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Locked down or locked up: 131 Days in immigration detention

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One hundred and thirty-one days from the date that the 'official' United Kingdom (UK) lockdown started, on 23 March, to the date that the UK Government advised that shielding could now be lifted, on 1 August. In that time, we have all seen our world become smaller; changed in fundamental ways, requiring us to adapt quickly. This has come at a cost. Figures released by the ONS (2020), show that rates of depression have doubled during the pandemic. As mental health workers, this is unlikely to come as a shock. Many of us have seen it in our online therapy spaces, trying to hold a space for our clients' anxieties, whilst also trying to hold space for our own. In some ways, this global crisis has allowed for a sense of shared experience and solidarity that has transcended borders and distance. Yet, despite this universality, some of the most marginalised people have been excluded.

I work as a qualified person-centred counsellor in the third sector and in private practice. I have also spent the last few years volunteering for Scottish Detainee Visitors, an organisation working to support people impacted by immigration detention. This has enabled me to see the intersection of politics and mental health in the midst of a global crisis. It has shown me that, for the thousands of people held in immigration detention across the UK, lockdown has exacerbated an already precarious situation for some of the most vulnerable people in society. I write this piece in my role as counsellor, but with the benefit of this added perspective.

In December 2019, UK government statistics (Gov.UK, 2020) recorded 1637 people as being held in immigration detention across the UK, with 24,443 people having entered detention in 2019. Many of these people are traumatised long before reaching UK shores—fleeing war, torture, persecution and trafficking. They travel thousands of miles in dangerous conditions to find a safe place to seek asylum; often in countries with a shared language or support network already in place.

Upon reaching the UK, they are forced into one of the most inhumane immigration systems in Europe. The UK is the only place in Europe that does not have a maximum time limit on detention. This means that people are held, without charge, for indefinite periods of time. In the December 2019 figures, there is a record of someone having been held for 1002 days. That is over two and a half years. There are cases of people held for *significantly* longer.

Migrants can be taken into an immigration detention centre (IRC) with no notice and no time to collect belongings or official documents or alert their loved ones. People are lifted outside of their place of employment or when turning up at their local police station to report in as part of their refugee status conditions.

Understandably, they are in crisis when volunteer visitors first meet them. As volunteers, we can offer support and guidance but we cannot offer legal advice; and, most important in the context of this piece, we cannot provide therapeutic support, regardless of individual training.

Maslow's hierarchy of needs has the basic conditions of safety and shelter as the foundation needed for personal growth and development. In the field of counselling and psychotherapy, we tend to use this principle in supporting our clients. Clients in crisis often do not have the mental or emotional capacity to sit with their trauma. Only when they are in a place of relative safety and stability, can they take tentative steps towards self-exploration.

People in immigration detention do not have the luxury of stability. Those held are moved around the detention estate at random, often during the night. At the start of weekly volunteer visits, we are required to provide at the front desk a list of the people we are there to see. The staff go through the list and confirm who is still there and who has been moved on since our last visit. It is worth noting that 'moved on' usually has no further information attached. It could mean moved to a different detention centre, released or deported. People we have started to establish a relationship with, are just inexplicably gone.

At the time of writing, there is no consistent method employed for assessing the mental health needs of people in immigration detention. The Home Office established Rule 35, intended to highlight those at risk of deteriorating health, suicidal tendencies, and those at risk of further traumatisation. Yet, serious concerns have been raised that this safeguard is not used effectively (British Medical Association, 2017), with many people dangerously overlooked. In 2018, at least 7% of people held in Dungavel IRC were on suicide watch (O'Hare, 2018). In 2019, a 'surge in self-harm' (Bulman, 2019) was reported in Morton Hall IRC.

For those already traumatised before entering detention, this experience is devastating. Over 40 people are known to have died in immigration detention since 1989. Whilst that number may seem low, all but two have been since 2000, with incidents increasing significantly in the last decade.

Amir Siman-Tov: 41 years old, suicide.

Thomas Kirung: 30 years old, suicide.

Carlington Spencer: 27 years old, stroke.

Rubel Ahmed: 26 years old, suicide.

Christine case: 40 years old, pulmonary embolism.

Alois Dvorzac: 84 years old, heart attack in dementia.

Unknown male: 49 years old, murdered whilst in detention.

There are many more reports, all in the public domain. Immigration detention is literally killing people. Those who survive are left with significant trauma, which they can only begin to process when they are released into a safe, stable environment. That is, sadly, not the common outcome.

The brief for this piece asks that we speak to the immediacy of the issue title. However, I do not believe it is possible to really understand the damage of lockdown to people in immigration detention, without first understanding the context in which lockdown took place. This is only a cursory overview. Issues of race, gender, sexuality, exploitation, war, freedom of movement and psychological wellbeing intersect, in immigration detention, in a way seldom seen elsewhere. It is difficult to overestimate the harm that we, as a nation, inflict on our fellow human beings every single day.

When lockdown was officially put in place, on 23 March 2020, the Home Office suspended all visits from family, friends and support groups—including visitor organisations. Some of the most important sources of support for people in immigration detention immediately stopped. People who were already trapped in a state of uncertainty were disconnected. The anxieties that most of us, on the outside, were experiencing at the height of the pandemic, were the same for people trapped in detention. Only, for those being held, their world became even smaller. They could hear infection and death tolls rising across the globe, not knowing if their loved ones were affected.

All flights out of the UK were grounded. In effect, this meant that it was no longer possible to deport people. Detention Action (2020b) mounted a legal challenge against the Government, making a case that the Home Office was obligated to release of all those in detention, whilst the lockdown restrictions were in place. Figures obtained showed that over 700 people were released in that time, with 368 people remaining (Detention Action, 2020a). Many of those remaining were considered vulnerable to infection (Pillay, 2020), with people reporting a lack of sanitiser or masks in IRCs.

The private firms, contracted by the Home Office to run many UK detention centres, lodged complaints with members of parliament about a lack of testing for those held, or centre staff (Bulman, 2020a). Three cases of coronavirus disease 2019 (COVID-19) were confirmed in UK IRCs (Detention Action, 2020b) but, without testing, it was impossible to know the scale of any outbreak. Hazir, an Albanian national held in Harmondsworth IRC, spoke of nine people in his centre self-isolating after showing symptoms (Bulman, 2020b), but still no testing was carried out, 'If anyone gets it here everyone will get it'. Then in April, a report was leaked to the media, suggesting that those most at-risk could be placed in solitary confinement, potentially for months (Taylor, 2020).

It is difficult to fully grasp the impact this crisis will have had on the mental health of some of the most marginalised, vulnerable people in our society. A demographic where therapeutic support is urgently needed but almost impossible to provide; and they have had to experience this pandemic with none of the support systems we have come to rely on. The impact of this experience will be long-lasting for those held and for their families and communities.

And it is not over. At the start of August 2020, the Home Office resumed regular deportation charter flights (Bulman, 2020c), with no COVID-19 testing for asylum seekers or the accompanying immigration escorts. Five prisons in the UK are purportedly being repurposed to house migrants arriving across the channel (Nicol, 2020). With 'Brexit' on the horizon, a proposed amendment to the new Immigration Bill, that would have placed a maximum time limit on immigration detention, was voted down. Numbers of confirmed COVID-19 appear to be increasing and the UK may yet see a second lockdown. Even as I write this piece, eight people in Brook House IRC are known to have attempted suicide in a 24-h period (Stone, 2020).

The situation for refugees and asylum seekers in the UK is increasingly desperate.

The purpose of this issue is to explore the psychopolitics of global crisis and online therapy. Yet, I have written a piece where no therapy is taking place at all. As a practising counsellor, this speaks to the very heart of both my politics and my attitude towards therapeutic support. What we have all been experiencing during lockdown is a microcosm of what people in detention will have experienced—will still be experiencing—and we need to find a way to do better. We need to create an immigration system that allows for safety and stability, the very foundations upon which therapeutic support is possible.

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