



There is considerable concern about the mental health of refugees and asylum seekers in immigration detention centres, particularly for those who are held for prolonged and indefinite periods. Research evidence and mental health sector organisations support a number of changes to minimise the negative psychological impact of immigration detention.

Background

The majority of asylum seekers enter Australia on a valid visa and then apply for a protection visa. In this instance, they are able to remain in the community while their application is processed. If their original visa expires in the meantime, they receive a bridging visa under which they only have restricted access to work rights, health care and basic support services until there is a decision on their status.

Only a small number of asylum seekers arrive without a valid visa – they are referred to as ‘unauthorised arrivals’.

Those intercepted outside Australia’s migration zone without a valid visa are placed in an offshore detention centre where they are kept until their application for a protection visa is processed. The Migration Act 1958 requires all unlawful non-citizens to be held in immigration detention until granted a visa or removed from Australia.

Key Statistics

- As of July 2011, there were 5,780 people in immigration detention in Australia.
- Of those, 95% arrived by boat, and over a third have been detained for longer than 12 months.
- Furthermore, 1,576 (27.3%) of those were found to be refugees, but still in detention while 563 (9.7%) were considered stateless.
- The cost of running the detention centres for the 2010/11 period was \$772m, with an average cost of \$137,317 per person.
- In the 12-month period from July 2010 to June 2011, there were 322 self-harm incidents among people in immigration detention facilities, and another 564 episodes of detainees threatening self-harm.¹

Mental Health Issues

Before arriving to Australia, most refugees and asylum seekers experience deprivation of their human rights, dislocation from their communities and the loss of family and loved ones in violent circumstances.

Studies indicate that the prevalence of post-traumatic stress disorder ranges between 32% and 100%.²

Due to their prior experiences of trauma and persecution in their country of origin, these people are particularly vulnerable to mental illness.

The psychological impact of prolonged detention also makes them particularly vulnerable to mental illness.

The Australian Psychological Society (APS) has raised serious concerns about the impact of mandatory detention on the psychological wellbeing and mental health of asylum seekers.



Research has found that refugees often have high levels of trauma prior to migration, with harmful effects occurring their mental health and wellbeing in detention.

Recent studies consistently report an association between immigration detention and poor mental health.³ The disproportionately high rate of suicide and attempted suicide by detainees further exacerbates this. Estimates place suicidal behaviour by men and women in Australian immigration detention centres to be 41 and 26 times higher than the national averages respectively.⁴

Factors in the processing system that contribute to the onset and deterioration of mental illness include:

- lengths of time waiting in uncertainty;
- limited access to health care;
- restricted access to work rights, basic income and housing;
- lack of support and advice; and
- long term, indefinite detention.⁵

These issues are extremely important given an estimated 80-90% of immigration detainees are eventually determined legal refugees, and go on to settle in Australia.

Form many, their experiences in detention will have enduring consequences and will lead to a substantial cost to the Australian community by placing additional strain on already oversubscribed mental health services.

Considerations

In 2006, the Detention Health Advisory Group (DeHAG) worked with the Department of Immigration and Citizenship (DIAC) and the Royal Australian College of General Practitioners (RACGP) to develop health care Standards for use in immigration centres. The DIAC Standard of Health Care states:

...that all people in immigration detention are provided access to health care at a standard generally comparable to the health care available to the Australian community.

This implies that mental health needs of detainees will be met; although there is no evidence to support this. In contrast, criticisms by national mental health sector and human rights organisations about mental health issues faced by detainees may indicate that minimum standards are not being achieved.

Currently, there is no evaluation process or information available about the mental health services provided to detainees at the various immigration detention centres.

Over a two-year period in 2010-2011, the AHRC conducted monitoring visits of a number of Australian immigration detention facilities. They reported many concerns about the mental health of refugees and asylum seekers in detention, and recommended urgent action to minimise the risk of suicide and self-harm in immigration detention facilities.

The consensus among leading researchers and agencies is that the best way to reduce the psychological trauma experienced by refugees and asylum seekers is to end mandatory and indefinite detention. Other recommendations include support for the implementation of routine and ongoing mental health assessments for the duration of any detention period, the provision of adequate resources, support and training in mental health, human rights and cross-cultural issues for all detention staff.

Leading health and mental health organisations and advocates are calling for an urgent review of the standards of mental health care in all immigration detention centres.

¹ Asylum Seeker Resource Centre (2011), Statistics – asylum seekers and detention, retrieved 3/10/11
<http://www.asrc.org.au/statistics>

² Kinzie J, Fredrickson M, Ben R, Fleck J & Karis W (1984), 'Post traumatic stress disorder among survivors of Cambodian concentration camps', *American Journal of Psychiatry*, vol. 141, pp. 644-650; Carlson E & Rosser-Hogan R (1991), 'Trauma experiences, posttraumatic stress, dissociation and depression in Cambodian refugees', *The American Journal of Psychiatry*, vol. 1148, no. 11, pp. 1548-1551; Fox S & Tang S (2000), 'The Sierra Leonean refugee experience: traumatic events and psychiatric sequelae', *The Journal of Nervous and Mental Disease*, vol. 188, no. 8, pp. 490-495.

³ Robjant K, Robbins I & Senior V (2009), 'Psychological distress amongst immigration detainees: A cross-sectional questionnaire study', *British Journal of Clinical Psychology*, vol. 48, pp. 275-286.

⁴ Dudley M (2003), 'Contradictory Australian national policies on self-harm and suicide: The case of asylum seekers in mandatory detention', *Australasian Psychiatry*, 11(Supplement), S102-S108.

⁵ Sampson R, Correa-Velez I & Mitchell G (2007), *Removing seriously ill asylum seekers from Australia*. Refugee Health Research Centre, Melbourne.

