



# MIGRANT & REFUGEE WOMEN'S HEALTH PARTNERSHIP

January 2019

## **Submission to the Review into integration, employment and settlement outcomes of refugees and humanitarian entrants**

*Prepared by MRWHP Secretariat*

The Secretariat of the Migrant and Refugee Women's Health Partnership (the Partnership) welcomes the opportunity to make a submission to the review into integration, employment and settlement outcomes of refugees and humanitarian entrants. A dedicated focus on women's health is a significant step towards improving Australia's population health and wellbeing. This submission seeks to emphasise health and wellbeing as critical factors in successful settlement integration, and important enablers of social and economic participation. It also emphasises the role of accessible and culturally responsive health services in this regard.

The Partnership is a national initiative bringing together health and community sectors to address systemic barriers to access to health care for migrants and refugees, acknowledging and responding to the unique challenges faced by women within this cohort.

Refugees and humanitarian entrants are a particularly vulnerable group with regard to their state of health. They have often experienced traumatic events and losses, have undergone hardship during journeys of escape, and may have symptoms of post-traumatic stress disorder. These experiences can have an impact on individuals' health and mental health status, their understanding of health issues and ability to adhere to treatment options, as well as access to, and experience of, care. Post-migration aspects of resettlement and acculturation can also be difficult, resulting in refugees and humanitarian entrants often having increased rates of mental health conditions, such as anxiety, depression and post-traumatic stress disorders.

In considering settlement approaches that would facilitate better health and wellbeing outcomes for refugees, and consequently enhance their social and economic participation, we support the following policy and practice responses:

- Dedicated focus on women's health in settlement
- Enhanced health and health system literacy as part of the orientation
- Investment in culturally responsive health service provision
- Consideration of refugee health as a population health issue and fostering cross-jurisdictional collaboration to support better coordination

### Focus on women

Refugee women are a particularly vulnerable group with regard to health and wellbeing, and are at increased risk of poorer health and wellbeing due to both pre-migration experiences, including exposure to trauma, and post-resettlement experiences. Many health conditions

are gender-linked, and the social situations of male and female refugees often differ considerably. Certain factors affect women in particular, for example, sexual violence, and the risks surrounding pregnancy and childbirth. Building a New Life in Australia: The Longitudinal Study of Humanitarian Migrants<sup>1</sup> confirms the gender differences in relation to health issues with higher proportions of female participants reporting poor health than amongst their male counterparts: 46 per cent of women have been experiencing moderate to high levels of psychological distress, as have 35 per cent of men. By way of comparison, estimates for the Australian adult population are that just 11 per cent of women and seven per cent of men fall into these categories. Furthermore, 62 per cent of women have been prescribed medication for physical conditions since arrival in Australia (54 per cent of men) and nearly one in five rate their recent health as poor or very poor. It is important that the settlement service provision recognises specific health access and experience issues facing refugee women and responds through tailored approaches.

Particular priority areas of refugee women's health should include sexual and reproductive health as well as mental health and wellbeing. Refugee women are at increased risk of poor health across pregnancy (e.g. perinatal mortality, pre-term birth and low birth weight),<sup>2</sup> mental health (e.g. anxiety, depression and post-traumatic stress disorder)<sup>3</sup> and reproductive health.<sup>4</sup>

Importantly, a dedicated approach to refugee women's health and health literacy has a direct positive impact on family and community state of health more broadly. Women are more likely to influence the health-promoting choices of family members. Supporting better health and wellbeing outcomes for women strengthens health-promoting assets in communities.

#### Health and health system literacy in settlement orientation

We note the need for, and investment in, tailored approaches to health literacy, as well as health system literacy, and health promotion, as critical enablers in facilitating better health and wellbeing outcomes for refugees by supporting refugee to become confident and informed consumers of health services.

HSP adopts a systemic approach for the delivery of health and health system literacy to refugees as part of the Orientation Program. However, it is generally offered only in the immediate post-settlement period. Further, there is a great degree of variation in how it is delivered, with various settlement service providers adopting different models depending on their local circumstances and capacity.

We support the development of a shared health literacy in settlement framework in collaboration with relevant health sector actors that would facilitate consistency and reduce duplication of efforts, while allowing for a flexible, tailored and locally-relevant approach. Enhanced health and health system literacy in settlement orientation should factor in the diversity of refugee experiences and the complexity in their health experience, adopting a lens that would make it applicable for different community groups. A strengthened approach should not focus only on recently arrived refugees, but extend to capture the extended settlement period. The absence of a longer-term or follow up provision in health literacy leaves refugees to rely on ad hoc community-based, State and Territory or local government initiatives promoting health literacy, if and when those are available. Alternatively, to

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<sup>1</sup> Data highlight No.2/2015

<sup>2</sup> Higginbottom M, Morgan M, Alexandre M, et al. Immigrant women's experiences of maternity-care services in Canada: A systematic review using a narrative synthesis. *Systematic Reviews*. 2015;4:13/2-13/30.

<sup>3</sup> Kirkmayer L, Narasiah L, Munoz M, et al. Common mental health problems in immigrants and refugees: General approach in primary care. *CMAJ*. 2011;183(12):E959-67.

<sup>4</sup> Keynaert I, Guieu A, Ooms G, et al. Sexual and Reproductive health of migrants: Does the EU care? *Health Policy*. 2014;114(2-3):215-25.

navigate a new health system and unknown health concerns, they rely on fragmented information provided from the Internet or word of mouth.

#### Culturally responsive health service provision

Achieving positive change in health and wellbeing outcomes for refugees will require the culturally responsive service provision. This includes the capacity of clinicians to understand the determinants of refugee health and to respond through culturally appropriate and trauma-informed care; the capacity of health service organisations to design and deliver health services that factor in specific refugee health-related considerations; and the capacity of health care providers to ensure effective communication in healthcare settings with people from refugee backgrounds by engaging interpreters. This also include the adequate supply of interpreters in refugee-spoken languages to ensure smooth provision of health services.

It is vital that healthcare providers are equipped with the personal and professional tools to provide person-centred and culturally responsive care that recognises the heterogeneity of refugee experiences and circumstances. Such service provision needs to be underpinned by a range of systems that support the engagement of interpreters, and facilitate training and skills development for health practitioners.

#### Refugee health as a population health issues and cross-jurisdictional collaboration for better outcomes

We support a stronger policy focus on refugee health as a population health issue. This would result in a more holistic, coordinated policy approach to embedding refugee health considerations across the health system, including preventative health, primary and acute care, health safety and quality, access to services, and research.

Positioning refugee health as an integral part of the health policy and strategy based on a whole-of-government approach would also enable the development and implementation of an overarching framework for future investment across identified Commonwealth policy and program areas and priorities.

Further, in recent years, various jurisdictions have developed positive policy and practice on refugee health. Initiatives are varied and include the introduction of specialist refugee health services, systems-level refugee awareness frameworks, refugee consultative structures, engagement forums, and multilingual information resources targeted at refugees-healthcare consumers. These are often developed based on overarching jurisdictional policies and plans, such as refugee health policies.

We believe that consideration should be given to fostering national, cross-jurisdictional leadership on sharing learnings in health system response to refugee population across jurisdictions, consolidating the knowledge and expertise, reducing fragmentation and duplication of effort, and developing strategies for comprehensive models that achieve positive settlement and integration outcomes both for refugee and the health care system.

Better coordination would also broaden the scope and impact of such initiatives, by balancing the focus both on newly arrived refugees and more established refugee communities, with both cohorts having its unique health vulnerabilities and health care needs.

For more information or to discuss the contents of this submission further, please contact:

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