The Mental Health Implications of Britain's Conservative Party Immigration Plan

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Abstract

This paper examines mental health issues surrounding Tory Party plans to radically change Britains' immigration laws making the processes attendant upon seeking asylum tougher for those who try. By looking beyond taken-for-granted assumptions associated with refugees and asylum seeking, a number of questions emerge from the Tory Party Plans. The mental health implications of the Tory Party plan for mandatory detention and processing according to quota rather than need are that individual suffering of asylum seekers is likely to be detrimental to individual mental health and well-being.

Keywords: immigration law, asylum, mental health, Britain.

Introduction

On January 24 2005 the England's Tory Party released a four-step plan to 'manage' asylum seekers to the United Kingdom. On asylum, nobody will be allowed in at the borders. Those seeking protection will be held in overseas centres and have their cases assessed by the United Nations. The plan announced by their leader Mr Michael Howard also sets out the following key initiatives:

- Withdrawing from the 1951 United Nations Convention on refugees, which obliges countries to accept people being persecuted on the basis of need, not numbers;
- Introduce laws to allow the immediate removal of asylum seekers whose claims were clearly unfounded be-

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cause they came from safe countries or had destroyed documents;

- Detain asylum seekers without documents so people whose identity was not known were not able to move freely around the UK - a worry for 'national security';
- Stop considering asylum applications inside the UK and instead take people from United Nations refugee agency camps. Anyone applying for asylum would be taken to new centres close to their countries of origin (Source BBC News 2005).

The Tories also want quotas for those seeking work permits through an Australian-style points system and those wanting to join families in the UK. Mr Howard argued that "firm but fair immigration controls are essential for good community relations - as do the hundreds of thousands of other British families from immigrant backgrounds". He also linked rejection of his plan to increasing risk of inter-ethnic violence and a breakdown of civil society by referring to a July 2004 report into the Bradford Community Cohesion Panel by quoting the reports finding that "… inward immigration does create tensions … communities will perceive that newcomers are in competition for scarce resources and public services. The pressure on resources … is often intense and local services are often insufficient to meet the needs of the existing community, let alone newcomers" (Howard, 2005).

The above plans have been defended by the Tory Party despite a spokesman for European Justice and Home Affairs Commissioner Franco Frattini claiming that the plans would contravene EU asylum policy, which meant the United Kingdom, could not simply refuse to hear an asylum case.

It seems that the strict policies now operating in Australia – most notably that anyone arriving in Australia without a proper visa or passport who applies for asylum is automatically locked away in purpose built camps while his or her claim is investigated – has caught the eye of Tory MP's.

This paper examines mental health issues surrounding the Tory Party plans, with particular emphasis on the way that individual mental health intersects with asylum seeker policies of mandatory detention. The mental health implications of the Tory party plan for mandatory detention and processing according to quota rather than need are that individual suffering of asylum seekers will becomes increasingly intolerable and therefore be detrimental to mental health. By looking beyond taken-for-granted assumptions associated with refugees and asylum seeking, a number of questions emerge from the plans that have significant, although complex implications for health and helping professionals. What interface will asylum seekers have with health services should they become depressed or suicidal? What will be the national support arrangements for these refugees and asylum seekers? How can health and human service professionals respond to issues of dislocation, depression and alienation and other emotional problems of living for these people?

Since 1999 I have been providing mental health services to people once held in Australian detention camps - locked behind razor wire and electric fences sometimes for up to 4 years while their claims are being assessed. More than ninety per cent of people who arrive by boat to Australia seeking asylum are assessed by immigration officials to be legitimate refugees and later released into the mainstream community on three year Temporary Protection Visas (TPVs). My work has involved developing culturally appropriate and sensitive clinical response plans to combat their suicidal thinking during this process – including release into the community. Many of the people I have been working with would rather kill themselves than be forcibly returned to their homeland (Ashford, 2003).

Health and human service workers will see asylum seekers entering Britain at the very point of their distress, and, at the very least, their conditions of stay in Britain will influence their help-seeking behaviours.

Asylum Seeker Mental Health

Detention of asylum seekers is a worldwide concern for health professionals because of the potential detrimental effects on the mental health of detainees (Silove, Steel, and Mollica, 2001). Sultan and O' Sullivan (2001) utilised participant observation techniques inside an immigration detention facility and found that 32 of 33 detainees displayed symptoms of major depressive illness with most showing deterioration in their mental state as the length of detention increased. They also observed symptoms of mental distress in detainee children including separation anxiety, disruptive conduct, nocturnal enuresis, sleep disturbances nightmares, night terrors, sleepwalking, and impaired cognitive development.

A study of 70 detained asylum seekers arriving in the United States found that at baseline 77% had clinically significant symptoms of anxiety, 86% of depression, and 50% of post-traumatic stress disorder (Keller, Rosenfeld, Trinh-Shevrin et al 2003). While depressive disorders in the general population are common at 4 – 5% in the Australian population (Mc Lennan, 1998), adult asylum seekers who have been in immigration detention displayed a threefold increase in mental illness subsequent to their release (Steel, Momartin, Bateman et al 2004). Exposure to trauma within detention was commonplace as were frequent upsetting memories about detention, intrusive images of events that had occurred, and feelings of sadness and hopelessness. These symptoms are consistent with investigations undertaken by Dudley (2003) who reports riots, violence and hunger strikes inside immigration detention facilities with 264 incidents of self harm among detainees reported over an eight-month period.

Once released from immigration detention asylum seekers face new challenges and stressors in the context of existing mental health problems and mental illness. The mental health of asylum seekers released from immigration detention is significant as people with depression have higher levels of disability and use health services more when com-

pared to all other mental illnesses (Ellis, 2004) and more than half of clinically depressed people have suicidal thoughts (Lonnqvist, 2000).

To complicate mental health matters for such people, asylum seekers released from immigration detention on TPV's live a life in limbo. There is no way of knowing well in advance the precise date and time when interviews to re-assess claims, invitations to interview or rejection letters will arrive, what questions will be asked or what will be the primary data source used to determine whether a homeland country is safe to return to.

The re-assessment process for asylum seekers is also emotionally charged and detrimental to mental health. Asylum seekers are required to provide substantially detailed histories supporting their application for a Permanent Protection Visa (PPV). This process brings much fear, uncertainty of future for asylum seekers and mistrust of others (Procter, 2004). The onus is on the asylum seeker to prove that they are still in need of protection after three years of being able to live in the community. The detailed explanation of why protection is being sought must be consistent and convincing to immigration authorities – particularly those who preside over the determination process. To complicate the determination process is knowledge that mental distress and emotional disorders – already seen to be severe in this population - impact upon the quality of information people can remember.

Where the experience is highly traumatic (for example, a situation involving serious injury to the person) the situation is considered even more challenging. There may be important differences between traumatic and non-traumatic memories. For example, initial recall of traumatic events by people with post traumatic stress disorder typically does not involve normal narrative memory. In other words, the flow of information is not always consistent each time a story is told. So when asylum seekers come to tell their story – often multiple times over to immigration officials – they fear rejection and the accusation that they are telling lies as the story

of what happened may be fragmented and therefore appear inconsistent. This situation is consistent with recent research in the UK which found that people seeking asylum who have post-traumatic stress at the time of their interviews are systematically more likely to have their claims rejected the longer their application takes as the story of what happened takes longer to explain to the satisfaction of immigration officials (Herlihy, Scragg and Turner, 2002).

Also significant in the discussion of asylum seeker mental health is the knowledge that suicide by people born overseas represents 25% of all suicides in many industrialised countries including Britain and Australia. Of these, 60% are by people from non-English speaking backgrounds (Cantor, 2000). While suicide is not a mental illness (rather, it is a behaviour), it is strongly associated with mental illness, and the risk factors pertinent to both mental illness and suicide for asylum seekers are overlapping and interrelated. Thus, the issue of mental health support and suicide prevention necessarily requires an integrated prevention response which acknowledges both the separateness of mental illness and suicide, and the association between the two (Multicultural Mental Health Australia, 2004).

Conclusion

While the Tory Conservative leader may argue that his 2005 Asylum Plan is "plain common sense – a vastly under rated quality in British politics today" (Howard, 2005) I consider the Plan to have very important practical and theoretical implications, because of the way that refugees and asylum seekers are caught up in the experience of loss and dislocation. Knowledge of these and other mental health stressors impacting upon asylum seekers are important for governments to consider because prevention of mental health problems, mental illness and suicide for asylum seekers should incorporate trusting, culturally appropriate interactions with groups and individuals likely to benefit from such intervention. It is also the task of governments to de-

velop, disseminate and implement effective interventions that are culturally and linguistically appropriate. Such policy and strategic planning will enable mental health professionals - particularly those working in acute and crisis intervention services - to access individuals who could potentially benefit from the targeted clinical interventions.

References

Ashford, K. (2003) "Seeking trust in asylum", *The Adelaide Review*, November, pp.2-3.

Australian Health Ministers (2003) *National Mental Health Plan 2003-2008*. Canberra: Australian Government.

Cantor, C., Neulinger, K., Roth, J. & Spinks, D. (2000) "The epidemiology of suicide and attempted suicide among young Australians", In: *Setting the Evidence Based Research Agenda for Australia: A literature Review. National Youth Suicide Prevention Strategy*, pp. 1-112. Canberra: Commonwealth Department of Health and Aged Care, Commonwealth of Australia.

Dudley, M. (2003) "Contradictory Australian national policies on self harm and suicide: the case of asylum seekers in mandatory detention", *Australasian Psychiatry*, 11: (Supplement) pp.102-108.

Ellis, P. (2004) "Australian and New Zealand practice guidelines for the treatment of depression", *Australian and New Zealand Journal of Psychiatry*, 38:389-407.

Herlihy, J., Scragg, P. and Turner, S. (2002) "Discrepancies in autobiographical memory - implications for the assessment of asylum seekers: repeated interviews study", *British Medical Journal*, 324: 324-7.

Howard unveils Tory asylum plans BBC News – UK Edition Monday January 24 2005. Available from

http://news.bbc.co.uk/1/hi/uk_politics/4200761.stm (accessed online January 26 2005)

Howard, M (2005) Firm but fair immigration controls. Speech at Conservative Campaign Headquarters Monday January 24 2005. Available from

http://www.conservatives.com/tile.do?def=news.story.page&obj_id=119004&speeches=1 (accessed online January 26 2005).

Keller, A.S., Rosenfeld, B., Trinh-Shevrin, C., Meserve, C., Sachs, E., Leviss, J.A., Singer, E., Smith, H., Wilkinson, J., Kim, K., Allden, K., and Ford, D. (2003) "Mental health of detained asylum seekers", *Lancet*, 362:1721-1723.

Lonnqvist, J.K. (2000) "Psychiatric aspects of suicidal behaviour: Depression", In: K. Hawton and K. van Heeringen, eds. *The International Handbook of Suicide and Attempted Suicide*, pp.107-120. New York, John Wiley and Sons, Ltd.

Mc Lennan, W. (1998) *Mental Health and Wellbeing: Profile of Adults.* Australia. Canberra: Australian Beureau of Statistics.

Multicultural Mental Health Australia (2004) "Framework for the Implementation of the National Mental Health Plan 2003-2008", in *Multicultural Australia*. Canberra: Australian Government.

Procter, N.G. (2004) "Support for Temporary Protection Visa holders: Partnering individual mental health support and migration law consultation", *Psychiatry, Psychology and Law*, 11: 110-112.

Silove, D., Steel, Z., and Mollica, R. (2001) "Detention of asylum seekers: assault on health, human rights, and social development", *Lancet*, 357: 1436-37.

Steel, Z., Momartin, S., Bateman, C., Hafshejani, A., Silove, D., Everson, N., Roy, K., Dudley, M., Newman, L., Blick, B. and Mares, S. (2004) "Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia", *Australian and New Zealand Journal of Public Health*, 28: 527-536.

Sultan, A. and O' Sullivan, K. (2001) "Psychological disturbances in asylum seekers held in long term detention: a participant observer account", *Medical Journal of Australia*, 175: 593-6.