

The need to evaluate legal protection decision making in claims involving disability

Disability and legal protection paper

March 2021

The Helen Bamber Foundation (HBF)¹ is a specialist clinical charity, that works with survivors of trafficking and torture giving them the strength to move on. HBF provides support to individuals through a Model of Integrated Care, which includes trauma-focused therapy and a specialist Counter-Trafficking team, as well as medical, therapeutic, housing, destitution and legal protection advice and community integration input. HBF runs a Medico-Legal Report Service and undertakes research and training to promote trauma-informed methods of working. HBF has produced a *Trauma Informed Code of Conduct for all professionals working with survivors of human trafficking and slavery*² and supported the drafting of the *Slavery and Trafficking Survivor Care Standards*³. HBF's expertise is recognised globally and by the UK Home Office and the courts⁴.

Introduction

This paper explores some of HBF's experiences in relation to decision-making in legal protection claims involving disabled people, primarily those suffering from physical or mental illness or impairment. It has been produced to present at relevant National Asylum Stakeholder Forum subgroups in Q.1 of 2021 as a form of service evaluation exploring the extent to which asylum decision making is achieving the aim of effectively recognising disabled people who are at risk of

¹ HBF would like to thank Jenni Whitaker and Savannah Dowden (legal assistants) and David Neale (barrister) for their help with the preparation of this paper, which was coordinated by the Co-Head of Legal Protection, Jennifer Blair.

² <http://www.helenbamber.org/wp-content/uploads/2019/01/Trauma-Informed-Code-of-Conduct.pdf>

³ <https://www.antislaverycommissioner.co.uk/media/1235/slavery-and-trafficking-survivor-care-standards.pdf>

⁴ For example in the Home Office API: Medico Legal Reports from the Helen Bamber Foundation and the Medical Foundation Medico Legal Report Service at 3.1 and KV (Sri Lanka) [2019] UKSC 10 at [6].

persecution within a reasonable timeframe.

HBF is concerned that there is no overarching framework for assessing claims involving disability, nor an API on issues arising due to disability, and that, as a result, consideration of the impact of disability on protection claims is inconsistently or selectively applied.

We have explored some issues in this area in a series of case studies. In all the cases we reviewed, the disabled people involved faced very protracted legal processes before finally receiving a grant of legal protection. These delays had severe, harmful impacts on many of them.

It is our view that there is a need to evaluate further the sufficiency of the measures currently in place in order to create an accessible and inclusive asylum decision-making process for disabled applicants and to ensure those with medical conditions, impairments, developmental disorders and neuro-diversity are not 'disabled' or re-victimised by the asylum determination process.

Summary of Concerns

1. The country information relied on in decision-making regarding risk on return is generic and not specific enough to engage meaningfully with disability-based claims. There is also a risk that disability-based persecution is underplayed or dismissed as not amounting to persecution, when in fact the past treatment of disabled applicants can amount to a lifetime of severe stigma, control and abuse.
2. Assessments of potential reintegration do not address the twin tests of safety and reasonableness in a holistic way which realistically evaluates the specific and additional needs of disabled applicants and the implications of their medical conditions or impairments and which places medical, welfare and social needs within the full country context. Return should only take place if it is clear that durable reintegration can be achieved without ongoing risks of victimisation and abuse.
3. Despite the consensus within psychological and psychiatric research regarding the impact of trauma on memory and the barriers that trauma can create to disclosing a complete and consistent narrative, cases were dismissed due to perceived failures to respond to 'memory test' type questions. Even a single perceived discrepancy could result in a refusal, despite the lower standard of proof⁵. Trauma linked with other conditions or impairments can make circumstances more challenging. Due to societal inequalities disabled people may be less included in decisions made about them, so may have access to less information than some other asylum applicants. Requiring a full 'gold standard' MLR in all such cases raises

⁵ The lower standard of proof applicable to protection claims is that there must be a reasonable degree of likelihood or a real risk. As per *R (Sivakumuran) v SSHD* [1987] UKHL 1, even a 10 percent chance of serious harm could be enough of a risk for a fear to be considered well-founded. The decision on a protection and human rights claim must be informed by the anxious scrutiny of the material, as per *Bugdaycay v Secretary of State for the Home Department* [1987] AC 514 at p 531F.

the standard of proof inappropriately and makes it difficult or impossible for many applicants to secure the necessary evidence.

4. The asylum system is often a 'one-size fits all' process, without a clear identification processes early on to identify and accommodate any needs for reasonable adjustments. Where it later transpires that a reasonable adjustment would have been needed but was not in place, then a sympathetic and flexible approach is needed. A clear statement is required to recognise that in some cases further submissions should be accepted as amounting to a fresh claim.
5. A person can be excluded from refugee protection under Articles 1F and 33(2) if they have committed a serious crime and are considered to be a threat to the community. However, it is important that people are not designated as a 'threat to the community' and excluded from refugee protection because of their disability or mental health presentation, for example where a person may engage in risky or reckless behaviour or be at risk of exploitation due to vulnerability. Treating disability as a basis for refusing protection is contrary to the spirit of the Refugee Convention which, at its core, defends the vulnerable from persecution and discrimination.
6. Risks of persecution or serious harm due to disability risk being 'down-graded' as 'medical' or private life claims resulting in only weaker forms of protection being granted. The 10-year route to settlement can cause heightened risks of destitution, exploitation or overstaying for disabled people who may struggle to renew leave, need access to public funds and/or struggle with the uncertainty of frequent renewals. HBF has had chronically unwell clients being unable to renew their leave to remain on the 10-year route to settlement. It is therefore important that the ways that disability-based claims can require international protection are properly understood, so people who are entitled to status on this basis receive the correct level of protection.

Case Studies

HBF's clients often have a high level of need and so HBF has particular expertise in working with disabled applicants where disability is linked with or arises as a result of a traumatic history. In undertaking a short study of cases for this paper, we focussed on referrals accepted by HBF

between July 2018 and December 2019 and analysed these alongside other cases identified through an internal meeting.

This paper is not intended as a comprehensive study, but as an initial point of analysis to explore the current situation and flag matters for further discussion and research.

HBF has direct knowledge of and involvement in all the case studies summarised in this report. Where possible, specific consent has been obtained. Where this is impossible (for example where a person lacks mental capacity to give informed consent) data is being shared through the 'legitimate interest' GDPR exemption gateway due to the public interest in equalities evaluation of legal protection decision-making. In all cases only the minimum data necessary to understand the issue is shared. All cases have been anonymised (with names changed and in some cases sex changed) to protect the vulnerable people involved.

1. Treatment that amounts to persecution

The country information relied on in decision-making regarding risk on return is generic and not specific enough to engage meaningfully with disability-based claims. There is also a risk that disability-based persecution is underplayed or dismissed as not amounting to persecution, when in fact the past treatment of disabled applicants can amount to a life-time of severe stigma, control and abuse.

Bujar

Bujar was born in Albania with a severe physical deformity. He was bullied at school and neglected by his family. As a young adolescent, his father sold him to people traffickers and he was forced to work as a street beggar in Greece. For more than a decade he was subject to very serious abuse and was repeatedly re-trafficked. HBF staff believe his traffickers were particularly motivated to exploit him because the extent of his physical impairment made people sympathetic and the forced begging lucrative. Eventually he was helped to escape to the UK and here has been diagnosed with Post Traumatic Stress Disorder and Depression.

Bujar claimed asylum in 2014 and his claim was refused in 2016. A key reason for refusal was reliance on Home Office country information which noted: 'no men have been identified as victims of trafficking'. The Home Office said that his claim was 'inconsistent with objective information'.¹ However, the same Home Office guidance stated that there was 'an increasing problem of Albanian children... being subjected to forced begging and other forms of compelled labour in Greece', which was selectively not dealt with nor was his case looked at in the context of his

disability. His claim was dismissed as not falling within the scope of the Refugee Convention and being inconsistent with the country information. Bujar has a pending fresh claim outstanding.

His past experiences of abuse were not recognised as persecution indicative of future risk.

Grace

Grace was diagnosed blind as a child and subject to family neglect. She was believed to be possessed and was locked inside for long periods of time over a number of years, deprived of socio-cultural rights and blamed for the supernatural deaths of family members. To move her on from the home, her father briefly supported her to attend a music college, but then this support stopped. She was destitute and experienced abuse. She found a job for just a few days, but was sacked after complaints were made that she was blind. She was repeatedly destitute and either abused or at risk of abuse until a relative arranged for her to travel to the UK. She has been diagnosed with Post Traumatic Stress Disorder, Depression and Anxiety.

She claimed asylum in 2012 and her claim was refused and certified as clearly unfounded in 2014 - which denied her a right of appeal. Following three sets of further submissions, her claim was finally refused with a right of appeal. When the Home Office refused Grace's case they acknowledged there were no laws preventing discrimination and that she could face stigmatisation and potentially abuse, but that such abuse would be 'random' and so she had not substantiated her claim. The Home Office made a 'Country of Origin Information request' regarding the associated between blindness and witchcraft allegations, which noted that "victims [of witchcraft accusations] are generally identified at random and usually because they are relatively soft targets. These would include those ... who were mentally or physically challenged". This indicates the risk in refusing protection claims based on over-generalised country information or gaps in the country information, despite the lower standard of proof in protection claims and r.339K of the immigration rules.

Grace won her appeal in 2020 and has been granted refugee status. The Judge found that she would "be at risk of persecution and discrimination based on her disability and also be at real risk of destitution if now returned' to her country of origin.

However, the 8 year delay in her case caused her real harm: she had an enduring fear of being detained and returned to abuse, which contributed to her poor mental health. She also

experienced delays in gaining independence, for example her application for a guide dog was stayed behind her asylum claim.

2. Assessments of safe, reasonable and durable reintegration and internal relocation

Assessments of potential reintegration do not address the twin tests of safety and reasonableness in a holistic way which realistically evaluates the specific and additional needs of disabled applicants and the implications of their medical conditions or impairments and which places medical, welfare and social needs within the full country context. Return should only take place if it is clear that durable reintegration can be achieved without ongoing risks of victimisation and abuse.

Bujar

Bujar (introduced above) had internal relocation found to be reasonable in his case:

'It is noted in relation to your previous ability to avoid the claimed traffickers that when returned to Albania ... you stayed with your grandmother. You were able to stay there for around one month without being location [sic]. After this period you were again taken by the traffickers. ... Therefore based on the individual circumstances of your claim, you have not shown it would be unreasonable to expect you to live in a large city (or anywhere else) in Albania.'

The decision-maker appears to indicate that previous protection of one month before being re-trafficked is sufficient to show that he would have lasting protection should he be returned. In our view it clearly shows the opposite. It is concerning to see the limited durability of the proposed solution here and the disregard of factors which could render internal relocation "unduly harsh".

Regarding the reasonableness of relocation, the Home Office reasons for refusal letter stated:

"you suffer from a disability in that you were born without hands. However, it is noted that you retain ties to Albania. You speak Albanian, you have spent your formative years in the country, and you are aware of the culture there. Additionally, although noted that, taking your claim at its highest, your father previously allowed you to be trafficked, you have a grandmother in the country that could support you ... [which] adds to the contention that your relocation on return would be reasonable."

As with Grace's case (below), this refusal asserts that Bujar's relatives will provide him with long-term care, without any evidence to suggest they would be able or willing to do so or that he would be comfortable living this way. This denies Bujar autonomy and objectifies him. The assumption of dependency on a kinship carer with reduced agency is contrary to Article 19(a)

of the UN Convention on the Rights of Persons with Disabilities which protects the “opportunity to choose” a person’s place of residence and “where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement”. Furthermore, the assessment of internal relocation focusses on abstract features without looking realistically at Bujar’s ability to access employment or any other basic standard of living.

Grace

Grace (introduced above) also had internal relocation assessed as reasonable in her refusal decision on the alleged basis that: “you have an advanced level of education having studied up to college level and have experience of working in administration work and as a music teacher’...‘you could relocate within [your country of origin] and obtain work to support yourself.’ Despite the decision-maker referring to the two brief periods of employment Grace had held in his country of origin, this is highly selective because there is no mention that she was sacked from both jobs due to her disability (once within a few days) or of her experiences of destitution and mistreatment.

Despite the refusal decision acknowledging that Grace was in fear of her family, later in the decision, the decision-maker looked to the support that Grace would need to reintegrate as follows:

‘It is noted that as an individual who is fully blind, and with significant mental health issues, you would require support upon return... however, you have been unable to substantiate your claim that you will be unable to rely on your family to support you’.

It is clearly inappropriate to find that a person with significant care needs should depend on estranged family members, who have previously mistreated her and have not expressed willingness to provide durable and humane care and support. This reason for refusal was changed in the more recent refusal decision to a finding that it was Grace’s responsibility to find vocational training centres on return to ensure his self-sufficiency and protection, again notwithstanding that she had been unable to keep herself safe by doing this in the past nor of the barriers that she would face to accessing training on her own as a blind returnee/Internally Displaced Person.

Safiyah

Safiyah grew up in Nigeria where she was abused and forced into marriage and was subsequently accused of witchcraft and shunned, abused and beaten by members of the community with incidents taking place over several years, including the killing of her children. She was eventually sent to the UK and has been diagnosed with Post Traumatic Stress Disorder and Depression, as well as psychotic symptoms, including auditory hallucinations. Safiyah made a human rights application, which was refused in 2011 and then she claimed asylum, which was also refused in

2011. One key issue in the refusal was that sufficiency of protection and internal relocation were said to be available (“It is considered that the Nigerian authorities are both willing and able to provide a sufficiency of protection against the residents of your local area who you claim have victimised you as a result of their belief that you are a witch” – this was followed by generic country information regarding the Nigerian police force). There was no consideration about the barriers that a woman with Safiyah’s degree of mental illness could face in accessing police protection or any discrimination she might face in attempting to reintegrate in a new area. Safiyah has a pending fresh claim and has now been recognised as a victim of trafficking, but **the long delay in her case has had an extremely harmful impact on her mental health and recovery.**

3. Assessments of credibility

Despite the consensus within psychological and psychiatric research regarding the impact of trauma on memory and the barriers that trauma can create to disclosing a complete and consistent narrative, cases were dismissed due to perceived failures to respond to ‘memory test’ type questions. Even a single perceived discrepancy could result in a refusal, despite the lower standard of proof. Trauma linked with other conditions or impairments can make circumstances more challenging. Due to societal inequalities disabled people may be less included in decisions made about them, so may have access to less information than some other asylum applicants. Requiring a full ‘gold standard’ MLR in all such cases raises the standard of proof inappropriately and makes it difficult or impossible for many applicants to secure the necessary evidence.

Vivienne

Vivienne was subjected to physical and sexual abuse as a minor which resulted in permanent physical and mental injury. She became pregnant due to rape. Shortly after the child’s birth, Vivienne’s mother died and she was accused of witchcraft which led her to attempt suicide. At the age of 18, Vivienne was forced into marriage and suffered further abuse. She tried to escape the forced marriage, but was trafficked into prostitution, domestic servitude and forced labour in the UK. When trying to escape she experienced further abuse and attempted suicide. She was only able to disclose her history gradually, because she could not cope with doing so initially.

Between 2010 and 2015 a series of applications were made on Vivienne’s behalf and in 2015 she claimed asylum. Her asylum claim was refused and she is awaiting an appeal to the First-tier Tribunal.

The key issues for refusal of her case are based on her perceived credibility. Her account was said to be ‘vague’ and ‘internally inconsistent’. For example, when she had been asked how long she was under the control of her husband, her answers of ‘a long time’ and ‘my whole life’ were said to

discredit her claim. When asked about her failure to disclose her childhood abuse and trafficking in her applications on human rights grounds, she tried to explain that she felt ashamed and scared of telling her story to anyone – but this was not considered a ‘reasonable excuse’.

The asylum decision adopts a negative NRM decision (based on the alleged freedom she had while being exploited in the UK). **This decision, adopted by the asylum decision, failed to consider her mental impairment as a potential characteristic of vulnerability which allowed traffickers to coerce and control her.**

4. Needs for reasonable adjustments

The asylum system is often a ‘one-size fits all’ process, without a clear identification processes early on to identify and accommodate reasonable adjustments. Where it later transpires that a needed reasonable adjustment was not in place, then a sympathetic and flexible approach is needed. A clear statement is required to recognise that in these cases further submissions should be accepted as amounting to a fresh claim.

Zafara

Zafara was subjected to torture and solitary confinement by her family because of their rejection of her sexual orientation. She came to the UK on a student visa in 2014. As a result of the persecution she experienced, she was diagnosed with Post-Traumatic Stress Disorder, depression and severe problems with her interpersonal functioning, with psychotic episodes. Zafara claimed asylum in 2014 and despite her chronic mental health symptoms her claim was rapidly refused in 2015, when she became appeal rights exhausted. She made three sets of further submissions and finally, in 2019, she was recognised as a refugee. The 2015 refusal of Zafara’s protection claim asserted her evidence was ‘vague’ and ‘internally inconsistent’ without factoring her disability and the impact her conditions have on her communication and interpersonal functioning into this assessment. The decision stated:

‘When you were asked about how you felt when you came to realise you were homosexual, you failed to engage with this question in any detail, your response became entirely vague and did not provide any emotional journey or specific feelings you were subject to when having realised you were homosexual.’

Zafara’s mental health condition includes symptoms of avoidance and she could also suffer from dissociation – either of which could be a reason for her evidence in interview appearing vague. Heavy reliance was placed on the screening interview, but again without factoring in the emotional difficulties Zafara had trying to grapple with the enormity of disclosure of her sexual orientation (regarding which she felt enormous shame and linked this with severe trauma) whilst also being told to ‘be brief’ at screening. **Zafara’s is a case where reasonable adjustments could have made**

a difference, but her mental health was only fully diagnosed at the point of submitting her fresh claim (by which time she had been sectioned under section 2 of the Mental Health Act), but even where the problems were later highlighted, it took years for her to finally have her case coherently and holistically reviewed. **Currently there is no reliable identification framework that an unrepresented, disabled applicant could engage with, to identify the need for reasonable adjustments.**

Stephen

Stephen is an asylum seeker who experienced torture due to his sexual orientation. He suffers from a severe cognitive impairment as a result of persecution. He gets lost, confused and has severe memory loss symptoms. He was taken by a man he met in a park to his house and kept there for some months. When he escaped and his host took him to safety he was due to attend an asylum interview imminently. The Home Office delayed his asylum interview and postponed it awaiting medical assessment. Stephen is currently having his care needs assessed by the local authority, which has involved input from a range of different agencies. The Home Office has engaged well with Stephen's MP, lawyers and NGOs involved in his care to allow a care and needs-led approach to ensure his safety and welfare first and foremost. His case is now going to the Court of Protection to seek a welfare order for his asylum claim to be progressed.

Stephen's case is an example of where good safeguarding practice has allowed reasonable adjustments to be made.

5. Exclusion from the Refugee Convention

A person can be excluded from refugee protection under Articles 1F and 33(2) if they have committed a serious crime and are considered to be a threat to the community. However, it is important that people are not designated as a 'threat to the community' and excluded from refugee protection because of their disability or mental health presentation, for example where a person may engage in risky or reckless behaviour or be at risk of exploitation due to vulnerability. Treating disability as a basis for refusing protection is contrary to the spirit of the Refugee Convention which, at its core, defends the vulnerable from persecution and discrimination.

Chol

Chol claimed asylum in the UK following experiences of very grave abuse due to his ethnicity. He was diagnosed with Post-Traumatic Stress Disorder, Depression and Anxiety. He struggled to cope with the consequences of what had happened to him and had a high level of support needs, which were unmet for a long time.

Chol initially claimed asylum under a false identity. This was refused and he submitted further submissions soon after in his real identity. This was rejected. He became destitute and very unwell.

On one occasion he was drunk and lit a fire in the house he was in to keep warm. He was convicted and imprisoned for reckless arson. He completed a risk reduction course, engaged in significant mental health treatment and psychotherapy, which in turn helped him establish a support network.

Chol was sent a deportation decision and it was argued by the Home Office that he was a danger to the community and so excluded from the Refugee Convention. He won his appeal in the First-tier Tribunal and the Home Office appealed to the Upper Tribunal, arguing that if his mental health deteriorated again he would pose an increased risk the community.

In our view this kind of submission is generally very inappropriate. **A person's disability should not be used as a basis for deportation.** The Upper Tribunal refused the Home Office's appeal and Chol has now been recognised as a refugee.

6. Type of leave to remain granted

Risks of persecution or serious harm due to disability risk being 'down-graded' as 'medical' or private life claims resulting in only weaker forms of protection being granted. The 10 year route to settlement can cause heightened risks of destitution, exploitation or overstaying for disabled people who may struggle to renew leave, need access to public funds and/or struggle with the uncertainty of frequent renewals. HBF has had chronically unwell clients being unable to renew their leave to remain on the 10 year route to settlement. It is therefore important that the ways that disability-based claims can require international protection are properly understood, so people who are entitled to status on this basis receive the correct level of protection.

Kwado

Kwado was a political asylum seeker. He had experienced torture. He claimed asylum in the UK and was diagnosed with Post-Traumatic Stress Disorder and Depression. He also presented with paranoid, psychotic-like thought and Narcissistic Personality Disorder, which substantially interfered with his ability to present his claim.

Kwado claimed asylum in 2015 and in 2017 his claim was refused due to perceived inconsistencies in his account. Further submissions supported by a medico-legal report were submitted in 2018, but the refusal was maintained and at his First-tier Tribunal appeal in 2019 the focus of the Home Office lawyer and determination was on his 'medical claim'. His case was allowed on Article 3 grounds as a medical claim, but there was no engagement with the way his mental health impacted on his risk on return and ability to give a clear narrative. He had to have help from a charity to change lawyers before he could lodge an appeal. The Upper Tribunal found this

approach was an error of law and a further First-tier Tribunal Judge allowed his appeal and he was then granted refugee status.

Kwado had to pursue his asylum claim for around five years overall, during which time he was living in difficult circumstances while unwell and was separated from his family, who were unsafe.

Abia

Abia suffered sustained and extreme abuse from childhood as a result of which she suffers from complex Post-Traumatic Stress Disorder, Depression, Epilepsy and psychotic episodes. She arrived in the UK as an unaccompanied minor, having experienced further ill-treatment and exploitation on her journey. Her claim was refused on credibility grounds on the basis she did not give a consistent autobiographical account. However she was stateless so could not be removed to any country, which left her in limbo with appeal rights exhausted. She self-harmed, including a near-fatal suicide attempt. An HBF medico-legal report found that Abia was at exceptional and overwhelmingly high risk of suicide if removed from the UK, which had a direct link to her past mistreatment. An MLR writer who had written hundreds of MLRs found that Abia presented as 'one of the most profoundly traumatised and distressed patients that I have ever seen... and further adversity could precipitate a further attempt to end her life.'

The Home Office refused Abia's claim focussing heavily on Article 3 ECHR and asserting that 'it is considered that your client's mental health and risk of suicide can and will be effectively minimised.' Ultimately Abia's claim was granted by a First-tier Tribunal judge who found that when approaching her case with the 'necessary realism' and 'attention to fact' there was an Article 3 ECHR risk.

We remain concerned that a person like Abia, who is so vulnerable to further abuse and who faced discrimination in the countries of her former residence should have been considered for a stronger form of international protection, in line with *MP (Sri Lanka) v Secretary of State for the Home Department (Case C-353/16)* CJEU.

Recommendations

While this paper introduces concerns from a study at HBF of our recent intake, given the need demonstrated by this paper we would recommend the following:

1. **The Home Office should develop an overarching framework coordinating new policy and guidance on how disability and international protection claims are examined, including:**
 - i. the need for early identification processes and flexibility to meet needs for reasonable adjustments;
 - ii. the fact that later identification will mean that issues may only come to light at the point of further submissions;
 - iii. the need for an API on disability-related issues and
 - iv. the need to prevent systemic disability discrimination through the downgrading of the grants of status to less protective and stable forms of leave to remain;
2. **That Operational Guidance be implemented for decision makers to ensure the creation and use of disability-informed country information and guidance,** with direction that an absence of information in the guidance should not be treated as an absence of risk and the importance of valuing the autonomy, dignity and reality of lived experience of disabled applicants should be addressed when assessing internal flight or reintegration options (including when analysing any proposed care plan);
3. **That the Home Office make further efforts to develop trauma-informed ways of working, using the principles laid out in HBF's 'Trauma Informed Code of Conduct For all Professionals working with Survivors of Human Trafficking and Slavery' in order to support better decision making and safeguarding; and;**
4. **That a further evaluation and study is urgently commissioned by the Home Office,** examining the experience of people with disabilities in the asylum system and their treatment. This study should be supported by a steering committee of experts in this area with the expertise of those with lived experience built in.

Founder: Helen Bamber OBE, DU (Essex)

Human Rights Advisory Group:

Sir Nicolas Bratza, Shu Shin Luh, Parosha Chandran

Managing Executives

Kerry Smith - Chief Executive Officer

Professor Cornelius Katona MD FRCPsych - Medical & Research Director

Gareth Holmes - Director of Fundraising and Communications

President: Emma Thompson (DBE)

Board of Trustees:

Charlotte Seymour-Smith (Chair), John Scampion (Treasurer)
Sir Nicolas Bratza, Rebecca Hirst, Nina Kowalska, Samantha Peter,
Caroline Moorehead OBE, Patricia Pank, Prof Ian Watt,

Registered Charity No. 1149652 **Company No.** 08186281