Caring for Refugee Patients in General Practice

A desk-top guide

3rd Edition

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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

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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.

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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.
	High BMI/percentile	• Repeated measurements useful especially in children
BP	Hypertension	• May be chronic and undiagnosed, or secondary to anxiety
	Hypotension	• 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
	Oedema	Lymphoedema — filariasis
Eyes	Jaundice, anaemia Pterigia Cataracts	See Section 6.
	Xeropthalmia Squint Refractive error	Vitamin A deficiency dryness and ulceration
	Lid scarring	Trachoma scarring, nodules (like sugar crystals under upper lid)

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TABLE 2 CONTINUED FROM ABOVE

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

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TABLE 2 CONTINUED FROM ABOVE

Physical examination	Sign	Diagnosis to consider in refugee clients and notes
Skeletal/muscular	Bony deformity	Old fractures – May be malunited, or other trauma, vitamin D deficiency
	Joint disease	Osteoarthritis, TB, inflammatory arthropathy, TB, osteomyelitis
	Chronic bone pain and tenderness	
Male genitalia		Urethritis, filariasis, epididymitis,
Female genitalia	Pelvic tenderness	Chronic PID, previous endometritis
	Vulval scarring, fistulae	FGM
CNS and PNS	Hyper-reflexia	Thyroid disease, anxiety
	Decreased sensation	Diabetes, with thickened peripheral nerves-leprosy
	Weakness	Malignancy or other space occupying lesion
Urinalysis	Blood	Infection eg, UTI, STI, Schistosomiasis undiagnosed renal disease,
	Leucocytes, protein, glucose	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	08 9325 5111
SCALES	08 9528 6077

CHILD PROTECTION SERVICES

Department of Community Development (DCD) Central Office	08 9222 2555

plus 8 metropolitan offices. Contact suburban office see White Pages or www.community.wa.gov.au

Crisis Care	08 9223 111
	(24 hours) 1800 199 008

COMMUNITY HEALTH SERVICES

See listing under Community Health in White Pages.

There are 18 district services in Perth as well as most regional centres.

DENTAL SERVICES

For information on location of local clinics, school and emergency services contact:

Dental Services executive@dental.health.wa.gov.au	08 9313 0555

FAMILY VIOLENCE

Emergency Housing: Multicultural Women's Advocacy Service www.whs.org.au

Northbridge www.whs.org.au	08 9328 1200
Mirrabooka mwasnorth@whs.org.au	08 9344 8988
Gosnells mwaseast@whs.org.au	08 9490 4988
Fremantle mwaswest@whs.org.au	08 9335 9588

FEMALE GENITAL MUTILATION

Sexual Assault Resource Centre (SARC)	08 9340 1820 1800 199 888
	(24 hours) 08 9340 1828
Princess Margaret Hospital Child Protection Unit	08 9340 8646

IMMUNISATION

Local Child Health Centres as listed in White Pages	
Central Immunisation Clinic	08 9321 1312

INFECTIOUS DISEASES

Migrant Health Unit aesen.thambiran@health.wa.gov.au	08 9221 4445
Perth Chest Clinic cdc@health.wa.gov.au	08 9325 3922
Royal Perth Hospital	08 9224 2444
Fremantle Hospital Infectious Diseases Department B2 Clinic	08 9431 2149
Paediatric Infectious Disease Princess Margaret Hospital Dr David Burgner	08 9340 8232

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

On-Call Interpreters & Translating Agency	08 9225 7700
perth@oncallinterpreters.com.au	Fax: 08 9225 7788
WA Interpreters	08 9361 3248
	Fax: 08 9361 6428

LEGAL SERVICES

CASE for Refugees (for Temporary Protection Visa Holders)	08 9486 4987
SCALES www.law.murdoch.edu.au/scales	08 9528 6077
Legal Aid www.legalaid.wa.gov.au	1300 650 579
For information about local Community Legal Centres contact:	
Community Legal Centres Association (WA) fclc@iinet.net.au	08 9221 9322

MATERNAL AND CHILD HEALTH

Child Health Centres as listed under Child Health in White Pages.	
Health Department	08 9222 4222
Centres listed at http://www.health.wa.gov.au/services/category.cfm?Topic_ID=18	
For health information	1300 135 030

NUTRITION

Association for Services to Torture and Trauma Survivors (ASeTTS): Dietician
www.asetts.org.au 08 9227 2700

OPTOMETRY

Spectacles Subsidy Scheme 08 9222 4222

PSYCHOLOGICAL SUPPORT/COUNSELLING

Association for Services to Torture and Trauma Survivors (ASeTTS) 08 9227 2700
www.asetts.org.au

Centrecare Migrant Services
cmc@cmc-perth.org 08 9221 3793

Communicare www.communicare.org.au 08 9251 5777

REFUGEE/IMMIGRANT HEALTH SERVICES

North Metropolitan Area Health Service
Migrant Health Unit 08 9340 8646
aesen.thambiran@health.wa.gov.au

Paediatric Refugee Health Clinic
Dorothy Sermon Centre Princess Margaret Hospital
(bookings only) 08 9340 8232

SETTLEMENT SUPPORT

IHSS Department of Immigration and Multicultural Affairs www.immi.gov.au 12 18 81

IHSS Settlement Services Centrecare
Migrant Services cmc@cmc-perth.org 08 9221 1727

Metropolitan Migrant Resource Centre
admin@mmrcwa.org.au 08 9345 5755

SEXUAL ASSAULT

Sexual Assault Resource Centre (SARC)
(24 hours) 08 9340 1828
KEMH.sarcduty@health.wa.gov.au 1800 199 888

Princess Margaret Hospital
Child Protection Unit 08 9340 8646