

The Mental Health Effects of Immigration Detention Centres on Children and Young People Summary for Dr Bhagwati and Matthias Behnke, Office of the High Commissioner for Human Rights

What is observed in the Immigration Detention Centre (IDC) Population

1. Excess rates of suicide, suicide attempts and self-harm

- The number of suicides in IDC's in the last 18 months suggests that suicide rates may be at least 10 times in excess of the general Australian rate, and 3 times that of young adult men, the age and sex group at highest risk¹.
- Self-harm and suicide attempts, which are endemic in Immigration Detention Centres (IDC's), involve children and young people.
- Serious methods such as hanging, throat-slashing, deep wrist cutting, and drinking shampoo are used.
- Prepubertal children, who almost never make suicide attempts, are involved.
- Protest, despair and imitation are important motivations for self-harm in IDC's. DIMIA only sees protest (in the form of 'manipulation', or 'terrorism') as significant and ignores the role of these other equally powerful factors.

2. Higher rates of mental disorders and developmental problems

- In the general community, suicide attempts and self-harm are frequently associated with mental disorders. Social and environmental factors contribute to higher rates for particular groups (such as youth in custody, indigenous youth)².
- Among adult asylum seekers, rates of depression, anxiety and post-traumatic stress disorder (PTSD) are reportedly higher among ex-detainees than those who have not been detained³. It is uncertain whether detained children have more mental health problems than non-detained children, because independent assessments cannot be undertaken.
- Detainees, including children and adolescents, are an already vulnerable and traumatised group BUT -
- Convergent multi-source testimony, including clinical reports and the children's own accounts, suggests that children like adults suffer from depression, anxiety and post-traumatic stress disorder (PTSD), and also from disruptions of attachment and development, including disruptions to their sense of self. This testimony also suggests that these disorders and disturbances are greatly augmented by detention⁴.
- Severe attachment disorder has been documented in very young children or those born in detention⁵. This implies a long-term risk to neurodevelopment that could lead to vulnerability to stress, long-term relationship difficulties, risk of chronic depression and vulnerability to suicidal behaviours after release from detention.

How the detention environment creates and aggravates mental disorders

Specific aspects of immigration detention create or aggravate mental disorders and self-harm, and re-traumatise vulnerable children:

- Detention centres are harsh, depriving environments where children and their parents are held behind razor wire indefinitely. Detention involves a legalistic and adversarial refugee determination process that detainees and others perceive as arbitrary and unjust.
- Some detention centers e.g. Woomera are situated in a physically harsh, climactically extreme and isolated environments that augment these difficulties.
- Evidence exists that some IDC procedures stigmatise and coerce detainees (e.g. detainees are called by number not name, at times exposed to intentional violence, or placed in solitary confinement)⁶. The rules of IDC's frequently change in arbitrary ways.

- Existing government policy concerning asylum-seekers and private arrangements with the contractor (ACM) prevent accountability.
- No appropriate psychiatric treatment can be given within the IDC environment, as it is the environment itself that is a fundamental cause of the problem.
- Health professionals working within a system that engages in systematic violations of human rights are confronted with major ethical dilemmas regarding whether they will remain within the system or speak out and/or resign^{6,7}.

In this extreme environment,

- Children witness ongoing violence, suicide attempts and riots.
- Their parents are powerless to comfort or protect them from these events, or from what is often their own intense hopelessness and depression.
- Children at times are separated (sometimes forcibly) from their parents, and friends are repeatedly separated from each other.
- Children cannot access appropriate educational and play facilities, either because these are absent (e.g. appropriate secondary schooling), or because of the child is too distressed or preoccupied with the detention environment to be able to participate.

Long-term mental health consequences of detention

- The extreme IDC environment, which disrupts attachments, exposes to trauma and parental depression, and fails to provide appropriate adequate stimulation is likely to have major long-term effects on children's development.
- This is likely to occur through harming children's sense of identity, security and relationship stability, and through the neurodevelopmental effects of trauma and ongoing PTSD on outcomes such as the child's vulnerability to stress, depression, and suicidal ideation etc⁸.
- Children are totally preoccupied with the detention environment. They may be emotionally overwhelmed by it, or unable to think and feel because of it. Their development is derailed. Over the months and years, IDC's destroy families' lives and children's trust in the goodness of the world.

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