

Mental health in immigration detention: A comparison of foreign national ex-prisoners and other detainees

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Abstract

Background: People held in immigration removal centres have a range of vulnerabilities relating both to disappointment at imminent removal from the country of hoped-for residence and various antecedent difficulties. An important subgroup in the UK is of foreign national ex-prisoners who have served a period of incarceration there. Prisoners generally have higher rates of mental disorders than the general population. It is, however, not clear whether foreign national ex-prisoners in UK immigration removal centres have higher rates of mental disorders than other detainees.

Aims: To compare the screened prevalence of mental disorders, levels of unmet needs and time in detention between foreign national ex-prisoners and others in Immigration Removal Centres in England.

Methods: We conducted a secondary analysis of cross-sectional survey data from a previously published study in one Immigration Removal Centre.

Results: The 28 foreign national ex-prisoners had been in immigration detention for longer and reported greater levels of unmet needs than the other 66 detainees. The highest levels of unmet needs among the foreign national ex-prisoners were in the areas of psychological distress and intimate relationships. After adjusting for time spent in detention, there was evidence to suggest that foreign national ex-pris-

oners had a higher screened prevalence of substance use disorders, autism spectrum disorders and attention-deficit hyperactivity disorder than the other detainees.

Conclusions/Implications for Clinical Practice: This study supports the view that foreign national ex-prisoners are a vulnerable group within immigration detention who have needs for enhanced and specialist service provision, including appropriate arrangements for health screening and active consideration to alternatives to their detention.

KEYWORDS

detention, foreign national ex-prisoners, immigration, mental disorders

1 | INTRODUCTION

Throughout the world, there has been a substantial increase in the numbers of people who are seeking asylum or are refugees, and many states hold them in conditions of immigration detention despite mounting evidence of mental illness and vulnerability in these groups, and that harm can be caused by the process of detention itself (von Werthern et al., 2018).

In the United Kingdom (UK), similar issues arise, 24,400 people having entered UK immigration detention throughout the year ending December 2019. The number of people detained at any given time during 2019 ranged between 1637 and 1839 (Migration Observatory, 2020). Immigration detainees form a heterogeneous group that includes individuals who have claimed asylum, new arrivals awaiting assessment to determine their right to enter the country, people who have been refused permission to enter, visa-overstayers and foreign national ex-prisoners (House of Commons Home Affairs Committee, 2019; Migration Observatory, 2020). By the time that they are held as immigration detainees, these ex-prisoners are defined as foreign nationals who have completed a prison sentence in the UK but transferred to detention under immigration legislation, with a view to their removal from the UK. As people who have been given a prison sentence in the UK, this further detention may either be in a prison or in an immigration removal centre (IRC). A report from the House of Commons Home Affairs Committee reported that, at one point in time at the end of December 2018, there were 944 foreign national ex-prisoners detained under immigration powers, accounting for 53% of the detained population (House of Commons Home Affairs Committee, 2019). The overall number of UK immigration detainees has been on a downward trend since 2014, but there was concern that the number of people being detained for over 6 months has increased, many of whom are ex-prisoners (House of Commons Home Affairs Committee, 2019). The overall number has reduced further following the Covid-19 pandemic, with a corresponding further increase in proportion of ex-prisoners—a recent estimate being over 90% (Stevens, 2020). The existing literature has highlighted the mental vulnerability of foreign national prisoners while serving their sentence but has yet to consider the range of issues they face when they are subject to immigration detention afterwards (Sen et al., 2014).

Detention in IRCs can have negative consequences for an individual's mental health. People subject to immigration detention are known to have high levels of anxiety, depression and post-traumatic stress disorder (PTSD); further, there is an association between severity of presenting psychological disorder and longer detention (von Werthern et al., 2018). A recent meta-analysis including 534 adults in immigration detention estimated the prev-

alence rate of depression to be 73.5% (95% confidence interval [CI] 59.6%–83.9%), of anxiety 64.7% (95% CI 47.4–78.9%) and of PTSD 46.4% (95% CI 29.1–64.5%) (Baggio et al., 2020). These studies, however, were of all detainees and did not distinguish between ex-prisoners and others. The estimates are higher than meta-analytic prevalence estimates for similar disorders among the general prisoner population—11.4% for depression (Fazel & Seewald, 2012), 6.2% for PTSD among male prisoners and 21.1% for PTSD among female prisoners (Baranyi et al., 2018). This underscores the exceptional vulnerability of detainees generally but raises questions about special needs varying between subgroups.

Foreign national ex-prisoners in the criminal justice system have been described as presenting with more complex mental health needs than those experienced by the general offender population (Nacro: A social justice charity, 2011) but are also likely to suffer from a range of other problems, including isolation (e.g., separation from family, friends and the community), immigration uncertainties (e.g., lack of information regarding their status, insufficient preparation for release/deportation), language barriers, discrimination and pre-existing trauma (Barnoux & Wood, 2013; Bhui, 2007; Borrill & Taylor, 2009; Nacro: A social justice charity, 2011; Sen et al., 2014). In addition, the prospect of deportation is a key factor underlying suicidal behaviour (Borrill & Taylor, 2009).

Various sources have evidenced a higher rate of mental health needs among foreign national male prisoners (53%) than native male prisoners (37%) (HM Inspectorate of Prisons, 2006; HM Prison Service, 2008), most notably depression and stress (Birmingham, 2003). Rates of self-harm and suicidality amongst foreign national prisoners are also a cause for concern (Bhui, 2007), accounting for nearly 20% of self-inflicted deaths in prisons in England and Wales in 2015–2016 despite representing only 12% of the prison population (Prisons and Probation Ombudsman, 2016).

Due to the lack of UK citizenship and the complex nature of their immigration cases, foreign national prisoners may be held for longer periods in immigration detention centres than other detainees (Bosworth, 2011). About two-thirds of the foreign nationals completing a prison sentence will be immediately detained in an IRC or a short-term holding facility (Independent Chief Inspector of Borders and Immigration, 2019) but there has been little study of them and their needs in this context. To the best of our knowledge, only one study (Robjant et al., 2009) has examined their mental health while in an IRC. This found that 67% of them screened positive for depression and 73% for anxiety (Robjant et al., 2009) and some substantial differences in the prevalence of mental disorder between detained asylum seekers, detained former prisoners and asylum seekers in the community (Robjant et al., 2009). Although this study did not find the prisoner sub-group to be more psychologically vulnerable compared to other detainees, the outcomes of interest were limited to self-completed rating scale measures of psychological distress as opposed to formal diagnoses of specific mental disorders and the data were not statistically analysed.

The aim of our study was to identify whether foreign national prisoners in one IRC differed from other detainees in screened prevalence rates of mental disorder, their level of unmet needs and their length of stay. We hypothesised that the ex-prisoners' subgroup would have higher screened prevalence rates of mental disorders, greater levels of unmet needs and longer lengths of stay in detention than other detainees.

2 | METHODS

2.1 | Ethical approvals

Ethical approval for the primary study was obtained from the NRES Ethics Committee of East of England and from the National Offender Management Service (ref: 13/EE/O182).

2.2 | Data sources and sample

The study data were derived from a cross-sectional study (Sen et al., 2018) conducted in a single IRC in Dover holding about 400 men. The response rate in the initial recruitment phase was lower than anticipated, therefore a second phase was introduced using a different sampling method. Phase 1 took place in June/July 2014 and Phase 2 in January/February 2015. Eligibility criteria for participation were: being born outside the European Union, being over the age of 18 and having a working knowledge of the English language. Figure 1 shows more details and the sampling is further described elsewhere (Howells & Sen, 2020; Sen et al., 2018).

Consenting men were interviewed one to one in private by researchers with a clinical background who had been trained to use the screening tools by PS (consultant psychiatrist). Inter-rated reliability was assessed by joint ratings (Sen et al., 2018).

Participants were labelled as foreign national ex-prisoners if they had a history of imprisonment in the UK. Detainees without a history of imprisonment were classified as 'other detainees'. Foreign national ex-prisoners were excluded from the analyses if their country of imprisonment was outside the UK. The reason for this was because it was not possible to ascertain the legal standards or threshold for conviction that had been followed in other countries, therefore individuals who had been imprisoned abroad were not deemed to be comparable to those who had been imprisoned in the UK.

Demographic characteristics included in this study were: age, nationality (grouped by continent), educational attainment (*none, secondary, undergraduate, postgraduate*) and marital status (*single, cohabiting, engaged, married, divorced*). Total time in detention was recorded as the time in days spent in immigration detention (in any setting) until the time of interview. Information was also collected on year of arrival in the UK. From this, it was possible to estimate the approximate duration of years participants had been living in the UK, by calculating the number of years between year of arrival and 2015 (when the final interviews took place).

2.3 | Measures

The interview included several measurement tools to screen for mental disorders and the Camberwell Assessment of Needs—Forensic Version (CANFOR). Validated cut-off scores were used to determine 'caseness' for all measures, except the CANFOR, which was used as described below.

The Mini International Neuropsychiatric Interview (MINI) (Sheehan et al., 1998) is a short, interviewer-administered, structured diagnostic tool used in clinical and research settings to identify a range of mental disorders that are included in the DSM-IV and ICD-10. There was a cut-off score for each condition.

The Standardised Assessment of Personality Abbreviated Scale (SAPAS) (Moran et al., 2003) is an eight-item interviewer-administered screening tool used to identifying individuals at high risk of personality disorder. Increasing scores (from 0 to 8) represent increasing likelihood of meeting diagnostic criteria for any personality disorder, with a cut-off score to screen positive.

The Autism Spectrum Quotient 10 (AQ-10) (Allison et al., 2012) is a 10-item screening tool designed to be used by healthcare professionals to identify 'red flags' for autism spectrum disorders (ASD) among adolescents and adults, which indicate the need for referral for formal diagnostic assessment, again with a cut-off score to screen positive.

The Adult ADHD Self-Report Scale, Part A (ASRS) (Kessler et al., 2005) is an 18-item self-report screening tool for adult attention-deficit hyperactivity disorder (ADHD). Part A consists of six of these questions which is used to identify adults with symptoms that are highly consistent with ADHD and therefore warrant referral for formal diagnostic assessment. Again, there was a cut-off score to screen positive.

The Camberwell Assessment of Needs—Forensic Version (CANFOR) (Thomas et al., 2008) was used to identify the level of 'unmet needs' for each participant. This tool is designed as an individual needs assessment for forensic mental health service users. Needs are assessed in 25 areas which span a range of health, social, clinical and functional do-

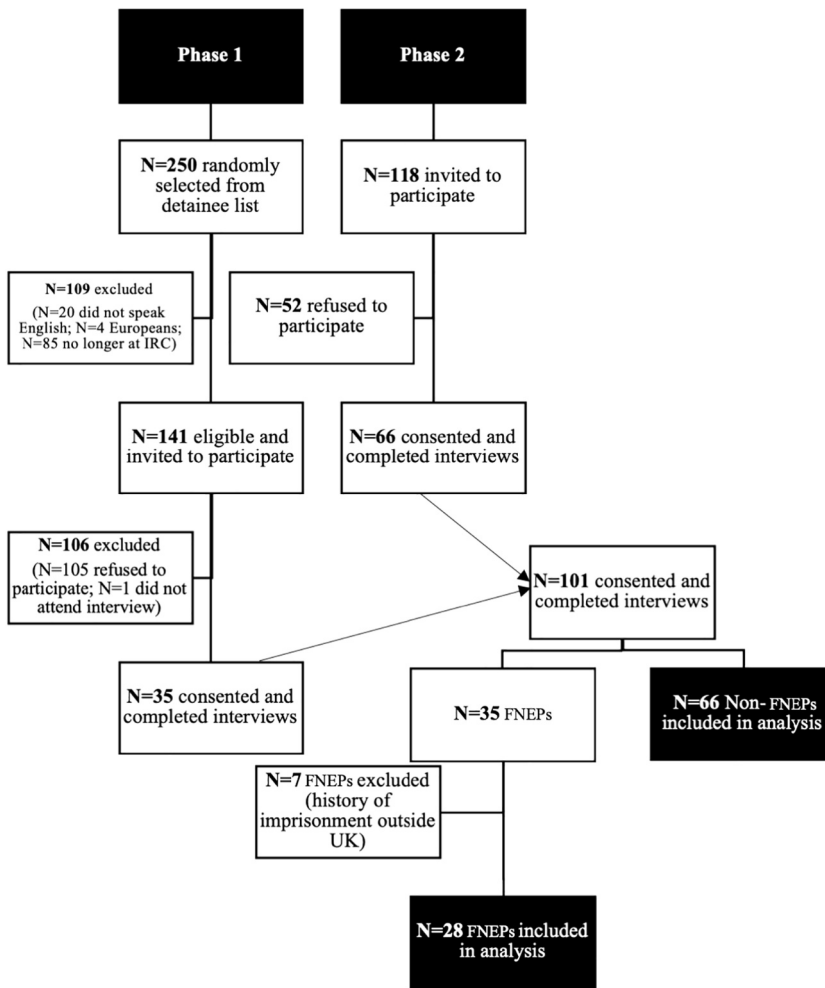


FIGURE 1 Participant selection and recruitment. Phase 1: Random sampling. Phase 2: Opportunity sampling. Adapted from the paper of the parent study (Sen et al., 2018)

mains, including food, accommodation, money, physical health, psychological distress, safety to self and others, and intimate relationships (Thomas et al., 2008). If the interviewee identifies needs in a given area, it is labelled 'met' or 'unmet' based on whether interventions are in place. For the purpose of this analysis, needs were dummy coded as 'met', 'unmet' or 'no need/not applicable'. Unmet needs were summed for each individual across the whole sample, forming a continuous variable with possible scores of 0–25. In addition, the distribution of unmet needs in each domain among foreign national ex-prisoners and other detainees was presented in a table.

2.4 | Statistical analyses

The analyses focused on nine key mental health-related areas of interest, identified from previous literature highlighting a group of key vulnerabilities for foreign national ex-prisoners (Bhui, 2007; Borrill & Taylor, 2009; Bosworth, 2011; Bosworth & Kellezi, 2015; Bosworth & Kellezi, 2017; Prisons and Probation Ombudsman, 2016). These were: *depression, generalised anxiety disorder (GAD), mood disorder with psychotic features, suicidality, post-traumatic stress disorder*

(PTSD), drug and/or alcohol problems, personality disorder, autism spectrum disorder (ASD) and attention-deficit hyperactivity disorder (ADHD). Collectively, these are referred to as 'mental disorders'.

Participants were grouped together as having a *personality disorder* if they were screened as such through the SAPAS and/or were assessed as having *antisocial personality disorder* using the MINI. Similarly, individuals were grouped as having a *drug and/or alcohol problem* if they reported current or lifetime abuse and/or dependence of either drugs or alcohol.

Statistical analyses were performed using STATA version 16.0. There were no missing data for the variables included in the analyses. Detainee status was used as a dichotomous variable—foreign national ex-prisoner or other—to compare the sample characteristics, time spent in detention, screened prevalence rate of mental disorders and level of unmet needs.

The distributions of continuous variables were tested for normality. Time spent in detention, duration of living in the UK and unmet needs scores were not normally distributed, therefore the two-sample Wilcoxon rank-sum (Mann-Whitney U) test was used to test for differences between ex-prisoners and others on these variables.

Logistic regression was performed, with foreign national ex-prisoner/not as the independent variable and presence/absence of mental disorder the dependent variable (unadjusted model). A second model was run also including total time in detention as a dependent variable (adjusted model). Given the small numbers of positive cases for some mental disorders, it was decided not to adjust for further variables such as demographic data because the complex models are unsustainable with the small numbers involved.

An additional analysis was performed to model the association between ex-prisoner/not status and mental disorders, adjusted for approximate duration living in the UK and is presented in Table S1.

3 | RESULTS

Over both phases of the study, 101 detainees were recruited and took part in interviews. As shown in Figure 1, the study participation rate was low—not quite 40% overall. Seven foreign national ex-prisoners were excluded from the analyses as their country of imprisonment was outside the UK. This left data for analysis from 94 participants: 28 foreign national ex-prisoners and 66 other detainees who did not have a history of imprisonment.

Demographic characteristics of foreign national ex-prisoners and other detainees were similar (Table 1). The median age was 35.5 years (interquartile range [IQR] 14.3, range 21.0–59.0) among the ex-prisoners and 29.0 years (IQR 6.8, range 18.0–57.0) among other detainees. The largest group of nationalities among the ex-prisoners were those of African countries (39%), whereas the largest group of the other detainees were of an Asian nationality (74%). The earliest reported year of arrival in the UK was 1980 and the latest a few weeks before the interview in 2015. The median approximate length of stay in the UK among the ex-prisoners was almost three times as long as among the other detainees (median 14 years [IQR 5.0, range 3–35] and 5 years [IQR 3.0, range 0–29], respectively). The length of sentence among the foreign national ex-prisoners varied considerably from 60 to 6205 days (median 540 days, IQR 907.5).

The median total time spent in immigration detention was nearly four times as long among ex-prisoners as among the other detainees (165 days [IQR 218.3, range 8–2150]; 44 days [IQR 66.8, range 1–1095]; Wilcoxon rank-sum test $z = -4.3, p < 0.01$).

Table 2 shows that the screened prevalence rates of all mental disorders were high in both groups. Depression or mood disorder with psychotic features affected more than half of each group, as did personality disorder. There was strong statistical evidence that the screened prevalence rates for substance use disorders, ASD and ADHD were higher among ex-prisoners than among the other detainees. Differences in substance use disorder, ASD and ADHD prevalence rates remained after adjusting for time spent in detention, however the resulting confidence intervals were large (drug and/or alcohol problems odds ratio [OR] 9.70 (95% CI 2.60–36.28), ADHD OR 5.87 (95% CI 1.50–22.99),

TABLE 1 Sample characteristics of men in an English immigration detention centre

	Foreign national ex-prisoners N = 28 n, % (95% CI)	Other detainees N = 66 n, % (95% CI)
Nationality (by continent)		
Africa	11, 39.3% (23.1–58.3)	10, 15.2% (8.3–26.1)
Asia	7, 25.0% (12.3–44.2)	49, 74.2% (62.2–83.4)
Europe	3, 10.7% (3.4–28.8)	3, 4.5% (1.5–13.3)
North America and Caribbean	5, 17.9% (7.5–36.7)	4, 6.1% (2.3–15.2)
South America	1, 3.6% (0.5–21.9)	0, 0.0%
Unclear	1, 3.6% (0.5–21.9)	0, 0.0%
Educational attainment		
None	5, 17.9% (7.5–36.7)	3, 4.5% (1.5–13.3)
Secondary	18, 64.3% (45.1–79.8)	27, 40.9% (29.6–53.2)
Undergraduate	4, 14.3% (5.4–32.8)	29, 43.9% (32.4–56.2)
Postgraduate	1, 3.6% (0.5–21.9)	7, 10.6% (5.1–20.8)
Marital status		
Single	22, 78.6% (59.5–90.1)	49, 74.2% (62.2–83.4)
Cohabiting	2, 7.1% (1.8–24.8)	3, 4.5% (1.5–13.3)
Engaged	0, 0.0%	1, 1.5% (0.2–10.2)
Married	4, 14.3% (5.4–32.8)	12, 18.2% (10.5–29.5)
Divorced	0, 0.0%	1, 1.5% (0.2–10.2)
	Median (IQR)	Median (IQR)
Age (years)	35.5 (14.3)	29.0 (6.8)
Total time spent in detention (days)	165 (218.3)	44 (68.8)
Approximate duration living in UK (years)	14 (5.0)	5 (3.0)

Abbreviations: CI, confidence interval; IQR, interquartile range; UK, United Kingdom.

ASD OR 6.43 (95% CI 1.76–23.45). Adjusting for approximate duration of living in the UK instead of time in detention did not change the overall findings (Table S1).

The summed CANFOR score, representing level of unmet needs, ranged from 0 to 13 across the sample. The median score among the ex-prisoners was 7 (IQR 4.3, range 3–12) and 5 among the other detainees (IQR 4.0, range 0–13). The Wilcoxon rank-sum test provided strong evidence to suggest a true difference in median CANFOR score between the two groups ($z = -2.9, p < 0.01$). Table 3 displays the distribution of CANFOR items among foreign national ex-prisoners and other detainees. All foreign national ex-prisoners reported having a need (met or unmet) in the domain of *psychological distress*. Twenty-five (89%) reported unmet needs related to *psychological distress*, compared to 42 of the 66 other detainees (64%). Other high levels of unmet needs among foreign national ex-prisoners were found in the domains of *intimate relationships* (89%), *sexual expression* (79%) and *company* (79%).

4 | DISCUSSION

The key finding of this study is that, among immigration detainees, foreign national ex-prisoners had higher screened prevalence rates of specific mental disorders than people detained for other reasons. They also had more unmet needs than other detainees, with common concerns including self-reported psychological distress and issues surrounding interpersonal relationships.

TABLE 2 Logistic regression analyses for the associations between screened prevalence of mental disorders and foreign national ex-prisoner status in Dover Immigration Removal Centre

	Foreign national ex-prisoners N = 28 n, % (95% CI)	Other detainees N = 66 n, % (95% CI)	Unadjusted model		Adjusted model ^a	
			OR (95% CI)	p	OR (95% CI)	p
Depression						
Present	16, 57.1% (38.9–74.0)	31, 47.0% (35.3–58.9)	1.51 (0.62–3.67)	0.37	1.99 (0.74–5.34)	0.17
Absent	12, 42.9% (26.0–61.1)	35, 53.0% (41.1–64.7)	Reference	–	Reference	–
GAD						
Present	1, 3.6% (0.4–15.5)	8, 12.1% (5.9–21.6)	0.27 (0.03–2.26)	0.23	0.37 (0.04–3.20)	0.37
Absent	27, 96.4% (84.5–99.6)	58, 87.9% (78.4–94.1)	Reference	–	Reference	–
Mood disorder with psychotic features						
Present	6, 21.4% (9.5–38.9)	2, 3.0% (0.6–9.4)	1.87 (0.63–5.54)	0.26	2.30 (0.73–7.23)	0.16
Absent	22, 78.6% (61.1–90.5)	64, 97.0% (90.6–99.4)	Reference	–	Reference	–
Suicidality						
Present	18, 64.3% (45.8–79.9)	37, 56.1% (44.0–67.6)	1.41 (0.57–3.52)	0.46	1.50 (0.56–4.05)	0.42
Absent	10, 35.7% (20.1–54.2)	29, 43.9% (32.4–56.0)	Reference	–	Reference	–
PTSD						
Present	6, 21.4% (9.5–38.9)	11, 16.7% (9.2–27.0)	1.36 (0.45–4.14)	0.58	1.43 (0.44–4.60)	0.55
Absent	22, 78.6% (61.1–90.5)	55, 83.3% (73.0–90.8)	Reference	–	Reference	–
Drug and/or alcohol problems						
Present	11, 39.3% (23.0–57.7)	4, 6.1% (2.1–13.8)	10.03 (2.83– 35.50)	<0.01	9.70 (2.60– 36.28)	<0.01
Absent	17, 60.7% (42.3–77.0)	62, 93.9% (86.2–97.9)	Reference	–	Reference	–
Personality disorder						
Present	18, 64.3% (45.8–79.9)	36, 54.5% (42.6–66.1)	1.50 (0.60–3.74)	0.38	2.12 (0.75–5.97)	0.16
Absent	10, 35.7% (20.1–54.2)	30, 45.5% (33.9–57.4)	Reference	–	Reference	–
ASD						
Present	8, 28.6% (14.5–46.8)	5, 7.6% (2.9–15.8)	4.88 (1.43– 16.63)	0.01	6.43 (1.76– 23.45)	<0.01
Absent	20, 71.4% (53.2–85.5)	61, 92.4% (84.2–97.1)	Reference	–	Reference	–

TABLE 2 (Continued)

	Foreign national ex-prisoners N = 28	Other detainees N = 66	Unadjusted model		Adjusted model ^a	
	n, % (95% CI)	n, % (95% CI)	OR (95% CI)	p	OR (95% CI)	p
ADHD						
Present	7, 25.0% (11.9–42.9)	4, 6.1% (2.1–13.8)	5.17 (1.37–19.43)	0.02	5.87 (1.50–22.99)	0.01
Absent	21, 75.0% (57.1–88.1)	62, 93.9% (86.2–97.9)	Reference	–	Reference	–

Abbreviations: ADHD, attention-deficit hyperactivity disorder; ASD, autism spectrum disorder; CI, confidence interval; GAD, generalised anxiety disorder; OR, odds ratio; PTSD, post-traumatic stress disorder.

^aAdjusted model: model adjusted for total time spent in detention (in days).

The screened prevalence rate of depression found in this study was similar to that found by Robjant et al. (2009) (57% vs. 67%), although in our study the difference did not quite reach significance, but the screened prevalence of anxiety differed greatly (4% vs. 73%). The low screened prevalence rate of generalised anxiety disorders across our detainee sample does seem surprising. It may reflect the use of different measures for mental disorder; this study used the MINI, which is a structured diagnostic interview covering all disorder types, whereas Robjant et al. used the Hospital Anxiety and Depression Scale, which is a self-report questionnaire focusing on depression and anxiety alone, and with a lot more questions directed at each. Robjant et al. achieved a much higher response rate than we did (75% vs. 39%) which may explain why we found a lower screened prevalence estimate for anxiety; it is possible that those with significant anxiety were less willing to participate in our study. In addition, Robjant et al. recruited from four different IRCs, whereas this study only recruited from one and therefore may not have captured any potential differences between IRC environments as regards the development and maintenance of anxiety.

It was thought that the ex-prisoner group would be more likely to have spent longer in detention due to the complex nature of their immigration status (Bosworth, 2011), and our study confirmed this. There is some evidence to suggest that detainees who have experienced interpersonal trauma and a longer time in detention are more likely to receive higher scores on depression and anxiety questionnaires and cope more poorly than those detained for shorter time periods (Robjant et al., 2009), but the higher screened prevalence of substance use disorders, ASD and ADHD found in our study remained, even when controlling for time in detention.

To set the study in context of national developments in the UK, the Home Office commissioned a review into the welfare of vulnerable persons in immigration detention, reported in January 2016 (Shaw, 2016). This report contained 64 recommendations, most of which were accepted by the Home Office. This included agreement to conduct a clinical assessment of the level and nature of mental health concerns in the immigration detention estate and to develop a joint action plan between Home Office, NHS England and the Department of Health to improve provision of mental health services in the detention estate. Another recommendation included introducing a single detention gatekeeper function. One of the key elements of the Home Office response was to set up an Adults at Risk policy, which accepted a wider definition of risk, including individuals with mental health vulnerabilities.

In a follow-up review to assess the response of the Home Office to the previous report (Shaw, 2018), particular concern was expressed about the application of the Adults at Risk policy to ex-prisoner detainees. A number of these were identified in the follow-up Shaw report as 'very vulnerable with complex needs', but that their vulnerability was not being given sufficient weight due, they said, to Home Office case workers being 'risk-averse'. This anxiety about re-offending was further increased as these ex-prisoner detainees were not eligible to access support in the community to prevent re-offending. The follow-up Shaw report recommended Home Office working with the National Probation Service and Community Rehabilitation Companies to consider community support and supervision for them. This group is also specifically excluded from automatic consideration for bail, and the second Shaw report accordingly commented that 'in consequence, there need to be more safeguards in place rather than fewer'. Despite this, however, the most recent report by the Independent Chief Inspector of Borders and Immigration suggested that there existed a

TABLE 3 The distribution of needs among foreign national ex-prisoners and other detainees, identified using the CANFOR

CANFOR item	Foreign national ex-prisoners N = 28			Other detainees N = 66		
	Unmet need n (%)	Met need n (%)	No need/not applicable n (%)	Unmet need n (%)	Met need n (%)	No need/not applicable n (%)
Accommodation	4 (14.3)	19 (67.9)	5 (17.9)	7 (10.6)	46 (69.7)	13 (19.7)
Food	6 (21.4)	21 (75.0)	1 (3.6)	14 (21.2)	52 (78.8)	0 (0.0)
Living environment	0 (0.0)	22 (78.9)	6 (21.4)	2 (3.0)	52 (78.8)	12 (18.2)
Self-care	1 (3.6)	19 (67.9)	8 (28.6)	4 (6.1)	46 (69.7)	16 (24.2)
Daytime activities	13 (46.4)	12 (42.9)	3 (10.7)	28 (42.4)	35 (53.0)	3 (4.5)
Physical health	11 (39.3)	14 (50.0)	3 (10.7)	27 (40.9)	31 (47.0)	8 (12.1)
Psychotic symptoms	5 (17.9)	6 (21.4)	17 (60.7)	4 (6.1)	23 (34.8)	39 (59.1)
Information	7 (25.0)	6 (21.4)	15 (53.6)	14 (21.2)	9 (13.6)	43 (65.2)
Psychological distress	25 (89.3)	3 (10.7)	0 (0.0)	42 (63.6)	18 (27.3)	6 (9.1)
Safety to self	6 (21.4)	10 (35.7)	12 (42.9)	11 (16.7)	28 (42.4)	27 (40.9)
Safety to others	1 (3.6)	13 (46.4)	14 (50.0)	5 (7.6)	25 (37.9)	36 (54.5)
Alcohol	3 (10.7)	1 (3.6)	24 (85.7)	1 (1.5)	2 (3.0)	63 (95.5)
Drugs	6 (21.4)	2 (7.1)	20 (71.4)	1 (1.5)	2 (3.0)	63 (95.5)
Company	22 (78.6)	6 (21.4)	0 (0.0)	36 (54.5)	27 (40.9)	3 (4.5)
Intimate relationships	25 (89.3)	0 (0.0)	3 (10.7)	47 (71.2)	3 (4.5)	16 (24.2)
Sexual expression	22 (78.6)	0 (0.0)	6 (21.4)	45 (68.2)	2 (3.0)	19 (28.8)
Childcare	11 (39.3)	0 (0.0)	17 (60.7)	9 (13.6)	0 (0.0)	57 (86.4)
Basic education	4 (14.3)	20 (71.4)	4 (14.3)	13 (19.7)	41 (62.1)	12 (18.2)
Telephone	0 (0.0)	27 (96.4)	1 (3.6)	1 (1.5)	63 (95.5)	2 (3.0)
Transport	1 (3.6)	14 (50.0)	13 (46.4)	2 (3.0)	35 (53.0)	29 (43.9)
Money	8 (28.6)	9 (32.1)	11 (39.3)	8 (12.1)	28 (42.4)	30 (45.5)
Benefits	4 (14.3)	2 (7.1)	22 (78.6)	2 (3.0)	4 (6.1)	60 (90.9)
Treatment	5 (17.9)	2 (7.1)	21 (75.0)	6 (9.1)	9 (13.6)	51 (77.3)
Sexual offences	0 (0.0)	0 (0.0)	28 (100.0)	0 (0.0)	0 (0.0)	66 (100.0)
Arson	0 (0.0)	0 (0.0)	28 (100.0)	0 (0.0)	0 (0.0)	66 (100.0)

Abbreviation: CANFOR, The Camberwell Assessment of Needs—Forensic Version.

culture to detain for this group, where public interest in deportation outweighed risk of harm to detainee (Independent Chief Inspector of Borders and Immigration, 2019).

The official stance towards ex-prisoner detainees has been described as 'double punishment' where imprisonment is merged with detention and deportation (Turnbull & Hasselberg, 2017), allowing non-citizen prisoners to be detained past the end of their criminal sentence, thus providing a legal sanction for the differential treatment of foreign nationals within the British legal system (Aliverti, 2016; Kaufman & Bosworth, 2013). Rehabilitative work for any prisoner should begin at the point when they start the prison sentence, addressing associated challenges like language and culture, but any rehabilitation work done with a foreign national prisoner could become less relevant if he or she is not identified for deportation at an early stage in their sentence. In response to the first Shaw report (Shaw, 2016), criminal casework internal review panels were set up, but though this led to a slight reduction in the overall length of detention for this group, concerns around risk as well as reluctance to fund bail accommodation for them, and the reluctance of foreign national ex-prisoners themselves to be dispersed to other parts of the country where they have

no knowledge of people or places, as well as shortage of probation staff, have been barriers to release from immigration detention (Independent Chief Inspector of Borders and Immigration, 2019). This policy is now brought into sharp focus following the COVID-19 pandemic, where foreign national ex-prisoners constitute most of the UK detainee population.

Mental health in-reach teams working in IRCs should be aware that, while the screened prevalence rates of mental disorders are high among all detainees, ex-prisoners are particularly likely to need engagement from a range of relevant services, including health and social services, as well as UK Border Agency input. Service commissioners and planners should consider specific needs assessments, potentially leading to enhanced service provision, for this group.

4.1 | Strengths and limitations

A unique element of this study is that, to the best of our knowledge, it is the first to screen for neurodevelopmental disorders. Although the number of cases were small, the results strongly suggest a higher screened prevalence rate of ASD and ADHD among the ex-prisoner group, suggesting that these conditions should be screened for on entry to an IRC.

There were, however, important limitations to the study. It was restricted to one, male-only, IRC. It was conducted between June 2014 and February 2015, and the IRC where the study was conducted closed in 2015. Thus, the results might not be fully representative of the current situation. The study findings may, however, be even more relevant currently as, in the UK at least, foreign national ex-prisoners now constitute the large majority of people in the detention estate. The exclusion criteria meant that only participants with a sound knowledge of English were able to participate, as we did not have funding for interpreters. It is thus likely that the results underestimated the true screened prevalence rate of mental disorders among all detainees, as non-English speakers would arguably constitute a more vulnerable group (Sen et al., 2014), but we can think of no reason why this should affect the ex-prisoners and others differentially. Self-report measures were used to measure some of the mental disorders (personality disorders, ADHD and ASD), which are more prone to information bias than diagnostic interviews. The biggest concern is that the response rate was low and we do not know how agreeing to participate or not differed between ex-prisoners and others, or whether those with mental health difficulties were more or less likely to participate. Strategies considering how to increase response rate for such populations, learning from this study, have been reported elsewhere (Howells & Sen, 2020). The resulting relatively small sample size meant that some of the statistical analyses were likely under-powered to detect associations between ex-prisoner status and screened prevalence rate of mental disorders. Finally, the associations between foreign national ex-prisoner status and screened prevalence of mental disorders may have been affected by confounding, which could not be adequately controlled for due to the relatively small sample size.

5 | CONCLUSION

This study highlights the need for targeted mental health screening and needs assessment for foreign national ex-prisoners at the point when they are transferred into IRCs, along with careful monitoring and active treatment for those who screen positive for mental health difficulties. There is a strong case for their ex-prisoner status being flagged as a vulnerability factor and they be subject to enhanced screening processes and access to prior healthcare records. At the least, information should be sought from the prison about any potential mental health vulnerability identified in prison.

Given that so many people remaining in immigration detention are ex-prisoners, we need better resourced studies to build trust with them and engage a much higher proportion of the English speakers as well as allowing for availability of interpreters for those only with languages other than English. Women, albeit in much smaller numbers, are likely to have special and different needs and require to be studied separately.

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CONFLICT OF INTERESTS

Cornelius Katona is a Medical and Research Director at the Helen Bamber Foundation, a human rights charity working with asylum seekers and refugees, many of whom have had experiences of immigration detention and the Royal College of Psychiatrists Lead on Refugee and Asylum Mental Health. The other authors declare that there are no conflict of interests.

DATA AVAILABILITY STATEMENT

The database that supports the findings of this study is available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of the article.

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