

Submission to the Senate Enquiry into the Immigration Department

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I am a Clinical Psychologist, employed in a Primary Health Care Unit which offers clinical services to newly arrived Refugees. Many of my clients are holders of temporary protection visas, who seek therapeutic support for their severe psychological distress, which relates causally to the impact of mandatory detention, the temporary protection visa and the processes which the visa holders face in pursuing their claims for further protection when their temporary visas expire.

In the past year many temporary protection visa holders have consulted me and they describe a complex array of somatic and psychological symptoms which commonly include:

- Severe headaches
- Numbness and dizziness
- Loss of appetite
- Feelings of helplessness, hopelessness, sadness and despair
- Rage and anger
- Fear and panic
- Sleeplessness and disturbing nightmares
- Inability to focus and concentrate
- Inability to remember
- Strong suicidal ideation

Such a presentation suggests a diagnosis of a Major Depressive Disorder and an Anxiety syndrome, possibly Posttraumatic Stress Disorder.

There are two precipitant factors for these presentations:

1. The individual has been interviewed by the DIMIA Case Officer and has waited many months for a decision to be made regarding his claim. The arbitrariness of the process causes acute psychological distress. No explanations have been forthcoming about the variations in the time taken to reach decisions in each person's case. The only information available from DIMIA is that the decisions are being delayed by Public Interest checks. Such checks do not appear to be Federal or Local police clearances. If they are International police clearances, the necessity for such clearances is questionable. Firstly, such clearances were presumably done when the Asylum Seeker first made a claim for refugee protection on arrival in Australia. The visa holder has lived in Australia for the previous 4 years on a visa that does not permit him/her to return if s/he leaves Australia, so the applicant has been continually resident in Australia in that time and has not come under the jurisdiction of the Law Enforcement units of any other country in that time.
2. The second factor for these presentations is that they have had their applications for further refugee protection in Australia rejected by the DIMIA Case Officer assessing their claims, usually after a delay of many months. The rejection precipitates an acute mental health crisis.

Recommendations

1. The immediate closure of all Detention Centres and the processing of all Asylum claims from a more benevolent form of Community detention
2. The immediate conversion of all temporary protection visas to permanent protection visas, that honour the Asylum Seeker's original claim for refugee protection which was recognized as valid.
3. The immediate and rapid reunion in Australia of all families separated by the conditions of the temporary protection visa.
4. A comprehensive scheme of therapeutic support for all asylum seekers whose health has been adversely affected by their experience of mandatory detention and the conditions of temporary protection visa.