# Clinical Safeguards Continue to Fail Across All IRCs
# Tuesday 19th September
# Medical Justice

Medical Justice have analysed the files of 66 clients[i] for whom our clinicians conducted Medico-Legal Report (MLR) assessments in Immigration Removal Centres (IRCs)[ii] between 1 June 2022 and 27 March 2023.[iii]

Of the 66 clients, three were women and two were age disputed children[iv].

## Vulnerabilities in immigration detention

There is a clear and longstanding research consensus of the high prevalence of mental health problems amongst those in immigration detention and of the harmful impact detention has on people's health and wellbeing.[v]

Medical Justice's clinical evidence corroborates this. At the point of their medico-legal assessment with a Medical Justice clinician, of the 66 clients analysed[vi]:

- 63 had a diagnosis of at least one mental health condition.
- 38 were diagnosed with two or more mental health conditions.
- 55 clients either had a diagnosis of post traumatic stress disorder (PTSD) or had some trauma-related symptoms while in detention, such as flashbacks and nightmares. Of the 55:
  - 34 clients were diagnosed with PTSD. Of those 34 people, two were also diagnosed with Complex PTSD and 6 had suspected Complex PTSD requiring further assessment.
  - 21 clients had trauma-related symptoms.
- 55 clients were diagnosed with depression and 4 others had some depressive symptoms.
- 7 clients were diagnosed with an anxiety disorder. 24 others had anxiety symptoms.
- 12 clients had psychotic symptoms such as delusions, hearing voices (auditory hallucinations), visual hallucinations, olfactory hallucinations, command hallucinations including instructions to kill themself, paranoid delusions, disorganised thinking, fixed or delusional beliefs, paranoid ideation, and lack of insight.
- 6 clients were diagnosed with a psychotic illness, including schizophrenia.
- 2 were diagnosed with bipolar disorder, 1 with acute stress reaction and 1 with a personality disorder.
- One had suspected memory/cognitive impairment, requiring further investigation, 1 had suspected learning difficulties and autistic spectrum disorder and 1 had possible acute stress reaction.
- Medical Justice had concerns about 7 clients' mental capacity.

People in immigration detention also have a high prevalence of histories of trauma; of the 66 clients:

- 52 had evidence of a history of torture.
- 29 had evidence of a history of trafficking.
- 25 had evidence of a history of both torture and trafficking.

## Suicide and self-harm

Research shows that detention can increase risk of suicide and self-harm.[vii] Of the 66 clients' MLRs, 49 people were recorded as having self-harmed, suicidal thoughts and/or attempted suicide. This included:

- 17 people were recorded in their MLR to have self-harmed while in detention. This led to injuries, pain, scars, poisoning, weight loss and other physical harms.

- 46 people were recorded in their MLR to have had suicidal thoughts in detention.
- 13 people were recorded in their MLR to have attempted suicide whilst in detention.[viii] Of these 13 people:
  - 3 of those attempted suicide more than once in the same detention episode.
  - One person attempted suicide while on constant supervision.
  - People attempted suicide including in relation to their Removal Directions, just before they were taken to the airport for removal, being informed by the Home Office that they will be deported, after being refused bail and after hearing that there was a mass suicide attempt taking place in the IRC.

The high levels of self-harm and suicidality are reflected in statistics from the whole detention estate. In the same period covered by this research (June 2022 to March 2023), there were 255 documented incidents of self-harm across the IRCs.[ix] [x] Of those, 202 incidents required on-site treatment and 12 required off-site treatment.[xi] [xii]

Of the 66 clients, Medical Justice clinicians assessed 57 clients had an increased risk of suicide since they had been detained and/or were likely to have an increased risk of suicide if they remained in detention.

*One client, Aaron,[xiii] who had a history of trafficking and torture, expressed having suicidal thoughts while in detention. Medical Justice clinicians assessed that detention had caused Aaron to deteriorate in his mental state and inflicted harm on him. Aaron told Medical Justice that knowing about other people in the IRC having attempted suicide at the IRC affected him. He said IRC officers told him that they had cut the rope from the neck of seven people and in the middle of talking with him would say 'I have to go because someone did a suicide attempt' and had to run off. Aaron explained that "even knowing that, having that information, the feeling of death around you. It feels awful, terrible." He told us: "I don't wish anyone to suffer like that. If they ask me to go again there, I would rather hang myself."*

## Failing clinical safeguards

Such high rates of mental health conditions and histories of torture and trafficking within the detained population indicates that the clinical safeguards, designed to identify, protect and route people vulnerable to harm in detention, are not working effectively. This echoes longstanding evidence of the flaws in clinical safeguards; such concerns have been repeatedly raised before, during and since the Brook House Inquiry.

### Rule 34

Under Rule 34 of the Detention Centre Rules 2001, all people arriving at an IRC must be offered an appointment with a GP within 24 hours. At the appointment the doctor is required to undertake a mental state and physical examination of their patient.

Of the 66 clients, only 35 clients saw an IRC GP within 24 hours of arrival at an IRC. However, of those 35, 11 did not have any mental health examination noted at all in their medical records as part of their Rule 34 appointment. This included a client whose anti-depressant medication was noted in the appointment but no information noted to explore why they were already prescribed anti-depressants.

For those who had their mental health mentioned in their medical records, it was rare that they had a sufficiently detailed assessment to fulfil the safeguarding function of Rule 34.

27 people did not see a GP within 24 hours of arriving to the IRC.[xiv] The number of days between being detained and seeing a GP ranged from 2 to 42 days. Three people were not seen by a doctor at all during their detention, according to the medical records available to Medical Justice.

10 did not attend their Rule 34 appointment.[xv]

The Rule 34 assessment has a dual function- (1) to promptly identify healthcare needs so that appropriate healthcare can be provided; and (2) to identify people who are at risk of suffering harm in detention so that their detention can be reviewed and, if appropriate, they can be released, promptly before such harm materialised. However, none of the 35 clients who saw a GP within 24 hours of arrival as required by the Rule had a safeguarding (Rule 35) report completed within the following 2 days.

## Rule 35

Rule 35 DCR 2001 requires GPs to formally report safeguarding concerns where they (1) consider someone's health is likely to be "injuriously affected" by detention; (2) suspect someone "may have suicidal intentions"; or (3) have concerns that someone "may have been a victim of torture". Rule 35 reports trigger the Home Office to review the individual's detention and decide whether they should be released.

The numbers of Rule 35(1) and Rule 35(2) reports that are completed have historically and continue to be extremely low.[xvi] This is concerning given the evidence of high rates of vulnerability, harm and deterioration in detention, and suicidality.

## Medical Justice evidence on Rule 35(1) and (2) reports

Medical Justice clinicians found high levels of harm and deterioration amongst clients. Of the 66 clients analysed, Medical Justice clinicians found that detention or features associated with detention had already caused the mental state of 64 clients[xvii] to deteriorate.[xviii] All 66 clients were assessed as likely to deteriorate further if they remained in detention.

Medical Justice clinicians found that detention or features associated with detention had already caused harm to all 66 clients[xix]. It was further assessed that detention or associated features was likely to cause further harm to all 66 clients if they remained in detention.

However, only 5 people had a Rule 35(1) report. This is particularly concerning given that Rule 35(1) has a low threshold designed to identify those who are "likely to be injuriously affected" by continued detention or the conditions of detention, so not requiring actual harm to already have occurred for a report to be triggered.

The IRC GP stated in all 5 Rule 35(1) reports either that the person would or may benefit from release to access mental health care in the community or that prolonged detention will further harm their mental health. The Home Office still took the decision to maintain detention for three of those people. For the two who were to be released,[xx] both remained in detention for several months following the decision to release them.

Analysis of the 66 clients' MLRs showed that whilst in detention, 46 people were recorded as having had suicidal thoughts and 13 people were recorded to have attempted suicide. Research shows that detention can increase individuals' suicide risk.[xxi] This is corroborated by Medical Justice assessments.

Of the 66 clients, Medical Justice clinicians found on assessment that 43 clients' risk of suicide had increased since they had been detained and that they were at risk of a further increase in their suicide risk if they remained in detention. For a further 14 clients, clinicians expressed concern that they were likely to have an increased risk of suicide if they remained in detention, even though the risk had not yet increased at the point of the assessment.

Despite the high suicide risk, the safeguarding system to identify and support individuals at risk of self-harm and/or suicide is not working effectively. Although Rule 35(2) requires IRC GPs to assess individuals if they suspect "suicidal intentions", only 5 of the 46 people who had suicidal thoughts and/or attempted suicide in detention had such a report.

This is particularly stark for the 13 who attempted suicide in detention, of whom only three had a Rule 35(2) completed. Only two of the three Rule 35 (2) reports noted the person's suicide attempt, for one of whom it was only after a second suicide attempt that a report was completed.

Assessment Care in Detention and Teamwork (ACDT) is the Home Office process to identify and support detained people at risk of self-harm and/or suicide, including setting out their care needs. The Home Office provides that the ACDT process should be used to "manage detained individuals who are identified to be at risk of suicide or self-harm".[xxii] 22 of the 49 who were recorded to have self-harmed, to have had suicidal thoughts and/or to have attempted suicide were put on ACDT during their detention.

The impact on detained people of the failing safeguards is highlighted by Mark's[xxiii] experience.

*Mark disclosed to healthcare that he suffers from anxiety and depression, and the occurrence of paranoia when "locked up". He was also diagnosed with PTSD by a Medical Justice clinician. During his detention, Mark experienced suicidal thoughts and told an IRC officer that he "would like a medication tablet or pill to end his life",* as recorded in Mark's medical records*. Mark was placed on constant watch, yet when he saw the IRC GP, no Rule 35 (2) was considered or completed,* according to his medical records*. During his period in detention, Mark tried to harm himself several times, and had to be taken to A&E after one self harm episode. . Even when he was put on ACDT and constant watch, no Rule 35(1) or (2) reports were completed. He was segregated (five times); whilst Mark said he was told that this was to keep him safe, he felt it was "punishing".*

*Mark told Medical Justice "I was trying to harm my left hand with a can of red bull and two nurses were laughing. Then I got more frustrated, how can you laugh at this situation? We see this situation every day. How are you laughing when someone is trying to kill themselves?"*

## Home Office Statistics on Rule 35(1) and Rule 35(2)

The stark lack of Rule 35(1) and Rule 35(2) reports is in line with the Home Office's own statistics. In the year ending June 2023, of the 2,112 Rule 35 reports completed across all the IRCs, only 49 were Rule 35(1) reports and only 28 were Rule 35(2) reports.[xxiv] Therefore, of the total number of Rule 35 reports, only 2.32% were Rule 35(1) reports and 1.33% were Rule 35(2) reports.

This small proportion is not unusual; since 2015, the proportion of Rule 35(1) reports has fluctuated between 1.17% at its lowest point in 2020, and 4.11% at its highest in 2015. Between 2015 and 2022, the proportion of Rule 35(2) reports has fluctuated between 0.22% in 2019 and 1.49% in 2022. Although the proportion of Rule 35(2) reports has increased over 1% of all Rule 35 reports completed for the first time in 2022, the proportion is still negligible.

## No significant increase in Rule35(1) and (2) since Brook House Inquiry Evidence

The evidence heard by the Brook House Inquiry revealed the complete failures of healthcare in Brook House IRC to ensure that Rule 35(2) reports were appropriately completed.[xxv] As a result, at the end of the Inquiry hearings, the Home Office and NHS England wrote jointly to all IRC healthcare departments to explain their basic legal duties and functions in implementing the key safeguards in accordance with the Detention Centre Rules 2001, since it had become apparent that these are not universally understood nor properly carried out.[xxvi]

Following the Inquiry hearings, the healthcare provider gave further evidence in April 2022 that interim measures had been introduced requiring that when an ACDT is opened (to identify and support detained people at risk of self-harm and/or suicide), a Rule 35(1) appointment will be booked for the same or following day, and a Rule 35(2) appointment will be undertaken for all patients on constant supervision.[xxvii]

A person is put on constant supervision "to reduce a serious risk of them carrying out acts of self-harm or other behaviours which could lead to them accidentally or intentionally killing themselves".[xxviii] Constant watch is an extreme measure for those in immediate and acute risk of suicide. Crucially it is a guard, not healthcare, who remains with the detained person. The safeguarding policy of Mitie, who are contracted by the Home Office to run Heathrow and Dungavel IRCs, acknowledge that "Constant supervision must only be used at times of acute crisis and for the shortest time possible. The process of being constantly supervised by a member of staff can be de-humanising which may increase risk".[xxix]

Despite the Home Office and NHS England's letter, and the interim measures, there has been no real change in the number of Rule 35(1) and Rule 35(2) reports. Home Office statistics reveal that the proportions are negligible. Of note, in the most recent quarter (April – June 2023), no Rule 35(2) reports were completed in Brook House IRC at all, and no Rule 35(1) or Rule 35(2) reports were completed at all in Colnbrook IRC.[xxx] In the month of Frank Ospina's death in Colnbrook IRC, suspected by suicide, there were also no Rule 35(2) reports completed for suspected suicide risk at all.[xxxi]

The interim measures that were introduced have not resulted in significant increases in Rule 35(1) and Rule 35(2) reports. According to IRC medical records, 28 of the 66 clients had an ACDT opened, up to the point of their assessment with a Medical Justice clinician. However, none of these 28 people had a Rule 35(1) appointment booked. Whilst two people had a Rule 35 (1) report considered, this was not on the same or following day the ACDT was opened and neither led to a Rule 35 (1) appointment being booked.

16 of the 66 clients were put on constant supervision during their detention. However, according to their medical records, only 4 of them had a Rule 35(2) appointment considered, 2 of whom also then had the appointment booked - as per the interim measure mentioned in the Brook House Inquiry - and completed.

The Home Office's own statistics mirror our finding. In the period covered by this report (June 2022 to March 2023), 773 ACDTs were opened across the IRCs.[xxxii] However, only 37 Rule 35(1) forms were completed.[xxxiii] In the same period, constant supervision was opened 240 times for individuals being managed under ACDT.[xxxiv] However, in this same timeframe, only 26 Rule 35(2) reports were completed.[xxxv]

## Rule 35(3): Histories of torture

IRC GPs completed 55 Rule 35 (3) reports for 50 of the 66 clients (some clients had more than one Rule 35 report completed). Of those who had a Rule 35(3) report, only 2 also had a Rule 35(1) report despite longstanding evidence of the harmful impact that detention has on torture survivors.[xxxvi]
46 of the 66 clients who had evidence of a history of torture, had a Rule 35(3) report.
Given that Rule 35(1) and Rule 35(2) reports are not routinely completed, Rule 35(3) reports have become the primary mechanism to identify those at risk of harm in detention. As the Home Office's own statistics indicate, in the year ending June 2023, of the 2,112 Rule 35 reports completed, 2,035 reports were Rule 35(3) reports.[xxxvii] . This is concerning as it only applies to those with a history of torture.

The quality of Rule 35 reports is extremely varied. Medical Justice's client Samuel[xxxviii] had to wait 17 days between being referred and having his Rule 35(3) appointment. *He told Medical Justice "Rule 35 was an absolute disaster", the doctor that saw him "must have been on a timer bonus because within minutes he wants to get you out of the consultation room. He just says yeh yeh yeh you can go. He's uninterested in what you have to say... He took 3 minutes to do my first Rule 35 [report]."*
*The doctor completed a Rule 35 (3) report which contained information about his torture account and mental health symptoms of PTSD and depression. However, the report did not address the risk of harm of detention on his mental health or the lack of access for treatment for PTSD in detention. It also stated that Samuel "did not have any scars". Samuel told Medical Justice: "It was a trigger point for me when the doctor said I don't have any scars. The doctor did not even ask about scars." Medical Justice's clinician documented scarring on Samuel's body. It was only when Samuel had a second Rule 35(3) report that the Home Office replied, assessed him as a Level 3 Adult at Risk, accepted his torture account and decided to release him from detention. Despite this, he was kept in detention for almost five further months, waiting for approval by the Home Office of "suitable" accommodation.*

## Home Office Decision Making in Response to Rule 35 Reports

As outlined above, Rule 35 reports trigger a detention review. The Home Office must provide a response two working days after receipt. In the response the Home Office assesses the individual's level of vulnerability according to the Adults at Risk (AAR) policy and reviews whether the person should remain in detention or be released. The AAR policy provides that vulnerable individuals or adults at particular risk of harm in detention should not normally be detained and can only be detained when "immigration control factors" outweigh their indicators of risk.[xxxix] There are three levels of evidence of risk.[xl] Only persons with the highest level of evidence of risk of harm in detention (Level 3 evidence) would have the greatest protection against continued detention.

Of the Home Office Rule 35 responses for 41 people we had access to, 1 person was designated as Level 1 AAR, 33 were designated as Level 2 AAR, and 7 were designated as Level 3 AAR.

The Home Office took the decision to release 7 people in relation to their Rule 35 report. Six had been assigned AAR Level 3 and one at Level 2, indicating that it is very unlikely for the Home Office to decide to release those without Level 3 evidence. Despite this, most remained in detention for months after the decision to release them had been made.

## Rule 35 Administrative Flaws

There was a delay of more than 2 working days between all Rule 35 reports and the Home Office response in 31[xli] cases. The shortest delay was 1 further working day and the longest over two months.

## Lack of clinical identification and diagnosis by IRC healthcare

According to client medical records, symptoms and diagnosis of mental health conditions are often missed or not further explored by IRC healthcare. This is problematic given the high prevalence of mental health conditions in detained populations and given that detention can be the cause of mental illness.

Medical Justice clinicians diagnosed 34 clients with a new mental health condition which had not already been recorded in their medical records. The conditions included: PTSD, Complex PTSD, depressive disorders, psychotic disorders including schizophrenia, anxiety disorders and acute stress reaction.

Medical Justice clinicians had concerns about 7 of the 66 clients' mental capacity. None of these 7 clients' medical records identify any concern about the clients' lack of capacity.

There is a particular lack of exploration of PTSD symptoms amongst detained people. Of the 34 clients who had a PTSD diagnosis by a Medical Justice clinician, IRC healthcare explicitly considered the possibility of PTSD for only 6 clients.

This is concerning given that research shows that detention is likely to aggravate PTSD symptoms, as the environment may trigger reminders of the loss of agency and powerlessness that are strongly associated with traumatic events. Additionally, such patients will be unable to access treatment, since trauma focused therapy is not possible in detention settings.

NICE PTSD guidelines explicitly recognise that refugees and asylum-seeking populations are at heightened risk of PTSD. IRC healthcare staff should therefore have a proactive focus on exploring possible symptoms, given the prevalence and the avoidance associated with PTSD.

## Use of Force

Of the 66 clients, 7 of their MLRs mentioned that they were subjected to the use of force and/or restraints whilst in detention[xlii]. This includes in the context of forced removal to the airport, transfer to segregation, removal from suicide netting and for transfer to external hospital appointments. For torture survivors, the use of force can be a terrifying re-enactment of past abuse. Two people were noted to have injuries attributed to force used on them, requiring medical treatment.

# References

[i] The 66 were selected on the basis that they had an MLR assessment by a Medical Justice clinician between 1 June 2022 and 27 March 2023 in an Immigration Removal Centre, had a finalised MLR produced at the time of data collection (end of July 2023) and there was sufficient information and documentation such as the client's IRC medical records up to the point of the MLR assessment and Rule 35 reports, where relevant. We also reviewed Home Office responses to Rule 35 reports, where we had access to them.

[ii] At the time of their MLR assessment, of the 66 clients: 11 were detained in Yarl's Wood, 12 were detained in Harmondsworth, 19 were detained in Colnbrook, 20 were detained in Brook House, 1 were detained in Tinsley House, 3 were detained in Derwentside and none were detained at Dungavel or any Short Term Holding Facility.

[iii] The MLRs were finalised between 16 June 2022 and 12 June 2023. One person had two MLR assessments and two MLRs during the same detention episode.

[iv] Both have since been recognised as being under the age of 18.

[v] See Verhülsdonk, I., Shahab, M., & Molendijk, M. (2021) Prevalence of Psychiatric Disorders Among Refugees and Migrants in Immigration Detention: Systematic Review with Meta-analysis. BJPsych Open 7(6); Bosworth M. (2016) Appendix 5: The Mental Health Literature Survey Sub-Review. Review into the Welfare in Detention of Vulnerable Persons: A Report to the Home Office; M von Werthern, K Robjant, Z Chui et al. (2018) The Impact of Immigration Detention on Mental Health: A Systematic Review, BMC Psychiatry 18; Royal College Psychiatrists (April 2021) Position statement: The Detention of people with Mental Disorders in Immigration Detention PS02/21.

[vi] Note that 3 of the 66 clients had no mental health diagnosis made. Clients with no mental health diagnosis may still require MLR to document symptoms, medical issues, scars or other vulnerability, so this does not necessarily imply there were no relevant issues.

[vii] Royal College Psychiatrists (April 2021) Position statement: The Detention of people with Mental Disorders in Immigration Detention PS02/21, 18.

[viii] The 13 suicide attempts took place at: Brook House (4 of the 13 people), Yarl's Wood (3 of the 13 people), Colnbrook (3 of the 13 people), Harmondsworth (2 of the 13 people), and Tinsley House (1 of the 13 people).

[ix] This data refers to the number of incidents and does not necessarily equate to the number of individuals; some individuals may have had multiple self-harm incidents.

[x] This data is from Freedom of Information requests, obtained by Medical Justice, with reference numbers 76568, 72966, 75319 and 76239.

[xi] This data is from Freedom of Information requests, obtained by Medical Justice, with reference numbers 76568, 72966, 75319 and 76239.

[xii] The proportion of Medical Justice's clients who have attempted suicide, suicidal thoughts and incidents of self-harm recorded is higher than the detention-wide statistics. This is because of Medical Justice's remit. Medical Justice's clients are some of the most unwell people in detention and are those in specific need of a medico-legal assessment and report.

[xiii] Aaron's name has been changed to protect his identity.

[xiv] There were insufficient records to determine this for the remaining 4 clients.

[xv] None of the medical records included an explanation of what the Rule 34 appointment was or the purpose of it.

[xvi] See statistics since 2015 in Home Office and Immigration Enforcement (published 24 August 2023) Transparency data: Immigration Enforcement data: Q2 2023 table DT_03.

[xvii] For two clients, it was unknown whether detention of associated features had caused deterioration in their mental state.

[xviii] When assessing whether detention has caused a deterioration in a client's health, Medical Justice clinicians consider not just the fact of incarceration, but also the features of detention as explained by the client, such their separation from family and their community, and also their level of access to healthcare and treatment in detention.

[xix] Medical Justice assessment of harm includes any deterioration in a person's condition, as well as where detention is preventing an improvement that would otherwise be expected or where a person requires access to a specific treatment that is not available in detention but would likely be available to them in the community.

[xx] The Home Office made the decision to release one person in response to their Rule 35(1) report and in the other case, upheld a previous decision to release but who remained in detention waiting for approval by the Home Office of "suitable" accommodation.

[xxi] Royal College Psychiatrists (April 2021) Position statement: The Detention of people with Mental Disorders in Immigration Detention PS02/21, 18.

[xxii] Home Office (October 2022) Detention Services Order 01/2022 Assessment Care in Detention and Teamwork (ACDT) paragraph 9.

[xxiii] Mark's name has been changed to protect his identity.

[xxiv] Home Office and Immigration Enforcement (published 24 August 2023) Transparency data: Immigration Enforcement data: Q2 2023 table DT_03.

[xxv] Medical Justice (December 2022) The Brook House Inquiry: Briefing on Key Issues, paragraphs 10 to 12.

[xxvi] Phil Riley and Kate Davies, 1 April 2022, HOM0332160.

[xxvii] Third witness statement of Sarah Bromley, paragraph 3 PPG000205.

[xxviii] Home Office (October 2022) Detention Services Order 01/2022 Assessment Care in Detention and Teamwork (ACDT) paragraph 89.

[xxix] Mitie Care & Custody (4 December 2022) Safer Detention Operational Instruction for Heathrow IRC and Mitie Care & Custody (July 2021) Safer Detention Policy for Dungavel IRC. These policies were obtained by Medical Justice through a Freedom of Information Request, with reference number 76852.

[xxx] Home Office and Immigration Enforcement (published 24 August 2023) Transparency data: Immigration Enforcement data: Q2 2023 table DT_04.

[xxxi] Home Office and Immigration Enforcement (published 24 August 2023) Transparency data: Immigration Enforcement data: Q2 2023 table DT_04.

[xxxii] This data is from Freedom of Information requests, obtained by Medical Justice, with reference numbers 76568, 72966, 75319, 76239.

[xxxiii] The data for June 2022 is from a Freedom of Information request, obtained by Medical Justice, with reference number 71801. The data for 2022 Q3, 2022 Q4 and 2023 is from Home Office and Immigration Enforcement (published 24 August 2023) Transparency data: Immigration Enforcement data: Q2 2023 table DT_03.

[xxxiv] This data is from Freedom of Information requests, obtained by Medical Justice, with reference numbers 76568, 72966, 75319, 76239. Note that this number does not necessarily equate to the number of individuals who have had a constant supervision opened against them whilst being managed under ACDT, as a constant supervision may have been opened for one individual on more than one occasion whilst being managed under ACDT.

[xxxv] The data for June 2022 is from a Freedom of Information request, obtained by Medical Justice, with reference number 71801. The data for 2022 Q3, 2022 Q4 and 2023 is from Home Office and Immigration Enforcement (published 24 August 2023) Transparency data: Immigration Enforcement data: Q2 2023 table DT_03.

[xxxvi] Royal College Psychiatrists (April 2021) Position statement: The Detention of people with Mental Disorders in Immigration Detention PS02/21, 13; Bosworth M. (2016) Appendix 5: The Mental Health Literature Survey Sub-Review. Review into the Welfare in Detention of Vulnerable Persons: A Report to the Home Office.

[xxxvii] Home Office and Immigration Enforcement (published 24 August 2023) Transparency data: Immigration Enforcement data: Q2 2023 table DT_03.

[xxxviii] Samuel's name has been changed to protect his identity.

[xxxix] This was introduced following the highly critical review by Stephen Shaw in 2016.

[xl] The first evidence level (Level 1) is a declaration by the detained person about their medical or other aspects of their history that would indicate they had an indicator of risk. The second evidence level (Level 2) is where a professional person provided information that the detained person had indicators of risk. The third evidence level (Level 3) is evidence from a professional that the person fell within the categories of risk and detention would be likely to cause them harm.

[xli] Out of total of 65 Rule 35 1, 2, or 3 reports done for 52 clients, including those that had more than one Rule 35 report in the same detention episode.

[xlii] The 7 individuals were subjected to the use of force and/or restrains whilst detained at Colnbrook, Yarl's Wood, Brook House and Harmondsworth.