



VICTORIA UNIVERSITY
MELBOURNE AUSTRALIA

Addressing self-harm among detained asylum seekers in Australia during the COVID-19 pandemic

This is the Published version of the following publication

Hedrick, Kyli and Borschmann, Rohan (2021) Addressing self-harm among detained asylum seekers in Australia during the COVID-19 pandemic. Australian and New Zealand Journal of Public Health, 45 (1). p. 80. ISSN 1326-0200

The publisher's official version can be found at
<http://dx.doi.org/10.1111/1753-6405.13061>

Note that access to this version may require subscription.

Downloaded from VU Research Repository <https://vuir.vu.edu.au/46744/>

doi: 10.1111/1753-6405.13061

Addressing self-harm among detained asylum seekers in Australia during the COVID-19 pandemic

Kyli Hedrick,^{1,2} Rohan Borschmann^{3,4}

1. Centre for Mental Health, Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, Victoria
2. Community-Minded Psychological Services, Victoria
3. Justice Health Unit, Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne, Victoria
4. Centre for Adolescent Health, Murdoch Children's Research Institute, Victoria

There was a 9.5% increase in emergency department presentations for self-harm across all ages in the state of Victoria, Australia, over a recent six-week period compared to the same time in 2019.¹ Prompted by this acute rise (which included a 33% spike in presentations of young people aged <18 years), and by concerns regarding the adverse mental health impacts of the enforced COVID-19 lockdown, the State Government announced an additional \$60 million in funding to support the mental health of Victorians² – a swift response to such a public health concern. But what of other vulnerable populations in Australia, such as asylum seekers in immigration detention, who are already at a markedly increased risk of self-harm³ and poor mental health,⁴ and who also require an urgent public health intervention?

We recently examined self-harm among asylum seekers in Australia over a 12-month period according to the type of detention in which they were held: Immigration Detention Centres (IDCs), Immigration Transit Accommodation (ITAs), and Alternative Places of Detention (APODs).⁵ Rates of self-harm among those detained in IDCs, APODs, and ITAs were calculated to be 187 times, 220 times, and 376 times higher than the hospital-treated rates of self-harm reported in the Australian general community, respectively.⁶

Furthermore, across the entire immigration detention population, self-harm rates were found to have increased by an average of 15% since an earlier investigation into self-harm in the onshore detention network just three years earlier.⁷

The Australian Deputy Chief Medical Officer (DCMO) acknowledged in August that lockdowns “produce a range of undesirable effects”,⁸ including those related to mental health vulnerabilities. A comprehensive response to this emerging mental health crisis, as highlighted by the DCMO, must involve the community, family and friends of those affected, as well as increasing the availability of appropriate mental health supports.⁸ For detained asylum seekers, the expanded use of well-established community-based arrangements for the processing of refugee claims, such as community detention,⁹ would represent a modest cost for the Australian Government (and would actually save money, with an annual cost of around \$346,000 to hold someone in onshore detention, compared with \$103,343 for that same person to live in community detention).¹⁰ It would also allow asylum seekers to live in homes in the Australian community, with increased access to appropriate mental health services and much-needed social supports, and provide housing and income security. There is mounting evidence documenting the deteriorating mental health of detained asylum seekers,⁶ in addition to their increased risk of self-harm due to ongoing isolation from social, familial, physical and mental health supports (all of which are known protective factors for self-harm).^{6,7} In response, Australia must urgently replace the use of closed detention with already existing community-based models for processing in order to protect asylum seekers from further preventable harm.

References

1. Ilanbey S. Your life is important: \$60 million coronavirus support package for mental health. *The Age* [Internet]. 2020 [cited 2020 Aug 9]; August 9. Available from: <https://www.theage.com.au/national/victoria/victoria-records-394-new-covid-19-case-17-deaths-20200809-p55jz4.html>
2. Victoria State Government. *Fast-track Mental Health Support for Victorians in Need. Media Release on 9 August* [Internet]. Melbourne (AUST): Victorian Office of the Premier; 2020 [cited 2020 Aug 9]. Available from: <https://www.premier.vic.gov.au/fast-tracked-mental-health-support-victorians-need>
3. Hedrick K, Armstrong G, Coffey G, Borschmann R. Self-harm in the Australian asylum seeker population: A national records-based study. *SSM Popul Health*. 2019;8:100452
4. von Werthern M, Robjant K, Chui Z, Schon R, Ottisova L, Mason C, et al. The impact of immigration detention on mental health: A systematic review. *BMC Psychiatry*. 2018;18(1):382.
5. Australian Human Rights Commission. *Immigration Detention and Human Rights* [Internet]. Sydney (AUST): AHRC; 2016 [cited 2020 Aug 25]. Available from: <https://www.humanrights.gov.au/our-work/asylum-seekers-and-refugees/projects/immigration-detention-and-human-rights>
6. Hedrick K, Armstrong G, Coffey G, Borschmann R. Self-harm among asylum seekers in Australian onshore immigration detention: How incidence rates vary by held detention type. *BMC Public Health*. 2020;20(1):592.
7. Hedrick K. Getting out of (self-) harm's way: A study of factors associated with Australian immigration detention. *J Forensic Leg Med*. 2017;49:89-93.
8. Australian Department of Health. *Deputy Chief Medical Officer Press Conference about COVID-19 on 9 August 2020* [Internet]. Canberra (AUST): Government of Australia; 2020 [cited 2020 Aug 26]. Available from: <https://www.health.gov.au/news/deputy-chief-medical-officer-press-conference-about-covid-19-on-9-august-2020>
9. Australian Human Rights Commission. *Alternatives to Detention* [Internet]. Sydney (AUST): AHRC; 2013 [cited 2020 Aug 25]. Available from: <https://humanrights.gov.au/our-work/asylum-seekers-and-refugees/alternatives-detention>
10. Kaldor Centre. *The Costs of Australia's Refugee and Asylum Policy: A Source Guide* [Internet]. Sydney (AUST): University of New South Wales; 2020 [cited 2020 Oct 8]. Available from: <https://www.kaldorcentre.unsw.edu.au/publication/cost-australias-asylum-policy>

Correspondence to: Ms Kyli Hedrick, Centre for Mental Health, Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne, 207 Bouverie Street, Carlton, Victoria, 3010; e-mail: Kyli.Hedrick@community-minded.com.au

The authors have stated the following conflict of interest: Kyli Hedrick has previously received personal fees from the Victorian Foundation for Survivors of Torture, and personal fees from the Department of Home Affairs, outside the submitted work.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.