

QUESTION TAKEN ON NOTICE

ADDITIONAL ESTIMATES HEARING : 23 February 2015

IMMIGRATION AND BORDER PROTECTION PORTFOLIO

(AE15/041) - Mental Health - Children in Nauru - Programme 3.2 Compliance, Detention and Status Resolution (Departmental)

Senator Hanson-Young, Sarah (L&CA 74) asked:

Senator HANSON-YOUNG: Do they have the statistics as being inputted by IHMS staff?

Mr Cahill: I think the issue is about the conclusions that you draw from the data. The advice that we have is that HoNOSCA, of itself, is not the most appropriate tool to measure the mental health of children and adolescents.

Senator HANSON-YOUNG: Was the investigation that was undertaken given to the minister? Was there a report written on that investigation?

Mr Cahill: My recollection is that the former secretary asked for expert advice to be provided through the independent health advisor, as I have indicated. That advice is being provided to the department and currently under consideration by the chief medical officer and others.

Senator HANSON-YOUNG: Could I ask for a copy of that advice to please be tabled?

Mr Cahill: I will take that on notice.

Senator HANSON-YOUNG: You take on notice that you will get it to us or will you take it on notice as to whether you can? I want clarification about that.

Mr Cahill: I will take your request on notice.

Answer:

A copy of the report provided by the Independent Health Advisor is attached.

REVIEW OF MENTAL HEALTH SCREENING

Background

IHMS recently commenced utilisation of the Health of the Nation Outcome Scales and Health of the Nation outcome scales for children and adolescents (HoNOSCA) as a tool to assist the health provider in identifying early trends in the mental health and well being of children within the detention framework. Following an initial presentation of HoNOSCA data collected by IHMS, health staff within the Department requested clarification in relation to the methodology and interpretation of the HoNOSCA data.

As a result, the Secretary of the Department of Immigration and Border Protection requested a review of the mental health screening tools used to assist in the early detection of mental health problems within the detention framework. The Secretary requested that the review examine best practice mental health screening and recommend as necessary any improvements that could be made to current processes and practices with the network.

Consultation has been undertaken with the following key stakeholders

- Health management staff of IHMS including Medical Director Dr Mark Parish and Psychiatric Consultants nominated by Dr Parish.
- Department Chief Medical Officer Dr Paul Douglas
- Professor Brett McDermott, Professor Paediatric Psychiatry Mater Hospital Brisbane
- Department Senior Executive Staff
- Department Health Staff
- Dr Paul Alexander Independent Health Advisor

Various aspects in relation to mental health screening were examined by the group including

- methodology and data analysis
- identification of the various child and adult mental health screening tools that may suitable for use within the network
- the recommended tools for use
- the recommended utilisation, frequency and method of use for each tool.

Discussion

Screening tools for use in Children and Adolescents

HoNOSCA data analysis and utilisation

Professor McDermott and IHMS medical staff examined the current HoNOSCA data that has been collected over the past quarter and recently presented to the Department. Professor McDermott considered it was inappropriate to directly compare the data obtained within the detention framework to Australian population data. Several of the HoNOSCA questions are considered of limited comparative value between these two groups.

The group discussed the design and use of HoNOSCA. It was considered that HoNOSCA was a clinical screening tool designed to be completed by a mental health clinician at the time when a comprehensive clinical assessment interview is conducted by the clinician. The test is not designed for use as a community screening tool.

HoNOSCA data has now been collected over a period of more than four months. Given the potential value of this data, it was agreed that continued HoNOSCA data collection would be useful as a tool to monitor internal trends within the detention framework over time however the tool is not considered suitable to compare the detention network directly to external populations. It is considered that the current data is suitable to assess the individual detainee's ongoing management and response to treatment by mental health care professionals.

Self reporting tools

A self reporting tool is a tool that is self administered by both children and their parents. It is considered useful as an initial tool for use in conjunction with the clinical screening tools used by clinicians due to the fact that children are not good at identifying depression and PTSD. In addition, the various reports from children, parents and clinicians can be collated and used together to build a solid picture of the clinical problems that need to be addressed.

Strengths and Difficulties Questionnaire (SDQ)

The strengths and difficulties questionnaire or SDQ is a self reporting tool that was discussed by the group and considered most suitable for use within the detention network. It consists of two pages of questions that have been translated into over 50 languages. There is a strong evidence base for the tool and there are various studies that have been undertaken to demonstrate its validity in diverse population groups. The test includes a parent report for children and a test that is undertaken by the child or adolescent. Both reports are important given the fact that research indicates that parents and teachers are not necessarily the best persons to identify or to detect early depression and post-dramatic stress disorder in children.

Second Tier Screening tools suitable for use in Children and Adolescents

A number of additional mental health screening tools were discussed in order to determine their suitability for use as second tier screening tools. It was envisaged that second tier screening tools would be used by clinicians following the administration of the self reporting tool. The use of any second tier tools would be at the discretion of the treating clinicians. These tools would be suitable to use in circumstances when the initial self reporting tool score identified possible issues that required further clinical assessment. And the second tier screening tools would be suitable to monitor response to treatment over time. Whilst the following list may not be exhaustive and many other tools may also be suitable for use, the following second tier screening tools were considered for use in children and adolescent populations;

Spence Child Anxiety Scale (SCAS)

The Spence child anxiety scale consists of 45 questions and requires no additional training for its administration. The test is self-administered and can be done with no additional training for staff. The test outcomes have been confirmed by various studies across diverse populations. The SCAS is considered suitable for use within the detention framework by clinicians to monitor changes in symptoms of anxiety over time and to assess the progress of treatment.

Post Traumatic Stress Disorder Reaction Index Tool (PTSD)

The tool considered suitable for use for the screening and detection of post traumatic stress disorder is the post traumatic stress disorder reaction index tool. This tool can be administered using current staff and the evidence base for the test outcomes has been confirmed by various studies across diverse populations. The PTSD is considered suitable for use within the detention framework by clinicians to monitor changes in symptoms of PTSD over time and to assess the progress of treatment.

Child Depression Inventory (CDI)

The CDI is used to assess the severity of self-reported symptoms of childhood depression. Subscales include negative mood, interpersonal difficulties, negative self-esteem, ineffectiveness, and anhedonia. The CDI is considered suitable for use by clinicians to monitor changes in symptoms of depression over time and assess the progress of treatment.

Child Behaviour Checklist (CBCL)

The group discussed various other mental health screening tools, their strengths and weaknesses and the roles for which they were designed. The child behaviour checklist was considered. It consists of 120 questions and provides very good data and whilst considered suitable, the test is expensive and takes a significant amount of time to administer.

Screening tools suitable for use in an Adult detention framework population

Initial adult population screening tool

K10 screening tool

The adult mental health screening tool currently used within the detention framework is the K10 screening tool. This screening tool is widely used throughout the world and has a strong evidence base. The stakeholders considered that this tool is suitable for continued use as the initial screening tool for adults within the detention framework.

Second Tier screening tools

The group discussed the use of additional adult mental health screening tools and determined there are likely to be many second tier screening tools suitable for use in the adult population. The group considered that the use of second tier tools in adults would be at the discretion of the treating clinician.

The Posttraumatic Stress Disorder Checklist (PCL)

The PCL is an easily administered self-report rating scale for assessing the symptoms of PTSD. It has excellent test and retest reliability and internal consistency is very high. The PCL correlates strongly with other measures of PTSD. The PTSD is considered suitable for use within the detention framework by clinicians to monitor changes in symptoms of PTSD over time and to assess the progress of treatment.

Depression Anxiety and Stress Scale (DASS)

The DASS is a quantitative measure of distress along the 3 axes of depression, anxiety and stress. Whilst it is not a categorical measure of clinical diagnoses, it is a useful tool to provide an indication of clinical severity. There are several versions of the DASS including the DASS 42 and the DASS 21 both of which are suitable for use. The DASS 21 is the shorter and easier test to administer and is considered suitable for use within the detention framework by clinicians to monitor changes in symptoms of depression, anxiety and stress over time and to assess the progress of treatment.

Health of the Nation Outcome Scales (HoNOS)

The group discussed the particular use of the HoNOS tool because this tool has already been used by IHMS within the detention network. HoNOS is the adult version of the HoNOSCA and is a clinical tool designed to be completed by a mental health clinician at the same time a comprehensive clinical assessment interview is conducted. The group determined HoNOS is not suitable for use as the initial adult mental health screening tool and its use should be limited to evaluating the progress and outcome of treatment by the clinician over a period of time.

Recommendations

The following recommendations are made in relation to child and adolescent mental health screening;

1. There are suitable screening tools for use in the child and adolescent detention population.
2. HoNOSCA is not considered suitable as an initial child and adolescent screening tool and its use should be restricted to use by clinicians to monitor individual response to treatment.
3. The SDQ screening tool is recommended as the initial screening and self reporting tool for use in children.
4. A positive result on the SDQ self reporting test signifies the requirement for a complete mental health assessment and this should be undertaken by a clinician trained in child and adolescent mental health.
5. Various second tier mental health screening tools are considered suitable for use by clinicians. The list examined was not exhaustive and various other tools are considered likely to be suitable.
6. Following the undertaking of the complete mental health assessment by a clinician trained in child and adolescent mental health, the clinician may utilise a range of additional mental health screening tools and the use of these tools should be at the discretion of individual clinicians.
7. The Spence Child Anxiety Scale (SCAS) is considered suitable for use as a second tier screening tool to assess the severity and ongoing response to treatment of anxiety in children.
8. The Post Traumatic Stress Disorder Reaction Index Tool (PTSD) is considered suitable for use as a second tier screening tool to assess the severity and ongoing response to treatment of post traumatic stress disorder in children.
9. It is recommended that the SDQ initially be administered to both children and parents within the first 1-2 weeks of detention and subsequently be readministered every 4 months to both children and parents.

The following recommendations are made in relation to adult mental health screening;

10. It is recommended that the K10 continue to be utilised as the initial mental health screening tool for use in adults.
11. A positive result on the K10 self reporting test signifies the requirement for a complete mental health assessment and this should be undertaken by a clinician trained in mental health.

12. Various second tier adult mental health screening tools are considered suitable for use by clinicians. The list examined was not exhaustive and various other tools are considered likely to be suitable.
13. The PCL is considered suitable for use as a second tier screening tool to assess the severity and ongoing response to treatment of post traumatic stress disorder in adults.
14. The DASS 21 is considered suitable for use as a second tier screening tool to assess the severity and ongoing response to treatment of depression, anxiety and stress in adults.
15. It is recommended that the K10 initially be administered to adults within the first 1-2 weeks of detention and subsequently be readministered every 4 months whilst adults remain in detention.
16. HoNOS is not considered suitable as an initial adult screening tool and its use should be restricted to use by clinicians to monitor individual response to treatment.

I would be pleased to further discuss these findings and recommendations with yourself and Department staff as required.

Paul Alexander