



## Vulnerable Adults in Immigration Detention: Mental Health

Vulnerable adults continue to be held in each of the 11 Immigration Removal Centres around the UK, despite statutory obligations and UKBA's own stated policy guidance, which purports to protect them. This leaves those with mental health needs at risk, without access to the services and supports they would otherwise have in the community, and unable to progress their case or reduce the time spent in detention. In particular, we wish to highlight the following:

**Policy and procedural safeguards to protect vulnerable adults from detention are not working:** The statutory obligation placed on IRCs to protect vulnerable detainees (Rule 35 of the Detention Centre Rules (2001)) is ineffectual. A UKBA audit of the process showed that 91% of detainees remained in detention following the submission of a Rule 35 report. Further, UKBA's own policy instructions for staff (Chapter 55 EIG) have recently been amended to reflect a presumption in favour of detention if it can be 'satisfactorily managed', yet there is no guidance on what this satisfactory management should look like.

**Provision for the treatment of mental health conditions in detention is inadequate:** Immigration removal centres are ill equipped to deal with serious mental health issues which arise. Both HMIP and AVID visitors groups have highlighted the wholly unsuitable nature of, for example, segregation units, often used to hold those who need additional mental health support until secondary care becomes available. There is also an enormous variance in provision between IRCs. Only two provide in patient care. Detainees will have different access to services and support depending on where they are held -for example access to registered mental health nurses, counselling, psychologists or psycho social support varies dramatically across the detention estate. Mental health resource allocation is not publicly available - it is decided between UKBA and its contractors on a commercial basis. The rationale for allocation is not clear: UKBA does not hold data on the numbers of people with mental health diagnoses in detention.

**Long term and indefinite detention is damaging to mental health:** In 2010, 183 people were hospitalised as a result of self harm in immigration detention and 1,467 people were deemed 'at risk'. The absence of a time limit on detention exacerbates mental health issues through long periods of uncertainty. A recent report highlights the '*situation of endemic mental disorder and distress*' of detainees (London Detainee Support Group, 2009). The open ended nature is particularly damaging for those with existing mental health concerns: a study in the British Journal of Psychology links prolonged detention with mental health deterioration amongst those who have suffered a psychological trauma (Robjant et al, 2009).

### 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*".



association of visitors to  
immigration detainees

***AVID is the membership organisation for volunteer visitors to immigration detainees across the UK.***