The Australian Psychological Society Ltd

Submission to the

Joint Committee on Australia's Immigration Detention Network

APS contact:

Heather Gridley Manager, Public Interest

This submission was prepared for the Australian Psychological Society by Ms Emma Sampson, Ms Heather Gridley, Dr Julie Morsillo and Dr Susie Burke, with assistance from members of the APS Refugee Reference Group including, Professor Nick Haslam, Dr Zachary Steel, Dr Anne Pedersen, Associate Professor Robert Schweitzer and Adjunct Associate Professor Amanda Gordon.

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ABN 23 000 543 788
The Australian Psychological Society Ltd, Level 11, 257 Collins Street, Melbourne VIC 3000
Phone +61 3 8662 3300; Fax +61 3 9663 6177; Email: contactus@psychology.org.au; Web www.psychology.org.au

1. Overview

The Australian Psychological Society (APS) welcomes the opportunity to make a submission to the Joint Select Committee on Australia's Immigration Detention Network.

The APS is the premier professional association for psychologists in Australia, representing more than 20,000 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychology covers many highly specialised areas, but all psychologists share foundational training in human development and the constructs of healthy functioning.

For almost a decade, psychologists have been actively involved in advocating for the mental health needs and human rights of those seeking asylum in Australia. The APS, in consultation with psychologists working directly with asylum seekers, has long expressed concern regarding the impact of policies of deterrence such as mandatory detention and temporary visas on the psychological wellbeing and mental health of asylum seekers.

A key goal of the APS is to actively contribute psychological knowledge for the promotion and enhancement of community wellbeing. The APS therefore takes a stand against the destructive consequences of racism and xenophobia, both for populations and for individuals. It expresses deep concern over the adverse public health and mental health consequences of such prejudices. Because of these significant adverse consequences, the APS calls for any national debates (e.g., on policies such as immigration and population, border control and response to terrorism) involving people of diverse ethnic, backgrounds to be based on objective data, and not on prejudices, ideology or political expedience.

While the APS is not in a position to comment on all terms of reference in the current Inquiry, our response draws on the research and practice of psychologists working with asylum seekers, particularly those working (or who have worked) in detention.

Along with the submission, the APS draws the Committee's attention to its recent Position Statement on the psychological wellbeing of refugees and asylum seekers, a comprehensive Literature Review on psychological wellbeing of refugees resettling in Australia, and numerous submissions made to government inquiries into detention and migration reform over the past 10 years. These resources can be accessed at:
http://www.psychology.org.au/community/public-interest/refugees/

2. Recommendations

Based on psychological research and practice, the APS makes the following recommendations.

Recommendation 1: Detention has been found to have an independent, adverse effect on mental health by exacerbating the impacts of previous traumas, and is in itself an ongoing trauma. It is recommended that system-wide reform be undertaken, including using detention only as a last resort, as a short-term option, and for as long as is needed to enable appropriate security and health clearances to be completed; community-based alternatives to detention should be prioritised ahead of detaining people offshore or in remote locations.

Recommendation 2: Based on the evidence linking longer periods of detention with poorer mental health outcomes, the APS recommends that specific time limits be placed on the duration of detention, with ongoing detention being based on individual assessment and subject to judicial review. The decision to subject a person to ongoing immigration detention should not be based on the person's mode of arrival.

Recommendation 3: Australia's policy of mandatory detention has led to overcrowding and deteriorating facilities. Where detention is deemed necessary, the APS recommends significant improvements in detention centre facilities and services, including increased access to mental health services, acknowledging however that the ethical delivery of such services is seriously compromised, particularly in offshore and remote facilities.

Recommendation 4: The APS recommends that where detention is deemed necessary, adequate resources, support and training in mental health, human rights and cross cultural issues should be provided for all detention centre staff, to ensure the optimal health, safety and wellbeing of staff and contractors. Locating detention centres in areas where professional support networks are more readily accessible, rather than in remote and offshore locations, will support more effective provision of mental health services.

Recommendation 5: Detention has been found to be particularly harmful for children. The APS recommends that, in the best interest of the child, no child should subject to detention at any point in their immigration processing.

Recommendation 6: The APS recommends that staff providing clinical services within detention environments should have professional autonomy from the detention centre

provider in their clinical decision-making. They should have full access to peer supervision and consultation, and should not be restricted in advocating for the welfare of their clients beyond the normal confines stipulated by professional ethics such as client confidentiality. For these reasons, it is recommended that clinical staff should not be directly employed by the detention centre provider or the Department of Immigration.

Recommendation 7: It is recommended that community-based alternatives to detention are prioritised as part of a system-wide reform of the detention network and policy. We refer Senate members to two comprehensive reports – one by the UNHCR (2011) and the other by the La Trobe Refugee Research Centre (2011), and to the majority of host countries around the world, where mandatory detention is not utilised.

Recommendation 8: Social psychologists have documented that extreme behaviour is a common outcome in situations where people lack personal control, social connection and hope. Long-term detention can be a dehumanising experience for detainees, and it is recommended that elevated rates of aggression directed outwards and inwards as self-harm be understood as predictable responses to this context and not as manipulative or attention-seeking behavior.

Recommendation 9: The APS recommends a review of the government's Detention Values, given current non-compliance with several stated Values and several others that need re-consideration given they are not based on sound mental health evidence. Of particular urgency is replacing the policy of mandatory detention, in line with rapidly accumulating scientific evidence of the serious harm to mental health associated with such a value.

Recommendation 10: The APS is concerned that mental health services within detention are provided outside existing state health systems and in some cases, in contravention of National Practice Standards and professional codes of ethics. We therefore recommend that service agreements between Commonwealth and State governments be prioritised, and that mental health employment and service delivery contracts be developed in line with National Practice Standards.

3. Current context

While there have been some recent changes to detention policy and law, the increase in numbers of people being detained, especially those detained for longer than 6 months, and the significant number of episodes of reported self harm by detainees, means serious concerns remain. A recent report prepared by the Australian Human Rights Commission (2011) highlights the escalating impacts of detention on mental health, identifying:

- Since the policy of mandatory detention was introduced, over 25,000 people have been detained, many with traumatic experiences in their country of origin.
- As of 11 March 2011 there were 6819 people, including 1030 children, in immigration detention in Australia – 4304 on the mainland and 2515 on Christmas Island.
- More than half of those people had been detained for longer than six months, and more than 750 people had been detained for longer than a year.
- In the past year there have been six deaths in detention (five of which appear to have been the result of suicide).
- Also in the previous year there have been suicide attempts, serious self-harm incidents including hunger and water strikes, lip-sewing, riots, protests, fires, break-outs and the use of force against people in detention on Christmas Island by the Australian Federal Police.

The Ombudsman last month announced an investigation into the circumstances which have led to such responses, and observed that tensions generated by these issues are exacerbated by uncertainties about Third Party Transfer policies.

The mental health and wellbeing of asylum seekers and refugees

Psychologists recognise the vulnerability of people seeking asylum and the potential for mental health problems amongst refugees. A comprehensive literature review undertaken on behalf of the APS in 2008, titled the *Psychological Wellbeing of Refugees Resettling in Australia,* identified a range of significant impacts and outcomes of the refugee experience.

While beyond the scope of this inquiry, the review identifies:

- The significant psychosocial impact of the refugee experience, including experiences of pre-migration trauma, migration and resettlement.
- That people seeking asylum are at risk of mental health problems based on specific risk factors including loss and trauma both prior to and post arrival. Mental health problems may be expressed in various ways depending on cultural background, personal experience and reception factors.

- The important role that post-migration stressors may have on adjustment, including the experience of loss, restricted access to appropriate supports, and limited educational and employment opportunities.
- The heightened risk of mental health problems among refugees who are placed in detention, especially children.

The paper highlights, however, that positive settlement outcomes are evident when refugees are afforded adequate rights and provided with appropriate legal, settlement, mental health, education and employment supports. The presence of family was particularly noted as having a therapeutic effect on people who had survived traumatic experiences, with a pivotal role in providing emotional, physical and economic support to refugees upon resettlement.

Also acknowledged is the importance of positive and accurate representation of refugee issues (e.g., in the media, by government), including the promotion of personal survival stories, use of accurate language in reference to refugees and asylum seekers, education about the contexts from which refugees have fled, anti-racism education, and the identification of the contributions made by refugees to the broader community.

Impacts of mandatory detention on mental health

A recent systematic review of studies from the USA, UK and Australia investigating the impact of immigration detention on the mental health of children, adolescents and adults concluded that research consistently "supported an association between the experience of immigration detention practices and poor mental health…. (finding that) detention itself (has) an independent adverse effect on mental health" (Robjant, 2009, p. 310).

Research examining the mental health of refugee claimants in immigration detention specifically, has shown the deleterious effects of detention. A thorough review of relevant psychological theory and available research findings was completed by the APS (2008), which concluded that detention is a negative socialisation experience, particularly for children and that detention exacerbates the impacts of other traumas.

Dudley (2003) estimated that the rates of suicidal behaviours among men and women in Australian detention centres are 41 and 26 times the national average, respectively. Furthermore, male refugee claimants in detention have rates of suicidal behaviour that are 1.8 times higher than male prison rates (Dudley, 2003). Steel et al. (2004) assessed parents and children who had been held in Australian immigration detention centres for approximately two years. All of the individuals met diagnostic criteria for at least one current

psychiatric disorder; 26 disorders were identified among 14 adults, and 52 disorders were identified among 20 children. Mares and Jureidini (2004) confirmed these high levels of psychological distress among adults and children in detention and noted that there was very little support and few interventions provided in those settings.

> "The detention experience incapacitates detainees, in that it does not allow utilisation of usual coping skills, and constitutes a meaningless environment. Detainees are therefore preoccupied by time and experience extreme boredom and frustration as well as a sense of having no future. The potential for the detention environment to reactivate and exacerbate previous traumas was also raised as a theme. The authors conclude that the high incidence of hopelessness, depression and despair among detainees can be regarded as normal reactions to abnormal situations, and detention itself as an ongoing trauma".
> (Robjant, 2009, p. 309).

More recent evidence also suggests the impacts of detention are prolonged, beyond the period of detention. Coffey et al (2010), for example, found that along with significant psychological harm caused while in detention, psychological consequences of detention continue post-release even after the gaining of permanent residency. The severe difficulties experienced by all participants in this study included a sense of insecurity and injustice, relationship difficulties (half the participants identified that they resorted to isolating themselves), profound changes to view of self (loss of role as protector and provider for families and a more general loss of agency) and mental health symptoms such as depression, anxiety, PTSD, low quality of life and persistent and debilitating problems with concentration and memory (Coffey et al, 2010).

> "Detention was experienced as a dehumanising environment characterised by confinement, deprivation, injustice, inhumanity, isolation, fractured relationships, and mounting hopelessness and demoralisation. In the post-detention period…all participants were struggling to rebuild their lives under conditions of insecurity and uncertainty. For the majority, the difficulties experienced were pervasive, disrupting the quality of their relationships and their sense of agency and worth…several years after being released from detention, most participants showed clinically significant levels of depression and symptoms of post traumatic stress disorder. The difficulties participants spoke of in their current lives appear to be a direct transposition of the kinds of harm experienced while detained. It is contended that the enduring nature of these adverse psychological effects can be understood in terms of changes to core belief systems affecting views of the self and relationships, and values about justice and humanity." (Coffey et al, 2010, p. 2077).

The harmful impact of detention has further implications given that most asylum seekers detained go on to be granted refugee status and live in the Australian community. While the refugee recognition rates vary according to national origin and mode of arrival (with boat arrivals resulting in higher number of permanent protection visas than air arrivals), figures show that between 70-97% of asylum seekers are subsequently found to be refugees and granted protection in Australia or elsewhere. [1]

The nature of the harm caused by detention therefore compromises the capacity of refugees to benefit from opportunities ultimately afforded by permanent protection (Coffey et al, 2010), is likely to significantly impact on the settlement process, and inevitably requires further government investment in public, health and mental health services. Those who are deported are returned with increased vulnerability (Lorek et al, 2009).

4. Responding to the terms of reference

The APS is not in a position to respond to all the terms of reference, but based on psychological research and best-practice, we provide a response to the most relevant terms of reference below.

a) any reforms needed to the current Immigration Detention Network in Australia

The current Immigration Detention Network within the mandatory detention policy has impacted negatively on the mental health and wellbeing of both detainees and detention centre staff, leading to significant issues that are difficult to address within the present system. While efforts to minimise harm have been taken (such as releasing many children from detention and providing training to some detention centre staff), these steps fail to acknowledge that detention is a risky environment and a source of trauma in and of itself. Prevention of further mental health problems and recovery from the harm inflicted by detention is unlikely to be achieved without widespread system reform.

Based on evidence into the mental health and wellbeing of asylum seekers and refugees, it is recommended that key aspects of these reforms should include[2];

[1] For example, the Human Rights Commission found that of the 2184 children who arrived without valid visas as asylum seekers from July 1999 to June 2003 and held in immigration detention centres, 92 per cent were awarded refugee status and granted TPVs. More recently, 94 per cent of all refugee status claims were granted from people arriving by boat, after initial assessments and independent merits reviews, between 2008 and 2010.

[2] These recommended reforms are based on the APS position paper on the mental health and wellbeing of asylum seekers and refugees.

- Prioritising the rights of immigrants, refugees, and asylum seekers including rights to safe haven, security and nurturance of their ethnic and cultural beliefs/values and identity, as these are all essential for psychological health.
- Meeting Australia's obligation under the UN Refugee Convention by upholding the fundamental right of refugees to seek protection by adopting a fair refugee status determination process.
- Only use immigration detention as a short-term option, for as long as is needed to enable appropriate security and health clearances to be completed.
- Detention should not take place offshore or in remote locations.
- Community-based alternatives to detention should be prioritised.
- Children should not be detained.
- Increase the mental health services available to asylum seekers in detention, and strengthen the capacity of mental health service providers by providing appropriate training and support mechanisms.
- Increase resources and support for mental health professionals to access appropriately trained interpreter and translation services within detention, and ensure that these services be accessible to all asylum seekers and refugees.
- Provide adequate training and support to all detention centre staff and contractors in mental health policies.

Recommendation 1: Detention has been found to have an independent, adverse effect on mental health by exacerbating the impacts of previous traumas, and is in itself an ongoing trauma. It is recommended that system-wide reform be undertaken, including using detention only as a last resort, as a short-term option, and for as long as is needed to enable appropriate security and health clearances to be completed; community-based alternatives to detention should be prioritised ahead of detaining people offshore or in remote locations.

(b) the impact of length of detention and the appropriateness of facilities and services for asylum seekers

Impact of length of detention

Research has also accumulated demonstrating the harm associated with extended periods of detention. This research indicates that "longer periods of detention are associated with worse outcomes" (Robjant et al, 2009, p. 310).

Sultan and O'Sullivan (2001) suggest that psychological difficulties observed among detainees increased through successive stages, triggered by negative outcomes on asylum decisions, while Green and Eagar (2010) found that time in detention was significantly related to the rate of new mental health problems among detainees, finding that 40% of those held for 2 years or longer developed new mental health symptoms.

Steel et al (2006) found that those who were detained for longer than 6 months showed greater levels of traumatic distress related specifically to past detention compared to those who had been detained for shorter periods. A higher proportion of those who had been detained in excess of 6 months met diagnostic cut-offs for PTSD, depression, and moderate to severe mental health-related disability than those who had been detained for shorter periods or who had not been detained. While some initial improvement in individuals immediate post release has been observed, Steel et al (2006) noted that the harmful effects of detention remain.

This has been further validated by Coffey et al (2010), who interviewed refugees who had been detained for extended periods (three years on average) three years post-release and found that all participants were struggling to rebuild their lives in the years following release from detention, and for most the difficulties experienced were pervasive.

> "The data from all sources converge in demonstrating that prolonged detention has adverse mental health and psychosocial impacts on adults, families and children. Recent studies suggest that the mental health effects may be prolonged, extending well beyond the point of release into the community." (Silove & Steel, 2007, p.359).

Recommendation 2: Based on the evidence linking longer periods of detention with poorer mental health outcomes, the APS recommends that specific time limits be placed on the duration of detention, with ongoing detention being based on individual assessment and

subject to judicial review. The decision to subject a person to ongoing immigration detention should not be based on the person's mode of arrival.

Appropriateness of facilities and services

The lack of access to mental health services is of particular concern, especially within Christmas Island detention facility. While a recent Ombudsman report has identified that mental health staffing has increased, there is significant unmet demand for services (with 20 to 50 consultations a day required)(Commonwealth Ombudsman, 2011).

Even with increased service access, the system of mandatory detention, particularly in remote and offshore locations, inevitably compromises the ethical delivery of psychological services. As Davidson (2010) points out, there are concerns about the suitability of clinical expertise and assessment instruments in this context, along with the lack of suitable interpreter services or mental health services for children and young people. Suitable continuing professional development and peer supervision is also unlikely to be available for mental health professionals providing services in detention in offshore locations.

In terms of facilities, over-crowding is of particular concern currently on Christmas Island, with numbers rising from 31 people in detention in October 2008 to 2,757 detainees in February 2011- "well in excess of the contingency capacity of 2,584, let alone the nominal operational capacity of 744 - with some living in wet and mouldy tents" (Ombudsman, 2011). The inability to manage the conditions and number of people subject to immigration is directly linked to the Australia's mandatory detention policy Across the previous decade the policy of indiscriminate mandatory detention has led to the numbers within immigration detention reaching unsustainable levels particularly at times of high periods of irregular migration to Australia. Over-crowding magnifies the above-mentioned concerns, particularly intensifying mental health difficulties faced within the detention environment.

Recommendation 3: Australia's policy of mandatory detention has led to overcrowding and deteriorating facilities. Where detention is deemed necessary, the APS recommends significant improvements in detention centre facilities and services, including increased access to mental health services, acknowledging however that the ethical delivery of such services is seriously compromised, particularly in offshore and remote facilities.

(c) the resources, support and training for employees of Commonwealth agencies and/or their agents or contractors in performing their duties

As discussed above (b), the detention setting places considerable obstacles in the way of clinicians providing effective, ethical mental health services, making significant improvement in such an impoverished environment improbable. It is difficult for psychologists to assist in recovery, as much of the trauma for those in detention is the uncertainty about their future – both in relation to the time in detention and future visa outcomes. Healing is unlikely while concerns about safety remain. Refugees' experiences of immigration detention have also offered compelling evidence that detention has impeded efforts to address their mental health needs, while mental health professionals have noted the challenge "to remain advocates for the civil and human rights of these detainees, while retaining the counselling role" (Gordon, 2011, p. 12).

While the Detention Health Advisory Group on which the APS is represented has developed mental health policies and procedures in regard to the health and wellbeing of detainees, particularly around suicide and self harm issues, the implementation of these policies in practice has remained poor. For example, while training for all detention centre staff has been developed in mental health policies, not everyone with client contact has undergone this training, with "those with least understanding of issues of mental health, but who had the potential to have the most impact on client day-to-day functioning, often given truncated courses…leaving them lacking in understanding of core concepts, or without the capacity to use the policies…" (Gordon, 2011, p.13). Concerns have also been raised about the mental health of detention centre staff and the development of services outside existing system of state and commonwealth health and mental health services.

> "The particular circumstances of immigration detainees in Australia (including prolonged detention in isolated facilities with limited access by visitors or health professionals) makes appropriate provision of care difficult. There is an ethical dilemma for clinicians wishing to provide humane care for detainees within a system which may be seen to contribute to their plight." (Mares, et al, 2002, p.96).

Recommendation 4: The APS recommends that where detention is deemed necessary, adequate resources, support and training in mental health, human rights and cross cultural issues should be provided for all detention centre staff, to ensure the optimal health, safety and wellbeing of staff and contractors. Locating detention centres in areas where professional support networks are more readily accessible, rather than in remote and offshore locations, will support more effective provision of mental health services.

(d) the health, safety and wellbeing of asylum seekers, including specifically children, detained within the detention network

As discussed above (section 5 on impact of mandatory detention on mental health) mandatory, indefinite detention is harmful to the mental health and wellbeing of asylum seekers. In summary, research has found an independent association between the experience of detention and poor mental health, and that detention;

- exacerbates the impact of other trauma's
- is linked to increased suicidal and self-harm behaviours
- is associated with a higher incidence of psychological and psychiatric conditions, and
- causes harm beyond the period of detention and compromises the capacity of refugees to benefit from eventual settlement in Australia.

Holding children and young people in detention is particularly harmful - it accentuates developmental risks, threatens the bonds with significant caregivers, limits educational opportunities, has destructive psychological impacts and exacerbates the impacts of other traumas (APS, 2004; Thomas & Lau, 2002). These impacts were amply documented in the Human Rights Equal Opportunity Commission inquiry into Children in Immigration Detention (2004), which found alarming levels of suicidal ideation and acts of self harm amongst young detainees; alarming levels of Major Depressive Disorder and Post Traumatic Stress Disorder amongst young detainees; diagnosis of other mental health problems, including anxiety, nightmares, bed wetting, dissociative behaviour, emotional numbing and a sense of hopelessness. Evidence also suggested that the levels of mental health care required by these young people could not be delivered effectively in a detention setting.

Also well documented and of concern are the destructive effects of detention on families; a relationship between family functioning and young people's mental health. Mare et al (2002) for example, identified that the parental role is rendered impotent while families are in detention as parents are "unable to provide adequately for their children's physical and emotional needs, in an environment where opportunities for safe play, development and education are inadequate or unavailable" (p. 96). There have also been significant concerns about the level and quality of education available to children in detention.

While recently the Government has released many children from detention, there are still children and families currently being detained. Giving priority release to some families deemed at risk fails to acknowledge that detention is a risky environment for all families.

Recommendation 5: Detention has been found to be particularly harmful for children. The APS recommends that, in the best interest of the child, no child should subject to detention at any point in their immigration processing.

Please also see Recommendation 1 above.

(e) impact of detention on children and families, and viable alternatives

See response to d) above and g) below

(f) the effectiveness and long-term viability of outsourcing immigration detention centre contracts to private providers

The clinical independence of mental health staff working within detention centers is an essential component of ethical clinical practice. Since the introduction of mandatory detention there have been multiple complaints from our members and other mental health staff that the detention environment and operational decisions taken are having priority over clinical decision making (Coffey 2006; Gordon, 2011; Silove et al, 2007 .Steel, et al. 2004).

While the APS recognizes that there will be some level of restraint to clinical decision making within in an institutional setting such as immigration detention, it is essential that active steps be taken to ensure that these restrictions are kept to a minimum. The APS is pleased to be part of the Detention Health Advisory Group in developing mental health policies and procedures in regard to the health and wellbeing of detainees. As part of this it is essential the mental health professionals have clinical and professional independence, which extends to the need for full access to peer supervision and consultation service. It is the view of the APS that clinical staff also have the right to make professional assessment and comment on practices that mitigate against mental health recovery in immigration detention.

Also of concern is that independent Health Service Providers will continue to find it difficult to source experienced psychology staff to take up their contracts. Many psychologists prefer direct employment with the Government, so that there are normal conditions of employment, possibilities of careers and proper lines of management.

Recommendation 6: The APS recommends that staff providing clinical services within detention environments should have professional autonomy from the detention centre provider in their clinical decision-making. They should have full access to peer supervision and consultation and should not be restricted in advocating for the welfare of their clients

beyond the normal confines of stipulated by professional ethics such as client confidentiality. For these reasons, it is recommended that clinical staff should not be a direct employee of the detention centre provider or of the Department of Immigration.

(g) the impact, effectiveness and cost of mandatory detention and any alternatives, including community release

The key to preventing mandatory indefinite detention is to explore and implement alternatives to detention. We refer the committee to a recent publication by the Latrobe Refugee Research Centre (2011), which is a comprehensive review of alternatives to detention. The report identifies:

- that within an international context, "most countries do not use detention as the first option in the majority of cases; that a number of countries rarely resort to immigration detention, if at all; and that successful migration systems break down the population before considering management or placement options" (p.6).
- that alternatives to detention involve laws and policies that enable asylum seekers to reside in the community with freedom of movement while their claims are being assessed.
- assessment of each case is the focus of alternatives to detention and ensuring that community structures are in place to support the individual while their claims are being assessed.
- a range of benefits associated with the prevention of unnecessary detention including lower costs, higher rates of compliance, reduced wrongful detention, improved client health and welfare.

The research concludes that "with effective laws and policies, clear systems and good implementation, managing asylum seekers, refugees and irregular migrants can be achieved in the community in most instances" (p.5).

Recommendation 7: It is recommended that community-based alternatives to detention are prioritised as part of a system-wide reform of the detention network and policy. We refer Senate members to two comprehensive reports - one by the UNHCR (2011) and the other by the La Trobe Refugee Research Centre (2011), and to the majority of host countries around the world, where mandatory detention is not utilised.

(h) the reasons for and nature of riots and disturbances in detention facilities

There is an unfortunate predictability about the riots and disturbances experienced in detention facilities. Social psychological research has long demonstrated the impact of institutionalization on individual behaviour and response. Zimbardo's (1972) classic Stanford Prison Study[3] starkly highlighted the harmful impacts of institutionalization, both on 'guards' and on 'prisoners' or those detained. 'Guards' were found to apply increasingly de-humanising behaviour towards 'prisoners' and protest behaviour observed in healthy, university student participants in the experiment included a riot, planned escape and hunger strike. The results of this experiment (it was abandoned after only 6 days), supported more broadly in psychological research, highlight the situational attribution of behaviour (whereby the situation causes individual behaviour, rather than anything inherent in the individual) and in particular attests to the harmful effects of institutionalization.

The conditions imposed by detention and the refugee determination process therefore, can be understood to be the most likely contributors to the riots more recently experienced in detention facilities. The conditions, including over-crowding and institutionalization, along with the delays in processing and uncertainty about the future contribute to feelings of hopeless, despair and desperation. Confining already vulnerable people who have not committed a crime (by seeking asylum) and controlling their experience eventually 'breaks them' - experiences of torture and trauma, worry and guilt about family back home and the threat of return to a country where your life is in danger all compound to progressively break asylum seekers down (Steel, in Kwek, 2011).

Helplessness and despair are common, normal reactions to conditions of uncertainty, which are imposed by the detention environment. All detainees experience distress, many of whom who have already experienced significant trauma. Eventually, the growing distress and mental health problems feed into a "fight or flight response" - detainees, feeling trapped in what they see as a life-threatening or intolerable situation, find themselves needing to fight the threat or flee from it (Bowden, in Kwek, 2011). The riots, protests and significant self-harm and suicide within detention centres are all the response of individuals to extraordinary stress. When the 'flight' response is not an option, these behaviours can be understood

[3] Phillip Zimbardo an American psychologist, conducted the Stanford Prison Study in which 24 normal college students were randomly assigned to be "prisoners" or "guards" in a mock prison located in the basement of the psychology building at Stanford University. The two week planned study into the psychology of prison life ended only after 6 days due to emotional trauma being experienced by the participants. The students quickly began acting out their roles, with "guards" becoming sadistic and "prisoners" showing extreme passivity and depression.

within the ‘fight’ response as a form of resistance to oppression, by people with limited sense of their own agency and very limited power.

Recommendation 8: Social psychologists have documented that extreme behaviour is a common outcome in situations where people lack personal control, social connection and hope. Long-term detention can be a dehumanising experience for detainees, and it is recommended that elevated rates of aggression directed outwards and inwards as self-harm be understood as predictable responses to this context and not as manipulative or attention-seeking behavior.

(i) the performance and management of Commonwealth agencies and/or their agents or contractors in discharging their responsibilities associated with the detention and processing of irregular maritime arrivals or other persons

As identified above, there is a need for all staff (Commonwealth or their contractors) to have sufficient training in mental health care and cross-cultural understanding, prior to deployment at an immigration detention centre. As research has shown, it is inevitable that there will be an escalation of self-harm and aggressive behavior while people are being held by contractors who see their role as security.

Of further concern in relation to the contracting of certain services out has been confirmed in the three silos that operate in immigration detention centres. The IT systems of each of the three providers – DIAC, Serco and IHMS often fail in useful information exchange and clients’ welfare is compromised as a result.

Please see Recommendation 4.

(j) the health, safety and wellbeing of employees of Commonwealth agencies and/or their agents or contractors in performing their duties relating to irregular maritime arrivals or other persons detained in the network

Psychologists have long been concerned for the health, safety and wellbeing of those working in these detention centres, as they can eventually be overwhelmed by despair, and with various methods become disengaged from the clients in order to protect their own mental health. This can be a particular concern in remote locations, where workers are without their families, alcohol is cheap and there are few leisure alternatives and few support systems, staff can be easily relaxed in a way in which their own mental health needs can

become compromised. Additionally, many psychologists and other mental health workers struggle with their own responses to immigration detention, making it more difficult to work within a system that they may believe is inhumane (Gordon, 2011).

Please see recommendation 6.

(k) the level, adequacy and effectiveness of reporting incidents and the response to incidents within the immigration detention network, including relevant policies, procedures, authorities and protocols

Please see response to c, h and I above.

(l) compliance with the Government's immigration detention values within the detention network

As recently identified by the Ombudsman (Asher, 2011), the government's detention centre values have been 'more motherhood statements than milestones to a fairer society'. Some of these values have not been implemented or upheld in practice, while others are contrary to the wellbeing being and human rights of asylum seekers. For example, the values, such as not detaining children and families and detention to be used as a last resort have not been upheld in practice, with children continuing to be detained. While the government's stated value of mandatory detention has been clearly linked with poor mental health outcomes and therefore this particular value should re-considered.

Recommendation 9: The APS recommends a review of the government's Detention Values, given current non-compliance with several stated Values and several others that need re-consideration given they are not based on sound mental health evidence. Of particular urgency is replacing the policy of mandatory detention, in line with rapidly accumulating scientific evidence of the serious harm to mental health associated with such a value.

(m) any issues relating to interaction with States and Territories regarding the detention and processing of irregular maritime arrivals or other persons

The bypassing of existing state-based service system (and outsourcing of services to private contractors) is a concern. There are not adequate agreements between the Commonwealth and various State governments, which would ensure detainee access to state mental health services. Contractual arrangements between mental health professionals and detention centre contractors also depart from the National Practice Standards, prioritising the employer

over clients. This, combined with the isolation of immigration detention health services from state health legislation and policy, and the delivery of detention health care by means of private contractual arrangements, has resulted in highly unregulated mental health services for detainees. This has lead to a range of issues, such as mental health clinicians working with detainees outside existing peer and support networks and structures, diminished accountability and transparency, and ethical challenges less commonly encountered in more mainstream settings (Coffey, 2006).

A further issue of concern is the additional pressure put on local hospitals, already stretched for adequate resources, in the rural and remote locations where detention centres are located. State services could cope better with smaller numbers of people in various locations using community resources as is the case with the rest of the population.

Recommendation 10: The APS is concerned that mental health services within detention are provided outside existing state health systems and in some cases, in contravention of National Practice Standards and professional codes of ethics. We therefore recommend that service agreements between Commonwealth and State governments be prioritised, and that mental health employment and service delivery contracts be developed in line with National Practice Standards.

(p) the expansion of the immigration detention network, including the cost and process adopted to establish new facilities;

Based on the above mentioned evidence, the APS strongly recommends that the policy of mandatory, indefinite detention be replaced with community processing alternatives. This is in preference to the detention network being expanded, and would mean that expansion is not required (as there are fewer people to detain).

(q) the length of time detainees have been held in the detention network, the reasons for their length of stay and the impact on the detention network;

Please see response to b.

(r) Processes for assessment of protection claims made by irregular maritime arrivals and other persons and the impact on the detention network; and,

Please see response to b.

5. Conclusion

Mental health evidence does not support the continued policy of mandatory, indefinite detention. Immigration detention has shown to have an independent, adverse affect on the mental health and wellbeing of those detained, with the impacts of detention last well beyond the period of detention. The APS has additional concerns about children and families being detained, as well as asylum seekers who are detained in remote and/or off-shore detention facilities, such as those on Christmas Island

The key to avoiding mandatory indefinite detention is to explore and implement alternatives to detention. Two reports this year document viable alternatives to detention (Latrobe Refugee Research Centre (2011) & UNHCH (2011), and cite most other countries around the world, who do not have a policy of mandatory detention. Importantly, the UNHCR (2011) finds that there is no empirical evidence that detention deters irregular migration, with alternatives being significantly cheaper option than detention, and with people released into the community reporting better outcomes in terms of self-reliance, overall health and wellbeing.

Where detention is deemed unavoidable, significant improvements are necessary in the delivery of mental health services. Services should be provided as part of State and Commonwealth service systems, adhering to National Practice Standards and professional codes of ethics and retaining clinical autonomy from detention providers, while the training and support of all staff working within the detention network, including mental health professionals, needs to be significantly improved.

Regardless of the capacity of existing mental health supports, the APS has concerns that the system of mandatory detention of asylum seekers, particularly in remote, offshore locations inevitably compromises the ethical delivery of psychological services.

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