Cabrini
OUTREACH

18 April 2019

Mental Health Inquiry
Productivity Commission
GPO Box 1428
CANBERRA CITY ACT 2601

Dear Sir/Madam,

Submission to the Productivity Commission's Inquiry into Mental Health in Australia

Cabrini Outreach is the social services arm of Cabrini Health Limited. Our mandate is to seek social justice, address social disadvantage and enable better health care. Asylum seeker and refugee health is one of our focus areas as St Frances Xavier Cabrini, for whom we are named, is the universal patron saint of immigrants. Our asylum seeker health program involves both research into the impact of seeking asylum on mental health as well as primary and specialist mental health service provision.

Since the Cabrini Asylum Seeker and Refugee Health Hub opened in April 2015, we have received over 600 referrals of some of the most vulnerable people seeking asylum, many of whom are financially destitute with no income or income support. Our primary and mental health clinicians, most of whom work pro bono, have been seeing increasing numbers of individuals and families with complex health issues including PTSD, chronic pain and other mental and physical chronic diseases. The majority of our clients also face significant social issues, particularly unstable housing and difficulties accessing essentials such as food.

A case study drawing on the real experiences of our clients is included with this submission to provide further insight into these issues.

A number of studies measuring the prevalence of major mental disorders in asylum seekers living in the community with or without a prior experience of detention demonstrate levels of major depression, anxiety disorders and posttraumatic stress disorder in excess of 50% - many fold higher than in the general community[1].

These disorders are in the context of nearly all asylum seekers having directly or indirectly experienced or witnessed trauma in their country of origin or in transit to Australia, many having been tortured and many of those detained in detention centres suffering further

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[1] Hocking D, Kennedy G and Sundram S. Mental disorders in asylum seekers: the role of the refugee determination process and employment. J Nerv. Mental Dis. 2015 Jan;203(1):28-32

trauma. In addition, most are faced with difficult social circumstances including straitened financial conditions, separation from family, tenuous housing, unemployment, social isolation as well as the challenges of cultural adaptation including English language proficiency.

Many of these social stressors are caused by or at least contributed to by Australia's immigration legislation. Current policies cause the significant majority to live in uncertainty for many years whilst awaiting the outcome of their application. There are also barriers to accessing healthcare, legal advice and income support, with consequent destitution commonly exacerbating moral injury in this vulnerable cohort.

The interactions of the above psychosocial factors and the primary psychiatric disorders combined with the social isolation and generally poor English language proficiency creates an especially vulnerable population living in our community. The population is further disadvantaged by most not knowing of their compromised mental health nor where and how to access health services. Further, the individual's ability to engage in effective mental health care to address previous trauma is commonly impaired by a sense of lack of safety and fear created by the current policy environment.

For a range of forced and unforced social decisions, asylum seekers have tended to coalesce in specific geographical locations. This has meant the majority of more than 20,000 asylum seekers are in Melbourne, Sydney and to a lesser extent Brisbane. Further, specific local government areas have comparatively high numbers whereas others have minimal numbers of asylum seekers. This skewed distribution argues strongly against a generic or diffused model of service delivery.

Current mainstream health services have minimal knowledge or understanding of asylum seeker mental health problems and are not configured to provide ongoing care. This is not to deny their essential role in providing acute, emergency and inpatient care. Nevertheless, unless there was a significant reconfiguration and orientation of these services it is unlikely they can meet the mental health needs of asylum seekers. Of note is that specialist area mental health services do not have sufficiently trained staff to meet asylum seeker needs and that many asylum seekers experience great difficulty in accessing these services.

Due to the skewed geographical distribution of asylum seekers, generalised training of staff and skills would be a highly inefficient way of addressing this need. Refugee health services have limited psychiatric and mental health capacity and expertise, although there is some variation between services. There are specialist services for refugees and asylum seekers with significant torture and trauma histories however these services are not configured to provide rapid assessment and initial treatment of the mental disorders commonly affecting many asylum seekers.

Recommendations:

1. We recommend two strategies to holistically and comprehensively address the mental health problems of asylum seekers and build capacity within the sector:
   - Implement a screening program across all points of initial contact between asylum seekers and social, health, welfare or legal services.

     Screening will help identify previously unrecognised cases of mental disorders in asylum seekers and those at imminent risk of developing such problems. The screening should be brief and focussed on mental health problems and able to be administered by non-health professionals.

   - Support the development of specialised mental health services for asylum seekers that can provide a holistic, trauma informed model of care that incorporates psychosocial and psychiatric treatment.

     The services need to be flexible and responsive to changing numbers and geography and would have outreach capacity both physically and virtually. The virtual outreach would incorporate teleconferencing and primary and secondary consultations for primary and specialist care services which infrequently manage asylum seekers and require expert advice and input.

2. These services need to be supported with language interpreting services and bicultural worker support to assist asylum seekers to navigate service systems.

If we can be of further assistance during this enquiry, please do not hesitate to contact us.

Yours sincerely

Dr Michael Walsh
Chief Executive

CASE STUDY: 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 seeking asylum fleeing prolonged domestic and sexual violence from authority figures. She believes that she will be killed and that her children will be in danger if she returns to her country of origin.

Consequently, Tan has severe PTSD and depressive symptoms. She is unable to experience positive emotions, suffers from insomnia, frequent flashbacks, hyper-vigilance and a sense of helplessness. Soon after her arrival she was diagnosed with breast cancer and she has a chronic pain syndrome secondary to the multiple assaults she has experienced.

The visa on which Tan arrived did not allow her to access Medicare, work rights or any income support to pay rent or buy food for her children, even though she had submitted her application for protection. She has no family or support in Australia and the violence she experienced in her country of origin, extended to threats against her family, thus she became estranged from them, for their protection. The only source of support for Tan and her family whilst they struggled to cope with her cancer diagnosis and settling into a new country, was rental assistance from another asylum seeker support service and medical and mental health support through the Cabrini Asylum Seeker and Refugee Health Hub.

The Hub provides Tan with mental health support, access to GPs to assist her with diagnosis, management and advocacy to access tertiary hospital care for her breast cancer and free medication through Cabrini's pharmacy waiver program. Tan and her family's health outcomes could have been greatly improved by early recognition of their vulnerability and implementation of appropriate supports to enable them to access the care they need to support them to begin to recover and to heal. Unfortunately the current policy framework is a significant barrier to this.