

Refugees and Asylum Seekers in Australia

Refugee Health Fellow Program
May 2017 – do not use after May 2018

This presentation outlines background demographics and information about refugee and asylum seeker health.

Legal status

Refugee:

Someone who, “owing to a **well founded fear of being persecuted** for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is **outside the country of his nationality**, and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country, or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is **unable** or, owing to such fear, is unwilling **to return to it.**” .

Asylum seeker:

A person who has left their country of origin, has applied for recognition as a refugee in another country, and is **awaiting a decision on their application.**

UNHCR 1951 'Convention Relating to the Status of Refugees' and 1967 'Protocol relating to the status of refugees'

It is helpful to start with a definition for who a ‘refugee’ or ‘asylum seeker’ is and to know the difference

A refugee is someone who:

- Has a well founded fear of being persecuted (according to grounds stated)
- Are outside of their country of nationality
- Are unwilling/unable to return

An asylum seeker:

- A person who is seeking protection and is still waiting to have his/her claim assessed

Australia has international obligations to protect the human rights of all asylum seekers and refugees regardless of how and where they arrive, or whether they arrive with/without a visa.

See <https://www.humanrights.gov.au/asylum-seekers-and-refugees-guide> for more specific details on obligations under various international treaties.

UNHCR Global Trends 2015

- 65.3 M forcibly displaced
 - 21.3M Refugees
 - 40.8M Internally Displaced
 - 3.2M Asylum Seekers
 - 98,400 Unaccompanied Children



- 10M stateless

Fig.1 Trend of global displacement & proportion displaced | 1996 - 2015 (end-year)



2013 Just surpassed > 50M with war in Syria, first time in the post-World War II era, exceeded 50 million people

2014 increased 8.3M and number of unaccompanied children – largest jumps in a year ever

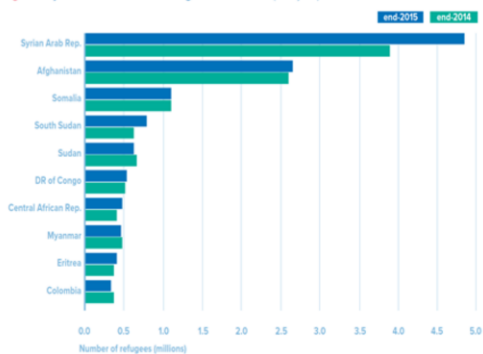
1 in 113 people globally are displaced (about 1% of the global population)

This massive increase was driven mainly by the war in Syria, which by Oct 2015 had forced 4.2 million people into becoming refugees and made 7.6 million internally displaced (in total, over half of the pre-conflict Syrian populations)

UNHCR numbers – end 2015

- Origin

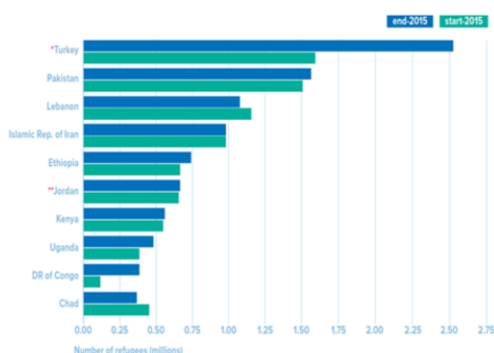
Fig.4 Major source countries of refugees | 2014 - 2015 (end-year)



- Destination

- 86% developing world
- <1% resettled

Fig.3 Major refugee-hosting countries | 2014 - 2015 (end-year)



These graphs show the country of origin for refugees in 2015

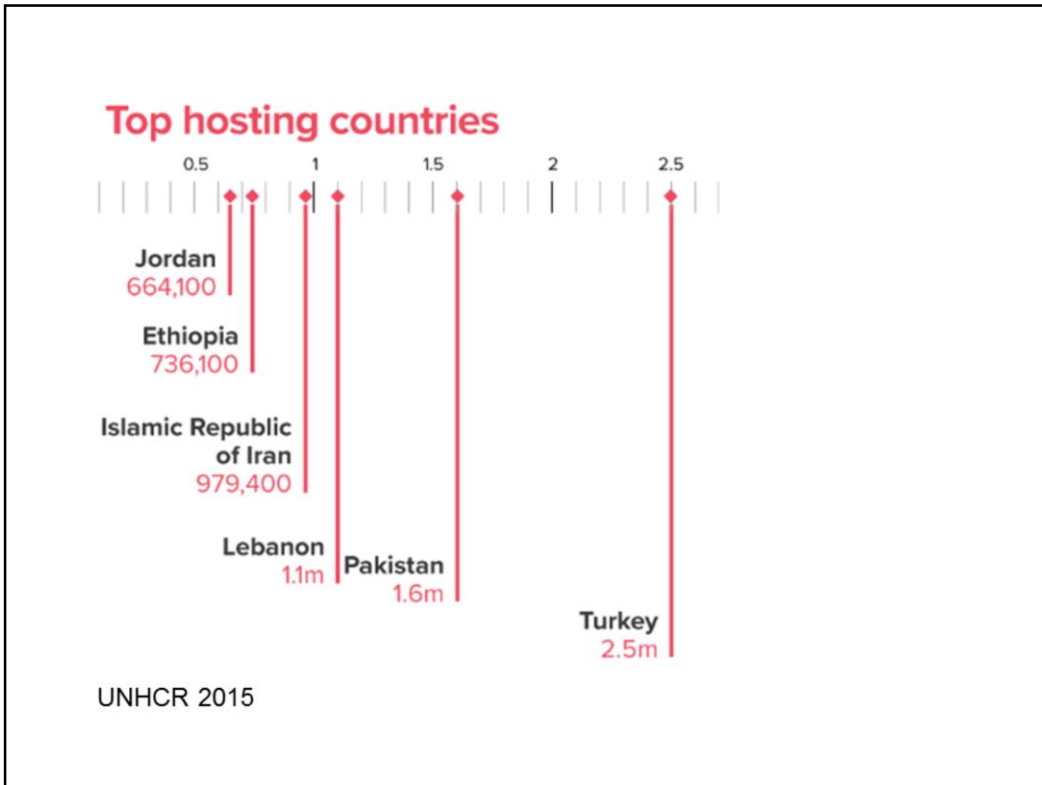
The destination for refugees is more than 80% will remain in developing countries, <1% settled annually

The countries that host the majority of refugees are developing countries

3 countries produce half the worlds refugees; SAR, afghanistan, somalia

Lebanon hosts 1 million, in country of 4 million – 1 in 5 refugees

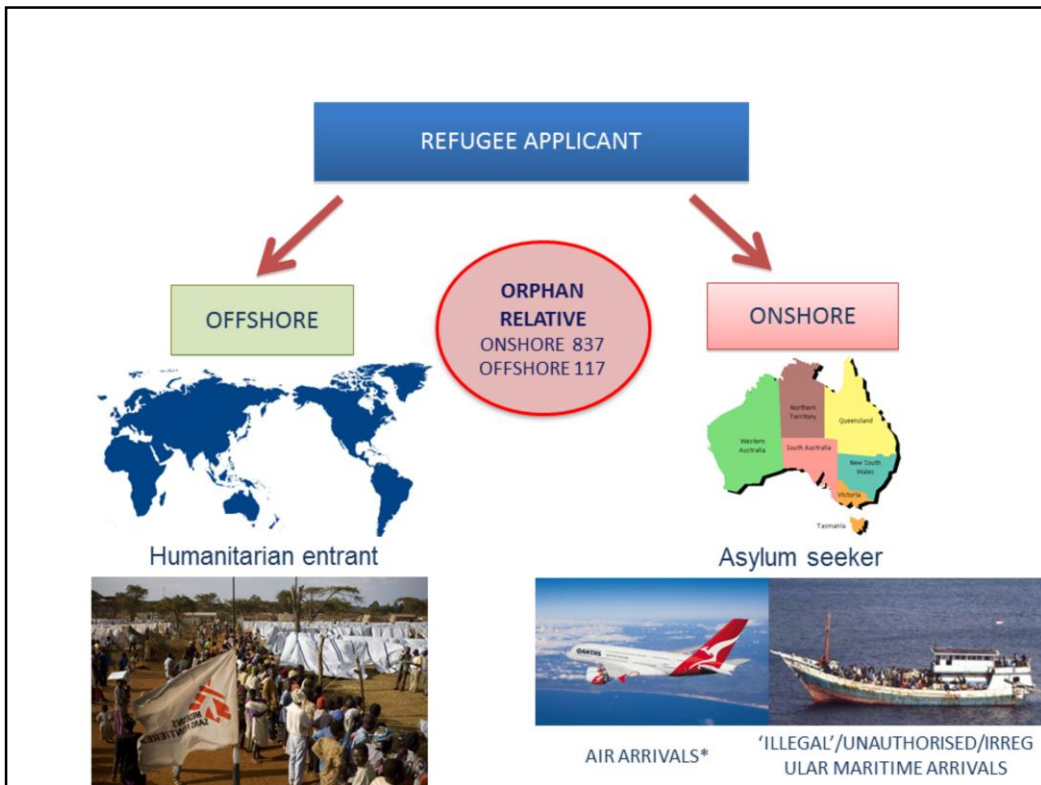
Average length in refugee camp 15years



In 2015

Australia accepted 9,399 resettled refugees (3rd globally after US and Canada)

But ranks 69th for refugees to GDP per capita, and 63rd for refugees per 1000 inhabitants



There are two main pathways refugees come to Australia

Offshore applicants who are recognised as refugees arrive in Australia with a Humanitarian Visa

On-shore applicants are asylum seekers – and arrive by boat or plane.

At various times, the boat arrivals have been referred to as “Unauthorised” “Illegal” “Irregular Maritime Arrivals” by DIBP. This language is depersonalises children and families.

Fleeing persecution is not a crime. Seeking asylum is a human right. It is not illegal to seek asylum without a visa. Around 80 percent of asylum seekers who come to Australia by boat are found to be refugees

Australian Humanitarian Intake

Humanitarian Programme grants by category 2010-11 to 2014-15

Category	2010-11	2011-12	2012-13	2013-14	2014-15
Refugee	5984	5988	11985	6499	6002
Special Humanitarian (offshore)	2966	714	503	4507	5007
Onshore ¹	4828	7043	7510	2753	2747
Total ²	13 778	13 745	19 998	13 759	13 756

¹ Includes protection visas and onshore humanitarian visa grants that are countable under the Humanitarian Programme.

² Data in this table is revised as at the end of the 2014-2015 programme year, and may differ from previously published figures

These numbers represent Australia's intake – annual intake (refugee category) set to increase to 18,750 in next four years.

Reference: <https://www.border.gov.au/about/corporate/information/fact-sheets/60refugee#c>

Arrival dates – policy (boat arrivals)

- Before August 2012
 - Work rights
 - Retrospective application temporary visas
- 13 August 2012
 - Path – held detention -> Community Detention or Bridging Visa
 - 2013 Temporary Visas
 - Subject to offshore processing (Manus Island, Nauru) – **processing halted**
 - No work rights
 - No family sponsorship
- 19 July 2013
 - Offshore processing, no resettlement
 - Prolonged held detention
 - *If stayed in Australia – included in legacy caseload*
- 15 December 2014
 - Migration Act amended – legacy caseload



These are the key dates in legislation affecting asylum seekers arriving by boat.

Note the change in path to held detention, community detention or bridging visa since 2012 and path to offshore processing and no resettlement in Australia since 2013. The changes in 19 July 2013 resulted in prolonged periods of held detention.

Before Aug 2012 – bridging visas with workrights

Aug 2012 – detention centres re-opened

July 2013 – will not be resettled here

These are the key arrival dates relevant to AS

All groups face profound uncertainty

Numbers (31st Jan 2017)

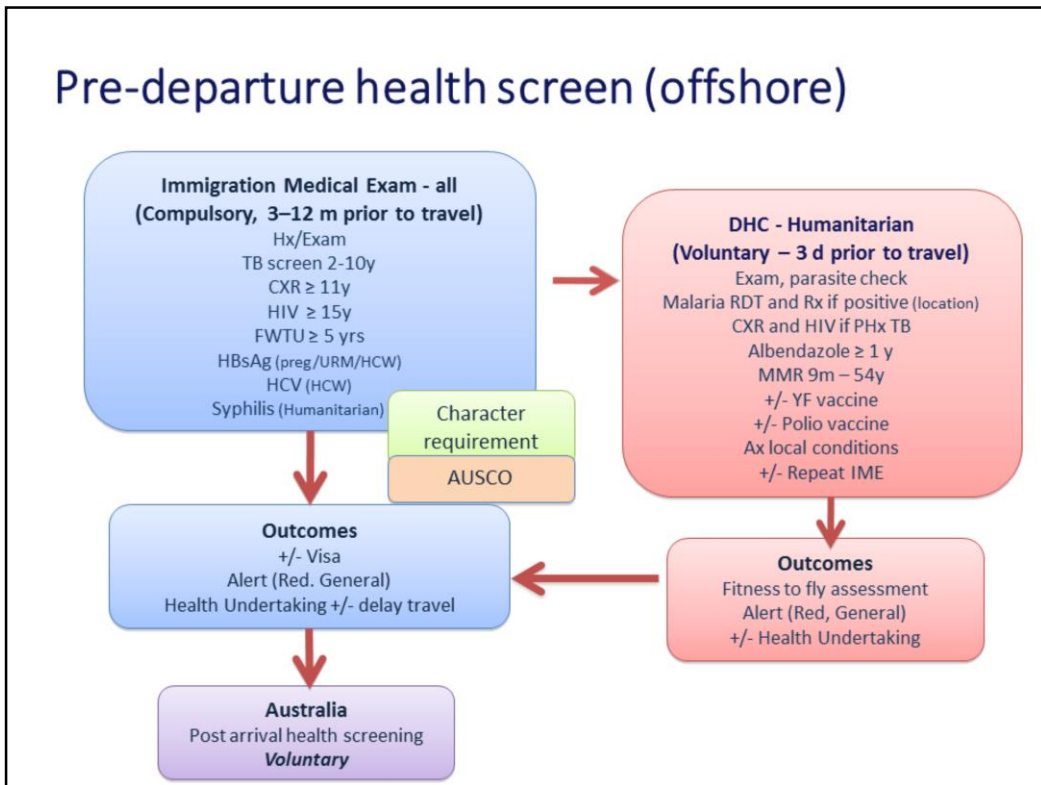
Table 2 – People in Immigration Detention Facilities (IDFs), Alternative Places of Detention (APODs), Regional Processing Centres (RPCs) and the Community at 31 January 2017

Place of immigration detention	Men	Women	Children	Total	Change from Previous Summary 31/12/16
Christmas Island IDC	269	0	0	269	+ 6
Maribyrnong IDC	86	7	0	93	+ 6
Perth IDC	21	7	0	28	- 3
Villawood IDC	371	49	0	420	- 6
Yongah Hill IDC	326	0	0	326	- 30
Mainland APODs	<5	0	<5	<5	+ 1
Total IDCs/APODs	1,074	63	<5	1,139	- 26
Adelaide ITA	12	<5	0	14	- 1
Brisbane ITA	69	17	<5	87	+ 17
Melbourne ITA	96	15	0	111	- 3
Total in IRH and ITA	177	34	<5	212	+ 13
Total Facility	1,251	97	<5	1,351	- 13
Total Community under Residence Determination	183	151	234	568	+ 2
Total Community on Bridging Visa E (Including people in a re-grant process)	18,126	3,201	3,925	25,252	- 558
Republic of Nauru (RPC)	286	49	45	380	0
Manus Province, Papua New Guinea (RPC)	861	0	0	861	- 5
Total RPCs	1,147	49	45	1,241	- 5

Reference:

<https://www.border.gov.au/ReportsandPublications/Documents/statistics/immigration-detention-statistics-31-jan-2017.pdf>

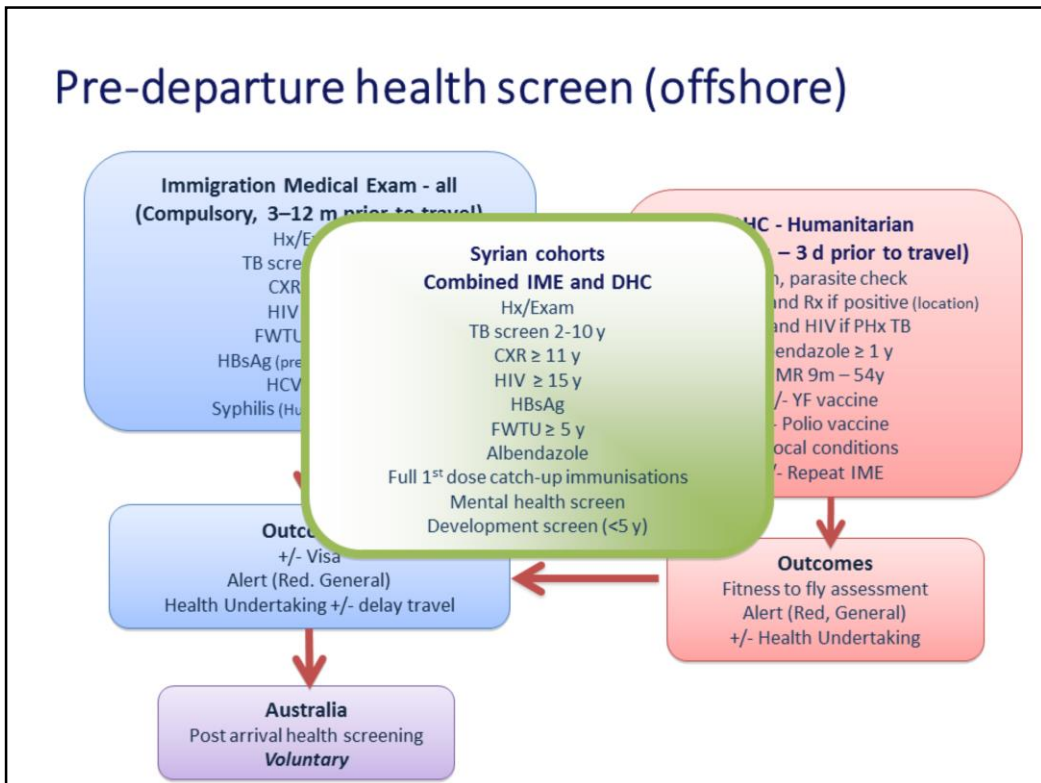
Pre-departure health screen (offshore)



Pre-departure health screening consists of an Immigration medical exam, and then a voluntary Departure Health Check (DHC) within 3 days of travel to Australia.

New screening procedures have been implemented for Syrian and Iraqi arrivals, see next slide.

Pre-departure health screen (offshore)



VHA for all and extra DHC for Humanitarian, but note that kids get very little screening

YF details - All people > 1 yr old who have stayed 1 night+ in YF country within 6 days of flight to australia need YF certificate

Polio

- All people departing from Pakistan, Cameroon and Syria will need to have a full course of polio vaccinations certified before they can leave the country.
- Refugee and humanitarian applicants will have one dose of OPV at the departure health check (and any new applicants referred for initial visa medical examination will also have a dose of OPV) in ten identified countries - Afghanistan, Cameroon, Equatorial Guinea, Ethiopia, Iraq, Israel, Kenya, Nigeria, Pakistan, Somalia and Syria. This will be documented by IOM on the health manifest, so it is clear to all health providers that this has occurred. (May 2014)

Onshore refugee health assessment

Caring for Refugee Patients in General Practice

A desk-top guide (4th edition)

Victoria



1. Caring for the refugee patient	3	7. Physical examination of refugee patients	12
2. Identifying patients from a refugee background	4	8. Undertaking investigations	14
3. Engaging a professional interpreter	6	9. Psychological sequelae	17
4. Consultation and management	8	10. Settlement support	19
5. Medical history, examination and immunisation	10	11. Asylum seekers	20
6. Diagnoses to consider: a syndromic approach	11	12. Referral and further information	22

There is a refugee health assessment guide available for each state:
<http://refugeehealthnetwork.org.au/desktop-guide-victoria/>

Suggested screening tests

Baseline

- FBE & film
- Ferritin
- Hepatitis B serology (HBsAg, HBsAb, HBcAb)
- Strongyloides serology
- Tuberculosis screening (with TST \leq 5 years; and either TST or IGRA in older children)
- Faecal specimen – OCP (ideally fixed to improve detection of protozoa), depending on pre-arrival albendazole

Age-based/risk-based screening

- Vit D, Ca, PO₄, ALP
- Serum active vitamin B12
- Malaria (endemic)
- HCV serology
- Schistosoma serology
- Varicella serology
- Rubella serology
- STI screen (gonorrhoea, chlamydia and syphilis)
- HIV testing
- Helicobacter pylori screening

These are the recommended screening tests in children. More details can be found here: http://www.rch.org.au/immigranthealth/clinical/Initial_assessment/

Prevalence (Australian data)

Anaemia	7 – 30% all groups, 23 – 39% < 5 years
Iron deficiency	13 – 30%
Low Vitamin D	60 - 90% African, 33 - 37% Karen
Low Vitamin A	20 - 40% African children
Low Vitamin B12	16 – 18% Afghan, Iran, Bhutan
Hepatitis B	sAg 0 – 21%, sAb 26 – 60%
Hepatitis C	1 - 4%
HIV	< 1%
Schistosoma	5 – 38% African and South Asian
Strongyloides	0 – 21% higher South Asian
Malaria	4 – 10% African - prior to DHC, still get cases
Faecal parasites	11 – 42% all groups, higher children
Mantoux test +	10 – 53%
STIs	0% gonorrhoea, 0 – 6% chlamydia
Syphilis	0 – 8% adults, 0% children
Helicobacter pylori	82% African children
Inadequate immunisation	100%

These numbers reflect compiled prevalence data in Australian cohorts of patients, with regards to the conditions screened for.

These conditions are common and prevalence varies according to country of origin.

The prevalence of these conditions emphasizes the need for appropriate screening in refugee and asylum seeker background children

Mental health - consider

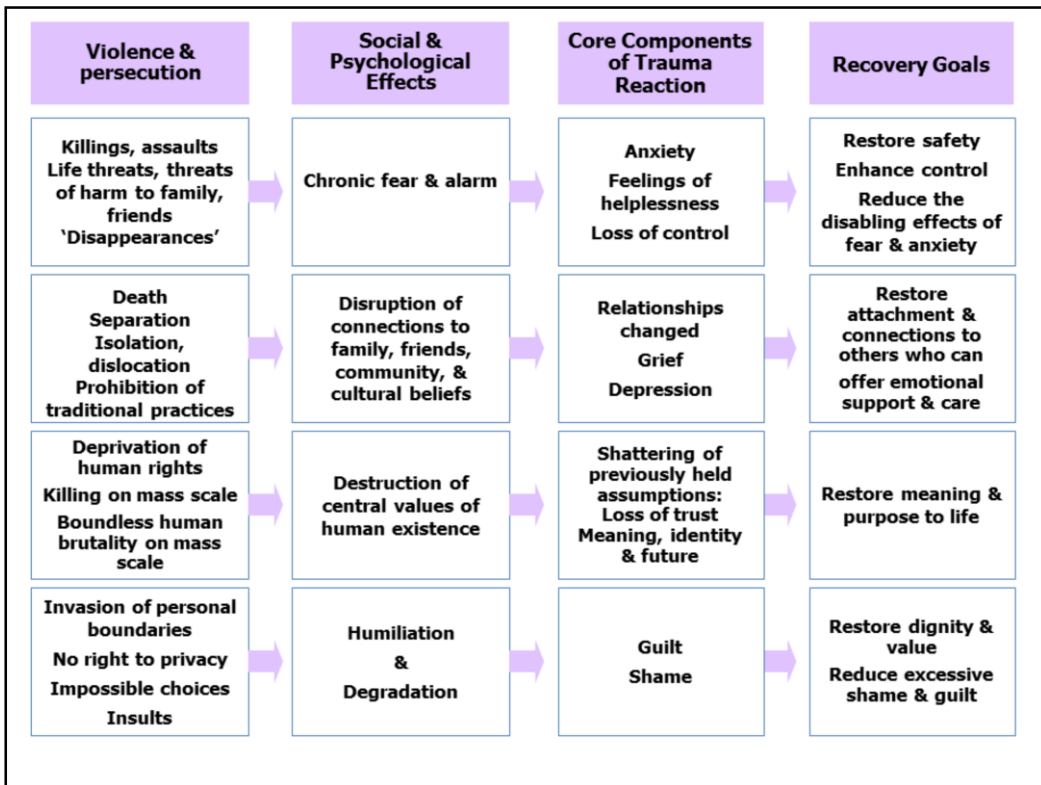
- Country of origin situation
- Migration journey
- Detention experience/uncertainty
- Torture/trauma
- Sexual violence
- Family separation/loss

- Depression
- Anxiety
- PTSD
- Self harm/suicidal ideation
- Adjustment/grief/other
- Developmental/behavioural impact (children)

Mental health is a significant issue and needs to be considered in all refugee background children.

Note that the mental health concerns may arise from various causes, including the detention experience as well as country of origin situation.

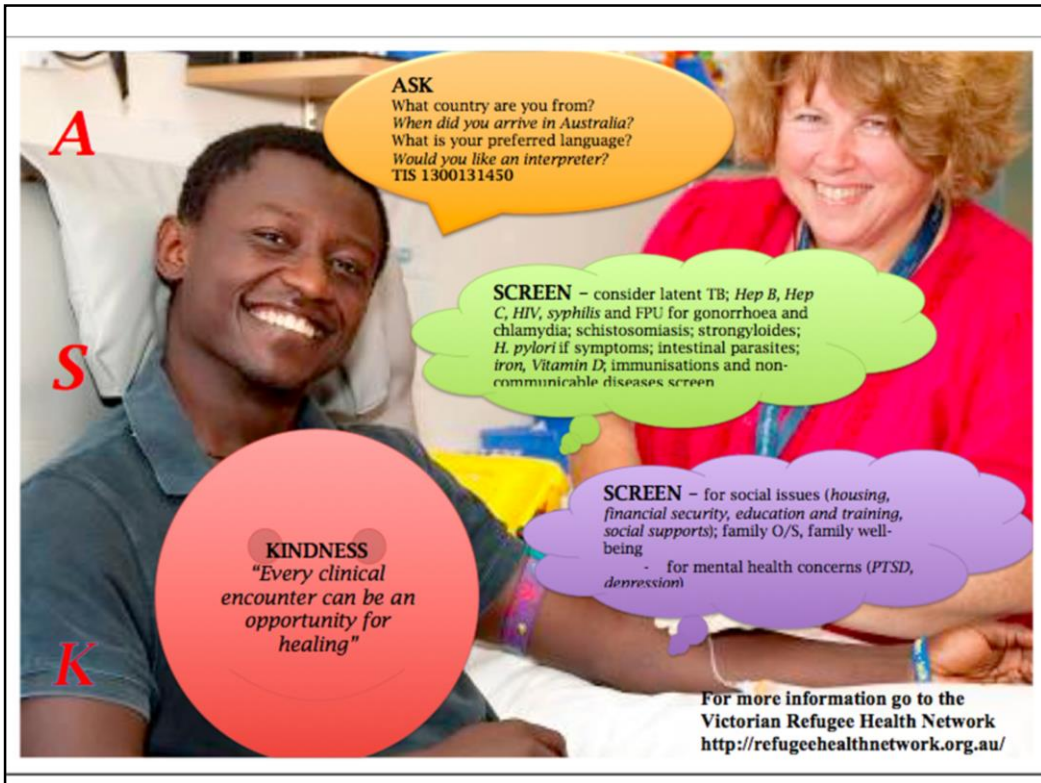
Children should be screened for mental health concerns at their appointments.



An overview of the trauma pathway from violence and persecution to recovery goal.



Full plan: <http://www.health.vic.gov.au/diversity/refugee.htm>



A useful screening tool “ASK” when meeting with refugee families

For more information:

Refugee Fellow Program Contacts:

- <http://refugeehealthnetwork.org.au/engage/refugee-health-fellows/>

RCH Immigrant Health:

- <http://www.rch.org.au/immigranthealth/>

Foundation House (VFST):

- <http://www.foundationhouse.org.au/>

DIBP Fact Sheets:

- <http://www.border.gov.au/about/corporate/information/fact-sheets>