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Australia's Humanitarian Programme 2015-16 and Beyond

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The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's 17,000 medical students. AMSA believes all communities have the right to the best attainable health possible and acknowledges the complexity of issues surrounding the health of refugees and asylum seekers as well as the unique medical needs of this demographic group. This is particularly the case on arrival in Australia and on those who are in detention.

Outlined below is AMSA's view on Australia's Humanitarian Programme in 2015-16 and beyond. An evidence based approach has been taken to address these issues.

1. Introduction

At the end of 2011 the United Nations estimated that there were over 16 million refugees worldwide [1]. The 1951 Convention relating to the Status of Refugees and the 1967 Protocol Relating to Refugees provide the international standard for refugee protection [2]. Australia is one of 142 nations party to both agreements [3] and operates its Humanitarian Programme through the Department of Immigration and Border Protection. However, Australia processes only 2.2% of the asylum claims made to 44 industrialised countries [4].

Refugees and asylum seekers are more likely to have been exposed to a range of conditions that predispose them to poorer health [1-7]. These include, but are not limited to, time spent in refugee camps or detention facilities, history of persecution and armed conflict and the threat or occurrence of physical violence. Exposure to these conditions puts refugees and asylum seekers at an elevated risk of mental and physical illness, and may lead to self-harm or suicide [2,8,9]. A large systematic review and meta-analysis pooling data on over 80,000 refugees over 30 years in a variety of regions highlighted a strong and concerning association between traumatic events and negative mental health outcomes [2]. Psychiatric diagnoses are very common in refugee populations and include depression, anxiety, sleep disturbance, post-traumatic stress disorder (PTSD), self-harm and suicidal ideation [3].

Consecutive Australian Governments have employed increasingly punitive policies in an effort to deter individuals from seeking asylum in Australia. There is substantial evidence, both locally and internationally, that demonstrates a causal relationship between confinement in detention centres, implementation of increasingly stringent refugee determination procedures and temporary forms of asylum with poor mental health outcomes [5].

It is concerning that Australia, as a developed nation and a champion of human rights, takes a punitive approach involving the violation of human rights, worsening the health of vulnerable individuals and burdening the health system, when evidence suggests there are economically viable and sustainable alternatives that optimise health outcomes and integration within society which can be adopted [9].

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2. Contents

3. Comment on the Offshore, Onshore and Detention Management Components of the Humanitarian Programme

3.1 Detriment to Mental Health

An article published by Bull et al. identified that psychiatric illness in refugees and asylum seekers arises from [2]:

1. repeated exposure to traumatic experiences in their country of origin;
2. stresses encountered in the period of transition and asylum seeking;
3. post-migration experiences, such as insecure residency, fear of repatriation, and socioeconomic discrimination.

3.2 Country of Origin

The United Nations High Commissioner for Refugees defines a refugee as a person who is "owing to well-founded fear for being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" unable or unwilling to return to their country of origin for the above reasons [10]. Risk factors that may particularly predispose refugees and asylum seekers to psychiatric symptoms and disorders include: exposure to war, state-sponsored violence and oppression, including torture, internment in refugee camps, human trafficking, physical displacement outside one's home country, loss of family members and prolonged separation, the stress of adapting to a new culture, low socioeconomic status, and unemployment, all of which are prominent risk factors for mental health disorders [11].

3.3 Period of Transition & Asylum Seeking

Mandatory & Indefinite Detention:

Australia is the only country in which detention is mandatory for individuals seeking asylum who arrive without a visa. Under the current Australian Refugee and Humanitarian program, all those who arrive in Australia without a pre-approved visa are detained unless they are granted a temporary bridging visa [12]. Prolonged mandatory detention compounds past trauma and abuse, leading to a demonstrated negative effect on health, particularly mental health [13]. An assessment pertaining to the mental health of detainees held in an Australian detention facility for more than two years concluded that every adult had major depressive disorder and 82% of adults had PTSD [7]. However, prior to detention only half reported having PTSD, 21% had comorbid depression and no adults had self-harmed or had experienced suicidal ideation [7]. Subsequent to detention, most expressed suicidal ideation with a third having physically harmed themselves during their detention [7].

Children in detention are at particular risk for mental and physical health issues, including anxiety, distress, anxious behaviours, self-destructive behavior and risk of self harm/suicidal ideation [14]. The 2005 amendment of the 1958 Migration Act

affirmed that children should only be detained as a measure of last resort [15]. Although all children have been moved out of high security detention centres, as of January 2013 there were 1000 children in various other immigration detention facilities either on the mainland or on Christmas Island, as well as 923 residing in community detention [16]. The continued detainment of children, other than as a last resort, is in direct violation of Australia's commitment to the Convention on the Rights of the Child [17].

Children are at risk of mental illness, potentially leading to self-harm resulting from pre-migration exposure to trauma [18]. An inquiry by the Australian Human Rights Commission found that Australian immigration detention facilities have detrimental impacts on the mental health of child detainees [19]. The same inquiry detailed a range of concerns that compromised child health including the physical environment, inadequate nutrition, inadequate dental care and insufficient health care [19].

Australia is also the only country that allows indefinite detention and regardless of circumstances, those who are detained can be held there indefinitely [12, 20]. The Australian government has no obligation to remove asylum seekers from detention [20], even if a person is found to be no risk to the Australian community or detention is causing them serious harm. Asylum seekers are often detained for 6-12 months and as of 31 December 2012, 8.4% had been in detention for over a year [12]. This figure has increased substantially since then. Indefinite mandatory detention is an established cause of mental illness with suicide rates in immigration detention centres approximately 10 times higher than the general population [6, 7].

3.4 Offshore processing

"Processing" of asylum seekers on off-shore sites such as Christmas Island, Nauru and Manus Island poses a significant threat to mental and physical health [21]. There is limited access, if at all, to adequate mental health services on these sites [21, 22]. There is also mounting concern amongst health professionals, particularly those who have had experience at these sites, regarding the substandard provision of care, as evidenced by the letter of concern by the Medical Officer at International Health Medical Services [22].

On Manus Island, residents are housed in crowded and leaking tents in hot and wet tropical conditions [23]. WHO rates PNG as having the lowest health status in the Pacific region, with poor life expectancy and high rates of multidrug-resistant TB and malaria [23]. Representatives from the PNG Nurses Association have described the health system as 'understaffed and under-equipped' which can no longer 'effectively meet the need of the people' [24,25]. Therefore, it is this under resourced local health system that will have to to service complex and acute medical conditions that present for these individuals.

Moreover, the UNHCR report on Nauru describes poor living conditions in crowded, hot tents and questions regarding consistent access to clean drinking water have been raised [26]. Pregnant women and children have been transferred to Nauru and the Nauruan health system's ability to support IHMS in obstetric management and the treatment of complex medical problems is doubtful. The UNHCR report describes medical services provided in Nauru as 'limited' and several other patients have required evacuation to Australia for specialist care [24-26]. This limitations and lack of access to appropriate healthcare jeopardises the lives of refugees and asylum seekers who are placed there. Moreover, mental health issues are a major concern. Over a 14 month period in Nauru, there were 28 attempted hangings/ asphyxiations by 18 individuals, and five individuals cut their neck or throat [27]. Without the availability of trained doctors and psychologists, the mental well-being of these individuals will inevitably worsen.

Similar concerns have been raised by doctors contracted to work on Christmas Island [28]. These issues have also been voiced consistently by the health profession, including the Royal Australian College of Physicians and the Australian Medical Association (AMA) [29,30]. In response to the suicide attempt of a nine year old child in detention, the AMA stated "detention of asylum-seeker children and their families is a form of child abuse" [30,31]. A study asking paediatricians their thoughts on the AMA policy found 81.1% of Australian paediatricians agreed or strongly agreed with this statement [32].

3.5 Detriment to Physical Health

A substantial risk of physical illness has also been reported in the literature. Procter et al. noted a lack of infectious diseases screening in children, in a context where over 50% are likely to be infected with tuberculosis and some likely to have blood borne infections such as hepatitis B [27]. The recent death of Hamid Kehazaei due to septicaemia from a foot wound is an example of the poor provision of medical care in an isolated area [33].

Refugees and asylum seekers may have been exposed to a range of conditions that may predispose them to poorer health. These conditions include overcrowding, poor water safety, poor sanitation and nutrition, increasing risk of communicable disease with little or no provision of health care (this is particularly true for those who have spent time imprisoned or in refugee camps) [34,35]. These social determinants of health have a profound impact on health outcomes of individuals. In addition, many refugees and asylum seekers have been exposed to an extensive history of persecution and armed conflict and have experienced the threat of, or actual, physical violence [34,35,36]. This may include violence directed towards women and children, and sexual assault resulting in increased risks of sexually transmitted infections, HIV/AIDS, and unsafe abortion.

Exposure to these conditions puts refugees and asylum seekers at an elevated risk of a variety of conditions [37], including:

- Under recognised and under managed chronic disease, such as anaemia, asthma, chronic obstructive pulmonary disease, diabetes mellitus, dyslipidaemia, hypertension, vitamin D deficiency
- Infectious diseases including HIV, tuberculosis , chronic hepatitis B, and intestinal parasites
- Poor oral health, due to poor nutrition and diet, poor dental hygiene practices, and limited access to dental care
- Delayed growth or development in children
- Mental health disorders such as post traumatic stress disorder, anxiety, and depression, which may lead to self harm and attempts to commit suicide
- Direct physical consequences of armed conflict and torture.

Health Problems with Offshore Detention

The Government Report on the "Health care for asylum seekers on Nauru and Manus Island" done in 2013 showed that offshore processing could also precipitate physical detriments - for example, in Nauru, a gastroenteritis outbreak could be associated with the fact that there are grossly insufficient toileting facilities and publicly exposed showering facilities [9]. Such punitive policies have caused the recent hunger strike in Nauru, clearly indicating the distress detainees are under [38].

Furthermore, there is a risk of infections such as malaria and highly multi-drug resistant tuberculosis in PNG and this can cause a major impact on long term health outcomes [9]. There is limited information available on the capacity of health care in Nauru and PNG [9].

3.6 Burden to Health System

The health effects of indefinite mandatory detention are prolonged, extending well beyond the point of release even if refugees do become resettled. Longer detention times are associated with more severe mental disturbances - an effect that persisted for an average of 3 years after release [5, 39]. This results in a heavier burden on the Australian health care system and budget, and individuals who are eager to contribute to the nation's economy and community instead must struggle with their mental health issues [40]. Post-migration, refugees have to cope with fears of residency removal, repatriation and discrimination which can further worsen their mental health [41]. This hinders their ability to effectively contribute to the community. It is also important to recognise that the transition from detention to integration within the community can make it difficult for refugees, including lack of access, cultural issues and language barriers [41].

The lack of adequate access to healthcare services in detention means that

detainees are often unable to receive essential ongoing medical care, causing a deterioration of their overall health so that they have to be transported to larger hospitals that are equipped to treat their neglected, exacerbated illnesses [9]. When these refugees are resettled in Australia, an even larger burden on the healthcare system is placed through trying to fix the health problems caused or worsened in detention [9,22]. It would be far more prudent to establish adequate healthcare services for asylum seekers in detention than attempt to correct the consequences of our neglect at a much higher cost [9,22]. The mandatory detention period should be limited to a short period only in order for health checks to be carried out.

3.7 Alternatives and recommendations

In light of what has been stated above, it is clear that current policy has an extensive detrimental health impact on refugees and asylum seekers. Not only are Australia's policies financially unsustainable, but they also cause significant and long-lasting harm [9,14,15,18,19,22-33]. Furthermore, given the vast majority of asylum seekers are assessed as genuine refugees and settled in Australia, it is the Australian healthcare system and taxpayers' money used treating the mental health harms that these policies have caused [22].

A conservative assessment of the medical cost of psychiatric treatment caused by detention, excluding missed opportunity costs, is estimated to be $25,000 per person per year [22]. We ask you to acknowledge these impacts and take steps towards resolving these issues.

It is crucial that Australia honour its obligations under the Declaration of Human Rights and United Nations Refugee Convention and ensures accountability and transparency in all refugee and asylum seeker activities [42]. This involves avoiding punitive deterrence measures, including prolonged or indefinite mandatory detention, offshore processing and temporary protection visas. In particular, the detention of any child should only occur as a last resort for the shortest possible time.

AMSA calls for the Federal Government to commit to and execute the following actions [43]:

1. Implement a legally binding time limit for mandatory detention to safeguard the health of refugees. Mandatory detention should only be for the purposes of health, security and refugee status screening of asylum seekers. After 90 days, refugees and asylum seekers would be moved to and processed in community detention.
2. Establish an independent national health body with the power to investigate and advise on the health status of refugees and asylum seekers under Australia's care, consistent with the recommendations of the Australian Human Rights Commission [44];

3. Provide additional support for State Governments to improve the availability and accessibility of mental health support services for both asylum seekers and refugees under Australia's protection, whether they be in or out of detention or in an offshore centre.
4. Develop and promote policy that will reduce the health inequities of those who are affected by the Humanitarian Programme:
    a. Develop the provision of healthcare and services in a culturally appropriate and linguistically appropriate way and to ensure the timely provision of treatment when it is not available within detention facilities;
    b. Institute interventions that will improve the social and environmental factors affecting health of refugees and asylum seekers.
    c. Increase the ability of those health providers to assist with health outcomes of refugees and asylum seekers.
    d. Ensure that universal health care and the Pharmaceutical Benefits Scheme are available to those affected by the Humanitarian programme, and that they are made aware of this.
5. Honour its universal obligation under the Declaration of Human Rights.
6. Consider the wide socioeconomic and health implications of restricting working rights for asylum seekers on bridging visas and TPVs, including increased social isolation, poorer mental health outcomes, increasing the vulnerability for asylum seekers to work in illegal working environments.
7. Create an environment of accountability and absolute transparency in the processing and detention of refugees and asylum seekers.

These are practical and cost-effective solutions that will minimise the detrimental health outcomes of likely future citizens [22, 43].

4. Comments on the size of Humanitarian Programme

AMSA commends the government on its recent increase to the offshore component of the Programme. AMSA recommends an increased humanitarian intake at a faster rate and up to at least 27,000 as recommended by the Houston Report.

5. Comments on the aim of the Humanitarian Programme

AMSA recommends in line with UNHCR guidelines that other countries should sign the Convention, ensure that the Convention is the basis of Australia's legal framework on the issue and that refugee populations should be assisted in being stabilised in regions of conflict.

AMSA recommends that consideration be given to the outcomes of those who may have reached Australia but never arrived because of deterrence policies.

6. Comments on Temporary Protection Visas and Safe Haven Enterprise Visas

TPVs, by definition, deny people of security, certainty and right to access health services and there is clear evidence that refugees who receive temporary protection visas have poorer mental health outcomes than those who receive permanent visas [39]. Permanent protection means that previously traumatised refugees are given certainty about their futures, allowing them to plan their lives with a substantial level of security.

Momartin et al. concluded that holders of TPVs returned higher scores on three psychiatric distress measures compared with those on permanent protection [45]. The study also concluded that the strongest predictor of anxiety, depression and PTSD was TPV status, and that this compounded past stresses in detention and in the migratory journey [45]. Another recent epidemiological study undertaken among Vietnamese refugees in Australia has provided evidence that permanent residency is associated with improvement in the mental status of previously traumatised individuals [46].

7. Comments on Australia's Resettlement Ranking

This is in reference to the below statement.

"Australia is one of around 27 countries that offer resettlement places. Ten countries have established annual resettlement Programmes that resettle 500 or more refugees referred by the UNHCR. Australia consistently ranks in the top three resettlement countries, along with the United States of America and Canada, which between them offer close to 83 per cent of global resettlement places." [47]

AMSA commends the Australian Government on this ranking, which, combined with more humane refugee policy, could put Australia in a strong position to advocate internationally for other countries to increase their humanitarian intake and develop more robust regional resettlement programmes.

8. Comments on Australian Government's Response to Syria Conflict

This is in reference to the below statement.

"The ongoing conflict in Syria has resulted in more than 3 million Syrian refugees, the vast majority of whom are in neighbouring countries, in particular Lebanon, Jordan, Turkey and Iraq. The United Nations Office for the Coordination of Humanitarian Affairs estimates that 6.5 million people are displaced in Syria as a result of the conflict. Australia has joined an international effort to respond to UNHCR's call for a coordinated resettlement response for Syrian refugees. In

response to this, the Australian Government has committed to a multi-year commitment for Syrians of a minimum of 4500 places over 3 years, with 2200 places in 2014–15." [47]

AMSA commends the Australian government on this commitment.

9. Comments on International Context

One aim of the Australian Humanitarian Program is to "use resettlement strategically to help stabilise refugee populations, reduce the prospect of irregular movement from source countries and countries of *first* asylum, and support broader international protection [47]." This aim was designed as per the UNHCR's three durable solutions: repatriation, local integration and resettlement.

AMSA commends the Australian Government in supporting the UNHCR's durable outcomes. However AMSA notes the Australian Government describes the UNHCR's durable solutions as "voluntary return to country of origin in conditions of safety and dignity, local integration in the countries of *first* asylum and resettlement" [47]. With reference to the UNHCR's goals of local integration, AMSA notes that the UNHCR does *not* place emphasis on the country of first asylum. This is likely due to the fact that many countries which asylum seekers travel through, for instance Indonesia or Malaysia, have not signed the UN Refugee Convention and thus seeking asylum is not possible or dangerous.

Furthermore, AMSA notes that it is not an aim of the UNHCR to "reduce the prospect of irregular movement from source countries and countries of first asylum." Indeed, the UN Refugee Convention recognises that irregular movement is often a necessary part of seeking asylum. AMSA recommends that, in line with the UN Refugee Convention, Australia remove from its aims "reduce the prospect of irregular movement from source countries and countries of first asylum", instead focussing on supporting any individual seeking asylum no matter the circumstances of their arrival. Finally AMSA recommends the Australian Government take active steps to promote uptake of the Refugee Convention in countries, particularly in the Asia Pacific.

AUSTRALIAN
MEDICAL STUDENTS'
ASSOCIATION

10. Conclusion

Australia's future health professionals have a direct and strong interest in the health of all humans on a national and international level and therefore, the Humanitarian Programme and its impact on the health of those who it affects is of great concern. It is evident that the punitive resettlement programs employed by the current Humanitarian Programme are detrimental to the health and well-being of individuals and lead to the development of crippling mental health disorders. AMSA is concerned that the safe and appropriate delivery of health services becomes compromised by the nature of mandatory detention, which condemns asylum seekers to continuous psychological trauma without appropriate medical attention. Therefore, AMSA is opposed to offshore, indefinite and prolonged detention and support a strictly time-limited, legally bound detention period.

Thank you for taking our views into consideration and please contact us for further information or clarification.

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