

# Position statement

## Refugee and asylum seeker health

May 2022

### Key messages

- People who are seeking asylum and safety should be welcome in Australia. Punitive policies such as mandatory detention of people seeking asylum must end.
- People who are refugees and seeking asylum experience poorer physical and mental health. This stems from their experiences of war, civil unrest and extended periods in refugee camps or countries of asylum, along with Australian government policies that limit their access to employment, health care, education and housing, and create long term uncertainty.
- The health system must ensure that barriers to accessing health care faced by individuals and families of refugee and asylum seeker backgrounds are removed, particularly through community driven approaches and employing bi-cultural workers.

### Introduction

Everyone has the right to have accessible and appropriate health care.

Individuals and families from refugee and asylum seeker background demonstrate extraordinary resilience and strength as they adapt to life in Australia.<sup>1</sup> They contribute to the rich diversity of the Australian community and bring with them skills and expertise.

People seek asylum due to persecution, fear and lack of safety in the own country. Under international law they have a right to seek asylum in Australia, however increasingly harsh policies have a huge impact on health and wellbeing due to ongoing visa uncertainty, indefinite detention and lack of access to Medicare and income support. These Australian government policies place enormous stresses on people of refugee and asylum seeker background, often over-riding their human rights, and significantly impacting on their health and wellbeing.

### Background<sup>2</sup>

As a signatory to the United Nations (UN) Refugee Convention, Australia accepts a number of humanitarian entrants every year.<sup>3</sup> In addition, under the same Convention,

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<sup>1</sup> <https://www.roads-to-refuge.com.au/settlement/settlement-contributions.html>

<sup>2</sup> Drawn from the RACGP Position Statement: [Healthcare for refugees and asylum seekers](#) (2015)

<sup>3</sup> For statistics, see the Refugee Council of Australia resources: <https://www.refugeecouncil.org.au/category/statistics/>

Australia has obligations to people who arrive in Australia and subsequently claim asylum. Both groups are likely to have significant physical and mental health problems, however, their care in Australia may differ according to their visa status.

Humanitarian entrants (also referred to as refugees) are individuals and families deemed in need of protection by the United Nations. Once in Australia, they may access Humanitarian Settlement Services, entitling them to case management, basic household packages and language services.

Under the UN Convention, it is legal to seek asylum. However, recent Australian Governments have chosen policy that detains people seeking asylum, denying them their rights and failing to treat them with the dignity everyone deserves. Those who arrive by boat live either in offshore detention, or on the Australian mainland in a variety of circumstances such as a restrictive facility, in community detention or in the community on temporary visas along with asylum seekers who arrive by plane. They may or may not have access to Medicare, Centrelink or work rights. They may be under the care of Government contracted services for medical support. The method of arrival (by boat, by plane with a valid visa or by plane without a valid visa) and the date of arrival determines a person's right to legal protection in Australia, and entitlements available, rather than their level of need.<sup>4</sup>

### **Health of people who are refugees and seeking asylum<sup>5</sup>**

People who are refugees and seeking asylum experience poorer physical and mental health because of experiences of war, civil unrest and extended periods in refugee camps or countries of asylum. Many experience traumatic events and losses and have undergone hardship during journeys of escape. People who are refugees and seeking asylum may have had limited or interrupted access to healthcare, particularly illness prevention, and come from or through countries that struggle to meet basic healthcare needs. They may also have been ineligible for care in countries of asylum.

On arrival, people who are refugees and seeking asylum face a range of disadvantages due to the interplay of language and cultural issues, the disruption associated with the refugee and resettlement experiences and adverse conditions in the community.<sup>6</sup>

Post-migration aspects of resettlement and acculturation can be difficult, particularly when facing uncertainty about visas and residency, and restricted access to employment and education, pathways that assist with resettlement. Despite their resilience, people who are refugees and seeking asylum often have increased rates of

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<sup>4</sup> <https://refugeehealthguide.org.au/asylum-seekers/>

<sup>5</sup> For more detail about the physical and mental health and wellbeing of people from refugee and asylum seeker backgrounds and services to support them see the [Victorian Refugee Health Network](#)

<sup>6</sup> DHHS (2019), [Refugee and Asylum Seeker Health Services: Guidelines for the Community Health Program](#)

mental health conditions, such as anxiety, depression and post-traumatic stress disorders.

People seeking asylum also have increased vulnerability because of the uncertainty and length of the visa determination process, extended periods in detention, the fact that many have left family members behind in countries experiencing war and conflict, and financial hardship. Detention of children and prolonged detention of adults has also been shown to cause a range of adverse long-term physical, psychological and developmental effects.<sup>7</sup>

### **Social and environmental impacts on health**

In addition to biological and medical factors many social, cultural and environmental factors underpin health and are primarily responsible for health inequities. These include income, employment, education, housing, experiences of racism and discrimination and isolation. These have an even greater impact on the health and wellbeing of people from refugee and asylum seeker background due to government policies that limit their access to these essentials of life.

Visa conditions for people seeking asylum may restrict their right to work, their entitlement to Medicare, their entitlement to government assistance for education and training, and give minimal or no access to social security. As a result, people who are refugees and seeking asylum commonly exist on very low or no incomes, often living in poor quality and insecure housing, working in casual, insecure jobs and too often the subject of racism and racial profiling.

Being unable to afford the basics of life – housing, food, utilities, medications, communications – and the constant anxiety and uncertainty this creates has a significant impact on mental health. The daily focus on survival and reliance on charities and community generosity also means that health issues may not get the attention they require, so existing health conditions are exacerbated, and new conditions develop.

Secure, affordable housing is particularly critical to provide the foundation from which individuals and families can establish themselves and engage with community, work, education and health care. However, over the past decade there has been a dramatic increase in the numbers of people from refugee and asylum seeker background experiencing homelessness. These families and individuals are sleeping rough; living in severely overcrowded dwellings; cycling through periods in emergency accommodation, often in unsafe and unsuitable settings; and having to move frequently to keep a roof over their heads.

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<sup>7</sup> <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/healthcare-for-refugees-and-asylum-seekers>

## Role of the health system

Accessible and culturally safe health care that operates from a social model of health is critical to respond to the complex health issues experienced by people who are refugees and seeking asylum. However, they face numerous barriers to access to health care, including<sup>8</sup>:

- Varying access to Medicare
- Inadequate access to language services
- No or low income so unable to meet out of pocket costs of health care and medications.
- Experiences of trauma and torture that may have ongoing impacts on access to care
- Limited health services that can provide care to people who are ineligible for Medicare. The cost of travel to the few available services can be prohibitive
- The competing demands of settlement, such as attending English language classes and obtaining work
- Lack of familiarity with Australian healthcare systems
- Lack of access to culturally safe health services.

The Victorian Government's [Refugee Health Program](#) aims to increase refugee access to primary health services and improve how health services respond to refugees' needs. The support this program provides is vital to improving the health and wellbeing of people from refugee and asylum seeker backgrounds.

Similarly, employing [bi-cultural workers](#) improves access to health services as they provide a vital cultural bridge between mainstream services and their communities, ensuring both greater engagement with communities, and improved delivery of services to diverse communities. They are employed to use their cultural knowledge, language skills, lived experience and community connections to work with people who they share a lived experience with and mainstream organisations. Bi-cultural workers elevate community voices, advocate for their needs, co-design and deliver programs, share information and facilitate cultural safety.

However, punitive Federal Government policies limit access to work rights, income support and Medicare, and visa policies leave people in uncertainty for years about their future, undermining the ability of people who are refugees and asylum seekers to improve their health and wellbeing.

Other sectors have stepped in to fill the void created by the withdrawal of Federal Government supports, including multicultural communities and health, community and faith-based charities and organisations. These organisations, including cohealth and other community health services, face increasing pressure as resourcing is insufficient to properly meet the need, particularly when unable to bill Medicare. Health services face challenges ensuring people receive the comprehensive care they need as it can be

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<sup>8</sup> DHHS (2019), [Refugee and Asylum Seeker Health Services: Guidelines for the Community Health Program](#)

difficult to follow up care with people who have to move regularly due to unstable housing, and paying for medications and other care essentials is impossible for someone without income.

### **Priorities for action**

- **Federal Government policy change** is urgently required to provide a humane and compassionate response to people who are refugees and seeking asylum and to ensure their human rights are upheld:
  - End imprisonment in offshore or onshore detention
  - End punitive policies that deny people seeking asylum the right to seek permanent residency
  - Assessment of protection claims should be made on the basis of a person's need, not the method or date of their arrival
  - Amend legislation to ensure that all people who are refugees and seeking asylum are eligible for the fundamentals to live a healthy life without having to seek charitable support:
    - Income support
    - Access to Medicare
    - Work rights
    - Safe housing
    - Educational opportunities
    - Adequate settlement support
  - Change the negative discourse about, and address racism towards, people of refugee and asylum seeker backgrounds and recognise their contributions and value to Australia.
  
- **State and Federal Governments to improve the access to health care by:**
  - Ensuring the health system is more capable of meeting the physical, psychological, cultural, linguistic and social needs of people from refugee and asylum seeker backgrounds, through embedding community led practice, such as codesign with communities
  - Supporting the employment of people from refugee and asylum seeker backgrounds, including bi-cultural workers
  - Ensuring interpreting and translating services are available when needed
  - Providing multidisciplinary health care
  - Ensuring providers receive comprehensive training on issues facing people of refugee and asylum seeker backgrounds, including use of interpreters and culturally safe practice
  - Ensuring access to pharmaceuticals and relevant diagnostic procedures for all refugees and asylum seekers, regardless of visa status

- **cohealth will:**
  - Continue to provide affordable, high quality, comprehensive health services to people of refugee and asylum seeker backgrounds
  - Support campaigns that seek to improve government policies in relation to people of refugee and asylum seeker background
  - Work with communities to elevate their voices, advocate for their needs, co-design and deliver programs, share information and facilitate cultural safety.