



SafetyNet Primary Care Bringing quality care to those most in need

Emma Coughlan, Clinical Nurse Manager, Mobile Health and screening Unit

The Mobile health and Screening Unit

1. Health screening and medical assessments for relocated refugees under IRPP.
2. Health assessments and screening for newly arrived Asylum Seekers who do not come through Baleskin Reception Centre
3. Communicable disease screening including TB, Blood Borne Viruses for groups at risk.
4. Prioritisation of healthcare needs for response and service planning

Team - GP, Nurses, Radiographer, Administrator , interpreter and Driver



Work to date

Type of Service	Numbers seen
Direct Provision	1285
Family Reunification	88
Homeless ID Screening	1333
IRPP	1211
Other	42
Grand Total	3,959

Aim of the MHSU



Screen &
Assess

Co-ordinate
transition

Follow up
and integrate

Where has the MHSU gone?

Roscommon: Health Assessments in the Abbeyfield Hotel

Galway: ID screening for the homeless.

Tipperary: Screening the Roma population.

Limerick: ID screening for people living in Direct Provision (Mount Trenchard)

Kerry : Direct Provision

Cavan: Health assessments DP

Meath: Health Assessments in Mosney Accommodation Centre

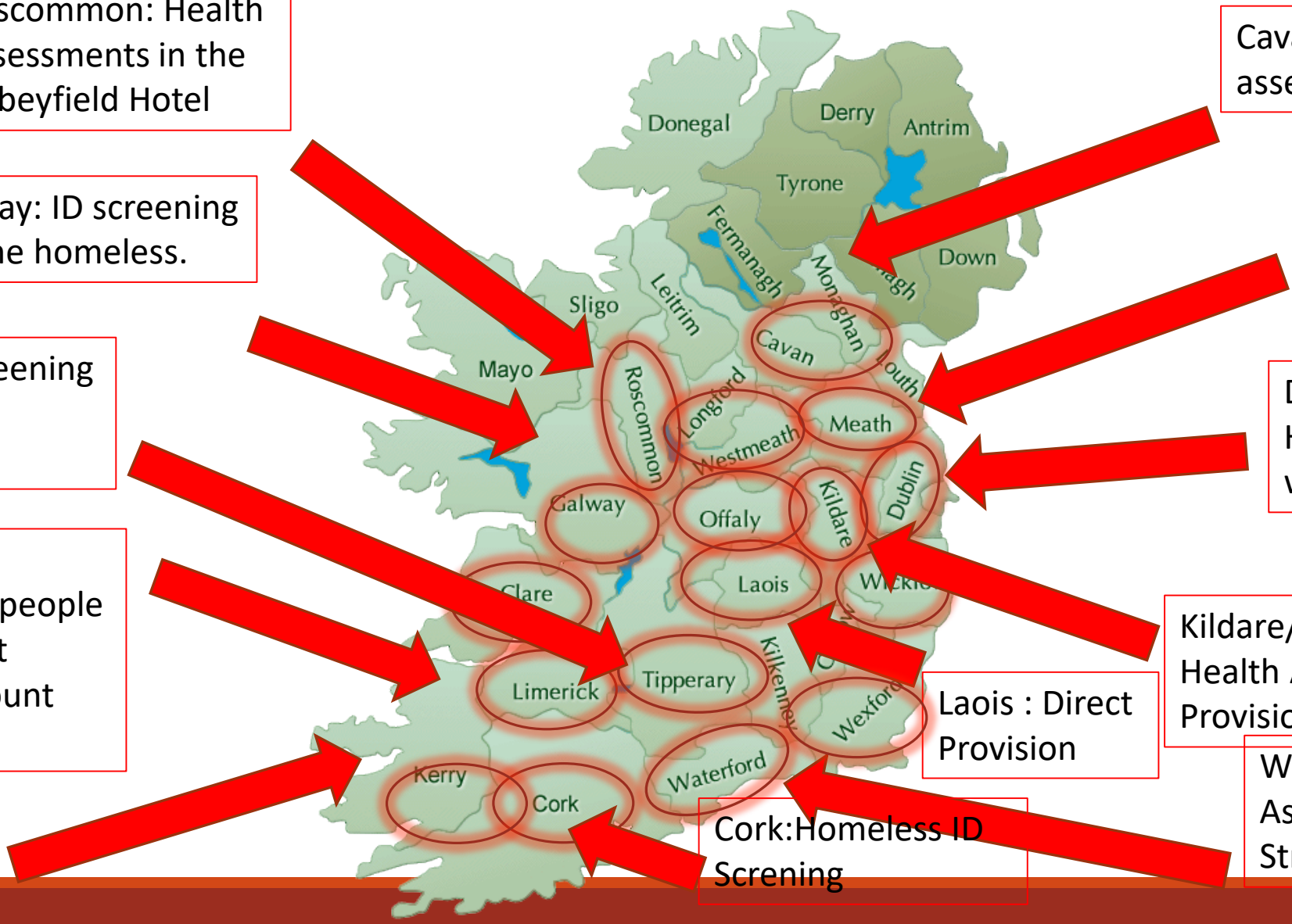
Dublin: Reunification Health Assessments with Crosscare

Kildare/Wicklow/Tipperary Health Assessments Direct Provision

Waterford: Health Assessments in the Clonea Strand Hotel

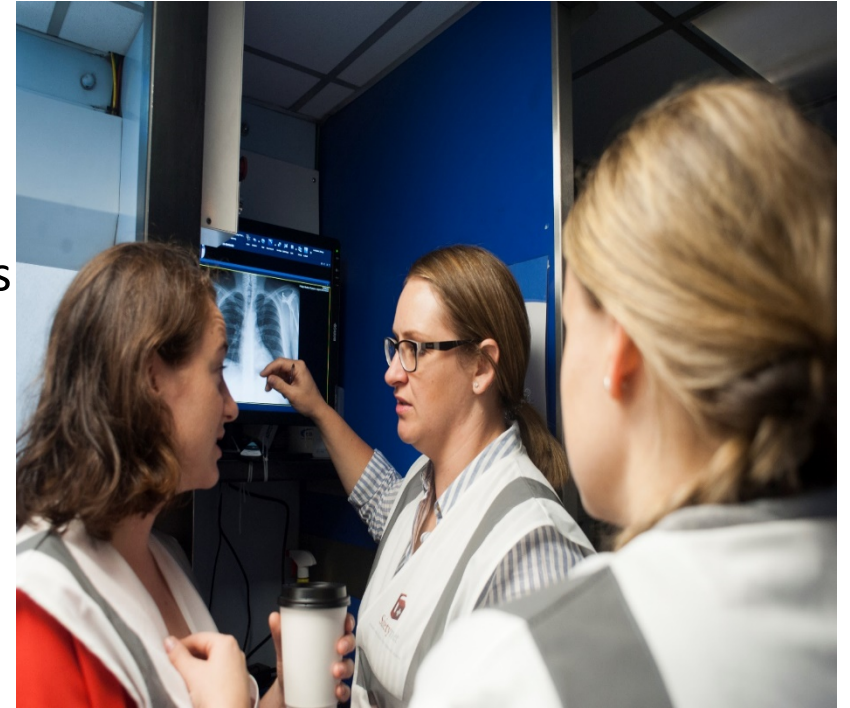
Laois : Direct Provision

Cork: Homeless ID Screening



Homeless ID Screening 2018-2019

- Homeless services and hostels in Dublin, Cork, Limerick, Galway
- Networked to NIMIS + St James's Hospital
- Follow-up facilitated by MHSU + homeless primary care GPs + Nurses
- 1333 attended screening
- 1090 cxrs completed
- 507 bloods done



Homeless ID Screening Results

Abnormal Chest Xrays;

- 3 cases of Tuberculosis, 3 lung cancer, 26 acute infections treated
- Remaining abnormal showed COPD, old scarring, prior TB.
- 19 cases Hep C identified, 1 HIV, 3 Chronic HepB

Benefits

- Reduce TB transmission in homeless, linkage to care for Hep C patients, health promotion opportunities – smoking cessation

Irish Refugee Protection Programme

- 1211 health assessments completed since 2017
- Initial assessment completed by MHSU and then records and results sent to GPs
- Syrian Refugees under IRPP have GPs on arrival to Ireland, also access to Psychology services, dental etc.
- Health assessments completed onsite in EROCs Abbeyfield Hotel, Clonea Strand and Mosney
- Includes any acute issues, hospital referrals, psychological assessment and infectious disease screening, immunization history, vaccine recommendations

IRPP Continued....

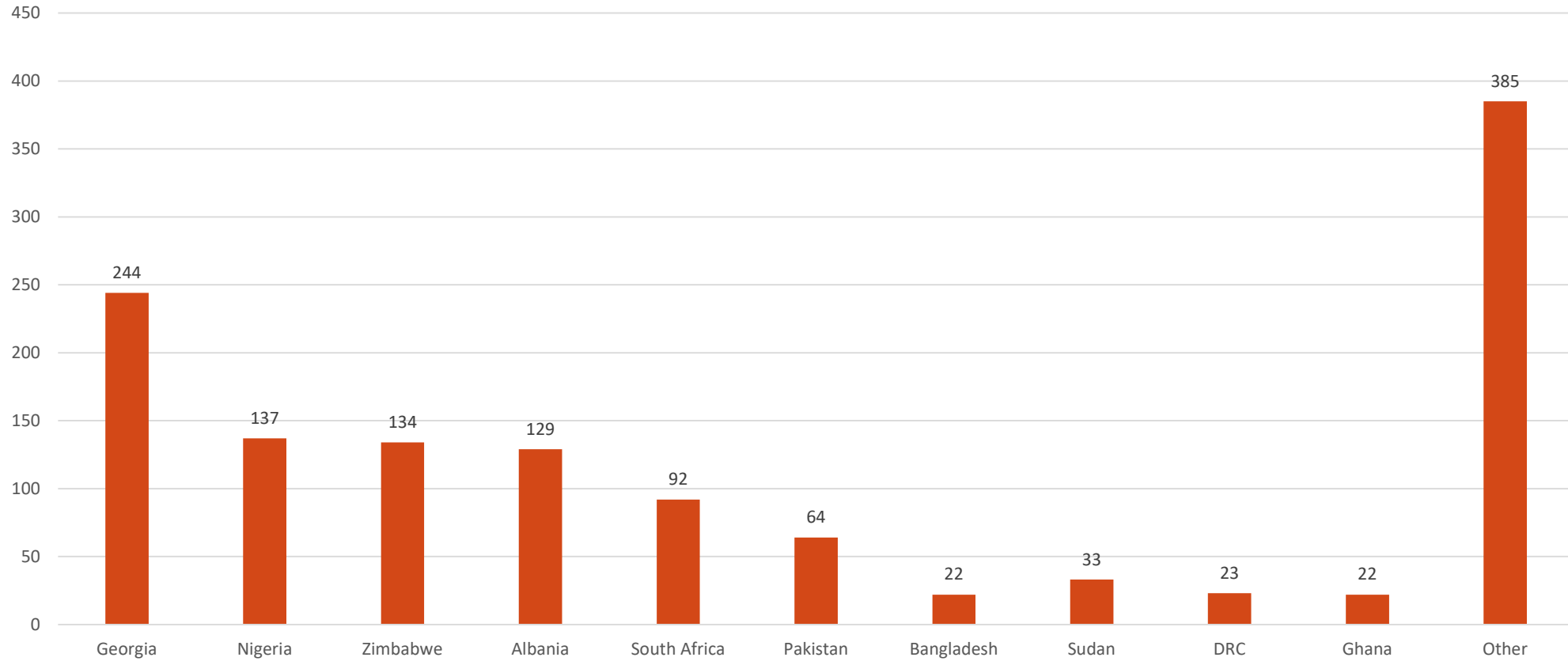
- Most common presenting medical issues on assessment were MSK (12%) followed by Resp (11%), Skin (10%)
- Mental health issues 6%, referred locally to Psychologists at EROC sites
- Bloods done on 457 adults, 9 cases HepBsAg, less than 2% positive
- Non-communicable disease much higher than communicable

Health assessments Direct Provision

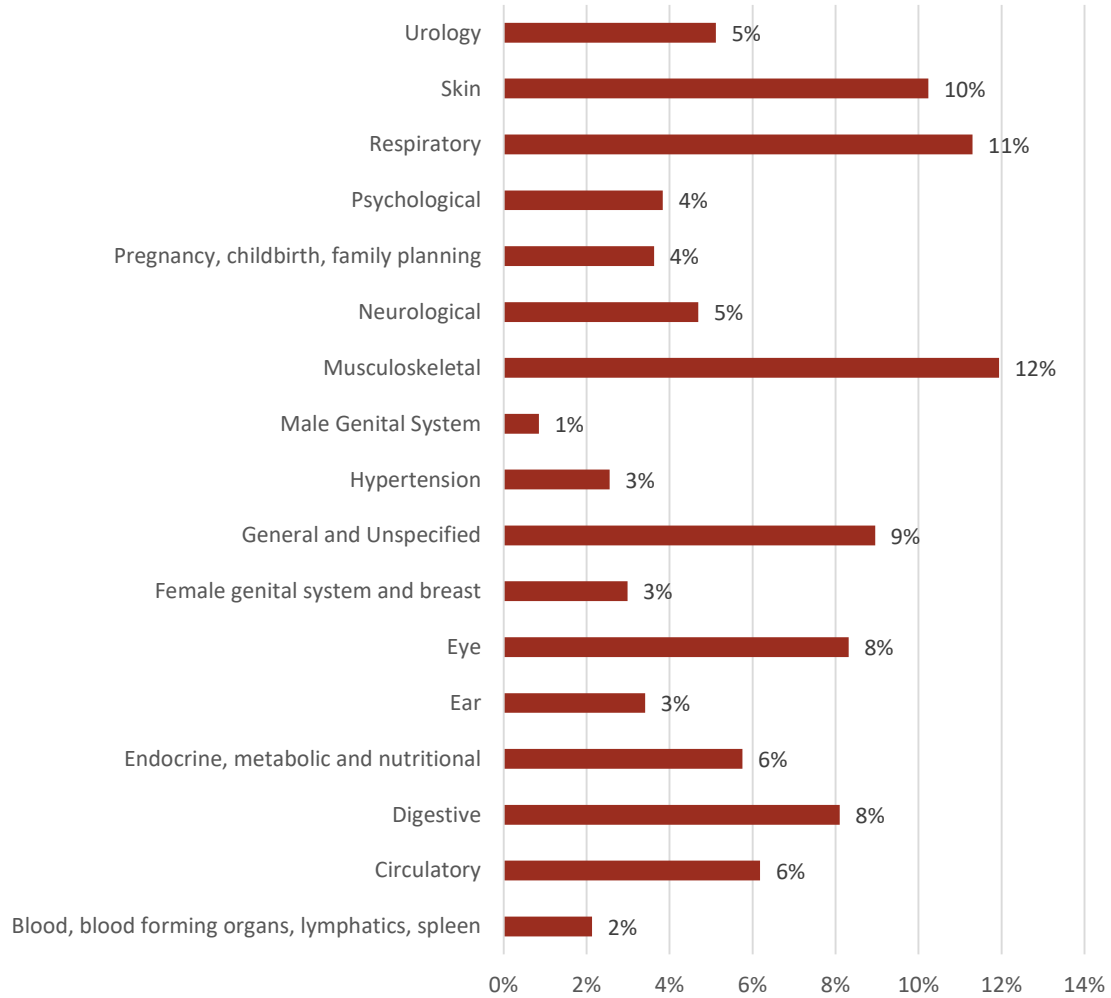
- 1285 health assessments completed across over 15 DP/Emergency Accommodation sites.

- Assessments are voluntary and include;
 - Acute needs/current medical conditions
 - Past medical History
 - Women's health
 - Psychological assessment using Protect Questionnaire
 - Immunization History and Vaccination recommendations
 - Infectious Disease Screening: BBV/STI/CXR
 - Children Developmental and Centiles

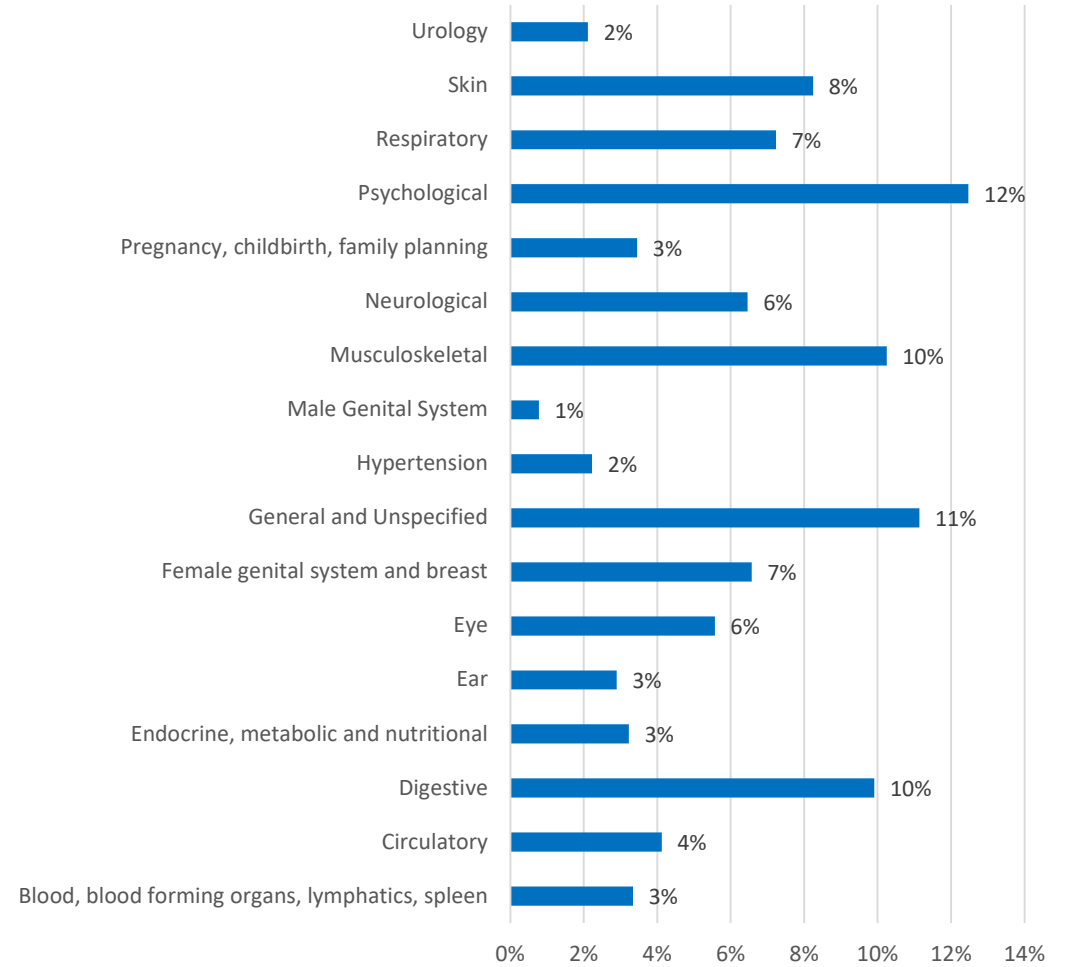
Country of Origin Asylum Seekers



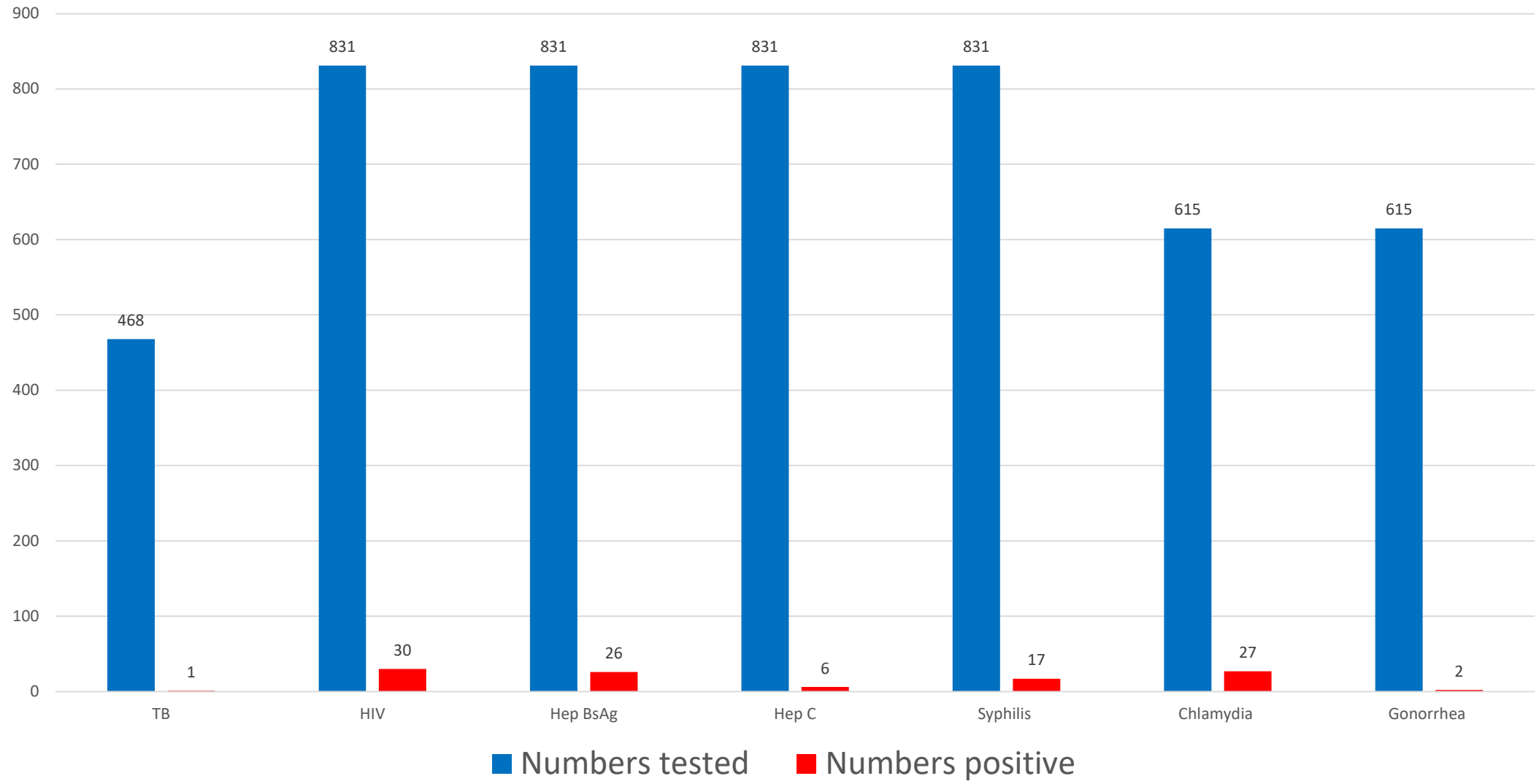
Presenting Current Medical Conditions in Syrian Refugees at Health Assessment



Presenting Current Medical Conditions in Asylum Seekers at Health Assessment



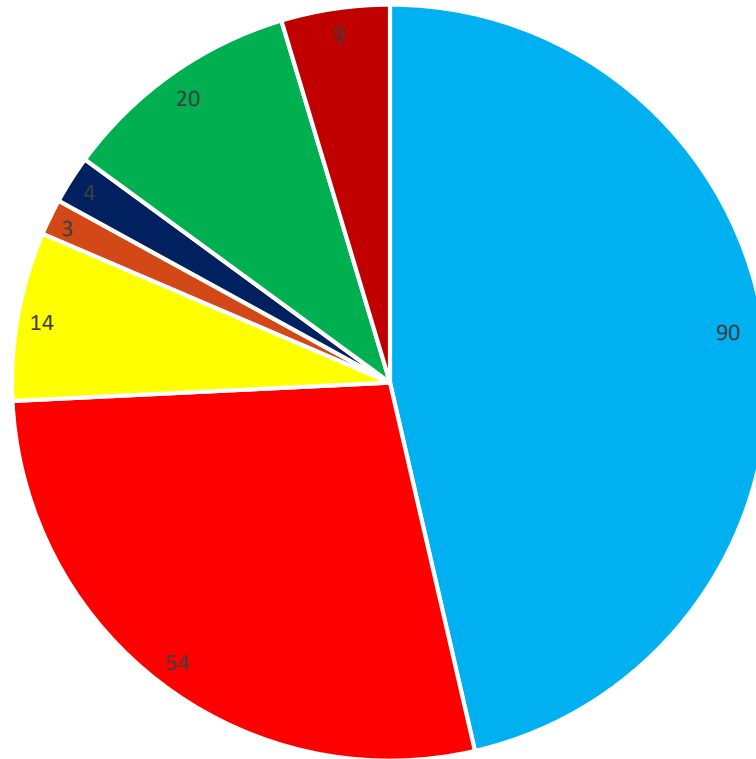
Direct Provision Infectious Disease Results



Mental Health/Trauma/Violence

- 28% Mental health issues DP
- 8.5% adults exposed to torture
- 19% females exposed to sexual violence
- PTSD most common mental health presentation

Referrals Mental Health/Trauma/Violence/Supports



■ Spirasi ■ Rape Crisis Centre ■ Ruhama ■ Psychiatry ■ CIPC ■ Outhouse/LGBT Ireland ■ FGM Clinic

Challenges

- Gap in mental health services, limited options for referrals for asylum seekers who do not meet referral criteria for Spirasi etc and existing services oversubscribed
- Waiting times for asylum seekers to get medical cards can take months therefore can't access many services.
- Local GPs at times reluctant to take on patients as lists full



Questions ?

