Queensland Mental Health Commission
Strategic Planning Issues Papers

Prepared and Submitted by:
Queensland Program of Assistance to Survivors of Torture and Trauma

Asylum Seeker Mental Health

- **Topic**
  Brief description of topic to be addressed

Current access to mental health services in Queensland for asylum seekers in the community

- **Current Situation**
  Brief analysis of the current issues, data or other evidence as relevant to Queensland

Data from Department of Immigration and Citizenship (DIAC) indicates that as of the end of March 2013, 3100 asylum seekers were in Queensland. This included:

- 2,500 people on bridging visas (BE). These are asylum seekers who are released from Detention Centres into the community. This group has access to Medicare (but no Health Care Cards) and limited case management support (6 weeks only). Includes families and single men. It is expected by DIAC that BVE asylum seekers will access free or low cost public health services including mental health and primary health care services for their ongoing care. It is important to note that while BVE holders have access to Medicare they only receive 89% of the Centrelink benefit and the majority are not permitted to work.
- 600 people in Community Detention. Clients within any Australian or Regional Processing Site (inc Nauru and Manus Island), have access to onsite IHMS Medical Services including Mental Health Teams. Clients in Community Detention are entitled to community Mental Health services provided by IHMS as CD clients are not Medicare eligible. There is currently a MoU in place between Queensland Health and the Department of Immigration and Citizenship where Queensland Health services are to be provided to people in community detention to the same standard as any other Queenslander living in the community where Queensland Health charges International Health and Medical Services for the cost of the service provided.

In addition

- at any one time there may be up to 674 clients held in Detention in Queensland, either in the Scherger Detention Centre in Weipa or the Brisbane Transit Accommodation Centre.
- up to 1300 new asylum seekers a month are being accommodated in the greater Brisbane area.

The considerable increase in the asylum seeker population in Queensland over the last two years is having a significant impact on mental health services as many exit immigration detention centres with mental illness or will develop a mental health issue as a result of policy changes what have meant prolonged waiting times in the community (potentially 5 years) for visa status resolution. This coupled with no work rights or no right to family re-union impacts on the mental health of this population.

Current Community Service Providers

Red Cross, the Multicultural Development Services, Life Without Barriers and ACCESS Services (Logan) are all funded via the Department of Immigration and Citizenship (DIAC) to provide limited support to asylum seekers but are not mental health service providers and are not funded to provide mental health services.

The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) receives some funding to provide counselling services to asylum seekers who have experienced torture and trauma but no funding is currently available for general mental health issues other than that which is available through the general health system.

A number of key community support services which have previously provided preventative wellbeing support for vulnerable groups within the general population but also for people from refugee and asylum seeker backgrounds, have recently lost funding. This includes areas such as housing and homelessness support and youth services.

There is a significant gap in mental health services for asylum seekers who have poor mental health. If overlooked this presents considerable and escalating risk to individual's services and the broader community. Many clients living in the community on bridging visas experience significant and abnormal stressors, have chronic elevated risk and are living in isolated situations. Increasingly they are presenting with indicators of poor mental health such as poor sleep patterns, poor self-care, emotional distress and risk taking behaviour. As asylum seekers spend longer in the community on temporary visas without safety or certainty we anticipate more frequent and serious indicators.

Key issues

Few if any referrals options exist for asylum seekers with poor mental health. Asylum seekers are provided with 89% of the Centrelink benefit and a Medicare Card but no health care card so are not eligible for bulk billing and in some regions for ATAPs services. They cannot afford to pay gap fees and do not have access to free interpreting services.

Access to general practitioners who bulk bill is limited and many GP practices have closed their books to asylum seekers. This means the primary refer point to primary mental health services is blocked. GPs have identified the following reasons:

- Bridging visa clients do not have health care cards and they cannot afford gap payments
- GP Practices do not have the administrative or financial capacity to book or pay for interpreting services (asylum seekers are not entitled to free interpreter services)
- Clients cannot afford prescription medications
- There is insufficient medical history and clients are too transient to commence treatments
- Bridging visa clients take too long to service and practices cannot afford this time
- The Better Access and ATAPs program model does not meet the needs of this client group

Queensland Health, Mental Health services respond to acute mental illness and mental health crisis needs but are not able to respond to non-acute needs. In addition many clients who present at acute mental health with suicidal intent are not considered appropriate for admission. For many clients the symptoms of poor mental health are due to their circumstances and Mental Health Services view these presentations as caused by situational issues rather than mental health issues. Mental health services advise they are not funded to treat situational issues. Mainstream public health services fundamentally do not understand the history and context of people seeking asylum and do not have the specialised skills required. This means they are unable to effectively triage and assess this client group and clients are reluctant to present.

Specialised services eg Transcultural Mental Health are not funded to provide ongoing care and the Queensland Program of Assistance to Survivors of Torture and Trauma is not funded to work with asylum seekers who do not disclose a history or torture and trauma.

Asylum Seekers like people from refugee backgrounds do not present to mainstream services and have similar cultural barriers to accessing services. Please see the briefing paper Refugee Mental Health for further information in relation to these barriers.

- **Models and Precedents for Innovation and A Better Way Forward**
  Brief analysis of solutions or approaches relevant to the topic, with reference to 'better resources; better services; better accountability and transparency; better engagement'.

  - Good quality data is critical for appropriate resourcing, better services, better accountability and better engagement. The fact that Queensland Health does not collect specific data on asylum seekers only overseas born is a limitation on planning for this client group. We recommend that the data variable "ethnicity" be included to provide more useful information for service planning and service accountability purposes.

  - Better links between acute mental health services and community services. Situational crises can be a risk factor or trigger mental illness – if community services are involved in discharge planning they are able to support people enabling better services.

  - Resources for the provision of group work as a preventative measure ie for people who do not have a diagnosed mental illness but are at risk to address social isolation and elevated chronic risk levels, to ensure they have the appropriate level of care and to address emerging issues.

  - Like people from refugee backgrounds, asylum seekers tick all the boxes in terms of risk for poor mental health outcomes. However their resilience in surviving and making it to Australia demonstrates their strengths and capacity to overcome such experiences. If this group is supported at critical points in their settlement process we are able to arrest a decline in mental health rather than issues becoming more acute. By the system enabling services to deliver high quality appropriate and targeted recovery services rather than focusing on acute services, people from refugee backgrounds may never need to engage in acute services.

  - Community based services have a strong relationships with this client group, their families and their communities. National and international evidence based research supports the delivery of primary care mental health services in local, well connected community organisations. These services are often not recognised by medical practitioners as equal partners in the recovery from mental health problems, and there is a lack of partnership arrangements with community based health and mental health services to offer holistic and flexible services. Community Services are able to provide wrap around services which enable the development of trust and enable needs which impact on mental health and recovery to be addressed. It is important that these services are continued in order to allow for better services and appropriate engagement.

  - Investment in building the capacity of mainstream services to enable asylum seekers to receive appropriate services is critical. This is also a better use of resources than the provision of inappropriate services which fail to enable positive outcomes.

- Asylum seekers are struggling to access sub-acute mental health services (particularly around crisis care). New service models are needed to address this. New service models to address this are needed and in particular services around triage and assessment and short term after hours interventions.

- There is a need to build specialist capacity within the public mental health system to assess and triage this client group including increased skills around contextual issues surrounding why people seek asylum and their journey, language, cultural context and referral pathways.

- Community based support that is informed by cultural understandings of wellness and ill health are essential. Services need to be able to provide:
  - Interpreters
  - Affordable services
  - Professionals that are able to offer services informed by cross cultural understanding and impact of refugee trauma
  - targeted community based psycho-education and support as an effective prevention strategies

- **Implications for the Reform and Change Agenda in Queensland**
  Three or four key implications

While the reform agenda in Queensland is looking at recommissioning and tender processes it is important that the specialist and intensive nature of work in this field is recognised. It is also important that services able to work with people from refugee backgrounds continue to be funded and tender processes recognise and take into account the vulnerability of this client group. This could include a requirement that successful tenders are able to demonstrate that they:

- understand the differences required in service frameworks and delivery in order to enable access by asylum seekers;
- have the capacity to ensure the needs of asylum seekers are able to be met;
- are able to establish trusting and positive relationships with survivors of torture and are able to engage this group in an ongoing manner;
- are able to deliver a comprehensive and appropriate service for torture and trauma survivors that acknowledges the diverse needs of different cultural groups;
- are able to build the capacity of other (mainstream) services to work with survivors;
- recognise and build into their service delivery frameworks the use of interpreters; and
- recognise the clinical nature of services currently located within the NGO community mental health sector.