

Psychiatry Research and Teaching Unit • School of Psychiatry • University of New South Wales

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*The Mental Health  
and Well-Being of  
On-Shore Asylum Seekers  
in Australia*



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## **Contents**

Overview	4
The situation of asylum seekers in Australia	5
Recent Australian studies amongst asylum seeker populations	8
Asylum Seeker Centre study, Sydney	9
The Tamil Survey	13
Asylum seekers in Australia study	19
The East Timorese: Clinical and social assessments of applicants for asylum	23
Maribyrnong Detention Centre Tamil survey	27
Conclusions	31
Recommendations	35

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## Overview

Asylum seekers – persons seeking refugee status whose applications have not yet been determined - remain largely hidden in the community and their plight has received little attention. In recent years, mental health, legal and welfare workers have witnessed high levels of despair amongst asylum seekers pursuing claims for residency in Australia.

The findings reported from the five studies summarized in this document present a picture of asylum seekers as being a highly traumatized population. Postmigration stresses appear to exacerbate emotional disturbances in those who have suffered trauma in their homelands. Such immediate stresses include fear of repatriation, pressures associated with stringent refugee determination procedures, and difficulties accessing basic services such as specialist medical care or other social services that many Australians take for granted. In the studies reported, such stresses and difficulties impacted on symptoms of depression, anxiety, and posttraumatic stress disorder, conditions that often follow exposure to extreme forms of premigration trauma. The consistency of the results across the five studies is particularly striking given that the studies employed a wide range of sampling methodologies and assessment approaches and that the investigations involved asylum applicants from diverse cultural and regional backgrounds.

The message that emerges from these studies is that there are risks in dealing with traumatized asylum seekers in the same manner as “overstayers” who attempt to exploit immigration loopholes. It is an unfortunate irony that, at a time when countries such as Australia are promoting public health strategies aimed at preventing mental ill-health in the community, administrative procedures are being pursued that impact in a detrimental way on the psychological well-being of vulnerable minorities such as traumatized asylum seekers.

The present report focuses on the psychosocial status of asylum seekers and the factors that appear to pose a threat to their mental health. The contributors are mental health professionals concerned with the plight of asylum seekers. The report does not presume to make a detailed analysis of government or international refugee policies, although the possible impacts of existing administrative procedures on the mental health of asylum seekers are identified. The inescapable conclusion is that whether or not the majority of asylum applicants are successful in their refugee claims, it is important that humane provisions are put in place to assist in mitigating the multiple stresses that this vulnerable group faces.

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## The situation of asylum seekers in Australia

### Who is a refugee?

As a signatory to the 1951 UN Convention and the 1967 Protocol, Australia is committed to offering protection to persons who fulfil criteria for refugee status. The 1951 Convention states that a refugee is someone who has a 'well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion', and who, because of that fear, is unwilling or unable to return to his or her country of origin.

### How is refugee status determined?

Asylum seekers apply for protection to the Department of Immigration and Multicultural Affairs (DIMA). Each case is decided individually by an officer of DIMA based on whether the person has a "well founded fear of persecution" (and related criteria) should he/she be returned to the country of origin. An asylum seeker whose case is rejected at this primary stage by DIMA has a right of appeal to the Refugee Review Tribunal (RRT), a body which is independent of the Department. Since July 1997, a \$1000 fee is payable if the RRT refuses the appeal. If the applicant is unsuccessful at the RRT stage, there is a right of appeal to the Federal Court but only on points of law and not on the merits of the case. As a last resort, the Minister of Immigration has discretionary powers to grant residency on humanitarian grounds.

### How many asylum seekers are successful in their refugee status claims?

The numbers of on-shore asylum seekers applying for protection reached a peak of over 16,000 in 1990-91 following the Tiannamen Square uprising. In 1997-8, approximately 8,000 applications were lodged, and of those that were completed at the primary stage, 7.4% were successful. Approximately 8,400 cases were considered at the review stage, with 9.9% applicants being granted protection.

When asylum seekers are accepted for protection they are awarded permanent residency. Those who are not successful (that is the majority) are obliged to leave Australia, usually being returned to their country of origin.

### What services are available to asylum seekers?

Asylum seekers do not have automatic access to the range of services that Australians take for granted. Services to asylum seekers are provided primarily by non-profit organisations. Over time, DIMA has attempted to address some of the needs of asylum seekers by the implementation of the Application Assistance Scheme (AAS), the Asylum Seekers Assistance Scheme (ASAS), and the Limited Health Care Access (LHCA) Scheme.

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## **Legal assistance**

The Application Assistance Scheme established by the DIMA funds selected agencies to provide application assistance to asylum seekers who meet a financial means test and who are judged to have a chance of success in their applications. Anecdotally, asylum seekers commonly complain of inadequate access to specialist legal assistance. Although asylum seekers once were eligible for assistance from the Legal Aid Commission this service is no longer available to them, except for selective cases applying for judicial review.

## **Income support**

Government funded support is only available in the primary stage and then only after 6 months have elapsed since lodging a refugee claim. Support prior to that point is only granted in rare circumstances for persons in extreme duress.

ASAS is not available under any circumstances during appeal to the Refugee Review Tribunal or for cases undergoing judicial review.

At the time of writing it is uncommon for any refugee application not to receive a primary decision within 6 months of lodgement.

## **Health Care**

The Limited Health Care Access Scheme introduced in 1994, allows access to diagnostic

assessments, treatment of urgent and/or life threatening conditions, and to maternity care. Restricted access is also available to subsidised pharmaceuticals for eligible persons.

Access to the universal health care insurance scheme (Medicare) has varied over time. Currently, access is restricted to persons who have permission to work. Recent restrictions to the granting of work permits may place increasing limits on the number of asylum seekers who will have access to Medicare in the near future. A further consequence of the linkage between permission to work and access to Medicare is children of adult asylum seekers with Medicare may not have Medicare coverage.

## **Accommodation**

Most asylum seekers commonly live with family or friends, often in substandard and overcrowded accommodation. Many require assistance with emergency housing from charitable organisations. Although eligibility for public housing is limited to permanent residents, the housing authority in NSW has allowed a small number of 'vulnerable' asylum seeker families (usually with children) to access their Temporary Emergency Accommodation (TEA) programme.

## **English Language Training and Education**

Extensive resources are provided for English language education for immigrants and refugees

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with permanent residency status. Asylum seekers are not eligible to access these services. Some English training courses are provided by non-government organisations.

Children of asylum seekers are eligible to attend primary and secondary schools. Access varies from state to state and is usually at the discretion of individual school principals.

## Employment

Policy governing work permits has varied over time, making many asylum seekers reliant on special government-funded financial support (administered by the Red Cross) or on assistance from charitable organizations. More recently, provisions have been introduced to provide work permits to those asylum seekers who lodge protection applications within 45 days of arrival in the country. Applicants in this category are given a bridging visa allowing them to work and to access the universal health care system (Medicare), although exceptions apply. Those who apply after 45 days do not qualify for any of these benefits. Barriers to employment, even to those with work permits, include low levels of English fluency, uncertain residency status, lack of recognition of qualifications obtained in countries of origin, and high national unemployment rates, especially amongst the unskilled workforce and certain groups of migrants of non-English speaking backgrounds.

Mental health and psychosocial well-being were measured using the following internationally recognised instruments:

Mollica R, et al (1987). Indochinese version of the Hopkins Symptom Checklist-25: a screening instrument for the psychiatric care of refugees. *Am J Psychiatry* 144: 497-500.

Mollica R, et al (1992). The Harvard Trauma Questionnaire: validating a cross-cultural instrument for measuring torture, trauma and posttraumatic stress disorder in Indochinese refugees. *J Nervous & Mental Disease* 180: 111-116.

Nelson E, et al (1987). Assessment of function in routine clinical practice: a description of the COOP chart method and preliminary findings. *J Chronic Disease* 40: 555-695.

Parkerson GR, et al (1981). The Duke-UNC Health Profile: an adult health status instrument for primary care. *Medical Care* 19: 806-823.

Beiser M & Fleming JAE (1986). Measuring psychiatric disorder among Southeast Asian refugees. *Psychological Medicine* 16: 627-639.

Goldberg DP (1972). *The Detection of Psychiatric Illness by Questionnaire*. Oxford University Press: London.

Zung WWK (1965). A self-rating depression scale. *Arch General Psychiatry* 12: 63-70.

McHorney CA, et al (1992). The validity and relative precision of MOS short-form health status scales and Dartmouth COOP charts. *Medical Care* 30: 253-265.

Spielberger CD, et al. *Manual for the STAT*. Palo Alto: Consulting Psychologists Press, 1970.

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## Recent Australian Studies amongst Asylum Seeker Populations

The studies outlined in this report were undertaken during the mid to late 1990s. Although several provisions relating to asylum seekers have changed since a number of these studies were undertaken, the broad stressors identified remain pertinent.

1. *The Asylum Seekers Centre Survey* (1994) 40 consecutive asylum seekers attending a community resource centre in Sydney were interviewed using structured instruments and questionnaires to assess their mental and physical health status, pre-migration exposure to organized violence, and levels of post-migration stress. Investigators: Derrick Silove, Ingrid Sinnerbrink, Annette Field, Vijaya Manicavasagar & Zachary Steel: Psychiatry Research & Teaching Unit; Asylum Seeker Centre.
2. *The Tamil Community Survey* (1994-1995) A Sydney study of 62 Tamil asylum seekers, 30 Tamil refugees and 104 Tamil immigrants focusing on levels of premigration trauma, postmigration living difficulties and symptoms of psychological distress. Investigators: Zachary Steel, Derrick Silove, Patrick McGorry & P. Mohan: Psychiatry Research & Teaching Unit.
3. *The Asylum Seekers in Australia Study* (1995-1996) 60 asylum seekers in contact with government and non-government agencies across Australia were interviewed to assess their trauma experiences, issues relating to their applications for refugee status, their current living circumstances and their psychological health. Investigators: Peter Hosking SJ; Kerry Murphy; Sara McGuire: Uniya - Jesuit Social Justice Centre.
4. *The Clinical and Social Assessment of East Timorese People who Received Services from the Victorian Foundation for Survivors of Torture* (VFST) (1995-1996) A study of trauma experiences, psychological symptoms and social difficulties identified from the clinical assessment of 33 East Timorese asylum seekers receiving services from the VFST and 17 East Timorese assessed at the Curtain Detention Centre.
5. *Maribyrnong Detention Centre Tamil Survey* (1997-1998) A study of premigration trauma and symptoms of psychological distress amongst 25 Tamil asylum seekers from Sri Lanka who had been detained in the Maribyrnong Detention Centre between November 1996 and June 1998. Investigators: Maritza Thompson, Patrick McGorry, Derrick Silove & Zachary Steel: Refugee Mental Health Service; Psychiatry Research & Teaching Unit.



## **Asylum Seekers Centre Study, Sydney**

Derrick Silove, Ingrid Sinnerbrink, Annette Field,  
Vijaya Manicavasagar & Zachary Steel  
Psychiatry Research & Teaching Unit  
School of Psychiatry, University of New South Wales, and Uniya - Jesuit Social Justice Centre

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## Asylum Seekers Centre Study, Sydney

*The study included 40 asylum seekers from 21 countries, attending English classes at the Asylum Seekers Centre in Sydney.*

*The measures used were: the Hopkins Symptom Checklist 25; the Harvard Trauma Questionnaire; the Composite International Diagnostic Interview; Posttraumatic Stress Disorder Module; the Dartmouth COOP Functional Health Assessment Charts; the Duke-University of Northern Carolina Health Profile; and a self report assessment of exposure to post-migration stressors.*

*The following questions were addressed:*

### **(a) How common was pre-migration trauma exposure amongst asylum seekers?**

Nearly 80 percent of asylum seekers reported exposure to serious trauma in their home countries.

More than half had experienced the murder of a family member or friend. Over a third had been close to death, forcibly separated from family, or had suffered ill-health without access to health care. A quarter had been subjected to torture, reporting abuses such as beatings, threats, humiliation, blindfolding, falanga (beating of soles of feet), burning of skin, insertion of needles under the fingernails, and submarino (near drowning). One in seven subjects had been gaoled for political reasons.

A number of people had survived the massacres at Tiannamen Square in China (1989), or in Dili, East Timor (1991).

### **(b) What were the special post-arrival stresses they faced?**

The asylum seekers reported the following problems to be a major cause of stress in Australia over the past 12 months:

**Over 50% experienced major stress related to:**

- fears of being sent home
- being unable to return home in an emergency
- not being able to find work

**Over 30% reported major stress over:**

- delays in processing refugee approvals
- not having permission to work
- worries about family at home
- inadequate access to medical and dental treatment
- little government help with welfare
- separation from family

**Over 10% were concerned about:**

- communication difficulties
- general welfare assistance
- loneliness and boredom
- poverty
- isolation
- bad job conditions
- the stress of interviews with immigration officials

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**(c) What were the levels of mental distress?**

Approximately half of the asylum seekers reported symptoms of severe distress.

These included depression (sad, miserable, withdrawn, loss of interest and motivation), anxiety (frightened, nervy, fearful, panicky, with physical symptoms such as rapid heart beat, shakiness, and sweating), and/or physical symptoms of distress (headache, pain, tiredness, appetite problems).

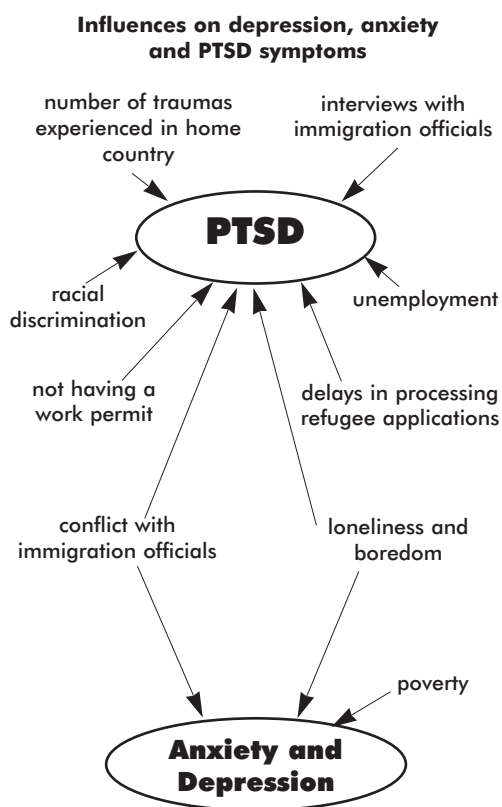
Just over a third had post-traumatic stress disorder (PTSD), a common psychological outcome after severe trauma. Symptoms included nightmares, frequent memories of past trauma, poor sleep, avoiding people and places, social withdrawal, and high levels of arousal (being 'jumpy' or irritable, having poor concentration and memory).

Although the rates of mental distress were high, none of the asylum seekers had seen a specialist mental health professional in Australia.

<p><b>Depression = 33%</b></p> <ul style="list-style-type: none"><li>• sad</li><li>• miserable</li><li>• withdrawn</li><li>• loss of interest and motivation</li><li>• weight loss</li><li>• poor sleep</li><li>• slowing down</li><li>• tiredness</li><li>• feeling worthless</li><li>• guilty, ashamed</li></ul>	<p><b>Post-traumatic stress disorder (PTSD) = 38%</b></p> <ul style="list-style-type: none"><li>• nightmares</li><li>• frequent memories of trauma</li><li>• poor sleep</li><li>• avoiding people and places</li><li>• social withdrawal</li><li>• 'jumpy', on edge</li><li>• irritable</li><li>• poor concentration and memory</li></ul>
<p><b>Anxiety = 23%</b></p> <ul style="list-style-type: none"><li>• frightened</li><li>• nervy</li><li>• fearful</li><li>• panicky</li><li>• rapid heart beat</li><li>• shakiness</li><li>• sweating</li><li>• fear of going mad</li><li>• collapsing</li><li>• avoiding places or people</li></ul>	<p><b>Physical Problems - over 20%</b></p> <ul style="list-style-type: none"><li>• headache</li><li>• hurting</li><li>• aching</li><li>• sleep problems</li><li>• feeling tired</li><li>• eyesight problems</li><li>• indigestion</li><li>• poor appetite</li></ul>

**(d) Which stresses affected the mental health of asylum seekers?**

The following diagram outlines the stressful events encountered in Australia that appeared to make symptoms of anxiety, depression and PTSD worse:



**(e) What problems did asylum seekers experience with obtaining health care and work?**

Approximately a third of asylum seekers reported difficulty in obtaining general medical and dental care in Australia. Almost the same number reported experiencing similar difficulties in their homelands, most of which were developing countries with poor health services. Many had suffered symptoms over a prolonged period of time without receiving adequate health care.

The work status of the whole group had fallen: most had been employed in their home countries, often in professional or management jobs; in Australia, only a half had been employed, mostly in sales, labouring or process work.

The results of the Asylum Seekers Centre study have been published in the following articles:

Sinnerbrink, I., Silove, D., Manicavasagar, V., Steel, Z. & Field, A. (1996). Asylum seekers: general health status and problems with access to health care. *Medical Journal of Australia*, 165, 634-637.

Silove, D., Sinnerbrink, I., Field, A., Manicavasagar, V. & Steel, Z.P. (1997). Anxiety, depression and PTSD in asylum seekers: associations with pre-migration trauma and post-migration stressors. *British Journal of Psychiatry*, 170, 351-357.

Sinnerbrink, I., Silove, D., Field, A., Steel, Z. & Manicavasagar, V. (1997). Compounding of pre-migration trauma and post migration stress in asylum seekers. *Journal of Psychology*, 131(5), 463-470.

# **The Tamil Survey**

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## The Tamil Survey

*This study surveyed 62 Tamil asylum seekers from Sri Lanka, 30 Tamil refugees and 104 Tamil immigrants.*

*The psychological measures employed in this study were: The Harvard Trauma Question; Depression, Anxiety and Somatization Scales of the Hopkins Symptom Checklist; The Four Measures of Mental Health Panic Scale; A self report assessment of exposure to post-migration stressors.*

Since 1983, large numbers of people have been displaced as a result of the ongoing war in Sri Lanka. Asylum seekers from Sri Lanka constituted the fifth largest group of applicants for protection in Australia in 1994 and the third largest in 1997. Tamils from relatively peaceful areas in India and Sri Lanka have also emigrated to Australia during this period and they provided a comparison group.

### (a) What types of trauma had displaced Tamils suffered?

Tamil trauma survivors (asylum seekers and refugees) arriving in Australia from Sri Lanka had experienced multiple traumas which could be classified according to the following three categories:

#### **1. Detention and abuse**

- Ill health without access to medical care
- Imprisonment
- Rape or sexual abuse
- Forced isolation from others
- Being close to death
- Forced separation from family members
- Being lost or kidnapped
- Torture

#### **2. Exposure to unnatural death**

- Murder of family or friends
- Unnatural death of family or friends
- Murder of strangers

#### **3. Flight from conflict**

- Lack of food, water and shelter
- Serious injury
- Being in a combat zone

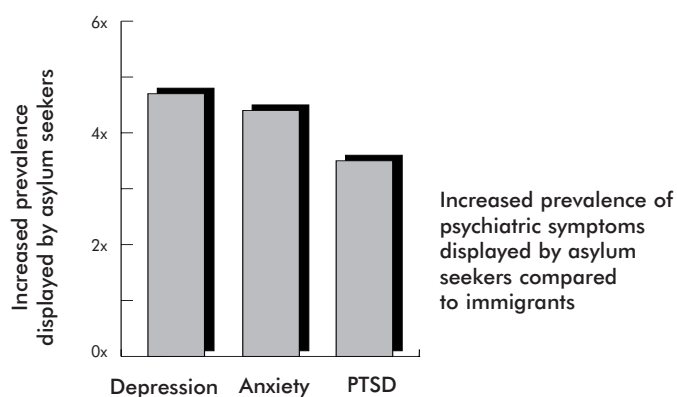
**(b) How common was pre-migration trauma exposure?**

<b>Table 1: Trauma experiences</b>	<b>% Asylum seekers</b>	<b>% Refugees</b>	<b>% Immigrants</b>
Combat situation	23	10	4
Forced isolation from others	46	20	2
Being close to death	40	33	7
The murder of family or friends	39	46	12
Witness murder of stranger(s)	46	40	10
Torture	26	13	1

Tamil asylum seekers and refugees experienced an average of seven types of trauma before arriving in Australia. Immigrants experienced an average of two types of trauma prior to arriving in Australia.

**(c) Did Tamil asylum seekers have an increased incidence of mental health problems in Australia?**

Tamil asylum seekers, like refugees, showed a high level of depression, anxiety and posttraumatic stress symptoms. Asylum seekers had between three and four times the risk of these problems compared to immigrants.



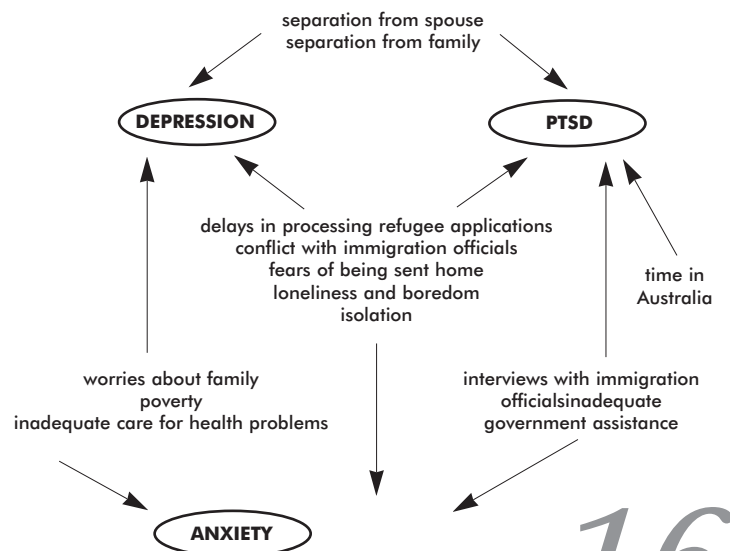
**(d) What were the stresses facing Tamil asylum seekers living in Australia?**

Five overlapping categories of postmigration stress were reported by Tamil asylum seekers in Australia:

<p><b>1. Residency determination</b> Interviews by Immigration officials Conflict with Immigration officials Difficulties in obtaining a work permit Fears about being sent home</p>
<p><b>2. Health, welfare and asylum problems</b> Limited access to - medical - dental - psychological care Limited welfare support Delays in processing applications Fears of being sent home</p>
<p><b>3. Threat to family and friends</b> Separation from family Worries about family still at home</p>
<p><b>4. Adaptation difficulties</b> Communication difficulties Discrimination Unemployment Poverty</p>
<p><b>5. Loss of culture and support</b> Loneliness and boredom Isolation Poor access to traditional foods</p>

**What was the impact of ongoing living stresses on Tamil asylum seekers?**

The following diagram outlines the stressful events that appeared to worsen symptoms of anxiety, depression and PTSD in Tamil Asylum seekers. As can be seen, while some of the stresses are an inevitable feature of adapting to a new country, many are specifically associated with the asylum seeking process: fears of being forcibly repatriated; delays in processing claims; interviews by, as well as conflict with, immigration officers; deprivations such as difficulties accessing health and dentistry care; lack of financial assistance; and associated poverty.





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### Did trauma survivors show a particular vulnerability to postmigration stress?

Not all Tamil asylum seekers were at equal risk to depression, anxiety and posttraumatic stress symptoms. Premigration trauma (such as torture) was the most important factor affecting the mental health of refugees, asylum seekers and the few immigrants who had suffered such abuses.

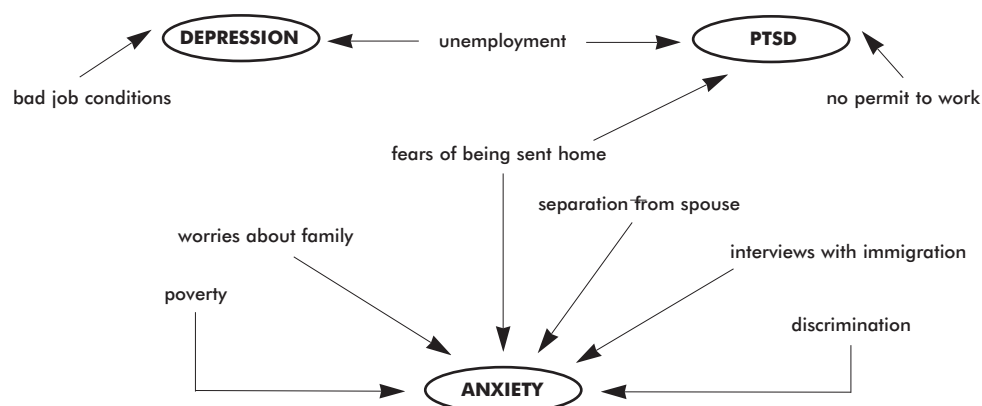
Those exposed to the highest levels of trauma in their home countries were found to show a greater sensitivity to the effects of key postmigration stresses. In other words, the impact of past trauma was made much worse by ongoing stressors after migrating. The additional impact of stress on the psychological well-being of trauma

survivors is illustrated in the diagram below. Asylum seekers with high levels of pre-migration trauma exposure showed greater anxiety reactions than other asylum seekers when faced with:

- fears of being sent home
- interviews with immigration officials
- separations from a spouse while in Australia
- threats to family not in Australia
- poverty
- discrimination

Asylum seekers with high levels of pre-migration trauma exposure showed greater posttraumatic stress reactions than other asylum seekers when faced with:

- fears of being sent home
- unemployment



- 
- lack of work permit

Asylum seekers with high levels of pre-migration trauma exposure showed greater levels of depressive symptoms than other asylum seekers when faced with:

- bad job conditions
- unemployment

The negative effects of these stressors are in addition to those which were found to face all asylum seekers (see diagram on page 14).

A more detailed description of the results of the Tamil study can be found in the following books and journals:

Silove, D., Steel, Z., McGorry, P. & Mohan, P. (1998). Psychiatric symptoms and living difficulties in Tamil asylum seekers: comparisons with refugees and immigrants, *Acta Psychiatrica Scandinavica*, 97(3): 175-181.

Steel, Z. & Silove D. The psychosocial cost of seeking asylum. In A.Y. Shalev, R. Yehuda, A. C. McFarlane (Eds.). *International Handbook Of Human Response To Trauma*. New York: Plenum Press (in press).

Steel, Z., Silove, D., Bird, K., McGorry, P. & Mohan, P. Pathways from war trauma to posttraumatic stress symptoms amongst Tamil asylum seekers, refugees and immigrants. *Journal of Traumatic Stress* (in press).

Silove, D., Steel, Z., McGorry, P., and Drobny, J. Problems Tamil asylum seekers encounter in accessing health and welfare services in Australia (submitted).

# **Asylum Seekers in Australia Study**

**Peter Hosking SJ; Kerry Murphy; and Sara McGuire**

**Conducted by Uniya - Jesuit Social Justice Centre**

**24 Roslyn St Kings Cross, Sydney**

**Supported by a Bureau of Immigration Multicultural and Population Research Grant**

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## Asylum Seekers in Australia Study

*The study interviewed 60 asylum seekers at various stages in the asylum seeking process. Asylum seekers who participated in the study were recruited from the client base of agencies throughout Australia that specialize in providing services for that population.*

*Measures employed in the study included: The Hopkins Symptom Checklist 25; General Health Questionnaire; Zung Self-Rating Depression Scale; Spielberger State-Trait Anxiety Inventory; MOS 36 Short-Form Health Survey; Dartmouth COOP Functional Health Assessment Charts; Duke-University of Northern Carolina Health Profile; A self report assessment of exposure to post-migration stressors.*

The majority of asylum seekers resided in Sydney (64%), although interviews were also carried out in Victoria (18%), Queensland (8%), Western Australia (7%), and South Australia (3%).

The asylum seekers originated from 26 different countries, including China (18%), Iran (13%), Sri Lanka (10%) and Burma (8%).

Sixty two per cent of the asylum seekers were male, a proportion that was similar to the distribution of asylum seekers in Australian society at large.

### Why did they migrate to Australia?

The major reasons given were 'push' factors of an extreme nature. Several reported experiences such as rape, torture and beatings involving themselves, close family or friends.

### What was their migration background?

Almost all the asylum seekers arrived in Australia by plane (93%). The majority entered

#### Ten major reasons for coming to Australia

1. Lack of confidence in their country's political structures
2. Fear of police action against them or their family
3. Absence of institutions offering protection or justice
4. Threat to life or freedom because of their political opinions
5. Breakdown in civil order leading to constant feelings of insecurity
6. Attraction to greater political freedom
7. Denial of rights (e.g. to a fair trial, to speak out, to assemble, to education)
8. Oppression by government officials
9. Discrimination due to family backgrounds
10. Abusive or degrading treatment by police

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Australia on a visitors' (54%), student (16%) or other (27%) visa. The asylum seekers interviewed had been in Australia for an average of 36 months, with a range of several months to 10 years.

### *What was it like to be an asylum seeker?*

#### **Making an application for refugee status**

The average length of time since lodgement of an application for refugee status was 2 years at the time of the study.

Thirty seven percent were waiting for a primary stage decision. Over 30 per cent had been rejected at this level and were appealing to the Refugee Review Tribunal.

The extent of legal advice received during the application procedure varied greatly, from no legal advice to almost 100 hours, with an average of 16 hours. Most of this assistance was provided by the Refugee Advice and Casework Service, with the remainder receiving help (in descending order) from the Legal Aid Commission, private solicitors or migration agents. Fifty eight per cent rated the legal advice they had received as good, 34 per cent as fair, and 17 per cent as poor.

Most of the asylum seekers interviewed believed that the refugee determination procedure could be improved by ensuring that immigration

officers had a greater level of cultural sensitivity and knowledge of conditions in the relevant country.

#### **The life of an Asylum Seeker**

Almost half of the asylum seekers had no immediate family in Australia. Thirty one per cent had dependents (spouse, children) in Australia and 40 per cent had dependents overseas.

Less than a third were in paid employment and half of these held part-time jobs only. This compared with a figure of 90 per cent for those who had been in paid employment in their country of origin.

**A large number (71%) of the asylum seekers interviewed were convinced that ultimately they would be allowed to stay in Australia.**

**This contrasts with the reality that the vast majority of applicants are rejected. At the time of the study, only 10 per cent of all asylum seekers were successful at the primary stage of determination and a further 18 per cent were successful after appealing to the Refugee Review Tribunal.**

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The asylum seekers reported having no access to job training programs and they had received no advice or support in finding a job. Most reported that they found it impossible to get a job. They implicated their lack of employment as a source of emotional difficulties, with many expressing feelings of worthlessness at being supported by “handouts” when they desperately wanted to work.

For many, the Asylum Seekers Assistance Scheme (ASAS), providing approximately \$150 per week, was the sole source of income. Many asylum seekers relied on non-government services for additional support (eg the Asylum Seekers Centre, St Vincent de Paul, and/or other social, church, ethnic or community groups).

The most serious problems identified were concerns about refugee applications, fear of being returned to countries of origin, anxiety and depression, separation from family, underemployment, and loneliness and isolation. Nevertheless, most were grateful for the opportunity to reside in Australia and appreciated the safety, stability and freedom they now enjoyed.

### **The psychological distress of asylum seekers**

Over 60% of the asylum seekers displayed high levels of psychological distress when assessed. Almost half obtained a score above the threshold on the measure of depression, and one third on anxiety.

The impact of their psychological distress is reflected in the way the asylum seekers rated their state of well-being in Australia. Only 22 per cent rated their experience as good, while 35 per cent rated it as fair. The remaining 43 per cent rated their experience of life in Australia as difficult.

The extent of the psychological distress experienced by asylum seekers was found to be strongly associated with the length of time since lodging applications for refugee status without a decision having been made. This suggests that, as the processing time for refugee status increases, there is an associated risk of increasing psychological distress.

**The East Timorese:  
Clinical and Social Assessments of  
Applicants for Asylum**

Victorian Foundation for Survivors of Torture

## The East Timorese: Clinical and Social Assessments of Applicants for Asylum

*The study was based on 50 clinical assessments of East Timorese asylum seekers by the Victorian Foundation for Survivors of Torture (VFST). Thirty three (33) of the 50 East Timorese were assessed in the community after approaching the VFST for help. Seventeen (17) of the 50 East Timorese were assessed by VFST staff at the Curtin Detention Centre. Thirty five of the 50 were male and the majority of the sample were under thirty 30 years of age.*

### Exposure to Torture and Trauma

The 50 asylum seekers assessed by the VFST reported a common history of repeated and prolonged exposure to violence against themselves, their family, and their local community, in their home country. Most reported exposure to one or more traumas including random and unprovoked harassment, physical assaults, being arrested and/or detained, as well as being subjected to torture. Harassment, assault, detention and killing of family members were also reported by more than half of the clients.

<b>Harassment</b>	
Random and unprovoked harassment	77%
Family members randomly harassed	51%
Witnessing random harassment of others	86%
<b>Physical Assaults</b>	
Physically assaulted	84%
Family members physically assaulted	56%
Witnessing physical assault on others	78%
<b>Arrests and Detention</b>	
Personally arrested or detained	56%
Family members arrested or detained	51%
Witnessing arrest and removal of neighbours	78%

<b>Rape and Other Sexual Assaults</b>	
Rape or subject to other sexual assaults	24%
Family members raped or subjected to other sexual assaults	12%
Witnessing rape and sexual assault of others	28%
<b>Torture</b> <i>(including electric shock, burning, mock execution, forced suspension, sensory deprivation, food and medical deprivation)</i>	
Torture	68%
Family members tortured	49%
<b>Killings</b>	
Family members killed	52%
Witnessing murders and killings	60%



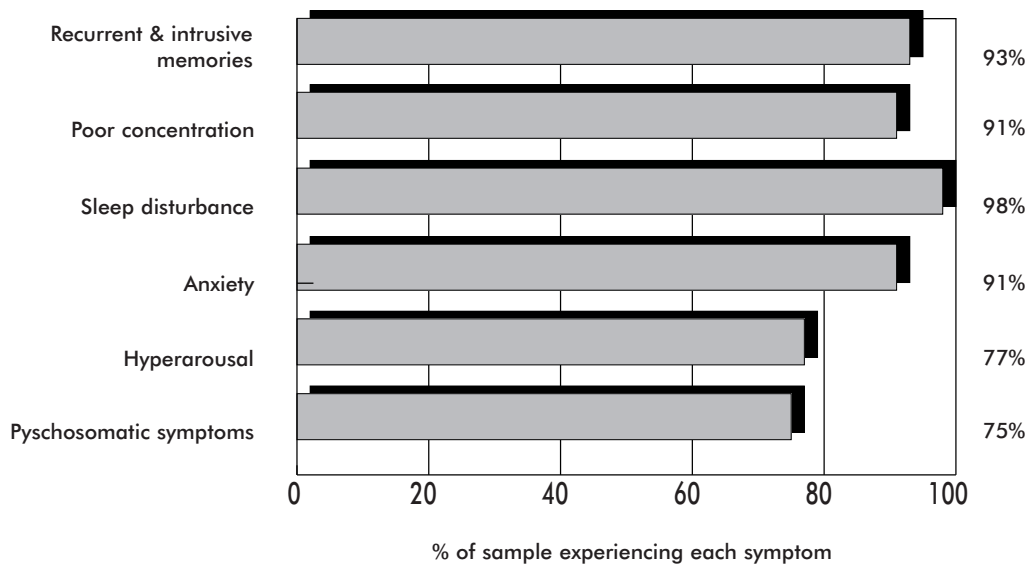
The levels of rape and other sexual assaults reported (approximately one quarter of the sample) may be lower than actual rates because of sensitivity of disclosure.

In East Timor, the majority had experienced persistent fear and apprehension that they or their families could be subjected to violence at any time, in any setting, and without just cause, irrespective of their public or private behaviour, a fear largely sustained by both their personal experiences and those of their immediate families and local communities.

### Psychological Symptoms

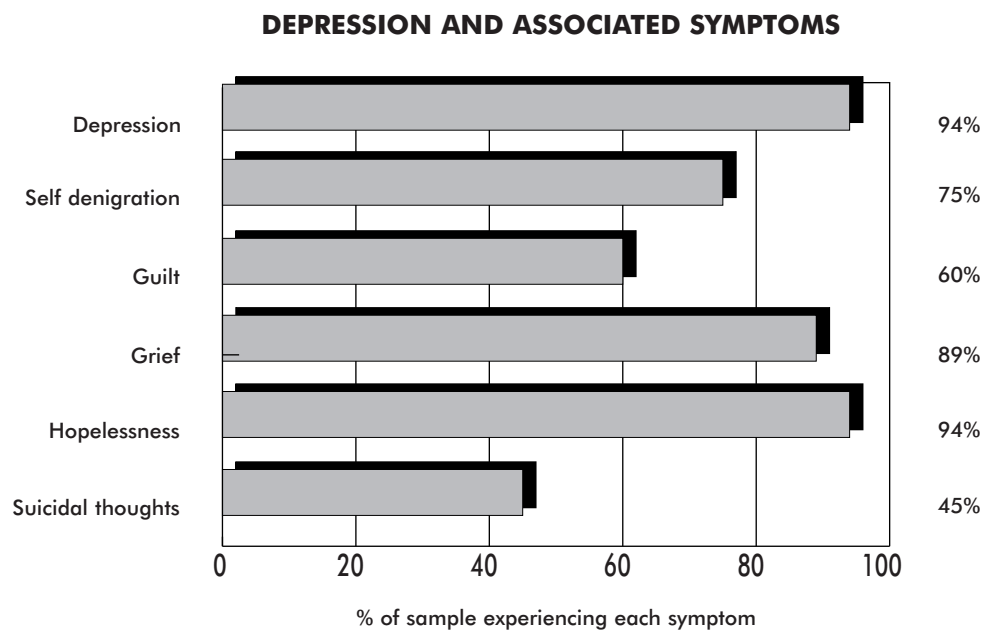
All of the 50 East Timorese assessed by the VFST were found to be suffering from symptoms characteristic of posttraumatic stress disorder. The individual symptoms which lead to a diagnosis of PTSD are displayed in the following figure. Included too, is the prevalence of psychosomatic symptoms.

#### **SYMPTOMS CHARACTERISTIC OF POSTTRAUMATIC STRESS DISORDER**



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Psychological problems such as depression and related emotions were reported by 94% of the 50 asylum seekers. In extreme cases, depression was associated with thoughts of suicide which were reported by 45% of the sample.



# **Maribyrnong Detention Centre Tamil Survey**

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## Maribyrnong Detention Centre Tamil Survey

*This study surveyed 25 Tamil asylum seekers from Sri Lanka, who had been detained in the Maribyrnong Detention Centre between November 1996 and June 1998. Fifteen were interviewed at the Detention Centre and ten were interviewed in the community within one month of being discharged.*

*The measures employed in this study were the same as those reported in the Tamil Survey reported earlier in this booklet: The Harvard Trauma Question; the Depression, Anxiety and Somatization Scales of the Hopkins Symptom Checklist; the Four Measures of Mental Health Panic Scale; and a self report assessment of exposure to post-migration stressors*

### **Detention centres, what are they?**

In 1991, the Federal Government established several asylum seeker detention and processing centres throughout Australia. Since then the majority of persons arriving in Australia without valid entry permits, including those who claim that they are refugees, have been placed in a detention and processing centre until a final decision has been made relating to their case.

### **Australian detention centres have received national and international criticism**

The Australian Human Rights and Equal Opportunity Commission found that "mandatory

detention" of people arriving in Australia "breaches Australia's human rights obligations under the International Covenant on Civil and Political Rights and the Convention on the Rights of the Child". The Commission stated that basic human rights are violated by: the living conditions that prevail in detention centres; detainees' restricted access to services, including legal advice and representation; and restrictions on any judicial review of detention. Concerns about conditions of detention in Australia have also been raised repeatedly by organisations such as the United Nations High Commissioner for Refugees and Amnesty International.

### **The Maribyrnong Detention Centre Tamil Survey**

The present study was initiated as part of a programme of clinical care provided by the first 2 authors to Tamils from Sri Lanka in the Maribyrnong Detention Centre. Information obtained from this group of Tamils was compared with the previously reported data on the mental health and well being of Tamil asylum seekers, refugees and migrants living in NSW (see page 13). At the time of completing the questionnaires, the average length of stay in the Maribyrnong Detention Centre was 11 months.

### How common was trauma exposure ?

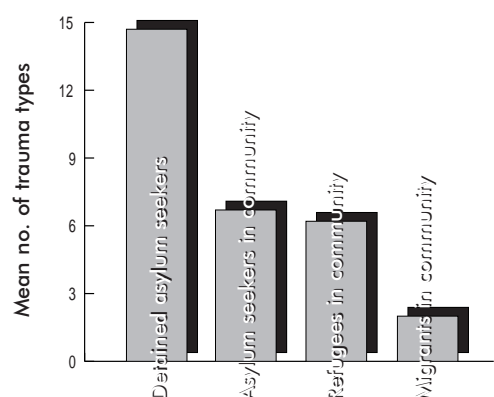
The 25 Tamils surveyed in the Maribyrnong Detention Centre reported extremely high levels of trauma exposure in Sri Lanka. Seventy two percent reported having been tortured, with almost all Tamils surveyed having witnessed or experienced the murder of family or friends, and 88% reporting being close to death themselves.

The Tamil Asylum seekers detained in the Maribyrnong Detention Centre reported over twice the level of exposure to war related trauma experiences compared to compatriot asylum seekers and refugees living in the community.

The data raises the possibility that asylum seekers who have suffered the most severe persecution are at increased risk of being detained on arrival in Australia. The urgency of their need to flee may have meant that they are the group who are least able to obtain even a short-term visa before leaving their country of origin. In contrast, Tamil asylum seekers who have suffered less severe threats may have had more time to secure the appropriate travel documents to enter Australia legitimately and to then apply for refugee status while living in the community.

<b>Table 1: Trauma experiences</b>	<b>% Detained asylum seekers</b>
Combat situation	40
Forced isolation from others	84
Being close to death	88
The murder of family or friends	92
Witness murder of stranger(s)	96
Torture	72

### THE EXTENT OF TRAUMA EXPOSURE AMONGST TAMILS



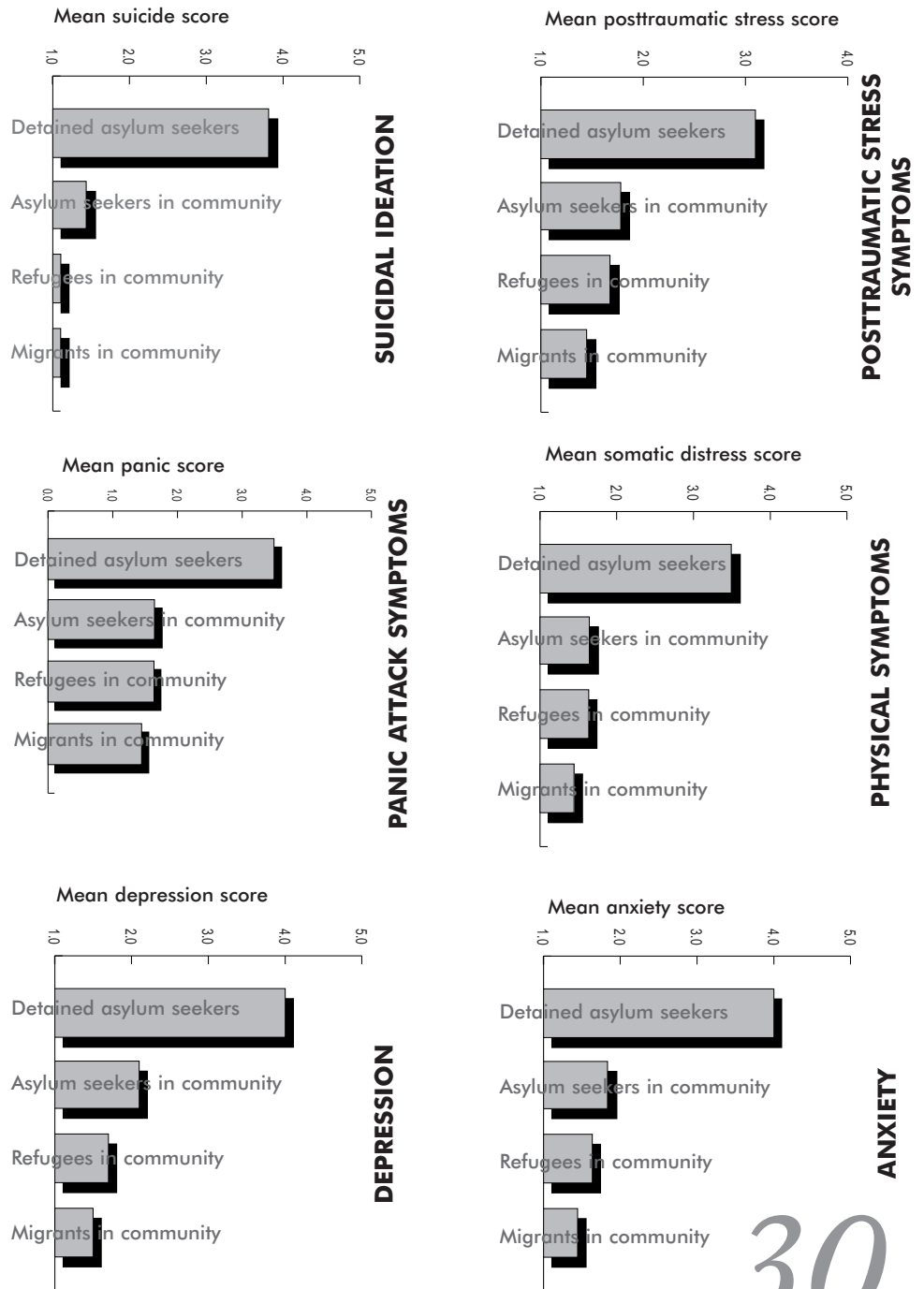
### What are the psychological effects ?

The Tamil asylum seekers detained in the Maribyrnong Detention Centre exhibited significantly higher levels of depression, suicidal ideation, posttraumatic stress, anxiety, panic, and physical symptoms, compared to Tamil asylum seekers, refugees and immigrants living in the community.

Their symptom scores support clinical impressions that the asylum seekers in the Maribyrnong Detention Centre were in a state of profound depression and distress.

### Does detention worsen psychological symptoms amongst traumatized asylum seekers ?

In order to examine the impact of detention on Tamil asylum seekers, statistical procedures were used to allow comparisons between detained and non-detained asylum seekers while holding constant the level of pre-migration trauma. After removing differences due to trauma, detained asylum seekers continued to display higher scores on all measures of psychological distress compared to other asylum seekers living in the community. Although several factors could account for the differences, there is at least prima facie evidence that detention may be a powerful direct contributor to severity of psychological distress in asylum seekers.



## **Conclusions**

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## Conclusions

### **Are asylum seekers at high risk of suffering mental health problems?**

All five studies showed consistently high rates of mental distress amongst asylum seekers. Areas of distress included depression, anxiety and posttraumatic stress disorder symptoms. The rates of posttraumatic stress disorder were many times higher than those found in the general population. This means that a high percentage of asylum seekers live in a state of demoralization, stress and fear. They suffer horrifying memories of the past which interfere with their concentration and make them anxious and withdrawn.

### **Are asylum seekers similar to immigrants or refugees?**

Across all studies, asylum seekers reported high rates of exposure to traumatic events before leaving their homelands. The traumas reported - such as torture, witnessing murders, being imprisoned for political reasons - were typical of the experiences of people fleeing persecution, war and social upheaval. Most of the asylum seekers studied therefore appeared to have similar reasons for leaving their countries as those reported by refugees who are granted permanent residency before arriving in Australia.

### **Is trauma exposure related to mental health problems?**

All studies suggested a clear relationship between trauma exposure and risk of ongoing mental distress, a finding that is consistent with the wider trauma literature. This evidence indicates that asylum seekers who have experienced trauma should be regarded as a high risk group to persisting mental health problems.

### **Is the recovery environment important?**

It is widely accepted that the 'recovery environment' is important in helping trauma survivors overcome their posttraumatic stress, anxiety and depressive symptoms. Asylum seekers in the community reported a series of difficulties in their postmigration living situations that appeared to intensify their mental symptoms.

The main issues that troubled asylum seekers in Australia were:

- fears of being sent home
- the procedures involved in claiming refugee status
- forced separation from family
- difficulties in gaining employment
- problems accessing a wide range of services including health, welfare, legal assistance and financial support.



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### **What is the effect of Detention ?**

The two studies which examined asylum seekers held in detention and processing centres in Australia found levels of pre-migration trauma that were higher than for asylum seekers in the community. The results suggest that asylum seekers who have suffered the most severe persecution may be at increased risk of being detained on arrival in Australia, possibly because that group is more likely to leave their former home country in great haste without the capacity to acquire a temporary entry visa to Australia. In both studies, detained asylum seekers showed extremely high rates of mental illness. In one study there was evidence to suggest that detention itself may be a powerful contributor to ongoing psychological distress.

### **What are the problems accessing health and welfare services?**

Asylum seekers reported difficulties in accessing a wide range of services available to permanent residents in Australia. About a third of asylum seekers studied reported difficulties accessing health care when they needed assistance. Difficulties finding work and obtaining welfare assistance were also reported.

As indicated, the provisions governing the processing of refugee claims and the availability of services for asylum seekers remain in a state of

flux. Some categories of asylum seekers are now able to access Medicare and the waiting time until the completion of the primary application stage has been reduced substantially. Nevertheless, many asylum seekers have to wait for prolonged periods when they apply to the Refugee Review Tribunal to reconsider unfavourable decisions - during that time, they lose their eligibility for government income support.

### **Can the findings be generalised to all asylum seekers ?**

All five studies were based on selective samples, so that the data cannot be assumed to reflect the status of all asylum seekers in the community. However, the consistency of the results across the five studies is particularly striking given that the investigators employed a wide range of sampling methodologies and assessment approaches and that asylum applicants from diverse cultural and regional backgrounds were included.

### **Are the findings reliable?**

It may be claimed that asylum seekers are prone to exaggerating their difficulties in order to publicize their plight. Several aspects of the studies reported argue against such an interpretation.

- The asylum seekers in the community received no benefit from participating in the studies.

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- The wide range of scores obtained on the various measures completed by asylum seekers suggested that participants were not responding in a uniformly biased manner.
  - A large number of studies undertaken on displaced persons elsewhere have shown similar results, especially the close relationship between trauma exposure and PTSD.
  - Many people with permanent residency (refugees) reported exposure to the same traumas and stresses as asylum seekers. For example, in the Tamil study, refugees reported as many general problems adapting to the new culture as asylum seekers.
  - In the Tamil study it was possible to show that mental distress was related to a combination of trauma exposure and postmigration stress and not primarily to formal residency status. Authorized refugees who had been asylum seekers provided similar responses to those who were currently asylum seekers.
  - Several subjects gave clear and credible accounts of their histories, providing information that was consistent with known historical events.
  - Several of the investigators work directly with asylum seekers and the results obtained by the studies match the observations of those working in the field.

### **What are the mental health implications?**

- The asylum seekers studied were at least comparable to authorized refugees in the levels of severe trauma they had suffered before migrating.
- Asylum seekers living in Australia, particularly those with prior trauma exposure, are at high risk of ongoing mental distress.
- The postmigration environment for asylum seekers is characterized by high levels of stress, often directly related to conditions of uncertainty, fear and deprivation.
- Asylum seekers experience difficulties in accessing the full range of services they need.
- Many of the ongoing postmigration stressors identified are directly associated with increased symptoms of depression, anxiety, and posttraumatic stress disorder.
- Postmigration stressors interact with past trauma to increase the severity of anxiety and posttraumatic stress symptoms experienced by asylum seekers.
- Asylum seekers studied in detention and processing centers appeared to be the most traumatized and vulnerable segment of the asylum seeker population with the highest risk of psychiatric illness.

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## Recommendations

### What are the public health implications ?

The research reported suggests that the most important intervention to reduce the high rates of mental distress amongst asylum seekers is the implementation of strategies to prevent unnecessary stress. Consequently it is recommended that:

- Service policies for asylum seekers be explicitly designed to minimise the hardships that they encounter. This may be partly achieved by extending to asylum seekers access to social and health services that are available to permanent residents, at least until the final determination of their refugee applications.
- Special attention should be given to preventive psychosocial interventions for those asylum seekers with high levels of exposure to pre-migration trauma, since they are at greatest risk of ongoing mental disorder.
- The impact of any policy changes (such as access to health and legal services) on the mental health and well-being of asylum seekers need to be carefully monitored.
- Further refinements to the methods and criteria for determining refugee status may be necessary. In particular, the extreme fear of return to a home country may be as damaging to a previously traumatized person as the 'objective' threats they may encounter.
- Review of detention practices should be undertaken. This recommendation is based both on evidence provided by the Human Rights and Equal Opportunity Report (1998) and on the findings of the studies reported herein which indicate that (1) asylum seekers who have suffered the most severe persecution are being detained on arrival in Australia; and (2) prima facie evidence that detention may be a powerful direct contributor to severity of psychological distress in asylum seekers.