



Australian Association for
Infant Mental Health Inc.

Infants in immigration detention

Position paper 5

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The Australian Association for Infant Mental Health Inc. (AAIMHI) aims to improve professional and public recognition that infancy is a critical period in psycho-social development, and to work for the improvement of the mental health and development of all infants and families.

Due to their particular vulnerability, infants in detention are at significant risk. While there has been some discussion regarding children in detention, the situation for infants has received less attention.

The most recent (June 2015) Australian Government Department of Immigration and Border Protection (DIBP) immigration and community statistics summary tells us that, as of 30 April 2015, there were 127 children in mainland detention, 95 in Nauru, and 1092 in community detention. Children are simply classified as those under 18 years of age. The fact that there is no readily available information about the number of infants in detention¹, combined with the absence of infant mortality and morbidity data (HRP 2014), strongly suggests that infants are not seen as a special case by DIBP. This failure to recognize that infancy is a critical period for mental health and development is of great concern to AAIMHI.

Definitions

AAIMHI defines infants as children aged from 0-3 years.

Infants in immigration detention may have arrived in Australia with one or both of their asylum-seeking parents or they may have been born in Australia to parents who are in immigration detention. Immigration detention, also known as held detention, refers to *any type of locked immigration detention facility in Australia, including immigration detention, immigration transit accommodation, immigration residential housing, or alternative places of detention. This term also applies to offshore immigration detention facilities* (The Royal Australasian College of Physicians 2015, p. 4).

Background to AAIMHI's position

Although children can survive in less than ideal settings, we know that for infants to be healthy they need to be cared for in a safe, secure, and emotionally reliable environment, preferably with their parents (Brazelton & Cramer 1990, Karen 2004). We also know that there are immediate and long term negative health consequences for infants who, for whatever reason, are unable to have these needs for safety, security, and reliability met (Baradon 2009, Lyons-Ruth 2007, Sroufe *et al.* 2005).

¹ It took an inquiry by the Australian Human Rights Commission in 2014 to chart the ages of children in detention by age and make public that, at that time, 17 per cent of all children in detention were babies under two years

Australian Association for Infant Mental Health

PO Box 39, Double Bay NSW 1360, Australia | ABN 93 045 030 281 | info@aaimhi.org

Affiliated with the



WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH

The situation for asylum seekers coming to Australia is particularly difficult for families with infants. Current (June 2015) government policy aims to deter would-be asylum seekers by providing less than optimum conditions for those who have already arrived. Parents who believed that their families would be safer in this country now find that they must endure humiliating and uncomfortable, jail-like conditions indefinitely; they do not know who to trust, have little or no legal recourse, and many feel helpless and hopeless.

Parents in detention are at risk of postnatal depression and anxiety, and express guilt about having a child who is detained. They are motivated to parent well but the environment and circumstances of detention make this extremely difficult. If the mother is very depressed, it is often the father who becomes the primary carer – a role for which he is often unprepared and, in detention, unsupported.

When parents feel powerless to change their situation, and when their own environment feels unsafe, insecure, and unreliable, it is almost impossible for them to provide the emotional reliability their infants need.

Research findings

Because security measures prevent independent access and assessment, data on the mental health of infants in detention is limited. Health workers employed by the Department of Immigration and Border Protection (DIBP) are bound by strict confidentiality agreements and now, along with all detention-centre staff, risk jail if they speak publicly about their concerns (Australian Border Force Bill 2015, Barnes & Newhouse 2015). There is a lack of specialist parent – infant clinical support for new parents and infants within the system and, as far as we know, none of the staff have training or qualifications in the area of Infant Mental Health.

The available literature has been telling us for some time that there are “increased levels of psychological morbidity among refugee children, especially post-traumatic stress disorder, depression, and anxiety disorders” (Fazel & Stein 2002). An Australian study found very high levels of psychopathology in

16 adults and 20 children (age range 11 months to 17 years) from a remote Immigration Reception and Processing Centre [referred] to a child and adolescent mental health service (CAMHS) between February and August 2002...All children had at least one parent with psychiatric illness [and the] majority (80%) of preschool-age children were identified with developmental delay or emotional disturbance (Mares & Jureidini 2004).

In another Australian study, structured psychiatric interviews with 10 families (14 adults and 22 children), from one ethnic group who had been held in detention for 2 years, revealed that

All adults and children met diagnostic criteria for at least one current psychiatric disorder with 26 disorders identified among 14 adults, and 52 disorders among 20 children. Retrospective comparisons indicated that adults displayed a threefold and children a tenfold increase in psychiatric disorder subsequent to detention (Steel et al 2004).

In June 2005, the Australian Government announced that asylum-seeking families with children, who were waiting for their refugee claims to be processed, would be released into the community (Landers 2005). Since then, however, and despite persistent evidence² of the damaging effects of incarceration, children continue to be held in detention centres.

² A systematic review (Robjant *et al.* 2009) of studies investigating the impact of immigration detention on the mental health of children, adolescents and adults found consistent reports of high levels of mental health disturbance among detainees.

A recent (May 2015) Senate Estimates session heard that one child had been in detention for 1774 days. It was also revealed that the average time a child is held in detention is 345 days and that there were 231 children held in on-shore and off-shore detention facilities (Parliament of Australia 2015). This detailed information is not available on the DIBP website.

While current hard data may be scarce, there are other ways to source evidence (Newman & Steel 2008). Unpublished observational and anecdotal data, and verbal reports by parents themselves, include a range of infant behaviours that are consistent with signs of disturbed social, emotional, and cognitive development. These include hyper-vigilance, breast and/or bottle refusal, gaze avoidance, irritability, withdrawal, excessive crying, poor sleeping, and difficulty relating to the parents caring for them. Furthermore, the depression of one or both parents, combined with inadequate clean, safe, floor space means that some infants spend long periods in their prams, with little opportunity for play.

Statement of AAIMHI's position on infants in immigration detention

AAIMHI believes that immigration detention is detrimental to the health and development of infants and recommends their immediate release into the community with their parents.

Given the risk of psychopathology in the asylum seeking population, AAIMHI also recommends the release into the community of pregnant women and their partners so that they can receive the care and support necessary for the optimal mental health of their infants.

In summary, AAIMHI opposes arbitrary detention of infants and children. Families with infants and children should not be sent to remote or off-shore facilities where there are limited services and high infant mortality and morbidity rates³. These families should be safely supported in the Australian community while their refugee claims are being processed.

³ In Nauru, the under-five years of age mortality rate is 40/1000. In PNG it is 58/1000, while the maternal mortality rate is 230/100,000 births (World Health Organisation 2015).

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Further resources

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