



## Immigrant health service 2018

Department of General Medicine

## Key achievements in 2018

### Clinical care

- **1909 direct care episodes and over 150 additional consultations**; including work at the Royal Children's Hospital (RCH) and outreach to northern, western and eastern Melbourne
- **Joint medical and mental health service delivery** – embedding psychiatry and mental health nursing within our clinical team at RCH, providing great care across disciplines. In 4 months, our mental health colleagues provided 54 direct care episodes and 45 secondary consultations.
- **Medical transfers from Nauru** - coordination of transfers and care in the latter part of 2018
- **Offshore health alert cases** - coordination of transfer and care with the Settlement Health Coordinators
- **Outward-facing and linked service delivery** - ongoing delivery of refugee health care at:
  - **Craigieburn Health Service** in partnership with the Northern Hospital, with transition to a Northern Health led model from 2019
  - **EACH Community Health Centre** in Ringwood
  - **CoHealth (Footscray)** and **Your Community Health (Darebin)**
  - **RCH Tuberculosis service** linking patients to immigrant health where required.

### Education

- **39 education sessions delivered to over 2000 people**, including 19 external presentations and 6 conference presentations
- **3 new webpages** - HAPLite, Status Resolution Support Services and Adolescent health
- **16 updated webpages/guidelines** – initial assessment, immunisation, schistosomiasis, strongyloidiasis, tuberculosis screening, vitamin D, asylum seekers, asylum seeker identification, disability, developmental assessment, refugee policy and timeline, other resources, translated resources, care of children in detention, talks, research clearing house.

### Capacity building and service improvement

- **Participation in the Australian paediatric refugee health working group** – regular meetings, sharing resources, coordination and collaboration around Nauru transfers, exploring multi-centre research options
- **Immunisation** - education sessions, peer-reviewed publications, communication with primary health care providers on catch-up immunisation
- **Disability** – updated web-based resources, education sessions, NDIS support letter templates and participation in the AMES Disability Action Group
- **Status Resolution Support Services changes** – contribution to Victorian Refugee Network meetings, work with settlement services, education sessions, web-based resources and support letter templates
- **Asylum seeker identification** – RCH procedure for identification of asylum seeker patients, assistance with billing enquires, input to RCH written materials for non-Medicare eligible patients
- **Offshore health alerts** – updated web resources, provider education, development of procedure for acute clinical review process for children with health alerts (with RCH Emergency Department)
- **RCH policy on care of children in immigration detention** – policy revised and approved, subsequently adapted by New South Wales clinical services.

### Research

- **Publications** - 3 peer reviewed publications, 3 manuscripts submitted for publication
- **Review of administrative data and nursing experience of working with interpreters** – RCH Ethics approval, nursing survey and qualitative data collection completed
- **Health status of asylum seeker children** – audit of clinic cohort - ethics approval, data collection completed
- **Research clearing house** updated – more than 70 new articles added from 2018.

## Policy

- **Offshore-onshore health information transfer** - work with Department of Home Affairs (DHA), settlement services, the Refugee Health Network of Australia (RHeANA) and other stakeholders to streamline access to offshore medical information and respond to health alerts
- **Immunisation** - ongoing contribution to the Victorian Refugee Immunisation Projects, through chairing the Evaluation working group (GP), and independent program evaluation (ST)
- **Malaria** – notification of increased malaria cases back to Department of Home Affairs in collaboration with the Refugee Health Network of Australia, and liaison with the Victorian Department of Health and Human Services.

## Working groups, advisory roles, networks

### Local

- RCH Cultural Diversity Working Group and Cultural Diversity in Mental Health
- Outer Northern Refugee Network (ILR, DM, YA)
- AMES Disability Action Group (ILR)

### State

- Victorian Forced Marriage Network (YA)
- Victorian Refugee Health Network and Executive Group, Asylum Seeker Working Group (GP, ILR)
- Victorian Tuberculosis Advisory Committee (HG)
- Department of Health and Human Services Immunisation Evaluation Working Group

### National

- Refugee Health Network of Australia (RHeANA) (GP)
- Australian paediatric refugee health working group (all)
- Independent Health Advisor Panel (IHAP) until July 2018, Department of Home Affairs (GP)
- Minister's Council on Asylum Seekers and Detention (MCASD) until April 2018, Department of Home Affairs (GP).

## Background

2018 saw **increasing numbers of seriously unwell children transferred from offshore processing in Nauru**, with substantial time spent in liaison with International Health and Medical Services (IHMS), interstate colleagues, and Children's Healthcare Australasia to develop a coordinated response to receiving care; and extensive liaison within RCH. The ability to provide combined paediatric and mental health care within the Immigrant health service was an essential element of service delivery for this cohort, and we are grateful for the support of our colleagues and the RCH Executive. Other key clinical elements included increasing numbers of refugee children arriving with offshore health alerts, and the roll-out of the National Disability Insurance Scheme (NDIS) in Victoria, with limited disability services for asylum seeker children aged 7 years and older. New restrictions on SRSS access for asylum seeker families are starting to have a significant impact on our patients, leaving children and families under extreme financial and housing stress with consequent impact on their health.

As a service, we are seeing **high numbers of children with complex medical needs and/or complex disability**, and an increasing volume of children with behavioural, learning and developmental issues who require multidisciplinary input. Complex developmental and mental health presentations have been particularly notable in the children from Nauru, the majority of whom have missed significant periods of education. Completion of post-arrival screening and catch-up immunisation remains a core aspect of our work, including for the Nauru cohort, and working in partnership with a dispersed primary care model of refugee health assessment continues to present both opportunities and challenges.

**Countries of origin continue to change**, and once again we are seeing children from African source countries, particularly in late 2018. Department of Home Affairs (DHA) data show that in 2018 the most frequent source

countries for Humanitarian Programme arrivals were Iraq, Syria, Myanmar, the Democratic Republic of the Congo and Afghanistan. Over 50% of the intake were born in Iraq or Syria.

**Policy changes influencing our work in 2018** included:

- The 18 April 2018 High Court decision upholding the Fast Track Assessment Process.
- Further changes and reductions to the Status Resolution Support Services (SRSS) Program for asylum seekers. SRSS provides access to casework, income support and counselling. Since 2017, SRSS access has been reduced according to criteria, and from May 2018, new DHA legislation further tightened access requirements. We saw the first families transferred from community detention onto final departure Bridging visas, leading to extreme financial stress, and expect that more families will lose SRSS from 2019.
- The separation of the immigration portfolio from DHA in August 2018, forming the new Department of Immigration, Citizenship and Multicultural Affairs, with Minister Coleman commencing as the Minister for Immigration.
- Increasing numbers of medical transfers of unwell children from Nauru from July 2018, some with federal court injunctions for medical care, with increased public interest and debate around offshore immigration detention. This was followed by the 1 November 2018 announcement by George Brandis in London, that all refugee and asylum seeker children in Nauru would be brought to Australia. Subsequently we saw increased numbers of children in community detention and/or held onshore detention, and once again we have provided clinical care for children in Melbourne Immigration Transit Accommodation (MITA).
- The ongoing rollout of the National Disability Insurance Service (NDIS) within Hume Moreland (North), North Eastern Melbourne, Western Melbourne and Brimbank Melton (West) regions over 2018.
- The Victorian Government 2017-2018 Budget announcement regarding arrangements for early intervention equivalent access for non-resident children <7 years.
- Ongoing changes to the DHA Health Assessment Portal (HAP) containing offshore health records, and processes around offshore health alerts.

**Our focus through 2018 has continued to be clinical care, education, capacity building and collaboration, research and policy work to promote the health of children and families who are of refugee background or seeking asylum.**

## **Service model**

The RCH immigrant health service includes a weekly outpatient clinic, inpatient and outpatient consultations, and telephone and email advice. The service provides post-arrival health (including dental) screening and immunisation catch-up where needed (often completing screening commenced in primary care) and a tertiary consultation service for paediatric refugee physical and mental health issues.

Our clinic model includes the use of electronic medical records, integrated use of interpreting services, picture-based prescribing where needed and weekly meetings – with medical case discussions alternating with mental health secondary consultation meetings. We regularly liaise with case workers, settlement services, schools, refugee health nurses and primary care practitioners, allied health services and mental health practitioners, including Foundation House, to support patient care.

**In 2018 we have been able to develop a conjoint model of medical and mental health services, embedding mental healthcare within our clinical service.** In October 2017, we received an additional 0.1 EFT psychiatry with Dr Tiba Maloof employed in an ongoing role (with parent leave from February 2018). From 21 May 2018 Toni Mansfield commenced in a 0.1 EFT mental health nursing role, and from 13 August 2018 Dr Tram Nguyen commenced covering Tiba's maternity leave, embedding specialised mental health services in an ongoing capacity within our RCH clinic. Both roles are funded through the Child and Adolescent Mental Health Services (CAMHS). This has been a fantastic initiative that has been well received by patients – uptake has been straightforward, and staff and patients have appreciated the joined-up care across disciplines. Tram/Tiba's psychiatry expertise and Toni's mental health nursing

and family therapy skills have added a depth to care within our service. **In 4 months of 0.2 EFT, mental health staff provided 54 direct consultations, and 45 secondary consultations.**

**Outward facing care and linked service delivery** – in 2018 we have worked closely with the Settlement Health Coordinators (Natalie Henry and Jacinta Bongiorno) based in the Northern and Western areas of Melbourne to coordinate care for children arriving with health alerts. Our team also provides specialist paediatric refugee health services in the west (CoHealth in West Footscray), east (EACH Community Health Service in Ringwood) and the north (Craigieburn Health Service and Darebin Your Community Health service) of Melbourne. **In 2019, the Craigieburn paediatric refugee clinic will be staffed and funded in an ongoing capacity through The Northern Hospital**, which has been a smooth transition and represents a significant increase in capacity in the Northern region of Melbourne.

## Staff

In 2018, the immigrant health team included three medical consultant roles: Drs Georgie Paxton, Andrea Smith, and a shared position between Hamish Graham and Shidan Tosif, a consultant psychiatrist (Dr Tiba Maloof until end January 2018, then Dr Tram Nguyen from August 2018), and three 0.5 EFT fellow positions: Drs Yoko Asakawa, Ingrid Laemmle-Ruff and Dan Mason. As the medical workforce year runs February - January, the 2017 fellows, Drs Tom Volkman and Simon Stokes were still working in January 2018. Staff details are shown in the following table.

**We would like to acknowledge the work of our volunteers, who provide invaluable assistance to our families, and our interpreting colleagues, whose tireless work enables clinical care – they are the unsung heroes of our hospital.**

This year we had **three babies born to immigrant health staff** – congratulations to Tiba, Hamish, and Dan on their new arrivals, which brings our total to 21 babies born to staff since 2007.

Position	Staff member	EFT
Clinic coordinator	Helen Milton	0.5
Medical lead	Georgie Paxton GP	0.5
Psychiatrist	Tiba Maloof	0.1 - parent leave from February 2018
	Tram Nguyen TN	0.1 from August 2018
Consultants	Andrea Smith AS	0.1
	Hamish Graham HG	0.05 – parent leave January 2018
	Shidan Tosif ST	0.05
Fellows	Yoko Asakawa YA	0.5
	Ingrid Laemmle-Ruff ILR	0.5
	Dan Mason DM	0.5 – parent leave November 2018
Mental health nurse	Toni Mansfield TM	0.1 from May 2018
Dental therapist	Tatiana Polizzi TP	0.1
Community worker	Nagaha Idris	0.05
Research nurse	Katrina Sangster KS	0.2 - parent leave from December 2018
Teacher	Erin O'Rourke	RCH Education Institute
Volunteers	Yasmin Abubaker	Volunteer
	Jennifer Kendrick	Volunteer
	Anokhi Patel	Volunteer

## Affiliated services

- **RCH tuberculosis clinic:** Hamish Graham, Shidan Tosif, Yoko Asakawa, Ingrid Laemmle-Ruff
- **Cohealth, West Footscray:** Yoko Asakawa, Jane Standish, Tom Volkman (Mar-May)
- **EACH Social and Community Health, Ringwood East:** Georgie Paxton, Shidan Tosif
- **Craigieburn Health Service:** Tom Volkman (Jan-Jun), Saniya Kazi (Sep-Dec), Dan Mason

- **Darebin Your Community Health Service:** Tom Volkman (Jan-May), Siobhan Mullane (June-Dec), Ingrid Laemmle-Ruff

## Clinical care

In 2018 areas of clinical focus included completion of post-arrival screening, offshore health alerts, reception of children arriving from Nauru, asylum seeker healthcare and social support, disability and developmental assessment, and mental health concerns. We continue to see increasing clinical complexity, and have been involved in a number of critical cases, including some children requiring lengthy admissions and intensive care unit (ICU) level care.

In 2018, we provided **1909 direct clinical care episodes for our patients:**

- RCH Immigrant health clinic – **800 attendances** for **378 patients** including **147 new patients**
- RCH Immigrant health psychiatry and mental health nursing - **54 attendances** for **18 patients**
- RCH Tuberculosis clinic – **430 attendances** including **104 new patients**
- CoHealth Footscray clinic (fortnightly) – **264 attendances**
- EACH outreach clinic (2-3 monthly) – **79 attendances**
- Craigieburn outreach clinic (fortnightly) - **180 attendances**
- Darebin outreach clinic (monthly) - **102 attendances**

Clinic	Attendances - fellows	Attendances - consultants
RCH Immigrant health Mental health (from August)	<b>264</b> (YA, DM, ILR, SS, TV)	<b>536</b> (GP, AS, ST/HG) <b>54</b> (TN, TM)
RCH TB Clinic	<b>205</b> (YA, ILR)	<b>225</b> (HG, ST)
CoHealth	<b>264</b> (YA)	-
EACH outreach clinic	-	<b>79</b> (GP, ST)
Craigieburn outreach clinic	<b>112</b> (DM)	<b>68</b> (TV, SK)
Darebin outreach clinic	<b>102</b> (ILR)	-
<b>Total</b>	<b>1909</b>	

## Demographics

- **Clinic attendance rates were 82%** (800 attendances of 974 bookings) which is lower than previous years
- We saw children and young people from **29 countries of birth**, most commonly from Iran, Iraq, Syria, Sudan, Democratic Republic of Congo, Ethiopia, Malaysia, Thailand and Australian-born children from refugee and asylum seeker background families
- We saw families speaking **31 languages**, most commonly Arabic, Farsi, Somali, Burmese languages (Karen, Chin dialects, Burmese) and Tamil
- **Interpreters assisted with 83% of consultations** – consistent with 2017 figures (82%) and increased from 2016 (76%). Interpreting requirements have been high over the last 5 years, after a nadir of 68% in 2013.

## Other clinical activities

We have provided more than **150 additional clinical consultations** during 2018

- **Hospital inpatient/outpatient consultations** for **28 patients**, and consultations related to billing for **13 patients**
- **Mental health consultations** – **45 secondary consultations** within the team’s mental health meetings
- **Phone and email consultations** - medical, nursing, allied health or case managers – more than **25 patients**

- **Offshore health alerts** – assisting with care planning and pathways upon arrival – more than **25 patients**
- **Newly arrived children from Nauru** – clinical review of approximately **20 new patients** (including **6 directly admitted as inpatients**), plus consultation regarding others who were transferred elsewhere, including interstate.

## **Current clinical issues**

### **Asylum seeker health**

We provide care for children seeking asylum, including those living in the community on bridging visas, those in community detention, and once again in 2018, for a small number of children in held (onshore) immigration detention. This cohort includes a number of children transferred from Nauru for their own acute medical care, or transferred as the siblings/children of such patients. Some of these children arrived in Australia up to 5-6 years ago, and others have arrived during 2018 after spending this same duration in the offshore processing system – this duration of uncertainty has had enormous impact on children and families.

**New restrictions to SRSS** (described in background) and also the Final Departure Bridging Visa E (FDBVE) have had significant impacts on some of our most vulnerable families, resulting in severe mental health, financial and housing stress. Additional pathways for support have been sought through external providers, and advocacy for such families is ongoing. SRSS changes are being implemented more broadly for children and families with the legacy caseload from 2019, and we anticipate that ongoing support will be required for this cohort.

### **Recent arrivals from Nauru**

Providing care for the 2018 Nauru cohort has required significant time and collaboration between our service and other providers. Preparation and planning for imminent medical transfers involved extensive liaison with multiple external providers, including International Health and Medical Services (IHMS), DHA, settlement services, detention facility staff and other interstate health services. Communication and multi-center coordination among Australian hospitals occurred through the Australian paediatric refugee health network, and across the paediatric hospital Executives in collaboration with Children’s Healthcare Australasia.

Preparing for new transfers also involved significant internal consultation with relevant RCH medical teams (adolescents, general medicine, mental health), RCH Executive and the legal teams – we are grateful for the support of our colleagues. Once under our service, extensive consultation with external providers continued, including with detention staff, settlement services, mental health services, legal support teams and advocates. Obtaining clinical handover, and accessing prior medical records, has been challenging for this group. Most children had not completed health screening or immunisation in Nauru, and many children had unrecognized developmental issues or disability alongside their mental health concerns.

### **Syrian and Iraqi arrivals**

Syrian and Iraqi arrivals continue as they have since 2016, particularly in the north and west of Melbourne. The Craigieburn Health Service paediatric refugee clinic has continued to serve this community. Common presentations include complex developmental trauma, mental health issues, significant and chronic disability, and increasingly, school transition and learning/behavioural difficulties. In addition, rates of post-arrival screening for this cohort remain low, despite most children being already linked with primary care services.

### **National Disability Insurance Scheme**

The NDIS continues to be implemented across Victoria. Challenges for our patient cohort include:

- **Eligibility:** Strict eligibility requirements for early childhood early intervention (ECEI) and NDIS services exclude asylum seekers and those on temporary visas (TPV, SHEV, BVE). Whilst Victoria has introduced policies to enable access to early intervention supports for these groups in those aged <7 years, the process is complex, and access has been difficult. NDIS and disability support services remains significantly limited for older children and adults in this group.

- **Accessibility:** The NDIS requires familiarity with Australian systems and a level of health literacy and self-advocacy in order to access and utilise supports. Our cohort often have competing interests at settlement, understandably limited understanding of Australian service systems, and limited capacity to advocate effectively. Provider misconceptions around eligibility has been an ongoing issue (refugee arrivals are permanent residents, and therefore eligible, however misconceptions persist in practice).
- **Diagnostic assessments:** Whilst ECEI services do not require a diagnosis for service provision, a diagnosis is required upon transition to the NDIS aged 7 years and older. Long waitlists for publicly-funded formal assessments and strict diagnostic criteria can limit access to NDIS funding for our patients with complex disability.

### Offshore health alerts

Providing care for refugee children with offshore health alerts required significant liaison with settlement providers, settlement health coordinators, primary care providers, the RCH Emergency department and internal sub-speciality teams. We were involved in review of offshore health records, triage and preparation for timely clinical review after arrival, and ongoing facilitation of healthcare and service needs with settlement; and we worked with our Emergency Department colleagues to streamline a process for critical alert arrivals.

## Education

In 2018, we delivered **39 education sessions** to over **2000 participants** from health, education, and community organisations on a diverse range of topics. This figure includes **19 external presentations**, **6 conference presentations**, and a program of ongoing education on working with culturally and linguistically diverse (CALD) communities for RCH volunteers and nurses delivered by Katrina Sangster. We provided sessions for Monash University and University of Melbourne medical students, the graduate nursing program, and diverse vocational groups (clinical, caseworkers, education and community) in the northern and western regions of Melbourne.

**Dr Tom Volkman (2017 Fellow) undertook a trip to the United States in June 2018** supported by an RCH Jeannie H. Poolman travelling scholarship. This trip included a presentation of a local audit of Syrian/Iraqi cohort screening to the North American Refugee Health Conference (Portland, USA, 7 – 9 June 2018). Tom also visited the Hospital for Sick Children (Toronto, Canada), Gosilano Children’s Hospital (Syracuse, USA) and the Children’s Hospital of Philadelphia (Philadelphia, USA) focusing on comparing systems and models of care for refugee and asylum seeker children, cultural competence and interpreter usage, and creating professional links with key clinicians at these institutions. He presented his observations to our team, and the Cultural Diversity Committee and interpreter teams on his return.

### **Education sessions and conferences in 2018:**

24/01/18	RCH Emergency department registrar education session (TV, 14 attendees)
27/02/18	Children’s Rights International/RCH alumni (GP, 50 attendees)
20/02/18	RCH Nursing forum presentation (KS, 75 attendees)
05/03/18	RCH Emergency department nursing education session (KS, 14 attendees)
05/03/18	RCH Travancore mental health team presentation (GP, 10 attendees)
06/03/18	Cabrini Hub – discussion session (GP, 20 attendees)
15/03/18	University of Melbourne Masters of Advanced Nursing presentation (KS, 44 attendees)
15/03/18	RCH allied health meeting education session (YA, GP, 30 attendees)
19/03/18	RCH Cultural diversity week presentation (KS, 12 attendees)
23/03/18	University of Melbourne Masters of Advanced Nursing education session (KS, 12 attendees)
23/03/18	RCH Endocrinology – working with CALD communities (GP, 20 attendees)
28/03/18	RCH Centre for Community Child Health (CCCH) - Fellow education (DM, 15 attendees)
28/03/18	RCH CCCH Fellow education, English as an additional language acquisition (GP, 15 attendees)
09/04/18	RCH Emergency department nursing education session (KS, 8 attendees)
26/04/18	RCH Cardiology department education session (ILR, 20 attendees)

09/05/18	The Northern Hospital paediatric department education session (DM, TV, 15 attendees)
12/05/18	Australian College Nursing International nurses day presentation (KS, 22 attendees)
21/05/18	RCH Volunteer festival presentation (KS, 15 attendees)
24/05/18	University of Melbourne, Health Ethics and Human Rights (GP, 35 attendees)
01/06/18	<b>New Arrivals Conference</b> , Department of Education and Training (GP, 50 attendees)
05/06/18	<b>Public Health Association of Australia Immunisation plenary</b> (GP, 750 attendees)
07/06/18	<b>North American Refugee Health Conference</b> (Portland, USA) Syrian/Iraqi cohort data (TV, 150 attendees)
25/06/18	Sunshine Hospital refugee health study day presentation (YA, 30 attendees)
25/06/18	<b>Melbourne MD student conference</b> (GP, 50 attendees)
02/08/18	RCH Social work department education session (ILR, 30 attendees)
05/08/18	<b>Crossing Borders Conference</b> , University of Melbourne & Monash University (DM, 50 attendees)
15/08/18	Cabrini hub – case discussion (GP, 25 attendees)
19/08/18	<b>AMSA Global Health Conference</b> (GP, 80 attendees)
05/09/18	RCH Dermatology department education session (YA, 8 attendees)
12/09/18	RCH Emergency department registrar/fellow education session (DM, 15 attendees)
26/09/18	The Northern Hospital Refugee health update education session (DM, 100 attendees)
04/10/18	Sunshine Hospital paediatric education session (ILR, 20 attendees)
11/10/18	RCH junior resident medical officer education session (ILR, 30 attendees)
17/10/18	Box Hill Hospital Paediatric department education session (YA, 10 attendees)
30/10/18	RCH Immunisation staff education (GP, 20 attendees)
14/11/18	RCH Graduate nursing program education session (KS, 44 attendees)
28/11/18	RCH Graduate nursing program education session (KS 26 attendees)
13/11/18	Victorian Refugee Health Nurse education session (GP, 45 attendees)
22/11/18	Victorian Refugee Immunisation Project education session (GP, 35 attendees)

## Capacity building

### Linking with other services

We have aimed to assist in building capacity among community and hospital-based health providers, and support expertise in paediatric refugee health. During 2018, alongside our education program, these activities have included:

- **Liaison with primary care** - we have provided regular advice and consultation and drafted a letter to primary health care services regarding immigrant health service referral guidelines and available resources
- **Collaboration with the Settlement Health Coordinators** – we have worked closely with the settlement health coordinators throughout 2018, with a focus on offshore health alerts and complex recent arrivals
- **Liaison with RCH Emergency Department** – we have worked to develop a process for children arriving with critical health alerts, including those arriving with medical escorts.
- **Refugee health program** – despite the complexity of our patient cohort, we have had limited referrals from the refugee health program, and with the exception of patients seen in Ringwood, few of our patients are linked with the program. After emerging evidence of challenges with primary care screening and immunisation, we met with the refugee health nurses in November to discuss the findings of our audits, and problem solve around screening and immunisation. We have seen increased linkages with the program since this session and hope this continues in 2019.
- **Craigieburn paediatric refugee health clinic:** Since this service was established in November 2016, this clinic has been staffed by RCH Immigrant health fellows. Consolidation and expansion of the clinic allowed a consultant paediatrician to be employed there during 2018, with transition across to a Northern Health led model from 2019. We are grateful to Bev Leiper for her coordination, and Dr David Tran for his support, and wish the new clinical team all the best for 2019.

- **Engagement with Orygen refugee access project:** the Orygen access coordinator has attended our mental health meetings, and we have provided information regarding our service capabilities, and maintained regular communication around our shared patients (n=2).
- **Hosting external practitioners and medical students** within the immigrant health service; including practitioners from NSW refugee health service, Perth Children’s Hospital, Monash Health, and The University of Melbourne.

### Australian paediatric refugee health working group

This regular consultation with our interstate paediatric refugee colleagues commenced in 2018, and has focused on strategic planning, information sharing, opportunities for advocacy and support, and future opportunities for multi-centre research collaboration. This network provided a more formal mechanism for national coordination and communication and allowed discussion and reflection on patterns of presentation, clinical priorities and support pathways for paediatric medical transfers from Nauru. We have used a rotating Chair for meetings, with each state hosting meetings.

### Immunisation

Catch-up vaccination remains an ongoing challenge, with additional complexity due to changes to the National Immunisation Program (NIP) Schedule and the impact of federal (No Jab, No Pay) and state (No Jab, No Play) legislation on Centrelink family assistance payments and childcare/early childhood education access. Evidence suggests substantial under-immunisation in refugee-like populations – with our audits showing:

- 16% (24/149) asylum seeker children received appropriate vaccination in detention, and only 35% (38/110) asylum seeker children in the community at the time of their first visit were up to date with immunisation – see: <https://www.ncbi.nlm.nih.gov/pubmed/29297206>
- 55% (43/78) of the Syrian/Iraqi cohort commenced appropriate catch-up vaccination after arrival in Victoria, see: (<https://www.ncbi.nlm.nih.gov/pubmed/30094942>)

The DHHS Refugee Immunisation Projects have also revealed similar figures. In the Hume Whittlesea projects, baseline data for 1215 Syrian Iraqi arrivals who had been in Victoria 12 months (and therefore should have completed catch-up vaccination):

- 61% (150/246) children aged 0-10 years were up to date for age
- 36% (76/209) adolescents aged 11-19 years were up to date for age
- 0.8% (6/760) adults were up to date for age.

In 2018, we provided education sessions, participated in the DHHS refugee immunisation projects Evaluation reference group, published peer-reviewed papers regarding catch-up immunisations and assisted in drafting communication for primary health care providers regarding serology and immunisation catch-up guidelines. We will continue to work with DHHS to address shortfalls in immunisation in 2019.

### Health services improvement within RCH

- **Data collection and initial analysis of audit of language and interpreter services** at RCH, and nursing perspectives on working with interpreters and clinical outcomes at RCH (KS, GP)
- We provided **18 education sessions at RCH**; to medical staff at all levels, allied health staff, the social work department, RCH volunteers, and to the Emergency, Endocrinology, Cardiology, Dermatology, Community Child Health and Mental health (Travancore) departments.
- We provided **input into the RCH procedure for identification and registration of asylum seeker patients** admitted to RCH. This was established to avoid inappropriate billing through the finance department. Refugee fellows have been included as contact point for billing queries around asylum seeker status. We also provided feedback regarding hospital written materials/brochures for non-Medicare eligible patients, and updated web resources regarding identification of asylum seeker status.

- Developed **scoping document and internal procedures around triage and acute clinical review process for refugee children with offshore health alerts**, in partnership with RCH ED.
- **Updated and obtained Executive approval of RCH internal policy on care of children in immigration detention**, which was immediately relevant, and utilised for the hospital admissions of children arriving from Nauru.

### Other

- **Disability:** Updated our disability web-based resources, provided education sessions and consultation around access to disability supports, developed an NDIS support letter template and participated in the AMES Disability Action Group.
- **SRSS changes** (described in background): Contributed to Victorian Refugee Network meetings, provided feedback to settlement services, education sessions, developed web-based resources and a support letter template.
- **Updated background/talks** for use by other services - see: <https://www.rch.org.au/immigranthealth/talks/Talks/>.

## Research

### Peer reviewed publications

**Heenan RC, Volkman T, Stokes S, Tosif S, Graham H, Smith A, Tran D, Paxton GA.** 'I think we've had a health screen': new offshore screening, new refugee health guidelines, new Syrian and Iraqi cohorts - recommendations, reality, results and review. *J Paediatr Child Health*. 2018 Aug 9. <https://www.ncbi.nlm.nih.gov/pubmed/30094942>

**Kiang KM, Elia S, Paxton GA.** No Jab, No Record: Catch-up immunisation in immigration detention. *J Paediatr Child Health* 2018 Jan 3. doi: 10.1111/jpc.13822. [Epub ahead of print] <https://www.ncbi.nlm.nih.gov/pubmed/29297206>

**Paxton GA, Spink P, Danchin M, Tyrrell L, Taylor C, Casey S, and Graham H.** Catching-up with catch-up – a policy analysis of immunisation for refugees and asylum seekers in Victoria. Accepted for publication - *Australian Journal of Primary Health*, May 2018, <https://www.publish.csiro.au/PY/justaccepted/PY17049>

### Submitted for publication

**Volkman T, Graham H, Laemmle-Ruff I, Tosif S, Tebruegge M, Ranganathan S, Curtis N.** Interpretation and management of discordant tuberculin skin test and interferon-gamma release assays results in children. *Manuscript submitted to J Paediatr Child Health*. (Subsequently published: 2019 Feb;55(2):247-248. <https://www.ncbi.nlm.nih.gov/pubmed/30746877> )

**Volkman T, Clifford V, Paxton GA.** Schistosoma serology after treatment of Schistosoma infection in resettled refugee children. *Manuscript submitted to Tropical Medicine and Infectious Diseases, November 2018*

Douglas P, **Paxton G**, Wickramage K, Ahmed I, Jan A, Perera S, Hui C, Walker P and Zenner D. Migrant health assessments: shifting from instruments of exclusion towards public health good and improved outcomes for migrants. *Manuscript submitted to The BMJ, November 2018*.

### Other research and project work

**Research clearing house** - provides a systematic collection of Australian refugee health-related research. More than 70 new peer-reviewed articles included from 2018 (May) were identified and added (ILR). The research clearing house is updated twice a year (next due January 2019).

**Burnet Institute Report:** Improving communicable disease screening and management of migrants to Australia: Report to the Department of Home Affairs. Danielle Horyniak, Bridget Williams, **Ingrid Laemmle-Ruff**, James Trauer, Jessica Howell, Carol El-Hayek, Tafireyi Marukutira, I-Hao Cheng, Margaret Hellard. December 2018. [Work undertaken as part of RACP public health training, based at Burnet Institute, supported by Burnet Institute & RCH immigrant health.]

### **Ongoing areas of research**

- Tuberculosis screening in the Karen cohorts in Western Melbourne – 10 year experience (KS, Ross Drewe, GP)
- Australian immigration detention and child health - a retrospective audit (ST, team); ethics approval, data collection completed, manuscript being drafted
- Language services – analysis of administrative data (Karen Kiang – 2017 fellow)
- Language services – experiences of nursing staff (KS): ethics approval, data collection completed
- Ethical analysis of the exclusion of paediatric CALD communities from clinical research (DM, GP)
- Pre-migration immigrant health screening (focus on LTBI screening in children) - Burnet Institute (ILR)

Unfortunately, we have not been able to progress the proposed data linkage project – this project was a proposal to link Victorian hospitals data with settlement data, with Australian Institute of Health and Welfare Ethics Approval in place. We made further inquiries to DHA in 2018, but the project has not proceeded due to provisions of the Border Force Act.

### **Committees, advisory roles, meetings**

**In addition to our regular team meetings (see below), we have attended or convened more than 30 meetings with partner organisations** to discuss service delivery, collaborations, policy issues and other aspects of refugee and asylum seeker health. Areas of focus in 2018 included streamlining processes for responding to pre-departure health alerts (in conjunction with AMES and settlement health coordinators); supporting our asylum seeker cohort affected by SRSS changes; consultation and collaboration with our interstate paediatric refugee colleagues; and engaging with our partners to ensure asylum seeker children and families arriving into community detention from offshore detention are provided with appropriate and timely medical and mental health support.

#### **Regular clinical meetings**

- Weekly supervision meeting with fellows
- Fortnightly clinical audit meeting – medical team
- Fortnightly mental health secondary consultations: medical team, mental health staff, Dr Alice Morgan, RCH Education Institute

#### **Committees, reference groups and working groups**

- Refugee Health Network of Australia (RHeNA) (GP) - bimonthly meetings
- Victorian Refugee Health Network (VRHN), and Executive Group, Asylum Seeker Working Group - quarterly meetings
- DHHS Immunisation Evaluation Reference Group (GP, ILR) - quarterly meetings
- Australian paediatric refugee health working group (all) – bimonthly meetings
- AMES Disability Action Group (ILR) - quarterly meetings
- Victorian Forced Marriage Network (YA) – quarterly meetings
- Outer Northern Refugee Health Network (fellows) - quarterly meetings
- Victorian Tuberculosis Advisory Committee (HG) - quarterly meetings
- RCH Cultural Diversity Working Group (YA) – monthly meetings
- RCH Cultural Diversity in Mental Health Committee (GP, YA) - quarterly meetings

#### **Summary of meetings:**

16/01/18	Foundation House Refugee Health template meeting (TV)
30/01/18	National teleconference – HSP information flow issues (GP)
15/02/18	Teleconference DHA and Department of Social Services – offshore-onshore information transfer and health alerts (GP)
27/02/18	Australian Red Cross - Victorian Forced Marriage Network meeting (GP, YA)

02/03/18	Paediatric Refugee Health Network meeting (GP, ILR)
05/03/18	RCH Mental Health (Travancore) CALD meeting (GP, ILR, DM, YA)
08/03/18	Pre-departure health alert planning meeting (Natalie Henry) (ILR, DM)
15/03/18	DHHS Immunisation evaluation reference group meeting (GP, ILR)
01/05/18	Status Resolution Support Service (SRSS) update meeting (GP, YA)
03/05/18	Victorian Refugee Fellow program planning meeting (ILR, DM, YA)
21/05/18	RCH Cultural diversity working group meeting (YA)
24/05/18	Disability Action Group meeting (ILR)
29/06/18	Victorian forced marriage network meeting (YA)
06/07/18	General Medicine weekly meeting immigrant health service contribution (YA, ST)
19/07/18	DHHS Immunisation evaluation reference group meeting (GP, ILR)
03/08/18	Paediatric Refugee Network national meeting (GP, ILR, YA, DM)
16/08/18	Disability Action Group meeting (ILR)
16/08/18	Asylum seeker working group (GP)
16/08/18	Victorian Refugee Health Network Annual Meeting (GP, ILR)
03/09/18	RCH Mental Health (Travancore) CALD meeting (YA)
13/09/18	DHHS Immunisation evaluation reference group meeting (ILR)
17/09/18	RCH Cultural diversity working group meeting (YA)
08/10/18	Settlement health nurse coordinator meeting (Jacinta Bongiorno & Natalie Henry, GP, YA, ILR, DM)
25/10/18	Teleconference with settlement services regarding offshore health alerts (GP, DM)
26/10/18	Paediatric Refugee Network national meeting (GP, ILR, YA, DM)
30/10/18	Meeting with RCH ED around critical health alert processes and medical escort handover (GP, DM)
01/11/18	Disability Action Group meeting (ILR)
01/11/18	Asylum seeker working group (GP)
16/11/18	Red Cross – Child and Family subgroup - asylum seekers
03/12/18	Life without Barriers caseworker meeting re children in community detention (GP, YA, DM)
06/12/18	DHHS Immunisation evaluation reference group meeting (GP)
11/12/18	Paediatric Refugee Network national meeting (GP, ILR, YA, DM)

## Policy

We remain involved in policy work at local, state and Commonwealth levels, including through the committees and working groups listed above. Additional areas of policy focus in 2018 included:

**Offshore-onshore health information transfer and the Health Assessment Portal (HAP):** HAP is a system utilised by DHA to record immigrant medical examinations (IME) and manage health undertakings. It is an electronic health record that can include images, results, and background documents, as well as pre-departure immigrant health examinations. **HAPlite** is a subset of HAP that can be accessed by registered health providers - it has been available to State/Territory TB services since 2015, and refugee health services since 2017. We have worked with government, settlement services and primary health care to streamline availability and access to offshore-onshore medical transfer information and provided input and a clinical briefing to a meeting between DHA and the Department of Social Services. This information has been shared with the Refugee Health Network of Australia and others; and summarised in a new online guideline <https://www.rch.org.au/immigranthealth/clinical/HAPlite/>.

**Immunisation:** Engagement with DHHS as a stakeholder in the Immunisation evaluation reference group (chaired by GP), which supports DHHS funded catch-up immunisation projects in Hume/Whittlesea, City of Greater Dandenong, and the Asylum Seeker Resource Centre. An independent evaluation will occur for this program, which will include immigrant health staff (ST).

**Malaria:** Notification of increased malaria cases back to DHA in collaboration with the Australian Refugee Health Network, with subsequent offshore response coordinated by International Organization for Migration.

## Guidelines

### New webpages

- **HAPLite summary for clinicians** outlining HAPLite system (including procedures for access), pre departure health assessments and health alerts <https://www.rch.org.au/immigranthealth/clinical/HAPLite/>
- **SRSS summary for clinicians** outlining the SRSS program for asylum seekers and information on support pathways if services have been restricted/withdrawn.  
[https://www.rch.org.au/immigranthealth/clinical/Status\\_resolution\\_support\\_services\\_SRSS/](https://www.rch.org.au/immigranthealth/clinical/Status_resolution_support_services_SRSS/)
- **Adolescent Health** resources and information relevant to refugee and asylum seeker cohorts  
<https://www.rch.org.au/immigranthealth/clinical/adolescent-health/>

### Updated webpages

See [https://www.rch.org.au/immigranthealth/clinical/Clinical\\_resources/](https://www.rch.org.au/immigranthealth/clinical/Clinical_resources/)

Initial assessment	Developmental assessment
Immunisation catch-up	Refugee policy and timeline (multiple updates 2018 – Feb, April, Sep, Nov)
Schistosomiasis	Other resources
Strongyloidiasis	Translated resources
Tuberculosis screening	Care of Children in Immigration Detention
Vitamin D	Talks - Refugee Health background information and demographics slides (March 2018)
Asylum seekers	Research Clearing House (May 2018).
Asylum seeker identification	
Disability	

## Future directions

- **Facilitating links and supporting primary care** as settlement of Syrian and Iraqi refugees continues, and demographics of new arrivals continue to shift (with possible increases in African cohorts in the next years)
- **Ongoing advocacy for improved post-arrival screening processes** in primary care across Victoria, including access to tuberculosis screening tests and catch-up immunisation
- **Support for Nauru medical transfers** - appropriate medical, educational and social support of newly arrived asylum seekers transferred from offshore detention
- **Adapting and responding to the NDIS roll-out** across Melbourne, including working with providers and CALD communities on optimising NDIS engagement and service provision for our cohort
- **Adapting to changes in SRSS access** for asylum seekers
- **Consolidation of mental health service provision** through the immigrant health service.

*On behalf of RCH Immigrant health - thank-you to our patients and families for working with our service and helping us to understand more about migration, settlement, health and healthcare; a special thanks to Helen Milton, our tireless clinic coordinator; we are indebted to our interpreting colleagues, and would like to acknowledge their skills, professionalism, support, and essential contribution to our work; and we would like to thank our mental health colleagues for their support and advice. We are grateful to the Department of General Medicine, RCH Mental Health, and to the Department of Health and Human Services, Victoria, who provide funding for our service, and to the RCH Executive for their ongoing support for our work.*

*Georgie Paxton, Ingrid Laemmle-Ruff, Yoko Asakawa and Dan Mason  
January 2019.*

*We work on the traditional lands of the Wurundjeri people of the Kulin nations, and pay respects to their elders past, present and emerging.*