Refugee Readiness Workshop: 
Primary Health Care

Part 1: Post Arrival Health Assessment

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Vancouver Coastal Health

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Overview

- Pre-Arrival
  - Immigration Medical Exam
  - Health Issues

- Post-Arrival Health Assessment

- Practical Issues
  - Coverage
  - Interpretation
  - Visit Logistics
  - Barriers to Care

http://www.rescue.org/blog/lifeline-syrian-children-crisis
Post Arrival Health Assessment

- Includes
  - history
  - physical
  - screening labs
  - vaccinations
- Usually completed over multiple visits
- Divided among team members (e.g. physician and nurse)
Post Arrival Health Assessment

- IFH will pay $94 for a PAHA and for an interpreter ($29/h x 2h) with prior approval
- Some communities have designated CHCs that will perform the PAHA (metro Vancouver, Kamloops, Kelowna)
- Some family physicians prefer to assume patient care after the initial assessment is done
Post Arrival Health Assessment

- CCIRH has developed a screening checklist
Post Arrival Health Assessment

- Canadian Guidelines for Immigrant Health

Evidence-based clinical guidelines for immigrants and refugees

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Competing interests: See end of document for competing interests.

Key points
Current Complaints

- Triage: “What do you need today?”
- Screening is voluntary and not necessarily the patient’s priority
Creative Commons license. Jasperdo. “Along the Inner Harbour.”
Psychosocial History

- Family composition; missing family members
- Migration journey: country of origin and transit
- Literacy, education, occupation
- Housing

Creative Commons license. “Refugee Camp.” Elisa Finocchiaro.
Medical and Surgical History

- Refugees rarely arrive with past medical records
- Neglected chronic diseases
  - diabetes and hypertension
  - restarting medications
- Injuries and disability
  - orthopedic
  - burn
Medical and Surgical History

- Mental health *
- Visual and hearing impairment
- Pregnancy and contraception
- For children
  - failure to thrive
  - dental issues
Medications

- Often the patient’s chief concern is restarting medications that were discontinued during conflict/transit.
Medications

- To identify foreign medications, contact the BC Drug & Poison Information Centre’s Drug Information Line for BC Health Professionals at 1-866-298-5909.
- Can fax foreign medication packages to have them identified.
Medications

- Often medications that refugee patients were taking previously are unavailable in Canada or not covered, and substitutions must be made.
Physical Exam

- Vital signs
- Visual acuity
- Dental check for painful disease
- Growth for children
- Targeted physical exam based on complaints
Screening Bloodwork

- Bloodwork is voluntary
- Included in CCIRH checklists
- Recommendations vary by country of origin
Screening Bloodwork for Syrians

- Recommended:
  - Complete blood count with differential for women of reproductive age and children aged 1-4
  - Hepatitis B serology (HBsAg, anti-HBc, anti-HBs)
  - General age-based preventive screening (e.g. mammography, fecal occult blood testing, diabetes screening)
Screening Bloodwork for Syrians

- Consider:
  - Varicella (chickenpox) serology
  - Hepatitis C serology
  - Strongyloides serology
  - HIV and syphilis testing if the results from the IME are unavailable
Screening Bloodwork for Syrians

- Not recommended:
  - **Mantoux** testing, as the incidence of tuberculosis in Syria and surrounding countries was below the threshold of 30 per 100,000 population in 2014
  - Stool samples for **ova and parasites** in asymptomatic refugees
Vaccinations

Creative Commons license. “Nurse Ruth gave her a jab.” Tim Sewell.
Vaccinations

- Don’t expect records. Some children will have records in various languages!
- Vaccines are not mandatory. Must obtain informed consent.
### Immunization schedule selection centre:

The Regions, Countries, Vaccines lists are multiselect-enabled; You are free to select any amount of any combination of items.

<table>
<thead>
<tr>
<th>Regions list</th>
<th>Countries list</th>
</tr>
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<tbody>
<tr>
<td>AFR</td>
<td>Afghanistan</td>
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<tr>
<td>AMR</td>
<td>Albania</td>
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<tr>
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<tr>
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<td>Andorra</td>
</tr>
<tr>
<td>SEAR</td>
<td>Angola</td>
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<tr>
<td>WPR</td>
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<table>
<thead>
<tr>
<th>Vaccines list</th>
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</thead>
<tbody>
<tr>
<td>BCG............ Bacille Calmette–Guérin vaccine</td>
</tr>
<tr>
<td>CHOLERA......... Cholera vaccine</td>
</tr>
<tr>
<td>Dip............. Diphtheria vaccine</td>
</tr>
<tr>
<td>DT.............. Tetanus and diphtheria toxoid childrens' dose</td>
</tr>
<tr>
<td>DTaP............ Diphtheria and tetanus toxoid with acellular pertussis vaccine</td>
</tr>
<tr>
<td>DTaPHepBIPV... Diphtheria and Tetanus and Pertussis and Hepatitis B and Polio</td>
</tr>
<tr>
<td>DTaPhepIPV..... Diphtheria and tetanus toxoid with acellular pertussis, HepB and IPV vaccine</td>
</tr>
<tr>
<td>DTaPHib........ Diphtheria and tetanus toxoid with acellular pertussis and Hib vaccine</td>
</tr>
<tr>
<td>DTaPHibHep..... Diphtheria and tetanus toxoid with acellular pertussis, Hib and HepB vaccine</td>
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<tr>
<td>DTaPHibHepIPV.. Hexavalent diphtheria, tetanus toxoid with acellular pertussis, Hib, hepatitis B and IPV vaccine</td>
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<tr>
<td>DTaPhepIPV..... Diphtheria and tetanus toxoid with acellular pertussis, Hib and IPV vaccine</td>
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<tr>
<td>DTaPPIP........ Diphtheria and tetanus toxoid with acellular pertussis, and IPV vaccine</td>
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[Select all vaccines] [Unselect all vaccines] [OK]
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<tr>
<th>Country</th>
<th>Antigens</th>
<th>Description</th>
<th>Schedules</th>
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<tr>
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<td>BCG</td>
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<td>birth;</td>
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<td></td>
<td>DTaPHibIPV</td>
<td>Diphtheria and tetanus toxoid with acellular pertussis, Hib</td>
<td>2, 4, 6, 18 months;</td>
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<td>DTwPHib</td>
<td>Diphtheria and tetanus toxoid with whole cell pertussis and</td>
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<td>Diphtheria and Tetanus and Pertussis and Haemophilus influenzae and Hepatitis B vaccine</td>
<td>2, 4, 6, 18 months;</td>
<td>Yes</td>
<td>according the availability of vaccines</td>
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<td>HepB</td>
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<td>IPV</td>
<td>Inactivated polio vaccine</td>
<td>2, 4 months;</td>
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<td>MMR</td>
<td>Measles mumps and rubella vaccine</td>
<td>12, 18 months;</td>
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<td>Measles</td>
<td>Measles vaccine</td>
<td>9 months;</td>
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<td>MenACWY</td>
<td>Meningococcal ACWY vaccine</td>
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<tr>
<td></td>
<td>OPV</td>
<td>Oral polio vaccine</td>
<td>6, 12, 18 months; 6 years;</td>
<td>Yes</td>
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<td>TT</td>
<td>Tetanus toxoid vaccine</td>
<td>1st contact; +1, +6 months;</td>
<td>Yes</td>
<td>CBAW</td>
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<tr>
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<td>Td</td>
<td>Tetanus and diphtheria toxoid for older children / adults</td>
<td>6, 12 years;</td>
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<td>VitaminA</td>
<td>Vitamin A supplementation</td>
<td>12, 18 months;</td>
<td>Yes</td>
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</table>
Vaccination Resources

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Vaccinations

- Follow BCCDC Guidelines
- If a patient has no documented history follow the Provincial Immunization ‘Catch-up’ Schedule:
  - Children 1-6y - Schedule B
  - Children 7-17 y - Schedule C
  - Adults - Schedule D
- Consider linking directly to local Public Health unit
Trauma

- Guidelines recommend against screening for torture and trauma
- Be alert for symptoms of PTSD and depression:
  - somatic complaints
  - insomnia
  - nightmares
Mental Health

- Over 80% of refugees exposed to trauma recover spontaneously upon reaching safety
- Refugee patients’ mental health benefits from attention to basic needs such as:
  - shelter
  - language acquisition
  - ability to work or attend school
Mental Health

- Use words like “suffering,” “stress” and “nerves” rather than “depression” or “psychiatric”

- Treatment
  - conservative
  - sertraline
  - counseling
Mental Health Resources

- IFH covers counseling by a
  - PhD level
  - registered clinical psychologist
  - who is registered with IFH
  - for ten sessions
  - when referred by an MD
  - with prior approval
Mental Health Resources

- Community mental health team or psychiatrist
- The Provincial Toll-Free Refugee Mental Health Line (1-866-393-3133)
Orientation to Canadian Healthcare

- universal healthcare
- how to access emergency services
- family practitioners
- confidentiality/privacy (including interpreters) *
- no info shared with immigration
- waitlists common for specialists
Goals of Primary Health Care Provider

- Welcome family & orientation to health care system
- Provide interpretation services
- Triage immediate medical needs
- Refill prescription medication
- Offer screening bloodwork
- Offer stool parasite screening if indicated
- Offer updates on immunizations (or refer to PH)
- Offer TB skin test if indicated (or refer to PH)
- Use guidelines for best practice
Session Outline  **Refugee Readiness Workshop**

- Mental Health Concerns for Newly Arrived Refugees
- Screening for Vulnerability
- Brief Psychosocial Interventions
- Working in a Community-based context
- Self-awareness and Self-care
The Complexity of Refugee Mental Health

• Pre-migration stressors:
  • Prolonged period of danger, violence, loss, and uncertainty
  • Persecution and state violence, identity based

• Post-migration stressors
  • Survival in a new environment
  • Barriers to adaptation

• Normal responses to stress VS serious distress & dysfunction
  • Stress can affect all areas of life

• Sources of strength, resilience, support
Effects of Overwhelming Change

Emotional:
Worry, anger/irritability, sadness, tearfulness, helplessness, hopelessness, indecisiveness, worthlessness, guilt

Cognitive:
Problems with concentration, attention, memory, disorientation

Physical:
Fatigue, headache, muscle tension, GI difficulties, appetite, aches and pains, blurred vision

Behavioural:
Reduced energy/activity, hyperactivity, substance use, difficulty planning and following through on tasks, sleep problems, increased/diminished appetite

Relational:
Lack of emotion, arguments and conflict, over-dependence on others for decisions and support
Children: Common Concerns

Age and developmental stage at migration
Disruption of education
Multiple separations from caregivers, attachment disruptions
Need for knowledge; Existential and Spiritual Concerns

Observed symptoms:
- Separation anxiety, bedwetting, repetitive play
- Agitation, difficulty with attention and concentration
- Anger, irritability, aggression
- Withdrawal, inhibited behaviour

Parenting
- Overprotective or authoritarian, reactions to trauma and change
- Support parents to support their children
- Avoid excessive media exposure to war-related news
Common Mental Health Concerns

Frequently experienced symptoms or disorders:

- Depression
- Anxiety
- Post Traumatic Stress Disorder
- Problematic substance use
- Suicide Risk

Less Commonly observed:

- Psychosis
- Obsessive-compulsive disorder
Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Direct experience
2. Direct witnessing
3. Learning about traumatic events that occurred to a loved one
4. Experiencing repeated or extreme exposure to aversive details of traumatic events
## Post Traumatic Stress Disorder

### Intrusion and Avoidance

<table>
<thead>
<tr>
<th><strong>Criterion B:</strong> Intrusive symptoms</th>
<th><strong>Criterion C:</strong> Avoidance Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recurrent, involuntary, and intrusive memories</td>
<td>1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings</td>
</tr>
<tr>
<td>2. Nightmares</td>
<td>2. Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings</td>
</tr>
<tr>
<td>3. Flashbacks</td>
<td></td>
</tr>
<tr>
<td>4. Intense distress to exposure experiences</td>
<td></td>
</tr>
<tr>
<td>5. Intense physiological reactions</td>
<td></td>
</tr>
</tbody>
</table>
Post Traumatic Stress Disorder

Criterion D. Cognition & mood

- Inability to remember an important aspect(s) of the traumatic event(s)
- Negative beliefs about oneself, others, or the world
- Negative emotional states (fear, horror, anger, guilt, shame)
- Diminished interest or participation in significant activities
- Feelings of detachment or estrangement from others
- Inability to experience positive emotions (happiness, satisfaction, or loving feelings)
Post Traumatic Stress Disorder
Criterion E. Arousal and reactivity

- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance
Post Traumatic Stress Disorder

Functional Consequences

- PTSD is associated with high levels of social, occupational, and physical disability
- Impaired functioning is exhibited across social, interpersonal, developmental, educational, physical health, and occupational domains
- PTSD is associated with poor social and family relationships, absenteeism from work, lower income, and lower educational and occupational success
Post Traumatic Stress Disorder
Course over time

• Clinical presentation varies in individuals & over time

• Some individuals remain symptomatic for longer than 12 months and sometimes for a lifetime (time does not necessarily heal all)

• Symptom recurrence and intensification may occur in response to reminders of the original trauma, ongoing life stressors, or newly experienced traumatic events
Post Traumatic Stress Disorder

Culture-Related Diagnostic Issues

• Key features of PTSD have been observed across cultures and settings

• The clinical expression of the symptoms may vary culturally, particularly avoidance and numbing symptoms, distressing dreams, and somatic symptoms

• Cultural syndromes and idioms of distress influence the expression of PTSD

UNHCR report: Mental Health of Syrian Refugees
I. Cultural Identity
   1. Cultural reference groups
   2. Language
   3. Cultural factors in development
   4. Involvement with culture of origin
   5. Involvement with host culture

II. Cultural Explanations of the Illness
   1. Predominant idioms of distress and local illness categories
   2. Meaning and severity of symptoms in relation to cultural norms
   3. Perceived causes and explanatory models
   4. Help-seeking experiences and plans

III. Cultural Factors Related to Psychosocial Environment and Levels of Functioning
   1. Social stressors
   2. Social supports
   3. Levels of functioning and disability

IV. Cultural Elements of the Clinician-Patient Relationship

V. Overall Cultural Assessment for Diagnosis and Treatment
Screening Tools Refugee Readiness Workshop

- VAST Vulnerability Screening Tool

Other screening instruments:
- DSM-IV Cultural Formulation Interview
- Harvard Trauma Questionnaire – Revised (HTQ) (Mollica, 2007)
- Istanbul Protocol: A Manual on Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (United Nations, 2004)
- Trauma Symptom Inventory (TSI; Briere, 1995)
- Hopkins Symptom Checklist (HSCL-25; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974)
• VAST Vulnerability Screening Tool
  • PART 1: Settlement Checklist
    Ten question checklist to confirm whether or not your client is connected to a broad range of community programs and services
  • Part 2: Mental Health Screening Tool
    PROTECT Questionnaire, ten questions screen for risk of trauma and depression-related disorders
  • Part 3: Resiliency Inventory
    Open-ended question to invite reflection on sources of resiliency and strength
Vulnerability Screening Tool ➔ Part 1

Settlement Checklist

1. Are you seeing a settlement worker?
2. Are you seeing a doctor?
3. Are you seeing a psychiatrist, psychologist, or clinical counsellor?
4. Are you enrolled in an English-language learning program?
5. Are you enrolled in an employment or volunteer placement program?
6. Are you in housing where you feel safe and secure?
7. Are you familiar with where to find affordable food that you enjoy eating?
8. Are you familiar with the public transit system in your area?
9. Are you familiar with the programs and services at the community centre or neighbourhood house in your area?
10. Are you familiar with educational programs available to you at schools, colleges, or universities in your area?
Vulnerability Screening Tool ➔ Part 1

Settlement Checklist

• Helps you understand whether your client is connected to settlement, mental health, primary health, and community services in their area

• Referrals and coordinate care between professionals

• High level of connectivity to community programs and services will help build on resiliencies and may reduce vulnerability
PROTECT Questionnaire

1. Do you often have problems falling asleep?
2. Do you often have nightmares?
3. Do you often suffer from headaches?
4. Do you often suffer from other physical pains?
5. Do you easily get angry?
6. Do you often think about painful past events?
7. Do you often feel scared or frightened?
8. Do you often forget things in your daily life?
9. Do you find yourself losing interest in things?
10. Do you often have trouble concentrating?

Scoring: questions answered “yes” 0 - 3 Low, 4 - 7 Med, 8 - 10 High
The PROTECT questionnaire was developed by the International Rehabilitation Council for Torture Victims (IRCT) & European Union and adapted with permission for use in British Columbia

- Immediate identification for referral
- Early intervention to relieve suffering and prevent chronic symptoms
- Identify need for further assessment by mental health Professional
- Standardized data collection
Q: What has helped you get through the most difficult moments of your life?
Who can use the Vulnerability Screening Tool?

Service providers who are in contact with refugees:

• Intake Workers
• Settlement Counsellors
• First Contact volunteers
• Housing support workers
• Private Sponsors
• Legal professionals
• School Counsellors
• Medical and Mental Health professionals

The Vulnerability Screening Tool should not be self-administered
STIGMA REDUCTION

• There is a critical role for professionals across all disciplines to reduce the stigma of mental health conditions and treatment.

• It is normal and expectable for people exposed to extreme life stressors to experience varying degrees of distress and dysfunction.

• PTSD symptoms have been described as “normal responses to abnormal situations” but they can be disabling.

• Mental health treatment and psychosocial support can greatly improve quality of life and prevent transmission of intergenerational trauma.

• Mental Health treatment for refugees is part of a larger commitment to human rights.
Session Outline Refugee Readiness Workshop

- Mental Health Concerns for Newly Arrived Refugees
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Refugee Readiness Project

Mental Health Component

Training Workshop Resource