A second exile: the mental health implications of detention of asylum seekers in the UK

Christina Pourgourides

While historically this country has a long tradition of providing refuge to people fleeing from persecution, in recent years the British Government has been involved in ongoing intergovernmental consultations discussing Europe's response to asylum seekers. It appears that this response is becoming more hostile. The increasing use of detention of such people is one manifestation of this hostility.

The United Nations Convention on the Status of Refugees defines a refugee as a "person who has a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion" (United Nations, 1951). An asylum seeker is a person who applies to be recognised as a refugee under this definition.

International standards for the treatment of refugees and asylum seekers make it clear that they should not normally be held in detention, emphasising that "in view of the hardship which it involves, detention should normally be avoided" (United Nations High Commission for Refugees, 1991). Under the Immigration Act 1971, immigration officers can detain asylum seekers without setting a time limit and are not required to give written reasons for their decision. The Home Office has repeatedly argued that detention is used sparingly and as a 'last resort' to verify identity, to prevent absconding, or prior to deportation. This is belied by the Government's own statistics? Between 750 and 800 people are held in immigration detention centres and prisons at any one time. The reasons given for their detention are unclear and often appear arbitrary. The majority are awaiting an initial decision on their claim or the outcome of an appeal against refusal. The average duration of detention is six months, with some asylum seekers in detention for over a year. There is no review of the process by an independent and impartial body. The decision to detain is internally reviewed by the Home Office, and detainees are not automatically entitled to bail hearings, a right accorded to all other detained prisoners in the UK. Asylum seekers may be held together with convicted or remand prisoners, despite the fact that they have not committed or been charged with any offence. Many persons so held go on to be recognised as genuine refugees often after prolonged and unnecessary suffering.

A number of groups have expressed concern regarding the welfare and health of such people (Amnesty International, 1995; Committee for the Prevention of Torture, 1996). Indeed, in a report published by HM Inspector of Prisons it was noted that "detention without time limit, no matter how reasonable the conditions, is extremely stressful. When combined with an uncertain future, language difficulties, a perceived or real lack of information and the fact that some detainees appear to be terrified at the prospect of being deported, the stress increases" (Home Office, 1995).

Asylum seekers may have suffered persecution and harassment in their country of origin, enduring torture, rape or bereavement. They have experienced the stress of flight and exile. Reactions to such experiences have been described as a process of "cultural bereavement" (Eisenbruch, 1991). Psychological morbidity has been extensively documented among refugee populations. The experience of detention compounds the misery of refugees. Captivity is stressful in any context, but is particularly debilitating when it occurs over an indeterminate period and to people who have had previously traumatic experiences of detention.

In a recent qualitative study (Pourgourides *et al*, 1996), we examined the impact of detention on asylum seekers. We found that detainees are rendered hopeless and powerless in detention. They have to reconcile the contradiction of seeking sanctuary in a climate of ongoing threat and hostility. The unknown duration and reasons for detention mean they are unable to make sense of their predicament and deal with it in a meaningful way. The unpredictable outcome of detention, in particular the fear of deportation is a constant cause of stress. Detention denies

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asylum seekers the resources to cope with adversity, blocks adaptation to the host society and impairs psychological healing.

The responses to detention, including despondency, demotivation, anxiety and depression are understandable responses to an abnormal situation. They can manifest in constellations of symptoms consistent with diagnoses of post-traumatic stress disorder, depression, anxiety and psychosis. However, they can also be understood as universal manifestations of misery and suffering. This misery and suffering are generated by the practice of detention.

We documented high levels of stress and distress among detainees. Typically, they appear to cope with the first month or two in detention, a period characterised by an increased drive for information and attempts to liaise with legal representatives. Beyond this stage, detainees become increasingly frustrated, demotivated and apathetic. A number of psychological symptoms emerge, including sleep and appetite disturbance, symptoms of post-traumatic stress, psychosomatic symptoms and so on.

These are not always identified by medical staff. There is a high use of medication, usually analgesics or hypnotic agents, even for underlying psychological problems. Screening for the physical and psychological sequelae of torture does not always occur. Examination of mental state and screening for suicidal ideas is often rudimentary. Many detainees deliberately harm themselves, some making serious suicide attempts. Persons who are suicidal and require treatment may be transferred from a detention centre to a prison medical wing rather than to hospital, a practice seen by detainees as punitive and likely to exacerbate their situation. Access to specialist medical assessment, and particularly psychiatric assessment, is not always readily available. Recently it has emerged that there is a lack of a coordinated response to the treatment of hunger strikers. Overall, it is clear that an adequate level of care is almost impossible to implement given the language difficulties and lack of adequate interpretation facilities.

Detention recreates the oppression from which people have fled. It is abusive and inhumane. It poses a significant risk to the mental health of a vulnerable population, for whom it constitutes a further and ongoing traumatic experience. Offering treatment for psychological distress is important, and the current medical facilities and procedures need to be urgently reviewed. However, placing an exclusive emphasis on this is to obscure the more fundamental humanitarian issues at stake. Release from detention would go a long way to relieving symptoms.

British health professionals, including psychiatrists, have led the way in highlighting human rights abuses all over the world. They should now join together to oppose detention, and to call for humane alternatives to a noxious practice which constitutes an abuse of human rights much closer to home.

References

AMNESTY INTERNATIONAL (1995) *Prisoners Without a Voice: Asylum Seekers Detained in the United Kingdom* (2nd edn). London: Amnesty International.

COMMITTEE FOR THE PREVENTION OF TORTURE (1996) *Report to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 15 to 31 May 1994*. Strasbourg: Council of Europe.

EISENBRUCH, M. (1991) From post traumatic stress disorder to cultural bereavement. Diagnosis of Southeast Asian refugees. *Social Science and Medicine*, **33**, 673–680.

HOME OFFICE (1995) *Report of an Unannounced Short Inspection by HM Inspectorate of Prisons: Immigration Detention Centre, Campsfield House*. London: Home Office.

POURGOURIDES, C., SASHIDHARAN, S. P. & BRACKEN, P. J. (1996) *A Second Exile: the Mental Health Implications of Detention of Asylum Seekers in the UK*. Birmingham: North Birmingham Mental Health Trust.

UNITED NATIONS (1951) *Convention Relating to the Status of Refugees. Article I*. Geneva: UN.

UNITED NATIONS HIGH COMMISSION FOR REFUGEES (1991) *Conclusions on the International Protection of Refugees adopted by the Executive Committee of the UNHCR Programme*. Geneva: UNHCR.

Christina Pourgourides, *Research Psychiatrist, Academic Unit, North Birmingham Mental Health Trust, Fentham Road, Erdington, Birmingham B23 6AL*

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