

A culturally sensitive approach to CALD health: EACH RHN program

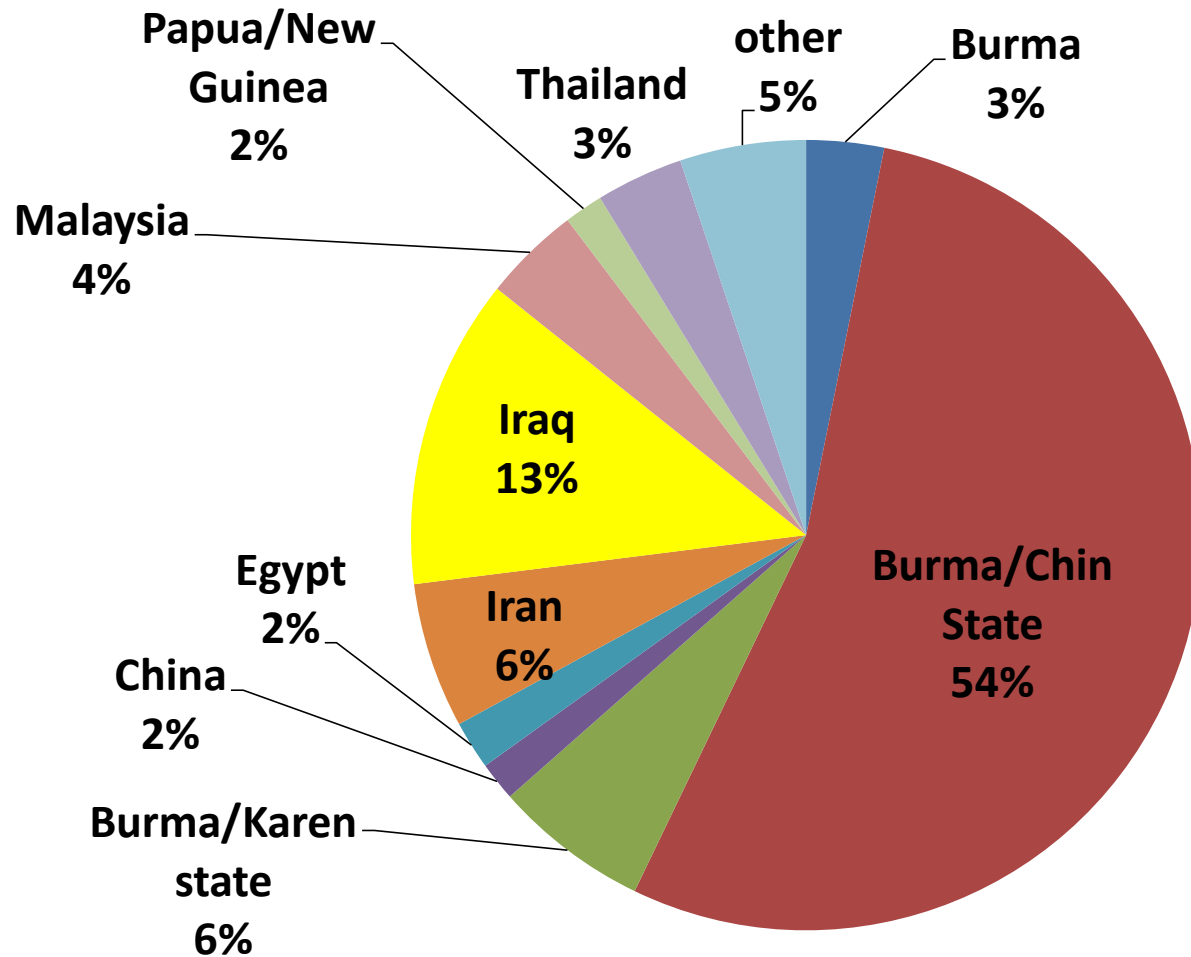


Merilyn Spratling
Refugee Health Nurse
EACH Social and Community
Health

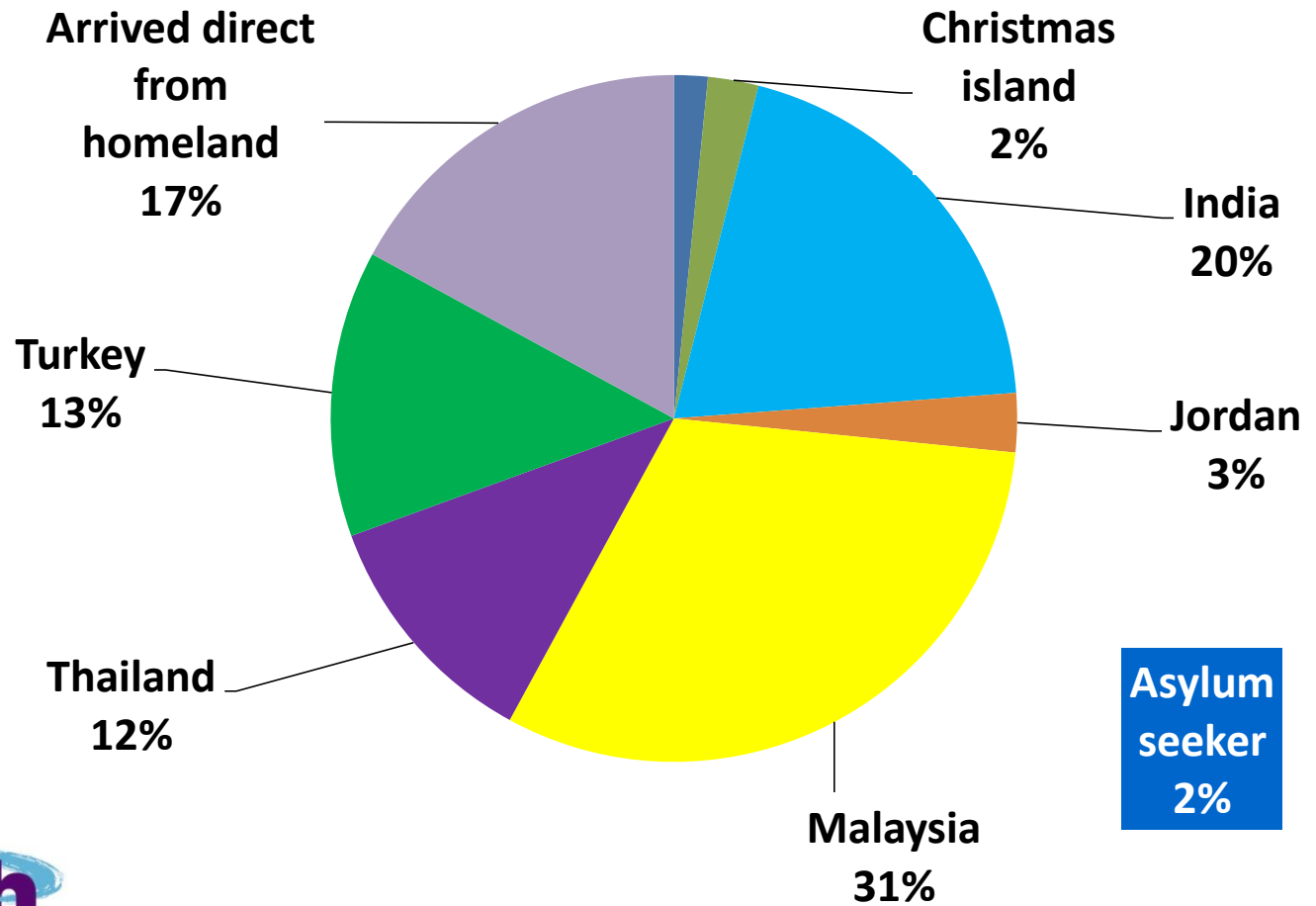
Refugee Health Nurse (RHN) Program in the outer east

- Victorian RHN program expanded to include the outer eastern metropolitan area in 2009 for I E.F.T. nurse
- Catchment in the east includes Maroondah LGA.... but anywhere from Surrey Hills to Warburton, Glen Waverley to Eltham
- First refugees seen in April 2009... since then over 1000 newly arrived and recently settled people assessed

Country of birth of refugees seen by EACH RHN in 2010 (n=252)



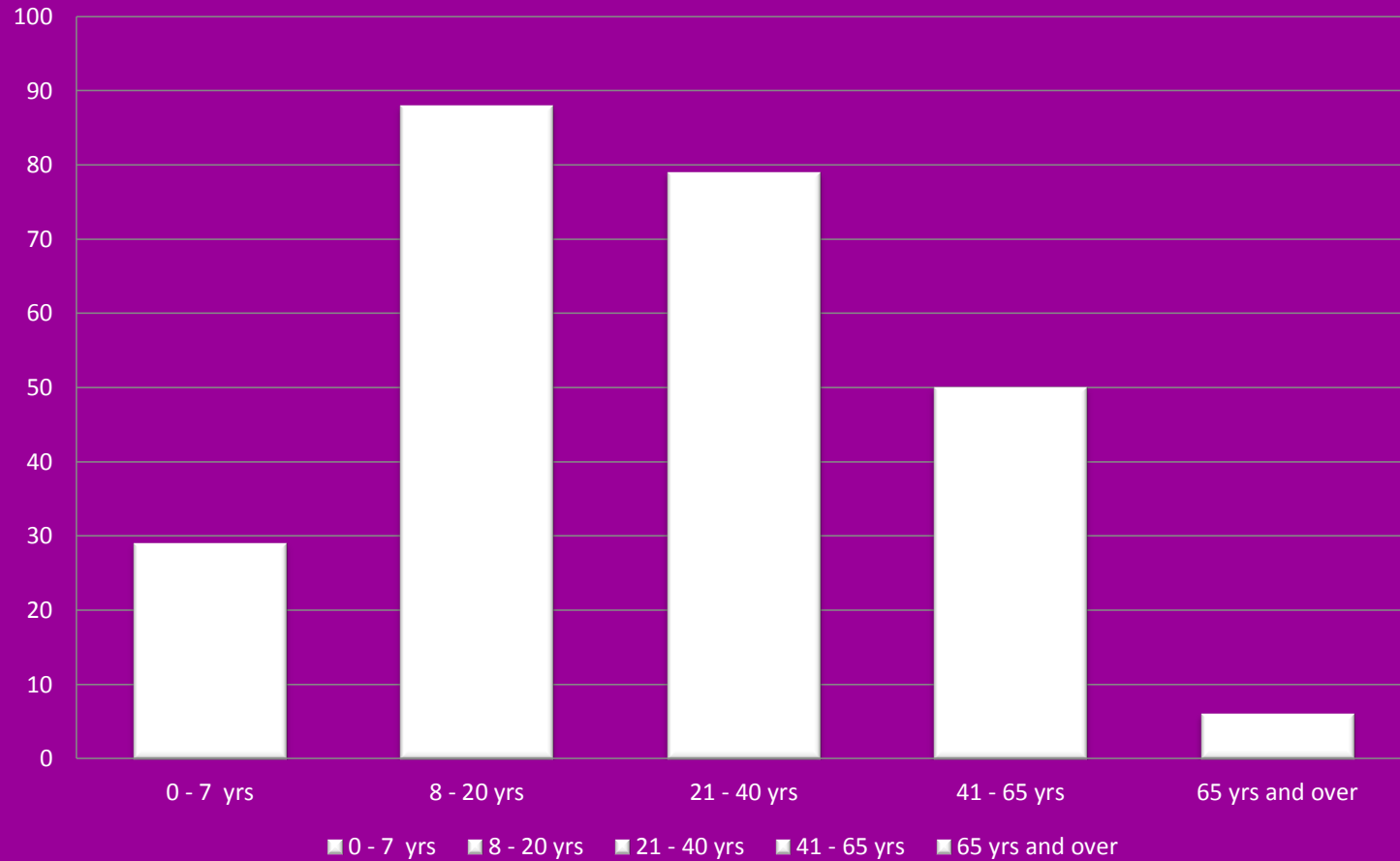
Country of departure of refugees seen by EACH RHN in 2010 (n=252)





Age range of newly arrived refugees seen by RHN in 2010

N = 252



Developing the model of care in the eastern suburbs: the aim

- 1 To collaborate with refugee support agencies and refugee health care providers who were already providing services in the east
- 2 To provide a link so that health care better coordinated, and minimise refugees "falling through the health gap"
- 3 To increase health workforce capacity



Seymour
Street Medical
clinic



EACH RHN Model

AMES

Migrant
Information Centre

Foundation House

Australian Red
Cross

Asylum Seekers
Resource Centre

VIC Refugee
Health Network

Eastern Health
Clinics: ID, ED,
Hep; ABC,
Immigrant health

Tertiary Acute:
Royal Melbourne
and Royal
Children's.

Program Activities

Initial Health
Assessments

Mantoux Clinics

Immunisation
Catch Up Clinics

Complex Case
Management
Health Support

Secondary
Consultations

Response to referrals
received post-initial
settlement period

Advocacy and
Liaison

Professional
Development

Health Education
Sessions

GPs & Medical
Specialists

Maternal & Child
Health

LGA Immunisation

Optomety &
Audiology

Dental

Allied Health

Drug & Alcohol
Support

Well Women's
Clinic

Mental Health
Services

Youth Health

Children's Early
Intervention

Specialist
Counseling

Community
Inclusion Support
Services

Settlement Support
Agencies

English Language
Schools

Church & Community
Groups

The role of the RHN in the east: actions



Refugee Health Assessment

PATIENT
FIRST NAME MIDDLE NAME LAST NAME

FOR CHILDREN
MOTHER/FATHER/GUARDIAN
FIRST NAME MIDDLE NAME LAST NAME

CONTACT
FIRST NAME MIDDLE NAME LAST NAME
HOME WORK MOBILE


ADDRESS

DATE OF BIRTH / / FILE NUMBER

Assessment completed by:

GP Nurse
NAME
PHONE
DATE / /

Note: This assessment does not need to be completed in a single consultation.

- Referral of all newly arrived refugees in the east from AMES to RHN; seen by RHN within 6 weeks of arrival-with professional interpreter- for initial refugee health assessment
- Linked to GP and health assessment report provided
- referrals made by RHN as indicated by assessment (e.g. EACH dental, optometrist, physiotherapy, women's health clinic, etc and externally to MCH nurse, audiologist etc)

The role of the RHN in the east: actions

Health assessment & management of health care of refugees post immediate settlement period (on referral from MIC, Foundation House, etc)

Mantoux skin testing & immunisation clinics

Support for GP refugee Clinic on Friday mornings

Health education sessions (e.g. "prevention of heart disease" for Chin men, "women's health issues" for Karen women etc)

Establish and facilitate the Eastern Region Network



Case study: Moo, Ker and Joshua

Pre assessment



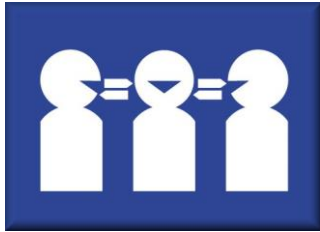
Referral
provided by
AMES, MIC or
other
organisation



**EACH RHN
PROGRAM**

- Considers language/
interpretation needs
- Arrange home/clinic
visit considering other
appointments, etc

The assessment: key issues



The family:

- Moo and Ker born in Karen State, Burma
- Moo in Thai refugee camp >20 yrs
- Ker > 10 yrs: left Burma after undisclosed trauma
- Ker distressed: left her family in camp, came with husband's M-I-L and brother to Australia

Moo:

- PDMS notes chest changes
- Tearing R eye, blurred vision
- Poor hearing R ear
- Dental pain
- Incomplete vaccination
- Intermittent epigastric pain

Joshua:

- Poor weight gain & appetite
- Not linked to MCH service
- Incomplete record of vaccination
- No previous dental education

Ker:

- Very distressed: feels alone/trauma
- No previous dental care
- No previous pap test
- Incomplete vaccination
- Needs contraception

Post assessment: actions



Audiology



dental



GP



Women's health clinic



Nurse Immunisation clinic



MCH nurse



Optometrist



Foundation House
The Victorian Foundation for Survivors of Torture

Common presenting health issues

1. Torture and trauma issues...emotional/mental ill health
2. **No (or minimal) dental care...dental caries++**
3. No women's health care...including no pap tests, no contraception
4. **Incomplete (or no) immunisation**
5. Urinary tract infections (women)
6. **Parasitic infections eg strongyloides, schistosomiasis**
7. Serious Vitamin D deficiencies
8. **Hepatitis B and C**
9. TB (latent)
10. **Unspecified “stomach pains”**
11. Slowed or delayed weight gain (children)



Contact details for EACH Nurses

Refugee Health Nurse (RHN) Co-ordinator

Merilyn Spratling

mspratling@each.com.au

Tel: 9837 3980

Women's Health Nurse/RHN

Raelene Cameron

rcameron@each.com.au

Chronic Diseases Nurse/RHN

Jeanette Nortcliffe

jnortcliffe@each.com.au

Mental Health Nurse

Elizabeth Arland

earland@each.com.au

