Immigration detention and mental health

**“It is perfectly clear to me that people with serious mental illness continue to be held in detention and that their treatment and care does not and cannot equate to good psychiatric practice (whether or not it is ‘satisfactorily managed’). Such a situation is an affront to civilised values”.**

Stephen Shaw, Review into the welfare in detention of vulnerable persons, January 2016

In February 2015 the Home Office commissioned Stephen Shaw to undertake an independent review of immigration detention and its impact on detainees’ welfare. His report was published in January 2016 (<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490783/52532_Shaw_Review_Print_Ready.pdf>).

Overall Mr Shaw’s was highly critical of Home Office’s policies and practice in immigration detention. The report gave a wide-ranging critique of the overuse of immigration detention and concluded that there were serious shortcomings concerning both the identification of vulnerable people and in policies designed to maintain their wellbeing. There was clear criticism of the Home Office’s approach to detaining people with a mental illness.

The review also included a detailed study by Professor Mary Bosworth of the available academic research concerning the impact of immigration detention on detainees’ mental health. She concluded that the evidence was that immigration detention has a negative impact upon mental health; with this adverse effect increasing with the length of detention.

In response, one month after the publication of the review, the Home Office set out a new policy concerning the detention of vulnerable people: Adults at risk in immigration detention. <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547519/Adults_at_Risk_August_2016.pdf>

Mr Shaw was then commissioned by the Home Office in 2017 to undertake a further review to assess the impact of the new policy concerning vulnerable detainees. In order to provide evidence for the review, GDWG staff and volunteers completed an intensive period of research, working carefully with detainees to provide a clear picture of the deficiencies in the way that the Home Office made decisions, particularly focussing on people with a mental illness.

Our evidence was that Mr Shaw’s concerns about the detention of people with a serious mental illness set out in his first review had not been appropriately addressed by the Home Office. The mechanisms to identify people with mental health difficulties continued to be ineffective and that even when people became overtly ill, this did not lead to their release from detention. In fact, none of the people who consented to involvement in our research and who fell within the Home Office’s definition of a vulnerable adult, had been released as a result of the new policy.

Our research found a very high proportion of detainees helped by GDWG had a diagnosis of a mental illness. A number had multiple diagnoses of illness and many people experienced highly distressing symptoms whilst in detention such as psychosis or flashbacks, as well as clinical levels of anxiety and low mood. We also recorded a high correlation between people with a mental illness and thoughts of self harm.

GDWG’s research looked at the mechanisms of reporting between the healthcare department and the Home Office. Immigration caseworkers with responsibility for decisions about detention are not medically trained and generally have no, or very little, direct contact with the detainee. This means that reporting systems are key to ensuring that vulnerable detainees are identified as such and to ensuring that this vulnerability is considered when decisions are taken about detention. We found that healthcare staff were confused about the basis and methods of reporting concerns to the Home Office, and clinicians often did not do so when detainees provided information about their vulnerability. Evidence of increasing vulnerability was rarely communicated by healthcare to the Home Office and detailed information was not provided.

Our assessment of a sample of Home Office records of decisions about detention found that caseworkers were slow to identify and consider issues of vulnerability despite evidence of this being available. There was no evidence of decision-makers proactively seeking comprehensive and up to date information concerning vulnerability even when an individual had numerous factors to show they were at risk. Our sample also showed poor quality explanations of decisions to detain overtly vulnerable people and systemic problems: caseworkers regularly did not complete detention reviews on time and there were long periods of detention without any review of the vulnerable person’s circumstances or the effect of detention. Overall there was evidence of no or very cursory planning for vulnerable people coming into immigration detention.