Asylum Seekers

An asylum seeker is someone who has left their own country and is seeking international protection, but whose claim for refugee status has not yet been determined. In Australia these claims are decided by the Commonwealth Government.

Most people seeking asylum in Australia arrive by plane with a valid visa such as a tourist or student visa, and then seek asylum. A smaller number may arrive without authorisation and claim asylum on arrival. The manner and date of arrival to Australia will determine living arrangements and eligibility for various services such as Medicare.

Most asylum seekers live in the community on bridging visas. Others are in what is known as “Community Detention” with various restrictions regarding accommodation, work rights, and benefits. There are also a small number of asylum seekers held in mainland Immigration Detention Centres, or at offshore facilities on Nauru & Manus Island.

This factsheet focuses on asylum seekers residing in the community in NSW. Healthcare in detention is the responsibility of the Department of Home Affairs (DHA), and contracted to International Health & Medical Services (IHMS) www.ihms.com.au.

Main health concerns

Like persons already classified as refugees, asylum seekers fleeing persecution and human rights abuses may have suffered psychological trauma, deprivation, torture and/or poor access to health care. People will have likely experienced significant psychological trauma and hardships in their journey to seek asylum.

The health issues of community-based asylum seekers mirror that of refugees (see RHS Factsheet 1: An Overview).

Research shows there is deterioration in mental health the longer that asylum seekers await determination of their migration status.

During this period, asylum seekers can be often in a destitute situation, dealing with multiple stressors. These stressors include: fear of being returned to their country of origin, unemployment, lack of money, limited English language skills, and separation from family. Compounding social issues can be housing insecurity, limited or no work rights, and social isolation. Asylum seekers may also be wary of using government services.

The Australian Government requires all persons applying for a protection visa to undergo a health assessment (See Health Undertakings for migrants & refugees arriving in NSW). People in Community Detention will have undergone screening prior to being moved into the community. Some asylum seekers will not undertake health screening until it is required by the visa application process.

Be prepared for fragmented information as a result of anxiety, trauma or lack of trust.

Access to health services

The asylum seeker system is very complex: visas and visa conditions can change multiple times during the process. Medicare access may fluctuate as a result.

Asylum Seekers with Medicare

Most asylum seekers are eligible for a temporary Medicare card (light blue card). Medicare eligibility can be checked by phoning Medicare general enquiries on 13 20 11.

Due to financial constraints, asylum seekers are likely to need referral to bulk billing private services or public health services. Asylum seekers are unlikely to be able to afford out-of-pocket pathology, x-ray or medication costs.

If needed, consider referring to public outpatient clinics for specialist review, or for allied health care.

Asylum Seekers without Medicare

A proportion of people seeking asylum do not have access to Medicare. There are three systems in place:

1. People in Community Detention have all their health care managed by IHMS. IHMS contracts health providers including GPs, pharmacists, allied health providers (e.g. optometrists), specialists, psychologists, dentists and diagnostics. Clients are allocated to a GP and a pharmacy, and will have an IHMS client ID card. Outside of GP visits and emergencies, all health care must be approved by
IHMS prior to the service. Patients will know if they are living in Community Detention.

2. A very limited number of people are eligible for Status Resolution Support Services (SRSS). They may have some health services reimbursed by their provider (either Settlement Services International or Life without Barriers). Patients should know if they are receiving SRSS.

3. People who are not eligible for either of the above (and are facing financial hardship, which will be a given in most cases) may be eligible for a fee waiver for services provided in the public health system (see below). However they may have difficulty accessing primary health care.

NSW Health provides a fee waiver for some services (see Medicare Ineligible Asylum seekers – Provision of Specified Public Health Services (PD2020_039))

Health services covered by the policy include:
- emergency care for acute medical and surgical conditions
- maternity services including antenatal and postnatal care
- inpatient and outpatient mental health services
- ambulance
- ambulatory and outpatient care required to maintain health status of asylum seekers with acute and chronic health conditions
- NSW Health Pathology services
- episodic dental care

Consider cost & ability of client to pay for medication prior to prescribing. Explain that generic brands are cheaper.

Other relevant services for asylum seekers
- Asylum Seekers Centre 9361 5606
- Australian Red Cross 9229 4266
- House of Welcome 9727 9290
- Jesuit Refugee Service 9356 3888
- Settlement Services Int. (SRSS) 8799 6700
- Life without Barriers (SRSS) 1800 935 483
- STARTTS 9794 1900

Useful websites and further reading
- Royal Children’s Hospital Melbourne: https://www.rch.org.au/immigranthealth/clinical/Asylum_seekers/
- Refugee Council of Australia: www.refugeecouncil.org.au

Contact NSW Refugee Health Service for further information on asylum seeker health access, or if you would like to join a register of health professionals to provide occasional pro bono services to asylum seekers.