



Australasian College for Emergency Medicine

Position Statement

Asylum seeker health

The Australasian College for Emergency Medicine considers health¹ a fundamental right for all people, including those seeking asylum in Australia. This statement relates to the issue of asylum seeker health and relates to the Australian context only.

The College:

- supports the humane and dignified treatment of all refugees and asylum seekers, regardless of their mode of arrival;
- considers the conditions of offshore and regional processing centres can potentially be detrimental to the health of asylum seekers, in particular to their mental health; and
- opposes mandatory detention of asylum seekers, especially of children.

Of the many health issues affecting asylum seekers, ACEM has three principle areas of concern that affect access to healthcare services and are detrimental to the general health of peoples seeking asylum in Australia.

- The unpredictability and indefinite nature of immigration detention, as a significant contributing factor to the deterioration of physical and, especially, mental health of asylum seekers.
- The detention of children in any form for any significant length of time is not within the best interest of the health or wellbeing of the child.
- The challenging physical conditions and geographical isolation of remote island environments chosen for offshore detention centres. These circumstances provide obstacles to the maintenance and promotion of physical and mental health of asylum seekers, as well as to the timely and adequate provision of appropriate medical care.

Document review

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Background

Detrimental health consequences

There is a significant body of evidence that prolonged and indefinite detention, combined with the uncertainty of their application outcomes, adversely affects both the physical and mental health of asylum seekers.⁽¹⁻⁹⁾ Between 1 July 2010 and 20 June 2013, there were 12 deaths in immigration detention facilities, with subsequent coroner reports finding that six of these deaths were suicides.⁴ Higher rates of infectious disease compared to the general population have been also reported, particularly for tuberculosis, hepatitis, malaria and some infectious skin conditions [5]. Furthermore, inadequate access to infrastructure in detention centres can also lead to a number of issues that could potentially result in poor health for asylum seekers. This includes a lack of consistent access to clean drinking water, which has the potential to further contribute to negative health outcomes⁶.

ACEM considers the conditions in many offshore and regional processing centres inadequate to provide for the health care needs of asylum seekers. This is particularly salient for asylum seekers being held in offshore immigration detention centres, where lack of health infrastructure and adequate primary care can exacerbate minor conditions, consequently leading to life-threatening or serious illness. In 2011, 50% 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.⁷

Mandatory detention is particularly detrimental to the long-term mental health of asylum seekers, with detention for both prolonged and uncertain periods of time found to cause and worsen mental health conditions.^{1,2,3,4} In 2012-13 there were 846 reported incidents of self-harm across Australia's immigration detention network, constituting 12.9% of all people in detention centres, or 12,900 per 100,000 population; this is compared to the rate of self-harm in Australian in the general population of 300 per 100,000.⁴ Numerous factors associated with immigration detention can impact negatively on asylum seekers, including remoteness, overcrowded conditions and a lack of meaningful activities.⁴

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 and ACEM considers this situation both unsustainable and unethical.⁽¹⁻⁹⁾ ACEM therefore urges for the timely and efficient processing of asylum claims to their conclusion to mitigate the serious negative mental health impacts on asylum seekers due to the prolonged uncertainty of outcomes of their claims.

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

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 greater physical and psychological vulnerabilities. Mandatory detention affects both children's physical and emotional wellbeing, significantly impacting their development.⁸

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.^(4,8,9) 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.⁸

ACEM supports the position that the best interest of the child should be the primary consideration in all actions concerning child asylum seekers. The detention of children should be used only as a measure of absolute last resort, for the shortest period of time as possible, and never in a mandatory fashion.¹⁰

Advocacy and ethical considerations

ACEM believes that the ethical challenges posed to doctors working in immigration detention centres also represent a significant area of concern. Healthcare workers working in detention centres face a number of ethical challenges including:

- Requests to complete tasks inappropriate in the context of health care (e.g. 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 asylum seekers publicly versus the obligations to their employer.¹¹

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.¹²

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.

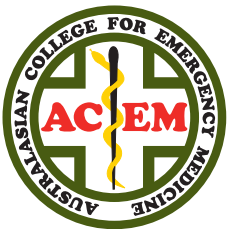
The provision of medical care in detention centres is challenging for health care workers due to isolation and constrained resources. Health care workers should be enabled to provide an appropriate standard of care to patients. They should not be required, or feel compelled, to deliver treatments or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

Following the introduction of the migration amendment (urgent medical treatment) bill on 3 December 2018 the medical community, the Australian Medical Association and the Royal Australian College of General Practitioners voiced support for the Bill, stating that asylum seekers and refugees have a right to appropriate medical care and that decisions about medical care should be made by medical practitioners and clinical experts.¹⁴

ACEM stands in support of this position.

References

1. Steel, Z. (2006). *Impact of immigration detention and temporary protection on the mental health of refugees*. British Journal of Psychiatry, 188, 58-64.
2. Silove, D., Austin, P., Steel, Z. (2007). *No refuge from terror: the impact of detention on the mental health*. Transcultural Psychiatry. September:44(3): 359-93
3. Royal Australian and New Zealand College of Psychiatrists. (2012). *Position Statement 46 The provision of mental health services to asylum seekers and refugees*.
4. Australian Human Rights Commission (2013). *Asylum seekers, refugees and human rights*. Sydney NSW. https://www.humanrights.gov.au/sites/default/files/document/publication/snapshot_report_2013.pdf (accessed 3 September 2014).
5. King K, Vodicka P. *Screening for conditions of public health importance in people arriving in Australia by boat without authority*. Med J Aust 2001; 175(11-12):600-2
6. Parliamentary Library of Australia (2013) *Health care for asylum seekers on Nauru and Manus Island* 28 June 2013 http://parlinfo.aph.gov.au/parlInfo/download/library/prspub/2552945/upload_binary/2552945.pdf;fileType=application/pdf (accessed 14 October 2014).
7. Swannel, C. *Serious gaps in detainees' health care*. 2013 Dec 16. In: Med J Aust Insights: Med J Aust. <https://www.mja.com.au/insight/2013/48/serious-gaps-detainees-health-care>
8. Human Rights and Equal Opportunity Commission (HREOC), (2004). *A last resort? National Inquiry into Children in Immigration Detention*. https://www.humanrights.gov.au/sites/default/files/content/human_rights/children_detention_report/report/PDF/alr_complete.pdf (accessed 14 October 2014).
9. Royal Australian and New Zealand College of Psychiatrists. (2011). *Position Statement 52 Children in Immigration Detention*.
10. United Nations High Commissioner for Refugees, (2012). *Detention guidelines: guidelines on the applicable criteria and standards relating to the detention of asylum-seekers and alternatives to detention*. <http://www.unhcr.org/505b10ee9.html>
11. Phillips, J., Spinks, H. (2013). *Immigration detention in Australia*. Parliamentary Library, Parliament of Australia Department of Parliamentary Services. <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query=Id%3A%22library%2Fprspub%2F1311498%22> (accessed 8 September 2014).
12. Australian Government (2015). Australian Border Force Act 2015. <https://www.comlaw.gov.au/Series/C2015A00040> (accessed 10 July 2015).
13. Office of the United Nations High Commissioner for Human Rights (2008). *The right to health – Fact Sheet No. 31*. United Nations, Geneva. http://www.who.int/hhr/activities/Right_to_Health_factsheet31.pdf?ua=1 (accessed 10 July 2015).
14. Parliamentary Library of Australia. (2018), *Migration Amendment (Urgent Medical Treatment) Bill 2018* https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/bd/bd1819a/19bd056
15. *Position Statement on ED Overcrowding (S57)*. Melbourne: ACEM 2018



Australasian College for Emergency Medicine

34 Jeffcott St
West Melbourne VIC 3003
Australia
+61 3 9320 0444
admin@acem.org.au

acem.org.au