



Background

The Asylum Seeker Resource Centre (ASRC) protects and upholds the human rights, wellbeing and dignity of asylum seekers. We are the largest provider of aid, advocacy and health services for asylum seekers in Australia. Most importantly, at times of despair and hopelessness, we offer comfort, friendship, hope and respite.

We are an independent, registered non-governmental agency and we do not receive any direct program funding from the Australian Government. We rely on community donations and philanthropy for 95 per cent of our funding. We employ just 40 staff and rely on over 800 dedicated volunteers. We deliver services to over 1,250 asylum seekers at any one time.

The proposed legislation

The ASRC supports the proposed **Migration Amendment (Health Care for Asylum Seekers) Bill 2012**.

We note that the subsection 198ABA 3(a) outlines the composition of a Health Advisory Panel.

We strongly recommend that the following are added to this list:

- **The psychiatry profession.**
- **Human Rights profession.**

Subsection 6(a) relates to reporting requirements of the panel. This should be extended to a mandated written response from the Government within 45 days of each report being tabled.

The scope of responsibilities of the Health Advisory Panel should extend to oversight and review of the health contracts in places of offshore processing. For example, oversight of the the current contract with IHMS to ensure that obligations such as Schedule 5 – Timely conduct of Mental Health Examinations are adhered to.

Rationale – the need for a Mental Health Advisory Panel

The mental health impact of detention and removal to an offshore location are well documented. This includes self harm, suicide attempts and nine deaths in Australian detention centres in the past two and a half years. The ASRC has witnessed the severe impact detention (both on and offshore) can have on the mental health of people through our Counselling and Casework programs over the past decade.

Australia's has a dark history of negatively damaging those who we detain – whether in Australia or in an offshore location. In order to fulfil our obligations and uphold the human rights of people who arrive in Australia seeking protection, the establishment of a mental health advisory panel is vital.

Mental health in detention

As identified by the Parliamentary Inquiry into Australia's Immigration Detention Network this year, the level of mental illness among detainees was 'the most pressing area of concern'¹. The proportion of detainees affected by their detention bears careful reflection and consideration for offshore location.

The Committee was told that: *One study by the Physicians for Human Rights found clinically significant symptoms of depression were present in 86% of detainees, anxiety in 77% and PTSD [post traumatic stress disorder] in 50% with approximately one quarter reporting suicidal thoughts*².

¹ Joint Select Committee on Australia's Immigration Detention Network, Final Report, CHAPTER 4, http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Committees?url=immigration_detention_ctte/immigration_detention/report/c04.htm#anc10



The report went further to note that 'the overwhelming majority of submissions to this inquiry consistently highlighted these adverse effects. Media reports of instances of attempted and inflicted self harm barely scratch the surface of what has clearly become an endemic problem in Australia's detention facilities, and one that must be addressed in the interests of detainees and the staff who work with them, as well as the integrity of the country's immigration detention policy'.

This high incidence of mental illness prevalent in asylum seekers in detention signifies the importance of establishing a Health Advisory Panel to monitor and oversee the wellbeing of asylum seekers in offshore locations.

Mental health in offshore locations

The body of evidence showing the damage of the Pacific Solution on the mental health of asylum seekers is vast and comprehensive. The devastating mental health impacts on those held on Nauru and Manus Island are well documented and proven³. In 2007, a report published by A Just Australia and Oxfam Australia outlined numerous concerns relating to the 'Pacific Solution', including the mental health impacts on asylum seekers leading to serious psychological damage and instances of people engaging in hunger strikes and self-harm⁴.

The ASRC is deeply concerned with the current arrangements for onsite health services in offshore processing places as outlined in Schedule 1 Annexure B of the IHMS contract. The provision for access to mental health services is insufficient. On Manus Island - counselling services are provided via telephone only, and there are 2 Psychologists and .05 Psychiatry EFT per 500-600 asylum seekers. On Nauru the provisions allow for 2 Psychologists and 0.5 EFT Psychiatrist .05 EFT per 1500 asylum seekers. Given that 77% of asylum seekers in detention have been found to suffer some form of mental illness and the evidence from the Pacific Solution, this is unacceptable.

The establishment and role of a Health Advisory Panel is vital in ensuring the level of devastating impact on the mental health of asylum seekers is not repeated with the reintroduction of offshore processing locations.

Children in detention

The Australian Government has indicated that children will also be sent offshore locations. Signatories to the CRC are obliged to hold children in detention solely as a measure of **last resort and only for the shortest appropriate period of time**.⁵⁶ Australia's current immigration detention and offshore policy fails to satisfy this requirement. All children entering Australia as unauthorised arrivals are mandatorily detained in non-reviewable administrative detention for an unspecified time upon arrival.

Detainees routinely suffer from anxiety, depression, symptoms of trauma and behavioural withdrawal. Children's normal developmental pathways are severely disrupted by detention. They themselves suffer from anxiety and are also adversely impacted by the anxiety and depression manifested by those around them. The motels, lodges and other facilities currently being used to house children are not designed for young people. Professor Louise Newman, child psychiatrist and head of the Australian Government's health advisory panel on immigration detention (DeHAG) argues that detention in such

² IBID, CHAPTER 5

³ R de Boer, Children in immigration detention, FlagPost, Parliamentary Library, 20 August 2012, <http://parliamentflagpost.blogspot.com.au/2012/08/children-in-immigration-detention.html>

⁴ K Bem, N Field, N Maclellan, S Meyer and T Morris, A price too high: the cost of Australia's approach to asylum seekers, A Just Australia and Oxfam Australia, A Just Australia website, August 2007, viewed 22 August 2012, <http://www.ajustaustralia.com/resource.php?act=attache&id=213>

⁵ IBID, CHAPTER 5.8

⁶ CRC, note 11, art 37(b)



places compounds the effect of previous trauma and exacerbates the grief and loss that these children have already suffered.

In several instances, the exacerbation of pre-existing stresses by prolonged detention has led to self-harm. Teenagers in detention have reported to our staff cutting and slashing themselves 'to release the pressure' in their heads. They are also intermittently fasting. IHMS, the private contractor responsible for medical care, are not recording weights at regular intervals as evidence of the children's weight loss.

The distress that detention causes to children, especially unaccompanied children is well documented in the 2004 HREOC Report *A Last Resort*. The report shows there is evidence from current and former detainee children and their parents, former ACM medical staff, department management reports, state child protection agencies, independent mental health experts, torture and trauma services and community groups involved with current and former detainees all confirming the detrimental impact that long term detention of children has on their mental health

The report also shows that unaccompanied children are particularly vulnerable to the actions of other adults in the detention compounds. They see the other adults committing acts of self harm in order to try and end their detention and the children mimic their actions.

The Victorian Foundation for the Survivors of Torture has reported children who were in detention for longer periods had significantly higher scores on the stress assessment schedule as the effect of length of stay appears to result predominantly from increased exposure to traumatic events within detention centres.

The HREOC Report confirmed that children in detention are likely to suffer from developmental problems, depression and post-traumatic stress disorder and suicidal thoughts and acts of self harm. Again unaccompanied children are particularly vulnerable because they don't have the same familial support as accompanied children. This was recognised by one Doctor, who worked at Woomera, and stated to the 2004 HREOC inquiry:

I can only say that the longer they spent, the worse the effects that I saw. And that was in some way dependant on the age and the support, whether they were an unaccompanied minor or whether they simply still had the support of their parents or even one parent

Conclusion

The ASRC supports the establishment of a panel of medical and psychological experts to oversee the health of asylum seekers in offshore detention. Detention and offshore processing negatively impact asylum seekers mental health, with many suffering from high rates of post-traumatic stress disorder, depression and anxiety. In order to fulfil our legal and moral obligations, it is vital that we establish safeguards to ensure the least possible harm is inflicted on asylum seekers who are seeking protection.