



Cabrini
OUTREACH

14 January 2019

Professor Peter Shergold AC
Review Panel Lead
Department of Prime Minister and Cabinet

Dear Professor Shergold,

Please find enclosed the submission from Cabrini Outreach in response to the Review into Integration, Employment and Settlement Outcomes for Refugees and Humanitarian Entrants.

Cabrini Outreach is the social service arm of Cabrini Health. We operate a health hub in Brunswick where we provide free primary health and specialist mental health services to asylum seekers without Medicare or with Medicare but no income.

Since June 2016, we have cared for more than 500 asylum seekers. Currently, approximately 350 people are relying on our service on a regular basis. The number of new clients seeking our help is growing month by month as asylum seekers are being exited from the Status Resolution Support Program. Our experience brings us face to face with the impact of the current policy framework on the health of people seeking asylum. Prolonged processing times, uncertainty of outcome and the threat of deportation results in significant deterioration in mental health.

Our experience suggests that the current system of processing of refugees and asylum seekers increases the risk of mental health incidence and exacerbates chronic health conditions thereby jeopardizing positive integration, employment and settlement outcomes for refugees and asylum seekers.

We appreciate the opportunity to contribute to this review and welcome the opportunity to assist in ensuring refugees and humanitarian entrants continue to make valuable contributions to our social fabric and our economy.

Yours sincerely,

Dr Michael Walsh
Chief Executive
Cabrini Health Limited



**Cabrini Outreach Submission
14th January 2019**

Department of Prime Minister and Cabinet Review into Integration, Employment and Settlement Outcomes for Refugees and Humanitarian Entrants.

Key Message

Overall the current system of processing of refugees and asylum seekers including the limited provision of support increases the risk of mental health incidence and exacerbates chronic health conditions thereby jeopardizing the positive integration, employment and settlement outcomes for refugees and asylum seekers.

This conclusion is based on our experience in asylum seeker mental health services which have highlighted that –

- Indefinite and long term detention or the threat of deportation leads to significant mental health deterioration.
- Complex asylum seeker processes with a lack of consistency are also contributing to significant and often lasting mental health deterioration.
- Changes to the Status Resolution Support Scheme is increasing the risk of homelessness and health crises for individuals whether through increased mental health incidence or exacerbation of existing chronic health conditions due to lack of medications and/or primary health consultations.
- Cabrini believes refugees and asylum seekers, both in Australia and around the world, should be treated with compassion. Regardless of the optimal refugee or migration policy framework, the current framework is slow, confusing and stressful, adding to the risk of mental health problems.

Background

- Prolonged processing times for asylum claims. There are currently 5,662 individuals in Victoria awaiting the outcome of a Safe Haven Enterprise Visa (SHEV) or Permanent Protection Visa (PPV) application, and 7,891 individuals who arrived by boat living in Victoria on Bridging Visa E (BVE) as of March 2018.¹
- The most vulnerable groups currently are:
 - Individuals and families on departure visas pending return to Manus Island or Nauru who were transferred here for medical and/or psychiatric reasons. No income support if unable to find work.
 - People who arrived by boat who have received a double negative outcome and are waiting for a Federal Circuit Court hearing. Typically they do not have access to Medicare, the Status Resolution Support Service (SRSS) program or funded legal support.
 - Individuals and families who have lost SRSS support and have been unable to find work and are thus facing destitution, unable to buy essential pharmaceuticals, food or pay for accommodation or access to torture and trauma counselling or to public transport. Many barriers to employment access including lack of support in finding work, temporary visa status a barrier for many and language. They are reliant on charities.
- Families with children over 5 years of age are expected to be included in the next tranche of those to be removed from the Status Resolution Support Service (SRSS) program, losing income support and access to other services in January 2019.
- These cuts are predicted to impact over 7000 individuals, most of whom live in Melbourne and Sydney.²
- Individuals and families who arrived by plane on another visa type (for example a student visa) who then sought asylum. Since legislation change this group are unable to access Medicare or income support until other visa expires. This group includes women who are fleeing domestic violence, a particularly vulnerable group.
- Victorian charities providing housing support to asylum seekers are currently supporting over 500 individuals, and are at capacity.

¹ Victorian Refugee Health Network. Statistics for Victorian health programs: planning service provision for people from refugee backgrounds, including people seeking asylum. Prepared for Nov 1 2018 statewide meeting.

² As above

Cabrini Asylum Seeker Health Services

Our support for asylum seekers and refugees is consistent with our heritage and our namesake, Saint Frances Xavier Cabrini, who is known in the Catholic Church as the Universal Patron Saint of Immigrants.

In 2016, we opened the Cabrini Asylum Seeker and Refugee Health Hub to respond to the significant unmet needs for this vulnerable population today. The Cabrini Asylum Seeker and Refugee Health Hub provides free access to primary health and specialist mental health services for people seeking asylum and newly arrived refugees with complex mental health issues. A pharmacy waiver program funds essential prescription medications for clients with little or no income.

Over the last 2 ½ years we have treated nearly 500 people affected by the immigration policies of the Australian government and have seen firsthand the vulnerability of our clients and their families. We currently have 322 active clients.

Over the past 12 months, we have experienced a steady increase in referrals and our pharmaceutical waiver costs are increasing month on month.

Recent analysis of a cross section of primary care service data demonstrates that:

- 62% of individuals accessing care have a chronic disease diagnosis
- 18% have multiple chronic diseases
- 22% have a mental health diagnosis.
- 13% have experienced intimate partner violence
- 57% have been waiting for their asylum application to be processed for over 5 years.
- 42% have experienced homelessness or are living in unstable accommodation.

Common chronic disease diagnoses include:

- 22% chronic pain
- 9% latent TB
- 9% type 2 diabetes
- 7% hepatitis B

A recent cross sectional clinical audit demonstrated that of the individuals accessing the specialist mental health service:

- 18% were homeless or in unstable accommodation
- 50% have experienced torture or trauma
- 24% have expressed suicidal intent or attempted suicide
- 18% were transferred from offshore detention

In light of the growing number of people losing income support as a result of being withdrawn from the SRSS program, we are opening a second health waiver program in Epping in partnership with Whittlesea Community Connections.

Tan's Story

Tan is a 27-year-old, single mother of two. She and her children, aged six and ten, arrived in Australia by plane from South East Asia seeking asylum. Tan has severe Post-traumatic stress disorder (PTSD) and has suffered prolonged domestic violence and sexual violence by authority figures. Tan suffers from depression and is unable to experience positive emotions. She also has insomnia, frequent flashbacks, hyper-vigilance and sense of helplessness. She finds it difficult to be around men and struggles to catch public transport without experiencing anxiety. Tan has also recently been diagnosed with breast cancer. She has ongoing chronic bodily pain with neuropathic pain in her arms as well as severe trauma.

Tan's visa does not allow her to access Medicare, work rights or an income to support her family. She is receiving rental assistance from another asylum seeker support service. She has no family or support in Australia and has lost contact with her family in South East Asia.

The Cabrini Asylum Seeker and Refugee Health Hub provides Tan with medical assistance and mental health support as well as free medication through our pharmacy waiver program. At the Hub, Tan receives the comprehensive and holistic support she requires for herself and her children.