

Submission to the Joint Select Committee on Australia's Immigration Detention Network

Submitted by Associate Professor Peter Morris on behalf of the Northern Territory Branch of the Australian Medical Association.

25th September 2011

Dear Committee Secretary,

Thank you for scheduling our presentation to the Committee on the morning of September 26th 2011. I (Peter Morris) will present on behalf of the Northern Territory Branch of the Australian Medical Association and Dr Paul Bauert (President). I am a medical practitioner who has been living in Darwin since 1994. I am employed as a general paediatrician and medical researcher. I work with the Northern Territory Clinical School, Flinders University, the Royal Darwin Hospital, the health clinics of the Tiwi Islands, and the Menzies School of Health Research. I am member of the Northern Territory Branch of the Australian Medical Association and a Fellow of the Royal Australian College of Physicians. The comments and recommendations are based on discussions with Dr Paul Bauert, other members of the Northern Territory Branch of the Australian Medical Association, and information currently available through the internet.

We thank the members of the Joint Select Committee for giving us the opportunity to present. We acknowledge that global migration (including the handling of refugees and asylum seekers) is a challenging issue. We accept that most people working within Australia's Immigration Detention Network are doing their best in difficult circumstances. We would like to present 4 general comments and 5 recommendations. We have attached additional relevant information and references relevant to our comments and recommendations for your record.

General Comments

1. The Northern Territory Branch of the Australian Medical Association is deeply ashamed of the way Australia treats asylum seekers.
2. The Northern Territory Branch of the Australian Medical Association thinks that the policy of mandatory detention is medically harmful, violates basic human rights, has no known beneficial effects, and is a waste of money.
3. The Northern Territory Branch of the Australian Medical Association agrees that the detention of asylum seeker children and their families is "a form of child abuse".
4. The Northern Territory Branch of the Australian Medical Association notes that this is not a new issue. There is an enormous amount of factual information readily available on the internet. On review of this information, current government policies appear illogical.

Recommendations

1. The Northern Territory Branch of the Australian Medical Association recommends that all asylum seeker children and their families are released from detention centres immediately. If this cannot be done nationally, it should be done within the Northern Territory.
2. The Northern Territory Branch of the Australian Medical Association recommends the rights and opportunities available to any asylum seeker who is aged less than 18 years on arrival should not be changed until their application for refugee status has been completed and an appropriate visa has been issued. If this cannot be done nationally, it should be done within the Northern Territory.
3. The Northern Territory Branch of the Australian Medical Association that asylum seeker children and their families should never be placed either: i) offshore; or ii) onshore and outside a major urban centre. If this cannot be done nationally, it should be done within the Northern Territory.
4. The Northern Territory Branch of the Australian Medical Association recommends that any detention of newly arrived asylum seekers is restricted to initial identity, health and security checks only. This should be completed within 3 days for children and families and within 30 days for adults. If this cannot be done nationally, it should be done within the Northern Territory.
5. The Northern Territory Branch of the Australian Medical Association recommends that some of the funding being spent on the detention system is diverted to improve health services, education, employment opportunities, and housing available to disadvantaged children and families throughout Australia. If this cannot be done nationally, it should be done within the Northern Territory.

In conclusion, the Northern Territory Branch of the Australian Medical Association would like to publically apologise to all the asylum seekers who have been unnecessarily imprisoned within the Northern Territory. We are sorry for the distress we have caused you and your families. We hope our system will change. As Phoebe Jones (a year 12 student from Melbourne) wrote in her brilliant essay on mandatory detention....

“It is time policy on refugees and asylum seekers was based upon the facts and evidence. It is time the government denounces fear-mongering campaigns, educates the general public, listens to mental health experts’ reports into detention centres, and forms a braver policy. A humane policy that protects vulnerable asylum seekers who have suffered enough. A policy which represents what Australians pride themselves on, being the ‘land of the fair go’ - decent, generous and compassionate people”.

Yours sincerely,

Associate Professor Peter S Morris

MBBS, FRACP, PhD

On behalf of the Northern Territory Branch of the Australian Medical Association

Additional Information Relevant to the Submission to the Joint Select Committee on Australia's Immigration Detention Network

Submitted by Associate Professor Peter Morris on behalf of the Northern Territory Branch of the Australian Medical Association.

General Comment 1

See policies and position statements of the Australian Medical Association, Royal Australasian College of Physicians, Royal Australian and New Zealand College of Psychiatrists, and the Public Health Association of Australia- all available through their websites. The use of "deeply ashamed" was taken from a recent editorial in the Medical Journal of Australia.(1)

General Comment 2

See recent report from the Centre for Policy Development(1;2) and quote from the AMA President (Dr Steve Hambleton) to Parliamentary dinner "The AMA believes that the system of mandatory detention of asylum seekers is inherently harmful to the physical and mental health of detainees".(1) See also large amount of factual material available from the websites of the Parliamentary Library, the United Nations High Commissioner for Refugees, Amnesty International, Oxfam Australia, ChilOut (Children Out of Detention), Refugee Council of Australia, Save the Children, Australia, the Asylum Seeker Resource Centre, and the International Detention Coalition (all websites easily accessed through Google search engine), and the large number of medical publications that can be accessed through the PubMed database.

General Comment 3

The Family Court of South Australia made the assessment of "institutionalised child abuse" and released 5 children from the Baxter Detention Centre in 2003 (documented by Father Peter Norden in 2004- see

http://www.jss.org.au/files/Docs/policy-and-advocacy/publications/Australias_system_of_institutionised_child_abuse.pdf).

Professor Louise Newman (child psychiatrist, national mental health expert on the impact of detention, and current independent advisor to government) made the same assessment in 2004 following her research into the health effects of detention on children and families seeking asylum in Australia (see media report-

<http://www.theage.com.au/articles/2004/01/10/1073437519939.html>). Since unnecessary detention of children is an avoidable action which either results in physical or psychological injury to a child or puts their physical or psychological development in jeopardy, we agree with this assessment. Unfortunately, while the intention of governments regarding the appropriate care of asylum seeker children have improved since 2005, unnecessary detention and "institutionalised child abuse" continues.

General Comment 4

Mandatory detention was introduced in Australia in 1992. At the time of the 2008 Joint Standing Committee on Migration's Inquiry into Immigration Detention, the Refugee Council of Australia listed over 40 previous Parliamentary, statutory body and independent Government-commissioned inquiries and reports (see http://www.refugeecouncil.org.au/resources/submissions/0808_Detention_sub.pdf).

The PubMed database lists more than 8,000 articles relevant to the health of refugees and asylum seekers. An important contribution of this literature comes from Australia. Some of the best studies addressing the impact of detention on asylum seekers come from Australia.(3-14) There are also several relevant systematic reviews of the literature (including important Australian contributions).(15-25) In all this literature, we are yet to identify a single study that describes any benefits of detention. Overall, the association with negative health outcomes is plausible and consistent. Given the amount of routinely collected data and research evidence available, there appears to be a significant ‘know-do gap’ affecting the handling of asylum seekers in Australia. Equally important, there appears to be a lack of appreciation that the pattern of irregular maritime arrivals (aka “boatpeople”) has been such that it is not statistically possible to determine any impact of policy.

Recommendation 1

Australian governments have said that they would do this since 2005. It is time for it to actually happen. The Northern Territory Branch of the Australian Medical Association sees no threat to the health or security of our community if all children and their families currently imprisoned in Darwin were allowed to move freely about the city from tomorrow.

Recommendation 2

The Northern Territory Branch of the Australian Medical Association were shocked when we learnt of these practices (see submissions from Darwin Asylum Seekers Support and Advocacy Network and Justine Davis at http://www.aph.gov.au/Senate/committee/immigration_detention_ctte/immigration_detention/index.htm). Why would you choose to expose a group at such high risk of self-harm to this unnecessary stress?

Recommendation 3

As documented consistently and extensively over many years, asylum seekers have high rates of physical and mental health problems. On arrival in Australia, they must have access to appropriate health services. It is inconceivable that these services would be available outside of major urban centres.

Recommendation 4

Determination of what constitutes an acceptable time for initial identity, health, and security checks is somewhat arbitrary. We think a maximum processing time of 3 days for children and families and 30 days for adults is reasonable. This is achievable in Sweden, so why not in Australia? Given Australia’s problem getting past the ‘know-do gap’, there would need to be a legal requirement to meet the set targets.

Recommendation 5

The costs of detention are \$90,000 per year per person and the estimated overall costs are \$800,000,000 per year.(2) This is almost as large as the whole Northern Territory Health budget. We have a large disadvantaged population in our region. Many have similar needs to asylum seeker and refugee families. Australia must accept that we are part of a larger global community. We need to maximise the benefits available to the broader community from better treatment of asylum seekers and refugees.

Conclusion

One of the most pleasing aspects of the research required for this presentation was finding the moving and factually accurate essay written by a school student (if only our journalists were this good). I am continually amazed by the internet. Phoebe Jones received an honourable mention in this year's John Button School Prize (see <http://johnbuttonprize.org.au/the-prize/media/post/melbourne-high-student-thomas-posa-wins-inaugural-john-button-school-prize/> for details, and read the essay at http://johnbuttonprize.org.au/static/files/assets/b4012312/Phoebe_Jones_JB_School_Prize_2011_Hon_Men_Mandatory_Detention_isn_t_the_solution.pdf).

Search Strategy

asylum[All Fields] OR ("refugees"[MeSH Terms] OR "refugees"[All Fields] OR "refugee"[All Fields]) - 8550 hits (PubMed accessed 25th Sept 2011).

(asylum[All Fields] OR ("refugees"[MeSH Terms] OR "refugees"[All Fields] OR "refugee"[All Fields])) AND ("australia"[MeSH Terms] OR "australia"[All Fields]) - 554 hits (PubMed accessed 25th Sept 2011).

asylum[All Fields] OR ("refugees"[MeSH Terms] OR "refugees"[All Fields] OR "refugee"[All Fields]) AND systematic[sb] - 80 hits (PubMed accessed 25th Sept 2011).

asylum[All Fields] OR ("refugees"[MeSH Terms] OR "refugees"[All Fields] OR "refugee"[All Fields]) AND clinical trial[pt] - 119 hits (PubMed accessed 25th Sept 2011).

Reference List

- (1) Katelaris AG. The profession calls for humane treatment of asylum seekers. *Med J Aust* 2011 Sep 19;195(6):309.
- (2) Menadue J, Keski-Nummi A, Gauthier K. A New Approach. Breaking the Stalemate on Refugees and Asylum Seekers. Centre for Policy Development; 2011.
- (3) Robjant K, Hassan R, Katona C. Mental health implications of detaining asylum seekers: systematic review. *Br J Psychiatry* 2009 Apr;194(4):306-12.
- (4) Mental illness in Australian immigration detention centres. *Lancet* 2010 Feb 6;375(9713):434.
- (5) Green JP, Eagar K. The health of people in Australian immigration detention centres. *Med J Aust* 2010 Jan 18;192(2):65-70.
- (6) Phillips CB. Immigration detention and health. *Med J Aust* 2010 Jan 18;192(2):61-2.
- (7) Raman S, Wood N, Webber M, Taylor KA, Isaacs D. Matching health needs of refugee children with services: how big is the gap? *Aust N Z J Public Health* 2009 Oct;33(5):466-70.
- (8) Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van OM. Association of torture and other potentially traumatic events with mental health outcomes

among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA* 2009 Aug 5;302(5):537-49.

- (9) Johnston V. Australian asylum policies: have they violated the right to health of asylum seekers? *Aust N Z J Public Health* 2009 Feb;33(1):40-6.
- (10) Johnston V, Allotey P, Mulholland K, Markovic M. Measuring the health impact of human rights violations related to Australian asylum policies and practices: a mixed methods study. *BMC Int Health Hum Rights* 2009;9:1.
- (11) Newman LK, Steel Z. The child asylum seeker: psychological and developmental impact of immigration detention. *Child Adolesc Psychiatr Clin N Am* 2008 Jul;17(3):665-83, x.
- (12) Silove D, Steel Z, Susljik I, Frommer N, Loneragan C, Chey T, et al. The impact of the refugee decision on the trajectory of PTSD, anxiety, and depressive symptoms among asylum seekers: a longitudinal study. *Am J Disaster Med* 2007 Nov;2(6):321-9.
- (13) Silove D, Austin P, Steel Z. No refuge from terror: the impact of detention on the mental health of trauma-affected refugees seeking asylum in Australia. *Transcult Psychiatry* 2007 Sep;44(3):359-93.
- (14) Silove D, Steel Z, Bauman A, Chey T, McFarlane A. Trauma, PTSD and the longer-term mental health burden amongst Vietnamese refugees : a comparison with the Australian-born population. *Soc Psychiatry Psychiatr Epidemiol* 2007 Jun;42(6):467-76.
- (15) Mollica RF. Medical best practices for the treatment of torture survivors. *Torture* 2011;21(1):8-17.
- (16) Bronstein I, Montgomery P. Psychological distress in refugee children: a systematic review. *Clin Child Fam Psychol Rev* 2011 Mar;14(1):44-56.
- (17) Nickerson A, Bryant RA, Silove D, Steel Z. A critical review of psychological treatments of posttraumatic stress disorder in refugees. *Clin Psychol Rev* 2011 Apr;31(3):399-417.
- (18) Williams ME, Thompson SC. The use of community-based interventions in reducing morbidity from the psychological impact of conflict-related trauma among refugee populations: a systematic review of the literature. *J Immigr Minor Health* 2011 Aug;13(4):780-94.
- (19) O'Mahony J, Donnelly T. Immigrant and refugee women's post-partum depression help-seeking experiences and access to care: a review and analysis of the literature. *J Psychiatr Ment Health Nurs* 2010 Dec;17(10):917-28.
- (20) Palic S, Elklit A. Psychosocial treatment of posttraumatic stress disorder in adult refugees: a systematic review of prospective treatment outcome studies and a critique. *J Affect Disord* 2011 Jun;131(1-3):8-23.

- (21) Crumlish N, O'Rourke K. A systematic review of treatments for post-traumatic stress disorder among refugees and asylum-seekers. *J Nerv Ment Dis* 2010 Apr;198(4):237-51.
- (22) Peltonen K, Punamaki RL. Preventive interventions among children exposed to trauma of armed conflict: a literature review. *Aggress Behav* 2010 Mar;36(2):95-116.
- (23) Steel Z, Chey T, Silove D, Marnane C, Bryant RA, van OM. Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement: a systematic review and meta-analysis. *JAMA* 2009 Aug 5;302(5):537-49.
- (24) Lindert J, Ehrenstein OS, Priebe S, Mielck A, Braehler E. Depression and anxiety in labor migrants and refugees--a systematic review and meta-analysis. *Soc Sci Med* 2009 Jul;69(2):246-57.
- (25) Murray RJ, Davis JS, Burgner DP, Hansen-Knarhoi M, Krause V, Biggs BA, et al. The Australasian Society for Infectious Diseases guidelines for the diagnosis, management and prevention of infections in recently arrived refugees: an abridged outline. *Med J Aust* 2009 Apr 20;190(8):421-5.