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Asylum Seekers with Physical Disabilities and Mental health disorder

A Situation Report from ASSAF Israel

The non-profit ASSAF - Aid Organization for Refugees and Asylum Seekers in Israel - was founded in 2007 to provide psychosocial assistance to asylum seekers and refugees in Israel and to promote their rights vis-à-vis various state authorities. A significant part of the NGO's work is devoted to providing direct assistance to men, women and children, including those who find themselves in difficult emotional, physical and/or social situations. ASSAF plays a primary role in terms of helping and supporting asylum seekers. Over the years, the organization's staff has been in contact with thousands of refugees all over Israel.

The purpose of this document is to highlight the situation of physically disabled and mentally ill asylum seekers based on ASSAF's cumulative experience. As of October 2013, there are close to 54,000 asylum seekers currently living in Israel, mostly from Sudan and Eritrea, according to data published by the Israeli Population and Immigration Authority. Israel bestows so-called collective protection to asylum seekers from Sudan and Eritrea, thereby acknowledging, de facto, that they are in danger in their countries of origin and therefore cannot be deported to their homelands. On the other hand, Israel systemically prevents them access to the refugee status determination (RSD) process, thus leaving them without legal status and bereft of basic rights. Asylum seekers can live in Israel for years without any opportunity to obtain official status.

The National Health Insurance Law does not apply to asylum seekers, thus denying them access to public health services (except for a special arrangement with the Me'uhedet HMO, which provides services to the children of asylum seekers and migrant workers). They receive only ad hoc emergency treatments in hospitals, basic treatment at the Health Ministry's "Terem" clinic in Tel Aviv, and can seek care in the new "Gesher" mental-health clinic in Jaffa, or through privately purchased insurance plans. **The lack of accessible, ongoing medical treatment jeopardizes the health of all asylum seekers and especially endangers asylum seekers who suffer from physical disabilities and/or psychiatric illnesses.**

Asylum Seekers with Physical Disabilities

Based on our experience, the main causes of physical disabilities among asylum seekers are:

A) Imprisonment and torture in human trafficking camps in Sinai, causing physical disabilities that are often irreversible. B) Being fired on at the Israeli-Egyptian border while trying to cross

into Israel: Often, the injury is to the lower limbs. C) Work and traffic accidents in Israel. D) Chronic illnesses, such as tuberculosis and diabetes, leading to physical handicaps.

The lack of access to non-emergency medical treatment causes great hardship to asylum seekers with physical disabilities whose condition requires extensive care (such as ongoing drug therapy, physiotherapy, follow-up testing).

On the basis of Israel's Patients' Rights Law, asylum seekers whose condition is defined as urgent are hospitalized and treated in Israeli hospitals. When their condition is stabilized, they are discharged. Most medical procedures, such as operations, require a period of recovery at home, where patients may also need family help and support to recuperate. Such support is not given for asylum seekers who live in a foreign country, often without relatives or friends. For asylum seekers who came to Israel on their own, being released from the hospital is particularly difficult: they often have no home to go to and no one to help them regain their strength.

Even when patients have access to community members, the assistance is often very limited because the community cannot extend long-term financial support. In recent years, ASSAF staff members have witnessed many cases in which asylum seekers were discharged from the hospital into the street. Especially horrific were the cases in which asylum seekers were discharged from the hospital while still needing nursing care.

ASSAF often receives calls from medical professionals working at hospitals all over Israel asking for help in the process of discharging asylum seekers. The medical teams find themselves in a quandary: on the one hand, there is the rigid policy of minimal treatment instructing medical professionals to extend nothing but emergency care. On the other hand, the patients truly require long term care, which is also much more comprehensive than what the medical teams can provide. Based on our experience, there are patients who need necessary care that is non-urgent (such as MRIs); patients who are about to be discharged but still need nursing care; and patients who need rehabilitative therapies (such as physiotherapy) to which they are not eligible. Thus, medical teams are often forced to act against their conscience and discharge patients who still need nursing care, sending them into the street with no one to care for them, or discharge them from the ER with instructions they know cannot be followed.

In the absence of systemic solutions, hospital professionals – doctors, nurses and social workers – turn to ASSAF, hoping the organization can come up with follow-up care, rehabilitation, and financial and social support. Needless to say, ASSAF (or any other voluntary organization) should not be responsible for fulfilling duties of state authorities, including those of the Health Ministry and the Welfare Ministry.

The most difficult problem of asylum seekers suffering from permanent disabilities (such as amputated limbs) is the lack of employment opportunities and hence also the inability to survive at a subsistence level, let alone lead a life of basic dignity. Employment opportunities

for asylum seekers generally involve physical labor, an endeavor unsuited to the disabled. Their inability to work means they are unable to support themselves. Without any government allowances or assistance, they find themselves destitute, living in the street, and dependent on the charity of voluntary groups.

Asylum seekers with psychiatric illnesses

The condition of asylum seekers fighting a daily battle of survival while also coping with a mental illness is especially difficult and complex. Based on the lengthy professional experience accumulated by ASSAF staff members, it is clear that many asylum seekers suffering from psychiatric illnesses are not being treated at all. Often, they have no community or family-based support system to steer them toward appropriate treatment. People who are in active psychosis are often incapable of asking for help; many have a limited insight into the severity of their own condition, and at times they refuse treatment altogether.

In February 2014 a new facility opened in Jaffa: “the Gesher mental health clinic for individuals without legal status, asylum seekers, and victims of human trafficking”. This clinic is a product of a joint initiative of UNHCR and the Ministry of Health. The clinic offers free services, including: psychiatric care (for adults), psychological care, and social work. Translators and cultural mediators also take part in the clinic’s work. **The establishment of this new facility is an important and welcome step in Israel’s commitment to the rights of asylum seekers and refugees, yet it cannot provide sufficient and suitable care for all who need it. The clinic is not accessible to asylum seekers with psychiatric illnesses who do not live in the center of Israel, it is overburdened and doesn’t have sufficient resources to treat everyone who needs help, and finally, the type of care it provides constitutes only one aspect from a set of modes of treatment that most patients need.**

Asylum seekers who go to psychiatric emergency rooms and not to “Gesher” clinic, face problems with admissions, diagnosis and treatment. First there is the language barrier. Because the medical teams have no translators, communication with patients is rudimentary, making it very difficult to arrive at a diagnosis and appropriate treatment options. Furthermore, there is a lack of cultural sensitivity to the asylum seekers’ situation. The level of awareness the therapeutic staff (both administrative and medical) has of asylum seekers’ unique circumstances is insufficient, damaging their ability to match the appropriate treatment to the patients. **Finally, even when asylum seekers receive emergency treatment, it is insufficient because the treatment is ad hoc and fails to address the chronic nature of psychiatric illnesses.**

In certain cases, the emergency treatment includes hospitalization in psychiatric wards where the patients are supervised and given medical attention. Patients are discharged once they are

deemed not to pose a risk to themselves or others. This does not constitute full recovery, but rather a condition that allows them to start follow-up treatment and rehabilitation in the community. Newly discharged patients are usually in a difficult emotional and physical condition and require community or family-based support, something that is often not available to sick asylum seekers. They also need follow-up medical treatment and medications, which they are currently not getting. **Continuation of care, consisting of both emotional support and drug therapy, is what many of those discharged from psychiatric wards need, but except from services offered by the “Gesher” clinic, it is mostly unavailable to them.**

ASSAF staff members have seen cases in which psychiatric patients were discharged into the street, without any place to go, without anyone – either an individual or an organization – being informed about their discharge or trying to support them after hospitalization. Being hospitalized in a psychiatric ward is, in and of itself, a traumatic experience; likewise, the discharge process poses its own difficult challenges. Being discharged usually means the need to continue therapy, especially consistent drug compliance. Medications given for free in “Gesher” are limited, and buying the medications is a financial expenditure most asylum seekers cannot afford. Asylum seekers have no rainy-day funds set aside, and therefore, immediately after they are discharged from the hospital, they must look for work and skip the crucial period of recuperation.

In the absence of family, community, emotional and financial support, many of the patients who contacted ASSAF were unable to maintain their drug regimens; their condition deteriorated and they were hospitalized again and again. **As part of mental health rehabilitation, Israeli residents battling mental illness are, depending on their condition and needs, eligible for an allowance from the National Insurance Institute, housing in sheltered living arrangements or hostels, supported employment, social rehabilitation, and more. These types of support and rehabilitation mechanisms are even more important to asylum seekers who lack the natural support systems of family and community.**

- **The condition of asylum seekers who fled persecution and were tortured on their way to Israel would certainly seem to justify this sort of expansion of the law so that they may receive maintenance and preventive care. An even stronger argument can be made for those suffering from physical, emotional or mental handicaps. Such a step would help not only the patients themselves, but also the hospitals that are being stretched to the breaking point of their abilities.**
- **Physically disabled or mentally disturbed asylum seekers need services extended by both the Health Ministry and Welfare Ministry. Both government ministries must formulate clear procedures and work together to determine each ministry’s areas of responsibility.**

- **To the best of our knowledge, the state authorities have no clear data on the number of asylum seekers with physical or psychiatric handicaps. The lack of such data makes it very difficult to formulate a policy that would ease the plight of asylum seekers suffering from diseases and disabilities.**