



Resource List: Health Impacts Caused by Off and Onshore Detention

Prepared for 2022 Federal Election

A Summary of Literature relating to the health impacts of detention on refugees and people seeking asylum.

Summary points

- All people seeking asylum can be expected to arrive in Australia with mental health problems arising from their experience of trauma, persecution, torture, family separation, a dangerous journey, anxiety, and physical health problems arising from the above. Others experience the additional health challenges of malnutrition, stress, poverty and marginality. All people seeking asylum deserve medical and psychological attention for these health problems to ensure successful re-settlement and the best chance to for a healthy future.
- Mandatory detention of ‘irregular’ people seeking asylum, for extended periods of time (in excess of 12 months) has been Australia’s policy for many years, including offshore detention on Manus Island and Papua New Guinea. These people seeking asylum currently have little chance of resettlement in Australia. Many studies have shown that mandatory detention exacerbates the mental and physical health problems faced by people seeking asylum. Offshore detention on Manus and PNG has been associated with increased rates of depression, anxiety, hopelessness, suicide ideation and deaths by suicide. Offshore detention provides unsafe living conditions with risks of rape, exploitation and harm as regular experiences. Onshore detention for extended periods has also been shown to worsen mental and physical health. Mandatory detention continues to be an extremely cruel policy, diminishes the international reputation of the entire Australian population and needs to stop. People seeking asylum deserve to be treated with respect and dignity for seeking their basic human right to safety and protection.

Australia’s extremely slow process (up to and exceeding 10 years) of assessing people who are seeking asylum for permanent residency also adds to mental health problems by contributing to uncertainty, stress and anxiety. People seeking asylum on temporary visas do not have the same access to health and social supports as Australian citizens or permanent residents, and this not only adds materially to their marginal status but also impacts psychologically. People seeking asylum deserve to have their claims processed in a timely manner so that they can re-build their lives from trauma to wholeness.

Sources

1. Royal Australian College of GPs, Position statement on Health care for refugees and asylum seekers
<https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/healthcare-for-refugees-and-asylum-seekers>
2. The Royal Australian and NZ College of Psychiatrists, 2017, The provision of mental health services for asylum seekers and refugees.
<https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-services-for-asylum-seekers-refugees>
3. Killedar, A., & Harris, P. (2017). Australia's refugee policies and their health impact: a review of the evidence and recommendations for the Australian government. Australian and New Zealand journal of public health, 41(4), 335-337.
4. Health Professionals Against Immigration Detention, Open letter from health professionals against immigration detention, The Lancet, (2016), 388:10059, 2473-247
5. **Medicins Sans Frontieres**, *Australia's detention of refugees and asylum seekers*
<https://msf.org.au/issue/australias-detention-refugees-and-asylum-seekers>
6. Royal Australian College of GPs, Position statement on Health care for refugees and asylum seekers
<https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/healthcare-for-refugees-and-asylum-seekers>

People seeking asylum have increased vulnerability because of the following:

- the uncertainty and length of the visa determination process
- the fact that many have left family members behind and
- financial hardship amongst this group.

Detention of children and prolonged detention of adults has been shown to cause a range of adverse long-term physical, psychological and developmental effects. The authors of this paper believe that detention, particularly of vulnerable groups such as children, pregnant women and survivors of torture and trauma, should be avoided if possible and for others for the minimum time possible.

The study reveals that because the majority of refugees and people seeking asylum come from resource poor backgrounds with limited access to healthcare, they have increased rates of infectious diseases, nutritional deficiencies and undiagnosed or undertreated chronic illnesses. Immunisation rates are often low. The majority of refugees and people seeking asylum have come from areas of conflict, with many experiencing traumatic events and losses, and undergoing hardship during journeys of escape. Post-migration aspects of resettlement and acculturation can be difficult. Consequently, refugees and people seeking asylum often have increased rates of certain mental health conditions, such as anxiety, depression and post-traumatic stress disorders.

7. The Royal Australian and NZ college of Psychiatrist, 2017, The provision of mental health services for asylum seekers and refugees.

<https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/mental-health-services-for-asylum-seekers-refugees>

This 2017 study found that asylum seekers have a high prevalence of mental and physical health problems related to their experiences. Despite this, they often have inadequate access to necessary supports and services in their host countries. The provision of appropriate mental health services for asylum seekers and refugees is essential to improve quality of life and well-being, and to enable recovery from experiences of trauma. Child asylum seekers and refugees are particularly vulnerable to the impacts of trauma, negative detention environments and other post-arrival adversities including family separations and exposure to violence (Fazel et al., 2012; Mares, 2016).

The RANZCP opposes the mandatory detention of asylum seekers who arrive in Australia by boat and holds that screening, assessment and community release (with conditions as required) should be preferred wherever possible. If all other options have been shown to be inadequate, detention may be necessary, but should be independently and strictly regulated and monitored in terms of its grounds, length, conditions, avenues for release, treatment including behavioural management, and access to information and the outside world (Sampson et al., 2015). The RANZCP supports the implementation of more humane and efficient access to mental health services, particularly for people held in Australian immigration detention centres, both onshore and offshore.

Asylum seekers and refugees are among the most vulnerable and marginalised people in our community. Many have experienced torture, trauma and other catastrophic events prior to displacement and flight. Of all migrant groups, asylum seekers and refugees are the most vulnerable to mental and physical ill health with common mental health disorders twice as high in refugee populations in comparison with economic migrants. Asylum seekers and refugees are at particular risk of developing a range of comorbid psychological disorders including post-traumatic stress disorder (PTSD), anxiety, depression and psychosomatic disorders. Contributing factors include previous traumatic experiences including torture, persecution, displacement and loss as well as life-risking journeys involving forced migration, cultural bereavement, culture shock, discrepancies between expectations and achievements, and/or non-acceptance by a new nation (Bhugra et al., 2011).

Furthermore, the Royal College of Australian and New Zealand Psychiatrists concludes that prolonged or indefinite detention contributes to adverse mental health outcomes as a result of prolonged exposure to factors including uncertainty, lack of autonomy, deprivation of liberty, dehumanisation, isolation and lack of social support (UNCAT, 2014). The prolonged uncertainty created by a system of indefinite detention is a major factor in increasing hopelessness, mental deterioration and the persistence of mental disorder (Newman et al., 2013). Self-harm and suicidal behaviour have become endemic in detention facilities amid well-documented allegations of the exposure of asylum seekers and refugees in detention to sexual and physical assault and abuse, and conditions which are tantamount to cruel and degrading treatment (AHRC, 2013; AHRC, 2015; Amnesty International, 2016).

8. Killedar, A., & Harris, P. (2017). Australia's refugee policies and their health impact: a review of the evidence and recommendations for the Australian government. *Australian and New Zealand journal of public health*, 41(4), 335-337.
<https://doi.org/10.1111/1753-6405.12663>

Mandatory detention

Mandatory detention of “unauthorised” or “irregular” arrivals claiming asylum in Australia is arguably the most controversial of these refugee policies. Since 2009, six articles have been published describing the detrimental effect that detention has on the mental health of detainees. Green and Eager's examination of asylum seeker health records found that those in detention for longer than 24 months were 3.6 times as likely to develop new psychiatric illness than those detained for less than 3 months (95% CI, 1.1–11.0). Coffey et al's qualitative analysis of the experiences of 17 adult refugees who had been detained for, on average three years, demonstrated that these participants had poor psychological well-being and suffered with a sense of insecurity, injustice, struggles with relationships and overall deficient mental health. Furthermore, there have been 28 known deaths in Australian immigration detention centres from 2010 to October 2016, 10 of which were known or suspected suicides.

The reviewed primary and secondary research, emphasised that persistent uncertainty and traumatic experiences in detention (e.g. self-harm and riots) are key factors influencing poor mental health. Overwhelmingly, published research demonstrates that mandatory detention exacerbates poor mental health outcomes.

Temporary visas (TPVs)

The provision of TPVs to “unauthorised arrivals” has also been widely demonstrated to have adverse health impacts. In 2009, Johnston et al compared physical and mental health outcomes in Iraqi refugees with TPVs with those with permanent visas. While no evidence of differences in self-rated physical health was found ($p=0.41$ for general health and $p=0.77$ for physical functioning), there was strong evidence that TPV status was associated with self-rated psychological distress, after controlling for age, sex, marital status and pre-migration history of persecution, five years post-arrival ($p<0.001$). Those with TPV status had, on average, a 0.50 higher HSCL-25 score for psychological distress than those on a permanent visa (95% CI 0.30–0.71). Furthermore, 46% of those who had a TPV had symptoms consistent with clinical depression compared to 25% of those who had a permanent visa ($p=0.003$). While impossible to entirely separate the effect of detention from the effect of a temporary visa (all TPV holders would have spent time in detention), none of the individuals sampled had spent longer than 12 months in detention.

Furthermore, interview data demonstrated that TPV restrictions cultivated anger and frustration in participants. Similar comparative studies in Afghani and Mandeian refugees had consistent findings. As similar, if not worse, restrictions are placed on those in community detention and on bridging visas it would not be a stretch to apply the TPV findings to the asylum seekers under those circumstances as well. The researchers found that from 2010 to October 2016, there had been nine known deaths by suicide of asylum seekers on temporary or bridging visas.

9. Health Professionals Against Immigration Detention, Open letter from health professionals against immigration detention, The Lancet, (2016), 388:10059, 2473-247

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31567-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31567-8/fulltext)

After countless reports from different national and international bodies including Médecins Sans Frontières, the United Nations High Commissioner for Refugees, and the British and Australian Medical Associations, the signatories of this open letter argue that prolonged detention poses unacceptable risks to mental and physical health. Pregnant women, children, lesbian, gay, bisexual, and transgender people, and those with chronic illness or disability face additional risk.

The study found that 85% of parents and children in detention experience negative mental health consequences. Rape, sexual violence, abuse, self-harm, and suicide are common. Poor housing conditions increase the transmission of infectious diseases. Inadequate provision of medical care means that avoidable disability and death are too common.

10. Medics Sans Frontières, Australia's detention of refugees and asylum seekers

<https://msf.org.au/issue/australias-detention-refugees-and-asylum-seekers>

This internationally recognised group argues that Australia's offshore processing system (on Nauru and PNG since 2013), is dangerous, causing devastating mental health suffering. Their 2013 study showed that more than 200 refugees and asylum seekers are being held on Nauru and Papua New Guinea under the Australian government's immigration policy. This current system causes severe psychological trauma, in addition to the atrocities many have already suffered.

Adequate mental healthcare is largely unavailable to those on Nauru and Papua New Guinea, with overwhelming numbers of people having considered or attempted suicide.