



# Refugee and asylum seeker children in Australia

**Karen Zwi &  
Shanti Raman**

**Community  
Paediatricians**

**ISSOP 2017**



# Overview

- ✦ Refugee policy and intake in Australia
- ✦ Health issues
- ✦ Human rights issues



# Becoming a refugee in Australia

QUOTA = 13 750 per year + extra 12 000

Off shore  
Refugee status  
determined by UNHCR

Onshore  
Apply for asylum

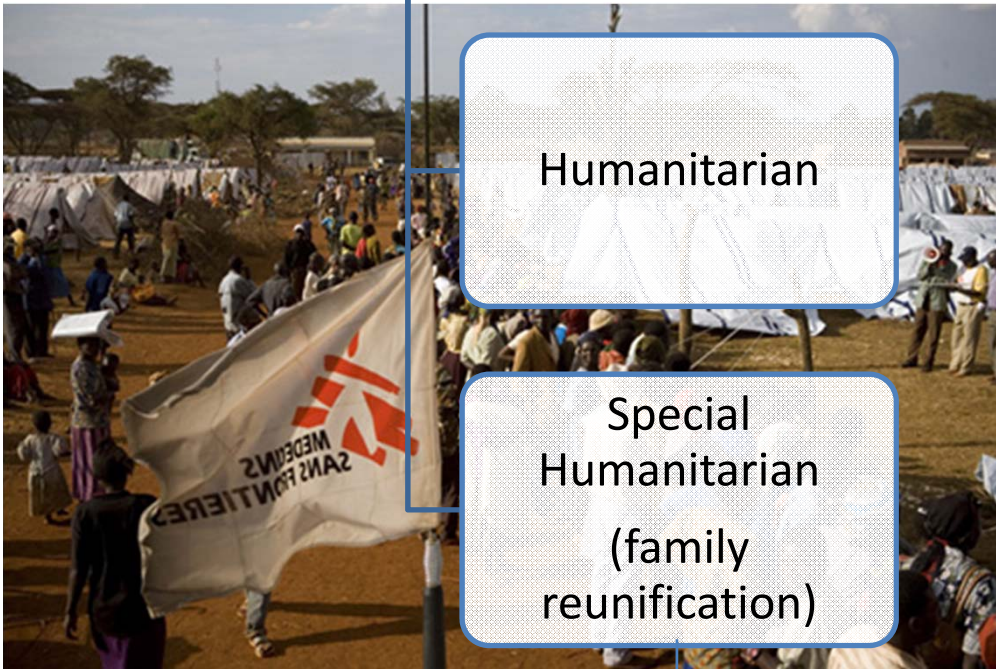
Humanitarian

Special  
Humanitarian  
(family  
reunification)

Boat arrivals  
(Irregular maritime  
arrivals)

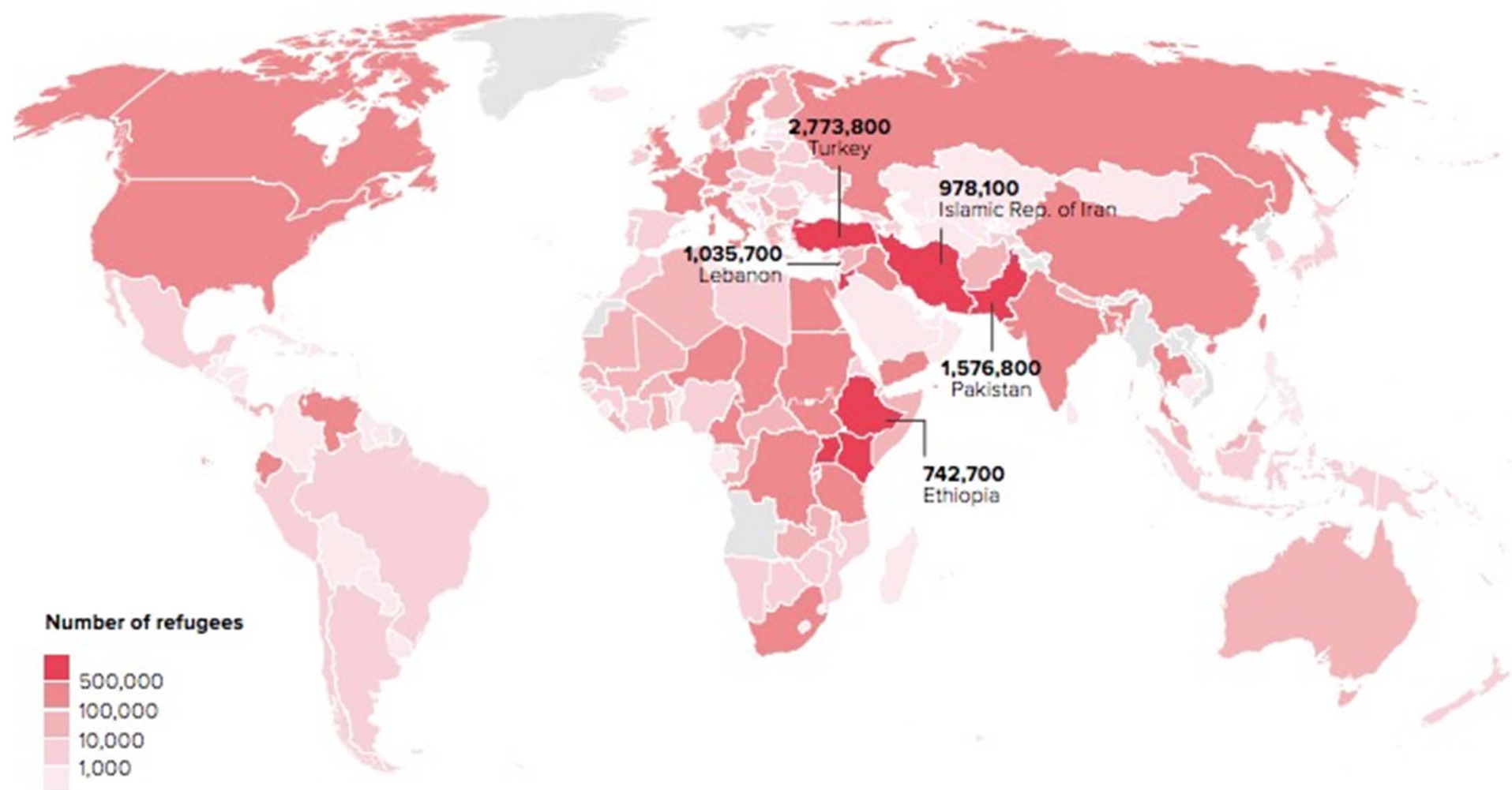
Plane arrivals

Granted PPV then citizenship



**Map 1** Refugees, including persons in a refugee-like situation | mid-2016

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.



# Refugee intake



- ✦ Highly controlled
- ✦ 40% < 20 years
  
- ✦ 40%-50% from Middle East
  - ✦ Afghanistan, Iran, Iraq, Syria
- ✦ 20-30% from SE Asia
  - ✦ Burma mainly
- ✦ 10-20% from Africa
  - ✦ Sudan, Congo, Burundi, Liberia

# *Refugees to Australia*

## ❖ Permanent residents

- ❖ Medicare – universal ‘free’ primary care
- ❖ Voluntary screening
- ❖ Aust Government support after arrival
  - Settlement services – assist with initial housing, welfare payments, case management
  - English language (520 hours)
  - Mental health assessment

# Common Health Issues

- ⊕ growth and development issues
- ⊕ anaemia Vit D deficiency
- ⊕ under-immunisation (all)
- ⊕ infectious diseases
  - ⊕ Tuberculosis Schisto Malaria
  - ⊕ Hep B infection Intestinal parasites
- ⊕ undetected chronic disease – chromosomal abN, hypothyroidism, cong heart disease, sickle cell disease
- ⊕ hearing and visions abN, poor dental health
- ⊕ Mean # of health problems per child = 3, range 0-7

# *Mental health issues*

## ⊕ High risk

- ⊕ 40% separated from their family at one point
- ⊕ >33% witnessed violence
- ⊕ 25% under combat fire
- ⊕ 25% disappearance of family members

## ⊕ Anxiety, depression and PTSD – poorly studied

## ⊕ Service access poor & low service use

# *Developmental disability*

- Emerging issue
- >40% of children seen in paediatric refugee clinics
- Often with co-morbid chronic health conditions
- Due largely to:
  - changes in Government policy
  - living longer
  - consanguinity in some community groups



if asylum-seekers arrive at Christmas Island on the weekend

## *If you arrive by boat*

Indefinite mandatory detention including children

Offshore processing PNG (Manus Island) and  
Nauru started Sept 2012 - ongoing

“Never to be resettled in Australia”

“No exceptions”

Seeking 3<sup>rd</sup> country options – Cambodia has  
resettled 4 @ AUD\$40 million; USA

**No way. They will not  
make Australia home.**



Australian Government  
Department of Immigration  
and Citizenship

people our business



**The rules have changed.  
Check the facts.**

Visas

Refugee and humanitarian visas

Refugees

No way. They will not make Australia home.

200 - Refugee

201 - In-country Special Humanitarian

Strong evidence base  
that detention harms  
children



Drawn by children in  
detention (2014  
Human Rights  
Commission Inquiry)





## ***Suicide, self-harm in immigration detention***

Adults suicide rates are 40 times Australian  
suicide rate

>1100 incidents of threatened / actual self-harm  
across all detention facilities reported 2010-11

Children's rates of self harm

Jan 2013 – Aug 2016: 203 self harm incidents in  
detention

mental health disorders in 34% vs 2% Australian  
population

# Literature on detainees in Australia

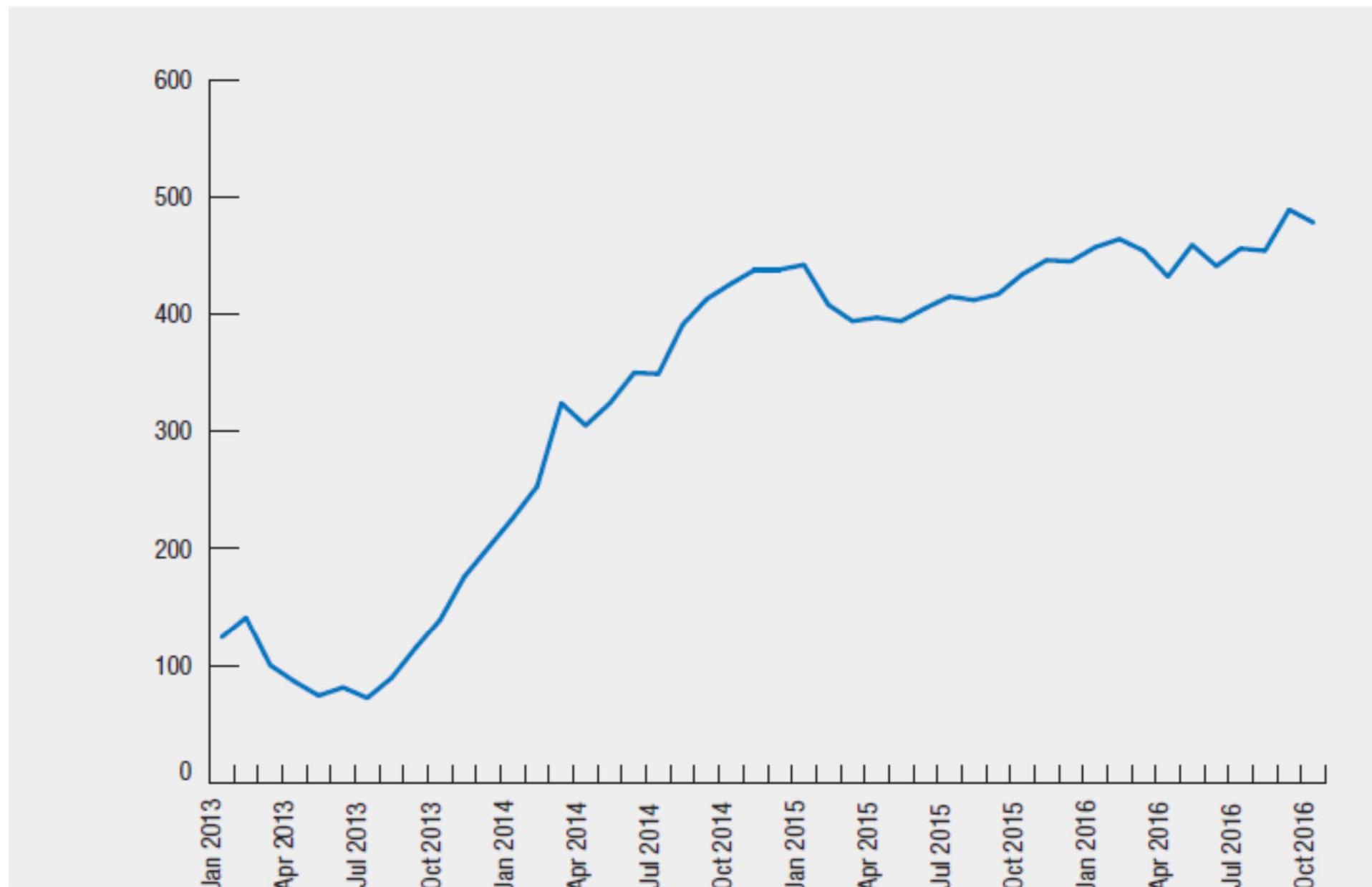
*D Silove, Z Steele, M Dudley, L Newman, K Eagar*

## ➤ Synergistic risks for children:

- ❑ long term uncertainty
- ❑ parental hopelessness
- ❑ harsh conditions
- ❑ lack of safe and predictable environment
- ❑ inadequate play/educational facilities
- ❑ witness to traumatic events
- ❑ Guardian for unaccompanied minors
- ❑ length of stay a predictor of wellbeing

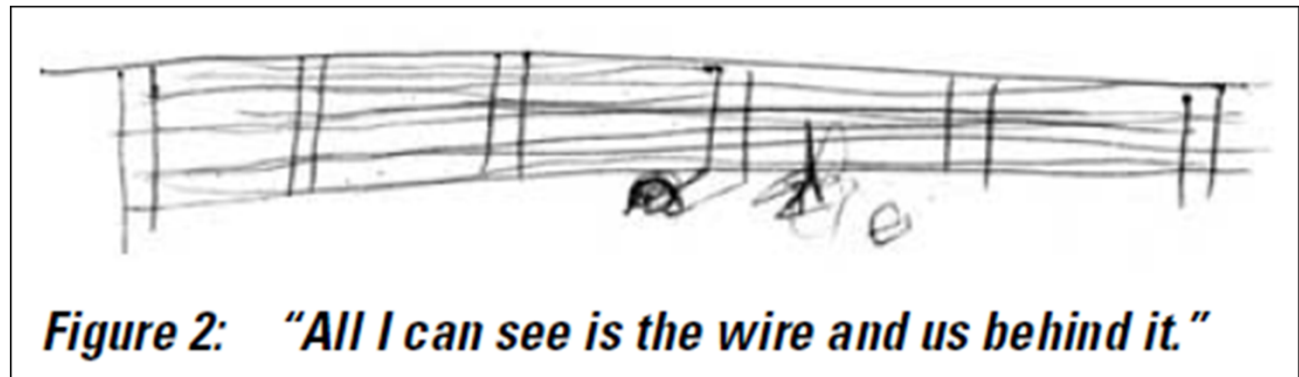


**Chart 6: Average number of days in closed detention, January 2013 to December 2016<sup>67</sup>**



## *Multiple reviews condemning conditions*

- ✦ Australian Senate committee finds conditions are 'not adequate, appropriate or safe'
  - ✦ all asylum seeker children and their families should be removed from Nauru
- ✦ Multiple Human Rights Commission inquiries
- ✦ UNHCR – repeated condemnation



# Australia's immigration centres are no place for children

2016 peer reviewed literature



Last week, the High Court in Australia ruled that the country was within its constitutional rights to detain asylum seekers offshore. This rule is objectionable not only for the health of individuals seeking asylum or refuge, but also for the more than 260 people on the mainland who are now at risk. As noted in Human Rights Watch released on Jan 28, Australia has been protecting civil and political rights, Concerns have been raised about children in these facilities. A report by paediatricians from the University of Queensland's Commission of Inquiry into Immigration Detention (and) Nauru and the health of young children to be detained on the "Nauru" either

Academic literature clearly documents the damaging health impacts

Asylum seekers

AUSTRALASIAN PSYCHIATRY

## One psychiatrist's experience of visiting offshore processing centres for people seeking asylum in Australia

**Robert Adler** Child and Adolescent Psychiatrist, Private practice, Melbourne, South Yarra, VIC, Australia

Australasian Psychiatry  
2016, Vol 24(1) 23-25  
© The Royal Australian and New Zealand College of Psychiatrists 2016  
Reprints and permissions:  
sagepub.co.uk/journalsPermissions.nav  
DOI: 10.1177/1039856215604485  
apy.sagepub.com  
SAGE

## Mental health screening in immigration detention: A fresh look at Australian government data

**Peter Young** Sydney, NSW, Australia  
**Michael S Gordon** Adjunct Clinical Associate Professor, Monash University, Melbourne, VIC, Australia

Australasian Psychiatry  
2016, Vol 24(1) 19-22  
© The Royal Australian and New Zealand College of Psychiatrists 2016  
Reprints and permissions:  
sagepub.co.uk/journalsPermissions.nav  
DOI: 10.1177/1039856215624247  
apy.sagepub.com  
SAGE

**Abstract**  
**Objectives:** The poor mental health of asylum seekers and refugees in immigration detention has consistently been reported in peer-reviewed literature internationally; however, data on the mental health of asylum seekers and refugees detained in Australian immigration has been very limited.  
**Methods:** We re-analysed mental health screening data obtained by the Human Rights Commission.  
**Results:** Longer time in detention was associated with higher self-reported depression scores, with female individuals being more vulnerable to time in detention than those of male gender. Approximately one-half of the refugee group who agreed to complete the Harvard Trauma Questionnaire had post-traumatic stress disorder symptoms. On clinician-rated measures, one-third of the children, adolescents and adults suffered with clinical symptoms requiring tertiary outpatient assessment.  
**Conclusions:** This paper consolidates the findings of the 2014 Australian Human Rights Commission report and it provides an argument for public reporting of refugee data.

## Fifteen years of detaining children who seek asylum in Australia - evidence and consequences

Children are consistent has harmful health, ng. developmental harm This is now partially and potential punish-

ment of medical witnesses arguably indicates the potency of their testimony. These harmful and unethical policies should be opposed.

## Helping professionals and Border Force secrecy: effective asylum-seeker healthcare requires independence from callous policies

**Michael Dudley** Conjoint Senior Lecturer, School of Psychiatry, University of New South Wales, Staff Specialist, South-East Sydney Local Health District, Randwick, NSW, Australia

# *Why does it continue?*

Rising community fear

Bipartisan political support

Furthermore...

Detention and processing of “illegal maritime arrivals” - fastest growing government program over recent years

Costs of detention are \$3 billion per year = half UNHCR budget 2015

Detention system about 4 times as costly as community processing:

\$40 000 vs \$40 000 per year



## *What can we as paediatricians do?*

- ✦ Be informed
- ✦ Offer high quality care
- ✦ Advocacy at all levels
- ✦ Speak out to support best practice and ethical care
- ✦ Support each other





*Thank You*

[Karen.zwi@health.nsw.gov.au](mailto:Karen.zwi@health.nsw.gov.au)

[Shanti.raman@health.nsw.gov.au](mailto:Shanti.raman@health.nsw.gov.au)