

DETENTION SERVICES ORDER 9/2016 – DETENTION CENTRE RULE 35

Rule 35(1) report – a detainee whose health is likely to be injuriously affected by continued detention or the conditions of detention

Section 1: Detainee's details

Forename(s):	D643			A196SDH CID: 7187809	
Surname:	D643				
Date of Birth:	DPA		HO reference number:		
Immigration Removal Centre:	IRC The Verne				

Section 2: Detainee's authority to release medical information

The detainee named above has authorised the release of the medical information in this report in line with the guidance in DSO 1/2016 – The Protection, Use and Sharing of Medical Information Relating to People Detained Under Immigration Powers.

Section 3: Medical practitioner's report
(Please read the notes at the end of this form)

I write in respect of the detainee named above in my capacity as an immigration removal centre medical practitioner. I hereby report that this detainee's health is likely to be injuriously affected by continued detention or the conditions of detention.

Section 4: Relevant clinical information

i) Why is the detainee's physical and/or mental health likely to be injuriously affected by continued detention or the conditions of detention? Please include as much detail as possible to aid in the consideration of this report. This must include an outline of the detainee's relevant physical and/or mental health condition(s)

D643 has been diagnosed with post-traumatic stress disorder – this relates to events from when he was serving with the British Army in **DPA** in 2004-5 and 2007-8. The base had radar sensors for rockets and mortar fire which sounded alarms. At IRC Verne the alarm that sounds three times daily sounds the same as this previous alarm. This is triggering symptoms where as he has been attempting to avoid triggers.

ii) What treatment is the detainee receiving? Is specialist input being provided, either within the IRC or as a hospital outpatient or inpatient?

He has been referred to the Mental health inreach team.
At previous establishments (prison) he was receiving support from PTSD Resolution and has had support in the community from Dr Muss, BMI Hospital, Birmingham.
He is receiving regular medication also.

iii) In the case of mental health problems, has there been a detailed mental health assessment and, if so, carried out by whom and with what result/recommendation? If not, is an assessment scheduled to take place and, if so, when? Please attach the report of any assessment or give a brief overview.

Section 5: Assessment

- i) What impact is detention or the conditions of detention having (or likely to have) on the detainee's health and why?

Detention at the Verne is triggering increasing symptoms of PTSD.

- ii) Can remedial action be taken to minimise the risks to the detainee's health whilst in detention? If so, what action and in what timeframe?

Nil at the Verne as siren/ alarm part of Centre management.

- iii) If the risks to the detainee's health are not yet serious, are they assessed as likely to become so in a particular timeframe (ie in a matter of days or weeks, or only if detention continued for an appreciably longer period)?

Symptoms may worsen over time.

- iv) How would release from detention affect the detainee's health? What alternative care and/or treatment might be available in the community that is not available in detention?

Avoidance of triggers. Ability to access charitable organisations who support veterans/ PTSD sufferers.

- v) Are there any special considerations that need to be taken into account if the detainee were to be released? Can the detainee travel independently to a release address?

Nil

Other comments:

Section 6: Signature

Signed:

Signature

Printed name: Jane Fowler

Position and qualifications:GP BM MRCS MRCGP
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Date 09 Dec 2016

If other healthcare professionals have supported you in examining the detainee and/or in producing this report their details must be given below:

Signed:

Printed name:

Position and qualifications:
.....

Date

Signed:

Printed name:

Position and qualifications:
.....

Date

Signed:

Printed name:

Position and qualifications:
.....

Date