

## Australasian College for Emergency Medicine

# Position Statement

### Health of People Seeking Asylum

The Australasian College for Emergency Medicine considers health<sup>[1]</sup> a fundamental right for all people, including those seeking asylum in Australia. This statement relates to the health of people seeking asylum.

#### The College:

- supports the humane and dignified treatment of all people seeking asylum, regardless of the circumstances of their arrival;
- considers that the conditions of offshore and regional processing centres are detrimental to the health of people seeking asylum, in particular to their mental health; and
- opposes mandatory detention, especially of children.

ACEM has three principle areas of concern that affect access to healthcare services and are detrimental to the general health of people seeking asylum in Australia.

1. The unpredictability and indefinite nature of immigration detention, as a significant contributing factor to the deterioration of physical and, especially, mental health of people seeking asylum.
2. The detention of children in any form for any significant length of time is detrimental to the health and wellbeing of the child.
3. The challenging physical conditions and geographical isolation of remote island environments chosen for offshore detention centres provide obstacles to the maintenance and promotion of physical and mental health of people seeking asylum, as well as to the timely and adequate provision of appropriate medical care.

## Document review

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Document maintenance:	Department of Policy and Strategic Partnerships

## Revision history

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Version	Date	Revisions
v1	Jul-15	N/A
v2	Nov-19	Content updates to reflect contemporary context
v3	Nov-22	Updates to College position and evidence

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# 1. Background

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## 1.1 Overview

According to the United Nations (UN) Refugee Agency, 'asylum seeker' is a general term for someone seeking international protection, however, it can also apply to someone who has applied for refugee status but has not yet received a final decision on their claim. The term refugee can refer to somebody who meets the eligibility criteria under an applicable refugee definition, as provided for in international or regional refugee instruments, under UNHCR mandate, or in national legislation. <sup>[1,2]</sup>

People may be seeking refuge as a result of conflict, persecution because of religion, race, nationality, membership of a particular social group, political opinion, and effects of climate change. It is important to note that asylum seekers awaiting the outcome of their applications in Australia can be either in detention or in the community under temporary protection visas (TPVs). TPV holders have restricted access to healthcare, education, and work, as well as no opportunity for overseas travel and therefore, are ineligible for migration to family reunions which can lead to further distress. <sup>[3-6]</sup>

Australia and Aotearoa New Zealand both utilize detention in order to process and hold refugees and people seeking asylum who are awaiting the outcome of their application. <sup>[5]</sup>

## 1.2 Long term detention

There is a significant body of evidence that prolonged and indefinite detention, combined with the uncertainty of application outcomes, adversely affects both the physical and mental health of people seeking asylum. Higher rates of infectious disease compared to the general population have been also reported, particularly for tuberculosis, hepatitis, malaria, and some infectious skin conditions. Inadequate access to basic facilities in detention centres can also result in negative health outcomes for asylum seekers, including lack of consistent access to clean drinking water. <sup>[7-14]</sup>

ACEM considers the conditions in offshore and regional processing centres inadequate to provide for the health care needs of people seeking asylum. Lack of health infrastructure and adequate primary care can exacerbate minor conditions, consequently leading to life-threatening or serious illness. In 2011, 50 per cent of immigration detainees were found to have attended the emergency department of the Royal Darwin Hospital at least once due to the inadequate provision of primary healthcare. <sup>[12]</sup>

## 1.3 Detrimental health consequences

Mandatory detention is particularly detrimental to the long-term mental health of people seeking asylum, with detention for both prolonged and uncertain periods of time found to cause and worsen mental health conditions. In 2020-21 there were 195 reported incidents of self-harm across Australia's immigration detention network, constituting 12.9 per cent of all people in detention centres, or 12,880 per 100,000 population. This compares to a rate of self-harm in the general Australian population of 116 per 100,000. Numerous factors associated with immigration detention can impact negatively on people seeking asylum, including remoteness, overcrowded conditions, and a lack of meaningful activities. <sup>[6-9]</sup>

Harm accumulation in prolonged detention and temporary protection can result in increased comorbidity. People seeking asylum are often fleeing conflict zones or persecution and being in prolonged detention exacerbates mental health issues for an already vulnerable population. This is exemplified through a study that found that the prolonged detention and temporary protection contributes significantly to the risk of ongoing depression, post-traumatic stress disorder and mental health related disability in refugees. In addition, it highlights the increase in comorbidity, including physical conditions, as a result of mental distress. <sup>[7]</sup>

## 2. ACEM Position

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ACEM strongly believes that healthcare must be provided in a non-discriminatory fashion to those seeking asylum, irrespective of their mode of arrival or basis of their claims. Evidence demonstrates that mandatory detention places additional stress on the mental and physical health of individuals. ACEM considers this situation both unsustainable and unethical.<sup>[7-9]</sup> Timely and efficient processing of people seeking asylum will mitigate the serious negative mental and physical health impacts on asylum seekers caused by prolonged uncertainty of claim outcomes. This includes having available community alternatives that can promote settlement and aid the sense of community and belonging.<sup>[10-14]</sup>

ACEM also considers the standard of care that is currently provided in immigration detention centres is below that considered acceptable or expected for any patient within Australia, further compromising the health of those people in detention. Where detention is absolutely necessary, improved access to primary and urgent and/or emergency care in detention facilities is essential for the provision of adequate healthcare for people seeking asylum. Organisations experienced in the provision of health services, according to Australian standards, should be able to provide patient care for people seeking asylum. Furthermore, the provision of these services according to national standards should be monitored and reported.

## 3. Access to Emergency Care

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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, visa status or ability to pay. However, the current lack of appropriate support through trauma informed care, has led to refugees and people seeking asylum, being high frequency users of EDs.

The lack of appropriate, trauma informed care services available for people seeking asylum and refugees can cause some individuals to experience severe distress and behavioural problems, with ED admissions often the only intervention available. Due to the high volume of ED patient presentations, coupled with years of underinvestment and resourcing in EDs, they are often very challenging places to manage people experiencing severe distress and/or behavioural disturbances. Medical personnel are managing high numbers of patients and may lack appropriate space to provide appropriate care. Although care episodes for people seeking asylum and refugees experiencing behavioural disturbances are infrequent, they are severely distressing situation for patient and staff. A lack of training in trauma informed care of people with severe behavioural disturbances is also a substantial risk to the safety of the patient, and the safety of ED staff. Due to limited funding for adequate specialist support workers and translation services, those who need more intensive support will often attend the ED alone. This may lead to communication barriers between the patient and the ED staff and missed care opportunities.<sup>[7, 15-20]</sup>

It is a form of moral injury for medical personnel to return their patients to long term detention, an unsafe environment that is affecting their mental and physical health. ACEM members have reported feeling distressed when facing instances of having to discharge refugee patients back into detention, with cases of hospitals refusing to do so.<sup>[21-25]</sup>

Lack of access to Medicare creates significant barriers to maintaining health and is likely to lead missed opportunities to intervene with conditions early. This will lead to a higher chance of requiring care in the ED which has dual costs in terms of patient outcomes and system costs.

## 4. Additional considerations

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### 4.1 Promoting settlement

Access to crisis support is pivotal to both reducing avoidable ED presentations, as well as providing the support necessary to improve the experience should an ED presentation be required, including to aid communication and advocacy. However, improving access to specialist community supports, including specialist mental health care should be a priority. This enables early intervention to address health and behavioural issues before they escalate to a crisis.<sup>[26-30]</sup>

The ongoing availability of resettlement support, including linking people seeking asylum with services providing mental health care as well as those looking after routine physical care, are integral to creating a sense of safety and improving quality of life. For example, research highlights that poor access to dental care was observed to cause serious stress for 34 per cent of TPV holders, with a lack of access to counselling observed to cause serious stress for 27 per cent. With mental health issues prevalent within this community, it imperative to provide resettlement services that include counselling, especially as alienation and lack of social support for refugees exacerbate resettlement trauma. Access to basic physical health care such as dental services, is also a vital element of this transition. <sup>[7, 24, 25]</sup>

Being able to address social determinants of health such as the cost of healthcare, are important in ensuring that care is provided in the most appropriate settings for vulnerable communities that need this support. <sup>[20]</sup>

## 4.2 Children as a special consideration

ACEM believes that the protection and promotion of the health and wellbeing of children during the asylum-seeking process deserves particular care and attention, by virtue of their physical and psychological vulnerability. Mandatory detention affects both children's physical and emotional wellbeing, significantly impacting their development. <sup>[7]</sup>

Children in immigration detention will have had exposure to psychologically distressing experiences and behaviour, both pre-migration and within immigration detention centres. This will include having witnessed episodes of violence (including assaults and sexual assaults), as well as various mental health issues affecting their families and those around them. Children detained in offshore immigration detention centres also report experiencing high levels of psychological, physical, and developmental distress, with the rate of mental health disorders significantly higher in children in immigration detention centres, compared with children in the wider Australian community. Reported mental health problems include anxiety, nightmares, self-harming, nail biting and bed wetting and issues with appetite. <sup>[6,13,14]</sup>

In addition to this, studies have found that while the length of detention directly correlates with decline in health and well-being, mental health effects persist for prolonged periods post detention, especially for children. Furthermore, long-term effects of stress on children, both acute and chronic, impact negatively on brain chemistry and anatomy, as well gene expression. This can result in lifelong problems in learning, behaviour, and physical and mental health. <sup>[7,24,31]</sup>

ACEM supports the position that the best interests of the child should be the primary consideration in all actions concerning children. <sup>[15]</sup> The detention of children should not occur.

## 4.3 Advocacy and ethical considerations

ACEM believes that the ethical challenges posed to doctors working in immigration detention centres are a significant area of concern, with a number of associated ethical challenges including:

- Requests to complete tasks inappropriate in the context of health care (for example, receiving requests from the Department of Immigration and Border Protection to refer patients for age assessment).
- Conflicts of interest for health care workers who feel an ethical responsibility to raise their concerns regarding the treatment of people seeking asylum publicly versus the obligations to their employer. <sup>[16]</sup>

ACEM is also gravely concerned at the introduction of legislative changes which will see doctors (and other immigration facility staff including nurses and teachers) working in immigration detention centres face up to two years in prison should they publicly discuss the conditions in these centres. <sup>[17-20]</sup>

A doctor's primary ethical responsibility is to their patient, and ACEM supports the right of all doctors to deliver medical care, which is in the best interest of the patient, including those who are seeking asylum in Australia.

The provision of medical care in detention centres is challenging for health care workers due to isolation and constrained resources. Health care workers should be enabled to provide an appropriate standard of care to patients. They should not be required, or feel compelled, to deliver treatments or patient management that would not be considered acceptable (or accepted as a standard of care) in Australia.

## 5. Recommendations

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1. People seeking asylum, both with TPVs and in detention, deserve to receive appropriate medical care without discrimination, regardless of citizenship, visa status, or ability to pay. <sup>[25]</sup>
2. Due to ongoing detention, mental and physical harms accumulate. To prevent further harm, offshore detention should be ended, with on-shore detention minimised and undertaken under humane conditions. ACEM recommends community alternatives to detention. <sup>[7,24,25]</sup>
3. Including training in refugee and asylum seeker health issues in professional medical education programs. This includes trauma informed care to ensure that all medical professionals are able to appropriately provide medical care to this community. <sup>[24,27]</sup>
4. All people seeking asylum and refugees, independent of their citizenship or visa status, should have universal access to basic health care. This includes dental services, counselling, and educational and training opportunities. <sup>[7,25]</sup>

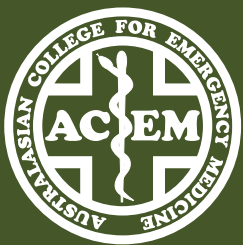
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