

DIRECT PROVISION

“Mental health risk for Ireland’s asylum seekers ”

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By Louise Browne

“EVERYWHERE we go we are just treated like dogs,” remarks Bettiel Lekhutile, an asylum seeker in Clifden, Co Galway. “When you have a dog you give it a bit of food for it to keep quiet. If you give it some shelter, it will keep quiet. So that’s how we are.”

Lekhutile, a resident at the Dun Gibbons Inn direct provision centre in Clifden, is discussing mental health issues facing asylum seekers on a daily basis, particularly the use of prescribed medication and alcohol to combat depression.

“Most of the people in this situation are on anti-depressants, and I’m one of them,” she says. “I have tried to avoid taking them for about a year, but I started taking them again about two nights ago because I was just in a situation whereby anything, any small thing [could set me off] and I would just sit up and cry.”

Her frustration stems from the everyday battles she faces, one being her son’s ongoing skin disorder.

“It is very depressing because in some circumstances you know that you are entitled to something, and then someone will tell you ‘You can’t do this,’” she says. “You just feel so belittled and wonder why you came to this country in the first place. So either you take anti-depressants or alcohol.

“But at the end of the day, if you’ve tried to take away the depression using alcohol first, then you get anti-depressants, and sometimes you end up using both whether you like it or not. But you don’t take anti-depressants by choice in the first place.”

Another health problem Lekhutile touches on is weight increase among the residents, particularly women.

“You look at them and you say ‘My God, you have gained so much weight’ and it’s because they are taking anti-depressants. And then people think that people in the hostels gain so much weight because they eat too much. But most of the time it’s because people are taking anti-depressants.”

Another voice of concern belongs to Dr Bernard Ruane, a general practitioner based in Tralee.

“There is definitely a high incidence of depression among [asylum seekers]. They get more depressed the longer the wait, and most of the depression is due to idleness, which in turn causes physical and emotional isolation.

“It’s the waiting list that’s causing the trouble,” he says.

“I’m not sure that it’s got worse or not, but it’s definitely very obvious. I think basically what we need to do is get the country to have a look in relation to work or courses so they can support themselves in society in general.

“Giving them food and lodgings is fine, but human beings need more than that to keep them happy, more than food and water. They need to have some place to go everyday to be active”.

Dr Ruane also feels the need to take heed of practice in other countries, particularly Canada, as a template towards changing Irish policy on the matter.

“I think the asylum issue should be put in with the Department of Employment and immigration [authorities] as other countries like Canada have done, as opposed to the Department of Justice,” he says.

“Nobody in Canada ever seemed to pay attention to asylum seekers because they were more or less accepted as part of the history of the country. In fact, politicians used to actually boast about the fact that the country was so good, that’s why all these people were coming to it.

“I’m not saying that we should transplant [the system] here because it is not always easy to transplant a solution from one country to another, but it’s definitely something to be looked at. [Canadian asylum seekers] were allowed to work and engage in social activities. They had to make special application, but it was an accepted part of a country which they contributed to, and people’s opinion of asylum seekers wasn’t one of negativity. Here, however, it is a very different story in many cases”.

Dr Ruane’s conviction stems from his daily experience, witnessing first-hand the mounting mental health problems among asylum seekers visiting his surgery.

Earlier this year, Dr Ruane put forward two motions at the Irish Medical Organisation AGM calling on the Department of Justice to review both the rights of asylum seekers to work or access education, and the procedures surrounding applications for citizenship, which can be a long and drawn-out process. The motions were passed unanimously by his colleagues.

Dr Ruane recalls: “I have to say that many doctors came up to me afterwards and said that it was something they had always wanted to say, but never actually had felt the courage to stand up and say it.

“The response was extremely positive, especially from colleagues and from patients as well. Most of the public didn’t realise that these people were not allowed to work. They just presumed that they didn’t want to work.

“I didn’t get one voice of dissent,” he adds, “especially from patients here who were very positive towards it. Nobody objected to what I was saying; everyone was very supportive of it.”

What remains to be seen, however, is whether Dr Ruane’s outspokenness can achieve any tangible measure of assistance for the asylum seekers under his care.

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