

# Health needs of refugees - are we prepared?

In part two of an article on responding to the needs of migrants and refugees, PJ Boyle discusses their care within the Irish health services

AS THE reception centre is the first phase of direct provision accommodation, voluntary health assessment is offered to all newly-arrived residents – asylum seekers/refugees and programme refugees, including victims of human trafficking. Consequently the population remains transitory and the service is demand and needs led. Now located at Baleskin Refugee Reception Centre in Dublin, the refugee health screening team provides health and social care support from the medical centre on-site to more than 320 residents.

The interdisciplinary health screening team works as part of HSE (Dublin North City) primary care and social inclusion services. The team is made up of a clinical nurse specialist (CNS – asylum seekers health assessment), two nurse-midwives, a medical doctor (area medical officer), a visiting PHN and clerical staff. In addition, there are two HSE childcare staff who provide pre-school education, parent support and play therapy. The team works in partnership with psychologists from the HSE Specialist Psychology Service for Refugees and Asylum Seekers who are based in the medical centre. The team also works closely with the visiting GP service for the referral and management of acute and chronic conditions for residents on site. The HSE also recently approved the positions of a primary care social worker and community mental health nurse.

Health assessments are private and confidential and separate to the asylum process. They are undertaken during residency at the centre and clients are given a personalised hand-held record of their

assessment and any results. Pending outcomes and disclosures during the health assessment, referrals to specialist services are arranged if necessary, for example maternity, paediatrics, infectious diseases, public health. The team has provided health screening assessment to thousands of residents since its inception and has undertaken a number of work-based research studies to date.<sup>1,2,3</sup>

## 'Public health' in context of migrant health

Although the service was established with a focus on communicable disease screening, such as TB, hepatitis and HIV, over the past 15 years it has evolved significantly. By responding to the health and social care needs of refugees and asylum seekers, the team has amassed specialist experience on migrant health, transcultural nursing and cultural competence development. Health screening comprises public health assessment, vulnerability assessment and a broader psychosocial evaluation of the immediate health and wellbeing needs of people on arrival.

Although some newly arrived refugees and asylum seekers may have specific health issues pre-departure from their country of origin, the majority are generally healthy – both physically and psychologically. Likewise the refugee population is not a homogeneous group. Their presenting health issues reflect a microcosm of global health. Our experience is not limited to the provision of voluntary public health or communicable disease screening. However, in addition to their refugee experience, some people may also

have a serious illness requiring different nursing support and interventions.

Over the years our nursing and midwifery practice has supported many people, including children with chronic illness, life-limiting conditions, palliative care and serious mental health problems. This work involves close liaison with healthcare services and professionals in acute hospitals, maternity services, community/primary care and psychiatric/mental health services. Many of these services may not be familiar with the living circumstances of refugees and the barriers associated with accessing equitable care when required.

The new guidelines for migrant health screening in Ireland from the HSE/HPSC offers an opportunity to deliver on best professional interdisciplinary and inter-agency practice in public health – see [www.hpsc.ie](http://www.hpsc.ie). However, gaps remain and there is room for improvement in health services for refugees and migrants. The delivery of practice in accordance with these guidelines will require significant commitment and financial resourcing, including staffing, education and training in primary care, public health and population health. Establishing a single interdisciplinary unit in the HSE to plan and implement migrant health services, across the organisation and relevant agencies, may prove more valuable and cost effective than the current fragmented system.

## Engaging with clients and others

A key component of working with asylum seekers and refugees is forming partnerships with community-based organisations with expertise in commu-

nity integration and primary healthcare. Practicalities may impact on the provision of care, such as communication/language barriers, cultural differences in understanding causes of ill-health and treatments, and health-seeking behaviour, lack of resources such as interpreters/mediators. We work from a specialist knowledge base of trans-cultural nursing and cultural competence, including application of explanatory health models. We can share this information with other services, agencies and professionals.

Using this community development approach enables a richer engagement and ownership by service users to finding their own solutions to their needs. Baleskin clinic staff liaises with many such services, such as the Community Mothers Programme, HIV Ireland, the Cross Care Migrant Project and Jesuit Refugee Service. Our vision of nursing extends beyond narrow definitions of public health to include other important social determinants relevant to the migrant health context.

In addition, professional education is a key component of our work. We contribute to formal multidisciplinary undergraduate and postgraduate programmes in nursing, medicine and psychology, including participation in many international conferences and symposia on migration and health.

#### Future of migrant health work

Despite examples of effective migrant health programmes across Europe, there remains cause for concern. There seems to be a number of contradictions to Europe's approach to migrant health. Healthcare organisations and professionals are becoming increasingly compromised professionally and ethically in their practice. In some EU states healthcare staff must consider the 'migrant status' of people before determining their level of access to care and treatment. This is an unfair and challenging position for any healthcare professional. Such expectations may be interpreted as a collusion by healthcare professionals with stringent and damaging migration policies that can deny people their fundamental human rights. For further information on such developments see [www.eupha.org](http://www.eupha.org) and [www.ecre.org](http://www.ecre.org)

In an effort to address such issues, in April 2014 at the European Association of Public Health Conference on Migrant and Ethnic Minority Health in Granada, Spain, participants drafted the 'Granada Declaration' to highlight concerns of healthcare professionals to the Council of Europe (see [www.eph.org/a/6023](http://www.eph.org/a/6023)).

Although clinical knowledge and

## HSE refugee clinic Baleskin 2014

Total number of asylum seekers accommodated (2014)	1,358
Total invited for health screening assessment (2014)	1,217
Total number attended health screening assessment (2014)	981 (81%)
Reviews/recalls/emergencies (2014)	2,141
Total No (multidisciplinary) (2014)	2,711
Grand total of attendances (2014)	5,833
Health screening Jan-April 2015	639/786
Reviews/recalls Jan-April 2015	804

#### Top eight countries of origin of asylum seekers in 2014:

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

**Staff at HSE :** Staff at HSE Medical Centre, Baleskin: PJ Boyle, CNS; Dr Maureen Brennan, AMO; Kay Murphy, nurse/midwife; Liliana Moralés, psychologist; Ann Maria O'Brien, nurse/midwife; Elaine Upton and Lorraine O' Connor, medical secretaries



project management are important, fundamental in responding to migrant and refugee health needs is humanitarianism and social justice. In March this year the University of Limerick hosted the RESTORE Migrant Health Conference addressing issues beyond language and cultural barriers, including the promotion of professional migrant health education for healthcare staff. Ireland has participated in a number of international studies and conferences investigating such issues.

In Ireland the HSE National Intercultural Health Strategy 2007-2012 (under review) has contributed significantly to the migrant health sector. Although not all its recommendations have been implemented, work is ongoing in several areas, including health screening, language and communication. The HSE National Intercultural Governance Committee works with other HSE directorates, statutory bodies and NGOs, to advance the recommendations.

The nursing profession contributes significantly to this organisational process and to the wider HSE organisation on issues of migrant and intercultural health, including policy development and education. Nursing scientific literature provides many useful resources, including specialist texts in transcultural nursing and cultural competence.

The International Council of Nurses position statement on the treatment of migrants, refugees and displaced people outlines the professional and ethical

obligations of nurses internationally in responding to the needs of migrants and refugees. See also the European Transcultural Nurses Association [www.europantranculturalnurses.eu](http://www.europantranculturalnurses.eu), the Irish Transcultural Nurses Network [www.tnn.ie](http://www.tnn.ie) and the Partnership for Health Equity website [www.healthequity.ie](http://www.healthequity.ie)

#### Help in times of need

As Ireland prepares a response to the European refugee crisis, where do you position yourself and how prepared do you feel? It is important for us not to lose sight of the value of helping each other in times of need. As a nurse who has worked exclusively with asylum seekers and refugees, I continue to ask myself – is it not simply the case that we are all individual human beings deserving of respect and dignity when we need care? We need to ask ourselves if the assigning of a political, social or administrative label to a person negatively affects us and the quality of care and relationship between the nurse and the patient, and, if so, why?

*PJ Boyle, who holds a doctorate of professional studies (Health), is a clinical nurse specialist (asylum seekers health assessment) at the HSE Medical Unit, Baleskin Refugee Reception Centre, Dublin, Email: [pj.boyle@hse.ie](mailto:pj.boyle@hse.ie) Reference*

1. Brennan M et al. Health of asylum seekers – are we doing enough? *Forum JICGP* 2013; 30(1)
2. O'Brien A et al. Improving health care for a culturally diverse population by bridging the gap for pregnant women. In: Markey K et al. *Lets Learn Together, Lets Work Together: Challenges and Solutions for Transcultural Health and Social Care* 2012; Cambridge Scholars Publishing
3. Boyle PJ et al. *The Complex Health Needs of Asylum Seekers. Forum JICGP* 2008; 25(1)