World Health Organization

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Evidence brief for policy and practice

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Contents

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Abbreviations

ATD	alternatives to detention
COVID-19	coronavirus disease
CRC	Convention on the Rights of the Child
PTSD	post-traumatic stress disorder

Executive summary

Migrant health is a human right and an important contributor to global public health. Migrants, asylum seekers and other at-risk noncitizens may experience immigration detention at certain stages of their migration journey, which negatively impacts their health, due to the detrimental social and environmental conditions in immigration detention facilities. International legal frameworks prescribe that immigration detention measures must respect the principles of legality, necessity and proportionality; therefore, immigration detention should only be used as a last resort, while the detention of children is never in their best interests and should never be used and be prohibited in law. However, immigration detention is becoming increasingly employed around the world, highlighting the need for enhanced translation of evidence into policy, using existing evidence on specific health outcomes of those detained, the conditions that influence these health outcomes and the possible solutions to mitigate and improve these outcomes.

This evidence brief summarizes the currently available global evidence relating to the health of migrants in immigration detention, setting out the current status, main challenges and evidence gaps, with the aim of supporting evidence-informed policy-making and targeted interventions for improving the health and well-being of migrants in immigration detention settings. The review found a lack of data on detainee health and health care provision because of limitations in information provided by official government bodies; lack of access by independent monitoring bodies to immigration detention facilities in many countries; gaps in immigration detention health care reporting; and other migration-related challenges affecting health, such as lack of medical records and the occurrence of language barriers.

The evidence brief highlights the need to uphold the right to health for all individuals, regardless of their legal status. Where data are available on the impacts of immigration detention, there is evidence demonstrating negative health outcomes as a result of detention. These detrimental impacts highlight the need to use detention only as a last resort and to de-emphasize detention in immigration procedures. In cases where immigration detention is used, it is critical that screenings for health and other risk factors be administered throughout a person's stay in detention; social and environmental conditions should be addressed through improved living conditions, the availability of adequate food and water and access to recreational and educational facilities. Moreover, the provision and quality control of health services need to be strengthened, including timely (mental) health screening, vulnerability assessments and provision of health services during and after immigration detention. Alternatives to detention are widely referenced yet literature reviews show inconclusive evidence on their usefulness and impact.

Key findings

- **Social and environmental determinants of health** in detention negatively impact the health and well-being of detainees, while lengthy or indefinite detention measures worsen health outcomes both during and after detention.
- **Infectious diseases** are linked to overcrowding, poor sanitary conditions and other environmental hazards and pests in detention centres.
- **Noncommunicable diseases** are exacerbated by other migration-related vulnerabilities combined with gaps in health care.
- **A high prevalence of mental health issues** was found among detained immigrants both during detention and after release, as a result of the conditions during detention and the psychological impact of the loss of liberty, which may further exacerbate trauma before and during migration, such as anxiety, depression and post-traumatic stress disorder.
- There are a range of **gender-specific** detrimental health outcomes caused or exacerbated by the conditions within and characteristics of immigration detention.
- **Detaining children amounts** to a violation of their rights under international legal instruments and the United Nations charter, according to the United Nations Committee on the Rights of the Child, and studies show that children are particularly vulnerable to the negative health impact of detention.
- **Inadequate, fragmented and delayed health care** were found to be common in immigration detention, the extent depending on the health care providers (public or private), available medical documentation and referral systems.
- **Among staff and health care professionals,** gaps were found in availability, knowledge and skills, with a reported lack of doctors, interpreters and psychological health care providers for both initial health screening and follow-up.
- **Distrust of immigration detention staff and cultural and language barriers** hamper migrants' access to and quality of health care services within and after immigration detention.
- **Reforms to improve health care standards in immigration detention** need to be implemented according to recommendations from official detention monitoring bodies.

1. Introduction

While many migration journeys pose specific health risks, migration-related health vulnerabilities are substantially amplified for those in immigration detention. Therefore, states should ensure that detention is only used as a last resort and that children are never placed in immigration detention *(1–3)*. Migrants who have entered a country in an irregular manner or are staying irregularly in a country, as well as asylum seekers applying for international protection, are often detained *(3,4)*. Immigration detention is a restrictive policy and tool that negatively impacts the health of migrants and, under international law, should only be used as a last resort (Box 1). International human rights, the Global Compact on Refugees *(6)* and the Global Compact on Safe, Orderly and Regular Migration *(7)* consider that detention may only be used when grounded in law and when necessary and proportionate to the intended aims of the measure based on an individual assessment in each case. Both the Global Compact for Migration and the Global Compact on Refugees call for states to develop alternatives to detention (ATD), which are noncustodial measures that must be considered before placing a person in detention in order to ensure that such measures are not arbitrarily imposed, although a key literature review shows inconclusive evidence on their effectiveness *(2)*. Meanwhile, migrants are increasingly being detained globally *(3,4)*. The evidence demonstrates that this has a negative impact on their physical and mental health, as outlined in this evidence brief.

Box 1. Definition of immigration detention used in this brief

In the context of this evidence brief, immigration detention is defined as "the deprivation of liberty for migration-related reasons" *(5)*, whereby the person is unable to leave at will the place or establishment where they have been placed.

1.1 Right to health

Immigration detention is a restrictive policy and coercive enforcement measure that negatively impacts the health of those who are detained *(3)*, underscoring how immigration policies facilitating immigration detention are a structural determinant of health. The United Nations High Commissioner for Refugees in 2020 emphasized states' duty " to treat all persons, including persons deprived of their liberty, with humanity and respect for their human dignity, and they must pay special attention to the adequacy of health conditions and health services in places of incarceration" *(4)*.

The right to health is a fundamental right for all, including refugees and migrants. The International Covenant on Economic, Social and Cultural Rights is the central human rights instrument that establishes the right to health (Art. 12), requiring Member States to recognize the right of all to the highest attainable standard of mental and physical health, and to provide the same *(8)*. The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families reiterates the standard that all people, citizens and noncitizens alike, enjoy the right to health "on the basis of equality of treatment with nationals of the State concerned" (Art. 28) *(9)*. The Committee on the Elimination of Racial Discrimination (general recommendation No. 30 (2004) on noncitizens) *(10)* and the Committee on Economic, Social and Cultural Rights (general comment No. 14 (2000) on the right to the highest attainable standard of health) *(11)* both stress that State Parties should respect the right of noncitizens to an adequate standard of physical and mental health by "refraining from denying or limiting their access to preventive, curative and palliative health services" *(8)*, emphasizing that states must not adopt health policies or practices that discriminate between people on the basis of status *(12)*.

Importantly, the right to health in immigration detention is broader than ensuring access to basic care and treatment. The Committee on Economic, Social and Cultural Rights states in General Comment No. 14(11) that the right to health is an inclusive right that extends, regardless of legal status:

> Not only to timely and appropriate health care but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions and access to health-related education and information, including on sexual and reproductive health.

Van Hout *(4)* quotes the European Committee for the Prevention of Torture and the European Court of Human Rights when stating that:

> Migrant health rights are intertwined with "the right not to be subjected to arbitrary deprivation of liberty" and the right to be detained in humane conditions of detention, which respect their human rights" in conditions compatible with respect for human dignity, with execution of the measure not exceeding unavoidable levels of suffering inherent in detention.

1.2 Immigration detention

Immigration detention is often employed as part of administrative, criminal or ad hoc procedures, for purposes such as establishing a person's identity pending the processing of an immigration or asylum claim or to facilitate deportation following a formal order from either administrative or judicial authorities or in response to unauthorised entry or stay *(5)*. Immigration detention may also be employed without a formal order, notably along land borders and during boat interdictions, even though several international legal instruments such as the International Convention on Civil and Political Rights *(13)* stipulate that detention must not be arbitrary or unlawful, must have a legal basis in national law and must be used only when strictly necessary (Art. 9 and 10).

The International Organization for Migration defines immigration detention centres as "a specialized facility used for the detention of migrants with the primary purpose of facilitating administrative measures such as identification, processing of a claim or enforcing a removal order" *(5)*; this includes all facilities in which migrants experience the full deprivation of liberty (regardless of the label given to these facilities) in relation to migration-related proceedings *(3)*. Immigration detention centres may include immigration removal centres, (residential) short-term holding facilities and predeparture accommodation and holding rooms at ports, airports and reporting centres *(8)*. Additionally, many countries use prisons, police stations and various forms of ad hoc sites for immigration detention purposes. Other examples include migrant containment measures in quarantine vessels, particularly utilized during the coronavirus disease (COVID-19) pandemic *(4)*.

Immigration detention centres, facilities and services may be managed by government authorities or outsourced completely or partially to external public or private partners, such as for legal services and health care; this results in immigration detention services provided by staff with varying educational backgrounds and skills *(3)*. While international law and policy guidelines stipulate standards for humane and dignified immigration detention conditions, environmental conditions in immigration detention differ widely between countries and facilities in terms of accommodation, sanitation, nutrition, access to outside space and recreational facilities. Although all migrants in immigration detention should have the opportunity to speak to people outside the centre, there is a range of immigration detention approaches between so-called closed and open regimes. These regimes determine whether residents may freely enter and leave their rooms and other facilities, have access to visitors and connectivity to the outside, with at times prison-like conditions infringing on the rights of migrants *(3)*.

Irrespective of the type or name given to a facility (defined as amenities within centres), if a person is deprived of his or her liberty, the safeguards guaranteed by international law apply, whether or not the measure is considered as detention by the national authorities or under the relevant legislation *(5)*. Although there is no specific international legal instrument governing immigration detention, the overarching legal instruments of international law protect the right to liberty and security of people and apply conditions for any deprivation of liberty *(5)*. This legal framework includes the International Covenant on Civil and Political Rights *(13)*; the International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families *(9)*; the Convention on the Elimination of All Forms of Discrimination Against Women (see section 2.1) *(14)*; and the United Nations Standard Minimum Rules for the Treatment of Prisoners *(15)*, which covers medical and supporting services. As such, there are limits imposed by international law on states' competence to detain people, as well as on states' obligations with respect to the treatment of people in immigration detention and the procedures that must be followed when deciding to impose such measures.

Under Article 9(3) of the International Covenant on Civil and Political Rights *(13)*, ratified by 174 countries, detention measures must respect the principles of legality, necessity and proportionality, which means that immigration detention can only be used as a last resort and should be evaluated in every individual case *(5)*. This is also prescribed in Objective 13 of the Global Compact for Safe, Orderly and Regular Migration *(7)*, as well as the need to "work towards alternatives" *(5)*. While European Union law prescribes a maximum length of 6 months of migration detention, renewable up to 18 months maximum, elsewhere immigration detention may be indefinite *(5,16)*. This is contrary to the United Nations Working Group on Arbitrary Detention *(17)*, which in 2010 considered that if the obstacle to the removal of the detained migrants does not lie within their sphere of responsibility, the detainee should be released to avoid potentially indefinite detention from occurring, which would be arbitrary. The United Nations Working Group on Arbitrary Detention underlines that "alternative and noncustodial measures, such as reporting requirements, should always be considered before resorting to detention" *(17)*.

According to the United Nations Committee on the Rights of the Child, the detention of children is never in their best interests and constitutes a violation of their rights under Article 37 of the Convention on the Rights of the Child (CRC), which provides that "No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment" *(18)*. In their authoritative discussion of the issue of the treatment of children in immigration procedures, the CRC states "Every child, at all times, has a fundamental right to liberty and freedom from immigration detention" *(18,19)*. Despite these important limitations on immigration detention powers that are provided in international treaties, immigration detention is increasingly being used to manage and control migration *(3)*, although there are no official statistics on how many migrants are detained globally or for how long *(20)*, available statistics indicate clear increases in the numbers of people being detained.

1.3 Objectives of the evidence brief

This evidence brief presents an overview of evidence relating to the health of migrants and asylum seekers in immigration detention, highlighting the available evidence and gaps in our understanding, with the aim of supporting evidence-informed policy-making and targeted interventions for improving the health and well-being of migrants and asylum seekers in detention settings. Its target audience includes policy-makers, implementing agencies and institutions, researchers and any other relevant stakeholders.

1.4 Methodology

A scoping evidence review was conducted in 2022 covering the period from 1 January 2011 to 31 December 2021 using keywords related to migration, detention and health to search databases (Google Scholar, Health Services Research, PubMed, Scopus and Web of Science). French and Spanish articles were identified through Forced Migration Review, Journal Storage and OpenEdition. This identified 86 academic and grey literature documents. A rapid review protocol was used in March 2025 of English language peer-reviewed literature published between 1 January 2022 and 28 February 2025 to update these results. A further set of 30 articles was identified from PubMed, Scopus and Web of Science. Annex 1 gives the details of the search strategy and the inclusion and exclusion criteria.

2. Overview of health outcomes

Key points

- **Social and environmental determinants of health** negatively impact the health and well-being of detainees through poor living conditions within immigration detention centres; the length of detention worsens health outcomes during and after detention.
- **Infectious diseases** are linked to overcrowding, poor sanitary conditions and other environmental hazards and pests in detention centres.
- **Noncommunicable diseases** are exacerbated by other migration-related vulnerabilities combined with gaps in health care.
- **A high prevalence of mental health issues** was found among detained immigrants both during detention and after release, as a result of the conditions during detention, the uncertainty in the length and outcomes of detention measures and/or trauma before and during migration, such as anxiety, depression and post-traumatic stress disorder.
- There are a range of **gender-specific** detrimental health outcomes caused or exacerbated by the conditions within and characteristics of immigration detention, such as higher levels of depression, worse physical health impacts and insecurity.
- **Detaining children in immigration detention** violates their rights under international legal instruments, and they are particularly vulnerable to the negative health impact of detention.
- **Gaps in screening people for health problems and other vulnerabilities** associated with their individual experiences and case histories negatively impact health and well-being by failing to identify existing conditions or health problems that emerge while in detention.

Health and disease data available on immigrants in detention are often limited *(21)* owing to a lack of transparency in immigration detention centres and limited access to detainees *(22)*, as well as inconsistent data collection by immigration detention staff and authorities *(23)*. Nonetheless, the review shows overall that conditions in immigration detention have been found to be generally detrimental to migrants' health *(3)*. Detainees are at risk of poor health outcomes due to the poor living conditions within immigration detention centres *(24)*. Social and environmental determinants of health within immigration detention centres include overcrowding; inadequate hygiene and sanitation; insufficient

food and water; lack of access to health care, recreation or education; delayed medical care; ill-treatment, including prolonged (solitary) confinement, isolation, exposure to extreme temperatures, discrimination and sleep deprivation; a lack of contact with the outside world; inadequately trained guards and staff; and confusion and lack of communication about the reasons for detention in a language that detainees can understand *(21,24–26)*. Studies show that health outcomes worsen as detrimental confinement conditions accumulate *(16)*, and outcomes further deteriorate the longer people are held in detention *(3)*.

Unhealthy conditions inside detention centres, including the quality of food and the sanitary conditions of bathrooms and cells, are among the more widespread health challenges *(16,25–40)*.[1] Overcrowding, poor sanitary conditions and other environmental hazards and pests *(28,29,58,59)* have been linked to infectious diseases such as chickenpox and scabies *(34,60,61)*, tuberculosis, varicella, mumps, measles, pneumonia and influenza *(32,33,62–64)*. In some contexts, frequent moving of detainees between centres contributed to outbreaks of infectious diseases *(64)*, as immigration detention centres have limited capacity for the isolation of patients.

Studies indicated that chronic health conditions also worsen in immigration detention, with the development of obesity, hypertension and prediabetes linked to the lack of nutritious foods and recreational activities *(24)*. Inadequate living conditions have been shown to aggravate preexisting health conditions among detainees, including progression of uncontrolled diabetes mellitus; hypercholesterolaemia; untreated systemic arterial hypertension and other blood pressure issues; cardiovascular diseases; gastrointestinal disorders; backaches, headaches and musculoskeletal problems; urogenital infections; dermatological issues; and respiratory infections and infectious diseases in general *(34,60,65,66)*.

Particularly harmful to health and well-being is immigration detention with a prison-like regime *(27)*,[2] which may involve the use of restraints, solitary confinement and depersonalization *(3,16,27–30,58,68)*. Some detention facilities have bars on windows, surveillance cameras, barbed-wire fences, limited recreational activities and minimal contact with the outside world *(31,32,58,69,70)*. Particularly harmful are the use of restraints and solitary confinement *(33,71,72)*[3] and failing to provide any access to the outside world, including to immigration lawyers *(29,72,74)*.[4] Among the worst excesses are abuse *(76,77)*, which may result in injuries through the use of restraints, weapons or inappropriate detention conditions *(26,60,62,78)* or even lead to death *(29)*,[5] as well as conditions which may be considered as forced labour *(80)*. There are examples where migrants describe immigration detention conditions as worse than prison, attributed to the treatment of detainees by staff because of their uncertain and "alien" status, and linked on occasion to the indefinite nature of detention *(27)*.

[1] International organizations identify such issues in periodic reports on conditions within countries *(41–57)*.
[2] Reports of immigration detention with prison-like regimes *(46,47,67)*.
[3] Reported in 2012 by the Human Rights Committee *(73)*.
[4] Report of the Subcommittee on Prevention of Torture and Other Cruel Inhuman or Degrading Treatment or Punishment in 2017 *(75)*.
[5] In two reports *(46,79)*.

The health of people in immigration detention and the wider community is interlinked, as staff may introduce disease into the immigration detention centre or bring diseases circulating in the centre into their community *(3)*. Risks to health are higher for vulnerable groups such as children; women; victims of torture; lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and other identities within the gender and sexuality spectrum populations and sexual minorities; elderly people; people living with HIV; and people living with disabilities *(40,65,81)*.

2.1 Gender-specific health outcomes

Negative health outcomes reported in immigration detention include communicable diseases, trauma and injuries, mental health and gender-related health issues *(3)*. One study reported how Latinx and trans-migrants were particularly at risk of ill health as they were subject to debilitating conditions, abusive and dehumanizing treatment by detention authorities, denied access to basic human needs and medical care, and were regularly placed in solitary confinement *(82)*.

Women, in particular, are more likely to report poor health and well-being compared with men in immigration detention as they experience a range of gender-specific health outcomes caused or exacerbated by immigration detention and conditions in centres, while also disproportionately experiencing negative effects of detention after release *(66,83)*. The Committee on the Elimination of Discrimination against Women in General Recommendation No. 24 stressed the need for states to provide "adequate protection and health services, including trauma treatment and counselling for women in difficult circumstances" *(84)*; General Recommendation No. 26 on the rights of women migrant workers in detention, whether they are documented or undocumented, stressed that State Parties should ensure that women migrant workers who are in detention do not suffer discrimination or gender-based violence and that pregnant and breastfeeding mothers as well as women in ill health have access to appropriate services *(12,84)*.

Women in immigration detention report higher levels of depression, in particular pregnant women, while young women reported worse physical health impacts compared with other populations in immigration detention. Women in long-term detention experience mental health issues ranging from anxiety to post-traumatic stress disorder (PTSD), associated with the duration, living conditions and uncertainty of their detention and linked to other physical or preexisting medical conditions *(85)*. Distress experienced by women was attributed to the lack of privacy and medical confidentiality. A lack of available midwives within immigration detention led to outside appointments, which were regularly missed if no escort was available *(3)*.

Additionally, living conditions in detention are often deemed as particularly unsafe and prone to abuse and violence against women *(28)*.[6] While separate facilities for women and men divide households, potentially leading to mental health issues *(96)*, mixed facilities cause gendered safety concerns *(76)*. Women may face physical and sexual violence and intimidation perpetrated by other detainees or staff *(25,28,70,81)*. Underreporting of violence against women was detected, driven by the belief that nothing will be done to resolve the issue and bring perpetrators to justice *(28)*.

[6] Living conditions for women in immigration detention (*86–95*).

Women survivors of sexual violence and human trafficking are particularly vulnerable, with women victims often not identified as such, related to a lack of awareness among staff and a lack of specialized treatment options *(40)*. Studies show that, in response, women have made threats of self-harm, have had thoughts of self-harm or suicidal ideation, or engaged in self-harm *(85)*. Acts of resistance in immigration detention, such as hunger strikes, are also recorded *(97)*.

2.2 Mental health

Social determinants of health and environmental conditions within immigration detention facilities severely impact migrants' mental health *(32,37,39,74,97–101)*. Studies show a high prevalence of mental health issues among detained migrants both during detention and after release, such as anxiety (54–65%), depression (68–74%) and PTSD (42–46%), which are significantly higher than in the general immigrant population *(102–104)*. Some research suggests that prevalence rates of depression, anxiety and PTSD among people in immigration detention can be around twice or more than that among migrants who are not in detention *(74)*, including nondetained populations with similar rates of persecution and trauma in countries of origin *(105)*.

Mental health issues have been linked to the general loss of liberty, uncertain duration of detention, uncertainty regarding forceful removal and/or return to country of origin, social isolation and abuse from staff *(22,106)*. Immigration detention is often experienced as a dehumanizing environment characterized by confinement, deprivation, injustice, inhumanity, isolation, fractured relationships and mounting hopelessness and demoralization *(20)*. Migrants reported that their time in detention was characterized by a sense of injustice, despair, isolation and overwhelming loss and emotional pain *(24)*. A sense of family separation and the economic consequences of detention further contributed to worsening mental health *(24)*, exacerbating trauma from past experiences *(34,35,101–103,105)*.

The impact of immigration detention on social well-being and self-harm has been found to be particularly high *(20,102,107)*. Loss of control, dignity and agency, witnessing other people's distress, fights and self-harm and sleep deprivation all have a detrimental impact on the mental health of detainees *(16,35,74,78,98,105,108)*. The conditions of detention, delayed appointments, staffing shortages and uncertainty about the reasons for being placed in immigration detention, as well as the future, are all mentioned as reasons for the deterioration of mental health *(28,35,36,62,70,109–111)*. Expectations by migrants of safety and protection that are not met by the host country as a result of immigration detention may also lead to mental health issues *(106)*. In addition, a lack of activity, boredom and limited connection to the outside world had a significant impact *(16,34,69,112)*.

Many of those held in immigration detention may be held indefinitely, and the perceived lack of control over any discretionary decision in their detention can be particularly detrimental to health *(16)*. Temporal uncertainty and the constant threat of deportation, as well as frequent relocation between immigration

detention centres in some cases, have been identified as a source of continuous stress leading to the deterioration of mental health *(31,33,34,36,60,68,98,101,108)*. Increased length of detention has also been associated with a higher level of anxiety, depression and PTSD *(36,66,70,74,99,109,113–115)*, particularly among individuals with interpersonal trauma or other trauma exposure *(38,99,105,116)*.

Detained immigrants with prior mental health conditions, or suffering from trauma caused before and during migration *(117)*, are vulnerable to further detrimental mental health impact of detention *(21)*. Noncommunicable diseases, such as hypertension or cardiovascular diseases, may be consequences of anxiety and other mental health conditions that develop as a result of being placed in immigration detention or from the conditions in immigration detention. Physical pain and suffering are, therefore, linked to psychological harms *(37)*. Mental health issues worsened among those who were detained for longer periods of time *(66)*, in particular among those migrants without prospects of resettlement *(118)*, Increased length of detention and the use of indefinite detention are particularly harmful, increasing the risk of self-harm and even suicide *(102,104,105,109)*, while solitary confinement is known to lead to deterioration of mental health and increasing risk of self-harm *(24)*. As there is a reluctance to report mental health issues *(98)*, the complex mental health needs of detained migrants often remain unmet.

Many of the adverse effects on mental health were found not only while the asylum seekers were detained but also persisting beyond the period of detention *(20,33–35,99)*, with some nuance in terms of the length of impact *(119)*. Many detained migrants, even those with assessed mental health needs, do not receive (further) mental health consultations *(104,120)*, potentially exacerbating mental health conditions during detention *(35,36,62,69,70,108,121)*.[7] An important challenge in addressing mental health issues in detention is that security personnel are, on occasion, making key decisions rather than health care professionals, resulting in punitive rather than therapeutic approaches to mental health care *(33)*.[8] One study suggested that the negative impact on mental health by immigration detention is also experienced by staff *(143)*. Conversely, a more positive perception of the detention environment, including better living conditions and relationships with staff, reduces negative mental health symptoms *(102)*.

2.3 Children

Detaining children in immigration detention is considered a violation of their rights. For immigration detention to be lawful, there must be a clear legal basis in national law, as there is no outright prohibition on detaining children for immigration or asylum purposes in international law.[9] According

[7] Long-term effects of immigration detention *(67,73,86,122–142)*.

[8] Decision-making in immigration detention *(75,79)*.

[9] Key legal and normative sources supporting the prohibition of immigration detention of children, including when they are accompanied by their families, include: Convention on the Rights of the Child Article 3(3) best interests of the child, Article 37(b) last resort and shortest period, General Comment No. 6, para. 61 migratory status cannot justify detention and Communication No. 193/2022 provides authoritative interpretation on the prohibition of immigration detention of children, even when accompanied by family members *(16)*; the United Nations High Commissioner for Refugees' Guideline 9.2, detention is never in a child's best interests *(144)*; International Covenant on Civil and Political Rights Article 9(3) protection against arbitrary detention *(13)*; International convention on the Protection of the Rights of all Migrant Workers and Members of their Families Article 17 humane treatment of migrant children *(9)*.

to the United Nations Committee on the Rights of the Child, the detention of children is never in their best interests, and constitutes a violation of their rights under Article 37 of the Convention on the Rights of the Child *(19)*. which provides that "no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment" *(18)*. In its authoritative discussion of the issue of the treatment of children in immigration procedures, the CRC states: "every child, at all times, has a fundamental right to liberty and freedom from immigration detention" *(18)*. The Committee on the Rights of the Child affirms that all Member States to the Convention on the Rights of the Child "should expeditiously and completely cease or eradicate the immigration detention of children" and their families: "when the child's best interests require keeping the family together, the imperative requirement not to deprive the child of liberty extends to the child's parents and requires the authorities to choose non-custodial solutions for the entire family".

Nonetheless, children remain held in detention globally, either with their families or as unaccompanied minors (children under 18 years of age), with United Nations human rights bodies and the Committee for the Prevention of Torture reporting regularly their concerns about the impact on their health, well-being and development.[10] Immigration detention of children, regardless of conditions, duration or whether accompanied, has consistently been shown to cause serious, lasting harm. Extensive scientific and legal findings document multiple negative impacts across all domains of child well-being, including mental health, cognitive development, attachment and family dynamics, somatic symptoms and other long-term effects. While immigration detention in general leads to feelings of powerlessness and anxiety about an uncertain future *(37,38)*, children are particularly vulnerable to the negative impacts of detention, exacerbated through a lack of recreational and educational activities, while solitary confinement has been identified as particularly harmful for young detainees. A lack of opportunities and age-appropriate stimulation results in a decline in school performance, as well as developmental and educational delays both during and after detention *(26,40,58,116)*.

Detention and conditions in detention cause extreme levels of distress and exposure of children to extreme violence *(28)*, anxiety, depression and PTSD *(26)*. A study looking at hospital admission rates of children living in immigration detention found that the admission rate to intensive care units was significantly higher compared with children resident in the rest of the population *(158)*. In cases where even minimum health care standards for children and children in custodial settings have not been achieved, this has led to devastating outcomes *(159)*, with instances of the denial of medical care for sick children reported across regions *(28,121)*. Absences of transfers for medical treatment, limited independent oversight, a lack of screening and gaps in immunization provisions were also recorded *(23)*.

Research suggests that parents' distress, economic hardship and stress of abandonment lead to anxiety, depression and fear and behavioural problems in children *(116,160)*. Health outcomes include poorer social and emotional well-being compared with children who are not in detention *(26)*, including

[10] Unaccompanied minors *(42,50,94,138,131,132,136,137,139,145–157)*.

depression, anxiety and aggression, with longer stays in immigration detention associated with worse social, behavioural and emotional outcomes *(26,161)*. However, even short periods of detention are traumatic and harmful to children *(99)*.

Separation from parents is one of the major causes of mental health issues in children in immigration detention, with reports of associated anxiety, depression and sleep problems *(26)*, as well as an increased risk of PTSD *(117)*. Finally, allegations of abuse against children, self-harm and suicide attempts have been recorded, in addition to deficiencies surrounding transfers for medical treatment, limited independent oversight, a lack of screening and gaps in immunization provision *(28)*. High rates of distress, mental disorders, poor physical health and developmental problems in children persist after their release from detention *(114)*.

2.4 Health emergencies: the case of COVID-19

The poor environmental health and living conditions in many immigration detention facilities facilitate the spread of infectious diseases *(162,163)*, with the COVID-19 pandemic providing a recent example of the impact of health emergencies in immigration detention contexts *(164)*. After COVID-19 was declared a pandemic by WHO on 11 March 2020, the unique vulnerabilities of detainees and the potential for severe harm and violation of human rights in detention settings were quickly recognized. Examples of good response practices included more frequent disinfection of immigration detention facilities, increased vulnerability assessments to identify groups most at risk of contracting COVID-19, continuous medical examinations, information provision on the pandemic and precautionary and applied measures, distribution of sanitary supplies and releasing detainees from immigration detention facilities through the increased use of ATD *(3)*, although evidence on the impact of the latter remains inconclusive *(2)*.

Nonetheless, in the majority of contexts, the pandemic exacerbated preexisting critical conditions within overcrowded reception and immigration detention centres, without initiating targeted interventions to prevent and control the risk of contagion *(77,162,165)*. This was worsened by the lack of access to immigration detention facilities for research *(164)*. During the first 6 months of the pandemic, the mean monthly COVID-19 case ratio for immigration detainees in the United States of America was 13.4 times that of the general population *(162)*, with asylum seekers a low priority for institutional care *(165)*. Studies highlighted that the high rates of COVID-19 cases were a result of challenges related to the implementation of basic public health measures; for example, social distancing could not be enforced in immigration detention *(71,166)*. Other challenges related to gaps in the availability of COVID-19 tests and personal protection equipment *(24)* and insufficient medical care available during at least the first 6 months of the pandemic *(162,120)*. COVID-19-specific treatment was not regularly available in immigration detention centres *(162,163)*, while viral spread may have been exacerbated by inadequate health care, strained medical infrastructure and other conditions unique to immigration detention, such as preexisting vulnerabilities of migrants and other detainees, difficulties in containing communicable diseases and linguistic barriers to communicate symptoms *(31,59,71,112,166,167)*.

In many contexts, the increased use of administrative detention for prolonged durations during the COVID-19 pandemic resulted in deteriorating overcrowding and unsanitary living conditions *(77)*, affecting immunity and increasing the risk of spreading infectious diseases *(4,103)*. The literature shows examples where immigration detention centres that had been open were converted into closed centres when placed under enforced lockdowns, with reports of increased use of solitary confinement and blocked access to recreation areas *(168–170)*. Detained individuals testing positive for infectious diseases faced solitary confinement, reducing their willingness to report symptoms and further increasing the risk of disease transmission *(163)*. Meanwhile, the practice of transferring detainees between immigration detention facilities continued during the pandemic, despite the potential risk of spreading the virus *(71,166)*, while increasing already large gaps in (mental) health care *(109)*. Moreover, the pandemic led to a period of restricted movements in and out of immigration facilities, immigration court shutdowns and suspension of visits *(24)*. These challenges further exacerbated mental health challenges caused by ongoing social and physical isolation *(120)*.

3. Health care access and availability

Key points

- **Unavailable, fragmented and delayed health care** was found to be common in immigration detention, the extent depending on the type of immigration detention and health care providers, available medical documentation and referral systems.
- **There are gaps in the availability, knowledge and skills of staff and health care professionals,** with reported lack of doctors, interpreters and psychological health care providers for both initial health screening and follow up.
- **Migrants' access to and quality of health care services within and after immigration detention** is hampered by distrust of immigration detention staff and cultural and language barriers.

Access and availability of health care services vary across immigration detention contexts. Gaps in access to health care are reported across countries, which may be related to limited availability of health workers, irregular or infrequent doctor visits *(58,171)*, shortages in staff or supplies and delays in prescription and distribution of medicine *(31,35,65,69,78,81,98)*. There is a general lack of follow-up after diagnosis, access to medication *(22)* and documentation of treatment and vaccinations *(172)*. Migration-related health vulnerabilities are substantially amplified where the inequities in access to medical care embedded in incarceration are exacerbated by language barriers and a lack of access to insurance or other financial aid *(24)*.

Migration journeys create fragmented health care experiences, with limited communication and data transfer between providers, including within countries and systems *(172)*. Providing adequate and specialist care requires an effective screening and referral system based on medical records, as well as access to hospitals or specialists; however, evidence from academic literature and human rights monitoring bodies reveals widespread problems in accessing these resources *(25,58,69,173,174)*. Monitoring agencies such as the Committee for the Prevention of Torture stress the importance of initial health screening and evaluation of people on intake, followed by continued treatment and monitoring through to a person's release *(175,176)*. Availability and accuracy of medical records and maintenance of privacy of patient records are, therefore, among the key requirements set by international regulating bodies. This is because fragmentation in medical care, a lack of reporting medical documentation and inadequate sharing of information all lead to delays and inadequacies in medical care *(172)*. The available evidence suggests, however, that record-keeping and confidentiality of health data are lacking in many immigration detention contexts *(58,177–180)*.

Where health care is available in immigration detention, this ranges from brief examinations at the start of detention to full disease screening and emergency care; however, interruptions to health care are common *(21)*. Ineffective screening and a lack of access to health care exacerbate health issues, with detrimental outcomes *(28,32,70,121,181)*. Gaps in screening, including delays in screening, a lack of screening for psychological issues and overall quality control issues, are widely reported *(3,35,36,69,78,98,171)*. In cases where disease screening is conducted with serological tests, there is often a lag between tests and results, and patients may leave immigration detention before receiving their results *(182)*. While emergency care is usually provided, there is often a lack of specialized care and/or access to secondary and tertiary health care services *(3)*. The cost and demands on staff time were identified as obstacles in transferring people to hospitals or medical centres for specialist care, with people occasionally leaving the premises prior to completing necessary treatment *(37,69,81)*.

While the health of people in immigration detention facilities remains the responsibility of governments, management is often outsourced to other public or private institutions. This includes the provision of initial screening and ongoing health checks, provision of general health care (health promotion, preventive care such as immunization and general health screening, treatment of acute and chronic illnesses and appropriate and timely referrals to specialist health services), the provision of specialist health care and the provision of mental health services. Health care providers vary widely and may include local councils *(171)*, immigration authorities and their health care contractors, the national health service *(31)*, local hospitals *(171)*, international organizations (such as the International Organization for Migration and United Nations High Commissioner for Refugees in detention centres *(38)* and, in some cases, civil society organizations *(183)*. Many detention facilities operate with little or no oversight and accountability for compliance with basic rights and standards *(26,36,38)* or control over whether they provide and appropriately administer recommended medications *(65)*. Privatization is commonly linked to substandard delivery of health care, lack of supervision and overall poor conditions in immigration detention *(33,59,65,81,113,116,160,166,184,185)*.

The outsourcing of immigration detention poses challenges to providing adequate medical and health-related services in migration detention settings, through the (perceived) dual loyalties of health care providers and related privacy concerns. In the literature, concerns are raised about potential conflicts of interest and interference by immigration authorities as impeding health care provision *(28,85,160)*, highlighting the challenges faced by health professionals who have simultaneous and, on occasion, conflicting obligations to their employer and the patient *(185,186)*. A lack of trust towards both nonhealth and health staff in immigration detention, as well as the attitude of staff to migrants, were identified as significant barriers in seeking medical help *(42,184,187,188)*, in addition to cultural barriers to using (predominantly western) medicine employed in immigration detention *(3)*. Additionally, migrants may delay seeking health care due to concerns regarding the (perceived) lack of specific skills and knowledge of medical professionals employed in immigration detention centres, some of whom may not have been trained to work in detention contexts; including examples of denial of transfer for medical reasons *(61,81,85,176)*, which in some cases had fatal consequences for patients *(184)*. Even after release from detention, migrants' access to health care remains limited due to their fear of tracking by authorities, further detention or even deportation *(22)*.

Delays in medical treatment are widespread *(36,74,187)*, including as a result of language barriers and migrants' unfamiliarity with local health care systems *(182)*, with limited to no use of translators or interpreters reported in immigration detention *(172)*. The lack of sufficient communication and professional translators during health care interactions results in a lack of clarity regarding detainees' medical situation, needs, options and treatments *(25,27,29,31,33,37,58,69,98)*, with the absence of appropriate interpretation services contributing to poor health outcomes *(33)*. At times, fellow detainees may be recruited as translators during medical consultations *(58,171)*, increasing privacy concerns and the potential of inadequate interpretation of medical results and treatments.

Alternative approaches: ATD

Considering the exceptional character of immigration detention under international law, states must consider whether less coercive measures are sufficient in each case before resorting to detention *(5)*. These measures are often referred to as "alternatives to detention" or ATD. Although there is no common definition for ATD, they encompass both enforcement-based approaches, whereby certain restrictions on freedom of movement are imposed that are designed to control and keep track of migrants in less coercive conditions, such as open centres, as well as community-based models built on the principles of engagement, providing case management based on trust *(3)*. Alternatively, migrant rights advocates and human rights monitors promote rights- and case management-based approaches, with a focus on engagement rather than enforcement techniques, avoiding any use of excessive restrictions on an individual's liberty or freedom of movement *(3)*. Community-based models, in particular, are considered safer for migrants and less expensive than immigration detention and less expensive than detention *(24)*. Their effectiveness and benefit to health were shown during the COVID-19 pandemic, when some countries released migrants from immigration detention into communities to limit the spread of infection *(162)*. ATD have shown mixed results, and literature review shows inconclusive evidence on their impact and effectiveness *(2)*. Global initiatives to increase the use of ATD include the United Nations Network on Migration multistakeholder Working Group for Alternatives to Detention *(189),* the European Alternatives to Detention Network *(190)* and the United Nations High Commissioner for Refugees' 2014–2019 former global strategy Beyond Detention *(191)*.

4. Conclusion and implications

The literature on health in immigration detention shows its detrimental health impacts, associated with social and environmental conditions and determinants of health, including gaps in the availability and access to adequate health care. Health outcomes in immigration detention also relate to migrants' previous (health) experiences and their context of origin, transit and destination. There remain gaps in both evidence and action, however, in terms of a reliance on (anonymized) datasets, retrospective surveys and reviews, with little direct access to immigrants in immigration detention centres and disaggregated health data. Additionally, there is a disproportionate amount of literature from the Global North, covering a wide variety of nondescript immigration detention facilities, types and conditions, which hampers the synthesis of global data on health in immigration detention.

The health impacts of detention underscore that it should only be used as a last resort and, if used, the utmost attention must be taken to minimize the negative impact of detention on migrants' physical and mental well-being. According to international law, immigration detention measures must only be applied based on specific legal provisions and only after less coercive measures, or ATD, are assessed to determine whether they are sufficient to meet the immigration outcome set forth in the law. The literature highlights the particularly detrimental health outcomes among vulnerable populations such as women, children and those from the lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and other identities within the gender and sexuality spectrum community, requiring an intersectoral lenses to health and well-being, and expert human rights bodies have urged the immediate release of all children in immigration detention.

The Committee on the Rights of the Child urges states to "adopt solutions that fulfil the best interests of the child, along with their rights to liberty and family life, through legislation, policy and practices that allow children to remain with their family members and/or guardians in non-custodial, community-based contexts while their immigration status is being resolved and the children's best interests are assessed" *(18)*. In countries that have yet to adopt prohibitions and thus allow for child immigration detention on the basis of domestic legal procedures, officials are obliged to consider less coercive ATD approaches before imposing detention measures while they take steps to conform with their internationally binding obligation to end this detention practice altogether.

If detention is used, minimum standards such as improving social and environmental conditions need to be put into place. The evidence demonstrates the importance of addressing environmental health in immigration detention centres, in particular reducing overcrowding and improving sanitation and the availability of adequate food and water. Additionally, there is a need to strengthen the provision and quality control of health services in detention, including timely (mental) health screening and services, based on the principles of the human right to health and accountability to vulnerable populations. This requires ensuring medical staff with the skills required for immigration detention facilities, transparency and strengthening of medical documentation, including for follow-up and referral.

Ultimately, to prevent the damaging health impacts of detention immigration detention should be avoided during migration and asylum proceedings. In line with universal human rights standards as well as recommendations provided in the Global Compact for Safe, Orderly and Regular Migration, states must ensure that detention measures are only used as a last resort. This requires systematically assessing in each individual case the necessity and proportionality of detention measures, including by considering ATD during immigration enforcement decision-making procedures. Establishing more stringent eligibility requirements for immigration detentions and effective health and vulnerability screening procedures could result in fewer people being exposed to harmful detention measures.

References[1]

1. Article 37(b): torture and deprivation of liberty. In: Convention on the Rights of the Child. Office of the United Nations High Commissioner for Human Rights; 1989 (General Assembly resolution 44/25; https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child). Licence: CC BY-4.0.

2. Bosworth M. Alternatives to immigration detention: a literature review. Melbourne: Monash University; 2018 (https://arts.monash.edu/__data/assets/pdf_file/0004/1627897/ALTERNATIVESTODETENTIONReview.pdf).

3. Addressing the health challenges in immigration detention, alternatives to detention: a country implementation guide. Copenhagen: WHO Regional Office for Europe; 2022 (https://iris.who.int/handle/10665/353569). Licence: CC BY-NC-SA 3.0 IGO.

4. Van Hout MC. Environmental health rights and concepts of vulnerability of immigration detainees in Europe before and beyond COVID-19. J Hum Rights Pract. 2023;15:621–45 (https://doi.org/10.1093/jhuman/huac063).

5. Information note on international standards on alternatives to detention and immigration detention. Geneva: International Organization for Migration; 2023 (https://migrantprotection.iom.int/en/resources/article-issuepolicy-brief-journal-blog-etc/information-note-international-standards).

6. The Global Compact on Refugees [website]. United Nations High Commissioner for Refugees; 2018 (https://www.unhcr.org/about-unhcr/overview/global-compact-refugees).

7. Global compact for safe, orderly and regular migration [website]. International Organization for Migration; 2018 (https://www.iom.int/global-compact-migration).

8. International Covenant on Economic, Social and Cultural Rights. Geneva: Office of the United Nations High Commissioner for Human Rights; 2008 (United Nations General Assembly resolution 2200A (XXI); https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights). Licence: CC BY-4.0.

9. International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families. Geneva: Office of the United Nations High Commissioner for Refugees; 1990 (United Nations General Assembly resolution 45/158; https://www.ohchr.org/en/professionalinterest/pages/cmw.aspx). Licence: CC BY-4.0.

10. Committee on the Elimination of Racial Discrimination [website]. Office of the United Nations High Commissioner for Human Rights; 2025 (https://www.ohchr.org/en/treaty-bodies/cerd).

11. General comments. In: Committee on Economic, Social and Cultural Rights [website]. Office of the United Nations High Commissioner for Human Rights; 2025 (https://www.ohchr.org/en/treaty-bodies/cescr/general-comments).

12. Vasefi S, Dehm S. Refugee women and the gendered violence of Australia's extraterritorial asylum regime on Nauru. Refug Surv Q. 2022;41:529–58 (https://doi.org/10.1093/rsq/hdac022).

13. International Covenant on Civil and Political Rights. Geneva: Office of the United Nations High Commissioner for Human Rights; 2025 (United Nations General Assembly resolution 2200A (XXI); https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights). Licence: CC BY-4.0.

14. Convention on the Elimination of All Forms of Discrimination against Women New York, 18 December 1979 [website]. Office of the United Nations High Commissioner for Human Rights; 2025 (United Nations General Assembly resolution 34/180; https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women).

15. The United Nations standard minimum rules for the treatment of prisoners (the Nelson Mandela Rules). New York: United Nations; 2016 (United Nations General Assembly resolution 70/175; https://docs.un.org/en/A/RES/70/175).

16. Saadi A, Patler C, De Trinidad Young M-E. Cumulative risk of immigration prison conditions on health outcomes among detained immigrants in California. J Racial Ethn Health Disparities. 2022;9:2518–32 (https://doi.org/10.1007/s40615-021-01187-1).

17. Working group on arbitrary detention [website]. Office of the United Nations High Commissioner for Human Rights; 2025 (https://www.ohchr.org/en/special-procedures/wg-arbitrary-detention).

18. Convention on the Rights of the Child. Geneva: Office of the United Nations High Commissioner for Human Rights; 2025 (United Nations General Assembly resolution 44/25; https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child).

19. Joint general comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, 16 November 2017. New York: United Nations; 2017 (CMW/C/GC/4-CRC/C/GC/23; https://docs.un.org/en/CRC/C/GC/23). Licence: CC BY-4.0.

20. Filges T, Bengtsen E, Montgomery E, Kildemoes MW. The impact of detention on the health of asylum seekers: an updated systematic review: a systematic review. Campbell Syst Rev. 2024;20:e1420-n/a (https://doi.org/10.1002/cl2.1420).

21. Patler C, Saadi A, Langer P. The health-related experiences of detained immigrants with and without mental illness. J Migr Health. 2025;11:100302 (https://doi.org/10.1016/j.jmh.2025.100302).

22. Hampton K, Mishori R, Griffin M, Hillier C, Pirrotta E, Wang NE. Clinicians' perceptions of the health status of formerly detained immigrants. BMC Public Health. 2022;22:575–11 (https://doi.org/10.1186/s12889-022-12967-7).

23. Essex R, Kalocsányiová E, Scott JG, Pacella R. Health of children in Australian immigration detention centres: an analysis of the quarterly health reports from 2014 to 2017. J Paediatr Child Health. 2022;58:985–90 (https://doi.org/10.1111/jpc.15880).

24. Diaz C, Ortiz V, Sanchez L, Fernandez J, Andrade EA, Akiyama MJ et al. Harmful by design: a qualitative study of the health impacts of immigration detention. J Gen Intern Med. 2023;38:2030–7 (https://doi.org/10.1007/s11606-022-07914-6).

25. Van Hout M-C, Lungu-Byrne C, Germain J. Migrant health situation when detained in European immigration detention centres: a synthesis of extant qualitative literature. IJPH. 2020;16:221–36 (https://doi.org/10.1108/IJPH-12-2019-0074).

26. Heymann J, Raub A, Pierce B, McCormack M, Post C, Sprague A. Preventing immigration detention of children: a comparative study of laws in 150 countries. Int J Hum Rights. 2022;26:591–610 (https://doi.org/10.1080/13642987.2021.1947808).

27. Puthoopparambil SJ, Ahlberg BM, Bjerneld M. "A prison with extra flavours": experiences of immigrants in Swedish immigration detention centres. Int J Migr Health Soc Care. 2015;11:73–85 (https://doi.org/10.1108/IJMHSC-10-2014-0042).

28. Essex R. Healthcare and clinical ethics in Australian offshore immigration detention. Int J Hum Rights. 2016;20:1039–53 (https://doi.org/10.1080/13642987.2016.1192538).

29. Barker V, Smith PS. This is Denmark: prison islands and the detention of immigrants. Br J Criminol. 2021;61:1540–56 (https://doi.org/10.1093/bjc/azab016).

30. Shishehgar S, Gholizadeh L, DiGiacomo M, Davidson PM. A qualitative study of experiences of asylum-seeker women of living in detention centres: confinement versus safety. Contemp Nurse. 2021;57:51–64 (https://doi.org/10.1080/10376178.2021.1927771).

31. Bosworth M. The politics of pain in immigration detention. Punishm Soc. 2023;25:307–23 (https://doi.org/10.1177/14624745211048811).

32. Houston AR, Lynch K, Ostrach B, Isaacs YS, Nvé Díaz San Francisco C, Lee JM et al. United States immigration detention amplifies disease interaction risk: a model for a transnational ICE-TB-DM2 syndemic. Glob Public Health. 2022;17:1152–71 (https://doi.org/10.1080/17441692.2021.1919737).

33. Saadi A, De Trinidad Young M-E, Patler C, Estrada JL, Venters H. Understanding US immigration detention: reaffirming rights and addressing social-structural determinants of health. Punishm Soc. 2020;22:187–97).

34. Kotsioni I. Detention of Migrants and asylum-seekers: the challenge for humanitarian actors. Refug Surv Q. 2016;35:41–55 (https://doi.org/10.1093/rsq/hdw004).

35. Lungu-Byrne C, Germain J, Plugge E, Hout MCV. Contemporary migrant health experience and unique health care needs in European prisons and immigration detention settings. Int J Forensic Mental Health. 2021;20:80–99 (https://doi.org/10.1080/14999013.2020.1821129).

36. Marquez BA, Marquez-Velarde G, Eason JM, Aldana L. Pushing them to the edge: suicide in immigrant detention centers as a product of organizational failure. Soc Sci Med. 2021;283:114177 (https://doi.org/10.1016/j.socscimed.2021.114177).

37. Hollis J. The psychosocial experience of UK immigration detention. IJMHSC. 2019;15:76–89 (https://doi.org/10.1108/IJMHSC-04-2018-0024).

38. Nethery A, Rafferty-Brown B, Taylor S. Exporting detention: Australia-funded immigration detention in Indonesia. J Refug. 2013;26:88–109 (https://doi.org/10.1093/jrs/fes027).

39. Esposito F, Matos R, Bosworth M. Gender, vulnerability and everyday resistance in immigration detention: women's experiences of confinement in a Portuguese detention facility. Int J Crime Justice Soc Democr. 2020;9:5–20 (https://doi.org/10.5204/ijcjsd.v9i3.1588).

40. Turnbull S. Immigration detention and punishment. Oxford: Oxford Research Encyclopedia of Criminology and Criminal Justice; 2017 (https://doi.org/10.1093/acrefore/9780190264079.013.231).

41. Committee Against Torture. Concluding observations on the seventh periodic report of the Netherlands. In: Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. New York: United Nations; 2018 (CAT/C/NLD/CO/7; https://www.ohchr.org/en/documents/concluding-observations/catcnldco7-concluding-observations-seventh-periodic-report). Licence: CC BY-4.0.

42. Committee on the Elimination of Racial Discrimination. concluding observations on the twentieth to twenty-second periodic reports of Greece. New York: United Nations; 2016 (CERD/C/GRC/CO/20-22; https://www.refworld.org/policy/polrec/cerd/2016/en/117833). Licence: CC BY-4.0.

43. Committee on the Elimination of Racial Discrimination. Concluding observations on the combined twenty-first and twenty-second periodic reports of New Zealand. New York: United Nations; 2017 (https://www.ohchr.org/en/press-releases/2017/08/committee-elimination-racial-discrimination-examines-report-new-zealand). Licence: CC BY-4.0.

44. UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families. Concluding observations on the second periodic report of Albania. New York: United Nations; 2019 (CMW/C/ALB/CO/2; https://digitallibrary.un.org/record/3863941). Licence: CC BY-4.0.

45. Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families. Concluding observations of the Committee on the protection of the rights of all migrant workers and members of their families: Guatemala. New York: United Nations; 2011 (CMW/C/GTM/CO/2; https://digitallibrary.un.org/record/3863939). Licence: CC BY-4.0.

46. Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families. Concluding observations on the initial report of Libya. New York: United Nations; 2019 (CMW/C/LBY/CO/1; https://www.ohchr.org/en/documents/concluding-observations/committee-protection-rights-all-migrant-workers-and-members-2). Licence: CC BY-4.0.

47. Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families. Concluding observations on the third periodic report of Mexico. New York: United Nations; 2017 (CMW/C/MEX/CO/3; https://www.ohchr.org/en/documents/concluding-observations/concluding-observations-third-periodic-report-mexico). Licence: CC BY-4.0.

48. Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families. Concluding observations on the initial report of Sri Lanka. New York: United Nations; 2014 (CMW/C/LKA/1; https://migrationnetwork.un.org/resources/concluding-observations-initial-report-sri-lanka). Licence: CC BY-4.0.

49. Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families. Concluding observations on the initial report of Timor-Leste. New York: United Nations; 2015 (CMW/C/TLS/CO/1; https://digitallibrary.un.org/record/813937). Licence: CC BY-4.0.

50. Committee on the Rights of the Child. Concluding observations on the combined third and fourth periodic reports of Indonesia. New York: United Nations; 2014 (CRC/C/IDN/CO/3-4; https://www.ohchr.org/en/documents/concluding-observations/crccidnco3-4-concluding-observations-combined-third-and-fourth). Licence: CC BY-4.0.

51. European Committee for the Prevention of Torture. Report to the Albanian Government on the visit to Albania carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 30 November 2018. Strasbourg: Council of Europe; 2019 (CPT/Inf (2019) 28; https://rm.coe.int/168097986b).

52. Human Rights Committee. Concluding observations on the initial report of South Africa. New York: United Nations; 2016 (CCPR/C/ZAF/CO/1; https://digitallibrary.un.org/record/1317444). Licence: CC BY-4.0.

53. Human Rights Committee. Concluding observations on the second periodic report of Greece. New York: United Nations; 2015 (CCPR/C/GRC/CO/2; https://www.ohchr.org/en/documents/concluding-observations/ccprcgrcco2-concluding-observations-second-periodic-report-greece). Licence: CC BY-4.0.

54. Human Rights Committee. Concluding observations on the second periodic report of Malta. New York: United Nations; 2014 (CCPR/C/MLT/CO/2; https://www.ohchr.org/en/documents/concluding-observations/ccprcmltco2-concluding-observations-human-rights-committee-second). Licence: CC BY-4.0.

55. Human Rights Committee. Concluding observations on the second periodic report of Thailand. New York: United Nations; 2017 (CCPR/C/THA/CO/2; https://www.ohchr.org/en/documents/concluding-observations/ccprcthaco2-concluding-observations-second-periodic-report). Licence: CC BY-4.0.

56. Human Rights Committee. Concluding observations on the sixth periodic report of Costa Rica. New York: United Nations; 2016 (CCPR/C/CRI/CO/6; https://digitallibrary.un.org/record/1312221). Licence: CC BY-4.0.

57. Human Rights Committee. Concluding observations on the third periodic report of the former Yugoslav Republic of Macedonia. New York: United Nations; 2015 (CCPR/C/MKD/CO/3; https://digitallibrary.un.org/record/804706). Licence: CC BY-4.0.

58. Flynn MJ, Flynn MB, Flynn MB, editors. Challenging immigration detention: academics, activists and policy-makers. Northampton, MA: Edward Elgar Publishing; 2017).

59. Lopez WD, Kline N, LeBrón AMW, Novak NL, De Trinidad Young M-E, Gonsalves G et al. Preventing the spread of COVID-19 in immigration detention centers requires the release of detainees. Am J Public Health. 2021;111:110–5 (https://doi.org/10.2105/AJPH.2020.305968).

60. Esposito F, Ornelas J, Briozzo E, Arcidiacono C. Ecology of sites of confinement: everyday life in a detention center for illegalized noncitizens. Am J Community Psychol. 2019;63:190–207 (https://doi.org/10.1002/ajcp.12313).

61. Stoddart R, Simpson P, Haire B. Medical advocacy in the face of Australian immigration practices: a study of medical professionals defending the health rights of detained refugees and asylum seekers. PLoS One. 2020;15:e0237776 (https://doi.org/10.1371/journal.pone.0237776).

62. Souliotis K, Saridi M, Banou K, Golna C, Paraskevis D, Hatzakis A et al. Health and health needs of migrants in detention in Greece: shedding light to an unknown reality. Glob Health. 2019;15:4 (https://doi.org/10.1186/s12992-018-0448-4).

63. Kuehne A, Van Boetzelaer E, Alfani P, Fotso A, Elhammali H, Khamala T et al. Health of migrants, refugees and asylum seekers in detention in Tripoli, Libya, 2018–2019: retrospective analysis of routine medical programme data. PLoS One. 2021;16:e0252460 (https://doi.org/10.1371/journal.pone.0252460).

64. Lo NC, Nyathi S, Chapman LAC, Rodriguez-Barraquer I, Kushel M, Bibbins-Domingo K et al. Influenza, varicella, mumps outbreaks in US migrant detention centers. JAMA. 2020 (https://doi.org/10.1001/jama.2020.20539).

65. Bonfiglio G, Rosal K, Henao-Martínez A, Franco-Paredes C, Poeschla EM, Moo-Young J et al. The long journey inside immigration detention centres in the USA. J Travel Med. 2020;27:taaa083 (https://doi.org/10.1093/jtm/taaa083).

66. Phillimore J, Cheung SY. The violence of uncertainty: empirical evidence on how asylum waiting time undermines refugee health. Soc Sci Med. 2021;282:114154 (https://doi.org/10.1016/j.socscimed.2021.114154).

67. Committee on the Rights of the Child. Concluding observations on the initial report of Nauru. New York: United Nations; 2016 (CRC/C/NRU/CO/1; https://www.ohchr.org/en/documents/concluding-observations/crccnruco1-concluding-observations-committee-rights-child-initial). Licence: CC BY-4.0.

68. Costemale C. Le soin en centre de rétention? Une croisée culturelle de sociétés et de professions. L'Autre. 2015;15:383–90 (https://doi.org/10.3917/lautr.045.0383).

69. Hollings J, Samuilova M, Petrova-Benedict R. Health, migration and border management: analysis and capacity-building at Europe's borders. Int J Public Health. 2012;57:363–9 (https://doi.org/10.1007/s00038-011-0319-8).

70. Cleveland J, Dionne-Boivin V, Rousseau C. L'expérience des demandeurs d'asile détenus au Canada. Crimino. 2013;46:107–29 (https://doi.org/10.7202/1015295ar).

71. Openshaw JJ, Travassos MA. COVID-19 outbreaks in US immigrant detention centers: the urgent need to adopt CDC Guidelines for prevention and evaluation. Clin Infect Dis. 2021;72:153–4 (https://doi.org/10.1093/cid/ciaa692).

72. Bosworth M, Slade G. In search of recognition: gender and staff–detainee relations in a British immigration removal centre. Punishm Soc. 2014;16:169–86 (https://doi.org/10.1177/1462474513517017).

73. Human Rights Committee. Report of the working group on the universal periodic review: Netherlands. New York: United Nations; 2012 (A/HRC/21/15; https://www.refworld.org/reference/countryrep/unhrc/2012/en/89059). Licence: CC BY-4.0.

74. Verhülsdonk I, Shahab M, Molendijk M. Prevalence of psychiatric disorders among refugees and migrants in immigration detention: systematic review with meta-analysis. BJPsych Open. 2021;7:e204 (https://doi.org/10.1192/bjo.2021.1026).

75. Subcommittee on Prevention of Torture and Other Cruel Inhuman or Degrading Treatment or Punishment. Visit to Spain undertaken from 15 to 26 October 2017: observations and recommendations addressed to the State party. New York: United Nations; 2019 (CAT/OP/ESP/2/Add.1; https://documents.un.org/doc/undoc/gen/g18/282/32/pdf/g1828232.pdf). Licence: CC BY-4.0.

76. Esposito F, Rebelo D, Olanrewaju M, Vine M, Fernandes-Jesus M, Bodden D et al. A community psychology for migrant justice: critically examining border violence and resistance during the COVID-19 syndemic. Am J Community Psychol. 2024;73:27–43 (https://doi.org/10.1002/ajcp.12669).

77. Tschalaer M. Queer necropolitics: experiences of LGBTQI+ asylum claimants during COVID-19 in the UK. J Contemp Eur Res. 2022;18:115–32 (https://doi.org/10.30950/jcer.v18i1.1262).

78. Zimmerman SE, Chatty D, Nørredam ML. Health needs and access to care in immigration detention: perceptions of former detainees. Int J Migr Health Soc Care. 2012;8:180–5 (https://doi.org/10.1108/17479891211287094).

79. Human Rights Committee. Concluding observations on the sixth periodic report of Australia. New York: United Nations; 2017 (https://www.ohchr.org/en/documents/concluding-observations/human-rights-committee-concluding-observations-sixth-periodic-0). Licence: CC BY-4.0.

80. Derluyn I, Orsini G, Verhaeghe F, Elhaj R, Lietaert I, Pfeiffer E. The impact of trauma and daily hardships on the mental health of unaccompanied refugee minors detained in Libya. BJPsych Open. 2023;9:e8–e8 (https://doi.org/10.1192/bjo.2022.622).

81. Conlon D, Hiemstra N, editors. Intimate economies of immigration detention: critical perspectives. London/New York: Routledge; 2017 (https://doi.org/10.4324/9781315707112).

82. Minero LP, Domínguez J Sergio, Budge SL, Salcedo B. Latinx trans immigrants' survival of torture in U.S. detention: a qualitative investigation of the psychological impact of abuse and mistreatment. Int J Transgender Health. 2022;23:36–59 (https://doi.org/10.1080/26895269.2021.1938779).

83. Young P, Gordon MS. Mental health screening in immigration detention: a fresh look at Australian government data. Australas Psychiatry. 2016;24:19–22 (https://doi.org/10.1177/1039856215624247).

84. Convention on the elimination of all forms of discrimination against women: general recommendations [website]. UN Women; 2009 (https://www.un.org/womenwatch/daw/cedaw/recommendations/index.html).

85. Rivas L, Bull M. Gender and risk: an empirical examination of the experiences of women held in long-term immigration detention in Australia. Refug Surv Q. 2018;37:307–27 (https://doi.org/10.1093/rsq/hdy006).

86. Committee Against Torture. Concluding observations of the Committee against Torture: Germany. New York: United Nations; 2011 (CAT/C/DEU/CO/5; https://www.refworld.org/policy/polrec/cat/2011/en/84685).

87. Committee on the Elimination of Discrimination Against Women. Concluding observations on the eighth periodic report of Australia. New York: United Nations; 2018 (CEDAW/C/AUS/CO/8; https://digitallibrary.un.org/record/1641944). Licence: CC BY-4.0.

88. Committee on the Elimination of Discrimination Against Women. Concluding observations of the Committee on the Elimination of Discrimination Against Women: Bahamas. New York: United Nations; 2012 (CEDAW/C/BHS/CO/1-5; https://hrlibrary.umn.edu/cedaw/cedaw-bahamas2012.html). Licence: CC BY-4.0.

89. Committee on the Elimination of Discrimination Against Women. Concluding observations on the sixth periodic report of the Bahamas. New York: United Nations; 2018 (CEDAW/C/BHS/CO/6; https://digitallibrary.un.org/record/1656056). Licence: CC BY-4.0.

90. Committee on the Elimination of Discrimination Against Women. Concluding observations on the seventh periodic report of Costa Rica. New York: United Nations; 2017 (CEDAW/C/CRI/CO/7; https://digitallibrary.un.org/record/1305061). Licence: CC BY-4.0.

91. Committee on the Elimination of Discrimination Against Women. Concluding observations on the seventh periodic report of Greece adopted by the Committee at its 54th session (11 February – 1 March 2013). New York: United Nations; 2013 (CEDAW/C/GRC/CO/7; https://digitallibrary.un.org/record/755896). Licence: CC BY-4.0.

92. Committee on the Elimination of Discrimination Against Women. Concluding observations on the combined third to fifth periodic reports of Malaysia. New York: United Nations; 2018 (CEDAW/C/MYS/CO/3-5; https://digitallibrary.un.org/record/1627641). Licence: CC BY-4.0.

93. Committee on the Elimination of Discrimination Against Women. Concluding observations on the combined third to seventh periodic reports of Senegal. New York: United Nations; 2015 (CEDAW/C/SEN/CO/3-7; https://digitallibrary.un.org/record/805687). Licence: CC BY-4.0.

94. Committee on the Rights of the Child. Concluding observations on the combined fifth and sixth periodic reports of Australia. New York: United Nations; 2019 (CRC/C/AUS/CO/5-6; https://www.ohchr.org/en/documents/concluding-observations/committee-rights-child-concluding-observations-combined-fifth-and). Licence: CC BY-4.0.

95. Committee on the Rights of the Child. Concluding observations on the second periodic report of Malta, adopted by the Committee at its sixty-second session (14 January–1 February 2013). New York: United Nations; 2013 (CRC/C/MLT/CO/2; https://digitallibrary.un.org/record/751397). Licence: CC BY-4.0.

96. Kronick R, Cleveland J, Bosworth M, Rousseau C. "The mother seems to traumatize her child": examining empathy, denial, responsibility in day-to-day encounters of families and staff in immigration detention in Canada. Soc Sci Med. 2024;361:117353 (https://doi.org/10.1016/j.socscimed.2024.117353).

97. De Angelis M. Female asylum seekers: a critical attitude on UK immigration removal centres. Soc Policy Soc. 2020;19:207–24 (https://doi.org/10.1017/S1474746419000216).

98. Këllezi B, Wakefield J, Bowe M, Stevenson C, McNamara N. Healthcare provision inside immigration removal centres: a social identity analysis of trust, legitimacy and disengagement. Appl Psychol: Health Well-Being. 2021;13:578–601 (https://doi.org/10.1111/aphw.12263).

99. Von Werthern M, Robjant K, Chui Z, Schon R, Ottisova L, Mason C et al. The impact of immigration detention on mental health: a systematic review. BMC Psychiatry. 2018;1,8:382 (https://doi.org/10.1186/s12888-018-1945-y).

100. Waterman LZ, Pillay M, Katona C. The mass release of migrants from UK immigration detention during the COVID-19 pandemic: what can be learned? BJPsych Bull. 2022;46:261–6 (https://doi.org/10.1192/bjb.2021.110).

101. Storm T, Engberg M. The impact of immigration detention on the mental health of torture survivors is poorly documented: systematic review. Dan Med J. 2013;60:A4728. PMID: 24192244).

102. Paloma V, Benítez I, Agueero-Collins A, López-Núñez C, Saavedra-Macías F. Perceived detention environment and mental health of detainees in immigration detention centers in Spain. J Racial Ethn Health Disparities. 2024;12:1446–57 (https://doi.org/10.1007/s40615-024-01977-3).

103. Lentin R. Spaces of racialization: Ireland's direct provision asylum centres as sites of racialized state violence. State Crime. 2022;11:52–69 (https://doi.org/10.13169/statecrime.11.1.0052).

104. Gonçalves LC, Heller P, Bachmann A-CB, Barbolini J, Fuhrer C, Gétaz L et al. Mental health consultations in immigration detention: what can we learn from clinical records? Int J Public Health. 2024;69:1605896 (https://doi.org/10.3389/ijph.2024.1605896).

105. Newman L, Proctor N, Dudley M. Seeking asylum in Australia: immigration detention, human rights and mental health care. Australas Psychiatry. 2013;21:315–20 (https://doi.org/10.1177/1039856213491991).

106. Passardi S, Hocking DC, Morina N, Sundram S, Alisic E. Moral injury related to immigration detention on Nauru: a qualitative study. Eur J Psychotraumatology. 2022;13:2029042 (https://doi.org/10.1080/20008198.2022.2029042).

107. Marchi M, Artoni C, Longo F, Magarini FM, Aprile G, Reggianini C et al. The impact of trauma, substance abuse, psychiatric illness on suicidal and self-harm behaviours in a cohort of migrant detainees: an observational, prospective study. Int J Soc Psychiatry. 2022;68:514–24 (https://doi.org/10.1177/0020764020979007).

108. Cleveland J, Kronick R, Gros H, Rousseau C. Symbolic violence and disempowerment as factors in the adverse impact of immigration detention on adult asylum seekers' mental health. Int J Public Health. 2018;63:1001–8 (https://doi.org/10.1007/s00038-018-1121-7).

109. Erfani P, Chin ET, Lee CH, Uppal N, Peeler KR et al. Suicide rates of migrants in United States immigration detention (2010–2020). AIMS Public Health. 2021;8:416–20 (https://doi.org/10.3934/publichealth.2021031).

110. Rimkeviciene J, O'Gorman J, De Leo D. Suicidality in detention centres: a case study. IJMHSC. 2017;13:106–18 (https://doi.org/10.1108/IJMHSC-09-2015-0034).

111. Terp S, Ahmed S, Burner E, Ross M, Grassini M, Fischer B et al. Deaths in Immigration and customs enforcement (ICE) detention: FY2018–2020. AIMS Public Health. 2021;8:81–9 (https://doi.org/10.3934/publichealth.2021006).

112. Okonkwo NE, Aguwa UT, Jang M, Barré IA, Page KR, Sullivan PS et al. COVID-19 and the US response: accelerating health inequities. BMJ EBM. 2021;26:176–9 (https://doi.org/10.1136/bmjebm-2020–111426).

113. Dudley M. Helping professionals and Border Force secrecy: effective asylum-seeker healthcare requires independence from callous policies. Australas Psychiatry. 2016;24:15–18 (https://doi.org/10.1177/1039856215623354).

114. Mares S. Mental health consequences of detaining children and families who seek asylum: a scoping review. Eur Child Adolesc Psychiatry. 2021;30:1615–39 (https://doi.org/10.1007/s00787-020-01629-x).

115. Puthoopparambil SJ, Bjerneld M, Källestål C. Quality of life among immigrants in Swedish immigration detention centres: a cross-sectional questionnaire study. Glob Health Action. 2015;8:28321 (https://doi.org/10.3402/gha.v8.28321).

116. Esposito F, Ornelas J, Arcidiacono C. Migration-related detention centers: the challenges of an ecological perspective with a focus on justice. BMC Int Health Hum Rights. 2015;15:13 (https://doi.org/10.1186/s12914-015-0052-0).

117. Sidamon-Eristoff A, Cohodes E, Gee D, Peña C. Trauma exposure and mental health outcomes among Central American and Mexican children held in immigration detention at the United States-Mexico border. Dev Psychobiol. 2022;64(3):e22227 (https://doi.org/10.1002/dev.22227).

118. Essex R. How resistance shapes health and well-being. Bioethical Inq. 2022;19:315–25 (https://doi.org/10.1007/s11673-022-10183-x).

119. Forrest W, Steel Z. The impact of immigration detention on the mental health of refugees and asylum seekers. J Trauma Stress. 2023;36:642–53 (https://doi.org/10.1002/jts.22944).

120. Lee CH, Uppal N, Erfani P, Sandoval RS, Hampton K, Mishori R et al. Individuals' experiences in U.S. immigration detention during the early period of the COVID-19 pandemic: major challenges and public health implications. Health Justice. 2023;11:8 (https://doi.org/10.1186/s40352-023-00211-2).

121. Avila Morales GA. Detención sin derechos: el acceso a la salud en estaciones migratorias antes y durante la pandemia por COVID-19. DesafiosJuridocs. 2021;1(3):10–27 (https://doi.org/10.29105/dj1.1-2).

122. Committee Against Torture. Concluding observations on the seventh periodic report of Canada. New York: United Nations; 2018 (CAT/C/CAN/CO/7; https://digitallibrary.un.org/record/1660440). Licence: CC BY-4.0.

123. Committee on Economic Social and Cultural Rights. Concluding observations on the sixth periodic report of Cyprus. New York: United Nations; 2016 (E/C.12/CYP/CO/6; https://www.refworld.org/policy/polrec/cescr/2016/en/115211). Licence: CC BY-4.0.

124. Committee on the Elimination of Discrimination Against Women. Concluding observations on the combined initial and second periodic reports of Nauru. New York: United Nations; 2017 (CEDAW/C/NRU/CO/1-2; https://digitallibrary.un.org/record/3844291). Licence: CC BY-4.0.

125. Committee on the Elimination of Racial Discrimination. Concluding observations on the combined eighteenth to twenty-fifth periodic reports of Hungary. New York: United Nations; 2019 (CERD/C/HUN/CO/18-25; https://www.ohchr.org/en/documents/concluding-observations/cerdchunco18-25-committee-elimination-racial-discrimination). Licence: CC BY-4.0.

126. Committee on the Elimination of Racial Discrimination. Concluding observations on the combined twenty-first and twenty second periodic reports of Norway. New York: United Nations; 2015 (CERD/C/NOR/CO/21-22; https://digitallibrary.un.org/record/821440). Licence: CC BY-4.0.

127. European Committee for the Prevention of Torture. Report to the Bulgarian Government on the visit to Bulgaria carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 10 to 17 December 2019. Strasbourg: Council of Europe; 2019 (https://www.refworld.org/reference/countryrep/coecpt/2015/en/108164).

128. European Committee for the Prevention of Torture. Report to the Croatian Government on the visit to Croatia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 10 to 14 August 2020. Strasbourg: Council of Europe; 2021 (CPT/Inf (2021) 29; https://rm.coe.int/1680a4c199).

129. European Committee for the Prevention of Torture. Report to the Greek Government on the visit to Greece carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 13 to 17 March 2020. Strasbourg: Council of Europe; 2020 (CPT/Inf (2020) 35; https://rm.coe.int/1680a06a86).

130. European Committee for the Prevention of Torture. Report to the Government of the Principality of Liechtenstein on the visit to Liechtenstein carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 24 June 2016. Strasbourg: Council of Europe; 2017 (CPT/Inf (2017) 21; https://www.ecoi.net/en/file/local/1406083/1226_1504091138_168073d17b.pdf).

131. European Committee for the Prevention of Torture. Report to the Government of the former Yugoslav Republic of Macedonia on the visit to the former Yugoslav Republic of Macedonia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 7 to 17 October 2014. Strasbourg: Council of Europe; 2014 (CPT/Inf (2016) 8; https://www.ecoi.net/en/file/local/1187696/1226_1458634816_2016–08-inf-eng.pdf).

132. European Committee for the Prevention of Torture. Report to the Maltese Government on the visit to Malta carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 17 to 22 September 2020. Strasbourg: Council of Europe; 2021 (CPT/Inf (2021) 1; https://rm.coe.int/1680a1b877).

133. European Committee for the Prevention of Torture. Report to the Norwegian Government on the visit to Norway carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 28 to 5 June 2018. Strasbourg: Council of Europe; 2018 (CPT/Inf (2019) 1; https://rm.coe.int/1680909713).

134. European Committee for the Prevention of Torture. Report to the Polish Government on the visit to Poland carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 11 to 22 May 2017. Strasbourg: Council of Europe; 2017 (CPT/Inf (2018) 39; https://www.ecoi.net/en/file/local/1439753/1226_1533195572_2018–39-inf-eng-docx.pdf).

135. European Committee for the Prevention of Torture. Report to the Swedish Government on the visit to Sweden carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 18 to 29 January 2021. Strasbourg: Council of Europe; 2021 (CPT/Inf (2021) 20; https://www.jo.se/app/uploads/2023/02/cpt-rapport-2021-01-eng.pdf).

136. European Committee for the Prevention of Torture. Report to the Spanish Government on the visit to Spain carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 14 to 18 July 2014. Strasbourg: Council of Europe; 2015 (CPT/Inf (2015) 19; https://www.refworld.org/reference/countryrep/coecpt/2015/en/104778).

137. European Committee for the Prevention of Torture. Report to the Turkish Government on the visit to Turkey carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 10 to 23 May 2017. Strasbourg: Council of Europe; 2017 (CPT/Inf (2020) 22; https://rm.coe.int/16809f209e).

138. European Committee for the Prevention of Torture. Report to the United Nations Interim Administration Mission in Kosovo(3) (UNMIK) on the visit to Kosovo(3) carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 6 to 16 October 2020. Strasbourg: Council of Europe; 2021 (CPT/Inf (2021) 23; https://www.ecoi.net/en/file/local/2061059/2021-23-inf-eng.docx.pdf).

139. Human Rights Committee. Concluding observations on the fourth periodic report of Bulgaria. New York: United Nations; 2018 (CCPR/C/BGR/CO/4; https://digitallibrary.un.org/record/1653209). Licence: CC BY-4.0.

140. Human Rights Committee. Concluding observations on the fourth periodic report of Lithuania. New York: United Nations; 2018 (CCPR/C/LTU/CO/4; https://digitallibrary.un.org/record/1639825). Licence: CC BY-4.0.

141. Human Rights Council, Report of the working group on the universal periodic review: South Africa. New York: United Nations; 2012 (A/HRC/21/16; https://documents.un.org/doc/undoc/gen/g12/151/29/pdf/g1215129.pdf). Licence: CC BY-4.0.

142. Subcommittee on the Prevention of Torture and Other Cruel Inhuman or Degrading Treatment or Punishment. Visit to Cyprus undertaken from 25 to 29 January 2016: observations and recommendations addressed to the State party. New York: United Nations; 2017 (CAT/OP/CYP/R.1; https://digitallibrary.un.org/record/4068126). Licence: CC BY-4.0.

143. Puthoopparambil SJ, Ahlberg BM, Bjerneld M. "It is a thin line to walk on": challenges of staff working at Swedish immigration detention centres. Int J Qual Stud Health Well-being. 2015;10:25196 (https://doi.org/10.3402/qhw.v10.25196).

144. UNHCR Detention Guidelines. Geneva: United Nations High Commissioner for Refugees; 2012 (https://www.unhcr.org/media/unhcr-detention-guidelines). Licence: CC BY-4.0.

145. Committee Against Torture. Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland, adopted by the Committee at its 50th session (6–31 May 2013). New York: United Nations; 2013 (CAT/C/GBR/CO/5; https://digitallibrary.un.org/record/751256). Licence: CC BY-4.0.

146. Committee on the Rights of the Child. Concluding observations on the combined fifth and sixth periodic reports of Bosnia and Herzegovina. New York: United Nations; 2019 (CRC/C/BIH/CO/5-6; https://www.ohchr.org/en/documents/concluding-observations/crccbihco5-6-committee-rights-child-concluding-observations). Licence: CC BY-4.0.

147. Committee on the Rights of the Child. Concluding observations on the combined third and fourth periodic report of Cyprus. New York: United Nations; 2012 (CRC/C/CYP/CO/3-4; https://www.ohchr.org/en/documents/concluding-observations/crcccypco3-4-concluding-observations-combined-third-and-fourth). Licence: CC BY-4.0.

148. Committee on the Rights of the Child. Concluding observations on the third to fifth periodic reports of Latvia. New York: United Nations; 2016 (CRC/C/LVA/CO/3-5; https://digitallibrary.un.org/record/834993). Licence: CC BY-4.0.

149. Committee on the Rights of the Child. Concluding observations on the combined fourth and fifth periodic reports of Mexico. New York: United Nations; 2015 (CRC/C/MEX/CO/4-5; https://digitallibrary.un.org/record/814394). Licence: CC BY-4.0.

150. Committee on the Rights of the Child. Concluding observations on the combined third and fourth periodic reports of Morocco. New York: United Nations; 2014 (CRC/C/MAR/CO/3-4; https://www.ohchr.org/en/documents/concluding-observations/crccmarco3-4-concluding-observations-combined-third-and-fourth). Licence: CC BY-4.0.

151. Committee on the Rights of the Child. Concluding observations on the combined fifth and sixth periodic reports of Norway. New York: United Nations; 2018 (CRC/C/NOR/CO/5-6; https://digitallibrary.un.org/record/1651770). Licence: CC BY-4.0.

152. Committee on the Rights of the Child. Concluding observations on the combined third to fifth periodic reports of Slovakia. New York: United Nations; 2016 (CRC/C/SVK/CO/3-5; https://www.ohchr.org/en/documents/concluding-observations/crccsvkco3-5-concluding-observations-combined-third-fifth). Licence: CC BY-4.0.

153. European Committee for the Prevention of Torture. Rapport au Gouvernement de la République Française relatif à la visite effectuée en France par le Comité Européen pour la prévention de la torture et des peines ou traitements inhumains ou dégradants (CPT) du 23 au 30 Novembre 2018. Strasbourg: Council of Europe; 2020 (https://www.infomie.net/article5838.html) (in French).

154. European Committee for the Prevention of Torture. Report to the Czech Government on the visit to Czech Republic carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 1 to 10 April 2014. Strasbourg: Council of Europe; 2015 (CPT/Inf (2015) 18; https://rm.coe.int/168069568c).

155. European Committee for the Prevention of Torture. Report to the Danish Government on the visit to Denmark carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 3 to 12 April 2019. Strasbourg: Council of Europe; 2020 (CPT/Inf (2020) 10; https://www.ecoi.net/en/file/local/2026207/2020-10-inf-eng.pdf.pdf).

156. European Committee for the Prevention of Torture. Report to the Hungarian Government on the visit to Hungary carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 20 to 26 October 2017. Strasbourg: Council of Europe; 2018 (CPT/Inf (2018) 42; https://www.refworld.org/reference/countryrep/coecpt/2018/en/121777).

157. European Committee for the Prevention of Torture. Report to the Slovenian Government on the visit to Slovenia carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 28 March to 4 April 2017. Strasbourg: Council of Europe; 2017 (CPT/Inf (2017) 27; https://www.refworld.org/reference/countryrep/coecpt/2017/en/118643).

158. Nwadiuko J, Fredricks K, Polk S, Shah S, Long JA, Diaz C et al. Pediatric hospitalizations from immigration detention in Texas, 2015–2018. J Pediatr. 2022;244:212–14 (https://doi.org/10.1016/j.jpeds.2021.12.056).

159. Dickens C, Ramesh A, Adanlawo T, DeBaun MR. Time-sensitive healthcare guidelines for youth with chronic diseases in custody: gaps in care. Pediatr Res. 2024;95:1418–21 (https://doi.org/10.1038/s41390-023-02947-x).

160. Dudley M, Young P, Newman L, Gale F, Stoddart R. Health professionals confront the intentional harms of indefinite immigration detention: an Australian overview, evaluation of alternative responses and proposed strategy. IJMHSC. 2021;17:35–51 (https://doi.org/10.1108/IJMHSC-08-2020-0083).

161. MacLean SA, Agyeman PO, Walther J, Singer EK, Baranowski KA, Katz CL. Mental health of children held at a United States immigration detention center. Soc Sci Med. 2019;230:303–8 (https://doi.org/10.1016/j.socscimed.2019.04.013).

162. Singer EK, Molyneux K, Kaur K, Kona N, Malave GS, Baranowski KA. The impact of immigration detention on the health of asylum seekers during the COVID-19 pandemic. SSM Qual Res Health. 2022;2:100072-100072 (https://doi.org/10.1016/j.ssmqr.2022.100072).

163. Sharif MZ, Cabral A, Alcalá HE, Hassan MA, Amani B. "They don't care if we live or die": a qualitative analysis examining the US immigration system's treatment of undocumented communities during the COVID-19 pandemic. Ethn Dis. 2024;34:8–18 (https://doi.org/10.18865/ed.34.1.8).

164. Berg UD, Tosh S, León SK. Carceral ethnography in a time of pandemic: examining migrant detention and deportation during COVID-19. Ethnography. 2024;25:314–34 (https://doi.org/10.1177/14661381211072414).

165. Fabini G, Firouzi Tabar O. Governing immobility in the COVID-19 crisis in Italy: non-conforming behaviors of migrants confronting the new old processes of othering. Crit Crim. 2023;31:307–25 (https://doi.org/10.1007/s10612-023-09701-z).

166. Keller AS, Wagner BD. COVID-19 and immigration detention in the USA: time to act. Lancet Public Health. 2020;5:e245–6 (https://doi.org/10.1016/S2468-2667(23)30081-5).

167. Patler C, Saadi A. Risk of poor outcomes with COVID-19 among U.S. detained immigrants: a cross-sectional study. J Immigr Minor Health. 2021;23:863–6 (https://doi.org/10.1007/s10903-021-01173-z).

168. United Nations Network on Migration. COVID-19 & immigration detention: what can governments and other stakeholders do? New York: United Nations; 2020 (https://migrationnetwork.un.org/sites/g/files/tmzbdl416/files/docs/annex_to_policy_brief_on_atd_and_covid-19.pdf). Licence: CC BY-4.0.

169. Chile: COVID-19 and detention [blog]. In: COVID-19 Global Immigration Detention Platform; 7 May 2021 (https://www.globaldetentionproject.org/07-may-2021-chile). Licence: CC BY-NC-SA 3.0 IGO

170. Human Rights Committee. Concluding observations on the fourth periodic report of the United States of America. New York: United Nations; 2014 (CCPR/C/USA/CO/4; https://www.ohchr.org/en/documents/concluding-observations/ccprcusaco4-concluding-observations-fourth-periodic-report-united). Licence: CC BY-4.0.

171. Puthoopparambil SJ, Bjerneld M. Detainees, staff, health care services in immigration detention centres: a descriptive comparison of detention systems in Sweden and in the Benelux countries. Glob Health Action. 2016;9:30358 (https://doi.org/10.3402/gha.v9.30358).

172. Sridhar S, Digidiki V, Ratner L, Kunichoff D, Gartland MG. Child migrants in family detention in the US: addressing fragmented care. Children (Basel). 2024;11:944 (https://doi.org/10.3390/children11080944).

173. European Committee for the Prevention of Torture. Report to the Government of Germany on the visit to Germany carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 13 to 15 August 2018. Strasbourg: Council of Europe; 2019 (CPT/Inf (2019) 14; https://www.ecoi.net/en/document/2009113.html).

174. European Committee for the Prevention of Torture. Rapport au Conseil fédéral Suisse relatif à la visite effectuée en Suisse par le Comité Européen pour la prévention de la torture et des peines ou traitements inhumains ou dégradants (CPT) du 13 au 24 Avril 2015. Strasbourg: Council of Europe; 2016 (CPT/Inf (2016) 18; https://rm.coe.int/1680697fb9).

175. CPT factsheet on immigration detention. Strasbourg: Council of Europe; 2017 (https://www.coe.int/en/web/cpt/-/cpt-factsheet-on-immigration-detention).

176. Expectations for immigration detention: criteria for assessing the conditions for and treatment of immigration detainees. London: HM Inspectorate of Prisons; 2018 (https://assets.publishing.service.gov.uk/media/5d1e0025e5274a08dd57c3cb/hmip-annual-report-2018-19.pdf).

177. Committee Against Torture. Concluding observations on the sixth periodic report of Bosnia and Herzegovina. New York: United Nations; 2017 (CAT/C/BIH/CO/6/Add.1; https://digitallibrary.un.org/record/3795379?ln=en&v=pdf). Licence: CC BY-4.0.

178. Committee Against Torture. Concluding observations on the sixth periodic report of Germany. New York: United Nations; 2019 (CAT/C/DEU/CO/6; https://www.ohchr.org/en/documents/concluding-observations/catcdeuco6-committee-against-torture-concluding-observations). Licence: CC BY-4.0.

179. Report to the Austrian Government on the visit to Austria carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 22 September to 1 October 2015. Strasbourg: Council of Europe; European Committee for the Prevention of Torture; 2015 (CPT/Inf (2023) 03; https://rm.coe.int/1680abc16d).

180. European Committee for the Prevention of Torture. Report to the Italian Government on the visit to Italy carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 7 to 13 June 2017. Strasbourg: Council of Europe; 2018 (CPT/Inf (2024) 34; https://rm.coe.int/1680b2c7e7).

181. Grassini M, Terp S, Fischer B, Ahmed S, Ross M, Frenzen N et al. Characteristics of deaths among individuals in US Immigration and customs enforcement detention facilities, 2011–2018. JAMA Netw Open. 2021;4:e2116019 (https://doi.org/10.1001/jamanetworkopen.2021.16019).

182. Mancy S, Fabbro-Peray P, Alonso S, Berkaoui H, Lambremon L, Vidal H et al. Prevalence of HIV, hepatitis C and hepatitis B infection among detainees in a French administrative detention centre. J Epidemiol Glob Health. 2024;14:923–32 (https://doi.org/10.1007/s44197-024-00238-0).

183. Medical care resumes in Tripoli detention centres [news release]. Médecins Sans Frontières; 2021 (https://www.msf.org/medical-care-resumes-libya-detention-centres).

184. Essex R. Do codes of ethics and position statements help guide ethical decision making in Australian immigration detention centres? BMC Med Ethics. 2019;20:52 (https://doi.org/10.1186/s12910-019-0392-8).

185. Brooker S, Albert S, Young P, Steel Z. Mental health care in an invalidating environment: the case of immigration detention in Australia. In: Flynn MJ, Flynn MB, Flynn MB, editors. Challenging immigration detention. Northampton, MA: Edward Elgar Publishing; 2017:195–221).

186. Essex R. Human rights, dual loyalties, clinical independence: challenges facing mental health professionals working in Australia's immigration detention network. Bioethical Inq. 2014;11:75–83 (https://doi.org/10.1007/s11673-013-9493-0).

187. Smith J. Death, disease and indignity: serious health and human rights concerns persist in UK Immigration Detention Facilities. J Public Health. 2018;40:212–3 (https://doi.org/10.1093/pubmed/fdx042).

188. Enjolras F. Soigner en centre de rétention administrative: une question de légitimité. Hommes & Migrations. 2009;1282:76–88 (https://doi.org/10.4000/hommesmigrations.449) (in French).

189. Alternatives to Detention [website]. United Nations Network on Migration; 2025 (https://migrationnetwork.un.org/thematic-working-group-2-alternatives-detention).

190. European alternatives to detention network [website]. European Alternatives To Detention Network; 2025 (https://atdnetwork.org/).

191. Beyond detention: a global strategy to support governments to end the detention of asylum-seekers and refugees. Geneva: Office of the United Nations High Commissioner for Refugees; 2014 (https://www.unhcr.org/media/beyond-detention-global-strategy-support-governments-end-detention-asylum-seekers-and).

Annex. Methodology

This evidence brief was developed based on a 2025 rapid review protocol, updating data from an evidence review conducted in 2022, to improve the knowledge on the health and well-being of migrants in immigration detention.

The 2022 evidence review covered the period from 1 January 2011 to 31 December 2021, using keywords related to migration, detention and health to search databases (Google Scholar, Health Services Research, PubMed, Scopus and Web of Science). The keywords used were migrant, AND immigration detention, AND health, OR refugee, OR asylum, OR healthcare, OR migration detention, OR right to health, OR mental health, OR covid-19, OR health outcomes, OR health screening, OR preventive health, OR vulnerable populations, OR physical health, OR sexual health.

In addition, French and Spanish language citations were reviewed through Forced Migration Review, Journal Storage and OpenEdition.

Academic articles (books, peer-reviewed papers, reports and book chapters) published from 1 January 2011 to 31 December 2021 were included if they incorporated data on population in administrative migration detention facilities; policies and practices on health in detention/state custody; and (disruption of) services for detained migrants in the context of COVID-19. This led to the inclusion of 86 academic and grey literature documents.

A rapid review protocol was used in March 2025 of English language peer-reviewed literature published between 1 January 2022 and 28 February 2025 to update these results. Databases (PubMed, Scopus and Web of Science) were searched using the following keywords: migrant OR refugee OR asylum, AND immigration detention OR migration detention, AND health. The results were as follows.

PubMed ((migra* OR refugee* OR asylum) AND ("migration detention" OR "immigration detention") AND health): 68;

Scopus ((migra* OR refugee* OR asylum) AND ("migration detention" OR "immigration detention") AND health): 439; and

Web of Science ((migra* OR refugee* OR asylum) AND ("migration detention" OR "immigration detention") AND health): 60.

The rapid review methodology was selected due to the need for timely evidence *(1)*, simplifying the process of study selection, data extraction and quality assurance based on the existing research question and search protocol *(2)*.

Publications were included if they specifically focused on detention contexts and health, and the full text was available.

Publications were excluded if they:

- discussed an undefined population or included no specific mention of refugees or migrants;
- reported on immigration detention but not specifically closed facilities where deprivation of liberty occurred;
- did not report primary data;
- were literature reviews, editorials, commentaries and letters (for peer-reviewed literature); and
- no full-text version was available.

Peer-reviewed literature was first screened by title and abstract, and then for studies using scientific evidence derived from quantitative, qualitative, case study, meta-analysis or mixed method approaches. The identified studies were reviewed for full text and narratively synthesized through thematic analysis. The results were structured according to the themes constructed during the thematic analysis, following the first- and second-order themes: health outcomes, including mental health, children's health and health emergencies; and access and availability of health care. A total of 30 papers were included in addition to the literature selected during the earlier review conducted.

References[1]

1. Garritty C, Hamel C, Trivella M, Gartlehner G, Nussbaumer-Streit B, Devane D et al. Updated recommendations for the Cochrane rapid review methods guidance for rapid reviews of effectiveness. BMJ. 2024;384:e076335 (https://doi.org/10.1136/bmj-2023-076335).
2. Smela B, Toumi M, Świerk K, Francois C, Biernikiewicz M, Clay E et al. Rapid literature review: definition and methodology. J Mark Access Health Policy. 2023;11:2241234. (https://doi.org/10.1080/20016689.2023.2241234).

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