

Strategic Directions

in

Refugee Health Care in NSW

NSW HEALTH DEPARTMENT

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For further copies please contact:

Better Health Centre
Locked Mail Bag 5003
Gladesville, NSW 2111
Ph: (02) 9816 0452
Fax: (02) 9816 0492

A full copy of this report can be downloaded from
the NSW HealthWeb/Net site:
<http://www.health.nsw.gov.au>

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MESSAGE FROM THE MINISTER FOR HEALTH

Strategic Directions in Refugee Health Care in NSW is the first document of its kind in Australia. The strategy identifies important issues in refugee health and provides a framework to guide the NSW health system to develop health services appropriate to the needs of refugees. The goal of the strategy is for refugees and those from refugee like backgrounds to:

- receive appropriate information on the NSW Health system in the form of multilingual written information, multilingual videos and community radio programs
- receive a broad health assessment that links them through a case manager to health services which can meet individual needs
- have access to an integrated health service in their local area that provides a holistic model of care
- receive a service from health professionals who have been trained in refugee health care issues
- have access to a professional health care interpreter who speaks their language.

The reception of 4,000 refugees from Kosovo just after this document was completed provided NSW with a unique opportunity to test our assumptions and preparedness for such an event. I am pleased to report that the health services of this State, backed by the support of the community, showed an exemplary level of leadership and competence. More recently East Timor refugees have arrived and received healthcare in Sydney.

NSW Health is committed to providing ongoing quality health services and to the promotion of new and innovative approaches that improve the health of refugees settling in NSW. Partnerships within Area Health Services, key non-Government organisations and other government agencies, at both state and Commonwealth levels are essential to the success of this strategy.

The Strategic Directions in Refugee Health Care in NSW was developed in partnership with Area Health Services, key government and non-government agencies. The Department would like to thank them for their ongoing support and commitment to the development of strategies and initiatives that target refugees settling in NSW. In response, I encourage active participation from all levels of the health system to ensure the success of this strategy that targets one of the most vulnerable groups in our society today.



Craig Knowles
Minister for Health

STRATEGIC DIRECTIONS IN REFUGEE HEALTH CARE IN NSW

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STRATEGIC DIRECTIONS IN REFUGEE HEALTH CARE IN NSW

1. INTRODUCTION

Refugees' experiences of persecution and their unique and difficult circumstances need to be acknowledged and appropriate services should be provided for their support. However, there is a need to broaden our perception of 'the refugee experience'. To acknowledge the courage, choice, strength, hope and joy that is also a part of the 'refugee experience'. And, most importantly, to acknowledge the person and let them tell their own stories without the feeling they have to fulfil the expectation of being a victim or a hero. Azita Khademy, Ecumenical Migration Centre Melbourne in Refugee Council of Australia's (RCOA) National Network on Refugee Women's Issues Newsletter. (Feb 97)

The settlement of refugees is an integral part of Australia's history. Over the past 50 years, over 500,000 refugees have settled in Australia.

This strategy focuses on the health needs of all refugees. The United Nations Convention Relating to the Status of Refugees (1951) and the associated 1967 Protocol (Article 1A (2)) defines a refugee as:

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

Such refugees may have been approved in either transit locations or on shore in Australia. It also covers people who have experienced refugee-like situations such as:

- people who have arrived under the Refugee Program, Special Global Humanitarian Program and the Special Assistance Category
- people who have arrived through the Family Reunion program, to join individuals who originally arrived under one of the above categories
- others with refugee like backgrounds and special needs.

According to the Department of Immigration and Multicultural Affairs (DIMA) data sources, NSW received 4,737 settlers in 1998 under the Humanitarian program. During 1996/97, of those settling in NSW under the Humanitarian Settlement Program, 32.2% were from the Former Yugoslavia, 21.1% were from Iraq, 9.5% were from Vietnam and 5.4% were from Sudan. Under the Women at Risk category, 221 persons were settled in NSW.

Since 1992-93, there has been a steady increase in the number of protection visa applicants, with 11,023 applicants in 1996/97. Approximately 2,000 people per year are granted asylum nationally. Asylum seekers from Indonesia represented 16.0% of

applicants and other major source countries were the Philippines, the Peoples' Republic of China and Sri Lanka.

Since the 1980's, the intake to Australia of refugees under the 1951 Convention Relating to the Status of Refugees, and its 1967 Protocol has fallen. This does not mean, however, that the numbers of people with refugee-like experiences has decreased. For example, DIMA advises that in the period of 1996/97, approximately one in eight of the people entering Australia under the Family Reunion Program were from countries from which we are receiving refugees, such as S.E. Asia, Former Yugoslavia, the Horn of Africa and the Middle East.

- The United Nations (UN) estimates that there are currently 27 million refugees and people of concern to UNHCR in the world, with an additional 23 million displaced persons
- Up to 80% of the world's refugees are women and children.
- Resettlement is offered to less than 3% of the world's refugees.
- Resettlement is the final option or 'durable solution' which the United Nations advocates for refugees.

It is important to acknowledge that over the 50 years of refugee intake, refugees have played a pivotal role in contributing and shaping the Australian society. Refugees are survivors, their experiences have often been a formidable backdrop to develop the skills that enable them to participate in our community. This document identifies issues that warrant further intervention so as to progress the individuals ability to engage in our society more effectively.

In 1998, the majority (39%) of refugees stated intention to settle in the South Western Sydney Area, followed by 29% in the Western Sydney Area (DIMA, Settlement Planning Information 1999). One in five refugees (999) came initially into On-Arrival Accommodation provided by DIMA – these flats would have been listed as their intended place of residence.

2. WHY A REFUGEE HEALTH STRATEGY?

1. Refugees are one of the most vulnerable groups in our society as they:

- are forced to flee their countries of origin at very short notice, because of threats to their lives, those of their families, and to their freedom
- may have experienced horrific torture or trauma. Information provided by the torture and trauma services across Australia indicates that around 80% of refugees arriving from certain countries have experienced severe torture and trauma
- may have spent years in overcrowded camps with poor nutrition, grossly inadequate or overcrowded housing, and little or no medical or dental care;
- are often undergoing an intense grieving process over the loss of parents, children, siblings, and often entire families
- spend a lifetime trying to track down remaining relatives who, if they have survived, may be scattered around the world
- have no way of knowing if they are to remain refugees for the rest of their lives or whether they will be allowed to return to their country of origin
- may have had no or limited access to health care in their country of origin due to the situation of conflict and social upheaval
- arrive in Australia with severe physical and mental health problems.

“To be exiled from one’s homeland, to be turned away with no hope of return, this is much worse than the crimes they have committed against my body. At least then I had my dreams.” (Vietnamese woman)

There was sadness, memories of hurt and betrayal. But there was a determination and strength. “My parents didn’t teach me to hate other human beings. And I don’t want my daughter to learn hatred. I am determined to make a new beginning” – RCOA National Network on Refugee Women’s Issues Newsletter.

2. Linking refugees into health services early on arrival into NSW

Early intervention will:

- greatly assist the settlement process of refugees
- will support and cement strained family relationships and
- will in the long term provide real cost benefits and improved health outcomes for the people of NSW.

The best means of achieving this goal is through an integrated holistic Government approach which recognises the diverse service needs of refugees. Service coordination is vital for consolidating and building upon current initiatives in refugee health.

3. Australia is a signatory to a number of important international treaties, such as the 1951 Convention Relating to the Status of Refugees, and its 1967 Protocol. In addition, there are national and state policies under which the NSW Government is obliged to provide quality health services to all people living in NSW. These include: the NSW Government’s Social Justice Statement, the NSW Government Caring for Health – The NSW Government’s Vision for Health;

NSW Health Health Services for a Culturally Diverse Society: An Implementation Plan. The Anti-Discrimination Act and the Ethnic Affairs Commission (Amendment) Act legislate the NSW Government's actions for accessible service provision to all people of NSW.

Social Justice means the people of NSW get a fair go at the opportunities of life that should be open to all and a fair share of the resources which the Government manages on their behalf. It also means the people having a fair say, informed by accurate information, about the shape of their own and the State's future.
– NSW Government's Social Justice Strategy

4. Over the past years there has been strong commitment from many service providers to joint planning. The Directors-General of the human services departments (Health, Housing, Ageing and Disability, Community Services, Education and Training, and Juvenile Justice) have made this a key focus for their Departments. **There is a need to develop a clear framework to guide existing service provision and to promote collaboration in responding to the diverse service needs of refugees.** While a number of services have already been developed there are new services currently being established which must be integrated. Coordination and continued joint planning by key service agencies with the assistance of refugee consumers will provide tangible health outcomes.

We must also respond better to the needs of refugees settling in rural areas of NSW. Although settlement numbers may be small, the impact on settlement/ health services are great, as refugee resources are not readily available as those in metropolitan NSW.

3. STRATEGY PRINCIPLES

The NSW Health system will promote and be guided by the following principles:

1. The health care needs of refugees will be the focus of service development and delivery.
2. The health care needs of refugees are diverse and are influenced by age, gender, country of origin and visa status.
3. Refugees will be treated with dignity and respect, fairly and equitably, and free from unlawful discrimination.
4. Refugees will have the right of choice and the right to receive appropriate and timely information that empowers them to take control of their health needs.
5. Refugees will have the right to be provided with a full range health services in a confidential manner which recognises and validates their traumatic experiences, protects privacy and ensures informed consent.

4. HOW WILL REFUGEES BENEFIT FROM THIS STRATEGY?

Refugees:

- on arrival in NSW , will receive information on the NSW Health system in the form of multilingual written information, multilingual videos and community radio programs
- on arrival in NSW , will receive a broad health assessment and will be linked into relevant health services
- will be linked to a case manager who will coordinate a range of health services to meet individual needs
- will have access to an integrated health service providing a more holistic model of care
- will obtain access to a range of health services in their local area
- will receive a service from health professionals who have been trained in refugee health issues
- will have access to a professional health care interpreter who speaks their language.

Health services and providers:

- will reduce the number of refugees requiring crisis intervention
- will be able to utilise a range of specialised health services for support in health care provision to refugees
- will be included in a more integrated service approach
- will receive training on refugee health care issues
- will have access to professionally trained Health Care Interpreters
- will have access to research findings on refugee health care issues.

5. WHAT WE DO NOW

The NSW Health system currently provides a range of mainstream and targeted health care services which are available to refugees. Mainstream health services include hospitals, community health centres and general practitioners.

Most Hospitals provide a range of services for refugees who are ill or injured and require careful observation, tests or specialist treatment. For more specialist intervention, such as psychiatric, maternity or dental health care, the NSW Health system provides specialised hospitals and units.

In partnership with the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), the Rivendell Child, Adolescent and Family Service conduct a holiday program for young refugee children of diverse ethnicity, particularly Indochinese and Spanish speaking backgrounds. Some mental health difficulties experienced by refugee children and youth, such as, significant depressive disorders, are sometimes 'masked' and associated behavioural difficulties may not become manifest until a few years after resettlement. Issues of unresolved loss, grief and trauma, as well as continuing exposure to trauma in difficulties of adaptation are key issues for many refugee young people.

Community Health Centres have a team of health professionals that provide a range of health services to refugees who do not need to go to hospital. Services may include: counselling, podiatry, speech therapy, respite care, support groups, nursing care and early childhood health checks as well as support, education and information on all aspects of parenting.

Primary Health Nursing is undertaken at the Department of Education and Training Intensive English Centres (IECs) at Bankstown, Cabramatta, Chester Hill, Fairfield and Lurnea and includes vision and hearing testing and health information workshops encompassing information on local health services.

Despite funding cuts by the Commonwealth government of \$34M to the Dental Program in NSW, every effort is being made to continue to provide dental services to refugees. Dental Health Care is provided free at some hospitals and community health centres for elderly refugee pensioners, health care card holders and to children under the age of 15.

As part of a project to promote the health of the Assyrian community, a needs assessment of health problems was conducted via consultation with GPs, health and community workers, and through focus groups with members of the Assyrian community. The needs assessment indicated that there was considerable but often unrecognised health problems amongst recently arrived migrants and Gulf War refugees, including post traumatic stress disorder, psychosomatic disorders, depression and anxiety, difficulties adjusting to life in Australia and high levels of stress and aggression.

GPs indicated that while they were concerned about the problem, they experienced difficulty dealing with torture and trauma issues within a consultation, and were unsure of diagnosis and management and where to refer patients. Consequently a set of standards were developed, to assist GPs in the care and management of patients who may have experienced torture and/or trauma.

The project involved a partnership between the Division of General Practice (SWSAHS), Fairfield Division of General Practice, the Assyrian Health Worker and STARTTS.

General Practitioners are important providers of health care to refugees. New initiatives such as the promoting health with the Assyrian community project discussed below, are providing new models of collaboration in responding to the health needs of refugees.

In response to our culturally diverse society, NSW Health has established a number of innovative **multicultural health services** specific to targeting people from non-English speaking background. A number of positions in these services are designated for refugee communities.

Bilingual counsellors:

In the Central Sydney Area Health Service, the Vietnamese speaking bilingual counsellor, supported by a psychiatrist and STARTTS operate a clinic for Vietnamese refugees.

Counselling services to Iranian and Afghan refugees is provided in the Northern Sydney Area Health Service.

- provide direct counselling, case management services in a linguistic and culturally appropriate manner with the aim of reducing the inappropriate admission of people from non-English speaking background into hospital
- improve access to mainstream mental health and other services
- develop and promote culturally appropriate support services for carers of people with mental health problems
- develop mental health education programs.

Multicultural Health Workers undertake a range of tasks to ensure that local refugee communities have access to health services and that health services are responsive to local needs. These include:

- identifying the main health issues for local communities and provide advice for service planning
- working with local communities to strengthen social support and self help networks
- providing verbal and written information on the health services available in their area
- organising health education and promotion programs in community languages
- referring to other health professionals and services which are appropriate to their needs
- performing advocacy work for clients and community groups in

In the South Western Sydney Area Health Service, the Spanish speaking Multicultural Health Worker established the Arpilleras Tapestry project with a local group of isolated Latin American women, most of whom were refugees. The project evolved over time, from initial discussions by the women of their experiences before and after resettlement, to participating in the Women's Health 'Changing Lives, Keep your Balance' program, through to using the design and making of arpilleras (tapestries) as a therapeutic process.

- relation to health access and rights
- providing expert advice to health services to ensure accessible and equitable service delivery
- working in partnership with health services to plan and promote services, developing needs assessments and providing team based reorientation and models for culturally appropriate approaches in community development and health promotion.

Bilingual Community Educators provide health promotion programs for people in a variety of community languages. Educators are trained and employed to conduct programs on different health topics and although programs are mainly conducted on Women's Health issues, information is also offered on issues for the new arrivals, the aged and health services.

The New Settler Program located in the Western Sydney Area Health Service is a community education program using trained bilingual community educators primarily for communities settling in Western Sydney. The program is currently available in 18 languages including Arabic, Bosnian, Cantonese, Croatian, Farsi, Hindi, Kurdish, Mandarin, Serbian, Spanish, Tamil and Urdu.

Ethnic Obstetric Liaison Officers work with a specific language group to improve access to appropriate services associated with childbirth and pre and post natal care. Officers give information and support to service clients, before and after the baby is born and in some hospitals, they also provide services to non-maternity patients.

Health Care Interpreter Services provide free and confidential professional interpreter services for people with communication difficulties when accessing the NSW public health system. Interpreters provide cultural advice to health professionals in the context of language services and in some Areas, provide basic translations in the clinical setting.

In 1997/98, over 300,000 occasions of service in 85 languages were provided by the Health Care Interpreter Service to health consumers from non-English speaking backgrounds.

Multicultural Health Education/Promotion Officers plan and conduct health promotion programs directed to all ethnic communities. Officers work with ethnic communities and mainstream health workers to ensure all health promotion and education is appropriate to the specific culture and life circumstances of the community groups to which they are directed.

Over the 1996/97–1999/2000 period, the Western Sydney Area Health Service will implement the NSW Education Program on Female Genital Mutilation: Implementation Plan. The focus on the program is to work with priority communities affected by FGM and relevant health services to:

- undertake community education with specific communities;
- develop Interagency Guidelines in relation to child protection; and
- develop appropriate health services

The **NSW Education Program on Female Genital Mutilation (FGM)** was implemented in response to the growing concern of this practice. Recent migration

patterns to Australia indicate an increase in the numbers of people now living in Australia from countries where FGM is traditionally practised. According to the 1996 Census, there were over 51,000 women living in NSW from countries where some form of FGM takes place. Many women and girls from refugee like backgrounds may have experienced some form of FGM.

In the Australian context, FGM is identified as a harmful traditional practice which in all its forms can affect many aspects of a woman's physical and mental health and impinges on the rights and freedom of women. In NSW, legislation has been proclaimed banning the practice of FGM through the Crimes (Female Genital Mutilation) Act 1995.

The Transcultural Mental Health Centre works in partnership with the community and mental health services to improve the mental health status of people of non-English speaking backgrounds living in NSW and ensure the provision of comprehensive mental health services.

Approximately 40% of the Transcultural Mental Health Centre's clients are refugees.

This Statewide service provides:

- information on different referral and community support options over the 'phone
- referral services through its database on NSW bilingual/bicultural mental health professionals
- a consultative service through its panel of sessional bilingual/bicultural health professionals with experience in mental health and other areas.

Bi-lingual/cultural professionals work in partnership with mainstream mental health services to provide assessment, diagnosis and development of generalist and rehabilitation plans. The Centre's consultative service is not an alternative service but a specialist consultation and co-therapy service which aims to complement the quality of care of existing services.

The NSW Multicultural Health Communication Service aims to facilitate the communication of quality information about health issues and health services to people of non-English speaking backgrounds.

The service provides:

- advice on health issues identified by NESB communities
- advice on appropriate ways to communicate with NESB communities taking into account cultural issues
- links with bilingual health workers and educators, bilingual interviewers for surveys, or speakers on radio; and provides support with:

A pilot series of six five minute radio information programs for the newly arrived Bosnian community on how to access health services in NSW is currently being developed. This includes topics on emergency, poison information and ambulance services, access to GPs and Medicare, Dental Services , Refugee Screening and other refugee specific services, community health, early childhood and adolescent health services, women's health, family planning and sexual health. Depending on the outcome of evaluations this will expand to other refugee communities.

- arranging multilingual promotions
- developing audio-visual resources
- getting help to arrange translations
- organising community consultations
- developing communication campaigns.

The **Multicultural HIV/AIDS Education and Support Service** provides:

- Care and Support during pre and post-test counselling, long term emotional support and assists clients to access relevant health services;
- Prevention initiatives that are designed to increase knowledge of HIV/AIDS and related issues amongst ethnic/bicultural health and community workers as well as NESB communities;
- Education programs, designed to raise awareness and knowledge of HIV/AIDS and its prevention in a culturally appropriate manner; and
- Training mainstream health professionals to raise awareness and knowledge of cultural issues around HIV/AIDS and developing publications on multicultural HIV/AIDS issues and presentations at key conferences and forums.

Some initiatives of the Multicultural HIV/AIDS Education and Support Service have included:

- The 'Play it safe – Use a Condom' campaign which organised a soccer match using soccer celebrities and members of refugee communities. Soccer was used as a medium to promote safe sex and with resources, such as the 'Play it Safe' video and information packages, educated people on safe sex.
- The national Sexual Health and Hepatitis
- Training and Educational Package targets health professionals and newly arrived and refugee communities.
- The Spanish speaking Background HIV/AIDS Education Project (Hispanic Project) "Condon-Rito... Don't forget it!" explored and implemented innovative and more effective ways of reaching and educating people from Spanish speaking communities. The program adapted a cultural icon, Condorito, a very popular comic strip folk-hero familiar to South and Central American countries. He has played a variety of social positions in his comic books. He has been a Doctor, a banker, a thief and a soccer player among others. Playing with the Spanish word condon (condom) and the character Condorito the campaign was developed.

The **Education Centre Against Violence** provides sexual assault training for ethno-specific, multicultural health workers, as well as cross cultural training for sexual assault services. In conjunction with STARTTS, considerable focus has been paid to networking with refugee services.

In addition to the above mentioned multicultural health services, three **refugee specific services** have been established. These are:

- Refugee Screening Service, a small statewide service focussing on public health screening of refugees. This service is located in South Western Sydney Area Health Service and aims to screen newly arrived humanitarian entrants for diseases of public health significance and to direct people towards appropriate services for personal health concerns, as necessary.

- Newly Arrived Refugee Program is a small service consisting of a Coordinator and a panel of sessional Bilingual Community Educators. The program provides an on arrival orientation program to the NSW Health system, primarily for newly arrived refugees settling in the South Western Sydney Area Health Service catchment area is available for the following groups: Afghani (Dari), Arabic, Assyrian, Bosnian, Cambodian, Croatian, Farsi, Kurdish, Serbian, Somali and Vietnamese.

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

is a specialist assessment and treatment program for refugees who are survivors of torture at any stage post arrival.

Its role encompasses

- direct services
- education and training of workers in mainstream and ethnic specific services who work with refugees;
- social policy and community advocacy projects
- research, and
- maintaining liaison with similar services throughout Australia and the world.

Its outreach program commits STARTTS to the provision of training, liaison, some direct service provision, consultancy and supervision and support to health services outside South Western Sydney Area Health Service.

STARTTS and the South Western Sydney Area Health Service have developed the 'Becoming yourself again' information package for newly arrived Bosnian, Croatian, Serbian and English speaking refugees. This was designed to assist in addressing: STARTTS and the South Western Sydney Area Health Service have developed the "Becoming Yourself Again" information package for newly arrived Bosnian, Croatian, Serbian and English speaking refugees. This was designed to assist with:

- post traumatic stress disorders and disturbances that newly arrived refugees experience;
- preconditions for recovering and where to seek help
- suggestions and advice for overcoming feelings of helplessness, regaining control
- suggestions for self-help to overcome crises in adjustment and
- advice about family and interpersonal problems including anger, aggression and mourning.

Other Government Departments also target their services to refugees. These include:

- the NSW Department of Education and Training which provides a range of support services for migrants and refugee students in primary and high schools, such as, English as a Second language education, counselling and welfare support and special education classes for students with specific learning difficulties. Secondary aged newly arrived students with limited English skills attend Intensive English Centres (IECs), and access Specialist Migrant Counsellors whose role includes providing information to students and their families and monitoring the health and adjustment of students. Other resources include NESB Community Information Officers.
- TAFE where English language classes are provided to newly arrived refugees;
- the NSW Department of Community Services which provides a range of services through its community service centres on matters relating to child protection and disability services;

- the Commonwealth Department of Immigration and Multicultural Affairs which has a range of services targeted to Humanitarian Program entrants through its Humanitarian Settlement Program. These are the Community Refugee Settlement Scheme (CRSS), On Arrival Accommodation (OAA) and Case Coordination. A network of agencies such as the Community Settlement Services (CSS), Migrant Resource Centres (MRC) and the Integrated Humanitarian Settlement Strategy (IHSS) are also funded by the Department to provide services to a broad range of migrants and refugees. The National Integrated Settlement Strategy (NISS) aims to improve the provision of settlement services to migrants through coordination and cooperative action between agencies at all levels of government and in the community, for example, the NSW Interdepartmental Committee on Migrant Settlement (NICOMS) consists of representatives from key health, welfare, housing and education departments. Settlement services are underpinned by English language tuition provided through the Adult Migrant Education Program (AMEP) and its network of learning arrangements.

A number of **non-Government organisations** target programs for refugees as well as playing a significant role in referring people to health services. Some examples include:

The Australian Red Cross administer the Asylum Seekers Assistance Program (ASAS) which assists certain persons without Medicare cards to access public hospitals in NSW for 'urgent and life threatening' conditions and maternity care. However, it should be acknowledged that there is a growing number of Asylum Seekers who are becoming ineligible for both Medicare and ASAS and as such, may not be able to afford access to health services.

The Australian Red Cross, Tracing Agency provides at the Villawood Detention Centre:

- assistance with restoring contact between family members; and
- emotional support to individual detainees through casework, addressing issues of long-term detention, boredom and depression.

DAMEC has undertaken and participated in research projects on 'alcohol and other drugs' issues in various refugee background communities. These include the Vietnamese and Spanish and Arabic speaking communities.

- **The Drug and Alcohol Multicultural Education Unit (DAMEC)** contributes to the minimisation of harm associated with alcohol and other drugs within non-English speaking background (NESB) communities in NSW. The service:
- promotes access and equity principles;
- advocates for and promotes the provision of culturally and linguistically appropriate alcohol and other drug information to NESB communities;
- undertakes research into the alcohol and other drug use of NESB communities;
- supports the development and implementation of appropriate strategies to reduce drug use.

In collaboration with the **Migrant Resource Centre of Newcastle and the Hunter, and the Hunter Area Health Service** a 'Women in Transition' community development program exploring the health and settlement issues of refugee women in the Hunter Area has been established.

6. WHAT WE WILL DO

The refugee resettlement process is not a linear progression from living in repression, to living in exile, to seeking asylum, to resettlement. This process includes:

“All I want to know is whether my body still works, and whether my wife and children are all right” (Iranian man)

- **pre-arrival refugee experiences**, such as the “push” factors which may force people to leave their country of residence, and may include persecution and other forms of torture and trauma. Refugees are also unlikely to have access to adequate health care in the country of origin;
- **transition factors**, which are faced once a person moves from their country and may include the effects of fleeing from the country of origin and experiences in refugee camps; and
- **the impact and implications of the settlement process** itself and its associated stresses and difficulties.

In common with most people, refugees must deal with inherent difficulties and challenges as they move through the different stages of the life cycle. However, what is significant about refugees is that they face these stresses during a time when personal resources are already depleted as a consequences of these traumatic events.

Resettlement is a process which may extend up to 40 years, may involve other family members and may incorporate children born at any stage in the settlement process. Resettlement may include relatives and relations and may affect the ageing process of elderly refugees.

In view of the complexity of this interaction, the approach and resources required to address the needs of the refugees will vary for different groups and at different stages of the resettlement process.

“Accepting people under this [refugee program] is only the beginning. If we really want refugees to have a ‘new life’ in Australia, we must provide suitable services and other support. Without this, refugees are placed in a double jeopardy where they suffer further dislocation of their lives and risk experiencing further victimisation.”
(Aroche, J. and Coello M.)

The challenge for health services is to understand the combined impact of these factors on the health status of refugees, so that appropriate and effective strategies for prevention and early intervention are developed.

Refugee service development and delivery will emphasise better coordination of new and existing services to ensure an early intervention approach. Coordination is vital for consolidating and building upon current services in refugee health.

Available evidence suggests by linking refugees into effective services which are linguistically and culturally appropriate earlier will produce tangible benefits in improving the health of refugees. Evidence also suggests that policies and strategies which support refugee families at the early stages of settlement will prevent family disintegration and will provide long lasting health benefits.

In their implementation strategies must emphasise:

- the consultation of consumers about the way services are to be provided;
- the development of innovative early intervention services, using multiple entry points and clear pathways to appropriate health care;
- the consideration of such issues as gender, age and ethnicity;
- the consideration of refugees living in regional and rural areas of NSW, and that flexible models of service delivery are developed;
- the maintenance of services and programs that target refugees who have been in Australia for many years;
- where possible, the provision of locally based services which are accessible, equitable and well coordinated;
- clarity in the roles and responsibilities of key service providers;
- close collaboration between existing services, such as, sexual assault services, PANOC coordinators, the Education Centre Against Violence, paediatric and youth health services, the Transcultural Mental Health Centre, STARTTS and other multicultural health initiatives and programs is required when developing targeted programs and services;
- close collaboration with services provided by other agencies, such as, Community Services, Education and Training, Housing and Immigration and Multicultural Affairs.

The Refugee Health Strategy will:

1. Enable refugee communities to make choices conducive to their health.
2. Improve access for refugees to a range of health services.
3. Enhance collaboration between health services directed to refugees within NSW, in partnership with community organisations and other government agencies.
4. Enhance the skills of health professionals in refugee health care.
5. Promote research into refugee health.

The needs of refugees are diverse. Some refugees arrive in Australia with physical injuries, a diverse range of diseases and may be survivors of torture and trauma. On arrival they have no knowledge of the health system, the different levels of Government in Australia, who provides what services and where services are located.

1. *Enable refugee communities to make choices conducive to their health.*

The Review of the Newly Arrived Refugee Program (NARP) (1996) identified that most refugees settling in New South Wales require information at different stages of their settlement process. On-arrival information on accessing GPs and specialists, Medicare, hospitals, emergency assistance and interpreters is a priority. At a later stage, when other pressing issues such as housing, income support and children's education have been dealt with, a greater level of information on specialist services and health promotion on drugs, mental health etc is required.

What NSW Health will do:

- Improve the quality of information provided to refugees by developing information packages for newly arrived refugees, utilising a variety of strategies, such as,

- written material, focus groups and information sessions, videos.
- Trial The Health Care System in NSW booklet which provides a comprehensive guide on the health system to inform newly arrived refugees and migrants in NSW.
- Improve links and support to refugee support services by providing health information for refugees on the Internet.
- Establish a Refugee Health Improvement Forum which aims to bring together key stakeholders, including other government departments and non-government agencies, and refugee consumers to discuss health issues of refugees and to facilitate a coherent statewide response.
- Encourage refugees living in regional and rural areas of NSW and refugee youth to actively participate in such fora.
- Support new and innovative collaborative initiatives with other government departments and non-government organisations which aim to provide health information to newly arrived refugees. A good example of this is the Beach Street Curriculum project undertaken by AMES which uses health themes to teach English.
- Improve the coordination of current health promotion strategies targeting refugee communities through the establishment of a Multicultural Health Promotion forum .

In responding to refugee health needs, throughout the post war years, mainstream health services have relied upon refugee specific services and multicultural health services. The health of refugees is the responsibility of all health services in NSW.

2. Improve access for refugees to a range of health services

This is necessary as refugee health services are:

- limited in number and their geographic reach, as they focus their activity in Sydney's western region; and
- because the health care needs of refugees are diverse and complex.

Current barriers to accessing mainstream health services include:

- insufficient expertise by health professionals in identifying and responding to refugee health issues;
- insufficient cooperation between Area Health Services that maximises limited resources;
- insufficient coordination between NSW Health and other government Departments which provide services to refugees;
- systemic inflexibilities which are unable to respond to changes in the Humanitarian Program, such as, recent arrivals from new source countries.

What NSW Health will do:

- Establish a statewide Refugee Health Service which will assist health care providers in a problem solving role, provide physical health screening, centrally coordinate and resource mainstream health services to provide quality health care services to refugees, including training, policy advocacy and development.
- Promote better coordination of refugee health services and other government and non-government agencies through the Refugee Health Improvement Forum. This forum would be used to discuss and address refugee health issues and facilitate a coherent statewide response.

- Promote outreach services for refugees living in regional and rural areas of NSW.
- Develop a range of new 'Health Assessment Tools' which can assist health professionals to identify the health needs of refugees and refer them to appropriate services.
- Promote the General Practitioner (GP) Share Care program concept, into refugee health care by working with the various Divisions of GPs.
- Ensure that services such as, sexual assault services, women's health, men's health, mental health, adolescent health, child health, PANOC, ACATs, family support/carer services target refugees and promote partnerships with the Refugee Health Service.
- Improve the coordination of specialist paediatric care services with local health and relevant community services.
- Improve the delivery of dental health services by implementing the Dental Care Project for Humanitarian Entrants.
- Ensure that all Area and Rural Health Services will include refugee health as a priority area for strategic intervention and will include a refugee health care contract element in the Health Service Performance Agreements.
- Develop a specialised clinic at STARTTS to meet the needs of refugee children who have been traumatised.
- Promote the expertise developed through this clinic to mainstream child health services.
- Increase the number of interpreters employed by the Health Care Interpreter Service (HCIS), including rural panels, that represent newly arrived refugee communities.
- The Health Care Interpreter Service Professional Development Committee is to include refugee health issues in the staff development curriculum.
- In partnership with the National Accrediting Authority of Translators and Interpreters (NAATI), the Health Care Interpreter Service Professional Development Committee is to explore the development of training programs for refugees to become interpreters.
- Explore the potential for partnerships with the Commonwealth Department of Immigration and Multicultural Affairs for training Translating and Interpreter Service (TIS) interpreters on refugee health issues.

NSW Health is committed to creating partnerships with other government Departments and non-Government organisations to respond to emerging issues where new forms of action is required.

3. Enhance collaboration between health services directed to refugees within NSW, in partnership with community organisations and other government agencies.

Comprehensive approaches to health development are the most effective. Pre-requisites for good health are peace, shelter, education, social security, social relations, food, income, empowerment of women, protection of children, a stable eco-system, sustainable resource use, social justice, respect for human rights and equity. Above all, poverty is the greatest threat to health.

What NSW Health will do:

- Promote better coordination of refugee health services and other government and non-government agencies through the Refugee Health Improvement Forum. This forum would be used to discuss and address refugee health issues and facilitate a coherent statewide response.
- Foster collaboration with other government Departments and where appropriate engage in joint service provision.
- Promote better partnerships and the sharing of resources between Area Health Services. For example, include in health service performance agreements a contract element on refugee health care.
- Continue participation in the NSW Interdepartmental Committee on Migrant Settlement (NICOMS).
- Incorporate refugee health care issues in the NSW human services Directors-General forum.
- Area Health Services to actively participate in local service provider forums.
- The Refugee Health Service is to actively participate in the Refugee Support Network.

4. Enhance the skills of health professionals in refugee health care.

Over the past three decades successive reports on the training needs of health professionals have recommended that health professionals should receive training and assistance in better understanding the interaction between health and culture.

Unfortunately, progress in providing this type of training is inadequate and fragmented. The overwhelming tendency by medical, nursing and allied health care educational institutions is to treat multicultural issues as marginal and peripheral. Optional subjects and occasional lectures are provided but there is general failure to integrate knowledge and practical skills into core clinical and theoretical training.

As a consequence, most health and allied professionals who enter the NSW public health system do not feel confident in their understanding of the health needs of our culturally diverse community and their ability to provide services which are culturally sensitive.

What NSW Health will do:

- Develop resource material for training health and other professionals on refugee health issues.
- Seek to incorporate refugee health issues in the training of health professionals to promote an understanding of refugee health issues amongst existing health employees by promoting staff exchanges between specialist and mainstream health services.
- Through the Early Intervention Case Management Program funded by the Department of Immigration and Multicultural Affairs, STARTTS will develop training packages for health care professionals. Information regarding the impact of having missing family members, diversity and complexity of diseases, issues relating to the refugee experience, etc could be included.

- The NSW Education Program on Female Genital Mutilation Program: Implementation Plan will target training to health care providers working with affected communities.
- In conjunction with STARTTS and the Refugee Health Service, outreach programs are to be conducted that focus on the training needs of health care professionals.
- Promote a better understanding of refugee health needs among GPs. In partnership with Divisions of General Practice, STARTTS and the Refugee Health Service will develop relevant training programs for GPs on refugee health care issues.
- Explore with Divisions of General Practice where accrediting systems for GP training on refugee health care can be developed.
- Promote the inclusion of refugee health care in existing RACGP Standards of Health Care.
- Continue collaboration with the RACGP with developing training programs and curriculums specific to refugee health care issues.

5. Promote research into refugee health.

Ideas about health and disease, responses to illness, access to and use of health services, and other public health issues, have changed considerably in recent years to take account of the social, economic and cultural context in which people become sick and recover. There is now a growing and wide ranging literature concerned with social understanding and the cultural history of health issues.

Much of the contemporary literature on cultural aspects of health shows that health and illness are culturally constructed experiences and these experiences vary according to social context. While disease has a biological cause, responses to disease, and understandings and ideas about sickness and health are social phenomena, as are the interpersonal relationships, social structures and organisations that influence peoples experience of sickness.

Arguably, much of people's attitudes towards health promoting behaviour, their ability to recognise signs of illness, and their understanding of disease are all culturally determined.

An awareness of the nature of medical pluralism, and of the cultural beliefs and practices that determine pluralistic health strategies among people of different cultural background is important and necessary for the delivery of appropriate and effective health care.

What NSW Health will do:

- Incorporate refugee issues as a high needs Departmental research priority when exploring the establishment of a Centre for Multicultural Health. This is to include health issues relating to the impact of refugee incarceration, family separation and those relevant to children and adolescents, such as, issues surrounding unattached and detached minors.
- The Refugee Health Service will work collaboratively with the Department's Research and Development Branch to identify refugee research priorities and data needs, to guide priority of health care provision.

- Provide funding for research from the NSW Multicultural Health Service Enhancement Program, which could include evaluating appropriate and effective models of care and how to adapt them for refugees.
- The Refugee Health Service to work collaboratively with the Centre for Adolescent Health, to research areas relevant to refugee youth.
- Fund research into the health needs of adolescent refugees.
- The Refugee Health Service to establish a Refugee Health Research Network.

7. GLOSSARY OF TERMS

ACAT	Aged Care Assessment Team
AMES	Adult Migrant Education Service
DAMEC	Drug and Alcohol Multicultural Education Unit
DIMA	Department of Immigration and Multicultural Affairs
EICM	Early Intervention Case Management
FGM	Female Genital Mutilation
FICT	Families in Cultural Transition
GP	General Practitioner
HCIS	Health Care Interpreter Service
MHAS	Multicultural HIV/AIDS Education and Support Service
MHCS	NSW Multicultural Health Communication Service
MRC	Migrant Resource Centre
NARP	Newly Arrived Refugee Program
NESB	Non-English Speaking Background
NSP	New Settlers Program
PANOC	Physical Abuse and Neglect of Children
RACGP	Royal Australian College of General Practitioners
RCOA	Refugee Council of Australia
RHS	NSW Refugee Health Service
STARTTS	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors
SWSAHS	South Western Sydney Area Health Service
TAFE	Training and Further Education
TMHC	Transcultural Mental Health Centre
UNHCR	United Nations High Commissioner for Refugees
UNSW	University of NSW
WAHS	Wentworth Area Health Service
WSAHS	Western Sydney Area Health Service

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