

**Reflections on a Joint Initiative in Challenging Times
From a Fellow in Asylum Seeker and Refugee Healthcare**

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Background

In 2004 the Primary Care Department, HSE West approached the Discipline¹ of General Practice, NUI Galway because it was interested in developing an initiative to examine the provision of healthcare services to asylum seekers and refugees in Galway. This was because of the known difficulty that asylum seekers and refugees were having in accessing General Practice care (a problem which was not confined to Galway alone but was reflected across the country).

As a result of this approach, the Primary Care Department, HSE West funded a new and innovative post - the Fellowship in Asylum Seeker and Refugee Health Care – in the Discipline of General Practice, NUI Galway. The purpose of the Fellowship was to contribute to the improvement of healthcare for asylum seekers and refugees in the HSE Western region. The funding for the initiative began in 2004 and continued on an annual basis until 2009. It was withdrawn due to budgetary constraints in the health service. This article outlines the functions of the post and reflects on the key outcomes of the Fellowship.

Post Description

The Fellowship in Asylum Seeker and Refugee Healthcare is an innovative model of interagency collaboration between the Primary Care Department, HSE West, the Department of General Practice, NUI Galway and Galway Refugee Support Group. The steering group of the post was comprised of representatives of these three groups.

The Fellowship commenced in September 2004 and the nature of the post was twofold. The Fellow was involved in service delivery in three Galway city General Practices (*see Section 3*) and also fulfilled academic duties at NUI Galway. These involved teaching, research, and service development (*see Sections 4, 5 and 6*). Through clinical and academic work, and the synergy between these, problem issues arising in the healthcare of asylum seekers and refugees were identified and solutions and strategies for change were initiated. The initial post holder was Dr. Julie Mac Mahon (Sept. 2004-Sept.2005), followed by Dr. Hans-Olaf Pieper (Nov. 2005-Aug. 2009).

¹ Previously the Department of General Practice

Liaising with a broad range of governmental and non governmental organisations regarding the welfare of asylum seekers and refugees was a very important part of the role. Regional, national and international networking included:

<p><i>Regional level networking</i></p> <ul style="list-style-type: none"> • Primary Care Department, HSE West • Health Promotion Department, HSE West • Public Health Nurses PCCC, HSE West • Environmental Health Department, PCCC, HSE West • General Practitioners • Galway Refugee Support Group • Refugee Information Centre • Refugee Legal Service • Galway Intercultural Adolescent Support • Galway One World Centre • Galway Rape Crisis Centre • MASC (Male Abuse Survivors Centre) Galway • Zebroworld Galway/ Galway Social Space • Con[text], Oranmore, Co. Galway • VEC (Vocational Education Committee) Teachers • Department of General Practice, NUI Galway • Department of Midwifery and Nursing, NUI Galway • Centre for Participatory Studies, Clonbur
<p><i>National level networking</i></p> <ul style="list-style-type: none"> • HSE Social Inclusion Unit • ICGP Multicultural Health Project • SPIRASI • National Consultative Committee on Racism and Interculturalism (NCCRI) • Pfizer Healthcare Ireland • School of Applied Language and Intercultural Studies, DCU • Language Centre, NUI Maynooth
<p><i>International level networking</i></p> <ul style="list-style-type: none"> • Spanish Institute of Rural Health, A Coruña, Spain • International Organization for Migration, Brussels, Belgium • Public Health School, Granada, Spain • WHO, Geneva, Switzerland • Department of General Practice, Nijmegen, The Netherlands

Service Delivery - Clinical Attachment in General Practice

The Fellow initially worked in two GP practices in Galway city centre. These practices looked after a higher proportion of asylum seekers than did other GP surgeries in the city. The Fellow's role was as a GP with special responsibility for asylum seekers and refugees. He consulted with all patients; however asylum seekers and refugees were especially directed towards him. The expertise gained during this

work was invaluable in obtaining practical insights into features and problems associated with consultations with asylum seekers and refugees. Additionally, these insights were also significant in the development of new strategies for change e.g., the need for concise information led to the development of an Information Pack for GPs in Galway (see section 5.1.); the experience of dealing with the language barrier led to a multilingual poster project (see section 5.4.).

From December 2007 the Fellow continued to work two sessions per week in these GP practices while also working two sessions per week in the Eglinton Direct Provision Centre, providing a GP service for patients of a third GP practice. This was an exclusive service for approximately 120 asylum seekers (HSE, 2007). The Fellow developed an on-site consultation room with basic medical equipment and an electronic patient database. Shared record keeping between the Eglinton Direct Provision Centre and the GP surgery was established. The service was well accepted by residents. An asylum seekers' Health Information Needs Assessment was commissioned by the Galway Refugee Support Group and carried out by an independent body in January 2009. This showed that access to GPs was currently not an issue for asylum seekers, and that residents of the Eglinton Direct Provision Centre were very satisfied with the GP service they were receiving (Mullarkey, 2009). This reflected the subjective impression of the Fellow. Working in the Eglinton Direct Provision Centre was also highly beneficial for liaising with public health nurses, teachers, hotel management, reception staff and members of involved NGOs. It appeared prudent to evaluate the service in the Eglinton Direct Provision Centre in a more focussed way. However this did not prove possible as there was no funding for an independent evaluation. After the conclusion of the Fellowship in August 2009 the on site GP service was continued by the third GP practice.



Galwegian consultation: In the consultation room of the Eglinton Direct Provision Centre for Asylum Seekers, Galway, residents Esperance, Kerene, Gaby and GP Dr. Hans-Olaf Pieper.

Research

The Fellow was involved in the following research projects:

A Survey of Asylum Seekers' General Practice (GP) Service Utilisation and Morbidity Patterns.” (McMahon et al., 2007)

The aim of this study was to compare Irish asylum seekers to other General Medical Scheme (GMS) patients possessing Irish citizenship in terms of their utilisation of GP services, morbidity patterns and consultation outcomes. A retrospective 1 year study on patient records in two Galway City practices was performed. Data were collected on 171 asylum seekers and 342 Irish citizens. It was found that asylum seekers attended the GP more frequently than their Irish counterparts. They were more likely to be diagnosed with psychological problems than the Irish. Studies have shown a strong link between psychological illness and being a “frequent attender” of GP services. This could explain the higher than average frequency of attendance in this group. They were more likely to be prescribed antibiotics and psychiatric medications. This study provided the first quantitative data to inform debate regarding the appropriate supply of resources to Irish practices with significant numbers of asylum seekers. It was published in the Irish Medical Journal (McMahon et al., 2007) and discussed in national newspapers (Regan, 2007, Lynch, 2007, Coyle, 2007).

Overcoming multicultural language barriers (MacFarlane et al., 2007b)

An in-depth study on the impact of language as a barrier to primary care services took place during 2002-2005 led by Dr Anne MacFarlane, Department of General Practice, NUI Galway and supported by the Galway Refugee Support Group. The findings of this research confirmed that language differences between refugees and asylum seekers with limited English proficiency (LEP) and their GPs are a serious barrier to healthcare access. The findings reveal that there is a low uptake of private interpretation services in general and that there is a heavy reliance on informal strategies for communication. While GPs felt that initial problems had been overcome, refugees and asylum seekers were not happy ‘getting by’ in consultations with ad hoc, informal strategies. They were not confident that they were being understood and, therefore, were not confident about the care they were receiving from their GPs. It is well established that effective communication and a trusting relationship between doctors and their patients is the heart of good medicine and leads to positive health outcomes. This status quo is, therefore, not satisfactory and warrants action. This study was also published in national newspapers (Leinster_Leader, 2007) the Irish College of General Practitioner’s Journal ‘Forum’ (MacFarlane et al, 2007b), and international peer reviewed journals (MacFarlane et al, 2009a, MacFarlane et al, 2009b).

The Impact of Direct Provision Accommodation for Asylum Seekers on Organisation and Delivery of Local Health Services: A Case Study (Pieper, 2009a)

The aim of this research was to explore the impact of Direct Provision Accommodation on the organisation and delivery of health and social care services in the community. A retrospective, qualitative, case study of a direct provision accommodation centre in County Galway was designed. Forty in-depth interviews were conducted with relevant stakeholders. The main findings were that: (1) there was a lack of notification to local healthcare and social care professionals and the community about the new accommodation centre and this caused anxiety and stress

among the relevant professionals and members of the community. (2) There was insufficient time to plan and prepare appropriate health and social care for the residents, causing a significant strain on service delivery. (3) There was a lack of clarity about how the health and social care needs of the incoming residents were to be addressed. (4) Interdisciplinary support systems developed informally between healthcare professionals, which helped to alleviate the strain and ensure that residents of the accommodation centre were appropriately cared for. A key conclusion was that Direct Provision Accommodation impacts on the organisation and delivery of health and social care services. There needs to be appropriate advance notification and inter-agency, inter-professional dialogue to manage this. This study was presented at national and international GP conferences. The research report is available at http://www.nuigalway.ie/general_practice/documents/direct_provision_case_study_report_02.09.09.pdf.

“I’m worried about what I missed”: GP Registrars’ views on their learning needs to deliver effective health care to ethnically and culturally diverse patient populations. A qualitative study” (Pieper, 2009b)

It is widely accepted that medical education should address issues related to human diversity. Despite the growth of guidelines and training resources, surprisingly little empirical research has been published about how primary healthcare professionals perceive their work with patients from diverse communities. The aim of this research was to explore GP Registrars’ views on their learning needs in relation to delivering effective healthcare to ethnically and culturally diverse patient populations. This study involved qualitative methods. 31 GP Registrars participated in 3 focus group interviews. GP Registrars described considerable professional uncertainty and occupational stress with predominantly negative emotions when consulting with patients from diverse communities. They perceived their training in relation to healthcare to patients from ethnically and culturally diverse backgrounds as inadequate and they desired more training. They identified concrete learning needs, which were mainly related to factual knowledge. There was less emphasis on communication skills and attitude awareness. It was concluded that educators should take GP Registrars’ views into account in the development of diversity training in medical education. Nonetheless GP Registrars’ focus on the concept of specific knowledge related to human diversity may be too narrow. While specific knowledge may be a good starting point, training should also encourage acknowledgment of the doctor’s professional uncertainty, awareness of the doctor’s own culture and attitudes, and development of generic skills such as a patient centred approach. The study will be submitted for publication shortly.

Service development

The points made in this section are based on the experience and insights the Fellow gained during both service delivery in general practice and involvement in research.

Development of Information Pack for GPs in Galway on ‘General Practice Care for Asylum Seekers and Refugees’ (Pieper, 2007)

The Fellow developed an Information Pack and Desktop Summary for GPs in Galway on ‘General Practice Care for Asylum Seekers and Refugees’. Its aim is to guide and direct the busy General Practitioner in the West of Ireland, enhancing his/ her skills

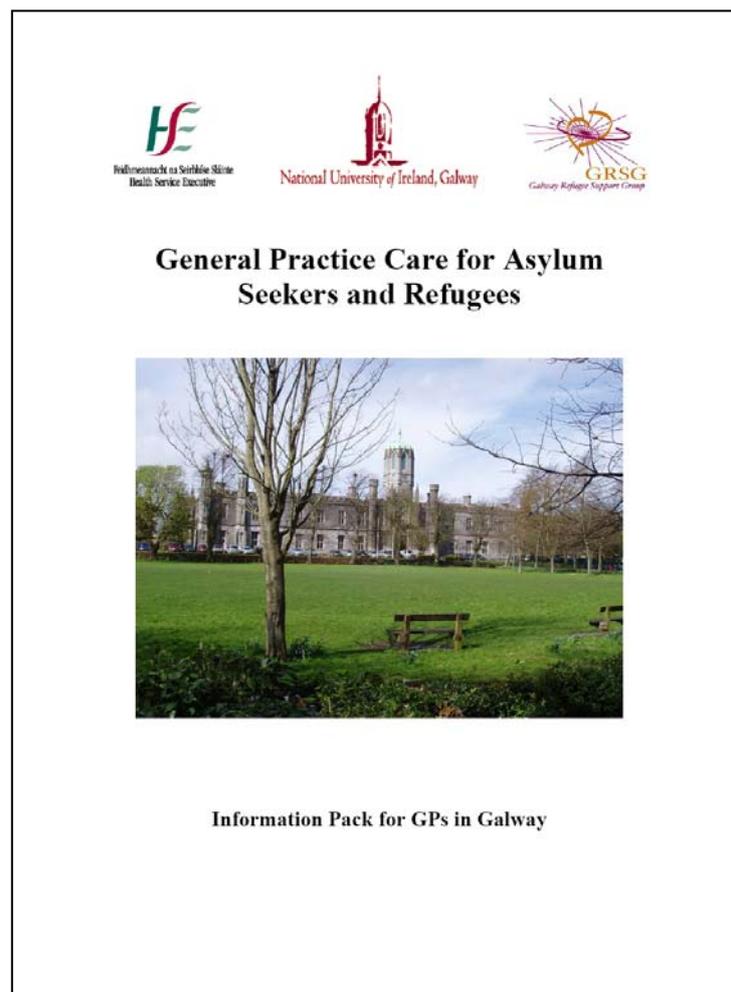
while working with refugees and asylum seekers. The Information Pack and Desktop Summary was launched and disseminated to all GPs in Co. Galway in January 2007.

It provides

- Up to date information on relevant topics
- Contact details of support organisations
- Useful templates for specialist services

It includes chapters on key terms, myths and misinformation about asylum seekers, statistics, cultural competence, translation and interpretation, women's health and religious male circumcision, torture, communicable disease screening, immunisation, legal status, medico-legal reports, support organisations and useful web sites

The guide was discussed in newspapers (Irish_Medical_Times, 2008a, Galway_Independent, 2007b, Connacht_Sentinel, 2007b, Clare_Champion, 2007, Ryan, 2007) and the local radio station Galway Bay FM (News, 2007). The Information Pack is available at http://www.nuigalway.ie/general_practice/documents/general_practice_care_for_asylum_seekers_and_refugees.pdf.



Cover page Information Pack

National Conference on Providing Health Services to Ethnic Minority Communities in Ireland, Galway, 26.01.07 (MacFarlane, 2007a)

The Fellow was involved in the steering group for this national conference in Galway in January 2007. The theme was 'Participation of Ethnic Minority Communities in Primary Care Service Design, Planning and Delivery'. The aim of the conference was to identify models of good practice which involve ethnic minority communities and migrant workers in the planning, design and delivery of primary care services. The conference was attended by a diverse audience including delegates from government and non-government organisations, policy makers, service planners, primary care professional organisations, 'front line' service providers, academic and community researchers, community development workers and ethnic minority community representatives. Recommendations from the conference were forwarded to the HSE Consultation for the National Intercultural Health Strategy. The conference was discussed in various newspapers (Connacht_Sentinel, 2007a, Galway_Independent, 2007a, Medicine_Weekly, 2007, Siggins, 2007) and the Galway Asylum Seeker's Community Newsletter (Galway_Asylum_Seekers'_Community_Newsletter, 2007). The conference proceedings are available at http://www.nuigalway.ie/general_practice/documents/ethnic_minority_conference_proceedings_report.pdf.

HSE National Intercultural Health Strategy, 2008

The Fellow contributed to the HSE Intercultural Health Strategy by participating in a consultation workshop in November 2006 and by submitting a detailed report in February 2007. The contribution of the Fellow was acknowledged in the *Intercultural Health Strategy* (HSE, 2008a) and in the *Consultation Report of the HSE Intercultural Health Strategy* (HSE, 2008b, HSE, 2008c). The Fellowship in Refugee and Asylum Seeker Healthcare, NUI Galway, was cited in the Consultation Report as an example of culturally appropriate service delivery and access to services (HSE, 2008b).

The use of a multilingual poster as a communication aid to address language barriers in general practice. Evaluation of a pilot project in County Galway, Ireland, 2008 (Pieper et al, 2008)

Research at the Department of General Practice, NUI Galway highlights that language differences between patients with Limited English Proficiency (LEP) and their GPs are a serious barrier to health care access (MacFarlane et al, 2007b). In co-operation with Pfizer Healthcare, Ireland the Fellow has developed a Multilingual Project for General Practice settings, which includes a poster and a quick reference guide for GP staff. The aim of the Multilingual Project is to facilitate communication with patients with LEP, to provide a tool to overcome minor language barriers during consultations and to serve as a welcome poster in GP surgeries for patients coming from different ethnic backgrounds. While this tool is not designed to replace the use of a professional, trained interpreter, it is intended to facilitate a path of communication between the GP and the patient. The display of the poster also has the potential to indicate to patients with LEP that their doctor is aware of, and concerned about their language differences.

The Multilingual Project contains words and phrases commonly used in a GP consultation. These are translated into ten languages that are frequently spoken in modern Ireland. The Multilingual Poster was piloted among GPs in Co Galway in

May 2008. Following a successful evaluation, it was distributed to all GPs in the Republic of Ireland in December 2008.

The Multilingual Poster project and its evaluation was published in the Irish College of General Practitioner's Journal 'Forum' (Pieper, 2008). It was presented in an international GP conference in Switzerland and was commended for the Chambers Ireland award in 2009. Media coverage included newspapers (Sun_Emerald_Chinese_Newspaper, 2008, Irish_Medical_Times, 2008b) and the Galway Asylum Seeker's Community Newsletter (Galway_Asylym_Seekers'_Community_Newsletter, 2009). Inclusion of the multilingual poster in related projects is ongoing, e.g. the National Federation of Voluntary Bodies, Oranmore, aims to include it in a website (National_Federation_of_Voluntary_Bodies, 2009). The Public Health Nurse and Documentation Project Co-ordinator HSE West has included the reference guide for GP staff in a guidance resource document that is currently being developed for Primary Community and Continuing Care (PCCC) nurses for Counties Galway, Mayo and Roscommon. The Department of General Practice, University of Nijmegen currently explores its adaptation to Dutch settings.

Management of Chickenpox in Direct Provision Accommodation Centres, 2008/ 09

Recurrent chickenpox cases among residents in the Eglinton Direct Provision Accommodation Centre brought this issue to the attention of the Fellow. Chickenpox is potentially dangerous to the unborn child, if pregnant women have no immunity. Immunity of overseas patients is likely to be lower than that of their European counterparts (Royal_College_of_Obstetricians_and_Gynaecologists, 2007). Hence many asylum seekers have a higher risk of contacting chickenpox than do the mainstream population. Also their knowledge about chickenpox is often limited. The Fellow flagged this with relevant stake holders, Health Service Executive (HSE) West Primary Community and Continuing Care (PCCC), and the Department of Public Health. He was involved in an inter-professional group led by the Department of Public Health, with the aim of developing guidelines for the Management of Chickenpox in Direct Provision Accommodation Centres. This work is ongoing, led by the Department of Public Health.

Health Information Provision and Intercultural Mediation Project (HIPP), 2008/09 (Galway_Refugee_Support_Group, 2009)

The Fellow was involved in this project as a steering group member. For further information see the article, 'Peer Health Workers in Direct Provision Accommodation Centres for Asylum Seekers in Galway' in this issue of Translocations.

Teaching

The Fellow was involved in undergraduate educational activities in the Department of General Practice at NUI Galway. This involved classroom teaching sessions with medical students. He was also involved in teaching nursing students in the area of asylum seeker health care. During clinical work in general practice he was involved in informal teaching of students and the supervision of GP Registrars.

Conclusion

Due to the current budgetary constraints in the health service, funding was not available to continue supporting the Fellowship in Asylum Seeker and Refugee Healthcare after August 2009. This reflects the challenging times throughout the country. I am sad about the end of this Fellowship, which has been very close to my heart for nearly four years. However, I am extremely grateful to have been able to contribute to this project, which has probably been the most satisfying time of my professional career, mainly for three reasons:

Firstly, I believe that the Fellowship fulfilled its purpose, which was to contribute to the improvement of healthcare for asylum seekers and refugees in the HSE Western region. I am sure that through clinical and academic work, and the synergy between these, problem issues arising in the healthcare of asylum seekers and refugees were identified and solutions or strategies for change were initiated. Some outcomes of the Fellowship surpassed the regional goal and had even national and international impact, such as the multilingual poster project.

Secondly, team work at NUI Galway, with governmental organisations, NGOs, health care professionals, Direct Provision Centre staff and other stakeholders has been outstanding. I wish to thank everybody who dedicated their time and energy to support asylum seekers, refugees and the Fellow. In particular I want to thank

members of the steering group of the post for their collaboration, and the Primary Care Department, HSE West, for providing funding.

Thirdly, working with asylum seekers has been a real eye opener for me. It is mind-boggling to work with people, who live in the middle of Galway, and yet are so much at the margin of our society, far away from their homes and families, deprived of basic human rights. I had been unaware that asylum seekers in Direct Provision Accommodation Centres live on €19.10 per week, often share one little room with three other residents possibly from different ethnic backgrounds; that they are not allowed to cook, to work or to receive third level education in Ireland; that their asylum process may last many years; that people struggle with language and cultural barriers, trying to integrate into Irish society with very little support. I never ceased to be impressed to see such challenged people retain their calm, smiles, pride, and dignity, against all odds. I want to express my sincere respect to all those who go through this asylum process. You have taught me a lot.

I have tried to keep the spirit of the Fellowship alive beyond the end of the project in August 2009, e.g. in cooperation with my colleague sociologist Anne Mac Farlane we currently offer a Special Study Module (SSM) on “Asylum Seeker and Refugee Healthcare” to undergraduate medical students at NUI Galway. SSMs complement the selective nature of the core curriculum by offering students the opportunity to choose subjects they wish to study, in depth. The aim of the course is to prepare future doctors to provide appropriate health care to diverse communities. The course will explore the meaning and relevance of cultures for health and healthcare, and the relevance of intercultural health issues for broader notions of diversity and equality. I will also continue to monitor any further feedback and comments related to the outcomes of the Fellowship, and hope to continue to contribute to the discussion. I dearly hope that we keep up our enthusiasm about healthcare and services to asylum seekers and refugees – always, and particularly in these challenging times.

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