

QUESTION TAKEN ON NOTICE

ADDITIONAL ESTIMATES HEARING : 08 February 2016

IMMIGRATION AND BORDER PROTECTION PORTFOLIO

(AE16/167) - Asylum seeker and refugee health - Programme 1.3: Compliance and Detention

Senator Di Natale, Richard (L&CA) written:

1. Does the Department or the Australian Border Force accept that in addition to suffering the same health problems as the general population, asylum seekers and refugees are at particular risk from a range of conditions including psychological disorders such as post-traumatic stress disorder, anxiety, depression, and the physical effects of persecution and torture?
2. Do you agree that these people may also suffer the effects of poor dental hygiene, poor nutrition and diet, and infectious diseases such as tuberculosis, which may be more common in their countries of origin?
3. Would the Department or the Australian Border Force agree that in order to determine their specific health needs, all asylum seekers and refugees should undergo comprehensive and timely health assessments in a culturally appropriate manner by suitably trained medical practitioners as part of a primary health care team?
4. Is any analysis being done into the impact of immigration controls, such as the prolonged, indeterminate use of detention, on the health of asylum seekers, including those eventually determined to be refugees?
5. Has the Department or the Australian Border Force modelled the costs of refugees and asylum seekers living in the community having access to Medicare and the Pharmaceutical Benefits Scheme (PBS), state welfare and employment support, and appropriate settlement services? Have you modelled the costs of not having these in place?
6. Are there health and welfare service providers for asylum seekers in detention and in the community and to what degree do these people have access to translation and interpretive services? (Including increased staff education, training, and support)

Answer:

1. The Department accepts that some asylum seekers and refugees may be at risk of health conditions, including health problems similar to those of the general population.
2. Yes, in many cases, people arriving in immigration detention have pre-existing health issues that may be more common in their countries of origin.
3. Yes. Comprehensive and timely health assessments are currently undertaken by suitably trained health professionals.

4. The contracted detention health services provider, IHMS, is contractually required to provide the Department with quarterly health data reports. IHMS provides provisional analysis and overview of the data and its possible implications.

Based on the provisional findings reported by IHMS, the Chief Medical Officer/Surgeon General is committed to undertaking further in-depth research and statistical analysis.

5. Answers relating to Medicare should be directed to the Department of Human Services.
6. Yes, the Department's Health Services Provider (HSP) provides health and welfare services to detainees in Australian Immigration Detention Facilities, and engages a number of sub-contracted health service providers to provide health services to individuals in community detention. The HSP, and its subcontractors, use the Department's main interpreting service provider for onsite interpreter services at detention facilities.