The Royal Australasian
College of Physicians

Submission to the Inquiry into immigration detention in Australia

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Everyone has the right to seek and enjoy in other countries asylum from persecution.
Article 14, Universal Declaration of Human Rights (signed by member countries in 1948, including Australia and New Zealand).[1]

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About the RACP

The RACP is the professional organisation responsible for the training, assessment and ongoing professional development of consultant physicians and paediatricians in Australia and New Zealand.

The RACP comprises over 10,000 Fellows. Membership comprises Fellows of the College in its Divisions of Adult Medicine and Paediatrics and Child Health, Fellows of its Faculties (Public Health Medicine, Rehabilitation Medicine, Occupational Medicine and Intensive Care Medicine) and Fellows of its Chapters (Palliative Medicine, Addiction Medicine, Community Child Health and Sexual Health Medicine). In addition, the RACP encompasses numerous Specialty Societies that represent the spectrum of practice in Internal Medicine and Paediatrics across 23 sub-specialties.

The RACP has evolved to bring together different groups of physicians who share common ideals in medical practice. Physicians and paediatricians are medical experts to whom patients with complex and difficult or chronic diseases are referred. They emphasise the treatment of the whole individual within a social context. This requires not only a high level of medical expertise, but high cognitive competence and the ability to communicate exceptionally well with patients, other medical practitioners such as general practitioners, other health team members and medical trainees. These ideals have led the RACP to a unique position among the specialist medical colleges. Not only is the RACP the key professional training and education body for physicians in Australia and New Zealand, it has also emerged as a key informant and influence in health policy over a range of areas.

The inquiry into immigration detention in Australia

The RACP welcomes the opportunity to present feedback from Fellows to the Joint Standing Committee on Migration Inquiry into Immigration Detention in Australia.

Feedback included in this process comprises information primarily from Fellows from the Paediatrics and Child Health Division.

Australia is a signatory to the Convention on Rights of the Child (Article 22 of which covers the Protection of children seeking refugee status) [2], the Refugee Convention [3] as well as the Universal Declaration of Human Rights.[1] The RACP Paediatrics and Child Health division is a strong advocate for the health and human rights of children and adolescents who are refugees and asylum seekers. During 2002 and 2004, the RACP was an active member of the alliance of health care professionals that presented a key report to the Human Rights and Equal Opportunities Commission (HREOC) on children in detention. Our submission to the HREOC documented the significant potential negative health and developmental outcomes for children placed in detention.[4-8] The majority of asylum seeker children and young people are eventually granted refugee status. It is important from a human rights perspective, as well as a personal and societal cost perspective, that they are not subjected to adverse health outcomes as a result of their experience in immigration detention, and that early intervention for preventable and treatable disease occurs consistent with good practice.

Subsequently, the RACP has developed a policy statement that provides numerous recommendations regarding the health needs of refugee children: 'Towards better health for refugee children and young people in Australia and New Zealand'.[9, 10] This policy statement was developed by drawing on the scientific literature, international guidelines and policy documents, and the expertise of local field workers. This document has been the primary source used to inform the RACP's submission to the inquiry into immigration detention in Australia.

Other RACP policy statements relevant to the inquiry include;

- Inequity and health: a call to action. *RACP* 2005.
- An introduction to cultural competency. *RACP* 2006.
- Protecting children is everybody's business: paediatricians responding to the challenge of child abuse. *RACP* 2000.

Addressing the terms of reference

Underlying principals

The focus of this submission is asylum seekers. The majority of asylum seekers placed in immigration detention in Australia are eventually granted refugee status.

The recommendations made in this submission are underpinned by a number of principles that relate to human rights, social justice and equity of access to healthcare.[9, 10]

- Children and young people in any form of immigration detention have the same rights to health care as do other children in Australia.[11]

- Access to appropriate health assessment and care may be limited by cultural, language or financial constraints.

- The health status of children and their families is only partly dependent on health services and is strongly affected by other factors such as family well-being, education, housing and employment.

- Investing in children's health has been shown to produce sound economic benefits, with favourable cost benefits incurred by the provision of preventive immunisation and early detection and treatment of infectious diseases in immigrants from high prevalence countries.[12]

- Intensive support early after arrival appears to be highly beneficial and the resilience of refugee children can be enhanced by appropriate supports.[13, 14]

Overview

The impact of immigration detention on children, adolescents and families

The negative impact of detention on the mental health and developmental outcomes for children and adolescents placed in detention has been well documented and the impact of detention continues to have psychological sequelae into the long term.[5-7, 15, 16] The detention of children and adolescents after their arrival in Australia worsens their mental health [7, 15] and places them at increased risk of suicidal ideation and self harm.[8, 15]

Immigration detention also impacts upon family health and family functioning. Parenting skills and capabilities can be undermined by detention [17, 18] and by the stresses and insecurity involved in resolving residency.[19] In one study of 10 families in immigration detention for over 2 years, parents felt they were no longer able to care for or support their children.[15] For asylum seekers and those on temporary protection visas, insecurity regarding the family's residency, and lack of access to services may aggravate psychological morbidity, which impacts directly on child well-being.[19] Moreover, recent evidence suggests that establishing secure residency status for asylum seekers may be important to their recovery from trauma-related psychiatric symptoms.[20]

Being unaccompanied or separated from family members, whether in detention or in the community creates further stresses for children and adolescents.[21] Family unity has a critical impact on mental health. In a recent Australian study of 241 adult refugees, prolonged detention was found to have a long-term impact on psychological well being.[22] Refugees that were isolated from other family members were more likely to experience severe mental health problems.[22] Consequently, every effort should be made to keep families together, to promote the reunification families and to avoid policy that enforces family separations.

Community-based alternatives to immigration detention

Legislative and policy changes are required to ensure that all people seeking asylum have access to appropriate health care and are afforded the human rights and dignity that international law dictates. Preventive, indefinite detention of asylum seekers, most of whom are found to be genuine refugees, does not uphold their human rights.

Although no children have been in detention centres within Australia since 2005, current legislation does not preclude this and children may still be detained in offshore processing centres. It is important that Australian legislation that allows children to be housed in detention centres is amended.

Community detention is a viable alternative for almost all detainees. Community detention should allow freedom of movement, facilitate participation in local communities and ensure access to education, work and healthcare. Management by case workers should include access to ongoing supports and legal advice. It is important that community detention only occurs for the shortest possible time periods and children should never be separated from their families.

Integration into the community and ongoing support during the settling-in period has been shown to be helpful in producing better health outcomes in refugee children and youth.[23] In addition, alternatives to detention, such as community-based housing, have been found to be more cost-effective than detention centres.[24, 25]

Internationally there are several successful examples of community-based monitoring / detention for asylum seekers on first arrival. For example, a recent comparison of Iceland and Denmark to Australia revealed that the policies for asylum seekers / refugees in the Nordic countries promoted freedom of movement and access to healthcare that was equal to services afforded to other residents.[26]

Health service provision

Timely and comprehensive assessment of all detainees is recommended, with clear pathways for referral and management. Service provision should occur within a human rights framework that affirms the dignity of clients, and respects their right to informed consent and choice regarding healthcare.[27]

Services should offer the use of professional interpreters (who are preferably health-trained). It is not appropriate to use children or other family members as interpreters.[28] Staff require suitable training and professional support to develop staff skills and prevent burn-out.[29] For individuals and families in community detention, case workers and/or volunteers play an important role by assisting people to negotiate the complex health system, attend appointments and access their entitlements. The provision of hand-held health records to clients is a useful tool to provide communication between service providers.

Health assessment and follow-up

The children and adolescents who are at risk of placement in immigration detention have complex physical and mental health needs and special attention is required when addressing their health requirements.[10] Infectious disease, chronic disease, conditions associated with malnutrition as well as injuries arising from war, accidents and torture may be present. Many of these conditions can be easily treated with inexpensive measures yet can cause long term health problems, and have public health implications, if they go undetected. In addition, as discussed above, psychiatric disorders are common in this group. Of particular concern are those children and adolescents who are 'unaccompanied minors', who lack the protection and support of their families.[30]

The countries of origin and transit have important implications for the health needs of children in terms of their exposure to disease and prior access to services. Many children will have received some immunisations, but in a recent study of African refugees in Melbourne a high proportion (around 56 per cent for measles) were found to be non-immune to common vaccine-preventable disease.[31]

A comprehensive health assessment should be performed shortly after arrival with a clear documented pathway for appropriate follow-up care.[10] As a first step acute, potentially severe conditions, such as infectious diseases, severe psychopathology, haemoglobinopathies and nutritional deficiencies need to be identified. The management of chronic conditions including psychological morbidity and developmental issues should also be addressed, either initially or subsequently as appropriate. A thorough history and examination is essential. Sensitivity to cultural and gender issues and the establishment of rapport is important to optimise continuity of care.

Interventions in early childhood that focus on good quality early childhood care and education have been shown to have beneficial effects on the social and emotional development of children, and lead to improved resilience, academic achievement and mental health.[32] Investing in children's health has been shown to produce sound economic benefits.[33] For example, there is good evidence that preventive immunisation represents a cost saving to the health service in Australia, especially for measles immunization.[34] Early detection and treatment of infectious diseases, such as tuberculosis and malaria, are cost effective in immigrants from countries where these diseases are prevalent.[12, 35]

It is highly likely that early comprehensive medical assessment and rapid identification of the needs of children and adolescents upon arrival will produce better health outcomes and will be cost effective. Programs addressing malnutrition, literacy, facilitating education of older children and adolescents and early identification of learning difficulties is also important.

Recommendations

1. Current Australian legislation that allows children to be housed in detention centres should be amended.
2. Community-based detention should be considered as a viable alternative for virtually all detainees. This should occur for the shortest possible time, children should never be separated from their families and access to education should be provided.
3. Child and family health should be promoted by keeping families together and reuniting families.
4. Clear guidelines for permission to remain in Australia on medical grounds with mechanisms for independent medical review need to be established.

5. Publicly funded health care should be provided, with a mixture of targeted and mainstream services, independent of the person's visa status.
6. Comprehensive health assessments that address both physical and psychosocial needs should be performed *shortly* after arrival and appropriate follow-up care should be facilitated.
7. There must be clear medical follow-up plans for those treated whilst in detention. In circumstances where patients with active disease have been receiving therapy (such as Tuberculosis) are sent back to countries of origin, arrangements should be made for their treatment to be continued.
8. Services with appropriately trained, multidisciplinary team members, multicultural health workers, refugee workers and readily available professional interpreters should be established.
9. Previous health records should be made available and personal health records for children in immigration detention should be provided, to allow for improved communication of their health needs.
10. Clinically relevant and culturally appropriate research and the collection of data should be conducted in order to develop an evidence base for the provision of optimal services and care.[10]

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[1] Universal Declaration of Human Rights. http://www.un.org/Overview/rights.html.

[2] The United Nations Convention on the Rights of the Child. Article 22. http://www.unicef.org/crc/

[3] United Nations Convention relating to the Status of Refugees (adopted 28 July 1951, entered into force 22 April 1954).

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