



ORIGINAL ARTICLE

A trauma informed response to COVID 19 and the deteriorating mental health of refugees and asylum seekers with insecure status in Australia

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ABSTRACT: COVID-19 brings increased risk to the mental health of asylum seekers and refugees in Australia on temporary visas. Rapid government changes due to the COVID-19 pandemic are resulting in significant and sustained hardship on this already vulnerable group. This discursive paper is both an explainer and a resource for mental health nurses and health professionals with scope of practice in primary care and emergency departments responding to this population. The aim of this paper is to alert clinicians to the drivers of mental and suicide related distress and to provide recommendations as to how to therapeutically engage and support this group. Drivers include complex intersections between legal uncertainty, economic, social and mental health stress as drivers of entrapment, acute mental distress and suicidal ideation. Information about the COVID-19 related factors as drivers contributing to worsening states of distress may help guide clinicians to consider protective factors designed to mitigate the onset or worsening of mental distress, plus aid in the development of health policy and service-delivery arrangements of support and therapeutic engagement.

KEY WORDS: asylum seeker, COVID-19, mental health, refugee, visa status.

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INTRODUCTION

Globally, the health and economic consequences of the COVID-19 pandemic have had profound effects not just on physical health but also the mental health of populations (Holmes *et al.* 2020; Kearney *et al.* 2021). The consequential effect upon the mental health of refugees during this period has been described as a 'crisis within a crisis' (Júnior *et al.* 2020).

In Australia, the public health measures taken to control the spread of COVID-19 have had significant impacts across the community. In 2020, a national campaign highlighted the plight of 1.1 million temporary migrants, including temporary workers and international students in Australia, who endure adversity due to loss of employment and who are ineligible for

government support. The situation faced by asylum seekers and refugees on temporary visas is more precarious due to their uncertain legal status, pre-existing physical and mental health vulnerabilities and their inability to return to home countries due to fear of persecution (Refugee Council of Australia, 2020).

Organizations, including the Royal Australian and New Zealand College of Psychiatrists, have called for the urgent release of vulnerable refugees and asylum seekers from immigration detention, citing problems related to physically distancing and the risks to mental health for an already traumatized population (RANZCP, 2020). With few exceptions (Mares *et al.* 2021), less attention has been given to how these measures will impact the mental health of refugees and asylum seekers living in the community. Asylum seekers and refugees on temporary visas are an already traumatized population who have come to Australia to escape harm and seek sanctuary. COVID-19 related restrictions and consequences could lead to an unendurable and excruciating absence of hope accompanied by the onset and worsening of suicidal urges, or 'lethal hopelessness' (Procter *et al.* 2018).

For the purpose of this paper, we are referring to mental health nurses and health professionals working in primary care and emergency departments as 'clinicians'. Clinicians treating asylum seekers and refugees on temporary visas need to be cognizant that they are working with a high-risk population for mental deterioration and suicidal ideation. Clinicians in these settings are at the forefront of suicide prevention and therefore must be alert to the drivers of mental and suicide related distress.

This article aims to discuss the complex intersection of legal uncertainty, economic, social and mental health stress that leads to feelings of entrapment and acute mental health distress. We describe how COVID-19 related factors contribute to worsening states of distress and provide recommendations for clinicians on how to therapeutically engage and support this group. Information about the COVID-19 related factors as drivers contributing to worsening states of distress may help guide clinicians to consider protective factors designed to mitigate the onset or worsening of mental distress, plus aid in the development of health policy and service-delivery arrangements of support and therapeutic engagement.

WHAT WE KNOW SO FAR ABOUT THE MENTAL HEALTH OF REFUGEES ON TEMPORARY VISAS

Asylum seekers who arrived in Australia by boat between August 2012 and December 2013 are

sometimes known as the 'Legacy caseload'. The group consists of approximately 31 000 men, women and children. They come from a variety of countries including Afghanistan, Pakistan, Iran, Sri Lanka, Vietnam, Iraq and Bangladesh, with some identifying as 'stateless' (Department of Home Affairs, 2021a).

People in this caseload are treated differently from other groups of asylum seekers due to changes in legal and policy settings (Australian Human Rights Commission, 2020). There have been lengthy delays in processing their refugee claims. They live on temporary visas including bridging visas; three-year Temporary Protection visas (TPV) or 5-year Safe Haven Enterprise visas (SHEV). As of May 2021, there were 18,315 refugees on either a TPV or SHEV (Department of Home Affairs, 2021a). At the conclusion of their visas, a small minority may obtain permanent residence. The majority face having their refugee claims reassessed, some may be refused and those subsequently accepted as refugees will only be eligible for another temporary visa (Kenny *et al.* 2016). There is also a substantial number of people on a Bridging Visa E (BVE) who arrived in Australia, who have sought asylum but have not been granted refugee status. This visa permits them to remain in Australia lawfully until their refugee status application has been finalized.

Clinicians should be alert to the fact that those in the *Legacy caseload* have no certainty about their future visa status. Refugees on temporary visas have greater incidence of post-traumatic stress disorder (PTSD) and depression when compared to those on secure visas (Newnham *et al.* 2019; Nickerson *et al.* 2019). Studies associate uncertainty of visa/legal status with an elevation of symptoms and risk of psychiatric disorder (Posselt *et al.* 2020) can lead to 'lethal hopelessness' (Procter *et al.* 2018). According to the Monash University Australian Border Deaths Database and our own research, there have been (at least) 27 deaths by suicide/suspected suicide of boat arrived asylum seekers/refugees in the past 6 years (Migration Border Policy 2021). Many more have attempted self-harm. In 2019, there were six suspected suicides and five in 2018, although the exact number may be higher. Accurate data on the exact number of deaths are not available. The deaths reported in the Australian Border Deaths Database are from publicly available sources, and from that we estimate that for 2019, the overall (males, female and children included) boat arrival suicide rate was 18.75 per 100 000. The standardized death rate for Australia during that same period was 12.1 deaths per 100 000. For boat arrived adult males,

the estimated provisional rate is 26 per 100 000 versus 18.6 per 100 000 for males in Australia. Since 2014, there has been (at least) 27 deaths by suicide/suspected suicide of asylum seekers who arrived in Australia by boat (Kenny & Procter 2019).

These pre-existing vulnerabilities have been exacerbated by emergency responses to COVID-19, and we outline below some of the factors that may trigger past trauma and exacerbate existing mental health problems.

FACTORS WHICH MAY EXACERBATE EXISTING MENTAL HEALTH PROBLEMS

We have chosen to highlight financial, social and interpersonal factors, as well as factors relating to the asylum process as these have been identified as affecting the psychological functioning of refugees and asylum seekers (Li *et al.* 2016).

Loss of employment/financial stress

Many refugees and asylum seekers on temporary visas work in occupations impacted by job losses. For example, a survey conducted by an NGO in South Australia of 94 asylum seekers on bridging visas found that 67% had lost employment as a direct result of the COVID pandemic. These people worked in a wide range of jobs including mechanics, caterers, cleaners, security officers, truck drivers, tilers, concreters, laundry workers, market gardeners, building labourers and beauty workers (Justice for Refugees (SA), 2020). These findings are consistent with research literature highlighting similar findings internationally (Norwegian Refugee Council, 2020).

Loss or reduction in employment means that refugees and asylum seekers on temporary visas find it harder and harder to pay the rent and afford the necessities of life (ASRC, 2020; Berg & Farbenblum 2020; van Kooy 2020; Segrave *et al.* 2021). While those on TPVs and SHEVs are eligible for welfare payments, this group's temporary visa status means they remained ineligible for the Australian government JobKeeper or JobSeeker payments available during the pandemic. The JobSeeker Payment was an income support payment for people aged between 22 and 65 years and looking for work, the payments replaced the previous Newstart Allowance during the pandemic and included an additional Coronavirus Supplement until the end of March 2021. The JobKeeper Payment supported eligible businesses significantly affected by COVID-19 as a

wage subsidy that helps employers with the cost of employees' wages. The JobKeeper Payment finished at the end of March 2021. The consequential risk of a severe economic downturn means many will be seeking work in a depressed and competitive job market with limited opportunities for non-citizens/permanent residents (van Kooy 2020).

Asylum seekers on bridging visas are ineligible for any form of Federal government welfare support including JobKeeper or JobSeeker payments that existed during 2020 to 2021. Cuts to the federally funded Status Resolution Support Service mean they have no access to funded income support or Medicare. Not-for-profit agencies have reported dramatic increases in demand on their welfare services for food, housing and essential health care (ASRC, 2020; Jesuit Refugee Service 2020).

Quarantine and lockdowns

Quarantine and hard lock downs can trigger previous trauma for refugees and asylum seekers, causing fear, panic and confusion (Rees & Fisher 2020). In July 2020, the Victorian Government used police to enforce a 'hard lockdown' of public housing towers in Melbourne, concerns were raised about the impact upon many of the residents who came from refugee backgrounds who had escaped civil unrest in their countries of origin (DLHV, 2020; Liotta 2020).

Observing quarantine while trying to maintain employment can be difficult, reliance on public transport to access work is also a noted risk. International human rights organizations have noted that refugees and asylum seekers whose legal status is irregular or temporary face genuine structural issues about where and how they obtain employment. This places them at increased risk of COVID-19 infection and transmission, both because their economic situation requires continuation of work despite government requirements to stay at home, and because the nature of low wage employment in areas like retail or health care typically requires face-to-face interaction (UN Committee on the Protection of the Rights of All Migrant Workers & Members of their Families & UN Special Rapporteur on the human rights of migrants, 2020).

Legal processing

The United Nations High Commissioner for Refugees has raised concerns about countries violating their international human rights obligations by closing their

borders to asylum seekers and halting the legal processing of asylum seekers (UNHCR, 2020). Suspensions or delays in the processing of asylum seekers have been seen in countries in Global North such as the United States, Belgium and Greece (Hathaway *et al.* 2020).

In Australia, changes due to COVID-19 initially slowed the legal processing of cases. Appeals and proceedings in the Federal Circuit Court have also suffered delays. Processing of these cases already takes several years but will now be prolonged even further causing further distress, uncertainty and despondency (ASRC, 2020). Community legal centres have raised concern about service disruptions, difficulties accessing legal assistance meaning that asylum seekers and refugees on temporary visas may find it difficult to seek advice, respond to requests for information from the Department of Home Affairs or exercise appeal rights (RACS, 2020). In April 2021, community legal centres reported that the Department of Home Affairs had unexpectedly expedited and increased primary interviews for the fast track cohort, creating stress on legal services. Refugee Advice and Casework Service described those attending for legal services with a level of vulnerability and mental illness beyond what they have previously encountered (RACS, 2020).

Concern for family

Separation from family is a significant stressor. Refugees on temporary visas are unable to sponsor family members to Australia. They must seek permission to travel to visit family from the Department of Home Affairs but can only do so once per year and for a limited time (Department of Home Affairs, 2021b). Overseas travel is likely to be very difficult for some time. Many have immediate family members, spouses and children, living in countries in difficult and insecure environments. They worry about the health and safety of their families who are living in countries like Iran who have been battling large outbreaks of coronavirus.

For refugees and asylum seekers in Australia, loss of income can lead to destitution which in turn affects their ability to provide for family members overseas who rely upon remittances to pay for rent, food and education. Anxiety about the health and safety of families living in countries where the virus is spreading combined with being unable to return to support their families contributes to mental distress (Rees & Fisher 2020).

Family violence

Research in Australia has found that women from refugee backgrounds who have precarious migration status are at increased risk of intimate partner violence (Segrave *et al.* 2021). A Victorian NGO working with refugee communities experiencing family violence has reported increased demand for support services during COVID-19, and women on temporary visas are at more risk due to the lack of options for financial and housing support (inTouch 2020). A national study of migrant and refugee women who had experienced family violence found that between March and November 2020, 17% reported that this happened for the first time, 23% reported that the behaviour increased in frequency, and 15% reported that the behaviour increased in severity (Segrave *et al.* 2021).

Decreased access to community support

Asylum seekers and refugees rely on community organizations and other informal networks for support (Nickerson *et al.* 2019). Community organizations that provide vital legal, welfare, language and social services to refugees and asylum seekers have faced difficulties remaining accessible whilst also practising social distancing. Some services have ceased being able to see clients face to face and moved to provide services over the phone.

Social isolation

Restrictions on social interactions due to forced lock downs mean refugees and asylum seekers are likely to become increasingly socially isolated, internalize mental distress and ruminate over how life could or should be (Procter *et al.* 2018; Rees & Fisher 2020). This makes for a complex set of circumstances contributing to increased risk of family violence, alcohol and substance use, self-harm and suicidal behaviour. It becomes increasingly difficult for such individuals to connect with and trust others to seek help.

DISPROPORTIONATE IMPACTS AND WORSENING MENTAL HEALTH

The mental health and well-being of the legacy case-load group is disproportionately affected by the response to the pandemic. Pre-existing vulnerabilities related to their legal status are exacerbated by their temporary visa status that excludes them from adequate

government financial support and family reunification. NGOs working with this group are reporting some have become destitute and are experiencing crippling anxiety and suicidal ideation (NRAGG, 2020; RACS, 2021).

This group of refugees and asylum seekers were in a precarious state prior to the pandemic and their situation is worsening rapidly due to the factors outlined above. Suffering and anguish may become unbearable, leading to entrapment and suicidal states. Entrapment is widely regarded in the field of suicidology as one of the most dangerous aspects of the suicidal mind. Entrapment is, in this sense, a feeling of being boxed in by one's circumstances. This has the compounding effect of leaving the person figuratively trapped that they cannot go 'forwards' from the legal status of being a temporary visa holder, or 'backwards' by returning to their home country due to a well-founded fear for their personal safety (Procter 2006). For this group, living in a legal limbo in Australia for over 8 years, the uncertainty of their legal status is increasing which means that the potential to feel boxed in by their circumstances will continue unless there is a change to government policy.

RELEVANCE FOR CLINICAL PRACTICE

At a time when 'social distancing' is crucial to prevent the spread of pandemic virus, research is also highlighting the importance of social connection in a time of uncertainty (Reger *et al.* 2020), that is for people in mental distress or suicidal states to be understood and accepted, to hear those around them to explicitly state that they are understood and valued, and that their life has value, meaning and purpose. In such circumstances, the trajectory to suicide may be interrupted. The distressed person might be more able to embrace hope for the future and reduce the distress brought about by ever present thoughts that they are a burden to themselves and to others (Procter *et al.* 2018).

Refugees and asylum seekers with insecure visa status and restrictions imposed by COVID-19 will likely experience unendurable traumatic stress compounded by fluctuating states of intensity. Safe, inclusive and where possible immediate and ongoing practical assistance and emotional support that is culturally sensitive should be trauma informed. For some, life's challenges are unendurable and insurmountable. Trust and mental stability in therapeutic relationships should aim to soothe ever present feelings of fear and danger,

preoccupation with realistic threats and the diminution of protective factors.

Over time, once trust is established individuals may be supported by the following measures:

- Ensure face-to-face interactions wherever possible, transitioning to telehealth and online mental health service once trust and rapport are established. Ensure accredited interpreter use (Dalpe 2020).
- Help the individual reframe feeling boxed in by circumstances – consider and where possible accept alternative forms of person-to-person connection in a situation that is difficult but tolerable (Queensland Government, 2020; Reger *et al.* 2020).
- Reaffirm that it is normal to respond with a range of emotions, including feeling sad, stressed, confused, scared or angry (CDC, 2021; Kaplan 2020).
- Link to community-based groups the patient perceives to be of actual or potential value and who are offering information support (note there may be a reluctance to engage with some government services) (Rees & Fisher 2020).
- Reinforce qualitative elements of social and human connectedness as a core within collaborative safety planning to mitigate the onset or worsening of suicidal urges (Kenny & Procter 2019).
- Focus on restricting lethal means, culturally appropriate protective factors and reasons for living despite imposed visa conditions (De Silva *et al.* 2016; Wylie *et al.* 2018).
- Provide access to written, audio and video resources from reliable health services in the relevant community language (Mares *et al.* 2021).
- Co-create and co-develop a personalized 'safety plan' setting out coping and support strategies for the person to support him/her during the onset or worsening of suicide related distress (Ferguson *et al.* 2021; Procter *et al.* 2021)

Additional support in the form of service-delivery policies to raise awareness of early intervention for mental distress and culturally appropriate promotion of supportive community environments should also be considered. There is a potential role for state and territory governments to foster community and person-centred connection that bring together asylum seeker communities and clinicians that promote comfort, reassurance, validation to help bolster hope and promote compassion towards individuals in distress. The policy settings of a system of care provided can have

significant impact on a person's thought, feeling and behaviour at the point of care.

CONCLUSION

Clinicians need to take account of the stressors and vulnerabilities among refugees and asylum seekers with temporary visas residing in the community. These include the stress, uncertainty and isolation arising from the current global pandemic and the need to navigate a range of complex legal factors during a time of uncertainty. Feelings of disconnection and fear of what may happen next, combined with barriers to services and supports lead people with insecure visa status to try and manage without many traditional mainstream financial, family and community supports. A trauma informed mental health response takes account of distress triggers linked to the protracted uncertainty of their legal situation. Trust is fundamental and foundational to implementing actions to counter circumstances that exacerbate and contribute to deteriorating mental health among refugees and asylum seekers with insecure visa status.

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