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Cite this as: *BMJ* 2022;377:e071007

http://dx.doi.org/10.1136/bmj-2022-071007

Published: 23 May 2022

Clinicians caring for migrants need more support

A harsh immigration environment brings unique challenges

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Recent political events, including the conflict in Ukraine, the Taliban takeover in Afghanistan, and the passing of the Nationality and Borders Bill,[1] are set to worsen the effect of the UK's immigration system on asylum seekers and other migrants with irregular immigration status. The bill includes provision for sending asylum seekers to Rwanda to have their claims processed rather than in the UK asylum system. These developments widen the gulf between asylum seekers' needs and what clinicians are allowed to do for them.

The UK remains the only European country with no upper time limit on immigration detention. Professional groups have raised serious concerns about healthcare within immigration detention centres and the mental health consequences of such detention.[2-4] Recently, asylum seekers have been housed in institutional and restrictive "quasi-detention" settings such as former army barracks. An all-party parliamentary group inquiry into quasi-detention in December 2021 reported considerable risks to the mental health and wellbeing of migrants housed in these settings as well as risks to public health because of inadequate prevention and detection of covid-19.[5] Proposed community alternatives to detention have not been taken up, despite evidence of effectiveness.[6 7]

As well as "offshore" processing, which has been tried in Australia with disastrous consequences,[8] the Nationality and Borders Bill proposes the development of accommodation centres (despite the unsuccessful barracks pilot[9]) and a two tier system for asylum seekers based on mode of UK entry and promptness of application rather than need for protection.

Effect on clinicians

Austerity policies and the pandemic have further exacerbated pressure on already overburdened healthcare staff, including those providing care to detained people with irregular immigration status. Concerns have been raised about the risks of moral injury, institutionalisation, and vicarious traumatisation for clinicians working in immigration detention and quasi-detention settings.[10] The needs of doctors working in detention have been highlighted previously,[11] and the Nationality and Borders Bill makes these needs even more urgent.

Clinicians working in the detention estate may struggle to meet detainees' complex health needs. Treatment cannot be fully evidence based since there is little published research to underpin health interventions in detention. Bureaucratic barriers obstruct high quality research.[10] Detained people's mistrust of authority can erode the therapeutic relationship,[10] and clinicians may not be supported when raising concerns about patients to custodial staff, creating professional dilemmas.

Working in isolated environments can be detrimental to clinicians' individual professional development and could jeopardise patient safety and quality of care.[12] Furthermore, clinicians in detention settings encounter complex practical and ethical challenges unusual in everyday NHS practice.[12] For example, a clinician treating a suicidal detainee can prescribe medication and recommend close supervision but cannot influence their detention status, the most important factor contributing to their risk of suicide. Here, immigration status trumps a patient's clinical need.[13]

Asylum seekers are dispersed all over the UK, often after detention or quasi-detention, so clinicians working outside immigration may also encounter asylum seekers in their clinical practice. They may feel unsupported in managing the complex needs of this population, especially patients who have experienced detention.

Nationally agreed standards should be developed, co-produced by clinicians and experts by experience, to address the needs of healthcare staff and provide best clinical care for migrants. Trauma informed practice, recognising the broad effect of trauma on mental health and on emotional, psychological, and social wellbeing, is essential.[14] Such practice also approaches care through collaboration and partnership and thereby fosters the development of social networks. Professional medical bodies must support the introduction and monitoring of trauma informed practice in all settings housing migrants.

Despite ongoing time pressures, clinicians working with such patients need regular space for thoughtful discussion about clinical and ethical issues.[15] Professional initiatives such as online clinical networks can also be helpful.

Training in migrants' health needs through trauma informed practice is necessary for all clinicians, not just those working within the immigration estate. Training should include awareness of the effects of detention and quasi-detention and other adverse experiences on migrants' health, along with the moral dilemmas arising from treating patients subject to restrictive conditions. Professional bodies and individual clinicians should press for more ethical and socially just migration policies, including reforming the structures that perpetuate and aggravate migrant health inequities and create challenges for the health professionals who work with them.[16] Health leaders should also call for better support and supervision for clinicians working with

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migrants, both in the community and in detention settings.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare that PS, LZW, GC, MP, and CK are members of the Royal College of Psychiatrists' working group for the health of refugees and asylum seekers. MP is a trustee of Freedom from Torture and has personal experience of the UK asylum system and immigration detention. CK is medical and research director at the Helen Bamber Foundation, a human rights charity.

Provenance and peer review: Not commissioned; externally peer reviewed.

We thank Andrew Forrester and Chris Maloney for their input and ongoing collaboration.

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