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1 July 2019

Mental Health Royal Commission,
Department of Premier and Cabinet,
1 Treasury Place, Melbourne Victoria 3002

Dear Commissioners,

Please find enclosed the submission from Cabrini Outreach in response to the request for input into the Royal Commission into Mental Health announced by the Victorian Government.

Cabrini Outreach is the social service arm of Cabrini Health. We operate the Cabrini Asylum Seeker and Refugee Health Hub health (Cabrini Hub) in Brunswick, where our mission is to provide free comprehensive person-centred care to the most vulnerable asylum seekers in Victoria. We offer an integrated mental health and primary health care model, which we believe provides the best quality, holistic care. We provide a wrap-around mental health service with a limited outreach capacity, in addition to secondary consultation to other care providers (including non-health professionals).

The Cabrini Hub is staffed by experts in the specialist field of asylum seeker and refugee health and our recommendations in this submission reflects their knowledge and practice wisdom, along with the feedback from consumers and interagency partners. Our recommendations look beyond the Cabrini Hub (as it is currently operating) to the provision of statewide mental health care for people seeking asylum who are residing in Victoria in recognition of the significant risks faced by this cohort.

Background

Victoria has the highest asylum seeker and refugee settlements numbers in Australia. Once a person puts in an application for protection, it currently can take more than ten years for their claim to be processed. During this time, they are restricted by the conditions of their visa. There is variable eligibility to Medicare and thus to health services, many have neither work rights nor social support services such as Centrelink, housing or emergency relief. This is a socially marginalized population of people, at high risk of destitution, homelessness and chronic poor health outcomes (especially poor mental health outcomes and suicide risk).

With 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 Temporary Protection Visa (TPV) application. Individuals who are successful in obtaining these temporary visas are not allowed to reunite with family members in Australia and will need to reapply for temporary protection in either

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3 or 5 years time. These groups therefore continue to live in uncertainty and remain at risk from a mental health perspective. Another 7,891 individuals who arrived by boat are currently living in Victoria on Bridging Visa E (BVE) as of March 2018.[1] There are also several hundred individuals and families from Manus Island or Nauru, who have been transferred to Australia for medical and/ or psychiatric reasons. Many asylum seekers have unmet health care needs, and their access has been limited by lack of Medicare and little or no income for example, to pay for pharmaceuticals and medical aides.

Mental health disorders in refugees and people seeking asylum

The prevalence of mental disorders amongst people seeking asylum are disproportionately higher than both the general population and refugees. The contributing factors are often broad and complex, occurring pre-migration, during the course of migration and post-migration. Many asylum seekers will have directly or indirectly witnessed trauma in their country of origin, in transit to Australia or in detention centres – both offshore and onshore. In addition, most are faced with difficult current social circumstances including destitution, separation from family, tenuous housing, unemployment (with the lack of work rights or difficulty finding employment due to language barriers, mental health diagnoses and their temporary visa status), disconnection from culture and cultural identity, challenges of cultural adaptation in Australia (including language barriers), and a long and uncertain legal process for the determination of refugee status. These factors work individually and synergistically to undermine the mental and physical health of asylum seekers.

A Victorian study demonstrated that the prevalence of Major Depression and Post-traumatic Stress Disorder in asylum seekers in newly arrived refugees was 61% and 52% respectively.[2] The prevalence is even higher in those who have been in prolonged immigration detention. However, many refugees and people seeking asylum in the community will have undiagnosed and untreated mental health disorders. This is due to a number of factors: language barriers, different cultural explanations for mental illness, low mental health literacy, shame and stigma, and lack of access to medical assessment. These people may be involved with a number of other professionals (welfare, housing, legal), but not have their mental health disorders recognized. Poor recognition and detection, in addition to lack of access, is a factor in this community experiencing poorer mental health outcomes.

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

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Mental health services and refugees and people seeking asylum

Mainstream mental health services are currently best equipped to manage low prevalence disorders such as schizophrenia and bipolar disorder. There is a lack of clinical experience within mainstream services with regards to the mental health experiences of refugees and people seeking asylum. To date the main role (and an important role) of the public mental health services has been at a point of crisis management when there have been presentations of self-harm and suicidality. However, in preventing suicide and self-harm, there needs to be early detection and appropriate mental health care provision.

Due to the spread and the low numbers of people seeking asylum compared with the general population, it would be unrealistic and inefficient to have all Victoria mental health clinicians trained in the specific mental health needs of refugees and people seeking asylum. Instead, we propose an alternative model in our recommendations below.

Model and provision of care by the Cabrini Hub

There are currently three main providers of psychiatric care for people seeking asylum in Victoria: The Monash Refugee Health Service in the south-east, the Asylum Seeker Resource Centre (ASRC) in the west, and the Cabrini Hub in the north. In addition, Foundation House provides specialist torture and trauma counselling, largely for refugees, who have had pre-migration torture and trauma experiences.

The Cabrini Hub provides an integrated service comprising free primary health and specialist mental health services for asylum seekers. The criteria for accessing our service is either no Medicare, or Medicare but limited or no income or no work rights. Since the Cabrini Hub opened in June 2016, over 650 asylum seekers have been referred for care. Currently, approximately 350 people are relying on our service on a regular basis.

The specialist mental health service comprises a multidisciplinary team of psychiatrists (and psychiatry registrars), mental health clinicians and clinical psychologists. We provide care coordination and case management for people with complex mental health needs in addition to therapeutic intervention, trauma-informed and focused counselling and support. There is also a limited outreach component to support those unable to access the health service.

We also provide secondary consultation and management plans to external agencies to assist with access to appropriate care and to help build capacity in the sector to care for asylum seekers and vulnerable refugees with mental health needs. We consult regularly and collaborate with housing, legal and settlement services and many other NGOs. In addition we have strong relationships with

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the relevant area mental health services: there have been two-way referrals, we have provided secondary consultations, and we have managed patients together in a shared-care model.

Foundation House and the ASRC are two of the main agencies referring clients to our specialist mental health service, which demonstrates we fill a significant gap in mental health care provision with our unique model.

We see clients who have been in offshore (Manus Island and Nauru) and onshore detention, and also those held in community detention. Our experience brings us face to face with the impact of the current policy framework on the mental health of people seeking asylum. Prolonged processing times, uncertainty of outcome and the threat of deportation result in significant deterioration in mental health. We are expecting that the demand for our services will increase with the pending transfers from Nauru and Manus Island.

The Cabrini Hub currently receives little government funding. We rely primarily on a combination of subsidization from Cabrini Health, philanthropic funding, a small amount of Medicare income and the generosity of our pro bono medical workforce. In addition, we have a partnership with St Vincent's Hospital Melbourne, which enables our clients to access pathology and medical imaging services without charge.

Summary

- Victoria has disproportionately higher numbers of refugees and people seeking asylum than other states and territories.
- The prevalence of mental health disorders (especially Major Depression and Post-traumatic Stress Disorder) is much higher in people seeking asylum and refugees than in the general population, due to a complex interaction of multiple psychosocial factors (trauma history, disconnection from community, separation from family, prolonged legal processes, homelessness, destitution).
- These mental health disorders are under-recognised and untreated in this population due to poor mental health literacy, shame and stigma, under-awareness by non-health professionals. Presentations to public mental health services are often at the point of acute crises.
- Current mainstream public mental health services do not have the awareness, knowledge, and skill to manage this population and the complexity of the social context, political policy and legal situations that challenge them.

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Recommendations

1. An early screening process[3] that could be administered by non-mental health clinicians, welfare workers, lawyers etc. to facilitate the early detention of the mental health burden in refugees and people seeking asylum in Victoria. This would include the provision of training to the sector on how to administer the screening tool, and pathways for referrals.
2. A need for centres of expertise to deliver specialized care, to manage the complex psychosocial needs of these patients. These centres would include a specialised mental health service with psychiatrists and mental health clinicians, which provides secondary consultations and facilitates interagency care co-ordination (particularly housing, legal and welfare).
3. Provision of tele-health capacity for the specialized mental health service to provide primary consultation (direct patient assessment and management) and secondary consultations (case reviews, treatment planning, second opinions) to people seeking asylum and refugees, who have decided to settle in regional centres and rural Victoria.

In order to improve outcomes for people seeking asylum and vulnerable refugees within our community, we strongly encourage the Royal Commission to consider our recommendations. We look forward to a site visit from the Commissioner.

Yours sincerely,

Catherine Garner
Group Director Mission and Cabrini Outreach

[3] Hocking, Mancuso and Sundram. Development and validation of a mental health screen tool for asylum-seekers and refugees: the STAR-MH. *BMC Psychiatry* 16 (2018) 69.