



Suicide Prevention
Australia

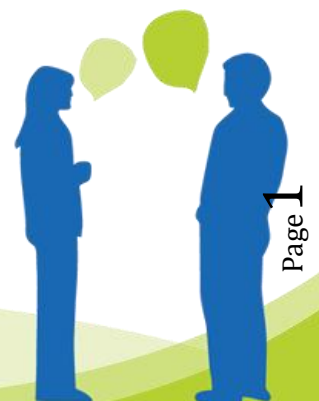
Joint Select Committee on Australia's Immigration Detention Network

“Waiting for every tomorrow”

Afghan refugee Yasin Afzali (ABC Radio July 29, 2011)

17 months in the Northern Immigration Detention Centre

*Submission
Suicide Prevention Australia (SPA)
August 2011*



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Dr Michael Dudley works as a senior staff specialist in psychiatry at Prince of Wales and Sydney Children's Hospitals, and is a senior lecturer in psychiatry at University of New South Wales. He has chaired Australia's peak advocacy body for suicide prevention, Suicide Prevention Australia, since 2001. He is currently a member of the Australian Suicide Prevention Advisory Committee (ASPAC), the Department of Immigration and Citizenship's Mental Health Advisory Sub-Group, and the Advisory Board of Inspire Foundation's 'Reach Out!' Program.

We would also like to acknowledge the authors who provided valuable input to the SPA e-newsletter, March 2011: Professor Louise Newman, Morteza Poorvadi, and Dr Graham Thom.

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Suicide Prevention Australia would like to acknowledge Susan Beaton and Sara Maxwell who prepared this submission for the Inquiry into Australia's Immigration Detention Network.

We would also like to acknowledge the many thousands of refugees who have come to Australia, fleeing war, torture and trauma and hoping for a better life. We acknowledge your struggle and determination and commit to supporting reform which ensures the health and wellbeing of all who seek refuge in Australia.



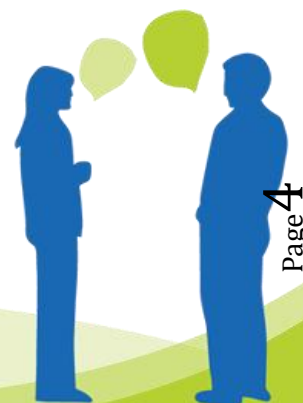
1. Executive Summary

Suicide Prevention Australia is the national peak suicide prevention body in Australia. As with all incidents of suicide and self harm, we are greatly concerned by the levels of mental distress and suicidality currently occurring in immigration detention centres. Suicide Prevention Australia works under the principals of the Living is For Everyone (Life) Framework (2007) which explains the consequence of adverse experiences such as detention as 'tipping points' to suicide. The confluence of mental health conditions and precipitating 'tipping point' mix in a volatile and harsh environment with the little concern for the human consequences of bureaucratic and political decisions.

This important Inquiry builds on innumerable previous investigations of this issue; Suicide Prevention Australia implores the committee members to respect this process of public engagement and commit to taking action and implementing the recommendations which flow from this comprehensive Inquiry.

Research reviewed in this submission demonstrates the indisputable evidence of the damage that indefinite and harsh detention has on mental health and its relationship to suicidality and self harm. Though systematic post-detention follow-up studies are scarce, there is anecdotal evidence of these harms enduring in at least some cases. Over 1100 incidences of threatened or actual self harm and at least 5 suicides have occurred in Australian immigration detention in the last year alone. This is incomparable to any other situation or population, and has persuaded the Commonwealth Ombudsman to open his own inquiry into the mental health and welfare of detainees.

The current system of mandatory and indefinite detention with its explicit deterrent and/or punitive intent is compounding the suffering of refugees and is the principal damaging policy behind this situation. However countless contextual factors could be adjusted to mitigate some of the deleterious consequences of indefinite detention. One of the key recommendations within this submission is for the improved training of detention staff, as recommended by The Hidden Toll, Suicide in Australia, and recently claimed by Comcare to be grossly insufficient to meet the need, and therefore having major impact on staff mental





health and wellbeing.

The mental health and safety of detainees, including children, is being neglected by the inadequacy of staff training and the lack of resources and infrastructure for professional mental health care under the current system. This submission outlines the research on this issue and the subsequent recommendations for change within the Immigration Detention Network.

1. Recommendations

Recommendations:

1. The Australian Government should end the current system of mandatory and indefinite immigration detention.
2. The Australian Government should comply with its international human rights obligations by improving the processing time and adopting a fair and transparent refugee status determination process.
3. This Inquiry should be informed by the recommendations which come out of the current Commonwealth Ombudsman's "Inquiry to examine suicide and self-harm in immigration detention".
4. DIAC should prioritise alternatives to detention.
5. DIAC should ensure that refugee claims are processed as quickly as possible, with provision of access to appropriate supports and services (interpreters, translators and legal advice)
6. DIAC should ensure that evidence based policy is in place across the detention network, clearly setting out procedures for responding to self-harm and suicide.
7. DIAC should ensure that all staff working within the Immigration Detention Network receive appropriate quality assured accredited suicide prevention training and knowledge of relevant policies and procedures.
8. DIAC should ensure that all appropriate measures are undertaken to minimise the risk of suicide and self-harm across the detention network.
9. DIAC should ensure that all detainees within the immigration detention network receive genuine and adequate access to mental health and suicide assessment and treatment.
10. DIAC should ensure that self-harming and mentally ill detainees are provided with a safe environment to be monitored and engaged with.
11. DIAC should ensure that Management Units are not used to 'punish' people who exhibit self-harming behaviours.
12. DIAC and its contractors should implement a policy to restrict access to means of suicide and self harm in detention facilities.
13. DIAC should fully disseminate and monitor the implementation of the Immigration



Torture and Trauma Policy

14. DIAC should ensure that postvention support and counselling is provided in the aftermath of a suicide to ameliorate psychological distress and potential contagion effect.
15. DIAC should enact all recommendations made in the HREOC report "A Last Resort?"
16. DIAC should make greater use of community-based alternatives to detention.
17. DIAC needs to view riots and unrest as a consequence of systems failure and not just take punitive response but address the underlying contributing issues
18. DIAC needs to ensure that detainees are offered appropriately structured communal activities to reduce their sense of isolation, dislocation and maintain their contact with reality.
19. Staff working within the Immigration Detention Network should have access to debriefing and counselling support.
20. DIAC should take into consideration the findings from the recent Comcare Report and enforce immediate compliance with the OH & S Act.
21. DIAC should formalise a critical incident review policy and procedure to apply across the detention network.

2. About Suicide Prevention Australia (SPA)

Suicide Prevention Australia (SPA) is a non-profit, community organisation which is the peak body within the suicide prevention sector. SPA began in 1992 as a voice for a relatively small number of individuals and organisations committed to suicide prevention and bereavement support. Today SPA is the national peak body for the suicide prevention sector in Australia with a growing role in providing policy advice to governments, community awareness and public education, advocacy, increased involvement in research and a future role in leading Australia's engagement internationally.

Suicide Prevention Australia is the only national umbrella body in suicide prevention throughout Australia. SPA is a broad-based organisation bringing together diverse interests across disciplines, practitioners, researchers, and the community affected by suicide and self-harm.

SPA supports individuals and organisations throughout Australia, and promotes collaboration and partnerships in suicide and self-harm prevention, intervention and postvention. SPA is the organisation responsible for the direction and support of the 'National Committee for Standardised Reporting on Suicide'.



SPA's vision is for a world without suicide.

SPA's mission is to make suicide prevention everybody's business.

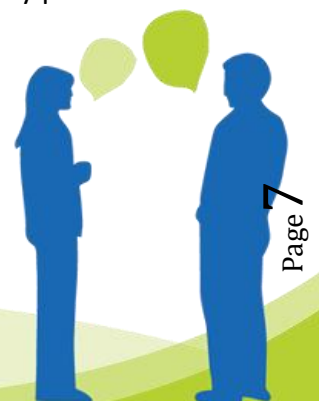
SPA's Values include:

- Integrity
- Compassion
- Ethics
- Inclusion
- Collaboration
- Innovation
- Respect
- Social Justice

SPA's Nine Principles for Suicide Prevention:

Suicide Prevention Australia affirms the following understandings and guiding principles of suicide prevention:

- Suicide and suicidal behaviour arise from complex social, situational, biological and other individual causes, which isolate people and erode their hope. Understanding risk and protective factors for different groups and environments is vital to effective response.
- Suicide prevention is 'everyone's business', whether it is directed towards individuals at high risk, communities and groups at potential risk, or the whole of the population.
- The first person voices of those with lived experience of suicide are crucial to increasing understanding of suicide and effective suicide prevention responses.
- Tackling social exclusion of individuals and communities, and investing in the human capital of all people, especially the most disadvantaged, is crucial to suicide prevention.
- Suicide prevention encompasses a range of interventions, including health promotion, early intervention, crisis support and ongoing intervention for people experiencing suicidal thoughts and behaviour, and responding to and supporting families and communities impacted by suicide.
- Access should be provided to appropriate services for individuals at-risk, wherever and whoever they are – through crisis, ongoing intervention and recovery phases.





Collaboration, coordination and continuity of care are essential to the effectiveness of services. Program, structural and policy barriers that inhibit help-seeking and the quality of support need to be identified and overcome.

- Suicide prevention strategies should be culturally appropriate.
- All suicide prevention projects, activities and strategies should be based on best practice and underpinned by quality research, data and evaluation.
- Challenging the misconceptions and stigma associated with suicide is essential to ensure that people will be able to ask for help and give help without fear or discrimination.

• SPA's Strategic Plan 2011-2014 www.suicidepreventionaust.org/about/:

Strategic Direction 1.0: Build and strengthen the suicide prevention sector;

Strategic Direction 2.0: Foster an enabling environment for suicide prevention;

Strategic Direction 3.0: Increase understanding of suicide prevention and improve the evidence base;

Strategic Direction 4.0: Developing the capacity of the organisation.

Over the past few years SPA has been working collaboratively with such organisations as the Alliance of Health Professionals for Asylum Seekers, Amnesty International Australia, Refugee Council of Australia, the Centre for Refugee Research and the Human Rights and Security Research and Innovation Cluster of the SA University on the issue of self-harm and suicide and human rights in immigration detention centres.



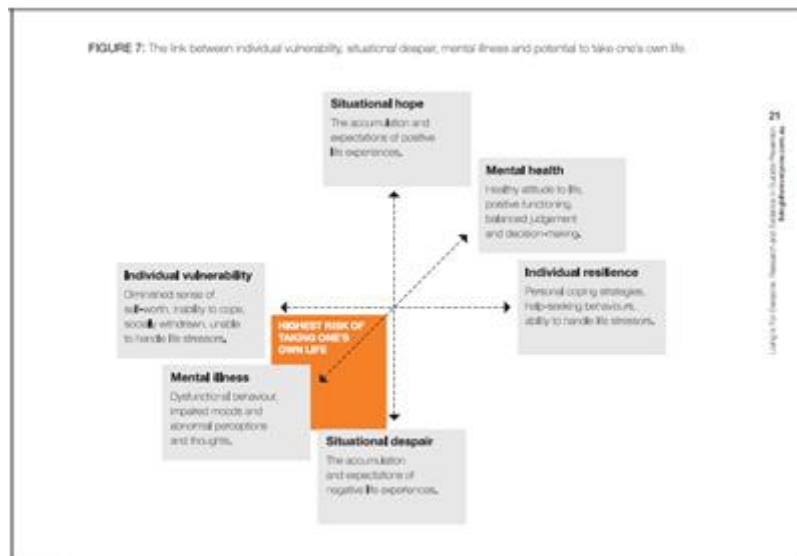
3. About the Commonwealth Suicide Prevention Framework

Living Is For Everyone (LIFE) Framework (2007) is the series of national suicide prevention initiatives for Australia. It provides national policy for action based on the best available evidence to guide activities aimed at reducing the rate at which people take their own lives. The materials aim to support population health approaches and prevention activities that will assist in reducing the loss of life through suicide in Australia.

The LIFE Framework and Research and Evidence volume discuss risk and protective factors, vulnerability, tipping points, warning signs and resilience as they relate to suicide. They explain how the interface between individual health and wellbeing (problem solving, help seeking, coping, resilience), predisposing individual factors (genes, gender, culture, socioeconomic background, geographic location), one's life history/experience (physical and mental health, exposure to trauma, past social/cultural experiences), and social/community support (family, community, safe/secure environment, level of connectedness/belonging, access to good health care) directly influence an individual's ability to respond to adverse events.

It develops a model to understand the link between individual vulnerability, situational despair, mental illness and potential to take one's own life. The concept of tipping points and suicidality may be particularly useful to understand risk within the Immigration Detention Network.

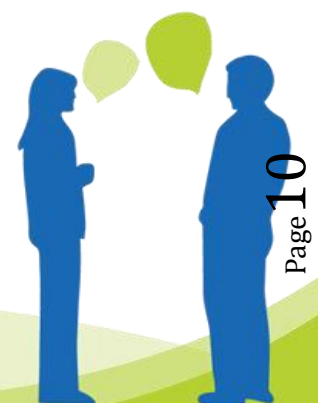




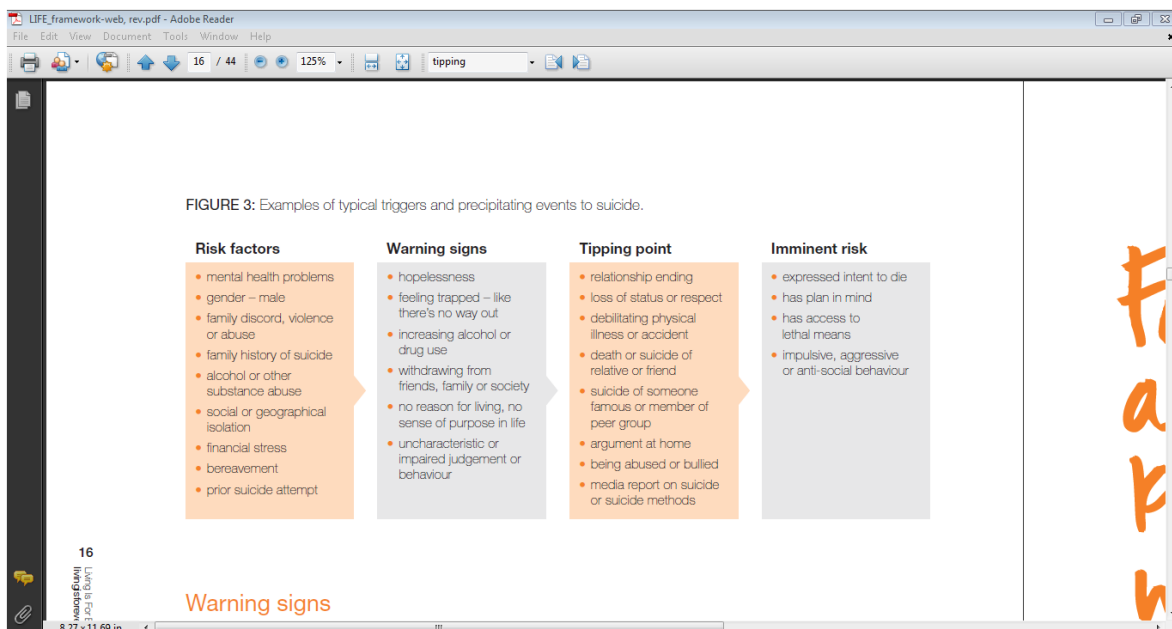
LIFE, Research and Evidence in Suicide Prevention, p 21

Tipping point

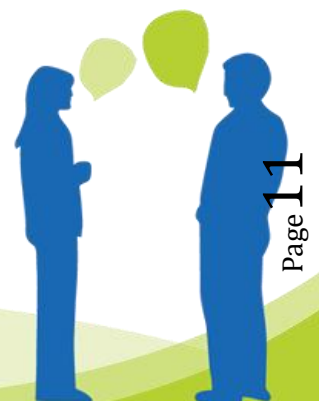
“Suicide-related behaviours result from complex interactions between a wide range of factors: some individual; some related to family or socio-economic or cultural background; some related to social, community and lifestyle issues; and others linked to mental illness. The most frequently cited model for understanding why people take their own lives is the threshold or trigger model (IASP, 2007). It suggests that the potential for suicide-related behaviours exists at a certain threshold level in many people. The threshold in each person is determined by factors such as genetic predisposition, biochemical factors in a person’s physiology, personality traits, their emotional state (feelings of hopelessness), and the presence of ongoing support systems (social, economic, cultural). The point at which a person’s risk of taking their own life increases due to the occurrence of precipitating event(s), such as a negative life event or an increase in symptoms of a mental disorder may be called a tipping point. Tipping points vary for every individual, but there are some indicators of times



at which people may be under particular stress. Sometimes referred also to as triggers or precipitating events, they include mental disorders or physical illnesses, alcohol and/or other substance abuse, feelings of interpersonal loss or rejection, or the experience of potentially traumatic life events (unexpected changes in life circumstances). Tipping points can be thought of as the final straw that may lead someone who has been considering suicide to take action.” (LIFE Framework, 2007 p 14)



(A Framework for Prevention of suicide in Australia, 2008, p 16)



Suicide in refugee communities

While the research does not provide consistent rates for mental illness affecting immigrants who are refugees, the overall rate of mental illness is widely believed to be significantly higher than in the general Australian population (Hunt *et al.* 2003). Studies from the US estimate the incidence of mental illness among refugee children to be 40-50% (Sack *et al.* 1999). Closer scrutiny of this research reveals post traumatic stress disorder (PTSD), depression and anxiety disorders are diagnosed most frequently (Hodes & Tolmac, 2005), although a range of other mental illness and social and behavioural problems are also widely reported (Hodes, 2005). Past trauma may take the form of events experienced or witnessed, where lives have been threatened or people have been killed. Also significant is the loss of family, friends, relatives, personal belongings and possessions, livelihood, country, and/or social status. The risk factors most commonly found to increase the likelihood of suicide among refugees and immigrants include exposure to violence and trauma, lack of family support, living with a mentally ill family member, family stress, being alone or unaccompanied, prolonged incarceration (more than 6 months) in immigration detention centres (Steel *et al.* 2006), poor coping skills and resettlement stress. Poverty, discrimination and acculturation stress are all thought to be linked to low self-esteem, depression and suicide attempts (Aubert *et al.* 2004). People who endure stresses around housing, physical illness, the quality of relationship with a partner, and finances are also associated with elevated risk of mental illness and suicide-related behaviours. (LIFE, Research & Evidence in Suicide Prevention, 2008, p40).

Also of relevance is that suicide by people born overseas represents 25% of all Australian





suicides. Of this number, 60% are by people from non-English speaking backgrounds (Cantor, Neulinger, Roth & Spinks, 200). By definition, suicide is a behaviour, and not a mental illness; however it has a strong association with mental illness and the risk factors germane to mental illness and suicide intersect and interrelate (Procter, 2011, p3).

Implications for suicide prevention activities and interventions from LIFE

Positive experiences in the new country contribute favourably to mental health and wellbeing. Studies of immigrants and refugees suggest that social support and cultural integration are protective factors for suicide among immigrants (Bengi-Arslan *et al.* 2002). Migration can be a very stress-inducing phenomenon, but experiences differ both pre- and post-migration (Bhugra, 2004) and mental illness is a significant risk factor for suicide among refugees. Suicide prevention activities need to specifically address this issue. Effective suicide prevention activities in refugee communities need to include culturally appropriate mental health interventions, particularly for people who have experienced pre-migration torture and trauma, refugee camp internment, periods of containment in immigration detention and post-migration stresses (Fenta *et al.* 2004). (LIFE, Research & Evidence in Suicide Prevention, 2008, p40).

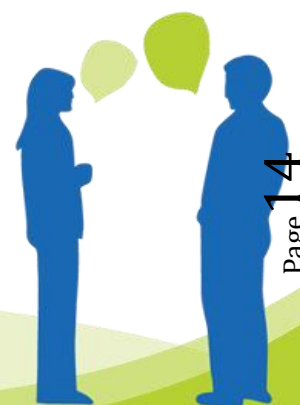
Mental illness has been shown to have a strong relationship with suicide-related behaviours (Taylor *et al.* 2005). Estimates of the percentage of people whose suicide is related to mental illness vary considerably in the research literature, ranging from 30% to 90% of all suicides (Bertolote *et al.* 2004). However, only a small percentage of people diagnosed with these conditions ever attempt suicide and a diagnosis of mental illness cannot be relied on



as a reliable predictor of suicide-related behaviours.

Researchers Procter, Steel and Silove are highly regarded in the field of refugee mental health and are prolific contributors to our understanding of the intricacies and nuances of this complex topic. Procter assists our understanding of the interrelatedness of suicide and mental illness: “the issue of mental health support and suicide prevention requires an integrated prevention response which acknowledges both the separateness of mental illness and suicide, and the association between the two” (Procter, 2011).

In considering the life circumstances of many asylum seekers in detention and the equation of contributing factors to suicide, the cumulative impact of risk factors, warning signs and tipping points, it is understandable how imminent risk for suicide and self-harm behaviour are increasingly occurring amongst those held in indefinite mandatory detention. Real changes can only occur by addressing the underlying determinants which contribute to “the perfect storm” which has been brewing within the Australian Immigration Detention Network.

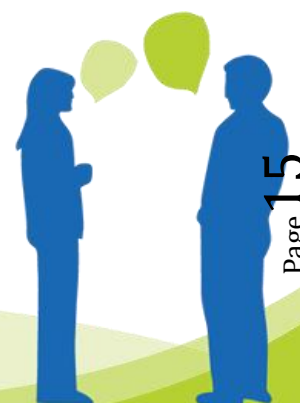


4. Introduction

Immigration Detention has been a policy area of great public debate over the past decade and Suicide Prevention Australia (SPA) welcomes this Inquiry and hopes that it will lead to significant and lasting reform. We are grateful for the few positive changes that have happened in detention policy in recent years, but are discouraged by continuing discriminatory practices such as the proposed 'Malaysia Solution'. In this context we welcome this opportunity to provide input into the Joint Select Committee on Australia's Immigration Detention Network Inquiry.

Since the introduction of mandatory detention in 1992 there have been innumerable Parliamentary, Senate, federal statutory body, and Ministerial-initiated inquiries into immigration detention. Suicide Prevention Australia will be building on this plethora of information which has unfolded under these historical processes and focussing specifically on the suicide and self-harm aspect of this current Inquiry. We will not presume to reiterate the copious tomes that have been collected on this topic over the recent past and trust that all extant material is taken into consideration as a baseline for this Inquiry. We will instead address the terms of reference as they pertain explicitly to the domain of suicide, self-harm and suicide prevention and further support the strongly held public and academic belief that suicide is preventable and that measures can be put in place to reduce the despair and unnecessary tragic loss of life which is exemplified by self-harming and suicidal behaviour specifically within the Immigration Detention Network in Australia.

While we have aimed to produce a reasonably comprehensive response to many of the Terms of Reference (TOR) within the confines of this submission, SPA emphasises that the



issues of suicide and suicide prevention are complex and far-reaching and they sit within the even more complex, controversial and politically charged arena of the Australian Immigration Detention Network.

This submission identifies a number of possible future strategic directions for suicide prevention within Australia's Immigration Detention Network as well as an overarching set of recommendations for systemic and social reform. These are listed by TOR and summarised in the Executive Summary of the submission. We trust that the information gathered by the Commonwealth Ombudsman's parallel *"Inquiry to examine suicide and self-harm in immigration detention"* will be accessed and taken into consideration while the Joint Standing Committee is deliberating on this parliamentary Inquiry.

We look forward to the report from this Inquiry, which we hope will recommend that Australia's Immigration Detention Network be reformed and will make ourselves available to the Joint Standing Committee as required throughout the process of the Inquiry.

Detention Context

As at 20th May 2011 there were 6729 people in immigration detention in Australia, 818 of whom were children. 4125 adults were in Immigration Detention Centres, while the remaining adults and children were housed in Immigration Residential Housing, Immigration Transit Accommodation or Community Detention. As at 18th February 2011, there were 228 unaccompanied minors in detention who had been detained for between 6 and 12 months, and 98 who were detained for between 3 and 6 months.

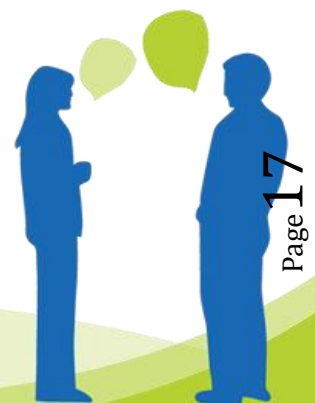




Reliable statistics on the mental health of detainees is elusive, although research outlined later in this submission has shown that detention that is harsh, prolonged and indefinite is severely damaging to mental health. Reports from the Commonwealth Ombudsman suggest that over 1100 incidents of threatened or actual self occurred in places of detention in 2010/2011, while there have been at least 5 deaths by suicide of detainees over the last year.

Although commonly referred to as 'unlawful' in Government literature and the media, irregular maritime arrivals have an international legal right to claim refugee status in Australia. Despite the current bipartisan policy rhetoric, refugee situations are nearly always the consequence of home country push factors rather than open choices to travel, a fact which repeatedly gets lost in this debate. Over 90% of irregular maritime arrivals in Australia are found to be genuine refugees who legitimately fear for their life, health or liberty in their home country.

The majority of refugees in detention in Australia are Afghani, Iranian, Sri Lankan and Iraqi. The situations in their home countries include: deteriorating security situation (Afghanistan), a government accused of crimes against humanity (Sri Lanka) sporadic violence, lack of basic services, high unemployment with many displaced people in dire humanitarian circumstances (Iraq). In this context an immigration system that works on the basis of deterrence shall be ineffective at curbing arrivals.



“Everyone has the right to seek and enjoy in other countries asylum from persecution”

Article 14, Universal Declaration of Human Rights
1954 www.un.org/en/documents/udhr/index.shtml

5. Terms of Reference

On 16 June 2011 a Joint Select Committee on Australia’s Immigration Detention Network was appointed to inquire into and report on nineteen separate Terms of Reference (TOR) www.aph.gov.au/Senate/committee/immigration_detention_ctte/immigration_detention/tor.htm. SPA’s response to the TOR pertaining to self-harm and suicide are presented below.

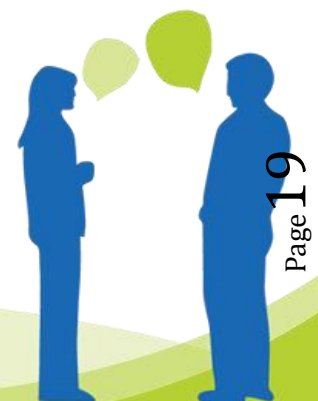
(a) any reforms needed to the current Immigration Detention Network in Australia;

By way of context, there have been many Parliamentary, Senate, federal statutory body, and Ministerial-initiated inquiries into immigration detention since the introduction of mandatory detention in 1992. The Refugee Council of Australia listed these in their 2008 submission to the Joint Standing Committee (see list below) and a number of significant reviews have occurred in the interim period.





- Joint Standing Committee on Migration (1992) *Australia's Refugee and Humanitarian System: Achieving a Balance between Refuge and Control*. APH, Canberra.
- Joint Standing Committee on Migration (1994) *Asylum, Border Control and Detention*. APH, Canberra.
- Commonwealth Ombudsman (1997) *Final Report to the Department of Immigration and Ethnic Affairs of Investigation of Complaints Concerning Onshore Refugee Processing*. Commonwealth Ombudsman, Canberra.
- Commonwealth Ombudsman (1997) *Revocation of Visas on Entry to Australia: Section 35A Report*. Commonwealth Ombudsman, Canberra.
- Senate Legal and Constitutional Legislation Committee (1997) *Consideration of Legislation Referred to the Committee: Migration Legislation Amendment Bill (No. 4) 1997; Migration Legislation Amendment Bill (No. 5) 1997*. APH, Canberra.
- Human Rights and Equal Opportunity Commission (1998) *1998-99 Review of Immigration Detention Centres*. HREOC, Canberra.
- Human Rights and Equal Opportunity Commission (1998) *Those Who've Come across the Seas: Detention of Unauthorised Arrivals*. HREOC, Canberra.
- Joint Standing Committee on Migration (1998) *Report of Inspections of Detention Centres throughout Australia*. APH, Canberra.
- Joint Standing Committee on Migration (1998) *Deportation of Non-Citizen Criminals*. APH, Canberra.
- Human Rights and Equal Opportunity Commission (2000) *Immigration Detention Centre Guidelines*. HREOC, Canberra.
- Joint Standing Committee on Migration (2000) *Not the Hilton: Immigration Detention Centres: Inspection Report*. APH, Canberra.
- Senate Legal and Constitutional References Committee (2000) *A Sanctuary Under Review: An Examination of Australia's Refugee and Humanitarian Determination Processes*. APH, Canberra.
- Commonwealth Ombudsman (2001) *Own Motion Investigation into Immigration Detainees Held in State Correctional Facilities*. Report 06/2001. Commonwealth Ombudsman, Canberra.
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- Senate Legal and Constitutional References Committee (2002) *Migration Zone Excision: An Examination of the Migration Legislation Amendment (Further Border Protection Measures) Bill 2002 and Related Matters*. APH, Canberra.
- Australian National Audit Office (2004) *Management of the Detention Centre Contracts-Part A*. ANAO, Canberra.
- Commonwealth Ombudsman (2004) *Complaint about Delay in the Processing of an Application for a Bridging Visa*. Report 05/2004. Commonwealth Ombudsman, Canberra.
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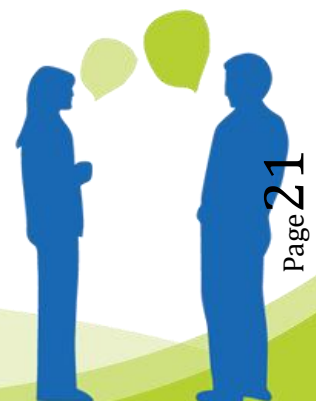
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- Joint Standing Committee on Migration (2005) *Report of the inspections of Baxter Immigration Detention Facility and Port Augusta Residential Housing Project, April 2005*. APH, Canberra.
- Mick J Palmer (2005) *Inquiry into the Circumstances of the Immigration Detention of Cornelia Rau: Report*. DIMIA, Canberra.
- Commonwealth Ombudsman (2005) *Complaint by Mr Z about his Immigration Detention*. Report 02/2005. Commonwealth Ombudsman, Canberra.
- Nigel Comrie (2005) *Inquiry into the Circumstances of the Vivian Alvarez Matter*. Commonwealth Ombudsman, Canberra.
- Senate Committee on Legal and Constitutional Affairs (2005) *Provisions of the Migration Litigation Reform Bill 2005*. APH, Canberra.
- Australian National Audit Office (2006) *Management of the Tender Process for the Detention Services Contract*. ANAO, Canberra.
- Commonwealth Ombudsman (2006) *Department of Immigration and Multicultural Affairs: Administration of s 501 of the Migration Act 1958 as it Applies to Long-Term Residents*. Report 01/2006. Commonwealth Ombudsman, Canberra.
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- Migration Amendment (Designated Unauthorised Arrivals) Bill 2006*. APH, Canberra.
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 - Commonwealth Ombudsman (2007) *Department of Immigration and Citizenship—Report into Referred Immigration Cases: Notification Issues (including cases affected by the Federal Court Decision in Srey)*, Report 09/2007. Commonwealth Ombudsman, Canberra.
 - Commonwealth Ombudsman (2007) *Department of Immigration and Citizenship—Report into Referred Immigration Cases: Other Legal Issues*, Report 10/2007. Commonwealth Ombudsman, Canberra.
 - Commonwealth Ombudsman (2007) *Lessons for public administration: Ombudsman investigation of referred immigration cases*. Report 11/2007. Commonwealth Ombudsman, Canberra.
 - Human Rights and Equal Opportunity Commission (2007) *Summary of Observations following the Inspection of Mainland Immigration Detention Facilities*. HREOC, Canberra.
 - Commonwealth Ombudsman (2008) *Department of Immigration and Citizenship: Administration of Detention Debt and Write-Off*. Report 02/2008. Commonwealth Ombudsman, Canberra.

A concurrent Senate Legal and Constitutional Affairs Inquiry into the Migration Amendment (Detention Reform and Procedural Fairness) Bill 2010 is currently being undertaken. The bill, a private senator's bill introduced by Senator Hanson-Young, seeks to amend the way in which the *Migration Act 1958* currently operates, by ending offshore processing and the excision policy; ensuring that detention is only used as a last resort; ending indefinite and long-term detention; and introducing a system of judicial review of detention beyond 30 days.



The enactment of this legislation is supported by Suicide Prevention Australia as it shall mitigate many of the issues currently damaging the mental health of refugees and asylum seekers on our shore. The following submission responds to the current legislative situation, where those in detention are being subjected to cruel and unusual punishment in the form of prolonged and indefinite detention in facilities ill-fitted to their needs.

In addition to the current and above inquiries, the Commonwealth Ombudsman is undertaking a parallel investigation - "Inquiry to examine suicide and self-harm in immigration detention", August – December 2011. (www.ombudsman.gov.au/media-releases/show/189).

"The Ombudsman's decision to investigate the self-harm adds another powerful dimension to the nation's response. He will be able to get much more information, independently via this process; this search should include a full appraisal of the effectiveness of the harm-minimisation systems managed by the companies operating the detention centres for the government." (*"The self-harm that's hurting all of us"*, The Age, 1 August 2011, www.theage.com.au/opinion/editorial/the-self-harm-thats-hurting-all-of-us-20110731-1i6cu.html?skin=text-only).

The Ombudsman's investigation will develop practical steps that the Department and its service providers SERCO and IHMS should take to identify and manage those at risk of suicide and self-harm. The aim being to produce evidence-based, expert-endorsed advice on guidelines and protocols for reducing and/or preventing the number of incidents that are occurring in detainee communities.





The Ombudsman will consider:

- *the extent of the problem, including relative to the incidence of suicide and self-harm in the broader Australian community*
- *demographic information, including gender, age, country of origin, urban/rural background, language, and length of time in detention of people who participate in suicidal or self-harming behaviours*
- *potential determinants of this behaviour, including pre-existence of mental illnesses*
- *catalysts for suicidal ideation and self-harming behaviours, for example denial of visa applications, detention overcrowding, uncertainty about the future*
- *contagion issues and the impact of attempted or completed suicides and incidents of self-harm on the broader detention community*
- *prevention (such as screening for warning signs specific to populations, putting in place appropriate safety measures), intervention and postvention initiatives, including access to counselling and other health services*
- *detention facility guidelines and protocols*
- *the availability of appropriately qualified and professionally trained staff*
- *the nature and different types of detention facilities, access to means to self-harm or suicide, physical environments, risk assessments and mitigation strategies/measures.*

The past Inquiries have recommended countless reforms which address the underlying systemic problems inherent in the Immigration Detention Network. Reforms for example that challenge the underlying legality of indefinite mandatory detention and inhumane treatment perpetrated upon those seeking refuge in Australia.

Roughly 90% of asylum seekers in Australia are found to be recognised as refugees under the UN Convention (Momartin et al, 2006). SPA entreats the Joint Standing Committee not to “wait for tomorrow” to action the reforms which arise from this Inquiry and build on the work of previous Inquiries; reforms which are so desperately needed for us to maintain our



dignity and respect as a civilized country and support the mental health of vulnerable people displaced by forces beyond their choosing.

Recommendation 1:

The Australian Government should end the current system of mandatory and indefinite immigration detention.

Recommendation 2:

The Australian Government should comply with its international human rights obligations by improving the processing time and adopting a fair and transparent refugee status determination process.

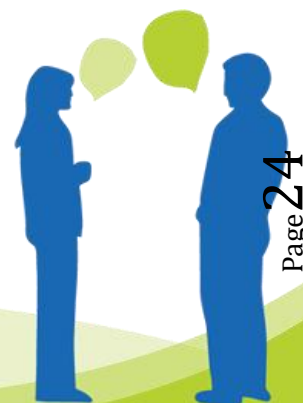
Recommendation 3:

This Inquiry should be informed by the recommendations which come out of the current Commonwealth Ombudsman's "Inquiry to examine suicide and self-harm in immigration detention".

(b) the impact of length of detention and the appropriateness of facilities and services for asylum seekers;

Length of detention

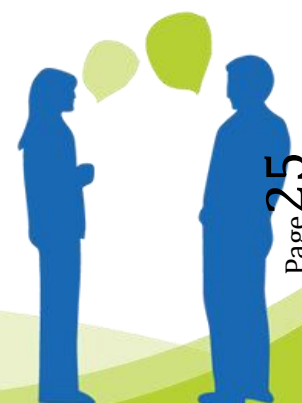
Mental health professionals have for a number of years raised alarms about the impact of prolonged detention which can re-traumatise people escaping from persecution, torture and abuse (Silove et al 2000). There is a growing body of evidence articulating the clear association between time in detention and rates of mental illness (Green & Eagar, 2010; Ichikawa et al 2006; Keller et al, 2003; Hallas et al 2007; Steel et al 2006; Momartin et al, 2006). Posttraumatic stress disorder (PTSD), anxiety, depression, self-harm and suicidal ideation are common presentations for those in IDCs; time spent in detention being associated with the severity of symptoms and distress. (Robjant, Hassam & Katoma, 2009).



A number of Inquiries and research articles have found that mental distress is commonly expressed by detained asylum seekers with “a large number of detainees experiencing mental health problems” (HREOC, 1998). There are considerable contributing factors which coalesce to increase the risk of mental distress including: dislocation from one’s country of origin, separation from family, experiences of torture (of self or witness to other’s torture), trauma, other forms of persecution, stressors created by the isolation and conditions of detention, length of time in detention and uncertainty about release and/or relocation, feelings of anxiety and desperation about claim rejection and return to original country of threat.

Commonwealth Ombudsman Allan Asher announced 29 July that his office would undertake an investigation into suicide and self-harm in Australian immigration detention facilities. Earlier in the year, Mr Asher publicly raised concerns about the impact of long-term detention on the ongoing mental health of detainees, while more recently he witnessed the deteriorating psychological health of detainees on Christmas Island.

As the deleterious impacts of detention compound with time spent in detention, the most effective intervention and treatment is for sufferers to be released from detention. While health and security checks for irregular arrivals may remain necessary, a maximum period of a month in detention should be the norm. Immigration processes can continue while refugees reside freely and appropriately supported in the community.



- Curtin (reopened in Derby in 2010)
- Scherger (established at Weipa in 2010).

The policy of locating IDC's in remote areas, isolated from Australian community, far from services and scrutiny, often overcrowded, with limited access to interpreters, legal advice, basic health care is indicative of the punitive attitude taken to asylum seekers in Australia.

Recommendation 4:

DIAC should prioritise alternatives to detention.

Recommendation 5:

DIAC should ensure that refugee claims are processed as quickly as possible, with provision of access to appropriate supports and services (interpreters, translators and legal advice)

(c) the resources, support and training for employees of Commonwealth agencies and/or their agents or contractors in performing their duties;

“Clearly, despite what the Immigration Department has said about steps taken to train staff to recognise and respond to the signs and risk factors of self-harm, much more needs to be done.”

Commonwealth Ombudsman, 1 Aug 2011

SPA would like to bring to the attention of the Committee some of the outcomes from the 2010 Senate Inquiry into Suicide in Australia, especially as it relates to workforce development. “The Hidden Toll” report recommended that suicide prevention and intervention training and debriefing support be ensured for workers who relate to those potentially at risk.





Suicide awareness and assistance training

4.64 *"The Committee received many recommendations during the inquiry for suicide prevention training to be more wide spread amongst healthcare professionals, government agencies and the general community. Recommendations were also received which suggested mental health first aid and suicide prevention training should be subsidised to encourage broader participation and access.⁸³ The Suicide is Preventable submission stated that suicide prevention and intervention training and education for frontline workers or 'gatekeepers' (for example: emergency workers, health care workers, GPs.) has been shown to reduce suicide rates.⁸⁴ It recommended the development of 'accredited and fully evaluated training programs for front line staff in a range of settings... to better enable staff to identify and support those who are vulnerable or at risk'.⁸⁵"*

("The Hidden Toll – Suicide in Australia", p 50)

Training

4.89 *"Training issues have been recognised in the Fourth National Mental Health Plan. One of the Prevention and Early Intervention National Actions is to 'provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors'. It states:*

Supporting these groups to better understand and recognise mental illness and to know how to react to individuals during an acute episode of illness or suicidal behaviour will improve earlier intervention and bring better outcomes for individuals and their families. Workers that are particularly important include police, ambulance, child protection workers, correctional services staff, employment support officers, pharmacists, residential aged care workers and teachers.⁹⁷

4.90 *The Committee considers it is appropriate for Australian governments to provide leadership in this area through providing suicide prevention training to their frontline staff. This would also function to improve understanding and awareness of suicide in community."* (*"The Hidden Toll – Suicide in Australia", p 53*)

Recommendation 8 - The Hidden Toll, Suicide in Australia Report, 2010:

4.78 *The Committee recommends that Commonwealth, State and Territory governments ensure that staff in primary care, law enforcement and emergency services receive mandatory and customised suicide risk assessment, prevention and awareness training as part of their initial training and ongoing professional development.*





Recommendation 15 – The Hidden Toll, Suicide in Australia Report, 2010:

4.91 The Committee recommends that Commonwealth, State and Territory governments provide accredited suicide prevention training to all 'front line' staff, including those in health care, law enforcement, corrections, social security, employment services, family and child services, education and aged care.

The PSP Policy (Psychological Support Program) was developed to address the prevention of self-harm in detention and psychological support for people at risk of self-harm (DIAC, 2009). The AHRC has expressed concern that the PSP policy has not been adequately implemented across the detention network (AHRC 2011). During a number of detention centre visits the Commission it has been revealed that many staff have not received PSP training. There is an imperative to develop a national framework for PSP training delivery on a rolling basis to guarantee that all relevant Serco, DIAC and IHMS staff are provided with initial and refresher training.

Staff within the Immigration Detention Network are regularly exposed to people experiencing mental distress, mental illness and exhibiting suicidal behaviour. For the health and wellbeing of staff and those who are in their care, the above Senate Inquiry recommendations and those of the AHRC should be heeded. Customised accredited suicide risk assessment policies and procedures should be developed and implemented across the network with all staff receiving training in their application. Staff should receive:

mandatory and customised accredited suicide risk assessment procedures plus prevention and awareness training as part of their initial training and ongoing staff development.





"Two private security whistleblowers say it is only a matter of time before an under-qualified or under-resourced colleague is partly responsible for the death of a suicidal detainee on Christmas Island.

Current and former employees of contractor Serco fear soaring asylum seeker self-harm rates, combined with staff who are stretched beyond their capacities, could soon prove fatal at the immigration detention centre.

The ABC investigative unit has obtained confidential documents dated April 27, April 29, May 6 and May 11, 2011, detailing 50 incidents including suicidal intent among asylum seekers, attempted hangings, self-harm with intent, homicidal thoughts and self-mutilation.

"Serco had protocols to follow in respect to suicide watch and keeping them [unstable detainees] in separate areas but that wasn't occurring at all," the former Serco employee said.

"They [Serco] certainly didn't have enough people trained to do a specified job like monitoring people who were on suicide watch - they just weren't qualified to do that.

"There was a whole recording system too where these things had to be logged, and they just weren't being recorded.

"We just didn't have the people to do it."

The revelations come as an [Australian Human Rights Commission report on Sydney's Villawood detention centre](#) detailed extensive problems of self-harm and depression among detainees.

Serco said it was not policy to comment or divulge protocol for dealing with suicidal detainees. It is understood, however, that suicidal tendencies should be picked up and reported on each client's personal file. All self-harm clients are to be reported and accessed by psychiatric nurses. Clients on suicide watch are isolated and monitored by a dedicated staff member who signs off on inspections. In the most serious cases, detainees are taken to the local medical centre or hospital for treatment.

The current Serco employee believes it is "a matter of time" until a tragedy occurs, and claims there have been 241 cases of attempted self-harm by detainees in Christmas Island immigration detention facilities in April.

The ABC has been unable to verify this figure.

Last week, ABC News Online reported allegations by detainees at Villawood detention centre in Sydney that an inadequate response from guards forced them [to use a cigarette lighter to try to save the life of a man who had attempted suicide](#) earlier this year.

Detainees say they tried to burn through the rope Ahmed Al Akabi had used to take his own





life.

Serco declined to comment on the allegations but in a statement to the ABC following the report, said it ran a comprehensive staff training program that goes beyond its contractual obligations.

"Serco is committed to doing everything we can to prevent those in our care from coming to harm," the statement said.

"Our staff take this commitment extremely seriously and work hard to keep those in our care safe and secure."

Protocol

But the former Serco employee insists staff are not appropriately qualified, nor do they have a suitable guard-to-detainee ratio to always carry out recommended protocol.

"To escort one person over from one camp to the medical centre was a whole logistics exercise in itself, especially on occasions when there might be only two officers to look after 600 or so clients in a camp," they said.

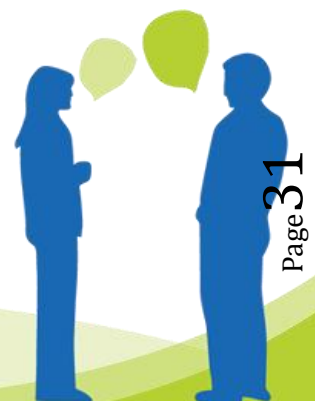
"Sometimes they just didn't have the people available.

"DIAC (the Department of Immigration and Citizenship) would say to us, 'well, that suicide person was reported at such and such time', there was a timeline - sometimes it would be hours, sometimes even days out of date - to escort them to the local hospital or the medical centre."

"There was another time when [Serco] were putting people into an empty dining room where there was an officers' station and the officers would watch them through the glass.

"The officers wanted to cover up the glass because they didn't want to be watching the inmates all the time or have the inmates watching them."

"Detention centre insiders issue suicide warning", ABC News Online Investigative Unit, 26 May 2011 www.abc.net.au/news/stories/2011/05/26/3227207.htm?site=kimberley





Recommendation 6:

DIAC should ensure that evidence based policy is in place across the detention network, clearly setting out procedures for responding to self-harm and suicide.

Recommendation 7:

DIAC should ensure that all staff working within the Immigration Detention Network receive appropriate quality assured accredited suicide prevention training and knowledge of relevant policies and procedures.

(d) the health, safety and wellbeing of asylum seekers, including specifically children, detained within the detention network;

“No one came to kill themselves. They came here to live. Because of the situation they are pushed to suicide.”

“We are suffering emotionally terribly in detention. In six months three people have killed themselves in here. It is becoming a normal thing.”

“Everyone is in a similar mental state – thinking about dying.”

(Men in detention in Fowler compound, Villawood IDC)

(AHRC, 2011)

The identification of at-risk groups for suicide and the reduction of risk factors is a clearly stated strategy within the LIFE Framework. The risk group profile includes: males, low income, previous traumatic experiences, contact with mental health services, lack of social supports, lack of belongingness, hopelessness, helplessness, amongst others. Asylum seekers carry many of these risk factors. Detainees display considerable psychosocial disability (Silove et al., 2006)





Amongst this culturally diverse group there may also be a relative lack of 'help-seeking behaviour' due to culturally different perceptions of what mental illness is as well as the stigma in some cultures of mental illness (Cohen, 2008; Anstiss et al, 2009). Many suffer from PTSD, which can reduce help-seeking perhaps as an avoidance manifestation (Mezey & Robbins, 2001). In fact research has shown that this population has a probable 10-fold increase in PTSD prevalence (Fazel et al 2005). The precise percentage of refugees who have been tortured is estimated between 5% and 30% (Baker, in Basoglu 1992) with more recent research estimating an incidence as high as 55% (Jaranson et al., 2004). Previous trauma and torture has been linked to PTSD and suicide (Bruce et al 2001; Mezey & Robbins, 2001).

Research in IDC in Australia (Mares & Jureidini, 2004; Steel & Silove, 2001; Steel et al, 2004; Sultan & O'Sullivan, 2001) and overseas (Keller et al, 2003; Ichikawa et al, 2006) reveal that confinement for extended periods of time under harsh conditions is linked with deterioration of the mental health of detainees (Momartin et al 2006). The impact of detention on health has not been able to be differentiated from the impact of the uncertainty of an unknown future (Green & Eager, 2010). Given the very high incidence of risk factors in this population however, it is imperative that rates of self-harm and suicide be established and understood and appropriate supports and treatment enacted to prevent further despair and loss of life.

Dudley (2003) estimated the rates of suicidal behaviour among men and women in Australian IDC are approximately 41 and 26 times the national average, respectively. These male rates of suicidal behaviour are 1.8 times higher than male prison rates (Dudley, 2003). In their 2004 research, Steel and colleagues assessed parents and children held in Australian



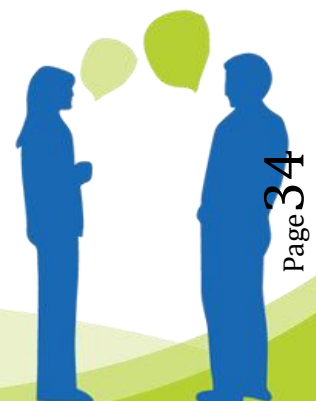


IDC for approximately two years. All individuals met diagnostic criteria for at least one current psychiatric disorder; 26 disorders were identified among 14 adults, and 52 disorders were identified among 20 of the children. Mares and Jureidini (2004) confirmed these high levels of psychological distress among children and adults adding that there was very little support or interventions provided in the impoverished IDC environment.

The psychological vulnerabilities of child refugee claimants held in IDC have produced much local and international concern and research. The 2002 review by Thomas and Lau investigated the mental health of child and adolescent detainees observing that post-traumatic stress symptoms are common. These are demonstrated in such symptoms as: very high anxiety, social withdrawal, regressive behaviours, flashbacks, sleep disturbance, exaggerated startle responses, poor concentration, conduct problems, aggressive behaviour, delinquency, nightmares and acting out. Holding young people in immigration detention is a negative socialisation experience, accentuating developmental risks, threatening the bonds between children and their caregivers, limits educational opportunities, traumatic psychological impact and reduces the potential to recover from pre-migration trauma (APS 2008).

Earlier in 2011, the Commonwealth Ombudsman publicly raised concerns about the impact of long-term detention on the ongoing mental health of detainees, while more recently he witnessed the deteriorating psychological health of detainees on Christmas Island.

'I was alarmed that in the week of June that I visited Christmas Island more than 30 incidents of self-harm by detainees held there were reported to the contracted health services provider, International Health and Medical Services (IHMS),' Mr Asher said. *'This reflects an*



upsurge in the number of incidents of self-harm and attempted suicide reported to IHMS across all immigration detention facilities.'

Since March 2011, Ombudsman staff has inspected the immigration detention facilities at Curtin, Leonora and Christmas Island. A significant issue of concern arising from each of these visits has related to the mental health and wellbeing of detainees.

More than 1,100 incidents of threatened or actual self-harm across all places of detention were reported in 2010-11, according to the latest information provided by the Department of Immigration and Citizenship to the Ombudsman's office. Fifty-four incidents of self-harm were reported during the first week of July this year alone.

'My investigation will assess the extent of this tragic problem, examine the root causes, and consider practical steps that the Department and its service providers SERCO and IHMS should take to identify and manage those at risk of suicide and self-harm. The aim will be to produce evidence-based, expert-endorsed advice on guidelines and protocols for reducing and/or preventing the number of incidents that are occur in detainee communities.' (Ombudsman, 2011)

IDC foster emotional instability and children often witness violence, self-harm and security crackdowns. The family unit is often too fragile and damaged to provide stability through the fluctuations of detention life. Further commentary on children in detention is revealed under the next TOR.





“Well when I spoke to him this morning he was very careful about what he was saying to me because his refugee application is still afoot and he was very worried about getting into trouble.

When I asked him about self-harming and protests at the detention centre he said he couldn't talk about that though he said he might be able to talk about it in the future depending on what happened to him.”

Journalist referring to an Afghani refugee interviewed by ABC radio, 29 July
2011

“Detainees describe heightened tensions”

Please see Attachment A, SPA E-Newsletter March 2011. This Issue focused on Refugee/Asylum Seeker/Detention Centre matters and contains valuable material and commentary which addresses this TOR. Please note in particular the: Research Profile section by SPA Board Chair, Dr Michael Dudley; Editorial by Professor Louise Newman; Lived Experience piece by Morteza Poorvadi; and Interview with Dr Graham Thom, Refugee Campaign Coordinator for Amnesty International Australia.

Identification and treatment of mental health problems in IDC's.

To safeguard the mental health of detainees, mental health staff and services need to be adequately resourced. Due to the high prevalence of mental illness and mental distress among detainees, as discussed above, timely, consistent and effective mental health response is necessary, but often overburdened. For example Christmas Island does not currently have a resident psychiatrist, nor does the Christmas Island IDC have enough



treatment rooms to accommodate the requirements the detainees, with some psychology sessions having to be undertaken in communal areas. There and in other remote IDC locations, mental health staff operate on a fly-in fly-out basis, resulting in a high turnover of staff and a lack of consistency in treatment.

This table below enumerates the mental health professionals engaged at detention facilities across the mainland (figures provided by the contracted health service provider, International Health and Medical Services, IHMS) as at 30 June 2011. Where available, the table also lists the number of detainees present, and therefore the ratio of mental health staff and detainees.

Given the high rates of mental health issues, distress, previous rates of torture/trauma and histories of persecution and war, SPA would suggest that these numbers are woefully inadequate to meet the needs of the IDC population. This under-resourcing issue has grave consequences both for detainees and IDC staff.

Table 1: Number of mental health professionals working at specified IDC as at 30 June 2011 relative to number of detainees present at that time (Source DIAC).

	Mental Health Team Leader	Psychologist	Mental Health Nurse	Counsellor	Total MH Prof.	# of people in detention at each facility	Ratio of detainees to MH Professionals
BITA	0	1	1	0	2		
Leonora	1	1	1	0	3		
DALAPOD	1	2	2	2	7		
DALAPOD 3	1	2	5	1	9		
NIDC	1	2	5	1.5	9.5	445	1/46.8





Port Augusta	0	1	1	0	2		
Curtin	1	3	4	2	10	1460	1/146
MITA	1	1	1	1	4		
MIDC	1	1	0	1	3	96	1/32
VIDC	1	2	2	2	7	333	1/47.5
Scherger	1	2	4	2	9	574	1/63.7
PIDC	1	1	0	0	2	36	1/18
Jandakot	0	0	0	0	0		
Inverbrackie	1	2	3	2	8		
AITA	0	0	0	0	0		
TOTAL					75.5		

KEY

BITA: Brisbane Immigration Transit Accommodation
DALAPOD: Darwin Airport Lodge Alternative Place of Detention
DAL3: Darwin Airport Lodge Stage 3
NIDC: Northern Immigration Detention Centre
MITA: Melbourne Immigration Transit Accommodation
MIDC: Maribyrnong Immigration Detention Centre
VIDC: Villawood Immigration Detention Centre
PIDC: Perth Immigration Detention Centre
AITA: Adelaide Immigration Transit Accommodation

In response to concerns about the mental health of detainees who may have experienced torture and trauma prior to their arrival, in 2009 DIAC developed an Immigration Detention Torture and Trauma Policy in consultation with the Detention Health Advisory Group. The policy outlines early identification and treatment protocols for torture and trauma victims and recommends community detention and expedited immigration outcomes for those at risk. Despite the strength of this policy, its implementation remains sporadic and



inconsistent. DIAC is urged to implement this policy as a matter of urgency for people suffering the effects of torture and trauma.

Recommendation 8:

DIAC should ensure that all appropriate measures are undertaken to minimise the risk of suicide and self-harm across the detention network.

Recommendation 9:

DIAC should ensure that all detainees within the immigration detention network receive genuine and adequate access to mental health and suicide assessment and treatment.

Recommendation 10:

DIAC should ensure that self-harming and mentally ill detainees are provided with a safe environment to be monitored and engaged with.

Recommendation 11:

DIAC should ensure that Management Units are not used to 'punish' people who exhibit self-harming behaviours.

Recommendation 12:

DIAC and its contractors should implement a policy to restrict access to means of suicide and self harm in detention facilities.

Recommendation 13:

DIAC should fully disseminate and monitor the implementation of the Immigration Torture and Trauma Policy

Recommendation 14:

DIAC should ensure that postvention support and counselling is provided in the aftermath of a suicide to ameliorate psychological distress and potential contagion effect.





Suicide Prevention
Australia



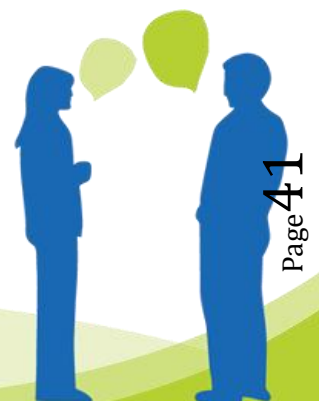


(e) impact of detention on children and families, and viable alternatives;

No child shall be deprived of his or her liberty unlawfully or arbitrarily. The arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time.

Convention on the Rights of the Child, article 37(b)

The Joint Standing Committee would be well advised to consider the valuable 2004 HREOC report “*A Last Resort? National Inquiry into Children in Immigration Detention*” to more completely understand this significant TOR. Extracted below is the summary of findings regarding the mental health and development of children in detention.





Summary of findings – A Last Resort? (p 429 – 432)

The Inquiry finds that the strategies in place to address self-harm have been successful in preventing the death of any child by suicide. The HRAT (High Risk Assessment Team) observations also appear to have reduced the numbers of children who may have otherwise self-harmed. The Inquiry notes, however, that the strategies were more focussed on immediate prevention than long-term therapeutic care. For example, the HRAT observations were conducted by detention officers rather than mental health professionals. The Inquiry is also concerned there are no clear guidelines specifically addressing the use of observation rooms for children. In particular, there are no guidelines requiring the consent of parents.

The evidence before the Inquiry regarding the impact of detention on the mental health of children demonstrates a breach of articles 3(1), 3(2), 6(2), 22(1), 24(1), 37(a), 37(c) and 39 of the CRC.

The evidence before the Inquiry clearly demonstrates that Australia's immigration detention centres can have a serious and detrimental impact on the mental health of children. A variety of factors contribute to mental health problems for children in detention. All of them are either the direct result of, or exacerbated by, long-term detention in Australia's detention centres. The longer children are in detention the more likely it is that they will suffer mental harm.

Many children in immigration detention arrive in Australia with pre-existing trauma. Upon arrival in a detention centre they face the stresses of living behind razor wire, locked gates and being under the constant supervision of detention officers. While most detention officers treated children well, some used offensive language around children and, until 2002, officers in some centres called children by number.

Negative visa decisions can create a great deal of anxiety in children and their parents, because such decisions create uncertainty as to their future in Australia and because the effect of the decision is that they will remain in detention. However, one of the most serious problems faced by children is the cumulative effect that the detention environment has on the family unit.

Detention inherently circumvents a normal family environment in which parents have control over the day-to-day decisions concerning their child's life. Parents, like their children, may arrive with vulnerabilities associated with experiences of trauma. The impact of the detention environment on the mental health of some parents carries over to the children who can no longer rely on their support. In some cases, this results in role-reversal with the children taking on a supportive role. In other cases, parents have been hospitalised, taken to medical observation rooms or placed in security compounds. Case Studies 1 and 2 at the end of this chapter demonstrate the serious impact of detention on two families.





All of these factors have caused many children in long-term detention to suffer from anxiety, distress, bed-wetting, suicidal ideation and self-destructive behaviour including attempted and actual self-harm. The methods used by children to self-harm have included attempted hanging, slashing, swallowing shampoo or detergents and lip-sewing. Case Study 3 chronicles the self-harm attempts of one 14-year-old boy in Woomera. Some children have also been diagnosed with specific psychiatric illnesses such as depression and PTSD. The longer children were detained the more likely it was that they displayed one or more of these problems. The impact on children can be long-term.

Mental health experts who examined these children state that the only effective way to address the mental health problems caused or exacerbated by detention is to remove them from that environment. Despite the consistent recommendations from independent mental health experts, ACM staff, State mental health authorities and child protection agencies, the Department almost never removed children accompanied by their parents (as opposed to unaccompanied children) from the detention environment on mental health grounds.²⁷⁸

The combination of laws that result in the mandatory detention of children and the failure of the Department to apply those laws in a manner that results in the prompt transfer of families to the community (either home-based detention or release on a special needs bridging visa – see further Chapter 6 on Australia's Detention Policy) result in a breach of the rights of children to enjoy the highest attainable standard of health (article 24(1)) and constitute a failure to ensure the development of children to the maximum extent possible (article 6(2)). These factors also amount to a failure to take all appropriate measures to promote the recovery and reintegration of children who have been the victims of trauma in an environment which fosters their health, self-respect and dignity (article 39) and a further failure to take appropriate measures to ensure that children seeking refugee status have received appropriate protection and humanitarian assistance in their enjoyment of the rights in the CRC (article 22(1)).

The Inquiry finds that there was no reasonable justification for the continued detention of children over the clear (and in some cases repeated) recommendations of mental health experts that they be released immediately in the interests of their mental health. The Inquiry finds that the continued detention of children in these circumstances is a breach of their rights not to be subjected to cruel, inhuman or degrading treatment (article 37(a)).²⁷⁹ It also amounts to a failure to treat such children with humanity and respect for the inherent dignity of children (article 37(c)) and a failure to take all appropriate legislative and administrative measures to ensure the protection and care of children necessary for their well-being (article 3(2)). These breaches are the result of both the inflexible nature of the laws under which the children were detained, and a failure by the Commonwealth to use existing mechanisms within the law to ensure removal from a detention centre when children were suffering mental harm.

Given the seriousness of the impact of continuing detention on children, these same failures suggest





that the best interests of the child were not a primary consideration in the introduction and maintenance of the laws requiring the mandatory detention of children. Nor was it a primary consideration in the decisions of the Department in the administration of those laws. Accordingly, Australia's mandatory detention laws and the manner of their application by the Minister and the Department result in a breach of article 3(1) of the CRC.

The direct link between the continuing detention of children in Australian detention centres and the increased risk of mental harm makes it unsurprising that the efforts to provide mental health treatment have been relatively unsuccessful. However, the Department must seek to overcome that hurdle by ensuring that children in detention have access to the mental health care services necessary to ensure the highest attainable standard of health in accordance with article 24(1).

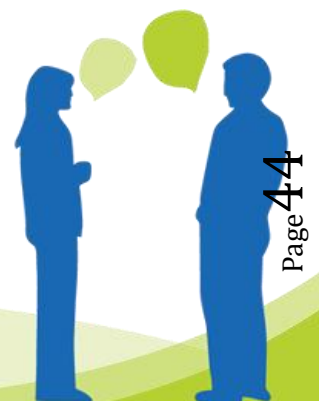
The Inquiry acknowledges the considerable efforts of individual staff members to provide the best care possible in the circumstances. However, the Inquiry finds that there was no routine assessment of the mental health problems facing children on arrival. There were insufficient numbers of mental health staff to deal with the problems emerging in children, and there was insufficient access to external mental health experts. No torture and trauma services were available to children who needed that specialist care.

The Inquiry finds that the observation systems in place to prevent self-harm were successful in preventing the death of children by suicide. However, there were no clear guidelines regarding the use of medical observation rooms for children. The Inquiry notes that the suicide prevention systems focussed on immediate prevention of harm rather than holistic therapeutic care.

Therefore, while the Inquiry recognises the difficulties created by the detention environment in ensuring the highest attainable standard of health of children, it finds that the deficiencies in the manner in which the mental health needs of children were addressed amounts to a breach by the Commonwealth of article 24(1) of the CRC.

To the extent that compliance with the JDL Rules is a useful guide to assessing whether or not there has been compliance with article 37(c), it is relevant to note that those rules recommend that there be unobtrusive head counts and this was not the experience of some children in detention. The practice of calling children by number rather than name and the absence of specific guidelines regulating the use of solitary medical observation rooms for children also raises concerns about compliance with article 37(c). However the Inquiry makes no finding on these facts alone, rather it flags these as general considerations to be discussed further in Chapter 17, Major Findings and Recommendations.

In summary, the long-term detention of children in Australia's detention centres has a serious negative impact on a child's ability to enjoy their fundamental rights to recovery from past





psychological trauma in a healthy environment, the maximum possible mental and emotional development and the highest attainable standard of health. This highlights the importance of ensuring that the detention of children is a measure of last resort and for the shortest appropriate period of time in accordance with article 37(b).

Recommendation 15:

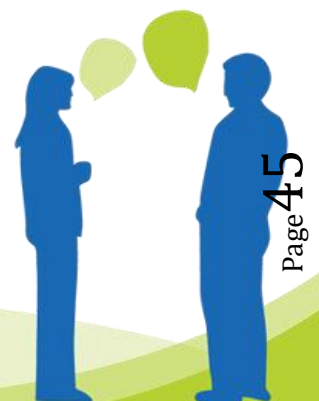
DIAC should urgently enact the recommendations made in the HREOC report "A Last Resort? National Inquiry into Children in Immigration Detention"

(g) the impact, effectiveness and cost of mandatory detention and any alternatives, including community release; and

SPA recommends the Committee view a copy of the book recently published by The International Detention Coalition entitled "*There are alternatives: A handbook for preventing unnecessary immigration detention*" (Sampson et al 2011) for the most up to date analysis of alternatives.

This report is available online at www.idcoalition.org and an announcement of the handbook states:

"Refugees, asylum seekers and migrants are increasingly being detained in immigration detention facilities around the world. Women, children and men, torture survivors, the





elderly, disabled and unwell, are often detained in conditions below international standards, and denied basic rights.

But there are alternatives.

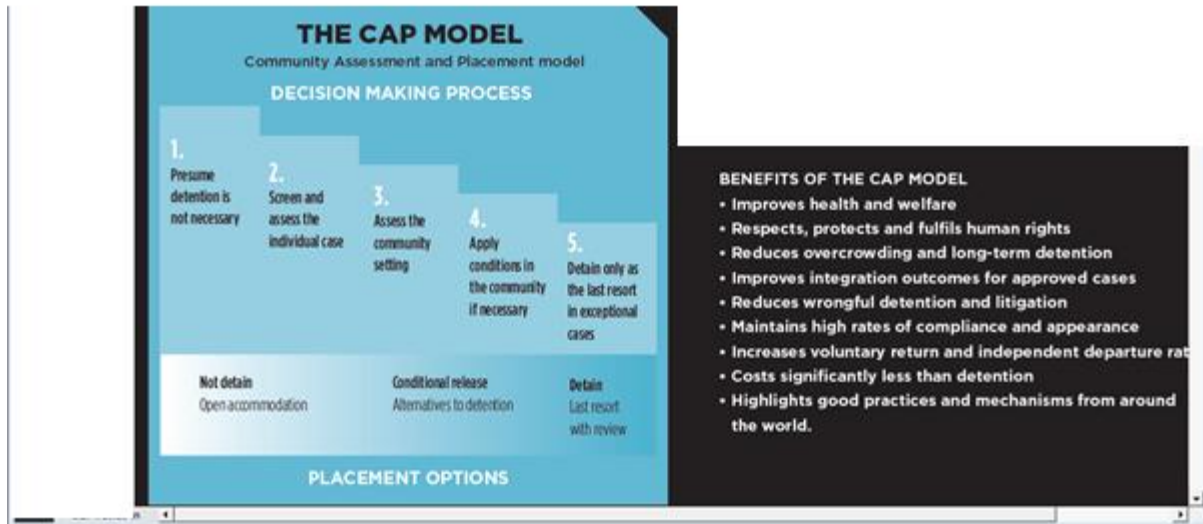
The IDC has now launched its handbook, the first-ever guide, aimed at preventing unnecessary immigration detention globally & outlining good practice examples of alternatives to detention from around the world.

This comes as governments increasingly use immigration detention as a migration management tool with refugees, asylum seekers and migrants often detained for prolonged periods, in conditions below international standards, which deny basic human rights. This has an extremely negative impact on the mental and physical health of people subject to detention, and can result in self-mutilation, violence & even suicide. International human rights law and standards indicate that alternatives to detention should always be explored first, with detention used only as a last resort.

***The IDC's research, conducted in collaboration with La Trobe University, found that immigration detention is not effective. It does not deter new arrivals and is costly to government and the individual.** Furthermore, alternatives to detention promote better integration outcomes and better cooperation with return requirements. The research found that alternatives to immigration detention are cheaper and more effective in producing good outcomes for all stakeholders.*

*This handbook also introduces **CAP, the Community Assessment and Placement model**. This conceptual model identifies a range of mechanisms currently in use that enforce immigration law without a heavy reliance on detention. The model highlights effective management of individuals in the community and assists governments to make informed decisions on appropriate placement, management and support options for refugees, asylum seekers and migrants."*



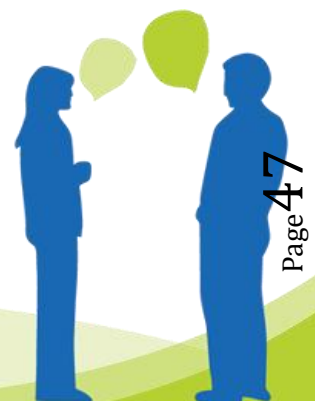


Recommendation 16:

DIAC should make greater use of community-based alternatives to detention.

(h) the reasons for and nature of riots and disturbances in detention facilities;

DIAC needs to view riots and unrest as a consequence of systems failure and not just take punitive action but address the underlying contributing issues.





“More than 4,000 people are currently held in Australian immigration detention facilities. Common challenges include delays in finalising protection visas, assessments and decisions; a lack of detailed plans for managing rejected asylum-seekers who can’t be returned to their countries of origin; remoteness of accommodation; poor levels of decision making – evidenced by a high rate of decisions overturned upon review; and physical and mental health problems.”

I witnessed the deteriorating psychological health of detainees during a visit to Christmas Island in a week in June 2011 when more than 30 incidents of self-harm by people held there were reported. More than 1,100 incidents of threatened or actual self-harm across all places of detention were reported in 2010-11. Fifty-four were reported during the first week of July this year.

Tensions generated by these issues are exacerbated by uncertainties about Third Party Transfer policies. And events on Christmas Island during the past week or so show that it remains a tinderbox.

It is incumbent on the Immigration department to ensure that detainees are offered appropriately structured communal activities to give them a reason to get up in the morning, reduce their sense of isolation and maintain contact with reality.”

“Australia’s immigration detention values: Milestones or motherhood statements?” Media release, Allan Asher, Commonwealth and Immigration Ombudsman, 29 July 2011
www.ombudsman.gov.au/media-releases/show/190

Riots and disorder within the Immigration detention network are often a consequence of being ‘silenced’. Detainees are frustrated by: protracted nature of detention; living in a monotonous, isolated, harsh, depriving, dehumanizing environment; lack of organized activities, stimulation and services; legalistic, adversarial determination process perceived as arbitrary and unjust (Steel & Silove 2001); lack of clear information about the passage of their claims; lack of representation; lack of knowledge about the Immigration system and





process; lack/restriction of support/services (legal, interpreter, health, etc); lack of proper judicial review, monitoring and accountability; isolation from a caring community; and often being referred to by number and not name and sometimes subjected to shock raids, room searches, body searches, and handcuffs. Detainees lives are controlled and they have very little say in how each day will unfold and which “tomorrow” will bring change. Such disempowerment has a natural consequence, the choice to take whatever small opportunity for control, advocacy or to simply be heard. The current system allows limited means to register a protest about their despair and way they are being treated, this inevitably leads to ‘unrest’, hunger strikes, lip sewing, and sometimes self-harm etc. Detainees are driven to express themselves and the injustices that have been perpetrated against them, making a statement of personal control when all other control has been taken away.

“Not knowing when, if ever, you will get out is the problem. Taking away all your rights and treating you like an animal. Taking away the right of education, the right to make your own decision when to eat or sleep, putting you through mental torture by telling you we made a deal with your country and will deport you by force if you don't go back yourself is the main problem. Taking away your family, your freedom, your right to make a simple decision for your life, taking away your hope by playing with your mind is what caused me to do all that self-harm, not detention.

Have you ever had that dream where you want to escape from something, but your feet are too weak and you can't run or you want to shout for help and there is no voice coming out? Well mandatory detention policy is doing that to people inside detention.” Morteza Poorvadi, SPA E-Newsletter, March 2011

Dr Graham Thom has made three trips to Christmas Island detention centre and in October





2010 warned that *'morale within Australia's detention facilities is getting worse, leading to incidences of self-harm and attempted suicide... The mood on Christmas Island is particularly despondent with grown men reduced to tears and showing blatant symptoms of a system that is failing the people it is supposed to protect'*. Dr Graham Thom, Refugee Campaign Coordinator for Amnesty International Australia, SPA E Newsletter, March 2011.

Recommendation 17:

DIAC needs to view riots and unrest as a consequence of systems failure and not just take punitive response but address the underlying contributing issues.

Recommendation 18:

DIAC needs to ensure that detainees are offered appropriately structured communal activities to reduce their sense of isolation, dislocation and maintain their contact with reality.

(j) the health, safety and wellbeing of employees of Commonwealth agencies and/or their agents or contractors in performing their duties relating to irregular maritime arrivals or other persons detained in the network;

There is a dearth of information relating to the status of employees working within Australia's Immigration Detention Network.

Procter notes that the Department of Immigration and Citizenship (DIAC) staff "encounter stories of deep personal sadness, despair, self-injury and suicidal cognition" (Procter, 2011, p 2). For staff who are non-mental health professionals they are "often left unsure as to what to do by the complexity and the unusual depth of personal feeling they confront".

The 2010 Senate Inquiry into Suicide in Australia "The Hidden Toll" report recommended



that Commonwealth, State and Territory governments review debriefing procedures and counselling support available to frontline workers regularly exposed to suicide and attempted suicide related incidents (Recommendation 10).

Support for frontline personnel

4.28 *“The support available for those frontline staff dealing with suicide and attempted suicide was frequently raised. Their experiences were seen as resulting in ‘vicarious trauma’ causing stress-related anxiety, depression and post-traumatic stress disorders. As an example Professor John Mendoza related the circumstances of two Queensland Ambulance Service officers who were deeply traumatised by their experience of assisting a young man to an emergency department and then being subsequently called to attend the scene of the man’s suicide a few hours later.³³ SPA commented:*

The vicarious trauma and impact of suicide (particularly where the deceased was a patient or client) on first responders, clinicians, general practitioners and other health professionals (including coronial staff), and also volunteers, work colleagues and whole communities more broadly, should not be underestimated.³⁴

4.29 *The SPA Position Statement on Crisis Response recommended: First responders who are exposed to crisis situations and suicide attempts as part of their job should have formal structures of support and debriefing embedded in their work practices....*

Strategies for debriefing and support embedded in organisational practice should safeguard the professional’s own needs to reduce distress and burnout.³⁵”

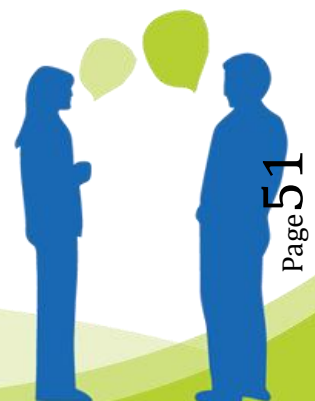
(“The Hidden Toll – Suicide in Australia”, p 40)

4.77 *“Front line staff often encounter confronting and stressful situations which involve suicide and attempted suicide. Adequate support, debriefing and counselling services should be made available to these key personnel to access.”*

(“The Hidden Toll – Suicide in Australia”, p 53)

Recommendation 10 - The Hidden Toll, Suicide in Australia Report, 2010:

4.80 The Committee recommends that Commonwealth, State and Territory governments review debriefing procedures and counselling support available to frontline workers regularly exposed to suicide and attempted suicide related incidents.



The AHRC has expressed concern regarding the IHMS staffing levels and their inadequacy to fully implement the PSP policy and recommends a review to allow for active outreach within IDC (2011).

IDC are harsh and isolated environments to work in. Many employees work on a fly-in fly-out basis which has many incumbent challenges to physical and mental health. Staff bear witness to highly distressed people experiencing great hardship and despair, they also witness acts of self-harm and suicide. It is natural under such circumstances to become desensitized and distanced from the human suffering which is unfolding before you every day. Staff working within the Immigration Detention Network needs access to debriefing and counselling to support their health and wellbeing.

Recommendation 19:

Staff working within the Immigration Detention Network should have access to debriefing and counselling support.

Recommendation 20:

DIAC should take into consideration the findings from the recent Comcare Report and enforce immediate compliance with the OH & S Act.

(k) the level, adequacy and effectiveness of reporting incidents and the response to incidents within the immigration detention network, including relevant policies, procedures, authorities and protocols;





In terms of self-harm and suicide it is enormously difficult to obtain accurate figures indicating the occurrence of these events; there is no systematic reporting within IDC. When there is a completed suicide a coronial inquest may not be undertaken, depending on a number of conditions (including if there is family present who might urge for such an inquiry). DIAC claims and eye witness statements about events are often in conflict.

Dr Michael Dudley reports on a number of suicides in IDC in his 2003 paper. He quotes a suicide rate of “66 per 100,000 pa, twice that of the age and sex group at highest risk and five times the general community rate” (p104). However he cautions that these estimates are based on small numbers in a small population and may not be stable across time. The Catholic Commission for Justice, Development and Peace (CCJDP) in 2002 calculated the annual IC self-harm rates for men and women to be 41 and 26 times the community suicide attempt rates respectively.

The AHRC expressed concern that there appears to be no nationally consistent written policy or procedure for conducting a critical incident review after an event such as a death or near miss attempt in detention. The Commission urges DIAC to formalise, in conjunction with Serco, a critical incident review policy and procedure to apply across the detention network (AHRC, 2011).

ABC Lateline 11 August 2011 (www.abc.net.au/lateline/content/2011/s3291669.htm) has revealed a Comcare Report which documents several breaches of the OHS Act within Australia’s Detention Network,

“The Report is quite damning; revealing a culture of non-disclosure, secrecy and total lack of transparency.”



"The report identifies five major failures by the Department of Immigration across the detention centre network:

- There's no risk management process, despite the highly volatile environment.*
- There's no plan to alter staffing levels to deal with dramatic fluctuations in detainee numbers.*
- Staff aren't trained to the point where they're confident and competent in their jobs. There's no effective written plan to deal with critical incidents like riots and suicide attempts.*
- And no steps are being taken to manage detainees' religious and cultural needs.*
- Detainees are roomed together even when there's a history of extreme violence between their ethnic groups in their homes countries."*

"...there were clear indicators (that Villawood staff advise were present at the time) that the riots were reasonably foreseeable. Despite the apparent clear indication, no critical incident plans were in place for staff to follow, should such a situation occur".

". . . Serco staff provided information about the level of serious assaults on staff, witnessing the deaths of detainees and the distress of having to deal with it. Staff also advised of feeling inadequately trained and the lack of instruction and supervision/support during times of critical incidents".

". . . there is (a) level of under-reporting of notifiable incidents in accordance with s68 of the OHS Act"

Recommendation 21:

DIAC should formalise a critical incident review policy and procedure to apply across the detention network.





(o) the total costs of managing and maintaining the immigration detention network and processing irregular maritime arrivals or other detainees;

No doubt others with inside knowledge of the monetary costs will elucidate upon this TOR. SPA would just like to add that the Committee needs to also consider the human cost; the cost of allowing the social degradation for vulnerable people, cost of ethically challenging workplaces, compromised human integrity and destruction of faith in fairness and justice and above all the cost of denying human rights and contravening international laws. These ethereal constructs may not be able to be quantified but they need to be considered when tallying up costs.

“...to accept psychological harm to detainees as ‘collateral damage’ from the Commonwealth Government’s deterrence policy, and to continue the policy of indefinite mandatory detention without review, amounts to state-sponsored trauma and child neglect and/or abuse” (Dudley 2003).

(s) any other matters relevant to the above terms of reference.





"I was for 17 months (in detention). And so every day of those detention because we were waiting for every tomorrow. And you know how waiting is difficult and hard and especially when you are just on the edge of collapsing every day. So the immigration comes and say that either you'll be rejected or accepted. You are always in this middle of this heaven and hell. And that is why it was so hard for me in those 17 months. It took for me for longer than years."

YASIN AFZALI (Afghani refugee interviewed by ABC radio), 29 July 2011 "Detainees describe heightened tensions."

SPA implores the Joint Standing Committee not to "wait for tomorrow" to action the reforms which arise from this Inquiry but to build on the work of previous Inquiries. These reforms are desperately needed for Australia to maintain our dignity and respect as a civilized country and support the mental health of vulnerable people displaced by forces beyond their choosing.

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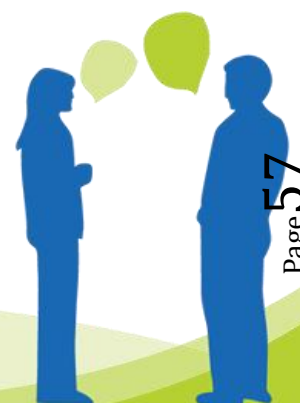
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7. Attachment A

SUICIDE PREVENTION AUSTRALIA

E-Newsletter March 2011

Refugees and Asylum Seekers

Editorial

Professor Louise Newman

Professor Louise Newman is Director of the Monash University Centre for Developmental Psychiatry and Psychology and Chairwoman of the Detention Health Advisory Group to the Department of Immigration. She is a practising infant psychiatrist with expertise in disorders of early parenting and attachment difficulties in infants and was recently awarded a Member of the Order of Australia. She is an advocate for refugees and asylum seekers and is the Convener of the Alliance of Health Professionals for Asylum Seekers. She represents the Royal Australian and New Zealand College of Psychiatrists on issues relating to asylum seekers' mental health and is the coeditor (with Sarah Meares) of *Acting from the heart: Australian advocates for asylum seekers tell their stories*.

Conscience and values - asylum seekers and a lack of political vision

Asylum seeking and the quest for safe refuge is a world issue affecting up to 20 million persons. Australia plays a small part in terms of global response but has taken a relatively harsh approach to vulnerable people with the use of mandatory detention and other policies of deterrence in a consistent and unwavering way. Changes in government have done very little in terms of a rethink of our fundamental obligation to respond humanely to the world problem of the dispossessed. The debates in this country about an appropriate response to this world issue and our place in the regional response have largely been framed in terms of cultural anxiety and risk. There has been little chance to have a discussion about values, humanity and crisis response.

To this day infants and children are detained under conditions of restriction on both the mainland and in offshore processing centers to the concern of all international refugee agencies. Seemingly, Australia perceives a need to maintain harsh policies





and a risk in not doing so, even if this is political risk rather than risk in terms of international response. The asylum seeker question has now become one of the most politicised issues in contemporary social discourse and intrinsically related to issues of Australian history, cultural identity, geography and self-determination. Cultural anxieties around our place in the world, multiculturalism and population and the metaphor of invasion risk are not new but presented in a new guise – the risk of the new asylum seeker and their values and potential impact on a self-defined homogeneous population. The legacy of the White Australia policy and attempts to maintain a myth of cultural purity remain.

We have only recently been confronted with images of asylum seekers drowning in the attempt to reach Christmas Island. Images of children floating, a submerged woman arm outstretched, the helpless witnesses and the images that have scarred them - as one person stated repetitively, 'I saw children, I saw children.' The realities of asylum seeking, the dangers, the plight of those with no hope but to take risk and their desire to protect their children were brutally highlighted. For some, this raised serious issues about our policy, again focused on the discussion about pull factors and a so-called more lenient approach to asylum seekers, policies of deterrence and the politics of stopping the boats, a simple rallying cry for those made anxious by the small number of arrivals.

Sadly we had just recovered from an election campaign where there was very little to distinguish the major parties in terms of a broad approach to the 'asylum seeker question', and nothing much offered in strategy other than raising anxiety in a familiar way and then offering further off-shore processing. The fear factor seen previously in the Howard era resurfaced but was this time bipartisan, no real counter being discussed other than by the Greens. For those of us around during the Howard/Ruddock approach and aware of the impact of this on asylum seekers and children's mental health, this has been deeply disturbing. Sadly we are now again seeing some of the harm resulting from detention and predictable, and therefore preventable, negative effects on psychological health. Factors such as increasing processing time, increased rates of return, limited support and explanations of bewildering legal process all contribute to anxiety, confusion and ultimately despair.

Self-harming, protest and behavioral break down are not at all surprising in these circumstances

We have also seen lives lost to suicide - three in Villawood Immigration Detention Centre over a three-month period - and self-harm and protest of various sorts. This





situation raises fundamental questions of what is acceptable on a human level even in the face of other objectives. How much damage is tolerable and what price do we pay in tolerating it at all? The fair go and welcoming nation is not one which readily accepts that it has policies which cause severe psychological damage. This is a significant moral crisis for Australian politics and deserves a good deal more reflective discussion – a rethinking of values and dealing with conscience and collective responsibility.

The issue of detention of children over and above all others galvanised many community members to question government policy. The message was clear and simple – harming children is unacceptable and morally indefensible. In a positive sense, this opened the way for a broad discussion about the apparent determination of government to maintain the routine practice of child detention including unaccompanied minors in remote facilities and with substandard basic provisions needed for child development and well-being. Australia has the dubious honour of being the first developed nation to have a policy of mandatory detention for all 'unauthorised' arrivals for an indefinite period of time (Silove, Austin and Steel 2007). Detention of children has highlighted what may be seen as a fundamental tension between the priorities of immigration law and the rights of children to care and protection.

Although Australia is a voluntary signatory to the United Nations Convention on the Rights of the Child we remain fundamentally in breach of this and related conventions. The use of remote facilities for 'processing' asylum seekers in effect detains all child asylum seekers and does not allow for community detention placements of families with infants and children. Similarly so-called 'alternate places of detention' on the mainland are in effect restricted places of detention with very little substantive difference from a named detention facility. In the midst of debates about the appropriate responses to asylum seekers, infants and children have become caught in a system that is unable to provide adequate protection or support for families who have already experienced significant trauma.

The recent High Court decision that ongoing detention of four young Hazaras is acceptable even in the face of clear evidence of mental harm and deterioration is remarkable. In and of itself this defines the dangerous place we find ourselves in, where damage to children is acceptable collateral damage and where border protection and control are seen as the higher goals beyond humanitarian values.

Mandatory and arbitrary detention may be challenged legally and constitutionally but





needs also to be challenged in terms of psychological harm and distress. This is the legacy and long-term impact of harsh detention practices. The dilemma facing the detention system now is one of a reform of values, implementing a psychologically supportive approach based on a realistic understanding of the vulnerabilities of asylum seekers, particularly those who have experienced torture and trauma. Not to do so damages individuals and also undermines values, builds a culture of blame and hostility towards the dispossessed, and demeans us all.

The opinions expressed in this editorial are those of the author and not necessarily those of SPA.

Feature

Asylum seekers in detention

In 2010, an editorial in the British medical journal *The Lancet* quotes Australian of the Year Professor Patrick McGorry describing Australian detention centres as 'factories for producing mental illness and mental disorder' and ends with a call to Australian doctors:

The Australian medical profession should support Patrick McGorry in lobbying government decision makers about the need to change harsh detention policies that erode the already fragile mental and physical health of asylum seekers.

Mandatory detention policy became law in Australia in 1992 with bipartisan support. Since the law was introduced, many thousands of men, women and children have been detained, some for periods of five or six years. The vast majority are found to be legal refugees and released into the community.

During the period of the Howard government, conditions in the centres worsened. In 2004, Rural Australians for Refugees noted, 'Every investigative group that has visited detention facilities, including the government's own advisory body, has expressed grave concern at conditions in the centres, and particularly the risk of abuse and psychological harm to those being held there.' A report by the Human Rights and Equal Opportunities Commission (now the Australian Human Rights Commission) into children in detention cited numerous cases of physical and mental abuse, calling it 'cruel, inhuman and degrading treatment.' More recently, the Commission encouraged the government to make 'full use' of community detention for those with significant mental health concerns.





Dr Aamer Sultan, a young Iraqi doctor who won a human rights award in 2001 for his work on depression in detention camps, described the children as 'growing traumatised with indisputably serious personality disorders and retarded emotional development, artificially and cruelly forced anxiety and post-depressive illnesses that will never cease.' His research was completed while he himself was detained in Villawood as an asylum seeker.

The Detention Health Advisory group of medical experts, set up in 2006 to monitor physical and mental health in the detention camps, has only an advisory capacity. The Age reported that 'the government failed to implement a suicide prevention policy at Villawood detention centre for months after it was recommended by its own advisory group. The head of the government's Detention Health Advisory Group Professor Louise Newman told the government to urgently replace 'outmoded methods of suicide prevention after a Fijian man, Josefa Rauluni, jumped to his death in September [2010].'

The situation remains in crisis. Figures show a 400% increase in self-harm by inmates of the detention centres in the year leading up to June 2010. Between 1 July and 18 November 2010, there were 79 recorded instances of self-harm in detention centres, compared with 39 in the previous financial year. In Villawood, there were three suicides in the space of three months – one by a father of four threatened with deportation to Iran.

There are now over 1000 children in detention of various kinds, according to the Asylum Seeker Resource Centre. Recent reports show that children are also resorting to self-harm due to increasing levels of distress in detention. In late 2010, ten detainees sewed their lips together in protest at conditions on Christmas Island. At a Darwin detention centre, an insider whistleblower told the ABC that asylum seekers have tried to take their own lives and are self-harming. Many of them, the whistleblower said, are suffering post traumatic stress, psychosis and sleep deprivation, especially the young teenage boys.

Allan Asher, the Commonwealth Ombudsman, delivered a scathing report about conditions on Christmas Island in February 2011. The shortage of facilities on the island was 'a matter of urgency' to provide appropriate services for detainees requiring health services, especially those relating to mental health. Professor Harry Minas, at a public hearing for the inquiry into immigration detention, said:





The mental health consequences of the regime that we have in place have been extreme, there is no longer any doubt about that. We can also say that those mental health consequences for many people will be very long lasting, they will be a very substantial cost to the Australian community and there will be intergenerational effects of those mental health problems that we have collectively created.

On 18 January 2011, a detainee in Curtin Detention Centre in Western Australia wrote:

One thousand one hundred people are in Curtin detention prison. More than 300 are on hunger strike. Yesterday a young man tried to kill himself. He cut himself all over his body. They took him to the hospital in the morning and brought him back to his room in the evening. He is still in his room. Now more than 300 people are on hunger strike sitting in the hot sun with no shadow, no shade.

As Professor Minas went on to say, 'In that kind of context, attempted suicide, self-harm of various kinds, but also other forms of harm... a lot of damage has been done to people and it would not be at all unexpected that there would be suicides in that group.'

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Professor Harry Minas at the inquiry into immigration detention by the Joint Standing Committee on Migration (11 September 2008)

Message from Curtin Detention Centre received by the Refugee Action Coalition Sydney

Lived Experience

Morteza Poorvadi

Morteza Poorvadi arrived from Iran in 2000 as a 16-year old. His family was duped by a people smuggler into coming to Australia – they had expected to go to England to join family. He spent four years in detention at Port Hedland, Woomera and Villawood. He took part in the Woomera breakout and a hunger strike, sewed his lips together, slashed his wrists and sparked a riot by detainees in Port Hedland after guards in full riot gear tried to separate him from his father.

In an interview he said: 'The Iranian government could break our bones but not break our spirit; we were fighting for some reason. In Australia they break your spirit, they make you feel you are nothing, not in control of your life...They say you are nothing and if you don't like it just go back.'

In 2008 he briefed the parliamentary committee on migration, giving a detainee's view of Australia's mandatory detention regime. He is now a permanent resident, runs his own building renovation and carpentry business, and lives in Sydney.

People often ask me: How does it feel to be locked up? It must have been terrible? What do you think of detention, why did you cut yourself, did it hurt? You really did sew your lips together, didn't it hurt, you must be crazy. You drank shampoo!!

And always in the end, they ask 'Why?' It seems like a very simple question, I've done an action of self-harm and should have an answer to why I've done it. Well I know the reason why but when it comes to putting it into words it's actually much harder to explain. I've thought about it for a very long time and finally came up with this answer that might help people understand why.

I am frustrated with people that go on and on that detention is a bad thing. We shouldn't detain anyone, we have to be more generous... let me tell you that detention is a very good thing for this country and we should have it. We need to control our borders and screen everyone who comes to our shores, we need to know who they are and why they are here and so on, but we humans tend to take a very





good thing and turn it into an evil. Detention is good if it helps an asylum seeker to have a bit of rest before coming into the country; it helps them to adjust to the new way of life. It gives them a break to think about their future. Detention is good but what the government is doing with detention is the problem.

Not knowing when, if ever, you will get out is the problem. Taking away all your rights and treating you like an animal. Taking away the right of education, the right to make your own decision when to eat or sleep, putting you through mental torture by telling you we made a deal with your country and will deport you by force if you don't go back yourself is the main problem. Taking away your family, your freedom, your right to make a simple decision for your life, taking away your hope by playing with your mind is what caused me to do all that self-harm, not detention.

Have you ever had that dream where you want to escape from something, but your feet are too weak and you can't run or you want to shout for help and there is no voice coming out? Well mandatory detention policy is doing that to people inside detention.

Research Profile

Suicide and self-harm among asylum seekers: counting the costs, mobilising for change

Michael Dudley



He turned on the BBC World News and switched it off again. Half-truths. Quarter-truths. What the world really knows about itself, it doesn't say.

- John le Carre, *Our Kind Of Traitor*

Australians regularly show remarkable compassion in crises and care about fairness. They donate large sums to charities when disasters occur. They show they can respond to human rights violations, for example, pressing John Howard's government to go into East Timor, regardless of the political cost, when that would not have otherwise happened. They are concerned about mental health and suicide prevention, which rated as high-priority issues in the lead-up to the recent federal election.





Many Australians were also overcome by the recent horrific sinking of the refugee boat off Christmas Island. What then prevents them from pressing the Federal Government to abandon its policies that are known to harm asylum seekers and to extend protection to this group? How is it possible to overcome this and harness their demonstrated sense of compassion and fairness?

Asylum-seeker suicidality as a policy outcome

Suicide and self-harm are enduring issues in Australian immigration detention centres (IDCs). Three suicides at Villawood later last year are subject to coronial inquiries. The same time period saw a number of life-threatening suicide attempts, and an unknown number of incidents of voluntary starvation and self-harm. Self-harm in IDCs intermittently captures public attention, as in the Woomera riots in early 2002. Such events not only profoundly affect those involved, but also witnesses.

Given the difficulty obtaining data of whatever quality regarding suicide and self-harm among asylum seekers both detained and in the community, research is almost non-existent. Some years ago, suicidal behaviours in IDCs were apparently between 10 and 100 times the national average, with male IDC rates much greater than comparable prison rates. Pre-pubertal children were self-harming, a trend virtually unknown in the general population. A small number of definite or probable suicides in this small population suggested a rate five times that of the general community rate, though this required cautious interpretation (Dudley 2003). A British study reported similar results: scanty data showed high levels of suicide and self-harm for detained asylum seekers compared with the UK prison population (Cohen 2008). These studies barely scratch the surface of what needs to be known about the characteristics, risk factors and circumstances of suicidal and self-harming asylum seekers. However, extensive related mental health literature confirms certain observations.

For asylum seekers, the causes of suicidality are multiple. In their country of origin, they have frequently undergone many losses, traumas and human rights abuses, including torture. They have then often endured fearful hazards to travel to Australia.

For these 'unauthorised arrivals', the Australian Government's policy of mandatory and indefinite immigration detention is also demonstrably associated with psychiatric disorders and stresses that increase their likelihood of becoming suicidal. This policy is unique among developed nations. Many studies have shown that detainees, both

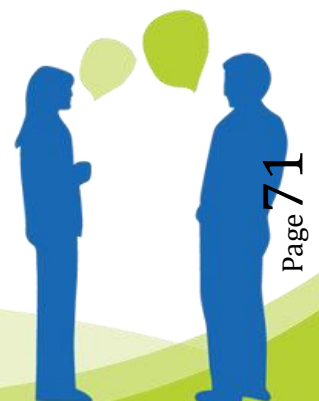




adults and children, suffer clinical depression, post-traumatic stress disorder (PTSD), self-harm and suicide attempts which long-term detention specifically induces (for example, Mares and Jureidini 2004; Silove et al. 1993, 1997, 2000, 2006, 2007; Steel et al. 1999, 2004a&b, 2006, 2009; Steel and Silove, 2000, 2001 a&b; Sultan and O'Sullivan 2001). The length of detention correlates with rates of these problems. Mandatory detention has been repeatedly criticised internationally for being arbitrary and for violating several UN conventions to which Australia is signatory. These include the *Convention on Civil and Political Rights* (regarding arbitrary detention), the *Convention on the Rights of the Child*, the *Convention against Torture*, and the *Convention on the Rights of Persons with Disabilities*. Temporary and similar protection visas have been or are also associated with long term uncertainty, which have alarming effects on asylum seekers' well being (Steel et al. 2006).

Factors that arguably induce and maintain suicidal predicaments for detained adults and children are numerous and oft-noted. A non-comprehensive list includes:

- Asylum seekers are held in harsh and/or remote environments, far from scrutiny and services. Their cases are indeterminate and therefore their stay is indefinite, fuelling anxiety.
- Processing delays and threats of deportation to danger, as in the recently announced repatriation of Afghanis to the 'safety' of Afghanistan where Australian troops are fighting, add to this.
- Detainees and their supporters regularly discover that the legalistic refugee determination process is arbitrary and unjust (a perception recently confirmed by a High Court decision (11 September 2010) demolishing the validity of offshore 'purely administrative' processing, and putting all asylum seekers on an equal footing under Australian law.
- The Australian government's subcontracting IDC management to successive private companies has magnified problems with transparency and accountability. Over the policy's duration, stigmatising or coercive practices towards detainees have included address by number not name, denial of access to lawyers and information about legal rights, placement in solitary confinement (euphemistically called 'management units') for extended periods, and exposure to intentional violence or taunts regarding one's status.
- Suicidal and self-harm behaviour has been labelled manipulative, rather than



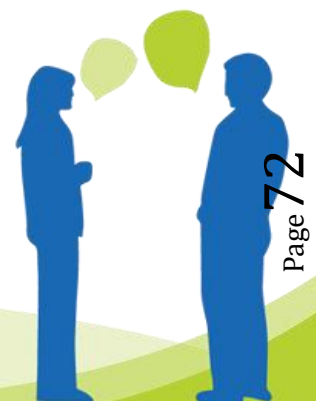


primarily an expression of desperation by those suffering from mental illnesses. (This re-stigmatises all suicidal people, including those suffering from mental illnesses). The role of ostracism, official disbelief and dehumanisation in accentuating suicidal responses requires further exploration.

For children, indefinite detention is not in the child's best interest, or as a last resort for the least possible time, nor does it respect the child's right to humanity and respect, development and recovery. Children suffer through what they witness (for example, violence, suicide attempts), their parents' distress, disorders and inability to protect them, and the dearth or absence of appropriate resources for their normal development. Severe attachment disorder has been documented in very young children or those born in detention. According to the Department of Immigration and Citizenship (DIAC), on 14 January 2011 there were 1,065 children, including unaccompanied minors, in various forms of detention.

Successive Federal Governments have known about the harms and desperation induced by indefinite mandatory detention. The Howard Government launched assaults (subsequently discredited) on the veracity of scientific reports and integrity of independent researchers (O'Neill 2005; Fitzsimmons 2005; O'Neill 2008, pp159-160), yet research conducted by its own contractors confirmed the findings of these researchers concerning the relationship of time in detention to genesis of mental disorders (Green and Eagar 2010). Despite this, there has been neither interest from successive governments nor any broad, sustained popular support to dismantle the policy.

Public outcry however concerning Australian citizens being detained and deported (Cornelia Rau and Vivian Alvarez Solon respectively) led in 2005 to the Palmer and Comrie enquiries, which recommended administrative reforms inside IDCs. The newly established independent Detention Health Advisory Group (DeHAG) created programs to identify and provide psychological support for those at greatest risk, urging that they replace the familiar prison strategy of preventing suicide and self-harm through end-stage surveillance. Unfortunately there is little evidence at this writing that these programs have been implemented. This inertia runs the risk of restoring the automatic default: an enduring culture (despite multiple changes of departmental name) that minimises distress and regards mental disorder as 'bad behaviour' (Dudley 2003). With no apparent collective memory within DIAC for the above history and research (including that which was government-sponsored), the compelling conclusion is that little if anything has been learned. The risk is





exacerbated by added pressure of numbers and also privatisation, which assumes the provider can manage most mental disorder in detention. Mental health advocates, who have consistently pointed out that IDCs are not and should not be pseudo-hospitals, disagree.

Australia's signature to the Refugee Convention and its pursuit of indefinite mandatory detention are contradictory and hypocritical. Australia's internationally renowned National Suicide Prevention Strategy, and Australia's policy of denying sanctuary for some of the world's most vulnerable people, thus aggravating their suicidality, are also contradictory. These activities, which take place in parallel universes, make a mockery of so-called 'whole-of-government' approaches to mental health care and suicide prevention. A commitment by the Rudd Government to make the policy more humane and to reduce processing times to 90 days has disappeared (though the latter timeline also poses a potential challenge for the quality of asylum claims, given the need for adequate interviewing).

It should by now be clear that understanding and responding to suicidal detainees is inseparable from the politics of immigration detention. Some purists who may want to separate suicidology from politics and values may find this approach and conclusion disagreeable, but it should not be surprising: in understanding the suicidal person, considering the influence of their socio-cultural context is essential. A nexus between health, the right to health and human rights, is also certainly apparent in the case of asylum seekers.

Achieving deterrence, effecting denial: the costs

What is the fundamental aim of this policy that generates mental illness and suicide? Since its inception in 1992 for unauthorised arrivals, indefinite mandatory detention has explicitly operated not only for administrative purposes but also for deterrent reasons (Mares and Jureidini, in press). In recent times along with various other Western countries, Australia has sought through many interlocking mechanisms to prevent asylum seekers from claiming protection. Indefinite mandatory detention is a cornerstone of 'Fortress Australia'.

While Liberal Party leaders John Howard and Tony Abbott fought federal election campaigns almost a decade apart on the basis of defending and reinforcing it, indefinite mandatory detention is a bipartisan initiative. Instituted by the Keating Labor Government in 1992 with then Opposition support, both major political parties continue to repudiate asylum seekers coming in boats. What impact this rejection of



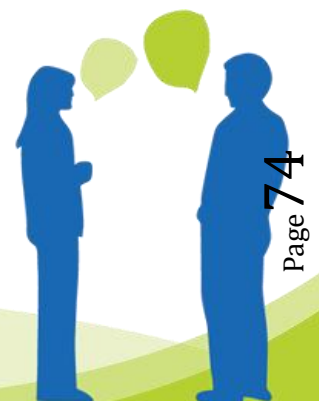


asylum seekers has on mentally ill, suicidal detainees is unknown – but they have access to media coverage of the politicking surrounding such events.

Successive federal governments have sought to quell unrest and protest by placing detainees in inaccessible remote and offshore detention centres, and more recently spending millions of dollars for Indonesia (a non-signatory to the Refugee Convention) to detain and warehouse would-be asylum seekers to prevent them boarding boats. They are often held there for years in maximum security prisons with faeces and fungus in drinking water and rodents and spiders in living areas, suffering skin and gut diseases and despair, interviewed eventually by a harassed UNHCR representative for an average of less than half an hour to assess their claims, on which their life or death depend. Their chances and that of their families seem better on a leaky boat to Christmas Island (Burnside 2009). Politicians of different colours, mainstream media, 'shock jocks' and sections of the public have variously vilified these non-citizens as 'terrorists,' people who throw their children overboard, 'queue-jumpers,' 'illegals,' and lifestyle-seekers, thus presenting them as at best mercenary, at worst inhuman.

These epithets reveal and exploit Australian general ignorance about asylum seekers' needs and circumstances (this is despite sustained public education campaigns by The Edmund Rice Centre, Amnesty International Australia and other reputable sources). For example, research by Amnesty shows that many think asylum seekers have jumped queues, when in their terrifying lives there is nothing so orderly or recognisable as a queue they can join. Many countries are not signatories to the Refugee Convention, and some countries do not register refugees, whose likelihood of ultimate resettlement after UNHCR recognition and referral is less than 1 in 200 (70,000 out of 15 million refugees) (Pagliaro 2009).

Also widely misunderstood is Australia's dual pathway for refugees. Australia is voluntarily committed to resettle refugees from camps in various countries through UNHCR or sponsorship (its laudable 'offshore' program); while its international legal obligation as a signatory to the Refugee Convention (1951) is to accept the few thousand asylum seekers that arrive 'onshore' each year without stipulating how or from where they arrive or how much money they have (hence they are not 'illegal'). These two programs, which should operate independently, were linked by the Howard government in a fixed quota system, thus blurring understanding of both programs, pitting humanitarian entrant against asylum seeker, and undermining domestic support for refugee protection and Australia's international reputation (Thom 2010). Many Australians remain ignorant that 'boat-people' are only about 1%





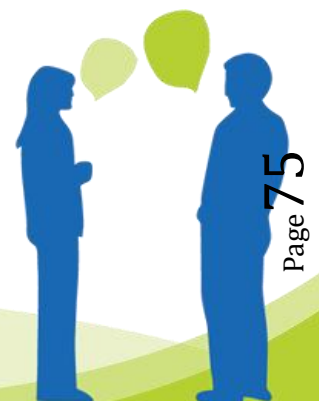
of Australia's total annual migration intake, and 90% of asylum seekers coming by boat who come here are genuine refugees. In a security-conscious climate, Australians are also concerned about asylum seekers being terrorists. This is ironic, since asylum seekers generally flee terrorism. Questions of justice arise in situations where ASIO for undisclosed reasons separates members of families indefinitely on the grounds of terrorist threat (Steve Cannane, ABC News, 10th and 11th February 2011).

Such labels are distancing manoeuvres that potentially minimise the human responses of respect and sympathy, allowing the re-assertion of reliable public indifference. Mantras like 'stop the boats' are used for political effect, without explicating how, or the potentially horrendous steps entailed. The fundamental moral objection to using vulnerable people's lives as a means to a political end goes unheeded. Nor is there a convincing consequentialist argument for the deterrence policy: for example the argument about the desirability of sending 'queue-jumpers' to the back of the queue, is spurious (Mares and Jureidini, in press). In the clamour and polarisation this issue excites, the emotive language that echoes the history of 'White Australia', and the battlefield that purportedly defines Australian identity, the 'still, small voice' of conscience, reason and international obligation is drowned. Breakthrough moments of horror and recognition of the policy's lethal consequences, as occurred for all who witnessed or saw footage of the recent sinking of the boat off Christmas Island, have not altered policy (Glover 1999).

The costs to government of maintaining the policy are economic, political and moral. The economic costs of the current policy regarding boat arrivals are very high: the 2009/10 budget included over \$300 million dollars to tackle people smuggling alone (Pagliaro 2009). There are also the moral costs just mentioned. However, political leaders are unlikely to change the policy, given its high rates of public approval and reputed potential for being an election-winner (or almost) for those who adhere to it, without significant public pressure or other critical events. Modern international history is replete with examples of the principle that where conviction and commitment prevail about a course of action, any cost may be deemed acceptable, regardless of ethics.

Springing the trap: what must be done?

What must be done to minimise mental illness and suicidality for asylum seekers? Approaches to this question from within the framework of DIAC and government will differ from those outside it. The following account specifically seeks to outline some



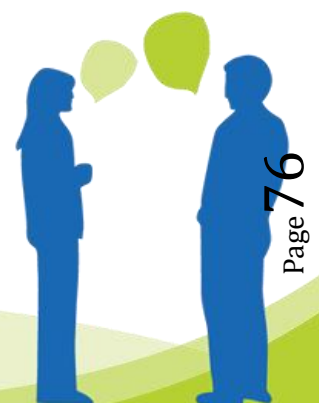


potential directions. While it is suggestive, certainly not (given topic and space constraints) definitive or exhaustive, it argues not just for changes in procedure and education, but root-and-branch reform of legislation and policy.

Informed, sustained, moderated anti-stigma campaigns are sorely needed, combining grassroots and top-down approaches in local settings such as schools and a range of communities. Crucially, 'education' is more than rational discussion or provision of information alone, though as noted these are important. The present crisis requires historical perspective - the place and contribution of refugees in Australia's story. Such campaigns are enhanced by contact with asylum seekers who have become citizens, and those who over extended time have made a successful contribution to Australian society. Dialogue then becomes possible. Campaigns need to be longitudinal. Approaches used by closely related successful anti-racist programs may be adapted. They include challenging false beliefs about groups, and teaching empathy, perspective-taking and skills for challenging racism, thus promoting behavioural change. There is potential here for citing examples where Australians have been tolerant, diverse and inclusive, and for establishing an equal, non-competitive, commonality of interests: for example, Australians and asylum seekers are equally concerned about security and terrorism. It may be valuable to revisit well-documented Australian traditions of non-conformity for the sake of those in need. Also useful is providing consensus information challenging prejudiced people's beliefs that their views are the norm. Clear unambiguous political leadership and coalitions are also vital, as is a longitudinal focus (Allport 1954; Pedersen et al. 2003).

Recent moves in Australia to de-stigmatise mental disorders and those with mental disabilities have been effective in increasing community mental health literacy, though perhaps less so in relation to increasing help-seeking (Slade et al. 2009). Attitudes seem to have shifted, including among the young. The recent inclusion by the community action group Get Up of those with mental illness and refugees on the same platform for political action may foreshadow an expectation that analogous approaches may be effective with asylum seekers.

As Graham Thom argues in the companion piece in this e-newsletter, there is a reasonable (we would argue, scientific) basis for abolishing mandatory detention for all but health and security checks, as occurs in a number of Western democracies. Alternative paradigms need adequate exploration: Sweden provides a possible model for emulation. As Louise Newman argues in her editorial, the challenge should not just be legislative and constitutional, but to address psychological distress. To



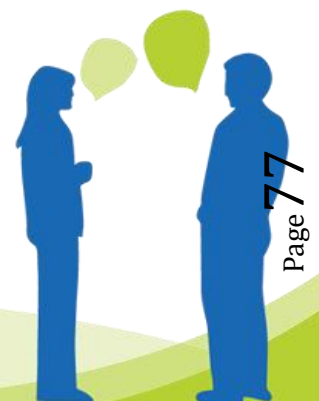


achieve the former would require canvassing numbers to change legislation. On this, there is no leadership from the main parties, though the Greens and some Liberal dissenters have indicated their opposition to the policy.

Reviewing Christmas Island, the Ombudsman asserts (Sydney Morning Herald, 3 February 2011) there is a need to re-think the offshore solution, since it compounds isolation and generates huge resource problems (mental health services, interpreters, overcrowding and so on). More resources are required to process security checks more speedily. The recent High Court decision, concerning the rights of offshore asylum seekers, lends support to this. Similar observations must affect consideration of the operations in Indonesia. Given the astronomical economic costs of the current offshore policy, its abandonment would release money for diversion back into refugee and other public programs. What must be changed is policy-induced psychological damage, and the consequent trajectories towards suicide as a solution to the associated psychological pain, as well as avoidable legacies of bitterness requiring treatment and compensation.

There is also a need for a wider public discussion and outsourced work to academics, NGOs and public administration, which should consider issues such as Australia's international statutory and other obligations, domestic infrastructural capacity to care for refugees (requiring modelled and costed responses), and whether and how Australia in cooperation with its neighbours can improve the international system of refugee protection through UN sponsored aid and resettlement programs and other mechanisms. Related questions include (but are not limited to) Australia's role in matters such as development and foreign aid, food security, international conflicts and peace, interpreting the Refugee Convention more flexibly, assisting internally displaced persons, and raising refugee quotas.

There is a need to separate the two refugee intake programs, to stop pitting humanitarian entrant against asylum seeker, and to bring Australia into line with other industrialised countries which do not fix numbers of asylum seekers. Australia's annual quota of approximately 13,000 refugees is modest by comparison with other countries, both industrialised and not, that do not have quotas. Australia is ranked approximately 22nd in terms of the numbers of refugees it takes per capita (UNHCR 2009). An increased investment in assessing and expediting the claims of applicants, and in cooperating with UNHCR, might be resourced by redirecting funding from substantially dismantling the offshore and remote warehousing of asylum seekers in IDCs. Given that people-smuggling apparently thrives on the desperation of asylum seekers where legitimate channels are not available or properly resourced, it is an





open question as to whether enhanced legal processing would diminish people-smuggling, thus saving lives and significant current expenditure in the latter area.

Since DIAC is straining in the wake of the new influx of arrivals, there is an urgent need to audit and facilitate the dissemination in IDCs and community detention of the psychological support programs devised by DeHAG. This entails comprehensive resourcing and training of immigration and all frontline staff (for example, from DIAC, SERCO and IHMS) around mental health promotion and intervention, cultural awareness and suicide prevention, and an awareness of the research earlier mentioned. Working arrangements with health services for care external to IDCs should not only be established or reviewed, but actively cultivated. An audit may be needed.

In consultation with mental health and suicide prevention experts, there is also an urgent need to collect meaningful data on suicide and self-harm among asylum seekers in immigration detention and in the community.

In DIAC and Refugee Review Tribunal (RRT) assessments of asylum claims, psychological and psychiatric reports are variably accepted. Officials may treat lack of full disclosure as lying rather than as post-traumatic behaviour (which may explain memory problems, avoidance of private stories of personal horror such as rapes) or as mistrust of authority due to fear of torture or execution. Inappropriate interpreting may lead to misunderstandings. It may be timely to review the standardisation and integration of such reports into assessments, the training of RRT personnel in mental health and suicide prevention, and to try to understand the pressures they are currently experiencing.

Establishing active links between the Federal government ministries, departmental bureaucracies and various advisory bodies, and also state governments, would ensure the best expert advice is available in handling the unprecedented levels of self-harm and the sequelae to suicide among asylum seekers.

Conclusion

This topic generates heat in part because refugees uncomfortably remind Australians of the gulf that separates Australians from their global neighbours: what rich countries owe poor countries.

The internal administrative reforms noted above did not tackle the root of the





problem. It is possible however to see Australians as open to the challenge. The community's outrage after the Rau and Solon incarcerations, and the successful anti-stigma campaigns in relation to mental illness, may provide lessons for similar campaigns that aim for greater community acceptance of asylum seekers. Crucially, this will need to be linked with challenging politically calculated policies whose abolition will advance the cause of suicide prevention among this group, as well as the interests of common humanity.

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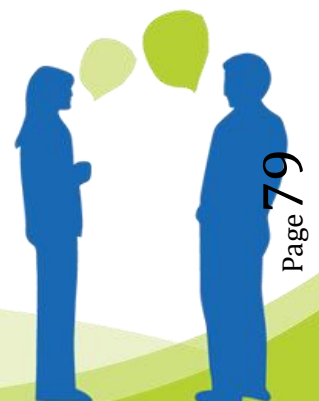
Dr Michael Dudley works as a senior staff specialist in psychiatry at Prince of Wales and Sydney Children's Hospitals, and is a senior lecturer in psychiatry at the University of New South Wales. He has chaired Australia's peak advocacy body for suicide prevention, Suicide Prevention Australia, since 2001. He is currently a member of the Australian Suicide Prevention Advisory Committee (ASPAC), the Department of Immigration and Citizenship's Mental Health Advisory Sub-Group, and the Advisory Board of Inspire Foundation's 'Reach Out!' Program. He is also principal editor (with Derrick Silove and Fran Gale) of a peer-reviewed international textbook on Mental Health and Human Rights, to be published by Oxford University Press in late 2011.

It should be noted that the views expressed in this article are not necessarily those of Suicide Prevention Australia.

Interview

Dr Graham Thom

Dr. Graham Thom is the Refugee Campaign Coordinator for Amnesty International Australia. For over ten years, he has been working on behalf of individual asylum seekers as well as on broader human rights issues relating to refugees. He has visited refugee camps and detention centres throughout the world and in 2010 visited Christmas Island for the third time. For the past three years, Dr Thom has represented Amnesty International at UNHCR's Annual Tripartite Consultation on





Resettlement in Geneva. He completed his doctoral thesis on post-war migration at the University of Sydney in 2000.

You have now made three trips to Christmas Island detention centre and in October 2010 you warned that 'morale within Australia's detention facilities is getting worse, leading to incidences of self-harm and attempted suicide... The mood on Christmas Island is particularly despondent with grown men reduced to tears and showing blatant symptoms of a system that is failing the people it is suppose to protect.' Can you please describe the mental health care now available to detainees?

On Christmas Island there are a number of people trained to provide counselling, including two psychologists and ten mental health nurses on staff. Unfortunately this cannot meet the demand, given the number of people currently detained in the centre and elsewhere on the island. Detainees told of the delays in being able to meet someone and when we visited there were only two rooms available for counselling. Others were interviewed either in the corridor in the medical centre or outside in full view of other detainees. There is no local psychiatrist on the island.

In the same report you say about 5,000 asylum seekers are now being held in unacceptable conditions in centres across Australia. Amnesty International is calling on the government to urgently rethink the policies of mandatory detention and offshore processing. In your view, what would be the most humane and effective system for processing asylum seekers?

Detention should only be used as a last resort, to undertake health, character and identity checks. When it is clear someone does not pose a risk to the community they should be released. This is the policy for those asylum seekers who arrive by plane with valid visas (usually entering on tourist or student visas) then seeking asylum. However, those arriving undocumented (usually by boat) are subject to mandatory and indefinite detention. By penalising one group, Australia is in breach of its international obligations and a far more humane approach is to treat all asylum seekers equally, in keeping with our international obligations.

You have visited many detention camps throughout the world and are familiar with the systems that work. Can you give an example of a system that deals effectively with asylum seekers in a just and humane way?

Having seen detention centres in Australia, South East Asia and elsewhere around





the world it is always a depressing experience. What is lacking in Australia however is the ability to challenge the ongoing need for an individual to be detained, which exists in virtually all other Western democratic countries. Coupled with being detained in remote locations and with limited contact to the outside world, the indefinite nature of detention in Australia is what ultimately begins to break people down. Most European countries have strict time limits on detention and a number of countries like Sweden and France are continuing to develop alternatives to detention, which are far more humane and ensure that if people are either accepted as refugees or returned home, they are not psychologically damaged.

It is government policy not to detain people more than 160 days*. In a media release in December 2010 you warned that people were being held for much longer than that. 'I think it is too long even if it is only 160 days...The fact is we're now seeing self-harm and suicide attempts, it shows how quickly people can deteriorate in detention.'

In your view, if the mandatory detention system remains in place and certainly both Julia Gillard and Tony Abbot have stated that it will, what is an acceptable limit of time in detention before mental health begins to deteriorate?

Detention should always be for the shortest period possible and only where it can be demonstrated there is a specific need to detain someone. While the longer people spend in detention the more likely it is to have disastrous psychological effects, it will impact on different people in different ways. Of the three individuals who took their life in Villawood last year, one had been in detention for a very short period while the others had been there for over a year. Many of those we met on Christmas Island who had begun to self-harm had been in detention for over a year. Its impact on women and children we met also varied. For women who had recently miscarried, detention clearly exacerbated their depression and sense of loss.

What, if anything, can be done to improve the mental health of detainees within the present system?

For the most vulnerable, including torture and trauma survivors and children, the government must find alternatives to detention as a matter of urgency. For other detainees, the use of remote isolated detention centres should be avoided. The ability for people to receive visitors, go on excursions, undertake meaningful activities and access appropriate counselling services is also vital. Ultimately though, no matter how beautiful the cage, long-term indefinite detention breaks even the





strongest individuals.

Do you have any thoughts as to why many Australians have such a fear and animosity towards asylum seekers who arrive by boat – given they only constitute 30% of total refugees and that this year we have the lowest humanitarian intake (6.6% of the total migration program) since 1975? And if so, how do you think this emotive reaction, which drives politicians to retain the system, can be changed?

Unfortunately it is very easy to demonise and create fear when it comes to the 'unknown' and certain politicians have seen an opportunity in getting political mileage by playing on these fears. Linking what is essentially a humanitarian response to rhetoric around 'border security,' 'queue jumping' and so on has helped shaped the public's negative attitudes to those fleeing violence and seeking our help. Politicians will only change the system when public attitudes change. It is important people are aware that it is not 'illegal' to come to Australia and seek asylum by boat and that the numbers coming here are still very small, not only in global terms but even when looking at our own migration intake.

Those coming here are fleeing serious violence and most are found to be in genuine need of protection. Damaging them psychologically in detention centres before expecting them to contribute productively in our society is not only inhumane, it is unnecessary and represents seriously flawed public policy at its most abhorrent.

*PostScript. Since this interview, the government has now stated that the policy on trying to keep the detention period to 160 days no longer applies for asylum seekers who come by boat.





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