

Quick-reference Guidance for General Practices working with Refugee Patientsⁱ

CONTENTS (click to jump to a topic)

Learn About Refugees' Previous Experiences of Healthcare in Other Countries	1
Learn How Barriers to Care and Medicines Manifest and Overlap	1
The First Appointment is Crucial – Make Time	2
Explain General Practice and the Primary Care System	2
Recognize the Key Role of Reception/Admin Staff in Refugees' Experiences	2
Have “Champions” for Refugees in All Practice Areas: GPs, Nurses, Receptionists	2
Create a Safe Environment	2
Remember – Pharmacies Do Not Have Interpreters	3
Identify “Refugee Background” Patients in Your PMS	3
The “Right” Interpreter is Crucial	3
Explain that “Pain” Needs to Be Investigated Through Multiple Approaches	3
Avoid the Term “Mental Health”	3
Remember Refugees' Limits in Accessing Information	3
Consider Some Local Outreach	4
Liaise with Other Support Organizations	4
Know Your Region's or PHO's Funding Possibilities	4
Avoid Assumptions or a “Deficit Approach”	4
Show You Care	4

[Learn About Refugees' Previous Experiences of Healthcare in Other Countries](#)

- Past healthcare experiences overseas shape expectations of healthcare in NZ.
- Check out [this 10-minute video](#) about how some refugees' healthcare experiences *before* NZ influence their expectations and experiences *within* NZ.
- Many refugees are used to hospital-based systems with direct access to specialists, more hands-on physical exams, tests, procedures and medications. They may also be more used to a directive approach to diagnosis and care.

[Learn How Barriers to Care and Medicines Manifest and Overlap](#)

- Check out [this 10-minute video](#), a case study featuring a refugee's experience. It illustrates how overlapping challenges can sometimes make even simple tasks difficult and negatively impact well-being.

The First Appointment is Crucial – Make Time

- You may receive notes about a new refugee patient from another practice and/or Mangere resettlement centre. Nonetheless, the 1st consultation should focus on the person in front of you with fresh, present eyes and ears.
- Even excellent notes may not constitute what the *patient* wants you to know or reflect *their* concerns.
- Ask about their expectations of care (see 1st point above) and take time to explain NZ's GP system (see below).

Explain General Practice and the Primary Care System

- Explain NZ's system is a “stepped” process. Patients must complete certain steps, or meet thresholds, before moving to the next. It is a system where the patient needs to keep coming back (not a one-stop shop which may have been experienced before).
- Consider explaining that GPs in NZ are specialists - trained to handle a range of health issues. This may help refugees see their GP as an expert rather than feeling they need to go straight to a specialist.
- Explain NZ's “less is more” approach: Best practice utilizes stepped processes and careful, considered care rather than quick intervention.
- Explain that best practice in NZ is often a shared process between patient and doctor. Some may find this new and expect a more directive form of diagnosis and care.
- Ask what your patient was used to overseas or expects from care. Acknowledge they may find this process slow and cumbersome, but it is not from lack of care.

Recognize the Key Role of Reception/Admin Staff in Refugees' Experiences

- Administrative and reception staff have a huge impact on former refugees' experiences.
- A “warm greeting” is important (alongside competence in processes such as booking longer appointments and interpreters.)
- Be sure to include admin/reception staff in diversity training.
- The 2 videos linked on page 1 may provide useful context for admin/reception staff as they serve refugee patients.
- Be prepared for those who arrive without referrals from, for example, Mangere resettlement centre or health navigators. How can reception/admin staff be ready to assist?

Have “Champions” for Refugees in All Practice Areas: GPs, Nurses, Receptionists

- Champions develop additional expertise (by, for example, undertaking additional training or developing resources) and share this with the rest of their team.
- When possible, the “champion” should be a main contact for refugee patients.

Create a Safe Environment

- Some refugees will be accustomed to bringing children/spouses with them. Welcome them with a whānau approach. (Later, a patient may be more comfortable with individual consultations).
- Ask if a female/male care provider is preferred and honour this whenever possible.
- eCALD is an excellent resource for diversity training: <https://www.ecald.com/>

Remember – Pharmacies Do Not Have Interpreters

- Sometimes family members interpret in a pharmacy, but this has limitations. Assume a patient *will not* have an interpreter at the pharmacy.
- Provide info about medications, their purpose and how to take them. Written info may not be appropriate if the patient does not read (in English or their 1st language).
- Consider using symbols (sun, moon, food) to illustrate directions for medicines.
- Liaise with pharmacies, particularly those frequently used by refugees. See what helpful services might be offered (some offer free blister packing, blood pressure checks, etc).

Identify “Refugee Background” Patients in Your PMS

- Categorize patients as “refugees” your PMS.
- This will enable awareness of needs or patterns, data for funding opportunities, reminders to book interpreters or longer appointments, etc.
- However, *avoid using the “refugee label” in person*. Labels matter. Many patients with refugee backgrounds do not want to be labelled “refugee” for a variety of significant, personal reasons.
- Consider identifying “refugee-like” patients – those who have similar needs/backgrounds but without the official status (i.e., those arriving under family reunification.) They can slip through the cracks.

The “Right” Interpreter is Crucial

- Assume an independent interpreter is needed. Ask if a male/female is required.
- Be prepared to offer an “out of area” interpreter in sensitive cases.
- Even some official interpreters may not be trusted. If your patient is seemingly withholding information, it may be due to privacy concerns.
- Do not use children/family as interpreters for several reasons: Ensuring privacy, ensuring competence in *medical* interpretation, ensuring best practice by practitioner. (Welcome family to attend in addition to an interpreter.)

Explain that “Pain” Needs to Be Investigated Through Multiple Approaches

- Explain “best practice” for pain in New Zealand is to investigate all possible causes: physical, mental and emotional.
- Many refugee background patients will not view mental/emotional approaches to health as “real care.” See below about “mental health.”

Avoid the Term “Mental Health”

- Focus instead on “well-being” or “stress management,” for example.
- Ask broader questions like “how is your family unit functioning?”
- “Mental health” is highly stigmatized in many countries; using this terminology may make refugee patients shut down.

Remember Refugees’ Limits in Accessing Information

- Many resources (links and print-outs) are in English only.
- New South Wales has some excellent translated [refugee health resources](#).
- Even translated info, however, is useless to patients who do not read in their 1st language.
- Many refugees will be very limited in accessing information once leaving your consultation.

Consider Some Local Outreach

- Visit a local mosque, English language class, etc. to meet people in *their* space. Have a trusted interpreter. Give information about NZ's system and approach to care, answer questions.

Liaise with Other Support Organizations

- Many needs will be outside the scope of general practice.
- Be prepared to access social work support.
- These relationships will benefit GP and patient.

Know Your Region's or PHO's Funding Possibilities

- There is no uniform approach or funding for general practices with refugee patients.
- Check with your PHO often for current options (At time of publication, examples include: funding for 30 min appts, annual 90 min appt, HIP access, some free dental and pharmacy consultations (Dunedin), and variability from 1 to 10 years of free appointments).
- Some funding opportunities may not be refugee-specific but frequently overlap with refugee needs.
- Note, refugees in different regions talk to each other; there may be confusion about what is/isn't funded.

Avoid Assumptions or a "Deficit Approach"

- *It is incredibly important to avoid a deficit approach.*
- Some refugees feel constrained by the "refugee" label or assumptions of trauma.
- Approach each refugee patient as a unique individual and *recognize their strengths and autonomy too*

Show You Care

- Refugees benefit greatly when they *feel heard* and feel their specific health concerns are acknowledged, and also when the approach to care (including actions they can take themselves) is explained.

ⁱ This resource was compiled by Molly George, PhD, and Professor Pauline Norris (University of Otago) based on research (funded by Lotteries Health, Health Research Council and Otago University) and relevant recent literature. Several healthcare professionals working in refugee care have provided valuable, expert input. For more information: molly.george@otago.ac.nz.