



Department of Psychiatry
Faculty of Medicine, Nursing and Health Sciences

Professor Suresh Sundram
MBBS, MMed, FRANZCP, PhD

Head, Department of Psychiatry
School of Clinical Sciences at Monash Health

24 February 2020

Dear Committee Members,

Re: Submission to the Senate Select Committee on Temporary Migration

I welcome the opportunity to provide a submission to the Senate Select Committee on Temporary Migration.

I am Chair and Head, Department of Psychiatry, School of Clinical Sciences, Monash University and an expert on the psychosocial and mental health of asylum seekers and refugees. My submission concerns the effects of: government policy on social cohesion; policy response to challenges raised by temporary migration; permanent migration as a preferable pathway; and the potential for abuse of temporary migrants in the workplace. I recognise and understand the competing Government priorities between asylum seeker deterrence and worker migration policy settings. I provide a synopsis of my qualifications and relevant expertise below.

I am a consultant psychiatrist and my qualifications are Bachelor of Medicine and Bachelor of Surgery, Master of Medicine in Psychiatry and Doctor of Philosophy, all University of Melbourne and Fellowship of the Royal Australian and New Zealand College of Psychiatrists.

In addition to the above role, I am Director of Research, Mental Health Program and Director of Refugee Mental Health at Monash Health; and hold honorary positions with the University of Melbourne, Florey Institute of Neuroscience and Mental Health and Melbourne Health.

I have been working in the field of psychiatry for over 25 years and as a consultant psychiatrist for 20 years including as a Clinical Director of major metropolitan and tertiary hospital mental health services for over 17 years and have consulted as an expert advisor to the Victorian Department of Health on a range of mental health issues.

I have extensive experience working with victims of trauma including fifteen years of clinical experience assessing, diagnosing and treating asylum seekers and refugees with trauma experiences in Australia. In April 2016 I established, in conjunction with Cabrini Health, the Cabrini Asylum Seeker and Refugee Health Hub in Melbourne that assesses and treats asylum seekers and refugees including those with severe psychiatric disorders. I supervise



consultant psychiatrists, psychiatry registrars, post-doctoral researchers and students on clinical and research work in this area.

Since 2015 I have been engaged by the United Nations High Commissioner for Refugees (UNHCR) as their lead external expert advisor on asylum seeker and refugee mental health in Oceania. I have been an external consultant to the Australian Human Rights Commission (2010-2012) and to the Commonwealth Department of Immigration and Border Protection and now Home Affairs and NSW and Queensland Coroner's Courts on mental health issues related to asylum seekers.

I was a member of the Health Sub-Committee (HSC) of the Joint Advisory Committee (JAC) for the Commonwealth of Australia and the Government of Nauru on Nauruan regional processing of asylum seekers and refugees from mid-2013 and assumed its Chair in early 2014. As Chair of the HSC I became a member of the JAC, roles I held until its dissolution in late 2018. Since then I have been appointed as an Independent Advisor to both governments.

I sat on the executives of the World Psychiatric Association Sections on Developing Countries and on Disasters. I have published extensively in the medical literature and lectured at local, national and international levels on these and related issues.

Based on this experience, there are 3 key issues I wish to draw to the attention of the Committee:

- 1. *The impact of temporary and non-substantive visas on workforce engagement and participation***
- 2. *The consequences of protracted dislocation from substantive employment***
- 3. *The future impacts of the above two issues on the Australian community***

1. *The impact of temporary and non-substantive visas on workforce engagement and participation*

Current policies affecting unauthorised maritime arrivals who claim asylum were designed from a no advantage deterrence perspective some 6 to 8 years ago. Having, as an overall policy of deterrence, succeeded in stopping these types of arrivals and with a cohort in Australia of approximately 35,000 people within this framework, these policy settings are no longer fit for purpose and significantly impact upon workforce engagement.

These individuals are generally granted visas which include: temporary protection visas (TPV – 3 years), safe haven enterprise visas (SHEV – 5 years) or placed on a bridging visa E (BVE – variable duration).

The TPV and SHEV are granted to those who are found to be in need of protection but are deliberately temporary in nature and do not permit family or spousal reunification. They no longer serve a disincentive purpose and now only function to disadvantage these visa holders from full participation in the Australian workforce and to delay healing from their trauma experiences by continuing to accord them an alien status within the community. This

is despite most having been in Australia for in excess of five years and having worked hard to integrate within the Australian community. Anecdotal reports have stated that these temporary visa holders are denied training and promotional opportunities in the workplace and need to disguise their visa status to obtain housing.

Even more concerning is the protracted uncertainty of those who have not been finally determined through the refugee determination process due to processing and legal delays. These individuals may be granted visas as brief as six months and have work rights granted and withdrawn at the discretion of the Minister. Such a situation precludes them from any substantive position within the workforce relegating them to either unemployment and often destitution or the most menial positions. Here, I am aware of exploitation by employers who prey on their insecurity.

2. The consequences of protracted dislocation from substantive employment

The insecure status accorded to the entire cohort has persisted for up to 8 years and in their minds continues to remain indeterminate. The consequence for many is to severely compromise workforce participation due to the understandable reluctance of prospective employers to engage employees who may have their work rights rescinded abruptly. This vulnerability is compounded by enforced family separation. The impacts of these circumstances relevant to this Committee are **two-fold**. The **first** is unemployment and the risk of being perceived by employers as a potentially unreliable worker resulting in denial of full participation in the workplace. The **second** is the very real experience of exploitation by unscrupulous employers who utilise visa insecurity to underpay many of this cohort. Both factors contribute to poverty and destitution and reliance on charity for sustenance.

3. The future impacts of the above two issues on the Australian community

The deep concern with the above deterrence policy is the long-term outcomes. Based on previous experience of similar visas from 1999 to 2008, it is probable that the majority of those afforded temporary protection will be granted permanent protection and that those awaiting refugee status determination will also be granted protection. Hence, it is foreseeable that many will attempt to re-establish their lives in Australia. Therefore, the long-term impacts of the current policy settings on individuals will have specific relevance to Australia. Here, the impacts are **three-fold**. The **first** is the degradation in skills of many highly-skilled refugees and asylum seekers due to lack of use because they have not been able to find appropriate work due to their insecure visa status. The **second** is the effect of uncertainty on mental and physical health where, for example, post-traumatic stress disorder, major depressive disorder and chronic pain syndromes are exacerbated by persistent stressors such as un- and under-employment, financial and work insecurity and prolonged family separation. These disorders, as they persist, become increasingly recalcitrant to treatment and potentially impair long-term an individual's ability to fully participate in the workforce even once the stressors have ameliorated. This is a clearly avoidable repercussion with long-term cost implications for the Australian community. The **third** impact is less obvious and relates to children. This is either prolonged family separation or impacts upon children already here because of depressed and traumatised parents and families financially impoverished and at risk of destitution. Children will be adversely affected



and potential effects on current and future education, emotional development and social functioning need urgent consideration.

Possible solutions

Acknowledging that current policy settings within the immigration context were to address unauthorised maritime arrivals some 6-8 years ago, it is timely to reconsider their appropriateness. As such:

- Current TPV and SHEV holders should be granted permanent protection and be eligible for family reunification.
- All others awaiting refugee determination should be granted on going work rights where appropriate and this should be expedited in a timely and fair manner that accords with principles of natural justice.
- The entire cohort should be granted access (where not current) to employment support and English language programs.

I would be pleased to explicate any of these issues as the Committee wishes and note that the opinions expressed are my own based on my knowledge and not of the organisations or institutions to which I am affiliated.

Yours sincerely,

Professor Suresh Sundram
Head, Department of Psychiatry
School of Clinical Sciences
Monash University
Director of Research, Mental Health Program
Monash Health