



Government of Western Australia
North Metropolitan Health Service
Mental Health, Public Health and Dental Services

Humanitarian Entrant Health Service

Annual Report 2023

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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 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 2023

Activity in the previous calendar year, 2022, was heavily influenced by responses to Humanitarian crises in Afghanistan and Ukraine. During 2023 arrivals from other countries increased, reflecting the complexity of the current global refugee situation.

In 2023 HEHS provided care to a total of 897 clients from 23 different countries of origin, most of whom had spent significant amounts of time in transit countries before arriving in Australia. Afghanistan remained the most frequent country of origin with 277 clients, followed by Myanmar with 154 clients. Of note, the numbers of arrivals originating from South and Central American and Sub-Saharan African countries increased significantly in 2023, which is thought to be due to a previous Refugee resettlement deal between Australia and the United States and further escalation of conflict in Sudan and the Democratic republic of Congo.

Table 1

Countries of origin represented by greater than 20 HEHS clients in 2023.

County of origin	No of people
Afghanistan	277
Myanmar	154
Syria	80
Ukraine	49
Congo	48
Venezuela	34
Iran	32
Eritrea	30
Ethiopia	29
Iraq	29
Guatemala	27
Honduras	27

Clients spoke a total of 27 different languages; 15 of these languages were spoken by at least 10 people. Difficulties remained in sourcing interpreters in languages such as Ukrainian and Spanish, due to limited numbers of credentialed interpreters available for face-to-face bookings in WA. This has the potential to impact delivery of healthcare due to difficulties with technology. Feedback from other services also suggests similar challenges in other health settings.



Table 2

Ten most frequently spoken languages by HEHS clients in 2023

Language	No of people
Dari	138
Spanish	131
Arabic	111
Hazarhagi	56
Chin Haka	50
Burmese	48
Ukrainian	46
Karen	43
Swahili	39
Tigrinya	31

The age range of clients seen in HEHS reflects the population age distributions in countries of origin, with a large number of children and young adults and a smaller proportion of older adults when compared to the age distribution of the general Australian population. Slightly more females (52.1%) than males (47.9%) were seen during 2023.

Age Distribution of HEHS Clients in 2023

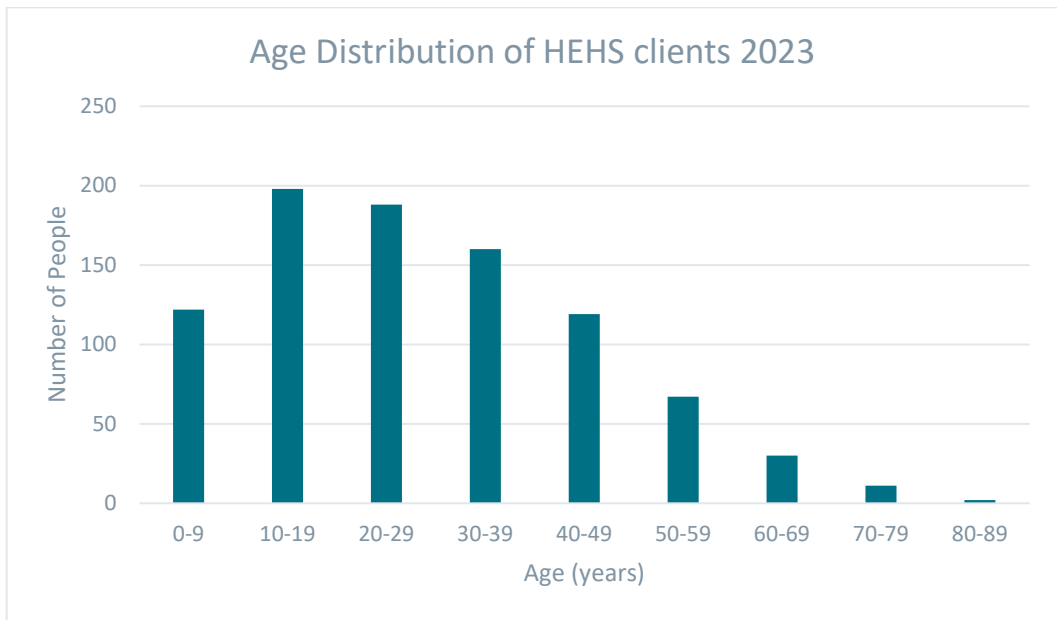


Figure 1

Due to the housing crisis, a significant number of clients were living in temporary accommodation in central Perth at the time of their assessment. This correlates with majority of clients (50.1%) giving an address within the East Metropolitan Health Service (EMHS) area.



This was, however, a decrease compared to the figure of 73.5% recorded in 2022, perhaps reflecting that with a reduction in availability of short-term accommodation in Central Perth, temporary accommodation is being sourced in other areas. The percentage of clients living within the South Metropolitan Health Service (SMHS) area at the time of assessment increased from 9.3% in 2022 to 14.7% in 2023. The number of those residing in North Metropolitan Health Service (NMHS) catchment area increased from 16.3% in 2022 to 33.8% in 2023.

It is noted that finding suitable rental accommodation within Western Australia has become increasingly difficult over the past two years and some families are experiencing protracted time in temporary accommodation. This potentially impacts on their ability to register with a local GP for ongoing primary care and impacts education enrolment. Families are often reluctant to register with local GPs and other services when they do not know where they will be living permanently. It is recognised that the local Humanitarian Settlement Provider (HSP), the Australian Red Cross are using a variety of innovative programs to improve outcomes, however families often report difficulties finding accommodation as the primary stressor during their early settlement period. It is noted that many families are settling in areas distant from traditional settlement areas where Refugee and Culturally and Linguistically Diverse (CaLD) specific services are located. There is evidence of a shift in 2023 from EMHS to NMHS and SMHS postcodes of residence. As a result, there are potential geographic barriers emerging that may impact access to these CALD and Refugee specific services. Anecdotally, families are also reporting difficulties being located far from Intensive English Centre locations which necessitate long journeys for their children to access education. Capacity in the Adult English Migrant program is also noted to impact enrolment for adults.

Screening Outcomes

Screening outcomes at HEHS remain consistent with the prevalence of diseases from source countries. In addition to the pre-existing HIV and Syphilis screening, the scope of offshore screening has expanded to include screening of Hepatitis C Antibody and Hepatitis B surface antigen. Another addition is the measurement of serum creatinine if risk factors for renal disease are identified. Offshore Tuberculosis screening includes Chest X-Rays in adults and QuantiFERON / TST screening in children. These overseas checks enable our team to identify and prioritise those with abnormalities during our triage process, ensuring that appropriate assessments, treatments and referrals can be facilitated to protect the health of individuals and minimise any potential public health risks from communicable diseases. Clients also have access to an overseas departure health screening within a few days of travel. This is being performed more frequently and provides useful up to date information for the purposes of triage and timely follow up on arrival. Examples include identification of significantly underweight children, new pregnancy or recent diagnosis and treatment of malaria.

Where possible, visits are booked in family groups to reduce the risk of non-attendances, efficiently utilise interpreting services and minimise the burden on families of multiple health appointments. Being co-located with the Western Australia Tuberculosis Control Program (WATBCP) at the Anita Clayton Centre allows for close collaboration with this service. Individuals with abnormal overseas screening tests for TB can be discussed with WATBCP clinicians and referred in a timely manner.

We continue to screen for chronic disease, however it is noted that National screening guidelines for primary care may not fully recognise the early onset and increased prevalence of conditions such as diabetes and renal disease in humanitarian entrants that we are aware of through clinical experience and, more recently, data released by the [Australian Institute of Health and Wellbeing](#). HEHS processes for screening and recording of data relating to chronic disease screening were reviewed in 2023 based on the results from a University of Notre Dame student audit that was undertaken within the service. Data will be presented in subsequent annual reports.



We continue to identify and treat nutritional deficiencies such as B12, iron and Vitamin D deficiency. These conditions undoubtedly contribute to morbidity within this cohort. Many children have developmental challenges from underlying developmental disorders and/or limited access overseas to appropriate early education and schooling. Deficiencies in iron and B12 are likely to compound these issues by potentially impacting on brain development and growth. Families are provided with supplements at no cost through their HEHS visits, overcoming potential barriers to accessing appropriate treatments.

Table 3

HEHS Screening Outcomes 2023

Condition	% of patients
Vitamin D deficiency	50.8
Iron deficiency	19.1
Vitamin B12 deficiency	13.2
Positive QuantiFERON	12.2
Schistosomiasis	11.1
Strongyloides	11.1
Hypocalcaemia (0-19 years of age only)	4.6
Hepatitis B	1.2
Malaria	0.6
HIV	0.4
Syphilis	0.4
Hepatitis C	0.2
Active TB	0.1

Shared Care Model

A main focus in the latter half of 2022 and early 2023 was the re-establishment of a Shared-Care model where screening was undertaken through a shared-care arrangement with GPs at Mirrabooka Medical Centre (MMC) and Maylands Medical Centre (MaMC). A comprehensive manual was developed to assist staff, and in-person training was provided with ongoing support from the HEHS nursing and medical team. The model supported community GPs to provide holistic Refugee Health Checks that complied with Medicare Benefits Schedule (MBS) requirements for this service. One of the main aims of this model was to link patients to a community GP who would be able to provide ongoing care after the initial health assessment was completed.



In 2023 it became apparent that there were ongoing issues impacting the success of this program that reflected both the current issues with early settlement and rental accommodation in WA and structural/ resourcing issues within General Practice.

- Many clients who were booked at MMC or MaMC subsequently relocated to areas distant to the practice, resulting in less continuity of care than initially planned. As already noted, the number of refugees residing within previous settlement areas within or around the City of Stirling appears to be declining.
- Others preferred to access a community GP of their own choice, for example wishing to see someone from the same cultural or language background.
- On several occasions after completion of health assessments, MBS claims were rejected as clients had already seen another GP who had claimed the appropriate MBS number. Due to communication and health literacy issues, clients were usually unaware that they had already had a health assessment completed.
- With a limited number of GPs participating in the program at MMC and MaMC, opportunity to offer clients a choice e.g. gender of doctor, may also have impacted on whether clients chose to continue their care at MMC or MaMC.
- Increase in cancellations of appointments as clinicians at the clinics were only able to block a portion of their consultations for HEHS client visits and often late arrival would lead to cancellations. Despite the best efforts of the local HSP provider to provide support for medical appointments, during the early settlement period a lack of familiarity with English, public transport and health services combines to result in families often struggling to meet appointment times.

Other ongoing issues impacting this service included:

Challenges in transitions of care in this cohort due to risks of information being lost during handover and risks of re-traumatising individuals by asking potentially difficult and intrusive questions repeatedly. Clinicians within HEHS have the advantage of dedicated time and administrative support to ensure comprehensive referrals and discharge letters are produced so that information gathered during family and individual interviews can be utilised, with client consent, by community GPs and other services. In General Practice MBS funding for refugee health checks specifies that only time spent face to face with patients can be billed, therefore the additional administrative work involved in linking patients with appropriate care providers and ensuring comprehensive handover may not be fully remunerated.

After much collaboration between MMC, MaMC Independent Practitioner Network (IPN) and HEHS in attempting to address these issues and after taking into account feedback from other stakeholders, a decision was made in June 2023 to pause the shared care model and to return to the previous arrangements of all clients being seen centrally at HEHS. Whilst it is disappointing that the shared care model did not continue, benefits that have resulted from this pilot project include:

- ongoing increased communication and collaboration with clinicians at MMC and MaMC.
- training and upskilling that was done in refugee health will continue to be useful for the clinicians who were involved.
- development of a comprehensive key stakeholders document detailing relevant services and referral criteria that continues to be used within HEHS.



Many refugee health services around Australia do have ongoing collaborations with community GPs and it is hoped that learnings from these services and the shared care model pilot will assist in developing a future model that overcomes some of the difficulties encountered. Establishing links with primary care is considered a priority at HEHS and efforts in this area will continue, particularly targeting GP practices providing care for humanitarian entrants on a regular basis.

Multidisciplinary meetings

With an aim to improve the quality of transition of care from HEHS to community GPs for complex clients several multidisciplinary care conferences have been organised with client consent and have involved HEHS clinicians, community GPs, CAHS Refugee Health Service clinicians and a variety of other stakeholders. These meetings can be challenging to convene given participants all have busy schedules but can be useful for clients who have very complex medical and psychosocial needs. The feedback from those involved suggests that the understanding of difficult and sensitive situations that can be reached by using a verbal handover and discussion with an opportunity to seek clarification when needed is invaluable and likely to be very beneficial for the client in the longer term.

Nurse Practitioner role at HEHS

An exciting innovation for 2023 has been the incorporation of a Nurse Practitioner (NP) within the team at HEHS. As a nurse-led service, HEHS provides opportunities for its nursing staff to work autonomously within their scope of practice. The addition of an NP role allows for the second visit of the refugee health assessment, which has traditionally been GP led to be undertaken by an NP. HEHS has a range of guidelines to support clinical decision making for commonly encountered conditions, as well as support from experienced GPs, making this an ideal environment for an NP to deliver clinical services and develop specialised skills in refugee health. The integration of this role into the team at HEHS has been positively received by stakeholders and the team looks forward to exploring how the role can be further developed to fully utilise NP's additional skills and experience.

Quality Improvement Activities

University of Notre Dame student supported to undertake an Audit to assess compliance with chronic disease screening guidelines with recommendations resulting in changes in practice.

- University of Notre Dame student supported to undertake an Audit to assess compliance with chronic disease screening guidelines with recommendations resulting in changes in practice.
- Implementation of a process to use translated SMS appointment reminders with the aim to decrease non-attendances.
- Development of medication information leaflets for commonly prescribed medications incorporating health education advice for specific conditions (e.g. Vitamin D, Ivermectin for Strongyloides) which have been translated into several languages commonly spoken by our clients.



Achievements

- Development of a formal triage process to enable incoming referrals to be triaged as routine, semi-urgent and urgent with targets established for appropriate appointment allocation.
- Reduction in waiting times for first and second appointments.
- Convening quarterly stakeholder meetings between HEHS, Australian Red Cross, CAHS Refugee Health Service to enhance communication between our services for the benefit of shared clients.
- Engagement with consumers and stakeholders through WA Refugee Health Advisory Group (WARHAG) meetings
- Delivery of a presentation on parasitic infections in refugees at the CDCD Public Health Update
- Delivery of a presentation on increased complexity in refugee health to stakeholders through the annual WA Red Cross Forum.
- Presentation to WA Multicultural Advisory Forum in November 2023

Membership of Committees and attendances at conferences

- Refugee Health Network of Australia (RHeaNA) – two senior clinicians from HEHS represent Western Australia in this National network of health practitioners with expertise in refugee health. Regular meetings allow the opportunity for information exchange between members and other stakeholders including the Department of Home Affairs, 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) – Clinical Nurse Manager is currently the Co-Chair of RNA
- Metropolitan Syphilis Outbreak Response Team
- Multicultural Stakeholders reference group
- RACGP Refugee Health special interest group
- WA FGC/M Interagency Network
- NDIS CaLD Roundtable Discussion group
- Attendance at FASST conference 2023

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