

Annex I: Analysis of information sharing between IRC Healthcare Departments and the Home Office concerning medical records entries generated March to October 2017

Case study no.	Issues of vulnerability disclosed at reception into detention	Use of Rule 35 reporting within the first 24 hours of detention	Summary of changes to the individual's level of vulnerability	Use of Rule 35 procedures to update the Home Office on issues of vulnerability
1.	Entered immigration detention with longstanding diagnosis of anxiety disorder and clinical depression, numerous mental health assessments in prison and long history of the use of antidepressant medication.	None	Disclosed thoughts of self harm to GP in IRC detention.	None
2.	None	N/a	Numerous appointments with RMN and 4 GP appointments in connection with insomnia and anxiety over a 2 months period. Diagnosed with clinical depression and thereafter prescribed anti-depressant medication on each appointment.	None
3.	Individual with previous period of immigration detention in which a R35(3) report was completed concerning his history of torture. No was consideration given to updating this or additional screening on arrival in detention.	None	Soon after starting a period of immigration detention in 2017 the detainee suffered from a rectal fistula abscess. Dr recorded in medical notes that detention is an 'unsuitable environment' for a person with his condition.	None
4.	None	N/a	Witnessed his cellmate attempting to hang himself and later attended healthcare for a nursing appointment to discuss insomnia after the incident.	None
5.	None	N/a	Reported a history of torture during immigration detention.	Two R35(3) reports completed within 6 weeks – both on the old template, neither addressing the issue of the impact of detention
6.	History of anxiety disorder and clinical depression and substance misuse.	None	Distressed at medical appointment and so prescribed sedative medication. The detainee cut himself several days after the appointment with the IRC's GP, injuring himself with razor blades and so was placed on ACDT procedures	None None

7.	History of torture disclosed at reception screening	R35(3) report completed - old pro forma document used with no reference to the impact of ongoing detention	<p>Independent psychiatrist diagnosed post traumatic stress disorder. The detainee expressed suicidal feelings and ACDT procedure was commenced.</p> <p>A further Rule 35 appointment was arranged at which detainee disclosed he had suffered repeated rape whilst subject to other forms of torture over a period of months.</p> <p>GP appointment for low mood and was prescribed antidepressant medication.</p> <p>GP appointment records the individual was low in mood, feeling stressed and anxious. The plan was to continue with antidepressant medication.</p>	<p>None</p> <p>Doctor refused to complete another Rule 35 report but stated the information concerning rape will be passed on to the Home Office by Part C procedures</p> <p>None</p> <p>None</p>
8.	This individual was aged 19 when in immigration detention. He stated he was a victim of torture at the screening interview and said he was 'separated' from his friend when seen by a doctor	None	At an appointment with a RMN he was noted to be agitated and tearful. He stated his parents were captured when he was 13 and he has not seen them since. He fled his country with his best friend but watched him drown in a boat on the way to Italy. He disclosed he planned to kill himself if removed. No referral was made to a doctor.	None
9.	No issues of vulnerability were disclosed	N/a	<p>The detainee gave a history of depression and torture to nurse and so was booked to see a doctor for an initial appointment and a separate longer R35 appointment</p> <p>Seen by GP and prescribed antidepressant</p> <p>Seen by GP for R35 report - records history of self harm due to PTSD and a history of torture</p>	<p>None</p> <p>None</p> <p>Rule 35(3) completed: old template used – no reference to the impact of ongoing detention</p>
10.	Disclosed a history of PTSD, depression and self harm.	None	RMN assessment recorded he was having variations in mood and suffering recurrent memories of witnessing people being killed. When seen by doctor only issue noted is an antidepressant medication review.	None
11.	Transferred from prison with information concerning complex medical history: self harm, emotionally unstable personality disorder, clinical depression and adjustment disorder. The records	None	<p>After some weeks in detention the detainee is recorded as experiencing symptoms of psychosis.</p> <p>Thereafter the detainee disclosed thoughts of self harm and was placed on ACDT procedures</p>	<p>None</p> <p>None</p>

	also noted a previous admission to hospital due to thoughts of self harm. The detainee was prescribed antipsychotic medication on arrival at IRC.			
12.	At GP appointment after arrival at the IRC the detainee stated he had a history of torture, self harm and clinical depression.	Dr wrote to refer the Home Office to a Rule 35 report completed 3 years previously and provided no up date	The detainee attended a RMN appointment, the records note anxiety related to being in detention and recommended the prescription of anti-depressant medication. No subsequent GP appointment was made.	None
13.	At reception screening at IRC and subsequent GP appointment the detainee stated he had a diagnosis of schizophrenia and psychotic phenomena associated with self harm. The ACDT process was started as he disclosed suicidal thoughts.	No Rule 35(1) or Rule 35(2) reports were completed. Part C was used to provide a single sentence stating that ACDT process had started	Regular ACDT reviews recorded he was hearing voices telling him to hurt himself. RMN assessments stated that hospital transfer should be considered and records the difficulty in managing the detainee clinically as healthcare did not know how long the patient will be at the detention centre. Assessment by a psychiatrist – a decision was taken that the detainee did not require treatment in hospital as he was taking his medication, engaged with the mental health team in the IRC and not actively suicidal. RMN assessment: the detainee continued to have fixed thoughts of suicide outside the IRC. The records state the patient feels being in detention is taking its toll on his mental health and he would like to be in hospital. Assessment by a psychiatrist. The detainee was continuing to hear voices who state they are planning to attack him. He feels stressed about detention. Plan: to increase antipsychotic medication.	None None None None None
14.	At healthcare screening the detainee stated his feet were severely injured. Nursing reception assessment was that he had mobility difficulties. Subsequent doctor's appointment confirmed the mobility difficulties and considered analgesia options for pain management.	None	Officers stated their concerns to the IRC's healthcare about the detainee's safety due to his mobility difficulties. Second dr appointment indicated a physiotherapist referral was urgently needed as the detainee was at risk of falling. 'Case discussed with management.' Third doctor appointment: detainee indicated he was regularly falling and the pain was increasing. Nurse appointment: pain was increasing. Patient was making improvised bandages to try to relieve the pain in his feet.	None None None None

			Numerous medical appointments for unsuccessful pain management. Officers continued to express concern about the detainee to healthcare.	None
15.	The detainee disclosed a history of schizophrenia and clinical depression at reception healthcare screening and recent treatment under the Mental Health Act. He also stated he had attempted suicide by hanging and made a further self harm attempt in the last 2 weeks. GP initial assessment recorded the patient was hearing voices telling him to harm himself and to kill himself. Medication was issued.	No record of ACDT process being started and no R35(1) or R35(2) report	<p>Detainee commenced food and fluid refusal 3 days after arriving in detention.</p> <p>RMN appointment: the detainee was hearing voices and having flashbacks to when he was aged 14 and his parents were shot and his house bombed.</p> <p>RMN appointment: patient would like to be in hospital as he is still hearing voices.</p> <p>RMN appointment: the detainee was experiencing flashbacks and auditory hallucinations. The option of a possible PTSD diagnosis was considered.</p> <p>RMN appointment: the patient was suffering from insomnia and would like to see a psychiatrist. He was recorded as anxious.</p> <p>Healthcare received the detainee's psychiatrist's report from treatment in the community. This stated the patient had a diagnosis of 'psychosis unconfirmed' with flashbacks and memories of past traumatic events. Patient was stated to be possibly at risk of radicalisation.</p> <p>Detainee commenced a period of food and refusal. This continued for 16 days. ACDT process started</p> <p>Rule 35 appointment was made 44 days after the detainee's reception into the IRC: This stated he has a history of arrest by the police and having 3 toenails removed, being deliberately burned and sustaining a beating to the head. He was recorded as variably compliant with antipsychotic medication and having a history of self harm. He was recalling trauma as flashbacks.</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>SIR completed in connection with the possible radicalisation assessment</p> <p>None</p> <p>Medical notes state that a Rule 35 report was completed as he was a victim of torture. No copy of the report was included with his medical records.</p>
16.	At the reception screening completed by a nurse, the detainee disclosed a history of severe head injury and recent clinical depression. At the GP appointment arranged 2 days after entry to the IRC, he was prescribed antidepressant medication.	None	<p>At appointments with RMNs the detainee disclosed a history of street homelessness and the records reference his lack of understanding about the basis for being held in immigration detention.</p> <p>After 3 weeks of detention his mental health deteriorated and he was placed on a 'raised concern form.'</p> <p>At a subsequent GP appointment, amendments were made to his medication regime as the previous antidepressants had not been effective.</p>	<p>None</p> <p>None</p> <p>None</p>
17.	At reception screening completed by a nurse the detainee denied any	None	2 days after detention RMN assessment noted the detainee was experiencing flashbacks, sadness and missing his family. He had thoughts of jumping off a high	None

	<p>mental health difficulties but stated he was a victim of torture. He is noted to have a box of antidepressant medication in his possession. He was referred to a GP and was seen within 24 hours. The GP continued medication and made a referral to the internal mental health team at the IRC.</p>		<p>building. The assessment also noted that his symptoms were likely to be exacerbated by detention and the patient required referral to a psychologist.</p> <p>17 days after detention the detainee was seen by a psychologist who noted he was experiencing flashbacks and sleep disturbance due to his past trauma. He was referred to a GP the same day who stated that a R35 report would not be completed as 'this was done in 2015 and he is satisfied with the report so agreed not to do another.'</p> <p>A second reception screening was completed when he transferred to another IRC. The detainee was noted to have anxiety and depression and had been under the care of a psychiatrist in the community.</p> <p>The detainee commenced a period of food and fluid refusal 1 day after transfer.</p>	<p>None</p> <p>None</p> <p>None</p>
18.	<p>This detainee was placed in segregation on arrival at the IRC due to his behaviour. Reception screening took place 2 days later at which he disclosed a history of torture. He was seen by GP after the nursing screening and no mental health or trauma issues were discussed</p>	None	<p>10 days after detention he saw a GP and discussed insomnia.</p> <p>One month after detention he was seen by GP and a R35(3) report for torture was completed.</p> <p>Seen by nurse who recorded the detainee was stressed.</p> <p>The individual was transferred to another IRC and at reception he was again screened and disclosed a history of torture. He was due to see the GP the following day after reception but is told that as he has had a R35 report (completed 1 month earlier) he did not require another and the appointment was cancelled.</p> <p>Detainee saw a nurse and stated the last R35 report did not include reference to some scarring and would like this added. He was told another doctor appointment was needed.</p> <p>He attended an appointment with a nurse and explained he was suffering from insomnia. He was advised the nurse was unable to prescribe medication and so he would need to wait for a doctor's appointment in 6 days time.</p>	<p>None</p> <p>R35(3) report – no information given concerning the effect of detention</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>
19.	<p>Reception screening recorded that the detainee disclosed no issues of vulnerability, despite these issues being available on medical records</p>	None	<p>The detainee was seen by GP 1 month after entry to IRC. He was noted to have a low mood and was prescribed antidepressant medication.</p>	<p>None</p> <p>None</p>

	from previous period of immigration detention		<p>At a nursing appointment 3 days later the detainee stated the medication was not working. He was advised to see GP in 2 weeks if no improvement.</p> <p>He saw a GP 11 days later and stated as well as having a low mood he was suffering from insomnia and anxiety symptoms. He was prescribed an alternative antidepressant and also sedative medication.</p> <p>Nursing appointment 16 days later: the individual stated the medication is not working and was referred to the GP.</p> <p>GP appointment 5 days later: the detainee was still suffering from anxiety and insomnia. He was prescribed an increased dose of antidepressant medication.</p> <p>The individual was transferred to another IRC: depression and anxiety diagnosis was noted at reception. He was seen by a GP within 1 day of arrival who continued the prescription of antidepressant and sedative medication.</p> <p>3 ½ weeks later the detainee commenced a period of food and fluid refusal.</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>
20.	Reception screening – no issues of vulnerability recorded	N/a	<p>3 days after detention the detainee saw a nurse and disclosed a long history of depression. He was told his community medical records would be requested but no other action was taken.</p> <p>7 days after arrival in detention the detainee had a RMN appointment and disclosed sexual harassment by another detainee and history of depression and prescription of medication in the community.</p> <p>4 days later the detainee saw the GP and stated he has a low mood and a stomach complaint</p> <p>2 days later he saw a nurse to explain he was yet to receive antidepressant medication and had experienced further sexual harassment by another detainee. Head of healthcare suggests completing SIR. He also complained that a previous disclosure of bullying to healthcare staff received the response 'well, you are a pretty boy'. [The healthcare record of the complaint is that the nurse in question stated that they would not act in an unprofessional manner and no further action concerning the complaint is recorded in the medical notes.]</p>	<p>None</p> <p>None</p> <p>Part C completed by GP to Home Office but this only stated he had diarrhoea and vomiting which could affect the IRC</p> <p>SIR form completed</p>

			<p>On the same day welfare advised that the detainee stated he will hurt himself unless he receives medication. The records state they are 'trying to hold off on ACDT.'</p> <p>RMN appointment 18 days after the detainee entered detention recorded his main concern was being in detention and not getting any help. The notes also refer to a long history of depression with a hospital admission and that one doctor suggested a possible bipolar diagnosis. The patient is again recorded as requesting medication. He was booked for mental health assessment in 1 week.</p> <p>RMN appointment 15 days after detention recorded the patient had a low mood as a symptom of anxiety around immigration issues.</p> <p>The detainee attended healthcare 18 days after detention requesting a R35 report for his mental health. This was booked for 1 week later.</p> <p>29 days after detention the detainee attended a R35 appointment and disclosed that he was sexually abused by his mother's partner when a child. Clinical record states: 'Advised not for R35, patient understood reasons, claiming depression from what happened.' Antidepressant medication was prescribed.</p> <p>RMN appointment arranged after seeing GP: the records state the detainee was complaining that the doctor did not understand the reasons for applying for R35 report. 'I discussed with him that I had read the entry and the reasons he did not get the R35 had been explained to him. I went on to explain what a R35 assessment was for...' He appeared agitated and angry that nobody wants to help him</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>
21.	At the reception screening the detainee disclosed thoughts of self harm and a history of self injury and a history of torture. There was then a 5 day wait for a GP assessment which in turn stated that a R35 appointment would be booked.	None	<p>The detainee was seen for a R35 appointment 15 days after entry to the IRC. Detainee was able to disclose that the police in his home country had confronted him but he was not arrested. He was told by the Dr that this was not torture and the patient said he needed time to collect his memories. He was booked for a further R35 appointment with a 1 week wait.</p> <p>68 days after arriving in detention the detainee attended another R35 appointment and gave an account of torture.</p> <p>2 days later RMN review occurred at which the detainee explained he was not sleeping and had a previous prescription in the community for antidepressant medication.</p> <p>2 days later GP appointment was arranged at which the detainee disclosed insomnia, depression and nightmares. Antidepressant medication was prescribed.</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>

			2 days later the detainee saw a RMN. He stated he was feeling stressed and having flashbacks. He was booked to see the GP again.	None
22.	Nursing screening and same day GP assessment recorded the detainee had a history of schizophrenia, a current prescription for antipsychotic medication and previous compulsory hospital admission association with drugs misuse. There was a decision to make an internal mental health team referral.	None	<p>4 days after detention a decision was taken by the mental health team that a hospital mental health assessment was needed.</p> <p>1 week after detention drugs recovery worker stated he had concerns about the detainee's ability to cope with detoxification process and his mental health in detention is deteriorating.</p> <p>14 days after detention nursing appointment recorded that the detainee did not want to engage with their services.</p> <p>29 days after detention the detainee saw another detainee attempt self harm by ligature. He was able to help the detainee and raise the alarm. He is recorded as then having flashbacks of the incident. [No further action taken concerning a care plan or further assessment.]</p> <p>52 days after detention the detainee required admission to the accident and emergency department for an episode of self harm by cutting himself. On the same day he was returned to the IRC and immediately taken to the CSU. He was noted to be swearing at the nurses</p> <p>54 days after detention nurse felt concerned about her safety if the detainee was moved from the CSU.</p> <p>55 days after detention the detainee was seen by the IRC's GP: detainee stated he had difficulty sleeping and felt others in detention were laughing at him. He also said he was hearing 'special things' but could not disclose more information and became agitated. His conversation was recorded as difficult to follow. The plan following this meeting was that the detainee needed a psychiatric assessment and the ACDT procedures would be concluded.</p>	<p>None</p> <p>None</p> <p>None</p> <p>Part C recorded abusive words to healthcare staff, the move to CSU and entry to hospital.</p> <p>Part C recorded the nurse's concerns.</p> <p>Part C recorded only the closure of the ACDT process.</p>
23.	Nursing reception assessment recorded the individual had a history of bipolar disorder with symptoms of psychosis and was in receipt of medication associated with this illness. The detainee also disclosed a	None – the medical records reference that the GP informed an officer of his concerns	<p>1 day after detention a SIR form was completed recording that the detainee was aggressive in healthcare.</p> <p>6 days after detention the detainee was transferred to another IRC and immediately held in segregation due to his level of anger and verbal aggression. He was prescribed antidepressant and antipsychotic medication.</p>	<p>SIR</p> <p>None</p>

	history of self harm. A decision was taken that he should be referred for RMN support in detention. He was seen by a GP the same day who provided a continuation of the medication and recorded inappropriate behaviour to nursing staff with agitated behaviour.	about the patient's behaviour	<p>He was then held in CSU continuously for approximately 1 month with regular RMN and GP reviews.</p> <p>The detainee was seen by psychiatrist 52 days after entering IRC detention who diagnosed bipolar affective disorder, presently in an episode of hypermania.</p>	<p>None</p> <p>None</p>
24.	Initial detention in an IRC occurred before 1 January 2017 and so reception information is not included in this chronology.	N/a	<p>The detainee attempted self harm and as a result of his self inflicted injury he required A & E admission and surgery for the wound. He was assessed as not having capacity to consent to medical treatment in hospital.</p> <p>On returning to the IRC the individual was managed on ADCT system with a Home Office representative at the majority of the review meetings held over a period of 68 days. During this time the clinical records include numerous references to the detainee having unusual behaviour and thoughts. His behaviour included refusing to clean himself after using the toilet and urinating on the floor. During this time he was placed in the CSU for 15 continuous days. He was given a diagnosis of schizophrenia or bipolar disorder and eventually removed from the IRC under the Mental Health Act.</p>	<p>None</p> <p>The medical records make no reference to any written information being shared with the Home Office. Although they record Home Office officials attending ADCT reviews. No rule 35 reports were made.</p>
25.	Nursing reception recorded that the individual had a history of PTSD, severe depression and previous hospital admission for these conditions. He came into detention with a prescription of antidepressant and antipsychotic medication. He had made an attempt at self harm by ligature on the day before arrival. The detainee arrived with an ongoing ADCT process. A GP appointment on the same day of the detainee's arrival at the IRC continued the prescription of medication.	None	<p>The detainee did not attend mental health appointments and so was discharged from their caseload within 15 days of arrival at the IRC without assessment.</p> <p>The individual attended healthcare after 22 days of detention to ask when he would have a mental health appointment. This was provided 2 days later.</p> <p>This assessment with an RMN concluded that the detainee considered that being in detention and not knowing when he will be released is the worst of his problems. He was recorded to have suicidal thoughts that come and go. The outcome of the assessment was that as he was compliant with medication, he should self refer to the mental health team if he had any other concerns. At the time of discharge from the mental health team's caseload the detainee remained on ACDT procedures.</p>	<p>None</p> <p>None</p>
26.	When transferred from prison to the IRC the PER for the detainee recorded a history of mental illness and ADHD. At reception in the IRC he was also noted to be suffering from anxiety and to have a history of	None	3 days after arrival at the IRC the detainee did not receive his medication and so attended a healthcare appointment. He was then put on the waiting list for the mental health team. He then missed a number of mental health appointments and did not collect his medication.	None

	torture. The GP appointment arranged shortly after arrival continued the prescription of antidepressant medication.		<p>His first mental health assessment was 24 days after arrival at the IRC. He is recorded as feeling hyperactive and having problems with sleep, hearing voices and feeling agitated. He was talking to himself and having flashbacks to his childhood trauma.</p> <p>Fresh reception screening at new IRC: the individual was noted to have a history of torture and mental health problems. He did not arrive at the IRC with medication. He requested to see the mental health team due to anxiety and low mood.</p> <p>The detainee did not attend a GP appointment on the following day. A GP review on the second day after arrival at the IRC appears to be concerned with medication but did not see the detainee.</p> <p>Detainee did not attend GP appointment on the following day.</p>	None
27.	Reception nursing screening and GP appointment recorded no evidence of vulnerability	N/a	<p>3 months after detention the detainee had a R35 appointment. He stated he was beaten when in the army in his home country using a plastic pipe and he was kept in a camp. The medical notes record that he has no marks or scarring and the doctor's note was: 'I advised the patient to speak to a solicitor before doing R35 as unlikely to go through.'</p> <p>29 days later the medical records show that the detainee was having difficulty sleeping. On the same day other detainees express their concern about him to healthcare as he is waking in the night shouting.</p> <p>The following day he had a mental health assessment which referred to him having nightmares which had got worse since being in detention.</p> <p>12 days later the detainee had a GP appointment. He stated he had insomnia, nightmares of being killed and symptoms of forgetfulness. He was prescribed an antidepressant.</p> <p>15 days later he had a further GP appointment in which some improvement was noted but that the patient was still waking at night with nightmares. The antidepressant medication was increased.</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>
28.	Reception screening records the detainee was recently prescribed antidepressant medication and had a history of torture. He was seen by GP within 24 hours	Rule 35(3) report completed	Two days after detention in the IRC the detainee attempted self harm by ligature.	None

29.	The detainee is recorded as having strange behaviour at the reception screening; he is described as confused and disorientated. The notes state he kept rubbing his limbs and was unable to maintain eye contact. His prescription of antidepressant medication was noted. The detainee was then placed in the CSU. He was seen by then GP in CSU but the notes record that the room was too messy to go into and the doctor talked to the patient behind the door. Paracetamol was prescribed. The notes record a plan to review the patient on the following days as he had no other medical issues.	None	<p>The detainee was seen 3 times over 4 days by the GP who noted his mention of medication and contact with community mental health team. The records reference concerns about his behaviour. The individual was placed in the CSU for 2 days.</p> <p>IRC mental health team initially plan to discharge him from their care as the detainee states he is not mentally ill. The GP advises them to keep trying. A mental health review took place 5 days after the detainee's arrival at the IRC – the records show he was exhibiting pressured and repetitive speech with disjointed subjects.</p> <p>The following day the mental health team discharged him from their caseload as the detainee is 'pleasant to approach and feels medication will help manage the depression.'</p> <p>The following day the detainee presented at healthcare in an agitated state and requesting medication. He was seen by the GP and prescribed antidepressant antipsychotic and sedative medication.</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p>
30.	Reception screening notes a reference to the detainee having learning difficulties.	None	<p>4 days after arrival in IRC community medical records were provided which show the detainee had a history of clinical depression.</p> <p>9 days after arrival in detention IRC GP offered to prescribe antidepressant medication. This was refused and the detainee was noted to be agitated.</p>	<p>None</p> <p>None</p>
31.	No issues of vulnerability noted on screening	N/a	<p>The detainee witnessed his cellmate's attempt at self harm.</p> <p>Shortly afterwards the detainee made several attempts at self harm. He then had a period of food refusal.</p>	<p>None</p> <p>None</p>
32.	Reception screening by nurse elicited that the detainee had an ongoing anxiety disorder and symptoms of insomnia. He also had a history of torture.	No	<p>First GP appointment was made 8 days after the detainee's arrival in immigration detention. He did not attend.</p> <p>The detainee saw a GP for the first time 11 days after arriving in detention and was prescribed the sedative medication that had been provided in the community. Despite the screening recording a history of torture, no R35(3) appointment was made.</p>	<p>None</p>
33.	Reception screening noted the detainee was a victim of an assault in the UK: being headbutted and punched to the face.	None	The detainee attended for a R35 assessment and was told by the GP that the assault was not appropriate for R35 it was 'common assault or GBH.'	None

34.	Reception screening recorded a disclosure of depression, bipolar disorder, post traumatic stress disorder and anxiety. The detainee also gave details of the mood stabilising medications he was taking although this had not been brought into detention.	None	<p>Seen by the GP within 24 hours of arrival. Discussion of the medication he has previously been prescribed and a plan made to contact the community GP to confirm the prescription. The records included no information as to the patient's presentation or the need for any additional support in detention.</p> <p>Thereafter the detainee did not receive his medication for at least 16 days, During this time he suffered a panic attack and attended healthcare several times to request his medication.</p> <p>Community medical records were received 9 days after the detainee's arrival in detention. These confirmed the diagnosis of mental illness, the prescription of medication and referral to adult psychiatric services. They also refer to a history of self harm. The records disclose that the detainee witnessed his father kill his mother when a child and had been subject to physical abuse by his father when a child. This information did not trigger a further review of the detainee or prescription of medication. There was no medical entry to suggest the records were considered by a clinician.</p>	<p>None</p> <p>None</p> <p>None</p>
35.	Reception screening noted the detainee had agitated behaviour. He stated he had a history of torture. The records suggest bizarre behaviour and speech.	None	<p>GP appointment 2 days after arrival in detention briefly recorded that a R35 report was declined. The records show no mental health assessment or summary of the patient's presentation.</p> <p>7 days after arrival in detention the individual was recorded as needing a mental health assessment.</p> <p>10 days after detention, the detainee was continuously held in the CSU for 21 days. During this time he was noted to have inappropriate behaviour, refusing to clean himself after using the toilet and to be regularly tearful. Some GP reviews were conducted through the hatch in the door to the CSU. The individual had two assessments by a psychiatrist and was prescribed antipsychotic, antidepressant and sedative medication.</p> <p>The detainee was then transferred to another IRC. The records are unclear if he is seen by the GP within 24 hours of arrival or whether his medication was reviewed. He was placed on ACDT process. He had an episode of self harm and was placed on constant observations.</p> <p>Regular subsequent reviews of the decision to keep the detainee in the CSU involved representatives of healthcare, the IRC and the Home Office. The records state the detainee was clearly exhibiting mental distress and that the ACDT process should continue. A later review indicated the need for an urgent psychiatric assessment.</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>

			<p>The detainee had a long period under constant observation within the CSU during which he attempted self harm by hanging. The records refer to delusional thinking and inappropriate behaviour.</p> <p>A psychiatric assessment concluded that the detainee was experiencing psychosis and required hospital treatment under the Mental Health Act.</p> <p>The detainee then remained separated from other detainees within the CSU and under constant observation for 23 days. Medical entries during this time record tearfulness and thoughts of extreme frustration at being confined to his room.</p> <p>He was transferred to hospital under the Mental Health Act 29 days after the decision was made that inpatient treatment was required.</p>	<p>None</p> <p>None</p> <p>None</p>
36.	At reception screening by a nurse and thereafter a GP, disclosed a history of schizophrenia with previous admission to hospital for treatment.	None	<p>The detainee was seen daily by RMNs after arrival at the IRC over a period of 5 days. During this time he was not seen by a doctor. The records of the interactions show pressure of speech and flight of ideas. They also refer to the individual feeling disturbed by the experience of detention.</p> <p>5 days after arrival in the IRC the detainee was assessed by a psychiatrist who confirmed the diagnosis of schizophrenia and recorded that the detainee was not taking his medication. The plan was to continue monitoring his mental state and to try to persuade him to take his medication.</p> <p>The following day the detainee discussed thoughts that the other detainees were planning to harm him and refused to take his medication.</p> <p>Three days later the detainee was transferred to another IRC and the medical records cease. At the time of transfer he was still refusing antipsychotic medication. [GDWG are aware that after the transfer this individual spent a prolonged period in the CSU at the new IRC and following a refusal to take medication his illness deteriorated further.]</p>	<p>None</p> <p>None</p> <p>None</p>