



COMHAD NEWS LETTER

COMMONWEALTH ASSOCIATION FOR HEALTH & DISABILITY



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Masters in Global Health – Some food for thought ...

Health issues specially related to the changing world scenario with global warming, floods, famines, hurricanes, migration, trafficking of women & children etc. have assumed tremendous importance, coming to the centre stage of planning and execution. They need to be tackled well in order to reduce the burden.

There is a need to provide good managers who will have an in-depth understanding of these social issues coupled with health problems. Therefore, COMHAD, UNICEF, Universities, Health Services, Medical Education Directorate and such bodies should undertake to conceptualize, design, plan & execute a teaching program that will result in protection & promotion of population health both at national & transnational levels.

Such a program i.e. Masters in Global Health will involve understanding of major public health problems that have incurred world over during natural or manmade calamities. It would include diseases like leptospirosis, dengue, malaria, typhoid etc. during floods or severe malnutrition, during famines or human migration. It would involve infectious vaccine preventable diseases which are often seen as outbreaks all over the world, resulting in disabilities which can have lifelong impact. Besides these, first aid during wars is a critical aspect. The other matters like social, financial, geopolitical, psychological aspects that arise during these periods of crisis need to be dealt with critical attention and are required to be taught separately.

There is an acute need of such a teaching and training course. Anyone who is a graduate from any discipline should be entitled for undertaking this Masters Program which should be 'distance learning' for one year, followed by 1 year of internship placement in Medical Institutes and affected areas world over. The student will get good knowledge of diseases occurring during such periods, financial aspects, managerial issues & policy planning.

COMHAD should make efforts to undertake such a venture in joint collaboration with other organizations.

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Assessing the Health needs of Unaccompanied Asylum Seeking Children - a unique experience

I recently had the opportunity to be a part of a Team of doctors to assess health needs of unaccompanied asylum seeking children in Kent, United Kingdom. As this is quite different to my routine work I had to take some training which helped equip me with the following essential skills to undertake this task -

It provided me with some background information giving an insight into the difficulties faced by these children which forced them to flee their own country in the first place, and the difficulties during the journey they undertake to reach here for safety.

It taught about legal definitions of various terms used in the process of their application for asylum, and the processes involved.

It helped recognise essential features which may be quite different to usual health assessments and planning their future care based upon these differences.

The most poignant was training to recognise Safeguarding issues especially risk of being Trafficked, as well as recognising Mental health issues like post traumatic stress disorder.

Background information – as a group, unaccompanied asylum seeking children have been separated not only from their family, but their community and their country of origin. They have usually travelled for many days (some up to two years) from their country to reach the UK and during this journey may have experienced several adversities in the form of lack of food, being persecuted, experienced beatings, rape or torture or children may have witnessed these crimes against others within the group, including killings. They are under constant threat of loss of their own life and of those around them.

These children are mostly from Afghanistan, Eritrea, Syria, Sudan, Kuwait, Iran and some other countries, and despite differences in the political situation in each country the reason to flee remains the same, that is, a threat to their lives in their own country.

It is UK Government Policy that the majority of the UASC should enter Local Authority care as “children looked after” they should benefit from all Services, support and care and that any looked after child receives, and as a result, it is important they have a comprehensive assessment of their physical and mental health and based upon outcomes, appropriate social care and suitable placement is found to meet their needs.

The children are first received at Reception Centres and then transferred to Supported Living. Female children are directly fostered through the Looked After Children Teams.

Legal Definitions

Asylum Seeker - is a person who has applied for the Refugee status under the Terms of the 1951 UNCHR (United Nations Commission on Human Rights) Convention.

Unaccompanied Asylum Seeking Child - is a person, who, at the time of making their asylum application is under 18 years of age

Refugee – this term is widely used to describe displaced people all over the world, but legally in the UK a person is a refugee only when the Home Office has accepted their asylum claim.

Seeking Asylum – means asking for protection and permission to stay in the UK. The asylum seeker is seeking protection from persecution that has been suffered or that he or she is at risk of such things because of his or her nationality or ethnic origin, political opinion, religion or social group in their country of origin.

Initial Health Assessment

Initial health assessments are considered essential on the same principles as for any child who is taken into care where the state is the corporate parent and has responsibility for providing health and social security.

From previous experience it has been found that most of these children have health issues relating to -

General nutrition, Anaemia, dental decay, skin infections like scabies visual acuity which is not corrected,

Immunisations which are invariably incomplete possibility of physical and sexual abuse

Mental health issues

Health Assessments

As discussed before a complete physical and mental health assessment is carried out.

Doctors are encouraged to document any injuries, bruises, scars etc. on body maps. All systemic examination is to be completed and recorded.

Healthcare plans are made and sent, requesting the General Practitioner under whose care the child is registered, for actions required.

The child also has an allocated Social Worker who helps this process to be completed.

The main actions required are

Immunisation – Primary Immunisation is carried out based on the UK schedule for all children. They are referred for TB screening as well.

Blood test to rule out risk of blood born viruses.

Routine vision and hearing check.

Blood test to ascertain sickle cell status if the child appears clinically anaemic and the sickle cell status is unknown.

We also have to consider if the child has experienced significant trauma or loss and has symptoms of post-traumatic stress disorder or depression and a referral to Local Child and Adolescent Mental Health Team has to be made.

We have to be extra vigilant to recognise signs and symptoms of trafficked children and if this is the case we have to inform the relevant authorities.

If there is a history of likely torture they will need to be referred to specialist services.

We also received training to recognise signs of radicalisation and to guide these children /young people for support.

Barriers

1. Language - Almost all children /young people I saw had to communicate through an interpreter
2. Determination of age. It has been found a lot of the children give false age and they are actually older or younger than the age disclosed. They do not have birth certificates or any registration documents to prove this and we have to utilise our medical experience to determine this. In any case we take a very sympathetic approach considering the adversities they have gone through while making their journey to the UK.
3. Education - It is quite common for these children to have very basic or no education even from their home country, although this is variable and some children may be attending school, age appropriately. In any case their journey has usually taken them anywhere between 1 to 2 years to complete and this already presents a gap of a couple of years with their education.
4. Cultural differences and Religious beliefs can prove to be barriers in communication. There may be also negative experience with the asylum processing authorities where some officials may seem to be racist and have negative attitudes towards asylum seekers.

Various support agencies are working for further help and trying to integrate these children into society helping with learning the language, education, day-to-day living skills and dealing with the justice system in making their application for refugee status. All of these things take time. Still it is an extremely humane attitude and process which is in place to support these children and young people.

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