Mental Health Services for Refugees and Asylum Seekers

A work in progress......

Laura Ribarow
July 2014
Introduction

This project aims to enhance access to, and participation in public mental health services by refugees and asylum seekers.

The project commenced in September 2103
The target population

- A refugee is a person who is outside their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group, or political opinion. **In a political context, asylum is when a government grants somebody refugee status and immunity from extradition.**

- Since WW2 Australia has settled around 800,000 refugees. Refugees are Medicare eligible and hold Medicare cards.

- An asylum seeker is someone who has applied for refugee status and who is awaiting a decision on this application. **Most asylum seekers living in the community are eligible for Medicare, although some asylum seekers and some service providers may not be aware of this.** Medicare ineligible asylum seekers are provided access to state funded health services, ambulance, and public oral health care services via a [Victorian Department of Health policy](https://www.dhhs.vic.gov.au/), however there continues to be difficulties accessing these services in some areas.
## Overview of refugee and asylum seekers living in Victorian and Nationally

<table>
<thead>
<tr>
<th></th>
<th>Victoria</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridging Visa E holders[^2]<strong>[^2]</strong> Pre-August 2012 arrivals with work rights[^1]</td>
<td>Approx. 9,000</td>
<td>22,773</td>
</tr>
<tr>
<td>Held detention[^3]</td>
<td>407</td>
<td>6101</td>
</tr>
<tr>
<td>Community Detention[^2]</td>
<td>1389</td>
<td>3330</td>
</tr>
<tr>
<td>2012/2013 asylum seekers who arrived with a valid visa by plane lodged new application[^4] (does not take into account people who have lodged applications in previous years waiting for outcomes)</td>
<td>??</td>
<td>8308</td>
</tr>
<tr>
<td>Asylum Seeker Resource Centre members[^1]</td>
<td>1173 arrived by plane 252 arrived by boat</td>
<td>N/A</td>
</tr>
<tr>
<td>Family Visas (tied to subclass 866)</td>
<td>unknown</td>
<td>1,066 estimate 1200</td>
</tr>
<tr>
<td>2012/2013[^5]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>July 2013-Oct 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent protection visas, 1 year[^6]</td>
<td>4,194</td>
<td></td>
</tr>
<tr>
<td>Permanent protection visas, 5 years[^5]</td>
<td>22,872</td>
<td>72,661</td>
</tr>
</tbody>
</table>
کوئی میں آزاد پاکستان کے علاوے کسی کوئی طرف نہیں ہے، جس کے نام سے جانے گا کسی وقت کی بات کوئی بھی نہیں کہا گیا کہ ہم سو نویں کے سامنے کا ایک اشارہ ہے بھی نہیں کہا گیا۔
Iman: an individual case study

- Male asylum seeker, aged 38, **no work rights**
- Came by boat, through detention at Christmas Island
- **Came alone** to Australia leaving his wife and daughter in Pakistan
- Persian speaking, ethnic Hazara, Shia Muslim religion
- Presented with **depression and anxiety**
- **Attempted to take his own life** while in detention.
- Two subsequent **suicide attempts** in Melbourne, each time had been admitted to Sunshine Hospital twice
- Associated **physical issues arising from severe torture and trauma**
- Iman’s bridging Visa had expired, so **could not renew his Medicare card** when it expired, and thus he could not access many (most) GP services
- Accommodation options very limited: homeless status can affect eligibility for services
- Specialists had indicated his MH was related to his poverty, homelessness, and lack of employment, so they felt that if these could be improved, his MH would improve.
- **Waiting for determination over refugee status** – highly anxious
A systems level case study: needs analysis

“George” is the key worker currently supporting Iman. George could be described as needing to have effective and efficient working relationship with:

- the refugee health nurse program
- a GP who will undertake Refugee Health Assessments, and who work with patients who have no Medicare Card
- Mental health services: Acute, Sub-acute, Community Health Counselling etc.
- Foundation House for survivors of torture and trauma
- Short term accommodation (Mid-west alliance Housing Working Group/Salvation Army Initial assessment and planning)/Melbourne City Mission Housing Worker

As required material aid agencies, local government support services etc., and a readily available Persian Interpreter.
Where did we start?

• This is the first time we have been involved in a project or committee process like this where we work with mental health services staff
  (Settlement services team leader)

• I wasn’t aware there was such a thing as refugee health nurses
  (Senior settlement case manager)

• This is the first time that I’ve sat down with a representative of (the adjoining MH service)......
  (MH manager)

• I didn’t know there was such a thing as an Emergency (MH) Crisis Assessment Team in the local Emergency Department
  (General Practitioner)
Project responses

• Work to understand the context
• Information and pathways
• Relationships and networks
• Resources and tools
• Training support
• Identify champions
• Sustainability options
• Build cross agency support
• Challenge and change the language

Build a replicable model
Mental Health Crisis
Client at risk of potential harm to self or others

Identified mental health need but not at immediate risk
Significant levels of disturbance, and disruption to the ability to function psychologically/socially due to the illness

Some moderate level of disturbance, and disruption to the ability to function psychologically/socially due to the illness

Torture and trauma presenting issue

Depression, anxiety, grief and loss
Journey and settlement issues

Community based support and recovery

Psychiatric Triage/Crisis Assessment Team (CAT) Ambulance Police

• Mercy Mental Health
• Midwest Area Mental Health Service (MWAMHS)
• Orygen Youth Health (15-25 yrs)
• Asylum Seeker and Refugee Health Clinic (ASRHC)

• General Practitioner
• Refugee Health Nurse
• Headspace (12-25 yr olds)

Foundation House

Community Health Service Counselling

• Community Mental Health Services (CMHS) MH diagnosis has been made
• Personal Helpers and Mentors Program (PhaMs) No MH diagnosis may have been made

Foundation House Brunswick 9388 0022
Sunshine 9300 8670

Community Health Service Counselling
• CoHealth 8398 4178
• ISIS Primary Care 9313500
• Djerriwarrh Health 8746 1100

CMHS: CoHealth Tel.9362 8181
Neami
Break Thru Tel 9365 9500
PhaMs: CoHealth Tel 9362 8181
Break Thru Tel 365 9500

Midwest Area Mental Health CAT Service Tel 1300 874 243
Mercy Mental Health CAT Tel 1300 657 259
Orygen Youth Health CAT (15-25 year olds) Tel 1800 888 320

Mercy Mental Health Triage Tel 1300 657 259
MWAMHS Mental Health Triage Tel 1300 6874 243
Orygen Youth Health Triage Tel 1800 888 320
ASRHC Intake Nurse Footscray Tel 9274 9877

Refugee Health Nurse Locations
• CoHealth Footscray Tel 8398 4171/8398 4100
• Djerriwarrh Melton Tel 8746 1333/ Melton CHC 8746 1100
• CoHealth Kensington Tel 8378 1625
• ISIS Primary Care Wyndham 8734 1427/8734 1626, Sunshine 9313 5000
Headspace Sunshine Tel 9927 6222
Werribee Tel 80012366

Headspace Sunshine Tel 9927 6222
Werribee Tel 80012366
<table>
<thead>
<tr>
<th>Visa subclass</th>
<th>Community</th>
<th>Detention facility (Prior to July 2013)</th>
<th>Community Detention</th>
<th>Community Post detention</th>
<th>Community Asylum seeker</th>
<th>Community Arrived with valid visa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugee (Humanitarian Visa 200, 202, 204), (Permanent protection Visa 866#)</td>
<td>No visa status</td>
<td>No visa status</td>
<td>Bridge visa E</td>
<td>Temporary Humanitarian Stay/Concern Subclass 449 and 786</td>
<td>Bridging Visa E, A, C, other</td>
<td></td>
</tr>
<tr>
<td>State Mental Health service eligibility</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Healthcare Medicare eligibility</td>
<td>Yes. Eligible to access Victorian public health services</td>
<td>No. International Health and Medical Services (IHMS). IHMS is contracted by the Commonwealth to provide and manage health service provision</td>
<td>International Health and Medical Services (IHMS) GPs and other providers contracted through IHMS Eligible to access to Victorian funded public health services</td>
<td>Yes Eligible to access to Victorian funded public hospitals and other services</td>
<td>Yes. 786 visa holders are eligible for Refugee Health Assessment</td>
<td>Medicare eligible if client has work rights. Medicare ineligible clients have access to Victorian public health services</td>
</tr>
<tr>
<td>Settlement services program eligibility</td>
<td>866 may be eligible for the humanitarian Settlement Services Program depending on circumstances SHP eligible on as needs basis Complex clients may access Complex Case Support.</td>
<td>N/A</td>
<td>Red Cross and other agencies provide short term (6 weeks) Community Assistance Support (CAS) Transitional re basic settlement issues. Can assist with health related referrals</td>
<td>CAS Transitional program (post release from detention). Then may qualify for CAS ongoing if especially vulnerable. Alternatively, may receive low level ongoing support through Asylum Seeker Assistance Scheme (ASAS)</td>
<td>449: CAS Transitional and ASAS programs if required. However no entitlement to a settlement support case manager 786: No</td>
<td>No formal case worker. May be eligible for ASAS or CAS benefits</td>
</tr>
<tr>
<td>Medicare Card Health Care Card PBS access</td>
<td>Yes</td>
<td>Not eligible IHMS Clients should have IHMS card. Contact IHMS to pay for GP, pharmaceuticals or specialist services</td>
<td>Not eligible IHMS. Clients should have an IHMS card. Contact IHMS to pay for GP, specialist services. Pharmaceuticals via IHMS pharmacies</td>
<td>Yes, Medicare eligible. If BVE has lapsed, Medicare may also lapse. If Medicare has expired, contact Settlement Service to arrange medical service payment as required (inc. pharmaceuticals.</td>
<td>449: Medicare eligible 786: Medicare and Health Care</td>
<td>Medicare eligible if the client has work rights PBS access with Medicare Card</td>
</tr>
</tbody>
</table>

IHMS: Clients should have an IHMS card. Contact IHMS to pay for GP, specialist services. Pharmaceuticals via IHMS pharmacies.
Because of the bridging visa new policies we have heard that instead of permanent residence we get temporary visa for 3 years and we never know if 3 years extend to 5 years and I will not be able to go see my family and I am not able to work or study at the moment...I heard the news and am very shocked. I’m taking depression pills at the moment to calm myself down. [asylum-seeker]

The basis of trauma work is that a person has to feel safe. With asylum seekers who fear deportation, who fear being put back into detention, who cannot work and establish a new life, the principles of trauma work have been pulled out from under us (Foundation House Manager)
Further information

Laura Ribarow  
Integrated Mental Health Services for Refugees and Asylum Seekers  
HealthWest Partnership

Tel 03 8379 9956  
E: Laura.Ribarow@healthwest.org.au