Australian Government
Department of Immigration and Border Protection

Attachment A

DECISION RECORD

Request Details
FOI Request FA15/04/00213
File Number ADF2015/13558

Scope of request

the latest quarterly IHMS Health Data Set, and the latest similar summary document encompassing the offshore processing centres.

Documents in scope

1. Departmental electronic document – Offshore Health Data Set_Quarter4_Oct-Dec2014 – containing 49 folios.
2. Departmental electronic document – Onshore Health Data Set_Quarter 4_Oct-Dec2014 – containing 47 folios.

Authority to make decision
I am an officer authorised under section 23 of the FOI Act to make decisions in respect of requests to access documents or to amend or annotate departmental records.

Information considered
In reaching my decision, I have considered the following:

- ✓ The *Freedom of Information Act 1982;*
- ✓ Departmental files and/or documents (identified above); and
- ✓ The Australian Information Commissioner's Guidelines relating to access to documents held by government.

Reasons for decision
I am satisfied that I have been provided with all the relevant documents to consider in my decision. I have considered the documents and am satisfied that no exemptions apply. Therefore, I am releasing the relevant documents in full.

[redacted]
Authorised Decision Maker
Department of Immigration and Border Protection
Email foi@border.gov.au

/ September 2015

Attachment B

SCHEDULE OF DOCUMENTS TO DECISION RECORD

FOI Request FA15/04/00213
File Number ADF2015/13558

1. Departmental electronic document – Offshore Health Data Set_Quarter4_Oct-Dec2014 – containing 49 folios.

Folio	Description	Decision	Legislation
1-49	Offshore Health Data Set	Released in full	

2. Departmental electronic document – Onshore Health Data Set_Quarter 4_Oct-Dec2014 – containing 47 folios.

Folio	Description	Decision	Legislation
1-47	Onshore Health Data Set	Released in full	

Department of Immigration and Border Protection

Offshore Processing Centres Quarterly Health Trend Report

October - December 2014

Quarter 4

Offshore Processing Centres Quarterly Health Trend Report

Quarter 4

October - December 2014

Report written by:

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1. Executive Summary

The Offshore Processing Centres (OPC) Quarterly Health Trends Report is submitted on a quarterly basis and provides a summary of the health status of Transferees in OPCs.

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo for the period 1 October – 31 December 2014. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team, Primary Health Manager, Mental Health Services Manager and IHMS Medical Directors.

The episode data (health occasions of service) by clinician and by centre have not been included in this report as they are part of a separate report.

Data in this report relating to 'Specialist Referrals' and 'Allied Health Referrals' is taken directly from referrals letters entered into Apollo rather than appointments.

Systematic clinical coding of all Standard Health Events or consultations is a technical process of reviewing the notes from each consultation and recording the primary reason for presentation and any secondary reasons if relevant. Coding, which commenced in February 2013, continues to code health events from Apollo for consultations with either the General Practitioners (GPs) and Psychiatrist on site. Clinical coding continues to improve the quality of data in this report.[1]

[1] *Some data contained in this report is limited by the inaccuracy of location data received from DIBP as data is derived from both XML files and the Nominal Roll, which may affect rates of conditions that are reported at site level. Where this occurs it is indicated in the report.*

Definitions

Term	Definition
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
HTQ	Harvard Trauma Questionnaire
IHMS	International Health and Medical Services
NOCC	National Outcomes and Case-Mix Collection
NSAID	Non-steroidal anti-inflammatory drug
OPC	Offshore Processing Centre
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Unaccompanied Minor

2. Transferee Cohort

An overview of the number of people in OPCs can be found using the below Department of Immigration and Border Protection (DIBP) website link:

http://www.immi.gov.au/About/Pages/detention/about-immigrationdetention.aspx?tab=3&heading=immigration-detention-and-community-statistics

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protection to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-10 years
Female 5-10 years
Male 11-14 years
Female 11-14 years
Male 15-17 years
Female 15-17 years
Male 18-45 years
Female 18-45 years
Male 46-65 years
Female 46-65 years
Male 66 years and above
Female 66 years and above

IHMS provide a wide range of primary health care activities which cater for the different age groups within the OPC population. The cohort on Manus has remained stable with no reported patterns of disease within particular age brackets. Following the transfer of the family groups in August 2014 IHMS have seen continued numbers of presentations of fevers, minor injuries and childhood disease within these groups this quarter on Nauru. Due to the RSD process the Transferee population on Nauru has decreased overall but there remains a wide cross section of age groups in the OPC network from ages 0 to 76.

Length of stay data for Transferees in OPCs is not published by the Department.

Primary Health

3. Primary Health

3.1. Introduction

IHMS is contracted by DIBP to provide the primary health care service within the Offshore Processing Centres (OPCs). The care is provided by an experienced team of primary health care professionals including IHMS Medical Officers (GPs) and Registered Nurses (RNs). On Nauru this also includes paediatric nurses and midwives. In response to the well-known challenges of mental health in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network.

International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS as the Transferee population has stabilised and the average length of stay has increased. Primary health staff deliver weekly health promotion and in recent months senior doctors have been involved in delivering ongoing patient education on topics such as TB control and management.

3.2. Consultations

Primary Health Care - Consultations			
Manus and Nauru Q4 – Oct - Dec 2014			
IHMS Primary Health Care	**Total number of unique consults**	**Number of unique persons seen**	**% of total Transferee population during Q4 2014**
GP	5,948	1,607	73.2%
Paramedic	762	542	24.7%
Primary Health Nurse	5,733	1,725	78.6%
Mental Health Nurse	4,083	1,247	56.8%
Counsellor	6,986	1,449	66.0%
Psychiatrist	415	224	10.2%
Psychologist	1,592	529	24.1%
Total	**25,519**	**7,323**	

There remains a high level of utilisation and engagement with the health services within the OPCs. Given that there were 2,196 records active during the quarter, this means an average of 12 consultations with health professionals per person, or 3 consultations per month. This is lower than last quarter (6 consultations per month). On Nauru this is possibly in line with ongoing RSD process and decrease in overall total numbers onsite.

The number of nurse consultations reflects the nurse-led model of care.

There are a significant number of GP consults, representing a higher proportion of people seeing the GP than is shown in the Australian Immigration detention facilities. This is consistent with previous data on this population group.

This data also confirms this group's excellent access to primary medical services, easily comparable to the community.

There are several factors impacting the number of GP consultations:

i. In the OPCs, a higher percentage of medical requests are specifically for GP access compared with the onshore network. Many cases are requests to see a GP to follow up on specialist waiting times.

ii. Cultural perceptions leading to larger numbers of requests for doctor consultations

iii. Self-reporting of pain for chronic medical conditions along with large numbers of somatization disorder, requiring GP assessment and management

iv. Primary health nurse reviews may require GP intervention and ongoing clinical management/investigation.

v. Complex medical cases in OPCs are referred to the Senior Medical Officer for continuity of care and to determine ongoing management and/or referral to external service providers.

Primary Health Care Consultations – Unique Persons				
Manus and Nauru Q4 – Oct - Dec 2014				
IHMS Primary Health Care	Adult	Adult %	Minor	Minor %
GP	1,477	73.0%	130	70.3%
Paramedic	495	24.5%	47	25.4%
Primary Health Nurse	1,563	77.3%	162	87.6%
Mental Health Nurse	1,165	57.6%	82	44.3%
Counsellor	1,410	69.7%	39	21.1%
Psychiatrist	203	10.0%	21	11.4%
Psychologist	478	23.6%	51	27.6%

It can be noted here that a high proportion of children within the offshore network have been reviewed by a healthcare professional during the period. This largely represents contact in relation to vaccinations and health-checks. In this quarter IHMS implemented a new 'Healthscreen for Minors' program which incorporated additional physical checks and pathology screening to high risk populations. In addition in October there was an outbreak of hand, foot and mouth disease among children on Nauru which required increased screening and isolation measures.

3.3. Pathology Referrals

Pathology Referrals		
Manus and Nauru Q4 – Oct - Dec 2014		
Pathology Type	**No. of Referrals**	**No. of Persons**
Full Blood Count (FBC)	591	367
Liver Function Test (LFT)	276	177
Urea Electrolytes (UE)	0	0
Glucose Tolerance Test (GTT)	6	5
HbA1C	58	39
Creatinine	79	60
Fasting Triglycerides	107	80
HIV (BBv)	93	79
Hep B	92	80
Hep C	24	22
VDRL (Syphilis)	97	84
Total number of unique persons that had a Pathology Referral	**596**	**27%**

Overall pathology referrals account for screening processes, acute presentations and chronic health surveillance. The permanent laboratory technician continues to be active on both Manus and Nauru.

There has been a significant increase in pathology referrals since the previous quarter. The numbers of pathology referrals for full blood count, liver function tests and urea/electrolytes in particular have increased since Q3. This is also related to self-harm incidents where soap powder and insect repellent ingestion required repeated investigation and monitoring.

This general increased activity also correlates with the introduction of the child health screening program on Nauru and the associated screening for communicable diseases, vitamin deficiencies and parasitic infections.

3.4. Allied Health Appointments

Allied Health Appointments		
Manus and Nauru Q4 – Oct - Dec 2014		
Allied Health Appointment Type	**No. Appointments**	**No. unique persons (based on all designations)**
Dental	161	68
Physiotherapy	44	30
Torture and Trauma Counselling	*67	*67
Optometry	9	9
Other	0	0
TOTAL	**225**	
Total number of unique persons to have an Allied Health Appointment	**106**	

**This information was taken from the Overseas Services to Survivors of Torture and Trauma (OSSTT)*

Information for Allied Health has been taken from 'appointment letters' hence the significantly higher numbers for dental and physiotherapy appointments as compared to Q3, due to a previous requirement to report on referral letters. Referral letters are not usually raised unless specific interventions are recommended, and 'appointment data' is a more accurate reflection of actual demand; as used for this and future reports. Similarly trauma and torture counselling referrals should be presented in this way.

There remains a consistent need for optometry review although visits this quarter appear low. These overlapped into Q3, therefore actual appointments reported this period seem lower than the actual demand.

Dental referrals remain high on both sites and this is for a variety of reasons. On both sites there remains a high incidence of poor dental hygiene, dental caries and gingivitis due to lack of dental care prior to entering detention. From Manus several patients have been moved to Port Moresby for more complex or urgent dental work. The installation of a new purpose built dental unit on Manus and commencement of dental services at the OPC has addressed large numbers of dental patients and continues to be a success. The establishment of a permanent dental facility on Manus has cut the number of cases down considerably, however many patients are booked in to have follow up work.

In this quarter on Nauru a number of asylum-seekers have been determined to be refugees and are now utilising the RON hospital dental services. This has impacted on the availability of appointments for the Transferee population. In December on Nauru a temporary dental clinic using ADF equipment was set up

onsite to service Transferees. The service consisted of a dentist with two dental assistants working for several weeks. The dentist reported a high incidence of periodontal disease which corresponds with the significant number of referrals. The dentist also utilised the RON Hospital dental suite following the return of ADF equipment and was successful in decreasing outstanding appointments.

The presence of the dentist has had a marked effect on the morale of the Transferees with many compliments and letters of thanks received. It is hoped within the next quarter continued presence of dedicated dental resources on both Manus and Nauru will see a significant decline in the total number of outstanding referrals.

3.5. Radiology Referrals

Radiology Referrals Manus and Nauru Q4 – Oct - Dec 2014					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage	
MRI	26	7.1%	22	8.9%	1. Periphery 2. Head 3. Abdomen 4. Thorax
Ultrasound	134	36.7%	116	47.2%	1. Abdomen 2. Pelvis (F) 3. Other 4. Obstetric 5. Shoulder
Bone Densitometry	1	0.3%	1	0.4%	1. Medically Indicated
CT Scan	31	8.5%	27	11.0%	1. Renal 2. Spine - Lumbar 3. Brain 4. Head 5. Abdomen
X-Ray	171	46.9%	128	52.0%	1. Chest 2. Abdomen 3. Wrist (L) 4. Spine - Lumbo-sacral 5. Femur (L)
Total	**363**	**100%**			
Total number of unique persons to have a Radiology test	**246**	**As % of total Transferee population during quarter**	**11%**		

The ‘number of unique persons to have a radiology test’ differs from the total number of referrals, as one person may have several tests in the one referral (one X-ray plus a CT scan for example).

There were a number of emergency referrals for CT scans on both islands. These were to investigate a number of different types of pathology including renal pathology, headaches, orthopaedic or intra-abdominal pathology. MRI scans were needed in cases of orthopaedic injury, for example internal derangements of the knee. A large proportion of ultrasound scan referrals on Nauru were for pelvic, breast and obstetrics scans. As with the previous quarter there are frequent presentations for investigations of breast lumps (male and female) and numerous cases of polycystic ovary syndrome. A number of cases of breast disease presenting on Nauru have required multidisciplinary breast clinic intervention and/or mammography in a specialist unit. Incidence of renal colic also remains high in this population group, requiring radiological assessment. Due to issues with staffing and lack of access to specialist services at the RON Hospital there was an increased need to utilise specialist services in Australia hence a small increase in referrals via IHMS Assistance.

On Nauru IHMS had been utilising the RON Hospital facilities also for pathology tests but the clinic has this quarter increased the number of tests able to be performed onsite. Chest X-rays, which have the highest amount of referrals, continue to be done onsite on Nauru, with Dicom images being sent to Australia for reporting. Previously ultrasounds were conducted onsite but due to staffing issues at the RON Hospital this became problematic requiring investigation offsite. IHMS will shortly commence a sonography service onsite. On Manus IHMS utilise Lorengau hospital in anticipation of an onsite X-ray machine facility being available onsite. Patients move to Port Moresby for complex radiological investigations.

3.6. Specialist Referrals

Specialist Referrals				
Manus and Nauru Q4 – Oct - Dec 2014				
Specialist Referrals	**No. Referrals**	**GP Referral**	**Clinical Designations other than GP**	**No. unique persons (based on all designations)**
General Surgery	20	*20	0	20
Orthopaedics	1	1	0	1
Cardiology	2	2	0	2
Allergy and Immunology	4	4	0	4
Gynaecology and Obstetrics	7	7	0	7
Otorhinolaryngology	3	3	0	3
Neurology	1	1	0	1
Urology	2	2	0	2
Oral and Maxillofacial Surgery	1	1	0	1
Ophthalmology	1	1	0	1
Gastroenterology	2	2	0	2
TOTAL	**44**	**44**	**0**	
Total number of unique persons to have a Specialist referral	**39**	**% of total OPC population during Q4**	**1.8%**	

**This figure has been updated in Version 2 of this report to be consistent with the total number of referrals for General Surgery.*

General surgery remains the highest referral mainly for simple procedures such as hernias, scrotal issues and chronic pain due to traumatic injury, which is high due to country of origin and the frequent history of trauma and torture; there were a few patients this quarter presenting with long histories of retained foreign bodies that have required supportive management.

Obstetrics referrals from Nauru continue this quarter with an average 10 -12 women pregnant at any given time. Currently the pregnant women are predominately Tamil so the incidence of hyperemesis gravida has decreased as its prevalence is lower than in previous cohorts; routine transfers at 28 weeks occur as per protocol.

On Nauru regular obstetrics and sonography visits continue, along with a paediatric health clinic and a paediatric specialist clinic. Health assessments and screening on children was completed and there have

been several diagnoses of parasitic infections and also Vitamin D deficiency. Mantoux screening and follow-up also occurred in response to diagnosis of a UAM with TB, following his diagnosis in late September.

IHMS has worked closely with the department to provide a level of extended health services on Manus. This has included visits by visiting specialist internal physician, optometrist, ophthalmologist and neurologist. Paediatricians, optometrists, obstetricians and sonographers have played a key role in providing healthcare to the Transferee population on Nauru this quarter, with ongoing visits to the island and also with new locum RON Hospital obstetrician/gynaecologist also conducting weekly visits onsite. Tele-health continues to be utilised on both islands and has seen a variety of specialists utilised including dermatologists and orthopaedic surgeons consulted successfully reducing the need for certain presentations to refer back to Australia.

3.7. Hospital Admissions

Hospital Admissions		
Manus and Nauru Q4 – Oct - Dec 2014		
OPC Location	**Total Hospital Admissions**	**No. of individuals hospitalised**
Manus Island	11	7
Nauru Centre	8	6
Total	**19**	**13**
Total number of unique persons that were hospitalised	**13**	**0.6%**

A number of acute presentations this quarter have required keeping patients for overnight stay for monitoring and intravenous treatment. Several patients required medical transfer to Port Moresby or Australia for specialist intervention unavailable on Manus or Nauru. Overall hospital admissions remain low as almost all primary medical care is facilitated at the OPCs.

On Manus the bulk of the hospital admissions were to Pacific International Hospital in Port Moresby, mainly for surgical or urological interventions, with a few cases requiring tertiary level care managed in Australia.

On Nauru there were fewer admissions required at the Republic of Nauru Hospital this quarter. Cases that cannot be managed locally were treated in Australia.

3.8. GP/Psychiatrist Diagnoses by Health Groupings

GP/Psychiatrist Diagnoses							
Manus and Nauru Q4 – Oct - Dec 2014							
Health Groupings Q4 – 2014	Number of Unique Diagnoses	Number of Unique Persons	% of total population	Adult	Adult %	Minor	Minor %
General Unspecified	1,700	833	37.9%	749	37.2%	84	45.4%
Digestive	1,509	721	32.8%	677	33.7%	44	23.8%
Musculoskeletal	1,322	621	28.3%	612	30.4%	9	4.9%
Psychological	1,203	478	21.8%	446	22.2%	32	17.3%
Skin	1,060	592	27.0%	555	27.6%	37	20.0%
Respiratory	753	420	19.1%	361	18.0%	59	31.9%
Urological	551	335	15.3%	303	15.1%	32	17.3%
Social	423	293	13.3%	265	13.2%	28	15.1%
Endocrine / Metabolic & Nutritional	403	272	12.4%	247	12.3%	25	13.5%
Injury	386	236	10.7%	224	11.1%	12	6.5%
Ear	370	171	7.8%	153	7.6%	18	9.7%
Neurological	364	244	11.1%	239	11.9%	5	2.7%
Eye	262	167	7.6%	162	8.1%	5	2.7%
Genital	239	137	6.2%	133	6.6%	4	2.2%
Cardiovascular	235	160	7.3%	155	7.7%	5	2.7%
Blood / Blood forming organs	48	35	1.6%	27	1.3%	8	4.3%
Pregnancy / Childbearing / Family Planning	39	27	1.2%	27	1.3%	0	0.0%

3.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Manus and Nauru Q4 – Oct - Dec 2014					
Chronic Disease categories taken from the Australian institute of Health and Welfare	**Adult**	**Age group by %**	**Minor**	**Age group by %**	**Grand Total**
Arthritis	56	2.8%	0	0.0%	56
Asthma	18	0.9%	3	1.6%	21
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	71	3.5%	6	3.2%	77
Chronic kidney disease	0	0.0%	1	0.5%	1
Depression	120	6.0%	3	1.6%	123
Diabetes	23	1.1%	0	0.0%	23
Oral disease	202	10.0%	7	3.8%	209

Oral disease and depression remain the top diagnoses in this group. As noted previously, cardiovascular disease continues to rate highly in this report. Diabetics are reviewed weekly by the primary health team and are reviewed by the visiting internal physician to both sites; he also sees many of the more complex medical cases including cardiovascular cases. Hypertension is an ongoing issue and in some cases investigation in Australia was recommended for two Transferees on Nauru, with one refugee now being actively monitored by the Settlement team in the community. Compliance of medications was highlighted in this quarter so there is an ongoing emphasis into education and monitoring clinically to ensure appropriate management.

There may be a relation between the higher incidence of depression noted in the male population and the Bravo cohort on Nauru, who in September/October reached the 24 month milestone on island. This would be consistent with previous findings.

Arthritis also features predominately this quarter and there is a suggestion that this could be related both to socio-economic factors of certain cohorts related to previous employment, including heavy physical labour. It is noted that there does in some cohorts appear to be premature ageing and increased degenerative conditions.

Chronic Diseases by age grouping - Minors (0 - 17 years of age)								
Manus and Nauru Q4 – Oct - Dec 2014								
Chronic Disease	0 - 4 years	Age group by %	5-10 years	Age group by %	11-14 years	Age group by %	15 - 17 years	Age group by %
Arthritis	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asthma	2	5.7%	1	1%	0	0.0%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	2	5.7%	0	0.0%	3	8%	1	3%
Chronic kidney disease	0	0.0%	0	0.0%	1	3%	0	0.0%
Depression	0	0.0%	1	1.0%	2	5%	0	0.0%
Diabetes	0	0%	0	0%	0	0%	0	0%
Oral disease	2	5.7%	2	3%	1	3%	2	6%

Chronic Diseases by age grouping Adults (18 - 66+ years of age)						
Manus and Nauru Q4 – Oct - Dec 2014						
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	46	2.4%	8	9.3%	2	66.7%
Asthma	17	0.9%	1	1.2%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	56	2.9%	13	15.1%	2	66.7%
Chronic kidney disease	0	0.0%	0	0.0%	0	0.0%
Depression	116	6.0%	4	4.7%	0	0.0%
Diabetes	13	0.7%	9	10.5%	1	33.3%
Oral disease	196	10.2%	6	7.0%	0	0.0%

Primary Health Care - Chronic Diseases by Gender					
Manus and Nauru Q4 – Oct - Dec 2014					
Chronic Disease categories taken from the Australian institute of Health and Welfare	**Female**	**% (Female)**	**Male**	**% (Male)**	**Grand Total**
Arthritis	9	2.7%	47	2.5%	56
Asthma	3	0.9%	18	1.0%	21
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	25	7.6%	52	2.8%	77
Chronic kidney disease	1	0.3%	0	0.0%	1
Depression	25	7.6%	98	5.2%	123
Diabetes	5	1.5%	18	1.0%	23
Oral disease	28	8.5%	181	9.7%	209

3.10. Health Trends

The above groupings are typical of routine primary care settings in the community and common diseases such as respiratory infections, orthopaedic conditions and skin conditions are well represented. Excluding the general/unspecified group, the two main reasons for Transferees seeking medical attention in this quarter are digestive and musculoskeletal conditions. There is some thought that in relation to digestive complaints an element of somatisation could account for this ongoing trend. Due to the terrain in Nauru and also previous reported injuries, IHMS continues to see a high presentation of musculoskeletal conditions particularly of note this quarter a rising incidence of back and knee pain. The planned visit by specialist physiotherapists to both islands will address many of these issues next quarter.

Digestive complaints were the highest reason to seek consultation with an IHMS medical officer which again is consistent with the rest of the network and is aligned with the expectation for the broader Australian population. (General Practice Activity in Australia, Australian Institute of Health & Welfare, General Practice Series Number 33, Britt et al, Nov 2013).

A digestive complaint includes conditions such as gastroenteritis, nonspecific abdominal pain, heart burn, nausea/vomiting and diarrhoea. The IHMS GP assesses and manages most cases onsite in detention with appropriate escalation to a specialist or hospital care where it is clinically indicated. On Manus this has involved movement to Port Moresby for investigation as warranted, with fewer Nauru cases investigated at the RON Hospital this quarter due to a lack of diagnostic investigation capability due to ongoing issues with medical equipment. Patients requiring specialist inputs have thus been referred to Australia for their ongoing care needs, or treated symptomatically or via visiting specialists or telemedicine services if cases are suitable and of a less acute nature.

As noted previously food allergies and or intolerances are low and there have been far fewer reports of gastroenteritis this quarter. IHMS liaises closely with Transfield catering services to ensure food allergies/intolerances are recorded and appropriate diets are available for Transferees with known digestive disorders. As noted in last quarter a significant proportion of the population on both sites is being treated with hyperacidity, reflux and ulcer medications, with a number of patients receiving *H. pylori* eradication, and an additional smaller number of the total population receiving antispasmodics and motility agents. This is consistent with the Australian population according to the General Practice Activity in Australia, Australian Institute of Health & Welfare, General Practice Series Number 33, Britt et al, Nov 2013.

A large number of musculoskeletal conditions has presented this quarter. Many cases have needed offsite assessment by an orthopaedic surgeon, with a visiting orthopaedic surgeon and physiotherapist due to be established shortly. Musculoskeletal conditions are consistent with last reporting period and include sports injuries, arthritis, back pain, old or recurrent musculoskeletal issues from previous trauma, or knee and shoulder injuries. This is consistent with the

Australian population. As noted in previous quarterly reports, there remains a common complaint about sleeping surfaces and walking on uneven rocky surfaces, which may contribute to some presentations. On Nauru, this has also been reflected in a small number of injuries to stakeholders. The high incidence of musculoskeletal diagnoses is reflected in a total combined use of NSAIDs, combination simple analgesics and topical analgesics/NSAIDs. This is also reflected in the radiology referrals with spine (lumbosacral), knee and shoulder radiology being amongst the top five reasons for imaging referral.

The respiratory grouping includes common chronic respiratory conditions such as asthma although there has not been a significant increase in such presentations. It is widely recognised in the literature that appropriate management of asthma through an asthma management plan reduces rates of acute asthma exacerbations and emergency hospital admissions.

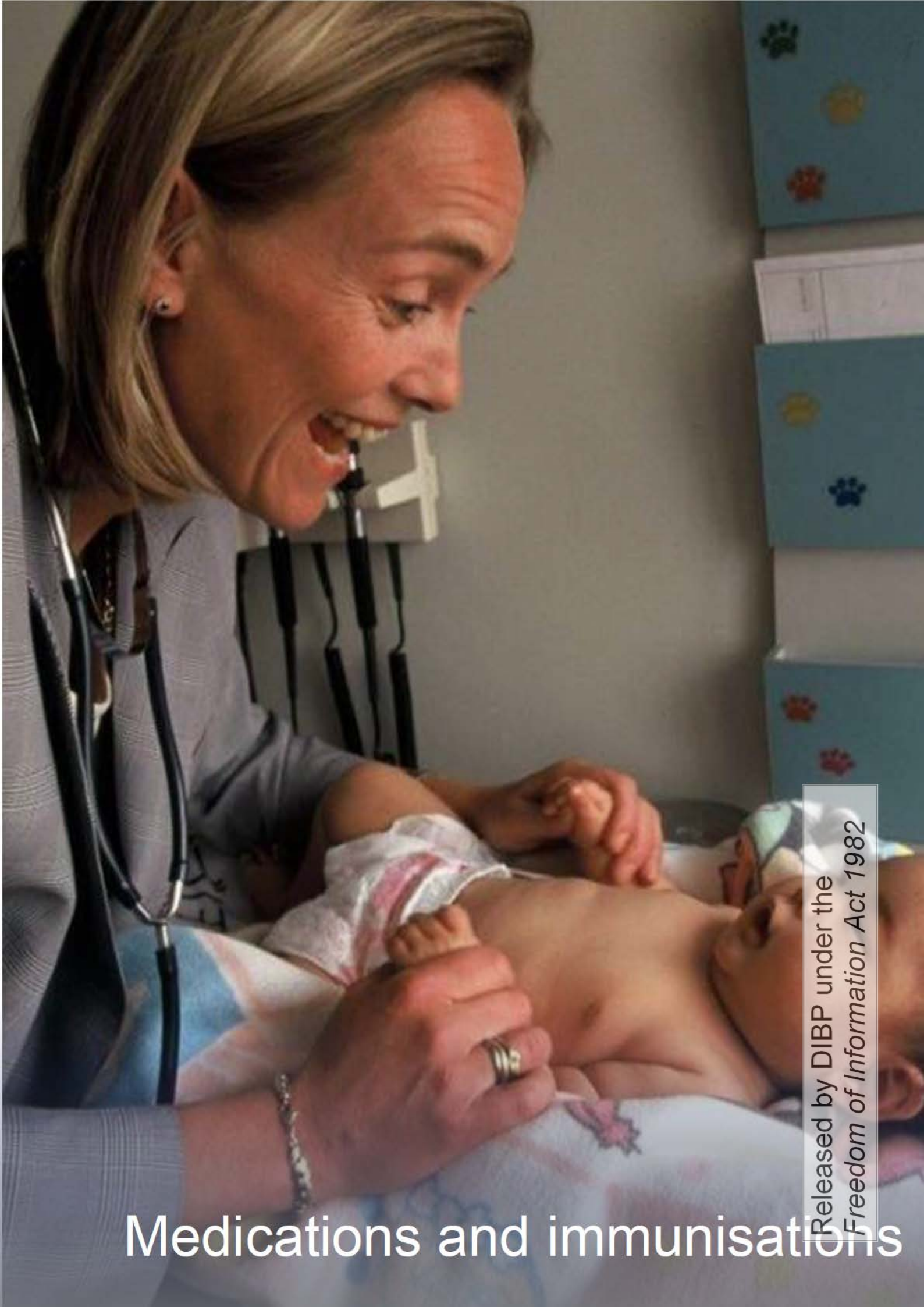
Skin conditions are commonly dermatitis or other skin rashes and are commonly seen in both community and remote settings. As noted in last quarter these disorders include tinea versicolor, onychomycosis and psoriasis. The environmental issue of hot and humid weather on Manus and Nauru contributes to the large number patients treated with topical antifungals, a total of 7.1% of the total population. There is also a low tolerance from certain cohorts in relation to skin discolouration and as a result frequent presentations to the clinic have been reported for minor complaints.

There have been ongoing presentations of urological conditions including renal stones, pre-existing urological trauma, varicocele/hydrocele and undescended testes which are often managed with operative intervention. There have been ongoing presentations on Nauru with UTI and urinary incontinence symptoms in one of the female cohorts. This quarter we continue to see presentations with enuresis (bed wetting) in the minor cohort, which is being managed by both primary and mental health teams.

Loss of appetite and mild dehydration are not uncommon, associated with poor fluid intake and the Primary Health team regularly give education on the need for hydration. On Nauru they also focus on education sessions for those with small children.

Transferees are still reporting headaches and fatigue as well as sleep disturbances and management of this is facilitated by both primary and mental health teams. The psychological grouping represents a high burden of disease within the offshore detention network with strategies to counter this discussed in the mental health section of this document.

More space has been established on Manus in order to establish formal inpatient or observation ward facilities, to allow more visiting specialists to attend and consult, and to allow the set-up of the laboratory.



Medications and immunisations

4. Medications

4.1. Medication usage in Transferees (Top 20)

Medication Trends						
Manus and Nauru Q4 – Oct - Dec 2014						
% of total population during Q4						
Medications	Total	Total %	Adult	Adult %	Minor	Minor %
Non-steroidal anti-inflammatory agents	890	40.5%	856	42.6%	34	18.4%
Simple analgesics and antipyretics	741	33.7%	675	33.6%	66	35.7%
Penicillins	464	21.1%	429	21.3%	35	18.9%
Antihistamines	421	19.2%	384	19.1%	37	20.0%
Combination simple analgesics	360	16.4%	356	17.7%	4	2.2%
Hyperacidity, reflux and ulcers	257	11.7%	252	12.5%	5	2.7%
Expectorants, antitussives, mucolytics, decongestants	178	8.1%	166	8.3%	12	6.5%
Not Specified - Omeprazole	162	7.4%	161	8.0%	1	0.5%
Other antibiotics and anti-infectives	156	7.1%	155	7.7%	1	0.5%
Topical antifungals	155	7.1%	148	7.4%	7	3.8%
Antispasmodics and motility agents	155	7.1%	152	7.6%	3	1.6%
Rubefacients, topical analgesics/NSAIDs	139	6.3%	133	6.6%	6	3.2%
Quinolones	139	6.3%	137	6.8%	2	1.1%
Antidepressants	130	5.9%	129	6.4%	1	0.5%
Adrenal steroid hormones	116	5.3%	116	5.8%	0	0.0%
Topical oropharyngeal medication	106	4.8%	100	5.0%	6	3.2%
Narcotic analgesics	97	4.4%	97	4.8%	0	0.0%
Tetracyclines	95	4.3%	95	4.7%	0	0.0%
Topical corticosteroids	94	4.3%	89	4.4%	5	2.7%
Antiemetics, antinauseants	93	4.2%	91	4.5%	2	1.1%
Antipsychotic agents	44	2.0%	43	2.1%	1	0.5%

4.2. Medication prescriptions by Schedule

Medication prescriptions by Schedule			
Manus and Nauru Q4 – Oct - Dec 2014			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse prescriptions**
S2	879	2	284
S3	585	11	29
S4	3,309	165	265
S8	1	1	0
Unscheduled	1,216	2	156
Grand Total	**5,990**	**181**	**734**

Department of Health - Scheduling basics – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

The larger number of Schedule 4 medications is entirely as expected as prescribed medications fall under this category.

4.3. Medication Trends

Medication Trends		
Manus and Nauru Q4 – Oct		
% of total population during quarter		
Medications	Jul – Sep 2014	Oct – Dec 2014
Nonsteroidal anti-inflammatory agents	34.5%	40.5%
Simple analgesics and antipyretics	27.0%	33.7%
Penicillins	21.3%	21.1%
Antihistamines	16.9%	19.2%
Combination simple analgesics	17.0%	16.4%
Hyperacidity, reflux and ulcers	15.9%	19.1%
Expectorants, antitussives, mucolytics, decongestants	4.8%	8.1%
Other antibiotics and anti-infectives	6.2%	7.1%
Topical antifungals	6.0%	7.1%
Antispasmodics and motility agents	6.6%	7.1%
Rubefacients, topical analgesics/NSAIDs	7.0%	6.3%
Quinolones	4.1%	6.3%
Antidepressants	7.1%	5.9%
Adrenal steroid hormones	4.3%	5.3%
Topical oropharyngeal medication	6.3%	4.8%
Narcotic analgesics	3.6%	4.4%
Tetracyclines	3.0%	4.3%
Topical corticosteroids	3.9%	4.3%
Antiemetics, antinauseants	4.2%	4.2%
Antipsychotic agents	2.3%	2.0%

Medication trends this quarter are stable and consistent with trends in Australian immigration detention facilities. The most frequently prescribed medication is NSAIDs followed by simple analgesics and antipyretics. As noted in previous reports there is a persistent demand for pain relief and this can be attributed to both cultural expectations and also the high incidence of dental pain. As noted this is also partly due to the high incidence of musculoskeletal conditions onsite. Due to acute presentations for pain following injury there has been an increase in narcotic analgesics but this is managed carefully to reduce risk of dependency. This

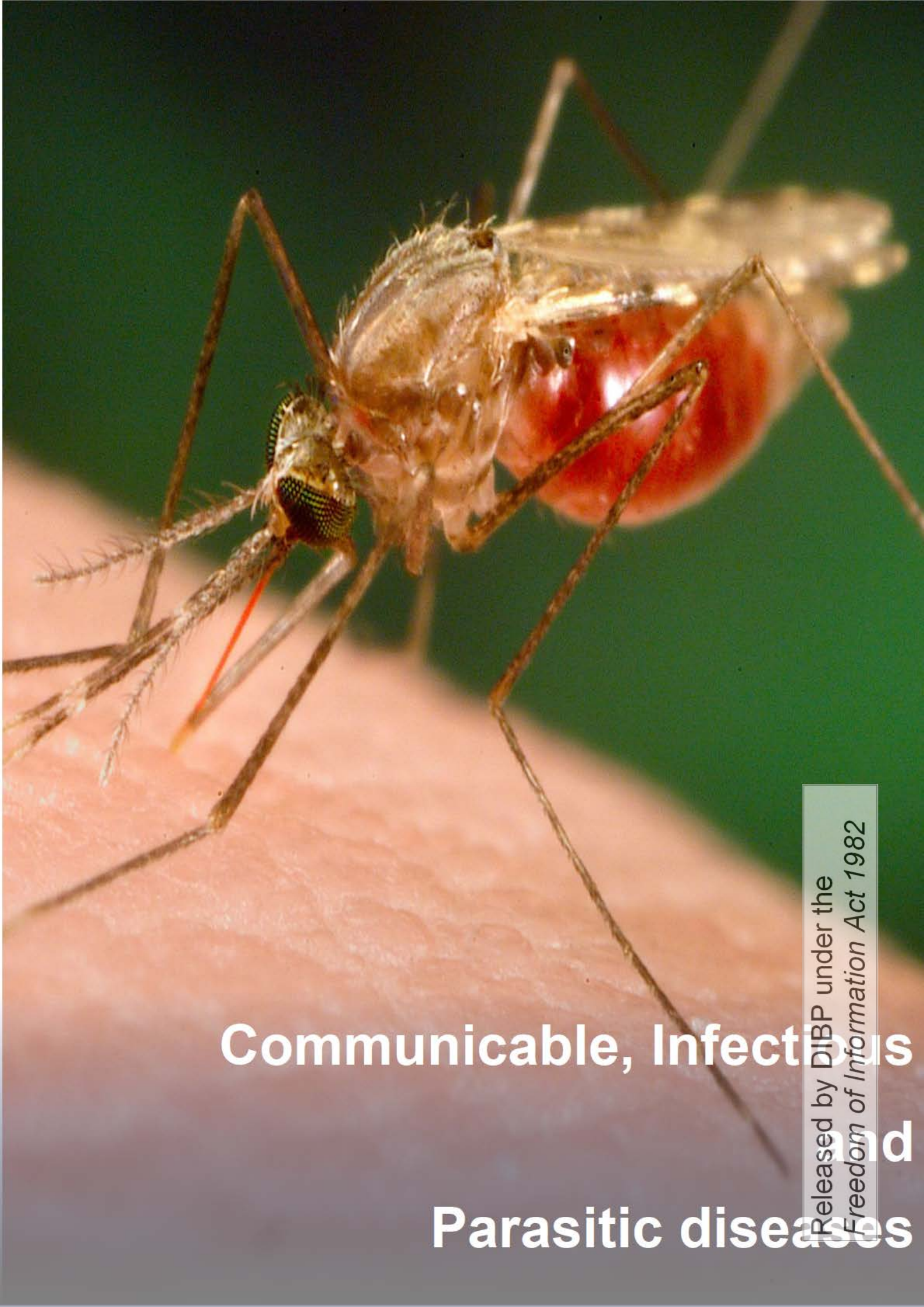
incidence of decongestants etc has increased this quarter on Nauru and is possibly due to presentations of minor childhood diseases including URTIs.

5. Vaccinations

5.1. Vaccinations Administered by age group (Offshore)

Vaccinations Administered								
Manus and Nauru Q4 – Oct - Dec 2014								
Vaccination	*0-4 years*	*5-10 years*	*11-14 years*	*15-17 years*	*18-45 years*	*46-65 years*	*66+ years*	*Total Vaccinations Administered*
VZV	2	0	0	1	43	4	0	50
MMR	6	5	0	0	33	3	0	47
MMR V	0	0	0	0	0	0	0	0
Hep A	15	19	10	6	161	11	0	222
Hep B	2	13	8	7	255	16	0	301
MenCCV	3	3	0	0	47	3	0	56
Typh IM	6	20	10	7	29	2	0	74
dT	0	0	2	1	74	2	0	79
HPV	0	8	14	15	29	0	0	66
DTPa (up to 10 years)	10	42	1	0	5	0	0	58
Rotavirus	0	0	0	0	0	0	0	0
IPV	3	4	4	10	177	13	0	211
PCV	3	0	0	0	0	0	0	3
dTpa (11 years and over)	3	3	2	8	93	11	0	120
Jap E	0	0	0	0	18	0	0	18
Hib	2	0	0	0	0	0	0	2
23 PPV	0	0	0	0	10	4	0	14
Total	*55*	*117*	*51*	*55*	*974*	*69*	*0*	*1321*

As per last quarter there has been a concerted effort to continue to vaccinate Transferees in line with the catch-up schedule. Clinics have run regularly and are well attended. Transferees receive vaccinations as per the Australian catch-up schedule and in accordance with IHMS policy. Additionally HPV was given for those Transferees fitting the criteria to receive it, and this was also well attended.



Communicable, Infectious and Parasitic diseases

6. Communicable Diseases

6.1. Communicable, infectious and parasitic diseases (Manus and Nauru)

	New Diagnoses Q4 (Oct-Dec 2014)				New Diagnoses (Jul-Dec 2014)		
Contagious (human to human, including sexually transmitted infections)	**Manus**	**Nauru**	**Total**	**% of total OPC population during quarter**	**Manus**	**Nauru**	**Total**
Chickenpox	0	0	0	0.00%	0	0	0
Chlamydia	0	0	0	0.00%	0	0	0
Gonorrhoea	0	0	0	0.00%	0	0	0
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B (incl active and carrier states)	0	0	0	0.00%	0	0	0
Hepatitis C	0	0	0	0.00%	0	0	0
HIV	0	0	0	0.00%	0	0	0
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0
Syphilis	1	0	1	0.05%	1	0	1
Tuberculosis - Active	0	1	1	0.05%	0	1	1
Typhoid	0	0	0	0.00%	0	0	0
Total	**1**	**1**	**2**	**0.09%**	**1**	**1**	**2**
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0.00%	0	0	0
Malaria	1	0	1	0.05%	4	0	4
Schistosomiasis	4	12	16	0.73%	6	12	18
Strongyloidiasis	0	0	0	0.00%	0	0	0
Total	**5**	**12**	17	**0.77%**	**10**	**12**	**22**
Grand Total	**6**	**13**	**19**	**0.87%**	**11**	**13**	**24**

IHMS manages the investigation and diagnosis and treatment of communicable, infectious and parasitic diseases within the OPC network. The above figures identify the number of confirmed communicable, infectious and parasitic disease within Transferees only at both OPCs. IHMS in weekly health groups promotes personal hygiene in an attempt to minimise risk of communicable disease outbreak. Each site has an identified isolation area. The reported incidence of gastroenteritis on both sites has remained lower this quarter. During the hand foot and mouth outbreak in OPC3, IHMS needed to ensure quarantine/isolation protocol was adhered to strictly, due to stigma within certain cohorts. Ongoing education and support to families however has seen increased co-operation and the set-up of a new designated air-conditioned isolation area to minimise non-compliance. All Transferees have access to insect repellent and mosquito nets if they wish.

Nauru OPC has seen no cases of dengue fever as part of the established dengue outbreak on the island and across the Pacific, however the risk remains present across the country, with chikungunya and zika viruses posing an additional threat in neighbouring countries. A recent WHO report stated that 2014 saw a suspected 251 cases across the country, noted to be likely underreported. The drop in dengue cases at the OPC may have coincided with drier weather locally however since December there has been a marked increase in wet weather due to the rainy season thus the risk remains.

In September a UAM was diagnosed with active TB disease after presenting with symptoms and undergoing isolation. Following confirmed diagnosis contract tracing occurred in the OPC, with 3 classmates determined to have latent TB and a small number of refugees now in the community also presenting with positive Mantoux results and receiving follow-up by the Nauru hospital. Extensive testing of stakeholders also occurred via the Queensland TB unit. IHMS have spent considerable time with all stakeholder groups and in OPC3 educating about TB risk and transmission. A possible case of extra-pulmonary TB was also identified during this period and referred for further investigation. IHMS has also conducted a screening program of all children in OPC3. At time of report no new cases have been found.

Manus has seen a drop in malaria presentations this quarter. After the re-integration, mosquito breeding sites within the camps have decreased. Before reintegration a small number of anopheles mosquitoes were frequently found mainly in Mike compound. There remains however a general poor compliance with the use of insect repellent, the wearing of long trousers and long sleeve shirts as well as anti-malarial prophylactic medications. Fans are provided to circulate air and reduce the high temperatures but also reduce compliance with sleeping under the mosquito nets. The rate of sleeping under bed nets is generally low.

Schistosomiasis has been diagnosed on Manus and Nauru and prophylactic treatment has been given to siblings of diagnosed cases. This disease is endemic in many Transferee countries of origin.

IHMS continues to promote safe sex and provide condoms on all sites and only one case of STI has been recorded this quarter.

7. Disabilities

7.1. Disabilities (Manus and Nauru)

Disabilities are reported to Department of Immigration on a quarterly basis.

Transferees with disabilities are referred to specialist services as clinically indicated by the IHMS GPs. This includes a network of public and private providers including paediatricians, orthopaedic surgeons, physicians, psychologists, allied health and specialised disability services. Hearing, visual aids and prostheses are also available as required through IHMS network of providers.

No. of people in Manus and Nauru as at 31 Dec 2014				
Disability Grouping	**Manus**	**Nauru**	**Adult**	**Minor**
Amputation	1	1	2	0
Cognitive	0	0	0	0
Developmental	2	3	2	3
Functional impairment	9	7	16	0
Hearing impairment	6	4	9	1
Visual Impairment	14	6	20	0
Other (Epilepsy, Lupus)	13	1	14	0
Total[1]	**45**	**22**	**63**	**4**
Unique Transferees with a disability	**41**	**17**	**55**	**3**

1. Some transferees may be counted in multiple disability categories.

The above data was ascertained based on Snomed codes which are a different methodology to the previous manual method of data collection.

The impact of a disability on a transferee's activity of daily living is reported on a regular quarterly basis. A functional impairment defines a disability as long term and limiting activities of daily living. It can be either physical or mental which limits the extent to which an individual can care for him or herself.

According to the table above, visual impairment is the number one disability in adults while developmental impairment is the number one disability in minors this quarter. There is a small cohort of persons with epilepsy on Manus and a visiting neurologist visit has been helpful in establishing management plans for this group this quarter.

Total Disabilities as Percentage of OPC Population (IMAs and Non-IMAs)		
Nauru and Manus Island (OPCs only)		
As at (as per quarter)	No. of transferees	Approx. % of population
31 Dec 2014 - Q4	58	3.0%
30 Sep 2014 - Q3	114	5.3%

**The denominator used for this table is the total offshore population which has come in and out of the offshore detention network in this quarter.*

Transferees will only be counted once under any particular Disability Category and IHMS notes that the Disability Category totals may exceed the total number of unique transferees with a disability due to some transferees falling within more than one disability category.

Mental Health

8. Mental Health

Mental Health is defined as 'a state of emotional and social wellbeing in which the individual can cope with the normal stress of life and reach his or her potential' (AHM 2003). Mental health problems refer to 'disturbances of mood or thought that can affect behaviour and distress the person or those around them, so that the person has trouble functioning normally' (AIHW 2012). A high incidence of mental health problems in the OPC population is consistent with results found internationally in similar populations. The results reported in this data set are again consistent with these findings and with data previously reported by IHMS.

Mental health presentations have been static this quarter. Medication review, related issues due to self-harm and medical review account for a large proportion of these consultations. There have been a number of cases of food and fluid refusal and self-harm, especially on Nauru, which have been managed supportively. Some cases have required movement offsite. A multidisciplinary approach via case management and conferencing with medical and mental teams is in place to support this cohort. Ongoing court issues and frustration have contributed to these presentations on Nauru this quarter. The Bravo cohort on Nauru remains a strong focus due to length of time in Nauru and court cases as noted – the counsellors however have maintained close links with this group which is supported by their ongoing presence in weekly men's group at OPC1. Several of the SAMs have been incarcerated following court appearances and IHMS have provided support and guidance for the Nauruan Corrections staff to assist with psychological support during imprisonment.

The team on Nauru receives support from a visiting child psychiatrist. The minors are seen due to a variety of triggers, including previous trauma and torture, enuresis, nightmares, family conflict and situational crisis. Domestic violence appears to have increased and during protest activity during September/October children were threatened with violence by parents which required extensive support and management by the mental health team. The child psychiatrist in conjunction with counsellors and psychologist has started support groups for the children which are well attended.

The counselling groups continue to be well attended on Manus. On Nauru these have seen a decline and this occurred following September protest activity. Other factors included Transferees reporting difficulty reaching OPC1 and general overall mental fatigue according to staff. In addition the presence of Philip Moss in November also was a key factor in reduced attendance this quarter. In an attempt to reengage with Transferees, groups such as parenting, self-esteem and stress management have been relocated to OPC3 and this appears to have had a positive impact. The mental health nurses maintain an Outreach service at both OPCs in addition to clinic consults.

As noted previously obtaining valid and reliable information on mental health issues in an OPC context is always a significant challenge. There are many cultural differences in presentation of mental health issues, as well as issues related to the application and interpretation of mental health screening, assessment and diagnostic tools. The data used in this report draws from information obtained by clinical staff during routine activities with Transferees and is closely aligned to data capture and reporting processes used by mental health services in the community.

Some Transferees have been at the OPC for over 24 months, some amongst the original cohort onsite. Some are currently awaiting legal outcomes and there remains a large cohort of SAM's in Bravo. Some express frustration and hopelessness at length of court process which is reflected in the severe distress as noted in the K-10 results for those in the OPC 19+ months.

IHMS has seen some incidents of self-harm and FFR on Nauru during this time, but with continued support from the mental health team this has not been ongoing. Overall the mood on Nauru has been quite good this quarter however with ongoing RSD process and resettlement into the local community proceeding. Manus has also reported a number of self-harm incidents and presentations with acute psychosis which have required movement offsite.

8.1. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration OPC and at prescribed intervals according to DIBP policy. Screening for mental health issues provides a means of identification of any transferee mental health related concerns enabling appropriate support and interventions and a way of tracking the mental health of Transferees over time. Mental health screening is performed by IHMS specialist mental health clinicians and is composed of a detailed and structured clinical assessment combined with mental health measures that are aligned to Australian National Mental Health Standards.

The HoNOS screening tool was adopted in Q1, 2014, and the HoNOSCA screening tool for children & adolescents was introduced in Q2, 2014. IHMS will continue to discuss the results of the various screening tools with the Department in appropriate forums.

For this quarter the mental health team conducted a total of 671 K-10 Assessments which is consistent with the move to increase RSD determinations on Nauru. A number of Transferees have been in the OPC for a period of 13-18 months and 19+ months. The mental health team note amongst other things frustration, detention fatigue and perceived injustice contributing to a high level of distress as noted on the Kessler Psychological Scale (K-10). A total of 11% of those who have been in detention for over 19 months were classified as 'severe' on this scale, which is lower than Q3 but may represent a relatively lower number of screenings done in this cohort this quarter.

8.2. Mental Health related Diagnoses

Mental health presentations have remained constant this quarter. Ongoing mental health issues are often related to frustrations around processing, separation of family and friends undergoing medical care in Australia and in some cases dealing with news from home countries causing anxiety and distress.

Unique diagnoses related to mental health			
Manus and Nauru Q4 – Oct - Dec 2014			
Age band (years)	No. unique diagnoses	No. related to mental health	% related to mental health
0-4	234	10	4.3%
5-10	289	38	13.1%
11-14	129	25	19.4%
15-17	104	11	10.6%
18-45	9,453	1,065	11.3%
46-65	588	52	8.8%
66 +	70	2	2.9%
Total	**10,867**	**1,203**	**11.1%**
		Minors %	**11.1%**
		Adults %	**11.1%**

In Q4 an average of 11.1% of diagnoses were mental health related. While RACGP data estimates between 12.5 – 13% diagnoses for Mental Health related issues in the general population, this data cannot be directly compared in view of the regular provision of onsite counselling, Psychology and Psychiatry services, to which Transferees have direct access,

8.3. Psychiatric Admissions to Hospital

Psychiatric admissions to hospital have remained low, as most care can be provided onsite and only acute presentations have required hospitalisation. It should be noted that in most cases psychiatric admission involves transfer to Australia which creates a significant incentive for onsite management where possible, which is facilitated by the presence of significant medical and psychiatric staffing.

Psychiatric Admissions to Hospital			
OPC	**Total**	**Adult**	**Minor**
Manus Island	2	2	0
Nauru Centre	2	2	0
Total	**4**	**4**	**0**

Psychiatric Admissions to Hospital		
OPC	**Jul - Sep 2014**	**Oct - Dec 2014**
Manus Island	3	2
Nauru Centre	1	2
Total	**4**	**4**

8.4. Screenings Completed

Total K-10 Assessments

Mental Health Assessment type	0-3 months	4-6 months	7-12 months	13-18 months	19+ months	Total
K-10	0	4	169	489	9	671

8.5. Kessler Psychological Distress Scale (K-10) Q4 - 2014

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS offshore immigration OPC data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

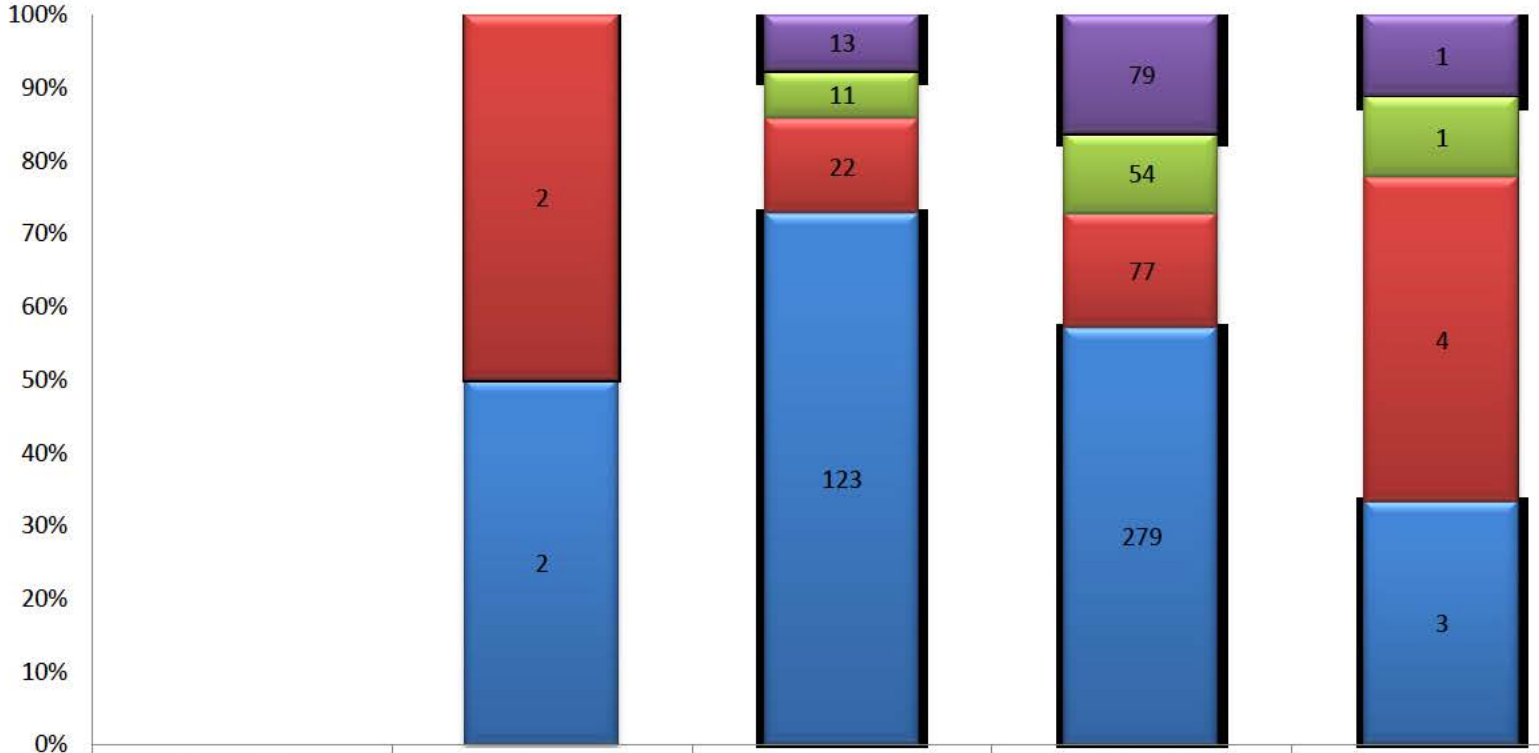
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50).

8.6. Kessler Psychological Manus and Nauru scores by length of stay during Q4 Oct – Dec 2014

Months in OPC	Totals	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
4-6 months	4	19.25	2	50.0%	2	50.0%	0	0.0%	0	0.0%
7-12 months	169	17.18	123	72.8%	22	13.0%	11	6.5%	13	7.7%
13-18 months	489	20.22	279	57.1%	77	15.7%	54	11.0%	79	16.2%
19+ months	9	22.11	3	33.3%	4	44.4%	1	11.1%	1	11.1%
Total	**671**	**19.48**	**407**	**60.7%**	**105**	**15.6%**	**66**	**9.8%**	**93**	**13.9%**
Adult Community Mental Health clients 2011-2012	**16,693**	**19.40**	**9,605**	**57.5%**	**2,889**	**17.3%**	**1,957**	**11.7%**	**2,242**	**13.4%**

Results show that on average 23.7% of the OPC population gave a score in the moderate-severe range on the K-10. This is a significant percentage of the total population, and is greater than the population in onshore detention centres scoring moderate-severe in this quarter (17%). This is likely to be due to a combination of factors including the relative time in detention, morbidities in the Transferee population which make them predisposed to heightened distress when faced with hopelessness, and apprehension about their future. It should be noted that their participation in K10 screening is voluntary and that those with higher levels of distress are probably less likely to participate in screening, meaning that this percentage is likely an underestimate.

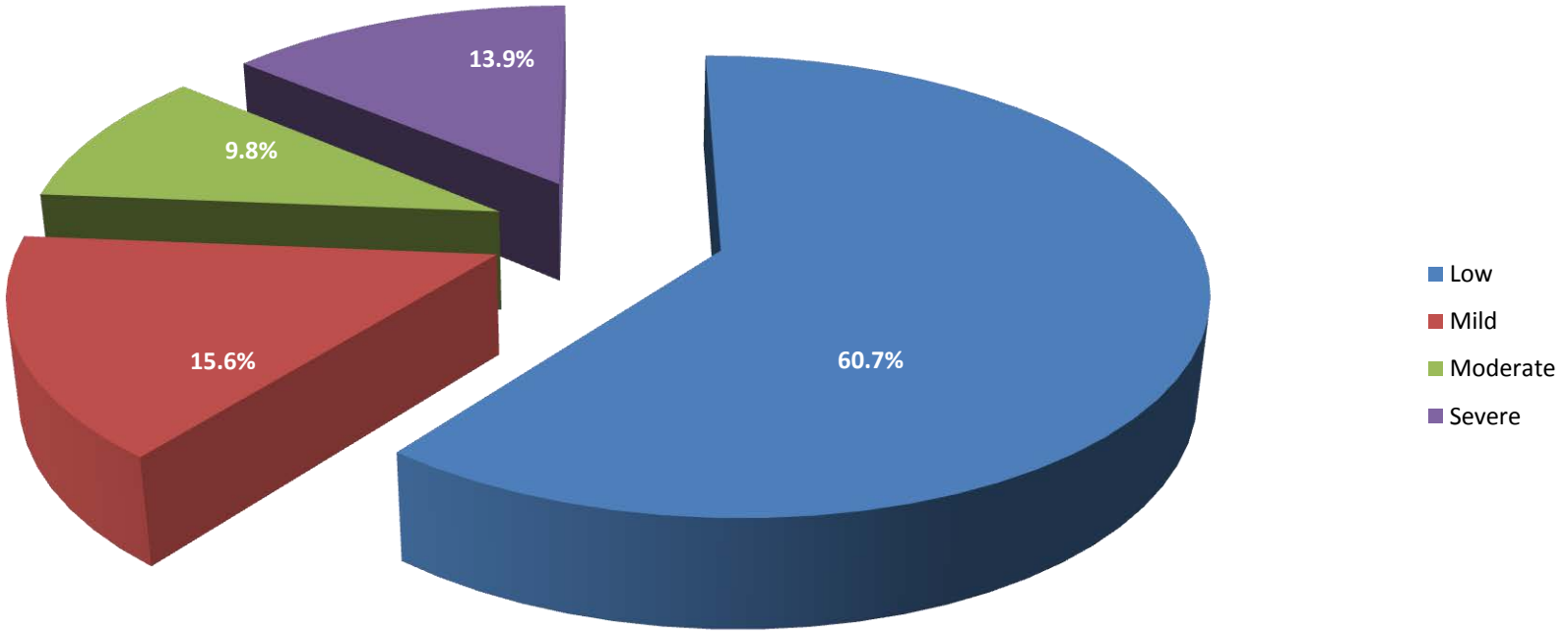
Kessler Psychological Distress Scale: Manus and Nauru



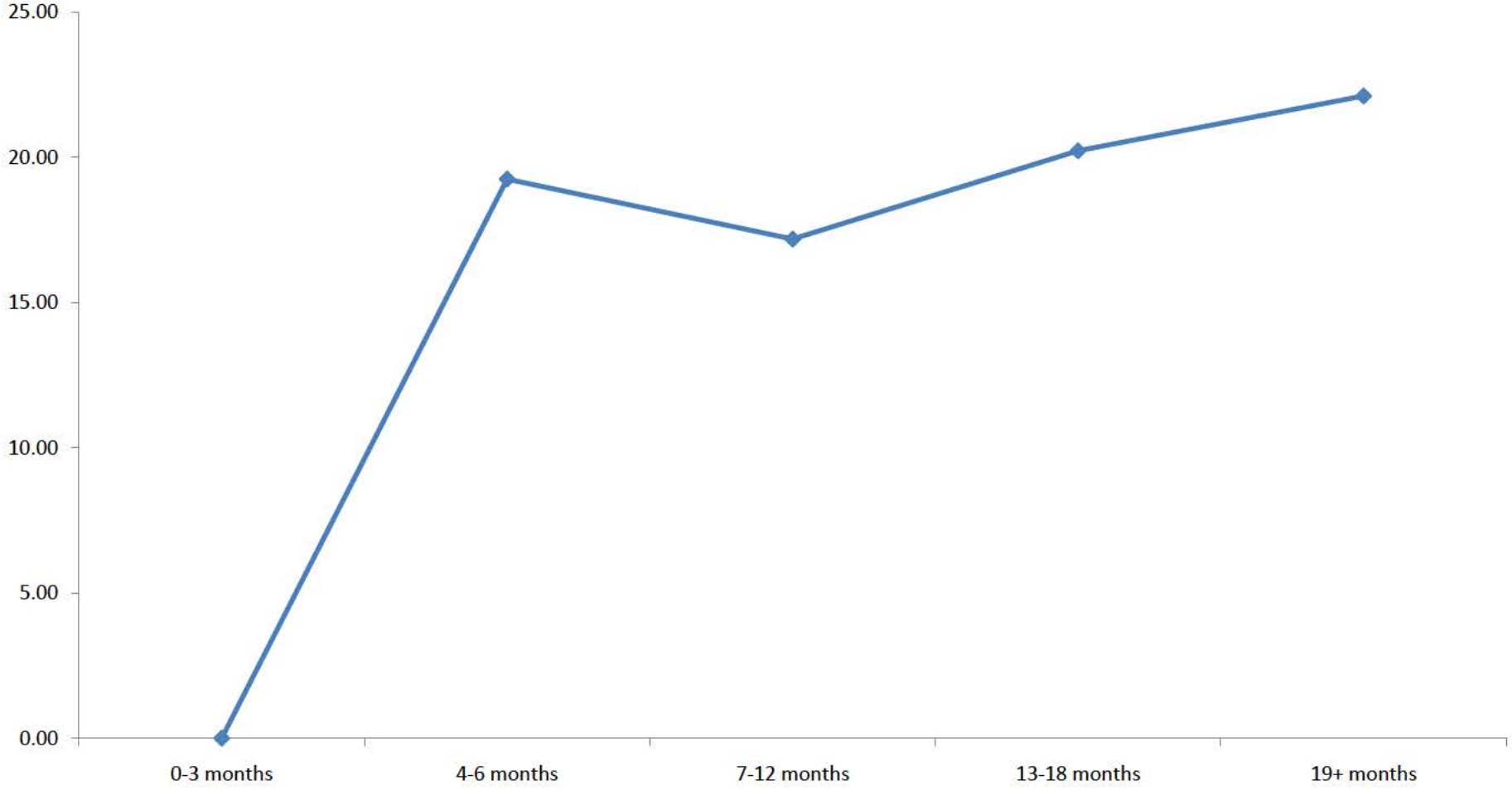
	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Severe (30-50)	0%	0%	7.7%	16.2%	11.1%
Moderate (25-29)	0%	0%	6.5%	11.0%	11.1%
Mild (20-24)	0%	50.0%	13.0%	15.7%	44.4%
Low (<20)	0%	50.0%	72.8%	57.1%	33.3%

This chart more clearly illustrates the progressive increase in severity of K10 scores over time. The apparent change in trends in those in detention depicted in the bar graph is however misleading given both the low numbers and the voluntary nature of the K10 assessments.

Overall percentage by Severity: Kessler Psychological Distress Scale
Manus and Nauru



K-10 mean scores
Offshore - Q4



8.7. New T&T Disclosures

Facility T&T First disclosed	Number of Transferees in OPCs who made new disclosures during the quarter	Adult	Minor
Manus Island	27	27	0
Nauru Centre	6	6	0
Total	**33**	**33**	**0**
% total Transferee population during Q4	**1.5%**	**1.6**	**0%**

Identification and Support of Survivors of Torture & Trauma

The process of identification and support of survivors of torture and trauma commences at induction screening and continues throughout a person's time in OPC. This policy is designed so that at any time these experiences are disclosed the person may be provided with appropriate support including referral to specialist torture and trauma counselling services provided within the OSSTT.

T&T can be identified or disclosed at different times, depending on variables such as clinical engagement, trust, sense of safety, and beliefs about whether disclosure may impact on other issues.

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Department of Immigration and Border Protection

Immigration Detention Health Report
October - December 2014
Quarter 4

Onshore

Immigration Detention Health Report

Onshore

Quarter 4
October – December 2014

Report written by:

International Health and Medical Services (IHMS)

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Table of Contents

1. Executive Summary

The Immigration Detention Health Report is published on a quarterly basis and provides a summary of the health status of detainees in Australian Immigration Detention Facilities.

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo, for the period 1 October – 31 December 2014. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team, Primary Health Medical Director and the Mental Health Medical Director.

This report does not include detainees who are placed in Community Detention (CD) or transferees at the Offshore Processing Centres (Nauru and Manus Island). Some data contained in this report is limited by the inaccuracy of location data received from the Department of Immigration & Border Protection (DIBP) which may affect rates of conditions that are reported at site level.

The overall population in the onshore detention network including Christmas Island this quarter has decreased significantly by over 20%. There have been no new boat arrivals this quarter with all new arrivals into the detention network being compliance cases. The reduction in population has also seen the closure of another centre in this quarter, with the IHMS Inverbrackie clinic closing its doors in December.

One of the major changes in the detention population in December was the transfer of all children from the Christmas Island detention centre to the Australian mainland leaving no detainees under the age of 18 on Christmas Island as of 31 December 2014. This will drastically change IHMS approach to providing care on Christmas Island which in the past has had a huge focus on paediatric and obstetrics care.

In the last quarter of 2014, with the increasing length of stay for detainees, IHMS has continued its focus on providing primary health care to the detention population in line with RACGP standards with a focus particularly on screening and preventative activities. IHMS also continued its important work in the management of communicable diseases which serves as an important preventative measure for the potential spread of disease in the detention network and in the Australian community.

Definitions

Term	Definition
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDC	Immigration Detention Centre
IHMS	International Health and Medical Services
IMA	Illegal Maritime Arrivals
NSAID	Non-steroidal anti-inflammatory drug
K-10	Kessler Psychological Distress Scale
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
NOCC	National Outcomes and Case mix Collection
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Un-Accompanied Minor

2. Detainee Cohort Summary

An overview of the number of people in immigration detention facilities can be found using the below Department of Immigration and Border Protection (DIBP) website link:

http://www.immi.gov.au/About/Pages/detention/about-immigrationdetention.aspx?tab=3&heading=immigration-detention-and-community-statistics

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protection to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-10 years
Female 5-10 years
Male 11-14 years
Female 11-14 years
Male 15-17 years
Female 15-17 years
Male 18-45 years
Female 18-45 years
Male 46-65 years
Female 46-65 years
Male 66 years and above
Female 66 years and above

Length of stay data can also be found using the above DIBP website link.

Primary Health

3. Primary Health

3.1. Introduction

Primary Health Care is the provision of medical services by the medical professional with whom the patient has initial contact (DOHA, 2005). It is often referred to as the first line and the most important component of a health care system serving as the gateway to secondary and tertiary health care. Community general practice clinics are widely accepted as the cornerstone of Primary Health Care in a system comprising of community nurses, community allied health professionals and community dental practitioners. International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

IHMS has been contracted by the Department of Immigration to provide the primary health care service within the Australian detention network. The foundations of this health service are the 10 onsite integrated multidisciplinary IHMS medical facilities located in each of the detention centres on mainland Australia and Christmas Island. The care is provided by an experienced team of primary health care professionals including IHMS General Practitioners (GPs), Registered Nurses (RNs) and Dental practitioners with support from a comprehensive network of allied health professionals. In response to the well recognised mental health burden in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network. This is reflected by the fact that mental health clinicians make up approximately one third of the total clinicians employed by IHMS. There may be some changes in service configuration over the next year, and it will be important to monitor the impact of that on reported outcomes.

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS particularly from late 2013 as the average length of stay has increased.

3.2. Consultations

Primary Health Care - Consultations			
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014			
IHMS Primary Health Care	**Total number of unique consults**	**Total number of unique persons seen by a clinician**	**% of total IDF population during Q4 2014**
GP	9,427	2,773	58.2%
Paramedic	289	103	2.2%
Primary Health Nurse	55,196	3,912	82.0%
Mental Health Nurse	13,502	2,632	55.2%
Psychologist	3,729	1,106	23.2%
Counsellor	8,130	1,391	29.2%
Psychiatrist	1,306	771	16.2%
Physiotherapist	290	103	2.2%
Total	**91,869**	**12,791**	

'Total number of unique consults': If a detainee presents to the clinic on different occasions (date and time) consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to a clinic once with multiple health issues, consultation will only be counted once.

The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.

The data from this table indicates that there was a high utilization of clinical services by the detainee population in this quarter which is consistent with previous quarters. 58% of the population had at least one consultation with a GP while 82% of the population had at least one consultation with a primary care nurse. The accessibility of the health service to the detainee population is largely due to the simple appointment process. Requests to see a health clinician is reviewed by an IHMS Primary Care nurse who triages the request based on the clinical information and the detainee is then provided with an appointment with a primary care nurse or GP not later than 72 hours from receipt of the request.

The high utilization of GP and nurse consults does not necessarily reflect the health of the population. Many of the contacts are for routine screening assessments and routine dispensing of medications. The Primary Health Nurse consults include a wide variety of clinical activities. These include:

- Health induction assessments
- Patient consultation
- Administration of medications
- Pathology collection
- Regular physical and mental health follow-up consults
- Triage and referrals to internal and external health care providers
- Documentation in EMR as per IHMS Practice Guidelines

The table above also shows that Primary Health Nurse consultations made up over 60% of all clinical consults in this quarter which is reflective of IHMS's nurse led model of care. This is followed by mental health nurse consults which made up 15% of all consultations and GP consultations which came in at 10% of all clinical consultations in this quarter.

Primary Health Care Consultations – Unique Persons				
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014				
IHMS Primary Health Care	**Adult**	**Adult %**	**Minor**	**Minor %**
GP	2,374	57.3%	399	64.1%
Paramedic	68	1.6%	35	5.6%
Primary Health Nurse	3,339	80.5%	573	92.1%
Mental Health Nurse	2,270	54.8%	362	58.2%
Psychologist	980	23.6%	126	20.3%
Counsellor	1,265	30.5%	126	20.3%
Psychiatrist	681	16.4%	90	14.5%
Physiotherapist	98	2.4%	5	0.8%

80.5% of the adult population and 92.1% of the paediatric population in the detention network had a Primary Health Nurse Consultation recorded in the last quarter. These high rates are reflective of the intensive primary health screening and vaccination activities that IHMS continued to conduct in this quarter as part of its primary health care service in the detention setting. This is also reflected in the GP figures with 57.3% of adults and 64.1% of minors having had a GP consult in this quarter.

3.3. Pathology referrals

Pathology Referrals		
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014		
Pathology Type	**No. of Referrals**	**No. of Unique Persons referred**
Full Blood Count (FBC)	1,084	603
Liver Function Test (LFT)	919	531
Urea Electrolytes (UE)	670	402
Glucose Tolerance Test (GTT)	73	41
HbA1C	139	84
Creatinine	46	27
Fasting Triglycerides	241	160
HIV (BBv)	274	186
Hep B	317	216
Hep C	306	208
VDRL (Syphilis)	240	169
Total number of unique persons that had a Pathology Referral	**1,230**	**26%**

Full Blood Count (FBC) is the number one ordered pathology test by IHMS GPs in this quarter which is a similar result to Q3. This is consistent with the referral patterns of Australian community GPs (BEACH Date, 2013) where FBC is the number one test ordered by GPs in the Australian community.

Communicable diseases screening is a routine part of the Health Induction Assessment for all new arrivals into the detention network including all minors and this is reflected in the large number of referrals for these related tests in the table above. (HIV, Hep B, Hep C, Syphilis)

Positive cases of HIV, Hep B and C are referred to the appropriate local public hospital specialists for management with IHMS providing ongoing onsite primary care support.

3.4. Allied Health Appointments

Allied Health Appointments		
Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2014		
Allied Health Appointment Type	No. Appointments	No. unique persons (based on all designations)
Dental	764	364
Physiotherapy	1,283	234
Torture and Trauma Counselling	1,265	286
Optometry	215	184
Other	470	181
TOTAL	3,997	
Total number of unique persons to have an Allied Health Appointment	927	

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

In Q4, dental remained the most referred to allied health specialty, which is a similar result to previous quarters in the detention network.

Yongah Hill, Wickham Point and Christmas Island IHMS clinics continue to operate onsite dental facilities which are serviced by visiting network dentists which allows for dental treatment to be provided conveniently and efficiently onsite. Other IHMS facilities refer to local dentists including private clinics and public dental hospitals. The detainees receive free dental treatments and procedures which are deemed clinically appropriate according to DIBP policy and wait times for dentistry in the IHMS service are in line with what would be expected in the Australian community.

3.5. Radiology referrals

Radiology referrals - excluding HIA Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage	
CT Scan	74	6.5%	51	8.4%	1. Spine - Lumbar 2. Abdomen 3. Pelvis 4. Chest 5. Renal
MRI	43	3.8%	35	5.7%	1. Periphery 2. Head 3. Abdomen
Ultrasound	429	37.5%	270	44.2%	1. Abdomen 2. Pelvis (F) 3. Other 4. Obstetric 5. Renal
Nuclear medicine	5	0.4%	4	0.7%	1. Thyroid 2. Cardiac perfusion 3. GI Tract
Mammography	4	0.4%	3	0.5%	1. Bilateral +/- Ultrasound
X-Ray	588	51.4%	377	61.7%	1. Chest 2. Spine - Lumbo-sacral 3. Abdomen 4. Knee (R) 5. Knee (L)
Total	1143	100%			
Total number of unique persons to have a Radiology test	611	As % of total IDF population during quarter	13%		

**Includes multiple SNOMED groupings.*

***Chest X-rays were excluded if they were conducted within 72hrs of the admission date.*

As in primary healthcare in the Australian community, chest x-ray remains the number one most referred imaging modality in the detention network. This is also consistent with referral patterns in previous quarters. IHMS utilises local public and private offsite imaging network providers for all imaging referrals for the detention population.

3.6. Specialist referrals

Specialist referrals				
Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2014				
Specialist Referrals	No. Referrals	GP Referral	Clinical Designations other than GP	No. unique persons (based on all designations)
Gynaecology and Obstetrics	73	71	2	58
Orthopaedics	53	49	4	47
Gastroenterology	39	39	0	37
General Surgery	36	31	5	31
Emergency Department	31	27	4	26
Ophthalmology	26	24	2	26
Otorhinolaryngology	29	27	2	24
Paediatrics	26	24	2	24
Urology	21	17	4	19
Audiology	13	11	2	11
Cardiology	12	12	0	11
Infectious Diseases	11	11	0	11
Neurology	12	10	2	10
Allergy and Immunology	9	5	4	8
Endocrinology	9	8	1	8
Neurosurgery	10	9	1	7
Internal Medicine	8	8	0	6
Plastic, Reconstruction and Aesthetic Surgery	8	6	2	6
Pneumology	5	5	0	5
Psychiatry	5	5	0	5
Demato-Venereology	4	4	0	4
Physical and Rehabilitation Medicine	3	3	0	3
Public Health	3	3	0	3
Oral and Maxillofacial Surgery	2	2	0	2
Vascular Surgery	3	2	1	2
Child and Adolescent Psychiatry and Psychotherapy	1	1	0	1
Emergency Medicine	1	1	0	1
Health Informatics	1	1	0	1

Specialist referrals				
Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2014				
Specialist Referrals	No. Referrals	GP Referral	Clinical Designations other than GP	No. unique persons (based on all designations)
Nephrology	1	1	0	1
Occupational Medicine	1	1	0	1
Paediatric Endocrinology and Diabetes	1	1	0	1
Paediatric Haematology and Oncology	1	1	0	1
Paediatric Surgery	1	1	0	1
TOTAL	459	421	38	
Total number of unique persons to have a Specialist referral	286	% of total IDF population during Q4	6.0%	

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Compared to Q3, there have been a total of 459 referrals to specialists this quarter which is a 22% decrease. This drop can be attributed to the overall decrease in the detention population in the last 3 months.

Obstetrics/Gynaecology and Orthopaedics remained the top 2 most referred specialties which is similar to previous quarters. IHMS continued to provide onsite trained and accredited midwives at locations where pregnant women are located to provide both antenatal and postnatal care to this cohort in conjunction and collaboration with local hospital obstetrics services.

In an effort to provide detainees with healthcare commensurate to the Australian population, IHMS refers detainees requiring specialist care to local public hospitals. In regards to Christmas Island detainees, IHMS refers to Australian mainland public hospitals and detainees are placed on public hospital waiting lists and are transferred to the mainland hospital for treatment. In some specialties, IHMS specialists visit Christmas Island to enable care to be provided onsite. IHMS also continued to effectively utilise telehealth in this remote environment with consults conducted in the specialties of dermatology, gastroenterology, orthopaedics, urology, plastics, cardiology, rheumatology, infectious diseases and neurosurgery.

As there will be no minors and females in detention on Christmas Island coming into the first quarter of 2015, IHMS will review its service on the island in regards to visiting paediatricians and obstetricians and onsite paediatric nurses and midwives.

3.7. Hospital admissions

Hospital Admissions		
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014		
IDF Location	Total	*No. of individuals hospitalised
Christmas Island	27	20
NSW	40	30
NT	93	83
QLD	23	14
SA	22	17
VIC	52	43
WA	12	12
Total	269	
Total number of unique persons that were hospitalised	210	4.4%

**An individual may be double counted if they attended hospital in different locations.*

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The NT remains the number one region for hospital admissions which is consistent with previous quarters. This can be attributed to the fact that a large percentage of medical transfers from offshore locations, CI, Nauru and Manus are transferred to Darwin for specialist medical care. Wickham Point and Bladin detention facilities in Darwin also have the largest population of pregnant women in the detention network which contributes to the number of hospital admissions in the NT.

IHMS Darwin and DIBP continued to work closely with key stakeholders at the Royal Darwin Hospital in the provision of care for detainees in this region.

3.8. GP/Psychiatrist diagnoses by Health Groupings

GP/Psychiatrist diagnoses							
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014							
Health Groupings Q4 - 2014	Number of Unique Diagnoses	Number of Unique Persons	*% of total IDF population	Adult	Adult %	Minor	Minor %
Psychological	3,105	1,019	21.4%	929	22.4%	90	14.5%
General Unspecified	3,036	1,540	32.3%	1,326	32.0%	214	34.4%
Digestive	1,702	897	18.8%	792	19.1%	105	16.9%
Musculoskeletal	1,546	752	15.8%	722	17.4%	30	4.8%
Skin	1,104	638	13.4%	528	12.7%	110	17.7%
Social	942	657	13.8%	583	14.1%	74	11.9%
Endocrine / Metabolic & Nutritional	754	503	10.5%	393	9.5%	110	17.7%
Respiratory	667	443	9.3%	315	7.6%	128	20.6%
Neurological	447	332	7.0%	316	7.6%	16	2.6%
Urological	439	300	6.3%	227	5.5%	73	11.7%
Genital	431	269	5.6%	254	6.1%	15	2.4%
Eye	329	214	4.5%	184	4.4%	30	4.8%
Injury	316	203	4.3%	184	4.4%	19	3.1%
Cardiovascular	283	203	4.3%	194	4.7%	9	1.4%
Pregnancy / Childbearing / Family Planning	278	150	3.1%	149	3.6%	1	0.2%
Ear	269	158	3.3%	121	2.9%	37	5.9%
Blood / Blood forming organs	149	128	2.7%	91	2.2%	37	5.9%

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The above table indicates GP and Psychiatrist diagnoses only. One detainee may present for the same condition repeatedly over the quarter or be captured across multiple medical problems.

In adults, apart from the 'General Unspecified' group, the top three diagnoses were psychological, musculoskeletal and digestive. This is a similar pattern to the previous quarter in the detention network and this pattern is also broadly comparable to the Australian community according to BEACH data 2013.

In minors, apart from the 'General Unspecified' group, the top three diagnoses were endocrine/metabolic/nutritional, skin and respiratory. This pattern was also similar to the findings in the previous quarter and according to Australian figures from the recent dataset (2012), the levels of skin and respiratory diagnoses in the Australian GP setting in minors is broadly comparable to the rates of these diagnoses in the detention population.

Paediatrics remains a key focus for IHMS with the provision of onsite Midwives, Paediatric and child health Nurses in centres where children are located. All children undergo routine developmental child health checks as per the recognised guidelines in the respective states which they are located. These checks are conducted either by IHMS onsite child health nurses/GPs, or by community child health nurses from local councils. IHMS MITA have formed a great working relationship with the Hume City Council who provide a visiting child health nurse to the centre to conduct these important routine child health checks.

All children in detention have also undergone pathology screening and received prophylaxis worming treatment as per recommended screening guidelines for refugee populations.

3.9. Primary Health Care Chronic diseases

Primary Health Care - Chronic Diseases					
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Arthritis	51	1.2%	0	0.0%	51
Asthma	33	0.8%	11	1.8%	44
Cancer	3	0.1%	0	0.0%	3
Cardiovascular	99	2.4%	5	0.8%	104
Chronic kidney disease	1	0.1%	0	0.0%	1
Depression	261	6.3%	21	3.4%	282
Diabetes	57	1.4%	0	0.0%	57
Oral disease	58	1.4%	7	1.1%	65

According to the data above, depression and cardiovascular disease are the two most common chronic diseases in the adult detention population this quarter. This is a similar result to Q2 and Q3. It is also consistent with the chronic disease patterns in the Australian community (AIHW 2008) with depression and cardiovascular disease also being among the leading chronic diseases in the general Australian population. With the continuing increase of average length of stay of the detention population, depression remained one of the management challenges for the multidisciplinary IHMS mental health service which involves the joint efforts of IHMS GPs, psychiatrists, psychologists, counsellors and mental health nurses.

In the minors population this quarter, Depression and Asthma were the top two chronic diseases recorded. This result is also consistent with what was reported in previous quarters in the detention population.

IHMS continued to provide specialized mental health services to this population as a priority with child and adolescent psychiatrists and psychologists leading the care for this population.

The development of the Asthma Management care plan in Apollo has also been an important component of governing the care of Asthma in this population.

Chronic Diseases by age grouping - Minors (0 - 17 years of age)								
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014								
Chronic Disease	0 - 4 years	Age group by %	5-10 years	Age group by %	11-14 years	Age group by %	15 - 17 years	Age group by %
Arthritis	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asthma	4	1.5%	2	1.0%	1	1.4%	4	4.5%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	2	0.8%	1	0.5%	1	1.4%	1	1.1%
Chronic kidney disease	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Depression	0	0.0%	10	5.1%	5	6.8%	6	6.8%
Diabetes	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Oral disease	1	0.4%	6	3.1%	0	0.0%	0	0.0%

Chronic Diseases by age grouping Adults (18 - 66+ years of age)						
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014						
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	32	0.9%	18	4.1%	1	7.1%
Asthma	28	0.8%	5	1.1%	0	0.0%
Cancer	2	0.1%	0	0.0%	1	7.1%
Cardiovascular	60	1.6%	33	7.6%	6	42.9%
Chronic kidney disease	1	0.1%	0	0.0%	0	0.0%
Depression	244	6.6%	17	3.9%	0	0.0%
Diabetes	37	1.0%	18	4.1%	2	14.3%
Oral disease	50	1.4%	8	1.8%	0	0.0%

Primary Health Care - Chronic Diseases by gender				
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014				
Chronic Disease ***(Categories taken from the Australian institute of Health and Welfare)***	**Female**	**% (Female)**	**Male**	**% (Male)**
Arthritis	7	0.6%	44	1.2%
Asthma	11	0.9%	33	0.9%
Cancer	1	0.1%	2	0.1%
Cardiovascular	23	2.0%	81	2.2%
Chronic kidney disease	0	0.0%	1	0.1%
Depression	98	8.4%	184	5.1%
Diabetes	17	1.5%	40	1.1%
Oral disease	11	0.9%	54	1.5%

Medications and immunisations

4. Medications

4.1. Medication usage in IDFs (Top 20)

Medication Trends						
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014						
Medications	Total	Total %	Adult	Adult %	Minor	Minor %
Simple analgesics and antipyretics	1754	36.8%	1492	36.0%	262	42.1%
Nonsteroidal anti-inflammatory agents	1176	24.7%	1075	25.9%	101	16.2%
Combination simple analgesics	740	15.5%	728	17.6%	12	1.9%
Antihistamines	441	9.2%	410	9.9%	31	5.0%
Hyperacidity, reflux and ulcers	549	11.5%	533	12.9%	16	2.6%
Penicillins	353	7.4%	286	6.9%	67	10.8%
Antidepressants	334	7.0%	320	7.7%	14	2.3%
Laxatives	289	6.1%	269	6.5%	20	3.2%
Expectorants, antitussives, mucolytics, decongestants	233	4.9%	227	5.5%	6	1.0%
Narcotic analgesics	225	4.7%	222	5.4%	3	0.5%
Fat soluble vitamins	186	3.9%	122	2.9%	64	10.3%
Topical corticosteroids	162	3.4%	132	3.2%	30	4.8%
Topical oropharyngeal medication	147	3.1%	124	3.0%	23	3.7%
Antipsychotic agents	141	3.0%	138	3.3%	3	0.5%
Antiemetics, antinauseants	128	2.7%	127	3.1%	1	0.2%
Sedatives, hypnotics	123	2.6%	120	2.9%	3	0.5%
Iron	116	2.4%	74	1.8%	42	6.8%
Agents used in drug dependence	115	2.4%	115	2.8%	0	0.0%
Rubefacients, topical analgesics/NSAIDs	111	2.3%	108	2.6%	3	0.5%
Topical nasopharyngeal medication	111	2.3%	89	2.1%	22	3.5%

***The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Analgesia (including simple analgesia, non-steroidal anti-inflammatory and combination simple analgesia), hyperacidity and antihistamine medications are the top three prescribed medications in the detention network this quarter. This is the same result that was recorded in previous quarters regarding the prescribing patterns in the detention network.

42% of minors in the detention population had received a simple analgesic and/or antipyretic such as Paracetamol in this quarter. This number has decreased since Q3. In the Australian community, the main analgesic medications used in children are Paracetamol and Ibuprofen, and in general these drugs are safe and effective when used at their recommended dose. (Australian Prescriber, 2013)

Paracetamol and Ibuprofen are commonly utilised as first line treatment in the relief of cold and flu symptoms, musculoskeletal pain and simple headaches. Detainees are able to access these medications after consultation with an IHMS nurse or an IHMS GP.

4.2. Medication usage by schedule

Medication prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	658	2	2,013
S3	483	1	101
S4	3,300	418	1,416
S8	38	3	7
Unscheduled	1,711	6	507
Grand Total	**6,190**	**430**	**4,044**

Department of Health - Scheduling – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

Source: *Scheduling Basics; http://www.tga.gov.au/industry/scheduling-basics.htm#.U87jAI2KDct*

4.3. Medication trends

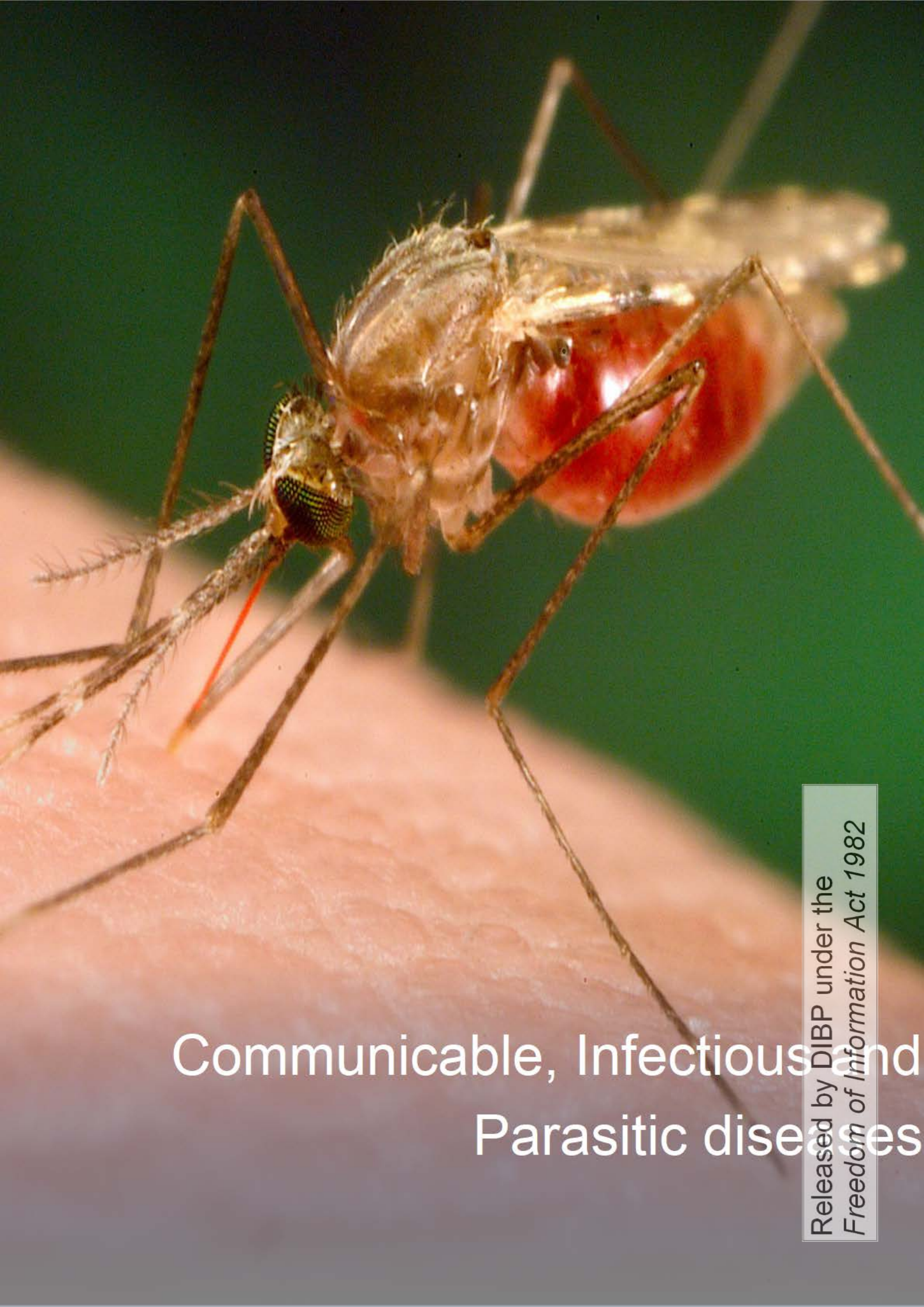
Medication Trends		
Mainland and Christmas Island (IDFs only)		
% of total population during Q3/Q4 respectively		
Medications	Jul – Sep 2014	Oct – Dec 2014
Simple analgesics and antipyretics	45.3%	36.8%
Nonsteroidal anti-inflammatory agents	29.8%	24.7%
Combination simple analgesics	19.7%	15.5%
Antihistamines	11.3%	9.2%
Hyperacidity, reflux and ulcers	12.7%	11.5%
Penicillins	10.8%	7.4%
Antidepressants	10.3%	7.0%
Laxatives	7.2%	6.1%
Expectorants, antitussives, mucolytics, decongestants	6.1%	4.9%
Narcotic analgesics	5.1%	4.7%
Fat soluble vitamins	5.2%	3.9%
Topical corticosteroids	3.6%	3.4%
Topical oropharyngeal medication	3.9%	3.1%
Antipsychotic agents	3.2%	3.0%
Antiemetics, antinauseants	2.6%	2.7%
Sedatives, hypnotics	3.4%	2.6%
Iron	1.6%	2.4%
Agents used in drug dependence	2.3%	2.4%
Rubefacients, topical analgesics/NSAIDs	2.5%	2.3%
Topical nasopharyngeal medication	3.6%	2.3%

5. Vaccinations administered by age group (Mainland and Christmas Island)

Vaccinations Administered								
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014								
Vaccination	*0-4 years*	*5-10 years*	*11-14 years*	*15-17 years*	*18-45 years*	*46-65 years*	*66+ years*	*Total Vaccinations Administered*
VZV	1	0	0	2	138	8	0	149
MMR	25	1	0	1	105	6	0	138
MMR V	2	0	0	2	3	0	0	7
Hep A	26	23	7	5	209	8	0	278
Hep B	3	2	7	9	327	22	1	371
MenCCV	21	0	0	3	193	8	0	225
Typh IM	0	0	0	0	13	0	0	13
dT	0	0	1	2	70	9	0	82
HPV	0	1	18	49	30	0	0	98
DTPa (up to 10 years)	125	20	0	0	27	4	1	177
Rotavirus	46	0	0	0	0	0	0	46
IPV	2	3	3	5	202	13	0	228
PCV	68	1	0	0	0	0	0	69
dTpa (11 years and over)	1	0	3	6	166	8	0	184
Jap E	0	0	0	0	34	0	0	34
Hib	4	0	0	0	1	0	0	5
23 PPV	0	0	0	0	2	1	1	4
Total	324	51	39	84	1,520	87	3	2,108

The table indicates that the total number of vaccinations administered this quarter has decreased when compared to the last quarter. This is to be expected as the vaccination schedule is less intensive the further along that detainees move into their course of vaccinations and there also has been a decrease in total population in detention.

The IHMS universal immunisation program is aligned with the Australian Immunisation schedule with a few additions to cater for the unique backgrounds and circumstances of this population. HPV has now been recommended for females up to the age of 26 in the detention population which has been implemented as an addition. The IHMS immunisation program is led by fully qualified immunisation nurses who hold the necessary state based qualifications to work in this field.



Communicable, Infectious and Parasitic diseases

6. Communicable Diseases

6.1. Communicable, infectious and parasitic diseases (Mainland and Christmas Island)

	New Diagnoses Q4 (Oct-Dec 2014)				New Diagnoses (Jul-Dec 2014)		
Contagious (human to human, including sexually transmitted infections)	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**% of IDF population during quarter**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**
Chickenpox	0	1	1	0.02%	0	1	1
Chlamydia	2	2	4	0.08%	5	2	7
Gonorrhoea	1	0	1	0.02%	1	0	1
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B (incl active and carrier states)	6	14	20	0.42%	15	23	38
Hepatitis C	4	3	7	0.15%	5	8	13
HIV	0	0	0	0.00%	0	1	1
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0
Syphilis	0	8	8	0.17%	0	10	10
Tuberculosis - Active	2	0	2	0.04%	3	0	3
Typhoid	0	0	0	0.00%	0	0	0
Total	**15**	**28**	**43**	**0.90%**	**29**	**45**	**74**
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0.00%	0	0	0
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	11	0	11	0.23%	21	0	21
Strongyloidiasis	1	0	1	0.02%	7	0	7
Total	**12**	**0**	12	**0.25%**	**28**	**0**	**28**
Grand Total	**27**	**28**	**55**	**1.15%**	**57**	**45**	**102**

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

As per the previous quarter Hepatitis B was the number one diagnosed communicable disease in the detention population. These cases were picked up due to IHMSs routine Health Induction screening for new arrivals (only compliance cases this quarter) which include a suite of pathology tests for a number of infectious diseases. Hepatitis B is endemic in countries of origin of many detainees so it is not unexpected that a percentage will test positive to Hepatitis B. IHMS manages this cohort in consultation with infectious diseases unit across the network and all notifiable diseases such as Hepatitis B are reported to the relevant state health authorities as required by legislation. IHMS robust screening of infectious disease in all new arrivals into the Australian detention network is the cornerstone of preventing potential infectious diseases outbreak in the detention network and also the general Australian population.

As a result of the universal screening in minors program that was implemented in the last quarter, a number of children with schistomiasis have been diagnosed who would be otherwise undiagnosed if a universal screening program was not in place. Fortunately these schistosomiasis cases have been picked up during this exercise and subsequently treated and cured.

TB diagnosis and management also remained a focus for the IHMS health service as it is a disease recognised to have significant public health risks. There are currently 7 detainees in the onshore detention network who have confirmed active TB or are currently being investigated for active TB. IHMS works closely with state TB units in the diagnosis and management of these cases. In WA, IHMS has worked closely with the Perth TB unit and have established telehealth services at Yongah Hill's local hospital to be able to conduct consults there with Perth TB specialists via telehealth rather than transporting detainees the 2 hour journey to Perth. This system has obviously saved time, money and resources and has enabled the Yongah Hill remote site to have ready access to specialist TB consults.

Disabilities

7. Disabilities

7.1. Disabilities (Mainland and Christmas Island)

Disabilities are initially screened for in the health induction assessment of each new arrival into the detention network Detainees with disabilities are referred to specialist services as clinically indicated by the IHMS GPs. This includes a network of public and private providers including paediatricians, orthopaedic surgeons, physicians, psychologists, allied health and specialised disability services. Hearing, visual aids and prostheses are also available as required through IHMS network of providers.

No. of people in IDFs (IMAs and Non-IMAs) as at 31 Dec 2014					
Types of Disability	**IDCs**	**IRH/APODs**	**ITAs**	**Adult**	**Minor**
Amputation	0	8	1	9	0
Cognitive	0	2	0	2	0
Developmental	7	14	1	11	11
Functional impairment	15	31	5	44	7
Hearing impairment	11	26	2	30	9
Visual Impairment	19	31	3	50	3
Other (Epilepsy, Lupus)	17	15	6	32	6
Total	**69**	**127**	**18**	**178**	**36**
Unique Detainees with a disability	**66**	**112**	**16**	**163**	**31**

The total number of people with disabilities this quarter has decreased since Q3 which is reflective of the decrease in population. Visual, functional and hearing impairment remain the top 3 disabilities recorded in the detention population.

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
31 Dec 2014 - Q4	194	7.2%
30 Sep 2014 - Q3	*268	*7.8%

**Version 1 of the Immigration Detention Health Report Quarter 3 – 2014 provided this figure as 291.This included multiple categories of disabilities for the same detainee in some cases .Version 2 of the Immigration Detention Health Report Quarter 3 – 2014 has amended this figure to 268 which is the number of unique detainees with a disability as at 30 Sept 2014.*

Detainees will only be counted once under any particular Disability Category and IHMS notes that the Disability Category totals may exceed the total number of unique detainees with a disability due to some detainees falling within more than one disability category.

Mental Health

8. Mental Health

Mental Health is defined as 'a state of emotional and social wellbeing in which the individual can cope with the normal stress of life and reach his or her potential' (AHM 2003). Mental health problems refer to 'disturbances of mood or thought that can affect behaviour and distress the person or those around them, so that the person has trouble functioning normally' (AIHW 2012).

Obtaining valid and reliable information on mental health issues in an immigration detention can be challenging. Although mental health screening is performed regularly, attendance at screening is voluntary meaning that caution should be used in drawing conclusions from some data presented. Numbers of people in detention also vary, meaning that it would be more useful to look at percentages rather than absolute data. In addition, variables such as the mental illness itself, cultural manifestations of illness, and issues related to the application and interpretation of mental health screening, assessment and diagnostic tools may affect some results.

During this reporting period we noted the beginning of a change in demographic for detainees, with an anecdotal increase in numbers of Detainees with negative immigration outcomes. There also appears to be a small but increasing cohort with severe and persistent mental illness, which may be a result of selection bias. Data on diagnostic groupings may assist in exploring this further.

Towards the end of this reporting period we also saw the planned release of a large cohort of children and their families from held detention. It will be interesting to compare this quarter's figures with figures from the next quarter around this.

Mental Health Service Delivery

The entire detainee population undergo initial and follow-up mental health screening. For those with specific identified clinical needs each site has access to Mental Health Nurses, Psychologists, Counsellors and Psychiatrists as well as referral to Specialist services and, if necessary, externally for inpatient admission when required. A number of different types of therapy are available with some variability between sites including but not limited to art therapy, mindfulness, couple therapy and play therapy. The model for mental health, as well as individual therapy and counselling encompasses a range of group programs and assertive outreach.

8.1. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to DIBP policy. Screening for mental health issues provides a means of identification of any detainee mental health related concerns enabling appropriate support and interventions and a way of tracking the mental health of detainees over time. Mental health screening is performed by IHMS specialist mental health clinicians and is composed of a detailed and structured clinical assessment combined with mental health measures that are similar to Australian National Mental Health Standards.

8.2. Mental health related diagnoses

The following chart indicates the number of diagnoses relating to mental health 'problems' for Q4 Oct – Dec 2014 The total figure for unique diagnoses differs from consultations in Table 3.2 as data is extracted using different methodologies; data in the table above is extracted using SNOMED codes and data for GP consultations is extracted from consultations within the clinical information system.

Unique diagnoses related to mental health			
Mainland and Christmas Island (IDFs only) Q4 – Oct - Dec 2014			
Age band (years)	No. unique GP diagnoses	No. related to mental health	% related to mental health
0-4	863	57	6.6%
5-10	483	127	26.3%
11-14	215	55	25.6%
15-17	276	65	23.6%
18-45	12,331	2,535	20.6%
46-65	1,572	263	16.7%
66 +	57	3	5.3%
Total	15,797	3,105	19.7%
		Minors %	16.5%
		Adults %	20.1%

In Q4 an average of 19.7% of diagnoses were mental health related. This appears to be a progressive increase over time, in comparison with a total of 9.5% in Q2 Apr-Jun 2014, and 18.9% in Q3. The overall number of diagnoses has dropped over this time.

This increase may reflect improved data collection, or an increase in Mental Health needs over time in detention. This data can be compared with RACGP estimates of between 12.5 – 13% diagnoses for Mental Health related issues in the general population, and the WHO projections of Mental Disorders in adult populations affected by Emergencies, of severe mental disorders at 2-3% 12 month prevalence before a

emergency rising to 3-4% 12 month prevalence after an emergency, and mild or moderate mental disorder at 10% before an emergency rising to 15-20% 12-month prevalence after an emergency (re UNHCR 2013)

There has been a more marked increase in percentage of diagnoses for minors over the year, from 5.8% in Q2 (with consideration given to likelihood off data collection being poorer in Q2) to 12.5% in Q3, and 16.5% in Q4. Figures are particularly high for those over the age of 5, with between 23 – 26% of diagnoses falling within the 5 – 17 year old age group.

8.3. Psychiatric admissions to hospital

Psychiatric admissions to hospital Q4 (Oct – Dec 14)			
State/Territory	**Total**	**Adult**	**Minor**
NSW	3	3	0
NT	3	3	0
QLD	2	1	1
SA	1	1	0
VIC	4	4	0
TAS	N/A	N/A	N/A
WA (incl. Christmas Island)	0	0	0
Total	**13**	**12**	**1**

Psychiatric hospital admissions to hospitals are taken from the incident reporting system used by IHMS to document admissions to hospital. The table above breaks down each admission by state or territory.

There was one admission for a minor this quarter, and 12 admissions for adults.

Psychiatric admissions to hospital		
State/Territory	**Jul - Sept 2014**	**Oct - Dec 2014**
NSW	1	3
NT	12	3
QLD	14	2
SA	0	1
VIC	3	4
TAS	N/A	N/A
WA (incl. Christmas Island)	4	0
Total	**34**	**13**

A total of 13 Detainees were admitted to hospital for Psychiatric reasons this quarter, which is a significant reduction from Q3 July-Sept. However Q3 figures appear to reflect a spike in admissions, with this quarter figures being roughly comparable with numbers of admissions averaged over the year. Given that the overall numbers in detention have reduced by over 20% this quarter.

Changes in numbers of people admitted to hospital could be affected by a number of variables including numbers with serious mental illness, quality of onsite mental health care, or threshold for admission.

8.4. Kessler Psychological Distress Scale (K-10) Q4 - 2014

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS onshore immigration detention data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

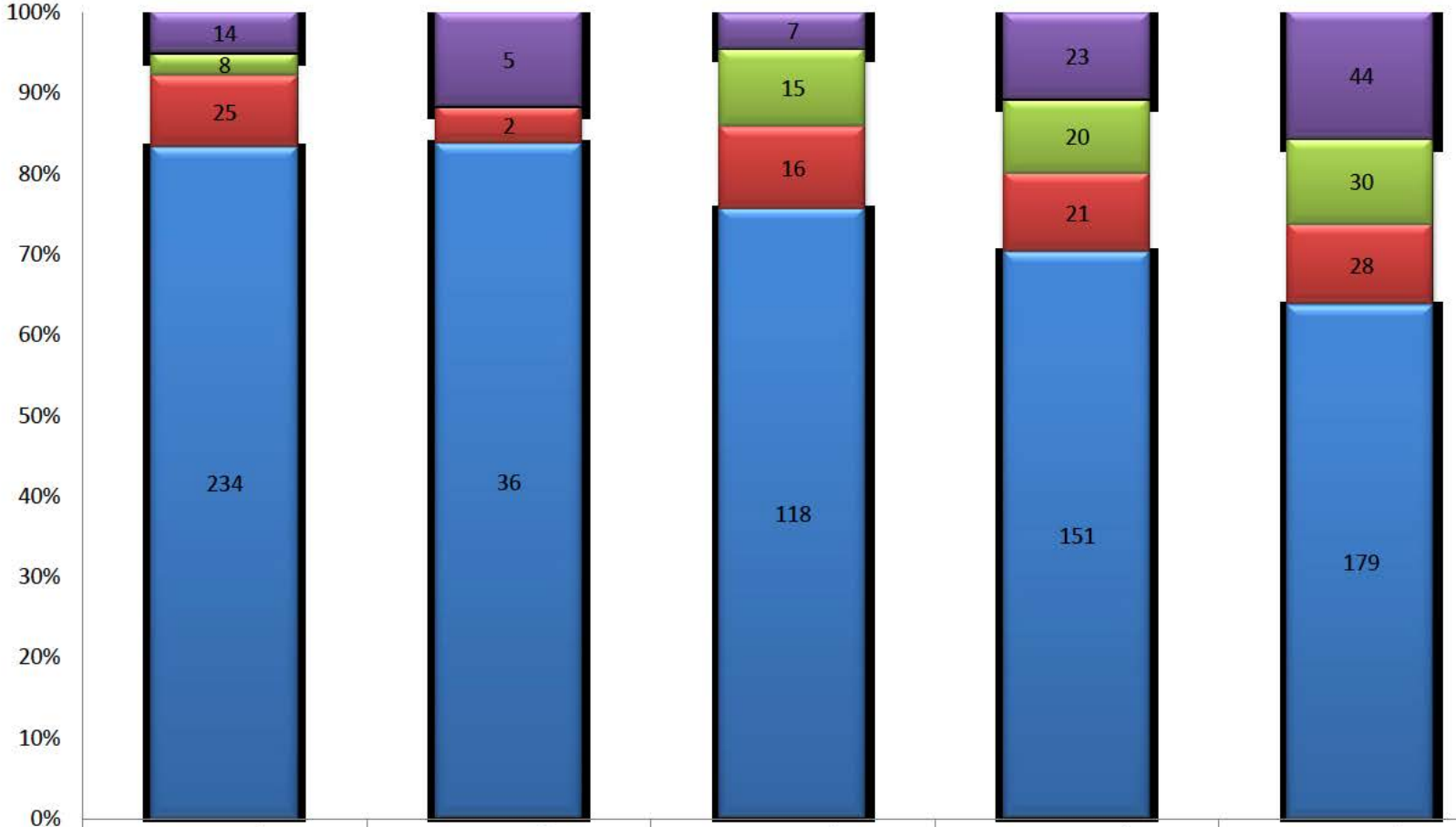
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

8.5. Kessler Psychological Mainland and Christmas Island Q4 – 2014

Months in Detention	Total Screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	281	14.73	234	83.3%	25	8.9%	8	2.8%	14	5.0%
4-6 months	43	16.16	36	83.7%	2	4.7%	0	0.0%	5	11.6%
7-12 months	156	15.94	118	75.6%	16	10.3%	15	9.6%	7	4.5%
13-18 months	215	17.59	151	70.2%	21	9.8%	20	9.3%	23	10.7%
19+ months	281	19.30	179	63.7%	28	10.0%	30	10.7%	44	15.7%
Total	**976**	**16.93**	**718**	**73.6%**	**92**	**9.4%**	**73**	**7.5%**	**93**	**9.5%**
Adult Community Mental Health clients 2011-2012	**16,693**	**19.4**	**9,605**	**57.5%**	**2,889**	**17.3%**	**1,957**	**11.7%**	**2,242**	**13.4%**

K10 scores in this Quarter are roughly comparable with previous quarters, with similar trends to previous quarters, showing a relative rise in numbers with severe scores with time in detention over 19 months. This trend is less marked in Q4 than it was in Q3. However caution should be used draw conclusions from this data given that those who complete the K10 are only a percentage of total detainees, and those with severe scores are probably more likely to decline the self-assessment. There are probably also a number of selection biases relating to mental illness in which detainees remain in detention over time. Data interpretation could be assisted by a comparison of percentage of detainees actually doing a K10 assessment, versus time in detention.

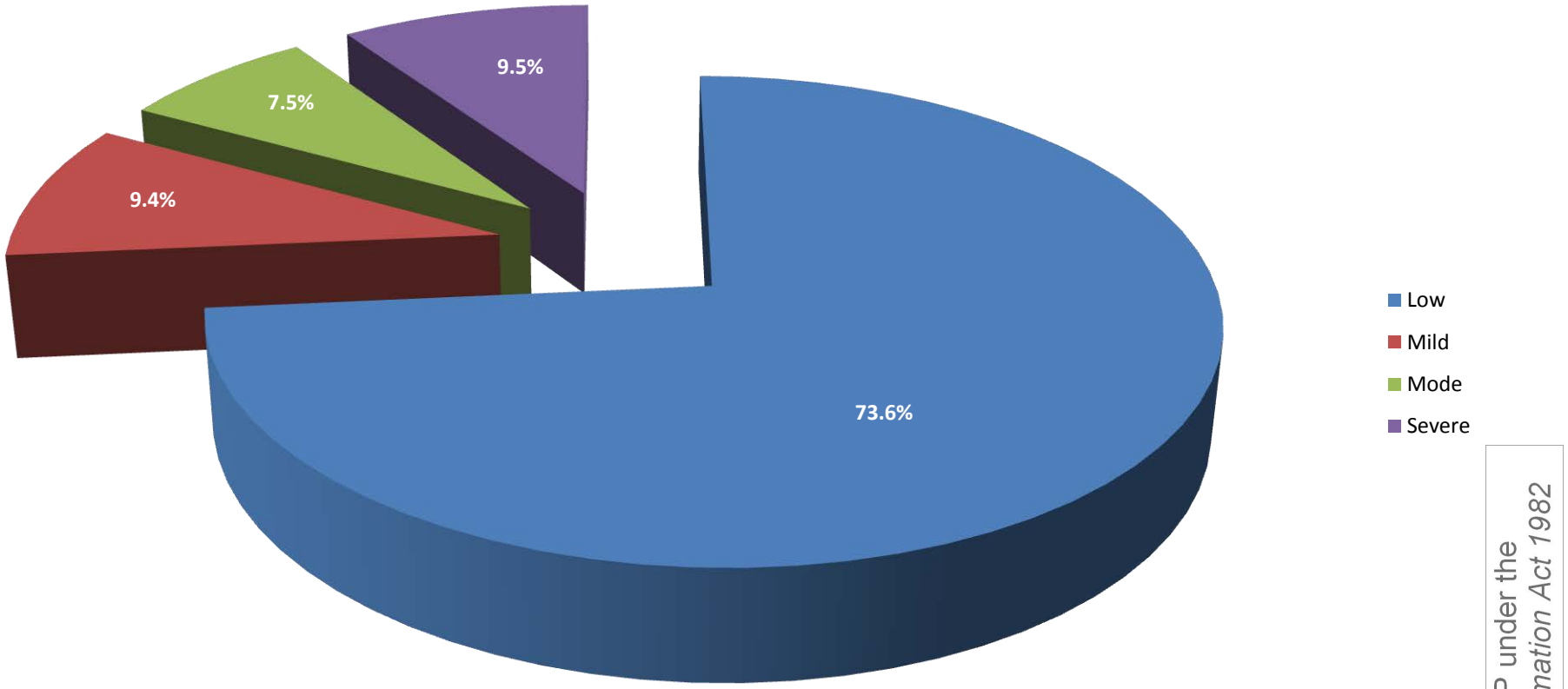
Kessler Psychological Distress Scale: Mainland and Christmas Island



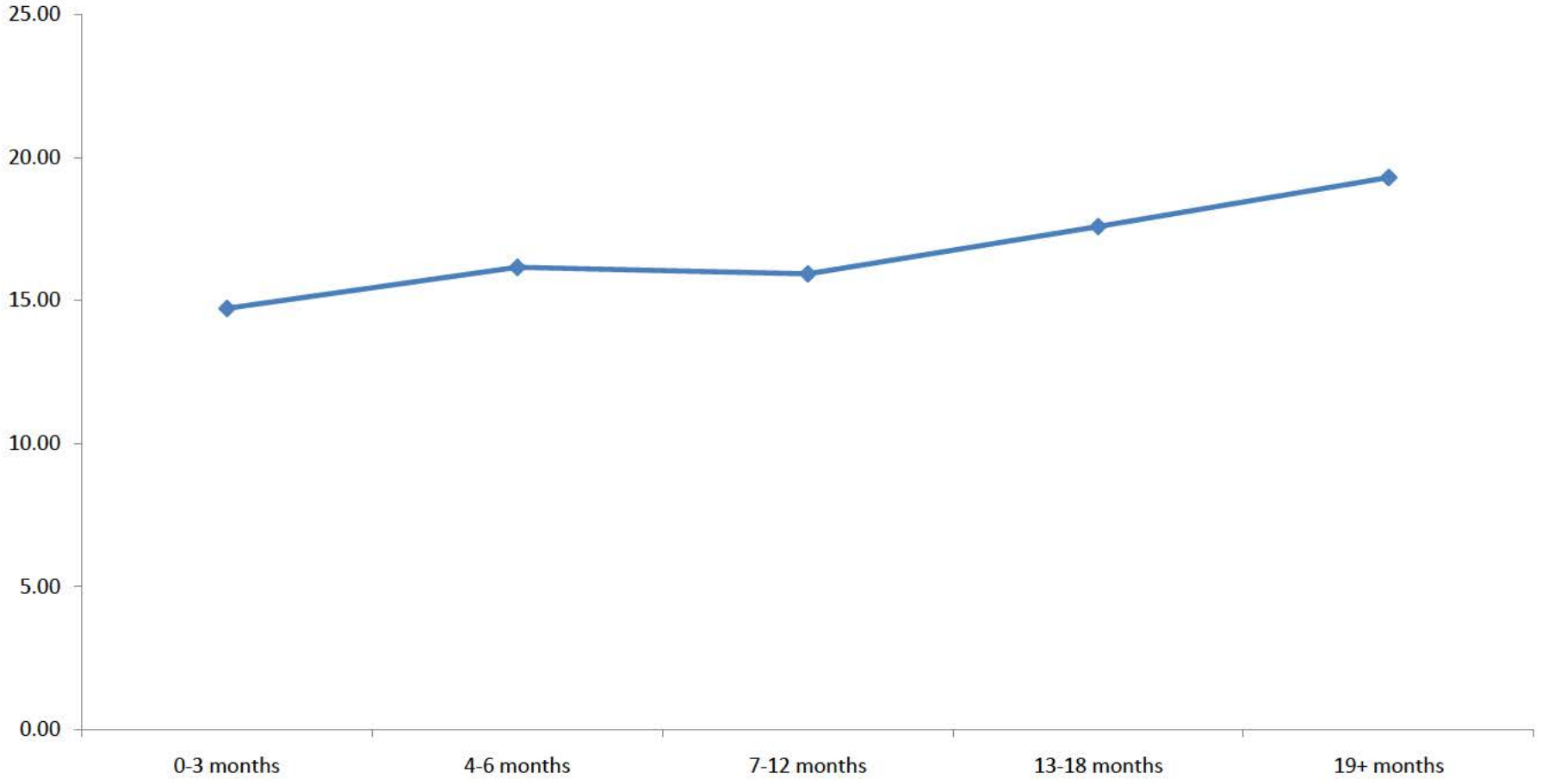
	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Severe (30-50)	5.0%	11.6%	4.5%	10.7%	15.7%
Moderate (25-29)	2.8%	0%	9.6%	9.3%	10.7%
Mild (20-24)	8.9%	4.7%	10.3%	9.8%	10.0%
Low (<20)	83.3%	83.7%	75.6%	70.2%	63.7%

**The data labels represent the number of people.*

Overall percentage by Severity: Kessler Psychological Distress Scale Mainland and Christmas Island



K-10 mean scores
Mainland and Christmas Island - Q4



8.6. Torture & Torture

Identification and Support of Survivors of Torture & Trauma

The process of identification and support of survivors of torture and trauma commences at induction screening and continues throughout a person's time in detention. All cases of adults who report trauma or torture have an incident report notification made to DIBP. They are also asked to complete the Harvard Trauma Questionnaire (unless considered clinically inappropriate), and referred to a Torture and Trauma Service.

8.7. New T&T Disclosures

Facility T&T First disclosed	Number of detainees in IDFs who made new disclosures during the quarter	Adult	Minor
Adelaide ITA	2	2	0
Bladin	14	10	4
Brisbane ITA	5	5	0
Christmas Island	8	8	0
Maribyrnong IDC	5	5	0
Melbourne ITA	26	18	8
Perth IDC/IRH	5	5	0
Villawood IDC	21	19	2
Wickham Point APOD/IDC	17	17	0
Yongah Hill IDC	26	26	0
Total	**129**	**115**	**14**
% total IDF population during Q4	**2.7%**	**2.8%**	**2.3%**

T&T can be identified or disclosed at different times, depending on variables such as clinical engagement, trust, sense of safety, and beliefs about whether disclosure may impact on other issues. The rates of minors reporting T&T at different sites are a reflection of which sites host minors, rather than actual numbers overall.

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