

Holistic health care for newly-arrived refugees

Enhancing patient care through targeted bio-psycho-social support



What?

General practices are uniquely placed to offer holistic health care for newly-arrived refugees, who often present with complex trauma-associated symptoms impacting their health and wellbeing.

Targeted support, focused on self-care and psycho-social education, can help provide patients with the tools they need to deal with the physical, psychological and social issues they may be dealing with.

This approach aligns with the principles of the Patient Centred Medical Home (PCMH), which aims to provide a comprehensive and integrated service for patients in a primary care setting.

Why?

The South Eastern NSW region has received a number of groups of refugees from war-torn countries in recent years. These refugees often experience chronic symptoms associated with trauma, adjustment disorder, depression, anxiety, social isolation and elevated stress levels, all of which negatively impact their health.

There is often a lack of coordination between agencies that support refugees with various aspects of resettlement. This can result in a fragmented service that fails to meet the complex bio-psycho-social needs of this population resulting in poorer health outcomes.

How?

This initiative was one of 13 initiatives supported by COORDINARE. It was part of a project, designed to build the capacity and capability of our region's general practices to move towards the PCMH model of care. With funding from COORDINARE, Russell Vale Family Medical and Acupuncture Practice was able to develop and deliver a program of targeted bio-psycho-social support for a group of 15 newly-arrived refugees from Syria.

During 2018, the practice manager – an Arabic speaking accredited mental health social worker – worked with a local Arabic teacher and a bilingual male exercise physiologist to deliver a program comprised of three elements: individual counselling; weekly group physical activity (walking) and monthly psycho-education workshops, including gender-specific breakout groups. A set of 90 bilingual 'hope and resilience cards' were produced during the workshops.

“By the end of the project, they were walking taller, with a more positive and hopeful outlook on life”

– Nina Azam, Bilingual Accredited Mental Health Social Worker / Practice Manager.

Want to get involved?

At different times COORDINARE offers funding to support initiatives such as this. Practices which do not apply or are not selected for funding can still work with us and explore other opportunities. If we are outside of a funding round, we have resources to support practices on their change journey.

For further details on the steps involved to implement this model of care, visit <https://bit.ly/MOCholistichealth>. For more information or support contact your Health Coordination Consultant, or phone 1300 069 002.

Outcomes



20 walking group sessions



improved depression and anxiety scores (measured using DASS 21 scale)

Benefits to patients:



empowerment for self-care, including:

- ability to recognise and manage trauma symptoms
- confidence to seek professional help when needed
- effective conflict resolution and problem-solving skills



8 one and a half hour face-to-face and phone counselling sessions



reduced feelings of social isolation (self-reported via questionnaire)



positive health outcomes, including weight loss and reduction in psychosomatic pain



6 educational workshops



modified lifestyle-related risk factors, including smoking cessation

Benefits to practice:



improved patient engagement and continuity of care

The practice manager perspective



“The idea for this project came about when our practice took part in the COORDINARE-funded ‘Shared Medical Appointments’ program, aimed at helping patients lose weight. Working with two groups of newly arrived Syrian war refugees, it became obvious they had a major unmet need for psycho-social and mental health support.

Over six months, we were able to really engage with the refugees, restore their confidence in relationships, and help them reintegrate into the health system in a gentle and culturally appropriate way. By the end of the project, they had noticeably elevated moods and were walking taller, with a more positive and hopeful outlook on life.

This model could be applied at other medical practices, for refugees or for other trauma patients, as long as the facilitators are appropriately trained.”

Nina Azam

The patient perspective



“Our program of steadfastness and hope lasted six months – enough time to change some feelings of despair as a result of the shock we suffered as a result of our unfortunate events.

The walking included the benefits of the whole body as well as the mind, memory and feelings in general. During the educational meetings, our group discussed some important problems and found solutions to them.

Mrs Nina’s visits to the homes of each of us helped us share our feelings and turn them into a positive energy that gives us the hope and perseverance to overcome feelings of despair and fear. This reflected well on integration in society and feeling connected.

It has been a very excellent program. We have benefited greatly.”

Ahmad Jennyiat