Table I. Characteristics of the studies addressing refugees' health issues and challenges

<table>
<thead>
<tr>
<th>Study year/Country</th>
<th>Design (n)</th>
<th>Objective</th>
<th>Key themes/findings</th>
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</table>
| Alprem et al. (20) 2016 USA | Survey (n=199) |Assess perceived knowledge, attitudes, & experience with immigrant & refugees | • Most (82%) enjoyed caring for immigrants/refugees  
• 65% planned to care for this population after residency  
• 54% were uncomfortable with their knowledge regarding immigrant/refugee health  
• Specific challenges included: language (98%), cultural barriers (92%), time constraints (72%), & limited knowledge of tropical medicine (69%)  
• 82% wanted more training in refugee/migrant health |
| Amara et al. (21) 2014 Germany | Narrative review | Determine prevalence & distribution of chronic NCDs amongst urban refugees living in developing countries, to report refugee access to healthcare for NCDs | • Prevalence varied by refugees’ region or country of origin  
• Most common NCDs: hypertension, musculoskeletal disease, diabetes & chronic respiratory disease  
• Most urban refugees in developing countries have adequate access to primary healthcare services, however, access to secondary & tertiary healthcare remains problematic  
• Financial barrier identified as main reason not seeking healthcare  
• Have different experiences & expectations of health & of healthcare  
• Symptoms of psychological distress are common, but do not necessarily signify psychiatric disorders  
• Many have difficulty expressing healthcare needs & problems accessing healthcare  
• Poverty & social exclusion have a negative impact  
• Trained interpreters or advocates, (rather than family members or friends), should be used wherever possible  
• Community organizations provide invaluable support & reduce the isolation experienced by refugees  
• Many issues, such as women’s health and child health issues, often not acknowledged  
• Persistent barriers included: Language  
• Cultural differences  
• Difficulties with transport to health centres  
• Long wait times  
• Cost of care, limited government funding |
| Burnett A (10) 2001 UK | Narrative review | Overview of health needs of asylum seekers and refugees | • Psychological symptoms relate to their experience of torture & trauma: intense anxiety, poor sleeping pattern, depression  
• Post-traumatic stress disorder: poor concentration, heightened arousal & loss of memory  
• Children often suffer prolonged psychological distress  
• These compounded by effects of detention, discrimination, lack of social support & unemployment  
• Physical sequelae of torture or trauma: malmö units fractures, osteomyelitis, epilepsy or deafness from head injuries, or non-specific musculoskeletal pain or weakness  
• Infectious & nutritional diseases  
• Chronic illnesses including hypertension, heart disease, diabetes peptic ulcer disease  
• Access improved by multidisciplinary staff, use of interpreters & bilingual staff, no-cost or low-cost services, outreach services, free transport to & from appointments, longer clinic opening hours, patient advocacy, & use of gender-concordant providers  
• Provide services, which are affordable, appropriate & acceptable to target groups  
• Coordination between the different healthcare services & those responding to social needs of clients improved through case-management by specialist workers  
• Quality of care improved by training staff in cultural sensitivity & appropriate use of interpreters |
| Cheng et al. (32) 2015 Australia | Qualitative case study | Analyse factors influencing Afghan refugees access to primary care | • Language  
• Cultural differences  
• Difficulties with transport to health centres  
• Long wait times  
• Cost of care, limited government funding |
| Harris & Zwar (28) 2005 Australia | Narrative review | Outline range of problems in refugee patients in general practice & some approaches to dealing with them | • Interventions to reduce somatic & psychiatric symptoms & improved QoL, level of functioning  
• Positive general expectations of trust and hope in the rehabilitation professionals  
• Refugees had different, mostly positive expectations of the pain rehabilitation program  
• Lack of standardization of eligibility for healthcare services due to different visa categories  
• Financial constraints  
• Reduced expectations of healthcare services & limited government funding |
| Joshi et al. (30) 2013 Australia | Systematic review | Identify components of primary healthcare service delivery models for refugees effective in improving access, quality & coordination of care | • Barriers to attendance: Language  
• Lack of resource, interpreters  
• Financial constraints  
• Limited trust of health service  
• Lack of familiarity with available services  
• Gaps in health service provision  
• Inadequate reimbursement to healthcare professionals  
• Lack of specialized services, mainly in rural areas  
• Lack of model of care for special groups such as children, aged and second-generation refugees  
• Many issues, such as women’s health and child health issues, often not acknowledged  
• Persistent barriers included: Language  
• Cultural differences  
• Difficulties with transport to health centres  
• Long wait times  
• Cost of care, limited government funding |
| Lamb & Smith (31) 2002 Australia | Narrative review | Describe problems that refugees face in accessing effective healthcare & health service response | • Refugee had different, mostly positive expectations of the pain rehabilitation program  
• Lack of appropriate & acceptable to target groups  
• Coordination between the different healthcare services & those responding to social needs of clients improved through case-management by specialist workers  
• Quality of care improved by training staff in cultural sensitivity & appropriate use of interpreters |
| Persson & Gunvor (40) 2013 Denmark | Exploratory qualitative interview study | Explore tortured refugees’ expectations of the multidisciplinary pain rehabilitation program offered at rehabilitation centre | • Refugees had different, mostly positive expectations of the pain rehabilitation program  
• Lack of standardized eligibility for healthcare services due to different visa categories  
• Financial constraints  
• Reduced expectations of healthcare services & limited government funding |
| Stade et al. 2015 (39) Denmark | Qualitative before-after study | Explore the compliance, acceptability and treatment satisfaction using group basic body awareness therapy (BBAT) in traumatized refugees | • Refugees had different, mostly positive expectations of the pain rehabilitation program  
• Lack of standardized eligibility for healthcare services due to different visa categories  
• Financial constraints  
• Reduced expectations of healthcare services & limited government funding |
| Uribe Guajardo et al. (25) 2016 Australia | Retrospective observational study | Explore psychological distress in 2 samples of Iraqi refugees, those who recently arrived (n=225, average length of stay=0.55 months) & those with a longer period of resettlement (n=225, average length of stay=58.5 months) | • Both group have significantly higher psychological distress compared with the general Australian population  
• Significant difference between groups, indicating study participants with longer periods of resettlement experienced higher levels of psychological distress than recent arrivals  
• Provision of assistance programs beyond the initial arrival period are required |
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| Walsh NE & Walsh WS (33) 2003 Switzerland | Narrative review | Rehabilitation consequences of landmine injuries | Factor that impede adequate treatment:  
  - Limited accessibility of medical centres & transport  
  - Lack of protection for wounded people from travelling to disputed areas where hospitals are located  
  - Lack of security  
  - Politics & administration constraints result in hindrance of delivery of appropriate medical care  
  - Poverty  
  - Limited education & social structure  
  - Financial constraints  
  - Lack of interagency coordination |

BBAT: basic body awareness therapy; n=total number; NCDs: non-communicable diseases; QoL: quality of life; UK: United Kingdom; USA: United States of America