



Some tips for working with refugees

- Where possible use a team approach and avoid working in isolation. This helps to give clinicians consistency in approach, to find solutions to management problems and to share experience of difficulties and successes.
- Use interpreters when needed:
 - Know what interpreting options are available in advance.
 - Allow extra time.
 - Check that you have the correct language and dialect.
 - Have a speaker phone available for telephone interpreting.
 - Some people prefer (or will only use) a particular named interpreter, especially for very sensitive consultations.
- Refer for psychosocial assessment when appropriate: Refugee Trauma Recovery (if torture or trauma history), primary mental health services, community mental health teams.
- Emotional support is important. Some people will consider that spiritual healing is vitally important. Consider asking a person if they need support from their community leaders or religious leaders.
- Be aware of resources available in other languages which can be quickly printed during a consultation. Remember to check what languages a person is literate in as these may be different to their spoken languages.
- Try to meet with other health providers for refugees to get ideas for how to effectively work with your refugee patients. Meet regularly if possible.
- If you have substantial numbers of refugee patients then try to identify funding sources to support your work, for example to set up an interpreting budget.
- Self-care - If you are encountering traumatic stories from your patients then consider making an arrangement to get professional supervision regularly.
- Be interested in where refugees have come from, most will appreciate your interest.
- Try to pronounce names correctly (ask the patient if you are not sure).
- Be aware of financial pressures: refugees are often financially supporting family back in their home country.
- Somatic symptoms can be very culturally dependant.
- Be aware of the difficulties for children adjusting to a new culture. There may be intergenerational clashes over cultural beliefs.
- 'Appointments' may be a new concept to some people, as may be the idea of 'preventative care' or 'screening'.
- Refugees' sources of health information may be their neighbour, friend or family rather than the internet or other publications.
- People will only tell parts of their stories at a time. Trust can take time to develop.
- Be aware of different perspectives on childbearing and contraception. Family Planning may be a foreign or very sensitive concept. Patients may need plenty of time to consider decisions.
- Reassurances of confidentiality could be important, especially when there is a highly sensitive diagnosis such as HIV or mental health problems, or if there are issues of domestic violence.
- If you are finding a particular situation difficult or confusing then there is probably a very good reason. Check that you have effective communication, consider hidden psychological or psychiatric diagnoses and consult with your colleagues for advice. Chances are that everyone involved is having difficulties and a consistent approach can be extremely helpful.