Government of **Western Australia**
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Mental Health, Public Health and Dental Services

Humanitarian Entrant Health Service

Annual Report 2022

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One team, **many** dreams.
Care / Respect / Innovation / Teamwork / Integrity

Contents

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Overview of the Humanitarian Entrant Health Service (HEHS)

The Humanitarian Entrant Health Service (HEHS) is a specialist public health program which provides holistic health assessment for all humanitarian entrants (refugees) who are resettled in Western Australia (WA) under the Commonwealth Government's Humanitarian Program and Special Humanitarian Program.

Humanitarian entrants to Australia have often experienced conflict, malnutrition, poor access to health care and exposure to communicable diseases prior to arrival in Australia. Many may have undiagnosed or undertreated health conditions, and most are under immunised by Australian standards.

Most humanitarian entrants undergo a medical screen prior to arrival which is offered by the International Organisation for Migration. These medical screens have evolved over the years and now include elements such as screening for both infectious and other chronic conditions, however they are not designed to identify the broad range of diseases and other health conditions that are common in this population. The medical screen may also have been performed a significant time prior to travel, meaning that health problems may have occurred subsequently.

The post-arrival health assessment at HEHS provides a holistic health screen and aims to detect and treat infectious diseases of public health importance and identify other health issues which may impact on the individual's settlement in Australia. Significant numbers of arrivals have chronic mental and physical health conditions or disabilities that require a multidisciplinary, coordinated approach to care.

At HEHS the holistic approach ensures that all areas of health are briefly assessed including nutrition and mental health. Referrals are then made to the appropriate specialist services including counselling for trauma and torture, child health services, women's health services and chronic disease follow-up. Included in the post-arrival health assessment is a comprehensive vaccination program for both adults and children.

The HEHS General Practitioner (GP) or Nurse Practitioner develops a management plan for each client which is shared with the client's primary care provider to ensure appropriate follow-up of issues identified at the health assessment. For families with children, follow-up is also provided by the Child and Adolescent Health Service (CAHS) Refugee health team. For adults not linked with this team, nurses working at HEHS provide follow up in the weeks following the second visit via the HEHS City Program to ensure that clients are appropriately linked with primary care and other health services.

The governance of HEHS is overseen by the WA Refugee Health Advisory Group (WARHAG) which meets quarterly. HEHS is located in Perth Central Business District at the Anita Clayton Centre. The service is part of the Public Health Unit which sits within North Metropolitan Health Service (NMHS) Mental Health, Public Health and Dental Services (MHPHDS).

Activity 2022

With the closure of WA's borders due to the COVID pandemic in April 2020, humanitarian arrivals ceased for the remainder of the year and staff from the service took on roles in the public health response to COVID. The Afghanistan crisis in August 2021 and re-opening of borders in early 2022 resulted in a rapid increase in arrivals and required HEHS to quickly reinstate a full service in response to this. Ukrainian nationals also arrived in Western Australia after the outbreak of war in Ukraine and HEHS provided screening services to these arrivals as they transitioned from Visitor visas to Temporary Humanitarian visas and were able to access support from Australian Red Cross, the current Humanitarian Settlement Provider in WA.

Although the service has been able to respond to the challenges produced by two humanitarian crises and a rapid increase in arrivals after border re-opening it is acknowledged that it has not been possible to consistently meet the performance target of seeing clients within one month of referral.

In 2022 HEHS provided care to a total of 529 clients. This was approximately 70% of the number of arrivals during 2019, the last complete year available for comparison prior to the COVID-19 pandemic. The top three countries of birth for HEHS clients were Afghanistan, Myanmar and Ukraine that together accounted for 70% of all clients seen. Reflecting the current worldwide situation regarding displacement of people, HEHS also saw a number of clients from Guatemala and Venezuela who are part of the Australia and Unites States of America agreement, as well as clients from the Middle East and several African countries. Clients spoke a total of 24 different languages with the five most frequently spoken languages being Dari, Ukrainian, Arabic, Spanish and Chin (Haka and other dialects). Interpreter availability can impact on delivery of services, this was a particular issue for the Ukrainian cohort as there were few established, credentialed Ukrainian interpreters in WA. There were slightly more female (52.7%) than male clients (47.3%), 35.7% were aged between 0-20 years, 52.7% were aged between 21-50 years and 11.5% were aged 51 and over.

In 2019 the majority of clients were living in the NMHS catchment area at the time of their assessment, by contrast in 2022 the majority (73.5%) of clients were living in the East Metropolitan Health Service (EMHS) catchment area with 16.3% in NMHS catchment and 9.3% in the South Metropolitan Health Service (SMHS) catchment area. This change is likely to reflect the fact that during 2022 many HEHS clients were living in temporary accommodation in hotels and apartments within the EMHS catchment.

Screening outcomes at HEHS remain consistent with the prevalence of diseases from source countries. Strongyloidiasis (15%) and Schistosomiasis (10.2%) are the most common communicable diseases identified and treated, with rates of latent pulmonary tuberculosis (LTBI) having also slightly increased from 7.8% in 2019 to 10% in 2022. Despite screening processes being in place overseas, individual cases of malaria, human immunodeficiency virus and active tuberculosis were also detected during routine screening at HEHS.

Vitamin D deficiency is the most common non-communicable condition (52%) with iron deficiency (15.5%) and vitamin B12 deficiency (12.1%) also being identified frequently. Non-communicable chronic diseases represent an increasing burden worldwide with rates rising rapidly in low- and middle-income countries. An increasing number of clients at HEHS have established chronic diseases as patients come from ethnic groups that are considered to have a higher risk for conditions such as diabetes and cardiovascular disease. As a result, HEHS screening incorporates screening for diabetes, hyperlipidaemia, hypertension and chronic kidney disease when indicated, and in line with National screening guidelines.

Changing demographics include an increase in the number of patients arriving with significant disabilities or mental health issues. This has led to the exploration and development of pathways that support patients to receive the additional and ongoing assistance (e.g. National Disability Insurance Scheme funding) required to support and maintain health.

Availability of long-term housing has become a major challenge during the settlement process for clients due to very low vacancy rates and impact this has had on the rental market. Families are often living for several months in short-term accommodation. This can have secondary impacts such as affecting school enrolment and the ability of families to engage on an ongoing basis with a local General Practitioner. This has created challenges in ensuring smooth transitions of care into primary care for clients identified at HEHS as requiring follow by a GP.

Shared Care Model

A main focus for the latter half of 2022 was the re-establishment of a Shared-Care Model where screening is undertaken through a shared-care arrangement with clinical staff at Mirrabooka Medical Centre (MMC). Apart from the location of the assessment, the screening process in this model is identical to the HEHS model with clients being seen for two visits. The first visit is with a HEHS nurse and a follow-up appointment is with a GP and Practice Nurse at MMC. This model had run successfully in 2019 with 30% of HEHS clients having their assessments performed at MMC, however the COVID-19 pandemic had resulted in cessation of this service.

In preparation for re-commencing this shared care model it was identified that medical and nursing staff who were not involved previously in 2019 were to be the main clinicians available to see clients in 2022. A comprehensive manual was developed as a reference for medical, nursing and administrative staff along with a list of key stakeholders and referral pathways. A presentation was given to staff at MMC and in-person training and supervision was provided to clinical staff by HEHS clinicians. The sustainability of the model relies on the utilisation of blended funding mix with nurses being employed by HEHS and GPs utilising the Medicare Benefits Schedule (MBS). The first clients were seen in September 2022 and throughout the remainder of 2022 clinics were scheduled once a week at MMC with a plan to evaluate the model six months after commencement. A long-term aim of the shared care model is for clients to be linked on an ongoing basis with the medical practice at the location where the assessment has been performed, there was evidence from the evaluation in 2019 that this was proving successful. It is anticipated that this may not be as straightforward for clients seen in 2022 given that families may have to move to alternate areas to secure long-term accommodation.

Enhancing Communication between Stakeholders in response to Humanitarian Emergencies

The Afghanistan emergency in 2021 and the outbreak of war in Ukraine in 2022 resulted in people arriving in Australia without overseas health assessments and, in the case of the Ukrainian cohort, initially without Medicare access. In addition, it is recognised that the experiences of people affected by these emergencies are shaped by their circumstances and there are often similarities and themes that emerge. Navigating health services is always a major challenge for those arriving in Australia, in the case of people arriving from Ukraine, many expressed that the healthcare in their home country prior to the onset of the war had been very good and the differences between the two health systems could be a source of confusion at times. In response to these events regular meetings were established between key stakeholders coordinating healthcare; HEHS, Australian Red Cross (ARC), and the Child and Adolescent Health Service (CAHS) Refugee Health Service (consisting of the Community Health Refugee Health Team and representatives from the multidisciplinary Refugee Health Service at Perth Children's Hospital). These meetings proved vital for sharing information and experiences and ensuring that the services could develop informed and responsive solutions to identified issues. It is planned that these meetings will continue as they have provided an excellent opportunity to enhance communication between key stakeholders and improve current operations.

Achievements

- HEHS planning day was held on 30 August 2022 and focused on exploring the patient journey from referral to discharge and reviewing discharge and other processes. The planning day provided an opportunity to share ideas and develop goals for the service.
- Engagement with consumers and stakeholders continued with three WA Refugee Health Advisory Group (WARHAG) meetings convened in 2022.
- Commenced a trial of a Nurse Practitioner position within HEHS, this increased capacity to screen new arrivals.
- Stakeholder meetings were held quarterly between HEHS, ARC and CAHS RHS to provide opportunities to enhance communication for the benefit for our shared clients.
- Commenced utilisation of My Health Record; summary uploaded for all clients who have a My Health Record ensuring key information is visible to other health services.
- Comprehensive manual and clinical guidelines produced to support the re-establishment of the shared care model and face-to-face training provided by HEHS staff at MMC.

Quality improvement activities

- Implementation of my health record summary uploads with consent for all clients attending HEHS clinics.
- Transition to the use of an electronic refugee health assessment template (PARHAT) to improve quality of documentation.

Education activities

- Face to face Education sessions provided by HEHS staff to nursing and medical staff at MMC.
- Internal education program for members of the team at HEHS with a variety of internal and external speakers and facilitators. Topics covered in 2022 included domestic and family violence, trauma, hepatitis B and diagnosis and management of parasitic infections.

Membership of other committees

- Refugee Health Network of Australia (RHeaNA) – two senior clinicians from HEHS represent Western Australia in this National network of community and health practitioners with expertise in refugee health. Regular meetings allow the opportunity for information exchange between members and other stakeholders, provision of informed advice on current and emerging issues in refugee health and development of a national research agenda.
- CaLD and Disability Interagency Network Meeting.
- Refugee Nurses Australia (RNA) – HEHS provides Western Australian representation to this National organisation.
- Metropolitan Syphilis Outbreak Response Team.
- Royal Australian College of General Practitioners Special Interest Group in Refugee Health.

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