Department of Immigration and Border Protection

Regional Processing Centres Quarterly Health Trends Report

April – June 2016

Quarter 2

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1. Executive Summary

The Regional Processing Centres (RPCs) health trends report is submitted on a quarterly basis and provides a summary of the clinical activities conducted by IHMS and health status of transferees in the RPCs. The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo, for the period 1 April to 30 June 2016. Analysis and interpretation of these data is provided by the IHMS Clinical Reporting Team, Medical Directors, Mental Health Manager and Director of Nursing.

The total transferee population resident at the RPCs for the second quarter ending June 2016 is recorded as 1218. The majority of these are located on Manus Island (888). Whilst there are only relatively small numbers of transferees recorded as residing within the Nauru RPC, there are large numbers of refugees on Nauru (some reside within the RPC although most reside in the community) for whom IHMS also provides medical services. Medical services provided by IHMS to refugees are not recorded within the statistics contained in the quarterly data set.

IHMS has continued to provide comprehensive primary health services with mental health support and emergency response services at the RPCs utilising a nurse led service. Although there was a small reduction in total consultations over the reporting period reflecting the reduction in transferee population, demand for services remained high, ie, majority of transferees have been seen by one or more clinical disciplines during the quarter.

The number of minors remaining within the transferee population is now only a very small proportion of the total and the number of transferees seen within the 0 to 4 age group and 5 to 17 year age group is proportionate to that reduced population with approximately three quarters of this population being seen by GPs, primary health nurses and mental health nurses during the three month period.

There were 21 hospital admissions, the majority of which were for elective procedures to be undertaken at PIH in line with DIBP policy. If the clinical services required are not available at PIH, IHMS recommends transfer to Australia.

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 is voluntary. The screening tool used for adults is the K-10. The screening tool for children is "The Strengths and Difficulties Questionnaire" (SDQ). Both tools are self rated, reflecting subjective reports only.

The SDQ was offered to parents of children residing in the Nauru RPC - 2 parents completed the parent version of the SDQ in this quarter. One parent scored their child in the "abnormal" category with regard to the total difficulties, meaning they perceive their child to have significant behavioural or psychological problems which impacted upon their social, educational or personal life.

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 is contracted by DIBP to provide primary health care within the Regional Processing Centres (RPCs). Primary health care capabilities are supplemented by multidisciplinary mental health support and 24 hour emergency response services. The primary and emergency care services are provided by an experienced team of health care professionals including IHMS Medical Officers (GPs), Emergency Physicians, primary care Registered Nurses (RNs) and trained paramedics. In response to the well-known challenges of providing mental health services to individuals in detention, those undergoing immigration processing and refugees, IHMS has a well-resourced team of mental health professionals, including mental health nurses, psychologists, counsellors and psychiatrists, who provide onsite care at all locations across the network including the RPCs. On Nauru, the medical team also includes obstetricians, midwives and medical officers with paediatric training.

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

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS as the transferee population has stabilised and the average length of stay has increased. Primary health staff on both sites continues to deliver weekly health promotion in the compounds.

To supplement the on-site primary health care service, IHMS obtains specialist opinions via visiting specialist consultations, Tele-health consultations with specialists based in Australia, second opinions from specialists based in Australia who review clinical records and investigation results provided by IHMS clinicians and referral for specialist opinions at Pacific International Hospital in Port Moresby.

4.2. Consultations

Primary Health Care - Consultations Combined Regional Processing Centres				
Manus and Nauru Q2 Apr - Jun 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Person in Q2	% of total RPC population during Q2 2016
GP	2,904	780	3.7	64.0%
Primary Health Nurse	3,179	884	3.6	72.6%
Mental Health Nurse	3,071	838	3.7	68.8%
Psychologist	626	294	2.1	24.1%
Counsellor	3,302	571	5.8	46.9%
Psychiatrist	308	154	2.0	12.6%
Total	**13,390**	**3,521**	**3.8**	

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.*

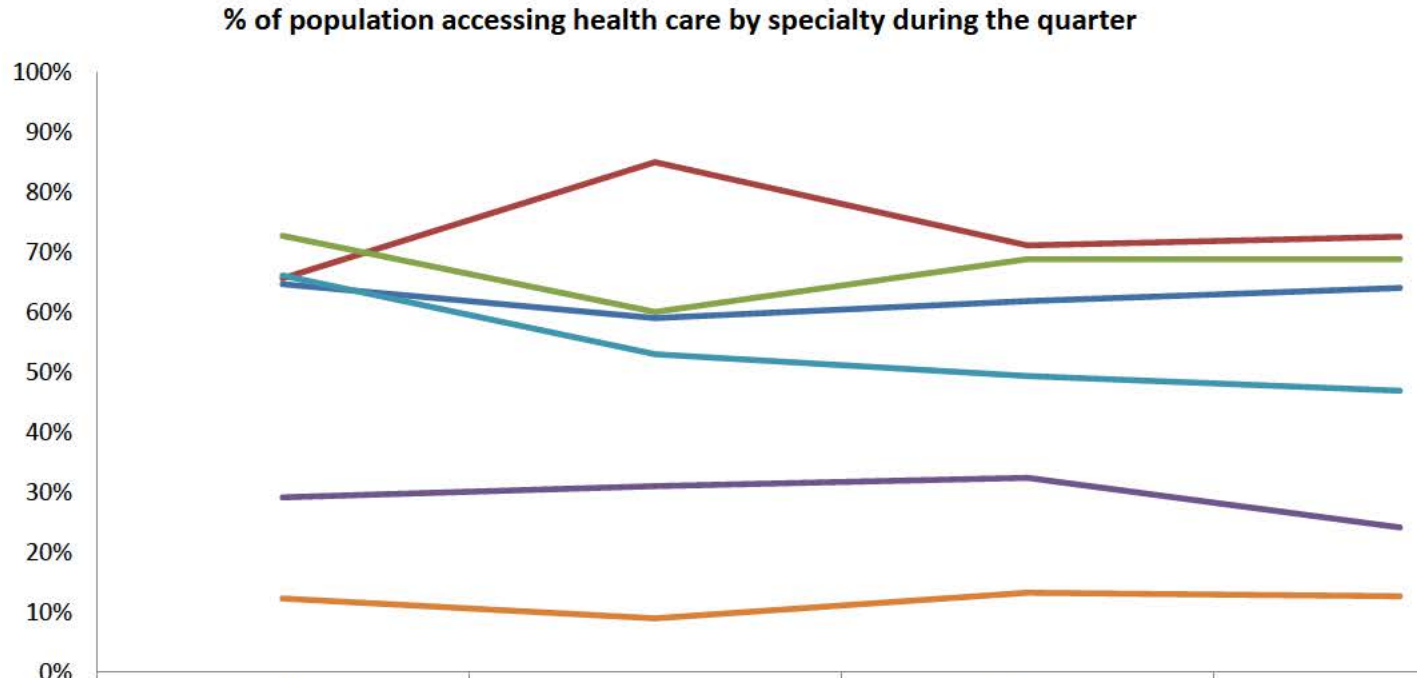
During the second quarter, demand for clinical services provided by IHMS at the RPCs remained consistently high. 47% of consultations were provided by registered nurses (primary health and mental health) consistent with the philosophy of a nurse led service.

Primary care nurses provided 3,179 consultations for 884 individual transferees and mental health nurses provided 3,071 consultations for 838 individual transferees. GPs (including senior medical officer and emergency medical officer) provided 2,904 consultations for 780 individual transferees and psychiatrists provided 308 consultations for 154 individual transferees. Psychologists provided 626 consultations for 294 individual transferees. Counsellors provided 3,302 consultations for 571 transferees; this number is reflective of high rates of individuals attending group support sessions for people with high vulnerability.

The great majority of transferees at the RPCs have been seen by one or more clinical disciplines during the three months period under review. 73% of transferees were seen by primary care nurses, 67% of transferees were seen by mental health nurses and 64% of transferees were seen by GPs.

Overall, there has been a small reduction in total consultations reflecting a reduction in transferee population - this is in response to the ongoing reclassification of transferees as refugees, most notable in Nauru. With regards to clinical disciplines, the most prominent changes are a 13% reduction in mental health nurse consultations and a 31% reduction in psychologist consultations - there has been a reallocation of these services to the increasing refugee population; however, the consultation figures for refugees are not included in this document.

a) Trend Analysis: Primary Health Care Consultations



	Q3 2015	Q4 2015	Q1 2016	Q2 2016
GP	65%	59%	62%	64%
Primary Health Nurse	66%	85%	71%	73%
Mental Health Nurse	73%	60%	69%	69%
Psychologist	29%	31%	32%	24%
Counsellor	66%	53%	49%	47%
Psychiatrist	12%	9%	13%	13%

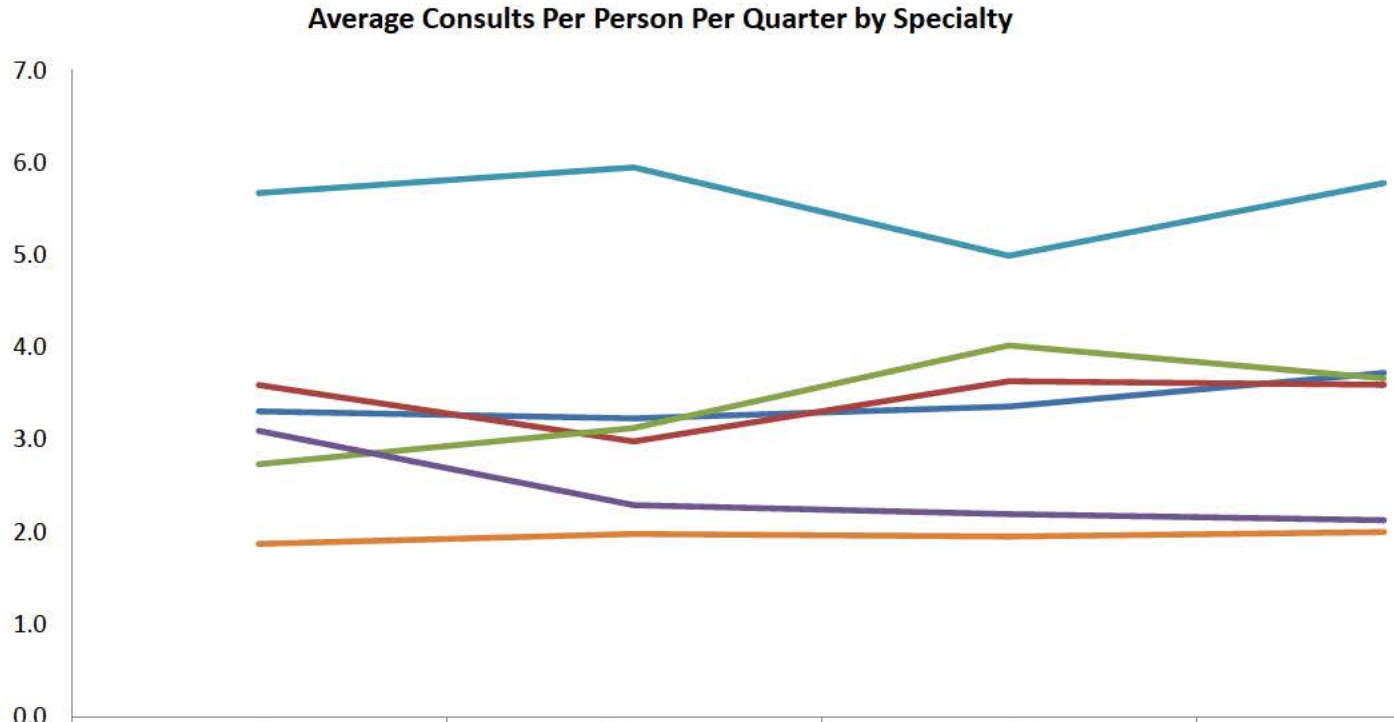
b) Consultations by Age Group

Onsite Integrated Primary Health Care by Age Group										
Manus and Nauru Q2 Apr - Jun 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	7	77.8%	24	66.7%	749	63.9%	0	0%	780	64.0%
Primary Health Nurse	7	77.8%	29	80.6%	848	72.3%	0	0%	884	72.6%
Mental Health Nurse	7	77.8%	26	72.2%	805	68.6%	0	0%	838	68.8%
Psychologist	4	44.4%	12	33.3%	278	23.7%	0	0%	294	24.1%
Counsellor	6	66.7%	25	69.4%	540	46.0%	0	0%	571	46.9%
Psychiatrist	1	11.1%	3	8.3%	150	12.8%	0	0%	154	12.6%

The table above demonstrates the number of transferees (within the age groupings specified) seen during the three month period of April to June 2016 rather than actual numbers of consultations. There are slight variations between the age groups although the total number of transferees within the 0 to 4 age group is very small and the number in the 15 to 17 year age group is moderately small such that a variation of one or two transferees will have quite large effects on percentages. 24% of transferees were seen by the psychologist although the percentages are slightly higher in the 0 to 4 age group and 5 to 17 year age group where total numbers are small. Similarly, 47% of transferees were seen by a counsellor with slightly higher percentages in the 0 to 4 age group and 5 to 17 year age group. 12% of patients are seen by the psychiatrist without marked difference across the age groups.

The population figure for offshore in Q2 is 1218 – this is used as the denominator for some of the tables presented in this report.

c) Trend Analysis: Average consults by Speciality



	Q3 2015	Q4 2015	Q1 2016	Q2 2016
GP	3.3	3.2	3.4	3.7
Primary Health Nurse	3.6	3.0	3.6	3.6
Mental Health Nurse	2.7	3.1	4.0	3.7
Psychologist	3.1	2.3	2.2	2.1
Counsellor	5.7	6.0	5.0	5.8
Psychiatrist	1.9	2.0	2.0	2.0

The table and graph documented above illustrates the average number of consultations per person seen over the respective reporting quarter. This is broken down by clinical specialty.

Over the second quarter of the 2016, there is an average of 3.7 consultations for each person seen by GPs, primary health nurses and mental health nurses. With respect to GPs, the trend is of a gradual increase over the previous two quarters. This suggests repeated consultations with general practitioners possibly associated with chronic or unresolved complaints. There is little observed change in number of consultations per person seen by primary health nurses over the past 12 months. As regards consultations with mental health nurses, there was a significant increase between the periods of the fourth quarter 2015 and the first quarter of 2016 with a figure increasing from 3.1 consultations to 4.0 consultations. With regard to the second quarter of 2016, a higher level of consultations per person seen (3.7) seems to have been maintained. This increase probably reflects increased mental health support required by transferees demonstrating higher levels of psychological distress.

There has been an average of 2.1 psychology consultations, 5.8 counselling consultations and 2.0 psychiatry consultations per transferee this quarter. The 2.0 psychiatry consultation reflects the “consultant” nature of the psychiatrist’s work. All averages have changed little over previous quarters.

4.3. Pathology Referrals

Pathology Referrals		
Manus and Nauru Q2 Apr - Jun 2016		
Pathology Type	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	472	354
Full Blood Count (FBC)	268	190
Fasting Triglycerides	109	78
C Reactive Protein (CRP)	49	40
Mid Stream Urine Micro & Culture	71	36
Blood Glucose	85	67
Malaria RDT	54	32
Helicobacter pylori Serology	19	14
Malarial Parasites (with FBE) Urgent	29	24
Pap Smear	3	3
Total number of unique persons that had a Pathology Referral	**308**	**25%**

Pathology services are provided on site at both Nauru and Manus island RPC medical clinics. Noting that malaria is only endemic on Manus Island, a range of commonly required tests including rapid diagnostic tests (RDT) and Dengue fever are available.

The most commonly requested pathology items over the second quarter of 2016 include basic biochemistry (liver function tests, urea, electrolytes and creatinine) with 472 requests and full blood counts with 268 requests. These items amount to over half of pathology tests requested and this is consistent with the previous quarter. The next most common items requested are fasting lipids (109) and blood glucose levels (85) relating to the high level of cardiovascular risk factors in the transferee cohort. The number of these tests requested is higher than the previous quarter representing an attempt to monitor and control cardiovascular risk factors.

Another commonly requested test is urinalysis (71) which is comparable to the previous quarter. Tests for malaria, malaria RDT (54) and blood film for malarial parasites (29) are commonly employed as part of a workup for a febrile illness on Manus Island - noting that malaria is endemic within Papua New Guinea. C reactive protein (49) is used as part of the assessment of acute illnesses and monitoring of those illnesses. Helicobacter serology tests (19) are commonly employed as part of investigation for epigastric pain, a common presenting symptom amongst transferees. The numbers are reduced from the previous quarter due to the fact that significant numbers of transferees have already been tested and repeating the test has limited value in most cases.

4.4. Allied Health Appointments

Allied Health Appointments					
Manus and Nauru Q2 Apr - Jun 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	249	108	357	261	21.4%
Physiotherapy	237	1	238	147	12.1%
Audiology	0	2	2	1	0.1%
Optometry	35	5	40	37	3.0%
Podiatry	0	4	4	4	0.3%
Total	521	120	641		33.1%
Total number of unique persons to have an Allied Health Appointment		403			

Dental appointments are the most common allied health appointments attended by transferees. There is a regular visiting dental service to both Manus Island and Nauru with the Manus Island service being provided within the grounds of the RPC and the Nauru service being provided within the grounds of the Republic of Nauru hospital. There were 357 appointments conducted over the second quarter of 2016 relating to 261 individual transferees - approximately 21% of all transferees were seen by the dentist over the reporting period. There is a high level of dental disease within the transferee population.

The next most common allied health appointments are physiotherapy appointments with visiting physiotherapy services being provided to the RPCs. There were a total of 238 appointments for 147 individual transferees (approximately 12% of the transferee population).

There is also a visiting optometry service and there were a total of 40 appointments for 37 individual transferees. There are only a very small number of allied health appointments in other categories.

The numbers of allied health referrals were comparable to the previous quarter except for optometry for which there were approximately half the consultations for the current reporting period.

4.5. Radiology Referrals

Radiology referrals					
Manus and Nauru Q2 Apr - Jun 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	305	74.8%	184	82.9%	1. Chest 2. Spine - Lumbo-sacral 3. Abdomen 4. Knee (R) 5. Hand (R)
Ultrasound	64	15.7%	35	15.8%	1. Pelvis (F) 2. Abdomen 3. Other 4. Renal 5. Breast (L)
CT Scan	38	9.3%	19	8.6%	1. Head 2. Abdomen 3. Ankle (L) 4. Foot (L) 5. Sinuses
MRI	1	0.3%	1	0.5%	1. Knee
Total	408				
Total number of unique persons to have a Radiology test	222	As % of total IDF population during quarter	18.2%		

The most common radiology referral is for plain x-ray films with 305 referrals over the second quarter of 2016. The next most common imaging referral is for ultrasounds and 64 referrals were made over the reporting period. Plain x-ray imaging is available on site at both Manus and Nauru RPCs and formal ultrasounds are available at Nauru. Transferees on Manus Island require referral to Pacific International Hospital in Port Moresby for formal ultrasound examination and reporting.

There has been a reduction in the number of referrals for plain x-rays (13%) and ultrasounds (33%) from the previous quarter. The reduction in ultrasounds is in part due to reduced non-essential transfers to Port Moresby during the second quarter of 2016.

There were 38 referrals for CT scans during the reporting period which is a 100% increase from the previous quarter. The major reason for this is because of the establishment of CT scanning on Nauru which only commenced at the start of the year. Transferees on Manus Island still require transfer to Port Moresby for CT scanning.

MRI is not available on either Nauru or Manus Island and transferees require transfer to Pacific International Hospital in Port Moresby for this examination. There was only one referral for MRI during the second quarter of 2016.

4.6. Specialist Referrals

Specialist referrals (Top 20) RPCs Q2 Apr - Jun 2016			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Otorhinolaryngology	17	17	1.4%
General surgery	15	13	1.1%
Orthopaedics	10	10	0.8%
Urology	10	10	0.8%
Ophthalmology	9	9	0.7%
Addiction medicine	3	3	0.2%
Cardiology	3	3	0.2%
Dermatology	3	1	0.1%
Demato-venereology	2	2	0.2%
Gastroenterology	2	2	0.2%
Gynaecology and obstetrics	2	1	0.1%
Neurology	2	2	0.2%
Oral and maxillofacial surgery	2	1	0.1%
Vascular surgery	2	2	0.2%
Endocrinology	1	1	0.1%
Neurosurgery	1	1	0.1%
Plastic, reconstruction and aesthetic surgery	1	1	0.1%
Rheumatology	1	1	0.1%
Total	86		
Total number of unique persons to have a Specialist referral	74	% of total IDF population during Q2	6.1%

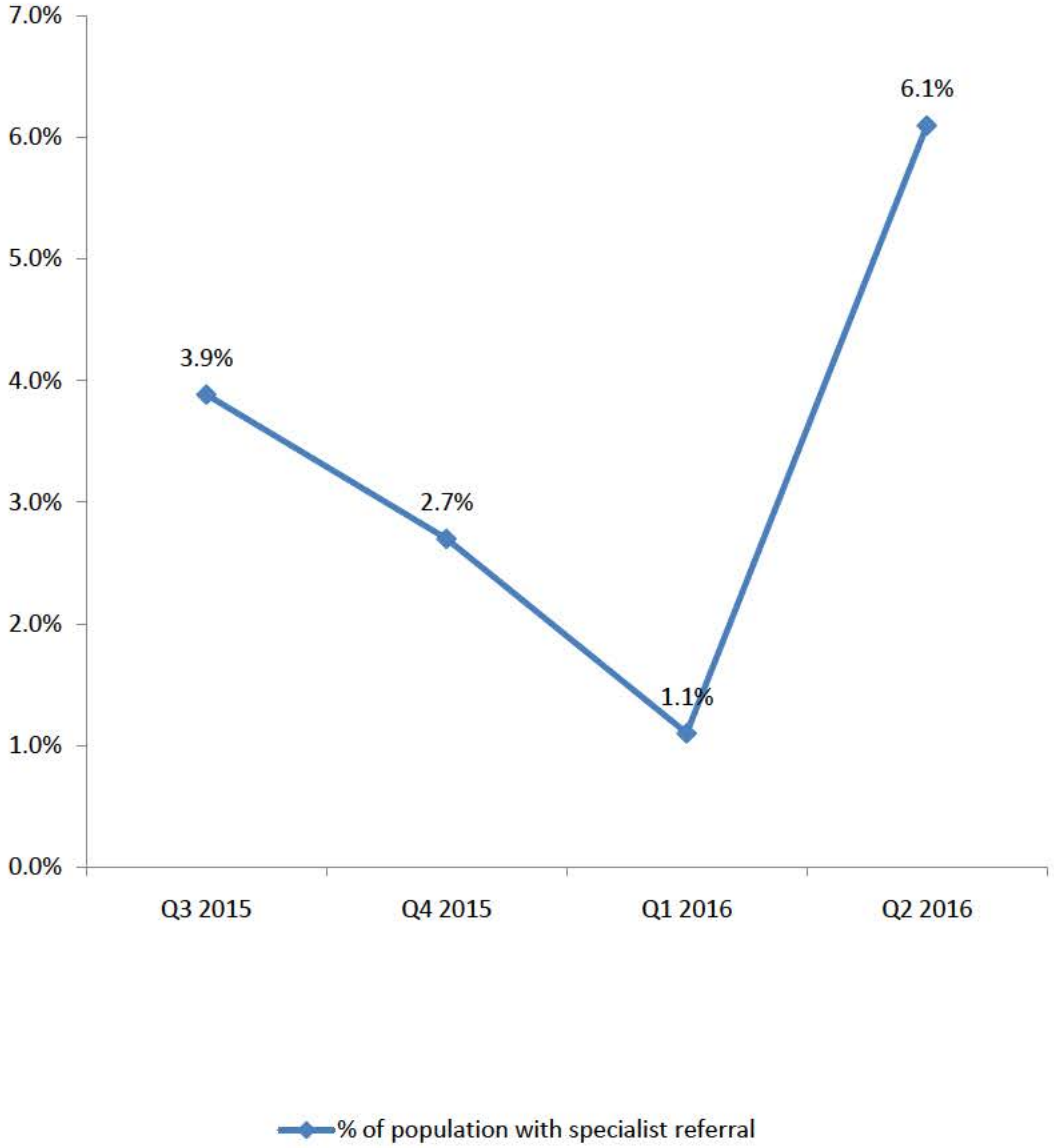
Specialist consultation services for transferees at the RPCs are provided by a small number of visiting specialists and tele-health services utilising Australian specialists and referrals to Pacific International Hospital in Port Moresby in accordance with DIBP policy. If surgery is required, this is most commonly facilitated at Pacific International Hospital in Port Moresby in line with DIBP policy. If the relevant specialty is not available at Pacific International Hospital, IHMS recommends transfer to Australia for the surgical procedures to be

undertaken. There are a number of transferees requiring transfer to Australia for clinical services not available at Pacific International Hospital; these are not included in the statistics.
The most common specialist referral for transferees in the RPCs during the second quarter of 2016 was for ear, nose and throat surgery. There is a visiting ear, nose and throat surgeon for the RPCs who can provide consultation services but, if surgery is required, the patient requires transfer to Pacific International Hospital in Port Moresby.

The next most common specialist referral was for general surgery (15) during the reporting period. This is most often provided at Pacific International Hospital. The general surgeon at Pacific International Hospital also conducts gastroscopies and colonoscopies. There were 10 referrals for orthopaedics; a visiting orthopaedic service is available and there is an orthopaedic surgeon at Pacific International Hospital.
There were 10 referrals for urology; these were conducted via tele-health and at Pacific International Hospital.
There were nine referrals for ophthalmology; these were conducted via tele-health and at Pacific International Hospital. There were a small number of referrals (less than three) for a variety of other specialties as listed in the table above - the great majority of these were conducted via tele-health.

Overall, approximately 6% of the RPC clientele consulted specialists during the second quarter of 2016. This is a higher percentage than reported in previous quarters.

Offshore Specialist Referrals



4.7. Hospital Admissions

Hospital Admissions		
Manus and Nauru Q2 Apr - Jun 2016		
RPC Location	Total Hospital Admissions	Number of individuals hospitalised
Manus Island	18	15
Nauru Centre	3	3
Total	**21**	
Total number of unique persons that were hospitalised	**18**	**1.5%**

21 hospital admissions were recorded for the April to June quarter of 2016 in relation to transferees who are residing at the Regional Processing Centres. This is comparable to the total number of admissions for the previous quarter. The majority of admissions are for elective procedures which are undertaken at Pacific International Hospital in line with DIBP policy. There are a small number of acute admissions which are transferred to either Australia or Pacific International Hospital. Most transferees who require short-term acute medical care are managed on site by close observation, including overnight medical care at the RPC medical clinic at either Manus Island or Nauru. During the reporting period, there were a reduced number of transfers from the RPCs to Port Moresby, in particular transfers from Nauru to Port Moresby.

4.8. GP/Psychiatrist Presentations by Health Groupings

GP/Psychiatrist Presentations by Health Groupings			
Manus and Nauru Q2 Apr - Jun 2016			
Health Groupings	**Number of Unique Presentations**	**Number of Unique Persons**	**Percentage of total RPC population with a presentation**
General Unspecified	643	379	31.1%
Musculoskeletal	530	270	22.2%
Skin	440	222	18.2%
Psychological	476	205	16.8%
Digestive	521	257	21.1%
Social	118	95	7.8%
Respiratory	431	204	16.7%
Urological	89	50	4.1%
Neurological	170	121	9.9%
Ear	102	54	4.4%
Endocrine / Metabolic & Nutritional	97	76	6.2%
Eye	107	62	5.1%
Injury	131	101	8.3%
Cardiovascular	84	69	5.7%
Genital	49	33	2.7%
Blood / Blood forming organs	12	9	0.7%
Pregnancy / Childbearing / Family Planning	0	0	0%
Total	**4,000**		

The table above displays presenting symptoms under a number of diagnostic groupings as listed.

As is the case in previous quarters, the most common presenting symptoms during the second quarter are General Unspecified (643 presentations) which includes a wide range of non-specific presentations such as those associated with viral infections. The next most common presenting symptoms are Musculoskeletal (530 presentations) which range from a variety of mechanical aches and pains to frank injuries which are often associated with sporting activities or other physical activities. Digestive disorders are common (521 presentations) and these range from nausea through alterations in appetite, changes in bowel habit and a variety of abdominal pains although these are rarely associated with serious illnesses.

Presentations with psychological symptoms were also common during the reporting period (476 presentations) which is consistent with previous quarters and reflects the high level of psychological distress displayed by individuals undergoing immigration processing. Skin presentations are frequent (440 presentations) and these can include various types of dermatitis, rashes, breaks in the skin and skin infections.
Respiratory symptoms were the next most common presentation (431 presentations) and can be associated with upper respiratory tract infections as well as lower respiratory disorders such as asthma, chronic obstructive pulmonary disease and pneumonia. Other common presentations include Neurological (170), Injury (131), Social (118), Eye (107) and Ear (102).

The top six health groupings during the second quarter of 2016 are comparable to previous quarters. In addition, the next six most common health groupings are also very similar to previous quarters.

GP/Psychiatrist presentations by Age Grouping										
Manus and Nauru Q2 Apr - Jun 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	3	33.3%	14	38.9%	362	30.9%	0	0%	379	31.1%
Musculoskeletal	1	11.1%	3	8.3%	266	22.7%	0	0%	270	22.2%
Skin	1	11.1%	10	27.8%	211	18.0%	0	0%	222	18.2%
Psychological	1	11.1%	7	19.4%	197	16.8%	0	0%	205	16.8%
Digestive	2	22.2%	8	22.2%	247	21.1%	0	0%	257	21.1%
Social	1	11.1%	8	22.2%	86	7.3%	0	0%	95	7.8%
Respiratory	3	33.3%	8	22.2%	193	16.5%	0	0%	204	16.7%
Urological	0	0%	1	2.8%	49	4.2%	0	0%	50	4.1%
Neurological	0	0%	1	2.8%	120	10.2%	0	0%	121	9.9%
Ear	1	11.1%	2	5.6%	51	4.3%	0	0%	54	4.4%
Endocrine / Metabolic & Nutritional	0	0%	0	0%	76	6.5%	0	0%	76	6.2%
Eye	1	11.1%	3	8.3%	58	4.9%	0	0%	62	5.1%
Injury	1	11.1%	1	2.8%	99	8.4%	0	0%	101	8.3%
Cardiovascular	0	0%	1	2.8%	68	5.8%	0	0%	69	5.7%
Genital	0	0%	0	0%	33	2.8%	0	0%	33	2.7%
Blood / Blood forming organs	0	0%	0	0%	9	0.8%	0	0%	9	0.7%
Pregnancy / Childbearing / Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%

The most common presentations in the 0 to 4 age group are general unspecified and respiratory although the numbers of very small. The most common presentations in the 5 to 17 year age group are also general unspecified (14 transferees) with 10 transferees presenting with skin conditions. There were 8 transferees presenting with digestive conditions, social issues and respiratory disorders. Seven transferees presented with psychological disorders. Overall, the number of transferees in this age group is relatively small.

The majority of transferees are in the 18 to 64 year age group and presentations are reflected in the descriptions presented in the previous section (GP/psychiatrist presentation by health groupings).

4.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Manus and Nauru Q2 Apr - Jun 2016					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Arthritis	15	1.3%	0	0.0%	15
Asthma	7	0.6%	0	0.0%	7
Cardiovascular	16	1.4%	0	0.0%	16
Depression	50	4.3%	1	2.2%	51
Diabetes	12	1.0%	0	0.0%	12
Epilepsy	1	0.1%	0	0.0%	1
Obesity	4	0.3%	0	0.0%	4
Oral disease	22	1.9%	3	6.7%	25
Schizophrenia	1	0.1%	0	0%	1
Thyroid disease	1	0.1%	0	0%	1

Chronic Diseases by Age Grouping								
Manus and Nauru Q2 Apr - Jun 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%	15	1.3%	0	0%
Asthma	0	0	0	0%	7	0.6%	0	0%
Cardiovascular	0	0	0	0%	16	1.4%	0	0%
Depression	0	0	1	2.8%	50	4.3%	0	0%
Diabetes	0	0	0	0%	12	1.0%	0	0%
Epilepsy	0	0	0	0%	1	0.1%	0	0%
Obesity	0	0	0	0%	4	0.3%	0	0%
Oral disease	0	0	3	8.3%	22	1.9%	0	0%
Schizophrenia	0	0	0	0%	1	0.1%	0	0%
Thyroid disease	0	0	0	0%	1	0.1%	0	0%

Management of chronic diseases is an important part of primary care practice. The two tables above display transferees presenting with chronic diseases by individuals as adults or minors and by age groupings for the April to June 2016 quarter.

During the second quarter of 2016, there were no chronic diseases reported for transferees within the 0 to 4 age group. In the 5 to 17 year age group, there were only four transferees with chronic diseases, three with chronic oral disease and one with depression.

The most commonly reported chronic disease amongst adults (18 to 64 year age group) was depression. There are 50 cases representing 4.3% of the population. This was also the most common chronic disease presentation during the first quarter the 2016. Chronic oral disease was reported for 22 transferees (1.9%). Chronic dental oral conditions are consistently observed amongst the transferee population probably related to the neglect of oral hygiene over a number of years. Cardiovascular disease was reported in 16 cases (1.4%), arthritis and 15 cases (1.3%), diabetes in 12 cases (1.0%) and asthma in seven cases (0.6%). These proportions are comparable to previous quarters.

5. Medications

5.1. Medication usage in Transferees (Top 20)

Medication Trends Manus and Nauru Q2 Apr - Jun 2016						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Nonsteroidal anti-inflammatory agents	458	39%	7	16%	465	38%
Simple analgesics and antipyretics	437	37%	15	33%	452	37%
Antihistamines	367	31%	5	11%	372	31%
Vitamins (single agents)	247	21%	0	0%	247	20%
Penicillins	227	19%	7	16%	234	19%
Hyperacidity, reflux and ulcers	209	18%	3	7%	212	17%
Expectorants, antitussives, mucolytics, decongestants	192	16%	2	4%	194	16%
Antidepressants	182	16%	1	2%	183	15%
Multivitamins and minerals	170	15%	4	9%	174	14%
Combination simple analgesics	129	11%	0	0%	129	11%
Antispasmodics and motility agents	88	8%	0	0%	88	7%
Topical oropharyngeal medication	83	7%	2	4%	85	7%
Topical nasopharyngeal medication	77	7%	7	16%	84	7%
Antiemetics, antinauseants	74	6%	1	2%	75	6%
Antipsychotic agents	68	6%	1	2%	69	6%
Other antibiotics and anti-infectives	64	6%	6	13%	70	6%
Rubefacients, topical analgesics/NSAIDs	63	5%	2	4%	65	5%
Herbal nervous system preparations	57	5%	0	0%	57	5%
Topical corticosteroids	57	5%	7	16%	64	5%
Topical antifungals	51	4%	2	4%	53	4%

The table above outlines the number of prescriptions for medications by class grouping during the April to June 2016 reporting period.

Non-steroidal anti-inflammatory medications and simple analgesics and antipyretics were the most commonly prescribed medications with 458 and 437 prescriptions respectively in adults and seven and 15 prescriptions respectively in children. One should also include combination simple analgesics for which there were 129 prescriptions in adults. All these medications are used in the treatment of a wide range of conditions including febrile illnesses, minor aches and pains, injuries and chronic conditions such as arthritis. There are also a variety of topical preparations (Rubefacients, topical analgesics/NSAIDs) used for a variety of aches and pains.

Antihistamines were also commonly prescribed (367 prescriptions in adults, five prescriptions in children). These are used in the treatment of allergic rhinitis (including hayfever), pruritus of the skin (itchiness)) and as an aid to sleeping utilising sedative side effects.

Vitamins as single agents (247 prescriptions) or as combined preparations (170 prescriptions) were also commonly prescribed. Although these were occasionally prescribed to manage specific vitamin deficiencies, the majority were prescribed at the request of the patient without clear therapeutic indication.

Antibiotics including those of the penicillin class (227 prescriptions in adults, seven prescriptions in children) and other antibiotics and anti-infectives (64 prescriptions in adults and six prescriptions in children) are also commonly prescribed for a wide range of infections ranging from respiratory infections, ear infections, skin infections, urinary infections to a variety of much less common infections.

Consistent with the high rate of psychological distress and psychiatric disorders, psychotropic medications were commonly prescribed over the quarter including antidepressants (182 prescriptions in adults, one in children), antipsychotics (68 prescriptions in adults, one in children) and herbal nervous system preparations (57 prescriptions).

Gastrointestinal symptoms are frequently reported and consequently there are significant numbers of prescriptions relating to these complaints. These include hyper acidity, reflux and ulcer medications (209 prescriptions in adults, three in children), antispasmodics and motility agents (88 prescriptions) and antiemetics, anti-nauseants (74 prescriptions in adults, one in children).

Expectorants, antitussives, mucolytics and decongestants (192) are used for the symptomatic treatment of minor coughs and throat irritations.

Topical oropharyngeal medication is used in the symptomatic treatment of oral and throat irritation and discomfort; 83 were prescribed in adults, two children.

Topical nasopharyngeal medication is used in the treatment of allergic conditions involving the upper airways as well is some upper respiratory infections; 77 prescriptions in adults, seven in children.

Topical corticosteroids (57 prescriptions in adults, seven in children) and topical antifungals (51 prescriptions in adults, two in children) are used in a wide variety of dermatological skin conditions although the most common of these would be eczema (dermatitis) and tinea.

5.2. Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Manus and Nauru Q2 Apr - Jun 2016			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	579	1	276
S3	270	16	6
S4	1,543	136	153
S8	3	0	0
Unscheduled	1,178	22	78
Grand Total	**3,573**	**175**	**513**

The most commonly prescribed medications over the second quarter of 2016 were schedule 4 items as highlighted in the table. These are medications which require a doctor"s prescription and are supplied by a pharmacy. Some schedule 4 medications include medication to treat diabetes, hypertension, psychiatric conditions and also include antibiotics.

Unscheduled items also commonly used and these may include a number of items as well as a number of topical preparations.

Schedule 2 and schedule 3 medications include many commonly available items at the pharmacy such as simple analgesics, anti-inflammatories as well as topical oral and nasal medications.

Schedule 8, controlled drugs, we used rarely over the quarter with only three prescriptions written.

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 Q2 Apr - Jun 2016		
Medications	Jan - Mar 2016	Apr - Jun 2016
Non-steroidal anti-inflammatory agents	42.3%	38.2%
Simple analgesics and antipyretics	36.3%	37.1%
Antihistamines	21.7%	30.5%
Vitamins (single agents)	27.5%	20.3%
Penicillins	16.8%	19.2%
Hyperacidity, reflux and ulcers	21.6%	17.4%
Expectorants, antitussives, mucolytics, decongestants	12.9%	15.9%
Antidepressants	15.9%	15.0%
Multivitamins and minerals	23.1%	14.3%
Combination simple analgesics	9.9%	10.6%
Antispasmodics and motility agents	5.2%	7.2%
Topical oropharyngeal medication	8.8%	7.0%
Topical nasopharyngeal medication	5.1%	6.9%
Antiemetics, antinauseants	5.7%	6.2%
Antipsychotic agents	7.5%	5.7%
Other antibiotics and anti-infectives	7.7%	5.7%
Rubefacients, topical analgesics/NSAIDs	9.3%	5.3%
Herbal nervous system preparations	0.6%	4.7%
Topical corticosteroids	6.2%	5.3%
Topical antifungals	6.4%	4.4%

Medications are provided to transferees in accordance with medical requirements based upon prescriptions by doctors and supplemented by a range of nurse initiated medications. IHMS has a pharmacist on site at both Nauru and Manus Island.

Prescribing rates for specific classifications of medications during the April to June 2016 quarter are fairly consistent with those rates during the January to March 2016 quarter. However, there is a notable increase in the prescription of antihistamines and this probably reflects usage related to assist with sleeping (using the sedative side effects of antihistamines), as difficulty sleeping is a very common presentation amongst transferees.

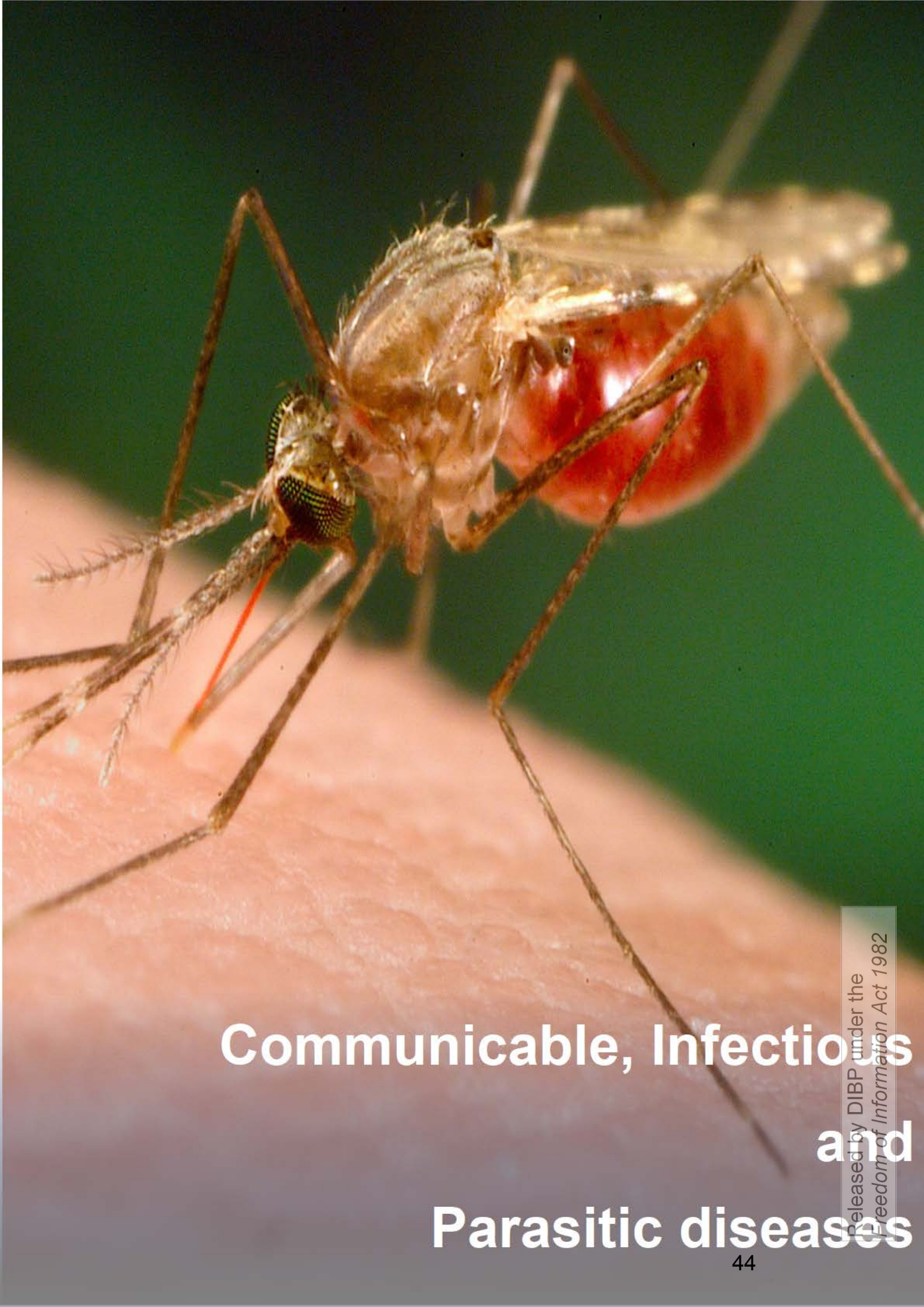
Conversely, there is a reduction in vitamin prescriptions (both single-agent and combined preparations) due to active attempts on the part of clinical staff to convince transferees not to use vitamins unless there is a clear therapeutic indication.

6. Vaccinations Administered by Age Group

Vaccinations Administered by Age Group					
Manus and Nauru Q2 Apr - Jun 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	1	0	1
MMRV	0	0	0	0	0
Hep A	0	0	1	0	1
Hep B	0	0	0	0	0
MenCCV	0	0	0	0	0
Typh IM	0	0	0	0	0
dT	0	0	3	0	3
HPV	0	0	145	0	145
DTPa (up to 10 years)	1	0	0	0	1
Rotavirus	0	0	0	0	0
IPV	0	0	2	0	2
PCV	0	1	0	0	1
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**	**1**	**152**	**0**	**154**

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 continued for those who are transferred to RPCs. Individuals transferred to Nauru are offered hepatitis A and typhoid in addition, and those transferring to Manus are offered hepatitis A, typhoid, Japanese encephalitis and antimalarials.

As the population within the RPCs has been relatively stable for a couple of years, most transferees are fully vaccinated and relatively few vaccinations are required to keep this population up-to-date. The exceptional recording within the table for RPCs for the second quarter 2016 relates to the number of HPV vaccinations administered as part of the ongoing positive action to vaccinate young adults against HPV.



Communicable, Infectious and Parasitic diseases

7. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 2 (Apr - Jun 2016)				Total New Diagnosis Jul 2015 - Jun 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%	0	0	0
Chlamydia	0	0	0	0%	0	1	1
Gonorrhoea	0	0	0	0%	0	1	1
Hepatitis A	0	0	0	0%	0	0	0
Hepatitis B (incl active and carrier states)	0	0	0	0%	0	0	0
Hepatitis C	0	0	0	0%	0	0	0
HIV	0	0	0	0%	0	0	0
Measles, Mumps, Rubella	0	0	0	0%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0%	0	0	0
Syphilis	0	0	0	0%	0	0	0
Tuberculosis - Active	0	0	0	0%	0	0	0
Typhoid	0	0	0	0%	0	0	0
Total	0	0	0	0%	0	2	2
Non Contagious (via mosquitoes or parasites)							
Dengue	1	0	1	0.08%	1	0	1
Malaria	0	0	0	0%	10	0	10
Schistosomiasis	1	0	1	0.08%	4	0	4
Strongyloidiasis	0	0	0	0%	0	0	0
Total	2	0	2	0.16%	15	0	15
Grand Total	2	0	2	0.16%	15	2	17

During the second quarter of 2016, there were very few occasions of reportable infectious diseases within the RPCs. There was a single case of Dengue fever and a single case of Schistosomiasis recorded on Manus Island.

IHMS conducts regular education sessions regarding communicable diseases at the RPCs on both Manus Island and Nauru. In addition, IHMS conducts an active vector control program (mosquito control) around the RPC on Manus Island.

There is increasing risk of a variety of transmissible diseases (including sexually transmitted diseases) in view of the open centre arrangements on Nauru and the recent initiation of open centre arrangements on Manus Island. In addition, transferees who will be travelling outside the RPC on Manus Island will have a greater exposure to mosquito borne diseases.

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 30 Jun 2016				
Disability Grouping	**Manus**	**Nauru**	**Adult**	**Minor**
Amputation	3	0	3	0
Cognitive	0	0	0	0
Developmental	5	1	5	1
Functional impairment	26	5	31	0
Hearing impairment	15	4	19	0
Visual Impairment	35	6	41	0
Other (Epilepsy, Lupus)	42	11	53	0
Total[1]	**126**	**27**	**152**	**1**
Unique Transferees with a disability	**97**	**24**	**120**	**1**

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

The preceding table lists a number of categories of disability which 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.

There are 53 cases placed in the other category which correlates a number of complex medical conditions such as epilepsy. The next most commonly listed category is visual impairment (41 cases) and there are 19 cases of hearing impairment. There are 31 cases recorded as having functional impairment.
Overall, minor changes from the previous quarter are evident.

8.2 Total Disabilities as Percentage of RPC Population

Total Disabilities as Percentage of RPC Population		
Manus and Nauru Q3 2015 – Q2 2016		
As at end of quarter	**Number of unique Transferees**	**Approximate percentage of RPC population**
30 Jun 2016 - Q2	121	9.9%
31 Mar 2016 - Q1	124	9.7%
31 Dec 2015 - Q4	121	7.8%
30 Sep 2015 - Q3	118	7.3%

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

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

Mental Health

9. Mental Health

Table 9.1 below shows the number of unique presentations to General Practitioners (GP) and Psychiatrists in RPCs 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*

9.1. Mental Health related Presentations

Table 9.1 below shows the number of unique presentations to General Practitioners (GP) and Psychiatrists in RPCs 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 Q2 Apr - Jun 2016			
Age band (years)	**Number of Unique Presentations**	**Number related to mental health**	**Percentage related to mental health**
0-4 years	24	1	4.2%
5-17 years	121	17	14.0%
18-64 years	3,855	458	11.9%
65+ years	0	0	0%
Total	**4,000**	**476**	**11.9%**
		Minors %	**12.4%**
		Adults %	**11.9%**

Table 9.1 shows that there was a mental health related reason for presentation for 11.9% of GP and Psychiatrist appointments, which is a slight increase from the last quarter (1.8%). This is noticeably different to the patterns of mental health related presentations to GPs and Psychiatrists in onshore detention centres, where in this quarter 21.9% 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.

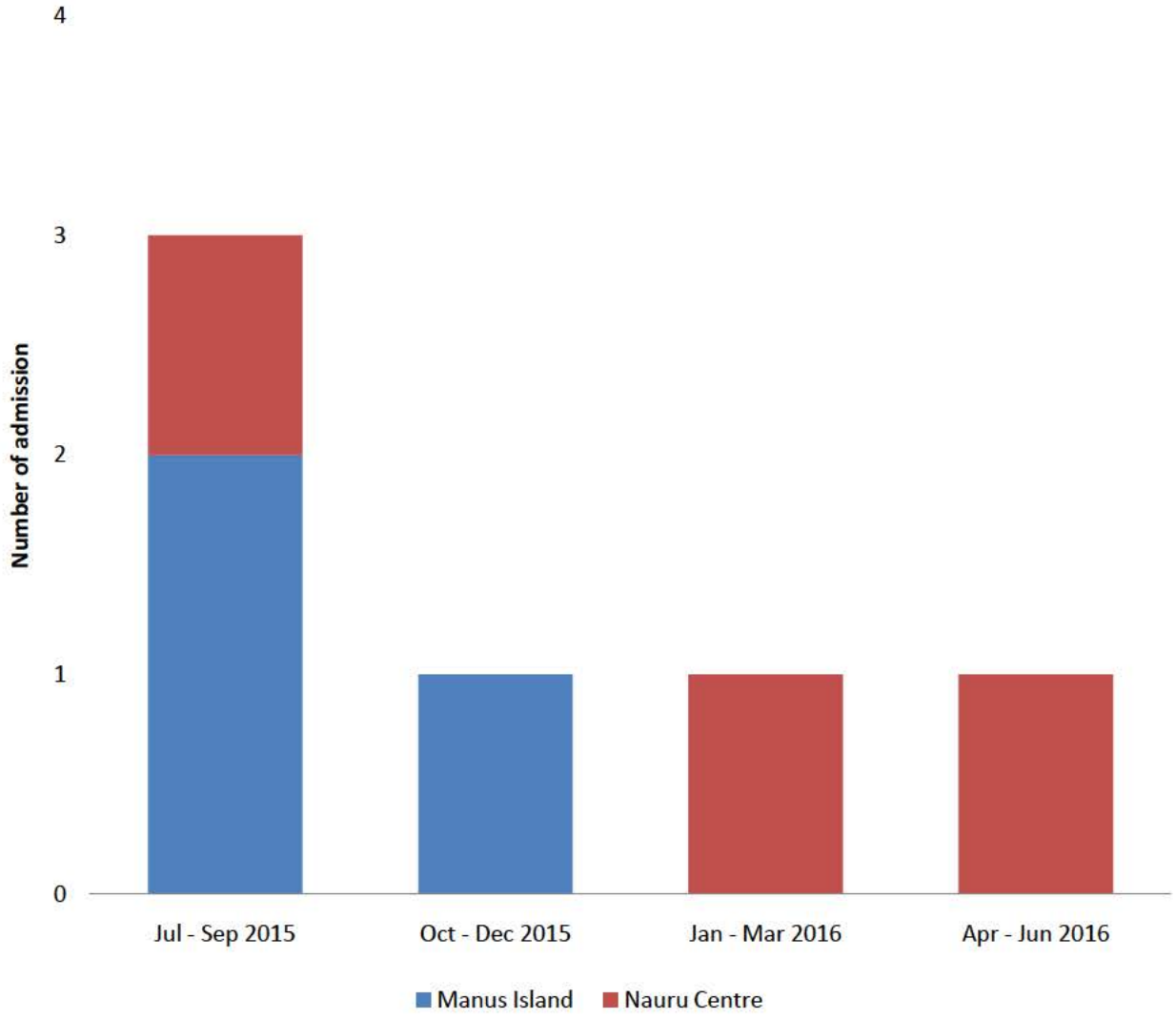
Table 9.2 Admissions to Psychiatric Hospitals

Transfers for Direct Admission to Psychiatric Hospital				
Manus and Nauru Q3 2015 – Q2 2016				
RPC Location	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016	Apr - Jun 2016
Manus Island	2	0	0	0
Nauru Centre	1	1	1	2
Total	**3**	**1**	**1**	**2**

Transfers for Direct admission to Psychiatric Hospital			
Manus and Nauru Q2 Apr - Jun 2016			
RPC Location	Total	Adult	Minor
Manus Island	0	0	0
Nauru Centre	1	1	0
Total	**1**	**1**	**0**

Overall, transfers from RPCs for direct Psychiatric admission in Q2 2016 remain low. Patients requiring compulsory inpatient treatment under Mental Health legislation continue to require transfer to Australia.

Trend Psychiatric Hospital Admissions by RPC



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 RPCs, 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 30.0%. This is a higher rate of reported distress relative to those who consented to screening and reported severe distress in onshore detention, which was 15.8% in this quarter.

There continues to be a noticeable difference between the two populations for those scoring low to mild distress (52.2% in Manus and 46. 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 Q2 2016

Collated K10 scores Manus and Nauru Regional Processing Centres Q2 Apr - Jun 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	1	12.00	1	100%	0	0%	0	0%	0	0%
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	256	25.84	67	26.2%	62	24.2%	50	19.5%	77	30.1%
Total	**257**	**21.93**	**68**	**26.5%**	**62**	**24.1%**	**50**	**19.5%**	**77**	**30.0%**

Collated results in Table 9.5.1 show a continuing reduction in the total number of mental health screenings, with 257 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.

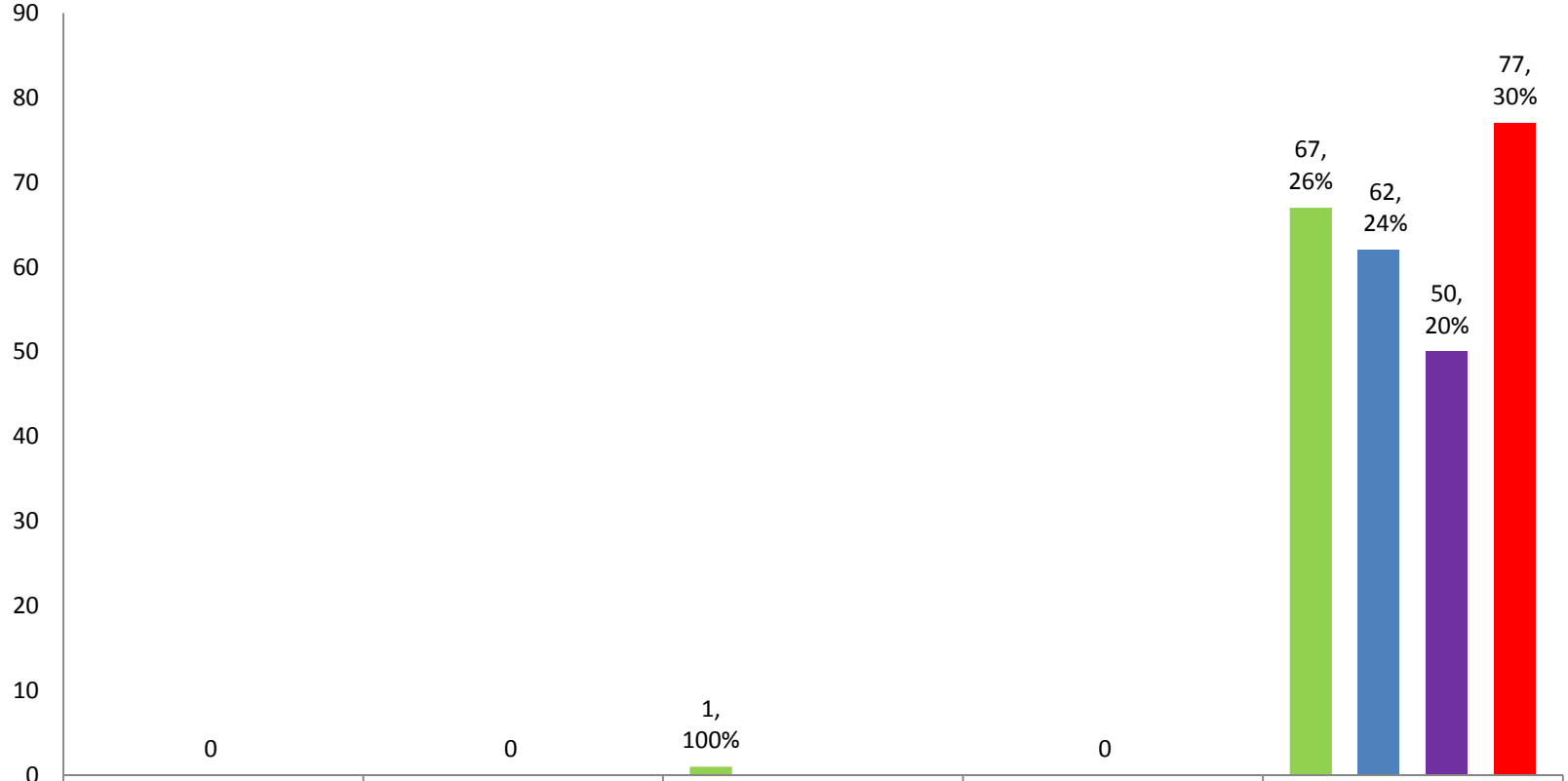
As most people have now been in detention for 18 months or more, the frequency of screening being offered to Transferees has increased from 6 monthly to 3 monthly, however many Transferees decline participation in repeated screening, which remains voluntary. These relatively low screening participation 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, 49.5% scored moderate to severe distress on the K-10. This is slightly higher 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 disadvantaged 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 30.1% of those screened in detention offshore for over 19 months reporting severe psychological distress in this quarter compared with 26.5% in the last quarter, 22.1% in the quarter before and 16.5% in the quarter before that.

[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	1	0	67
Mild (20-24)	0	0	0	0	62
Moderate (25-29)	0	0	0	0	50
Severe (30-50)	0	0	0	0	77

9.6. Manus Island results

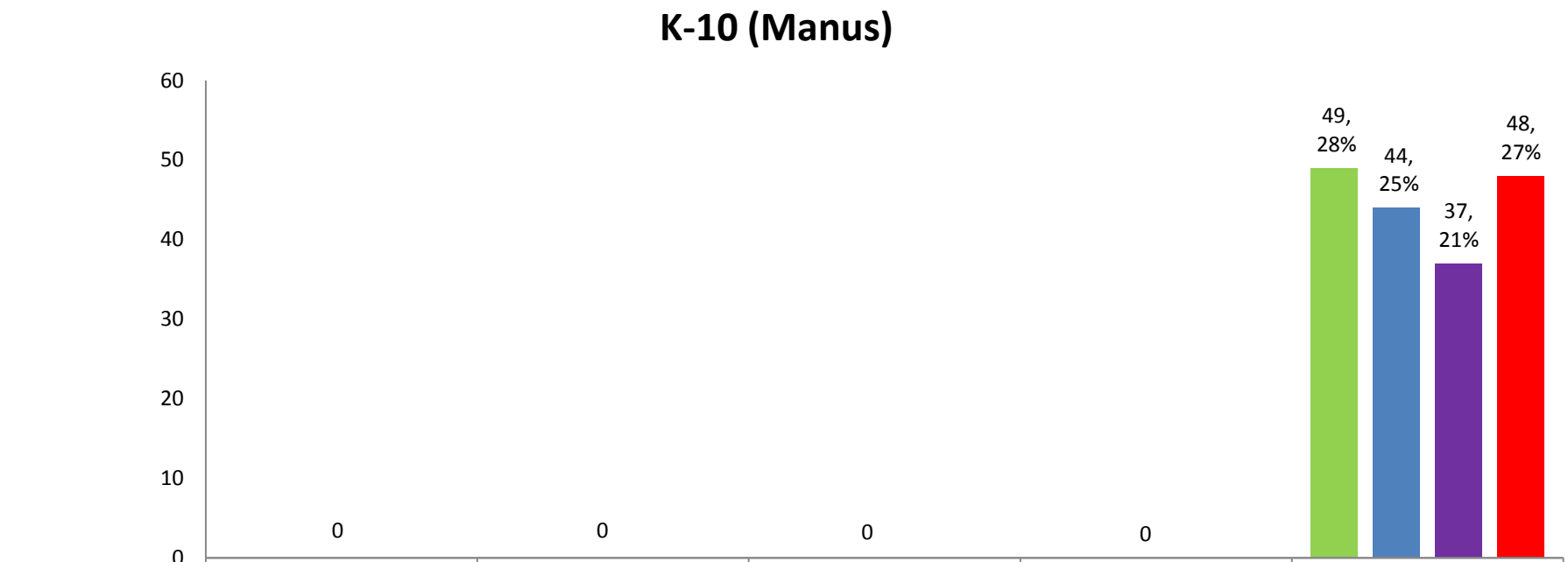
Mental Health screening is offered to all those residing in the Manus Island RPC, which includes both Transferees and those who have been granted Refugee status and remain accommodated at the RPC. Results from the total RPC population are presented in Table 9.6.1a below.

In this Quarter 52.2% of those screened in Manus scored low to mild psychological distress, while 47.8% 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 Q2 Apr - Jun 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	178	24.87	49	27.5%	44	24.7%	37	20.8%	48	27.0%
Total	**178**	**21.93**	**49**	**27.5%**	**44**	**24.7%**	**37**	**20.8%**	**48**	**27.0%**

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	49
Mild (20-24)	0	0	0	0	44
Moderate (25-29)	0	0	0	0	37
Severe (30-50)	0	0	0	0	48

9.7. Nauru Island results

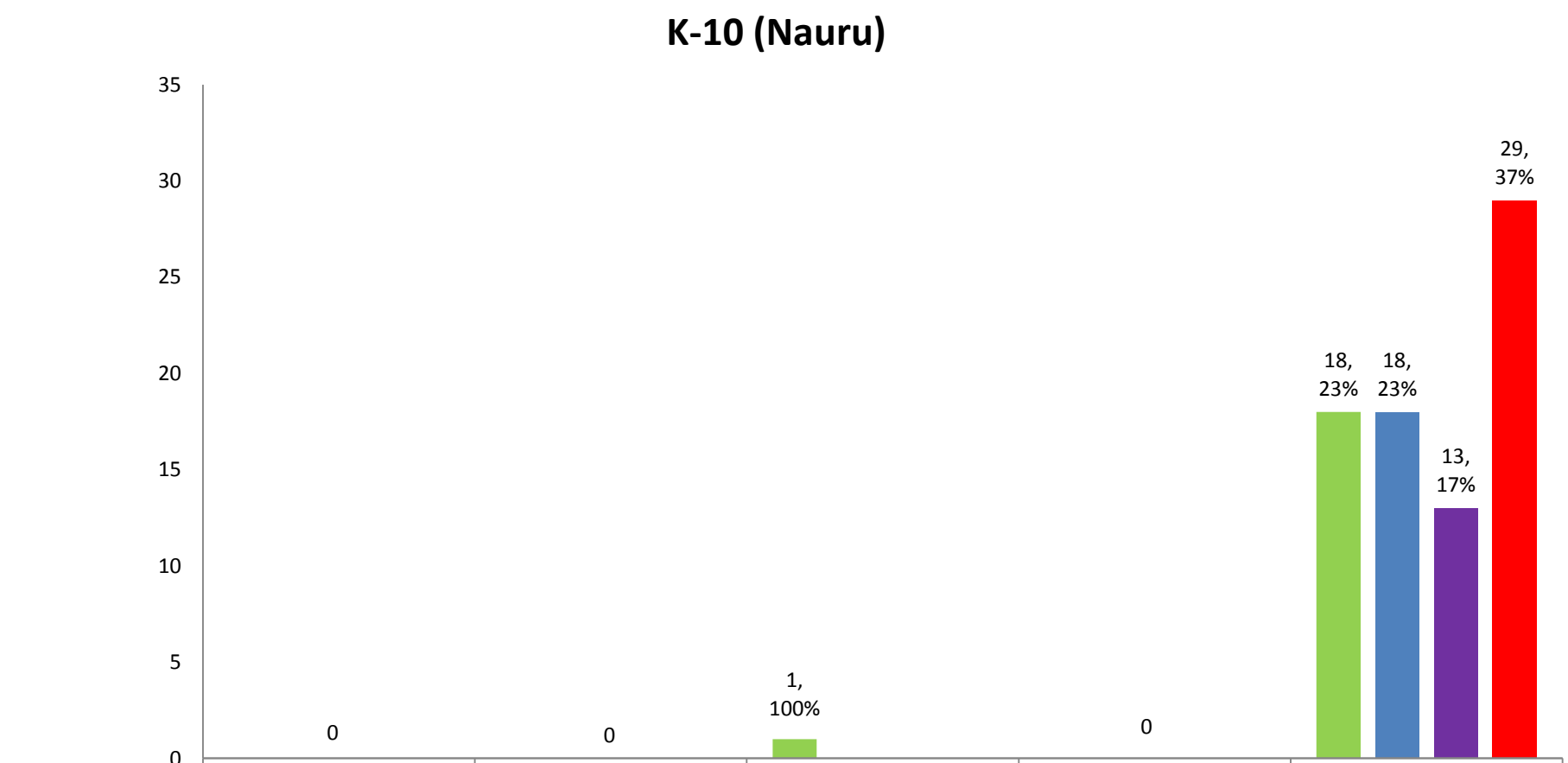
Mental Health screening is offered to all those residing at the Nauru RPC, which includes Transferees and a small number of Refugees living in an open centre. Results from the RPC population are presented in Table 9.7.1a below.

In this quarter 79 people participated in Mental Health screening, nearly all of whom had been in detention for over 19 months. 46.2% of those screened in the Nauru RPC scored low to mild psychological distress, while 53.9% scored moderate to severe distress.

9.7.1aNauru K-10 data

K-10 Nauru Q2 Apr - Jun 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	1	N/A	1	100%	0	0%	0	0%	0	0%
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	78	N/A	18	23.1%	18	23.1%	13	16.7%	29	37.2%
Total	**79**	**21.93**	**19**	**24.1%**	**18**	**22.8%**	**13**	**16.5%**	**29**	**36.7%**

9.7.1bNauru K-10 graph



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

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. Two parents completed the parent version of the SDQ in this quarter.

A Total Difficulties score was calculated based on the scoring of the subscales of SDQ.

As illustrated in Table 9.8a, one parent 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.

9.8a SDQ results – Q4

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

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 DIBP 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 Q2 Apr - Jun 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	5	0	0	5	0
Nauru Centre	0	0	0	0	0
Total	**5**	**0**	**0**	**5**	**0**
% total IDF population during Q2	**0.4%**	**0%**	**0%**	**0.4%**	**0%**

Table 9.10 shows the number of people making a new disclosure of T&T during the quarter, which is 5 or 0.4% 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 31 individuals placed on some level of SME, which was 2.5% of the RPC population. On 25 occasions High Imminent SME was initiated.

Table 9.11a Supportive Monitoring and Engagement

Individuals on SME			
Manus and Nauru Q2 Apr - Jun 2016			
	Ongoing	Moderate	High Imminent
Manus Island	10	11	12
Nauru Centre	6	8	13
Total	**16**	**19**	**25**
Total number of unique individuals on SME	**31**	**% of RPC population on SME**	**2.5%**

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Department of Immigration and Border Protection

Immigration Detention Health Report

April – June 2016

Quarter 2

Immigration Detention Health Report

Quarter 2
April – June 2016

Report written by:

International Health and Medical Services (IHMS)

Please send questions to:

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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 April – 31 June 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 2.0% (63 Detainees). There continued to be a high flow of people coming in and out of the detention centres coming mainly from a corrections or compliance background and again there were no new irregular maritime arrivals this quarter

The increased number of Detainees entering immigration detention from correctional centres continues to bring a number of challenges, namely an increased burden of hepatitis C, more drug-seeking behaviour, high numbers of patients on opiate substitution therapy and chronic mental health conditions. There continues to be a more complex group of patients with more health conditions to manage in a primary care setting in this changing cohort.

With the impending closure of Wickham Point Immigration facility which has historically been the largest detention facility in the network a large number of Detainees have been transferred from Darwin to other metropolitan sites this quarter.

Definitions

Term	Definition
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
COPD	Chronic Obstructive Pulmonary Disease
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	Unaccompanied 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.

1. North West Point, Christmas Island
2. Wickham Point, WA
3. Yongah Hill, WA
4. Perth Immigration Detention Centre, WA
5. Adelaide Immigration Transit Area, SA
6. Melbourne Immigration Detention Centre, VIC
7. Melbourne Immigration Transit Area, VIC
8. Villawood Immigration Detention Centre, NSW
9. Brisbane Immigration Transit Area, QLD

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 comprising of mental health nurses, counsellors, psychologists and visiting consultant psychiatrists.

The onsite facilities are supported by a centralised team comprising of a team of registered nurses and medical officers in Sydney which provides an after-hours health advice service. This provides medical support to all the immigration centres 24 hours a day, 7 days a week. IHMS also has a team of operational and clinical directors in head office to provide oversight to the network thus ensuring a safe, effective and efficient health service with a system of continuous quality improvement.

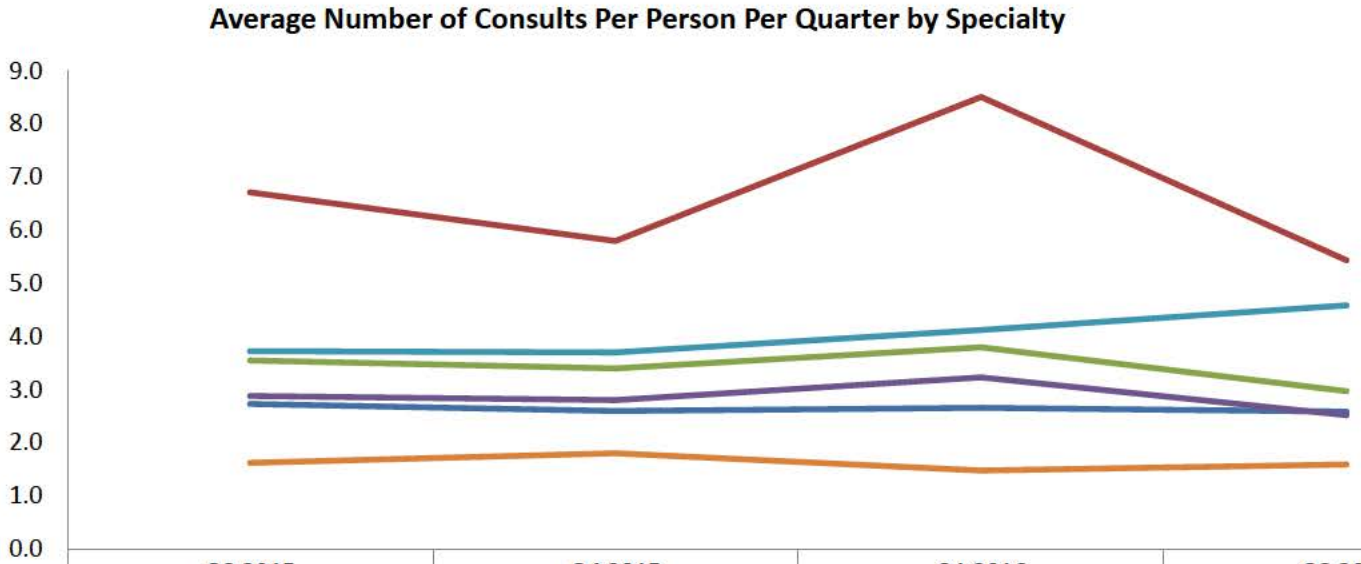
In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, assisting people with chronic conditions to manage their own health (AIHW 2008). This area has also been a key focus for IHMS in the detention setting.

4.2. Consultations

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q2 Apr - Jun 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Person in Q2	% of total IDF population during Q2 2016
GP	4,333	1,675	2.6	55.3%
Primary Health Nurse	14,392	2,648	5.4	87.4%
Mental Health Nurse	3,832	1,291	3.0	42.6%
Psychologist	979	389	2.5	12.8%
Counsellor	1,265	276	4.6	9.1%
Psychiatrist	423	266	1.6	8.8%
Total	**25,224**	**6,545**	**3.9**	

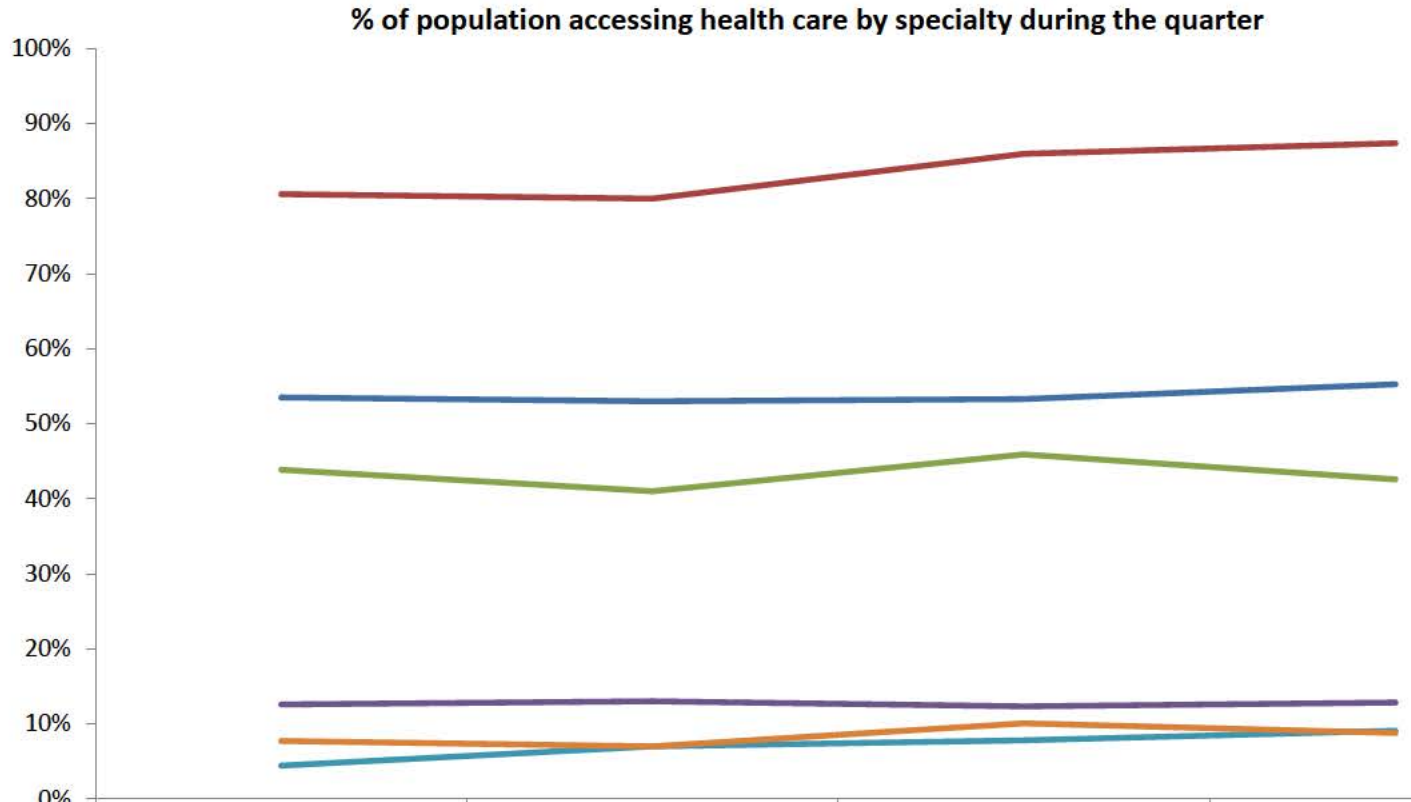
Total number of consults: *If a Detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a Detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Trend of Average Number of Consults per Person



	Q3 2015	Q4 2015	Q1 2016	Q2 2016
GP	2.7	2.6	2.7	2.6
Primary Health Nurse	6.7	5.8	8.5	5.4
Mental Health Nurse	3.5	3.4	3.8	3.0
Psychologist	2.9	2.8	3.2	2.5
Counsellor	3.7	3.7	4.1	4.6
Psychiatrist	1.6	1.8	1.5	1.6

Consultation trend by Primary Health Care



	Q3 2015	Q4 2015	Q1 2016	Q2 2016
GP	54%	53%	53%	55%
Primary Health Nurse	81%	80%	86%	87%
Mental Health Nurse	44%	41%	46%	43%
Psychologist	13%	13%	12%	13%
Counsellor	4%	7%	8%	9%
Psychiatrist	8%	7%	10%	9%

This table looks at the number of primary care consultations that IHMS conducted in the onshore detention clinics this quarter. The data is broken down into the different types of primary care consultations that IHMS conducts which include consultations by GP"s, primary health nurses, mental health nurses, counsellors, psychologists and psychiatrists. Mental health consultations include those conducted by mental health nurses, psychologists and psychiatrists, including consultations for mandatory mental health screening. The percentage of consultations according to speciality has remained wholly consistent with last quarter's split.

The population figure for onshore in Q2 is 3030 – this is used as the denominator for some of the tables presented in this report.

There were 25,224 primary health care consultations on mainland and Christmas Island sites recorded in this quarter compared to 35,093 in Q1 2016. This is a significant drop.

Similar to last quarter, there were a total number of 6,545 Detainees that attended a consultation this quarter („no. of unique persons seen"), however the average number of consults per person has dropped from 5.3 last quarter to 3.9 consults per person this quarter. Although this number remains high, the decrease can be attributed to the cohort of Detainees from the corrections background who are generally less engaged with the health services and to the high turnaround of Detainees.

The continued 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
- Administration of medications
- Pathology collection
- Documentation in the health record as per IHMS Practice Guidelines

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, as specified in the IHMS policy and procedure manual.

Individual consultations by Age Group

Onsite Integrated Primary Health Care by Age Group										
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 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	2	15.4%	0	0.0%	1,643	55.5%	30	75%	1,675	55.3%
Primary Health Nurse	6	46.2%	8	42.1%	2,601	87.9%	33	83%	2,648	87.4%
Mental Health Nurse	0	0.0%	2	10.5%	1,268	42.9%	21	53%	1,291	42.6%
Psychologist	1	7.7%	1	5.3%	380	12.8%	7	18%	389	12.8%
Counsellor	0	0.0%	0	0.0%	275	9.3%	1	3%	276	9.1%
Psychiatrist	0	0.0%	1	5.3%	263	8.9%	2	5%	266	8.8%

The table above displays a further breakdown of the number of consultations for each type of primary health care consultation by age group.

4.3. Pathology Referrals

Mainland and Christmas Island Q2 Apr - Jun 2016				
Pathology Type	**Induction Pathology**	**Other Pathology**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	853	853	694
Hep C	532	221	753	193
Hep B	530	84	614	76
HIV	495	68	563	60
VDRL (Syphilis)	527	0	527	0
Full Blood Count (FBC)	0	435	435	346
INR	0	126	126	107
Mid Stream Urine Micro & Culture	0	169	169	122
Fasting Triglycerides	0	143	143	127
Alpha Fetoprotein	0	114	114	106
Total number of unique persons that had a Pathology Referral			**589**	**0.19**

The above table displays the pathology referrals in the detention network this quarter. There were 589 Detainees who had a pathology referral this quarter compared to 940 in Q1 2016. This decrease can be largely attributed to the overall decrease in population.

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, Alpha fetoprotein (AFP) and repeat hepatitis tests. AFP has appeared in the top 10 list again this quarter (a new entry last quarter), which confirms an increase need to monitor progression of chronic liver disease and supports the observation that more patients are presenting with hepatitis due to the differing cohorts now seen in Australian immigration detention. 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) Q2 Apr - Jun 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	560	328	888	411	13.6%
Physiotherapy	505	251	756	159	5.2%
Audiology	0	10	10	7	0.2%
Optometry	99	110	209	149	4.9%
Podiatry	0	95	95	44	1.5%
Diabetes Educator	0	3	3	3	0.1%
Nutritionist	0	3	3	2	0.1%
Total	**1,164**	**800**	**1,964**		**20.9%**
Total number of unique persons to have an Allied Health Appointment		**632**			

**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 888 and 756 consultations respectively this quarter.

Detainees are provided with dental care in line with the DIBP dental policy. This includes routine checks, fillings, extractions, root canal therapy and dentures where clinically indicated. A referral to the Dentist can be provided by a GP or a Primary Health Nurse. Dental consultations are provided by IHMS network providers 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. Sites such as Villawood have a regular visiting Physiotherapist who provides this service. The provision of physiotherapy on Christmas Island is provided by an outreach service from a visiting physiotherapist from Perth.

4.5. Radiology Referrals

Radiology referrals Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology referral	
X-Ray	477	47.6%	221	52.4%	1. Chest 2. OPG 3. Knee (R) 4. Spine - Lumbo-sacral 5. Knee (L)
Ultrasound	359	35.8%	188	44.6%	1. Abdomen 2. Other 3. Upper abdomen 4. Shoulder 5. Echocardiogram
CT Scan	99	9.9%	52	12.3%	1. Brain 2. Chest 3. Abdomen 4. Spine- Lumbar 5. Renal
MRI	56	5.6%	34	8.1%	1. Knee 2. Lumbar Spine 3. Brain 4. Cervical Spine 5. Periphery
Nuclear medicine	5	0.5%	4	1%	1. Bone scan
Mammography	4	0.4%	2	0.5%	1. Bilateral +/- Ultrasound 2. Plain bilateral
Angiography	1	0.1%	1	0.2%	n/a
Bone densitometry	1	0.1%	1	0.2%	n/a
Total	1,002				
Total number of unique persons to have a Radiology test	422	As % of total IDF population during quarter	14.0%		

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

There were 422 persons who were referred for diagnostic imaging during this quarter which is a slight increase when compared to the 393 persons imaged in Q1 2016. 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) Q2 Apr - Jun 2016			
Specialist Referrals	No. Referrals	No. unique persons (based on all designations)	Percentage of unique persons referred to a specialist
Gastroenterology	53	47	1.6%
Orthopaedics	38	33	1.1%
Otorhinolaryngology	26	20	0.7%
Cardiology	19	18	0.6%
Ophthalmology	18	16	0.5%
General surgery	17	15	0.5%
Emergency department	16	15	0.5%
Respiratory and sleep medicine	13	11	0.4%
Endocrinology	11	9	0.3%
Neurology	11	10	0.3%
Public health	11	10	0.3%
Dermatology	10	9	0.3%
Urology	10	9	0.3%
Emergency medicine	9	8	0.3%
Infectious diseases	9	8	0.3%
Gynaecology and obstetrics	6	6	0.2%
Neurosurgery	6	6	0.2%
Vascular surgery	6	5	0.2%
Haematology	5	4	0.1%
Pain medicine	5	4	0.1%
TOTAL	299		
Total number of unique persons to have a Specialist referral	240	% of total IDF population during Q2	7.9%

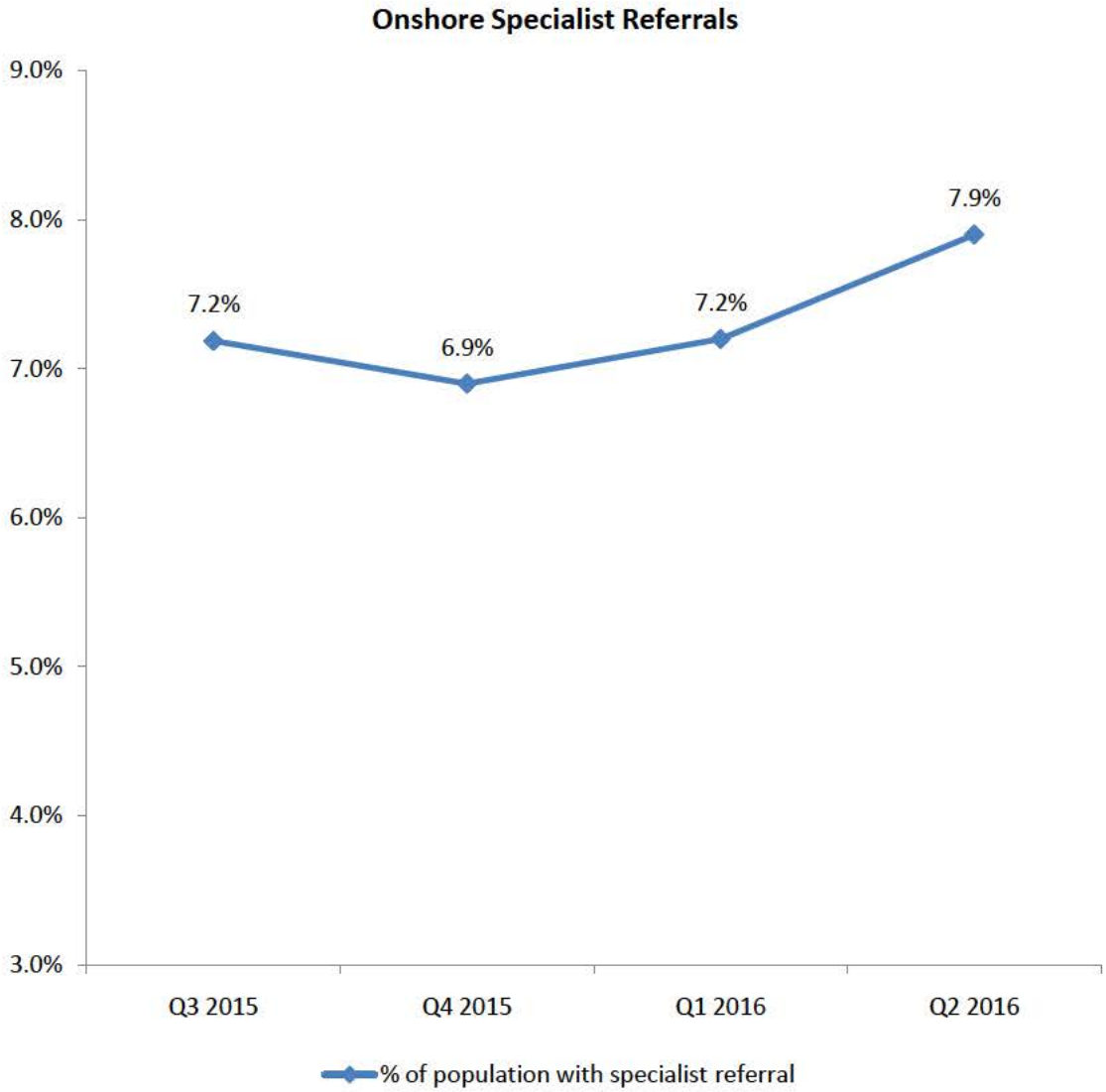
**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Otorhinolaryngology (ENT) has overtaken general surgery as the third most common referral type this quarter. Otherwise there has been no major change to the specialist referral patterns this quarter, although a slightly higher proportion of Detainees received a referral compared to last quarter (7.9% vs 7.2%). There were a total of 240 Detainees who were referred to a specialist this quarter compared to 223 in Q1 2016. Gastroenterology, orthopaedics and otorhinolaryngology are the most referred specialties.

A large number of Detainees have been transferred from Darwin to other metropolitan sites this quarter, requiring new referrals to be made, which accounts for this rise.

A proportion of Detainees continue to receive access to Gastroenterology specialist services this quarter for the purposes of managing their Hepatitis C.

Specialist telehealth consults provided to Christmas Island Detainees are not reflected in this table. Specialty telehealth consults to Christmas Island Detainees include cardiology, gastroenterology, urology, orthopaedics and pain medicine.



Specialist referrals have remained steady however there has been a small increase associated with repeating referrals previously in place for patients transferred from Wickham Point. In cases where Wickham Point patients have already been waiting long periods, referrals have been made to the private system in the receiving location, to keep in line with community standards

4.7. Hospital Admissions

Hospital Admissions		
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016		
IDF Location	Total number of hospital admissions per region	Total number of individuals hospitalised per region
Christmas Island	9	9
NSW	71	50
NT	27	21
QLD	19	18
SA	0	0
VIC	31	24
WA	34	24
Total	191	
Total number of unique persons that were hospitalised	157	5.2%

**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 obtained from the 'Incident Report' tab in Apollo.

There were a total of 191 hospital admissions this quarter which is the same as last quarter (194 admissions).

The continued large numbers of admissions in NSW in particular reflects partly the higher throughput of Detainees through the 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.

With the impending closure of Wickham Point in Darwin, the complex cohort in this centre has mainly been transferred to Yongah Hill, MITA and Villawood. It would be expected that the number of hospital admissions in these locations will increase in the next quarter.

4.8. GP and Psychiatrist Presentations by Health Groupings

GP/Psychiatrist Presentations			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016			
Health Groupings	**Number of Unique Presentations**	**Number of Unique Persons**	**Percentage of total IDF population with a presentation**
General Unspecified	1,091	693	22.9%
Psychological	1,292	643	21.2%
Musculoskeletal	751	419	13.8%
Digestive	598	390	12.9%
Skin	478	306	10.1%
Endocrine / Metabolic & Nutritional	271	191	6.3%
Respiratory	270	164	5.4%
Social	176	158	5.2%
Neurological	198	155	5.1%
Cardiovascular	210	154	5.1%
Injury	135	102	3.4%
Eye	115	82	2.7%
Urological	83	55	1.8%
Genital	81	62	2.0%
Ear	97	60	2.0%
Pregnancy / Childbearing / Family Planning	4	3	0.1%
Blood / Blood forming organs	41	36	1.2%
Total number of unique presentations	**5,891**		

**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) Q2 Apr - Jun 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	2	15.4%	0	0%	671	22.7%	20	50.0%	693	22.9%
Psychological	0	0%	1	5.3%	630	21.3%	12	30.0%	643	21.2%
Digestive	0	0%	0	0%	381	12.9%	9	22.5%	390	12.9%
Musculoskeletal	0	0%	0	0%	412	13.9%	7	17.5%	419	13.8%
Skin	0	0%	0	0%	298	10.1%	8	20.0%	306	10.1%
Endocrine / Metabolic & Nutritional	0	0%	0	0%	185	6.3%	6	15.0%	191	6.3%
Respiratory	2	15.4%	0	0%	158	5.3%	4	10.0%	164	5.4%
Social	0	0%	0	0%	156	5.3%	2	5.0%	158	5.2%
Neurological	0	0%	0	0%	147	5.0%	8	20.0%	155	5.1%
Cardiovascular	0	0%	0	0%	148	5.0%	6	15.0%	154	5.1%
Injury	0	0%	0	0%	101	3.4%	1	2.5%	102	3.4%
Eye	0	0%	0	0%	81	2.7%	1	2.5%	82	2.7%
Urological	0	0%	0	0%	53	1.8%	2	5.0%	55	1.8%
Genital	0	0%	0	0%	61	2.1%	1	2.5%	62	2.0%
Ear	0	0%	0	0%	60	2.0%	0	0%	60	2.0%
Pregnancy / Childbearing / Family Planning	0	0%	0	0%	3	0.1%	0	0%	3	0.1%
Blood / Blood forming organs	0	0%	0	0%	35	1.2%	1	2.5%	36	1.2%

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 classified by age group.

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 before interpreting the data and drawing conclusions. 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 SNOMED classification system which includes more than 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, Digestive and Musculoskeletal health groupings are the most common presentations in Q2 2016.

The total number of presentations in this table has also slightly decreased by 26% when compared to the previous quarter as expected due to the decrease in overall population.

4.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Cardiovascular	81	3%	0	0	81
Depression	71	2%	0	0	71
Diabetes	55	2%	0	0	55
Obesity	40	1%	0	0	40
Schizophrenia	40	1%	0	0	40
Asthma	26	1%	0	0	26
Arthritis	23	1%	0	0	23
Oral disease	14	0%	0	0	14
Chronic Liver Disease	8	0%	0	0	8
Thyroid disease	6	0%	0	0	6
COPD	5	0%	0	0	5
Cancer	2	0%	0	0	2
Glaucoma	2	0%	0	0	2
Osteoporosis	2	0%	0	0	2
Dementia	1	0%	0	0	1
Inflammatory bowel disease	1	0%	0	0	1

The above categories of chronic diseases were obtained from a list reported by the Australian Institute of Health and Welfare (AIHW), and has been expanded this quarter to capture additional diseases of interest, including schizophrenia, obesity and COPD. As per the table above, depression, cardiovascular and diabetes are again the three most common diseases in the detention population this quarter, which is a similar result to Q1 2016. 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. There has also been a relatively high number of schizophrenia cases recorded in this table which is reflective of the large cohort of new arrivals from a corrections background where it is recognized that there is a higher prevalence of schizophrenia than in the general population.

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.

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

Medications and immunisations

5. Medications

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 Q2 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 remains the same for this quarter. There is a steady increase of prescribed drugs used in drug dependence. This is becoming increasingly 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:

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

5.1. Medication usage in IDFs (Top 20)

Medication Trends						
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	967	32.3%	2	6.3%	969	32.0%
Nonsteroidal anti-inflammatory agents	761	25.4%	1	3.1%	762	25.1%
Combination simple analgesics	465	15.5%	0	0%	465	15%
Antidepressants	335	11.2%	0	0%	335	11%
Antihistamines	284	9.5%	0	0%	284	9%
Antipsychotic agents	225	7.5%	0	0%	225	7%
Hyperacidity, reflux and ulcers	222	7.4%	0	0%	222	7%
Penicillins	174	5.8%	0	0%	174	6%
Expectorants, antitussives, mucolytics, decongestants	155	5.2%	0	0%	155	5%
Agents used in drug dependence	136	4.5%	0	0%	136	4%
Narcotic analgesics	134	4.5%	0	0%	134	4%
Antihypertensive agents	130	4.3%	0	0%	130	4%
Laxatives	120	4.0%	0	0%	120	4%
Hypolipidaemic agents	100	3.3%	0	0%	100	3%
Anticonvulsants	92	3.1%	0	0%	92	3%
Rubefacients, topical analgesics/NSAIDs	88	2.9%	0	0%	88	3%
Other antibiotics and anti-infectives	72	2.4%	0	0%	72	2%
Multivitamins and minerals	71	2.4%	0	0%	71	2%
Antianxiety agents	69	2.3%	0	0%	69	2%
Sedatives, hypnotics	67	2.2%	0	0%	67	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.*

5.2. Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	240	0	1,074
S3	264	8	22
S4	2,059	126	1,029
S8	62	0	3
Unscheduled	655	1	396
Grand Total	**3,280**	**135**	**2,524**

The breakdown by schedule of drug remains relatively static when compared with previous quarters, although there was a slight increase in the number of nurse-initiated medications this quarter, associated with the large numbers of transfers from Darwin to metropolitan sites. There was a slight decrease in GP initiated unscheduled, S2 and S3 drugs. There has also been a deliberate effort to minimise the use of S8 medications in the network with audits being conducted of S8 prescriptions and feedback being given to prescribers.

5.3. Scheduling basics

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*

5.4. Medication Trends

Medication Trends		
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016		
Medications	**Jan - Mar 2016**	**Apr - Jun 2016**
Simple analgesics and antipyretics	27.3%	32.0%
Nonsteroidal anti-inflammatory agents	22.6%	25.1%
Combination simple analgesics	13.3%	15.3%
Antidepressants	13.9%	11.1%
Antihistamines	8.0%	9.4%
Antipsychotic agents	8.5%	7.4%
Hyperacidity, reflux and ulcers	8.8%	7.3%
Penicillins	4.7%	5.7%
Expectorants, antitussives, mucolytics, decongestants	1.7%	5.1%
Agents used in drug dependence	4.2%	4.5%
Narcotic analgesics	4.4%	4.4%
Antihypertensive agents	3.4%	4.3%
Laxatives	4.6%	4.0%
Hypolipidaemic agents	2.8%	3.3%
Anticonvulsants	2.1%	3.0%
Rubefacients, topical analgesics/NSAIDs	3.3%	2.9%
Other antibiotics and anti-infectives	1.7%	2.4%
Multivitamins and minerals	3.1%	2.3%
Antianxiety agents	2.0%	2.3%
Sedatives, hypnotics	1.9%	2.2%

There was an increase in the number of expectorants and decongestants prescribed this quarter coinciding with the winter months. The remainder of the breakdown does not show any significant change of note. As Detainees do not have access to a pharmacy, IHMS also dispenses many over-the-counter drugs and preparations commonly used in the Australian community.

6. Vaccinations Administered by Age Group

Vaccinations Administered by Age Group					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016					
Vaccination type	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	98	0	98
MMR	0	0	119	0	119
MMRV	0	0	0	0	0
Hep A	0	0	55	0	55
Hep B	0	0	203	0	203
MenCCV	0	0	69	0	69
Typh IM	0	0	0	0	0
dT	0	0	69	1	70
HPV	0	1	36	0	37
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	149	0	149
PCV	0	0	3	2	5
dTpa (11 years and over)	0	0	177	0	177
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	1	0	1
Total	0	1	979	3	983

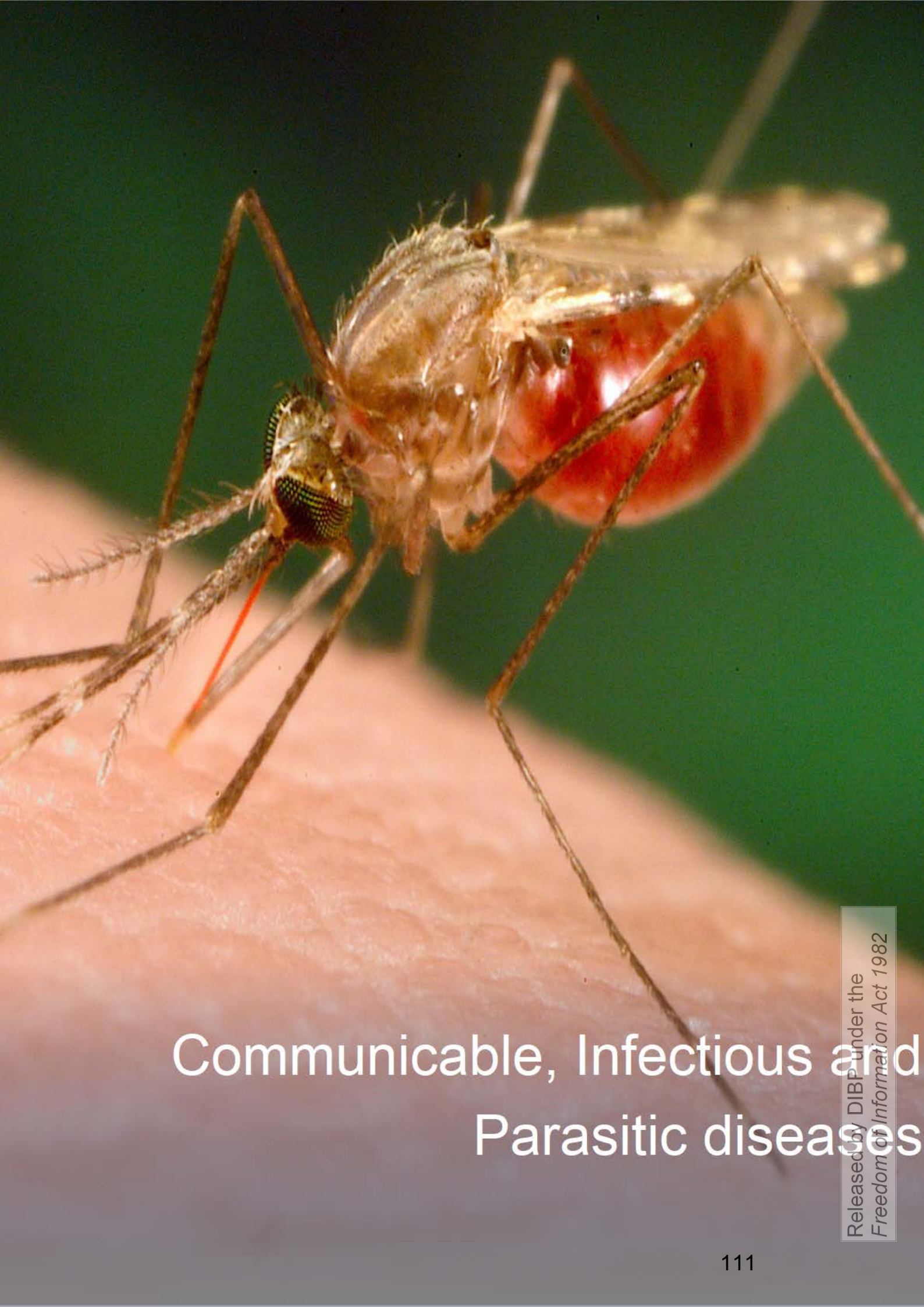
IHMS is committed to ensuring that all Detainees located within the Immigration Detention network are offered the opportunity to be immunised in accordance with Australian community standards. The immunisation schedule follows the Australian Immunisation Handbook (*10th ed.)* and provides clinical advice 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 1,289 last quarter to 983 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.

IHMS also ran a flu campaign this quarter where all Detainees were offered the yearly flu vaccination.



Communicable, Infectious and Parasitic diseases

7. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 2 (Apr - Jun 2016)				Total New Diagnoses Jul 2015 - Jun 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	1	1	0.03%	0	1	1
Chlamydia	0	0	0	0%	1	5	6
Gonorrhoea	0	0	0	0%	0	0	0
Hepatitis A	0	0	0	0%	0	0	0
Hepatitis B (incl active and carrier states)	2	23	25	0.83%	3	97	100
Hepatitis C	0	39	39	1.29%	6	188	194
HIV	0	1	1	0.03%	0	5	5
Measles, Mumps, Rubella	0	0	0	0%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0%	0	1	1
Syphilis	0	5	5	0.17%	0	29	29
Tuberculosis – Active	0	0	0	0%	0	3	3
Typhoid	0	0	0	0%	0	0	0
Total	2	69	71	2.34%	10	329	339
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0%	0	0	0
Malaria	0	0	0	0%	0	0	0
Schistosomiasis	0	0	0	0%	0	0	1
Strongyloidiasis	0	0	0	0%	0	1	1
Total	0	0	0	0%	0	1	1
Grand Total	2	69	71	2.34%	10	330	340

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

IHMS conducts a health induction assessment for all new arrivals into the detention network. The health induction involves a nurse assessment, a GP assessment, a screening CXR and pathology for communicable diseases. The screening program is crucial in managing the risks to public health with the key communicable diseases being screened, appropriately managed and notified to the relevant public health authority. IHMS conducts routine screening for Syphilis, Hepatitis B and C, HIV and Tuberculosis (TB). 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 C patients identified this quarter. This is attributed to the 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. Treatment for Hepatitis C continues to be made available to those in need according to PBS guidelines. DIBP has funded this treatment to ensure that Detainees have equivalent access to these drugs as the Australian public.

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 causes of disability for adults this quarter are visual impairment and 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) Q2 Apr - Jun 2016					
Types of Disability	IDCs	IRH/APODs	ITAs	Adult	Minor
Amputation	0	0	1	1	0
Cognitive	0	1	0	1	0
Developmental	7	2	3	12	0
Functional impairment	15	1	6	22	0
Hearing impairment	15	0	5	20	0
Visual Impairment	16	6	12	34	0
Other (Epilepsy, Lupus)	17	4	12	33	0
Total	**70**	**14**	**39**	**123**	**0**
Unique Detainees with a disability	**60**	**10**	**31**	**101**	**0**

8.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q3 2015 – Q2 2016		
As at (as per quarter)	No. of Detainees	Approx. % of IDF population
30 Jun 2016 - Q2	94	3.1%
31 Mar 2016 - Q1	124	4.0%
31 Dec 2015 - Q4	129	3.8%
30 Sep 2015 - Q3	137	3.8%

The 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) Q2 Apr - Jun 2016			
Age band (years)	Number of Unique presentations	Number related to mental health	Percentage related to mental health
0-4 years	5	0	0%
5-17 years	1	1	100%
18-64 years	5,751	1,278	22.2%
65+ years	134	13	9.7%
Total	**5,891**	**1,292**	**21.9%**
		Minors %	**16.7%**
		Adults %	**21.9%**

This table shows that 21.9% of adult presentations to a GP or Psychiatrist in onshore detention in Q2 were related to items involving mental health (including sleep and stress) or substance abuse. This percentage is similar to other quarters. The overall drop in mental health presentations in children was due to the dramatic reduction of children in detention early in this quarter.

9.2. Admissions to Psychiatric Hospitals

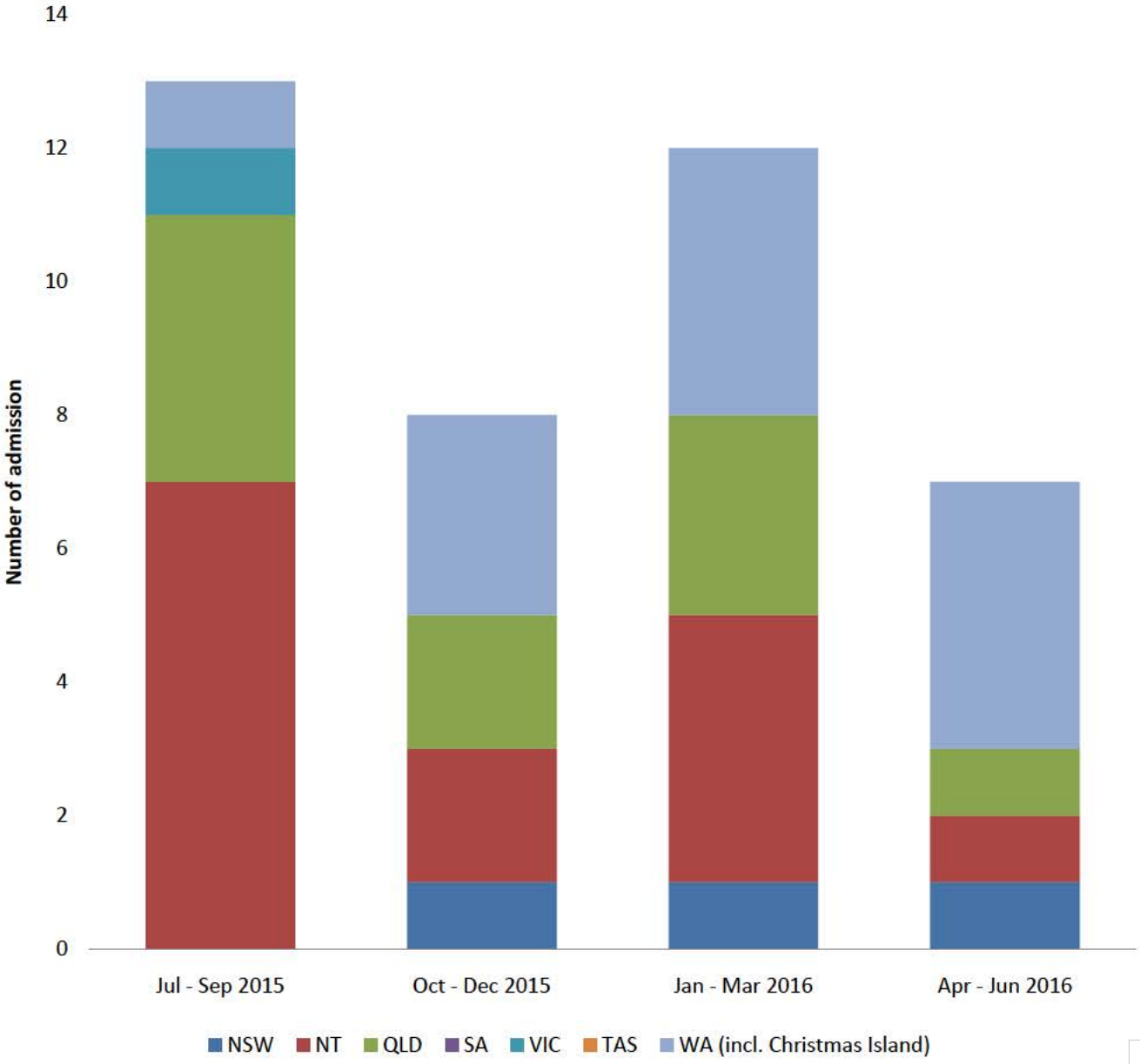
Data in this table is extracted from the Incident reporting system, in which Admission to a Psychiatric Hospital is a specific incident item. Where patients are initially admitted to a Public Hospital Emergency department and then transferred to a Public Hospital Psychiatric ward, the Psychiatric inpatient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

Admissions to Psychiatric Hospitals				
Mainland and Christmas Island (IDFs only) Q3 2015 – Q2 2016				
State/Territory	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016	Apr - Jun 2016
NSW	0	1	1	1
NT	7	2	4	1
QLD	4	2	3	0
SA	0	0	0	0
VIC	1	0	0	0
WA (incl. Christmas Island)	1	3	4	4
Total	13	8	12	6

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016			
State/Territory	Total	Adult	Minor
NSW	1	1	0
NT	1	1	0
QLD	0	0	0
SA	0	0	0
VIC	0	0	0
WA (incl. Christmas Island)	4	4	0
Total	6	6	0

The total number of admissions to Psychiatric Hospitals in this quarter was 6, which indicates a decline in number of admissions from the first quarter of 2016.

Trend Psychiatric Hospital Admissions by State



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)

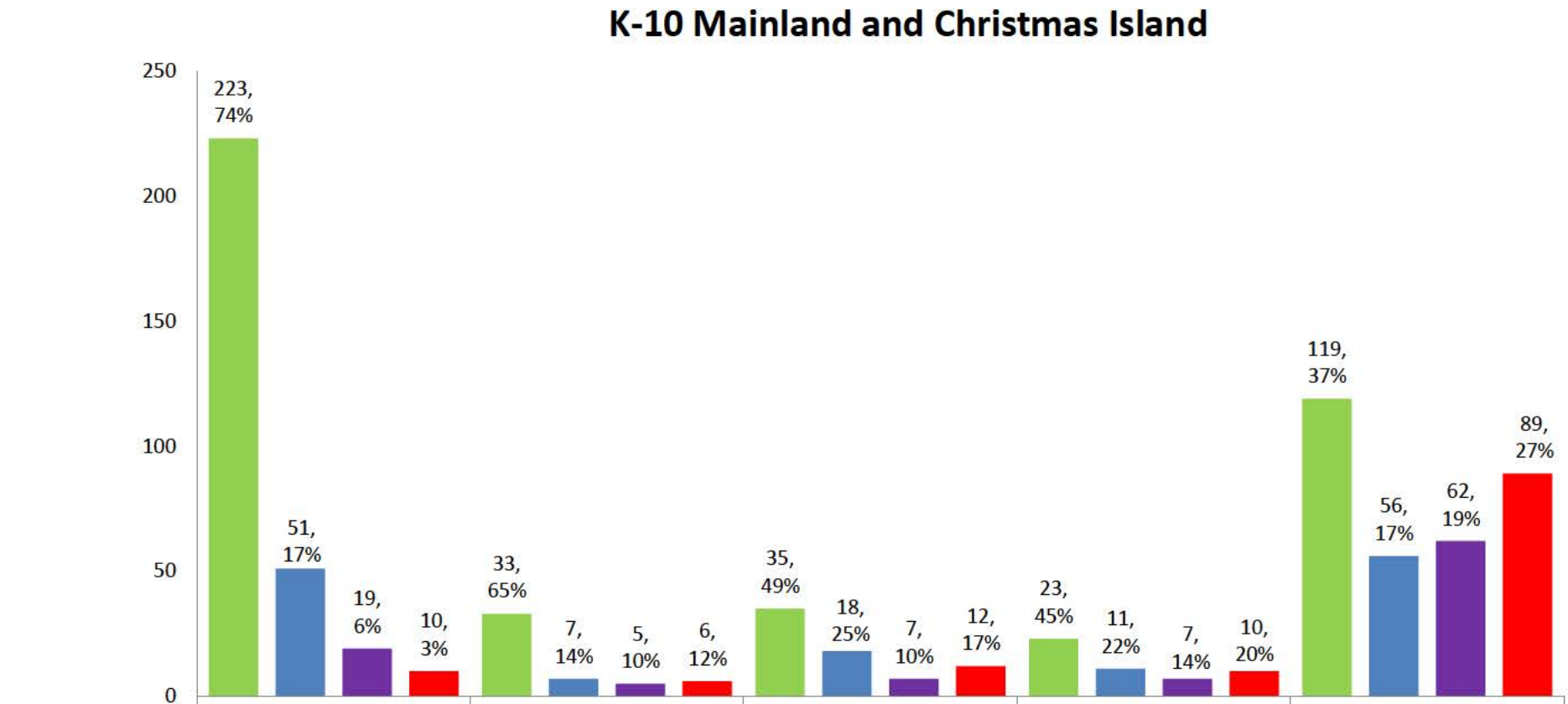
9.5. Kessler Psychological Scale (K-10) Results

There were 803 screenings for adults completed in this quarter using the K-10. The mean K-10 score tends to increase over length of time in detention, from 16.02 from those who have been in detention for 0-3 months to 23.78 for those who have been in detention for 19+ months, which indicates that people who are in detention longer report higher levels of anxiety and depression.

Table 9.5. Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 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	303	16.02	223	73.6%	51	16.8%	19	6.3%	10	3.3%
4-6 months	51	18.90	33	64.7%	7	13.7%	5	9.8%	6	11.8%
7-12 months	72	21.19	35	48.6%	18	25.0%	7	9.7%	12	16.7%
13-18 months	51	21.45	23	45.1%	11	21.6%	7	13.7%	10	19.6%
19+ months	326	23.78	119	36.5%	56	17.2%	62	19.0%	89	27.3%
Total	803	21.34	433	53.9%	143	17.8%	100	12.5%	127	15.8%

Graph 9.5 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	223	33	35	23	119
Mild (20-24)	51	7	18	11	56
Moderate (25-29)	19	5	7	7	62
Severe (30-50)	10	6	12	10	89

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)	100%	0%	0%
Self-report (age 11-17, N=2)	100%	0%	0%

SDQ screening was offered to children and their families in onshore detention between the ages of 4 and 17 years. One set of parents consented to and participated in screening, and one adolescent consented to administration of the self-report scales. The single set of parents rated their child in the „Normal" category on the SDQ, as did the single adolescent. Although results have been presented as percentages in Table 9.6 to align with previous reports, the low numbers indicate that no reliable statistical conclusion can be drawn. The low numbers are a result of the significantly reduced number of minors in onshore detention in this quarter.

9.7. Torture & Trauma (T&T)

Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma (T&T) 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) Q2 Apr - Jun 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	8	0	0	8	0
Christmas Island	6	0	0	6	0
Maribyrnong IDC	4	0	0	3	1
Melbourne ITA	7	0	0	7	0
Perth IDC/IRH	0	0	0	0	0
Villawood IDC	32	0	0	32	0
Wickham Point APOD/IDC	2	0	0	2	0
Yongah Hill IDC	15	0	0	15	0
Total	**76**	**0**	**0**	**75**	**1**
% total IDF population during Q2	**2.5%**	**0.0%**	**0.0%**	**2.5%**	**2.5%**

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 2.5% 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 trend of T&T disclosures across sites reflects those noted in the last quarter: the number of disclosures being made at VIDC explains 42% of the new disclosures, with Villawood IDC 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 commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2016			
	Ongoing	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	7	9	9
Christmas Island	4	1	1
Maribyrnong IDC	6	6	5
Melbourne ITA	5	1	2
Perth	3	2	1
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	9	10	10
Wickham Point	11	7	14
Yongah Hill IDC	4	5	2
Total	**49**	**41**	**44**
Total number of unique individuals on SME	**77**	**% of IDF population on SME**	**2.5%**

Table 9.8 shows that over Q2 2016 77 unique individuals were commenced on some form of SME at least once. Forty-four of those were commenced on High 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 83 people commenced on SME in Q1 2016, and represents 2.5% of the population.

As noted in Q2, 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. BITA had the highest SME rates per head of population, with higher intensity of SME relative to population size, which is likely attributable to cohort differences.

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Department of Immigration and Border Protection

Regional Processing Centres Quarterly Health Trends Report

July - September 2016

Quarter 3

Regional Processing Centres Quarterly Health Trends Report

Quarter 3

July – September 2016

Report written by:

International Health and Medical Services (IHMS)

Please send questions to:
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1. Executive Summary

During the third quarter of 2016, IHMS continued to provide comprehensive medical services to transferees at the Regional Processing Centres on Nauru and Manus Island. IHMS provides primary health services, mental health support, emergency response services and facilitation of specialist consultation services to transferees. Now that there are significant numbers of refugees accommodated within the community at Nauru, in particular, IHMS also provides primary health services and mental health support via “settlement clinics” - however, statistics related to these services are not contained within this report. Nevertheless, a considerable proportion of clinical time provided by IHMS clinicians on Nauru is provided to the refugee cohort. There has been a reduction in the number of transferees residing within the Regional Processing Centres since the previous quarter - the official figures are a reduction from 1217 to 1114. The majority of these transferees are located at the Manus Island Regional Processing Centre. The great majority of former transferees on Nauru are now classified as refugees within the community.

The great majority of transferees received some form of medical service over the quarter as demonstrated by the fact that 79.3% of the population received a consultation from mental health nurses, 75.9% of the population received consultations from primary health nurses and 66.1% of the population received services from general practitioners. Substantial proportions of the transferee population also received services from psychologists and counsellors with a small proportion receiving consultation services from the visiting psychiatrist. Overall the number of clients receiving health care over the quarter is comparable to previous quarters. There are now only 36 minors classified as transferees (all on Nauru) and the majority of these were seen by general practitioners, primary health nurses and mental health nurses over the quarter. The average number of consultations per person seen per quarter has increased over the past 12 months reflecting an increased demand for medical services from people who have a perceived or real medical problem.

IHMS provides on-site pathology services and the most common pathology referrals are for basic biochemistry and for full blood examinations - the numbers and proportions are comparable to previous quarters.

IHMS also facilitates allied health services - in particular, physiotherapy services and dentistry services via visiting clinicians. 15.8% of the transferee population received dental services, 11.4% of the population received physiotherapy services and 1.4% received optometry services from visiting clinicians.

IHMS facilitates on site medical imaging in the form of plain x-rays, ultrasound and CT scanning on Nauru and plain x-ray only on Manus Island. The most common imaging performed were plain x-rays (314 referrals) with ultrasounds being the next most common (51 referrals), followed by CT scans (29 referrals). MRI facilities are neither available on Nauru nor Manus Island and only one MRI was performed during the specified quarter.

IHMS facilitates specialist consultations via a small number of visiting specialists, telehealth consultations and transfers to another site (most commonly Pacific International hospital in Port Moresby). There were fewer referrals for specialist care over the third quarter of 2016 with a wide variety of specific specialties requested.

The majority of hospital admissions are for elective procedures or investigations and are conducted at Pacific International Hospital in Port Moresby as per Australian Government policy. During the third quarter of 2016, there were very few admissions for transferees based in Nauru, mostly due to low numbers of transferees remaining resident in the RPC; the number of hospital admissions overall is comparable to the previous quarter.

Over the third quarter of 2016, the most common presentations to GPs/psychiatrists were for digestive complaints (557), musculoskeletal complaints (534), skin complaints (468), respiratory complaints (404) and psychological complaints (381). In the current report, there is improved classification of these presentations providing a more accurate assessment of reasons for presentation as compared to previous reports.

Over the third quarter of 2016, the most common chronic disease in adults was “arthritis” (34) with the next most common being “asthma” (17). “Cardiovascular disease” was recorded in 13 patients and “chronic mental health problems” also recorded in 13 patients. There were 11 diagnosed diabetics.

IHMS provides pharmacy services and facilitates supply of medications to transferees at the Regional Processing Centres on both Nauru and Manus Island. Dispensing of medications has become increasingly challenging at both sites since the advent of “open centre” arrangements now in place in both Nauru and Manus Island. IHMS has put forward several proposals to improve the dispensing of medications to transferees in order to improve compliance and individual responsibility regarding personal health care and is awaiting a formal response from the Australian Border Force in relation to these proposals.

In general terms, the number of prescriptions in particular therapeutic categories is similar to those in previous quarters. “Non-steroidal anti-inflammatory medications” and “simple analgesics and antipyretics” were the most commonly prescribed medications and together with “combination simple analgesics” make up a huge proportion of the prescriptions - these are used for the treatment of a wide range of conditions which include febrile illnesses, minor aches and pains, injuries and chronic conditions such as arthritis. Less commonly prescribed but still used prevalently were “antihistamines” which are used for allergic respiratory conditions, pruritic skin conditions and for sedation. Abdominal pain and minor gastro-intestinal problems are commonly reported and as a result “hyper acidity, reflux and ulcer” drugs were frequently used as were “antispasmodics and motility agents” and “laxatives”. Antibiotic prescriptions were common in both adults and children for a wide range of infections that are most commonly respiratory and dermatological in nature. “Vitamins as a single agent” and “multi-vitamins & minerals” are also commonly used but mostly at the request of the patient rather than there being any genuine therapeutic need. In line with the prevalence of psychological disorders within the transferee population, prescriptions for “antidepressants”, “herbal nervous system preparations” and “antipsychotic agents” were also prescribed. “Expectorants, antitussives, topical nasal decongestants” and topical skin preparations make up the remainder of the top 20 therapeutic categories.

The most commonly administered vaccinations over the July to September quarter were for HPV (as there is a specific focus on immunising young adults) and typhoid immunisations administered as boosters.

There were very few reported communicable, infectious and parasitic diseases over the quarter with three cases of malaria and one case of schistosomiasis reported from Manus Island. The number of cases of malaria is remarkably small, mostly due to the comprehensive vector control operations provided by IHMS at the regional processing centre.

Classified under “disabilities” are a variety of impairments and complex diagnostic categories. Over the quarter the most commonly reported grouping was “functional impairment” with 54 cases. Following that grouping in prevalence were,” visual impairment” (35 cases), “hearing impairment” (20 cases) and “neurological impairment” (15 cases). In total there are 113 individuals classified as suffering with a “disability”, 10.1% of the RPC population which is similar to that recorded in previous two quarters.

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 is contracted by DIBP to provide primary health care within the Regional Processing Centres (RPCs). Primary health care capabilities are supplemented by multidisciplinary mental health support and 24 hour emergency response services. The primary and emergency care services are provided by an experienced team of health care professionals including IHMS Medical Officers (GPs), Emergency Physicians, primary care Registered Nurses (RNs) and trained paramedics. In response to the well-known challenges of providing mental health services to individuals in detention, those undergoing immigration processing and refugees, IHMS has a well-resourced team of mental health professionals, including mental health nurses, psychologists, counsellors and psychiatrists, who provide onsite care at all locations across the network including the regional processing centres. On Nauru, the medical team also includes obstetricians, midwives and medical officers with paediatric training.

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

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS as the transferee population has stabilised and the average length of stay has increased. Primary health staff on both sites continue to deliver weekly health promotion at the Regional Processing Centres.

To supplement the on-site primary health care service, IHMS obtains specialist opinions via visiting specialist consultations, tele-health consultations with specialists based in Australia, second opinions from specialists based in Australia who review clinical records and investigation results provided by IHMS clinicians, and referral for specialist opinions at Pacific International Hospital in Port Moresby.

In addition to the provision of comprehensive multidisciplinary health care to transferees resident within the Regional Processing Centres, IHMS provides primary health care services and mental health support to refugees living in the community on Nauru as well as to refugees living at East Lorengau on Manus island. However, statistics relating to these activities are not included within this report.

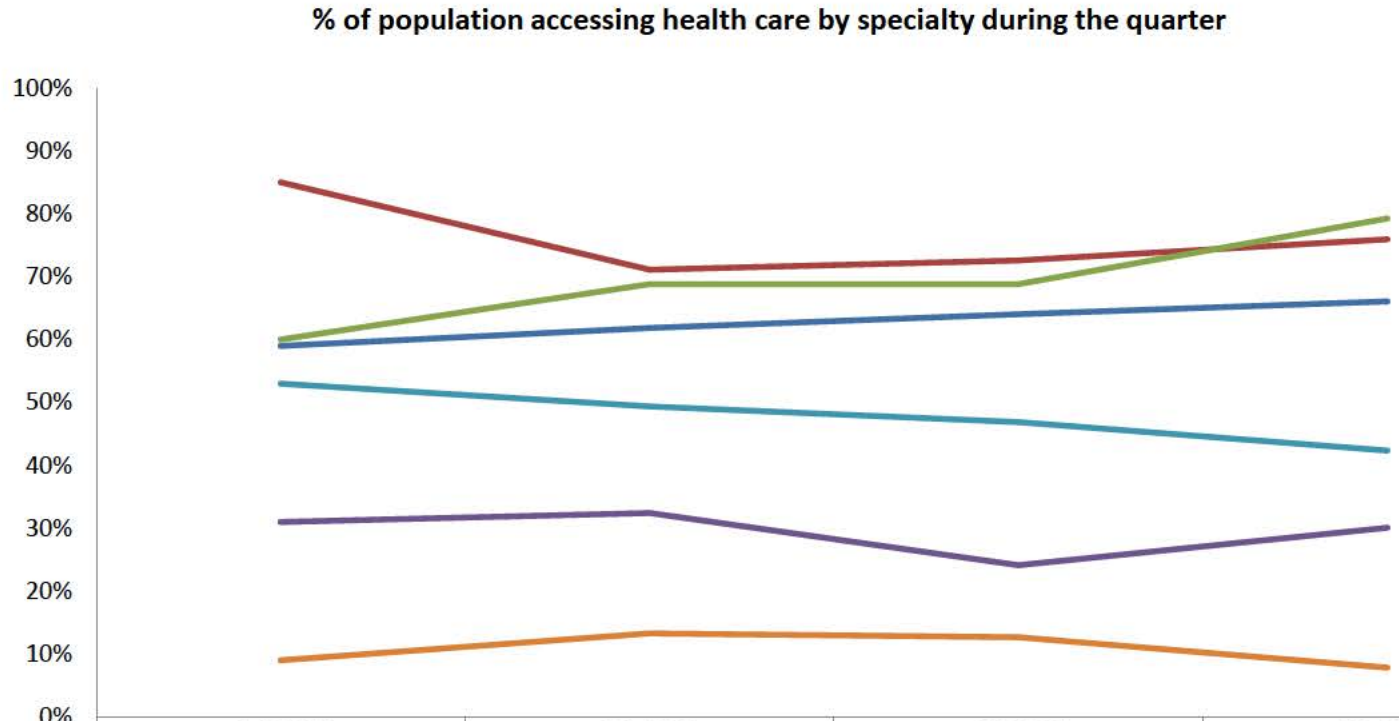
4.2. Consultations

Primary Health Care - Consultations Combined Regional Processing Centres				
Manus and Nauru Q3 Jul - Sept 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Person in Q3	% of total RPC population during Q3 2016
GP	2,856	736	3.9	66.1%
Primary Health Nurse	3,260	846	3.9	75.9%
Mental Health Nurse	2,841	883	3.2	79.3%
Psychologist	668	335	2.0	30.1%
Counsellor	2,871	472	6.1	42.4%
Psychiatrist	149	87	1.7	7.8%
Total	**12,645**	**3,359**	**3.8**	

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 spread of consultations across disciplines including general practitioner, primary health nurse, mental health nurses, psychologists, counsellors and psychiatrists demonstrate the multidisciplinary services provided to transferees. The great majority of transferees received some form of medical service over the quarter as demonstrated by the fact that 79.3% of the population received a consultation from the mental health nurses, 75.9% of the population received consultations from primary health nurses and 66.1% of the population received consultations from general practitioners. In keeping with the nurse led structure of IHMS services, 48% of consultations were conducted by primary health nurses and mental health nurses. General Practitioners provided 23% of consultations.

a) Trend Analysis: Primary Health Care Consultations



	Q4 2015	Q1 2016	Q2 2016	Q3 2016
GP	59%	62%	64%	66%
Primary Health Nurse	85%	71%	73%	76%
Mental Health Nurse	60%	69%	69%	79%
Psychologist	31%	32%	24%	30%
Counsellor	53%	49%	47%	42%
Psychiatrist	9%	13%	13%	8%

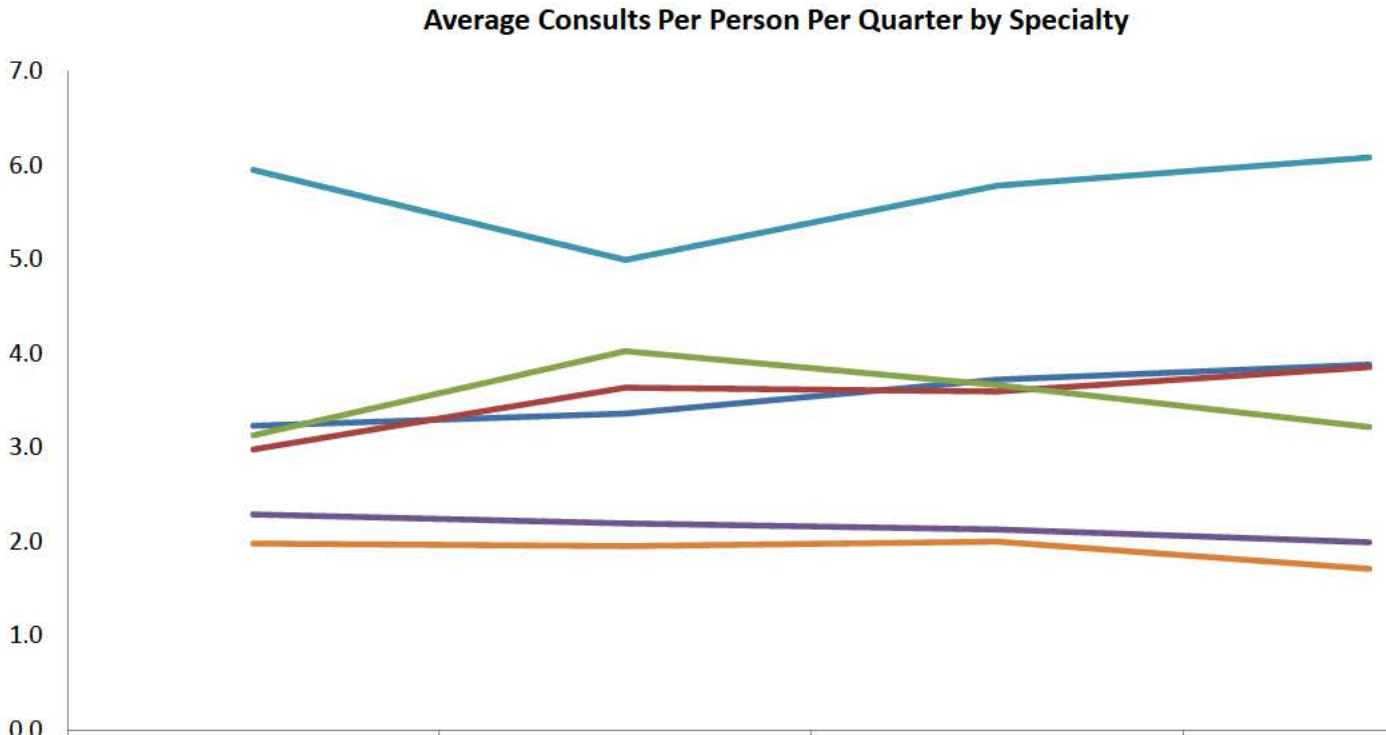
Overall, the number of clients receiving health care over the quarter is comparable to previous quarters. Whilst there are slight fluctuations from quarter to quarter, approximately 2/3 of the population receive GP consultations, three quarters of the population receive primary health consultations and 30% of the population receive psychology services each quarter. There has been a trend which has demonstrated an increase in the number of transferees receiving mental health consultations and this probably reflects increasing levels of psychological distress within transferees the longer they remain within the immigration processing system.

b) Consultations by Age Group

Onsite Integrated Primary Health Care by Age Group										
Manus and Nauru Q3 Jul - Sept 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	6	85.7%	19	65.5%	711	66.0%	0	0%	736	66.1%
Primary Health Nurse	5	71.4%	18	62.1%	823	76.3%	0	0%	846	75.9%
Mental Health Nurse	5	71.4%	18	62.1%	860	79.8%	0	0%	883	79.3%
Psychologist	1	14.3%	7	24.1%	327	30.3%	0	0%	335	30.1%
Counsellor	4	57.1%	20	69.0%	448	41.6%	0	0%	472	42.4%
Psychiatrist	0	0.0%	0	0.0%	87	8.1%	0	0%	87	7.8%

There are now very few minors remaining as transferees within the Regional Processing Centres. There are only 36 in total (all on Nauru). The majority of minors were seen by general practitioners, primary health nurses and mental health nurses over the quarter. The numbers of minors are so low that it is difficult to read anything more into the figures although it is notable that no minors required psychiatric consultation over the quarter.

c) Trend Analysis: Average consults by Speciality



	Q4 2015	Q1 2016	Q2 2016	Q3 2016
GP	3.2	3.4	3.7	3.9
Primary Health Nurse	3.0	3.6	3.6	3.9
Mental Health Nurse	3.1	4.0	3.7	3.2
Psychologist	2.3	2.2	2.1	2.0
Counsellor	6.0	5.0	5.8	6.1
Psychiatrist	2.0	2.0	2.0	1.7

The average number of consultations per person seen per quarter has increased over the past 12 months for general practitioners and primary health nurses. General practitioner consultations have increased from an average of 3.2 consultations in the fourth quarter of 2015 to 3.9 consultations for the current quarter. The primary health nurse consultations increase from 3.0 consultations in the fourth quarter of 2015 to 3.9 consultations for the third quarter of 2016. This reflects an increasing demand for medical services from people who have a perceived or real medical problem. The same trend is not evident for mental health providers.

4.3. Pathology Referrals

Pathology Referrals		
Manus and Nauru Q3 Jul - Sept 2016		
Pathology Type	No. of Referrals	No. of Persons
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	426	188
Full Blood Count (FBC)	267	204
Fasting Triglycerides	98	85
Blood Glucose	89	81
C Reactive Protein (CRP)	56	47
Malarial Parasites (with FBE) Urgent	40	38
Mid Stream Urine Micro & Culture	38	32
Helicobacter pylori Serology	24	22
Malaria RDT	22	18
Pap Smear	4	4
Total	1,064	273
Total number of unique persons that had a Pathology Referral		24.50%

The most common pathology referrals are for basic biochemistry followed by full blood examinations. The numbers and proportions are comparable to previous quarters. Testing for lipid abnormalities is also relatively common as high blood pressure and vascular disease are not uncommon within the adult transferee population. In the RPC setting, CRP is used to monitor acute inflammatory conditions such as acute infections. Malaria RDT and blood films are used to identify the possibility of malaria in patients presenting with febrile illnesses at the Manus Island RPC only. Helicobacter serology testing is also done in patients presenting with upper gastrointestinal discomfort who have not previously had these tests done

4.4. Allied Health Appointments

Allied Health Appointments					
Manus and Nauru Q3 Jul - Sept 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	148	79	227	176	15.8%
Physiotherapy	182	10	192	127	11.4%
Audiology	0	3	3	1	0.1%
Optometry	16	0	16	16	1.4%
Podiatry	0	3	3	2	0%
Total	**346**	**95**	**441**		**25.8%**
Total number of unique persons to have an Allied Health Appointment		**287**			

IHMS facilitates allied health appointments for those transferees who require such services. 15.8% of the transferee population received dental services over the quarter. This is slightly less than the previous quarter when 21.4% received dental services. 11.4% of the population received physiotherapy services and 1.4% received optometry services. There is an expectation that there would be a gradual reduction in the need for dental services and optometry services over time as some chronic issues which were present on arrival within the immigration processing system are resolved and not requiring additional intervention.

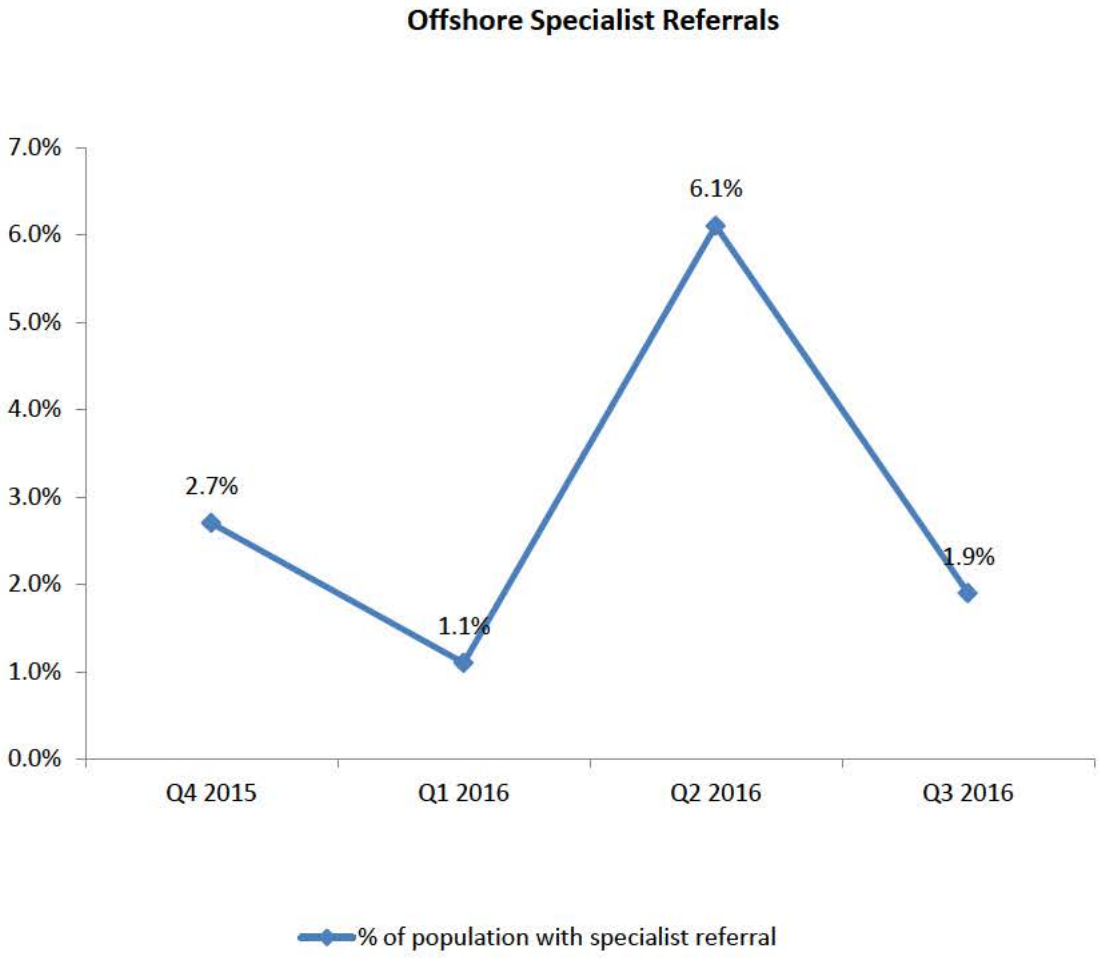
4.5. Radiology Referrals

Radiology referrals					
Manus and Nauru Q3 Jul - Sept 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	314	79.49%	179	88.18%	1. Chest 2. Spine - Lumbo-sacral 3. Abdomen 4. Knee (L) 5. Knee (R)
Ultrasound	51	12.91%	28	13.79%	1. Pelvis (F) 2. Other 3. Renal 4. Abdomen 5. Breast (L)
CT Scan	29	7.34%	16	7.88%	1. Head 2. Abdomen 3. Foot (L) 4. Sinuses 5. Adrenal glands
MRI	1	0.25%	1	0.49%	1. Brain
Total	395				
Total number of unique persons to have a Radiology test	203	As % of total IDF population during quarter	18.2%		

On-site plain radiology is available at both Manus and Nauru RPCs. Formal ultrasonography is also available at the Nauru RPC and CT scanning is also available on Nauru. Manus based transferees require transfer to Port Moresby for Formal ultrasonography and CT scanning. MRI scanning is not available at either site and transfer to Port Moresby (most commonly) is required to facilitate this examination. Most commonly plain radiology is undertaken (314 referrals), followed by ultrasounds (51 referrals) and CT scans (29 referrals). Only one MRI was conducted on a transferee during the quarter. The overall proportions are comparable to the previous quarter.

4.6. Specialist Referrals

Specialist referrals (Top 20) RPCs Q3 Jul - Sept 2016			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Orthopaedics	5	5	0.4%
Urology	3	3	0.3%
Cardiology	2	2	0.2%
Dermatology	2	2	0.2%
General surgery	2	2	0.2%
Addiction medicine	1	1	0.1%
Infectious diseases	1	1	0.1%
Neurology	1	1	0.1%
Ophthalmology	1	1	0.1%
Otorhinolaryngology	1	1	0.1%
Paediatrics	1	1	0.1%
Rheumatology	1	1	0.1%
Vascular surgery	1	1	0.1%
Orthopaedics	5	5	0.4%
Urology	3	3	0.3%
Cardiology	2	2	0.2%
Dermatology	2	2	0.2%
General surgery	2	2	0.2%
Total	22		
Total number of unique persons to have a Specialist referral	21	% of total IDF population during Q3	1.9%



Specialist consultations are facilitated by a small number of visiting specialists, telehealth consultations and transfers to another site (most commonly Pacific International Hospital in Port Moresby). There would appear to be fewer referrals for specialist medical care over the third quarter of 2016 as compared to the previous quarter although the number of transferees referred to specialist care is not dissimilar to earlier quarters. There are a wide variety of specialists categories requested although the most common was orthopaedics.

4.7. Hospital Admissions

Hospital Admissions		
Manus and Nauru Q3 Jul - Sept 2016		
RPC Location	Total Hospital Admissions	Number of individuals hospitalised
Manus Island	26	21
Nauru Centre	2	2
Total	28	23
Total number of unique persons that were hospitalised	23	2.1%

The majority of hospital admissions are for elective procedures or investigations and are conducted at Pacific International Hospital in Port Moresby as per Australian Government policy. Inpatient hospital services at the Republic of Nauru Hospital and the Lorengau Hospital on Manus Island are not utilised for transferees as they do not have the capacity to provide medical services to an Australian standard.

During the third quarter of 2016, there were very few admissions for transferees based in Nauru, mostly due to low numbers of transferees remaining resident in the RPC. The number of hospital admissions is comparable to the previous quarter.

4.8. GP/Psychiatrist Presentations by Health Groupings

GP/Psychiatrist Presentations by Health Groupings			
Manus and Nauru Q3 Jul - Sept 2016			
Health Groupings	**Number of Unique Reasons for Presentations**	**Number of Unique Persons**	**Percentage of total RPC population with a presentation**
Musculoskeletal	534	289	25.9%
Skin	468	256	23.0%
Digestive	557	246	22.1%
Respiratory	404	188	16.9%
General Unspecified	262	178	16.0%
Psychological	381	155	13.9%
Neurological	187	137	12.3%
Injury	147	109	9.8%
Endocrine / Metabolic & Nutritional	120	84	7.5%
Eye	118	69	6.2%
Cardiovascular	87	69	6.2%
Urological	115	61	5.5%
Ear	127	56	5.0%
Genital	47	33	3.0%
Blood / Blood forming organs	14	12	1.1%
Social	8	8	0.7%
Pregnancy / Childbearing / Family Planning	1	1	0.1%
Total	**3,577**		

Over the third quarter of 2016 the most common presentations were for digestive complaints (557), musculoskeletal complaints (534), skin complaints (468), respiratory complaints (404) and psychological complaints (381). In previous quarters, the most common presentation was classified as “general unspecified” and, whilst this remains a common presentation (262), the reduction reflects more accurate classification of the presenting problem during the current reporting quarter.

Because of the low number of minors, comparisons between childhood presentations and adult presentations are difficult to make although there would appear to be fewer presentations for musculoskeletal problems in children with skin, digestive and respiratory complaints being the most common presentations.

GP/Psychiatrist presentations by Age Grouping										
Manus and Nauru Q3 Jul - Sept 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
Musculoskeletal	0	0%	1	3.4%	288	26.7%	0	0%	289	25.9%
Skin	5	71.4%	7	24.1%	244	22.6%	0	0%	256	23.0%
Digestive	2	28.6%	6	20.7%	238	22.1%	0	0%	246	22.1%
Respiratory	5	71.4%	8	27.6%	175	16.2%	0	0%	188	16.9%
General Unspecified	4	57.1%	1	3.4%	173	16.0%	0	0%	178	16.0%
Psychological	1	14.3%	2	6.9%	152	14.1%	0	0%	155	13.9%
Neurological	0	0%	0	0%	137	12.7%	0	0%	137	12.3%
Injury	0	0%	3	10.3%	106	9.8%	0	0%	109	9.8%
Endocrine / Metabolic & Nutritional	1	14.3%	0	0%	83	7.7%	0	0%	84	7.5%
Eye	0	0%	2	6.9%	67	6.2%	0	0%	69	6.2%
Cardiovascular	0	0%	0	0%	69	6.4%	0	0%	69	6.2%
Urological	0	0%	0	0%	61	5.7%	0	0%	61	5.5%
Ear	1	14.3%	2	6.9%	53	4.9%	0	0%	56	5.0%
Genital	1	14.3%	0	0%	32	3.0%	0	0%	33	3.0%
Blood / Blood forming organs	0	0%	0	0%	12	1.1%	0	0%	12	1.1%
Social	1	14.3%	0	0%	7	0.6%	0	0%	8	0.7%
Pregnancy / Childbearing / Family Planning	0	0%	0	0%	1	0.1%	0	0%	1	0.1%

4.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Manus and Nauru Q3 Jul - Sept 2016					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Depression	34	3.2%	0	0.0%	34
Oral disease	17	1.6%	2	5.6%	19
Cardiovascular	13	1.2%	0	0.0%	13
Arthritis	12	1.1%	0	0.0%	12
Diabetes	11	1.0%	0	0.0%	11
Asthma	5	0.5%	0	0.0%	5
Obesity	2	0.2%	0	0.0%	2
Epilepsy	1	0.1%	0	0.0%	1
Schizophrenia	1	0.1%	0	0.0%	1
Thyroid disease	1	0.1%	0	0.0%	1

Chronic Diseases by Age Grouping								
Manus and Nauru Q3 Jul - Sept 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 %
Depression	0	0%	0	0%	34	3.2%	0	0%
Oral disease	0	0%	2	7%	17	1.6%	0	0%
Cardiovascular	0	0%	0	0%	13	1.2%	0	0%
Arthritis	0	0%	0	0%	12	1.1%	0	0%
Diabetes	0	0%	0	0%	11	1.0%	0	0%
Asthma	0	0%	0	0%	5	0.5%	0	0%
Obesity	0	0%	0	0%	2	0.2%	0	0%
Epilepsy	0	0%	0	0%	1	0.1%	0	0%
Schizophrenia	0	0%	0	0%	1	0.1%	0	0%
Thyroid disease	0	0%	0	0%	1	0.1%	0	0%

Management of chronic diseases is an important part of primary care practice. The preceding tables display the prevalence of chronic diseases in those presenting to IHMS during the third quarter of 2016. Overall, the number of chronic diseases is relatively small.

The number of children remaining within the Regional Processing Centre is very low and there were only two minors (age group 5 to 17 years) recorded as having a chronic disease.

Consistent with reported levels of psychological distress amongst transferees, the most common chronic disease was “depression” (34) with a single case of schizophrenia – all of these cases were recorded in adults. The next most common is “oral disease” (17 adults and 2 children) - poor oral health has been widely recognised amongst those within the immigration detention and immigration processing systems. “Cardiovascular disease” was recorded in 13 and “arthritis” was recorded in 12. There were 11 diabetics and there were 2 cases of significant “obesity”. There was a single case of epilepsy and a single case of thyroid disease.

5. Medications

5.1. Medication usage in Transferees (Top 20)

Medication Trends Manus and Nauru Q3 Jul - Sept 2016						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	466	43.2%	7	19%	473	42%
Nonsteroidal anti-inflammatory agents	441	40.9%	6	17%	447	40%
Antihistamines	287	26.6%	6	17%	293	26%
Vitamins (single agents)	264	24.5%	0	0%	264	24%
Hyperacidity, reflux and ulcers	220	20.4%	2	6%	222	20%
Penicillins	206	19.1%	7	19%	213	19%
Multivitamins and minerals	182	16.9%	5	14%	187	17%
Expectorants, antitussives, mucolytics, decongestants	165	15.3%	2	6%	167	15%
Antidepressants	140	13.0%	2	6%	142	13%
Combination simple analgesics	125	11.6%	0	0%	125	11%
Other antibiotics and anti-infectives	85	7.9%	3	8%	88	8%
Antispasmodics and motility agents	85	7.9%	0	0%	85	8%
Herbal nervous system preparations	83	7.7%	0	0%	83	7%
Antipsychotic agents	70	6.5%	1	3%	71	6%
Topical nasopharyngeal medication	63	5.8%	8	22%	71	6%
Rubefacients, topical analgesics/NSAIDs	64	5.9%	1	3%	65	6%
Topical antifungals	51	4.7%	5	14%	56	5%
Laxatives	54	5.0%	0	0%	54	5%
Topical oropharyngeal medication	50	4.6%	3	8%	53	5%
Topical corticosteroids	50	4.6%	2	6%	52	5%

IHMS provides pharmacy services at Regional Processing Centres on both Nauru and Manus Island. High-quality medication prescribing and utilisation is a focus for IHMS clinicians. Dispensing of medications has become increasingly challenging at both sites since the advent of the “open centre” arrangements now in place in both Nauru and Manus Island. Over the past 12 months, IHMS has put forward several proposals to improve the dispensing of medications to transferees in order to improve compliance and individual responsibility regarding personal health care and is awaiting a formal response from the Australian Border Force in relation to these proposals.

The preceding table displays the prevalence of prescriptions for medications in therapeutic categories over the three month period of July to September 2016.

“Non-steroidal anti-inflammatory medications” and “simple analgesics and antipyretics” were the most commonly prescribed medications in adults. One should also include “combination simple analgesics” for which there were 125 prescriptions in adults. All these medications are used in the treatment of a wide range of conditions including febrile illnesses, minor aches and pains, injuries and chronic conditions such as arthritis. There are also a variety of topical preparations (“Rubefacients, topical analgesics/NSAIDs”) - 64 prescriptions - used for a variety of aches and pains. Whilst not prescribed as commonly in adults (63 prescriptions), the most common prescription for children in the quarter was for topical nasopharyngeal medication (eight prescriptions) which are used predominantly in the management of minor upper respiratory infections. The next most commonly prescribed medication was antihistamines (293 prescriptions) which are used for allergic respiratory conditions such as hay fever, pruritic skin conditions and for sedation. Hyper acidity, reflux and ulcer drugs were common due to the high prevalence of upper gastrointestinal complaints (222 prescriptions) and there were also 85 prescriptions for antispasmodics and motility agents and 54 prescriptions for laxatives. Antibiotic prescriptions were common in both adults and children - penicillins (213 prescriptions) and other antibiotics (88 prescriptions). Vitamins as a single agent (264 prescriptions) and multi-vitamin & minerals (187 prescriptions) are commonly used, mostly at the request of the patient rather than there being a genuine medical indication. Prescriptions for psychiatric, psychological and mental health problems were also common with 140 prescriptions for antidepressants, 83 prescriptions for herbal nervous system preparations and 70 prescriptions for antipsychotic agents. There were 165 prescriptions for expectorants, antitussives, topical nasal decongestants. Topical agents such as antifungals (51 prescriptions) and corticosteroids (50 prescriptions) were also frequent.

5.2. Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Manus and Nauru Q3 Jul - Sept 2016			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	466	0	308
S3	195	0	3
S4	1,469	59	185
S8	2	0	2
Unscheduled	1,186	10	117
Grand Total	3,318	69	615

The most commonly prescribed medications over the third quarter of 2016 were schedule 4 items as highlighted in the table. These are medications which require a doctor's prescription and are supplied by a pharmacy - these ranges from antibiotic medications to treatments of hypertension or diabetes through to psychiatric medications.

Unscheduled items also commonly used and these may include a number of items as well as a number of topical preparations.

Schedule 2 and schedule 3 medications include many commonly available items at the pharmacy such as simple analgesics, anti-inflammatories as well as topical oral and nasal medications.

Schedule 8, controlled drugs, were used rarely over the quarter with only two prescriptions written.

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

5.3. Medication Trends

Medication Trends		
Manus and Nauru Q3 Jul – Sept 2016		
Medications	**Apr - Jun 2016**	**Jul - Sept 2016**
Simple analgesics and antipyretics	37.1%	42.5%
Non-steroidal anti-inflammatory agents	38.2%	40.1%
Antihistamines	30.5%	26.3%
Vitamins (single agents)	20.3%	23.7%
Hyperacidity, reflux and ulcers	17.4%	19.9%
Penicillins	19.2%	19.1%
Multivitamins and minerals	14.3%	16.8%
Expectorants, antitussives, mucolytics, decongestants	15.9%	15.0%
Antidepressants	15.0%	12.7%
Combination simple analgesics	10.6%	11.2%
Other antibiotics and anti-infectives	5.7%	7.9%
Antispasmodics and motility agents	7.2%	7.6%
Herbal nervous system preparations	4.7%	7.5%
Antipsychotic agents	5.7%	6.4%
Topical nasopharyngeal medication	6.9%	6.4%
Rubefacients, topical analgesics/NSAIDs	5.3%	5.8%
Topical antifungals	4.4%	5.0%
Laxatives	3.5%	4.8%
Topical oropharyngeal medication	7.0%	4.8%
Topical corticosteroids	5.3%	4.7%

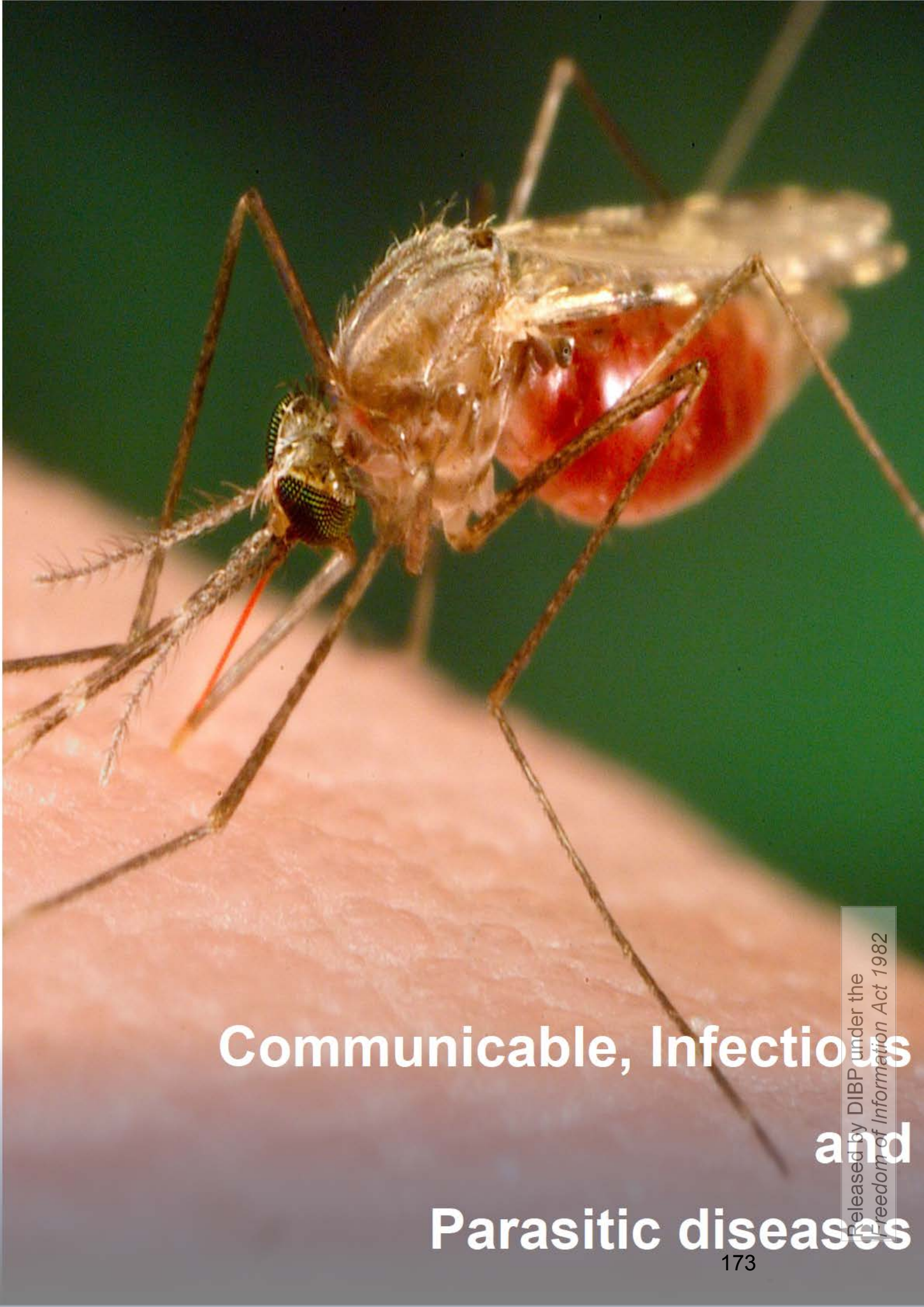
The number of prescriptions in particular categories are similar to those in the previous quarter.

6. Vaccinations Administered by Age Group

Vaccinations Administered by Age Group					
Manus and Nauru Q3 Jul – Sept 2016					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	0	0	0
MMR	1	0	1	0	2
MMRV	0	0	0	0	0
Hep A	0	0	2	0	2
Hep B	0	0	1	0	1
MenCCV	0	0	1	0	1
Typh IM	0	0	71	0	71
dT	0	0	1	0	1
HPV	0	0	126	0	126
DTPa (up to 10 years)	1	0	0	0	1
Rotavirus	0	0	0	0	0
IPV	0	0	1	0	1
PCV	0	0	0	0	0
dTpa (11 years and over)	0	0	0	0	0
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	2	0	204	0	206

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 continued for those who are transferred to RPCs. Individuals transferred to Nauru are offered hepatitis A and typhoid in addition, and those transferring to Manus are offered hepatitis A, typhoid, Japanese encephalitis and antimalarial medication.

With notable exceptions, namely HPV and typhoid, very few vaccinations were administered during the July to September quarter. The reason for the low numbers of vaccinations being given generally relate to the fact that transferees have been within the RPC for 2 to 3 years and are generally fully vaccinated as a result. However, during the quarter, 126 HPV vaccinations were administered as a result of a specific focus regarding young adults. 71 typhoid immunisations were administered as boosters.



Communicable, Infectious and Parasitic diseases

7. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 3 (Jul - Sept 2016)				Total New Diagnosis Jul 2015 - Sept 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%	0	0	0
Chlamydia	0	0	0	0%	0	1	1
Gonorrhoea	0	0	0	0%	0	1	1
Hepatitis A	0	0	0	0%	0	0	0
Hepatitis B (incl active and carrier states)	0	0	0	0%	0	0	0
Hepatitis C	0	0	0	0%	0	0	0
HIV	0	0	0	0%	0	0	0
Measles, Mumps, Rubella	0	0	0	0%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0%	0	0	0
Syphilis	0	0	0	0%	0	0	0
Tuberculosis - Active	0	0	0	0%	0	0	0
Typhoid	0	0	0	0%	0	0	0
Total	0	0	0	0%	0	2	2
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0%	1	0	1
Malaria	3	0	3	0.27%	13	0	13
Schistosomiasis	1	0	1	0.09%	5	0	5
Strongyloidiasis	0	0	0	0%	0	0	0
Total	4	0	4	0.36%	19	0	19
Grand Total	4	0	4	0.36%	19	2	21

Very few such diseases were reported over the third quarter of 2016. There were none at Nauru and there were four at Manus Island including three cases of malaria and one of schistosomiasis. Considering malaria is endemic throughout Manus Island, it is remarkable that only three cases of malaria were identified. This is due to the fact that IHMS, through its vector control team, conducts comprehensive vector control operations around the Regional Processing Centre dramatically reducing the risk of contracting malaria for those residing within the RPC. IHMS also strongly recommends the use of chemoprophylaxis, protective clothing and insect repellents. However, despite extensive education and promotion of these preventative actions, the take-up of chemoprophylactic medication for malaria by transferees is extremely poor.

There is increasing risk of a variety of transmissible diseases (including sexually transmitted diseases) in view of the “open centre” arrangements on Nauru and the recent initiation of “open centre” arrangements on Manus Island. In addition, because transferees will be travelling more widely on Manus Island, outside of the Regional Processing Centre, there will be greater exposure to mosquito borne diseases.

Disabilities

8. Disabilities

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

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

8.1 Number of Transferees with a Disability in Manus and Nauru

Number of Transferees with a Disability in Manus and Nauru as at 30 Sept 2016				
Disability Grouping	**Manus**	**Nauru**	**Adult**	**Minor**
Amputation	2	0	2	0
Connective Tissue Disorder	1	0	1	0
Developmental	3	1	4	0
Functional impairment	41	13	54	0
Hearing impairment	16	4	20	0
Neurological impairment	15	0	15	0
Visual impairment	30	5	35	0
Total[1]	**108**	**23**	**131**	**0**
Unique Transferees with a disability	**90**	**23**	**113**	**0**

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

The preceding table lists a number of categories of disability which 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.

There are 54 cases classified as "functional impairment", 35 cases of "visual impairment", 20 cases of "hearing impairment", and 15 cases of "neurological impairment". In total there are 113 individuals classified as suffering with a "disability", which is 10.1% of the RPC population. This is very similar to that recorded in the previous two quarters.

8.2 Total Disabilities as Percentage of RPC Population

Total Disabilities as Percentage of RPC Population		
Manus and Nauru Q4 2015 – Q3 2016		
As at end of quarter	Number of unique Transferees	Approximate percentage of RPC population
30 Sept 2016 - Q3	113	10.1%
30 Jun 2016 - Q2	121	9.9%
31 Mar 2016 - Q1	124	9.7%
31 Dec 2015 - Q4	121	7.8%

**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, and Nauru now also manages some inpatient mental health cases as inpatients at RPC1.

In this quarter the model of care for mental health services for transferees was augmented by the developing Community Mental Health service which delivers services to refugees in the community in Nauru, and includes respite and assertive outreach components, with the recent addition of a specific child and adolescent team, and the expansion of multidisciplinary staffing to include mental health occupational therapy and mental health social work. No specific data from these allied health positions is available for this Health Daata Set (HDS), but will begin to be reported in the next HDS.

Table 9.1 below shows the number of unique presentations to General Practitioners (GP) and Psychiatrists in RPCs 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 the 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*

9.1. Mental Health related Consultations

Table 9.1 below shows the number of unique presentations to Primary Health Professionals and Mental Health Professionals in offshore RPCs that are related to mental health. This data is derived from consultations which the clinician has specifically noted are 'mental health consultation', or for which the SNOMED code entered falls under the 'psychological' category, 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].

Consultations captured under 'mental health related consultations' may include consultations relating to specific mental health diagnoses, or a variety of other 'mental health related' issues such as sleep, or anger, which do not necessarily relate directly to diagnoses.

In table 9.1 the number of 'consults' is the sum of all consultations regardless of whether one person has presented twenty times and another only once, while the number of 'unique' consults shows the number of different people who account for the total number of consults

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

Table 9.1 Mental health consultation by health professionals

Mental health consultation by health professional : Adults July - September 2016			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	109	59	5.47%
Primary Health Nurse	5	4	0.37%
Primary Health Total	114	63	
Mental Health Consultations by Mental Health Professionals			
Counsellor	2,725	448	41.56%
Mental Health Nurse	1,949	632	58.63%
Psychiatrist	106	63	5.84%
Psychologist	442	191	17.72%
Mental Health Total	5,222	1,334	
TOTAL	5,336	1,397	

Mental health consultation by health professional : Minors July - September 2016			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	2	2	5.56%
Primary Health Nurse	0	0	0%
Primary Health Total	0	0	
Mental Health Consultations by Mental Health Professionals			
Counsellor	143	24	66.67%
Mental Health Nurse	53	23	63.89%
Psychiatrist	0	0	0%
Psychologist	16	8	22.22%
Mental Health Total	212	55	
TOTAL	214	57	

In previous quarters only data for GPs and Psychiatrists was presented. Data in Table 9 .1 now better illustrates the amount of work being done around mental health issues across the range of mental health disciplines. As noted above, mental health social work and mental health occupational therapy are disciplines recently added and not yet reported in this table.

9.2. Admissions (directly) to Psychiatric Hospitals

Data in table 9.2 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 psychiatric ward, or admitted to a medical ward and subsequently transferred to a psychiatric ward, the psychiatric inpatient component of that admission may not be captured in this data.

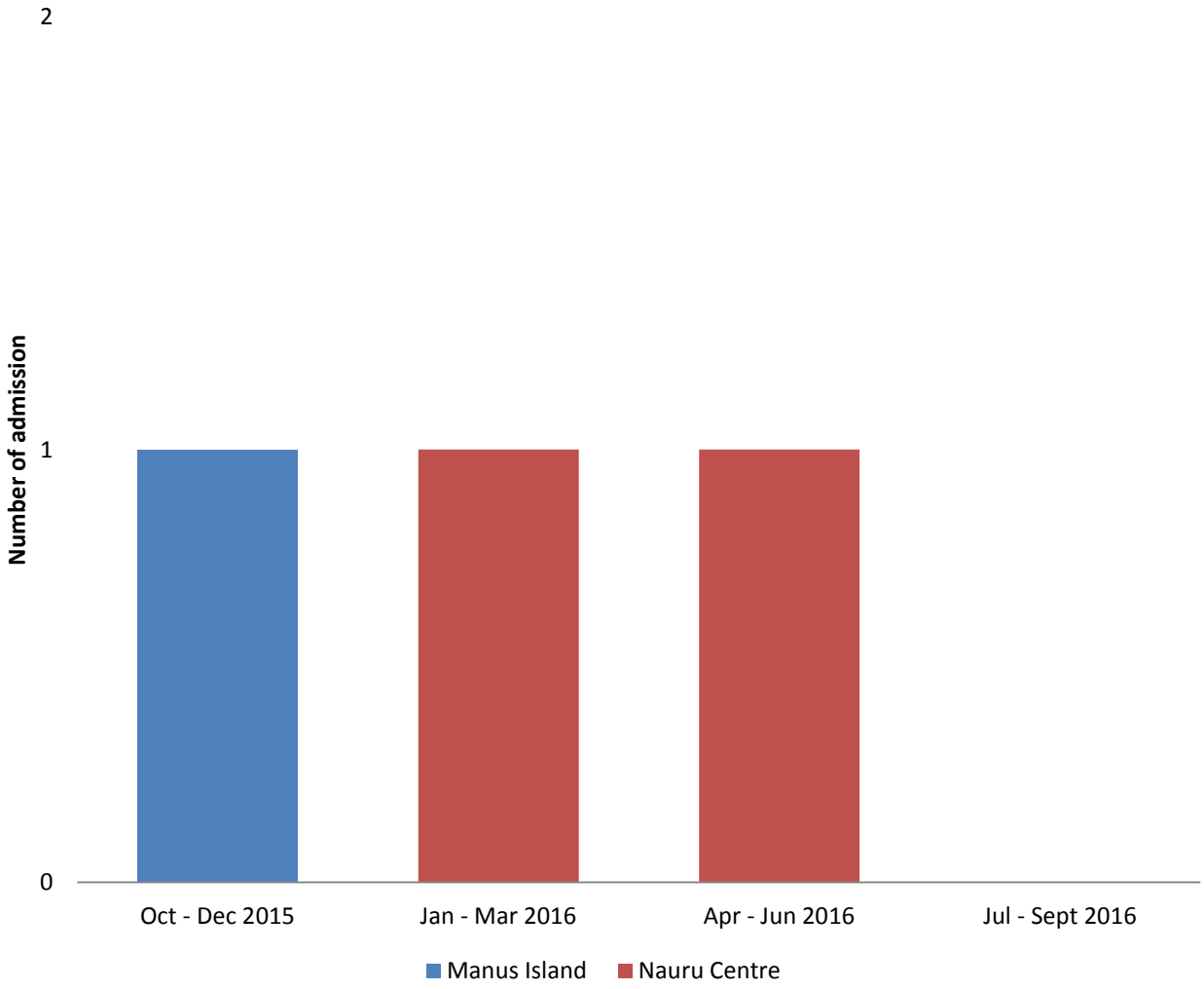
Table 9.2 Admissions to Psychiatric Hospitals

Transfers for Direct Admission to Psychiatric Hospital				
Manus and Nauru Q4 2015 – Q3 2016				
RPC Location	Oct - Dec 2015	Jan - Mar 2016	Apr - Jun 2016	Jul - Sept 2016
Manus Island	0	0	0	0
Nauru Centre	1	1	2	0
Total	1	1	2	0

Psychiatric Admissions by Age Grouping			
Manus and Nauru Q3 Jul - Sept 2016			
RPC Location	Total	Adult	Minor
Manus Island	0	0	0
Nauru Centre	0	0	0
Total	0	0	0

Overall, transfers from RPCs for direct psychiatric admission remain low. In Q3 2016 there were no patients transferred specifically for admission to a psychiatric hospital. Patients requiring compulsory inpatient treatment under Mental Health legislation, ECT, TMS, or children continue to require transfer to Australia.

Trend Psychiatric Hospital Admissions by RPC



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 Department of Immigration and Border Protection 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. It is however not a diagnostic tool, and results should be interpreted with an understanding of caveats around the interpretation of self-report questionnaires. 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 RPCs, the resettlement process, gender or family cohort variables.

9.5. Comparison of Manus Island and Nauru K10 results

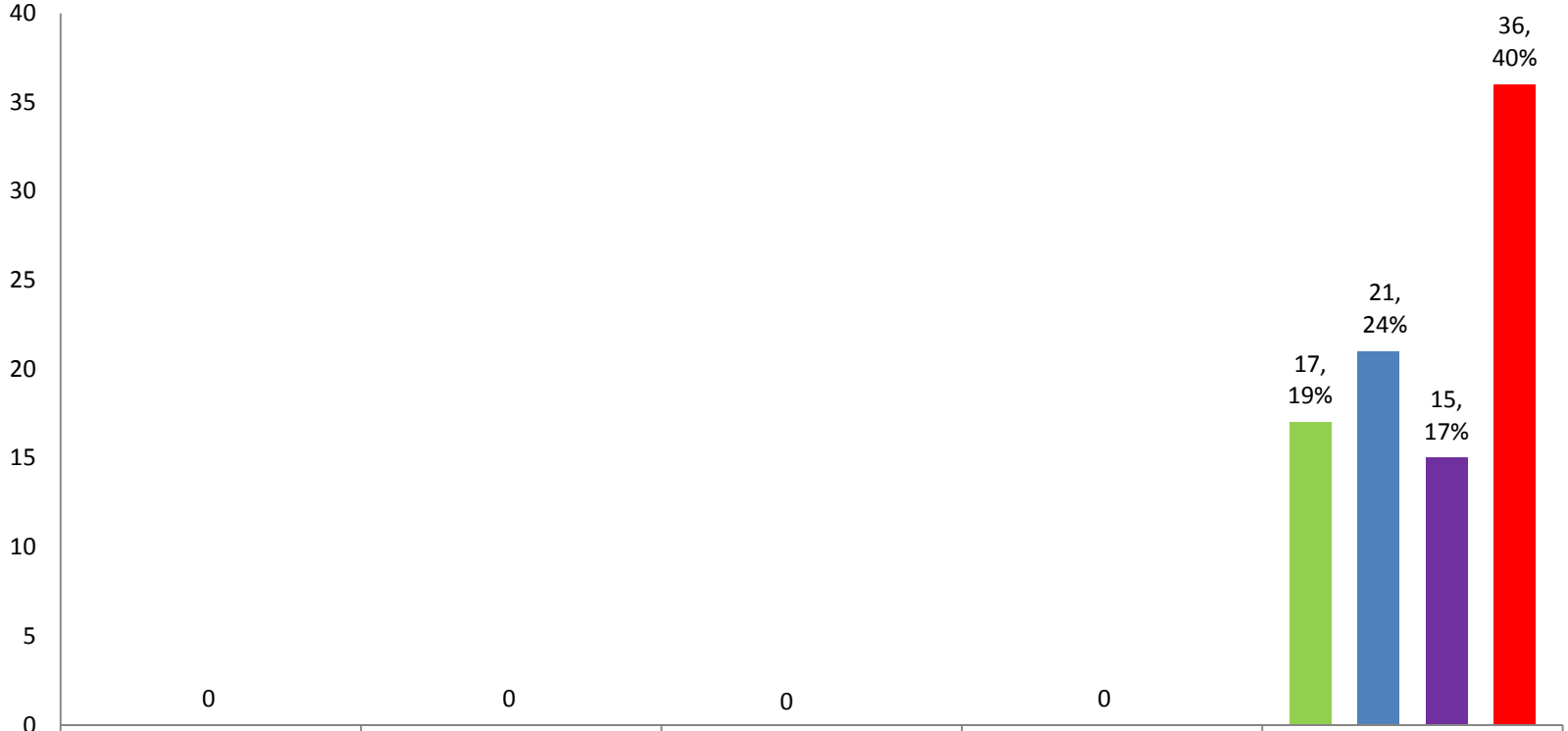
Table 9.5.1 shows a total of 89 residents of RPCs across Manus and Nauru consented to mental health screening this quarter, which is about 8% of the eligible population, and a reduction from the 257 in the previous quarter. This means that the scores reported cannot be taken as a valid reflection of overall population psychological distress, as the variables affecting whether or not an individual consents to participate in screening are not identified.

The percentage of those consenting to screening who scored severe distress on the K-10 on Nauru was 48% and on Manus 37.5%. This is an increase from the previous reporting period when the number of those assessed on Manus was 27% and in 36.7% in Nauru. During this reporting period the mean score for Nauru was 29% and 27.73% for Manus, both being in the moderate distress range.

Table 9.5.1: Collated K10 scores Manus and Nauru Q3 2016

Collated K10 scores Manus and Nauru Regional Processing Centres Q3 Jul - Sept 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	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	89	28.09	17	19.1%	21	23.6%	15	16.9%	36	40.4%
Total	89	28.09	17	19.1%	21	23.6%	15	16.9%	36	40.4%

K-10: Manus and Nauru



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	0	0	0	0	17
Mild (20-24)	0	0	0	0	21
Moderate (25-29)	0	0	0	0	15
Severe (30-50)	0	0	0	0	36

9.6. Manus Island results

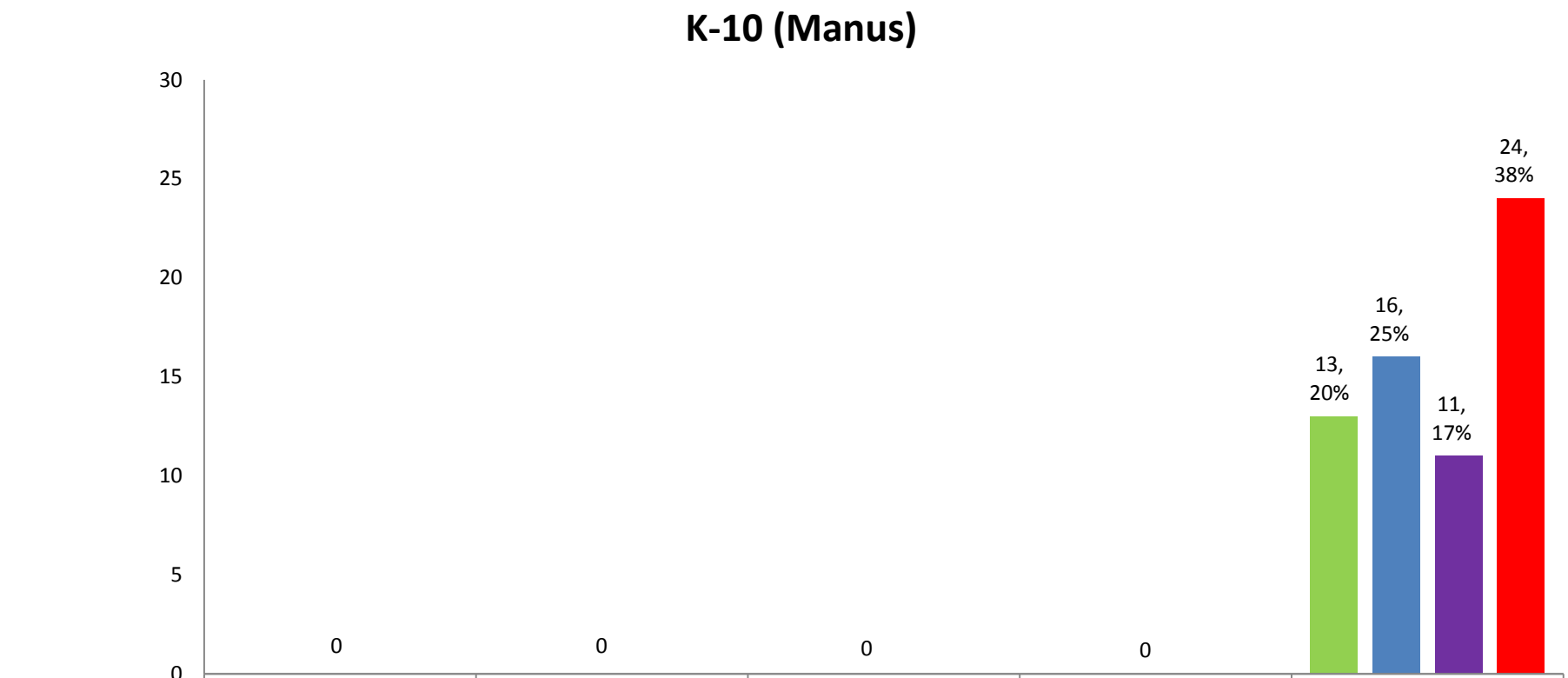
Mental Health screening is offered to all those residing in the Manus Island RPC, which includes both transferees and those who have been granted refugee status and remain accommodated at the RPC. Results from the total RPC population are presented in Table 9.6.1a below. Sixty four people (around 7.5 %) of the eligible population participated in voluntary mental health screening in this quarter.

In this Quarter 45.3% of those screened in Manus scored low to mild psychological distress, while 54.7% scored moderate to severe distress. During the previous quarter 52.2% of those screened in Manus scored low to mild psychological distress, while 47.8% scored moderate to severe distress.

9.6.1a Manus Island K-10 data

K-10 Manus Q3 Jul - Sept 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	64	27.73	13	20.3%	16	25.0%	11	17.2%	24	37.5%
Total	64	27.73	13	20.3%	16	25.0%	11	17.2%	24	37.5%

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	13
Mild (20-24)	0	0	0	0	16
Moderate (25-29)	0	0	0	0	11
Severe (30-50)	0	0	0	0	24

9.7. Nauru Island results

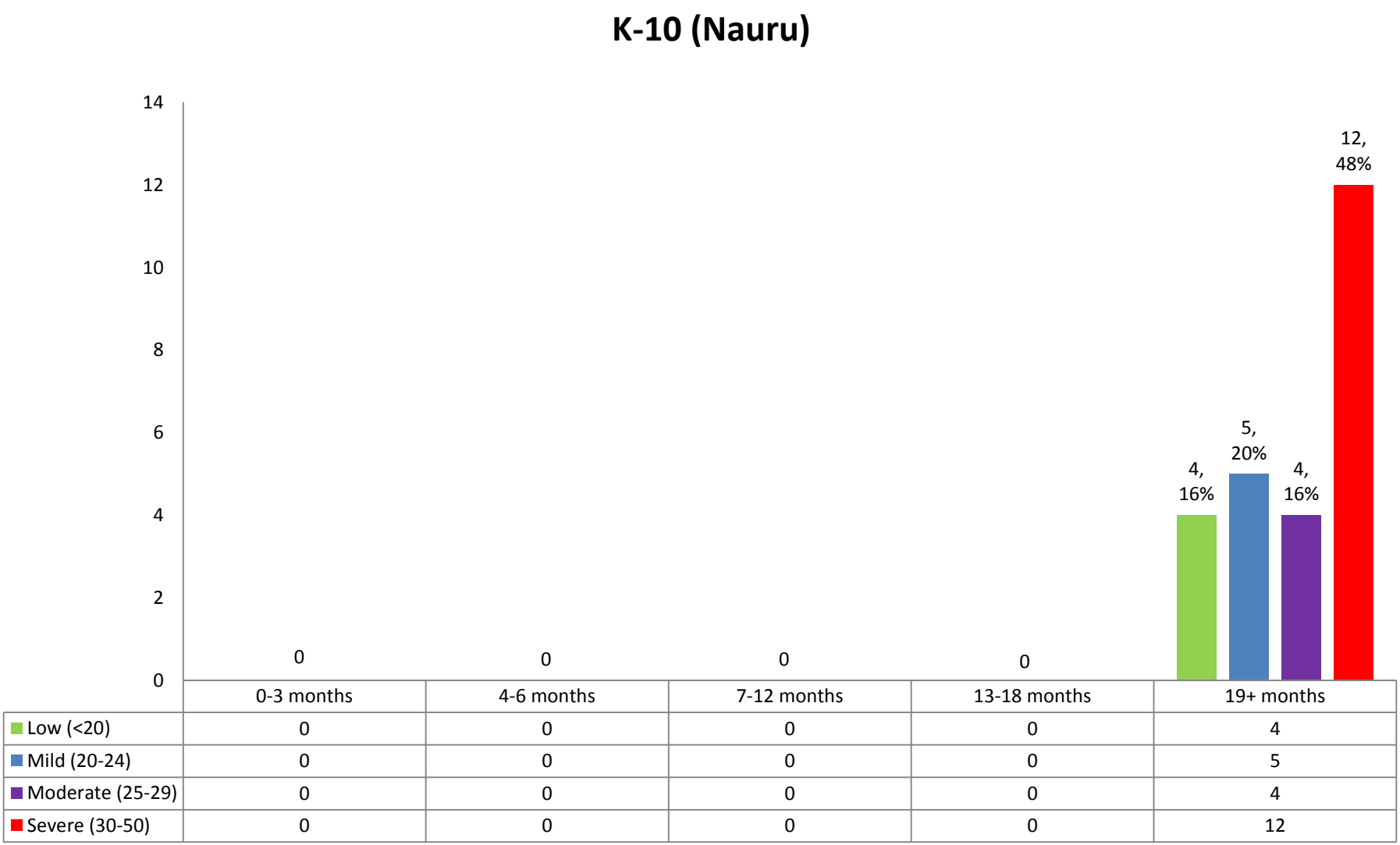
Mental Health screening is offered to all those residing at the Nauru RPC, which includes transferees and a small number of refugees living in an open centre. Results from the RPC population are presented in Table 9.7.1a below. Twenty five people (around 9 %) of the eligible population participated in voluntary mental health screening in this quarter.

In this Quarter 36% of those screened in Nauru scored low to mild psychological distress, while 64% scored moderate to severe distress. During the previous quarter 46.2% of those screened in Nauru scored low to mild psychological distress, while 53.9% scored moderate to severe distress.

9.7.1aNauru K-10 data

K-10 Nauru Q3 Jul - Sept 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	25	29.00	4	16.0%	5	20.0%	4	16.0%	12	48.0%
Total	25	29.00	4	16.0%	5	20.0%	4	16.0%	12	48.0%

9.7.1bNauru K-10 graph



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	0	0	0	0	4
Mild (20-24)	0	0	0	0	5
Moderate (25-29)	0	0	0	0	4
Severe (30-50)	0	0	0	0	12

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.

A Total Difficulties score was calculated based on the scoring of the subscales of SDQ.

As illustrated in Table 9.8a, only one parent participated in mental health screening on behalf of their child this quarter, which was a participation rate of around 5%. No meaningful population-based conclusion, other than low participation rates in screening, can be drawn from this result.

9.8a SDQ results – Q3

SDQ Total Difficulties scores	Normal	Borderline	Abnormal
Parent ratings (age 4-17, N=1	0%	0%	100%
Self-report (age 11-17, N=0	N/A	N/A	N/A

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 DIBP 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 Q3 Jul - Sept 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	0	0	0	0	0
Nauru Centre	1	0	0	1	0
Total	1	0	0	1	0
% total IDF population during Q3	0.1%	0%	0%	0.1%	0%

Table 9.10 shows the number of people making a new disclosure of T&T during the quarter, was 1 or 0.1% of the RPC population. This does not reflect the numbers who were referred to or received ongoing T&T counselling.

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 33 individuals placed on some level of SME, which represented 3% of the RPC population. On 24 occasions High Imminent SME was initiated.

Table 9.11a Supportive Monitoring and Engagement

Individuals on SME			
Manus and Nauru Q3 Jul – Sept 2016			
	Ongoing	Moderate	High Imminent
Manus Island	6	10	9
Nauru Centre	9	11	15
Total	15	21	24
Total number of unique individuals on SME	33	**% of RPC population on SME**	3%

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Department of Immigration and Border Protection

Immigration Detention Health Report

July – September 2016

Quarter 3

Immigration Detention Health Report

Quarter 3
July - September 2016

Report written by:

International Health and Medical Services (IHMS)

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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 July – 30 September 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 Regional Processing Centres (Nauru and Manus Island). Some data contained in this report is limited by the location data received from the Department of Immigration & Border Protection (DIBP) which may affect rates of conditions that are reported at site level.

The overall population in the onshore detention network including Christmas Island this quarter has decreased by 0.1% (3 detainees). The flow of people coming in and out of the detention centres includes a steady population of detainees from a correctional or compliance background. There were again no new irregular maritime arrivals this quarter.

Definitions

Term	Definition
ABF	Australian Border Force
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular Disease
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 of General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Unaccompanied 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

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.

1. North West Point, Christmas Island
2. Wickham Point, NT
3. Yongah Hill Immigration Detention Centre, WA
4. Perth Immigration Detention Centre, WA
5. Adelaide Immigration Transit Accommodation, SA
6. Maribyrnong Immigration Detention Centre, VIC
7. Melbourne Immigration Transit Accommodation, VIC
8. Villawood Immigration Detention Centre, NSW
9. Brisbane Immigration Transit Accommodation, QLD

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 comprising of mental health nurses, counsellors, psychologists and visiting consultant psychiatrists.

The onsite facilities are supported by a centralised team comprising of a team of registered nurses and medical officers in Sydney which provides an after-hours health advice service. This provides medical support to all the immigration centres 24 hours a day, 7 days a week. IHMS also has a team of operational and clinical directors in head office to provide oversight to the network thus ensuring a safe, effective and efficient health service with a system of continuous quality improvement.

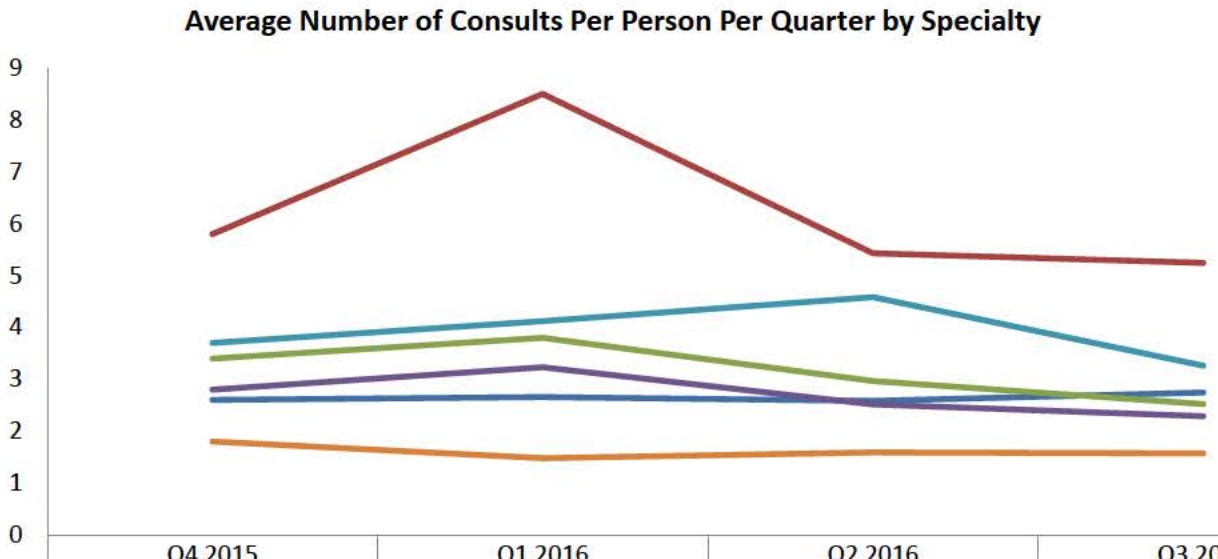
In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, assisting people with chronic conditions to manage their own health (AIHW 2008). This area has also been a key focus for IHMS in the detention setting.

4.2. Consultations

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q3 Jul- Sept 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Person in Q3	% of total IDF population during Q3 2016
GP	4,223	1,538	2.7	50.8%
Primary Health Nurse	13,774	2,624	5.2	86.7%
Mental Health Nurse	2,687	1,066	2.5	35.2%
Psychologist	586	256	2.3	8.5%
Counsellor	959	294	3.3	9.7%
Psychiatrist	416	265	1.6	8.8%
Total	**22,645**	**6,043**	**3.7**	

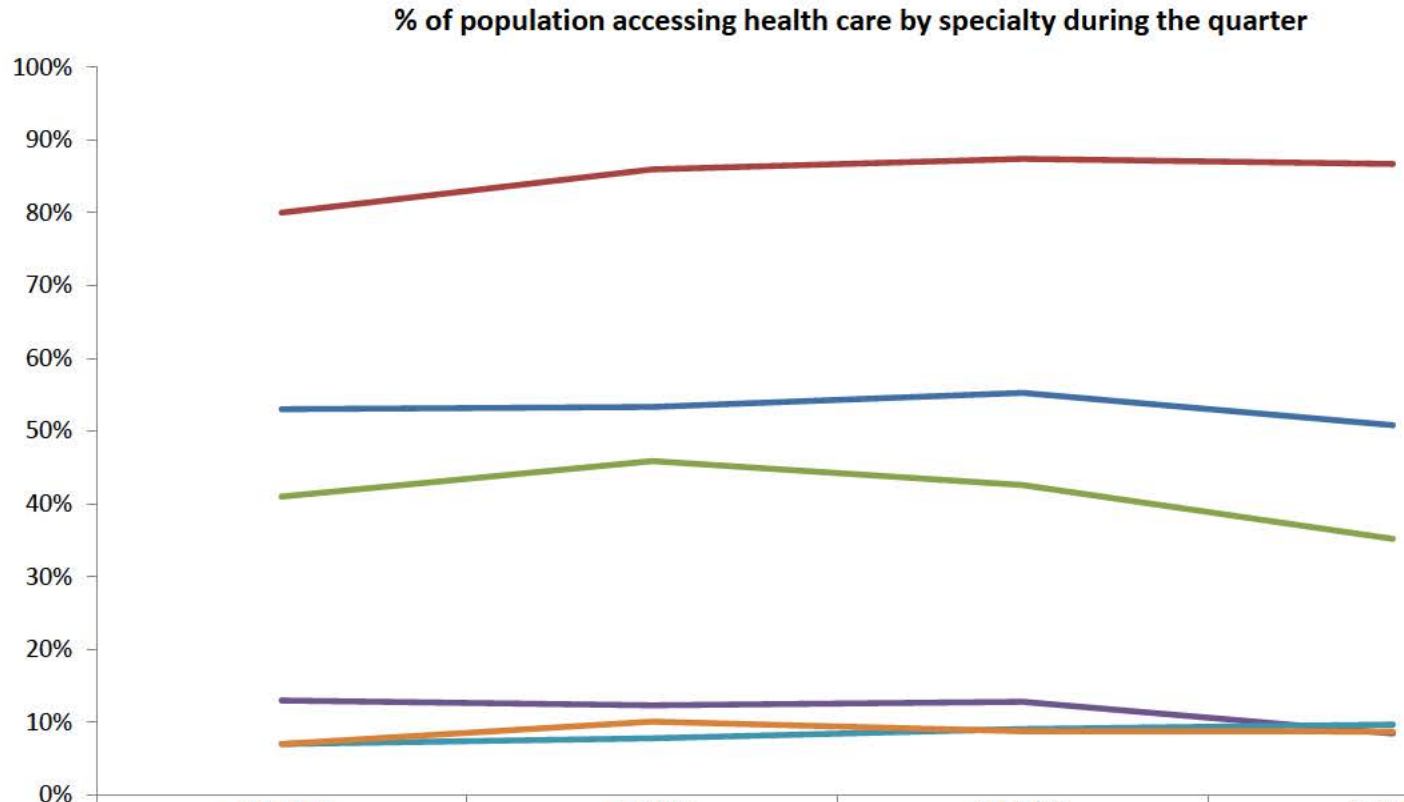
Total number of consults: *If a Detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a Detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Trend of Average Number of Consults per Person



	Q4 2015	Q1 2016	Q2 2016	Q3 2016
GP	2.6	2.7	2.6	2.7
Primary Health Nurse	5.8	8.5	5.4	5.2
Mental Health Nurse	3.4	3.8	3.0	2.5
Psychologist	2.8	3.2	2.5	2.3
Counsellor	3.7	4.1	4.6	3.3
Psychiatrist	1.8	1.5	1.6	1.6

Consultation trend by Primary Health Care



	Q4 2015	Q1 2016	Q2 2016	Q3 2016
GP	53%	53%	55%	51%
Primary Health Nurse	80%	86%	87%	87%
Mental Health Nurse	41%	46%	43%	35%
Psychologist	13%	12%	13%	8%
Counsellor	7%	8%	9%	10%
Psychiatrist	7%	10%	9%	9%

This table looks at the number of primary care consultations that IHMS conducted in the onshore detention clinics this quarter. The data is broken down into the different types of primary care consultations that IHMS conducts which include consultations by GP's, primary health nurses, mental health nurses, counsellors, psychologists and psychiatrists. Mental health consultations include those conducted by mental health nurses, psychologists and psychiatrists, including consultations for mandatory mental health screening. The percentage of consultations according to speciality has remained wholly consistent with last quarter's split.

The population figure for onshore in Q3 is 3027 – this is used as the denominator for some of the tables presented in this report.

There were 22,645 primary health care consultations on mainland and Christmas Island sites recorded in this quarter compared to 25,224 in Q2 2016. This is a slight drop.

Similar to last quarter, there were a total number of 6,043 detainees that attended a consultation this quarter ('no. of unique persons seen'), however the average number of consults per person has dropped slightly from 3.9 last quarter to 3.7 consults per person this quarter. The most significant individual drops in consults were for mental health nurse and psychologists this quarter. Although the number of detainees accessing such support remains high, the decrease can be attributed to the cohort of Detainees from the corrections background who remain generally less engaged with the health services, and to the high turnaround rate of Detainees.

The continued 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

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 are 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, as specified in the IHMS policy and procedure manual.

Onsite Integrated Primary Health Care by Age Group										
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 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	2	50.0%	1	11.1%	1,514	50.8%	21	67.7%	1,538	50.8%
Primary Health Nurse	4	100%	9	100%	2,584	86.6%	27	87.1%	2,624	86.7%
Mental Health Nurse	0	0%	0	0%	1,057	35.4%	9	29.0%	1,066	35.2%
Psychologist	0	0%	0	0%	253	8.5%	3	9.7%	256	8.5%
Counsellor	0	0%	0	0%	292	9.8%	2	6.5%	294	9.7%
Psychiatrist	0	0%	0	0%	262	8.8%	3	9.7%	265	8.8%

The table above displays a further breakdown of the number of consultations for each type of primary health care consultation by age group.

4.3. Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island Q3 Jul- Sept 2016				
Pathology Type	**Induction Pathology**	**Other Pathology**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	607	607	527
Hep C	620	155	775	761
Hep B	598	97	695	689
HIV	601	54	655	652
VDRL (Syphilis)	596	37	633	631
Full Blood Count (FBC)	0	327	327	278
INR	0	67	67	61
Mid Stream Urine Micro & Culture	0	88	88	74
Fasting Triglycerides	0	106	106	104
Alpha Fetoprotein	0	75	75	72
Total number of unique persons that had a Pathology Referral	**950**	**As % of total IDF population during quarter**	**31.38%**	

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, Alpha fetoprotein (AFP) and repeat hepatitis tests. Although slightly lower than last quarter, AFP has appeared in the top 10 list again this quarter which confirms an increase need to monitor progression of chronic liver disease and supports the observation that more patients are presenting with hepatitis due to the differing cohorts now seen in Australian immigration detention. 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. The halving of INR tests (67, down from 126 in Q2) reflects the fact that these tests are repeated and patient-specific; if detainees requiring these regularly leave the system, the number of tests falls dramatically.

The above table displays the pathology referrals in the detention network this quarter. There were 950 detainees who had a pathology referral this quarter compared to 589 in Q2 2016. This represents a drop from 30% of the total population to 19% of the population referred for a pathology test. The bulk of the testing done this quarter remains for induction screening, although the number of these tests have dropped slightly.

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4.4. Allied Health Appointments

Allied Health Appointments					
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 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	494	445	939	387	12.8%
Physiotherapy	484	249	733	139	4.6%
Audiology	0	5	5	3	0.1%
Optometry	81	57	138	101	3.3%
Podiatry	0	102	102	38	1%
Diabetes Educator	0	6	6	4	0%
Nutritionist	0	3	3	2	0%
Total	**1,059**	**867**	**1,926**		**18.5%**
Total number of unique persons to have an Allied Health Appointment		**560**			

**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.

Detainees are provided with dental care in line with the DIBP dental policy. This includes routine checks, fillings, extractions, root canal therapy and dentures where clinically indicated. A referral to the Dentist can be provided by a GP or a Primary Health Nurse. Dental consultations are provided by IHMS network providers in the private and public sector. Visits are also undertaken by diabetes educators on some sites. 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 remains high, physiotherapy continues to be a crucial adjunct therapy in the management of detainees with chronic pain and musculoskeletal disorders, with 4.6% of detainees accessing this service this quarter. Sites such as Villawood have a regular visiting Physiotherapist who provides this service. The provision of physiotherapy on Christmas Island is provided by an outreach service from a visiting Physiotherapist from Perth.

4.5. Radiology Referrals

Radiology referrals Mainland and Christmas Island (IDFs only) Q3 Jul - Sept 2016					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology referral	
X-Ray	421	42.78%	209	50.48%	1. Chest 2. Spine - Lumbo-sacral 3. OPG 4. Knee (R) 5. Hand (R)
Ultrasound	384	39.02%	192	46.38%	1. Abdomen 2. Upper abdomen 3. Other 4. Shoulder 5. Renal
CT Scan	105	10.67%	54	13.04%	1. Brain 2. Sinuses 3. Orbits 4. Renal 5. Abdomen
MRI	64	6.50%	39	9.42%	1. Knee 2. Lumbar Spine 3. Brain 4. Cervical Spine 5. Head
Mammography	4	0.41%	3	0.72%	1. Plain bilateral 2. Bilateral +/- Ultrasound
Bone densitometry	3	0.30%	3	0.72%	1. Medically indicated
Nuclear medicine	2	0.20%	2	0.48%	1. Bone scan 2. Thyroid
Angiography	1	0.10%	1	0.24%	1. Coronary
Total	984				
Total number of unique persons to have a Radiology test	414	As % of total IDF population during Q3	13.7%		

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

There were 414 persons who were referred for diagnostic imaging during this quarter which is very similar to Q2 2016. 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; there has been a 12% decrease in these since Q3. 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. The other types of investigations vary each quarter depending on the type of presentation seen, but this spread is broadly similar to Q3.

4.6. Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Gastroenterology	77	67	2.2%
Orthopaedics	40	37	1.2%
Cardiology	23	19	0.6%
General surgery	22	19	0.6%
Otorhinolaryngology	15	13	0.4%
Neurology	14	13	0.4%
Ophthalmology	14	12	0.4%
Emergency department	11	11	0.4%
Endocrinology	11	9	0.3%
Neurosurgery	11	11	0.4%
Gynaecology and obstetrics	8	8	0.3%
Urology	8	6	0.2%
Addiction medicine	7	7	0.2%
Respiratory and sleep medicine	6	6	0.2%
Infectious diseases	5	4	0.1%
Rheumatology	5	5	0.2%
Pain medicine	4	4	0.1%
Psychiatry	4	4	0.1%
Vascular surgery	4	3	0.1%
Colorectal surgery	3	3	0.1%
TOTAL	292		
Total number of unique persons to have a Specialist referral	242	**% of total IDF population during Q3**	8.0%

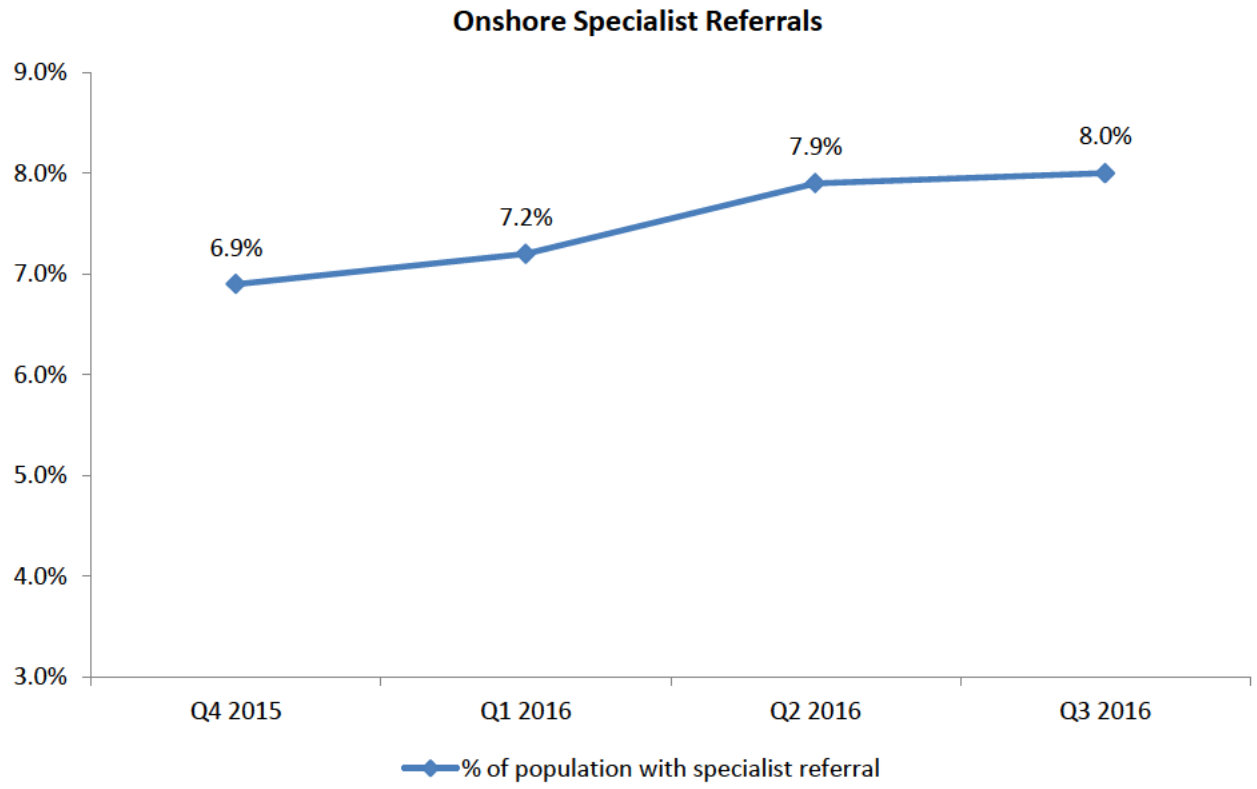
**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Gastroenterology, orthopaedics remain the most referred specialties, with cardiology overtaking otorhinolaryngology as the third most common specialty this quarter. There has been no major change to the specialist referral patterns this quarter, with the same proportion of Detainees receiving a referral compared to last quarter (8% vs 7.9%).

A proportion of Detainees continue to receive access to Gastroenterology specialist services this quarter for the purposes of managing their Hepatitis C. There has been a slight rise in the number of presentations this quarter.

Specialist telehealth consults provided to Christmas Island Detainees are not reflected in this table. Specialty telehealth consults to Christmas Island Detainees include cardiology, gastroenterology, urology, orthopaedics and pain medicine.

Referrals to Psychiatry in this table reflect 'occasional use' items such as Specialist Forensic Psychiatrist review of complex cases.



Specialist referrals have remained steady when compared with Q2

4.7. Hospital Admissions

Hospital Admissions		
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016		
IDF Location	Total number of hospital admissions per region	Total number of individuals hospitalised per region
Christmas Island	12	10
NSW	54	44
NT	0	0
QLD	12	11
SA	0	0
VIC	29	20
WA	32	26
Total	139	111
Total number of unique persons that were hospitalised		3.7%

**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 obtained from the 'Incident Report' tab in Apollo.

There were a total of 139 hospital admissions this quarter which is a significant drop compared with last quarter (191 admissions). There was a cessation of admissions in NT associated with the closure of Wickham Point, however this was not associated with a significant rise in admissions elsewhere in the network mainly Yongah Hill (WA), MITA (VIC) and Villawood (NSW).

The continued large numbers of admissions in NSW in particular reflects partly the higher throughput of Detainees through the 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.

It would be expected that the number of hospital admissions in these locations will increase in the next quarter.

4.8. GP and Psychiatrist Presentations by Health Groupings

GP/Psychiatrist Presentations			
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016			
Health Groupings	**Number of Unique Presentations**	**Number of Unique Persons**	**Percentage of total IDF population with a presentation**
Psychological	1,328	554	18.3%
Musculoskeletal	857	445	14.7%
Digestive	703	400	13.2%
Skin	503	295	9.7%
General Unspecified	393	298	9.8%
Respiratory	393	217	7.2%
Endocrine / Metabolic & Nutritional	265	172	5.7%
Neurological	242	186	6.1%
Cardiovascular	185	143	4.7%
Injury	148	117	3.9%
Genital	127	81	2.7%
Eye	121	72	2.4%
Urological	111	75	2.5%
Ear	93	52	1.7%
Social	33	31	1.0%
Blood / Blood forming organs	31	29	1.0%
Pregnancy / Childbearing / Family Planning	11	5	0.2%
Total number of unique presentations	5,544		

**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) Q3 Jul- Sept 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
Psychological	0	0%	0	0%	546	18.3%	8	26%	554	18.3%
Musculoskeletal	0	0%	0	0%	436	14.6%	9	29%	445	14.7%
Digestive	0	0%	0	0%	391	13.1%	9	29%	400	13.2%
General Unspecified	0	0%	0	0%	290	9.7%	8	26%	298	9.8%
Skin	0	0%	0	0%	291	9.8%	4	13%	295	9.7%
Respiratory	0	0%	0	0%	210	7.0%	7	23%	217	7.2%
Neurological	0	0%	0	0%	180	6.0%	6	19%	186	6.1%
Endocrine / Metabolic & Nutritional	0	0%	0	0%	165	5.5%	7	23%	172	5.7%
Cardiovascular	0	0%	0	0%	133	4.5%	10	32%	143	4.7%
Injury	0	0%	0	0%	115	3.9%	2	6%	117	3.9%
Genital	0	0%	0	0%	79	2.6%	2	6%	81	2.7%
Urological	0	0%	0	0%	73	2.4%	2	6%	75	2.5%
Eye	0	0%	0	0%	66	2.2%	6	19%	72	2.4%
Ear	0	0%	0	0%	51	1.7%	1	3%	52	1.7%
Social	0	0%	0	0%	31	1.0%	0	0%	31	1.0%
Blood / Blood forming organs	0	0%	0	0%	28	0.9%	1	3%	29	1.0%
Pregnancy / Childbearing / Family Planning	0	0%	0	0%	5	0.2%	0	0%	5	0.2%

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 classified by age group.

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 before interpreting the data and drawing conclusions. 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 SNOMED classification system which includes more than 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, “Psychological”, “Digestive” and “Musculoskeletal” health groupings are the most common presentations in Q3 2016. There has been a significant drop in the number of presentations classified as “General Unspecified” due to coding changes, ie, if there is no diagnosis or symptoms made within a consultation, then it does not get captured under any of the above health groupings.

The total number of presentations in this table has also slightly decreased from to 5891 to 5544 when compared to the previous quarter, as expected due to the decrease in overall population.

4.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Cardiovascular	68	2.0%	0	0%	68
Depression	59	1.9%	0	0%	59
Diabetes	52	1.6%	0	0%	52
Asthma	47	1.6%	0	0%	47
Schizophrenia	41	1.3%	0	0%	41
Obesity	40	1.3%	0	0%	40
Arthritis	22	0.7%	0	0%	22
Oral disease	11	0.4%	0	0%	11
Thyroid disease	9	0.3%	0	0%	9
Epilepsy	6	0.2%	0	0%	6

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q3 Jul - Sept 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 %
Cardiovascular	0	0%	0	0%	60	2.0%	0	0%
Depression	0	0%	0	0%	58	1.9%	0	0%
Diabetes	0	0%	0	0%	49	1.6%	0	0%
Asthma	0	0%	0	0%	47	1.6%	0	0%
Obesity	0	0%	0	0%	40	1.3%	0	0%
Schizophrenia	0	0%	0	0%	40	1.3%	0	0%
Arthritis	0	0%	0	0%	20	0.7%	0	0%
Oral disease	0	0%	0	0%	11	0.4%	0	0%
Thyroid disease	0	0%	0	0%	9	0.3%	0	0%
Epilepsy	0	0%	0	0%	6	0.2%	0	0%

The above categories of chronic diseases were obtained from a list reported by the Australian Institute of Health and Welfare (AIHW), expanded this quarter to capture additional specific diseases of interest such as thyroid disease and schizophrenia. As per the table above, cardiovascular disease, depression, and diabetes remain the three most common diseases in the detention population this quarter, which is a similar result to Q2 2016. 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. The background incidence of schizophrenia in this cohort was reported this quarter as 1.3%, as compared to an incidence rate of 1% reported in the Australian population (Schizophrenia Research Institute 2013). Interestingly, the reported incidence of obesity in this population this quarter (1.3%) is significantly lower than that reported in the Australian community (28%) (AIHW 2012).

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.

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

Medications and immunisations

5. Medications

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 Q3 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 remains the same for this quarter. There is a steady increase of prescribed drugs used in drug dependence, from 4.5% of the total last quarter to 5% this quarter. This is becoming increasingly 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:

- Q4 2015 (October – December) 54%
- Q1 2016 (January – March) 55%
- Q2 2016 (April – June) 55%
- Q3 2016 (July – September) 52%

5.1. Medication usage in IDFs (Top 20)

Medication Trends						
Mainland and Christmas Island (IDFs only) Q3 Jul - Sept 2016						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	1,008	33%	0	0%	1008	33%
Nonsteroidal anti-inflammatory agents	787	26%	0	0%	787	26%
Combination simple analgesics	447	15%	0	0%	447	15%
Antidepressants	345	11%	0	0%	345	11%
Antihistamines	294	10%	0	0%	294	10%
Hyperacidity, reflux and ulcers	263	9%	0	0%	263	9%
Expectorants, antitussives, mucolytics, decongestants	243	8%	0	0%	243	8%
Antipsychotic agents	216	7%	0	0%	216	7%
Penicillins	143	5%	0	0%	143	5%
Laxatives	142	5%	0	0%	142	5%
Agents used in drug dependence	141	5%	0	0%	141	5%
Rubefacients, topical analgesics/NSAIDs	127	4%	0	0%	127	4%
Narcotic analgesics	122	4%	0	0%	122	4%
Antihypertensive agents	121	4%	0	0%	121	4%
Hypolipidaemic agents	105	4%	0	0%	105	3%
Anticonvulsants	94	3%	0	0%	94	3%
Topical oropharyngeal medication	89	3%	0	0%	89	3%
Topical corticosteroids	86	3%	2	15%	88	3%
Topical antifungals	84	3%	0	0%	84	3%
Multivitamins and minerals	78	3%	0	0%	78	3%

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

5.2. Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	299	0	1,119
S3	340	5	18
S4	2,119	140	964
S8	60	0	1
Unscheduled	692	0	561
Grand Total	3,510	145	2,663

The breakdown by schedule of drug remains static when compared with previous quarters. There remains a low proportion of patients prescribed S8 drugs in the network, associated with IHMS' efforts to minimise their use wherever possible.

5.3. Scheduling basics

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
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*

5.4. Medication Trends

Medication Trends		
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016		
Medications	**Apr - Jun 2016**	**Jul – Sept 2016**
Simple analgesics and antipyretics	32.0%	33.3%
Nonsteroidal anti-inflammatory agents	25.1%	26.0%
Combination simple analgesics	15.3%	14.8%
Antidepressants	11.1%	11.4%
Antihistamines	9.4%	9.7%
Antipsychotic agents	7.4%	8.7%
Hyperacidity, reflux and ulcers	7.3%	8.0%
Penicillins	5.7%	7.1%
Expectorants, antitussives, mucolytics, decongestants	5.1%	4.7%
Agents used in drug dependence	4.5%	4.7%
Narcotic analgesics	4.4%	4.7%
Antihypertensive agents	4.3%	4.2%
Laxatives	4.0%	4.0%
Hypolipidaemic agents	3.3%	4.0%
Anticonvulsants	3.0%	3.5%
Rubefacients, topical analgesics/NSAIDs	2.9%	3.1%
Other antibiotics and anti-infectives	2.4%	2.9%
Multivitamins and minerals	2.3%	2.9%
Antianxiety agents	2.3%	2.8%
Sedatives, hypnotics	2.2%	2.6%

This breakdown does not show any significant change of note. As detainees do not have access to a pharmacy, IHMS also dispenses many over-the-counter drugs and preparations commonly used in the Australian community.

6. Vaccinations Administered by Age Group

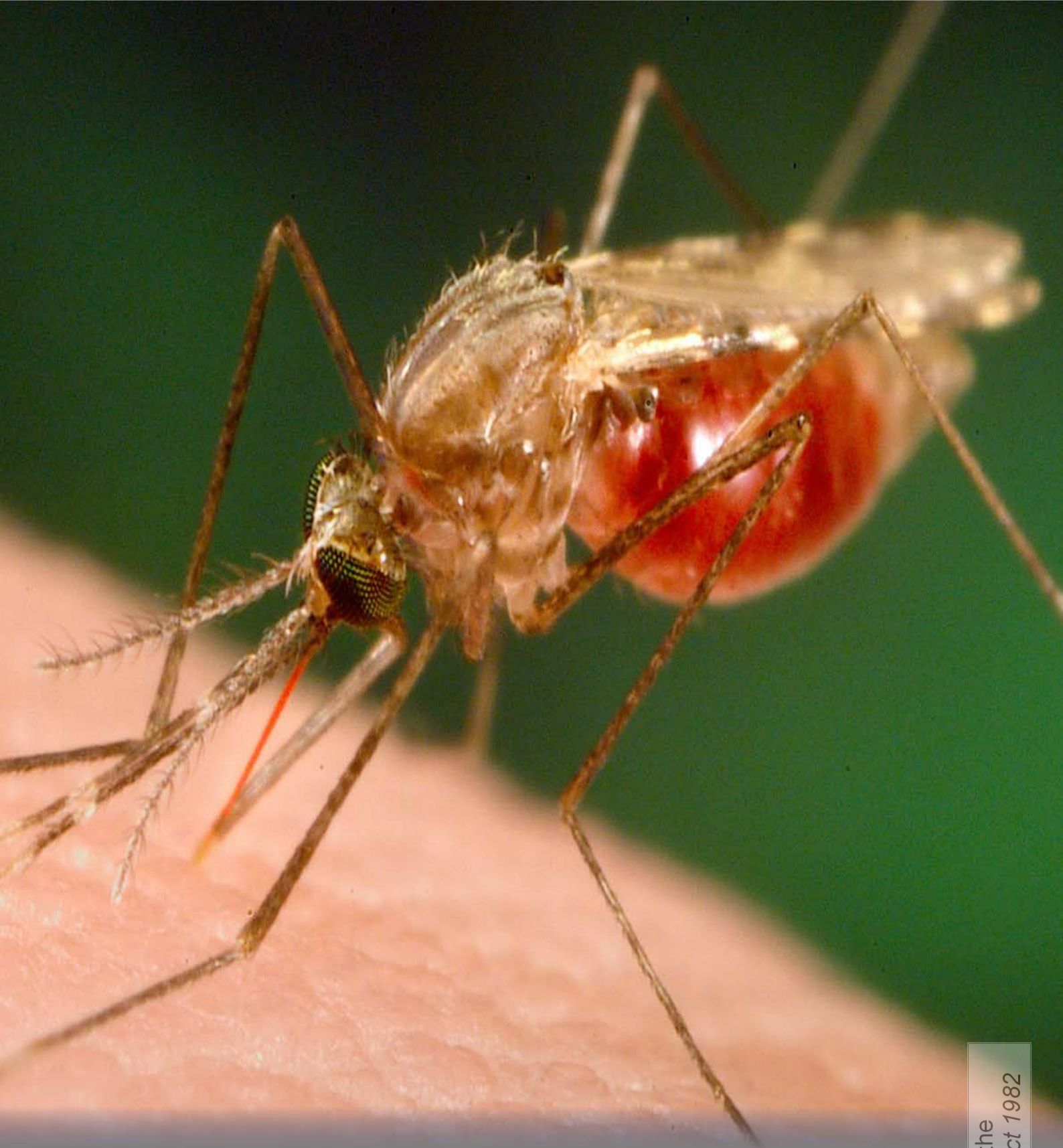
Vaccinations Administered by Age Group					
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016					
Vaccination type	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	75	0	75
MMR	0	0	81	0	81
MMRV	0	0	0	0	0
Hep A	0	0	39	0	39
Hep B	0	0	147	0	147
MenCCV	0	0	48	0	48
Typh IM	0	0	0	0	0
dT	0	0	45	0	45
HPV	0	0	33	0	33
DTPa (up to 10 years)	0	0	5	0	5
Rotavirus	0	0	0	0	0
IPV	0	0	145	0	145
PCV	0	0	2	0	2
dTpa (11 years and over)	0	0	102	0	102
Jap E	0	0	0	0	0
Hib	0	0	2	0	2
23 PPV	0	0	3	2	5
Total	0	0	727	2	729

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 983 last quarter to 727 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.



Communicable, Infectious and Parasitic diseases

7. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 3 (Jul - Sept 2016)				Total New Diagnoses Jul 2015 - Sept 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%	0	1	1
Chlamydia	0	1	1	0.03%	1	6	7
Gonorrhoea	0	0	0	0%	0	0	0
Hepatitis A	0	0	0	0%	0	0	0
Hepatitis B (incl active and carrier states)	0	26	26	0.86%	3	121	124
Hepatitis C	0	41	41	1.35%	6	229	235
HIV	0	1	1	0.03%	0	6	6
Measles, Mumps, Rubella	0	0	0	0%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0%	0	1	1
Syphilis	0	11	11	0.36%	0	39	39
Tuberculosis – Active	0	1	1	0.03%	0	4	4
Typhoid	0	0	0	0%	0	0	0
Total	0	81	81	2.68%	10	407	417
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0%	0	0	0
Malaria	0	0	0	0%	0	0	0
Schistosomiasis	0	0	0	0%	1	0	1
Strongyloidiasis	0	0	0	0%	0	1	1
Total	0	0	0	0%	1	1	2
Grand Total	0	81	81	2.68%	11	408	419

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

IHMS conducts a health induction assessment for all new arrivals into the detention network. The health induction involves a nurse assessment, a GP assessment, a screening CXR and pathology for communicable diseases. The screening program is crucial in managing the risks to public health with the key communicable diseases being screened, appropriately managed and notified to the relevant public health authority. IHMS conducts routine screening for Syphilis, Hepatitis B and C, HIV and Tuberculosis (TB). 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 C patients identified this quarter. This is attributed to the 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. IHMS has recommended treatment for Hepatitis C to be made available to those in detention according to PBS guidelines.

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 causes of disability for adults this quarter are visual impairment and functional impairment.

8.1. Number of Detainees with a Disability in IDFs

Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs)					
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016					
Types of Disability	IDCs	IRH/APODs	ITAs	Adult	Minor
Amputation	0	0	1	1	0
Cognitive	0	0	1	1	0
Developmental	7	0	3	10	0
Functional impairment	26	0	10	36	0
Hearing impairment	14	0	3	17	0
Neurological	6	0	6	12	0
Visual impairment	22	0	11	33	0
Total	75	0	35	110	0
Unique Detainees with a disability	63	0	23	86	0

8.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q4 2015 – Q3 2016		
As at (as per quarter)	No. of detainees	Approx. % of IDF population
30 Sept 2016 - Q3	86	2.8%
30 Jun 2016 - Q2	94	3.1%
31 Mar 2016 - Q1	124	4.0%
31 Dec 2015 - Q4	129	3.8%

The total no of detainees classified as having a disability has remained static 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 or soon after 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 consultations

Table 9.1 below shows the number of unique presentations to Primary Health professionals and Mental Health professionals in detention that are related to mental health. This data is derived from consultations which the clinician has specifically noted are 'mental health consultation', or for which the SNOMED code entered falls under the 'psychological' category, 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].

Consultations captured under 'mental health related consultations' may include consultations relating to specific mental health diagnoses, or a variety of other 'mental health related' issues such as sleep, or anger, which do not necessarily relate directly to diagnoses.

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

In table 9.1 the number of 'consults' is the sum of all consultations regardless of whether one person has presented twenty times and another only once, while the number of 'unique' consults shows the number of different people who account for the total number of consults.

Table 9.1 Mental health consultation by health professional

Mental health consultation by health professional : Adults			
July - September 2016			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	208	158	5.24%
Primary Health Nurse	309	185	6.14%
Primary Health Total	517	343	
Mental Health Consultations by Mental Health Professionals			
Counsellor	938	292	9.69%
Mental Health Nurse	2,258	954	31.65%
Psychiatrist	347	233	7.73%
Psychologist	517	247	8.20%
Mental Health Total	4,060	1,726	
TOTAL	4,577	2,069	

Mental health consultation by health professional : Minors			
July - September 2016			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	0	0	0%
Primary Health Nurse	0	0	0%
Primary Health Total	0	0	
Mental Health Consultations by Mental Health Professionals			
Counsellor	0	0	0%
Mental Health Nurse	0	0	0%
Psychiatrist	0	0	0%
Psychologist	0	0	0%
Mental Health Total	0	0	
TOTAL	0	0	

Table 9.1 shows that the majority of consultations for mental health reasons were attended to by mental health professionals. It also demonstrates the primary health care model where clients are reviewed by primary health care professionals and then referred to a mental health professional. As only one 'reason for consultation' is recorded, the data does not capture consultations by primary care staff where mental health issues are among a number of other things raised.

Primary Health Nurses provide mental health services within their scope of practice such as observation monitoring of clients on mental health medications or initial mental health triage of a client.

There are no minors currently in onshore immigration detention facilities.

9.2. Admissions (directly) to Psychiatric Hospitals

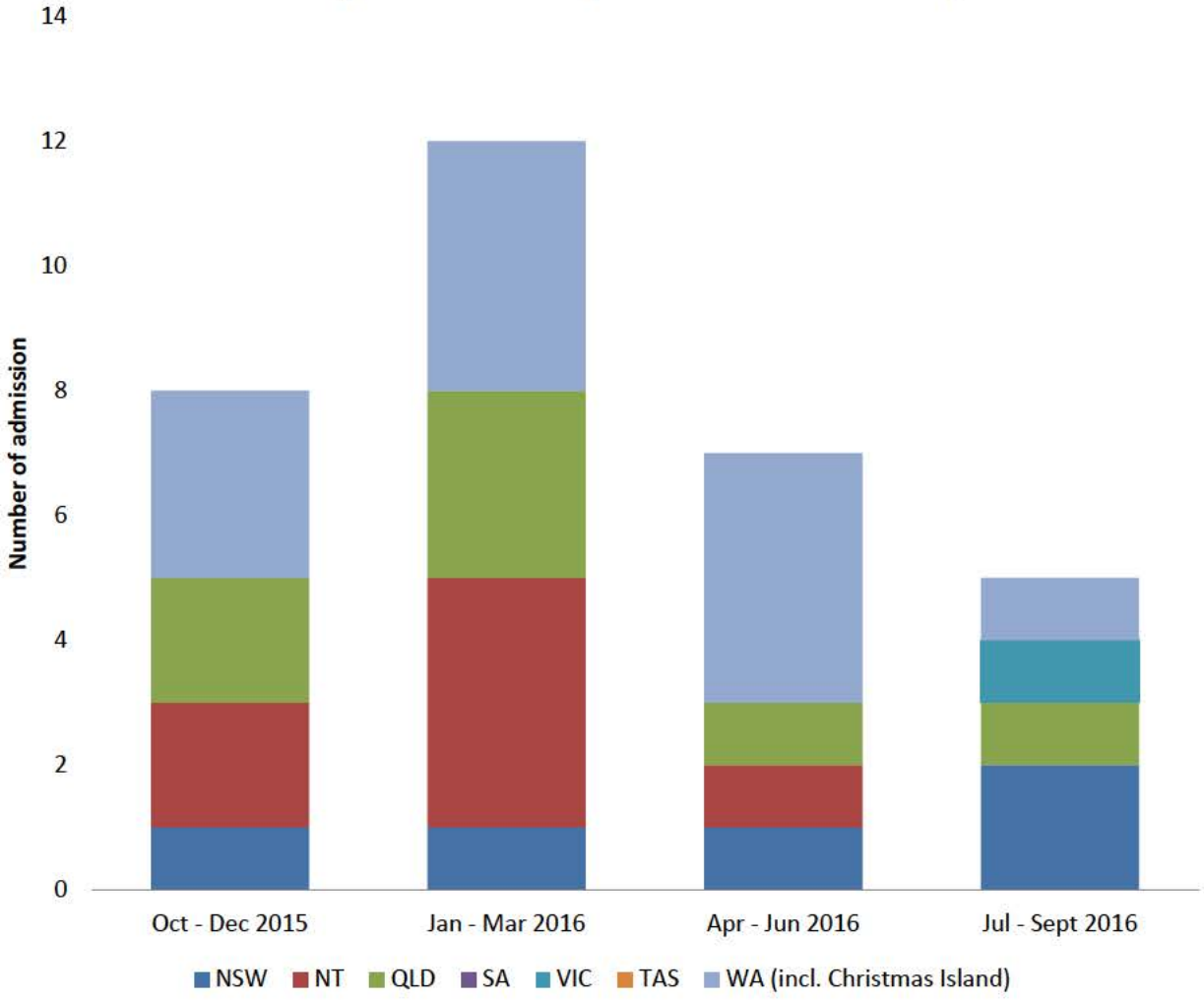
Data in this table is extracted from the Incident reporting system, in which Admission to a Psychiatric Hospital is a specific incident item. Where patients are initially admitted to a Public Hospital Emergency department and then transferred to a Public Hospital Psychiatric ward, the Psychiatric inpatient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

Admissions (directly) to Psychiatric Hospitals				
Mainland and Christmas Island (IDFs only) Q4 2015 – Q3 2016				
State/Territory	Oct - Dec 2015	Jan - Mar 2016	Apr - Jun 2016	Jul - Sept 2016
NSW	1	1	1	2
NT	2	4	1	0
QLD	2	3	0	1
SA	0	0	0	0
VIC	0	0	0	1
WA (incl. Christmas Island)	3	4	4	1
Total	8	12	6	5

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016			
State/Territory	Total	Adult	Minor
NSW	2	2	0
NT	0	0	0
QLD	1	1	0
SA	0	0	0
VIC	1	1	0
WA (incl. Christmas Island)	1	1	0
Total	5	5	0

The total number of admissions to Psychiatric Hospitals for the onshore network in the quarter was 5, which continues the trend downwards from the peak of Q2 2016. This will be in part related to reduced numbers in the onshore detention network.

Trend Psychiatric Hospital Admissions by State



The change in distribution of admissions across the states reflects both changes in the types of inpatient care required and also changes in available options for receiving care.

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 epidemiological data may not give a true indication of K10 scores 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. It is however not a diagnostic tool, and results should be interpreted with an understanding of caveats around the interpretation of self-report questionnaires. 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

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

As shown in table 9.5 there were 785 screenings for adults completed in this quarter using the K10. It should be noted when interpreting this data that for those in detention for more than 18 months the screening interval changes from 6 monthly to three monthly, and also that the screening rate cannot be simply calculated from published numbers in detention in each quarter due to turnover rates.

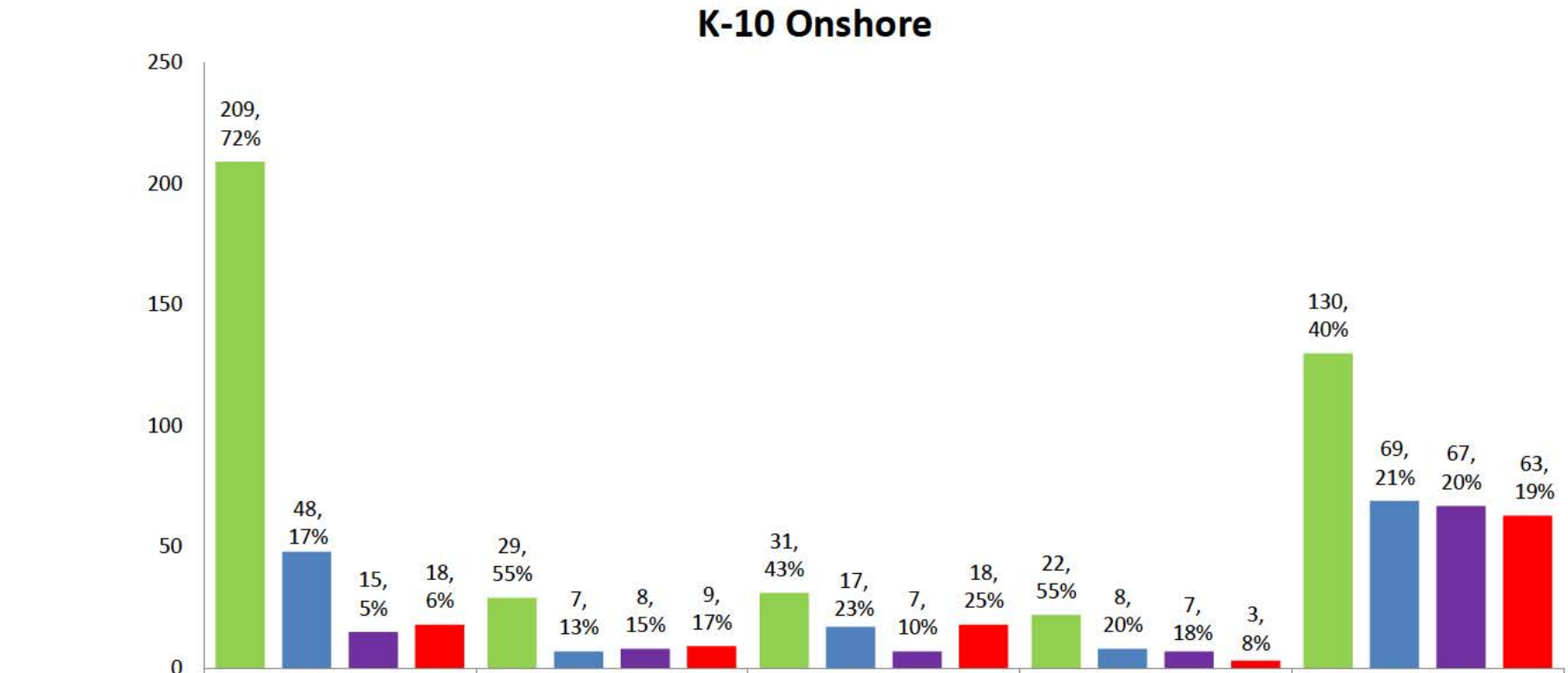
The number of screenings has dropped slightly since the last quarter, although screening rates for those in detention over 19 months remains around the same.

The percentage reporting severe distress is similar to last quarter at 14.1%, with the highest scores on the K-10 reported in the group in detention between 7-12 months.

Table 9.5. Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 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	290	16.13	209	72.1%	48	16.6%	15	5.2%	18	6.2%
4-6 months	53	20.58	29	54.7%	7	13.2%	8	15.1%	9	17.0%
7-12 months	73	21.95	31	42.5%	17	23.3%	7	9.6%	18	24.7%
13-18 months	40	19.80	22	55.0%	8	20.0%	7	17.5%	3	7.5%
19+ months	329	22.78	130	39.5%	69	21.0%	67	20.4%	63	19.1%
Total	**785**	**19.95**	**421**	**53.6%**	**149**	**19.0%**	**104**	**13.2%**	**111**	**14.1%**

Graph 9.5 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	209	29	31	22	130
Mild (20-24)	48	7	17	8	69
Moderate (25-29)	15	8	7	7	67
Severe (30-50)	18	9	18	3	63

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=0)	N/A	N/A	N/A
Self-report (age 11-17, N=0)	N/A	N/A	N/A

During the Q3 period there was no SDQ data collection for children aged 4 – 17 in the Onshore network.

9.7. Torture & Trauma (T&T)

Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma (T&T) 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 the comprehensive 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) Q3 Jul- Sept 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	1	0	0	1	0
Brisbane ITA	4	0	0	4	0
Christmas Island	7	0	0	7	0
Maribyrnong IDC	4	0	0	4	0
Melbourne ITA	9	0	0	9	0
Perth IDC/IRH	2	0	0	2	0
Villawood IDC	31	0	0	31	0
Wickham Point APOD/IDC	0	0	0	0	0
Yongah Hill IDC	10	0	0	9	1
Total	68	0	0	67	1
% total IDF population during Q3	2.2%	0%	0%	2.2%	3.2%

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 2.2% of the population who made new T&T disclosures during this quarter is very similar to the percentage in other quarters. The number of disclosures being made at VIDC explains 45% of the new disclosures, with Villawood IDC being the centre with the highest number of new arrivals, the majority of which come from correctional settings.

It should be noted that as the cohort entering the detention network changes with more people entering from prison or visa cancellations, the number of people who report T&T as a component of their life experience on the Australian mainland, including within the prison environment, is increasing, meaning that T&T disclosures are less reflective of numbers experiencing T&T in country of origin. The relatively large number of new disclosures in VIDC likely reflects this issue.

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 commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q3 Jul- Sept 2016			
	Ongoing	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	9	7	5
Christmas Island	2	2	3
Maribyrnong IDC	13	11	6
Melbourne ITA	6	3	3
Perth	3	3	2
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	7	10	16
Wickham Point	4	1	0
Yongah Hill IDC	2	4	2
Total	46	41	37
Total number of unique individuals on SME	65	% of IDF population on SME	2.1%

Table 9.8 shows that over Q3 2016, 65 unique individuals were commenced on some form of SME at least once. Thirty - seven of those were commenced on High 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 Q3 total of 65 is slightly lower than the 77 people commenced on SME in Q2 and represents 2.1% of the population a slight decrease from the Q2 period.

The largest absolute numbers on SME were at Villawood and Maribyrnong, which have relatively large population numbers, while Yongah Hill, despite a relatively large population, had relatively low use of SME. It should be noted that in previous quarters this year Wickham Point (now effectively closed) had the highest numbers on SME, and those individuals have been redistributed across the network, which helps explain the relative increases in VIDC HI SME and MIDC moderate and ongoing SME compared to Q2 2016.

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