

All-Party Parliamentary Group: Quasi Detention Inquiry

Response from Royal College of Psychiatrist Working Group on the Health of Refugees and Asylum Seekers

1. Who has been / is being accommodated at the site(s) and for how long?

In our collective experience of contact with past and current residents, the client group accommodated within such quasi-detention accommodation includes many people with histories of significant trauma.

These traumas may be pre immigration in origin and are often the reason people are seeking asylum in the U.K and include violence and persecution in their countries of origin. Traumas also occur during the journey to the U.K, many clients are exploited, are victims of trafficking and suffer sexual, emotional and physical abuse. The journeys the clients take can be dangerous and unsafe whether it be by land, by boat and less commonly air, there is a significant threat of mortality and morbidity during these transit journeys.

Those who are being accommodated in the sites often have pre-existing mental health vulnerabilities due to factors outlined above which can be perpetuated by the conditions in quasi detention. Even those who do not have concurrent mental health issues on admission to the quasi detention setting could develop symptoms due to the nature of the accommodation, reason for this are outlined during this response.

2. What are the key features of the site(s) that generate concern, and how do these features impact on residents, with regard in particular to their:

- **Physical health?**
- **Mental health?**
- **Ability to access legal advice, to challenge their placement in such accommodation, and to exercise their right to claim asylum?**
- **Ability to access specialist support e.g. for victims of trafficking, age disputed minors, etc?**

As a subgroup of the Royal College of Psychiatrist our answer will focus mainly on the impact the sites have on mental health of residents.

In our clinical experience, the effects of quasi-detention accommodation are similar to those of immigration detention, with some specific concerns addressed below. These setting have adverse effects on mental health, even for people who have not previously been traumatised, although history trauma and mental health problems magnifies the issues.

We have significant concerns that the screening for mental health vulnerability has been inadequate. We are collectively aware of people with mental health problems, victims of trafficking, victims of torture and age-disputed children not being identified and their unsuitability for barracks accommodation thereby being disregarded.

Many barracks residents describe not being able to access general medical/dental care and mental health support. Mental health and physical health are inextricably linked, those who

have untreated or undertreated physical health concerns will have poorer outcomes in terms of their mental health.

There are reports from clients of barracks managers and on-site nurses deterring people from accessing GP care and of difficulties securing registration with a GP practice. There was a case of a client who reported being seriously ill from Covid-19 who was strongly discouraged from calling ambulance, suggesting that there are not only barriers in place preventing access to non-acute issues but also emergency care.

The defining features of quasi-detention accommodation such as lack of privacy, lack of control over one's circumstances and militarised features can themselves be harmful (and even retraumatising) to residents' mental health. We are concerned that, because of their potential adverse mental health effects, such features should not be replicated in future provision of accommodation for recently arrived asylum seekers.

We are concerned that the use of such accommodation has been justified in terms of its past use/suitability for the military. We would emphasise that spartan and regimented accommodation may be deemed useful in the context of military training – which is provided to individuals who have made the choice to undertake the training. These arguments do not apply to the suitability of such accommodation for people who have escaped their country of origin (and may have experienced persecution and/or imprisonment), have undergone hazardous journeys and are in the process of seeking protection. As address previously these latter factors are all indicators of likely mental health vulnerability.

3. What mechanisms, if any, exist at the site(s) to identify and safeguard vulnerable people, and are these mechanisms adequate?

As far as we are aware, there are no dedicated mental health screening facilities. Neither the asylum screening interview nor AS1 forms are designed to elicit the information needed to decide whether someone has significant vulnerabilities. There are no facilities for healthcare screening on arrival.

One particular area of concern is that victims of human trafficking (especially trafficking during the journey from the country of origin to the UK) are not being identified. This results in lack of access to the specialist support to which suspected victims of trafficking are entitled.

As noted above, we are collectively aware of people with mental health problems, victims of trafficking, victims of torture and age-disputed children not being identified and their unsuitability for barracks accommodation thereby being disregarded.

4. What changes, if any, have been observed in the way that the asylum/immigration claims of residents at the site(s) are being processed, and what implications might these changes have?

We understand that some asylum interviews are being conducted in the barracks. We are concerned as to the ability of people in this type of stressful situation being able to give a comprehensive and reliable account at interview, particularly if they have mental health vulnerabilities that have not been identified and/or addressed.

It is of great concern that the same unjust practices could take place as were identified (and deemed illegal) in the Detained Fast Track (DFT) process. There are reports of individuals being given very short notice before interview (in some cases only 10 minutes). Such individuals may have had difficulty in accessing legal advice before being interviewed. Residents with mental health problems are particularly vulnerable to being treated unfairly

since they may be less likely to be fully informed regarding their rights and able to advocate for themselves.

5. What questions arise with regard to the lawfulness of the site(s)?

We are concerned that people may be making ill-informed decisions about remaining at the barracks in the hope of reducing the delay before their case is considered. This is a concern in the case of people with mental health issues whose capacity to make these decisions may be impaired. We are also aware that the research evidence indicates that prolonged immigration uncertainty has an adverse effect on mental health and quality of life.

6. What effect do the site(s) and any changes in processing observed at them have on the known backlog of pending asylum claims and the number of people seeking asylum left 'in limbo'?

This question is outside our area of expertise.

7. What recommendations (both short-term and long-term) do you have for the government regarding the site(s) and others like them?

In our view, quasi-detention accommodation jeopardises mental health of vulnerable people and is therefore unsuitable for asylum seekers.

8. Any other issues generating concern not covered by the above?

In our view the Home Office's justification for quasi-detention accommodation is unwarranted. New asylum seeker numbers are low compared to recent years. The backlog resulting in a need for more accommodation is longstanding issue. Alternative solutions which do not have an adverse effect on mental health should be actively considered, such as, decision making that is fair as well as efficient and expanded use of community-based alternatives to detention, including accommodation which enhances residents' sense of safety, rather than quasi-detention facilities like barracks.