

BRIDGING TRAUMA AND RESILIENCE: AN EVIDENCE-BASED REVIEW OF PSYCHOSOCIAL INTERVENTIONS IN IMMIGRATION DETENTION AND CUSTODY CENTERS

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Abstract: *Immigration detention is the source of significant psychological risk for detainees, including high levels of trauma, anxiety, depression, and post-traumatic stress disorder (PTSD). While worry increases worldwide, though, the quality and quantity of psychosocial interventions in detention centers are patchy. The present paper is an evidence-based overview of psychosocial interventions that can help migrants, asylum seekers, and refugees who are detained in immigration, closed migration centers, and custody and accommodation contexts. Based on theoretical work like Ecological Systems Theory, Cognitive-Behavioral Models of Stress and Adaptation, and Resilience Theory, the review specifies how such approaches guide mental health care plans among detainees. In synthesizing exemplary practices in psychosocial treatment, the study incorporates initial screening for mental illnesses, cognitive-behavioral therapies, trauma-informed services, techniques used to promote resilience, and culture-sensitive interventions. Evidence shows that multimodal interventions—combining individual, group, and community-based approaches—are most successful in alleviating psychological distress and facilitating adaptation among detainees. However, the implementation of such interventions is often hampered by systemic barriers, including limited access to mental health professionals, legal and policy constraints, and ethical issues of coercion and informed consent. The article also*

addresses ethical and policy considerations and emphasizes the need for rights-based approaches, alternatives to detention, and increasing access to mental health care. Longitudinal follow-up studies of detainees' mental health trajectories after release and comparative studies of community-based alternatives to detention and their impact on psychosocial well-being are suggested for future research. By affirming evidence-based, trauma-informed, and culturally sensitive psychosocial interventions, this study can contribute to constructing humane, ethical, and efficient policies for the mental well-being of detained migrants.

Keywords: *immigration detention; psychosocial interventions; trauma-informed care; refugee mental health; migrant well-being; post-traumatic stress disorder; cognitive-behavioral therapy; resilience-building; acculturation stress; community-based alternatives.*

Introduction

Immigration detention centers are institutions where individuals are held as their asylum, deportation, or status cases are decided. They are an extension of a broader legal and political system designed to manage migration, often balancing national security requirements against humanitarian obligations (Saadi et al., 2020). Whereas some countries have mandated, rights-oriented models of immigration detention, others employ restrictive, prolonged, and isolative detention policies with devastating impacts on the psychological well-being of detainees (Steel et al., 2011).

Detained migrants experience their encounter not only as administrative but also profoundly psychological in character because it involves uncertainty, displacement, and exposure to institutionalized stressors (Von Werthern et al., 2018). Immigration detention usually restricts freedom of movement, denies legal and social resource access, and aggravates pre-existing vulnerabilities, especially in asylum seekers and refugees who are fleeing trauma or persecution (Brabeck et al., 2014). The impact of such detention is greatest among vulnerable groups, including unaccompanied children, women, LGBTQ+, and survivors of torture, who might not get adequate mental health services and are more at risk of re-traumatization (Storm & Engberg, 2013).

The mental health impacts of immigration detention are extensively documented, and the literature indicates elevated rates of depression, anxiety, post-traumatic stress disorder (PTSD), and suicidality among

detainees (Von Werthern et al., 2018, Runcan, 2020). Detention is itself a chronic stressor added to previous histories of violence, persecution, and forced migration (Becerra et al., 2022). Uncertainty regarding asylum decisions, coupled with institutional insensitivity, squalor, and family separation, is a causative factor for mental illness (Saadi et al., 2020).

Systematic review of the mental health impacts of immigration detention revealed consistent patterns of psychological disturbance, including emotional numbing, cognitive impairment, and social withdrawal, even after release (Storm & Engberg, 2013). Children and adolescents in detention also experience severe behavioral and developmental impacts, with research identifying slowed cognitive development, attachment disorders, and increased behavioral dysregulation in detained children (Mares & Ziersch, 2024). These findings emphasize the need for trauma-informed, evidence-based psychosocial interventions tailored to detainees' specific needs.

Amidst the overwhelming evidence of the association between detention and mental deterioration, the provision of early psychosocial intervention is required to counteract the long-term psychological harm among detainees (Della Rocca et al., 2024). Effective interventions need to augment the early detection of psychological distress, trauma recovery, and resilience-enhancing mechanisms (Mares & Ziersch, 2024). Also, protective factors like social support, engagement in formal therapy, and access to legal advocacy play an important role in nullifying the negative impact of detention (Tovino, 2016).

Multilayered trauma-informed, culturally responsive, and cognitive-behavioral evidence-informed psychosocial interventions must be evolved to address detainees' complicated mental health problems (Jolie et al., 2021). The shift to case management-based, reintegration-focused, and mental healthcare-based human rights-inspired detention models is the foundation for alleviating the long-term immigration detention psychosocial cost (Saadi et al., 2020).

Theoretical foundations of psychosocial interventions in immigration detention

Psychosocial interventions within immigration detention centers must be empirically grounded and theory-based with a focus on the dynamic interplay between individual, social, and structural stressors and mental health among detainees. Detained migrants have cumulative sources of stress including pre-trauma in the countries of origin, psychological trauma from forced migration, and the extreme unpredictability of legal proceedings (Sangaramoorthy & Carney, 2021). They need a comprehension of their psychological vulnerability in the form of a

multi-dimensional model integrating environmental influence theories, cognitive adaptation, post-traumatic healing, cultural change, and resilience theories (Esposito, Ornelas, & Arcidiacono, 2015). These theories provide the foundation for psychosocial intervention that can reduce distress, adapt, and enhance resilience among immigration detainees.

Bronfenbrenner's Ecological Systems Theory is a theory of explanation of how levels of the environment interact to construct an individual's psychological well-being (Esposito et al., 2015). In immigration detention, environmental stressors at levels of the environment heighten detainees' mental illness problems. At the microsystem level, the immediate environment of detention—characterized by isolation, restricted movement, and no control—gives rise to an environment for helplessness and psychological distress (Van Hout, Lungu-Byrne, & Germain, 2020). At the mesosystem level, social relationships among detainees are also broken down, reinforcing isolation, fear, and uncertainty (Newman & Steel, 2008). This is particularly concerning with unaccompanied children who experience attachment disruption with long-term developmental and psychological effects (MacLean et al., 2019). The legal and institutional mechanisms at the exosystem level influence detainees' mental health through policies that dictate detention length, access to healthcare, and attorney representation. Limited access to such services increases distress and re-traumatization risk (Silva & Pereira, 2023). Finally, at the macrosystem level, migration policy and sociopolitical beliefs shape detainees' experiences, as restrictive immigration policy is linked with increased PTSD, anxiety, and depression and more humane policy leads to better mental health status (Steel et al., 2011, Runcan, Nadolu&David, 2023, Runcan, 2020a). This ecological eye stresses the importance of population-based interventions that address individual and structural determinants of mental health.

Lazarus and Folkman's Cognitive-Behavioral Model of Stress and Adaptation can explain detainees' experience, processing, and response to stress within detention settings (Sangaramoorthy & Carney, 2021). This model is centered on the aspect that cognitive appraisal of a stressor will influence the emotional and behavioral response of an individual. During the initial appraisal process, the detainees evaluate the risk of detention ranging from uncertainty regarding their legal status to exposure to violence and danger of institutional abandonment (Palacios et al., 2024). When detention appears inevitable and is beyond one's control, it also causes learned helplessness as well as distress (Van Hout et al., 2020). The secondary appraisal process involves an assessment of available coping resources, but the majority

of detainees lack adequate access to effective coping strategies, leading to dysregulation and despair (Moutsou, Georgaca, & Varaklis, 2023). The majority of detainees apply emotion-focused coping behaviors, such as withdrawal, dissociation, or spirituality, rather than problem-focused coping behaviors, such as seeking professional consultation or participation in advocacy, due to structural barriers in detention (Franco, 2018). Effective psychosocial interventions must seek to establish cognitive resilience by offering stress management skills, cognitive restructuring, and psychoeducation on coping skills (Brabeck, Lykes, & Hunter, 2014).

Herman's Trauma and Recovery Model is particularly relevant to detainees, the majority of whom have pre-existing histories of trauma caused by war, persecution, or forced displacement (Newman & Steel, 2008). The model outlines three broad steps in recovery from trauma: safety, processing, and reconnection. The first step, building safety, is most important because detainees usually come in with complicated histories of trauma, and detention itself exacerbates PTSD symptoms. The application of trauma-informed care—i.e., standardized structures, non-coercive interaction, and psychological safety practices—is critical to stabilizing detainees' emotional functioning (Mares & Ziersch, 2024). In the second stage, trauma memory processing, psychosocial interventions should integrate trauma-sensitive cognitive-behavioral therapy (CBT), psychoeducation, and somatic therapies to help detainees process historical traumas while repairing their present suffering (Palacios et al., 2024). The third stage, reconnection and reintegration, involves structured assistance to those who are released or resettled, for example, community reintegration programs, skill-building programs, and social support networks (McGarity-Palmer, Saw, & Keys, 2023). This trauma-informed model places a priority on immigration detention policy where rehabilitation trumps punitive securitization, with as few as possible exacerbating psychological harm to already vulnerable populations.

Berry's Theory of Acculturation outlines the way individuals respond to new settings of culture, particularly in condition of forced migration. Immigration detention disrupts typical processes of cultural adaptation, causing psychological distress and identity conflicts (Silva & Pereira, 2023). In this model, detainees face a range of acculturation stressors. Separation, through which individuals are taken away from their original culture and the community of residence, results in mental distress and identity confusion (Brabeck et al., 2014). Marginalization occurs when the detainees experience being socially excluded, which increases their sense of alienation and elevates their risk of depression and withdrawal (Van Hout et al., 2020, Iovu et al., 2020). Finally, post-

release integration issues arise, since previous detainees become subjected to stigma, discrimination, and legal limbo, thus complicating the adaptation process (Moutsou et al., 2023). Effective psychosocial interventions have to be incorporated with culturally adapted counseling, mental health services offered in multilingual formats, and peer support programs to support successful adaptation as well as reducing post-release psychological distress (Franco, 2018).

Masten's Theory of Resilience identifies that, despite exposure to chronic trauma and stressors, human beings possess adaptive capacities that could be strengthened through psychosocial interventions (Masten, 2001). Social support networks are among some factors that increase resilience in detainees and mostly protect against the negative psychological impacts of detention (McGarity-Palmer et al., 2023). Cognitive reframing and meaning-making allow detainees to redefine their experiences for personal development rather than despair (Silva & Pereira, 2023). Provision of psychosocial resources such as vocational training, mindfulness-based therapies, and scheduled recreational activities also empowers detainees through enhanced self-efficacy and adaptive coping mechanisms (Palacios et al., 2024). A resilience-based model highlights the need for designing interventions that empower detainees, rather than reinforce helplessness and passivity.

Synthesizing these models into immigration detention interventions allows for more integrative and effective mental health treatment. Synthesis of ecological, cognitive-behavioral, trauma-informed, acculturation, and resilience models ensures interventions that are holistic, treating both the intrapersonal and extra personal factors that contribute to detainees' psychological distress. More attention to evidence-based psychosocial interventions will be needed in the future to reduce the adverse effect of immigration detention on mental well-being and support long-term flourishing among detained communities.

Evidence-based psychosocial interventions in immigration detention centers

Psychosocial interventions are crucial in addressing the extreme psychologic distress of immigration detention center detainees. With detainee anxiety, depression, PTSD, and suicidality at high levels, there is a necessity for evidence-based intervention to provide efficient mental healthcare (Von Werthern et al., 2018). The coercive environment of detention, combined with pre-existing histories of trauma and uncertainty of legal status, increases psychological vulnerability, and thus concerted, trauma-informed interventions are needed (Steel et al., 2011). What is best practice in psychosocial interventions, including early identification and screening, cognitive-

behavioral therapies, resilience-strengthening interventions, and cultural adaptations, is discussed in this section to promote well-being and reduce psychological distress among detained migrants.

The first step to the resolution of mental illnesses in immigration detention centers is the early detection of psychological distress through proper screening procedures. Best practice offers the need for formalized screening of mental health upon arrival in detention centers and continued scrutiny while detained (Lungu-Byrne et al., 2021). There is also proof that detainees suffer inordinately high rates of PTSD, depression, and anxiety, often with concomitant prolonged uncertainty and restrictive conditions (Turrini et al., 2019). Screening tools such as the Harvard Trauma Questionnaire (HTQ) and the Hopkins Symptom Checklist (HSCL-25) have been determined to be acceptable for use within the migrant group and can effectively screen individuals who are at risk of severe psychological distress (Slobodin & De Jong, 2015).

While mental health screening is required, barriers such as language differences, distrust in government, and stigma related to access to mental health treatment can hinder early detection efforts (NeMoyer, Rodriguez, & Alvarez, 2019). To address these challenges, screening processes must be implemented in culturally sensitive ways, incorporating trained interpreters and trauma-informed interviewing techniques (McGarity-Palmer, Saw, & Keys, 2023). In addition, detainees should be provided with psychoeducation on mental health and coping strategies so that they understand what services they have access to and are able to request assistance when they need it (Turrini et al., 2019).

Cognitive-Behavioral Therapy (CBT) has been widely acclaimed as an effective intervention for depressed and anxious detained migrants (Thompson, Vidgen, & Roberts, 2018). Because detainees typically develop maladaptive thought styles, such as catastrophizing their circumstances or taking on guilt regarding migration, CBT will attempt to alter these cognitive distortions and promote adaptive coping (Tyrer & Fazel, 2014). CBT-informed interventions in detention should aim at cognitive restructuring, emotional regulation, and behavioral activation to counteract confinement-related psychological stagnation (Slobodin & De Jong, 2015).

Experiments have shown that highly structured CBT sessions, even when conducted in group modalities or by guided self-help interventions, can greatly diminish detainees' levels of anxiety and depression (Turrini et al., 2019). Computerized CBT interventions, offering psychoeducational modules and interactive cognitive tasks, have also proved effective in detention environments where access to

in-face therapists is minimal (Von Werthern et al., 2018). Regardless of that, the efficacy of CBT in detention is still dependent on the ability of detainees to engage in formal cognitive activity, which can also be challenging owing to the uncertainty and tension of their environment (Mollica et al., 2002). Interventions should therefore be adapted to offer flexibility, combining mindfulness-based approaches and expressive therapy with cognitive restructuring techniques (Thompson et al., 2018).

Given the prevalence of PTSD and trauma symptoms in detainees, trauma-informed psychosocial treatment is a requirement (Steel et al., 2011). Detainees commonly report experiencing war, persecution, sexual violence, or human trafficking, and detention itself is a potential cause of trauma, so symptoms of hypervigilance, dissociation, and emotional dysregulation may be more intense (Von Werthern et al., 2018). Trauma-based interventions must take stabilization, emotion regulation, and graduated exposure approaches to enable detainees to process distressing events in a safe manner (Turrini et al., 2019).

One of the vital components of trauma-informed care is creating psychological safety in the detention setting through non-coercive communication, predictability and consistency of schedules, and self-regulation practices (Slobodin & De Jong, 2015). Detainees have been found through evidence to be benefited by psychoeducation about trauma, grounding, and sensory interventions such as music therapy and art therapy to nonverbally work with traumatic memory (McGarity-Palmer et al., 2023). In addition, the integration of peer-support groups in which detainees can exchange experiences in a secure environment has been found to increase resilience and emotional validation (Lungu-Byrne et al., 2021).

Resilience-based interventions target the identification and enhancement of the strengths of detainees for the promotion of psychological well-being in adversity (Mollica et al., 2002). Research shows that resilient-practice intervention, including narrative therapy, hope therapy, and values-based goal setting, enables detainees to internalize a sense of control (Slobodin & De Jong, 2015). Permitting detainees to engage in meaning-making practice, including writing or storytime, gives detainees a sense of coherence and self even during times of uncertainty while being detained (McGarity-Palmer et al., 2023).

These other interventions building resilience are psychoeducational intervention in emotional regulation and routine daily scheduled activities providing a sense of normalcy (Turrini et al., 2019). Spiritual coping interventions, such as religious guidance or meditation practice,

have been shown to boost psychological resilience in detained migrants (Thompson et al., 2018).

Suicidal ideation and self-harm are prevalent among detainees, mainly driven by extended ambiguity, social withdrawal, and psychological impact of detention (Von Werthern et al., 2018). Suicide risk evaluation, mental health first aid education for detention staff, and access to emergency mental health services are essential elements of crisis intervention programs (NeMoyer et al., 2019). Sound practice is to use non-punitive crisis intervention strategies, including peer-monitoring programs and de-escalation techniques, that are less likely to exclude self-injurious behavior than solitary confinement or punitive isolation (Lungu-Byrne et al., 2021).

Social support functions to serve as a buffering factor in mitigating distressing psychological symptoms in detention, and group therapies provide detainees with space for peer confirmation, working through of emotional processes, and mutual support (McGarity-Palmer et al., 2023). There is evidence that narrative sharing group interventions, psychodrama, and expressive arts therapy reduce isolation and enhance group resilience (Mollica et al., 2002). Interventions encouraging positive contact, such as group-building activities and recreation spaces for collective use, were found to significantly decrease depression and anxiety stemming from detention (Turrini et al., 2019).

Detainees are heterogeneous in background, and therefore psychosocial interventions are culturally necessitated to be effective (Thompson et al., 2018). Mental interventions must be carried out in detainees' mother tongues, and the interpreters must be trained in communication and trauma-sensitive (Turrini et al., 2019). Interventions must incorporate coping mechanisms that are culturally competent, i.e., storytelling culture, religious practices, and community healing models (Slobodin & De Jong, 2015). There is evidence which indicates that culturally adapted interventions yield greater participation, improved treatment compliance, and improved mental health outcomes among detainees (Lungu-Byrne et al., 2021).

Cumulatively, there should be a broad, evidence-based psychosocial intervention model within immigration detention centers that includes early screening, CBT, trauma-informed care, resilience development, crisis intervention, peer support, and cultural competency. Application of these models ensures that the detained migrants undergo effective but ethical mental health intervention, thus improving their well-being and reducing long-term psychological harm.

Ethical and policy considerations in psychosocial care for detained migrants

Providing psychosocial intervention at immigration detention centers is a herculean policy and ethics dilemma since detainees are incarcerated under coercive systems with minimal interaction with mental healthcare. The ethic that needs to guide psychosocial intervention should be grounded on international human rights norms to ensure that the detainees receive humane, culturally sensitive, and trauma-sensitive care (Della Rocca et al., 2024). In addition, mental health professionals in such centers must deal with barriers such as systemic neglect, legal limitations, and stigma related to mental health treatment (Silove, Ventevogel, & Rees, 2017). Overcoming these challenges entails the implementation of best practices that uphold human dignity and improve mental health care systems in detention centers.

Detention psychosocial treatment must be guided by thoroughly tested international human rights norms like the United Nations Convention Against Torture (UNCAT), International Covenant on Civil and Political Rights (ICCPR), and guidelines by the United Nations High Commissioner for Refugees (UNHCR) protecting asylum seekers. These guidelines emphasize that immigrants' detention should be used only as a measure of last resort and that detainees, migrant or otherwise, must be afforded the health care that they need, including mental health support (Nickerson, Bryant, Silove, & Steel, 2011).

Despite these measures, research points out human rights violations consistently taking place in immigration detention, including prolonged detention, lack of psychological care, traumatization exposure, and restricted access to social support (Li, Liddell, & Nickerson, 2016). The majority of migrants detained have fled war, persecution, or severe socioeconomic hardship to face stressful environments that aggravate psychological distress (Sijbrandij et al., 2017). Human rights organizations have called for greater accountability in detention settings, where oversight bodies must ensure that psychosocial interventions are informed by ethical principles such as informed consent, confidentiality, and the right to refuse treatment without risk of reprisal (Fazel, Reed, & Stein, 2015).

Perhaps the most disturbing ethical issue is the use of detention for the purpose of deterring migration, a move that openly defies humanitarian norms (Williamson & Robinson, 2006). Evidence shows that prolonged detention drastically worsens mental health outcomes, particularly for already traumatized refugees and asylum seekers (Williams & Thompson, 2011). Ethical mental health care within these settings must encourage non-punitive interventions, with a focus on providing detained migrants with healing and resilience-building services, rather than mere compliance with securitization immigration policy (Palic & Elklit, 2011).

Delivering mental health care in immigration detention is fraught with systemic barriers that impede both access and quality of psychosocial treatment. Stigma and distrust toward mental health care is one of the principal challenges, particularly in the case of detainees from societies where psychological issues are not openly discussed (Bemak, Chung, & Pedersen, 2002). The majority of detainees think that recognition of mental health issues would impact their immigration cases negatively and therefore refuse to seek psychological assistance (Nickerson et al., 2011).

Another severe challenge is systemic neglect and a lack of adequate mental health provision in detention facilities. Studies have revealed that there are few trained mental health professionals available in most detention facilities, leading to long waiting times for psychological assessment and inadequate crisis intervention services (Möhlen et al., 2005). Wherever mental health services are provided, these are insufficient and inadequately coordinated with overall detention management, leading to unreliable support for detainees (Silove et al., 2017).

Legislative controls and administrative barriers add to the provision of psychosocial care. Elsewhere, detainees are separated from independent mental health professionals, and their mental health evaluation is only performed by government-aligned clinicians, which is threatening to conflict of interest and breaches of confidentiality (Li et al., 2016). Also, tough immigration policies favor deportation rather than rehabilitation, and therefore, treatment is interrupted and there is a lack of follow-up care upon release or transfer of detainees (Della Rocca et al., 2024).

One of the most significant ethical challenges is the risk of traumatization in detention settings. Evidence shows that immigration detention replicates the characteristics of incarceration, with high rates of PTSD, depression, suicidality, and hopelessness among detainees (Palic & Elklit, 2011). Professional practice demands that mental health professionals confront the challenge of providing trauma-sensitive care in institutions that by the nature of their operation inflict psychological trauma (Sijbrandij et al., 2017). Best practice calls for reducing punitive application of security controls, ensuring therapeutic session confidentiality, and advocating for release options where services can be provided in out-of-institution environments (Fazel et al., 2015).

Despite these constraints, there have been a number of evidence-based approaches to the improvement of the delivery of psychosocial care in immigration detention centers. The following are some of the best practices that are both culturally competent, trauma-informed, and

rights-based, with the aim of maximizing the mental health gains without the loss of any detainees' dignity.

Detention facilities should employ trauma-informed care models that emphasize psychological safety, self-determination, and empowerment in the provision of mental health care (Williamson & Robinson, 2006). This involves offering detention officers trauma-sensitive competencies through training, reducing coercive treatment practices, and facilitating psychosocial interventions to enhance resilience rather than reinforce helplessness (Sijbrandij et al., 2017).

Independent access to mental health professionals is paramount in guaranteeing ethical practice in psychosocial care (Silove et al., 2017). Empirical evidence supports the presence of third-party mental health professionals with the capacity to conduct objective assessments, provide confidential counseling, and initiate advocacy for detainees who are undergoing extreme psychological distress (Nickerson et al., 2011).

There is evidence that mental health is superior in community-based programs as detention alternatives than in detention in institutions (Fazel et al., 2015). Accommodation of asylum seekers and migrants in supervised community housing, access to health care, and legal assistance reduces the risk of psychological harm while maintaining compliance with immigration processes (Williams & Thompson, 2011).

Research determines peer-led psychosocial support interventions as effective interventions in reducing isolation and promoting emotional resilience (Palic & Elklit, 2011). Support groups conducted in detention centers, wherein detainees can educate one another and share coping strategies, have been identified to have a significant effect in reducing symptoms of anxiety and depression (Möhlen et al., 2005).

One of the primary policy suggestions is limiting the period of immigration detention because prolonged imprisonment has been inextricably linked with decreasing mental health (Della Rocca et al., 2024). Human rights organizations and mental health specialists should advocate imposing a maximum period of detention and regular mental examinations on all detainees, ensuring priority release or other models of alternative care for those experiencing high degrees of distress (Silove et al., 2017).

Psychosocial support to detained migrants raises profound ethical issues, requiring an adaptive approach to balance best practice in mental health, legal protection, and global human rights norms. Confronted by significant challenges, evidence-based recommendations like trauma-informed care, autonomous mental health services, community-based detention options, and policy reform

provide paths towards improvement in psychological care in such settings. The call for systemic reform is evident, as studies continue to demonstrate that the manner in which immigration is presently detained provides no rehabilitative aspect but continues to promote psychological harm (Nickerson et al., 2011). Transitioning to rights-oriented, humane, and trauma-informed detention policies in the future will be key towards ending the mental health crisis presented by detained immigrants.

Conclusion and future directions

The present review sheds light on the severe psychological and social issues of detained migrants and draws attention to the imperative need for evidence-based psychosocial treatments in immigration detention centers. The evidence reveals that immigration detention exacerbates mental health threats, including trauma, anxiety, depression, and post-traumatic stress disorder (PTSD), particularly in asylum seekers and forcibly displaced individuals (Silove, Ventevogel, & Rees, 2017). Further, detention settings, characterized by reduced mobility, social solitude, legal uncertainty, and inadequate mental health care, enhance psychological well-being (Nickerson, Bryant, Silove, & Steel, 2011). In this regard, psychosocial treatment in these centers must adopt trauma-informed, resilience-based, and culturally sensitive practices that highlight early identification, crisis intervention, and long-term psychological treatment (Della Rocca et al., 2024).

One of the most robust findings of this review is that planned mental health assessment and early detection improve treatment by enabling timely intervention for individuals in severe distress, suicidal, or experiencing symptoms of trauma (Mollica, Cui, McInnes, & Massagli, 2002). Furthermore, cognitive-behavioral therapy (CBT) and trauma-informed therapies have been found to reduce depression symptoms, anxiety, and PTSD among detainees and forcibly displaced individuals (Thompson, Vidgen, & Roberts, 2018). Furthermore, group therapy, peer support groups, and culturally adapted interventions have demonstrated potential in reducing social isolation, resilience, and feelings of agency in detainees (Tyrer & Fazel, 2014).

Despite the success of such methods, structural barriers such as resource constraints, restricted access to independent mental health practitioners, and inadequate trained mental health personnel within detention centers are still hindering the implementation of best practices (Williams & Thompson, 2011). In particular, the ethics of indefinite immigration detention pose a high-level priority on policy reforms to minimize detention durations, increase other community-

based interventions, and enhance the availability, voluntariness, and evidence basis for mental health care services (Sijbrandij et al., 2017).

As more and more studies come to light that document evidence of the psychological harm brought about by detention, policy change is needed to counteract the ill effects of detention on migrants' psyches. Second, immigration detention policies must incorporate standardized mental health protocols so that detainees undergo psychiatric assessments for disorders of trauma, suicidal ideation, and psychological distress on admission (Fazel, Reed, & Stein, 2015). Compulsory screening for mental illness will facilitate the identification of vulnerable individuals early on and provide them with suitable psychosocial interventions prior to symptom aggravation (NeMoyer, Rodriguez, & Alvarez, 2019).

Secondly, independent mental health practitioners must have access to prevent conflict of interest and confidentiality and ethical treatment in detention (Palic & Elklit, 2011). Studies pin down that if the mental health care is offered in government-run detention centers, the detainees are afraid that the revelation of the psychological problems will jeopardize their immigration cases, therefore they do not want to seek assistance (Sangaramoorthy & Carney, 2021). To guarantee this, mental health advocacy groups, NGOs, and independent forensic psychologists should be engaged in monitoring and service provision within these centers.

Third, alternatives to detention need to be given priority since they have been shown to reduce psychological harm without jeopardizing compliance with immigration policy (Williams & Thompson, 2011). Community-based options such as supervised release programs, case management models, and family-based placements allow migrants the chance to have access to social and legal services, maintain psychological well-being, and better integrate into host societies (Sijbrandij et al., 2017). Limiting detention to only the most serious cases, for instance, security threats, aligns with international human rights standards (Williamson & Robinson, 2006).

Finally, culturally appropriate psychosocial interventions must be scaled up to address detainees' diverse linguistic, religious, and social backgrounds (Moutsou, Georgaca, & Varaklis, 2023). Detained migrants tend to originate from war-torn or politically troubled regions and carry with them unique migration-related traumas and acculturative stress (Van Hout, Lungu-Byrne, & Germain, 2020). Providing multilingual therapy, culturally appropriate interventions, and faith-based services enhances the efficacy of psychosocial care by validating and honoring detainees' reality (Silva & Pereira, 2023).

In spite of increased interest in mental health treatment for detained migrants, numerous research gaps exist into the long-term psychological effects of those who undergo detention. Longitudinal research into the long-term mental health course of previously detained migrants needs to be given research priority in the future (Slobodin & De Jong, 2015). Several questions need to be explored further, including:

- What are the long-term psychological effects of detention, and how do they vary by duration and conditions of detention?
- Which interventions are most effective in preventing psychological harm caused by detention?
- How does detention influence long-term acculturation, integration, and economic stability of migrants upon release?
- What protective factors increase resilience and recovery among formerly detained individuals?

Moreover, future studies must assess the relative efficacy of community-based alternatives to detention, whether supervised release models are more effective on mental health and reintegration than institutional detention (Turrini et al., 2019). Ethically grounded, rights-based research on migration management must provide governments and policymakers with humane, effective alternatives to detention-driven immigration control policies (MacLean et al., 2019).

Another area that requires further research is the impact of detention on children and families, particularly the psychological effects of long-term uncertainty, family separation, and childhood trauma (Mares & Ziersch, 2024). Studies have shown that children in detention experience acute emotional distress, developmental delay, and heightened risk of depression and PTSD (Newman & Steel, 2008). Future research must feedback to family-centered policies with the greatest child welfare and psychological concerns in priority over punitive enforcement on immigration (Fazel et al., 2015).

The intersection of detention policy, mental health, and migration poses urgent ethical and humanitarian issues that require evidence-based, trauma-informed answers. As studies continue to warn of the psychological harm caused by immigration detention, a shift from punitive, rights-abandoning, rehabilitative, and community-based alternatives is needed to ensure the well-being of detained migrants. Through embracing best practices in psychosocial care, support for policy reform, and research on long-term mental health consequences, immigration systems can shift toward more humane and efficient migration control.

Never have policymakers, human rights activists, and mental health professionals had to convene, in interdisciplinary collective action, so

much in need. Continued migration upheaval, driven by crisis, environmental degradation, and war, means that sound, trauma-sensitive psychosocial services will continue to be imperative in reducing the mental health toll of forced migration and striving to make immigration systems uphold dignity and rights for all individuals, regardless of status.

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