



Call for action on asylum seekers' health

Nurses are on the frontline providing services to asylum seekers, but it is not always an easy job. Tough government policies exclude many refugees on temporary protection visas from accessing basic health services through Medicare. Conditions in detention centres both on the mainland and offshore have proven to be detrimental to the emotional and physical well being of asylum seekers. Melissa Sweet reports on the current state of affairs and finds more and more Australian's, including health professionals, are calling for more humane treatment of refugees.

The old building housing the Asylum Seeker Resource Centre in West Melbourne is painted in vibrant shades of purple, yellow, orange and green - cheerful colours which stand in stark contrast to the darkness of the stories told within its walls.

The Centre, which is largely staffed by volunteers, provides health, legal and other support services to thousands of asylum seekers. Many of its clients have been victims of torture and trauma and are also suffering dislocation from their own country and culture.

The Centre's staff witness on a daily basis how Australian Government policies exacerbate their clients' distress; as many are forbidden by the terms of their visas to study or undertake paid or voluntary work, while also being denied access to Government benefits, including Medicare.

'I would say nearly all of our clients are depressed,' said Joanne Kirk, a nurse who coordinates the Centre's health program. Joanne estimates that 90% of the Centre's clients do not have access to Medicare.

Ms Kirk remembers being stunned when she started at the Centre two years ago, after a stint working with refugees on the Thai/Burma border, to discover that people living in the Australian community were being denied access to basic health care.

She estimates that as many as several thousand asylum seekers across Australia are currently facing this plight because of visa restrictions.

'To think there's a whole group of people who have no access to Medicare is quite extraordinary,' she said. 'Children born in Australia to asylum seeker parents don't get Medicare either. I find it really sad, really frustrating and you also get quite angry at the Government and the policy makers.'

Ms Kirk is hopeful however that the coming federal election may signal a softening in community and political attitudes toward asylum seekers. The Centre's campaign manager, former nurse Pamela Curr, is lobbying for an end to temporary protection and bridging visas and for work and Medicare rights for all asylum seekers.

It is encouraging, Ms Kirk says, that the Victorian Government is now making public hospital, ambulance and dental services freely available to asylum seekers, as does the ACT.

But many states have not followed their example. The Asylum Seekers Centre in Sydney regularly advocates on behalf of clients who have incurred huge bills for having a baby at a public hospital or attending a hospital emergency department.

It is not uncommon for hospitals to send debt collectors to these patients, says Mark Harris, professor of general practice at the University of NSW, who volunteers one day a week at the Centre.

'Recently I saw a woman who was 39-weeks pregnant,' said professor Harris. 'We've been having some real difficulty negotiating her delivery at a public hospital. Some clerk had told her she would have to pay up to \$2,000 up front. This is a woman who doesn't work, who's selling her furniture to pay their electricity bill and rent. So she's extremely anxious and depressed.'

Professor Harris says that depriving asylum seekers of health care is 'just storing up the health costs for later', as most will eventually gain permanent residence. 'Denying them basic medical care isn't a deterrent (to others contemplating coming to Australia),' he adds. 'It just makes their lives hell.'

It also makes life difficult, he says, for health professionals caught in an impossible situation between their ethical duty to provide care - and government policies requiring them to deny such care.

'The nurses who work in the hospitals are in a difficult situation in that they are bound by hospital rules but generally they try to bend the rules as much as possible,' said professor Harris.

Ethical dilemmas

Nowhere have the ethical dilemmas confronting nurses been more pressing than in the immigration detention centres, whose shocking impact on detainees' mental health is well documented.

Monash University bioethicist Dr Deborah Zion believes nurses working in such centres need more structured and formal help to negotiate the ethical 'minefield' involved.

Dr Zion wants the Australian Nursing Federation and other nursing organisations to be more active generally in supporting members to respond appropriately in



Jo Kirk RN, health coordinator at the ASRC



Photo courtesy Sam Noonan

Professor Nicholas Procter

situations where patients are being denied human rights.

Dr Zion, who is interviewing nurses about their experiences in immigration detention centres as part of a research project funded by the Australian Research Council, draws comparisons with the dilemmas facing nurses working under apartheid or brutal regimes.

'People who have stood up against the detention system have come forward and want to be interviewed,' she said. 'There is another group who haven't behaved that way and who have facilitated the detention process, including nurses.'

'One of the things that happens is that people became desensitised and what happens in detention centres becomes normalised. People were put under pressure not to behave with compassion and were ostracised if they did.'

Mr Zachary Steel, a clinical psychologist at the University of NSW who has documented the detrimental effects of detention and temporary protection visas on mental health, believes nurses should be wary about accepting work in detention centres for their own welfare, as well as for ethical reasons.

'Even though there have been good reforms, many nurses are compromised working there,' he said. 'The history is one of nurses' independence being compromised, often resulting in personal trauma, and they should be warned about the dangers of that.'

Mr Steel would like to see nurses and their organisations take a higher public profile in advocating for more humane policies. 'Nurses, as with all other health professionals should advocate for the humane processing of people in the least restrictive circumstances,' he says. 'We still are a long way from that although there have been many improvements.'

After many years of working with asylum seekers and refugees, University of South Australia mental health academic associate professor Nicholas Procter has some straightforward advice for other nurses working in the field. And that is the importance of self-care.

Nurses who work in such a fraught and distressing area need to pay extra attention to their own well-being, says professor Procter. 'If they're going to work in that sector, nurses have to develop really good strategies

for their own mental health,' he said.

For professor Procter, that means having time out with his family, and structuring regular physical activity into his weekly schedule. 'I'm more productive and more therapeutic and more responsive to the needs of people by having a good work life balance,' he says. 'Really looking after yourself is about knowing yourself. If you know yourself well, you're more open to knowing others.'

Professor Procter, who has worked extensively with refugees released from Baxter and Woomera detention centres, says the experience has enlarged his understanding of health and illness. 'Refugee people have been my teachers,' he said. 'They've taught me to listen for different ways in which suffering is presented, the language and metaphors that people might use.'

'For example, I've heard people say: "in this ocean of sadness I see no land in sight". That's not just an interesting story; it's a deep expression of futurelessness and hopelessness. These sorts of things you don't normally hear in a client relationship with your own cultural group. The ability for nurses to see and understand those things is critical.'

Nurses who learn to work effectively with asylum seekers will find benefits for other areas of their practice, professor Procter believes. 'Being out of your comfort zone provides opportunities to grow and develop your practice. If you can work effectively across cultures you can work more effectively in your own culture. It gives you a more holistic approach.'

Some positive changes

After many years of pushing for more humane treatment of asylum seekers, some refugee advocates are cautiously optimistic the tide may be turning.

Sydney psychiatrist Dr Louise Newman, chair of the Professional Alliance for the Health of Asylum Seekers and their Children, which represents health and medical organisations, says some improvements have been made in the wake of the Palmer report into the detention of Cornelia Rau.

Dr Newman is a member of the Detention Expert Health Advisory Group, set up last year to advise the Department of Immigration and Citizenship. It has been inspecting

detention centres and making recommendations for improving standards of care.

She says there has been a genuine cultural change within the Department and is also encouraged that the bridging visa system is being reviewed.

'Some gains have been made but there remain major concerns about management of mental illness in detention and access to care,' Dr Newman said. 'Recent decisions to process unauthorised arrivals on Nauru are inappropriate as there are inadequate health care and mental health services. This is a retrograde step and again shows that the health and well being of asylum seekers is being compromised for political purposes and the rhetoric of "border protection".'

Dr Newman argues that broader legislative change is needed. 'While we are making good reform on the ground, the system itself is wrong,' she said.

And she is disappointed that both major parties continue to support mandatory detention: 'My personal view is that mandatory detention is unnecessary and can't be justified in terms of the harm it causes, but both parties continue to support it for political purposes.'

Many of Dr Newman's hopes and concerns are echoed by members of the Human Rights and Equal Opportunity Commission, who toured mainland detention centres last year and reported their observations in January.

The Commission welcomed changes to government policy, such as the introduction of residential alternatives to detention, and described improvements in the attitudes of staff from the Department of Immigration and Multicultural Affairs and the private contractor GSL.

'Both DIMA and GSL staff appear more open to requests, suggestions and concerns voiced by detainees,' the Commission reported.

'During our visits, HREOC staff repeatedly asked detainees about their treatment by detention staff and unlike previous years, most detainees had no complaint about the attitudes of and treatment by staff.'

'Mental health staff take a more systematic and compassionate approach to assessment and monitoring of detainees than in previous

years. Further, DIMA seems to take the recommendations of mental health staff more seriously than it has in the past.'

However, the Commission identified a number of ongoing concerns and singled out the Northern Centre in Darwin as needing particular attention. The Commission also heard complaints about medical care in

Villawood and Baxter.

'In particular, several detainees in Villawood complained that nurses did not treat health complaints made by detainees very seriously,' the Commissioners reported.

The Commission reiterated its call for the repeal of mandatory detention and the

introduction of more humane immigration processing systems.

'Despite efforts to improve the environment inside detention facilities, the fundamental problem with immigration detention has not changed – namely the length of detention and the uncertainty about how much longer that detention will last' it said.

The lessons from oncology nursing

When Mary Harvey began working as a volunteer at the Asylum Seeker Resource Centre in Melbourne five years ago, she did not expect that her 26 years of experience in oncology nursing would be particularly relevant.

But the more she worked with asylum seekers, the more she came to appreciate the parallels between their situations and those of people dealing with cancer.

Ms Harvey, a registered nurse and probationary psychologist, is now the coordinator of the Centre's counselling program, which relies on professionals providing pro bono services to individuals and families.

She has often drawn on her experience in oncology nursing in both her counselling work and in developing the Centre's services. For example, when the Centre's legal team delivers potentially distressing news to clients about their cases, counsellors are on hand.

'The idea for that came from my experience in breast cancer, making sure support is available when people get negative news,' says Ms Harvey.

Many of the psychological issues facing asylum seekers, including anxiety, depression, fear and

uncertainty about their future, a sense of loss of control and of hopelessness, are similar to those experienced by people dealing with cancer, she adds.

'I thought it would be very different to working with people with cancer, but in fact there are extraordinarily strong parallels between the clients' journeys,' Ms Harvey said.

'If you think about the cancer experience, the initial diagnosis and any recurrences are times of great stress. For our clients, the initial process of seeking asylum is incredibly stressful, as is each rejection from the Immigration Department.

'Unfortunately for a lot of our clients, the decisions are negative. In a way our clients respond similarly to people being told they have a recurrence. For many of our clients there are no more legal avenues; that's a bit like telling someone there are no more treatment options.'

Ms Harvey says the stress of the immigration process is further compounded by the fact that many people seeking asylum are not allowed to work, study or volunteer.

'It's no wonder that people end up suffering

psychologically because they've got nothing to get up for in the morning, nothing that adds purpose or meaning in their lives,' she said.

'Imagine how wearing and stressful it is for breadwinners who can't provide for their families and have to rely on charity. If they were allowed to work, many of the clients we see for counselling wouldn't need to come; a lot of our work is about helping people survive day to day.'

Ms Harvey wasn't particularly aware of the plight of people seeking asylum before she began volunteering at the Centre after reading a newspaper article about its work.

But her experience at the Centre has politicised her and made her much more critical of Federal Government policies. 'I was shocked and horrified, and still am, that our Government allows this to happen to human beings, that we can let human beings live in Australia with no rights whatsoever.'

Ms Harvey would like to see nurses and nursing organisations take a prominent role in lobbying for more humane policies. 'We do a fantastic job here at our service,' she says, 'but in the broader scheme of things, it's band aid stuff. The reality is that unless the policies change, our clients' situations won't change.'

Schools need help from health services

Health services need to work closely with schools to tackle the problems facing the children of asylum seekers and refugees, according to Monica McEvoy, a South Australian nurse practitioner candidate.

Ms McEvoy is based in a child and adolescent community mental health team in Port Adelaide with a brief to develop CAMHS services' capacity to respond to the needs of young people from culturally and linguistically diverse backgrounds.

The service is receiving an increasing number of referrals from schools and teachers who are struggling to cope with some recent arrivals.

'A lot of the kids that are arriving now are coming through refugee camps where they have spent many years,' said Ms McEvoy.

'They haven't had the opportunity to develop some of the social skills that in western society

we would see as essential. Aggression is one of the major issues that teachers are facing.'

Ms McEvoy says policy makers need to put more resources and thought into helping the children adjust to their new environments.

'At the moment what's happening is that these kids, with little or no experience of western education, are coming into our classrooms and being expected to sit in a chair - and they can't do it. It leads to frustration and anger.'

Ms McEvoy's service works collaboratively with the family, school and other community members rather than focusing on the behaviour of individual students.

'The biggest thing for schools is to recognise that in terms of where these kids come from, this behaviour is not abnormal,' she said. 'They've been more focused on survival. The refugee camps can be an experience

of lawlessness for families; and that's been quite traumatising for these families in and of itself, separate from the experience of war trauma in their countries of origin.'

Ms McEvoy stresses the importance of being sensitive to cultural differences. 'Their conceptualisation of mental health or mental illness is quite different from our western conceptualisation,' she said.

'For example, in a number of African countries, the concept of trauma doesn't exist. You don't identify things that have made you individually feel either at risk or threatened - that's just the way life is.

'It's a challenge to western health professionals to adapt, to not impose, and to be really aware of your own values and the way you express them.'