Supporting the Health Needs of Young Asylum Seekers in Community Detention

Dr Jill Benson
Migrant Health Service
University of Adelaide
Asylum seekers in Adelaide

- Usually in community detention after arriving by boat via Indonesia or Malaysia and Christmas Island
- The boat journey is hazardous and often an extremely traumatic experience
- Mostly unaccompanied minors
- Different health, social and psychological health profile to off-shore UNHCR refugees
- Different public perception of asylum seekers
- Even if they were not traumatised in their country of origin, the trauma of getting to Australia and their subsequent detention and relationship with DIAC cause extreme trauma and health problems
Concepts of health and survival

- Some have had limited health-care in the past (e.g., Tamil) and some have had very good health-care in the past (e.g., some from Iran)
- ‘Survival’ is a priority now, not necessarily health
- Coping with current challenges
- Dealing with loss and dislocation
- Housing and food
- Perceptions of illness
- Caring for family
- Education
- Mistrust of authority
- Fear of being ‘sent back’
- Aspirations for a better life
Migrant Health Service

- State-funded community health service funded to provide specialist primary health care services to newly arrived refugees and asylum seekers

- Accept referrals from Commonwealth settlement service providers, GPs, public hospitals, STTARS, CYH etc.

- Health service providers include - doctors, nurses, psychologists/counsellors, social workers, bi-cultural/bi-lingual community health workers, visiting psychiatrist and optometrist
Range of services

> Services offered
  - Multi D holistic approach with long appointments and interpreters.
  - Early intervention and Comprehensive Health Assessments
  - Health information / health promotion sessions
  - Cross cultural counselling – MHS or STTARS
  - Referral to community GP
  - Telephone support and education
  - Advocacy
  - Women’s health, Immunization,
  - Massage
  - Sleep hygiene clinic
  - Complex case management
  - Daily Drop In Clinic

> Community Detention program not our core work – only 3 GPs providing clinical services for CD program
New arrival nursing clinic

> Comprehensive health assessment and screening
> Physical and psycho social assessment
> Asylum seekers come from many different places with different paperwork and different tests
> Screening is mostly for diseases that have no current symptoms but there is a risk of health problems in the future if they are not treated
> About 2 weeks after seeing the nurse, the patient will see the doctor for review and discussion about results

SA Health
Common Parasites and Infections

- Schistosomiasis
- Strongyloides
- Hookworm
- Pork tapeworm (taenia solium)
- Giardia
- Entamoeba histolytica
- Malaria
- Cutaneous leishmaniasis
- Yaws
- TB
- Hepatitis B, C and D
Other Health Issues

> Chronic diseases
  • Hypertension, diabetes, cardiovascular disease, chronic lung disease

> Nutritional deficiencies
  • Vitamin D, A, B12, folate, and Iron

> Injuries from pre-migration torture & trauma

> Dental problems

> Rheumatic heart disease

> Childhood development problems

> Low immunisation rates

> Serious mental health problems eg PTSD
Common issues

> Immunisation
  • May be susceptible to diseases like measles, rubella, meningococcus and tetanus

> Worms
  • Most worms are not able to be caught in Australia
  • They may not have any symptoms but can cause serious problems if not treated

> Vitamin D
  • Absorbed through the skin from the sun
  • It is important for bones and muscles
  • If it is low can often cause pain
  • Important to take the medication as well as spend more time in the sun

> Hepatitis
  • Hepatitis B and C are ‘blood-borne viruses’
  • Hepatitis B is usually contracted from a child’s mother at birth or from having an unclean injection
  • Hepatitis C is usually contracted from having an unclean injection
  • Everyone should be vaccinated Hepatitis B, especially if someone in the family is a carrier
  • People with Hepatitis B need to be tested regularly to be sure that the virus is not affecting their liver as they may be eligible for treatment
Example

> Schistosomiasis – 3 tablets x 3 times, 4 hours apart
> Strongyloides – 5 tablets and another 5 two weeks later
> Helicobacter pylori – 4 tablets twice a day for a week
> Vitamin D low – dose of medication in a syringe
> Vitamin B12 low – injection every month for 3 months
> Oesophageal reflux – one tablet every day

> Total – A lot of medication in what might look like a very well person!!!!!
Psychological issues

> Many asylum seekers will be extremely resilient as they have been through a great deal before they arrive
> Cause and treatment of psychological issues is extremely complex and can’t be generalised
> Will involve a ‘team’ addressing physical, social, psychological and spiritual issues
Cultural Awareness in Mental Health

> Pre-migration
  • Depression, PTSD, anxiety, grief, fear
  • Guilt, loss of a sense of hope and meaning

> Post-migration
  • Immigration status
  • Cultural adjustment/family dynamics
  • Current stresses eg isolation, education
  • ‘Back home’ – family, debt, expectations

> Symptoms of mental health problems may only be conceived in physical terms because:
  • there are no words for psychological illness in the language
  • that is how the people understand their illness
  • this is the only way they can communicate how they’re feeling
Holistic care

> Management should be holistic, using traditional, spiritual, psycho-social & bio-medical models to explain and treat illness

> Patient expectations of cure as they are used to infectious diseases rather than the longer-term treatment of chronic disease

> Often there is a fear that long-term medication is ‘addictive’

> Will need explanations of investigations and treatment

> Social isolation, lack of English, personal safety, education, interpersonal difficulties, gender identity, sexual problems may be more important than what we consider to be ‘health’
Anti-depressants in young people

> In moderate to severe depression medication decreases the depression and decreases the risk of suicide over 3 months
> Anti-depressants alone increase risk of suicidal thoughts
> Anti-depressants plus psychotherapy removes this increased risk of suicidal thoughts and actions
> Psychotherapy will include:
  • Cognitive Behavioural Therapy
  • improving safety
  • improving the management of stressful psychosocial events
  • decreasing inter-personal conflict
  • enhancing problem-solving ability
  • providing skills to manage negative feelings, agitation, irritability or impulsivity

The Treatment of Adolescents with Depression Study (TADS). 2007. Arch Gen Psychiatry 64(10) pp 1132-1144
Team-work

> Find people within the refugee community or your peers you can ask if you need more information or you need help
> Get adequate personal support
> Learn from mistakes, don’t blame
> Know your own limitations eg gender
> Refer if you’re out of your depth
> Be aware of your colleagues’ burnout signs
Remember, every encounter with a refugee is an opportunity to heal the past and bring hope for the future.