

**Submission to the Inquiry into the Migration Amendment  
(Health Care of Asylum Seekers) Bill 2012**

The Royal Australian and New Zealand College of Psychiatrists  
The Royal Australasian College of Physicians  
Royal Australian College of General Practitioners  
Australian Psychological Society  
Australian College of Nursing  
Public Health Association of Australia

Ms Julie Dennett  
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Dr Gillian Singleton

16<sup>th</sup> October 2012

Dear Ms Dennett,

**RE Inquiry into the Migration Amendment (Health Care for Asylum Seekers) Bill 2012**

Thank you for extending to us this opportunity to contribute to this inquiry into the oversight of the provision of immigration detention health services in regional processing countries.

This submission is a consensus statement written on behalf of key Australian health and mental health professional organizations. The organizations listed have formally endorsed this document:

The Royal Australian and New Zealand College of Psychiatrists (RANZCP)  
The Royal Australasian College of Physicians (RACP)  
Royal Australian College of General Practitioners (RACGP)  
Australian Psychological Society (APS)  
Australian College of Nursing (CAN)  
and the Public Health Association of Australia (PHAA)

Yours sincerely,

Dr Gillian Singleton  
MBBS(Hons) FRACGP FARGP  
RACGP representative on former Detention Health Advisory Group

## **Introductory comments**

This submission is a consensus statement by an independent group of health experts who represent key Australian health and mental health professional organizations. We formerly provided advice to the Department of Immigration and Citizenship through the Detention Health Advisory Group (DeHAG).

The Detention Health Advisory Group (DeHAG) provided advice to the DIAC on the design, implementation and monitoring of immigration detention health care policy and procedure between 2006 and 2012. We have had substantial experience in understanding the health and mental health issues which face individuals in detention and the importance of independent oversight of the provision of health services and implementation of policy in immigration detention environments.

The Department has advised that it will constitute a new independent advisory body on health related matters with representatives of the professional bodies (Immigration Health Advisory Group). It is hoped that this will be organized in a timely fashion given the pressing health, dental and mental health issues within the immigration system and the clear need for expert advice.

The organizations we represent, are;

The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The Royal Australasian College of Physicians (RACP)

Australian Medical Association (AMA)

Royal Australian College of General Practitioners (RACGP)

Australian Psychological Society (APS)

Forum of Australian Services for the Survivors of Torture and Trauma (FASSTT)

Australian College of Nursing (CAN)

Public Health Association of Australia (PHAA)

and the Australian Dental Association (ADA).

Our organizations support the need for independent expert oversight of both on and offshore detention centres. We believe that this should include independent review and monitoring processes of health services and the establishment of a separate, independent body to the Departmental health advisory group (IHAG) which can provide the results of its review and monitoring to the Secretary of the Department of Immigration and Citizenship, the Chief Medical Officer of the Department and the IHAG on health service provision and risk mitigation strategies.

We believe that this is the most robust structure to allow for efficient and timely identification and resolution of issues, which may arise. It is imperative however, that there are clear communication pathways and the development of a positive collaborative relationship with the Minister's office both with IHAG and the independent review group whether this occurs through a representative from the Minister's office being a member of these groups or a representative from MCASD (Ministerial Council on Asylum Seekers and Detention) having observer status on the groups.

It needs to be clear that independent monitoring of on- and offshore detention health services is a risk management strategy for the Department. It is important to identify the risk of development of significant mental and physical health issues and develop strategies to minimize these before significant issues arise. If appointed, this independent body will need to agree with the Department on clear data collection requirements, reporting mechanisms and time lines at its establishment.

We have attached the history and achievements of the DeHAG and its subgroups, namely the mental health, infectious diseases and community and public health subcommittees for further background information in Appendix One.

### **Impacts of detention on health**

The DeHAG advised the DIAC to commission research into the long-term effects of detention on the mental and physical health of detainees. The quality piece of research undertaken by the University of Wollongong correlated long-term detention with negative psychological and physical health impacts on detainees<sup>1</sup>. This evidence supported the DeHAG's role in promoting alternatives to restrictive immigration detention such as community detention and the need for improvements in processing times. There is a growing body of evidence of the negative impact of parental distress and restrictive environments on children's health and wellbeing.

Expert opinion clearly states that detaining individuals who are vulnerable such as children and those who have been exposed to previous torture and traumatic events will be detrimental to their mental health. Research has previously found high rates of major depression, anxiety and trauma related conditions in detention. According to anecdotal evidence provided by torture and trauma specialists, detention seems to amplify preexisting mental health pathology.

### **Risk minimization in detention environments**

There are well-publicized recent examples of violence, self-harming and suicides in immigration detention, which emphasizes that the majority of individuals in detention environments are vulnerable and that risk mitigation strategies are essential to reduce the possibility of adverse outcomes.

The current offshore processing policy for irregular maritime arrivals raises risks of incidents of violence, self-harm and suicide attempts in both on and offshore detention facilities due to the potential for loss of hope in individuals who are typically already psychologically vulnerable added to the potential for prolonged periods of time in detention. Unfortunately over recent years we have seen these patterns of crises arise at significant economic and psychological cost to both clients, staff and immigration detention stakeholders.

Independent oversight and monitoring of the implementation of strategies to minimize risk is imperative to ensure that they are as effective as possible. In order to do this effectively, the independent monitoring body will need to have ready access to detention facilities on a regular basis, access health records, interview clients and staff and other relevant stakeholders and be able to establish appropriate data collection mechanisms to monitor health trends over time. These risk mitigation strategies requiring independent review and monitoring include:

### ***Mental wellbeing and resilience promotion***

The promotion of mental well being of clients who are detained through the provision of meaningful activities which may be in the form of;

- Creative activities, sports, skills development, school or playgroup attendance for children and parents, external excursions &/or the ability to worship in their faith is

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<sup>1</sup> Green JP, Eagar K The health of people in Australian immigration detention centres  
Janette P Green and Kathy Eagar Med J Aust 2010; 192 (2): 65-70.

vitality important. Systemization of the provision of meaningful activities for clients in the immigration detention environment is crucial.

- Allowing appropriate autonomy is also important including the ability to prepare meals and manage their own medication if deemed safe.
- Regular communication as to the progress of clients' refugee status claims is another important step in promoting wellbeing. It is important to reduce uncertainty as much as possible to reduce the risk of deterioration of mental health. Ideally all stakeholders' efforts should be focused on promoting resilience in clients to enable them to cope with either positive or negative outcomes to their applications.
- A cohesive approach to management of clients is imperative, so as there are consistent messages conveyed. In addition, assisting clients to develop skills to smooth the transition into the Australian community or alternatively onto their country of origin or third country on release from detention, will contribute to a sense of hopefulness rather than helplessness, which is significantly related to depression. It is important that all stakeholders involved in care of clients should be appropriately skilled in these areas and that there are regular review structures in place to ensure that staff maintain skills to enable this consistent approach to occur.

#### **Adequate mental health screening, psychological support programs and staff training**

- The importance of implementation and review of effective mental health screening and psychological support approaches to reduce risk of suicide and self-harm and the necessity of training of all detention staff, not only health service staff, in the provision of this psychological support at their induction into the workplace.
- The DeHAG has previously emphasized the importance of ensuring that all staff, are trained in appropriate use of psychological support interventions such as the Psychological Support Program. Further we are concerned about recent examples demonstrating the apparent lack of understanding of the psychological distress that can motivate behavioral dis-control and protest. The DeHAG recommended against the use of solitary confinement and behavioral management units without strong mental health assessment and review process structures in place to ensure that clients who are mentally unwell are correctly diagnosed and not subjected to conditions that may worsen their mental state.
- It is unclear whether the PSP will be able to be implemented in offshore centres due to variability in mental health legislation in other countries. This needs to be closely monitored and reviewed to reduce risk to clients and to the DIAC. Regardless of whether the PSP is able to be fully implemented offshore, all staff providing care to clients need to be trained to understand the context of the PSP. It is important for all staff to appreciate that this is a continuous program, which is applicable for the entire length of stay of every client in a detention environment. Rather than purely using observation for clients deemed to be at risk, all staff be trained in 'being with' and communicating with clients in a way which will minimize the risk of isolation and improve the possibility of positive outcomes<sup>2</sup>.

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<sup>2</sup> POLICY and PROCEDURE IMPLEMENTATION ADVICE The Psychological Support Program (PSP)/Keep SAFE Joint services communication to staff working in immigration detention facilities September 2012

### **Quality health service provision**

There are a number of structures that need to be in place to ensure that the provision of health services is of a high quality to minimize risks. These factors include;

- The Detention Health Standards were released in 2007 as a quality framework by which detention health services could be accredited by external assessors. As the population within detention centres has changed significantly since this time and with the extension of offshore processing, there is a need for review of these standards to incorporate recent changes in policy and to acknowledge the contribution of all staff within immigration detention centres to the physical and psychological well being of clients. Periodic accreditation of health services against these standards is an important step in maintaining quality of care.
- Evidence based, quality health screening with provision of appropriate follow up (including for children) and vaccination programs.
- Regular review of outcomes of screening to determine incidence and prevalence of particularly notifiable diseases. This is important to determine whether there may be issues of public health significance amongst subgroups of the population within detention, which need to be managed and to inform future changes to screening policies.
- Maintenance of a comprehensive and quality health record, which includes the ability to efficiently and accurately download pathology and radiology results, write referral and comprehensive health transfer summary documents and that has adequate recall systems. This record is a crucial factor in allowing quality continuity of care when clients are in prolonged detention, when they move between centers or out of the detention environment. The provision of accurate information to allow appropriate follow up of significant physical and mental health issues is clearly important. This is to ensure that efficient care is provided, to avoid unnecessary doubling up of investigations and assessments, and to minimize the risk of clinical deterioration.
- Ensuring that rigorous contracts are in place with all providers of health services to clients within the detention environment. These contracts should include an emphasis on the importance of quality, efficient communication between providers and regular case conferencing and access to culturally appropriate health education materials and translation services. Although significant improvements have been made, this is not occurring onshore as a matter of course currently for a number of reasons, particularly with providers of torture and trauma counseling, with subsequent difficulties with doubling up on assessments of individuals and thus inefficient use of health resources.
- Ensuring public health issues at each location are defined and addressed including water and sanitation, vector management, disaster response plans, exposure to weather extremes, food safety and variety, major endemic diseases and immune status of detainee populations to those endemic infectious diseases.

### **Critical incident response policies**

- It is imperative that there are clear policies, procedures and agreements with local health services to cater for crises such as mass voluntary starvations or mass self-harming. It is also imperative that there is adequate flexibility within the provision of services to this population to enable services to be increased as needed. As an example the increased provision of psychological services, in concert with adequate numbers of interpreters, is clearly necessary after 'outbreaks' of self-harm in centres.

- Destruction of property and threats or actual physical assault unfortunately occur on a regular basis in the restrictive detention environment and can reflect frustration as well as serious psychological distress. The DeHAG have expressed concern in the past that not all people who are psychologically unwell are identified and properly assessed from a psychological point of view. It is also important for clients to be made aware of the consequences of willful damage or assault which is now likely to prevent them from obtaining protection in Australia.
- Provision of adequate onsite debriefing and counseling for staff is also clearly important in situations of crisis to ensure that staff are adequately supported in their demanding roles.

### **Training and ongoing professional development**

- Effective psychological support approaches are critical to reduce the risk of suicide and self-harm and it should be considered a necessity that all detention staff are trained in the provision of this psychological support.
- Health service staff should be provided with the resources, which they need in order to provide a good quality of care to clients. This includes access to reliable internet, information resources such as therapeutic guidelines for health care, including for prevention, identification and management of endemic infectious diseases, as well as necessary equipment, pharmaceuticals and regular debriefing and mentoring with colleagues. It is imperative that practitioners are able to fulfill the requirements of their Australian professional registration, even when they are working offshore, including in particular access to proper ongoing professional development and supervision.
- Health staff working with children and unaccompanied minors require specific training to perform their duties and clarity around which legislation is applicable to their practice in relation to Child Protection and Working with Children Checks, which is currently unclear on offshore sites.

### **Occupational health and safety concerns**

- Importance of ensuring ready access to debriefing and psychological support including on site counselors as required is essential for staff working in the detention environment as they deal with clients who are often highly distressed. Provision of a safe working environment for staff including access to duress alarms and ease of egress from situations where their welfare is threatened is imperative.

### **Principles regarding use of private providers**

- The use of private providers in provision of detention services is unfortunately fraught with difficulties if there is not independent oversight of the care provision. External review processes overseeing the functionality of private providers is essential to ensure adequacy of safe and quality service provision and minimization of risk.
- Robust contractual arrangements are imperative. However, providers need to be flexible to cope with changes in detention population demographics.

### **Interactions between agencies**

- As mentioned previously, effective communication between agencies providing care to clients is imperative to reduce the risk of harm and potential escalation of crises.
- We have previously elucidated the importance of all staff being aware of their role in promoting mental well being of clients and being able to provide psychological support as needed. The implementation of PSP training aims to foster the 'team approach' to client welfare through training staff from all agencies together, and is an approach that should be applauded.

### **Summary**

We have attempted to outline some of the complexities involved in detention health service provision both on and offshore in this submission, and the subsequent importance of establishing a clearly defined independent monitoring and reporting process and independent expert health advisory process to the Department. We believe that if this occurs and the stakeholder groups establish clear work plans and timelines, communication pathways and collaborative working relationships this will create a robust and efficient system which will minimize risk to clients in detention as well as to the Department.



## **Detention Health Advisory Group**

### **History**

- The Detention Health Advisory Group (DeHAG) was formed in 2006 in response to recommendations in the Palmer Report. The establishment of this committee represented a positive step forward for DIAC in working in an open and accountable manner with its key stakeholders to improve the physical and mental health of people under their care.
- The DeHAG consisted of representatives from key health and mental health professional and consumer group organisations. The Council for Immigration Services and Status Resolution (CISSR), who are a ministerial advisory group, and the Ombudsman's office, both held observer status on the group.
- The DeHAG has provided advice on the health needs and provision of health services to asylum seekers and other individuals in immigration detention. The DeHAG worked collaboratively with DIAC on a number of levels including the creation of the Detention Health Standards and development of important mental health policies including the Psychological Support Program and screening policies for survivors of torture and trauma.

### **Achievements**

The DeHAG's achievements include:

- The Detention Health Framework was finalized following comment and advice from the DeHAG. This key policy document describes the principles and practical arrangements that underpin the DIAC's improved approach to health care for people in immigration detention.
- Significant input into the development of the Detention Health Standards.
- The DeHAG recommended that the DIAC commission research into the long-term effects of detention on the mental and physical health of detainees. This research by the University of Wollongong correlated long-term detention with negative psychological and physical health impacts on detainees. This supported the DeHAGs role in advocating for alternatives to immigration detention and in emphasizing the importance of improving processing times.
- A review of the Suicide and Self Harm (SASH) protocols deemed that these were clearly inappropriate and recommendations were made regarding changes to the management of individuals at risk of self-harm. This was referred to the MHSG to devise appropriate tools and revised management protocols, which lead to the development of the Psychological Support Program (PSP) and improved mental health screening policies including screening for survivors of torture and trauma.
- The DeHAG have also provided specific advice and input into:
  - Detention Health Tender documentation.
  - Dental policy and dental triage documentation as well as auditing of dental policy and triage form implementation.
  - Health Discharge Assessment Policy
  - Bullying and aggressive behavior management guidelines
- We have undertaken regular review of detention facilities across the network, with detailed health including public health, dental, occupational health and safety and mental health recommendations. We developed a site visit

template through which to communicate issues, which were identified during these visits and provide recommendations to key stakeholders.

## **Sub-Committees**

There were two sub-groups in place at the time of writing this document:

- Mental Health Sub Group (first convened 2008),
- Community and Public health Sub Group (first convened 2010).

The Infectious Diseases Subgroup was a time-limited group, which provided advice to DIAC on policy and on infectious disease mitigation strategies between 2006 and 2008.

### ***Achievements of the Mental Health Subcommittee;***

- Development of a new mental health screening process, incorporating screening instruments chosen for their applicability to the immigration detention environment (including a trauma screen to identify survivors of torture to enable the provision of specialized care to these individuals and avoid detention if at all possible).
- Advising on improvements to training and documentation for Mental State Examinations (MSE).
- Development of a list of generic and specific mental health risk factors for people in immigration detention.
- Provision of a project oversight role for the Review of the Suicide and Self Harm Instrument and Protocol used in Immigration Detention Centres undertaken by Monash University.
- Provision of advice on training requirements to support staff in the identification and support of survivors of torture and trauma.
- Provision of strategic advice to the DIAC, following review of de-identified complex cases involving difficult mental health issues.
- Review and provision of feedback on draft DIAC instructions and documents relating to the provision of mental health care and related issues (for example, voluntary starvation) in the immigration detention environment.
- Authoring a paper on options for improving mental health promotion in the immigration detention environments for improving mental health promotion in the immigration detention environment
- Provision of feedback and recommendations regarding Behavior Management Protocols for Serco and DIAC.
- Providing expertise to assist the PSP implementation review project.

### ***Achievements of the Infectious Diseases Subcommittee;***

- Contributions to the development of a detention health data set to provide better understanding of the infectious disease profiles of people in immigration detention.
- Provision of advice on the development of policies relating to tuberculosis (TB), particularly regarding the continuity of care for repatriated Illegal Foreign Fishers (IFFs) with TB.
- Recommendations regarding malaria strategies for the Northern IDC in Darwin.
- Provision of strategic advice to improve the Human Immunodeficiency Virus (HIV) policy for people in and working at IDCs.

- Provision of risk management advice, including a review of biological occupational health and safety protocols, particularly for Hepatitis B and Influenza,
- Recommendations regarding independent environmental health inspections of IDCs by qualified Environmental Health Officers, and commenting on the health induction assessment process.
- Provision of recommendations on the management of pandemic planning to ensure it is consistent with national standards.

***Achievements of the Community and Public Health Subcommittee;***

- Revision of HIV screening recommendations for immigration detention.
- Development of tuberculosis screening recommendations.
- Development of pediatric and adult health screening recommendations.
- Provided recommendations on health transfer summary documentation and on process for clients transitioning into community detention and onto BVEs.

September 30 2012