

## EDITORIALS

# Inadequate mental healthcare in immigration removal centres

Doctors must not be complicit in a system that prioritises deterrence over protection of refugees and asylum seekers

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The number of people held in immigration removal centres in the UK has steadily increased, with a total of over 30 000 held in 2013.<sup>1</sup> At any one time, up to 3000 people can be detained.

The standard of healthcare within centres in England remains a serious cause for concern.<sup>2</sup> Although immigration detention is for administrative purposes (to process an asylum application or to facilitate removal from the UK), detainees and staff both view it as punitive.<sup>3</sup> No time limit currently exists on the duration of detention, and detainees can remain in limbo for several years, not knowing their ultimate fate.

Such evidence that exists indicates that immigration detention can be harmful to mental health, especially for people with pre-existing mental health problems such as post-traumatic stress disorder. A systematic review of 10 studies investigating the effect of immigration detention identified high levels of mental health problems among detainees. Time spent in detention was shown to be positively associated with the severity of mental health problems.<sup>2 4</sup> This evidence is congruent with our collective experience: we have seen detention precipitate mental health disorders, cause severe relapses, and substantially increase the risk of self harm and suicide. Over the past five years official inspectorates, international organisations, non-governmental organisations, and the law courts have repeatedly criticised both the immigration detention of mentally ill people and the conditions in which detainees are held. The needs of detainees are often not identified, and those in treatment often experience interruptions in care. No effective safeguards exist to prevent vulnerable people—for example, those who have been tortured—from being detained.

### System failures

A joint inspection report by Her Majesty's Inspectorate of Prisons and the independent inspector of borders and immigration in 2012 found "little evidence of the effectiveness of Detention Centre procedures, which are supposed to provide safeguards for vulnerable detainees, including those who have mental illnesses."<sup>3</sup> This follows a report in 2011 raising concerns at Harmondsworth Immigration Removal Centre (IRC) that "Mental health needs were under identified and the inpatients department was described by staff themselves as a 'forgotten world.'"<sup>4</sup>

In 2013 the UN Committee Against Torture expressed concern about "Instances where persons with serious mental disability were detained while their asylum cases were decided" and urged a review of the relevant safeguards.<sup>5</sup> Furthermore, care has been so poor as to warrant multiple legal proceedings. This year a jury found that "neglect had contributed to the death of an American tourist with schizophrenia, who died in the segregation unit of Colnbrook IRC. A few months earlier the High Court found that a severely mentally ill man detained in Harmondsworth IRC was held in conditions amounting to "inhuman and degrading treatment" that breached article 3 of the European Convention on Human Rights. The court described the failures of the centre to apply and comply with the applicable policies "as wilful or grossly negligent."<sup>6</sup>

This is the sixth time in less than three years that the provision of healthcare in detention centres has been found to constitute inhuman and degrading treatment<sup>7</sup>—an unprecedented rate of article 3 breaches for any UK institution. In addition to these established cases of serious neglect and violation of human rights many former detainees have alleged physical or verbal

abuse by staff.<sup>8</sup> Allegations of endemic sexual abuse and exploitation of vulnerable women are currently under investigation.

## Responsibility to uphold NHS standards

A joint statement issued in November 2013 by NHS England and the Home Office gave an assurance that NHS England would “actively promote the rights and standards guaranteed by the NHS Constitution.”<sup>9</sup> Responsibility for healthcare in IRCs is currently in the process of being transferred from the Home Office to the Department of Health.

We now call on NHS England to ensure that detainees are screened for mental health problems and that all facilities under its umbrella maintain the standards of care expected of the NHS. Asylum seekers are often highly vulnerable, particularly if they have mental health disorders; we have a professional duty of care to ensure that their needs are appropriately met. The evidence is overwhelming from across the globe: immigration detention can be highly deleterious to both physical and mental health.<sup>10</sup> Many alternatives to immigration detention exist,<sup>8</sup> and these should be explored before vulnerable people are placed in such facilities. The medical profession must ensure that it does not become complicit in a system that prioritises deterrence over protection of refugees and asylum seekers.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare: TS, H G-P, MF, SM, KR, GS, and CK are members of the Royal College of Psychiatrists working group on asylum mental health HG-P is a member of the management

committee of the charity Medical Justice, and CK is medical director of the Helen Bamber Foundation, which works with immigration detainees, and prepares medicolegal reports for detainees. He has received a grant from the Freedom Fund to prepare a report on research into mental health in human trafficking. KR prepares medicolegal reports for immigration detainees and asylum seekers. SM writes medicolegal reports for the Tavistock Immigration Legal Service.

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