

23 February 2016

Ms Toni Matulick
Committee Secretary
Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra, ACT, 2600

Email: legcon.sen@aph.gov.au

Dear Members of the Select Committee

RE: Response to RACGP Submission to the Select Committee

International Health and Medical Services (**IHMS**) welcomes the opportunity to provide a response to the written submission made by the Royal Australian College of General Practitioners (**RACGP**).

IHMS is contracted by the Commonwealth of Australia, represented by the Department of Immigration and Border Protection (the **Department**), to provide primary and mental health care services to asylum seekers and refugees residing within the Regional Processing Centres (**RPC**) on Nauru and Manus Island. The IHMS contracts with the Department also provide for primary and mental health services to be provided to refugees living in the Nauru community, and in Papua New Guinea at the East Lorengau Refugee Transit Centre (**ELRTC**). Refugees in Nauru and Manus also have the option of attending the local health services should they prefer.

General practitioner, nursing and mental health care clinics are open at both RPCs seven days a week. There is also after-hours medical staffing to respond to any after-hours RPC medical emergencies. The primary health clinical team in Nauru is augmented by obstetricians, midwives and medical officers with pediatric training. Additional health services for both asylum seekers and refugees in Nauru, such as emergency, specialist and allied health care is provided by the Republic of Nauru Hospital (**RoNH**) and not by IHMS. To supplement the on-site primary health care service, IHMS provides specialist services via visiting medical specialists, tele-health consultations with specialists based in Australia, second opinions from specialists based in Australia who review clinical records, and referral for specialist opinions at Pacific International Hospital (**PIH**) in Port Moresby in line with Australian Government policy.

In addition to providing first-line health care, IHMS also undertakes health-promotion and disease-prevention activities, assisting people with chronic conditions to manage their own health. IHMS also undertakes a comprehensive vector control program at the Manus Island RPC and ELRTC which aims to control the risks associated with mosquito transmitted diseases.

IHMS health data summaries

IHMS provides the Department with health data summaries on a quarterly basis. These reports include an analysis of general health trends and indicators amongst the RPC resident population over the previous quarter. Whereas historically accumulated data for both RPCs was presented, current reports present data separately for the Nauru RPC and the Manus RPC. The Health Data Summaries do not provide health information for refugees who access medical services who access healthcare from a variety of facilities.

Mental Health Services

Service models in Nauru and Manus have evolved to meet the needs of the individual populations and setting. Mental health care in RPCs is provided using a primary care model augmented by specialist mental health nursing, psychology, counselling and psychiatry, and includes a comprehensive mental health assessment on entry, and regular mental health screening offered at prescribed intervals. Follow-up care is provided as needed using individualised care plans, along with group work focused both on prevention and supportive interventions. Additional risk management for those in RPCs presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement (SME) process which is used in conjunction with other service providers and involves additional support and monitoring as long as this is clinically indicated.

The change to open centres in both Nauru and Manus, and significant resettlement of refugees has meant that the way in which SME is implemented and the service configuration and staffing has needed to adapt to the changes in the environment and population. The IHMS mental health team in Nauru includes (as of February 2017) thirty mental health staff including psychiatrists, psychologists, mental health nurses, counsellors and other allied health professionals as well as two torture and trauma specialist counsellors. The Nauru and Manus sites include supported accommodation areas which may be used to provide increased levels of clinical and non-clinical support to asylum seekers and their families. The Republic of Nauru Hospital also has a mental health service which is available to refugees.

In Nauru, IHMS mental health services include outpatient clinics, community-based outreach, assertive outreach group interventions, respite care, and can extend to 24-hour mental health nursing support where this is required. Work with children and families has been extended since mid to late 2016 by the development of a subspecialist Child and Adolescent Mental Health Team which includes a visiting child psychiatrist and multidisciplinary staff such as psychology, occupational therapy and social work. Pharmacological and non-pharmacological treatments are available. Both Manus and Nauru have the capacity to provide overnight care within the medical clinic if this is required.

IHMS escalates medical cases of concern needing additional services as clinically appropriate through established channels to both the Republic of Nauru Hospital and the Department. Where a person with a mental health need has exhausted management options in Nauru or Manus Island, or their need lies outside

that manageable on-island, cases are escalated to the Australian Government, in order to source and access alternative care.

Self-harm and suicide

IHMS shares the concerns of the RACGP for people who are at risk of self-harm and suicide, and agrees that without good data, it is difficult to draw conclusions on causality, and on best practice management options.

The RACGP makes reference to the Monash Australian Border Deaths Data base (RACGP reference 42), commenting that there have been allegedly 17 deaths of individuals, both in restrictive detention and who were living in the community on and offshore as asylum seekers or refugees that are suspected to be due to suicide, since February 2014. It comments further that two of these deaths were reported in the media in 2016 from Nauru.

We appreciate the care with which this statement has been made, and the difficulties drawing conclusions without firm data. However we would comment that we are not aware of any suicides in Nauru or Manus Island over the last three years. One death (which was reported as possible suicide in the media) was from unknown causes. The other was a man who set himself on fire as a form of political protest, with what appears to be an accidental death ensuing.

In conjunction with other stakeholders, IHMS has initiated the Supportive Monitoring and Engagement (SME) program. This program is designed to assist in the management of self-harm and suicide. IHMS take suicide and indeed all mental health issues for people in our care very seriously, and work with the Department on complex cases, quality and safety, and implementing and maintaining quality and safety systems and processes. The Department has initiated a suicide prevention program, and IHMS will continue to contribute to that work in 2017.

The RACGP states that the failure to provide data on rates of attempted and actual self-harm is 'inexcusable'. IHMS notes that in addition to the Quarterly Health Data Summary, a number of other reports and information is provided to the Department. Through a process of quality improvement, changes to the Quarterly Health Data Summary have been undertaken by IHMS. The separation of Manus and Nauru has been implemented which allows for a more accurate representation of each population. IHMS has also included parameters like admissions for mental illnesses, summaries of psychiatric screening results including Strengths and Difficulties Questionnaires for emotional and behavioural disorders in children and adolescents. IHMS also screens and actively manages patients suffering from the effects of torture and trauma.

In addition to the Quarterly Health Data Summary, the Department has an internal incident reporting tool which receives incident reports from all service providers including IHMS. IHMS incident reporting to the Department includes incidents of threatened or actual self-harm reported by clinical staff, along with multiple other 'mandatory incident reporting' items. Data collection, as in any health service, is limited by the sophistication



of the incident management system and clinical staff's awareness of, involvement in, and documentation of incidents. With the majority of refugees now living in the community in Nauru, IHMS will only be aware of self-harm incidents in which the refugee or asylum seeker presents or is presented for IHMS clinical intervention. Estimating rates of self-harm in the Australian community is very difficult for this same reason.

IHMS welcomes external comment and review as a means to continuously improve and adapt the service we provide in these challenging environments. IHMS representatives meet regularly with stakeholders and have in the past twelve months had informal discussions with the RACGP. We are available however for a more formal meeting to discuss further concerns held by the RACGP with regard to the delivery of health services by IHMS on Manus and Nauru.

Yours sincerely

Damien Johnston
Chief Operating Officer

Dr Kalesh Seevnarain
Senior Medical Director