THE CAMPBELL COLLABORATION

Title registration for a review proposal: Detention of asylum seekers and the impact on their mental health

Title identification no.	SW2012-1

1. Title of review

Detention of asylum seekers and the impact on their mental health

2. Background and objective of this review

The last decades of the twentieth century were accompanied by an upsurge in the number of persons fleeing persecution and regional wars.

United Nations High Commissioner for Refugees (UNHCR) reports that 198,300 asylum applications were received by 44 industrialized countries[1] in the first half of 2011, UNHCR, 2011.

Western countries have applied increasingly stringent measures to discourage those seeking asylum from entering their countries (UNHCR, 2000; Human Rights Watch, 2001). There are various strategies aimed at deterring the influx of asylum seekers.

These include confinement in detention centers, enforced dispersal within the community, more stringent refugee determination procedures, and temporary forms of asylum. In several countries, asylum seekers living in the community face restricted access to work, education, housing, welfare, and, in some situations, to basic health care services (Silove et al, 2000).

The most controversial of the measures to discourage people from seeking asylum is the decision by some western countries to confine asylum seekers in detention facilities (Loff, 2002; Summerfield, Gorst-Unsworth, Bracken, Tonge, Forrest & Hinshelwood, 1991). Many countries detain asylum

[1] These are: 27 Member States of the European Union, Albania, Bosnia and Herzegovina, Croatia, Iceland, Liechtenstein, Montenegro, Norway, Serbia, Switzerland, The former Yugoslav Republic of Macedonia, and Turkey, as well as Australia, Canada, Japan, New Zealand, the Republic of Korea and the United States of America.

seekers; however, Australia has been unique in establishing a policy of mandatory, indefinite detention. From 1992 to 2005, Australia implemented a policy of mandatory detention of all asylum seekers arriving by boat or without valid travel documents. Since the events of 9/11, however, other countries such as the USA and UK (Welch & Schuster, 2005; American Civil Liberties Union (ACLU), 2007) have expanded immigration detention facilities and the use of detention with a similar trend appearing to emerge in Canada (Nyers, 2003; Lacroix, 2006). Furthermore, in a number of continental European countries the use of detention have significantly increased and is often used as the option of first resort not last resort (Council of Europe, 2010).

Asylum seekers are detained at different stages of the asylum process. Detention is also used by most European countries to facilitate deportations (Schuster, 2004). Hence, recently arrived asylum seekers as well as asylum seekers whose appeals have not yet been heard are held in detention. In many European countries, deportation orders are issued concurrently with the initial rejection of the asylum claim (Schuster, 2004; Hughes & Kiebaut, 1998).

Little is known about why people are detained and no official statistics on how many asylum seekers are detained or for how long exists. There is, however, growing evidence that detention of asylum seekers is associated with substantially mental health problems (Silove, Steel & Mollica, 2001; Fazel & Silove, 2006; Physicians for Human Rights and the Bellevue/NYU Program for Survivors of Torture, 2003). The Bellevue/NYU Program for Survivors of Torture (Bellevue/NYU) and Physicians for Human Rights study, report that significant symptoms of depression were present in 86% of the detained asylum seekers; anxiety was present in 77% and PTSD in 50%. Hence, the mental health of asylum seekers was extremely poor and worsened the longer those individuals were in detention.

One important question arises: Is there any evidence for a causal effect of detention on the mental problems of asylum seekers? Research using appropriate controls can provide some relevant evidence on whether detention might cause adverse outcomes on asylum seekers. Especially concerning the population under investigation in this review it is vital that an appropriate comparison group is used to establish causality.

Asylum seekers often come from countries in conflict and many asylum seekers have experienced pre-migration adversities that may affect their health (Silove et al, 2000 and Robjant et al, 2009). High rates of pre-migration trauma, and therefore of trauma-related mental health problems are reported (Sinnerbrink et al, 1997). However, research into post-migration adversities, suggests that aspects of the asylum-seeking process may compound the stressors suffered by an already traumatized group (Sinnerbrink et al, 1997). Also Silove et al. (1997) concludes: "our findings raise the possibility that current procedures for dealing with asylum-seekers may contribute to high levels of stress and psychiatric symptoms in those who have been previously traumatised" (Silove et al., 1997, p. 351).

Seven common post-migration adversities are identified (termed the seven D's): Discrimination, Detention, Dispersal, Destitution, Denial of the right to work, Denial of healthcare and Delayed decisions on asylum applications, see McColl et al, 2008.

Hence, as detention is not the only post-migration stressor and considering the fact that the population under investigation in this review most likely has high rates of pre-migration trauma; we believe it is vital that an appropriate comparison group is used to establish causality.

The main objective of this review is to assess what is known about the causal effects of detention on asylum seekers mental health. The aim is to uncover and synthesize relevant studies in the literature that measure the causal effects on mental health of detaining asylum seekers. Although the primary focus is on mental health all outcomes reported in studies comparing detained asylum seekers with a comparable nondetained group will be examined.

We are very clear that tight causal conclusions can probably not be drawn from the studies we expect to find as we do not expect to find any studies based on trials. However, a distinction can be drawn between studies that simply assess the association between detention of asylum seekers and mental health outcomes, and studies that control for important confounding factors. Studies that control for important confounding factors provide some evidence for considering possible causal effects. While conclusions about causal effects must be very tentative it is important to extract and summarize the best evidence available.

Nonetheless, we think it is worthwhile to conduct a systematic review, even in the absence of trials, in order to uncover and synthesize high quality studies that may not be found using less thorough searching methods, ultimately decreasing bias with respect to findings. Second, if a systematic review demonstrates that high quality studies are lacking, this could encourage a new generation of primary research.

3. Define the population

The “intervention population” are asylum seekers who have been detained. The comparison population are asylum seekers who have not been detained. Asylum seekers whose asylum application has not been successful will be included as well. We will include asylum seekers of all ages and nationalities.

According to the United Nations Convention relating to the Status of Refugees as amended by its 1967 Protocol (the Refugee Convention, 1967), a refugee is a person who is outside their own country and is unable or unwilling to return due to a well-founded fear of being persecuted because of their race, religion, nationality, membership of a particular social group or political opinion (see UNHCR, 2010).

The terms asylum seeker and refugee are often used interchangeably. We will follow UNHCR and use the term asylum seeker as an individual who has sought international protection and whose claim for refugee status has not been determined yet. As part of its obligation to protect refugees on its territory, the country of asylum is normally responsible for determining whether an asylum-seeker is a refugee or not. This responsibility is often incorporated in national legislation of the country and, for State

Parties, is derived from the 1951 Convention Relating to the Status of Refugees, see UNHCR, 2011. Only after the recognition of the asylum seeker's protection needs, he or she is officially referred to as a refugee and enjoys refugee status, which carries certain rights and obligations according to the legislation of the receiving country.

4. Define the intervention

In this review, detention of asylum seekers will be regarded as a social intervention – with possible adverse consequences for the asylum seekers. We define detention as the deprivation of liberty of asylum seekers. In most countries detention of asylum seekers is an administrative procedure that is undertaken to verify the identity of individuals, process asylum claims, and/or ensures that a deportation order is carried out (The Global Detention Project, www.globaldetentionproject.org). It is important to note that one of the key concerns vis-a-vis this form of detention is precisely its administrative nature. Domestic legal systems are often not as detailed regarding these detention situations, which can result in detainees facing legal uncertainty (including lack of access to the outside world, e.g. to legal counsel), inadequate or no possibilities of challenging detention through the courts, and lack of limitations on the duration of detention.

5. Outcomes

All outcomes (e.g. mental health, physical health and social functioning) reported in studies using a comparable control group will be included and examined.
The primary focus is on measures of mental health. Mental health outcomes include e.g. PTSD, depression, anxiety and mental health related disability. The mental health outcomes can be measured by standardised psychological symptom measures as for example The Harvard Trauma Questionnaire, the Hopkins Symptom Checklist and the Medical Outcomes Study – Short Form.
Physical health outcomes include e.g. complaints about pain, gastrointestinal symptoms, weight and hair loss.

Social functioning outcomes include e.g. income, crime, alcohol and substance abuse.

6. Methodology

The proposed project will follow standard procedures for conducting systematic reviews using meta-analysis techniques.

In order to summarize what is known about the possible causal effects of detention we will include all study designs that use a well-defined control group. Non-randomized studies where the use of detention has occurred in the course of usual decisions out of the control of the researcher must demonstrate pretreatment group equivalence via matching, statistical controls, or evidence of equivalence on key risk variables and participant characteristics.

The study designs we will include in the review are:

A. Controlled trials (all parts of the study are prospective, i.e. identification of participants, assessment of baseline, allocation to intervention, assessment of outcomes and generation of hypotheses, see Higgins & Green, 2008):
    - RCT - randomized controlled trial
    - QRCT - quasi-randomized controlled trial (i.e. participants are allocated by means such as alternate allocation, person's birth date, the date of the week or month or alphabetical order)
    - NRCT - non-randomized controlled trial (i.e. participants are allocated by other actions controlled by the researcher)
B. Non-randomized studies (includes truly observational studies where the use of detention has occurred in the course of usual decisions)
    - NRS - the allocation is not controlled by the researcher and there is a comparison of two or more groups of participants. Participants are allocated by means such as time differences, location differences, decision makers or policy rules.

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Time points for measures considered will be:

- Participants currently detained
- By the end of detention to 1 year after release
- More than 1 year after release

7. Review team

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8. Roles and responsibilities

- Content: Edith Montgomery and Marianne Kastrup
- Systematic review methods: Trine Filges and Maia Lindstrøm
- Statistical analysis: Trine Filges
- Information retrieval: Anne Marie Klint Jørgensen

9. Potential conflicts of interest

None known

10. Funding

Internal funding: SFI Campbell

External funding: None at this stage

11. Preliminary timeframe

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