

A report on the impact of immigration detention on the health and wellbeing of refugees and asylum seekers

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Abstract

The extended periods that some asylum seekers experience in immigration detention potentially compromise their mental health and physical well-being. This compromise is associated with the prevailing culture and conditions within some immigration detention facilities in Western countries, such as Australia, Canada and Germany. This review aims to synthesise the findings of studies that report on the experiences of refugees and asylum seekers while they have been held in immigration detention. A meta-ethnographic approach guided the synthesis following the eMERGe meta-ethnography reporting guidance structure. Three common storyline metaphors were identified from the synthesis of findings of seven qualitative studies: (1) treating like criminals, jail-like, prison-like, and treated like animals; (2) killing your mind and torturing your mind; and (3) feelings of hopelessness, worry, despair and fear. The findings of this review suggest that the culture and the practices of immigration detention that impact refugees and asylum seekers who are detained for sometimes extended periods need to be transformed. The time that people are held in detention and the context for that detention needs urgent review. While immigration detention is legislated and enacted differently in the countries where the included studies were located, Government policies should consider alternative approaches such as community detention. Regular monitoring of immigration detention practices by external bodies should be mandated, and ongoing staff training for workers in detention facilities should be instituted to ensure that refugees and asylum seekers are treated fairly and with dignity when detained.

Key words

Refugee/asylum seeker; impacts; health/well-being; immigration detention; qualitative

Introduction

Millions of people have experienced forcible displacement worldwide for reasons that are impossible to understand by most people. It is evident from reports that the numbers of asylum seekers and refugees have increased rapidly in the past years, and the numbers continue to increase every year to seek international protection. However, seeking asylum and determining refugee status in immigration detentions is usually long and exceeds the expected time frames (Dudley et al., 2021; Essex et al., 2022). In some cases, immigration detention practices breach international laws and violate the rights of those detained (International Detention Coalition,

2023). The culture and conditions of immigration detention facilities can contribute to the physical and mental problems of the detainees. Therefore, exploring the profound effects of immigration detentions on the health and well-being of refugees and asylum seekers is an evolving area of research that has the potential to inform and transform existing immigration detention policies and practices.

Background

According to the United Nations High Commissioner for Refugees (UNHCR), as of June 2022, an estimated 103 million individuals have been displaced worldwide. Among them, 32.5 million are classified as refugees, while an additional 4.9 million are asylum seekers awaiting adjudication of their claims. Syria (6.8 million), Venezuela (4.6 million), Afghanistan (2.7 million), South Sudan (2.4 million), and Myanmar (1.2 million) are major source countries for refugees, whereas Turkey (3.8 million), Colombia (1.8 million), Uganda (1.5 million), Pakistan (1.5 million), and Germany (1.3 million) host the most refugees. Their displacement results from factors like persecution, violence, economic opportunities, family reunification, and seeking a better life (UNHCR, 2023; Amnesty International, 2023). Threats of torture, armed conflicts, natural disasters, poverty, and discrimination further compel migration (Amnesty International, 2023; UNHCR, 2023).

Tens of thousands of men, women, and children find themselves detained daily due to their immigration status, with an estimated 2,000 immigration facilities operating in over 100 countries. Refugees and asylum seekers navigating the asylum process are confronted with lengthy and unpredictable timelines. The asylum claim process involves the assessment of their claims and the determination of refugee status. This process is characterised by significant variations in duration, with cases sometimes taking up to seven years to resolve. Despite the UN 1951 Convention governing asylum and refugee status, there are concerning human rights violations in detention centres. Detainees' health and well-being suffer, with underreporting due to a lack of independent oversight (International Detention Coalition, 2023).

Given the complex process of submitting an asylum claim and granting refugee status, this meta-synthesis aimed to capture the voices and lived experiences of the refugees and asylum seekers who have been detained compulsorily in immigration detention. This review will enable us to comprehend the culture within places of deprivation of liberty and immigration detention, thereby assisting host country policymakers in exploring more humane and suitable alternatives to immigration detention. The review question was: "What are the impacts of immigration detention on the mental health health and physical well-being of refugees and asylum seekers?"

Methods

Study design

This meta-synthesis used a meta-ethnographic approach to interpret and translate the findings of the included studies following the EMERGE meta-ethnography reporting guidance (Noblit & Hare, 1988; Mousa et al., 2022). Meta-ethnography focuses on how the interpretations of qualitative data in a group of studies related to a phenomenon of interest are related. The outcome of a meta-synthesis using meta-ethnography is a new interpretation that takes account of the interpretations made in the findings of the primary studies but, at the same time, creates a new interpretation by translating the studies into each other. The translation involves interpreting the storylines present in the voices of participants in each study into those found in the other studies (Noblit, 2019). While the early approach to meta-ethnography included

only ethnographic studies (Noblit & Hare, 1998), more recently, meta-ethnographies have been used to synthesise studies from various qualitative approaches (Noblit, 2019).

Meta-ethnography is an advanced qualitative methodology that combines individual qualitative studies and synthesises the findings to create a stronger evidence-based theory to support a health or psychosocial practice, policy, strategy, or intervention (France et al., 2019). The seven phases of meta-ethnography are set out in Table 1.

Table 1. Meta-Ethnography – Seven phases

Phases	Description:
Phase 1	Getting started: Identifying a phenomenon of research interest that has been researched using qualitative methods (France et al., 2019; Mousa et al., 2022). This phase aims to create a topic and area of interest for exploration (Noblit, 2019).
Phase 2	Deciding what studies are relevant to that interest (Noblit, 2019). The search strategy, the search process, and inclusion and exclusion criteria for the concepts in the library database search strings are developed in this phase. Quality appraisal may also be conducted during the screening process. However, given that the meta-ethnographer seeks studies that include rich participant data, studies may not be excluded based on quality appraisal (France et al., 2019; Mousa et al., 2022).
Phase 3	After reading the studies, the researcher selects the concepts of individual studies, picks the metaphors, themes, and data of each study, and describes the characteristics of each study by presenting them in a table format (France et al., 2019; Mousa et al., 2022).
Phase 4	Deciding how the selected studies are connected, the researcher collects the data from the selected studies and determines the themes, concepts, and metaphors to see how they are connected and explain why they are connected (France et al., 2019; Mousa et al., 2022).
Phase 5	Translating the studies to each other, the researcher compares the metaphors, themes, and concepts by arranging them in chronological order and synthesising the study findings (France et al., 2019; Mousa et al., 2022).
Phase 6	When synthesising the translations, the researcher starts by synthesising the studies' findings, linking the translations to the researcher's interpretations of the findings, and describing the synthesis process, including the methods used to synthesise the translation (France et al., 2019; Mousa et al., 2022).
Phase 7	Expressing the synthesis, the researcher summarises the interpretive findings, compares them to the literature, reflects on the study's limitations and strengths, and finally proposes the synthesis for a change in organisational practice or policies (France et al., 2019; Noblit & Hare, 2018; Mousa et al., 2022).

Identifying an area of research interest and deciding what is relevant: A phenomenon of interest was identified, and a review question was developed. Elements of the PICO (population, phenomenon of interest, context) were identified. The population identified was refugees and asylum seekers; the phenomenon of interest was the impacts on health and well-being, and the context was immigration detention. The PICO is presented in Table 2.

Table 2. PICo with Concepts and Synonyms

PICo	Concepts	Synonyms and other terms
Population	refugees and asylum seekers	displaced persons, stateless persons
Phenomenon of Interest	impacts on health and well-being	effects, consequences, live- experiences, experiences, voices, influence, outcome
Context	immigration detention	closed detention, mandatory detention, compulsory detention, held detention

Search Strategy

The databases used to search the keywords and key concepts to select the studies were PubMed, CINAHL Complete via EBSCOhost, and Sociology Source Ultimate via EBSCOhost. The search utilised the terms derived from the PICo and medical subject heading [MeSh] terms for PubMed database searches. All the studies were combined and uploaded into Zotero for bibliography management, making the search process more organised and accessible to upload into Covidence for study screening (Kratochvil, 2017).

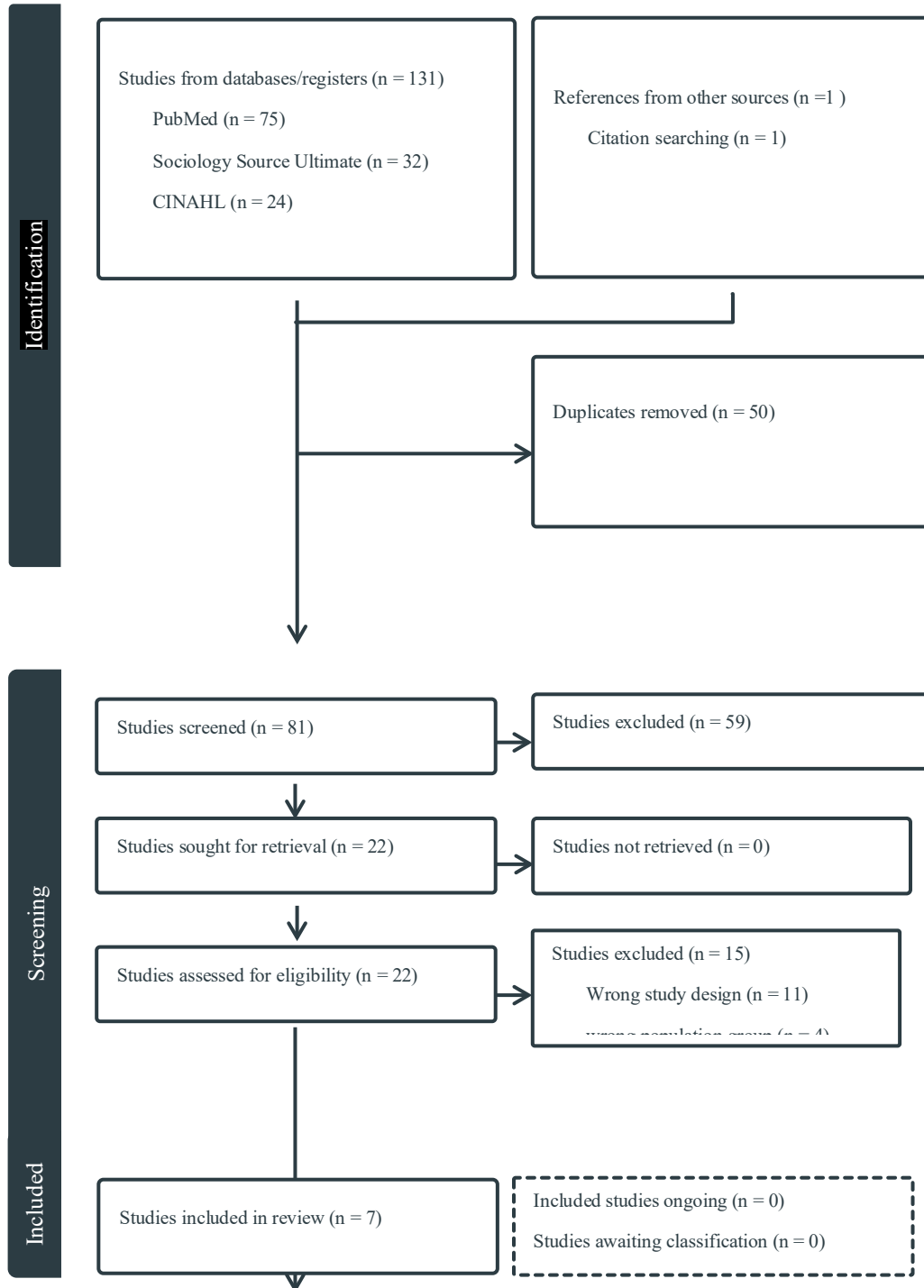
Study Selection Process

Reading the studies: 131 selected articles were uploaded into Covidence, 50 were removed as duplicates, and 81 were selected for screening. Inclusion and exclusion criteria were applied to the selection of studies (see Table 3). Primary research studies published between 2000 and 2023 were included. Articles reporting migrants and immigrants in community detention, refugee camps/centres, or people detained for other reasons were excluded. Quantitative studies and articles not published in English without an English translation were also excluded. Two reviewers (EW & PM-T) individually screened the selected articles and conducted a title and abstract screening followed by a full-text screening to avoid bias. Eighty-one studies were screened against title and abstract, 59 studies were excluded, 22 were assessed for full-text eligibility, 15 were excluded (11 wrong study designs and four wrong population groups), and seven studies were included for the extraction process. The PRISMA process diagram (Figure 1) identifies the studies selected at each stage. Each study was critically appraised for methodological quality using the Joanna Briggs Institute (JBI, 2020) critical appraisal tool for qualitative research studies (see Appendix 1).

Table 3. Inclusion and exclusion criteria, including keywords

Inclusion	Exclusion	Keywords
Adults (women and men), Children (all ages), Qualitative studies, Studies on health and well-being, Studies from 2000 to 2023, Studies in the English language	Migrant and immigrant, Community detention, Refugee camp/centre, People detained for other reasons, Quantitative studies	Refugee/asylum seeker, Impacts, Health/well-being, Immigration detention, Qualitative
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Figure 1. PRISMA Flow Chart (Covidence, 2023; Page et al., 2021)



Data extraction

The participants' quotes from the included studies were extracted and organised into colour-coded tables according to the metaphors emerging from an in-depth reading of the studies. Both reviewers (EW & PM-T) reached a consensus on data extraction.

Data analysis framework

The data analysis for this meta-ethnography took place in phases three, four, five and six. *Deciding how studies are related and interpreting the translation to each other:* The data of the seven included studies were read and interpreted into each other to unpack the meaning and relationships of these studies by the two reviewers (EW & PM-T). The common and recurring participants' quotes were extracted using colour codes and identified into the common metaphors.

Synthesising the translation and expressing the synthesis: In this stage, the seven included studies were synthesised to develop a framework to inform policy and practice in immigration detention. Data synthesis has been organised into three common metaphors to translate and interpret their meanings and establish their relationships with each other. The data synthesis will be expressed in three stages: 1. discussion, 2. outlining the key strengths and limitations, and 3. providing a conclusion with recommendations.

Findings

Characteristics of the studies

The characteristics of the seven studies selected for inclusion in the meta-synthesis are set out in Table 4. The seven studies were published between 2000 and 2023, were all published in English and were from differing qualitative research approaches, including semi-structured interviews with thematic analysis (n = 3), interviews conducted with structured questionnaires (n = 1), in-depth semi-structured interviews (n=1), narrative inquiry (n = 1), in-depth-interview & reflexive thematic analysis (n = 1). Studies were primarily set in Australia (n = 3), Nauru Island (= 1), Canada (n = 2), and Germany (n=1). The participants were a mixture of children, families, and individual adults, both men and women. The included studies were from high-income countries such as Australia (n=3), the United Kingdom (n=1), Canada (n=2) and Germany (n=1).

Table 4. Study Characteristics

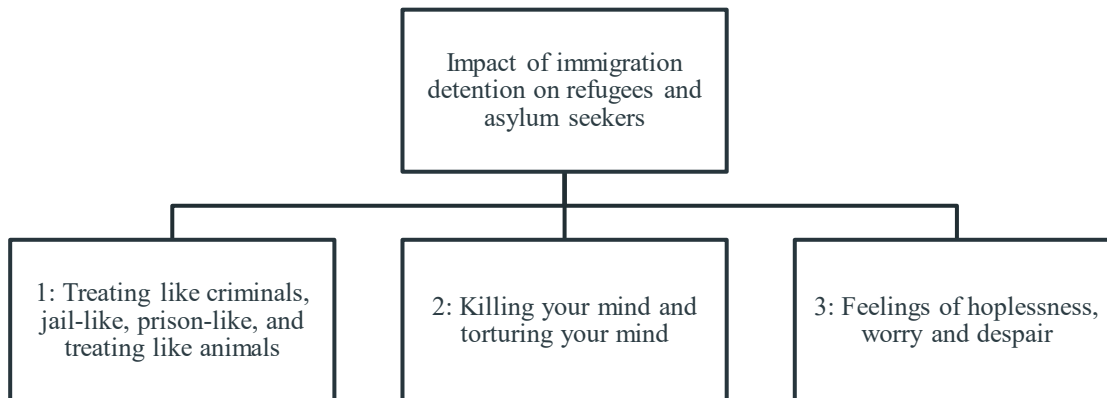
Author/s	Title	Year	Journal	Country	Setting	Study design	Objectives	Inclusion criteria
Passardi, S Hocking, C. D. Morina N. Sundram, S. Alicic, E.	Moral injury related to immigration detention on Nauru: a qualitative study.	2022	European Journal of Psychotraumatology	UK	Immigration detention on Nauru	In-depth interviews & reflexive thematic analysis.	We aimed to explore moral injury appraisals and associated mental health outcomes related to immigration detention in Nauru.	Eligible for this study were adults aged over 18 years who had experience in Australian-run immigration detention in Nauru after 12 August 2012 and were subsequently medically evacuated from Nauru to Australia.
Rast, E. Perplies, C. Biddle, L. Bozorgmehr, K.	Between Care and Coercion: Asylum Seekers' Experiences With COVID-19 Containment and Mitigation Measures in German Reception Centres.	2023	International Journal of Public Health	Germany	German Reception Centre	Semi-structured interviews and thematic analysis with an inductive-deductive approach.	COVID-19 containment and mitigation measures have been criticised for amplifying pre-existing individual and structural vulnerabilities among asylum seekers. We qualitatively explored their experiences with and attitudes towards pandemic measures to inform people-centred responses in future health emergencies.	Include asylum seekers with quarantine experience.
Cleveland, J. Kronick, R. Gros, H. Rousseau, C.	Symbolic violence and disempowerment as factors in the adverse impact of immigration detention on adult asylum seekers' mental health.	2018	International Journal of Public Health	Canada	Canadian immigration detention centres	Interviews were conducted with structured questionnaires.	The first objective of this qualitative component of a mixed-methods study is to provide a descriptive account of adult asylum seekers' experience of detention in Canadian immigration detention centres. The second objective is to identify the main underlying factors accounting for their reported feelings of distress.	Adult asylum seekers held in two Canadian immigration detention centres concerning their experience of detention.

Author/s	Title	Year	Journal	Country	Setting	Study design	Objectives	Inclusion criteria
Coffey, GJ. Kaplan, I. Sampson, RC. Tucci MM.	The meaning and mental health consequences of long-term immigration detention for people seeking asylum.	2010	Social Science & Medicine Journal	Australia	Held in immigration detention in Australia	Semi-structured interviews (qualitative and quantitative data collected).	The research aimed to examine the experience of extended periods of immigration detention from the perspective of previously detained asylum seekers and to identify the consequences of these experiences for life after release.	Adult refugees (sixteen male and one female; average age 42 years) who had been held in immigration detention funded by the Australian government.
Kronick, R., Rousseau, C. Cleveland, J.	Refugee children's sand play narratives in immigration detention in Canada.	2018	European Child & Adolescent Psychiatry	Canada	Canada immigration detention centres	In the qualitative narrative inquiry methodology, child participants created worlds in the sand and generated stories to express their subjective experiences.	1. The aim is to understand the lived experiences of children and their parents detained in Canada. 2. The study examines the voices of children aged 3–13 and their metaphoric and direct understanding of their detention experiences and their consequences.	Refugee parents and their children aged 3–13 were held in detention in Canada.
Shishehgar, S. Gholizadeh, L. DiGiacomo, M. Davidson, PM.	A qualitative study of experiences of asylum-seeker women living in detention centres: confinement versus safety.	2021	Journal for the Australian Nursing Profession	Australia	Australia compulsory detention	Qualitative study using semi-structured interviews and thematic analysis with a narrative approach.	It aimed to inform healthcare providers about the experiences of living in immigration detentions, which might affect asylum seekers' mental health.	Iranian women who came to Australia by boat, were aged 18 and over, spoke Farsi, and had lived in Australia for between two and three years as asylum seekers at the time of study recruitment.
Peterie, M.	Technologies of control: Asylum seeker and volunteer experiences in Australian immigration detention facilities.	2018	Journal of Sociology	Australia	Australia's onshore immigration detention facility	In-depth semi-structured interview.	It aims to explore the experiences of volunteer visitors to Australia's onshore immigration detention facilities and consider what they reveal about the power operation within this detention network.	Volunteers who support asylum seekers in Australia's onshore immigration detention.

Metaphors/storylines

Three primary metaphors/storylines emerged from this synthesis, including Storyline 1. Treating like criminals, jail-like, prison-like, and treating like animals; Storyline 2. Killing your mind and torturing your mind; Storyline 3. Feelings of hopelessness, worry, despair, and fear (see Figure 2).

Figure 2. Illustration of Three Storylines on the Impacts of Immigration Detention



Storyline 1: Treating like criminals, jail-like, prison-like, and treating like animals

The immigration detainees whose stories were captured in the studies (Cleveland et al., 2018; Coffey et al., 2010; Kronick et al., (2018); Passardi et al., 2022; Peterie, 2018; Shishehgar et al., 2021) reported that they were treated like criminals and kept in jail-like or prison-like facilities. Here, the culture of detention creates a loss of individual freedom and a violation of the detainees' human rights because they do not have the liberty to move around within the detention facilities or even go out of the facility. Detainees in the study (Shishehgar et al., 2021) reported that their rooms were like cages, closed and confined environments unsuitable for living in, and they wished they were freed.

It is like you are a big criminal, you are there even though you never did any crime, or you never did anything wrong. but they are watching you..every step you take from outside your room. Wherever you go they are watching..that started a negative effect on my mind. (Coffey et al., 2010, p.4, Participant not identified)

We were kept in a prison, given a room in the camp. It looked like a cage ... Officers entered occasionally into my room without knocking the door ... I wanted to go back to Iran from the Christmas Island detention. (Shishehgar et al., 2021, p.6, Elena, 28)

Participants in the studies (Cleveland et al., 2018; Shishehgar et al., 2021) reported that they experienced public shame and humiliation because they were transported in prison-like cars for hospital check-ups and were made to wait in the waiting rooms with shackles on their feet or hands cuffed. Immigration detainees felt shamed and belittled because of the manner in which they have been treated in those immigration detention facilities. Participants in the studies (Cleveland et al., 2018; Coffey et al., 2010; Shishehgar et al., 2021) often questioned

their existence or what they had done wrong. They further reported that they were only refugees asking for protection, wondering why they had to be treated like criminals or prisoners.

Because I'm not criminal. (...) I was shamed to go to hospital because people are thinking 'Who is he, has he killed somebody here? (...) You know, when I come to this country, I come for the freedom. I was shamed to go to hospital with [shackles], I refuse them. (Cleveland et al., 2018, p.3, Pro-democracy Activist)

"We were wondering: why are we here? Are we criminals? We killed someone? We stole something? Why do they detain us?" (Coffey et al., 2010, p.4, Not identified Participant with children)

The immigration detainees whose stories were captured in the studies (Cleveland et al., 2018; Coffey et al., 2010; Kronick et al., 2018; Passardi et al., 2022; Peterie, 2018; Shishehgar et al., 2021) have also experienced a loss of personal agency in the detention because of power relations between the detainees and the people who work in the facilities. These workers in the facilities had a significant degree of power over the lives of the detainees. The detainees in the studies (Coffey et al., 2010; Kronick et al., 2018) reported that they were constantly being watched or under surveillance every day, and they were ordered when to eat and when to sleep. The detainees shared that the workers/officers even entered their rooms without knocking, which showed no signs of respect and privacy. The culture and the environment in detention create a loss of individual freedom. The participants reported how they fled their own countries to avoid being imprisoned or having their freedom compromised by the political regime in their own country. They reported that fleeing from their homeland, they faced significant dangers in order to find freedom and only then found their freedoms compromised in immigration detentions.

We were given clothes, food ... We were ordered 'you should sleep there'. 'You shouldn't do this' ... I asked my partner 'what is going on? We are prisoners here, do you realise?' ... My father was controlling me from childhood, and I had to follow his rules. I was a prisoner in my home, and in my country [Iran] ... It was a very bad feeling because I was looking for a place to live free ... I don't like to be kept under control. But in the detention, I was under control. (Shishehgar et al., 2021, p.7, Nasrin, 35)

Immigration officers, security guards, and other professionals operate according to the policies and procedures of the immigration facilities with stringent and harsh rules. Participants in the studies (Passardi et al., 2022; Peterie, 2018) reported that they were treated like animals, with food trays thrown to them to eat, clothes thrown over the fences to avoid contact with them as if they had some skin conditions, and water turned off while the detainees were taking their showers. Here, the immigration detention workers' behaviours implied that they have no respect and consideration for human rights, neither practising according to the guidelines and standards of the UNHCR nor the International Human Rights laws. Participants in the study (Passardi et al., 2022) reported that the workers make their own rules whenever and wherever suits them in detention facilities.

I didn't have any sense that we were unwelcome, but after a while they just made us follow more and more rules [...] An obvious one was that you had to submit a list of names that you were going to visit 24 hours before, so you couldn't just front up. I gather the idea was that they were going to do security checks on us. And I just said 'look, we're coming every week – you don't have to do a security check every week. Why don't we go on a list of already cleared

people?’ And I said that to one of the women on the desk and she said ‘what a good idea, I’ll suggest that’, but you know it’s going nowhere. They’re not going to change the rule. (Peterie et al., 2018, p.9, Interviewee not identified)

When we were in the detention centre, in Nauru or Australia, some officer created their own rules. It was not Australia’s rule it was not the minister who told the person to do so. They did their own rules, which killed our minds. (Passardi et al., 2022, p.7, P04f)

Participants (visitors) whose stories were captured in the study (Peterie, 2018) reported that the practices of the immigration detention facilities were another gaol because the practices were no different to those of a correctional facility. They were forced to follow more rules and undergo many security checks every week when they visited the detainees in detention. Here, the rules and procedures are implemented to make things harder and frustrate the detainees as a form of power and control.

I had a very varied sort of a job in Corrective Services. So when I went to Villawood I thought “shit, this is like another bleeding gaol! (Peterie et al., 2018, p.8, Interviewee not identified)

Storyline 2: Killing your mind and torturing your mind

Immigration detainees whose stories were captured in the studies (Coffey et al., 2010; Passardi et al., 2022) reported that in their country, their bodies were tortured, but in detention, their minds or brains were killed.

In my country they torture your body but in Australia they kill your mind’ (Passardi et al., 2022, p.6, P01f).

Here, the detainees’ mental well-being has been affected because of isolation and confinement as they constantly worry and experience stressful thoughts every day. Detention created a feeling of uncertainty because they have no control over their lives and their future anymore so they were constantly worried about when they will be released, and wondered why they have been kept in detention for so long. Participants in the studies (Coffey et al., 2010; Passardi et al., 2022) reported that they wished that they had died from a knife stab or a shotgun rather than having someone killing their brains every single day. Here, the detainees have given up on life as they find no purpose to live. Therefore, they would rather die and get over the pain rather than stay alive in confinement and feel defeated, damaged, and destroyed mentally by detention.

If you don’t want to give me a life, okay kill me and shoot me and I will die one time. Why are you killing my brain? Why are you cutting my heart, every single day? When somebody uses a knife and you die, and when somebody kill you every single day, kill your brain and your mind, it’s totally different. It is better you die one time. (Passardi et al., 2022, p.8, P04f)

The duration of detention impacted the detainee’s health, well-being, and overall quality of life. Detainees were exposed to interpersonal trauma due to the prolonged duration of detention. Participants in the studies (Cleveland et al., 2018; Coffey et al., 2010) reported that the detainees waited months and years to get out, and this has created fear and anxiety. The prolonged length of confinement or detention impacted the physiological functioning of the detainees, causing tremendous stress and anxiety. Participants also (Coffey et al., 2010) reported that prior to detention, they were mentally and physically strong and positive people, but being isolated for so long in detention has taken their strong spirits away, and it had made

them weak in their minds and their bodies. Detention has made them withdraw into their confinement with less desire to interact with friends and people around them.

If you were very strong, a strong, strong human, they put you in isolation. one day, two days, one month, two months. This makes you damaged. This makes you crazy. You just go into the blanket, and lower, and lower and you are thinking under the blanket. (Coffey et al., 2010, p.4, Participant not identified)

Storyline 3: Feelings of hopelessness, worry, despair and fear

Several authors (Cleveland et al., 2018; Coffey et al., 2010; Rast et al., 2023; and Passardi et al., 2022) report that participants expressed profound feelings of hopelessness, depression, and despair in detention facilities. Here, the detainees reported that they lost their sanity and their sense of purpose in detention. They felt defeated and damaged mentally and physically by detention. They reported that they did not find any reason to see life positively, and every day, their mental health deteriorated.

When I stay alone in my room, I didn't sleep [...] I thinking in bad think you know? That why I'm here, why my country like that? Why-why-why-why-why. Maybe it's fucking my psychology (Rast et al., 2023, p. 3, Int02).

I never, ever can focus [or] relax. I am always worrying about something. I'm always worried about the future because I can't rebuild it...I've become so [much] weaker. It's not only because [of] age, you know... I just can't rebuild it. (Coffey et al., 2010, p.7, Participant not identified)

Detainees also experienced sleep disturbance because they had no good quality sleep due to the constant worry and anxiety in detention. Participants in the study (Coffey et al., 2010) reported that they could not tell the difference between day and night because they were constantly worrying that they could not sleep. Detainees also experienced a lack of motivation in detention. Participants in the study (Coffey et al., 2010; Passardi et al., 2022) reported that detention made them lazy and less motivated and stopped them from actively pursuing their goals and dreams. Before detention, the detainees were hardworking and determined people who left their countries looking for a better future for themselves and their families. However, detention has taken that positive spirit away from them.

Detention has the effect that it makes you a person who becomes passive, lazy. [It] pacifies a person, their personality, and stops people from actively pursuing their goals" (Coffey et al., 2010, p.5, Participant not identified)

Now I don't know, who am I? I lost myself. Because I'm not that person I was, that person who came to Australia. I was healthy. I was active. I had a hard time but I was happy. But now I can't laugh, I can't cry, I can't work. I can't study. I'm living in very dark place. (Passardi et al., 2022, p.8, P02f)

The immigration detainees experienced a sense of disconnection and felt forgotten in detention. Participants in the studies (Coffey et al., 2010; Rast et al., 2023; Shishehgar et al., 2021) reported that their phones were taken away and that they had no means to communicate with their families and stay connected with the outside world. Here, the detainees were kept in isolation, stripping off all their rights and entitlements with strict detention rules. It clearly shows a power game at play in detention. Detainees reported in the studies (Passardi et al., 2022; Rast et al., 2023) that they were fearful of speaking up about these harsh rules because they were scared that it might affect their immigration process and that they would not be given the refugee status and be sent back to their countries.

The officers they put us too easily into isolation for many months, because no-one knew. For two years we did not have any visitors...nothing. They did anything they wanted to us...Anything". (Coffey et al., 2010, p.5, Participant detained in a remote centre)

I'm only an asylum seeker, [...] that's why I told you that I hope that what I am going to talk about [in this interview] won't cause any trouble for my procedure and all that, because you are in the registration process, they might say 'that guy talks a bit too much. (Rast et al., 2023, p.5, Int06)

Immigration detainees whose stories were captured in the studies (Cleveland et al., 2018; Coffey et al., 2010) reported that they also experienced suicidal ideations in detention. Detainees reported that they found no meaning in life and that they had thoughts of taking their own lives. They even expressed fear that the environment or the culture of detention may push them to take their lives, like how they witnessed their friends who attempted suicide.

At times I did not want to go on living, I want to die, there is no hope (...) I had thoughts like putting a rope around my neck to hang myself. (Cleveland et al., 2018, p.4, Harijit, South Asian man)

Discussion

It is evident in the findings of the seven included studies that the health and well-being of refugees and asylum seekers are seriously impacted by detention. The duration and culture of immigration detention have a tremendous impact on the health and well-being of the detainees, as well as their overall quality of life (Peterie, 2018). The prolonged length of detention in poor and unfit-to-live conditions has severe, long-lasting impacts on the physical and mental health of refugees and asylum seekers (Coffey et al., 2010; Peterie, 2018). Immigration detention can go on for months and years, and this prolonged length of incarceration and isolation deteriorates the physiological functioning of the detainees, causing tremendous stress and anxiety (Werthern et al., 2018). It also causes substantial interpersonal trauma and profound depression experienced among the detainees (Coffey et al., 2010). Detainees lost their sense of hope and individual freedom by being incarcerated for too long, and this has led to many expressing feelings of anger, anxiety, and self-blaming.

The culture and the conditions of these immigration detention facilities have also contributed to the deterioration of the health and well-being of the refugees and asylum seekers. The paradigm of what these detention facilities do is influenced by the immigration policies and legislation of the host countries (Markowitz, 2020). Detention facilities are usually shut off from the outside world and go unchecked by external bodies. The culture of immigration detention speaks of the practices and conditions of how these immigration detentions are operated and managed by the authorities. These practices are no different to correctional facilities because refugees and asylum seekers are being treated like criminals and in a less humane way (Cleveland et al., 2018; Peterie, 2018; Shishehgar et al., 2021). The practice of solitary confinement of detainees is seen as a very harsh way to detain refugees and asylum seekers, which compromises both the mental and physical well-being of the detainees (Cleveland et al., 2018; Coffey et al., 2010; Kronick et al., 2018; Passardi et al., 2022; Peterie, 2018; Rast et al., 2023; Shishehgar et al., 2021). Detainees lose their freedom and have no liberty to move around, which causes the detainees to experience high stress and anxiety. Solitary confinement also contributes to detainees' experiencing sleep disturbance, loss of appetite, lack of motivation, and constant worrying about their lives and their future (Cleveland et al., 2018; Coffey et al., 2010; Passardi et al., 2022; Shishehgar et al., 2021).

The culture of detention of imposing strict and harsh rules has violated the human rights of refugees and asylum seekers in detention. Refugees and asylum seekers who are denied any form of communication have their human rights violated as they desire access to necessities and entitlements (UN Universal Declaration of Human Rights, 2023). Detainees endured a profound sense of disconnection and isolation from their loved ones and the external world due to the absence of communication within the detention facilities. Consequently, this led to heightened anger, frustration, and concern. The detainees experienced a great sense of fear to speak out against these strict rules and harsh treatment in immigration detention. They are scared that if they complain or even talk about these rules and mistreatment, their refugee claims or refugee status may be affected or rejected (Rast et al., 2023). Detainees are kept in isolation and stripped of all their rights, and strict detention rules illustrate the authorities' control and power over them in those facilities (Peterie, 2006).

The culture of surveillance by the workers in detention is another issue faced by refugees and asylum seekers. The refugees and asylum seekers experience a loss of personal agency in detention because of the power relations between the detainees and the people who work in the facilities (Cleveland et al., 2018; Coffey et al., 2010; Kronick et al., 2018; Passardi et al., 2022; Peterie, 2018; Shishehgar et al., 2021). These workers act according to the policies and procedures of the detention facilities, which have strict and harsh rules. The relationship between the detainees and the workers is unequal, with the workers having a significant degree of control and power over the detainees. Detainees also experience public shame and humiliation because of the way the workers have treated and transported them in prison-like cars for hospital check-ups and made them wait in the waiting rooms with shackles on their feet or hands cuffed like criminals (Cleveland et al., 2018; Shishehgar et al., 2021). These made the detainees feel ashamed and belittled of the manner in which they have been treated with no sense of respect as human beings, which can be very degrading and humiliating. Such treatment contributes to detainees experiencing feelings of hopelessness, depression, and despair, leading them to lose sight of the meaning in their lives and causing them to abandon their goals and dreams. The detainees' overwhelming negative emotions have driven them to contemplate suicide, as they believe that detention can both physically harm their bodies and mentally damage their minds (Cleveland et al., 2018; Coffey et al., 2010).

The United Nations Universal Declaration of Human Rights Articles (2023) and the United Nations International Human Rights Law (2023) states clearly that all humans born have equal rights and dignity and that everyone should be treated equally and respectfully despite their race, colour, sex, language, religion, nationality or the status of their country (Universal Declaration of Human Rights Articles, 2023). The Universal Declaration of Human Rights Article 1 to Article 30 talks about the rights of all people in every form and way in society, that people should be treated as humans, and that they should exercise their rights freely without discrimination. According to International Human Rights Law and UNHCR requirements and guidelines, immigration detention facilities are required to carry out their practices in accordance with these laws and guidelines. Nevertheless, in many immigration detention facilities, the prevailing culture and practices have clearly violated these laws and guidelines.

According to the World Health Organisation (WHO) (2022), the health and well-being of refugees and asylum seekers are imperative to public health and human rights perspectives. WHO (2023) states that all people are entitled to good health and well-being and improved health conditions that should be conducive for people to live. The conditions and the living environment of the detention facilities are required to meet the requirements and standards of the WHO (2023). However, this has not been the case, as the living environment of the detentions is tiny and confined, impacting the detainees' health and well-being. The practices

and conditions in detention facilities continually exploit, discriminate and mistreat the detainees in many ways and forms, especially these strict and harsh administrative procedures of immigration detentions.

The International Federation for Social Workers (IFSW) have a moral responsibility and commitment to work with other international organisations to minimise inequality and support the needs and interests of people in humanitarian crises (IFSW, 2021). The IFSW has continued safeguarding and upholding the human rights of asylum seekers and refugees through its partnership and collaboration with UNHCR and OHCHR (IFSW, 2021). The IFSW promotes social justice, social development, and human rights through the best practices of social workers (Social Protection, 2023). These best practices are outlined in the IFSW ethical principles, specifically within principles 1, 2, and 3, which emphasise respecting human dignity, promoting human rights, and advocating for social justice (IFSW, 2018). Asylum seekers and refugees should be respected and treated with dignity and not be devalued or demoralised by the practices of detention facilities (IFSW, 2018). Refugees and asylum seekers should be encouraged, empowered, and liberated from their situations rather than being held like prisoners in detention facilities.

The United Nations International Human Rights laws (2023) state that immigration detention should be taken as a last resort for detaining asylum seekers, and children should never be detained. Immigration detention has historically been justified as an administrative measure for conducting security checks and controlling unauthorised entries (IOM, 2016). Nonetheless, this justification is often not reflected in the actual culture and practices of immigration detentions, as they tend to be perceived more as criminal procedures that infringe upon the rights of vulnerable individuals (International Detention Coalition, 2023). Immigration detention is considered the first option prior to alternatives to detention (ATD). ATD refers to policies, legislation, and practices that safeguard and uphold international human rights laws and standards (American Immigration Council, 2022; International Detention Coalition, 2023). ATD avoids any excessive restriction on the rights and movement of the detainees and helps improve their health and well-being. However, most countries do not consider ATD even though it has been proven to be more effective, affordable, and less costly (American Immigration Council, 2022; International Detention Coalition, 2023). Community-based detention is one of the alternatives to detention that best suits asylum seekers and refugees (American Immigration Council, 2022). Boat arrival asylum seekers are granted bridging visas by the Minister for Immigration to move out into the community, and plane arrival asylum seekers can apply for a visitor and student visa. At the same time, their applications are being processed (Refugee Council of Australia, 2023). For boat and plane arrival, asylum seekers are given some rights to access essential services in the community.

The appropriate measure to consider changing the culture of immigration detention is to focus on improving the culture of human rights of detainees. It is imperative to change the way refugees and asylum seekers are treated, advocating for a more respectful and humane approach. Also, recognising and acknowledging the detainees' human rights in detention facilities can make the refugees' and asylum seekers' journey easy and less stressful. To uphold and safeguard the rights of the refugees and asylum seekers, focusing on strength-based, person-centred psychosocial assessment models can improve their health, well-being and overall quality of life. Therefore, the culture and practices in immigration detention facilities must be monitored and checked regularly by external authorities to ensure these practices meet the United Nations High Commissioner for Refugees (UNHCR) standards and guidelines and clearly focus on the human rights perspective.

Recommendations

The findings of this meta-ethnography propose five recommendations to consider to monitor the culture and practices of immigration detention:

- i. The length of time detainees are required to spend in immigration detention facilities should be reduced to avoid the physical and mental health challenges that people in long-term detention experience. This would require faster processing of health and security and other requirements to start the process for admission to the host country.
- ii. Regular monitoring of conditions and practices in immigration detention by external authorities;
- iii. Consider community-based detention as an alternative to detention (ATD) with psychosocial support and avoid detaining children and families in immigration detention;
- iv. Conduct ongoing training of immigration detention workers on human rights laws and refugee laws;
- v. Appeal to the United Nations High Commissioner for Refugees to undertake a Human Rights Inquiry to identify breaches of Human Rights and hold Governments to account for mistreatments occurring in immigration detention facilities.

Strengths and Limitations

The review used a rigorous search strategy conducted by two individual reviewers for screening and data extraction. Quality appraisal was done to ensure a systematic approach to synthesise the data for the studies on the impacts of immigration detention on the health and well-being of refugees and asylum seekers. The use of the eMERGe meta-ethnography reporting guidance reflecting the seven phases of meta-ethnography has contributed to the accuracy and clarity of the review. A limitation of this meta-ethnography is that minimal primary qualitative research was available on the experiences of refugees and asylum seekers who met the inclusion criteria for this review. A mixed methods review approach would have enabled the inclusion of quantitative studies. A further limitation of this review is that it proposes recommendations already identified by other authors of the included studies. The challenge is that the governing bodies for immigration detention facilities have not heeded these arguments for change.

Conclusion

The length of detention and the culture and practices of detention facilities affect the health and well-being of refugees and asylum seekers. In particular, prolonged detention compromises the mental and physical well-being of people held in detention. Refugees and asylum seekers are sent to immigration detentions because of immigration policies that are put in place in each host country. A review of detention policies could reduce the harm to refugees and asylum seekers in detention. Immigration detention has been considered an administrative measure, but people held in detention feel like criminals. There is a need for independent oversight from UNHCR, the International Detention Coalition, or appointed state officials to monitor these immigration facilities regularly, ensuring that practices do not breach the requirements and standards of UNHCR and the International Human Rights laws set in place.

Disclosure Statement

The authors declared no potential conflicts of interest.

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Author (year)	Title	Qu 1	Qu 2	Qu 3	Qu 4	Qu 5	Qu 6	Qu 7	Qu 8	Qu 9	Qu 10	Dependability
Kronick et al. (2018)	Refugee children's sandplay narratives in immigration detention in Canada.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
Shishehgar et al. (2021)	A qualitative study of experiences of asylum-seeker women of living in detention centres: confinement versus safety.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High
Peterie, M. (2018)	Technologies of control: Asylum seeker and volunteer experiences in Australian immigration detention facilities.	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Moderate

Notes: Quality appraisal tool questions: 1) Congruity between the stated philosophical perspective and the research methodology; 2) Congruity between the research methodology and the research question or objectives; 3) Congruity between the research methodology and the methods used to collect data; 4) Congruity between the research methodology and the representation and analysis of data; 5) There is congruence between the research methodology and the interpretation of results; 6) Locating the researcher culturally or theoretically; 7) Influence of the researcher on the research, and vice-versa, is addressed; 8) Representation of participants and their voices; 9) Ethical approval by an appropriate body; 10) Relationship of conclusions to analysis, or interpretation of the data.