Living in CAPTIVITY

Detention centres have damaged the mental health and well being of asylum seekers. REBECCA HINCHEY reports on the findings of recent research.

Many of us believe that immigration detention and temporary protection visas (TPV) are detrimental to the mental health of asylum seekers and refugees. Yet providing solid evidence that supports what most of us know instinctively or anecdotally has been difficult.

Zachary Steel, a senior lecturer at the Centre for Population Mental Health Research, at the University of NSW, recently joined STARTTS researcher Dr Shaken Momartin and STARTTS counsellor Nooria Mehraby at a clinical evening to look at the negative mental health impacts of these two policies.

The speakers reviewed a mix of quantitative and qualitative research that has progressively built an evidence-base that leaves little doubt as to how harmful these two policies have been for refugees and asylum seekers living in Australia.

Opening the presentation, Mr Steel provided a political and media context to the policies. Based on assumptions of a serious threat of a flood of asylum seekers from the north, the new laws received bipartisan support from the major political parties.

They were executed against a backdrop of media saturation about the 'human tidal wave' and a fierce election campaign, as the Prime Minister said: 'We decide who comes to this country and the circumstances in which they come'.

At the same time, the then Minister for Immigration Phillip Ruddock and the Immigration Department painted a picture of the detention centres as being benign institutions where the welfare and needs of detainees, including women and children, were cared for in a culturally sensitive manner.

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It was stated that health and welfare services were provided at a level that was not available to many Australians living in the general community. A number of tabloid newspapers and right-wing media commentators suggested that the detention centres were akin to five-star resort hotels.

Mr Steel pointed out that the picture that emerged from within the detention centres differed substantially from the official one. Reports from many sources, including the testimony of former detainees and detention-centre health staff as well as the findings of official investigations, suggested that many detainees suffered from symptoms of chronic psychological distress that increased as the length of detention increased.

A pivotal moment in this debate occurred with the publication of an insider's account in the Medical Journal of Australia by Dr Aamer Sultan, a physician detained in Villawood, and co-authored by Kevin O'Sullivan a psychologist who had worked at the same facility (Sultan et al. 2001).

They documented a process of psychological disintegration amongst the detainees the longer the period of detention lasted. The first three months in detention were seen as relatively non-symptomatic as detainees believed that their detention would be short lived maintaining their belief in the integrity and fairness of the Australian refugee system.

The next stage identified by the authors as the primary depressive stage often commenced on news of the first rejection of their refugee application. This is followed by a secondary depressive stage after about nine months where symptoms such as sleeplessness and fatigue increase.

The third tertiary depressive stage is dominated by hopelessness and a passive acceptance of their fate. Asylum seekers become highly fearful and apprehensive and often develop paranoid tendencies. Some become isolated from other detainees and develop psychotic symptoms often coupled with chronic rage. Behaviours such as repetitive rocking and aimless wandering are characteristic of this tertiary depressive state.

An almost identical process of psychological destruction was documented by Harold Bilboe, a psychologist who was employed for 14 months at the Woomera and Curtin detention centres in South Australia and Western Australia.

In evidence provided to the Human Rights and Equal Opportunity Commissions' inquiry into children in detention, 16 July 2002, Mr Bilboe stated that "Family roles break down significantly. We actually started time-lining the breakdown of individuals. We classify the first three months as being a state of euphoria, hope, dreams. The next three months, as they are going through all of their interviews and there is anxiety starting to build up," he said.

"After six months we start to see a deterioration in the emotional and psychological well-being of individuals, a significant start in the increase of self-harm. Be it hunger strikes, emotional anxiety, psychological disturbances developing, increased requests for assistance for sleep, which is an indication of depression, medication for depression, more active involvement in disturbances and in self-harm."

"So, yes, I have seen people age on a daily basis. I have seen middle-aged men become old men in months".

Three more recent studies provided the quantitative data that supports the accuracy of these observations. The first of these was carried out amongst a sample of 10 families consisting of 14 adults and 20 children held in a detention centre for more than two years (Steel et al. 2004).

The study was based on a near-complete sample of families from the same ethnic group held in a single detention facility in remote Australia. Almost all of the adults and children had traumatic experiences while in detention including boredom, isolation and poor quality food.

Often detainees would receive the same meal, three times a day for extended periods. Less prevalent but more traumatic were experiences such as being woken at night for a head count (12 children) and being physically assaulted by officers (7 children, 12 adults).

Using structured diagnostic interviews they were able to determine the prevalence of mental-health disorders prior to detention, which were comparable with the sort of levels you would see in many post-conflict and refugee populations.

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Yet after two years in detention almost the entire population had developed severe mental health disorders, a prevalence rarely seen in any other refugee populations. Rates moved from five disorders among 20 children prior to detention to 50 disorders among the same 20 children post-detention. The disorders they examined were depression, post traumatic stress disorder, bedwetting, separation anxiety and oppositional defiant disorder.

The study provided the first concrete evidence of extremely high levels of psychological distress among detained populations, however it was potentially limited by the fact that the research was a point-in-time study, conducted via telephone interviews.

It was possible that respondents were exaggerating their symptoms in order to try and gain attention to their condition. The then Immigration Minister Phillip Ruddock took a very negative attitude to the findings of the study stating that the findings were "based on the preconceived ideas of the researchers who have been advocates of the dismantling of mandatory detention and who followed a particular line of questioning and reasoning to ensure a result satisfactory to themselves" (Ruddock 2003).

The minister argued that the research was seriously flawed stating that the "findings are based on telephone interviews without a full knowledge of any pre-existing health conditions, or any interventions undertaken by the department and the specialists involved in treating the children."

He also said: "that it ignores the other obvious factors that influence mental health and which may have been present before arrival in Australia, for example, experiences in their home country or on their journey to Australia, any family history of mental health problems and individual resilience" (Ruddock 2003).

Many of the apparent limitations of this first scientific study were substantially addressed by a second study reported by Dr Sarah Mares and Dr Jon Jureidini, who had provided child and family treatment to a remote detention facility over a two-year period (Mares et al. 2004).

Thus the clinical observations and diagnoses reported in this study were derived across the longitudinal course of care, addressing concerns that the diagnoses were not made as part of the process of clinical care.

The authors indicated that the sample represented close to half of the total family population in the detention centre at that

STARTTS Clinical evenings

STARTTS Clinical evenings are held at STARTTS every two months to provide an opportunity for clinicians and other interested professionals to discuss issues of relevance to the treatment and rehabilitation of torture an trauma survivors. They typically consist of a presentation by a guest speaker on the focus topic for the evening followed by relevant case presentations or research study exposition.
The evening concludes with questions form the floor and a general discussion, and of course, food highlights a particular refugee community cuisine each evening.

time. Of the 16 adults they worked with over a two-year period, 14 had a major depressive illness, more than half suffered from post-traumatic stress disorder (PTSD), four had psychotic conditions and the majority were self-harming.

Among the 10 children they studied under five years of age, five showed delays in social and emotional development, with behavioural problems, three showed marked disturbance in behaviour and interaction with their parents, suggesting a disruption of normal attachments.

Among the 10 children age 6-17 years, all had a major depressive illnesses and PTSD related to their detention experiences, seven had another anxiety disorder and three were regularly bed wetting.

Thus using a very different methodology in a different detention centre the research by Dr Mares and Dr Jureidini documented remarkably similar levels of psychiatric disturbance to those reported by Dr Steel and colleagues.

The third more recent study presented by Dr Steel was carried out amongst a much larger sample of 241 adult Mandaeans, three years after they had been released from detention (Steel et al. 2006).

They divided the group into people who had been in detention for less than six months and those in detention for more than six months, as well as those on permanent or temporary visas.

The less than six-month group were quite resilient. By contrast, more than 50 percent of those detained for more than six months continued to show evidence of clinical depression, PTSD and an inability to work or engage in other productive activities three years after being released from detention.

The research also showed that the effects on people of detention and subsequent release on a temporary protection visa (TPV), had twice the negative effect on mental health as pre-migration traumatic experiences.

Looking further into the impact of permanent and temporary protection visas, Dr Momartin presented research from amongst 116 Iraqi and Afghan refugees who had attended the Early Intervention Program at STARTTS.

The research used four separate measures examining exposure to trauma and PTSD, anxiety, depression, distress, physical and mental health status, disability and post-migration difficulties, to explore the mental health of newly arrived refugees.

Of their sample 32 percent were TPV holders and 58 percent permanent protection visa (PPV) holders. Sixty-two percent of the sample were married, with 92 percent of TPV holders having spouses and children back in their country of origin.

The two groups didn't differ on their exposure to trauma, prior to arriving in Australia. Looking at post-migration living difficulties the TPV holders exceeded PPV holders on every measure including serious to very serious stress, worries about repatriation, access to health and bad working conditions.

About 90 percent of TPV holders reported these problems. In terms of resettlement difficulties, such as communication, discrimination, loneliness, boredom and isolation, TPV holders again significantly outscored PPV holders.

TPV and PPV holders also showed significant differences in psychiatric assessments, with a much higher proportion of TPV holders presenting with signs of anxiety, depression and trauma - further evidence of the damaging impact of recent governmental policies.

Nooria Mehraby, a senior counsellor at STARTTS, painted the human face of those statistics by telling the story of one of her Hazara Afghan clients.

Forty years old and a factory worker with five children, he arrived in Australia in November 1999. Before arriving he lost many of his family members. His father was killed by Russian soldiers and his brother by Pashtun tribes, forcing him to assume the role of family head and main earner from a young age.

In 1999, a second brother was killed by the Taliban, leaving him with little option but to escape Afghanistan or else risk being killed too. Leaving his family behind, he made the long journey to Australia, hoping he would be able to bring them to this country shortly after arriving.

Upon landing on Australian shores he was taken to Woomera, where he was detained for 10 months. The only contact he had with his family was through a fellow detainee who brought news of the death of his mother and youngest child.

Like most people in immigration detention he felt humiliated and degraded. The guards called him by number not name and woke him during the night by shining a torch in his face. He was forced to prove his identity as an Afghan, denied medical assistance, stripped of personal belongings, and interrogated and questioned by guards. He watched on as others attempted suicide or other violent acts.

In 2003, he had his first appointment with Ms Mehraby, presenting with symptoms suggesting grief, chronic PTSD and depression. He was extremely anxious about his TPV status and what that would mean for his future and that of his family.

He had become withdrawn and isolated, even from the other TPV holders he was living with (some of whom had been granted permanent protection). Problems with concentration, frustration, anger, headaches, stomach aches, hyper-vigilance, helplessness, powerlessness and survival-guilt were all features of this client's life.

Ms Mehraby worked to create a safe and trusting environment for her client, emphasising impartiality and confidentiality, validating his experiences and providing practical assistance such as psychological reports for his application. She also involved STARTTS physiotherapist in this treatment.

Recognising that her client had lost meaning and a sense of identity, Ms Mehraby helped him explore what parts of his life had helped him in the past.

Islam has been a major source of strength but he had ceased going to the mosque or reading the Koran. Although he felt enormous guilt at leaving his family behind, Ms Mehraby helped him appreciate how his hard work and the money he was sending home were sustaining his role as head of the family.

During his time at STARTTS he began meeting with other men once a week to read the Koran and share a meal, a sign he had begun his healing journey. ■

Following the release of the Palmer and Comrie reports commissioned in response to widespread harsh criticism following the Cornelia Rau and Vivian Alvarez Solon scandals, Department of Immigration and Citizenship proceeded to institute significant and widespread changes to improve conditions in detention centres, to minimise the length of immigration detention, explore community based detention alternatives and promote a change in organisational culture. The impact of these changes has begun to be felt, and significant improvements have been made in all of these areas. One of the strategies recently implemented to assist the department in improving health and mental health services for people in immigration detention and environmental factors affecting their physical health and mental health, consisted in the establishment of the Detention Health Advisory Group. This group includes representatives from various peak organisations and professional bodies, and provides independent, expert advice to design, develop, implement and monitor health care services for people in immigration detention. Jorge Aroche from STARTTS represents the Forum for Australian Services for Survivors of Torture and Trauma in this committee.

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