Dr Fatema Sheba Ibrahimi
C/o Medical Justice
86 Durham Road
London
N7 7DT

# Confidential Psychiatric Report

## 20/04/17

**D2077**
**DOB- DPA**

**Instructions/instructed by**

1. I received instructions from Duncan Lewis Solicitors, through Medical Justice and I had access to the documents listed below. The instructions I received were:

a) What diagnosis would you make to the client's mental health condition?
b) Please make an assessment into the potential effect of the client's ongoing detention onto his mental health condition? [sic]
c) Please make an assessment into the client's suitability to be in Immigration Detention? [sic]
d) Please advise as to our client's prognosis should he remain in Immigration Detention.
e) In your opinion has the medication he is currently prescribed assisted in stabilising his mental health; will he need to remain on this medication for the foreseeable future
f) What are the chances of his mental health deteriorating if he does not take his medication or engage with any treatment;
g) By reference to the "Civil Aviation Authority guidelines on fitness to fly", please make an assessment as to whether the client is currently fit to fly? [sic]
h) Please confirm our client's prognosis if he remains in the UK with his current support system? [sic]
i) Please confirm our client's prognosis should he be returned to Germany? [sic]
j) What are the client's thoughts/believes [sic] about return to Germany
k) Please assess the level of risk that our client poses to himself. In particular, please comment on whether our client is suicidal and what factors might increase the risks of harm he presents to himself, including factors relating to our client's being returned to Germany/and whether he remains in Immigration Detention.
l) Please give your medical opinion as to what, if any, effect returning our client to Germany would have on his mental health. If our client poses a risk of harm to himself, please comment on how that risk would be affected him sent back to Germany [sic]
m) Please comment on any other factors you feel are relevant

**Documents I had access to:**

2. i) Records (including copies of IRC healthcare records dated 12/06/16-12/04/17, GP records from 12/09/16, A&E notes dated 23/11/16)
ii) Two letters dated 13/10/16 and 1/12/16 from Dr Julia Burne, volunteer at DPA Conversation Club and retired GP
iii) Letter dated 14/02/17 from D2077 GP at the time, Dr Shanu Mishra, The Flying Scotsman Health Centre, DPA
iv) Psychiatric report completed for Medical Justice following a Telephone Consultation by Dr Beata Godlewska, Consultant Psychiatrist
v) Letter Before Action/Further Representations
vi) Documents received from Home Office including certification of asylum claim
vii) Supplementary Bundle of Documents
viii) Application Notice

**Introduction**

3. I am Dr Fatema Sheba Ibrahimi, I hold a degree in Medicine from Imperial College of Science, Technology and Medicine and I am a member of the Royal College of Psychiatrists. I have worked as a Consultant Psychiatrist in General Adult Psychiatry within the NHS for the last 6 years. I am an Approved Clinician, approved under Section 12 of the Mental Heatlh Act 1983, as having special experience in the diagnosis or treatment of mental disorder. My Curriculum Vitae is attached, if further details are required.

4. I had read the documents listed above and subsequently interviewed D2077 on 16th April 2017, for approximately 1 hours and 15 minutes at Brook House IRC, with a Farsi speaking interpreter and Medical Justice observer Dr Liza Stanton.

**Interview with D2077**

**Background/personal history (D2077 account)**

5. D2077 informed me he was born in Iran in the city of DPA where he grew up. He was the eldest of five siblings with two younger sisters and two younger brothers. He described an unhappy childhood, mainly due to his father who was a very religious Muslim, strict and physically violent. D2077 reported his father was physically abusive to all the family but would often pick on him more as the eldest. He described getting on well with his mother and siblings.

6. D2077 father was a plumber and his mother a housewife. He started school at the age of seven, which was normal in Iran. He described finding school difficult because it was very strict there and teachers would frequently use corporal punishment against the students. He described feeling scared and intimidated at school, which he associated mainly with bad feelings and memories and he did not do well academically at school. He stated that his father would inform the teachers that they should punish him and he would get into more trouble for not attending prayers.

7. D2077 did report having friends at school and that his main enjoyment was sport and wrestling. He left school early around the age of sixteen without any formal qualifications. He went onto hold a number of different jobs and would spend time at the gym after leaving school. He described an increasingly difficult relationship with his father as he became older, primarily due to holding different views to his very religious father. His father would often complain that he would not carry out his daily prayers and he would often be thrown out of the family home. He would then go to stay with friends or other relatives and would primarily go back home because his mother would be upset that he was not at home.

8. D2077 started compulsory national service around the age of nineteen and this was supposed to be for two years. He was not serving in the military but carrying out work such as plumbing or working in a gym. Whilst carrying out his national service, he would be pressurised about his religion and his need to pray regularly and if he was found not to be doing so he would be physically punished. He described regularly being treated badly, such as having cold water thrown on him when he was asleep and being beaten/hit.

9. D2077 described his physical abuses worsening during his time in national service and after about eleven months he described a nine day period when he was detained and was consistently, severely physically abused, tortured and assaulted. He described having his foot stamped upon and his toe being broken and repeatedly being beaten and assaulted. After nine days he reported sustaining a head injury and losing consciousness and required hospitalisation.

10. Following this episode D2077 stated that he did not return to complete his national service. D2077 moved back in with his family, who went to live with his Grandfather in a different area. D2077 reported that after his head injury he developed recurrent headaches and also was suffering with some memory problems, which both he and his mother noticed after a number of months and these have persisted.

11. Following D2077 national service he reported starting to have problems for not attending prayers and being accused of being an infidel, in the area he was living. He described having his first tattoo around the age of twenty-one and this was not acceptable in the Islamic religion. He then went on to have numerous different tattoos, some quite visible eg on neck and arms.

12. D2077 described two episodes of being detained by the government/religious police and being tortured. He reported being unable to recall the exact dates these occurred, also in part due to the different calendar in use in Iran. He was however able to recall a lot of the details of his detentions.

13. During the first period he was detained for around 15 days and the second occasion for around 20 days. He described systematic and repeated physical abuses and torture. He described his body being cut, receiving lashes and on one occasion he received eighty lashes. He described having his head covered with a towel and the guards urinating on the towel and being suffocated. He also described being hung and suspended in different ways, causing excruciating amounts of pain and subsequently also leaving him with permanent pain and mobility problems in some of his joints. He reported having objects inserted Sensitive/Irrelevant

14. After being released D2077 described becoming very isolated, feeling embarrassed about his abuse and not wanting to see friends or family. He did start working as a tattoo artist.

15. D2077 reported that he was married in Iran for about two years prior to leaving and that his wife had a daughter from a former relationship. He also informed me that he had formally converted to Christianity about three months before leaving Iran.

16. After leaving Iran D2077 was not exactly sure the route or countries he travelled through before arriving in DPA He described to me that he found himself in the temporary refugee/immigrant camp known as the "Jungle" in DPA and stated that the refugees/immigrants there, including himself were treated terribly by the Police and officials. He reported getting to the point of feeling very hopeless and like giving up. This was why he decided to make the journey by boat across the channel to escape from the Jungle.

17. D2077 described how, after arriving in the UK, being placed in an immigration removal centre (IRC), which he found very frightening and distressing. Soon after being released he was located in DPA and since July 2016 has been living in that area. He described for the first time in his life finding people around him trying to help and support him. He mentioned attending the DPA Conversation Club, which is a support organisation for asylum seekers and refugees, where he attends weekly. He also reported having developed a few friendships and attending a local Church. He described his current support network as essential to his wellbeing currently. He also mentioned not being in contact with any family or his wife back in Iran, as he is fearful about any negative consequence they may face, if he were to try to contact them. He described being very frightened and anxious about being forcibly removed to Germany, a country he has no ties with and where he knows nobody.

18. D2077 reported that he had been accessing support in DPA from those around him and attending his very regular signing on/immigration checks, which were very stressful. He stated that when he went his last appointment, just over two weeks ago, he was detained and that this was completely unexpected.

**Past psychiatric history ( D2077 account)**

19 D2077 reported a maternal aunt taking him to see a counsellor on one occasion when he was around 19, however he did not continue attending. He stated at the time he had been feeling very low. His aunt had been worried about him and was aware of the violence in the family home from his father.

20. D2077 did report going to see doctors in Iran, after his periods of detention. These doctors prescribed him numerous different medications, many of which he could not recall, however he did remember being prescribed sedatives such as Sensitive/Irrelevant He reported also being prescribed other medications which would make him feel very sedated and numb. He did also recall one doctor recommending him to have electroconvulsive therapy (ECT), which he did not go ahead with. He did not recall being given any formal diagnoses by the doctors. He did report making a number of suicide attempts through taking overdoses and needing treatment in hospital following these attempts.

21. Following his second period of detention D2077 described developing a number of symptoms (flashbacks and frequent thoughts of the abuse, nightmares, poor sleep, high anxiety levels and tension during the day) after a few months. These have remained present since then, worsening with day to day triggers such as seeing his scars, noises of people shouting/arguing, loud noises. They are also worsened in specific situations such as being enclosed, locked up such as in the IRC, when other sounds like doors being locked/closed, sounds of footsteps can also trigger these symptoms.

22. D2077 reported being prescribed antidepressants in the UK by his GP and that he has received a lot of support and help from his GP. He recalls his medication dosages have been increased and changed over time and that his doctor is still trying to find a good treatment for him.

23. D2077 reported taking an overdose of medications and that he cut his wrist, in his accommodation in November 2016. He stated he lives alone in his flat and at the time was feeling very depressed, was far from his family and feeling lonely. He reported a clear intent to kill himself at the time. He took the overdose and did not expect anyone to find him, however staff entered his room at the accommodation and found him unconscious and he was taken to the hospital. He stated that he had not pre-planned this event and that he decided spontaneously he wanted to end his life. Since then he stated that he has continued to experience suicidal ideation. He has also been referred to the local psychiatric services, however he informed me that he has attended about three appointments but there was no available interpreter and he is still awaiting an assessment.

24. D2077 was very clear that he wanted to receive treatment and help for his mental health problems. He reported needing to find an antidepressant that would help him and also a willingness to engage in talking therapies.

25. D2077 confirmed with me that some days after his detention he sewed his lips together and had hoped that he would starve to death. He describes doing this out of desperation as he had lost all hope and found life too difficult to cope with in IRC. He confirmed that all his mental health difficulties had worsened and he was feeling very suicidal. There was a small opening in his mouth still and he was taking in small amounts of food and fluid and still able to communicate. He stated he would often think specifically about how to end his life and though mostly about hanging himself whilst in IRC, although did not have a clear intention about when he would act upon these thoughts. He stated that he removed the stitches himself a few days ago after the staff informed him, he would not be able to continue receiving any medication and pain relief.

26. D2077 does not report drinking alcohol or using any illicit substances and in the past had only drunk alcohol rarely. He smokes cigarettes.

## D2077 mental state at interview

27. D2077 presented as a casually dressed Asian man. I could clearly see a tattoo on the Sensitive/Irrelevant I could also see numerous old scars on his arms. He made poor eye contact with me and the

interpreter throughout the interview. At one point, when talking about some of his past traumas, he became tearful. There was no evidence of psychomotor agitation or retardation, he engaged well with me during the interview.

28. D2077 was able to communicate clearly and his speech appeared to be of normal tone, rate and volume. He would often have difficulties answering direct questions about his past and pause, partly because he reported difficulties in remembering exact details and dates.

29. D2077 reported a low mood subjectively and objectively he presented with a low affect. He described biological features of depression including poor sleep, poor concentration, poor appetite and weight loss. He also reported significant anxiety symptoms including both psychological symptoms of anxiety (fear and panic) and physical symptoms (including palpitations, increased heart rate, nausea, sweating).

30. There was no evidence of formal thought disorder during the interview. Regarding content of his thoughts, there was no evidence of delusional thinking. He did describe occasions when he felt paranoid, often when feeling very anxious and when people were talking in English around him and he could not understand what they were saying, this was not at delusional intensity and he could identify this as paranoid thinking.

31. D2077 was reporting significant preoccupations in his thoughts with suicidal ideation and thoughts being quite significant and having worsened recently. He also mentioned recurrent and ongoing thoughts and flashback to the torture and abuse he has reported. He stated these thoughts and flashbacks were at their worst in recent days. He described many triggers such as loud noises, shouting, hearing footsteps and the doors being opened and locked in the IRC.

32. There was no evidence of perceptual disturbances or that D2077 was experiencing hallucinations in any sensory modality. I did not formally assess D2077 D2077 cognitive functioning. He appeared orientated to time and place. He did report problems with his memory and this appeared evident when he was recounting things from the past and frequently apologised for not being more exact with dates of former events.

33. D2077 appeared to have very good insight into his mental health problems. He recognised his depressive, anxiety and PTSD symptoms and was keen to access treatment for these conditions (including medication and psychological treatments).

**Review of medical records and letters**

Information from immigration detention healthcare records 12/06/16-22/06/16 and 6/04/17-12/04/17

34. D2077 was seen by a number nurses between 12th-16th June 2016 at Tinsley House IRC for an initial assessment then daily with complaints of headaches and requests for pain relief.

35. D2077 was seen by a doctor on 17/06/16 a full assessment was not carried out due to problems with the phone interpreting service.

36. A nurse saw D2077 later that morning with the help of a friend to translate. Following this D2077 reported being a victim of torture, stating when he first arrived at IRC he did not disclose this because he was too scared. He reported being arrested and imprisoned and that he was hit, beaten, cut with a knife and beaten with a belt. The nurse references numerous scars on his body. D2077 reported poor sleep, and severe headaches. The nurse made a plan to book a psychiatric nurse review and to book the Rule 35 appointment.

37. After this D2077 continued attending healthcare daily to seek analgesia, paracetamol for headaches.

38. D2077 was assessed by a doctor on 19/06/16, Dr Susheelwant Randhawa, with an interpreter and reported "Rule 35 done with interpreter and reference to a medical report being completed. The report mentions the doctors concerns that he may have been the victim of torture. It mentions some of the different alleged abuse and torture that D2077 faced and physical sequelae including memory loss, poor bladder control, headaches and dizziness. It also references psychiatric symptoms including low mood, constant feelings of fear, phobias and flashbacks. This doctor also documented on a body map numerous marks on his body, disfigured toe and nail, which the doctor reported "lacerations throughout in keeping with account".

39. An attempt was made by a psychiatric nurse to assess D2077 on 19/06/16, but again due to problems with the interpreting service this was rescheduled.

40. A psychiatric nurse, Mrs Karen Churcher, carried out an assessment on 21/06/16. Mrs Churcher noted D2077 was flat in his affect, tearful at times but keen to engage with mental health services. The nurse documented that D2077 spoke about the torture he endured in his home country and that he fled leaving his wife behind. He reported feeling mentally stressed and having a fear of being locked up. He also reported problems sleeping and finding it hard to turn off his mind. He complained about the slightest noises waking him if he did eventually fall asleep. He reported a poor appetite and the nurse encouraged him to try to eat regularly to keep up his strength. D2077 told the nurse he did not have any motivation to engage in activities at the IRC but was attending Church on a daily basis. He also mentioned wanted to receive follow up support with mental health services and discussed medication to help improve his sleep.

41 D2077 continued to request paracetamol daily for his headaches, from the healthcare staff over the next few days and then no further healthcare entries until next period of detention.

42. Initial nursing assessment 6/04/17 the nurse noted medications he arrived with including nefopam and ibuprofen (medications for pain relief) and Sensitive/Irrelevant (primarily used to treat high blood pressure or anxiety). This nurse noted that D2077 D2077 should not be allowed to keep his prescribed medications on his person. The nurse mentioned previous attempts to self-harm and having taken an overdose. D2077 had reported feeling low as he had not had his regular medication.

43. D2077 was assessed by a doctor the following day 7/04/17, Dr Saeed Chaudhary who reported that he had depression but was unclear of his medications. He mentioned propranolol and amitriptyline (this is an antidepressant but can also be used to treat pain) and that a referral to the mental health team was made.

44. D2077 was seen by a mental health nurse, Dahlia Dowd, on 9/04/17 who mentioned he had been placed on constant supervision he was initially seen lying in bed and holding a piece of tissue over his mouth. The nurse then stated, "both his lips were sowed [sic] with a black thread when seen. Refused to have the threads removed by a nurse." The nurse commented that he presented as "being angry and slightly anxious rather that [sic] being depressed".

45. D2077 told the nurse that he should not have been placed in detention and was previously released and wanted to see his own doctor in the community. He initially declined to see the doctor at the IRC but did eventually agree. He was to remain on constant supervision, the nurse did not specifically ask D2077 about his mood, his food/fluid intake or about suicidal intent.

46. D2077 was seen the next day, 10/04/17, by another mental health nurse, Mrs Churcher. She confirmed that D2077 was taking in small amounts of food and fluids through a small opening. She clarified that he had disposed of the needle he used, flushing it down the toilet. She asked numerous times about if he wanted to harm himself, but reported he would not give a straight answer. The nurse recommended his observations were reduced to hourly checks and noted he was also agreeing to see a doctor. D2077 had an entry from a Dr Husein later that day, commenting on his mouth being sutured, it is unclear if the doctor saw him, but the note stated "we will wpeak [sic] to him tomorrow to understand objective".

47. D2077 was seen on 11/04/17 by a nurse who discussed health concerns, that he was noted to be coughing and that his lips were beginning to swell and get sore. He informed the nurse he would unsew them the following day.

Information from D2077 General Practitioner (GP) Dr Shantu Mishra (letter dated 4/12/16 and 14/02/17) and partial GP records

48. 12/09/16- entry from Mrs Quick, practitioner with Doncaster Psychological Therapy Services. Mrs Quick mentions this was a follow up session and D2077 was feeling worse. He was reporting pains in his body, severe headaches and frequent, re occurring [sic] nightmares about the past. She mentions his mood had deteriorated and he was feeling very low and depressed. He also reported his flashbacks and nightmares were worse. He mentioned attending Freedom from Torture twice and being advised he would need CBT (cognitive behavioural therapy, one of the specific types of talking therapies that can be used to treat post-traumatic stress disorder [PTSD]).

49. 16/09/16 assessed by Dr Kouchouk, referenced a recent increase in Sensitive/Irrelevant Sensitive/Irrelevant and also mentioned labile mood. Dr Kouchouk also referenced D2077 being recently seen by Freedom From Torture and by psychologists and receiving a diagnosis of Sensitive/Irrelevant

50. There are copies of notes from DPA and Sensitive/Irrelevant Hospital, although much of the photocopy is not clear. What I can establish is that D2077 was admitted on 23/11/16 and discharged 24/11/16, he was diagnosed with an overdose- poisoning and self-harm.

51. Dr Mishra made an entry on 08/10/16 referring D2077 for support for his severe PTSD. The entry mentions he is getting "more and more distressed and is feeling suicidal. For him the dreams are very vivid and real. He feels someone is always chasing him, wants to jump off the bridge". It is not clear from the GP record which organisation he was referred to for support with his PTSD, but did state that counselling had not been helping.

52. Referral letter from GP Dr Mishra dated 04/12/16 to DRASACS (DPA ape and sexual assault counselling service). This letter states: *"He has suffered with multiple cuts on his body, head bangs. He is suffering with STML (short term memory loss). He is suffering with constant headache, and has been referred to see neurologist for the same. He has suffered with longstanding anxiety and depression. He has been tried and is being tried on multiple anti-depressants and anxiolytics. Two weeks ago he took overdose of the prescribed medications. I would appreciate your help to manage this gentleman."*

53. Letter from Dr Mishra to D2077 solicitor dated 14/02/17, mentioning the letter was in response to a request for a report. Dr Mishra stated, *"I have been seeing* D2077 D2077 *since 29th August 2016. He had already been referred for counselling by another colleague for anxiety and depression. He had suffered with severe symptoms of physical torture in Iran and was suffering with consequential emotional, psychological and physical impacts of this. On 02/08/16 he scored 21 on GAD (generalised anxiety disorder 7 item score). He told the counsellor that he was experiencing flashbacks and nightmares about the torture he had experienced in Iran as follows".*

54. Dr Mishra then lists a number of different reports of physical abuse then goes onto explain more about his health difficulties, *"He was, consequently started on* Sensitive/Irrelevant *(anti-depressants) and was seen by The Freedom From Torture Agency. He continues to feel low and suicidal. He was getting flashbacks of the torture he had suffered. His* Sensitive/Irrelevant Dr Mishra goes on to talk about this physical health symptoms, investigations for constant headaches and a referral to a neurologist.

55. Dr Mishra concludes by stating, *"In my view,* D2077 *is suffering with severe psychological trauma, secondary to the torture he suffered in Iran. He has been monitored on a weekly to two weekly basis by us, due to his vulnerability and severe depression.* D2077 *mentioned multiple times, that he would end his life if he is deported to Germany. He already attempted suicide 3 months ago. In my view he is quite depressed."*

<u>Information in Letters from Retired GP Dr Julia Burne and volunteer at the DPA Conversation Club- 13/10/16 and 1/12/16</u>

56. Dr Burne did explain she had not seen D2077 as a medical practitioner, but was seeing him regularly as a volunteer however she did share her opinion about

his presentation. She mentioned that he was experiencing flashbacks, nightmares, experienced low mood, poor sleep, poor appetite and was suicidal at times. Her view was that D2077 was experiencing a "major depressive illness combined with PTSD"

## Opinion

57. I am basing my clinical opinions on my interview with D2077 and the reports and records I have from other health and psychiatric professionals, who have been involved in his care. I am basing my clinical opinions on ICD10 diagnostic criteria.

58. I believe that D2077 clearly meets the criteria for PTSD. He has consistently reported symptoms, present when assessed over a number of months by numerous different health professionals, including myself. Those symptoms developed some months after he reported a significant period of physical abuse and torture. He experiences symptoms of flashbacks and nightmares of his abuse and torture. He experiences numerous triggers/cues that exacerbate his symptoms, often related to sounds and noises. Whilst in detention he reports sounds of footsteps, people shouting and doors being locked and unlocked exacerbating his symptoms.

59. I believe D2077 meets the criteria for a recurrent depressive disorder, with the current episode that of a severe depression. He reports consistent symptoms of depression and low mood dating back over many years. He has received some treatment for this in Iran, but cannot remember the names of all the medications. He does recall being offered ECT, which is used in the UK to only treat treatment resistant or very severe depressive episodes. D2077 has been receiving treatment for depression over many months by his GPs and they have reported needing to change medications due to a poor response and that he was experiencing both ongoing depressive symptoms and ongoing suicidal ideation over many months.

60. Due to high levels of concern regarding D2077 presentation and risk of suicide his GP has been seeing him regularly every one to two weeks over many months, they have referred him for counseling within their own practice and subsequently for more specialized counseling. D2077 has also recently been referred to local psychiatric services due to complexities in his presentation, levels of risk and poor response to medications, although he was yet to have a formal assessment due to problems with interpreters.

61 D2077 describes significant anxiety symptoms again evidenced by his reviews with numerous health professionals over many months. These anxiety symptoms are likely to be either caused by his PTSD and depression or are comorbid and being exacerbated by these conditions.

## Instructions

**a) What diagnosis would you make to the client's mental health condition?**

62. I have addressed this under my opinion

**b) Please make an assessment into the potential effect of the client's ongoing detention onto his mental health condition? [sic]**

63. I believe that D2077 mental health is at significant risk whilst he is detained. There is the direct impact of the detention upon his mental health and the exacerbation and worsening of his PTSD, depression and anxiety symptoms but there is also the fact that he does not have access to all the appropriate treatments for his mental health disorders. I am also very concerned about the escalation in risk of suicide whilst his mental disorders are being exacerbated and inadequately treated.

**c) Please make an assessment into the client's suitability to be in Immigration Detention? [sic]**

64. I do not believe D2077 is suitable to remain in Immigration Detention, due to the points highlighted in section b) and d). He presents with severe mental illness and is a vulnerable individual.

**d) Please advise as to our client's prognosis should he remain in Immigration Detention.**

65. I am very concerned about D2077 prognosis and feel it is poor, whilst he remains in the inappropriate environment of an IRC. He does not currently have access to adequate psychiatric services to manage his mental health adequately. He requires regular psychiatric input from psychiatrists as well as other mental health professionals (eg registered psychiatric nurses). However he also requires specialist psychotherapy (talking therapies) that is specifically relevant to victims of trauma and abuse and can manage the complexities of the combination of diagnoses of PTSD, recurrent depression and anxiety, all in the context of his suicide risk. This kind of specialist therapy would not be available within IRC healthcare provisions and also would not be clinically appropriate within a detention settings. In D2077 case his PTSD symptoms are exacerbated and he has no support or stability whilst in this kind of environment, this could also lead to therapy being contraindicated whilst his symptoms are acutely exacerbated.

**e) In your opinion has the medication he is currently prescribed assisted in stabilising his mental health; will he need to remain on this medication for the foreseeable future**

66. I do not believe that the recent medications that D2077 was prescribed by his GP were managing his mental health adequately. Due to his poor response to treatment and quite appropriately in accordance with national prescribing guidelines, his GP had referred him for psychiatric secondary care input, which he is awaiting. He will require changes in his antidepressant medications under the supervision of a consultant psychiatrist and he may also need adjustments to medications to treat anxiety. Once a suitable medication is found he will also need in conjunction with this treatment, appropriate psychotherapy to ensure the best prognosis. D2077 will likely require medication over a number of years as he has presented with a recurrent

depression, which requires longer treatment than individual one off episodes of depression. Treatment is usually required over a number of years, rather than months, but would be dependent on the individual's response and symptoms as well. However his depression is also complicated by the co-morbid presence of PTSD and this may make his depression more difficult to treat, and vice versa.

**f) What are the chances of his mental health deteriorating if he does not take his medication or engage with any treatment;**

67. D2077 mental health is not adequately treated currently and the risk of a further deterioration if he were not to engage with treatment or take medication would be very high and significant. I believe he would be likely to experience worsening symptoms, severity of illness and associated worsening in suicidal risk.

**g) By reference to the "Civil Aviation Authority guidelines on fitness to fly", please make an assessment as to whether the client is currently fit to fly? [sic]**

68. I do not believe that D2077 is currently fit to fly. According to the Civil Aviation Authority Guidelines of assessing fitness to fly in reference to psychiatric conditions, the key considerations include "if the flight environment would exacerbate the condition". The guidelines also go onto state "it is essential however, that the condition is stable". I believe currently that a noisy, close confined environment of a plane would specifically exacerbate D2077 PTSD and the associated anxiety symptoms and suicidal symptoms. I also do not believe that either his PTSD or depression is currently stable and he remains psychiatrically unwell currently. I would also be very concerned about the increase stress associated with his forced deportation and removal from this country which is also very likely to lead to further exacerbations in his mental health, worsening in his symptoms and associated suicide risk.

**h) Please confirm our client's prognosis if he remains in the UK with his current support system? [sic]**

69. I do believe that D2077 prognosis would be significantly improved if he were to remain within his current support system. It is widely known that to successfully and safely engage in long term talking therapies, people need to be in a relatively settled environment and having support around them will also help improve the prognosis.

**i) Please confirm our client's prognosis should he be returned to Germany? [sic]**

70. I would be concerned about D2077 prognosis in relation to leaving his support network in the UK, as mentioned above, if he were to be sent to Germany. The stress of this process could also lead to a significant deterioration in his prognosis.

**j) What are the client's thoughts/believes [sic] about return to Germany**

71. D2077 is extremely fearful about being sent to a country where he has no connections and would not know anyone.

**k) Please assess the level of risk that our client poses to himself. In particular, please comment on whether our client is suicidal and what factors might increase the risks of harm he presents to himself, including factors relating to our client's being returned to Germany/and whether he remains in Immigration Detention.**

72. D2077 has a significant history of attempted suicide (some self-reported from prior to coming to the UK) and he also made a serious suicide attempt about four months ago. It was serious, because he intended to kill himself and was found completely accidentally by staff at his accommodation. He remains suicidal and severely depressed, which I found to be consistent with the reports from his GP who has been treating him for many months. Current factors that will increase the risks of completed suicide are related to his untreated PTSD, partially treated depression and anxiety, as well as any factors that would worsen these conditions. I believe that being removed to Germany would worsen these conditions for reasons mentioned, as well as remaining in detention.

**l) Please give your medical opinion as to what, if any, effect returning our client to Germany would have on his mental health. If our client poses a risk of harm to himself, please comment on how that risk would be affected him sent back to Germany [sic]**

73. I have answered these issues in earlier responses to instructions h), i) and k).

**m) Please comment on any other factors you feel are relevant**

74. I am not aware of any other relevant factors.

## Declaration

75. I understand that my duty is to the Tribunal, and I have complied and will continue to comply with that duty. I have read and complied with the Practice Directions on expert evidence.

## Statement of compliance and truth

76. I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and that the opinions I have expressed represent my true and complete professional opinion.

# Signature

**Dr Fatema Sheba Ibrahimi**
**MB BS MRCPsych, Approved under section 12(2) of the Mental Health Act**
**20th April 2017**

## Appendices

### A) ICD-10 Criteria for Post-traumatic stress disorder (F43.1)

This arises as a delayed and/or protracted response to a stressful event or situation (either short- or long-lasting) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone (eg natural or man-made disaster, combat, serious accident, witnessing the violent death of others, or being the victim of torture, terrorism, rape, or other crime). Predisposing factors such as personality traits (eg compulsive, asthenic) or previous history of neurotic illness, may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence.

Typical symptoms include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks") or dreams, occurring against the persisting background of a sense of "numbness" and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. Commonly there is fear and avoidance of cues that remind the sufferer of the original trauma. Rarely, there may be dramatic, acute bursts of fear, panic or aggression, triggered by stimuli arousing a sudden recollection and/or re-enactment of the trauma or of the original reaction to it.

There is usually a sate of autonomic hyperarousal with hypervigilance, an enhanced startle reaction and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent. Excessive use of alcohol or drugs may be a complicating factor.
The onset follows the trauma with a latency period which may range from a few weeks to months (but rarely exceeds 6 months). The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of patients the condition may show a chronic course over many years and a transition to an enduring personality change (see F62.0)

Diagnostic guidelines
This disorder should not generally be diagnosed unless there is evidence that it arose within 6 months of a traumatic event of exceptional severity. A "probable" diagnosis might still be possible if the delay between the event and the onset was longer than 6 months, provided that the clinical manifestations are typical and no alternative identification of the disorder (eg as an anxiety or obsessive-compulsive disorder or depressive episode) is plausible. In addition to the evidence of trauma, there must be

a repetitive, intrusive recollection or re-enactment of the event in memories, daytime imagery, or dreams. Conspicuous emotional detachment, numbing of feeling, and avoidance of stimuli that might arouse recollection of the trauma are often present but are not essential for the diagnosis. The autonomic disturbances, mood disorder and behavioural abnormalities all contribute to the diagnosis but are not of prime importance.

**B) ICD- 10 Criteria for Recurrent depressive disorder (F33)**

The disorder is characterized by repeated episodes of depression as specified in depressive episode (mild (F32.0), moderate (F32.1) or severe (F32.2 and F32.3), without any history of independent episodes of mood elevation and overactivity that fulfil the criteria of mania (F30.1 and F30.2). However, the category should still be used if there is evidence of brief episodes of mild mood elevation and overactivity which fulfil the criteria of hypomania (F30.0) immediately after a depressive episode (sometimes apparently precipitated by treatment of a depression). The age of onset and the severity, duration, and frequency of the episodes of depression are all highly variable. In general, the first episode occurs later than in bipolar disorder, with a mean age of onset in the firth decade. Individual episodes also last between 3 and 12 months (median duration about 6 months) but recur less frequently. Recovery is usually complete between episodes, but a minority of patients may develop a persistent depression, mainly in old age (for which this category should still be used). Individual episodes of any severity are often precipitated by stressful life events; in many cultures, both individual episodes and persistent depression are twice as common in women as in men.

The risk that a patient with recurrent depressive disorder will have an episode of mania never disappears completely, however many depressive episodes he or she has experienced. If a manic episode does occur, the diagnosis should change to bipolar affective disorder.

Recurrent depressive episode may be subdivided, as below, by specifying first the type of the current episode and then (if sufficient information is available) the type that predominates in all the episodes.

**C) Curriculum Vitae**

Name: Fatema Sheba Ibrahimi

GMC Status: Registered with licence to practice (4736291)

Defence Union: MPS (355311)

**Qualifications**

| | |
|---|---|
| Imperial College of Science, Technology and Medicine | **MBBS, 2000** |
| Royal College of Psychiatrists | **MRCPsych, 2006** |
| Approved Under Section 12(2) of the Mental Health Act 1983 | **July 2006** |
| Approved Clinican Status | September 2010 |
| Postgraduate Diploma in Mental Health Law (University of Northumbria) | March 2012 |

**Current Employment- May 2013 to date**
Consultant Psychiatrist in General Adult psychiatry
East London NHS Foundation Trust

**Former Employment- April 2011- March 2013**
Locum Consultant Psychiatrist (General Adult Psychiatry)
North East London NHS Foundation Trust

**St Marys/Charing Cross Psychiatric Higher Training Scheme - August 2007-March 2011**

| Date/position | Psychiatric Specialty | Clinical/Educational Supervisor |
|---|---|---|
| April 2010-March 2011 (ST6) | General Adult Psychiatry (Core Adult) | Clinical supervisor- Dr Ronnie Taylor, The Gordon Hospital |
| April 2009-April 2010 (ST5/ST6) | Early Intervention and Assertive Outreach | Dr Ravi Mehrotra, Lakeside Mental Health Unit (WLMHT) |
| April 2008-April 2009 Specialty Registrar (ST4/ST5) | Forensic Psychiatry | Dr Nadji Kahtan, Three Bridges Regional Secure Unit (WLMHT) |
| August 2007-April 2008 Specialty Registrar (ST4) | General Adult Psychiatry (Core Adult) | Dr Mo Zoha, Consultant Psychiatrist, St Charles Hosptial (CMWL) |

**August 2006-August 2007**
Staff Grade, Hounslow CMHT (WLMHT)
Consultant supervisor- Dr Murray Morrison

**St Marys SHO Psychiatric Training Scheme:**
**February 2003-August 2006**

| Date | Psychiatric Specialty | Educational Supervisor |
|---|---|---|
| Feb 06-Aug 06 | Forensic Psychiatry and Research | Dr. Ian Treasaden, Consultant Forensic Psychiatrist and Clinical Research Supervisor Prof. Peter Tyrer |
| Aug 05- Feb 06 | Learning Disabilities | Dr. Sujeet Jaydeokar, Eric Shepherd Unit (Herts Partnership Trust) |

| | | |
|---|---|---|
| Feb 05- Aug 05 | Child and Adolescent | Dr. Christine Wee/Dr. Elizabeth Jones, Windmill Lodge (WLMHT) |
| Aug 04- Feb 05 | Assertive outreach/ General Adult | Prof. Peter Tyrer Claybrook Centre (WLMHT) |
| Feb 04- Aug 04 | General Adult | Dr. Gammal Hammad, Park Royal Centre for Mental Health (CNWL), |
| Aug 03- Feb 04 | General Adult | Dr. Jo Emmanuel Paterson Centre (CNWL) |
| Feb 03- Aug 03 | Old Age | Dr. Mike Walker, Lambourne Grove (Herts Partnership Trust) |

**Former training posts (2000-2002)**

| Date | Speciality | Educational Supervisor |
|---|---|---|
| Mar02-Sep 02 | General Adult Psychiatric SHO (St Georges Rotation) | Dr. Pandita-Gunawardena, East Surrey Hospital, Redhill, Surrey |
| Aug01-Feb 02 | Accident and Emergency Medicine SHO | Mr. David Gaunt Watford General Hospital |
| Feb 01-Aug 01 | Medical PRHO | Dr. Peter Studdy/Dr. Mir Watford General Hospital |
| Aug 00-Feb 01 | Surgical PRHO | Mr. Josh Derodra/Mr. Das Mayday University Hospital Croydon |

**Publications**

- Developments in the assessment of personality disorder, British Journal of Psychiatry, May 2007 Vol 190, Supplement 49 s51-s59, Peter Tyrer, Natalie Coombs, Fatema Ibrahimi et al.

**Research**

- The assessment of personality using written records, using the PAS-DOC and SPAN-DOC, with Imperial College and the National Confidential Inquiry into Suicides and Homicides.
- The effect of Nidotherapy on anti-social behaviour and attitudes to intervention, Imperial College.

**Presentations**

- Joint presentation with Professor Peter Tyrer, annual British and Irish Group with a Special Interest in Personality (BIGSPD) International Conference, March 2009; "Assessing personality from standard documentation in community teams: problems and solutions".
- ePoster, International Congress of Royal College of Psychiatrists, July 2014, audit into the accuracy of machine versus manually calculated QTc

**Supervision Courses/Training**

- Training Tomorrow's Trainers – 1 day course
  (West London Mental Health Trust, Miad training 6/1/11)
- Essential supervision skills for clinical teachers- 1 day course
  (London Deanery 4/11/11)
- Advanced supervision skills for clinical teachers- 3 day course
  (London Deanery 10/2/12, 24/2/12, 9/3/12)