News Release [embargoed until 4:00pm 13th October]

Damage to the mental health of Belmarsh prisoners detained under the 2001 Anti-Terrorism legislation (Britain's so called "Guantanamo Bay")

Press Conference at 4pm on Wednesday the 13th October 2004 at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1.

Disturbing findings by a group of doctors show that serious damage to the health of all the detainees they have examined has occurred and is inevitable under a regime which consists of indefinite detention. These conclusions are based on a series of reports originally commissioned for legal purposes from the doctors over the past 2½ years by the prisoners' solicitors.

Progressive deterioration in the mental health of all those detainees and their families was observed. The House of Lords last week considered the 'proportionality' of the application of anti-terrorism legislation, (whereby individuals can be detained indefinitely on the basis of an executive decision based upon suspicion).

Copies of this report will, by the authority of the solicitor, be made available at the press conference where doctors will expand on the report, their concern about the medical issues, and answer all relevant questions.

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NB: This press conference is <u>not</u> an official communication from the Royal College of Psychiatrists. It originates from the individual Consultant Psychiatrists and a Professor of Clinical Psychology whose report on these Belmarsh prisoners is to be released.

THE PSYCHIATRIC PROBLEMS OF DETAINEES UNDER THE 2001 ANTI-TERRORISM CRIME AND SECURITY ACT

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THE PSYCHIATRIC PROBLEMS OF DETAINEES UNDER THE 200# ANTI-TERRORISM CRIME AND SECURITY ACT

Abstract

This paper is a composite view of the impact of indefinite detention under the 2001 Anti Terrorism Crime and Security Act. Since December 2001 a number of detainees have been detained under this legislation. The impact of this on eight detainees and three of their spouses is examined through analysis of 48 reports and documents compiled by 11 Psychiatrist and 1 Psychologist. Detention has had a severe adverse impact on the mental health of all detainees and the spouses interviewed. All are clinically depressed and a number are suffering from PTSD. The indefinite nature of detention is a major factor in their deterioration.

THE PSYCHIATRIC PROBLEMS OF DETAINEES UNDER THE 2001 ANTI-TERRORISM CRIME AND SECURITY ACT

Introduction

Since 2001 a number of foreign national have been detained indefinitely under the Anti-terrorism Crime and Security Act on the grounds that they are a threat to national security. This article concerns eight detainees under the act. Their detention has had major adverse consequences for their mental health. The article originated in a report prepared at the request of solicitors and is a summary of the findings of 11 Consultant Psychiatrists and 1 Consultant Clinical Psychologist all of whom have specialist expertise in this area. All of the detainees were seen on more than one occasion and with by more than one clinician. In addition where necessary reports by Physicians, Occupational Therapists and Social Workers also informed the process. In total 48 reports and documents were included in this analysis.

We had the following three aims:

1. To develop a composite report on the impact of indefinite detention on the detainees on the basis of existing specialist clinical reports. These reports have been prepared by a number of expert psychiatrists, psychologists and others. A full list of the existing reports on each detainees available for scrutiny but one of the conditions imposed by the court was that the detainees, with the exception of Mahmoud abu Rideh whose case was already in the public domain, should not be identified by name.

2. To examine the impact of indefinite detention on spouses of the detainees.

3. To review any published material which may help to guide opinion on the impact of detention.

A REVIEW OF CLINICAL REPORTS ON THE DETAINEES

All of the detainees with have been seen by more than one clinician or on more than one occasion. In some cases they have been seen several times by several clinicians. In all, eight detainees have been assessed. * (see footnote)

*One case is included in which the detainee has been certificated by the Secretary of State but who was, at the time of his certification, detained already on the basis of an extradition request by France. His case is included as his detention extradition has been an extended one (from May 2001 to July 2004), that it is overshadowed by a further uncertainty, a potential extradition request in the future, by the USA, and because upon his third application for bail in order to assist his wife who had become mentally ill, and his young son, was then served with a certificate under the 2001 Act by the Home Secretary. This certificate was thereafter relied upon by the Home Secretary to oppose the grant of bail.

SUMMARY OF PRE-MIGRATION FACTORS

Six of the detainees come from Algeria, one comes from Tunisia and one from Gaza. All had had some education and in some cases up to University level. All were literate. Four of the 8 detainees had a previous psychiatric history prior to their arrest and 3 had a clear family history of mental health problems. Several had serious physical health problems including bilateral traumatic amputation of arms, the consequences of childhood polio, lower back injuries etc which interact with and influence mental state. Three of the detainees had experienced of previous detention and torture but all had been in situations of political instability and unrest. All had felt themselves to be under serious threat prior to migration. (In the case of one, the perceived threat related to his wife.)

All of the men and their families are devout Muslims. They originate in countries where mental illness is highly stigmatized. Islam prohibits suicide and the expression of hopelessness as this suggests a lack of faith in God. For them to acknowledge mental health problems, including suicidal ideation, is likely to be extremely difficult.

SUMMARY OF PRESENTATION AND PROGRESS FOLLOWING DETENTION

There is a high degree of consensus amongst the expert opinion on the detainees. The detailed nature of the assessments and their consistency allows for the following conclusions to be drawn.

1. All of the detainees now suffer from significant levels of depression and anxiety. The symptoms are of clinical severity and have shown a deterioration over time.

2. In a number of cases where there has been direct exposure to traumatic events there is also a diagnosis of post-traumatic stress disorder (PTSD). This may be in relation to pre-migration events, events pertaining to their arrest and imprisonment or both working in a synergistic fashion.

3. There is a high level of suicidal ideation and attempts at self-harm. The latter range from superficial cuttings to attempts at hanging.

4. Deterioration in mood state is clearly linked to a sense of helplessness and hopelessness which is an integral aspect of indefinite detention.

5. Where people have complex health needs, as for instance in the case of the polio survivor and amputee, these needs were not being adequately met within the prison system.

6. On a number of occasions detainees' behaviour has been interpreted by prison staff as manipulative, particularly where there has been a failure to cooperate with the healthcare regimes. There is a failure to perceive the serious possibility that this behaviour reflects a deterioration in mental state rather than deliberately manipulation.

7. A number of detainees as their mood has deteriorated, have developed significant psychotic symptoms. These symptoms were not present prior to detention.

8. In the case of "G" who was released on stringent conditions of house arrest the psychotic symptoms receded within a short period following release, but the underlying depressive features have been more slow to respond. In the case of Mahmoud abu Rideh,(whose case is in the public domain) while transfer to Broadmoor produced an initial improvement in his clinical state this has since waned.

9. There is a strong consensus that indefinite detention per se is directly linked to deterioration in mental health and that fluctuations in mental state are related to the prison regime itself and to the vagaries of the appeal system.

10. There is also a strong consensus that, while indefinite detention continues, it is highly unlikely that the Prison Health Care team is adequately able to combat the deterioration in mental health.

11. Concern with regard to their wives' mental state is exacerbating the mental health problems of many detainees

SUMMARY OF THE IMPACT OF DETENTION ON FAMILY MEMBERS

This summary is based on interviews with three wives. There is clearly a high burden of stress imposed on wives and this is contributing negatively to their mental state. While having a husband in prison may be seen as stressful for many women their problems seen as over and above what would normally be expected.

The findings of two clinicians show a high degree of congruence. This allows the following conclusions to be drawn.

1. All three women are showing signs of clinical depression.

2. One is also showing signs of PTSD in relation to her husbands arrest and another has a phobic anxiety state.

3. Their symptoms relate directly to the incarceration of their husbands and its indefinite nature.

4. The isolation of their situation compounds their own mental health difficulties.

5. Their own state fluctuates in relation to the problems which their husbands are experiencing.

6. There is unlikely to be an improvement while the current situation is maintained.

EXISTING PUBLISHED MATERIAL

Under the 2001 Anti-terrorism, Crime and Security Act the situation that the detainees find themselves in is unique. Previous published work on detention has tended to be in relation to regimes which also use torture while the process of detention continues One reasonably close analogue to the current situation is the impact of detention on those awaiting immigration decisions. Detention times may vary from weeks to years in these settings and the point at which a decision will be given is uncertain. In this there are a number of parallels to the position of the current detainees. However the immigration detainees always have an end point in terms of a tribunal or court decision. The situation of indefinite detention with potentially no end point would suggest that the effects identified here will be greater. It is likely that there will be an even higher level of hopelessness and helplessness and a correspondingly higher level of mental health problems. The work reviewed is international, taking in the UK, USA and Australia, but has a number of commonalities.

The Victorian Foundation for Survivors of Torture in Australia (1) carried out a file audit of clinical assessments undertaken with 46 Cambodian asylum seekers held within the Villawood and Port Hedland Detention Centres from late 1993 to mid 1994. A significant number had been in detention for over two years and detailed interviews indicated that the majority had histories of multiple traumatic events. Sixty two per cent were found to meet the diagnostic criteria for post-traumatic stress disorder (PTSD) and results from routine administration of the Cambodian version of the Hopkins symptom check list indicated that all the Cambodians had scores above the threshold for clinically significant depression and 94% had scores above the threshold for clinically significant anxiety.

The authors concluded that the length of detention was a major contributing factor to the level of symptoms displayed. They carried out a further study of seventeen East Timorese held at the Curtin Detention Centre for 1-3 months (2). All of the asylum seekers reported a common history of repeated prolonged exposure to violence. All were found to be suffering from PTSD with 94% suffering from depression and 65% suffering from severe anxiety. Clinically significant suicidal ideation was also reported.

Silove et al (3) surveyed 25 detained Tamil asylum seekers held at Maribymong

Detention Centre in Victoria during 1997 and 1998. They compared these with a sample of Tamil asylum seekers who were community based. Detained asylum seekers reported extensive trauma histories with a greater level of exposure to trauma than the community based samples. Compared to the community group the detainees were more depressed, suicidal, and suffered more extreme post-traumatic panic and physical symptoms. Interestingly they found that levels of past trauma exposure did not entirely account for symptomatic differences across the groups suggesting (albeit indirectly) that the immediate conditions of detention were contributing to the mental health problems of detainees.

Bracken and Gorst-Unsworth (4) carried out a file audit of 10 detained asylum seekers seen by the Medical Foundation for Victims of Torture in the U.K. Six of the asylum seekers had documented physical evidence of torture and all of them reported depressed mood, appetite loss and multiple somatic symptoms. Suicidal ideation was present in four of the detainees with two having a history of serious suicide attempts.

This was similar to the work of Pourgourides at al (5) who in a qualitative study amongst 15 asylum seekers detained in the U.K. found that the majority gave histories of traumatic experience including systematic torture. They presented with a high level of depressive and post-traumatic stress symptoms with profound despair and suicidal ideation. There was evidence of self-harm including attempted hangings.

Sultan (6) was a physician who himself was held in detention. He described the situation for 36 detainees held for over i# months at Villawood Detention Centre in Australia. Thirty three out of 36 were experiencing clear evidence of severe depressive illness with the remaining three experiencing mild depressive symptoms. Twenty two were in receipt of antidepressant medication with a further nine refusing to take medication for their symptoms. Six of the detainees developed clear psychotic symptoms and five showed strong aggressive impulses and persistent self-harming behaviour. Interestingly most of the people displayed little if any of those symptoms prior to their detention at Villa Wood.

Sultan and O'Sullivan (7) carried out a qualitative study again in Villawood Detention Centre. They described a deteriorating pattern of psychological well being amongst immigration detainees held for long periods of time with each successive stage in the immigration process being found to be associated with increasing distress and psychopathology. At the most extreme end of the spectrum of mental health problems was a psychological state characterized by severe depression, despair, hopelessness, paranoia, rage and persecutory delusions. This was often associated with persistent self-harming behaviour. Out of a sample of 33 held for over nine months, half of whom were torture survivors, all but one of the detainees displayed symptoms of psychological distress at some point during their period of detention. Eighty five per cent had chronic depressive symptoms and 65% had pronounced suicidal ideation.

Keller et al (8) carried out a survey of detainees in the New Jersey, New York area of the USA. At baseline 77% of participants had clinically significant symptoms of anxiety, 86% meeting criteria for a diagnosis of depression and 50% for post-traumatic stress disorder. They then followed up of those still in detention and those released over three months later. They found that those who had been released had a marked

reduction in psychological symptoms but those who were still detained were more distressed than at the baseline period. They found a strong association between level of symptoms and length of detention.

Review of these finding suggests that asylum seekers and refugees are likely to have had exposure to high levels of trauma in the pre-migration period. Many of them are likely to have experienced systematic torture and when exposed to detention their mental health deteriorates. This is true even when detention is in the relatively benign context of awaiting an immigration decision. They describe a sense of hopelessness that ensues as a direct result of the detention process. The studies point to a strong association between length of detention and severity of symptoms and the authors emphasise that detention per se is as strong as the other factors in causing deterioration in mental health. This is over and above any mental health problems that are the result of pre-migration trauma. Release from detention usually brings about an improvement in mental state although none of the studies have examined the impact of indefinite detention. While these studies can be seen as merely analogous to the position of the current detainees they point to a number of common factors which are highly likely to have an even greater impact when the detention is indefinite.

CONCLUSIONS

The detainees originate from countries where mental illness is highly stigmatized. In addition, for devout Muslims there is a direct prohibition against suicide. This is particularly significant given the number who have attempted or are considering suicide. All of the detainees have serious mental health problems which are the direct result of, or are seriously exacerbated by, the indefinite nature of the detention. The mental health problems predominantly take the form of major depressive disorder and anxiety. A number of detainees have developed psychotic symptoms, as they have deteriorated. Some detainees also are experiencing PTSD either as a result of their pre-migration trauma, the circumstances around their arrest and imprisonment or the interaction between the two.

Continued deterioration in their mental health is affected also by the nature of, and their mistrust in, the prison regime and the appeals process as well as the underlying and central factor of the indefinite nature of detention. The Prison Health Care system is unable to meet their health needs adequately. There is a failure to perceive self harm and distressed behaviour as part of the clinical condition rather than merely being seen as manipulation. There is inadequate provision for complex physical health problems.

Their mental health problems are unlikely to resolve while they are maintained in their current situation and given the evidence of repeated interviews it is highly likely that they will continue to deteriorate while in detention.

The problems described by the detainees are remarkably similar to the problems identified in the literature examining the impact of immigration detention. This literature describes very high levels of depression and anxiety and eloquently makes the point that the length of time in detention relates directly to the severity of symptoms and that

it is detention per se which is causing these problems to deteriorate.

There is also evidence that this is having a severe adverse effect on the spouses of the men in detention. Of the three interviewed all were suffering from clinical depression and their symptoms relate to the incarceration of the husbands and the indefinite nature of the detention. Their isolation exacerbates the impact of their husband's detention. While their own mental health difficulties fluctuate in response to their husband's difficulties there is little likelihood of improvement while their husbands are detained.

In conclusion there is evidence from repeated clinical interviews carried out by expert clinicians that indefinite detention is having a damaging impact on detainees' mental health. There is agreement that it is the indefinite nature of the detention which is particularly damaging. All of the detainees are experiencing Major Depressive Disorder and Anxiety and some are experiencing Post Traumatic Stress Disorder. Their health care needs cannot be adequately met while they remain in detention. There is also a major impact on the spouses of detainees with all of those interviewed suffering from a Major Depressive Disorder. It is highly unlikely that they will improve while their husbands are indefinitely detained. The problems of the current detainees are similar to that described in the literature on the impact of prolonged immigration detention with the caveat that in the latter there is always an end point to the process. This would suggest that the current detainees are even more vulnerable to the adverse impact on mental health of detention by virtue of its indefinite nature.

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Background to Detentions under the 2001 Anti-Terrorism Crime and Security Act and their Mental Health Consequences

1) The findings by a number of doctors published today provide a unique source of data (the Home Office conducted no investigation in advance of bringing in its legislation and immediately locking up these detainees).

2) The findings have come into being as a result of a number of different doctors being asked to prepare individual reports-on different detainees about whom their solicitors were becoming concerned. It became apparent that there were common features of progressive deterioration so that urgent transfer to hospital was being required to deal with mental disorders that were either not present at all at the time of first detention or had certainly not required hospitalisation.

3) Four detainees have now been considered for transfer to Broadmoor at the request of the Home Office. One (Abu Rideh) is held there on the specific order of the Home Secretary - Broadmoor does not want him and thinks that he has no feature that warrants his detention there or indeed anywhere. He has been there now more than 2 years. "G" was considered by Broadmoor and refused and is now under house arrest. Two more have become seriously ill but are still wholly inappropriately, in Belmarsh.

4) The separate doctors were asked, as a result of observing recurrent features, all to consider whether in their view the indefinite detention itself, rather than detention per se was causing the extreme features observed.

5) All the detainees had been taken straight to prison and never interviewed or questioned by police despite exceptionally wide powers available to do so. Everyone knows of the many detentions for interview by police at Paddington Green and the fact that the police have the power thereby to obtain evidence by questioning (at the time for up to seven days, now for up to 14 days). Numerous prosecutions are based upon what is said by arrested persons on interview. Equally many persons are able to provide answers that eliminate them from suspicion.

6) All the detainees are said to have been suspected of criminal offences, of involvement in support for terrorism and yet none was ever arrested and questioned. The Home Office informed Parliament when the legislation was proceeding that before any individual was certificated under the 2001 Act, a clear decision would have been taken by the Crown Prosecution Service that no evidence existed upon which a normal

criminal prosecution could take place. Yet the police were never involved in any normal investigation which included interview of the suspect and the Crown Prosecution Service stated that it had never been consulted to make a decision as to prosecution of any of these detainees.

7) No detainee has subsequently been told the evidence on which he is held (most of the "evidence" and the "hearing" being in secret in the absence of him or his lawyers). The Kafkaesque nature of the entire experience, as well as the entirely open ended nature of the detention when the detainee has never been tried or convicted is necessary to provide an understanding of why the circumstances of these detentions are particularly to have caused and be increasingly causing intense reaction.

8) Those detainees who have been most centrally relied upon as carers for other detainees who have one by one fallen ill are themselves now falling into serious depression or worse (very much worse in the case of one).

9) A number of the detainees, all refuges, have themselves been in the past victims of torture and the various post traumatic disorders from which they were already suffering have been constantly triggered and re-triggered by the experience of detention, and detention in extremely severe conditions.

10) All are very socially isolated. The single men have had no visitors whilst they have been in prison for the past three years and have had no one to assist them from outside, even at the most minimal levels, eg sending them clothes or spending money. The married men suffer an additional despair at having left their wives and families without help, in circumstances where many of the wives live a confined life with very young children and where some do not speak English at all.

11) All have been driven actively to contemplate returning to their countries of origin where all would be certainly tortured (which the Home Office accepts) as an escape which might contain the chance, however small, of eventually emerging from prison.

12) The basis on which all are held is that the Home Secretary had a suspicion that each was linked to a person or to a group that might be said to be supportive of the aims of Al Qaeda. That is all. It is impossible for the detainee to disprove that there was a basis for such suspicion in particular where it is based upon 'intelligence' which is only considered in secret.

13) The Home Office and recently the Court of Appeal have said that it is perfectly acceptable for that information to have been obtained from torture provided that it was not British intelligence agents doing the torturing.

14) A further ongoing difficulty relates to those detainees who are now in the most extreme untreated need who are not being placed in an ordinary mental hospital for treatment. Those ordinary hospitals say that they cannot make any assessment of the risk factor attached to a detainee's presence if the hospital is not allowed to know what the intelligence on which they are detained consists of - thus the doctors called in by Belmarsh from one concedes they urgently need placement in a hospital - but that it cannot for that reason be theirs. Broadmoor does not want the detainees as they do

not fit any of the criteria for admission. As for Mahmoud Abu Rideh, once in Broadmoor he cannot get out as the Mental Health Tribunal says it cannot discharge him as in practical terms if it did he would go back to Belmarsh and deteriorate even further all over again. The Tribunal feels it cannot make an alternative suggestion however that he goes somewhere else because of the wholly secret nature of what is alleged against him.

15) Thus their mental health needs, however urgent, are failing to be met as a direct result of the structure of the legislation which, by the imposition of indefinite detention has been directly responsible for causing those needs.