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

• *Children, Migration and the Right to Health conference, University of Sydney, 26 July 2019*
Acknowledgements - Supports and self-care

This work is a combined project with UniSA – Mental Health and Suicide Prevention Group

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Please access supports if needed:

- Your Employee Assistance Program
- beyondblue: [http://www.beyondblue.org.au/](http://www.beyondblue.org.au/) or 1300 22 4636 (24/7)
- Lifeline Australia: [https://www.lifeline.org.au/](https://www.lifeline.org.au/) or 13 11 14 (24/7)
- MensLine Australia: [https://www.mensline.org.au/](https://www.mensline.org.au/) or 1300 78 99 78 (24/7)
- Suicide Call Back Service: [https://www.suicidecallbackservice.org.au/](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

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

- 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.
“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

Melbourne detainee hospitalised after reported self-immolation attempt

By Zach Hope and Rachel Eddie
July 15, 2009 — 5 after

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 unhurt. The man was not immediately hospitalised.
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

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

“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.”

“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

“...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 widespread (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
