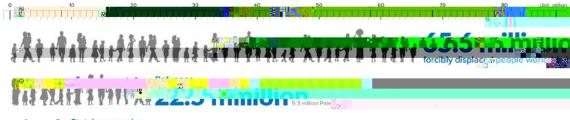


Refugee and Asylum Seeker Health

Professor Mark Harris Executive Director, Centre for Primary Health Care and Equity, UNSW Sydney



10 million

Refugees resettled 189,300 in 2016



Common health problems of refugees in destination countries

- Infectious disease (Hepatitis B, H-Pylori, skin infections, vaccine preventable)
- Chronic diseases including cardiovascular disease and diabetes
- Mental illness: Post traumatic stress disorder, depression, anxiety, sleep disorders, grief.
- Pregnancy and delivery-related complications
- Oral health conditions
- Injuries and violence.

Quality of care

• High variability in quality and completeness of

Case study:

45 year old man from middle east. Witnessed the killing of his wife and children by extremists. Released from detention and now lives alone in boarding housing. On bridging visa without work rights.

Health problems:

۲

- Diabetes and hypertension with poor control.
- Low self management skills.
- Sleep disorder, anxiety about migration status,
 - Grief over loss of family. Past history of attempted suicide. Becomes distressed at birthdays and Christmas.



8

Approach

- Commitment to equity of access to health care which addresses their needs as a right.
- Accommodation to culture, language, health literacy and diversity.
- Support for the development of selfmanagement skills by refugees and their participation in their own health care
- Integration and continuity of care across organisational and service boundaries and over time to stop refugees falling through the cracks.
- Advocacy for their economic, educational, social and political rights.



Discussion