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THE MENTAL HEALTH CONSEQUENCES OF PROTRACTED ASYLUM SEEKING IN AUSTRALIA

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The mandatory detention of asylum seekers in Australia and the administrative, legal and ministtreal appeal processes have lead to protracted process of refugee determination.

Further compounding of trauma/ torture, diminished sense of self future and purpose leading to high levels distress including anxiety depressive and somatoform disorders. High levels of distress appear to persisit after refugees are settled.

Study/methods: •Harvard Trauma Questionnaire-R (HTQ-R) •Hopkins Symptoms Checklist (HSCCL-25) •Post-Migration Living Difficulties Checklist (PMLDC) •Psychiatric Epidemiology Research Interview - Demoralisation Scale (PERI-D)f •

Results: N=124. 84% Male; 93% conversant in English •Age: 20-62 years ($\mu = 35$ yrs, $SD=10.8$) •Residency Status: PR n=32 (25%) Asylum Seeker n=92 (75%) •Visa status: BVE (30%) BVA (23%) Student Visa (10%) •Time since application: 0 - 178 months (14.8 yrs) ($\mu =31.2$, $SD=48.4$) •Not economic refugees. > 99% arrived by plane. • 34% without Medicare & 23% no work rights.

Conclusion: Multiple fold higher than the general population. -Highly traumatised population - Marginal reduction when granted protection •Inter-correlation between clinical measures à indicates pan-distress. •Clinical measures with number of rejections & time since app •Comparable number of pre-migration traumas yet difference in 'refugee' trauma & PTSD for AS vs. PR may reflect that current state of trauma is due to RDP v perpetuating psychosocial factors •It has characteristics of many disorders but its own identity lication à weak association. -Ceiling effect of distress? -current state of trauma is due to RDP &/or perpetuating psychosocial factors •It has characteristics of many disorders but its own identity.