



The mental and physical health difficulties of children held within a British immigration detention centre: A pilot study

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Executive Summary

Authors:

Ann Lorek: *Mary Sheridan Centre for Child Health, Lambeth Community Health, London, UK*

Kimberly Ehntholt: *Traumatic Stress Clinic, Camden & Islington NHS Foundation Trust, London, UK*

Emmanuel Wey, Chipo Githinji, Eve Rossor, Rush Wickramasinghe
Mary Sheridan Centre for Child Health, Lambeth Community Health, London, UK,

Anne Nesbitt: *City and Hackney Primary Care Trust, London, UK*

Introduction:

Current British law allows for families with children subject to immigration control to be detained for indefinite periods of time. Detention can take place while the family's claim for asylum or other legal right to remain in the UK is determined, and if the claim is refused, until their removal from the UK (HMSO, 1999). The British government's use of detention for families with children has been condemned by numerous organisations for breaking international standards relating to the treatment of children as set by the 1989 United Nations Convention on the Rights of the Child.

Currently Yarl's Wood Immigration Removal Centre is the main centre used for detaining families, following the addition of 260 family beds in 2005. There is a 24 hour health service including sessional GP input provided by a private contractor, and previously one, now two, social workers employed by Bedfordshire Social Services to conduct independent welfare assessments.

Following an inquiry into the quality of health care at Yarl's Wood, it was reported by Her Majesty's Chief Inspector of Prisons that "underpinning systems were inadequate and the health care service was not geared to meet the needs of those with serious health problems or the significant number of detainees held for longer periods for whom prolonged and uncertain detention was itself likely to be detrimental to their well being" (HMIP, 2006a, p.5).

To date, only three studies, all conducted in Australia, have focused on the well-being of children held in immigration detention centres. One of these studies (Mares & Jureidini, 2004) based on a series of families who had been in detention for over a

year, found that all children above the age of six fulfilled criteria for both Post Traumatic Stress Disorder (PTSD) and major depression with suicidal ideation. Most of the children had attempted self-harm. The majority of pre-school age children were identified with developmental delay, emotional problems, disturbed sleep and feeding routines, as well as delays in language and social development. Similarly high levels of psychopathology were reported in a separate study of families detained for more than two years, with the experience of detention itself found to be detrimental (Steel et al.2004).

This is the first study using clinical assessments to investigate the well-being of children held in UK detention centres, known as 'Immigration Removal Centres'.

Methodology:

A team of paediatricians and a clinical psychologist assessed the mental and physical health of a small sample of children held within a British detention centre. The clinical assessments involved semi-structured interviews, physical examinations, behavioural observations, and the completion of standardised self-report measures.

A total of 24 detained children (aged 3 months to 17 years) were assessed with their parents or carer after being referred by Bail for Immigration Detainees, an independent legal charity, between February and August 2006. Thirteen were seen by a paediatrician alone, 4 by a psychologist alone, and 7 by both professions using semi-structured clinical interviews. The psychologist also used standardised self-report questionnaires to measure psychopathology.

The total sample of children had been in detention 11–155 (median 43) days. The 14 children who were aged over 5 years had lived and been educated in England for 1 ½ - 9 (median 4) years

Results:

Psychological Assessment Findings

Mental Health of Children

- All 11 reported symptoms of depression and anxiety since being detained.
- All 11 children presented as being disorientated, confused and frightened by the detention setting.
- 8 out of 11 of the children (73%) had developed clinically significant emotional and behavioural problems.
- Parents reported the emergence of conduct problems in 6 children who had previously been well behaved at home and in school.
- One child also reported experiencing the re-emergence of Post Traumatic Stress Disorder (PTSD) symptoms related to previous war experiences.
- None had previously required support from a mental health professional.

Mental Health of Parents

- All 9 of the parents reported severe psychological distress.
- All 9 reported that they thought it would be better if they were dead. The majority (6 out of the 9 adults) had contemplated suicide, with two mothers actively suicidal and on suicide watch.
- 2 fathers and 1 mother reported that they were torture survivors; another 2 mothers stated that they had been victims of rape in their countries of origin.

- 3 out of the 9 adults had previously been receiving psychiatric medication and counselling, which they reported had stopped abruptly upon detention.

Physical Health Findings

- Most of the 20 children seen by a paediatrician complained of recent onset or exacerbation of physical symptoms, including abdominal pains, headache, cough, and vomiting.
- 2 young children required hospital care including a 2 year old admitted with pneumonia and a 5 month old with vomiting, loose stool, and irritability.
- 6 children had missed health appointments including follow up for spina bifida, follow up of antenatal renal tract dilatation and HIV and syphilis test follow-up.
- One child needed review for clean intermittent catheterisation and had been unable to contact her specialist nurse adviser from the detention centre.

Preventative health and immunisation

- Only 4 of the 20 children had evidence of age appropriate childhood immunisation in line with Communicable Disease Control advice.

Nutrition and Growth

Most parents seen by the paediatricians raised concerns about nutrition.

- 8 children had lost weight since entering detention, including a two year old and a nine year old, both of whom had lost 10% of their body weight.
- 3 children had regressed and refused to feed themselves or would only take milk.

Development and regression

Of the 8 children aged 1 – 4 years old seen by paediatrician and /or psychologist, all mothers raised concerns about their children's development or behaviour.

- 5 children had begun bed wetting and one of these children was also wetting and soiling herself in the daytime since being detained.
- 4 children had regression of language since entering detention, including one child who had become selectively mute.

Child protection issues

A number of issues relating to child protection became apparent.

- 2 children had been placed in detention under the care of an adult with whom they had never previously lived.
- Of the children seen by a paediatrician, at least 12 had been separated from a main caregiver. One mother and her 20 month old breast feeding child were separated for three weeks during an outbreak of chicken pox.

The need for further research:

This was a pilot study based on a small sample of 24 children who were assessed at a single time point. These children were detained without any warning and for indeterminate periods of time, which made it difficult to conduct initial and follow up assessments at set time points.

As the findings were based mainly on self-reporting, it could be argued that the families exaggerated their psychological or physical difficulties in the hope that it would lead to their release from detention. However, this seems unlikely as

symptoms of severe distress were also frequently observed during the assessment sessions and eight children had evidence of weight loss.

A comprehensive prospective study which would address the limitations of the current study urgently needs to be conducted. Future studies should aim to assess the needs of a larger number of children, randomly chosen from the general population of detainees and with repeated assessments over time.

Conclusions:

This study clearly provides evidence that the British system of immigration detention, although often relatively brief, is nevertheless potentially harmful to the mental and physical well-being of children. These findings support those of previous reports that detention is not in the best interest of the child and should not be used for the purposes of immigration control. As there is currently no clear evidence to indicate that detention is necessary in order to prevent families from absconding, more humane alternatives to current practice must be explored.

Detained children were found to be experiencing mental and physical health difficulties of recent onset, which appeared to be related to the detention experience. A number of serious child protection concerns were raised. Social and educational needs were not being adequately met. The experience of detention also appears harmful to the mental health and parenting abilities of the children's caregivers.

Detained children had frequent and significant physical health problems. While many were common symptoms in childhood, it is of concern that most of the children were unwell in detention, that any pre-existing symptoms had worsened since being taken into detention, and that two needed hospital care.

Although high levels of mental and physical health problems, as well as child protection concerns, were detected, detained families had very limited access to appropriate assessment, support or treatment. Opportunities for providing preventative health care, including immunisation, were being missed and there was clear evidence of a lack of continuity of health care. The traumatic nature of the detention experience itself is also likely to have long term negative consequences which must not be overlooked.

This is the first study of its kind in the UK; therefore its preliminary findings have important implications for professional bodies, health authorities, government officials, and policy advisers. A comprehensive prospective study into the mental and physical well-being of children in detention must be conducted and the current policy of detaining families for immigration purposes must be reviewed as a matter of urgency.