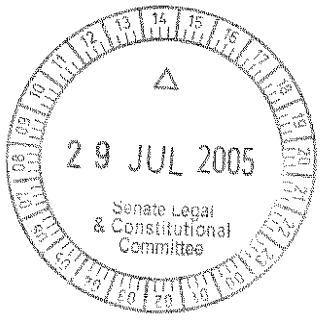
Companion House
Assisting Survivors
of Torture and Trauma

Senate Inquiry into the Administration and Operation of the Migration Act 1958
The Senate Legal Affairs Committee
Suite No 1 S1.61
Department of the Senate
Parliament House
Canberra 2600



Dear Sir/Madam

Please find a submission into the Senate Inquiry into the Administration and Operation of the Migration Act 1958 attached.

Please feel welcome to approach us for any further clarification or comment.

Yours sincerely

Kathy Ragless

Director
28th July, 2005
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COMPANION HOUSE ASSISTING SURVIVORS OF TORTURE AND TRAUMA

SUBMISSION TO THE SENATE INQUIRY

INTO

THE ADMINISTRATION AND OPERATION OF THE MIGRATION ACT 1958

INTRODUCTION

Companion House welcomes the opportunity to make this submission to the Senate Inquiry into the administration and operation of the Migration Act 1958

We have examined the Committee's Terms of Reference and this submission selectively addresses items directly relating to the work of Companion House with survivors of torture and trauma who have been held in detention in Australia and on Nauru as part of the Pacific Solution. Recommendations are made in relation to these items.

SERVICE PROFILE

Companion House is a not for profit community based association with no religious or political affiliations. It has been funded by both State and Commonwealth governments since 1989 to provide services to survivors of torture and other trauma and build the capacity of other services and the community at large to understand their needs. Our core services are medical and counseling services for survivors of torture and trauma.

Companion House is an active member of the Forum of Australian Services for Survivors of Torture and Trauma.

CLIENT PROFILE

Companion House works with people who have sought safety in Australia from torture, persecution and war, predominantly refugees. We work with both permanent and temporary visa holders of all ages, including new arrivals and longer term settlers.

For the past four years Companion House has undertaken health assessments of all refugees who arrived in the ACT, including about one hundred and twenty people released from detention centers on Bridging or Temporary Protection Visas and people arriving in Australia after long term detention on Nauru. This submission relates to the particular issues faced by those groups of people.

RESPONSE TO COMMITTEE TERMS OF REFERENCE

This submission responds specifically to items A) AND C) from the Committee's Terms of Reference.

a) THE ADMINISTRATION AND OPERATION OF THE *MIGRATION ACT 1958*, ITS REGULATIONS AND GUIDELINES BY THE MINISTER FOR IMMIGRATION AND MULTICULTURAL AND INDIGENOUS AFFAIRS AND THE DEPARTMENT OF IMMIGRATION AND MULTICULTURAL AND INDIGENOUS AFFAIRS, WITH PARTICULAR REFERENCE TO THE PROCESSING AND ASSESSMENT OF VISA APPLICATIONS, MIGRATION DETENTION AND THE DEPORTATION OF PEOPLE FROM AUSTRALIA;

Companion House has carried out both medical and psychological assessment with about one hundred and twenty adults and children who have been in onshore detention and detained on Nauru. Our records, including documented assessments, case notes and medical records indicate that the detention experience and temporary visa status have clearly negative and destructive affects on mental health and daily functioning.

A.1 Children in Detention

We note from analysis of our documented assessment processes that children who have spent significant time in on shore immigration detention are more likely to have high levels of anxiety, depression and other trauma related symptoms, particularly aggression. We also note major disruption to attachment relationship to parents as a result of a decrease in parent's capacity to provide emotional nurturing as a result of their own detention experiences. We can see particularly detrimental psychological affects on young children who have spent years in detention before the age of five. Most children had witnessed a range of traumatic and distressing events including self harm, riots and violence.

We also have documented assessments for children who spent three years on Nauru and subsequently settled in the ACT.

We note high levels of anxiety, withdrawal and limited range of affect (lack of emotional expression) in this group.

We particularly experience the difficulty children from this group have in establishing trust relationships. Once again we note particularly the detrimental affect on children who spent long periods in detention before the age of five.

Both children from on shore immigration detention centers and detention on Nauru tend to spend longer periods in counselling and take longer to build trust relationships which is essential to the counselling process.

Children from onshore detention and Nauru have experienced multiple trauma and multiple losses in country of origin, in journey to Australia and as part of the detention experience. These include loss of close loved ones, witness and experience of extreme violence and threat to life.

A.2 Children and Temporary Visas

We note from ongoing contact with families on temporary visas that Children from families on temporary visas are profoundly affected by the uncertainty and instability that their temporary visa status has on the family. The uncertainty of visa status leads to high levels of anxiety and more difficulty in concentration and daily functioning. This interferes with their ability to settle and to success in study.

We also note that that these children tend to have a natural desire to settle and blend into the Australian community. However, the uncertainty of the length of time they will spend here and their

parents desire to ensure they can still operate in their culture of origin can lead to unusually high levels of cross generational conflict.

A.3 Adults and Detention/Temporary Visas

Our assessment processes clearly document a greater likelihood of suicidal ideation and actual self harm amongst adults who have spend significant periods in on shore immigration detention. We can see that this is particularly the case with young adults who spent long periods in detention in their teenage years and early twenties without family support.

We can also see that adults who have spent significant periods in detention and are released on temporary visas have greater risk of daily functioning being negatively affected by high levels of anxiety, depression and arrange of trauma related symptoms consistent with Post Traumatic Stress Disorder (PTSD).

Adults in this group have commonly experienced multiple losses and multiple trauma in country of origin and journey to Australia. This commonly includes torture, witness of extreme violence threat to life and loss of loved ones. The detention experience does not usually enable recovery from these experiences but is more likely to compound previous trauma and in some cases re-traumatize detainees profoundly.

Importantly, on release into the Australian community temporary visa status also increases the risk of a range of symptoms for adults. People are more likely to be anxious, depressed or experience a range of other trauma related symptoms. Importantly we can also see higher rates of profound hopelessness amongst this group of people due to detention experiences, uncertainty, social stigma and ongoing separation from loved ones.

Conversely, it is difficult to carry out therapeutic work based on recovery and rehabilitation with temporary visa holders. Although we can work with temporary visa holders in symptom management and containment strategies it is not usually possible to enter into therapeutic strategies focused on psychological recovery because of the uncertainty of the future and lack of future safety.

c) THE ADEQUACY OF HEALTHCARE, INCLUDING MENTAL HEALTHCARE, AND OTHER SERVICES AND ASSISTANCE PROVIDED TO PEOPLE IN IMMIGRATION DETENTION;

C1 Psychological health care in detention: Amongst the group of new arrivals from detention who were serviced by our medical and counselling services we have seen a range of untreated or under-treated mental health issues including anxiety, depression and post traumatic symptoms. A sizable number of people in this group described lack of access to treatment or ongoing counselling.

C2 Handover systems and continuity of care issues

One of the main issues for concern about new arrivals out of detention is the lack of formal handover process in relation to health. Ensuring that systems allow for effective continuity of care is a basic principle of good detention and prison health and one which immigration detention centres do less well than prisons and remand centres in Australia. As a minimum, a good handover system from immigration detention would ensure that the patient had access to their own notes, that those notes contained enough information for continuity of care, and that patients on long term medication were provided with enough medication to see them through until they could make contact with another doctor.

Our medical service can identify very few cases where a good handover system has been in place. Whether or not patients are given their medical notes is very variable. Of late, refugees released from Baxter have had notes, but this is not always the case. We have had a few patients with notes from Port Hedland, but not many. We cannot recall ever seeing notes from Woomera when it existed, or from Curtin. This leads us to the conclusion that there is no policy in place about providing patients with their notes or a medical history, and that if it occurs; it is at the discretion of the attending health worker.

C3 Quality of documentation in continuity of care

In addition, the notes from some onshore detention centres are of very poor quality. Recently, for example, we had a patient from Baxter who had a chronic disease. He didn't know what medication he was prescribed (as he had never been told, and was never allowed to take it himself, rather it was dispensed daily by the clinic nurse). His handover page stated his disease but not the medications he had been prescribed. It omitted to mention some tests he had had, leading to inadvertent (and costly) repeating of baseline testing which I understand had in fact already been done in detention, but the results were not recorded. On this occasion, as on others, the client and the GP had had to sit down with the picture pages from MIMS and try to pick out the tablet he had been prescribed from its remembered appearance. This kind of inadequate documentation does not meet the most basic handover standards, and with some medications could be dangerous.

C4 Medication issues –anti depressants

Patients are never provided with sufficient medication in our experience to tide them over the period in which they will be making contact with a health care provider in the community. In 2001, when many people were arriving from detention, there were a number of people who arrived in Canberra in acute discontinuation states because they had not been provided with any of the anti-depressants they had been prescribed in the detention centres. Somewhere during the long bus journey from Port Hedland to Canberra they would go into a discontinuation state and become agitated and develop abdominal cramping and sometimes diarrhea. Even now, people are not

provided with sufficient amounts of anti-depressants, even when it is known that they have been on them in the detention centre for years.

The rationale behind this is presumably that they will not need antidepressants in the community, but the sudden stopping of SSRIs like Prozac or Zoloft will always result in a discontinuation state, which is extremely distressing for the patient, and unnecessarily complicates their early resettlement. Given the high rates of SSRI prescription in detention centres, one would expect a more sophisticated understanding of the pharmacokinetics of this medication, and a more humane approach to discontinuing it (ie give them enough to continue, and then let them taper it off in a supervised and slow manner in the community). Of course, for those patients with inadequate medical handover notes we will not be aware of the medications they were prescribed in detention, and this of course complicates good medical care.

C5 Chronic Disease management

Accounts of patients with chronic disease in detention also suggest a concerning failure to allow the patient any agency over their disease.

In the community, one would expect a patient with diabetes to understand their condition, and to be familiar with the medications they have to take. We have had patients with diabetes who after three years do not know how to test their blood sugar, or have the most elementary understanding of their condition, because they were never allowed to monitor their own disease (even under the supervision of the nurse).

C6 Issues for asylum seekers without Medicare

Detention centres need to recognize their particular responsibilities to people who are released into the community with bridging visas without access to Medicare. These people need heightened good quality medical handover, because they are going to have particular and predictable difficulty accessing health care in the community. In our experience asylum seekers are released into community with known chronic conditions, or conditions that will continue to need close monitoring (eg breast lumps) without adequate establishment of continuity of care.

C7 Comparison with Nauru IDC

Some of these matters could be solved with better policy. Others will require more engagement with the patient, and supporting their own agency in managing chronic disease in detention.

The handovers and the medical notes from Nauru IDC were of much higher standard in general. The service (provided through IOM) took its primary health care responsibilities seriously, and undertook good basic reproductive care, in a way that the remote onshore detention centres do not - for example, doctors in Nauru ensured that women had Pap smears and access to good education about contraception, with the result that women released from Nauru appeared much more confident to discuss these issues than did women released in the last four years from Port Hedland, Curtin, Baxter and Woomera. IOM provided better medical handover and better medical care compared with what we have seen come out from the onshore detention centres.

RECOMMENDATIONS:

- The period spent in detention be kept to a minimum to minimize the risk of severe and ongoing psychological distress
- That community based mechanisms of surveillance are used in preference to detention.
- That once someone has been accepted as a refugee with legitimate claims to asylum in Australia they be granted a permanent visa to increase the chances of successful settlement and stabilization of health needs.
- That primary health and psychological health systems in detention are reviewed with a focus on quality and continuity of care.