

Policy Document

Refugee and Asylum Seeker Health Policy

Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's 17,000 medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA actively seeks to advocate on issues that may impact health outcomes.

The 1951 Convention Relating to the Status of Refugees and the 1967 Protocol Relating to Refugees (Refugee Convention and Protocol) provide the international standard for refugee protection [[1]]. At the end of 2011 the United Nations estimated that there were over 16 million refugees and asylum seekers worldwide [[2]]. Australia is one of 142 nations party to both agreements [[3]] and operates a Humanitarian program through the Department of Immigration and Citizenship (DIAC). In 2011 Australia granted 13,759 visas to refugees, asylum seekers, and other displaced persons worldwide [[4]].

Refugees and asylum seekers are more likely to have been exposed to a range of conditions that predispose them to poorer health, including time spent in refugee camps or detention facilities; history of persecution and armed conflict; and the threat or occurrence of physical violence. Exposure to these conditions puts refugees and asylum seekers at an elevated risk of mental and physical illness (see appendix), and may lead to self-harm or suicide [[5]].

Position Statement

AMSA believes that:

1. All refugees and asylum seekers should be treated with compassion, respect, and dignity;
2. All refugees and asylum seekers should have equitable opportunity to enjoy good health in Australia, regardless of visa status or financial means;
3. Coordinated and effective action is required to promote the best possible health outcomes for refugees and asylum seekers arriving and living in Australia;
4. Australia should meet its international human rights obligations regarding refugees and asylum seekers.

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Policy

AMSA calls upon:

1. Australian Medical Students and Medical Professionals to:
 - a. Recall the values that underpin our professional practice, including the human right to health, social accountability and social justice;
 - b. Be mindful of the unique vulnerabilities and disadvantages experienced by refugees and asylum seekers that impact on their physical and mental health and wellbeing;
 - c. Actively engage with refugee and asylum seeker health related teaching provided through medical school curricula and professional development opportunities, and pursue further adequate and culturally appropriate training if encountering or intending to encounter refugees and asylum seekers in medical practice;
 - d. Be agents of social change; actively advocating through initiatives that campaign for, and build awareness of, refugee and asylum seeker health issues;
 - e. Act as advocates for refugees and asylum seekers when encountered in medical practice, taking care to assert their right to an equitable standard of care and educate them regarding healthcare resources available to them;
2. Medical Schools to:
 - a. Educate medical students with regard to global health issues and social determinants that impact on the health status of refugee and asylum seeker populations;
 - b. Incorporate into medical curriculum opportunities for students to develop the necessary skills to work with refugees and asylum seekers in a culturally appropriate manner:
 - i. Educate students to deliver health care in a culturally safe manner;
 - ii. Offer exposure and training in the use of interpreter and translation services;
 - c. Develop student skill sets to recognise the unique health issues present in refugee and asylum seeker populations. Graduating medical students should be able to:
 - i. Identify health issues common to the Australian and refugee/asylum seeker populations;
 - ii. Identify conditions more prevalent in refugee and asylum seekers populations.
 - iii. Identify persons at risk of mental health issues including victims of torture and other trauma;
 - d. Encourage medical students to undertake ethical research that investigates refugee and asylum seeker health issues and their determinants;
 - e. Provide opportunities for students to interact in a culturally safe manner with refugee and asylum seeker patients, cognizant of privacy and consent issues, with adequate support to protect the health and rights of patients;
3. Australian Commonwealth Government to:
 - a. Develop and implement goals, policies and strategies to minimize health inequities experienced by refugees and asylum seekers:
 - i. Provide and promote care that is appropriate to the cultural, linguistic and health-related needs of this group;
 - ii. Institute interventions to address the social and environmental factors, including housing, employment and education; which may act as determinants of the health of refugees and asylum seekers;
 - iii. Financially and logistically support outreach programs with trained personnel who recognise and can address the unique health care needs of refugees and asylum seekers;
 - iv. Ensure timely provision of specialist treatment not available within detention facilities;

- v. Focus on long term outcomes that include health education and disease prevention amongst refugee and asylum seekers, with appropriate consideration of the mental health issues prevalent in this community;
- vi. Increase the capacity of health providers to account for social determinants when working with refugees and asylum seekers;
- vii. Ensure the full range of healthcare resources available to refugees, including the Medicare and Pharmaceutical Benefits Scheme, is thoroughly explained to them prior to their entry into the community;
- b. Honour its obligations under the Declaration of Human Rights and recognize national and international law when making decisions regarding policy that impact on refugee and asylum seeker health;
- c. Establish an independent national preventative mechanism with power to investigate and advise on the health status of refugees and asylum seekers living in the community and held in detention, consistent with the recommendations of the Australian Human Rights Commission;
- d. Support research into the health impacts of the challenges faced by refugees and asylum seekers, policies relating to refugees and asylum seekers, and the benefits of prompt, accessible, equitable and culturally appropriate health care upon arrival;
- e. Provide all asylum seekers with equitable access to Australian health care;
- f. Minimise the detrimental health impacts of detention by:
 - i. Actively seeking alternatives for detention of asylum seekers;
 - ii. Implementing a legally binding maximum time to be spent in detention and minimising the time spent in detention facilities to reduce health impact;
 - iii. Finding alternatives to indefinite detainment of asylum seekers given adverse security assessments by Australian Security Intelligence Organisation, particularly in the case of children;
 - iv. Ceasing the practice of offshore detention and processing;
 - v. Ensuring that detention of any child is used only as a last resort for the shortest possible time and immediately removing all unaccompanied minors from places of detention;
 - vi. Enhancing available mental health services, including training healthcare professionals working in detention to recognize and treat victims of torture and trauma, and respond appropriately to those in danger of self-harm and mental illness;
 - vii. Encouraging regular use of available health resources;
 - viii. Ensuring adequate health and living standards at all detention facilities, including offshore detention centres;
 - ix. Maintaining family units wherever possible;
- g. Consider the health implications of restricting working rights for asylum seekers on bridging visas, including the risk of:
 - i. Inducing feelings of social isolation and powerlessness, therefore potentially increasing the likelihood of mental illness;
 - ii. Confinement to impoverished conditions, detrimentally influencing nutrition, mental health and family units;
 - iii. Creating situations in which asylum seekers may be more vulnerable to exploitation in illegal work environments or criminal activity;
- h. Ensure accountability and transparency in all activities relating to the processing and detention of refugees and asylum seekers;

AMSA Council calls upon:

- 4. AMSA Executive to:
 - a. Where appropriate, publicly support and collaborate with organisations and initiatives that work to improve conditions that affect the health of refugees and asylum seekers through direct statements, projects and campaigns;
 - b. Where appropriate, lobby State and non-State actors to pursue the recommendations of this policy document as per points 3 a-f;

- c. Actively advocate institutional and curricular reforms by Australian medical schools to include content related to refugee and asylum seeker health as per points 2 a-e;
- d. Encourage and support educational and service activities pertaining to refugee and asylum seeker health issues among AMSA ThinkTanks, local Global Health Groups, Medical Students Societies and individual members-at-large.

Appendix to Policy

Definitions

Refugee:	The Convention and Protocol define Refugees as persons who <ul style="list-style-type: none"> • are forced to migrate as a result of persecution, or fear of persecution, based on race, religion, nationality, membership of a particular social group, or political group; • reside outside of their country of nationality, and; • are unable or unwilling to return to their country of origin due to fear of persecution.
Asylum Seeker:	Asylum seekers are defined as persons who have lodged a claim, but are waiting for the country of asylum to accept or reject that claim [[6]].
Immigration Detention Facilities:	There are various types of immigration detention facilities in Australia that range in security level and services provided: high security immigration detention centres, lower security immigration residential housing, immigration transit accommodation, and various arrangements classified as 'alternative places of detention' [[7]].
Inequity:	Health inequities exist when avoidable inequalities in health persist between groups of people. Inequities result from inequality in social and economic conditions that determine risk of illness as well as inequality in the actions taken to prevent or treat illness [[8]].

Justification

Immigration policy pertinent to refugees and asylum seekers is complex and a highly political topic. It is emphasised that this policy document is concerned with immigration policy insofar as it impacts on the health of refugees and asylum seekers. Some associated issues, most notably detention, are addressed because they are a major determinant of health for refugees and asylum seekers, but the focus remains on the universal right to health.

Refugee and asylum seeker health issues:

Refugees and asylum seekers may have been exposed to a range of conditions that may predispose them to poorer health. These conditions include overcrowding, poor water safety, poor sanitation and nutrition, increasing risk of communicable disease, with little or no health care (this is particularly true for those who have spent time imprisoned or in refugee camps). In addition, many refugees and asylum seekers have been exposed to an extensive history of persecution and armed conflict, and may have experienced the threat of, or actual, physical violence. This may include violence directed towards women and children, and sexual assault resulting in increased risks of Sexually Transmitted Infections, HIV/AIDS, and unsafe abortion.

Exposure to these conditions puts refugees and asylum seekers at an elevated risk of a variety of conditions [[9]], including:

- Under recognised and under managed chronic disease, such as anaemia, asthma, chronic obstructive pulmonary disease, diabetes mellitus, dyslipidaemia, hypertension, vitamin D deficiency
- Infectious diseases including HIV, TB, chronic hepatitis B, and intestinal parasites
- Poor oral health, due to poor nutrition and diet, poor dental hygiene practices, and limited access to dental care
- Delayed growth or development in children
- Mental health disorders such as post traumatic stress disorder, anxiety, and depression, which may lead to self harm and attempts to commit suicide
- Direct physical consequences of armed conflict and torture

Refugees who have been granted asylum in Australia have access to similar services as an Australian citizen, including Medicare [[10]]. In addition, the Australian government provides a variety of specific support programs such as the Humanitarian Support Services and the Community Assistance Support Program [[11],[12]]. Despite Medicare funded access to health services, many barriers to health remain including language, financial hardship, lack of health education, and limited knowledge of the Australian health care system [[13]]. Furthermore, there is evidence that many health care providers are not adequately prepared for the challenges of working with refugees and asylum seekers which further threatens the health status of this already vulnerable group [[14]].

Unique challenges of asylum seekers:

Persons who arrive in Australia seeking asylum without a visa are automatically detained. As of June 2012, there were 7252 people held in various immigration detention facilities. The vast majority of detainees are asylum seekers that arrived in Australia by boat [[15]]. A 2010 government funded independent investigation into the health conditions in detention facilities reported frequent use of health care services by detainees and particularly poor mental and physical health of persons detained for more than 24 months. Of particular concern were the findings that the incidence of mental health problems increased with time spent in detention and that asylum seekers suffered more mental health problems than other groups in detention [[16]]. Conditions experienced in detention likely contribute to increased risk including loss of liberty, uncertainty, social isolation, riots, forceful removal, and hunger strikes [[17]].

For asylum seekers being held within detention facilities primary health care and mental health services are provided by a DIAC contracted detention health provider and referral is available for secondary health needs. All asylum seekers are offered a health induction assessment upon entering detention and a health discharge assessment is conducted prior to exit [[18]]. Similar health services are provided for asylum seekers in community detention, again by the DIAC contracted detention health provider [[19]]. Asylum seekers residing in the community on a bridging visa are dependent on local non-governmental organizations for health care or must pay out of pocket. Assistance, including health care, is available through the Asylum Seeker Assistance Scheme (ASAS), for those meeting certain criteria including financial hardship [[20]].

Children in detention are at particular risk for mental and physical health issues. The 2005 amendment of the 1958 Migration Act to affirm that children should only be detained as a measure of last resort [[21]] Although all children have been moved out of high security detention centres, as of January 2013 there were 1000 children in various other immigration detention facilities either on the mainland or on Christmas Island and 923 residing in community detention [[22]] The continued detainment of children, other than as a last resort, is in direct violation of Australia's commitment to the Convention on the Rights of the Child [[23]].

Children are at risk of mental health illness, potentially leading to self-harm resulting from pre-migration exposure to trauma [[24]]. An inquiry by the Australian Human Rights Commission found that Australian immigration detention facilities have serious and detrimental impacts on the mental health of child detainees. The same inquiry detailed a range of concerns that compromised child health including the physical environment, inadequate nutrition, inadequate dental care, and insufficient health care [[25]].

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Policy Details

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