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| **HOME OFFICE**  **POLICY EQUALITY STATEMENT (PES)** |



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| **Policy on the immigration detention of those suffering from mental health problems** | | | | | | |
| Home Office policy in relation to the immigration detention of the mentally ill is set out in chapter 55.10 of the Enforcement Instructions and Guidance (EIG). This policy states that individuals suffering from serious mental illnesses which cannot be satisfactorily managed in detention are only considered suitable for detention in “*very* *exceptional circumstances.”*  Under the policy, whilst serious mental illness is a relevant factor to be taken into account in deciding whether to authorise, or maintain, an individual’s detention, there is no automatic bar to detention.  Responsibility for commissioning healthcare in detention facilities in England, including mental healthcare, transferred to NHS England on 1 September 2014, with the exception of Campsfield IRC which will follow by April 2015. | | | | | | |
| **Summary of the evidence considered in demonstrating due regard to the Public Sector Equality Duty.** | | | | | | |
| To inform this PES the Home Office undertook a targeted consultation between 24 January 2014 and 21 March 2014 of a number of partners with an interest in the detention of those suffering mental health problems, along with IRC healthcare providers.  Responses were received from: Association of Visitors to Immigration Detainees, Immigration Law Practitioners Association, Medical Justice, Mental Health in Immigration Detention Action Group, MIND, Refugee Action, Independent Monitoring Boards, Her Majesty’s Chief Inspector of Prisons and the Prisons and Probation Ombudsman. The following service providers responded: GEO (Harmondsworth), MITIE (Campsfield House), NOMS (Morton Hall) and Primecare.  In considering whether the Home Office has given due regard to the Public Sector Equality Duty consideration was given to:   * the Immigration Removal Centre (IRC) and Short Term Holding Facilities (STHFs) Health and Wellbeing Needs Assessment (HWNA) (August 2014); * the NHS England Strategy and Five Year Action Plan for Healthcare Delivery in IRCs and STHFs 2014-2019 (September 2014);   Both of these documents have been produced in relation to the transfer of healthcare commissioning to NHS England referred to above.  **Disability**  This is the chief protected characteristic identified by respondents to the consultation. It was suggested that all detainees suffering mental health problems share this characteristic by virtue of their condition. However, under the Equality Act 2010, an individual suffering mental health problems would only be considered to have a disability if that impairment has a “substantial and long term adverse effect” on their ability to carry out normal day-to-day activities.  Several respondents pointed to research evidence suggesting that detainees are more pre-disposed to mental illness than the general population as a result of the stressful life experiences they are likely to have gone through in the past. However, the NHS England IRC Health and Wellbeing Needs Analysis (HWNA) indicates that levels of serious mental health problems amongst the detained population may, in fact, be relatively low.   1. Detainees’ experience of detention   Several respondents pointed out that the experience of detention may be inherently stressful as a result of factors such as detainees’ uncertainty over their future in the UK/fear of return and separation from support networks (family and friends) in the community. As such, it may exacerbate existing mental health conditions or, in some cases, give rise to them.  The Home Office is alert to this concern and, as part of its commitment to detainee welfare, is considering a pilot in one of the IRCs that would integrate the identification of mental health problems and their management more closely into the IRC’s primary role in detaining individuals in order to facilitate their return.   1. Identifying detainees with mental health problems   Some respondents suggested that factors such as poor induction health checks on admission to an IRC, problems obtaining detainees’ past medical records and language/translation difficulties within IRCs can result in detainees’ mental health problems not being picked up.  All detainees admitted to an IRC are given a consultation appointment with a doctor within 24 hours of their arrival, following their initial healthcare screening by a nurse within two hours of admission. The nurse may expedite this where they consider that the individual requires a more immediate consultation. However, detainees are not compelled to attend such appointments and many choose not to do so, which may result in mental health problems not being picked up. In addition, a detainee may *choose,* for their own reasons, not to disclose that they have a history of mental illness.    The NHS England Strategy for Healthcare Delivery in IRCs has recommended the introduction of a standard initial assessment tool across the detention estate to provide more effective monitoring of presenting health needs on entry. The Home Office supports this.  It has been pointed out that night-time moves of detainees may result in mental health problems not being picked up: detainees may be tired on arrival and therefore not ready to undergo the initial health screening process. Although the Home Office is committed to minimising night time moves of detainees where possible, on occasions they are necessary for operational reasons. Where this happens, the Home Office is exploring whether initial induction healthcare checks taking place after late arrivals should be followed up later.  Problems surrounding translation services have been highlighted to the Home Office and may also result in mental health problems not being picked up. It is not practicable for an interpreter to be physically present for the majority of health screenings. However, healthcare staff at all IRCs have access to telephone interpreting services, which may be used during consultations with detainees, and it is open to IRC medical staff to request such services whenever they consider them to be necessary. The Home Office will remind IRCs of the need to use translation services appropriately and wherever necessary.    The NHS England Strategy has recommended that consideration should be given by healthcare commissioners to mental health provision that is *“culturally sensitive and/or delivered in detainees’ own languages.”* The Home Office supports this.   1. Specialist mental health interventions   Several respondents commented that mental healthcare in IRCs is not equivalent to that provided in the community, and they felt that this was caused by not enough specialist mental health interventions (e.g. psychologists, mental health social workers, counsellors, support groups) being available in detention.  Mental health was identified as one of the key issues in the HWNA. The results of the HWNA have been incorporated into NHS England’s Strategy and will be used to inform decisions on the future commissioning of health services in IRCs, including staffing levels and competencies.  The NHS England Strategy also recommends that healthcare commissioners may wish to ensure detainees have access to counsellors and that there should be a minimum number of Registered Mental Health Nurses (RMNs) in each centre. The Home Office supports this. It also makes clear that the core principle of IRC healthcare should be that it should be of an “*equal standard to that provided in the wider community*” and recommends the introduction of national standards for health improvement and prevention amongst the detainee population. The Home Office supports this principle.   1. Multi disciplinary teams within IRCs   It was pointed out by respondents that effective mental health treatment should include wider psychological and social, as well as medical, components. In this context, the importance of establishing multi-disciplinary teams consisting of counsellors, psychologists and faith leaders has been emphasised.  The Home Office sees merit in this approach and we are looking to establish multi-disciplinary teams within IRCs. We will consider building on arrangements in the existing Assessment Care in Detention and Teamwork (ACDT) system, which already includes the use of multi-disciplinary panels to monitor vulnerable detainees.   1. Mental health awareness and cultural awareness training for staff   Some respondents criticised the Home Office for a perceived lack of training provided to IRC staff and Home Office caseworkers in mental health awareness and cultural awareness surrounding the issue of mental health.  Detainee Custody Officers (DCOs) working in IRCs already receive training in this area but we will explore how it might be enhanced. We will also scope a training package for Immigration Enforcement staff working in centres. Home Office decision makers work in a number of different case working areas of the organisation and will have different training needs according to their particular responsibilities, so consideration will need to be given as to how best to implement appropriate training for them. The Home Office will also explore how expert psychiatric advice can be made available to caseworkers.   1. Transfer of detainees to mental health hospitals   Some respondents commented that on occasions problems have been encountered in securing hospital beds for mentally ill detainees whose condition is sufficiently serious as to require admission to hospital.  This concern is addressed by the IRC Strategy, which states that “*appropriate, timely and effective care should be provided to detainees with complex or urgent care needs that cannot be managed in the immigration estate including referral to external advice and/or treatment where required”* and that healthcare commissioners may wish to include in their service specifications local arrangements for access to specialist psychiatric services.   1. Home Office structures   Some respondents suggested that potentially fragmented lines of responsibility between staff working in IRCs who are responsible for caring for detainees on a day-to-day basis and Home Office caseworkers who are responsible for reviewing their continued detention are hindering the flow of information about detainees’ mental health and that this could lead to incomplete information being available to case workers reviewing detention.    The Home Office recognises that there is a risk that this could happen and is addressing it. Immigration Enforcement is currently reviewing all Home Office business areas dealing with detained cases. This is considering mechanisms for information sharing (including healthcare information) between IRCs, caseworkers and Home Office Detention Operations and is assessing whether existing processes result in the timely sharing of appropriate, complete and accurate information to ensure detention and removal operations are better informed.   1. Scale of mental health problems in detention   Some respondents were critical about the lack of data on the scale of mental health problems amongst the detained population which, it was claimed, makes planning for their needs difficult.  The HWNA has begun to address this issue by including data on mental health problems in the detained population. The NHS England Strategy says that in future recording of mental health problems should be done by “*diagnostic criteria”* and Strategic Objective 3 in this document is to improve information systems across IRC and STHF healthcare services to ensure better intelligence sharing, data collection and analysis.  **Race (includes colour, nationality and national or ethnic origins-s9 of the Equality Act)**  Several respondents asserted that ethnic groups with a high incidence of mental health problems, in particular those of Black African/Caribbean origin, are disproportionately represented in the detained population.  However, the HWNA recorded that the largest population groups in detention were South Asian (44%), with those of Black Afro Caribbean origin comprising 22%. Furthermore, the HWNA recommends all IRCs should start using the same template based on the Office for National Statistics (ONS) categories for ethnic groups to help standardise recording of ethnicity and nationality, thereby helping identify health needs.  The NHS England Strategy also recommends detainee access to culturally sensitive mental health provision in IRCs .  **Gender**  This protected characteristic was identified by one respondent to the consultation, who asserted that mental health problems are more common in women than men.  However, even if this assertion is accepted, women are not disproportionately likely to be detained in practice. As at September 2014 there were only 345 detention places across the detention estate for women, compared with 3468 for men. Furthermore, Home Office published statistics show that in 2013 25,754 men entered detention, compared with 4,664 women.  **Age**  No impacts on these grounds have been identified  **Religion or Belief**  No impacts on these grounds have been identified  **Sexual Orientation**  No impacts on these grounds have been identified  **Gender Reassignment**  No impacts on these grounds have been identified  **Pregnancy or Maternity**  No impacts on these grounds have been identified  **Marriage or Civil Partnership**  No impacts on these grounds have been identified | | | | | | |
| **SCS sign off** | Kristian Armstrong | | | **Name/Title** | Head of Criminality and Enforcement Policy | |
| **I have read the available evidence and I am satisfied that this demonstrates compliance, where relevant, with Section 149 of the Equality Act and that due regard has been made to the need to: eliminate unlawful discrimination; advance equality of opportunity; and foster good relations.** | | | | | | |
| **Directorate/Unit** | | Immigration and Border Policy Directorate | **Lead contact** | | | Simon Barrett |
| **Date** | | 26/11/2014 | **Review Date** | | | 26/11/16 |