



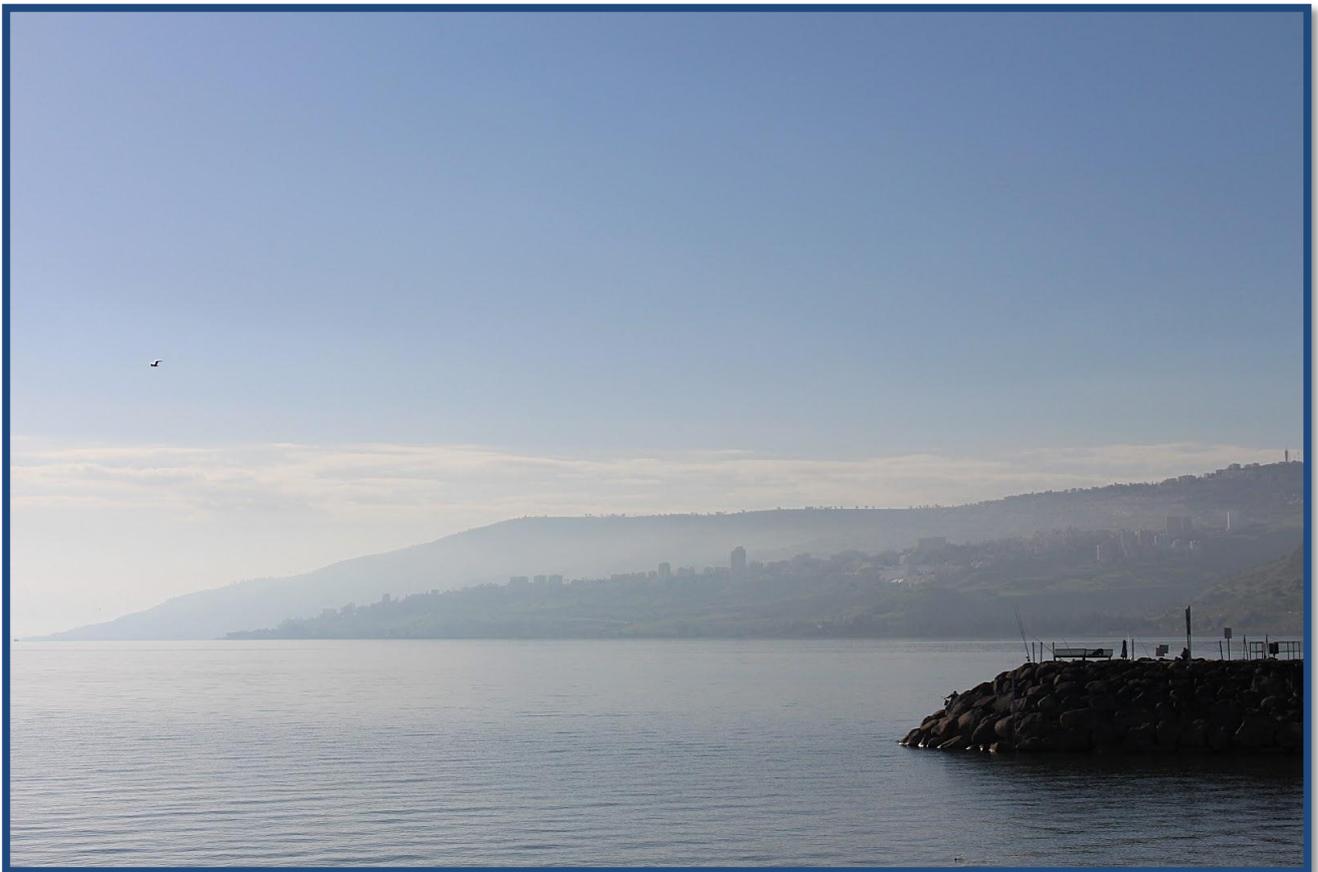
**FACULTY OF
PUBLIC HEALTH
MEDICINE**

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PHYSICIANS OF IRELAND

Migrant Health- The Health of Asylum Seekers, Refugees and Relocated Individuals

A Position Paper from the Faculty of Public Health Medicine

June 2016





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Foreword

The health of migrants, including refugees and asylum seekers, is of concern to all of us.

The right of everyone to the enjoyment of the highest attainable standard of physical and mental health has long been established in international human rights law.

As a result of the circumstances that have caused them to flee their countries of origin, refugees and asylum seekers often have unique and complex physical and mental health needs that require specific and comprehensive healthcare attention.

Commitment to addressing the broader health needs of this vulnerable population, including physical, psychological and social needs, is essential to protect their human right to health.

We are publishing this position paper to highlight the need to address these health care needs.

Our recommendations on the best approach to meet these needs are based on the best available evidence.

Intersectoral collaboration is a pre-requisite to ensure the development of health and social policies that promote inclusion and integration of migrants into Irish society, minimising the negative impact of migration and reduce health inequity.

Evidence shows that policies for migrant integration can reduce health disparities.

Refugees and Asylum seekers need to have access to the full range of appropriate health care on arrival.

Our health services need to be migrant sensitive and culturally and linguistically appropriate.

However, inequalities in health and access to quality care for migrant groups cannot be addressed by health systems alone. Social determinants of health cut across various sectors, such as education, employment, social security and housing, among others. All these have a considerable impact on the health of migrants.

We believe our recommendations for addressing the health needs of migrants can improve health status and outcomes; facilitate integration; prevent long-term health and social costs; contribute to social and economic development; and, most importantly, protect population health and human rights.



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We call for adoption of these recommendations. Investment in their implementation will pay dividends for the health and wellbeing of the entire population.

Prof Elizabeth Keane

Dean of the Faculty of Public Health Medicine



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Recommendations

The Faculty of Public Health Medicine calls on the government to adequately provide for the full range of health and social care needs of all migrants to Ireland, in particular the needs of vulnerable migrants such as asylum seekers and refugees.

The approach needs to take into account the full life-course; the immediate, medium and long term needs of the asylum seeking/refugee population in Ireland.

1. There should be early and adequate screening for chronic diseases and mental health issues, as well as for infectious diseases, and referral to specialised services as required. Community medical/nursing services, primary care, mental health and acute services should be adequately resourced as a priority to meet current and projected requirements.
2. There should be immediate and adequate access to primary care, sexual and reproductive health care and mental health services, which are culturally and linguistically competent. These services should be adequately resourced to provide treatment for the complex physical and mental health needs of asylum seekers and refugees.
3. Funding for additional vaccinations for asylum seekers and refugees should be ring-fenced so that all necessary vaccines can be administered in a timely manner.
4. Translation services should be readily available in primary care and to all health providers that care for asylum seekers and refugees.
5. Specialised services, such as psychotherapy for survivors of torture and other traumas, should be available and accessible for those who need them, wherever they are resettled.
6. A formal assessment of the broader health needs of asylum seekers, refugees, and relocated individuals in Ireland should be undertaken.
7. There is a need for much greater investment by the Irish government in health services for asylum seekers, refugees, and relocated individuals. These services will largely be provided by the Health Services Executive, GPs, and voluntary organisations, and require appropriate funding.



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8. The processing of asylum applications should be done in a timely fashion. Time spent in direct provision and other accommodation centres (including European Relocation and Orientation Centres- EROCs) should be limited to the absolute minimum.
9. There should be intersectoral collaboration to ensure the development of health and social policies that promote inclusion and integration of all migrants into Irish society, minimising the negative impact of migration, and reducing health inequity. Asylum seekers, refugees, and relocated individuals should be represented and involved in all decisions and policies that affect them.
10. Long term housing, education, employment and health needs of all asylum seekers must be addressed as a government priority.



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Background

In recent years, there has been an increase in the number of migrants coming to Ireland. Some are seeking refuge and others are searching for better employment and education opportunities. In 2015 and 2016, rising numbers of people have travelled through Southern Europe and the Balkans to the European Union (EU) seeking asylum. Ireland, like many other EU countries, has agreed to accept refugees fleeing war and civil unrest in parts of the Middle East and Africa. At the present time, the Irish government has committed to accepting 4,000 new migrants through resettlement and relocation programmes. This is against a background of economic difficulties, including a scarcity of social housing and reduced access to health and social care services for the general population. Ireland's approach to the health needs of all migrants, including undocumented migrants, needs to be addressed. However, this paper deals mainly with the health issues faced by those coming to Ireland as asylum seekers, refugees, and through European relocation programmes.

Asylum seeker: a person who enters a country seeking recognition as a refugee (under the 1951 UN Convention and its 1967 Protocol). Individuals undergo the asylum process to have their claim assessed.

The numbers of asylum seekers in Ireland peaked in the early 2000's at around 10,000 per year and then decreased considerably. In recent years, however, applications for asylum in Ireland more than trebled from 946 in 2013 to 3,276 in 2015. Asylum seekers reside in 32 Direct Provision centres around the country while their claims for asylum are being processed.

Refugee: "a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...". Refugees may enter Ireland through different routes:

Programme refugees are people who the Irish Government has agreed to resettle to Ireland from outside the EU. They arrive in orientation centres/hotels before being resettled around the country. Ireland will resettle about 520 programme refugees by the end of 2016.



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Medical programme refugees are people who the Irish Government commits to taking based on their medical needs. They are identified by the United Nations High Commissioner for Refugees and the Office for the Promotion of Migrant Integration. Five cases are taken each year.

European relocation programme: Individuals who come to Ireland through this new programme are those who are located, but not resident, in another EU member state. They will be relocated to Ireland and their refugee status should be rapidly determined. The majority of these persons are originally from countries in the Middle East, and they are seeking international protection. Currently, Ireland has agreed to accept 3,500 individuals. They will be initially placed in European Relocation and Orientation Centres (EROCs)



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Mode of entry to Ireland and assessment of health status

Refugees and asylum seekers coming to Ireland have their health assessed through different processes depending on their route of entry to the country.

Asylum seekers are medically assessed by community medical/nursing staff in reception and other accommodation centres where efforts are made to identify their health needs. There is currently only one functioning reception centre in the country. Resource constraints mean that an assessment of risk of infectious disease is often prioritised, and uptake is on a voluntary basis. Screening for chronic diseases, psychological and other needs takes place wherever possible, but not systematically for all individuals. Screening services for asylum seekers were reduced when the number of new arrivals began to fall over 10 years ago. It has now become increasingly difficult to provide this essential service due to increases in numbers of asylum seekers without concurrent replacement of healthcare staff. Asylum seekers are also frequently dispersed to other parts of the country before their broader health needs have been properly addressed, or a management plan put in place. This can lead to miscommunication between healthcare providers, and gaps in treatment.

Programme refugees, both arrivals from outside the EU and medical programme refugees, are obliged to undergo comprehensive pre-departure screening before arriving in Ireland. This includes an assessment of their risk of infectious diseases, and assessment of various pre-existing medical/psychiatric conditions. Upon arrival, they may undergo further medical assessment, but this is not always done in a systematic way. If community public health services are unavailable, this may fall to general practitioners (GPs). Translation services are often not accessible in primary care, and no additional resources are provided for this work.

European relocation programme: It is not yet clear what processes will exist for the medical assessment of the 3,500 persons who will arrive in Ireland as part of this programme. The current health assessment models for asylum seekers and programme refugees are ineffective, and are not sustainable without additional staffing and resources. There is a need to respond to this growing issue in a way that protects the health of this vulnerable population.



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Health needs

Refugees and asylum seekers often have health needs that differ from those of the indigenous Irish population. Certain infectious diseases such as TB, Hepatitis B and HIV can be more common in these communities due to the higher background rates of these diseases in their countries of origin. Both adults and children may require vaccination against various infectious diseases such as measles, polio and tetanus. Along their journey to Ireland, some migrants may have endured periods of under-nutrition, physical strain, and mental stress, leaving them more susceptible to illness, particularly in the months immediately after arrival. People fleeing war and persecution in traumatic circumstances may have complex mental health needs requiring intervention. For example, rates of post-traumatic stress disorder (PTSD) are up to ten times higher among asylum seekers than in the indigenous populationⁱ. They are also more likely to suffer from mood disordersⁱⁱ. Their mental health needs may be greatly increased by their loss of family structures and social support.

Refugees and asylum seekers also share many common health needs with the Irish population. They require routine care for acute and chronic diseases, reproductive and sexual health issues, intellectual and physical disabilities, mental health, and dental health.



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Access to healthcare

Ireland provides free primary, secondary and tertiary care to asylum seekers and refugees. They are eligible for medical cards and can register with a GP. However, a number of linguistic, cultural and financial barriers limit their access to care in real termsⁱⁱⁱ.

Availability of **translation services** is inconsistent across the health service, creating communication barriers between doctors and patients, particularly outside the hospital setting. **Vaccinations** for asylum seekers and refugees are not funded in primary care if they fall outside pre-existing national programmes. Difficulties with **transport** to medical facilities can also limit access to care. Furthermore, where asylum seekers are moved from one direct provision/accommodation centre to another, **continuity of care** with existing healthcare providers may be disrupted or lost.

Programme refugees reside for a period of time (weeks/months) in orientation centres before being dispersed to housing in towns around Ireland. During this time, their access to healthcare is limited by a lack of **resourced facilities and healthcare staff**. There is an urgent need to strengthen the planning and oversight of their health needs during this vulnerable period of transition.

Some **specialised services** required by asylum seekers may not be routinely available in the Irish health system, for example, psychotherapy for victims of torture, sexual violence and other conflict related traumas. While voluntary organisations such as Spirasi may provide these services in urban centres, there is no access for many others. Mainstream **mental health services**, already overburdened and under-resourced in caring for the general population, may not have the cultural or linguistic expertise to effectively deal with the mental health problems experienced by refugees and asylum seekers, and do not have adequate resources to liaise with the agencies responsible for asylum seekers^{iv}.

It is not yet clear what processes will exist for individuals arriving in Ireland through the European relocation programme. The current model of care for many programme refugees is one whereby individual general practitioners have been expected to voluntarily assume responsibility for the care of dozens of newly arrived migrants in a single community, without additional resources or financial support. This model lacks foresight, and is not sustainable.



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Healthcare is only one aspect of the needs of vulnerable migrants, and if long term health outcomes are to be maximised for this population, attention needs to be paid in a structured manner to broader aspects of their care.



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A life-course approach to health

WHO defines health as ‘a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.’ Like all people, the health needs of asylum seekers and refugees span a much wider spectrum than infectious diseases alone. However, the traditional approach in Ireland has been to offer screening for infectious diseases on a voluntary basis to asylum seekers upon arrival to reception centres.

Commitment to addressing the broader health needs of this vulnerable population, including physical, psychological and social needs, is essential to protect their human right to health. This maximises their potential to become active, integrated members of society. It increases their capacity to work in Ireland, and to become economic assets to their new communities.

The WHO Minsk Declaration, 2015, to which Ireland is a signatory member state, states that *“the adoption of the life course approach across the whole of government would improve health and well-being, promote social justice, and contribute to sustainable development and inclusive growth and wealth in all our countries”*^v. We call for a life-course approach to the health care needs of the asylum seeking/refugee population in Ireland. This approach will help to reduce the social disadvantage faced by this generation of vulnerable migrants, and will improve the health and wellbeing of future generations. The health of these migrant families will ultimately impact on the health of indigenous communities, and it is imperative that this impact is positive, for both our migrant and native populations.

Ireland has faced criticism from Amnesty International and from the Council of Europe Commissioner for Human Rights for its record in the care of asylum seekers^{vi, vii}. These criticisms have focussed mainly on the delay in the processing of asylum applications, and on the type of accommodation and other supports that are provided for them as they go through this process. Asylum seekers are given a monetary allowance of less than €20 per adult per week and cannot work while awaiting the outcome of their application, which may take several years in some cases. Within direct provision centres, entire families may live in one room. Often, there are no individual cooking facilities and the asylum seekers have no control over the food that is provided. This can be perceived as culturally insensitive and may be distressing for some people. Children growing up in direct provision centres have limited educational opportunities, particularly at third level, and



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limited facilities for physical activity. Many of these issues are also experienced by programme refugees. These living conditions can adversely affect their health and wellbeing.

A life-course approach requires a shift in focus to address the long term determinants of migrants' health. Unless housing, education, and employment needs are met, the long term health of migrant communities will continue to be a concern. Concentrating families together in direct provision centres for prolonged periods, and thereafter in deprived inner city areas, is discriminatory. The creation of overcrowded housing complexes which lack access to green areas or play areas for children can aggravate long term health and social problems. For children in particular, such adversity in early life can increase their risk of a range of chronic diseases^{viii}, and may ultimately lead to greater burden of ill-health in adult life and an added strain on health and social care services.

Integration and community participation at the local level is essential to ensure that all migrants feel included in society, rather than alienated, and to ensure that communities feel enriched, rather than burdened by new arrivals.



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Endnotes

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