

Asylum seekers and refugees – how should psychiatry respond?

Australasian Psychiatry
2016, Vol 24(1) 5–7
© The Royal Australian and
New Zealand College of Psychiatrists 2016
Reprints and permissions:
sagepub.co.uk/journalsPermissions.nav
DOI: 10.1177/1039856215622312
apy.sagepub.com



Louise Newman Director Centre for Women's Mental Health, The Royal Women's Hospital, Parkville, VIC, Australia

Health and mental health issues have been at the forefront of the debate around Immigration Detention and the treatment of asylum seekers and refugees for over 15 years. This debate has at times been heated, and has raised major ethical and moral concerns and significant challenges for clinicians and the professional bodies as they grapple with the complex intersection of health issues, politics and the responsibilities of professional organisations. The papers in this issue focus on current concerns facing the profession, as we review the mental health needs of a vulnerable population and the impact of immigration policy on their capacity to cope with their situation and recover from traumatic experiences. Particularly vulnerable groups within the asylum seeker processing system include those with backgrounds of trauma, torture and the specific needs of infants, children and pregnant women. It is within this frequently changing and complex population group that many clinicians have found themselves struggling with the dilemmas raised by attempting to treat within a system that in many ways can be seen as contributing to mental deterioration over time.

To seek asylum is a traumatic experience by definition. It is generally in response to difficult circumstances and sometimes in response to extremes of war, dislocation and persecution. The journey of the asylum seeker is often perilous and of high risk, with further traumatic experiences en-route to the final destination. The encounters with systems of review and processing are in themselves stressful and raise profound anxieties about the future, safety and legal status. The situation and circumstances of seeking asylum in Australia are now extremely uncertain, with no processing of asylum claims or resettlement on the mainland for so-called unauthorised arrivals. The reality of so-called off-shore processing and detention in Nauru and Manus Island has been highlighted in many recent reports, and concerns raised by staff and others about conditions, human rights abuses and poor standards of care. The Australian Government's current policy of offshore processing and the conditions in offshore detention facilities have come under international scrutiny, with concerns raised about the unnecessarily harsh and substandard conditions. The impact of offshore locations, particularly for women, children and babies, has been a particular focus of attention, with recent reports of sexual assault within these

environments. In the midst of the political discussion about Australia's position on asylum seekers and refugees there are, however, real concerns about the rights of all people to appropriate standards of care and review and the failures of the current system. It is in this arena that the health issues have been prominent in discussions. The medical colleges, nursing, psychology bodies and other peak health organisations have long taken the view that it is important to provide appropriate standards of health support for asylum seeker families and that prolonged mandatory detention has a negative impact on health and wellbeing. Health bodies have raised concerns about the governance of the immigration detention system, the difficulties facing clinicians working within these environments with the desire to provide appropriate care. There is a fundamental dilemma involved in working within a system where health professionals and clinicians are disempowered in terms of their decision making and ability to operate clinically and ethically. It remains unclear how best to operate within the detention environment where clinical decisions on many occasions are often not followed and detention takes priority. This raises deep conflict between clinical duty and responsibility, duty of care, and the needs of the immigration system and current immigration policy. It is within this context that we have seen clinicians raising their concerns, even if that brings them into conflict with the Australian Government. Many clinicians have argued that their fundamental duty of care is to the asylum seeker and that this takes priority. Providing treatment within the immigration detention system has also been the subject of much debate, with clinicians raising concerns about clinical disempowerment. Clinicians have spoken about the contribution of detention and loss of liberty to mental deterioration, and the need to provide advocacy for asylum seekers in their pursuit of appropriate care and humanitarian treatment. Many recommend community detention options for those who require mental health treatment, particularly where continued detention

Corresponding author:

Louise Newman, Director Centre for Women's Mental Health, The Royal Women's Hospital, Parkville, VIC, Australia.
Email: louise.newman@thewomens.org.au

contributes in a major way to deterioration. Health bodies have also developed policy opposing the detention of children and those with mental health problems.

A body of research within the Australian Immigration Detention System has clearly demonstrated that the circumstances and conditions within immigration detention contribute in a direct way to health, and particularly mental health problems and deterioration over time.^{1,2} Whilst this work was initially hotly contested within political discussions, it has now become accepted that detention itself raises problems with coping and adaptation, and that treatment options within this environment are necessarily limited. The issues regarding infants and children in detention have been hotly discussed for over a decade. Several committees and commissions of enquiry have recommended against the detention of families with children within restricted settings and have pointed to the particularly negative developmental outcomes of children held in these circumstances. As discussed by Sarah Mares within this issue, the ongoing detention of children and the circumstances of their detention, particularly on Christmas Island, and remote processing facilities remains of deep concern, particularly to child protection, child welfare and child mental health bodies – all of whom advise against the detention of children in the strongest possible terms. What is deeply concerning about the current situation is that the impact on children was first documented and studied by child psychiatrists and other clinicians in the Australian context over a decade ago³ and yet we find ourselves back in a situation where, in spite of this knowledge of the harm of detention of children, it is currently practiced. In this situation it is very difficult for professionals not to become engaged in a political and highly emotive discussion around our understanding of these issues. In fact, it can be argued that so-called objectivity and the maintenance of neutrality in this situation is impossible, and if we were to not become involved in raising issues of concern and being professional advocates for vulnerable groups, particularly children, we are in fact colluding with and, in a passive way, supporting policies of detention. Regardless of one's political views or the broader discussion around Australia's asylum seeker and refugee policies, it is not possible for health professionals and clinicians to support practices and policy which has been seen and continues to be seen to have such immediate negative consequences on vulnerable groups. In fact, it can be argued that the responsibility of health professionals and the professional bodies is to raise the issues of the fundamental duty of doctors and other clinicians to provide care regardless of visa status, and it is

our duty to act as advocates for the disempowered and to speak out where we become concerned that there are violations of human rights.

This has and continues to bring health professionals and psychiatrists into conflict with both major political parties on this issue. The introduction of the Border Force Act, as discussed in this issue, highlights these fundamental difficulties, where clinicians are facing imprisonment for raising issues of concern for undertaking and complying with mandatory reporting requirements and in fulfilling our ethical and moral obligation to act as advocates for our patients. This is unprecedented in the Australian context and raises fundamental concerns about clinical autonomy, the rights and responsibilities of medical practitioners, and our roles in opposing government policy, which is harmful to vulnerable population groups. The asylum seeker debate within the Australian context leading up to an election is likely to remain highly divisive and emotionally charged. The medical bodies and health professionals can serve a very important function in highlighting the basic human right to humane and compassionate care, promoting a broader discussion about the needs to avoid policies and treatments with negative consequences for vulnerable groups and the need to rethink approaches which are fundamentally damaging. The issues of how an individual clinician can respond to the dilemmas raised in working with asylum seekers are ones that the colleges are able to provide some guidance in but still remain very important issues for clinicians to consider on an individual basis. Several colleagues have raised the issue of whether we should in fact provide services within the immigration detention system, where we remain beholden to and answerable to, from a governance perspective, a system of immigration as opposed to a health system. The issue of system reform and the potential withdrawal of services where it becomes impossible to practice is a difficult one. It is important that, as we proceed in thinking through these issues within our professional context, we try to maintain a focus on our roles and responsibilities, the values of good medical practice and how to prioritise these, even in the face of highly contentious, broader political issues.

References

1. Newman L, Proctor N and Dudley M. Seeking asylum in Australia – immigration detention, human rights and mental health care. *Aus Psych* 2013; 2: 315–320.
2. Newman L. Seeking asylum – trauma, mental health and human rights. An Australian perspective. *J Trauma and Dissociation* 2013; 14: 213–223.
3. Dudley M, Steel Z, Mares S, et al. Children and young people in immigration detention. *Current Opinion Psych* 2012; 28: 285–292.

Podcast

Psychiatry and Australian Asylum.

Andrew Amos - Staff Specialist Psychiatrist, Gold Coast Mental Health & Specialist Service, QLD, Andrew.Amos@health.qld.gov.au

Australia is a wealthy, free, and harmoniously multicultural society, but our treatment of people who attempt to achieve asylum by arriving on Australian territory without permission has attracted international criticism and generated fierce domestic debate. The rapid change in boat arrivals associated with the imposition of stronger