

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.