Written evidence submitted by Dr Ryan Essex

Evidence to the Nationality and Borders Public Bill Committee

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About

I am a Research Fellow with the Institute for Lifecourse Development at the University of Greenwich. I have worked with refugees and asylum seekers for almost two decades and worked within Australian immigration detention centres, as a Counsellor for four years from 2011-2015. I was a Registered Psychologist in Australia, prior to moving to the UK. I received his PhD from the University of Sydney in 2019. At present, my research primarily focuses on refugee and migrant health, along with how the healthcare workforce positions itself toward issues such as migrant justice and immigration detention. I am the author of over 30 peer reviewed journal articles and a book and I have recently completed a research project which analysed over five years of government data, related to the health of individuals detained in Australian immigration detention centres.

Summary and scope of submission

I am deeply concerned about the Nationality and Borders Bill, and in particularly the harm it will have on the health and wellbeing of migrants and asylum seekers. This legislation contains several provisions that have substantial similarities to Australia's approach to asylum law. This submission will have particular relevance for Clause 11 (housing refugees and asylum seekers in 'accommodation centres') and Clause 26 (the removal of asylum seekers to 'safe countries'), as well as several other sections contained in this bill.

The below submission will focus on the impact that Australian immigration detention has had on the health and wellbeing of refugees and asylum seekers, giving insight into the possible impact that these policies may have, should the government go down a similar path to Australia.

What I discuss below is not exhaustive, nor should it be seen the only evidence I have that gives insight into the impact that immigration detention has on health. To fully understand the harms of Australian immigration detention I encourage the below submission to be read in context with testimony from refugees and those who have formally worked within centres and the multiple investigations that have condemned Australia's approach to asylum law. Below I will outline:

1. Australia's approach to asylum and immigration detention
2. Healthcare arrangements within Australian immigration detention
3. The impact of immigration detention on the health of adults
4. The impact of immigration detention on the health of children and families
5. The impact of offshore immigration detention on health

6. Self-harm and suicide in Australian immigration detention

Summary of the evidence

As a whole, the evidence suggests that Australian immigration detention has a devastating impact on the health and wellbeing of adults and children, with offshore detention being uniquely harmful and only amplifying these concerns, creating greater distress and healthcare needs. Length of detention has been linked to worse health outcomes, with those detained for protracted periods far more likely to report poor health. Furthermore, vulnerable groups such as children have been identified as particularly impacted by these policies, with decades of evidence suggesting that detention has a profound impact on child health and development. This evidence should be cause for concern for any country who is seeking to emulate even part of Australia's approach.

Australia's approach to asylum and immigration detention

Introduced in 1992, Australia has a policy of mandatory indefinite immigration detention, with a range of centres on mainland Australia and Christmas Island. These onshore centres house anyone without a valid Australian visa, including those who overstay, have their visa cancelled and refugees and asylum seekers. Australia also has a policy of offshore detention. Introduced in 2001 and again in 2012, this form of detention only applies to asylum seeker boat arrivals, and since 2013 all arrivals have either been transferred to Manus Island or Nauru. Those offshore have been given no opportunity to resettle in Australia. In effect this means that thousands have been detained for over eight years with little news about safety or resettlement as the Australian government continues to negotiate for third country resettlement.

Healthcare arrangements within Australian immigration detention

The Australian government has provided health services within immigration detention, both onshore and offshore through contracted providers, local hospitals, and other contracted allied health professionals. International Health and Medical Services (IHMS) has held most major contracts related to the delivery of health services since 2004. Today, IHMS delivers healthcare within detention and to those held in community detention onshore and to those on Nauru. It previously delivered health on Manus Island until April 2018 when the Australian government did not renew its contract. The contract for healthcare was subsequently handed to Pacific International Hospital, a hospital operator in Port Moresby, Papua New Guinea, in May 2018. Smaller contracts have also been awarded to various organizations such as Médecins Sans Frontières (MSF) and Save the Children.

While there is some slight variation across centres and while access to care differs vastly when comparing onshore and offshore centres, primary healthcare, including nurse and general practitioner consultations are generally provided within centres, along with mental health support delivered by a multidisciplinary team, including mental health nurses and psychologists. Access to more specialised services is available externally and by request. Within centres healthcare is accessed by written request.

The impact of immigration detention on the health of adults

A number of studies have examined the impact that immigration detention has on adults. The below studies only refer to onshore detention centres.

In a study conducted by an asylum seeker in collaboration with a psychologist who worked in an onshore detention centre, amongst the 33 detainees surveyed, the majority of the sample displayed chronic depressive symptoms (85%) and pronounced suicidal ideation (65%). Mental state was observed to deteriorate as the length of time in detention increased. Symptoms included impairment in concentration, pervasive fear and mistrust, repeated instances of self-harm and, in some cases, psychosis (Sultan & O'Sullivan, 2001).

In a study funded by the immigration department, Green and Eagar (2010) conducted an analysis of the health records of 720 of people who were detained onshore. This study revealed that there was a clear association between length of detention and poor health. Those detained for over 24 months were found to have particularly poor physical and mental health. Also turning to government records, Bull, Schindeler, Berkman, and Ransley (2013) reviewed 419 reports of those detained for longer than 24 months. Rates of both physical and mental illness were extremely high. In 252 cases (of which 179 were professionally confirmed), 65% per cent reported problems with physical health and 60% reported mental health problems. Approximately 21% reported problems with both mental and physical health. Two thirds of those with mental health problems showed signs of depression, which was the most common diagnosis. Approximately 40% of people had experienced suicidal ideation. About 30% experienced sleep difficulties and anxiety respectively, and a quarter reported PTSD and actual self-harm. There was a direct link with the length of detention, although this was not just unidirectional with one quarter of cases having mental and physical health concerns explicitly linked to difficulties engaging in the migration process and delays in final refugee determinations. This extended the period of detention between three to five months. In 54% of cases detention was identified as causing – or being among the causes of, or exacerbating – health problems, both mental and physical.

The impact of immigration detention on the health of children and families

Like studies that have examined the impact of detention on the health of adults, studies which have examined the health of children and families paint a similar picture.

In a study of families detained in a remote onshore immigration detention centre, Steel et al. (2004) concluded that all adults and children met diagnostic criteria for at least one psychiatric disorder. Among 14 adults, they identified 26 disorders. Among 20 children, they identified 52 disorders. Retrospective comparisons indicated that adults displayed a threefold and children a tenfold increase in psychiatric diagnoses subsequent to detention.

Other evidence has come from asylum seekers treated in the Australian community. Mares and Jureidini (2004) conducted assessments on 16 adults and 20 children who were held in detention and referred to a child and adolescent mental health service. All children had at least one parent with a

psychiatric illness. Of the 10 children aged 6-17 years all fulfilled criteria for both posttraumatic stress disorder (PTSD) and major depression with suicidal ideation. Eight of the ten children, including three pre-adolescents, had made significant attempts at self-harm. Seven had symptoms of an anxiety disorder and half reported persistent severe somatic symptoms. The majority (80%) of preschool-age children were identified with developmental delay or emotional disturbance.

The Australian Human Rights Commission Forgotten Children Report (AHRC, 2014) examined children's health and wellbeing and the impact of onshore and offshore immigration detention. It found that immigration detention was having "profound negative impacts on the mental and emotional health of children" (p. 29). In relation to offshore detention on Nauru, the report found that, "[c]hildren detained indefinitely on Nauru are suffering from extreme levels of physical, emotional, psychological and developmental distress" (p. 13). In a follow up study, Young and Gordon (2016) re-examined the data collected by the AHRC in relation to 25 onshore detention centres. They concluded that length of time detained was associated with higher self-reported depression scores, with females more vulnerable to length of time in detention. Approximately half of the individuals were identified as having symptoms of PTSD on healthcare professional-rated measures. One-third of the children, adolescents and adults suffered with clinical symptoms requiring tertiary outpatient assessment. Mares (2016) also re-examined this data set. Amongst a sample of 166 asylum seekers, 83% of adults and 86% of teenagers had co-morbid depression and anxiety.

The impact of offshore immigration detention on health

The below evidence bolsters a substantial body of anecdotal evidence that has emerged since Australia has re-opened offshore immigration detention centres on Manus Island and Nauru in 2012. In summary, the evidence below suggests that while health in onshore detention is cause for concern, the health of asylum seekers offshore is far worse.

The Médecins Sans Frontières (2018) (MSF) Indefinite Despair Report details the health of a sample of 208 refugees and asylum seekers who were detained on Nauru. In total, 191 refugee and asylum seekers (92%) reported facing difficulties in Nauru, which likely exacerbated their feelings of vulnerability and mental health problems. In regards to mental health 62% were diagnosed with moderate to severe depression, 25% with anxiety disorder, 18% with PTSD, amongst other diagnoses. Amongst the 39 children seen by MSF, 44% were diagnosed with moderate to severe depression, 26% were diagnosed with resignation syndrome, 18% with complex trauma and 15% with PTSD. For the 74 refugees and asylum seekers seen on an ongoing basis, the health of 20% remained stable, while 69% deteriorated and only 11% showed improvement over time.

With a number of colleagues I have recently analysed the Australian government's quarterly health reports. These reports contain a range of data related to the health and wellbeing of detainees onshore and offshore. These results provide a direct comparison between onshore and offshore detention. On multiple variables from frequency of appointments to psychological distress those offshore fared far worse. A measure that has been consistently used by the Australian government is the Kessler-10 (K10). The K10 is a self-report measure of psychological distress based on questions

about levels of anxiety and depression over the last four weeks. I analysed 21,703 K10 assessments which included 15,264 assessment onshore over a five year period and 6,439 assessments offshore over a three year period. Our results suggest that psychological distress increased with length of detention, while those detained offshore were more likely to report higher levels of psychological distress compared to those detained onshore. Mean K10 scores reported in this study were far higher than the Australian community average and more closely resembled those in the Australian community diagnosed mental health conditions (Essex, Kalocsányiová, Young, & McCrone, Manuscript submitted for publication).

Another study examined a range of further variables related to health and healthcare access. Results again suggest that individuals detained onshore and offshore both have substantial healthcare needs when compared to the Australian community. However, on almost every measure adults detained offshore were far worse, presenting more frequently to healthcare professionals, diagnosed with range of healthcare complaints and were also prescribed medication at far higher rates than those onshore; more often than not these rates were two to three times higher offshore, suggesting that those offshore were in poorer health and required far greater healthcare intervention (Essex & Kalocsányiová, Manuscript submitted for publication).

Finally, the health of children detained offshore almost mirrors the results above. While the need for healthcare was substantial in both onshore and offshore centres, children offshore again fared far worse. For example, offshore between 40-70% of children saw a GP per quarter. Between 20-58% of children saw a mental health nurse per quarter offshore, while between 4-50% saw a psychologist, meaning that on average children accessed psychological support about 1.5 times more offshore than onshore. Up to 33% of children saw a counsellor per quarter offshore, with these rates up to sixteen times higher on average than those onshore (Essex, Kalocsányiová, Pacella, & Scott, Manuscript submitted for publication).

Self-harm and suicide in Australian immigration detention

A number of investigations have examined self-harm and suicidal behaviour in immigration detention. In a 2003 study, men's and women's rates of suicidal behaviours in Australian immigration detention centres were estimated to be approximately 41 and 26 times the national average respectively (Dudley, 2003). The Commonwealth Ombudsman (2013) found links between mental illness, self-harm and a number of aspects of the detention environment and immigration policy. These included levels of previous trauma, fears for family who may have been left behind, isolation, the detention environment itself, including a lack of autonomy, disempowerment and overcrowding. Most recently Hedrick, Armstrong, Coffey, and Borschmann (2019) utilised health records to analyse episodes of self-harm between August 2014 and July 2015. There were 949 self-harm episodes reported in total. Rates of self-harm ranged from 5 per 1000 asylum seekers in community-based arrangements to 260 per 1000 asylum seekers in offshore detention on Nauru. Rates were highest among asylum seekers in offshore and onshore detention facilities, and lowest among asylum seekers in community-based arrangements and community detention. Rates of self-harm in onshore and offshore detention were up to 216 times higher than rates in the Australian community. Finally, over 2000 deaths related to

Australia's policies have been recorded from 2000-2021 (The Border Crossing Observatory, n.d.). Of these deaths, 49 have occurred within Australian immigration detention centres and 32 have been due to suicide or suspected suicide.

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