Appendix 2. Characteristics of included studies

Reference number, author, year of publication, country	Aim of the study	Population	Study design/Method summary	Integrated care program and description	Health care setting	Study findings
[31], White CC, Solid CA, Hodges JS, et al., 2015, United States	Improve the rate of engagement in psychotherapy after a mental health referral and test the effect of psychotherapy on health care utilization using a staged primary care clinical tool.	East African refugee women with a high likelihood of previous war trauma and torture and multiple physical complaints. 63 were Somali and 1 was Ethiopian of Oromo ethnicity.	Retrospective cohort study; chart abstraction from EMRs completed Dec. 2004; included patients with ≥12 months follow-up post-initial psychological visit; data: visit dates/types, demographic and clinical info, narrative note content.	Integrated physical and mental health services, trained interpreters and bicultural health workers, staged but flexible four visit protocol for addressing physical and psychological complaints by the primary care provider, co-management of patients receiving physical and mental health services, trauma-informed psychotherapy	Primary care	Intervention improved referral and retention in mental health therapy for East African refugee women.
[32], Martino SC, Elliott	Investigate the extent to	Beneficiaries who responded to	Cross-sectional study; data	N/A	Primary care	Compared with non-Hispanic White

MN, Hambarsoomian K, et al., 2016, United States	which racial/ethnic disparities exist in the receipt of coordinated care by Medicare beneficiaries. The care coordination measure assessed providers' use of medical records, communication and timeliness of test results, coordination across providers, medication review, and awareness of specialist care.	the 2013 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. Participants came from diverse racial and ethnic backgrounds (White, Hispanic, Black, Asian or Pacific Islander, American Indian, Alaska Native).	from 2013 CAHPS survey (nationally representative stratified random sample of Medicare beneficiaries); strata = Medicare contracts; linear case-mix adjusted models used to predict care coordination scores from race/ethnicity.			beneficiaries, Hispanic, Black, and Asian/Pacific Islander (API) beneficiaries reported poorer care coordination, including less access to complete medical information, less timely follow-up on test results (Hispanic and Black), less support with care management (Hispanic and Black), and less communication regarding medications and specialist care (API).
[33], McBride J, Block A, Russo A,	Describe the Monash Health	Clients of the MHRHW that attended a	Exploratory sequential design; data	Monash Health Refugee Health and Wellbeing	Primary care	Participants reported high levels of satisfaction with the service and highlighted

2017, Australia	Refugee Health and Wellbeing (MHRHW) service model, explore clients' experiences with MHRHW and capture their feedback on defining aspects of the service model.	minimum of three appointments, were over 18 years old and from Afghanistan, Sri Lanka, Iran, Myanmar, Iraq, Pakistan, Bangladesh or other. Majority of participants were aged 26-35 years.	collected from client interviews (n = 18) and surveys (n = 159); interviews semi-structured with open-ended prompts; English responses transcribed and analyzed using a thematic framework.	(MHRHW) service model; multidisciplinary team comprising general practitioners, refugee health nurses, infectious disease physicians, paediatricians, bicultural workers, community development workers, psychiatrists, counsellors, physiotherapists, pharmacists and administration staff. Health assessments of physical, social and mental health, specialist tertiary services co-located with the primary healthcare services.		the value in having trusting relationships with staff, access to bicultural workers, onsite interpreting services and integrated care.
[34], Phillips C, Hall S, Elmitt N, et al., 2017,	Examine the approach to integrated care within	Clinical and administrative staff, community users	Convergent parallel design; data included staff	Companion House (CH); counselling, medical, community	Primary care	CH has created fluid links between teams and encouraged open dialogue with client populations.

Australia	Companion House, a refugee primary care service.	of the service (median age, 25 years).	interviews, social network analysis, group patient interviews, and service mapping; analysis focused on service dynamics and user experiences.	development, casework, education and training for stakeholder organisations (hospitals, volunteer groups, the police, social services).		There is a high level of networking between staff, much of it informal. This is underpinned by horizontal management and staff commitment to a shared mission and an ethos of mutual respect. The clinical teams are collectively oriented towards patients but not necessarily towards each other.
[35], Ma KPK, Saw A., 2018, United States	Identify facilitators and barriers to successful implementation of primary care-behavioural health integration in a multilingual behavioural healthcare setting.	Providers/administrators (from behavioural health or from primary care) and patients 18 years or above receiving mental healthcare through the clinic, which were mainly low-income Asian immigrants who self-identified as Asian Americans.	Qualitative descriptive study; seven focus groups and five semi-structured interviews conducted with 41 patients and 5 providers in a California community mental health clinic serving Asian immigrants; thematic interpretation	Primary Care Integration program; primary care services and regular bilingual/bicultural behavioural health care management	Primary care	Themes suggest limited system-level preconditions and cross-organisational dynamics challenged integrated care. Changing organisational culture and practice, improving patient-provider and provider-provider communication, and increasing patient involvement enhanced clinical outcomes and facilitated successful implementation.

			of integrated care experiences.			
[36], Esala JJ, Hudak L, Eaton A, et al., 2018, United States	Explore the "active ingredients" of integrated behavioural health care (IBHC) from the perspective of Karen refugee participants in an IBHC intervention.	Karen resettled refugee patients who present with symptoms of major depression. All were adults aged 18-65 years (median age 43), 83% were female. 83% were unemployed at the start of the study.	Qualitative descriptive study; data collected via in-depth semi-structured interviews exploring perceived benefits/challenges of intervention, idioms of distress, medication use, and care provider relationships; thematic analysis applied.	Healing Hearts integrated behavioral health care (IBHC) model; integrates the Center for Victims of Torture's (CVT) interdisciplinary, team-based, and specialized psychotherapy and targeted case management into the primary care setting.	Primary care	IBHC increased awareness and access to behavioral health services and provided a point of regular contact for patients who had limited time with their primary care providers, which helped to enhance access to and engagement with health care. IBHC may be especially amenable to treating complex health conditions.
[37], Cheng I-H, McBride J, Decker M, et al., 2019, Australia	Describe The Asylum Seeker Integrated Healthcare Pathway and present the	Asylum seekers newly released from detention into Southeastern Melbourne.93% of participants were men, 54%	Quantitative descriptive case study; tracking system used to count clients through the	The Asylum Seeker Integrated Healthcare Pathway; triage and link clients to primary and emergency	Primary care	From September 2012 to December 2014, a total of 951 asylum seekers transitioned through the pathway. 78% required primary healthcare assistance and were

	evaluation findings of this initiative.	aged between 22-34 years, 30.4% originated from Afghanistan, 25.3% from Sri Lanka and 19.2% from Iran.	care pathway and describe demographics; exit surveys with clients and structured staff debriefing sessions conducted post-triage.	healthcare services, onsite interpreting services, case manager, settlement support agencies		provided with a service appointment within 3 weeks of their arrival in Melbourne.
[38], Bockey AJ, Janda A, Braun C, et al., 2020, Germany	Describe the use and satisfaction of health care facilities by Freiburg initial reception centre (FIRC) resident asylum seekers and refugees (AS&R) both inside and outside the FIRC.	AS&R staying at the FIRC, ages 18-43 years (mean age 24.2). 93% of participants were men and 92% originated from Sub-Saharan Africa.	Cross-sectional study; data gathered via questionnaires with both open- and closed-ended items and through face-to-face interviews; descriptive statistics used to explore pilot outcomes.	Adult, paediatric and mental health services, specialised medical experts, referrals to other cooperating departments of the University Hospital for specialist care.	Primary care	Integrated care facility (ICF) use was frequent (56% fortnightly; 19% daily), and 84% of respondents were satisfied. Female gender and non-English-speaking status were associated with lower satisfaction. Outside the FIRC, 60% of participants reported satisfaction with healthcare received.
[39], Ling EJ, Frean M, So J, et al., 2021, United States	Identify potential disparities among	Beneficiaries who had continuous eligibility for and	Cross-sectional study; data from 2015 Medicare	N/A	Community healthcare	Black beneficiaries perceived more integrated support for self-care than did White beneficiaries.

	racial/ethnic groups in patient perceptions of integrated care (PPIC) and explore how methodological differences may influence measured disparities. The factors measure staff and provider knowledge of patients' medical history, support for self-directed care, medication and home health management, test result communication, specialist knowledge,	receipt of Medicare Part A benefits for an entire year, living in both community and facility living arrangements. 81.77% of participants identified as White, 10.93% as Black, 3.37% as Hispanic and 3.93% as other. 54.84% were men, mean age was 71.10 years.	Current Beneficiary Survey (MCBS); included beneficiaries with full-year Part A enrollment; 4-point scales used to assess eight PPIC dimensions; differences analyzed across racial/ethnic groups.			Black beneficiaries perceived more integrated specialists' knowledge of past medical history than did White beneficiaries. Black and Hispanic beneficiaries also each reported, on average, 0.18 more integrated medication and home health management than did White beneficiaries.

	and continuity of care through post-hospitalization support and support outside office visits.					
[40], Griswold KS, Vest BM, Lynch-Jiles A, et al., 2021, United States	Describe the experiences of asylum seekers and legally resettled refugees, who due to their differing legal status, might be expected to have different experiences; Identify challenges, unmet needs, and services that were helpful.	Clients of the WNYCST who self-identified as survivors of torture. Six were asylum seekers, six were resettled refugees, one had a special immigrant visa, and two had unknown immigration status. 53.3% of participants were women, mean age was 42.6 years, participants originated from various countries (Angola, Democratic	Qualitative descriptive study; semi-structured interviews conducted; themes compiled into a master list and verified for consistency; transcripts reviewed for illustrative quotations per theme.	Western New York Center for Survivors (WNYCST); care coordination (addressing needs related to physical and mental health care, social services, housing, childcare, transportation, language and communication, employment, community engagement, and legal), trauma-informed treatment, holistic management.	Specialized community-based care	Three themes emerged: mental health challenges; unmet needs; and coping strategies. WNYCST services were helpful, particularly the assistance and connection with care coordinators and local support groups. This care and outreach helped to mitigate feelings of separation and apartness from their home countries and families.

		Republic of the Congo, Eritrea, Iraq, Myanmar, Nigeria and Rwanda).				
[41], Huminuik K, Eslami M, Sherrell K, et al., 2022, Canada	Assess the reduction of mental health symptoms among refugees; Understand the clients' experiences and satisfaction of counselling; Provide ecologically valid findings on counselling outcomes; Inform clinical practice and programme development; Provide community-level data	Refugees who have recently arrived in Canada (within 5 years), were referred by settlement workers for initial screening and were experiencing moderate-to-severe symptoms of anxiety, depression, and/or PTSD, without evidence of psychosis. 74% of participants were aged 31-50 years, 59% identified as women, 35% as men and 5% as transgender.	Convergent parallel design; data collected through symptom measures and structured satisfaction questionnaire during intervention among refugee clients; psychologist conducted semi-structured preintervention interviews with interpreter support; thematic qualitative analysis and staged	Mental health care coordinated through a settlement agency and a team of multilingual, culturally responsive settlement workers and counsellors.	Community mental health / integrated settlement services	Participants reported significant improvements in anxiety, depression, and PTSD. Qualitative findings described experiences of untreated mental health problems, perceptions of mental illness and treatment, experiences with first-language counselling and integrated mental health services, perceived recovery, and satisfaction with counselling.

	needed to inform public mental health and settlement policy decisions.		quantitative tracking.			
[42], Daniel KE, Blackstone SR, Tan JS, et al., 2023, United States	Examine the current model of integrated care at the University of Virginia Health System to investigate its reach.	Refugee patients who had a mental health diagnosis listed as their primary diagnosis from a primary care provider. 49.5% of participants experienced depression, 27% experienced anxiety, and 6.3% experienced both.	Retrospective cohort study; Describes integrated care model at UVA's International Family Medicine Clinic including primary care and behavioural health; retrospective chart review used to support program details.	Integrated care team composed of attending physicians, nurse practitioners and second year and third year family medicine resident physicians, a clinical pharmacist, a registered nurse care coordinator and social worker, two attending clinical psychologists and doctoral students in clinical psychology and an attending psychiatry physician and fourth year psychiatry resident physicians.	Primary care	Potential solutions for addressing common challenges include granting specialty providers necessary privileges to access visit notes entered by other specialty providers, creating a culture where communication between providers is the norm, and establishing a standard that all providers ought to be CC'ed on most visit notes.

				Language interpretation provided in person or via a remote interpretation service by trained interpreters.		
[43], Peer Y, Koren A, DiNapoli P, et al., 2023, United States	Identify which factors support or hinder the implementation of integrated behavioural health care for Iraqi refugees, in nationally recognized community center in Northern USA.	Clinicians, providers, staff, and administrators currently or during the past 5 years involved with Metta and its integrated mental health care for the Iraqi refugees, with a minimum of six months. Ages were 27-57 years (mean of 42.45 years), 81.82% were women.	Qualitative case study; guided by the Social-Ecological Model (SEM); data gathered from 11 staff via individual interviews from June to August 2021; data analyzed to explore multilayered provider experiences.	Integrated mental health care as part of primary care, treatments from eastern medicine, employs special clinics, community health workers, and specialists in chronic disease management.	Primary care	Eight themes emerged: Intrapersonal—gender-driven engagement; interpersonal—the need for discretion and trusting relationship; community—collaboration with community resources and integrator from the community; organizational—holistic care, and long-term care; and policy—insufficient educational preparation.
[44], White J, Young A, Webber M, et al., 2024, Australia	Explore the experience of refugee access to a dedicated multi-	Ezidi refugee from Iraq with differing health experiences. All participants were recipients of	Qualitative descriptive study; 17 interviews with Ezidi refugees	Armidale Refugee Health Program; occupational therapist, physiotherapist speech pathologist,	Commu nity-based multidi sciplina	Four key themes were identified: (1) Identifying the extent of health needs following a long wait to migrate; (2) Health support

	disciplinary refugee health team (Armidale Refugee Health Program), including potential benefits, and gaps in service delivery.	humanitarian visas, having been sponsored and supported by the Settlement Services International (SSI) for refugees. Parents' ages ranged from 23-57 years, with 1-12 children per family. Most participants had been living in Australia for 2-5 years.	attending a multidisciplinary clinic in NSW; inductive thematic analysis used to interpret experiences.	social worker, education toward the management of chronic disease	ry care	across the life span: the benefit of access to a multidisciplinary team; (3) Gaps in cultural competence– impacted by understanding and interpreter access; and (4) Ongoing health and lifestyle concerns– influenced by understanding and education.
[45], Reboe-Benjamin M, Brindamour M, Leis K, et al., 2024, Canada	Report on refugees' experiences and self-perceived outcomes while accessing the Refugee Engagement and Community Health Clinic (REACH)	Refugees of 16 years and older (49% were 25-44 years), who received one year of care at the REACH, and subsequently graduated from the one-year clinic program. Participants were from Burundi, Democratic	Convergent parallel design; quantitative survey (n = 75) and qualitative interviews (n = 16) with Government Assisted Refugees from the REACH clinic; regression modeling used	Refugee Engagement and Community Health (REACH) Clinic; several specialized services such as pharmacy, laboratory, referrals, interpreters, physicians and settlement agencies	Community-based multidisciplinary care	Tailored access to care and enhanced communication through interpretation contributed to satisfaction with clinic services. A significant positive relationship was found between their perceived health status and frequency of visits, and "doctors' advice about how to stay healthy". Interview findings highlighted the important role of settlement

	during the first year following their arrival in Saskatoon, Canada.	Republic of Congo, Sudan, Eritrea, Pakistan, and Syria, 51% were men.	for health outcomes; thematic analysis interpreted transition perceptions.			agencies, timing for a successful transition and physicians' support resources.
[46]Frumholtz M, Carlson WC, Shannon PJ, et al., 2024, United States	Describe the State of Minnesota's cross-sectoral response that created a welcoming environment, identified public health concerns, and addressed acute medical needs.	Afghan evacuees (mostly families, median size of 2, range 1-13). 57% of participants were male, median age of arrival to Minnesota was 18 years (range 17 days-73 years).	Qualitative case study; describes Minnesota's public health response for Afghan arrivals (Oct 2021–Feb 2022); centralized database tracked care coordination metrics and vaccine clinic outcomes.	OAW Afghan Evacuee Response; interdisciplinary volunteer teams including physicians, advanced practice providers, nurses, pharmacists, and health professions students or resident physicians, mental health specialists, and health advocates with experience in trauma-informed care. On-site direct services, care coordination team, weekly support groups, childcare, psychologists, social workers,	Integrated healthcare at a volunteer-run clinic in a temporary housing facility	The majority (96%) of eligible arrivals were screened as part of this response and the median time between arrival to Minnesota and initial health screening was 2 days. Half of all arrivals screened reported at least one health concern and 56% were referred to a specialty for further evaluation. Almost one in four adults (24%) reported mental health concerns.

				psychiatrists, care coordinators.		
[47], Bockey AJ, Braun C, Camp J, et al., 2024, Germany	Describe the implementation of an integrated care facility (ICF) in an initial reception centre and measure the utilisation of care and the influence of operational parameters.	Asylum seekers and refugees staying at the Freiburg initial reception centre and seeking health care at either the ICF or emergency department. 75% of participants were 18-40 years, 82% were men. Origin countries included Syria, Iran, Balkan and African countries.	Retrospective cohort study; EMRs reviewed for reception center residents in Germany (Oct 2015–May 2018); visit frequency assessed across implementation phases of ICF; survival and time series analysis used to evaluate impact on emergency department usage.	Primary and specialized care (gynaecology, psychosomatic medicine and psychotherapy, and infectious diseases), interpretive support.	Primary and specialized care	The absolute number of visits per day remained similar over the study period, yet the relative number of visits increased from phase 2 to 3, respectively. Most visits were due to respiratory infections, and trauma and musculoskeletal conditions. The rate of revisits to ICF was 2.9 per person per month, more for those older, female, from North Africa and those with a translator present.