

# An Overview

## Who is a refugee?

The definition of a refugee is: *“a person who is outside their country of nationality, unable or unwilling to return owing to a fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion”* Article 1A, 1951 Convention on the status of Refugees.

Under the Humanitarian Resettlement Program, Australia has accepted 13,750 refugee entrants per year. This is gradually increasing to 18,750 by 2019. The majority are refugees selected from overseas, although some visas are also given to people who have been recognised as refugees after arrival in Australia as asylum seekers.

Asylum seekers are people in Australia seeking protection as a refugee but who have not yet had their claims determined (see fact sheet 3: Asylum Seekers).

Over 2016 and 2017, the Australian Government resettled an additional 12,000 people displaced by conflicts in Syria and Iraq.

## What have refugees experienced?

Refugees are different from most other migrants. Most migrants choose to leave their country, whereas refugees are forced to flee. Refugees have often been exposed to persecution in their country of origin, and may have suffered extreme hardship while fleeing and in the country to which they initially fled.

Experiences may have included:

- war or civil unrest
- prolonged harassment by authorities, including imprisonment without trial
- torture
- loss of family and friends through violence
- poor medical care, due to destruction of or disruption to health services by warfare, and through limited access to health care while seeking asylum
- deprivation, overcrowding, poor hygiene and poor nutrition in refugee camps, prison or other settings.

## What health problems may result?

Most refugees are relatively healthy on arrival. Like other permanent migrants they have been screened for tuberculosis, HIV and other serious conditions.

However, because of their experiences and sometimes their region of origin, they may be at increased risk of the following:

- psychological disorders, such as anxiety, depression and Post Traumatic Stress Disorder
- physical consequences of torture and armed conflict, such as musculoskeletal pain or hearing loss
- infectious diseases, such as intestinal parasites, hepatitis B or malaria
- under-immunisation
- poor nutrition
- undetected or poorly managed chronic diseases, such as high blood pressure or diabetes;
- poor dental health, as a result of poor diet and nutrition, lack of fluoridated water, poor dental hygiene, limited dental care, and in some cases torture to the mouth
- growth and development issues in children as a result of malnutrition or previous illness
- disability, in adults, adolescents or children

## Barriers to health care in Australia

As permanent residents, refugees and other humanitarian entrants are eligible for Medicare, as are some asylum seekers. Even so, people of refugee background can face a number of challenges when trying to address their health needs, such as:

- language barriers, which can result in miscommunication, misdiagnosis, and lack of appropriate follow-up
- financial constraints, particularly for specialist services, allied health and private dental care
- limited trust of health service providers arising from experiences of human rights abuses at the hands of government authorities and others in power
- unfamiliarity with Australian healthcare services and systems

- unfamiliarity of health professionals to detect and manage certain diseases among refugees
- risk of re-traumatisation when tests and treatments are conducted in an insensitive way that may be reminiscent of past abuse.

Additionally, some asylum seekers are ineligible for Medicare. NSW Health has a fee waiver policy for a number of hospital-based services; however, some health services or staff may be unaware of this policy.

Refer: **PD2016\_055** "Medicare Ineligible and Reciprocal Health Agreement"

### Management Considerations

Special considerations are often required when working with refugees:

- **explain your role**, as refugee patients may be unfamiliar with the Australian health care system, the different types of services available, and with notions of confidentiality and consent
- **adopt a sensitive, gradual approach** to history taking and examination. Questioning, examinations and procedures may be reminiscent of past interrogations or abuse
- **use professional interpreters** in preference to family or friends to ensure accuracy, competence and confidentiality. This is policy in the NSW Health system. Call your local Health Care Interpreter Service or the Translating and Interpreting Service (TIS) on 131450 for assistance. Medical Practitioners can access a 24 hours Doctors Priority Line on 1300131450
- **think preventive health** as there may have been limited access to immunisation, cancer screening and preventative health services prior to arrival.

### Where refugees settle in NSW

In 2016, in NSW, the majority of refugees settled in the Local Health Districts of South Western Sydney (71%) and Western Sydney (12%).

Within South Western Sydney, most refugees settled in the Local Government Areas of Fairfield (73%) and Liverpool (22%).

The top ten countries of birth for humanitarian entrants settling in NSW in 2016 are listed in Table 1. Those arriving from Iraq and Syria accounted for 89% of the total for that year (see table note).

**Table1: Top countries of birth for Humanitarian Entrants settling in NSW 01-Jan-2016 to 31-Dec-2016**

Country of Birth (COB)	Number	%
IRAQ	4558	47%
SYRIA	3795	40%
AFGHANISTAN	243	3%
BURMA	141	1%
LEBANON	130	1%
IRAN	114	1%
INDIA	87	1%
JORDAN	77	1%
THAILAND	67	1%
TIBET (SO STATED)	65	1%
Other Countries	331	3%
<b>Total</b>	<b>9608</b>	<b>100%</b>

**Note:** COB listed as Lebanon or Jordan = children of refugees from Iraq or Syria, COB listed India = children of refugees from Tibet, COB listed as Thailand = children of refugees from Burma  
Source: Settlement Report: <http://www.immi.gov.au>

### Relevant Services:

<u>Asylum Seekers Centre</u>	9078 1900
<u>NSW Refugee Health Service</u>	8778 0770
<u>STARTTS (torture/trauma service)</u>	9794 1900
<u>Translating &amp; Interpreting Service (TIS)</u>	13 14 50
<u>Doctors Priority Line (TIS)</u>	1300 131 450
<u>Multicultural HIV &amp; Hepatitis Service</u>	9515 1234
<u>Transcultural Mental Health Centre</u>	1800 648 911
<u>Multicultural Health Communication</u>	8753 5047

### Recommended readings:

NSW Health: **PD2016\_055** *Medicare Ineligible and Reciprocal Health Agreement – Classification and Charging*

NSW Health: **PD2017-044** *Interpreters - Standard Procedures for Working with Health Care Interpreters*

Multicultural Health Communication (for Multilingual Resources and related publications):  
[www.mhcs.health.nsw.gov.au](http://www.mhcs.health.nsw.gov.au)

Australian Red Cross: [Refugee & asylum seekers facts](#)

Translating and Interpreting Service (TIS):  
[Information for Agencies](#)

Pottie, K. et al (2016) [Caring for a newly arrived Syrian refugee family. CMAJ 188\(3\): 207-211](#)