Position Statement 46

The provision of mental health services to asylum seekers and refugees

The Royal Australian & New Zealand College of Psychiatrists

Background

Australia has one of the strictest asylum seeker and refugee policies in the world which allows for continued long term mandatory detention [1]. The Commonwealth Government has been condemned internationally, particularly for holding people on off-shore islands such as Christmas Island and Nauru. [2]. Whilst the situation in New Zealand is more humane, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has ongoing concerns about the mental health of asylum seekers and refugees in both countries. Asylum seekers are often without status and have little access to necessary supports and services. The situation remains critical and the provision of appropriate mental health services for asylum seekers is pertinent to their quality of life and mental health wellbeing. It is vital that more humane, efficient procedures are implemented with regard to the treatment and detention of asylum seeker and refugees.

Definitions

The key terms used in this paper are asylum seekers, refugees and displaced persons. An **asylum seeker** is a person who has fled their own country and applies to the government of another country for protection as a refugee [1]. A **refugee** is a person who is outside their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion [3]. **Displaced persons** are those who have been forced to flee or to leave their homes or places of habitual residence because of generalised violence, human rights violations or human-made or natural disasters [4].

People move from asylum seeker status to refugee status once the country they have applied for asylum in accepts their claim. In a political context, asylum is when a government grants somebody refugee status and immunity from extradition. The terms refugee and asylum seeker are often used interchangeably because most refugees are at some point asylum seekers.

Evidence

Under Australian and New Zealand law, the rights of asylum seekers are more restricted than the rights of refugees in relation to movement (where they can travel to), employment, health care and social security.

Australia is the only country to detain asylum seekers in jail-like conditions for months, some times more than a year, at a time while necessary background and security checks are completed. In contrast, New Zealand places all asylum seekers at a refugee resettlement centre in Mangere, South Auckland, where they undertake a six week orientation program to assist their assimilation into society [5]. If granted refugee status they are released into the community and have access to financial assistance from the Government. Granted the 750 refugees New Zealand is mandated by the United Nations to take in each year is far fewer than the 13,770 Australia accepted in 2009-2010, however, their economy, population and land mass are similarly far smaller than Australia's [5, 6].

Australia's Migration Act (1958) states that any 'unlawful non-citizen' who is in Australia's migration zone must be detained until they can be given permission to remain in Australia; if permission is refused, they must be deported as soon as is practical. Australia's Humanitarian Program comprises two components: offshore resettlement for people overseas, who have been determined to be refugees, and onshore protection for those people already in Australia who claim Australia's protection, and are found to be refugees [6]. Since November 2009 DIAC has a 60 day processing turn around for onshore asylum seekers whereas there is no timeframe for offshore claimants. The difficulty is that asylum seekers held on off-shore islands are not deemed to be *in Australia* so they cannot apply for a protection visa.

RANZCP concurs with refugee advocacy organisations in holding real concerns for the emotional wellbeing of people held in off-shore detention centres. Given that the majority of asylum seekers are found to be genuine refugees, their mandatory detention by the Australian Government seems unnecessarily harsh [7].

It is important to address the mental health needs of asylum seekers and refugees. Many asylum seekers have suffered persecution, war, famine and sometimes torture in their countries of origin [8]. They have suffered the stress of separation from family and familiar surroundings. Some have had to survive harrowing and dangerous situations as part of their journey. The Australian Human Rights Commission (AHRC) has criticised the Commonwealth Government, saying uncertainty over their future and delays in processing refugee claims is detrimental to the mental health of detainees [9]. The mental health of asylum seekers was a key concern arising from the United Nations (UN) Universal Periodic Review of Australia's human rights record in January 2011.

Asylum seekers in detention

Detention of asylum seekers is likely to have a negative impact on their mental health. A comprehensive inquiry undertaken by the Human Rights and Equal Opportunity Commission (HREOC) in 1998 found that mental distress in varying degrees was a common manifestation in detained asylum seekers [10]. Factors regarded as increasing the risk of mental distress included prior experiences of torture or other forms of persecution in the country of origin, and the stresses created by the length and conditions of detention [11]. Of particular concern is the stress caused by an uncertain future; refugees and asylum seekers held in detention are unable to make future plans and can feel stressed and powerless [12]. This population suffers from high rates of post-traumatic stress disorder (PTSD), depression and anxiety. Even once a claim is processed it can still be weeks or months before the individual is released into the community and when they are they still have no access to government financial assistance.

Long term detainees are particularly affected [9] and more transparency and faster processing of asylum seekers to reduce the negative impact on their mental wellbeing. Unaccompanied minors and families with children are particularly vulnerable, and should not be kept in detention. This issue is addressed in more detail in position statement 52 – children in immigration detention.

Asylum seekers and refugees residing in the community

Asylum seekers residing in the community whilst their applications are processed are not immune from negative mental health impacts and prolonged asylum seeker status can have an effect on wellbeing. Insecurity of tenure and living with the fear of forced removal from Australia has been found to have significantly affected and dangerously compromised the wellbeing of asylum seekers [13]. For asylum seekers residing in the community, access to adequate supports, services, and avenues for social inclusion are essential and should be available immediately. Discrimination and stigmatisation are major factors that lead to adversity for asylum seekers and refugees living in the community. All migrants from cultural backgrounds where isolation is accentuated due to an absence of compatriots are at greater risk of mental and emotional problems [14]. For asylum seekers and refugees, who face an uncertain future, as well as social and professional isolation, this risk is particularly heightened [15]. Appropriate treatment requires an understanding of an individual's cultural background and experiences, for example, the meaning one gives to violence and trauma can vary depending on culture [16].

Service delivery to asylum seekers and refugees

Immigration flow of refugees and asylum seekers brings regular challenges to medical practitioners in terms of health service provision for asylum seekers and refugees in detention [17]. Many refugees are in good health and are seeking to positively engage with the new society in which they find themselves. Other refugees arrive with, or develop, a range of mental health care needs such as post traumatic stress disorder, anxiety, depression and psychosomatic disorders.

It is the view of RANZCP that standards of basic health care similar to those received by all must be accessible to all refugees and asylum seekers being processed by, on and off shore. In Australia, access to mental health care should be available to all detainees, and asylum seekers and refugees in the community, regardless of their access to Medicare and PBS benefits.

Fundamental to the process of providing quality care is the access to properly trained health care interpreters, when needed. Information regarding how to access health care in the community should be easily available in languages understood by asylum seekers and refugees.

The Commonwealth Department of Health and Ageing (DoHA) provides a guideline on working with refugee's psychological distress, stating that a patient's psychological assessment needs to allow for issues like torture and trauma when establishing a health management plan for that individual [18]. However, there remains need for a review of existing and development of new standards and protocols regarding the provision and access of quality mental health care to all refugees and asylum seekers in the community and detention centres, along with support and training for those who provide the care. To inform these standards there is a need for further robust research into the mental health of asylum seekers and refugees, to illustrate their plight and inform service delivery needs. Commitment in these areas is needed to ensure that everything possible is done to provide supportive, caring and non-traumatising early experiences for asylum seekers and refugees on their way to joining our community.

Isolation of health professionals working with asylum seekers and refugees

In addition to ensuring the mental health needs of asylum seekers and refugees are met, it is also important that the mental health of health professionals, such as psychiatrists, general practitioners and psychologists, are also maintained. Many health professionals who work with asylum seekers and refugees, work in isolation and the RANZCP advocates that more support must be given to ensure better service provision and retainment of long term staff. With detention centre and health staff witnessing stress, violence, self-harm and suicide attempts, it is imperative that staff are provided with proper mental health support. The RANZCP recommends that processes are put in place to facilitate psychiatrists establish peer review groups, to assist with peer support and consultation. These groups would also allow for better support for isolated psychiatrists and ensure they remain healthy and feel supported in their role.

Recommendations

The Royal Australian and New Zealand College of Psychiatrists has ongoing concerns about the mental health of asylum seekers and is ready to work with others to ensure that a coordinated approach to the health needs of asylum seekers and refugees is achieved involving government and non-government agencies. The College, in recognition of the United Nations' Universal Declaration of Human Rights 1948 and the Declaration of the Rights of the Child 1959 [19, 20], takes the following position:

- Detention of children is a contravention of responsibility under the United Nations Convention on the Rights of the Child and violates children's rights to care in developmentally appropriate environments. The RANZCP opposes the detention of child asylum seekers and families with children and urges the government to immediately remove all families and children from detention.

- Asylum seeker applications should be processed as fast as possible while they are residing in the community to minimise risk to mental health and wellbeing

- If people must be held in immigration detention facilities, they should be located in metropolitan areas not in desert locations or off shore islands

- Initiatives should be developed to provide support to asylum seekers to address existing and prevent further psychiatric problems. This should include:

- Families being kept together in community accommodation to better support their emotional and mental health outcomes
- Greater support and training for those who provide care to asylum seekers. The RANZCP calls on its members to take positive steps to update their own knowledge and skills regarding refugee health
- Better training for clinicians and health care workers to act in accordance with international ethical guidelines for medical practitioners and in a way that advocates for the human rights of asylum seekers and refugees
- Provide services to asylum seekers and refugees, including access to health interpreters
- Review existing and develop new standards and protocols regarding the provision and access of quality mental health care to all refugees and asylum seekers in the community and detention centres
- Further robust research into the mental health of asylum seekers and refugees, to illustrate their plight and inform service delivery needs

- Support should be provided to psychiatrists working with asylum seekers, including processes to facilitate the establishment peer review groups to assist with peer support and consultation.

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