



Victorian Refugee Health Network - Victorian State Budget Submission

About Victorian Refugee Health Network

The Victorian Refugee Health Network (VRHN) facilitates coordination and collaboration amongst health and community services to improve service accessibility and responsiveness for people of refugee backgrounds, including those seeking asylum.

This submission has been developed drawing on key issues that have been brought to our attention through various sector coordination activities that the Network oversees. This includes the:

- VRHN Executive
- Mental Health Community of Practice
- Clinical Community of Practice
- Members of Covid Sector Coordination Group
- Members of Afghan Arrival Health Coordination Group

This submission addresses three key priority areas:

1. Supporting, expanding, and strengthening refugee health services
2. Ensuring access to quality healthcare for Afghan arrivals
3. Mental health for refugee and asylum seeker communities

We first provide an overview of key issues around each of the priority areas, and then outline recommendations to address these issues.

Key Issues

1. Supporting, expanding, and strengthening refugee health services

There are well evidenced long-term settlement stressors for refugees and people seeking asylum. These are associated with building a new life and navigating a new environment, intergenerational trauma, precarious visa status, housing instability, among others. Due to these factors, it is important that health services are available that take a sensitive, trauma-informed, intersectional, and social determinants approach. However, lack of appropriate services paired with language and digital literacy barriers has compromised access to health and wellbeing services for refugee and asylum seeker communities in Victoria. Access to health and wellbeing services will be particularly important in Victoria over the next 12 months and beyond due to:

- Refugee background communities having been disproportionately affected by the pandemic in numbers, locations, illness, and 'long Covid' and this has been concentrated in Victoria
- The growing numbers of new arrivals in Victoria in light of

- The large number of evacuees from Afghanistan since August, of which over half have been resettled in Victoria
- The imminent arrival of those who have received humanitarian visas offshore over the past 2 years but have been unable to arrive in Australia due to border closures. Historically, approximately 40% of new arrivals resettle in Victoria
- The number of people who are seeking asylum currently living in Victoria who do not have access to Medicare and whose precarious visa status renders them in a legal 'limbo'

It is well established that primary and community healthcare and preventative screening can improve long-term health outcomes for individuals and result in significant time and cost-saving for health services and the government. **While some primary and community health services and preventative screening are currently funded by the Victorian Government, funding is intermittent and does not cover all services.** This prevents access to healthcare for some of the most at-risk in this cohort, and hinders services from being able to provide continuity of care.

Furthermore, many people seeking asylum do not have access to Medicare which prevents them from accessing mainstream primary and preventative care funded by the Commonwealth. This includes access to pathology, pharmaceutical, and radiology services. Currently, the Victorian government provides support for primary care through the Refugee Health Program with a focus on nursing and allied health. This means that those who require access to a GP can be locked out of both State and Federally funded primary and community health services, and preventative screening. As a result, most people seeking asylum access healthcare in Victoria through the Hospital.

Access Policy:

- Either for health issues that could be addressed in a primary care setting
- Or for health issues that they could not address earlier (due to lack of access to services) and therefore present with acute health issues

Accessing tertiary care:

- Poses a greater health risk to the individual (particularly during the Covid pandemic where hospitals are exposure sites)
- Is more costly for the Victorian government

Given the size of the cohort of people seeking asylum in Victoria, many of whom have been living in prolonged uncertainty due to long wait times for protection visa processing and appeals, the funding is currently inadequate and non-government and community services continue to fill a significant gap. In the face of limitations from the Commonwealth government and Victoria's large and growing number of refugees and people seeking, the Victorian government has played a leading role in supporting interventions for improved outcomes for refugees and people seeking asylum. However, **current funding models that provide this support are short-term which presents challenges for primary health service providers in providing timely support and continuity of care. These funding models need to be reviewed to ensure sufficient access and sustainability of primary healthcare.**

2. Supporting Afghan arrivals

As of 27th October, 3629 Afghan evacuees have arrived in Australia. Of those, 53% are residing in Victoria – this is an unprecedented number of new arrivals in Australia, let alone in a single State. It is expected that this number will continue to rise, and new arrivals from Afghanistan will continue to be predominantly resettled in Victoria.

The decline in new arrivals over the past 2 years due to the Covid environment has meant that many settlement services received decreased funding (as this is based on Humanitarian Settlement Program numbers) and thus reduced staffing. This presented capacity challenges for services in Victoria in supporting new arrivals. We commend the Victorian government for the speed in which they responded to this need, such as through funding the Refugee Health Program to establish a nurse-led clinic at the Multicultural Hub in the CBD.

Over the next 12 months, there will continue to be an increased need for health and social support services for new arrivals from Afghanistan. There must therefore be an investment in services to meet the growing demand, particularly for primary care.

3. Mental health

An analysis was conducted by VRHN based on our submission to the Mental Health Royal Commission. This included mapping our recommendations to the Royal Commission recommendations, as well as to the Victorian State budget. We were pleased to see that supporting integration and coordination of services was included in the Royal Commission recommendations and that this was translated into budget commitments. However, **there remains to be a lack of specific recommendations or budget commitments that extend this to refugee and asylum seeker communities. It is vital that these communities are not left behind in mental health reform efforts.**

Recommendations

Based on the key issues outlined, we recommend the State government funds the following:

1. Maintenance of the increased capacity of settlement services considering the growing number of arrivals from Afghanistan and likely increase in humanitarian arrivals over the next 12 months and beyond
2. Maintenance of the increased capacity of the refugee health program considering the growing number of arrivals from Afghanistan and likely increase in humanitarian arrivals over the next 12 months and beyond. Specifically, this should include funding to:
 - a. Increase the number of refugee health nurses
 - b. Introduce nurse liaisons as part of the refugee health program; this would improve linkages between the refugee health program and the broader health system, including tertiary care
3. Expansion of the refugee health program to include
 - a. Increased funding for people seeking asylum to access primary care
 - b. Counselling services
 - c. Essential items such as optical glasses, hearing aids, wheelchairs, splints, particularly those that would otherwise be covered by the NDIS
 - d. Increased funding for dental services and care
4. Introduction of sustainable funding models (such as recurring or block funding) for refugee and settlement services and programs to enable continuity of care
5. Supporting ongoing access to Covid testing and vaccination for refugee and asylum seeker communities, and other migrant and CALD communities
6. Expansion of the Program for Immunisation, Monitoring and Education (PRIME) program which is a catch-up immunisation program for newly arrived refugees and people seeking asylum. It is recommended that particular investment is made in expanding the program to Hume, Cardinia, Casey, and Wyndham where there are current gaps in program capture despite being high resettlement areas.

7. Mental Health service mapping project to be undertaken by VRHN to ascertain the current state of mental health services for refugees and people seeking asylum, and identify service and collaboration gaps that can be addressed
8. Supporting workforce training and upskilling around mental health, including
 - a. Capacity building for mental health services around providing culturally sensitive care
 - b. Capacity building for settlement and multicultural services around the importance of providing trauma-informed care
 - c. Supporting mental health services to recruit bicultural and bilingual workers and ensure that these workers are integrated into mental health teams, provided with mental health training, and that their own mental health is sufficiently supported
 - d. Ensuring services can access to accredited interpreters from established agencies and have the training required to ensure staff members understand when and how to access them
9. Expand the refugee fellow program to include specialist psychiatry and fostering links between these psychiatric fellows and the refugee health program, such as through mental health nurse liaisons which would provide links between primary care (and the Refugee Health Program) and tertiary mental health and psychiatric care