

# Refugee and Asylum Seeker Health

## Policy Position Statement

<b>Key messages:</b>	Policies and service provision targeted at persons from refugee backgrounds living in Australia should be underpinned by a human rights framework, providing a humane, equitable and compassionate approach. Inequities in social determinants of health that impact negatively on the health and wellbeing of this population should be addressed. Refugees and persons seeking asylum should be offered the same level and type of health care as the general population, including in areas of health promotion, disease prevention and treatment services, and with continuity of care.
<b>Key policy positions:</b>	<ol style="list-style-type: none"><li>1. Resettled refugees and persons seeking asylum should have equitable access to health services and other social determinants of health.</li><li>2. The Australian Government should consider the creation of a National Refugee Health and Wellbeing Framework to support responsive and high quality health care for this population, and also affirm other social determinants of health that promote health and wellbeing.</li><li>3. Approaches should be strengths-based and efforts are required to counter negative discourse around migration, racism and discrimination. This might include speaking out against divisive discourse and promoting positive and strength-based refugee stories in mainstream and social media to combat racism and better inform the public about issues impacting on the physical and mental health of refugees and asylum seekers in Australia.</li><li>4. Current policies around asylum seeking including mandatory detention, ongoing visa precarity, and limitations to access to health and social services need to be reconsidered and health protections ensured for people seeking asylum.</li></ol>
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<b>Responsibility:</b>	PHAA International Health Special Interest Group
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## Policy Position Statement

PHAA affirms the following principles:

1. Australia is signatory to the Refugee Convention, the International Covenant on Civil and Political Rights (ICCPR), the Convention Against Torture (CAT), the Convention on the Rights of the Child (CRC), and many more international treaties which outline how refugees<sup>1\*</sup> and asylum seekers<sup>2\*</sup> should be treated globally. Australia's obligations under these treaties include to protect refugees and asylum seekers regardless of how and where they arrive in Australia (even if they arrive without a visa) and to not send individuals back to a country where their lives/freedoms are threatened.<sup>1, 2</sup> Australia's humanitarian migration program specifically provides a framework for how Australia is expected to treat asylum seekers and refugee settlers.<sup>1</sup>
2. Australia's treatment of asylum seekers and refugee settlers should be founded upon humanitarian and compassionate considerations and the principles of social justice.
3. Australia is required to provide adequate healthcare and access to services to ensure good health and wellbeing amongst refugees and asylum seekers.<sup>1</sup>
4. A strengths-based approach that focuses on harnessing the strengths of this population is required.
5. Research and interventions co-designed and implemented with members of the population is a key component to ensure health and wellbeing.<sup>3, 4</sup>

PHAA notes the following evidence:

6. Refugees and asylum seekers are exposed to adverse situations in their country of origin, in transit, and often in their first country of asylum. These include:
  - Psychological trauma due to persecution, war or civil unrest, social dislocation and profound loss, including separation from, or the death of, family and friends.<sup>5, 6</sup>
  - Human rights abuse due to torture (psychological, physical or both) and sexual violence.<sup>7, 8</sup>
  - Overcrowding, poor hygiene and under-nutrition, particularly for those who were imprisoned or in refugee camps.<sup>9, 10</sup>
  - Disrupted or limited access to health care due to discrimination, destruction of infrastructure and disruption to health services.<sup>11, 12</sup>
  - Barriers to social determinants of health including income, education and employment.

Exposure to these adverse situations has been clearly linked to poorer physical and mental health outcomes.<sup>13</sup>

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<sup>1\*</sup> Refugees are people who have been forced to leave their home country because of fear of persecution for their nationality, race, religion, or ties to a particular social or political group.<sup>1</sup> Australian Human Rights Commission. Asylum seekers and refugees [Internet]. n.d. [cited 2024 3 May]. Available from: <https://humanrights.gov.au/our-work/rights-and-freedoms/publications/asylum-seekers-and-refugees>

<sup>2\*</sup> Asylum seekers are people who are requesting international protection, but their claim to be a refugee has not yet been determined by the appropriate governing body. All refugees are initially asylum seekers.<sup>1</sup>

## *PHAA Position Statement on Refugee and Asylum Seeker Health*

7. After resettlement in countries such as Australia, refugees can continue to experience challenges that impact health and wellbeing. The health status of individuals from refugee backgrounds has been found to be poorer than the health status of other migrants and the general population.<sup>12, 14</sup>
8. Refugees and asylum seekers living in the community experience inequities in relation to important social determinants of health such as income, employment, housing and education which negatively affect health and wellbeing.<sup>15, 16</sup> Overt or covert discrimination and racism can cause adverse effects.<sup>11, 13</sup>
9. Low English language proficiency, limited health literacy, lack of cultural safety, trust, discrimination, transport, cost and healthcare policies can contribute to access barriers for healthcare and other services.<sup>17, 18</sup> There are particular barriers to accessing healthcare services in regional areas.<sup>18</sup> This is important given the increasing focus on regional resettlement for refugees.
10. There remain significant issues with the cultural competency of health professionals including around language needs, lack of cultural awareness, lack of knowledge of experiences, and provision of culturally inappropriate or inadequate information.<sup>19</sup> These issues with cultural competency contribute to barriers for refugees and asylum seekers trying to engage with mainstream health services.<sup>18, 20</sup>
11. There are intersectional considerations for refugees that affect health and wellbeing outcomes. For example, refugees with chronic health conditions, physical and intellectual disabilities, HIV, older refugees, and those who identify as part of the LGBTQIA+ community are further disadvantaged.<sup>21, 22</sup>
12. Asylum seekers face additional barriers accessing healthcare imposed by Australia's current migration policies, with inadequate support provided to asylum seekers in immigration detention centres.<sup>10</sup> Some asylum seekers living in the community lack access to Medicare which is a significant roadblock to accessing healthcare in Australia.<sup>18, 19</sup> Australia has been found to be in breach of its obligations to provide access to healthcare to this population on numerous occasions, particularly in its treatment of asylum seekers in immigration detention.<sup>23</sup>
13. The use of offshore processing and indefinite immigration detention of asylum seekers has led to significant physical and mental harm in immigration detention.<sup>9</sup> Poor conditions and low access to appropriate healthcare in immigration detention facilities has led to deaths amongst asylum seekers and refugees.<sup>24</sup> Offshore processing has been very costly at around A\$1 billion per year,<sup>23</sup> which is considerably more expensive than allowing asylum seekers to settle in the community during the processing of claims. There is evidence that offshore processing is an unsuccessful deterrent for asylum seekers arriving without a valid visa, particularly those arriving via boat, as many have limited access to alternative safe passageways. Many asylum seekers attempting to enter Australia by boat have also later been found to be refugees.<sup>23</sup>
14. Australia's policies relating to border protection, deterring unauthorised arrivals and interception, continue to result in outcomes contrary to Australia's international rights obligations to protect refugees.<sup>9</sup> Australia's immigration policies have been criticised by UN Committees for breaches of international human rights obligations.<sup>23</sup> Border protection policies have also resulted in inequitable treatment of asylum seekers based on mode of arrival. Australia does not currently comply with the Human rights standards for immigration detention developed by the Australian Human Rights Commission (AHRC).<sup>10</sup>
15. Prolonged immigration detention continues to have a detrimental impact on the mental health of asylum seekers.<sup>9, 13, 23</sup> High rates of anxiety, depression and post-traumatic stress disorder (PTSD) have been consistently evidenced across immigration detention centres globally.<sup>13</sup> From 2014 to 2015, it was found that self-harm rates amongst the asylum seeker population in Australia were 214 times higher than the general Australian population.<sup>25</sup>

16. In November 2023, the High Court of Australia ruled that Australia's system of indefinite immigration detention through the offshore processing system was unlawful. This historic decision overturned 20 years of mandatory and indefinite detention that separated families and placed a considerable burden on refugees and asylum seekers.<sup>26</sup>
17. Even once living in Australia, asylum seekers with a temporary refugee or bridging visa face a range of challenges. Temporary visas have a significant impact on the health of asylum seekers, with uncertainty and lengthy wait times leaving individuals in fear of being returned to their country of origin. Poor health outcomes are also common as these individuals face employment difficulties and cannot access adequate healthcare or social support services as they await their claims to be processed.<sup>14</sup>

### **PHAA seeks the following actions:**

18. Refugee and asylum seeker policies and service provision should be planned within a human rights framework, with reference to the Geneva Conventions, the 1951 Refugees Convention, the ICCPR, the CRC and the International Covenant on Civil and Political Rights, and the International Covenant of Economic, Social and Cultural Rights (ICESCR) – offering humane, equitable, timely and affordable access to health care, social services and other vital services.
19. The Australian Government should consider the creation of a National Refugee Health and Wellbeing Framework to support responsive and high-quality health care for this population.<sup>27</sup> The framework should specifically consider the intersectionality of factors leading to poor health outcomes amongst this group, and target the broad spectrum of social determinants. This framework should be co-designed with the population to ensure it reflects lived experience and is comprehensive, effective and appropriate.<sup>25</sup> The quality of healthcare and support provided to those from refugee backgrounds needs to be improved.
20. Policies detrimental to the health and well-being of asylum seekers and refugees need to be reviewed, including further amendments to immigration detention and offshore processing.
21. All asylum seekers should be given the right to work and have access to housing services, financial support and education. Medicare eligibility specifically must be extended to cover all asylum seekers on bridging visas, as while their claims for refugee status are being determined, they are unable to access basic financial support to help pay for access to health care.<sup>14</sup>
22. Interpreting and translating services must be improved and extended to cover all health service appointments.<sup>2, 18</sup> These services also require sustained funding, as too often this support is provided for an insufficient amount of time.
23. The health care needs of refugees and people seeking asylum need to be specifically considered in the context of health reforms and new programs.<sup>18</sup> This includes broader access issues such as cost and culturally appropriate and safe care as well as meeting the health care needs of asylum seekers whilst in immigration detention.
24. A more unified approach to data collection should be developed, as current systems are inadequate and the creation of evidence-based programs and best practice guidelines are limited. Respectful, accurate definitions of migration status need to be considered for routine health data systems at state and national levels.
25. The health needs of refugee and asylum seeker children and unaccompanied minors should be considered and responded to, in accordance with recommendations made by the Royal Australasian College of Physicians (RACP).<sup>9, 28</sup>

26. The Australian Government should continue to participate in global discussions on refugees and refugee resettlement in a way that recognises human rights of asylum seekers and others from refugee and refugee-like backgrounds.

### PHAA resolves to:

27. Advocate for the above actions to be taken, based on the principles in this position statement.
28. Campaign for equitable social and health services and policies that support the social determinants of health for refugees and asylum seekers, regardless of visa category. This includes advocating for the provision of a minimum standard of healthcare in the Migration Regulations as they relate to immigration detention.
29. Lobby Australian and State/Territory Governments for improved healthcare delivery that would include better language services, including health trained interpreters and bilingual health staff, including, but not limited to, the area of sexual health.<sup>29</sup>
30. Promote the use of culturally appropriate interpreters by GPs and specialists in private practice, and through advocacy with professional colleges.
31. Lobby the Australian Government to adopt the Human Rights standards for immigration detention developed by the AHRC.

**First adopted 2002, revised 2006, 2009, 2012, 2015, 2018, 2021 and 2025**

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## *PHAA Position Statement on Refugee and Asylum Seeker Health*

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