

Professor Peter Shergold
Australian Government
Department of the Prime Minister and Cabinet
Email: humanitarianoutcomes@pmc.gov.au .

Dear Professor Shergold,

Re: REVIEW INTO INTEGRATION, EMPLOYMENT AND SETTLEMENT OUTCOMES FOR REFUGEES AND HUMANITARIAN ENTRANTS

Thank you for providing the Australian College of Nursing (ACN) with the opportunity to contribute to the *Review into Integration, Employment and Settlement Outcomes for Refugees and Humanitarian Entrants* (14 December 2018). As the pre-eminent and national leader of the nursing profession, and a community of dynamic and passionate nurses, ACN would like to focus on 'health' as a critical factor in the successful settlement of refugees and humanitarian entrants in Australia.

Significant mental health deterioration is prevalent amongst refugees and humanitarian entrants whom are in long-term or indefinite detention and at threat of deportation. ACN understands the current system for processing refugees and humanitarian entrants is complex, delayed/prolonged and inconsistent, with limited provision of efficient and effective support services. This is contributing to increased risk of mental health incidence, exacerbating chronic health conditions for this group of individuals and jeopardising the positive integration, employment and settlement outcomes for refugees and humanitarian entrants. ACN believes accessible and culturally responsive health services have an important role to play in ensuring positive outcomes for these individuals.

ACN acknowledges there are several health services that currently provide valuable assistance to refugees experiencing a range of economic, social, environmental, and health issues. ACN would however like to take this opportunity to address concerns raised by nursing experts within our membership specialising in refugee/asylum seeker services. Several key issues which currently impact refugees were identified by our members. These are listed below:

- Refugees are under significant pressure to promptly secure long-term accommodation (generally within 4 weeks of arrival), leading to families or those with disabilities often securing unsafe or inappropriate housing.
- Changes to the Status Resolution Support Scheme is increasing the risk of homelessness and health crises for individuals due to inability to buy food, essential medications and/or access primary health consultations and public transport to access health services.
 - There are vulnerable groups of refugees who are not receiving income support (e.g. those with departure visas unable to find work who were transferred due to psychiatric and/or medical reasons; those who arrived on a specific visa and then sought asylum for reasons such as fleeing domestic violence must wait for the original visa to expire before seeking income support)

- There are vulnerable groups of refugees being removed from the Status Resolution Support Service (SRSS) program (e.g. families with children over 5 years of age; boat refugees awaiting a Federal Circuit Court hearing)
- There is generally a poor recognition of prior education and qualifications for refugees.
- There is a prevalence of poor cultural-competence and insufficient bilingual staff in government employment agencies working to secure employment for refugees.
- There is a prevalence of negative community attitudes towards refugees and humanitarian entrants.
- General Practitioner's (GPs) performing initial health assessments of refugees are often overlooking complex health issues, particularly around mental health, torture and trauma, oral health, women's health, child development, hearing and vision.
- There is significant underfunding for specialised refugee health services particularly around disability support, equipment, aids, and appliances.
- There are families struggling to navigate the NDIS system, service providers and funds around disability support.
- Equipment provision for complex needs refugees on arrival continues to be an area of gap since the introduction of the NDIS system.
- There is limited access to bulk-billing GPs for refugees relocated in rural and remote areas.
- There is a lack of community transport services to major regional health centres for refugees settled in rural and remote areas and requiring specialist care.
- There is a lack of communication between government departments responsible for refugee settlement, specifically the Australian Border Force, Department of Social Services and Department of Human Services, around pre-arrival visas and medical information resulting in unnecessary delays and costly repeated administrative work and tests.

Example 1

- Prolonged processing times for asylum claims. There are currently 5,662 individuals in Victoria awaiting the outcome of a Safe Haven Enterprise Visa (SHEV) or Permanent Protection Visa (PPV) application, and 7,891 individuals who arrived by boat living in Victoria on Bridging Visa E (BVE) as of March 2018 (1).
- The most vulnerable groups currently are:
 - Individuals and families on departure visas pending return to Manus Island or Nauru who were transferred here for medical and/or psychiatric reasons. No income support if unable to find work.
 - People who arrived by boat who have received a double negative outcome and are waiting for a Federal Circuit Court hearing. Typically they do not have access to Medicare, the Status Resolution Support Service (SRSS) program or funded legal support.
 - Individuals and families who have lost SRSS support and have been unable to find work and are thus facing destitution, unable to buy essential pharmaceuticals, food or pay for accommodation or access to torture and trauma counselling or to public transport. Many barriers to employment access including lack of support in finding work, temporary visa status a barrier for many and language. They are reliant on charities.

- Families with children over 5 years of age are expected to be included in the next tranche of those to be removed from the Status Resolution Support Service (SRSS) program, losing income support and access to other services in January 2019.
- These cuts are predicted to impact over 7000 individuals, most of whom live in Melbourne and Sydney (1).
- Individuals and families who arrived by plane on another visa type (for example a student visa) who then sought asylum. Since legislation change this group are unable to access Medicare or income support until other visa expires. This group includes women who are fleeing domestic violence, a particularly vulnerable group.

Example 2:

xx Health Services

In 2016, the Health Service and Refugee Health Hub to respond to the significant unmet needs for this vulnerable population today. This Asylum Seeker and Refugee Health Hub provides free access to primary health and specialist mental health services for people seeking asylum and newly arrived refugees with complex mental health issues. A pharmacy waiver program funds essential prescription medications for clients with little or no income.

Over the last 2 ½ years they have treated nearly 500 people affected by the immigration policies of the Australian Government and have seen first-hand the vulnerability of our clients and their families. They currently have 322 active clients.

Over the past 12 months, the Service has experienced a steady increase in referrals and our pharmaceutical waiver costs are increasing month on month.

Recent analysis of a cross section of primary care service data (1) demonstrates that:

- 62% of individuals accessing care have a chronic disease diagnosis
- 18% have multiple chronic diseases
- 22% have a mental health diagnosis.
- 13% have experienced intimate partner violence
- 57% have been waiting for their asylum application to be processed for over 5 years.
- 42% have experienced homelessness or are living in unstable accommodation.

Common chronic disease diagnoses include:

- 22% chronic pain
- 9% latent TB
- 9% type 2 diabetes
- 7% hepatitis B

A recent cross sectional clinical audit demonstrated that of the individuals accessing the specialist mental health service:

- 18% were homeless or in unstable accommodation
- 50% have experienced torture or trauma
- 24% have expressed suicidal intent or attempted suicide
- 18% were transferred from offshore detention

In light of the growing number of people losing income support as a result of being withdrawn from the SRSS program, the health service is opening a second health waiver program.

References

Victorian Refugee Health Network (2018). Statistics for Victorian health programs: planning service provision for people from refugee backgrounds, including people seeking asylum.

In light of these issues, ACN has provided a list of recommendation to assist with this review:

- The need to acknowledge recent Australian commitments made in the Declaration of Astana to support multi-sectoral approaches to service provision.
- The need to mitigate health risk factors by addressing all economic, social and environmental determinants of health.
- The need to engage all relevant stakeholders during review processes.
- The need for more appropriate and transparent allocation of resources e.g. disability aids.
- The need to address fragmentation between referral and service provision and funding in Australia, particularly between Federal funding PHC and State funding HHS.
- The need for greater support by Medicare with regards to prevention of mental health deterioration and health promotion.
- Capacity building within local health services to meet the needs of refugees and asylum seekers through accessible and culturally responsive health services, improved understanding of visa status, access to language interpreters and re-orientation of service access.
- Provision of direct assistance to refugee and asylum seeker clients to improve health outcomes (e.g. vaccination catch up).
- Health promotion programs suitable for this vulnerable group.

In summary:

Key Message

Overall the current system of processing of refugees and asylum seekers including the limited provision of support increases the risk of mental health incidence and exacerbates chronic health conditions thereby jeopardizing the positive integration, employment and settlement outcomes for refugees and asylum seekers.

This conclusion is based on members experience in asylum seeker mental health services which have highlighted that –

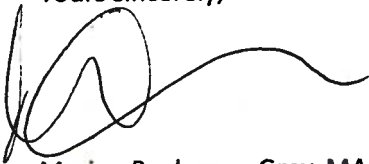
- Indefinite and long term detention or the threat of deportation leads to significant mental health deterioration.
- Complex asylum seeker processes with a lack of consistency are also contributing to significant and often lasting mental health deterioration.

- Changes to the Status Resolution Support Scheme is increasing the risk of homelessness and health crises for individuals whether through increased mental health incidence or exacerbation of existing chronic health conditions due to lack of medications and/or primary health consultations.

ACN is committed to promoting equality, dignity and respect for all people receiving and accessing care within Australia's health system, including refugees and humanitarian entrants. ACN believes refugees and humanitarian entrants in Australia should be treated with compassion. We are dedicated to our intent of advancing nurse leadership to enhance health care for all.

If you have further enquiries regarding this matter, please contact Carolyn Stapleton, Manager - Policy and Advocacy, at carolyn.stapleton@acn.edu.au.

Yours sincerely,



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