

Partnership for Health Equity

Irish Street Medicine Symposium

18th June 2015

*Working with newly arrived
asylum seekers & refugees:
“Competence or Confusion”*

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WHY?

Obligations in the delivery of Healthcare:

- *Professional*
- *Statutory & Legislative*
- *Moral & Ethical*
- *(Economic)*





Migrant & Refugee Healthcare

- ◆ Not an homogenous group – terminology /definitions
- ◆ life & health experiences - past, present, future
- ◆ Loss & bereavement / fear / trust / survival
- ◆ Access to health care prior to arrival (type, frequency, cost)
- ◆ Entitlements - Basic Needs – ***‘who is entitled to what?’***
- ◆ Stressors affecting wellbeing: trauma, torture, persecution, status, accommodation, acculturation.
- ◆ At risk groups - single parents, unaccompanied minors, torture survivors, elderly, people with mental/physical disability, children with life limiting illness.




Dignity

'Quality of being worthy of respect'

'self-importance' 'pride'

'self-esteem' self-respect'



Health Screening – What does it involve?

In accordance with guidelines 2004 (currently under review)
HPSC new guidelines (broader Migrant Screening)

- ◆ voluntary:
- ◆ T.B. Questionnaire / BCG check - CXR referral
- ◆ Blood test - HIV, Hepatitis B&C, VZV, Rubella (others)
- ◆ Child health - e.g. Vaccination Hx, Polio Stools, Develop.
- ◆ Midwifery Ante-natal / post natal assessment / Referrals
- ◆ Brief Psycho - social assessment / Referral – Trauma ? Type
- ◆ Specialist Referrals (ID / GUIDE, Psychology / Psychiatry Paediatrics / Child Dev / Dental, Drug Tx Service)
- ◆ GP Practice referrals from screening team / self – referrals
- ◆ Initial screening in Dublin followed -up in dispersal centres.
- ◆ Patient advocacy role (health services, legal / humanitarian)
- ◆ Public health role



2014 HSE Refugee Clinic Baleskin

◆ Total No. of Asylum Seekers accommodated:	1,358
◆ Total invited for health screening assessment:	1,217
◆ Total No. attended health screening:	981 (81%)
◆ Reviews / Recalls / Emergencies:	2,141
◆ Total No. (multidisciplinary):	2,711
◆ Grand Total of attendances: (2014)	5,833
◆ Jan – April* 2015 - health screening	639 / 786
◆ Jan – April* 2015 - Reviews / Re-calls	804

- ◆ **Top 8 Countries:** Pakistan Nigeria Bangladesh DRC Zimbabwe, Albania, Algeria, Malawi
- ◆ **Cohorts Accommodated:** Asylum seekers, Convention refugees, Programme Refugees, Permanent Medical Resettlement Cases (UNHCR evacuees), Victims of Human Trafficking, pending deportees.

Why are we working in Silos ?



- ◆ The UN, EU and other international laws & Instruments offer an important theoretical & legal framework for the protection of all people.
- ◆ However, national immigration law is often the arena where human rights and national self interests clash and the principle of promoting the best interests of vulnerable groups can be overlooked.
- ◆ What's the position of health care institutions / providers, educators.
- ◆ Where are YOU as a health care professional in this process?



PTT Model for Developing Cultural Competence - Underpinning Values used in Migrant Health

(Papadopoulos Tilki Taylor 1998)

- ◆ Human Rights
- ◆ Socio-Political Systems
- ◆ Intercultural Relations
- ◆ Human Ethics
- ◆ Human Caring

“The failure to provide culturally appropriate services is not always deliberate but is underpinned by ethnocentricity which assumes people of other cultures find mainstream provision acceptable and effective”

Tilki 2006

Health Care Provision

“The elephant in the room”
(ETHNOCENTRISM)

WE Need to look at ourselves
& How we do things

- ◆ Socio-Cultural
- ◆ Political / Legal
- ◆ Economics/ Organisations
- ◆ Professional Education
- ◆ Leadership - trail blazers!

“HEARTS & MINDS”

Cultural competence

Partnership

Empowerment





Go raibh míle maith agaibh!

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