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Migrant and Refugee Health: Advance Australia Fair?

As we reflect on Australia Day, there is often renewed national fervour as we gather with friends and neighbours, share a meal, watch sporting events, maybe attend a citizenship ceremony and sing the national anthem at one of the many community events. Most of us know the words of the first verse of our national anthem, however there is a second and often forgotten verse of our national song. There are two poignant lines in that second verse:

For those who've come across the seas

We've boundless plains to share,¹

These lines of our national anthem draw attention to Australia being a welcoming country for migrants and refugees. There has been much media attention and social commentary of late regarding refugees, asylum seekers, Australia's overall population 'cap', children in detention and migrant health. This ongoing commentary often leads to vigorous and polarised debate about Australia's commitment to migrants and refugees, and raises the question of whether Australia is particularly welcoming to refugees and migrants when it comes to health service provision.

Australia has undergone significant demographic changes over the past 70 years. In 1947, post-World War II Australia had 10% of its population born overseas, whereas in 2011, 27% of the population was born overseas, with over 18% of these being from non-English speaking countries.² While migrant families come with often better health than the general Australian population, this is eroded over time through acculturation, with migrants eventually displaying similar disease patterns to the broader Australian population.³ Considering the large migrant population, how does Australia provide services for over a quarter of its citizens that weren't born here and what are the unique issues faced by refugees and migrants, particularly those from non-English speaking backgrounds, that the rest of the population takes for granted?

There are several common themes that run across a recent migrant health studies in Australia. The first theme is social isolation. Social isolation and loneliness of Australian migrants has led to underlying emotional, social and mental health issues.⁴ These emotional and mental health issues put pressure on local primary and secondary care services particularly in outer metropolitan and regional areas.

The second theme is assimilation. Acculturation stress, language barriers and issues with health literacy have led to depression and reduced health-seeking behaviours.⁵ The literature tells us that these migrants will be less likely to seek health care because of these issues. It naturally follows that if these patients do not actively seek out health services, the burden of disease and chronic illness will grow in these communities.

The third theme is access to appropriate health services. Shame or fear of what family and friends might think, fear of being judged by the treatment providers, fear of hospitalisation, and logistical difficulties are significant impediments to accessing health care services for refugee women.⁶ Much still needs to be done to ensure our health services are compassionate, accessible

and welcoming for those with limited language skills and fearful of our often complex health system in Australia.

Health literacy is an important aspect of positive health outcomes, and this is also true for migrant health. For example, limited health literacy and dietary changes have been noted in poorer oral health outcomes⁷ of migrants as well as a reduction in health-seeking behaviours.⁵

Targeted health promotion is an important theme with migrant health. With changes to more western and high energy diets found in Australia, research has shown a relationship between physical environments and obesity among Australian migrants.⁸ Additionally, smoking-related disease remains high in the migrant population with smoking prevalence higher in migrant men.⁹ Along with approaches to improve health literacy, health promotion strategies need to be targeted for a range of health issues to improve the overall health status of migrants and their families.

Finally, access barriers to appropriate maternity and paediatric services have been reported in the literature. As many migrants and refugees come to Australia with children or are in the childbearing age bracket, access to these services is critical. Language is a common barrier to accessing these services with social isolation documented in migrant maternity and child health service provision that has led to a lack of support during pregnancy and post-natally.¹⁰ Refugees experience similar challenges with accessing maternal and child health services due to language challenges.¹¹

While migrant families in Australia have longer-term health issues to contend with, refugees and asylum seekers face different and more immediate health challenges. Significant proportions of refugees and asylum seekers arrive with a range of physical and psychological issues that need appropriate and compassionate care. Refugees present with a range of clinical diagnoses including vitamin D deficiencies, hepatitis B carrier status, tuberculosis infections, schistosomiasis, and iron deficiency.¹² To add to these clinical diagnoses refugees have been shown to present with a high rate of probable Post Traumatic Stress Disorder.¹³ Once in Australia, refugees are often regionalised where 'structural vulnerabilities and discriminations impact upon physical, mental and social wellbeing, leading to further exclusion, with negative long-term implications'¹⁴ (p. 47).

There is a need for compassionate and targeted health policies to assist this large section of our society. The literature indicates that a wider range of appropriate mental health and other primary health services are needed to support this vulnerable group in our society, particularly women and children and those with mental illness.

If we are serious about our country being inclusive, and our anthem is more than lip service, more needs to be done to make Australia a country that is equitable and accessible to all, including the most vulnerable. So...

With courage let us all combine,

*To Advance Australia fair.*¹

Professor Gary E. Day Editor-in-Chief Australian Health Review

References

- 1 National Australia Day Council. The Australian National Anthem. 2016.
- 2 AIHW. Australia's Welfare 2013. In: Department of Health, (ed.). Canberra: AIHW; 2013.
- 3 Anikeeva O, Bi P, Hiller JE, Ryan P, Roder D, Han G-S. The Health Status of Migrants in Australia: A Review. *Asia Pac J Public Health* 2010; 22: 159–93. doi:10.1177/1010539509358193
- 4 Ogunsiji O, Wilkes L, Jackson D, Peters K. Beginning Again: West African Women's Experiences of Being Migrants in Australia. J Transcult Nurs 2012; 23: 279–86. doi:10.1177/1043659612441018
- 5 Maneze D, Salamonson Y, Poudel C, DiGiacomo M, Everett B, Davidson P. Health-Seeking Behaviors of Filipino Migrants in Australia: The Influence of Persisting Acculturative Stress and Depression. J Immigr Minor Health 2015; doi:10.1007/s10903-015-0233-x
- 6 Drummond PD, Mizan A, Brocx K, Wright B. Barriers to Accessing Health Care Services for West African Refugee Women Living in Western Australia. *Health Care Women Int* 2011; 32: 206–24. doi:10.1080/07399332.2010.529216
- 7 Riggs E, Gibbs L, Kilpatrick N, Gussy M, van Gemert C, Ali S, Waters E. Breaking down the barriers: a qualitative study to understand child oral health in refugee and migrant communities in Australia. *Ethn Health* 2015; 20: 241–57. doi:10.1080/13557858.2014.907391

- 8 Delavari M, Sonderlund AL, Mellor D, Mohebbi M, Swinburn B. Migration, Acculturation and Environment: Determinants of Obesity Among Iranian Migrants in Australia. *Int J Environ Res Public Health* 2015; 12: 1083–98. doi:10.3390/ijerph120201083
- 9 Weber MF, Banks E, Sitas F. Smoking in migrants in New South Wales, Australia: Report on data from over 100 000 participants in the 45 and Up Study. *Drug Alcohol Rev* 2011; 30: 597–605. doi:10.1111/j.1465-3362.2010.00247.x
- 10 Renzaho AN, Oldroyd J. Closing the Gap in Maternal and Child Health: A Qualitative Study Examining Health Needs of Migrant Mothers in Dandenong, Victoria, Australia. *Matern Child Health J* 2014; 18: 1391–402. doi:10.1007/s10995-013-1378-7
- 11 Riggs E, Davis E, Gibbs L, Block K, Szwarc J, Casey S, Duell-Piening P, Waters E. Accessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers. *BMC Health Serv Res* 2012; 12: 117. doi:10.1186/1472-6963-12-117
- 12 Johnston V, Smith L, Roydhouse H. The health of newly arrived refugees to the top end of Australia: Results of a clinical audit at the Darwin Refugee Health Service. *Aust J Primary Health* 2012; 18: 242–7. doi:10.1071/PY11065
- 13 Lillee A, Thambiran A, Laugharne J. Evaluating the mental health of recently arrived refugee adults in Western Australia. *JPublic Ment Health* 2015; 14: 56–68. doi:10.1108/JPMH-05-2013-0033
- 14 Vasey K, Manderson L. Regionalizing Immigration, Health and Inequality: Iraqi Refugees in Australia. Adm Sci 2012; 2: 47–62. doi:10.3390/ admsci2010047