# Department of Immigration and Border Protection

# Immigration Detention Health Report

## July – September 2015

## Quarter 3

# Immigration Detention Health Report

## Quarter 3
## July – September 2015

**Report written by:**

International Health and Medical Services (IHMS)

Please send questions to:

Senior Clinical Reporting Team Leader
Level 3, 45 Clarence Street
Sydney NSW 2000

# 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 July – 30 September 2015. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team and the IHMS Clinical Directors.

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 location data received from the Department of Immigration & Border Protection (DIBP) which may affect rates of conditions that are reported at site level.

The population during the quarter in the onshore detention network including Christmas Island has increased by 6.6%. There have been no new boat arrivals this quarter, with all new arrivals into the detention network being compliance and turnaround cases.

In the third quarter of 2015, 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.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention

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 5-17 years |
| Female 5-17 years |
| Male 18-64 years |
| Female 18-64 years |
| Male 65+ years |
| Female 65+ years |

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

# 3. Explanatory notes

Data in this report should be interpreted with an understanding of how the diagnoses and presentations are generated within the electronic record system. IHMS electronic record uses the SNOMED clinical terminology system to record reasons for presentation. SNOMED is a clinical terminology system designed to capture and represent patient data for clinical purposes. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceuticals substances, devices and specimens. This means that statistical information, on for example, 'cardiac presentations' is a marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population. For example, the 'cardiovascular' code includes sub-codes such as 'good hypertension control', 'prominent veins', and 'palpitations', as well as the more pathological 'cerebrovascular disease' and 'angina'.



# Primary Health

# 4. Integrated Primary Health Care

## 4.1. 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 services within the onshore detention network. The foundations of this health service are the 9 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

The onsite facilities are supported by a centralised team in Sydney which provides a 24 hour health advice line which comprises of a team of registered nurses and medical officers. IHMS also has a team of operational and clinical directors in head office to provide oversight to the network thus ensuring a safe, effective and efficient health service with continuous quality improvement activities.

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 average length of stay has increased since this time.

## 4.2. Consultations

| Primary Health Care – Consultations | | | | | | |
|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | | |
| **IHMS Primary Health Care** | **Standard Consultations** | **Medication Administration** | **Total number of consults** | **No. of unique persons seen** | **Average Consults/Person in Q3** | **% of total IDF population during Q3 2015** |
| GP | 5,208 | 59 | 5,267 | 1,929 | 2.7 | 53.5% |
| Primary Health Nurse | 15,446 | 4,051 | 19,497 | 2,905 | 6.7 | 80.6% |
| Mental Health Nurse | 4,474 | 1,134 | 5,608 | 1,581 | 3.5 | 43.9% |
| Psychologist | 1,305 | 0 | 1,305 | 453 | 2.9 | 12.6% |
| Counsellor | 596 | 0 | 596 | 160 | 3.7 | 4.4% |
| Psychiatrist | 452 | 0 | 452 | 279 | 1.6 | 7.7% |
| **Total** | **27,481** | **5,244** | **32,725** | **7,307** | **4.5** | |

***Total number of unique consults:*** *If a Detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a Detainee presents to the clinic once with multiple health issues, the 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 remains a high utilization of clinical services by the Detainee population in this quarter which is consistent with previous quarters. 53.5% of the population had at least one consultation with a GP while 80.6% of the population had at least one consultation with a Primary Health Nurse, both slightly higher than last quarter. The accessibility of the health service to the Detainee population is largely due to the simple appointment process and triaging system. Requests to see a health clinician is reviewed by an IHMS Primary Health Nurse who triages the request based on the clinical information and the Detainee is then provided with an appointment with a Primary Health Nurse or GP with a wait time in line with the clinical urgency and in line with Australian community standards. The high utilisation of GP and Nurse consultations do not necessarily reflect the health of the population. Many of the contacts are for routine screening assessments and routine dispensing of medications. Some of the routine activities include:

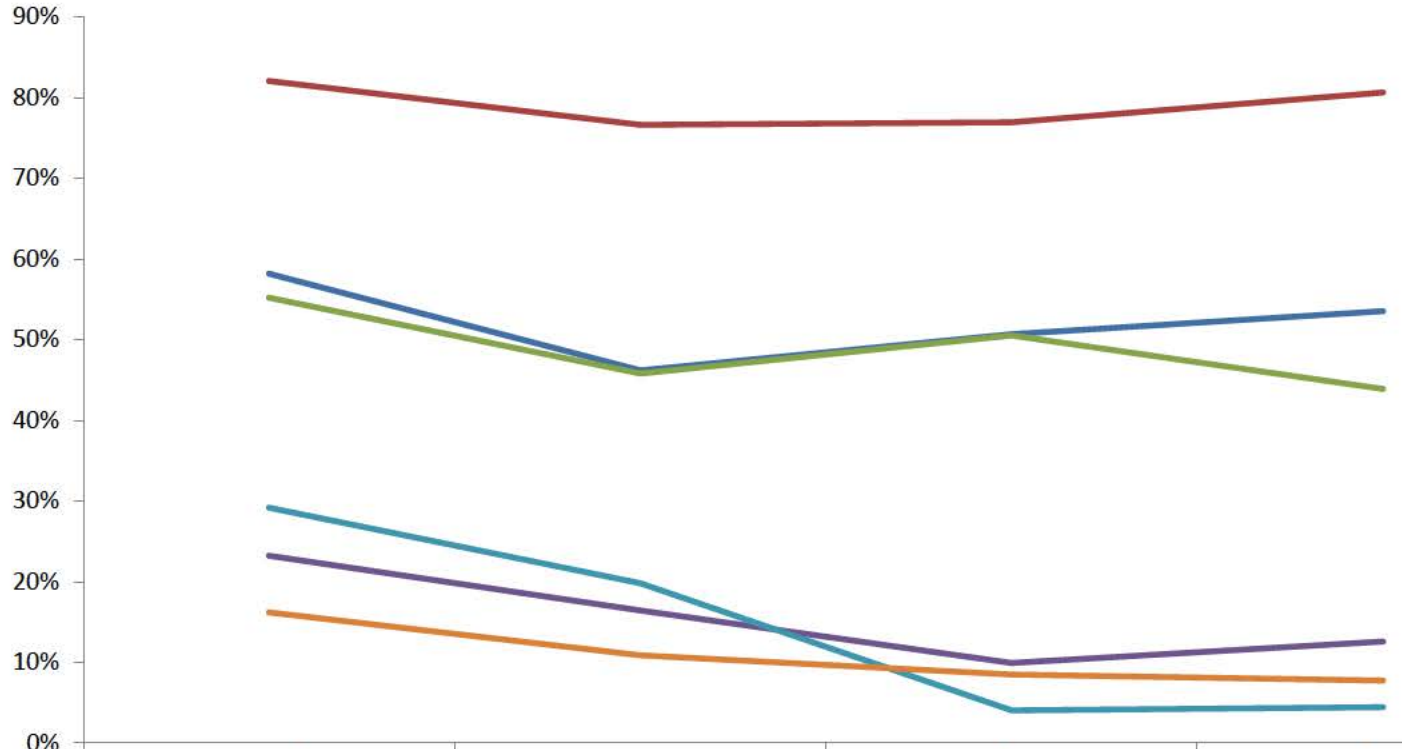
- Health induction assessments
- Patient consultation
- Administration of medications
- Pathology collection
- Regular physical and mental health follow-up consults
- Triage and referrals to internal and external health care providers
- Documentation in EMR as per IHMS Practice Guidelines

| Onsite Integrated Primary Health Care by Age Group | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | | | | | | |
| IHMS Primary Health Specialty | 0-4 years | % (0-4 yrs) | 5-17 years | % (5-17) | 18-64 years | % (18-64) | 65+ years | % (65+ yrs) | Total | % (Total) |
| GP | 47 | 71.2% | 47 | 54.0% | 1,817 | 53.1% | 18 | 62.1% | 1,929 | 53.5% |
| Primary Health Nurse | 64 | 97.0% | 68 | 78.2% | 2,746 | 80.2% | 27 | 93.1% | 2,905 | 80.6% |
| Mental Health Nurse | 26 | 39.4% | 48 | 55.2% | 1,491 | 43.6% | 16 | 55.2% | 1,581 | 43.9% |
| Psychologist | 11 | 16.7% | 21 | 24.1% | 416 | 12.2% | 5 | 17.2% | 453 | 12.6% |
| Counsellor | 0 | 0.0% | 1 | 1.1% | 157 | 4.6% | 2 | 6.9% | 160 | 4.4% |
| Psychiatrist | 2 | 3.0% | 12 | 13.8% | 264 | 7.7% | 1 | 3.4% | 279 | 7.7% |

Primary care consultations have now been adjusted to show the number and proportion of Detainees seeing each type of health professional.

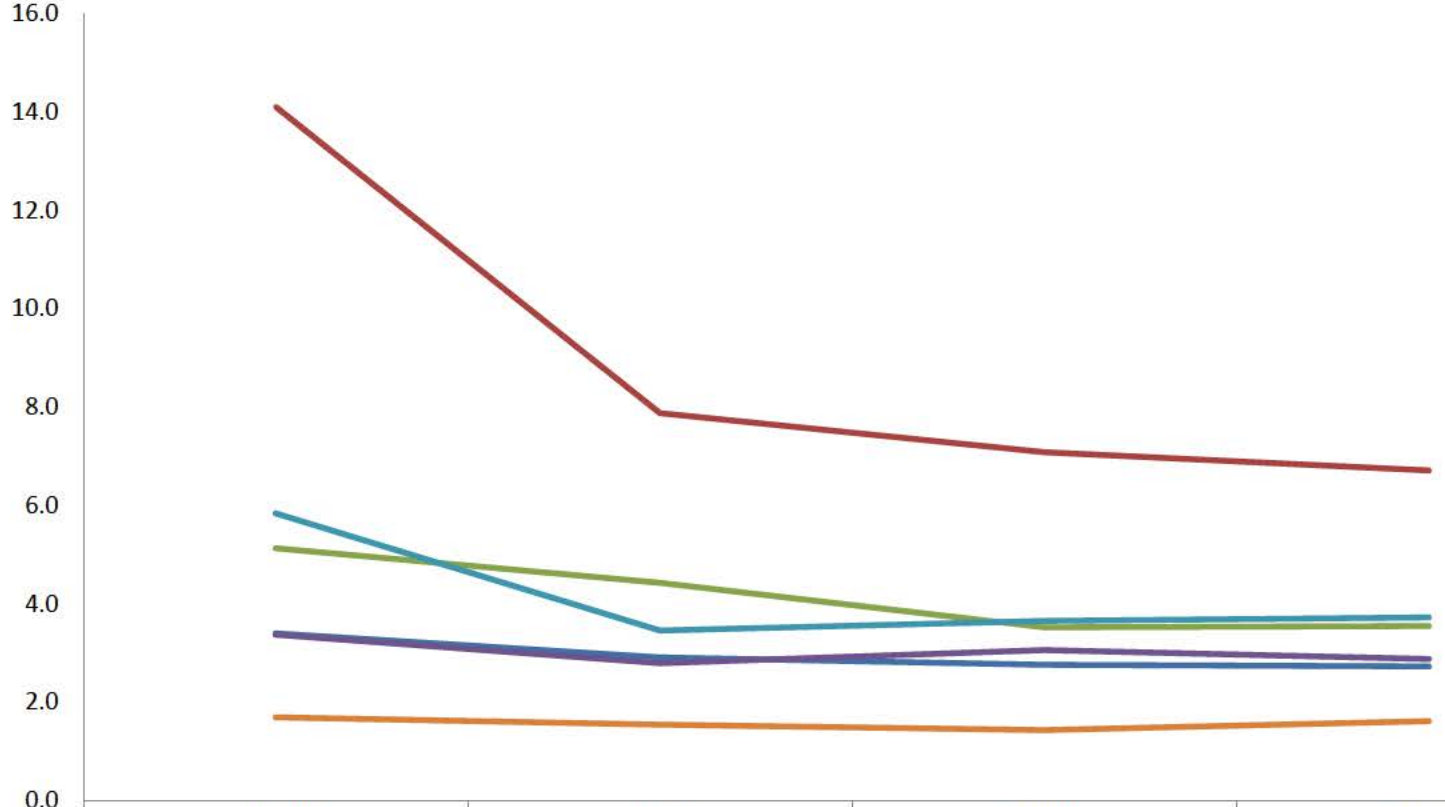
80% of the adult population under 65 in the detention network had a Primary Health Nurse consultation recorded in the last quarter. In the paediatric population, 97% of the under 5 age group and 78% of the under 18 age group also consulted with a Primary Health Nurse. These high rates are reflective 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. The 5-17 age group showed a higher proportion consulting with a mental health professional with 55.2% seeing a Mental Health Nurse, 24.1% seeing a Psychologist, and 13.8% a Psychiatrist – the rates of the last two being double that of the adult group.

## % of Population Accessing Health Care by Specialty during the Quarter




| | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 |
|---|---|---|---|---|
| GP | 58% | 46% | 51% | 54% |
| Primary Health Nurse | 82% | 77% | 77% | 81% |
| Mental Health Nurse | 55% | 46% | 51% | 44% |
| Psychologist | 23% | 16% | 10% | 13% |
| Counsellor | 29% | 20% | 4% | 4% |
| Psychiatrist | 16% | 11% | 8% | 8% |

## Average Number of Consults Per Person Per Quarter by Specialty




| | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 |
|---|---|---|---|---|
| GP | 3.4 | 2.9 | 2.8 | 2.7 |
| Primary Health Nurse | 14.1 | 7.9 | 7.1 | 6.7 |
| Mental Health Nurse | 5.1 | 4.4 | 3.5 | 3.5 |
| Psychologist | 3.4 | 2.8 | 3.1 | 2.9 |
| Counsellor | 5.8 | 3.5 | 3.7 | 3.7 |
| Psychiatrist | 1.7 | 1.5 | 1.4 | 1.6 |

## 4.3. Pathology Referrals

| Pathology Referrals | | |
|---|---|---|
| **Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015** | | |
| **Pathology Type** | **Number of Referrals** | **Number of Persons** |
| Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine | 1,248 | 594 |
| Full Blood Count (FBC) | 675 | 332 |
| Hep C | 569 | 318 |
| Hep B | 545 | 283 |
| VDRL (Syphillis) | 417 | 229 |
| HIV (BBv) | 403 | 220 |
| Fasting Triglycerides | 237 | 131 |
| HbA1c | 190 | 92 |
| Mid Stream Urine Micro & Culture | 188 | 89 |
| INR | 173 | 90 |
| **Total number of unique persons that had a Pathology Referral** | **752** | **20.9%** |

The above table displays the pathology referrals in the detention network this quarter. A communicable diseases screen including Hep B, C, Syphilis, HIV and TB is routinely conducted as part of the health induction process when a new person enters the detention network which is reflected in the high number of these particular types of pathology tests in the table.

The high number of LFTs/Urea Electrolytes and Creatinine referrals this quarter is similar to the previous quarter as these are commonly ordered tests used by clinicians in a wide variety of clinical scenarios.

IHMS utilises local network pathology providers and is currently working with these providers on an IT innovation which will allow the automatic transmission of pathology results directly into the IHMS electronic medical record. This will enable the onsite clinicians to have access to results immediately in real time.

## 4.4. Allied Health Appointments

| Allied Health Appointments | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | |
| Allied Health Appointment Type | Onsite Appointments | Offsite Appointments | Total Appointments | No. unique persons (based on all designations) | Percentage of unique persons who attended appointment |
| Dental | 957 | 450 | 1,407 | 529 | 14.7% |
| Physiotherapy | 455 | 386 | 841 | 159 | 4.4% |
| Audiology | 0 | 20 | 20 | 12 | 0.3% |
| Optometry | 0 | 287 | 287 | 203 | 5.6% |
| Other | 0 | 5,086 | 5,086 | 1,560 | 43.3% |
| TOTAL | 1,412 | 6,229 | 7,641 | | 51.3% |
| Total number of unique persons to have an Allied Health Appointment | | 1,848 | | | |

**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.*

Dental referrals were the most utilised Allied Health specialty in the onshore detention network this quarter. 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. Each Detainee in the detention network receives dental treatment and procedures that are clinically indicated. All minors are also eligible for yearly dental checks. These services are funded by the Department of Immigration and Border Protection and any waiting times that may be associated with providing dentistry services are in line with what would be expected in the Australian Community.

## 4.5. Radiology Referrals

| Radiology Referrals<br>Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | |
|---|---|---|---|---|---|
| Type | Referrals | | Persons | | Top reasons for imaging referral |
| | No. Referrals | Percentage (of total) | No. Persons | Percentage (of all persons with Radiology referral ) | |
| X-Ray | 706 | 74.3% | 384 | 77.6% | 1. Chest<br>2. Spine - Lumbo-sacral<br>3. Knee (R)<br>4. Spine - Cervical<br>5. Abdomen |
| Ultrasound | 190 | 20.0% | 120 | 24.2% | 1. Abdomen<br>2. Other<br>3. Renal<br>4. Shoulder<br>5. Obstetric |
| MRI | 33 | 3.5% | 23 | 4.7% | 1. Periphery<br>2. Head |
| CT Scan | 20 | 2.1% | 14 | 2.8% | 1. Chest<br>2. Pelvis<br>3. Spine - Lumbar<br>4. Abdomen<br>5. Brain |
| Nuclear Medicine | 1 | 0.1% | 1 | 0.2% | 1. Bone scan |
| **Total** | **950** | **100%** | | | |
| **Total number of unique persons to have a Radiology test** | **495** | **As % of total IDF population during quarter** | **13.7%** | | |

***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. IHMS utilises local public and private offsite imaging network providers for all imaging referrals for the detention population. On Christmas Island, IHMS employs a Nurse with radiographic qualifications to ensure this service is available in this remote location. IHMS and the department are exploring options to have onsite X-ray facilities at other locations to increase accessibility and to aid the universal chest X-ray TB screening program.

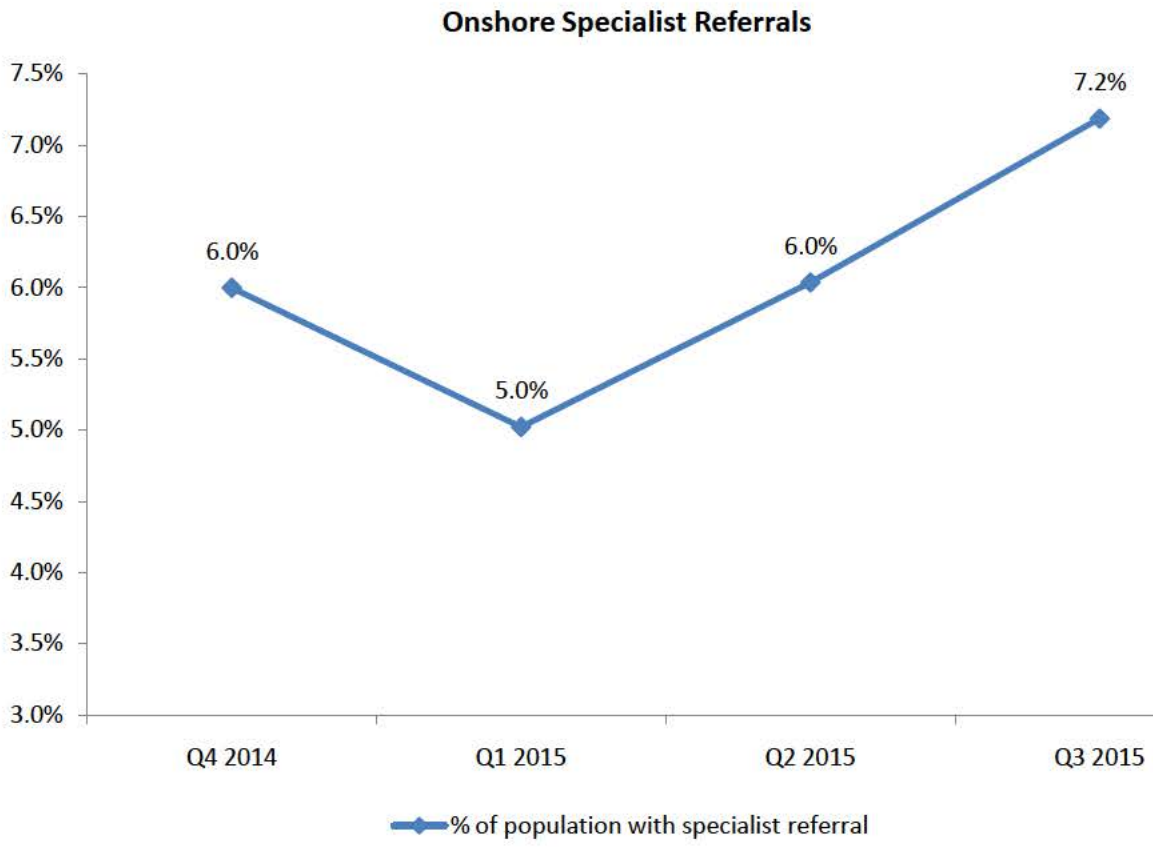
## 4.6. Specialist Referrals

| Specialist Referrals | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | |
| **Specialist Referrals** | **No. Referrals** | **No. unique persons (based on all designations)** | **Percentage of unique persons referred to a specialist** |
| General Surgery | 43 | 38 | 1.1% |
| Gastroenterology | 35 | 34 | 0.9% |
| Orthopaedics | 33 | 32 | 0.9% |
| Ophthalmology | 23 | 22 | 0.6% |
| Cardiology | 23 | 21 | 0.6% |
| Emergency Department | 20 | 17 | 0.5% |
| Otorhinolaryngology | 20 | 19 | 0.5% |
| Gynaecology and Obstetrics | 17 | 14 | 0.4% |
| Endocrinology | 15 | 14 | 0.4% |
| Urology | 12 | 11 | 0.3% |
| Neurosurgery | 11 | 11 | 0.3% |
| Infectious Diseases | 11 | 11 | 0.3% |
| Neurology | 7 | 7 | 0.2% |
| Allergy and Immunology | 6 | 6 | 0.2% |
| Paediatrics | 6 | 6 | 0.2% |
| Psychiatry | 6 | 6 | 0.2% |
| Anaesthetics | 5 | 4 | 0.1% |
| Emergency Medicine | 3 | 3 | 0.1% |
| Vascular Surgery | 3 | 3 | 0.1% |
| Internal Medicine | 2 | 2 | 0.1% |
| Pneumology | 2 | 2 | 0.1% |
| Plastic, Reconstruction and Aesthetic Surgery | 2 | 2 | 0.1% |
| Nephrology | 2 | 2 | 0.1% |
| Paediatric Surgery | 1 | 1 | 0.0% |
| **TOTAL** | **308** | | |
| **Total number of unique persons to have a Specialist referral** | **259** | **% of total IDF population during Q3** | **7.2%** |

**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.*

7.2% of the total population was referred to a specialist this quarter which was higher than the previous quarter. IHMS GPs refer Detainees to the local public hospital for specialist consultations and they are added to the public hospital waiting lists as per the Australian community.

Where clinically indicated, IHMS continues to utilise telehealth consults in remote locations such as Christmas Island to enhance accessibility to specialists in these areas. Christmas Island Detainees are also referred to Perth tertiary hospitals as part of the WA Health Service.



## 4.7. Hospital Admissions

| Hospital Admissions | | |
|---|---|---|
| Mainland and Christmas Island (IDF's only) Q3 Jul - Sep 2015 | | |
| IDF Location | Total number of hospital admissions per region | Total number of individuals hospitalised per region |
| Christmas Island | 9 | 5 |
| NSW | 60 | 53 |
| NT | 118 | 79 |
| QLD | 10 | 10 |
| SA | 2 | 2 |
| VIC | 76 | 50 |
| WA | 40 | 36 |
| Total | 315 | |
| Total number of unique persons that were hospitalised | 252 | 7.0% |

**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 Northern Territory remains the number one region for hospital admissions which is consistent with previous quarters. Wickham Point Immigration Detention Facility in Darwin is the centre with the largest population and it also contains a cohort of OPC transferees who have been transferred to the mainland for specialist medical treatment.

IHMS and the department continued to work closely with key stakeholders at the Royal Darwin Hospital in managing the potential burden that the Wickham Point centre places on the ambulance and hospital services in Darwin.

## 4.8. GP/Psychiatrist Presentations by Health Groupings

| GP/Psychiatrist Presentations | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | |
| **Health Groupings** | **Number of Unique Presentations** | **Number of Unique Persons** | **Percentage of total IDF population with a presentation** |
| General Unspecified | 2,239 | 1,186 | 32.9% |
| Psychological | 1,813 | 734 | 20.4% |
| Digestive | 913 | 517 | 14.3% |
| Musculoskeletal | 900 | 479 | 13.3% |
| Skin | 630 | 372 | 10.3% |
| Respiratory | 490 | 278 | 7.7% |
| Social | 383 | 337 | 9.4% |
| Endocrine / Metabolic & Nutritional | 370 | 246 | 6.8% |
| Neurological | 265 | 204 | 5.7% |
| Cardiovascular | 236 | 169 | 4.7% |
| Urological | 169 | 111 | 3.1% |
| Eye | 168 | 108 | 3.0% |
| Injury | 166 | 127 | 3.5% |
| Genital | 147 | 112 | 3.1% |
| Ear | 93 | 55 | 1.5% |
| Pregnancy / Childbearing / Family Planning | 64 | 42 | 1.2% |
| Blood / Blood forming organs | 39 | 38 | 1.1% |
| **Total number of unique presentations** | **9,085** | | |

**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.*

| GP/Psychiatrist Presentations by Age Grouping | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | | | | | | |
| Health Groupings | 0-4 years | % of total 0-4 yrs | 5-17 years | % of total 5-17 yrs | 18-64 years | % of total 18-64 yrs | 65+ years | % of total 65+ yrs | Total | % total IDF population |
| General Unspecified | 32 | 48.5% | 32 | 36.8% | 1,107 | 32.3% | 15 | 51.7% | 1,186 | 32.9% |
| Psychological | 6 | 9.1% | 11 | 12.6% | 711 | 20.8% | 6 | 20.7% | 734 | 20.4% |
| Digestive | 12 | 18.2% | 9 | 10.3% | 490 | 14.3% | 6 | 20.7% | 517 | 14.3% |
| Musculoskeletal | 2 | 3.0% | 5 | 5.7% | 467 | 13.6% | 5 | 17.2% | 479 | 13.3% |
| Skin | 20 | 30.3% | 4 | 4.6% | 340 | 9.9% | 8 | 27.6% | 372 | 10.3% |
| Social | 17 | 25.8% | 9 | 10.3% | 307 | 9.0% | 4 | 13.8% | 337 | 9.4% |
| Respiratory | 10 | 15.2% | 16 | 18.4% | 247 | 7.2% | 5 | 17.2% | 278 | 7.7% |
| Endocrine / Metabolic & Nutritional | 10 | 15.2% | 7 | 8.0% | 225 | 6.6% | 4 | 13.8% | 246 | 6.8% |
| Neurological | 1 | 1.5% | 4 | 4.6% | 197 | 5.8% | 2 | 6.9% | 204 | 5.7% |
| Cardiovascular | 0 | 0.0% | 2 | 2.3% | 160 | 4.7% | 7 | 24.1% | 169 | 4.7% |
| Injury | 2 | 3.0% | 0 | 0.0% | 125 | 3.7% | 0 | 0.0% | 127 | 3.5% |
| Genital | 1 | 1.5% | 0 | 0.0% | 106 | 3.1% | 5 | 17.2% | 112 | 3.1% |
| Urological | 5 | 7.6% | 5 | 5.7% | 99 | 2.9% | 2 | 6.9% | 111 | 3.1% |
| Eye | 5 | 7.6% | 1 | 1.1% | 96 | 2.8% | 6 | 20.7% | 108 | 3.0% |
| Ear | 2 | 3.0% | 4 | 4.6% | 48 | 1.4% | 1 | 3.4% | 55 | 1.5% |
| Pregnancy / Childbearing / Family Planning | 3 | 4.5% | 0 | 0.0% | 39 | 1.1% | 0 | 0.0% | 42 | 1.2% |
| Blood / Blood forming organs | 1 | 1.5% | 0 | 0.0% | 36 | 1.1% | 1 | 3.4% | 38 | 1.1% |

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 health groupings remain psychological, musculoskeletal and digestive. This is a similar pattern to the previous quarters 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 health groupings were respiratory, social and skin. This pattern was also similar to the findings in the previous quarter, with respiratory health grouping making an appearance as expected due to the winter months. IHMS provides specialist child and adolescent Psychologists and child and adolescent Psychiatrists to care for the psychological cases in minors.

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 Nurse from local councils. IHMS MITA continued its partnership with the Hume City Council who provides a visiting Child Health Nurse to the centre to assist with these routine checks.

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

## 4.9. Primary Health Care Chronic Diseases

| Primary Health Care - Chronic Diseases | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | |
| Chronic Disease categories taken from the Australian institute of Health and Welfare | Adult | Percentage of Adult with chronic disease | Minor | Percentage of Minor chronic disease | Total |
| Arthritis | 32 | 0.9% | 0 | 0.0% | 32 |
| Asthma | 55 | 1.6% | 4 | 2.6% | 59 |
| Cancer | 2 | 0.1% | 0 | 0.0% | 2 |
| Cardiovascular | 67 | 1.9% | 0 | 0.0% | 67 |
| Chronic kidney disease | 1 | 0.0% | 0 | 0.0% | 1 |
| Depression | 114 | 3.3% | 2 | 1.3% | 116 |
| Diabetes | 53 | 1.5% | 0 | 0.0% | 53 |
| Oral disease | 20 | 0.6% | 0 | 0.0% | 20 |

According to the data above, of the sample of chronic diseases above chosen to be reported, depression and cardiovascular disease are the two most common chronic diseases in the adult detention population this quarter. This is a similar result to the preceding quarter. 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. IHMS would recommend expanding the list of chronic diseases reported upon for the next quarter, to capture other important chronic diseases such as schizophrenia or epilepsy.

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.

| Chronic Diseases by Age Grouping | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | | | | |
| Chronic Disease | 0 - 4 years | Age group by % | 5-17 years | Age group by % | 18 - 64 years | Age group by % | 65+ years | Age group by % |
| Arthritis | 0 | 0.0% | 0 | 0.0% | 29 | 0.8% | 3 | 10.3% |
| Asthma | 0 | 0.0% | 4 | 4.6% | 55 | 1.6% | 0 | 0.0% |
| Cancer | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% | 0 | 0.0% |
| Cardiovascular | 0 | 0.0% | 0 | 0.0% | 62 | 1.8% | 5 | 17.2% |
| Chronic / kidney disease | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% | 0 | 0.0% |
| Depression | 0 | 0.0% | 2 | 2.3% | 114 | 3.3% | 0 | 0.0% |
| Diabetes | 0 | 0.0% | 0 | 0.0% | 51 | 1.5% | 2 | 6.9% |
| Oral disease | 0 | 0.0% | 0 | 0.0% | 20 | 0.6% | 0 | 0.0% |

From the table above, it is clear that the burden of disease in the detention network is in the 18-64 year old age group. In this age group, depression, cardiovascular disease, asthma and diabetes are the leading chronic diseases in the detention population, IHMS health promotion program is largely targeted around these illnesses and the lifestyle factors which play a huge role in these conditions.

Smoking cessation treatment is also available to Detainees, with the population having access to Nicotine Replacement Therapy and other medical and psychological intervention.

# Medications and immunisations

# 5. Medications

## 5.1. Medication usage in IDFs (Top 20)

| Medication Trends | | | | | | |
|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | | |
| % of total population during Q3 | | | | | | |
| **Medications** | **Total** | **Total %** | **Adult** | **Adult %** | **Minor** | **Minor %** |
| Simple analgesics and antipyretics | 1,195 | 33.2% | 1,159 | 33.6% | 36 | 23.5% |
| Nonsteroidal anti-inflammatory agents | 838 | 23.3% | 823 | 23.8% | 15 | 9.8% |
| Combination simple analgesics | 436 | 12.1% | 435 | 12.6% | 1 | 0.7% |
| Antihistamines | 305 | 8.5% | 301 | 8.7% | 4 | 2.6% |
| Antidepressants | 316 | 8.8% | 309 | 9.0% | 7 | 4.6% |
| Antipsychotic agents | 253 | 7.0% | 251 | 7.3% | 2 | 1.3% |
| Hyperacidity, reflux and ulcers | 268 | 7.4% | 260 | 7.5% | 8 | 5.2% |
| Penicillins | 201 | 5.6% | 191 | 5.5% | 10 | 6.5% |
| Narcotic analgesics | 148 | 4.1% | 147 | 4.3% | 1 | 0.7% |
| Expectorants, antitussives, mucolytics, decongestants | 147 | 4.1% | 147 | 4.3% | 0 | 0.0% |
| Laxatives | 140 | 3.9% | 133 | 3.9% | 7 | 4.6% |
| Agents used in drug dependence | 90 | 2.5% | 90 | 2.6% | 0 | 0.0% |
| Antianxiety agents | 88 | 2.4% | 85 | 2.5% | 3 | 2.0% |
| Sedatives, hypnotics | 83 | 2.3% | 81 | 2.3% | 2 | 1.3% |
| Topical corticosteroids | 80 | 2.2% | 73 | 2.1% | 7 | 4.6% |
| Antihypertensive agents | 80 | 2.2% | 78 | 2.3% | 2 | 1.3% |
| Rubefacients, topical analgesics/NSAIDs | 70 | 1.9% | 70 | 2.0% | 0 | 0.0% |
| Topical antifungals | 68 | 1.9% | 64 | 1.9% | 4 | 2.6% |
| Bronchodilator aerosols and inhalations | 67 | 1.9% | 62 | 1.8% | 5 | 3.3% |
| Herbal nervous system preparations | 65 | 1.8% | 65 | 1.9% | 0 | 0.0% |

**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.*

IHMS is committed to ensuring that medications are managed in a safe and effective manner and has implemented numerous systems and processes to ensure this is achieved. This includes a full suite of policies, procedures and clinical practice guidelines related specifically to medication management, regular auditing of clinical cases and prescribing habits to ensure ongoing improvement and professional development is achieved through continuous feedback processes and adherence to the Australian Therapeutic Guidelines.

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minor prescriptions. IHMS can advise that the total populations at the Onshore Immigration Detention centres who required a regular medication at some point during the quarter has remained consistent between Q1, Q2 and Q3 of this year as per the following:

- Q4 2014 (October – December) 58%
- Q1 2015 (January – March) 49%
- Q2 2015 (April – June) 51%
- Q3 2015 (July-September) 50%

Overall it can be deduced from the data that whilst the top three medication types that are most frequently prescribed by GPs onshore has remained consistent for Q3 as they were for Q1 and Q2, the total numbers of all medications prescribed has decreased for most of the medication groupings as listed in the table above.

From the table above it can be seen that simple analgesics and antipyretics remain the most commonly prescribed medication within IHMS facilities onshore at 33.2% of the total population which has risen by 3.9%. This is followed by non-steroidal anti-inflammatory agents at 23.3% (up by 3.8% from Q2) and combination simple analgesics at 12% (down by 1.3% from Q2). The continued utilisation of pain relief can be attributed to both cultural expectations and also the high incidence of dental pain and musculoskeletal conditions onsite.

Of note also is that the prescribing of antipsychotics has increased from 192 (5.7%) in Q2 to 253 (7.0%) in Q3. The numbers of antihistamines, penicillins and narcotics have all increased for Q3 compared to Q2 however only by 0.7-0.9% in total. In contrast the numbers of hyperacidity, reflux and ulcer medications and laxatives have reduced but again only by 0.4-0.5%.

## 5.2. Medication Prescriptions by Schedule

| Medication Prescriptions by Schedule | | | |
|---|---|---|---|
| **Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015** | | | |
| **Schedule** | **GP prescriptions** | **Psychiatrist prescriptions** | **Nurse initiated medications/Verbal telephone order** |
| S2 | 363 | 0 | 1,060 |
| S3 | 323 | 2 | 8 |
| S4 | 2,837 | 170 | 754 |
| S8 | 41 | 2 | 0 |
| Unscheduled | 974 | 4 | 360 |
| **Grand Total** | **4,538** | **178** | **2,182** |

The above table illustrates how many of each medication Schedule types have been prescribed by a GP or Psychiatrist or have been initiated by a nurse over the last quarter (July-September 2015). The distribution is fairly consistent with the previous quarter in April-June 2015; however there has been an increase in the total number of GP prescriptions from 3,823 in Q2 to 4,538 in Q3. The main increase for the GP prescriptions can be seen in both the S2 and S4 medications. Similarly, the total number of Nurse initiated medications has risen from 1,966 in Q2 to 2,182 in Q3. This may be related to Nurse initiated medication by the Health Advice Service providing the after-hours service.

| 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*

## 5.3. Medication Trends

| Medication Trends<br>Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | |
|---|---|---|
| % of total population during period | | |
| **Medications** | **Apr - Jun 2015** | **Jul - Sep 2015** |
| Simple analgesics and antipyretics | 29.3% | 33.2% |
| Non-steroidal anti-inflammatory agents | 19.5% | 23.3% |
| Combination simple analgesics | 13.4% | 12.1% |
| Antihistamines | 7.8% | 8.5% |
| Antidepressants | 8.9% | 8.8% |
| Antipsychotic agents | 5.7% | 7.0% |
| Hyperacidity, reflux and ulcers | 7.9% | 7.4% |
| Penicillins | 4.8% | 5.6% |
| Narcotic analgesics | 3.2% | 4.1% |
| Expectorants, antitussives, mucolytics, decongestants | 4.0% | 4.1% |
| Laxatives | 4.3% | 3.9% |
| Agents used in drug dependence | 2.1% | 2.5% |
| Antianxiety agents | 2.2% | 2.4% |
| Sedatives, hypnotics | 1.7% | 2.3% |
| Topical corticosteroids | 2.4% | 2.2% |
| Antihypertensive agents | 2.2% | 2.2% |
| Rubefacients, topical analgesics/NSAIDs | 2.1% | 1.9% |
| Topical antifungals | 2.0% | 1.9% |
| Bronchodilator aerosols and inhalations | 1.5% | 1.9% |
| Herbal nervous system preparations | 2.2% | 1.8% |

# 6. Vaccinations Administered by Age Group

| Vaccinations Administered by Age Group | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | | | |
| **Vaccination type** | **0-4 years** | **5-17 years** | **18-64 years** | **65+ years** | **Total Vaccinations Administered** |
| VZV | 0 | 0 | 437 | 2 | 439 |
| MMR | 3 | 1 | 406 | 3 | 413 |
| MMRV | 0 | 0 | 0 | 0 | 0 |
| Hep A | 1 | 0 | 149 | 0 | 150 |
| Hep B | 0 | 5 | 481 | 5 | 491 |
| MenCCV | 0 | 2 | 254 | 1 | 257 |
| Typh IM | 0 | 0 | 21 | 0 | 21 |
| dT | 0 | 2 | 239 | 2 | 243 |
| HPV | 0 | 14 | 184 | 0 | 198 |
| DTPa (up to 10 years) | 39 | 1 | 19 | 0 | 59 |
| Rotavirus | 34 | 0 | 0 | 0 | 34 |
| IPV | 0 | 3 | 604 | 4 | 611 |
| PCV | 39 | 0 | 1 | 0 | 40 |
| dTpa (11 years and over) | 0 | 3 | 426 | 5 | 434 |
| Jap E | 0 | 0 | 0 | 0 | 0 |
| Hib | 0 | 0 | 0 | 0 | 0 |
| 23 PPV | 0 | 0 | 0 | 2 | 2 |
| **Total** | **116** | **31** | **3,221** | **24** | **3,392** |

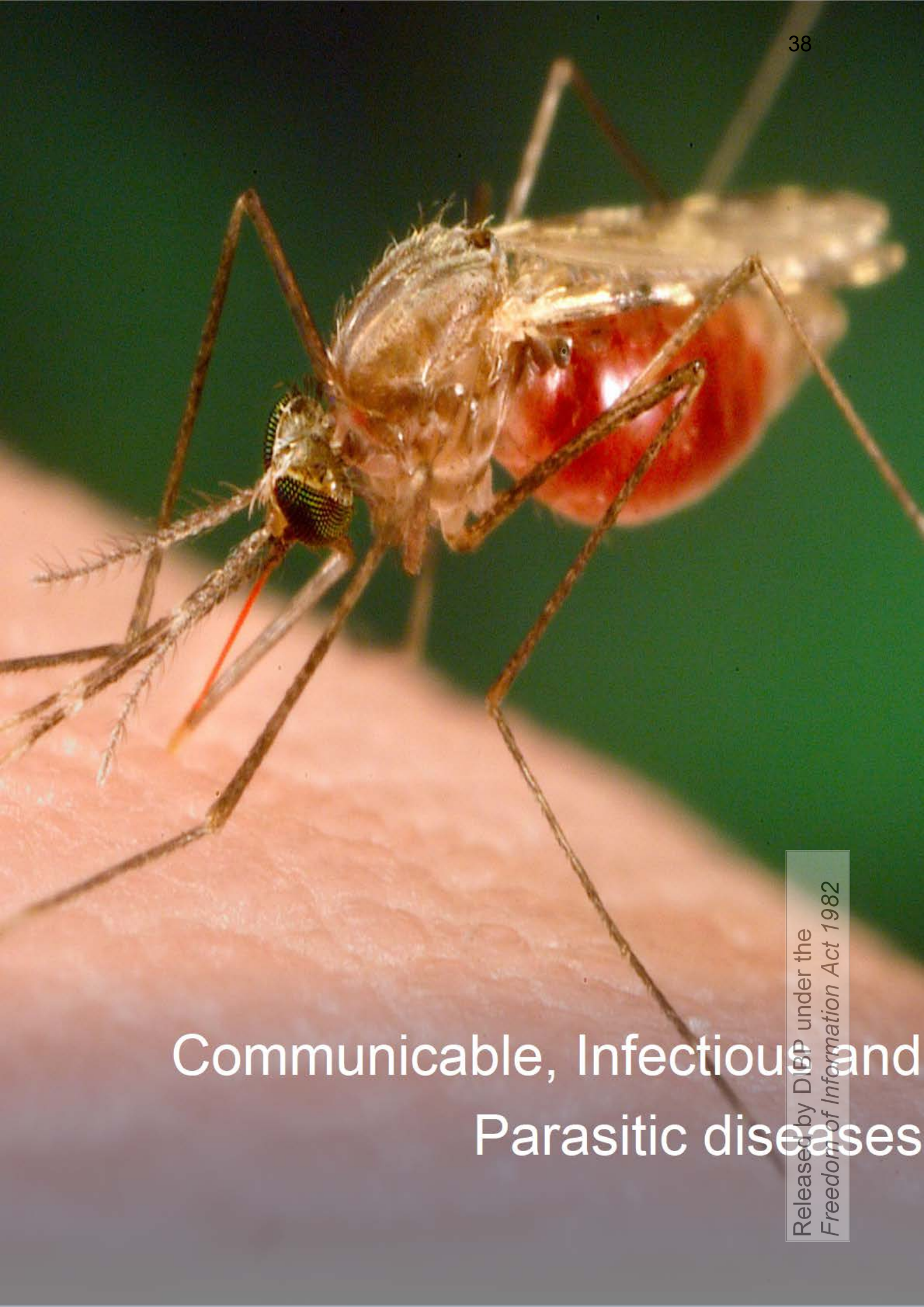
IHMS is committed to ensuring that all Detainees located within the Immigration Detention network are offered the opportunity to be immunised in accordance with Australian community standards. The immunisation schedule follows the Australian Immunisation Handbook (*10th ed.)* and provides clinical advice for health professionals on the safest and most effective use of vaccines as developed by the Australian Technical Advisory Group on Immunisation and Approved by the National Health and Medical Research Council. The IHMS schedule also includes additional vaccinations as advised and approved by independent advisors to cater for the unique circumstances of the population entering Immigration Detention. These additional vaccinations cater for those being transferred to Nauru or Manus, where specific considerations are required based on the prevalence of other known diseases in those locations ie Hepatitis A and Typhoid.

All Detainees are fully assessed and categorised with regards to their immunisation status on their arrival into the Detention network during the Health Induction Assessment (HIA) process. In line with Australian community standards, Detainees receive comprehensive education on all the vaccinations being offered to them which commences during the HIA and is continued on an ongoing basis. This ensures they understand what the process of immunisation involves, why they need their vaccinations and what will be required in order for them to complete their required schedule. Detainees also receive an education leaflet in their preferred language explaining the immunisation process and a letter to remind them of their scheduled appointment and the reasons why it is essential for them to attend.

The table above illustrates what vaccinations have been administered and in what volumes and is broken down by age group as well as total numbers of each of the vaccinations given. For this new reporting period of July-September 2015 IHMS has continued to break down the age groups into 0-4; 5-17; 18-64; and 65+ years of age to report the data into meaningful groups.

The total numbers of vaccinations administered between July-September 2015 was 3,392 compared to 1,638 for the previous quarter of April-June 2015. This is a significantly large increase and is attributed to the following reasons:

- Detainees who were previously up to date clinically with their immunization status have required a further round of vaccinations this quarter based on their individual schedules
- The drive to educate Detainees on the immunisation process has continued with a particular emphasis on prioritising those who are consenting to their immunisations, whilst also targeting the Detainees who continued to DNA (did not attend) their vaccination appointments. In addition to education sessions and leaflets on immunisations in their preferred language, IHMS also provides reminder letters to Detainees to ensure they are aware of their upcoming appointments and understand the importance of not missing them.



# Communicable, Infectious and Parasitic diseases

# 7. Communicable, Infectious and Parasitic Diseases

| | New Diagnoses Quarter 3 (Jul - Sep 2015) | | | | Total New Diagnoses Jul - Sep 2015 | | |
|---|---|---|---|---|---|---|---|
| **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 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Chlamydia | 1 | 1 | 2 | 0.06% | 1 | 1 | 2 |
| 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) | 1 | 27 | 28 | 0.78% | 1 | 27 | 28 |
| Hepatitis C | 3 | 55 | 58 | 1.61% | 3 | 55 | 58 |
| HIV | 0 | 1 | 1 | 0.03% | 0 | 1 | 1 |
| Measles, Mumps, Rubella | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Pertussis (Whooping Cough) | 0 | 1 | 1 | 0.03% | 0 | 1 | 1 |
| Syphilis | 0 | 12 | 12 | 0.33% | 0 | 12 | 12 |
| Tuberculosis - Active | 0 | 1 | 1 | 0.03% | 0 | 1 | 1 |
| Typhoid | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **5** | **98** | **103** | **2.86%** | **5** | **98** | **103** |
| **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 | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Strongyloidiasis | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **0** | **0** | 0 | **0.00%** | **0** | **0** | **0** |
| **Grand Total** | **5** | **98** | **103** | **2.86%** | **5** | **98** | **103** |

**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.*

IHMS conducts a health induction assessment for all new arrivals into the detention network. The health induction involves a nurse assessment and a GP assessment and a screening CXR and pathology for communicable diseases. The screening program is crucial in managing the risks to public health with the key communicable diseases being screened and appropriately managed and notified to the relevant public health authority. IHMS conducts routine screening for Syphilis, Hepatitis B and C, HIV and Tuberculosis (TB). Minors undergo further screening based on the guidelines set out by the Australasian Society Infectious Diseases. All TB cases are referred for management to the local state TB unit and other communicable diseases are referred to the local hospital or specialist unit where clinically indicated.

The table above indicates that Hepatitis C and Hepatitis B were the two most diagnosed chronic diseases in the detention network this quarter. The majority of these were diagnosed in compliance cases who have entered into detention from a corrections setting where the prevalence of these communicable diseases are known to be higher than the general population. Where clinically indicated, Hepatitis cases are referred to the local public Hepatology specialist unit for ongoing management and intervention.

# Disabilities

# 8. Disabilities

Disability can be defined in different ways, depending on the type and purpose of the data collection. For instance, definitions in population surveys on disability differ from those used to determine eligibility for disability-related support services or payments. In Australia, many data collections define disability based on the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF), which uses 'disability' as an umbrella term for any or all of the following components:

- impairments—problems in body function or structure
- activity limitations—difficulties in executing activities
- participation restrictions—problems an individual may experience in involvement in life situations.

Environmental factors influence the components above. All the ICF components are distinct but interrelated. On the one hand, a person's negative experience relating to any one component may be considered to constitute disability. On the other hand, a person's experience of disability is often complex and multidimensional, meaning that all the components together may constitute disability. A person's functioning or disability is considered as a dynamic interaction between the person's health condition and environmental and/or personal factors.

IHMS initially screens for disabilities amongst the Immigration Detention population as part of the initial Health Induction Assessment process. This is a standard health assessment that occurs within pre-determined timeframes on all new arrivals into the Detention network. Detainees who are classified with a disability are referred to specialist services based on clinical indication by the IHMS General Practitioners. These services include a network of public and private providers including Paediatricians, Orthopaedic surgeons, Physicians, Psychologists, Allied Health and specialised disability services. Hearing aids, visual aids and prostheses are also available as required through IHMS' network of providers.

The data below was ascertained based on SNOMED codes. Detainees will only be counted once under any particular disability category and IHMS notes that the totals may exceed the total number of unique Detainees with a disability due to some Detainees falling within more than one disability category.

The leading cause of disability for adults is the group classified as 'Other' which is made up of conditions such as Neuralgia (nerve pain) and Complex Regional Pain Syndrome (a condition which occurs following injury such as a fracture). This is followed by visual impairment then functional and hearing impairment.

For minors, the total numbers of disabilities are a lot lower with the top three remaining consistent with the last period as being visual impairment, hearing impairment and developmental disability.

## 8.1 Number of Detainees with a Disability in IDFs

| Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs) as at 30 Sep 2015 | | | | | |
|---|---|---|---|---|---|
| **Types of Disability** | **IDCs** | **IRH/APODs** | **ITAs** | **Adult** | **Minor** |
| Amputation | 0 | 2 | 0 | 2 | 0 |
| Cognitive | 0 | 0 | 0 | 0 | 0 |
| Developmental | 7 | 2 | 4 | 12 | 1 |
| Functional impairment | 13 | 12 | 6 | 31 | 0 |
| Hearing impairment | 13 | 9 | 6 | 26 | 2 |
| Visual Impairment | 19 | 22 | 3 | 41 | 3 |
| Other (Epilepsy, Lupus) | 22 | 14 | 8 | 44 | 0 |
| **Total** | **74** | **61** | **27** | **156** | **6** |
| **Unique Detainees with a disability** | **64** | **51** | **22** | **133** | **4** |

## 8.2 Total Disabilities as Percentage of IDF Population

| Total Disabilities as Percentage of IDF Population | | |
|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | |
| As at (as per quarter) | No. of Detainees | Approx. % of IDF population |
| 30 Sep 2015 - Q3 | 137 | 3.8% |
| 30 Jun 2015 - Q2 | 147 | 4.3% |
| 31 Mar 2015 - Q1 | 146 | 3.4% |
| 31 Dec 2014 - Q4 | 194 | 7.2% |
| 30 Sep 2014 - Q3 | 268 | 7.8% |

The table above illustrates that there has been an overall drop in this percentage by 4% over the last 12 month period.


# Mental Health

# 9. Mental Health

**Mental Health Service Delivery**

Mental Health care in onshore Detention centres is provided by both primary and mental health staff using a primary care model augmented by specialist mental health nursing and where needed Psychologist and Psychiatrist input.

Mental Health care in onshore Detention centres is provided using a primary care model (that is, General Practitioner and primary nurses) augmented by specialist Mental Health nursing and where needed Psychology and Psychiatrist input. Mental health care includes a comprehensive mental health assessment on entry to detention, and regular mental health screening as prescribed intervals for those consenting to this process. Follow up care is provided as needed using individualised care plans. Additional risk management for those presenting with significant risk of self harm or suicide is provided using the Supportive Monitoring and Engagement process which is used in conjunction with other Service Providers and involves additional support and monitoring as long as this is clinically indicated.

In this quarter the increase in those coming in to Detention from correctional or forensic settings has continued, with a corresponding increase in the rates of serious mental illness, adverse psychosocial histories and addiction problems, including a number of Opiate substitution treatments. The number of maritime arrivals has reduced as more have been returned offshore.

## 9.1. Mental Health related presentations

The table below shows the number of presentations to General Practitioners in Detention that are related to mental health, as per the SNOMED clinical terminology system. As noted previously the data should be interpreted with an understanding of the SNOMED clinical terminology system, as rates are not comparable with systems such as ICD or DSM used to provide Clinical diagnoses. As well as presentations for specific clinical entities such as schizophrenia or depression, this category includes presentations for non-diagnostic items such as ‘ aggressive behaviour‘, ‘acute situational disturbance‘, feeling frustrated‘ , dysphoric mood‘ and demanding behaviour‘ and also for normal findings such as ‘able to sleep’. This presentation cluster also includes substance related presentations.

In contrast, diagnoses of depression included under the Chronic diseases information section (see Section 4.9 Primary Care Chronic disease) refer to clinical diagnosis coding such as ‘depressive disorder‘, ‘reactive depression‘ and ‘psychotic depression‘.

| Unique Diagnoses related to Mental Health | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2015 | | | |
| Age band (years) | Number of Unique presentations | Number related to mental health | Percentage related to mental health |
| 0-4 years | 192 | 11 | 5.7% |
| 5-17 years | 207 | 41 | 19.8% |
| 18-64 years | 8,547 | 1,753 | 20.5% |
| 65+ years | 139 | 8 | 5.8% |
| **Total** | **9,085** | **1,813** | **20.0%** |
| | | **Minors %** | **13.0%** |
| | | **Adults %** | **20.3%** |

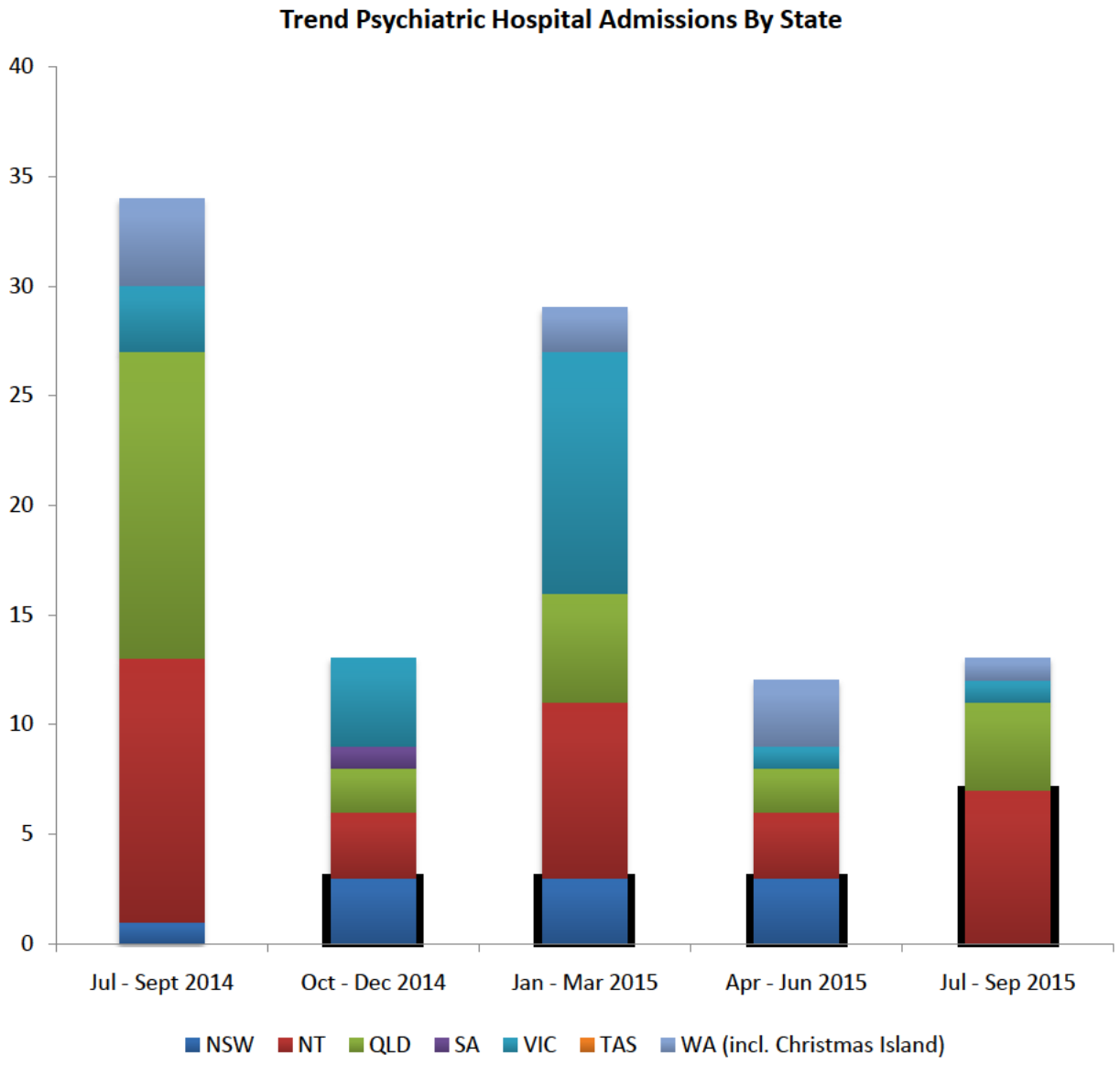
This table indicates that 20% of total presentations to a GP were related to items involved with mental health or substance use. These percentages are very similar to percentages in the last few quarters.

## 9.2. Psychiatric Admissions to Hospital

| Psychiatric Admissions to Hospital Q3 (Jul - Sep 2015) | | | |
|---|---|---|---|
| **State/Territory** | **Total** | **Adult** | **Minor** |
| NSW | 0 | 0 | 0 |
| NT | 7 | 6 | 1 |
| QLD | 4 | 4 | 0 |
| SA | 0 | 0 | 0 |
| VIC | 1 | 1 | 0 |
| TAS | 0 | 0 | 0 |
| WA (incl. Christmas Island) | 1 | 1 | 0 |
| **Total** | **13** | **12** | **1** |

The majority of Psychiatric admissions this quarter were from the Northern Territory and Queensland. This is due to the fact that most admissions are for people originally from offshore detention centres, the majority of whom are currently located at Wickham Point in Darwin, and the pathway for admission is usually to Psychiatric Hospitals in Queensland, often with some transit time through the Brisbane Immigration Detention Centre either prior to or after admission.

| Psychiatric Admissions to Hospital | | |
|---|---|---|
| **State/Territory** | **Apr - Jun 2015** | **Jul - Sep 2015** |
| NSW | 3 | 0 |
| NT | 3 | 7 |
| QLD | 2 | 4 |
| SA | 0 | 0 |
| VIC | 1 | 1 |
| TAS | 0 | 0 |
| WA (incl. Christmas Island) | 3 | 1 |
| **Total** | **12** | **13** |




The graph above illustrates the changes in admission rates across 12 months, and shows marked variability between quarters. While overall numbers remain relatively low in Q3 compared with the first quarter of 2015, this graph shows that the number of admissions for Darwin and Brisbane, although reducing a little in Q2, are nearly as high in Q3 as in the first quarter. This is likely due to psychosocial stressors for those with offshore pathways. Clinically it is also evident that there are a small but significant number with serious mental illness in Darwin who were admitted in the first quarter, discharged in the second quarter, and have now been readmitted in the third quarter, as they have not remained well following return to detention.

## 9.3. 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 allows identification of those with individual mental health needs, and collated data also provides a rough estimate of morbidity across the detention population, depending on the type of screening tool used. Screening is voluntary, and in most centres less than 70% of the population consent to participate, therefore epidemiological data may not give a true indication of rates across the entire population. During the last quarter IHMS implemented a mental health screening consent process to try to reduce the number of non-attendances for mental health screening, and to improve efficiency.

Screening involves both the use of a mental health screening tool and a mental health assessment. The mandatory mental health screening tool used for adults is the K-10 (see 9.4 below for an explanation of the K-10).

## 9.4. Kessler Psychological Distress Scale (K-10)

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)

## 9.5. Kessler Psychological Scale (K-10)

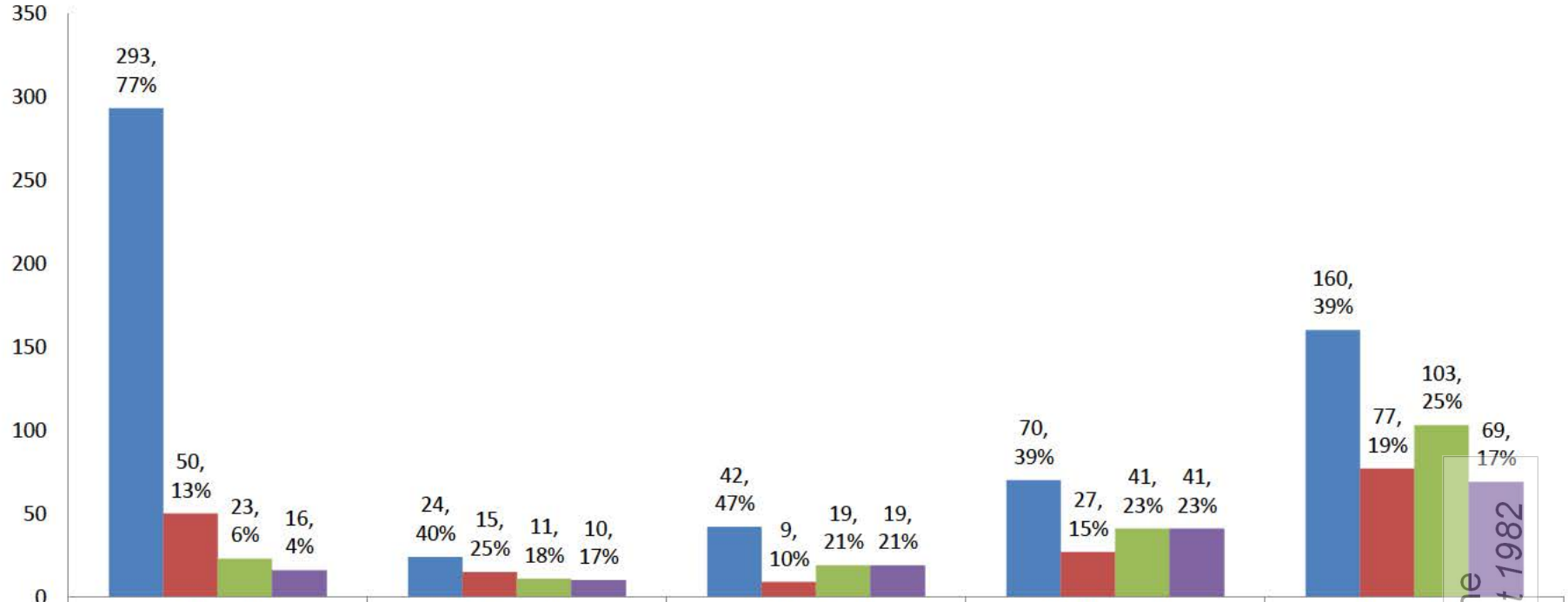
| Mainland and Christmas Island (IDFs only) Q3 Jul – Sep 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Months in Detention** | **Total screenings completed** | **Mean** | **Low (<20) N** | **Low (<20) %** | **Mild (20-24) N** | **Mild (20-24) %** | **Moderate (25-29) N** | **Moderate (25-29) %** | **Severe (30-50) N** | **Severe (30-50) %** |
| 0-3 months | 382 | 15.62 | 293 | 76.7% | 50 | 13.1% | 23 | 6.0% | 16 | 4.2% |
| 4-6 months | 60 | 22.02 | 24 | 40.0% | 15 | 25.0% | 11 | 18.3% | 10 | 16.7% |
| 7-12 months | 89 | 21.83 | 42 | 47.2% | 9 | 10.1% | 19 | 21.3% | 19 | 21.3% |
| 13-18 months | 179 | 22.67 | 70 | 39.1% | 27 | 15.1% | 41 | 22.9% | 41 | 22.9% |
| 19+ months | 409 | 22.46 | 160 | 39.1% | 77 | 18.8% | 103 | 25.2% | 69 | 16.9% |
| **Total** | **1,119** | **21.34** | **589** | **52.6%** | **178** | **15.9%** | **197** | **17.6%** | **155** | **13.9%** |
| **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%** |

The table above shows K-10 scores for those consenting to screening in onshore immigration detention, and compares those rates with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

Slightly more episodes of mental health screening were conducted in Q3 compared with Q2. This is likely in part due to the increase in numbers in detention over this period as indicated by Detention statistics (for example DIBP statistics recorded 1,648 adults in Mainland and Christmas Island detention in May 2015, compared with 1,904 in August 2015. The larger cohorts screened with time in detention either 0-3 months or more than 19 months reflects the detention population length of stay statistics.

Results from this quarter show low K-10 scores for those who have relatively recently entered detention (0-3 months rates at 4.3% are well below the rates found in Community mental health services, at 13.4%). However, those in detention for more than 6 months all have rates higher than those found in case managed Community Mental health service patients. This is of concern, as health service delivery uses a primary care model and is not able to provide a case management level of clinical care for patients in detention. It is likely therefore that there is a significant amount of unmet need around mental health in onshore detention currently.

## Kessler Psychological Distress Scale: Mainland and Christmas Island




| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months |
|---|---|---|---|---|---|
| Low (<20) N | 293 | 24 | 42 | 70 | 160 |
| Mild (20-24) N | 50 | 15 | 9 | 27 | 77 |
| Moderate (25-29) N | 23 | 11 | 19 | 41 | 103 |
| Severe (30-50) N | 16 | 10 | 19 | 41 | 69 |

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

## 9.6. Strengths and Difficulties Questionnaire (SDQ) for Children Onshore – Q3 2015

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for emotional and behavioural disorders in children and adolescents (Goodman, 1997). Abnormal scores on the SDQ provide an idea of the reported severity of problems from the perspective of child and parent, rather than confirming the presence or diagnosis of psychological disorder.

The SDQ consists of questions related to 25 attributes and divided between 5 scales:

- Emotional symptoms (5 items)
- Conduct problems (5 items)
- Hyperactivity/inattention (5 items)
- Peer relationship problems (5 items)
- Prosocial behaviour (5 items).

For those below the age of 11, the SDQ is completed by parents. For those between ages 11-17, a self-rating report is additionally completed. No teachers scored the SDQ in this initial rollout.

Table 9.6 SDQ results onshore Q3

| SDQ Total Difficulties scores | Normal | Borderline | Abnormal |
|---|---|---|---|
| Parent ratings (age 4-17, N=45) | 17% | 15% | 67% |
| Self-report (age 11-17, n=18) | 45% | 22% | 33% |

SDQ screening was offered to all 54 children and their families in onshore detention between the ages of 4-17. Forty five consented to and participated in screening.

A Total Difficulties score was calculated based on the scoring of the subscales of SDQ. Sixty seven percent of parents who completed the SDQ scored their child in the abnormal category, meaning they perceived their child to have significant behavioural or psychological problems which impact upon their social, educational or personal life. Fifteen percent scored their child in the borderline category, and 17% perceived their child to be normal and not impacted by behavioural or psychological problems.

Self-Report versions were completed by 18 young people aged 11-17 years. Six of 18 (33%) scored themselves in the abnormal category. This indicates that the young person identifies their social or personal life as being significantly impacted by their behavioural or psychological problems. Four (22%) scored themselves in the borderline category, and (45%) scored in the normal range indicating minor or no perceived problems with their functioning or peer relationships.

For those scoring their child in the abnormal category, the emotional and peer relationship domains represented the majority of the variation, while for self-scores in the abnormal range, the significant variation was in the emotional domain.

These findings have been discussed with DIBP, and recommendations made particularly targeting the emotional and peer domains. Children will be re-tested when their mental health screening is next due, or as appropriate in the course of individualised management plans.

## 9.7. Torture & Torture

### Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma services are provided for those who may have experienced torture and trauma prior to arrival in detention, or in the case of Maritime arrivals in onshore detention prior to arrival in an offshore processing centre, in accordance with Departmental policy.

Initial screening questions for Torture and trauma are asked as a component of the Health induction process, and also later as part of mental health assessment. Torture and trauma disclosures may also be made at any time subsequently.

Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post traumatic stress disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition this usual level of care, referrals to Specialist Torture and Trauma services are made for those with disclosed or suspected T&T histories. Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times Detainees may be referred for additional Specialist T&T input.

## 9.8. New T&T Disclosures

| New Torture and Trauma Disclosures | | | | | |
|---|---|---|---|---|---|
| **Facility T&T First disclosed** | **Number of Detainees in IDFs who made new disclosures during the quarter** | **0-4 years** | **5-17 years** | **18-64 years** | **65+ years** |
| Adelaide ITA | 0 | 0 | 0 | 0 | 0 |
| Brisbane ITA | 4 | 0 | 0 | 4 | 0 |
| Christmas Island | 6 | 0 | 0 | 6 | 0 |
| Maribyrnong IDC | 9 | 0 | 0 | 9 | 0 |
| Melbourne ITA | 9 | 1 | 2 | 5 | 1 |
| Perth IDC/IRH | 1 | 0 | 0 | 1 | 0 |
| Villawood IDC | 23 | 0 | 0 | 23 | 0 |
| Wickham Point APOD/IDC | 16 | 1 | 2 | 13 | 0 |
| Yongah Hill IDC | 15 | 0 | 0 | 14 | 1 |
| **Total** | **83** | **2** | **4** | **75** | **2** |
| **% total IDF population during Q3** | **2.3%** | **3.0%** | **4.6%** | **2.2%** | **6.9%** |

## 9.9. Supportive Monitoring and Engagement

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self-harm and suicide. There are three levels of SME, involving variable levels of monitoring by security staff and clinical staff, ranging from 24 hour 1:1 monitoring, to intermittent or weekly review. In addition to indicating individual risk, SME numbers in each centre provide a snapshot of site mental health acuity and complexity. SME numbers are a better reflection of mental distress than of mental illness, and are particularly affected by psychosocial stressors.

SME numbers were first reported in the Q2 data set, however were only provided as brief 'snapshots' over time as they were extracted manually from the health record. Figures provided in this Data set have been extracted from the electronic record, and reflect numbers commenced on SME over the Quarter. Figures do not indicate length of time on SME, and do not count individuals who may have had SME ceased and recommenced within this reporting period.

| Individuals on SME | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q3 - Jul - Sep 2015 | | | |
| | Ongoing | Moderate | High Imminent |
| Adelaide ITA | 3 | 3 | 1 |
| Brisbane ITA | 4 | 7 | 6 |
| Christmas Island | 12 | 6 | 10 |
| Maribyrnong IDC | 8 | 6 | 6 |
| Melbourne ITA | 14 | 12 | 11 |
| Perth | 3 | 2 | 2 |
| Perth IRH | 2 | 2 | 0 |
| Sydney IRH | 1 | 0 | 1 |
| Villawood IDC | 12 | 12 | 14 |
| Wickham Point | 26 | 21 | 29 |
| Yongah Hill IDC | 8 | 7 | 8 |
| **Total** | **93** | **78** | **88** |
| **Total number of unique individuals on SME** | **136** | **% of IDF population on SME** | **3.8%** |

Wickham Point had the highest number on SME across all sites in this quarter, which is similar to Q2. This is a reflection both of the total numbers on site and also that Wickham has the largest number of Transferees from offshore. Transferees with offshore pathways tend to have higher rates of anxiety or mood disorders than the overall detention population, and have the additional stress associated with anticipation of return offshore. Transferees from offshore also include a number of adolescents and children. Rates of self harm in the general population are highest in adolescents and young adults, in those with mood and anxiety disorders, and in those with increased psychosocial stressors, all of which contribute to Wickham Points high SME numbers.

Melbourne Immigration Transit Accommodation (MITA), although a relatively small centre, also has relatively high SME rates. This is largely because MITA accommodates mainly families, including women and children, who tend to have higher rates of self harm than adult males, and also have a number of risk vulnerabilities for which SME is sometimes used. While SME is intended as a risk management strategy for risk of self harm and suicide, it is also sometimes used to help manage potential risk from others, particularly in Victoria in which Detention Centres fall outside the jurisdiction of Child Protection services. This means that SME rates in Victoria are not 100% comparable with those in other States and Territories, as it is at times used to protect families or children from others. Work is occurring with DIBP to look at potential alternative strategies for risks that do not fall within the category of self harm or suicide.

ihms
International Health
and Medical Services

# Department of Immigration and Border Protection

# Regional Processing Centres Quarterly Health Trends Report

July - September 2015

Quarter 3

# Regional Processing Centres Quarterly Health Trend Report

## Quarter 3

## July – September 2015

**Report written by:**

International Health and Medical Services (IHMS)

Please send questions to:

Senior Clinical Reporting Team Leader
Level 3, 45 Clarence Street
Sydney NSW 2000

# Table of Contents

# 1. Executive Summary

IHMS continues to provide health care services for 934 Transferees at the RPC on Manus Island and 631 Transferees at the RPC on Nauru. IHMS provides primary health care, emergency medical support, mental health support and antenatal care (to pregnant women). This includes the provision of direct medical care and disease prevention services. IHMS also facilitates specialist services as required.

Consultations are divided amongst GPs, Primary Health Nurses and Mental Health Nurses. Counsellors provide extensive client contact through group activities, and Psychologists and Psychiatrists provide smaller numbers of more specialised services.

Regular pathology services ranging from full blood examinations, biochemistry and inflammatory markers to a small number of serology and rapid identification tests are provided on site with the majority of microbiology and some specialised tests being referred to Australian laboratories. The number of tests performed over the last quarter has reduced slightly.

A variety of Allied Health disciplines is accessed by Transferees. Physiotherapy and Dental services are the specific disciplines which dominate Allied Health consultations due to the frequency of musculoskeletal and dental complaints amongst Transferees.

The majority medical imaging services are plain X-ray examinations although there has been a reduction over the last quarter. Ultrasound imaging is utilised less frequently. More specialised imaging such as MRI and CT scans, which require transfer out of the centres, are utilised infrequently.

Specialist consultations are provided by visiting specialists, telehealth consultations and transfers to Port Moresby to utilised services available at Pacific International Hospital. General surgical referrals are most common with orthopaedic referrals being the next most common. These 2 disciplines make up over half of the specialist referrals. Fewer than 4% of Transferees were referred to a specialist over the last quarter.

Although hospital admissions have increased, hospital admissions remain infrequent because the majority of acute illnesses are managed with the RPC clinics. The increase in hospital admissions is due to an increase in referrals to Pacific International Hospital in Port Moresby for specialist consultations where there is a high admission rate.

The most common presentation over the quarter is ‗general unspecified' which includes a wide range of non-specific presenting symptoms. Digestive conditions, musculoskeletal conditions, skin conditions and psychological conditions are all common presentations. Of the clinical presentations over the last quarter, the most common chronic condition is ‗depression'. Other common chronic diseases are oral disease, cardiovascular disease and arthritis.

IHMS is committed to safe and effective prescription of medication. Over the quarter, 72% of Transferees were prescribed one or more medications. The medications utilised most commonly are non-steroidal anti-

inflammatories and simple analgesics and antipyretics. Anti-histamines, penicillin-based antibiotics and medications for hyperacidity, reflux and peptic ulcer disease are also frequently used. Psychotropic medications do not feature in the top 10 most commonly prescribed drugs, but are still utilised fairly commonly to manage the high level of psychological symptoms displayed by the Transferees – antidepressants were prescribed for 8% of the population, anti-anxiety agents prescribed for 4% and antipsychotic agents prescribed for 2%. The majority of medications prescribed are Schedule 4 (Prescription only) although unscheduled medications are also common (e.g. many vitamins and topical preparations). Schedule 8 medications (controlled drugs) are rarely used – 9 prescriptions only for the quarter.

IHMS continues to actively vaccinate the Transferee population according to the Australian Immunisation Handbook (10th Ed). The total number vaccines administered was relatively few over the last quarter due to ‗catch up' vaccination having been achieved in the previous quarter and influenza vaccination having been completed prior to this quarter.

Communicable disease numbers remain low and there were no reports of malaria (PNG only) in Transferees during the reporting period. However, the risk of malaria will remain on Manus Island – Transferees will need to remain vigilant on Manus Island and Vector Control programmes will need to continue in order to restrict the number of cases of malaria.

A variety of impairments and complex diagnostic categories are captured within ‗disabilities' – however, fewer than 1% are considered to be affected enough to be classified in this grouping.

Mental health services are provided by primary health providers (GPs and Primary Health Nurses) augmented by specialist Mental Health Nurses, Counsellors, Psychologists and Psychiatrists. Comprehensive mental health screening and assessment is provided throughout an individual's stay within the detention and processing environment. The Supportive Monitoring and Engagement process (SME) used in conjunction with other service providers, provides additional risk management for those presenting with significant risk of self-harm and suicide.

The opening the new medical and mental health centre on Manus Island has provided a new group room to facilitate novel group programmes.

GP presentations relating to mental health conditions make up 9.5% of adult presentations – this is less than half of the 20% of presentation for mental health conditions for adults in onshore centres. Mental health related GP presentations make up only 2% of presentations of children to GPs compared with 13% onshore. These differences are probably largely attributable to the greater availability of Counsellors, Psychologists, Mental Health Nurses and Psychiatrists in the offshore centres.

Transfers to Australia for acute psychiatric hospital admissions were infrequent – only 3 for the quarter. The capacity to provide inpatient-type psychiatric care on Nauru increased toward the end of the quarter. However, that service will not yet be suitable for individual cases with subspecialty or compulsory treatment needs.

The Kessler Psychological Distress Psychological Distress Scale (K-10) has been utilised as the screening tool. There is a strong association between high scores on the K-10 and validated psychiatric diagnoses. 11.1% of those in detention for 13-18 months reported moderate levels of anxiety and depression in this quarter compared with 9.6% in the previous quarter. 16.8% of those detained for over 19 months reported severe distress as compared to 12.6% in the previous quarter. This is above the rate of 13.4% found in case managed patients attending a community mental health service.

Specialist Torture and Trauma services are provided for those who have experienced torture and trauma prior to arrival in an off-shore processing facility. Those with a history of torture and trauma often suffer from mental illnesses such as anxiety, depression and post traumatic stress disorder. Disclosure may sometimes occur many years after the event. New disclosures during the quarter were more common on Manus Island than Nauru and number about 2% of the population.

The SME programme assists in the management of Transferees at risk of self-harm and suicide. SME was initiated 75 times during the quarter for 39 unique individuals – ‗high imminent' SME was initiated on 25 occasions, ‗moderate' SME on 21 occasions and ‗ongoing' SME on 29 occasions.

Definitions

| Term | Definition |
|---|---|
| ABF | Australian Border Force |
| 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 |
| IHMS | International Health and Medical Services |
| NOCC | National Outcomes and Case-Mix Collection |
| NSAID | Non-Steroidal Anti-Inflammatory Drug |
| PIH | Pacific International Hospital |
| PNG | Papua New Guinea |
| RACGP | Royal Australian College General Practitioners |
| RN | Registered Nurse |
| RPC | Regional Processing Centre |
| SAF | Single Adult Female |
| SAM | Single Adult Male |
| UAM | Unaccompanied Minor |

# 2. Transferee Cohort Summary

An overview of the number of people in RPCs can be found using the below Department of Immigration and Border Protections website link:

http://www.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention

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

| Age Groupings |
|---|
| Male 0-4 years |
| Female 0-4 years |
| Male 5-17 years |
| Female 5-17 years |
| Male 18-64 years |
| Female 18-64 years |
| Male 65+ years |
| Female 65+ years |

On Manus Island, there has been a minimal reduction in the Transferee population of approximately 1% with over 930 Transferees remaining within the centre. There has been a reduction in total numbers of Transferees by approximately 4% although the numbers of women and children have not decreased during the period.

# 3. Explanatory notes

Data in this report should be interpreted with an understanding of how the diagnoses and presentations are generated within the electronic record system. IHMS electronic record uses the SNOMED clinical terminology system to record reasons for presentation. SNOMED is a clinical terminology system designed to capture and represent patient data for clinical purposes. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceuticals substances, devices and specimens. This means that statistical information, on for example, ‗cardiac presentations' is a marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population. For example, the ‗cardiovascular' code includes sub-codes such as ‗good hypertension control', ‗prominent veins', and ‗palpitations', as well as the more pathological ‗cerebrovascular disease' and ‗angina'.

# Primary Health

# 4. Integrated Primary Health Care

## 4.1. Introduction

IHMS provides primary health care services, emergency response and mental health support within the Regional Processing Centres on Manus Island and Nauru. Primary health services are provided by Medical Officers (GPs) and Primary Health Nurses, emergency response by Emergency Medical Officers and Paramedics and mental health support by Mental Health Nurses, Psychologists, Counsellors and visiting Psychiatrists. Ante-natal support for pregnant women on Nauru is provided by midwives and full-time on-site Obstetrician. In addition, paediatric expertise on Nauru is provided by one on-site medical officer who has training in paediatrics.

To supplement standard primary care services, IHMS provides disease prevention activities in the form of regular health education, disease screening and immunisation.

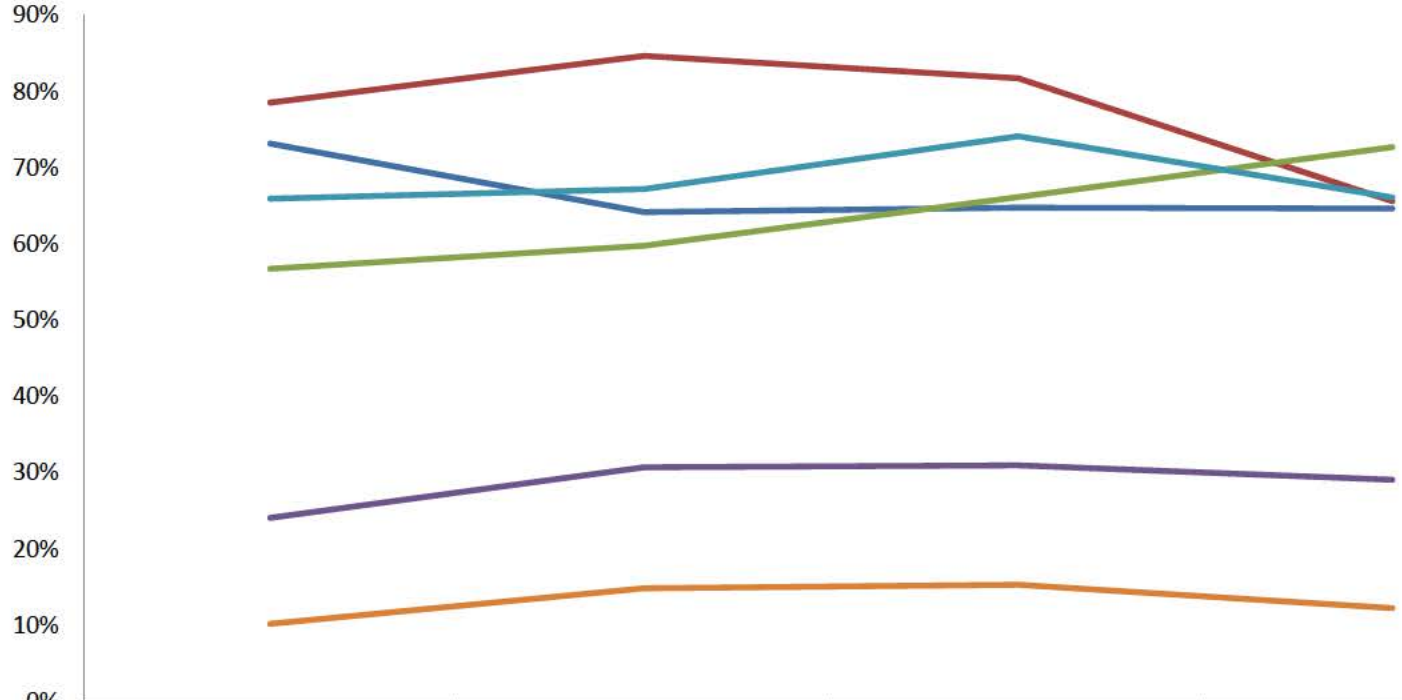
IHMS facilitates specialist care by utilising visiting specialists, telehealth consultations and, in some cases, referral to external specialists (most commonly at Pacific International Hospital, Port Moresby).

## 4.2. Consultations

| Primary Health Care – Consultations | | | | | | |
|---|---|---|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | | | | |
| IHMS Primary Health Care | Standard Consultations | Medication Administration | Total number of consults | No. of unique persons seen | Average Consults/Person in Q3 | % of total RPC population during Q3 2015 |
| GP | 3,461 | 8 | 3,469 | 1,048 | 3.3 | 64.7% |
| Primary Health Nurse | 3,720 | 103 | 3,823 | 1,064 | 3.6 | 65.6% |
| Mental Health Nurse | 3,128 | 98 | 3,226 | 1,179 | 2.7 | 72.7% |
| Psychologist | 1,462 | 0 | 1,462 | 472 | 3.1 | 29.1% |
| Counsellor | 6,082 | 0 | 6,082 | 1,072 | 5.7 | 66.1% |
| Psychiatrist | 373 | 0 | 373 | 199 | 1.9 | 12.3% |
| Total | 18,226 | 209 | 18,435 | 5,034 | 3.7 | |

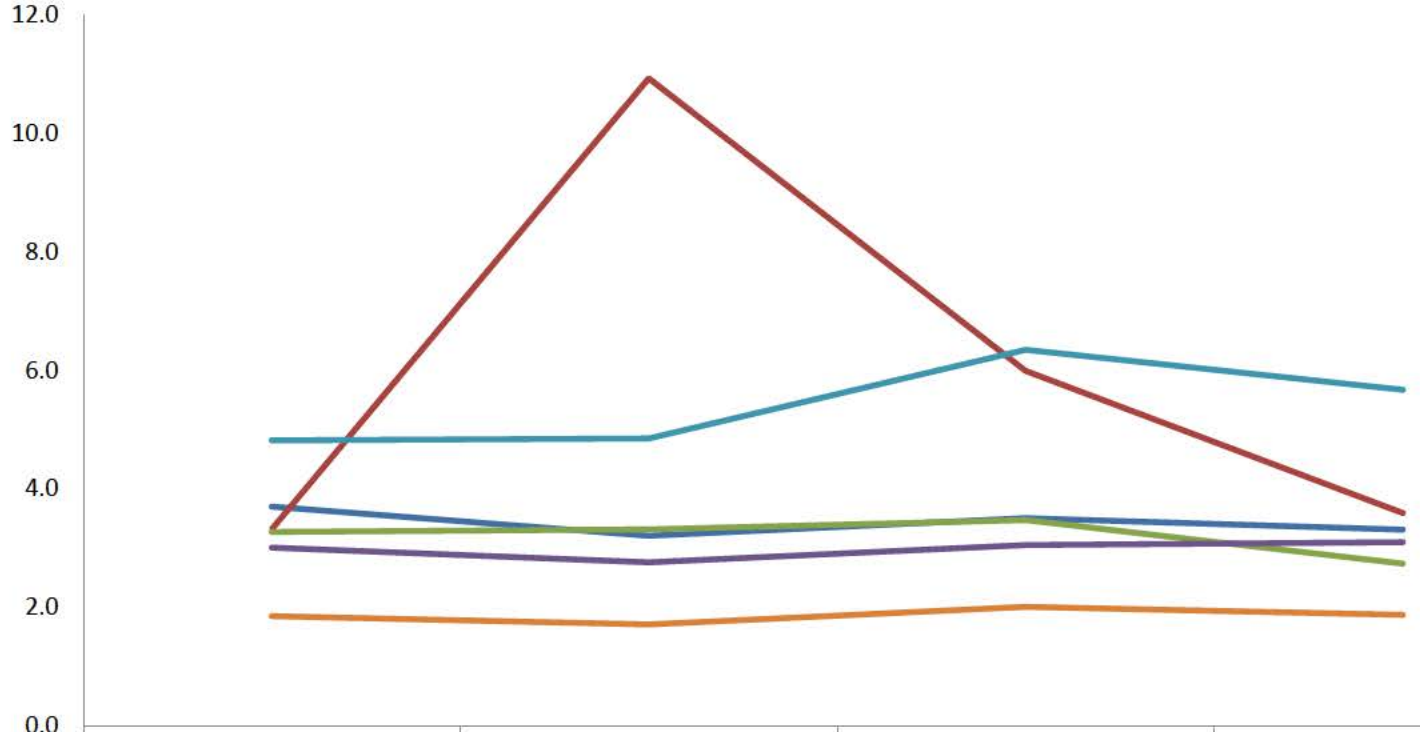
***Total number of unique consults:*** *If a Transferee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a Transferee presents to the clinic once with multiple health issues, the consultation will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

## % of Population Accessing Health Care by Specialty during the Quarter




| | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 |
|---|---|---|---|---|
| GP | 73% | 64% | 65% | 65% |
| Primary Health Nurse | 79% | 85% | 82% | 66% |
| Mental Health Nurse | 57% | 60% | 66% | 73% |
| Psychologist | 24% | 31% | 31% | 29% |
| Counsellor | 66% | 67% | 74% | 66% |
| Psychiatrist | 10% | 15% | 15% | 12% |

## Average Consults Per Person Per Quarter by Specialty




| | Q4 2014 | Q1 2015 | Q2 2015 | Q3 2015 |
|---|---|---|---|---|
| GP | 3.7 | 3.2 | 3.5 | 3.3 |
| Primary Health Nurse | 3.3 | 10.9 | 6.0 | 3.6 |
| Mental Health Nurse | 3.3 | 3.3 | 3.5 | 2.7 |
| Psychologist | 3.0 | 2.8 | 3.0 | 3.1 |
| Counsellor | 4.8 | 4.9 | 6.3 | 5.7 |
| Psychiatrist | 1.9 | 1.7 | 2.0 | 1.9 |

The numbers of Primary Health Nurse and Mental Health Nurse consultations reflect the usual primary care point being Nurses. The large number of Counsellor consultations is related to considerable group work and preventative mental health work undertaken. GP consultations remain constant. Overall, consultations per person remain considerably higher than the general Australian community – this is particularly so in the mental health sphere.

| Onsite Integrated Primary Health Care by Age Group | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | | | | | | | | |
| IHMS Primary Health Care | 0-4 years | % (0-4 yrs) | 5-17 years | % (5-17 yrs) | 18-64 years | % (18-64 yrs) | 65+ years | % (65+ yrs) | Total | % (Total) |
| GP | 12 | 60.0% | 50 | 66.7% | 985 | 64.6% | 1 | 100.0% | 1,048 | 64.7% |
| Primary Health Nurse | 18 | 90.0% | 68 | 90.7% | 977 | 64.1% | 1 | 100.0% | 1,064 | 65.6% |
| Mental Health Nurse | 8 | 40.0% | 42 | 56.0% | 1,128 | 74.0% | 1 | 100.0% | 1,179 | 72.7% |
| Counsellor | 7 | 35.0% | 29 | 38.7% | 435 | 28.5% | 1 | 100.0% | 472 | 29.1% |
| Psychiatrist | 11 | 55.0% | 32 | 42.7% | 1,028 | 67.4% | 1 | 100.0% | 1,072 | 66.1% |
| Psychologist | 0 | 0.0% | 4 | 5.3% | 195 | 12.8% | 0 | 0.0% | 199 | 12.3% |

## 4.3. Pathology Referrals

| Pathology Referrals | | |
|---|---|---|
| **Manus and Nauru Q3 Jul - Sep 2015** | | |
| **Pathology Type** | **No. of Referrals** | **No. of Persons** |
| Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine | 589 | 446 |
| Full Blood Count (FBC) | 363 | 249 |
| Mid Stream Urine Micro & Culture | 126 | 88 |
| Fasting Triglycerides | 131 | 106 |
| C Reactive Protein (CRP) | 120 | 94 |
| Helicobacter pylori Serology | 70 | 60 |
| TFT (FT4 & TSH) | 46 | 38 |
| HbA1c | 41 | 27 |
| Uric Acid | 36 | 35 |
| Helicobacter pylori Breath Test | 28 | 27 |
| **Total number of unique persons that had a Pathology Referral** | **434** | **26.8%** |

There has been a slight reduction in pathology referrals overall with the most notable reduction relating to the testing for Helicobacter pylori which was tested for in larger than usual numbers in the previous quarter.

## 4.4. Allied Health Appointments

| Allied Health Appointments | | | | | |
|---|---|---|---|---|---|
| Manus and Nauru Q3 - Jul - Sep 2015 | | | | | |
| Allied Health Appointment Type | Onsite Appointments | Offsite Appointments | Total Appointments | No. unique persons (based on all designations) | Percentage of unique persons who attended appointment |
| Dental | 179 | 211 | 390 | 248 | 15.3% |
| Physiotherapy | 373 | 10 | 383 | 217 | 13.4% |
| Audiology | 0 | 0 | 0 | 0 | 0.0% |
| Optometry | 0 | 7 | 7 | 6 | 0.4% |
| Other | 0 | 341 | 341 | 189 | 11.7% |
| TOTAL | 552 | 569 | 1,121 | | 33.3% |
| Total number of unique persons to have an Allied Health Appointment | | 540 | | | |

Higher numbers, particularly in relation to physiotherapy, relate to data collection from appointment data rather than referral letters (which was used in the previous report).

Dental consultations remain high as a result of poor dentition within the Transferee cohort. The high numbers of physiotherapy consultations reflect a large number of musculoskeletal complaints including sporting injuries and mechanical back pain.

## 4.5. Radiology Referrals

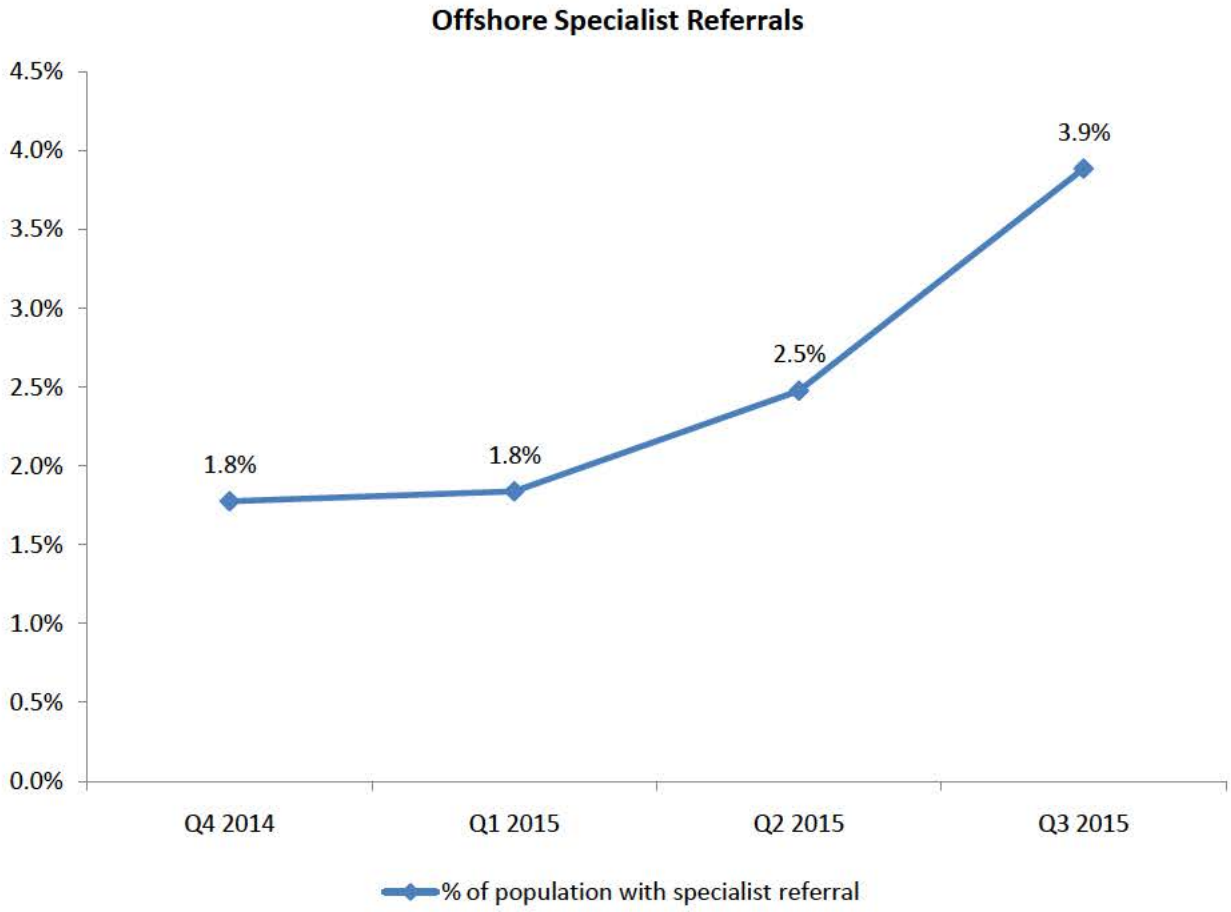
| Radiology Referrals | | | | | |
|---|---|---|---|---|---|
| Manus and Nauru Q3 - Jul - Sep 2015 | | | | | |
| Type | Referrals | | Persons | | Top reasons for imaging referral |
| | No. Referrals | Percentage (of total) | No. Persons | Percentage (of all persons with Radiology referral ) | |
| X-Ray | 122 | 73.5% | 90 | 78.3% | 1. Chest<br>2. Shoulder (L)<br>3. Spine - Lumbo-sacral<br>4. Abdomen<br>5. Elbow (R) |
| Ultrasound | 31 | 18.7% | 28 | 24.4% | 1. Abdomen<br>2. Renal<br>3. Other<br>4. Pelvis (F)<br>5. Testicular |
| MRI | 8 | 4.8% | 8 | 7.0% | 1. Periphery<br>2. Head |
| CT Scan | 5 | 3.0% | 4 | 3.5% | 1. Chest<br>2. Head<br>3. Pelvis |
| **Total** | **166** | **100%** | | | |
| **Total number of unique persons to have a Radiology test** | **115** | **As % of total OPC population during quarter** | **7.0%** | | |

There have been fewer plain X-rays as compared to the previous quarter. The reduction in ultrasounds is in part related to obstetric ultrasounds being conducted by the staff obstetrician. There is no requirement for formal referral and reports are written directly into the progress notes rather than as a separate report. Specialised imaging such as CT and MRI scans which require transfers off island are essentially unchanged.

## 4.6. Specialist Referrals

| Specialist Referrals | | | |
|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | |
| **Specialist Referrals** | **No. Referrals** | **No. unique persons (based on all designations)** | **Percentage of unique persons referred to a specialist** |
| General Surgery | 21 | 20 | 1.2% |
| Orthopaedics | 17 | 15 | 0.9% |
| Otorhinolaryngology | 8 | 8 | 0.5% |
| Urology | 5 | 4 | 0.2% |
| Allergy and Immunology | 4 | 3 | 0.2% |
| Ophthalmology | 4 | 4 | 0.2% |
| Gastroenterology | 2 | 2 | 0.1% |
| Cardiology | 2 | 2 | 0.1% |
| Neurology | 2 | 2 | 0.1% |
| Endocrinology | 3 | 2 | 0.1% |
| Demato-Venereology | 2 | 2 | 0.1% |
| Plastic, Reconstruction and Aesthetic Surgery | 2 | 2 | 0.1% |
| Vascular Medicine | 1 | 1 | 0.1% |
| **TOTAL** | **73** | | |
| **Total number of unique persons to have a Specialist referral** | **63** | **% of total IDF population during Q3** | **3.9%** |

Consultations are also provided by telehealth consultations or by transfer to Port Moresby, particularly where surgery or specialist investigations such as CT or MRI scans are required. Specialist referral rates remain very low with the majority relating to General Surgery, Orthopaedic surgery and Ear, Nose and Throat. The types of specialist consultations referred this quarter are consistent with previous reports. General surgical referrals relate to a wide range of predominantly minor surgical matters, abdominal pain and referrals for gastro-intestinal endoscopy. Orthopaedic referrals result from a significant number of musculosketetal complaints. The majority of ear, nose and throat complaints relate to chronic tonsillar disease, chronic sinus disease and chronic ear infections. Urology continues to be in demand offshore, where the population presents with a variety of diseases including renal stones.



## 4.7. Hospital Admissions

| Hospital Admissions | | |
|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | |
| RPC Location | Total Hospital Admissions | Number of individuals hospitalised |
| Manus Island | 28 | 24 |
| Nauru Centre | 22 | 16 |
| Total | 50 | |
| Total number of unique persons that were hospitalised | 47 | 2.9% |

The majority of acute illnesses are managed within the RPC clinics so that the majority of hospital admissions are for elective procedures or investigations. There has been an increase in hospital admissions for Nauru Transferees due to an increase in referrals to Pacific International Hospital Port Moresby for specialist review.

## 4.8. GP/Psychiatrist Presentations by Health Groupings

| GP/Psychiatrist Presentations by Health Groupings | | | |
|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | |
| **Health Groupings** | **Number of Unique Presentations** | **Number of Unique Persons** | **Percentage of total RPC population with a presentation** |
| General Unspecified | 1,649 | 743 | 45.8% |
| Musculoskeletal | 876 | 415 | 25.6% |
| Digestive | 869 | 368 | 22.7% |
| Skin | 751 | 374 | 23.1% |
| Psychological | 686 | 295 | 18.2% |
| Respiratory | 590 | 267 | 16.5% |
| Social | 337 | 255 | 15.7% |
| Urological | 315 | 201 | 12.4% |
| Neurological | 256 | 175 | 10.8% |
| Ear | 248 | 104 | 6.4% |
| Eye | 198 | 116 | 7.2% |
| Endocrine / Metabolic & Nutritional | 182 | 133 | 8.2% |
| Genital | 177 | 95 | 5.9% |
| Injury | 165 | 126 | 7.8% |
| Cardiovascular | 122 | 86 | 5.3% |
| Blood / Blood forming organs | 20 | 18 | 1.1% |
| Pregnancy / Childbearing / Family Planning | 19 | 11 | 0.7% |
| **Total** | **7.406** | | |

| GP/Psychiatrist presentations by Age Grouping | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | | | | | | | | |
| Health Groupings | 0-4 years | % of total 0-4 yrs | 5-17 years | % of total 5-17 yrs | 18-64 years | % of total 18-64 yrs | 65+ years | % of total 65+ yrs | Total | % total IDF population |
| General Unspecified | 11 | 55.0% | 38 | 50.7% | 694 | 45.5% | 0 | 0.0% | 743 | 45.8% |
| Musculoskeletal | 1 | 5.0% | 7 | 9.3% | 406 | 26.6% | 1 | 100.0% | 415 | 25.6% |
| Skin | 6 | 30.0% | 19 | 25.3% | 349 | 22.9% | 0 | 0.0% | 374 | 23.1% |
| Digestive | 4 | 20.0% | 6 | 8.0% | 357 | 23.4% | 1 | 100.0% | 368 | 22.7% |
| Psychological | 3 | 15.0% | 3 | 4.0% | 289 | 19.0% | 0 | 0.0% | 295 | 18.2% |
| Respiratory | 5 | 25.0% | 18 | 24.0% | 244 | 16.0% | 0 | 0.0% | 267 | 16.5% |
| Social | 6 | 30.0% | 11 | 14.7% | 238 | 15.6% | 0 | 0.0% | 255 | 15.7% |
| Urological | 4 | 20.0% | 10 | 13.3% | 187 | 12.3% | 0 | 0.0% | 201 | 12.4% |
| Neurological | 0 | 0.0% | 5 | 6.7% | 170 | 11.1% | 0 | 0.0% | 175 | 10.8% |
| Endocrine / Metabolic & Nutritional | 4 | 20.0% | 2 | 2.7% | 126 | 8.3% | 1 | 100.0% | 133 | 8.2% |
| Injury | 0 | 0.0% | 2 | 2.7% | 124 | 8.1% | 0 | 0.0% | 126 | 7.8% |
| Eye | 1 | 5.0% | 1 | 1.3% | 114 | 7.5% | 0 | 0.0% | 116 | 7.2% |
| Ear | 0 | 0.0% | 5 | 6.7% | 99 | 6.5% | 0 | 0.0% | 104 | 6.4% |
| Genital | 0 | 0.0% | 0 | 0.0% | 95 | 6.2% | 0 | 0.0% | 95 | 5.9% |
| Cardiovascular | 0 | 0.0% | 2 | 2.7% | 83 | 5.4% | 1 | 100.0% | 86 | 5.3% |
| Blood / Blood forming organs | 1 | 5.0% | 1 | 1.3% | 16 | 1.0% | 0 | 0.0% | 18 | 1.1% |
| Pregnancy / Childbearing / Family Planning | 0 | 0.0% | 0 | 0.0% | 11 | 0.7% | 0 | 0.0% | 11 | 0.7% |

The most common presentation is, once again, ‘general unspecified” (45.8% of the population seen for this symptom group over the reporting period) – this includes a wide range of non-specific presentations. Digestive conditions (22.7%), musculoskeletal conditions (25.6%), skin conditions (23.1%) and psychological conditions (18.2%) all remain very common presentations. These percentages are essentially unchanged from the previous quarter.

## 4.9. Primary Health Care Chronic Diseases

| Primary Health Care - Chronic Diseases | | | | | |
|---|---|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | | | |
| Chronic Disease categories taken from the Australian institute of Health and Welfare | Adult | Percentage of Adult with chronic disease | Minor | Percentage of Minor chronic disease | Total |
| Arthritis | 29 | 1.9% | 0 | 0.0% | 29 |
| Asthma | 12 | 0.8% | 1 | 1.1% | 13 |
| Cancer | 2 | 0.1% | 0 | 0.0% | 2 |
| Cardiovascular | 35 | 2.3% | 0 | 0.0% | 35 |
| Chronic kidney disease | 3 | 0.2% | 0 | 0.0% | 3 |
| Depression | 50 | 3.3% | 0 | 0.0% | 50 |
| Diabetes | 17 | 1.1% | 0 | 0.0% | 17 |
| Oral disease | 36 | 2.4% | 0 | 0.0% | 36 |

| Chronic Diseases by Age Grouping | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | | | | | | |
| Chronic Disease | 0 - 4 years | Age group by % | 5-17 years | Age group by % | 18 - 64 years | Age group by % | 65+ years | Age group by % |
| Arthritis | 0 | 0.0% | 0 | 0.0% | 28 | 1.8% | 1 | 100.0% |
| Asthma | 1 | 5.0% | 0 | 0.0% | 12 | 0.8% | 0 | 0.0% |
| Cancer | 0 | 0.0% | 0 | 0.0% | 2 | 0.1% | 0 | 0.0% |
| Cardiovascular | 0 | 0.0% | 0 | 0.0% | 34 | 2.2% | 1 | 100.0% |
| Chronic / kidney disease | 0 | 0.0% | 0 | 0.0% | 3 | 0.2% | 0 | 0.0% |
| Depression | 0 | 0.0% | 0 | 0.0% | 50 | 3.3% | 0 | 0.0% |
| Diabetes | 0 | 0.0% | 0 | 0.0% | 16 | 1.0% | 1 | 100.0% |
| Oral disease | 0 | 0.0% | 0 | 0.0% | 35 | 2.3% | 1 | 100.0% |

The most common chronic diseases recorded for Transferees presenting during the last quarter were depression (50), oral disease (36), cardiovascular disease (35) and arthritis (29). Diabetes was seen in 17 clients presenting during this period, equating to 1.0% of the population. Only one child presented with a chronic disease – in this case, asthma.

Overall, reports of chronic disease in Transferees presenting during this quarter are approximately 25% less than the previous quarter. This indicates that patients with chronic diseases are presenting less frequently possibly because the conditions have been more stable over the reporting period.

## 4.10. Health Trends

The common presentations were digestive conditions, musculoskeletal conditions, skin conditions, psychological and the unspecified group remain the consistent reason for medical presentation. In addition, the most common chronic disease reported this quarter was depression which was also the most common in the previous quarter. The most common chronic diseases apart from depression are oral disease, cardiovascular disease and arthritis – similar to the previous quarter. Virtually all the chronic disease is described in adults with only one minor reporting a chronic disease – a child with asthma.

Psychological presentations and depression remain common within the RPC environment so there is a continuing need for mental health support as described later in the report.

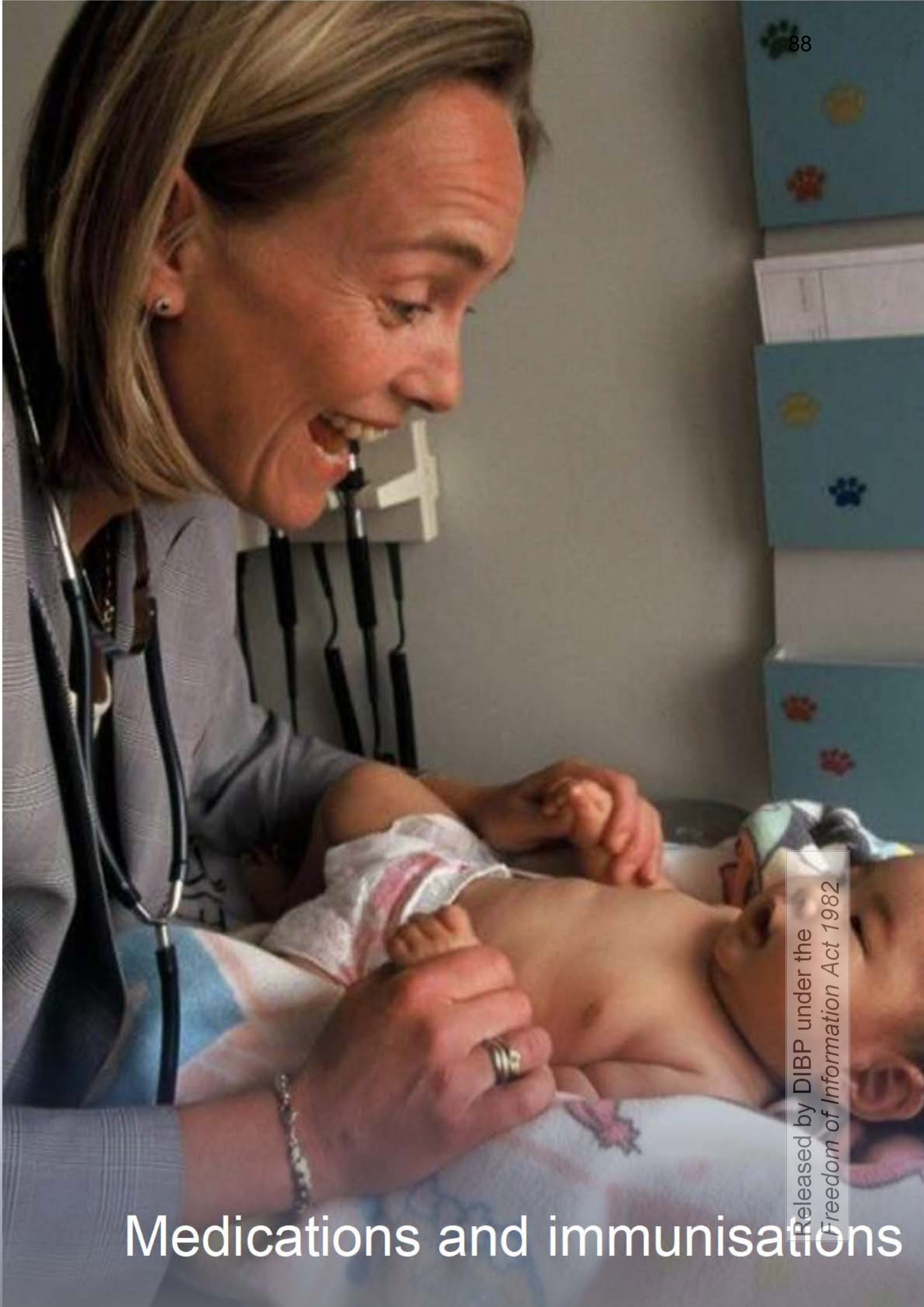
Musculoskeletal presentations are common and so primary health care continues to require support from physiotherapy, orthopaedic consultations services and sometimes specialist imaging services.

Digestive symptoms are common but fortunately do not appear to be associated with serious or chronic gastrointestinal disease in the majority of cases – however investigations including abdominal imaging, endoscopy and testing for Helicobacter are often required to clarify the aetiology and exclude severe disease.

Skin conditions are common and the challenging living environment contributes to this prevalence. Superficial trauma, skin infections and dermatitis are regularly seen and treated. The few complex skin conditions are reviewed by Dermatologists via telehealth.

Respiratory symptoms continue to be a common presenting complaint due to close living environment and the rapid spread of respiratory viruses and high smoking rates.

In general terms, there has been little change in the disease profile and medical presentations over the last quarter.



# Medications and immunisations

# 5. Medications

## 5.1. Medication usage in Transferees (Top 20)

| Medication Trends | | | | | | |
|---|---|---|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | | | | |
| % of Total Population during Quarter | | | | | | |
| Medications | Total | Total % | Adult | Adult % | Minor | Minor % |
| Nonsteroidal anti-inflammatory agents | 557 | 34.4% | 545 | 35.7% | 12 | 12.6% |
| Simple analgesics and antipyretics | 491 | 30.3% | 464 | 30.4% | 27 | 28.4% |
| Antihistamines | 335 | 20.7% | 321 | 21.0% | 14 | 14.7% |
| Penicillins | 326 | 20.1% | 308 | 20.2% | 18 | 18.9% |
| Hyperacidity, reflux and ulcers | 309 | 19.1% | 307 | 20.1% | 2 | 2.1% |
| Vitamins (single agents) | 223 | 13.8% | 221 | 14.5% | 2 | 2.1% |
| Expectorants, antitussives, mucolytics, decongestants | 220 | 13.6% | 212 | 13.9% | 8 | 8.4% |
| Antidepressants | 137 | 8.5% | 137 | 9.0% | 0 | 0.0% |
| Rubefacients, topical analgesics/NSAIDs | 123 | 7.6% | 122 | 8.0% | 1 | 1.1% |
| Topical oropharyngeal medication | 121 | 7.5% | 119 | 7.8% | 2 | 2.1% |
| Antispasmodics and motility agents | 99 | 6.1% | 99 | 6.5% | 0 | 0.0% |
| Other antibiotics and anti-infectives | 81 | 5.0% | 117 | 7.7% | 3 | 3.2% |
| Combination simple analgesics | 72 | 4.4% | 72 | 4.7% | 0 | 0.0% |
| Antiemetics, antinauseants | 72 | 4.4% | 71 | 4.7% | 1 | 1.1% |
| Supplemental and enteral nutrition | 72 | 4.4% | 72 | 4.7% | 0 | 0.0% |
| Tetracyclines | 71 | 4.4% | 71 | 4.7% | 0 | 0.0% |
| Laxatives | 68 | 4.2% | 67 | 4.4% | 1 | 1.1% |
| Topical antifungals | 68 | 4.2% | 61 | 4.0% | 7 | 7.4% |
| Macrolides | 64 | 3.9% | 52 | 3.4% | 12 | 12.6% |
| Antianxiety agents | 60 | 3.7% | 60 | 3.9% | 0 | 0.0% |
| Antipsychotic agents | 40 | 2.5% | 40 | 2.6% | 0 | 0.0% |

IHMS is committed to ensuring that medications are managed in a safe and effective manner and has implemented numerous activities to ensure this is achieved. This includes a full suite of policies, procedures and clinical practice guidelines related specifically to medication management, regular auditing of clinical cases and prescribing habits to ensure ongoing improvement and professional development is achieved through continuous feedback processes and adherence to the Australian Therapeutic Guidelines.

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minor prescriptions. IHMS can advise that the total populations at the Regional Processing Centres who required a regular medication at some point during the quarter have been as follows:

- Q4 2014 (October – December) 74%
- Q1 2015 (January – March) 70%
- Q2 2015 (April – June) 78%
- Q3 2015 (July-September) 72%

It was noted within the Q2 Health Data Set that there had been an increase by 8% of the total percentage of people on medications from the previous quarter. The total percentage of people on medications between Q2 and Q3 of 2015 has decreased again by 6%.

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minor prescriptions. From this table, it can be seen that non-steroidal anti-inflammatory agents remain the most commonly prescribed medication within IHMS facilities at the RPCs but has dropped from 40% to 34% of the total population between Q2 and Q3. This is closely followed by Simple analgesics and antipyretics at 30% which is also down by 3% from the last quarter. Whilst the total percentage of antihistamines has remained constant at 21% for this quarter compared to the last quarter, it is worth noting that this class of medications is now the third most commonly prescribed medication which has superseded hyperacidity, reflux and ulcer treatments at 19%. The continued utilisation of pain relief can be attributed to both cultural expectations and also the high incidence of dental pain and musculoskeletal conditions onsite.

Of significance also is that Combination Simple Analgesics have decreased from 13% in Q2 to 4% in Q3 and the use of Vitamins has increased by 9% between the same reporting periods.

The following medications that were listed in the top 20 for Q2 are no longer listed for Q3 and they are:

- Topical otic medications
- Agents used in drug dependence

The following medications are new medications listed for Q3 that were not featured in the top 20 medications report for Q2:

- Tetracyclines at 4%
- Supplemental and enteral nutrition at 4%

## 5.2. Medication Prescriptions by Schedule

| Medication Prescriptions by Schedule | | | |
|---|---|---|---|
| **Manus and Nauru Q3 Jul - Sep 2015** | | | |
| **Schedule** | **GP prescriptions** | **Psychiatrist prescriptions** | **Nurse initiated medications/Verbal telephone order** |
| S2 | 611 | 0 | 182 |
| S3 | 305 | 35 | 23 |
| S4 | 2,437 | 157 | 185 |
| S8 | 6 | 0 | 3 |
| Unscheduled | 1,535 | 10 | 89 |
| **Grand Total** | **4,894** | **202** | **482** |

The above table illustrates how many of each Schedule type of medications have been prescribed by a GP or Psychiatrist or Nurse Initiated over the last quarter (July-September 2015). These numbers are fairly consistent with the previous quarter in April-June 2015 however there has been an increase in the number of GP prescriptions from 4,627 in Q2 to 4,894 in Q3, a reduction in Psychiatrist prescriptions from 242 (Q2) to 202 (Q3) and a slight increase in nurse initiated medications from 472 to 482 in the same reporting period.

| 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 |

## 5.3. Medication Trends

| Medication Trends | | |
|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | |
| % of Total Population during Quarter | | |
| **Medications** | **Apr - Jun 2015** | **Jul - Sep 2015** |
| Non-steroidal anti-inflammatory agents | 40.0% | 34.4% |
| Simple analgesics and antipyretics | 33.4% | 30.3% |
| Antihistamines | 21.1% | 20.7% |
| Penicillins | 19.1% | 20.1% |
| Hyperacidity, reflux and ulcers | 22.5% | 19.1% |
| Vitamins (single agents) | 5.2% | 13.8% |
| Expectorants, antitussives, mucolytics, decongestants | 11.3% | 13.6% |
| Rubefacients, topical analgesics/NSAIDs | 7.0% | 7.6% |
| Topical oropharyngeal medication | 8.6% | 7.5% |
| Antispasmodics and motility agents | 6.6% | 6.1% |
| Antidepressants | 9.6% | 8.5% |
| Other antibiotics and anti-infectives | 9.0% | 5.0% |
| Combination simple analgesics | 13.4% | 4.4% |
| Antiemetics, antinauseants | 4.8% | 4.4% |
| Supplemental and enteral nutrition | 2.0% | 4.4% |
| Tetracyclines | 2.7% | 4.4% |
| Laxatives | 4.6% | 4.2% |
| Topical antifungals | 4.4% | 4.2% |
| Macrolides | 4.5% | 3.9% |
| Antianxiety agents | 4.3% | 3.7% |
| Antipsychotic agents | 3.9% | 2.5% |

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. 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. This continues to also be directly correlated to the high incidence of musculoskeletal conditions onsite, however it can be noted that the total percentage of population now requiring combination simple analgesics has decreased fairly substantially from 13.4% to 4.4%.

Penicillin usage continues to be mainly associated with URTIs and dental issues. The higher rates of single vitamin dispensing have again risen from Q2 to Q3 as it did for the previous quarter. Whereas the rise in the latter reporting period was from 1.5% to 5.2% of the population, it has now risen to 13.8% and is partly attributable to the nutritional program that has taken place in the recovery phase post mass Food and Fluid Refusal presentations on Manus last quarter.

# 6. Vaccinations Administered by Age Group

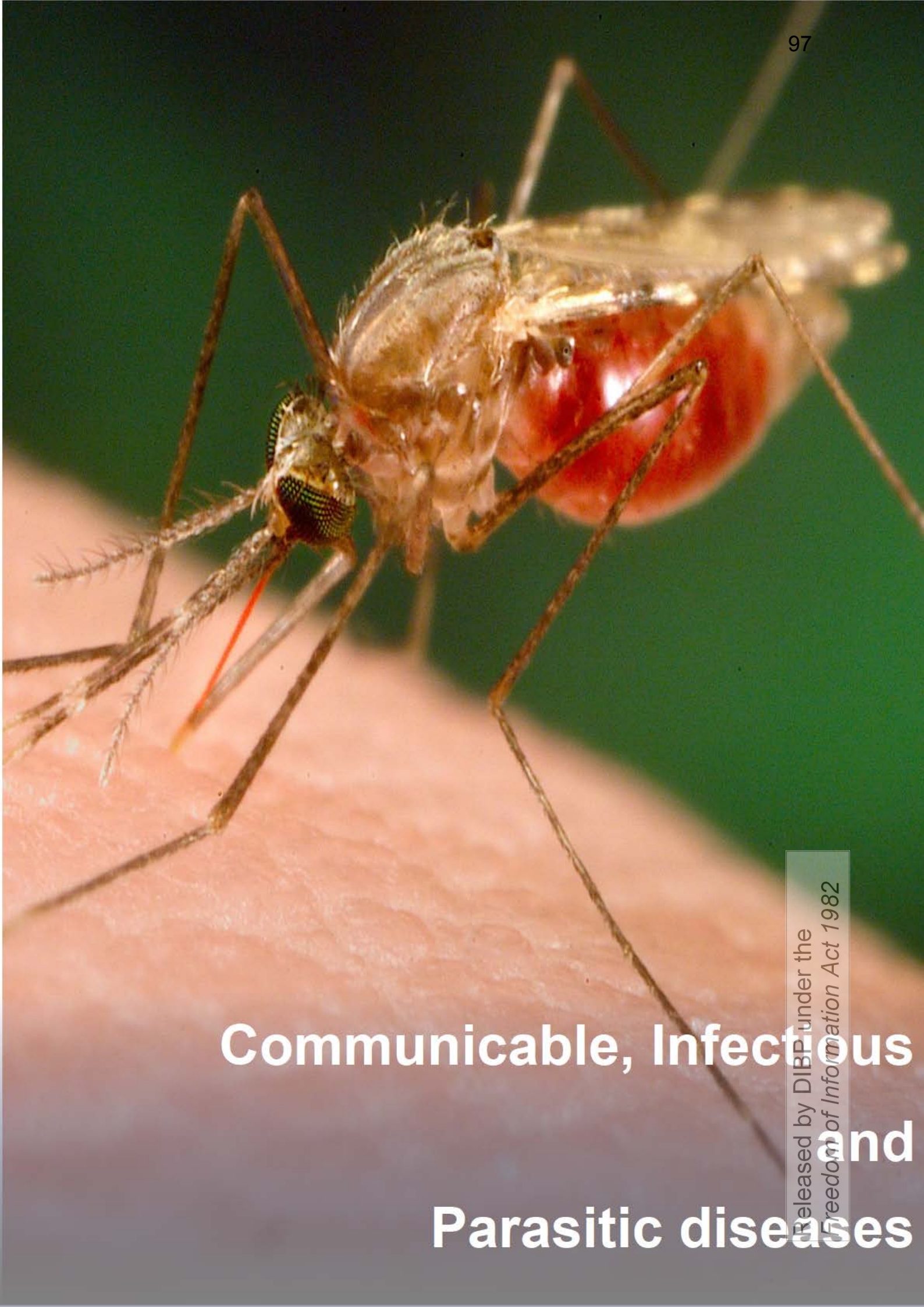
| Vaccinations Administered by Age Group | | | | | |
|---|---|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | | | |
| Vaccination | 0-4 years | 5-17 years | 18-64 years | 65+ years | Total Vaccinations Administered |
| VZV | 0 | 0 | 0 | 0 | 0 |
| MMR | 1 | 0 | 0 | 0 | 1 |
| MMRV | 0 | 0 | 0 | 0 | |
| Hep A | 1 | 1 | 7 | 0 | 9 |
| Hep B | 0 | 0 | 9 | 0 | 9 |
| MenCCV | 0 | 0 | 0 | 0 | 0 |
| Typh IM | 1 | 0 | 1 | 0 | 2 |
| dT | 0 | 0 | 1 | 0 | 1 |
| HPV | 0 | 0 | 5 | 0 | 5 |
| DTPa (up to 10 years) | 2 | 3 | 0 | 0 | 5 |
| Rotavirus | 0 | 0 | 0 | 0 | 0 |
| IPV | 0 | 0 | 2 | 0 | 2 |
| PCV | 0 | 0 | 0 | 0 | 0 |
| dTpa (11 years and over) | 0 | 0 | 0 | 0 | 0 |
| Jap E | 0 | 0 | 0 | 0 | 0 |
| Hib | 0 | 0 | 0 | 0 | 0 |
| 23 PPV | 0 | 0 | 0 | 0 | 0 |
| Total | 5 | 4 | 25 | 0 | 34 |

IHMS is committed to ensuring that all Transferees located within the Immigration Detention network are offered the opportunity to be immunised in accordance with Australian community standards. The immunisation schedule follows the Australian Immunisation Handbook (*10th ed.)* and provides clinical advice for health professionals on the safest and most effective use of vaccines as developed by the Australian Technical Advisory Group on Immunisation and Approved by the National Health and Medical Research Council. The IHMS schedule also includes additional vaccinations as advised and approved by independent advisors to cater for the unique circumstances of the population entering Immigration Detention and for those transferred to either Nauru or Manus, where specific considerations are required based on the prevalence of other known diseases in those locations.

All Transferees are fully assessed with regards to their immunisation status on their arrival into the Detention network during the Health Induction Assessment (HIA) process. Transferees receive comprehensive education on all the vaccinations being offered to them which commences during the HIA and is continued on an ongoing basis. This ensures they understand what the process of immunisation involves, why they need their vaccinations and what will be required in order for them to complete their required schedule. Transferees also receive an education leaflet in their preferred language explaining the immunisation process and a letter to remind them of their scheduled appointment and the reasons why it is essential for them to attend.

During the HIA, which typically occurs on the mainland, Transferees are classified into four categories based on whether they have consented or declined to receive their vaccinations; whether they are up to date with supporting documents pending; or up to date with all supporting documents available.

The table above illustrates what vaccinations have been administered and in what volumes and is broken down by age group as well as total numbers of each of the vaccinations given. For this reporting period of July to September 2015 IHMS has continued to break down the age groups into 0-4; 5-17; 18-64; and 65+ years of age as discussed and agreed with DIBP. The total numbers of vaccinations administered between July to September 2015 was 34 compared to 542 for the previous quarter of April to June 2015. The numbers illustrated above demonstrate a large decrease in numbers from Q2 of this year (April – June 2015). This can be associated with the large numbers of people who have been resettled into the Nauruan community and are also a reflection of the fact that most of the remaining population have either completed or are close to completing their immunisation pathway.



# Communicable, Infectious and Parasitic diseases

# 7. Communicable, Infectious and Parasitic Diseases

| | New Diagnoses Quarter 3 Jul - Sep 2015 | | | | Total New Diagnosis Jul - Sep 2015 | | |
|---|---|---|---|---|---|---|---|
| **Contagious (human to human, including sexually transmitted infections)** | **Manus Island** | **Nauru Centre** | **Total** | **% of total OPC population during quarter** | **Manus Island** | **Nauru Centre** | **Total** |
| Chickenpox | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Chlamydia | 0 | 1 | 1 | 0.06% | 0 | 1 | 1 |
| 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 | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Tuberculosis - Active | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Typhoid | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **0** | **1** | **1** | **0.06%** | **0** | **1** | **1** |
| **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 | 2 | 0 | 2 | 0.12% | 2 | 0 | 2 |
| Strongyloidiasis | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **2** | **0** | 2 | **0.12%** | **2** | **0** | **2** |
| **Grand Total** | **2** | **1** | **3** | **0.19%** | **2** | **1** | **3** |

Reports of communicable diseases remain low and there is no recognised change over the quarter.

Whilst there were no reports of malaria in Transferees (Manus only) during the quarter, there were reports of malaria in stakeholders. Malaria is present throughout PNG including Manus Island. Avoiding malaria requires personal measures such as the use of protective clothing, use of insect repellents, use of mosquito nets and chemoprophylaxis combined with general measures such as vector reduction programmes at the RPC. Transferee compliance with personal measures remains poor with respect to many Transferees despite regular education provided by IHMS. The vector reduction programme continues and substantially reduces the risk of malaria but cannot all together prevent infected mosquitoes coming from outside the centre so Transferees who do not attend to personal protection will be at risk of malaria, although the risk is small.

# Disabilities

# 8. Disabilities

Disability can be defined in different ways, depending on the type and purpose of the data collection. For instance, definitions in population surveys on disability differ from those used to determine eligibility for disability-related support services or payments. In Australia, many data collections define disability based on the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF), which uses 'disability' as an umbrella term for any or all of the following components:

- impairments—problems in body function or structure
- activity limitations—difficulties in executing activities
- participation restrictions—problems an individual may experience in involvement in life situations.

## 8.1 Number of Transferees with a Disability in Manus and Nauru

| Number of Transferees with a Disability in Manus and Nauru as at 30 September 2015 | | | | |
|---|---|---|---|---|
| **Disability Grouping** | **Manus** | **Nauru** | **Adult** | **Minor** |
| Amputation | 1 | 1 | 2 | 0 |
| Cognitive | 0 | 0 | 0 | 0 |
| Developmental | 2 | 2 | 2 | 2 |
| Functional impairment | 22 | 9 | 31 | 0 |
| Hearing impairment | 14 | 11 | 25 | 0 |
| Visual Impairment | 28 | 9 | 37 | 0 |
| Other (Epilepsy, Lupus) | 36 | 10 | 46 | 0 |
| **Total**[1] | **103** | **42** | **143** | **2** |
| **Unique Transferees with a disability** | **81** | **37** | **116** | **2** |

*1. Some Transferees may be counted in multiple disability categories.*

Grouped within the categories of ‗Disability' are a variety of impairments and complex diagnostic categories. Whilst hearing and visual impairments are relatively straightforward, others include a variety of complex conditions and syndromes which can have broad-ranging effects on the body and function; similarly, ‗functional impairment' includes a variety of diagnostic categories. No more than 1% of Transferees are considered to be affected in such a way that they are classified with ‗disabilities' however they tend to require input from multiple medical disciplines as well as additional support from other stakeholders. The number does not appear to have changed significantly since the previous quarter.

## 8.2 Total Disabilities as Percentage of RPC Population

| Total Disabilities as Percentage of RPC Population | | |
|---|---|---|
| **Manus and Nauru Q3 Jul - Sep 2015** | | |
| **As at end of quarter** | **Number of unique Transferees** | **Approximate percentage of RPC population** |
| 30 Sep 2015 - Q3 | 118 | 7.3% |
| 30 Jun 2015 - Q2 | 122 | 7.0% |
| 31 Mar 2015 - Q1 | 97 | 5.0% |
| 31 Dec 2014 - Q4 | 58 | 3.0% |

*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.*

*1. Some Transferees may be counted in multiple disability categories.*


# Mental Health

# 9. Mental Health

Mental health care in Regional Centres is provided using a primary care model (that is, General Practitioner and Primary Nurses) augmented by specialist mental health nursing and where needed Counselling, Psychology and Psychiatrist input. Mental health care includes a comprehensive mental health assessment on entry to detention, and regular mental health screening as prescribed intervals for those consenting to this process. Follow up care is provided as needed using individualised care plans, along with group work focused both on prevention and supportive interventions. Additional risk management for those presenting with significant risk of self harm or suicide is provided using the Supportive Monitoring and Engagement process which is used in conjunction with other Service Providers and involves additional support and monitoring as long as this is clinically indicated.

While care approximates that available within the broader Australian community, the distance to inpatient facilities currently offshore has resulted in the development of alternative strategies for managing those with higher levels of mental health acuity on-island. The Nauru site includes several supported Accommodation areas located close to the mental health clinic which at times are used to provide increased levels of clinical (and non-clinical) support to Transferees and their families.

During this quarter the new Medical and Mental Health clinic opened on Manus Island. This clinic includes a group room which is now being used to conduct a number of groups such as Art therapy. Unfortunately the move to the new clinic as resulted in a greater degree of physical separation between the clinic and the SAA (the Supported Accommodation Area) used to provide additional clinical support for those with mental health issues, which is not ideal. Staff are also anecdotally noting an increased level of hopelessness in this cohort relating to time in detention, lack of progress with and the perceived dangers of resettlement.

## 9.1. Mental Health related presentations

The table below shows the number of presentations to General Practitioners in offshore detentions that are related to mental health, as per the SNOMED clinical terminology system. As noted previously the data should be interpreted with an understanding of the SNOMED clinical terminology system, as rates are not comparable with systems such as ICD or DSM used to provide Clinical diagnoses. As well as presentations for specific clinical entities such as Post Traumatic Stress disorder or Major Depressive disorder this category includes presentations for non-diagnostic items such as ‗aggressive behaviour', ‗acute situational disturbance', feeling frustrated‗, dysphoric mood‗and demanding behaviour‗ and also for normal findings such as ‗able to sleep'. This presentation cluster also includes substance related presentations.

In contrast, diagnoses of depression included under the Chronic diseases information section (see Section 4.9 Primary Care Chronic disease) refer to clinical diagnosis coding such as ‗depressive disorder', ‗reactive depression' and ‗psychotic depression'.

| Unique GP Diagnoses related to Mental Health | | | |
|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | |
| **Age band (years)** | **Number of Unique Presentations** | **Number related to mental health** | **Percentage related to mental health** |
| 0-4 years | 89 | 3 | 3.4% |
| 5-17 years | 209 | 3 | 1.4% |
| 18-64 years | 7,156 | 680 | 9.5% |
| 65+ years | 6 | 0 | 0.0% |
| **Total** | **7,460** | **686** | **9.2%** |
| | | **Minors %** | **2.0%** |
| | | **Adults %** | **9.5%** |

This table indicates that there was a mental health related reason for presentation for 9.5% of GP appointments. This is less than half the 20% for those in onshore detention centres, with the most marked differences being in children, for whom only 2% of presentations were related to items with mental health coding offshore, compared with 13% onshore. These differences likely reflect at least in part increased availability of Counsellors, Psychologists, Psychiatrist and Mental Health Nurses in offshore centres, with direct self- referral to these specialist services available offshore. As specialist mental health services are not available to this level in the wider health services in Nauru and Manus, this also represents some potential future challenges for those who are granted refugee status in future.

## 9.2. Psychiatric Admissions to Hospital

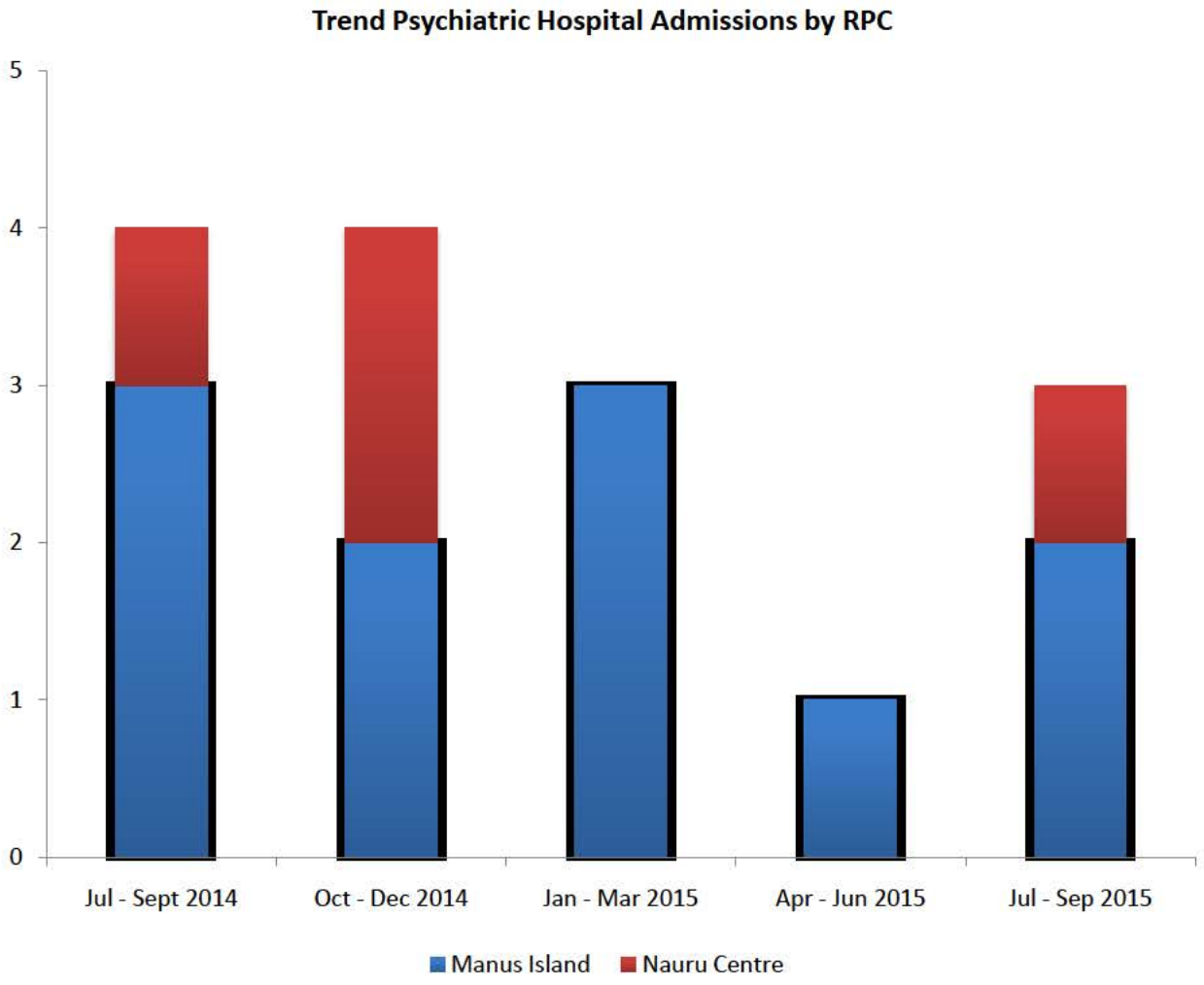
Psychiatric admissions in the table below represent those transferred off-island specifically for the purpose of admission to a Psychiatric hospital, and does not include those transferred for medical reasons who were subsequently admitted to a psychiatric hospital in Australia.

| Psychiatric Admissions to Hospital | | | |
|---|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | | |
| RPC | Total | Adult | Minor |
| Manus Island | 2 | 2 | 0 |
| Nauru Centre | 1 | 1 | 0 |
| Total | 3 | 3 | 0 |

There were two admissions to Psychiatric Hospitals in Australia from Manus Island and one from Nauru in this quarter all of which were all adults. At the end of this quarter the capacity for an inpatient level of mental health care in Nauru was improved, which may reduce the transfer rate further although will not yet provide suitable options for some individual cases with subspecialty or compulsory treatment needs.

| Psychiatric Admissions to Hospital | | |
|---|---|---|
| Manus and Nauru Q3 Jul - Sep 2015 | | |
| RPC | Apr - Jun 2015 | Jul - Sep 2015 |
| Manus Island | 1 | 2 |
| Nauru Centre | 0 | 1 |
| Total | 1 | 3 |

The graph below shows the number of transfers from Regional Processing Centres for psychiatric admission in Australia, as a trend over the previous 12 months. Data shows that numbers have been lower overall for 2015 than in 2014, which may also reflect the resettlement of a number of refugees particularly in Nauru, and the resulting overall drop in Transferee numbers.



## 9.3. 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 allows identification of those with individual mental health needs, and collated data also provides a rough estimate of morbidity across the detention population depending on the type of screening tool used. Screening is voluntary, and fewer than 50% consent to participate, therefore epidemiological data may not give a true indication of rates across the larger population.

Screening involves both the use of a mental health screening tool and a mental health assessment. The mandatory mental health screening tool used for adults is the K-10 (see 9.4 below for an explanation of the K-10).

## 9.4. Kessler Psychological Distress Scale (K-10)

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 RPC 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).

## 9.5. Kessler Psychological Manus and Nauru (K-10)

In addition to collated K-10 data (Table 9.5.1) data, K10 scores for Manus and Nauru are also presented separately this quarter (tables 9.5.1a and 9.5.2a), as proposed in the preceding data set. This is to identify any potential differences that might be linked to differences between the two processing centres, including the gender cohorts, the resettlement process, or the open centre in Nauru which operated 4 days a week during this quarter. K-10 results are compared with results reported by Australian Community Mental Health Services for patients in case management undergoing reviews July 2011-2012.

Table 9.5.1: Collated K10 scores Manus and Nauru Q3 2015

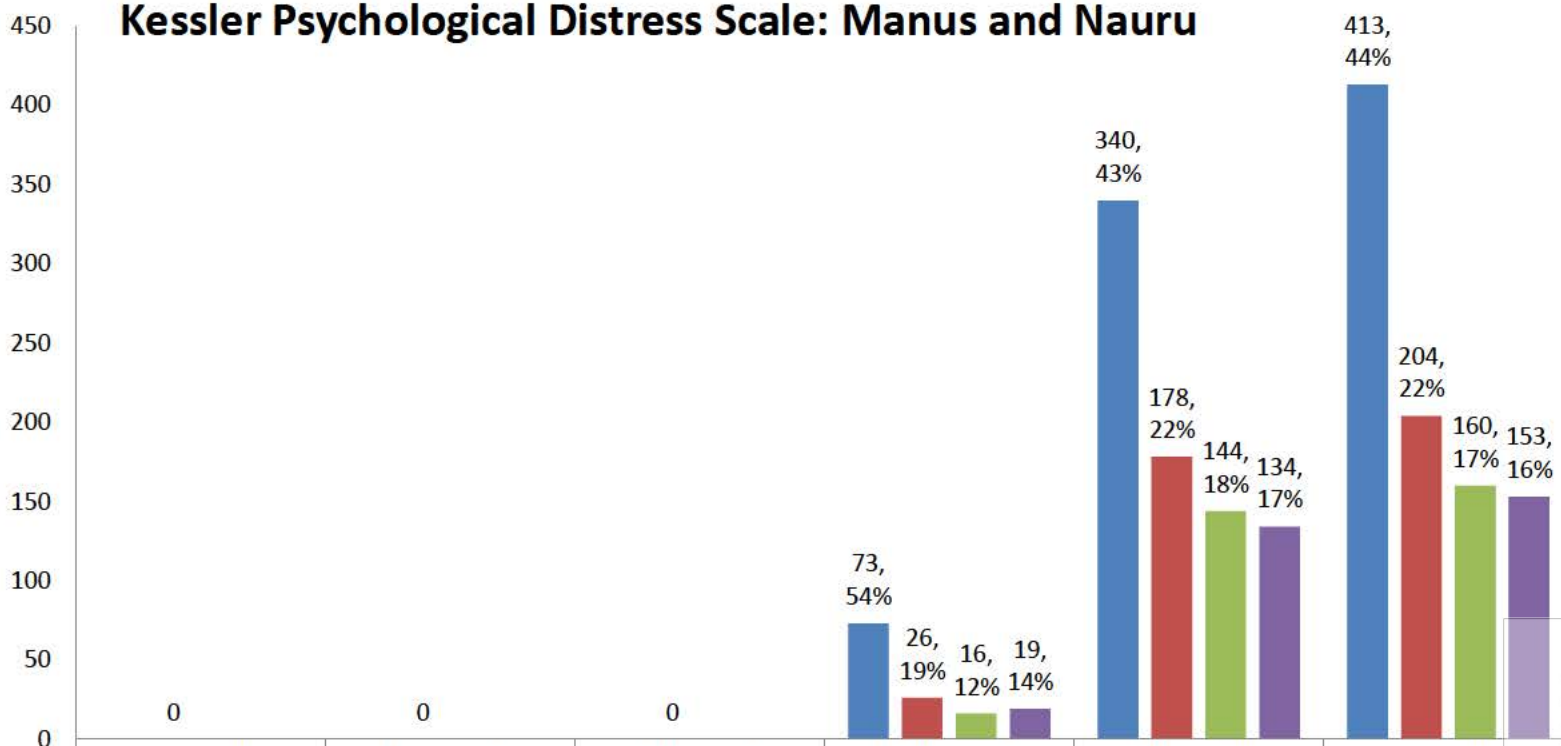
| Collated K10 scores Manus and Nauru Regional Processing Centres Q3 July-Sep 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Months in RPC | Totals | Mean | Low (<20) N | Low (<20) % | Mild (20-24) N | Mild (20-24) % | Moderate (25-29) N | Moderate (25-29) % | Severe (30-50) 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 | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 7-12 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 13-18 months | 134 | 21.34 | 73 | 54.5% | 26 | 19.4% | 16 | 11.9% | 19 | 14.2% |
| 19+ months | 796 | 22.43 | 340 | 42.7% | 178 | 22.4% | 144 | 18.1% | 134 | 16.8% |
| **Total** | **930** | **21.93** | **413** | **44.4%** | **204** | **21.9%** | **160** | **17.2%** | **153** | **16.5%** |
| **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%** |

Collated results in Table 9.5.1 show that an increased number of Mental health screenings were performed overall in offshore processing centres in this quarter compared with the last quarter (930 compared with 709), despite a reduction in people in detention. Although in part this may reflect improved consent, it also reflects the requirement for more frequent screening for those who remain in detention for more than 18 months, as the screening interval then drops from 6 monthly to three monthly.

Rates of reported distress were equal to or higher than those in case managed Community Mental health service patients in Australia in the 2012 comparison data, (the bottom line of the table provides these comparator figures from 2011-2012), and also similar to the onshore detention population.

17.2% of those in detention for 12 – 18 months reported moderate levels of anxiety and depression in this quarter, compared with 15.8% in Q2. 16.5% of those in detention offshore for over 19 months reported severe distress in this quarter compared with 12.6% in the last quarter which is an overall increase in total numbers reporting severe anxiety and depression, and is above the rate of 13.4% found in case managed patients attending an Australian community mental health service.

## Kessler Psychological Distress Scale: Manus and Nauru




| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months | Total |
|---|---|---|---|---|---|---|
| Low (<20) N | 0 | 0 | 0 | 73 | 340 | 413 |
| Mild (20-24) N | 0 | 0 | 0 | 26 | 178 | 204 |
| Moderate (25-29) N | 0 | 0 | 0 | 16 | 144 | 160 |
| Severe (30-50) N | 0 | 0 | 0 | 19 | 134 | 153 |

**Comparison of Manus Island and Nauru K10 results:**

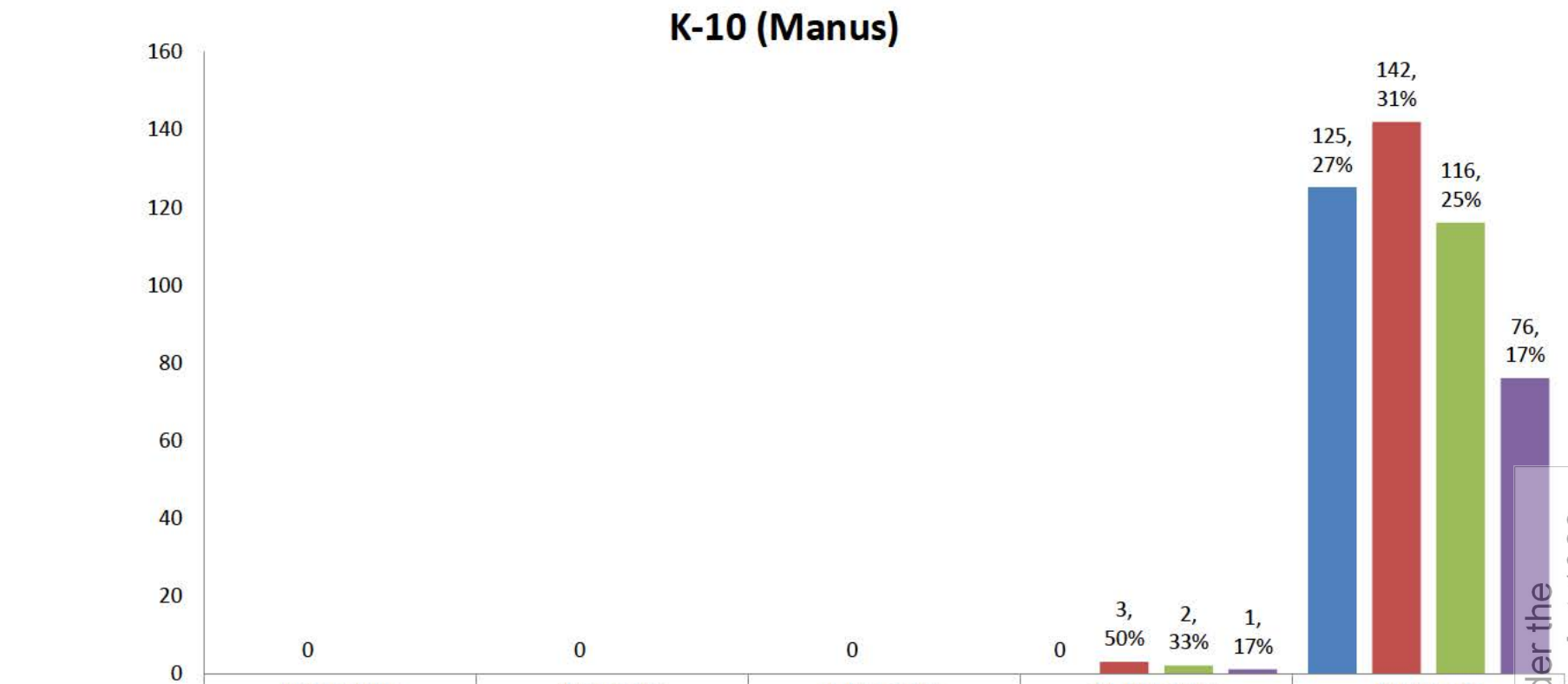
K-10 scores from Manus Island and Nauru are shown separately in tables 9.5.1a and 9.5.2a below.

Comparison between the two different RPC populations shows very little difference in the percentages scoring in the severe distress range for anxiety and mood symptoms, with both populations scoring around 16%. However there is a noticeable difference in those scoring in the low or mild distress categories, with 76.4% scoring low/mild distress in Nauru compared with 58.1% in Manus. While there are likely to be a number of different variable contributing to this difference, it does support the concept that the open centre and the current focus on increased rates of processing on Nauru may be of some benefit to mental health outcomes. The separation out of the Manus from the Nauru data also clearly shows that the numbers of people with mild to moderate distress on K-10 scores rates on Manus Island specifically are very high compared with a Community mental health case managed sample in 2012, and strongly supports the need for additional attention to this cohort to address this issue.

### 9.5.1a Manus Island K-10 data

| K-10 Manus Q3 Jul - Sep 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **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 | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 4-6 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 7-12 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 13-18 months | 6 | 24.67 | 0 | 0.0% | 3 | 50.0% | 2 | 33.3% | 1 | 16.7% |
| 19+ months | 459 | 23.81 | 125 | 27.2% | 142 | 30.9% | 116 | 25.3% | 76 | 16.6% |
| **Total** | **465** | **21.93** | **125** | **26.9%** | **145** | **31.2%** | **118** | **25.4%** | **77** | **16.6%** |
| **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%** |

### 9.5.1b Manus Island K-10 graph

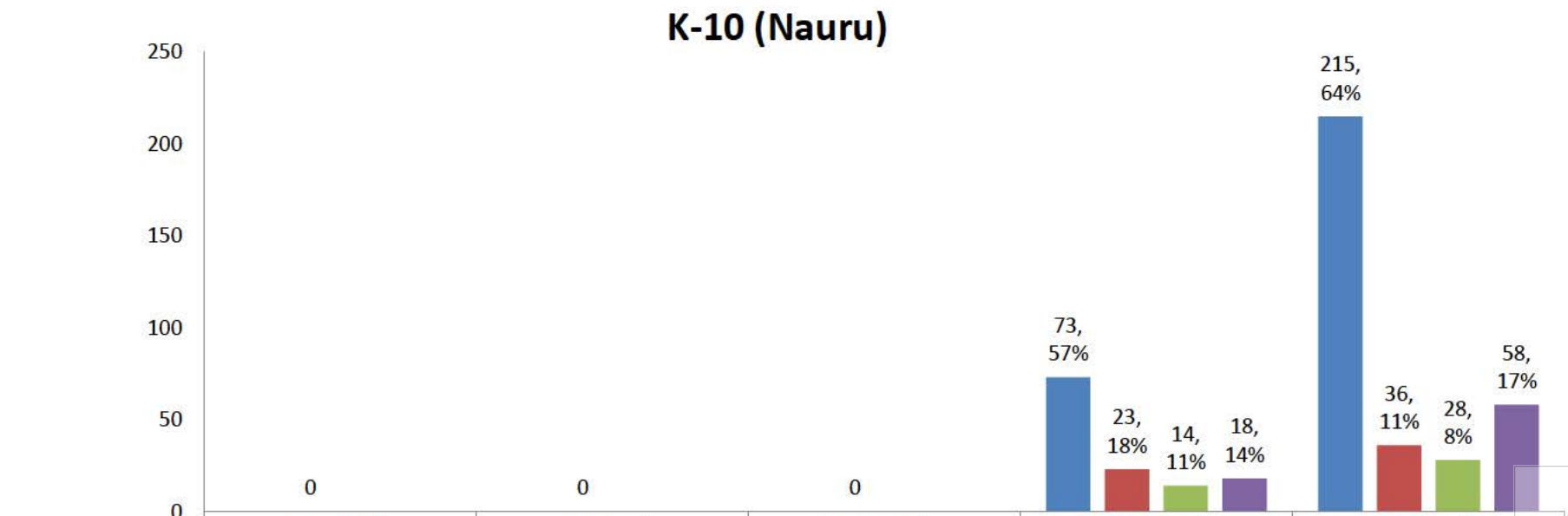



| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months |
|---|---|---|---|---|---|
| Low (<20) | 0 | 0 | 0 | 0 | 125 |
| Mild (20-24) | 0 | 0 | 0 | 3 | 142 |
| Moderate (25-29) | 0 | 0 | 0 | 2 | 116 |
| Severe (30-50) | 0 | 0 | 0 | 1 | 76 |

### 9.5.2a Nauru K-10 data

| K-10 Nauru Q3 Jul - Sep 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **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 | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 4-6 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 7-12 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 13-18 months | 128 | 21.18 | 73 | 57.0% | 23 | 18.0% | 14 | 10.9% | 18 | 14.1% |
| 19+ months | 337 | 20.54 | 215 | 63.8% | 36 | 10.7% | 28 | 8.3% | 58 | 17.2% |
| **Total** | **465** | **21.93** | **288** | **61.9%** | **59** | **12.7%** | **42** | **9.0%** | **76** | **16.3%** |
| **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%** |

## 9.5.2b Nauru K-10 graph




| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months |
|---|---|---|---|---|---|
| Low (<20) | 0 | 0 | 0 | 73 | 215 |
| Mild (20-24) | 0 | 0 | 0 | 23 | 36 |
| Moderate (25-29) | 0 | 0 | 0 | 14 | 28 |
| Severe (30-50) | 0 | 0 | 0 | 18 | 58 |

During May 2015 DIBP statistics record 1391 people in Regional Processing Centres on Manus Island and Nauru. Rates of distress in the reported screenings are not similar to rates found in the wider Australian community in specialist adult community mental health clients (the bottom line of the table provides these comparator figures from 2011-2012), and also similar to the onshore detention population. In the next quarterly report data from Manus and Nauru will be reported separately, allowing Nauru data to be viewed in the context of the open centre.

## 9.6. Torture and Trauma

### Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma services are provided for those who may have experienced torture and trauma prior to arrival in a regional processing centre, in accordance with Departmental policy.

Initial screening questions for torture and trauma are asked as a component of the Health induction process, and also later as part of mental health assessment. Torture and trauma disclosures may also be made at any time subsequently.

Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post-Traumatic Stress Disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition this usual level of care, referrals to Specialist Torture and Trauma services are made for those with disclosed or suspected T&T histories. Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times Transferees may be referred for additional Specialist T&T input.

## 9.7. New T&T Disclosure

| Manus and Nauru Q3 Jul - Sep 2015 | | | | | |
|---|---|---|---|---|---|
| **Facility T&T First disclosed** | **Number of Transferees in IDFs who made new disclosures during the quarter** | **0-4 years** | **5-17 years** | **18-64 years** | **65+ years** |
| Manus Island | 29 | 0 | 0 | 29 | 0 |
| Nauru Centre | 3 | 0 | 1 | 2 | 0 |
| **Total** | **32** | **0** | **1** | **31** | **0** |
| **% total IDF population during Q3** | **2.0%** | **0.0%** | **1.3%** | **2.0%** | **0.0%** |

This table shows the number of people who made a new T&T disclosure during this quarter, and is similar to the data from the last quarter. The relatively high number of new disclosures on Manus Island as compared with Nauru are notable particularly given the difference in K-10 scores between these two populations as noted above, and supports the need for additional attention to be given to identifying and addressing reasons for this distress on Manus in particular.

## 9.8. Supportive Monitoring and Engagement

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self harm and suicide. There are three levels of SME, involving variable levels of monitoring by security staff and clinical staff ranging from 24 hour 1:1 monitoring, to intermittent or weekly review. In addition to indicating individual risk, SME numbers in each centre provide a snapshot of site mental health acuity and complexity. SME numbers are a better reflection of mental distress than of mental illness, and are particularly affected by psychosocial stressors.

SME numbers were first reported in the Q2 data set, however were only provided as brief ‗snapshots' over time as they were extracted manually from the health record. Figures provided in this Data set have been extracted from the electronic record, and reflect numbers commenced on SME over the Quarter. Figures do not indicate length of time on SME, and record times SME was initiated. If a person was commenced on SME, discontinued and then recommenced this is counted as two initiation events. SME was initiated at total of 75 times during this quarter, which represents SME for 39 unique individuals.

| Individuals on SME | | | |
|---|---|---|---|
| Manus and Nauru Q3 - Jul - Sep 2015 | | | |
| | Ongoing | Moderate | High Imminent |
| Nauru Centre | 14 | 12 | 16 |
| Manus Island | 15 | 9 | 9 |
| **Total** | **29** | **21** | **25** |
| **Total number of unique individuals on SME** | **39** | **% of IDF population on SME** | **2.4%** |

ihms

International Health and Medical Services

# Department of Immigration and Border Protection

# Immigration Detention Health Report

## October – December 2015

## Quarter 4

# Immigration Detention Health Report

## Quarter 4
## October – December 2015

**Report written by:**

International Health and Medical Services (IHMS)

Please send questions to:

Senior Clinical Reporting Team Leader
Level 3, 45 Clarence Street
Sydney NSW 2000

# 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 (EMR), Apollo, for the period 1 October – 31 December 2015. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team and the IHMS Clinical Directors.

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

The overall population in the onshore detention network including Christmas Island this quarter has decreased by 5.7%. This quarter has seen a drop in the number of consultations recorded largely due to this decrease in population. There have been no new IMA arrivals this quarter with all new arrivals into the detention network being compliance cases.

This quarter has also seen some extraordinary events which have had a significant impact on the IHMS health service including the Christmas Island riots in November where the IHMS clinic was subsequently destroyed. In the aftermath, IHMS has rebuilt the clinic and restored its functionality after working for a period of time in a temporary setting. IHMS also managed mass Food and Fluid protests in Darwin in December which led to IHMS ramping up the coverage there to a 24hr onsite presence during this period.

In this quarter, with the increasing length of stay for Detainees in the IMA cohort, IHMS has continued to provide 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. On the other hand, there has also been an increasing number of non IMA arrivals into the detention network which has increased initial screening activities for these new arrivals.

The increased number of Detainees entering immigration detention from correctional centres has brought with it a number of challenges, namely an increased burden of hepatitis C, more drug-seeking behaviour, more patients on opiate substitution therapy, and an increased incidence of violence and aggression. There is an increasingly more complex group of patients with more health conditions to manage in a primary care setting.

**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.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention

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 5-17 years |
| Female 5-17 years |
| Male 18-64 years |
| Female 18-64 years |
| Male 65+ years |
| Female 65+ years |

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

# 3. Explanatory notes

Data in this report should be interpreted with an understanding of how the diagnoses and presentations are generated within the electronic record system. The IHMS electronic record uses the SNOMED clinical terminology system to record reasons for presentation. SNOMED is a clinical terminology system designed to capture and represent patient data for clinical purposes. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceuticals substances, devices and specimens. This means that statistical information, on for example, ‗cardiac presentations' is a marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population. For example, the ‗cardiovascular' code includes sub-codes such as ‗good hypertension control', ‗prominent veins', and ‗palpitations', as well as the more pathological ‗cerebrovascular disease' and ‗angina'.

Primary Health

# 4. Integrated Primary Health Care

## 4.1. 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 and Border Protection to provide the primary health care services within the Australian immigration detention network. The foundations of this health service are the 9 onsite integrated multidisciplinary IHMS medical facilities located at 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 also 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.

The onsite facilities are supported by a centralised team in Sydney which provides a 24 hour health advice service which comprises of a team of registered nurses and medical officers. IHMS also has a team of operational and clinical directors in head office to provide oversight to the network thus ensuring a safe, effective and efficient health service through continuous quality improvement activities.

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

## 4.2. Consultations

| Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only) | | | | |
|---|---|---|---|---|
| Q4 - Oct - Dec 2015 | | | | |
| IHMS Primary Health Care | Total number of consults | No. of unique persons seen | Average Consults/Person in Q4 | % of total IDF population during Q4 2015 |
| GP | 4,689 | 1,803 | 2.6 | 53.1% |
| Primary Health Nurse | 15,717 | 2,722 | 5.8 | 80.1% |
| Mental Health Nurse | 4,628 | 1,381 | 3.4 | 40.6% |
| Psychologist | 1,204 | 429 | 2.8 | 12.6% |
| Counsellor | 888 | 240 | 3.7 | 7.1% |
| Psychiatrist | 460 | 253 | 1.8 | 7.4% |
| **Total** | **27,586** | **6,828** | **4.0** | |

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

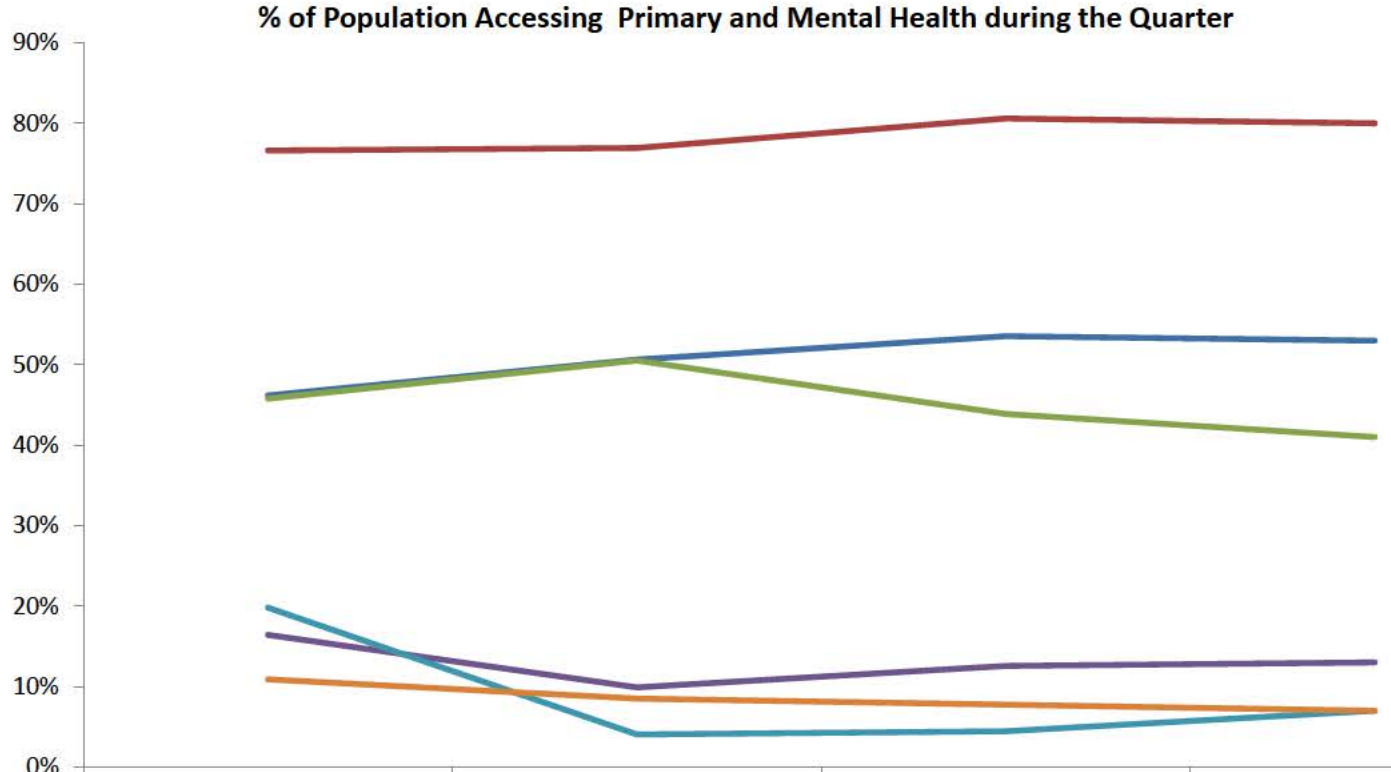
The data from this table indicates that there remains a high utilisation of clinical services by the Detainee population in this quarter which is consistent with previous quarters. The total population has dropped by 5.7% this quarter, and this is reflected in the total number of consults which have reduced from last quarter by 11% (GP), 20% (Primary Health Care Nurse), and 17% (Mental Health Nurse). Extraordinary events such as the Christmas Island riot in November and the mass Food and Fluid Refusal protests in Darwin in December may have also contributed to the overall reduction in consultations. With the addition of an extra counsellor position the number of counselling consultations has increased by 49% this quarter. There has been a small increase (2%) in the number of psychiatrist consultations in keeping with the increased numbers of complex mental health cases being transferred in from the corrections environment.

A total of 50% of the population had at least one consultation with a GP while 80% of the population had at least one consultation with a Primary Care Nurse, which is broadly similar to last quarter. The average number of consultations per patient provided by all clinicians has been constant this quarter, with the exception of Primary Care Nurse consultations which have seen a small drop (5.8 this quarter, compared to 7.9 consults per patient in Q1); this is consistent with the change in the service delivery model to a 9-5 Monday to Friday service. The accessibility of the health service to the Detainee population is largely due to the simple appointment process and triaging system that is in place. Requests to see a health clinician are reviewed by an IHMS Primary Health Care Nurse who triages the request based on the clinical information and previous medical history. The Detainee is provided with an appointment with a Primary Health Nurse or GP with a wait time in line with the clinical urgency and in line with Australian community standards. The high utilisation of GP and Nurse consultations does not necessarily reflect the health of the Detainee population. Many of the contacts with GP's and nurses are for routine screening assessments and routine dispensing of medications. Some of the routine activities include:

- Health induction assessments
- 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 the EMR as per IHMS Policies, Procedures and Practice Guidelines

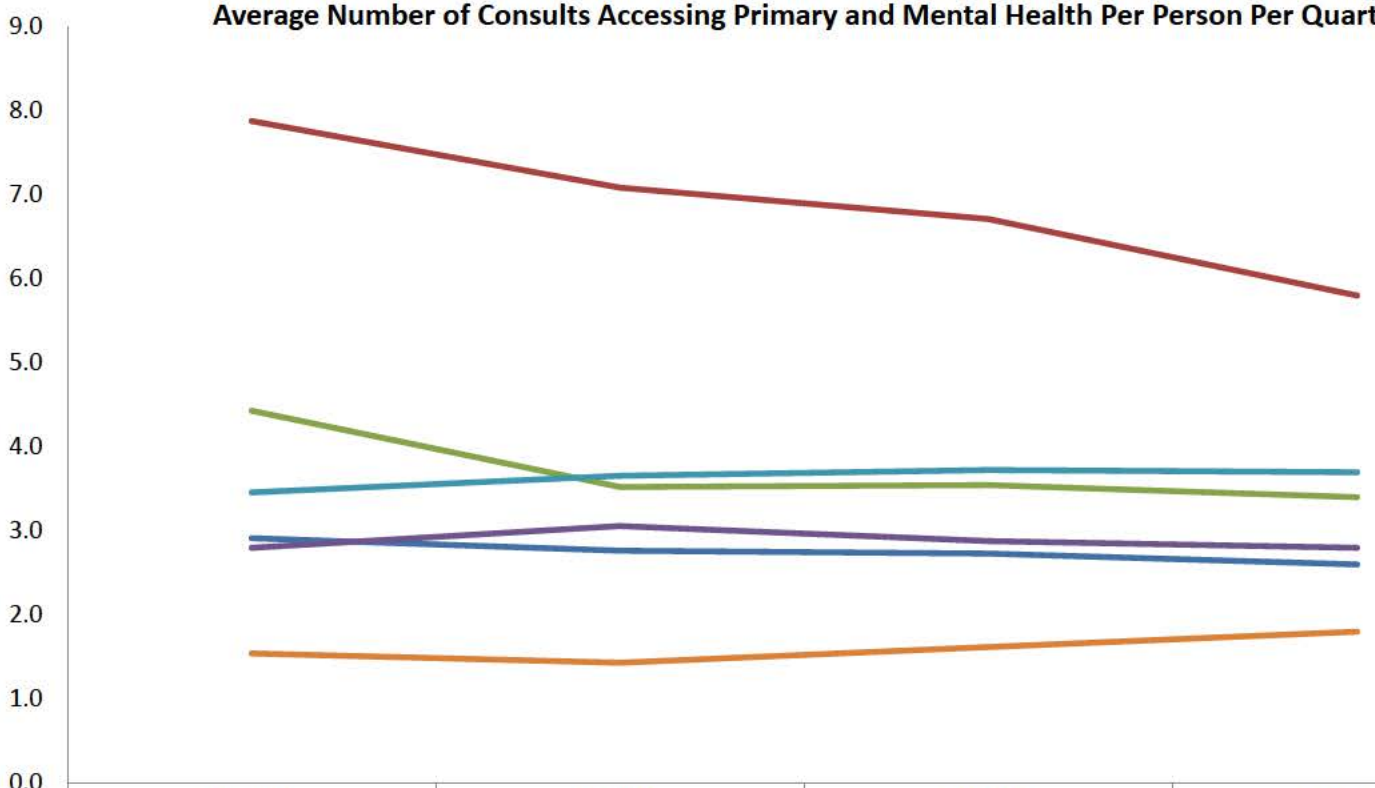
| Onsite Integrated Primary Health Care by Age Group | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | | | | | | |
| IHMS Primary Health Specialty | 0-4 years | % (0-4 yrs) | 5-17 years | % (5-17) | 18-64 years | % (18-64) | 65+ years | % (65+ yrs) | Total | % (Total) |
| GP | 55 | 79.7% | 43 | 68.3% | 1689 | 52.1% | 16 | 66.7% | 1,803 | 53.1% |
| Primary Health Nurse | 61 | 88.4% | 52 | 82.5% | 2591 | 79.9% | 18 | 75.0% | 2,722 | 80.1% |
| Mental Health Nurse | 30 | 43.5% | 31 | 49.2% | 1311 | 40.4% | 9 | 37.5% | 1,381 | 40.6% |
| Psychologist | 13 | 18.8% | 21 | 33.3% | 393 | 12.1% | 2 | 8.3% | 429 | 12.6% |
| Counsellor | 1 | 1.4% | 4 | 6.3% | 234 | 7.2% | 1 | 4.2% | 240 | 7.1% |
| Psychiatrist | 1 | 1.4% | 9 | 14.3% | 243 | 7.5% | 0 | 0.0% | 253 | 7.4% |

Primary care consultations have now been adjusted to show the number and proportion of Detainees seeing each type of health professional.




| | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 |
|---|---|---|---|---|
| GP | 46% | 51% | 54% | 53% |
| Primary Health Nurse | 77% | 77% | 81% | 80% |
| Mental Health Nurse | 46% | 51% | 44% | 41% |
| Psychologist | 16% | 10% | 13% | 13% |
| Counsellor | 20% | 4% | 4% | 7% |
| Psychiatrist | 11% | 8% | 8% | 7% |

**Average Number of Consults Accessing Primary and Mental Health Per Person Per Quarter**




| | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 |
|---|---|---|---|---|
| GP | 2.9 | 2.8 | 2.7 | 2.6 |
| Primary Health Nurse | 7.9 | 7.1 | 6.7 | 5.8 |
| Mental Health Nurse | 4.4 | 3.5 | 3.5 | 3.4 |
| Psychologist | 2.8 | 3.1 | 2.9 | 2.8 |
| Counsellor | 3.5 | 3.7 | 3.7 | 3.7 |
| Psychiatrist | 1.5 | 1.4 | 1.6 | 1.8 |

80% of the adult population under 65 in the detention network had a Primary Health Nurse consultation recorded in the last quarter. In the paediatric population, although the percentage of children who saw a GP increased to 79.7%, there was a drop to 88.4% of the under 5 age group who saw a Primary Health Nurse. 82.5% of the under 18 age group consulted with a Primary Health Nurse, which was broadly similar to 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 immigration detention setting. The 5-17 age group continued to show a higher proportion consulting with a mental health professional with 49.2% seeing a Mental Health Nurse, 33.3% seeing a Psychologist (a large rise from 24.1% last quarter), and 14.3% a Psychiatrist – the rates of the last two remaining approximately 2-3 times higher respectively than that of the adult group. It is important to note that consultations with a Mental Health Nurse include routine screening consultations so it is not necessarily an indicator of the mental health disease burden in this cohort.

## 4.3. Pathology Referrals

| Pathology referrals during Q4 - Oct - Dec 2015<br>Mainland and Christmas Island | | | | |
|---|---|---|---|---|
| **Pathology Type** | **Induction Pathology** | **Other Pathology** | **No. of Referrals** | **No. of Persons** |
| Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine | 0 | 829 | 829 | 627 |
| Hep C | 430 | 200 | 630 | 568 |
| Hep B | 434 | 151 | 585 | 526 |
| HIV (BBv) | 429 | 99 | 528 | 478 |
| VDRL (Syphillis) | 432 | 94 | 526 | 482 |
| Full Blood Count (FBC) | 0 | 443 | 443 | 346 |
| Fasting Triglycerides | 0 | 140 | 140 | 109 |
| Mid Stream Urine Micro & Culture | 0 | 125 | 125 | 100 |
| HbA1c | 0 | 122 | 122 | 94 |
| Blood Glucose | 0 | 117 | 117 | 97 |
| Total number of unique persons that had a Pathology Referral | | | 976 | 29% |

The above table displays the pathology referrals in the immigration detention network this quarter. A communicable diseases screen including Hepatitis B, Hepatitis C, Syphilis, HIV and TB is routinely conducted as part of the health induction assessment (HIA) process when a new person enters the detention network. These HIA tests remain highly utilised as the numbers of transfers in and out of the network remains high.

In terms of routine primary care type tests these have dropped off slightly this quarter, indicating that more selective testing is being done on the fewer people in the network, and are not an indicator of reduced complexity. In fact, more tests are being done on fewer people, due to the current cohort's greater morbidities associated with an increased proportion of transfers from the correctional setting. This is further evidenced by the increased number of Hepatitis B, Hepatitis C and syphilis testing being done.

## 4.4. Allied Health Appointments

| Allied Health Appointments | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | |
| Allied Health Appointment Type | Onsite Appointments | Offsite Appointments | Total Appointments | No. unique persons (based on all designations) | Percentage of unique persons who attended appointment |
| Dental | 749 | 422 | 1,171 | 429 | 12.6% |
| Physiotherapy | 708 | 478 | 1,186 | 182 | 5.4% |
| Audiology | 0 | 5 | 5 | 4 | 0.1% |
| Optometry | 0 | 202 | 202 | 166 | 4.9% |
| Other | 0 | 123 | 123 | 41 | 1.2% |
| **TOTAL** | **1,457** | **1,230** | **2,687** | | **20.4%** |
| **Total number of unique persons to have an Allied Health Appointment** | | **692** | | | |

**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.*

It should be noted that a large discrepancy between the number of 'Other' referrals exists this quarter. This is due to the reallocation of all such referrals previously captured in Allied Health to the Specialties section (see later). This will remain recorded within the Specialties section for consistency.

Dental referrals were the most utilised allied health specialty in the immigration detention network this quarter, although there was a slight drop in onsite dental consultations this quarter; Yongah Hill, Villawood, Wickham Point and Christmas Island IHMS clinics continue to operate onsite dental facilities which are serviced by visiting network dentists and allow for dental treatment to be provided conveniently and efficiently onsite. Other IHMS facilities refer to local dentists including private clinics and public dental hospitals.

Each Detainee in the immigration detention network receives dental treatment and procedures based on clinical indication. All minors are eligible for annual dental checks which are funded by the Department of Immigration and Border Protection and any waiting times that may be associated with providing dentistry services are in line with what would be expected in the Australian Community.

This quarter has seen a rise in the number of physiotherapy consultations (from 841 to 1186 consults). This is due to the GP's enlisting the assistance of more physiotherapy referrals to help address issues around chronic pain and musculo-skeletal conditions, which are occurring more frequently due to the larger numbers of drug-seeking behaviours within the correctional cohort. This is being pursued to offer a more holistic solution, and minimise the numbers of opioid analgesics being prescribed wherever possible. In addition, chronic pain cases are also seen by a pain specialist through the telemedicine platform on Christmas Island in order to minimise the prescribing of drugs of abuse.

## 4.5. Radiology Referrals

| Radiology Referrals<br>Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | |
|---|---|---|---|---|---|
| Type | Referrals | | Persons | | Top reasons for imaging referral |
| | No. Referrals | Percentage (of total) | No. Persons | Percentage (of all persons with Radiology referral ) | |
| X-Ray | 545 | 74.7% | 291 | 76.4% | 1. Chest<br>2. Wrist<br>3. Spine - Lumbar-sacral<br>4. Knee (L)<br>5. Knee (R) |
| Ultrasound | 135 | 18.5% | 92 | 24.2% | 1. Abdomen<br>2. Other<br>3. Upper abdomen<br>4. Pelvis<br>5. Shoulder |
| CT Scan | 32 | 4.4% | 21 | 5.5% | 1. Chest<br>2. Head<br>3. Sinuses<br>4. Liver<br>5. Renal |
| MRI | 17 | 2.3% | 11 | 2.9% | 1. Periphery<br>2. Abdomen<br>3. Head<br>4. Thorax |
| Bone densitometry | 1 | 0.1% | 1 | 0.3% | 1. Medically indicated |
| **Total** | **730** | **100%** | | | |
| **Total number of unique persons to have a Radiology test** | **381** | **As % of total IDF population during quarter** | **11%** | | |

***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 most referred imaging modality in the detention network. IHMS utilises local public and private offsite imaging network providers for all imaging referrals for the immigration detention population. On Christmas Island, IHMS employs a Nurse with radiographic qualifications to ensure this service is available in this remote location. IHMS and the Department are exploring options to have onsite X-ray facilities at other locations to increase accessibility to this modality and to aid the universal chest X-ray TB screening program.

This quarter has seen a 23% declination in X-rays performed, compared to last quarter. There has also been a 29% declination in ultrasound scans ordered. This quarter has seen an increasing percentage of new arrivals from the corrections setting who have declined an induction chest X-ray.

## 4.6. Specialist Referrals

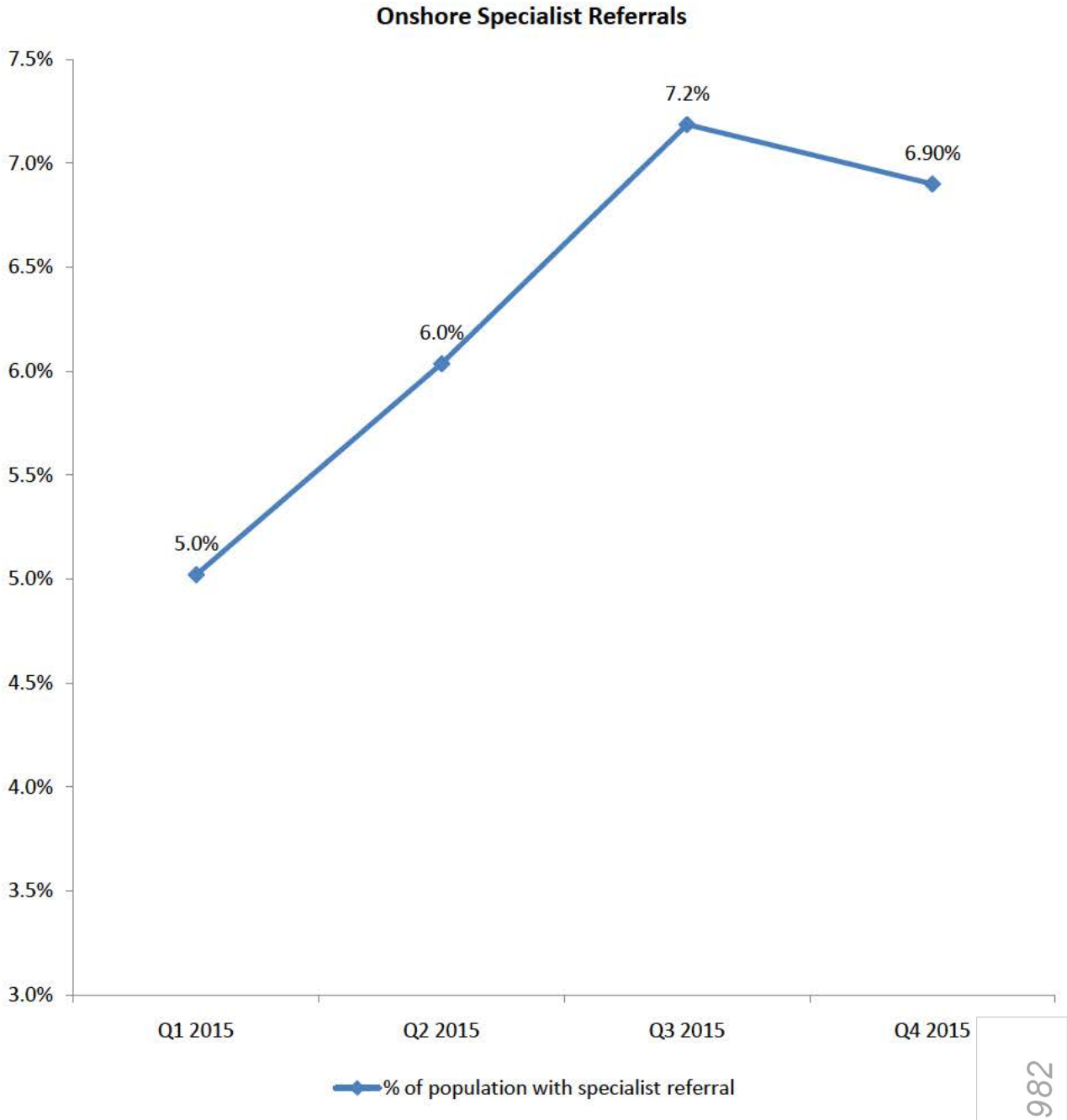
| Specialist referrals (Top 20) | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - October - December 2015 | | | |
| **Specialist Referrals** | **No . Referrals** | **No. unique persons (based on all designations)** | **Percentage of unique persons referred to a specialist** |
| Orthopaedics | 38 | 37 | 1.1% |
| Gastroenterology | 29 | 29 | 0.9% |
| Emergency Department | 20 | 19 | 0.6% |
| General Surgery | 20 | 19 | 0.6% |
| Ophthalmology | 20 | 17 | 0.5% |
| Infectious Diseases | 13 | 13 | 0.4% |
| Otorhinolaryngology | 13 | 12 | 0.4% |
| Cardiology | 12 | 12 | 0.4% |
| Respiratory | 12 | 11 | 0.3% |
| Allergy and Immunology | 9 | 8 | 0.2% |
| Dermatology | 9 | 9 | 0.3% |
| Neurosurgery | 9 | 9 | 0.3% |
| Neurology | 8 | 6 | 0.2% |
| Gynaecology and Obstetrics | 7 | 7 | 0.2% |
| Paediatrics | 7 | 7 | 0.2% |
| Urology | 7 | 7 | 0.2% |
| Anaesthetics | 6 | 5 | 0.1% |
| Internal Medicine | 6 | 6 | 0.2% |
| Endocrinology | 5 | 5 | 0.1% |
| Emergency Medicine | 4 | 4 | 0.1% |
| **TOTAL** | **254** | | |
| **Total number of unique persons to have a Specialist referral** | **235** | **% of total IDF population during Q4** | **6.9%** |

**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.*

Compared to the previous quarter, there has been a drop in the total number of specialist referrals (from 308 to 254 referrals) which is a significant decrease. This drop can be attributed to the fact that many Detainees have completed their specialist treatment, and to the overall drop in population within immigration detention in the last 3 months. As a proportion of the total population however, this remained steady, with 6.9% of the population having a specialist referral in place this quarter; in previous quarters, between 5 and 7% of the population can be expected to have a referral in place at any one time.

Orthopaedics remained the top referred specialty which is similar to previous quarters. Gastroenterology referrals have increased this quarter, which may coincide with the larger numbers of Detainees entering the system from corrections, requiring follow-up for Hepatitis. IHMS continued to provide onsite trained and accredited midwives at locations where pregnant women are located, including Darwin. IHMS provides both antenatal and postnatal care to this cohort in conjunction and collaboration with local hospital Obstetrics services though the need for this service has declined in this quarter as the pregnancy cases have reduced. In mid to late 2013 there were 60+ pregnant women in the Darwin immigration detention centres and this number has dropped to less than 5 cases at the end of 2015.

In an effort to provide Detainees with healthcare commensurate to Australian standards, IHMS refers Detainees requiring specialist care to local public hospitals. With regards to Christmas Island Detainees, IHMS refers to specialists at Australian mainland public hospitals. 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 consultations conducted by a Cardiologist and Pain Specialist this quarter.



## 4.7. Hospital Admissions

| Hospital Admissions | | |
|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | |
| IDF Location | Total number of hospital admissions per region | Total number of individuals hospitalised per region |
| Christmas Island | 20 | 18 |
| NSW | 52 | 42 |
| NT | 82 | 68 |
| QLD | 19 | 16 |
| SA | 1 | 1 |
| VIC | 69 | 42 |
| WA | 32 | 28 |
| Total | 275 | |
| Total number of unique persons that were hospitalised | 222 | 6.5% |

**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 Northern Territory remains the number one region for hospital admissions which is consistent with previous quarters. Wickham Point Immigration Detention Facility in Darwin is the centre with the largest population and it also contains a cohort of Regional Processing Centre (RPC) Transferees who have been transferred to the mainland for specialist medical treatment. IHMS and the Department continued to work closely with key stakeholders at the Royal Darwin Hospital in managing the potential burden that the Wickham Point centre places on the ambulance and hospital services in Darwin.

Significant numbers of Detainees continue to require hospital emergency assessment for a variety of presentations, especially after-hours when there is no onsite nursing coverage. After hours care is facilitated by the central IHMS Health Advice Service, whereby a registered nurse and an on-call medical practitioner provide medical advice to the onsite immigration detention service provider as needed.

## 4.8. GP/Psychiatrist Presentations by Health Groupings

| GP/Psychiatrist Presentations | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | |
| **Health Groupings** | **Number of Unique Presentations** | **Number of Unique Persons** | **Percentage of total IDF population with a presentation** |
| General Unspecified | 2,295 | 1,166 | 34.3% |
| Psychological | 1,513 | 680 | 20.0% |
| Musculoskeletal | 782 | 443 | 13.0% |
| Digestive | 774 | 460 | 13.5% |
| Skin | 732 | 398 | 11.7% |
| Endocrine / Metabolic & Nutritional | 409 | 262 | 7.7% |
| Social | 371 | 316 | 9.3% |
| Respiratory | 304 | 200 | 5.9% |
| Cardiovascular | 190 | 154 | 4.5% |
| Neurological | 187 | 151 | 4.4% |
| Injury | 181 | 136 | 4.0% |
| Genital | 148 | 104 | 3.1% |
| Urological | 144 | 109 | 3.2% |
| Eye | 136 | 98 | 2.9% |
| Ear | 106 | 58 | 1.7% |
| Pregnancy / Childbearing / Family Planning | 37 | 25 | 0.7% |
| Blood / Blood forming organs | 31 | 28 | 0.8% |
| **Total number of unique presentations** | **8,340** | | |

**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.*

| GP/Psychiatrist Presentations by Age Grouping | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | | | | | | |
| Health Groupings | 0-4 years | % of total 0-4 yrs | 5-17 years | % of total 5-17 yrs | 18-64 years | % of total 18-64 yrs | 65+ years | % of total 65+ yrs | Total | % total IDF population |
| General Unspecified | 37 | 53.6% | 29 | 46.0% | 1,091 | 33.7% | 9 | 37.5% | 1,166 | 34.3% |
| Psychological | 5 | 7.2% | 15 | 23.8% | 657 | 20.3% | 3 | 12.5% | 680 | 20.0% |
| Digestive | 18 | 26.1% | 10 | 15.9% | 430 | 13.3% | 2 | 8.3% | 460 | 13.5% |
| Musculoskeletal | 0 | 0.0% | 1 | 1.6% | 439 | 13.5% | 3 | 12.5% | 443 | 13.0% |
| Skin | 15 | 21.7% | 6 | 9.5% | 371 | 11.4% | 6 | 25.0% | 398 | 11.7% |
| Social | 19 | 27.5% | 11 | 17.5% | 282 | 8.7% | 4 | 16.7% | 316 | 9.3% |
| Endocrine / Metabolic & Nutritional | 4 | 5.8% | 5 | 7.9% | 249 | 7.7% | 4 | 16.7% | 262 | 7.7% |
| Respiratory | 10 | 14.5% | 14 | 22.2% | 173 | 5.3% | 3 | 12.5% | 200 | 5.9% |
| Cardiovascular | 0 | 0.0% | 2 | 3.2% | 149 | 4.6% | 3 | 12.5% | 154 | 4.5% |
| Neurological | 0 | 0.0% | 2 | 3.2% | 149 | 4.6% | 0 | 0.0% | 151 | 4.4% |
| Injury | 0 | 0.0% | 0 | 0.0% | 136 | 4.2% | 0 | 0.0% | 136 | 4.0% |
| Urological | 3 | 4.3% | 10 | 15.9% | 95 | 2.9% | 1 | 4.2% | 109 | 3.2% |
| Genital | 3 | 4.3% | 0 | 0.0% | 101 | 3.1% | 0 | 0.0% | 104 | 3.1% |
| Eye | 2 | 2.9% | 2 | 3.2% | 94 | 2.9% | 0 | 0.0% | 98 | 2.9% |
| Ear | 0 | 0.0% | 6 | 9.5% | 51 | 1.6% | 1 | 4.2% | 58 | 1.7% |
| Blood / Blood forming organs | 2 | 2.9% | 0 | 0.0% | 25 | 0.8% | 1 | 4.2% | 28 | 0.8% |
| Pregnancy / Childbearing / Family Planning | 2 | 2.9% | 0 | 0.0% | 23 | 0.7% | 0 | 0.0% | 25 | 0.7% |

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. This quarter there has been an 8% reduction in total diagnoses, reflective of lower number of consultations and lower population numbers in Immigration Detention.

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

The ―psychological" health grouping is quite a broad grouping based on the SNOWMED classification system which includes 180+ different clinical features captured in the electronic medical record system which are considered to fall under the ―psychological" health grouping. This wide grouping includes diagnoses such as ―drug abuse" and ―feeling irritable" and also includes some of the recognised psychiatric disorders such as ―depression" and ―schizophrenia". It would be a useful exercise to further analyse this health grouping in future Health Data Set reports.

In minors, apart from the ‗General Unspecified' group, the top three diagnoses were psychological, respiratory and social. This pattern was also similar to the findings in the previous quarter.

For minors, IHMS provides onsite specialist child and adolescent psychologists and visiting psychiatrists to manage the care of minors. IHMS also provides all children with routine developmental child health checks as per the recognised guidelines in the respective states in which they are located. IHMS plans these checks around the school holiday period to maximise access to these minors outside of school hours. These checks are conducted either by IHMS onsite Child Health Nurses/GPs, or by community Child Health Nurses from local councils. IHMS MITA continued its partnership with the Hume City Council who provide a visiting Child Health Nurse to the centre to assist with these routine checks. The main aim of these checks is to screen and identify any potential health issues early in order to provide appropriate early intervention where necessary.

## 4.9. Primary Health Care Chronic Diseases

| Primary Health Care - Chronic Diseases | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | |
| Chronic Disease categories chosen from the Australian institute of Health and Welfare list of chronic diseases | Adult | Percentage of Adult with chronic disease | Minor | Percentage of Minor chronic disease | Total |
| Arthritis | 22 | 0.7% | 0 | 0.0% | 22 |
| Asthma | 44 | 1.3% | 3 | 2.3% | 47 |
| Cancer | 3 | 0.1% | 0 | 0.0% | 3 |
| Cardiovascular | 59 | 1.8% | 1 | 0.8% | 60 |
| Chronic kidney disease | 1 | 0.0% | 0 | 0.0% | 1 |
| Depression | 100 | 3.1% | 4 | 3.0% | 104 |
| Diabetes | 53 | 1.6% | 0 | 0.0% | 53 |
| Oral disease | 23 | 0.7% | 1 | 0.8% | 24 |

According to the data above, of the sample of chronic diseases above selected to be reported, depression and cardiovascular disease remain the two most common chronic diseases in the adult immigration detention population this quarter. This is a similar result to the preceding quarter. 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 immigration 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. IHMS would recommend expanding the list of chronic diseases reported upon for the next quarter, to capture other important chronic diseases such as schizophrenia or epilepsy.

In the minors' population this quarter, depression and asthma were the most prevalent chronic diseases recorded though these figures are relatively small with only 3 and 4 individual cases respectively in the entire population. This result is also consistent with previous quarters in this age grouping.

| Chronic Diseases by Age Grouping | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | | | | |
| Chronic Disease | 0 - 4 years | Age group by % | 5-17 years | Age group by % | 18 - 64 years | Age group by % | 65+ years | Age group by % |
| Arthritis | 0 | 0.0% | 0 | 0.0% | 22 | 0.7% | 0 | 0.0% |
| Asthma | 0 | 0.0% | 3 | 4.8% | 44 | 1.4% | 0 | 0.0% |
| Cancer | 0 | 0.0% | 0 | 0.0% | 3 | 0.1% | 0 | 0.0% |
| Cardiovascular | 0 | 0.0% | 1 | 1.6% | 56 | 1.7% | 3 | 12.5% |
| Chronic / kidney disease | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% | 0 | 0.0% |
| Depression | 0 | 0.0% | 4 | 6.3% | 100 | 3.1% | 0 | 0.0% |
| Diabetes | 0 | 0.0% | 0 | 0.0% | 51 | 1.6% | 2 | 8.3% |
| Oral disease | 0 | 0.0% | 1 | 1.6% | 23 | 0.7% | 0 | 0.0% |

From the table above, the burden of disease in the detention network remains in the 18-64 year old age group. Of the list of chronic diseases reported, depression, cardiovascular disease, asthma and diabetes are the leading chronic diseases in this age group. The IHMS health promotion program dedicates sessions targeted around prevention of these illnesses and the lifestyle factors which play a large role in these conditions.

Smoking cessation treatment is also available to Detainees, with the population having access to Nicotine Replacement Therapy and accompanying medical and psychological intervention.

# Medications and immunisations

# 5. Medications

## 5.1. Medication usage in IDFs (Top 20)

| Medication Trends | | | | | | |
|---|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | | |
| **Medications** | **Total** | **Total %** | **Adult** | **Adult %** | **Minor** | **Minor %** |
| Simple analgesics and antipyretics | 1010 | 29.7% | 966 | 29.6% | 44 | 33.3% |
| Nonsteroidal anti-inflammatory agents | 691 | 20.3% | 678 | 20.8% | 13 | 9.8% |
| Antidepressants | 464 | 13.7% | 454 | 13.9% | 10 | 7.6% |
| Combination simple analgesics | 385 | 11.3% | 384 | 11.8% | 1 | 0.8% |
| Hyperacidity, reflux and ulcers | 320 | 9.4% | 314 | 9.6% | 6 | 4.5% |
| Antipsychotic agents | 313 | 9.2% | 309 | 9.5% | 4 | 3.0% |
| Antihistamines | 309 | 9.1% | 302 | 9.2% | 7 | 5.3% |
| Laxatives | 184 | 5.4% | 173 | 5.3% | 11 | 8.3% |
| Narcotic analgesics | 165 | 4.9% | 165 | 5.1% | 0 | 0.0% |
| Penicillins | 156 | 4.6% | 149 | 4.6% | 7 | 5.3% |
| Antihypertensive agents | 128 | 3.8% | 128 | 3.9% | 0 | 0.0% |
| Agents used in drug dependence | 122 | 3.6% | 122 | 3.7% | 0 | 0.0% |
| Topical corticosteroids | 116 | 3.4% | 110 | 3.4% | 6 | 4.5% |
| Rubefacients, topical analgesics/NSAIDs | 109 | 3.2% | 108 | 3.3% | 1 | 0.8% |
| Vitamins (single agents) | 107 | 3.1% | 105 | 3.2% | 2 | 1.5% |
| Hypolipidaemic agents | 103 | 3.0% | 103 | 3.2% | 0 | 0.0% |
| Multivitamins and minerals | 96 | 2.8% | 91 | 2.8% | 5 | 3.8% |
| Other antibiotics and anti-infectives | 89 | 2.6% | 88 | 2.7% | 1 | 0.8% |
| Topical antifungals | 89 | 2.6% | 88 | 2.7% | 1 | 0.8% |
| Expectorants, antitussives, mucolytics, decongestants | 78 | 2.3% | 75 | 2.3% | 3 | 2.3% |

***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.*

IHMS is committed to ensuring that medications are managed in a safe and effective manner and has implemented numerous systems and processes to ensure this is achieved. This includes a full suite of policies, procedures and clinical practice guidelines related specifically to medication management, regular auditing of clinical cases and prescribing habits to ensure ongoing improvement and professional development is achieved through continuous feedback processes and adherence to the Australian Therapeutic Guidelines.

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minors. IHMS can advise that the total population at the Onshore Immigration Detention Centres who required a regular medication at some point during the quarter has remained consistent for Q1-Q4 of 2015 at between 49%-55% as per the following:

- Q1 2015 (January – March) 49%
- Q2 2015 (April – June) 51%
- Q3 2015 (July-September) 55%
- Q4 2015 (October – December) 54%

From the table it can be seen that simple analgesics and antipyretics remains the most commonly prescribed medication within IHMS at 29.7%, followed by non steroidal anti inflammatories at 20.3%. Paracetamol and ibuprofen are commonly utilised as first line treatment in the relief of cold and flu symptoms, musculoskeletal pain and simple headaches and Detainees are able to access these medications following consultation with an IHMS nurse or GP. Of note is that antidepressants are now the third most commonly prescribed medication and has risen to 13.7% from 8.8% over the last quarter. Antipsychotic prescribing has increased from 7.0% to 9.2% with a slight increase noted also in the prescribing of agents used in drug dependence from 2.5% to 3.6%. These increases could be attributed to the witnessed increase in K10 scores across the onshore immigration detention facilities, which IHMS will continue to monitor closely.

## 5.2. Medication Prescriptions by Schedule

| Medication Prescriptions by Schedule | | | |
|---|---|---|---|
| **Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015** | | | |
| **Schedule** | **GP prescriptions** | **Psychiatrist prescriptions** | **Nurse initiated medications/Verbal telephone order** |
| S2 | 331 | 3 | 1,099 |
| S3 | 342 | 6 | 37 |
| S4 | 2,508 | 177 | 800 |
| S8 | 54 | 1 | 2 |
| Unscheduled | 953 | 4 | 307 |
| **Grand Total** | **4,188** | **191** | **2,245** |

The above table illustrates how many of each medication Schedule types have been prescribed by a GP or Psychiatrist or have been initiated by a nurse over the last quarter (July-September 2015). The distribution is fairly consistent with the previous quarter in April-June 2015; however there has been a decrease in the total number of GP prescriptions from 4,538 in Q3 to 4,188 in Q4. Similarly, the total number of Nurse initiated medications has again risen for this last quarter from 2,182 in Q3 to 2,245 in Q4. This may be related to Nurse initiated medication by the Health Advice Service providing the after-hours service and as a result of the IHMS service being nurse led.

| 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*

## 5.3. Medication Trends

| Medication Trends<br>Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | |
|---|---|---|
| % of total population during period | | |
| **Medications** | **Jul - Sep 2015** | **Oct - Dec 2015** |
| Simple analgesics and antipyretics | 33.2% | 29.7% |
| Non-steroidal anti-inflammatory agents | 23.3% | 20.3% |
| Antidepressants | 8.8% | 13.7% |
| Combination simple analgesics | 12.1% | 11.3% |
| Hyperacidity, reflux and ulcers | 7.4% | 9.4% |
| Antipsychotic agents | 7.0% | 9.2% |
| Antihistamines | 8.5% | 9.1% |
| Laxatives | 3.9% | 5.4% |
| Narcotic analgesics | 4.1% | 4.9% |
| Penicillins | 5.6% | 4.6% |
| Antihypertensive agents | 2.2% | 3.8% |
| Agents used in drug dependence | 2.5% | 3.6% |
| Topical corticosteroids | 2.2% | 1.8% |
| Rubefacients, topical analgesics/NSAIDs | 1.9% | 2.0% |
| Vitamins (single agents) | 1.0% | 3.1% |
| Hypolipidaemic agents | 1.6% | 3.0% |
| Multivitamins and minerals | 2.7% | 2.8% |
| Other antibiotics and anti-infectives | 1.4% | 2.6% |
| Topical antifungals | 1.9% | 2.2% |
| Expectorants, antitussives, mucolytics, decongestants | 4.1% | 1.7% |

# 6. Vaccinations Administered by Age Group

| Vaccinations Administered by Age Group | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | |
| **Vaccination type** | **0-4 years** | **5-17 years** | **18-64 years** | **65+ years** | **Total Vaccinations Administered** |
| VZV | 0 | 3 | 193 | 2 | 198 |
| MMR | 4 | 3 | 197 | 2 | 206 |
| MMRV | 0 | 0 | 0 | 0 | 0 |
| Hep A | 0 | 0 | 107 | 0 | 107 |
| Hep B | 1 | 2 | 328 | 2 | 333 |
| MenCCV | 3 | 1 | 112 | 1 | 117 |
| Typh IM | 0 | 0 | 20 | 0 | 20 |
| dT | 0 | 1 | 108 | 0 | 109 |
| HPV | 0 | 7 | 97 | 0 | 104 |
| DTPa (up to 10 years) | 36 | 2 | 34 | 0 | 72 |
| Rotavirus | 27 | 0 | 1 | 0 | 28 |
| IPV | 0 | 1 | 285 | 0 | 286 |
| PCV | 36 | 0 | 1 | 0 | 37 |
| dTpa (11 years and over) | 0 | 1 | 199 | 0 | 200 |
| Jap E | 0 | 0 | 0 | 0 | 0 |
| Hib | 0 | 0 | 0 | 0 | 0 |
| 23 PPV | 0 | 0 | 2 | 0 | 2 |
| **Total** | **107** | **21** | **1,684** | **7** | **1,819** |

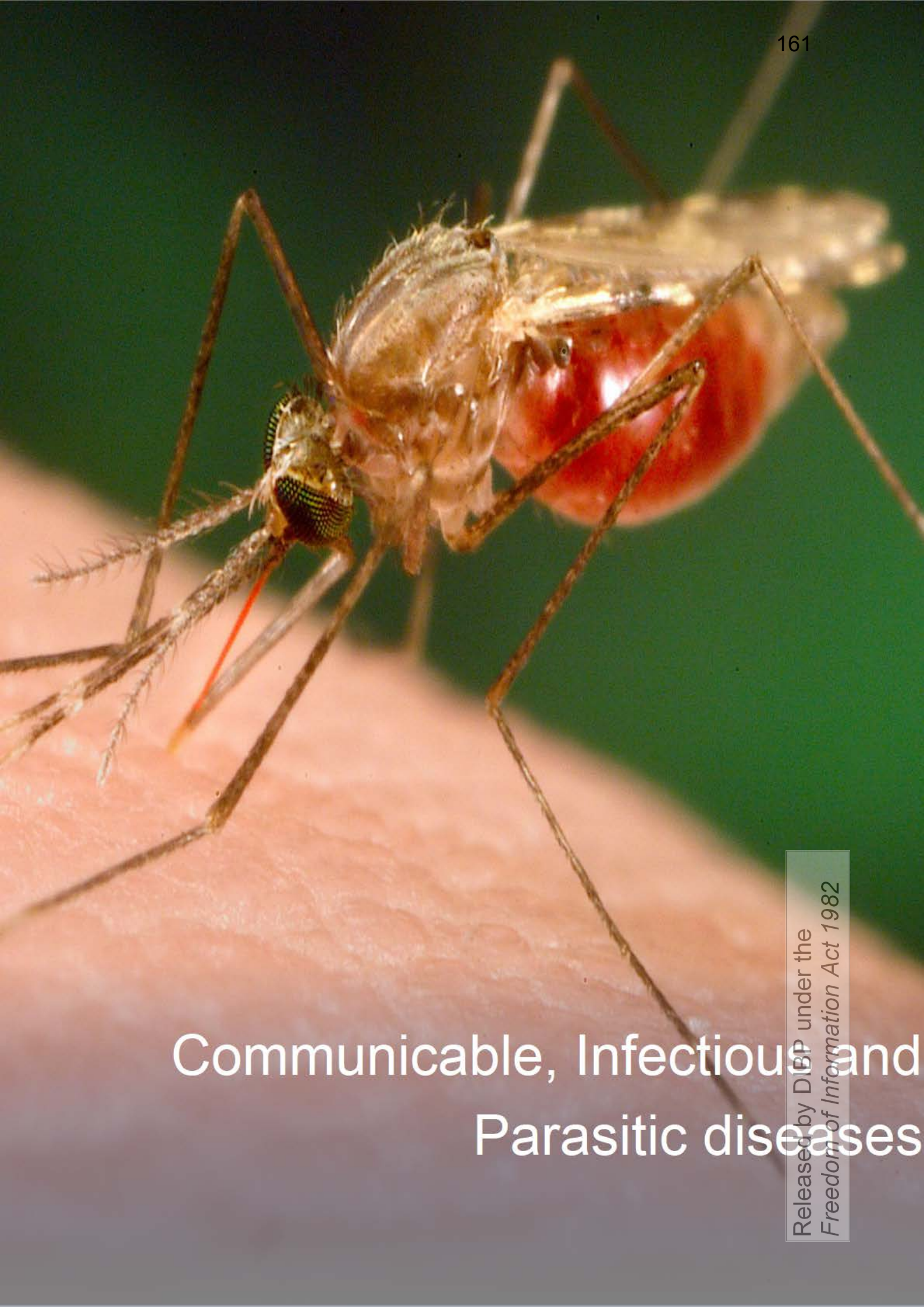
IHMS is committed to ensuring that all Detainees located within the Immigration Detention network are offered the opportunity to be immunised in accordance with Australian community standards. The immunisation schedule follows the Australian Immunisation Handbook (*10th ed.)* and provides clinical advice for health professionals on the safest and most effective use of vaccines as developed by the Australian Technical Advisory Group on Immunisation and Approved by the National Health and Medical Research Council. The IHMS schedule also includes additional vaccinations as advised and approved by independent advisors to cater for the unique circumstances of the population entering Immigration Detention.

All Detainees are fully assessed and categorised with regards to their immunisation status on their arrival into the Detention network during the Health Induction Assessment (HIA) process. In line with Australian community standards, Detainees receive comprehensive education on all the vaccinations being offered to them which commences during the HIA and is continued on an ongoing basis. This ensures they understand what the process of immunisation involves, why they need their vaccinations and what will be required in order for them to complete their required schedule. Detainees also receive an education leaflet in their preferred language explaining the immunisation process, a letter to remind them of their scheduled appointment and the reasons why it is essential for them to attend.

The table above illustrates what vaccinations have been administered and in what volumes and is broken down by age group as well as total numbers of each of the vaccinations given. For this reporting period IHMS has continued to break down the age groups into 0-4; 5-17; 18-64; and 65+ years of age to report the data into meaningful groups.

The total numbers of vaccinations administered between October-December 2015 was 1,819 compared to 3,392 for the previous quarter of July-September 2015. This is a significantly large decrease and is attributed to the following reasons:

- Detainees who have now received all necessary vaccinations and are up to date clinically with their immunisation status
- The drive to educate Detainees on the immunisation process last quarter with a particular emphasis on prioritising those who are consenting to their immunisations, whilst also targeting the Detainees who continued to DNA (did not attend) their vaccination appointments. In addition to education sessions and leaflets on immunisations in their preferred language, IHMS also provides reminder letters to Detainees to ensure they are aware of their upcoming appointments and understand the importance of not missing them.



# Communicable, Infectious and Parasitic diseases

# 7. Communicable, Infectious and Parasitic Diseases

| | New Diagnoses Quarter 4 (Oct - Dec 2015) | | | | Total New Diagnoses Jul - Dec 2015 | | |
|---|---|---|---|---|---|---|---|
| **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 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Chlamydia | 0 | 3 | 3 | 0.09% | 1 | 4 | 5 |
| 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 | 26 | 26 | 0.77% | 0 | 52 | 52 |
| Hepatitis C | 4 | 49 | 53 | 1.56% | 7 | 105 | 112 |
| HIV | 0 | 3 | 3 | 0.09% | 0 | 4 | 4 |
| Measles, Mumps, Rubella | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Pertussis (Whooping Cough) | 0 | 0 | 0 | 0.00% | 0 | 1 | 1 |
| Syphilis | 0 | 4 | 4 | 0.12% | 0 | 16 | 16 |
| Tuberculosis – Active | 0 | 0 | 0 | 0.00% | 0 | 1 | 1 |
| Typhoid | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **4** | **85** | **89** | **2.62%** | **8** | **183** | **191** |
| **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 | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Strongyloidiasis | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **0** | **0** | **0** | **0.00%** | 0 | 0 | 0 |
| **Grand Total** | **4** | **85** | **89** | **2.62%** | **8** | **183** | **191** |

*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.

IHMS conducts a health induction assessment for all new arrivals into the detention network. The health induction involves a nurse assessment, a GP assessment, a screening CXR and pathology for communicable diseases. The screening program is crucial in managing the risks to public health with the key communicable diseases being screened, appropriately managed and notified to the relevant public health authority. IHMS conducts routine screening for Syphilis, Hepatitis B and C, HIV and Tuberculosis (TB). Minors undergo further screening based on the guidelines set out by the Australasian Society for Infectious Diseases. All TB cases are referred for management to the local state TB unit and other communicable diseases are referred to the local hospital or specialist unit when clinically indicated.

IHMS and DIBP maintain a register of Detainees who have suspected active TB, confirmed active TB or confirmed latent TB in order to manage the public health risk. This list has dramatically decreased from over 200+ Detainees in mid to late 2013, to 15 Detainees at present. This is due to the fact that there have not been new IMA's into the network since that time. The table above indicates that there were no new confirmed diagnoses of active TB in this quarter.

The table above indicates that Hepatitis C and Hepatitis B were the two most diagnosed chronic diseases in the detention network this quarter. The majority of these were diagnosed in compliance cases who have entered into detention from a corrections setting where the prevalence of these communicable diseases are known to be higher than the general population. Where clinically indicated, Hepatitis cases are referred to the local public hepatology specialist unit for ongoing management and intervention. New availability of drugs against Hepatitis C which will be made available next quarter will enable more treatments to be commenced on eligible patients.

# Disabilities

# 8. Disabilities

Disability can be defined in different ways, depending on the type and purpose of the data collection. For instance, definitions in population surveys on disability differ from those used to determine eligibility for disability-related support services or payments. In Australia, many data collections define disability based on the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF), which uses 'disability' as an umbrella term for any or all of the following components:

- impairments—problems in body function or structure
- activity limitations—difficulties in executing activities
- participation restrictions—problems an individual may experience in involvement in life situations.

Environmental factors influence the components above. All the ICF components are distinct but interrelated. On the one hand, a person's negative experience relating to any one component may be considered to constitute disability. On the other hand, a person's experience of disability is often complex and multidimensional, meaning that all the components together may constitute disability. A person's functioning or disability is considered as a dynamic interaction between the person's health condition and environmental and/or personal factors.

IHMS initially screens for disabilities amongst the Immigration Detention population as part of the initial Health Induction Assessment process. This is a standard health assessment that occurs within pre-determined timeframes on all new arrivals into the Detention network. Detainees who are classified with a disability are referred to specialist services based on clinical indication by the IHMS General Practitioners. These services include a network of public and private providers including Paediatricians, Orthopaedic surgeons, Physicians, Psychologists, Allied Health and specialised disability services. Hearing aids, visual aids and prostheses are also available as required through IHMS' network of providers.

The data below was ascertained based on SNOMED codes. Detainees will only be counted once under any particular disability category and IHMS notes that the totals may exceed the total number of unique Detainees with a disability due to some Detainees falling within more than one disability category.

The leading cause of disability for adults is visual impairment followed by the group classified as 'Other' which is made up of conditions such as Neuralgia (nerve pain) and Complex Regional Pain Syndrome (a condition which occurs following injury such as a fracture). This is followed by functional and hearing impairment.

For minors, the total numbers of disabilities are a lot lower with the only prevalent disability this quarter being visual impairment.

## 8.1. Number of Detainees with a Disability in IDFs

| Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs) as at 31 Dec 2015 | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | |
| **Types of Disability** | **IDCs** | **IRH/APODs** | **ITAs** | **Adult** | **Minor** |
| Amputation | 0 | 1 | 0 | 1 | 0 |
| Cognitive | 0 | 0 | 0 | 0 | 0 |
| Developmental | 7 | 2 | 3 | 12 | 0 |
| Functional impairment | 12 | 11 | 5 | 28 | 0 |
| Hearing impairment | 12 | 9 | 3 | 24 | 0 |
| Visual Impairment | 19 | 25 | 5 | 47 | 2 |
| Other (Epilepsy, Lupus) | 17 | 13 | 9 | 39 | 0 |
| **Total** | **67** | **61** | **25** | **151** | **2** |
| **Unique Detainees with a disability** | **59** | **51** | **19** | **127** | **2** |

## 8.2. Total Disabilities as Percentage of IDF Population

| Total Disabilities as Percentage of IDF Population | | |
|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | |
| **As at (as per quarter)** | **No. of detainees** | **Approx. % of IDF population** |
| 31 Dec 2015 - Q4 | 129 | 3.8% |
| 30 Sep 2015 - Q3 | 137 | 4.0% |
| 30 Jun 2015 - Q2 | 147 | 4.3% |
| 31 Mar 2015 - Q1 | 146 | 3.4% |
| 31 Dec 2014 - Q4 | 194 | 7.2% |


# Mental Health

# 9. Mental Health

**Mental Health Service Delivery**

Mental Health care in onshore Detention centres is provided using a primary care model (that is, General Practitioner and Primary Care Nurses) augmented by specialist Mental Health Nurses and where needed Psychology and Psychiatrist input.

Mental health care includes a comprehensive mental health assessment on entry to detention and regular mental health screening at prescribed intervals for those consenting to this process. Follow up care is provided as needed using individualised care plans. Additional risk management for those presenting with significant risk of self harm or suicide is provided using the Supportive Monitoring and Engagement process which is used in conjunction with other Service Providers and involves additional support and monitoring for as long as this is clinically indicated. External providers are sourced for specific sub-specialty needs such as specialist cognitive testing.

This quarter continues the trend from the two previous quarters, with significant numbers entering Detention from correctional or forensic settings. Rates of serious mental illness, alcohol and other drug addiction and abuse, adverse psychosocial histories and addiction problems, have been found to be much higher in the correctional population than in the general population, with significant demand now occurring in Detention for services targeting these issues.

## 9.1. Mental Health related presentations

The table below shows the number of presentations to General Practitioners in Detention that are related to mental health, as per the SNOMED clinical terminology system. As noted previously the data should be interpreted with an understanding of the SNOMED clinical terminology system, as rates are not comparable with systems such as ICD or DSM used to provide Clinical diagnoses. As well as presentations for specific clinical entities such as schizophrenia or depression, this category includes presentations for non-diagnostic items such as ‘aggressive behaviour’, ‘acute situational disturbance’, ‘feeling frustrated’, ‘dysphoric mood’ and ‘demanding behaviour’ and also for normal findings such as ‘able to sleep‘. This presentation cluster also includes substance related presentations.

In contrast, diagnoses of depression included under the Chronic diseases information section (see Section 4.9 Primary Care Chronic disease) refer to clinical diagnosis coding such as ‘depressive disorder‘, ‘reactive depression’ and ‘psychotic depression’.

| Unique GP and Psychiatrist presentations related to mental health | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | |
| **Age band (years)** | **Number of Unique presentations** | **Number related to mental health** | **Percentage related to mental health** |
| 0-4 years | 187 | 7 | 3.7% |
| 5-17 years | 175 | 33 | 18.9% |
| 18-64 years | 7,920 | 1,470 | 18.6% |
| 65+ years | 58 | 3 | 5.2% |
| **Total** | **8,340** | **1,513** | **18.1%** |
| | | **Minors %** | **11.0%** |
| | | **Adults %** | **18.5%** |

This table shows that 18.5% of presentations to a GP in onshore detention in Q4 were related to items involved with mental health (including sleep and stress) or substance abuse. This is a slight total percentage reduction from the last few quarters (20.2% in Q2 and 20.3% in Q3). There is a noticeable trending reduction in the number of 'mental health' presentations to GPs in minors (age 0-18 years) across 2015 (Q1 22.4%, Q2 18.8%, Q3 13.3%, Q4 11.0%). However comparison with Q4 2014 when rates were 16.5% for minors presents a picture of a spike in early 2015. As most minors are part of families undergoing offshore processing, this spike may at least partly reflect the series of family returns to Regional Processing Centres occurring in early 2015.

## 9.2. Psychiatric Admissions to Hospital

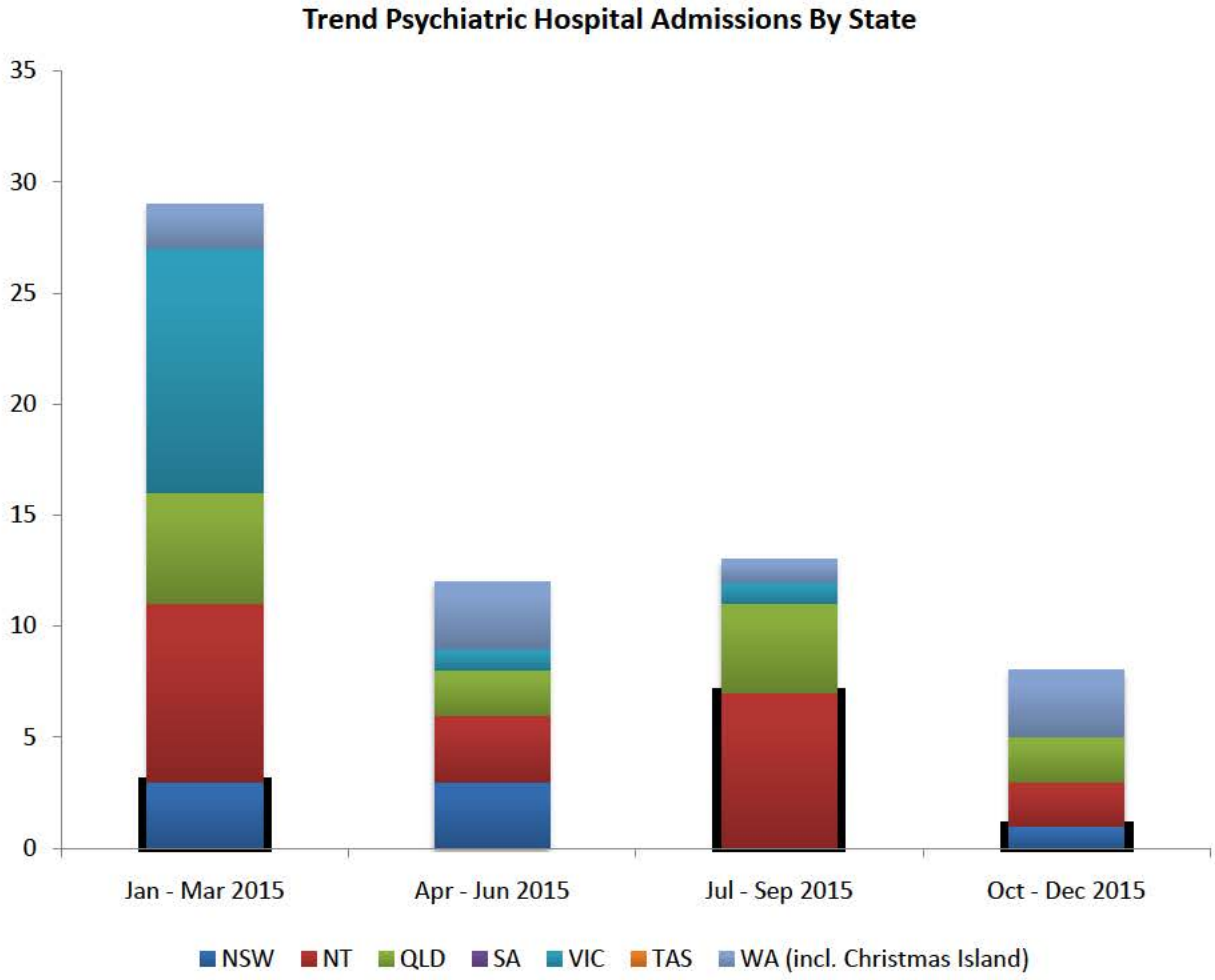
| Psychiatric Admissions to Hospital | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | |
| **State/Territory** | **Total** | **Adult** | **Minor** |
| NSW | 1 | 1 | 0 |
| NT | 2 | 2 | 0 |
| QLD | 2 | 1 | 1 |
| SA | 0 | 0 | 0 |
| VIC | 0 | 0 | 0 |
| TAS | 0 | 0 | 0 |
| WA (incl. Christmas Island) | 3 | 3 | 0 |
| **Total** | **8** | **7** | **1** |

Psychiatric admissions have been relatively low this quarter. Although admission to a public hospital psychiatric ward is a first option, private psychiatric admissions are sometimes required, with inter-site transfers occurring at times to the centre nearest the hospital. This admission data therefore is only a rough indicator of mental health acuity on sites.

| Psychiatric Admissions to Hospital Q1 to Q4 2015 | | | | |
|---|---|---|---|---|
| **State/Territory** | **Jan - Mar2015** | **Apr - Jun 2015** | **Jul - Sep 2015** | **Oct - Dec 2015** |
| NSW | 3 | 3 | 0 | 1 |
| NT | 8 | 3 | 7 | 2 |
| QLD | 5 | 2 | 4 | 2 |
| SA | 0 | 0 | 0 | 0 |
| VIC | 11 | 1 | 1 | 0 |
| WA (incl. Christmas Island) | 2 | 3 | 1 | 3 |
| **Total** | **29** | **12** | **13** | **8** |

Psychiatric admissions spiked in Q1 2015, but have dropped again over the course of 2015.

A closer examination of Q4 admissions shows that while in Q2 all 12 admissions were for IMAs, in Q4 four of the eight (ie 50%) were for non-IMAs. This reflects the growing numbers of those with longstanding or severe mental illness entering detention on other immigration pathways, such as those on section '501' from corrections, who, as a cohort, have much higher rates of mental illness than the general population.




The graph above illustrates the changes in admission rates across 12 months, showing a spike in early 2015 with a levelling off over the remainder of 2015. These figures are absolute numbers rather than percentages, however while absolute numbers in onshore Immigration detention have dropped slightly over 2015, this change is insufficient to explain much of the variance (1,994 people in onshore detention centres in February 2015 compared with 1,852 people in November 2015).

## 9.3. 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 allows identification of those with individual mental health needs, and collated data also provides a rough estimate of morbidity across the detention population, depending on the type of screening tool used. Screening is voluntary, and in most centres less than 70% of the population consent to participate, therefore epidemiological data may not give a true indication of rates across the entire population. During the last quarter IHMS implemented a mental health screening consent process to try to reduce the number of non-attendances for mental health screening, and to improve efficiency.

Screening involves both the use of a mental health screening tool and a mental health assessment. The mandatory mental health screening tool used for adults is the K-10 (see 9.4 below for an explanation of the K-10).

## 9.4. Kessler Psychological Distress Scale (K-10)

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)

## 9.5. Kessler Psychological Scale (K-10) Results

There were 870 MH screenings performed for adults in this quarter, compared with 1,119 in the last quarter. With the length of stay in detention increasing overall, this reduction in numbers screened may reflect the anecdotal clinical impression that Detainees willingness to engage in MH screening declines with length of stay.

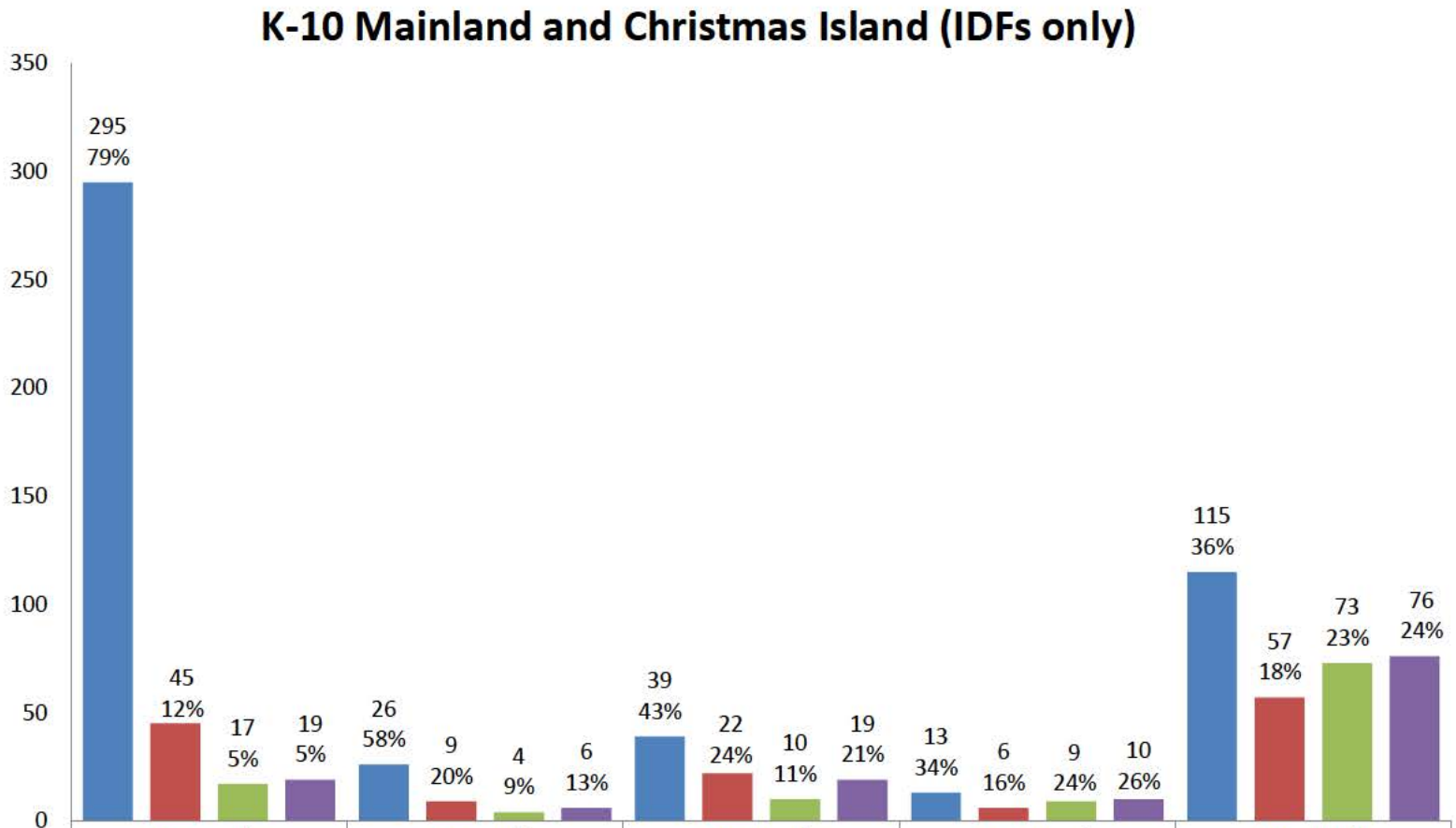
As has been evident in other Quarters, the K10 scores reported from those who consent to screening within onshore detention are similar to a cohort managed by Community mental health teams in Australia. This provides ongoing service challenges, given that Mental Health staffing does not reflect a Community mental health team model which includes regular case management of most clients and ready access to alcohol and other drugs services for those with mental health co-morbidity.

This table also illustrates the trend for increasing anxiety and depression scores with increasing length of stay in detention, with only 5.1% of those who have been in detention for less than 3 months scoring ‗severe' distress on the K10, rising to 26.3% at 13 to 18 months.

## a) Kessler Psychological Scale (K-10) table

| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 376 | 15.11 | 295 | 78.5% | 45 | 12.0% | 17 | 4.5% | 19 | 5.1% |
| 4-6 months | 45 | 19.69 | 26 | 57.8% | 9 | 20.0% | 4 | 8.9% | 6 | 13.3% |
| 7-12 months | 90 | 21.97 | 39 | 43.3% | 22 | 24.4% | 10 | 11.1% | 19 | 21.1% |
| 13-18 months | 38 | 23.82 | 13 | 34.2% | 6 | 15.8% | 9 | 23.7% | 10 | 26.3% |
| 19+ months | 321 | 23.38 | 115 | 35.8% | 57 | 17.8% | 73 | 22.7% | 76 | 23.7% |
| **Total** | **870** | **21.34** | **488** | **56.1%** | **139** | **16.0%** | **113** | **13.0%** | **130** | **14.9%** |
| **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%** |

b) Kessler Psychological Scale (K-10) graph




| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months |
|---|---|---|---|---|---|
| Low (<20) | 295 | 26 | 39 | 13 | 115 |
| Mild (20-24) | 45 | 9 | 22 | 6 | 57 |
| Moderate (25-29) | 17 | 4 | 10 | 9 | 73 |
| Severe (30-50) | 19 | 6 | 19 | 10 | 76 |

## 9.6. Strengths and Difficulties Questionnaire (SDQ) for Children Onshore

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for emotional and behavioural disorders in children and adolescents (Goodman, 1997). Abnormal scores on the SDQ provide an idea of the reported severity of problems from the perspective of child and parent, rather than confirming the presence or diagnosis of psychological disorder.

The SDQ consists of questions related to 25 attributes and divided between 5 scales:

- Emotional symptoms (5 items)
- Conduct problems (5 items)
- Hyperactivity/inattention (5 items)
- Peer relationship problems (5 items)
- Prosocial behaviour (5 items).

For those below the age of 11, the SDQ is completed by parents. For those between ages 11-17, a self-rating report is additionally completed. No teachers scored the SDQ in this initial rollout.

Table 9.6 SDQ results onshore Q4

| SDQ Total Difficulties scores | Normal | Borderline | Abnormal |
|---|---|---|---|
| Parent ratings (age 4-17, N=45) | 40% | 0 | 60% |
| Self-report (age 11-17, n=18) | 100% | 0 | 0 |

SDQ screening was offered to children and their families in onshore detention between the ages of 4-17.Ten parents consented to and participated in screening, with two adolescents also completing the self-report scales. Interpretation of results should take in to consideration given these relatively low numbers.

A Total Difficulties score was calculated based on the scoring of the subscales of SDQ. Sixty percent of parents who completed the SDQ scored their child in the abnormal category, meaning they perceived their child to have significant behavioural or psychological problems which impact upon their social, educational or personal life. Although numbers participating are lower, this is very similar to the 67% scoring their child in the abnormal category in Q4.

Self-Report versions were only completed by 2 young people aged 11-17 years in this quarter. Both scored themselves as ‗normal', indicating that the young person did not identify their social or personal life as being significantly impacted by their behavioural or psychological problems.

For those scoring their child in the abnormal category, the emotional and peer relationship domains tend to be identified by parents as most problematic, although this trend is not statistically significant when compared across the total 5 domains.

## 9.7. Torture & Torture

### Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma services are provided for those who may have experienced torture and trauma prior to arrival in detention, or in the case of Maritime arrivals in onshore detention prior to arrival in an offshore processing centre, in accordance with Departmental policy.

Initial screening questions for Torture and trauma are asked as a component of the Health induction process, and also later as part of mental health assessment. Torture and trauma disclosures may also be made at any time subsequently.

Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post Traumatic Stress Disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition this usual level of care, referrals to Specialist Torture and Trauma services are made for those with disclosed or suspected T&T histories. Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times Detainees may be referred for additional Specialist T&T input.

## 9.8. New T&T Disclosures

| New Torture and Trauma Disclosures | | | | | |
|---|---|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | | | |
| **Facility T&T First disclosed** | **Number of Detainees in IDFs who made new disclosures during the quarter** | **0-4 years** | **5-17 years** | **18-64 years** | **65+ years** |
| Adelaide ITA | 2 | 0 | 0 | 2 | 0 |
| Brisbane ITA | 6 | 1 | 0 | 5 | 0 |
| Christmas Island | 6 | 0 | 0 | 6 | 0 |
| Maribyrnong IDC | 2 | 0 | 0 | 2 | 0 |
| Melbourne ITA | 1 | 0 | 1 | 0 | 0 |
| Perth IDC/IRH | 0 | 0 | 0 | 0 | 0 |
| Villawood IDC | 35 | 0 | 0 | 35 | 0 |
| Wickham Point APOD/IDC | 14 | 1 | 1 | 11 | 1 |
| Yongah Hill IDC | 12 | 0 | 0 | 12 | 0 |
| **Total** | **78** | **2** | **2** | **73** | **1** |
| **% total IDF population during Q4** | **2.3%** | **2.9%** | **3.2%** | **2.3%** | **4.2%** |

Table 10.5 shows that 2.3% of the population in onshore immigration detention made a new (initial) disclosure of T&T during this quarter. This percentage is the same as in Q3.

## 9.9. Supportive Monitoring and Engagement

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self-harm and suicide. There are three levels of SME, involving variable levels of monitoring by security staff and clinical staff, ranging from 24 hour 1:1 monitoring, to intermittent or weekly review. In addition to indicating individual risk, SME numbers in each centre provide a snapshot of site mental health acuity and complexity. SME numbers are a better reflection of mental distress than of mental illness, and are particularly affected by psychosocial stressors.

SME Figures provided in this Data set have been extracted from the electronic record, and reflect numbers commenced on SME over the Quarter. Figures do not indicate length of time on SME, and do not count individuals who may have had SME ceased and recommenced within this reporting period.

In the table below, the right hand column shows the total of those on moderate or High Imminent levels of SME, who ordinarily require daily clinical review in addition to intensive Security provider monitoring.

| Individuals on SME | | | |
|---|---|---|---|
| Mainland and Christmas Island (IDFs only) Q4 - Oct - Dec 2015 | | | |
| | Ongoing | Moderate | High Imminent |
| Adelaide ITA | 1 | 4 | 2 |
| Brisbane ITA | 2 | 1 | 3 |
| Christmas Island | 13 | 10 | 10 |
| Maribyrnong IDC | 11 | 10 | 5 |
| Melbourne ITA | 19 | 9 | 10 |
| Perth | 3 | 3 | 3 |
| Perth IRH | 0 | 0 | 0 |
| Sydney IRH | 0 | 0 | 0 |
| Villawood IDC | 7 | 15 | 19 |
| Wickham Point | 16 | 11 | 18 |
| Yongah Hill IDC | 7 | 10 | 6 |
| **Total** | **79** | **73** | **76** |
| **Total number of unique individuals on SME** | **127** | **% of IDF population on SME** | **3.5%** |

The total percentage of onshore detainee population on any level of SME in Q4 is very similar to that on SME in Q3 (3.5% vs 3.8% respectively). However there are noticeable changes in SME numbers on individual sites. Notably, while Wickham Point still has relatively large numbers on SME in Q4, the total number has halved from 76 individuals last quarter ( 50 of which were on moderate or High Imminent SME), to 35 this quarter, of whom 29 were on moderate or High Imminent SME. The IMA cohort has a relatively higher number on SME at WP than the non-IMA cohort.

In Villawood, while overall numbers have increased only slightly, 38 in Q3 to 41 in Q4, the site has seen a move towards higher levels of assessed risk, with 34/41 on Moderate or High Imminent SME compared with 26/38 previously. This correlates with clinician's perception of increased mental health acuity on site relating to high rates of turnover, a large number of entrants from Correctional settings with significant Mental Health and addiction issues, and issues relating to substance use on site.

The relatively high number on SME on Christmas Island over the quarter for its population size likely reflects the unrest on that site following a detainee death in December.

ihms

International Health
and Medical Services

ihms

# Department of Immigration and Border Protection

# Regional Processing Centres Quarterly Health Trends Report

October – December 2015

Quarter 4

# Regional Processing Centres Quarterly Health Trend Report

## Quarter 4

## October – December 2015

**Report written by:**

International Health and Medical Services (IHMS)

Please send questions to:

Senior Clinical Reporting Team Leader
Level 3, 45 Clarence Street
Sydney NSW 2000

# Table of Contents

# 1. Executive Summary

At the completion of the October to December 2015 quarter, IHMS was providing care for 537 transferees in Nauru (a reduction of 15% from the end of the previous quarter) and 934 transferees on Manus Island (a reduction of 1.3% from the end of the previous quarter). The reduction in Nauru relates to families being granted refugee status.

IHMS continues to provide primary health care (including immunisation and preventative health), mental health support and emergency response within the RPCs. On Nauru, there have also been on site obstetric services and paediatric support. Other specialist referrals are facilitated by a combination of visiting specialists, telemedicine services and transfer to external specialists (most commonly at Pacific International Hospital in Port Moresby).

Reflecting the nurse-lead model of care, 43% of consultations are provided by primary care and mental health nurses. Numbers of Primary care nurse consultation have essentially remained unchanged over the October to December quarter although consultations by other disciplines have reduced – the overall reduction is 16%. On Nauru, a 32% reduction in consultations appears to be related to a reduction in transferee numbers, the establishment of 24 hour, 7 day per week 'Open Centre' combined with an increase in feelings of hopelessness and apathy in some transferee cohorts. On Manus Island, a 4% reduction in consultations reflects relative disengagement with health services associated with an increase in feelings of hopelessness and apathy on the part of Transferees. The majority of consultations in children are for primary health services (77%) whilst the majority of consultations in adults (53%) are for mental health services.

The number of external referrals for medical specialists was only 42 for the quarter, a reduction from 70 for the previous quarter; this will mostly be related to the season with reduced transfers and specialist availability around Christmas. Total hospital admissions (48) did not vary significantly from the previous quarter. The majority are for elective surgical procedures undertaken at Pacific International Hospital. There are only a very small number of acute cases which require hospital admission with the majority of short-term acute conditions being managed by close observation, including overnight care, within the RPC medical clinic. During the quarter, several pregnant transferees in Nauru were admitted to Republic of Nauru hospital for birthing.

Chronic diseases most commonly reported include depression (37), cardiovascular disease (36), oral disease (30) and arthritis (27). Diabetes was seen in 13 transferees. Only 3 minors presented with chronic disease – 2 with oral disease and 1 with asthma.

In the population overall, the common presentations were musculoskeletal conditions, digestive symptoms, skin conditions and psychological symptoms with the unspecified group remaining the most common reason for presentation. This is comparable with data from the previous quarter.
The most common chronic diseases are depression, cardiovascular disease, oral disease and arthritis. There are also a small number of diabetics.

Digestive symptoms are again reported frequently but fortunately do not appear to be associated with serious or chronic gastrointestinal disease in the majority of cases – however special investigations are often required to clarify the aetiology and exclude serious disease.
Skin conditions such as superficial trauma, skin infections and dermatitis are common and the challenging living environment contributes to this prevalence. The few complex skin conditions are reviewed by Dermatologists via telehealth.

IHMS remains committed to safe and effective medication management with policies, procedures and clinical practice guidelines to support this.

The Nauru site includes several supported accommodation areas located close to the clinic which may be used to provide increased levels of clinical support to Transferees and their families. During this quarter additional mental health staff was made available in Nauru to provide a capacity for an enhanced care up to and including an inpatient level of care should this be required. The 'Open Centre' arrangement at Nauru resulted in reduced mental health service utilisation and required a change in SME arrangements. A focus on Nauru in this quarter has been working with families, particularly those with school aged children. Mental health services on Manus continue to be delivered from the new Medical centre which includes a group room which is used to conduct groups such as Art therapy. There are ongoing efforts to establish a 'clubhouse' in Manus similar to the concept that operated successfully in Nauru.

Definitions

| Term | Definition |
|---|---|
| ABF | Australian Border Force |
| 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 |
| IHMS | International Health and Medical Services |
| NOCC | National Outcomes and Case-Mix Collection |
| NSAID | Non-Steroidal Anti-Inflammatory Drug |
| PIH | Pacific International Hospital |
| PNG | Papua New Guinea |
| RACGP | Royal Australian College General Practitioners |
| RN | Registered Nurse |
| RPC | Regional Processing Centre |
| SAF | Single Adult Female |
| SAM | Single Adult Male |
| UAM | Unaccompanied Minor |

# 2. Transferee Cohort Summary

An overview of the number of people in RPCs can be found using the link below to the website of the Department of Immigration and Border Protection:

http://www.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention

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 5-17 years |
| Female 5-17 years |
| Male 18-64 years |
| Female 18-64 years |
| Male 65+ years |
| Female 65+ years |

Over the last quarter, the total number of Transferees residing in the Nauru RPC has reduced from 631 to 537 – men reducing by 35, women by 35 and children by 24. This reduction reflects a number of families being granted refugee status in Nauru. The numbers of men, women and children Transferees on in the Nauru RPC are now 390, 79 and 68 respectively.

Over the same time period, the numbers of Transferees residing in the Manus Island RPC have decreased slightly from 934 to 922.

The overall reduction in RPC population is approximately 6.8%.

# 3. Explanatory notes

This report should be read with an understanding of how the diagnoses and presentations are generated within the electronic record system. IHMS electronic record uses the SNOMED clinical terminology system. SNOMED is designed to capture and represent patient data for clinical purposes. It records a wide range of symptoms, procedures, body structures, aetiologies, pharmaceutical substances, devices and specimens, clinical findings and diagnoses. 'Reasons for presentation' derived from SNOMED in many of the tables in this report do not reflect 'diagnoses' as such, but rather the reason for presentation to the health service provider. For example, 'cardiovascular' is a measure of a patient presentation related to a SNOMED 'cardiovascular' sub code, and may include 'good hypertension control', 'prominent veins', and 'palpitations', as well as the more pathological 'cerebrovascular disease' and 'angina'.

Diagnostic sub codes can also be extracted. In this report, the 'chronic diseases' table in Section 4.9 identifies only those codes reflecting actual clinical diagnoses.

# 4. Integrated Primary Health Care

## 4.1. Introduction

IHMS provides primary health care services, emergency response and mental health support within the Regional Processing Centres (RPC) on Manus Island and Nauru. Primary health care services are provided by Medical Officers (GPs) and Primary Health Nurses, emergency response by Emergency Medical Officers and Paramedics and mental health support by Mental Health Nurses, Psychologists, Counsellors and visiting Psychiatrists. Ante-natal support for pregnant women on Nauru is provided by midwives and a full-time on-site Obstetrician. In addition, paediatric expertise on Nauru is provided by one on-site medical officer who has training in paediatrics.

To supplement standard primary care services, IHMS provides disease prevention activities in the form of regular health education, disease screening and immunisation.

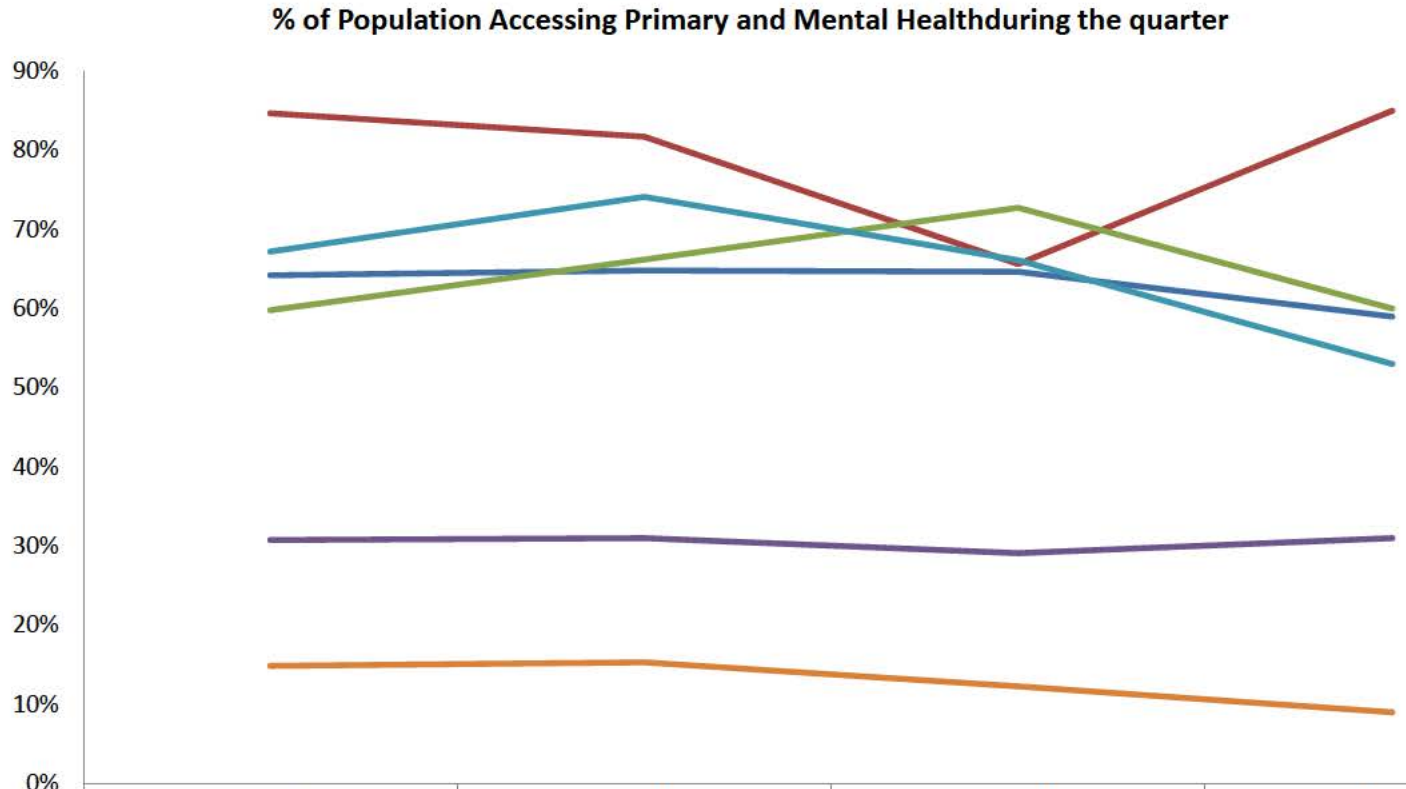
IHMS facilitates specialist care by utilising visiting specialists, telehealth consultations and, in some cases, referral to external specialists (most commonly at Pacific International Hospital, Port Moresby).

## 4.2. Consultations

| Primary Health Care - Consultations Combined Regional Processing Centres | | | | |
|---|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | | |
| **IHMS Primary Health Care** | **Total number of consults** | **No. of unique persons seen** | **Average Consults/Person in Q4** | **% of total RPC population during Q4 2015** |
| GP | 2,916 | 902 | 3.2 | 58.5% |
| Primary Health Nurse | 3,900 | 1,308 | 3.0 | 84.8% |
| Mental Health Nurse | 2,904 | 928 | 3.1 | 60.1% |
| Psychologist | 1,086 | 474 | 2.3 | 30.7% |
| Counsellor | 4,862 | 817 | 6.0 | 52.9% |
| Psychiatrist | 285 | 144 | 2.0 | 9.3% |
| **Total** | **15,953** | **4,573** | **3.5** | |

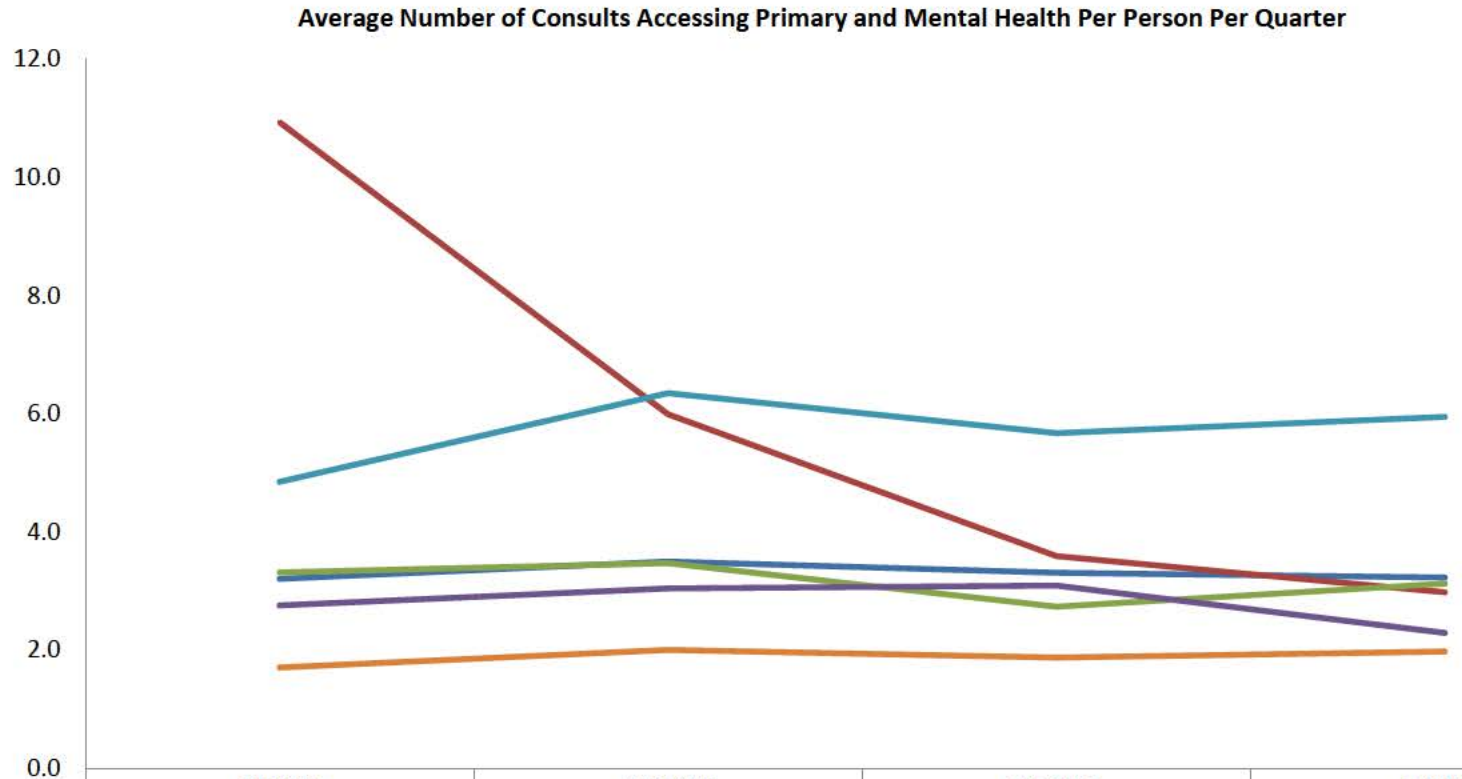
***Total number of unique consults:*** *If a Transferee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a Transferee presents to the clinic once with multiple health issues, the consultation will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

## a) Trend Analysis: Primary Health Care Consultations




| | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 |
|---|---|---|---|---|
| GP | 64% | 65% | 65% | 59% |
| Primary Health Nurse | 85% | 82% | 66% | 85% |
| Mental Health Nurse | 60% | 66% | 73% | 60% |
| Psychologist | 31% | 31% | 29% | 31% |
| Counsellor | 67% | 74% | 66% | 53% |
| Psychiatrist | 15% | 15% | 12% | 9% |

## b) Trend Analysis: Average consults by Speciality




| | Q1 2015 | Q2 2015 | Q3 2015 | Q4 2015 |
|---|---|---|---|---|
| GP | 3.2 | 3.5 | 3.3 | 3.2 |
| Primary Health Nurse | 10.9 | 6.0 | 3.6 | 3.0 |
| Mental Health Nurse | 3.3 | 3.5 | 2.7 | 3.1 |
| Psychologist | 2.8 | 3.0 | 3.1 | 2.3 |
| Counsellor | 4.9 | 6.3 | 5.7 | 6.0 |
| Psychiatrist | 1.7 | 2.0 | 1.9 | 2.0 |

Combined Primary Health Nurse and Mental Health Nurse consultations make up 43% of the total consultation numbers reflecting the nurse-led model of care on site. High numbers of Counsellor consultations are related to group work and preventative mental health work undertaken by these clinicians. Whilst Primary Health Nurse consultation numbers have remained unchanged, there has been a reduction in numbers for all other disciplines. The number of consultations has reduced by 16% overall. The number of consultations at Manus Island reduced by 4% which clinicians believe reflects an increase in feelings of hopelessness and apathy on the part of Transferees and a resultant degree of disengagement with the health care providers. The number of consultations on Nauru reduced by 32% as a result of a reduction in Transferee numbers, the establishment of 24 hour, 7 day per week ‗Open Centre' combined with an increase in feelings of hopelessness and apathy in some Transferee cohorts. The great majority of consultations (77%) for children (Transferees under 18 years) are for primary health consultations (GP and Primary Health Nurse). However, in adults (Transferees 18 years and over), the majority of consultations (53%) are with mental health clinicians (Mental Health Nurse, Counsellor, Psychiatrist, Psychologist). Whilst the percentage of mental health consultations in adults still remains high, there is a reduction from the previous quarter which staff feels relates to Transferee apathy and reduced engagement with mental health activities.

## Consultations by Age Group

The great majority of consultations for children (Transferees under 18 years) are for primary health consultations (GP and Primary Health Nurse) – 77%. However, in adults (Transferees 18 years and over), the majority of consultations are with mental health clinicians (Mental Health Nurse, Counsellor, Psychiatrist, Psychologist) – 53%. Whilst the percentage of mental health consultations in adults still remains high, there is a reduction from the previous quarter.

| Onsite Integrated Primary Health Care by Age Group | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | | | | | | | | |
| IHMS Primary Health Care | 0-4 years | % (0-4 yrs) | 5-17 years | % (5-17 yrs) | 18-64 years | % (18-64 yrs) | 65+ years | % (65+ yrs) | Total | % (Total) |
| GP | 10 | 62.5% | 37 | 51.4% | 854 | 58.7% | 1 | 100.0% | 902 | 58.5% |
| Primary Health Nurse | 14 | 87.5% | 59 | 81.9% | 1,234 | 84.9% | 1 | 100.0% | 1,308 | 84.8% |
| Mental Health Nurse | 3 | 18.8% | 20 | 27.8% | 905 | 62.2% | 0 | 0.0% | 928 | 60.1% |
| Psychologist | 2 | 12.5% | 9 | 12.5% | 463 | 31.8% | 0 | 0.0% | 474 | 30.7% |
| Counsellor | 1 | 6.3% | 1 | 1.4% | 814 | 56.0% | 1 | 100.0% | 817 | 52.9% |
| Psychiatrist | 0 | 0.0% | 0 | 0.0% | 144 | 9.9% | 0 | 0.0% | 144 | 9.3% |

## 4.3. Pathology Referrals

| Pathology Referrals | | |
|---|---|---|
| **Manus and Nauru Q4 - Oct - Dec 2015** | | |
| **Pathology Type** | **No. of Referrals** | **No. of Persons** |
| Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine | 478 | 353 |
| Full Blood Count (FBC) | 329 | 216 |
| Fasting Triglycerides | 109 | 96 |
| C Reactive Protein (CRP) | 102 | 78 |
| Mid Stream Urine Micro & Culture | 82 | 56 |
| Blood Glucose | 70 | 63 |
| Helicobacter pylori Serology | 46 | 37 |
| Malaria RDT | 43 | 32 |
| Dengue RDT | 32 | 26 |
| Helicobacter pylori Breath Test | 27 | 27 |
| **Total number of unique persons that had a Pathology Referral** | **363** | **24%** |

Apart from the prominence of blood glucose testing, which probably reflects a change in the manner in which it has been recorded in the medical record (as a 'test result' as compared to an 'observation'), the most notable changes are the increases in rapid diagnostic testing for malaria and dengue. Both of these conditions are spread by mosquitoes and are more common during the wet season which commenced during the latest quarter on Manus Island. Other common tests have been requested in slightly reduced numbers over the past quarter. Helicobacter pylori serology and breath testing remain very common due to the high prevalence of upper gastrointestinal symptoms amongst Transferees.

## 4.4. Allied Health Appointments

| Allied Health Appointments | | | | | |
|---|---|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | | | |
| Allied Health Appointment Type | Onsite Appointments | Offsite Appointments | Total Appointments | No. unique persons (based on all designations) | Percentage of unique persons who attended appointment |
| Dental | 230 | 117 | 347 | 242 | 7.1% |
| Physiotherapy | 285 | 2 | 287 | 179 | 5.3% |
| Audiology | 0 | 0 | 0 | 0 | 0.0% |
| Optometry | 0 | 1 | 1 | 1 | 0.0% |
| Other | 0 | 0 | 0 | 0 | 0.0% |
| TOTAL | 515 | 120 | 635 | | 24.4% |
| Total number of unique persons to have an Allied Health Appointment | | 377 | | | |

Allied health appointments are roughly comparable to the previous quarter – dental and physiotherapy appointments making up the great majority of allied health appointments. The high number of 'other' listed in the previous quarter referred to external medical specialist appointments rather than 'allied health' appointments. This has been corrected for the current report.

## 4.5. Radiology Referrals

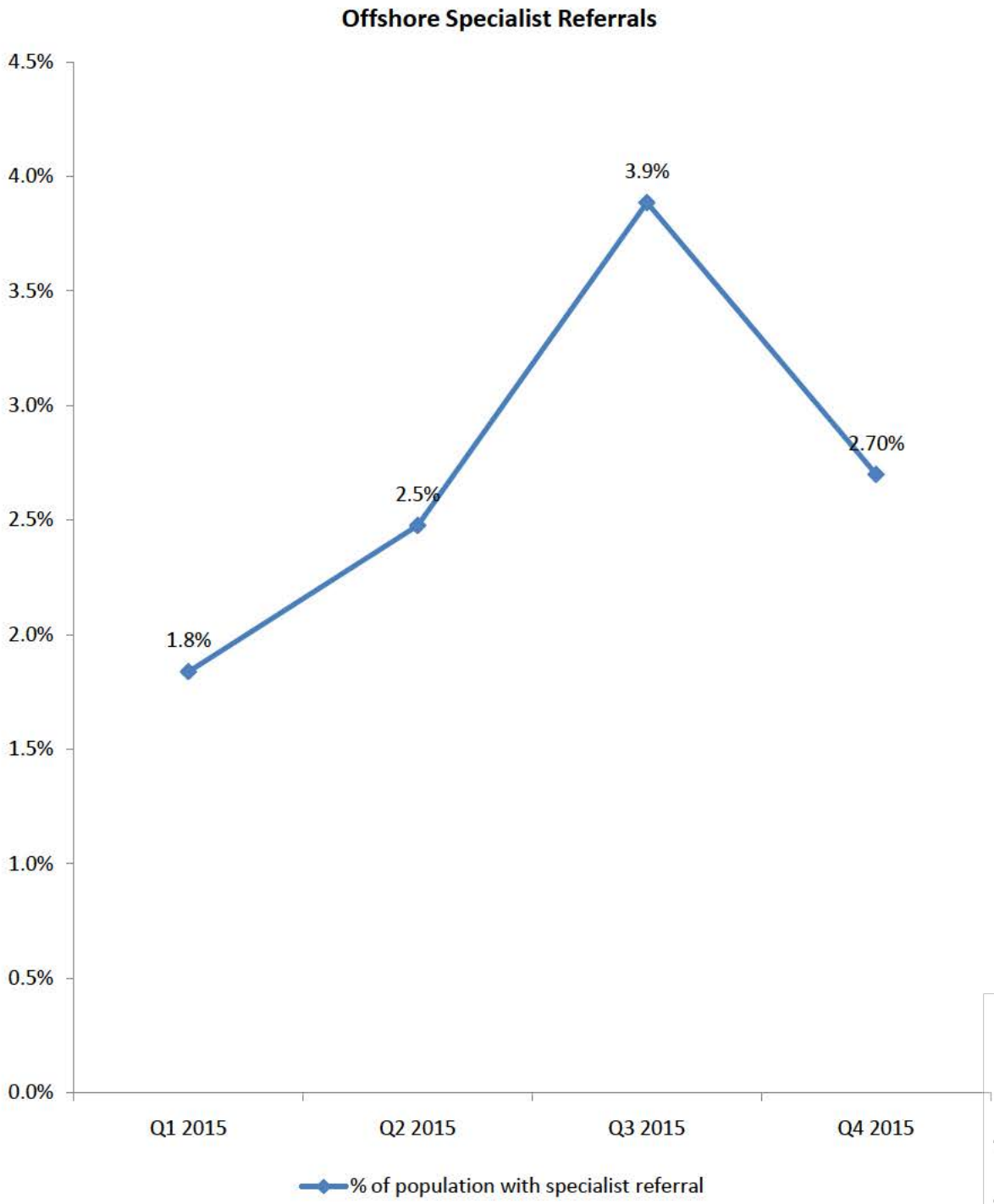
| Radiology referrals<br>Manus and Nauru Q4 - Oct - Dec 2015 | | | | | |
|---|---|---|---|---|---|
| Type | Referrals | | Persons | | Top reasons for imaging referral |
| | No. Referrals | Percentage (of total) | No. Persons | Percentage (of all persons with Radiology referral ) | |
| X-Ray | 104 | 80.6% | 74 | 86.1% | 1. Chest<br>2. Spine - Lumbo- sacral<br>3. Ankle (L)<br>4. Leg (R)<br>5. Spine - Cervical |
| Ultrasound | 14 | 10.9% | 12 | 14.0% | 1. Abdomen<br>2. Other<br>3. Breast (R)<br>4. Lower abdomen<br>5. Pelvis (F) |
| CT Scan | 7 | 5.4% | 7 | 8.1% | 1. Brain<br>2. Head<br>3. Chest<br>4. Liver<br>5. Sinuses |
| MRI | 3 | 2.3% | 3 | 3.5% | 1. Abdomen<br>2. Head<br>3. Periphery |
| Nuclear medicine | 1 | 0.8% | 1 | 1.2% | 1. Thyroid |
| Total | 129 | 100% | | | |
| Total number of unique persons to have a Radiology test | 86 | As % of total RPC population during quarter | 6.0% | | |

Plain X-rays which are performed on-site remain the most common form of medical imaging although there has been some reduction from the previous quarter. Whilst the reported number of ultrasound examinations is reported as only 14, greater numbers of ultrasounds have actually been performed but not recorded under 'Diagnostic' within the medical record. Obstetric ultrasound examinations were performed by the on-site obstetrician as part of consultations and the results recorded in the progress notes. In addition, a small number of urgent or semi-urgent ultrasounds are performed by Emergency Medical Officers, who have these skills, as part of Emergency consultations with results recorded in the progress notes. Neither Manus Island nor Nauru have the capacity for more sophisticated imaging services such as MRI and referrals for such imaging services require transfer off island, most commonly to Port Moresby.

## 4.6. Specialist Referrals

| Specialist referrals (Top 20) | | | |
|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | |
| Specialist Referrals | No . Referrals | No. unique persons (based on all designations) | Percentage of unique persons referred to a specialist |
| General Surgery | 11 | 11 | 0.7% |
| Urology | 5 | 5 | 0.3% |
| Gastroenterology | 4 | 4 | 0.3% |
| Orthopaedics | 4 | 4 | 0.3% |
| Cardiology | 3 | 3 | 0.2% |
| Demato-Venereology | 3 | 3 | 0.2% |
| Neurology | 3 | 3 | 0.2% |
| Internal Medicine | 2 | 1 | 0.1% |
| Ophthalmology | 2 | 2 | 0.1% |
| Otorhinolaryngology | 2 | 2 | 0.1% |
| Plastic, Reconstruction and Aesthetic Surgery | 2 | 2 | 0.1% |
| Endocrinology | 1 | 1 | 0.1% |
| **TOTAL** | **42** | | |
| **Total number of unique persons to have a Specialist referral** | **41** | **% of total IDF population during Q4** | **2.7%** |

Medical Specialist consultation services are provided by a small number of visiting specialists, telehealth services and transfers to Port Moresby for specialist service provided at Pacific International Hospital. Specialist consultations reduced from 73 for the previous quarter to 42 for the current quarter. Reduced availability of specialists and reduced transfers to Port Moresby over the Christmas period are the main reasons for this change. Referrals to a General Surgeon, including referrals for endoscopy, are the most common specialist discipline.



## 4.7. Hospital Admissions

| Hospital Admissions | | |
|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | |
| **RPC Location** | **Total Hospital Admissions** | **Number of individuals hospitalised** |
| Manus Island | 26 | 22 |
| Nauru Centre | 22 | 18 |
| **Total** | **48** | |
| **Total number of unique persons that were hospitalised** | **46** | **3.0%** |

The majority of hospital admissions are for elective surgical procedures undertaken at Pacific International Hospital in Port Moresby. There are a very small number of acute cases requiring emergency transfer to Australia or Pacific International Hospital for emergency care. Most acute medical cases requiring short term care are managed on site by close observation, including overnight medical care, in the RPC medical clinic on either Manus Island or Nauru. During the reporting period, several pregnant Transferees in Nauru were admitted to Republic of Nauru Hospital for birthing.

Total numbers of hospital admissions did not vary significantly from the previous quarter. The most common elective surgical procedures over the quarter were general surgical procedures (including endoscopies) and ear, nose and throat procedures.

## 4.8. GP/Psychiatrist Presentations by Health Groupings

| GP/Psychiatrist Presentations by Health Groupings | | | |
|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | |
| **Health Groupings** | **Number of Unique Presentations** | **Number of Unique Persons** | **Percentage of total RPC population with a presentation** |
| General Unspecified | 1,534 | 666 | 43.2% |
| Musculoskeletal | 677 | 340 | 22.0% |
| Digestive | 651 | 320 | 20.7% |
| Skin | 526 | 289 | 18.7% |
| Psychological | 483 | 235 | 15.2% |
| Respiratory | 476 | 244 | 15.8% |
| Urological | 319 | 219 | 14.2% |
| Social | 274 | 207 | 13.4% |
| Neurological | 178 | 131 | 8.5% |
| Ear | 157 | 79 | 5.1% |
| Endocrine / Metabolic & Nutritional | 135 | 105 | 6.8% |
| Injury | 126 | 88 | 5.7% |
| Eye | 101 | 68 | 4.4% |
| Cardiovascular | 89 | 63 | 4.1% |
| Genital | 72 | 50 | 3.2% |
| Pregnancy / Childbearing / Family Planning | 22 | 9 | 0.6% |
| Blood / Blood forming organs | 17 | 13 | 0.8% |
| **Total** | **5,837** | | |

| GP/Psychiatrist presentations by Age Grouping | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | | | | | | | | |
| Health Groupings | 0-4 years | % of total 0-4 yrs | 5-17 years | % of total 5-17 yrs | 18-64 years | % of total 18-64 yrs | 65+ years | % of total 65+ yrs | Total | % total IDF population |
| General Unspecified | 9 | 56.3% | 21 | 29.2% | 635 | 43.7% | 1 | 100.0% | 666 | 43.2% |
| Musculoskeletal | 1 | 6.3% | 6 | 8.3% | 332 | 22.8% | 1 | 100.0% | 340 | 22.0% |
| Digestive | 4 | 25.0% | 9 | 12.5% | 306 | 21.0% | 1 | 100.0% | 320 | 20.7% |
| Skin | 3 | 18.8% | 17 | 23.6% | 269 | 18.5% | 0 | 0.0% | 289 | 18.7% |
| Respiratory | 7 | 43.8% | 15 | 20.8% | 222 | 15.3% | 0 | 0.0% | 244 | 15.8% |
| Psychological | 1 | 6.3% | 3 | 4.2% | 231 | 15.9% | 0 | 0.0% | 235 | 15.2% |
| Urological | 5 | 31.3% | 15 | 20.8% | 198 | 13.6% | 1 | 100.0% | 219 | 14.2% |
| Social | 6 | 37.5% | 11 | 15.3% | 190 | 13.1% | 0 | 0.0% | 207 | 13.4% |
| Neurological | 0 | 0.0% | 1 | 1.4% | 129 | 8.9% | 1 | 100.0% | 131 | 8.5% |
| Endocrine / Metabolic & Nutritional | 2 | 12.5% | 2 | 2.8% | 100 | 6.9% | 1 | 100.0% | 105 | 6.8% |
| Injury | 0 | 0.0% | 6 | 8.3% | 82 | 5.6% | 0 | 0.0% | 88 | 5.7% |
| Ear | 1 | 6.3% | 3 | 4.2% | 75 | 5.2% | 0 | 0.0% | 79 | 5.1% |
| Eye | 1 | 6.3% | 2 | 2.8% | 65 | 4.5% | 0 | 0.0% | 68 | 4.4% |
| Cardiovascular | 1 | 6.3% | 0 | 0.0% | 61 | 4.2% | 1 | 100.0% | 63 | 4.1% |
| Genital | 0 | 0.0% | 0 | 0.0% | 50 | 3.4% | 0 | 0.0% | 50 | 3.2% |
| Blood / Blood forming organs | 0 | 0.0% | 1 | 1.4% | 12 | 0.8% | 0 | 0.0% | 13 | 0.8% |
| Pregnancy / Childbearing / Family Planning | 0 | 0.0% | 0 | 0.0% | 9 | 0.6% | 0 | 0.0% | 9 | 0.6% |

The most common presentation to General Practitioners is ~~"G~~General Unspecified" (43.2% of presentation) which includes a wide range of non-specific presentations. Musculo-skeletal conditions (22.0%), Digestive disorders (20.7%), Skin conditions (18.7%), Respiratory conditions (15.8%) and Psychological conditions (15.2%) are all common; these overall percentages have not changed greatly from the previous quarter.

In contrast to the overall figures, children under the age of 5 had high rates of presentation with Respiratory symptoms (43.8%) most likely reflecting the presence of viral respiratory infections in that cohort. There were high rates of presentation for social' or non-medical reasons (37.5%) and for urological reasons (31.3%) which were probably related to enuresis. In contrast, children under the age of 5 showed low rates of presentation with musculo-skeletal symptoms (6.3%) and psychological symptoms (6.3%).

## 4.9. Primary Health Care Chronic Diseases

| Primary Health Care - Chronic Diseases | | | | | |
|---|---|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | | | |
| Chronic Disease categories taken from the Australian institute of Health and Welfare | Adult | Percentage of Adult with chronic disease | Minor | Percentage of Minor chronic disease | Total |
| Arthritis | 27 | 1.9% | 0 | 0.0% | 27 |
| Asthma | 6 | 0.4% | 1 | 1.1% | 7 |
| Cancer | 0 | 0.0% | 0 | 0.0% | 0 |
| Cardiovascular | 36 | 2.5% | 0 | 0.0% | 36 |
| Chronic kidney disease | 0 | 0.0% | 0 | 0.0% | 0 |
| Depression | 37 | 2.5% | 0 | 0.0% | 37 |
| Diabetes | 13 | 0.9% | 0 | 0.0% | 13 |
| Oral disease | 30 | 2.1% | 2 | 2.3% | 32 |

| Chronic Diseases by Age Grouping | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | | | | | | |
| Chronic Disease | 0 - 4 years | Age group by % | 5-17 years | Age group by % | 18 - 64 years | Age group by % | 65+ years | Age group by % |
| Arthritis | 0 | 0.0% | 0 | 0.0% | 27 | 1.9% | 0 | 0.0% |
| Asthma | 0 | 0.0% | 1 | 1.4% | 6 | 0.4% | 0 | 0.0% |
| Cancer | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Cardiovascular | 0 | 0.0% | 0 | 0.0% | 35 | 2.4% | 1 | 100.0% |
| Chronic / kidney disease | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Depression | 0 | 0.0% | 0 | 0.0% | 37 | 2.5% | 0 | 0.0% |
| Diabetes | 0 | 0.0% | 0 | 0.0% | 12 | 0.8% | 1 | 100.0% |
| Oral disease | 1 | 6.3% | 1 | 1.4% | 29 | 2.0% | 1 | 100.0% |

The most common chronic diseases recorded for Transferees presenting during the last quarter were depression (37), cardiovascular disease (36), oral disease (30), and arthritis (27). Diabetes was seen in 13 clients presenting during this period, equating to 1.1% of the population. 3 Minors presented with a chronic disease – 2 with chronic oral disease and one with asthma.

Overall, reports of chronic disease in Transferees presenting during this quarter are approximately 16% less than the previous quarter. This reduction probably related to the reduced population numbers and reduced numbers of consultations overall during this quarter as compared to the previous quarter.

## 4.10. Health Trends

In the population overall, the common presentations were musculoskeletal conditions, digestive symptoms, skin conditions and psychological symptoms with the unspecified group remaining the most common reason for presentation. This is comparable with data from the previous quarter.

In children under the age of 5, respiratory presentations were common (43.8% as compared to 15.0% in the previous quarter) most likely reflecting the presence of respiratory viral illnesses in this cohort. Social (non-medical) presentations were common (37.5% as compared 20.0% for the previous quarter. Urological presentations were common (31.3%) but similar to the previous quarter (30.0%). Psychological presentations were low in all minors (6.3% under the age of 5 and 4.2% for 5-18years) as were musculo-skeletal presentations (6.3% under the age of 5 and 8.3% for 5-18 years) – as they were in the previous quarter.

The most common chronic diseases are depression, cardiovascular disease, oral disease and arthritis. There are also a small number of diabetics. Chronic disease is uncommon in children with only 2 cases of chronic oral disease and one case of asthma presenting during the quarter.

Psychological presentations and depression remain common within the RPC environment, particularly amongst adults. In addition, apathy and feelings of hopelessness amongst Transferees are being observed by IHMS staff such that there is continuing need for mental health support on site.

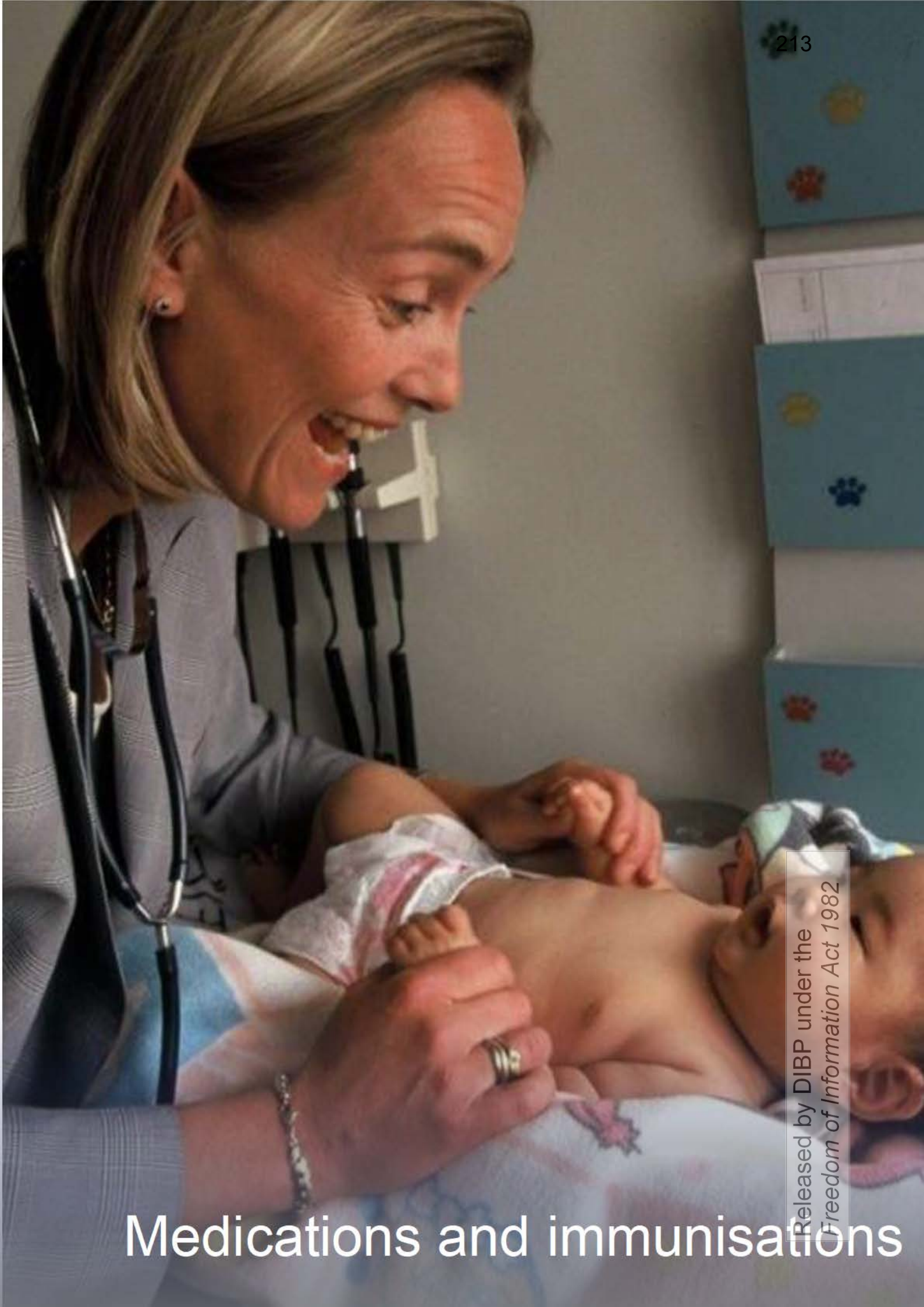
Musculoskeletal presentations are common and so primary health care continues to require support from physiotherapy, orthopaedic consultations services (best facilitated by visiting experienced orthopaedic surgeons) and sometimes specialist imaging services.

Digestive symptoms are common but fortunately do not appear to be associated with serious or chronic gastrointestinal disease in the majority of cases however investigations including abdominal imaging, endoscopy and testing for Helicobacter are often required to clarify the aetiology and exclude severe disease.

Skin conditions are common and the challenging living environment contributes to this prevalence. Superficial trauma, skin infections and dermatitis are regularly seen and treated. The few complex skin conditions are reviewed by Dermatologists via telehealth.

Respiratory symptoms continue to be a common presenting complaint due to close living environment and the rapid spread of respiratory viruses and high smoking rates.

Although it is not evident from the statistics, one significant clinical challenge during the reporting period related to the provision of obstetric services to Transferees in Nauru. Previously, pregnant Transferees had been transferred to Australia for final stages of antenatal care and birthing. However, a Departmental policy change that Transferee low risk birthing was to take place on Nauru resulted in considerable additional clinical support from IHMS and other stakeholders to facilitate the process.



# Medications and immunisations

# 5. Medications

## 5.1. Medication usage in Transferees (Top 20)

| Medication Trends | | | | | | |
|---|---|---|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | | | | |
| % of Total Population during Quarter | | | | | | |
| **Medications** | **Total** | **Total %** | **Adult** | **Adult %** | **Minor** | **Minor %** |
| Nonsteroidal anti-inflammatory agents | 662 | 42.9% | 652 | 45% | 10 | 11% |
| Simple analgesics and antipyretics | 592 | 38.4% | 558 | 38% | 34 | 39% |
| Vitamins (single agents) | 411 | 26.6% | 407 | 28% | 4 | 5% |
| Antihistamines | 369 | 23.9% | 358 | 25% | 11 | 13% |
| Hyperacidity, reflux and ulcers | 339 | 22.0% | 337 | 23% | 2 | 2% |
| Expectorants, antitussives, mucolytics, decongestants | 319 | 20.7% | 300 | 21% | 19 | 22% |
| Penicillins | 306 | 19.8% | 295 | 20% | 11 | 13% |
| Multivitamins and minerals | 268 | 17.4% | 252 | 17% | 16 | 18% |
| Other antibiotics and anti-infectives | 207 | 13.4% | 191 | 13% | 16 | 18% |
| Topical oropharyngeal medication | 184 | 11.9% | 184 | 13% | 0 | 0% |
| Antidepressants | 174 | 11.3% | 174 | 12% | 0 | 0% |
| Combination simple analgesics | 144 | 9.3% | 144 | 10% | 0 | 0% |
| Antispasmodics and motility agents | 130 | 8.4% | 130 | 9% | 0 | 0% |
| Rubefacients, topical analgesics/NSAIDs | 122 | 7.9% | 121 | 8% | 1 | 1% |
| Antiemetics, antinauseants | 90 | 5.8% | 89 | 6% | 1 | 1% |
| Antipsychotic agents | 84 | 5.4% | 84 | 6% | 0 | 0% |
| Laxatives | 84 | 5.4% | 83 | 6% | 1 | 1% |
| Topical otic medication | 81 | 5.2% | 78 | 5% | 3 | 3% |
| Topical antifungals | 76 | 4.9% | 72 | 5% | 4 | 5% |
| Topical nasopharyngeal medication | 74 | 4.8% | 65 | 4% | 9 | 10% |

IHMS is committed to ensuring that medications are managed in a safe and effective manner and has implemented numerous activities to ensure this is achieved. This includes a full suite of policies, procedures and clinical practice guidelines related specifically to medication management, regular auditing of clinical cases and prescribing habits to ensure ongoing improvement and professional development is achieved through continuous feedback processes. IHMS uses Australian Therapeutic Guidelines as a tool in guiding prescribing habits.

The table above illustrates the 20 most frequently prescribed medications groupings within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minor prescriptions. IHMS can advise that the total populations at the Regional Processing Centres who required a regular medication at some point has remained fairly consistent for Q1-Q4 of 2015 at between 70%-78% as per the following:

- Q1 2015 (January – March) 70%
- Q2 2015 (April – June) 78%
- Q3 2015 (July – September) 72%
- Q4 2015 (October – December) 74%

In adults, the most commonly prescribed medications are non-steroidal anti-inflammatory medications (662 prescriptions) and simple analgesics (592 prescriptions). This is predominantly related to presentations with minor musculo-skeletal problems and minor painful ailments. The number of these prescriptions has increased from 557 and 491 respectively from the previous quarter and the increase is most probably related to clients more often requesting a pharmacological solution to these ailments. The total number of prescriptions for vitamins (single vitamins and multi-vitamins) is very high at 679 which is related mostly to transferees requesting vitamin supplements rather than an actual medical indication for vitamins. Anti-histamine prescriptions are slightly higher than the previous quarter at 369 (as compared to 335 for the previous quarter) – these are used for pruritic skin conditions, allergic rhinitis symptoms and to aid in sleep. Hyperacidity medications are commonly prescribed (339 prescriptions) as a result of frequent upper gastrointestinal symptoms – fortunately, serious upper gastrointestinal conditions are infrequent. The high rate of prescriptions of expectorants and antitussives (306 prescriptions) relate to Transferees requesting symptomatic treatment of cough related to viral respiratory infections, smoking and other environmental respiratory irritants. The antibiotic usage – penicillins (306 prescriptions) and other antibiotics (207 prescriptions) – is predominantly for the treatment of respiratory and soft tissue infections. Psychiatric medications usage – antidepressants (174 prescriptions) and anti-psychotic medications (84 prescriptions) – has increased from the last quarter (from 137 and 40 prescriptions respectively) reflecting the high level of underlying mental health issues.

In children, prescriptions are relatively infrequent with the most commonly prescribed item being simple analgesics (34 prescriptions) used for febrile illnesses and minor painful ailments. The next most commonly prescribed items were for vitamins (20) and expectorants/antitussives (19) for symptomatic treatment of

coughs. There were 12 prescriptions for antibiotics, 10 prescriptions for antihistamines and 10 prescriptions for anti-inflammatories. Overall, prescription rates are low in children.

## 5.2. Medication Prescriptions by Schedule

| Medication Prescriptions by Schedule | | | |
|---|---|---|---|
| **Manus and Nauru Q4 - Oct - Dec 2015** | | | |
| **Schedule** | **GP prescriptions** | **Psychiatrist prescriptions** | **Nurse initiated medications/Verbal telephone order** |
| S2 | 645 | 0 | 263 |
| S3 | 416 | 28 | 3 |
| S4 | 2,315 | 131 | 223 |
| S8 | 5 | 0 | 1 |
| Unscheduled | 1,745 | 21 | 166 |
| **Grand Total** | **5,126** | **180** | **656** |

More than half of prescriptions were for items that do not require a prescription in the community in Australia (unscheduled, S2 and S3 items) and this is consistent with the previous quarter. The number of S4 prescriptions is slightly lower than the previous quarter while prescriptions for S8 medications (controlled drugs) remain at very low numbers (6 in total). Nurse initiated medications and verbal telephone orders increased over the last quarter from 482 to 656.

| 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 |

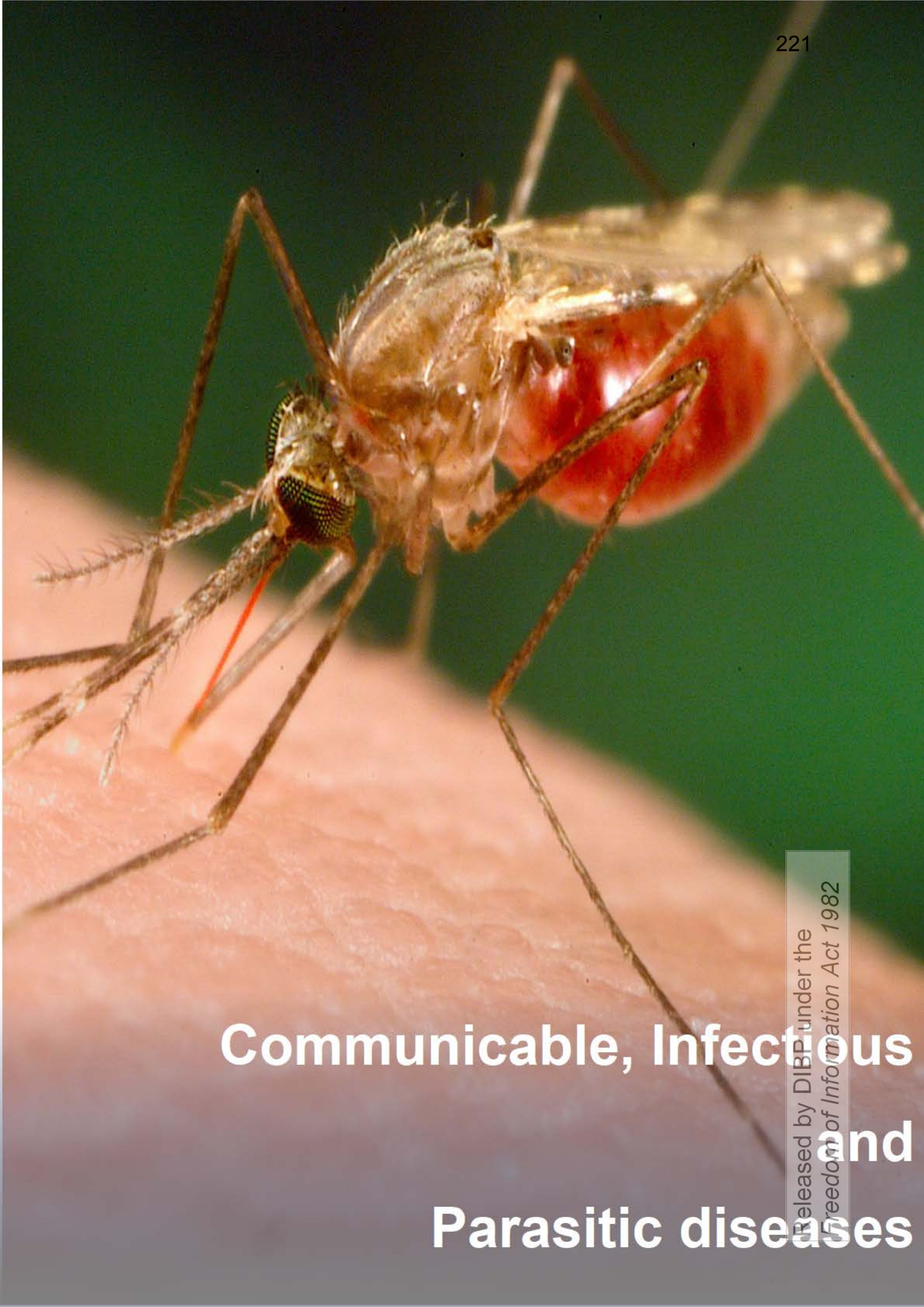
## 5.3. Medication Trends

| Medication Trends | | |
|---|---|---|
| **Manus and Nauru Q4 - Oct - Dec 2015** | | |
| % of Total Population during Quarter | | |
| **Medications** | **Jul - Sep 2015** | **Oct - Dec 2015** |
| Nonsteroidal anti-inflammatory agents | 34.4% | 42.9% |
| Simple analgesics and antipyretics | 30.3% | 38.4% |
| Vitamins (single agents) | 13.8% | 26.6% |
| Antihistamines | 20.7% | 23.9% |
| Hyperacidity, reflux and ulcers | 19.1% | 22.0% |
| Expectorants, antitussives, mucolytics, decongestants | 13.6% | 20.7% |
| Penicillins | 20.1% | 19.8% |
| Multivitamins and minerals | 10.8% | 17.4% |
| Other antibiotics and anti-infectives | 5.0% | 13.4% |
| Topical oropharyngeal medication | 7.5% | 11.9% |
| Antidepressants | 8.5% | 11.3% |
| Combination simple analgesics | 4.4% | 9.3% |
| Antispasmodics and motility agents | 6.1% | 8.4% |
| Rubefacients, topical analgesics/NSAIDs | 7.6% | 7.9% |
| Antiemetics, antinauseants | 4.4% | 5.8% |
| Antipsychotic agents | 2.5% | 5.4% |
| Laxatives | 4.2% | 5.4% |
| Topical otic medication | 3.9% | 5.2% |
| Topical antifungals | 4.2% | 4.9% |
| Topical nasopharyngeal medication | 3.2% | 4.8% |

# 6. Vaccinations Administered by Age Group

| Vaccinations Administered by Age Group | | | | | |
|---|---|---|---|---|---|
| Manus and Nauru Q4 Oct - Dec 2015 | | | | | |
| **Vaccination** | **0-4 years** | **5-17 years** | **18-64 years** | **65+ years** | **Total Vaccinations Administered** |
| VZV | 1 | 1 | 3 | 0 | 5 |
| MMR | 1 | 0 | 1 | 0 | 2 |
| MMRV | 0 | 0 | 0 | 0 | 0 |
| Hep A | 0 | 1 | 4 | 0 | 5 |
| Hep B | 0 | 0 | 17 | 0 | 17 |
| MenCCV | 0 | 0 | 5 | 0 | 5 |
| Typh IM | 1 | 0 | 3 | 0 | 4 |
| dT | 0 | 0 | 4 | 0 | 4 |
| HPV | 0 | 4 | 48 | 0 | 52 |
| DTPa (up to 10 years) | 0 | 1 | 0 | 0 | 1 |
| Rotavirus | 0 | 0 | 0 | 0 | 0 |
| IPV | 0 | 0 | 13 | 0 | 13 |
| PCV | 0 | 0 | 0 | 0 | 0 |
| dTpa (11 years and over) | 0 | 1 | 3 | 0 | 4 |
| Jap E | 0 | 0 | 0 | 0 | 0 |
| Hib | 0 | 0 | 0 | 0 | 0 |
| 23 PPV | 0 | 0 | 0 | 0 | 0 |
| **Total** | **3** | **8** | **101** | **0** | **112** |

IHMS follows the immunisation schedule published by the Australian Immunisation Handbook (10th Edition). Catch-up immunisation is commenced on entry into Australian Immigration Detention. As the Transferee population has been resident in an Australian Immigration Detention Centre or Regional Processing Centre for considerable time, virtually all Transferees are fully immunised and so relatively few vaccines were administered over the quarter. The main exception was the administration of 52 HPV vaccines in an attempt to immunise teenagers and young adults against HPV to the age of 26 years as per direction from the DIBP Chief Medical Officer.



# Communicable, Infectious and Parasitic diseases

# 7. Communicable, Infectious and Parasitic Diseases

| | New Diagnoses Quarter 4 (Oct - Dec 2015) | | | | Total New Diagnosis Jul 2015 - Dec 2015 | | |
|---|---|---|---|---|---|---|---|
| **Contagious (human to human, including sexually transmitted infections)** | **Manus Island** | **Nauru Centre** | **Total** | **% of total OPC population during quarter** | **Manus Island** | **Nauru Centre** | **Total** |
| Chickenpox | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Chlamydia | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Gonorrhoea | 0 | 1 | 1 | 0.06% | 0 | 1 | 1 |
| 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 | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Tuberculosis - Active | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Typhoid | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **0** | **1** | **1** | **0.06%** | **0** | **1** | **1** |
| **Non Contagious (via mosquitoes or parasites)** | | | | | | | |
| Dengue | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| Malaria | 4 | 0 | 4 | 0.26% | 4 | 0 | 4 |
| Schistosomiasis | 2 | 0 | 2 | 0.13% | 3 | 0 | 3 |
| Strongyloidiasis | 0 | 0 | 0 | 0.00% | 0 | 0 | 0 |
| **Total** | **6** | **0** | 6 | **0.39%** | **7** | **0** | **7** |
| **Grand Total** | **6** | **1** | **7** | **0.45%** | **7** | **1** | **8** |

There were low rates of reportable infectious disease over the quarter with one case of gonorrhoea identified (Nauru), 3 cases of malaria diagnosed (Manus) and 2 cases found to positive for schistosomiasis (Manus).

In the setting of the ‗Open Centre' at Nauru, the risk of Transferees contracting new sexually transmitted diseases increases.

The 3 cases of malaria were due to the increased numbers of mosquitoes as a result of increased rain during the latter part of the quarter. Malaria is endemic on Manus Island but the risk of contracting malaria at the RPC is small, largely due to vector control measures at the centre. Despite the vector control programme at the centre, Transferees can be exposed during outings outside the centre. Transferees are advised to take personal measures to avoid malaria such as the use of protective clothing, use of insect repellents, use of mosquito nets and chemoprophylaxis. Unfortunately, compliance with these personal protective measures tends to be poor despite IHMS offering education on these matters.

# Disabilities

# 8. Disabilities

Disability can be defined in different ways, depending on the type and purpose of the data collection. For instance, definitions in population surveys on disability differ from those used to determine eligibility for disability-related support services or payments. In Australia, many data collections define disability based on the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF), which uses 'disability' as an umbrella term for any or all of the following components:

- impairments—problems in body function or structure
- activity limitations—difficulties in executing activities
- participation restrictions—problems an individual may experience in involvement in life situations.

## 8.1 Number of Transferees with a Disability in Manus and Nauru

| Number of Transferees with a Disability in Manus and Nauru as at 31 December 2015 | | | | |
|---|---|---|---|---|
| **Disability Grouping** | **Manus** | **Nauru** | **Adult** | **Minor** |
| Amputation | 3 | 0 | 3 | 0 |
| Cognitive | 0 | 0 | 0 | 0 |
| Developmental | 2 | 1 | 2 | 1 |
| Functional impairment | 27 | 7 | 34 | 0 |
| Hearing impairment | 15 | 5 | 20 | 0 |
| Visual Impairment | 33 | 5 | 38 | 0 |
| Other (Epilepsy, Lupus) | 43 | 11 | 54 | 0 |
| **Total**[1] | **123** | **29** | **148** | **1** |
| **Unique Transferees with a disability** | **95** | **26** | **120** | **1** |

*1. Some Transferees may be counted in multiple disability categories.*

Grouped within the categories of ‗Disability' are a variety of impairments and complex diagnostic categories. Whilst hearing and visual impairments are relatively straightforward, others include a variety of complex conditions and syndromes which can have broad-ranging effects on the body and function; similarly, ‗functional impairment' includes a variety of diagnostic categories. No more than 1% of Transferees are considered to be affected in such a way that they are classified with ‗disabilities' however they tend to require input from multiple medical disciplines as well as additional support from other stakeholders. The number does not appear to have changed significantly since the previous quarter.

## 8.2 Total Disabilities as Percentage of RPC Population

| Total Disabilities as Percentage of RPC Population | | |
|---|---|---|
| **Manus and Nauru Q4 - Oct - Dec 2015** | | |
| **As at end of quarter** | **Number of unique Transferees** | **Approximate percentage of RPC population** |
| 31 Dec 2015 - Q4 | 121 | 7.8% |
| 30 Sep 2015 - Q3 | 118 | 7.6% |
| 30 Jun 2015 - Q2 | 122 | 7.0% |
| 31 Mar 2015 - Q1 | 97 | 5.0% |
| 31 Dec 2014 - Q4 | 58 | 3.0% |

*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.*

*1. Some Transferees may be counted in multiple disability categories.*


# Mental Health

# 9. Mental Health

Mental health care in Regional Processing Centres is provided using a primary care model (that is, General Practitioner and Primary Nurses) augmented by specialist mental health nursing and where needed Counselling, Psychology and Psychiatrist input. Mental health care includes a comprehensive mental health assessment on entry to detention, and regular mental health screening at prescribed intervals for those consenting to this process. Follow up care is provided as needed using individualised care plans, along with group work focused both on prevention and supportive interventions. Additional risk management for those presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement process which is used in conjunction with other Service Providers and involves additional support and monitoring as long as this is clinically indicated.

While care approximates that available within the broader Australian community, the distance to inpatient facilities currently offshore has resulted in the development of alternative strategies for managing those with higher levels of mental health acuity on-island. The Nauru site includes several supported accommodation areas located close to the mental health clinic which at times are used to provide increased levels of clinical (and non-clinical) support to Transferees and their families.

During this quarter the new Medical and Mental Health Clinic opened on Manus Island. This clinic includes a group room which is now being used to conduct a number of groups such as Art Therapy. Unfortunately the move to the new clinic has resulted in a greater degree of physical separation between the clinic and the SAA (the Supported Accommodation Area) used to provide additional clinical support for those with mental health issues.

## 9.1. Mental Health related Presentations

The table below shows the number of presentations to General Practitioners in RPC's that are related to mental health, as per the SNOMED clinical terminology system. As noted previously the data should be interpreted with an understanding of the SNOMED clinical terminology system, as rates are not comparable with systems such as ICD or DSM used to provide Clinical diagnoses. As well as presentations for specific clinical entities such as Post Traumatic Stress Disorder or Major Depressive Disorder this category includes presentations for non-diagnostic items such as aggressive behaviour', acute situational disturbance', feeling frustrated, dysphoric mood and demanding behaviour and also for normal findings such as able to sleep'. This presentation cluster also includes substance related presentations.

In contrast, diagnoses of depression included under the chronic diseases information section (see Section 4.9 Primary Care Chronic disease) refer to clinical diagnosis coding such as depressive disorder', reactive depression' and psychotic depression'.

| Unique GP and Psychiatrist Presentations Related to Mental Health | | | |
|---|---|---|---|
| Manus and Nauru Q4 - Oct - Dec 2015 | | | |
| **Age band (years)** | **Number of Unique Presentations** | **Number related to mental health** | **Percentage related to mental health** |
| 0-4 years | 72 | 1 | 1.4% |
| 5-17 years | 195 | 3 | 1.5% |
| 18-64 years | 5,557 | 479 | 8.6% |
| 65+ years | 13 | 0 | 0.0% |
| **Total** | **5,837** | **483** | **8.3%** |
| | | **Minors %** | **1.5%** |
| | | **Adults %** | **8.6%** |

This table indicates that there was a mental health related reason for presentation for 8.3% of GP appointments, which is a slight reduction from the last quarter (9.5%). This is noticeably different to the patterns of mental health related presentations to GPs in onshore detention centres, where in this quarter 18% of presentations attracted mental health related coding. These differences likely reflect at least in part increased availability of specialist mental health staff including Counsellors, Psychologists, Psychiatrists and Mental Health Nurses in offshore centres.

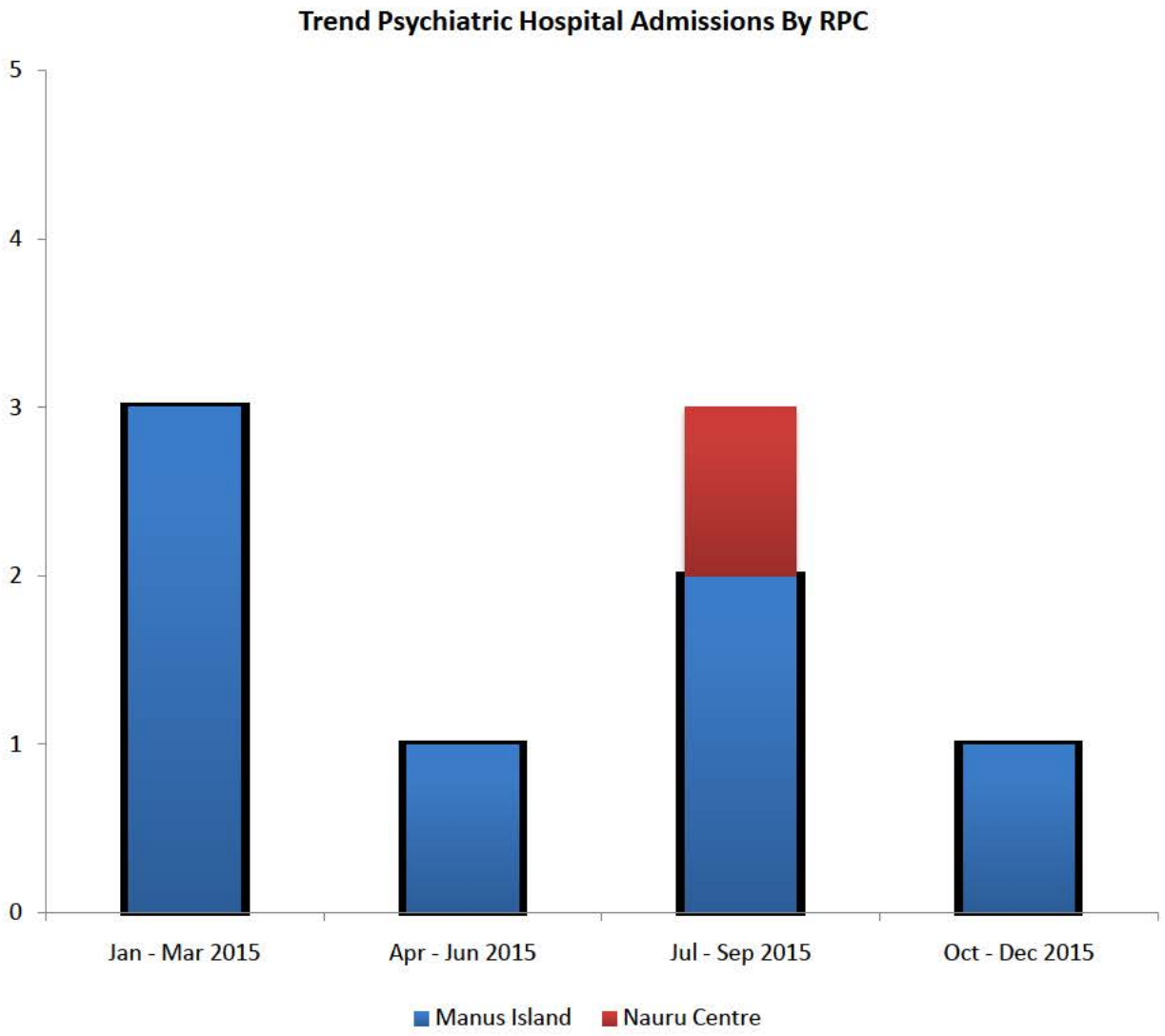
## 9.2. Psychiatric Admissions to Hospital

Psychiatric admissions in the table below represent those transferred off-island specifically for the purpose of admission to a Psychiatric hospital, and does not include those transferred for medical reasons who were subsequently admitted to a psychiatric hospital in Australia.

| Psychiatric Admissions to Hospital | | | |
|---|---|---|---|
| **Manus and Nauru Q4 - Oct - Dec 2015** | | | |
| **RPC** | **Total** | **Adult** | **Minor** |
| Manus Island | 1 | 1 | 0 |
| Nauru Centre | 0 | 0 | 0 |
| **Total** | **1** | **1** | **0** |

| Psychiatric Admissions to Hospital | | |
|---|---|---|
| **Manus and Nauru Q4 - Oct - Dec 2015** | | |
| **RPC** | **Jul - Sep 2015** | **Oct - Dec 2015** |
| Manus Island | 2 | 1 |
| Nauru Centre | 1 | 0 |
| **Total** | **3** | **0** |

Overall transfers from Regional Processing Centres for direct Psychiatric admission in 2015 remain low. Patients requiring compulsory treatment under Mental Health legislation continue to require transfer to Australia.



## 9.3. 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 allows identification of those with individual mental health needs, and collated data also provides a rough estimate of morbidity across the detention population depending on the type of screening tool used. Screening is voluntary therefore, if participation rates are low, data may not give a true indication of rates across the larger population.

Screening involves both the use of a mental health screening tool and a mental health assessment. The mandatory mental health screening tool used for adults is the K-10 (see 9.4 below for an explanation of the K-10). The Strengths and Difficulties Questionnaire was commenced in Nauru as the screening tool for children in this quarter. Both tools are self-rated, reflecting subjective reports only. The mental health assessment conducted at the same time as the screening tool provides a clinician's assessment, but is not able to be quantified for reporting purposes.

## 9.4. Kessler Psychological Distress Scale (K-10)

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 RPC 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).

## 9.5. Kessler Psychological Manus and Nauru (K-10)

In addition to collated K-10 data for Manus/Nauru (Table 9.5.1), scores for Manus and Nauru were reportedly separately for the first time in Q3 and continue to be reported separately in this report (Tables 9.5.1a and b). This may assist in identifying potential variables between these groups impacting on mental health such as operational differences between the two processing centres, gender or family cohorts, the resettlement process, or the Open Centre on Nauru which operated 24 hours seven days a week throughout this quarter. As with the onshore data set, K-10 results are compared with results reported by Australian Community Mental Health Services for patients in case management undergoing reviews July 2011-2012.

Table 9.5.1: Collated K10 scores Manus and Nauru Q4 2015

| Collated K10 scores Manus and Nauru Regional Processing Centres Q4 Oct - Dec 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Months in RPC | 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 | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 7-12 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 13-18 months | 6 | 28.50 | 2 | 33.3% | 1 | 16.7% | 0 | 0.0% | 3 | 50.0% |
| 19+ months | 503 | 24.31 | 155 | 30.8% | 138 | 27.4% | 99 | 19.7% | 111 | 22.1% |
| **Total** | **509** | **21.93** | **157** | **30.8%** | **139** | **27.3%** | **99** | **19.4%** | **114** | **22.4%** |
| **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%** |

Collated results in Table 9.5.1 show a reduction in the number of mental health screenings in this Quarter (509 compared with 709 in the last quarter). As most people have now been in detention for 18 months or more, the frequency of screening has increased from 6 monthly to 3 monthly, which might suggest an increase in screenings would occur. This reduction is likely due in part to the overall reduction in detention population in offshore processing, and also staff perception of reduced engagement with services.

Overall rates of reported distress were higher than those in case managed Community Mental health service patients in Australia in the 2012 comparison data, and also similar to the onshore detention population with similar lengths of stay (onshore scores were 23.7% severe for those in detention over 19 months on Q4 2015).

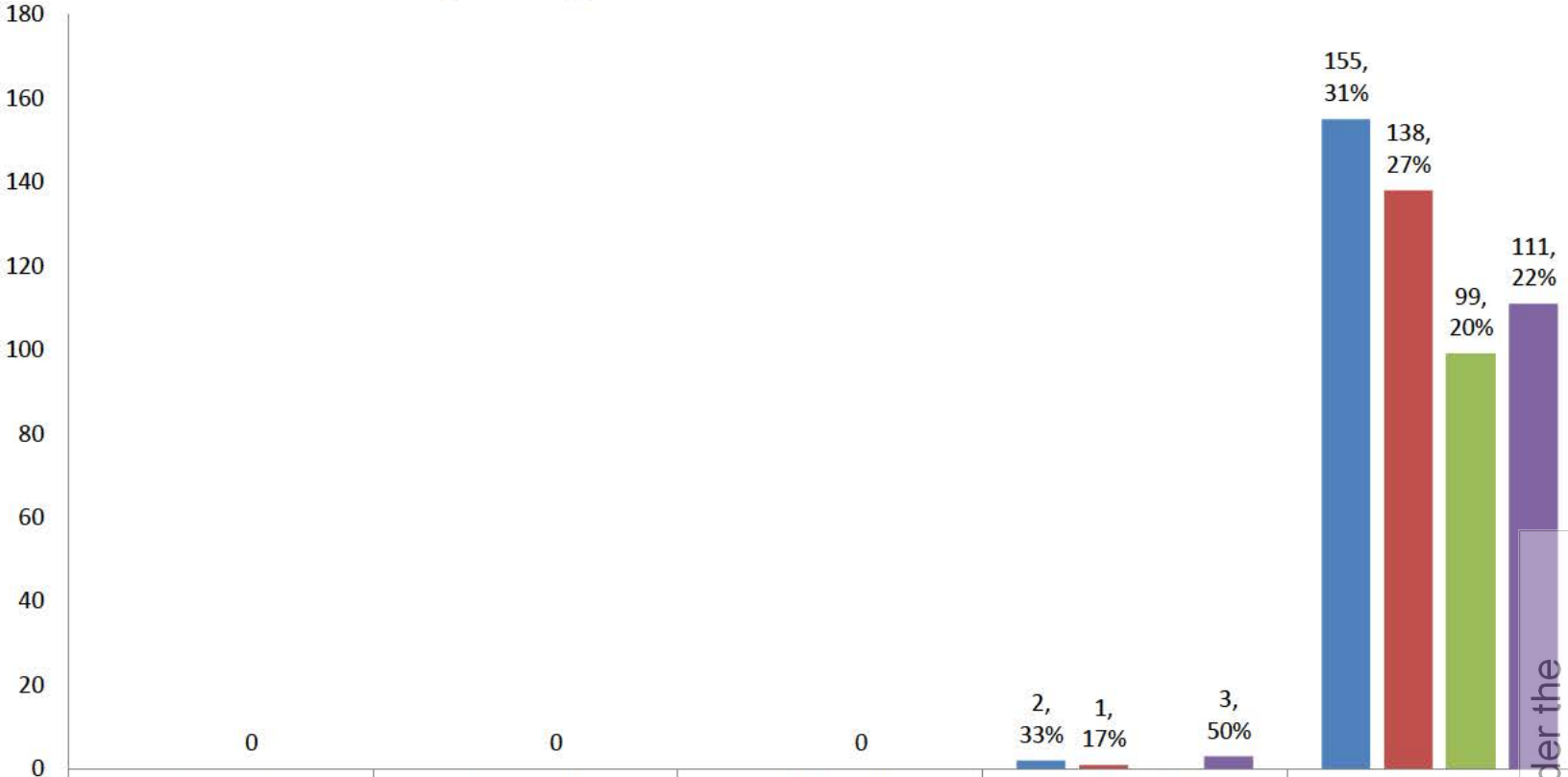
Comparison between collated Manus and Nauru scores from this quarter and from the last quarter shows a persisting trend for movement towards the severe end on the distress scale over time, with 22.4% of those in detention offshore for over 19 months reporting severe psychological distress in this quarter compared with 16.5% in the last quarter.

Comparison with K10 scores from 18 months ago show this trend more clearly:

| | | |
|---|---|---|
| Low | 75% compared with 30.8% | (Q2 2014 versus Q4 2015) |
| Mild | 12.26% compared with 27.3% | (Q2 2014 versus Q4 2015) |
| Moderate | 6.03% versus 23.3% | (Q2 2014 versus Q4 2015) |
| Severe | 6.61% versus 22.4% | (Q2 2014 versus Q4 2015) |

There are a number of variables that might contribute to explaining this increase in K10 scores, but these have not been quantified or studied adequately to draw clear conclusions. However the correlation between length of stay in detention and mental health issues has previously been noted. In Q2 2014, most asylum seekers had been in detention less than 18 months. In this quarter, all but one detainee has been in detention for over 18 months. Comparison between onshore and offshore data for those in immigration detention for more than 18 months shows similarly high K10 scores (22.7% moderate, 23.7% severe), which supports the concept of length in detention as a significant independent variable.

## Kessler Psychological Distress Scale: Manus and Nauru




| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months |
|---|---|---|---|---|---|
| Low (<20) | 0 | 0 | 0 | 2 | 155 |
| Mild (20-24) | 0 | 0 | 0 | 1 | 138 |
| Moderate (25-29) | 0 | 0 | 0 | 0 | 99 |
| Severe (30-50) | 0 | 0 | 0 | 3 | 111 |

## 9.6. Comparison of Manus Island and Nauru K10 results

The percentage of those consenting to screening who scored ‗severe' distress has increased in both population groups since Q3, (16% in both populations in Q3 compared with 21.5% in Manus and 25% in Nauru in this quarter). There continues to be a noticeable difference between Manus and Nauru for those scoring ‗low' distress, with Nauru at 52% compared with Manus 22%, however this difference is less marked than in the last quarter. While there are likely to be a number of different variables contributing to this difference, findings continue to support the concept that the open centre on Nauru may be of some benefit to reducing subjective anxiety and depression self ratings.

## 9.7. Manus Island results

The table below shows K-10 scores from those consenting to Mental Health screening in Manus Island. As all Transferees have now been in detention for over 18 months, screening is offered three monthly. Rates of consent to screening have dropped, with only 365 consenting to mental health screening in this quarter compared with 465 screening events in the last quarter.

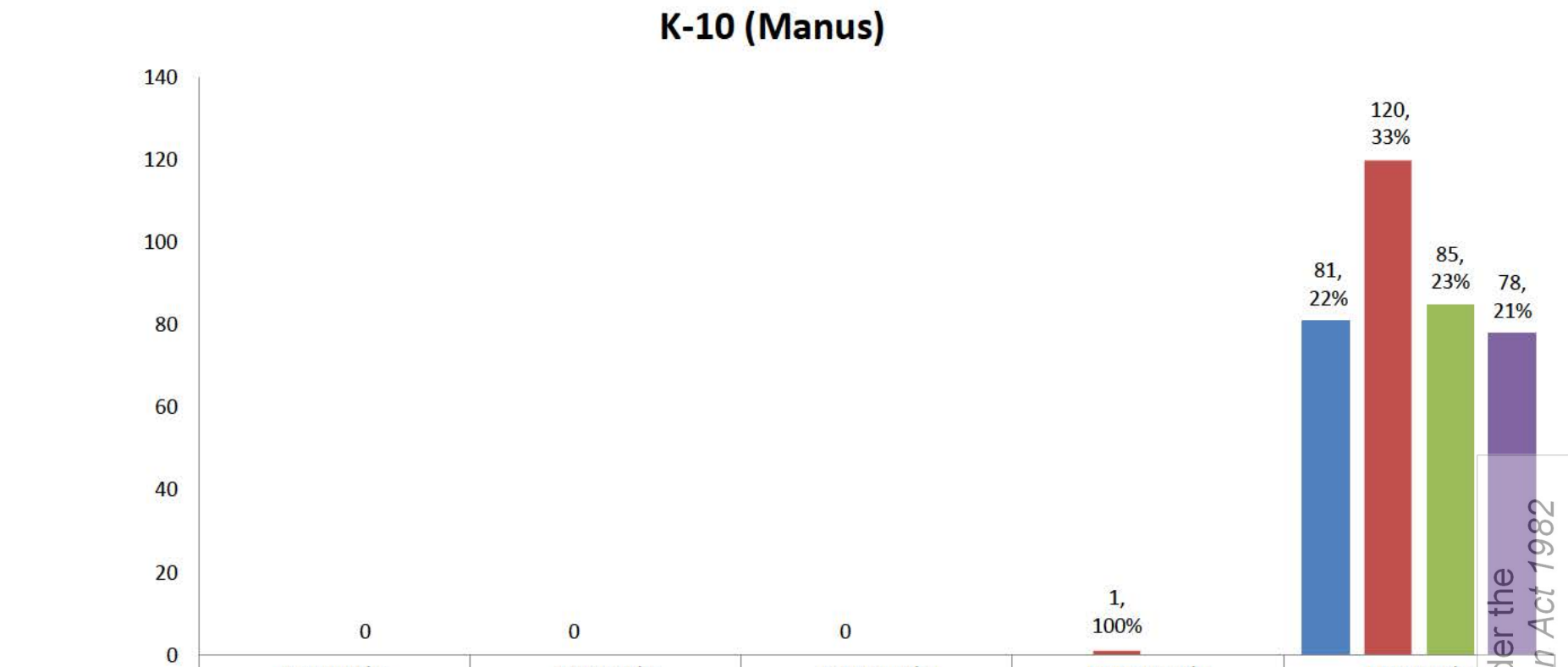
'Detention fatigue', and reduced levels of engagement reported by staff in Manus are likely to have impacted on screening participation and mean that data should be interpreted with caution due to uncertainty over how this might have affected scoring. However it is likely that those with more significant withdrawal are less likely to participate in screening, making overall population K-10 scores potentially higher than this data shows.

K10 scores in Manus are now notably higher overall than those in an Australian community mental health service population, with 44.7% scoring moderate to severe distress, and only 21% scoring low. While the K10 is a subjective self-report of distress, as an instrument it is validated with more objective ratings of anxiety and depression. These levels of distress also correlate with qualitative verbal staff report. It is unknown to what degree and how rapidly distress levels are likely to fall following release from detention, and there are no local comparators to inform service development.

### 9.7.1a Manus Island K-10 data

| K-10 Manus Q4 - Oct - Dec 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **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 | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 4-6 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 7-12 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 13-18 months | 1 | 22.00 | 0 | 0.0% | 1 | 100.0% | 0 | 0.0% | 0 | 0.0% |
| 19+ months | 364 | 24.67 | 81 | 22.3% | 120 | 33.0% | 85 | 23.4% | 78 | 21.4% |
| **Total** | **365** | **21.93** | **81** | **22.2%** | **121** | **33.2%** | **85** | **23.3%** | **78** | **21.4%** |
| **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%** |

### 9.7.1b Manus Island K-10 graph




| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months |
|---|---|---|---|---|---|
| Low (<20) | 0 | 0 | 0 | 0 | 81 |
| Mild (20-24) | 0 | 0 | 0 | 1 | 120 |
| Moderate (25-29) | 0 | 0 | 0 | 0 | 85 |
| Severe (30-50) | 0 | 0 | 0 | 0 | 78 |

## 9.8. Nauru Island results

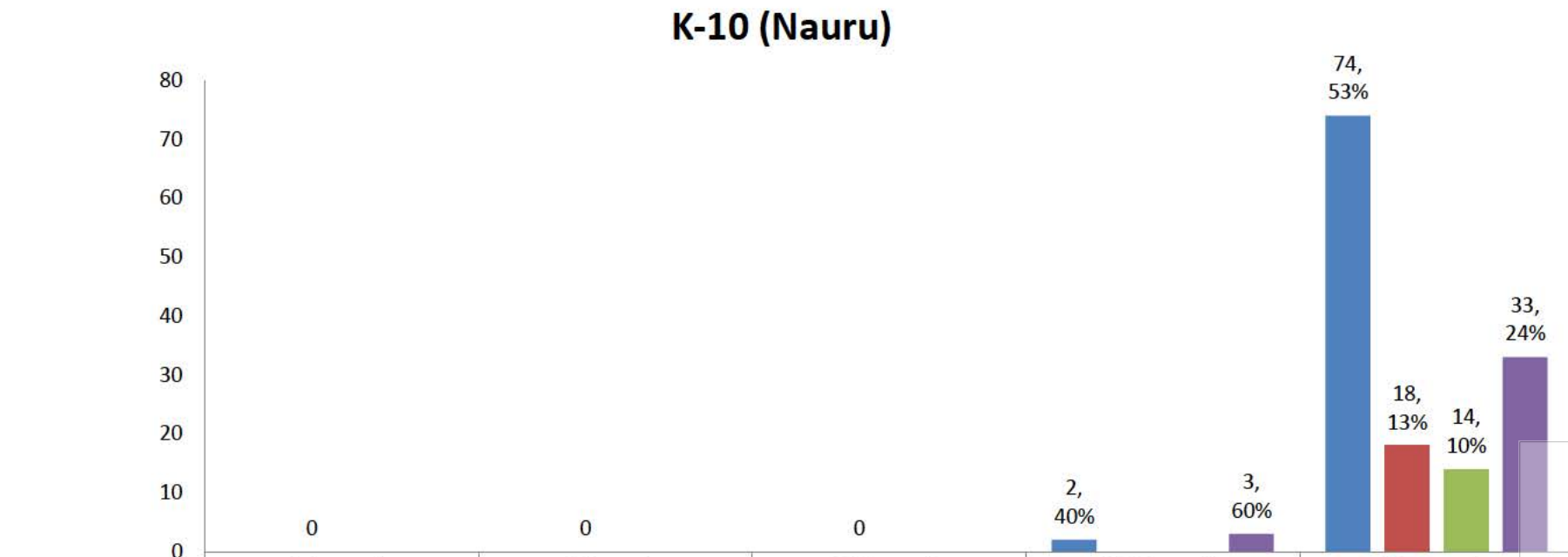
The table below shows K-10 scores from those consenting to mental health screening in Nauru in Q4 2015.

Q4 has seen a relatively large number of previous asylum seekers granted refugee status, with the almost all of the remaining Transferees now being in detention for over 18 months. The number of screening events in this quarter is low compared with Q3 data (144 compared to 465 screening events in Q3), due in large part to the overall drop in numbers. Clinical staff also report a drop in overall attendance and participation in screening since the centre opened fully. Rates of mild and moderate distress on the K10 are now slightly below that of a sample of patients managed by an Australian community mental health service, however there is a growing percentage of those remaining Transferees who rate their distress as ‗severe' on the K10, despite the open centre arrangements.

### 9.8.2a Nauru K-10 data

| K-10 Nauru Q4 - Oct - Dec 2015 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **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 | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 4-6 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 7-12 months | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A | 0 | N/A |
| 13-18 months | 5 | N/A | 2 | 40.0% | 0 | 0.0% | 0 | 0.0% | 3 | 60.0% |
| 19+ months | 139 | N/A | 74 | 53.2% | 18 | 12.9% | 14 | 10.1% | 33 | 23.7% |
| **Total** | **144** | **21.93** | **76** | **52.8%** | **18** | **12.5%** | **14** | **9.7%** | **36** | **25.0%** |
| **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%** |

## 9.8.2b Nauru K-10 graph




| | 0-3 months | 4-6 months | 7-12 months | 13-18 months | 19+ months |
|---|---|---|---|---|---|
| Low (<20) | 0 | 0 | 0 | 2 | 74 |
| Mild (20-24) | 0 | 0 | 0 | 0 | 18 |
| Moderate (25-29) | 0 | 0 | 0 | 0 | 14 |
| Severe (30-50) | 0 | 0 | 0 | 3 | 33 |

## 9.9. Strengths and Difficulties Questionnaire (SDQ) for Children

The Strengths and Difficulties questionnaire is reported for the first time for children in Regional Processing Centres in this Quarter.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire for emotional and behavioural disorders in children and adolescents (Goodman, 1997). Abnormal scores on the SDQ provide an idea of the reported severity of problems from the perspective of child and parent, rather than confirming the presence or diagnosis of psychological disorder.

The SDQ consists of questions related to 25 attributes and divided between 5 scales:

- Emotional symptoms (5 items)
- Conduct problems (5 items)
- Hyperactivity/inattention (5 items)
- Peer relationship problems (5 items)
- Prosocial behaviour (5 items).

For those below the age of 11, the SDQ is completed by parents. For those between ages 11-17, a self-rating report is additionally completed. The teacher SDQ version was not used in this quarter.

Table 9.8a SDQ results offshore Q4

| SDQ Total Difficulties scores | Normal | Borderline | Abnormal |
|---|---|---|---|
| Parent ratings (age 4-17, N= 38) | 26% | 2.6% | 71% |
| Self-report (age 11-17, n=12) | 58% | 25% | 16% |

SDQ screening was offered to children and their families in the Nauru Regional Processing Centre detention between the ages of 4-17. There are no children currently in Manus Island.

Thirty eight parents consented to and participated in screening over Q4, with twelve adolescents also completing the self-report scales.

A Total Difficulties score was calculated based on the scoring of the subscales of SDQ. Seventy one percent of parents who completed the SDQ scored their child in the abnormal category, meaning they perceived their child to have significant behavioural or psychological problems which impact upon their social, educational or personal life. Internal statistical analysis of the parent scores shows that no particular subscore stood out from the others as more problematic. Self-Report versions were completed by 12 young people aged 11-17 years in this quarter. Sixteen percent scored themselves in the ‗abnormal' range, indicating that the young person

identified their social or personal life as being significantly impacted by their behavioural or psychological problems, while 58% felt there had been little or no impact.

While no specific comparator has yet been agreed for data comparison purposes, the number of parents scoring their children in the abnormal category is very high in comparison with available published studies.

## 9.10. Torture and Trauma

### Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma services are provided for those who may have experienced torture and trauma prior to arrival in a regional processing centre, in accordance with Departmental policy.

Initial screening questions for torture and trauma are asked as a component of the Health induction process, and also later as part of mental health assessment. Torture and trauma disclosures may also be made at any time subsequently.

Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post-Traumatic Stress Disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition to this usual level of care, referrals to Specialist Torture and Trauma services are made for those with disclosed or suspected T&T histories. Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times Transferees may be referred for additional Specialist T&T input.

## 9.11.New T&T Disclosure

| Manus and Nauru Q4 - Oct - Dec 2015 | | | | | |
|---|---|---|---|---|---|
| **Facility T&T First disclosed** | **Number of Transferees in RPCs who made new disclosures during the quarter** | **0-4 years** | **5-17 years** | **18-64 years** | **65+ years** |
| Manus Island | 15 | 0 | 0 | 15 | 0 |
| Nauru Centre | 3 | 0 | 0 | 3 | 0 |
| **Total** | **18** | **0** | **0** | **18** | **0** |
| **% total IDF population during Q3** | **1.2%** | **0.0%** | **0.0%** | **1.2%** | **0.0%** |

The number of people who made a new T&T disclosure during this quarter in Manus island has dropped by nearly half compared to Q3 2015. Because this data captures only those with new disclosures of T&T, this drop may simply reflect the length of stay in detention. However it may also be impacted by issues with T&T room suitability and also the reduction in overall engagement with mental health services as noted by clinical staff.

## 9.12. Supportive Monitoring and Engagement

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self harm and suicide. There are three levels of SME, involving variable levels of monitoring by security staff and clinical staff ranging from 24 hour 1:1 monitoring, to intermittent or weekly review. In addition to indicating individual risk, SME numbers in each centre provide a snapshot of site mental health acuity and complexity. SME numbers are a better reflection of mental distress than of mental illness, and are particularly affected by psychosocial stressors.

Figures provided in this Data set have been extracted from the electronic record and reflect numbers recorded as being commenced on SME over the Quarter. SME numbers were first reported in a similar way in Q3 2015. Figures record times SME was initiated, not unique individuals, but do not indicate length of time on SME. If a person was commenced on SME, discontinued and then recommenced this is counted as two initiation events.

| Individuals on SME | | | |
|---|---|---|---|
| **Manus and Nauru Q4 - Oct - Dec 2015** | | | |
| | **Ongoing** | **Moderate** | **High Imminent** |
| Nauru Centre | 5 | 11 | 3 |
| Manus Island | 12 | 8 | 10 |
| **Total** | **17** | **19** | **13** |
| **Total number of unique individuals on SME** | **27** | **% of RPC population on SME** | **1.7%** |

SME was initiated a total of 49 times during this quarter, which represents SME for 27 unique individuals. This is an overall reduction from 75 SME events in Q3 (39 unique individuals).

A closer look at the data shows that this reduction in the use of SME is entirely explained by Nauru figures, which fell from a total of 42 SME events in Q3 to 19 in Q4. This drop is likely due to a combination of events in Nauru including the open centre no longer making it possible, for a period, to use SME (for legal reasons), and the overall drop in population numbers in the Nauru RPC.

ihms

International Health and Medical Services