

Submission to the Senate Inquiry into DIMIA from the Medical Association for the Prevention of War (WA Branch) July 2005

Introduction

We believe Australia's policy of detaining asylum seekers is cruel and inhuman. In the name of protecting ourselves from terrorists, we subject these people to very long periods of detention in depersonalized, isolated prisons, and deprive them of hope.

Individual Treatment of Refugees

As doctors, we have contact with those in the medical profession who have actually worked in these centres, and their firsthand accounts are harrowing. Many find it so psychologically distressing that they are unable to continue their work. Some of us have worked with refugee families, victims of torture and imprisonment in their own countries, and the effects are long lasting and profound. By imprisoning them again, we are compounding their suffering, and endangering their chances of recovering and leading happy, useful and productive lives.

The inadequate psychological care (particularly the practice of isolating distressed detainees illustrated by the recent Cornelia Rau case), an apparent policy of not allowing continuity of medical providers, and personally reported problems such as the poor quality of food all contribute to de-humanising these needy people. These are insidious evils, destructive to the emotional life of intelligent persons, and to any respect they might have had for those in authority over them. To create such a hotbed of discontent seems to be an ideal situation for creating terrorists on-site.

Recent cases

The recent cases of Australian citizens who have been found to be mistreated, their vulnerability and illness callously ignored, and who have been either detained without cause or wrongly deported, has rightly raised the ire of the Australian people. But why has it taken this long? And what of those who have no-one to speak up for them? The conditions are just as inhuman for them, and we cannot consign them to suffering just because they are not Australian citizens (i.e. "one of us"). **The relevant Act does not allow the Minister to take action on behalf of mentally disabled refugees without their written consent, not always possible with people in a psychosis!** History has shown us how destructive this approach is to justice and human rights.

The issue of detaining children in Centres, has been publicised and seems to have been resolved. However, the government's power of summary removal of children from schools remains an uncivilised legislation. Such violent removals send a loud message that violence works, and contributes to the mind-set that "only by violence will we win".

Psychiatric evidence

The public health risks of asylum seekers to the Australian community and of detention on asylum seekers have been well documented over the last three years.^{1,2,3,4}

Asylum seekers in detention show significantly higher levels of depression, suicidal ideation, post traumatic stress, anxiety and panic attacks than asylum seekers and refugees living in the community.^{1,2} These result in high rates of attempted suicide, hunger strikes and other forms of self-harm. Such behaviours, in addition to having serious long term consequences for the affected detainees, also have **immediate effects on children in detention.**

The development of mental illness has been well documented in long-term detainees. One study showed that only two parents had a diagnosed mental illness before arriving in Australia, but after varying periods of detention, 87% were diagnosed with major depression, 56% with post traumatic stress disorder and 25% with frank psychosis.³ The same paper documents that these parents had, in part, left their country of origin with their children for fear that their children were at risk of violence or persecution. These parents now felt considerable guilt at having brought their children into a new traumatizing situation.

Children in indeterminate detention have prolonged exposure to multiple developmental risk factors including direct experience of interpersonal and personal violence and developmentally impoverished environment. Consequences on children include withdrawal, depression and developmental delays. These are behaviours clearly and tragically being documented in detained children.

Recently the Australian College of Psychiatry has stated that poor mental health outcomes cannot be solved by providing psychiatric health services to detention centres. As put by Mares and Jureidini (2004):

¹ Kisely S, Stevens M, Hart B, Douglas C. Health issues of Asylum seekers and refugees. Aust N Z J Public Health 2002;26:8-10.

² Steel Z, Momartin S et al. Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. Aust N Z J Public Health 2004;28:527-36

³ Mares S, Jureidini J. Psychiatric assessment of children and families in immigration detention- clinical administrative and ethical issues Aust N Z J Public Health 2004;28:520-

"Is it appropriate to continue to offer assessment and attempt interventions (supportive or otherwise) in a context where clinical standards are compromised, clinically based recommendations have not been implemented, the detention context is identified as a major source of distress, and the service provision can be misused to argue that detainees are receiving adequate specialist mental health care?"

This situation does not have to continue.

Future directions

Other countries, with far greater pressure from refugees than Australia, have managed to provide humane refugee services with excellent outcomes for the host community and the refugees. For example, in 2001, Denmark had 12,512 applications for asylum. This is four times the number of refugees per head of population as arrived in Australia that year. Yet all asylum seekers with long waiting periods or who have special needs were housed in unguarded Immigration department flats and houses, where they were supported by specially trained community health and welfare staff. Priority for admission to Denmark is given to those whose health is compromised. All but one of Denmark's refugee centres allow residents to freely come and go as they please, provided they sleep at the centre at night and cite it as their permanent address. Residents participate in local communities and in most cases families are provided with flats in which they are able to cook for themselves. Children attend kindergarten from 3 years and each refugee centre has a school. In Denmark all asylum seekers are regarded as legal unless they break Danish law. There is no evidence that asylum seekers have increased crime rates, posed a public health risk or have had a negative influence on Danish society.

Comparison of entitlements for asylum seekers in Australia demonstrates how poorly we are performing in relation to basic human rights compared to our international colleagues.⁴

In January 2005 a media release of The Anglican Social Responsibilities Commission in Western Australia reported on the proposed Christmas Island Refugee Detention Centre. It went on to state:

"In recent years, over 90% of people who have come through the detention centres have been assessed under Australian law to be refugees. These men, women and children should not have been treated like undesirables and should not have been subjected to months or even years in razor wire holding pens in remote parts of this country. This is not what was intended by the drafters of the Refugee Convention 60 years ago, including those Australians who were at the forefront of that critical period in the history of human rights law.

⁴ Shileds L, Stathis S, Mohay H, Haeringen A, Williams H, Wood D, Bennet E. The health of children in immigration detention: how does Australia compare? Aust N Z J Public Health 2004;28:513-20.

"It is time the Australian Government stopped locking up people who have committed no crime. There is an enormous pool of goodwill in our society which the Government could use to provide community-based care for asylum seekers. There are many church and community groups who would be willing to take up such work. It would meet the test of our humanitarian obligations and, even with a generous level of funding, would be much cheaper than building and running detention centres."

Conclusion

We call again on the government to heed warnings that, in their attempt to manage the international asylum crisis, there is need to ensure that the Australian government does not inadvertently implement policies that cause harm and violate our international human rights agreements. There is also the potential that such policies may create terrorist mentality.

There is sufficient evidence public health and psychiatric evidence for the government to review its present policies.

We ask the government to examine the evidence and their conscience, and to release children and their caregivers from mandatory detention, release those who have been in detention for more than a year and move towards targeted (rather than mandatory) detention.

Signed on behalf of The Medical Association for the Prevention of War (WA)

D B Reid

Dr D B Reid
PO Box 896
Bridgetown WA 6255

Mobile: 0417 948 141

26 July 2005