

Caring for Refugee Patients in General Practice

A desk-top guide

3rd Edition



- 1. Caring for the refugee patient**
- 2. Identifying patients from a refugee background**
- 3. Engaging a professional interpreter**
- 4. Consultation and management**
- 5. Medical history, examination and immunisation**
- 6. Diagnoses to consider: a syndromic approach**

- 7. Physical examination of refugee patients**
- 8. Undertaking investigations**
- 9. Psychological sequelae**
- 10. Settlement support**
- 11. Asylum seekers and Temporary Protection Visa holders**
- 12. Referral and further information**

Prepared by the Victorian Foundation for Survivors of Torture Inc. with the assistance of GPs and specialists in refugee health.



Foundation House

The Victorian Foundation for Survivors of Torture

This revised publication has been produced with funds from the Australian Government Department of Health and Ageing. The views expressed in this publication are not necessarily the views of the Australian Government.

Design by markmaking

Photos reproduced courtesy Ian McKenzie and Associates

© The Victorian Foundation for Survivors of Torture Inc. July 2007
First published 2000, 2nd edition 2002, 3rd edition July 2007.
ISBN 0 9752132 7 X

This guide has been produced to support GPs in caring for refugee patients. More detailed information can be found in the companion publication, *Promoting Refugee Health: A Guide for Doctors and Other Healthcare Practitioners Caring for People from Refugee Backgrounds* available to download at: www.foundationhouse.org.au or call 03 9388 0022 fax: 03 9387 0828 email: info@foundationhouse.org.au

A Health Assessment Tool has been developed under the auspices of the General Practice Divisions of Victoria (GPDV) to guide GPs in carrying out refugee health assessments. It is available at: www.gpdv.com.au

While best efforts have been made to ensure the accuracy of the information presented in this publication, readers are reminded that it is a guide only. It is understood that health practitioners will remain vigilant to their clinical responsibilities and exercise their professional skill and judgement at all times.

The Victorian Foundation for Survivors of Torture cannot be held responsible for error or for any consequences arising from the use of information contained in this publication, or information in linked websites, and disclaim all responsibility for any loss or damage which may be suffered or caused by any person relying on the information contained herein. Please note that website referral sites may alter and it is recommended to link to the host site to search for further information.

Please contact Foundation House if referral or other information has changed at info@foundationhouse.org.au

1. Caring for the refugee patient

Each year many thousands of refugees settle in Australia from regions such as Africa, the Middle East and Southeast Asia, where they have endured conflict and persecution. These people have a higher rate of long-term physical and psychological problems than other migrants, due in large part to their exposure to deprivation, conflict and oppression. One in four will have been subject to torture or severe human rights violations, with almost three in four being exposed to traumatic events such as forced dislocation, prolonged political repression, refugee camp experiences and loss of, or separation from, family members in violent circumstances.

The Medical Benefits Schedule (MBS) Items 714 and 716, for the Health Assessment for Refugees and other Humanitarian Entrants, were introduced in May, 2006. They enable GPs to undertake a complete history, examination, investigation, problem list and management plan for new arrivals, many of whom will not have had access to comprehensive health care for some years. They:

- will usually require a professional interpreter
- may not have undergone pre-departure screening or have medical conditions that were not picked up
- may have physical and psychological sequelae associated with pre-migration trauma and torture
- may be experiencing medical conditions that are uncommon in Australia
- may be struggling with the practical tasks of settling into Australia and not know where to get assistance
- may require an approach to consultation and management which accommodates the impact of past trauma, prior experience of health care, cultural differences and the stresses of resettlement.

2. Identifying patients from a refugee background

If your patient speaks a language other than English and comes from a country which has a history of conflict and human rights violations eg, Sudan or Burma, they are likely to be from a refugee background. A country of asylum or transit, eg, Kenya, Egypt or Thailand, can also suggest a refugee background. Country of birth is not necessarily an indication of ethnicity or religious background. Clients from refugee backgrounds can also be identified by their visa number which indicates the category of Australia's Humanitarian program under which they arrived. This includes entrants with the following visas:

OFFSHORE REFUGEE

- 200 Refugee
- 201 In Country Special Humanitarian
- 203 Emergency rescue
- 204 Women at Risk

OFFSHORE – SPECIAL HUMANITARIAN PROGRAM

- 202 Global Special Humanitarian

OFFSHORE – TEMPORARY HUMANITARIAN VISAS

- 447 Secondary Movement Offshore Entry Temporary
- 451 Secondary Movement Relocation Temporary
- 786 Temporary Humanitarian Concern

ONSHORE PROTECTION PROGRAM including:

- 866 Permanent Protection Visa (PPV)
- 785 Temporary Protection Visa (TPV)

ASYLUM SEEKERS (see Section 11)

Consider marking patient files to aid future identification, particularly patients with special needs.

Pre-arrival health screening

- Visa Medical: All refugee and humanitarian entrants undergo a basic medical examination during visa application process.
- Pre-departure Medical Screen: a proportion of applicants undergo this health check about 72 hours prior to departure. Results are recorded on a Health Manifest.
- Health Alerts: provide notification of any potentially serious concerns picked up during a medical screen to ensure follow up on arrival. See www.health.gov.au/internet/wcms/Publishing.nsf/Content/cda-cdna-health-screen-protocol.htm
- Health Undertaking (see Section 5)

For further information on country backgrounds:

- Australian Department of Immigration And Citizenship (DIAC) www.immi.gov.au/living-in-australia/delivering-assistance/government-programs/settlement-planning/community-profiles.htm
- AMEP Research Centre www.nceltr.mq.edu.au/pdamep/factsheets.html
- World Health Organisation www.who.int/countries/en/
- United Nations High Commission for Refugees www.unhcr.org/cgi-bin/texis/vtx/rsd
- US Committee for Refugees and Immigrants www.refugees.org/article.aspx?id=1565&subm=19&ssm=29&area=Investigate&
- Amnesty International: Refugees and Migrants <http://web.amnesty.org/pages/refugees-index-eng>

3. Engaging a professional interpreter

Most recently arrived refugees do not speak English. There is the risk in involving family, friends or untrained personnel as interpreters, that confidentiality will be compromised or that they will be exposed to information of a sensitive and traumatic nature. Further, a high level of technical competence in both English and a second language is required to interpret medical information otherwise information may be relayed incorrectly. Confidentiality is part of a professional interpreter's code of ethics. Optimal communication reduces anxiety as well as facilitating the consultation.

Booking and using an interpreter

- Enlist the cooperation of administrative staff to implement a system for booking interpreters and ensure all staff are aware of these systems in order to facilitate interpreter access.
- In a community health centre or hospital, check existing booking procedures and interpreter access as arrangements vary from service to service.
- GPs and specialists in **private practice** can book an on-site interpreter for Medicare-related services free of charge. **Bookings must be made two weeks in advance** by the doctor (or their staff). The advanced booking requirement may be waived if medically indicated.
- On-site interpreters are available for appointments between the hours of 9am and 4.30pm. In extraordinary circumstances they can be arranged out of these hours.

- Fax information to the Translating and Interpreting Service (TIS) using the *Request for On-site Interpreter* form enclosed.
- Plan consultations in advance where possible so that an interpreter can be present, and a longer consultation time allowed.
- Where advance booking is not possible, the TIS telephone interpreter service is also available free of charge to private practitioners (24 hours, 7 days a week), phone **1300 131 450** (Doctors Priority Line).
- A telephone interpreter can also be booked in advance using the *Request for Pre-booked Telephone Interpreter* form enclosed.
- Ideally a hands-free speaker telephone or two hand sets should be used when working with a telephone interpreter.
- Establish if the patient has a preferred language, ethnicity or gender of interpreter.
- Choose seating arrangements that will enable direct communication with the patient.
- Each state/territory will have additional interpreter services (see Section 12).

An online resource for how to work with interpreters is available on www.dhs.vic.gov.au/multicultural

Translating and Interpreting Service Request for Pre-Booked Telephone Interpreter

TIS may use a range of means to communicate with you. However, electronic means such as facsimile or e-mail will only be used if you indicate your agreement to receiving communication that way. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with. If you agree to TIS communicating electronically with you, the details you provide will only be used by TIS or its contractors, for the purpose for which you have provided them.

I authorise TIS to communicate with me via **e-mail** **facsimile**

Your e-mail address

Information you provide will be disclosed to independent contractor(s) related to their undertaking the requested interpreting assignment(s). Each TIS contractor is obliged contractually to protect personal information revealed in the course of interpreting.

Your State: NSW/ACT NT QLD SA TAS VIC WA

Your TIS Client code

C

Language

Your Agency *
Name

Special
Language
Needs

If applicable include dialect

Booking
Contact

Full name with family name in BLOCK letters

Non-English
Speaker

Your Agency
Phone and
Fax No

Phone

Fax

Non-English
Speaker's
Phone No



date ____ / ____ / ____

start time _____ AM/PM

finish time _____ AM/PM

A. Is your client a Temporary Protection Visa (TPV) holder? Y N

B. Is the consultation related to compensation or litigation claims? Y N

If **YES to Question B**, a letter from the relevant insurance company quoting the claim number and accepting TIS charges must be attached to this request.

Office use only

Job Number

Contractor

How to make a pre-booked telephone interpreter booking



When completed, please fax or e-mail this form to:

Fax 1300 654 151

tis@immi.gov.au



TIS will allocate an interpreter and send a confirmation to you with a **JOB NUMBER**



On the day of the job, just prior to the start time of the pre-booked job:

➤ Telephone TIS on **131 450**

➤ Inform the TIS operator that you are calling about a pre-booked call

➤ Quote the pre-booked job number and TIS will connect you with the interpreter.

** Please notify TIS of any change in Billing Address*

Bookings will only be taken for appointments up to 3 months in advance from the date of request. Cancellations must be made in writing providing valid reasons for the cancellation at least 24 hours prior to the appointment or the client will be charged. The cancellation fee is for the period of the phone booking.

Translating and Interpreting Service Request for On-Site Interpreting

TIS may use a range of means to communicate with you. However, electronic means such as facsimile or e-mail will only be used if you indicate your agreement to receiving communication that way. Electronic communications, unless adequately encrypted, are not secure and may be viewed by others or interfered with. If you agree to TIS communicating electronically with you, the details you provide will only be used by TIS or its contractors, for the purpose for which you have provided them.

I authorise TIS to communicate with me via **e-mail** **facsimile** _____
Your e-mail address

Information you provide will be disclosed to independent contractor(s) related to their undertaking the requested on-site interpreting assignment(s). Each TIS contractor is obliged contractually to protect personal information revealed in the course of interpreting.

Your State: **NSW/ACT** **NT** **QLD** **SA** **TAS** **VIC** **WA**

| | | | |
|---------------------------------|---|--------------------------------------|---|
| Your TIS Client code | C | Language | |
| Your Agency * Name | | Special Language Needs | If applicable include dialect |
| Site Contact & Phone | Full name with family name in BLOCK letters | Non-English Speaker | Full name with Family name in BLOCK letters |
| Site Address | | Your Agency Phone and Fax no. | Phone Fax |
| Booking Contact | | | |

Client Reference/ Requirements or Nature of appointment

Option 1 date ____ / ____ / ____ start time ____ AM/PM finish time ____ AM/PM

Option 2 date ____ / ____ / ____ start time ____ AM/PM finish time ____ AM/PM

Options will assist where interpreters are not available for your first appointment option

- A.** Is your client a Temporary Protection Visa (TPV) holder? Y N
- B.** Is the consultation related to compensation or litigation claims? Y N

If **YES to Question B**, a letter from the relevant insurance company quoting the claim number and accepting TIS charges must be attached to this request.

| | | |
|------------------------|-------------------|-------------------|
| Office use only | Job Number | Contractor |
|------------------------|-------------------|-------------------|

When completed, please fax or e-mail this form to:

Fax 1300 654 151

tis@immi.gov.au

*** Please notify TIS of any change in Billing Address**

Bookings will only be taken for appointments up to 3 months in advance from the date of request. Cancellations must be made in writing providing valid reasons for the cancellation at least 24 hours prior to the appointment or the client will be charged. The minimum cancellation fee is 1.5 hours unless the booking was for a specifically longer period. A booking for multiple day interpreting with less than 24 hours cancellation notice will attract a cancellation fee equivalent to a full day's work including interpreter travel time and costs.

4. Consultation and management

Medical consultation may be a source of anxiety for refugee patients, especially those experiencing psychological sequelae (see Section 9). Symptoms such as memory loss, confusion, poor concentration and self blame may affect the patient's capacity to hear and understand instructions and to provide information to the doctor. Intrusive memories may be triggered in the course of the consultation.

Refugees may have a distrust of authority figures, among them medical professionals. For some this fear may be based on doctors having been actively involved in perpetrating or supervising torture in their country of origin. Others may have uncertainties about their immigration status, mistakenly fearing deportation if they are found to have a serious health problem.

Communication difficulties may be further complicated by cultural and religious differences and the patient's lack of familiarity with the Australian health care system.

In consultation

- Allow time to establish rapport and trust.
- Explain and emphasise doctor-patient confidentiality, patient consent, choice and control.
- Explain procedures and be prepared to repeat information.
- Provide opportunities for the patient to ask questions or seek clarification as some will have come from other cultures in which this was not encouraged.

- Explain why you are asking certain questions.
- Understand that patients may openly show fear and hostility which are characteristic responses to trauma and may have little to do with the consultation *per se*.
- Be aware that the surgery and aspects of the consultation may be reminders of past trauma (eg, being made to wait, sudden movements, seating arrangements, medical instruments).
- Consider suspending and rescheduling procedures, if the patient becomes overly anxious.
- Consider a team approach, working closely with reception staff, practice nurse, other doctors and practice or health centre management.

Ongoing management

- Assessment and management can take place over several sessions if a gradual approach is indicated.
- When deciding whether or not to proceed or defer certain questions or an invasive procedure, consider the importance of establishing rapport and trust with the patient, and of ensuring that they fully understand any procedure and the reasons for performing it.
- Consider gender issues, for example, male GPs may consider referring female patients to a female doctor; a male patient may prefer a male doctor.

- Consider a patient-held record, particularly for immunisations, as refugee patients are likely to move frequently in the early settlement period.
- Establish if there are any cultural or religious factors that need to be accommodated in your care.
- Explain the culture and the structure of the health care system; the role of the GP; and the patient's health care entitlements and rights.
- Allow some flexibility with appointments as patients may be unfamiliar with appointment systems or be experiencing anxiety, sleep or memory problems, which may affect compliance.
- Consider an appointment reminder call, particularly in the early settlement period.

Referral for investigations and specialist management

- Be aware in assessing the need for investigations and specialist referral that these can involve a great deal of organisational effort on the part of the refugee patient and may require additional practical support.
- With the patient's permission, brief specialists about the need for an interpreter and any other special needs.
- Given language difficulties and lack of familiarity with specialist referral procedures, consider making the first appointment for the patient.
- Consider requesting that patients be charged the Medicare Benefits Schedule fee only for specialist services, or alternatively refer to a public hospital.

- Consider other Medicare item numbers useful when billing refugee patients, eg, case conferencing, mental health, practice nurse and enhanced primary care.

Prescribing

- Many refugee patients come from areas where pharmaceuticals are poorly regulated and they may be unaware of the consequences of inappropriate dosing.
- Compliance may also be affected by language problems. An interpreter can write instructions in the patient's own language or instructions may be conveyed diagrammatically.
- A PBS listed drug is highly preferable owing to financial difficulties, as is generic prescribing.
- Take into account a patient's cultural or religious practices. This is particularly the case for Muslim patients.
- As ethnicity may affect the efficacy and side-effects of medication, commence patient on a lower dose of medication and increase it slowly, dependent on clinical need.

5. Medical history, examination and immunisation

A comprehensive health assessment, particularly for new arrivals is recommended because:

- Humanitarian entrants often have relatively poor health status and are likely to have had limited access to health care
- pre-arrival screening is limited and follow-up treatment focuses on serious communicable disease
- not all patients are screened and a disease may be contracted subsequent to, or missed in, the screening process
- some health problems experienced by people from refugee backgrounds are asymptomatic, but nonetheless may have serious long-term health consequences (eg intestinal parasitic infection, vitamin D deficiency, hepatitis B)
- it optimises the opportunity for early intervention, helping to ensure that physical and psychological problems do not become enduring barriers to settlement
- sensitively administered, a thorough medical examination can reassure the patient and contribute to their psychological recovery.

Immunisation

Vaccine preventable diseases are endemic and/or epidemic in many countries of origin of refugee families. As many refugee patients may have incomplete immunisation or unsatisfactory records of vaccination, their vaccination status should be reviewed, with patients being offered immunisation according to the recommendations of the *Australian Immunisation Handbook* www9.health.gov.au/immhandbook/.

It outlines immunisation requirements for adults and children, along with procedures for obtaining prior consent for vaccination. Also see the Quick Guide Catch-Up Immunisation www.health.vic.gov.au/data/assets/word_doc/0014/860/quick_catchup.doc

The Health Undertaking

Entrants in whom certain infectious diseases are detected in the course of pre-arrival screening may be subject to a Health Undertaking ie, approved for entry on the condition that they present for follow-up monitoring. It is the responsibility of the applicant to contact the Health Undertaking service by ringing the number listed on the Health Undertaking form issued prior to migration. However some applicants may be uncertain about their obligations or how to fulfil them. Contact your state or territory public health facility or TB service (see Section 12) if you require more information.

Free translation of medical documents

If a patient has a medical report or vaccination certificate issued prior to migration, the Translating and Interpreting Service will provide translation into English in the form of an extract or summary. This service is free of charge to Australian citizens or permanent residents within two years of their arrival or grant of permanent residence. For information on eligible persons and documents see: Help with Translations www.immi.gov.au/living-in-australia/help-with-english/learn-english/client/translation_help.htm

6. Diagnoses to consider: a syndromic approach

TABLE 1

| Significant symptoms | Important diagnoses to consider in refugee clients |
|-----------------------------|---|
| Fever | Malaria, influenza, tuberculosis-pulmonary or extra-pulmonary, filariasis, HIV, Salmonella Typhi, rickettsial disease, dengue, hepatitis, dental infections, rheumatic fever, PID, pyogenic abscess, osteomyelitis and other bacterial infections, yellow fever/haemorrhagic fever (if <2/52) in Australia. |
| Jaundice | Hepatitis A/B/C/E/other, malaria, typhoid sepsis, leptospirosis, liver abscess or other liver or gall bladder disease, haemolysis, drug induced eg, isoniazid, alcohol |
| Tiredness/ weakness | Anaemia, iron deficiency, pregnancy, depression/anxiety/PTSD, thyroid disease, diabetes, HIV, TB |
| Appetite loss | Intestinal parasites, constipation, depression/anxiety/PTSD, H pylori, chronic disease, malignancy |
| Weight loss | TB, HIV, malignancy, thyroid disease, diabetes, infective endocarditis or other chronic infection, food insecurity, depression/anxiety/PTSD, bereavement, eating disorders, dental problems, intestinal parasites |
| Abdominal pain | Peptic ulcer/gastritis/H Pylori infection, constipation, parasitic infestations, PID, malignancy |
| Diarrhoea | Giardia, Amoebiasis, Bacterial infection such as Salmonella, Shigella, Cholera, Campylobacter, Intestinal parasites, HIV |
| Breathing difficulties | Asthma, COPD, tuberculosis, pneumonia. Other lung disease such as pulmonary eosinophilia, obesity, rheumatic and other heart disease, anxiety |
| Cough | Acute respiratory tract infection, tuberculosis, asthma, COPD, rheumatic heart disease, bronchiectasis, reflux, medications |
| Muscular/joint/chronic pain | Vitamin D deficiency, injuries, muscle strain, osteoarthritis and other types of arthritis, infectious diseases eg, rheumatic fever, TB, osteomyelitis, sickle cell crisis, psychosomatic illness, congenital abnormalities |
| Headache | Meningitis, tension headache, hypertension, depression/anxiety/PTSD, refractory errors of the eye and other eye disorders, cervical spine dysfunction, thyroid disease, sinusitis, previous head injury, migraine, infections, raised intracranial pressure |
| Dysuria / Haematuria | UTI, schistosomiasis, gonorrhoea, chlamydia. herpes, tuberculosis, prostatitis, bladder carcinoma |
| Fits, faints, funny turns | Anaemia, epilepsy, postural hypotension (due to inadequate fluid intake, alcohol and other substance use), diabetes, pregnancy, culture bound syndromes, panic attacks, anxiety/depression/PTSD |
| Paraesthesia | Diabetes, nutritional deficiency, leprosy, syphilis, other causes of peripheral neuropathy |
| Altered mental state | Acute sepsis, cerebral malaria, meningitis, encephalitis, CNS disease, diabetes, drugs, psychosis. |

7. Recommended physical examination of refugee patients

TABLE 2

| Physical examination | Sign | Diagnosis to consider in refugee clients and notes |
|----------------------------------|--|---|
| Height /Weight, percentiles/ BMI | Low BMI/percentile | Malnutrition/ chronic infection eg, parasites, tuberculosis, depression, obesity/ western style diet. See Section 6. |
| BP | High BMI/percentile Hypertension Hypotension | <ul style="list-style-type: none"> • Repeated measurements useful especially in children • May be chronic and undiagnosed, or secondary to anxiety • Poor fluid intake/excessive coffee intake |
| Temperature | Fever | See Section 6. • Correlate with length of time since arrival, recent country resided in and other symptoms and signs eg, cough, rash etc |
| Peripheries/Skin | Scarring | Torture, trauma, burns, keloid, BCG scar |
| | Rash | Fungal infections, scabies, cutaneous larva migrans, other creeping eruption |
| | Itch | Dry skin, eczema, scabies, onchocerciasis, psychogenic |
| | Altered pigmentation | With anhidrosis/anaesthesia: leprosy, |
| | Hair loss | Fungal infections, psoriasis |
| | Nail changes | Onychomycosis, koilonychia (prolonged fe deficiency) |
| | Spider naevi | Liver disease, B12 deficiency, pregnancy |
| | Ulcers | Cutaneous leishmaniasis, bacterial, tropical |
| Eyes | Oedema | Lymphoedema — filariasis |
| | Jaundice, anaemia | See Section 6. |
| | Pterigia | |
| | Cataracts | |
| | Xerophthalmia | Vitamin A deficiency dryness and ulceration |
| | Squint | |
| | Refractive error | |
| Lid scarring | Trachoma scarring, nodules (like sugar crystals under upper lid) | |

TABLE 2 CONTINUED FROM ABOVE

| Physical examination | Sign | Diagnosis to consider in refugee clients and notes |
|-----------------------------|--|---|
| Ears | Discharge Perforation Deafness | Chronic suppurative otitis media Chronic infection, traumatic (head injury/explosions) |
| Dental | Dental caries Missing teeth Gum disease | Torture trauma, cultural practices Gingivitis/ vitamin C deficiency |
| Neck | Goitre Lymphadenopathy | Iodine deficiency/ hypo/hyperthyroidism See below |
| Lungs | Localised crepitations Generalised crepitations Cavitations/ pleural effusions | Bronchitis/ Bronchiectasis, pneumonia Congestive cardiac failure (may be secondary to rheumatic/ischaemic heart disease, anaemia) Tuberculosis |
| Heart | Wheezing Heart murmurs Pericarditis | Pulmonary eosinophilia, asthma Rheumatic heart disease, undiagnosed congenital heart disease Tb, Hypertensive cardiomegaly |
| Abdominal | Hepatomegaly and/or tenderness Splenomegaly | Hepatitis (viral, alcohol other), Schistosomiasis, Thalassaemia, Amoebic or pyogenic liver abscess, Hydatid, Hepatic carcinoma, Subphrenic abscess, Visceral leishmaniasis, Chronic liver disease, Malaria Typhoid, Malaria (with hepatomegaly), Visceral leishmaniasis, Thalassaemia, Bacterial endocarditis, Liver disease |
| Lymph nodes | Generalised lymphadenopathy Localised lymphadenopathy | TB, HIV, Toxoplasmosis, Lymphoma TB, Lymphogranulosum venereum, Lymphoma or other malignancy, Toxoplasmosis, Chancroid |

TABLE 2 CONTINUED FROM ABOVE

| Physical examination | Sign | Diagnosis to consider in refugee clients and notes |
|-----------------------------|---|--|
| Skeletal/muscular | Bony deformity Joint disease Chronic bone pain and tenderness | Old fractures – May be malunited, or other trauma, vitamin D deficiency Osteoarthritis, TB, inflammatory arthropathy, TB, osteomyelitis |
| Male genitalia | | Urethritis, filariasis, epididymitis, |
| Female genitalia | Pelvic tenderness Vulval scarring, fistulae | Chronic PID, previous endometritis FGM |
| CNS and PNS | Hyper-reflexia Decreased sensation Weakness | Thyroid disease, anxiety Diabetes, with thickened peripheral nerves-leprosy Malignancy or other space occupying lesion |
| Urinalysis | Blood Leucocytes, protein, glucose | Infection eg, UTI, STI, Schistosomiasis undiagnosed renal disease, diabetes with Leucocytes |

8. Undertaking investigations

Investigations will depend on the client's symptoms, country of origin and transit.

Routine tests recommended by Australasian Society for Infectious Diseases (ASID) are:

- Hepatitis B serology (Hep B sAb/sAg/cAb)
- Hepatitis C Ab
- HIV
- Mantoux or interferon gamma assay eg, quantiferon gold test (validated if > 18, medicare rebate if immunocompromised)
- Schistosomiasis IgM/IgG
- Strongyloides serology
- Syphilis RPR/TPPA
- Malaria antigen and thick and thin film

Other important tests in refugees from resource poor settings include:

- FBE
- Ferritin
- LFTs
- Vitamin D level (if dark skinned or veiled or other risk factor)
- Vitamin A level if < 15 years (WHO advocates empirical treatment for risk groups)
- Stool MC+S COP if paediatric or abdominal symptoms
- Urease breath test for H Pylori if upper abdominal symptoms

STI screen if previously sexually active including:

- First pass urine PCR for chlamydia and gonorrhoea, (or urethral or cervical swabs)
- Blood testing as above for Hep B,C, HIV, Syphilis
- Other chronic disease and cancer screening according to age eg, PAP, glucose, etc.

Investigation results

TABLE 3: AN APPROACH TO COMMON INVESTIGATION RESULTS

| Test/result | Differential diagnosis | When to treat, refer, notes, follow up |
|------------------------|--|--|
| FBE/microcytic anaemia | Iron deficient anaemia thalassaemia | Treat Iron deficient anaemia and recheck FBE, Fe studies +/- Haemoglobin electrophoresis, after 3m |
| Fe studies | Fe deficiency, Low ferritin, low serum iron, increased TIBC | Investigate and treat cause of anaemia, rule out hookworm infection, If dietary cause educate about iron rich diet, 3 months of Iron treatment, then repeat bloods, if not resolving, investigate further |
| FBE Eosinophilia | Worms eg, strongyloides, hookworm, schistosoma, Filariasis, hydatid disease, cysticercosis, cutaneous larva migrans, tropical pulmonary eosinophilia | Further investigations for type of parasite, if not resolving after treatment refer to infectious diseases |
| Faecal specimens | Pathogenic: | Entamoeba histolytica Ascaris lumbricoides Giardia intestinalis Hookworm (Ancylostoma or necator) Tapeworm (Taenia spp) Whipworm (trichuris spp) See Antibiotic Guidelines for treatment |
| | Non Pathogenic: | Entamoeba coli Entamoeba hartmanii Entamoeba gingivalis Endolimax nana Iodamoeba butschlii Blastocystis hominis (may be symptomatic) Dientamoeba fragilis (may be symptomatic) |

CONTINUED BELOW

TABLE 3: AN APPROACH TO COMMON INVESTIGATION RESULTS CONTINUED

| Test/result | Differential diagnosis | When to treat, refer, notes, follow up |
|--|--|---|
| Vitamin D level <50 | <25 Vit D deficiency 25–50 Vit D insufficient | Check Ca, PO4, LFTs, Treat with daily D3 or megadose if available, may need long term therapy, screen family members. |
| Hep B s Ag or c Ab +ve | Hepatitis B active infection, carrier or past infection | If s Ag +ve needs LFTs, full Hep A/B/C serology, HBV viral load, alpha fetoprotein, INR, ultrasound, If abN LFTs, or cAb +ve, s Ab-ve refer Screen family members and vaccinate if non immune |
| Hep C Ab | Hepatitis C Past or present infection | Check Hep C viral DNA, LFTs, specialty review as needed |
| Schistosoma Abs | Past or present infection | If +ve titre, check stool and end uring for schistosoma eggs and blood, and FBC for eosinophilia. See Antibiotic Guidelines for treatment. |
| Mantoux test | See State/Territory Guidelines. | |
| Gamma interferon eg, quantiferon Gold | CXR and screen family members if +ve Mantoux or gamma IFN +ve If < 35 refer infectious diseases for treatment If > 35 physical exam and CXR, refer or review CXR and physical yearly for signs of TB Screen family members if +ve | |
| Syphilis results TPHA, RPR | | See Antibiotic Guidelines for treatment. |
| Strongyloides Ab | Past or present infection | Check eosinophil count and stool specimen. See Antibiotic guidelines for treatment. Follow up at 6 months and 12 months with serology and eosinophil count. |
| Malaria ICT +ve or thick and thin film +ve | Treat for malaria | Review urgently if P. falciparum, febrile or acutely unwell Refer ID advice and see Ab guidelines for treatment |
| Urease breath test for H Pylori | | See Antibiotic guidelines for H pylori treatment Follow up to ensure eradication. |

9. Psychological sequelae

It is rare for a patient to disclose a history of psychological trauma. Talking about past experiences can be psychologically beneficial. The knowledge that the patient has endured certain experiences due to their country of origin or transit is generally sufficient for you to orient your care. However psychological and psychosomatic symptoms may persist and acknowledgement of their causes may be required for ongoing management. Consider asking about past trauma only if appropriate and there is adequate time for response. Some useful questions are:

- Some people have had bad things happen to themselves and their families. Has anything happened to you or your family that could be affecting your health or the way you are feeling now?
- Do you have any problem I can help you with today that is a result of something that happened in the past?

Responding to a disclosure

- Validate the patient's reaction by acknowledging their experience and its associated pain (eg, *'That's a terrible thing you have been through'*).
- Remind patients that their reaction is a characteristic response to their circumstances. Often survivors blame themselves and see their reactions as abnormal or weak.
- Avoid false assurances. Nevertheless, indicate that with time and appropriate support, improvement can be achieved.

- Expect that the person who has disclosed a painful event may be unwilling to talk about it in subsequent consultations. Rather than pushing them to do so, talk about other things that may be currently troubling them.
- Expect inconsistencies in the person's retelling of their trauma history.
- In closing the interview, explain to the person how you are able to assist them.

Management

Medication may be required to manage symptoms which are sufficiently severe that they interfere with the patient's functioning. However there is a consensus among practitioners experienced in caring for this patient group that optimum treatment involves non-pharmacological approaches either in addition to medication or as the primary treatment modality.

When a patient presents with persistent symptoms believed to be related to trauma, consideration should be given for referral to a psychiatrist, psychologist or the specialist service for survivors of trauma and torture in your state or territory. These free and confidential services are non-denominational, politically neutral and non-aligned.

It is important to do the following:

- provide feedback to the patient on your diagnosis or opinion of their condition
- explain what are understood to be the likely causes of the condition (both psychological and physiological)
- outline treatment options so that the patient is able to make a choice
- arrange urgent psychiatric management in the usual way for patients with symptoms and behaviours such as violence to others or self-harm.

Somatic Complaints

It is not uncommon for refugee patients to somatise their psychological stress. Consider the following approaches:

- take complaints seriously and conduct appropriate examinations as this can serve to reassure patients when nothing is physically wrong, this is particularly relevant for patient's reporting rapid heartbeat
- help the patient to make connections between the body and mind; explaining the body's physiological response to extreme danger can be helpful in making this link
- avoid dismissing somatic complaints or giving reassurances that they will *'go away with time'*

- if somatic symptoms persist consider a referral for counselling and support; this may involve establishing the patient's trauma history if they have not already disclosed this to you
- specialist services for survivors of trauma and torture are located in each state and territory. (See Section 12)

Common psychological sequelae of trauma and torture

- grief
- guilt and shame
- distrust and anger
- anxiety
- depression
- Post Traumatic Stress Disorder symptoms, commonly: intrusive and recurrent memories, flashbacks, nightmares, avoidance of reminders of traumatic events, detachment from others, numbing, hypervigilance, proneness to startle.

10. Settlement support

For refugee patients the normal stresses involved in settling into a new country are often compounded by the stressful, forced and unplanned nature of their departure and the fact that many are in poor health on arrival. Accordingly, they may require the assistance of a community support agency.

If your patient has been in Australia for less than 6 months and has entered through the Commonwealth Government's Humanitarian Program they may be eligible for intensive settlement support through the Integrated Humanitarian Settlement Strategy (IHSS) (see Section 12).

If your patient has been in Australia for longer than 6 months or is ineligible for IHSS support, consider a referral to a Migrant Resource Centre or Community Health Centre (see Section 12). They can also advise on local ethnic services. Consider streamlining the referral process by developing a list of local support agencies.

Consider a referral if your patient is experiencing difficulties in accessing:

- English language classes
- advice on legal or migration matters
- adequate household and personal effects
- support for complex medical follow-up
- schooling for their children
- child care and parenting support
- housing
- income support
- employment
- social support

11. Asylum seekers and Temporary Protection Visa holders

Asylum seekers are people who arrive in Australia and subsequently apply for protection as refugees. Those arriving with valid entry documentation (eg, a student or visitors visa) are permitted to reside in the community while their application is considered.

- Some will have access to Medicare (ie, those with 'work rights') while others will not.
- They may not have undergone Commonwealth Government health screening (but will do so as part of their application).
- You may be in a position to offer them a report to assist them in their application for permanent residence. Detailed notes will be required for this purpose. In preparing reports assistance may be available from the torture and trauma service in your state or territory (see Section 12).
- Steps to contain the cost of care will be important as asylum seekers may face restrictions on their rights to employment, income support and other benefits.
- They may be eligible for assistance with health care and income support through the Asylum Seekers Assistance Scheme (ASAS).

- The process of applying for refugee status can be highly stressful, exacerbating any pre-existing sequelae associated with psychological trauma.
- Public hospitals have a duty of care at common law which curtails the refusal to provide emergency care regardless of a patient's capacity to pay. Victoria and the Australian Capital Territory provide free full hospital care and Victoria provides free ambulance and dental services for asylum seekers. (See Section 12)

Temporary Protection Visa holders

Those arriving on the Australian mainland without valid entry documentation are subject to a period of mandatory detention. If found to be refugees, they are released on a Temporary Protection Visa (TPV), usually for 3 years. Some TPV holders may have had their refugee claims processed on excised territories such as Christmas Island or processing centres located on Nauru or Papua New Guinea.

TPV holders seeking further protection must lodge another application before their visa expires. If they are found to need protection, depending on their individual circumstances, they may be granted a further temporary protection visa or a permanent protection or non-Humanitarian visa.

TPV holders may face repatriation, if at the time of applying for a subsequent protection visa, they are no longer deemed to be refugees owing to changed conditions in their country-of-origin.

- They will have undergone screening for serious communicable diseases prior to their release from detention.
- They are entitled to Medicare, a Health Care Card and Centrelink payments (Special Benefits) work entitlements, rent assistance, Family Tax Benefit, Maternity Allowance and Maternity Immunisation Allowance and short-term torture and trauma counselling. They are not eligible for job search assistance, further education or provisions enabling them to sponsor immediate family to join them in Australia.
- While they are not entitled to Commonwealth settlement support or English language classes, some state/territory and non-government agencies will provide assistance. TPV minors are eligible for Commonwealth *English as a Second Language – New Arrivals* program.
- Detention centre experiences (particularly if prolonged), uncertain migration status, limited access to settlement support and barriers to family reunification may be sources of stress, compounding existing psychological sequelae.

Other visa categories

It should be noted that in some circumstances people from a refugee background have a visa that does not entitle them to MBS yet are unable to pay for healthcare services. These circumstances may require further advice and advocacy with local health and welfare agencies, asylum seeker health services or Centrelink Multicultural Liaison Officers.

12. Referral and further information

ASYLUM SEEKERS

Australian Red Cross Asylum Seeker's Assistance Scheme (ASAS) 03 8327 7700
 Asylum Seeker Project – Hotham Mission
North Melbourne 03 9326 8343
 Asylum Seeker Resource Centre (ASRC)
West Melbourne 03 9326 6066
 Asylum Seeker Welcome Centre
Brunswick 03 9388 2459
Dandenong Community Health Centre (Asylum Seeker Clinic) 03 8792 2200
 Asylum Seeker Access to Public hospitals:
www.health.vic.gov.au/hospital/circulars/circ05/circ2705.htm
 Asylum Seeker Free Access to Ambulance Services 03 8327 7700
 Dental Care Access Program:
 Dental Health Services Victoria 03 9341 1200

CHILD PROTECTION SERVICES

(24 hours) 131 278
 Regional services see:
www.office-for-children.vic.gov.au/cp

COMMUNITY HEALTH SERVICES

Check White Pages or directory:
www.health.vic.gov.au/communityhealth/service_provider/community_health_directory.htm

DENTAL SERVICES (School and Public)

For information and location of closest provider or see Dental Health Services Victoria
www.dhsv.org.au/default.asp 1300 360 054

FAMILY VIOLENCE

Emergency Accommodation (24 hours):
 Women's Domestic Violence Crisis Service 03 9373 0123
 or 7 day crisis line 1800 015 188
Counselling, Support & Accommodation Advice:
 Immigrant Women's Domestic Violence Service 03 9898 3145
Regional Support Services:
 Barwon Domestic Violence Outreach Service
Geelong 03 5224 2903
 Eastern Domestic Violence Outreach Service
Ringwood 03 9870 5939
 Northern Family and Domestic Violence Service
Berry Street 03 9457 5087
 Women's Health West Domestic Violence Outreach 03 9689 9588
 WAYSS Domestic Violence Service
Frankston 03 9781 4658
Cranbourne 03 5990 6789
Dandenong 03 9791 6111
Narre Warren 03 9703 0044

FEMALE GENITAL MUTILATION

Clinical advice and referral contact Obstetric or Gynaecology registrar at:
 Mercy Hospital for Women 03 9270 2222
 Monash Medical Centre 03 9594 6666
 Royal Women's Hospital 03 9344 2000
 Family and Reproductive Rights Education Program (FARREP) www.health.vic.gov.au/vwhp/farrep.htm

IMMUNISATION

For advice on clinical/laboratory matters:
 Victorian Infectious Diseases Reference Laboratory 03 9342 2600
 Immunisation Clinic Royal Children's Hospital 03 9345 6399
Vaccination history of individual children:
 Immunisation Register Health Insurance Commission 1800 653 809
 The Australian Immunisation Handbook, Quick Guide: Catch-up immunization and Translated resources
www.health.vic.gov.au/immunisation 1300 882 008

INFECTIOUS DISEASES

Infectious Diseases Epidemiology & Surveillance Public Health Branch www.health.vic.gov.au/ideas/
 Department of Human Services Communicable Disease Control Section and Notification 1300 651 160
 Emergency 1300 790 733
Clinical aspects/referral:
 Victorian Infectious Diseases Service (Adults)
 Royal Melbourne Hospital 03 9342 7212
 Alfred Hospital 03 9276 6081
 Austin & Repatriation Medical Centre 03 9496 6676
 Monash Medical Centre 03 9594 4564
 Royal Children's Hospital (Children) 03 9345 5522
 St Vincent's Hospital 03 9288 2211
 Western Hospital 03 9319 6666
 Multicultural Health & Support Service (MHSS) 03 9342 9700

INTERPRETERS

Free of Charge Telephone Interpreter: Translating and Interpreting Service (TIS) (doctor priority line)
1300 131 450

On-site interpreter: Fax bookings to TIS (two weeks in advance)
1300 654 151

Fee for Service for Private Practitioners ONCALL
03 9867 3788

VITS
03 9280 1955

All Graduates
03 9230 1500

LEGAL SERVICES

Refugee and Immigration Legal Centre (RILC) Fitzroy
03 9483 1144

Victorian Legal Aid
03 9269 0234

MATERNAL AND CHILD HEALTH

Maternal and Child Health Line (24 hours) 132229
www.office-for-children.vic.gov.au/ecs/mch/overview
or check with your local council.

NUTRITIONAL DEFICIENCY

Contact specialist Refugee Health Service or Community Health Centre, see listing.

OPTOMETRY

Victorian College of Optometry **Carlton** 03 9349 7455
Braybrook 03 9334 6622

Darebin Community Health Service **Reservoir East**
03 9478 5711

Broadmeadows Health Service 03 8345 5414

Casey Community Health Service **Doveton**
03 9791 5700

Western Health **Footscray** 03 8345 6666

PSYCHOLOGICAL SUPPORT/COUNSELLING

Specialist Trauma & Torture Services:

The Victorian Foundation for Survivors of Torture
Brunswick 03 9388 0022
Dandenong 03 8791 2450

Victorian Mental Health Services: Accessing Services Directory www.health.vic.gov.au/mentalhealth/services/index.htm

Contact your nearest public hospital for information on the local mental health team.

REFUGEE & IMMIGRANT HEALTH SERVICES

Royal Children's Hospital (Children) Immigrant/
Refugee Health Clinic 03 9345 5522

Royal Melbourne Hospital (Adults) Immigrant/
Refugee Clinic 03 9342 7212

Asylum Seeker Resource Centre Health Clinic,
West Melbourne 03 9326 6033

Dandenong Hospital Outpatients: Refugee Health Clinic
03 95541000

Appointments only available by GP referral
Fax: 03 9554-8554

Greater Dandenong Community Health Service
(Asylum Seeker clinic) 03 8792 2200

Refugee Health Nurses program
Check your local Community Health Centre.

SETTLEMENT SUPPORT

Integrated Humanitarian Settlement (IHSS) Service Providers

Adult Multicultural Education Services (AMES) IHSS Consortium www.ames.net.au/settlement

Eastern Metropolitan (Greater Dandenong, Casey and Whitehorse) 03 8558 8870

Western Metropolitan (Maribyrnong, Hume, Brimbank and Moonee Valley) 03 8398 4700

Rural Victoria (includes Greater Geelong) 03 9926 4744

Migrant Resource Centres: Directory:
<http://www.vtpu.org.au/links/#migrant>

SEXUAL ASSAULT

After hours telephone counselling service:
03 9349 1766
or 1800 806 292

Sexual Assault Services: www.casa.org.au/

CASA House **Carlton** 03 9344 2210

Eastern CASA **East Ringwood** 03 9870 7330

Barwon CASA **Geelong** 03 5222 4802

Northern CASA Austin Hospital **Heidelberg** 03 9469 2240

South Eastern CASA **Bentleigh** 03 9594 2289

West CASA **Footscray** 03 9687 5811

South Western CASA **Warnambool** 03 5564 4144

Gippsland CASA **Morwell** 03 5134 3922

Goulbourn Valley CASA **Shepparton** 03 5831 2343

Mallee Sexual Assault Unit **Mildura** 03 5025 5400