What GPs should know when providing health care for refugees

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Learning Objectives

1. Have an increased awareness of the significant cultural issues and health beliefs for the main multicultural groups in Australia.

2. Access community resources that can assist in the management of women from different cultures and therefore provide increased support to these women.
Overview

- Definitions
- Humanitarian visa streams
- Language & Culture
- Resources
- Refugee women’s health
Definition of a Refugee

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

UN Convention 1951

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Asylum seeker

- An asylum seeker is a person who has fled their own country and applied for protection as a refugee.
How do refugees and asylum seekers get to Australia?

Plane
- As part of the Commonwealth’s Humanitarian Program
- Enter Australia on visitor or student visa then apply for asylum (6316 people in 2010-2011 mostly from PRC)

Boat
- “Unauthorised marine arrivals” (5175 arrivals in 2010-2011)

*It is not illegal to seek asylum in Australia*
Population Flow into WA 2010-2011

34,233 permanent additions to WA population

- Skilled stream 19,713
- Family stream 6,699
- NZ 5,288
- Humanitarian Program 2,248 (6.7%)

Source DIAC
Humanitarian Flows into WA 2010-2011

2248 in total

- Offshore program 817
- Onshore 1431

Afghanistan 32.1%
Iraq 15.5%
Sri Lanka 12.9%
Hazara people from Afghanistan

- Hazara people - third largest ethnic group in Afghanistan (10%)
- Speak a language similar to eastern Persian
- Shia Muslims
- Physical appearance and some cultural aspects suggest Mongolian ancestors
- Post Soviet era Afghanistan, Hazara people oppressed by Taliban (ethnic Pashtun)
Arrival in Australia by boat
Initial health and security check
Detained in Immigration Detention Centre
Health care provided by IHMS

Onshore protection visa 866

Released into Community Detention
Still under care of DIAC
Provided with housing and essentials but still detained
Children can attend school
No work rights or Medicare
Health care contracted to private GPs by IHMS

Permanent resident of Australia

Granted Bridging Visa and released into community
Six weeks intensive support from Red Cross
Limited access to Medicare
Works rights
Expected to support themselves
Risk of exploitation and homelessness

Deported

Onshore protection visa 866

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Permanent Protection Visa (visa classes 200-204,866)

- Refugees outside Australia who are identified by the UNHCR and referred to the Australian Government for resettlement
- IMAs granted visa after being detained

Rights;
- Permanent residents of Australia
- study in Australian schools and universities
- access healthcare through Medicare and the Pharmaceutical Benefits Scheme (PBS)
- access certain social security payments (subject to waiting periods)
- be eligible for Australian citizenship (subject to the residence eligibility criteria)
- May propose or sponsor relatives for permanent residence
Why is it important to know about Refugee Health?
Patients from refugee backgrounds

- Often coming from situation of under-nutrition and food insecurity
- Poverty, drought, poor agricultural practices
- Conflict
- Trauma, torture
- Communicable diseases (TB, HIV, Syphilis, Helminths)
- Poor public health programs – sanitation, oral health
- May be moving to an area near YOU!
Using Interpreters

An issue of quality patient care
True or False

1. GPs are charged an hourly rate to use TIS
2. It is the patient’s responsibility to provide an interpreter
3. Accredited interpreters are bound by their professional code of conduct to maintain patient-doctor confidentiality
4. Doctors can refuse to see a patient on the grounds they don’t speak English
Interpreters

- Despite being free and easy to access, TIS is underused and frequently misunderstood by GPs.
- Evidence suggests that patient satisfaction and quality of care is improved when interpreters are used for CALD patients.
- A failure to use an interpreter may constitute a breach of duty of care especially in where informed consent is required or there is an adverse outcome.
In what circumstance is it ok to use;

- An adult relative or friend to interpret?
- The patient’s child to interpret?
- A receptionist who speaks the same language?
- A GP who speaks the same language?
When we don’t use interpreters..

CALD clients

- have worse understanding of diagnosis and management
- have more tests done at higher cost
- Have poorer compliance with treatment
- Are more likely to be hospitalised
- Are more likely to experience delays in assessment, treatment and discharge from hospital
Adverse outcomes

The evidence suggests that quality of care is compromised for CALD clients when untrained interpreters are used.

Especially high risk of adverse consequence when children are used for interpreting (errors, embarrassment)

(Flores, G, Med Care Res Rev 2005;62; 255)
Cultural Beliefs and Cultural Awareness

is the initial step toward understanding difference – what constitutes a cultural group, their rituals, customs, behaviours and practices

Ramsden 1990 cited in Nguyen 2008
It is true that in some cultures, illness may be attributed to

- Evil spirits
- Bad karma
- Migration – being separated from country
- Bad deeds
- Cultural alienation
- Role in society (women)

......but
Watch out for stereotypes!

- Any attempt to raise cultural awareness runs the risk of stereotyping those from different ethnic groups (Carrillo 1999 cited in Wright 2002)
- Within any culture, individuals will vary considerably
- Cultures themselves are never static (Wright et al 2002)
- It would be impossible to memorise all cultural belief systems of all the emerging communities in WA
First step - reflect on your own cultural beliefs

- All people are cultural beings
- Culture influences all peoples norms, values and behaviours
- Culture influences how all people understand, interpret and respond to themselves, other people and the world around them
- Because of culture, all people are inclined to be ethnocentric

Wright et al 2002
Step Two

- We need a cultural assessment tool rather than a series of lists
Getting background information

- Where were you born and how long have you lived in Australia?
- What is your ethnic affiliation?
- Who are you major support people?
- What are your first & second languages? Literacy?
- What is your religion and how important is it to you?
- Is your income enough to meet the needs of you and your family?

Adapted from Wright et al 2002
Cultural Assessment Tool 1

1. What do you think caused your problem?
2. Why do you think it started when it did?
3. What do you think your illness does to you?
4. How severe is your illness? What do you fear most about it?
5. What kind of treatment do you think you should receive?
Cultural Assessment Tool 2

6. Within your own culture, how would this be treated?
7. How is your community helping you with your illness?
8. What have you been doing so far for your illness?
9. What are the most important results you hope to get from treatment?

Adapted from Wright et al 2002
Culture shock – from Mae La to Perth in 24 hours
Post migration stressors

- Rent
- Language
- Income
- Navigating the system
- Getting the kids to school
- Lack of social supports – important of extended family, kinship
- Food
- Family left behind – grief, financial stress
Resources
Humanitarian Entrant Health Service

- Formerly Migrant Health Unit
- In operation > 30 years
- Post arrival health screening for all refugees settling in WA
- Free and voluntary service

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The HEHS assessment

- Clients seen as family group
- On site competent interpreter
- Nursing assessment – medical, social, obstetric and immunisation history
- Screening bloods and CXR
- Review a week later with medical officer including K10 and oral examination
- Treatment, immunisation and management plan
Screening blood tests (voluntary)

- FBC and Iron studies
- LFTs
- Vitamin D and Calcium
- Hepatitis B serology (including Hep B Core Ab)
- Hepatitis C serology
- HIV serology
- Syphilis
- FVU (ages 16-30, hx of sexual assault)
Other tests to consider

- Schistosomiasis serology
- Strongyloides serology
- Tuberculosis – Quantiferon < 35 yr, CXR > 11 yrs
- Haemoglobinopathy screen – Sickle cell anaemia
- Malaria – can be subacute presentation
Catch-up Immunisations

- Need to take history from patient/carer
- Adults from resource poor countries often have never had primary course of ADT or Polio
- Mothers have often been given dT in childbirth
- Children who have lived in refugee camps have often been immunised and will have vaccination cards with them
- People released from detention centres in Australia have received some immunisation – sometimes over immunised
- People arriving through offshore program will usually have an MMR before departure. Need 2\textsuperscript{nd} dose.
If you are seeing a refugee for the first time, ask them if they have been to HEHS or Migrant Health.

We can forward you health summary and catch up immunisation plan

9222 8500

HEHS@health.wa.gov.au

No need to re-screen if attended HEHS
WA Tuberculosis Control Program

If you suspect active TB infection, don’t do a Quantiferon!!

1. Sputum, sputum, sputum
2. Contact the WA TB Control Program
   - Dr Justin Waring (Medical Director)
   - 9222 8500
Refugees and Tuberculosis

- Around 30% of refugees screened at HEHS have Latent TB Infection
- Around 10% will re-activate in first 2 years after migration
- Refer to TB Control for prophylactic therapy
- Very few have active TB on arrival due to strict pre-departure assessment.
Established 2005-6 by Drs David Burgner and Gervase Chaney:

Medical staff: 2 Paediatricians (0.2/0.3 FTE), 1 GP, (0.2 FTE) 1 IDRH Fellow (1.0 FTE)

Nursing staff: RHLN (2 part-time = 1.0 FTE) Community RHN (0.2 FTE), Enrolled nurse (Monday clinic)

Dietitian (0.2 FTE)

Social Worker (0.2 FTE)

Hospital School Services Liaison (0.2 FTE)

Volunteers (Bus drivers and assistance for families during clinic)

Paediatric Dentist (0.2 FTE – research capacity only)
ASeTTS  Association for Services to Torture and Trauma Survivors

- provides services to people who are refugees or are from a refugee type background and who have experienced torture or trauma in their country of origin, during their flight to Australia, or while in detention
- Counselling, advocacy, community development, youth support, good food for new arrivals
- Free service for first six months after arrival

286 Beaufort Street, Perth WA 6000
Phone: + 61 8 9227 2700
E-mail: reception@asetts.org.au
WA Trans-cultural Mental Health Service

- WATMHC is a state-wide specialist service, specifically funded to address the special mental health needs of Culturally and Linguistically Diverse (CALD) communities around WA.

Department of Psychiatry
Royal Perth Hospital
Tel: 08 9224 1760 Fax: (08) 9224 1786
Department Email Address:

rph.psychiatry@health.wa.gov.au
Help for Asylum seekers

**CARAD**
- volunteer organisation, financial, accommodation and community support for asylum seekers in community.
- 9227 7322
- www.carad.org.au

**Australian Red Cross**
- Administers the Asylum seeker assistance scheme on behalf of Commonwealth
- 9225 8888
Ishar Multicultural Women’s Health Centre Inc.

- encourages the health and wellbeing of women of all ages and from all cultural backgrounds.
- Female GP
- Counselling
- Community support
- Pregnancy and perinatal support service

21 Sudbury Road, Mirrabooka, WA 6061
Tel: +61 9345 5335
Email: info@ishar.org.au
www.ishar.org.au

Delivering a Healthy WA
Australian Society for Infectious Diseases
Refugee Screening Guidelines


Delivering a Healthy WA
Foundation House

Caring for refugee patients in general practice: A desktop guide (24pp; 4th edition)

- A concise guide that provides important summary information for GPs working with clients from refugee backgrounds

www.foundationhouse.org.au
Health care of refugee women

- Women refugees have often endured discrimination, poverty and violence in their countries of origin or countries of displacement.
- This has a major impact on their physical and psychological health.
- The experience of resettlement places further burden on their health.
- Because of the complexities of their realities, women refugees often need a multiplicity of health interventions.

*Costa D; AFP Vol 36 No 3*
Gender Based Violence

- Occurs in conflict situations, refugee camps, employment
- Pelvic injury/pain
- Sexual dysfunction
- Relationship difficulties
- STIs
- Pregnancy
Antenatal Visit

- Importance of thorough history
- “How many children do have?” vs “How many children have your given birth to?”
- Grand multiparity
- Previous obstetric complications (PPH)
- High perinatal and infant mortality
- Maternal medical conditions (hypertension)
Where did you have your baby?
Antenatal examination

Initial antenatal consultation may be the first time a refugee woman has a complete physical assessment by a health professional in Australia:

- Rheumatic heart disease
- Hypertension
- Thyroid mass
- Liver disease
- Breast lumps
- Pap smear
- FGM
Female Genital Mutilation

- Procedures that intentionally alter or injure female genital organs for non-medical reasons.
- Procedures can cause severe bleeding and problems urinating, and later, potential childbirth complications and newborn deaths.
- An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM.
- It is mostly carried out on young girls sometime between infancy and age 15 years.

- FGM is internationally recognized as a violation of the human rights of girls and women.
East and West Africa

- In Africa an estimated 92 million girls from 10 years of age and above have undergone FGM.
- Ancient custom which probably predates organised religion
- Practiced in Christian and Islamic communities
FGM Classification

1. Clitoridectomy: partial or total removal of the clitoris and, in very rare cases, only the prepuce
2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.
A. Normal

B. TYPE I

C. TYPE II

D. TYPE III

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FGM in your practice

- Be open and honest
- Don’t be afraid to ask the question
- Avoid term mutilation, patients often refer to it as female circumcision.
- Important in antenatal care and making birth plan
- Cultures which practice FGM believe it is done in the best interests of female children – hygiene, marriage, rite of passage
- In all states of Australia illegal to perform FGM and illegal to send child overseas for FGM
- If child at risk of FGM or you discover case of recent FGM – ring Child Protection Unit at PMH or DCP.
Cancer screening

- Cervical cancer screening - GP
- Mammography – HEHS refers to BreastScreen WA
Hepatocellular Carcinoma

- People with chronic Hepatitis B are at risk of developing cirrhosis, liver failure and liver cancer
- HCC is the 5th most common cancer in the world
- Those with high viral load are at higher risk of developing cirrhosis and HCC
- Increasing numbers of people of African and Asian background projected to increase HBV-related HCC cases in WA.

*Subramaniam, K. et al 2011*
HepatitisWA & Cancer Council

Hepatitis B IS EVERY FAMILY’S RESPONSIBILITY

Chronic hepatitis B slowly damages your liver. If you don’t take action, it may lead to liver damage and liver cancer. The majority of people living with chronic hepatitis B in Australia were born overseas. It’s important for you and your family to get tested. Please see your doctor.

- If hepatitis B is detected early your chance of getting liver cancer due to chronic hepatitis B reduces by 50-70%.
- When you know you have hepatitis B, your doctor can monitor the health of your liver and, if necessary, prescribe medicine to control the virus.
- If your test says that you have never had hepatitis B, being vaccinated will stop you from ever getting it.
- To find out where you can get support and information about hepatitis B in your local area, contact HepatitisWA on 9328 8538 (Metropolitan callers) or 1800 660 070 (Country callers).
- To talk to someone at HepatitisWA in your community language, call the Translating and Interpreting Service (TIS) on 131450, for the cost of a local call, and ask the interpreter to phone HepatitisWA.

GIVE THIS CARD TO YOUR DOCTOR TO SPECIFICALLY ASK FOR THE CORRECT TESTS

GP INFORMATION REGARDING HEPATITIS B

Latest evidence shows there is no such thing as a healthy carrier. Pathology requests for this patient should state ‘query chronic hepatitis B’ and ‘please bulk bill’.

Diagnostic panel of HBV serology should include:
- HBsAg (surface antigen)
- Anti-HBs (surface antibody)
- Anti-HBe (core antibody)

All three tests are needed to diagnose chronic hepatitis B status. Pre and post-test discussions must be undertaken. For more information on hepatitis B diagnosis and conducting pre and post-test discussions, GPs can visit: www.hepatitisaids.org.au

If your patient does not have hepatitis B, offer them the hepatitis B vaccination. If your patient has chronic hepatitis B, refer them to a hepatologist for assessment and to HepatitisWA for information, advocacy and support services.

THINPHIN B CAAH CHUNGKHIR KIPPTUANVO KAN NGEIH


- Thinphin B tuan ah an hmuh ahcun saupi cammi thinphin ruang ah khamer a chuaal dingmi 50% in 70% tiang a zawer.
- Thinphin B na neegh naa theih ahcun, na sibawi nih na thn a thlawp khawh lai, a heh ahcun zawtnak hirik khamtu si zong an pek la.
- Tesnak ni thinphin B laez tib hmahm ah na neel bal la an ti ahcun, rase kham si chuunhak in hmaelaw zawtnik a kham khawh.
- Thinphin B he pehla in na pawngkam bawhmhak hmuh khamhaw kging caah (Hepatitis WA) 9328 8538 (khuaspichum ummi caah) sliide 1800 660 070 (khuakam ummi caah) ah pehthahnakh tush.
- Nal holh in WA Thinphin lea tsuunmi ti chawh nh duh ahcun holh lenkhn riak (TIS 13 1450 ah au, khuaschung chawh man zab in au law, holhthik iha WA Thinphin (Hepatitis WA) zung ah ka ahh paik tsh tsh.

A HMANNMI HNGALHNH CA AH MAH CARD HI NA SIBAWI PE
Humanitarian Entrant Health Service
Suite 1, 311 Wellington St
Perth WA 6000
9222 8500