

Social Wellbeing

155 said his relationships are strained with family members [REDACTED]
[REDACTED]
[REDACTED]

Family Background

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Personality and Development

[REDACTED]
[REDACTED] 155 described himself as uncertain about his identity, at times he feels that he is still his legend and grieves the loss of an identity which was central to his life. The loss of identity has caused him to feel diminished as a person. He said that over the past few years this situation had become more difficult to handle. He said he had a good sense of humour and had an interest in [REDACTED] music.

Education and Employment

[REDACTED]
[REDACTED]
[REDACTED]

Work

The UC role, nature of the work and tactics were not discussed. However, the psychological impact of the work was described in detail. 155 said that there were times he felt more alive and himself when he was working than when he was at home. He said he was deployed over five years. He said his marriage deteriorated and did not survive him working as an UC officer. He said he had no energy to maintain his relationship and the marriage could not last. 155 said he was aware of the dangers of his role and applied to live further away from London. In his role he was often away for 3 or more weeks at a time. 155 said there was no support or anyone to talk to about his difficulties. When he met with a [REDACTED] psychologist; 155 said the psychologist expressed his shock and amazement that there was no support when his deployment was abruptly ended.

Interviewer: Noreen Tehrani

Signed:

Noreen Tehrani

Date: 18.11.20

Confidential Opinions

Noreen Tehrani Associates



Based on the psychological assessment the following opinions and recommendations have been developed.

Current Psychological State

155 is suffering from primary trauma (PTSD) secondary trauma, complex trauma, anxiety, depression, and burnout. The evidence is provided in the attached Screening Report.

Potential Reasons for the State

155 was involved in UC work for five years; he has also held other role both within and outside his policing role which have exposed him to extreme trauma. The UC role is particularly damaging as the adopting the identity of another person for a prolonged period of time in circumstances where exposure within the group being investigated could lead to serious physical injury or death. 155 took on the role and found the alter-ego to be compelling and exciting. He became immersed in the new personality to such an extent that he found it difficult to differentiate between his original personality and that of the legend. He is still experiencing this dual personality and finds the experience confusing and upsetting as he is uncertain of his reactions to any situation as there may be triggers which place him into one personality or ego or the other.

The selection of UC officers in the early 1980's was rudimentary. At that time, the understanding of psychological trauma was limited with the diagnosis of PTSD only being recognised in 1980¹. In addition, there was little to inform the recruitment process in how to select officers with a strong sense of self and stable personality to enable them to manage the role safely. 155 said he did not get any psychological support or debriefing during the time he was working as an undercover operative.

155 said the way that he handled his change between his UC world (Person A) and his "real" world (Person B) was the drive home [REDACTED], on one side of the journey he was A and the other B. However, 155 said there were times when the two personalities merged and at times his behaviour with his then wife were unreasonable and as a result of this and his sometimes-morose behaviour the marriage failed.

155 was taken out of the role very quickly with no preparation or psychological support to make the transition. He found this particularly difficult as he was given a role which was largely sedentary [REDACTED]. He found this work caused him significant problems allow memories of his previous traumas to come to the surface.

After this time 155 was involved in number of other [REDACTED] roles which helped him return to tasks and settings familiar to him. He remarried and moved on until he was required to provide evidence to the inquiry. 155 said he wanted to be helpful, but he found it very difficult to deal with the impact of the questions as they caused him to slip backwards and forwards between person A and B. In the end 155 said he started to deal with questions in a different way. He said he agreed with anything that was asked of him as a way of ending the interview quickly. 155 is not a dishonest man by nature and the conflict caused by being placed in a situation where he is unable to say with any certainty what is true or factual and what is untrue and without evidence.

155's short-term memory is poor, and his long-term memory is unreliable

¹ American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Third Edition*. Washington, DC: American Psychiatric Association, 1980

Age and Trauma

Research into the impact of traumatic stress in the elderly is sparse, however, there is compelling evidence that depression, anxiety, and psychosis are common in elderly populations without dementia. There is also a reduction in cognitive functioning including recall in people with anxiety, depression, and psychosis²

Aging affects episodic memory, the memory of specific events or experiences that occurred in the past. Although elderly people may believe their memories of remote events are better than their memories of recent events it often the case that their memories are more general but lack accurate details and often combine fragments of other events making the recall unreliable. In addition, elderly people often lose the contextual information on whether the situation actually happened, was thought about, or happened in a different but similar context. Providing specific information from the past where there was high levels of anxiety or stress have a particularly negative effect on the memories of the elderly.³

Fitness to Appear at the Inquiry

It is my opinion that 155 is unfit to attend the Inquiry for two reasons.

Firstly, 155 is unable to provide a reliable account or evidence on his time working as an UC officer.

155 would be an unreliable witness. He finds it difficult to differentiate between what is real from what is imagined or possible. During our consultation it became clear that if he were to be asked a leading question or confirmatory question he is likely to endorse any view, or suggestion put to him in the belief that this is what is required of him. He also is avoidant and will do whatever he can to avoid thinking about the traumas he experienced. He has very high levels of PTSD and actively considering questions which would force him to return to traumatising times and situations will be avoided.

Secondly, whilst my assessment of 155 is independent to and separate from the assessment of the medical expert. It is important to consider the physical frailties of 155 alongside his psychological disorders. He has a heart condition and experienced **other serious physical health conditions**. It is my opinion the combination of his physical and psychological conditions would potentiate the impact. It is my view there is a strong possibility that attending the inquiry could severely impact on his physical and psychological health and may cause him further injury or even bring about an early death.

May I request the chair of the inquiry considers whether requiring 155 to attend the inquiry to give a potentially flawed and inaccurate testimony is proportionate in the light of the personal cost to 155

Other Comments/Advice given

Given his symptoms I am recommending 155 is offered trauma therapy in an attempt to reduce the worst of his PTSD/Complex PTSD symptoms. His trauma symptoms are complex the treatment could take up to two years to complete⁴, however, given his age it is unlikely he will ever be psychologically fit enough to give evidence to the inquiry.

Interviewer: Noreen Tehrani

Signed:

Noreen Tehrani

Date: 18.11.20

² Skoog, I. (2022) Psychiatric Disorders in the Elderly, Canadian Journal of Psychiatry, 56 (7) 387-397

³ Riddle, D.R. (2007) Brain Aging: Models, Methods and Mechanisms CRC press

⁴ Cloitre, M. et al (2011) The treatment of complex PTSD *Journal of Traumatic Stress*, Vol. 24, No. 6, 615–627

Welfare Advice

Noreen Tehrani Associates



Name	155	Manager:	N/A	Ref:	PA
Role:	Retired	Date:	18.11.20	Age:	█

Based on a psychological assessment the following management advice has been developed.

Current fitness to attend the inquiry

In my opinion 155 is not fit to attend the inquiry in person or by video conferencing.

Is his condition permanent or temporary?

Whilst it is possible to reduce some of the symptoms of PTSD and Complex PTSD it is my opinion that █ will never be fit enough to give evidence to the inquiry

Have treatment options been exhausted?

I am recommending █ has some trauma therapy. This will be using one of the National Institute of Clinical Excellence recommended treatments EMDR or Trauma Focussed CBT. I also recommend that additional support is provided until such time 155's status regarding attendance at the inquiry is clarified

Other Comments/Advice

█ can shift between personalities and at times Person B can be verbally aggressive. I would like consideration to be given to this as this is a symptom of his condition and outside of his control.

I have seen the above person for a psychological assessment. The reason for the referral was discussed and there was agreement to the consultation taking place. The management report was written during the assessment and approved for forwarding to the welfare team.

Completed by: Dr Noreen Tehrani

Signed:

Noreen Tehrani

Date: 18.11.20