Physicians for Human Rights

Alternatives to U.S. Immigration Detention

PHR Asylum Fact Sheet

October 2018

Overview

Migration policies and practices are major global determinants of physical and mental health. This PHR fact sheet is one in a series of three literature reviews which assess current clinical evidence on the mental health harms associated with immigration enforcement practices and immigration detention, and the health benefits of alternatives to detention. This fact sheet was authored by Catherine Bianchi, PhD, Corinne Lykins, PsyM, Pauline Levy Frydman, PsyM, and Michael Stoppio, PsyM, at the Graduate School of Applied and Professional Psychology, Rutgers, the State University of New Jersey.

Immigration Detention Is Rapidly Expanding, Ignoring Concerns of Mental Health Experts

In the United States, the Trump administration has recently sought the expansion of family detention, and most recently has announced its intention to bypass the 1997 Flores consent decree, which limits the length of child detention. Instead, the administration seeks to indefinitely detain children and limit licensing requirements for the facilities in which they are held. The medical community has forcefully opposed such policies as harmful to child health, well-being, and development. Given the devastating mental health impact on migrant children and adults of using detention as a deterrence tactic, medical and mental health professionals in many countries have called for an end to immigration detention and the implementation of alternatives to detention and other punitive immigration policies. The prevalence of pre-migration trauma has also led many mental health professionals to advocate for solutions which recognize refugees as a vulnerable group and attend to their mental health and safety needs.

Clinical Evidence Demonstrates Effectiveness of Alternatives to Detention

Outcome data on the mental health of migrants placed in community-based alternatives to detention is encouraging. Studies in Australia, Japan, the U.K., and the United States comparing the well-being of refugees housed in community settings to those in detention centers consistently suggest better mental health outcomes for families placed in the community.

For example, a two-year psychosocial study looked at longitudinal results for refugees from Iran and Afghanistan and compared those subjected to restrictive (detention and temporary visas) or supportive immigration policies (permanent protection visas). Those granted legal status had decreased anxiety, depression, and overall distress over time, exhibited substantial improvements in language acquisition and social engagement, and reported fewer problems in meeting resettlement challenges.

Living in the community has been shown to be a strong supportive factor for refugee integration. A systematic review of mental health literature looked at protective factors for displaced and refugee children, based on a review of 44 studies from high-income countries, representing 5,776 displaced children and adolescents. The studies indicated that acceptance within host countries, safety, a sense of belonging in school, and a sense of connectedness with the neighborhood have a positive effect on the child’s psychological functioning – all of which necessitate a non-custodial setting in order to occur. For example, a four-year longitudinal study of refugees in Australia assessing resilience factors found that social inclusion is a vital factor in overcoming pre-migration trauma, as relationships in the host community and active participation in the social and civic life of the community translate into increased psychosocial well-being.
Social inclusion is a vital factor in overcoming pre-migration trauma.

Clinical Evidence

Demonstrates Effectiveness of Alternatives to Detention continued

Reductions in psychiatric symptoms have been documented in follow-ups with asylum seekers who have been released from immigration detention in the United States. Even controlling for previous trauma and demographics, non-detained asylum seekers in Canada demonstrated significantly lower levels of posttraumatic stress disorder (PTSD), depression, and anxiety symptoms than those in the detained comparison group. Non-detained Tamil asylum seekers in Australia were less likely to be depressed or suicidal and experienced decreased panic, anxiety, and somatic distress than a group of detained refugees from the same ethnic background. A study of Afghan asylum seekers in Japan also found that although trauma exposure of detained and non-detained groups were similar, asylum seekers who were not detained demonstrated reduced symptoms of anxiety, depression, and PTSD.

Alternatives to Detention: Case Management Models

A number of alternatives to detention are currently used in practice, many of which center on placing refugees in communities while they navigate the asylum application process or other immigration proceedings. Several successful attempts to implement alternatives have been carried out in the United States. Non-governmental organizations (NGOs) have played a key role in advancing community-based alternatives. Alternatives to detention implemented by NGOs focus on providing access to holistic and comprehensive services, from legal representation and information to medical and mental health care. For example, Lutheran Immigration and Refugee Services assists asylum seekers paroled from detention, performing screening and needs assessments, providing referrals to housing in the community, and connecting them with integrated services, including orientation to the legal proceedings for asylum, legal representation, and job placement. Similarly, the Community Assessment and Placement model focuses on providing asylum seekers with the least-restrictive community placement on a case-by-case basis. While many NGOs provide assessments to determine those at risk of experiencing physical and mental health harms in detention and advocate for release on parole, these programs can only serve individuals who are released. The absence of government funding for non-profit alternatives limits how many individuals they can place in the community. For example, in 2017, the Trump administration terminated an Obama-administration pilot program which provided a least-restrictive alternative for special populations of immigrants, such as pregnant women, nursing mothers, and families with young children, despite a compliance rate of 99 percent.

Humane, Cost-effective, and Compliant With Enforcement

Community alternatives within the United States appear to have few issues with compliance, with the vast majority of participating refugees (as high as 95 percent for some programs) appearing for required court dates. Compliance rates have been attributed in part to the programs’ elimination of barriers which might contribute to failure to appear, such as language barriers, transportation, or lack of information about the legal process, as well as benefiting from asylum seekers’ inherent motivation to gain legal status. In addition, social science research indicates that there is no evidence that immigration detention deters migration. Furthermore, a 20-year analysis of federal data indicates that increasing the number of immigrants released from detention on bond or parole does not result in decreased compliance with immigration proceedings. Financial analysis refutes the possible perception that these programs would be prohibitively expensive; a Government Accountability Office report calculated that the daily rate for alternatives to detention would cost seven percent of the daily rate for detaining the same number of immigrants.

Recommendations

From a public health perspective, alternatives to detention programming are the best way to address complex structural determinants of health impacting immigrant populations. Community placements with access to necessary legal, healthcare, education, and social services lead to better physical and mental health outcomes for refugee families, situating them from the outset with needed community ties and supports. Access to mental health care as part of these services is crucial to meeting the needs of refugees, due to the high prevalence of pre-migration traumas. Additionally, these alternatives avoid the negative impact of deterrence policies on both immigrants and U.S. citizens, such as public rhetoric that discriminates based on ethnic heritage, and instead fosters an approach of global community and compassion in enacting immigration policy.
For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. A Nobel Peace Prize co-laureate, PHR employs its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.

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