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STARRTS Clinical Master Class

Treating Hopelessness and Helplessness in People Seeking Asylum Facing Deportation

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Acknowledgements - Supports and self-care

We would like to acknowledge and thank legal professionals and mental health professionals who have shared important experiences and wisdom. The enormous efforts legal professionals and community workers have done pro bono to assist asylum seekers needs to be acknowledged. We recognise the difficult and devastating current situation in Afghanistan and its impacts on the refugee community and individuals who work alongside.

Please access supports if needed:

- Your Employee Assistance Program
- beyondblue: http://www.beyondblue.org.au/ or 1300 22 4636 (24/7)
- Lifeline Australia: https://www.lifeline.org.au/ or 13 11 14 (24/7)
- MensLine Australia: https://www.mensline.org.au/ or 1300 78 99 78 (24/7)
- Suicide Call Back Service: https://www.suicidecallbackservice.org.au/ or 1300 659 467 (24/7)

The presentation contains material that some people may find distressing

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Overview

- Process of seeking asylum. Why would a person be facing “deportation” or involuntary removal from Australia?
- How the RSD process places additional stressors on asylum seekers.
- What are the drivers of distress and suicidality?
- How can you respond in a trauma informed in pathways where hope seems hopeless?

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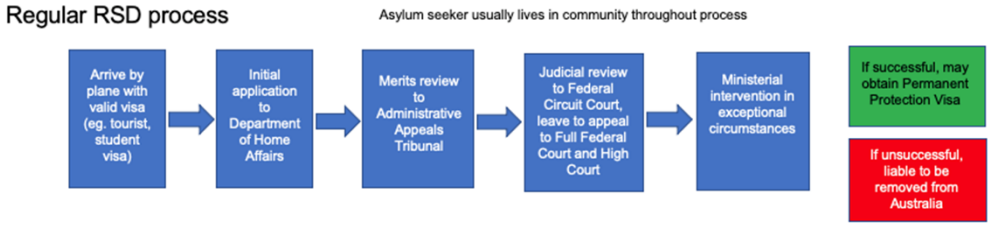

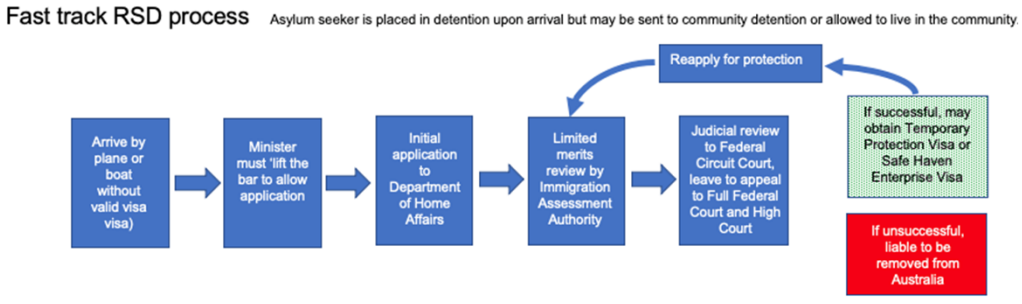

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During process

- Limited formal income or community support. Not eligible for SRSS after negatively “finally determined”.
- May be on bridging visas
  - Some become unlawful when visa expires
  - Right to work
  - Access to health services
- May be in immigration detention

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Research Findings *pre* Fast Track Assessment

- Evidence demonstrates that secure visa status is associated with decreased psychological distress.
- For those that did **not** get a positive decision a key factor in improved mental health was psychosocial factors such as obtaining work, social supports and access to medical care.

Source: Hocking, Debbie C., Gerard A. Kennedy, and Suresh Sundram. "Mental disorders in asylum seekers: The role of the refugee determination process and employment." *The Journal of nervous and mental disease* 203.1 (2015): 28-32. Hocking, Debbie C., Gerard A. Kennedy, and Suresh Sundram. "Social factors ameliorate psychiatric disorders in community-based asylum seekers independent of visa status." *Psychiatry Research* 230.2 (2015): 628-636.

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What about impact of FTA Process?

Current research:
What do legal professionals see as the impact of the Fast-Track Assessment process on the mental health of their clients?

Photo credit Barat Ali Batoor

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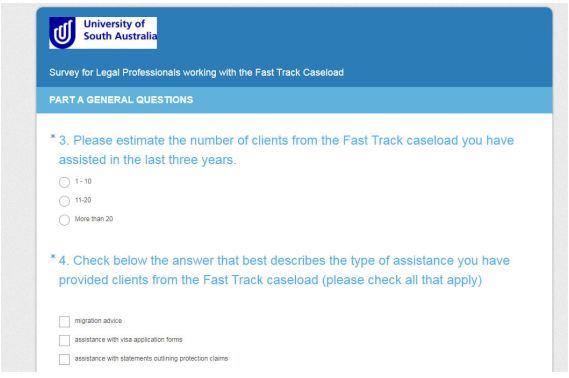
Research

- How do legal professionals identify and respond to mental distress of asylum seekers in the FTA process?
- Mixed methods:
  - Online survey – 57 participants
  - Focus groups – 16 participants



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Impact of Fast Track Assessment process on clients

"Horrific ..a lot of the clients that I was working with, ***their mental health was not in great shape at the beginning of the process***. There was a lot of PTSD that the clients were suffering from. A lot of stress and anxiety that comes from being in an unknown country and a foreign country where they're not speaking the language and there's a lot of, you know everything's fairly unfamiliar to them and I think what I saw is that ***throughout the process there was more and more uncertainty, more and more confusion, less support."*** (emphasis added)

(Focus group participant)

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Extended delay → Deadlines imposed

" [T]hey would, **as a group had much poor mental health than other asylum seekers we've worked with**… [that's] **a function of having been in the community in Australia for so many years and not having to tell their story** and perhaps getting to a point years down the track where they don't want to tell their story anymore and so when you get to a day time or a weekend clinic on a Saturday morning at 9am and you're like 'ok, so **today we're going to write down your entire story** or put your entire application together'… **they haven't spoken about these issues for probably 3 or 4 years**." (emphasis added)

(Focus group participant)

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Distress witnessed by legal professionals

- Emotions – sad/angry/aggressive
- Avoidance/Disengaged
- Hopelessness
- Fearful
- Difficulties concentrating
- Alcohol/drugs
- Evidence of self harm
- Psychosis and delusions
- Suicidal ideation
- Deteriorating states

"Clients present in either a depressive weepy state or highly agitated - they speak and present erratically and frequently with outbursts of anger and frustration… quieter clients are frequently fighting back tears and express feelings of helplessness and in some cases reveal suicidal thoughts."

"Some clients who initially could actively engage in their case are now so mentally unwell that they cannot understand the issues in their case and where their case is up to"

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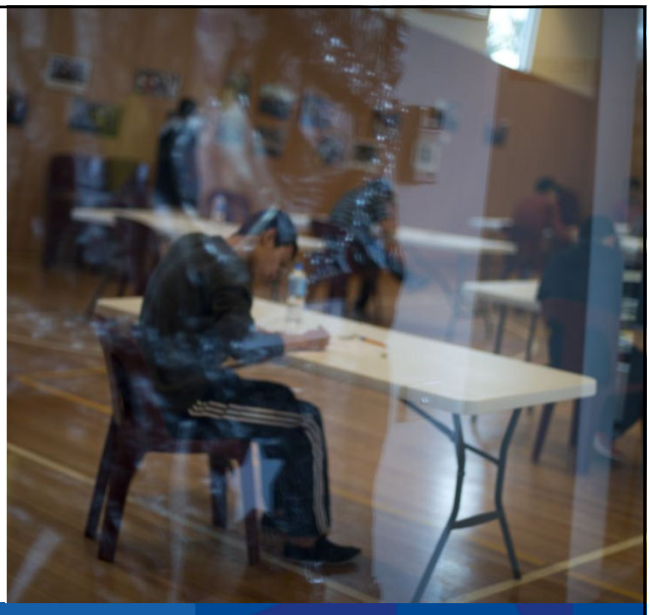
Difficulties in preparing applications and claims

- Problems with memory/concentration
- Problems with sequencing events
- Accurate recollection
- Avoidance "you have to really dig deep"
- Avoidance and then "floodgates" – too much information
- Shame – "trouble expressing himself"
- Complete breakdowns – uncontrollable crying/weeping, anger
- Distress "became unhelpful for him to continue"
- Capacity issues



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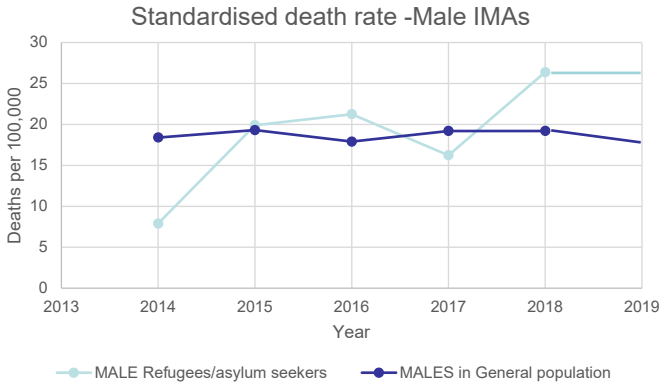
Boat Arrived Refugees and Asylum Seekers: Suicides in Australia



(Please note the 2019 rate is based on assumption that 70% of total current IMA numbers and insecure visa holders are males, as is the case with current BVE holders)

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Note: These rates are crude estimates based on what limited data we could obtain. Additionally, caution must be taken when considering rates within small populations. 2018 general population death rate is an estimate based on 2017 data and assumes no increase or decrease in national suicide rate for males from 2017-2018.
IMA numbers based on numbers reported in Senate Estimates for adult males located in PNG, Nauru and BVE holders in Australia.

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The four Rs of trauma informed practice

A trauma-informed practitioner, program, organisation, or system:

Realises	•***Realises*** **widespread impact of trauma and understands potential paths for recovery. What has happened to you?**
Recognises	•***Recognises*** **signs and experiences of trauma in clients, families, staff, and others involved with the system**
Responds	•***Responds*** **by fully integrating knowledge about and implications of trauma into policies, procedures, and practices**
Resists	•**Seeks to actively *Resist* re-traumatisation.**

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Source: National Association of State Mental Health Program Directors, USA

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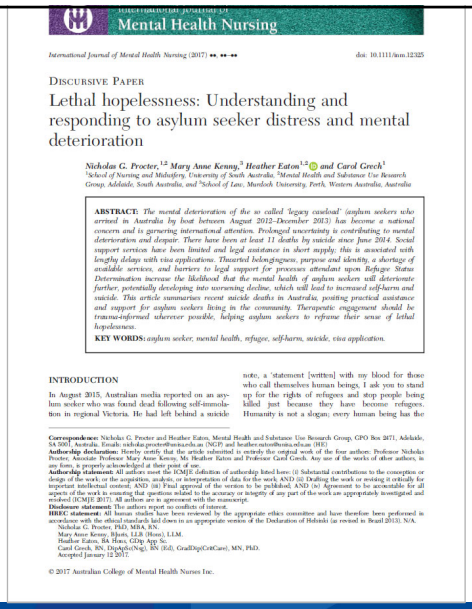

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DISCURSIVE PAPER

Lethal hopelessness: Understanding and responding to asylum seeker distress and mental deterioration

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ABSTRACT: *The mental deterioration of the so called 'legacy caseload' (asylum seekers who arrived in Australia by boat between August 2012–December 2013) has become a national concern and is garnering international attention. Prolonged uncertainty is contributing to mental deterioration and despair. There have been at least 11 deaths by suicide since June 2014. Social support services have been limited and legal assistance in short supply; this is associated with lengthy delays with visa applications. Thwarted belongingness, purpose and identity, a shortage of available services, and barriers to legal support for processes attendant upon Refugee Status Determination increase the likelihood that the mental health of asylum seekers will deteriorate further, potentially developing into worsening decline, which will lead to increased self-harm and suicide. This article summarises recent suicide deaths in Australia, positing practical assistance and support for asylum seekers living in the community. Therapeutic engagement should be trauma-informed wherever possible, helping asylum seekers to reframe their sense of lethal hopelessness.*

KEY WORDS: *asylum seeker, mental health, refugee, self-harm, suicide, visa application.*

INTRODUCTION

In August 2015, Australian media reported on an asylum seeker who was found dead following self-immolation in regional Victoria. He had left behind a suicide note, a 'statement [written] with my blood for those who call themselves human beings, I ask you to stand up for the rights of refugees and stop people being killed just because they have become refugees. Humanity is not a slogan; every human being has the

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Authorship declaration: Hereby certify that the article submitted is entirely the original work of the four authors: Professor Nicholas Procter, Associate Professor Mary Anne Kenny, Ms Heather Eaton and Professor Carol Grech. Any use of the works of other authors, in any form, is properly acknowledged at their point of use.

Authorship statement: All authors meet the ICMJE definition of authorship listed here: (i) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work AND (ii) Drafting the work or revising it critically for important intellectual content; AND (iii) Final approval of the version to be published; AND (iv) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved (ICMJE 2017). All authors are in agreement with the manuscript.

Disclosure statement: The authors report no conflicts of interest.

HREC statement: All human studies have been reviewed by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in an appropriate version of the Declaration of Helsinki (as revised in Brazil 2013). N/A.

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Boxed in. Sense of entrapment.

Our formulation of asylum seeker distress and suicidality is best understood not so much as a movement towards death as it is a *movement away from* intolerable uncertainty, fears about the future [involuntary return], unendurable or unacceptable anguish, shame and guilt.

Providing safety and certainty through durable visa solutions is a key means of reducing suffering, guilt and anguish, and a mechanism towards hope and reasons for living.

With hope there is a future. Central to hope is the belief of being re-united with family.

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- ***Cognitive constriction*** is widely regarded in the field of suicidology as the most dangerous aspect of the suicidal mind.
- Health professionals are confronted with a powerful and constricted logic, rigidity in thinking, narrowing in focus – all of which are defined and form part of the explanatory model used by the person.
- The person feels figuratively 'boxed in' or 'trapped' by the constriction; the effects can be seen in ***emotion, perception and logic***.
- ***"I must have a refugee protection visa…I cannot return to my country…I will be killed"***
- In this situation team members would normally do whatever possible to counter the suicidal person's constriction of thought by attempting to increase the number of options, certainly beyond two options of either *having an ideal or perfect solution (visa) or being dead.*

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Drawing by 14 year old, Darwin detention centre, 2014.

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Triggs, G. (2014). *The Forgotten Children: National Inquiry into Children in Immigration Detention 2014*, Australian Human Rights Commission, Sydney. Available at https://www.humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/forgotten-children-national-inquiry-children.

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Suicide prevention for NGO sector team members

- Approximately **400+** case workers, counsellors and volunteers trained nationwide.
- Of these, approximately **250** have participated in the **pre-** and **post-** education program survey and **75** in 4-6 month **follow-up**
- Follow-up qualitative interviews on safety planning n = 15

An Evaluation of Suicide Prevention Education for People Working With Refugees and Asylum Seekers

Nicholas Procter [1], Miriam Posselt [2], Monika Ferguson [1], Heather McIntyre [1], Mary-Anne Kenny [3], Rachel Curtis [4], Mark Loughhead [1], Noel Clement [5], Vicki Mau [6]

Affiliations + expand

PMID: 33944607 DOI: 10.1027/0227-5910/a000777

Abstract

Background: There are concerning rates of suicidality among asylum seekers and refugees in Australia, and tailored suicide prevention initiatives are needed. *Aims:* We aimed to evaluate the impact of a tailored suicide prevention education program for people working with asylum seekers and refugees. *Method:* Attendees of the education program completed self-report questionnaires at pretraining, posttraining, and 4-6 months follow-up. *Results:* Over 400 workers, volunteers, and students across Australia took part in the education program. A series of linear mixed-effects models revealed significant improvements in outcome measures from pretraining (n = 247) to posttraining (n = 231). Improvements were maintained at follow-up (n = 75). *Limitations:* Limitations of this research were the lack of a control group and a low follow-up response rate. *Conclusion:* Findings suggest that a 2 days tailored suicide prevention education program contributes to significant improvements in workers' attitudes toward suicide prevention, and their confidence and competence in assessing and responding to suicidal distress.

Crisis, 2021. doi: 10.1027/0227-5910/a000777

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Safety Planning with Refugees and Asylum Seekers

Interviewees identified therapeutic benefits of a co-designed, personalised approach with asylum seekers. A relatively low cost, flexible intervention.

Key Barrier: Fear of disclosing suicidality. A critical barrier to trust that can hinder engagement.

Staff Perspectives of Safety Planning as a Suicide Prevention Intervention for People of Refugee and Asylum-Seeker Background

Monika Ferguson [1], Miriam Posselt [2], Heather McIntyre [1], Mark Loughhead [1], Mary-Anne Kenny [3], Vicki Mau [4], Nicholas Procter [1]

Affiliations + expand

PMID: 33944610 DOI: 10.1027/0227-5910/a000781

Abstract

Background: Safety planning involves the co-development of a personalized list of coping strategies to prevent a suicide crisis. *Aims:* We explored the perspectives of workers regarding safety planning as a suicide prevention strategy for people of refugee background and those seeking asylum in Australia. *Method:* Participants attended suicide prevention training, specific to refugees and asylum seekers, at which safety planning was a key component. Semistructured, posttraining interviews (n = 12) were analyzed thematically. *Results:* Four key themes were identified: safety planning as a co-created, personalized activity for the client; therapeutic benefits of developing a safety plan; barriers to engaging in safety planning; strategies to enhance safety planning engagement. *Limitations:* First-hand refugee and asylum-seeker experiences were not included. *Conclusion:* As a relatively low-cost, flexible intervention, safety planning may be valuable and effective for these groups.

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Crisis, 2021. doi: 10.1027/0227-5910/a000781

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Results – Benefits of Safety Planning

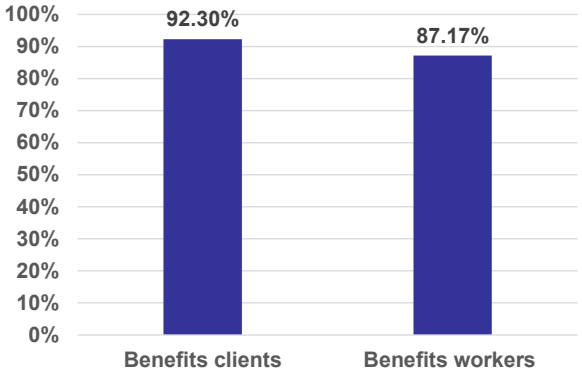

Figure 2. Proportion (%) of participants (n = 39) who agreed that safety planning is beneficial for clients and workers.

Clients:

- Control, ownership, agency and empowerment of actions to help
- Identification of personalised support strategies and actions

Workers:

- Client-focused, collaborative co-design approach
- Deepens trust and relationship-building with clients

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What do refugees and asylum seekers use as sources of support?

NGO team members identified a range of sources of support commonly used by refugees and asylum seekers in their safety plans:

- Religion/faith connections and community supports and capacity building
- Family photos, mementos, seeing family members in Australia do well in education
- Calming and distraction activities as an individual deep breathing and mindfulness based activity as well as activity in the community
- Mental health and emergency specific supports and services were listed
- Future hope (including reminders of skills to be taken forward)

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Violence on island of broken promises

March 26, 2011 — Read later

David Marr

As the smoke clears after the detention centre riots, the government is still not asking the big questions, writes David Marr.

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Now we are shooting them. Tear-gas, batons and water cannon were used years ago when unrest swept detention centres. But a fresh line was crossed on March 13 and crossed again a few nights later when Australian Federal Police at Christmas Island's North West Point detention centre fired on asylum seekers. Then the place was torched.

The riots mark the failure of another great Kevin Rudd initiative: to process all boat-people on this remote island. Logistical miracles are required to keep it operating. Distance makes everything so difficult. It costs a fortune: five times as much to process refugees out there as on the mainland. The Ombudsman, Allan Asher, declared in February this year: "The current scale of the operation on Christmas Island is not sustainable".

On North West Point men with nothing to do but wait were sleeping in classrooms, in storerooms, in visiting areas and in big airconditioned tents pitched in low security Aqua and Lilac compounds. Though the government had been warned repeatedly that tents could only be a temporary solution and would exacerbate tensions in the centre, hundreds of men had been living cheek by jowl in them for a year. They stank.

Last November frustrated detainees sewed their lips together, began hunger strikes and demonstrated week after week demanding action on their visa claims. Many had been waiting eight or nine months for their first interview. Hundreds had been given refugee status but were waiting for ASIO security clearances. A handful had been rejected.

Sydney Morning Herald, 26 March 2011

Australasian Emergency Nursing Journal (2011) 14, 137–139

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GUEST EDITORIAL

''It all happened quite quickly really'': Emergency de-escalation in mental health crisis and violence

At approximately 10.00am Central Standard Time on Monday March 14 I received a telephone call on behalf of the Australian Minister for Immigration and Citizenship to see if I could travel to Christmas Island to help de-escalate violence and unrest within the Island's Detention Centre. ''Relations between detainees and authorities had deteriorated'', the caller said. About two hours later I found myself on a plane bound for Perth from Adelaide, and then a short time later on a flight from Perth to Christmas Island. I remained on the Island for seven days.

At the time I arrived on the Island there were approximately 2000 detained asylum seekers inside the Northwest Point facility. All asylum seekers coming to Australia by boat as irregular maritime arrivals have their claims assessed offshore on Christmas Island. Accommodation on the Island had upon individual mental health and wellbeing, and there exists a strong body of evidence to suggest a poor health status of people in immigration detention deteriorates over time, with a clear association between time in detention and rates of mental illness.[1] A recent systematic review of studies investigating the impact of immigration detention on the mental health of children, adolescents and adults identified high levels of mental health problems in detainees.[2] Anxiety, depression and posttraumatic stress disorder were commonly reported, as were self-harm and suicidal ideation. Time in detention was found to be associated with severity of distress. There is evidence for an initial improvement in mental health shortly after release, although longitudinal results have shown that the negative impact of detention can be ongoing.

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Procter, N.G. (2011). "It all happened quite quickly really": Emergency de-escalation in mental health crisis and violence, *Australasian Emergency Nursing Journal, 14*, 137-139.

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Pathways When Hope Seems Hopeless

- **Identify/Minimise Distress Triggers** – build narrative that is person centred in nature
- **Contact as a human connection**– engaged in the identity of the person. This means being *truly present* in the space of insurmountable suffering where someone struggles
- **Listen 'to listen'** – rather than listening to respond or direct
- **Work with fluctuating states** – critical moments of mental distress will fluctuate
- **Feel connected** – focus on relatedness that mostly comes from being alongside another person.

When hope seems hopeless, the *narrative must continue to be around person-to-person relationships*. Human connections are crucial.

When relationships are not felt by the person 'as intimate', they have limited ability to be protective.

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