

Concern for the health of asylum seekers and refugees

Detention centres are harmful to the physical and mental health of asylum seekers – especially children. As the AMA releases its new Position Statement on the health care of asylum seekers and refugees, Heather Millar reports on the Inverbrackie Alternative Place of Detention (APOD) and the health care of detainees in general

In December 2010, the first refugees arrived at the Inverbrackie detention centre, near Woodside. Now, there are some 400 displaced Kurds, Sri Lankans, Iranians, Iraqis and Afghans living there.

Dr Di Hetzel, Chair of the Council for the Care of Children, recently visited the detention centre.

“Being in detention for even a month or two for a child or infant is more like a year, in terms of their development and wellbeing,” says Dr Hetzel. “The Council is very mindful that these children are vulnerable in terms of their development because of their current situation – let alone the trauma of what they and their parents have been through.”

It was with that in mind that Dr Hetzel visited Inverbrackie in June, on behalf of the Council. The purpose of the visit was to view conditions for children and young people who were detained, along with their families.

“The visit comprised a tour of the facilities and a meeting; but there were no

opportunities to speak with detainees,” says Dr Hetzel.

“While the Council understands that the Australian Government is nearing its goal of having the majority of children and young people moved out of detention facilities and into community-based accommodation, and that the length of detention for most families is shortening, we remain very concerned at the impact of detention on the wellbeing of children and young people.”

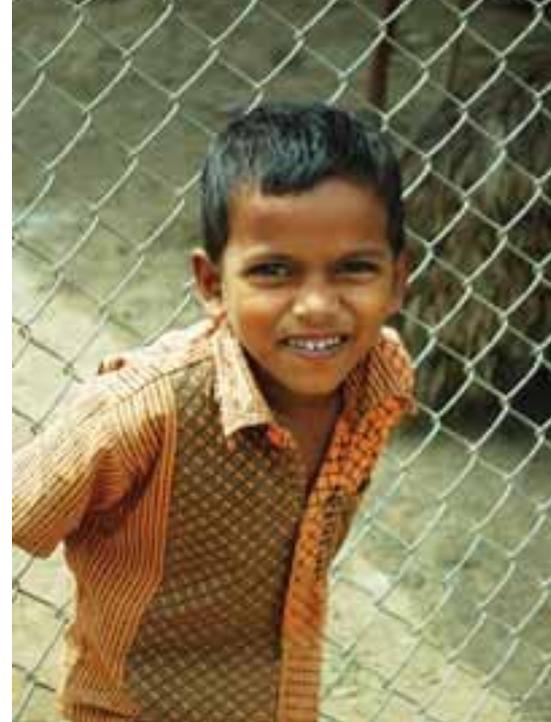
Dr Hetzel reports that there is an urgent need to address a number of deficiencies in child wellbeing within the detention facility, particularly in the areas of child safe environment training and procedures for all staff, services to enhance early child development, the provision of onsite therapeutic child and youth mental health services, and intensive parenting support.

An appropriate consultative mechanism for children and young people to express their views about the centre also needs to be established, as one already exists for adult detainees.

APODs: a different kind of detention centre?

In the Winter 2011 issue of the *Adelaide Hills Magazine* is a report ‘Inside Inverbrackie’, in which the journalist and a photographer were granted exclusive access to the APOD. The article describes the place as looking like any other Adelaide suburb – neat, brick-veneer homes, tidy gardens, bitumen roads. Except it is quiet – there are no cars in the carports, bikes in the front yards, there are bus stops with no buses.

“This place is very different to Villawood, Curtin or Leonora,” Nicholas Proctor, professor of mental health at the



University of South Australia and member of an advisory committee to Chris Bowen, the Minister for Immigration and Citizenship, told the magazine.

“Inverbrackie is a different kind of detention centre because it contains only families, and it has the least restrictive environment.”

Despite this, according to Dr Jon Jureidini, psychiatrist in the Department of Psychological Medicine at Women’s and Children’s Hospital, children are presenting with the same kinds of problems that were seen when they were being held in Baxter and Woomera.

“I’ve seen very small children crippled by a kind of separation anxiety, unable to be physically separated from their parents. I’ve seen adolescents miserable, suicidal, stammering – severe physical symptoms that mostly are directly attributable to the detention experience.

“It’s sad but predictable that even though an environment is nicer, it doesn’t take away all the toxicity of being locked up. As much as anything, it is the robbing of a sense of control from families which occurs in the detention environment, of institutionalisation and the bureaucratic frustrations that amount to cruelties when you repeat them enough, that are most damaging – even with the absence of violence that we were seeing in places like Baxter and Woomera, and so on.”

“According to the Department, alternative detention such as that at Inverbrackie is markedly different from a regular detention centre, but the basis of that

Fact file

- More than 1100 incidents of threatened or actual self-harm across all places of detention were reported in the 2010-11 financial year. (Monash University)
- Fifty-four incidents of self-harm were reported during the first week of July this year alone. (Division of Health Services, University of South Australia.)
- After a lengthy period of no suicides, there have been five since September 2010. (University of NSW).

distinction is not clear. Families complain about the lack of freedom, all movement is controlled by guards who are constantly present. It is hardly surprising that incarceration, even in pleasant surroundings, is antithetical to optimal mental health," says Dr Jureidini.

The AMA's position

While the AMA leaves the politics of detention up to the politicians, the health of detainees is of utmost concern.

The AMA holds that detention centres are harmful to the physical and mental health of asylum seekers – especially children.

"Despite improvements in the provision of health care to immigration detainees, the policy of mandatory detention and the remote location of most detainees mean that the health status of detainees continues to decline," says AMA President Dr Steve Hambleton.

"The AMA is clearly focused on the health aspects of the asylum seeker debate, which also touch on human rights, ethics, and the right thing to do.

"These are damaged people desperately seeking a new life in this country. They are often fleeing diabolical situations in their home country. They are well acquainted with fear and danger and desperation. Some of them have been through torture, some have physical health problems, and many will have experienced mental health pressures.

"The risk of mental health issues becomes higher the longer they are in detention centres.

"Children are particularly vulnerable and the detention environment places enormous stress on them. Children often witness behavioural and psychological distress in adults, including their parents. They see violence and self-harm and they experience separation from family members.

"Unaccompanied children should never be placed in detention centres," Dr Hambleton says.

Healthcare in detention centres

"I have not been impressed with the way in which the healthcare is organised for Inverbrackie," said Dr Jureidini.

"The GP who was there initially did a wonderful job and worked very hard

to make things better for detainees. And her contract was terminated abruptly and without explanation. The referral pathways – I've never been very satisfied that it's motivated by the best interest of the wellbeing of the detainees – more motivated by risk management."

The Immigration Department contracts International Medical and Health Services (IMHS) to manage the health of detainees. In July 2011, *The Australian* reported that activists were claiming IMHS was hanging up on advocates when they called the remote Curtin detention centre in the Kimberley to warn that detainees were likely to kill themselves.

The AMA's Position Statement states that health and medical services in immigration detention centres should only be provided by organisations that have the full capacity to provide an appropriate range of health and medical care to all detainees as needed, and according to best practice standards in



health care delivery (as would apply in the general community).

Adherence to these standards should be guaranteed through a process of ongoing monitoring of detainees health by an independent statutory body of clinical experts with powers to acquire information and investigate conditions in centres as it determines.

The AMA Position Statement on the Health Care of Asylum Seekers and Refugees (2011) is on the AMA website at <http://ama.com.au/asylum-seekers>.

Medical practitioners treating asylum seekers and/or refugees

Medical practitioners should:

- act in the best interests of the patient
- not authorise or approve any physical punishment, nor participate in any form of inhumane treatment, nor be called upon to do so by authorities
- provide medical treatment in a culturally and linguistically appropriate manner.

Medical practitioners should at all times insist that the rights of their patients be respected and not allow lower standards of care to be provided. In particular, the right to privacy and confidentiality must be protected.

Appropriate medical treatment teams should include members with the skills outlined above. Medical practitioners providing full assessment of asylum seekers and refugees should be suitably trained in:

- identifying victims of torture and assessment and management of related trauma
- identification of suicide risk, screening for mental health conditions (including among children and adolescents) and monitoring and management of these conditions
- responding to the medical, physical, emotional, and developmental needs of children and families
- recognising particular health-related conditions which may be more common in an asylum seeker's or refugee's home country than here in Australia (eg. tuberculosis).

Professional medical organisations should develop a set of ethical guidelines to support medical practitioners working with asylum seekers and refugees in whatever context.

From the *AMA Position Statement on the Health Care of Asylum Seekers and Refugees*.