disease surveillance systems are hampered, but syndromic surveillance has noted increases in infectious diseases, including acute respiratory infections, scabies, jaundice, diarrhea, and bloody diarrhea. Shelters in the south are also reporting cases of acute jaundice syndrome, a worrisome signal of hepatitis

# Gaza- Healthcare and hospitals:

Before the conflict, health-care in Gaza was teetering: 35 hospitals & 3412 beds for over 2 million people<sup>1</sup>

Oct 7 – Nov 28: 203 attacks on hospitals, ambulances, medical supplies, and the detention of health care workers<sup>2</sup>.

In <60 days, the number of functioning hospitals dropped from 35 to 18.

Of these 3 are providing basic first aid only, while the remaining hospitals are delivering only partial services

The 12 hospitals that are still operational in the south are now the backbone of the health system<sup>3</sup>.

Occupancy rate of hospital beds:171%, ICU beds: 221%<sup>3</sup>.

1. Mahmoud, H State of the healthcare system in Gaza; Lancet Dec 1 2023

2. WHO Situation Report 4 Dec 2023

3. UNRWA Situation Report 45 3<sup>rd</sup> December 2023



*“On a recent visit to Nasser Medical Complex in Khan Younis, WHO described the situation inside as catastrophic, with the building and hospital grounds grossly overcrowded with patients and displaced people seeking shelter.*

*The emergency ward is overflowing with patients. There is a shortage of health workers compared to the overwhelming needs. Those who are available have been working non-stop and are exhausted.*

*Many patients are being treated on the floor. Bed capacity has been overwhelmed. Patients and families sheltering at the hospital are scared for their security.”*

WHO: Situation Report Dec 4<sup>th</sup> 2023

<https://www.who.int/news/item/04-12-2023-who-appeals-for-protection-of-the-health-system-from-further-attacks-and-degradation-of-its-capacity>



- Displaced Palestinians, who fled their houses due to Israeli strikes, shelter in tents at Nasser hospital, amid the ongoing conflict between Israel and Palestinian Islamist group Hamas.
- Source: CNN Dec 6<sup>th</sup> 2023



# Water, Sanitation and Hygiene.

- Northern water pipeline cut off and remaining Southern pipeline leaking >70%
- Air strikes on water treatment facilities as well as severe fuel/power cut outs - affected both clean water supply and sewage/sanitation treatment
- Water supplied by humanitarian AID only enough for 2.5-5% of population
- Many UNRWA shelters report 1 toilet for every 600 people.
- Estimated 2-3L water per person/per day (50-100L required to meet basic needs of cooking/hydration and washing)

Men and children fill up their jerry cans from a water tank mounted on a cart in Rafah. Many people in Gaza can get nothing but salty water to drink. Photograph: M Abed/AFP/Getty



KEEP  
CALM  
AND USE  
AN  
INTERPRETER

# Where can you find an interpreter?

- Telephone Interpreting Service (TIS)
  - Ph **1300 655 070** free service 24 hrs
  - Your own or clinic TIS code
- On site/Phone interpreters bookings through TIS
- Your reception staff can pre-book
- TIS is for Medicare-funded consultations, but in an emergency...
- Client's name? "confidential"





# Tips for working with interpreters

- Position so talk directly to the client, triangle
- Patient name 'confidential'
- Introduce interpreter and client, brief the interpreter.
- Explain interpreter's role and confidentiality
- Record interpreter's name/TIS job number
- Watch the client as they speak for non-verbal cues
- Use 1st person "How are you today?"
- Keep control; short statements; avoid excess 'clarification'
- Tips for confidentiality (interstate interpreter, change client's name)



# The 6 'S's of Refugee Health

- **Situation**
  - Country of origin
  - Preferred language/?interpreter
  - Year of arrival /visa status
  - (Experience of Australian detention eg Nauru, Manus, Christmas Island, others if relevant)
- **Settlement/Services**
  - Housing/Money/Centrelink/Education/Training/how is family here going?
  - Who is helping you?
- **Screening** (if unsure, complete it! Investigations/immunisation)
- **Physical health/Specialists** (which hospitals/OPD? Mobile messages)
- **Psychosocial issues/Separation** (Sleep/Mood/Big worries; who is missing/left behind/deceased?)
- **Support** — for client and clinician: make a team.

Condition	Prevalence in newly arrived refugees in Australia	
Anaemia	10 – 20 %	Higher in children <5 years
Iron deficiency	11 – 34 %	Higher in children <5 years
Low Vitamin D	60 - 90% 33 - 37%	African Karen
Low Vitamin A	40%	African children
Hepatitis B	3 – 21%	South Asian and African cohorts
Schistosoma	7 – 24%	Higher in African cohorts
Strongyloides	2 – 21%	Higher in South Asian cohorts
Malaria	4 – 10%	Predominantly African cohorts
Active TB Infection	3.3%	Only one study
Latent TB Infection (LTBI)	20 – 55%	African, South Asian and Middle Eastern Cohorts
Pathogenic Faecal parasites	16 – 40%	
Inadequate immunisation	100%	
STI, syphilis, hepatitis C, HIV	Limited data available	
courtesy of Dr Georgie Paxton, <a href="http://www.rch.org.au/immigranthealth/research/Research_resources/">http://www.rch.org.au/immigranthealth/research/Research_resources/</a>		

# Red Flags – What Not to Miss

## ■ *Infectious Diseases*

- Malaria/acute illness post arrival
- Hepatitis A
- Parasitic/diarrhoeal illness due to drinking contaminated water
- Lice/scabies
- Active TB
- Undiagnosed HIV/Hep B/Hep C/Syphilis
- Undiagnosed strongyloides

## ■ *Psychiatric Disorders*

- Depression with suicidal ideation or intent
- Severe PTSD
- Psychotic or parapsychotic phenomena/dissociative disorders causing significant distress and disruption to the individual and their family
- Problematic substance abuse

## Orange Flags – *consider ongoing*

- Complicated schistosomiasis
- Subacute Infections
- Skin lesions
  - Leprosy
  - Leishmaniasis
- Symptomatic H. pylori
- Deficiency states – Vitamin D; Fe; B12
- Eosinophilia=Parasite infestation till proven otherwise
- Premature development or previous poor management of chronic (NCD) diseases: Diabetes, dyslipidaemia, CVD
- Developmental Disorders eg Intellectual Disability, ASD
- Chronic Pain/Somatisation
- *Delayed diagnosis of common/congenital conditions due to difficulties in access/failure to use interpreters/uncoordinated or fragmented medical care*

## Yellow Flags

- Psycho-social problems related to resettlement, sponsorship breakdown, family separation
- Interpersonal violence

## Green Flags

- Detected on routine screening eg latent TB, positive Schisto serology, asymptomatic parasites in faeces, mild deficiency states

- Blood Disorders: Benign Neutropaenia; Thalassemia

- Women's health: screening, contraception, fertility concerns,

- FGC

■ <http://www.fpv.org.au/advocacy-projects-research/projects/female-genital-mutilation-cutting-in-victoria/>

- Pregnancy care, delivery and postnatally

■ <https://www.bspg.com.au/dam/bsg/product?client=BEYOND BLUE&prodid=BL/1082&type=file>

- Immunisation catch-up

# Common Psychological Problems in Refugees and Asylum Seekers

*(may present long after arrival)*

PTSD and complex PTSD

Depression/Anxiety

Complicated Grief

Somatisation/chronic or regional pain syndromes

Family functioning/interpersonal relationships

Substance abuse

Psychotic symptoms

Forensic issues

Cognitive difficulties/Dissociation

# REFUGEE HEALTH ASSESSMENT 2018

<http://refugeehealthnetwork.org.au/refugee-health-assessment-tool/>

## ASSESSMENT TEMPLATE 2018

**WHO CAN BE ASSESSED USING THIS TEMPLATE?**

Children, adolescents and adults from refugee backgrounds, including people seeking asylum. For children and adolescents, history may be taken from a parent/carer where appropriate.

**WHEN SHOULD THIS TEMPLATE BE USED?**

The refugee health assessment should ideally be completed within one month of arrival.

The 'Health assessment for refugees and other humanitarian entrants' is funded up to 1 year post arrival or eligible visa grant date through the Medicare Benefits Schedule (MBS) items 701, 703, 705 and 707. For eligible visits see [MBS billing and use requirements](#).

**CONSIDER THE FOLLOWING**

The refugee health assessment can be completed over several appointments. Take a gradual approach, aiming to build rapport. It is important to explain the concepts of health assessment, screening and disease prevention. Families need to understand the implications of health screening and give informed consent; this means explaining all facts, the conditions being treated, the meaning of a positive test, and the next step in management.

For sensitive issues such as sexual health, women's health and mental health consider timing, offering individual appointments with same sex clinicians and providing a rationale for asking potentially sensitive questions.

Assessing the need for an interpreter prior to an appointment is important. Family members should not be relied on to interpret. Expect that most newly arrived people will require a professional, accredited interpreter for medical appointments and that they may have preferences regarding the gender and ethnic/cultural background of the interpreter. For practical support see [Communication and Interpreters](#).

Understanding the effects of trauma on patients is an important part of a refugee health assessment. Health practitioners may experience compassion fatigue. See the [SAHPP Online Book - The Importance of Self-care](#) for practical advice about managing vicarious trauma.

**WHERE CAN RESOURCES BE FOUND?**

This template can be found on the [Refugee Health Network](#) website. There is both a printable PDF and instructions on how to use the template with Medical Director and Bulk Billing. This template is informed by the [Documentation for comprehensive and annual health assessment for people of refugee like backgrounds \(2017\) vol 1, 2017](#) and the [Journal of Refugee Health Practice Guide \(November 2017\)](#), with particular reference to the 'Refugee health assessment' section. There are hyperlinks to further information and key resources in this template including in some section headings; for example chronic non-communicable diseases and women's health. The final page has the full list of these web addresses and key resources. Practice tips are in blue boxes.

### THE TEMPLATE AT A GLANCE

<p><b>Pg 1 GENERAL INFORMATION</b> – demographics, emergency contact, language and interpreter, referral information, assessment completed by, and other services involved</p> <p><b>Pg 3 MIGRATION HISTORY</b> – history of birth, countries/places of transit, date of arrival in Australia and visa information</p> <p><b>Pg 2 SOCIAL HISTORY</b> – housing, family composition, employment and education</p> <p><b>Pg 5 MEDICAL HISTORY</b> – current and past illnesses, current medications/herbal/traditional medicines, allergies, family medical history, exposures/incidents/trauma/exposures, infectious conditions, immunisation history, chronic and communicable diseases, risk factors and other issues</p> <p><b>Pg 6 CHILDREN AND ADOLESCENTS</b> – growth/development, education, history and behaviour</p> <p><b>Pg 8 WOMEN'S HEALTH</b> – pregnancy, contraception, breast feeding, cervical and breast screening, female circumcision, abortion and intimate partner violence</p>	<p><b>Pg 7 SEXUAL HEALTH</b> – comprehensive STI risk factors and symptoms</p> <p><b>Pg 9 PSYCHOSOCIAL HISTORY</b> – settlement processes and support, psychological screening and effects of trauma or other traumatic events</p> <p><b>Pg 10 PHYSICAL EXAMINATION</b> – examinations and findings</p> <p><b>Pg 10 RECOMMENDED INITIAL SCREENING INVESTIGATIONS FOR PEOPLE FROM REFUGEE BACKGROUNDS</b></p> <p><b>Pg 11 MANAGEMENT PLAN AND DISCUSSION</b> – pathways, medications, required services/services, referrals, actions, correspondence and consent to share information</p> <p><b>Pg 12 NECESSARY CONSULTATION AND REFERRAL INFORMATION, RESOURCES, ACKNOWLEDGEMENTS AND REFERENCES</b></p>
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# REFUGEE HEALTH ASSESSMENT TEMPLATE 2018

## RHA - Investigations (1)

### All

Investigation:	Looking for:
FBE	<i>Anaemia, Neutropaenia, Eosinophilia</i>
Hepatitis B serology (HBsAg HBsAb HBcAb)	<i>Write “?chronic hepatitis B” on path slip to meet MBS requirements</i>
Hepatitis C serology (Hep C Ab, and HCV RNA if Hep C Ab pos)	
<i>Strongyloides Stercoralis</i> serology	Strongyloides parasitic infection
HIV serology	>15 <15 if unaccompanied/separated minor/clinical concerns
Latent TB screening <ul style="list-style-type: none"><li>• Mantoux test if &lt;5 y/o</li><li>• IGRA (Quantiferon Gold) if &gt;5 y/o</li></ul>	Can treat up to 35 yrs with INH; new protocol with Rifampicin at older ages Medicare rebate for IGRA is 69471 “exposed to confirmed case active TB”

## RHA Investigations (2)

Age/Risk-Based	
Varicella	>14 with no known hx of disease
Rubella IgG	Women of child-bearing age
Fasting glucose and/or HbA1C	Consider in patients >35 and/or high-risk ethnicity (Asian, Middle Eastern, Pacific Islander, Southern European, North or Sub-Saharan African) and/or overweight and other risk factors
Lipids	Consider risks as above. Use CVD Risk calculator
Ferritin	All women and children, men with risk factors
Vitamin D • Ca PO4 ALP in children	Risk factors such as dark skin, housebound etc. <i>Write risk factors on pathology slip</i>
Vitamin B12	Arrival <6/12, food insecurity, vegan; from Bhutan, Afghanistan, Iran, Horn of Africa

## RHA Investigations (3)

### Age/Risk-Based

Syphilis serology	Risk of STIs, unaccompanied/separated minor
FPU or self-obtained vaginal swabs for gonorrhea and chlamydia PCR	Risk factors for STIs or on request ( <i>detailed sexual health history taking as per Australian teaching usually not helpful/inappropriate for Refugee clients</i> )
Helicobacter pylori stool Ag or breath test ( <i>not serology</i> )	Upper GI symptoms, fhx gastric Ca
Stool microscopy + OCP	If no documented pre-departure albendazole, or persisting eosinophilia after albendazole Rx; or lower abdominal pain and/or diarrhoea

### Country-based

Schistosomiasis serology	Residence in or travel through endemic areas
Malaria thick and thin films and malaria RDT	Travel from/through an endemic malaria area within 3 months of arrival if asymptomatic, or within 12 months if symptoms of fever.

# Investigations/Screening (4)

- Visual Acuity – all – E Logmar or LEA Symbols chart – Optometry review
  - African patients >40 **Increased risk of glaucoma**
  - All over 50
- Hearing – if symptomatic (TM perforations/chronic discharge)
- Dental review – all
- Mental health screen
- Women's health – pap smear, mammography, contraception/fertility, FGC
- Children/Adolescents – milestones/development, education, sleep, behaviour
- Chronic Diseases as per Australian guidelines
  - SNAP
  - BP
  - BMI waist/hip ratio/HbA1C/fasting glucose/Lipid profile/renal and liver function
- Osteoporosis
- Bowel Cancer > 50 with FOBT
- Prostate Cancer as per guidelines

# Catch Up Immunisation

- *General advice: Australian Immunisation Handbook*
- *test* for evidence of Hepatitis B, varicella and rubella immunity in refugees;
- Avoid giving live virus vaccines eg MMR until 4 weeks after previous live virus vaccination (Yellow Fever, MMR, [Mantoux test])
- do catch-up immunisations as scheduled if no adequate records available – an opportunity to vaccinate and improve health outcomes long term
- Re-immunising is very safe.
- Record on the Australian Immunisation Register
- *Specific advice:*
- refer refugee immunisation information on TB, Hepatitis B and other vaccine preventable diseases in immunisation handbook and ASID refugee health guidelines
- Consider covid 19 vaccination
- <https://www2.health.vic.gov.au/public-health/immunisation/immunisation-schedule-vaccine-eligibility-criteria/vaccines-eligibility-criteria-for-free-vaccines>

# Psychological screening

- Energy
- Sleep
- Appetite
- Concentration and memory
- Interests
- Everyday tasks
- Suddenly fearful
- ‘Big Worries’

*Formal screening tests such as K10 may have limited use*

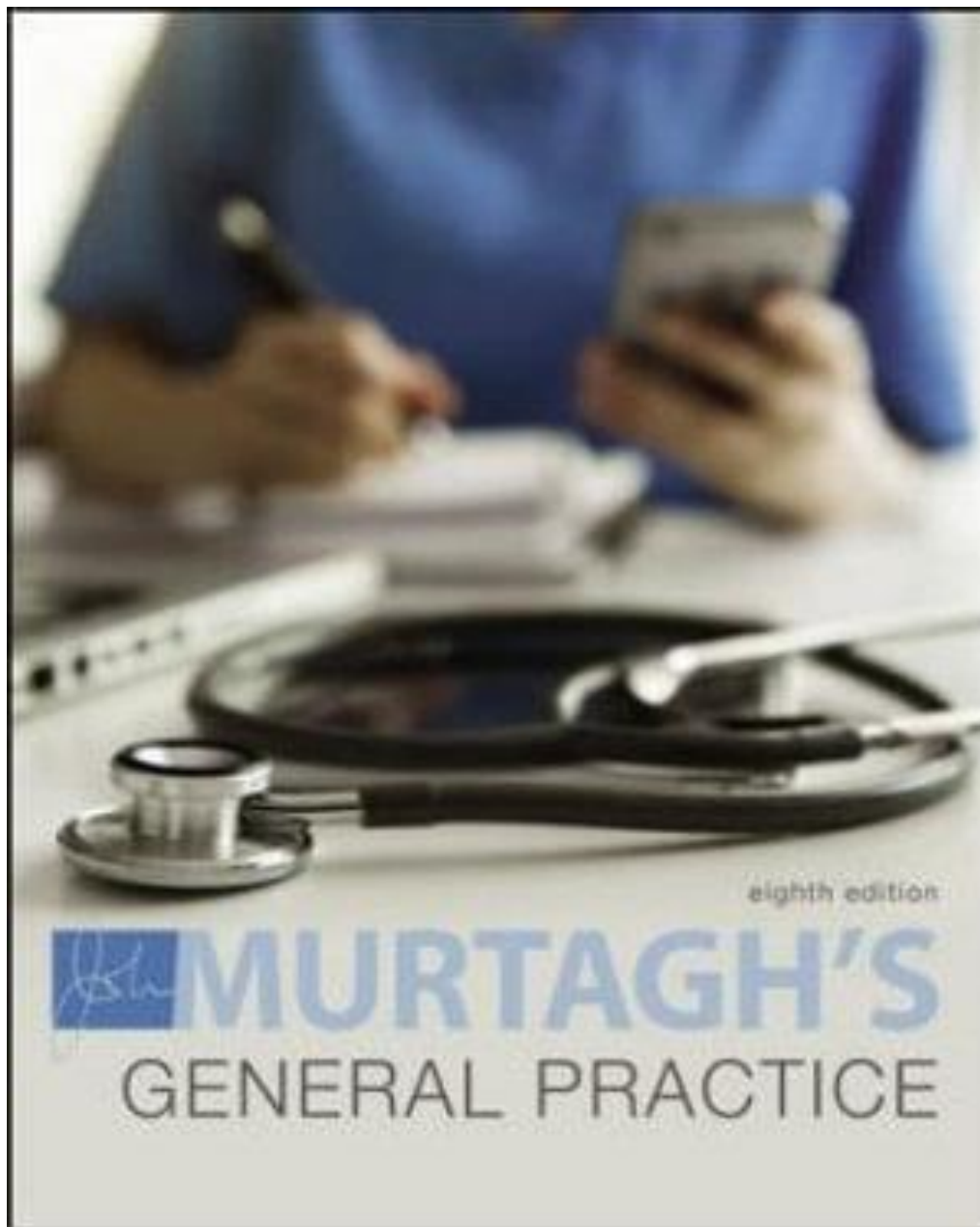
## **Translated K10:**

<http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Resources/Translations-/Kessler10/Kessler10/default.aspx>

**International Trauma Questionnaire (ITQ) –**  
for cPTSD

**Screening Tool for Asylum Seeker and  
Refugee Mental Health**

<https://www.star-mh.org/>



***Murtagh's general  
practice, 8th edition***  
**Authors: John Murtagh,  
Jill Rosenblatt, Clare  
Murtagh, Justin Coleman**  
Sydney, NSW: McGraw-Hill  
Education (Australia),  
2021  
Hardback ISBN  
9781743768235

**Chapter on  
Refugee Health**

# AUSTRALIAN **REFUGEE HEALTH** PRACTICE GUIDE



Primary care for people from refugee backgrounds

<https://refugeehealthguide.org.au/refugee-health-assessment/>



# RCH Immigrant Child Health Clinic/Website

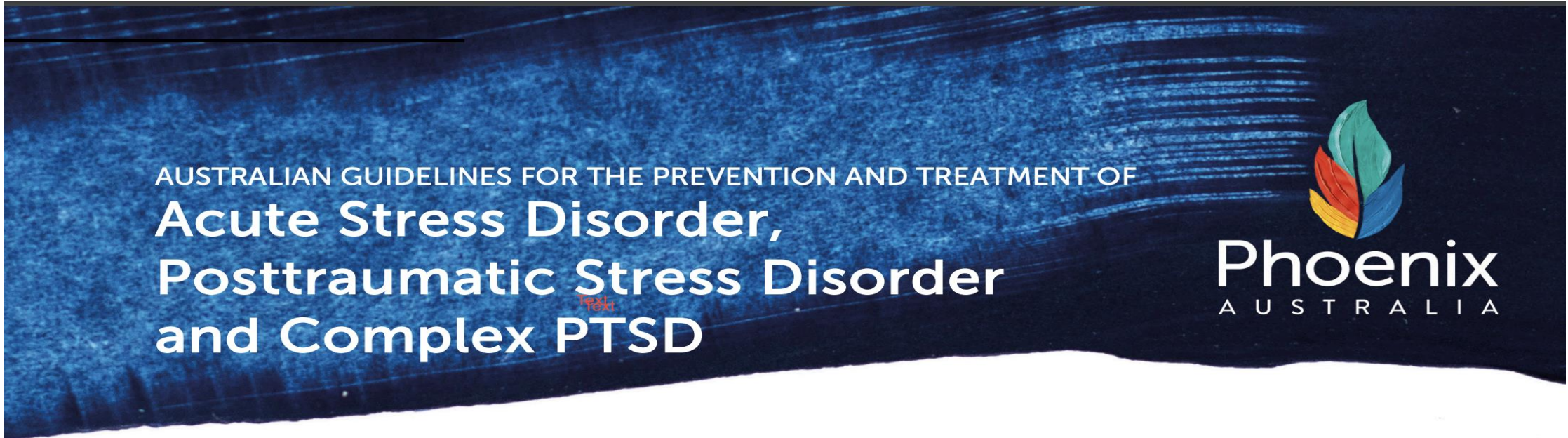


<http://www.rch.org.au/immigrantthealth/>

Refugee Paediatric Clinics at Craigieburn,  
Footscray, Melton, Darebin, Dandenong

# Australian Guidelines

- <https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-9-7.-Refugees-and-asylum-seekers-1.pdf>



Specific Populations and Trauma Types  
Refugees and asylum seekers



# Resources

The Refugee Health Program (RHP) began in 2005, with the aim of responding to the poor health and complex health issues of arriving refugees in Victoria. The program aims to:

- increase refugee access to primary health services
- improve how health services respond to refugees' needs
- coordinate a response to newly arrived refugees
- help individuals, families and refugee communities improve their health and wellbeing.

<https://www.health.vic.gov.au/community-health/refugee-health-program>

**Contact list of Refugee Health Nurses**

## Refugee Health Fellows

RCH: 03 93455522

[Refugee.fellow@rch.org.au](mailto:Refugee.fellow@rch.org.au)

RMH: 03 93427000

[Refugee.fellow@mh.org.au](mailto:Refugee.fellow@mh.org.au)

Monash: Refugee Triage Nurse  
(03) 9792 8100



victorian refugee  
health network

<https://refugeehealthnetwork.org.au/>



**RHeaNA**

**Refugee Health Network of Australia**

<https://www.refugeehealthaustralia.org/>



**RACGP**

<https://www.racgp.org.au/the-racgp/faculties/specific-interests/interest-groups>

Migrant, Refugee and Asylum Seeker Health

# Translated Information

- Health Translations Directory: [www.healthtranslations.vic.gov.au](http://www.healthtranslations.vic.gov.au)
- Embrace Multicultural Mental Health: <https://embracementalhealth.org.au/>
- Beyond Blue: <http://www.beyondblue.org.au/resources/for-me/multicultural-people>
- Multicultural Centre for Women's Health: <http://www.mcwh.com.au/mwha/mwha.php>
- Victorian Transcultural Psychiatry Unit - K10 in various languages; community profiles: [www.vtmh.org.au](http://www.vtmh.org.au)
- <http://www.rcpsych.ac.uk/expertadvice/problems/>; <https://www.rcpsych.ac.uk/mental-health/translations>
- Covid 19 Multicultural Information Pack:  
<https://www.health.gov.au/sites/default/files/documents/2022/08/translated-covid-19-resources-for-multicultural-communities.pdf>
- Pain Information Tool:  
[https://aci.health.nsw.gov.au/\\_\\_data/assets/pdf\\_file/0004/277222/SEMML\\_Pain\\_Communication\\_Tool\\_Booklet.pdf](https://aci.health.nsw.gov.au/__data/assets/pdf_file/0004/277222/SEMML_Pain_Communication_Tool_Booklet.pdf)

# HealthPathways-Supporting people of refugee background



Melbourne

HealthPathways

Melbourne

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COVID-19

About HealthPathways

Summary of Referral Pages

Aboriginal and Torres Strait Islander Health

Avoiding Hospital Admission

Allied Health and Community Nursing

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Investigations

Legal and Ethical

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Specific Populations

Clinician Health – Self-care

Clinician Health – Caring for Medical Professionals

LGBTIQA+ Health

Refugee Health

Health Assessment for Refugees and People Seeking Asylum



Melbourne

HEALTHPATHWAYS

Latest News

30 November

 health.vic

[Health alerts and advisories](#)

29 November

**Urgent quarantine notice**

Interpharma – Sodium Chloride 0.9% 10 mL ampoules and Sodium Chloride 0.9% 30 mL ampoules.

See advice from DoHAC Therapeutic Goods Administration for these products to be removed from use immediately and placed in quarantine until further notice.

3 November

**Changes to shingles vaccination**

From 1 November 2023, Shingrix will replace Zostavax on the National Immunisation Program (NIP) schedule for prevention of shingles and post-herpetic neuralgia. [Read more...](#)

Pathway Updates

Updated – 4 December

[Anxiety in Children and Adolescents](#)

Updated – 1 December

[Psychological Trauma in Children](#)

Updated – 24 November

[Asthma in Primary School-aged Children \(Aged 6 to 11 Years\)](#)

NEW – 24 November

[Rheumatic Heart Disease \(RHD\)](#)

NEW – 24 November

[Acute Rheumatic Fever \(ARF\)](#)

[VIEW MORE UPDATES...](#)

 ABOUT HEALTHPATHWAYS

 BETTER HEALTH CHANNEL

 RACGP RED BOOK

 USEFUL WEBSITES & RESOURCES

 MBS ONLINE

 NPS MEDICINEWISE

 PBS

 NHSD

Click 'Send Feedback' to add comments and questions about this pathway.

[SEND FEEDBACK](#)

About HealthPathways

Disclaimer: For presentation purposes only



## Health Assessment for Refugees and People Seeking Asylum

This page is for assessing anyone with a refugee-like background, but is primarily intended for individuals in Australia < 12 months. See also:

- [Refugee Health in Adults](#)
- [Refugee Health in Children](#)
- [Refugee Health Referrals](#)
- [Interpreter and Translation Services](#)

### Clinical editor's note

For issues relating to the current crisis in the Ukraine, see [RCH – Ukrainian Refugees: Key Issues](#).

### Red flags

- ▶ Suicidal ideation
- ▶ Acute severe illness, especially in a newly arrived individual
- ▶ Suspected tuberculosis
- ▶ Suspected malaria

## Background

[About health assessment for refugees and people seeking asylum](#) ▼

🗨️ FEEDBACK

## Background

[About health assessment for refugees and people seeking asylum](#) ^

### About health assessment for refugees and people seeking asylum

- People of refugee-like background are often affected by complex health inequalities arising from their pre- and post-migration experiences. They may have:
  - physical and psychological conditions as a result of pre-migration trauma, torture, or prolonged detention.
  - significant post-migration challenges, including negotiating an unfamiliar and complex health system:
    - cultural and language barriers.
    - separation from family.
    - housing and employment issues.
- A comprehensive health assessment is recommended for all refugee arrivals and people seeking asylum in Australia, to:
  - assess the patient's physical, psychological, and social functioning, and
  - determine preventive health care and health education needs.
- The refugee health assessment (RHA) provides a structured way to identify problems and conditions in people who arrived in Australia as refugees or asylum seekers. The RHA can be offered at any time after arrival if initial contact with general practice is delayed, but is ideally conducted within one month of arrival.
- The RHA is eligible for a one-off Medicare health assessment rebate ([MBS item 701/703/705/707](#) depending on time spent) for refugees if completed within 12 months of arrival. Most asylum seekers will also have access to Medicare.
- Refugees and people seeking asylum have often missed many opportunities for preventive care. They will need catch-up vaccinations and a sensitive, supportive, and focused approach to "catch-up" healthcare to ensure physical and psychological problems do not become chronic issues or barriers to settlement.

## Assessment

### 1. Prepare for appointment – if needed, arrange an [interpreter](#):

- For interpreter services, phone **1300-131-450** (TIS National) – available free of charge 24 hours, 7 days a week to private general practitioners and private specialists providing services under Medicare.
- Avoid using family members.
- Be aware if an interpreter is not used, consent for examination, procedure, or treatment may be legally invalid.

### 2. Prepare for health assessment:

- Review [pre-departure screening](#) ▼.
- Consider applicable [MBS items and patient eligibility](#) ▼ for a refugee health assessment (RHA).
- Consider using a [template](#) ▼ to assist with performing the RHA.

### 3. Take a history:

- [Migration history](#) ▼
- [General medical history](#) ▼
- [Mental health](#) ▼
- Cognitive screening – review [risk factors for dementia](#) ▼ annually. See [Cognitive Impairment and Dementia](#).
- [Immunisation history and catch-up planning](#) ▼
- [Nutrition](#) ▼
- [Women's health](#) ▼
- [Men's health](#) ▼
- [Refugee and asylum seeker children](#) ▼

### 4. Examine the patient ▼.

### 5. Arrange:

- screening and investigations – see [ASID short checklist of recommendations for comprehensive post-arrival health assessment of refugee-like background](#) [page 20].
- preventive screening ▼.

## MBS items and patient eligibility

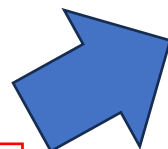
- General practitioners may select a [Medicare Benefits Schedule \(MBS\) item](#) (701, 703, 705 or 707) to undertake a health assessment for a refugee.
- This health assessment is a voluntary one-off service and must be provided within 12 months of the patient's arrival in Australia or grant of visa to be eligible for the MBS item. The general practitioner cannot conduct a separate consultation in conjunction with the health assessment on the same day (except where clinically required).
- This health assessment is available only to people with certain visa categories:
  - 200 – Refugee
  - 201 – In Country Special Humanitarian
  - 202 – Global Special Humanitarian
  - 203 – Emergency rescue
  - 204 – Women at Risk
  - 695 – Return Pending
  - 070 – Refugee Pending Bridging
  - 786 – Temporary Humanitarian Concern
  - 866 – Permanent Protection Visa
- Patients should be asked to provide proof of their visa status and date of arrival in Australia.
- If uncertain about eligibility, contact Services Australia on 13-20-11 with the patient present to check eligibility.
- Consider other item numbers that may be helpful:
  - Long consultations (36, 44).
  - Mental health consultations (2713).
  - Mental health care plans (2715, 2717) and reviews (2712).
  - [Case conference](#) (735 to 758).
  - Chronic disease management items.

For more information on eligibility, see [MBS – Health Assessment for Refugees and Other Humanitarian Entrants](#).



## Assessment

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  - Cognitive screening – review [risk factors for dementia](#) ▾ annually. See [Cognitive Impairment and Dementia](#).
  - [Immunisation history and catch-up planning](#) ▾
  - [Nutrition](#) ▾
  - [Women's health](#) ▾
  - [Men's health](#) ▾
  - [Refugee and asylum seeker children](#) ▾
4. Examine the patient ▾.
5. Arrange:
  - screening and investigations – see [ASID short checklist of recommendations for comprehensive post-arrival health assessment of refugee-like background](#) [page 20].
  - preventive screening ▾.



## Mental health

- Settlement stresses and support – ask about:
  - how they are coping with changes.
  - who is helping e.g., case worker, sponsor, settlement support agency.
- Psychological screening:
  - Note that there may be different cultural understandings of mental health. Patients may present with psychosomatic symptoms.
  - Consider asking about [depression](#), [anxiety](#), PTSD, survivor guilt, fears and worries.
  - Ask about sleep (including nightmares), appetite or weight change, energy levels, daily activities, [memory](#), concentration, mood or affect, plans for the future, past mental health problems and treatment.
- Trauma history (e.g., experience of conflict, family separation, incarceration or detention, torture):
  - Only query if appropriate and there is adequate time for response.
  - Avoid asking directly about a patient's experience of torture or trauma, especially in the first few visits.
  - Consider using third-person inquiry technique e.g., "Some people have had very difficult experiences in their country or during their journey. Do you have any physical problems or pains at the moment that you are worried about or that you think may be related to your previous experiences?"





- [preventive screening](#) ▼.

## Management

See [Interpreter and Translation Services](#) for online translated health information and prescribing aids.

1. Arrange [emergency assessment](#) if an adult and any [red flags](#) ▼, or severe acute mental health concerns, or where required for pregnancy.
2. If a child, arrange [urgent paediatric review](#) if any [concerning signs](#) ▼.
3. Seek [paediatric advice](#) if the patient is a child with [complex issues](#) ▼.
4. For further management, see:
  - [Refugee Health in Adults](#)
  - [Refugee Health in Children](#)
5. Address concerns identified.
  - See [Refugee Health in Adults](#) and [Refugee Health in Children](#) pathways.
  - Consider [Refugee Health Referral](#) options.
  - Arrange [GP Mental Health Care Plan](#) and [Chronic Disease Management Items](#) if appropriate.
  - Arrange dental, adult or paediatric audiology, or vision review via [Refugee Health Referrals](#).
6. Provide the COVID-19 vaccination as required and plan [catch-up immunisations](#) ☑ according to Australian Immunisation Schedule. See:
  - Australian Immunisation Handbook:
    - [Catch-up Calculator](#) ☑ for children aged < 10 years
    - [Catch-up Vaccination](#) ☑ for those aged ≥ 10 years
  - The Royal Children's Hospital – [Catch-up Immunisation in Refugees](#) ☑


If the patient is planning to visit friends and relatives overseas in future, provide advice about travel immunisations.

7. Arrange follow-up appointments:
  - Case managers from settlement services and RHNs can help patients coordinate and keep appointments.
  - [Appointment reminder translation tool](#) ☑.

### Red flags






- ▶ **Suicidal ideation**
- ▶ **Acute severe illness, especially in a newly arrived individual**
- ▶ **Suspected tuberculosis**
- ▶ **Suspected malaria**

## Health Assessment for Refugees and People Seeking Asylum

- Case managers from settlement services and RHNs can help patients coordinate and keep appointments.
- [Appointment reminder translation tool](#) .

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## Referral

- If an adult and any [red flags](#) , or severe acute mental health concerns, or where required for pregnancy, arrange [emergency assessment](#).
- If a child, arrange [urgent paediatric review](#) if any [concerning signs](#) .
- Seek [paediatric advice](#) if patient is a child with [complex issues](#) .
- Arrange management of identified issues through [Refugee Health Referrals](#) or consider referral to the [Refugee Health Program](#) .
- For telephone assistance and advice, contact [Refugee Health Fellows](#) .
- Arrange dental, adult or paediatric audiology, or vision review via [Refugee Health Referrals](#).

## Refugee Health Referrals

See a high-level diagram of refugee and asylum seeker health services in Victoria. [🔗](#)

[Migrant and refugee services](#) ▼

[Specialist refugee health clinics](#) ▼

[Infectious disease clinics](#) ▼

[Female genital cutting/mutilation \(FGC/M\)](#) ▼

[Refugee health fellows](#) ▼

[Refugee health nurses](#) ▼

[Paediatric refugee clinics](#) ▼

[Paediatric mental health](#) ▼

[Mental health](#) ▼

[Sexual assault services](#) ▼

[Torture and trauma](#) ▼

[Dental services](#) ▼

[Audiology services](#) ▼

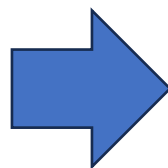
[Optometry services](#) ▼

[Immunisation](#) ▼

[Housing support](#) ▼

[Cultural organisations](#) ▼

[Interpreter services](#) ▼



🗨️ [FEEDBACK](#)

### Mental health ^

Contact the service.

[Eastern Melbourne](#) ▼

[North Western Melbourne](#) ▼

[Out of Area](#) ▼

[Statewide](#) ▼




See also:

- [Mental Health Referrals](#)
- [About Victoria's Mental Health Services](#) [🔗](#)





## Information

[For health professionals ^](#)

### Further information

- Australian Department of Health:
  - [Health Assessment for Refugees and Other Humanitarian Entrants into Australia](#) 
  - [Vaccination for Migrants, Refugees, and People Seeking Asylum in Australia](#) 
- [Australian Refugee Health Practice Guide](#) 

[For patients ^](#)

- Health Translations:
  - [Catch Up Vaccinations for Refugees and Asylum Seekers in Victoria](#) 
  - [Find Translated Health Information](#) 
- [Victorian Refugee Health Network](#)  – COVID-19 Information, Resources and Services 

# Related Pathways

## **Related pathways**

[Health Assessment for Refugees and People Seeking Asylum](#)  
[Refugee Health in Children](#)  
[Refugee Health in Adults](#)  
[Refugee Health Referrals](#)  
[Bereavement, Grief, and Loss](#)  
[Psychological Trauma in Children](#)  
[Anxiety](#)  
[Depression](#)  
[Psychological Trauma in Children](#)  
[Guide to MBS Items](#)  
[Mental Health](#)  
[Mental Health and Behaviour - Child and Youth](#)

## **See also**

[Tuberculosis \(TB\)](#)  
[Infectious Diseases](#)  
[Immunisation](#)  
[Assault or Abuse](#)


## **Referrals**

[Refugee Health Referrals](#)  
[Infectious Diseases Referrals](#)

## **Related Services**

[Interpreter and Translation Services](#)  
[Carer Resources and Support Services](#)  
[Community Health Services](#)

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[info@healthpathwaysmelbourne.org.au](mailto:info@healthpathwaysmelbourne.org.au)

# What can we do in Primary Care?

## Establish Safety:

### *A Safe Environment*

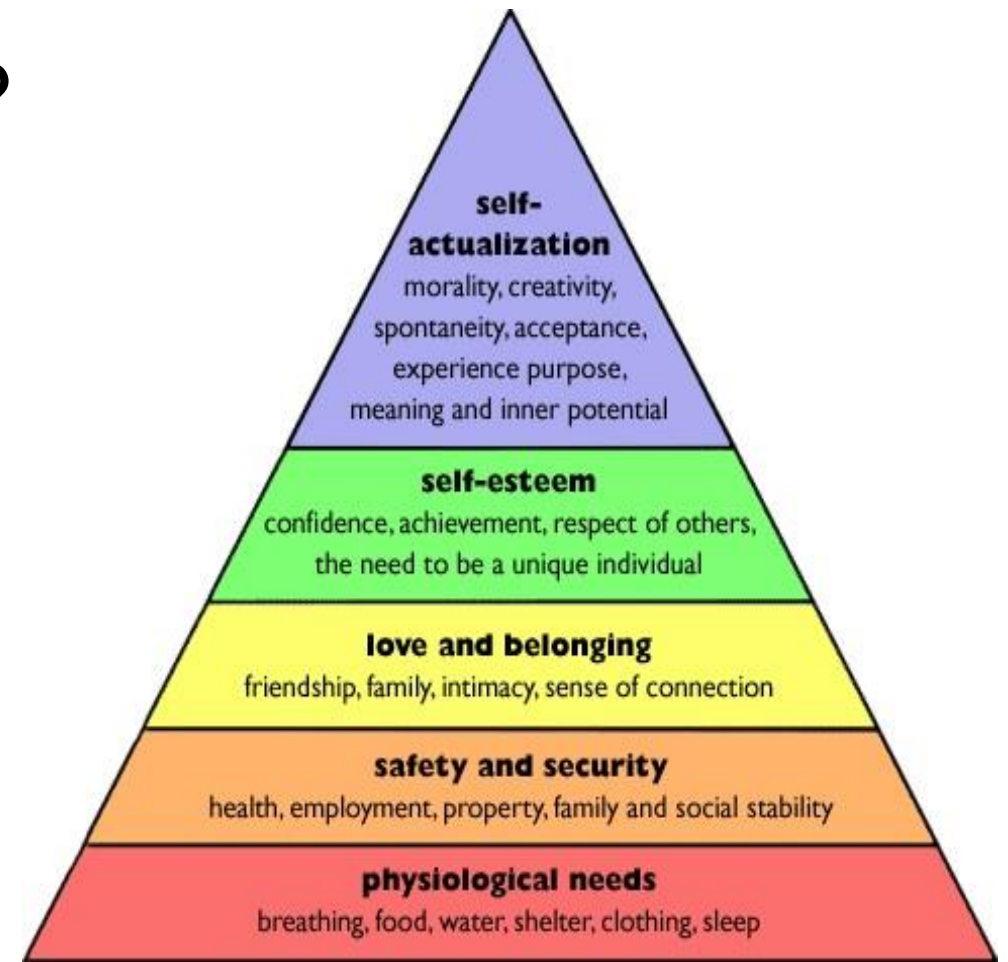
- Housing
- Income - Centrelink/Training/Education
- Family separation/sponsorship

### *A Safe, Healthy Body*

- The therapeutic relationship
- Refugee health assessment and screening
- Health information and explanation
- Manage health problems, chronic pain, medication

### *A Safe, Sound Mind*

- Screening and assessment
- Symptom relief - medication, education, simple CBT strategies





# 'Rules of Engagement'

- “*Therapeutic Kindness*”
  - *Warmth*, a twinkle in the eye
  - *Welcome*
  - *Touch* – a handshake, a touch on shoulder, take blood pressure, check pulse
  - *Time and Patience*
  - *Patient-led*
  - *Access*
  - *Advocacy*
  - *Clear Boundaries*
  - *Transparency*

## *Attunement*

Observational skills

Mirroring posture, breathing in sync

Unconditional positive regard

■ Offer hope, grounded in reality

■ ***Remind your patient of their strengths.***

■ **What gets them out of bed?**

■ **What has got them this far?**

# Supporting the Refugee Patient – What helps?

- *Identify* refugee and asylum seeker patients
- *Who else* is involved in care? – who is in the team?
- Enough *time* and a *professional interpreter* - essential
- Build a therapeutic relationship - *see him/her regularly.*
- Be guided by patient's concerns – *empowers.*
- Advocacy is crucial – *builds trust.*
- Focus on everyday tasks and difficulties – focus on *'function'*
- Be aware of the impact of *family separation* – your empathy empowers and creates trust.
- *Good practice systems help* – supports client and clinician.



# What can you give?

The ability to listen

The ability to stay

The ability to receive

The ability to believe

(Kinzie 2001 “...a constant in a chaotic world”)



Thank you!



# Session Conclusion

We value your feedback, let us know your thoughts.

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*Attendance certificate will be received by December 31st to claim CPD hours for 2023.*

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