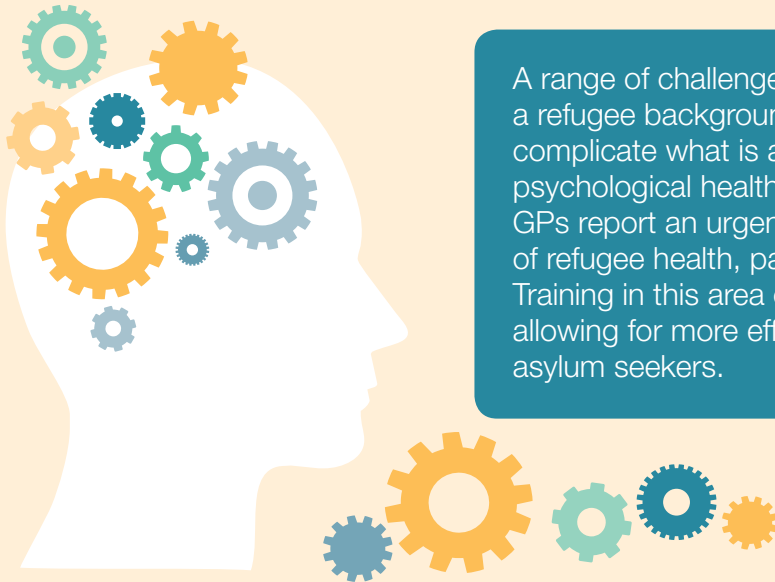


Education for GPs providing mental health care for refugee populations

A resource for training providers



A range of challenges face the GP in treating patients with a refugee background. Cultural and language factors might complicate what is already a complex picture of physical and psychological health for these patients. It is not surprising that GPs report an urgent need for further education in the area of refugee health, particularly in regard to mental health issues.¹ Training in this area can bolster GPs' skills and confidence, allowing for more effective treatment of refugees and asylum seekers.

Psychological impacts of torture and trauma

Trauma can occur in the individual's country of origin, in camps and in transitional countries, and on the journey to the settlement country. Individuals with a refugee background are often subjected to repeated experiences of trauma and this can lead to mental health issues. Psychological symptoms including those associated with post-traumatic stress disorder, depressive disorders and anxiety disorders are common and can occur long after the event is over. Psychological effects can also include grief reactions, relationship and interpersonal issues, feelings of guilt, and identity issues.

Many factors affect a person's response to trauma. Some individuals will recover without professional intervention. GPs can play a critical role in identifying and addressing physical and psychological effects, as well as rebuilding trust in health professionals. Sensitive enquiry about the extent to which a person has experienced traumatic events through sensitive enquiry can assist in diagnosis,

treatment, and referral. GPs should explain the rationale for taking a history and conducting a physical examination, as these activities can trigger traumatic experiences.

Post-migration issues affecting mental health

Time spent in immigration detention is significantly related to the development of new mental health problems.² Children and other subgroups of asylum seekers may be more vulnerable to the impacts of prolonged detention.

Various stressors following resettlement can also perpetuate the effects of trauma, including isolation from one's cultural group, shifting family dynamics, ongoing family separation, social upheaval or conflict in the patient's country of origin, poor or inadequate housing, unemployment and financial difficulties, racism and discrimination, and a lack of experience in carrying out activities such as negotiating the welfare system, paying bills, or using public transport.³ GPs should be aware of the ongoing impacts of displacement.

GPs should also be aware of the unique position of asylum seekers who are waiting for extended periods for the outcome of their protection claim. This prolonged uncertainty can also exacerbate the impact of traumatic experiences and complicate recovery.

Cultural issues

Cultural factors impact interpretation of and reaction to symptoms of mental illness, coping strategies, help-seeking behaviours, treatment adherence, expressions of mental state, and relationships between patients and healthcare providers.⁴ Patients with mental illness sometimes present with medically unexplained physical complaints or use culture-specific idioms to communicate psychological distress. Individuals may be reluctant to divulge psychosocial difficulties as a result of stigma associated with mental health issues or a lack of familiarity with Western models of medicine. Formal cultural awareness training for GPs should be encouraged.

Using interpreters

Refugees report that the primary barrier to accessing health care is being unable to speak or understand sufficient English to make an appointment with a GP.⁵ Despite this, provision of interpreter support appears to be inconsistent, with children or other family members serving as interpreters during consults. This practice should be avoided due to problems with accuracy and confidentiality.

Where possible, GPs should use accredited interpreters when seeing non-English speaking patients. This is particularly important when subjects of discussion will include self-management of medication, complex social/psychological matters or safety issues; or consults where patients need to make decisions about their treatment.⁶ Free services are available through the Australian Government Department of Social Services' Translating and Interpreting Service (TIS). GPs can register for use of the 'Doctors Priority Line', which is a telephone interpreting service for medical practitioners. GPs should attempt to accommodate patients' preferences for an interpreter of a particular gender or ethnicity.

Assessment tools

- Refugee Health Assessment Tool
- DSM-5 Cultural Formulation Interview

Referral options

Patients requiring specific counselling for trauma-related mental health issues should be managed by health professionals trained and experienced in this field, such as psychiatrists, psychologists, and other specialist practitioners. Some treatment approaches are unsuitable and GPs

lacking experience in this area should consider referral. In planning treatment, practical issues such as the service's use of interpreters and cost should be considered. Community support agencies for asylum seekers and refugees or survivors of torture and trauma can be a valuable source of information for GPs.

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) is a network of agencies that provide specialised torture and trauma counselling for people from refugee backgrounds, including asylum seekers in each state. Details of member agencies, referrals and other information can be found on the FASSTT website.

Useful resources

- Foundation House – The Victorian Foundation for Survivors of Torture. Promoting refugee health: A guide for doctors, nurses and other health care providers caring for people from refugee backgrounds (3rd ed). Melbourne; Foundation House, 2012.
- Foundation House – The Victorian Foundation for Survivors of Torture. Caring for refugee patients in general practice: A desktop guide (4th ed). Melbourne; Foundation House, 2012.
- The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT)
- Australian Red Cross Asylum Seeker Assistance Scheme
- Refugee Health Network of Australia (RHeaNA)
- Phoenix Australia – Centre for Posttraumatic Mental Health

References

1. Duncan G, Harding C, Gilmour A, Seal A. GP and registrar involvement in refugee health – a needs assessment. *Aust Fam Physician* 2013 Jun;42(6):405–8.
2. Green JP, Eagar K. The health of people in Australian immigration detention centres. *Med J Aust* 2010 Jan 18;192(2):65–70.
3. Gardiner J, Walker K. Compassionate listening – managing psychological trauma in refugees. *Aust Fam Physician* 2010 Apr;39(4):198–203.
4. Kirmayer LJ, Narasiah L, Munoz M, et al. Common mental health problems in immigrants and refugees: general approach in primary care. *Cmaj* 2011 Sep 6;183(12):E959–67.
5. Clark A, Gilbert A, Rao D, Kerr L. 'Excuse me, do any of you ladies speak English?' Perspectives of refugee women living in South Australia: barriers to accessing primary health care and achieving the Quality Use of Medicines. *Aust J Prim Health* 2014;20(1):92–7.
6. Phillips C. Using interpreters – a guide for GPs. *Aust Fam Physician* 2010 Apr;39(4):188–95.



Contacting the GPMHSC

For further information on the work of the GPMHSC, please contact the GPMHSC Secretariat at: 100 Wellington Parade, East Melbourne VIC 3002

T 03 8699 0556 **E** gpmhsc@racgp.org.au **W** www.gpmhsc.org.au

The GPMHSC is a multidisciplinary collaboration with representatives from the below organisations. The GPMHSC is managed by The Royal Australian College of General Practitioners and is funded by the Commonwealth Department of Health.