

“LIKE A PRISON: NO CONTROL, NO SLEEP”

Mental Health Crisis at Wethersfield Containment Site

Briefing note by Doctors of the World and Médecins Sans Frontières



**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**



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INTRODUCTION

In July 2023, the UK Home Office opened a large-scale asylum ‘accommodation centre’ in former RAF barracks in Wethersfield, rural Essex. In an isolated area around eight miles from the nearest town, this mass containment site holds men between the ages of 18 to 65 years and has a maximum capacity of 800 men, with a ‘surge capacity’ of 1,245 people.ⁱ

In November 2023, following a needs assessment and initial remote consultations, Doctors of the World in partnership with Médecins Sans Frontières UK launched a mobile clinic service outside the main gates of the Wethersfield site, providing primary healthcare to the men accommodated in the site.

This briefing, based on our medical data since October 2023, highlights the detrimental impact the UK government’s asylum containment site policy is having on the health, wellbeing and dignity of people seeking safety in the UK. Our medical data from Wethersfield aligns with our findings in other similar sites across the world including Napier Barracks UK, Greece, Germany, the Netherlands and Nauru, where it has been evidenced that such settings have significant health and humanitarian consequences, including a damaging impact on people’s mental health and wellbeing.ⁱⁱ

We call on the UK government to immediately close RAF Wethersfield and abandon the policy of using mass containment sites to accommodate people seeking safety. Instead, people should be placed in dignified and safe accommodation in the community, afforded access to protection and necessary and appropriate physical and psychological healthcare.

OUR CLINICAL SERVICE

Doctors of the World (DOTW) UK is part of the Médecins du Monde international network. DOTW UK has been a registered charity in England and Wales since 1998 and runs clinics and advocacy programmes providing medical care, information, and practical support to people unable to access NHS services. DOTW UK has over fifteen years of experience in providing support to refugees, asylum seekers and migrants in the UK.

Médecins Sans Frontières (MSF) is an international, independent medical humanitarian organisation. MSF provides medical and humanitarian assistance to people affected by conflict, violence, epidemics or excluded from healthcare. MSF has a long history of providing support to people who have been forcibly displaced seeking safety, protection and healthcare including those within Europe.

The DOTW UK – MSF mobile clinic service at RAF Wethersfield offers in-depth GP appointments for men held onsite, using translation services so that people can communicate in their primary spoken language. If necessary, referrals are made to relevant safeguarding and emergency services. We are also developing psychoeducation sessions for men living on the site.

The evidence used in this briefing is from routine medical dataⁱⁱⁱ collected from 122 individuals who accessed our medical service and consented for their data to be used anonymously^{iv}, as well as social data and scores from the Clinical Outcomes in Routine Evaluation (CORE-10) questionnaire^v between 12 October 2023 and 24th April 2024. Medical data in this report is complemented by an analysis of information and observations from our clinical team as well as publicly available information relating to the Wethersfield site and UK migration policy.

CONTEXT OVERVIEW

UK Asylum System

Against a backdrop of restrictive approaches to migration worldwide, the UK government has recently introduced a series of increasingly harmful policies focused on deterring, containing and externalising people searching for safety. The Nationality and Borders Act 2022 and the Illegal Migration Act 2023 (IMA), underpinned by the New Plan for Immigration, extinguish the fundamental right to seek asylum, criminalising people arriving irregularly and exposing a significant and growing population to risk of indefinite detention and removal from the UK to Rwanda, and elsewhere.^{vi} However, the government will likely be unable to remove most people seeking asylum from the UK to a third country, resulting in thousands being stranded in perpetual legal limbo.^{vii}

The legislation also plans to introduce large-scale containment sites^{viii}, modelled on the Greek island mass containment centres^{ix}. Since September 2020, with the opening of Napier and Penally barracks, the Home Office has used former military sites and a barge in isolated locations to contain people seeking asylum.

Wethersfield containment site

RAF Wethersfield is a disused Ministry of Defence (MOD) site and not designated a 'closed' immigration detention site by the Home Office. The All-Party Parliamentary Group on Immigration Detention describes this type of accommodation as "quasi detention" as it "shares many of the features found in detained settings."^x The Home Office has outsourced the site management of RAF Wethersfield to private company, Clearsprings Ready Homes, which provides a vast amount of initial and dispersal asylum accommodation and other services across southern England.

The men held at Wethersfield are selected by the Home Office, with the majority having arrived in the UK within the last year on small boats. The maximum length of time men can be accommodated at Wethersfield is between 6- 9 months although this can be extended indefinitely if no other suitable accommodation can be found.^{xi} The majority, if not all, the men held in Wethersfield are subject to the IMA and are therefore prohibited from claiming asylum in the UK and stuck in indefinite legal limbo. As of 31st January 2024, the main nationalities of people who have been held in Wethersfield were Afghan, Iranian, Syrian, Eritrean, Iraqi and Sudanese.^{xii} At the time of publishing this briefing, approximately 580 men are living there.

The Home Office has provided additional funding^{xiii} to NHS Mid and South Essex Integrated Care Board (ICB) to commission the private provider Commisceo Primary Care Solutions to deliver the onsite primary healthcare services, for 18 months at £1.1 million.^{xiv} The onsite healthcare team provides primary healthcare services Monday to Friday and health assessments on arrival to the site to screen for communicable diseases and general physical and mental health and low level psychosocial support delivered by a mental health nurse. There is no onsite or easily accessible, tailored therapeutic mental health services nor access to trauma-informed therapy services.^{xv} and the onsite healthcare provider appears to have no prior experience or expertise in refugee and migrant healthcare, nor received any specialised training in responding to their specific and complex needs.

According to the Home Office, those selected to go to Wethersfield **"typically do not have the complex needs [and are] least likely to place additional strains on local services in a rural area such as Wethersfield."**^{xvi} However, Freedom of Information requests show that emergency medical services have

been regularly required (seventy-six emergency calls were made to the East of England Ambulance Service and 61 ambulances were dispatched to the site in the first eight months of the site's existence^{xviii}) and there have been reports of suicide attempts by residents at Wethersfield.^{xviii}

History of violence and trauma

There is a high presence of people onsite who have experienced historical violence and trauma. The majority of people who accessed our service were aged 20-29 (66%, 81/122) and 30-39 years (22%, 27/122). The most common country of origin of people accessing the service was Iran^{xix} followed by Eritrea, Afghanistan and Syria. The service also saw people from Sudan, Iraq and Turkey.

On average, people accessing our service had been in the UK for 97 days, and in Wethersfield for an average of 85 days. 98% (111/113^{xx}) of our patients arrived in the UK after 20th July 2023.

During medical consultations outside Wethersfield, men told DOTW-MSF clinicians about their traumatic experiences in their home countries as well as during their migration journeys, including torture, trafficking, and other forms of extreme violence.

68% (83/122) reported having experienced violence or abuse in their lifetime.

Of those who reported experiencing violence or abuse:

- » 36% (30/83) reported experiences of being tortured.
- » 59% (49/83) reported experience of living in a country with armed conflict or war
- » 30% (25/83) reported experiencing violence by police or armed forces
- » 22% (18/83) of our patients who experienced violence reported experience of being physically threatened or imprisoned for their ideas.



Moreover, 23% (28/122) of men accessing our service reported having travelled through Libya, a route which presents a high risk of being kidnapped, extorted, abused, tortured, and placed in arbitrary detention.^{xxi} In addition, 29% (35/122) of our patients reported they had experienced abuse at the hands of traffickers or smugglers and 11% (14/122) reported they had experienced violence at or within the borders of Europe.



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29%

A MENTAL HEALTH CRISIS

DOTW UK and MSF are witnessing mental health crises unfold amongst men held in RAF Wethersfield.

Amongst our 122 patients, mental health needs were the most prevalent with 74% (90/122) presenting with a psychological complaint. The most common diagnoses were psychological^{xxii} followed by digestive, musculoskeletal, skin and neurological. The level of mental distress means that people often experience physical effects including palpitations, breathing difficulties, body pains and headaches. In addition, many of the men have chronic pain due to old injuries from beatings or enduring extreme circumstances or from scarring related to torture.

Among the psychological diagnoses, 39% (41/105^{xxiii}) of our patients had symptoms consistent with post-traumatic stress disorder (PTSD), a psychological condition caused by experiencing or witnessing a highly traumatic event, such as severe violence or threats of violence, war, a natural disaster or a severe injury. Symptoms of PTSD often include flashbacks, nightmares, irritability and hypervigilance and can negatively impact concentration, memory and daily functioning. The second most common psychological diagnoses were reported depressive symptoms, affecting 29% (30/105^{xxiv}) of our patients, with many of our patients presenting with depression and anxiety, regularly describing feelings of 'despair' and 'hopelessness'.

As part of our assessment, we offer the CORE-10 tool to screen for psychological distress. The results from this assessment demonstrate acute levels of psychological suffering amongst our patients: the average CORE-10 score amongst the 101 patients we administered it to was 27 out of a possible score of 40, which is indicative of severe mental distress. 94% (95/101) of people accessing our service presented with psychological distress ranging from moderate to severe (a score of 15 or above), with 70% (71/101) of our patients presenting with severe psychological distress (a score of 25 or above).



41%

of our patients we have data for, presented with suicidal ideation or planning

Alarming, 41% (38/93)^{xxv} of our patients we have data for presented with suicidal ideation or planning.

Our clinicians have observed that the onsite medical team routinely manage mental health cases by medicating patients for depression, anxiety and poor sleep with antidepressants and sleeping tablets. However, patients prescribed these often tell our clinicians that they don't want to take them as the cause of their problems is the site itself.

Research shows that PTSD and depression - the two most common psychological diagnoses amongst our Wethersfield patients - are associated with increased rates of suicidal ideation and attempted suicide, especially among people seeking asylum and refugees.^{xxvi} From our experience of providing medical care to refugees around the world, we know that as people's sense of hopelessness increases, their mental health worsens. MSF projects in detention and containment settings, including on the Greek islands and on Nauru island, have also found high rates of suicidal ideation and attempts.^{xxvii}

INTENTIONAL CRUELTY – CONTAINMENT SITES AND UK POLICY

It is well evidenced that the conditions in which a person lives and works - the so called 'social determinants of health' - influence their health outcomes.^{xxviii} There are many conditions people in Wethersfield experience that are associated with a decline in health and wellbeing, meaning it is likely that any person held at Wethersfield will experience such decline over time.



the men express a constant desire for community, but the nature and design of this site prohibits this possibility.

- Dr Kate Morgan

Prison-like conditions

RAF Wethersfield is prison-like in its structure and set up and is experienced coercively and punitively by the men held there. In medical consultations, Wethersfield residents report that the site has a profound and negative impact on their health, wellbeing and the dignity with which they are able to live their lives.

Many of our patients report the site feels like a prison or military environment, with some men telling us that it reminds them of when they have been detained previously. Over a quarter of our patients (27%, 33/122) reported they feel unsafe in the site. Some of the men are reluctant to leave their rooms and restrict their movements to avoid communal areas, which can limit their ability to access food at the dining room. One of our doctors observed that her patients frequently told her the site 'feels like a prison, with no control and no sleep.'

Many men held at Wethersfield often do not have any supportive relationships within the site. In addition, 57% (69/122) of people accessing our service reported they had been separated from their children or other family members, and 38% (46/122) of our patients reported that they worried their family members were in danger in their home countries. A quarter of our patients (25%, 31/122) reported they had completely lost contact with family members, or they had no ability to connect with their family.



This separation from and concern about family further undermines the men’s coping mechanisms and resilience, compounding their mental distress.^{xxix}

Lack of privacy, freedom and agency

With between three and six men to a bedroom, shared toilets and showers and other facilities, there is a significant lack of privacy for men at Wethersfield. 39% (48/122) of our patients reported overcrowding and room sharing leading to lack of privacy, noise and light disrupting sleep as a major issue. Many men are struggling to sleep due to intrusive thoughts and nightmares and the multi-occupancy room compounds their poor sleep. Our clinicians have observed that this chronic sleep disturbance means men often only fall asleep in the mornings and were frequently exhausted as a result.

Dr Emma Withycombe, DOTW-MSF Medical Activity Manager says, ‘many men tell us that our mobile clinic is the only place they feel safe and heard. It is the only space they have to cry.’

There is a complete absence of agency and control in all aspects of life for the men in Wethersfield. Whilst the Home Office states the men are technically able to come and go from site, it is more than a mile from the nearest village, along small roads with no footpaths and eight miles from the nearest town.^{xxx} There are no local transport options, so to leave the site the men are reliant on several Home Office provided shuttle buses to three larger towns^{xxxi} for several hours a day - with limited activities and limited financial means.

Legal limbo with no access to legal advice

Nearly all of our patients at Wethersfield are subject to the IMA and are therefore trapped in legal limbo - prohibited from claiming asylum but with no imminent prospect of being removed from the UK.

We rarely see patients who have access to legal advice and there are broad concerns there is very little access to information about legal advice or support for the men in Wethersfield.^{xxxii} Migrant Help,

an organisation commissioned by the Home Office to provide advice to people seeking asylum, are not currently onsite and are therefore limited in their ability to support the men. There is confusion amongst residents about their legal status, whether they have submitted an asylum claim since they arrived in the UK and whether their claim is being processed.

In most instances, men held in Wethersfield have no clarity on how long they will be held there for, nor given any detailed information about the asylum process, which is generating huge uncertainty and rumours amongst men onsite, inevitably impacting their mental health. In reality, there is no upper limit on how long a person will stay at Wethersfield.

PROTECTION FAILURES

RAF Wethersfield, like all mass containment sites, is wholly unsuitable accommodation for anyone seeking safety. It is our view that that the policy to accommodate people seeking asylum in former MOD settings fails to consider the available medical evidence on risk of harm. DOTW and MSF are profoundly concerned by the serious failures to protect and safeguard people held at this site.

Safeguarding failures

During our consultations our medical teams have observed several safeguarding failures where steps have not been taken to protect individuals who are at risk of harm, abuse or neglect.

Primary responsibility for safeguarding sits with the local authority, however the Home Office, Clearsprings Ready Homes and the onsite medical service also all have a safeguarding responsibility for people held at the site.

We are concerned that even after nine months of the site's opening, adequate pathways for identifying and sharing safeguarding concerns about residents amongst operational partners are not yet in place. Our clinical teams routinely raise safeguarding concerns with the Local Authority, onsite medical service, Clearsprings Ready Homes safeguarding team, Migrant Help and the Home Office. While we receive feedback from the Local Authority on responses taken, we do not receive acknowledgement from Clearsprings Ready Homes in relation to our safeguarding concerns and are often unable to find out outcomes in relation to our safeguarding concerns from other stakeholders.

Our clinicians have raised 47 safeguarding concerns to the Home Office, Clearsprings, Migrant Help and the onsite medical centre since the start of 2024 for people who we believe are at risk or unsafe onsite; the majority of which we are unclear if any action has been taken for these individuals despite consistent follow up.

It also appears that there are not sufficient mechanisms in place to enable coordination and sharing of relevant information amongst stakeholders on site. We are often unable to understand if any action has or has not been taken and why for an individual at risk.

Home Office Suitability criteria

The Home Office recognises that former MOD sites like Wethersfield are not suitable for certain individuals, including those with “the most serious physical and mental health needs” and provides “suitability criteria” for assessing an individual’s suitability to be accommodated at ex-MoD sites (see Appendix I).^{xxxiii}

Our medical teams have seen many residents in Wethersfield who are not suitable to be accommodated there as per the Home Office's own policy criteria. This includes people who have experienced torture, trafficking, violence and abuse and present with moderate to severe psychological distress, and people with severe mental health conditions including those experiencing suicidal ideation and planning.

Analysis of our data indicates 75% of individuals accessing our service were not suitable to be accommodated at Wethersfield as per the Home Office's own policy (see Appendix 1). This aligns with other available evidence, including a report which documented survivors of torture and trafficking, those with severe mental health issues and children accommodated at the site^{xxxiv} and Home Office data showing that up until November 2023, 90 people were moved out of the site because they were suspected victims of modern slavery, had claims of human trafficking, had complex health needs that could not be managed on the site or claimed to be victims of torture or children.^{xxxv}

The presence of this number of individuals at Wethersfield who, according to the Home Office's own policy, are not suitable to be accommodated there indicates that people are not being screened adequately before being sent to Wethersfield and the absence of adequate mechanisms to identify and remove people who are not suitable once at the site.

The onsite health service has stated they do not screen individuals against the suitability criteria or flag those who are being harmed by the site to the welfare office or Home Office, advising that this responsibility sits with the Home Office.^{xxxvi} Our medical team's attempts to flag individuals who are not suitable to be on site with the onsite medical service, the Clearsprings Ready Homes safeguarding team and the Home Office are not acted on. Of the 47 safeguarding concerns we have raised, we are aware of only 15 people that have since left the site.

In our experience, the only way individuals have been able to be removed from Wethersfield due to being unsuitable for the site is when they have obtained a legal representative and provide medical evidence to challenge the Home Office's decision to accommodate them there.^{xxxvii}

CONCLUSION

Six months into our medical intervention providing care to men held in RAF Wethersfield, we remain extremely concerned about the health and wellbeing of our patients and the broader population at Wethersfield. From our data and experience of providing service to Wethersfield residents we can draw the following conclusions:

The people accommodated at RAF Wethersfield have specific and serious vulnerabilities: The majority of our patients have experienced violence or abuse in their lifetime (68%), including war, conflict, persecution and torture, and bear multiple levels of trauma as a result.

A mental health crisis is unfolding at the site. Our medical data of 122 patients shows significant levels of psychological distress including common presenting symptoms of anxiety, depressed mood, sleep disturbance, flashbacks and nightmares, thoughts of self-harm, suicide attempts, difficulty breathing and symptoms indicative of PTSD. 70% of men presented with severe psychological distress and suicidal ideation was prevalent in 41% of our patients.

Poor conditions at the Wethersfield and structural violence inherent in its design and intention are

exacerbating this mental health crisis. The prison-like nature and living conditions are creating and exacerbating existing mental health distress. Conditions in the site mean people experience very few 'protective factors' which reduce the risk of self-harm. The Illegal Migration Act, ensuring they will never have an opportunity to have their asylum claim considered in the UK, contributes to people's loss of hope.

Large containment sites like Wethersfield will never be a place of recovery and healing and will always undermine people's health and wellbeing. For therapeutic treatments to be most effective and for people to recover and heal from trauma, a safe, stable and humane environment, without trigger reminders of the past, is needed.^{xxxviii} The high levels of insecurity and uncertainty generated by mass containment combined with the lack of safety reported by our patients means even if there were therapeutic interventions available to men there, rehabilitation would likely be of limited success.

We have observed widespread protection failures. Wethersfield, like all mass containment sites, is not suitable to accommodate people. Our teams are witnessing serious failures to safeguard and protect people held at Wethersfield by multiple actors, putting their health, safety and lives at risk. Indeed, analysis shows 75% of our patients are not suitable to be accommodated at the site according to the Home Office's own restrictive policy.

We are witnessing mental health crises amongst many men held in Wethersfield, which will only deteriorate the longer the site remains open. Despite a plethora of evidence that these mass containment sites themselves are a source of significant harm and danger for residents – many of whom have already experienced unimaginable trauma, including people who have experienced torture, trafficking, violence - the Home Office plans to extend the use of Wethersfield for a further three years, as well as open other mass containment sites in the coming months.^{xxxix}

DOTW UK and MSF call on the UK Government to:

- » **Close RAF Wethersfield as a matter of urgency.**
- » **End the policy of using mass containment sites to accommodate people seeking safety.**
- » **Place people in dignified and safe accommodation in the community.**
- » **Ensure they have access to protection and necessary and appropriate physical and psychological healthcare.**
- » **Abandon the Illegal Migration Act and Safety of Rwanda (Asylum and Immigration) Act and allow people arriving in the UK to access the asylum system.**

APPENDIX 1

Estimate of individuals who are not or may not be suitable to be accommodated at the site as per Home Office suitability criteria

The current policy is that: an individual is not suitable for ex- MoD sites if they have been referred into the National Referral Mechanism (NRM) as a potential victim of modern slavery, and have received a positive reasonable grounds decision^{x1} and an individual may not be suitable for ex-MoD sites if they fulfil one of the following criteria:

- a) they would be defined as vulnerable under the Asylum Seekers (Reception Conditions) Regulations 2005 regulation 4 (3)
- b) they have complex health needs within the meaning given by the Healthcare Needs and Pregnancy Dispersal Policy at paragraph 4.16

Under the current version of the policy (version 12), individuals who may not be suitable for these sites must also demonstrate that they have “special needs” by way of an individual evaluation of their situation. The decision as to whether site is suitable depends on whether those needs can be met at the accommodation.

Data collected by our project team does not align exactly with the criteria for suitability outlined in the Allocation of Accommodation policy, however a number of our data points are similar to the certain aspects of the criteria for suitability and to provide this estimate of those who are not or may not be suitable to be accommodated at the site. Analysis of our data indicates 75% of individuals accessing our service were not suitable to be accommodated at Wethersfield as per the Home Office’s Allocation of Accommodation policy (see table 1).

TABLE 1

Estimate of individuals who are not or may not be suitable to be accommodated at the site as per Home Office suitability criteria

Suitability criteria		Proxy data point	Number of individuals in this category	
Criteria which will make individuals unsuitable for Napier, ex-MoD sites.	An individual has been referred into the National Referral Mechanism (NRM) as a potential victim of modern slavery , and has received a positive reasonable grounds decision.	None	0	
Criteria which may make individuals unsuitable for Napier, ex-MoD sites.	They would be defined as vulnerable under the Asylum Seekers (Reception Conditions) Regulations 2005 regulation 4(3)	A disabled person. Defined by the Equality Act 2010 which sets out that a person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities	CORE-10 assessment: severe psychological distress (a score of 25 or above)	71
		An individual who has been subjected to torture, rape or other serious forms of psychological, physical or sexual violence.	Previous experience of violence and CORE-10 assessment: moderate to severe psychological distress (a score of 15 or above)	73
	They have complex health needs within the meaning given by the Healthcare Needs and Pregnancy Dispersal Policy at paragraph 4.16	Active tuberculosis and infectious / active communicable diseases	None	0
		Serious mental health issues where there is a high risk of suicide, serious self-harm or risk to others.	CORE-10 assessment: positive response to suicidal planning within last 7 days	38
		Chronic disease	Diagnosis: Chronic	Suppressed
<p style="text-align: center;">Estimated total number of individuals accessing our service who are unsuitable to be accommodated at Wethersfield according to Home Office criteria</p> <p><i>Note: the total number of individuals not suitable to be accommodated at the site is lower than the total of the number of people in each category because of overlap between categories (some individuals present in more than one category)</i></p>			91/122 (75%)	

ENDNOTES

- i** - The maximum capacity was initially 1,700 men which has since been revised down to 800, with a 'surge capacity' of 1,245 people. UK Home Office, [Wethersfield: Factsheet](#), Version 1.7, March 2024.
- ii** - Doctors of the World UK, ['Doctors of the World's evidence from medical assessments of asylum seekers accommodated in the barracks'](#) 25 June 2021; Jesuit Refugee Service UK, ['Napier Barracks: the inhumane reality'](#), March 2023; Medecins Sans Frontieres, ['Constructing Crisis at Europe's Borders'](#), June 2021; Doctors of the World Germany, ['Living conditions and access to health care for refugees in Germany'](#), July 2023, Doctors of the World Netherlands, Amnesty International, Stichting LOS and Meldpunt Vreemdelingendetentie, ['To Confine or to Protect? Vulnerable People in Immigration Detention'](#) April 2016; Medecins Sans Frontieres, ['Indefinite Despair'](#), December 2018.
- iii** - All data in this briefing paper complies with DOTW's data collection policy, in full respect of medical confidentiality.
- iv** - The data used in this briefing was collected as part of the clinic operations and some metrics have missing data. We have included in the footnotes where missing data has been excluded from figures and percentages.
- v** - The CORE-10 tool is a validated rating scale of psychological distress which can be administered by non-healthcare professionals in primary care settings.
- vi** - Doctors of the World, Medecins Sans Frontieres UK, Helen Bamber Foundation, Freedom from Torture, Medical Justice and Maternity Action, ['The Medical Consequences of the New 'Illegal Migration Bill'](#), April 2022; Medecins Sans Frontieres UK and Doctors of the World ['The Medical consequences of the Safety of Rwanda \(Asylum and Immigration\) Bill'](#), January 2024.
- vii** - UK Home Office, ['New Plan for Immigration: Policy Statement'](#), 29 March 2022; UK Government, ['Nationality and Borders Act'](#), 28 April 2022.
- viii** - UK Home Office, ['New Plan for Immigration: Policy Statement'](#), 29 March 2022; UK Government, ['Nationality and Borders Act'](#), 28 April 2022.
- ix** - The Guardian, ['Tories hail Greek migration policies as an example, instead they should serve as a warning'](#), 12 April 2023; UK Home Office news story, ['Asylum Seekers to be accommodated on surplus military sites'](#), 29 March 2023.
- x** - All-Party Parliamentary Group on Immigration Detention, ['Report of the Inquiry into Quasi-Detention'](#), 10 December 2021.
- xi** - UK Home Office, [Wethersfield: Factsheet](#), Version 1.7, March 2024.
- xii** - Freedom of Information response from the UK Home Office.
- xiii** - UK Home Office, [Wethersfield: Factsheet](#), Version 1.7, March 2024.
- xiv** - The Independent, ['Private firm to be awarded £1m health contract at new asylum accommodation site'](#), 23 June 2023.
- xv** - Wethersfield residents can be referred to local NHS Talking Therapies (remote telephone appointments); the service has a waiting list of 2-3 months and cannot provide the level of specialist care required for this many patients with complex needs. Barnardos Bolah helpline is also available for men at Wethersfield but has limited capacity. Charities, such as Art Refuge and MSF Take Action Group have provided some psychosocial support to residents.
- xvi** - UK Home Office, [Wethersfield: Factsheet](#), Version 1.7, March 2024.
- xvii** - Data obtained through a Freedom of Information request reveals that between the date men were first moved onto the site (12 July 2023) and 14 March 2024, 76 emergency calls have been made to the East of England Ambulance Service (45 in 2023 and 31 in 2024 so far) with 61 ambulances being dispatched to RAF Wethersfield (37 in 2023 and 31 in 2024), see: https://www.whatdotheyknow.com/request/ambulance_call_out_data_to_raf_w. During November 2023 an ambulance was called on average every day[2], and in the first two and a half months of 2024, 31 ambulances were dispatched, amounting to one ambulance coming to Wethersfield every three days. We are aware of a number of ambulance call outs related to suicide attempts, see: <https://inews.co.uk/news/999-calls-raf-wethersfield-one-month-2817746>.
- xviii** - Report of multiple suicide attempts have substantiated by reports from other organisations and the visit of the former Independent Chief Inspectors of Borders and Immigration, see: <https://committees.parliament.uk/committee/83/home-affairs-committee/publications/3/correspondence/?page=2>.
- xix** - Iran (27%, 28/105) followed by Eritrea (25%, 26/105), Afghanistan (17%, 18/105) and Syria (12%, 13/105). NB These figures exclude missing data for 17/122 patients who accessed the service.
- xx** - This figure excludes missing data from 9 of 122 patients with unknown date of arrival in the UK.
- xxi** - Medecins Sans Frontieres, ['People are beaten, sexually abused and killed in Libyan detention centres'](#), 6 December 2023.
- xxii** - 38%, 85 of 220 diagnoses. This figure is a percentage of all diagnoses rather than individuals (as individuals often had more than one diagnosis during the consultation).
- xxiii** - This figure excludes missing medical data for 17 of 122 patients who accessed the service.
- xxiv** - This figure excludes missing medical data for 17 of 122 patients who accessed the service.
- xxv** - These figures exclude missing data for 29 of 122 patients who accessed the service.
- xxvi** - Leiler, A., Hollifield, M., Wasteson, E., & Bjärtå, A. (2019). ['Suicidal Ideation and Severity of Distress among Refugees Residing in Asylum Accommodations in Sweden'](#). International journal of environmental research and public health, 16(15), 2751.
- xxvii** - Medecins Sans Frontieres, ['Constructing Crisis at Europe's Borders'](#), June 2021; Medecins Sans Frontieres, ['Indefinite Despair'](#), December 2018.

- xxviii** - World Health Organization, [Social Determinants of Health](#), accessed 12 May 2024.
- xxix** - Medecins Sans Frontieres' ['Indefinite Despair'](#) report (2018) on the medical consequences of offshoring and indefinite detention of asylum seekers and refugees on Nauru island found family separation to be one of the main stressors compounding their mental health deterioration.
- xxx** - UK Home Office, [Wethersfield: Factsheet](#), Version 1.7, March 2024.
- xxxi** - Chelmsford, Braintree and Colchester.
- xxxii** - Helen Bamber Foundation and Humans for Rights Network, ['Ghettoised and Traumatized: The experiences of men held in quasi-detention in Wethersfield'](#), December 2023.
- xxxiii** - As per the Home Office's ['Allocation of asylum accommodation'](#) policy, Version 12.0, 27 March 2024.
- xxxiv** - Helen Bamber Foundation and Humans for Rights Network, ['Ghettoised and Traumatized: The experiences of men held in quasi-detention in Wethersfield'](#), December 2023.
- xxxv** - BBC News, [178 asylum seekers moved from ex-RAF base](#), 1 February 2024.
- xxxvi** - Freedom of Information request reference 4487711.
- xxxvii** - In February 2024, the High Court granted permission to four individuals held at Wethersfield, described as "extremely vulnerable, including victims of torture and modern slavery, as well as individuals with significant mental or physical health impairments and includes asylum seekers with severe suicidal ideation" to proceed to trial with a claim that the Home Secretary has failed to operate an adequate screening and allocation system to identify individuals who are unsuitable to be accommodated at a military site nor an effective procedure in place for ongoing monitoring once asylum seekers are transferred to Wethersfield, see: <https://dpglaw.co.uk/high-court-grants-permission-to-proceed-to-trial-in-challenge-to-the-use-of-raf-wethersfield-as-asylum-accommodation>
- xxviii** - National Institute for Health and Care Excellence, ['Post-traumatic stress disorder: management: Guidance'](#), 23 March 2005.
- xxxix** - RAF Scampton in Lincolnshire is due to open in the summer and mass accommodation in Huddersfield is due to open this year.
- xl** - Under the policy, cases being dealt with by the Foreign National Offenders – Returns Command are also not suitable for Napier, ex- MoD sites and vessels.