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To whom it may concern,

I have used psychiatric examination techniques to undertake a Mental State Examination on Mr. Andargachew Tsege as displayed in two videos, dated 8/07/2014 and 27/07/2014. My concern is that there is a serious deterioration in mental state between these videos.

In video 1, Mr. Tsege presents as a calm man, whose speech sounds normal in rate and volume. His mood appears "euthymic", the technical term for a mood which is neither depressed nor manic - a normal state of affairs. This impression is supported by his tone of voice, his body language, facial expressions, which vary appropriately throughout, and his good levels of eye-contact. There is no evidence of any disorder in the form of his thought (I.e. The logical flow of thoughts is normal).

By contrast, in the second video, Mr. Tsege appears nervous and afraid in his demeanour. His speech has changed: the tone is hesitant, the volume is quiet. His eye contact is poor, he is unsmiling, and his facial expression changes very little. All this is consistent with a mood that is depressed and anxious. Further, the form of his thought is disrupted: he begins and ends sentences abruptly; he appears to lose track of his flow of thought; he trails off.

There is an obvious video edit which emphasises this change over time. In Video 2, at 8 minutes 33 seconds, Mr. Tsege's t-shirt colour abruptly changes; at the same time, so too does his demeanour: he suddenly smiles, begins to move without nervousness, and rises from the table. It is clear that from 8:33 a video from a different time has been spliced in, and that this latter video splice shows Mr. Tsege at a time when his mental state is much improved compared to the rest of the video.

The question then arises as to the cause of this rapid decline in his mental state between 8/07/2014 and 27/07/2014. There are two main differential diagnoses here. First, it is possible that, either spontaneously or as a result of his detention, Mr. Tsege has become clinically depressed. Second is the possibility that his symptoms are the

response to some trauma that has been inflicted on him in detention, I.e. the early stages of post-traumatic stress disorder, which frequently presents in precisely the manner of Mr. Tsege in Video 2, with patients appearing anxious and withdrawn. The nature of the traumatic incident must, by the definition of PTSD in both the ICD-10 and DSM-IV classification, be such as to cause actual or perceived threat of death and or sexual violence to the sufferer and or their loved-ones; the most likely explanation therefore is that Mr. Tsege has undergone some form of torture between 08/07/2014 and 27/07/2104 involving actual or threatened physical harm with or without sexual assault. From a clinical point of view, the only way to distinguish further between these two possible diagnoses - I.e. Depressive Episode on the one hand, or torture-related PTSD on the other, would be for me or another psychiatrist to interview Mr. Tsege and ask further direct questions.

Meanwhile, I remain extremely concerned for his mental state which has undergone such a sharp and marked decline in so short a space of time. There is an urgent necessity for him to be assessed psychiatrically to ascertain whether this sharp decline is associated with an increased risk of suicide or other forms of self-harm which are much more common in cases of depression and PTSD.



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