Department of Immigration and Border Protection

Immigration Detention Health Report

January – March 2016

Quarter 1

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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 January – 31 March 2016. 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 overall population in the onshore detention network including Christmas Island this quarter has decreased by 9%. There have been no new boat arrivals this quarter with all new arrivals into the detention network being compliance cases. The high flow of people coming in and out of the detention centres remain with this cohort of new arrivals coming mainly from a corrections or compliance background

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

This quarter also saw a dramatic decrease in the number of minors and families in the detention network and by the end of the quarter, there were no minors in the network.

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

This report should be read 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. SNOMED is designed to capture and represent patient data for clinical purposes. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceutical substances, devices and specimens. „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". This means that statistical information, on for example, „cardiac presentations" is a better marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population.

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.

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 Australian 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 an afterhours health advice servicewhich comprises of a team of registered nurses. IHMS also has a team of operational and clinical directors 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).

4.2. Consultations

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q1 Jan - Mar 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Person in Q1	% of total IDF population during Q1 2016
GP	4,382	1,649	2.7	53.30%
Primary Health Nurse	22,628	2,659	8.5	86.00%
Mental Health Nurse	5,394	1,420	3.8	45.90%
Psychologist	1,234	382	3.2	12.40%
Counsellor	994	241	4.1	7.80%
Psychiatrist	461	312	1.5	10.10%
Total	**35,093**	**6,663**	**5.3**	

Total number of 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.*

This table looks at the number of primary care consultations that IHMS conducted in the onshore detention clinics this quarter. The data demonstrates the different types of primary care consultations that IHMS conducts which include GP consultations, primary health nurse consultations, mental health nurse consultations, counsellor consultations, psychologist consultations and psychiatrist consultations.

There were 35,093 primary health care consultations on mainland and Christmas Island sites recorded in this quarter compared to just under 28,000 in Q4 2015.

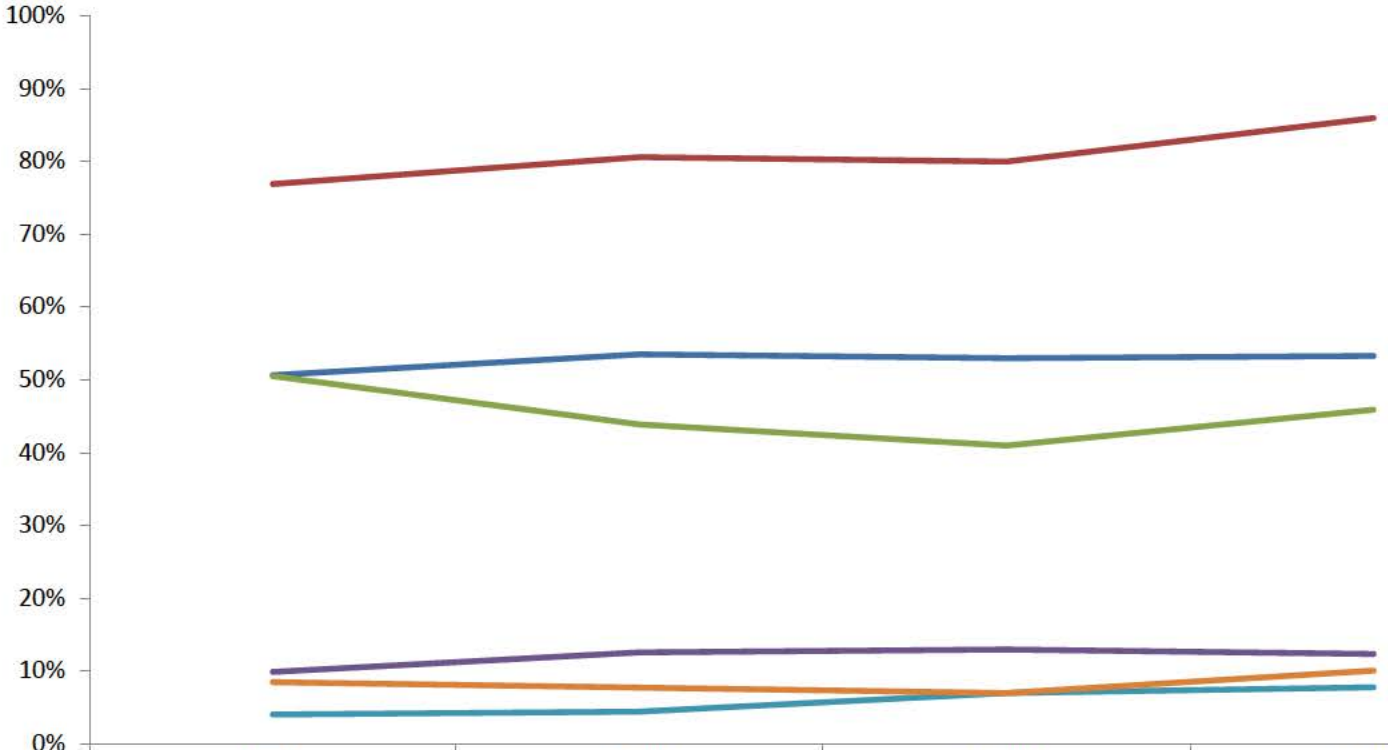
There were a total number of 6,683 detainees that had a consultation this quarter (no. of unique persons seen) with an average of 5.3 consults per person.

This data indicates that there remains a high utilization of clinical services by the Detainee population in this quarter which is consistent with previous quarters. The high utilization of GP and nurse consults does not necessarily reflect the health of the population. Many of the contacts are for the routine health screening and assessment activities which are conducted during the detainees stay in detention. 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

There has been no change to the ease of accessibility of the health service to the Detainee population and this is largely due to the simple appointment process and triaging system. Staffing levels are also reviewed and adjusted monthly according to the population demands. Requests to see a health clinician is reviewed by an IHMS primary health care nurse who triages the request based on the clinical information. Detainees are then provided with an appointment with a primary health nurse, mental health nurse or a GP with an appropriate wait time in line with the clinical urgency.

% of population accessing health care by specialty during the quarter

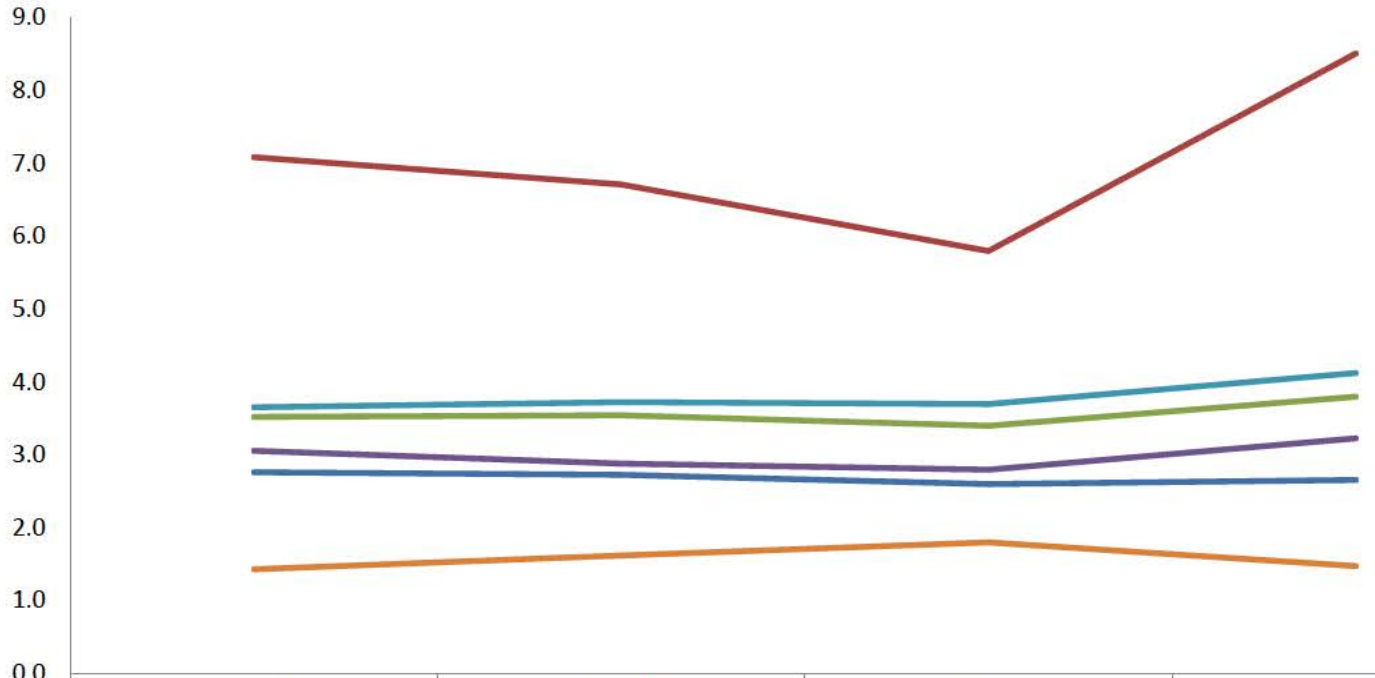


	Q2 2015	Q3 2015	Q4 2015	Q1 2016
GP	51%	54%	53%	53%
Primary Health Nurse	77%	81%	80%	86%
Mental Health Nurse	51%	44%	41%	46%
Psychologist	10%	13%	13%	12%
Counsellor	4%	4%	7%	8%
Psychiatrist	8%	8%	7%	10%

Onsite Integrated Primary Health Care by Age Group										
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016										
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	37	60.7%	29	58.0%	1,561	53.0%	22	64.7%	1,649	53.3%
Primary Health Nurse	54	88.5%	44	88.0%	2,531	85.9%	30	88.2%	2,659	86.0%
Mental Health Nurse	32	52.5%	23	46.0%	1,354	45.9%	11	32.4%	1,420	45.9%
Psychologist	7	11.5%	12	24.0%	360	12.2%	3	8.8%	382	12.4%
Counsellor	0	0.0%	3	6.0%	237	8.0%	1	2.9%	241	7.8%
Psychiatrist	4	6.6%	11	22.0%	295	10.0%	2	5.9%	312	10.1%

The table above displays the number of consultations for each different type of primary care consultation by age group. It is important to note that by the end of the quarter, there were no persons under the age of 18 in the detention network as all families and children had been transferred to the community.

Average Number of Consults Per Person Per Quarter by Specialty



	Q2 2015	Q3 2015	Q4 2015	Q1 2016
GP	2.8	2.7	2.6	2.7
Primary Health Nurse	7.1	6.7	5.8	8.5
Mental Health Nurse	3.5	3.5	3.4	3.8
Psychologist	3.1	2.9	2.8	3.2
Counsellor	3.7	3.7	3.7	4.1
Psychiatrist	1.4	1.6	1.8	1.5

4.3. Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island Q1 Jan - Mar 2016				
Pathology Type	**Induction Pathology**	**Other Pathology**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	827	827	642
Hep C	460	242	702	632
Hep B	464	134	598	535
HIV (BBv)	461	84	545	490
VDRL (Syphillis)	459	84	543	488
Full Blood Count (FBC)	0	447	447	329
INR	0	172	172	114
Mid Stream Urine Micro & Culture	0	151	151	104
Fasting Triglycerides	0	140	140	117
Alpha Fetoprotein	0	98	98	92
Total number of unique persons that had a Pathology Referral			**940**	**30%**

The above table displays the pathology referrals in the detention network this quarter. There were 940 detainees who had a pathology referral this quarter compared to 976 in Q4 2015.

As part of the health induction process, IHMS conducts routine screening of communicable diseases with every new arrival into the detention network. These screening tests are prominent in the above table and as expected, tests involved in the workup and ongoing management of hepatitis cases are also heavily and increasingly utilised, with the increasing burden of cases from the correctional setting. These tests include LFTs, INR, AFP and repeat hepatitis tests. AFP has appeared in the top 10 list for the first time, which shows an increase need to monitor progression of chronic liver disease.

IHMS utilises an automated hepatitis care plan in the electronic medical record which tracks and flags when ongoing screening tests are due to be completed as part of the ongoing management of this chronic disease.

4.4. Allied Health Appointments

Allied Health Appointments					
Mainland and Christmas Island (IDFs only) Q1 - Jan - Mar 2016					
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	747	325	1,072	425	13.7%
Physiotherapy	692	287	979	158	5.1%
Audiology	0	3	3	3	0.1%
Optometry	57	162	219	153	4.9%
Podiatry	0	108	108	50	1.6%
Diabetes Educator	0	2	2	1	0.0%
Nutritionist	0	1	1	1	0.0%
Total	1,496	888	2,384		20.9%
Total number of unique persons to have an Allied Health Appointment		645			

**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.*

Similar to previous quarters, dentistry and physiotherapy remain the most utilised allied health specialties with 1072 and 979 consultations respectively this quarter.

Detainees are provided with free dental care according to the DIBP dental policy. This includes general checkups, cleaning, fillings and extractions, root canal therapy and dentures where clinically indicated. A referral to the Dentist can be performed by both a GP and a Primary Health Nurse. A detainee does not require GP review for a dental referral to take place. Dental consultations are provided by IHMS network providers both in the private and public sector. Sites such as Christmas Island and Wickham point have fully equipped onsite dental surgeries where visiting dentists are able to perform their consultations onsite.

As the number of consultations with the GP regarding „Musculoskeletal" health issues remain high, physiotherapy continues to be a crucial adjunct therapy in the management of detainees with chronic pain and musculoskeletal disorders. Christmas Island has a regular visiting Physiotherapist who provides this service in this remote location.

A number of onsite optometry consults were organised this quarter to facilitate access to optometry services without need for transportation.

4.5. Radiology Referrals

Radiology referrals Mainland and Christmas Island (IDFs only) Q1 - Jan - Mar 2016					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage (of all persons with Radiology referral)	
X-Ray	357	45.7%	201	51.2%	1. Chest 2. OPG 3. Spine - Lumbo-sacral 4. Ankle (L) 5.Shoulder (L)
Ultrasound	297	38.0%	186	47.3%	1. Abdomen 2. Shoulder 3. Other 4. Echocardiogram 5. Renal
CT Scan	64	8.2%	38	9.7%	1. Abdomen 2. Chest 3.Pelvis 4. Head 5. Lung
MRI	48	6.2%	36	9.2%	1. Periphery 2. Head 3. Lumbar Spine 4. Knee 5. Brain
Mammography	8	1.0%	5	1.3%	1. Bilateral +/- Ultrasound 2. Plain bilateral
Angiography	4	0.5%	1	0.3%	1. Coronary
Nuclear medicine	2	0.3%	1	0.3%	1. Stress ECG
Bone densitometry	1	0.1%	1	0.3%	1. Screening
Total	**781**	**100%**			
Total number of unique persons to have a Radiology test	**393**	**As % of total IDF population during quarter**	**13%**		

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

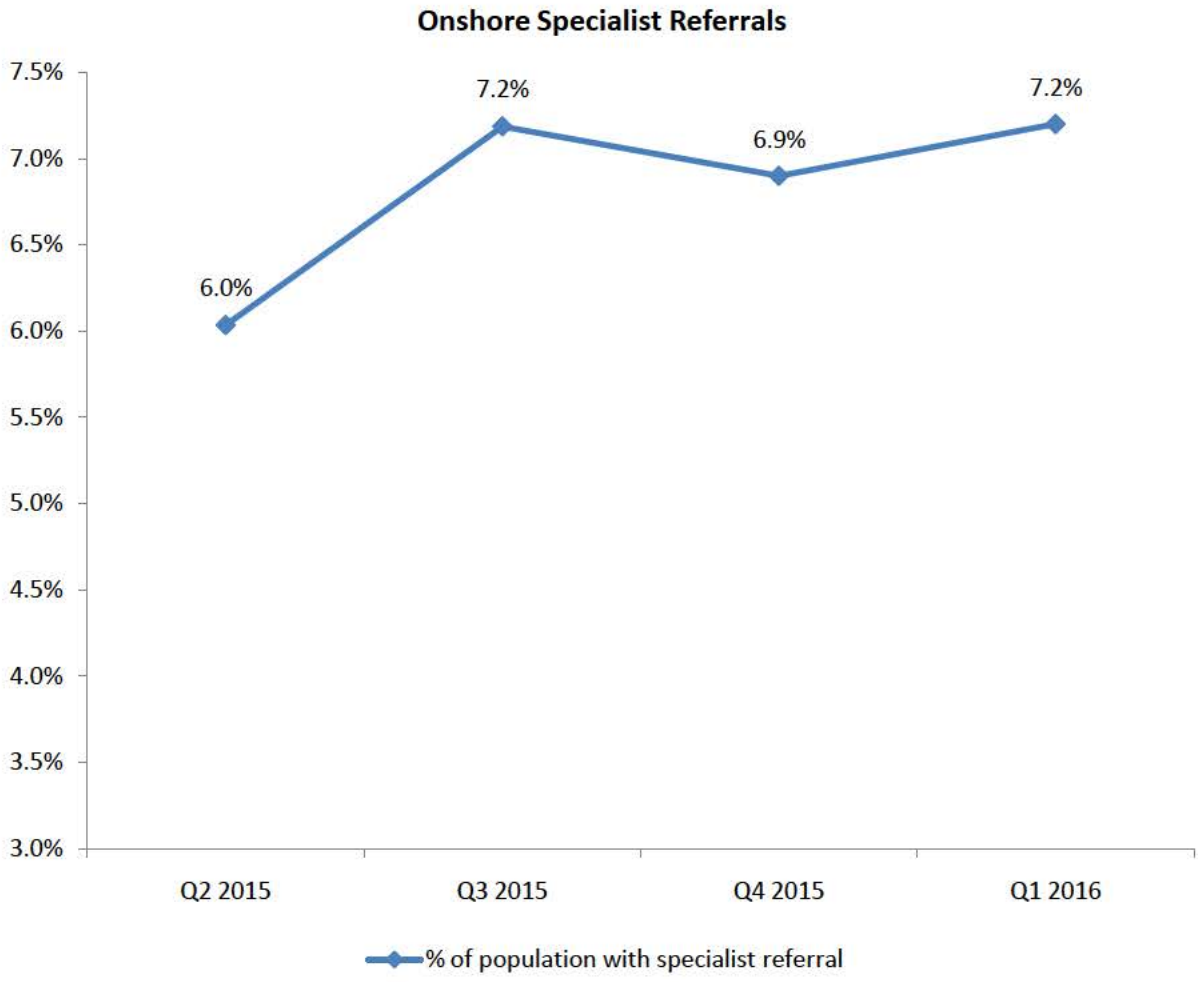
There were 393 persons who were referred for diagnostic imaging during this quarter which is a 3% increase when compared to Q4 2015. As expected, chest x-ray remains the most referred radiology type as all new arrivals into the detention network are offered a chest x-ray as part of the health induction assessment. A chest x-ray is offered as an important part of IHMS TB screening program together with a public health questionnaire which is a tool utilised to screen new arrivals for any relevant medical history which would flag an increased risk of having active pulmonary TB.

4.6. Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Gastroenterology	46	43	1.4%
Orthopaedics	31	30	1.0%
General surgery	21	19	0.6%
Cardiology	19	18	0.6%
Emergency department	15	15	0.5%
Otorhinolaryngology	15	15	0.5%
Pneumology	14	14	0.5%
Dermatology	12	11	0.4%
Neurology	11	11	0.4%
Neurosurgery	10	9	0.3%
Ophthalmology	10	9	0.3%
Respiratory and sleep medicine	10	10	0.3%
Urology	9	8	0.3%
Endocrinology	7	6	0.2%
Addiction medicine	6	6	0.2%
Emergency medicine	4	4	0.1%
Gynaecology and obstetrics	4	4	0.1%
Plastic, reconstruction and aesthetic surgery	4	4	0.1%
Infectious diseases	3	3	0.1%
Paediatrics	3	3	0.1%
TOTAL	**254**		
Total number of unique persons to have a Specialist referral	**223**	**% of total IDF population during Q1**	**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.*

There has been no change to the specialist referral patterns this quarter. Gastroenterology, orthopaedics and general surgery remain as the most referred specialties. There were a total of 223 detainees who were referred to a specialist this quarter compared to 235 in Q4 2015. A slightly larger proportion of detainees have been receiving access to gastroenterology specialist services this quarter for the purposes of managing their hepatitis C. This quarter has seen the addition of drugs to manage Hepatitis C to the PBS, and it is expected that these referrals will continue in future.



4.7. Hospital Admissions

Hospital Admissions		
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016		
IDF Location	Total number of hospital admissions per region	Total number of individuals hospitalised per region
Christmas Island	6	3
NSW	55	39
NT	41	35
QLD	17	12
SA	5	4
VIC	48	29
WA	22	18
Total	194	
Total number of unique persons that were hospitalised	156	5.0%

**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.*

Categories included in this table are 'Hospital admission or discharge', 'Ambulance / hospital transfer - Serious illness' and 'Acute psychiatric hospital admission'. All these are picked up from the 'Incident Report' tab in Apollo. The ED admission term has been changed this quarter to Hospital Admissions to capture this group more accurately.

There were a total of 194 hospital admissions this quarter which is a significant drop from Q4 2015 which had 275 hospital admissions. The largest drop came in the NT this quarter, where hospital admissions more than halved. NSW and Victoria also overtook the NT for most hospital admissions with 55 and 48 respectively.

The increase in admissions in NSW and Victoria reflects partly the higher throughput of detainees through these centres, and partly reflects the more complex nature of many of the patients now entering the onshore detention network, including long-term correctional populations with a higher burden of chronic disease.

The decrease in the NT can be attributed to the tic decrease in population at Wickham Point, especially the cohort of medical transferees from Regional Processing Centres who were residing in Wickham Point due to medical issues which could not be managed by the offshore healthcare service. The decrease in this cohort has led to a decrease in medical acuity and thus a decrease in hospital admissions to the Royal Darwin Hospital.

4.8. GP and Psychiatrist Presentations by Health Groupings

GP/Psychiatrist Presentations			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016			
Health Groupings	**Number of Unique Presentations**	**Number of Unique Persons**	**Percentage of total IDF population with a presentation**
General Unspecified	1,924	987	31.9%
Psychological	1,631	697	22.5%
Musculoskeletal	888	475	15.4%
Digestive	674	427	13.8%
Skin	662	373	12.1%
Social	390	321	10.4%
Endocrine / Metabolic & Nutritional	334	233	7.5%
Neurological	219	168	5.4%
Respiratory	233	156	5.0%
Injury	177	125	4.0%
Cardiovascular	159	124	4.0%
Urological	164	108	3.5%
Genital	145	101	3.3%
Eye	121	85	2.7%
Ear	144	71	2.3%
Blood / Blood forming organs	37	28	0.9%
Pregnancy / Childbearing / Family Planning	30	23	0.7%
Total number of unique presentations	**7,932**		

**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 and Psychiatrist Presentations by Age Grouping										
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016										
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	31	50.8%	16	32.0%	925	31.4%	15	44.1%	987	31.9%
Psychological	6	9.8%	11	22.0%	675	22.9%	5	14.7%	697	22.5%
Musculoskeletal	0	0.0%	3	6.0%	460	15.6%	12	35.3%	475	15.4%
Digestive	15	24.6%	8	16.0%	399	13.5%	5	14.7%	427	13.8%
Skin	10	16.4%	4	8.0%	354	12.0%	5	14.7%	373	12.1%
Social	17	27.9%	11	22.0%	286	9.7%	7	20.6%	321	10.4%
Endocrine / Metabolic & Nutritional	6	9.8%	3	6.0%	222	7.5%	2	5.9%	233	7.5%
Neurological	0	0.0%	5	10.0%	162	5.5%	1	2.9%	168	5.4%
Respiratory	9	14.8%	11	22.0%	135	4.6%	1	2.9%	156	5.0%
Injury	0	0.0%	0	0.0%	122	4.1%	3	8.8%	125	4.0%
Cardiovascular	0	0.0%	0	0.0%	119	4.0%	5	14.7%	124	4.0%
Urological	9	14.8%	4	8.0%	91	3.1%	4	11.8%	108	3.5%
Genital	2	3.3%	0	0.0%	95	3.2%	4	11.8%	101	3.3%
Eye	0	0.0%	2	4.0%	82	2.8%	1	2.9%	85	2.7%
Ear	2	3.3%	1	2.0%	67	2.3%	1	2.9%	71	2.3%
Blood / Blood forming organs	1	1.6%	1	2.0%	26	0.9%	0	0.0%	28	0.9%
Pregnancy / Childbearing / Family Planning	2	3.3%	0	0.0%	21	0.7%	0	0.0%	23	0.7%

The tables above display the numbers of the different types of presentations by health grouping seen in all the GP and Psychiatrist consultations this quarter. This is also broken down into age groups.

Although the table does give the reader an overall picture of the most prominent presentations in the detainee population there are some aspects of this data which the reader must consider. Each health grouping used in this table contains at least a hundred different clinical features or diagnoses. For example, 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".

Similar to previous quarters, General Unspecified, Psychological, Musculoskeletal and Digestive health groupings are the most common presentations in Q1 2016. There has been a slight change in order as Musculoskeletal presentations have overtaken Digestive presentations as the 3rd most common presentation this quarter. Both groupings remain extremely common in the general population.

The total number of presentations in this table has also slightly decreased by 5% when compared to the previous quarter as expected due to the decrease in overall population. The most number of presentations seen is in the 18-64 year age group as opposed to the 65+ age group and the under 18 age groups as the majority of the population are within this age group.

4.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016					
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	29	1.0%	0	0.0%	29
Asthma	25	0.8%	2	1.8%	27
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	37	1.2%	0	0.0%	37
Chronic kidney disease	3	0.1%	0	0.0%	3
Depression	93	3.1%	1	0.9%	94
Diabetes	36	1.2%	0	0.0%	36

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016								
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	0.9%	2	5.9%
Asthma	0	0.0%	2	4.0%	25	0.8%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	0	0.0%	0	0.0%	33	1.1%	4	11.8%
Chronic kidney disease	0	0.0%	0	0.0%	3	0.1%	0	0.0%
Depression	0	0.0%	1	2.0%	91	3.1%	2	5.9%
Diabetes	0	0.0%	0	0.0%	35	1.2%	1	2.9%

The above categories of chronic diseases were obtained from the list reported by the Australian Institute of Health and Welfare (AIHW). As per the table above, depression, cardiovascular and diabetes are the three most common diseases in the detention population this quarter, which is a similar result to Q4 2015. It is also consistent with the chronic disease patterns in the Australian Community (AIHW 2008) with depression and cardiovascular disease among the leading chronic diseases in the Australian population. In the under 18 age group, there were a total of three chronic disease cases recorded with two recorded cases of asthma and one case of depression.

In Australia, chronic diseases impact heavily on the use of health services, and contributes to major funding pressures on the health-care system[1]. In this health data set report, it is evident that the high utilisation of health services; for example, specialist referrals, pathology and radiology requests, reflects the burden of these conditions to the health-care system. As part of the holistic health care provided, IHMS conducts group health promotion and prevention sessions in the detention network. Relevant topics which are presented at these sessions include smoking cessation, healthy lifestyle, relaxation techniques and diabetes and cardiovascular disease prevention.

[1] http://www.aihw.gov.au/chronic-disease/risk-factors/ch1/

Medications and immunisations

5. Medications

5.1. Medication usage in IDFs (Top 20)

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.

Similar to previous quarters, simple analgesia and non-steroidal anti-inflammatory medications are the two most prescribed medications in Q1 2016. These medications include paracetamol and ibuprofen which are common over the counter medications in the Australian community. Narcotic analgesics used in more severe pain are up to 4% of the total (from 2.2% last quarter). Drugs used in drug dependence can be seen down the order with 124 prescriptions but they are becoming more prominent as more arrivals into the detention network are from a corrections background with a high incidence of drug addiction and dependency issues in this cohort. Drugs used in drug dependence include methadone and suboxone which require a resource heavy management and administration program. IHMS manage the administration of opiate substitution therapy mainly in the Villawood and the Maribyrnong centres.

The table below 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 as per the following:

- Q1 2015 (January – March) 49%
- Q2 2015 (April – June) 51%
- Q3 2015 (July – September) 55%
- Q4 2015 (October – December) 54%
- Q1 2016 (January – March) 55%

Medication Trends						
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016						
Medications	**Total**	**Total %**	**Adult**	**Adult %**	**Minor**	**Minor %**
Simple analgesics and antipyretics	928	30.0%	888	29.9%	40	36.4%
Nonsteroidal anti-inflammatory agents	756	24.4%	743	25.0%	13	11.8%
Combination simple analgesics	452	14.6%	452	15.2%	0	0.0%
Antidepressants	401	13.0%	396	13.3%	5	4.5%
Antihistamines	269	8.7%	267	9.0%	2	1.8%
Hyperacidity, reflux and ulcers	268	8.7%	265	8.9%	3	2.7%
Antipsychotic agents	237	7.7%	236	7.9%	1	0.9%
Penicillins	160	5.2%	154	5.2%	6	5.5%
Laxatives	141	4.6%	135	4.5%	6	5.5%
Agents used in drug dependence	124	4.0%	124	4.2%	0	0.0%
Narcotic analgesics	124	4.0%	124	4.2%	0	0.0%
Rubefacients, topical analgesics/NSAIDs	112	3.6%	112	3.8%	0	0.0%
Antihypertensive agents	104	3.4%	104	3.5%	0	0.0%
Multivitamins and minerals	92	3.0%	88	3.0%	4	3.6%
Vitamins (single agents)	92	3.0%	89	3.0%	3	2.7%
Hypolipidaemic agents	90	2.9%	90	3.0%	0	0.0%
Topical corticosteroids	88	2.8%	87	2.9%	1	0.9%
Topical antifungals	79	2.6%	76	2.6%	3	2.7%
Antianxiety agents	69	2.2%	69	2.3%	0	0.0%
Anticonvulsants	67	2.2%	67	2.3%	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.

5.2. Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	344	1	949
S3	338	5	22
S4	2,161	123	923
S8	57	0	2
Unscheduled	787	3	294
Grand Total	**3,687**	**132**	**2,190**

The number of Schedule 4 prescriptions is slightly reduced this quarter, with Schedule 8 medications remaining static as a proportion of the total. This reflects the slight reduction in number of GP consultations, coupled with the increasing complexity of the overall onshore detention patient group.

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		
Mainland and Christmas Island (IDFs only) Q1 - Jan - Mar 2016		
Medications	**Oct - Dec 2015**	**Jan - Mar 2016**
Simple analgesics and antipyretics	33.2%	30.0%
Nonsteroidal anti-inflammatory agents	23.3%	24.4%
Combination simple analgesics	8.8%	14.6%
Antidepressants	12.1%	13.0%
Antihistamines	7.4%	8.7%
Hyperacidity, reflux and ulcers	7.0%	8.7%
Antipsychotic agents	8.5%	7.7%
Penicillins	3.9%	5.2%
Laxatives	4.1%	4.6%
Agents used in drug dependence	5.6%	4.0%
Narcotic analgesics	2.2%	4.0%
Rubefacients, topical analgesics/NSAIDs	2.5%	3.6%
Antihypertensive agents	2.2%	3.4%
Multivitamins and minerals	1.9%	3.0%
Vitamins (single agents)	1.0%	3.0%
Hypolipidaemic agents	1.6%	2.9%
Topical corticosteroids	2.7%	2.8%
Topical antifungals	1.4%	2.6%
Antianxiety agents	1.9%	2.2%
Anticonvulsants	4.1%	2.2%

The most significant trend in the above table is the increase in the use of combination simple analgesics. This is likely due to the slight increase in the musculoskeletal related presentations this quarter.

6. Vaccinations Administered by Age Group

Vaccinations Administered by Age Group					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016					
Vaccination type	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	1	0	143	1	145
MMR	10	1	143	1	155
MMRV	0	0	0	0	0
Hep A	0	0	108	0	108
Hep B	1	0	293	3	297
MenCCV	8	0	71	0	79
Typh IM	0	0	0	0	0
dT	0	0	80	0	80
HPV	0	0	86	2	88
DTPa (up to 10 years)	18	1	1	0	20
Rotavirus	9	0	0	0	9
IPV	1	0	166	0	167
PCV	16	0	0	0	16
dTpa (11 years and over)	0	0	121	0	121
Jap E	0	0	0	0	0
Hib	3	0	1	0	4
23 PPV	0	0	0	0	0
Total	67	2	1,213	7	1,289

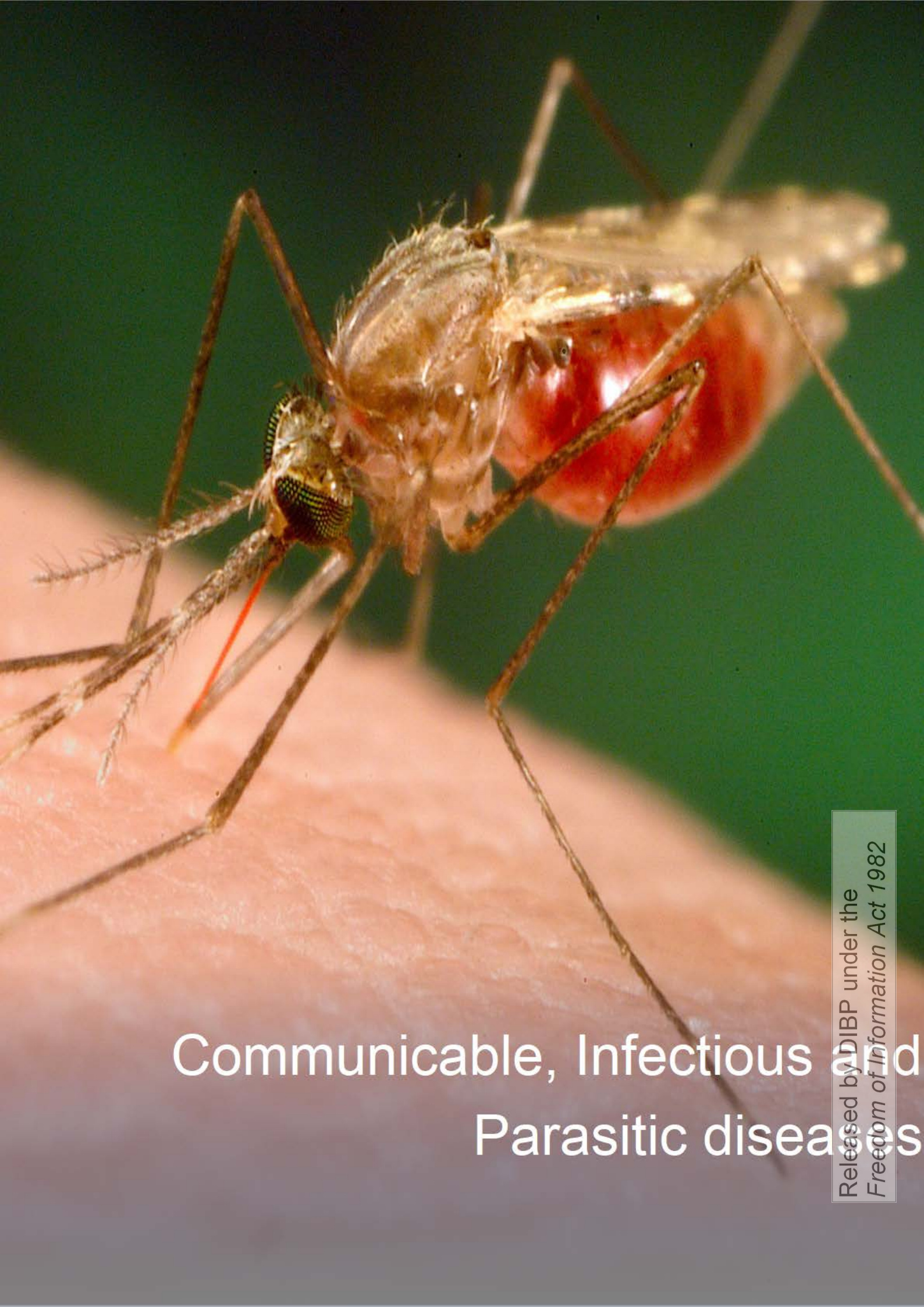
IHMS is committed to ensuring that all Detainees located within the Immigration Detention network are offered the opportunity to be immunised in accordance with Australian community standards. The immunisation schedule follows the Australian Immunisation Handbook (*10th ed.)* and provides clinical advice 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 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.

The total number of vaccinations has dropped from 1,819 last quarter to 1,289 this quarter. This is partly attributed to the decline in population but it can also be attributed to the fact that more detainees have completed the full course of catch up vaccinations and are now fully up to date with their immunisation status.

As per the IHMS annual program, IHMS will be promoting and offering the flu vaccination to all detainees in Q2 2016.



Communicable, Infectious and Parasitic diseases

7. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 1 (Jan - Mar 2016)				Total New Diagnoses Jul 2015 - Mar 2016		
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	1	1	0.03%	1	5	6
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	21	21	0.68%	1	74	75
Hepatitis C	0	40	40	1.29%	6	149	155
HIV	0	0	0	0.00%	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	8	8	0.26%	0	24	24
Tuberculosis – Active	0	1	1	0.03%	0	3	3
Typhoid	**0**	**0**	**0**	**0.00%**	**0**	**0**	**0**
Total	**0**	**71**	**71**	**2.30%**	**8**	**260**	**268**
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	1	0	1	0.03%	1	0	1
Strongyloidiasis	0	0	0	0.00%	0	1	1
Total	**1**	**0**	**1**	**0.03%**	**1**	**1**	**2**
Grand Total	**1**	**71**	**72**	**2.33%**	**9**	**261**	**270**

**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

There continues to be a high number of Hepatitis B and C patients identified this quarter. This is attributed to the increasing current cohort of detainees from the corrections setting where there is a recognised higher prevalence of these chronic diseases when compared to the general population. On March 1, new Hepatitis C drug regimens became available on the PBS to the average Australian Medicare card holder. These drug regimens will also be offered to detainees in the network as detainees are provided with the equivalent access to new treatments and procedures as members of the Australian community.

Disabilities

8. Disabilities

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 this quarter is visual impairment followed by the group classified as „Other" which is made up of conditions such as Neuralgia (nerve pain) and Epilepsy. This is followed by functional and hearing impairment.

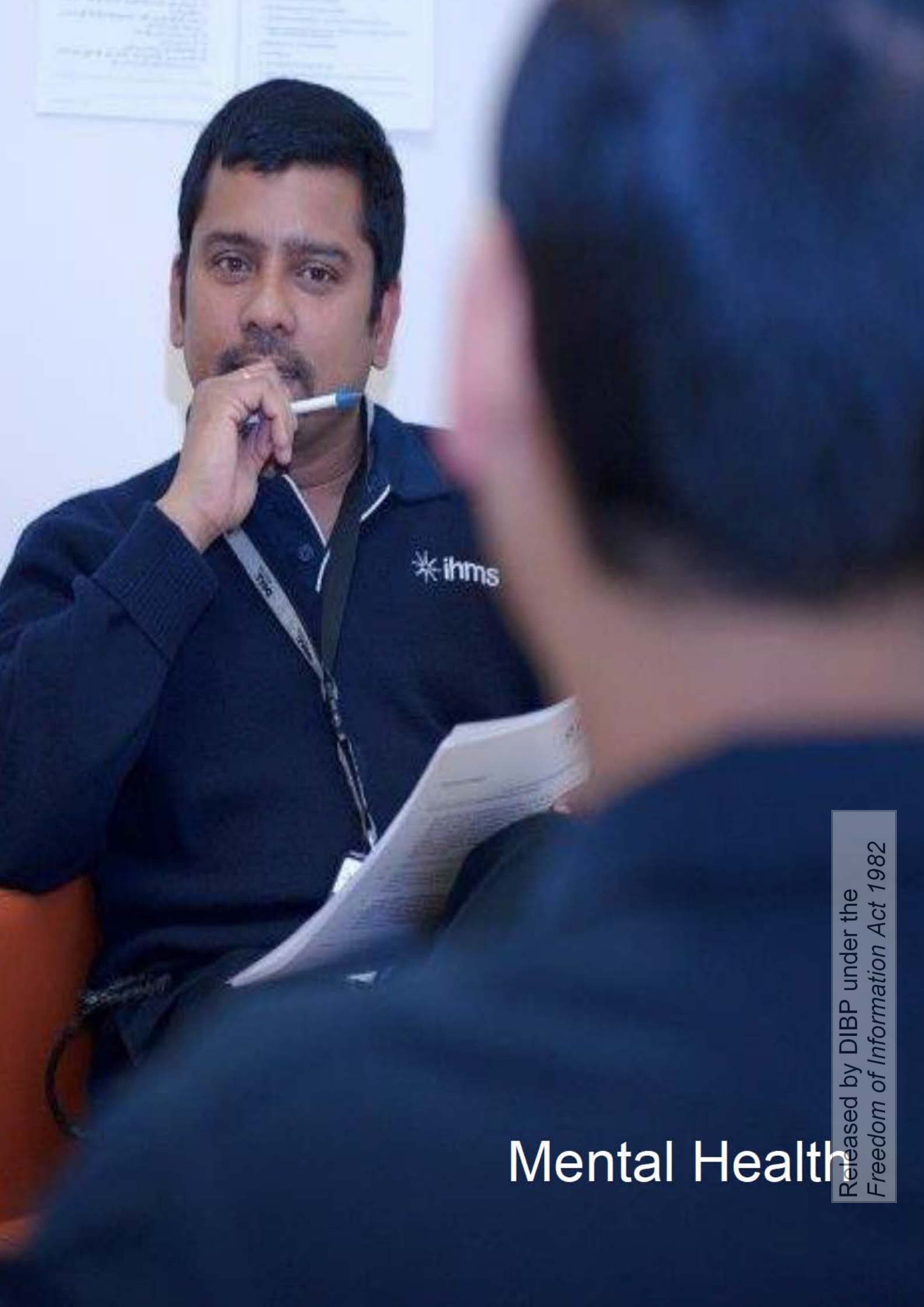
8.1. Number of Detainees with a Disability in IDFs

Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs) as at 31 Mar 2016					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016					
Types of Disability	IDCs	IRH/APODs	ITAs	Adult	Minor
Amputation	0	1	1	2	0
Cognitive	0	0	0	0	0
Developmental	7	2	3	12	0
Functional impairment	15	9	5	29	0
Hearing impairment	11	11	4	26	0
Visual Impairment	18	25	2	45	0
Other (Epilepsy, Lupus)	15	12	8	35	0
Total	**66**	**60**	**23**	**149**	**0**
Unique Detainees with a disability	**57**	**51**	**16**	**124**	**0**

8.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q2 2015 – Q1 2016		
As at (as per quarter)	No. of detainees	Approx. % of IDF population
31 Mar 2016 - Q1	124	4.0%
31 Dec 2015 - Q4	129	3.8%
30 Sep 2015 - Q3	137	3.8%
30 Jun 2015 - Q2	147	4.3%

Total no of detainees classified as having a disability has remained steady over the past 12 months.



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.

9.1. Mental Health related presentations

Table 9.1 below shows the number of unique presentations to General Practitioners and Psychiatrists in Detention that are related to mental health, as per the SNOMED clinical terminology system. As noted previously (see Explanatory Notes) the data should also be interpreted with an understanding that the SNOMED clinical terminology system is not purely a diagnostic tool; it is *'a standardised healthcare terminology including comprehensive coverage of diseases, clinical findings, therapies, procedures and outcomes'*[1].

For example, an individual can present to a GP with a specific clinical diagnosis such as schizophrenia or depression; however, the same individual could present with a non-diagnostic finding such as „feeling frustrated„ Both „schizophrenia" and „feeling frustrated" could be entered in the detainee"s electronic medical record and both will be grouped under "Psychological".

In this table „Number of Unique Presentations" counts all types of ICPC2 Health Groupings presentations to the GP and Psychiatrist. „Number related to mental health" column only counts the ICPC2 Health Grouping „Psychological" – an individual will be counted more than once if they have presented with multiple „psychological" conditions, for example, depression, feeling frustrated and aggressive behaviour. This column counts the number of diagnoses and/or symptoms, not individuals.

[1] *http://sydney.edu.au/medicine/fmrc/snomed/index.php*

Table 9.1 Presentations to GP and Psychiatrist

Unique GP and Psychiatrist presentations related to mental health			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016			
Age band (years)	Number of Unique presentations	Number related to mental health	Percentage related to mental health
0-4 years	163	6	3.7%
5-17 years	116	23	19.8%
18-64 years	7,545	1,595	21.1%
65+ years	108	7	6.5%
Total	**7,932**	**1,631**	**20.6%**
		Minors %	**10.4%**
		Adults %	**20.9%**

This table shows that 20.6% of presentations to a GP or Psychiatrist in onshore detention in Q4 were related to items involved with mental health (including sleep and stress) or substance abuse. This percentage is very similar to other quarters.

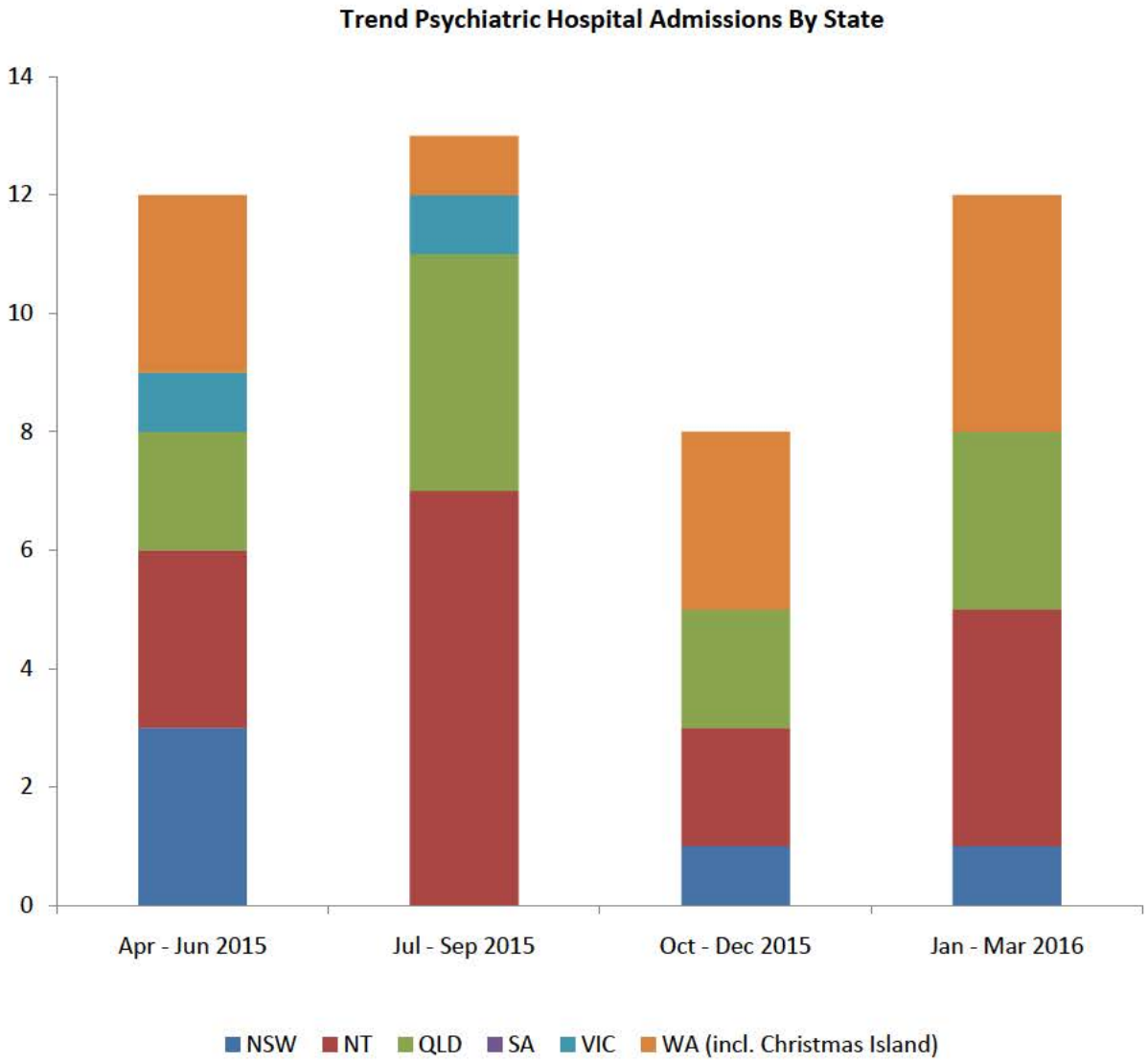
9.2. Admissions to Psychiatric Hospitals

Data in this table is extracted from the Incident reporting system, in which Admission to a Psychiatric Hospital is a specific incident item. Where patients are initially admitted to a Public Hospital Emergency department and then transferred to a Public Hospital Psychiatric ward, the Psychiatric inpatient component of that admission may not be captured in this data.

Admissions to Psychiatric Hospitals				
Mainland and Christmas Island (IDFs only) Q2 2015 – Q1 2016				
State/Territory	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016
NSW	3	0	1	1
NT	3	7	2	4
QLD	2	4	2	3
SA	0	0	0	0
VIC	1	1	0	0
WA (incl. Christmas Island)	3	1	3	4
Total	12	13	8	12

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q1 - Jan - Mar 2016			
State/Territory	Total	Adult	Minor
NSW	1	1	0
NT	4	4	0
QLD	3	3	0
SA	0	0	0
VIC	0	0	0
WA (incl. Christmas Island)	4	4	0
Total	12	12	0

The number of admissions to Psychiatric Hospitals in this quarter was 12, which is very similar to the number of admissions in the first three quarters of 2015. It is noted that the number of people in onshore detention has fallen gradually over 2015-2016, meaning that the percentage admitted in this quarter, while still small, has increased slightly.



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. 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 Kessler Psychological Distress scale (K-10), and for Children and Adolescents, the Strengths and Difficulties questionnaire (SDQ).

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)

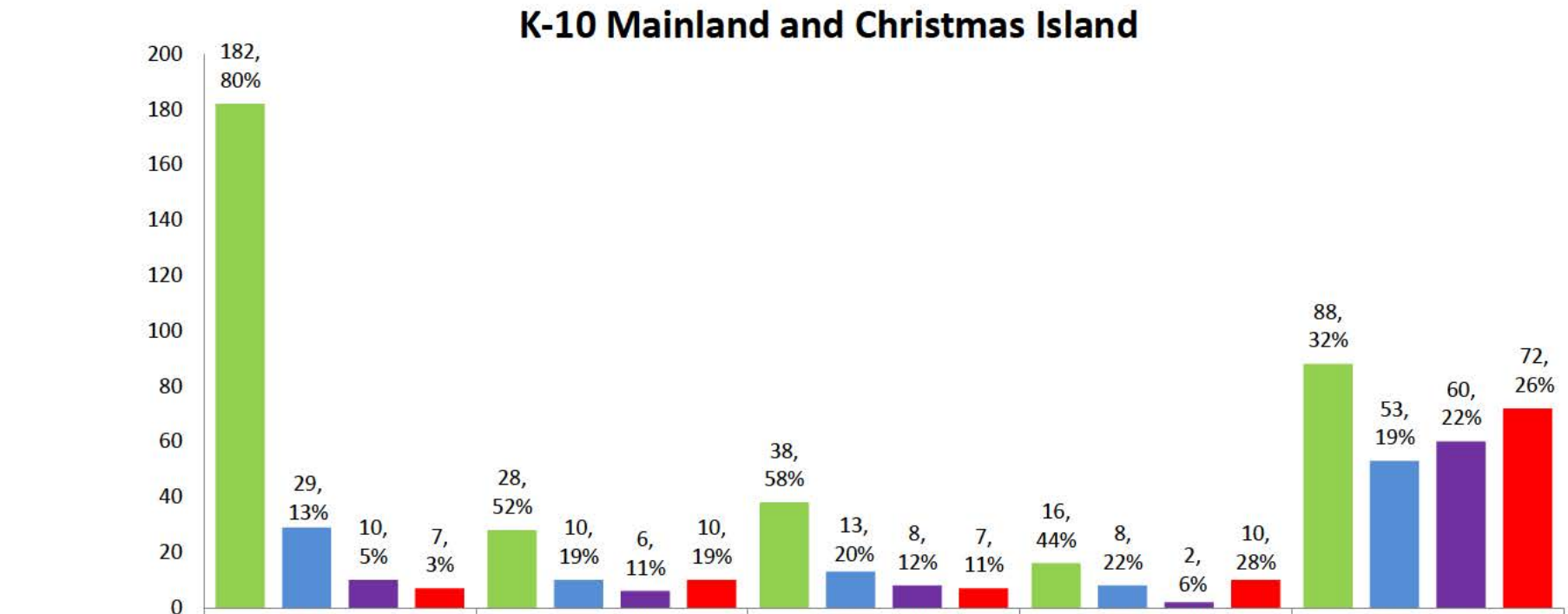
9.5. Kessler Psychological Scale (K-10) Results

There were 657 screenings for adults completed in this quarter using the K-10. The number of screenings completed has progressively dropped over the last three quarters. The mean K-10 score tends to increase over length of time in detention, from around 15 for those in detention 0-3 months to around 24 for those in detention for more than 19 months, which indicates that people who are in detention longer report higher levels of symptoms associated with anxiety and depression.

Table 9.5 . Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016										
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	228	15.16	182	79.8%	29	12.7%	10	4.4%	7	3.1%
4-6 months	54	20.69	28	51.9%	10	18.5%	6	11.1%	10	18.5%
7-12 months	66	19.7	38	57.6%	13	19.7%	8	12.1%	7	10.6%
13-18 months	36	22.64	16	44.4%	8	22.2%	2	5.6%	10	27.8%
19+ months	273	24.18	88	32.2%	53	19.4%	60	22.0%	72	26.4%
Total	657	21.34	352	53.6%	113	17.2%	86	13.1%	106	16.1%

Graph 9.5 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	182	28	38	16	88
Mild (20-24)	29	10	13	8	53
Moderate (25-29)	10	6	8	2	60
Severe (30-50)	7	10	7	10	72

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.

Table 9.6 Strengths and Difficulties Questionnaire

SDQ Total Difficulties scores	Normal	Borderline	Abnormal
Parent ratings (age 4-17, N=3)	0%	0%	100%
Self-report (age 11-17, N=2)	50%	0%	50%

SDQ screening was offered to children and their families in onshore detention between the ages of four and 17. Three parents consented to and participated in screening, with two adolescents also completing the self-report scales. All three parents rated their children in the „abnormal" category on the SDQ, while one of two adolescents also rated themselves „abnormal". Although results have been presented as percentages in Table 9.6 to align with previous reports, the low numbers mean that no reliable statistical conclusion can be drawn. It is noted that over the course of this quarter progressively fewer children remained in held detention, which contributes to low numbers screened.

9.7. Torture & Trauma

Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma counselling 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.

Table 9.7 New Torture &Trauma Disclosures

New Torture and Trauma Disclosures					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016					
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	1	0	0	1	0
Christmas Island	7	0	0	7	0
Maribyrnong IDC	2	0	0	2	0
Melbourne ITA	3	0	0	3	0
Perth IDC/IRH	1	0	0	1	0
Villawood IDC	41	0	0	41	0
Wickham Point APOD/IDC	11	0	0	11	0
Yongah Hill IDC	15	0	0	15	0
Total	**83**	**0**	**0**	**83**	**0**
% total IDF population during Q1	**2.7%**	**0%**	**0%**	**2.8%**	**0%**

Table 9.7 shows the number of people making a new disclosure of T&T during the quarter. It does not show numbers accepting referral to T&T services, or the number of people who attended new or ongoing T&T counselling appointments, as these data are not captured in Apollo.

The 2.7% of the population who made new T&T disclosures during this quarter is very similar to the percentage in other quarters. It is notable that the number of disclosures being made at VIDC explains almost half of the new disclosures, with VIDC now being the centre with the highest number of new arrivals, the majority of which come from correctional settings.

9.8. Supportive Monitoring and Engagement (SME)

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 and daily clinical review (High Imminent SME), to intermittent monitoring and weekly clinical review (Ongoing SME). 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 in Table 9.8 have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME. Where an individual commences High SME and then is downgraded to Moderate SME and later to Ongoing SME that will be counted three times in the table below, once under each column. Figures do not indicate length of time on SME, and do not count individuals who may have ceased SME and been recommenced again within this reporting period.

Table 9.8 Episodes of commencementon (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2016			
	Ongoing	Moderate	High Imminent
Adelaide ITA	1	2	2
Brisbane ITA	3	6	6
Christmas Island	4	2	2
Maribyrnong IDC	10	14	9
Melbourne ITA	16	10	2
Perth	5	4	3
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	17	12	15
Wickham Point	20	16	22
Yongah Hill IDC	7	7	0
Total	**83**	**73**	**61**
Total number of unique individuals on SME	**124**	**% of IDF population on SME**	**4.0%**

Table 9.8 shows that over Q1 2016 124 unique individuals were commenced on some form of SME at least once. Sixty one of those were commenced on Hight SME, and not all progressed through each stage of SME before they were discontinued. There was a trend to use lower levels of SME than higher levels of SME.

This number is slightly lower than the 127 people commenced on SME in Q4 2015, however due to the reduction in Detention population size, represents a slightly greater percentage of the population (4% versus 3.5%)

The largest absolute numbers on SME were at Wickham point and Villawood, which have relatively large population numbers, while Yongah Hill, despite a relatively large population, had relatively low use of SME. This is likely to be due to differences in the cohorts in these centres. Both detention centres in Victoria had the highest SME rates per head of population, although at MITA a lower intensity of SME tended to be used.

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Regional Processing Centres Quarterly Health Trends Report

January – March 2016

Quarter 1

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Report written by:

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1. Executive Summary

The population figures for both Nauru and Manus at the start of Q1 2016 remained consistent with those seen for October to December 2015. These figures were 537 Transferees located at Nauru RPC and 934 Transferees located at Manus RPC. The population numbers have however decreased over Q1 as a result of the families being granted refugee status in Nauru. The population of transferees on Nauru as at 31 March 2016 was 333, and for Manus was 886 which represents a reduction of 38% and 5% respectively.

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 as per DIBP policy).

Reflecting the nurse-led model of care, a large majority of consultations are provided by primary care and mental health nurses. Numbers of consultations in total have however reduced over the January to March quarter. On Nauru, the reduction in consultations appears to be related to a reduction in Transferee numbers and the establishment of 24 hour, 7 day per week 'Open Centre'. On Manus Island, the reduction in consultations is reflective of the reduction in Transferee numbers. The majority of consultations for children in Q1 was related to mental health services which is in contrast to the last quarter where the majority of consultations for children was for primary health services. For adults however, the total number of consultations for Q1 remained the same as Q4 of last year, and this was mental health services.

The number of external referrals for medical specialists was only 14 for the quarter, a reduction from 42 for the previous quarter and the total number of hospital admissions reduced from 48 to 25. The majority of hospital admissions were related to elective surgical procedures undertaken at Pacific International Hospital in Port Moresby. There are only a 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.

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, arthritis, cardiovascular disease and asthma. There are also a small number of diabetics.

Nauru

The first quarter of 2016 is characterised by the ongoing transition of Transferees to Refugee status. The majority of the Refugees are accommodated in the Nauruan community although a small number of Refugees continue to be officially accommodated within the RPC. Whilst Refugees accommodated within the RPC receive health services through the RPC medical clinic, these services are not included in the quarterly data set. Only services provided to Transferees are included in the data set.

Manus Island

During the first quarter of 2016 there has been significant progress in the processing of Transferees at the RPC to Refugee status. A substantial proportion of Transferees at the RPC (approaching 50%) have now been reclassified as Refugees although a large majority of these have not relocated to East Lorengau as they have chosen to remain at the RPC and therefore continue to receive medical services through the RPC medical clinic.

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.

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

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

3. Explanatory notes

This report should be read 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. SNOMED is designed to capture and represent patient data for clinical purposes. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceutical substances, devices and specimens. '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'. This means that statistical information, on for example, 'cardiac presentations' is a better marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population.

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.

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. There is also an experienced senior medical officer (SMO) who coordinates the services provided by the doctors, provides clinical governance oversight as well as assisting in the management of complex acute and chronic illnesses. 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 as per DIBP policy).

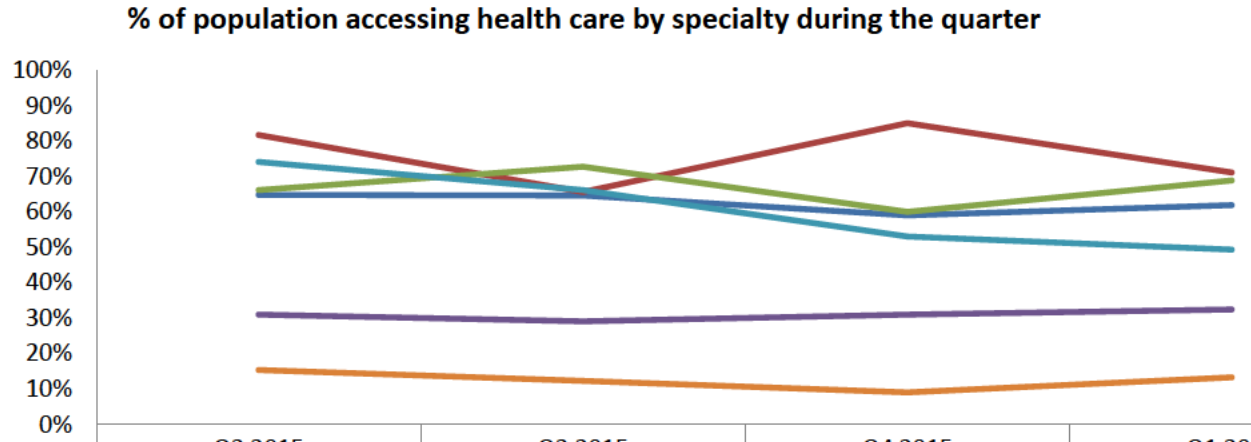
4.2. Consultations

Primary Health Care - Consultations Combined Regional Processing Centres				
Manus and Nauru Q1 Jan - Mar 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Person in Q1	% of total RPC population during Q1 2016
GP	2,648	788	3.4	61.90%
Primary Health Nurse	3,294	906	3.6	71.10%
Mental Health Nurse	3,529	877	4	68.80%
Psychologist	907	413	2.2	32.40%
Counsellor	3,142	629	5	49.40%
Psychiatrist	330	169	2	13.30%
Total	**13,850**	**3,782**	**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.*

The total number of consultations recorded has again decreased from Q4 in 2015 to Q1 in 2016. On Nauru, there has been a reduction in the number of Transferees accommodated at the RPC due to their reclassification as Refugees. In addition, the establishment of a 24-hour, seven day per week "open centre" has meant that Transferees are more likely to spend time away from the RPC and less readily attend appointments at the RPC medical clinic. The mental health team are continuing to develop strategies to support individuals and families due to the increasing number of individuals with more challenging mental health issues. On Manus Island, there are increasing challenges associated with the resolution of Refugee status and expected movement into the greater community. The IHMS Mental Health team is developing discharge planning strategies to support this transition.

a) Trend Analysis: Primary Health Care Consultations



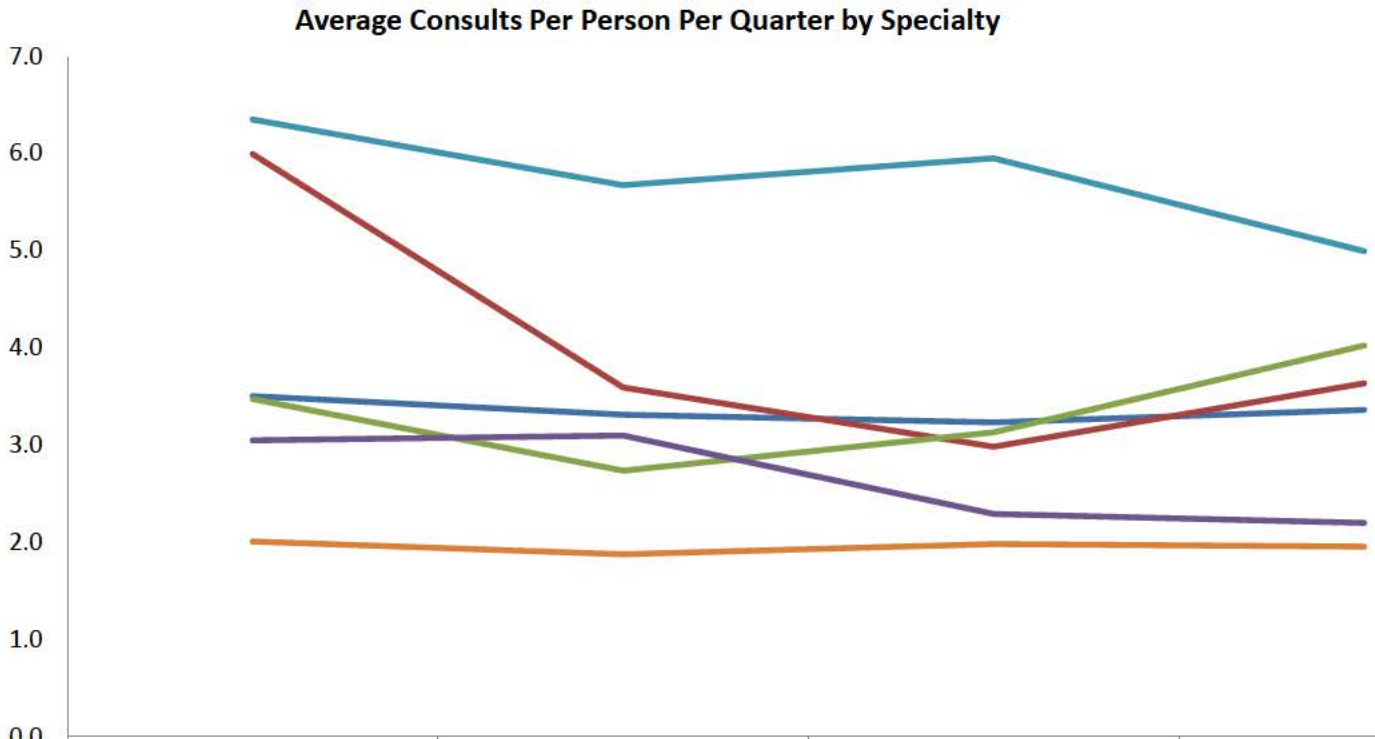
	Q2 2015	Q3 2015	Q4 2015	Q1 2016
GP	65%	65%	59%	62%
Primary Health Nurse	82%	66%	85%	71%
Mental Health Nurse	66%	73%	60%	69%
Psychologist	31%	29%	31%	32%
Counsellor	74%	66%	53%	49%
Psychiatrist	15%	12%	9%	13%

Consultations by Age Group

Onsite Integrated Primary Health Care by Age Group										
Manus and Nauru Q1 Jan - Mar 2016										
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	90.9%	28	68.3%	749	61.3%	1	100.0%	788	61.9%
Primary Health Nurse	8	72.7%	32	78.0%	865	70.8%	1	100.0%	906	71.1%
Mental Health Nurse	8	72.7%	38	92.7%	830	68.0%	1	100.0%	877	68.8%
Psychologist	6	54.5%	19	46.3%	387	31.7%	1	100.0%	413	32.4%
Counsellor	1	9.1%	16	39.0%	612	50.1%	0	0.0%	629	49.4%
Psychiatrist	1	9.1%	1	2.4%	167	13.7%	0	0.0%	169	13.3%

Combined Primary Health Nurse and Mental Health Nurse consultations make up the vast majority of total consultation numbers reflecting the nurse-led model of care on site. High numbers of counsellor consultations are related to ongoing group work and preventative mental health work undertaken by these clinicians. There were a total of 625 consultations for children in Q1 of 2016. The majority of these consultations were conducted with the mental health nurse (273) followed by primary health nurse (127) and GP (127). This equates to the average mental health nurse consultation per child being 5.9. A similar trend can also be observed in adults where 3,256 consultations where conducted with the mental health nurse, followed by primary health nurse (3,167) and counsellor (3,112). The average mental health nurse consultation per adult is 3.9 as demonstrated in graph a below: Average Consults per Person per Quarter by Specialty.

b) Trend Analysis: Average consults by Speciality



	Q2 2015	Q3 2015	Q4 2015	Q1 2016
GP	3.5	3.3	3.2	3.4
Primary Health Nurse	6.0	3.6	3.0	3.6
Mental Health Nurse	3.5	2.7	3.1	4.0
Psychologist	3.0	3.1	2.3	2.2
Counsellor	6.3	5.7	6.0	5.0
Psychiatrist	2.0	1.9	2.0	2.0

4.3. Pathology Referrals

Pathology Referrals		
Manus and Nauru Q1 Jan - Mar 2016		
Pathology Type	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	457	323
Full Blood Count (FBC)	258	173
Fasting Triglycerides	91	68
C Reactive Protein (CRP)	83	54
Mid Stream Urine Micro & Culture	77	50
Blood Glucose	62	52
Helicobacter pylori Serology	43	36
Malaria RDT	44	33
Dengue RDT	17	13
Helicobacter pylori Breath Test	13	12
Total number of unique persons that had a Pathology Referral	**333**	**26%**

In comparison to Q4 of 2015, the number of persons accessing pathology services has increased by 2% to 26% in total, whilst the total number of referrals for the population accessing the service has decreased to 333 (20 less in total).

The great majority of pathology referrals are for the common, readily available tests such as urea, electrolytes and creatinine, liver function tests and full blood count. The testing of inflammatory markers such as C reactive protein is also commonly used as an indicator of activity of disease.

Testing of blood lipids and blood glucose are important screening tests as well as monitoring those parameters in Transferees who have previously registered high readings or have related chronic diseases.

Complaints of epigastric pain are high within the Transferee cohort and Helicobacter testing is commonly undertaken as a result. Fortunately association with more serious conditions such as peptic ulceration is not seen frequently.

Malaria and Dengue are endemic in Papua New Guinea (including Manus Island) and so testing is done on patients presenting with a fever without obvious cause. Malaria is not present on Nauru and Dengue is seen infrequently.

4.4. Allied Health Appointments

Allied Health Appointments					
Manus and Nauru Q1 - Jan - Mar 2016					
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	211	98	309	236	18.5%
Physiotherapy	203	0	203	149	11.7%
Audiology	0	0	0	0	0.0%
Optometry	86	2	88	83	6.5%
Podiatry	0	1	1	1	0.1%
Total	500	101	601		31.3%
Total number of unique persons to have an Allied Health Appointment		399			

The total number of Allied Health appointments generate for Q1 2016 has decreased slightly from 635 to 601, with both a small reduction in both onsite and offsite appointments. The total percentage of Transferees attending an Allied Health appointment has however increased from 24.4% to 31.3%. Dental and physiotherapy make up the majority of allied health appointments,and there are regular visiting schedules for each of these categories.

4.5. Radiology Referrals

Radiology referrals					
Manus and Nauru Q1 - Jan - Mar 2016					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage (of all persons with Radiology referral)	
X-Ray	352	75.5%	182	83.1%	1. Chest 2. Knee (R) 3. Knee (L) 4. Spine - Lumbo-sacral 5. Hand (R)
Ultrasound	95	20.4%	46	21.0%	1. Pelvis (F) 2. Renal 3. Abdomen 4. Other 5. Prostate
CT Scan	19	4.1%	11	5.0%	1. Head 2. Spine – Lumbar 3. Abdomen 4. Brain 5. Mid. Ear/Temporal bones
Total	**466**	**100%**			
Total number of unique persons to have a Radiology test	**219**	**As % of total IDF population during quarter**	**17%**		

The table above illustrates the total number of radiology referrals for Q1, the total number of unique persons requiring these referrals and a breakdown to show the main reasons for imaging.
From the table it can be seen that plain x-rays which are performed on site remain the most common form of medical imaging at the RPCs.

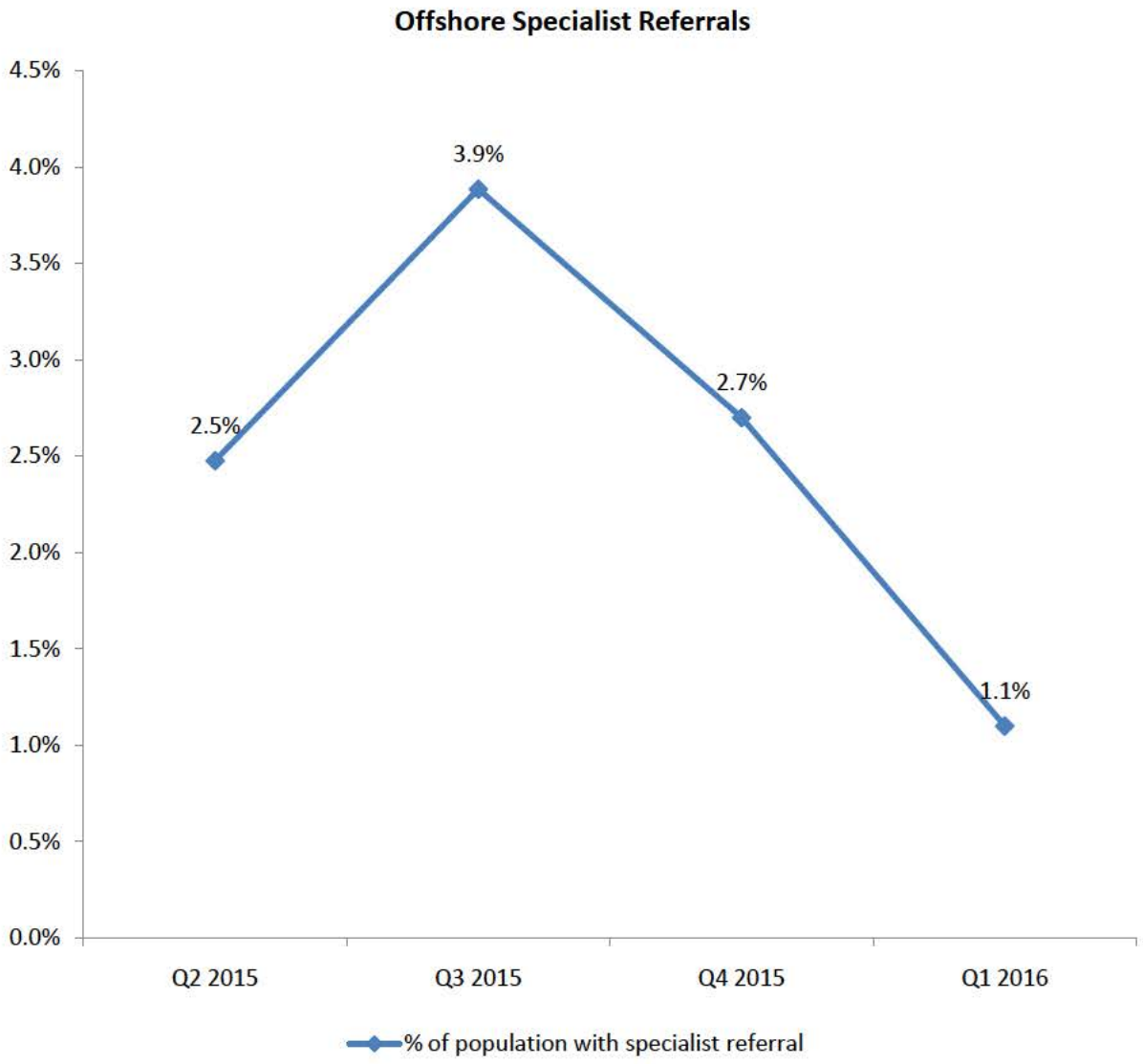
Ultrasound facilities are also available on site at both Nauru and Manus Island. In addition, since the beginning of 2016, CT scanning has been available on Nauru. The construction of the CT scanning facility was funded by the Australian government and has been located adjacent to the Republic of Nauru hospital. The service is managed by IHMS but services the Nauruan local people as well as the Refugee cohort and the Transferee cohort. Scanning is conducted by the IHMS radiographer and electronic images are transmitted to Queensland X-ray for reporting within 24 hours.

Apart from the CT scans, more advanced imaging such as MRI (and CT scanning for Manus Island) require transfer to another centre, which in most cases are completed at Pacific International Hospital in Port Moresby.

4.6. Specialist Referrals

Specialist referrals (Top 20)			
Manus and Nauru Q1 Jan - Mar 2016			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Dermatology	2	2	0.2%
General surgery	8	8	0.6%
Ophthalmology	1	1	0.1%
Orthopaedics	1	1	0.1%
Otorhinolaryngology	2	2	0.2%
TOTAL	**14**		
Total number of unique persons to have a Specialist referral	**14**	**% of total IDF population during Q1**	**1.1%**

The above specialist referrals are new referrals for the quarter. Medical specialist consultation services are provided to RPC clients via a small number of visiting specialists, telehealth services and transfers to Port Moresby for specialist service provided at Pacific International Hospital in Port Moresby in line with DIBPpolicy. Specialist consultations reduced from 41 in Q4 of 2015 to 14 for this quarter. Referrals to a general surgeon, including referrals for endoscopy, are the most common specialist discipline. There have been a small number of transfers to Australia for acute services which could not be provided on site or at Pacific International Hospital.



4.7. Hospital Admissions

Hospital Admissions		
Manus and Nauru Q1 - Jan - Mar 2016		
RPC Location	Total Hospital Admissions	Number of individuals hospitalised
Manus Island	12	10
Nauru Centre	9	8
Total	21	
Total number of unique persons that were hospitalised	25	2.0%

On review of the data illustrated in the table above, it can be seen that the number of individuals requiring hospitalisation has reduced by only 1% which can be attributed to the reduced population size. The total number of hospital admissions for this population has however reduced by almost half

The majority of hospital admissions are for elective surgical procedures and investigations undertaken at Pacific International Hospital in Port Moresby. There are a 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 at the RPC medical clinic at either Manus Island or Nauru.

4.8. GP/Psychiatrist Presentations by Health Groupings

GP/Psychiatrist Presentations by Health Groupings			
Manus and Nauru Q1 Jan - Mar 2016			
Health Groupings	**Number of Unique Presentations**	**Number of Unique Persons**	**Percentage of total RPC population with a presentation**
General Unspecified	1,204	566	44.4%
Musculoskeletal	593	297	23.3%
Skin	530	258	20.3%
Digestive	429	229	18.0%
Psychological	492	217	17.0%
Social	293	206	16.2%
Respiratory	288	146	11.5%
Urological	243	143	11.2%
Neurological	148	110	8.6%
Endocrine / Metabolic & Nutritional	142	104	8.2%
Injury	110	91	7.1%
Eye	115	66	5.2%
Ear	147	62	4.9%
Cardiovascular	82	60	4.7%
Genital	39	32	2.5%
Blood / Blood forming organs	7	7	0.5%
Pregnancy / Childbearing / Family Planning	6	4	0.3%
Total	**4,868**		

GP/Psychiatrist presentations by Age Grouping										
Manus and Nauru Q1 Jan - Mar 2016										
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	8	72.7%	23	56.1%	535	43.8%	0	0.0%	566	44.4%
Musculoskeletal	1	9.1%	3	7.3%	293	24.0%	0	0.0%	297	23.3%
Skin	3	27.3%	10	24.4%	245	20.1%	0	0.0%	258	20.3%
Digestive	4	36.4%	5	12.2%	220	18.0%	0	0.0%	229	18.0%
Psychological	3	27.3%	4	9.8%	210	17.2%	0	0.0%	217	17.0%
Social	5	45.5%	6	14.6%	195	16.0%	0	0.0%	206	16.2%
Respiratory	3	27.3%	15	36.6%	128	10.5%	0	0.0%	146	11.5%
Urological	6	54.5%	11	26.8%	126	10.3%	0	0.0%	143	11.2%
Neurological	1	9.1%	1	2.4%	108	8.8%	0	0.0%	110	8.6%
Endocrine / Metabolic & Nutritional	2	18.2%	7	17.1%	94	7.7%	1	100.0%	104	8.2%
Injury	0	0.0%	1	2.4%	90	7.4%	0	0.0%	91	7.1%
Eye	1	9.1%	0	0.0%	65	5.3%	0	0.0%	66	5.2%
Ear	1	9.1%	6	14.6%	55	4.5%	0	0.0%	62	4.9%
Cardiovascular	0	0.0%	1	2.4%	59	4.8%	0	0.0%	60	4.7%
Genital	0	0.0%	0	0.0%	32	2.6%	0	0.0%	32	2.5%
Blood / Blood forming organs	0	0.0%	0	0.0%	7	0.6%	0	0.0%	7	0.5%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	4	0.3%	0	0.0%	4	0.3%

The most common presentation to general practitioners is General Unspecified (44.4% of presentations) which includes a wide range of non-specific presentations such as those associated with viral infections. Musculoskeletal conditions (23.3%), skin conditions (20.3%), digestive (18%) and psychological (17%) remain the most common presentations and the overall percentages have not changed greatly from Q4 of 2015.

In contrast to the previous quarter where a high rate of presentations for children under 5 years of age were related to respiratory symptoms (43.8%), this has in fact reduced to 27.3% for Q1 of 2016.

4.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Manus and Nauru Q1 Jan - Mar 2016					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Percentage of Adult with chronic disease	Minor	Percentage of Minor with chronic disease	Total
Arthritis	19	1.6%	0	0.0%	19
Asthma	7	0.6%	1	1.9%	8
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	15	1.2%	0	0.0%	15
Chronic kidney disease	2	0.2%	0	0.0%	2
Depression	47	3.8%	1	1.9%	48
Diabetes	11	0.9%	0	0.0%	11

Chronic Diseases by Age Grouping								
Manus and Nauru Q1 Jan - Mar 2016								
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%	19	1.6%	0	0.0%
Asthma	1	9.1%	0	0.0%	7	0.6%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	0	0.0%	0	0.0%	15	1.2%	0	0.0%
Chronic kidney disease	0	0.0%	0	0.0%	2	0.2%	0	0.0%
Depression	0	0.0%	1	2.4%	47	3.8%	0	0.0%
Diabetes	0	0.0%	0	0.0%	10	0.8%	1	100.0%

The most common chronic disease recorded for Transferees presenting during the last quarter was depression with 48 presentations for Q1 of this year in comparison to 37 for Q4 of 2015. This may be reflective of the increased rates of mental health distress amongst the population as a result of increasing periods of detention. Depression and mental health disorders will be discussed further under the mental health section.

The other most common chronic diseases recorded this quarter were arthritis (19 for Q1 in comparison to 27 last quarter), cardiovascular disease (15 for Q1 in comparison to 36 last quarter), asthma (8 for Q1 in comparison to 7 last quarter) and diabetes (11 for Q1 in comparison to 13 last quarter).
Overall, reports of chronic disease in Transferees presenting during this quarter are approximately 32% less than the previous quarter. This reduction is probably related to the reduced population numbers and reduced numbers of consultations overall during this quarter as compared to the previous quarter.

5. Medications

5.1. Medication usage in Transferees (Top 20)

Medication Trends						
Manus and Nauru Q1 Jan - Mar 2016						
Medications	Total	Total %	Adult	Adult %	Minor	Minor %
Non-steroidal anti-inflammatory agents	492	38.60%	489	40%	3	6%
Simple analgesics and antipyretics	449	35.20%	429	35%	20	38%
Antihistamines	272	21.40%	264	22%	8	15%
Vitamins (single agents)	251	19.70%	250	20%	1	2%
Multivitamins and minerals	227	17.80%	217	18%	10	19%
Hyperacidity, reflux and ulcers	217	17.00%	216	18%	1	2%
Penicillins	214	16.80%	205	17%	9	17%
Antidepressants	182	14.30%	181	15%	1	2%
Expectorants, antitussives, mucolytics, decongestants	162	12.70%	156	13%	6	12%
Combination simple analgesics	126	9.90%	126	10%	0	0%
Rubefacients, topical analgesics/NSAIDs	118	9.30%	118	10%	0	0%
Topical oropharyngeal medication	112	8.80%	112	9%	0	0%
Other antibiotics and anti-infectives	88	6.90%	81	7%	7	13%
Antipsychotic agents	83	6.50%	82	7%	1	2%
Topical corticosteroids	75	5.90%	70	6%	5	10%
Antiemetics, antinauseants	71	5.60%	71	6%	0	0%
Topical antifungals	69	5.40%	69	6%	0	0%
Antispasmodics and motility agents	66	5.20%	66	5%	0	0%
Laxatives	62	4.90%	62	5%	0	0%
Topical nasopharyngeal medication	60	4.70%	55	5%	5	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 also ensure ongoing improvement and professional development is achieved through continuous feedback processes. IHMS uses the Australian Therapeutic Guidelines as a tool in guiding prescribing habits.

The table above illustrates the 20 most frequently prescribed medication groupings within IHMS clinical facilities and also breaks this down into total numbers and percentages for adults and minor prescriptions. IHMS can advise that the total populations at the Regional Processing Centres who required a regular medication at some point have remained fairly consistent for Q1 in comparison to Q1-4 in 2015 as per the following:

- Q1 2015 (January – March) 70%
- Q2 2015 (April – June) 78%
- Q3 2015 (July – September) 72%
- Q4 2015 (October – December) 74%
- Q1 2016 (January – March) 75%

Total numbers of prescriptions have decreased this quarter in line with the decrease in total population. In adults, the most commonly prescribed medications are non-steroidal anti-inflammatory medications (492 prescriptions) and simple analgesics (449). This is predominantly related presentations with minor musculoskeletal problems and minor painful ailments.

Although the number of antihistamine prescriptions has reduced from 369 in the last quarter to 272 this quarter, they are the third most frequently prescribed medication and account for 21% of the total prescriptions. Antihistamines are used for pruritic skin conditions, allergic rhinitis symptoms and to aid in sleep.
The total number of prescriptions for vitamins remains fairly high, however has reduced since Q4 in 2015 due to a concerted effort to educate the Transferees on the reasons for prescribing vitamins and a focus on only providing them for patients where clinically indicated. IHMS clinicians are educating Transferees on appropriate diets.There are plans for Vitamins to become available through the RPC canteen, to facilitate Transferee access to vitamins for reasons of personal choice when there is no actual clinical indication for these.

Hyper acidity medications continue to be prescribed fairly regularly although the total number of prescriptions has reduced from 339 last quarter to 217 this quarter. These medications are used as a result of frequent upper gastro-intestinal symptoms such as epigastric pain, nausea and reduced appetite, whilst the presence of Helicobacter pylori and Gastro oesophageal reflux are common, more serious upper GI conditions such as peptic ulceration are very uncommon. Of note is that the number of antidepressant medications has increased to 182 prescriptions (14%) for this quarter compared to 174 (11%) for the previous quarter. Psychiatric medications including both antidepressants and antipsychotic medications are frequently used as a reflection of the high level of underlying mental health issues.

In children, prescriptions are relatively infrequent with the most commonly prescribed item being simple analgesics (20 prescriptions) used for febrile illnesses and minor painful ailments. The next most commonly prescribed items were for multivitamins and minerals (10), penicillins (9) and antihistamines (8). There were 7 prescriptions for other antibiotics, 6 prescriptions for expectorants and antitussives and 5 prescriptions for topical corticosteroids. Overall, prescription rates are low in children.

5.2. Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Manus and Nauru Q1 Jan - Mar 2016			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	431	0	225
S3	301	31	4
S4	1,589	171	198
S8	6	0	1
Unscheduled	1,197	18	103
Grand Total	**3,524**	**220**	**531**

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 (7 in total). Nurse initiated medications and verbal telephone orders reduced over the last quarter from 656 to 531.

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

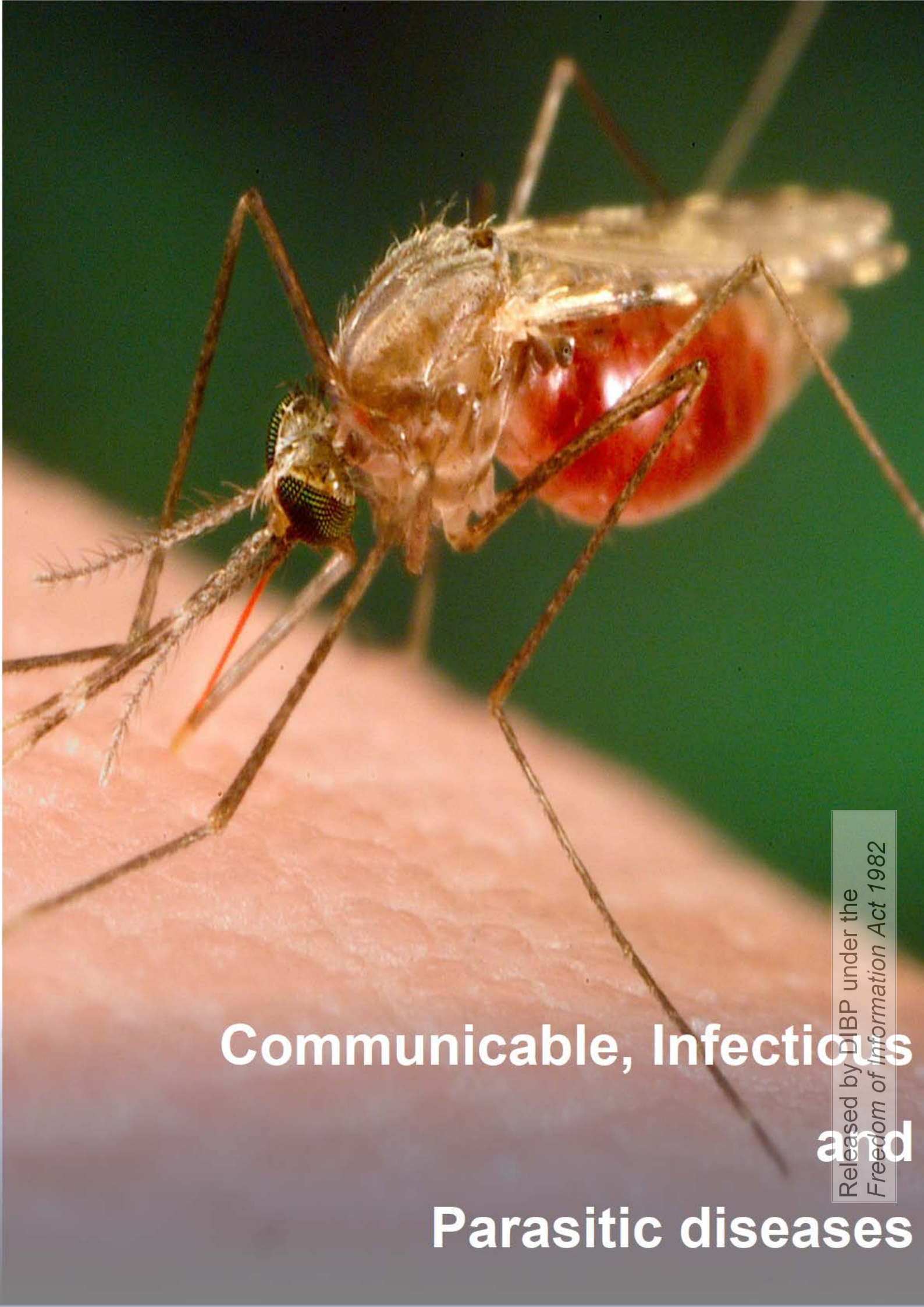
Medication Trends		
Manus and Nauru Q1 Jan - Mar 2016		
Medications	**Oct - Dec 2015**	**Jan - Mar 2016**
Nonsteroidal anti-inflammatory agents	34.40%	38.60%
Simple analgesics and antipyretics	30.30%	35.20%
Antihistamines	13.80%	21.40%
Vitamins (single agents)	20.70%	19.70%
Multivitamins and minerals	19.10%	17.80%
Hyperacidity, reflux and ulcers	13.60%	17.00%
Penicillins	20.10%	16.80%
Antidepressants	10.80%	14.30%
Expectorants, antitussives, mucolytics, decongestants	5.00%	12.70%
Combination simple analgesics	7.50%	9.90%
Rubefacients, topical analgesics/NSAIDs	8.50%	9.30%
Topical oropharyngeal medication	4.40%	8.80%
Other antibiotics and anti-infectives	6.10%	6.90%
Antipsychotic agents	7.60%	6.50%
Topical corticosteroids	4.40%	5.90%
Antiemetics, antinauseants	2.50%	5.60%
Topical antifungals	4.20%	5.40%
Antispasmodics and motility agents	3.90%	4.60%
Laxatives	4.20%	4.90%
Topical nasopharyngeal medication	3.20%	4.70%

6. Vaccinations Administered by Age Group

Vaccinations Administered by Age Group					
Manus and Nauru Q1 Jan - Mar 2016					
Vaccination	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
VZV	0	0	0	0	0
MMR	0	0	0	0	0
MMRV	0	0	0	0	0
Hep A	0	0	0	0	0
Hep B	0	0	1	0	1
MenCCV	0	0	0	0	0
Typh IM	0	0	0	0	0
dT	0	0	2	0	2
HPV	0	1	78	0	79
DTPa (up to 10 years)	0	1	0	0	1
Rotavirus	0	0	0	0	0
IPV	0	0	0	0	0
PCV	1	11	0	0	12
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	**1**	**13**	**81**	**0**	**95**

IHMS follows the immunisation schedule published by the Australian immunisation Handbook (10th edition). Catch up immunisation is commenced on entry into Australian immigration detention and those being transferred to Nauru are offered Hepatitis A and Typhoid in addition. Those transferring to Manus are offered Hepatitis A, Typhoid, Japanese Encephalitis and anti-malarial medication.

As the Transferee population have been resident in an Australian Immigration Detention Centre or Regional Processing Centre for a considerable amount of time, virtually all Transferees are fully immunised and so relatively few vaccines were administered over the quarter. The main exception was the administration of 79 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 Deputy Chief Medical Officer.



Communicable, Infectious and Parasitic diseases

7. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 1 (Jan – Mar 2016)				Total New Diagnosis Jul 2015 - Mar 2016		
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	0.08%	0	1	1
Gonorrhoea	0	0	0	0.00%	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**	**0.08%**	**0**	**2**	**2**
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0.00%	0	0	0
Malaria	6	0	6	0.47%	10	0	10
Schistosomiasis	0	0	0	0.00%	3	0	3
Strongyloidiasis	0	0	0	0.00%	0	0	0
Total	**6**	**0**	6	**0.47%**	**13**	**0**	**13**
Grand Total	**6**	**1**	**7**	**0.55%**	**13**	**2**	**15**

There were low rates of reportable infectious disease over the quarter and the number of cases remains at 7 in total which is the same as Q4 for 2015. One case of Chlamydia was identified on Nauru and 6 cases of malaria diagnosed on Manus island.

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

The 6 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 Mar 2016				
Disability Grouping	**Manus**	**Nauru**	**Adult**	**Minor**
Amputation	3	0	3	0
Cognitive	0	0	0	0
Developmental	3	1	3	1
Functional impairment	27	6	33	0
Hearing impairment	16	4	20	0
Visual Impairment	35	6	41	0
Other (Epilepsy, Lupus)	42	12	54	0
Total[1]	**126**	**29**	**154**	**1**
Unique Transferees with a disability	**98**	**25**	**123**	**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 Q2 2015 – Q1 2016		
As at end of quarter	**Number of unique Transferees**	**Approximate percentage of RPC population**
31 Mar 2016 - Q1	124	9.7%
31 Dec 2015 - Q4	121	7.8%
30 Sep 2015 - Q3	118	7.3%
30 Jun 2015 - Q2	122	7.0%

**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 mental health facilities has resulted in the development of alternative strategies for managing those with higher levels of mental health acuity on-island. The Nauru and Manus sites include several supported accommodation areas which at times are used to provide increased levels of clinical (and non-clinical) support to Transferees and their families. Both sites also have the capacity to provide overnight care within the Medical clinic if this is required.

9.1. Mental Health related Presentations

Table 9.1 below shows the number of unique presentations to General Practitioners (GP) and Psychiatrists in Regional Processing Centres that were related to mental health, as per the SNOMED clinical terminology system. As noted previously (see Explanatory Notes) the data should also be interpreted with an understanding that the SNOMED clinical terminology system is not purely a diagnostic tool; it is a standardised healthcare terminology including comprehensive coverage of diseases, clinical findings, therapies, procedures and outcomes[1].

For example, an individual can present to a GP with a specific clinical diagnosis such as schizophrenia or depression; however, the same individual could present with a non-diagnostic finding such as ‗feeling frustrated'. Both ‗schizophrenia' and ‗feeling frustrated' could be entered in the Transferee's electronic medical record and both will be grouped under ―Psychological".

In this table ‗Number of Unique Presentations' counts all types of ICPC2 Health Groupings presentations to the GP and Psychiatrist. The ‗Number related to mental health' column only counts the ICPC2 Health Grouping ‗Psychological' therefore an individual will be counted more than once if they have presented with multiple ‗psychological' conditions, for example, depression, feeling frustrated and aggressive behaviour. This column counts the number of diagnoses and/or symptoms, not individuals.

[1] *http://sydney.edu.au/medicine/fmrc/snomed/index.php*

Table 9.1 Unique GP and Psychiatrist Presentations Related to Mental Health

Unique GP and Psychiatrist Presentations Related to Mental Health			
Manus and Nauru Q1 Jan - Mar 2016			
Age band (years)	**Number of Unique Presentations**	**Number related to mental health**	**Percentage related to mental health**
0-4 years	66	3	4.5%
5-17 years	173	9	5.2%
18-64 years	4,627	480	10.4%
65+ years	2	0	0%
Total	**4,868**	**492**	**10.1%**
		Minors %	**5.0%**
		Adults %	**10.4%**

Table 9.1 shows that there was a mental health related reason for presentation for 10.1% of GP appointments, which is a slight increase from the last quarter (8.3%). This is noticeably different to the patterns of mental health related presentations to GPs in onshore detention centres, where in this quarter 20% of presentations attracted mental health related coding. These differences likely reflect, at least in part the increased availability of specialist mental health staff in offshore centres.

9.2. Admissions to Psychiatric Hospitals

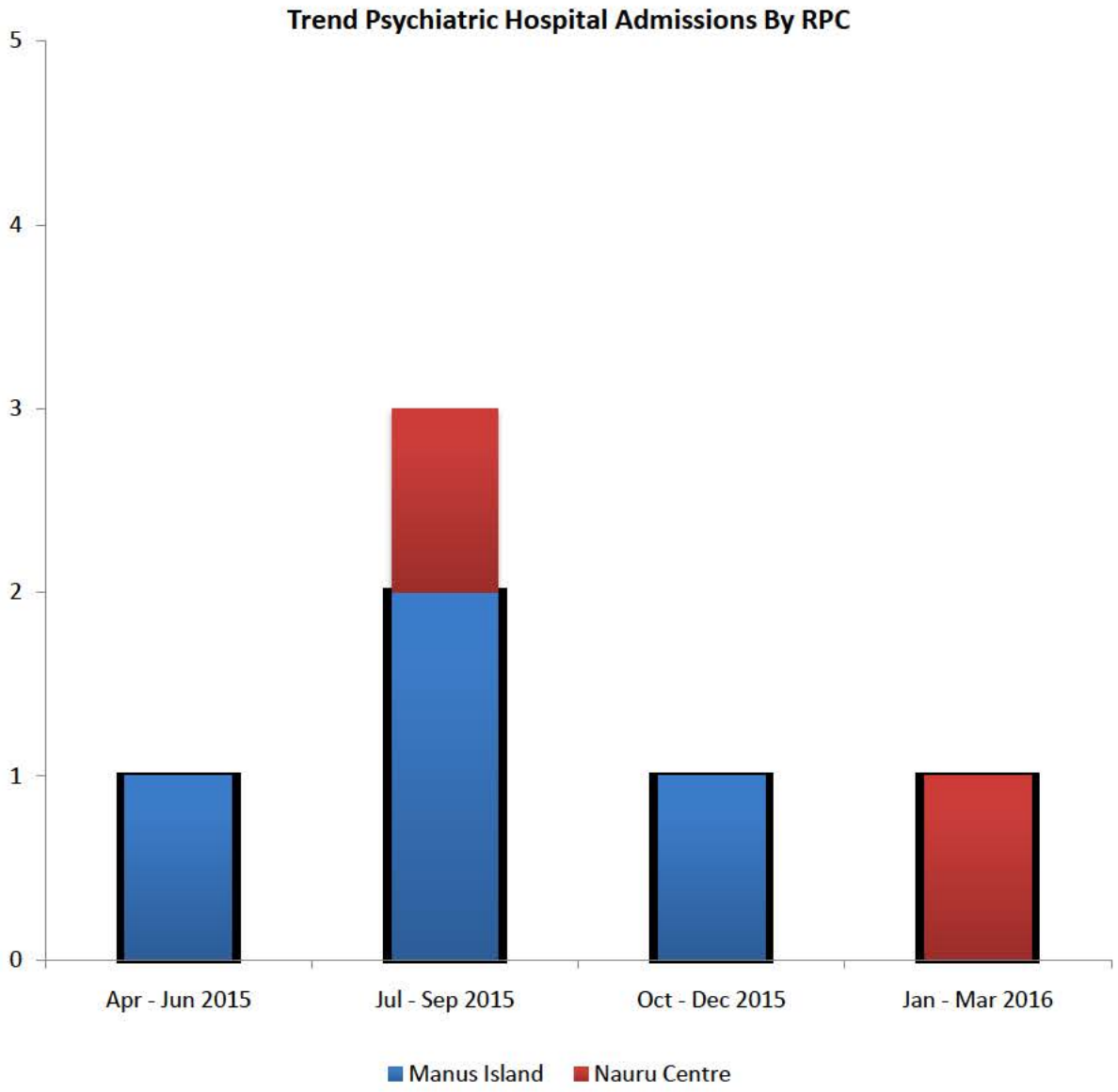
Psychiatric admissions in Table 9.2 represent those transferred off-island specifically for the purpose of admission to a Psychiatric hospital, and does not include those transferred for medical reasons that were subsequently admitted to a psychiatric ward in a Public Hospital or transferred following medical admission.

Table 9.2 Admissions to Psychiatric Hospitals

Transfers for Direct Admission to Psychiatric Hospital				
Manus and Nauru Q2 2015 - Q1 2016				
RPC Location	Apr - Jun 2015	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016
Manus Island	1	2	0	0
Nauru Centre	0	1	0	1
Total	**1**	**3**	**0**	**1**

Transfers for Direct admission to Psychiatric Hospital			
Manus and Nauru Q1 Jan - Mar 2016			
RPC Location	Total	Adult	Minor
Manus Island	0	0	0
Nauru Centre	1	1	0
Total	**1**	**1**	**0**

Overall transfers from Regional Processing Centres for direct Psychiatric admission in Q1 2016 remain low. Patients requiring compulsory inpatient 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. The Strengths and Difficulties Questionnaire is used as the screening tool for children aged 4 – 17. 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).

K-10 data for Manus/Nauru is reported as collated data in Table 9.5.1 to allow comparison with previous Health Data sets.
K-10 data is also presented separately in Section 9.7 and 9.8 to better identify any potential differences between the two groups which may assist in identifying potential variables impacting on mental health such as operational differences between the two regional processing centres, the resettlement process, gender or family cohort variables, or the Open Centre arrangements in Nauru which operates twenty four hours, seven days a week.

9.5. Comparison of Manus Island and Nauru K10 results

Comparison of sections 9.7 and 9.8 below show similarities and differences between the K-10 scores in Manus and Nauru.

The percentage of those consenting to screening who scored severe distress on the K-10 was the same in both Manus and Nauru in this quarter, at 26.5%. This is similar to the rates of severe distress in those in detention over 19 months in the onshore population, which was 26.4% in this quarter.

There continues to be a noticeable difference between the two populations for those scoring low to mild distress (55.9% in Manus and 65.9% on Nauru). While there are likely to be a number of variables contributing to this, the open centre arrangements in Nauru may be a contributor.

Table 9.5.1: Collated K10 scores Manus and Nauru Q1 2016

Collated K10 scores Manus and Nauru Regional Processing Centres Q1 Jan - Mar 2016										
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	3	19.33	2	66.7%	0	0.0%	1	33.3%	0	0.0%
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	370	24.44	126	34.1%	94	25.4%	52	14.1%	98	26.5%
Total	**373**	**21.93**	**128**	**34.3%**	**94**	**25.2%**	**53**	**14.2%**	**98**	**26.3%**

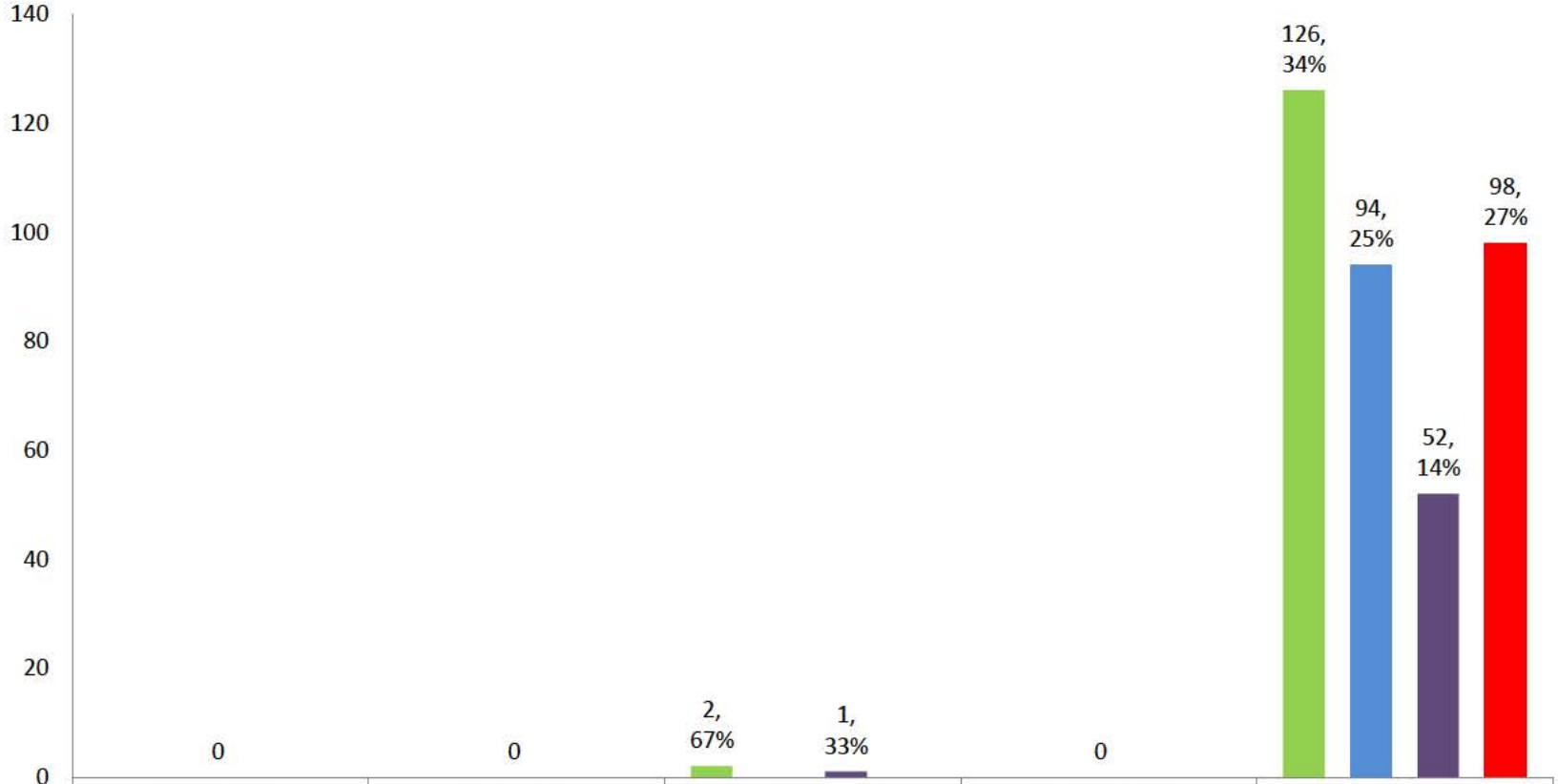
Collated results in Table 9.5.1 show a continuing reduction in the total number of mental health screenings, with 373 completed in this quarter. This in part reflects the reduction in overall numbers in detention in offshore centres, with mandatory screening discontinued in Nauru once Refugees have been resettled. As most people have now been in detention for 18 months or more, the frequency of screening being offered to Transferees has increased from 6 monthly to 3 monthly, however many Transferees decline participation in repeated screening, which remains voluntary. These relatively low screening participation rates mean that caution should be used in drawing conclusions across the entire offshore detention population, as there may be a number of significant unidentified variables related, to which Transferees agree to participate in MH screening.

For those who did participate in screening however, 40.5% scored moderate to severe distress on the K-10. This is slightly less than the 45.7% who reported moderate to severe distress in Q4 2015, but still very much higher than an Australian community sample. In comparison, in the Australian National health data set 2014-15, 17.7% of adults living in areas of most disadvantage across Australia reported high or very high levels of psychological distress using the K-10, with females reporting significantly more distress than males (up to 20% moderate to severe). In 2014-15, adults living in areas of most disadvantage across Australia were more than twice as likely to experience high or very high levels of psychological distress than adults living in areas of least disadvantage (17.7% compared with 7.3% respectively), continuing the pattern from 2011-12 (15.0% compared with 6.2% respectively)[2].

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 in those participating in screening, with 26.5% of those screened in detention offshore for over 19 months reporting severe psychological distress in this quarter compared with 22.1% in the last quarter, and 16.5% in the quarter before that (Q3 2015).

[2] *National Health Survey: First Results, 2014-15 (ref 4364.0.55.001) - accessible at*: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2014-15~Main%20Features~Psychological%20distress~16, access verified 19.4.2016)

K-10: Manus and Nauru



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	0	0	2	0	126
Mild (20-24)	0	0	0	0	94
Moderate (25-29)	0	0	1	0	52
Severe (30-50)	0	0	0	0	98

9.6. Manus Island results

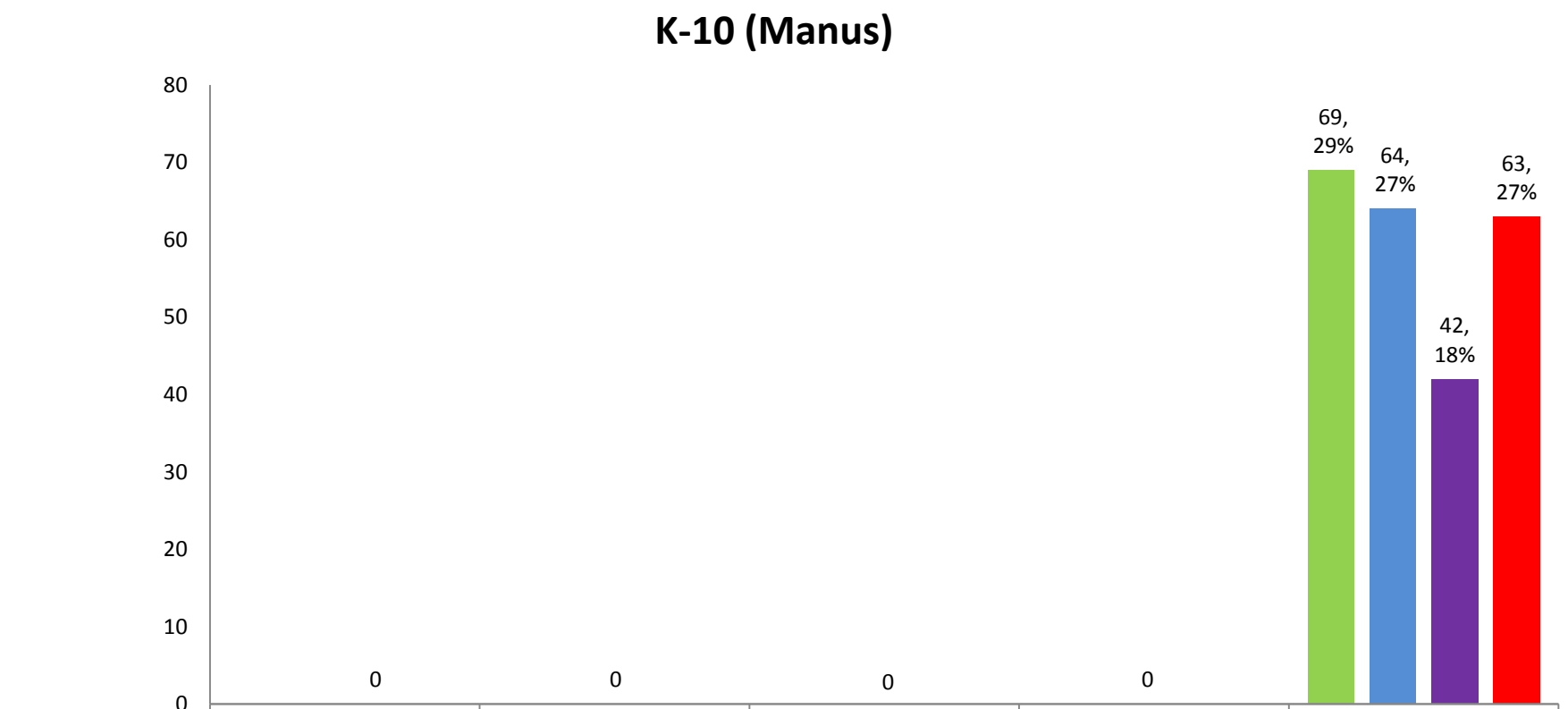
Mental Health screening is offered to all those residing in the Manus Island RPC, which includes both Transferees and those who have been granted Refugee status and remain accommodated at the RPC. Results from the total RPC population are presented in Table 9.7 below.

In this Quarter 55.9% of those screened in Manus scored low to mild psychological distress, while 44.1% scored moderate to severe distress. This has implications for the likely level of mental health care needed once Transferees are resettled as Refugees in Papua New Guinea.

9.6.1aManus Island K-10 data

K-10 Manus Q1 Jan - Mar 2016										
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	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	238	24.74	69	29.0%	64	26.9%	42	17.6%	63	26.5%
Total	238	21.93	69	29.00%	64	26.90%	42	17.60%	63	26.50%

9.6.1bManus Island K-10 graph



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	0	0	0	0	69
Mild (20-24)	0	0	0	0	64
Moderate (25-29)	0	0	0	0	42
Severe (30-50)	0	0	0	0	63

9.7. Nauru Island results

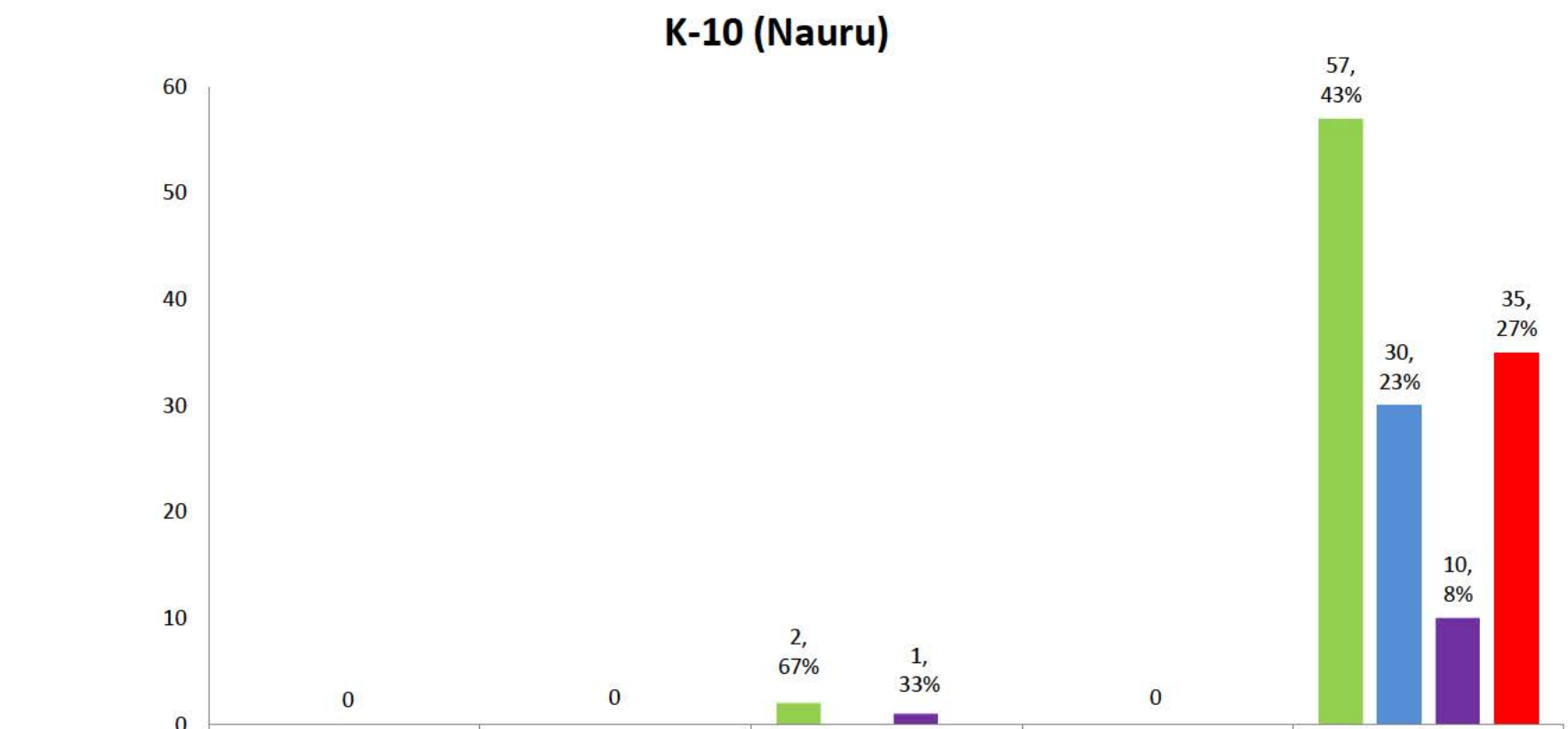
Mental Health screening is offered to all those residing at the Nauru RPC, which includes Transferees and a small number of Refugees living in an open centre. Results from the RPC population are presented in Table 9.8 below.

In this quarter 135 people participated in Mental Health screening, nearly all of whom had been in detention for over 19 months. 65.9% of those screened in the Nauru RPC scored low to mild psychological distress, while 34% scored moderate to severe distress.

9.7.1aNauru K-10 data

K-10 Nauru Q1 Jan - Mar 2016										
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	3	N/A	2	67.0%	0	0.0%	1	33.0%	0	0.0%
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	132	N/A	57	43.2%	30	22.7%	10	7.6%	35	26.5%
Total	**135**	**21.93**	**59**	**43.7%**	**30**	**22.2%**	**11**	**8.1%**	**35**	**25.9%**

9.7.1bNauru K-10 graph



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	0	0	2	0	57
Mild (20-24)	0	0	0	0	30
Moderate (25-29)	0	0	1	0	10
Severe (30-50)	0	0	0	0	35

9.8. Strengths and Difficulties Questionnaire (SDQ) for Children

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 SDQ was offered to parents and children residing in the Nauru RPC. Ten parents completed the parent version of the SDQ in this quarter, with self-reports also completed by six young people.
A Total Difficulties score was calculated based on the scoring of the subscales of SDQ.
As illustrated in Table 9.8a, all the parents who completed the SDQ scored their child in the abnormal category with regard to Total Difficulties, meaning they perceived their child to have significant behavioural or psychological problems which impacted upon their social, educational or personal life. Four of the six children who completed self-reports also scored themselves in the abnormal category.

9.8a SDQ results – Q4

SDQ Total Difficulties scores	Normal	Borderline	Abnormal
Parent ratings (age 4-17, N= 3)	100%	0%	0%
Self-report (age 11-17, n=2)	50%	0	50%

9.9. 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 at an RPC 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 the mental health assessments. 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.

9.10.New T&T Disclosure

Manus and Nauru Q1 Jan - Mar 2016					
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	9	0	0	9	0
Nauru Centre	2	0	0	2	0
Total	**11**	**0**	**0**	**11**	**0**
% total IDF population during Q1	**0.90%**	**0%**	**0%**	**0.90%**	**0%**

Table 9.10 shows the number of people making a new disclosure of T&T during the quarter, which is 11 or 0.9% of the RPC population. This does not reflect the numbers who were referred to or received ongoing T&T counselling.

9.11. Supportive Monitoring and Engagement (SME)

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 and daily clinical review (High Imminent SME), to intermittent monitoring and weekly clinical review (Ongoing SME). 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 in Table 9.11a have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME. Where an individual commences High SME and then is downgraded to Moderate SME and later to Ongoing SME that will be counted three times in the table below, once under each column. Figures do not indicate length of time on SME, and do not count individuals who may have ceased SME and been recommenced again within this reporting period.

During this quarter there were 28 individuals placed on some level of SME, which was 2.2% of the RPC population. On 16 occasions High Imminent SME was initiated.

Table 9.11a Supportive Monitoring and Engagement

Individuals on SME			
Manus and Nauru Q1 Jan - Mar 2016			
	Ongoing	Moderate	High Imminent
Manus Island	11	7	8
Nauru Centre	6	10	8
Total	**17**	**17**	**16**
Total number of unique individuals on SME	**28**	**% of RPC population on SME**	**2.2%**

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