

would not be deported straight from prison and that it was likely that he would soon be transferred to an immigration detention centre. It was noted that he was able to maintain good eye contact and engaged well, was smiling in a relaxed manner and was able to speak clearly about the events which had led to his admission to a healthcare bed.

11.1.33. There were no particular concerns raised over the next few days and on 27 March 2017 he was discharged to House Block 4 with a plan to follow him up with a welfare visit and outpatient appointment with Dr Daly on 24 April 2017.

11.1.34. 29 March 2017: He was provided with a welfare visit where he reported that sometimes he suffered from nightmares about possible deportation.

11.1.35. 4 April 2017: Medical records suggest that he was admitted again on ACCT on account of making threats of suicide and was subject to three observations per hour.

11.1.36. 5 April 2017: He was transferred to Brook House Immigration Removal Centre.

12. EXPERIENCE OF BROOK HOUSE IMMIGRATION REMOVAL CENTRE

12.1.1. At interview, he told me that he found the prospect of moving to Brook House scarier than being at HMP Belmarsh as he had no idea what to expect. As it turned out, he told me that he felt worse at Brook House compared to Belmarsh because it was less predictable and one had no idea what was going to happen next. He told me that during his time in immigration detention he had the recurring intrusive thought that he would had to decide whether he was going to die at Brook House or in Egypt. He reported that he tried several times to kill himself at Brook House and was treated very badly by the staff there. However, given his previous experience, he had come to the conclusion that there was no point complaining.

12.1.2. He said that at Brook House there were particular times during the day when he was not locked up, and that he spent the first 15 days in a single room before then sharing. He told me that he was taken to E-wing frequently. He said that this experience was terrible throughout the time that he was at Brook House and that the mental health nurse "did nothing".

12.1.3. At his interview with Dr Thomas, the following is noted (source b):

158. **D1527** reported in interview that this manager had said things to him showing an absence of compassion, such as that he must eat as otherwise 'you are causing us a lot of work and trouble' and similar things, rather than expressing any concern for his mental state.

159. **D1527** also reported having experienced racism at times from IRC staff, including, he said, a guard who had said to him aggressively 'what do you need to go to the fxxxing **Sensitive/irrelevant** for?' when he had asked for leave from E-Wing to attend **Sensitive/irrelevant** **D1527** said that he has also experienced other IRC guards

threatening to deport him, swearing at and/or disrespecting him or his religion. His view is that this does not occur to other detainees as much as he, from his own observations and he considers that this may be due to IRC officers coming to conclusions about him based on his case file, particularly assuming that he is a sexual offender.

- 12.1.4. Unless referenced otherwise, the following details are taken from his healthcare and immigration records. 4 April 2017⁵: The mental health referral form noted that he was not seen on admission but that he was on ACDT due to suicide threats. He stated that he was on antidepressants but that they had not helped. He was described as quiet on admission and had a history of self-harm but did not want to elaborate. The mental health nurse, on the referral form, ticked the following boxes: stress related, torture related, immigration issue, depressive disorder and suicide/self-harm.
- 12.1.5. 7 April 2017: It was noted that he would not maintain eye contact and was unhappy about the fact that he had had to wait a couple of days for his medication to arrive. He reported feeling frustrated with regard to his immigration status and reported difficulty sleeping, particularly because he was unable to occupy himself if he was unable to sleep.
- 12.1.6. On or around 9 April 2017, an officer at Brook House IRC called Calvin hit the Claimant's head against a table and bent back his fingers. The officer admitting this features at between roughly 21 minutes and 24 minutes into the Panorama documentary. No record was made of the incident by staff at the detention centre.
- 12.1.7. 9 April 2017: It was noted that he had a superficial cut on his left wrist which was washed with soap. It was not thought that it needed any stitches and a dressing was applied. It is not clear from the medical record when his left wrist was cut. He was put on ACDT (a self-harm reduction strategy). Notes on 13 April 2017 record that the Claimant tried to kill himself this day.
- 12.1.8. 12 April 2017: He had a pre-assessment for a Rule 35 report and had a mental health appointment scheduled for that afternoon. He was noted to be eating and drinking and had not self-harmed since his last review. His observation levels were reduced to four-hourly with "one conversation daily". He disclosed aspects of his background to Dr Oozeerally (see 'Background information' above). He was later seen by a mental health nurse and disclosed a little more of his previous experiences in Egypt. He presented as low in mood and tearful at times. It was noted that his affect was blunted with poor eye contact and he was quietly-spoken. There were signs of anxiety but no agitation at that time. There were no visible signs of psychosis or thought disorder. It was thought that he presented as depressed although it was noted that he had not taken his medication for

⁵ I assume that this should have been dated 5 April 2017, the date that he was transferred to Brook House.

the last few days. He had superficially self-harmed at the weekend and stated that he had current thoughts to kill himself. When asked how, he reported considering the use of his bed sheet to suspend himself and then kicking over a chair. He reported only sleeping for about four hours a night and he was reported to have looked visibly tired. He stated that he suffered from nightmares which woke him up. He was observed not to appear as though he had lost weight and it was reported that he tried to keep himself busy by playing pool. A Rule 35 appointment was booked for the following day.

12.1.9. 13 April 2017: He was seen again by Dr Oozeerally. He reported that during the two days of torture in Egypt and being attacked with a knife on the first day, he was deprived of food for the remainder of the time and beaten with fists to his face and his body. He also reported that his attackers would sometimes use wood and sticks. He said that he had tried to kill himself whilst at HMP Belmarsh and had no regrets about this. He reported suffering from negative thoughts every day and having tried to end his life three days previously. He was subject to ACDT and a Rule 35 report (torture allegation) was completed. Later that day, it was noted that his mood continued to be very low and that his negative outlook could not be altered. He reported that he was not sleeping well and that his mood and thoughts were worse at night. He reported waking about 10 times every night and feeling as though he needed a higher dose of his antidepressant medication or the help of a sleeping tablet. He still suffered suicidal thoughts but reported that he managed not to act on them. His mood was noted to be better the following day.

12.1.10. The details of the Rule 35 report are found in the immigration documents (source I). It was documented that

Sensitive/Irrelevant

There was further scarring above his

Sensitive/Irrelevant

Sensitive/Irrelevant It is noted in his immigration documents that although the medical practitioner concluded that his account of being a victim of torture was credible, "he was unsure whether detention was having a deleterious impact" upon him as he had tried to harm himself whilst he was in the community.

12.1.11. 17 April 2017: He appeared very upset and reported that he had not been having a good day. He was questioned but did not want to elaborate. Later that day, he complained of shortness of breath, poor sleep and forgetfulness. He also reported that he had self-harmed that afternoon by cutting his left upper arm. Three superficial marks were observed but did not require dressing. He said that he did not know if he was continuing to suffer from thoughts of self-harm or suicide. He was on two-hourly observations at the time.

12.1.12. 18 April 2017: He again appeared very low in mood, mumbling at times when answering questions. It was noted that he had not been taking his prescribed medication for the previous three days because he kept forgetting to collect his medication. He was

encouraged to continue socialising and he was not thought to be suffering from any active or current thoughts of suicide or self-harm. [Irrelevant and sensitive] was added to his prescription. In addition, following the Rule 35 report, it was concluded that his continued immigration detention was appropriate.

- 12.1.13. 19 April 2017: Day 1 of food refusal.
- 12.1.14. 21 April 2017: He would not maintain eye contact and it was noted that the Home Office had not released him from Immigration Detention despite receiving a Rule 35 report. The following is noted in his healthcare records: *"It was explained that often if there is a risk that he may harm himself, they will not release as detention is a safer place for him. He then stated he just wants to die. It does not matter in here, outside or in another country. When asked why he wanted to die, he could not answer."*
- 12.1.15. 22 April 2017: He stated he was drinking water but did not feel like eating. He was later found to be increasingly non-communicative, providing only monosyllabic answers with poor eye contact. At other times he was noted to be playing pool and laughing with fellow detainees but continued to state that there was no point in anything.
- 12.1.16. 23 April 2017: He reported suffering from headaches but declined any painkillers. He stated that he could not sleep, that the [Irrelevant and sensitive] was not helping him much and that he would like something stronger. He also reported that he sometimes heard voices telling him what to do but could not elaborate any further.
- 12.1.17. 24 April 2017: He had cut himself but declined to show staff his arms and did not want to speak to anybody. It was explained to him that if he did not let staff observe his wounds then he would have to be moved to an observation room. He eventually agreed to show staff his arms and two superficial cuts on his left wrist were noted. When asked what the motivation was for cutting himself, he said that he did not know. It was decided that he should be moved to the E Wing. He did not want to engage in conversation for the rest of that day and did not allow staff to complete physical health checks. His [Irrelevant and sensitive] was stopped and he refused to take any medication until returned to the normal wing. The records indicate that on this day he also placed his bed sheet around his neck and attempted to tie a ligature. This was removed by staff.
- 12.1.18. 25 April 2017: He reported not to have eaten or drunk for several days although it was noted that the officer on constant supervision of him confirmed that he had drunk and eaten the previous day. He later refused to return to E Wing⁶ and had placed a ligature around his neck which was removed by staff. He then put a mobile phone battery in his mouth which was later removed. He was also noted to have gone to the toilet and

⁶ There is reference in his records to being subject to DC Rule 40 (removal from association under the Detention Centre rules 2001) for refusing to return to Eden Wing under constant supervision and not complying to any lawful orders given to him from officers.

attempted to self-strangulate. He presented as angry and not engaging with staff. His hands were removed from his neck by staff and he was noted to be hyper-salivating. It was noted to be impossible to take any observations of his physical health and slight redness was noted on his neck. He was continued on constant observation. He later asked for sleeping tablets; it was explained to him that his [Irrelevant and sensitive] was no longer prescribed.

- 12.1.19. The medical records of this day need to be put in context of what is shown on the Panorama footage (described above) and in particular that the nurse present during the assaults was directed not to write up the incident.
- 12.1.20. 26 April: It was noted that this was day 5 of his food refusal⁷. He later said that he would kill himself because he would rather die in immigration detention than to be sent back to Egypt.
- 12.1.21. 27 April 2017: Day 6 of food refusal. He reported that he did not feel like eating but was drinking tea and coffee with milk and sugar. He reported suffering from nightmares and again requested sleeping tablets. His dose of [Irrelevant and sensitive] was increased to [sensitive] a day. Observation levels were reduced to hourly and he was later seen on the wing, playing pool, socialising and smiling with fellow detainees. Also on 27 April 2017, Duncan Lewis Solicitors wrote to the Healthcare Department at Brook House Immigration Removal Centre (source l), noting that he had previously been assessed by Dr Oozeerally on 13 April 2017 for a Rule 35(3) report which stated that the effect of detention on their client's health was "unclear" (source h). In light of their client refusing food and stating active suicidal intention, Duncan Lewis Solicitors requested that this assessment was urgently reviewed.
- 12.1.22. 28 April 2017: He continued to ask for [Irrelevant and Sensitive] but was now back in the general wing, appearing more responsive and brighter in mood.
- 12.1.23. 30 April 2017: Day 1 of another episode of food refusal. He reported, however, that he was drinking fluids on a regular basis. Later that day, he complained of abdominal pain as well as noting that over the last few days he had felt as though something was moving through his body and claimed that his heart was beating quickly. He reported that he had started to eat that day, small amounts only. He was noted to have a low grade fever and Paracetamol and oral fluids were suggested.
- 12.1.24. 1 May 2017: Food refusal day 2. He refused to engage but was noted to have coughed up blood that morning. The healthcare record then suggests that this happened five days ago. He was advised that he must start to eat and it was queried whether [Irrelevant and sensitive] on an empty stomach was causing him to suffer from abdominal pain.

⁷ The implication is that the officer's report the previous day was not relied upon.

- 12.1.25. 2 May 2017: Food refusal day 3. He reported that he ate some dates and fizzy drinks the previous day but declined to have his physical observations completed. When seen by a mental health nurse, he reported vomiting blood as well as suffering from abdominal pain. He reported suffering from headaches and formication in his legs. His sleep pattern was reported to be disturbed as he kept waking up through the night. His appetite was poor. He described clear intrusive memories and vivid imagery of the tragedy in which he was the victim⁸. He reported to the mental health nurse that he was sent to prison for an offence that he did not commit and that, despite being found not guilty, was nevertheless incarcerated. It was noted that he had made three attempts on his life, two by hanging and one by cutting. He was diagnosed with post-traumatic stress disorder and it was suggested that he might also be suffering from hyponatremia secondary to [Irrelevant and sensitive]. It was suggested that [Irrelevant and sensitive] may also increase the possibility of gastric bleeding. His [Irrelevant and sensitive] was therefore reduced from [Sensitive/Irrelevant] and [Irrelevant and sensitive] was started at a dose of [Sensitive/Irrelevant] nocte. It was noted that [Irrelevant and sensitive] was a more appropriate medication for PTSD than [Irrelevant and sensitive] and the plan was to increase this dose after six days to a dose of [Sensitive/Irrelevant] at night.
- 12.1.26. 3 May 2017: Food refusal day 4. He reported that he ate bread the previous day and he continued to drink regularly. He declined to have his physical observations completed.
- 12.1.27. 4 May 2017: Food refusal day 5. He stated he had eaten small amounts of food and was drinking water. He jumped on to the suicide netting, witnessed at 5:30 p.m., and was then restrained to move him from D Wing to E Wing (referred to as the Care and Separation Unit in source I). On examination, 15 minutes later, it was noted that he had suffered a small scratch on the inside of his left wrist. He refused a plaster and the wound was noted not to be bleeding. He stated that he was okay. He was no longer on constant observations and he reported to be happy on the Wing. He was advised that if he had any issues, he should speak to officers and not jump on the netting again which he was noted to have understood.
- 12.1.28. According to immigration documents (source I), he was restrained after coming off the Delta Wing suicide netting and spending half an hour in another detainee's room. When approached, he started to fiddle with his pockets and refused to empty them out or remove his hands. It was feared that he potentially had something that he could harm himself or others with and force was used to prevent this and relocate him to Eden Wing. He was watched constantly for a couple of hours after the use of force and a full search was also conducted with nothing found (source I).
- 12.1.29. 5 May 2017: Food refusal day 5. He refused physical observations and declined to say

⁸ It is not clear which tragedy is being referred to from the notes.

- when he had last had a drink. He did not attend his mental health appointment and was later seen socialising with friends.
- 12.1.30. 6 May 2017: Food refusal ongoing. He stated that he ate and drank the previous day.
- 12.1.31. 7 May 2017: Food refusal day 7. He reported that everything was okay but refused to engage.
- 12.1.32. 8 May 2017: It was noted that he had no thoughts to self-harm and was happy that he was no longer on E Wing. He reported having problems sleeping and observation levels were planned to continue until further review on 11 May 2017. He reported having problems with anger, noting that he would get angry very quickly and that sometimes he felt as though he was on the outside looking down on himself. He also reported suffering from flashbacks but was unable to identify any triggers or to understand the reasons for them.
- 12.1.33. 10 May 2017: He reported having had a dream in which he saw a friend covered in blood. He said that his sleeping tablets were not effective.
- 12.1.34. 11 May 2017: A new episode of food refusal started. He did not wish to engage in conversation or have any physical health checks done. He reported drinking on a regular basis.
- 12.1.35. 12 May 2017: Food refusal day 2. He refused to engage.
- 12.1.36. 13 May 2017: He did not attend his mental health review appointment. A further appointment was made for 17 May 2017.
- 12.1.37. 14 May 2017: Day 4 of food refusal. He refused to engage.
- 12.1.38. 15 May 2017: Food refusal continued, and again he did not allow any physical health checks to be carried out.
- 12.1.39. 16 May 2017: Food refusal day 6.
- 12.1.40. 17 May 2017: Food refusal day 7. He stated that he had not eaten the previous day but did drink water. He declined to have his physical health observations completed. He said that he did not want to apply for bail and wished to spend his life at Brook House Immigration Removal Centre. His observation levels were decreased only to mealtimes during the day and two observations at night. He was seen by a doctor who noted that there was confusion over whether he needed to be on two antidepressants or one. When he saw the mental health nurse he spoke at length about his detention, his thoughts and feelings. He again expressed concern about his anger and reported that he did not feel that the medication was helping him. He reported that detention was making him mentally unwell but was *"reassured that he is under stress and that this is a normal reaction"*. He requested that the GP increase his dose of medication.
- 12.1.41. 18 May 2017: Food refusal day 7. He reported that he had been drinking fluids. His Irrelevant and sensitive was increased to a dose of Sensitive/Irrelevant.
- 12.1.42. 19 May 2017: Food refusal day 8. He reported that he had eaten chocolate and drunk

- juice the previous day.
- 12.1.43. 20 May 2017: Food refusal day 9. He complained of blood in his mouth on waking but was advised that all the blood test results had come back in the normal range. He did not attend his mental health appointment.
- 12.1.44. 21 May 2017: Food refusal ongoing. He declined to have any observations completed and did not attend his appointment with the mental health nurse.
- 12.1.45. 22 May 2017: Day 11 of food refusal. He said that he did not want Healthcare staff to come in to his room in relation to this.
- 12.1.46. 23 May 2017: Food refusal continuing. He refused to have physical health checks completed and repeated that he did not want the Healthcare staff to enter.
- 12.1.47. 24 May 2017: Day 14 of food refusal. He declined to engage, waving the mental health nurse away. He did not attend his GP appointment.
- 12.1.48. 25 May 2017: Now recorded as refusing food and fluids for 15 days and declined to engage. He reported suffering from headaches and was prescribed Paracetamol.
- 12.1.49. 27 May 2017: Food refusal ongoing, day 17. It was reported that he ate dinner the previous night although he declined to have his physical observations completed.
- 12.1.50. 28 May 2017: He did not attend his appointment with the mental health nurse.
- 12.1.51. 30 May 2017: He was noted to be praying at the time that he was due his medication. When he finished praying, he started shouting, telling the staff nurse to go to the other detainees and then come back, or that she should leave his medication so that he could take it later.
- 12.1.52. 2 June 2017: He did not attend his appointment with the mental health nurse. It was noted that this was the fourth appointment that he had not attended and he was therefore discharged from the caseload.
- 12.1.53. 13 June 2017: He was seen by the mental health nurse having requested an appointment the previous day. It was noted that he was orientated to time, date and place and that he appeared calm and settled in mental state. He said that he was tired of being at the Immigration Detention Centre and wanted to be released. He said that his mind was always busy, but that his concentration was poor and that he was forgetful. According to the mental health nurse, he did not appear to be suffering from poor concentration at the time of the appointment and was paying close attention to questions asked and communicating effectively. He did not appear to be suffering from any thought disorder, psychosis or depressive disorder. He said that his "main problem is that I want to get out of here". He confirmed that he had been eating and drinking but that his appetite fluctuated. He denied any thoughts of suicide or self-harm.
- 12.1.54. In his witness statement of 6 June 2017, he said that when moved to Brook House he was extremely worried that he would be put on a plane. In addition, he said that he hated going to "E Wing" because he had to spend the whole time locked up by himself, just like

he was at Belmarsh. In an attempt to avoid being taken to E Wing, he would avoid telling staff how he was feeling but then his mood would worsen until he started to hurt himself at which point they moved him to E Wing in any case. He stated in his witness statement of 6 June 2017 that he tried to kill himself on a regular basis and that staff had taken away anything that he might use to harm himself. Once they did that, he said that he stopped eating to try and end his life that way instead. He commented that he did not know how much he weighed because he would not let staff weigh him – he reported that they were not nice to him and he did not like it when they came into the room. In his witness statement, he stated that he wished to go back to living with his friends in [Sensitive/irrelevant] back to the life he had before he was arrested. He noted “I have friends outside of detention and my support worker to help look after me”.

12.2. BBC Panorama “Undercover: Exposing Britain’s Immigration Secrets”

12.2.1. My letter of instruction (source n) contains a helpful summary of the documentary and [D1527]’s part in it. All the material in this section, unless stated otherwise, comes from source n.

12.2.2. On 04 September 2017, BBC Panorama aired a documentary entitled Undercover: Exposing Britain’s Immigration Secrets. Following the release of this documentary, [D1527] [D1527] informed his legal representatives that he was featured in three incidents shown under the pseudonym “Abbas”. Inspection of the documents related to his case and discussions with the police in relation to an ongoing criminal investigation confirm that he is indeed the person referred to as “Abbas”.

12.2.3. The three incidents appearing in the documentary related to [D1527] comprise:

- i. Footage of an officer called “Calvin” boasting that he had hit [D1527]’s head against a table and bent back his fingers. This features at between roughly 21 minutes and 24 minutes into the documentary. His legal representatives believe the incident to which he refers may have been on or around 9 April 2017.⁹
- ii. Footage of officer Nathan Ring mocking [D1527] when he has a phone battery in his mouth; an officer called Yan Pescali then kneeling over him with hands around his neck choking and verbally abusing him; that officer then directing the nurse not to write up the incident; and officers talking about the incident in a derogatory way afterwards. This incident features at between roughly 46 and 53 minutes into the documentary. The incident occurred, according to [D1527] medical records, on 25 April 2017¹⁰.

⁹ From the chronology created from his health care records above, it is clear that there is no record of this abuse. The record from 9 April 2017 mentions only a superficial cut on his left wrist.

¹⁰ The footage, as described in source n, does not include the assertion that he tied a ligature around his neck that had

- iii. Footage of [D1527] on the suicide prevention netting before being put into segregation. This features at between roughly 55 and 57 minutes into the documentary. The event occurred on 4 May 2017 according to his medical records.
- 12.2.4. [D1527] has provided his legal representatives with instructions as to his recollection of the events of 25 April 2017. Of note, he has little recollection of the first incident that appeared in the documentary (around the 9 April 2017) as he has stated that he was suffering flashback at the time.
- 12.2.5. With regard to the series of events on 25 April 2017, he has reported that he cut his t-shirt and tied this around his neck, and attempted to hang himself in the toilet. An officer came to stop him, and cut the t-shirt with a knife or something similar. He was then placed on the floor, and then told to get on to the bed. After a short while, he then took the battery out of his phone and put it in his mouth. He was mocked by detention centre officers and managers. The battery was removed forcefully from his mouth.
- 12.2.6. He then attempted to self-strangulate using his hands. Several officers rushed into the room after one officer called for help. He was then pinned down on the floor while one officer, Yan Pescali, sat on his head. Yan Pescali then placed his hands around [D1527]'s neck and began to choke him. [D1527] can be heard on the footage choking and spluttering. The officer strangling him can be heard threatening [D1527] saying "Don't fucking move, you fucking piece of shit. I'm going to put you to fucking sleep." [D1527] has reported that during this he had a panic attack and was hyperventilating. He was then left on the floor while officers berated him. The same officer who strangled him can be heard saying: "Come on, we're getting bored of this now. Come on. Oi. What are you? A man or a mouse? Come on, stop being a baby." A nurse saw him briefly but can be seen in the documentary as deliberately not writing down that the client was strangled in the medical notes. The same can be seen in the medical records disclosed, which make no reference to this incident.
- 12.2.7. [D1527] has provided further detail of the third incident (involving the suicide netting on 4 May 2017) to his legal representatives. His medical records indicate that the day in question was day 5 of a period of food refusal. The canteen worker had refused to give him a plate as she claimed he had already eaten. When a plate was finally given to him, he reported to his legal representatives that he broke it, took a shard of the broken plastic and jumped onto the suicide netting. He threatened to jump onto the floor down the stairs

to be removed by staff. The notes simply state that the battery was removed, and that his own hands were removed by staff (to stop him self-strangling). The notes record the fact that there was redness on his neck. The notes imply that this was secondary to his attempt to self-strangulate but, of course, the footage makes it clear that this redness may also have been caused by Yan Pescali's (staff member) hands around [D1527] neck. Indeed, the hyper-salivation mentioned in his notes may also have been secondary to Yan Pescali's choking of [D1527] (rather than [D1527] attempts at self-strangulation).

(which were exposed). He then said that he was talked down by two detainees, and went into their room. Following this, he reported that around 6 guards rushed the room and dragged him forcefully to E-wing. He told his legal representatives that excessive force was used on this occasion.

13. REPORT OF DR THOMAS, PSYCHOLOGIST

13.1.1. Dr Thomas interviewed him on 20 May 2017 with an Arabic interpreter in attendance at Brook House Immigration Removal Centre. When he spoke to Dr Thomas about the murder of his friend [Name Irrelevant] in Egypt, his eyes closed over, he became frozen in expression and posture and appeared dissociated. He then immediately asked to leave the room for a break and returned after five minutes. According to Dr Thomas, he was suffering from major depressive disorder secondary to his past and current life circumstances, with a secondary diagnosis of (complex) post-traumatic stress disorder. In her opinion, his depressive condition was severe with acute suicidality and his PTSD moderate-severe. In her view the severity of his symptoms placed him at significant psychiatric risk and he also showed psychotic features of depression. He reported that he heard the voices of his dead friend [Name Irrelevant] and others including [Name Irrelevant] family, saying that all the voices were malevolent: "They tell me that my life is finished and that I should die".

13.1.2. Dr Thomas noted that, should the International Classification of Diseases Version 11, include a distinct diagnosis of complex trauma, then he would undoubtedly meet such a diagnostic category. She opined that the symptoms of major depressive disorder and post-traumatic stress disorder were "entirely caused by the reported, cumulatively traumatic life events which occurred to him in Egypt and en route to the UK as described above". She said that "also of causal significance, there is the fear of return to Egypt now, where he clearly believes (rightly or not) that he will be at significant risk of further harm". She considered that he was likely to be suffering from "survival guilt" in relation to the murder of his friend [Name Irrelevant] in Egypt.

13.1.3. She noted that he identified as [Irrelevant and sensitive] and had had experiences with [Irrelevant and sensitive]. [Irrelevant and sensitive] She noted from his medical records that on 4 April 2017, he refused to disclose his [Irrelevant and sensitive] to staff on routine screening. In her opinion, this would be an unusual action if he did not feel ashamed of [Irrelevant and sensitive] and she considered that this recorded entry was therefore likely corroborative evidence of her above hypothesis. She was of the opinion that he should be excused from giving evidence on the grounds of significant psychiatric ill health.

14. CURRENT CIRCUMSTANCES

14.1.1. At interview he told me he was living in a shared house in [DPA] The house normally contained five individuals but was currently housing three, all in a similar

situation to him. He told me that he did not feel safe there given that he had never met these people before and, although he talked to them on a superficial basis, he did not consider any of them to be friends. He told me that he had been living there since his release from Brook House.

14.1.2. When asked how he occupied himself, he told me that he stayed at home doing nothing, occasionally watching television. He told me that he had to go to [Sensitive/Irrelevant] once a week to report for immigration purposes and was in receipt of [Commercially sensitive] that was transferred to his bank account. In terms of social contacts, he said that he spoke to a friend of his whom he met whilst in college in the UK.

14.1.3. He told me that he last saw a GP [Sensitive/Irrelevant] who had given him medication but that he was planning on seeing another GP [Sensitive/Irrelevant] the next day. He could not remember if he had seen a psychiatrist in [Sensitive/Irrelevant] but indicated that he had seen a mental health professional on one occasion since leaving Brook House. He told me that he goes to see a "listener" every week and would be agreeable to seeing a psychiatrist if one was available.

15. MENTAL STATE EXAMINATION

15.1.1. Mr [D1527] presented as man of medium build who walked slowly to the interview room, with his head bowed. His handshake was limp and he avoided establishing eye contact throughout the interview. His speech was slow and mumbled and, on several occasions, I had to repeat what I had thought I had heard him say to confirm or otherwise. His vocabulary appeared limited, particularly for the type of in-depth interview that was being conducted, and I was of the opinion that the interview would have been assisted by an Arabic interpreter. I acknowledge, however, that he did not think that an interpreter would have helped and that his legal representatives have also not had any difficulty taking instructions from him.

15.1.2. He rated his mood currently as 4 out of 10, 0 being the worst he had ever felt and 10 being the best. He told me that when he was at Brook house his mood was nearly 0 out of 10 the entire time. He told me that he was reluctant to eat and was overwhelmed by "too many things". He told me that he was particularly angry at himself but was not able to explain the rationale for this. He told me that he could not sleep at the moment, suffering nightmares containing images of blood and people dying. His appetite was poor. He said that he would sleep a maximum of four hours at night, and even then intermittently. He said that he avoided television, particularly if there were scenes of someone dying or someone being killed. He told me that he was easily startled but could not remember a particular example of this.

15.1.3. He reported that he had no interest in anything. He told me that he was not allowed to work and was now subject to an electronic tag and curfew arrangement. He told me that this tag was causing him a significant amount of stress.

- 15.1.4. He told me that even though he had been released from immigration detention, he was now a prisoner again in his own house. He told me that due to the curfew arrangements he could not leave the house when he wanted to and often thought about jumping out of the window and how it would be better to be dead. He told me that he had ideas of jumping in front of a train. He reflected that he came to the UK in order to have a good life. He told me that he was firmly of the opinion that everyone involved in the UK immigration process hated him, and as a result he was forced to live like an animal. He could see no future and kept asking me why he was subject to an electronic tag if he was found not guilty of a criminal offence.
- 15.1.5. I spent a considerable amount of time engaging him in relation to positive thoughts about the future, e.g. what he might want to do should he be allowed to stay and live freely in the UK. This was particularly difficult given how entrenched his inability to think about the future was, but he finally reported that he might want to be a mechanic or a chef if allowed to do so.
- 15.1.6. He reiterated that his experience at Brook House was worse than at HMP Belmarsh, particularly because at any time he thought he could be removed to Egypt.
- 15.1.7. When asked of all the experiences he had suffered what had affected him the most, he told me that the witnessing of [Name Irrelevant] death and his own torture, together with his experience of crossing into Europe on a boat had given him the most psychological difficulty. He said that whilst on the boat he saw someone killing another migrant by throwing him overboard into the sea. He told me that he saw himself dying in these nightmares.
- 15.1.8. Of all the experiences he had had at Brook House, he began by telling me that he found it difficult to accept that "nobody cared if he lived or died". He said that the worst experience was most likely to be when he was on the floor and other officers bundled on top of him. He told me that he suffered flashbacks that appeared to be consistent with severe disassociation. He told me that he tried to kill himself more than four of five times in one day and at one point was only 30 seconds away from death. He told me that staff had no respect for him or his religion. He said that when he was on the floor and having flashbacks, he became angry and also suffered a panic attack requiring oxygen¹¹.
- 15.1.9. He told me that he told the mental health nurse at Brook House that he felt certain things were moving around his body. He was informed by her that it was one of the symptoms of a panic attack and that it was better to be at Brook House than outside. He told me that he could not believe this advice, and really began to wonder whether living like an animal inside Brook House was genuinely better than being outside of it.

¹¹ It is unclear whether this incident occurred in immigration detention at Brook House or at HMP Belmarsh – the only other reference to requiring oxygen in his account occurs in the context of events at HMP Belmarsh.

- 15.1.10. He told me that he had suffered from auditory hallucinations, particularly at Brook House when he heard someone saying "come to me" in Arabic. When asked, he told me that he thought the voice belonged to [Name Irrelevant] but he was not sure. He told me that he continued to suffer from auditory hallucinations now, although these were only evident when he was trying to fall asleep.
- 15.1.11. When asked about visual hallucinations he told me that he thought he did suffer them from time to time, but was not sure whether these were flashbacks. He told me that he could see people dying, in the context of the torture that he suffered next to [Name Irrelevant] as well as people drowning having been thrown off the boat. He told me that he could see images of people fighting on the boat.
- 15.1.12. He could not tell me whether the auditory and visual hallucinations were worse at HMP Belmarsh or at Brook House but he felt as though his mind was "full, going to burst".
- 15.1.13. It was beyond the scope of our assessment to do a full cognitive screen, but he appeared to be grossly orientated to time, place and person and did not appear acutely confused at any time during the course of our interview.
- 15.1.14. As noted above, he told me that he goes to see a "listener" every week and would be agreeable to seeing a psychiatrist if one was available.

16. OPINION AND RECOMMENDATIONS

- 16.1.1. I have set out my opinion and recommendations in the same order as my instructions, detailed in full in Section 2 of this report.

16.2. Completeness of healthcare records

- 16.2.1. The chronology that I have completed of Mr [D1527] time in immigration detention is contained in Section 12 of this report. In that section of the report, I have referenced all sources of information. Although the vast majority of that chronology is informed by his healthcare records, there is some detail in other documents (for example his immigration documents) that is not contained therein. For example, on 4 May 2017, Mr [D1527], having jumped on to the suicide netting, was restrained and taken to E Wing. His healthcare records do not contain any rationale for the restraint but his immigration documents (specifically in this case the "Maintenance of security and safety notice (DC Rule 40)) indicate that he "started to fiddle with his pockets and refused to empty out his pockets or remove his hands" that gave the staff cause for concern that he may be hiding a risk item that he could use to harm himself or others. Mr [D1527] own report is that, having gone into the room of the two detainees who talked him down from the suicide netting, six guards rushed the room and dragged him forcefully (excessively so) to E-wing.
- 16.2.2. The most significant discrepancy between actual events and his healthcare records, however, is evident from the footage contained in the BBC Panaroma documentary.
- 16.2.3. The footage shows an officer boasting that he had hit Mr [D1527] head against a table

and bent back his fingers. According to [D1527] legal representatives, this incident may have been on or around 9 April 2017. Nothing in [D1527] healthcare records indicate any such events having taken place. His health care records indicate that [D1527] presented with a "superficial cut on his left wrist which was washed with soap" – it is not clear from the records what caused this cut.

16.2.4. Following this kind of abuse from staff to detainees, I would have expected a number of processes to have triggered immediately. Other than the immediate physical health check of [D1527] to assess him for any injuries, there was certainly an obligation on all staff that overheard the comments of the officer to have reported them immediately to the senior management of the immigration removal centre. There then should have followed a number of immediate discussions that would typically include, but not necessarily be limited to, making a formal safeguarding referral, notifying the police of possible criminal behaviour, consideration of suspension pending an investigation, and consideration of who should conduct the investigation and its terms of reference. Further consideration should then have been made in relation to how the risk of any further such potential incidents perpetrated by other members of staff could be mitigated. There is no documentation that has been made available to me to indicate that the above actions took place.

16.2.5. The footage involving officers Nathan Ring and Yan Pescali occurred on 25 April 2017. Of note, the footage clearly indicates the officer directing the nurse not to write up the incident. I have made clear the content of his health care record from this incident and there is no mention of the serious verbal or physical abuse directed to [D1527] by the officers; on the contrary, the record indicates that officers only assisted [D1527] by removing his hands from his neck, removing a ligature from his neck and removing the battery from his mouth.

16.2.6. My expectations of how abuse (both physical and verbal) of this kind should immediately have been managed are noted above. The footage indicates that there are first hand eye witnesses to the abuse in this case (i.e. 25 April 2017 in the paragraph above).

16.2.7. There is no corroborative evidence from his time in the prison estate to comment as to the accuracy of those health care records.

16.3. Completion of Rule 35 reports

16.3.1. The purpose of Rule 35 is to ensure that particularly vulnerable detainees are brought to the attention of those with direct responsibility for authorising, maintaining and reviewing detention (source e). Rule 35 of the Detention Centre Rules 2001 sets out the requirement for doctors working in immigration removal centres to report on any detained person:

- i. whose health is likely to be injuriously affected by continued detention or any conditions of detention

- ii. who is suspected of having suicidal intentions
 - iii. for whom there are concerns that they may have been a victim of torture
- 16.3.2. One Rule 35 report was completed, following an assessment on 13 April 2017 at Brook House.
- 16.3.3. At the time of his transfer to Brook House (on 4 or 5 April 2017), however, there was written confirmation on the mental health referral form that noted that he was on ACDT due to a risk of suicide and that he was being prescribed antidepressant medication. The referral form also has the 'torture related' box ticked as well as 'suicide / self-harm'. On the assumption that Brook House had no prior information about [D1527] prior to his transfer, it is clear that Mr [D1527] fitted the criteria for an 'adult at risk' according to the Adults at risk in immigration detention policy v2.0, Home Office, 6 December 2016.
- 16.3.4. An individual will be regarded as being an adult at risk if¹²:
- i. they declare that they are suffering from a condition, or have experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention
 - ii. those considering or reviewing detention are aware of medical or other professional evidence which indicates that an individual is suffering from a condition, or has experienced a traumatic event (such as trafficking, torture or sexual violence), that would be likely to render them particularly vulnerable to harm if they are placed in detention or remain in detention – whether or not the individual has highlighted this themselves.
 - iii. observations from members of staff lead to a belief that the individual is at risk, in the absence of a self-declaration or other evidence
- 16.3.5. Mr [D1527] was detained under immigration powers from 9 March 2017. At that point, the prison staff had, the previous month, been so concerned about the risk that he posed to himself that he had been managed under the ACCT framework and had been issued with anti-ligature bedding. The previous month he had also been noted to have been blocking his cell hatch, preventing himself from being observed. In my opinion, this may have been due to two factors, (1) his desire not to be prevented from harming himself should he have decided to do so, and (2) the psychological suffering consequent to being locked in a room and watched (without any evidence of regular engagement). Being 'observed' would have exacerbated his feelings of helplessness and his sense of persecution (e.g. being "treated like an animal"). In my opinion, therefore, at the time of his initial detention under immigration powers, there were certainly reasons to have

¹² Those aspects underlined are, in my opinion, particularly relevant to Mr [D1527] at the time that he was transferred to Brook House, as evidenced by the mental health referral form itself.

- identified Mr [D1527] as an 'adult at risk'.
- 16.3.6. Further concerns about his risk of suicide emerged again on 20 March 2017 at which point he was again managed under the ACCT framework and taken to an anti-ligature cell; the ACCT framework was continued after his review by a consultant psychiatrist on 21 March 2017, but no Rule 35 report was completed.
- 16.3.7. Upon his admission to Brook House on 5 April 2017, his management under the ACCT framework was noted as well as his history of self-harm. The referral checklist identifies "torture related" as being relevant to his presentation. These are further indicators that it would have been appropriate to complete a Rule 35 report.
- 16.3.8. On 2 May 2017, having been assaulted by guards on 25 April 2017, he was diagnosed as suffering from posttraumatic stress disorder.
- 16.3.9. The Adults at Risk policy identifies indicators of when a person may be an "adult at risk" who is particularly vulnerable to harm. In this context it specifically mentions mental health conditions such as posttraumatic stress disorder (PTSD) and depression and states "Even if a condition or impairment can be managed in detention, an individual must still be treated as being at risk as defined by this policy, and the presumption will be that detention is not appropriate".
- 16.3.10. Following the completion of the Rule 35 report on 21 April 2017 no action was taken by the Home Office in relation to his release from detention. He was told by a nurse on 21 April 2017 that his continued detention was due to the risk that he posed to himself, detention therefore being considered a 'safer' place for him (see 12.1.14 above). Mr [D1527] [D1527] reaction to this was simply to state that he wanted to die. In my view this was an understandable reaction because his self-harm was driven by the psychological distress of PTSD and depression exacerbated significantly by continued detention; if the solution presented to him was further detention then he would have lost all hope of any form of relief from his psychological distress other than death. He did not answer when asked why it was that he wanted to die. On 17 May 2017 it is noted explicitly in his health care record that he reported that detention was making him mentally unwell. He was told that this was due to stress and was a "normal reaction".
- 16.3.11. From the time of his initial detention in Brook House to his discharge his presentation from a mental health perspective, as evidenced by his records detailed above, would at any time have justified the completion of a Rule 35 report on the grounds that a competent healthcare worker would have seen that Mr [D1527] health was either (a) likely to be injuriously affected by continued detention; and/or (b) was suspected of suicidal intentions and/or (c) could or would have had concerns that he may have been a victim of torture.