Working in Psychiatry & Addictions in Immigration Detention

By Dr Danny Allen, Consultant Psychiatrist

Last year I said goodbye to nearly 17 years as an NHS consultant and starting working in Colnbrook Immigration Removal Centre as an adult and addictions psychiatrist. I got the job by answering an advert in the BMJ and am employed by Partnerships in Care. There is a team of RMNs but they are employed by Serco who run the centre and its Health Care Unit. I work 3 sessions a week and can choose week by week which days I come in – which is great fun as it enables me to fit in the rest of my work and social life!

The biggest challenge of the job is the almost complete lack of informant or corroborating information and one has to rely hugely on the history and the limited mental state examination possible in an outpatient setting. All my patients are men and about 50% of them are convicts being removed after serving their sentence. The rest are a mixture of people who are about to be removed, have not been reliable in sticking to their bail conditions or are being kept there pending so-called fast-track procedures where their whole case is supposedly decided whilst they remain detained. Some men have been there for years.

Although we have 6 inpatient beds they are staffed by officers and we have only advisory control over their ingress and egress and there is only a marginal benefit in being there; RMNs can review them a little more easily.

I see a wide range of conditions. With such a high percentage of criminals, there is, as one might expect, a lot of antisocial personality disorder which colours the presentation, but a totally predictable, but challenging condition is PTSD, which has often been treated or become dormant but which 'flares up' with a vengeance when men are admitted especially when removal is deemed imminent.

Many men experience adjustment disorders and I have become adept at 'watchful waiting' for about 2 weeks after seeing very distressed people a day or so after admission. Whilst many men complain of depression, few actually have a major depressive diorder; many find it hard to adjust to detention and are dysthymic.

True psychosis is rare; pseudopsychosis in the context of borderline or other personality disorder is common and it is sometimes difficult to tease this out from stress-induced psychosis. Nevertheless I have had to refer several men to our local PICU for treatment when they have not been willing to take medication.

Language is less of a problem than I had envisaged. Many men speak good English – the danger is in assuming that they speak better than they really do. We use a telephone interpretation service which is surprisingly good in most instances. Cultural differences are harder to cater for though the RMNs can be very helpful. A classic case was of a Ghanaian man who appeared to be talking nonsense. He told me he was talking in what I thought was 'Tree'. My excellent Ghanaian RMN told me that 'Twi' is a local langauge but that he was speaking nonsense! Time and/or the Olanzapine I prescribed sorted that one.

I have seen a case of 'koro' in the context of a complex presentation of psychosis in someone with a probable borderline personaility disorder, I have learnt to treat the nightmares of PTSD with Prazosin, seen depression presenting as somatisation in an Afghan and I have been frustrated by the demands of men for sleeping tablets for no psychiatric reason. I have seen people on hunger strike and on dirty protests and even had to deal with a psychiatrist who blamed me for detaining their patient.

The addictions side also surprised me. So many men are keen to get off drugs they have been addicted to for years – they know they are going back to their countries and do not want to be weighed down by addiciton when they return. There is very little 'on-top' use of drugs as they are highly motivated on the whole.

Some days are really frustrating with men seemingly lost in the building, unwilling to be seen or getting angry and some days are quiet or tranquil. However there are enough occasions when you can spend quality time with a truly unwell person, just speak to a man about his life with no-one rushing you or even make a real difference to someone's mental state to make it a really worthwhile job.