# Chapter

# **Companion House**

How the medical service fits into Companion House, staffing and governance structure.

ompanion House Medical Service is a transitional general practice integrated into a refugee support service. The service aims to provide a transitional general practice for the first twelve months after resettlement. This service has almost complete ascertainment of newly arrived refugees in the ACT. Patients of this service are:

- (1) All newly-arrived refugees. Visa status is immaterial, but most will have access to Medicare and health care cards. The service aims to see them for the first twelve months after settlement in Australia or the ACT.
- (2) Asylum seekers.
- (3) Refugees who have been here for a longer period, and have complex care needs that require ongoing support from Companion House.
- (4) Refugees that are referred in by community general practitioners for complex care or who need specific clinical services available at Companion House Medical Services.

#### ICON KEY

- Medical Program
- Community Development
- Training and Awareness
- ✤ Counselling

## **Structure of Companion House**

Companion House has four programs:

Counselling. The Counselling program includes workers with specific foci on Early Intervention (EI - who focus on newly arrived refugees), longer term refugees, and a children's program. All of these counselors may at times refer patients into the medical service, or collaborate on their treatment. Newly-arrived patients are often seen with the counselor and doctor working in tandem. Early Intervention counselors will enter their assessments onto Genie, the practice software.

Community Development. The Community Development (CD) program includes a diverse set of workers who have specific community development programs for newly arrived communities. The types of work done in the CD stream vary from year to year, as needs evolve. CD workers occasionally attend with patients or provide outreach support or advocacy. The Medical Service also provides input to the CD team about evolving health needs, including health promotion projects.

Training and Awareness. This program is oriented to the outside community and provides education to services (government and community organizations) who are in contact with refugees on refugee experiences, needs and short and long term sequelae of torture and trauma. The Medical Service contributes to ongoing education to medical students and GP registrars as part of this program. The training program at Companion House also manages the Immigration Advice and Application Assistance Service, which may be able to provide migration advice, particularly for asylum seekers.

➡ Medical Service. Companion House's Medical Service began in 1995. It is the second oldest refugee health service in the country. The service has had increased demands placed upon it over the last five years as a result of the critical health workforce shortage in the ACT. The Medical Service is funded through the Child and Women's Program, ACT Community Health, and through Medicare income.

# **Companion House Governance**

Companion House is a community-based organization mandated to work with survivors of torture and trauma. It is the ACT member of a national network of similar services called the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). Companion House is an incorporated association, governed by a Board, who make final decisions on the direction of Companion House and managed by the Director. Each of the four programs has a team leader, who takes responsibility for day to day oversighting of their programs. The Medical Service also has a Medical Director, who is responsible for clinical oversight of the service.

# **Medical Service**

The Medical Service provides four to five clinics a week. These are intended to last for a session, though sometimes the sessions are extended because of the tendency of newly arrived refugees to drop in, or to arrive late.

The service has four to five sessional doctors, one practice nurse (four to five days per week), who is also the Team Leader of the Medical Service, and one service coordinator (half time). The service coordinator is a critical component of the service, since it is their job to ensure that patients know when their appointment is, know how to get there, and are reminded in time to attend.

A special skills GP registrar training position at Companion House is generally held on a rotating basis.

#### Interpreters

Where possible, the Medical Service pre-books interpreters with the Translating and Interpreting Service (TIS), so that there is no delay accessing interpreters. This means that Companion House has to carry the cost if the patient does not attend for the appointment. If there is no interpreter pre-arranged, or if you realize that you need an interpreter at short notice because the patient does not understand you, an interpreter can be readily accessed by telephoning the Translating and Interpreting Service on their Doctor's Priority Line on 131450. They will generally arrange an interpreter within five minutes.

There are various grades of interpreters, and not all TIS interpreters are fully accredited. This is particularly the case for languages of newly arrived cultural groups, such as Chin, Mon and Krio. If the interpreter is unsatisfactory for some reason, you are entitled to let that interpreter go and ring back and ask TIS for another interpreter.

The Medical Service keeps a list of interpreters who are used regularly for some languages, and these will be requested when pre-booking.

Some diaspora languages (eg Hindi, Arabic) and some languages still spoken in former colonies (French and Spanish) differ quite significantly from the language spoken in the language's home region. South American Spanish speakers will generally be happier with an interpreter from their continent than one from Spain. Patients from West Africa who speak French often understand the French of their region or the South Pacific more easily than French speakers from France. The same principle of asking for region-specific speakers of the language also applies to Arabic.

# Verbal communication in English

Australian English is spoken rapidly without much mouth movement or emphasis on consonants. Many newly arrived refugees who come with English have difficulty comprehending this unemphatic, rapid version of English. Some of our verbal tics can also be misinterpreted. For example, "It's all right", in response to a question seeking consent in African English means "Yes, I am happy to do this", whereas in Australian English it could also be interpreted as "I am happy not to do this".

### Health information in other languages

The best sources of health information in other languages are the NSW Multicultural Health Communication website: <u>http://www.mhcs.health.nsw.gov.au</u> and the Victorian Department of Human Service's Health Translation Directory: <u>www.healthtranslations.vic.gov.au</u> These are searchable by language or condition. You can print out health information in language on any printer.

## **Documents in other languages**

These can be formally translated by TIS for free. This is particularly useful for immunization documents. Interpreters can generally read them to you, although Level 1 and 2 interpreters may not have expertise in medical language. Not all refugee-source countries use the Gregorian calendar. Other calendars include:

- Islamic calendar: uses lunar months and commences on Friday, 16 July 622 CE, the date of Mohammed's flight to Mecca.
- Persian calendar (Iran, Afghanistan). Adopted in 1925; very accurate solar calendar
- Indian civil calendar. Starts from 79 CE. Apart from the year number, synchronises with the Gregorian calendar.
- Bahai calendar. Synchronises with the Gregorian calendar, but has cycles of 19 days.
- Hebrew calendar (either Hebrew or Gregorian dates are legal for official documents in Israel). Dates from Monday, October 7, 3761 B.C.E.

To convert dates to Gregorian calendar dates, go to: <u>http://www.fourmilab.ch/documents/calendar/</u>