

**Exploring the fit between the perceived mental health needs  
of resettling refugees and current health service responses**

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# Abstract

## *Introduction*

A small but growing field of research has expanded the focus on trauma and associated interventions historically evident in refugee mental health research. Proponents emphasise the need to contextualise refugee mental health with respect to resettlement and culture. Furthermore, they argue for a re-assessment of how health services and systems respond. However, health service research has tended to focus on small sections of the health system. Studies have included those concentrating on a singular group of practitioners, a particular service, or on a particular type of service. This narrow scope of investigation may not be useful in informing overall health systems development.

## *Aims*

This thesis explores the fit between the perceived mental health needs of resettling refugees and current health service responses from a broad health system perspective. Furthermore, it considers how a better alignment of responses and needs can be facilitated, and how health service and system capacity can be increased.

## *Methods*

A qualitative study focussing on health service and system responses to Sudanese refugees in South Australia – a group that has figured prominently in Australian humanitarian intakes over the last decade – was undertaken in order to explore the responsiveness of the health system to the mental health needs of refugees. A qualitative approach was used in order to gather information-rich data from a range of perspectives. In-depth interviews were conducted with a diverse array of key informants. Sudanese community leaders, Sudanese health workers, primary and mental health care practitioners, health service managers and policy makers were among the twenty key informants interviewed. Interviews were analysed using the Framework approach to thematic analysis.

## *Results*

This study reiterated the need to address issues relating to the social and cultural context of resettlement. These needs were viewed as most immediate and pressing. However, there was variation in the capacity of services within the health system to respond to such issues. Services with higher degrees of refugee specificity were generally better equipped than those with less specificity. General Practitioners working in private practices were considered to face particular challenges. Several factors were found to influence the capacity of services to provide responses that are holistic, accessible, and of sufficient quality. The structures and philosophies in operation within services and the system, and the level of integration between services and sectors were important among these.

## *Conclusion*

This thesis argues that there is a need to build health system capacity to address the needs of resettling refugees holistically. It outlines several health service and system level strategies that could be adopted to do so. In so doing this thesis constitutes a resource that health service managers, policy makers and decision makers can draw on to further service and health system development.

# Declaration

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

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Signed: \_\_\_\_\_  
Michael Savic (Candidate)

Date: \_\_\_\_\_

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# Abbreviations and Acronyms

ABS – Australian Bureau of Statistics

ACIS – Acute Crisis and Intervention Service

AIHW – Australian Institute of Health and Welfare

AMEP – Adult Migrant English Program

CALD – Culturally and Linguistically Diverse

CCS – Complex Case Support

CHW – Community Health Worker

DIAC – Department of Immigration and Citizenship

DIMA – Department of Immigration and Multicultural Affairs

DIMIA – Department of Immigration, Multicultural and Indigenous Affairs

ECT – Electroconvulsive Therapy

GP – General Practitioner

HiaP – Health in all Policies

ICTs – Information Communication Technologies

IHSS – Integrated Humanitarian Settlement Strategy

MRCSA – Migrant Resource Centre of South Australia

NGOs – Non-Government Organisations

NHHRC – National Health and Hospitals Reform Commission

NHMRC – National Health and Medical Research Council

PTSD – Post-Traumatic Stress Disorder

RCOA – Refugee Council of Australia

SA – South Australia

SDB – Settlement Database

SGP – Settlement Grants Program

TIS – Translating and Interpreting Service

UNHCR – United Nations High Commissioner for Refugees

WHO – World Health Organization