LETTER

Meeting the health needs of newly arrived refugees

Helen Saunders

The New Zealand government has responded to the Syrian refugee crisis by agreeing to take in an additional 600 emergency refugees from Syria over the next 3 years and there is a budget attached to this. The numbers of refugees arriving every 8 weeks will increase from 125 to 145 from November 2015 and from July 2016 to 165; this is a 33% increase in people that will require health screening and management at the refugee resettlement centre. As more refugees are resettled in New Zealand over the coming years, it is important that health practitioners in the community and hospitals understand what refugee health screening involves. Clearly, increasing the numbers of refugees will require additional resource at the resettlement centre and a greater investment in primary care as these people settle in the five resettlement locations around New Zealand.

New Zealand is fortunate to have a unique national reception centre, Mangere Refugee Resettlement Centre (MRRC) in Auckland, for newly arrived refugees and asylum seekers. A national reception centre confers a number of benefits for the refugees, but it must be acknowledged that the concept is not necessarily transferrable to countries that receive many more refugees. The refugees come in groups to stay for a 6-week period. They have a health assessment, English language tuition and orientation to their new country. The MRRC is currently being rebuilt to accommodate more people and to incorporate the health, education and immigration services present on site.

New Zealand provides a comprehensive health screening programme for newly arrived quota refugees delivered by the Refugee Health Screening Service (RHSS), part of the Auckland Regional Public Health Service. Offshore, the refugees have a limited health assessment and the more intensive screening is done as a mandatory process on arrival in New Zealand. Health screening protects the health of the public, but it also provides essential personal health care that few refugees have had access to for some years. In addition, doing this assessment soon after arrival allows health issues to be identified and treated early and so decreases downstream costs to the New Zealand health system and the individuals.

Refugees coming to New Zealand are from a range of countries, faiths, educational backgrounds and present with a range of health needs. Most do not speak English and so interpreters are an essential part of the work. The RHSS team has built up expertise over many years; examples include awareness that Middle Eastern people may present with more hypertension and diabetes, African people with more schistosomiasis and Bhutanese with dietary Vitamin B12 deficiency. Refugees are resilient people who have often survived a long and challenging journey to New Zealand. It takes time to develop trust and understand their health needs: a 15-minute appointment is inadequate to address these. Each person is seen by a clinician for a comprehensive social, physical and psychological history and examination. Alcohol use and smoking are assessed and smoking cessation advice offered. Tuberculosis screening is undertaken with all people 11 years and older by having a chest X-ray and children less than 15 years having a Mantoux skin test. Tests are done for infectious diseases such as hepatitis B and C, HIV, faecal parasites including schistosomiasis and sexually transmitted conditions like chlamydia, gonorrhoea and syphilis. In
addition to routine laboratory tests clinicians would do in New Zealand, screening is done for haemoglobinopathies and vitamin D deficiency. Screening for diabetes and cardiovascular risk is done for men at 35 years and older and women 45 years and older. Women are offered a cervical smear and contraception is discussed and started on request. Many refugees have very poor oral health and dental work is started at MRRC. Family violence and mental health concerns are discussed and RHSS work closely with a mental health NGO, Refugees as Survivors, when issues present.

Urgent conditions may require admission to hospital for surgery or other intervention during the initial 6-week period. Respiratory and paediatric infectious disease specialists, with a knowledge of refugee health, review refugees with abnormal findings during the 6-week period at MRRC.

A critical part of the process involves assessing immunisation status and giving vaccinations; preventing diseases contracted within our country. Many have come from refugee camps and seen the devastation caused by vaccine-preventable diseases, and so are universally keen to be vaccinated. The refugees and asylum seekers are either started on the New Zealand Immunisation Schedule, or are given catch-up vaccinations if they have a record of vaccinations overseas.

At the end of their time at MRRC, refugees have a discussion about their health findings and are educated about the New Zealand health system, including how to enrol with a general practitioner. Clinical notes are sent electronically, GP2GP, so that all health screening information is available to the new clinicians. Referrals are also sent to the services in each resettlement area for health issues requiring specialist review.

New Zealand has a crucial role internationally in welcoming refugees to our land. Many refugees will contribute significantly to New Zealand in the future. Realistic support of refugees in this early phase is needed so health problems do not impede their successful resettlement in New Zealand.

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