

WHY FOCUS ON REFUGEE HEALTH?

A RESOURCE OF THE AUSTRALIAN REFUGEE
HEALTH PRACTICE GUIDE

AUSTRALIAN
**REFUGEE
HEALTH**
PRACTICE GUIDE



Primary care for people from refugee backgrounds

ABOUT THE AUSTRALIAN REFUGEE HEALTH PRACTICE GUIDE

The Australian Refugee Health Practice Guide aims to support doctors, nurses and other primary care providers to deliver comprehensive on arrival and ongoing care for people from refugee backgrounds, including people seeking asylum.

The Australian Refugee Health Practice Guide comprises the following resources:

- Desktop guide
- Booklets on key topics
- Website: refugeehealthguide.org.au

The Australian Refugee Health Practice Guide is an updated version of *Promoting Refugee Health: A guide for doctors and other health care providers caring for people from refugee backgrounds* (2012) and *Caring for patients in general practice: a desktop guide* (2012) and their previous editions.

The 2018 update of the Guide was conducted by the Victorian Foundation for Survivors of Torture Inc. (Foundation House) in collaboration with general practitioners, refugee health nurses, practice nurses, specialists and Primary Health Network staff.

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INTRODUCTION TO REFUGEE HEALTH

The pre-migration, migration and settlement experiences of people from refugee backgrounds, including people seeking asylum, has diverse impacts on the health of individuals and families. While health issues affecting individual new arrivals, and particular refugee background communities, vary depending on the region and country of origin and the nature and duration of the refugee experience, there are common health concerns across communities. It is not unusual for people to have multiple and complex health problems on their arrival in Australia.^{1(p8),2}

Many people from refugee backgrounds have experienced interrupted access to health care prior to arriving in Australia. This may be due to the breakdown of health services in situations of war and conflict; constraints on access to health services in the context of human rights abuses; or limited access to health care in countries of first asylum.

As a result, people from refugee backgrounds may have injuries, diseases and conditions (some sustained or acquired as a consequence of deprivation, torture and other traumatic events) that may have been poorly managed in the past. They are also likely to have had limited or disrupted access to mental health support and to illness prevention programs such as immunisation.³

The relatively poor health status of people from refugee backgrounds is likely a result of the refugee experience, with many health problems being due largely to physical and psychological trauma, deprivation of basic resources required for good health, and poor access to health care prior to arrival. Many of these health conditions can be addressed by sensitive, intensive 'catch-up' care, early identification and prevention of disease, as well as support in the early period of settlement.

PEOPLE FROM REFUGEE BACKGROUNDS AND PEOPLE SEEKING ASYLUM IN AUSTRALIA

The United Nations (UN) 1951 Convention Relating to the Status of Refugees (Refugee Convention), one of a series of conventions and treaties designed to regulate the rights of refugees internationally, defines the term 'refugee' as someone who has left his or her country and cannot return to it owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.⁴

The Australian Government allocates a set number of visa places each year in the federal budget for people from refugee backgrounds. The Refugee and Humanitarian Programme allocation is currently 18,750 visas per year.^{6(p5)} This is in addition to a larger migration program, which includes people from refugee backgrounds who arrive on other visas.

People may apply for protection visas offered through the Refugee and Humanitarian Programme while living overseas (visa subclasses 200–204) or after they arrive in Australia (visa subclass 866). Some people who arrive in Australia without a

valid visa may only apply for protection visas that are temporary (visa subclass 785 Temporary Protection Visa and visa subclass 790 Safe Haven Enterprise Visa).⁵ This applies to the people that arrived in Australia by boat prior to 2014.

People who receive permanent protection visas are permanent residents on arrival in Australia (for holders of visa subclasses 200–204) or following visa grant (for holders of subclass 866).

For a full list of visa numbers, see 'Refugee and humanitarian programme', Australian Government Department of Home Affairs: <https://www.homeaffairs.gov.au/trav/refu>.

CHANGING COMPOSITION OF AUSTRALIA'S REFUGEE AND HUMANITARIAN PROGRAMME

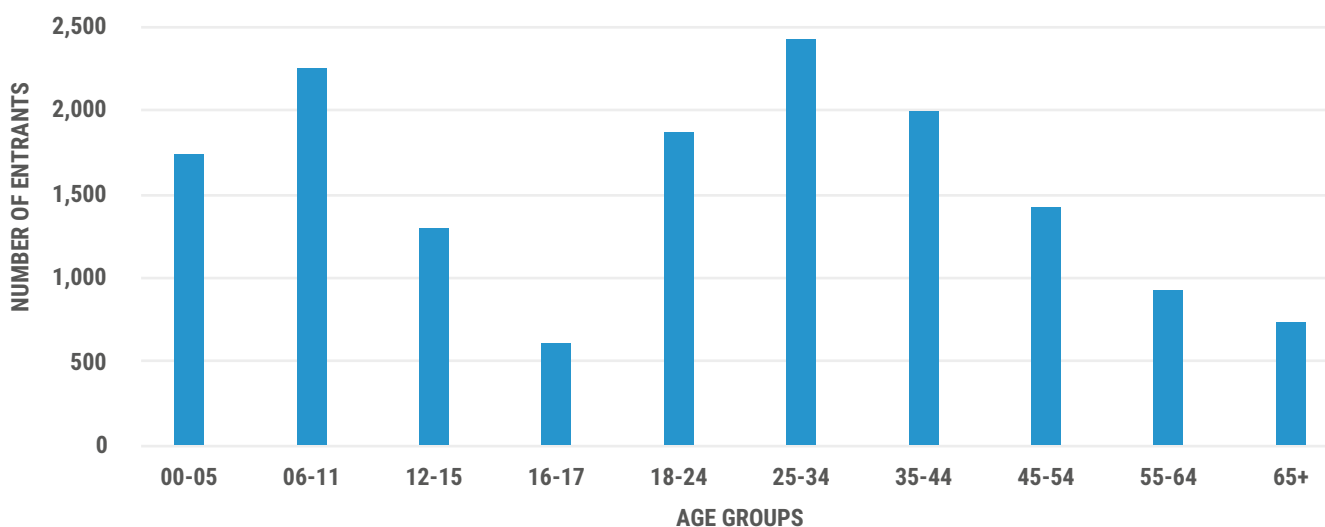
Australia's Refugee and Humanitarian Programme is constantly changing in response to refugee crises and resettlement needs internationally. Table 1 shows the changing composition of the refugee and humanitarian intake in Australia over the last 20 years.

Table 1: Top 10 countries of birth for Refugee and Humanitarian Programme entrants*

1997	2007	2017
BOSNIA AND HERZEGOVINA	MYANMAR	IRAQ
IRAQ	IRAQ	SYRIAN ARAB REPUBLIC
YUGOSLAVIA FORMER	SUDAN	AFGHANISTAN
SRI LANKA	AFGHANISTAN	MYANMAR
CROATIA	CONGO, DEM REPUBLIC OF THE	IRAN
VIETNAM	IRAN	THAILAND
SOMALIA	THAILAND	ERITREA
SUDAN	CHINA, PEOPLES REPUBLIC OF	CONGO, DEM REPUBLIC OF THE
AFGHANISTAN	BURUNDI	NEPAL
IRAN	LIBERIA	BHUTAN

* Data extracted from the Settlement Database on 8 & 15 October 2018 by the Strategic Planning and Reporting Section, Department of Social Services.

Figure 1. Age profile of Refugee and Humanitarian Programme entrants in 2017*



*Data extracted from the Settlement Database on 8 October 2018 by the Strategic Planning and Reporting Section, Department of Social Services

Each year a significant proportion of refugee and humanitarian entrants in Australia are children. Figure 1 shows the age distribution of Refugee and Humanitarian Programme entrants to Australia in 2017. In recent years services have noted growing numbers of people arriving who are over 55 years of age and more people arriving with disabilities. Data may be requested from the Department of Social Services to assist with service planning. This may be useful, for instance, in identifying languages spoken by community members to plan interpreting services or to identify the number of women of child bearing age to plan bilingual antenatal classes.

Practice tip: The Department of Social Services Settlement Database provides statistical data from a range of sources on permanent arrivals to Australia. The most commonly requested reports on permanent settlers to Australia can be found at <https://www.data.gov.au/dataset/settlement-reports>. In addition, more specific data reports can be requested by email at settlementdatarequest@dss.gov.au.

Practice tip: The general information contained in this Guide is applicable to working with people from refugee backgrounds regardless of their country of origin.

Practice tip: Approaches to working with sub-population groups including children, adolescents, people seeking asylum, women, men, older people and people living with a disability can be found on the Australian Refugee Health Practice Guide website <http://refugeehealthguide.org.au>.

HUMANITARIAN SETTLEMENT PROGRAM

Prior to leaving their country of departure, Refugee and Humanitarian Programme entrants may attend the Australian Cultural Orientation (AUSCO) Program, a five-day course that covers a range of topics related to resettling in Australia. See 'The Australian Cultural Orientation (AUSCO) Program', Department of Social Services: <http://www.dss.gov.au/settlement-and-multicultural-affairs/programs-policy/a-multiculturalaustralia/the-australian-cultural-orientation-ausco-program>.

On arrival in Australia, Refugee and Humanitarian Programme entrants (visa subclasses 200-204) are provided support through the Australian Government's Humanitarian Settlement Programme (HSP) for 6–12 months. HSP providers work with clients to identify their needs and develop a case management plan to meet initial settlement needs, including:

- meeting people at the airport
- assistance with finding suitable longer-term accommodation
- providing an initial food package and start-up pack of household goods
- assistance to register with Centrelink, Medicare, health services, banks, schools and English classes
- orientation to life in Australia, including health, education, employment, and Australian laws and culture
- assistance to fulfil the requirements of health undertakings.

The HSP provides three tiers of support based on client need. Tier 1 provides support to people with the lowest needs, while people in Tier 3 may be impacted by multiple and complex barriers to engaging with appropriate supports.

For more detailed information about settlement support see 'Settlement support', Australian Refugee Health Practice Guide: <http://refugeehealthguide.org.au/settlement-support>.

PEOPLE SEEKING ASYLUM

People who arrive in Australia and subsequently apply for the protection of the Australian Government under the provisions of the Refugee Convention are referred to as 'asylum seekers' while their applications are considered.

Over recent years there have been multiple changes to how protection applications are processed, and depending on the mode and date of arrival, people are processed under different systems, with different entitlements to have protection decisions reviewed. See 'Overview of refugee process', Refugee Advice and Casework Service (RACS): <https://www.racs.org.au/causes/factsheets>.

Most people who seek asylum arrive in Australia, usually by plane, with valid entry documentation such as a student or tourist visa. These people are permitted to reside in the community on a Bridging Visa while their application for protection is considered. During this time, however, they face limitations on their access to benefits and services.

People in this group who are found to be refugees, and satisfying certain health and character checks, are granted a Refugee Protection Visa (an 866 Visa), which accords them permanent residence in Australia and its associated rights and responsibilities.

Immigration detention (including alternate places of detention, immigration transit accommodation, and immigration detention facilities)

People who arrive without valid entry documentation are subject to periods of held immigration detention. While in held detention, health care is facilitated by the Department of Home Affairs contracted service International Health and Medical Services (IHMS).

Community placement (previously known as community detention)

Some people seeking asylum are released from immigration detention facilities into the community under residence determination arrangements. The Department of Home Affairs has contracted service providers under the Status Resolution Support Services (SRSS) program to provide housing, case management support and, where appropriate, counselling for pre-arrival experiences of torture or other traumatic events. Community placement clients are not eligible for Medicare, instead IHMS is contracted by the Department of Home Affairs to facilitate and pay for a specified range of health services for this group.

People seeking asylum who are living in the community post-detention

People seeking asylum may be released from detention facilities and from community placements on a Bridging Visa E (BVE) to live in the community. This group is reliant on the private rental market, and may receive case work support from SRSS providers. This group are eligible for Medicare if they have work rights. For further information about eligibility for services and entitlements for people seeking asylum see 'Asylum seekers', Australian Refugee Health Practice Guide: <http://refugeehealthguide.org.au/asylum-seekers>.

Healthcare considerations for people seeking asylum

People seeking asylum have particular healthcare needs stemming from the refugee determination process, limitations on their access to important settlement resources and, for many people, the effects of long term detention and prolonged uncertainty regarding their residency status. For further information about the additional considerations when working with people seeking asylum see 'Asylum seekers', Australian Refugee Health Practice Guide: <http://refugeehealthguide.org.au/asylum-seekers>.

OTHER MIGRATION PROGRAMS

People with refugee experiences may also enter through other Australian migration programs (e.g. the Family and Business Migration programs). In many cases these entrants have been sponsored by relatives who themselves entered Australia through the Humanitarian Programme and originate from very similar circumstances.

HOW CAN PEOPLE FROM REFUGEE BACKGROUNDS BE IDENTIFIED?

Being able to identify people from refugee backgrounds, including people seeking asylum, is important, as it enables health professionals to tailor their care.

There are a number of indicators that a person may be from a refugee background. These include:

- country of birth
- year of arrival in Australia
- need for an interpreter
- preferred language
- visa type
- referral source.

People who have come to Australia under another migration program may also have refugee backgrounds.

People who have been in Australia for some time may not want to identify themselves as refugees or want to present visa number details. If the country of origin is one that has a history of conflict and human rights violations, for example Afghanistan or Burma, the client is likely to be of refugee background. People may also have been born or spent many years in another country in a refugee camp or urban setting, for example Kenya, Pakistan, Egypt, Thailand or Malaysia, which can also suggest a refugee background.

For more information about identifying people from refugee backgrounds, including visa numbers, see 'Identifying patients from refugee backgrounds', Australian Refugee Health Practice Guide: <http://refugeehealthguide.org.au/identifying-patients-from-refugee-backgrounds>.

COMMON HEALTH CONCERNS FOR PEOPLE FROM REFUGEE BACKGROUNDS

PHYSICAL HEALTH AND ACCESS TO HEALTH CARE

People from refugee backgrounds will have similar health concerns to their Australian-born counterparts, but may also have health issues specific to their country of origin and their migration and settlement experience. People from refugee backgrounds may originate from countries where basic resources required for health, such as safe drinking water and sanitation, shelter, an adequate food supply, education and opportunities for employment, are scarce.⁸ These circumstances place them at increased risk of complex physical and mental health conditions, including communicable and vaccine preventable diseases.^{8,9}

After arrival in Australia a significant number of people from refugee backgrounds face barriers to accessing health care, including: language, financial stress, competing priorities in the settlement period, and difficulties understanding and navigating an unfamiliar Australian healthcare system, including the role of general practice and other primary care services, pharmacy and hospital based services. The provision of timely, high-quality health care is crucial to the successful settlement and integration of people from refugee backgrounds, as optimal health and wellbeing provide a stronger basis for them to adapt and thrive in their new country.¹⁰

A refugee health assessment is recommended within one month of arrival in Australia as it provides an opportunity to optimise health, and addresses health inequity through the provision of 'catch-up' immunisation, as well as diagnosis and treatment of unmanaged chronic conditions.

ELIGIBLE VISA NUMBERS FOR THE MBS REFUGEE HEALTH ASSESSMENT

The 'Health assessment for refugees and other humanitarian entrants' is funded up to one year post arrival or eligible visa grant date through the Medicare Benefits Schedule (MBS) (Items 701, 703, 705 and 707). The assessment can be completed over a number of consults. For visas see 'Health assessment for refugees and other humanitarian entrants', Australian Government Department of Health: http://www.health.gov.au/internet/main/publishing.nsf/content/mbsprimarycare_mbsitem_refugees.

Approaches to the refugee health assessment are detailed in 'Refugee health assessment', Australian Refugee Health Practice Guide: <http://refugeehealthguide.org.au/refugee-health-assessment>.

Practice tip: The Victorian Refugee Health Network Refugee Health Assessment template is compatible with medical software and has been endorsed by the Australian Primary Health Care Nurses Association (APNA) and accepted as a clinical resource by the Royal Australian College of General Practitioners (RACGP) <http://refugeehealthnetwork.org.au/refugee-health-assessment-tool>.

Further information about conducting refugee health assessments, including refugee health assessment templates, current recommendations for common health concerns, and approaches to working with particular sub-populations such as children, older people and people seeking asylum are available on the Australian Refugee Health Practice Guide website: <http://refugeehealthguide.org.au>.

IMPACT OF TORTURE AND TRAUMA

People from refugee backgrounds, including people seeking asylum, are likely to have been exposed to torture or other traumatic events such as prolonged periods of deprivation, human rights abuses, the loss of loved ones or a perilous escape from their homelands. Reported prevalence of torture and war-related potentially traumatic experiences varies and it is difficult to generalise across groups. A 2016 systematic review reported that prevalence of torture among participants from refugee backgrounds ranged between 1–76% (median 27%).¹¹

People from refugee backgrounds, including people seeking asylum, vary in their readiness to disclose previous trauma, and much depends on context, and the empathy, warmth and skill of the clinician. Talking about past experiences can be psychologically beneficial in the right circumstances. However, the knowledge that the patient may have endured certain experiences due to their country of origin or transit is generally sufficient to provide appropriate care.

Common psychological effects of torture or other traumatic events include a range of symptoms and behavioural effects. Some patients may suffer a mental health disorder, the most frequent being post-traumatic stress disorder, depressive disorder and anxiety disorders.¹²

For more detailed information on management of the psychological impact of torture or other traumatic events, see 'Management of psychological effects of torture or other traumatic events', Australian Refugee Health Practice Guide: <http://refugeehealthguide.org.au/psychological-effects-of-torture-trauma>.

A comprehensive booklet, *Experiences of torture and trauma: psychological and physical effects, management and psychological approaches* <http://refugeehealthguide.org.au/experiences-of-torture-and-trauma-booklet>, is available as a resource of the Australian Refugee Health Practice Guide. This booklet covers in detail:

- physical and psychological effects of torture and trauma
- approaches to assessment of trauma
- conducting a comprehensive psychosocial assessment
- mental health/psychological screening
- treatment and management
- chronic pain and psychosomatic disorders
- the impact of torture and trauma on families, children and young people
- family violence and women
- sexual assault
- staying effective.

THE IMPACT OF RESETTLEMENT ON HEALTH

While people from refugee backgrounds may be in relatively poor health on arrival in Australia, the early settlement period may be one during which they are exposed to further negative influences on their wellbeing. Many may experience ongoing grief associated with the loss of family and friends, culture and community. Anxiety is a common consequence for those facing continuing uncertainty about the fate of family members left behind. People who have survived horrific experiences may also have a profound sense of guilt, particularly if family and friends were lost to conflict or remain in difficult circumstances in their countries of origin or first asylum.

A strong body of evidence demonstrates that the health of both individuals and communities is influenced by access to social and economic resources.¹³ As well as assets such as housing, education, employment and income, these include less tangible resources such as social connection and support, a social position with meaning and value, and freedom from discrimination and violence.^{13,14} The early settlement period may be a time when people from refugee backgrounds have limited access to resources known to protect and promote health, including employment, adequate income and appropriate housing. The early settlement period is also a time when people may have limited access to the protective effects of family and social support. While many will have lost or become separated from family members in the course of their refugee experiences, cultural and language differences may make it difficult for them to establish connections and secure social support within their local community.

Without addressing the full range of factors that affect health, including social determinants of health, it is difficult to achieve universal access to health or reduce preventable morbidity and mortality.⁸

For more information see Australian Refugee Health Practice Guide:

- Refugee patients in primary care: <http://refugeehealthguide.org.au/refugee-patients-in-primary-care>
- Settlement support: <http://refugeehealthguide.org.au/settlement-support>

ACCESS TO HEALTH CARE

On arrival in Australia, people from refugee backgrounds may experience difficulties in accessing and making the best use of health services. Negotiating a new and unfamiliar health system may be a complex undertaking, particularly for those with multiple health needs requiring numerous investigations and follow-up appointments. This can often be compounded by cultural and language differences between new arrivals and healthcare providers. Many new arrivals will be unfamiliar with illness prevention approaches and may be unaccustomed to the culture that characterises relationships between healthcare users and providers in Australia (e.g. the emphasis on choice and informed consent).

Some may find it difficult to prioritise health concerns in the context of other settlement tasks, many of which are central to their survival in Australia (e.g. finding housing and employment). Moreover, sub-optimal health may be something people from refugee backgrounds have learned to live with in the context of prolonged deprivation.

Health consultations may be a particular source of anxiety, especially if they involve physical examination, invasive procedures or detailed history-taking. As a consequence of experiences in their country of origin, people from refugee backgrounds may have a mistrust of authority figures, among them medical professionals. For some this fear is well founded, with health professionals having been actively involved in perpetrating torture in some persecutory regimes.¹⁵ Anxiety, distress as the result of intrusive memories (sometimes triggered in the course of the consultation), memory loss, confusion and inability to concentrate may interfere with a person's ability to 'hear' and understand questions in the consultation.

Practice tips: Access to health services for people from refugee backgrounds can be improved through:

- workforce development in understanding service eligibility and access policies
- cultural competence training including the use of interpreters, translated information and cultural mediators
- addressing stigma and discrimination
- collaboration between health services, social welfare agencies and communities.⁸

For further info see Australian Refugee Health Practice Guide:

- Approach to consultation and management: <http://refugeehealthguide.org.au/consultation-and-management>
- *Experiences of torture and trauma: psychological and physical effects, management and psychological approaches:* <http://refugeehealthguide.org.au/experiences-of-torture-and-trauma-booklet/>

THE ROLE OF AUSTRALIAN HEALTHCARE PROFESSIONALS

In the early settlement period, newly arrived people from refugee backgrounds may have contact with a range of health professionals, among them doctors, refugee health nurses, maternal and child health nurses, women's health nurses, school nurses, physiotherapists, dentists, psychologists, social workers, youth workers, dietitians and others in community health settings.

As well as providing direct clinical care, many of these professionals may also be in a position to provide support and information to assist people to access health care and other settlement resources. While the nature and extent of their contribution will depend on their professional roles and the settings in which they work, they can support people from refugee backgrounds to attain good health by:

- offering or arranging thorough medical examination and follow-up care
- using interpreters to optimise communication, build rapport and reduce anxiety
- supporting people to address practical barriers to accessing health care
- being sensitive to the effects of trauma and torture, cultural differences and different experiences of using health services on consultation
- providing information on the healthcare system and healthcare services available in Australia
- offering or supporting people to access psychological support where required
- ensuring medical summaries are provided to the patient and referring health services to support care coordination
- linking people with the services, resources and networks required for successful settlement.

SENSITIVE HEALTH CARE AS A HEALING PROCESS

As well as having obvious benefits for addressing physical and mental health problems, health care can of itself make a significant contribution to a person's psychological recovery. Australian healthcare professionals with a sensitive and caring approach to working with people from refugee backgrounds can:

- provide reassurance to those who fear that they have been irreparably harmed by their experiences
- contribute to re-establishing dignity, self-respect and self-esteem
- communicate to people that they are worthy of care, thereby affirming the importance of self-care
- help to re-establish trust and confidence in figures of authority.

STAYING EFFECTIVE

Providing care to a highly traumatised people from refugee backgrounds can evoke emotional feelings in the health practitioner, which may influence the provision of appropriate care as well as lead to personal stress.

Health practitioners and others working with people from refugee backgrounds have found that they are better able to deal with this stress if they have the opportunity to talk about their work with others.

Ways of achieving this include:

- accessing formal professional debriefing (contact details can be obtained through your professional association, union or Primary Health Network)
- arranging formal times for case discussion or review
- arranging regular meetings with colleagues whose client profile is similar to your own
- developing a reciprocal arrangement with a colleague whereby you are available to each other for case discussion or 'debriefing' when required
- undertaking further training in refugee health and wellbeing.

Practice tip: Patients may disclose experiences of torture or other traumatic events during discussion that may seem safe and routine to health practitioners, for example while asking questions about family composition. As a result of listening to the traumatic stories of their patients, health practitioners may experience vicarious trauma. For practical advice about managing vicarious trauma see 'The doctor and the importance of self-care', RACGP White Book: <https://www.racgp.org.au/your-practice/guidelines/whitebook/chapter-14-the-doctor-and-the-importance-of-self-care>.

Professional development and capacity building

Given the changing nature of Australia's humanitarian response and emerging research in this area, regular skill development is recommended for health professionals who work with survivors of torture or other traumatic events.

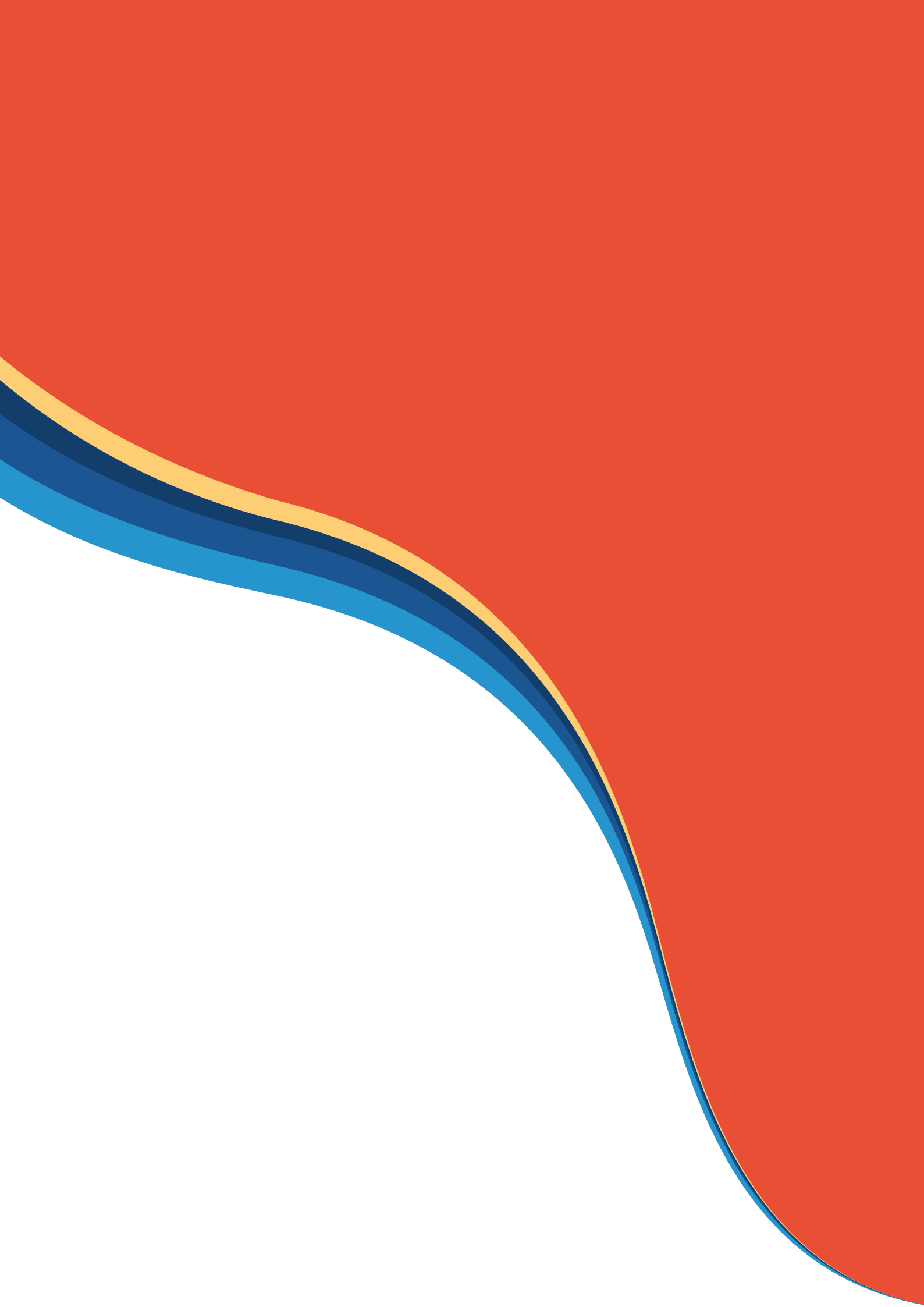
Information regarding professional development in your state or territory is available from your state or territory torture and trauma service. For contact information visit:

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT): www.fasstt.org.au.

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