association of visitors to immigration detainees

Archway Resource Centre, 1b Waterlow Road, London N19 5NJ
www.aviddetention.org.uk/enquiries@aviddetention.org.uk
0207 281 0533/07900 196 131

Vulnerable groups in Immigration Detention: Mental Health

About AVID
AVID, the Association of Visitors to Immigration Detainees, is the national network for volunteer visitor groups and individuals across the UK. AVID's 18 member organisations represent over 400 volunteers who provide emotional and practical support on a voluntary basis to immigration detainees. Our member groups visit in all ten Immigration Removal Centres (IRCs), Short Term Holding Facilities (STHFs) as well as prisons- wherever people are held under UK immigration act powers. This gives us a unique insight into the daily realities of immigration detention at the national level.

AVID works with and through our membership to ensure that, through contact with a volunteer visitor, the voices of immigration detainees are heard. This includes working with our members to research detention conditions in order to improve policy and practice to the benefit of all detainees.

Background
Around 30,000 people enter immigration detention every year, around 60% of whom will have claimed asylum at some point[1]. They are held in one of ten immigration removal centres, as well as in short term holding facilities. Statistics do not include those held in police cells or in prisons. Immigration detainees can be at any stage in the asylum process or have immigration or other legal cases pending. During this critical period in their lives, many detainees face specific health problems including mental ill health. These problems include pre-flight experiences (persecution, torture, trauma), as well as anxiety, stress and isolation following detention. Pre-existing mental health issues are likely to be exacerbated by various aspects of immigration detention, such as indeterminate length (leading to anxiety and feelings of loss of control), lack of contact/ family visits, language barriers and anxiety about legal cases. Living with uncertainty, an experience common to all immigration detainees, can have a serious impact on psychological ill health.

AVID has become increasingly concerned about the numbers of people in immigration detention with a range of complex health needs, including mental health issues, despite UKBA policy to ensure vulnerable groups are not detained. Detainees can face a range of barriers in accessing appropriate mental health care in the UK detention estate. Our member visitors groups have also seen first hand the devastating impact that detention can have on the mental health of detainees who are held for long periods and with no idea of the outcome of their cases. Many are then released back into the community, without adequate levels of protection or support.

1. Can people with mental health needs be detained?

---

[1] Home Office (2010) **Control of Immigration: Quarterly Statistical Summary**, United Kingdom Quarter Four 2010 (October –December)

The UKBA's own policy states that vulnerable people are normally only considered suitable for detention in 'exceptional circumstances'[2]. This includes children, those suffering from serious medical conditions, people with mental health problems, victims of torture, victims of trafficking, people with disabilities and pregnant women[3]. However, our members report that in practice many vulnerable people are detained, and sometimes for long periods. This includes people with mental health problems. Recent research by the mental health charity 'Mind' also identified strong evidence of the detention of individuals who have complex mental health needs[4].

The primary safeguard to ensure that vulnerable people including those with complex mental health needs are not detained is Rule 35 of the Detention Centre Rules (2001). This is a statutory obligation on IRCs to report to UKBA '*any detained person known to be, or who reports he or she is victim of torture, whose health is likely to be injuriously affected by continued detention or any conditions of detention'* and on the case of any detainee '*suspected of suicidal intentions'*[5]. However, visitors have reported to AVID that many people are detained despite obvious signs of mental health problems.

Case Study: Mr A
A visitor at Brook House IRC visited Mr A in early 2011. His health care needs were apparent. His solicitor arranged for a psychologist and psychiatric assessment to be carried out, which concluded that Mr A had the mental age of an 11 year old. Despite this, Mr A was held in isolation in Brook House for six weeks. His visitor told us "he has evidently been emotionally scarred from being detained in isolation for so long".
Report to AVID from a visitor, 2011

The failure of the Rule 35 process to protect vulnerable people such as those with mental health needs has been questioned by several NGOs, including AVID, recently[6]. In 2009 members of the DUG Medical Sub Group requested an audit in to the decision making process of Rule 35, which was published in March 2011. The report revealed various administrative shortcomings, but of greater concern is the finding that in 91% of cases where a Rule 35 report is submitted by a medical practitioner in an IRC, the individual is not released[7]. There is no explanation in the report as to why these decisions were taken.

A recent HMIP report into conditions at Harmondsworth IRC (2010) also highlighted concerns that Rule 35 was not leading to the release of those whose health would be injuriously affected by continued detention:

> I*n two cases of long detention, it appeared that the Immigration Directorate Instructions that mentally ill persons are normally considered suitable for*

---

[2] UKBA Enforcement Instructions and Guidance, Chapter 55 'Detention and Temporary Release'

[3] UKBA Enforcement Instructions and Guidance, Chapter 55 'Detention and Temporary Release'

[4] MIND (2010) A civilised society: mental health provision for refugees and asylum seekers in England and Wales p3

[5] Detention Centre Rules (2001), Rule 35

[6] See minutes of the UKBA Detention User Group Medical Sub Group, various, throughout 2009 and 2010.

[7] UKBA (2011) Detention Centre Rule 35 Audit

detention 'in only very exceptional circumstances' were not being followed. In both cases, there was recorded medical opinion that continued detention was having an adverse effect on the detainee's mental health. Both detainees had also spent some weeks detained under Section 48 of the Mental Health Act at Hillingdon Hospital, and in neither case had their detention been reviewed under Rule 35 [8].

This substantiates the concerns relayed by many visitors groups that the Rule 35 process is not protecting those with mental health needs from detention.

There is further guidance in place to protect detainees who might be considered vulnerable for reasons of mental ill health. The UKBA's own Enforcement and Instructions Guidance (EIG) Chapter 55 outlines categories of people who are normally considered suitable for detention in very exceptional circumstances. These include "those suffering serious mental illness". In 2010 this guidance was amended to include new phrasing:

> *"those suffering serious mental illness which cannot be satisfactorily managed within detention"*[9]

This amendment to the guidance for UKBA staff allows for the detention of those with serious health problems including mental health, so long as their condition can be managed satisfactorily. This is a change in terms of a new presumption in favour of detention even for those with complex mental health needs. Worryingly, UKBA have told stakeholders that there is no current guidance for decision makers on what constitutes 'satisfactory management'[10]. **AVID is concerned that the absence of consistent, proper guidance on how to identify and treat mental ill health in detention may leave many vulnerable people at risk.**

The current safeguards in place to protect vulnerable people such as those with mental health needs from detention are not adequate. This is resulting in a situation where those who may be unfit for detention are being detained at risk of further mental deterioration.

2. Can mental health needs be satisfactorily managed in detention?

Each IRC is bound by the Detention Centre Rules (2001) to deliver healthcare to a standard equivalent to that found in the community[11]. Healthcare provision in all but two IRCs is provided by private agencies under contract with UKBA. The exceptions are Haslar and Dover IRCs, in which healthcare is delivered by the National Health Service. This results in a range of providers across the estate. These different contractors are responsible for the delivery of health care services including the implementation of a health needs assessment for each centre and staffing allocations.

Visitors groups have long reported to AVID a great deal of variance in access to health care in their respective IRCs. AVID's own research into conditions across all IRCs also revealed massive discrepancies in the availability of mental health services in detention. For example, only two IRCs have facilities for in patient

---

[8] HMIP (2010) Report on an announced inspection of Harmondsworth Immigration Removal Centre (11-15 Jan 2010) p32

[9] UKBA Enforcement Instructions and Guidance, Chapter 55 'Detention and Temporary Release'

[10] UKBA, Minutes of the UKBA DUG Medical Sub Group, October 2010

[11] Detention Centre Rules (2001)

care[12]. The table below shows the marked variance in three areas: number of Registered Mental Health nurses, access to psychiatrists and availability of counselling services[13]:

IRC (detainee no. in brackets)	RMNs	Psychiatrist	Counselling
Brook House (426)	2 (only 1 in post as at March 2010)	1 session a week (visiting psychiatrist)	None
Campsfield House (216)	3 full time	By referral to a visiting psychiatrist	None
Colnbrook (308)	5 full time	2 sessions a week (visiting psychiatrist)	3 part time (access 4 days a week)
Dungavel (219)	Access to 2	Fortnightly visits/ad hoc (visiting psychiatrist)	Part time Counsellor
Dover (314)	Unknown	2 sessions a week (visiting psychiatrist)	Part time Counsellor
Haslar (160)	1	Available by request only	Yes- sessional counselling
Harmondsworth (623)	3	2 sessions a month (visiting psychiatrist)	None
Lindholme (124)	1-agency nurses brought in or referral to prison	1 session every two months (visiting Psychiatrist)	None
Tinsley (154)	1 Part Time	1 session a week (visiting psychiatrist)	Unknown
Yarl's Wood (405)	5	2 sessions a month (visiting psychiatrist)	Two (one FT equivalent)

The number of Registered Mental Health Nurses (RMNs) varies from centre to centre, as well as the availability of facilities and services such as counselling and psychiatric care. However, as the contracts are not publicly available, there is an absence of information on how these decisions are made and resources allocated. **There should be a contractual requirement for healthcare providers to provide a sufficient number of RMNs, as well as consistent and regular access to psychiatric and counselling services.**

Over the last few years, statutory bodies monitoring immigration detention have also expressed a number of concerns about mental health provision in IRCs. For example, a report on Brook House in 2010 noted the 'inadequacy of care' as regards mental health. The following criticisms were made in the report:

> *'Mental health care was clearly inadequate. There was only one mental health nurse and a visiting psychiatrist was able to see few people. There was no counselling service and custody officers did not receive mental health awareness training. There was no day care services and the centre*

[12] Currently IRCs Colnbrook and Yarl's Wood

[13] These are in no means comprehensive but serve as indicators of the types of care available

had no capacity to provide an adequate environment for those with serious physical and mental health needs'[14]

It is clear that many IRCs would be unable to satisfactorily manage mental health care needs with current provision. However, there are currently no specific guidelines on the level of mental health services and care that should be available to detainees in IRCs. Further, the Immigration Minister recently revealed in the answer to a parliamentary question that the UKBA does not hold data on the number of people currently held in the detention estate who have been diagnosed with a mental health condition[15]. Other than the Rule 35 reports, Damian Green highlighted that:

> *The Agency is not otherwise informed of, and is therefore unable to provide data on, the number of detainees who are diagnosed with a mental health condition* (Hansard, Column 972W)

This raises questions as to how informed decisions on resource allocation can be made if data is not known on the level of need and type of care required to satisfactorily manage mental health in detention. **There is inconsistency in detainee access to mental health care across the estate, and a lack of accountability in decision-making on allocation of resources. There is a need for greater accountability in what constitutes 'satisfactory management' of mental health in IRCs, as well as how resources are allocated to meet the level of need of a vulnerable detained population.**

In-patient care for those with serious mental health needs usually relies on referral to the local primary care trust, as only two IRCs have in patient facilities. This includes referrals for the hospitalisation of people with acute and complex mental health needs. Visitors groups have recently reported to AVID that they are aware of detainees who have had to wait several weeks to access a bed following referral. The Immigration Minister also recently acknowledged the 'unacceptable delays' in accessing secondary mental health care for detainees[16].

This can result in a situation where patients with acute mental health needs are kept in detention in wholly unsuitable conditions, which do not meet the equivalent standards of care for those in the community. Often IRCs use 'Rule 40' or removal from association (segregation) for reasons of security or safety. Visitors groups have highlighted that it is common for mental health and wellbeing to deteriorate rapidly when in isolation, as they have no contact with anyone.

Case Study: Mr B
Mr B, a victim of torture, was diagnosed with Post Traumatic Stress Disorder prior to his arrival in detention. A young man in his twenties, he was hearing constant voices in his head. His visitor said "*he experienced regular hallucinations, self harmed and complained of a permanent headache. He told me about nightmares, many of which centred on a recurring dream of 'being locked in a bunker*".
Mr B was detained by UKBA for over three years. As a result of uncertainty on how to handle the manifestations of his behaviour, Mr B was kept in isolation under Rule 40 for extended periods of time.
Visitors Group report to AVID, March 2010

---

[14] HMIP (2010) Report on an announced inspection of Brook House Immigration Removal Centre (15-19 March 2010) p13

[15] House Of Commons Hansard, 2 December 2010, Column 972W

[16] House of Commons Hansard, 7th March 2011, Column 870W

Case Study: Mr F
A young man from Afghanistan, Mr F was diagnosed with Post Traumatic Stress Disorder and prescribed anti-psychotic medication. Prior to his detention, Mr F was visited every day by a community mental health crisis team. In detention he frequently suffered panic attacks and heard voices, such as women and babies, screaming at him. He waited a long time to see a psychiatrist in detention, and was kept in isolation under Rule 40 for about 5 weeks as a result of behavioural issues related to his mental health.

Visitors Group report to AVID, March 2011

A clinician at Haslar IRC made the following note about the use of Rule 40/isolation for detainees in mental distress:

> *'Prolonged separation in SAU would be detrimental to the man's fragile state of mind. Has been present at recent self-harm/suicide attempts. He claims this has caused him considerable emotional / psychological distress*[17]*.'*

The HMIP report of Haslar IRC notes that the staff were aware of the limitations of the separation unit for this person: '*staff had no choice but to place him in the SAU despite this being a detrimental environment for his own state of mind*'.[18]

Research by 'Mind' corroborates this. Service providers interviewed by the charity highlighted that '*overall provision within centres is not adequate to deal with the high levels of mental distress experienced by detainees'*. Respondents noted that while staff were often doing 'what they could' for detainees, '*they were restricted in what they could offer due to the limited provision in the centres'*[19].

Inadequate provision of mental health services in immigration detention, as well as a lack of consistency in standards and the absence of guidelines, raises serious questions the degree to which detainees with mental health needs can be properly supported in detention.

3. Impact of immigration detention on mental health

Various reports detail high levels of mental ill health amongst immigration detainees in the UK[20]. Custody can in itself cause mental distress, and may exacerbate existing mental health issues. Immigration detainees often tell visitors of the distress caused by their experiences of detention. As there is no statutory time limit on the length of detention, mental health issues can be exacerbated by

---

[17] HMIP (2009) Report on an announced inspection of Haslar Immigration Removal Centre (20-24 April 2009)

[18] HMIP (2009) Report on an announced inspection of Haslar Immigration Removal Centre (20-24 April 2009)

[19] MIND (2010) A civilised society: mental health provision for refugees and asylum seekers in England and Wales, p21

[20] See, for example: Pourgourides, C. 1997. 'The mental health implications of detention of asylum seekers in the UK' Psychiatric Bulletin, vol. 21. p. 673-674/ London Detainee Support Group (2009) Detained Lives: the real cost of indefinite detention/ Cohen (2008) Safe in Our hands? A study of suicide and self harm among asylum seekers Journal of Forensic and Legal Medicine May, 15 (4) 235-4

long periods of uncertainty. The open ended nature of immigration detention is particularly damaging for those with existing mental health concerns.

Statutory bodies such as HMIP have noted, for example, in Harmondsworth IRC:

> *The length of detention and uncertainty over cases caused considerable distress. Some detainees continued to be detained for long periods, despite no prospect of their imminent removal. The continued detention of detainees with mental illness was not fully reviewed in accordance with the rules*[21]

Recent research by the London Detainee Support Group (2009) also shows significant numbers of detainees developing mental health problems, self harming or attempting suicide during periods of prolonged detention. Their research at Harmondsworth and Colnbrook IRCs found:

> *Interviewees described a situation of endemic mental disorder and distress. Several were clearly shocked by what they had witnessed…..other detainees, in some cases their room-mates, self harming or attempting suicide*[22]

This research highlights the psychological deterioration of those interviewed. Some respondents described hearing voices, talking to themselves, and developing memory problems, as well as insomnia[23].

Research published in the British Journal of Clinical Psychology compared levels of psychological distress (levels of depression, anxiety and post traumatic stress disorder) amongst immigration detainees with a comparison group of asylum seekers in the community. The study found that detained asylum seekers had higher scores for depression, anxiety and PTSD. The study also found a link between length of detention and prior exposure to interpersonal trauma on depression scores[24]. This research suggests that if a detainee has suffered some form of trauma they are more likely to experience depression during prolonged detention.

A comprehensive study in the USA of the health of detained asylum seekers, carried out by Physicians for Human Rights, found high levels of depression and post traumatic stress disorder[25]. 86% of those interviewed suffered significant depression, 77% experienced anxiety and 50% suffered from PTSD[26]. This study also

---

[21] HMIP (2010) Report on an announced full inspection of Harmondsworth Immigration Removal Centre (11015 January 2010) p31

[22] London Detainee Support Group (2009) Detained Lives: the real cost of indefinite detention p5

[23] London Detainee Support Group (2009) Detained Lives: the real cost of indefinite detention p5

[24] Robjant, Robbins and Senior (2009) Psychological Distress amongst immigration detainees: a cross sectional questionnaire study British Journal of Psychology (2009) 48, 275-86

[25] Physicians for Human Rights (2003) **From Persecution to Prison: The Health Consequences of Detention for Asylum Seekers** www.physiciansforhumanrights.org

[26] Physicians for Human Rights (2003) **From Persecution to Prison: The Health Consequences of Detention for Asylum Seekers** www.physiciansforhumanrights.org

found that '*the level of symptom distress worsened the longer individuals were held in detention*'[27]

The link between mental deterioration and length of detention has also been made by HMIP. For example, a psychiatric report highlighted by the inspectorate's report of Harmondsworth (2010) notes that '*detention is at least contributing to maintaining (and possibly aggravating) his mental symptoms*'[28]. This detainee had been held in detention for two years.

While data is scarce on mental health in immigration detention, one manifestation is in rates of self-harm. Cohen (2008) highlights the high rates of suicide and self harm amongst detainees compared to the UK prison population[29], a similarly 'high risk' group. Rates of suicide and self harm are particularly high in immigration removal centres. The table below shows figures from 2010 across each IRC.

Self Harm in Immigration Detention Jan- Dec 2010[30]

IRC	Total Number of self harm incidents requiring hospital treatment	Individuals on formal self harm/at risk register
Brook House	39	257
Campsfield House	19	121
Colnbrook	58	360
Dover	33	55
Dungavel	0	95
Harmondsworth	5	239
Haslar	5	25
Lindholme	4	13
Oakington *(since closed)*	6	51
Tinsley House	8	58
Yarl's Wood	6	193
TOTAL	**183**	**1,467**

These figures show that there were 183 instances of self-harm in immigration detention that required hospital treatment[31]. As this figure does not include cases

---

[27] Physicians for Human Rights (2003) **From Persecution to Prison: The Health Consequences of Detention for Asylum Seekers** www.physiciansforhumanrights.org

[28] HMIP (2010) Report on an announced full inspection of Harmondsworth Immigration Removal Centre (11-15 January 2010) p32

[29] Cohen (2008) 'Safe in our hands?" **Journal of Forensic and Legal Medicine** 15(2008) 235-244

[30] Data obtained via a Freedom of Information Request submitted by www.freemovement.org.uk and accessed online on 16th March 2011

[31] Data obtained via a Freedom of Information Request submitted by www.freemovement.org.uk and accessed online on 16th March 2011

that did not require hospital treatment, the actual figure is likely to be much higher. 1,467 individuals were placed on the formal self-harm/at risk register in 2010[32].

Recommendations

1. **The detention of people with pre-existing mental health diagnoses must end.** A substantive overhaul of the safeguards in place to protect these individuals from detention is necessary in light of various failings in the current system.
2. **Comprehensive guidelines for mental health provision across the immigration detention estate should be developed.** To ensure consistent access to adequate levels of mental health care for all detainees this should include clear guidelines on resource allocation in IRCs based on the evidence of need of this vulnerable group.
3. **Detainees with serious mental health needs should be referred immediately to secondary mental health services.** Current levels of care in IRCs is inadequate to meet the needs of this group. Prompt access to secondary mental health care via a speedy referral pathway is essential to avoid length periods of isolation for already vulnerable detainees.

For more information on this briefing contact:
Ali McGinley, Director
Association of Visitors to Immigration Detainees
Ali.mcginley@aviddetention.org.uk/0207 281 0533

[32] Data obtained via a Freedom of Information Request submitted by www.freemovement.org.uk and accessed online on 16th March 2011