

Improving health in immigration detention and promoting alternatives to detention



Over the past few decades, immigration detention has become increasingly used as a way to manage migration flows,¹ despite international law clearly stating that it should only be used as a last resort²⁻⁴ and that children should never be detained.^{3,5} As a fundamental human right, health is important for everyone, including refugees and migrants. Immigration detention has negative impacts on physical and mental health and on families and communities as a whole.¹ It is crucial to address the health challenges in immigration detention, mitigate the negative effects of such detention, and identify alternative approaches to detention.

People in immigration detention are sometimes survivors of trafficking, smuggling, and torture or other forms of violence. Additionally, migrants in detention facilities often have chronic physical or mental health issues that cannot be managed appropriately in this setting. Other people without pre-existing conditions can develop health problems during their time in immigration detention. To highlight these issues and to promote and expand on the use of alternatives to immigration detention, the WHO Regional Office for Europe in collaboration with its partners, including the Uppsala University, the International Detention Coalition, and the International Federation of Red Cross (IFRC) and Red Crescent societies, released a new report on May 4, 2022, *Addressing the Health Challenges in Immigration Detention, and Alternatives to Detention: a Country Implementation Guide*.¹ The guide includes a review of evidence on health in immigration detention and alternatives to detention, and highlights good practices that are implemented in the European region. It is the first WHO guide to give a comprehensive overview of all health aspects in immigration detention and the importance of implementing alternatives to detention to step up action on improving the health and wellbeing of refugees and migrants and to prevent exacerbation of vulnerabilities.

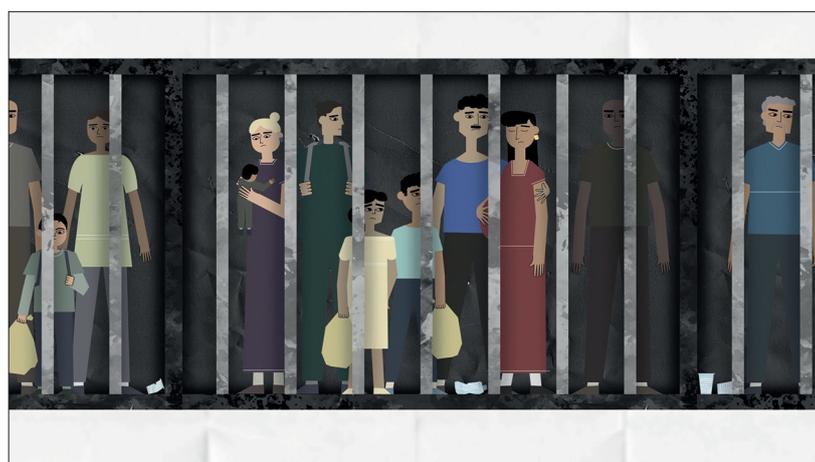
The restrictions that detained migrants are subject to are similar to conditions in prisons but there is a lack of adequate safeguards and standards, such as regular access to health services and staff training, resulting in instances where migrants in detention have

poorer health outcomes than individuals in prisons.¹ Immigration detention can cause a decline in health, especially in the mental health of migrants.^{6,7} Migrants' health typically worsens with the duration of detention. These negative impacts can be long lasting, even after release. Although the mental health needs of migrants in detention are well documented, psychological care is not usually provided to people in detention or after their release.¹ Many immigration detention facilities provide access to essential medical care only, with limited referral pathways to secondary care, leading to escalation of health needs.¹

Non-custodial alternatives to detention, such as community placement and a case management approach, should be considered, prioritised, and implemented over immigration detention.² Several countries within the WHO European Region have legal provisions to implement alternatives to detention. However, alternatives to detention are not yet systematically implemented across the region, even when the evidence shows they are effective, improve the wellbeing of migrants, lead to case resolution, and have better cost-effectiveness than immigration detention.⁸⁻¹⁰

The new guide¹ has been produced with the hope that it will lead to a decrease in use of detention practices and a new turn to alternatives. Where detention is used by national authorities, the guide provides the resources on how to implement important measures,

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such as appropriate training of staff, safeguarding measures, psychological support, and provision of services to maintain health and prevent the spread of communicable diseases to mitigate the negative effects of detention on migrants' health.

If immigration detention is used, its effects on health have to be mitigated as far as possible. The guide highlights good practices that are implemented with this aim. In many countries within Europe, the IFRC and national Red Cross and Red Crescent societies have stepped up, using national legislation and their auxiliary role to the respective authorities to negotiate humanitarian access to migrants in detention facilities, camp settings, and reception centres or for people on the move. These organisations provide a wide range of health-related activities, including basic health services and mental health and psychosocial support to migrants, while also addressing specific vulnerabilities and needs to reduce the use of detention and develop human rights based, non-custodial alternatives.

Looking ahead, the main priority will be to reduce the human impact of immigration detention by raising awareness of the severe negative health effects of immigration detention and finding ways to mitigate these harmful effects on health. Encouragingly, many governments have declared their commitment to identifying alternatives to detention. The WHO Regional Office for Europe and its partners are supporting national authorities in their efforts to review detention policies, develop plans to expand community-based programmes that offer alternatives to detention, provide technical assistance through our network of county offices, and provide bespoke training, which is already underway and will continue to be rolled out in 2022 as a sign of our strong engagement on this important migration and public health issue.

CG is the Executive Director of the International Detention Coalition (IDC). The IDC is the global coalition advocating on reforms to immigration detention. We all contributed to the country implementation guide¹ that is discussed in this Comment. We declare no other competing interests.

*Gundo Weiler, *Jozef Bartovic, Birgitte Bischoff Ebbesen, Carolina Gottardo, Soorej Jose Puthoopparambil bartovicj@who.int*

Division of Country Support and Emergency, Preparedness and Response, WHO Regional Office for Europe, DK-2100 Copenhagen, Denmark (GW, JB); WHO Collaborating Centre, Uppsala University, Uppsala, Sweden (SJP); Office of Regional Director for Europe, International Federation of Red Cross, IFRC Europe Regional Office, Budapest, Hungary (BBE); Office of Executive Director, International Detention Coalition, Melbourne, VIC, Australia (CG)

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