



Healthcare for refugees and asylum seekers

Introduction

As a signatory to the United Nations Refugee Convention¹, Australia resettles a proportion of humanitarian entrants every year. In addition, under the same Convention, Australia has obligations to people who arrive in Australia and subsequently claim asylum. Both groups are likely to have significant physical and mental health problems; however, their care in Australia, and the ways in which GPs and other primary care providers interact with them, may differ according to their visa status.

Refugees and humanitarian entrants

Australia currently resettles humanitarian entrants who are individuals deemed in need of protection by the United Nations. Once in Australia, these individuals and families may access Humanitarian Settlement Services, which entitles them to case management, basic household packages and language services². On arrival it is recommended that newly arrived humanitarian entrants see a doctor, most commonly a General Practitioner, for a Refugee Health Assessment³. This involves a comprehensive history and physical examination, pathology screening, catch up immunisation, further management and referrals as appropriate⁴. Comprehensive primary care provides an essential first step to addressing their many immediate and long-term healthcare needs.

Asylum seekers

Under the UN Convention, it is not illegal to seek asylum⁵. Under current Australian Government policy, asylum seekers who arrive by boat live either in offshore detention, or on the Australian mainland in a variety of circumstances. On the mainland, they may be in a restrictive facility, in community detention or in the community on temporary visas along with asylum seekers who arrive by plane⁶. They may or may not have access to Medicare, Centrelink or work rights. They may be under the care of Government contracted services for medical support⁷.

Asylum seekers have increased vulnerability because of: the uncertainty and length of the visa determination process; the fact that many have left family members behind; and the commonality of financial hardship amongst this group⁸. Detention of children and prolonged

¹ UNHCR: The Refugee Convention.

http://unhcr.org.au/unhcr/index.php?option=com_content&view=article&id=48&Itemid=58

² AMES <http://www.ames.net.au/settling-in-australia/humanitarian-settlement-services.html>;
<http://www.ames.net.au/files/file/Settlement/HSS/3.4.1-Att%206-HSS%20Client%20Information%20Sheet-Nov13.pdf>

³ Victorian Refugee Health Network
<http://refugeehealthnetwork.org.au/clinical-quicklinks/>

⁴ Medicare Benefits Schedule Note A32:
<http://www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=A32&qt=noteID&criteria=refugee%20health%20assessment>

⁵ Australian Human Rights Commission
<https://www.humanrights.gov.au/asylum-seekers-and-refugees-guide>

⁶ <http://www.immi.gov.au/visas/bridging/>

⁷ <http://refugeehealthnetwork.org.au/asylum-seeker-factsheet/>

⁸ <http://refugeehealthnetwork.org.au/asylum-seeker-factsheet/>



detention of adults has been shown to cause a range of adverse long-term physical, psychological and developmental effects⁹. We believe therefore that detention, particularly of vulnerable groups such as children, pregnant women and survivors of torture and trauma, should be avoided if possible¹⁰, and for others for the minimum time possible.

The healthcare of asylum seekers in detention, whether offshore, on-shore or community detention, should be of a standard commensurate with Australian standards of health¹¹. General Practitioners contracted to work for third parties, such as DIBP (Department of Immigration and Border Protection) or private health service providers, are not absolved from their professional and ethical responsibilities to their patients. These professionals work in an environment which contributes to adverse health outcomes which is ethically challenging and thus should be well supported and resourced. The Declaration of Geneva states that as a medical professional "I will not use my knowledge to violate human rights and civil liberties even under threat"¹².

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¹⁰ Newman LK, Steel Z. The child asylum seeker: psychological and developmental impact of immigration detention. *Child Adolesc Psychiatr Clin N Am* 2008;17:665-83; Robjant K, Hassan R, Katona C. Mental health implications of detaining asylum seekers: systematic review. *Br J Psychiatry* 2009;194:306-12; Steel Z, Silove D, Brooks R, Momartin S, Alzuhairi B, Susljik I. Impact of immigration detention and temporary protection on the mental health of refugees. *Br J Psychiatry* 2006;188:58-64; Steel Z, Silove DM. The mental health implications of detaining asylum seekers. *Med J Aust* 2001;175:596-9.

¹¹ RACGP <http://www.racgp.org.au/your-practice/standards/detention/>.

¹² <https://ama.com.au/position-statement/declaration-geneva-2006>



For the RACGP media statement 31 July 2014 “RACGP says ‘enough is enough’ to asylum seekers’ health deterioration “ see <http://www.racgp.org.au/yourracgp/news/media-releases/asylum-seeker-health/>

For the Royal Australasian College of Physicians’ statement on the health of people seeking asylum, see: <http://www.racp.edu.au/index.cfm?objectid=A88AC7C8-F73B-24A2-AD272D04A3C57C7C>

Healthcare needs of refugees and asylum seekers

Because the majority of refugees and asylum seekers come from resource poor backgrounds with limited access to healthcare, they have increased rates of infectious diseases, nutritional deficiencies and undiagnosed or undertreated chronic illnesses. Immunisation rates are often low. The majority of refugees and asylum seekers have come from areas of conflict, with many experiencing traumatic events and losses, and undergoing hardship during journeys of escape. Post-migration aspects of resettlement and acculturation can be difficult. Consequently, refugees and asylum seekers often have increased rates of certain mental health conditions, such as anxiety, depression and post-traumatic stress disorders¹³.

Equity and access to services

The RACGP believes that it is the right of everyone living in Australia to have accessible and appropriate healthcare¹⁴. General practices have a responsibility to address the barriers to equitable healthcare that exist for refugees as for other culturally and linguistically diverse communities. In order to provide high quality general practice care, it is important to understand the potential cultural influences on health concepts and attitudes¹⁵.

Working with professional interpreters is an essential part of safe and quality healthcare practice¹⁶. Initiatives are needed to increase the uptake of free interpreter services by General Practitioners¹⁷. In addition more resourcing is needed to improve the numbers and training of interpreters. All primary healthcare providers need access to free professional interpreter services. In addition, access to interpreters for psychological services would assist in meeting the mental healthcare needs of refugees with low English proficiency.

General practitioners are encouraged to work co-operatively with settlement, humanitarian, torture and trauma services and other agencies that are integral to the healthcare of refugees and asylum seekers. A multidisciplinary team approach, including working with refugee health nurses, facilitates the delivery of care.

¹³ Promoting Refugee Health 2012

http://refugeehealthnetwork.org.au/wp-content/uploads/PRH-online-edition_July2012.pdf

¹⁴ RACGP <http://www.racgp.org.au/support/policies/>.

¹⁵ <http://curriculum.racgp.org.au/statements/multicultural-health/>

¹⁶ Medical Board of Australia Good Medical Practice Guide for Doctors

http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CC0QFjAA&url=http%3A%2F%2Fwww.medicalboard.gov.au%2Fdocuments%2Fdefault.aspx%3Frecord%3DWD10%252F1277%26dbid%3DAP%26chksum%3DDeNjZ0Z%252FajN7oxjvHXDRQnQ%253D%253D&ei=bwV8U9rhI9iPuASm1YJw&usg=AFQjCNFTyNi8_B0oI3Xpz_oVgDPJmphHdQ&sig2=fMIBSDxCIRR3-f5ee0WRCw&bvm=bv.67229260,d.c2E; pg. 8, 3.3.8, 3.3.9

¹⁷ Vanstone Swarcz et al Promoting the Engagement of Interpreters in Victorian Health Services June 2013 <http://refugeehealthnetwork.org.au/publications/>; <http://www.racgp.org.au/afp/2010/april/using-interpreters-%E2%80%93-a-guide-for-gps/>



RACGP



The National Faculty
of Specific Interests

Improved coordination between relevant Commonwealth and State agencies and peak bodies with expertise in refugee health would enhance outcomes for refugees and asylum seekers.

Research and Evaluation

There is a growing body of evidence pointing to the specific health care needs of refugees and asylum seekers. However, more research is required to expand our knowledge of their healthcare needs and best practice primary healthcare for refugees.

To facilitate refugee healthcare evaluation and research, all health care software should support collection of the following fields for each patient: country of birth, year of arrival in Australia, preferred language and need for interpreter.

Training and support for healthcare providers

We strongly recommend that training in refugee and asylum seeker health issues be included in undergraduate, postgraduate and professional medical education programs.

The RACGP has structures to support general practitioners interested in refugee and asylum seeker health. For information on the RACGP Refugee Health Specific Interest Group, contact Dr Christine Boyce – christine.boyce@quince.com.au

The RACGP has resources on its website to assist GPs in providing healthcare for refugees: <http://www.racgp.org.au/support/library/subject-portals/refugee/>

There are quality online resources which are freely available for primary healthcare providers to access which assist in improving quality of care provided to refugees and asylum seekers (eg. ASID <http://www.asid.net.au/documents/item/134>, Promoting refugee health <http://refugeehealthnetwork.org.au/promoting-refugee-health-a-guide-for-doctors-nurses-and-other-health-care-providers-caring-for-people-from-refugee-backgrounds-3rd-ed/>)

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