



Immigrant health service 2014

Department of General Medicine

Background

In 2014, Australian policy related to refugees and asylum seekers continued to change, with significant impact on our patients and clinical service delivery in Immigrant Health. The reduction in the Humanitarian program intake (from 20,000 places to 13,750 places) saw fewer offshore program arrivals, and there were no asylum seekers arrive by boat to Australia through 2014.

Offshore detention and processing continued on Manus Island and Nauru, with transfers of people from Christmas Island, alongside a policy of 'no resettlement in Australia' for people arriving without a valid visa. Operation Sovereign Borders (a military led border security operation) continued – with multiple boat turn backs at sea, and interception of two boats with Tamil asylum seekers in June 2014. There were several attempts at reintroducing temporary protection visas through late 2013 and early 2014, before sweeping changes to Migration (and other) legislation in December 2014. These changes extended the Minister for Immigration's powers to detain and transfer people intercepted at sea, introduced 'fast track' processing of refugee claims for asylum seekers arriving by boat, capped protection visas, clarified the immigration status of babies born to asylum seeker parents and introduced two forms of temporary protection visas with work rights, including the new 'Safe Haven Enterprise Visa' for people to live and work in regional Australia.

During 2014, processing of asylum seeker claims effectively stopped, resulting in people remaining in detention for prolonged periods. At the start of 2014 there were 5867 asylum seekers (including 1006 children) in held detention on Christmas Island and the mainland. By the end of 2014 this number was still 2757 asylum seekers (420 children). There were few people released from detention between September 2013 and December 2014, and the average duration of detention has been more than 400 days since September 2014. At the same time, there have been more than 3000 people in community detention, and around 25,000 asylum seekers on bridging visas in the community in Australia. All groups of asylum seekers have faced significant uncertainty, and the majority of asylum seekers did not have work rights through 2014. There were significant restructures in the settlement sector in response to changing policy and fewer releases from detention.

In 2014 the most frequent source countries for refugees and asylum seekers to Australia were:

- **Offshore program** – Iraq, Afghanistan, Iran, Burma, Pakistan, Sri Lanka, China¹
- **People in detention** – Iran, Vietnam, Sri Lanka, 'Stateless'² and Afghanistan
- **People in community detention** – Iran, Sri Lanka, Stateless, Afghanistan, Iraq

In Victoria over 2014, there were approximately: 300-400 asylum seekers in held detention, 1200-1400 asylum seekers in community detention, and 9500 asylum seekers on bridging visas in the community, in addition to 4000 new arrivals to Victoria under the offshore program.

Other noteworthy events during the year included increasing commentary by Medical Colleges and peak health bodies on the harm of immigration detention and the Australian Human Rights Commission National Inquiry into Children in Immigration Detention – which was announced in February 2014 and completed the next eight months, before submission in November 2014

Throughout the year we witnessed the effects of detention and uncertainty on the health and mental health of our patients and their parents/families. We saw increasing numbers of children in held detention, with complex and severe health and mental health issues driven by detention, and faced significant practical challenges in providing care for these children.

Despite the difficult federal policy environment and challenges in clinical care, positive highlights of 2014 included the launch of the Victorian Government Refugee and Asylum Seeker Health Action Plan in June 2014, the RCH Refugee Week Grand Round, and increased awareness, discussion and profile of refugee and asylum seeker issues across the campus.

¹ Department of Immigration and Border Protection. Settlement Reporting Facility: Humanitarian entrants by Country of Birth. Available at: <http://www.immi.gov.au/settlement/srf/>

² 'Stateless' refers to lacking identity as a national of a country under relevant law.

Key achievements in 2014

1497 episodes of clinical contact and 347 clinical consultations across RCH Immigrant health, RCH tuberculosis clinic, CoHealth West Footscray, and EACH (Ringwood)

- Ongoing fortnightly **secondary mental health/education consultation**
- **Development new refugee health outreach service** in Ringwood
- **Children in held detention** - specific fortnightly clinics October – December 2014
- **Support for Shepparton** - support for pilot paediatric refugee health clinic

RCH grand rounds - Refugee Day 18 June 2014 – Rt Hon Malcolm Fraser, Hon. Alastair Nicolson, Hon. Frank Vincent, Dr Georgie Paxton

Awards – RCH CEO Great Care Positive Experience (GP)

- **IPAA Public Sector Awards finalist (winner)– Service delivery – Refugee Clinical Hub**

Grants - Health Innovations Reform Council funding to develop patient and doctor portals for refugee clinical hub - \$150,000

48 education sessions to over 3300 participants

- **32 external presentations, 13 internal presentations** (GP, ST, HG, KS)
- **6 conference presentations** (GP, ST)
- **Education package for GPs** on refugee health (GP) - delivered to ~2000 GPs across all Vic, NSW, Qld, WA and SA (via HealthEd)
- **Education package for caseworkers** on child health services – developed program, website and presentation, delivered to 135 AMES caseworkers (ST, GP)
- **Parenting education** - (KS) 3 sessions

Visit to Nauru Regional Processing Centre, February 2014 and associated reporting

Participation in AHRC National Inquiry into Children in Immigration Detention – contribution to submissions from Refugee Health Network of Australia (RHeANA), Royal Australasian College of Physicians (RACP), written submission on behalf of Royal Children's Hospital, site visit to Melbourne Immigration Transit Accommodation and associated reporting.

Publications - 2 peer reviewed publications, 1 systematic review underway, 1 conference presentation, 5 conference abstracts accepted

Reports - *A needs analysis of catch-up immunisation in refugee background and asylum seeker communities in Victoria*. Co-authored with Victorian Refugee Health Network.

Policy

- **Victorian Government Department of Health** – advisory role - *Victorian refugee and asylum seeker health action plan 2014-2018* – launched June 2014 by Minister David Davis
- **Victorian Government Department of Health and Refugee Health Network** – submission on including 'year of arrival in administrative datasets', briefing on administrative data
- **RACP refugee and asylum seeker health position statement** (due publication May 2015)

RCH committees – Cultural diversity committee (KS, GP), Mental health cultural diversity committee (ST), Family Advisory Committee (ST)

Advisory roles (GP)

- Independent Health Advisors Panel – Detention Health
- Physical and Mental Health Subcommittee of Joint Advisory Committee to Nauru and Australia
- Commission for Children and Young People - CALD strategic partnership advisory group

Victorian Refugee Health Network Chair (GP) and participation (fellows)

Update of RCH Immigrant Health website

- **5 new clinical guidelines** (Growth and nutrition, Strongyloides, Sexually transmitted infections, Anaemia, Caseworker resources – GP, VC, ST), **Ongoing updates** - policy timeline, resources (GP)
- **Talk bank** – stock of presentations by IH team available on website (ST, HG, KS, GP)
- **Refugee research clearing house updated** April 2014 - 94 new articles added

Service model

The immigrant health service includes a weekly outpatient clinic, inpatient and outpatient consultations, and telephone and email advice. The clinic provides post-arrival health screening and immunisation catch-up where needed, and a tertiary consultation service on paediatric refugee health issues. Our clinic model includes: use of the CAREHR electronic health record, picture based prescribing where needed, weekly audit meetings after clinic, and fortnightly mental health secondary consult meetings.

In 2014, we successfully established outreach clinics to the outer-east metropolitan area through EACH Community Health Service in Ringwood. Discussion is currently underway to establish a similar service in northern suburbs. This would effectively provide specialist paediatric refugee services in the west (Footscray), north (Craigieburn), east (Ringwood) with Monash Health providing care in the south-east (Monash Health).

During the year we also provided remote support for the paediatric fellow in Shepparton to re-establish a local paediatric refugee health service. This clinic has had relatively low numbers of patients, with a plan to increase referrals in 2015, and provide ongoing regular teleconference case review next year. The fellows also worked in the RCH tuberculosis clinic.

Key points - demographics

- **Clinic attendance rates were 90%** (788 attendances of 881 bookings)
- There were **788 patient attendances in the immigrant health clinic, including 143 new patient bookings**
- We saw children and young people from **38 countries of birth**, most commonly Iran, Burma, Ethiopia, Iraq, Sudan, Kenya. We also saw Australian-born children from refugee background families
- We saw families speaking **39 languages**, most commonly Arabic, Burmese languages (Karen, Chin dialects, Burmese), Farsi, Somali and Dinka
- **Interpreters were required for 80% of consultations**, which was an increase compared to 2013 and 2012 (both around 67%)
- There were a **further 657 patient contact episodes** by the fellows, at CoHealth (400) and in the RCH tuberculosis clinic (257).
- There were **52 attendances seen at the EACH outreach clinic** in Ringwood
- There was a **significant increase in the number of clinical consultations**, compared to previous years, including inpatient consultations and consultations with IHMS staff in MITA regarding increasingly complex clinical and social health issues in detained children

Staff

Position	Staff member	EFT
Clinic coordinator	Helen Milton	0.4
Medical lead	Georgie Paxton GP	0.4
Consultants	Georgie Paxton	Fee for service
	Andrea Smith AS	
	Colette Reveley CR	
Fellow	Hamish Graham HG	0.4 (+ 0.1 WRHC)
Fellow	Shidan Tosif ST	0.8
Dental therapist	Tatiana Polizzi	0.1
Community worker	Nagaha Idris	0.05
Research nurse	Katrina Sangster KS	0.2
Volunteers	Kirsten Gordon	Volunteer
	Yolanda Majano	Volunteer

Note: VC= Vanessa Clifford, AR = Anthea Rhodes, DE = Daniel Engelman (2012-13 Fellows)

Affiliated services

RCH tuberculosis clinic: Dr Hamish Graham/Dr Shidan Tosif

Cohealth, West Footscray Dr Hamish Graham/Dr David Tickell/Dr Jane Standish

EACH Social and Community Health, Ringwood East: Dr Georgia Paxton/Dr Shidan Tosif

Western English Language School: Dr Georgia Paxton/Dr Shidan Tosif

Darebin Community Health Centre: Dr Margie Fulton

Craigieburn Community Health Centre: Dr Jo Fraser

Clinical care

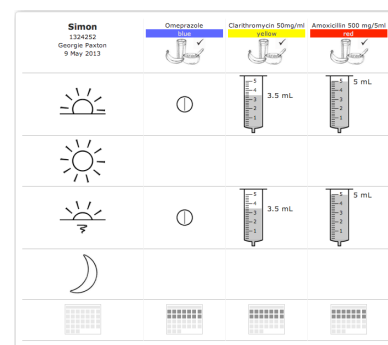
The key factors shaping clinical care in 2014 were changes in asylum seeker policy, increased length of detention and the impact of detention and uncertainty on health. The majority of our clinical care was for asylum seeker children, and we saw increasingly complex health and mental health issues in both children and their parents. We saw increasing numbers of detained children - many had been in detention 18 months by the end of 2014. The increased number of referrals was due to a combination of longer time in held detention, increased numbers of children in MITA, and improved communication with IHMS medical and nursing staff. Throughout the year we worked closely with our colleagues in mental health, the refugee health nurses and the settlement sector.

We received increased numbers of inpatient and external consultations over 2014 - with nearly 350 email and phone discussions and consultations, providing advice to health providers across Victoria.

Mental health and education secondary consultation - The increasing numbers of referrals from held detention were associated with increasingly complex mental health issues. The secondary mental health consultations established in 2013 became a vital source of support in 2014, with advice and input from Dr Sanjay Patel from Psychiatry, and Dr Rowena Conroy from psychology. The presence of Lauren Sayer, a lead teacher from the RCH Education Institute assisted significantly in following up issues related to education and schooling. We have seen increased access for our clients to Mental Health Services, and improved communication between the services.

Dental review and oral health promotion - Tatiana Polizzi the dental therapist with Immigrant health team, has continued to see all new patients for assessment and oral health promotion, and connect them with dental services where needed. This has been an essential service through 2014, and a large proportion of our patients have needed dental care.

Picture based prescribing - easidose www.easidose.com is a free web-based prescribing aid, developed by Dr G Paxton/Dr J Neil, addressing language and literacy barriers. Easidose enables picture based dosing instruction. In 2014, easidose has been incorporated into CAREHR - the refugee clinical hub specialist electronic health record.



CAREHR - RCH Immigrant health has used the CAREHR electronic health record for clinical care since May 2013, and the system is in use at RCH, RMH, Dandenong and Barwon health clinic. CAREHR was developed over 2011 - 2013, as part of the refugee clinical hub project, in collaboration between University of Melbourne, RCH, Melbourne Health, Monash Health and Barwon health. GP was the clinical lead for the development - CAREHR is a fully (clinician) configurable electronic health record, with dual clinical/research functionality. CAREHR imports patient demographic and appointment data, provides real time clinical notes and letters, problem based audit forms, prescribing, pathology ordering, translated problem lists, and real time statistics. At RCH we now have information for 287 patients across 748 visits. Key updates to CAREHR in 2014 include:

- **Health Innovations Reform Council funding** to develop patient and doctor portals for CAREHR, \$150,000, May 2014

- **IPAA Public Sector Award finalist (winner)** – Service Delivery – Refugee Clinical Hub
- **Incorporation of easidose into CAREHR**
- **Specialist - primary care integration** Linkage of CAREHR to CDMnet - a primary care care plan management system utilising existing GP software that allows information sharing across specialist and primary care, with a plan to expand this to pathology results in 2015.
- Importing hospital pathology data - in the other hospitals, this function has not been approved at RCH

Ongoing real-time clinical use has shown that CAREHR is a valuable tool and uptake of CAREHR across the specialist clinics will provide valuable opportunities to use de-identified data to audit practice, and allow epidemiology and service-related research. Future developments in 2015 will include development of the patient and doctor portals, mobile phone apps, and integrated primary care/pathology data. CAREHR has considerable commercial applicability and is now used by other specialist clinics at RMH, the Victorian Department of Health 'Pathways' project for children in out of home care and also New South Wales Torture and Trauma services.

Education/presentations

In 2014, we delivered 48 education sessions to over 3300 people on a diverse range of topics (GP 18, ST 14, HG 6, KS 4, joint 6). This figure includes 32 external presentations across metropolitan Melbourne. Key education sessions included:

- **RCH Grand round – Refugee week 'Who is minding the children?'** Featuring: Rt. Hon. Malcolm Fraser, Hon. Alastair Nicholson, Hon. Frank Vincent and Dr Georgie Paxton. This Grand round was the best-attended Grand Round of the year, the audience filled the aisles, floor and two overflow rooms, and the content generated exceptional discussion.
- **Education package for refugee and asylum seeker caseworkers** on paediatric refugee health and access to child health services. We developed a presentation, incorporated feedback from initial sessions, then developed a webpage of resources, and a talk that can be given by team leaders (also available on the webpage). Feedback from the sessions was collated and provided to the Victorian Refugee Health Network – providing a valuable summary of challenges in health service access for asylum seekers in early 2014. Presentations were delivered to 135 AMES caseworkers over 3 sessions, and information was passed onto Red Cross.
- **Education package for general practitioners** – developed presentation on refugee and asylum seeker health – delivered to more than 2000 GPs through the HealthEd seminars across Victoria, New South Wales, Queensland, West Australia and South Australia through the Refugee Health Network of Australia
- **6 invited conference presentations** - Westmead Paediatric Refugee Health Conference (May 2014, GP), Paediatric update – asylum seekers (June 2014, GP), University of Melbourne Medical students (July 2014, ST), ABS-OMAC forum – Refugee and asylum seeker populations in administrative datasets (August 2014, GP), ACEM conference – Asylum seeker health (September 2014, GP), Red Cross Centenary Summit – Impact of migration – working with children and young people seeking asylum (November 2015, GP)
- **Parenting education** – KS and GP developed a picture-based presentation for newly arrived communities on child health in late 2013, with the support of the Raising Children Network. KS delivered this to 3 parents groups in early 2014, and AMES case workers have also used this resource with parent groups.

Research

Updated Refugee Research Clearing House (ST, GP) see:

http://rch.org.au/immigranthealth/research.cfm?doc_id=15303

Publication: Quach A, Laemmle-Ruff I, Polizzi T and **Paxton G**. Gaps in smiles and services: oral health in refugee-background children. *BMC Oral Health*. 2015, DOI: 10.1186/1472-6831-15-10 <http://www.biomedcentral.com/content/pdf/1472-6831-15-10.pdf>

Publication: Colucci E, Minas H, Szwarc J, Partesana T, Guerra C and **Paxton G**. In or out? Barriers and facilitators to refugee background young people accessing mental health services, service providers' views. *Transcultural Psychiatry* March 2, 2015 1363461515571624 <http://tps.sagepub.com/content/early/2015/03/02/1363461515571624.full.pdf?ijkey=f4HLeozr6AuDzEP&keytype=ref>

Report: Paxton G, Spink P, Casey S, Graham H. A needs analysis of catch-up immunisation in refugee background and asylum seeker communities in Victoria. Report by the Victorian Refugee Health Network commissioned by the Victorian Government, Department of Health May 2014.

Conference presentation: Casey S, Paxton G, Duell-Pining P, Russell C. 2014. Building collaborative practice in refugee health: the interface between policy and practice. *North American Refugee Health Conference, June 2014*

Conference abstracts accepted:

Paxton GA, Spink P, Casey S, Graham H. **A needs analysis of catch-up immunisation in refugee and asylum seeker communities in Victoria, Australia**. Accepted for oral presentation at the *Migration, Social Disadvantage and Health Conference 2015*. (GP)

Paxton GA, Cherian S, Smith M, Johnston V, Francis J, Naphthali K, Ofner E, Zwi K. **Royal Australasian College of Physicians position statement: Refugee and asylum seeker health**. Accepted for oral presentation at the *Migration, Social Disadvantage and Health Conference 2015*. (GP)

Graham H, Minas R. **Systematic scoping review on learning problems in children of refugee background**. Accepted for oral presentation at the *Migration, Social Disadvantage and Health Conference 2015*. (HG)

Chaves NJ, Paxton GP, Smith M, Gardiner J, Biggs BA, Davis JS. **Revising the 2009 ASID guidelines for diagnosis, management and prevention of infections in newly arrived refugees – not only infections and not only refugees**. Accepted for oral presentation at the *RACP congress 2015*.

Steering groups

- Childhood resilience study: building evidence for reducing health inequalities across the life course (NHMRC, based at MCRI)
- Building the evidence: Responding to the needs of recently arrived refugee and asylum seeker populations. (Department of Health and Human Services, North West Region, based at University of Melbourne)

Other ongoing research

- Systematic scoping review - learning problems in children of refugee background (HG)
- Catch-up immunisation - academic publication summarising needs analysis (GP, HG)
- Framework for assessing refugee background children with learning issues – (GP, HG, ST and collaboration with Dr Ida Kaplan and Dr Yvonne Stolk, Foundation House)
- TB screening in Karen Refugees – draft stage (GP, KS deferred with other workload)
- Evaluation of CAREHR (GP, Refugee clinical hub team)

- Evaluation of easidose
- Evaluation of schistosoma serology in immigrant children (GP, Vanessa Clifford)
- Evaluation Maternal Child Health self-identified learning needs in refugee health (GP, AR, KK)

Website

RCH immigrant health website

- Approximately 3000 hits/year
- New guidelines published: Strongyloides; Growth and Nutrition; STI screening; Anaemia, Caseworker Resources
- Updated guidelines: Vitamin D, Asylum seekers
- Updated website sections: Recent policy changes (on a weekly basis!), Other resources
- Asylum seeker identification methods
- Talks section added with four talks and associated speaker notes added
- Updated Refugee Research clearing house

Anahita's story - Anahita is one of our patients. Her story and her family's generosity have been an inspiration. With permission, and the assistance of RCH Communications, Anahita's story was published on the hospitals Facebook page, attracting widespread positive commentary, and a personal perspective on seeking asylum in Australia.

Meetings and committees

Weekly – clinic audit meeting, and fellows supervision

Fortnightly - mental health and education secondary consultation meeting

Other – around 30 external meetings through the year, many patient related meetings

GP has continued as **Chair, Victorian Refugee Health Network** in 2014, and HG/ST have attended regular meetings

Commission for Children and Young People - CALD strategic partnership advisory group – bimonthly GP

RCH cultural diversity committee – monthly GP, KS

Mental Health cultural diversity working group – quarterly ST

Family advisory committee – quarterly ST

Policy work

Australian Human Rights Commission (AHRC): National Inquiry into Children in Immigration Detention (2014). Contributed to submissions by RHeANA and RACP, written submission prepared on behalf of RCH, assisted AHRC with site visit to MITA, May 2014, with associated reporting. (GP, HG, ST, DE)

Royal Australasian College of Physicians (RACP) College Policy and Advocacy Council. Participated in regular meetings, and policy review in early 2014. (GP)

RACP working party: Refugee and asylum seeker health position statement – lead in drafting documents – policy statement and position statement, currently incorporating external feedback, and due for publication May 2015.(GP)

Year of arrival – addition to administrative datasets - Proposal for adding 'year of arrival' to administrative datasets (January 2014 – collaboration with DH), with follow-up data briefing, presentation at ABS-OMAC forum August 2014, and roundtable August 2014. (GP)

Access to Mantoux testing in commercial pathology – Work with the Victorian Refugee Network around access to TST in commercial pathology in the community – various meetings, briefings, and work with Medicare Locals - ongoing. (GP)

Ebola virus response – Work with the Victorian Refugee Health Network and Victorian Department of Health on picture based resources for communities, and relevant resources for settlement case workers.

ASID guideline update – Work commenced late 2014 on revising the post arrival screening guidelines (lead Dr Nadia Chaves, RMH).

Immunisation catch-up – Needs analysis as above, multiple meeting with DH immunisation branch, report currently being considered, recent progress on vaccine funding arrangements. Presented at conference, plans for academic publication after Ministerial review.

Physical and Mental Health (P&MH) Sub Committee to the Joint Advisory Committee for Nauru Regional Processing Arrangements Department of Immigration and Border Protection (GP). Visit to Nauru Regional Processing Centre February 2014 and associated reporting.

Independent Health Advisors Panel Department of Immigration and Border Protection, July 2014 (GP)

Victorian Department of Health, Refugee and asylum seeker health action plan – advisory group over last 3 years, policy finalised over Jan – June 2014. Launched by Health Minister Dr David Davis, June 2014.

Contact – Georgia.paxton@rch.org.au