

## In the matter of the Brook House Inquiry

### D801 (D801) – Chronology

Source: Relativity Bundle [Unique ID/Pg] & Documents disclosed to Inquiry by BM [BM/Pg]

Dates of detention at Brook House:

- 9 April to 21 May 2015 (43 days)
- 1 March to 3 April 2017 (34 days)

Date	Ref	Event	Comment
DPA		D801 born.	
2008		Tortured by the Sri Lankan army on account of transporting weapons for the Irrelevant	
09.01.2009		Enters UK with student visa from Sri Lanka.	
28.01.2010		Granted further LTR as student.	
16.04.2012		Student visa expires. Overstays.	
22.05.2012		Asylum screening interview. Provided with accommodation for destitute asylum seekers under s. 95 Immigration and Asylum Act 1999.	
08.06.2012		Substantive asylum interview. Discloses two incidents of torture. Torture included having a bag dipped in oil placed on his face to create the effect of suffocation, having his head submerged in water and being sexually assaulted. Has visible scars on left forearm when dragged and hit a tin sheet.	
19.06.2012		Refusal of asylum claim.	

31.07.2012		<b>Report of Dr. Silvain Josse</b> (submitted for asylum appeal). Documents scars but no expression of opinion on consistency under Istanbul Protocol. No mental health assessment.	
20.08.2012		<b>Asylum appeal dismissed by FtT.</b>	
05.09.2012		<b>PTA refused by FtT.</b>	
20.09.2012		<b>Appeal rights exhausted.</b>	
11.2012		<b>Stops reporting for fear of being removed.</b>	
27.03.2013		<b>Treated as absconder by HO for failing to report.</b>	
<b>2015</b>			
09.04.2015		<b>Detained under immigration powers</b> after being stopped by police during routine traffic stop.  <b>Transferred to Brook House IRC.</b> Notice of Removal Window issued to start on 12.04.2015.	
14.04.2015		<b>Removal Directions for 18.04.2015 served.</b>	
15.04.2015	HOM025265_0001	<b>Fresh claim submissions.</b> Based on witness statement, letters from father and two others, web reports about his activities. Raises sur place activities claim and claim that removal would put him at risk of suicide in breach of Article 3 ECHR.	
17.04.2015	HOM025265_0001	<b>Refusal to treat further submissions as meeting Rule 353.</b>	

	HOM025265_0001	<b>Judicial review claim lodged.</b>	
<b>18.04.2015</b>	HOM025265_0001	<b>Removal directions cancelled.</b>	
<b>21.04.2015</b>	BM447	<b>Mental health referral</b> because unable to sleep due to current situation (in detention) and asking for help to cope.	
<b>22.04.2015</b>		<b>Medical record.</b> Discloses to RMN he was beaten in Sri Lanka and detained on two occasions. No Rule 35 referral made.	<i>No Rule 35 referral made.</i>
<b>20.05.2015</b>		<b>Released from immigration detention on immigration bail.</b> Subject to weekly reporting and electronic monitoring.	
<b>22.05.2015</b>		<b>UT refuses permission to apply for JR.</b> No barrier to removal.	
<b>26.05.2015</b>	BM453	<b>GP record:</b> D801 not making eye contact. Having trouble sleeping. Whilst asleep, felt like he had electricity through head and fell off sofa. Cannot feel his head or body. Tried to hurt himself but cutting his arms. Wants to do this for distraction.	
<b>27.05.2015</b>		<b>GP referral for Mental Health assessment.</b>	
<b>28.05.2015</b>		<b>Non attendance at bail reporting event.</b>	
<b>03.06.2015</b>		<b>Maliks &amp; Khan to HO</b> raising two epilepsy fits for reason of non-attendance. Submits hospital letters.	
<b>29.07.2015</b>		<b>UT refuses permission on JR renewal.</b> PTA to the Court of Appeal is refused.	

05.08.2015	BM455	<b>D801 takes overdose of medication.</b> Experiences auditory hallucinations and referred to community mental health services. Told mental health crisis team he had had enough.	
10.08.2015		<b>Crawley Urgent Treatment Centre letter.</b> Not stable enough for psychological treatment at primary care level. Referred to GP for urgent assessment by Assessment and Treatment Service.	
25.08.2015		<b>Assessment by Assessment and Treatment Service.</b> Notes PTSD symptoms. Needs psychiatric assessment to confirm diagnosis and start treatment.	
24.09.2015		<b>NHS specialist registrar to consultant psychiatrist to GP.</b> Presents with depression of moderate severity and PTSD because of nightmares, insomnia and bedwetting. Recommends talking therapy and medication.	
02.11.2015		<b>Dr Lawrence (consultant psychiatrist) report.</b> <ul style="list-style-type: none"> <li>• <b>D801</b> distressed during interview. Made very poor eye contact. Clinical impression that torture account was entirely genuine and he was beaten and raped.</li> <li>• Suffering severe depressive episode.</li> <li>• Scoring highly consistent with PTSD.</li> <li>• Appears to be suffering some form of psychosis as complaining of nightmares, flashbacks, depression with psychotic symptoms.</li> </ul>	
27.11.2015		<b>HO treats <b>D801</b> as vulnerable adult.</b>	
22.12.2015		<b>Further submissions in support of fresh claim submitted.</b> Encloses Dr. Lawrence report.	
2016			

04.01.2016		<b>HO reviews further submissions and treats [D801] as Level 3 safeguarding case.</b> Referral made to social services.	
12.01.2016		<b>West Sussex County Council Adult Services to GP:</b> serious and immediate evidence-based risk that [D801] is likely to commit suicide or harm themselves or serious self-harm or attempted suicide has already occurred.	
22.07.2016		<b>Refusal of further submissions.</b>	
25.07.2016		<b>Removal Windows issued.</b> Treats [D801] as Level 3 safeguarding.	
29.09.2016	HOM028540_0001	<p><b>Newham Hospital Emergency Department (Psychiatric Liaison) to GP (Saxonbrook Medical Centre)</b></p> <ul style="list-style-type: none"> <li>• [D801] was found in East Ham by police, hanging on to some railings on the side of the road. Was disorientated and did not know where he was or how he came to be there.</li> <li>• Referred to MHT. Known to Crawley MHT.</li> <li>• Denied plans to harm self but reports ongoing suicidal ideation</li> <li>• Appears to have entered into a dissociated state and ended up in Newham.</li> <li>• Not finding counselling helpful and making him go over problems he has experienced. Feels treatment repetitive.</li> </ul>	
05.10.2016		<b>HO suspends [D801] reporting requirements for a month</b> owing to mental health incident. Directs reporting on 02.11.2016	

01.11.2016		<b>D801 makes appointment to submit further submissions for a fresh claim.</b>	
02.11.2016		<b>D801 attends with sureties to report.</b>	
30.11.2016		<b>Maliks &amp; Khan cancels further submissions appointment.</b> D801 mental health unstable.	
15.12.2016		<b>Notice of Removal Window issued.</b>	
21.12.2016	BM151	<b>Further submissions made in response to s. 120 notice.</b> Raises medical ground (suicide risks) under Article 3. Also raises Article 8 grounds. Submits hospital letter in support.	
<b>2017</b>			
04.01.2017	BM455	<b>D801 overdoses on anti-depressants.</b> Taken to A&E. Presented as very tearful, poor eye contact.	
	BM160	<b>Maliks &amp; Khan notifies HO that D801 cannot report because of mental health problems.</b> Encloses medical letter.	
06.01.2017		<b>Maliks &amp; Khan obtains appointment for further submissions on 08.02.2017.</b>	
15.01.2017	HOM028963_0001	<b>Addendum Report of Dr, Lawrence</b> <ul style="list-style-type: none"> <li>• <b>D801</b> mental health has deteriorated. Paranoid and psychotic depression with high risk of suicide, especially if forcibly removed. This is as consequence of PTSD which has been retriggered by detention.</li> <li>• Presence of psychosis as additional factor with his psychotic depression and dissociative state also being associated with poor recall.</li> </ul>	<i>Served on 10.03.2017</i>

06.02.2017	BM166	<b>National Removals Command Assessment of Removability Form.</b> <ul style="list-style-type: none"> <li>Notes that [D801] takes [Sensitive/Irrelevant]</li> <li>States no barrier to removal and removal likely in 28 days.</li> </ul>	<p><i>States no barrier to removal but aware that [D801] due to submit further submissions in support of fresh claim and that appointment had been given and was due to take place on 08.02.2017. There clearly is a prospective barrier to removal given the fresh claim that was imminently going to be submitted.</i></p> <p><i>Assessment does not consider the previous evidence of Dr. Lawrence regarding [D801] PTSD and major depressive episode or the two suicide attempts.</i></p>
08.02.2017	BM202	<b>Further submissions appointment rescheduled for 30.03.2017.</b>	
01.03.2017	BM168	<b>Immigration enforcement raid on [D801] home address.</b> [D801] states he is on anti-depressants [Sensitive/Irrelevant] and produces referral letter from hospital. Tells immigration officers he is meant to submit further submissions under Articles 3 and 8 on 30.03.2017.	<i>No check on [D801] mental health further to his disclosure at the raid. Went ahead with arrest anyway in the circumstances.</i>
	BM168	<b>Detained.</b> Transferred to Brook House.	
	HOM025265_0001 BM169	<b>Initial Detention Review (R. Patten).</b> Overstayer who “claims to be” suffering from depression. No exceptional circumstances, no risk indicators that render [D801] unsuitable for detention. Has repeatedly blocked removal by making further submissions  Detention authorised as AAR Level 2. “Imminently removable and valid passport held. ... medication can be provided in detention.”  Actions: to set Removal Directions.	<p><i>But the HO already knew of [D801] mental ill-health (Dr. Lawrence’s 1<sup>st</sup> report) and his overdoses. Erroneous to find that there were no risk indicators rendering him unsuitable for detention.</i></p> <p><i>This also does not make sense in the light of acceptance that [D801] was an AAR Level 2.</i></p> <p><i>n.b. HO had not yet had sight of Dr. Lawrence’s Addendum report yet but was aware from Maliks &amp; Khan that [D801] had not been able to report because of his mental ill-health. Therefore there was indicative evidence of</i></p>

			<p>deterioration in his mental health since the previous detention in 2015.</p> <p>As to imminence of removal, HO aware of the further submissions that he had intended to make at the appointment on 30.03.2017. At a minimum, should wait to see whether he makes the further submissions and what he says.</p>
	HOM029119_0001	<b>IS91R.</b> States no risk factors. Notes no suicide / self harm risks.	Basis for this risk assessment (of no risk) is unclear given known past suicide attempts and acceptance that [D801] is an AAR Level 2.
	BM177	<b>IS91 RA Part C</b>	
	<p>HOM032191_0001</p> <p>HOM028547_0001 (MJ report)</p>	<p><b>Reception screening:</b> notes [D801] says he had been diagnosed with PTSD as result of being victim of torture in Sri Lanka.</p> <p>Polite but reluctant to divulge details of torture. Experiences flashbacks, especially at night in the dark.</p> <p>Has overdosed twice since being detained at Brook House 2 years earlier.</p>	<p>No referral for an assessment under Rule 35 for the purposes of completing a Rule 35(2) report. Only ACDT opened.</p> <p>Given disclosure of torture, no Rule 35(3) arranged at this point or ever during the whole time he was at Brook House. This is not a case where there had been any previous Rule 35(3) reports. Therefore the disclosure of torture should have precipitated such an assessment.</p>
	<p>HOM032191_0001, HOM032192_0002, HOM032190_0001</p> <p>HOM028547_0001 (MJ report)</p>	<p><b>ACDT activated due to increased risk of self-harm.</b> Hourly observations initially. Referral to mental health team.</p>	<p>Although GCID notes IS91 RA Part C received, no evidence in HO records to indicate any consideration of the impact of such a status on detention.</p>

02.03.2017	BM199	<p><b>Maliks &amp; Khan to HO</b> requesting provision of all documents related to <b>D801</b> detention.</p> <ul style="list-style-type: none"> <li>Flags that <b>D801</b> suffers from severe mental health problems and HO had referred him to social services.</li> <li>flags that <b>D801</b> has been suicidal and is not suitable for detention (and detention would breach his human rights).</li> <li>Flags that <b>D801</b> additional grounds in response to s. 120 notice remains outstanding so not clear why detained.</li> </ul>	<p><i>Another flag raised by solicitors that <b>D801</b> has vulnerabilities that render him unsuitable for detention. This does not precipitate a detention review as to <b>D801</b> suitability for detention, especially in combination with ACDT having been activated from the point of immigration detention.</i></p>
	HOM032191_0003	<p><b>ACDT Review (@11.10).</b> Notes anxious and vulnerable. Requesting medication. Has GP and MH appointment.</p> <p>ACDT downgraded to 3 hourly daytime and hourly at night with 2 conversations a day.</p>	<p><i>Not clear basis for downgrade of ACDT when no Mental Health Team or GP input yet. Seems disconnected from the mental health review by Dr. Belda a few hours later.</i></p>
	<p>HOM032191_0003, HOM032192_0003</p> <p>HOM028547_0001 (MJ Report)</p>	<p><b>Mental Health Review (@15.18) (RMN, Dr Belda, psychiatrist, Beverly Baldwin, deputy director for adult services at SPFT)</b></p> <p>Notes flashbacks, anxiety, high emotional arousal, insomnia, nightmares and severe startled reaction. 2 suicide attempts. Also experienced psychogenic fugues where ended up waking up at hospital having gone to report.</p> <p>Notes previous MH services involvement and that he had been assessed by Dr. Kahn with PTSD. Notes currently very distressed.</p> <p>Plan: section 48 to transfer to LGH. Recommends in the interim transfer to E Wing.</p>	<p><i>No notification appears to have been sent to HO about his vulnerabilities.</i></p>

	BM460	<b>GP Appointment.</b> Medication review. Notes not suicidal but having depression.	<i>This review of medication appears to also be entirely disconnected from the views expressed by Dr. Belda as to his acute distress.</i>
		<b>Transfer to E Wing.</b>	
03.03.2017	HOM032192_0006 HOM028547_0002 (MJ report)	<b>Medical record:</b> s. 48 MHA report notes [D801] poses risk to himself because he is very distressed. Needs treatment in hospital as no means at detention complex to provide appropriate treatment.	
04.03.2017	HOM032191_0004	<b>ACDT Review.</b> Notes no suicidal thoughts. 1 observation every 3 hours.	
06.03.2017	HOM032191_0004	<b>Medical record:</b> [D801] attends talking therapy room. Very anxious and reluctant to speak but was able to do so after breathing exercises. Told he was in a safe environment.  Plan: RMN Support daily.	
07.03.2017	HOM029012_0004	<b>Detention Review (7 days)</b> <ul style="list-style-type: none"> <li>Notes pending further submissions appointment for 30.03.2017. Removability is medium.</li> <li>Risk of harm to public is low. Medium risk of absconding.</li> <li>Notes that he is on ACDT because of risks of self-harm but treated as AAR Level 2.</li> </ul>	<i>As AAR L2 with no clear prospect of removal within reasonable period, immigration factors should not outweigh strong presumption in favour of liberty.</i>
	BM206	<b>Refusal of Temporary Release.</b> Health is currently being managed by healthcare at Brook House.	
08.03.2017	BM210	<b>HO to Maliks &amp; Khan</b> requesting s. 120 submissions to be re-submitted.	

		Response by Maliks & Khan the next day.	
<b>09.03.2017</b>	HOM032191_0005  HOM028547_0002 (MJ report)	<p><b>Dr. Belda (psychiatrist):</b> placed under s. 48 emergency transfer because of level of distress and risk level. But notes that two staff nurses from LGH deemed him unsuitable for transfer to hospital.</p> <p>Notes [D801] presented as very upset and anxious. Did not establish eye contact. Resorted to self-harm by scratching arm. Unable to speak about trauma. Potential risk of self-harm.</p> <p>Will add [Sensitive/Irrelevant] to help him sleep.</p>	<i>No R35(1) or R35(2) provided in the light of the concerns about his mental health even if not deemed suitable for admission to hospital.</i>
	HOM032190_0003	<b>GCID:</b> notes [D801] not well. On E-Wing and already on ACDT. Concerned he has suicidal thoughts.	<i>Although notes these issues of vulnerability, no consideration of crucial question for the HO, which is whether he is someone who is likely to be harmed by continued detention and therefore should not remain in detention.</i>
	BM211	<b>Maliks &amp; Khan to Home Office</b> with further representations in response to notice under s. 120 NIAA 2003. Relies on medical grounds and ongoing suicidal ideation. Also relies on Article 8.	
<b>10.03.2017</b>	HOM032191_0005	<p><b>ACDT review (Daliah Dowd, J Beggs).</b> Notes several superficial cuts on his hand. Declined to speak about them.</p> <p>Remain on ACDT, 2 observations every hour during the day, hourly observations at night.</p>	<i>No Rule 35(2) prepared despite observations about self-harm cuts. The threshold for a Rule 35(2) report is where there are suspicions of self-harm or suicide. Here there is actual evidence that this is happening.</i>
	BM218	<b>Maliks &amp; Khan to HO</b> enclosing Addendum report from Dr. Lawrence as well as original report, medical notes and hospital letter. Sets out fresh claim	<i>Nothing on GCID notes to indicate any detention review in the light of the medical evidence. The documents were just</i>

			<i>passed to the decision-maker on the immigration matter and not to address the question of detention.</i>
11.03.2017	HOM032191_0006	<p><b>RMN Support (James Newlands).</b> Appeared more settled but still anxious, wringing his hands. Notes he saw Medical Justice the day before.</p> <p>Plan: to remain on ACDT with no change to level of observations.</p>	
12.03.2017	HOM032191_0006	<p><b>ACDT Review. (D Farrell, Daliah Dowd, nurse).</b> Medication helping him sleep at night. Reluctant to answer questions about his thoughts.</p>	
14.03.2017	BM334	<b>Notice of Removal Window (2<sup>nd</sup>)</b>	<i>This is at time when there are outstanding representations made by Maliks &amp; Khan dated 09.03.2017, i.e. a barrier to removal.</i>
	HOM028547_0001	<p><b>Medical Justice Letter (Dr. Iona Steen) – To whom this may concern</b></p> <ul style="list-style-type: none"> <li>Assessed [D801] on 10.03.2017 over a period of 90 minutes for an MLR.</li> <li>[D801] was in too distressed a mental state so unable to elicit a personal MH or medical history from him.</li> <li>Notes diagnosis of major depressive disorder, PTSD and psychotic disorder by Dr. Lawrence.</li> <li>Made no eye contact during the consultation. Body language was withdrawn.</li> <li>Displayed high level of psychomotor agitation. Clenched hands together. Displayed sporadic stereotyped jerking movements, rocked back and forth in his chair. Cried during the interview.</li> <li>Heightened startle response – startled when a door closed in background.</li> </ul>	<i>This is served on HO by Maliks &amp; Khan on 16.03.2017.</i>

		<ul style="list-style-type: none"> <li>• Stated he heard voices in the room screaming.</li> <li>• Denied self-harm but there were signs of this on his arm.</li> </ul> <p><u>Opinion:</u></p> <ul style="list-style-type: none"> <li>• psychosis can be a consequence of torture.</li> <li>• There has been marked deterioration in <b>D801</b> mental state since his detention. He was too stressed to speak. Not surprising as patients with PTSD may go from compensating for trauma related symptoms when living in community to decompensating fairly quickly.</li> <li>• Avoidance behaviour is significant feature of <b>D801</b> mental state in comb with his high level of distress</li> <li>• Displays hypervigilance and hyperarousal. Startled when cup of water handed to him – “clinically worrying” as it suggests he associates human touch with threat.</li> <li>• Mental health clearly deteriorated since detained – high risk of self-harm and suicide. Psychosis may further impair perception of risk or could make behaviour more disordered and impulsive, intensifying the risk he poses to himself.</li> <li>• Forced removal to Sri Lanka would be likely to precipitate further deterioration in prospect of imminent removal. Hard to predict how mental distress may manifest but likely behaviour would become more disturbed and would require restraints which would be traumatic. Not fit to fly</li> <li>• Need urgent assessment and treatment under a multidisciplinary psychiatric team. Needs input from psychiatrist with monitoring from MHT and need acute in-patient psychiatric ward.</li> <li>• Detention is not suitable environment in which to treat <b>D801</b></li> </ul>	
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	HOM032191_0007	<p><b>ACDT Review (James Newlands).</b> Appeared more settled. Prefers to stay in room on his own “as he feels this is a safe place for him.”</p> <p>Plan: ACDT but reduced to 1 every 2 hours.</p>	
15.03.2017	IMB000082_0001	<b>IMB Visit (Dick Weber).</b> Notes [D801] was on E wing and on constant watch.	
	HOM029012_0001	<p><b>Detention Review (14 days) (Vipalas Patel)</b></p> <ul style="list-style-type: none"> <li>• Further submissions received from Maliks &amp; Khan on 14.03.2017. Timescale for barrier to be resolved is 2 weeks.</li> <li>• Medium risk of non-compliance. Low risk of harm to public.</li> <li>• AAR Level 2. No exceptional circumstances. No risk indicators rendering him unsuitable for detention.</li> </ul>	<p><i>No reference to the concerns raised by psychiatrist that [D801] requires s. 48 hospital transfer and in any event is repeatedly self-harming.</i></p> <p><i>No consideration of whether actually AAR Level 3.</i></p>
16.03.2017	HOM032191_0007	<b>ACDT Review.</b> Presents less anxious. Feels safe in his room. Continues to have thoughts of self-harm. Maintain ACDT level.	
	BM341	<p><b>Maliks &amp; Khan to HO</b> enclosing letter of clinical concern from Dr. Steen (Medical Justice). Identifies [D801] as at high risk of self-harm and suicide and that his mental state is not stable.</p> <p>Request release from immigration detention.</p>	
17.03.2017	HOM032191_0007	<p><b>Mental Health Review (Daliah Dowd, nurse, Dr. Belda, psychiatrist)</b></p> <ul style="list-style-type: none"> <li>• Sleeping better and eating well but keeping himself to himself in room.</li> </ul>	<i>If consideration that [D801] not suitable for detention, unclear why Rule 35(1) not raised, or at a minimum no raising of IS91RA Part C.</i>

		<ul style="list-style-type: none"> <li>Still feels very anxious and would like to be released back to guardians' house.</li> </ul> <p>Plan: this is a "less than ideal placement for him as he needs intensive trauma therapy. Ideally he should be bailed and receive psychological therapy in the community."</p>	<p><i>Also clear that the arrangements at Brook House incapable of dealing with the kind of trauma-related mental health problems that [D801] was suffering from.</i></p>
	BM356	<p><b>Refusal of Temporary Admission</b> on basis that [D801] health "is currently managed by the healthcare department at Brook House and further submissions are under consideration."</p>	<p><i>This conclusion is drawn without any evidence and contradicts what is said by the psychiatrist, which is [D801] health is not capable of being managed by healthcare in detention.</i></p>
19.03.2017	HOM032191_0008	<p><b>Attempted suicide by ligature at 00.30.</b> Used shoelace which was taken from his room and plastic knives.</p> <p><b>IS91 RA Part C sent to HO.</b></p>	<p><i>No evidence of a Rule 35(2) sent to the HO in respect of this, or Rule 35(1) given this attempted suicide is evidence of detention being likely to be injurious to [D801] health.</i></p> <p><i>It is also not clear whether an IS91 RA Part C was notified to the HO.</i></p>
	HOM032191_0008	<p><b>ACDT Constant Supervision</b> as a result of attempted suicide.</p>	
	HOM032191_0008	<p><b>Medical record:</b> refused medication (ibuprofen), refused to eat, refused RMN support and said he wanted to be left alone, asked for door to be locked to get some sleep.</p>	
	HOM032191_0008	<p><b>ACDT Review (Daliah Dowd, J Williams).</b> States he asked for medication 3 times overnight and wasn't provided with this. He said he couldn't help himself with the attempted suicide but "I am ok now." States no active suicidal thoughts or self-harm ideation.</p> <p>Plan: hourly observations during the day. Constant supervision at night.</p>	

	HOM032190_0003	<b>GCID:</b> notes attempted suicide. ACDT on constant supervision.	<i>No detention review was held in response to the notification of a suicide attempt. No review of the AAR risk level, or consideration of suitability of detention.</i>
20.03.2017	HOM032191_0008	<b>ACDT Review (Karen Churcher, nurse, S webb)</b> <ul style="list-style-type: none"> <li>States he was okay but failed to discuss attempted suicide.</li> <li>Explored coping mechanism but could not identify how he would cope next time this happened again or that it would not happen again.</li> </ul> <p>Plan: same observations levels.</p>	
	HOM032191_0008	<b>RMN Review.</b> Discussed use of rubber bands to relief stress.	<i>This is not treatment and given the escalation to an attempted suicide, not clear the basis upon which this is said to be an appropriate remedy to prevent / militate against further deterioration of [D801] mental health.</i>
22.03.2017	HOM032191_0009	<b>ACDT Review.</b> Presents a little more positive. Still needs to be encouraged to spend time outside room. <p>Plan: observations decreased to half hourly at night and every 2 hours during the day with 1 conservations</p>	
23.03.2017	HOM032191_0009	<b>Mental health review (Karen Churcher, nurse, Dr. Belda, psychiatrist)</b> <ul style="list-style-type: none"> <li>Informed of attempted suicide. [D801] thought it was that his medication had been stopped.</li> <li>[D801] still cannot bring self to talk about the trauma that he was a victim of although aware that trauma therapy was only way forward.</li> </ul>	<i>No consideration of Rule 35(1) or Rule 35(3) in the circumstances given recognition, it would appear, of the credible history of torture.</i> <p><i>No evidence that the advice on treatment conveyed to HO as well as the concern that he cannot be treated within detention.</i></p>

		Plan: EMDR plus trauma therapy are evidence based intervention for treatment of <b>D801</b> condition but “ <i>cannot be applied at Brook House.</i> ” Will have regular RMN sessions.	
<b>27.03.2017</b>	HOM032191_0009	<b>ACDT Review.</b>  Plan: Observation levels reduced to 3 hourly during the day 2 hourly at night with 2 conversations a day.	<i>Unclear the basis upon which ACDT observations are downgraded given the mental health review and recent attempted suicide.</i>
<b>29.03.2017</b>	HOM024825_0001	<b>Detention Review (28 days) (Vipalas Patel)</b> <ul style="list-style-type: none"> <li>• Notes 21.03.2017 entry that there is need to review risk level and continued detention</li> <li>• 27.03.2017 – fitness for detention request made to healthcare.</li> <li>• Notes further submissions made on 14.03.2017. States timescale for barrier to be resolved is 2 weeks and removability within 3-4 weeks.</li> <li>• Notes ACDT increased to constant supervision but maintains AAR Level2 and no risks rendering unsuitable for detention.</li> </ul>	<i>Even though ACDT increased to constant supervision – indicates deterioration in MH. But still says AAR Level 2 and no risks rendering detention unsuitable.</i>  <i>Also the removability timescale no different to the 14 day review even though nothing had been progressed in the 14 days.</i>
<b>30.03.2017</b>	HOM032191_0010	<b>Mental health review (Dalia Dowd, nurse, Dr. Belda, psychiatrist)</b> <ul style="list-style-type: none"> <li>• No changes to clinical presentation. Still feeling anxious, making very poor eye contact.</li> <li>• Had been seen by Dr. Steen (Medical Justice) who identified him as suffering from a psychotic disorder (which Dr. Belda did not agree with).</li> </ul> Plan: needs specific trauma therapy which cannot be provided within Brook House. Although deemed unsuitable for s. 48 hospitalisation, also not fit to be at Brook House either s cannot receive appropriate treatment	

		Should be released on health grounds.	
31.03.2017	HOM029010_0001	<b>IS91 RA Part C (Dr. Belda, consultant psychiatrist)</b> <ul style="list-style-type: none"> <li>• [D801] needs specific trauma therapy “which cannot be provided within Brook House.”</li> <li>• He is not fit to be at Brook House (even though not suited for transfer under s. 48 to hospital) as “he cannot receive appropriate treatment.”</li> <li>• Should be released on health grounds.</li> </ul>	
	HOM032190_0003	<b>GCID:</b> notes Dr. Belda’s view.	<i>No consideration of whether to maintain detention in the light of what Dr. Belda has said, which is explicit and about [D801] being unfit to be detained. At this stage there are outstanding further submissions pending.</i>
01.04.2017	CJS001237_0003, CJS001308_0002	<b>ACDT (E Wing):</b> observations every 3 hours, 2 observations an hour at night.	
03.04.2017	HOM028619_0001  HOM032191_0011 (Med notes)	<b>Rule 35(1) (Dr. Chaudhury)</b>  <u>MH:</u> has severe PTSD (diagnosed by Dr. Belda). Tried to kill himself by putting ligature around neck. Said that nurses were not bringing him medication. Cannot bring himself to talk about trauma. Aware that trauma therapy is only way forward.  Dr Belda disagrees with MJ Dr. Steen on psychotic disorder. No psychotic symptoms but correct on risk assessment in terms of self-harm and suicide.	

		<p><u>Treatment</u>: EMDR plus trauma therapy needed – but cannot be applied at Brook House. Has regular sessions with RMN.</p> <p><u>Dr. view</u>: not fit to be at Brook House because need specialist treatment that cannot be provided at BH. Exhausted resources at BH. Continued detention in MH without appropriate management – the risks are serious within weeks.</p> <p><b>D801</b> not engaging but had previously engaged. Highlights the significance of deterioration.</p>	
	HOM032190_0004, HOM029013_0001	<b>Released from Immigration Detention</b>	
	HOM024733_0001	<b>Response to Rule 35(1)</b> . Accepted as Adult at Risk and detention reviewed in accordance with AAR policy. But at point of R35(1) being received, detainee already released from immigration detention	
26.05.2017	HOM028528_0001	<b>Bhatt Murphy Letter to HO re: proposed claim for unlawful detention.</b>	
06.09.2017	HOM028501_0001	<b>Medical Justice Letter regarding <b>D801</b> mental health</b> and fitness to travel to Liverpool to submit fresh claim. Dr. Steen saw him three times in June / July 2017 to prepare an MLR. Significant level of distress.	
25.10.2017	HOM028853_0001	<b>Medical Justice Medico-Legal Report</b>	
20.01.2019	HOM029578_0001	<b>Dr. Dhumad Psychiatric report (Immigration and Asylum )</b>	
08.10.2019	HOM024998_0001	<b>Grant of refugee status.</b>	

