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| Learning Objective(s): | Refugees and asylum seekers experience distinct health inequalities as a result of experiences both prior to and after their arrival in Australia. This case study will encourage students to gain an understanding of the impact a refugee's past and present experiences have on their health and resettlement process, the resilience and aspirations of refugees, and explore specific primary and acute health care support and services available to refugees as well as the ongoing support for health care providers to provide appropriate and effective health care to this vulnerable population group. |
| Patient demographics: | **Born in Australia?** | **Cultural/Ethnic/Religious group(s)** | **Age group (years)** | [ ]  18-40 |
| [ ]  Yes |  | [ ]  Muslim 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  41-60 |
| [x]  No: | Country of birth \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | [ ]  European 🡪 specify \_\_\_\_\_\_\_\_\_\_\_ | [ ]  61-80 |
|  | No. of years in Australia | about 1 year | [ ]  Vietnamese | [ ]  > 80 |
|  | How arrived? | [ ]  Family reunion | [ ]  Iraqi | **Gender** | [ ]  Male |
|  |  | [ ]  Economic migration | [ ]  Sudanese | [ ]  Female |
|  |  | [x]  Refugee | [ ]  Chinese 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | **Language group(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | [ ]  others \_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Level of English proficiency:** reasonable |
|  **Sexual orientation** | [ ]  Heterosexual | **Family structure/Living arrangements**  | [x]  Married/de facto |
| [ ]  Gay/lesbian | [ ]  Single |
| [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Divorced |
|  | [ ]  Living with family |
|  | No. of dependent children \_\_\_\_\_\_\_\_\_\_\_ |
| Patient history: | Medical history (include past and current diagnosis): complex post traumatic stress with depression |
| Past and current medications: nil |
| Allergies: nil known |  |
| Identifiable information (include scars, disabilities): nil |
| Other information (include labs, x-rays, clinical photographs): nil |
| Family history: nil |
| Health care setting(s): | [ ]  Hospital - inpatient |
| [ ]  Hospital - outpatient |
| [ ]  Hospital - ED |
| [ ]  Community – private practice |
| [x]  Community – community health service; specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Residential care |
| [ ]  Ambulance |
| Case Presentation: | Introduction (1-2 statements about patient):Patient is a refugee presented today with symptoms or stress and depression. His/Her spouse is worried and encouraged him/her to see the doctor. |
| Nature of the issues (include location, intensity and associated symptoms):Patient complains of headaches, inability to sleep, nightmares; feels frightened all the time and easily startled; feels sad and cries daily. Has aches and pains all over and sometimes feels numb and weak in his/her legs. Sometimes dizzy and faint; rapid heartbeat. Frightened to go to large shopping malls. |
| Context: | Key cultural issue(s) influencing health and wellbeing presented in the case* Patient and family fled their home country after the war began. Their young son was wounded and died en route. Patient and his/her spouse paid people smugglers to help them get to Australia. After 2 years on Christmas Island going through the long process to get refugee status, they finally settled in Australia legally with the help of the UN refugee agency and the Australian government's resettlement programme for refugees.
* Patient is highly traumatised by the death of his/her young son. S/He feels feels deep guilt and shame. S/He tries to hide his/her symptoms from friends and community members as s/he is worried that they will think s/he is ‘mad’.
* When s/he sees other little boys on the street, s/he experiences intense distress and panic.
* Patient is traumatised by the time she spent on Christmas Island. S/He often has flashbacks of deep dark hopelessness resulting in panic attacks.
* Patient has no family support, other than his/her spouse, in Australia. Her parents are still in their home country which is still at war. S/He is very worried about their safety. S/He often stays up till 3-4am on the internet chasing the news with Al Jazeera and Al Arabiya.
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| Students’ Role: | Students should use their listening skills to understand the needs of their refugee patient. They should work at establishing rapport and trust, and consider the following:* The refugee experience - be sensitive to the high levels of trauma experienced by refugees, the effect of immigration detention and settlement stressors and recognise the impact on their resettlement, relationships, mental and physical health.
* The physical and mental health issues faced by refugees – use the opportunity of the health assessment to screen for Vit D and iron deficiencies and mental health checks.
* The phenomenon of complex PTSD – understand how these issues are influenced by cultural attitudes and trauma, and address these with culturally sensitive questioning, listening and empathy.
* The role of the therapeutic relationship and trust – understand the clinician’s role in reinforcing respect and safety.
* Psychoeducation - help Salima and her husband to understand that it is normal to be traumatised by their experiences and that nightmares/flashbacks/ relapse are frightening symptoms, but their severity can be reduced by trained therapists.
* Support resources for refugee patients.
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