

AMERICAN PSYCHOLOGY-LAW SOCIETY (AP-LS) POLICY STATEMENT ON IMMIGRATION DETENTION

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Executive Summary

The American Psychology-Law Society (AP-LS) has significant concerns regarding the expansion of immigration detention in the United States, including rising numbers of detained children. A substantial body of research demonstrates that immigration detention is associated with significant and often lasting mental health harm, including depression, anxiety, and posttraumatic stress. Furthermore, recent reports and investigations document systemic deficiencies in care, the overuse of segregation, credible allegations of abuse and neglect, and an increasing number of deaths in Immigration and Customs Enforcement (ICE) detention. In light of this evidence, AP-LS calls for reducing reliance on detention, prioritizing community-based alternatives, improving access to mental health care, strengthening oversight and accountability, and implementing reforms to reduce prolonged detention. These recommendations are grounded in psychological science and align with AP-LS's commitment to enhancing well-being, justice, and human rights.

Background

Grounded in a substantial body of science and clinical expertise in psychology and law, the American Psychology-Law Society (AP-LS) recognizes the serious mental health and legal concerns associated with the expansion of immigration detention in the United States. Recent data indicate substantial increases in the detained population and investments to expand detention capacity.¹ Reporting further indicates that the number of children held in Immigration and Customs Enforcement (ICE) detention has risen significantly, increasing several-fold since the beginning of 2025.²

A large body of research shows that immigration detention is associated with clinically significant mental health deterioration. Systematic reviews have found high rates of depression, anxiety, symptoms of posttraumatic stress disorder (PTSD), and psychological distress among people in immigration detention. Longer periods of detention are associated with worse mental health outcomes, and adverse effects frequently persist after release.³ For children, research in detention contexts has shown profound and lasting psychological harm, with some scholars concluding that no period of immigration detention can be considered developmentally safe.⁴

Reports of abuses in immigration detention have persisted for decades and include documented allegations of sexual abuse, forced labor, overuse or inappropriate use of segregation, inadequate medical and mental health care, and restricted access to religious freedom.⁵ More recently, a 2026 congressional investigation received over a thousand credible reports of human rights abuses in U.S. immigration detention since January 2025, including medical neglect, denial of adequate food and water, sleep deprivation, and mistreatment of pregnant people.⁶

Recent reporting and governmental investigations have also documented an increase in the number of deaths of immigrants detained in ICE custody, a pattern that predates the current administration.⁷ A study published by the Journal of the American Medical Association found that the mortality rate in ICE detention for fiscal year 2026 was the highest observed in over two decades and exceeded mortality rates reported in ICE detention during the COVID-19 pandemic.⁸ Some of these deaths resulted from suicide. A retrospective analysis of deaths in ICE detention from 2010 to 2020 found that the annual suicide rate increased substantially in 2020 compared to the prior decade.⁹ These findings are consistent with the broader correctional mental health literature, which shows elevated suicide risk in jails relative to the general population, a setting characterized by uncertainty and often inadequate mental health care.¹⁰

Although immigration detention is legally civil in nature and ostensibly intended to be preventive rather than punitive, conditions of confinement often mirror those in pretrial criminal detention in the U.S., where suicide remains the leading cause of death.¹¹ Individuals in ICE custody are frequently housed in state or local jails that contract with ICE to provide detention space. Immigration detention also introduces additional psychological stressors, including prolonged legal uncertainty and limited procedural protections compared to criminal proceedings. Individuals in immigration detention do not have a constitutional right to government-appointed counsel. Even when represented, attorneys are often geographically distant from detention facilities, limiting access.¹² Furthermore, reductions in the number of Immigration Judges have contributed to growing court backlogs nationwide, delaying case processing and increasing the risk of prolonged periods of detention.¹³

Investigations into detention conditions have documented systemic deficiencies in the provision of timely and adequate medical and mental health care within ICE facilities, including concerns related to screening, access to treatment, suicide prevention practices, and clinical staffing levels.¹⁴ Reports have also documented the overuse of segregation for detainees with mental illness, a practice associated with increased risk of self-harm and suicide.¹⁵ The use of segregated housing is particularly egregious for children. The American Psychological Association (APA) has adopted a resolution opposing the involuntary isolation of youth in a locked cell except in exigent circumstances.¹⁶ Additionally, a growing body of governmental, legal, and public health scholarship has raised concerns that immigration detention operates with less transparency and external oversight than correctional systems in the criminal legal context.¹⁷

Implications for Mental Health Outcomes

When mental health needs go unmet in custodial environments, particularly in the presence of well documented psychological risk factors, such as legal uncertainty, family separation, language barriers, trauma histories, delayed proceedings, due process concerns, and denial of religious rights, the likelihood of adverse mental health outcomes, self-harm, and suicide, can be expected to increase substantially as consistently demonstrated across correctional-based research.¹⁸

Recommendations

Grounded in psychological science and consistent with AP-LS's mission to enhance well-being, justice, and human rights through the science and practice of psychology in legal contexts, we call for:

1. Reducing reliance on mass immigration detention and prioritizing community-based alternatives, especially for children, families, and medically/psychiatrically vulnerable individuals.
2. Eliminating the detention of children that is in violation of the 1997 Flores Settlement Agreement.
3. Supporting legislation that increases the number of Immigration Judges and court personnel to improve case processing efficiency, reduce backlogs, and minimize prolonged detention.
4. Ensuring timely access to mental health screening, mental health treatment, crisis intervention, and qualified language access that is aligned with evidence-based correctional mental health practices.
5. Ensuring adequate levels of qualified mental health professionals to provide timely assessment, diagnosis, treatment and other services necessary to meet the clinical needs of detained individuals.
6. Limiting and closely regulating the use of restrictive housing or segregation, particularly for people with mental illness and other known or suspected vulnerabilities (e.g., those with intellectual or developmental disabilities).

7. Establishing robust independent oversight and transparent accountability mechanisms, including standardized public reporting of data on staff and detention population demographics, housing status, identified mental health conditions, available mental health services, mortality rates, morbidity and mortality reviews, and tracking of implementation of corrective actions.
8. Creating suicide prevention programs across all immigration detention facilities.
9. Promoting collaborative and transparent research on the psychological impacts of detention on individuals held under ICE custody and effective actions to prevent and reduce harms. This is consistent with the need for more rigorous research in correctional mental health broadly.¹⁹
10. Facilitating trainings for psychologists working in immigration detention that cover local ICE detention policies, inter-agency collaboration, evolving psychological science on correctional mental health and immigration mental health, cross-cultural psychology, and detention dynamics that directly impact immigration court proceedings.

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