Office of the High Commissioner for Human Rights comprehensive report on mental health and human rights

Helen Bamber Foundation submission

October 2024

The Helen Bamber Foundation (HBF) is a specialist clinical and human rights charity in the UK that works with survivors of trafficking, torture and other forms of extreme human cruelty. Our work alongside survivors shows us that with early and appropriate care and support they can build the strength to move on with their lives. Our multidisciplinary and clinical team provides a bespoke 'Model of Integrated Care' (MOIC) for survivors which includes medico-legal documentation of physical and psychological injuries; specialist programmes of therapeutic care; a medical advice service; a counter-trafficking programme; housing and welfare advice; legal protection advice; and community integration activities. Clients often have multiple and complex physical and mental health problems and the prolonged impacts of trauma, alongside a hostile immigration environment, significantly heighten the risk of survivors being (re)targeted for trafficking and exploitation. HBF crafts a bespoke care plan for every individual client, designed to facilitate their long-term positive recovery, protection and integration.

This submission outlines the need for a broad human rights-based approach to the mental health of refugees and survivors of trafficking that addresses systemic causes of harm/barriers to recovery as well as access to health services.

The mental health needs of refugees and survivors of trafficking

Risks of mental ill-health are higher among people who have experienced displacement, including refugees, and among people who have experienced trauma as the result of violence or abuse – as is the case for many refugees. There is a substantial body of evidence to show that refugees and survivors of trafficking are more vulnerable to developing mental health disorders. This is due to pre-migration factors causing them to leave their home countries as well as the subsequent hazards that they face during their

perilous journeys towards their destination.[1] These problems often worsen once they reach their destination countries as a result of how they are treated there.

Refugees and people seeking asylum, including survivors of trafficking, have a high prevalence of trauma symptoms and have been consistently found to have high rates of Post-Traumatic Stress Disorder (PTSD), Complex PTSD, depression and anxiety disorders. Some have behaviours associated with their mental health problems, such as self-harm and substance dependence, that can place them at higher risk of suicide or accidental death.[2]

Mental health difficulties are also associated with increased risk of re-trafficking, as they can result in loss of autonomy and agency; low self-esteem; lack of understanding of boundaries in relationships; lack of willingness to seek help resulting in social isolation and concealment of psychological and physical injuries. Survivors of human trafficking/modern slavery may be at increased risk of entering into dangerous dependency or 'survival' relationships in which they may be trapped. They may have difficulty recognising new threats to themselves or new potential trafficking situations.

A systemic approach to improving the mental health of refugees and survivors of trafficking

Effective medical care for these groups requires consistent, trauma informed methods, proactive health screening and a careful balance between medication and therapy. Some people with severe symptoms and/or comorbid problems, such as substance misuse and suicidal thoughts or behaviour, may require multidisciplinary community-based mental health care. This can help them manage and reduce their risk as well as access interventions to improve their mental state. Therapeutic treatments, which must be evidence-based, can include cognitive-behavioural therapy (CBT) (for PTSD, depression and anxiety disorders) and more specialist treatments such as Narrative Exposure Therapy and Eye Movement Desensitisation and Reprocessing (EMDR) (for PTSD and Complex PTSD).

HBF has consistently argued that addressing the mental health needs of survivors of torture and trafficking not only involves ensuring that they have access to appropriate healthcare but also addressing the systemic failings that cause them harm in the UK. These include delays in decision making; an intrusive and re-traumatising asylum process and National Referral Mechanism; immigration detention; and poor housing and lack of financial

[1] Blackmore R, Boyle JA, Fazel M, Ranasinha S, Gray KM, et al. (2020) The prevalence of mental illness in refugees and asylum seekers: A systematic review and meta-analysis, PLOS Medicine, and Ottisova, L., Smith, P., & Oram, S. (2018). Psychological consequences of human trafficking: Complex posttraumatic stress disorder in trafficked children. Behavioral Medicine, 44(3), 234–241.

[2] Chesney E, Goodwin GM and Fazel S (2014) Risks of all-cause and suicide mortality in mental illness: a meta-review. World Psychiatry 13, 153-160; Bradvik, L. (2018). Suicide Risk and Mental Disorders. Int J Environ Res Public Health, 15(9)

support. Uncertain immigration status and a feeling of insecurity and living in limbo can have a significant negative impact on mental health and hinder access to employment or education opportunities. UK guidelines on treatment for PTSD for those who have experienced repeated traumas advise that people need to have a basic sense of safety in order to be able to engage and benefit from psychological treatment that addresses past trauma memories.[3] A broader human rights-based approach to mental health recognises the interdependency of civil, political, social, economic and cultural rights and places physical and psychological health within the context of social justice, safety and non-discrimination. [4]

Examples of harm to mental health caused by the UK asylum, immigration and trafficking systems

- Immigration detention: There is a high prevalence of mental illness among those placed in immigration detention[5]. Recent evidence[6] shows that people with significant mental illness (including but not only PTSD), as well as those with evidence of past torture, sexual or gender-based violence, remain detained despite their pre-detention mental health-related vulnerability and that their mental health deteriorates in detention.[7] People continue to be held in immigration detention even after some form of health assessment which identifies that there is a risk that this experience is likely to cause them harm. This indictor of risk is either self-declared or found through professional evidence (including medical evidence). However, such is the priority given to immigration control that these considerations are disregarded and high-risk individuals continue to be held in detention. Most of the individuals detained for immigration purposes go on to be released. Their detention serves no purpose either in successfully concluding their immigration case or in securing in their removal from the UK.[8] Immigration detention continues to be widely used despite evidence showing the effectiveness of alternatives to detention, including a recent UNHCR pilot.[9]

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[3] National Institute for Health and Care Excellence, Post-traumatic stress disorder - Guidance , December 2018
[4] Nimisha Patel, Conceptualising rehabilitation as reparation for torture survivors: a clinical perspective (2019)
[5] Sen P, Arugnanaseelan J, Connell E, Katona C, Khan AA, Moran P et al (2018) Mental health morbidity among people subject to immigration detention in the UK: a feasibility study. Epidemiology and psychiatric sciences, 27(6): 628
[6] Detention of people with mental disorders in immigration removal centres (IRCs). Royal College of Psychiatrists 2021
[7] See Helen Bamber Foundation, Impact of immigration detention research summary. 2022 and von Werthern M, Robjant K, Chui Z. et al. The impact of immigration detention on mental health: a systematic review *BMC Psychiatry* (2018) 18: 382. https://doi.org/10.1186/s12888-018-1945-y
[8] 67% of immigration detainees were released in 2023 but not removed from the UK. See Home Office statistics, How many people are detained or returned? 29 February 2024
[9] UNHCR, Alternatives to Detention in the United Kingdom - The Community Engagement Series: Pilot 1 - Action Access; and Pilot 2 - Refugee & Migrant Advice Service, August 2023

- Containment centres: Prolonged confinement of people seeking asylum in mass 'containment centres' is deeply harmful to their health and can in some cases violate international human rights laws. Despite this, since 2020 the UK government has used former military barracks and a barge, the Bibby Stockholm, to house asylum seekers.[10] These sites are not suitable accommodation for anyone seeking asylum, and there is a wealth of evidence demonstrating that they are particularly damaging for people with trauma and poor health. [11] Home Office data regarding the use of RAF Wethersfield as asylum accommodation showed that in just three months there were 30 recorded occurrences of men self-harming or attempting suicide, or at serious risk of doing so; 91 occurrences of men expressing that they were considering suicide or self-harm; and over 160 safeguarding referrals made regarding suicide and self-harm. Extensive evidence has shown that the use of the 'prison-like' asylum camp at RAF Wethersfield was causing a significant deterioration in the mental and physical health of hundreds of men, many of whom have already experienced great trauma. The longer men are held in Wethersfield - with little to do, no sense of when they might be moved, and growing feelings of desperation - the more tensions and the risk of violence rise.[12]
- Living in uncertainty and limbo: Many people seeking asylum survivors of trafficking are forced to spend months or even years in a situation of stasis, awaiting National Referral Mechanism and asylum decisions, and then for reconsideration outcomes and judicial appeals. 67% of HBF clients have been waiting for over two years for their initial asylum decisions. The Illegal Migration Act 2023 created a new 'perma-backlog'[13] of tens of thousands of people who could not have their asylum claims processed, but also could not be removed from the country that is only now, over a year later, being addressed. Yet for many survivors it is only once they are granted leave (permission) to remain in the UK, with the sense of safety that this brings, that they can benefit fully from therapeutic care and begin to recover from the trauma that have experienced. A lack of a secure immigration status leaves people in fear of detention and/or removal and can also result in poverty, destitution and isolation as it prevents survivors from working and accessing services. This in turn can leave survivors vulnerable to abuse, exploitation and re-trafficking.

[10] Burnett A, Katona C, McCann S, Mostafanejad R, Yfantis A. Mass containment sites for people seeking asylum must be abandoned *BMJ* 2024; 386

[11] Helen Bamber Foundation, At what cost? The ongoing harm caused to men seeking asylum held in Wethersfield, 2024

[12] ibid

[13] IPPR, Home Office "chaos" leaves up to 55,500 asylum seekers stuck in perma-backlog, February 2024

Risk of suicide

Refugees and those seeking asylum have higher rates of conditions which carry an increased risk of suicide such as post-traumatic stress disorder, depression, and anxiety disorders than the general population -. Other risk factors associated with both suicide and refugee status are being single and male; social and emotional isolation; experiences of trauma, loss, and bereavement; experience of torture and armed conflict; alienation because of language and employment barriers; and poverty.

A key additional concern in this regard is the gap in data collection on suicide - coroners are not recording immigration status or nationality on death certificates, and so the Office of National Statistics is unable to provide data on deaths by suicide amongst asylum-seekers, so that trends might be identified. [14] The UK government has a responsibility to prevent suicide with focused intervention strategies but it is unclear how it can do that when there is no record or follow up to the deaths of those in the asylum system.

Conclusion

Rehabilitation as an aspect of reparation is explicitly recognised in human rights law under the UN Convention against Torture (CAT)[15] which stipulates that States parties must ensure that a victim of torture under their jurisdiction obtains redress, including *the means for as full rehabilitation as possible*.[16] A *holistic* interpretation of the rights to rehabilitation includes all the processes and services states should have in place to allow a victim of serious human rights violations to rebuild their lives or to reduce, as far as possible, the harm that has been suffered. This should involve at least physical and psychological services, and social, legal and financial support.[17]

In addition, upholding the rights of those with psychosocial disabilities and mental health issues can only be achieved if states take a broad holistic approach that aims to address *all* factors that worsen mental health, as well as helping individuals to respond to health problems. For survivors of torture and trafficking, such an approach would look at ways to improve the treatment of people seeking asylum and survivors of trafficking through, for example, better housing and financial support; a more responsive and trauma-informed asylum system that generates quick but fair decisions and an approach that prioritises welcome, integration and the ability to work.

As we have argued in the context of the global response to refugees and the conflict in Ukraine:

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[14] Cohen, J., Katona, C. and Bhugra, D., 2020. National data on suicide must include ethnicity
[15] Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)
[16] REDRESS, Rehabilitation as a form of reparation under international law (2009), 12-13.
[17] REDRESS, Rehabilitation as a form of reparation under international law (2009), 10

"A public health strategy, and more specifically a public mental health strategy, is central to an effective response. Such a strategy must recognise both the systemic and the intrinsic barriers to accessing the mental healthcare that many refugees will need, as well as potential 'enablers' such as positive policies and active social support."[18]

Recommendations

- States should address the post-migration factors caused by asylum and immigration system that worsen the mental health of refugees, people seeking asylum and survivors of trafficking, such as the use of detention, poor housing and financial support and delays in decision-making, as well as ensuring that services and process are in place to best respond to those health problems.
- Healthcare professionals should receive training on identifying mental health problems experienced by refugees, people seeking asylum and survivors of trafficking early and treat them in culturally competent ways and be supported to understand their rights and entitlements to healthcare.
- States should undertake a thorough review of the opportunities throughout the asylum and trafficking assessment process for identifying mental health concerns and vulnerabilities and consider the ways in which they can be strengthened and whether the correct referral processes and pathways are in place.
- People seeking asylum who have mental health problems should be are supported in making their case and not disadvantaged because of their impaired ability to self-advocate, to give clear and consistent accounts, and to marshal relevant documentary evidence. The optimal way to achieve this would be by moving towards an inquisitorial process and one in which decision makers are independent from government departments responsible for borders and immigration.
- States should address delays in the asylum and trafficking systems so that survivors can then benefit from therapeutic intervention. Many survivors have great difficulty accessing psychological therapies (stabilisation and/or trauma-focussed therapies) until their immigration status is settled. In our clinical experience such therapies can be effective so long as they have some degree of situational stabilisation (stable accommodation and a pathway towards legal protection).
- States should recognise the right to rehabilitation for survivors of trafficking with the processes and services in place to address their individual rights and need and ensure their long term well-being and recovery.
- States should capture data on suicide that includes immigration status and nationality.

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[18] Mental health responses in countries hosting refugees from Ukraine | Helen Bamber