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# Meeting the primary health care needs of refugees and asylum seekers

Australia currently accepts over 13 000 refugee entrants each year.<sup>1</sup> A refugee is a person 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 of the country of his nationality and is unable or owing to such fear is unwilling to avail himself of the protection of that country".<sup>2</sup> An asylum seeker is a person seeking protection as a refugee but whose claim is still being reviewed. The application process may take considerable time. Refugees are provided with the same rights to healthcare as other Australian permanent residents, however asylum seekers have complex visa conditions and not all are eligible to use Medicare funded services. This *RESEARCH ROUNDup* examines the health needs and associated primary health care challenges for refugees and asylum seekers in Australia.

## Health problems of refugees and asylum seekers

Refugees and asylum seekers are amongst the most vulnerable people in the world. They may suffer from diseases and conditions rarely seen in Australia,<sup>3</sup> including infectious diseases such as: malaria, tuberculosis, syphilis, schistosomiasis, strongyloides, other intestinal parasites and fungal skin infections.<sup>4,5,6,7</sup> They may have nutritional problems relating to Vitamin A, Vitamin D or iron deficiency.<sup>7</sup> They may have untreated health conditions and injuries exacerbated through poor living conditions and lack of access to treatment.<sup>7,8,9</sup> The most frequent physical conditions treated in asylum seekers at Australian immigration detention centres in 2005-06 were dental caries, digestive complaints, respiratory problems, skin lesions, dermatophytosis, otitis externa and infections of the upper respiratory tract.<sup>10</sup>

Although refugees and asylum seekers may experience psychological problems, they can show great resilience.<sup>11,12</sup> Studies show that psychological difficulties may arise not only from their pre-arrival experiences, but that the detention of asylum seekers and the initial settling in period may have an equal or greater negative impact.<sup>10,11,13</sup> As such, there is potential for our health and social services to make a significant difference to the lives of these people.

However, obtaining an accurate overview of the health service needs of refugees and asylum seekers, with a view to providing health services, is difficult. Refugee and asylum seeker groups are racially and culturally diverse, have suffered extreme experiences of different types and have been in Australia for different lengths of time under a variety of visa conditions. There are few published Australian studies of the health needs of specific refugee groups.<sup>14</sup> Most estimates of their health care needs come from studies of service users.<sup>7,9</sup> There are limited studies

of the experiences of refugees using primary health care services.<sup>15</sup>

## Medicare eligible refugees and asylum seekers

Medicare item numbers are available for GPs and Practice Nurses to provide health care for refugees who have formally arrived through the Refugee and Humanitarian Program or for Asylum Seekers who have obtained a Bridging Visa with associated rights.<sup>8,16</sup> Victorian state policy further supports the role of primary health care in the initial care of refugees<sup>17</sup> with policy being developed in NSW.<sup>18</sup> Nevertheless, newly arrived refugees and asylum seekers experience difficulties accessing healthcare in an unfamiliar health system, may have language difficulties, find aspects of treatment strange or distrust government services.<sup>19,20</sup> Services may also be inadequate. A study of services for refugees in rural towns in NSW<sup>21</sup> highlighted insufficient primary health care infrastructure, such as bulk billing general practices, mental health services and dental services.

General Practitioners experience challenges in providing care to refugees and this may compound access problems.<sup>22</sup> A 2006 study conducted in South Australia,<sup>23</sup> documenting the experiences of GPs providing initial health assessments, found that GPs felt unprepared to manage health conditions rarely seen in Australia. The complex nature of refugee health conditions, combined with psychological trauma, cultural and language barriers makes providing health care for this group challenging. This is compounded by a lack of control over the number of patients presenting in one appointment. Referral pathways are under developed and there is poor transfer of health information. In the context of GP shortages and increasing demand for appointments from the existing community, the additional load from refugee groups may overwhelm a practice. Remuneration is inadequate as missed appointments, bulk billing and the administrative burden of Medicare threaten financial viability in practices with an increased refugee patient load.

One model of refugee primary health care delivery is the Primary Care Amplification Model<sup>24</sup> whereby a 'beacon' general practice, consisting of staff with specialist skills and appropriate technical and physical infrastructure, provides first contact and assessment of a patient. This is

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followed by a referral to a community GP, who receives support and training, including practice visits and advice on complex cases, research support and post graduate training. Establishment of this model requires additional government assistance. Another successful refugee health service model in rural NSW<sup>9</sup> involves a partnership between an Area Health Service and a Division of General Practice. The health service provides a nurse, pathology services, radiology and pharmaceuticals. Five GPs bulk bill services for eligible refugees.

A review of access to specialised refugee health services in Victoria found that the involvement of primary health care services including GPs and Refugee Health Nurses integrated in the broader health system with clear referral pathways was essential.<sup>25</sup>

## Medicare ineligible asylum seekers

Australia's Migration Act requires people entering Australia unlawfully to be detained, pending a decision on the granting of a Protection Visa.<sup>26</sup> For those in a detention facility, primary and secondary health care services are provided.

Models of primary health care for Medicare ineligible asylum seekers range from networks of health practitioners willing to provide basic services on a voluntary basis and clinics staffed by volunteers,<sup>27</sup> to state funded asylum seeker clinics in Victoria and ACT.<sup>28,29</sup> Care is provided through State health systems in Victoria and NSW.<sup>30,31</sup> Those who are eligible may receive additional health assistance through the Commonwealth Government Asylum Seeker Assistance Scheme.<sup>32</sup>

## Conclusion

Refugees and asylum seekers in Australia often have complex physical and psychological health care needs. Primary health care service provision for refugees and particularly for Medicare-ineligible asylum seekers is challenging. Volunteer services are filling gaps in care for this marginalised group. Australia is in great need of new models of primary health care that can provide critical services for refugees and asylum seekers.

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