

THE MENTAL HEALTH OF Women in detention centres

The policy of mandatory detention of asylum seekers has been a policy supported by both sides of politics since its introduction by the Hawke Labour government in the early 1990s. Though controversial, evidence exists to show that long-term detention of asylum seekers is associated with an increased risk of mental illness, particularly anxiety, depression and post-traumatic stress disorder. Although some detainees arrive with pre-existing mental illnesses—usually post-traumatic stress disorder arising from exposure to torture, summary arrest and other traumatic events such as being a witness to the death or torture of others—other detainees develop these conditions during the long periods spent in detention centres. Whilst the physical environment in which asylum seekers are held clearly contributes to the development of mental illness, I believe that it is the existential issues, namely the uncertainty and powerlessness of the detainees that contribute most to the development of these conditions. The personal description of Amer Sultan, a medical practitioner who was detained in Villawood gives a vivid description of the descent of detainees into a state of despair and demoralisation.¹

Dr Andrew Frukacz is a psychiatrist and pilot who flies himself to Baxter Detention Centre every two weeks. He was the only specialist psychiatrist to assess Cornelia Rau while she was in Baxter. On 4 April 2005, ABC TV's *Four Corners* program broadcast Dr Frukacz' report on Cornelia Rau dating from early November 2004. He wrote: 'Diagnosis unclear but possibilities include: 1. Schizophrenia, 2. Personality disorder.'

ANDREW FRUCACZ
FRANZCP

CONSULTANT PSYCHIATRIST
IN PRIVATE PRACTICE

VMO, GREATER WESTERN
AREA HEALTH SERVICE

VISITING PSYCHIATRIST,
BARKLY MENTAL HEALTH
TEAM

BATHURST, NSW

In my work at various detention centres over the last three years I have been involved in the assessment and treatment of many asylum seekers, both men and women. Most of my work has been at the Baxter Immigration Detention Centre just outside Port Augusta, a small country town in the north of South Australia that refers to itself as 'the crossroads of Australia' due to the fact that it lies at the intersection of the major east-west and north-south railways and highways. The landscape is dramatic: this area is seen as the beginning of the outback characterised by plains of mulga scrub framed by the majestic Flinders Ranges. Adelaide is four hours away by vehicle. Detainees are housed in compounds made up of simple and very basic prefabricated units all of which is surrounded by high security fencing. Limited activities such as language education and diversionary activities are available. I visit the centre once a fortnight.

My work at the detention centre involves seeing detainees who have been referred to me because of concerns about their mental health either by the general practitioners, nurses or psychologists working at the centre. Until recently, when the majority of the detainees referred to me came from Middle Eastern countries, an interpreter was also present as most of the detainees spoke only limited English. As mentioned earlier, the majority of detainees I see are experiencing anxiety and depressive disorders with some having post traumatic stress disorders. Few suffer from psychotic disorders, though at times some of the depressive states are complicated by melancholic features such as psycho-motor agitation or retardation.

Cultural and language difficulties make it difficult to provide psychological therapies to patients in detention. Antidepressants and hypnotics are often, by default, the mainstay of treatment. However, compliance is a major problem especially with the antidepressant medications. Most of the depressed and anxious detainees I meet firmly believe that whilst they are in detention they will not get better (not an unreasonable belief under the circumstances) and that medications will not help.

The problems faced by the men and women in detention are largely similar. After a period of anxiety arising from the adjustment to the detention centre environment and the process of putting in applications to the Department of Immigration (DIMIA)—often followed by rejections—detainees enter a phase in which they have to adjust to rejected visa applications and longer periods of detention usually with no end in sight. This experience often leads detainees to question their own value in the eyes of the community, comparing themselves unfavorably to prisoners. Some of the most frequent refrains I hear are: 'What have I done wrong?' or 'Are we criminals?'

Until recently when families were kept in detention women also had the associated guilt of being responsible for their children being in an environment where their normal activities were hugely curtailed. When women and their children are placed in community housing projects, these women are torn between accepting such placements for the sake of getting out of the razor wire environment of the detention centres and separating the family, as their husbands and children's fathers must remain in detention. Such situations place enormous strain on families and it is not surprising to me that some relationships crumble in the face of such enormous pressure. Women often have the added burden of keeping the family together, especially amongst the wave of asylum seekers that come from Middle Eastern cultures. The process of detention is particularly emasculating for men due to the powerlessness that they experience. This exacerbates their level of depression, thereby putting the burden of caring for the family squarely in the hands of their women.

My overall impression is that women seem to cope better than men in detention. Perhaps this is because women are still able to maintain their role—caring for their family—albeit with difficulty, whilst men are reduced to largely passive participants in a process that is more and more removed from them. Women's nurturing role can be continued while in detention, whilst men either attempt to fight the system, sometimes to the point of getting involved in protests such as hunger strikes and riots, or hopelessly give up becoming more and more depressed and despairing.

Significant changes have occurred recently which have led to a change in the demographics of the detainees I see. More and more of the long-term detainees have either been released into the community or been admitted to hospitals in Adelaide for specialist psychiatric treatment.

I have found my work with detainees confronting in terms of questioning the extent to which psychiatric treatment can be beneficial in the face of continued detention and uncertainty. However, I believe that to abandon these most vulnerable people would be an abrogation of our role as doctors. I believe that if we do nothing else but listen to the stories of these individuals and try and understand, validating their anger, despair and perplexity at a process that they can not believe would treat them in this way, then the visits are worthwhile.

References

1. Sultan A, O'Sullivan K. Psychological disturbances in asylum seekers held in long term detention: a participant-observer account. *MJA* 2001; 175: 593-596. Available at: http://www.mja.com.au/public/issues/175_12_171201/sultan/sultan.html

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