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

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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.

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