



### Tips and advice for groups on accessing Refugee Health Services

- A comprehensive refugee health assessment should be booked within 6 weeks of their arrival.
- Before arrival, try to connect with a GP or practice manager to establish a relationship. Ask whether they will bulk bill, and whether they have experience or are comfortable with using an interpreter.
- Through TIS National, medical practitioners offering Medicare rebated service have priority access to free interpreting services. However, not all GPs are willing to spend the time to work with an interpreter.
- Refugee health teams are nurse-led and facilitate comprehensive refugee health assessments for new arrivals. They work closely with community GPs, settlement case managers and other healthcare providers.
- There are many barriers to accessing health services for refugee clients. Understanding Australian health systems is one barrier, where people may be coming from a different worldview and hold a different understanding of not only how the system works, but also of medicine. You might like to take the time to explain the differences between general practice and specialists, how referrals work, and set expectations in terms of waitlists.
- You might also explain the difference between the public and private systems so that new arrivals can make informed financial decisions.
- Language is another barrier. It's important to find services who use qualified interpreters, or to arrange for one to be present at a health appointment. Try to avoid instances where young people or family members are acting as translators who are not best placed to hold this responsibility. It may also be distressing and culturally inappropriate.
- Most of the time, newly arrived refugees will have competing priorities, including accommodation, employment and education. Sometimes, these may come before health, or in family situations the children's health may be prioritised over the adults. Where possible, encourage all members of the household to have a comprehensive health assessment as soon as they can.
- When explaining the health system in Australia, it's important to explain that in the public system, waitlists are a reality for everyone. New arrivals may have experiences of racism elsewhere in the system and may interpret long delays in health appointments as an example of this.
- Pre-arrival health assessments can be complicated by a number of factors, including times where refugee participants may downplay or omit health concerns from fear that it will affect their visa application. Sometimes, pre-arrival health assessments can occur 12-18 months before travel, leaving a large window for conditions to improve or worsen.
- Where medicine has been prescribed overseas, new arrivals will be packed with a travel supply. That said, it's important to prioritise an on-arrival health assessment to make sure that health conditions are checked and needs are met.
- CSGs will not be provided with a full health report, this information will be shared with medical professionals as required. While facilitating medical appointments and encouraging



on-arrival health assessments, CSGs should consider privacy and confidentiality of refugee participants' information, especially pertaining to health.

**National resources:** <https://refugeehealthguide.org.au/>

**WA:**

Contact details [Brenda.kamau@health.wa.gov.au](mailto:Brenda.kamau@health.wa.gov.au)

Referrals to [Migranthealth@health.wa.gov.au](mailto:Migranthealth@health.wa.gov.au)

To make a referral, please send an initial email to the migrant health email (above) notifying the team of an arrival. You will receive an email back with a referral form to complete and send back. For referrals if we can get the arrival date and their HAP ID, this is important for us to be able to triage and get an appointment organised. It's important though for the group to know that they need to facilitate transport to and from appointments.

**SA:**

[Refugee Health Service South Australia](#)

Refugee Health, 21 Market Street, Adelaide, SA, 5000

Ph 08 8237 3900

Always happy to have a chat and help to navigate the right pathway or connection – don't hesitate to call.

**Queensland:**

[Refugee Health Network Queensland](#)

Local PHN should be involved in locating a local GP, refugee health doesn't have capacity. There is a clinical fellow available to support any GPs new to working with refugees - groups encouraged to share this information with local GPs who they connect the refugees with.

Contact the Refugee Health Network in Queensland for further advice.

**VIC:**

[Victorian Refugee Health Network](#)

In Victoria, there are a few key providers across metro and regional areas. See agency contact list on the [Refugee Health Program website](#).

Community health services are a good starting point for bulk billing and low cost allied health services. For dental, newly arrived refugee to get priority client status. For emergencies, royal dental hospital will be free. For eye health, there is a pilot program funding TIS for optometrists which is active in areas of high refugee settlement like Geelong, Hume and Dandenong

**NSW:**

[SWSLHD - NSW Refugee Health Services](#)

Groups are encouraged to connect with NSW Refugee Health for either the initial health assessment or a second opinion should there be any concerns.