



## STATEMENT ON THE HEALTH OF ASYLUM SEEKERS

### 1. PURPOSE AND SCOPE

This document is a statement of the Australasian College for Emergency Medicine (ACEM) and relates to the issue of asylum seeker health. This statement relates to Australia only.

### 2. POSITION

ACEM:

- Considers health<sup>1</sup> a fundamental right for all people, including those seeking asylum in Australia.
- 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.
- Opposes mandatory detention of asylum seekers, especially of children.

Of the many health issues affecting asylum seekers, ACEM has three principle areas of concern which affect access to health care services, and are detrimental to the general health of peoples 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 asylum seekers.
2. The detention of children in any form for any significant length of time is not within the best interest of the health or well-being of the child.
3. 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.

#### 2.1 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 infections [5]. Furthermore, inadequate access to infrastructure in detention centres can also lead to a number of issues that could

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<sup>1</sup> The right to health includes access to timely, acceptable, and affordable health care of appropriate quality [13].

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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 outcomes [6].

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 both cause and in fact 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.

## **2.2 Children as a special consideration**

ACEM believes that the protection and promotion of the health and well-being of children during the asylum seeking process deserves particular care and attention, by virtue of their greater physical and psychological vulnerabilities. Mandatory detention effects both children's physical and emotional well-being, 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 effecting 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].

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### **2.3 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.

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## 4. DOCUMENT REVIEW

Timeframe for review: every five (5) years, or earlier if required.

### 4.1 Responsibilities

Document authorisation: Council of Advocacy, Practice and Partnerships  
Document implementation: Policy and Research Department  
Document maintenance: Policy and Research Department

### 4.2 Revision History

| Version | Date of Version | Pages revised / Brief Explanation of Revision |
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