

Health survey of refugees and asylum seekers with an experience of immigration detention

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BACKGROUND

Asylum seekers and refugees (ASR) have generally experienced a range of traumatic experiences culminating in seeking humanitarian protection.¹ Globally, studies have demonstrated the harmful impacts of immigration detention with high levels of distress being documented amongst ASR in immigration detention.²⁻⁵

Extant evidence of mental and physical health outcomes for forced migrants with an experience of Australian immigration detention is sparse. Furthermore, the impact of mandatory, indefinite detention has not been extensively quantified in an Australian or global context.

AIMS/HYPOTHESIS

To prospectively evaluate the physical and mental health and functional status of individuals with an immigration detention experience of ≥ 28 days.

It is hypothesised that levels of mental distress, pre-existing physical and psychiatric burden and chronic pain will:

1. Worsen with an experience of immigration detention (≥ 28 days) compared to published data on non-detained cohorts of refugees and asylum seekers
2. Improve with a) with time lived in the community; and b) with secure visa status.

METHODS

A concurrent prospective mixed methods study was conducted with qualitative (inductive phenomenological) and quantitative components, for data triangulation. Interviews were conducted with adult refugees and asylum seekers who were subjected to a range of immigration detention settings in Australia (onshore) and PNG or Nauru (offshore) for at least 28 days. Participants were recruited through purposive and snowball sampling from refugee and asylum seeker services and were assessed at baseline, 3, 6, 12 months then annually thereafter. Pre- and post-migration socio-demographic data was collected to investigate social determinants of morbidity. Prevalence and symptoms of physical and mental disorders and functional impairment were determined by a structured psychiatric interview (Mini International Neuropsychiatric Interview; MINI) and five self-report measures (PHQ-15, BPI, HTQ-5, HSCL-25, and WHODAS 2.0).

SCALE	PURPOSE
Mini International Neuropsychiatric Interview v7.0.2 (MINI)	Presence of current psychiatric diagnoses
Harvard Trauma Questionnaire (HTQ) Reference Score: 1-4	Trauma exposure and PTSD symptom severity
Patient Health Questionnaire-15 (PHQ-15) Reference score: 0-2	Somatic Symptom severity
Hopkins Symptom Checklist-25 (HSCL-25) Reference Score: 1-4	Depression and anxiety symptom severity
Brief Pain Inventory (BPI) Reference Score: 0-10	Pain severity and interference
World Health Organisation Disability Assessment Schedule 2.0 (WHODAS 2.0) Reference score: 1-5	Functional impairment due to health conditions

Ethics approval: HREC/73614/MonH-2021-251322

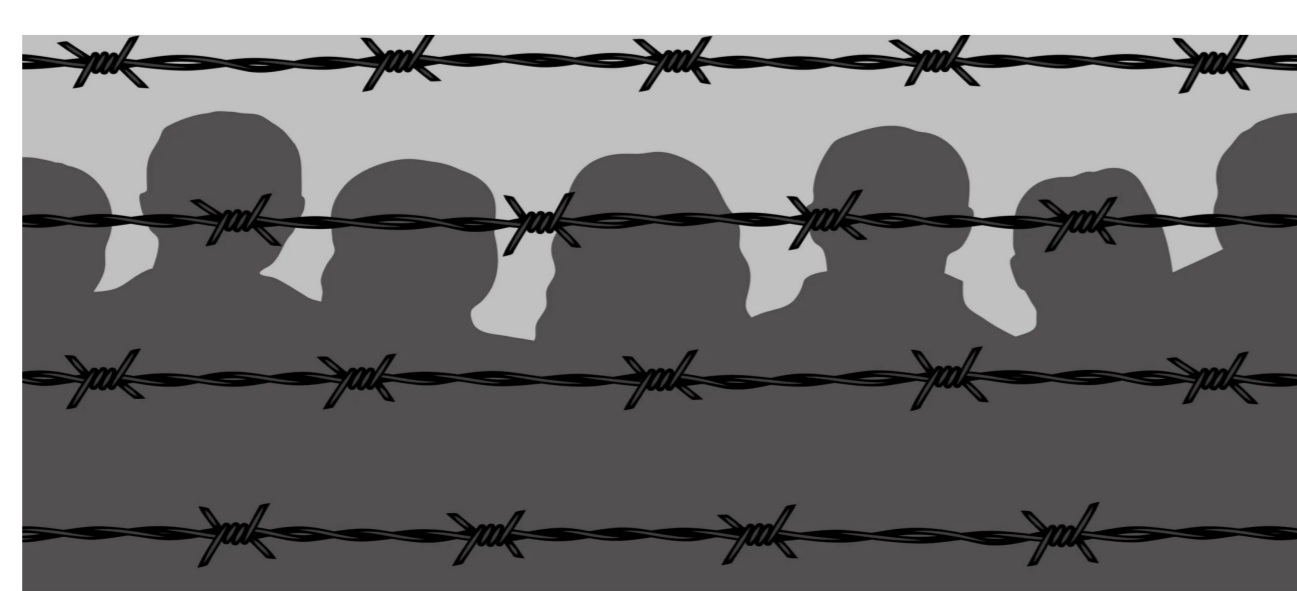
RESULTS- a) QUANTITATIVE

Table 1. Sample Characteristics N=99	Table 2. Mean symptom scores	Table 3. Prevalence of Mental disorders (baseline)
Age (Yrs; Mean \pm SD)		
39.8 \pm 9.8		
Gender		
Male		
70%		
Marital status		
Married/ Partnered		
47.90%		
Never Married		
32.30%		
Time since arrival to Australia (Yrs; Mean \pm SD)		
9.9 \pm 1.5		
Education		
No formal education		
6.20%		
Some primary		
10.30%		
Finished primary		
6.20%		
Some secondary		
36.10%		
Finished secondary		
16.50%		
Vocational training		
3.10%		
Uni		
21.60%		
Country of origin (top 3)		
Iran		
47%		
Sri Lanka		
10%		
Iraq		
9%		
Work Rights		
NIL Work Rights		
25%		
Study Rights		
NIL Study Rights		
65.90%		

Clinical Measures	Mean (SD)
Anxiety (HSCL-a; 1-4)	2.42 (0.78)
Depression (HSCL-d; 1-4)	2.71 (0.73)
PTSD (HTQ; 1-4)	2.45 (0.65)
Disability level (WHODAS; 1-5)	2.98 (1.08)
Somatisation (PHQ; 0-2)	0.91 (0.45)
Pain severity (BPI; 0-10)	5.00 (2.30)
Pain Interference (BPI; 0-10)	4.76 (2.99)

Mental disorder (MINI)	Prevalence (%)
MDD (Major Depressive Disorder)	73
MINI PTSD (Post-traumatic stress disorder)	61
Suicidality (Current- Past Month)	21
Total No. of Diagnoses	
NIL Dx	18
1 MINI Dx	16
2 MINI Dx	40
3 MINI Dx	12
4 MINI Dx	9
5+ MINI DX	5

Women (2.4 \pm 1.5, n=28) had significantly more ($p=0.01$) mental disorders than men (1.7 \pm 1.2, n=65).



RESULTS- b) QUALITATIVE

Theme	Subtheme	Example Quotes
Pervading sense of time in immigration detention as static and indefinite	i. Time lost unattonable	"I've been in here for 9 years... when I get released people will have to explain the world to me... how things work... I don't know, I haven't seen it."
	ii. Uncertainty of wait times degrading to the human spirit	
Immigration detention environment vilifies all those in authority	i. Healthcare professionals working in immigration detention seen as complicit in torture	"This is a crime against humanity when you hold someone in detention... I say please take me to court, I want to speak to a judge... they just say 'I'm sorry'. I'm tired of hearing sorry"
	ii. Immigration detention as being unjust with healthcare viewed as state-sanctioned tool to silence and exercise control over detainees	
Immigration detention perpetuates an individual's loss of autonomy and personal volition	i. Hopelessness as precursor to emotional and mental distress	"Next to me in the same camp, they did it [suicide]. I could do it but I cannot do it because I want to be alive and I want to see my beautiful life. In Australia whatever you want to do, it is your life... for the last one year I am protesting... a totally peaceful protest for my life. This fight is keeping me alive... this is our right... "
	ii. Sense of injustice of immigration detention extending beyond the individual to families (collective societies)	
	iii. Feeling like a second-class citizen	
	iv. Eventuality of freedom as a motive and protective factor for continued existence	
Release from immigration detention unsettling, unnerving and marked with a pervading sense of melancholy	i. Continued fear of the Australian government	"The last couple of months I get locked up you forget how to live... you don't know how to be a human again.... You worry you will hurt a human or an animal... there is more bad behaviour there than good... you worry... the situation affects me... you were locked up and have zero responsibilities... you're not sure what you should be doing. I have no idea how to start to recover."
	ii. Learned helplessness compounded by the detention experience	
	iii. Ongoing sequelae of traumatic experiences encountered whilst in detention leads to a hyper-aroused and hypervigilant state	
	iv. Future as a bleak prospect	

CONCLUSIONS

- The rates of PTSD and MDD are very high amongst asylum seekers and refugees with an experience of immigration detention in the Australian context.
- Women are more vulnerable to developing psychiatric illness than men.
- There was no significant difference in symptomatology between offshore and onshore detention cohorts.
- Prolonged confinement in immigration detention centres can have severe and enduring psychologically disabling effects on ASR. Four themes emerged from qualitative triangulation; pervading sense of time in immigration detention as static and indefinite, immigration detention environment vilifies those in authority, immigration detention perpetuates an individual's loss of autonomy and personal volition and release from immigration detention is unsettling, unnerving and marked with a pervading sense of melancholy.

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