Refugee and asylum seeker children

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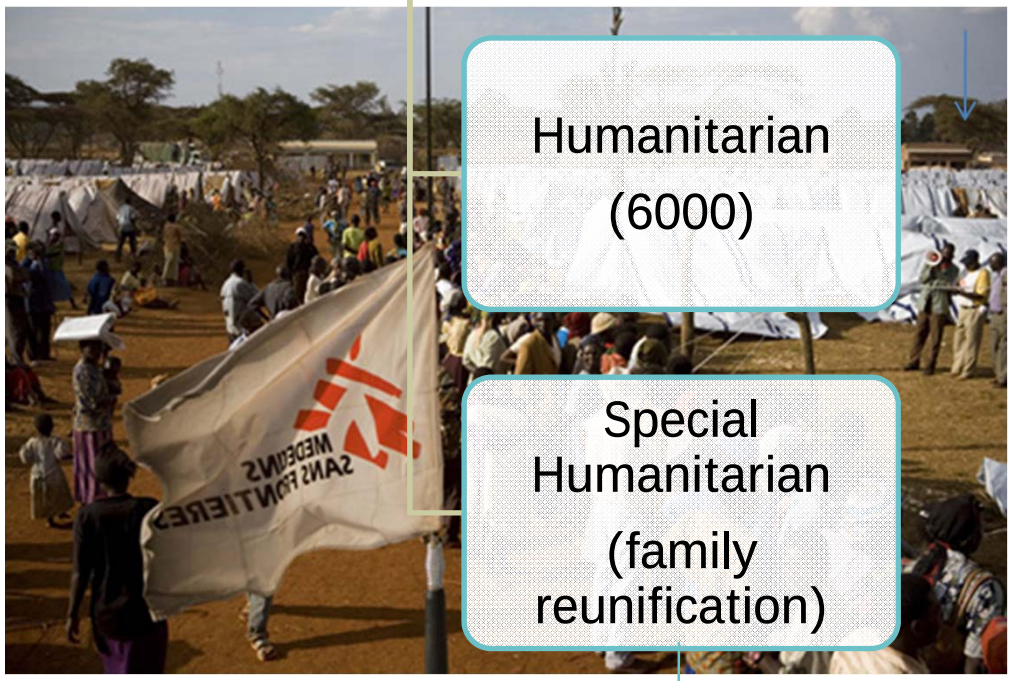
2017

Becoming a refugee Australia

Off shore

Refugee status determined by UNHCR



Humanitarian (6000)

Special Humanitarian (family reunification)

Granted PPV then citizenship

Onshore

Apply for asylum

Boat arrivals (Irregular maritime arrivals)

Plane arrivals

Australia's humanitarian program:

- Australia accepts 13 750 humanitarian entrants per year...plus extra 12 000 Syrians
- 50% children and young people
- Generous settlement program if selected as part of "orderly" UN program

UN Refugees to Australia

- Permanent residents
  - Medicare = ‘free’ primary health care
- Aust Government support after arrival
  - Settlement services – assist with initial housing, Centrelink etc
  - English language (520 hours)
  - Mental health assessment
  - Case management for first 6 months thereafter for special circumstance
  - NGO sector – additional support

Refugee Health Program

- Nurse led screening model - 2012
- All referred to GPs
  - ‘Free’ government primary care
  - Some gap fees
- <5 years - early childhood nurses - 2016
- School based screening -2016
- Free dental care – long waiting lists
- National Disability Insurance Scheme- 2017

Current Australian recommendations

- RACP Policy on health of refugees and asylum seekers :
  - routine comprehensive health screen shortly after arrival
- Australian Society for Infectious Diseases (ASID):
  - diagnosis and management guidelines for newly arrived refugees
  - https://www.asid.net.au/resources/clinical-guidelines

ASID 2016 recommended screening

- FBE + ferritin
- [U&E + Cr]
- [LFT]
- Vit-D, Ca, P, alk phos
- Exclude active TB if indicated – CXR
- exclude latent TB TST/Mantoux <5yo
  or Quantiferon gold
- Strongyloides
- HepBsAg, sAb, cAb
- Syphilis
- HIV >15 years unless risk factors or unaccompanied minors
- Country based:
  - HepCAb
  - Schistosomiasis
  - Malaria T/T, ICT
- HIV >15 years unless risk factors or unaccompanied minors

Refugee children: Common Health Issues

- growth and development issues
- anaemia (20%) Vit D deficiency (40%)
- under-immunisation
- infectious diseases
  - Latent TB Schisto Malaria
  - Hep B infection Intestinal parasites
- undetected chronic disease
- psychological disorders, such as anxiety, depression and Post Traumatic Stress Disorder
- poor dental health

Catch-up immunisation

- Required in all
  unless reliable documentation provided
- Immunise as per Australian standard vaccination schedule
- Funded by Australian government

Mental Health Issues

- Psychological conditions
  - Depression, PTSD, anxiety, grief
  - Guilt, loss of sense of hope and meaning
- Resettlement issues
  - Stresses of resettlement
  - Cultural adjustment
  - Family dynamics/changing gender roles
  - Discrimination
  - Educational/employment disadvantage

'Continuous Traumatic Stress Disorder'

- Detention
- Temporary Protection visas
- Family reunion
- Racial prejudice
- Bureaucratic technicalities
- Foreign culture and language
- Poverty
- Disintegration of family life
- Isolation
- Intergenerational issues
  - Eg arranged marriages, chaperoning

Jill Benson

Mental Health Services

Government funded torture and trauma counselling services

Mostly individual counselling

Some community social, sporting and cultural programs run by NGOs

Unknown:

When to screen for mental health issues?

Which tools to use?

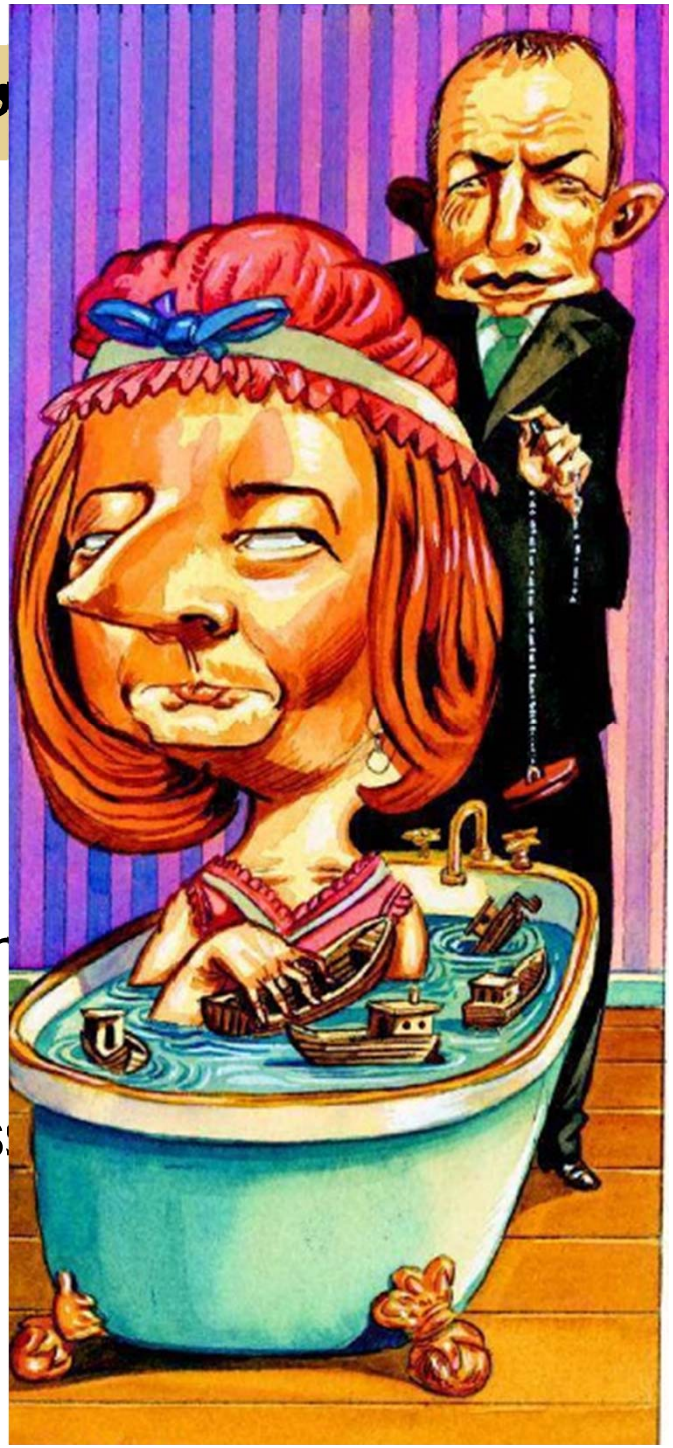
Effective interventions

Developmental Health Issues

- Emerging group of children with significant developmental disabilities
- Previously excluded from Australia by legislation
- Public services – long waiting lists for assessment and therapy
- National Disability Insurance Scheme
  - Complex application procedure
  - Need to have multiple assessments
  - Delays in starting school etc due to access issues
  - Asylum seekers ineligible ie boat arrivals

Some "embarrassments"

- Fear around refugee issues
  - "stop the boats"
- Temporary protection visas 2013 – extreme uncertainty known to cause mental health conditions
- Children in immigration detention
  - indefinite and mandatory
  - only country with mandatory detentior
  - only refugee convention signatory with routine detention whilst visa proces
  - Occurs offshore in Papua New Guinea and Nauru
  - around 1200 people in 2017



Challenges for the future

- Changing the tide of public opinion
- Inadequate knowledge about developmental and mental health issues in children – how and when to screen; effective interventions
- Access to timely care for those with developmental disability
- Long term health issues
- Impact of detention on health and wellbeing
- Legislative change to prevent detention
- Optimal settlement – supporting employment, education, regional vs urban settlement, social inclusion

Health checks for Refugees Prior to Arrival

(Source: DIAC)

Pre-arrival screening test	**Recipient**
CXR (TB)	All >11 yrs, younger if indications
Quant gold (latent TB)	2-10years
HIV serology	All >15 yrs
HBV serology	Pregnant women, Unaccompanied refugee minors
Syphilis serology	All >16 yrs from refugee camp
Urinalysis	All >5yrs

- Since 2007, antimalarials, MMR and deworming for some
- No requirement to document or undertake primary immunisation for children

Health Manifests

Age	Original Camp / Country	RED ALERT (requries immediate medical attention on arrival/specify treatment)	GENERAL ALERT (requires medical attention within 72 hours/specify treatment)	Follow-up within five days of arrival.	Follow-up within one week to 10 days of arrival	MMR-vaccination	Other vaccinations received	Malaria Test / Treatment & Deworming	Initial CXR report
8	MTENDELI/Tanzania	CONGENITAL ABSENSE OF BILATERAL LOWER LIMBS BELOW THE KNEE. WILL NEED NURSE ESCORT TO FD.	NO	NO	NO	Given on 02-Sep-06	NONE	30TH APRIL 07. BLANKET MALARIA TREATMENT GIVEN. COARTEM 3 TABLETS GIVEN AT 0, 8, 24, 36, 48, 60HRS. OBSERVED DOSES AT 0, 8, 24, 48 HOURS. ALBENDAZOLE 600MG GIVEN STAT, OBSERVED.	N/a

The Royal Australasian College of Physicians (RACP) believes that:

The Royal Australasian College of Physicians

- refugees and asylum seekers have the right to health **and high quality healthcare**
- **targeted strategies** are required to ensure equity (case worker & culturally responsive care)
- refugees and asylum seekers should have a voluntary **comprehensive assessment** of their physical and mental health on arrival, and be linked with long-term **primary care** providers
- health service provision to refugees and asylum seekers should be subject to **independent oversight**
- investing in **support services** (including access to education from early childhood through to tertiary education, language support, housing and employment) in the post-arrival period will enable people to reach their full potential
- **data** - adequate information to identify refugees and asylum seekers (transfer of health information, monitoring of health status and long-term outcomes)
- the RACP **does not condone held detention for any length of time**
- all children and their families should be **released from detention** and offshore processing centres urgently
- all unaccompanied and separated children should be provided with an **independent legal guardian** (best interests) and independent advocate for age assessment
- RACP supports **family reunion, rapid processing and durable protection** solutions for refugees and asylum seekers
- health professionals have a **duty of care** to their patients and a right to **speak out** in support of best practice and ethical care