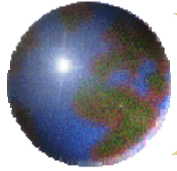


# *Refugee Health*



Dr. Jill Benson  
Director  
Health in Human Diversity Unit  
Discipline of General Practice  
University of Adelaide  
and Senior Medical Officer  
Migrant Health Service  
Adelaide



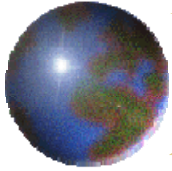


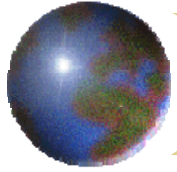
## *Refugee profile*

- Approximately 13000 refugees/year to Australia
- 30% from Africa
  - Sudan, Congo, Burundi, Liberia
- 50% from Middle East
  - Afghanistan, Iran, Iraq
- 20% from elsewhere
  - Burma
- Up to 50% aged under 18
- Approx. equal numbers of men and women



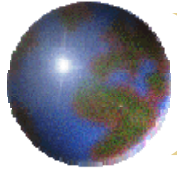






## *Refugee profile*

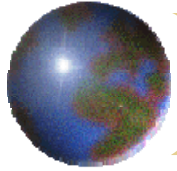
- Higher levels of poverty
- Greater cultural differences
- Families often headed by female
- Larger families and lower levels of education and English proficiency
- Long time in refugee camps - unsafe, poor sanitation, infectious diseases, poor diet
- Limited or disrupted access to health care



## *Flight and Camp*

- Stateless, no country
- No home or privacy
- Limited health-care, food or sanitation
- Witnessing of hunger, rape, murder, death, self-abuse, torture
- No contact with family
- Mandatory detention in 'safe' country

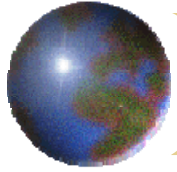




## *Poor Public Health and Nutrition*

- Vitamin deficiencies
- Mental health
- Parasites
- Malnutrition
- Severe dental caries
- Injuries from torture and war
- Rheumatic heart disease
- Evidence of traumatic births
- Uncontrolled chronic disease

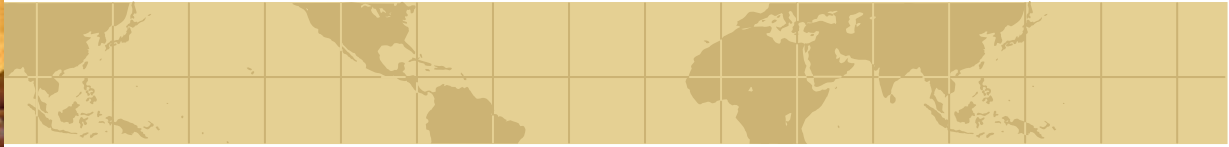




## *Cultural differences*

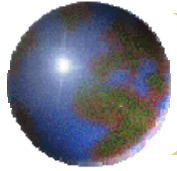
- Appointment making and keeping
- Health literacy
- Expectations of cure vs treatment
- Body language
- Culturally different ways of communicating illness, experience and distress
- Biopsychosocial model of health needs to acknowledge issues such as extreme poverty, migration, culture, spirituality and religion





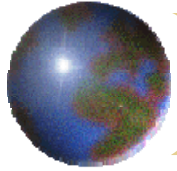
## *Practice Challenges*

- Be aware of own ethnocentrism
- Multidisciplinary team approach
- Interpreters
  - ❑ Appropriate ethnic group, dialect and gender
  - ❑ Free interpreters for GPs through Translating and Interpreting Service (TIS)
  - ❑ On-site or over the phone

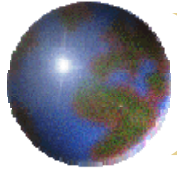


## *Cultural Awareness Tool*

- What do you think caused your problem?
- Why do you think it started when it did?
- What do you think illness does to you?
- What are the chief problems it has caused for you?
- How severe is your illness?
- What do you most fear about it?

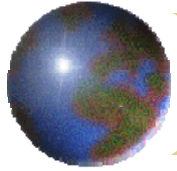


- What kind of treatment/help do you think you should receive?
- Within your own culture how would your illness be treated?
- How is your community helping you?
- What have you been doing so far?
- What are the most important results you hope to get from treatment?



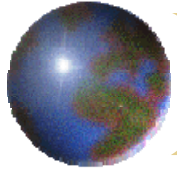
## *Pre-departure screening*

- HIV test if > 15 or clinical concern
- Modified MMSE if >70
- Urinalysis for protein, glucose and blood
- CXR if >11 or H/O exposure to TB
- Hep B, Hep C or syphilis for some
- Some have had treatment for malaria and parasites as part of voluntary 'Fitness to fly'
- Some have 'Health Undertakings' eg TB
- However compliance, inconsistent paperwork, delay in leaving etc mean that investigation and treatment sometimes cannot be relied upon.



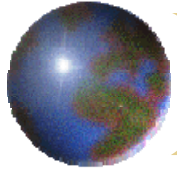
## *Post-arrival Screening*

- On arrival
  - ▣ Health checks through community GPs or Health service
  - ▣ New MBS item number for initial health screening
- Comprehensive Health Assessment
  - ▣ History and physical examination
  - ▣ Routine pathology screening
  - ▣ Treatment plans for acute & chronic health issues
  - ▣ Immunisation status reviewed/catch-up offered
  - ▣ Referrals made where appropriate



## *Investigations (excluding infections)*

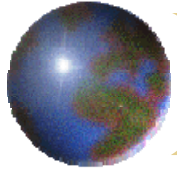
- Vitamin D deficiency
  - especially if dark skin colouring and/or women who veil for cultural reasons
- Other nutritional deficiencies eg Vitamin A
- Under-immunisation
- Iron studies +/- haemoglobin variant analysis
  - if indicated from abnormal red cells
  - Important to weigh against urgency of malaria or hookworm treatment



## *Children*



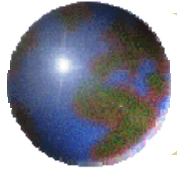
- Parasites
- Malnutrition
- Uncertain age
- Large family size
- Developmental delay
- Incomplete +/- undocumented immunisation
- Hepatitis B
- Mental health issues
  - Detention
  - Child soldiers or sex slaves



## *Issues specific to refugee women*

- A number of women arriving on 204 visa category.
- Low education and poor literacy levels
- Personal safety may continue to be at risk.
- High rates of gendered violence/ oppression and discrimination.
- Loss of role models and mentors
- Social isolation
- Re-uniting families

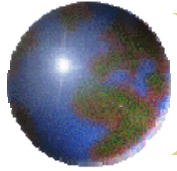




## *Sexual Health History*



- Basic obstetric history
- Sexual history of women should only be done as part of women's only session
- Sexual violence, FGM, difficult births, TOP
- Need to be sensitive but direct
  - *We know that many women who have been in refugee camps...*
  - *Sometimes men take sex from women by force...*
  - *Sometimes women aren't completely sure if their husbands have been with other women...*



## *Impact of STDs*

### ● HIV

- ❑ 4 positive patients from Africa in 2004 & 4 in 2005
- ❑ All from heterosexual transmission

### ● Hepatitis B

- ❑ 20% surface antigen positive
- ❑ Many from vertical transmission from mothers

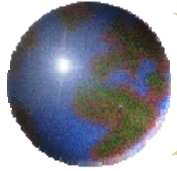
### ● Hepatitis C

- ❑ 10% antibody positive

### ● Syphilis

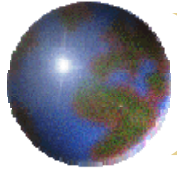
- ❑ 4% positive in Tasmania





## *Sexual health screening*

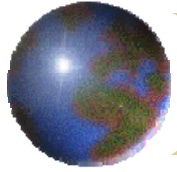
- Urine for PCR for Gonorrhoea and Chlamydia
- Chlamydia with pap smear
- PV may not be possible due to FGM or trauma
- Swabs if any discharge or history
- Sensitivity about giving results & treatment
- Contact tracing needs fully informed consent
- Try to reduce opportunities for stigmatisation and misunderstanding.



# *Haemoglobinopathies*

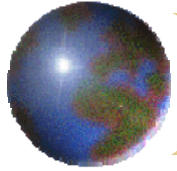
- Sickle cell anaemia
  - Carriers have 20-45% HbS
  - 14% carrier rate in Sudanese
  - up to 30% in other parts of Africa
  - Risk in hypoxia, hypothermia, acidosis, hypotension and dehydration
- Alpha thalassaemia – 25% in Africans
- G6PD deficiency – 14% in Africans
- Iron deficiency in 20% of refugees





## *Vitamin D deficiency*

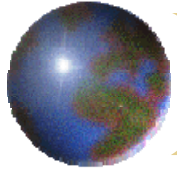
- Vitamin D deficiency is present in 40-80% of refugee patients
- Mostly asymptomatic or only muscle pain
- Veiled or dark-skinned pregnant women in an antenatal clinic in Melbourne
  - 80% were deficient in vitamin D
- Refugees from East Africa who have spent time in Egypt
  - 100% were deficient in vitamin D



## *Mental Health Issues*

- A range of untreated psychological conditions which present in an extreme state
- Pre-migration
  - Depression, PTSD, anxiety, grief
  - Guilt, loss of a sense of hope and meaning
- Post-migration/resettlement
  - Stresses of resettlement
  - Cultural adjustment/family dynamics/changing gender roles
- Post Traumatic Stress Disorder
  - Nightmares, insomnia, concentration difficulties, uncontrollable anger, withdrawal, flashbacks

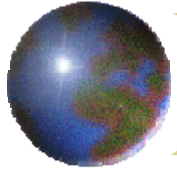




## *‘Continuous Traumatic Stress Disorder’*

- Detention
- Temporary Protection visas
- Family reunion
- Racial prejudice
- Bureaucratic technicalities
- Foreign culture and language
- Poverty
- Disintegration of family life
- Isolation
- Intergenerational issues
  - Eg arranged marriages, chaperoning





# *Recovery*

- Resilience
- Healthcare
- Education
- Housing
- Gender issues
- Secure and safe environment
- Freedom to practice religion
- Assistance with learning about transport, shopping
- Finding meaning, purpose and a sense of control over their lives
- Restoration and attachment to other human beings





*Remember, every  
encounter with a  
refugee is an opportunity to  
heal the past  
and  
bring hope  
for the future*

