## Mental Health Deterioration in Adult Immigration Detainees: Health Professional Perspectives

Derrick SILOVE, Zachary STEEL, and Charles WATTERS (2000). "Policies of Deterrence and the Mental Health of Asylum Seekers." JAMA 284(5): 604 - 611.

This article is one of the first and most influential research papers to develop a link between detention and the increased mental and physical deterioration of asylum seekers. Building on the then-recent policy changes in Australia, Derrick Silove, Zachary Steel, and Charles Watters argue that "the medical profession has a legitimate role in commenting on the general and mental health risks of imposing restrictive and discriminatory measures on asylum seekers, especially when some of these administrative procedures threaten one of the fundamental principles underpinning the practice of medicine: *primum non nocere*." (610)

The authors begin by explaining the context for Australia's turn to detention as a deterrence measure and the processes by which asylum seekers claim refugee status in that and other developed countries. (605) They note that it is "only recently that the mental health of asylum seekers has attracted specific scientific attention" but that "there is at least prima facie evidence of substantial psychological morbidity among asylum groups residing in several recipient countries." (606) After examining the intersection of "disability and disadvantage" confronting some asylum seekers, Silove, Steel, and Watters explain the perils of detaining noncitizens. After covering some salient issues facing children, detainees with orders to transfer to other facilities, and the inadequate judicial review process (607), they explain the health risks of detention. For example, they point to a report that, in July 1999, 90 asylum seekers held at a detention center in Queens, NY, USA contracted tuberculosis from a fellow inmate. (607 - 608) Psychological distress indictors amongst detainees include "depression, suicidal ideation, posttraumatic stress, anxiety, panic, and physical symptoms," particularly when "compared with compatriot asylum seekers, refugees, and immigrants living in the community." (608) They note the contrast between the treatment of authorized refugees who "are provided with specialist services such as torture and trauma treatment programs" versus that of spontaneous arrivals who are subjected to "prisonlike detention centers in which conditions are antithetical to the principles of rehabilitation."(608) They conclude the article by calling for a more robust research agenda and a renewal of health professionals' collective commitment to set up voluntary networks who can work with, and advocate, for asylum seekers both in and out of detention. (609 - 610)

## Further reading:

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