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A bitter harvest:

the health consequences of seeking asylum in Australia

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Outline

- ▶ Definitions and expansions
- ▶ Current context
- ▶ Health implications across phases
- ▶ Health implications across contexts
- ▶ Conclusions

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Refugee Definition

- ▶ The 1951 Convention for the Status of Refugees defines a refugee as someone who is:
 - ▶ is outside their country of nationality or their usual country of residence
 - ▶ is unable or unwilling to return or to seek the protection of that country due to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion
 - ▶ is not a war criminal and has not committed any serious non-political crimes or acts contrary to the purposes and principles of the United Nations.



Refugee Protection

- Australia provides protection for asylum seekers who either:
 - meet the United Nations definition of a refugee, as defined in the 1951 Convention Relating to the Status of Refugees and its 1967 Protocol (Refugees Convention), or
 - are owed protection under other international human rights treaties and conventions which give rise to complementary protection obligations: e.g.
 - International Covenant on Civil and Political Rights (ICCPR) and its Second Optional Protocol aiming at the abolition of the death penalty; International Covenant on Economic, Social and Cultural Rights 1966 (ICESCR);
 - Convention on the Rights of the Child

Current refugee situation

68.5 million displaced persons: 25.4m refugees;
40.0m IDP; 3.1m AS + 10m stateless people. 1.95m
new claims 2017 Source: 68% Syria 6.3m;
Afghanistan 2.6m; South Sudan 2.4m; Myanmar
1.2m; Somalia 0.99m

52% are children; 173,800 unaccompanied or separated children

Hosts: Turkey 3.5m; Pakistan 1.4m; Uganda 1.4m;
Lebanon 1.0m; Iran 0.98m; Germany 0.97m

85% (21.6m) hosted in the developing world

Lebanon 164/1000; Jordan 71/1000...Sweden 24/1000

Refugees/\$USD GDP/capita: DRC 471; Ethiopia 453;
Pakistan 317; Uganda 233...34thRussia 9 (UNHCR 2014)

UNHCR resettled **102,800**

USA 33,400; Canada 26,600; Australia 15,100, Norway 2400, NZ 1000

(Global Trends 2017, UNHCR 2018)





Aust.: 18750 places (0.75/1000)

NZ: 1000 places (0.21/1000)

Lebanon: 164/1000

Australia: 0.36 refugees/\$US GDP/capita

New Zealand: 0.035 refugees/\$US GDP/capita

DRC: 471 refugees/\$US GDP/capita

Health of refugees and asylum seekers



- ▶ Health in post-migration period – combination of:
 - ▶ **Pre-migration trauma/exposure to stress in country of origin**
 - ▶ Pre-migration health
 - ▶ **Migration journey/transit**
 - ▶ **Post-migration environment**
 - ▶ Stresses mediated by person's personal and social resources and resilience

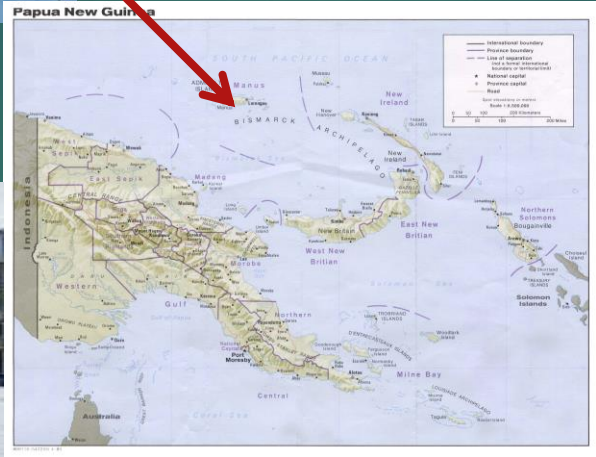
Pre-migration/ migration trauma

- ▶ The agony of choice
- ▶ War (civilian, combat, child soldier)
- ▶ Torture
- ▶ Rape
- ▶ Traumatic losses (multiple) e.g., family members killed, abducted, 'disappeared'
- ▶ Witnessing (or being forced to commit) atrocities
- ▶ Displacement
- ▶ Refugee camps
- ▶ Malnutrition
- ▶ Communicable diseases
- ▶ Dangerous exodus from homeland
- ▶ Persecution/poverty/trauma in transit countries
- ▶ Dangerous journeys

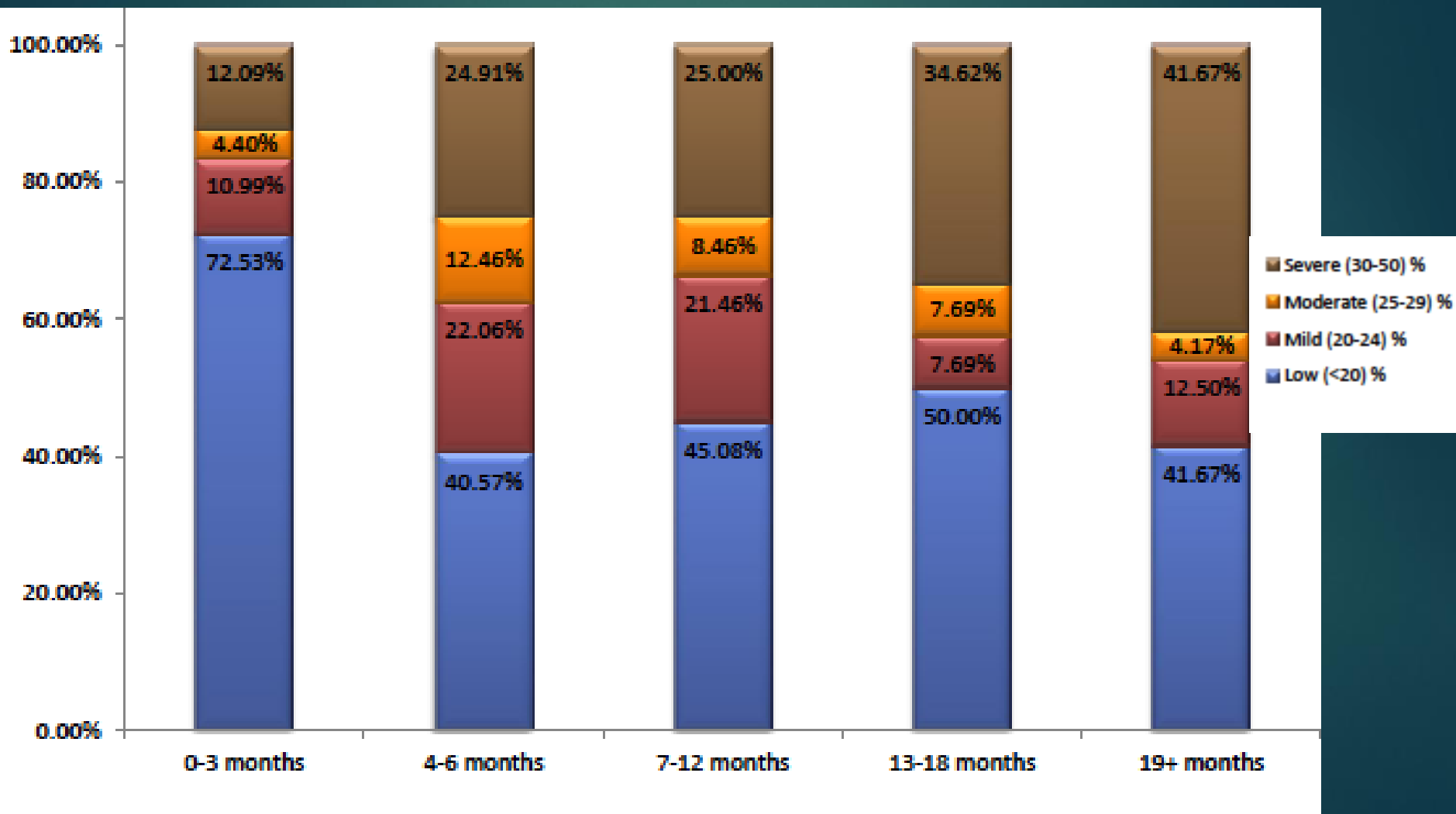
Post Migration Trauma

- ▶ Refugee Determination Process (unless arrived via UNHCR Resettlement Program)
- ▶ Immigration detention
- ▶ Hostility/discrimination from the broader Australian community e.g., perception of refugees as 'Illegals' who are "taking our jobs"

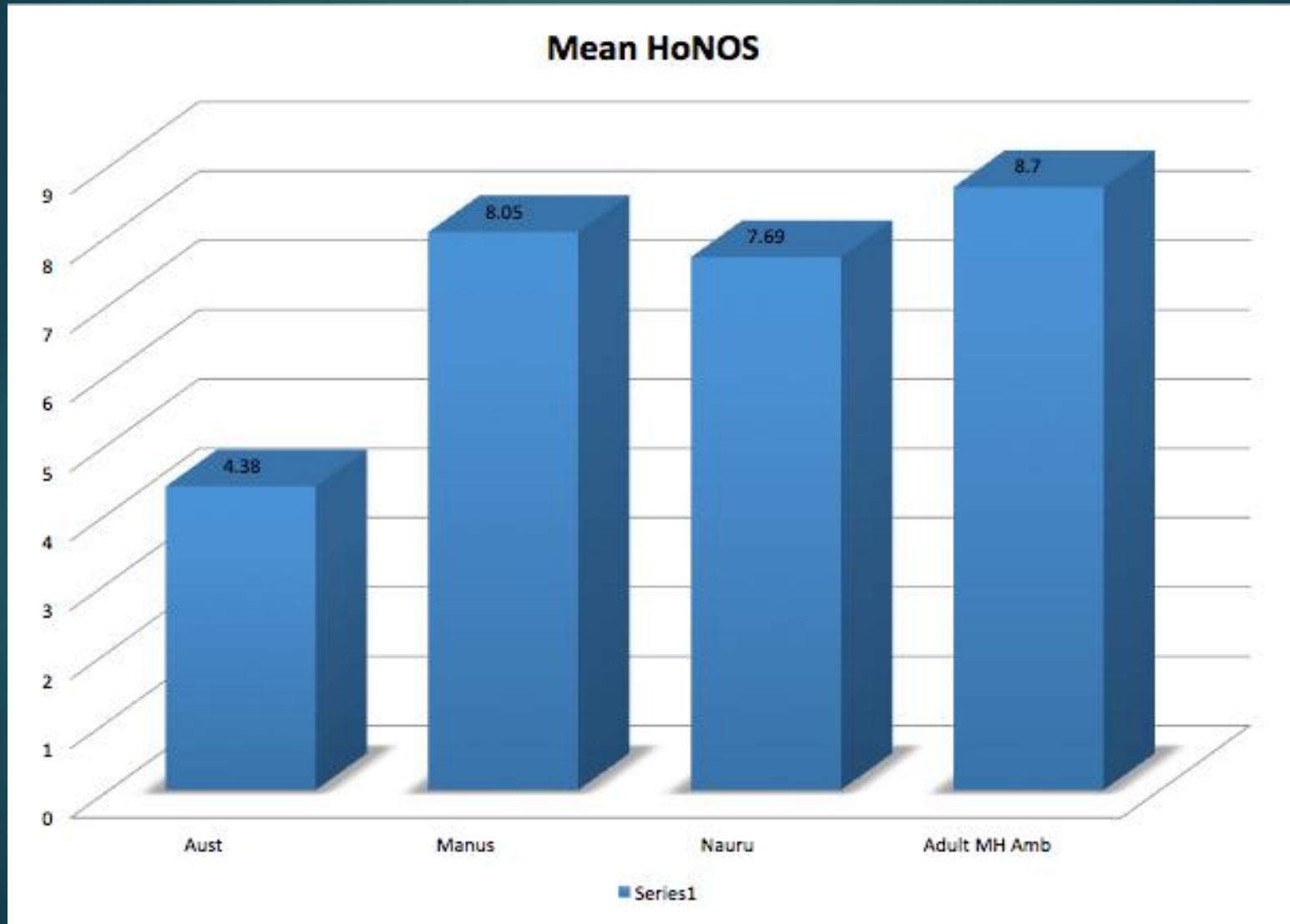




Kessler-10 Score over time



Detention Setting Comparison



Mental disorder in Manus Island RPC

	Total	Refugee Determination Status				PNG RPC Site		
		Refugee	Asylum seeker	Delta	Foxtrot	Mike	Oscar	Transit Centre
	%* (n)**							
PTSD	79.1 (140)	76.5 (104)	87.8 (36)	80.0 (48)	90.0 (27)	81.8 (9)	70.9 (39)	81.0 (17)
<i>Statistic</i>		$\chi^2(1)=1.81, p=0.18, n=177$		$\chi^2(4)=4.48, p=0.34, n=177$				
Depressive/Anxiety Disorder	88.4 (160)	87.1 (121)	92.9 (39)	93.4 (57)	90.3 (28)	90.9 (10)	87.5 (49)	72.7 (16)
<i>Statistic</i>		<i>Fisher's Exact</i> $p=0.41, n=181$		$\chi^2(4)=6.97, p=0.14, n=181$				
PTSD &/or Depressive/ Anxiety Disorder	93.4 (169)	92.8 (129)	95.2 (40)	96.7 (59)	96.8 (30)	90.9 (10)	87.5 (49)	95.5 (21)
<i>Statistic</i>		<i>Fisher's Exact</i> $p=0.74, n=181$		$\chi^2(4)=5.04, p=0.28, n=181$				
<i>Symptom severity</i>	<i>Md (IQR)</i>							
Posttraumatic stress	26 (22-29)	26 (22-28)	28 (24-31.5)	25 (23-28)	28.5 (23.8-31.3)	26 (24-32)	26.5 (20-29)	24 (20-27)
<i>Statistic</i>		$U=2140, p=0.03, n=176$		$\chi^2(4)=7.54, p=0.11, n=176$				
Depression/Anxiety	41 (35.0-45.5)	40 (33-45)	44 (39.8-46)	41 (37.5-45)	44 (39-46)	45 (39-47)	37.5 (32.3-44.8)	39 (27.8-47)

Prevalence of Psychiatric Morbidity for Refugees & Asylum-Seekers - community

	Depression #	PTSD #	Demoralisation #	Anxiety	Post-Migration Stress
PR (n=33)	30.3% **	27.3% *	65.6% *	1.60 **	2.20 ***
AS (n=95)	61.1% **	52.1% *	83.0% *	2.10 **	2.83 ***
Total (n=128)	53.1%	45.7%	78.6%	1.90	2.67

Caseness; * Significant at the 0.05 level ; ** Significant at the 0.01 level ; *** Significant at the 0.001 level

Psychological characteristics

Chronic prolonged stress with acute episodes of distress

- ▶ Dialectic of hope and hopelessness
- ▶ Disempowerment / powerlessness
- ▶ Helplessness / destruction of resilience
- ▶ Abeyance of life
- ▶ Loss of self agency
- ▶ Indignation / Rage
- ▶ Cultural shaping

The psychological phases of asylum seeking

Honeymoon: ~0-3 months

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graph TD; A[Honeymoon: ~0-3 months] --> B[Transition: ~1-6 months]; B --> C[Emergent: ~3-24 months]; C --> D[Desperation: ~12-24 months];
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Transition: ~1-6 months

Emergent: ~3-24 months

Desperation: ~12-24 months

Honeymoon phase

- ▶ Anticipation of arrival and initial post-arrival period
 - ▶ From relief to joy
 - ▶ Eager, excited, compliant, tolerant
 - ▶ Lasts from weeks to usually 3 months; much shorter in detention
 - ▶ Tempered by anxiety, uncertainty and the challenges of becoming an AS: language/idiom, cultural mores, negotiating services (health, welfare, schooling, transport), the RDP, finance, work/study, accommodation
 - ▶ In IDC the practicalities of daily living are largely absent providing no distraction for AS and hence a singular focus on the RDP.

Transition

- ▶ The entry of doubt:
 - ▶ Decision to leave
 - ▶ Guilt about those left behind
 - ▶ The beneficence of the chosen society
 - ▶ Uncertainty of their current position
 - ▶ Future prospects
- ▶ Concern about government and social perception
- ▶ Fear of refoulement / repatriation
- ▶ Social isolation, alienation and loss of social status

Emergent

- ▶ The emergence of psychiatric disorder:
 - ▶ Major depressive disorder
 - ▶ Post-traumatic stress disorder (low avoidance/ hypervigilance)
 - ▶ Adjustment disorders / anxiety and distress symptoms
 - ▶ Paranoid persecutory ideation
 - ▶ Uncommonly SUD / domestic violence
- ▶ Comorbidity is predominant
- ▶ Frequently anomalous characteristics
 - ▶ Maintenance of hope
 - ▶ Absence of worthlessness, depressive guilt; suicidality less than expected
 - ▶ Primacy of cognitive symptoms

Emergent

- ▶ Maintenance of hope:
 - ▶ Cf demoralisation
 - ▶ Alters the phenomenology of MDD
 - ▶ Avoidance of communication with family overseas
 - ▶ Self-imposed isolation / social withdrawal
 - ▶ Rage / domestic violence
 - ▶ Importuning / implausible appealing
 - ▶ Life in abeyance
- ▶ Cognitive symptoms:
 - ▶ Constriction and rigidity
 - ▶ Impaired attention, concentration and memory

Desperation

- ▶ The fragmentary disintegration of hope:
 - ▶ Emergence of dissociation and dissociative psychosis
 - ▶ Psychotic complications of MDD and PTSD
 - ▶ Impulsive behaviours
 - ▶ Haunted, listless, apathetic, fatalistic and despairing
 - ▶ IDC > Community

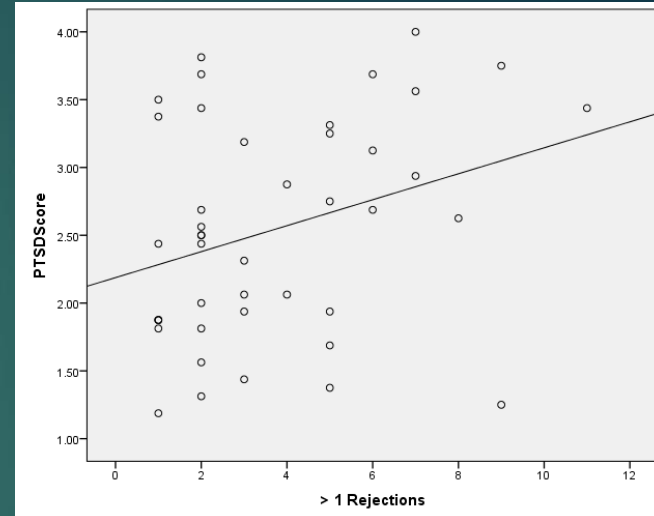
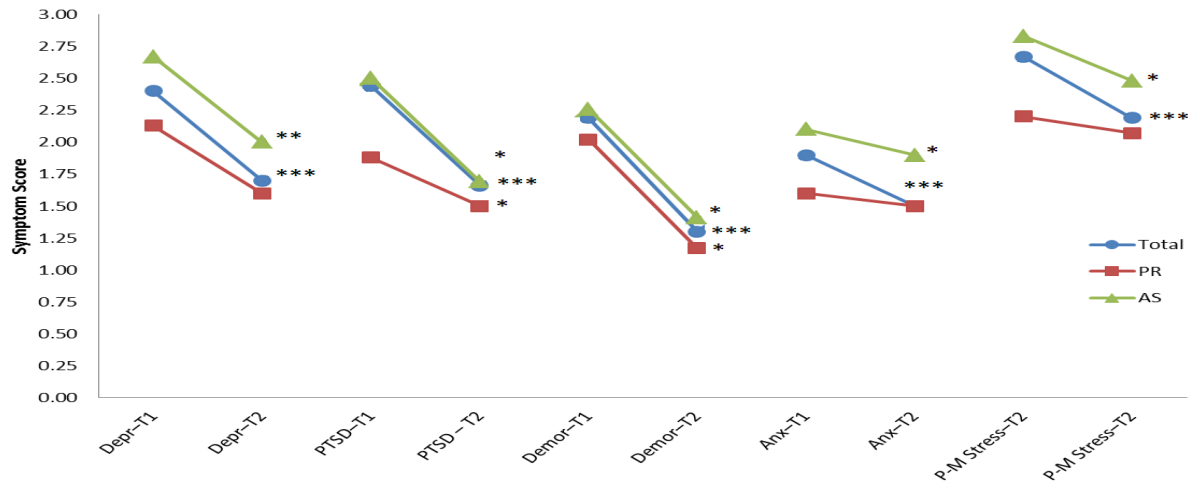
Mental disorders in children

- ▶ Losses – stability, security, parental figures, social, educational
- ▶ 18% for depression and 36% for PTSD 22 studies (3003 participants). (Bronstein and Montgomery Clin Child Fam Psychol Rev. 2011)
- ▶ Meta-analysis (47 studies on 24,786 forced migrant youth mean age 6-19 years) from 14 European countries found great variability in point prevalence for all mental disorders.
 - ▶ PTSD (19-53%); depression (10-33%); anxiety disorders (9-32%); emotional and behavioural problems (20-35%).
 - ▶ Overall, up to 1/3 of RAS youth could be affected by a mental disorder or any other emotional or behavioural problem. (Kien et al. [Eur Child Adolesc Psychiatry](#). 2018)
- ▶ Meta-analysis of child and adolescent ASR mental disorders using diagnostic criteria found an overall prevalence of 11% for PTSD (Fazel, Wheeler, & Danesh, Lancet 2005)

Older asylum seekers

- ▶ >60 years n=394 (1.5%)
- ▶ PTSD 62%, MDD 51% >2 decades post-resettlement (Marshall et al. JAMA 2005)
- ▶ Practical and physical factors – vulnerability to poor nutrition, water quality, sanitation, hygiene, medical care; medications, dentures, optometry, walking aids, hearing aids
- ▶ Reduced cultural and linguistic adaptability, cognitive flexibility,
- ▶ Cognitive impairment and PTSD

Change in psychiatric symptoms with time: community



Δ Anxiety Δ Depression Δ PTSD Δ Demoralisation _a Δ Post-migration stress

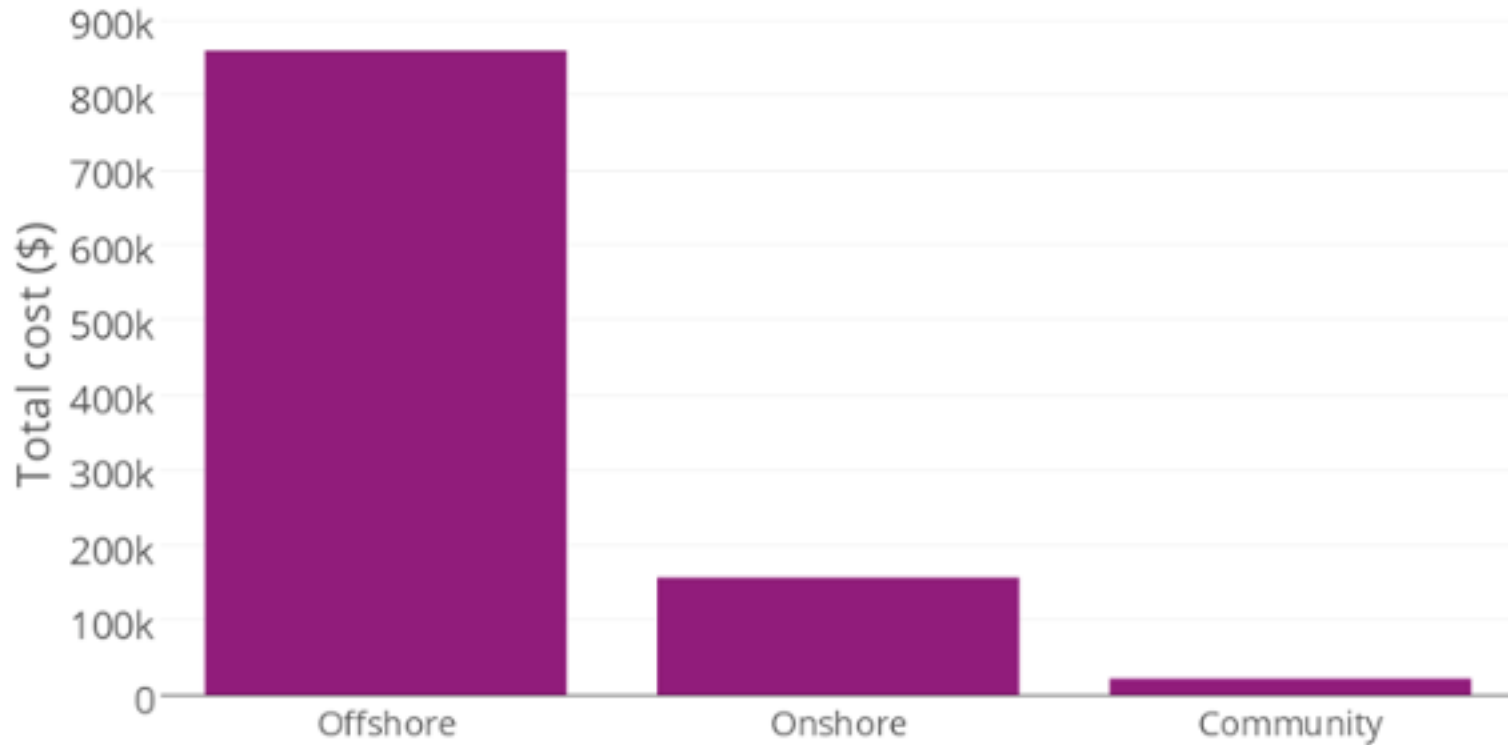
Change in Health cover

-0.289* -0.242 -0.283* -0.301* -0.366**

Change in work status

Total (n=50) -0.230 -0.288* -0.215 -0.402** -0.422**
 AS-AS (n=14) -0.099 -0.485 -0.620* -0.766** -0.552*

Detention centre contract value per person, 2013-14



Guardian Australia, [Nick Evershed](#), Monday 25 August 2014 11.51 EST

Conclusions

- ▶ Asylum seekers display high rates of mental disorder especially PTSD and MDD and comorbidity
- ▶ Rates higher in detained than community cohorts
- ▶ Trajectory of psychological state
- ▶ Prolonged RDP – important perpetuating factor contributing to ongoing symptoms
 - ▶ Detention, number of rejections, work rights, health care access
- ▶ Improvement in community under normalised conditions
- ▶ Implications – government policy in RDP plays a role in the ongoing poor mental health in AS – changes needed.

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