

One psychiatrist's experience of visiting offshore processing centres for people seeking asylum in Australia

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Abstract

Objective: To describe the author's experience of visiting Christmas Island and Nauru offshore detention centres as a visiting child and adolescent psychiatrist in the context of his own experience as a refugee from Europe after WWII.

Method: Following a visit to Nauru the author wrote to the Prime Minister and leader of the Opposition expressing his objections to the policies of recent Coalition and Labor Governments.

Results: His actions have led to the author not being invited to return to these centres as a visiting psychiatrist.

Conclusions: The author acknowledges the importance of stopping the boats and proposes that a more humane approach is needed for asylum seekers who arrive by boat.

Keywords: asylum seekers, government policy, mental health

We should all hope that our political leaders will banish the crude belief that the 'ends justify the means', including the denial of mercy and hope. If I am sure of anything, it is that the world needs more mercy and hope – not less

Simon Longstaff, *The Age*, 5 March 2015

In August 2014 I received an email from International Health and Medical Service (IHMS) asking if I was interested in working with asylum seekers in detention. IHMS has held the federal government contract for providing health services at Australia's detention centres for asylum seekers and refugees since 2006.

Personal background

My family fled Hungary in 1949, shortly after Russian occupation, my parents having survived the war despite their Jewish background. We arrived in Australia in 1950 and I have enjoyed the benefits of Australia's wonderful public primary, secondary and tertiary education systems, graduating from Sydney University in 1969. After training in child psychiatry in Sydney I spent five years at the University of Newcastle before settling in Melbourne 30 years ago.

After 13 years at the Royal Children's Hospital in Melbourne I worked as a psychiatrist at the Melbourne Youth Justice Centre. Working in a youth detention centre taught me a lot about the practice of psychiatry in a custodial setting. Since retiring from that position I have worked in private practice with a strong emphasis on forensic aspects of child and adolescent psychiatry.

I had not realised just how important my immigrant roots were until I was confronted by asylum seeker families in Nauru. Nor had I realised, perhaps naively, just how much working with this population would challenge my beliefs and values.

The application

I was finally offered a contract with IHMS to go to Christmas Island (CI) and Nauru. Prior to going I searched the College journal and *Australasian Psychiatry* for papers about asylum seeker and refugee mental health. Several fellows have played a prominent part in

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advocacy for refugee rights.¹⁻⁵ 'A Country Too Far' includes an outstanding essay on the ethics of our approach to asylum seekers,⁶ by Melbourne philosopher, Raimond Gaita.

The College has two relevant Position Statements.^{7,8} Both clearly express the College's opposition to government policies on asylum seekers and refugees. Both emphasise the importance of providing high quality health care by appropriately trained professionals. The Position Statement 'Children in immigration detention' states that as of 31 January 2015 there were 119 children in offshore processing centres on the Republic of Nauru.

Christmas Island

I returned from a week on CI feeling positive. Asylum seekers on CI had been told that they, as opposed to those on Manus and Nauru, might be resettled in Australia if legislation passed through Parliament (as ultimately happened in December 2014). This led to a feeling of optimism that was absent from my subsequent experience on Nauru.

Staff on CI commented on the problems of dealing with more than 100 asylum seekers a week arriving on CI in 2013. There was a day when staff were informed that six boats had been detected on their way to CI. Only three arrived. On Nauru I met a doctor who was working on CI at the height of boat arrivals in 2013. He described the trauma of working on naval vessels fishing bodies out of the ocean. These accounts graphically brought home the rationale for '*Stopping the Boats*'.

The Republic of Nauru

Nauru is a tiny island with a population of about 10,000. The lack of infrastructure is immediately apparent. The moonscape left by phosphate mining is punctuated by abandoned cars and machinery piled into large rusting heaps. Being very close to the equator it is extremely hot and humid.

Nothing prepared me for my first visit to the family camp, NOPC3 (Nauru Offshore Processing Centre – Camp Three). Families are accommodated in large plastic marquees without air conditioning with the exception of families with children under four years who are provided with air conditioning of sorts. There are many families in each marquee, separated from each other by blue plastic tarpaulins. There is virtually no privacy. Toilet and washing facilities are some distance from the 'dormitory' marquees, making many women and children afraid to go out at night.

Even this paled into insignificance when compared to the sense of despair described by many families. 'We would not have taken the risks we did if we knew we would end up on Nauru, with no prospect of getting to Australia' was a sentiment I heard repeatedly.

NOPC1 is where most of the staff, including health professionals, live and where clinical offices and other services are located. NOPC1 is a clean, fully air conditioned setting where it is easy to distance oneself from the realities of NOPC3 and Nauru. You cannot enter any NOPC without a security pass, cameras are not allowed, nor are unauthorised visits of any kind.

The single men's compound (NOPC2) is said to be significantly worse than NOPC3 with less privacy and less to do. It should come as no surprise that under-occupied, desperate young men will take drastic steps to draw attention to their plight, as recently occurred on Manus Island.

What I found truly heart-breaking were the stories of children and parents, such as:

- a depressed 11-year-old boy saying (in English) '*Stay too long, make myself die*'.
- a depressed Muslim woman telling me about her epic journey to Nauru, via Indonesia and Christmas Island and her sense of despair about the future for herself and her family. Had they arrived on their first attempt they would be in Australia.

Personal reflection

This experience has rekindled my memories of being a refugee, a migrant to Australia which offered me and my family, and countless other families from all over the world, such a welcome and so many opportunities. I simply cannot reconcile my experience with what we as a nation are doing to those currently seeking asylum in Australia, if they arrive by boat.

I am appalled by the policies of both major political parties which support mandatory detention and offshore processing. They appear to think it is acceptable to pay, or bribe, some of the poorest countries in our region to take people we do not want, to '*Stop the boats*'. I accept that we need to do what we can to dissuade people from getting on leaky, dangerous boats but I am cynical enough to believe that '*offshore processing*' is at least in part a case of out of sight and out of mind.

While I was on Nauru I decided that I could not remain silent about what I had seen and the impact of our government's policies on asylum seekers. On my return from Nauru I wrote to the Prime Minister and leader of the Opposition expressing my concerns, stating that for the first time in my life I felt ashamed to be an Australian. I sent copies together with an explanatory email to family, friends and colleagues.

Shortly after writing the letter I was invited to a meeting with the head of IHMS. In some foolish way I hoped the meeting might lead to a resolution of the impasse I had created by speaking out. Instead, I was informed that my

letter and the accompanying email had potentially compromised IHMS. As a result I was no longer welcome on Nauru or any other detention centre.

In February 2015 the government tabled the *Forgotten Children Report (2014)*.⁹ This report found that 'The mandatory and prolonged immigration detention of children is in clear violation of international human rights law'. It documents the high rates of psychiatric problems among children in detention, morbidity which increases with time in detention. It also documents the ways in which Australia's policies contravene our obligations as a signatory to the United Nations Convention on the Rights of the Child. It highlights the conflicted position of the Minister for Immigration who is simultaneously the guardian for unaccompanied children and the Minister responsible for immigration detention. The report observed that 'Children on Nauru are suffering from extreme levels of physical, emotional, psychological and developmental distress'.

The first recommendation in the report is that all children on Nauru should be released into the Australian community within four weeks of the report being tabled. By the time of its release all children on CI had been transferred to detention centres on the mainland with the prospect of temporary visas.

The outcome

I feel very sad that I am no longer welcome on Nauru where I might have been able to offer my clinical expertise to a group of children and families in genuine need. The mental health needs of refugees and asylum seekers were well documented long before the *Forgotten Children Report*.

Raimond Gaita suggests that 'our politicians have given us a choice between bad and worse policies' while acknowledging the problem of finding 'the right balance between the rights of sovereign states and the human rights of those who seek refuge'. Gaita points out that the suffering asylum seekers have commonly experienced before they reach our shores leads to 'incredulity at the evil done to them'.⁶

I am sceptical about simplistic solutions to the question of asylum seekers who arrive by boat. The recent tragic events in the Mediterranean only serve to reinforce this view. The only approach that makes sense is a cooperative regional approach under the auspices of the UNHCR to ensure that people who arrive at intermediate destinations in South-East Asia are assessed promptly and efficiently in a humane manner. Those deemed to

be genuine refugees (usually >90%) could then be resettled in host countries as quickly as possible. This is similar to the proposals in the August 2012 Report of the Expert Panel on Asylum Seekers.¹⁰ Such an approach is likely to have greater benefits for the mental health of asylum seekers than all the mental health professionals employed by IHMS.

Gaita concludes with a statement about concepts we need to discuss, namely, 'what we owe asylum seekers, what we owe to ourselves and our descendants as citizens of a particular nation and what asylum seekers owe to us if we accept them into our communities and polity'.⁶

Footnote

On 1 July 2015 the Australian Border Force Act came into effect. A group of people, including the author, are so concerned about the implications of the Act for health professionals and others working in detention centres that they have had a letter published in the *Guardian Australia* <http://gu.com/p/4a8yp/sbl>

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Disclosure

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