

Hurdles to health: immigrant and refugee health care in Australia

Sally B Murray and Sue A Skull

Abstract

Refugees and asylum seekers face a number of barriers to accessing health care and improved health status. These include language difficulties, financial need and unemployment, cultural differences, legal barriers and a health workforce with generally low awareness of issues specific to refugees. Importantly, current Australian government migration and settlement policy also impacts on access to health and health status. An adequate understanding of these 'hurdles to health' is a prerequisite for health providers and health service managers if they are to tailor health care and services appropriately. We include tables of available resources and entitlements to health care according to visa category to assist providers and managers.

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IT HAS BEEN SHOWN THAT refugees are particularly vulnerable to poor health¹ and that they often experience hurdles that limit or prevent their access to health care. These hurdles include cultural and language differences, an inadequately prepared workforce, and legal and economic barriers. As Australia receives about

What is known about the topic?

Australia receives about 12 000 refugees a year and many of these people face significant hurdles to health and health care.

What does this paper add?

This paper discusses the substantial hurdles in the areas of economics and employment, cultural difference, language difficulties, a workforce not trained in refugee health, legal barriers and the impact of Australian policies, as well as providing a list of resources to assist health care providers.

What are the implications for practitioners?

It is suggested that we will be able to improve access to health services for refugees if providers are aware of the hurdles and the resources currently available to address these hurdles.

12 000 humanitarian entrants each year, an adequate understanding of the hurdles faced by refugees and asylum seekers is a prerequisite for health providers and health service managers to tailor management and service provision appropriately.

Hurdle one: economics and employment

Refugees face financial barriers that influence health and health care in a number of ways. Unemployment is common among newly arrived refugees, and those who do attain employment are often employed in low paying jobs or casual employment.² Income loss or threat of dismissal can result in reduced willingness to take time off from work to access health care.³ Migrant workers are also more likely to accept employment in hazardous occupations.⁴

Perceived or actual cost of health care also limits access for refugee and migrant patients.^{5,6-9} This is

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I Summary of health care entitlements for Australian immigrants

	Off shore humanitarian refugees	Refugees with temporary protection	On shore asylum seekers and other bridging visa holders	Asylum seekers awaiting review of a negative DIMIA decision
Health assessment and early intervention program	Eligible	Eligible	Not eligible	Not eligible
Medicare	Eligible	Eligible (blue 'interim' Medicare card)	Only given if permission to work. If asylum application made 45 days or more after arrival, no Medicare access	Variable — some retain access through RRT stage
Health care card	Eligible (usual criteria apply)	Eligible (usual criteria apply)	Not eligible	Not eligible
Torture and trauma counselling	Eligible	Eligible for limited amount only	May be eligible (non-DIMIA funded services)	May be eligible (non-DIMIA funded services)

DIMIA = Department of Immigration and Multicultural and Indigenous Affairs. RRT = Refugee Review Tribunal

compounded for most by a lack of knowledge of the right to access bulk-billing or other 'no cost' services.

Hurdle two: cultural difference

Diverse belief systems exist related to health, wellness and illness. These influence health-seeking behaviour, including attitudes to preventive and curative care, attitudes to providers, and expectations of the health care system.^{5,7,10-13} A lack of health care providers from culturally and linguistically diverse groups further limits the incorporation of cultural understandings into available health care.

Hurdle three: language difficulties

Provision of translated materials and translating services are fundamental to responsive health service delivery.^{5,7,8,11,12,14} Data from the Adult Migrant English Program (AMEP) suggest that over 70% of entrants with the Humanitarian Program and almost 60% of entrants in the Family Migration Program have few or no English skills on arrival in Australia.¹⁵

Communication skills affect knowledge of disease, compliance and satisfaction with health treatment, and access to health care.^{11,12,16,17} Accessing trained interpreters with appropriate language skills is key, although this is not always adequately funded, particularly for emerging communities.¹⁸

Hurdle four: an under-trained workforce

Training of health personnel in issues specific to refugee health has been recognised as a priority in refugee health care.^{7,8,14} Factors that have been identified as important for an adequately equipped workforce include an awareness of: health and welfare needs of refugees; available interpreting services; other resources available to assist refugees such as Migrant Resource Centres; and opportunities for interagency work so that holistic care is achieved.^{5,7,19-22} These are key to ensure the expectations of patients are met and trust is established. Establishing trust requires providers to be equipped to deal with issues of trauma, torture, and persecution, which by definition humanitarian entrants have suffered before arrival. This is particularly important if patients

are to seek ongoing care for themselves and their families.^{8,14,19,23}

Hurdle five: legal barriers

Perceived or actual legal barriers may also limit access to health care. Persons may be afraid to register or access the health care system if they are unauthorised or 'illegal' arrivals, or have suffered traumatic experiences in the health care system

related to their flight. Alternatively they may fear deportation or that relatives will be unable to migrate and join them in the future if they are found to have diseases such as tuberculosis.²⁴

Hurdle six: the impact of current Australian policies

Current government policy in Australia reduces the capacity of refugees and asylum seekers to

2 Refugee and asylum seeker information and resources

Where can I read about the migration system and entitlements?

The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) website contains a number of fact sheets that outline the current migration entry system and service entitlements (<http://www.immi.gov.au/facts>). The New South Wales Refugee Health Service has also produced fact sheets outlining entitlements.

Where can I read about specific health problems of refugees?

The Royal Children's Hospital and Royal Melbourne Hospital have both produced management guidelines outlining the nature, assessment and management of common health conditions in newly arrived refugees. The Victorian Foundation for the Survivors of Torture (VFST) have produced an excellent book entitled "Promoting refugee health. A handbook for doctors and other health care providers caring for people from refugee backgrounds".³⁴ A desktop version of this is available at the Royal Australian College of General Practitioner (RACGP) website (<http://www.racgp.org.au/downloads/20000831refugeevic.pdf>).

Charles Kemp keeps a useful website in the USA that covers many health areas and related refugee issues as well as having an extremely comprehensive list of electronic links. It includes country specific links at http://www3.baylor.edu/~Charles_Kemp/refugees.htm.

Who is involved in health professional training?

The Victorian Foundation for Survivors of Torture (VFST) (<http://www.survivorsvic.org.au/>) conducts professional training and provides excellent resources for professionals working with refugees.

The Centre for Ethnicity and Health (<http://www.ceh.org.au/>) similarly has a wealth of online resources and links to multilingual information and is involved in training professionals working with immigrants. They also have a comprehensive library.

Are there any free multilingual materials available?

The VFST has also produced a variety of free multilingual materials about accessing the Australian health care system (<http://www.survivorsvic.org.au/HealthyAccess.htm#HealthyStart>) and food and nutrition issues (<http://www.survivorsvic.org.au/Multilingual.htm>). Another source for translated material about accessing services, multiple health conditions and preventive services is the NSW Multicultural Health Communication Service (<http://www.mhcs.health.nsw.gov.au/>).

Who is able to help with issues related to asylum seekers?

The Melbourne Refugee and Asylum Seeker Health Network is a volunteer network of health professionals engaged to provide and advocate for improved services for asylum seekers without Medicare and to educate health professionals. It has links to many services available for asylum seekers (<http://www.rashnmelb.org>).

The Royal Australian College of General Practitioners (RACGP) website has similar links to organisations working with asylum seekers (<http://www.racgp.org.au/refugeehealth>).

What ethnic-specific services are available?

Migrant Resource Centres offer a variety of important services to these groups.

The Ethnic Community Council Victoria has a searchable multicultural services database. This is available at regional, local government area, and town levels (<http://www.eccv.org.au/>).

What information is available to assist with health service planning?

The Settlement Database at the Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) website (<http://www.immi.gov.au/settle/data/index.htm>) provides settlement reports at all aggregations of Australian and state populations.

access health care. Recent policies mean that not all people seeking asylum in Australia are provided basic health care, shelter, and work rights.²⁵⁻²⁸ For example, one type of bridging visa (Bridging Visa E) is granted to those that seek asylum more than 45 days after arrival in Australia. As well as the lack of access to housing, financial assistance and pensions outlined for Temporary Protection Visas, holding a Bridging Visa E also removes the right to health care and work.²⁶ It does not allow access to government funded interpreting services or adult English language classes.^{29,30} Another policy, mandatory detention of unauthorised arrivals, has been argued to contribute to poorer health outcomes³¹⁻³³ such as exacerbating mental health problems. Box 1 outlines current visa categories and health care entitlements for refugee and asylum seekers, emphasising the difficulties current policies create.

Jumping the hurdles

A significant reduction in these hurdles could be achieved through relatively simple solutions. Box 2 includes examples of services, resources and organisations that can help providers manage refugee health care. Although particularly relevant to the Victorian context, many can be applied more broadly. It is hoped that those who work within health services serving refugee populations will take up the challenge to improve access to and experience of health care provision in Australia for refugee clients.

Competing interests

None identified.

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