Author’s response to reviews

Title: A model explaining refugee experiences of the Australian healthcare system: A systematic review of refugee perceptions.

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Author’s response to reviews:

Please refer to the cover letter attached.

Tuesday, 23 April 2019

To the Editor,

On behalf of the research team, I would like to thank you for the consideration of our paper and the insightful feedback that was given.

The paper manuscript has been resubmitted to IHHR Editorial Manager and we look forward to hearing from you soon.

The concerns from the editors are listed and have been addressed or rebutted as in the following pages.

Should you have any further concerns, please do not hesitate to contact me with the details above.

Kind regards,

Michael Au
Principal Investigator
Reviewer Concerns

Domenico Giacco (Reviewer 1):

- In the abstract (conclusions), the authors report that "There is a paucity of research in rural and remote areas and further evidence is needed in these settings." However, no findings are reported in the "results" section of the abstract that would justify that conclusion.

Please see the section under “Results” under “Study Characteristics” and under “Study Settings.”

We note that:

Majority of studies were carried out in Australian capital cities. Half of all the primary studies were performed in Melbourne.[17-19, 27, 28, 31, 33, 35, 39, 43, 44, 46, 51-53, 56] Three studies did not specify the study setting.[36, 37, 47] Only one study was performed in a rural or regional area.[40]

This was also addressed in-depth under “Discussion”, highlighting the paucity of research in rural and remote areas.

The authors are not confident that the review findings represent Australia as a whole. Half of all the primary studies were performed in Melbourne. Research is largely concentrated in metropolitan areas of Victoria, New South Wales, and South-East Queensland. Only one study investigated rural or regional areas.[40] There currently exists a gap in the available literature in rural and regional areas. Further research is needed in these settings, particularly in Northern Australia (Northern Territory and North Queensland), as refugee services and their community contexts will be considerably different compared to their metropolitan counterparts.

- In the introduction, there is a good description of the peculiarities of the Australian health systems and of legal frameworks/procedures for refugee status in that country. Yet, being an international journal I would have expected some mention of how the evidence as collected in Australia can be of benefit in other countries (with similar characteristics). And, on the other hand, why evidence from international studies would not be applicable to the Australian context.

Feedback acknowledged. Please see tracked changes in manuscript under “Introduction”.

Furthermore, studies that collectively group high-income countries together do not adequately address the unique geographical profile, health system characteristics and social profile of Australia. These all play a role in health, particularly, rural and remoteness. This is of significance as there have been efforts made by the Australian Government to resettle refugees in regional areas.[16]
Examining the experiences of Australian refugees may be beneficial in an international context for nations that resettle refugees in regional and remote areas as well as those countries that offer universal primary healthcare.

- The search was updated to February 2018. Would the author rule out that an update might be beneficial? Do they believe that there would be many more papers published on the topic in the last year or rather not?

Feedback acknowledged. Please see updated search information under “Methods”. Latest search updated on the 2nd of April 2019:

- 256 new records from search
- 185 articles after duplicates removed
- Extra duplicates: 18 on manual review
- Total duplicates: 201 articles
- 166 articles after extra duplicates removed

All additional 166 articles were screened, first by title, then by abstract and full text.

- 34 articles were excluded as it was not published or related to Australia
- 44 articles were excluded as it did not relate to a health service
- 1 article was excluded as no abstract was accessible
- 23 articles were excluded as it did not provide any perceptions
- 55 articles were excluded as it did not relate to refugees or had perceptions from refugees
- 7 articles were excluded based on the type of articles

We found two additional articles that were relevant and have been assessed, coded and incorporated into the systematic review. These two articles are:


This has all been updated in-text and on our Modified PRISMA diagram.

All references have been updated in-text but Word was unable to show tracked changes made by EndNote.

- I am not quite clear about an aspect of inclusion criteria. Was it required that all participants in a study were refugees or up to a certain percentage (and if the latter, which percentage?) I am asking for clarifications as Wohler et al., 2017 review appears to be focusing on "culturally and linguistically diverse women" (who would not be necessarily refugee) and at least another paper (Valibhoy, Szwarc, et al. 2017 - Description of barriers young people face in accessing mental health services in Australia) does not seem to be specific to refugees. If they were qualitative studies, how did the authors specifically retrieve the factors which were specific to refugees?

Feedback acknowledged.

In this review, any articles that clearly examined refugee perceptions even if they had a mix population (e.g. involving immigrants) were considered. Only the findings that pertained to refugees were coded for analysis. At times, this was clearly delineated, and it was easy for assessors to incorporate this. In other times, some reviews did not identify which information pertained to which population and as such, it was penalised during the appraisal process and subsequently affected our confidence in the review findings. For reviews, the primary articles that they cited were reviewed to ensure that the findings the review drew upon fulfilled the inclusion criteria.

Therefore, articles such as Wohler et al. 2017’s review examining culturally and linguistically diverse women was included as their article clearly identified some findings relevant to refugees (which was clearly stated). We acknowledged articles that had mixed populations under ‘Study Characteristics’ ‘Participants’:

The perceptions of approximately 1813 refugees were captured. Five studies had a mix of refugees and migrants and did not identify those with refugee status.[31, 32, 44, 46, 57] Furthermore, some studies appear to have published different findings from the same data set.[19, 28, 30, 45]

This has been clarified under ‘Eligibility Criteria’ and ‘Data Collection Process, Data Items and Analysis’.
- Whilst acknowledging that many of their findings are consistent with international literature, the authors state that "This systematic review adds to the body of evidence by providing an Australian context of the health system" and emphasising the interaction between information and familiar avenues that refugee use to support their access to and understanding of health care services. Do the authors believe that this finding would more likely to arise in a context such as the Australian one (and why?) or is it just an oversight of the previous literature which was captured by the present systematic review? Moreover, the previously mentioned finding is not discussed in the implications, despite it is believed to be a novel (and specific) finding of this review.

Thank you for this feedback which we acknowledge.

The findings arose from an Australian context and provides evidence supporting the experiences of refugees in the Australian health system. Our findings are novel because they could only be produced through the synthesis of qualitative studies which we believe is an oversight of past literature. This has been updated in-text under “Summary of Evidence”.

From the current literature, we do not believe that the data would more likely arise in an Australian context and may be transferrable to other settings as reviews examining refugee experiences involving other countries have identified aspects of our proposed model. This has been updated in-text and is discussed under “Summary of Evidence”.

This novel finding is re-mentioned under “Implications”. The authors call on further research to develop this model.

- I don't believe that not capturing the experiences of health service providers in delivering care to refugees is a limitation as it was not part of the research question. It could be a suggestion for further research which appears to have been taken up and brought forward by the same team of researchers. It would be interesting to discuss instead limitations of the inclusion criteria as I mentioned above. Were only studies in which all participants were refugees included? Or were there also others in which refugees were only part of the sample? If in the latter case the findings on refugees were analysed separately from other participants, how was this done? If there will be more clarity on this, then limitations of the approach used may be discussed.

Feedback acknowledged and the section regarding “not capturing the experiences of health service providers” has been moved to “Implications” as it discusses potential areas of research.

We acknowledge the limitation of our inclusion criteria regarding the participants and how we managed it. This has been updated under “Limitations”
- An additional limitation may be that only participants with obtained refugee status were included, whilst asylum seekers were excluded. Asylum seekers would experience at least some barriers that were identified for refugees (and from what we know in international studies more barriers). Also, all refugees would have been asylum seekers before achieving refugee status. Was this choice made in relation to the Australian context or were there other reasons for this?

Feedback acknowledged. Thank you. Like the previous concern stated by the reviewer, this may not be a limitation but merely an aspect outside the current scope of the research question. This has been discussed collectively with health service providers.

This has been updated in-text under “Implications”.

Nexhmedin Morina (Reviewer 2): This systematic review summarizes the literature on refugee perceptions of the Australian healthcare system. I think that the review and the synthesis were conducted thoroughly and the paper reads well. I have only minor comments that might improve the quality of the paper.

Abstract:

The abstract reports that "Titles and abstracts of 1444 articles" were screened. However, this is not consistent with the flow chart.

This was simply a matter of number of articles being separated at an earlier stage. This has been updated and now the abstract reflects the flow diagram more clearly.

The results section and the conclusion section should be a bit more directly linked. The conclusion section starts with "Refugees face significant barriers in accessing and engaging with healthcare services and often resort to familiar means to overcome what is unfamiliar", however the results section does not indicate that this was the main finding.

This has been updated in the “Results” section of the abstract to more clearly link with the “Conclusion”.
Introduction:

I suggest that the authors explain in the introduction section why they focused only on studies published between the years 2006 to 2018.

This has been updated under “Introduction”.

Furthermore, they need to explain why they focused on Australia only.

This has been updated under “Introduction”.

Discussion:

I suggest that the authors offer more comparison of their findings to existing literature from other countries.

This has been done under “Discussion” and has been made more clearer during this revision.

In addition, they might want to indicate how their results may have implications for other countries as well.

This has been updated under “Discussion”.

Given the fact that this is not an Australian journal but rather an international journal, a stronger focus on other countries should be useful.

We believe paragraphs 3 and 4 under “Discussion” in its revised form addresses this concern based on international reviews performed by:
