

Original Communication

Safe in our hands?: A study of suicide and self-harm in asylum seekers

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Abstract

This study examined the incidence of suicide and self-harm in asylum seekers in the UK, both those in detention and in the community. The investigation revealed that data recording is seriously flawed or sometimes non-existent. However, the scanty data those were available from Immigration Removal Centres, coroners' records and Prison Ombudsman's reports showed high levels of self-harm and suicide for detained asylum seekers as compared with the United Kingdom prison population. It is suggested that this could be attributed to routine failure to observe and mitigate risk factors. The author makes the following recommendations: coroners should record asylum seeker status and ethnicity of deceased, self-harm monitoring in the community should record asylum seeker status and ethnicity, health care in immigration removal centres should meet the same standards as UK prisons as a minimum, allegation of torture by immigration detainees should trigger a case management review and risk assessment for continued detention, and this process should be open to audit, and interpreters should be used for mental state examinations unless their English has been shown to be fluent.

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Definitions. *Asylum seeker:* According to the 1951 Convention, 'a person having a well-founded fear of being persecuted for reasons of religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country'.

The term '*refugee*' is widely used to describe displaced people all over the world. In a legal context in the UK, a person is a refugee only when the Home Office has accepted their asylum claim. While a person is waiting for a decision on their claim, she/he is called an asylum seeker.

1. Introduction

The identification of at risk groups for suicide and the reduction of risk factors is a stated government strategy¹ and a key performance indicator in the prison system.² Whilst the UK national rate for suicide is 9/100,000 the

rate for prisoners is 122/100,000. The risk groups identified by the government publication 'Suicide is Everyone's Concern', are: young adults, male gender, low income, previous traumatic experiences, contact with mental health services and lack of social supports. Asylum seekers carry not just one or two of these risk factors, but the majority of them as summarized in [Table 1](#). The actual incidence of self-harm or suicide in this population is not known. Detention per se increases the risk of suicide and self-harm, and the rates for this in the UK's detained population are a matter of recognized concern.

Asylum seekers may be detained on entry to the UK, as part of the fast-track asylum process, and kept in detention for much or all of the process. Victims of torture and others may be deemed unfit for detention on medical grounds and released on 'temporary admission'. Other reasons for detention are after conviction for travelling with false documents, and after losing a claim for asylum, prior to removal. Statistics on the relative numbers in each category are not available. Foreign nationals detained in immigration removal centres prior to deportation are not included in this study.

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Table 1

Demography of asylum seekers in the UK

- 75–80% male
- 70–80% aged 18–35^a
- Up to 30% victims of torture^b
- Traumatic experiences common
- Barred from employment
- Receive 30% less benefit than residents

^a Home Office Statistical Bulletin Asylum Statistics 2005, Prepared by Immigration Research and Statistics Service ISSN 1358-510X.

^b Modvig J, Jaranson J. A global perspective of torture, political violence and health. In: John P Wilson, Boris Drozdek, editors. *Broken Spirits: the treatment of PTSD in asylum seekers and refugees*. New York: Brummer Routledge Press; 2003.

Asylum seekers living in the UK may have no knowledge of the fate of their family members left behind, have no family or social support in the UK, face the ongoing stress of awaiting a decision on their asylum application, in the face of the fear of being returned to the country from which they fled. Unsurprisingly the levels of mental illness in this group are thought to be high, but treatment and compliance rates may be much lower than they should be. It is difficult for asylum seekers to register with a GP, difficult for them to access therapeutic services without fluency in English and difficult for them to attend appointments regularly when they are moved frequently from one accommodation to another.^{3,4} There may also be a relative lack of 'help-seeking behaviour' in this group for reasons such as culturally different perceptions of what is mental illness, the stigma in some cultures of mental illness or lack of money to pay for travel to appointments and for prescriptions. A number suffer from conditions such as post-traumatic stress disorder (PTSD), which is thought to induce an intrinsically reduced help-seeking behaviour, perhaps as an avoidance manifestation.⁵

Reviewing the existing literature shows it can be difficult to make comparisons, as some have studied 'refugees', which can mean all those fleeing persecution or only those with the right to remain in that country. Other research has studied asylum seekers or total immigrant populations. In the following paragraph, the terms used are those used by the authors. A review in the *Lancet* in 2005⁶ studied the prevalence of serious mental health disorder in refugees settled in Western countries and found a probable 10-fold increase in PTSD prevalence, while a study by Steel et al. in 2006 found an independent adverse effect of immigration detention on the mental health of refugees.⁷ An Australian study found very high rates of suicide and self-harm in asylum seekers in detention and, consequently, Australia has now given up mandatory detention because of the damage to their health.^{8,9} The percentage of refugees who have been tortured is not known, though a range from 5% to 30% is often quoted.¹⁰ Recent work has suggested an incidence as high as 55%.¹¹ Previous trauma, such as torture, is linked to an increased incidence of post traumatic stress disorder and of suicide.¹² In patients with a psychiatric

diagnosis, especially PTSD, suicide is increased.⁵ A Swedish study found the risk of an immigrant dying of suicide to be 1.5 times higher than for a native Swede,¹³ (taking all immigrants, not necessarily asylum seekers), though this finding has not been replicated elsewhere.¹⁴ An excellent review of suicide in ethnic minority groups in the UK found important risk factors to be recent contact with mental health services and psychiatric diagnosis.¹⁵ Given the very high incidence of risk factors it is necessary to establish the rates of self-harm and suicide in asylum seekers in the UK and to urgently put in place the required treatment and support if we are to prevent further suicide and self-harm.

2. Method

To examine, the available data on suicide and self-harm in asylum seekers in detention and in the community proved to be a more difficult task than had been anticipated. Most of the relevant data are not being recorded at all. While very comprehensive statistics are available on many aspects of this problem for the detained UK population as a whole, these data do not include asylum seekers in immigration removal centres. Some of these general data have been used to make comparisons but the detained population does not really form an appropriate control group. Prisoners in the UK may be convicted or on remand, and there are important differences in their patterns of self-harming behaviour, with those on remand (a proportion of whom will be found innocent) showing higher incidence of self-harm.² In both groups self-harm risk is highest in the first 48 h of detention.

Those detained in immigration removal centres are a mixed group. About 70% are failed asylum seekers awaiting removal, but up to 30% may be foreign nationals who have served a sentence in the UK and are now awaiting deportation. Asylum seekers detained in mainstream prisons may be on remand, convicted of a crime committed within the UK or convicted of immigration offences such as travelling without valid travel documents. The available data on self-harm in prisons, while these do distinguish between remand and convicted prisoners, do not distinguish between these latter categories or between UK nationals, foreign national prisoners and asylum seekers.

Different ways of accessing data and information in the target group were explored. There are no data on asylum seekers' self-harm rates in the community, as accident and emergency departments do not code patient episodes for asylum seeker status.

Self-harm data are available for prisons and for the Immigration Removal Centres, both as total numbers and as an expression of risk, in the form of numbers of self-harm monitoring forms opened. These forms, known until recently as SASH forms are initiated by staff after a self-harm incident or if a detainee is thought to be at significant risk of self-harm. Thus, in an ideal situation, the numbers of SASH forms should greatly outweigh the numbers

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