

**CHRISTMAS ISLAND HEARING**

**Q1: Can you confirm reports that a seven-year-old child was unconscious from a hunger strike several weeks ago?**

IHMS can confirm that a child did become involved in a protest group which engaged in voluntary starvation. The mother of the child was part of this group.

The child was monitored closely by IHMS medical staff. The mother was persuaded to allow the child to have fluids in the form of hydrolyte ice blocks on a regular basis and on the third day of protest was persuaded to allow the child to eat and drink normally.

Vital signs remained within normal limits and urinary output was observed to be normal.

At no time did the child lose consciousness or otherwise require medical intervention.

**Q2: ...how many of the current detainees are on prescribed depression medication or medication to help them sleep, calm themselves.**

The following data was collated in the second half of October 2011, and is subject to change daily. This data is grouped by type of tablet prescribed. Recognising that some of the patients taking sleeping tablets may also be taking antidepressants, this data cannot be added to determine the number of clients on medications.

Location	Antidepressant	Sleeping tablets (prescription)	Herbal sleeping remedy
Christmas Island (all facilities)	49	26	2

**DARWIN HEARING**

**Q3: Would we be able to have a copy of that submission? [for increased psychiatric services]**

A proposal for additional psychiatric services across the detention network was submitted to the Department in the middle of 2011. However, the Department requested IHMS to submit a revised proposal with more details round the psychiatric consultant hours required for each site, as opposed to aggregated across the network.

Attachment A gives a copy of that proposal, with certain sections redacted due to commercial confidentiality.

**Q4: ... mental health medication—antidepressants, sleeping tablet... how many of the clients are regularly taking those. Also, at what point is that treatment reviewed?**

The following data was collated in the second half of October 2011, and is subject to change daily. This data is grouped by type of tablet prescribed. Recognising that some of the patients taking sleeping tablets may also be taking antidepressants, this data cannot be added to determine the number of clients on medications.

Location	Antidepressant	Sleeping tablets (prescription)	Herbal sleeping remedy
Northern IDC	103	7	0
Darwin Airport Lodge APOD	10	0	1

Treatment for detainees is reviewed at each GP mconsult and every three months by the Mental Health Team. If a client is acutely unwell and/or on PSP they are reviewed more regularly.

**Q5: In relation to mental health services and the provision of various different medications and drugs that are given to unaccompanied minors, how do you go about treating those children when they do not have a legal guardian who is necessarily on site and may only be delegated? What process do you go through? Do you have to give extra support or do you have to do things above and beyond what you would do with male adult clients when dealing with unaccompanied children?**

Our records show no cases where medications for mental health matters have been prescribed to an unaccompanied minor in Darwin.

In any case, the Department's Detention Services Manual gives instruction regarding consent to healthcare by unaccompanied minors:

*18 Welfare*

*18.1 Assessment of mental development - unaccompanied minors*

*In accordance with industry standards, health care providers will only medically assess or treat people in detention with the person's informed consent. Informed consent must be supported by appropriately detailed information about health care options and risks, and, where necessary, access to interpreters.*

*An appropriately qualified health care provider for the HSM, such as a psychologist, must conduct a mental development assessment. The assessment should be designed to determine whether an unaccompanied minor is capable of giving informed consent to medical treatment.*

*When seeking consent for undertaking the health induction assessment for a minor in immigration detention, the health care provider needs to consider the minor's age and their capacity to consent to health care in accordance with state and territory and Commonwealth legislation.*

*Consistent with appropriate legislation, the health care provider will make a decision on the minor's capacity to give informed consent for health care. If the health care provider determines that the minor does not have this capacity, the HSM will seek consent from the guardian for the minor in immigration detention.*

*The outcome of the assessment should be recorded on the unaccompanied minor's immigration file.*

Elsewhere in the Detention Services Manual:

*Generally speaking, the [Minister's] delegate will be responsible for decisions which affect the general health and welfare of the minor, such as approving access to on-going services including medical services. For an unaccompanied minor placed in community detention, for example, the minor will need approval from the immigration detention regional manager for immigration detention issues such as staying overnight at a school camp or requiring an operation.*

For IHMS personnel, this means that:

- i. Where a course of treatment is clinically indicated for an unaccompanied minor; and
- ii. The healthcare professional has determined that the UAM is not capable of giving informed consent; then
- iii. The IHMS Regional Health Services Manager seeks the consent of the Immigration Detention Regional Manager.

**Q6: ...how many clients have been referred or are waiting for referral and what the waiting time is?**

Between June 1 and September 1 2011, a total of 96 individual clients have been provided appointments to Torture and Trauma (T&T) services at NIDC (47) and Darwin Asti & APOD (combined) (49). This is a combination of clients who had already been seeing the T&T counselors, and new referrals.

It should be noted that T&T referrals are not always handled by IHMS. Examples of referrals outside of IHMS control include referrals by a DIAC Case Manager, self referrals, referrals by an outside psychologist and referrals via a Refugee Advocate. Further, not all clients declare a history of torture and trauma and of those that do disclose a history, not all accept referral.

We are not able to determine an average wait time for clients this questions is better directed to FASST who could provide details on the time between receipt of referral and review of the client by their clinicians.

**Q7: [How many] pregnant women in the Darwin lodge.... For a woman who is in the Darwin lodge and is six months pregnant, what support group has she been referred to?**

As at 21 October 2011 there were 5 pregnant women resident in the Darwin Airport Lodge APOD.

IHMS is currently offering a parenting group to which the pregnant clients are invited and a weekly women's group.

The RDH hospital arranges ante natal classes for pregnant women, as well as the midwife visiting post delivery on site as per community standards.

**Q8: Is it possible for IHMS to provide advice to this committee—or the government for that matter—about what facilities are more appropriate if people are going to be in detention for a longer period of time? ... If it is possible to, if you like, put a short, medium or longer term stay classification on facilities and, secondly, if you were going to move to that and say, 'No-one should be at Berrimah for more than six to eight weeks,' what then would be the impact of transferring people to another facility in your view and how might that impact on their wellbeing? Would that be worth the risk of having a transfer which might provide a break in the continuity of a case manager relationship or something like that versus being in a facility that is not designed for you to be there for six months, twelve months or even longer?**

Different clients have different reactions and responses to time spent in detention and other events, such as negative determinations. It is not possible to make a blanket statement about the client population and their response to the different facilities.

Having said that, the accommodation and conditions at certain IDCs provide greater amenity than others. Sites for even short term detention of less than 3 months should offer a spacious, open living environment, individual accommodation, the ability for clients to walk freely around compounds and some flora.

Proximity and access to onsite and offsite health services is important. Clients with complex medical and mental health issues need to be near tertiary services which means major metropolitan sitse such as Sydney, Melbourne or Perth. This also applies to those in Community Detention. In any case, each client would be need to be considered individually and matched to the most suitable site.

From a health perspective, there are minimal risks of transferring clients, as long as their individual health needs are taken into account in choosing their new location. Health records can be transferred to the healthcare professionals under their new arrangements to facilitate continuity of care. We cannot comment on the risks of a break in continuity of the case manager relationship.

**Q9: In the last 12 months, how many people would have been moved to another centre, you have made an assessment that they need to be accompanied and you have accompanied them?**

There have been no instances in the past 12 months where IHMS has recommended and conducted a medical escort of a client being transferred from the sites in Darwin.

## **SYDNEY HEARING**

### **Q10: Can I ask you for a breakdown of the level of medication, anti-depressants, sleeping tablets that are distributed in each centre on a daily basis**

The following table shows the number of prescriptions for anti-depressants and sleeping tablets at each site where IHMS staff provide the primary and mental health care. This does not include IRH facilities. The data was collated in the second half of October 2011, and is subject to change daily. This data is grouped by type of tablet prescribed. Recognising that some of the patients taking sleeping tablets may also be taking antidepressants, this data cannot be added to determine the number of clients on medications.

<b>Location</b>	<b>Antidepressant</b>	<b>Sleeping tablets (prescription)</b>	<b>Herbal sleeping remedy</b>
Christmas Island (all facilities)	49	26	2
Curtin IDC	190	16	10
Villawood IDC	36	5	0
Pontville IDC	7	0	2
Scherger IDC	56	3	33
Perth IDC	8	2	0
Northern IDC	103	7	0
Maribyrnong IDC	18	3	9
Brisbane ITA	0	1	3
Melbourne ITA	0	1	0
Adelaide APOD	0	0	0
Darwin Airport Lodge APOD	10	0	1
Inverbrackie APOD	9	2	0
Leonora APOD	2	0	0
Total	488	66	60

### **Q11: Did you lose defibrillators?... What did it cost to replace all of that equipment?**

This question was also addressed to DIAC, and has been answered in their response to question on notice 207.

### **Q12: Would you have records on how long someone would wait for dental treatment and what you were able to achieve before the clinic was destroyed and what type of dental treatment? ...what you have been able to achieve now through other providers.**

When the dental unit was functional at Villawood, the wait time for services was up to 2 weeks.

Following damage to the dental unit in April, clients are now referred to providers in the community. The wait time for services is up to 2 months. This compares favourably to that reported for public dental waiting lists at 27 months. (*National Dental Update*, Australian Dental Association, June 2010, [www.ada.org.au](http://www.ada.org.au), accessed 2 Nov 2011).

**Q13: What sort of injuries presented themselves in the days following the riots on 20/21 April? ...Do you know if people had to be taken off-site to hospital for casualty care or were all medical needs dealt with on-site?... Did IHMS have to treat anyone for any mental health or physical health purposes relating to the riots?...Were any of those that took part in the rooftop protests treated for serious injuries or medical conditions either physical or mental?**

Following the unrest and the fires at Villawood in April, there were presentations at the clinic for relatively minor matters which were all dealt with at the clinic. There was no requirement to refer a client to any external provider.

Our staff saw no serious injuries or mental conditions as a result of the unrest.