

‘Lethal hopelessness: Understanding and responding to asylum seeker mental deterioration’

- ***Children, Migration and the Right to Health
conference, University of Sydney, 26 July 2019***



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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

Overview

Fast track assessment caseload/Legacy Caseload and mental health

- The “legacy caseload” refers to people seeking asylum who arrived by boat between August 2012 and December 2013. This category includes about 30,000 individuals.
 - Includes families with children
 - Unaccompanied minors
 - Children born to parents after arrival who are considered to be “Unlawful Maritime Arrivals)



Problems with the legal process



Delays in processing

Prolonged delays have had a negative impact on mental health

Legal advice

Not eligible for free Government-funded legal advice



'Fast track' process

New merits review process has insufficient safeguards

87% of decisions are affirmed under the fast track review process (compared to around **20%** previously)



Children and families

Negative impact on the wellbeing of families and children

Only eligible for:

- Temporary Protection Visa (TPV) or
- Safe Haven Enterprise Visa (SHEV).

AHRC, *Lives on hold: Refugees and asylum seekers in the 'Legacy Caseload'* 2019

Impact upon children – Human Rights Commission Report

- On those who arrived in Australia OR who have been born in Australia
 - Children assume responsibilities in assisting parents in their claims
 - RSD process adverse impacts
- For those arrived as UAMs
 - Access to supports and legal assistance
 - Supports end at 18
- Mental health of parents impact upon children and well-being of family
- For those overseas – extended separation from family members

“Lethal Hopelessness”

- Suicide as a significant issue among “legacy caseload”
 - 2014-2018 – at least 22 deaths
 - 5 in 2018

Several intersecting risk factors:

- Torture and trauma, separation from family, social isolation and loneliness, loss of culture, identity, connection to loved ones, and post-arrival stressors including negative public rhetoric, language barriers and reduced opportunity for meaningful activity or employment.
- Additional for this group – prolonged uncertainty, feelings of hopelessness.



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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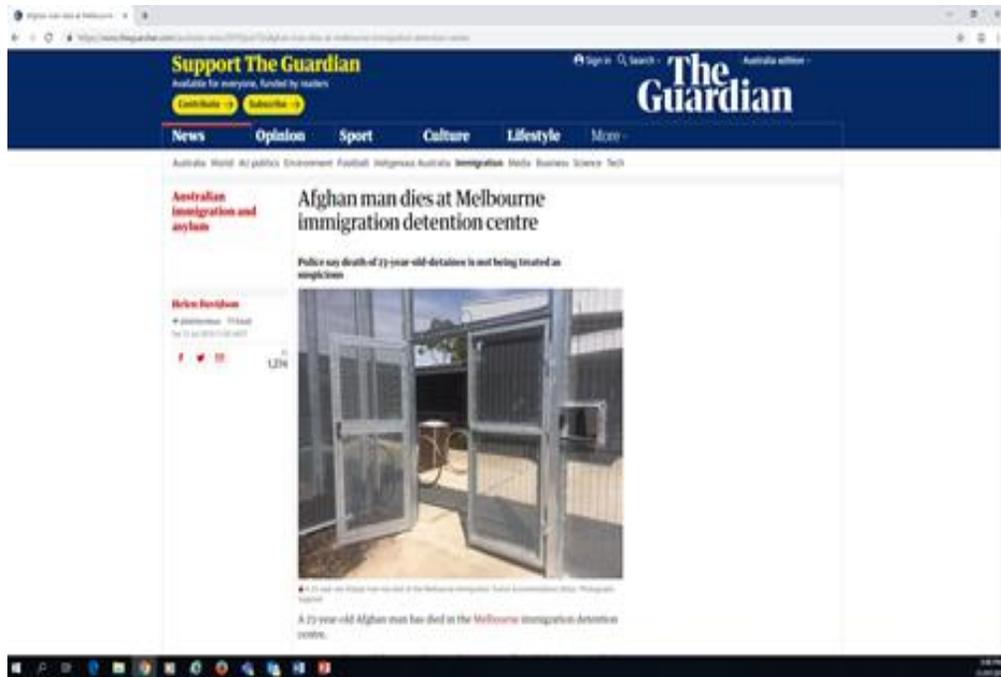
Accepted January 12 2017.

Children

Australian Human Rights Commission ***Lives on hold: Refugees and asylum seekers in the 'Legacy Caseload'*** (2019)

“Suicidal ideation in children is generally quite rare as a phenomenon. Many people would not encounter a suicidal child under the age of ten or 11. But there are children under ten or 11 who are in suicide-related distress. It is remarkable that they have developed a vocabulary for that. That is a distinctive marker.” (p 43)

Reports in the last 2 weeks



NATIONAL VICTORIA

Melbourne detainee hospitalised after reported self-immolation attempt

By [Zach Hope](#) and [Rachel Eddie](#)

July 15, 2019 – 5.47pm

Another man in Melbourne immigration detention has been hospitalised, after a string of incidents and a death just days ago.

The 23-year-old man from Afghanistan had tried to set himself on fire at the Melbourne Immigration Transit Accommodation centre about 10pm on Sunday, a fellow detainee claimed.

The detainee said the man set a towel alight in his room, but was stopped and unharmed. The man was not immediately hospitalised.



Detainees at the Melbourne Immigration Transit Accommodation centre in Broadmeadows. JOE ARMAO

Role of the legal professional: Central to the mental life of asylum seekers

- Mental health evidence is most often initiated by the legal representative or organization supporting an asylum seeker through RSD (Barrett et al 2014).
- Limited research –
 - how legal professionals identify and respond to mental health problems; and
 - the impact upon them of working with clients in crisis



Witnessing distress

A wide range

- Emotions – sad/angry/aggressive
 - “Throw furniture”
 - Crying
- Avoidance/Disengaged
 - “unwilling to make eye contact”
- Hopelessness
 - “My life is in your hands”
 - Loss of care in appearance
- Fearful
- Difficulties concentrating
 - Accidents at work
 - Headaches
 - Insomnia

“I’ve seen a bit of a physically aggressive and verbally aggressive client who again couldn’t bring his girlfriend to be with him while he was waiting for his SHEV and he was really, he was a bit scary actually, he was a bit aggressive in the room.”

- Alcohol/drugs
- Evidence of self harm
 - Signs of scarring
- Psychosis and delusions
- Suicidal ideation
- Deteriorating states

“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”



Unaccompanied minors

- “They were **crying, they had headaches**, they were having **trouble in school** in their last year of school and it was all because we were interviewing them and bringing it up and they had to talk about it again.... one that then ended up having a complete psychotic breakdown and ended up being ...**he ended up being put into the mental health unit.**”
- “Once he told us, told me [a traumatic experience], that’s when **it just all unravelled, his entire persona just unravelled**”
- “With the UAMs ... I found that the most common reaction for **clients is just to shut down.** Become really, really **disassociated** with what they were doing. Become very, almost like just **numb** a lot of the time.”

Differences with the Legacy caseload

- Level of fear
- Uncertainty about process and future
- Higher levels of distress and mental health concerns
- More financial stress, personal insecurity

“The Fast Track caseload tend to be more desperate, and to react with much greater distress when they are refused”

- *“I have never seen a constant physical manifestation [of fear] at the level of the legacy caseload clients.”*
- *“In the days when asylum seekers had access to a serious review process, the level of fear and tension was much less. There was a process which they understood and time lines which were fairly predictable. That has gone.”*
- *“I have worked on Manus Island I believe that the fast track clients often have more widespead (sic) and intense mental health problems with respect to the preparation of latest protection claims.”*

Where to next?

- Suicide prevention education for those who work at the forefront of care for asylum seekers and refugees is essential
- Training on responding to mental distress
- Legal Professionals working closely with mental health professionals – Hub environments, simultaneous interviews

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