

POSITION STATEMENT

Refugee and Asylum Seeker Health and Wellbeing

2023

Preamble

The Australian Medical Association maintains that those who are seeking, or who have been granted asylum within Australia have the right to receive appropriate medical care without discrimination, regardless of citizenship, Medicare status, or ability to pay. Like all people seeking health care, asylum seekers and refugees in Australia, or under the protection of the Australian Government, should be treated with compassion, respect, and dignity.

1. The AMA affirms that...

- 1.1 Equitable, accessible, and appropriate health care must be provided to all those who seek asylum in Australia, at all stages during their asylum-seeking journey.
- 1.2 Asylum seekers and refugees often have complex physical and mental health needs, and as such additional care should be taken to ensure they are able to access high quality, culturally appropriate, and comprehensive healthcare.
- 1.3 All forms of detention – onshore and offshore, particularly when prolonged or indefinite, harm the mental, physical, and sociocultural health of those seeking asylum. Detention in immigration detention centres should only be used as a last resort, and for the shortest practicable time. It should not be used as a solution for asylum seeker processing or as a deterrent to seeking asylum.
- 1.4 Processing procedures must support and encourage asylum seeker health and wellbeing.
- 1.5 Refugees and asylum seekers are a vulnerable population due to the complex circumstances that lead to people seeking asylum. Detention is not appropriate for children, who are especially vulnerable.
- 1.6 To meet their duty of care to patients who are refugees and asylum seekers, medical practitioners must be appropriately trained and supported.
- 1.7 Doctors may need to speak out in support of ethical care and insisting their patients' rights are upheld. To achieve this, doctors require reasonable professional autonomy and clinical independence.
- 1.8 The Declaration of Geneva prohibits medical practitioners from authorising or participating in any form of inhumane treatment or punishment of their patients.

2. Calls on the Commonwealth government to...

2.1 Regarding healthcare and government service provision:

- (a) Ensure all asylum seekers and refugees are provided with the option to undergo comprehensive and timely health assessments in a culturally appropriate manner by suitably trained medical practitioners as part of a primary health care team. This assessment should be used to establish ongoing care with appropriate and descriptive records of asylum seekers' health being recorded on a regular basis to enable multidisciplinary teams and healthcare providers to give effective ongoing care.
- (b) Ensure health care is provided without financial barriers to asylum seekers.
- (c) Ensure all asylum seekers and refugees in Australia have timely access to:
 - Medicare and the Pharmaceutical Benefits Scheme
 - welfare benefits and community support services
 - mental health supports, including to appropriate psychotherapy
 - appropriate and comprehensive disability support services where required
 - school and early childhood education
 - employment supports

- appropriate settlement supports.
 - (d) Provide catch-up immunisation programs for children and young people, including all vaccines on the Australian Immunisation Schedule, COVID-19 vaccination, influenza vaccination, and population-specific vaccines as required.
 - (e) Ensure that adequate, ongoing funding is provided to all health care services providing refugee and asylum seeker health care.
- 2.2 Regarding the processing of visas and applications for asylum:
- (a) Allow asylum seekers and refugees to live in the community while their claims for asylum are being processed.
 - (b) Ensure a pathway to permanent resettlement in Australia exists for all asylum seekers and refugees in Australia and those who were evacuated from Nauru or Papua New Guinea for medical treatment and those who remain in Nauru and Papua New Guinea.
 - (c) Commit to the timely processing of all applications for asylum made onshore and offshore.
- 2.3 Regarding immigration detention:
- (a) Detention facilities are unacceptable for children and their families. Families should be housed together wherever possible, and an unaccompanied child should never be placed in detention facilities and should be provided in safe community-based accommodation with appropriate carers.
 - (b) The remaining people from offshore detention should be relocated to mainland detention services.

3. Calls on health service providers to...

3.1 All healthcare providers:

- (a) Ensure asylum seekers and refugees can access empathetic and culturally appropriate healthcare without financial barriers.
- (b) Avoid the use of mechanical restraints except in extenuating circumstances where it is deemed clinically necessary by a medical practitioner.
- (c) Acknowledge the specific health, social and cultural needs of refugee women and women who are seeking asylum and provide services accordingly. This includes interpreter services to protect patient confidentiality.
- (d) Ensure interpreters are always available, to enable accurate assessment and appropriate care to be provided to people from non-English speaking backgrounds, and that there is clear and accessible signage empowering patients to request these services.
- (e) Provide timely comprehensive health assessments to all people seeking asylum. Regarding children and young people, care should be informed by The UN 1989 Convention on the Rights of the Child, recognising the vulnerability of health and wellbeing of children & young people seeking asylum. This includes being able to provide accessible catch-up immunisation programs for all children and young peoples, as well as monitoring their growth and development.
- (f) Link patients with specialist services as appropriate, to ensure asylum seekers and refugees' ongoing health needs are met.
- (g) Ensure patient care governance including best clinical practice and ethical guidelines exist at their service for refugees and asylum seekers.
- (h) Avoid turning away an asylum seeker or refugee from seeking emergency care.
- (i) Ensure all asylum seekers and refugees are accurately identified in medical records, to enable specific services to be offered as appropriate.
- (j) Provide staff training in:
 - immigration health, including disease and morbidity profiles among asylum seekers and refugees
 - the psychological impact of fleeing persecution and being subject to immigration detention
 - the role of health service providers in destination countries in promoting good health and wellbeing.

3.2 Individual medical practitioners providing care to refugees and asylum seekers:

Act in the best interests of the patient, to provide humane, evidence-based, and culturally appropriate care, that takes account of the specific health needs of refugees and asylum seekers.

- (a) Not authorise or approve any physical punishment, nor participate in any form of inhumane treatment of refugee and asylum seeker patients; and not authorise the use of any physical or chemical restraints unless there is a clear clinical indication.
- (b) Maintain appropriate clinical skills and knowledge to provide best practice care tailored to the needs of refugees and asylum seekers, including participating in continuing professional development activities.
- (c) Where needed, advocate for best practice, ethical care for refugee and asylum seeker patients.

4. Calls on medical education and training bodies to...

4.1 Medical schools, medical education providers, and medical specialist colleges:

- (a) Provide training in refugee and asylum seeker health, including disease and morbidity profiles, the psychological impact of fleeing persecution and immigration detention.
- (b) Educate on the role of health service providers in destination countries in promoting good health and wellbeing.
- (c) Ensure refugee and asylum seeker health forms part of formal assessment.

Background

At mid-2022, there were an estimated 103 million forcibly displaced people worldwide. Of these, 32.5 million were refugees and 4.9 million were asylum-seekers.¹ Over half the world's refugees, and a large proportion of those that arrive and live in Australia, are children.^{2,3} Refugees and asylum seekers experience a wide variety of physical and psychological health problems and have different health needs depending on their country of origin, migration journey, individual circumstances, and underlying health conditions. Refugees and asylum seekers often experience poverty, war, conflict, natural disasters, and economic crisis.⁴ Compounding this is the complex and often long journey required to reach their destination country. Limited access to food, water, sanitation and hygiene services, and medical care contributes to a high burden of both communicable and non-communicable diseases, whilst living in proximity with others increases the risk of transmissible diseases and outbreaks. Additionally, traumatic experiences before, during, and after fleeing their home country predispose refugees and asylum seekers to poor mental health and the sequelae of complex trauma.^{5,6} Children are particularly susceptible to the physical and psychological impacts of migration and trauma, and often suffer impaired cognitive and social development because of experiences before, during, and after their journey.^{7,8}

Healthcare access in Australia

Australia has a universal healthcare system ('Medicare'), under which eligible people can access essential medical services either free of charge or at a subsidised price.⁹ All people with refugee status who hold permanent or temporary visas have access to Medicare-funded services.^{10,11} Those who are not eligible for Medicare, including asylum seekers living in the community on bridging visas, may be eligible for support under the Status Resolution Support Services program, which provides assistance in accessing healthcare as well as education, accommodation, income support, and other services.^{12,13}

Health assessments and screening

People seeking asylum should have both pre-departure and post-arrival health screening, however this varies from country to country and is not always conducted. Upon arrival to Australia, all people who are seeking or who have been granted asylum should have a comprehensive health assessment, including a migration history, full medical, developmental and psychosocial history, physical examination, appropriate investigations, and development of a management plan, which may include referral to specialist practitioners.^{14,15} The Australasian Society of Infectious Diseases recognises that this assessment and management should ideally occur within one month of arrival to Australia, but can be offered any time.¹⁶ Refugee health assessments are funded up to one year post arrival or eligible visa grant date through the Medicare Benefits Schedule.¹⁷

Mental health and trauma informed care

The uncertainty of seeking asylum including indefinite detention periods, uncertain processing times and procedures, and temporary protection visas causes extreme distress and negative health consequences. Asylum seekers and refugees have often experienced complex trauma and are at particular risk of mental illnesses including post-traumatic stress disorder, anxiety, and depression.¹⁸ Traumatic experiences include, but are not limited to, persecution, war and conflict, torture, forced migration, loss of loved ones, physical and/or sexual violence, and poor living conditions. This is often compounded by a long migration journey, prolonged periods of uncertainty, or being subjected to immigration detention after arrival in their destination country. Trauma-informed care (TIC) recognises that the impacts of trauma are varied and complex, and ensures care provided is sensitive and does not cause re-traumatisation. This approach is complex, and involves inter-professional collaboration, a deep understanding of the health effects of trauma, and a patient-centred communication and care model which aims to promote trust and autonomy.^{19,20} TIC may lead to improved mental health outcomes, and should be standard of care for asylum seekers and refugees.^{21,22}

Immigration detention

The Human Rights Commission's 2015 report *The Forgotten Children*, recognises that immigration detention is particularly harmful to children's mental and physical health.²³ The 1989 Convention on the Rights of the Child, ratified by Australia in 1990, states that "in all actions concerning children...the best interests of the child shall be a primary consideration", and that children must "receive appropriate protection and humanitarian assistance".^{24,25} Accordingly, Australia has a duty to provide children seeking asylum and their families with an environment that is conducive to good health and development.

Any person subjected to prolonged immigration detention faces profound uncertainty, hopelessness and fear for their future. Visiting physicians have reported a heavy security presence, restriction of liberty, de-personalising use of identification numbers, institutional living conditions and inadequate feminine hygiene, describing the environment as 'like a prison'.²⁶ This combination of the detention process, living environment and lack of control over key determinants of health culminates in high rates of mental health problems, self-harm and attempted suicide in this group.

Related AMA policies

AMA Code of Ethics 2004. Editorially Revised 2006. Revised 2016

AMA Position Statement on Medical Ethics in Custodial Settings 2013. Amended 2015

See also:

Royal Australian and New Zealand College of Psychiatrists

- Position Statement 52 'Children in immigration detention' (2015)
- Position Statement 46 'The provision of mental health services to asylum seekers and refugees' (2012)

RACP Position Statement: Refugee and Asylum Seeker Health' (2015)

RACGP Position Statement Healthcare for refugees and asylum seekers

RACGP Standards for health services in Australian immigration detention facilities

ANZCA Position statement Health of people seeking asylum

ACEM Position Statement December 2019 Asylum seeker health

The Australasian Society for Infectious Diseases Refugee and Asylum Seeker Health Statement

RANZOG Position Statement Health of women seeking asylum, refugees and women held in detention

WMA Declaration of Geneva- The Physician's Pledge

Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948

Editorially revised by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005

and the 173rd WMA Council Session, Divonne-les-Bains, France, May 2006

and the WMA General Assembly, Chicago, United States, October 2017.

WMA Declaration of Seoul on Professional Autonomy and Clinical Independence

Adopted by the 59 WMA General Assembly, Seoul, Korea, October 2008

And amended by the 69 WMA General Assembly, Reykjavik, Iceland, October 2018

WMA Declaration of Tokyo – Guidelines for Physicians Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment.

Adopted by the 29 World Medical Assembly, Tokyo, Japan, October 1975

Editorially revised by the 170 WMA Council Session, Divonne-les-Bains, France, May 2005

and the 173 WMA Council Session, Divonne-les-Bains, France, May 2006

Revised by the 67 WMA General Assembly, Taipei, Taiwan, October 2016

United Nations Convention on the Rights of the Child November 1989

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- ¹ United Nations High Commissioner for Refugees (2022) *Refugee data finder*.
- ² United Nations High Commissioner for Refugees (2022) *Children*.
- ³ Australian Refugee Health Guide (2022) *Children*
- ⁴ World Health Organization (2022) *Refugee and migrant health – key facts*.
- ⁵ American Psychiatric Association (2018) *Mental health facts on refugees, asylum-seekers, and survivors of forced displacement*.
- ⁶ World Health Organization (2021) *Mental health and forced displacement*.
- ⁷ United Nations High Commissioner for Refugees (2017) *UNHCR’s position regarding the detention of refugee and migrant children in the migration context*.
- ⁸ United Nations High Commissioner for Refugees (1994) *Refugee children: guidelines on protection and care*.
- ⁹ Services Australia (2022) *About Medicare*.
- ¹⁰ Department of Home Affairs (2022) *Refugee and humanitarian program – protection visas (onshore)*.
- ¹¹ Department of Home Affairs (2022) *Refugee and humanitarian program – refugee visas (offshore)*.
- ¹² Department of Home Affairs (2022) *Status resolution service*.
- ¹³ Australian Refugee Health Practice Guide (2022) *Asylum seekers*.
- ¹⁴ Australian Refugee Health Practice Guide (2022) *Refugee health assessment*.
- ¹⁵ The Royal Children’s Hospital Melbourne (2022) *Initial assessment – health issues*.
- ¹⁶ Chaves, N et al (2017) *The Australian Society for Infectious Diseases and Refugee Health Network of Australia recommendations for health assessment for people from refugee-like backgrounds: an abridged outline*.
- ¹⁷ Department of Health and Aged Care (2018) *Medicare Benefits Schedule (MBS) health assessment for refugees and other humanitarian entrants*.
- ¹⁸ The Royal Australian and New Zealand College of Psychiatrists (2017) *The provision of mental health services for asylum seekers and refugees*.
- ¹⁹ The Royal Australian and New Zealand College of Psychiatrists (2017) *The provision of mental health services for asylum seekers and refugees*.
- ²⁰ Miller, K (2019) *Applying trauma-informed practices to the care of refugee and immigrant youth: 10 clinical pearls*.
- ²¹ Slobodin, O and de Jong, J (2015) *Mental health interventions for traumatised asylum seekers and refugees: what do we know about their efficacy?*
- ²² The Royal Australian and New Zealand College of Psychiatrists (2017) *The provision of mental health services for asylum seekers and refugees*.
- ²³ Australian Human Rights Commission (2014) *The forgotten children: national inquiry into children in immigration detention*.
- ²⁴ Australian Human Rights Commission (2022) *About children’s rights*.
- ²⁵ United Nations Human Rights office of the High Commissioner (1989) *Convention on the rights of the child*.
- ²⁶ The Royal Australasian College of Physicians (2016) *RACP submission: conditions and treatment of asylum seekers and refugees at the regional processing centres in the Republic of Nauru and Papua New Guinea*.