

IDENTIFICATION OF HEALTH RISK BEHAVIOURS AMONG ADOLESCENT REFUGEES RESETTLING IN WESTERN AUSTRALIA

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ADVANCED TRAINEE IN GENERAL PAEDIATRICS



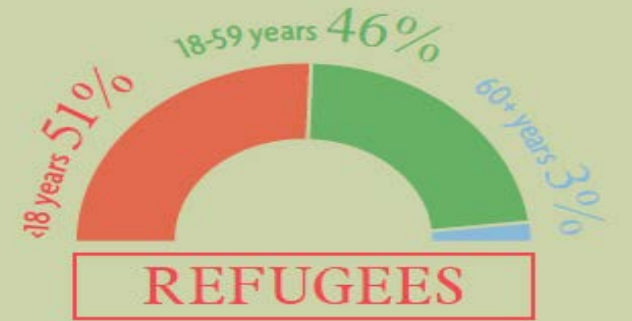
Government of **Western Australia**
Department of **Health**
Child and Adolescent Health Service
Princess Margaret Hospital for Children, Perth

BACKGROUND



“ We are witnessing a paradigm change, an unchecked slide into an era in which the scale of global forced displacement as well as the response required is now clearly dwarfing anything seen before. ”

ANTÓNIO GUTERRES,
UN HIGH COMMISSIONER
FOR REFUGEES

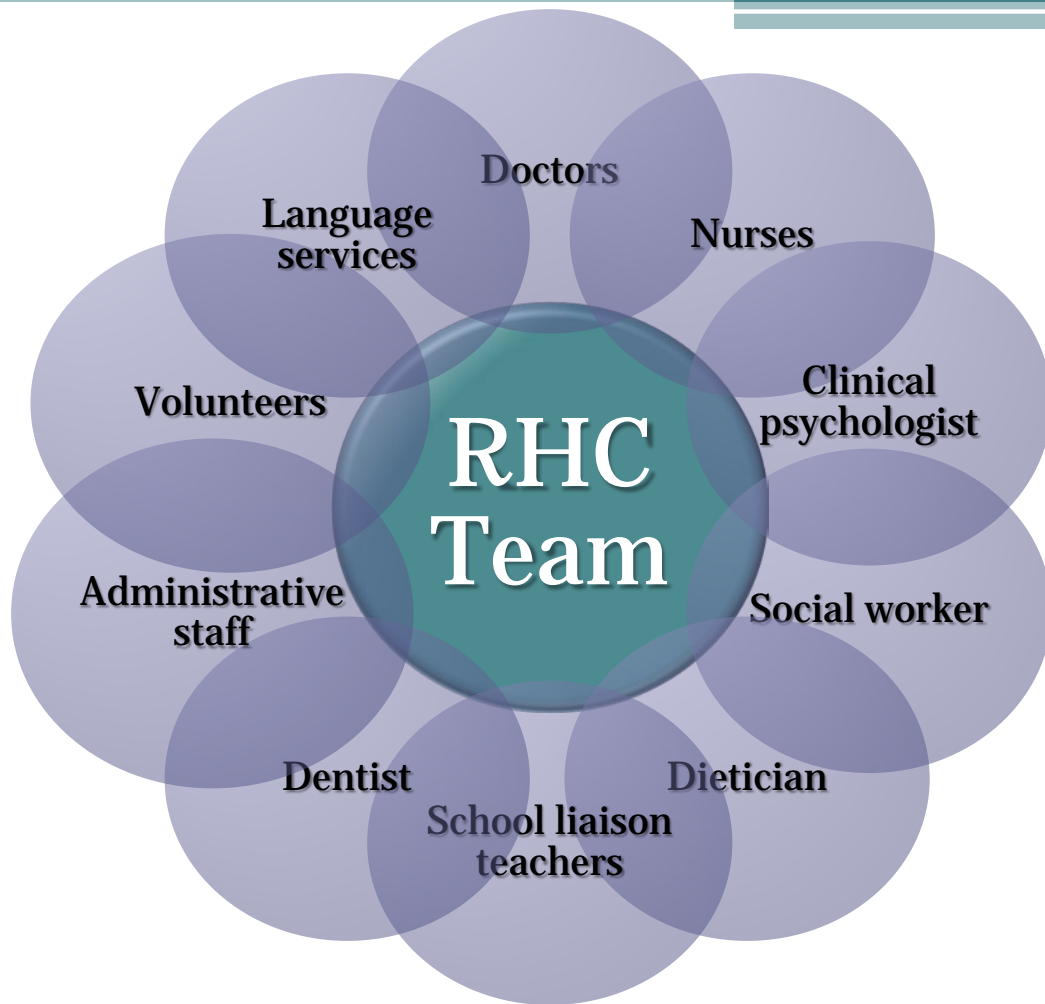


UNHCR. Global trends: Forced Displacement 2014

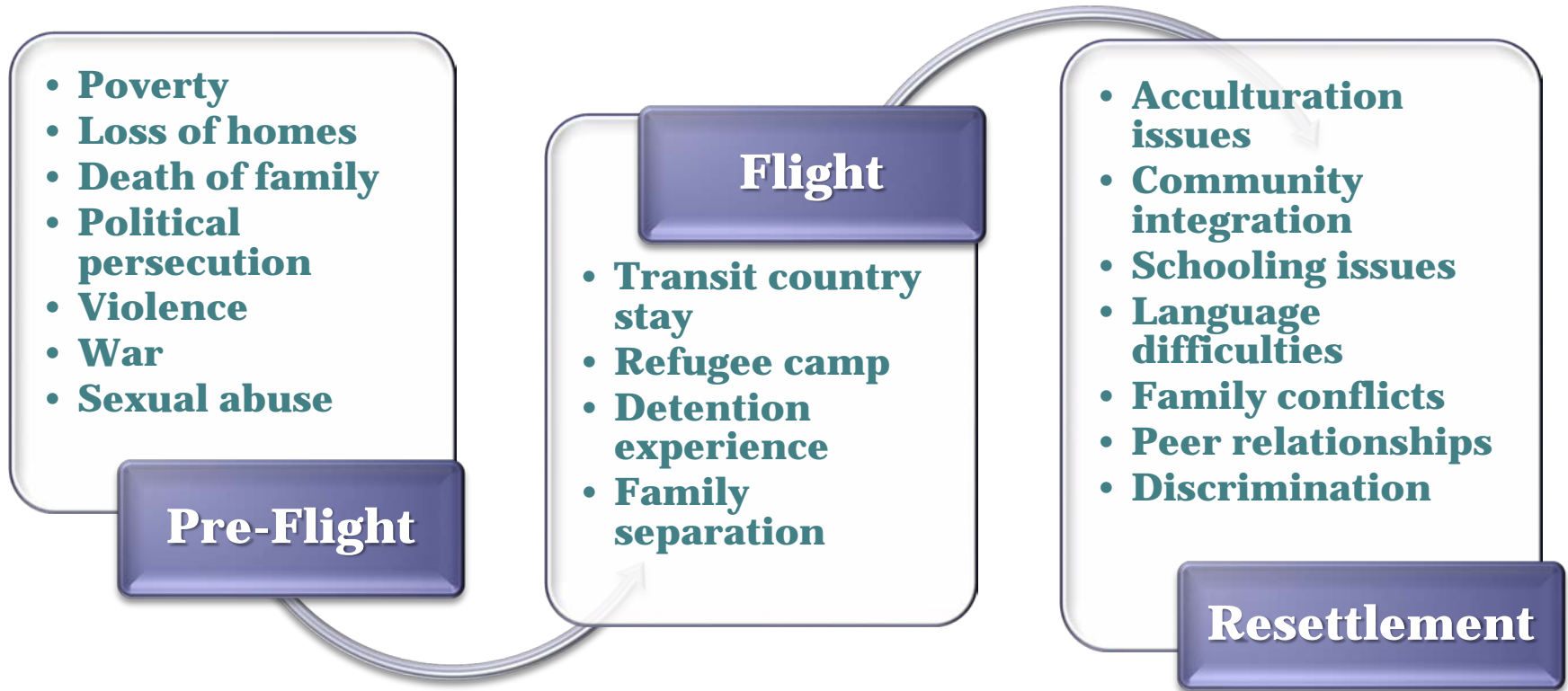
Australia's Refugee and Humanitarian Program

Year	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Number resettled	13493	13770	13799	13759	20023	13768

- Intake of further 12000 Syrian refugees in 2015-2016
- Approximately 10% of quota resettle in WA
 - 90% undergo voluntary medical health assessment at the Humanitarian Entrant Health Service (HEHS)
 - 80% of children and adolescents referred to Refugee Health Clinic (RHC) at Princess Margaret Hospital (PMH)



Adolescent refugee experiences



AIM OF THE STUDY

To collect pilot data regarding the range and extent of health risk behaviours in adolescent refugees resettling in Western Australia using a standardised adolescent health questionnaire

STUDY OBJECTIVES

- 1.** To describe the sociodemographic characteristics of adolescent refugees resettling in WA
- 2.** To obtain pilot data regarding the frequency and extent of health risk behaviours among this group
- 3.** To assess the feasibility of the use of a standardised psychosocial health questionnaire

METHODOLOGY

- **Design:**
 - Pilot, prospective cross sectional study
- **Inclusion criteria:**
 - All adolescent refugees aged ≥ 12 years presenting to the RHC over 1 year
- **Exclusion criteria:**
 - Inability to participate in interview, or obtain consent/assent
- **Estimated sample size:**
 - 100
 - 2013: 42 new and 118 F/U appointments of adolescents in RHC



The Royal Australasian
College of Physicians

Position Statement: Routine psychosocial health assessment

- *Identification of psychosocial issues followed by counselling can positively affect young people's lifestyle and behaviours.*

- Psychosocial assessment: “HEADSS” framework*:
 - **Home**
 - **Education/Eating**
 - **Activities**
 - **Drugs**
 - **Sexuality**
 - **Suicide/mental health problems**

*Goldenring et al. *Contemporary Paediatr*, 2004;21(1):64-90

- **Data collection:**
 1. Sociodemographic data
 2. Psychosocial assessment:
 - “HEADSS” questionnaire
 - Interview as per RACP recommendations
 3. Feasibility of “HEADSS” questionnaire:
 - Proportion of patients willing to participate
 - Willingness to be interviewed alone
 - Use of interpreters
 - Ability to respond to each HEADSS domain
 - Time taken to conduct questionnaire

- **Approvals:**
 - WA Health Research Ethics and Governance

RESULTS

1. SOCIODEMOGRAPHIC DATA

Study group characteristics

Characteristic	Result
Patient number	122
Median age (range)	14 (12-17) years
Gender	Male:Female = 49:51%
Number of countries of origin	15
Number of primary languages	20

Country of origin	No.	Primary language	No.
Burma	32	Karen	16
		Burmese	10
		Hakha chin	6
Afghanistan	27	Hazaragi	13
		Dari	11
		Urdu	2
		Persian/Farsi	1
Somalia	11	Somali	11
Iraq	9	Arabic	9
Ethiopia	8	Oromo	5
		Amharic	3
Sudan	8	Dinka	6
		Tigrinya	1
		Mardi	1
Congo	7	Kiswahili	5
		Lingala	2
Iran	7	Persian/Farsi	7

Family structure

Category	Number	Percentage
Nuclear family intact		
During transit	16	13
Current	43	35
Family member(s) separated	96	79
Family member(s) deceased/missing		
1 parent	37	30
Both parents	10	8
Sibling(s)	14	11

Transit experiences

Lived in transit country	Number	94
	Percentage	77
Median number of transit countries	1 (1-5)	
Median (range) transit time	72 (1-300) months	
Lived in a refugee camp	Number	45
	Percentage	37
Median (range) length of time	84 (3-300) months	

Experienced closed detention	Number	24
	Percentage	20
Median (range) length of time	10 (1-19) months	

Experienced community detention	Number	13
	Percentage	11
Median (range) length of time	8 (1-38) months	

Resettlement status

Visa status	Number of adolescents	Percentage
Residency visa	105	86
Bridging visa	15	12
Community detention	2	2

Median (range) length of time in Australia

11 (2-86) months

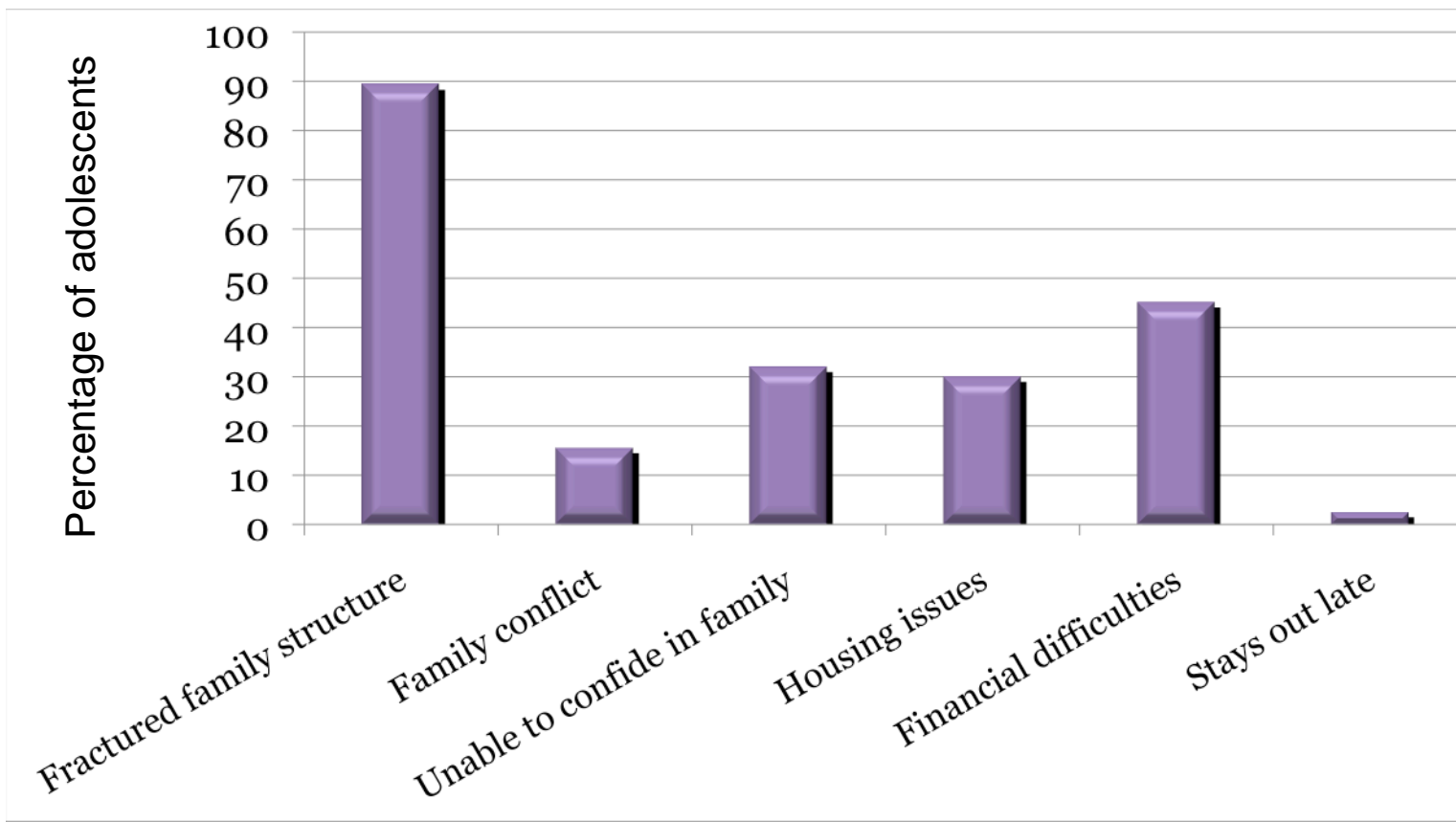
Median (range) number of times seen in RHC

2 (1-7)

2. PSYCHOSOCIAL DATA

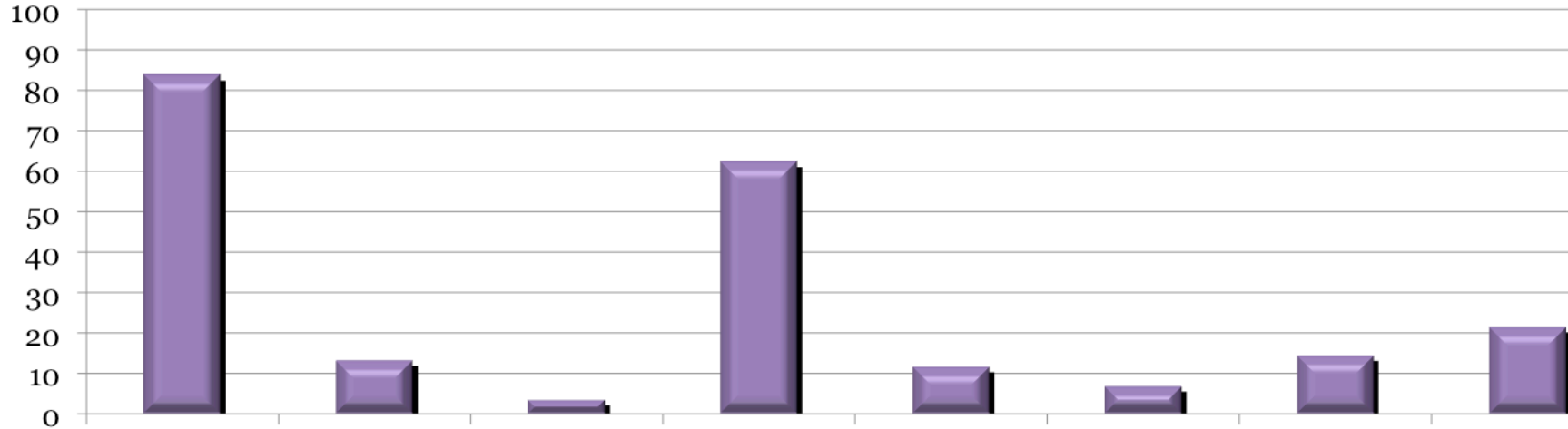
“HEADSS” Domain	% of adolescents with issues of concern
Home	82
Education	66
Eating	23
Activities	62
Drugs	5
Sexuality	88
Suicide/mental health	61

Home



Education

Percentage of adolescents



IEC enrolled

Mainstream school enrolled

Not school enrolled

Previous interrupted school

No previous school

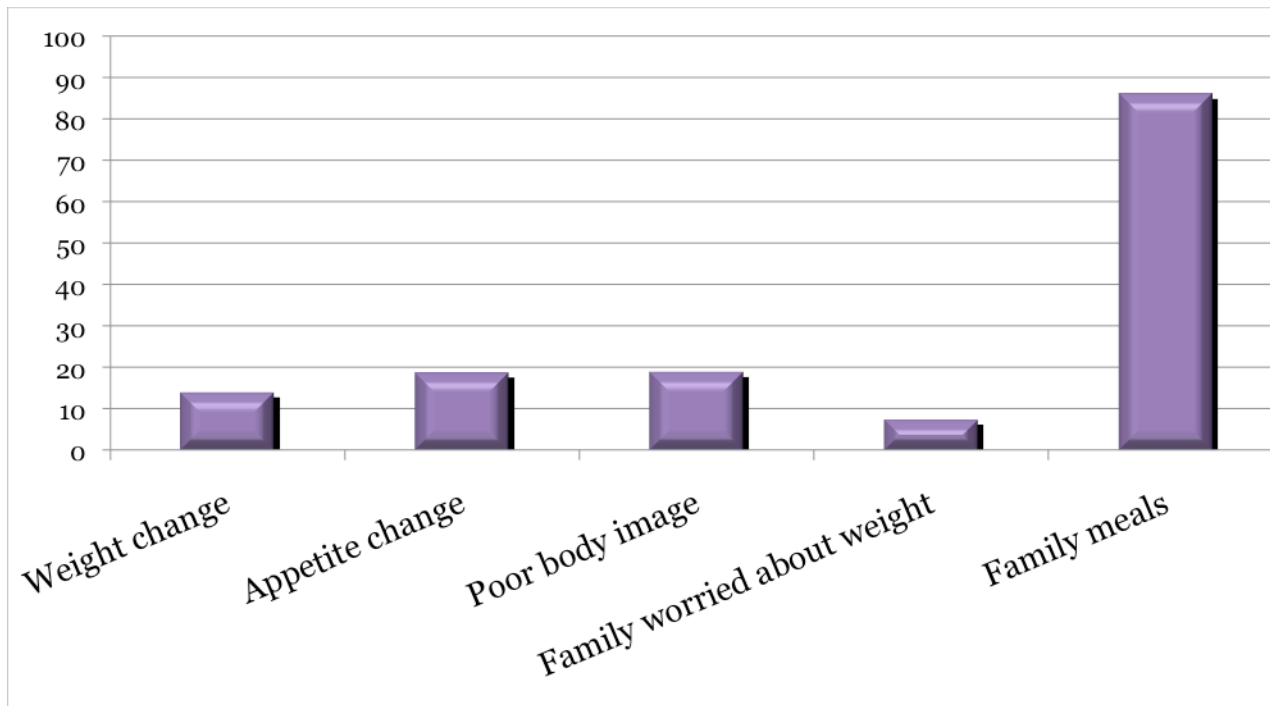
Doesn't enjoy school

Academic difficulties

Bullying/discrimination

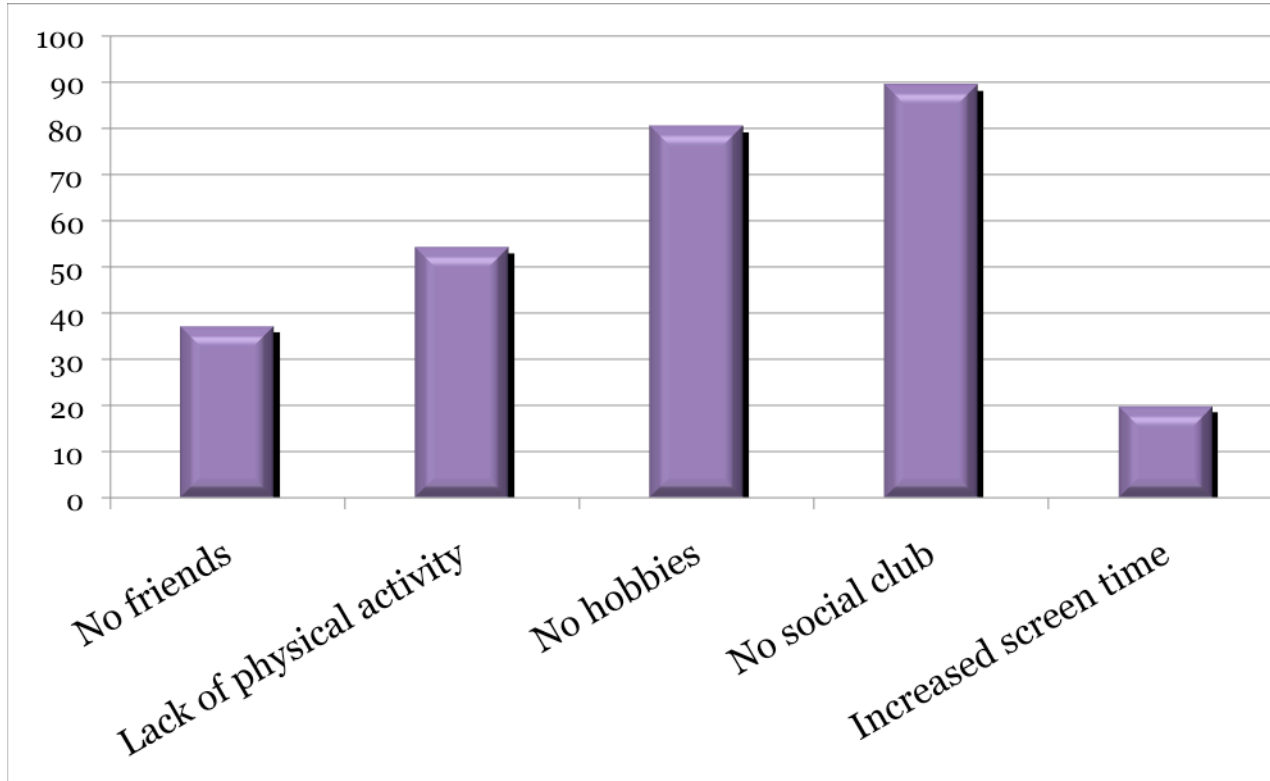
Eating

Percentage of adolescents

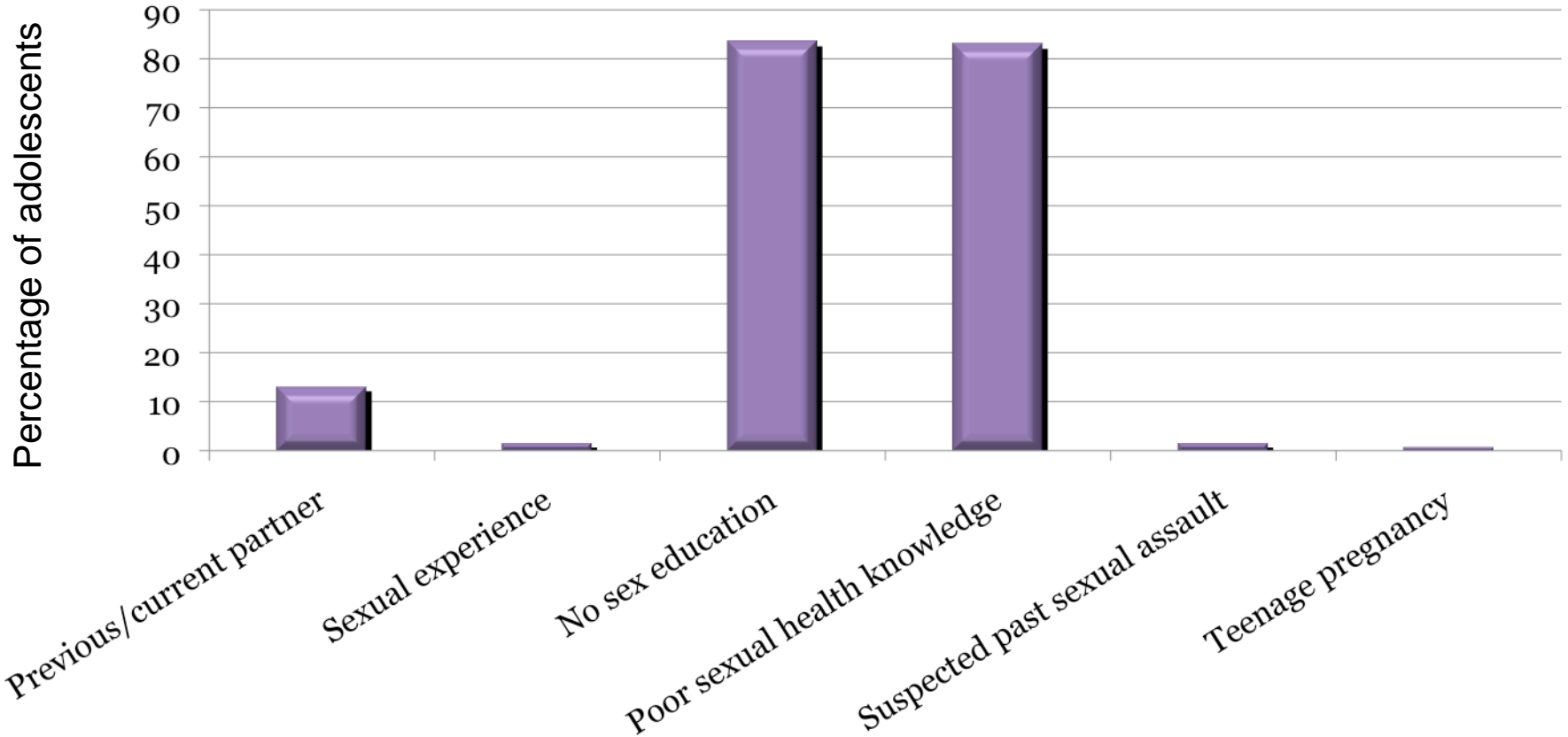


Activities

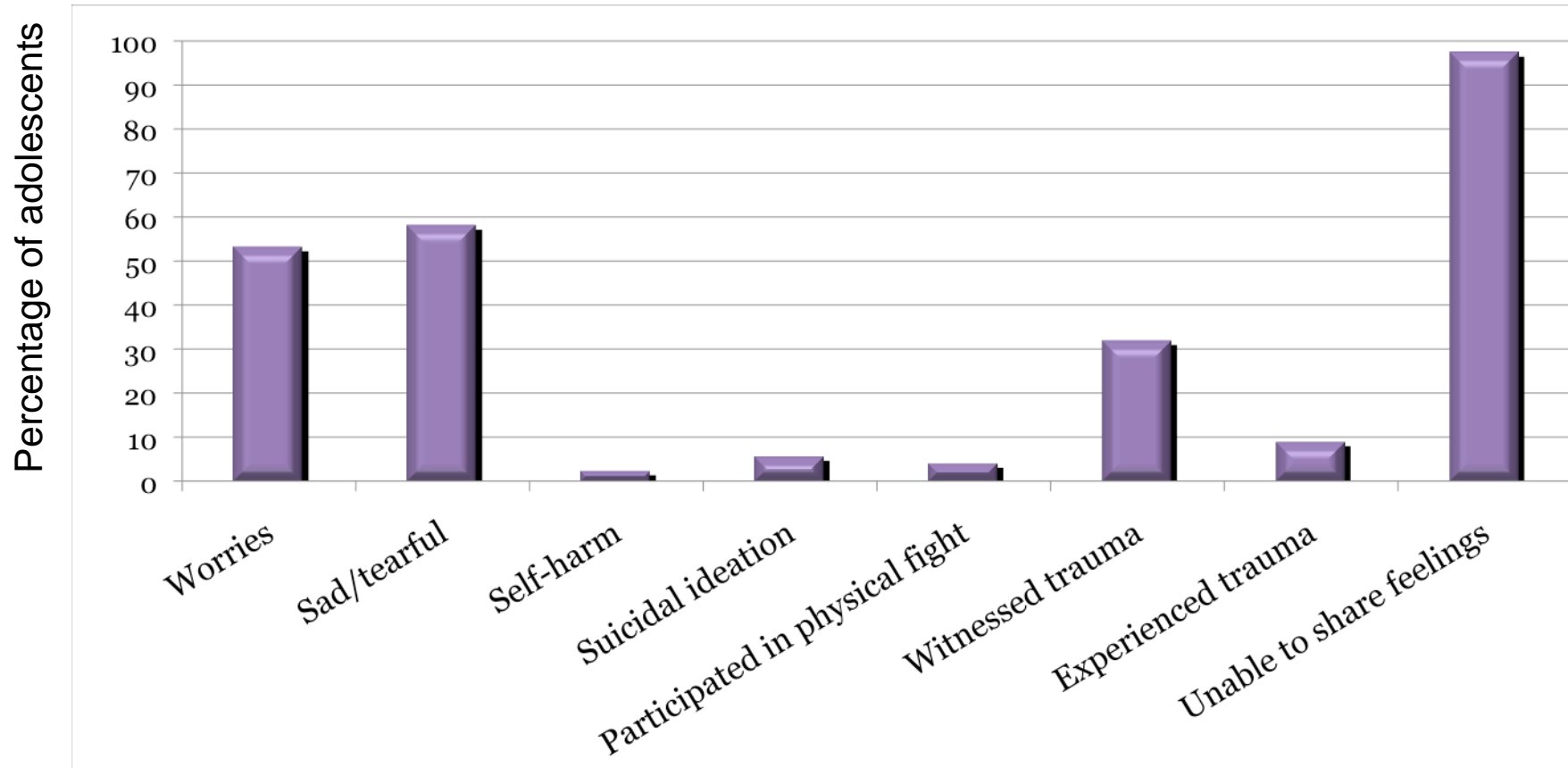
Percentage of adolescents



Sexuality



Suicide/mental health



3. FEASIBILITY OF “HEADSS” QUESTIONNAIRE

- All families approached agreed to participate
- 99% adolescents interviewed independently
- Interpreter use:
 - 65% adolescents
 - 79% guardians
- All adolescents answered questions in each domain
- Mean (range) time taken to conduct interview:
 - 33 (25-60) minutes

FOLLOW-UP OF AREAS OF CONCERN

- Health concerns identified in a median (range) of 4 (1-6) domains in each adolescent
- 42% of adolescents were counselled regarding health risk behaviours following the interview

- **66% adolescents were referred for specific follow-up**

Referral service	% adolescents referred
Social support	50
Psychology/Psychiatry	29
Medical specialty	22
Community support group	21
Educational services	20
Allied health	10

LIMITATIONS

- Adolescents within study group from the same family
- No comparison of interpreter vs no interpreter use
- Recall bias

CONCLUSION

- **The majority of adolescent refugees resettling in WA have significant psychosocial issues requiring intervention**
- **A standardised adolescent health questionnaire identifies health issues which have previously gone unrecognised**

FUTURE IMPLICATIONS...



HEALTH OF ADOLESCENT REFUGEES RESETTLING IN HIGH-INCOME COUNTRIES

Kajal Hirani,^{1,2} Donald Payne,^{1,2} Raewyn Mutch,^{3,4} Sarah Cherian^{2,4}

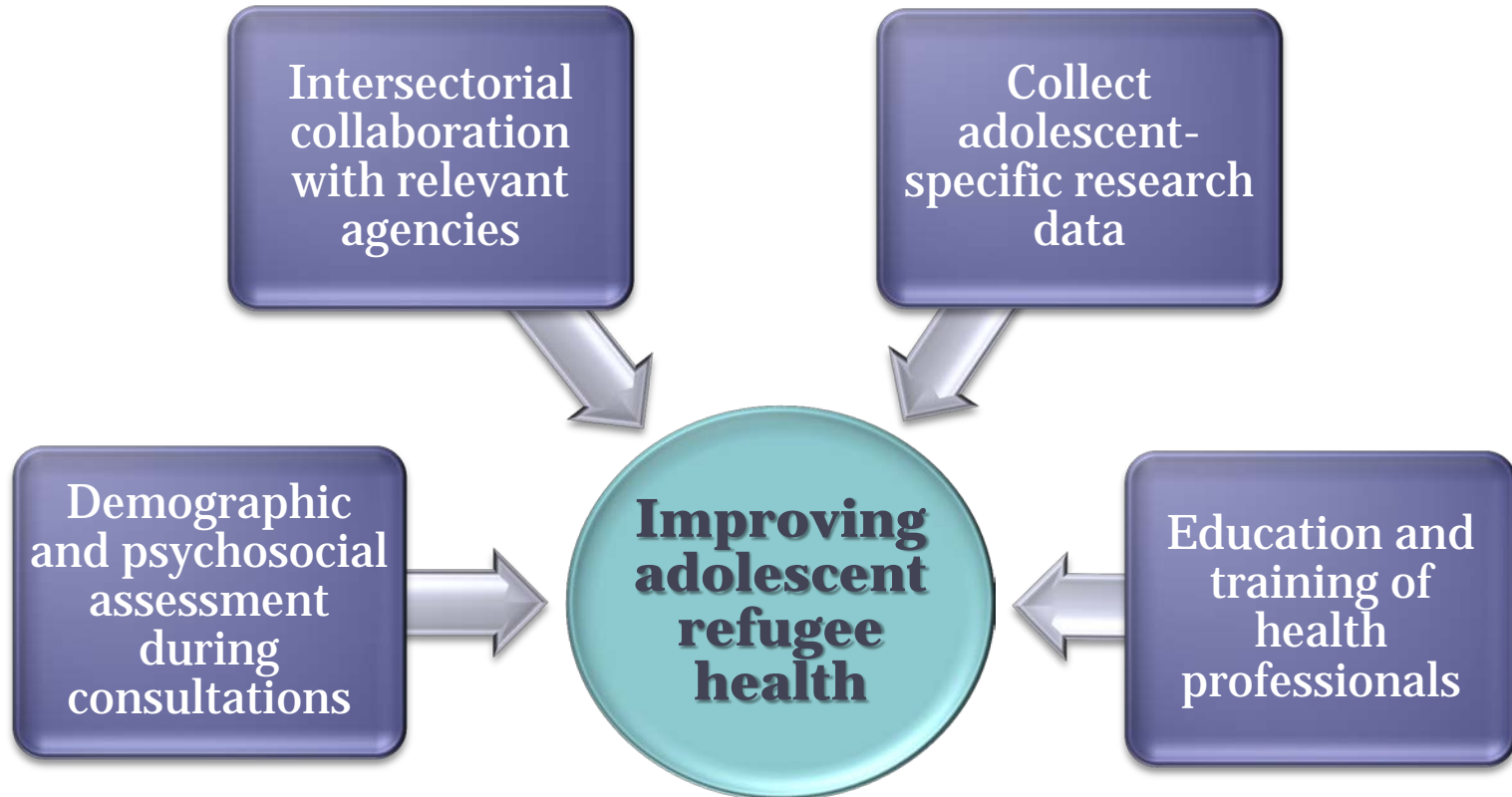
Adolescent refugees are a vulnerable population with complex healthcare needs that are distinct from younger and older age groups. Physical health problems are common in this cohort with communicable diseases being the focus of attention followed by an emphasis on nutritional deficiencies and other chronic disorders. Adolescent refugees have also often experienced multiple traumatic stressors and are at a heightened risk of developing mental health problems. Navigating these problems at the time of pubertal development adds further challenges and can exacerbate or lead to the emergence of health risk behaviours. Educational difficulties and acculturation issues further compound these issues. Adolescents who have had experiences in detention or are unaccompanied by parents are particularly at risk.

Despite a constantly growing number of adolescent refugees resettling in high-income countries, knowledge regarding their

specific healthcare needs is limited. Research data are largely extrapolated from studies conducted within paediatric and adult cohorts. Holistic management of the medical and psychological issues faced by this group is challenging and requires an awareness of the socioeconomic factors that can have an impact on effective healthcare delivery. Legal and ethical issues can further complicate their management and addressing these in a culturally appropriate manner is essential.

Early identification and management of the healthcare issues faced by adolescent refugees resettling in high-income countries is key to improving long-term health outcomes and future healthcare burden. This review article aims to increase knowledge and awareness of these issues amongst paediatricians and other health professionals.

RECOMMENDATIONS



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 - Dr Raewyn Mutch



THANK YOU

QUESTIONS?