

Cyflwynwyd yr ymateb i'r [Pwyllgor Iechyd a Gofal Cymdeithasol ynghylch y Cydsyniad Deddfwriaethol: Y Bil Cenedligrwydd a Ffiniau](#)

This response was submitted to the [Health and Social Care Committee](#) regarding the [Legislative Consent: The Nationality and Borders Bill](#)

LCM NBB 01

Ymateb gan: | Response from: Coleg Brenhinol y Seiciatryddion | Royal College of Psychiatrists



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Health and Social Care Committee
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RE: The Nationality & Borders Bill

The Nationality and Borders Bill has proposed various changes to the current immigration and asylum system, some of which are likely to have an adverse effect on those who require and use mental health services – the Asylum Seeking and Refugee (ASR) population, and on psychiatrists and other clinicians providing mental health services.

The key areas of concern are as follows:

- Limitations in protection under international law, routine quasi-detention using reception centres and contingency asylum accommodation, and other changes, will negatively impact on the mental health of asylum seekers
- Asylum seekers with mental health problems will not be able to access suitable assessment and treatment
- The proposed changes are likely to raise challenging ethical issues in relation to the core principles of medical practice

The Royal College of Psychiatrists in Wales (RCPsych Wales) recognises that reform of the present system is required, however the tone of the legislation raises concerns that this will be perceived as being counter to the work across sectors to reduce the inequalities in our society, particularly regarding BAME communities.

International recruitment is crucial for fulfilling workforce commitments required to support strategy in Wales. To meet these, we need to ensure that we are training more of the people we need domestically and recruiting internationally. Members have raised concerns that the perceptions of this Bill will potentially undermine international recruitment and cause unease amongst international colleagues.

We have provided further detail on the Bill and hope it will help inform and be of use to the Committee.

Kind Regards

Coordinator
Royal College of Psychiatrists Wales

Briefing on the Nationality & Borders Bill

As a group, asylum seekers are an inherently vulnerable population, having fled persecution, conflict, and human rights violations. They are likely to have experienced adverse events (which may have included detention and associated torture, trafficking, and multiple traumatic bereavements and separations – both in their country of origin and during their journey to the UK. They have a high prevalence of mental health problems including trauma-related symptoms, post-traumatic stress disorder (PTSD), complex PTSD, depression, and anxiety disorders. Some are at high risk of self-harm and suicide, and substance misuse.¹

Asylum seekers face additional difficulties in accessing healthcare. For example, many are unable to advocate sufficiently for themselves due to multiple reasons, including language barriers or lack of understanding of NHS mental health services.² They are likely to require active inclusion health approaches through targeted action.³ Recent policy changes regarding eligibility for free healthcare, the effects of upfront charging for services, and data-sharing between the NHS and Home Office are likely to have deterred many vulnerable individuals from presenting to services. Additionally, healthcare services have at times also wrongly refused asylum seekers access to healthcare to which they were eligible.⁴

The assessment and identification of mental health problems requires appropriately trained staff in a facilitative environment, as well as close multidisciplinary working.

The treatment of mental illness requires a multidisciplinary, holistic approach, and continuity of care. In line with good psychiatric practice, this refers not only the treatment of an episode of mental ill health but ongoing therapeutic input focusing on recovery and relapse prevention, rather than mere symptom reduction, as part of a long-term holistic model of care. Management of the complex mental health conditions that many asylum seekers have may also require more specific specialist therapeutic interventions that may not be routinely available.

A background context of basic physical and emotional security, including an assurance of safety and freedom from harm, is a key factor in recovery from most, if not all, mental disorders. Many people with a mental illness will not even be able to engage in specialist psychological treatment without this. Discontinuity of care can be a further obstacle to achieving full recovery.

Summarised below are the key concerns that are directly within the remit of the Royal College. However, good mental health is dependent on multiple factors, including the interplay of social, economic, and environmental influences. The role of the social determinants of health, particularly among asylum seekers who are disproportionately vulnerable to social inequalities such as unstable housing and poverty, and separation from families and communities should be recognised.

Key areas of concern

1 – Changes to, and limitations on, protection

The proposed changes would limit access to protection in the UK, effectively leading to a downgrading of protection for, and in some cases criminalisation of, asylum seekers who reach the UK by what are seen as irregular means. The creation of a two-tier asylum system based on criteria that are not accepted under international law, will mean that, irrespective of their protection needs, many asylum seekers will only be eligible to limited protection, or their claims may be completely inadmissible. The changes will increase the risk of refoulement and will also mean that many will have only short periods of leave to remain or remain in uncertain limbo situations. These factors are likely to compromise their sense of safety and security and thereby have a significant adverse impact on their mental health.⁵ This will disproportionately impact the most vulnerable and those with mental health problems.

2 – Reception centres and contingency asylum accommodation

The Royal College is concerned about these on several grounds:

- a) **Reception centres and contingency accommodation (such as former military barracks and hotels), constitute *de facto* immigration detention.** It is likely that the environment and setting of these would reflect that of detention settings, and be similar to 'open prisons', with people remaining there for prolonged, and uncertain, periods of time, perhaps up to years. The adverse mental health effects of quasi-detention mirror those of immigration detention, impacting both on those with no history of mental health problems, as well as those with pre-existing mental health problems. Detention is associated with severe mental health consequences amongst detainees across a wide range of settings and jurisdictions.⁶ The Royal College of Psychiatrists' recent Position Statement on the Detention of People with Mental Disorders in Immigration Removal Centres⁷ notes that people with mental disorders should only be subjected to immigration detention in very exceptional circumstances. It states that detention is likely to precipitate a significant deterioration of mental health in the majority of cases, greatly increasing both the suffering of the individual and the risk of suicide and self-harm, as consistently indicated by research evidence.^{8,9}

In the view of the Royal College, such quasi-detention is likely to have adverse consequences similar to those of immigration detention. Such accommodation is associated with an adverse impact on mental health. Over the preceding year or so, asylum seekers have been placed in temporary communal accommodation in former military barracks and in hotel contingency accommodation. Such accommodation has been widely criticised because of low standards and lack of access to physical and mental healthcare, with particularly unsuitable conditions for disabled and vulnerable people. The available evidence regarding the effects of this indicates that in itself, this has been harmful to the mental health of residents, particularly those who are already vulnerable, and may have experienced torture or ill-treatment.

Contributory factors include cramped conditions, lack of privacy and freedom of movement, lack of Covid compliance, isolation from communities, and real or perceived hostility and feelings of being unwelcome, discriminated against, and punished. This has resulted in severe distress, including self-harm and suicidality, in some cases, people experiencing this for the first time in their lives having been placed in barracks accommodation.¹⁰ There have been concerns about increased rates of death, including those where mental health problems were presumed to be a contributory factor.¹¹ Institutional accommodation placements have been noted to be particularly triggering and harmful to the mental health of those who have experienced torture and sexual abuse, which may have occurred in similar facilities.

- b) **Such accommodation is not suitable for the assessment and treatment of physical health problems.** Poorer physical health, particularly chronic illness, is associated with poorer mental health. Survivors of torture and trafficking often have lasting physical health consequences and poorer health outcomes overall. For survivors of torture and ill-treatment, there is a complex relationship between physical and mental health, which requires a high level of specialist integrated input to take into account, *inter alia*, difficulties in accessing services and somatic symptoms.
- c) **Such accommodation is not suitable for the assessment of mental health problems.** Given their pre-existing vulnerabilities, residents should be subject to screening and vulnerability assessments, full assessments of mental health by appropriately qualified and trained healthcare staff and have access to required treatment.

Mental health deterioration in people with pre-existing mental illness needs to be identified consistently and promptly to ensure that they receive appropriate treatment. This requires trained staff as well as timely access to appropriate specialist assessment/expertise. Evidence from former barracks accommodation has highlighted significant concerns regarding the inadequate screening for vulnerabilities, leading to people with mental health problems, victims of torture and trafficking, and age-disputed children not being identified, and therefore not receiving appropriate input.

- d) **Such accommodation is not suitable for the treatment of mental health problems.** It is not possible to manage serious mental health conditions like PTSD and severe depression in such settings, and there would be no facilities to deal with mental health emergencies. Given that physical and emotional security and safety are pre-requisites for trauma-focused therapy, it is unlikely that such an environment will allow for the delivery of effective psychological therapies for people with mental health problems. All treatment for mental illnesses is dependent on a holistic biopsychosocial approach with effective therapeutic relationships, and multidisciplinary and multi-agency input which cannot be delivered in such settings. There is increasing evidence of residents of current asylum barracks and other contingency accommodation experiencing mental health crises including self-harm and suicidality being unable to access to appropriate healthcare.
- e) **Asylum interviews conducted in such settings may be distressing, impact adversely on the mental health of those with mental health problems, and lead to omissions and inaccuracies** which may result in inappropriate discrediting of their protection claims.¹² For psychiatrists involved in conducting medico-legal assessments as independent

expert witnesses, such environments are unsuitable for the specialist psychiatric assessments that may be required as part of the asylum claim. The environment would not be conducive for these to be undertaken in the ideal manner¹³, and may impact conclusions drawn. Full disclosure of trauma histories requires time, an environment of safety and trust; and survivors of torture and persecution often have difficulties with trusting authority figures, and feel ashamed, meaning that disclosure is a gradual process.^{14,15} Avoidance of thinking or speaking about trauma is a key feature of PTSD, and memory and recall are also affected by trauma. Any accelerated process, and in such conditions, would disadvantage the most vulnerable, and may lead to incomplete or inaccurate information, for both legal and clinical purposes. It is anticipated that people would encounter difficulties with accessing specialist legal representation, and this may also impact the nature and quality of instructions received by doctors, and thereby the benefit and value of reports provided.

3 – Overall impact on mental health of asylum seekers, and specifically children and young people

As a whole, it is likely that the proposed changes will adversely impact the mental health of a group of people with pre-existing vulnerabilities and complex needs. Such people are already more likely to experience discrimination and face barriers to accessing suitable mental healthcare services in a timely and appropriate manner. Together this would lead to an increase in morbidity across all settings.

The proposed changes in relation to children and young people are especially concerning and will adversely impact their mental health and wellbeing. These include the absence of details of the process and scientific methods for age assessments, (introduced in new clauses 48 – 56 by the Government in Part 4 of the Bill) and raise safeguarding concerns such as children being treated as adults, being detained, inappropriately supervised, or being accommodated in unsuitable accommodation with adults. Age assessments for vulnerable young people require a safe and holistic, multi-agency assessment that recognises the importance of developmental age as well as chronological age, and the specific needs of vulnerable young people. Childhood and adolescence are formative periods of development, which determine longer term mental health outcomes.

Children and young people with mental health problems, particularly those separated from their families, are vulnerable and require specialist mental health assessment and support. Asylum seeking young people have high rates of self-harm, and there are already significant concerns regarding the high numbers of suicides in young people seeking asylum.^{16,17}

4 – Implications for psychiatrists

For psychiatrists, the proposed changes, insofar as they reflect a divergence from international law and enforce arbitrary and non-clinical categorisation of patients, may conflict with the fundamentals of medical ethics and good medical practice, which assert that the care of patients must be the first concern of doctors. Similar concerns have already been raised in the context of healthcare charges, which has had both direct and indirect adverse mental health impacts for those affected.¹⁸

With consultant vacancies overall in the UK running at around 10 per cent¹⁹ for many years, recruitment and retention of psychiatrists remains a major concern in commissioning and providing mental health services, let alone delivering upon aspirations within long term strategy for mental health. More than ever, we need to think practically and creatively about how we can recruit and support the psychiatric workforce that is needed – and to take a holistic approach to support and retain our existing mental health workforce. Members of the Royal College have raised concerns that the perceptions of this Bill will potentially undermine international recruitment and cause unease amongst international colleagues already making vital contributions to our health and care services.

¹ Fazel, M., Wheeler, J., & Danesh, J. (2005). Prevalence of serious mental disorder in 7,000 refugees resettled in Western countries: A systematic review. *The Lancet*, 365, 1309–1314.

² Pollard T and Howard N. (2021) Mental healthcare for asylum-seekers and refugees residing in the United Kingdom: a scoping review of policies, barriers, and enablers *Int J Ment Health Syst* 15:60

³ Campos-Matos I, Stannard J, de Sousa E, O'Connor R, Newton JN. (2019) From health for all to leaving no-one behind: public health agencies, inclusion health, and health inequalities. *The Lancet Public Health*. Dec 1;4(12):e601-3.

⁴ Bates E. (2019) Safe surgeries: how Doctors of the World are helping migrants access healthcare. *BMJ*. 364: 88.

⁵ Walker S, von Werthern M, Brady F and Katona C. (2020). Mental health of forced migrants recently granted leave to remain in the United Kingdom, *International Journal of Social Psychiatry*, 67: 2, 188-196

⁶ Von Werthern, M., Robjant, K., Chui, Z. et al. The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry*. 18, 382 (2018).

⁷ Royal College of Psychiatrists (2021). *Position Statement on Detention of People with Mental Disorders in Immigration Removal Centres*. Royal College of Psychiatrists. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/position-statement-ps02-21---detention-of-people-with-mental-disorders-in-immigration-removal-centres---2021.pdf?sfvrsn=58f7a29e_4

⁸ Bosworth M. *Mental Health in Immigration Detention: A Literature Review*. Review into the Welfare in Detention of Vulnerable Persons, Cm 9186. Criminal Justice, Borders and Citizenship Research Paper No. 2732892. London: HSMO. 2016. Available at SSRN: <https://ssrn.com/abstract=2732892>.

⁹ Von Werthern, M., Robjant, K., Chui, Z. et al. The impact of immigration detention on mental health: a systematic review. *BMC Psychiatry*. 18, 382 (2018).

¹⁰ Helen Bamber Foundation, Freedom from Torture, Doctors of the World and Forrest Medico-Legal Services. (2021) *Submission to the Home Affairs Select Committee on Asylum Accommodation: clinical harm caused by the use of barracks as housing for asylum seekers*

¹¹ Taylor D. (2021) More than 50 died in Home Office asylum seeker accommodation in past five years. *The Guardian*. Available at: <https://www.theguardian.com/uk-news/2021/jul/25/more-than-50-died-in-home-office-asylum-seeker-accommodation-in-last-five-years>

¹² Herlihy, J., Jobson, L. and Turner, S. (2012). Just Tell Us What Happened to You: Autobiographical Memory and Seeking Asylum. *Applied Cognitive Psychology* 26 661–676

¹³ RCPsych. (2015). Psychiatric reports: preparation and use in cases involving asylum, removal from the UK or immigration detention. Available from: https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr199.pdf?sfvrsn=5e1642a2_2

¹⁴ Herlihy J, Turner SW (2007) Asylum claims and memory of trauma: sharing our knowledge. *British Journal of Psychiatry*, 191: 3–4.

¹⁵ Bögner D, Herlihy J, Brewin CR (2007) Impact of sexual violence on disclosure during Home Office interviews. *British Journal of Psychiatry*, 191: 75–81.

¹⁶ Doctors Without Borders (2018). MSF Pulse: Suicide attempts and self-harming among child refugees in Moria, Greece. Available from: <https://www.doctorswithoutborders.ca/article/msf-pulse-suicide-attempts-and-self-harming-among-child-refugees-moria-greece>

¹⁷ Taylor D. (2021). Charities raise alarm over suicides of young asylum seekers in UK. *The Guardian*. Available from: <https://www.theguardian.com/uk-news/2021/jul/19/charities-raise-alarm-suicides-young-asylum-seekers-uk>

¹⁸ Jayanetti, C. (2021) NHS trust apologises over trauma caused by charging 'overseas' patients. *The Guardian*. Available from: <https://www.theguardian.com/uk-news/2021/jul/11/nhs-trust-apologises-over-trauma-caused-by-charging-overseas-patients>

¹⁹ Royal College of Psychiatrists Workforce Census 2021, December 2021