

every day and fatigue or loss of energy every day. Many of these symptoms cross-over with his symptoms of PTSD and I believe that the predominant diagnosis is one of PTSD.

36. Question 2: What recommendations would you make for any treatment, counselling or medication in the light of any conditions he suffers from?

Treatment is available for the sufferers of PTSD in the form of therapy, such as EMDR, (eye movement desensitization and reprogramming) and cognitive-behavioral therapy and also in the form of medication.

The NICE guidelines for the treatment of PTSD (2005) state that all people suffering with PTSD regardless of their cultural and ethnic background should be offered the opportunity of psychological intervention. This can be achieved by using interpreters and/or bi-cultural therapists. The NICE guidelines acknowledge that most people with PTSD (symptoms have been present for more than 3 months and often more than several years) and that there are several interventions that are effective in this patient group. These include trauma-focused CBT (Cognitive Behavioural Therapy) or EMDR (Eye Movement Desensitisation and Reprocessing). The duration of this treatment is usually 8-12 sessions when the PTSD results from a single event. Sessions should occur on a regular basis at least once a week. More than 10 sessions may be needed if multiple traumatic events need to be addressed. There are some patients suffering with PTSD who find it too overwhelming to disclose the details of the traumatic event and in these cases some time may be needed to establish a therapeutic partnerships before therapy commences. Non-trauma focused interventions or non-directive therapy which do not address the traumatic memories should not be routinely offered to people with PTSD. There is also evidence from clinical trials of medication that significant benefits from Mirtazapine, Amitriptyline and Phenelzine can occur in individuals with a diagnosis of PTSD.

37. Question 3: If you believe the client suffers from a mental health condition, what would you believe to be the main causation factors? For example;

Please indicate what impact the events in Afghanistan have had on his mental health.

From the account that **D1618** gave me, he said he was very happy in Afghanistan and was living very comfortably in Afghanistan until the kidnapping attempt occurred a week before he left the country to make his way over across Europe. The kidnapping was a complete turning point for **D1618**. After this had occurred, he became absolutely certain in his mind that he was going to die if he stayed in Afghanistan. He said that everybody else around him who cared about his welfare were in agreement with him. His mother did not allow him to go out of the house after the event, because she was so worried about his safety. His maternal and paternal uncles came around to his house 3-4 days after the attempted kidnapping and they believed that the most important thing for him to do was to leave the country. One of his friends

Sensitive/Irrelevant

His journey to the United Kingdom.

D1618 was not particularly traumatised by his journey over from **DPA** Afghanistan, to the United Kingdom, even though it was very long and convoluted, consisting of travel by car, lorry, train, dinghy across land and sea. He told me that it was not that bad, as he had lots of boys his own age that he could talk to and he was actually happy to be leaving Afghanistan.

The refusal of his asylum claim and being Appeal rights accused.

His mental health condition deteriorated quite considerably after his asylum claim had been refused. There was a gradual reduction in his PTSD symptoms after he began to settle into living with his father. This reduced to the extent that they were only occasionally present before his asylum claim had been properly rejected. The frequency and intensity became more frequent after.

38. Question 4: Please describe the impact of the first incident of attempted removal had on our Client's psychiatric condition, please comment both on the effect that;

The incident itself had on our Client, i.e., the verbal and physical abuse during the removal?

As **D1618** was boarding the plane, after being told of his forced removal from the UK, during the first incident of attempted removal, he said that he did not want to get on board because he said that his life was in danger if he went to Afghanistan. The security guards who were with him, then placed handcuffs on each wrist. At this point **D1618** started shouting. He told them that he was trying to get across to them that his life was in danger if he went back to Afghanistan. They said they used the hand restraints in order to force him onto the plane. He continued shouting, saying he did not want to go back to Afghanistan and he started screaming at this point. The guard said that the more that he screamed, the tighter they would put the hand restraints. As they tightened the hand restraints, he was screaming in pain and

When **D1618** first arrived at the immigration removal centre six months go, **D1618** had intrusive thoughts about the kidnapping only occasionally, about one or two times a week, and that was the same level that he experienced whilst living with his father in **DPA**. However, when I saw **D1618** in Brook IRC on 3 November 2017, he said that he has got intrusive thoughts about being kidnapped all the time that he is not engaged in any external tasks, basically that is all the time that he is spending with his own thoughts.

D1618 currently experiences nightmares three to four times a week. He says that often he wakes up from his sleep screaming and his flatmate is wondering what is wrong with him. When he first arrived at Brook House he only had one nightmare in the first month and he did not wake up screaming from that one.

D1618 re-experiences the traumatic experience on a regular basis. At the current time he gets a feeling of a sudden movement towards his face, as if somebody is trying to cover his face and try and kidnap him. He gets this experience currently twice a week, but this would only happen once every two weeks when he first arrived at the detention centre.

There has also been a marked increase in **D1618**'s hopelessness, irritability and distrust of other people, since the first attempt at removal. When he first arrived at the detention centre he was interested in finding out about other people, making friends and playing sports. This gradually diminished over the first three months that he was detained, and since the first attempt at removal he has not been motivated to engage in any of these activities at all.

After the first attempt at removal, **D1618** found the whole experience so distressing that he asked to be moved from the room where he was staying because its window overlooked one of the runways of Gatwick Airport. He said that watching the planes take off reminded him of the incident that he experienced on the plane, when he was screaming and shouting because he thought that he was going to be killed when he arrived in Afghanistan.

The conditions that our client resides in at Brook House, including the health care services.

D1618 cannot sleep or eat properly due to the conditions at Brook House. These problems are precipitated by his depressive illness, but they are perpetuated by the conditions that he has to stay in in Brook House.

D1618 worries about his safety at Brook House. He has never had to live in conditions like that at Brook House in his life. His father and grandfather's homes in Afghanistan, even though there were many people living in them, were very large buildings and there was a lot of space. He has to share a room at Brook House with two or three other people, and there is a toilet in the middle of the room. There is no covering around it. It is very embarrassing to use the toilet and there is no ventilation, so the whole place smells very bad. They are locked in their rooms between 9 am to 8 pm and there is nothing to do. He says that he has to worry about his safety all the time. He does not trust the staff who work there, especially since the first attempt at removal. He feels that he has seen it himself, that the staff would not come to