

Neutral Citation No: [2019] NICoroner 13

Ref: [2019] NICoroner 13

*Judgment: approved by the Court for handing down
(subject to editorial corrections)**

Delivered: 27/02/2019



CORONER FOR NORTHERN IRELAND

MR JOSEPH McCRISKEN

INQUEST INTO THE DEATH OF

RIFLEMAN DARREN MITCHELL

FACTUAL FINDINGS

27 February 2019

INDEX

| | |
|---|---------|
| Introduction and approach to my findings | 3 - 6 |
| Personal Background | 6 - 7 |
| Military Career | 7 - 10 |
| Post Deployment | 10 - 13 |
| Medical Appointments on 1 and 2 October 2012 | 14 - 16 |
| Events leading up to 9 and 10 February 2013 | 16 -18 |
| Events of 9 and 10 February 2013 | 19 - 22 |
| Evidence from Professor Fazel | 24 - 28 |
| Abercorn Barracks, Ballykinlar | 29 - 34 |
| Conclusions and Causation | 35 - 54 |

Introduction.

[1] I was represented by Coroners Counsel Mr Philip Henry. My solicitor was Ms Dougan. Ms Karen Quinlivan QC and Ms Leona Askin appeared for the next of kin ('NOK') instructed by Ms Emma Norton, Liberty. Mr Philip Aldworth QC and Mr Michael Egan appeared for the Ministry of Defence ('MoD') instructed by Ms Gilmore, Ms Meegan, Ms Moore, Ms Armstrong, Crown Solicitors Office and also Lt Colonel Campbell.

[2] I want to thank those members of the Northern Ireland Court Service and Coroners Service who have worked tirelessly in preparation for and during these inquests. We have at times struggled with issues concerning technology but those difficulties are no way attributable to any of the staff who, in my view, have done their very best to help all of us. The fact that these lengthy inquests started and concluded in accordance to the schedule is a testament, in my opinion, to the hard work and dedication demonstrated by everyone involved.

[3] I want to formally recognise the patience and strength of the extended Mitchell and Ross families. Ms Ketcher and Ms Mitchell attended throughout the inquest hearing. They have waited too long for the findings which I am about to deliver, they have listened to evidence that no parent would wish to hear but they have waited and listened with respect and have shown respect for this process. They should be proud of themselves. Their sons were dedicated and brave soldiers. They were spoken of in the highest regard by everyone who knew them. I was particularly struck by how highly both men were thought of as men and as Riflemen.

[4] Throughout these findings I shall refer to Rifleman Mitchell as 'Darren'. I shall also refer to all military personnel mentioned using the rank they held in 2012/2013. Abercorn Barracks, Ballykinlar, County Down, Northern Ireland shall be referred to as Ballykinlar. I held joined inquests into the deaths of Lance Corporal Ross and Rifleman Darren Mitchell but I have prepared separate findings for each.

Relevant law and approach to the conclusions.

[5] Rule 15 of the Coroners (Practice and Procedure) Rules (Northern Ireland) 1963 ('The Coroners Rules') governs the matters to which inquests shall be directed. This rule provides that:

"The proceedings and evidence of an inquest shall be directed solely to ascertaining the following matters, namely:

- (a) Who the deceased was;
- (b) How, when and where the deceased came by his death;
- (c) ... The particulars for the time being required by the Births and Deaths Registration (Northern Ireland) Order 1976 to be registered concerning the death."

[6] Rule 16 goes on to provide that:

"Neither the Coroner nor the jury shall express any opinion on questions of civil or criminal liability ..."

[7] I indicated at the conclusion of the evidence my view that my findings should comply with article 2 of the European Convention on Human Rights (article 2) so that the 'how' in Rule 15(2) is to be interpreted as meaning 'by what means and in what circumstances' each deceased came by their death. It has already been accepted that the inquests themselves complied with article 2. Neither the NOK nor the MoD objected to this approach. I indicated that I did not require any interested person to address me on the facts, as is my discretion, but I allowed the interested persons an opportunity to address me on the relevant law. I also drafted questions relating to causation and allowed the interested persons to comment. The final decision, of course, as to which questions I pose, and then answer, rests with me.

[8] What should be included in article 2 narrative findings? Narratives can include; 'causes of death, defects in the system which contributed to death and any other factors relevant to the circumstances of the death'. According to the Chief Coroners Guidance in England and Wales (which does not bind me in any way) a narrative finding must culminate in an expression of my conclusions on the 'central issues'. A coroner has a power in an article 2 inquest, but not a duty, to consider for the purposes of a narrative conclusion, circumstances which are possible (i.e. more than speculative) but not probable causes of death. (*R (Lewis) v HM Coroner for the Mid and North Division of Shropshire [2010] 1 WLR 1836*). A narrative conclusion may also (but does not have to) include factual findings on matters which are possible but not probable causes of death where those findings will assist a coroner in producing a report to prevent future deaths pursuant to Rule 23(2)(b) of the Coroners Rules. A conclusion in an article 2 inquest may be a 'judgmental conclusion of a factual nature [on the core factual issues], directly relating to the circumstances of death' while avoiding questions of civil or criminal liability.

[9] The Chief Coroners Guidance suggests that permitted judgmental words include 'inadequate', 'inappropriate', 'insufficient', 'lacking', 'unsuitable', 'unsatisfactory', and

'failure'. On the other hand words which suggest civil liability such as 'negligence', 'breach of duty', breach of article 2' and 'careless' are not permitted as they may breach the Rules.

[10] I have framed my questions on causation so that an act or omission is identified. I then ask if this act or omission caused or contributed to the death. The correct standard of proof to be applied when considering an answer is the civil standard and I must be satisfied that the act or omission caused or contributed in more than an minimal or negligible way to the death.

[11] In relation to the standard of proof generally in an inquest, any fact has to be proved to the civil standard, that is, the balance of probabilities. The standard of proof to determine if the deceased died by their own hand is also the civil standard.

Personal Background.

[12] Darren Mitchell was born on 20 May 1992 in Middlesex. His mother, Mrs Carol Mitchell, gave evidence at the inquest. Darren has two siblings, Hayley and Ricky. Mrs Mitchell described Darren as a clever, energetic, very healthy child. She said he did very well at school and was in the gifted and talented programs. His school reports were consistently positive and he had a very active, happy childhood. He was a very physical child and loved to do outdoor activities, climbing trees, skateboarding and free running. She said that Darren could be described as a bit of an 'adrenaline junkie'.

[13] Mrs Mitchell and Darren's father, Mark Lee Mitchell, separated when Darren was six weeks old and Mrs Mitchell raised all three children alone. Darren's relationship with his father was described as good and they maintained contact independently over the years. Mrs Mitchell described her relationship with her former husband as civil.

Other family members were involved in supporting Mrs Mitchell in bringing up her children.

[14] Darren was described as an excellent student. He achieved 11 GCSEs, all grades A to C. He also enjoyed a lot of extra-curricular activities at school, such as the guitar and drums and chess club. He enjoyed a wide circle of friends and had healthy relationships with girls. His mother told me that Darren did not cause her any problems as a teenager and did not go through the usual difficult teenage phase.

[15] Mrs Mitchell told the inquest that she wanted Darren to complete his A-levels because she felt he had so much academic potential. However, from a very young age, Darren was set on joining the British Army. He used to spend his birthday money at the army shop. His friend Dain Lewis also told the inquest that for as long as he had known Darren he wanted to be a soldier. Whilst his mother had persuaded him to start his A levels, he didn't complete them because he wanted to join the army and in August of 2010 Darren applied. He was accepted and went to Catterick to start his training.

Military Career.

[16] Mrs Mitchell visited Darren during his initial training, along with his father. She described Darren as very happy and proud at what he was achieving. She was not aware of there being any problems during basic training. When Darren passed out, he received two awards - 'best shot' and 'soldier's soldier'. Apparently only five awards were for the entire battalion and he got two of them. It was obvious that Mrs Mitchell was proud of her son's impressive achievements, and she was right to be so. In evidence to the inquest Corporal Mark Farragher said that if 'if we had an Army of (Darren) Mitchells, we would be undefeated.'

[17] After passing out, Darren was posted to B Company, 2nd Battalion The Rifles, in Ballykinlar. According to Mrs Mitchell Darren was perfectly happy with this posting. When he arrived, he called home. He seemed excited and enthusiastic. He told his mother that he had his own room, which had an ensuite (unlike the rooms in the older blocks, which had communal wash rooms and toilet facilities). This was within the B Company accommodation on the base. Mrs Mitchell said that he seemed to settle in well and did not alert her to any issues.

[18] On 2 September 2010, Darren deployed on exercise to Kenya and completed mission specific training. Darren was admitted to hospital with heat exhaustion at one point but seemed to recover well. One of his colleagues recalled that when he returned from the hospital he brought a big bag of sweets for the rest of the Company. Whilst there was some evidence given about this incident in Kenya, I am firmly of the view that it is not material to the issues I have to determine.

[19] Darren was promoted on 7 February 2011 to Private Second Class and again on 7 August 2011 to Private First Class. The MoD has admitted that due to an administrative oversight or error there were no corresponding increases in Darren's pay after this second and third promotions.

[20] On 16 October 2011, Darren was posted to a six-month tour in Afghanistan as part of Operation Herrick 15 (HERRICK 15). I was told that Darren was being treated for a knee injury and did not deploy with the rest of B Company with whom he had trained. Instead he was held back for a period for medical treatment and then deployed with A Company. Despite this, he was still able to see some of his B Company colleagues and Sergeant Major Bell, his B Company Sgt Major recalled seeing Darren in Afghanistan. I heard evidence that he settled well into A Company.

[21] Darren came back for rest and recovery (R&R) in January 2012. Mrs Mitchell said that he seemed fine and did not tell her about anything particularly upsetting. According to Mrs Mitchell there were no signs that anything significant was concerning him at that time.

[22] During this rest period Darren met Anita Hassall, who was training to be a teacher at the time. She remained in a relationship with Darren for the rest of HERRICK 15 and had a lot of contact with him whenever he was back. Mrs Mitchell told the inquest that when Darren came back on the R&R he seemed fine and was very keen to get out and about and see his friends. He seemed extremely proud to be a soldier and she could see that he was looking and behaving like a soldier. Mrs Mitchell asked if he was worried about going back and he said he was not. Darren returned to Afghanistan and seemed to be ok.

[23] Darren completed his tour in April 2012. Mrs Mitchell told the inquest about two experiences Darren described that he said occurred during the second part of the tour, that is, from January to April 2012.

[24] Mrs Mitchell said that Darren told her that one day a group of soldiers had been going out on patrol and that Darren was supposed to be upfront, as the number one soldier, as sweeper. But he had been swapped with another soldier at the last minute, so that this other soldier became the sweeper, and Darren was moved back to become number three on the line. There was an explosion involving an Improvised Explosive Device (IED). The sweeper soldier suffered very serious leg injuries (Darren told his mother this young man's legs had been blown off). Darren said that this had upset the whole group. Mrs Mitchell recalled that Darren went to visit this soldier after he came back.

[25] The second experience involved soldiers having to pick up some body parts. Darren told his mother that he had been given a bag and he had to go and pick up some body parts in a field - including out of a tree. He described having to wade through a horrible muddy wet field picking up these body parts. She asked him why they had to pick up the pieces and he said it was because they wanted to ensure as much of the insurgent would be buried as possible.

[26] Anita Hassall, Darren's girlfriend, also recalled Darren telling her about a time when he saw body parts after a bomb had gone off. She did not recall him telling her about having to pick up these body parts or clean the area. She described him as being unemotional when he described the event.

[27] During the inquest I explored these experiences with other soldiers who had been deployed on HERRICK 15 to see if the account provided to Mrs Mitchell was reliable. Sgt Major Bell did not think that any incidents of the type described by Mrs Mitchell had occurred. In terms of the first incident he said that it was extremely unlikely that Darren had originally been designated as the sweeper as the first soldier was likely to have a metal detector and to have specific training in locating IED's. Sgt Major Bell, who I considered an impressive witness, said that he had no memory of such an incident occurring. He could not recall any member of either B or A Company sustaining injuries like those described by Mrs Mitchell. Sgt Major Bell said that he was friends with the A company Sgt Major and he had never told him about any incidents or expressed any concerns. There were no Trauma Risk Management ('TRiM') records for Darren while he was serving in Afghanistan.

[28] I was told that Darren would also have received decompression in Cyprus after completing his tour. No records confirming that Darren had been subject to decompression or normalisation were produced at inquest. Sgt Major Bell said that Darren took part in the Medals parade with his own company, B Company, and then

the whole battalion went on leave together. He said that the medals parade was part of normalisation and it was unlikely that Darren had not returned to Ballykinlar and undergone normalisation with the rest of B and A Company. Rifleman Ingham, who was Darren's best friend on camp, described how on one occasion not long after returning to Ballykinlar after HERRICK 15 they had been asked to complete a questionnaire on a laptop. He was not sure what this was for, but his memory was that Darren was there at that time.

Post-deployment.

[29] Before Darren came back from Afghanistan, he applied for a new job as an Adventure Training Instructor within the Adventure Training Centre ('ATC') at Ballykinlar. I was told by Captain Beattie, the commanding officer for the ATC that this was a voluntary post i.e. a soldier would apply for it rather than be posted to it. Darren applied and was accepted. When he was told he had been accepted Darren phoned his mother from Afghanistan and seemed very happy about it. There was other evidence that he didn't receive confirmation that he secured the job until after returning from HERRICK 15, but I find that he was informed of the success whilst he was still on tour. He told his mother that he would be doing all the things he loved to do, like rock climbing, canoeing and all the outdoor activities that he loved. He told her that he was going to be very busy and there was a lot to do. He told others that he was going to be getting paid to do what he loved, essentially that it was his dream job.

[30] After a period of post deployment leave Darren began his new post with the ATC in June 2012. He took part in a number of training events and Mrs Mitchell said that she did not see a huge amount of Darren over the next few months.

[31] I heard about a number of incidents involving Darren which occurred following his return from HERRICK 15. Anita Hassall described Darren as defensive when he was asked about his time in Afghanistan. She recalled an incident in or around May 2012 when Darren attended with her at her University Summer Ball. Apparently after some fireworks had been set off Darren left the group to hide, he had become lost and was found later at her flat. She described him as angry, upset and confused about what had happened. She did not recall Darren mentioning any specific incidents which occurred in Afghanistan.

[32] Ms Hassall said that Darren would also get angry when he was drunk, which, according to her, was most days when he was home. She described him as jealous, controlling, quick to anger, on one occasion violent toward her and intense. She said he would struggle to sleep.

[33] Mrs Mitchell reported that autumn time 2012 she began to notice that Darren was becoming more distant from her. She said that normally Darren would have talked to her about things, including personal things, but he seemed at this time to be avoiding having any lengthy conversations with her and was avoiding eye contact.

[34] In October 2012 while Darren was staying with his mother she noticed, as did Ms Hassall, that Darren was struggling with sleep. He admitted that he was exhausted and admitted that he was drinking to try and get to sleep. On one occasion he went out for a run to try and tire himself out in order to sleep. Darren's friend Dain Lewis also noted that Darren would either not sleep or would be up early. Mr Lewis did not seem to be really concerned about this behaviour at the time, although he was a young man himself at the time.

[35] Mrs Mitchell reported that on one occasion, while walking to his sister's house, Darren was looking up at the windows in the surrounding buildings on route. He said,

"look at all those windows, anything could be going on in there". The comment stuck with her. She said she would describe him as hyper-vigilant.

[36] Dain Lewis told the inquest that for the first two weeks following his return in May 2012, Darren was quite twitchy. Mr Lewis told the inquest that he recalled a night that a glass smashed near Darren in the pub, and he tensed up, staring in the direction of the glass. Mr Lewis assumed it was normal decompression. He described Darren as being slightly more on edge but thought it was understandable. Mr Lewis recalled other people including staff at the local pub and his own family members noticing that Darren was jumpy.

[37] Mr Lewis recalled going to a pub in Uxbridge on fireworks night in November 2012. They were indoors but fireworks were going off outside. He noticed Darren was very pale and asked him, 'are you ok?' He said he was 'not great' and Mr Lewis felt his heart was racing. 15 minutes later Darren was still looking shaky and said he was not enjoying. Darren asked if they could leave and so they did. A day or two later, they were at someone's house and fireworks were being set off in the garden. Again, Mr Lewis recalled that Darren didn't like it and remained in the kitchen.

[38] Between June 2012 and October 2012 Darren participated in the following courses;

- 18 - 22 June 2012 - Rock Climbing Foundation Course in NI
- 25 - 29 June 2012 - Rock Leader Training Course in NI
- 16- 22 July 2012 - Kayak Foundation Course in NI
- 27 - 31 August 2012 - Open Canoeing Foundation Course in NI
- 22 - 23 September 2012 - Defence Instructional Techniques Course in NI
- 29- 30 September 2012 - Defence Instructional Techniques Course in NI

[39] The inquest heard from Sergeant Major Beattie, who led the ATC. He outlined the nature of the various courses that Darren participated in. He said that these courses were not particularly arduous and were spread out among other duties and home leave. I accepted that in general terms, for a fit young man, that sequence of courses would not be arduous. He was a man used to the rigours of adventure training activities and he was an experienced soldier, but presented as reasonable and, as it was the subject of discussion during the evidence, I got the impression that Sgt Major Beattie was an approachable man. He was not the type of senior ranking soldier that would strike fear into a young soldier. I also noted that the adventure training team used one another's first names, regardless of rank, which is unusual in the army structure.

Medical Appointments 1-2 October 2012.

[40] On 1 October 2012 Sgt Major Beattie telephoned Darren's mobile but it was switched off. Darren text Sgt Major Beattie at 9.30am and confirmed that he 'was going sick'. Sgt Major Beattie asked Darren to report to him after he had been to the medical centre.

[41] Shortly after 10am on 1 October 2012 Darren presented at the medical centre and was seen by Nurse Louise MacPherson (a civilian nurse who was well known to the 2 Rifles soldiers and was obviously concerned for their well being). He was reporting that he had vomited on two occasions. Nurse MacPherson told the inquest that throughout the consultation Darren maintained good eye contact and did not express any suicidal ideation. Nurse MacPherson examined Darren and noted *inter alia*;

“Looks very tearful/tired but otherwise well. Strong odour of alcohol on his breath and denies drinking more than 2 drinks last evening...this presentation seems unusual.pt unwilling to open up re current situation. States no problems

with work, camp or home life. Opportunity to discuss concerns given and reinforced confidential nature of medical centre consultations. Pt seems anxious about having to take time off work.”

[42] Nurse MacPherson thought that he was suffering from a virus. They had a conversation about Darren’s diet, he said he was trying to eat healthily but did not like the thought of food. They chatted about his diet and the nurse gave him some advice. He was given some anti-sickness medication. She had thought there might be something else occurring with Darren and she had probed him with suitable conversation. Her notes were comprehensive.

[43] Nurse MacPherson arranged to see Darren the next day. She then communicated to Sgt Major Beattie that Darren was not fit for duty.

[44] On 2 October 2012 Darren returned for his appointment. It was noted by Nurse MacPherson that he still looked anxious/withdrawn. The nurse again reinforced the confidential nature of the consultations. Darren repeated that he had no problems or anxieties. When Nurse MacPherson told him that she would be asking his boss if there were any issues in the workplace Darren said he was happy for her to have this discussion. Nurse MacPherson then spoke to Sgt Major Beattie who told her that Darren was to be disciplined over lateness. No further medical appointments were scheduled and Darren did not attend the medical centre again.

[45] At inquest Nurse MacPherson said that she could have made a referral to Captain Connolly, the base Community Psychiatric Nurse (‘CPN’) if she thought it was appropriate. Nurse MacPherson said that in her experience some soldiers might come to the medical centre for another reason but actually they want to talk about mental health problems. Darren did not mention any mental health problems upon further questioning. She did not refer Darren. He was unwilling to communicate with her that

he had a problem. She told the inquest that she did not refer him to the Regimental Medical Officer because he probably was not in the medical centre that day.

[46] Professor Fazel commented that, insofar as he could tell from the contents of the nurse's note, he would not have been minded to refer Darren to the CPN for further assessment following either this assessment or the one the following day.

[47] Sgt Major Beattie recalled a telephone conversation with Nurse MacPherson during which she told him that Darren was fit for duty but seemed depressed. Sgt Major Beattie put this presentation down to the impending disciplinary action for lateness but undertook to be observant regarding Darren. When Darren returned to the ATC he received an AGAI (A type of disciplinary award) for lateness which meant extra duties. Sgt Major Beattie asked Darren if there was anything wrong and he replied that there was not. Sgt Major Beattie confirmed that Darren was not late again and completed and passed all his adventure training courses.

[48] There was some criticism of Nurse MacPherson during questioning about a potential failure to mention more details about how Darren had been presenting to her when she discussed the matter with Sgt Major Beattie. I am satisfied that she acted entirely properly. She thought there might be an issue with Darren, she sought his permission to speak with his superior, it was provided by the patient and she spoke in appropriate terms with that superior.

[49] Professor Fazel felt that best practice would have included arranging a further follow up review with Darren four weeks or so after the second attendance in October, although his evidence was that it would not have made any difference to the ultimate outcome.

[50] Later, Sgt Major Beattie stayed in Germany with Darren on the ski trip in January 2013 and could not identify any issues.

Events leading up to February 2013.

[51] Not long after this appointment in October 2012 Anita Hassall ended the relationship with Darren. He started a new relationship with Ms Cher Kiff officially some time in November 2012 although Ms Kiff in her evidence indicated that they had been in a relationship since June 2012. Between October 2012 and February 2013 Darren participated in the following courses;

- 6 - 7 October 2012 - Defence Instructional Techniques Course in NI
- 14 - 25 October 2012 - Open Canoe Concentration Course - Scotland
- 5 - 9 November 2012 - Open Canoe Progression Course in NI
- 20 - 21 November 2012 - Mountain First Aid Course - Wales
- 1 - 8 December 2012 - Rock Climbing Concentration Course - Spain
- 6 - 12 January 2013 - Collective Staff Ski Training - Germany
- 14 - 18 January 2013 - Winter Mountain Foundation Course - Scotland
- 27 January - 8 February 2013 - Winter Mountaineering Concentration - Scotland

[52] Mrs Mitchell said that when he was away on a course Darren would stay in touch by text and by phone. When he was home, in between courses he would often stay with his mother in Uxbridge or at his friend's houses.

[53] Although Darren was working with the ATC he remained in the B Company accommodation block.

[54] Cher Kiff told the inquest that when Darren was away they would communicate using Messenger, Facebook, WhatsApp, phone calls and texts. She said that Darren

didn't really talk about life in the Army and only referred to basic things. He spoke about an incident when he was told to shoot a growling dog that was about to go for them but he kicked it instead to try and get it to run away. She said that he talked more about adventure training which was his main interest. He mentioned to her that he had passed while away somewhere hot, perhaps Kenya. Ms Kiff said that Darren was very stressed about being away from home so much and would get upset that his friends in the Army would be on leave at different times to his leave due to his outdoor training pursuits. She was aware that Darren had issues about being underpaid by the Army and he was stressed about getting back-pay. She did not know until after Darren was dead that he had financial difficulties. She told the inquest that Darren may have 'bailed out' his brother and sister financially on several occasions and around December 2012 /January 2013 that he was worried as he was guarantor for one of their loans.

[55] Ms Kiff said that she had a false alarm pregnancy in December 2012. After the initial shock Darren was very excited about it. When they realised they weren't expecting they realised we both wanted children in the future and Darren seemed upset about the lost pregnancy.

[56] Ms Kiff recalled that Darren suffered from panic attacks and she asked him to seek help but he was pretty stubborn. She said that Darren had a panic attack as he thought she was leaving him the last time he was home, in January 2013. She reported that Darren had a panic attack on the way to his brother's house during his last visit. He had another panic attack, she reported, when he was in Germany in January 2013 on the ski trip with the rest of the ATC team. Ms Kiff was out with one of Darren's friends just having a friendly drink and Darren overreacted. She said that his fear was irrational. She said that whilst he was in Germany Darren had mentioned that a nurse had told his boss to keep an eye on him, or words to that effect. However, there is only one note of such an encounter between Darren and a nurse, which is the encounter with Nurse MacPherson I mentioned a moment ago as happening in early October 2012.

[57] Ms Kiff reported that Darren was not a good sleeper. She said that he suffered from nightmares but Darren did not confirm this nor did he tell her what he was dreaming or thinking about. Ms Kiff last saw Darren on 24th January 2013 before he drove to Scotland to do a course. After Scotland she said he was both physically and mentally knackered (in his words) just wanting time to himself. He made a remark to her about a car accident also, wanting to crash his car to get a rest.

[58] Ms Kiff said Darren had told her that he had experienced suicidal thoughts. He said he couldn't do it because of his mum and because he was a Christian.

Events of 9-10 February 2013.

[59] Soldier G who was a friend of Darren's told the inquest that he did not have any concerns about Darren when he saw him on the base just before he went out on 9 February 2013. He described him as "happy as always".

[60] On 9 February 2013 Darren, Rifleman Ingham, Rifleman Foster, Rifleman Rigby and Rifleman Rodgers went to Belfast for a night out. Darren had to borrow some money to go with the others. Rifleman Rodgers drove in his car and he then visited a female friend in Belfast. Rifleman Mitchell consumed a quantity of alcohol while on this night out, as did the others.

[61] During the night Darren was reported to have taken about ten pints of beer. He was also messaging Cher Kiff. The inquest received the WhatsApp messages from Miss Kiff at inquest. I had previously obtained the PSNI mobile phone report that triaged Darren's phone for text messages and calls in his final days.

[62] Three of the original group of four soldiers on the night out were collected at around 1am by Rifleman Rodgers. Some of the soldiers reported that Darren was on the phone either before or during the journey back to base, perhaps both. They were all intoxicated apart from Rifleman Rodgers, who reported that Darren seemed upset and pale after finishing the phone call with Ms Kiff, although it would be difficult for a driver to see a change of colour in someone sitting in the rear of a car during a journey at night. That said, the only sober person in the car described a change in Darren as a result of the telephone call.

[63] On returning to the base Rifleman Ingham and Mitchell returned to their respective rooms which were close to each other. As Rifleman Mitchell entered his own room Rifleman Ingham said "Alright mate, see you tomorrow".

[64] Darren continued to communicate with Ms Kiff. I have included a selection of these messages below;

10/02/2013 00:11:50: Cher: Fuck off Darren I don't even care right now, have a go at yourself and make yourself feel like shit because im done listening and feeling this bad, go find yourself a new girlfriend you're in enough of a state to do that to me

...

10/02/2013 00:12:28: Darren Mitchell:I'm sober, read this in the morning, I hope u see my point

....

10/02/2013 00:17:51: Cher: After how I've been feeling the past few days and you call me clingy and I'm a fucking nun if you're sober, I really don't want to talk to you atm

10/02/2013 00:22:32: Darren Mitchell: Ouch!

...

10/02/2013 00:41:00: Darren Mitchell: No Cher I haven't! I said one joke about u being clingy and in return uve made all my freinds leave me and made my first night with my mates a shit one where I've spent it looking for them

10/02/2013 00:41:17: Darren Mitchell: My only fucking night

...

10/02/2013 00:43:34: Darren Mitchell: No! This is it! I'm fucking miserable again!

...

10/02/2013 00:59:47: Cher: Shouldn't of even crossed your mind, really fucking hurt
Darren

10/02/2013 01:00:29: Darren Mitchell: I'm done with the Hurt, I've found my way out

...

10/02/2013 01:04:04: Darren Mitchell: I'm sick of being the asshole for things I didnt do!
Fuck this I'm done with all of it!!

10/02/2013 01:05:21: Cher: Oh are you? That's great so am i

10/02/2013 01:05:40: Darren Mitchell: Ure breakin up with me? And Dnt worry ill be out
of ure hair soon

10/02/2013 01:07:57: Darren Mitchell: Cher?

10/02/2013 01:09:33: Cher: What is that supposed to mean

...

10/02/2013 01:10:15: Darren Mitchell: U hurt me more, remember that

...

10/02/2013 01:16:30: Darren Mitchell: Itl never happen again, rember me coz U loved me
xxxx

10/02/2013 01:17:34: Cher: What one earth do you mean?

10/02/2013 01:17:48: Cher: Darren please don't do anything stupid

...

10/02/2013 01:17:44: Darren Mitchell: I love u, that's wat I mean :)

10/02/2013 01:18:27: Cher: Darren

10/02/2013 01:18:31: Cher: Darren

10/02/2013 01:18:29: Darren Mitchell: Yh Cher
10/02/2013 01:19:18: Cher: What do you mean remember be because you loved me
10/02/2013 01:19:27: Cher: *me
10/02/2013 01:19:37: Darren Mitchell: I just want u to think of me As the bf who tried his best
10/02/2013 01:20:27: Cher: Why the hell are you talking in past tense
10/02/2013 01:20:39: Cher: Ring me now
...
10/02/2013 01:20:35: Darren Mitchell: Really I'm fine
10/02/2013 01:21:06: Cher: Ring me!!
10/02/2013 01:20:59: Darren Mitchell: Better than I've been in a while :)
10/02/2013 01:21:27: Cher: Ring mw ffs
10/02/2013 01:21:35: Cher: Now!!!
10/02/2013 01:36:40: Cher: Baby please talk to me
10/02/2013 01:37:49: Cher: Tell mw what is going on with you
...
10/02/2013 01:41:46: Cher: But you started talking all depressed and past tense and you're scaring me
10/02/2013 01:41:59: Darren Mitchell: Don't b scared, wuu2?
10/02/2013 01:43:05: Cher: Baby if you loved me you would talk to me and tell me everything
10/02/2013 01:43:08: Darren Mitchell: Like u tell me?
10/02/2013 01:51:11: Cher: I tell you everything now
...
10/02/2013 02:13:09: Darren Mitchell: 2%
10/02/2013 02:14:53: Darren Mitchell: Love u so much xxxx sorry bout everything
10/02/2013 04:27:53: Cher: Darren!!!!
10/02/2013 04:28:11: Cher: Fucking hell Darren please answer your phone
10/02/2013 04:28:20: Cher: I need you to so badly

10/02/2013 04:36:33: Cher: Darren

10/02/2013 04:36:35: Cher: I need ypu

10/02/2013 04:36:44: Cher: Answer your phone,

10/02/2013 04:36:53: Cher: I am having a panic attack

10/02/2013 04:49:05: Cher: I swear to god if you've hurt yourself I couldn't live without you, you will be doing it to both.of us not just yourself

10/02/2013 05:35:55: Cher: Please please please text me back, I've rang you so many times

10/02/2013 05:36:17: Cher: I honestly am on the edge of throwing up

10/02/2013 09:50:59: Cher: Wake up Darren!!!!!!!

10/02/2013 09:51:07: Cher: I need to know you're ok

10/02/2013 09:51:16: Cher: I haven't slept all night

10/02/2013 09:51:27: Cher: Please Darren, I love you so much

10/02/2013 11:35:24: Cher: My heart is broken right now, I don't know what to do with myself, I am in so much pain

[65] At around 2am on 10 February 2013 Darren posted "*Tonight's it then xxx*" on Facebook. I received that Facebook posting during the inquest through the next of kin's solicitor after the efforts of the family to retrieve it for me, for which I am grateful. Prior to that the inquest had evidence about the message, but not the message itself.

[66] That morning at around 10am Rifleman Ingham received a Facebook message from Cher Kiff asking him to check on Darren. Rifleman Ingham told the inquest that he didn't really have any concerns at first. He said that Darren would normally sleep late. Rifleman Ingham went to get some food and then when he received further requests from Ms Kiff, who seemed genuinely concerned for Darren's life, he went to get the key to open the door.

[67] Sometime shortly after 12.15pm on 10 February Soldier G and Rifleman Ingham entered Darren's room using a master key. They had previously knocked and got no response. When the soldiers entered they saw Darren seated in the bathroom entrance. A rope was tied around his neck and had been secured to the pull-up bar which was attached to the top of the bathroom door frame. It was clear that he was dead. Both soldiers then left the room and called authorities. It was reported that Darren had been seated on a computer chair. One of his legs was extended off the chair and one of his knees was folded under him on the chair. The emergency services were called and when paramedics arrived Darren was pronounced dead.

[68] A post mortem examination concluded that Darren was physically healthy. There was no natural disease to cause or accelerate his death. In the opinion of the Assistant State Pathologist, Dr Peter Ingram, death was due to hanging. There was a ligature, a climbing rope, around the neck and its position was such that when the rope tightened, under the partial weight of his body, it would have interfered with breathing and the flow of blood to and from Darren's head. Unconsciousness would probably have occurred quite rapidly with death supervening within a few minutes. Apart from the ligature mark there were no other marks of violence and the pathologist ruled out third party involvement. The pathologist could not give a definite time of death but thought perhaps somewhere in the region of 6 hours before Darren was found.

[69] A report from Forensic Science Northern Ireland showed that at the time of his death there was some alcohol in Darren's body, 147mg per 100ml. The pathologist opined that this concentration would have caused at least a slight degree of intoxication and could possibly have upset Darren's emotional stability. At inquest the pathologist considered, taking into account a blood urine concentration of 224mg per 100ml, that Darren had probably consumed much more alcohol before he died but that his body was in the process of eliminating alcohol, in other words he was in the process of 'sobering up' when he died.

Evidence from Professor Fazel.

[70] I instructed Professor Seena Fazel, a Specialist Forensic Psychiatrist at the University of Oxford to examine certain circumstances concerning Darren's death. Professor Fazel has extensive experience in psychiatry and has treated individuals who served in the army and who suffered from Post-Traumatic Stress Disorder (PTSD).

[71] Firstly Professor Fazel considered whether Darren had experienced any stressors in the time before his death. Professor Fazel noted that Darren visited Nurse MacPherson in early October 2012, but had no other recent healthcare contacts. Darren attended training courses in Germany, Wales, and Scotland in January 2013, and also went home in between two of these courses. At home in January 2013, his mother reported that he seemed 'more distant' from her, 'tired' and had sleeping problems, 'less full of life, sort of defeated'. Mr Mitchell's sister, with whom he was staying, said that he was more 'aggressive' with her children and 'stroppy', and that he explained to her that he was 'sick of living out of a bag' and felt 'quite alone'. She recalled that he said to her that 'I wish I could crash my car' which he explained to her meant that he wanted to rest. She did not think that Mr Mitchell experienced any bullying, and Professor Fazel said that other statements corroborate this. When asked about sleeping problems in January 2013, Mr Mitchell's sister explained that her brother did not complain about it to her, but that he was posting Facebook messages in the 'early hours of the morning'. Mr Mitchell was described as 'jumpy' when he heard fireworks and also when hearing cars backfiring.

[72] Professor Fazel considered that Darren was in a relationship with Cher Kiff since at least November 2012. Text messages in the days before Darren's death, in Professor Fazel's opinion suggested some relationship difficulties including her being apparently jealous that he was going out with friends. Ms Kiff commented on his 'negative statuses'

about their relationship on Facebook. Darren texted 'stop being angry with me', 'U always take it out on me' (8/2/13), but also texted 'love you my gorgeous xxxx' (9/2/13) and she wrote 'you are my love' (9/2/13). Professor Fazel noted that Darren's sister said that he 'wouldn't kill himself over a girlfriend, and a close friend, Dain Lewis, stated that Darren would not 'go on a downward spiral if he broke up'. Professor Fazel further considered that Darren wanted to buy a plane ticket for Ms Kiff to visit him as a present for Valentine's Day and told his mother that she was going to visit him, but it is not clear that he was able to afford to do this and Ms Kiff did not mention it in her statements.

[73] Professor Fazel also alluded to evidence of Darren's financial problems. Darren described his status on Facebook as 'broken' on 12/1/13, but Professor Fazel was not sure what Darren meant by this.

[74] In his report Professor Fazel expressed the view that Darren was mostly described as happy in the months leading up to his death, and enjoying his work and courses. In support of this view he mentioned that Rifleman Rigby said that Darren 'loved his job' and 'really enjoyed' the adventure training. When he was challenged about this view by Senior Counsel for the NOK Professor Fazel accepted that from October 2012 there were also reports of Darren not feeling happy, not being able to sleep, feeling lonely, drinking excessively, being 'twitchy', having panic attacks, presenting to the nurse on 1 October as teary and anxious, being described as quiet and showing signs of hypervigilance. Professor Fazel accepted that these observations were at odds with his original conclusion that Darren seemed mostly happy.

[75] Professor Fazel went on to consider Darren's demeanour and presentation on the night before his death. It was reported that he was 'all happy, he was himself, happy to be back, not as tired as he had been' (Rifleman Ingham). He was described as 'happy, his usual lively self, laughing on the way' (Rifleman Rodgers), and 'seemed fine'. While

at the nightclub, Darren was 'not unhappy' and talked about 'general army life and life in general'. He was apparently involved in a fight around 2330- 2400 hours, which Rifleman Ingham thought was a verbal altercation as there were no signs of him being involved in a physical fight. Darren was described as 'very drunk' (Rifleman P Rigby) and 'seemed drunk but able to hold a conversation (Rifleman Rodgers). Professor Fazel also considered the content of some of the communications between Darren and Ms Kiff in the hours before his death as well as noting that there was no suicide note found and no signs of violence or physical health problems according to the autopsy report.

[76] Professor Fazel concluded that Darren had very few risk factors for suicide. His childhood was described as happy, and he was academically successful at school. He joined the army at a young age, and is reported to have enjoyed his training and having no particular problems. He did not have a formal history of mental health problems, self-harm or any substance use disorder. He had some plans for the future, and there are some suggestions that he was considering leaving the army and buying a house with his girlfriend.

[77] As mentioned earlier, Professor Fazel explained that suicide is usually understood as being caused by a combination of historical (or vulnerability) factors and recent triggers (such as life events or psychiatric illness).

[78] In terms of vulnerability factors, Professor Fazel thought that Darren's personality may be relevant. His mother described him as a 'bit reckless sometimes' and his sister pointed out that he 'never failed'. In addition, he reportedly had some concerns about his future employment, and his immediate financial problems and longer-term career uncertainties may have weighed on his mind.

[79] In terms of triggering factors, Darren was reported to have been involved in a fight of some sort in the nightclub on the night of his death, but this does not appear to have

been important as he had no apparent physical injuries and did not dwell on it (e.g. by talking about it subsequently). On the way back from the nightclub, he had a phone call with his girlfriend, which apparently upset him. Further, he was intoxicated with alcohol, which would have acted as a trigger, although Darren had no reported history of self-harm, including when drunk.

[80] When asked if Darren had been suffering from a mental illness or disorder like PTSD Professor Fazel said that there were no clear-cut symptoms that would be consistent with PTSD or sub-threshold PTSD. This was his view in advance of the inquest on the basis of the information provided to him. The salient evidence given at the inquest was summarised for Professor Fazel during the inquest at my direction by my counsel and solicitor. He was asked if hearing of those features caused him to change his view. He said it did not. Accounts of some of the observations regarding Darren's reaction to fireworks, his reported panic attacks, his insomnia, excessive drinking, reported hypervigilance, reported avoidance and change in mood were put to Professor Fazel by Senior Counsel for the NOK. He was also given information about some of the reported experiences in Afghanistan. Professor Fazel still did not think that Darren was suffering from PTSD or sub-threshold PTSD. Professor Fazel said that it is possible that Darren masked other traumatic-type experiences (such as flashbacks, hypervigilance, nightmares, etc.), and these could have acted as vulnerability factors.

[81] In conclusion, Professor Fazel thought that there were some stressors in Darren's history but he did not think that their contribution to his death was significant. In addition, Professor Fazel could not identify from Darren's history any clear-cut warning signs that he was at risk of self-harm or suicide. Professor Fazel considered it significant that Darren did not discuss any issues with a medic or a nurse. On 1 and 2 October 2012 Darren was given an opportunity to discuss any issues he might have had with Nurse MacPherson but indicated that he had not problems at work or at home. His

presentation on that occasion was as a result of vomiting possibly as a result of alcohol consumption.

[82] Further, Professor Fazel did not think that Darren was suffering from depression or at the time before his death. He accepted that Darren might have been displaying a startle response and one episode of hypervigilance, although he did not think that Darren was avoiding anything as a result of trauma.

[83] Professor Fazel thought that the consultations with Nurse MacPherson that took place on 1 and 2 October 2012 were comprehensive for a consultation about vomiting. He thought he might have arranged a further follow up in perhaps a month. He did not think that any different treatment would have prevented Darren's death. He said there were indications from Darren at the consultation that he was not depressed including good eye contact and reporting no issues at work or home.

[84] Professor Fazel did not think there were any systemic failures which caused or contributed to Darren's death.

Abercorn Barracks, Ballykinlar.

Regime and facilities.

[85] Abercorn Barracks, named after the Duke of Abercorn, was built in 1901. It was largely used as a military training establishment. 2 Rifles moved there in 2007 following the creation of The Rifles. Major renovations to the Barracks were carried out in 2008. 2 Rifles moved to Thiepval Barracks in Lisburn in June 2014. The Commanding Officer (CO) of 2 Rifles between June 2012 and April 2015 was Lt Col Gidlow-Jackson.

Medical facilities

[86] There was a medical centre on site which was manned by a Regimental Medical Officer (RMO), one Service Nurse, two civilian Registered Nurses and approximately six Combat Medical Technicians (CMTs). The Defence Community Mental Health (DCMH) team was based in Lisburn. During the relevant time the manager was Captain Connelly (now Major Priest) once assessed, personnel may be referred to the DCMH. Major Diacon was the RMO at the relevant time advised the inquest that if he considered that there was a serious mental health concern, then an appointment the following day, or sooner, could be arranged. Those with a less serious problem were offered an appointment within 28 days.

[87] The DCMH service was led by a Consultant Psychiatrist and supported by qualified Psychiatric Nurses. The DCMH team provided a service during business working hours and outside of these hours, Service personnel would be acutely cared for by the local health service and then ne followed up the next working day by the DCMH team. A visiting Psychiatric Nurse visited Abercorn Barracks to review Service personnel usually every one to two weeks.

[88] 2 Rifles had a Unit Welfare Office led by the Unit Welfare Officer and his deputy, the Unit Welfare Sergeant. They were responsible for the support, assistance and welfare advice given to Service personnel and their dependants and were a 24 hour service. In addition, 2 Rifles had a Padre attached to them. His role was to provide spiritual support and moral guidance. Finally, Abercorn barracks had access to the Army Welfare Service who provide confidential and specialist welfare services to soldiers and their families.

[89] Since 7th January 2013 there was a member of the Women's Royal Voluntary Service (WRVS) on camp. Lou McGhie was responsible for running the recreational centre. Her role was as a confidential adviser if any soldier had an issue from financial

problems to mental health issues. Ms McGhie assisted with any issues the soldiers did not want the chain of command or Padre or Unit Welfare Officer to deal with.

Incident with Rifleman Ingham and Soldiers D and G

[90] Following Darren's death, Nurse MacPherson in the Medical Centre referred his closest friends, Soldiers D, Soldier G and Rifleman Ingham to the DCMH under Captain Connelly. Captain Connelly arranged for the soldiers to participate in a horse-riding course for two weeks at Lisburn.

[91] Warrant Office Class Two (WO2) Webb held the post of Company Sergeant Major (CSM) B Company from February 2013 and took over from Sgt Major Bell. During evidence he told the inquest that as CSM he was accountable for all the Soldiers under his command whether in camp or outside it. He said he only joined the base after Darren Mitchell had died and his first task was to arrange his funeral. On one occasion not long after Darren died Soldiers D, G and Rifleman Ingham could not be accounted for and they were called to Sgt Major Webb's office. The soldiers in evidence alleged that Sgt Major Webb said 'if I ever find out you're bluffing and all this I'm gonna AGAI you up to your eyeballs'. During evidence Sgt Major Webb could not recall using this phrase.

[92] After Darren's death Soldier D self-harmed. When brought to the guardroom after Sgt Major Webb came to see him. Soldier D stated in evidence that Sgt Major Webb called him a 'dick for doing it' - meaning self-harming. Sgt Major Webb stated he could not recall using that terminology.

[93] It was also alleged that during parades Corporal Farragher made comments directed to Soldiers D and G and that other soldiers laughed. Corporal Farragher said that he was suspicious that D and G were not being truthful about how they felt following Darren's death and were reporting back to the other soldiers about the

activities they were undertaking at Lisburn like horse riding and pizza parties. Corporal Farragher asked for information about their treatment from Nurse MacPherson but she told him that he was not entitled to this information.

Soldier's views on Ballykinlar.

[94] Mrs Mitchell in her evidence said that her son described Ballykinlar as 'isolated, cold with nothing to do there'.

[95] Corporal Robin Hughes spent four years in Ballykinlar and when asked if he considered Ballykinlar was isolated he said 'it's your outlook on things, you've got to make the best of the situation. Got to be a bit proactive and make the best of the situation.' When asked about support in 2 RIFLES, Corporal Hughes said there was support if needed in the form of the chain of command, medical centre and padre as well as a Unit Welfare Officer. Rifleman Hughes said that his friends were the first point of contact for him. He said you could open up to them and they would understand because they have been through the same thing.

[96] Lance Corporal Maleiba lived in a house with his partner on camp. When asked if he had any concerns in relation to Ballykinlar he replied 'you either love it or hate it'. He said it was difficult and challenging at times but in terms of military training it was really good. When asked about support he said his own personal experience was good. He recalled on one occasion when his mother had a stroke he knocked on the Doctor's door for advice. He said they had a really good Padre on camp and he had an open door and was friendly.

[97] Corporal David McAtee told the inquest that there was a culture within the battalion where people did not feel comfortable going through the chain of command for help. He stated that he went out of the camp to seek help on one occasion. He took the view that an ambitious soldier might not seek help because it may affect their promotion. Corporal McAtee was of the opinion that Lt Colonel Gidlow-Jackson's policy was to provide support but that there were certain NCOs who were not

approachable. During his evidence Corporal McAtee was pressed on the issue of available support, he admitted that he would feel comfortable going to the Sgt Major, Nurse MacPherson, the RMO and Captain Connelly. In effect he admitted that despite his previous view that there was little support in reality there was a lot of support.

[98] Rifleman Rodgers when asked about B Company said as a Company they got on well. Rifleman Rigby said that everyone was approachable and that Sgt Major Bell invested time in him and in the boxers and anyone in his company. He said Sgt Major Bell cared about his soldiers. It is worth noting that although Darren was working at the ATC, he still resided in B Company accommodation. Sgt Major Bell was responsible for B Company. Rifleman Ingham described Sgt Major Bell as an "awesome bloke", this was a theme throughout the evidence. I was also very impressed at how Sgt Major Bell gave evidence and how highly regarded he was within the Company.

[99] Rifleman Ingham said that Ballykinlar had amazing facilities but that it was isolated. Rifleman Ingham told the inquest that the facilities for help were there but that no one wanted to go and seek help. He took the view that it was put down on your record and would affect your career.

[100] Lt Colonel Bryan was the Commanding Officer for B Company. He frankly accepted that despite the excellent facilities, Ballykinlar was not suitable for the long term placement of a predominantly English regiment. Soldiers who were stationed in Ballykinlar received extra pay. They also received 12 free return tickets home each year.

[101] Lt Colonel Gidlow-Jackson, Commander Officer of the Battalion said that he thought the atmosphere on the base was friendly. He said the training and leisure facilities were some of the best available to the British Army. The base had a swimming pool, golf course, shooting range, access to a beach and the sea, proximity to the Mourne Mountains and many other facilities. He admitted that the base was isolated. The chain of command did take steps to provide transport to soldiers but it was not popular.

[102] I could see the conundrum with Ballykinlar. When I visited the base I could see that it had real potential to be an excellent place to train soldiers. I could also see how isolated it was. Soldiers were not permitted, for security reasons apparently, to socialise in local towns and had to make a long journey to either Belfast or Lisburn. The base was effectively the soldier's home and yet they could not really treat it as a home. One Rifleman told me that he wanted to join a local sports club but could not because of security concerns. The army tried to make the base work until a decision had to be taken on its long term future. Lt Colonel Gidlow-Jackson said this was a difficult decision. The battalion moved to Thiepval Barracks in Lisburn. The facilities are not as good, I was told, but it is less isolated.

Conclusions.

[103] If he did not receive TRiM, ought Darren Mitchell to have been provided with TRiM during HERRICK 15? If so, did this failure to provide Darren Mitchell with TRiM cause or contribute to his death?

[104] TRiM was described by Captain Coltart, former Adjutant at Ballykinlar, as a peer delivered, evidence informed psychological support strategy. Although not a treatment itself, Captain Coltart said that TRiM endeavours to foster peer and organisational support in the short term and, where appropriate, direct individuals towards formal sources of help. Essentially one soldier, who had been TRiM trained, who speak with the subject soldier to attempt to identify if there were any concerns or issues and provide support and/or start the process getting the subject soldier to whoever was best placed to provide the help they needed.

[105] Captain Coltart said that the following events were sufficient to initiate the TRiM process:

1. When personnel experience or witness serious injury to others; particularly colleagues.
2. When personnel have been disabled or disfigured.
3. When the trauma involved death; particularly grotesque death.
4. When the trauma is complex, long lasting or multiple.
5. When personnel have been involved in a 'near miss'.

[106] Prior to HERRICK 15, 2 Rifles trained personnel so that there was a TRIM qualified individual working in each deployed force element. Following a traumatic incident a TRiM trained person would conduct an initial interview with the person at risk within 72 hours after the incident to create an Initial Risk Assessment. This interview enabled assessment and the signposting (if required) for additional medically trained support. It also allowed for a baseline against which a second interview could be judged. A second interview was then conducted a month after the incident which enabled the identification of any changes with an understanding of the initial interview having the capacity to bring up issues after open discussion regarding the traumatic incident. The output of the second interview was the Second Risk Assessment. The process was not compulsory i.e. the soldier being TRiM'ed didn't have to go through with the process if he or she didn't want to.

[107] At inquest we examined the lack of TRiM records for Darren while he was deployed in Afghanistan. The NOK suggested that if Darren experienced the things he

informed his family about then he should have received TRiM. The lack of records, say the NOK, suggest that he did not receive TRiM when he should have.

[108] I am satisfied, having considered all of the evidence that Darren did not receive TRiM during HERRICK 15 because he did not experience an event traumatic enough to warrant TRiM. The incidents reported to family by Darren have never been corroborated. Sgt Major Bell told the inquest that he had been Darren's commanding officer when he was in B Company. Although Darren deployed with A Company Sgt Major Bell still saw him in and around camp in Afghanistan. Sgt Major Bell told the inquest that he remains good friends with the Sgt Major for A Company. Sgt Major Bell was, respectfully, sceptical about the incidents reported by Darren. Firstly, in relation to the story about the IED, Sgt Major Bell said that Darren was unlikely to have been at the front of the group since the sweeper would require specialist skills in detecting IED's. Darren was not trained to do this. Sgt Major Bell said he was unaware of any member of A or B Company sustaining the life changing injuries described by Darren.

[109] There is also some inconsistency in the versions of the incident involving body parts as told by Mrs Mitchell and Ms Kiff. Mrs Mitchell told the inquest that Darren had told her he had to actually pick up body parts that had been strewn about the landscape as a result of some sort of explosive device. These parts were not reported as belonging to another Rifleman. Darren apparently told Ms Kiff that did not have to clean up any body parts rather he saw them. She said he appeared unemotional.

[110] I am not satisfied that Darren experienced any incident traumatic enough to warrant TRiM. No other soldiers could corroborate that such incidents took place, although I do note and have taken account of the fact that I heard mainly from B Company soldiers in respect of Darren Mitchell, when his time in Afghanistan was with A Company. I've taken into account that he told more than one witness about the

incident involving body parts, but against that, I found Sgt Major Bell's evidence compelling. He was a very credible witness.

[111] In summary in respect of this question, I conclude that Darren, whilst undoubtedly having experiencing difficulty and trying situations in Afghanistan, like most of his fellow soldiers, did not experience a traumatic incident of the nature that would require TRiM. Therefore the failure to provide TRiM would not have any causal impact on his death.

[112] Was there a failure to complete Post Operational Stress Management (POSM) for Darren Mitchell? If so, did this failure cause or contribute to his death? If it did not cause or contribute to his death?

[113] At inquest I was told that the POSM record for Darren could not be located. There was, therefore, no official confirmation that Darren had taken part in the POSM process. I am satisfied, even with the lack of formal confirmation, that Darren completed the Decompression part of POSM. It seems unlikely, based upon the evidence that I heard, that he did not go to Cyprus. I was told that the normalisation part of the process included a flight back to Aldergrove followed by a period of rest within the base during which the soldiers were given information and leaflets (FMED 1019 and 1020) about PTSD and other mental health issues. After this each soldier was given a period of post-deployment leave. I am satisfied that Darren received his period of post-deployment leave. What is less clear is whether he received the leaflets and lectures as part of the normalisation process in Ballykinlar before that Post Operational Home Leave. Rifleman Ingham recalled that he went to a room with Darren and they filled out a questionnaire on a laptop. This could have been part of the normalisation process or some other process.

[114] I received evidence that Darren did not undertake any duties at Olympics in London in 2012, like a number of the other soldiers in 2 Rifles returning from HERRICK 15. That was said to have been because of the courses he was attending for his ATC. I've described already how he had rock climbing and kayaking courses in June and July 2012. However, I don't think those courses interfered with the normalisation process.

[115] Having heard evidence about the normalisation process it seems to me to be more likely than not that Darren did take part in the normalisation process in Ballykinlar and poor record keeping and storage is to blame for the lack of official recording.

[116] As is obvious from the fact the records for both Darren Mitchell and James Ross are either incomplete or missing altogether, there is obviously a failing by the MoD in this area. It was not a one off, although I don't think there was any causal link between record keeping and death in either instance.

[117] Even if I am wrong about this issue and Darren did miss some of the steps in normalisation the temporal connection between his death and return from deployment is too remote for me to be satisfied that there is any causal connection between an incomplete normalisation process and Darren's death. Further, at no time, including on 1 -2 October 2012 did Darren seek help for any mental health issues which could have been missed during normalisation. He was being asked questions at that time by a pleasant, respected and professional nurse, but would not open up about any problems. It is therefore unlikely in my view that he would have opened up to or sought help in response to any part of the (earlier) normalisation process. I also take into account that no one describes him as displaying any symptoms or warning signs at that stage, after his return from HERRICK 15. I noted in particular that his mother perceived deterioration in him in Autumn 2012, which was around the time he saw the nurse.

[118] Was Darren Mitchell on the Suicide and Vulnerability Risk Matrix (SVRM)? If not, should he have been and did this failure cause or contribute to his death?

[119] I was told about the SVRM (or Register) during the inquest. The governing document for the management of personnel vulnerable to suicide and self-harm was Army General Administrative Instruction chapter 110, 'Army Suicide Vulnerability Risk Management (SVRM) Policy. Captain Coltart told me that this process was built around a 4 stage process: Stage 1 - risk identification; Stage 2 - risk conference; Stage 3 - Initiating Care Action Plans; and Stage 4 - review and closure.

[120] Stage 1 (Risk Identification) processes: The process 2 Rifles had to enable identifying those at risk and was for education of personnel and the chain of command and the creation of a climate of acceptability of mental health issues. This education included the Decompression and Normalisation briefings Chain of Command SVRM training and TRIM training of nominated personnel. I was told that all 2 Rifles personnel who had conducted Decompression and Normalisation were aware of the risks, and indicators and warnings associated with mental distress. Individuals who were suffering could self-refer or the chain of command would assign individuals to see the medical staff and / or a CPN for assessment self-referral and medical confidence did in some instances result in the chain of command being blind-sided from a full understanding of the issues and risks that individuals had presented to healthcare professionals.

[121] Stage 2 (Risk Conference) process. Captain Coltart accepted that this aspect of the process was not formally in place until September 2012 when the Commanding Officer, Lt Col Gidlow-Jackson decided that SVRM should be deliberately discussed as part of the monthly 2 Rifles Unit Health Committee. Due to the sensitive nature of the information the SVRM Risk Conference was conducted with a reduced forum. This forum included: (from the medical side) the Medical Officer, CPN, Physiotherapist (a

civilian who in a number of cases was used by soldiers to voice issues); and (from the chain of command side) the Commanding Officer, the Adjutant, the Unit Welfare Officer, RSM and the Company Commander. The health committee worked through each of the five companies in the battalion. By this method company commanders presented personnel who had been identified as being at risk. The decision to raise an individual onto the SVRM was made by the Commanding Officer and direction for the Care Action Plan was given. For extraordinary cases, where waiting for the Health Committee was inappropriate, Company Commanders raised the issue directly with the Commanding Officer. This was generally resulted in referral to the medical chain and the inclusion on the SVRM with a Care. Individuals on the SVRM were reviewed at Unit Health Committee meetings.

[122] At inquest I heard how Captain Coltart had kept the SVRM database on his computer. It was kept in no other location. When he transferred from the base to another location in December 2012 the database, which had been stored on his desktop, was somehow lost. I accept that it did exist and that it was lost. It could not be recovered in its original form and the new Adjutant, Captain McCarthy had to rebuild the SVRM using Captain Coltart's memory as well as other documents.

[123] Darren was not on the SVRM before his death. I am completely satisfied about this. I am also satisfied that his presentation on 1-2 October 2012 did not warrant him being added to the register. At no time prior to his death did Darren present as being suicidal or vulnerable so as to require entry onto the SVRM. When he attended with Nurse MacPherson on 1 October his complaint was that he had been vomiting. Nurse MacPherson carried out a thorough examination and noted him to be teary and anxious. This presentation would not be sufficient, in my opinion, for escalation to the SVRM or even to be discussed at the UHC meeting. The nurse was clear about this and Professor Fazel also stated that he would not have added Darren to the list as a result of such a consultation. Nurse MacPherson gave Darren advice about opening up

regarding any issues he had and he said that he did not have any issues. The following day he was given a second opportunity to tell nurse if he was experiencing any mental health problems. He did not indicate that he was experiencing any problems at work or at home.

[124] When Sgt Major Beattie spoke to Darren following the consultation he did not indicate that he had any issues. He accepted his AGAI, carried out the extra duties. Importantly Darren was never late again and completed and passed all of the courses in which he participated. There was never any reason, prospectively, to place him on the SVRM or to discuss his admission to the SVRM.

[125] I therefore conclude that he was not on the register, nor ought he to have been. This is notwithstanding that there is evidence that he was exhibiting some symptoms associated with his mental health in the last few months of his life. General McAllister said possibly some sort of anxiety or adjustment disorder. Rifleman Ingham said that when he returned from deployment it took him a long time to get used to civilian society again. I am satisfied that there was no causal link between the failure to place Darren on the register and his death.

[126] Should further action have been taken by medical staff and/or chain of command, in relation to Darren Mitchell following his appointment with a nurse on 2 October (whether by means of follow-up, communicating the information to the RMO or Unit Health Committee, or other action)? If so, did this failure cause or contribute to his death?

[127] Professor Fazel told the inquest that he would have arranged a further follow up with Darren about one month after 2 October 2012 to see how he was doing. Nurse MacPherson accepted that she could have arranged a further follow up. There were other steps she could have taken following the consultation; (1) She could have asked

Darren to complete a PHQ9 Depression Test (2) She could have referred Darren to the Community Psychiatric Nurse (CPN) (3) She could have referred Darren to the Regimental Medical Officer (4) She could have arranged for Darren to be discussed at the UHC meeting re admission to the SVRM.

[128] I consider that a further review should have been arranged with Darren approximately 4 weeks after his appointment on 2 October 2012. Nurse MacPherson was not completely happy with Darren's presentation and, to her credit, she carried out a much more thorough examination than a presentation with vomiting warranted. She asked questions about suicidal thoughts and made notes regarding eye contact. She clearly had a contemporaneous suspicion that something was not quite right with Darren. She may have been correct, or he may genuinely have been ill and possibly hungover from excessive consumption of alcohol, we will never know for sure. A further review with either the RMO or the nurse should have been arranged. Darren did not seek any further medical attention either on base or at home in Uxbridge following this consultation. Professor Fazel did not think a further review by Nurse MacPherson would have made any difference to the ultimate outcome.

[129] As stated above, I conclude that a further review should have been arranged after the second consultation with the nurse. I am not satisfied on balance that this failure caused or contributed to Darren's death since, *inter alia*, there was a weak temporal connection between the date of this appointment in October 2012 and his death in February 2013 and also because of Professor Fazel's evidence.

[130] Was there a culture in 2 Rifles, in terms of how soldiers experiencing mental health difficulties were treated, (in particular by their fellow soldiers and/or immediate chain of command) which operated to dissuade soldiers who were suffering from stress and/or mental health issues from seeking help? If so, did this culture, cause or contribute to Darren Mitchell's death?

[131] A number of Riflemen gave evidence about this. Although Corporal McAtee, was originally critical about the services provided by the army on the base he accepted that there were good facilities available if a soldier wanted help.

[132] Rifleman Wood was critical about his own personal experience when he sought help for a stress related problem. He thought that if a soldier was acting in a concerning manner that others would talk about him behind his back. Rifleman Woods did seek help for his own issues and said there was a subjective element in not wanting to get help sooner. He said that soldiers thought a record of getting help for a mental health problem would adversely affect their chances of promotion even if, objectively, this was not true.

[133] Rifleman Holmes told the inquest that he had been medically retired from the army because of a PTSD diagnosis. He said that there was help available within the base and there were regular briefings about mental health problems aimed at encouraging soldiers to come forward and seek help. Rifleman Holmes was not critical of the service and help available, rather, he said his own pride prevented him from coming forward earlier. Like Rifleman Wood he said the army had taken steps to encourage soldiers like him to come forward and get help, he just didn't want to. He did not want to seem weak and he thought that receiving help might prevent progress in his career. He made it clear that this was his own view even though, objectively, this might not be true.

[134] Rifleman Ingham did get help after Darren Mitchell died. He was seen by CPN Captain Connolly and was referred to Lisburn and Aldergrove where he received treatment.

[135] Soldier G also received treatment from Captain Connolly following Darren's death. Despite feeling that he was singled out for abuse by Corporal Farragher after

Darren's death Soldier G went and sought help again after he self-harmed a number of months later. He gave evidence to the service inquiry in which he said a relationship break up potentially acted a significant stressor.

[136] Soldier D also received treatment from Captain Connolly following Darren's death.

[137] The next of kin want me to draw an inference from the incidents involving Soldiers D, G and Ingham that there was a culture of bullying soldiers who were suffering from mental health problems or alternatively that there was a fear on the part of soldiers that they would be looked down upon if they did seek help, or that it might effect their career progression. The next of kin point to the behaviour of Sgt Major Webb and Corporal Farragher as evidence of a culture which belittles those with mental health problems. However, there are a number of problems with this.

[138] Corporal Farragher's behaviour toward D, G and to a lesser extent Ingham, while distasteful and wrong, did not indicate to me that a culture existed. It seems to me that for a culture to exist there must some consistent approach by the chain of command and/or other Riflemen. Corporal Farragher's approach was not even consistent with his own past behaviour. Soldier D told the inquest that when he had previously self-harmed prior to deployment to Kenya it was Corporal Farragher who had been sympathetic to him. Sgt Major Webb, who admitted to warning the three soldiers about trying to 'bluff' had only just been stationed on the base on the day after Darren Mitchell's death. His behaviour can hardly be consistent with a culture if he hadn't even been in Ballykinlar when James Ross and Darren Mitchell died. The most important point of all to understand is that all the events involving Soldier G, D and Ingham took place after Darren Mitchell's death and as a reaction to it. That doesn't mean that inappropriate behaviour after a death can't be a continuation of a pre-existing culture,

but on the evidence before me I find it impossible to draw an inference that such a culture existed, nor that it caused or contributed to either death in these circumstances.

[139] The overwhelming weight of the evidence was that there was no culture of bullying, nor was the battalion responsible for a culture whereby soldiers were dissuaded from seeking help. Quite the opposite in fact. 2 Rifles were regularly described as a family and I accept that as accurate.

[140] Sgt Dulake, a member of the Royal Military Police carried out an investigation specifically in relation to bullying at the request of the Service Inquiry. He found no evidence of bullying on the base.

[141] Rifleman Ingham described the Company Sgt Major for B Company as “an awesome bloke” and he wasn’t the only person to have that opinion of Sgt Major Bell (he was the Sgt Major for B Company during the material times). James Ross wasn’t in B Company, but this issue requires consideration of all the evidence.

[142] I was conscious that a number of the witnesses I heard from were no longer serving and therefore won’t have the same inclination to give evidence favourable to the army.

[143] Some soldiers like Rifleman Holmes said that they were dissuaded from seeking help for mental health issues but not because of anything done by the chain of command or fellow soldiers. Rifleman Holmes said that he knew where to get support, there were always lectures and briefings trying to encourage them to seek help. He just did not want to get help because he felt it would make him feel weak. He placed no blame on the army for this and I do not either.

[144] I have taken into account that bullying is not the only facet of culture potentially relevant here. There is also the issue of whether or not soldiers, particularly young and/or junior soldiers, felt there was a stigma associated with mental health in the army and that their progression through the army might be adversely effected if they reported any potential difficulties. There was evidence before me that historically this was a real issue and that soldiers would not report difficulties. All soldiers in the upper ranks told me this was no longer the case, however I did receive evidence from some of the more junior soldiers or former soldiers that they perceived that this type of stigma still existed to some extent. I have concluded that some individuals might perceive this, but I was not satisfied that there was a culture in 2 Rifles in terms of how soldiers were treated by their colleagues and/or chain of command that would dissuade soldiers from reporting potential mental health problems and/or seeking help.

[145] I have considered this question carefully after taking into account all of the evidence given to me about 2 Rifles by soldiers and former soldiers of all ranks, as well from those involved in the provision of care and support. Whilst there were anomalies, such as the incident on parade with Corporal Farragher, I was struck by the sense of genuine willingness to support soldiers that ran consistently through the evidence. The soldiers themselves, both present and former, described it. The question is about the culture in 2 Rifles, rather than whether there were some individual instances of a stigma being perceived.

[146] I am therefore not satisfied that any culture existed in terms of how soldiers experiencing mental health difficulties were treated (in particular by their fellow soldiers and/or immediate chain of command) which operated to dissuade soldiers who were suffering from stress or mental health issues from coming forward for assistance.

[147] Rather, the issue is one which civil society also struggles with, young men are reluctant to come forward and seek help for mental health problems. The Government, health profession and others face a similar dilemma to the army in trying to encourage more young men to come forward.

[150] Was the Army doing enough to identify soldiers in 2 Rifles who were suffering from stress and / or mental health issues? If not, did it cause or contribute to Darren Mitchell's death?

[151] I think that the army could carry out mandatory screening on a more regular basis. I was impressed with the evidence given by all of the Rifleman. In particular I was impressed by the evidence of Rifleman Wood and Rifleman Holmes. Both these men are retired from the army. Both loved the army and their jobs. Rifleman Holmes was medically retired in 2018 after suffering from PTSD following HERRICK 10. Rifleman Wood retired recently having sought help for mental ill health while in the army. Rifleman Wood thought that regular mandatory screening for mental health problems might take the stigma out of seeking help since the onus would not be on the soldiers to actively seek it. In other words, never mind letting the horse come to water, why not, take some water to the horse every now and again and see if it wants to drink. I think the army could have done more. However, given that Darren was unwilling to open up to the one medical practitioner who questioned him about potential issues, namely Nurse MacPherson, I am not convinced, on balance, the failure to do more caused or contributed to Darren's death.

[152] Did Darren Mitchell suffer from an undiagnosed mental illness prior to his death? If so, did this condition cause or contribute to his death?

[153] On the basis of the evidence I heard from the medical professionals who either saw Darren Mitchell, or reviewed him after his death, I conclude that he was not

suffering from any undisclosed mental illness prior to his death. He was exhibiting some symptoms. He might also have been masking them, but I accept Professor Fazel's evidence when he stated that he did not think Darren would have been diagnosed with any mental illness. I found the professors evidence convincing, including his evidence about the difference between experiencing symptoms on the one hand, and being diagnosed with a mental illness on the other. I have also taken into account the lack of any contrary expert medical evidence.

[154] Did Darren Mitchell receive anti-malarial medication, and, if so, what medication did he receive? If he did, did this medication cause or contribute to his death?

[155] There is a reference to him receiving some anti malaria medication in relation to his training trip to Kenya, but I do not think it had any causal link to his death. No evidence was laid before the inquest of any connection between this medication and the death.

[156] Was there a failure to pay Darren Mitchell his correct wages from February 2011 until after his death? If so, did this failure cause or contribute to his death?

[157] It is clear that Darren was owed back pay by the Army and this failing has been admitted by the army. He should have received two separate pay increases after passing various milestones as a private. They were not received. I was not given an exact amount but it seems that, taking into account tax liability it amounted to somewhere in the region of £100 per month (Staff Sergeant Spacey said in oral evidence that the total figure was £3,619.43). I was told that Darren experienced some financial pressure in the time before his death. He was borrowing from short term loan providers, who charge high rates of interest. A friend had to give or loan Darren a small amount of money for his night out just before he died. He clearly had financial

pressure and the back pay issue would have added to his worries. However, Darren was a single man with no family commitments or dependents. He lived in army accommodation and did not pay a mortgage or utility bills. The army provided him with food. He had to keep a car and pay for insurance etc. His flights were paid for by the army (he was given 12 “warrants” a year i.e. the army paid for 12 return flights to Northern Ireland each year to reflect the fact he was stationed in Ballykinlar and his flights or ferries that were required for the various course were covered by the Army, although he might have had to pay for some of those in the expectation of being reimbursed). He was entitled to reasonable expenses. I was also told that he may have lent money to family members and possibly guaranteed a loan for a family member, although I don’t think these family financial matters were in any way significant in respect of his death. I was also told that on most days when he was home Darren was drinking, probably excessively.

[158] Therefore, how much of Darren’s financial pressure was caused by a modest shortfall in his wages and how much was caused by his spending on alcohol and other expenses?

[159] The second issue I must consider is what part any financial pressure played in his death. Professor Fazel considered it may have been a stressor but it is not possible to say on balance exactly what role financial pressure played.

[160] However, taking into account all of the above I am unable to conclude on balance that the unpaid wages contributed in more than a negligible way to Darren’s death. He mentioned the back pay to his girlfriend and some others, but the impression I was left with was that it was not an issue that was troubling him in a material way. I find that he would have known that ultimately he had received the money.

[161] Were there any other acts or omissions on the part of the MoD which probably or possibly caused or contributed to the death, which may include issues relating to:

- Welfare support
- Medical care/expertise/training
- Evidence of bullying or improper conduct in relation to soldiers with mental health issues
- The environment of Ballykinler camp

[162] I am unable to conclude that any of the above caused or contributed to Darren's death. In respect of Ballykinlar, Darren was a young man and would have experienced the problems of its location more acutely than the married soldiers and those that lived on barracks with young families. However, he and friends had access to cars and notwithstanding the expense of having to travel to Belfast for nights out because of the evening restrictions imposed on soldiers going to the neighbouring towns, I was satisfied on the evidence I heard from the young soldiers in particular who were close to Darren that he and his friends on camp operated good systems of giving one another lifts for nights out and to the airport when required. I also take into account the evidence that he was travelling frequently in the last number of months and therefore the isolated location of the camp would have less of an impact at those times. Also, he was a frequent visitor back to Uxbridge to see family and friends, who were all clearly loving and supportive. Therefore, whilst not ideal, I don't think the location of the barracks and the consequences for the young soldiers that came with that caused or contributed to his death. Soldiers may have nicknamed the base "Ballykillyourself" but I am not satisfied that the location of the base caused or contributed to the deaths of James and Darren.

Did Darren take his own life and intend to do so?

[163] To return a conclusion of suicide the act and the intent must be established on the

balance of probabilities. I must be more satisfied than not so that that Darren deliberately and voluntarily did the act which caused his death and did so with the intent of taking his own life. Suicide can only be the conclusion after other possible alternatives have been excluded. It must not be presumed simply because it seems a likely or the most likely explanation. A Coroner must exclude the possibility that the death was a result of some unexplained accident. Per Lord Widgery in *ex Parte Barber* [1975] 1 WLR 1310

"If a person dies a violent death, the possibility of suicide may be there for all to see, but it must not be presumed because it seems on the face of it to be a likely explanation. Suicide must be proved by evidence and, if it is not proved by evidence, it is the duty of the coroner not to find suicide...."

[164] Although intent to die must be established to the required standard there is no requirement for a coroner to determine 'why' a person killed themselves. Evidence of motive (in particular where notes are left) might assist in determining intent, but the coroner is not obliged to discern (still less be sure of) reason or motive for the deceased's action and intention. A coroner can be sure the death was self-inflicted and sure the deceased intended to take his life, but less than sure what had led him to do so.

[165] Evidence of intention to die can lie within the circumstances of and leading up to the death as well as by the means of achieving it, the more obviously lethal the means, the more the circumstances may support the inference of an intention to take life.

Evidence going to the conclusion.

[166] Previous suicidal thoughts - I was told by Ms Kiff that Darren had once told her that he had thought of suicide. She said that her reaction was one of horror and Darren told her that he would never do it because of his family and because he was a Christian.

She asked him about it, but he quickly sought to reassure her and change the subject. Darren never expressed any suicidal thoughts, ideation or planning to anyone else.

[167] Locked door - Professor Fazel thought that Darren's door being locked demonstrated a higher intent than if the door had been left open. He said that, in his experience, when a person performs an act in order to seek the attention of others - 'a cry for help' - they usually make sure that someone else will find them in the act. In Darren's case the fact that his door was locked was suggestive of him not wanting to be disturbed during the act.

[168] WhatsApp messages - Some of the WhatsApp messages sent by Darren were described as fatalistic by General McAllister, Army Psychiatrist. Professor Fazel also thought they demonstrated an intent to end his life. In particular I consider that these comments potentially demonstrate an intent to end his life;

10/02/2013 01:00:29: Darren Mitchell: I'm done with the Hurt, I've found my way out

...

10/02/2013 01:04:04: Darren Mitchell: I'm sick of being the asshole for things I didnt do!
Fuck this I'm done with all of it!!

10/02/2013 01:05:40: Darren Mitchell: Ure breakin up with me? And Dnt worry ill be out of ure hair soon

10/02/2013 01:16:30: Darren Mitchell: Itl never happen again, rember me coz U loved me xxx

10/02/2012 01:19:37: Darren Mitchell: I just want u to think of me As the bf who tried his best

10/02/2013 02:14:53: Darren Mitchell: Love u so much xxxx sorry bout everything

Darren also sent a Facebook post at around 2am saying - "Tonight's it then xxx".

[169] Method of death - As I indicated above in certain circumstances the method of death can indicate intention. The more likely that death is going to occur, the higher the intention. Darren died by placing a climbing rope around his neck. The noose was fashioned properly and caused his death when it was tightened. Some degree of planning, even in the short term, had to go into obtaining a rope and making a proper noose. Planning was also required in finding a suitable sturdy ligature point within his room. Darren was sitting on a computer chair when he was found with one leg on the floor and one leg seemingly bent under him on the chair. This position may indicate low intent or high intent, I am unsure which. Dr Ingram made it clear that is possible for a person to tie a ligature around their neck with no intent to die but for the person to accidentally become unconscious due to ischaemia (lack of blood supply to the brain). If the blood supply to head is cut off by a ligature around the neck, unconsciousness might occur within 10 seconds. Once a person is unconscious they are likely to die without assistance in a matter of minutes. I have considered the possibility that Darren placed the ligature around his neck not intending to die but with the intention of self-harming or for some other reason. Professor Fazel thought that self-harm using a ligature was unlikely.

[170] Protective factors - Professor Fazel indicated that family and future plans were protective factors for suicide. Darren had a supportive and loving family. At the time of his death he was experiencing some acute relationship difficulties but he was making plans with Ms Kiff.

[171] Alcohol consumption - General McAllister and Professor Fazel both indicated that alcohol can have an effect on impulsivity and mood. General McAllister said that high

alcohol consumption can have an adverse effect on mental health and assist a person in performing risky behaviour. I believe this is especially so when combined with a repeated loss of sleep.

[172] I was also told that after Darren was found dead a hose pipe with a smell of exhaust fumes was discovered in his car. Perhaps that is why he said to Ms Kiff that "he had found his way out"? It is possible that Darren had tried to take his own life before and, for whatever reason, decided not to go through with it. However, this discovery in my view makes it more likely that he intended to die when he placed the rope around his neck on 10 February 2013. I am satisfied the hosepipe smelt of exhaust fumes, as per Corporal Farragher's evidence. I am not able to conclude with certainty when the smell was created by fumes going into the pipe, but I think it would have been within a relatively short period before the time of taking his death - perhaps days or even weeks. I didn't have any expert evidence on this issue. It is possible it was the same night, although given the timeframe between his return from the nightclub and his likely time of death I think it more likely than not that it was on another date.

[173] I have considered all of the evidence and the factors above and I am satisfied to the required standard, that is, on the balance of probabilities that Darren intended to end his life when he placed the ligature around his neck. I consider that he had experienced suicidal thoughts before. I think that he did plan his own death using a hose pipe in his car but on the night of 10 February 2013 decided on a different method. His WhatsApp messages and final Facebook posting demonstrate a clear intent to end his life. Darren's death will be recorded as suicide.