Policy Document

Refugee and Asylum Seeker Health policy

Background

The Australian Medical Students' Association (AMSA) is the peak representative body of Australia's 17,000 medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA actively seeks to advocate on issues that may impact health outcomes.

In 2015, there were 65.3 million forcibly displaced persons worldwide, of whom 21.3 million were refugees: the highest number since World War II. 54% of refugees came from Syria, Afghanistan, and Somalia, and more than half were children. [1] In that same year, 107,100 people were resettled, with Australia admitting 9,400 refugees. [1]

Australia is one of the 147 signatories to the 1951 Convention relating to the Status of Refugees as well as the 1967 Protocol Relating to Refugees, which together provide the international standard for refugee protection. [2] However, many of Australia's current policies and practices, including indefinite mandatory detention, [3, 4] pose significant harm to refugees and asylum seekers, and are not in accordance with Article 1 of the Universal Declaration of Human Rights. [5] Australia remains the only country in the world where immigration detention is mandatory for all unlawful non-citizens, refugees and asylum seekers. [6] The term "unlawful non-citizens" should be distinguished from the notion of "illegal immigrants" which is misleading and potentially harmful to asylum seekers, who in seeking asylum have not transgressed any international law or conventions.

The average time in detention amounted to 467 days as of the end of Feb 2017. [7] The number of children in offshore detention is 45, and the number of children in onshore immigration detention facilities is less than five; most children are placed in the community or under a bridging visa. [7] Up until 2009-10, the majority of refugees seeking asylum in Australia have arrived by air, however this has shifted in recent years to approximately 51.5% air arrivals and 48.5% boat arrivals in 2014. [8] Between 70 and 100% of asylum seekers arriving by boat at different times have been found to be refugees and granted protection either in Australia or in another country. [8] Australia has agreed to accept up to 13,750 refugees each year, and these have traditionally been granted to refugees processed offshore through the United Nations High Commissioner for Refugees (UNHCR) mediated pathway.

Health issues and health care gaps faced by refugees and asylum seekers

Refugees and asylum seekers are more likely to have been exposed to a range of conditions that may predispose them to poorer health. These conditions include poor sanitation and nutrition, unsafe water access, under-managed chronic disease, and an increased risk of communicable disease. Further, they often have little or no access to healthcare. Many have been exposed to an extensive history of persecution and armed conflict, and may have experienced the threat of, or actual, physical violence. This may

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include sexual assault resulting in an increased risk of sexually transmitted infections and unsafe abortion practices. Being subject to these conditions puts refugees and asylum seekers at an elevated risk of both physical and mental illness. [9]

Refugees who have been granted asylum in Australia have access to similar services as Australian citizens, including Medicare benefits. [10] In addition, the Australian government provides a variety of specific support programs such as the Humanitarian Support Services and the Community Assistance Support Program. [11, 12] Despite this, many barriers to healthcare remain, including language, financial hardship, lack of health education, and limited knowledge of the Australian healthcare system. [13] Furthermore, there is evidence that many healthcare providers are not adequately educated about the needs of refugees and asylum seekers, further threatening the health status of this already vulnerable group. [14]

Currently, there are several gaps in Australia's refugee and asylum seeker healthcare. These include access to culturally appropriate health services, language barriers, and targeted responses to the health issues facing refugees: mental illness, and maternal and child health. There is also a need for more refugee-specific training to be provided to healthcare workers, particularly in areas with high refugee settlement rates. [15]

Vulnerable groups within asylum seeker populations

Within asylum seeker populations are those who are the most vulnerable to these health issues, particularly children and the elderly. Despite recent government action to remove children from detention, an estimated 50 children remain detained. [7] In 2014, the Australian Human Rights Commission found that in many cases, the treatment of children in detention was in direct violation of Australia's commitment to the Convention on the Rights of the Child. Furthermore, the Commission found that the detention facilities had serious and detrimental impacts on the mental health of child detainees. [16] Children are also at risk of mental illness from pre-migration exposure to trauma, which can potentially lead to self-harm. [17] Reports show high levels of anxiety, inability to concentrate, and instances of physical and sexual assault. [16] The elderly are also at high risk, with the journey to Australia often causing extreme distress and illness. Additionally, the elderly once on-shore are the least equipped to adapt to the new environment, language and culture, facing social isolation in many cases. [18]

Held detention

As of 28 February 2017, there were a total of 1383 people in Australian immigration detention facilities, including 1119 in immigration detention on the mainland, 378 in the Nauru Regional Processing Centre and 837 in Papua New Guinea's Manus Island regional processing centre, and many more in the communities of both countries. [19] In addition, as of October 2016, there were 388 refugees and asylum seekers in Australia for medical treatment who had been transferred from Nauru, and 47 who had been transferred from Manus, including 115 children here for treatment or accompanying parents. [20]

In March 2015, the Report of the United Nations Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment found that the Australian government has "violated the right of the asylum seekers, including children, to be free from torture or cruel, inhuman or degrading treatment". This was a result of the "fail[ure] to provide adequate detention conditions; end the practice of detention of children; and put a stop to the escalating violence and tension at the Regional Processing Centre." [21]

A number of medical organisations, including the Australian Medical Association, [3] The Royal Australasian College of Physicians, [4] and the Royal Australian and New Zealand College of Psychiatrists [22] have stated that Australia's policy of mandatory, indefinite offshore detention is detrimental to the mental and physical health of refugees and asylum seekers. Anxiety, depression, post-traumatic stress disorder, self-harm and suicidal ideation are common among asylum seekers, and increase substantially with increasing duration of mandatory detention. [23]

The Senate Legal and Constitutional Affairs References Committee has found that the Australian Government exercised 'effective control' over, and responsibility for, the Manus Island and Nauru regional processing centres, both of which expose detainees to unsanitary conditions, lack of access to food, clean water, clean clothing and adequate medical care. [24] These conditions, along with environmental and infrastructure challenges, limited access to specialist health services, ongoing risk of destabilisation, and uncertainty around the future and settlement options amplify the risks for refugees and asylum seekers held in Australia's offshore detention centres. [4]

Potential alternatives to our current refugee policy

While mandatory detention was introduced in Australia as a way to deter asylum seekers, it has been established as an ineffective deterrent. [25-28] Concerns surrounding mandatory, closed and indefinite immigration detention include human rights abuses, negative health outcomes, and the cost of regional agreements and processing at remote onshore or offshore facilities, which amounted to $9.6 billion over the last three financial years. [25, 29] While immigration detention is widely used, distinctions between Australia's detention policies and other countries are: an assumption towards closed detention; mandatory detention for some asylum seekers without prior risk assessment; and indefinite detention without regular reviews.

Countries including Switzerland, the Nordic States, and New Zealand use closed detention as a last step in a tiered system of residence/placement options, [30] a model similar to one proposed by The International Detention Coalition (IDC). [25] The IDC suggests the tiers of unconditional community placement, community placement with some restrictions or reviews, and detention as a last resort with regular reviews. [25] Risk assessments can be used to identify which placement tier would be most suited to any individual, and the United States has specifically developed such a tool due to increasing concerns about unnecessary and prolonged detention. [25] Regular reviews of these decisions are also essential; for example, all member states of the European Union are required to undertake timely judicial review of detention decisions. [25] Vulnerable populations such as the elderly and children would ideally not be detained at all; countries including Canada take this into consideration, while others, such as Turkey, have completely excluded detention as an alternative for some vulnerable populations. [25]

While health, identity, and security checks are essential, many countries use measures alternative to closed detention even while these are conducted. Countries including Sweden, Finland, and Germany provide open accommodation centres for asylum seekers while these checks are conducted, and Canada will release individuals into the community as long as they are cooperative with all efforts to conduct appropriate checks. [25]

Community detention and Bridging Visas have been used in Australia as an alternative to closed detention while conducting essential checks. While by no means perfect, their

benefits over closed detention include lower mental health risk, improved integration and transition into residency, improved efficiency of claim processing, fewer incidences provoked by tense and overcrowded living spaces, and lower cost; the cost of detention per day is estimated at $655 compared to the cost of an alternative, estimated between $8.80 and $38. [25, 31, 32]

Position Statement

AMSA believes that:

1. All refugees and asylum seekers should be treated with compassion, respect, and dignity;
2. All refugees and asylum seekers should have equitable opportunity to enjoy good health in Australia, regardless of visa status or financial means;
3. Australia should meet its international human rights obligations regarding refugees and asylum seekers;
4. It is unacceptable for Australia to sacrifice the physical or mental health of any refugee or asylum seeker in order to achieve other political or policy goals, such as deterring new asylum seeker arrivals;
5. The Australian Government must cease its practice of prolonged, indefinite detention, in order to minimise the detrimental effects on refugee and asylum seeker health;
6. Coordinated and effective action is required to promote the best possible health outcomes for refugees and asylum seekers arriving and living in Australia.

Policy

AMSA calls upon:

1. Australian Commonwealth Government to:
    a. Honour its obligations under the United Nations' Universal Declaration of Human Rights and recognise national and international law when making decisions regarding policy that impact on refugee and asylum seeker health;
    b. Establish an independent, national, preventive independent body with power to investigate and advise on the health status of refugees and asylum seekers living in the community and held in detention, consistent with the recommendations of the Australian Human Rights Commission;
    c. Minimise the detrimental health impacts of detention by:
        i. Ceasing the practice of offshore detention and processing;
        ii. Abolishing mandatory detention, and assessing refugee claims while asylum seekers live in the community, in a way that is deemed appropriate for their specific needs and health;
        iii. Implementing a legally binding maximum time to be spent in any form of detention and minimising the time spent in detention facilities;
        iv. Finding alternatives to indefinite detainment of asylum seekers given adverse security assessments by Australian Security Intelligence Organisation, particularly in the case of children;

v. Ensuring that detention of any child is used only as a last resort for the shortest possible time, and immediately removing all unaccompanied minors from places of detention;
vi. Ensuring adequate health and living standards in all detention facilities, including offshore detention centres, and the timely provision of specialist treatment not available within detention facilities;
vii. Ensuring the advice of health professionals employed in detention facilities and the treating clinicians of an asylum seeker or refugee in a mainland hospital is followed;
viii. Offering refugees and asylum seekers a voluntary assessment of their physical and mental health on arrival, and ceasing any 'rapid turnaround' transfer/health screening policy;
ix. Ensure refugees and asylum seekers who are held in detention receive flexible, intensive social and health support upon their release;
x. Maintaining family units wherever possible;

d. Develop and implement goals, policies and strategies to minimize health inequities experienced by refugees and asylum seekers:
i. Provide all asylum seekers, and children born in Australia to asylum seeker parents, with continuous access to Medicare and affordable pharmaceuticals and ensure that the range of healthcare resources available is explained on their entry to the community;
ii. Provide and promote care that is appropriate to the cultural, linguistic and health-related needs of this group;
iii. Institute interventions to address the social and environmental factors, including housing, employment and education, which may act as determinants of the health of refugees and asylum seekers;
iv. Develop and support national refugee health frameworks to ensure a comprehensive approach to preventive and public healthcare and consistency in access to services and service provision;
v. Enhance available mental health and other health services, including training healthcare professionals working in detention to recognize and treat victims of torture and trauma, and respond appropriately to those in danger of self-harm and mental illness;
vi. Financially and logistically support outreach programs with trained personnel who recognise and can address the unique healthcare needs of refugees and asylum seekers;
vii. Focus on long term outcomes that include health education and disease prevention amongst refugee and asylum seekers, with appropriate consideration of the mental health issues prevalent in this community;
viii. Facilitate coordinated national data collation and monitoring of access to health services and health outcomes in refugee and asylum seeker populations;

e. Support research into the health impacts of the challenges faced by refugees and asylum seekers, policies relating to refugees and asylum seekers, and the benefits of prompt, accessible, equitable and culturally appropriate health care upon arrival;

f. Consider the health implications of restricting working rights for asylum seekers on bridging visas, including the risk of:
    i. Inducing feelings of social isolation and powerlessness, therefore potentially increasing the likelihood of mental illness;
    ii. Confinement to impoverished conditions, detrimentally influencing nutrition, mental health and family units;
    iii. Creating situations in which asylum seekers may be more vulnerable to exploitation in illegal work environments or criminal activity;
g. Ensure accountability and transparency in all activities relating to the processing and detention of refugees and asylum seekers;
h. More widely distribute visa information in several different languages to increase the opportunities for refugees to enter Australia under alternative non-humanitarian visas, allowing them to engage in the work force;

2. Australian Medical Students and Medical Professionals to:
    a. Actively engage in training pertaining to refugee and asylum seeker health, including the unique vulnerabilities and disadvantages that affect them;
    b. Be agents of social change, actively advocating through initiatives that campaign for, and build awareness of, refugee and asylum seeker health issues;
    c. Act as advocates for refugees and asylum seekers when encountered in medical practice, taking care to assert their right to an equitable standard of care and educate them regarding healthcare resources available to them;

3. Medical Schools to:
    a. Ensure curriculum adequately informs medical students about global health issues and the social determinants that impact on the health status of refugee and asylum seeker populations;
        i. Educate students about the definitions of refugees and asylum seekers, the traumas that they may have experienced and subsequent mental and physical health risk factors they possess;
        ii. Educated students to identify health issues and conditions that are more prevalent within refugee and asylum seeker groups
        iii. Educate students about cultural practices and health issues that may be prevalent within refugee and asylum seeker groups including but not limited to trauma-induced psychological conditions, domestic violence and female genital mutilation;
    b. Ensure curriculum provides opportunities for students to interact in a culturally safe manner with refugee and asylum seeker patients, cognizant of privacy and consent issues, with adequate support to protect the health and rights of patients;
        i. Educate students to deliver health care in a culturally safe manner;
        ii. Offer exposure and training in the use of interpreter and translation services;
        iii. Educate students about the health care facilities and community services that are available for refugees and asylum seekers to utilise;

c. Encourage medical students to undertake ethical research that investigates refugee and asylum seeker health issues and their determinants;
d. Encourage students toward the importance of advocacy for patient well-being and equal access to healthcare;

4. Medical colleges to:
    a. Actively engage and encourage college members to participate in college driven professional development opportunities to gain further adequate and culturally appropriate training if encountering or intending to encounter refugees and asylum seekers in medical practice;
    b. Educate members of the college regarding the unique vulnerabilities and disadvantages experienced by refugees and asylum seekers that impact on their physical and mental health and wellbeing;
    c. Utilise college networks and influence to be agents of social change; actively advocating through initiatives that campaign for, and build awareness of, refugee and asylum seeker health issues;
    d. Promote advocacy within the college to ensure college members uphold an equitable standard of care for refugee and asylum seekers as well as provide education to college members about what health services are available to this group;

5. Not-for-profit groups working with asylum seekers, refugees, or otherwise forcibly displaced persons to:
    a. Utilise their networks to educate their members, volunteers, supporters and their social networks about refugee and asylum seeker health issues;
    b. Encourage members to advocate and lobby for change where appropriate;
    c. Link with appropriate bodies such as AMSA, medical colleges and the Government to share information and collaborate to create solutions to improve refugee and asylum seeker health issues, ultimately working to provide more culturally appropriate care;
    d. Where appropriate, lobby State and non-State actors to pursue the recommendations of this policy document as per points 1 a-d.

References

1. United Nations High Commissioner for Refugees. Global Trends: Forced Displacement In 2015 [Internet]. Geneva: UNHCR, 2015. [Cited 7 May 2017]. Available from: http://www.unhcr.org/en-au/statistics/unhcrstats/576408cd7/unhcr-global-trends-2015.html
2. United Nations High Commissioner for Refugees, States Parties to the 1951 convention relating to the Status of Refugees and the 1967 Protocol, 2011, UNHCR: Geneva.
3. Australian Medical Association. Health Care of Asylum Seekers and Refugees [Internet]. 2015. [Cited May 10 2017]. Available from: https://ama.com.au/position-statement/health-care-asylum-seekers-and-refugees-2011-revised-2015
4. The Royal Australasian College of Physicians. Refugee and Asylum Seeker Health: Position Statement [Internet]. 2015. [Cited May 10 2017]. Available from:

https://www.racp.edu.au/docs/default-source/default-document-library/refugee-and-asylum-seeker-health-position-statement.pdf?sfvrsn=2
5. UN General Assembly, Universal Declaration of Human Rights, 10 December 1948, 217 A (III)
6. Phillips, J., and Spinks, H. Immigration Detention in Australia: Background note [Internet]. Parliament of Australia. 2013 March 20. [Cited 15 May 2017]. Available from: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BN/2012-2013/Detention
7. Immigration Detention and Community Statistics Summary [Internet]. Canberra: Australian Border Force; 2017. [Cited 7 2017]. Available from: https://www.border.gov.au/ReportsandPublications/Documents/statistics/immigration-detention-statistics-28-feb-2017.pdf
8. Phillips, J., Asylum seekers and refugees; what are the facts? [Internet] Parliament of Australia, 2015 March 2. [Cited 20 May 2017] http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1415/AsylumFacts#_Toc413067440
9. Royal Australian College of General Practitioners, Health care for refugees and asylum seekers, 2016. [Cited 6 May 2017]. Available from: https://www.racgp.org.au/Education/Curriculum/Refugee-and-asylum-seeker-health
10. Department of Immigration and Citizenship, Refugee and Humanitarian Visas, 2016. [Cited 8 May 2017]; Available from: https://www.border.gov.au/Trav/Refu/Offs/Refugee-and-Humanitarian-visas
11. Parliament of Australia, Australia Government Assistance for Refugees Fact v Fiction, 2012. [Cited 6 May 2017]. Available from: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BN/2012-2013/AustGovAssistRefugees
12. Australian Government Department of Social Services, 2017, Humanitarian Settlement Services. [Cited 8 May 2017]. Available from: https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settlement-services/humanitarian-settlement-services-hss
13. Sheikh-Mohammed M., Macintyre C.R., Wood N.J., Leask J., and Isaacs 0, Barriers to access to health care for newly resettled subSaharan refugees in Australia. The Medical Journal of Australia, 2006. 185: p. 594-597.
14. Johnson D.R., Ziersch A.M., and Burgess T., I don't think general practice should be the front line: experiences of general practitioners working with refugees in South Australia. Australia and New Zealand Health Policy, 2008 5,20. doi:IO.11861l743-8462-5-20.
15. Kaldor Centre for Refugee Law, Immigration Detention, 2015. [Cited 2017 6 May]; Available from: http://www.kaldorcentre.unsw.edu.au/publication/immigration-detention
16. Fazel, M., Reed, R.V., Panter-Brik, C., and Stein A., Mental health of displaced and refugee children resettled in high income countries. Lancet, DOI:10.1016/S0140-6736(11)60051-2
17. Review into recent allegations relating to conditions and circumstances at the Regional Processing centre in Nauru, 6 February 2016. [Cited 2017 8 May]; Available from: https://www.border.gov.au/ReportsandPublications/Documents/reviews-and-inquiries/review-conditions-circumstances-nauru.pdf

18. Australian Human Rights Commission, The Forgotten Children: National Inquiry into Children in Immigration Detention , AHRC, 2014. [Cited 6 May 2017]; Available from: https://www.humanrights.gov.au/publications/forgotten-children-national-inquiry-children-immigration-detention-2014/2-findings-and
19. Department of Immigration and Border Protection Annual Report 2015-16, 2016, Department of Immigration and Border Protection: Canberra. [Cited 6 May 2017] Available from: https://www.border.gov.au/ReportsandPublications/Documents/statistics/immigration-detention-statistics-28-feb-2017.pdf
20. Parliament of Australia. Supplementary Budget Estimates Hearing (Question taken on notice SE16/131), Immigration and Border Protection Portfolio. 17 October 2016.
21. Méndez, J. E. Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment. Addendum: Observations on communications transmitted to Governments and replies received. United Nations Commission on Human Rights, Geneva, 2015. [Cited 8 May 2017]. Available from: http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session28/Documents/A_HRC_28_68_Add.1_AV.doc
22. The Royal Australian and New Zealand College of Psychiatrists. Position Statement 52: Children In Immigration Detention. February 2015. [Cited 10 May 2017]. Available from: https://www.ranzcp.org/Files/Resources/College_Statements/Position_Statements/52_PS-FCAP-2015-Children-in-Immigration-Detention.aspx
23. Robjant K., Hassan R., and Katona C. Mental health implications of detaining asylum seekers: systematic review. The British Journal of Psychiatry. Mar 2009, 194 (4) 306-312; DOI**:** 10.1192/bjp.bp.108.053223.
24. Parliament of Australia. Report: Serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing Centre. Senate Standing Committee on Legal and Constitutional Affairs. 21 April 2017. [Cited 20 May 2017]. Available from: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Legal_and_Constitutional_Affairs/NauruandManusRPCs/Report
25. Sampson, R., Chew, V., Mitchell, G., and Bowring, L. There Are Alternatives: A Handbook for Preventing Unnecessary Immigration Detention (Revised), (Melbourne: International Detention Coalition, 2015).
26. Edwards A. Back to Basics: The Right to Liberty and Security of Person and 'Alternatives to Detention' of Refugees, Asylum-Seekers, Stateless Persons and Other Migrants [Internet]. Geneva: United Nations High Commissioner for Refugees; 2011. [Cited 20 May 2017]. Available from: http://www.unhcr.org/en-au/protection/globalconsult/4dc949c49/17-basics-right-liberty-security-person-alternatives-detention-refugees.html
27. Richardson R. Sending a Message? Refugees and Australia's Deterrence Campaign. Media International Australia [Internet]. 2010 [cited 6 May 2017];135(1):7-18. [Cited 20 May 2017]. Available from: http://search.informit.com.au.ezproxy.library.uwa.edu.au/fullText;dn=128978408663281;res=IELLCC
28. Robinson V, Segrott J. Understanding the decision-making of asylum seekers [Internet]. Home Office Research, Development and Statistics Directorate; 2002. [Cited 20 May 2017]. Available from: http://www.ners-sunderland.org.uk/content/hors243.pdf

29. Button L, Evans S, Lamoin A. At What Cost? The Human, Economic and Strategic Cost of Australia's Asylum Seeker Policies and the Alternatives. [Internet]. Melbourne: UNICEF Australia, Save the Children Australia; 2016. [Cited 20 May 2017]. Available from: http://www.savethechildren.org.au/__data/assets/pdf_file/0009/159345/At-What-Cost-Report-Final.pdf
30. Field O. Alternatives to Detention of Asylum Seekers and Refugees [Internet]. Geneva: United Nations High Commissioner for Refugees; 2006. [Cited 20 May 2017]. Available from: http://www.unhcr.org/en-au/protection/globalconsult/4474140a2/11-alternatives-detention-asylum-seekers-refugees-ophelia-field.html
31. Asylum seekers, refugees and human rights: Snapshot Report (2nd edition) [Internet]. Sydney: Australian Human Rights Commission; 2017. [Cited 20 May 2017]. Available from: https://www.humanrights.gov.au/sites/default/files/document/publication/AHRC_Snapshot%20report_2nd%20edition_2017_WEB.pdf
32. Joint Select Committee on Australia's Immigration Detention Network. Australian Human Rights Commission Submission to the Joint Select Committee on Australia's Immigration Detention Network [Internet]. Sydney: Australian Human Rights Commission; 2011. [Cited 20 May 2017]. Available from: https://www.humanrights.gov.au/australian-human-rights-commission-submission-joint-select-committee-australia-s-immigration
33. Australian Human Rights Commission. Tell Me About: Bridging Visas for Asylum Seekers [Internet]. Sydney: Australian Human Rights Commission; 2013. [Cited 21 May 2017]. Available from: https://www.humanrights.gov.au/sites/default/files/document/publication/Fact%20Sheet%20on%20Bridging%20Visas.pdf

Appendix

Definitions

Refugee:	The Convention and Protocol define Refugees as persons who • Are forced to migrate as a result of persecution, or fear of persecution, based on race, religion, nationality, membership of a particular social group, or political group; • Reside outside of their country of nationality, and; • Are unable or unwilling to return to their country of origin due to fear of persecution.
Asylum Seeker:	Asylum seekers are defined as persons who have lodged a claim, but are waiting for the country of asylum to accept or reject that claim. [6]
Immigration Detention Facilities:	There are various types of immigration detention facilities in Australia that range in security level and services provided: high security immigration detention centres, lower security immigration residential housing, immigration transit accommodation, and various arrangements classified as 'alternative places of detention'. [7]

Inequity:	Health inequities exist when avoidable inequalities in health persist between groups of people. Inequities result from inequality in social and economic conditions that determine risk of illness as well as inequality in the actions taken to prevent or treat illness. [8]
Bridging visa	Bridging visas are temporary visas that allow people to legally reside in Australia while their application for a longer term visa is being processed. It can be associated with restrictions and/or regular reporting. Asylum seekers on bridging visas may not be permitted to work if they arrived on or after the 13th of August 2012, and are also not eligible for social security payments or public housing; they are eligible to receive Medicare, and may apply for various support schemes to assist with their living and other expenses. [33]
Community detention	Community detention is a form of immigration detention that is carried out in the community. People in community detention are not under direct supervision and free to move in the community as long as they meet their restrictions and/or reporting requirements.

Policy Details

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