

155. [D1527] said that on one occasion in prison whilst he was being restrained when suicidal, the officer held him so tightly around his neck, that he said he could not breathe properly for several hours afterwards and an ambulance had to be called. [D1527] said that he made a complaint about this incident to the prison management and asked to give a statement to the police about the officer concerned. [D1527] said that this was not permitted however and that when the complaint was internally investigated, it was concluded that the officer concerned had been '*appropriately doing his job*'. [D1527] reported that he disputes this and maintains that the guard used undue force against him. Indeed, he maintains that he could have been killed by the officer and regarded his behaviour towards him as an assault. [D1527] said that he believes that the officer used unnecessary force, possibly due to his reported offending history.

156. In summary, [D1527] reported in this assessment that his experiences of being imprisoned were extremely frightening, stigmatising, traumatic and worsened his mental state, especially his suicidality, which has not improved, he said, since that time.

IMPACT OF ONGOING AND FUTURE DETENTION ON MENTAL HEALTH

157. [D1527] instructs that the adverse treatment which he endured in prison on the grounds of his reported offending history, has continued within the IRC. He said that he

has noted that one of the IRC managers, especially, treats him with some disdain and seems '*prejudiced*' against him. [D1527] again considers that this is likely to be because he has read his file and has jumped to conclusions about him based on whatever he has read. [D1527] did acknowledge, however, that in his current mental state, he may also be paranoid about such matters at times as he feels so sensitive about this area.

158. However, [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 Mosque for?*' when he had asked for leave from E-Wing to attend Mosque. [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.

160. As noted above, [D1527] is frequently taken to the IRC's psychiatric wing, 'E Wing', when he is acutely and recurrently suicidal and there kept under 24 hour per day

observation. [D1527] said that he hates going to E Wing and that it makes him feel 'much worse' in mood and more suicidal when he goes there due to the constant scrutiny, solitary confinement with the exception of the observing officer(s) and lack of any privacy. [D1527] showed little insight into the rationale for his being taken to E Wing in interview, however, stating, '*they are trying to save me, but I don't want to be saved...I just want to be left to die*'.

161. As noted elsewhere, it also appears from [D1527] IRC medical records, that he has told IRC nursing staff that he is better than he is in order simply to be removed from E-Wing and placed back onto the main wing, only then to self-harm again shortly afterwards. This shows the ineffectual nature of such a measure for the containment and management of [D1527] psychiatric risk. In my view the current situation is untenable for both [D1527] and for IRC staff who are not doctors and are trying to do the job of trained medical personnel without the resources and training to do so. In my view, [D1527] should be in a treatment rather than a custodial environment currently and this is described further below.

162. It is my view that [D1527] removals to E-Wing are at best ineffectual therefore and, at worst, are contributing significantly to a very stuck and vicious cycle of self-harming behaviour, solitary containment, worsening mood and increased escalation of self-harming behaviour and intent to die.

163. In terms of future detention, the Home Office policy on adults at risk, refers to a 'risk of significant harm if detained for period likely to effect removal'. It is my view that [D1527] will be at risk of significant harm with further detention. I consider that [D1527] [D1527] mental state will continue to worsen progressively and that his mental state will therefore become worse over the next six months detained, deteriorating at one, three and six months. Continued detention is therefore likely to cause harm, increasing the severity of his symptoms. I consider that if [D1527] is detained for a further three months, which I am instructed is the likely timescale, that the likelihood of a successful suicide attempt will be high to very high, depending on the degree of close supervision he is under. He instructs that he has largely been prevented from a successful suicide to date by the actions of others rather than his own, i.e. he has relied on his roommate and IRC staff intervening to prevent him from ending his life rather than resisting himself. He states that he merely wishes to die and is angry with others for preventing him. There are no evident protective factors in existence to mitigate against a successful suicide as noted above.

FITNESS TO FLY

164. According to the Civil Aviation Authority guidelines, the main areas of concern in terms of fitness to fly for those with psychiatric conditions '*are people whose behaviour may be unpredictable, aggressive, disorganised or disruptive*'. In these circumstances, air travel is seen as being contra-indicated. It can be seen that this is almost an exact description of [D1527] current psychiatric presentation.

183. In my view, he will not manage release without such an interim step in his current psychiatric condition and with his acute suicidality and it will be crucial for him to be fully registered with a GP and provided with an allocated Social Worker, Community Mental Health Team and referral to longer-term psychotherapy (see below for psychological treatment recommendations) to assist with resettlement. He will require safe housing and connections made to supported young adult services. He would benefit from a mentor or worker through probation services to help him reorient his life and to help him prevent recourse to more self-destructive coping strategies. As can be seen, all this requires planning within a properly geared health and social care package of treatment provision.

184. **D1527** is not, in my view, receiving adequate psychological treatment within the IRC. He sees only nursing staff there and says he has not been reviewed by a doctor in the six weeks of his admission, despite his daily suicide attempts. He is prescribed anti-depressant medication which is correct, but this can never alone sufficiently improve his symptoms as described further below. He has not been seen by a psychiatrist, he reports, since being in immigration detention and has not had any access to psychological therapy or counselling. Although he did undergo counselling before his arrest, which he reported to have found helpful, he has received nothing further since this time other than occasional assessments.

185. **D1527** reported that he feels the IRC nursing staff '*don't understand anything about what I am experiencing....they just stop me killing myself and increase my*

medication'. I consider that this is likely to be so, as IRCs are not medical facilities and nursing staff there are not specialists in the longer-term more complex management of individuals with severe and acute mental illness.

186. It is my view that this man should be in a hospital not an IRC setting given he is extremely unwell and traumatised and has been in receipt of little psychological help since the time of his traumatic experiences in Egypt. In light of this, it is my view that it is unsurprising that he has found himself in difficulties with the UK authorities given his levels of untreated mental ill health.

187. **D1527** reported in interview that he is of the view that unless he can be released from the detained environment of the IRC soon, '*that I will go completely crazy*'. I do concur that, if he remains much longer in his current situation, that not only is **D1527** likely to be successful sooner or later in ending his life, but that, even if not, his psychotic symptoms are indeed likely to intensify and worsen, making the likelihood of a psychotic breakdown and the development of a schizophrenic illness a real possibility, as he himself predicts.

ii) Medical and medication needs

188. As described above, **D1527** states that he has barely eaten or drunk in the approximately 6 weeks he has been detained at IRC Brook House. If so, this is likely to be having significant consequences for his physical health. Whilst his extremely poor

eating and drinking, which is part of a picture of acute and chronic depressive disorder, will not improve without treating the underlying depression, it may be that IRC staff have a duty to ensure that [D1527] is eating and drinking a minimal amount each day under medical recommendation and there might be ways of ensuring this, such as high protein/nutrient drinks which he could be prescribed and supervised drinking.

189. It is my view, as stated above, that [D1527] reported levels of low intake of food and fluids is equivalent in its potential impact to severe self-harm in terms of its potential consequences and that this therefore needs to be taken as seriously as his repeated suicide attempts and measures put in place. This will need to be undertaken in a compassionate and non-punitive manner to avoid the experience becoming aversive and worsening rather than improving his situation (e.g. if he is forced to intake food/fluid substitutes in an overly forceful manner as with his experiences of restraint currently). I recommend an urgent review of [D1527] by the IRC doctor to establish a plan for the amelioration of this symptom in a short-term manner. As stated above, it will only be resolved properly when his external situation changes and he is able to feel externally secure and to access needed help and treatment for his overall psychiatric condition.

190. I note that it is recorded in his medical records that [D1527] has a family history of [Sensitive/Irrelevant]. There is also reference in his records to suffering from [Sensitive/Irrelevant]. [Sensitive/Irrelevant] If [D1527] has not yet been screened for [Sensitive/Irrelevant] then I suggest this is also done as a matter of urgency.