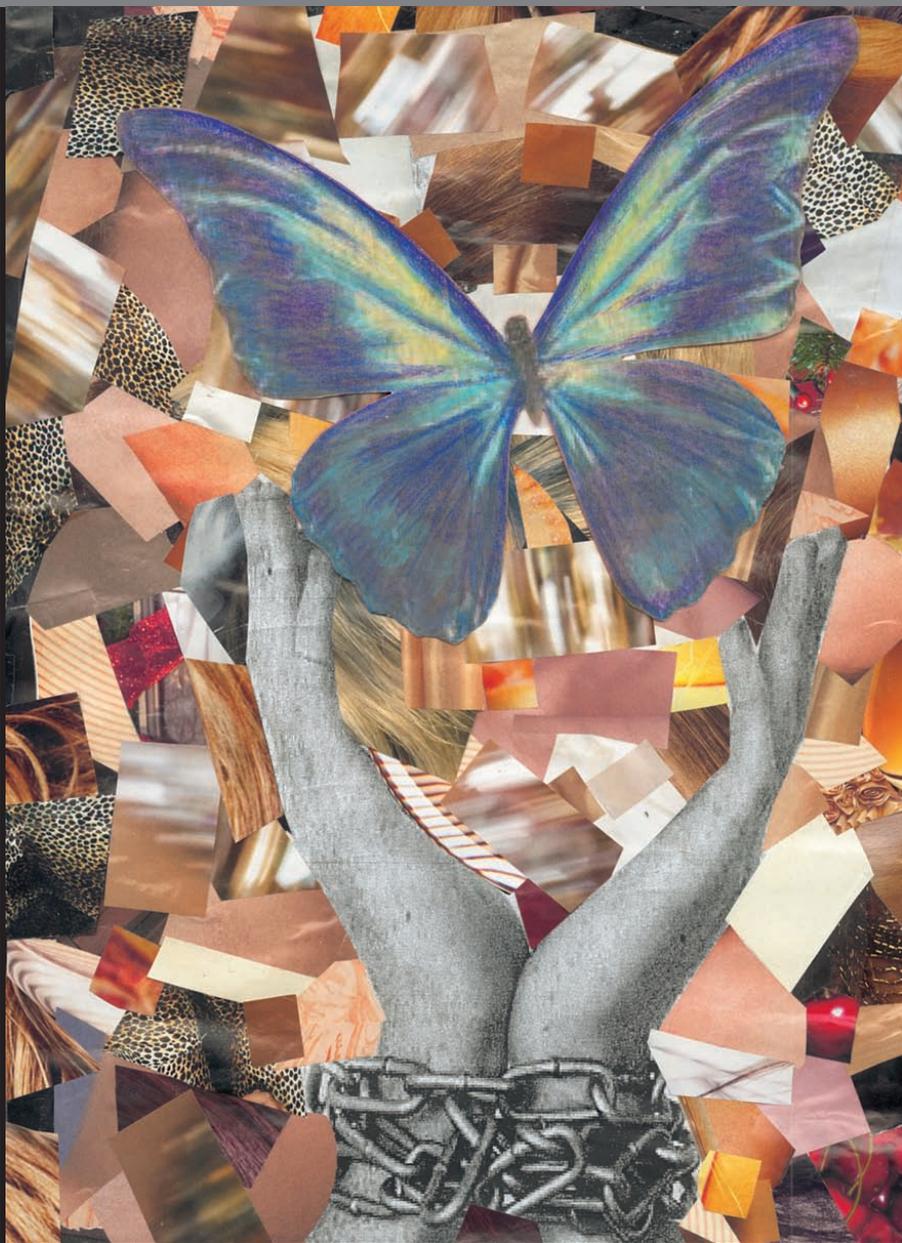


'A prison in the mind':

the mental health implications of detention
in Brook House Immigration Removal Centre



Gatwick Detainees Welfare Group is a registered charity that provides emotional and practical support through its office staff and volunteer visitors to asylum seekers and other immigration detainees held at Tinsley House and Brook House Immigration Removal Centres, and to families held at the Cedars Pre-Departure Accommodation, near Gatwick Airport

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Foreword

The Gatwick Detainees Welfare Group has carried out an important study.

Their work provides valuable insights into the lived experience of asylum detention, well into the twenty-first century and at a time when official detention centre policy has broadened the circumstances in which detention is permissible despite the known presence of mental illness.

It should be required reading for Home Office decision makers and for detention centre staff as well as for third sector organisation staff and volunteers working with asylum detainees.

Its recommendations are clear and should form the basis of thorough debate and review of what is and is not acceptable in the care provided for people with mental illness in the asylum detention estate. It provides a timely reminder that the way we treat the most vulnerable among us is a measure of our own humanity.

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1. Introduction

At any one time in the UK, around 3000 individuals are detained for immigration purposes (Association of Visitors to Immigration Detainees (AVID) 2011a).

People can be detained under Immigration Act powers while they either await permission to enter the country, or pending removal or deportation proceedings. The vast majority of people in IRCs are those who have been living in the UK prior to their detention, sometimes for many years, but who the UK Borders Agency (UKBA) are trying to remove or deport. Many of these people have claimed asylum, while others have overstayed visas or have been transferred directly from prison after serving custodial sentences. Around 30,000 people are detained each year, without time limit. Approximately 10% of the Immigration Removal Centre (IRC) total population at any one time have been detained for more than 12 months. As at 31st March 2012, the longest recorded length of detention, still ongoing at that point, was of an individual detained for 5 years and four months.

There are ten IRCs in the UK. Two of these, Brook House and Tinsley House, are based near Gatwick Airport and are visited by volunteers working with Gatwick Detainees Welfare Group (GDWG). Brook House is the larger of the two and holds 426 single male detainees at any one time (HM Chief Inspector of Prisons (HMIP) 2012). During 2011, 3197 detainees were received at the centre. At the time of writing (August 2012) GDWG are in touch with approximately twenty detainees who have been in Brook House for more than a year, five of whom have been there for more than two years, plus at least another ten who have been detained for more than a year in total, including time spent in other centres.

The aim of this study is to investigate the impact of detention in Brook House on detainees' mental health.

GDWG had concerns, based on anecdotal reports from both detainees and volunteer visitors, that detainees' mental health was adversely affected by their prolonged detention. This was supported by a survey of detainees conducted in March 2011 for a grant application, where 21 out of 28 detainees surveyed said they felt depressed (GDWG 2011).



2. Literature Review

The impact of immigration detention on mental health is an under-researched area, partly due to difficulties researchers have in gaining access to detainees (Steel et al 2004, Silove et al 2007, Robjant et al 2009b). The existing research from around the world unanimously indicates that detention has a negative impact, and detainees have increased symptoms of mental health problems notably depression, anxiety and PTSD, compared to non-detained asylum seekers (Cleveland et al 2012; Steel et al 2004; Steel et al 2006; Steel et al 2011; Ichikawa et al 2006; Keller et al 2003; Robjant et al 2009a; Arnold et al 2006; Sultan & O'Sullivan 2001). Cohen et al (2008) found that levels of self-harm and suicide were significantly higher amongst immigration detainees than amongst the prison population in the UK.

A significant proportion of this research has been conducted in Australia, due to its former policy of mandatory detention of asylum seekers (Silove et al 2007). As a result of the 'growing evidence that prolonged confinement of asylum seekers in detention centres results in adverse mental health outcomes' (Silove et al 2007; p362), Australia has now partly reversed this policy. However since this date other countries such as the UK have increased their use of immigration detention (Fazel & Silove 2006).

There are significant differences in the way detention is used in the UK; it is also used for non-asylum seeking immigrants, it can happen at any point within the legal process, and release is not necessarily associated with a positive immigration decision. Therefore, research conducted in the UK is more relevant to this study. 59% of detained asylum seekers surveyed by Arnold et al (2006) were found to be suffering from depression or PTSD. Robjant et al (2009) found that detained asylum seekers had higher levels of depression, anxiety and PTSD than non-detained asylum seekers; they also found that non-asylum seeking immigration detainees had higher levels of these than the non-detained asylum seekers. All three groups scored highly compared to the general population.

However, quantitative research has been unable to establish whether detention causes an increase in mental health symptoms, or whether those with pre-existing mental health problems are more likely to be detained (Robjant et al 2009a). Qualitative studies can answer this by identifying the mechanisms by which detention could affect mental health. This can also clarify whether an improvement in the material conditions experienced by detainees would mitigate this, or whether symptoms are related to the fact of detention itself.

Qualitative studies have been conducted by Pourgourides et al (1996) in the UK, and Sultan & O'Sullivan (2001) and Coffey et al (2010) in Australia. They conclude that the indefinite nature and uncertain outcome of detention led to feelings of hopelessness, loss of agency, and feelings of injustice. Ultimately this led to changes to detainees' core values, their beliefs about themselves, and their ability to relate to others, which may be permanent and irrevocable (Coffey et al, 2010).

3. Methods

A qualitative approach was taken as this is an appropriate method to provide an in-depth account of a specific situation; namely long-term detention in Brook House IRC. It was also hoped that the process of telling their own stories would be a positive experience for detainees interviewed (Murray 2011).

Eleven visitors and nine detainees were interviewed using semi-structured interviews. All of the detainees and some of the visitors were interviewed by telephone for logistical reasons and due to limited access to the detention centre. Interview questions were based on a literature review and existing knowledge held by GDWG staff.

Participants

Ten detainees were selected from a list of those who were in touch with GDWG, based on length of time in detention. Visitors currently assigned to those ten detainees were initially contacted, and six of these agreed to be interviewed; the other five were chosen as they were long-term visitors. Informed consent was sought from all participants. One detainee (D4) withdrew at a late stage of the project and was not replaced. All responses have been anonymised to ensure confidentiality.

All nine detainees interviewed were men, as only males are detained in Brook House. They had been detained in Brook House from ten months to two years; the average length was fifteen months.

They were all non-EEA nationals from six different countries. One detainee's nationality was disputed. Three were asylum seekers, two were refused asylum seekers, one described himself as a refugee, one as a 'deportee' and two were unsure. Six had family in the UK. Their ages ranged from late twenties to early fifties; the majority (six) were in their thirties. All described themselves as either Christian or Muslim.

Education levels ranged from no formal education to University education. Seven of them spoke a number of languages other than English. Seven had previously been in prison and three had previously been held in another detention centre.



Eleven visitors were interviewed. All were citizens of the UK; ten described their ethnic origin as White British, and one was from another European country. There were ten women and one man.

Their ages ranged from early twenties to over 65, with 56-65 the most common age group. Two were in full-time employment, three were self-employed, three were in part-time employment, two were retired, and one was not employed. They had been visiting detainees in Brook and Tinsley house from six months to 15 years, and had visited between one and 'around two hundred' detainees. Five described themselves as Christians, five as having no religion or being atheists, and one 'other religion'. Many of them became involved in visiting through the Church or through other voluntary work, notably with Amnesty International. Four of them had some prior experience in fields related to mental health.

Analysis

Thematic analysis was chosen as it can be used to make claims about reality, as well as uncovering the meanings and interpretations which participants give to their experiences (Braun & Clarke 2006). Themes were selected for their relevance to the research question. Themes have been illustrated by quotations. Detainees are quoted more often than visitors as the research is also intended to be an opportunity for their voices to be heard.

4. Themes

i. Detainees' mental health

Participants were asked whether they thought detention affected detainees' mental health. Detainees described feelings of confusion, anger, frustration, inability to think straight, inability to concentrate or make decisions, lack of motivation and loss of memory. They had physical symptoms such as headaches, stomach pains, high blood pressure, dizziness, loss of appetite or problems sleeping. Many described feeling depressed:

Days upon days when the depression hits you, you think about a lot of things you don't dare even think of. It's frustrating, it's just crazy (D6)

They reported feelings of hopelessness, of having no hope for the future:

I can't see my future [...] It is like my life is over, finished (D9)

He would say to me 'I die in here, I die in this place'. And we sort of made a joke of it, but it wasn't a joke, I really think he did lose a lot of hope (V3)

Detainees spoke of suicidal thoughts and self-harm:

I have a lot of thoughts and thinking why I should go on anymore with this. I've been thinking things I've never thought before, like 'why shouldn't I kill myself? Why should I take this any more?' So I have bad thoughts which I've never had before (D8)

A number reported that they felt that they had been changed by the experience of detention; that they were no longer the same person:

They are destroying my life, they are destroying myself and when I come out of here I'll come out like a zombie (D3)

Symptoms worsened over time:

There are people who are coming in new here, for a couple of days, and it's fine. One week, two weeks, three weeks then you see that people start to go down. [...] Then he says, 'I've been here one month, two months, four months, ten months, and I don't know why I'm here. I don't know why they don't deport me, I don't know why they keep me here'. And I don't know what you can say to that. Nothing. And those people they get really stressed (D10)



ii. Causes

Participants were asked why they thought detention might have these effects.

Environment

Brook House was described in general terms as an unpleasant and prison-like environment. There were comments about the noise and social problems:

Brook house is about as bleak as it can be (V1)

Detainees often reported loss of appetite, and negative comments were made about the quality of the food provided:

The food is quite a big issue, quite often detainees can't or won't eat it (V6)

Boredom was a key problem:

You know every single day when you wake up what you are going to do. It's just like a circle, it's the same things every single day. That's why I get bored so much and just want to get out from here (D9)

This meant that there was little to distract detainees from their problems:

The fact that you cannot ever get away from the relentless focus on the problem. If you've got a problem, you try to get away from it, you do things to divert your attention from it. But in detention you can't (V7)

Detainees who had previously been in prison found that the environment of Brook House compared unfavourably:

You don't got nothing to do here. You don't have no work to do. In prison you can do education, you can do work, you've got the motivation to do something rather than just be locked up in your cell or locked up on the wing (D6)

However, most people argued that merely improving the physical environment would not provide a solution:

I don't think they can do anything to improve mental health here, unless they change the whole system of how they deal with people. With me, there is nothing they can do to make it better, in Brook House. Because I don't think it's Brook House that's got a problem. It's the system itself. They try to give us things to do to keep our minds off it. But you can only take your mind off things, playing football for example for 90 minutes, then back to the same thing (D1)

You can put on all of the activities in the world, but if people don't know what's going to happen to them from one day to the next, and think they could be there for years, then the mental health is going to be severely challenged (V11)

Separation from Family

Separation from family was an issue for many. In some cases, the detention centre was a long way from where their family lived. Others did not want their families to visit them in detention:

Neither [x] nor [y] wanted their families to visit them in there because it was so shameful. Then this is used against them in their hearings; they have no visitors therefore they have no ties. But in fact they feel a huge sense of shame that that's where they are and they don't want their children to see them like that (V8)

Some detainees were concerned that their partners would give up waiting for them to be released:

Sometimes she's frustrated as well. She doesn't want to be with me any more cause of how long I've been detained. That makes me stressed more than anything. She's the only one I talk to, even my friends don't visit no more (D3)

Visiting arrangements were problematic:

In visits before you could sit with your kids, stand up and play with your kids, but now that's not allowed any more. They put the chairs where they're supposed to be, on the other side of the table; no contact, how is that supposed to work? At least in prison you can hold hands with your partner, you can pick up your kids and put them on your lap, here you're not allowed to do that (D1)

It was also difficult to form friendships within Brook House as fellow detainees could be released or sent to another detention centre: Any friendships you form are at best going to be temporary, because you don't know when either one of you is going (V4)

Some detainees felt isolated within the centre:

For 14 months, the only time I came out of my room was to go to the kitchen and come back, go to healthcare and get medication and come back and go to the shop and come back (D7)

Injustice

All detainees believed that their detention was unjust:

Sometimes tears come to my eyes cause I know if I commit a crime then, fair enough, I'll take my punishment cause I do something wrong, but I didn't commit a crime and I've been locked up for 21 months for no reason (D6)

Detainees who had finished prison sentences felt that they were being given extra punishment:

I've served my time but I'm doing double time, I'm being double punished (D2)

Uncertainty

The uncertainty of their situation was a major issue for many. They did not know when they would get out, and what would happen to them when they did. The indefinite length of detention was a central aspect of this:

It feels like life imprisonment cause we don't know when we're coming out. We don't even know whether we're coming out (D5)

One detainee said he had seen other detainees agree to be returned to countries where they believed they would be killed, as they preferred this to remaining in detention. He suggested that the system seemed to be designed to make people give up hope:

I've seen people signing to go back when they know they'll be in more danger than here, they'll sign to go back because they can't take this place. I don't think a normal person would do that. I think they've been put in that position.

I think they'd rather take their chances and go somewhere where they're gonna get killed. [...] At least if you go back somewhere you're gonna be killed then it's certain, that you're dead, you know, you don't have to just... suffer that much mentally [...]

They're asking me to sign, offering me money every time: 'Oh look we've got this money, or you're gonna be here for a long time, if you don't sign'. Eventually you've had enough. That really proved to me that it's all about: mental games. 'Why don't you sign, then you can go back, you can have your life again?' I don't think they can do anything to improve mental health here, unless they change the whole system of how they deal with people (D1)

Bail

The process of applying for bail was seen as problematic as it raised detainees' hopes, and being refused ultimately made them feel worse. There were reports of detainees who did not apply for bail for this reason:

He wouldn't go for bail. He said 'the last time I went which was a year ago, I didn't eat for three days after I was refused'. [...] He couldn't live with being refused repeatedly. He took a lot of pushing into apply for bail. [...] The indefiniteness must be so awful, I think it's so awful that people can't contemplate it, often. He couldn't look at it, it would destroy him if he looked at it, if that makes sense.

He couldn't go for bail because it would be too awful to be refused. You don't want to ask because you then contemplate being free, and I think it's awful to go to court and be told 'no', I think that really hurts people (V3)

Powerlessness

Feelings of powerlessness or lack of agency was a theme which came up in all of the detainees' interviews:

All the questions that come to your mind, there is no answer. You can't shout, you can't jump, you can't be clever, you can't be nothing. You just stay where you are (D3)

The problem most of them feel is just being locked up and without power. You know, no power to determine their own lives. I think that's a very crushing feeling which is bound to effect people (V10)

Lack of freedom was a fundamental problem:

I feel very, very lonely and very upset because my room is on the third floor so I can see outside and the runway and the airport and the carpark at the back of the detention centre and the road as well, and when I look outside I feel like I'd like to be out there [...] I want to be free in the mind. Detention for me is like a prison in the mind as well (D9)

Linked to this, detainees felt that they had no voice; that no one knew or cared about their situation:

Nobody knows about us outside. Nobody (D10)

They don't have a voice of any sort. Nobody listens to them, politically or even socially, so there's no way of getting their point of view across. If they are in real trouble, there's not anyone who even knows about it, let alone anyone who's willing to do anything about it (V11)

They described feeling weak or useless:

Mentally sometimes I feel weak. I question myself a lot. I find it hard to coordinate simple things like walking. You're stripped of all confidence. That's how I feel (D5)

A rational response

Participants were clear that the symptoms they described were often directly caused by detention in Brook House. Some therefore argued that they should not be seen as evidence of a mental health problem; instead, they felt their symptoms were a normal response to their situation:

They give me so much medicine, this one, this one, this one, but I know what is happening to me is because of where I am, because of the situation where I am (D3)

People who are depressed because of the situation they're in don't necessarily have mental health problems, they are just feeling worried and anxious about their situation [...] Some of them, the situation they're in, where they're locked up, I think that causes issues that wouldn't necessarily have been there if they hadn't been (V10)

iii. Existing health problems

While conducting the interviews, it became clear that some detainees had suffered from mental illnesses prior to their detention:

Before my detention they knew I had mental health problems. [...] I am diagnosed with PTSD and part of my treatment is anti-psychotic therapy and I need regular contact with a psychiatrist and occupational therapists which I had already at home. The whole time I've been here I've had three reports from doctors, one of them from Medical Justice saying I'm not fit to fly and not fit to be detained (D7)

Another detainee reported that he was refused bail on the grounds that he was suffering from a 'mental disorder':

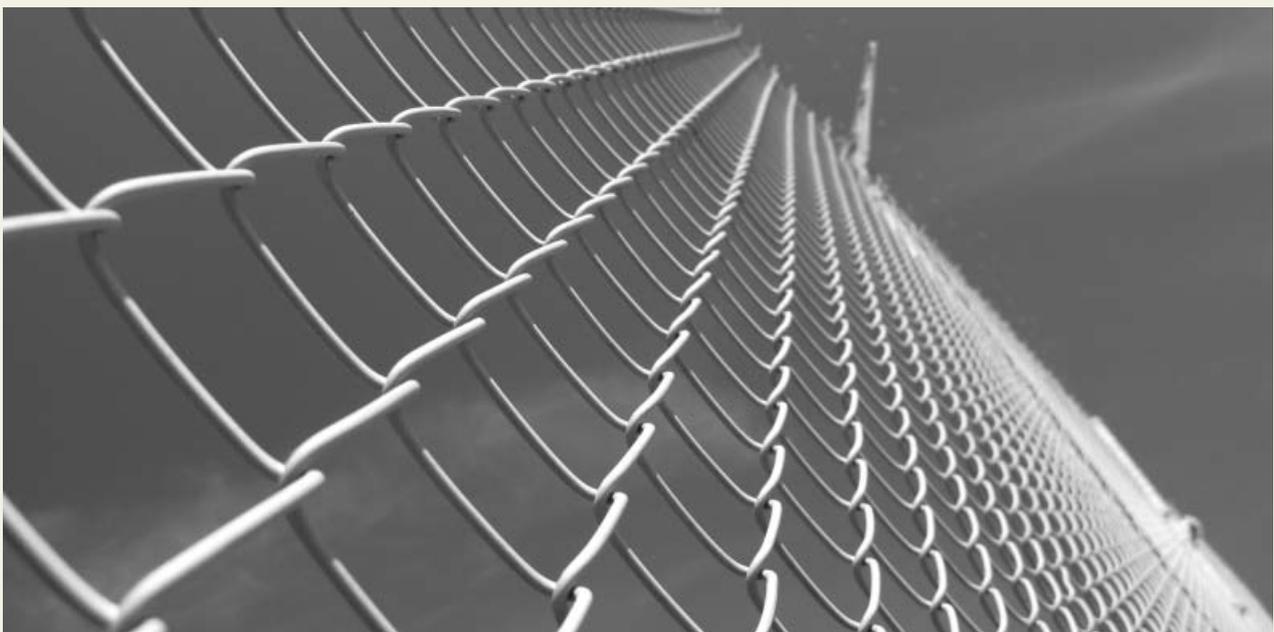
I went to bail one time and the first thing they said to me was that I'm suffering from a mental disorder so detaining is necessary [...] I've got it right now on my bail form (D6)

Some detainees had symptoms which they ascribed to past trauma:

I can't get to sleep every night. I get flashbacks and I have bad dreams about myself when I was back home and saw people getting killed. I am taking medication to calm me down a bit (D9)

They thought these existing symptoms could be exacerbated by being in detention:

Some have pre-existing conditions, I'm thinking of repeated flashbacks of traumatic times in the past[...] They come to this country and they think they've got a good start to their lives, but instead they're in detention. For many of them, the fact that they don't know what their future is to be, and the fear of going back, just totally overwhelms them (V2)



iv. Healthcare

Participants were asked about healthcare services in Brook House. A number made negative comments, saying that healthcare staff appeared to be dismissive of detainees' health problems, and that provision in Brook House compared badly to prison and other detention centres:

The medical team in Brook House are not really helpful cause the first thing is they tell you to take paracetamol and drink loads of water even when they don't know what the condition is. This is one of worst; everywhere else I've been, and I've been to prison, first they bring the doctor and check you out. I was in Tinsley House and if you say to them you're feeling sick, they make sure they come and check to see if you're alright. Here they say 'we've got 400 detainees to look at, so we can't pay attention to one person'. But what a difference you could make to that one person. They don't care about that (D6)

However, there were also positive reports of some individual healthcare staff:

The detainees are very clear on who the good nurses are...some of the staff have been amazing to [x] and to [y]...if it hadn't been for one particular individual nurse I really think they would have taken [y] out of there feet first (V8)

There was particular concern at the lack of psychological support:

I think the access to medical care is appalling in Brook House. I don't quibble with the staff. I think they're grossly underfunded. They have no access to specialisation; they do not have a psychiatrist visiting currently, they have no psychiatric nurses visiting. They do not have a funding relationship with the PCT. There is no set programme in place to section patients who need to be sectioned, and I do think there are patients in there who are actively psychotic and who are being dealt with in a subhuman way (V2)

They come maybe once a month, after there's a problem. They won't look at you until you maybe try to commit suicide. They come when the fire has started. So you have to cope on your own without any help until you get worse (D8)

Detainees distrusted the motivations of the medical staff:

The Doctor here, the nurse here, is not complying with the detainee, he's complying with the Immigration and the G4S. When you talk with the nurse and you say 'please give me that, I need that', no, she wants to give you whatever she wants to give you. No, no, no. I've taken my medication outside for 20 years, I came to here and she wants to change my medication. Who are you to change my medication? (D10)

Visitors expressed concern that victims of torture were detained inappropriately:

I don't think they get any counselling of any kind in Brook House, and I think there are definitely people who've suffered from torture who shouldn't be detained, but they are (V9)

v. Segregation

Separation from other detainees is authorised under Rule 40: Removal from Association, and Rule 42: Temporary Confinement of the Detention Centre Rules (2001). Segregated detainees are sent to the Care and Separation Unit (CSU), commonly referred to as 'the block'. Of the nine detainees interviewed, seven had been there on at least one occasion. In the block, detainees reported being isolated from other detainees, being denied a shower, and having their 'phones taken from them so they were unable to contact their family or solicitors. Periods reportedly spent in the block at any one time varied from one night to 15-20 days.

Primarily detainees described its use as punishment. Reasons for being sent there were minor offences (such as taking extra food back to their room or being caught with cigarettes) or not complying with officers:

Sometimes when you ask questions, they use it to shut you up. When you go there, you don't get a shower, no telephone. So I question 'why you didn't give me this, why do you treat me like that'? And you end up there. They use it for punishment and I don't think we are in here to be punished. It's some sort of controlling, that's how I see it (D8)

Detainees also described how it was used prior to attempted removal from the country, and for detainees who were considered to be at risk of suicide or self-harm. This was felt to be harmful:

I talked with that guy and I seen both his hands had been cut completely everywhere. There was no space on his arms, not one inch, not half an inch that hadn't been cut. He cut everything that guy. So when I said to the officer 'why did you take that man to the block? He said 'he's not listening'. I said 'what do you mean he's not listening? That guy is stressed, that guy has been for one year in the detention centre, that guy has cut himself already, that guy is still young'. You need someone to look after him, not put him in the block to give him more punishment (D10)

It was felt that being confined in the block could have a negative effect on detainees' mental state; it was used as a way to physically prevent detainees from committing suicide but with little thought to the consequences for their longer-term mental health:

When you see them put someone on the block and they kick off and go mad, I know where they're coming from [...] They say you're not cooperating, but they don't know what that person is going through. If I was in the block, I would feel more depression, 'cause you can't talk to that person to lift you up. That makes it worse, more than normal. They don't give you your mobile 'phone in the block. They can't talk to their solicitor or their partner or their family. It puts you in a state of mind that's even worse (D6)

The use of the block for people under severe mental distress or are suicidal is just appalling, it shows complete lack of sensitivity to those needs [...] all the evidence points to the fact that it was not a protective incarceration, it was for administrative convenience. The staff did recognise that he was not well and he was a suicide risk, and therefore you put someone where they are easier to observe, but without offering them any other support, and removing them from what support networks they do have [...] I don't think it's been thought through in mental health terms at all. I think it's shameful and dangerous (V5)

vi. Coping Mechanisms

Although this was not specifically asked about, many participants described ways in which detainees coped with being in detention. Some put it down to generally good underlying mental health or being a strong person:

They're survivors, the ones I've seen are very strong inside because they've had to be (V6)

Acceptance

Visitors reported that some detainees coped by fighting their immigration cases, or for more privileges within the detention centre. However, none of the detainees interviewed reported this. Instead, they found it more helpful to accept their situation:

Now, maybe because I've been here for too long, I just say: you know what, just forget it. It's just the way it is. It's either their way, or the highway, so I just let myself try to go to sleep. It's the only way I can handle the situation here. I just let it ride. They do what they've got to do. I can't fight them no more, 'cos you never win anyway (D1)

Other detainees

Most detainees reported that they did not discuss their problems with other detainees:

I cannot show my problem to the [other] detainees. Already he has enough. I leave my problem for myself. Already everyone here has enough, if I'm going to tell him my story as well, he cannot handle all of it. This is why I keep myself always to myself, I never say my story to no-one (D10)

Instead, they were more likely to provide support to other detainees:

I've been here for too long, so some detainees feel free to come and talk to me about things, and I tend to help them more than the officers. They come and talk to me rather than the officers. Even the officers say to me 'can you talk to so and so' or 'we are worried about so and so' (D1)

Job or role

Having a specific role within the centre was a way of coping with detention:

His way of coping was to help other detainees, to make a niche as a translator, and he was made use of and paid by the centre, and it gave him a role. And he could live with that [...]. He'd made a role for himself, he got on with detainees and staff, and his education paid off. He helped other detainees and made a good friend in [x]. He had very down patches. But he had some standing, deservedly. [...] He was a good man and he liked to help other people, and his knowledge helped him. How else would you get through four years? (V3)

Family and Friends

Many detainees said that their families kept them going:

The only thing that's keeping me going is that I've got kids. I think if I didn't have kids, I dunno, would probably have committed suicide a time ago (D1)

Religion

Some detainees used their religion as a way of coping:

Going to church and reading and praying, that's what gives me strength so far (D2)

He reads the bible every day, attends church services regularly, and has recourse to the pastor there to talk to if he wants [...] The bible reading also gives him a legitimate occupation which is something which is very much lacking in Brook House (V5)

5. Discussion

Symptoms

Symptoms reported by participants are in accordance with previous research mentioned in the literature review, which has shown that immigration detainees suffer from an increase in mental health problems, notably depression, anxiety, and PTSD, compared to non-detained asylum seekers (eg Steel et al 2006, Steel et al 2011, Ichikawa et al, Robjant et al 2009a, Keller et al 2003, Cleveland et al 2012). Sultan & O'Sullivan (2001) documented how these symptoms change and worsen over time. Cohen (2008) found that levels of self-harm and suicide were significantly higher amongst immigration detainees than amongst the prison population, and the recent HMIP report (2012) noted that 33 incidents of self-harm had been reported in Brook House during the period January to September 2011.

Causes

Complaints were made about the environment at Brook House; in particular a lack of activities meant detainees were bored and had nothing to distract them from their problems. However, the majority argued that merely improving the environment of Brook House would not provide a solution. The major issues for them were feelings of injustice, powerlessness, and uncertainty related to the indefinite nature of detention. Added to this, there was a general feeling that their detention was a tool used to punish them, or to force them to comply with efforts to remove them. This particular view was recently reflected in an ongoing case in the High Court, where evidence was presented of UKBA's attempts to deliberately 'unbalance' a schizophrenic detainee in order to force him to return back to his country of origin (Taylor 2012). The process of applying for bail was seen as random and unjust, and exacerbated problems by raising then dashing detainees' hopes. Uncertainty and lack of agency were both aspects of powerlessness; detainees had no power to predict or control their future. They also felt that they had no voice, as no one outside of the detention centre knew or cared about their predicament.

These themes reflect the findings of other qualitative studies discussed in the literature review. Pourgourides (1997) argues 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 (Pourgourides 1997; p673)

These feelings are linked to an increase in mental health symptoms. However, the use of the term 'mental health problems' may itself be flawed in relation to this group. Many participants resisted this label, as they argued that the feelings and behaviours they described were a normal response to an abnormal situation. This reflects Pourgourides et al's (1996) further conclusion that:

'The responses to detention, namely hopelessness, helplessness, powerlessness, despair, despondency, demotivation, distress, anxiety and so on are predictable and understandable. They are normal responses to an abnormal situation. They can manifest as symptoms which form constellations consistent with psychiatric diagnoses of depression, post-traumatic stress disorder, anxiety and psychosis. This has been verified in this study and elsewhere. It should however be apparent that these symptoms can also be understood as universal manifestations of suffering and misery. This suffering and misery is generated by the practice of detention... It is important not to label suffering as a disease' (p98).

Pre-existing mental health problems

The UK Border Agency's policy states that 'those suffering serious mental illness which cannot be satisfactorily managed within detention' would normally be detained only in very exceptional circumstances. However, there is no official guidance on what constitutes satisfactory management, and the Home Office do not hold data on the number of people currently detained who have been diagnosed with a mental health condition (AVID 2011b). On 17th April 2012 the High Court challenged this policy, following a number of recent court cases where the detention of individuals suffering a serious mental illness had been found to be in breach of Article Three of the European Convention on Human Rights.

Participants suggested that mental health symptoms could be related to previous trauma they had experienced. While victims of torture should not be detained, the HMIP report (2012) noted that staff were not properly following up any claims that detainees had been tortured. Previous research has noted that the likelihood of an individual suffering from symptoms of PTSD is partly dependent on their circumstances after the traumatic incident, and symptoms are worsened by factors such as isolation and loss of hope (Bracken & Gorst-Unsworth 1991). Detention in Brook House could be reminiscent of prior trauma for these people, as it has been argued that 'detention recreates the oppression from which people have fled...it poses a significant risk to the mental health of a vulnerable population, for whom it constitutes a further and ongoing traumatic experience' (Pourgourides 1997, p674; also Sultan & O'Sullivan).

Healthcare

The lack of psychological services was highlighted, and it appeared that mental health problems were only dealt with at points of crisis, via separation to the CSU (see below). At present there is no resident psychologist and no counselling provision available to detainees in Brook House. Robjant et al (2009a) expressed concern at the lack of psychological support available to immigration detainees, and the recent HMIP report (2012) recommended that detainees be given access to counselling services and that mental health awareness training should be provided for all custody staff.

Segregation ('the block')

Segregation from other detainees was primarily seen as punitive, and detainees segregated for other reasons often felt that they were being unfairly punished. It was felt that its use for suicidal detainees was particularly inappropriate as, while it enabled staff to physically prevent a detainee from taking his life in the short term, in the long term it was likely to exacerbate their problems.

According to the Detention Centre Rules (2001), segregation should be used 'in the interest of security or safety'. The HMIP report (2012) highlighted its excessive use as an area of concern, noting more than 1,700 admissions had been recorded by the Independent Monitoring Board between March 2010 and March 2011, and that contrary to the Detention Centre Rules (2001), separation was used as a punishment for minor offences, and for all detainees prior to removal. It also criticised its use for detainees who had self-harmed and recommended that a dedicated care suite should be created for these detainees.

Coping mechanisms

Religion was a source of comfort to many detainees, others found strength from their families and friends. Long-term detainees coped by finding a formal or informal role within the centre, in some cases providing support to other detainees, either emotionally or through practical services such as translation. The most successful coping mechanisms were those which provided a sense of purpose or meaning, a way of passing the time, a source of self-esteem, and a source of hope for the future, highlighting the fact that these were all lacking in the centre.

6. Limitations

The study was a small-scale, qualitative project, conducted by a single researcher, and its aim is to provide an in-depth account of one particular situation. As such, it is not possible to generalise from this. No attempt has been made to make clinical diagnoses of participants. The research focuses on subjective experiences. Detainees could have a motivation to exaggerate their distress if they thought this would impact on their case. However, it was made clear to participants that the information they gave would be anonymised and would not have any impact on their case. The participation of visitors also mitigates this; many had visited a number of detainees over many years, and the similarities between visitors' and detainees' interviews improves the reliability.

Participants were all in touch with GDWG. One detainee was not asked to participate in the project due to concerns that his mental health was too fragile, and it would be inappropriate to ask him to participate. Participants were informed in advance that if they revealed plans to harm themselves then this information would not be kept confidential, which could have led to under-reporting of such symptoms. By selecting the longest-term detainees to interview, certain nationalities were over-represented, as were ex-foreign national prisoners compared to asylum seekers. Only detainees who spoke a reasonable level of English could participate. The report does not cover the views of short-term detainees who may have very different experiences. The study was limited by restrictions on entering the detention centre in order to conduct research. For this reason, interviews were conducted by telephone.

7. Conclusion and recommendations

This report supports and adds testimonial evidence to the conclusions of existing research which indicates that detention has a negative effect on detainees' mental state. However it also supports the idea, raised by other researchers, that it may be inappropriate to label these symptoms as mental health problems, as they should be viewed as a normal reaction to the circumstances. Detainees experienced feelings of hopelessness, powerlessness, uncertainty and injustice, arising from the nature of immigration detention rather than the material conditions in the detention centre, and they employed coping mechanisms which provided them with a sense of purpose and hope for the future. They experienced their life in detention as unpredictable and uncontrollable and struggled to find a meaningful interpretation of their experiences.

In addition, a number of specific concerns are raised by this report; the quality of health care, and in particular the lack of psychological support for detainees; the use of separation, particularly for detainees who are suffering from psychological distress; and concerns regarding the detention of those with severe and/or pre-existing mental health conditions.

These concerns warrant further study. We would therefore echo Robjant et al's (2009b) recommendation that 'given the severity of mental health implications for those held in detention[...]it is imperative that access is granted to allow scientific research in this area to continue' (p311)

As a result of this study, and our day to day work with detainees at Brook House, GDWG recommend the following:

1. Those with diagnosed mental illnesses should never be detained. This includes those with pre-existing mental health problems, who should not be detained in the first place, along with those who develop mental illness during their time in detention, who should be released to appropriate care in hospital or the community. UKBA caseworkers making decisions over fitness to detain on mental health grounds should be given appropriate guidance and training in order to ensure that their decisions are the correct ones.
2. Segregation units in IRCs should not be used to manage detainees with mental health issues. There should be dedicated care suites in all IRCs, to be used to care for mentally ill people only for very short periods in the interest of their own safety.
3. All detainees should have access to a comprehensive and fully funded mental health service while held in detention.
4. Effective and standardised care pathways should be established across the detention estate so that detainees are quickly given the care they require, whether in detention, in the community following release, or by transfer to in-patient care under the Mental Health Act.
5. Appropriate mental health training should be given to all those who deliver services within IRCs, most notably officers who work in the centres who have the most direct contact with detainees.

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