



**Upper Tribunal
(Immigration and Asylum Chamber) Appeal Number: RP/00141/2018**

THE IMMIGRATION ACTS

**Heard at Field House
On the 23rd September 2022**

**Decision & Reasons Promulgated
On the 4th January 2023**

Before

**UPPER TRIBUNAL JUDGE FRANCES
DEPUTY UPPER TRIBUNAL JUDGE COTTON**

Between

**M M S
(ANONYMITY DIRECTION MADE)**

Appellant

and

THE SECRETARY OF STATE FOR THE HOME DEPARTMENT

Respondent

Representation:

For the Appellant: Mr E Nicholson, instructed by Thompson & Co Solicitors
For the Respondent: Mr D Clarke, Senior Home Office Presenting Officer

DECISION AND REASONS

1. The appellant is a national of Somalia born in 1977. His appeal against the decision to revoke refugee status, refuse his human rights claim and deport him to Somalia was allowed by First-tier Tribunal Judge Hosie on Article 3 grounds on 7 January 2020. This decision was set aside for the reasons given in the decision of Upper Tribunal Judge Frances promulgated on 10 March 2022. The appeal was adjourned for rehearing before the Upper Tribunal.

Appellant's immigration history

2. The appellant came to the UK in 2001 and claimed asylum. He was recognised as a refugee and granted indefinite leave to remain on the basis he was a member of a minority clan from Barawe. On 19 September 2014, the appellant was convicted of rape and sentenced to a term of imprisonment of seven years and two months. He was notified of his liability to deportation by letter dated 7 April 2016 and the deportation order was signed on 13 September 2018.
3. On 14 September 2018, the respondent made a decision to revoke the appellant's refugee status and refuse his human rights claim. She excluded the appellant from protection under the Geneva Convention ('the Convention') pursuant to section 72 of the Nationality, Immigration and Asylum Act 2002 ('NIAA 2002').

Procedural history

4. The First-tier Tribunal Judge ('FTTJ') found the appellant had failed to rebut the presumption in section 72 NIAA 2002 and dismissed the appeal on asylum grounds. She noted the appellant was granted refugee status prior to the Qualification Directive and the respondent's concession that the appellant could not safely return to his home area of Barawe. She found that the appellant's status under the Convention was not affected.
5. Following Dang (Refugee - query revocation - Article 3) [2013] UKUT 43, the FTTJ found the appellant was not immune from removal and conducted an Article 3 assessment at the date of hearing. She applied MOJ and Others (Return to Mogadishu) Somalia (CG) [2014] UKUT 00442 (IAC) and found the appellant was likely to experience undue hardship attempting to settle in Mogadishu, given his personal circumstances, and he was likely to end up in an IDP camp which was likely to be sufficient to breach Article 3 ECHR.
6. At [145] the FTTJ concluded:

“Added to the unlikelihood of family support in Mogadishu or indeed anywhere in Somalia, the fact of being a minority clan member, together with the Appellant's financial constraints, lack of remittances from abroad and mental health problems, he would find it difficult to establish himself anywhere in Somalia including Mogadishu without ending up in an IDP camp likely to breach his Article 3 ECHR rights. Whether or not he has ongoing schizophrenia or drug-induced psychosis he does have diabetes (for which he requires to take metformin), high cholesterol and depression for which he is prescribed medication. He would appear to have a history of heart disease with both his mother and sister suffering heart attacks. I note from independent research done by the psychology expert Mr O'Doherty that medication in Somalia is scarce and expensive. The Appellant is unlikely to be able to afford it even if it were available. The impact of

his declining mental health which is strongly indicated by the expert psychologist is likely to impinge on his ability to find employment to support himself and attend to his physical health needs including his diabetes. Following paragraphs 424 and 425 of MOJ and Others (Return to Mogadishu) Somalia CG [2014] UKUT 00442 (IAC) the Appellant is likely to experience undue hardship attempting to settle in Mogadishu concerning his personal circumstances as a whole and the fact that he is not from Mogadishu. Considering the background evidence before me and the case law he is likely to be in an IDP camp which is likely to be sufficient to breach his Article 3 rights.”

7. The respondent appealed on the grounds the FTTJ had misdirected herself in law in failing to consider SSHD v MS (Somalia) [2019] EWCA Civ 1345 and applying the country guidance case of MOJ, which was contrary to the jurisprudence in SSHD v Said [2016] EWCA Civ 44, SSHD v MS and SB (refugee revocation; IDP camps) Somalia [2019] UKUT 00358 (IAC). The FTTJ had failed to apply the correct test for the assessment of Article 3.
8. On 10 March 2021, Upper Tribunal Judge Frances (‘UTJ’) found that the FTTJ erred in law in finding that the cessation provisions had not been made out and she had not carried out an assessment of whether it would be unduly harsh to expect the appellant to relocate to Mogadishu. The FTTJ’s reference to undue hardship was insufficient to demonstrate the error was immaterial. The FTTJ’s decision that the appellant remained a refugee under the Convention was set aside.
9. The UTJ also found the FTTJ had failed to consider the appropriate threshold in her Article 3 assessment and had wrongly applied the conclusions in MOJ that the conditions in an IDP camp were sufficient to breach Article 3. The UTJ was not persuaded by Mr Nicholson’s submission that the FTTJ found the appellant would be at risk of Article 3 treatment even if he did not end up in an IDP camp. It could not be said, on the facts found by the FTTJ, that the appellant satisfied the Article 3 threshold test following AM (Zimbabwe) v SSHD [2020] UKSC 17. The FTTJ erred in law in her assessment of Article 3.
10. There was no challenge to the FTTJ’s factual findings that the appellant would be returned to Somalia without support from his family or financial support from his sister in the UK. These findings were specifically preserved. There was no challenge to the FTTJ’s decision to uphold the section 72 certificate. The issues to be re-determined were:
 - (i) Whether it would be unduly harsh for the appellant to relocate to Mogadishu; and
 - (ii) Whether the appellant’s deportation to Somalia would breach his rights under Article 3 ECHR.
11. The appeal was listed for rehearing on 2 November 2021. The respondent produced further evidence and applied for an adjournment pending the imminent promulgation of new country guidance on Somalia. The UTJ

admitted the further evidence because it was available to the appellant, it assisted the Tribunal and, given the assessment of Article 3 must be made on the facts existing at the date of hearing, it would not be unfair to admit the evidence. The appeal was adjourned following further discussion of the issues and preserved findings.

12. In the decision and directions promulgated on 10 November 2021, the UTJ clarified the preserved findings of fact. She rejected Mr Nicolson's submission that the FTTJ found the appellant would not be able to access employment and would be destitute because it was apparent from the error of law decision (10 March 2021) that the appellant could not succeed under Article 3 on the facts found by the FTTJ. The parties were directed to serve any further evidence and skeleton arguments no later than seven days before the hearing date.
13. The appeal was re-listed before the UTJ and Deputy Upper Tribunal Judge Malik on 18 February 2022. The appellant was represented by Mr Bedford on this occasion. The appeal was adjourned to enable the respondent to reply to the appellant's skeleton argument received the previous day and for the appellant to rely on Article 8 following the decision of Savran v Denmark (Application No: 57467/15).
14. The appeal was re-listed before the UTJ on 8 July 2022. Counsel was unavailable and the appellant's representative had recently taken over the appellant's case on 13 June 2022. He applied to adjourn the hearing to obtain an up to date medical report. In fairness to the appellant, the hearing was adjourned. The UTJ gave the following direction:

"The appellant's representatives are directed to obtain a medical report and to prepare witness statements addressing Article 3 and Article 8. No further delay will be tolerated."

The hearing

15. The appellant relied on a consolidated bundle of 586 pages. The respondent relied on the Prison medical notes ('HMP records'), the Immigration Removal Centre medical notes ('IRC records'), the Country Policy and Information Notes ('CPIN's'), the Country of Origin Information Request Responses dated 2 August 2019 and 16 June 2021 ('COIR'), the Facilitated Return Scheme Guidance dated 24 September 2021 ('FRS Guidance').
16. Mr Nicolson applied for an adjournment to obtain expert evidence on the best interests of the appellant's children. He submitted there was no evidence from the appellant's family before the FTTJ and the judgment in HA (Iraq) v SSHD [2022] UKSC 22 had been handed down since the last adjournment. Proceeding in the absence of such evidence was likely to lead to a fresh claim on the basis of the appellant's relationship with his children.

17. Having considered the overriding objective, we refused the application for an adjournment because there had been ample opportunity to obtain such evidence. There has been repeated disregard for the directions issued by the Tribunal and we assessed that an adjournment for this request would likely lead to further delay. The appellant and his family were present at the hearing and could be called to give evidence.
18. Mr Nicolson did not call the appellant, his wife, or children to give evidence. He relied on the witness statements and letters in the appellant's consolidated bundle. He relied on his skeleton argument and oral submissions which are summarised below.

Appellant's submissions

19. Mr Nicolson relied on AS and AA (Effect of previous linked determination) Somalia [2006] UKAIT 00052 in which the then Vice President of the Tribunal observed:

"In asylum and human rights appeals, the standard of proof is very low. It suffices, it is usually said, to establish that there is a real risk of the apprehended harm. On the other hand, in refusing a claim, or dismissing an appeal, the Tribunal decides that there is no real risk that the claimant is or will be in the danger he claims. Thus the dismissal of an asylum and human rights appeal indicates a level of certainty about the effect of the evidence that is not apparent in allowing an appeal. We would not press this issue further, but it seems to as to be worthy of mention. "
20. Mr Nicolson submitted the appellant suffers from hearing voices and self-harm by head banging. He is a refugee and the respondent had failed to establish cessation. Internal relocation was relevant to the assessment of Article 3. The appellant had to have family and financial support to be able to live in Mogadishu. On the unchallenged findings of fact, it would be unduly harsh for him to internally relocate to Mogadishu. The appellant came within the categories identified in [425] of MOJ and, if not for section 72 NIAA 2002, he would succeed on asylum grounds.
21. Mr Nicolson relied on Ainte (material deprivation - Art 3 - AM (Zimbabwe)) [2021] UKUT 00203 (IAC) and submitted the appellant could still succeed in establishing a breach of Article 3 on grounds of material deprivation. In 2020, many people in Mogadishu were living in inhumane and degrading conditions. Underhill LJ in HA (Iraq) stated that undue harshness could occur quite frequently. The high threshold of Article 3 could be met given the prevailing set of circumstances.
22. The appellant had no family or clan members on whom he could rely. He was not from Mogadishu and had never lived there. He would receive no remittances from abroad. His mental health was likely to impinge on his ability to obtain employment and his paranoia will worsen if unchecked by medication. He will be strongly handicapped in the labour market. The

appellant had not worked in the UK since 2007. The evidence established the appellant would be unable to support himself and obtain medication. The appellant faced the prospect that the Upper Tribunal found in Ainte was capable of breaching Article 3. His ability to work was not established to the certainty required by AS and AA. The appellant met the test in AM (Zimbabwe) and the respondent had failed to dispel doubts.

23. An application under the Facilitated Return Scheme ('FRS') had to be approved. The email from the respondent of 14 April 2022 was insufficient particularly given the concern that the appellant's criminality may bring the scheme into disrepute. If the appellant did not receive a FRS payment, he had no financial support. The difficulty with an 'in principle' decision was that there was a serious possibility the appellant would be denied approval.
24. Mr Nicolson submitted that even if the appellant received £500 to £750 under the scheme it was not clear how he would obtain the money. The appellant's paranoia would complicate the process. The situation was a long way from the certainty required to dismiss the appellant's appeal.
25. In relation to the appellant's mental health, Mr Nicolson submitted that even the respondent's refusal letter of 14 September 2018 painted a grim picture of psychiatric help available in Somalia. The COIR dated June 2021 demonstrated a lack of highly trained staff due the displacement caused by conflict. The threshold in MMS v Belgium and Greece (2011) 53 EHRR 2 should be applied. There was no central regulatory body controlling the quality of medication in Somalia. The Tribunal could not be satisfied the appellant had access to the medication he needed. Even if the appellant's medication was available, he would be unable to afford to pay for it for very long.
26. Mr Nicolson submitted the appellant met the test in OA (Somalia) (CG) [2022] UKUT 33 (IAC) "for temporal proximity between the removal decision and any 'intense suffering' of which the returnee claims to be at real risk". Little weight should be given to the respondent's email of 14 April 2022 in relation to the FRS. Without that payment the appellant would be destitute on arrival and would be unable to find work. There was evidence of self-harm in the IRC records and the appellant's increased paranoia was sufficient to reach the Article 3 threshold. There was no meaningful challenge to the medical evidence and no expert report from the respondent to dispel the doubts raised by the appellant and set out in the refusal letter (pages 18 to 20). The appellant's mental health or material deprivation on return to Somalia either separately or cumulatively met the Article 3 threshold. There was no risk of self-harm in Savran v Denmark.
27. Mr Nicolson submitted the FTTJ's conclusions at [145] were not set aside in the error of law decision because the respondent did not challenge the FTTJ's findings of fact. There was evidence of a risk of suicide and an inability to access medication due to a lack of funding and/or regulatory

quality control. The appellant is so paranoid he hears voices and there is no evidential basis for the Tribunal to be certain about what he would do in Mogadishu. There is a real risk the appellant's current treatment will be terminated by the respondent's deportation action and she should have obtained her own expert report.

28. The appellant was an extremely vulnerable individual. Mirtazapine was not available in Somalia. There was unchallenged evidence that the appellant's mental health would rapidly decline on return. Mr Nicolson submitted the appellant was a paranoid schizophrenic who bangs his head. He would not be able to find employment to pay for medication which in any event is unsafe. There was nothing in the respondent's skeleton argument to counter the appellant's evidence that his removal would breach Article 3.
29. In relation to Article 8. Mr Nicolson submitted the appellant had a genuine and subsisting relationship with his children. The appellant's deportation would result in permanent separation. It was in the children's best interests that the appellant remain in the UK and his deportation would be unduly harsh.

Respondent's submissions

30. Mr Clarke accepted that internal relocation was a relevant consideration notwithstanding the section 72 certificate. In SSH v SC (Jamaica) [2017] EWCA Civ 2112, the respondent conceded that the issue of whether it would be unduly harsh to relocate was a relevant consideration in Article 3 cases.
31. Mr Clarke submitted the appellant's submissions conflated cessation and revocation. The Qualification Directive provided for a grant and revocation of refugee status and a residence permit. Article 1C of the Convention predated the Qualification Directive and was relevant to cessation. He accepted the respondent could not rely on the immigration rules, but the respondent was entitled to rely on Article 1C(5). Internal relocation was a relevant issue because the appellant could not return to his home area.
32. Mr Clarke relied on AZ (Iran) [2018] UKUT 00245 at [47] and submitted the Upper Tribunal could depart from the FTT's findings in exceptional circumstances. He also relied on HA (expert evidence; mental health) Sri Lanka [2022] UKUT 00111 (IAC) and submitted experts should be aware of the reality of the situation when the appellant is resisting removal. He submitted the threshold test in AM (Zimbabwe) was a high one and the appellant's health condition did not meet that threshold.
33. In relation to the expert evidence, Mr Clarke accepted the expert was not required to test the evidence but should be aware of fabrication or exaggeration of mental illness in an attempt to remain in the UK. In this

case, the HMP and IRC records presented a broader picture to that available to the expert. This was not a consistent presentation of mental illness and all relevant evidence was not before the expert.

34. Mr Clarke took us through the HMP records from 1 September 2015 to 23 March 2017 and the IRC records from January 2018 to November 2019. The entries to which we were referred are set out at Annex B. He submitted the appellant's head banging refers to one incident in a van. The HMP and IRC records demonstrated there were multiple diagnoses and the appellant's presentation was inconsistent. He did not like taking anti-psychotic medication and there was an unknown incident in 2019 which led to a diagnosis of schizophrenia which also failed to refer to the earlier re-diagnosis.
35. Mr Clarke referred us to the letter from the appellant's GP dated 13 July 2022 and submitted the appellant's GP was currently unable to comment on the appellant's mental health and confirmed that the appellant was not currently on medication. The appellant had not collected his prescription since March 2022. The GP notes were not before Dr Mir and we did not know what the appellant said to him. We did not know on what basis Dr Mir made his diagnosis.
36. Mr Clarke submitted no weight should be attached to the report of Kevin O'Doherty dated 2 December 2019 because there were no medical records before him. He submitted we could depart from the little weight attached to this report by the FTTJ in exceptional circumstances.
37. Mr Clarke submitted we did not know what was said to Dr Mir given there were reports which post-dated his diagnosis stating the appellant's mental health condition did not need to be managed. Dr Mir interviewed the appellant by video for one hour. The HMP records were not before him and there was no evidence of the gap in the IRC records. There was insufficient evidence about the appellant's re-diagnosis or remission or the effect of being taken off anti-psychotic drugs. Dr Mir accepted the appellant only took risperidone on one occasion and in April 2021 the appellant's presentation was stable.
38. Mr Clarke submitted the report of Dr Mir was problematic because he had not seen the diagnosis in 2010 or the re-diagnosis. He did not have a holistic view of the appellant's presentation over the preceding years. Dr Mir stated the appellant was suffering from non-organic psychotic disorder not paranoid schizophrenia.
39. In his report of August 2022, Dr Mir stated the appellant was taking risperidone which was inconsistent with the GP records that the appellant has not taken medication since March 2022. Dr Mir did not have access to the notes referred to in the GP's letter of 13 July 2022. There was a paucity of evidence before Dr Mir. The appellant's current presentation was based on his own self-reporting and Dr Mir's opinion was speculative. There was

no expert evidence of alternative treatment if the appellant's current medication was not available on return.

40. Mr Clarke submitted the test in AM (Zimbabwe) could not be met on the evidence before us. Medical facilities were available to the appellant and he could access medication despite its limited availability. There was no evidence of the suitability of alternative medication to mirtazapine. The evidence did not meet the high threshold of Article 3.
41. In relation to internal relocation, Mr Clarke submitted the appellant retained cultural and social links with Somalia and had contacts with Somalia in the UK. The appellant worked in prison and could obtain work as a casual or day labourer or as a waiter. The applicable country guidance was OA (Somalia). The email dated 14 April 2022, setting out a response from the director of the FRS, was an undertaking that the appellant qualified under the scheme and would be entitled a further discretionary amount. The appellant would return with a grant of £1250. He is able and willing to work and as a Somali speaker he can take advantage of the economic boom. He is unlikely to have to live in a dire IDP camp. His Article 3 claim must fail.
42. In relation to Article 8, there were no very compelling circumstances and it would not be unduly harsh for the appellant to relocate. There was no expert evidence of the best interests of the children and the appellant could not meet the test in KO (Nigeria) v SSHD [2018] UKSC 53. The appellant's case was not sufficiently compelling to meet the high test in NA (Pakistan) v SSHD [2016] EWCA Civ 662 or HA (Iraq).

Appellant's response

43. Mr Nicolson submitted that the respondent's submissions were not part of her skeleton argument. It was not appropriate to depart from the findings of the FTTJ and there was no challenge to the finding that the appellant's mental health impinged on his ability in the labour market. It was apparent from Dang and Essa that internal relocation was relevant to Article 3 notwithstanding the section 72 certificate.
44. Mr Nicolson submitted there was consistent evidence of self-harm in this case and the appellant required anti-psychotic medication. There were instances of extremely serious self-harm and the appellant was placed on a vulnerable adult care plan ('ACCT') in prison. There were numerous diagnoses of schizophrenia. There was nothing in HA (Iraq) which allowed us to attach less weight to the opinions of the experts when the medical records were considered in their entirety. The FTTJ was impressed with the medical evidence and concluded the appellant's mental health would impact on his ability to seek employment. It would be dangerous to conclude the appellant was not currently taking medication. He had been prescribed medication and could have it but not take it. Dr Mir's report was

holistic and he reached conclusions he was entitled to meet. There were no suggestions from the appellant's GP of suitable alternative medications and it was apparent from Mr O'Doherty's report that the appellant was intolerant of other medications. There was ample evidence in the refusal letter of the lack of availability of drugs and no regulatory control.

45. Mr Nicolson submitted there were vast numbers of people in dire conditions in IDP camps. The appellant would have to get a job and it was unreasonable to rely on his work as a cleaner in prison to support a finding that he would be able to work in Somalia where the conditions were entirely different. It was clear that the appellant's mental health condition prevented him from getting a job. Mr Nicolson submitted we should not go behind the FTTJ's finding on this issue.
46. Although the appellant's offence was extremely serious, he had a genuine and subsisting relationship with his three children and it was in their best interests the appellant remained in the UK. The depth of the relationship was evident from their letters and the appellant's deportation to Somalia would be equivalent to a bereavement. They would never see the appellant again. It was not proportionate to separate the family. The appellant hears voices and believes he will be killed. Mr Nicolson submitted the appeal should be allowed.

Conclusions and reasons

47. The appellant is a national of Somalia and is 45 years old. His home area is Baware and he is a member of the Haatimi minority clan. The appellant is not from Mogadishu and he left Somalia over 20 years ago. The appellant has no family members to return to in Mogadishu. His father died in 2013 and his mother in 2016. He has two sisters living as refugees in Kenya, a brother who has been granted asylum in the United States and a sister who has refugee status in the United Kingdom. The appellant married his wife in 2006 and they have three children all of whom who were born in London. They are now aged between 11 and 15 years old.
48. The appellant was initially diagnosed as suffering from paranoid schizophrenia in October 2010 when he told the police that someone was trying to kill him, and that he heard many voices in his head. He has been prescribed olanzapine, mirtazapine, sertraline, aripiprazole, ranitidine and risperidone. The appellant's mental health condition at the date of hearing is discussed below. He is currently prescribed 45mg of mirtazapine.
49. The appellant also suffers from diabetes for which he takes 1g of metformin twice daily. He also takes 20mg of atorvastatin for high cholesterol. The appellant has lumps in his armpits (hidradenitis suppurativa) and pilonidal sinus, a condition the appellant has at the top of his buttocks. These conditions are treated with 408mg of lymecycline (antibiotics).

50. The following findings of fact were preserved. The appellant would be returned to Somalia without support from his family and without financial assistance from his sister in the UK. The respondent did not challenge these findings and there was no cross-appeal. We are not persuaded by Mr Clarke's submission that, given the entries in the HMP records on 11 and 18 January 2017 in which the appellant stated he had siblings in Somalia, there are exceptional circumstances justifying a departure from the preserved findings. The respondent has had ample opportunity to raise this issue and give the appellant an opportunity to reply. It is not in the interests of justice, at this late stage, to depart from the preserved findings of fact.
51. Nor are we persuaded by Mr Nicolson's submission that there is a preserved finding the appellant is unable to obtain employment due to his mental health condition. At its highest, the judge found a decline in the appellant's mental health is likely to impinge on his ability to find employment and support himself. The assessment of Article 3 is to be made at the date of hearing and the appellant's current mental health condition is a relevant factor in that assessment.
52. We have considered all the evidence before us including witness statements, expert reports, country background information, skeleton arguments and submissions. We have also considered relevant country guidance in MOJ and OA (Somalia). The judgments in both cases are lengthy and are not repeated in this decision. The headnote of OA and relevant part of MOJ are set out in Annex A.
53. The appellant has no nuclear family or close relatives in Mogadishu to assist him in re-establishing himself on return and he will not be in receipt of remittances from his sister in the UK. We accept the appellant's mental health will impact on his ability to secure employment.
54. The burden is on the appellant to show he has no real prospect of securing access to a livelihood on return and therefore his return to Mogadishu would be unduly harsh and/or breach Article 3. In an Article 3 'living conditions' case, there must be a causal link between the Secretary of State's removal decision and any 'intense suffering' feared by the appellant. This includes a requirement for temporal proximity between the removal decision and any 'intense suffering' of which the appellant claims to be at real risk.

The appellant's mental health condition

55. In his psychological assessment report dated 2 December 2019, Mr O'Doherty states he has been provided with 'the client's medical records for review' in addition to the OASys report, the appellant's witness statement, the sentencing remarks and the respondent's decision. It is not apparent from the report which medical records Mr O'Doherty is referring to. He summarises various entries in general terms at [2.9].

56. Mr O'Doherty refers to "18/1/2018: Entry in relation to frequent self-harm and in particular where the client bangs his head against the wall to try and stem the 'voices'"

The IRC record for January 2018 states that there was no risk of self-harm within the last 12 months and the appellant was managing his medication himself.

57. Save for a reference on 2 June 2018 to an allegation of torture, the remaining matters listed at [2.9] refer to 'various entries' and do not adequately reflect the appellant's medical notes in the HMP and IRC records.
58. Mr O'Doherty interviewed the appellant on 29 November 2019 and recorded that he had no psychotic features, delusional ideas, thought disorders or suicidal ideation at the time. The appellant described frequent auditory hallucinations, but he had a clear insight into these 'voices'.
59. Mr O'Doherty states the appellant described how he tried to hang himself after he first came to IRC Morton Hall and went on to describe how he frequently bangs his head against the wall in frustration at the frequent voices he hears. The most recent occasion was two months ago. The IRC records refer to one incident of head banging in July 2019 and a reference to the appellant's disclosure of a previous attempt to hang himself in the community.
60. Mr O'Doherty stated the appellant, "advised me that that (sic) on one occasion, he was admitted to hospital in Chingford for psychiatric treatment. He stayed there initially for 1 month and was released to the local community mental health team. He was called back to hospital and stayed there for 2 weeks and since then attended various appointments." There was no reference or acknowledgement that this took place in 2010.
61. Mr O'Doherty's diagnosis at [4.1] of his report states that the appellant is "currently experiencing a range of mental health symptoms including paranoia, anxiety, depression, auditory hallucinations, sleep interruption and nightmares. According to a review of the medical records, these symptoms have been in existence for a number of years and a diagnosis has been made previously of Paranoid Schizophrenia." He goes on again to make a number of general observations that the appellant is suffering from a range of symptoms consistent with poor mental health brought about by a range of factors.
62. We find that Dr O'Doherty's report is expressed in very general terms and is inconsistent with the HMP and IRC records. There is no formal diagnosis of paranoid schizophrenia. The report fails to take into account the re-diagnosis of adjustment disorder and has been superseded by the reports of Dr Mir. We attach little weight to this report.
63. Dr Mir, a consultant psychiatrist, in his report dated 29 June 2021, states:

"In my opinion [the Appellant] is experiencing symptoms consistent with a psychotic disorder, non-organic psychosis. In the past he has been diagnosed with paranoid schizophrenia and has had two admissions. I am of the opinion that at the time it was exacerbated by his underlying stress and the possible use of drugs. He has not used drugs since, but has continued to have the symptoms consistent with a psychotic disorder. In my view, he does require a referral to a local psychiatric team for initiation of antipsychotics. My impression is that if he was deported to Somalia, it would definitely increase his chances of relapse. When he relapses, he experiences paranoid persecutory delusions that he will be killed. The intensity of the voices increases and he bangs his head a lot. He will be a risk to himself. "

64. Dr Mir described the appellant as "tidy and kempt" and "very pleasant and cooperative throughout the interview". Dr Mir stated "There was no evidence of any self-neglect. He sat relaxed, established good eye contact and rapport was established easily. There was no evidence of any psychomotor agitation or retardation." The appellant was worried and looked sad about his situation. There was no evidence of thought disorder.
65. At [12.6], Dr Mir stated: "There was evidence of paranoid delusions. He is convinced that someone is going to stab him and kill him. As a result, he is always looking over his shoulder." There was no mention of this behaviour in the HMP or IRC records or elsewhere in the evidence. Dr Mir stated he could not see the whole picture on the video call. We are not persuaded by Mr Nicolson's submission that the appellant's behaviour would draw attention to himself and would prevent him from obtaining employment.
66. We accept Dr Mir's opinion that the appellant has auditory hallucinations. He does not have thoughts of self-harm or suicide and he has reasonable cognition and concentration. The appellant has a reasonable insight into his problems and is willing to take treatment. We accept Dr Mir's opinion that the appellant's symptoms are not severe enough to reach the threshold of paranoid schizophrenia. There were no symptoms of mood disorder or anxiety disorder. However, the appellant was very worried about his physical and mental health and he is stressed about his family and deportation. We accept his symptoms are exacerbated if his stress level increases.
67. It is apparent from the HMP and IRC records that the appellant banged his head in the van on being transferred to IRC Morton Hall away from his family. He did it out of frustration. The references to head banging in the HMP and IRC records relate to the appellant stating he had a history of head banging in times of emotional stress disclosed when he arrived at HMP Littlehey. There was no other incident of head banging recorded in the HMP and IRC records from 2015 to 2019.
68. We attach little weight to Dr Mir's opinion that return to Somalia would definitely increase his chances of relapse. This opinion was formed without reference to availability of treatment in Somalia and Dr Mir has no expertise in this area.

69. In his report dated 31 August 2022, Dr Mir stated the appellant “is currently on antipsychotic medication, risperidone 1mg and the dosage is to be increased to 2mg soon.” This is inconsistent with the letter of 13 July 2022 from the appellant’s GP (listed at [3.1] of the report) in which it stated the appellant has not been seen since 16 December 2021 and he has not collected his prescription since 18 March 2022. The GP was unable to comment on the appellant’s current function. This undermines Dr Mir opinion that the appellant’s mental health is likely to deteriorate if he returns to Somalia and does not have access to the treatment he is receiving in the UK.
70. Dr Mir assessed the appellant by video link on 26 August 2022. The appellant told him that he did not have any thoughts of harming himself or anyone else. He expressed a desire to get a job and give money to his children. The appellant was well kempt and his mood appeared low. There was no evidence of thought disorder, thought insertion, withdrawal or broadcast. The appellant described a passivity phenomenon as if someone was controlling his brain and making him do things like not leaving the house for days. There was no evidence of any delusions but the appellant had some paranoid ideations. There was evidence of auditory hallucinations and tactile hallucinations (feeling as though someone is grabbing his throat when he falls asleep). The voices tell him to end his life but he does not.
71. Dr Mir was of the view the appellant continues to have a psychotic disorder and his symptoms qualify for ‘possibly non-specific psychosis’. He was stated “[the appellant] now seems to have a depressive disorder”. Dr Mir was not sure if the appellant was taking mirtazapine because the appellant did not volunteer this information. The appellant told Dr Mir the voices were better when he was taking 2mg of risperidone. Dr Mir assumed the appellant had been seen by a psychiatrist who had prescribed this. Dr Mir did not have access to the appellant’s psychiatric notes. The appellant’s mental health was deteriorating due to the stress of deportation and Dr Mir was of the view a return to Somalia would increase the risk of self-harm or suicide.
72. The appellant’s GP records after his release from prison show that the appellant was seen by a psychiatrist on 14 April 2021 who commented the appellant had a past history of psychotic illness, historically related to psychotropic drug misuse. On 19 March 2021, the appellant was referred to the community mental health care team.
73. There is a letter dated 14 April 2021 from a consultant psychiatrist to the appellant’s GP which states the appellant is stable and little needed to be done in terms of any emergent psychiatric issue. The consultant noted the appellant was taking anti-depressant medication, but not anti-psychotic drugs at that time.
74. Mr Clarke referred us to a review by mental health services at page 215 of the appellant’s bundle, the appellant “seemed stable from a mental health

perspective". The author or date of this NHS document is unknown and we attach little weight to it.

The appellant's ability to access treatment

75. Having reviewed all the evidence, we find that the appellant is not suffering from paranoid schizophrenia. He suffers from a psychotic illness, but he is not currently taking anti-psychotic medication. The HMP records and IRC records show that he is unwilling to take anti-psychotic medication. The appellant is also depressed and has been prescribed antidepressants of which mirtazapine has been most commonly prescribed. The appellant's GP records suggest that he has not collected his prescription since March 2022.
76. The appellant is not at risk of self-harm or suicide and we attach little weight to Dr Mir's opinion that return to Somalia will increase the risk of self-harm. The HMP and IRC records refer to one incident of head banging when the appellant was in prison. Dr Mir listed the patient records from IRC Morton Hall in his first report, but he makes no specific reference to either the HMP records or IRC records relied on by the respondent. He accepted he did not have the appellant's psychiatric notes. Dr Mir has no expert knowledge of mental health services in Somali and the COIR was not before him.
77. The background evidence in the appellant's bundle demonstrates that mental health services in Somalia are woefully lacking. Human rights abuses are common (chaining or caging at home) for those suffering from serious mental illness. The health care system in Somalia provides the most basic functions and has little capacity to manage the challenges of mental health. There are initiatives in place to increase access to mental health services, facilitating humane treatments in hospital, at home and in communities, and decrease discrimination and human rights abuses.
78. Although the number of psychiatric beds has recently increased, the ratio of numbers of beds for mental health in general hospitals is still extremely low. Somalia remains severely underserved in terms of mental health services and community mental health services are virtually non-existent. There is a severe paucity of mental health workers and an overall lack of data regarding professional training and continued professional development.
79. Currently, there is no mental health legislation in place, but the Federal Government of Somalia has moved to redevelop key policies and strategies and has established a mental health portfolio.
80. In summary, the COIR and CPIN evince the following: There are six health facilities in Mogadishu, two of which offer inpatient and/or outpatient mental health services including treatment by a psychiatrist or psychologist. The Forlanini hospital offers some free care and an outpatient consultation fee is \$5. The remaining four facilities provide

access to medication including anti-depressants and anti-psychotics. There are only 3 to 15 (estimates vary) psychiatrists in the country and the capacities of mental health departments in hospitals are very limited. There is a shortage of trained staff and neither the doctors nor nurses in the few psychiatric wards have any significant specialist training.

81. The following anti-depressants are available: amitriptyline, sertraline and fluoxetine are available at a cost of between \$0.50 to \$8.00 for pack of 28/30 pills. Anti-psychotic medication: olanzapine, chlorpromazine, haloperidol, risperidone and clozapine are available at a cost of less than \$1 to \$8 per mg. Mirtazapine is not available and there was insufficient evidence before us to show that a suitable alternative is not available.
82. We find that treatment is available in Mogadishu for the appellant's mental health condition. The appellant is not suffering from serious mental illness requiring admission to hospital. He is not at real risk of human rights abuses as a result of his mental health condition.

Appellant's ability to work and re-establish himself

83. The appellant was able to work in prison and he has expressed the desire to work to Dr Mir. The appellant's current mental health condition did not prevent the appellant from working. We do not accept that the appellant's paranoia manifests itself in behaviour which is likely to affect the appellant's ability get a job. The appellant's lack of family support in Mogadishu may affect his ability to find a guarantor, but a guarantor is not needed for all forms of employment. We find the appellant is able to work in Mogadishu and has failed to show he cannot access the economic opportunities available in the casual and day labour market.
84. Applying the country guidance in OA, Somali culture is such that family and social links are, in general, retained between the diaspora and those living in Somalia. The appellant has family and diaspora links in the UK and it is unlikely he will be unable to establish contact with a member of his clan, or extended family, in Mogadishu through friends of friends. We find the appellant had failed to show he has no real prospect of securing access to a livelihood on return.
85. We find the director of the FRS has given a decision in principle that the appellant is entitled to a payment of \$1250 under the FRS. The director took into account the appellant's conviction and his mental health condition. This will be sufficient to fund the appellant's initial reception in Mogadishu while establishes a network or finds a guarantor and accommodation. The appellant has failed to show he will face the prospect of living in circumstances falling below that which is acceptable in humanitarian protection terms.
86. Metformin and other drugs for the treatment of diabetes are generally available. We were not directed to any evidence in the background material to show that drugs were not available to treat high cholesterol or

to show the appellant could not obtain antibiotics. The appellant has failed to show he could not access or afford treatment for the conditions causing his physical ill-health. We are not persuaded by Mr Nicolson's argument that drugs in Somalia are not available because they are not regulated as in the UK. A comparison in health care provision is not a relevant consideration.

87. Looking at all the evidence in the round, the appellant has failed to show he has no real prospect of securing access to a livelihood on return to Mogadishu. The appellant's relocation to Mogadishu will not be unduly harsh.

Article 3

88. The appellant's physical and mental ill-health condition does not reach the high threshold of Article 3. The appellant has failed to show he would face a real risk, on account of the absence of appropriate treatment in the receiving country or the lack of access to such treatment, of being exposed to a serious, rapid and irreversible decline in his or her state of health resulting in intense suffering or to a significant reduction in life expectancy.
89. Further and alternatively, the appellant has failed to establish a causal link between the Secretary of State's removal decision and any 'intense suffering'. On the evidence before us the appellant will not be destitute on return. We find the appellant's deportation to Mogadishu will not breach Article 3.

Art 8

90. It is not in dispute the appellant has been sentenced to a term of imprisonment of over seven years. Section 117C(6) of the Nationality, Immigration and Asylum Act 2022 applies. The appellant has to show very compelling circumstances over and above those described in the exceptions in section 117C(4) and (5).
91. We have considered the appellant's evidence, the letter from the appellant's wife and children at pages 268 and 269 of the appellant's consolidated bundle and the photographs which follow. The appellant is separated from his wife but he has a genuine parental relationship with his children.
92. We accept it would be unduly harsh for the appellant's family to relocate to Somalia. It is in the best interests of the children to remain in the UK with their mother. We have considered the effect on the appellant and his family caused by the separation of the family unit during the appellant's imprisonment. The appellant's deportation will result in a permanent separation of the family unit.
93. There was insufficient evidence before us to show that the appellant's deportation would be unduly harsh on his wife or children if they remained

in the UK without him. There were no very compelling circumstances in this case. We attach significant weight to the public interest and conclude it cannot be outweighed by the Article 8 rights of the appellant and his family. The appellant's deportation to Somalia will not breach Article 8.

Summary of conclusions

94. For the reasons given above, the appellant's deportation to Somalia is not unduly harsh and will not breach Article 3 or Article 8. We dismiss the appellant's appeal on human rights grounds.

Notice of decision

Appeal dismissed.

Direction Regarding Anonymity - Rule 14 of the Tribunal Procedure (Upper Tribunal) Rules 2008

Pursuant to rule 14 of the Tribunal Procedure (Upper Tribunal) Rules 2008, the appellant and his family are granted anonymity.

No-one shall publish or reveal any information, including the name or address of the appellant, likely to lead members of the public to identify the appellant or any member of his family. Failure to comply with this order could amount to a contempt of court.

J Frances

Signed
Upper Tribunal Judge Frances

Date: 12 December 2022

TO THE RESPONDENT
FEE AWARD

As we have dismissed the appeal, we make no fee award.

J Frances

Signed
Upper Tribunal Judge Frances

Date: 12 December 2022

NOTIFICATION OF APPEAL RIGHTS

1. A person seeking permission to appeal against this decision must make a written application to the Upper Tribunal. Any such application must be **received** by the Upper Tribunal within the

appropriate period after this decision was **sent** to the person making the application. The appropriate period varies, as follows, according to the location of the individual and the way in which the Upper Tribunal's decision was sent:

2. Where the person who appealed to the First-tier Tribunal is **in the United Kingdom** at the time that the application for permission to appeal is made, and is not in detention under the Immigration Acts, the appropriate period is **12 working days (10 working days, if the notice of decision is sent electronically)**.

3. Where the person making the application is in detention under the Immigration Acts, **the appropriate period is 7 working days (5 working days, if the notice of decision is sent electronically)**.

4. Where the person who appealed to the First-tier Tribunal is **outside the United Kingdom** at the time that the application for permission to appeal is made, the appropriate period is **38 days (10 working days, if the notice of decision is sent electronically)**.

5. A "working day" means any day except a Saturday or a Sunday, Christmas Day, Good Friday or a bank holiday.

6. The date when the decision is "sent" is that appearing on the covering letter or covering email.

ANNEX A

Country Guidance

OA (Somalia) Somalia CG [2022] UKUT 00033 (IAC)

1. In an Article 3 "living conditions" case, there must be a causal link between the Secretary of State's removal decision and any "intense suffering" feared by the returnee. This includes a requirement for temporal proximity between the removal decision and any "intense suffering" of which the returnee claims to be at real risk. This reflects the requirement in Paposhvili [2017] Imm AR 867 for intense suffering to be "serious, rapid and irreversible" in order to engage the returning State's obligations under Article 3 ECHR. A returnee fearing "intense suffering" on account of their prospective living conditions at some unknown point in the future is unlikely to be able to attribute responsibility for those living conditions to the Secretary of State, for to do so would be speculative.

Country Guidance

2. The country guidance given in paragraph 407 of MOJ (replicated at paragraphs (ii) to (x) of the headnote to MOJ) remains applicable.
3. We give the following additional country guidance which goes to the assessment of all the circumstances of a returnee's case, as required by MOJ at paragraph 407(h).
4. The Reer Hamar are a senior minority clan whose ancient heritage in Mogadishu has placed it in a comparatively advantageous position compared to other minority clans. Strategic marriage alliances into dominant clans has strengthened the overall standing and influence of the Reer Hamar. There are no reports of the Reer Hamar living in IDP camps and it would be unusual for a member of the clan to do so.
5. Somali culture is such that family and social links are, in general, retained between the diaspora and those living in Somalia. Somali family networks are very extensive and the social ties between different branches of the family are very tight. A returnee with family and diaspora links in this country will be unlikely to be more than a small number of degrees of separation away from establishing contact with a member of their clan, or extended family, in Mogadishu through friends of friends, if not through direct contact.
6. In-country assistance from a returnee's clan or network is not necessarily contingent upon the returnee having personally made remittances as a member of the diaspora. Relevant factors include whether a member of the returnee's household made remittances, and the returnee's ability to have sent remittances before their return.
7. A guarantor is not required for hotel rooms. Basic but adequate hotel accommodation is available for a nightly fee of around 25USD. The

Secretary of State's Facilitated Returns Scheme will be sufficient to fund a returnee's initial reception in Mogadishu for up to several weeks, while the returnee establishes or reconnects with their network or finds a guarantor. Taxis are available to take returnees from the airport to their hotel.

8. The economic boom continues with the consequence that casual and day labour positions are available. A guarantor may be required to vouch for some employed positions, although a guarantor is not likely to be required for self-employed positions, given the number of recent arrivals who have secured or crafted roles in the informal economy.
9. A guarantor may be required to vouch for prospective tenants in the city. In the accommodation context, the term 'guarantor' is broad, and encompasses vouching for the individual concerned, rather than assuming legal obligations as part of a formal land transaction. Adequate rooms are available to rent in the region of 40USD to 150USD per month in conditions that would not, without more, amount to a breach of Article 3 ECHR.
10. There is a spectrum of conditions across the IDP camps; some remain as they were at the time of MOJ, whereas there has been durable positive change in a significant number of others. Many camps now feature material conditions that are adequate by Somali 3 standards. The living conditions in the worst IDP camps will be dire on account of their overcrowding, the prevalence of disease, the destitution of their residents, the unsanitary conditions, the lack of accessible services and the exposure to the risk of crime.
11. The extent to which the Secretary of State may properly be held to be responsible for exposing a returnee to intense suffering which may in time arise as a result of such conditions turns on factors that include whether, upon arrival in Mogadishu, the returnee would be without any prospect of initial accommodation, support or another base from which to begin to establish themselves in the city.
12. There will need to be a careful assessment of all the circumstances of the particular individual in order to ascertain the Article 3, humanitarian protection or internal relocation implications of an individual's return.
13. If there are particular features of an individual returnee's circumstances or characteristics that mean that there are substantial grounds to conclude that there will be a real risk that, notwithstanding the availability of the Facilitated Returns Scheme and the other means available to a returnee of establishing themselves in Mogadishu, residence in an IDP camp or informal settlement will be reasonably likely, a careful consideration of all the circumstances will be required in order to determine whether their return will entail a real risk of Article 3 being breached. Such cases are likely to be rare, in light of the evidence that very few, if any, returning members of the diaspora are forced to resort to IDP camps.

14. It will only be those with no clan or family support who will not be in receipt of remittances from abroad and who have no real prospect of securing access to a livelihood on return who will face the prospect of living in circumstances falling below that which would be reasonable for internal relocation purposes.
15. There is some mental health provision in Mogadishu. Means-tested anti-psychotic medication is available.
16. Hard drugs are not readily available in Mogadishu, and the focus of substance abuse is khat, cannabis, alcohol and tobacco. It is not reasonably likely that an ordinary returnee, without significant means or pre-existing connections to criminal elements in Mogadishu, would be able to procure hard drugs, such as heroin and cocaine, upon their return. Other country guidance given by MOJ
17. The country guidance given at paragraph 408 of MOJ ((xi) of the headnote) is replaced with the country guidance at paragraph (14), above. Paragraph 425 of MOJ ((xii) of the headnote) should be read as though the reference to “having to live in conditions that will fall below acceptable humanitarian standards” were a reference to “living in circumstances falling below that which would be reasonable for internal relocation purposes”

Paragraph 407(h) of MOJ

If it is accepted that a person facing a return to Mogadishu after a period of absence has no nuclear family or close relatives in the city to assist him in re-establishing himself on return there will need to be a careful assessment of circumstances. These considerations will include, but are not limited to:

- (i) circumstances in Mogadishu before departure,
- (ii) length of absence from Mogadishu,
- (iii) family or clan associations to call upon in Mogadishu,
- (iv) access to financial resources,
- (v) prospects of securing a livelihood, whether that be employment or self-employment,
- (vi) availability of remittances from abroad,
- (vii) means of support during the time spent in the UK,
- (viii) why his ability to fund the journey to the West no longer enabled an Appellant to secure financial support on return.

Put another way, it would be for the person facing return to Mogadishu to explain why he would not be able to access the economic opportunities that have been produced by the economic boom, especially as there is evidence to

the effect that returnees are taking jobs at the expense of those who have never been away. It will therefore only be those with no clan or family support who will not be in receipt of remittances from abroad and who have no real prospect of securing access to a livelihood on return who will face the prospect of living in circumstances falling below that which is acceptable in humanitarian protection terms.

ANNEX B

HMP records

1. In September 2015, the appellant had stopped taking anti-psychotic medication. It was recorded he had been under the care of a psychiatrist whilst in Pentonville prison and he had tried to harm himself outside prison and inside prison, 'headbangs'. He experienced voices telling him to kill himself but not at that time and currently had no suicidal thoughts. He had a good relationship with his sister and had previously worked in a warehouse. He had ongoing sleep problems.
2. On 9 September 2015, the appellant was seen by a mental health nurse for review of medication and diagnosed with paranoid schizophrenia. He is reported to have previously banged his head to get rid of the voices and cutting himself in the past.
3. On 7 October 2015, the appellant was responding well to mirtazapine for insomnia and low mood. There was no evidence of any psychotic symptoms. On 21 October 2015, the appellant reported hearing the voices of his children screaming at night and struggling to sleep at night. On 11 November 2015, he reported being unable to sleep until 2am for the last two weeks. On 13 November 2015, he requested to be given control of his medication as he was struggling taking mirtazapine early which was preventing him from sleeping at night. He had no thoughts of harming himself. He was diagnosed with diabetes. On 24 November 2015, the appellant was sleeping well and had possession of his own medication.
4. On 8 December 2015, he was mentally well, but by 7 January 2016 he was not sleeping well because he had not received mirtazapine for three weeks. He had delusional beliefs that olanzapine was causing painful cysts under his arms. He reported hearing voices of his children again and appeared to be relapsing.
5. On 16 March 2016, the appellant was well and receiving visits and calls from his sister who was very supportive. He was not experiencing voices and was using his medication appropriately. There was no current risk of self-harm.
6. On 27 April 2016, the appellant reported the voices were under control but he had paranoid thoughts during the day. He felt he was able to manage these thoughts and had a good insight into his symptoms. He was at low risk of self-harm.
7. On 19 May 2016, the appellant stated he misses his children and at times he hears their voices but uses his medication to manage this. On 7 June 2016 he wanted to stop taking olanzapine because it was causing lumps under his arms. It was explained it was keeping him well and stopping the voices. On 20 June 2016, the appellant was stressed about the lumps

under his arms but did not want to stop taking olanzapine because when he does he becomes paranoid and hears the voices of his children.

8. On 16 August 2016, the appellant had stopped taking olanzapine and the lumps were gone. The voices were still in his head but he felt better. He sleeps well on mirtazapine. On 7 September 2016, the appellant reported hearing the voices of his children and his medication was changed to aripiprazole. There were no thoughts of self-harm. On 21 September 2016, his medication was reduced and on 28 September 2016 his condition was stable.
9. On 14 October 2016, he was sometimes hearing voices when he was stressed and he was able to distract himself. There were no current thoughts of self-harm. On 22 November 2016, he was reported as mentally stable and sleeping well. He had no current thoughts of suicide but wanted to cease aripiprazole because it was making him feel unwell. On 23 November 2016, he saw the consultant psychiatrist who reported no psychotic presentation and no suicidal thoughts. The appellant was re-diagnosed with adjustment disorder with depressive symptoms.
10. On 11 January 2017, it is recorded the appellant had been told he would be deported to Somalia which he was happy with. He stated he had sisters and brothers and would restart his life there. The appellant was feeling well and there was no formal thought disorder. He was reported as non-psychotic and no suicidal and cognitively intact with a good degree of insight. He was diagnosed as "possible past episode of stress/illicit drug related psychotic episode. Currently no evidence of any active psychotic symptoms. More likely mixed anxiety and depressive symptoms in mild form.
11. On 18 January 2017, the appellant stated that due to his deportation he had been given an early release date when he will be returned to Somalia. He was pleased about this and planned to start his life again there with the help of his sister. He was uncertain as to the health system there but believed his sister will help him to find appropriate services when he returns there. He has no recent auditory hallucinations and no intention to self-harm.
12. On 15 March 2017, the appellant had anticipatory anxieties about going back to Somalia due to the risky situation there but no active psychotic symptoms. His current diagnosis was adjustment disorder with probable past drug induced transient psychotic disorder. On 16 March 2017, he reported being very anxious and in low mood worrying about deportation to Somalia. He is happy with his job as a wing cleaner. On 23 March 2017, the appellant's mood was settled. He was working on the wing, attending education and going to the gym. He was sleeping 6/7 hours a night and had a healthy appetite. He was worried about the news in Somalia. He was concerned about his children because his wife had a new partner.

IRC records

13. In January 2018, there was no risk of self-harm within the last 12 months' and the appellant was managing his medication himself: metformin, mirtazapine and simvastatin. He was not prescribed any anti-psychotic medication at that time. There was reference to a history of head banging and to a hospital admission in 2010. The appellant was in contact with mental health services in prison. He has previously been prescribed olanzapine, depakote and aripiprazole. There was also a reference to a diagnosis of paranoid schizophrenia and substance misuse: alcohol and weed. The appellant was described as settled and stable with no evidence of psychosis or impaired thought processes. He was managing very well in all of his activities of daily living and was in regular telephone contact with his wife and children.
14. In July 2018, the appellant was working as a kitchen cleaner. In August 2018, it was recorded he had no thoughts of self-harm and in October 2018 that he had no signs of stress or low mood. There was then a gap in the records from 12 Jan 2019 to 26 July 2019.
15. On 26 July 2019, the IRC records report an injury to the appellant's head caused by banging his head in a vehicle when he was moved away from his family to another IRC. The record stated the appellant did this out of frustration not deliberate self-harm. The appellant was subsequently managed on a flexible care-planning system to reduce stress and mitigate against self-harm ('ACDT'). On 27 July 2019, the appellant disclosed a previous attempt to hang himself and a history of self-harming behaviour and suicidal thoughts and acts. On 29 July 2019, the appellant denied previous acts of self-harming behaviours other than head banging at times of emotional stress. The appellant had banged his head in the van because he felt unable to manage his thoughts and feelings.
16. On 2 August 2019, it is recorded the appellant had no current thoughts of self-harm or suicide ideation. He was waiting to complete a form to work in the barbers. He sometimes heard voices of his children which increased his negative thoughts of self-harm. However, he liked to be proactive in providing himself with meaningful day and reassured staff he would approach them for further support if required. The ACDT was closed.
17. On 7 August 2019, the IRC records state the appellant's first contact with mental health services was in 2010. He was admitted to hospital for a short period of time with a diagnosis of paranoid schizophrenia for which he was proscribed olanzapine. The appellant was re-admitted three or four weeks later having not taken his medication. During both admissions the appellant reported to have expressed paranoid delusional ideas about threats to kill him by family member and reported hearing voices of family members stating: "I am going to kill you."
18. The IRC records stated that the appellant "has a poor history of concordance with his prescribed anti-psychotic medication. Previously prescribed olanzapine was stopped due to development of diabetes. Anti-psychotic medication changed to aripiprazole. M states that the

aripiprazole medication 'made his symptoms worse'. Clinical notes identify that he was considered to have had a diagnosis of schizophrenia in remission for the last 2 year period in April 2019 and was thought to be relapsing in April 2019. Aripiprazole 5mg re-prescribed in April 2019. He reports that he stopped taking this medication in May 2019 due to Ramadan and then did not want this re-prescribed. Reports minimal symptoms of psychosis or paranoia since this time."

19. On 14 August 2019, the appellant reported being very stressed and his main symptoms were hearing voices. He was started on risperidone. The appellant had been taking mirtazapine for two and a half years and reported it helped with his paranoia and sleep. On 11 September 2019, the appellant stated he was fine and denied hearing voices anymore. He said he took risperidone for one day and stopped it because he fell down. The clinician was not convinced the voices had disappeared and suspected the appellant was saying this to avoid taking anti-psychotic medication.
20. On 25 September 2019, the appellant lost his job as the unit cleaner due to poor attendance. The appellant was tired and not sleeping well. He said he worked for ten days and was not paid therefore he refused to work. The appellant presented in a low mood and felt very stressed. He denied thoughts of suicide or self-harm. He was paranoid about his food but did not feel he needed anti-psychotic medication. He felt that mirtazapine helped him with his feeling of paranoia and helped him feel more relaxed.