

**Upper Tribunal**

**(Immigration and Asylum Chamber)** Appeal Number: pa/08750/2017

**THE IMMIGRATION ACTS**

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| **Heard at Manchester** | **Decision & Reasons Promulgated** |
| **On 27 April 2018** | **On 21 June 2018** |
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**Before**

**MR C M G OCKELTON, VICE PRESIDENT**

**Between**

**MISS MDT**

**(ANONYMITY DIRECTION MADE)**

Appellant

**and**

**THE SECRETARY OF STATE FOR THE HOME DEPARTMENT**

Respondent

**Representation:**

For the Appellant: Mr J Greer, Counsel instructed by Ison Harrison Solicitors

For the Respondent: Mr C Bates, Home Office Presenting Officer

**DECISION AND REASONS**

*Reporting restrictions apply to this case and I make a direction under the Upper Tribunal Rules that no person publish or in any other way give information which may identify the appellant.*

1. The appellant is a national of Cameroon. She has made two visits to this country. She is here now as a claimant to protection. She made an asylum claim and a human rights claim and all claims were rejected by the Secretary of State. She appealed to the First-tier Tribunal and Judge Knowles dismissed her appeal on all grounds. She now appeals with permission to this Tribunal.
2. The grounds of appeal raise two issues under four heads. The first issue relates to the judge’s treatment of the medical evidence relating to the appellant. The other issue relates to the country information.
3. There is a substantial quantity of medical evidence relating to this appellant. There were medical issues at the time of her last presence in the United Kingdom following which she voluntarily returned to Cameroon in order, as it was said, to be closer to her family; but during the time that she has more recently been here serious concerns have arisen about her mental health. Those concerns are fully endorsed by the medical evidence adduced on her behalf. Although the medical evidence is not properly subject to query, it does have the disadvantage that it makes it clear that her own impressions are not closely connected to reality. In these circumstances Mr Greer, who appears for her today, very wisely did not press those grounds which related to the interpretation of the medical evidence as enabling the appellant to make any claim based on the risk to her from outside authorities or agencies. The truth of the matter is that although she presents to the authorities who have seen her as severely traumatised, it is evident that her impressions of life are not closely connected to reality and as a result no useful information can be derived from what she says about her experiences.
4. For those reasons it seems to me that whether or not the judge’s approach to the medical evidence before him was appropriate, there is no proper basis upon which the appellant could establish a claim to be at risk of persecution by anybody for any reason. Her asylum claim and her claim to humanitarian protection or claim under Article 3, insofar as it depended on ill-treatment by others are therefore, in my judgement, doomed to failure. There is no reliable evidence upon which they could succeed. That is not to say that I do not accept the medical evidence. It is because I do accept the medical evidence that I reach the view that there is no evidence capable of establishing her claims under those heads.
5. Mr Greer also points to the evidence which is that she has attempted suicide on a number of occasions and there is also material to suggest that her removal from the United Kingdom might increase the suicide risk. I have considered that material anxiously but it appears to me that it does not reach the threshold set out by the Court of Appeal in JL and I therefore reject the Article 3 claim based on suicide risk.
6. The question then is whether the Article 8 claim, which has always been part of the appellant’s assertions, ought to be treated in the same way. It is very easy to characterise the Article 8 claim in this case as a medical claim, that is to say it is easy to say that it should be considered on the basis of whether the appellant would have access to appropriate medical intervention in Cameroon. Although that is part of the story it is in my judgment not the whole story, for reasons which I shall attempt to set out.
7. First, the appellant’s condition is one that has required a considerable amount of attention in this country. Secondly, the evidence as to the availability of appropriate mental health facilities and treatment for psychiatric conditions in Cameroon is curiously incomplete. On the one hand there are materials provided by and on behalf of the appellant suggesting that in Cameroon essentially no mental health treatment is available. That proposition can be derived not merely directly from material dating from 2011 but also from a response to a query made to the Irish Refugees Board, in 2016; the response, no doubt after examining the material available to that Board was a response based on material of 2011. On the other hand, dealing with the matter in the Reasons for Refusal Letter, the Secretary of State asserts that she had made enquiries of her own officials and received an indication, apparently derived from another set of Home Office officials, that there is availability of in- and outpatient treatment and follow-up by psychiatrists and psychologists, that appropriate drugs were available and physiotherapy services and cognitive behavioural therapy were also available.
8. On that basis Mr Bates for the Secretary of State reminds me that where a medical claim does not succeed under Article 3 it will be extremely difficult for such a claim to succeed under Article 8. I entirely agree. Were the appellant’s claim in this case to depend on whether suitable medical treatment would be available to her in Cameroon I would, I think, have to take the position that she has not established that it would not be available. In particular, she has not met in any way the Secretary of State’s reliance on much more up to date material than that cited from 2011. For example there does not appear to have been any queries to the Secretary of State about the source of the Secretary of State’s apparently well-founded information. But that, as I have indicated, is not in this case the whole story.
9. The position in relation to Article 8 is not only about the appellant’s medical treatment. It is about her personality and identity. I do not regard it as properly encompassing her needs to look at the matter solely on the basis of her access to medical treatment in Cameroon. Specifically within the Reasons for Refusal Letter the Secretary of State considers her Article 8 argument through the lens of the Immigration Rules and therefore through paragraph 276ADE of the Statement of Changes in Immigration Rules, HC 395 (as amended). The relevant paragraph if there be one is paragraph 276ADE(1)(vi) and the question under that paragraph is whether the appellant being over the age of 18 years is a person in respect of whom there would be very significant obstacles to her integration in the country to which she would have to go if she left the United Kingdom, that is to say Cameroon.
10. Generally speaking, the availability of medical treatment or non-availability of medical treatment may go to difficulties in one way or another of living in the country in question but they are unlikely to go to the rather different issue of integration. The issue of integration within paragraph 276ADE is intended to reflect something in my judgment which is rather more comprehensively related to the personality and identity of the person under examination. Typically it is raised by individuals who say that they have been in this country for such a long period of time that they cannot be expected to return to a country where the society, the religion, perhaps the language, perhaps the traditions are wholly alien to them despite their former nationality of that country. Here however the appellant is a person who has very significant obstacles of integration at all. She is a person who, as I have indicated, has a mental state which divorces her from reality. She is a person who is living almost in total isolation in this country. Her only links are not really societal links but are links with those who are looking after her because of her mental condition and treating her.
11. It was put by Mr Bates that she might be better off in Cameroon where she has her family to help. It is fair to say that she might, but it does seem to me that the evidence before the Tribunal establishes that there would be very significant obstacles to her integration wherever she was, and for that reason it seems to me that she meets the requirements of paragraph 276ADE(1)(vi) not because she would be worse off in Cameroon than here, nor because she would be better off in Cameroon than here, but because in the particular and very exceptional circumstances of this case she meets the requirements of that paragraph not on the basis of any change in her circumstances by her removal but because she is, through her unfortunate mental state, a person who cannot in fact integrate into any country. In those circumstances, as it appears to me, she is entitled to succeed under paragraph 276ADE(1)(vi) and I shall therefore allow her appeal, setting aside the determination of the First-tier Tribunal on the basis that that argument clearly envisaged in the Reasons for Refusal Letter and, I am told, put in writing to the Judge was not properly dealt with.
12. I emphasise that allowing her appeal under that paragraph should not be regarded as having any permanence in her case. It is much to be hoped that the treatment that she has been receiving in this country will in due course enable her to rise again as a person who has a clear understanding of the realities of life, who will again perhaps want to be with her family, in particular her mother and children, and may well be able in due course to be encouraged to return to Cameroon or even in due course removed there; but so far as the position as shown by the present evidence is she is entitled to success in this appeal.

C. M. G. OCKELTON

VICE PRESIDENT OF THE UPPER TRIBUNAL

IMMIGRATION AND ASYLUM CHAMBER

Date: 25 May 2017