ihms

Department of Immigration and Border Protection

Immigration Detention Health Report

October – December 2016

Quarter 4

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1. Executive Summary

IHMS continues to deliver a quality health care service over the last quarter of 2016. The total onshore Detainee population has decreased by 18% from 3,027 in Q3 to 2,484 in Q4. This is a 27% drop when compared with Q4 in 2015 (3,398). The change in demographic of the detainees is now one of where the majority of the population originate from a correctional or compliance background. In this quarter, there were no new irregular maritime arrivals.

During Q4 2016, there were 16,454 IHMS clinician consultations which was also a decrease from Q3 2016. Primary nurse consultations made up the largest number of overall consultations. Dental and Physiotherapy remained the highest allied health referrals in the network.

NSW recorded the largest numbers of hospital admissions which is not unexpected as Villawood Immigration Detention Centre currently has the largest detainee population in in the network. .

Consistent with previous quarters, “Psychological”, “Digestive and “Musculoskeletal” remain the most common presentations recorded. Hepatitis C and B are also the leading diagnosed communicable diseases due to the high number of arrivals from a corrections background where it is recognised that these medical conditions are highly prevalent.

With regard to mental health amongst detainees, there was a rise in number of inpatient admissions, with the majority being involuntary admissions to public hospitals. There was also a rise in percentage of those in detention more than 18 months reporting severed distress on the K10 screening test. There has also been a rise in numbers commenced on High Imminent SME. There was a notable reduction in new Trauma and Torture disclosures.

When the mental health trends for the quarter are considered in conjunction with each other, there may be a trend that suggests a rise in the number of people with significant mental illness, often pre-existing, entering detention via visa cancellation or from the criminal justice system, compared with previously higher proportions of IMAs. This may indicate a need to examine the adequacy of the mental health staffing and management model, to ensure it is appropriately equipped for this population.

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
IDF	Immigration Detention Facilities
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

The majority of data in this report has been extracted from the Apollo electronic clinical record system, and the report should be read with an understanding of this system. The IHMS electronic record uses the SNOMED clinical terminology system (*http://sydney.edu.au/medicine/fmrc/snomed/index.php*). SNOMED is designed to capture and represent patient data for clinical purposes and is not a diagnostic classification system. It incorporates both diagnostic items, 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, and may include 'normal' findings. 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 and Border Patrol to provide the primary health care services within the Australian immigration detention network. The foundations of this health service are the eight 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. Yongah Hill Immigration Detention Centre, WA
3. Perth Immigration Detention Centre, WA
4. Adelaide Immigration Transit Accommodation, SA
5. Maribyrnong Immigration Detention Centre, VIC
6. Melbourne Immigration Transit Accommodation, VIC
7. Villawood Immigration Detention Centre, NSW
8. Brisbane Immigration Transit Accommodation, QLD

The onsite clinics comprise of a team of General Practitioners, Registered Primary Health and Mental Health Nurses, Counsellors and Psychologists. The composition of the workforce varies at each site as the health care model is specifically tailored to the population and the health needs of the particular site. The IHMS site-based multidisciplinary team is also augmented by a schedule of visiting allied health, dentists, psychiatrists and other visiting specialists.

Routine activities of IHMS clinics include Health Induction Assessments, mental health screening and management, primary care GP and nurse consultations, chronic disease management, emergency stabilisation and health promotion. Patients who require specialist input and care are referred to the local public hospital system where they are placed on the same appointment scheduling system similar to that which may be used for any member of the Australian community.

A Health Induction Assessment is completed for each new arrival into the detention network. This induction assessment comprises a nurse review, a GP review, a mental health review and a screening chest X-ray and pathology for communicable diseases. This remains a significant workload on the IHMS clinics as although the static population in the network has decreased, the centres are still experiencing a constant flow of new arrivals and departures who all require individual health induction assessments and discharge planning.

4.2. Consultations

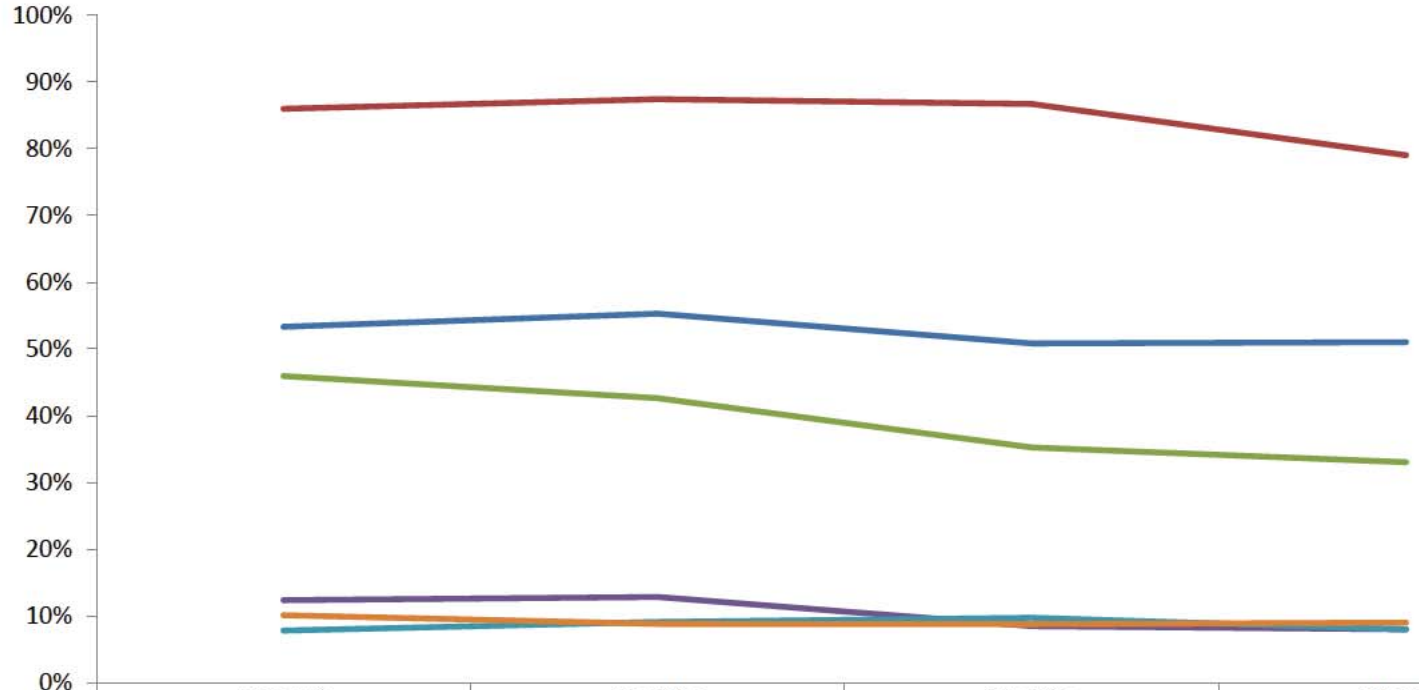
Table 4.2.1a Consultations with Primary Health Care

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q4 Oct - Dec 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen per speciality	Average Consults/Unique Person Attending Consultations	% of total IDF population during Q4 2016
GP	3,433	1,262	2.7	50.8%
Primary Health Nurse	9,232	1,972	4.7	79.4%
Mental Health Nurse	2,239	808	2.8	32.5%
Psychologist	581	209	2.8	8.4%
Counsellor	585	201	2.9	8.1%
Psychiatrist	384	232	1.7	9.3%
Total	**16,454**	**4,684**	**3.5**	

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.*

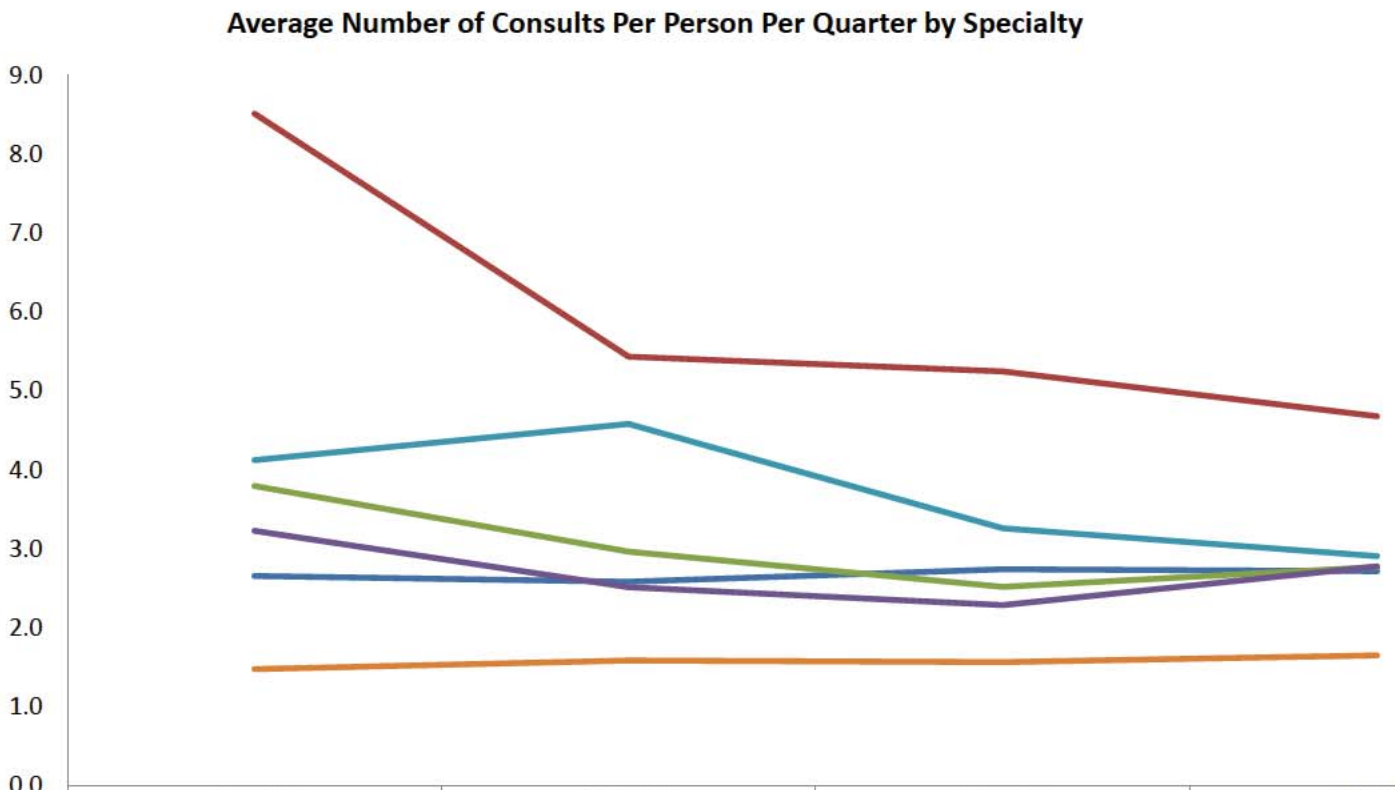
Chart 4.2a: Consultation trend by Primary Health Care

% of population accessing health care by specialty during the quarter



	Q1 2016	Q2 2016	Q3 2016	Q4 2016
GP	53%	55%	51%	51%
Primary Health Nurse	86%	87%	87%	79%
Mental Health Nurse	46%	43%	35%	33%
Psychologist	12%	13%	8%	8%
Counsellor	8%	9%	10%	8%
Psychiatrist	10%	9%	9%	9%

Chart 4.2b: Trend of Average Number of Consults per Person



	Q1 2016	Q2 2016	Q3 2016	Q4 2016
GP	2.7	2.6	2.7	2.7
Primary Health Nurse	8.5	5.4	5.2	4.7
Mental Health Nurse	3.8	3.0	2.5	2.8
Psychologist	3.2	2.5	2.3	2.8
Counsellor	4.1	4.6	3.3	2.9
Psychiatrist	1.5	1.6	1.6	1.7

Table 4.2.1a describes the number of primary care consultations that IHMS conducted in the onshore detention clinics this quarter. Charts 4.2a and 4.2b reflect 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 largely consistent with last quarter's data

The population figure for onshore in 2016 Q4 is the denominator for some of the tables presented in this report. This figure includes the static population and also the number of people who have arrived and departed the network during this period.

There were 16,454 primary health care consultations within the onshore sites recorded in this quarter compared to 22,645 in Q3 2016. This reflects a decrease when compared to the same quarter of the previous year. There was also a decrease of 1359 consultations seen per speciality i.e. from 6,043 to 4,684.

The average number of consults per person has remained constant compared with 3.7 last quarter, to 3.5 consults per person this quarter. The most significant individual drops in consults were for counsellor 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 shortened Detainee detention periods.

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 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.

Table 4.2.1b: Consultations with Primary Health Care

Primary Health Consultation per Specialty by Age Group by total population										
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 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	0	0%	2	25%	1,243	51%	17	68%	1,309	53%
Primary Health Nurse	3	75%	7	88%	1,941	79%	21	84%	2,161	87%
Mental Health Nurse	0	0%	1	13%	798	33%	9	36%	921	37%
Psychologist	0	0%	0	0%	208	9%	1	4%	222	9%
Counsellor	0	0%	0	0%	199	8%	2	8%	204	8%
Psychiatrist	0	0%	1	13%	228	9%	3	12%	254	10%

4.3. Pathology Referrals

Table 4.3 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016				
Pathology Type	**Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	611	611	303
Hep C	597	156	753	685
Hep B	593	110	703	672
HIV (BBv)	595	65	660	645
VDRL (Syphilis)	589	59	648	637
Full Blood Count (FBC)	0	316	316	277
INR	0	103	103	76
Mid Stream Urine Micro & Culture	0	106	106	91
Fasting Triglycerides	0	137	137	130
Alpha Fetoprotein	0	65	65	65
Total number of unique persons that had a Pathology Referral	**940**	**As % of total IDF population during quarter**	**37.84%**	

There were 940 unique persons who had a pathology test this quarter, which is similar to the 950 tested in Q3. The number of referrals for pathology has been broadly similar aside from a minor drop of 1% in routine blood screening for HIV and Hepatitis B from Q3. There was also a drop of 4% in the number of Hepatitis C antibody screening tests done. This is because many detainees are now entering detention from correctional settings with known Hepatitis C, which does not require further antibody screening. There was a rise in the number of persons requiring an International Normalised Ratio test (76 compared with 61) representing the fact that there are more persons in detention this quarter on daily warfarin which requires regular blood tests.

4.4. Allied Health Referrals

Table 4.4 Allied Health Referrals

Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	402	265	667	313	67%
Physiotherapy	436	271	707	118	25%
Audiology	0	7	7	5	1%
Optometry	89	33	122	93	20%
Podiatry	0	71	71	30	6%
Diabetes Educator	0	0	0	0	0%
Nutritionist	0	0	0	0	0%
Total	927	647	1,574		
Total number of unique persons to have an Allied Health referral	467	As % of total IDF population during quarter	19%		

The total amount of unique persons seen for allied health this quarter has dropped from 560 to 467, which is representative of the general population drop. The proportion of onsite dental appointments to offsite referrals has increased substantially this quarter as more appointments have been able to be scheduled in. Similar to previous quarters, dentistry and physiotherapy remain the most utilised allied health specialties. Musculoskeletal conditions remain very commonly encountered by the GPs hence the continued need for physiotherapy provision. Physiotherapy is an important adjunct treatment modality in these cases reducing the need for medication therapy.

IHMS has onsite dental facilities in some locations which allows a visiting dentist to conduct onsite dental consultations. In locations without a dental facility, IHMS refers patients to local network dental providers.

4.5. Radiology Referrals

Table 4.5 Radiology Referrals

Radiology referrals Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016					
	Referrals		Persons		
Type	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology referral	Top reasons for imaging referral
X-Ray	458	50.4%	203	58.17%	1. Chest 2. Ankle (R) 3. OPG 4. Shoulder (L) 5. Foot (R)
Ultrasound	277	31.50%	150	42.98%	1. Abdomen 2. Other 3. Shoulder 4. Upper abdomen 5. Testicular
CT Scan	134	14.80%	65	18.62%	1. Chest 2. Abdomen 3. Spine - Lumbar 4. Brain 5. Sinuses
MRI	30	3.30%	18	5.16%	1. Knee 2. Brain 3. Cervical Spine 4. Lumbar Spine 5. Periphery
Nuclear Medicine	4	0.40%	4	1.15%	1. Thyroid 2. Bone scan 3. Shoulder
Mammography	3	0.33%	2	0.57%	1. bilateral +/- Ultrasound
Bone densitometry	2	0.22%	2	0.57%	1. Medically indicated 2. Screening (No rebate)
Total	908				
Total number of unique persons to have a Radiology test	349	As % of total IDF population during quarter	14.1%		

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

The X-ray remains the most commonly requested radiological investigation. 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.

There has been a 9% increase in overall X-Ray referrals onshore in Q4 2016, and a 28% increase of overall CT scan referrals for onshore sites in Q4 2016. This quarter has seen a large throughput of patients in the system requiring chest X-ray evaluation. There has also been an increase in presentations requiring referrals for chest CT to evaluate potential TB changes prior to referral to the chest clinic.

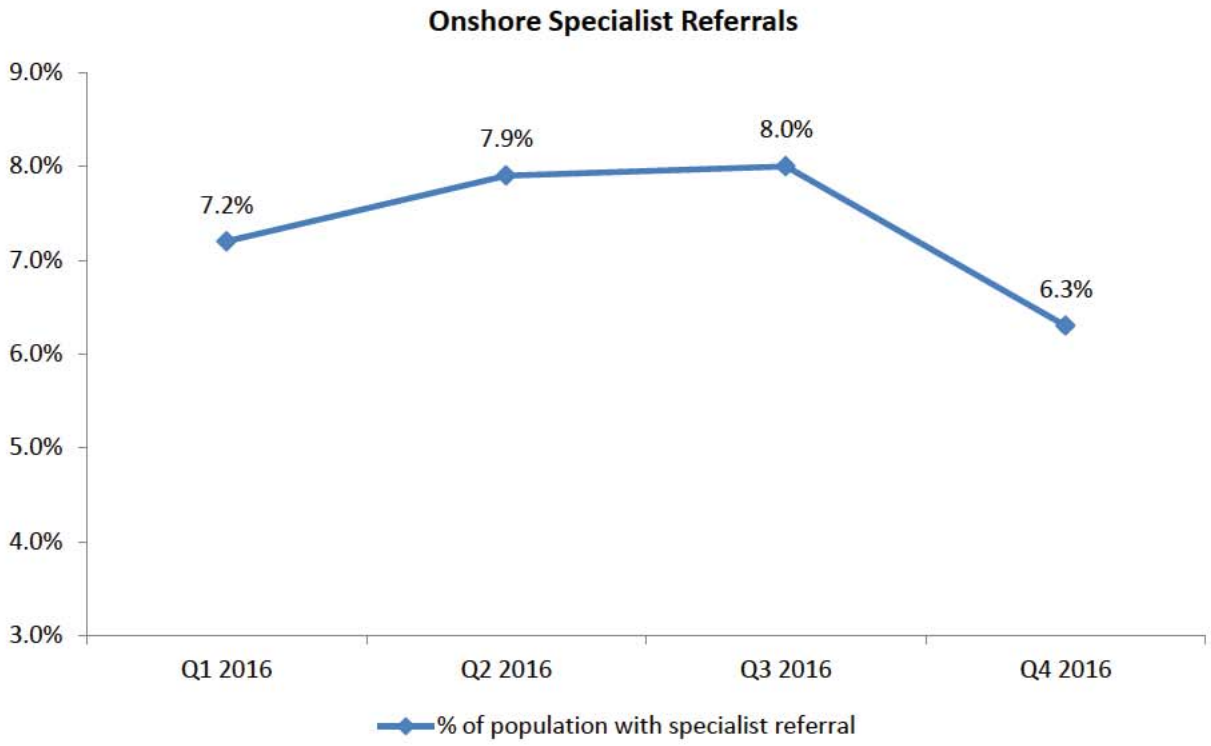
Active pulmonary TB cases have dropped significantly over the past two and a half years. This is due to the fact that most arrivals are now coming from the Australian community and corrections setting. This is in stark contrast to 2014 where the majority of new clients were maritime arrivals from countries with high prevalence of TB.

4.6. Specialist Referrals

Table 4.6 Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Orthopaedics	22	21	0.8%
Gastroenterology	19	18	0.7%
General surgery	19	18	0.7%
Cardiology	18	16	0.6%
Otorhinolaryngology	12	11	0.4%
Dermatology	9	9	0.4%
Neurosurgery	9	8	0.3%
Respiratory and sleep medicine	9	9	0.4%
Addiction medicine	8	8	0.3%
Urology	8	6	0.2%
Emergency department	7	7	0.3%
Emergency medicine	7	7	0.3%
Plastic, reconstruction and aesthetic surgery	7	6	0.2%
Pneumology	7	6	0.2%
Psychiatry	6	4	0.2%
Gynaecology and obstetrics	5	4	0.2%
Neurology	5	5	0.2%
Ophthalmology	4	4	0.2%
Vascular surgery	4	3	0.1%
Haematology	3	3	0.1%
TOTAL	**188**		
Total number of unique persons to have a Specialist referral	**156**	**% of total IDF population during Q4**	**6.3%**

Chart 4.6a: Specialist referrals trend



A total of 6.3% of the population onshore had a specialist referral this quarter compared with 8% in Q4. Whilst gastroenterology, orthopaedics and cardiology were the most common referrals last quarter, orthopaedics moved to the top in Q4, with gastroenterology and general surgery close behind. This is consistent with previous quarters.

In remote settings such as Yongah Hill and Christmas Island, specialist telehealth consults are utilised where clinically appropriate increasing accessibility of specialist advice in these remote locations.

4.7. Presentations to hospital Emergency Department (including admissions)

Table 4.7 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	9	8
NSW	37	32
NT	3	1
QLD	10	9
SA	2	1
VIC	29	24
WA	26	19
Total	**116**	**94**
Total number of unique persons that were hospitalised	**94**	**3.78%**

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

There were a total of 116 hospital admissions this quarter which is a decrease compared with last quarter (139 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. Complex multidisciplinary care is arranged often with the input of multiple specialists.

WA also sees a significant number of specialist referrals as it is also the referral centre for Christmas Island patients.

4.8. GP and Psychiatrist Presentations by Health Groupings

Table 4.8a: Reasons for Presentations to GP and Psychiatrist

Health Groupings	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	1,286	1,108	423	17.0%
Musculoskeletal	897	734	380	15.3%
Digestive	522	448	262	10.5%
Skin	459	384	245	9.9%
General Unspecified	288	262	202	8.1%
Respiratory	306	275	142	5.7%
Endocrine / Metabolic & Nutritional	206	180	129	5.2%
Neurological	217	188	128	5.2%
Cardiovascular	134	114	86	3.5%
Injury	102	95	83	3.3%
Eye	98	95	71	2.9%
Urological	83	77	53	2.1%
Ear	100	76	47	1.9%
Genital	66	55	39	1.6%
Social	16	16	15	0.6%
Blood / Blood forming organs	15	13	11	0.4%
Pregnancy / Childbearing / Family Planning	28	13	9	0.4%
Total	4,823	4,133		

Table 4.8b: Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 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%	1	12.5%	419	17.1%	3	12.0%	423	17.0%
Musculoskeletal	0	0.0%	1	12.5%	373	15.2%	6	24.0%	380	15.3%
Digestive	0	0.0%	0	0.0%	260	10.6%	2	8.0%	262	10.5%
Skin	0	0.0%	0	0.0%	242	9.9%	3	12.0%	245	9.9%
General Unspecified	0	0.0%	0	0.0%	201	8.2%	1	4.0%	202	8.1%
Respiratory	0	0.0%	0	0.0%	138	5.6%	4	16.0%	142	5.7%
Endocrine / Metabolic & Nutritional	0	0.0%	1	12.5%	124	5.1%	4	16.0%	129	5.2%
Neurological	0	0.0%	0	0.0%	128	5.2%	0	0.0%	128	5.2%
Cardiovascular	0	0.0%	0	0.0%	81	3.3%	5	20.0%	86	3.5%
Injury	0	0.0%	0	0.0%	83	3.4%	0	0.0%	83	3.3%
Eye	0	0.0%	0	0.0%	70	2.9%	1	4.0%	71	2.9%
Urological	0	0.0%	0	0.0%	51	2.1%	2	8.0%	53	2.1%
Ear	0	0.0%	0	0.0%	46	1.9%	1	4.0%	47	1.9%
Genital	0	0.0%	0	0.0%	38	1.6%	1	4.0%	39	1.6%
Social	0	0.0%	0	0.0%	15	0.6%	0	0.0%	15	0.6%
Blood / Blood forming organs	0	0.0%	0	0.0%	11	0.4%	0	0.0%	11	0.4%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	9	0.4%	0	0.0%	9	0.4%

Similar to previous quarters, “Psychological”, “Digestive” and “Musculoskeletal” health groupings are the most common presentations in Q4 2016. The total number of reasons for presentations in this table has also decreased approximately 25%, from 5,544 to 4,133 when compared to the previous quarter. This is somewhat expected due to the decrease in overall population.

When interpreting this table it is important to note that each grouping represents a wide range of symptoms and diagnoses. The cases captured under the “Psychological” grouping range from recognised psychiatric diagnoses, to psychologically related consults such smoking cessation activities.

4.9. Primary Health Care Chronic Diseases

Table 4.9a: Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016					
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016					
Chronic Disease *(Categories taken from the Australian institute of Health and Welfare)*	**Adult**	**Age group by % (Adult)**	**Minor**	**Age group by % (Minor)**	**Grand Total**
Arthritis	20	0.8%	N/A	N/A	20
Asthma	30	1.2%	N/A	N/A	30
Bipolar Disorder	7	0.3%	N/A	N/A	7
Cancer	1	0.0%	N/A	N/A	1
Cardiovascular	31	1.3%	N/A	N/A	31
Chronic Kidney Disease	1	0.0%	N/A	N/A	1
Chronic Liver Disease	4	0.2%	N/A	N/A	4
COPD	6	0.2%	N/A	N/A	6
Dementia	1	0.0%	N/A	N/A	1
Depression	57	2.3%	N/A	N/A	57
Diabetes	36	1.5%	N/A	N/A	36
Epilepsy	5	0.2%	N/A	N/A	5
Glaucoma	1	0.0%	N/A	N/A	1
Inflammatory Bowel Disease	1	0.0%	N/A	N/A	1
Obesity	18	0.7%	N/A	N/A	18
Oral Disease	5	0.2%	N/A	N/A	5
Osteoporosis	1	0.0%	N/A	N/A	1
Schizophrenia	33	1.3%	N/A	N/A	33
Thyroid Disease	3	0.1%	N/A	N/A	3

Table 4.9b: Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 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	N/A	N/A	N/A	N/A	19	0.8%	1	4.0%
Asthma	N/A	N/A	N/A	N/A	29	1.2%	1	4.0%
Bipolar Disorder	N/A	N/A	N/A	N/A	7	0.3%	0	0.0%
Cancer	N/A	N/A	N/A	N/A	0	0.0%	1	4.0%
Cardiovascular	N/A	N/A	N/A	N/A	28	1.1%	3	12.0%
Chronic Kidney Disease	N/A	N/A	N/A	N/A	1	0.0%	0	0.0%
Chronic Liver Disease	N/A	N/A	N/A	N/A	4	0.2%	0	0.0%
COPD	N/A	N/A	N/A	N/A	5	0.2%	1	4.0%
Dementia	N/A	N/A	N/A	N/A	1	0.0%	0	0.0%
Depression	N/A	N/A	N/A	N/A	57	2.3%	0	0.0%
Diabetes	N/A	N/A	N/A	N/A	34	1.4%	2	8.0%
Epilepsy	N/A	N/A	N/A	N/A	5	0.2%	0	0.0%
Glaucoma	N/A	N/A	N/A	N/A	1	0.0%	0	0.0%
Inflammatory Bowel Disease	N/A	N/A	N/A	N/A	1	0.0%	0	0.0%
Obesity	N/A	N/A	N/A	N/A	17	0.7%	1	4.0%
Oral Disease	N/A	N/A	N/A	N/A	5	0.2%	0	0.0%
Osteoporosis	N/A	N/A	N/A	N/A	1	0.0%	0	0.0%
Schizophrenia	N/A	N/A	N/A	N/A	33	1.3%	0	0.0%
Thyroid Disease	N/A	N/A	N/A	N/A	3	0.1%	0	0.0%

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.

It is important to note that due to the methodology of the data collection, the number of consults outlines the number of presentations for the chronic disease for the quarter and may not be a true reflection of the prevalence of the disease within the Detainee population i.e. a chronic diagnosis was not recorded as such if the reason for presentation was a common illness. An example of this would be if a patient with schizophrenia presented to the clinic with an upper respiratory tract infection and was not seen for the schizophrenia, the consultation was captured as one for only the upper respiratory tract infection; the schizophrenia would not be collated and reported for that particular event. IHMS is of the opinion that there may be a degree of under-reporting with regard to chronic diseases.

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

Medications and immunisations

5. Medications

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

- Q1 2016 (January – March) 55%
- Q2 2016 (April – June) 55%
- Q3 2016 (July – September) 52%
- Q4 2016 (October – December) 49%

Medication management is an integral component of the onsite IHMS medical service. IHMS has established a system where detainees are given the opportunity to self-administer medications at certain locations where it is practical and safe to do so. Detainees who fit the criteria for self-administration of medication are given a weekly webster pack. The literature on this topic suggests that self-administration of medications leads to improved medication compliance rates and also an important component of self-agency and taking responsibility and control of one's health. Where self-administration of medication is not safe or practical, IHMS conducts medication rounds in the clinic 3 times per day for the administration of medications.

IHMS also continued to manage the onsite administration of opiate substitution programs at its Brisbane, Sydney, Melbourne and Perth locations.

5.1. Medication prescriptions by MIMS Class in IDFs (Top 20)

Table 5.1 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class						
Oct - Dec 2016						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	740	30%	1	8%	741	30%
Nonsteroidal anti-inflammatory agents	580	23%	1	8%	581	23%
Combination simple analgesics	337	14%	0	0%	337	14%
Antidepressants	290	12%	0	0%	290	12%
Antihistamines	247	10%	1	8%	248	10%
Hyperacidity, reflux and ulcers	215	9%	0	0%	215	9%
Antipsychotic agents	179	7%	0	0%	179	7%
Penicillins	123	5%	0	0%	123	5%
Narcotic analgesics	122	5%	0	0%	122	5%
Laxatives	116	5%	0	0%	116	5%
Agents used in drug dependence	107	4%	0	0%	107	4%
Antihypertensive agents	95	4%	0	0%	95	4%
Expectorants, antitussives, mucolytics, decongestants	95	4%	0	0%	95	4%
Rubefacients, topical analgesics/NSAIDs	89	4%	0	0%	89	4%
Hypolipidaemic agents	80	3%	0	0%	80	3%
Topical corticosteroids	70	3%	0	0%	70	3%
Multivitamins and minerals	69	3%	0	0%	69	3%
Anticonvulsants	67	3%	0	0%	67	3%
Sedatives, hypnotics	67	3%	0	0%	67	3%
Vitamins (single agents)	67	3%	0	0%	67	3%

5.2. Medication Prescriptions by Schedule

Table 5.2 Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications / Verbal telephone order**
S2	226	0	826
S3	249	3	16
S4	1,727	120	742
S8	49	2	4
Unscheduled	648	3	255
Grand Total	**2,899**	**128**	**1,843**

The trends in medication prescription are broadly comparable to previous quarters. There has been a drop in the prescription of expectorants, antitussives and mucolytics due to the summer months (8% to 4% of total), which is expected. There continues to be a low proportion of patients prescribed S8 drugs in the network, associated with IHMS' efforts to minimise their use wherever possible.

As part of IHMS quality improvement activities, regular audits of medication prescribing are conducted to ensure that clinician prescribing habits are clinically appropriate and in line with the therapeutic guidelines.

5.3. Scheduling basics

Table 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 by Class

Table 5.4 Medication Trends by MIMS Class

Medication Trends by MIMS Class		
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016		
Medications	Jul – Sept 2016	Oct – Dec 2016
Simple analgesics and antipyretics	33%	30%
Nonsteroidal anti-inflammatory agents	26%	23%
Combination simple analgesics	15%	14%
Antidepressants	11%	12%
Antihistamines	10%	10%
Hyperacidity, reflux and ulcers	9%	9%
Antipsychotic agents	7%	7%
Penicillins	5%	5%
Narcotic analgesics	4%	5%
Laxatives	5%	5%
Agents used in drug dependence	5%	4%
Antihypertensive agents	4%	4%
Expectorants, antitussives, mucolytics, decongestants	8%	4%
Rubefacients, topical analgesics/NSAIDs	4%	4%
Hypolipidaemic agents	3%	3%
Topical corticosteroids	3%	3%
Multivitamins and minerals	3%	3%
Anticonvulsants	3%	3%
Sedatives, hypnotics	3%	3%
Vitamins (single agents)	2%	3%

6. Vaccinations Administered by Age Group

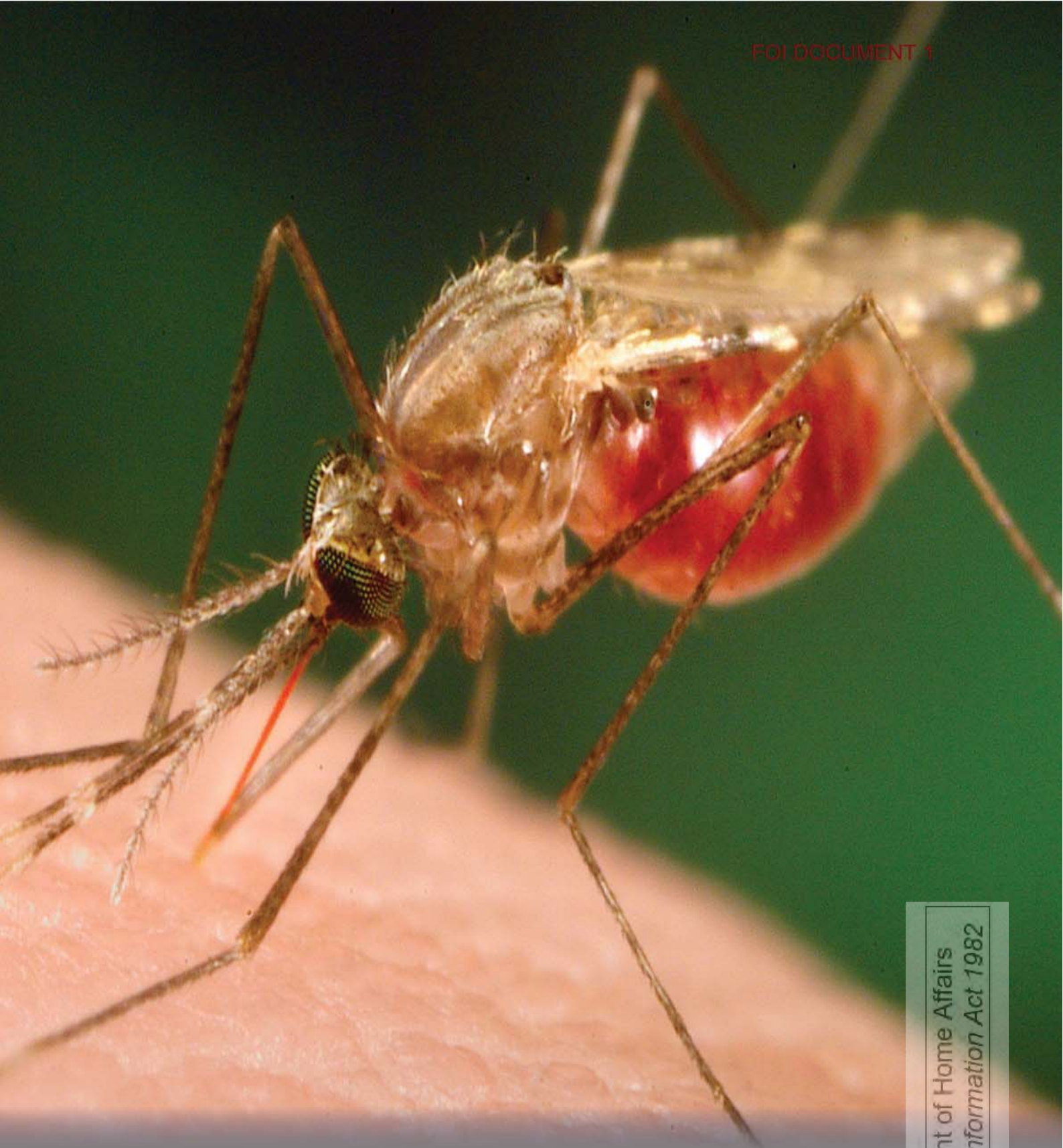
6.1 Vaccinations by Age Group

Vaccinations Administered by Age Group					
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016					
Vaccination type	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	49	0	49
MMR	0	0	65	0	65
MMRV	0	0	0	0	0
Hep A	0	0	65	0	65
Hep B	0	0	143	0	143
MenCCV	0	0	62	1	63
Typh IM	0	0	0	0	0
dT	0	0	41	1	42
HPV	0	0	24	0	24
DTPa (up to 10 years)	0	0	1	0	1
Rotavirus	0	0	0	0	0
IPV	0	0	87	0	87
PCV	0	0	2	0	2
dTpa (11 years and over)	0	0	99	0	99
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	4	0	4
Total	0	0	642	2	644

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.



Communicable, Infectious and Parasitic diseases

7. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 4 (Oct - Dec 2016)				Total New Diagnoses Jul 2015 - Dec 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	1	0	1	0.04%	1	1	2
Chlamydia	0	1	1	0.04%	1	7	8
Gonorrhoea	0	0	0	0.00%	0	0	0
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	1	14	15	0.60%	4	135	139
Hepatitis C, Ab pos	1	33	34	1.37%	7	262	269
HIV	0	3	3	0.12%	0	9	9
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	1	1
Syphilis serology pos	0	11	11	0.44%	0	50	50
Tuberculosis – Active	1	0	1	0.04%	1	4	5
Typhoid	0	0	0	0.00%	0	0	0
Total	4	62	66	2.66%	14	469	483
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0.00%	0	0	0
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	0	1	1	0.04%	1	1	2
Strongyloidiasis	0	0	0	0.00%	0	1	1
Total	0	1	1	0.04%	1	2	3
Grand Total	4	63	67	2.70%	15	471	486

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.

This quarter has seen continued picking up of new Hepatitis C cases. It is important to note that the reported percentage of total population with Hepatitis C this quarter (1.37%) represents new cases identified this quarter. The total prevalence of the disease in the network is much higher with approximately 100 individual cases in the network.

This quarter IHMS continues to identify sporadic cases of STIs such as chlamydia which is similar to the Australian community. There were 11 cases of syphilis identified and treated this quarter.

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 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. IHMS has reviewed the categorisation of disabilities this quarter and expanded the list of conditions that qualify providing there is an appropriate functional impairment.

The leading cause of disability for adults this quarter is noted to be psychiatric (long-term schizophrenia for example), which has been included as a category this quarter. Neurological and hearing impairment are the next common disabilities. Autism is included as a category for the first time.

The definition for disability came from a published document called Disability Services National Minimum Data Set (DS NMDS) from the Australian Institute of Health and Welfare (AIHW) website. Disability is defined as *'the impairment of body structures or functions, limitations in activities, or restrictions in participation chiefly responsible for the disability'* [(1)] . As per the AIHW's classifications, the major disability groups used for this health data set are as follows:

1. Intellectual (including Down syndrome)
2. Specific learning/Attention Deficit Disorder (other than Intellectual)
3. Autism (including Asperger's syndrome and Pervasive Developmental Delay)
4. Physical
5. Acquired brain injury
6. Neurological (including epilepsy and Alzheimer's disease)
7. Deafblind (dual sensory)
8. Vision
9. Hearing
10. Speech
11. Psychiatric
12. Developmental delay

(1) http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548022

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) Q4 Oct - Dec 2016					
Types of Disability	**IDCs**	**ITAs**	**IRH/APODs**	**Adult**	**Minor**
Autism	3	0	0	3	0
Hearing impairment	5	1	0	6	0
Intellectual	1	0	0	1	0
Neurological	3	2	0	5	0
Physical	2	0	0	2	0
Psychiatric	54	4	0	58	0
Visual Impairment	1	0	0	1	0
Total	69	7	0	76	0
Unique Detainees with a disability	58				

8.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q1 2016 – Q4 2016		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
31 Dec 2016 - Q4	58	2.0%
30 Sept 2016 - Q3	86	2.8%
30 Jun 2016 - Q2	94	3.1%
31 Mar 2016 - Q1	124	4.0%

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, Psychologists and Psychiatrists.

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. Detainees may self-refer or be referred for assessment and follow-up by IHMS site staff. 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

Tables 9.1a and 1b below show the number of unique presentations to Primary and Mental Health professionals in detention that are related to mental health. This data is derived from consultations for which the SNOMED code entered falls under the 'psychological' SNOMED category (see explanatory notes Section 3). This category includes a wide range of non-diagnostic as well as diagnostic items, including normal findings. A list of items falling under the SNOMED 'psychological' codes is found in Appendix A: SNOMED descriptions for Mental Health.

The way the data in the tables in Section 9.1 has been extracted from the EMR has changed this quarter compared with the previous quarter, and therefore direct comparison with previous health data sets for this section will be misleading. In previous quarters the number of consults related to the number of diagnoses and/or symptoms rather than individuals, meaning that an individual could be counted more than once for each session they attended if they had presented with several different 'psychological' conditions. In this quarter, 'consults' refers to numbers of consultations, regardless of the particular SNOMED psychological coding used for each session. This gives the appearance of reducing the number of consultations, compared with previous Health Data sets, but makes the data more understandable.

In table 9.1a '**Mental health consultations in Adults'** 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 9.1a Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
October - December 2016			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	387	253	10.23%
Primary Health Nurse	203	143	5.78%
Primary Health Total	590	396	
Mental Health Consultations by Mental Health Professionals			
Counsellor	570	201	8.13%
Mental Health Nurse	2,123	813	32.89%
Psychiatrist	359	225	9.10%
Psychologist	580	214	8.66%
Mental Health Total	3,632	1,453	
TOTAL	4,222	1,849	

Table 9.1b Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
October - December 2016			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	0	0	0.00%
Primary Health Nurse	1	1	8.33%
Primary Health Total	1	1	
Mental Health Consultations by Mental Health Professionals			
Counsellor	0	0	0.00%
Mental Health Nurse	10	1	8.33%
Psychiatrist	1	1	8.33%
Psychologist	0	0	0.00%
Mental Health Total	11	2	
TOTAL	12	3	

Tables 9.1a and b show a total of 4,234 consultations (adults and minors) in onshore detention for items relating to mental health. The majority of consultations for mental health reasons were attended to by mental health professionals, with the bulk of consultations done by Mental Health nurses, who saw around 27% of the detention population over the three month period.

The number of consultations for mental health by GP has risen in this quarter, by about one third compared with Q3.

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. 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.

There continue to be a small number of minors who enter immigration detention with their families, usually staying for less than 48 hours, and therefore not triggering a comprehensive mental health nurse consultation which must be done for those who stay longer than 10 days in detention. The mental health contacts with minors in this quarter all relate to one adolescent client.

9.2. Psychiatric Admissions

The method used to capture psychiatric admissions in the Health Data set was changed this quarter, to improve accuracy. While people referred to public hospital emergency departments for example for self harm who were then subsequently admitted may sometimes have not been included in previous health data sets, data in this HDS is a more accurate representation of psychiatric admission.

There were 16 admissions for inpatient mental health care from onshore immigration detention facilities in this quarter, representing 15 individuals. Using the previous methodology, 14 admissions would have been captured. Both data capture methodologies show significant increase in the number of admissions compared with other quarters in 2016, and most of 2015.

Fourteen of the 16 admission events were to public hospitals, and nine of 16 were involved involuntary admissions or treatment. Both the rise in overall admissions and the majority representing involuntary treatment reflects a rise in the number of people now in the detention network with often pre-existing serious mental illness.

Data for this quarter is extracted from a manual review of all Incidents reports within the Apollo medical records system relating to hospital admissions or adverse mental health events which resulted in a psychiatric hospital admission.

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.

9.2a Trend: Psychiatric Admissions

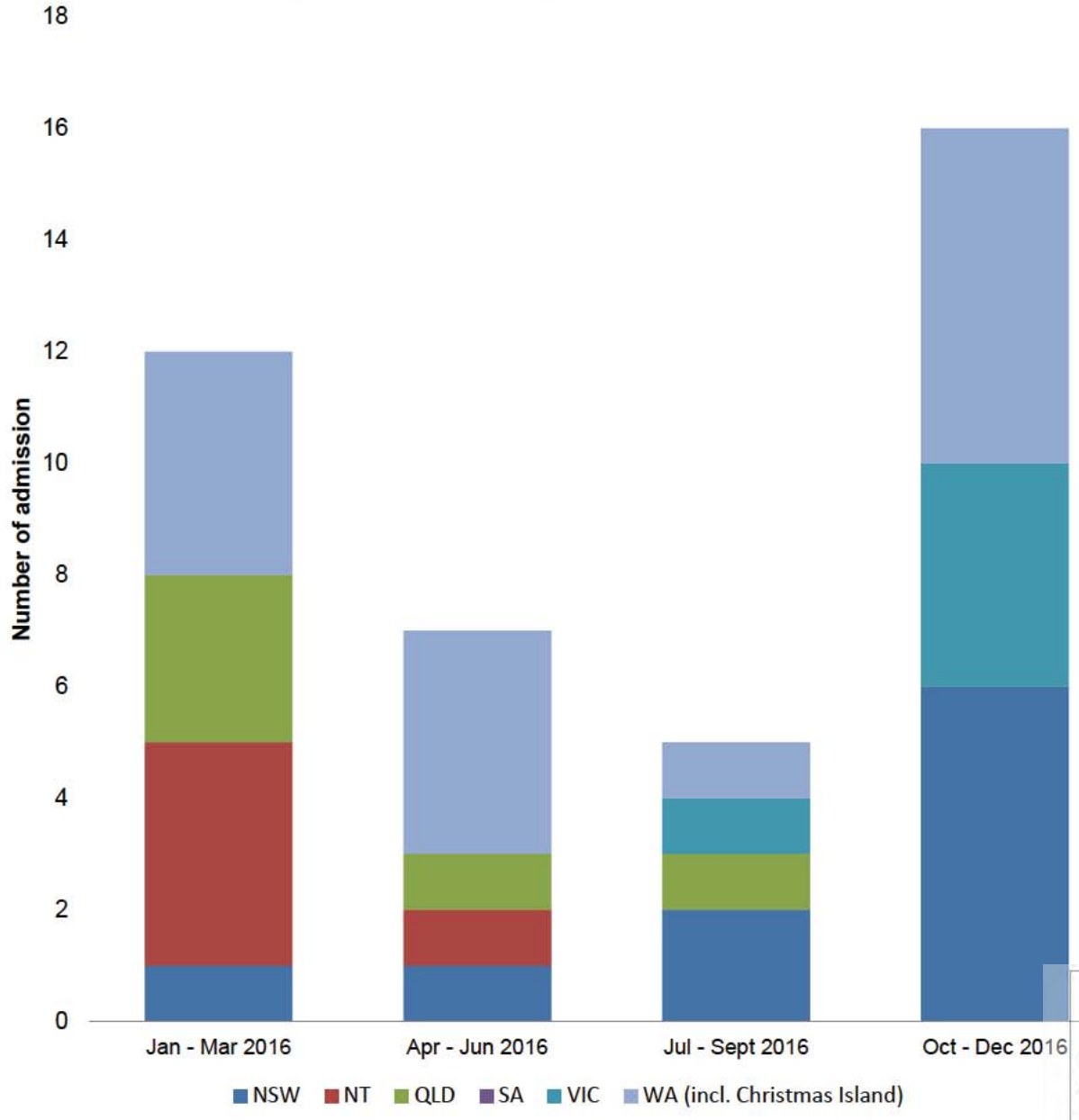
Psychiatric Admissions				
Mainland and Christmas Island (IDFs only) Q1 2016 – Q4 2016				
State/Territory	Jan - Mar 2016	Apr - Jun 2016	Jul - Sept 2016	Oct - Dec 2016
NSW	1	1	2	6
NT	4	1	0	0
QLD	3	0	1	0
SA	0	0	0	0
VIC	0	0	1	4
WA (incl. Christmas Island)	4	4	1	6
Total	12	6	5	16

9.2b Psychiatric Admissions by Age Grouping

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016			
State/Territory	Total	Adult	Minor
NSW	6	6	0
NT	0	0	0
QLD	0	0	0
SA	0	0	0
VIC	4	4	0
WA (incl. Christmas Island)	6	6	0
Total	16	16	0

The total number of admissions to Psychiatric Hospitals for the onshore network in the quarter was 16, which demonstrates an upward trend from the peak of Q2 2016. This is in part related to the new methodology for capturing psychiatric hospital admissions by the manual review of incident reports.

Trend Psychiatric Hospital Admissions by State



The graph above illustrates the changes in admission across 12 months, showing the rise in admissions in Q4. This has occurred despite a drop in overall numbers in detention.

The cessation of onshore admissions in the Northern Territory and in Queensland is reflective of the closure of Wickham Point in Darwin, which was the site from which most NT and QLD admissions were previously transferred.

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

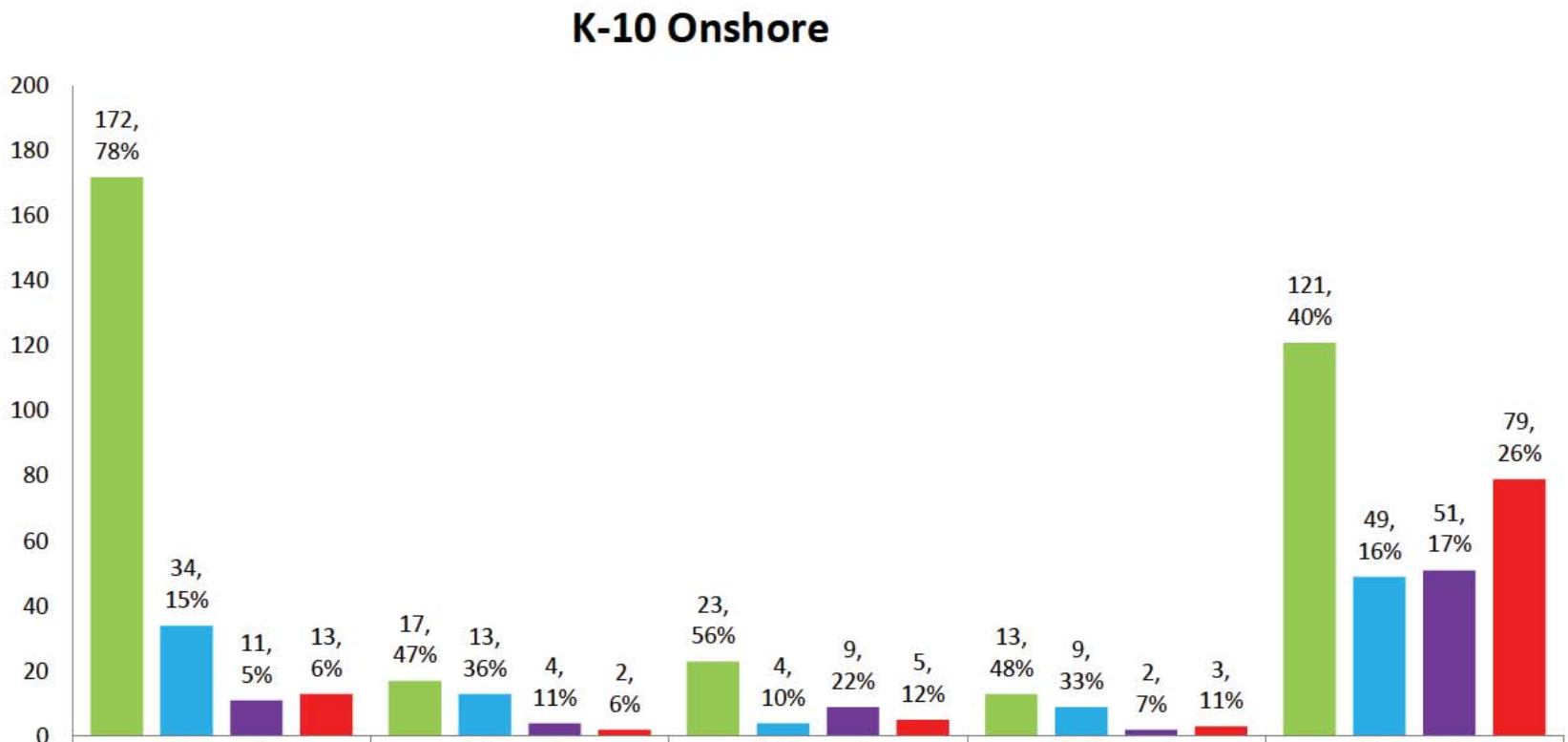
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

As shown in table 9.4 there were 634 screenings for adults completed in this quarter using the K10. Almost half the recorded screenings were for people who have been in detention for over 18 months, however this is in part due to the requirement to change the screening interval from 6 monthly to 3 monthly for those in detention over 18 months, and therefore number of screenings completed over-represents this population, although the percentage scores remain accurate.

Table 9.4. Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 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	230	15.72	172	74.8%	34	14.8%	11	4.8%	13	5.7%
4-6 months	36	19.00	17	47.2%	13	36.1%	4	11.1%	2	5.6%
7-12 months	41	20.07	23	56.1%	4	9.8%	9	22.0%	5	12.2%
13-18 months	27	19.37	13	48.1%	9	33.3%	2	7.4%	3	11.1%
19+ months	300	23.19	121	40.3%	49	16.3%	51	17.0%	79	26.3%
Total	634	19.88	346	54.6%	109	17.2%	77	12.1%	102	16.1%

Graph 9.4 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	172	17	23	13	121
Mild (20-24)	34	13	4	9	49
Moderate (25-29)	11	4	9	2	51
Severe (30-50)	13	2	5	3	79

9.5. 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).

Table 9.5 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

No SDQ screenings were conducted onshore this quarter.

9.6. Torture & Trauma (T&T)

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) 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, referrals to Specialist Torture and Trauma (T&T) counselling services are offered to 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.

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 9.6 shows that 45 people in onshore detention made new disclosures of T&T this quarter, which is less than the 68 making new disclosures in the last quarter (68), and the lowest percentage since T&T began being reported in the HDS in 2014. This is likely due to the change in the origin of most of the people now entering the onshore detention network.

This data 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.

Table 9.6 New Torture &Trauma Disclosures

New Torture and Trauma Disclosures					
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 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	3	0	0	3	0
Christmas Island	4	0	0	4	0
Maribyrnong IDC	3	0	0	3	0
Melbourne ITA	5	0	0	5	0
Perth IDC/IRH	0	0	0	0	0
Villawood IDC	23	0	0	23	0
Wickham Point APOD/IDC	0	0	0	0	0
Yongah Hill IDC	5	0	0	5	0
Total	45	0	0	45	0
% total IDF population during Q4	1.8%	0%	0%	1.8%	0%

9.7. 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 reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences High SME and then is downgraded to Moderate SME and later to Ongoing SME that will be counted three times, once under each column. Where three individuals were each commenced on different levels of SME which was then discontinued rather than being downgraded, this will also show up as three events. Figures provided below 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 9.7 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2016			
	Ongoing	Moderate	High Imminent
Adelaide ITA	1	1	1
Brisbane ITA	5	7	6
Christmas Island	13	10	12
Maribyrnong IDC	8	7	4
Melbourne ITA	3	4	5
Perth	2	1	1
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	14	13	19
Wickham Point	0	0	0
Yongah Hill IDC	7	4	6
Total	53	47	54
Total number of unique individuals on SME	81	% of IDF population on SME	3.3%

As table 9.7 shows, 81 individuals were commenced on some level of SME in this quarter, representing 3.3% of the population, which is a rise from Q3 2016 (2.1%), despite a decline in the overall detention population.

Thirty four percent of SME events involved commencement on HI SME in Q4 compared with 29% in Q3.

These figures shows a trend towards the higher rates of SME found in late 2015, early 2016.

Appendix A: SNOMED descriptions for Mental Health

SNOMED Descriptions for Mental Health
Able to sleep (finding)
Abnormal grief reaction to life event (finding)
Abuse of steroids (disorder)
Acute hysterical psychosis (disorder)
Acute situational disturbance (disorder)
Acute stress disorder (disorder)
Adjustment disorder (disorder)
Adjustment disorder with anxious mood (disorder)
Adjustment disorder with depressed mood (disorder)
Aggressive behavior (finding)
Aggressive biting (finding)
Agoraphobia (disorder)
Alcohol abuse (disorder)
Alcohol dependence (disorder)
Alexithymia (finding)
Alzheimer's disease (disorder)
Amnesia (finding)
Amphetamine abuse (disorder)
Anhedonia (finding)
Antisocial personality disorder (disorder)
Anxiety (finding)
Anxiety and fear (finding)
Anxiety attack (finding)
Anxiety disorder (disorder)
Anxiety disorder of childhood OR adolescence (disorder)
Anxiety neurosis (finding)
Anxiety state (finding)
Argumentative behavior (finding)
Asperger's disorder (disorder)
At risk for deficient parenting (finding)
At risk for deliberate self harm (finding)
At risk for psychosocial dysfunction (finding)
At risk for suicide (finding)
At risk of harming others (finding)
Attention deficit hyperactivity disorder (disorder)
Attention seeking behavior (finding)
Atypical psychosis (disorder)
Auditory hallucinations (finding)
Autistic disorder (disorder)
Autistic disorder of childhood onset (disorder)
Avoidance behavior (finding)
Behavior problem of childhood and adolescence

SNOMED Descriptions for Mental Health
(finding)
Behavioral and emotional disorder with onset in childhood (disorder)
Behavioral problems at school (finding)
Bipolar affective disorder, current episode manic (disorder)
Bipolar affective disorder, currently depressed, mild (disorder)
Bipolar affective disorder, currently manic, severe, with psychosis (disorder)
Bipolar disorder (disorder)
Bipolar disorder in remission (disorder)
Bipolar I disorder (disorder)
Borderline personality disorder (disorder)
Boredom (finding)
Brief reactive psychosis (disorder)
Cannabis abuse (disorder)
Cannot sleep at all (finding)
Child at risk (finding)
Child attention deficit disorder (disorder)
Childhood emotional disorder (disorder)
Childhood or adolescent disorder of social functioning (disorder)
Childhood or adolescent identity disorder (disorder)
Chronic psychogenic pain (disorder)
Chronic schizophrenia (disorder)
Chronic stress disorder (disorder)
Cigarette smoker (finding)
Claustrophobia (finding)
Cluster A personality disorder (disorder)
Cluster B personality disorder (disorder)
Cluster C personality disorder (disorder)
Communication disorder (disorder)
Complaining of feeling depressed (finding)
Complaining of tearfulness (finding)
Complex posttraumatic stress disorder (disorder)
Compulsive gambling (disorder)
Compulsive personality disorder (disorder)
Conduct disorder (disorder)
Culture shock (disorder)
Delayed articulatory and language development (finding)
Delayed milestone (finding)
Delirious (finding)
Delirium (disorder)

SNOMED Descriptions for Mental Health
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)
Dependent personality disorder (disorder)
Depressive disorder (disorder)
Developmental academic disorder (disorder)
Developmental delay (disorder)
Developmental mental disorder (disorder)
Difficulty controlling anger (finding)
Difficulty coping (finding)
Difficulty sleeping (finding)
Disorder of form of thought (finding)
Disorientation as to people, time and place (finding)
Disruptive behavior (finding)
Dissociative convulsions (disorder)
Dissociative disorder (disorder)
Dominating behavior (finding)
Drug abuse (disorder)
Drug dependence (disorder)
Drug seeking behavior (finding)
Drug withdrawal (disorder)
Drug-induced psychosis (disorder)
Dysphoric mood (finding)
Dysthymia (disorder)
Eating disorder (disorder)
Emotional problems (finding)
Emotional stress (finding)
Emotional upset (finding)
Encopresis (finding)
Endogenous depression (disorder)
Enmeshed attachment (finding)
Euthymic mood (finding)
Expression of emotions (observable entity)
Facial tic disorder (disorder)
Failed attempt to stop smoking (finding)
Fear (finding)
Fear associated with illness and body function (finding)
Fear of flying (finding)
Fear of going crazy (finding)
Feeling abandoned (finding)
Feeling agitated (finding)
Feeling angry (finding)
Feeling ashamed (finding)

SNOMED Descriptions for Mental Health
Feeling frustrated (finding)
Feeling guilt (finding)
Feeling hopeless (finding)
Feeling irritable (finding)
Feeling nervous (finding)
Feeling powerless (finding)
Feeling suicidal (finding)
Feeling tense (finding)
Feeling trapped (finding)
Feeling unhappy (finding)
Finding relating to grieving and mourning (finding)
Forgetful (finding)
Formication (finding)
Frontal lobe syndrome (disorder)
Gender reassignment patient (finding)
Generalized anxiety disorder (disorder)
Gilles de la Tourette's syndrome (disorder)
Global developmental delay (disorder)
Globus hystericus (finding)
Grief finding (finding)
Hallucinations (finding)
Health seeking behavior (finding)
Hebephrenic schizophrenia in remission (disorder)
Heroin dependence (disorder)
History of drug abuse (situation)
History of violent behavior toward others (situation)
Histrionic behavior (finding)
Histrionic personality disorder (disorder)
Homosexual (finding)
Hyperactive behavior (finding)
Hypersomnia (disorder)
Hypervigilant behavior (finding)
Hypochondriasis (disorder)
Hypomania (disorder)
Immature personality (finding)
Impaired cognition (finding)
Impulse control disorder (disorder)
Inability to cope (finding)
Inappropriate behavior (finding)
Inappropriate shouting (finding)
Increased libido (finding)
Ineffective family coping (finding)
Insecurity (finding)
Insomnia (disorder)

SNOMED Descriptions for Mental Health
Intellectual functioning disability (finding)
Intelligence quotient low (finding)
Intentional poisoning (disorder)
Intermittent explosive disorder (disorder)
Intrusive thoughts (finding)
Korsakoff's psychosis (disorder)
Lack of libido (finding)
Learning difficulties (finding)
Lithium level low (finding)
Localized dissociative amnesia (disorder)
Loss of appetite (finding)
Loss of hope for the future (finding)
Low self-esteem (finding)
Major depression in remission (disorder)
Major depression, melancholic type (disorder)
Major depressive disorder (disorder)
Maladaptive behavior (finding)
Mania (disorder)
Manic bipolar I disorder (disorder)
Masturbation (finding)
Memory impairment (finding)
Mental distress (finding)
mental health problem (finding)
Mental retardation (disorder)
Misuses drugs (finding)
Mixed anxiety and depressive disorder (disorder)
Mixed bipolar affective disorder (disorder)
Mood stable (finding)
Mood swings (finding)
Moody (finding)
Multiple somatic complaints (finding)
Munchausen's syndrome (disorder)
Nail biting (finding)
Narcissistic personality disorder (disorder)
Neglectful parenting (finding)
Nicotine dependence (disorder)
Nicotine withdrawal (disorder)
Nightmares (finding)
Nightmares associated with chronic post-traumatic stress disorder (disorder)
No evidence of mental illness (situation)
No suicidal thoughts (situation)
No thoughts of deliberate self harm (situation)
Nocturnal enuresis (finding)

SNOMED Descriptions for Mental Health
Non-organic nocturnal enuresis (finding)
Obsessional neurosis (disorder)
Obsessive behavior (finding)
Obsessive-compulsive disorder (disorder)
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)
Psychomotor agitation (finding)
Psychophysiologic disorder (finding)

SNOMED Descriptions for Mental Health
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)
Ran away, life event (finding)
Reactive attachment disorder (disorder)
Reactive depressive psychosis (disorder)
Ready to stop smoking (finding)
Rebellious character (finding)
Recurrent depression (disorder)
Recurrent major depression in partial remission (disorder)
Reduced concentration (finding)
Reduced libido (finding)
Restlessness (finding)
Restlessness and agitation (finding)
Rumination - thoughts (finding)
Schizoaffective disorder (disorder)
Schizophrenia (disorder)
Schizophrenia in remission (disorder)
Schizophrenic disorders (disorder)
Schizophreniform disorder (disorder)
Sedated (finding)
Self-harm (finding)
Self-injurious behavior (finding)
Self-mutilation (finding)
Separation anxiety (disorder)
Separation anxiety disorder of childhood (disorder)
Severe anxiety (panic) (finding)
Severe major depression (disorder)
Severe major depression with psychotic features (disorder)
Sexual frustration (finding)
Sexualized behavior (finding)
Sibling jealousy (disorder)
Sleep deprivation (finding)
Sleep disorder (disorder)
Sleep paralysis (disorder)
Sleep terror disorder (disorder)
Sleep walking disorder (disorder)
Smoking cessation milestones (observable entity)
Social phobia (disorder)
Somatization disorder (disorder)

SNOMED Descriptions for Mental Health
Specifica nonpsychotic mental disorders following organic brain damage (record artifact)
Speech delay (disorder)
Stopped smoking (finding)
Strange and inexplicable behavior (finding)
Stress (finding)
Stress and adjustment reaction (disorder)
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

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Immigration Detention Health Report

January – March 2017

Quarter 1

Immigration Detention Health Report

Quarter 1
January – March 2017

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1. Executive Summary

The total onshore Detainee population has increased by 14.8% from 2484 to 2852. The change in demographic of the detainees is now one of where the majority of the population have entered detention following compliance failures or Section 501 Amendments relating to failing the character test, often coming directly from a correctional facility. During Q1 2017, there were 17976 total IHMS clinician consultations recorded this quarter which was an increase from Q4 2016. As per previous quarters, primary nurse consultations made up the largest number of overall consultations. Dental and physiotherapy remained the highest allied health referrals in the network.

NSW recorded the largest numbers of hospital admissions which is not unexpected as Villawood Immigration Detention Centre is currently has the largest detainee population in centre in the network by population and throughput.

There was an increase this quarter in the proportion of people on medications to treat drug dependence, consistent with the changing patient cohort. Consistent with previous quarters, “psychological”. “digestive and “musculoskeletal” remain the most common presentations recorded. Hepatitis C and B are also the leading diagnosed communicable diseases in the network due to the high number of arrivals from a corrections background where it is recognised that these medical conditions are highly prevalent. There continue to be small numbers of active TB cases reported this quarter. With regard to mental health amongst detainees, there was a rise in number of inpatient admissions, with the majority being involuntary admissions to public hospitals. There was also a rise in percentage of those in detention more than 18 months reporting severed distress on the K10 screening test. There has also been a rise in numbers commenced on High Imminent SME. There was a notable reduction in new Trauma and Torture disclosures.

When the mental health trends for the quarter are considered in conjunction with each other, there may be a trend that suggests a rise in the number of people with significant mental illness, which is often pre-existing, who have entered detention via visa cancellation or from the criminal justice system; this is compared with previously higher proportions of IMAs. This may indicates a need to review the service model for mental health, to ensure it is appropriately tailored to this population.

Abbreviations

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
IDF	Immigration Detention Facilities
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

The onshore detainee cohort managed by IHMS is a complex one. In order to provide a more accurate representation of this population the Detainee Cohort Summary is now described within the following categories:

- The average number of persons present at a facility. As there is no official data outlining the average number of detainees, IHMS utilizes the nominal roll provided by SERCO. The data point for this report is the last day of the reporting period. This figure is used as the primary denominator in all of the rates described in Section 4 onwards unless otherwise stated.
- The throughput of the service. As detainees are transferred from one site to another, the populations serviced at different IHMS centers vary accordingly. The throughput of the service considers the number of detainees that were transferred within centers in Australia.
- New entries and rapid turnaround detainees. For all new persons entering detention, a health induction assessment is performed. Many of these individuals may undergo rapid turnarounds as they are deported from airports and transportation hubs within 1-3 days. As there is no accurate record of this number, IHMS uses the number of health induction assessments performed as a measure for this cohort.

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

It is noted that there is a discrepancy with the numbers reported on the website and those contained within the report, due to dates in which calculations are made and timeframes for notification of admissions and discharges from detention. In addition, IHMS utilises the following age grouping brackets at the request of the Department of Immigration and Border Protection (DIBP), to align with other DIBP reports. These age bracket groupings are by sex and as follows:

- 0 - 4 years
- 5 – 17 years
- 18 – 64 years
- Greater than 65 years

2.1. The average detainee population:

Based on the nominal role, the figure used to represent the static population is the last nominal roll provided to IHMS closest to the end of the Quarter. For this quarter, the onshore population figure used by IHMS are the figures described in Table 2.1.1 under the column of March. For Q1 of 2017, there were 1298 persons in detention.

During Q1 of 2017, there was a Darwin APOD set up for eight detainees. These are not reflected in the clicnial data in this report.

The percentage change also highlighted in Table 2.1.1.The percentage change is calculated with the March figure subtracting the monthly average with this being represented as a percentage of the March figure. As suggested by the table, for Q1 2017, the total number in detention at the end of the last day of the reporting period is a good estimate of the average monthly nominal roll. However, the data suggests that there is a skewed distribution of detainees at the sites.

Table 2.1.1. Summary of the end of month nominal rolls, the average monthly nominal rolls and the percentage change in nominal rolls by month for Q1 2017.

	Jan-17	Feb-17	Mar-17	Monthly Average	Percentage Change
Adelaide ITA	15	12	30	19	36.7
Brisbane ITA	86	81	67	78	-16.5
Christmas Island IDC	270	267	280	272	2.9
Maribyrnong IDC	90	88	97	92	5.2
Melbourne ITA	110	112	101	108	-6.9
Perth IDC	27	23	21	24	-14.3
Villawood IDC	410	443	444	432	2.7
Yongah Hill IDC	323	275	258	285	-10.4
Darwin APOD	0	0	8	2.7	42.4
Total Population	**1331**	**1301**	**1298**	**1310**	-0.9

3. Population changes in Q1

3.1. Detainee movement into detention facilities

Table 3.1.1 describes the number of detainees requiring health induction assessments for Q1 2017. As there is no data describing the population entering detention facilities, IHMS assumes that the number of health induction assessments performed is a surrogate measure for the number of people entering detention.

As such, the data suggests that while the overall onsite population in detention remained relatively static, there was a total influx of approximately 165% of the population.

Table 3.1.1 Health induction assessments completed by site for Q1 2017.

Health Induction Assessments (HIA) Q1 2017			
Facilities	**Number of detainees requiring HIA**	**On site Population (March)**	**% HIAs conducted**
Adelaide ITA	67	30	223
Brisbane ITA	241	67	360
Christmas Island IDC	0	0	0
Maribyrnong IDC	167	97	172
Melbourne ITA	290	101	287
Perth IDC	175	21	833
Villawood IDC	619	444	139
Yongah Hill IDC	112	258	43
Darwin APOD	0	0	0
Total	1,677	1018	165

4. Health Induction Assessments, Health Discharge Summaries and Fit to Travel

4.1. Health Induction Assessments (HIA)

Table 4.1

Health Induction Assessment (HIA) Q1 Jan - Mar 2017	
Facilities	**Number of detainees requiring HIA**
Adelaide ITA	67
Brisbane ITA	241
Christmas Island IDC	0
Maribyrnong IDC	167
Melbourne ITA	290
Perth IDC	175
Villawood IDC	619
Yongah Hill IDC	112
Darwin APOD	6
Grand Total	**1,677**

4.2. Health Discharge Assessments

Health discharge assessments are requested when a detainee may be discharged from a detention facility. IHMS uses this as a surrogate measure of persons being discharged from detention facilities. However, this measure does not include rapid visa turnarounds and may not reflect all departures. .

Table 4.2 Health Discharge Assessments that were cancelled, completed or remain open for Q1 2017.

Health Discharge Assessments (HDA) Q1 Jan - Mar 2017						
Facilities	**Number of cancelled HDAs**	**Number of completed HDAs**	**Number of open HDAs**	**Total**	**Population on site**	**% HAD's conducted**
Adelaide ITA	2	10	6	18	30	60
Brisbane ITA	11	79	3	93	67	139
Christmas Island	61	17	10	88	280	31
Maribyrnong IDC	25	1	52	78	97	80
Melbourne ITA	16	82	5	103	101	102
Perth IDC	10	42	8	60	21	286
Villawood IDC	128	347	30	505	444	114
Yongah Hill IDC	17	164	7	188	258	73
Darwin APOD	0	0	0	0	8	0
Grand Total	**270**	**742**	**129**	**1,141**	**1298**	**88**

4.3. Fit To Travel

When detainees are required to transferred from either one site to another within Australia or when they are repatriated, fitness for travel assessments are made. These are done in conjunction with the health discharge assessments and while not an accurate indicator, it does present evidence of transfers within the detention setting.

Table 4.3 Total number of Fit to travel health assessments completed for Q1 2017.

Fit To Travel (FTT) Q1 Jan - Mar 2017	
Facilities	**Number of detainees requiring FTT**
Adelaide ITA	7
Brisbane ITA	73
Christmas Island	168
Maribyrnong IDC	125
Melbourne ITA	26
Perth IDC	34
Yongah Hill IDC	283
Villawood IDC	174
Grand Total	**890**

Yongah Hill has seen the most number of FTTs this quarter suggesting that the largest number of detainees where requiring such assessments were from Yongah Hill.

5. Explanatory notes

The majority of data in this report has been extracted from the Apollo electronic clinical record system, and the report should be read with an understanding of this system. The IHMS electronic record uses the SNOMED clinical terminology system (*http://sydney.edu.au/medicine/fmrc/snomed/index.php*). It should be noted that SNOMED is designed to capture and represent patient data for clinical purposes and is not a diagnostic classification system. It incorporates both diagnostic items, 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, and may include 'normal' findings. 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

6. Integrated Primary Health Care

6.1. Introduction

IHMS has been contracted by the Department of Immigration and Border Protection to provide the primary health care services within the Australian immigration detention network. The foundations of this health service are the eight 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. Yongah Hill Immigration Detention Centre, WA
3. Perth Immigration Detention Centre, WA
4. Adelaide Immigration Transit Accommodation, SA
5. Maribyrnong Immigration Detention Centre, VIC
6. Melbourne Immigration Transit Accommodation, VIC
7. Villawood Immigration Detention Centre, NSW
8. Brisbane Immigration Transit Accommodation, QLD

The onsite clinics comprise of a team of general practitioners, registered primary health and mental health nurses, counsellors and psychologists. The IHMS site based multidisciplinary team is also augmented by a schedule of visiting dentist, physiotherapist, psychiatrist and other visiting specialists. This is also supplemented by onsite telehealth consults which enables ready access to specialist consultations via videoconferencing.

Routine activities of IHMS clinics include Health Induction Assessments, mental health screening and management, primary care GP and nurse consultations, chronic disease management, emergency stabilisation and health promotion

Patients who require specialist input and care are referred to the local public hospital system where they are placed on the same appointment scheduling system similar to that which may be used for any public waitlist as a member of the Australian community.

A health induction assessment is completed for each new arrival into the detention network. This induction assessment comprises of a nurse review, a GP review, a mental health review and a screening chest X-ray and pathology for communicable diseases. This remains a significant workload on the IHMS clinics as although the static population in the network has decreased, the centres still experience a constant flow of new arrivals and departures all of whom require individual health induction assessments and discharge planning. This body of work is particularly important in mitigating the public health risk within the centres and the general Australian community.

IHMS also provides the sites with 24/7 coverage through a centralised after hours team where site staff have access to nursing and medical advice via telephone and telehealth. This service has also been utilised significantly in the last few quarters assisting Darwin DIBP with arrivals into Darwin since the closure of the IHMS clinic last year.

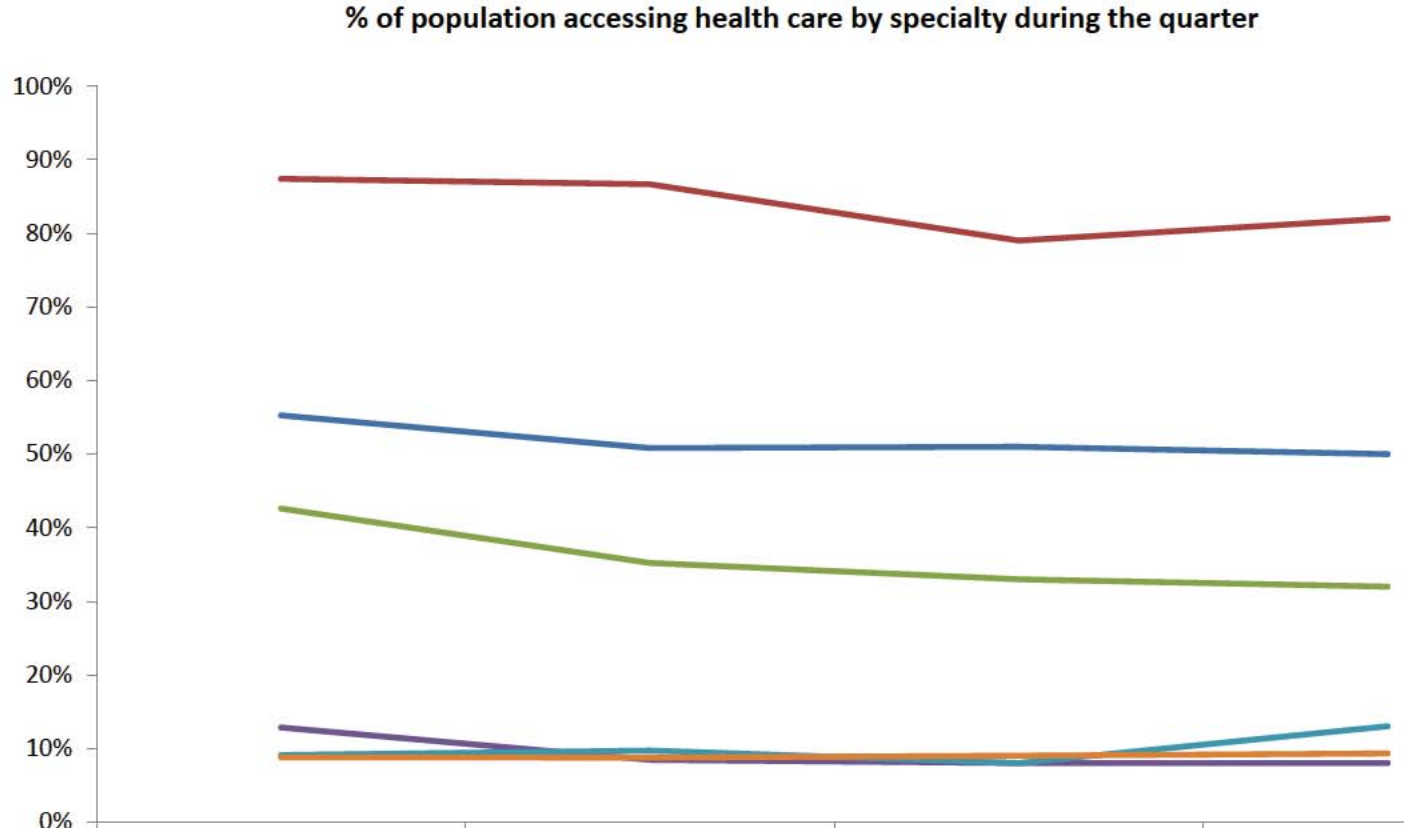
6.2. Consultations

Table 6.2.1a Consultations with Primary Health Care

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q1 Jan – Mar 2017				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen per speciality	Average Consults/Unique Person Attending Consultations	% of total IDF population during Q1 2017
GP	3,635	1,433	2.5	50.2%
Primary Health Nurse	9,789	2,348	4.2	82.3%
Mental Health Nurse	2,246	898	2.5	31.5%
Psychologist	514	231	2.2	8.1%
Counsellor	1,196	373	3.2	13.1%
Psychiatrist	402	265	1.5	9.3%
Total	**17,976**	**5,630**	**3.2**	

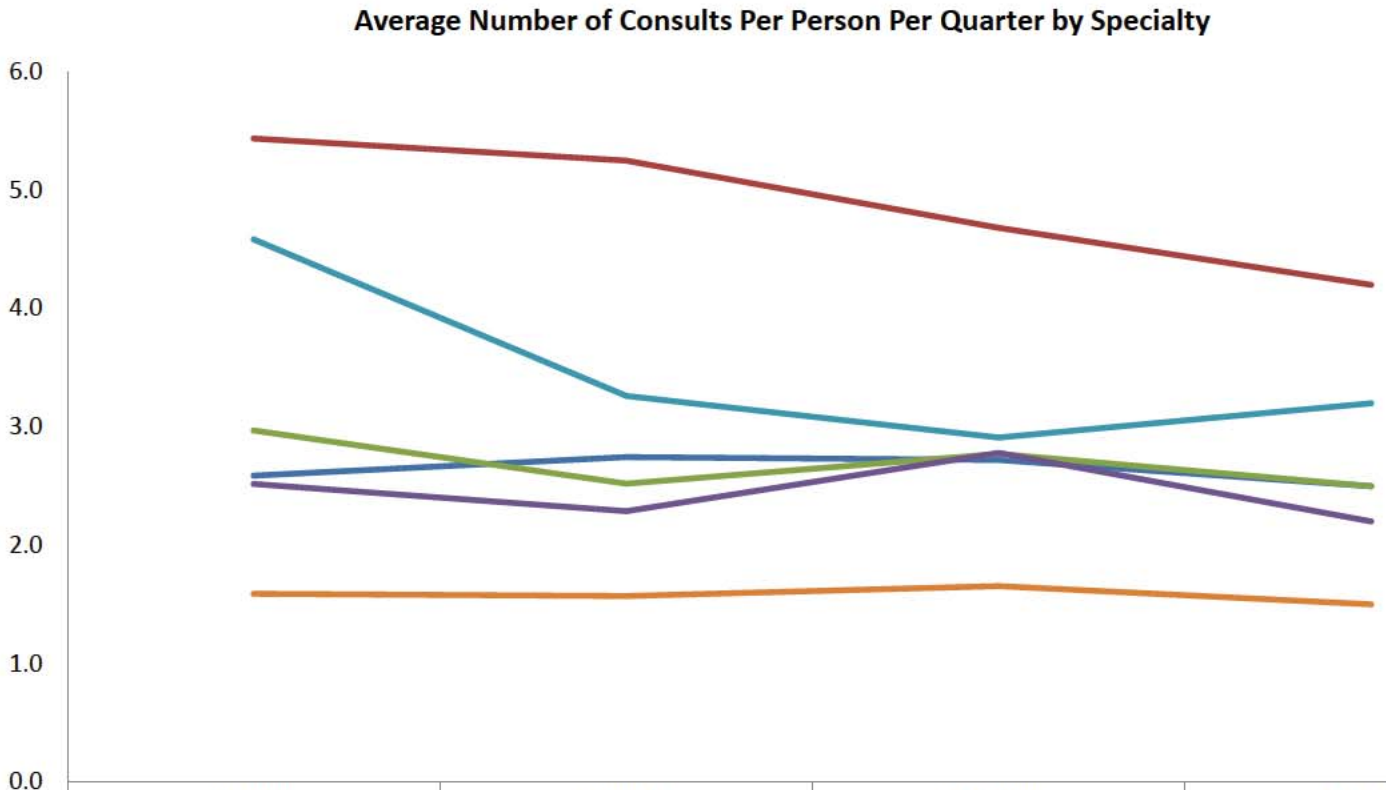
Total number of consults: *If a Detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a Detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Chart 6.2a: Consultation trend by Primary Health Care



	Q2 2016	Q3 2016	Q4 2016	Q1 2017
GP	55%	51%	51%	50%
Primary Health Nurse	87%	87%	79%	82%
Mental Health Nurse	43%	35%	33%	32%
Psychologist	13%	8%	8%	8%
Counsellor	9%	10%	8%	13%
Psychiatrist	9%	9%	9%	9%

Chart 6.2b: Trend of Average Number of Consults per Person



	Q2 2016	Q3 2016	Q4 2016	Q1 2017
GP	2.6	2.7	2.7	2.5
Primary Health Nurse	5.4	5.2	4.7	4.2
Mental Health Nurse	3.0	2.5	2.8	2.5
Psychologist	2.5	2.3	2.8	2.2
Counsellor	4.6	3.3	2.9	3.2
Psychiatrist	1.6	1.6	1.7	1.5

The total number of consultations with a clinician has dropped from 22,645 in Q4 to 16,545 this quarter, in keeping with the decline in overall population. The number of consultations to see a GP has dropped by approximately 18% from Q4. The proportion of Detainees seeing a counsellor has however increased significantly to 13% from 8% last quarter, The proportion seeing a psychiatrist has remained stable at nine percent. Primary Nurse consults remained the leading type of consult with over 9000 consults this quarter which is reflective of the nurse led model of the IHMS primary care service.

Table 6.2.1b: Consultations with Primary Health Care

Primary Health Consultation per Specialty by Age Group by total population										
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017										
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	1	11%	6	30%	1,403	50%	23	62%	1,433	50%
Primary Health Nurse	8	89%	14	70%	2,296	82%	30	81%	2,348	82%
Mental Health Nurse	0	0%	1	5%	885	32%	12	32%	898	31%
Psychologist	0	0%	0	0%	230	8%	1	3%	231	8%
Counsellor	0	0%	0	0%	373	13%	0	0%	373	13%
Psychiatrist	0	0%	1	5%	262	9%	2	5%	265	9%

6.3. Pathology Referrals

Table 6.3 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017				
Pathology Type	**Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	628	628	295
Hep C	590	139	729	681
Hep B	594	85	679	654
HIV (BBv)	590	61	651	646
VDRL (Syphilis)	588	57	645	641
Full Blood Count (FBC)	0	321	321	278
INR	0	107	107	69
Mid Stream Urine Micro & Culture	0	155	155	127
Fasting Triglycerides	0	155	155	146
Alpha Fetoprotein	0	57	57	55
Total number of unique persons that had a Pathology Referral	**702**	**As % of total IDF population during quarter**	**24.6%**	

The number of pathology tests requested this quarter has been relatively constant. There has been a small drop in hepatitis C screening tests this quarter (4% drop) which could coincide with patients coming in from correctional facilities already diagnosed or on treatment. **But the overall numbers of these test remain relatively high due to the ongoing monitoring requirements of those with hepatitis which usually involves 6 monthly pathology screening.**

6.4. Allied Health Referrals

Table 6.4 Allied Health Referrals

Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	594	291	885	398	71%
Physiotherapy	518	245	763	143	26%
Optometry	98	16	114	80	14%
Audiology	0	14	14	10	2%
Podiatry	0	57	57	37	7%
Diabetes Educator	0	1	1	1	0%
Nutritionist	0	0	0	0	0%
Total	1,210	624	1,834		
Total number of unique persons to have an Allied Health referral	558				

IHMS has onsite dental facilities in some locations which allows a visiting dentist to conduct onsite dental consultations. In locations without a dental facility, IHMS refers patients to local network dental providers. In addition, onsite physiotherapy is available in some locations. This quarter has seen a broad increase in referrals to allied health, with 1,210 compared to 927 last quarter. This is across both dentistry and physiotherapy which encompass the large majority of referrals. Physiotherapy remains an important adjunct therapy for musculoskeletal conditions where its utilisation is helpful in the management of chronic pain

6.5. Radiology Referrals

Table 6.5 Radiology Referrals

Radiology referrals					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017					
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	334	48.13%	218	53.43%	1. Chest 2. Knee (L) 3. OPG 4. Spine - Lumbo-sacral 5. Knee (R)
Ultrasound	222	31.99%	182	44.61%	1. Upper abdomen 2. Other 3. Abdomen 4. Shoulder 5. Renal
CT Scan	91	13.11%	71	17.40%	1. Abdomen 2. Spine - Lumbar 3. Chest 4. Renal 5. Spine - Cervical
MRI	43	6.20%	37	9.07%	1. Knee 2. Lumbar Spine 3. Periphery 4. Brain 5. Cervical Spine
Nuclear Medicine	1	0.14%	1	0.25%	1. Stress ECG
Mammography	1	0.14%	1	0.25%	1. Plain bilateral
Bone densitometry	2	0.29%	2	0.49%	1. Medically indicated
Total	694				
Total number of unique persons to have a Radiology test	408	As % of total IDF population during quarter	14.30%		

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

Chest X-rays remain the leading type of radiological investigation within immigration detention. This is in addition to the chest X-ray done for screening purposes when entering detention. There was a decrease in overall X-ray referrals compared with Q1 2016 (458 to 334). There were significantly fewer CT scan referrals done this quarter (91 vs 134); the previous quarter saw larger numbers of chest CT scans being requested for confirmation of abnormal chest X-ray findings. The increasing complexity of some of the incoming cases means that radiological investigations will continue to be widely accessed. Due to its remote location, Christmas Island has an onsite X-ray facility with a visiting quarterly sonographer to conduct the list of elective ultrasounds.

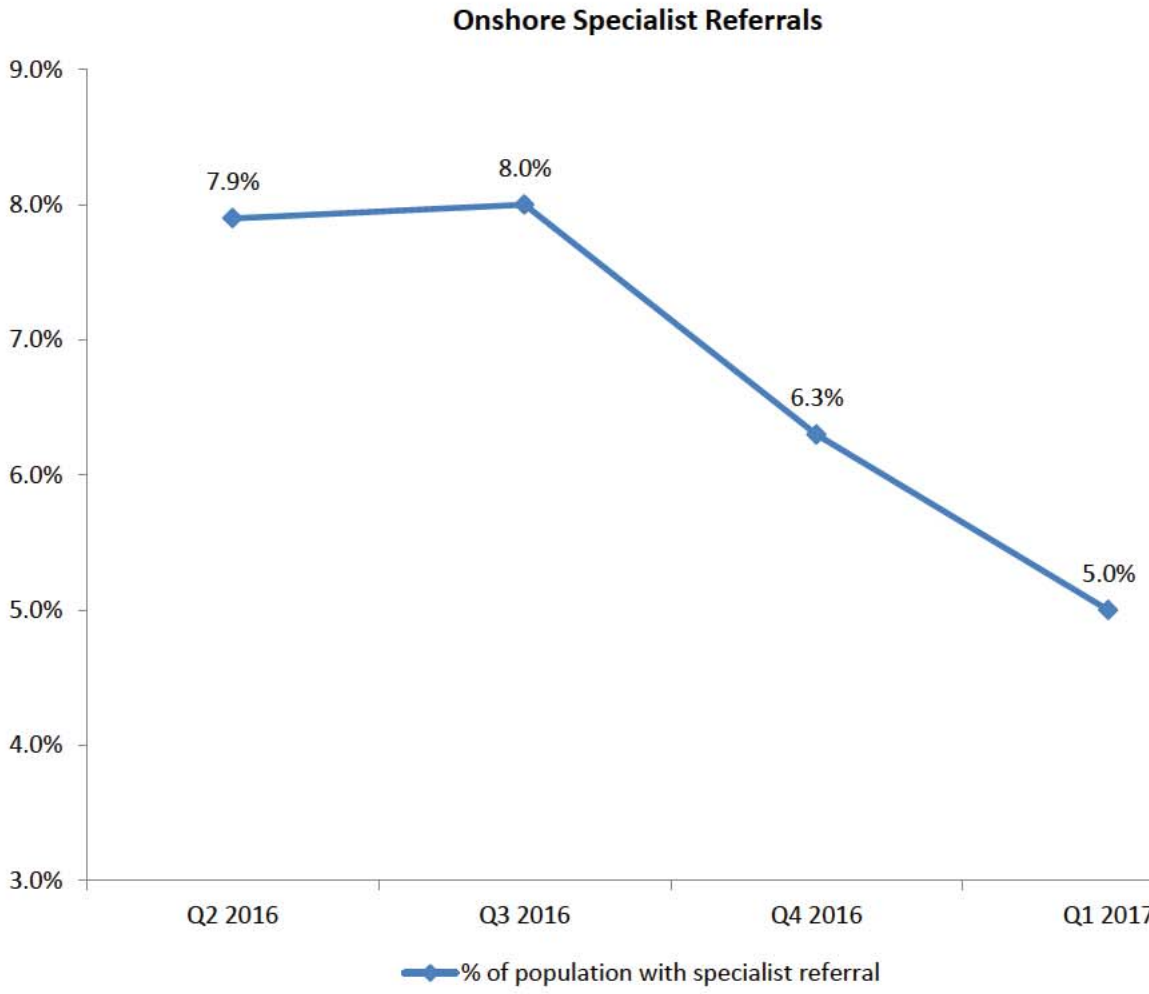
6.6. Specialist Referrals

Table 6.6 Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Orthopaedics	22	22	0.8%
Cardiology	22	20	0.7%
Gastroenterology	13	13	0.5%
General surgery	13	13	0.5%
Emergency medicine	10	10	0.4%
Ophthalmology	9	9	0.3%
Neurology	12	8	0.3%
Otorhinolaryngology	8	8	0.3%
Psychiatry	9	7	0.2%
Addiction medicine	7	7	0.2%
Emergency department	7	6	0.2%
Neurosurgery	6	6	0.2%
Respiratory and sleep medicine	6	6	0.2%
Dermatology	6	5	0.2%
Endocrinology	6	5	0.2%
Plastic, reconstruction and aesthetic surgery	5	5	0.2%
Oral and maxillofacial surgery	4	4	0.1%
Urology	4	4	0.1%
Gynaecology and obstetrics	2	2	0.1%
Rheumatology	2	2	0.1%
TOTAL	**173**		
Total number of unique persons to have a Specialist referral	**144**	**% of total IDF population during Q1**	**5.0%**

Orthopaedics and cardiology were the most commonly referred specialties, followed by gastroenterology and general surgery. There has been a slight drop in the proportion of gastroenterology referrals recorded this quarter, but otherwise this is consistent with previous quarters and commensurate with Australian community specialist referrals.

Figure 6.6a: Specialist referrals trend



The proportion of Detainees needing a specialist referral has dropped slightly from 6.3% in Q4 to 5% in Q1. In remote settings such as Yongah Hill and Christmas Island, specialist telehealth consults are also utilised where increasing accessibility of specialist advice in these remote locations. Telehealth continued to be a useful modality for Christmas Island this quarter with a number of patients being successfully managed on location without the need for a transfer to the mainland.

6.7. Presentations to hospital Emergency Department (including admissions)

Table 6.7 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	5	5
NSW	48	35
NT	0	0
QLD	11	7
SA	3	3
VIC	29	25
WA	25	20
Total	121	95
Total number of unique persons that were hospitalised	95	3.33%

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

There has been a significant 30% rise in the number of hospital admissions from NSW due to the increasing numbers, throughput and complexity of clients at Villawood. This site is now the largest and busiest in the network, with a number of highly complex clients. There was also a drop in referrals from Christmas Island (from 9 to 5 this quarter). The numbers of presentations to ED remains steady in WA this quarter.

6.8. GP and Psychiatrist Presentations by Health Groupings

Table 6.8a: Reasons for Presentations to GP and Psychiatrist

Health Groupings	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	1,483	1,299	555	19%
Musculoskeletal	897	743	416	15%
Digestive	538	498	312	11%
Skin	520	447	272	10%
General Unspecified	320	298	235	8%
Respiratory	280	255	159	6%
Endocrine / Metabolic & Nutritional	262	232	172	6%
Neurological	250	209	160	6%
Cardiovascular	173	151	117	4%
Injury	135	127	103	4%
Ear	131	106	60	2%
Eye	111	100	71	2%
Genital	78	66	54	2%
Urological	59	54	38	1%
Social	22	22	21	1%
Blood / Blood forming organs	17	16	14	0%
Pregnancy / Childbearing / Family Planning	3	3	3	0%
Total	**5,279**	**4,626**		

Table 6.8b: Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017										
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	1	5%	551	20%	3	8%	555	19%
Musculoskeletal	0	0	0	0%	409	15%	7	19%	416	15%
Digestive	0	0	0	0%	309	11%	3	8%	312	11%
Skin	0	0	0	0%	268	10%	4	11%	272	10%
General Unspecified	0	0	0	0%	231	8%	4	11%	235	8%
Respiratory	0	0	0	0%	154	6%	5	14%	159	6%
Endocrine / Metabolic & Nutritional	0	0	1	5%	163	6%	8	22%	172	6%
Neurological	0	0	0	0%	158	6%	2	5%	160	6%
Cardiovascular	0	0	0	0%	108	4%	9	24%	117	4%
Injury	0	0	0	0%	103	4%	0	0%	103	4%
Ear	0	0	0	0%	57	2%	3	8%	60	2%
Eye	0	0	0	0%	69	2%	2	5%	71	2%
Genital	0	0	0	0%	54	2%	0	0%	54	2%
Urological	0	0	0	0%	37	1%	1	3%	38	1%
Social	0	0	0	0%	21	1%	0	0%	21	1%
Blood / Blood forming organs	0	0	0	0%	13	0%	1	3%	14	0%
Pregnancy / Childbearing / Family Planning	0	0	0	0%	3	0%	0	0%	3	0%

When interpreting this table it is important to note that each grouping represents a wide range of symptoms and diagnoses. The cases captured under the "Psychological" grouping range from recognised psychiatric diagnoses, to psychologically related consults as such smoking cessation activities.

As per previous quarters, psychological, musculoskeletal and digestive remain the commonest health groupings encountered which is broadly comparable with what is seen in the community

6.9. Primary Health Care Chronic Diseases

Table 6.9a: Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017					
Chronic Disease	Adult	Age group by	Minor	Age group by	Grand Total
(Categories taken from the Australian institute of Health and Welfare)		% (Adult)		% (Minor)	
Depression	58	2%	0	0%	58
Cardiovascular	54	2%	0	0%	54
Schizophrenia	44	2%	0	0%	44
Asthma	40	1%	0	0%	40
Diabetes	38	1%	0	0%	38
Obesity	28	1%	0	0%	28
Arthritis	17	1%	0	0%	17
Bipolar Disorder	10	0%	0	0%	10
Chronic Liver Disease	7	0%	0	0%	7
Oral disease	7	0%	0	0%	7
Thyroid disease	6	0%	0	0%	6
COPD	5	0%	0	0%	5
Epilepsy	5	0%	0	0%	5
Cancer	0	0%	0	0%	0
Chronic kidney disease	0	0%	0	0%	0
Dementia	0	0%	0	0%	0
Glaucoma	0	0%	0	0%	0
Inflammatory bowel disease	0	0%	0	0%	0
Osteoporosis	0	0%	0	0%	0

Table 6.9b: Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017								
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%	57	2.0%	1	2.7%
Cardiovascular	0	0%	0	0%	48	1.7%	6	16.2%
Schizophrenia	0	0%	0	0%	44	1.6%	0	0.0%
Asthma	0	0%	0	0%	38	1.4%	2	5.4%
Diabetes	0	0%	0	0%	34	1.2%	4	10.8%
Obesity	0	0%	0	0%	28	1.0%	0	0.0%
Arthritis	0	0%	0	0%	17	0.6%	0	0.0%
Bipolar Disorder	0	0%	0	0%	10	0.4%	0	0.0%
Chronic Liver Disease	0	0%	0	0%	6	0.2%	1	2.7%
Oral disease	0	0%	0	0%	7	0.3%	0	0.0%
Thyroid disease	0	0%	0	0%	6	0.2%	0	0.0%
COPD	0	0%	0	0%	3	0.1%	2	5.4%
Epilepsy	0	0%	0	0%	5	0.2%	0	0.0%
Cancer	0	0%	0	0%	0	0.0%	0	0.0%
Chronic kidney disease	0	0%	0	0%	0	0.0%	0	0.0%
Dementia	0	0%	0	0%	0	0.0%	0	0.0%
Glaucoma	0	0%	0	0%	0	0.0%	0	0.0%
Inflammatory bowel disease	0	0%	0	0%	0	0.0%	0	0.0%
Osteoporosis	0	0%	0	0%	0	0.0%	0	0.0%

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

Depression, cardiovascular disease and schizophrenia are now the commonest chronic disease groupings encountered, at roughly 2% of the population for each. Schizophrenia in particular has significantly increased from 33 cases in Q4 to 44 cases managed in Q1. This would compare to around 0.5-1% of the general Australian population (Schizophrenia Research Institute 2013) and requires continued focus on maintaining adequate mental health staffing needs onsite. On the physical health side, asthma, diabetes, obesity and arthritis are reported in roughly 1% of the population. These rates would be lower than those reported in the Australian population.

It is important to note that due to the methodology of the data collection, the number of consults outlines the number of presentations for the chronic disease for the quarter and may not be a true reflection of the prevalence of the disease within the Detainee population i.e. a chronic diagnosis was not recorded as such if the reason for presentation was a common illness. An example of this would be if a patient with schizophrenia presented to the clinic with an upper respiratory tract infection and was not seen for the schizophrenia, the consultation was captured as one for only the upper respiratory tract infection; the schizophrenia would not be collated and reported for that particular event. IHMS is of the opinion that there may be a degree of under-reporting with regard to chronic diseases.

Medications and Immunisations

7. Medications

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:

- Q2 2016 (April – June) 55%
- Q3 2016 (July – September) 52%
- Q4 2016 (October – December) 49%
- Q1 2017 (January – March) 54%

Medication management is an integral component of the onsite IHMS medical service. IHMS has established a system where detainees are given the opportunity to self-administer medications at certain locations where it is practical and safe to do so. Detainees who fit the criteria for self-administration of medication are given a weekly blister pack. The literature on this topic suggests that self-administration of medications leads to improved medication compliance rates and also an important component of self-agency and taking responsibility and control of one's health. Where self-administration of medication is not safe or practical, IHMS conducts medication rounds in the clinic. These medication rounds continued to be a significant workload for the onsite nurses where in some locations 50+ clients need to be administered their medications individually once or twice a day. IHMS also continued to manage the onsite administration of opiate substitution programs at all of its locations except Christmas Island.

7.1. Medication prescriptions by MIMS Class in IDFs (Top 20)

Table 7.1 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class						
Jan - Mar 2017						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	822	29%	1	3%	823	29%
Nonsteroidal anti-inflammatory agents	681	24%	1	3%	682	24%
Antidepressants	343	12%	0	0%	343	12%
Combination simple analgesics	337	12%	0	0%	337	12%
Hyperacidity, reflux and ulcers	222	8%	0	0%	222	8%
Antihistamines	210	7%	0	0%	210	7%
Antipsychotic agents	208	7%	0	0%	208	7%
Laxatives	136	5%	0	0%	136	5%
Penicillins	128	5%	0	0%	128	4%
Agents used in drug dependence	120	4%	0	0%	120	4%
Hypolipidaemic agents	108	4%	0	0%	108	4%
Antihypertensive agents	104	4%	0	0%	104	4%
Sedatives, hypnotics	91	3%	0	0%	91	3%
Bronchodilator aerosols and inhalations	89	3%	0	0%	89	3%
Antianxiety agents	84	3%	0	0%	84	3%
Topical corticosteroids	80	3%	0	0%	80	3%
Anticonvulsants	78	3%	0	0%	78	3%
Multivitamins and minerals	68	2%	0	0%	68	2%
Rubefacients, topical analgesics/NSAIDs	67	2%	0	0%	67	2%
Narcotic analgesics	66	2%	0	0%	66	2%

The proportion of the most common medications administered is consistent with what would be expected in similar primary care settings and no significant trend is seen this quarter.

There was however a 12% increase in the number of medications used for drug dependence (methadone and other opiate substitution) and a 16% increase in the number of antipsychotic medications prescribed this quarter, which is consistent with the increasing complexity now reported on the sites on the mental health side.

7.2. Medication Prescriptions by Schedule

Table 7.2 Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications / Verbal telephone order**
S2	279	0	794
S3	284	4	18
S4	2,096	137	688
S8	76	0	1
Unscheduled	749	5	239
Grand Total	**3,484**	**146**	**1,740**

There was a slight increase in the number of medications prescribed this quarter, which is consistent with reports of increasingly complex patients on multiple chronic medications. There was also a significant 55% increase in the number of S8 prescriptions, partly due to increases in opiate substitution prescriptions required this quarter.

7.3. Scheduling basics

Table 7.3 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#.U87iAI2KDct*

7.4. Medication Trends by Class

Table 7.4 Medication Trends by MIMS Class

Medication Trends by MIMS Class		
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017		
Medications	**Oct – Dec 2016**	**Jan – Mar 2017**
Simple analgesics and antipyretics	30%	29%
Nonsteroidal anti-inflammatory agents	23%	24%
Antidepressants	12%	12%
Combination simple analgesics	14%	12%
Hyperacidity, reflux and ulcers	9%	8%
Antihistamines	10%	7%
Antipsychotic agents	7%	7%
Laxatives	5%	5%
Penicillins	5%	4%
Agents used in drug dependence	4%	4%
Hypolipidaemic agents	3%	4%
Antihypertensive agents	4%	4%
Sedatives, hypnotics	3%	3%
Bronchodilator aerosols and inhalations	2%	3%
Antianxiety agents	2%	3%
Topical corticosteroids	3%	3%
Anticonvulsants	3%	3%
Multivitamins and minerals	3%	2%
Rubefacients, topical analgesics/NSAIDs	4%	2%
Narcotic analgesics	5%	2%

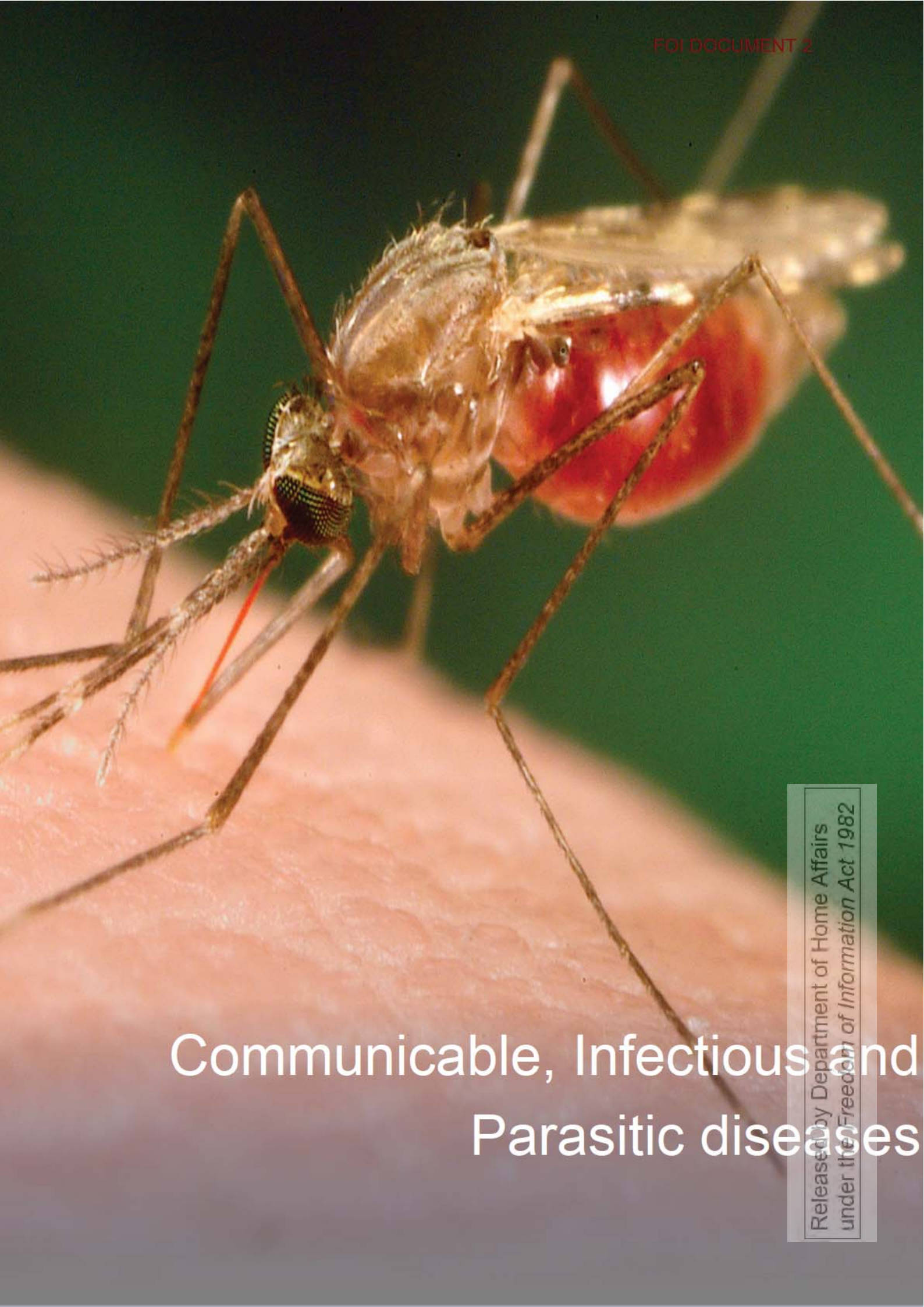
There were no notable new trends this quarter when compared to the previous quarter.

8. Vaccinations Administered by Age Group

8.1 Vaccinations by Age Group

Vaccinations Administered by Age Group					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017					
Vaccination type	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	58	2	60
MMR	0	0	57	2	59
MMRV	0	0	0	0	0
Hep A	0	0	61	2	63
Hep B	0	0	142	7	149
MenCCV	0	0	57	3	60
Typh IM	0	0	1	0	1
dT	0	0	32	3	35
HPV	0	0	14	0	14
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	87	3	90
PCV	0	0	3	4	7
dTpa (11 years and over)	0	0	109	5	114
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	2	2
Total	0	0	621	33	654

IHMS continues to offer catch-up vaccinations to all those entering detention. There was no particular trend when compared with previous quarters, other than the number vaccines administered remained constant, despite the absolute numbers on the nominal roll dropping this quarter– again this is reflective of continuing activity in the centres. **IHMS program is aligned with the Australian Immunisation schedule with a number of its primary care nurses holding the immunisation certification.**



Communicable, Infectious and Parasitic diseases

9. Communicable, Infectious and Parasitic Diseases

Table 9.1 Diagnosis of Contagious and Non-Contagious Disease

	New Diagnoses Quarter 1 (Jan - Mar 2017)				Total New Diagnoses Jul 2015 - Mar 2017		
Contagious (human to human, including sexually transmitted infections)	IMAs	Non-IMAs	Total (IMAs & non-IMAs)	% of IDF population during quarter	IMAs	Non-IMAs	Total (IMAs & non-IMAs)
Chickenpox	0	0	0	0.00%	1	1	2
Chlamydia	0	0	0	0.00%	1	7	8
Gonorrhoea	0	0	0	0.00%	0	0	0
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	1	18	19	0.67%	5	153	158
Hepatitis C, Ab pos	2	34	36	1.26%	9	296	305
HIV	0	2	2	0.07%	0	11	11
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	1	1
Syphilis serology pos	2	6	8	0.28%	2	56	58
Tuberculosis – Active	1	0	1	0.04%	2	4	6
Typhoid	0	0	0	0.00%	0	0	0
Total	6	60	66	2.31%	20	529	549
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	1	0	1	0.04%	1	0	1
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	0	0	0	0.00%	1	0	1
Strongyloidiasis	1	0	1	0.04%	1	1	2
Total	2	0	2	0.07%	3	1	4
Grand Total	8	60	68	2.38%	23	530	553

There were increasing numbers of Detainees reported with contagious diseases this quarter, with hepatitis A, B, syphilis and TB all seeing slight increases in numbers. Hepatitis A in particular saw a 13% increase, the majority in non-IMAs. This is consistent with the changing cohort population in particular from correctional settings. There were 549 Detainees with a contagious disease reported this quarter, up from 483 last quarter and a 13.7% increase. The health induction assessment offered to all new arrivals into the detention network plays a key role in the screening of these communicable diseases.

Disabilities

10. 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 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. IHMS has reviewed the categorisation of disabilities this quarter and expanded the list of conditions that qualify providing there is an appropriate functional impairment.

The leading cause of disability for adults this quarter is noted to be psychiatric (long-term schizophrenia for example), and this has been included as a category this quarter. Neurological and hearing impairment are the next common disabilities. Autism is included as a category for the first time.

The definition for disability came from a published document called Disability Services National Minimum Data Set (DS NMDS) from the Australian Institute of Health and Welfare (AIHW) website. Disability is defined as *'the impairment of body structures or functions, limitations in activities, or restrictions in participation chiefly responsible for the disability'* [(1)] . As per the AIHW's classifications, the major disability groups used for this health data set are as follows:

1. Intellectual (including Down syndrome)
2. Specific learning/Attention Deficit Disorder (other than Intellectual)
3. Autism (including Asperger's syndrome and Pervasive Developmental Delay)
4. Physical
5. Acquired brain injury
6. Neurological (including epilepsy and Alzheimer's disease)
7. Deafblind (dual sensory)
8. Vision
9. Hearing
10. Speech
11. Psychiatric
12. Developmental delay

(1) http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548022

10.1. 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) Q1 Jan - Mar 2017					
Types of Disability	IDCs	ITAs	IRH/APODs	Adult	Minor
Autism	0	0	0	0	0
Hearing impairment	0	0	0	0	0
Intellectual	1	0	0	1	0
Neurological	0	0	0	0	0
Physical	1	0	0	1	0
Psychiatric	39	2	0	41	0
Visual Impairment	2	0	0	2	0
Total	43	2	0	45	0
Unique Detainees with a disability	44				

10.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q2 2016 – Q1 2017		
As at (as per quarter)	No. of detainees	Approx. % of IDF population
31 Mar 2017 - Q1	44	2.0%
31 Dec 2016 - Q4	58	2.0%
30 Sept 2016 - Q3	86	2.8%
30 Jun 2016 - Q2	94	3.1%

IHMS continued to have ongoing discussions with the department in regards to the complex issue of appropriate placement and management options for clients with a disability who cannot be managed optimally within the centres. Alternative options such as high level care disability residences and aged care facilities continue to be explored.

Mental Health

11.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, Psychologists and Psychiatrists.

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. Detainees may self-refer or be referred for assessment and follow-up by IHMS site staff. 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.

Following amendments to the Migration Act in 2015 involving Section 501, the mental health issues within the onshore detention population have significantly changed, from presentations found in the Illegal Maritime Arrival (IMA) population (in particular anxiety, depression and trauma-related issues) to presentations now paralleling those found in the Australian prison population, which are predominantly related to serious mental illness such as Schizophrenia or psychosis, Antisocial personality disorder or traits, congenital or acquired cognitive deficits, substance use disorders, and related behavioural disturbance.

11.1.Mental Health related consultations

Tables 9.1.1 and 9.1.2 show the number of Consultations provided during this quarter by Primary and Mental Health professionals in for which the SNOMED code entered falls under the 'psychological' SNOMED category. This category includes a wide range of non-diagnostic as well as diagnostic items, including normal findings. A list of items falling under the SNOMED 'psychological' codes is found in Appendix A: SNOMED descriptions for Mental Health.

In the tables in this section 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.

Tables 11.1a and 11.1b show a total of 4873 consultations (adults and minors) in onshore detention for items relating to mental health. The majority of consultations for mental health reasons were attended to by mental health professionals, with the bulk of consultations done by Mental Health nurses, who saw around 30% of the detention population over the three month period.

The number of consultations for mental health by GP has risen again in this quarter from around 8% of the population to around 11% of the population, indicative of the increasing complexity of mental health issues in onshore detention.

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. 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.

There continue to be a small number of minors who enter immigration detention with their families, usually staying only briefly and therefore not triggering a comprehensive mental health nurse consultation which must be done for those who stay longer than 10 days in detention.

Table 11.1a Mental Health Consultations by Health Professional: Adults

Mental health consultation by health professional : Adults			
January - March 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	482	318	11.26%
Primary Health Nurse	215	163	5.77%
Primary Health Total	697	481	
Mental Health Consultations by Mental Health Professionals			
Counsellor	1,183	371	13.14%
Mental Health Nurse	2,109	852	30.18%
Psychiatrist	367	240	8.50%
Psychologist	513	231	8.18%
Mental Health Total	4,172	1,694	
TOTAL Consultations	4,869	Total unique adults	1,265

Table 11.1b Mental Health Consultations by Health Professional: Minors

Mental health consultation by health professional : Minors			
January - March 2017			
	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	2	1	3.45%
Primary Health Total	2	1	
Mental Health Consultations by Mental Health Professionals			
Counsellor	0	0	0%
Mental Health Nurse	1	1	3.45%
Psychiatrist	1	1	3.45%
Psychologist	0	0	0%
Mental Health Total	2	2	
TOTAL Consultations	4	Total unique minors	1

11.2.Psychiatric Admissions

Sixteen people were admitted for inpatient mental health care from onshore immigration detention facilities in this quarter, with Villawood showing a marked rise in Psychiatric admissions over the course of the year.

Fourteen of the 16 admissions this quarter involved involuntary admission to Public Hospital psychiatric wards, and two involved voluntary admission to private hospitals. This is a significant change from 2014 when the detention cohort was predominantly an IMA population and the majority of admissions were to Private Psychiatric Hospitals, and is likely reflective of the types of presentation and risk found in those now entering detention as a result of the Section 501 amendments in 2015, which now correlates with issues prevalent in correctional settings.

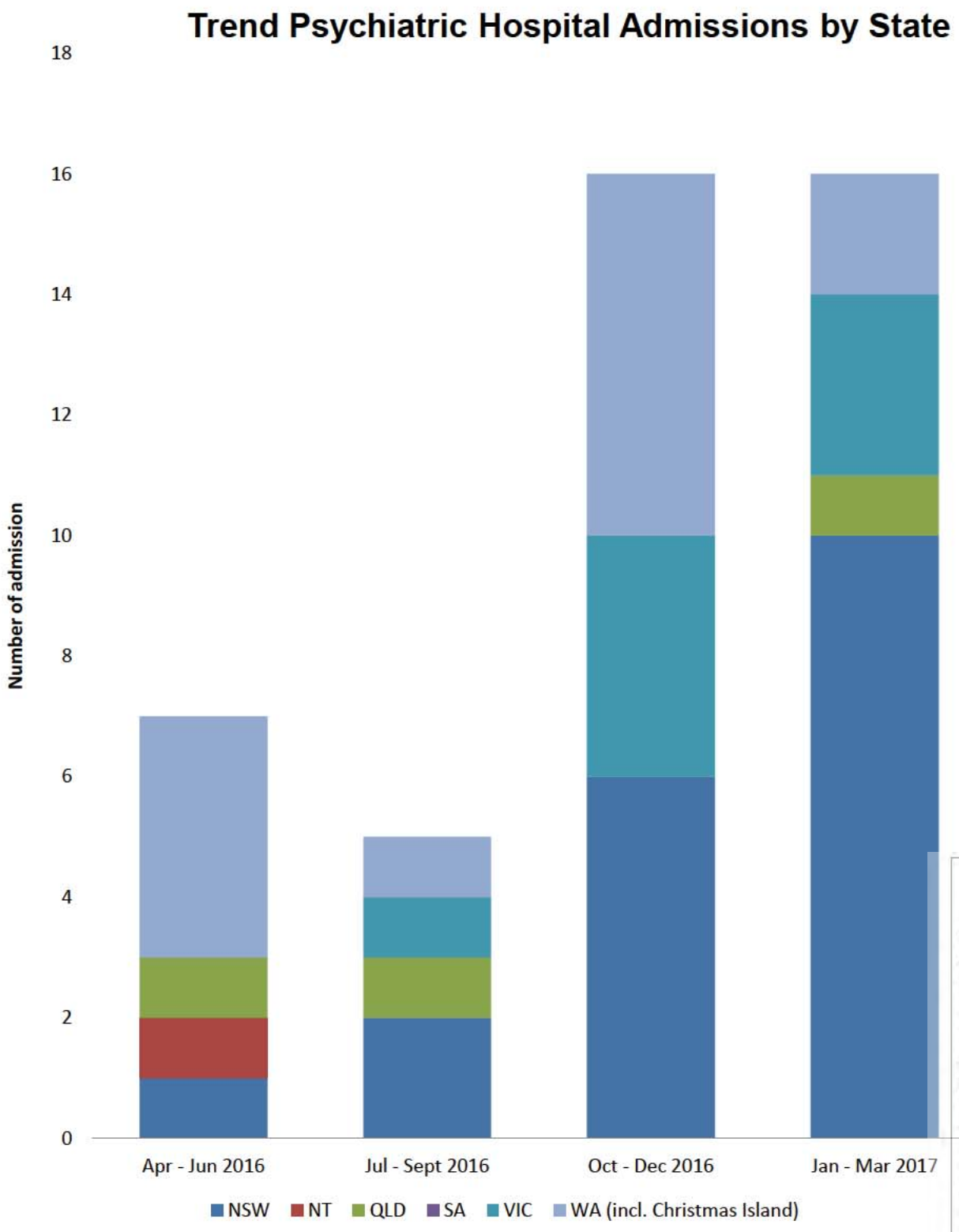
11.2a Trend: Psychiatric Admissions

Psychiatric Admissions				
Mainland and Christmas Island (IDFs only) Q2 2016 – Q1 2017				
State/Territory	Apr - Jun 2016	Jul - Sept 2016	Oct - Dec 2016	Jan - Mar 2017
NSW	1	2	6	10
NT	1	0	0	0
QLD	0	1	0	1
SA	0	0	0	0
VIC	0	1	4	3
WA (incl. Christmas Island)	4	1	6	2
Total	6	5	16	16

11.2b Psychiatric Admissions by Age Grouping

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017			
State/Territory	Total	Adult	Minor
NSW	10	10	0
NT	0	0	0
QLD	1	1	0
SA	0	0	0
VIC	3	3	0
WA (incl. Christmas Island)	2	2	0
Total	16	16	0

Table 11.2. Psychiatric Hospital Admissions



11.3.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).

11.4.Kessler Psychological Distress Scale (K-10)

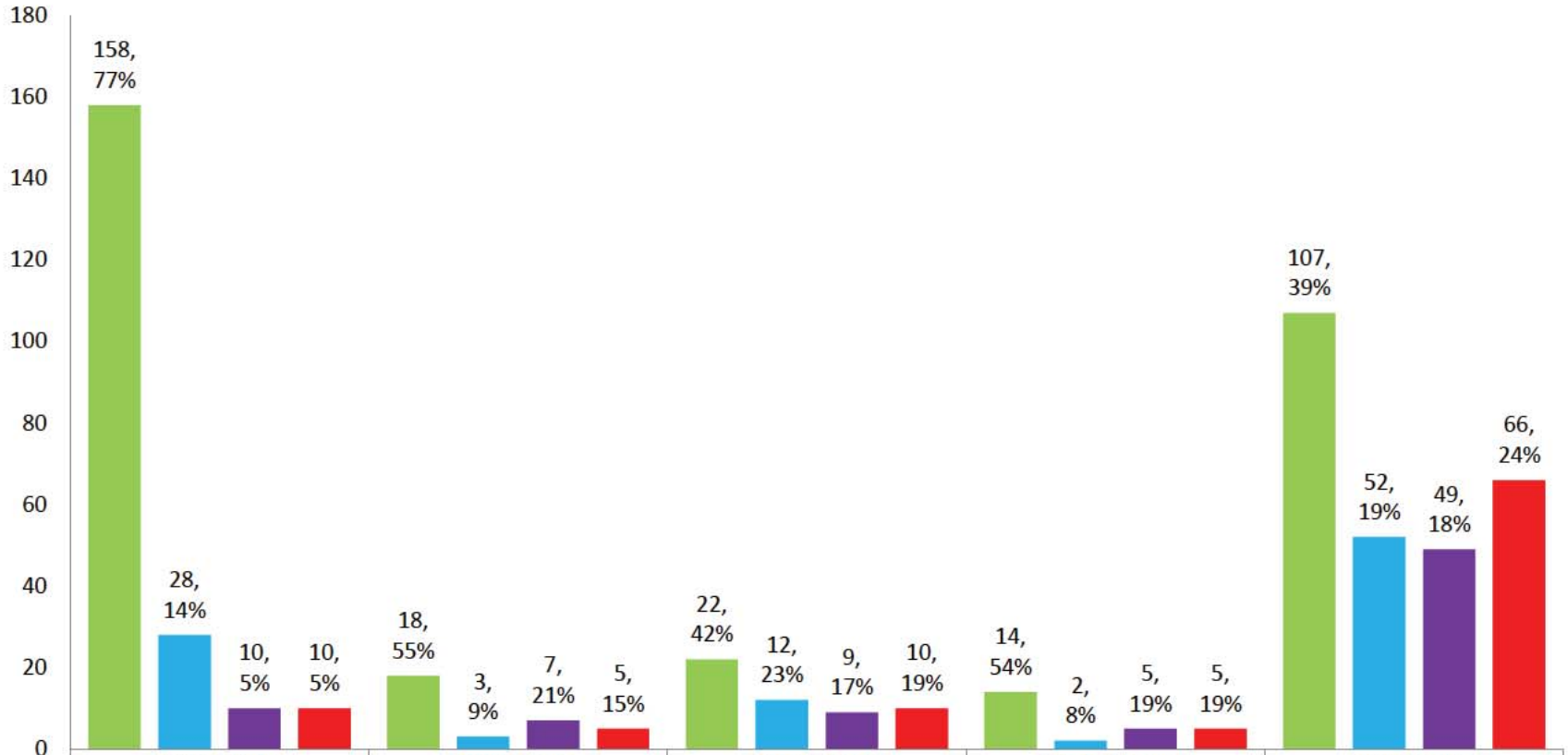
The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric 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. It has also not been validated for use in Mandatory Immigration detention settings. 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)

Table 11.4. Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017										
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	206	15.50	158	76.7%	28	13.6%	10	4.9%	10	4.9%
4-6 months	33	20.76	18	54.5%	3	9.1%	7	21.2%	5	15.2%
7-12 months	53	21.38	22	41.5%	12	22.6%	9	17.0%	10	18.9%
13-18 months	26	20.31	14	53.8%	2	7.7%	5	19.2%	5	19.2%
19+ months	274	23.41	107	39.1%	52	19.0%	49	17.9%	66	24.1%
Total	**592**	**20.19**	**319**	**53.9%**	**97**	**16.4%**	**80**	**13.5%**	**96**	**16.2%**

Graph 11.4 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	158	18	22	14	107
Mild (20-24)	28	3	12	2	52
Moderate (25-29)	10	7	9	5	49
Severe (30-50)	10	5	10	5	66

11.5. 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).

Table 11.5 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

No SDQ screenings were conducted onshore this quarter.

11.6. Torture & Trauma (T&T)

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) 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, referrals to Specialist Torture and Trauma (T&T) counselling services are offered to 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.

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 11.6 shows that 53 people in onshore detention made new disclosures of T&T this quarter.

Table 11.6 New Torture &Trauma Disclosures

New Torture and Trauma Disclosures					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017					
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	3	0	1	1	1
Christmas Island	5	0	0	5	0
Maribyrnong IDC	6	0	0	6	0
Melbourne ITA	2	0	0	2	0
Perth IDC/IRH	0	0	0	0	0
Villawood IDC	29	0	0	28	1
Yongah Hill IDC	7	0	0	7	0
Total	53	0	1	50	2
% total IDF population during Q1	1.9%	0.0%	5.0%	1.8%	5.4%

11.7.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 reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences High SME and then is downgraded to Moderate SME and later to Ongoing SME that will be counted three times, once under each column. Where three individuals were each commenced on different levels of SME which was then discontinued rather than being downgraded, this will also show up as three events. Figures provided below 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 11.7 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2017			
	Ongoing	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	3	3	3
Christmas Island	5	7	6
Maribyrnong IDC	12	12	9
Melbourne ITA	5	4	3
Perth	2	2	2
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	13	15	14
Yongah Hill IDC	6	7	5
Total	0	0	0
Total number of unique individuals on SME	63	% of IDF population on SME	2.2%

Appendix A: SNOMED descriptions for Mental Health

SNOMED Descriptions for Mental Health
Able to sleep (finding)
Abnormal grief reaction to life event (finding)
Abuse of steroids (disorder)
Acute hysterical psychosis (disorder)
Acute situational disturbance (disorder)
Acute stress disorder (disorder)
Adjustment disorder (disorder)
Adjustment disorder with anxious mood (disorder)
Adjustment disorder with depressed mood (disorder)
Aggressive behavior (finding)
Aggressive biting (finding)
Agoraphobia (disorder)
Alcohol abuse (disorder)
Alcohol dependence (disorder)
Alexithymia (finding)
Alzheimer's disease (disorder)
Amnesia (finding)
Amphetamine abuse (disorder)
Anhedonia (finding)
Antisocial personality disorder (disorder)
Anxiety (finding)
Anxiety and fear (finding)
Anxiety attack (finding)
Anxiety disorder (disorder)
Anxiety disorder of childhood OR adolescence (disorder)
Anxiety neurosis (finding)
Anxiety state (finding)
Argumentative behavior (finding)
Asperger's disorder (disorder)
At risk for deficient parenting (finding)
At risk for deliberate self harm (finding)
At risk for psychosocial dysfunction (finding)
At risk for suicide (finding)
At risk of harming others (finding)
Attention deficit hyperactivity disorder (disorder)
Attention seeking behavior (finding)
Atypical psychosis (disorder)
Auditory hallucinations (finding)
Autistic disorder (disorder)

SNOMED Descriptions for Mental Health
Autistic disorder of childhood onset (disorder)
Avoidance behavior (finding)
Behavior problem of childhood and adolescence (finding)
Behavioral and emotional disorder with onset in childhood (disorder)
Behavioral problems at school (finding)
Bipolar affective disorder, current episode manic (disorder)
Bipolar affective disorder, currently depressed, mild (disorder)
Bipolar affective disorder, currently manic, severe, with psychosis (disorder)
Bipolar disorder (disorder)
Bipolar disorder in remission (disorder)
Bipolar I disorder (disorder)
Borderline personality disorder (disorder)
Boredom (finding)
Brief reactive psychosis (disorder)
Cannabis abuse (disorder)
Cannot sleep at all (finding)
Child at risk (finding)
Child attention deficit disorder (disorder)
Childhood emotional disorder (disorder)
Childhood or adolescent disorder of social functioning (disorder)
Childhood or adolescent identity disorder (disorder)
Chronic psychogenic pain (disorder)
Chronic schizophrenia (disorder)
Chronic stress disorder (disorder)
Cigarette smoker (finding)
Claustrophobia (finding)
Cluster A personality disorder (disorder)
Cluster B personality disorder (disorder)
Cluster C personality disorder (disorder)
Communication disorder (disorder)
Complaining of feeling depressed (finding)
Complaining of tearfulness (finding)
Complex posttraumatic stress disorder (disorder)
Compulsive gambling (disorder)
Compulsive personality disorder (disorder)
Conduct disorder (disorder)
Culture shock (disorder)
Delayed articulatory and language development (finding)
Delayed milestone (finding)

SNOMED Descriptions for Mental Health
Delirious (finding)
Delirium (disorder)
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)
Dependent personality disorder (disorder)
Depressive disorder (disorder)
Developmental academic disorder (disorder)
Developmental delay (disorder)
Developmental mental disorder (disorder)
Difficulty controlling anger (finding)
Difficulty coping (finding)
Difficulty sleeping (finding)
Disorder of form of thought (finding)
Disorientation as to people, time and place (finding)
Disruptive behavior (finding)
Dissociative convulsions (disorder)
Dissociative disorder (disorder)
Dominating behavior (finding)
Drug abuse (disorder)
Drug dependence (disorder)
Drug seeking behavior (finding)
Drug withdrawal (disorder)
Drug-induced psychosis (disorder)
Dysphoric mood (finding)
Dysthymia (disorder)
Eating disorder (disorder)
Emotional problems (finding)
Emotional stress (finding)
Emotional upset (finding)
Encopresis (finding)
Endogenous depression (disorder)
Enmeshed attachment (finding)
Euthymic mood (finding)
Expression of emotions (observable entity)
Facial tic disorder (disorder)
Failed attempt to stop smoking (finding)
Fear (finding)
Fear associated with illness and body function (finding)
Fear of flying (finding)
Fear of going crazy (finding)
Feeling abandoned (finding)
Feeling agitated (finding)

SNOMED Descriptions for Mental Health
Feeling angry (finding)
Feeling ashamed (finding)
Feeling frustrated (finding)
Feeling guilt (finding)
Feeling hopeless (finding)
Feeling irritable (finding)
Feeling nervous (finding)
Feeling powerless (finding)
Feeling suicidal (finding)
Feeling tense (finding)
Feeling trapped (finding)
Feeling unhappy (finding)
Finding relating to grieving and mourning (finding)
Forgetful (finding)
Formication (finding)
Frontal lobe syndrome (disorder)
Gender reassignment patient (finding)
Generalized anxiety disorder (disorder)
Gilles de la Tourette's syndrome (disorder)
Global developmental delay (disorder)
Globus hystericus (finding)
Grief finding (finding)
Hallucinations (finding)
Health seeking behavior (finding)
Hebephrenic schizophrenia in remission (disorder)
Heroin dependence (disorder)
History of drug abuse (situation)
History of violent behavior toward others (situation)
Histrionic behavior (finding)
Histrionic personality disorder (disorder)
Homosexual (finding)
Hyperactive behavior (finding)
Hypersomnia (disorder)
Hypervigilant behavior (finding)
Hypochondriasis (disorder)
Hypomania (disorder)
Immature personality (finding)
Impaired cognition (finding)
Impulse control disorder (disorder)
Inability to cope (finding)
Inappropriate behavior (finding)
Inappropriate shouting (finding)
Increased libido (finding)
Ineffective family coping (finding)

SNOMED Descriptions for Mental Health
Insecurity (finding)
Insomnia (disorder)
Intellectual functioning disability (finding)
Intelligence quotient low (finding)
Intentional poisoning (disorder)
Intermittent explosive disorder (disorder)
Intrusive thoughts (finding)
Korsakoff's psychosis (disorder)
Lack of libido (finding)
Learning difficulties (finding)
Lithium level low (finding)
Localized dissociative amnesia (disorder)
Loss of appetite (finding)
Loss of hope for the future (finding)
Low self-esteem (finding)
Major depression in remission (disorder)
Major depression, melancholic type (disorder)
Major depressive disorder (disorder)
Maladaptive behavior (finding)
Mania (disorder)
Manic bipolar I disorder (disorder)
Masturbation (finding)
Memory impairment (finding)
Mental distress (finding)
mental health problem (finding)
Mental retardation (disorder)
Misuses drugs (finding)
Mixed anxiety and depressive disorder (disorder)
Mixed bipolar affective disorder (disorder)
Mood stable (finding)
Mood swings (finding)
Moody (finding)
Multiple somatic complaints (finding)
Munchausen's syndrome (disorder)
Nail biting (finding)
Narcissistic personality disorder (disorder)
Neglectful parenting (finding)
Nicotine dependence (disorder)
Nicotine withdrawal (disorder)
Nightmares (finding)
Nightmares associated with chronic post-traumatic stress disorder (disorder)
No evidence of mental illness (situation)
No suicidal thoughts (situation)

SNOMED Descriptions for Mental Health
No thoughts of deliberate self harm (situation)
Nocturnal enuresis (finding)
Non-organic nocturnal enuresis (finding)
Obsessional neurosis (disorder)
Obsessive behavior (finding)
Obsessive-compulsive disorder (disorder)
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)

SNOMED Descriptions for Mental Health
Psychomotor agitation (finding)
Psychophysiologic disorder (finding)
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)
Ran away, life event (finding)
Reactive attachment disorder (disorder)
Reactive depressive psychosis (disorder)
Ready to stop smoking (finding)
Rebellious character (finding)
Recurrent depression (disorder)
Recurrent major depression in partial remission (disorder)
Reduced concentration (finding)
Reduced libido (finding)
Restlessness (finding)
Restlessness and agitation (finding)
Rumination - thoughts (finding)
Schizoaffective disorder (disorder)
Schizophrenia (disorder)
Schizophrenia in remission (disorder)
Schizophrenic disorders (disorder)
Schizophreniform disorder (disorder)
Sedated (finding)
Self-harm (finding)
Self-injurious behavior (finding)
Self-mutilation (finding)
Separation anxiety (disorder)
Separation anxiety disorder of childhood (disorder)
Severe anxiety (panic) (finding)
Severe major depression (disorder)
Severe major depression with psychotic features (disorder)
Sexual frustration (finding)
Sexualized behavior (finding)
Sibling jealousy (disorder)
Sleep deprivation (finding)
Sleep disorder (disorder)
Sleep paralysis (disorder)
Sleep terror disorder (disorder)
Sleep walking disorder (disorder)
Smoking cessation milestones (observable entity)

SNOMED Descriptions for Mental Health
Social phobia (disorder)
Somatization disorder (disorder)
Specifica nonpsychotic mental disorders following organic brain damage (record artifact)
Speech delay (disorder)
Stopped smoking (finding)
Strange and inexplicable behavior (finding)
Stress (finding)
Stress and adjustment reaction (disorder)
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

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Department of Immigration and Border Protection

Immigration Detention Health Report

April - June 2017

Quarter 2

Immigration Detention Health Report

Quarter 2
April – June 2017

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1. Executive Summary

The actual total onshore Detainee population has decreased from 1,298 in Q1 to 1,268 this quarter, although the monthly average has increased by 3.2%. The change in demographic of the detainees continues to be one of where the majority of the population have entered detention following compliance failures or Section 501 Amendments relating to failing the character test, often coming directly from a correctional facility. During Q2 2017, there were 21,616 total IHMS clinician consultations which was an increase from 17,976 in Q1 2017. There were comparatively more GP consultants recorded this quarter, possibly associated with increased needs to perform FTT assessments on existing patients with complex health needs.

The upward trend in actual activity reflects the fact that the cohort is passing through more rapidly, necessitating a review of existing health planning which focuses on static population parameters.

As per previous quarters, primary nurse consultations made up the largest number of overall consultations. Dental and physiotherapy remained the highest allied health referrals in the network.

NSW recorded the largest numbers of hospital admissions; Villawood continues to boast the largest detainee population in centre in the network by population and total throughput. Nevertheless, the smaller centres such as Perth and Brisbane also report significant turnover of cases, despite their size. Centres such as Adelaide remained static.

There remain a large proportion of people on medications to treat drug dependence, consistent with the new patient cohort. Consistent with previous quarters, “psychological”, “digestive” and “musculoskeletal” remain the most common presentations recorded. Specialty referrals continue to favour orthopaedics, cardiology and gastroenterology, however this quarter saw the inclusion of respiratory medicine and sleep studies in the top 5 specialties referred into; this coincides with a continued prevalence of complex patients entering the network with poor cardiac and pulmonary function requiring optimisation.

Hepatitis C and B are also the leading diagnosed communicable diseases in the network due to the high number of arrivals from a corrections background where it is recognised that these medical conditions are highly prevalent, with hepatitis B seeing a slight rise this quarter. There continue to be very small numbers of active TB cases reported this quarter; both cases reported were in non-IMAs.

Abbreviations

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
FTF	Fit to Fly
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDF	Immigration Detention Facilities
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

The onshore detainee cohort managed by IHMS is a complex one. In order to provide a more accurate representation of this population the Detainee Cohort Summary is now described within the following categories:

- *The average number of persons present at a facility.* As there is no official data outlining the average number of detainees, IHMS utilizes the nominal roll provided by SERCO. The data point for this report is the last day of the reporting period. This figure is used as the primary denominator in all of the rates described in Section 4 onwards unless otherwise stated.
- *The throughput of the service.* As detainees are transferred from one site to another, the populations serviced at different IHMS centers vary accordingly. The throughput of the service considers the number of detainees that were transferred within centers in Australia.
- *New entries and rapid turnaround detainees.* For all new persons entering detention, a health induction assessment is performed. Many of these individuals may undergo rapid turnarounds as they are deported from airports and transportation hubs within 1-3 days. As there is no accurate record of this number, IHMS uses the number of health induction assessments performed as a measure for this cohort.

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

It is noted that there is a discrepancy with the numbers reported on the website and those contained within the report, due to dates in which calculations are made and timeframes for notification of admissions and discharges from detention. In addition, IHMS utilises the following age grouping brackets at the request of the Department of Immigration and Border Protection (DIBP), to align with other DIBP reports. These age bracket groupings are by sex and as follows:

- 0 - 4 years
- 5 – 17 years
- 18 – 64 years
- Greater than 65 years

2.1. The average detainee population

Based on the nominal role, the figure used to represent the static population is the last nominal roll provided to IHMS closest to the end of the Quarter. As of end of June 2017 there were 1,268 persons in detention, a small drop in actual population from 1298 at the end of Q1; however this represents a rise in monthly average of 3.2%. This further corroborates IHMS observations that whilst static population is a useful marker, monthly averages and turnover rates are more indicative of actual clinical activity. MITA, PIDC and YHIDC have all seen large percentage increases in population this quarter.

Table 2.1.1. Summary of the end of month nominal rolls, the average monthly nominal rolls and the percentage change in nominal rolls by month for Q2 2017.

	Apr-17	May-17	Jun-17	Monthly Average	Percentage Change
Adelaide ITA	20	14	19	18	-7.0%
Brisbane ITA	66	66	66	66	0.0%
Christmas Island IDC	274	291	295	287	-2.8%
Maribyrnong IDC	93	105	96	98	2.1%
Melbourne ITA	94	116	91	100	10.3%
Perth IDC	23	23	20	22	10.0%
Villawood IDC	476	477	459	471	2.5%
Yongah Hill IDC	253	267	222	247	11.4%
Total Population	**1,299**	**1,359**	**1,268**	**1,309**	3.2%

3. Population changes in Q2

3.1. Detainee movement into detention facilities

A health induction assessment is completed for each new arrival into the detention network. This induction assessment comprises of a nurse review, a GP review, a mental health review and a screening chest xray and pathology for communicable diseases. This remains a significant workload on the IHMS clinics as although the static population in the network has decreased, the centres are still experiencing a constant flow of new arrivals and departures who all require individual health induction assessments and discharge planning. Table 3.1.1 describes the number of detainees requiring health induction assessments for Q2 2017. As there is no data describing the population entering detention facilities, IHMS assumes that the number of health induction assessments performed is a surrogate measure for the number of people entering detention.

This quarter, several sites are seen to process a very significant number of detainees, outside their 'static' site population. This includes PIDC, which has processed more than 7 times its population throughout the period, despite its relatively small size. This contrasts with YHIDC, which predominantly receives detainees transferred from other centres, processing the equivalent of only 38% of its population this quarter. As detainees from the mainland are transferred to Christmas Island rather than any new detainees entering detention on the island directly, the number of health inductions performed there is low.

Table 3.1. Health induction assessments completed by site for Q2 2017.

Health Induction Assessments (HIA) Q2 2017			
Facilities	**Number of detainees requiring HIA**	**On site Population (June)**	**% HIAs conducted**
Adelaide ITA	62	19	326%
Brisbane ITA	232	66	352%
Christmas Island IDC	1	295	0%
Maribyrnong IDC	144	96	150%
Melbourne ITA	430	91	473%
Perth IDC	155	20	775%
Villawood IDC	877	459	191%
Yongah Hill IDC	85	222	38%
Darwin APOD	24	0	N/A
Total	**2,010**	**1,268**	**159%**

3.2. Health Discharge Assessments

Health discharge assessments are requested when a detainee may be discharged from a detention facility. IHMS uses this as a surrogate measure of persons being discharged from detention facilities. However, this measure does not include rapid visa turnarounds and may not reflect all departures.

Table 3.2 Health Discharge Assessments that were cancelled, completed or remain open for Q2 2017.

Health Discharge Assessments (HDA) Q2 Apr – Jun 2017						
Facilities	**Number of cancelled HDAs**	**Number of completed HDAs**	**Number of open HDAs**	**Total**	**Population on site**	**HDA Activity as % of Pop**
Adelaide ITA	0	10	15	25	19	132%
Brisbane ITA	15	73	15	103	66	156%
Christmas Island	55	11	14	80	295	27%
Maribyrnong IDC	25	6	53	84	96	88%
Melbourne ITA	24	137	21	182	91	200%
Perth IDC	4	26	7	37	20	185%
Villawood IDC	88	364	111	563	459	123%
Yongah Hill IDC	30	137	9	176	222	79%
Darwin APOD	2	0	14	16	0	N/A
Grand Total	**243**	**764**	**259**	**1,266**	**1,268**	**100%**

3.3. Fit To Travel

When detainees are required to transfer from one site to another within Australia or when they are repatriated, fitness for travel (FTT) assessments are made. These are done in conjunction with the health discharge assessments and while not an accurate indicator, it does present evidence of transfers within the detention setting. Again, some sites stand out as high throughput sites, such as YHIDC with its role housing detainees prior to onward transfer to and from CI. MIDC and BITA have also processed a large number of FTTs this quarter relative to its site population.

Table 3.3 Total number of Fit to Travel health assessments completed for Q2 2017.

Fit To Travel (FTT) Q2 Apr - Jun 2017			
Facilities	**Number of detainees requiring FTT**	**Population on site**	**Percentage of FTTs conducted**
Adelaide ITA	2	19	11%
Brisbane ITA	84	66	127%
Christmas Island	175	295	59%
Maribyrnong IDC	226	96	235%
Melbourne ITA	53	91	58%
Perth IDC	25	20	125%
Yongah Hill IDC	231	459	50%
Villawood IDC	172	222	77%
Darwin APOD	14	0	
Grand Total	**982**	**1268**	**77%**

It is not known whether these FTTs completed have led to actual physical movements, but IHMS' experience is that there are large numbers of requests made which do not lead to a departure from site during the timeframe for which the FTT is valid. The increased numbers of FTTs reported in this and previous quarters have led to additional requests for GP/psychiatry assessments onsite to help determine FTT. This is due to the cohort having more complex health needs that may affect their ability to fly at altitude, and a need to provide an up-to-date physical assessment to guide the Centralised Services Team.

4. Explanatory notes

The majority of data in this report has been extracted from the Apollo electronic clinical record system, and the report should be read with an understanding of this system. The IHMS electronic record uses the SNOMED clinical terminology system (*http://sydney.edu.au/medicine/fmrc/snomed/index.php*). SNOMED is designed to capture and represent patient data for clinical purposes and is not a diagnostic classification system. It incorporates both diagnostic items, 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, and may include 'normal' findings. 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

5. Integrated Primary Health Care

5.1. Introduction

IHMS has been contracted by the Department of Immigration and Border Protection to provide the primary health care services within the Australian immigration detention network. The foundations of this health service are the eight 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. Yongah Hill Immigration Detention Centre, WA
3. Perth Immigration Detention Centre, WA
4. Adelaide Immigration Transit Accommodation, SA
5. Maribyrnong Immigration Detention Centre, VIC
6. Melbourne Immigration Transit Accommodation, VIC
7. Villawood Immigration Detention Centre, NSW
8. Brisbane Immigration Transit Accommodation, QLD

This last quarter saw an Alternate Place of Detention (APOD) being set up at Darwin.

The onsite clinics comprise of a team of General Practitioners, Registered Primary Health and Mental Health Nurses, Counsellors and Psychologists. The composition of the workforce vary at each site as the health care model is specifically tailored to the population and the health needs of that particular site. The IHMS site based multidisciplinary team is also augmented by a schedule of visiting allied health, dentists, psychiatrist and other visiting specialists.

Routine activities of IHMS clinics include health induction assessments, mental health screening and management, primary care GP and nurse consultations, chronic disease management, emergency stabilisation and health promotion

Patients who require specialist input and care are referred to the local public hospital system where they are placed on the public wait list as a member of the Australian community

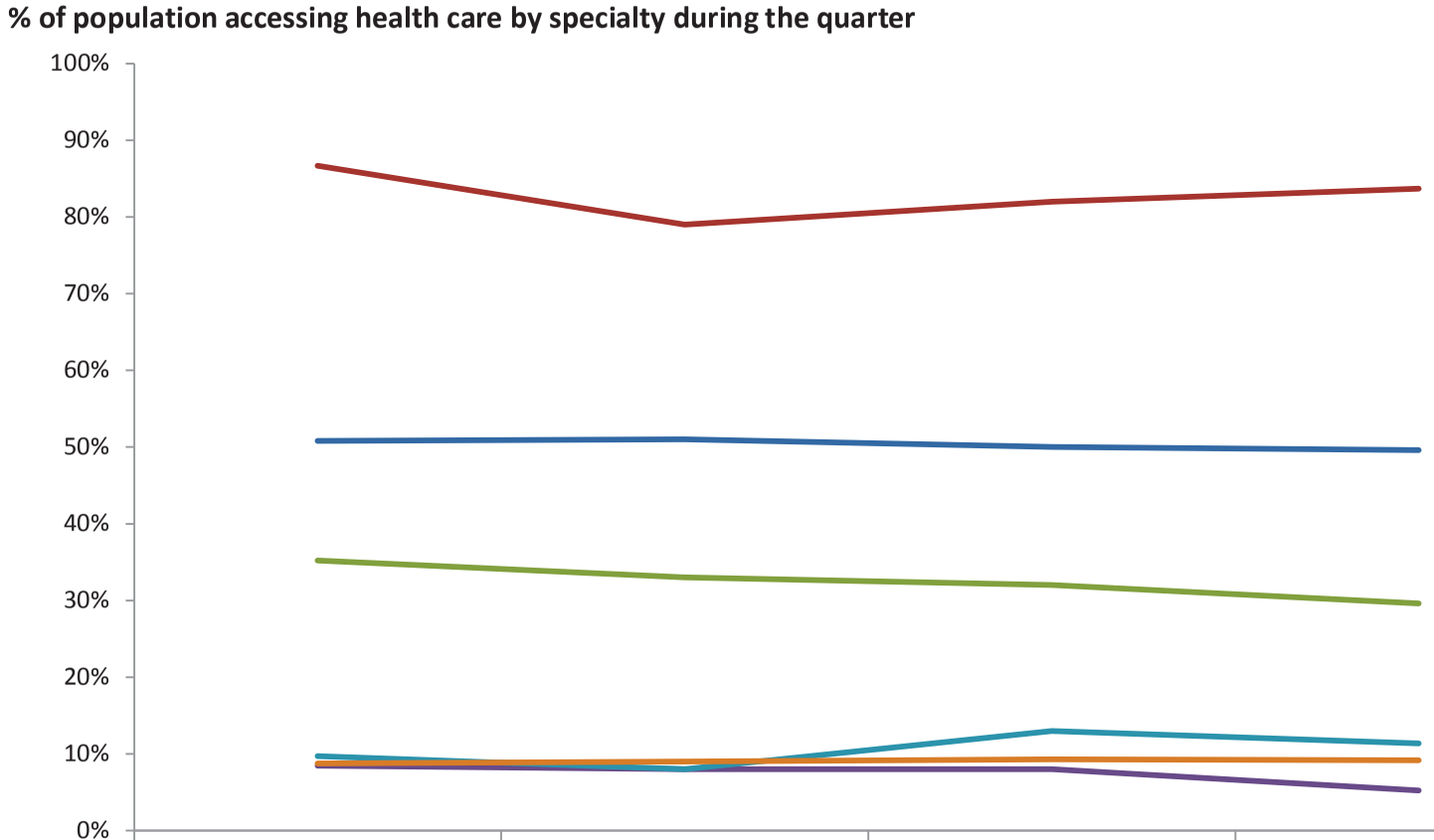
5.2. Consultations

Table 5.2.1a Consultations with Primary Health Care

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q2 April – June 2017				
IHMS Primary Health Care	**Total number of consults**	**No. of unique persons seen per speciality**	**Average Consults/Unique Person Attending Consultations**	**% of total IDF population during Q2 2017**
GP	3,757	1,507	2.5	49.6%
Primary Health Nurse	11,105	2,542	4.4	83.7%
Mental Health Nurse	1,913	899	2.1	29.6%
Psychologist	371	159	2.3	5.2%
Counsellor	1,323	345	3.8	11.4%
Psychiatrist	392	279	1.4	9.2%
Total	**19,083**	**5,828**	**3.3**	

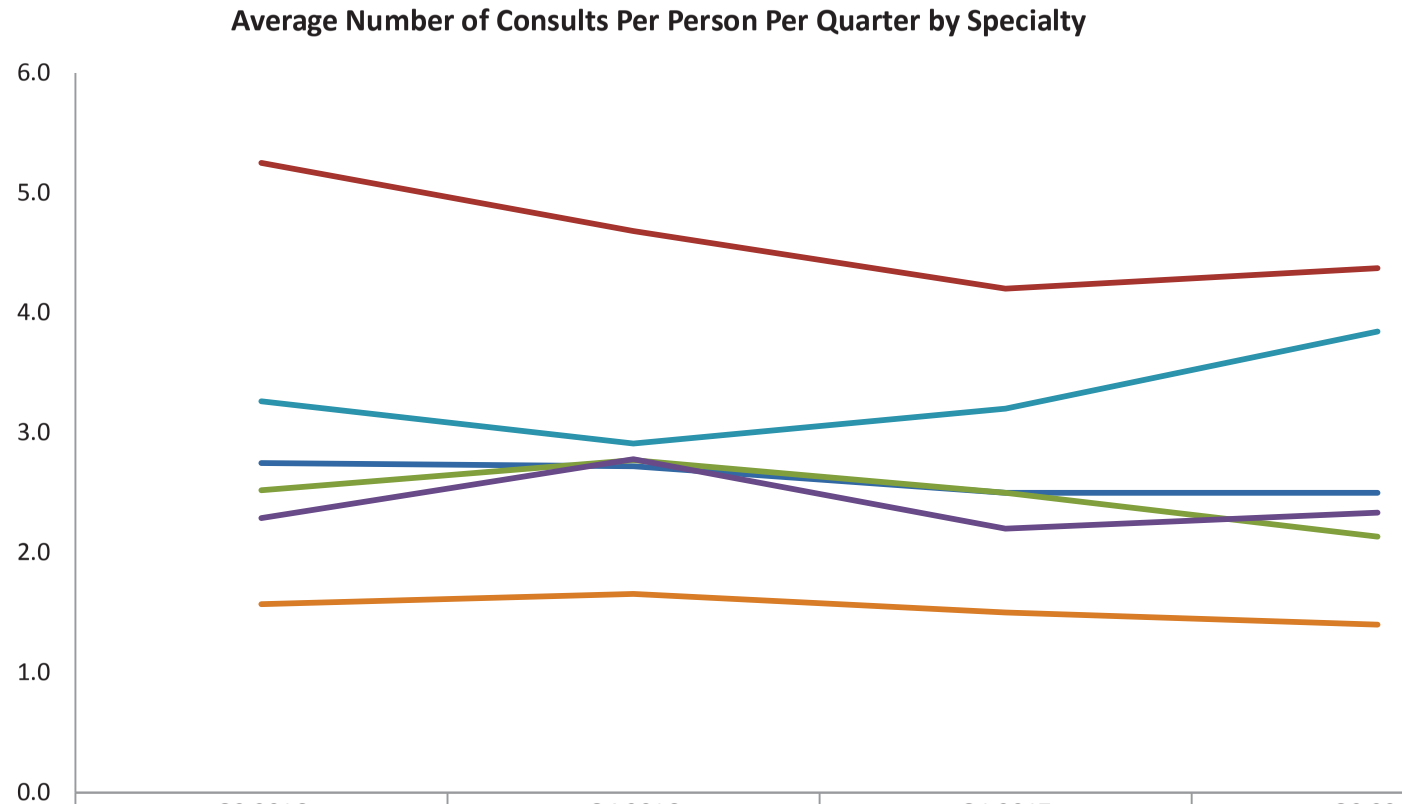
Total number of consults: *If a detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Chart 5.2a: Consultation trend by Primary Health Care



	Q3 2016	Q4 2016	Q1 2017	Q2 2017
GP	51%	51%	50%	50%
Primary Health Nurse	87%	79%	82%	84%
Mental Health Nurse	35%	33%	32%	30%
Psychologist	8%	8%	8%	5%
Counsellor	10%	8%	13%	11%
Psychiatrist	9%	9%	9%	9%

Chart 5.2b: Trend of Average Number of Consults per Person



	Q3 2016	Q4 2016	Q1 2017	Q2 2017
GP	2.7	2.7	2.5	2.5
Primary Health Nurse	5.2	4.7	4.2	4.4
Mental Health Nurse	2.5	2.8	2.5	2.1
Psychologist	2.3	2.8	2.2	2.3
Counsellor	3.3	2.9	3.2	3.8
Psychiatrist	1.6	1.7	1.5	1.4

During Q2 2017, there were 19,083 total IHMS clinician consultations which was an increase from 17,976 in Q1 2017, and continue to rise from Q4 2016. This is despite a drop in population.

As per previous quarters, primary nurse consultations made up the largest number of overall consultations. There were more GP consultations recorded this quarter (3,757 compared to 3,675 in Q1). The actual number of individuals seeing a GP has remained stable.

The trend of specialties seen has remained static this quarter, although there has been a small increase in the number of times patients have accessed counsellors with the number of persons accessing counselling stable at 11%.

Table 5.2.1b: Consultations with Primary Health Care

Primary Health Consultation per Specialty by Age Group by total population										
Mainland and Christmas Island (IDFs only) Q2 April - June 2017										
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	1	11.1%	8	40.0%	1,475	52.9%	23	62%	1,507	52.8%
Primary Health Nurse	4	44.4%	14	70.0%	2,497	89.6%	27	73%	2,542	89.1%
Mental Health Nurse	0	0.0%	2	10.0%	881	31.6%	16	43%	899	31.5%
Psychologist	0	0.0%	0	0.0%	159	5.7%	0	0%	159	5.6%
Counsellor	0	0.0%	1	5.0%	341	12.2%	3	8%	345	12.1%
Psychiatrist	0	0.0%	1	5.0%	273	9.8%	5	14%	279	9.8%

5.3. Pathology Referrals

Table 5.3 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017				
Pathology Type	**Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	749	749	331
Hep C	647	150	797	718
Hep B	634	104	738	708
HIV (BBv)	630	63	693	685
VDRL (Syphilis)	625	54	679	673
Full Blood Count (FBC)	0	362	362	299
INR	0	89	89	67
Mid Stream Urine Micro & Culture	0	154	154	123
Fasting Triglycerides	0	154	154	146
Alpha Fetoprotein	0	67	67	66
Total number of unique persons that had a Pathology Referral	**1,005**	**As % of total IDF population during quarter**	**33.09%**	

The number of pathology tests requested this quarter has shown a small increase despite the drop in absolute population. There has been a small rise in all communicable screening tests including hepatitis B/C, HIV and syphilis this quarter. This reflects the higher throughput reported this quarter, despite a static or declining population.

5.4. Allied Health Referrals

Table 5.4 Allied Health Referrals

Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017					
Allied Health Referral Type	**Onsite Referrals**	**Offsite Referrals**	**Total Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons with referral**
Dental	482	333	815	368	68.4%
Physiotherapy	586	172	758	156	29.0%
Audiology	0	18	18	7	1.3%
Optometry	110	22	132	108	20.1%
Podiatry	0	58	58	28	5%
Diabetes Educator	0	2	2	2	0%
Nutritionist	0	0	0	0	0%
Total	**1,178**	**605**	**1,783**		
Total number of unique persons to have an Allied Health referral	**538**	**% of total IDF population during Q2**	**18%**		

The number of referrals for allied health services has remained static. Physiotherapy is an important adjunct treatment modality in these cases reducing the need for medication therapy.

IHMS has onsite dental facilities in some locations which allow a visiting dentist to conduct onsite dental consultations. In locations without a dental facility, IHMS refers patients to local network dental providers. Onsite dental referrals have dropped slightly this quarter, with offsite appointments taking up the volume. This could be due to the higher throughput leading to detainees spending less time in facilities to allow for visiting dental services to assess.

5.5. Radiology Referrals

Table 5.5 Radiology Referrals

Radiology referrals					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017					
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	327	46.2%	228	55%	1. Chest 2. OPG 3. Knee (R) 4. Spine - Lumbo-sacral 5. Ankle (R)
Ultrasound	248	35.03%	179	43.3%	1. Abdomen 2. Other 3. Upper abdomen 4. Shoulder 5. Renal
CT Scan	86	12.15%	64	7.7%	1. Brain 2. Spine - Lumbar 3. Abdomen 4. Chest 5. Sinusis
MRI	37	5.23%	32	1.2%	1. Knee 2. Lumbar Spine 3. Cervical Spine 4. Brain 5. Periphery
Nuclear Medicine	3	0.42%	3	0.72%	1. Thyroid
Mammography	5	0.71%	5	1.2%	1. Plain bilateral
Bone densitometry	2	0.28%	2	0.48%	1. Medically indicated
Total	**708**				
Total number of unique persons to have a Radiology test	**416**	**As % of total IDF population during quarter**	**13.7%**		

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

The total number of radiology referrals and the percentage of patients receiving a radiology referral have remained static this quarter with 416 unique persons referred compared to 408 last quarter. Chest X-rays remain the leading type of radiological investigation within immigration detention. This is in addition to the standard chest X-ray done for screening purposes when entering detention. Numbers of MRI and CT scan referrals remained very similar to last quarter. The increasing complexity of some of the incoming cases means that radiological investigations will continue to be widely accessed.

5.6. Specialist Referrals

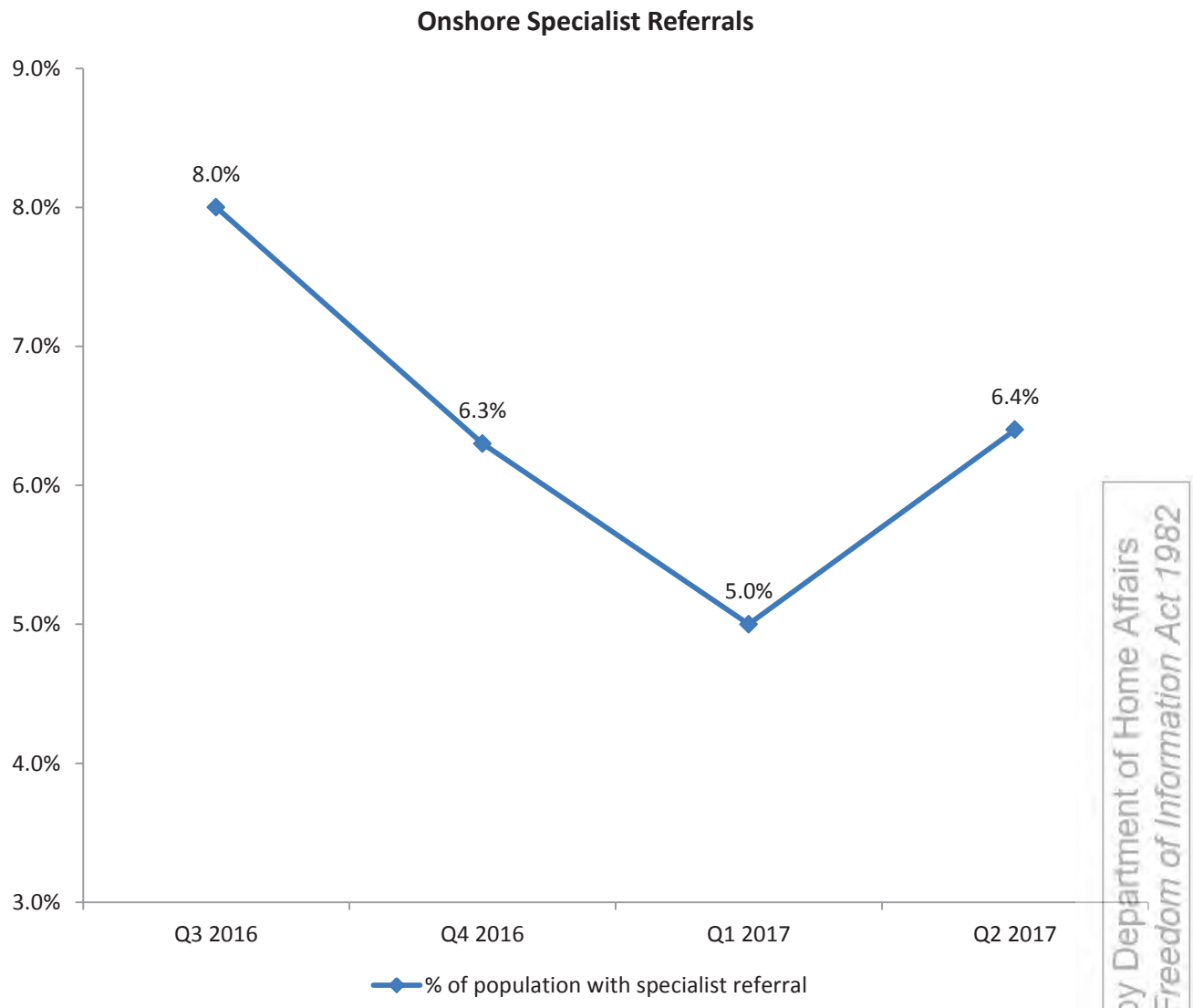
Table 5.6 Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Orthopaedics	25	25	0.8%
Cardiology	24	21	0.7%
Gastroenterology	24	22	0.7%
Emergency medicine	21	21	0.7%
Respiratory and sleep medicine	20	16	0.5%
General surgery	18	18	0.6%
Addiction medicine	15	14	0.5%
Emergency department	13	12	0.4%
Ophthalmology	13	12	0.4%
Neurology	11	11	0.4%
Otorhinolaryngology	11	11	0.4%
Neurosurgery	10	8	0.3%
Urology	10	8	0.3%
Nephrology	7	5	0.2%
Pneumology	5	5	0.2%
Dermatology	4	4	0.1%
Infectious diseases	4	4	0.1%
Endocrinology	2	2	0.1%
Pain medicine	2	2	0.1%
Plastic, reconstruction and aesthetic surgery	2	2	0.1%
TOTAL	**241**		
Total number of unique persons to have a Specialist referral	**194**	**% of total IDF population during Q2**	**6.4%**

Orthopaedics and cardiology remained the most commonly referred specialties, followed by gastroenterology and emergency medicine. There was an entry of respiratory and sleep medicine into the top 5 specialties this quarter. This is an interesting finding, and may reflect the observation that detainees are increasingly requiring assessment by their treating respiratory or cardiology specialist prior to a FTF determination being made. This is consistent with the finding that the current cohort report more complex conditions that require optimisation prior to travel.

Otherwise these referral patterns are consistent with previous quarters and commensurate with Australian community specialist referrals. The proportion of the population with a specialist referral in place remains around the 6.4% mark, which is slightly higher than last quarter but broadly consistent with previous periods.

Chart 5.6a: Specialist referrals trend



5.7. Presentations to hospital Emergency Department (including admissions)

Table 5.7 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	4	3
NSW	74	61
NT	0	0
QLD	9	8
SA	1	1
VIC	25	21
WA	24	19
Total	**137**	**113**
Total number of unique persons that were hospitalised	**112***	**3.7%**

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

There has been a significant 54% rise in the number of hospital admissions from NSW due to the increasing numbers, throughput and complexity of clients at Villawood. This site remains the largest and busiest in the network, with a number of highly complex clients. Otherwise the rates of hospital admissions remain static across the sites.

5.8. GP and Psychiatrist Presentations by Health Groupings

Table 5.8a: Reasons for Presentations to GP and Psychiatrist

Health Groupings	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	1,373	1,233	558	18.4%
Musculoskeletal	813	682	364	12.0%
Digestive	569	507	297	9.8%
Skin	486	403	253	8.3%
General Unspecified	431	392	300	9.9%
Respiratory	375	341	199	6.6%
Endocrine / Metabolic & Nutritional	254	229	167	5.5%
Neurological	201	167	128	4.2%
Cardiovascular	184	161	129	4.2%
Ear	127	106	63	2.1%
Injury	108	100	83	2.7%
Eye	104	95	73	2.4%
Urological	68	59	42	1.4%
Genital	55	52	48	1.6%
Blood / Blood forming organs	29	28	24	0.8%
Social	17	17	16	0.5%
Pregnancy / Childbearing / Family Planning	16	8	5	0.2%
Total	**5,210**	**4,580**		

Table 5.8b: Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping										
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017										
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%	3	21.4%	544	18.2%	11	30%	558	18.4%
Musculoskeletal	0	0.0%	0	0.0%	357	12.0%	7	19%	364	12.0%
Digestive	0	0.0%	0	0.0%	290	9.7%	7	19%	297	9.8%
Skin	0	0.0%	0	0.0%	246	8.2%	7	19%	253	8.3%
General Unspecified	0	0.0%	0	0.0%	298	10.0%	2	5%	300	9.9%
Respiratory	0	0.0%	1	7.1%	189	6.3%	8	22%	198	6.5%
Endocrine / Metabolic & Nutritional	0	0.0%	0	0.0%	161	5.4%	6	16%	167	5.5%
Neurological	0	0%	0	0.0%	125	4.2%	3	8%	128	4.2%
Cardiovascular	0	0%	0	0.0%	123	4.1%	6	16%	129	4.2%
Ear	0	0.0%	1	7.1%	60	2.0%	2	5%	63	2.1%
Injury	0	0%	1	7%	82	2.7%	0	0%	83	2.7%
Eye	0	0.0%	0	0.0%	68	2.3%	5	14%	73	2.4%
Urological	0	0.0%	1	7.1%	39	1.3%	2	5%	42	1.4%
Genital	0	0%	1	7.1%	46	1.5%	1	3%	48	1.6%
Blood / Blood forming organs	0	0%	0	0%	23	0.8%	1	3%	24	0.8%
Social	0	0%	0	0%	16	0.5%	0	0%	16	0.5%
Pregnancy / Childbearing / Family Planning	0	0%	0	0%	5	0%	0	0%	5	0%

As per previous quarters, psychological, musculoskeletal and digestive remain the commonest health groupings encountered which is broadly comparable with what is seen in the community.

When interpreting this table it is important to note that each grouping represents a wide range of symptoms, events and diagnoses listed within the SNOMED classification system. The cases captured under the "psychological" grouping for example range from recognised psychiatric diagnoses, to psychologically related consults as such smoking cessation activities.

5.9. Primary Health Care Chronic Diseases

Table 5.9a: Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017					
Chronic Disease *(Categories taken from the Australian institute of Health and Welfare)*	Adult	Age group by % (Adult)	Minor	Age group by % (Minor)	Grand Total
Cardiovascular	48	2%	0	0	48
Depression	36	1%	0	0	36
Schizophrenia	34	1%	0	0	34
Asthma	33	1%	1	6%	34
Diabetes	33	1%	0	0	33
Obesity	31	1%	0	0	31
Arthritis	18	1%	0	0	18
Oral disease	17	1%	0	0	17
Chronic Liver Disease	14	0%	0	0	14
COPD	6	0%	0	0	6
Bipolar Disorder	5	0%	0	0	5
Thyroid disease	4	0%	0	0	4
Epilepsy	3	0%	0	0	3
Cancer	1	0%	0	0	1
Chronic kidney disease	1	0%	0	0	1
Dementia	1	0%	0	0	1
Inflammatory bowel disease	1	0%	0	0	1
Osteoporosis	1	0%	0	0	1
Adrenal Disease	1	0%	0	0	1

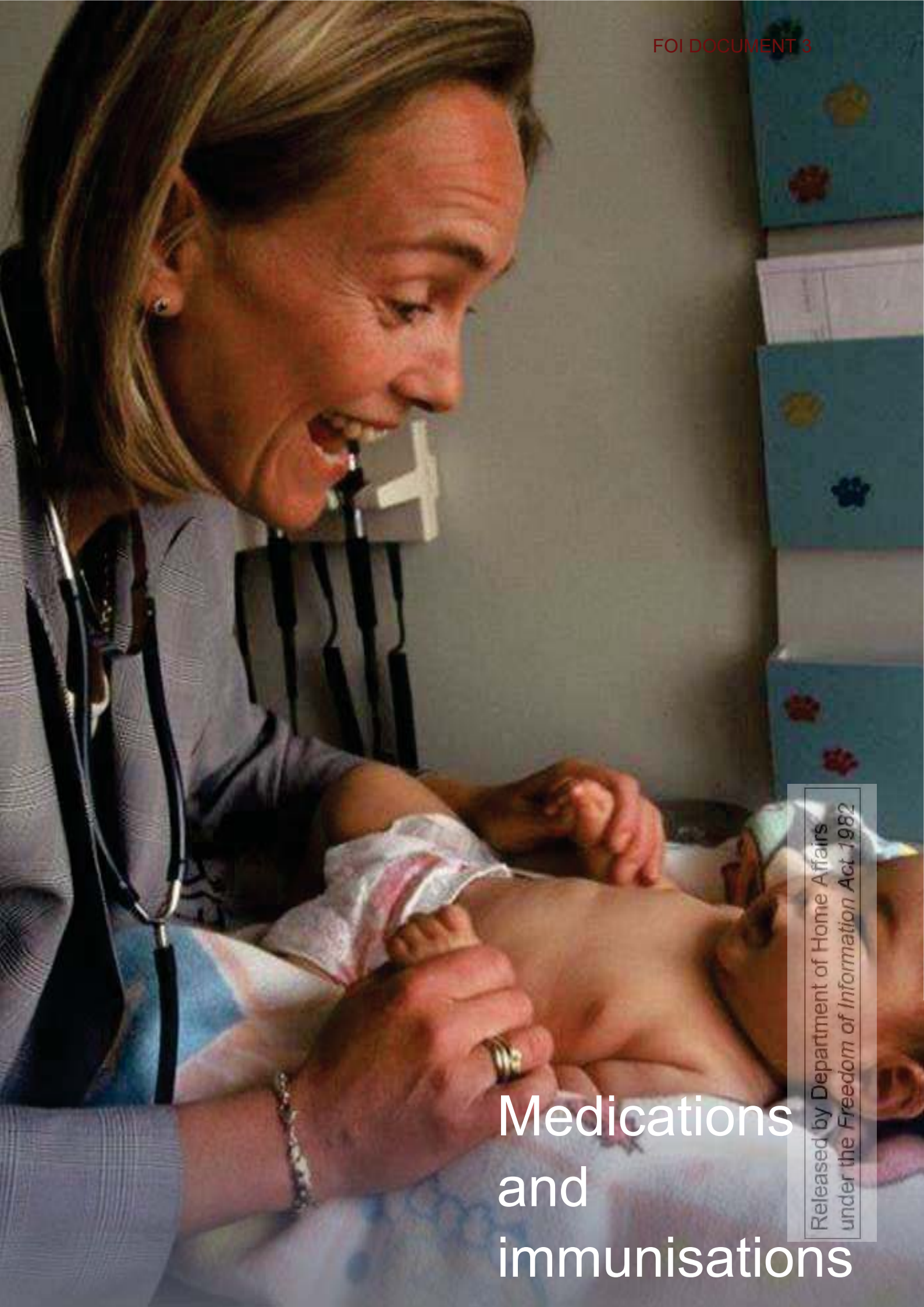
Table 5.9b: Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017								
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%	45	1.5%	3	8%
Depression	0	0%	0	0%	36	1.2%	0	0%
Schizophrenia	0	0%	0	0%	34	1%	0	0.0%
Asthma	1	25%	0	0%	32	1.1%	1	3%
Diabetes	0	0%	0	0%	30	1.0%	3	8%
Obesity	0	0%	0	0%	31	1.0%	0	0.0%
Arthritis	0	0%	0	0%	16	1%	2	5%
Oral disease	0	0%	0	0%	17	0.6%	0	0.0%
Chronic Liver Disease	0	0%	0	0%	14	0.5%	0	0%
COPD	0	0%	0	0%	4	0%	2	5.4%
Bipolar Disorder	0	0%	0	0%	5	0.2%	0	0%
Thyroid disease	0	0%	0	0%	4	0%	0	0.0%
Epilepsy	0	0%	0	0%	3	0.1%	0	0%
Cancer	0	0%	0	0%	1	0%	0	0.0%
Chronic kidney disease	0	0%	0	0%	1	0.0%	0	0%
Dementia	0	0%	0	0%	1	0%	0	0.0%
Inflammatory bowel disease	0	0%	0	0%	1	0.0%	0	0%
Osteoporosis	0	0%	0	0%	1	0%	0	0.0%
Adrenal Disease	0	0%	0	0%	1	0.0%	0	0%

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

Cardiovascular disease has overtaken depression as the most common chronic disease groupings encountered this quarter, at roughly 2% of the population for the former and 1% for the latter. The burden of schizophrenia remains significant at 1%, associated with the increase in the ex-correctional population. This would compare to the higher end of around 0.5-1% of the general Australian population (Schizophrenia Research Institute 2013). On the physical health side, asthma, diabetes, obesity, oral disease and arthritis are also reported in roughly 1% of the population. These rates would be lower than those reported in the Australian population.

It is important to note that due to the methodology of the data collection, the number of consults represents the number of explicit presentations for chronic disease for the quarter and is not be a true reflection of the prevalence of the disease within the detainee population i.e. a chronic diagnosis was not recorded as such if the reason for presentation was a common illness. An example of this could occur with a patient with depression presenting to the clinic with dermatitis who is not seen for the depression: the consultation would be captured as one for only dermatitis; the depression would not be collated and reported for that particular event. IHMS is thus of the opinion that there may be a degree of under-reporting with regard to chronic diseases in this data set.



Medications and immunisations

6. Medications

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 at roughly half of the population, as per the following:

- Q3 2016 (July – September) 52%
- Q4 2016 (October – December) 49%
- Q1 2017 (January – March) 54%
- Q2 2017 (April – June) 48%

IHMS continues to give detainees the opportunity to self-administer medications at certain locations where it is practical and safe to do so. Exceptions remain at high security centres such as Maribyrnong. Detainees who fit the criteria for self-administration of medication are given a weekly blister pack. The literature on this topic suggests that self-administration of medications leads to improved medication compliance rates and also an important component of self-agency and taking responsibility and control of one's health. Where self-administration of medication is not safe or practical, IHMS conducts medication rounds in the clinic. These medication rounds continued to be a significant workload for the onsite nurses where in some locations 50+ clients need to be administered their medications individually once or twice a day. IHMS also continued to manage the onsite administration of opiate substitution programs at all of its locations except Christmas Island, but focussed primarily at Maribyrnong and Villawood, with smaller numbers at Yongah Hill.

6.1. Medication prescriptions by MIMS Class in IDFs (Top 20)

Table 6.1 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class						
Apr - Jun 2017						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	889	29.4%	3	16.7%	892	29.4%
Nonsteroidal anti-inflammatory agents	684	22.7%	1	5.6%	685	22.6%
Combination simple analgesics	345	11.4%	0	0%	345	11%
Antihistamines	343	11.4%	0	0%	343	11%
Antidepressants	298	9.9%	1	6%	299	10%
Hyperacidity, reflux and ulcers	217	7.2%	0	0%	217	7%
Antipsychotic agents	175	5.8%	1	6%	176	6%
Laxatives	143	4.7%	1	6%	144	5%
Penicillins	133	4.4%	2	11%	135	4%
Expectorants, antitussives, mucolytics, decongestants	134	4.4%	0	0%	134	4%
Agents used in drug dependence	118	3.9%	0	0%	118	4%
Antihypertensive agents	114	3.8%	0	0%	114	4%
Sedatives, hypnotics	94	3.1%	0	0%	94	3%
Hypolipidaemic agents	93	3.1%	0	0%	93	3%
Antianxiety agents	88	2.9%	1	6%	89	3%
Bronchodilator aerosols and inhalations	84	2.8%	1	6%	85	3%
Vaccines	84	2.8%	0	0%	84	3%
Rubefacients, topical analgesics/NSAIDs	82	2.7%	0	0%	82	3%
Anticonvulsants	70	2.3%	0	0%	70	2%
Preventive aerosols and inhalations	58	1.9%	0	0%	58	2%

The proportion of the most common medications administered is consistent with what would be expected in similar primary care settings and no significant trend is seen this quarter. There was a slight drop in the prescription rates of antidepressants, from 12% in Q1 to 9.9% this quarter.

The number of medications used for drug dependence (methadone and other opiate substitution) remained high at around 4% of the population. The proportion of detainees on antipsychotic medications this quarter has dropped slightly from 7% to 5.8% however overall this remains high and consistent with the increasing complexity now reported on the sites on the mental health side.

6.2. Medication Prescriptions by Schedule

Table 6.2 Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications / Verbal telephone order**
S2	263	0	997
S3	298	8	10
S4	1,997	128	769
S8	69	0	1
Unscheduled	783	12	292
Grand Total	**3,410**	**148**	**2,069**

There was no significant change in the number of medications prescribed this quarter, which remains consistent with reports of increasingly complex patients on multiple chronic medications.

6.3. Scheduling basics

Table 6.3 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*

6.4. Medication Trends by Class

Table 6.4 Medication Trends by MIMS Class

Medication Trends by MIMS Class		
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017		
Medications	**Jan – Mar 2017**	**Apr – Jun 2017**
Simple analgesics and antipyretics	33.1%	29.4%
Nonsteroidal anti-inflammatory agents	27.5%	22.6%
Combination simple analgesics	13.6%	11.4%
Antihistamines	8.5%	11.3%
Antidepressants	13.8%	9.8%
Hyperacidity, reflux and ulcers	8.9%	7.1%
Antipsychotic agents	8.4%	5.8%
Laxatives	5.5%	4.7%
Penicillins	5.2%	4.4%
Expectorants, antitussives, mucolytics, decongestants	2.5%	4.4%
Agents used in drug dependence	4.8%	3.9%
Antihypertensive agents	4.2%	3.8%
Sedatives, hypnotics	3.7%	3.1%
Hypolipidaemic agents	4.3%	3.1%
Antianxiety agents	3.4%	2.9%
Bronchodilator aerosols and inhalations	3.6%	2.8%
Vaccines	1.2%	2.8%
Rubefacients, topical analgesics/NSAIDs	2.7%	2.7%
Anticonvulsants	3.1%	2.3%
Preventive aerosols and inhalations	2.0%	1.9%

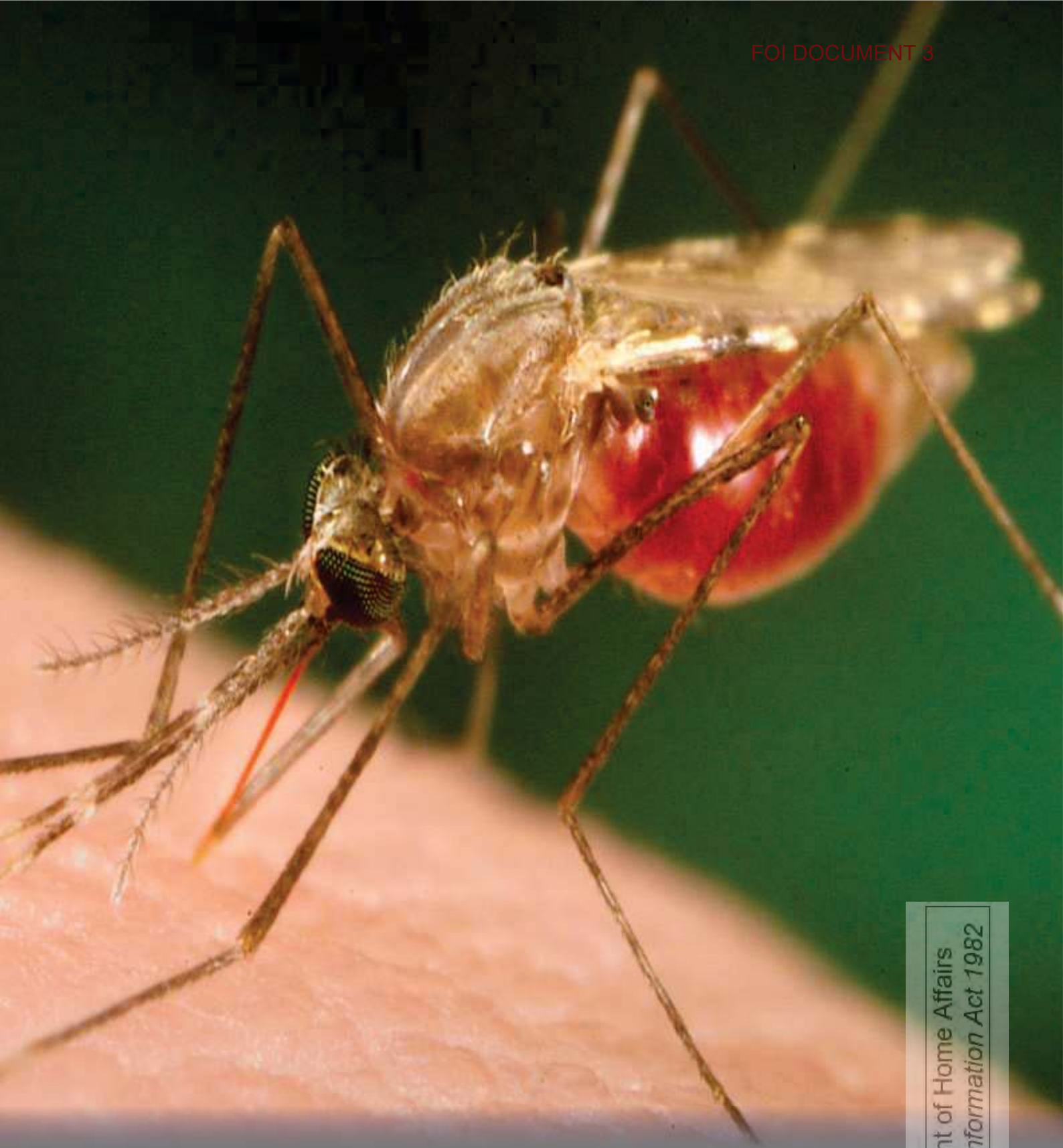
There was a slight drop in the proportion of medications that were in the antipsychotic class, from 8.4% to 5.8%, and 2.8% of medications in the vaccination class compared to 1.2% last quarter. It should be noted that this is however a percentage figure of the total number of medications prescribed, and not necessarily reflective of the total numbers of prescriptions.

7. Vaccinations Administered by Age Group

7.1 Vaccinations by Age Group

Vaccinations Administered by Age Group					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017					
Vaccination type	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
VZV	0	0	42	0	42
MMR	0	0	53	0	53
MMRV	0	0	1	0	1
Hep A	0	0	85	0	85
Hep B	0	0	74	0	74
MenCCV	0	0	14	0	14
Typh IM	0	0	0	0	0
dT	0	0	29	0	29
HPV	0	1	9	0	10
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	62	0	62
PCV	0	0	3	0	3
dTpa (11 years and over)	0	1	102	1	104
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	1	4	5
Total	**0**	**2**	**475**	**5**	**482**

IHMS continues to offer catch-up vaccinations to all those entering detention. There was a small drop in the total number of vaccines given from 654 in Q1 to 482 this quarter. Although the nominal roll dropped slightly this quarter, total activity remained constantly increasing due to higher throughput. This is not however seen in the vaccination statistics as many of the detainees now entering the system are from the community or corrections facilities: their underlying vaccination coverage is relatively high compared to the previous larger asylum-seeker cohort. The IHMS program is aligned with the Australian Immunisation Schedule with a number of its primary care nurses holding the immunisation certification.



Communicable, Infectious and Parasitic diseases

8. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 2 (Apr - Jun 2017)				Total New Diagnoses Jul 2015 - Jun 2017		
Contagious (human to human, including sexually transmitted infections)	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**% of IDF population during quarter**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**
Chickenpox	0	0	0	0.00%	1	1	2
Chlamydia	1	1	2	0.07%	2	8	10
Gonorrhoea	1	0	1	0.03%	1	0	1
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	0	22	22	0.72%	5	175	180
Hepatitis C, Ab pos	3	32	35	1.15%	12	328	340
HIV	0	1	1	0.03%	0	12	12
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	1	1
Syphilis serology pos	0	5	5	0.16%	2	61	63
Tuberculosis – Active	0	2	2	0.07%	2	6	8
Typhoid	0	0	0	0.00%	0	0	0
Total	**5**	**63**	**68**	**2.24%**	**25**	**592**	**617**
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	0	0	0.03%	1	0	1
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	0	0	0	0.00%	1	0	1
Strongyloidiasis	0	0	0	0.00%	1	1	2
Total	**0**	**0**	**0**	**0.03%**	**4**	**1**	**5**
Grand Total	**5**	**63**	**68**	**2.27%**	**28**	**593**	**621**

There were 68 Detainees with a new contagious disease reported this quarter, which is very similar to last quarter. Hepatitis B cases saw a comparatively small increase in numbers this quarter. There were two active TB cases picked up this quarter, both in non-IMAs. The health induction assessment offered to all new arrivals into the detention network plays a key role in the screening of these communicable diseases.

Disabilities

9. 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. IHMS has reviewed the categorisation of disabilities this quarter and expanded the list of conditions that qualify providing there is an appropriate functional impairment.

The leading cause of disability for adults this quarter is noted to be psychiatric (long-term schizophrenia for example), although this has dropped from 41 in Q1 to 24 this quarter. Neurological and hearing impairment are the next common disabilities. Autism is included as a category for the first time.

The definition for disability came from a published document called Disability Services National Minimum Data Set (DS NMDS) from the Australian Institute of Health and Welfare (AIHW) website. Disability is defined as *'the impairment of body structures or functions, limitations in activities, or restrictions in participation chiefly responsible for the disability'* [(1).] As per the AIHW's classifications, the major disability groups used for this health data set are as follows:

1. Intellectual (including Down syndrome)
2. Specific learning/Attention Deficit Disorder (other than Intellectual)
3. Autism (including Asperger's syndrome and Pervasive Developmental Delay)
4. Physical
5. Acquired brain injury
6. Neurological (including epilepsy and Alzheimer's disease)
7. Deafblind (dual sensory)
8. Vision
9. Hearing
10. Speech
11. Psychiatric
12. Developmental delay

(1) http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548022

9.1. 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) Q2 Apr - Jun 2017					
Types of Disability	**IDCs**	**ITAs**	**IRH/APODs**	**Adult**	**Minor**
Acquired brain injury	1	0	0	1	0
Hearing impairment	2	0	0	2	0
Neurological	2	0	0	2	0
Physical	1	2	0	3	0
Psychiatric	23	1	0	24	0
Visual Impairment	1	0	0	1	0
Total	**30**	**3**	**0**	**33**	**0**
Unique Detainees with a disability	**33**				

9.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q3 2016 – Q2 2017		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
30 Jun 2017 – Q2	33	1.0%
31 Mar 2017 - Q1	44	2.0%
31 Dec 2016 - Q4	58	2.0%
30 Sept 2016 - Q3	86	2.8%

This quarter the total proportion of detainees with a disability has dropped from 2% to 1%. IHMS continues to have ongoing discussions with the Department with regard to the complex issue of appropriate placement and management options for clients with a disability who cannot be managed optimally within the centres. Alternative options such as high level care disability residences and aged care facilities continue to be explored.

Mental Health

10.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, psychologists and psychiatrists.

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. Detainees may self-refer or be referred for assessment and follow-up by IHMS site staff. 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.

When considering mental health issues in onshore detention, reference should also be made to information within the primary care section on this report, and in particular Sections 6.9 Chronic diseases, Section 7 Medication and Section 10 Disabilities. Epidemiological data is not readily extracted from Apollo currently, and the data which shows 1% of detainees with Schizophrenia should be understood as reflecting that 1% of the population during this quarter saw a GP or Psychiatrist who entered Schizophrenia as the specific reason for presentation. During following quarters IHMS will implement an automated care plan for both Schizophrenia and Bipolar disorder which should improve the capture of epidemiological prevalence data for these diseases.

Detailed review of Apollo data during Q1 and Q2 of 2017 confirms that mental health issues presenting in onshore detention are now strongly reflective of the rates of mental illness and types of presentation found in corrections populations, a change which reflects Section 501 amendments to the Migration Act made in 2015.

10.1.Mental Health related consultations

Table 11.1 below shows the number of unique presentations for adults 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’ SNOMED category. This category includes a wide range of non-diagnostic as well as non-diagnostic items, including ‘normal’ findings. A list of items falling under the SNOMED ‘psychological’ codes is found in Appendix A: SNOMED descriptions for Mental Health.

Table 10.1a Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
April - June 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	438	298	9.87%
Primary Health Nurse	358	271	8.98%
Primary Health Total	796	569	
Mental Health Consultations by Mental Health Professionals			
Counsellor	1,278	342	11.33%
Mental Health Nurse	1,794	850	28.16%
Psychiatrist	345	243	8.05%
Psychologist	370	159	5.27%
Mental Health Total	3,787		
TOTAL Consultations	4,582	Total unique adults	1,594

Table 10.1b Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
April - June 2017			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	0	0	N/A
Primary Health Nurse	0	0	N/A
Primary Health Total	0	0	
Mental Health Consultations by Mental Health Professionals			
Counsellor	7	1	5.56%
Mental Health Nurse	3	2	11.11%
Psychiatrist	0	0	N/A
Psychologist	0	0	N/A
Mental Health Total	10		
TOTAL Consultations	10	Total unique minors	3

Tables 11.1a and b show a total of 4592 consultations in this quarter in onshore detention for items relating to mental health, provided by both mental health and primary care staff to 1597 unique individuals (adults and minors). The majority of consultations for mental health reasons were attended to by mental health professionals, with the bulk of consultations done by mental health nurses, who saw around 28% of the detention population over the three month period.

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. 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.

There continue to be a small number of minors who enter immigration detention, usually with their families, usually staying for less than 48 hours, and therefore not triggering a comprehensive mental health nurse consultation or SDQ which must be offered for those who stay longer than 10 days in detention.

10.2.Psychiatric Admissions

There was a total of 16 admissions with fourteen unique people admitted for inpatient mental health care from onshore immigration detention facilities in this quarter, with PIDC and Maribyrnong showing a marked rise in psychiatric admissions this quarter, contributing to 56% of the admissions.

Twelve of the 16 admissions this quarter involved involuntary admission to public hospital psychiatric wards, two involved voluntary admission to public hospitals and two involved voluntary admission to private hospitals. This is a significant change from 2014 when the detention cohort was predominantly an IMA population and the majority of admissions were to private psychiatric hospitals, and is likely reflective of the types of presentation and risk found in those now entering detention as a result of the Section 501 amendments in 2015, which now correlates with issues prevalent in correctional settings.

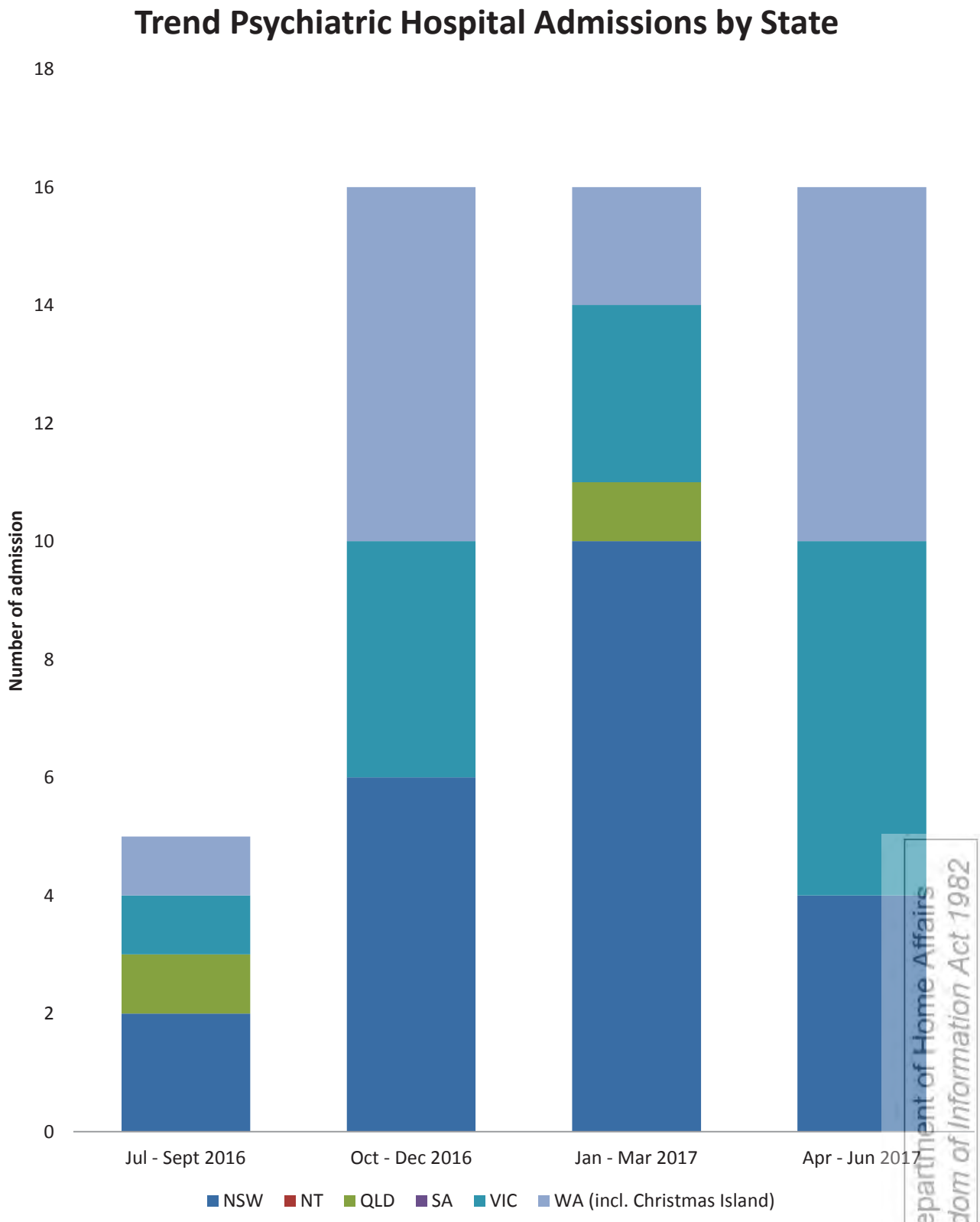
10.2a Trend: Psychiatric Admissions

Psychiatric Admissions				
Mainland and Christmas Island (IDFs only) Q3 2016 – Q2 2017				
State/Territory	Jul - Sept 2016	Oct - Dec 2016	Jan - Mar 2017	Apr – Jun 2017
NSW	2	6	10	4
NT	0	0	0	0
QLD	1	0	1	0
SA	0	0	0	0
VIC	1	4	3	6
WA (incl. Christmas Island)	1	6	2	6
Total	5	16	16	16

10.2b Psychiatric Admissions by Age Grouping

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017			
State/Territory	Total	Adult	Minor
NSW	4	4	0
NT	0	0	0
QLD	0	0	0
SA	0	0	0
VIC	6	6	0
WA (incl. Christmas Island)	6	6	0
Total	16	16	0

Table 10.2. Psychiatric Hospital Admissions



10.3.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).

10.4.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

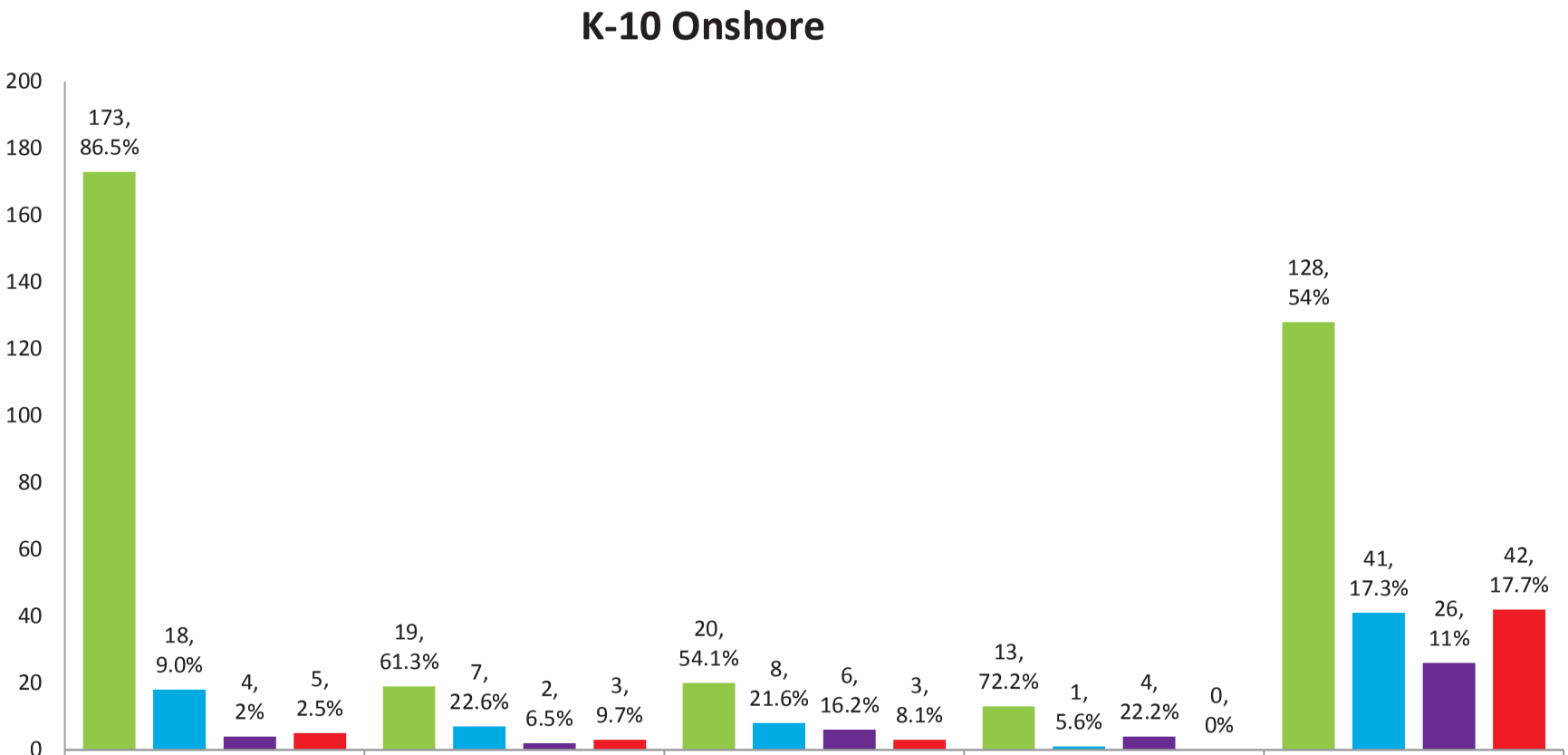
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

As shown in table 11.4 there were 523 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.

Table 10.4. Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017										
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	200	14.00	173	86.5%	18	9.0%	4	2.0%	5	2.5%
4-6 months	31	18.97	19	61.3%	7	22.6%	2	6.5%	3	9.7%
7-12 months	37	20.05	20	54.1%	8	21.6%	6	16.2%	3	8.1%
13-18 months	18	17.28	13	72.2%	1	5.6%	4	22.2%	0	0.0%
19+ months	237	20.67	128	54.0%	41	17.3%	26	11.0%	42	17.7%
Total	**523**	**17.86**	**353**	**67.5%**	**75**	**14.3%**	**42**	**8.0%**	**53**	**10.1%**

Graph 10.4 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	173	19	20	13	128
Mild (20-24)	18	7	8	1	41
Moderate (25-29)	4	2	6	4	26
Severe (30-50)	5	3	3	0	42

10.5. 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).

Table 10.5 Strengths and Difficulties Questionnaire

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

Two minors between the age of 11-17 participated in SDQ screening this quarter.

One individual self-rated in the 'normal' category and one self-rated in the 'borderline' category.

10.6. Torture & Trauma (T&T)

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) 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, referrals to specialist Torture and Trauma (T&T) counselling services are offered to 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.

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 10.6 New Torture &Trauma Disclosures

New Torture and Trauma Disclosures					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017					
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	5	0	0	5	0
Christmas Island	7	0	0	7	0
Maribyrnong IDC	3	0	0	3	0
Melbourne ITA	6	0	0	6	0
Perth IDC/IRH	1	0	0	1	0
Villawood IDC	25	0	0	25	0
Yongah Hill IDC	4	0	0	4	0
Total	**53**	**0**	**0**	**53**	**0**
% total IDF population during Q1	**1.7%**	**0.0%**	**0.0%**	**1.8%**	**0.0%**

10.7. 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 reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences High SME and then is downgraded to Moderate SME and later to Ongoing SME that will be counted three times, once under each column. Where three individuals were each commenced on different levels of SME which was then discontinued rather than being downgraded, this will also show up as three events. Figures provided below 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 10.7 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017			
	Ongoing	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	5	4	3
Christmas Island	5	3	5
Maribyrnong IDC	10	8	9
Melbourne ITA	4	1	3
Perth	2	1	3
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	10	23	24
Yongah Hill IDC	5	6	7
Total	**5**	**6**	**7**
Total number of unique individuals on SME	**71**	**% of IDF population on SME**	**2.3%**

Appendix A: SNOMED descriptions for Mental Health

SNOMED Descriptions for Mental Health
Able to sleep (finding)
Abnormal grief reaction to life event (finding)
Abuse of steroids (disorder)
Acute hysterical psychosis (disorder)
Acute situational disturbance (disorder)
Acute stress disorder (disorder)
Adjustment disorder (disorder)
Adjustment disorder with anxious mood (disorder)
Adjustment disorder with depressed mood (disorder)
Aggressive behavior (finding)
Aggressive biting (finding)
Agoraphobia (disorder)
Alcohol abuse (disorder)
Alcohol dependence (disorder)
Alexithymia (finding)
Alzheimer's disease (disorder)
Amnesia (finding)
Amphetamine abuse (disorder)
Anhedonia (finding)
Antisocial personality disorder (disorder)
Anxiety (finding)
Anxiety and fear (finding)
Anxiety attack (finding)
Anxiety disorder (disorder)
Anxiety disorder of childhood OR adolescence (disorder)
Anxiety neurosis (finding)
Anxiety state (finding)
Argumentative behavior (finding)
Asperger's disorder (disorder)
At risk for deficient parenting (finding)
At risk for deliberate self harm (finding)
At risk for psychosocial dysfunction (finding)
At risk for suicide (finding)
At risk of harming others (finding)
Attention deficit hyperactivity disorder (disorder)
Attention seeking behavior (finding)
Atypical psychosis (disorder)
Auditory hallucinations (finding)
Autistic disorder (disorder)
Autistic disorder of childhood onset (disorder)
Avoidance behavior (finding)
Behavior problem of childhood and adolescence

SNOMED Descriptions for Mental Health
(finding)
Behavioral and emotional disorder with onset in childhood (disorder)
Behavioral problems at school (finding)
Bipolar affective disorder, current episode manic (disorder)
Bipolar affective disorder, currently depressed, mild (disorder)
Bipolar affective disorder, currently manic, severe, with psychosis (disorder)
Bipolar disorder (disorder)
Bipolar disorder in remission (disorder)
Bipolar I disorder (disorder)
Borderline personality disorder (disorder)
Boredom (finding)
Brief reactive psychosis (disorder)
Cannabis abuse (disorder)
Cannot sleep at all (finding)
Child at risk (finding)
Child attention deficit disorder (disorder)
Childhood emotional disorder (disorder)
Childhood or adolescent disorder of social functioning (disorder)
Childhood or adolescent identity disorder (disorder)
Chronic psychogenic pain (disorder)
Chronic schizophrenia (disorder)
Chronic stress disorder (disorder)
Cigarette smoker (finding)
Claustrophobia (finding)
Cluster A personality disorder (disorder)
Cluster B personality disorder (disorder)
Cluster C personality disorder (disorder)
Communication disorder (disorder)
Complaining of feeling depressed (finding)
Complaining of tearfulness (finding)
Complex posttraumatic stress disorder (disorder)
Compulsive gambling (disorder)
Compulsive personality disorder (disorder)
Conduct disorder (disorder)
Culture shock (disorder)
Delayed articulatory and language development (finding)
Delayed milestone (finding)
Delirious (finding)
Delirium (disorder)

SNOMED Descriptions for Mental Health
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)
Dependent personality disorder (disorder)
Depressive disorder (disorder)
Developmental academic disorder (disorder)
Developmental delay (disorder)
Developmental mental disorder (disorder)
Difficulty controlling anger (finding)
Difficulty coping (finding)
Difficulty sleeping (finding)
Disorder of form of thought (finding)
Disorientation as to people, time and place (finding)
Disruptive behavior (finding)
Dissociative convulsions (disorder)
Dissociative disorder (disorder)
Dominating behavior (finding)
Drug abuse (disorder)
Drug dependence (disorder)
Drug seeking behavior (finding)
Drug withdrawal (disorder)
Drug-induced psychosis (disorder)
Dysphoric mood (finding)
Dysthymia (disorder)
Eating disorder (disorder)
Emotional problems (finding)
Emotional stress (finding)
Emotional upset (finding)
Encopresis (finding)
Endogenous depression (disorder)
Enmeshed attachment (finding)
Euthymic mood (finding)
Expression of emotions (observable entity)
Facial tic disorder (disorder)
Failed attempt to stop smoking (finding)
Fear (finding)
Fear associated with illness and body function (finding)
Fear of flying (finding)
Fear of going crazy (finding)
Feeling abandoned (finding)
Feeling agitated (finding)
Feeling angry (finding)
Feeling ashamed (finding)

SNOMED Descriptions for Mental Health
Feeling frustrated (finding)
Feeling guilt (finding)
Feeling hopeless (finding)
Feeling irritable (finding)
Feeling nervous (finding)
Feeling powerless (finding)
Feeling suicidal (finding)
Feeling tense (finding)
Feeling trapped (finding)
Feeling unhappy (finding)
Finding relating to grieving and mourning (finding)
Forgetful (finding)
Formication (finding)
Frontal lobe syndrome (disorder)
Gender reassignment patient (finding)
Generalized anxiety disorder (disorder)
Gilles de la Tourette's syndrome (disorder)
Global developmental delay (disorder)
Globus hystericus (finding)
Grief finding (finding)
Hallucinations (finding)
Health seeking behavior (finding)
Hebephrenic schizophrenia in remission (disorder)
Heroin dependence (disorder)
History of drug abuse (situation)
History of violent behavior toward others (situation)
Histrionic behavior (finding)
Histrionic personality disorder (disorder)
Homosexual (finding)
Hyperactive behavior (finding)
Hypersomnia (disorder)
Hypervigilant behavior (finding)
Hypochondriasis (disorder)
Hypomania (disorder)
Immature personality (finding)
Impaired cognition (finding)
Impulse control disorder (disorder)
Inability to cope (finding)
Inappropriate behavior (finding)
Inappropriate shouting (finding)
Increased libido (finding)
Ineffective family coping (finding)
Insecurity (finding)
Insomnia (disorder)

SNOMED Descriptions for Mental Health
Intellectual functioning disability (finding)
Intelligence quotient low (finding)
Intentional poisoning (disorder)
Intermittent explosive disorder (disorder)
Intrusive thoughts (finding)
Korsakoff's psychosis (disorder)
Lack of libido (finding)
Learning difficulties (finding)
Lithium level low (finding)
Localized dissociative amnesia (disorder)
Loss of appetite (finding)
Loss of hope for the future (finding)
Low self-esteem (finding)
Major depression in remission (disorder)
Major depression, melancholic type (disorder)
Major depressive disorder (disorder)
Maladaptive behavior (finding)
Mania (disorder)
Manic bipolar I disorder (disorder)
Masturbation (finding)
Memory impairment (finding)
Mental distress (finding)
mental health problem (finding)
Mental retardation (disorder)
Misuses drugs (finding)
Mixed anxiety and depressive disorder (disorder)
Mixed bipolar affective disorder (disorder)
Mood stable (finding)
Mood swings (finding)
Moody (finding)
Multiple somatic complaints (finding)
Munchausen's syndrome (disorder)
Nail biting (finding)
Narcissistic personality disorder (disorder)
Neglectful parenting (finding)
Nicotine dependence (disorder)
Nicotine withdrawal (disorder)
Nightmares (finding)
Nightmares associated with chronic post-traumatic stress disorder (disorder)
No evidence of mental illness (situation)
No suicidal thoughts (situation)
No thoughts of deliberate self harm (situation)
Nocturnal enuresis (finding)

SNOMED Descriptions for Mental Health
Non-organic nocturnal enuresis (finding)
Obsessional neurosis (disorder)
Obsessive behavior (finding)
Obsessive-compulsive disorder (disorder)
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)
Psychomotor agitation (finding)
Psychophysiologic disorder (finding)

SNOMED Descriptions for Mental Health
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)
Ran away, life event (finding)
Reactive attachment disorder (disorder)
Reactive depressive psychosis (disorder)
Ready to stop smoking (finding)
Rebellious character (finding)
Recurrent depression (disorder)
Recurrent major depression in partial remission (disorder)
Reduced concentration (finding)
Reduced libido (finding)
Restlessness (finding)
Restlessness and agitation (finding)
Rumination - thoughts (finding)
Schizoaffective disorder (disorder)
Schizophrenia (disorder)
Schizophrenia in remission (disorder)
Schizophrenic disorders (disorder)
Schizophreniform disorder (disorder)
Sedated (finding)
Self-harm (finding)
Self-injurious behavior (finding)
Self-mutilation (finding)
Separation anxiety (disorder)
Separation anxiety disorder of childhood (disorder)
Severe anxiety (panic) (finding)
Severe major depression (disorder)
Severe major depression with psychotic features (disorder)
Sexual frustration (finding)
Sexualized behavior (finding)
Sibling jealousy (disorder)
Sleep deprivation (finding)
Sleep disorder (disorder)
Sleep paralysis (disorder)
Sleep terror disorder (disorder)
Sleep walking disorder (disorder)
Smoking cessation milestones (observable entity)
Social phobia (disorder)
Somatization disorder (disorder)

SNOMED Descriptions for Mental Health
Specifica nonpsychotic mental disorders following organic brain damage (record artifact)
Speech delay (disorder)
Stopped smoking (finding)
Strange and inexplicable behavior (finding)
Stress (finding)
Stress and adjustment reaction (disorder)
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

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Department of Immigration and Border Protection

Immigration Detention Health Report

July – September 2017

Quarter 3

Immigration Detention Health Report

Quarter 3
July – September 2017

Report written by:

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1. Executive Summary

The total onshore detainee population decreased from 1,256 in Q1 to 1,234 this quarter, while the monthly average increased by 0.2%. The change in demographic of the detainees continues to be one where the majority of the population has entered detention following compliance failures or Section 501 Amendments relating to failing the character test, often coming directly from a correctional facility. A great deal of activity continues to be focused around the fact that the cohort is passing through immigration detention rapidly, necessitating a review of existing health planning which focuses predominantly on static population parameters.

During Q3 2017, there were 16,962 total IHMS clinician consultations which was a decrease from 19,083 in Q2 2017. GP consultants recorded this quarter declined slightly compared to the previous quarter. It would be difficult to draw a conclusion as to why this may be as it represents only one data point.

As per previous quarters, primary nurse consultations made up the largest number of overall consultations. Dental and physiotherapy remained the highest allied health referrals in the network.

As in the previous report, NSW recorded the largest numbers of hospital admissions. Again, Villawood continues to boast the largest detainee population in centre in the network by population and total throughput. Smaller centres such as Perth, Adelaide and Brisbane continue report significant turnover of cases, despite their size. Centres such as Christmas Island remained relatively static.

There remains a large proportion of people on medications to treat drug dependence, consistent with the new patient cohort. Consistent with previous quarters, “psychological”, “digestive” and “musculoskeletal” remain the most common presentations recorded. Cardiology and gastroenterology continue to be a common specialty referred to. In contrast to the previous quarter, orthopaedic referrals did not top the list of specialties referred to in this quarter. Respiratory medicine and sleep studies are no longer included in the top five specialties referred to. Again, one must exercise caution before drawing conclusions about this as there continues to be a prevalence of complex patients entering the network with poor cardiac and pulmonary function requiring optimisation.

Hepatitis C and B are the leading diagnosed communicable diseases in the network due to the high number of arrivals from a corrections background where it is recognised that these medical conditions are highly prevalent, with hepatitis B seeing a slight rise this quarter. There continues to be very small numbers of active TB cases reported this quarter; both cases reported were in non-IMAs.

Key staff have undergone the Department’s e-learning modules on Child Protection as part of the Department of Immigration and Border Protection’s (DIBP) Child Protection-Framework.

Abbreviations

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
FTF	Fit to Fly
GP	General Practitioner
had	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDF	Immigration Detention Facilities
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

The onshore detainee cohort to whom IHMS provides services is a complex one. In order to provide a more accurate representation of this population the Detainee Cohort Summary is now described within the following categories:

- *The average number of persons present at a facility.* As there is no official data outlining the average number of detainees, IHMS utilises the nominal roll provided by Serco. The data point for this report is the last day of the reporting period. This figure is used as the primary denominator in all of the rates described in Section four onwards unless otherwise stated.
- *The throughput of the service.* As detainees are transferred from one site to another, the populations serviced at different IHMS centres vary accordingly. The throughput of the service considers the number of detainees that were transferred within centres in Australia.
- *New entries and rapid turnaround detainees.* For all new persons entering detention, a Health Induction Assessment is performed. Many of these individuals may undergo rapid turnarounds as they are deported from airports and transportation hubs within one to three days. As there is no accurate record of this number, IHMS uses the number of Health Induction Assessments performed as a measure for this cohort.

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

It is noted that there is a discrepancy with the numbers reported on the website and those contained within the report, due to dates in which calculations are made and timeframes for notification of admissions and discharges from detention. In addition, IHMS utilises the following age grouping brackets at the request of the Department of Immigration and Border Protection (DIBP), to align with other DIBP reports. These age bracket groupings are by sex and as follows:

- 0 - 4 years
- 5 – 17 years
- 18 – 64 years
- Greater than 65 years

2.1. The average detainee population

Based on the nominal role, the figure used to represent the static population is the last nominal roll provided to IHMS closest to the end of the Quarter. As of end of September 2017 there were 1234 persons in detention, a small drop in actual population from 1268 at the end of Q2. As seen on table 2.1.1 although the population is decreasing there is significant throughput on sites. This further corroborates IHMS observations that whilst static population is a useful marker, monthly averages and turnover rates are more indicative of actual clinical activity. BITA has seen a large increase (12%) in throughput this quarter.

Table 2.1.1. Summary of the end of month nominal rolls, the average monthly nominal rolls and the percentage change in nominal rolls by month for Q3 2017.

	Jul-17	Aug-17	Sep-17	Monthly Average	Percentage Change
Adelaide ITA	18	18	17	18	3.9%
Brisbane ITA	61	57	50	56	12.0%
Christmas Island IDC	308	312	328	316	-3.7%
Maribyrnong IDC	93	90	85	89	5.1%
Melbourne ITA	79	87	93	86	-7.2%
Perth IDC+IRH	26	22	26	25	-5.1%
Villawood IDC+IRH	450	428	436	438	0.5%
Yongah Hill IDC	221	207	199	209	5.0%
Total Population	**1256**	**1221**	**1234**	**1237**	**0.2%**

3. Population changes in Q3

3.1. Detainee movement into detention facilities

A Health Induction Assessment (HIA) is completed for each new arrival into the detention network. This induction assessment comprises of a nurse review, a GP review, a mental health review and a screening chest x-ray and pathology for communicable diseases. This remains a significant workload on the IHMS clinics as although the static population in the network has decreased, the centres are still experiencing a constant flow of new arrivals and departures who all require individual HIAs and discharge planning. Table 3.1.1 describes the number of detainees requiring HIAs for Q3 2017. As there is no data describing the population entering detention facilities, IHMS assumes that the number of HIAs performed is a surrogate measure for the number of people entering detention.

This quarter, several sites are seen to process a very significant number of detainees, outside their 'static' site population. This includes PIDC, which has processed 7.5 times its population throughout the period, despite its relatively small size. Similarly, BITA processed 5.8 times its population and AITA 4.2 times its population. This contrasts with YHIDC, which predominantly receives detainees transferred from other centres, processing the equivalent of only 39% of its population this quarter. As detainees from the mainland are transferred to Christmas Island rather than any new detainees entering detention on the island directly, the number of health inductions performed there is low.

Table 3.1. Health Induction Assessments completed by site for Q3 2017.

Health Induction Assessments (HIA) Q3 2017			
Facilities	**Number of detainees requiring HIA**	**On site Population (Sept)**	**% HIAs conducted**
Adelaide ITA	73	17	429%
Brisbane ITA	290	50	580%
Christmas Island IDC	0	328	0%
Maribyrnong IDC	141	85	166%
Melbourne ITA	343	93	369%
Perth IDC	197	26	758%
Villawood IDC	874	436	200%
Yongah Hill IDC	77	199	39%
Darwin APOD	24	0	0%
Total	**2019**	**1234**	**164%**

3.2. Health Discharge Assessments

Health Discharge Assessments (HDA) are requested when a detainee may be discharged from a detention facility. IHMS uses this as a surrogate measure of persons being discharged from detention facilities. However, this measure does not include rapid visa turnarounds and may not reflect all departures as detainees may refuse the HDA.

Table 3.2 Health Discharge Assessments that were cancelled, completed or remain open for Q3 2017.

Health Discharge Assessments (HDA) Q3 Jul – Sep 2017						
Facilities	**Number of cancelled HDAs**	**Number of completed HDAs**	**Number of open HDAs**	**Total**	**Population on site**	**HDA Activity as % of Pop**
Adelaide ITA	4	17	7	28	17	165%
Brisbane ITA	14	81	11	106	50	212%
Christmas Island	65	9	22	96	328	29%
Maribyrnong IDC	34	23	40	97	85	114%
Melbourne ITA	27	86	39	152	93	163%
Perth IDC	8	36	6	50	26	192%
Villawood IDC	88	284	104	476	436	109%
Yongah Hill IDC	28	116	16	160	199	80%
Darwin APOD	0	0	6	6	0	0%
Grand Total	**268**	**652**	**251**	**1171**	**1234**	**95%**

This quarter, several sites are seen to process a very significant number of HDAs well above their 'static' site population. This includes PIDC and BITA with 192% and 212% respectively HDA Activity as percentage of Population. Christmas Island is has the lowest proportion at 29% HDA Activity as percentage of Population.

3.3. Fit To Travel

When detainees are required to transfer from one site to another within Australia or when they are repatriated, Fitness to Travel (FTT) assessments are made. These are done in conjunction with the Health Discharge Assessments and while not an accurate indicator, it does present evidence of transfers within the detention setting. There has been an increase in the FTT assessments to 83% this quarter compared to 77% in the last quarter. Again, some sites stand out as high throughput sites, such as YHIDC with its role housing detainees prior to onward transfer to and from CI. As with the previous quarter, MIDC and BITA have also processed a large number of FTTs this quarter relative to its site population. FTT requests lead to a cascade of clinical input for a number of detainees from onsite clinicians (eg: mental health review to comment on escort requirements) as well as external medical providers (eg: specialist review/ flight simulation testing) to inform FTT assessments particularly those with medical complexity. It is unclear whether these FTTs lead to the actual departure from a site. Of concern, related to multiple movements of a detainee around the network is that the detainee may need to be referred anew to public hospital wait list for a medical condition with every change in location. This potentially delays access to treatment due to multiple referrals required for the service.

Table 3.3 Total number of Fitness to Travel health assessments completed for Q3 2017.

Fit To Travel (FTT) Q3 Jul - Sep 2017			
Facilities	**Number of detainees requiring FTT**	**Population on site**	**Percentage of FTTs conducted**
Adelaide ITA	6	17	35%
Brisbane ITA	102	50	204%
Christmas Island	203	328	62%
Maribyrnong IDC	182	85	214%
Melbourne ITA	18	93	19%
Perth IDC	20	26	77%
Yongah Hill IDC	280	199	141%
Villawood IDC	217	436	50%
Darwin APOD	0	0	0%
Grand Total	**1029**	**1234**	**83%**

4. Explanatory notes

The majority of data in this report has been extracted from the Apollo electronic clinical record system, and the report should be read with an understanding of this system. The IHMS electronic record uses the SNOMED clinical terminology system (*http://sydney.edu.au/medicine/fmrc/snomed/index.php*). SNOMED is designed to capture and represent patient data for clinical purposes and is not a diagnostic classification system. It incorporates both diagnostic items, 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, and may include 'normal' findings. 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

5. Integrated Primary Health Care

5.1. Introduction

IHMS has been contracted by the Department of Immigration and Border Protection (DIBP) to provide the primary health care services within the Australian immigration detention network. The foundations of this health service are the eight 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. Yongah Hill Immigration Detention Centre, WA
3. Perth Immigration Detention Centre, WA
4. Adelaide Immigration Transit Accommodation, SA
5. Maribyrnong Immigration Detention Centre, VIC
6. Melbourne Immigration Transit Accommodation, VIC
7. Villawood Immigration Detention Centre, NSW
8. Brisbane Immigration Transit Accommodation, QLD

IHMS also provides services to the Darwin Alternate Place of Detention (APOD).

The onsite clinics comprise of a team of general practitioners, registered primary health and mental health nurses, counsellors and psychologists. The composition of the workforce vary at each site as the health care model is specifically tailored to the population and the health needs of that particular site. The IHMS site based multidisciplinary team is also augmented by a schedule of visiting allied health, dentists, psychiatrist and other visiting specialists.

Routine activities of IHMS clinics include HIAs , mental health screening and management, primary care GP and nurse consultations, chronic disease management, emergency stabilisation and health promotion

Patients who require specialist input and care are referred to the local public hospital system where they are placed on the public wait list as a member of the Australian community.

Key staff have undergone the Department's e-learning modules on Child Protection as part of DIBP'S Child Protection-Framework.

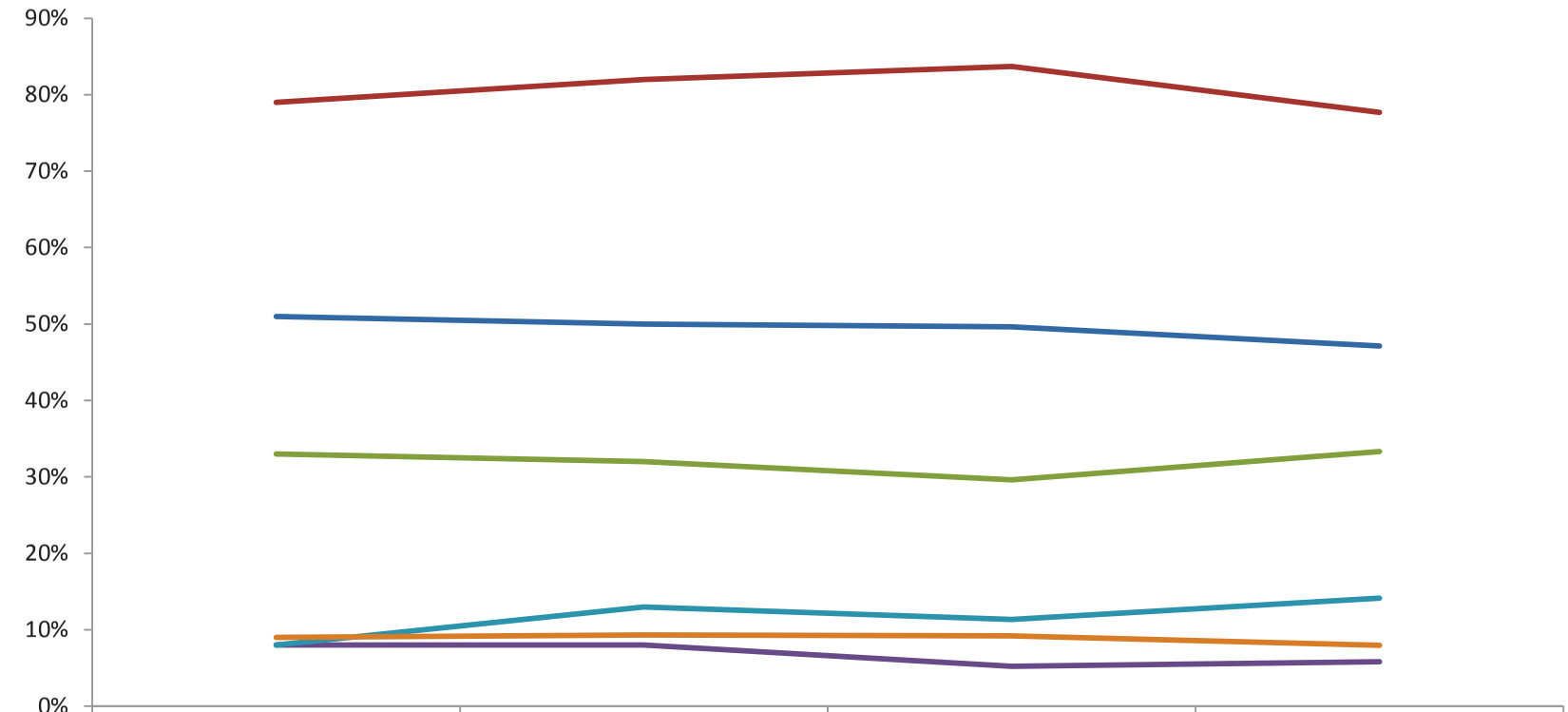
5.2. Consultations

Table 5.2.1a Consultations with Primary Health Care

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q3 Jul – Sep 2017				
IHMS Primary Health Care	**Total number of consults**	**No. of unique persons seen per speciality**	**Average Consults/Unique Person Attending Consultations**	**% of total IDF population during Q3 2017**
GP	3,532	1,376	2.6	47.1%
Primary Health Nurse	8,993	2,268	4.0	77.7%
Mental Health Nurse	2,086	973	2.1	33.3%
Psychologist	431	170	2.5	5.8%
Counsellor	1,571	413	3.8	14.1%
Psychiatrist	349	233	1.5	8.0%
Total	**16,962**	**5,433**	**3.1**	

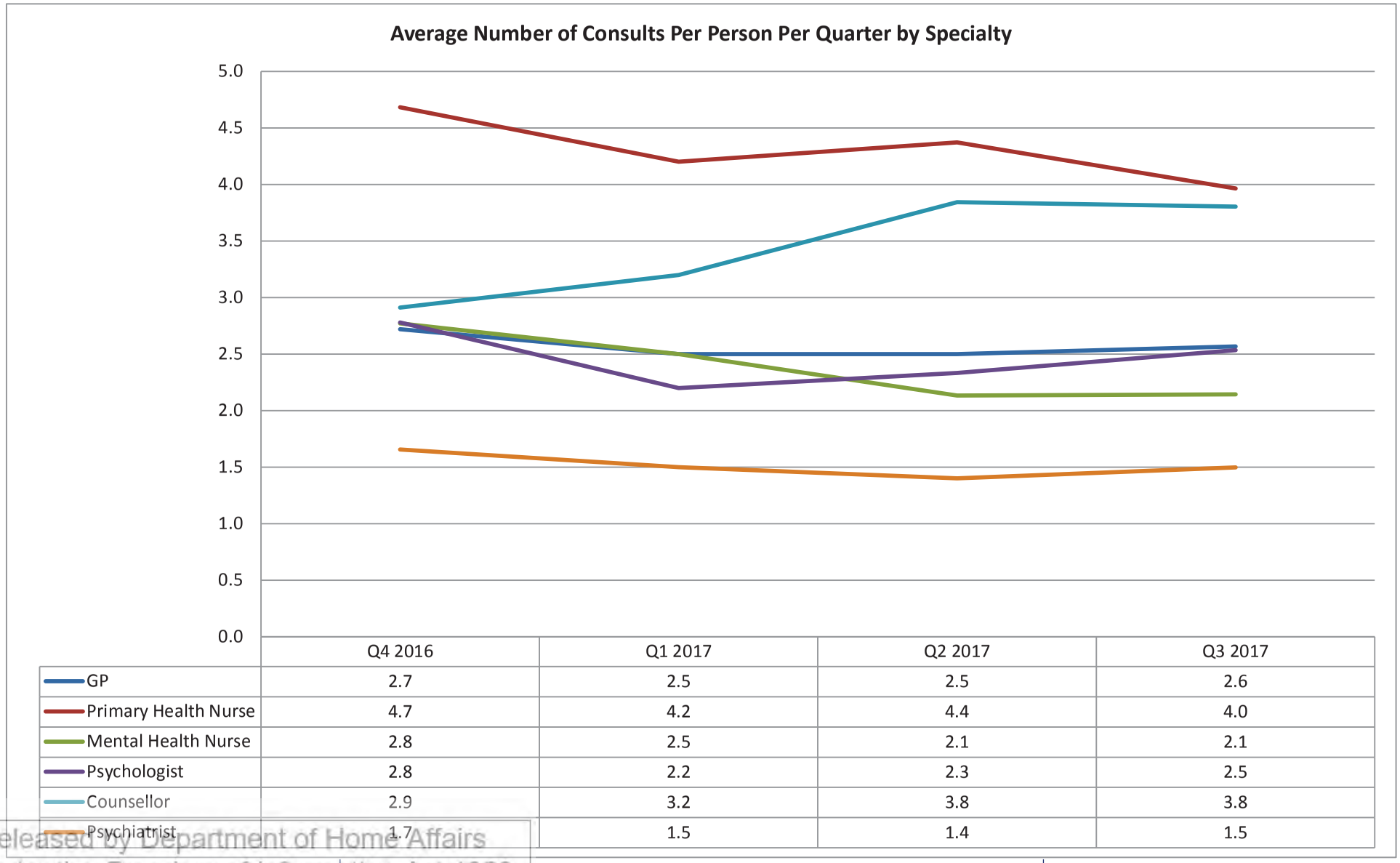
Total number of consults: *If a detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Chart 5.2a: Consultation trend by Primary Health Care



	Q4 2016	Q1 2017	Q2 2017	Q3 2017
GP	51%	50%	50%	47%
Primary Health Nurse	79%	82%	84%	78%
Mental Health Nurse	33%	32%	30%	33%
Psychologist	8%	8%	5%	6%
Counsellor	8%	13%	11%	14%
Psychiatrist	9%	9%	9%	8%

Chart 5.2b: Trend of Average Number of Consults per Person



	Q4 2016	Q1 2017	Q2 2017	Q3 2017
GP	2.7	2.5	2.5	2.6
Primary Health Nurse	4.7	4.2	4.4	4.0
Mental Health Nurse	2.8	2.5	2.1	2.1
Psychologist	2.8	2.2	2.3	2.5
Counsellor	2.9	3.2	3.8	3.8
Psychiatrist	1.7	1.5	1.4	1.5

During Q3 2017, there were 16,962 total IHMS clinician consultations which was a decrease from 19,083 in Q2 2017. As this represents only one data point, it is too early to comment on whether this decline is of significance.

As per previous quarters, primary nurse consultations made up the largest number of overall consultations. There were less GP consultations recorded this quarter (3,532 compared to 3,757 in Q2). The actual number of individuals seeing a GP has slightly declined from 1,507 in Q2 to 1,276 in Q3.

The trend of specialties seen has dropped slightly from 9% in Q2 to 8% in Q3. There has been a small increase in the number of times patients have accessed counsellors with the proportion of persons accessing counselling increasing to 14% in Q3 from 11% in Q2.

Table 5.2.1b: Consultations with Primary Health Care

Primary Health Consultation per Specialty by Age Group by total population										
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017										
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	0	N/A	6	46%	1,344	47%	26	58%	1,376	47%
Primary Health Nurse	0	N/A	7	54%	2,232	78%	29	64%	2,268	78%
Mental Health Nurse	0	N/A	4	31%	953	33%	16	36%	973	33%
Psychologist	0	N/A	0	N/A	168	6%	2	4%	170	6%
Counsellor	0	N/A	3	23%	402	14%	8	18%	413	14%
Psychiatrist	0	N/A	0	N/A	228	8%	5	11%	233	8%

5.3. Pathology Referrals

Table 5.3 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017				
Pathology Type	**Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	710	710	292
Hep C	515	146	661	599
Hep B	509	76	738	570
HIV (BBv)	505	60	565	557
VDRL (Syphilis)	499	53	552	545
Full Blood Count (FBC)	0	332	332	284
INR	0	65	65	55
Mid Stream Urine Micro & Culture	0	108	108	96
Fasting Triglycerides	0	136	136	130
Alpha Fetoprotein	0	57	57	57
Total number of unique persons that had a Pathology Referral	**854**	**As % of total IDF population during quarter**	**29.25%**	

The number of pathology tests requested this quarter has shown a small decrease to just under a third of the population with a concomitant decrease in communicable disease screening despite there being an increased throughput. There is a decrease in the induction pathology mainly due to refusal of induction pathology and turn arounds of less than 24 hours.

5.4. Allied Health Referrals

Table 5.4 Allied Health Referrals

Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	488	385	873	392	73%
Physiotherapy	378	213	591	131	25%
Audiology	0	3	3	3	1%
Optometry	90	13	103	89	17%
Podiatry	0	58	58	26	5%
Diabetes Educator	0	2	2	2	0%
Nutritionist	0	0	0	0	0%
Total	956	674	1630		
Total number of unique persons to have an Allied Health referral	534	% of total IDF population during Q2	18%		

The total number of referrals for allied health services has declined slightly from Q2 although the total number of unique persons to have an allied health referral has remained static. Physiotherapy is an important adjunct treatment modality in these cases reducing the need for medication therapy.

IHMS has onsite dental facilities in some locations which allow a visiting dentist to conduct onsite dental consultations. In locations without a dental facility, IHMS refers patients to local network dental providers. Onsite dental referrals have increased slightly this quarter, with offsite appointments taking up the volume. This could be due to the higher throughput leading to detainees spending less time in facilities to allow for visiting dental services to assess.

5.5. Radiology Referrals

Table 5.5 Radiology Referrals

Radiology referrals					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017					
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	278	49.47%	206	55.83%	1. Chest 2. OPG 3. Spine - Lumbo-sacral 4. Foot (L) 5. Knee (L)
Ultrasound	188	33.45%	151	40.9%	1. Abdomen 2. Other 3. Shoulder 4. Upper abdomen 5. Renal
CT Scan	68	12.10%	52	14.09%	1. Chest 2. Abdomen 3. Spine - Lumbar 4. Brain 5. Head
MRI	23	4.09%	19	5.15%	1. Brain 2. Periphery 3. Knee 4. Cervical Spine 5. Head
Nuclear Medicine	4	0.71%	4	1.08%	1. Bone scan 2. Thyroid
Mammography	1	0.18%	1	27.00%	1. Plain bilateral
Bone densitometry	0	0.00%	0	0.00%	
Total	**562**				
Total number of unique persons to have a Radiology test	**369**	**As % of total IDF population during quarter**	**12.64%**		

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

The total number of radiology referrals and the total number of unique persons to have a radiology test have decreased from 408 in Q2 to 369 this quarter, yet the percentage of patients receiving a radiology referral has remained static (13.7% versus 12.64%). Chest X-rays remain the leading type of radiological investigation within immigration detention. This is in addition to the standard chest X-ray done for screening purposes when entering detention. Percentages of MRI, CT scan referrals and ultrasounds remained very similar to last quarter. The increasing complexity of some of the incoming cases and the prevalence of hepatitis means that radiological investigations will continue to be widely accessed.

5.6. Specialist Referrals

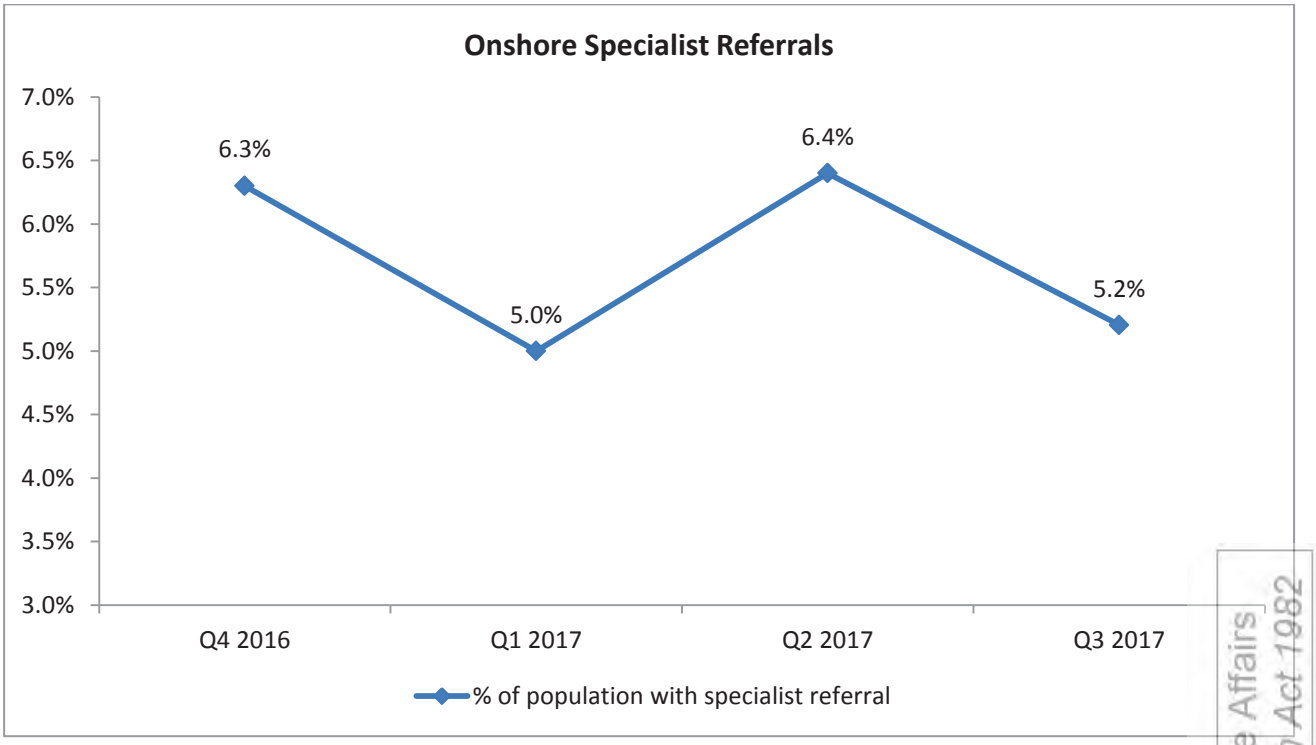
Table 5.6 Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Emergency department	32	27	0.9%
Cardiology	27	24	0.8%
General surgery	17	16	0.5%
Gastroenterology	15	15	0.5%
Orthopaedics	14	12	0.4%
Ophthalmology	13	12	0.4%
Respiratory and sleep medicine	13	13	0.4%
Otorhinolaryngology	12	11	0.4%
Endocrinology	9	7	0.2%
Neurology	7	7	0.2%
Neurosurgery	6	6	0.2%
Pneumology	6	6	0.2%
Addiction medicine	5	5	0.2%
Urology	5	5	0.2%
Nephrology	3	3	0.1%
Oral and maxillofacial surgery	3	3	0.1%
Dermatology	2	2	0.1%
Gynaecology and obstetrics	2	2	0.1%
Infectious diseases	2	2	0.1%
Occupational medicine	2	2	0.1%
TOTAL	**195**		
Total number of unique persons to have a Specialist referral	**152**	**% of total IDF population during Q2**	**5.2%**

Emergency Medicine referrals were the most prevalent this quarter followed by cardiology as the second most commonly referred specialties. This was followed by gastroenterology and with orthopaedics slipping to fifth place this quarter from first in Q2. Whilst it is difficult to draw a definitive conclusion, it would appear to confirm that many detainees require cardiology specialist assessment prior to a FTT determination being made. This may reflect the fact that the current cohort report more complex conditions that require optimisation prior to travel.

Otherwise these referral patterns are consistent with previous quarters and commensurate with Australian community specialist referrals. The proportion of the population with a specialist referral in place has dropped to 5.2%, slightly lower than last quarter but broadly consistent with previous periods.

Chart 5.6a: Specialist referrals trend



5.7. Presentations to hospital Emergency Department (including admissions)

Table 5.7 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	3	2
NSW	68	46
NT	1	1
QLD	11	10
SA	8	3
VIC	25	22
WA	18	16
Total	**134**	**100***
Total number of unique persons that were hospitalised	**99**	**3.42%**

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

The overall percentage of persons that were hospitalised remains approximately static at 3.42% (Q2 3.7%) Villawood remains the site with the most hospital presentations due to the throughput and complexity of clients. This site remains the largest and busiest in the network, with a number of highly complex clients. Otherwise the rates of hospital admissions remain static across the sites with the exception of South Australia that saw eight hospital admissions compared to the one hospital admission in the previous quarter.

5.8. GP and Psychiatrist Presentations by Health Groupings

Table 5.8a: Reasons for Presentations to GP and Psychiatrist

Health Groupings	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	1520	1289	553	18.9%
Musculoskeletal	821	663	357	12.2%
Digestive	606	506	301	10.3%
Skin	549	431	261	8.9%
Respiratory	539	477	225	7.7%
General Unspecified	450	392	292	10.0%
Endocrine / Metabolic & Nutritional	380	301	192	6.6%
Neurological	231	181	141	4.8%
Cardiovascular	192	153	122	4.2%
Ear	160	118	59	2.0%
Injury	150	139	103	3.5%
Eye	121	105	72	2.5%
Urological	75	67	41	1.4%
Genital	74	66	61	2.1%
Social	38	34	33	1.1%
Blood / Blood forming organs	30	17	15	0.5%
Pregnancy / Childbearing / Family Planning	13	6	4	0.1%
Total	**5,949**	**4,945**		

Table 5.8b: Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping										
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017										
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	0.0%	540	18.9%	13	28.9%	553	18.9%
Musculoskeletal	0	0.0%	0	0.0%	352	12.3%	5	11.1%	357	12.2%
Digestive	0	0.0%	0	0.0%	290	10.1%	11	24.4%	301	10.3%
Skin	0	0.0%	1	7.7%	254	8.9%	6	13.3%	261	8.9%
Respiratory	0	0.0%	0	0.0%	215	7.5%	10	22.2%	225	7.7%
General Unspecified	0	0.0%	0	0.0%	285	10.0%	7	15.6%	292	10.0%
Endocrine / Metabolic & Nutritional	0	0.0%	1	7.7%	183	6.4%	8	17.8%	192	6.6%
Neurological	0	0.0%	0	0.0%	136	4.8%	5	11.1%	141	4.8%
Cardiovascular	0	0.0%	0	0.0%	115	4.0%	7	15.6%	122	4.2%
Ear	0	0.0%	0	0.0%	59	2.1%	0	0.0%	59	2.0%
Injury	0	0.0%	0	0.0%	102	3.6%	1	2.2%	103	3.5%
Eye	0	0.0%	0	0.0%	67	2.3%	5	11.1%	72	2.5%
Urological	0	0.0%	0	0.0%	38	1.3%	3	6.7%	41	1.4%
Genital	0	0.0%	0	0.0%	59	2.1%	2	4.4%	61	2.1%
Social	0	0.0%	0	0.0%	32	1.1%	1	2.2%	33	1.1%
Blood / Blood forming organs	0	0.0%	0	0.0%	14	0.5%	1	2.2%	15	0.5%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	4	0.1%	0	0.0%	4	0.1%

As with previous quarters, psychological, musculoskeletal and digestive remain the most common health groupings encountered which is broadly comparable with what is seen in the community.

When interpreting this table it is important to note that each grouping represents a wide range of symptoms, events and diagnoses listed within the SNOMED classification system. The cases captured under the "psychological" grouping for example range from recognised psychiatric diagnoses, to psychologically related consults as such smoking cessation activities.

5.9. Primary Health Care Chronic Diseases

Table 5.9a: Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017					
Chronic Disease *(Categories taken from the Australian institute of Health and Welfare)*	Adult	Age group by % (Adult)	Minor	Age group by % (Minor)	Grand Total
Cardiovascular	53	1.8%	0	0.0%	53
Depression	30	1.0%	0	0.0%	30
Schizophrenia	51	1.8%	0	0.0%	51
Asthma	26	0.9%	0	0.0%	26
Diabetes	44	1.5%	0	0.0%	44
Obesity	45	1.5%	1	7.1%	46
Arthritis	22	0.8%	0	0.0%	22
Oral disease	25	0.9%	0	0.0%	25
Chronic Liver Disease	13	0.4%	0	0.0%	13
COPD	9	0.3%	0	0.0%	9
Bipolar Disorder	5	0.2%	0	0.0%	5
Thyroid disease	4	0.1%	0	0.0%	4
Epilepsy	6	0.2%	0	0.0%	6
Cancer	0	0.0%	0	0.0%	0
Chronic kidney disease	0	0.0%	0	0.0%	0
Dementia	0	0.0%	0	0.0%	0
Inflammatory bowel disease	1	0.0%	0	0.0%	1
Osteoporosis	0	0.0%	0	0.0%	0
Adrenal Disease	1	0.0%	0	0.0%	1

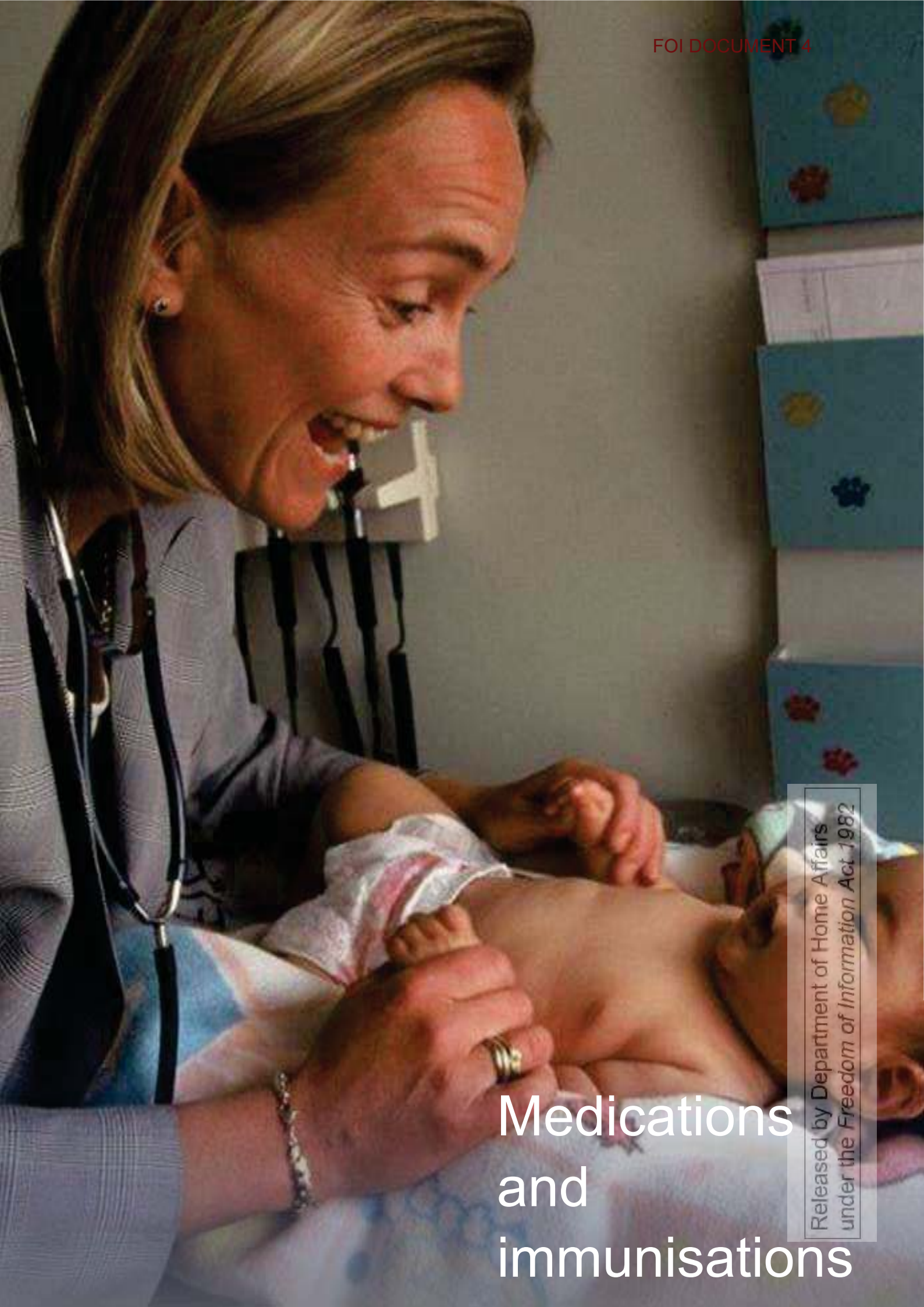
Table 5.9b: Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017								
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	0.0%	48	1.7%	5	11.1%
Depression	0	0.0%	0	0.0%	29	1.0%	1	2.2%
Schizophrenia	0	0.0%	0	0.0%	51	1.8%	0	0.0%
Asthma	0	0.0%	0	0.0%	26	0.9%	0	0.0%
Diabetes	0	0.0%	0	0.0%	41	1.4%	3	6.7%
Obesity	0	0.0%	1	7.7%	43	1.5%	2	4.4%
Arthritis	0	0.0%	0	0.0%	22	0.8%	0	0.0%
Oral disease	0	0.0%	0	0.0%	25	0.9%	0	0.0%
Chronic Liver Disease	0	0.0%	0	0.0%	13	0.5%	0	0.0%
COPD	0	0.0%	0	0.0%	6	0.2%	3	6.7%
Bipolar Disorder	0	0.0%	0	0.0%	5	0.2%	0	0.0%
Thyroid disease	0	0.0%	0	0.0%	4	0.1%	0	0.0%
Epilepsy	0	0.0%	0	0.0%	6	0.2%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chronic kidney disease	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Dementia	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Inflammatory bowel disease	0	0.0%	0	0.0%	1	0.0%	0	0.0%
Osteoporosis	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Adrenal Disease	0	0.0%	0	0.0%	1	0.0%	0	0.0%

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

Cardiovascular disease and schizophrenia, are the most common chronic disease groupings encountered this quarter, both at 1.8% of the population. The burden of schizophrenia has increased by 0.8% over the last 3 months and remains associated with the increase in the ex-correctional population. This exceeds the higher end of around 0.5-1% of the general Australian population (Schizophrenia Research Institute 2013). On the physical health side, diabetes and obesity are also reported in 1.5% of the population. This is not surprising given the level of cardiovascular disease which is associated with the other risk factors of obesity and diabetes. Schizophrenia can also contribute to the increased prevalence of obesity and diabetes as the 'metabolic syndrome (obesity/ /diabetes) is an associated side effect of the newer anti-psychotic medications. .

It is important to note that due to the methodology of the data collection, the number of consults represents the number of explicit presentations for chronic disease for the quarter and is not be a true reflection of the prevalence of the disease within the detainee population i.e. a chronic diagnosis was not recorded as such if the reason for presentation was a common illness. An example of this could occur with a patient with depression presenting to the clinic with dermatitis who is not seen for the depression: the consultation would be captured as one for only dermatitis; the depression would not be collated and reported for that particular event. IHMS is thus of the opinion that there may be a degree of under-reporting with regard to chronic diseases in this data set.



Medications and immunisations

6. Medications

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 at roughly half of the population, as per the following:

- Q4 2016 (October – December) 49%
- Q1 2017 (January – March) 54%
- Q2 2017 (April – June) 48%
- Q3 2017 (July – September) 52%

IHMS continues to give detainees the opportunity to self-administer medications at certain locations where it is practical and safe to do so. Exceptions remain at high security centres such as Maribyrnong. Detainees who fit the criteria for self-administration of medication are given a weekly blister pack. The literature on this topic suggests that self-administration of medications leads to improved medication compliance rates and also an important component of self-agency and taking responsibility and control of one's health. Where self-administration of medication is not safe or practical, IHMS conducts medication rounds in the clinic. These medication rounds continued to be a significant workload for the onsite nurses where in some locations 50+ clients need to be administered their medications individually once or twice a day. IHMS also continued to manage the onsite administration of opiate substitution programs at all of its locations except Christmas Island, but focussed primarily at Maribyrnong and Villawood, with smaller numbers at Yongah Hill.

6.1. Medication prescriptions by MIMS Class in IDFs (Top 20)

Table 6.1 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class						
Jul - Sep 2017						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	916	32%	1	7%	917	31%
Nonsteroidal anti-inflammatory agents	679	23%	0	0%	679	23%
Combination simple analgesics	356	12%	0	0%	356	12%
Antihistamines	347	12%	0	0%	347	12%
Antidepressants	343	12%	0	0%	343	12%
Hyperacidity, reflux and ulcers	228	8%	0	0%	228	8%
Expectorants, antitussives, mucolytics, decongestants	209	7%	0	0%	209	7%
Antipsychotic agents	204	7%	0	0%	204	7%
Penicillins	163	6%	0	0%	163	6%
Laxatives	155	5%	0	0%	155	5%
Agents used in drug dependence	131	5%	0	0%	131	4%
Vaccines	129	4%	0	0%	129	4%
Antihypertensive agents	106	4%	0	0%	106	4%
Hypolipidaemic agents	102	4%	0	0%	102	3%
Bronchodilator aerosols and inhalations	93	3%	0	0%	93	3%
Rubefacients, topical analgesics/NSAIDs	92	3%	0	0%	92	3%
Antianxiety agents	85	3%	0	0%	85	3%
Sedatives, hypnotics	76	3%	0	0%	76	3%
Topical corticosteroids	76	3%	0	0%	76	3%
Anticonvulsants	70	2%	0	0%	70	2%

There was no significant change in the number of medications prescribed this quarter, which remains consistent with reports of increasingly complex patients on multiple chronic medications.

6.2. Medication Prescriptions by Schedule

Table 6.2 Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications / Verbal telephone order**
S2	248	2	1,033
S3	338	7	12
S4	2,268	90	661
S8	83	0	4
Unscheduled	816	10	388
Grand Total	**3,753**	**109**	**2,098**

There was an increase in the total GP prescriptions by almost 300 prescriptions (approximately 10%) despite the decreasing numbers in detention. This was mainly due to an increase in the S4 (prescription only) medications. This is likely a reflection of the increased medical complexity of the cohort.

6.3. Scheduling basics

Table 6.3 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*

6.4. Medication Trends by Class

Table 6.4 Medication Trends by MIMS Class

Medication Trends by MIMS Class		
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017		
Medications	**Apr - Jun 2017**	**Jul - Sep 2017**
Simple analgesics and antipyretics	29%	31%
Nonsteroidal anti-inflammatory agents	23%	23%
Combination simple analgesics	11%	12%
Antihistamines	11%	12%
Antidepressants	10%	12%
Hyperacidity, reflux and ulcers	7%	8%
Expectorants, antitussives, mucolytics, decongestants	4%	7%
Antipsychotic agents	6%	7%
Penicillins	4%	6%
Laxatives	5%	5%
Agents used in drug dependence	4%	4%
Vaccines	3%	4%
Antihypertensive agents	4%	4%
Hypolipidaemic agents	3%	3%
Bronchodilator aerosols and inhalations	3%	3%
Rubefacients, topical analgesics/NSAIDs	3%	3%
Antianxiety agents	3%	3%
Sedatives, hypnotics	3%	3%
Topical corticosteroids	2%	3%
Anticonvulsants	2%	2%

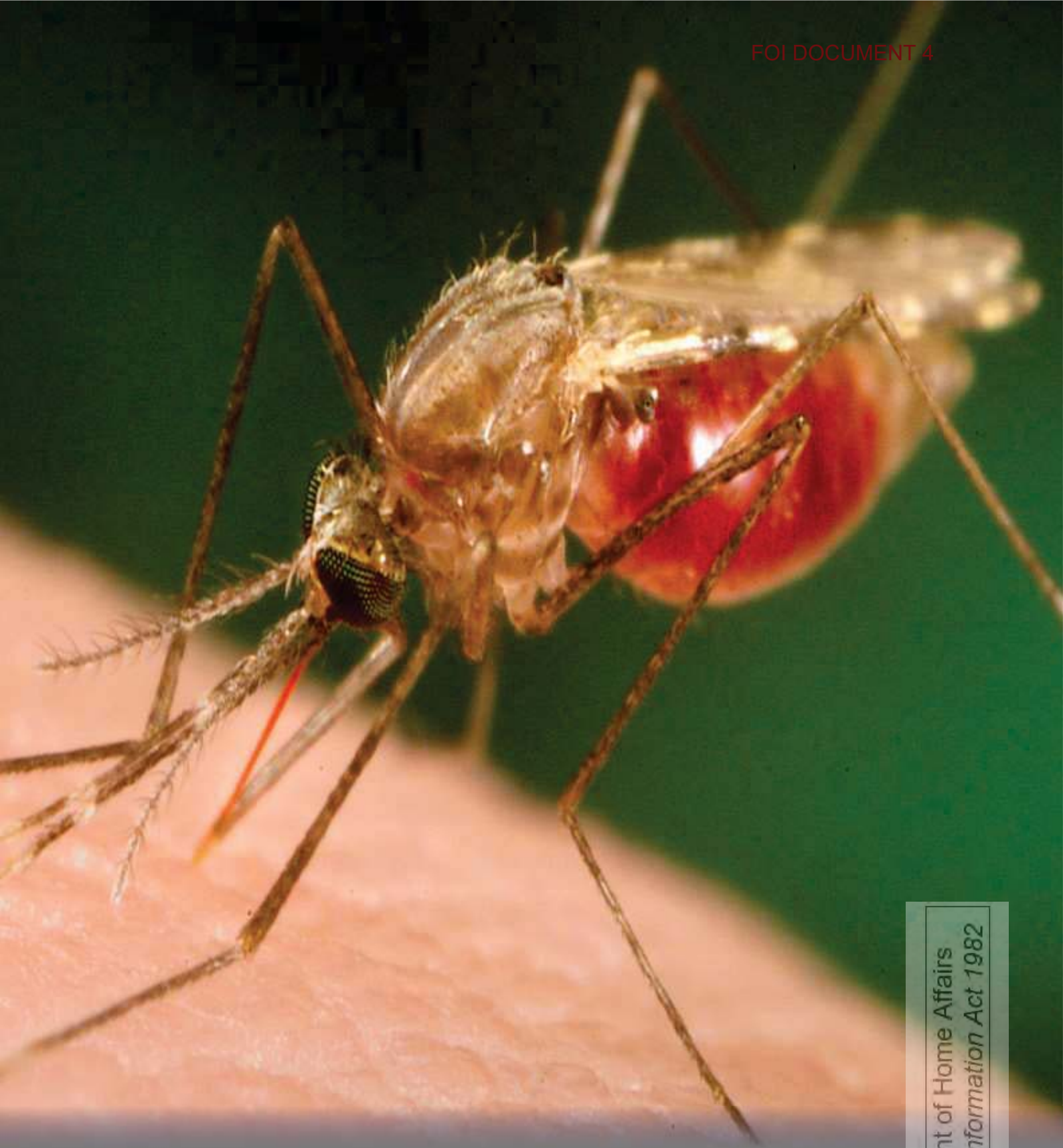
There are no significant differences in the medication trends by class compared to the previous quarter. There is a small increase in expectorants, antitussives, mucolytics, and decongestants by 3% which would be expected over the winter months. It should be noted that this is a percentage figure of the total number of medications prescribed, and not necessarily reflective of the total numbers of prescriptions.

7. Vaccinations Administered by Age Group

7.1 Vaccinations by Age Group

Vaccinations Administered by Age Group					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017					
Vaccination type	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
VZV	0	0	39	1	40
MMR	0	0	43	0	43
MMRV	0	0	0	0	0
Hep A	0	0	66	1	67
Hep B	0	0	103	1	104
MenCCV	0	0	11	0	11
Typh IM	0	0	0	0	0
dT	0	0	17	0	17
HPV	0	0	12	0	12
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	46	0	46
PCV	0	0	0	0	0
dTpa (11 years and over)	0	1	96	1	98
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	**0**	**1**	**433**	**4**	**438**

IHMS continues to offer catch-up vaccinations to all those entering detention. There was a small drop in the total number of vaccines given from 482 in Q2 to 438 this quarter. Although the nominal roll dropped slightly this quarter, total activity remained constantly increasing due to higher throughput. This is not however seen in the vaccination statistics as many of the detainees now entering the system are from the community or corrections facilities: their underlying vaccination coverage is relatively high compared to the previous larger asylum-seeker cohort. The IHMS program is aligned with the Australian Immunisation Schedule with a number of its primary care nurses holding the immunisation certification.



Communicable, Infectious and Parasitic diseases

8. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 3 (Jul - Sep 2017)				Total New Diagnoses Jul 2015 - Sep 2017		
Contagious (human to human, including sexually transmitted infections)	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**% of IDF population during quarter**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**
Chickenpox	0	0	0	0.00%	1	1	2
Chlamydia	0	1	1	0.03%	2	9	11
Gonorrhoea	0	0	0	0.00%	1	0	1
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	1	16	17	0.58%	6	191	197
Hepatitis C, Ab pos	0	33	33	1.13%	12	361	373
HIV	0	1	1	0.03%	0	13	13
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	1	1
Syphilis serology pos	0	9	9	0.31%	2	70	72
Tuberculosis – Active	0	0	0	0.00%	2	6	8
Typhoid	0	0	0	0.00%	0	0	0
Total	**1**	**60**	**61**	**2.09%**	**26**	**652**	**678**
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	0	0	0.00%	1	0	1
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	0	0	0	0.00%	1	0	1
Strongyloidiasis	0	0	0	0.00%	1	1	2
Total	**0**	**0**	**0**	**0.00%**	**3**	**1**	**4**
Grand Total	**1**	**60**	**61**	**2.09%**	**29**	**653**	**682**

There was an increase in the total number of infectious diseases in Q3 from 621 to 682 (approximately 10%) mainly due to increased diagnoses of hepatitis C, B and syphilis. Once again this is indicative of the changing corrections population. TB remains steady at eight cases (one new case this quarter).The HIA offered to all new arrivals into the detention network plays a key role in the screening of these communicable diseases.

Disabilities

9. 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. IHMS has reviewed the categorisation of disabilities this quarter and expanded the list of conditions that qualify providing there is an appropriate functional impairment.

The leading cause of disability for adults this quarter is noted to be psychiatric (long-term schizophrenia for example), although this has dropped from 41 in Q1 to 24 this quarter. Neurological and hearing impairment are the next common disabilities. Autism is included as a category for the first time.

The definition for disability came from a published document called Disability Services National Minimum Data Set (DS NMDS) from the Australian Institute of Health and Welfare (AIHW) website. Disability is defined as *'the impairment of body structures or functions, limitations in activities, or restrictions in participation chiefly responsible for the disability'* [(1).] As per the AIHW's classifications, the major disability groups used for this health data set are as follows:

1. Intellectual (including Down syndrome)
2. Specific learning/Attention Deficit Disorder (other than Intellectual)
3. Autism (including Asperger's syndrome and Pervasive Developmental Delay)
4. Physical
5. Acquired brain injury
6. Neurological (including epilepsy and Alzheimer's disease)
7. Deafblind (dual sensory)
8. Vision
9. Hearing
10. Speech
11. Psychiatric
12. Developmental delay

(1) http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548022

9.1. 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 - Sep 2017					
Types of Disability	**IDCs**	**ITAs**	**IRH/APODs**	**Adult**	**Minor**
Autism	0	1	0	1	0
Neurological	3	0	0	3	0
Physical	2	0	0	2	0
Psychiatric	30	5	0	35	0
Visual Impairment	2	0	0	2	0
Total	**37**	**6**	**0**	**43**	**0**
Unique Detainees with a disability	**43**				

9.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q4 2016 – Q2 2017		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
30 Sep 2017 – Q3	43	1.47%
30 Jun 2017 – Q2	33	1.0%
31 Mar 2017 - Q1	44	2.0%
31 Dec 2016 - Q4	58	2.0%

This quarter the total proportion of detainees with a disability increased from 1% to 1.47%. IHMS continues to have ongoing discussions with the Department with regard to the complex issue of appropriate placement and management options for clients with a disability who cannot be managed optimally within the centres. Alternative options such as high level care disability residences and aged care facilities continue to be explored.

Mental Health

10.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, psychologists and psychiatrists.

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. Detainees may self-refer or be referred for assessment and follow-up by IHMS site staff. Additional risk management for those presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement (SME) 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.

When considering mental health issues in onshore detention, reference should also be made to information within the primary care section on this report, and in particular the sections on Chronic Diseases, Medication and Disabilities. Epidemiological data is not readily extracted from Apollo currently, and the data which shows 1.8% of detainees with schizophrenia should be understood as reflecting that 1.8% of the population during this quarter saw a GP or psychiatrist who entered schizophrenia as the specific reason for presentation. IHMS has begun the implementation of an automated care plan for both schizophrenia and bipolar disorder which should improve the capture of epidemiological prevalence data for these diseases.

Detailed review of Apollo data during Q1 and Q2 of 2017 confirms that mental health issues presenting in onshore detention are now reflective of the rates of mental illness and types of presentation found in corrections populations, a change which reflects Section 501 amendments to the Migration Act made in 2015.

10.1.Mental Health related consultations

Table 10.1 below shows the number of unique presentations for adults 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’ SNOMED category. This category includes a wide range of non-diagnostic as well as non-diagnostic items, including ‘normal’ findings. A list of items falling under the SNOMED ‘psychological’ codes is found in Appendix A: SNOMED descriptions for Mental Health.

Table 10.1a Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
Jul - Sep 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	513	358	12.32%
Primary Health Nurse	202	124	4.27%
Primary Health Total	715	482	
Mental Health Consultations by Mental Health Professionals			
Counsellor	1552	409	14.07%
Mental Health Nurse	1914	910	31.31%
Psychiatrist	306	209	7.19%
Psychologist	431	170	5.85%
Mental Health Total	4,203	1698	
TOTAL Consultations	4,918	Total unique adults	1,262

Table 10.1b Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
Jul - Sep 2017			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	0	0	0.00%
Primary Health Nurse	0	0	0.00%
Primary Health Total	0	0	
Mental Health Consultations by Mental Health Professionals			
Counsellor	8	3	21.43%
Mental Health Nurse	5	4	28.57%
Psychiatrist	0	0	0.00%
Psychologist	0	0	0.00%
Mental Health Total	13	7	
TOTAL Consultations	13	Total unique minors	4

Table 10.1a and b show a total of 4913 consultations in this quarter in onshore detention for items relating to mental health, provided by both mental health and primary care staff to 1266 unique individuals (adults and minors). The majority of consultations for mental health reasons were attended to by mental health professionals, with the bulk of consultations done by mental health nurses, who saw around 31% of the detention population over the three month period.

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. 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.

There continue to be a small number of minors who enter immigration detention, usually with their families, usually staying for less than 48 hours, and therefore not triggering a comprehensive mental health nurse consultation or Strengths and Difficulties Questionnaire (SDQ) which must be offered for those who stay longer than 10 days in detention.

10.2.Psychiatric Admissions

There was a total of 16 unique individuals admitted for inpatient mental health care from onshore immigration detention facilities in this quarter, with BITA showing a sharp rise in psychiatric admissions this quarter, contributing 25% of the total, and reductions from WA and NSW.

Eleven of the 16 admissions (69%) this quarter involved involuntary admission to public hospitals. There were five voluntary psychiatric admissions, of which two were to private hospitals and two to public hospitals. This is very similar to last quarter, and continues to reflect the types of presentation and risk found in those now entering detention as a result of the Section 501 amendments in 2015, which now correlates with issues prevalent in correctional settings, compared with the previous predominantly IMA cohort, for whom admissions were most commonly voluntary.

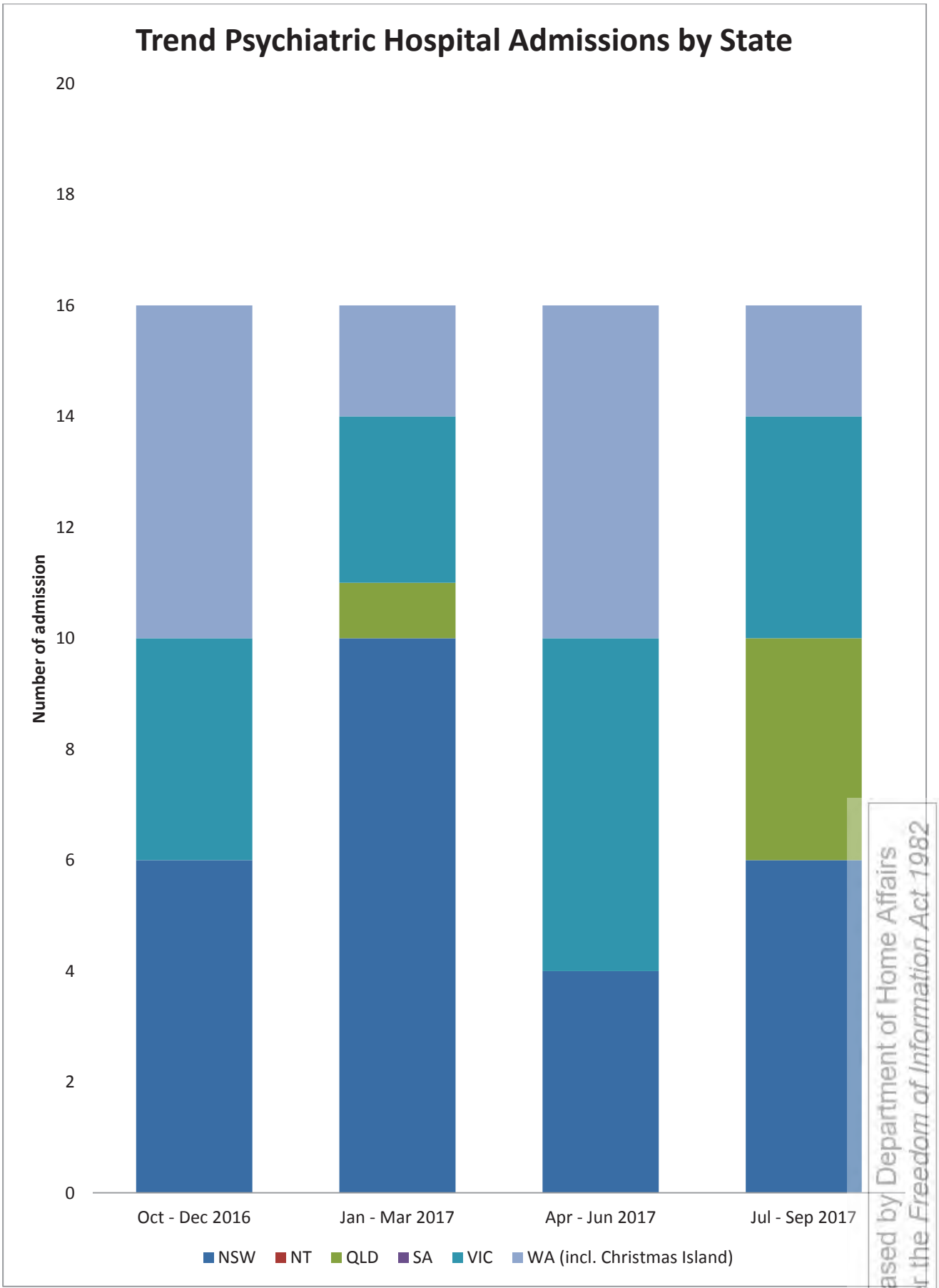
10.2a Trend: Psychiatric Admissions

Psychiatric Admissions				
Mainland and Christmas Island (IDFs only) Q4 2016 – Q3 2017				
State/Territory	Oct - Dec 2016	Jan - Mar 2017	Apr – Jun 2017	Jul – Sep 2017
NSW	6	10	4	6
NT	0	0	0	0
QLD	0	1	0	4
SA	0	0	0	0
VIC	4	3	6	4
WA (incl. Christmas Island)	6	2	6	2
Total	16	16	16	16

10.2b Psychiatric Admissions by Age Grouping

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017			
State/Territory	Total	Adult	Minor
NSW	6	6	0
NT	0	0	0
QLD	4	4	0
SA	0	0	0
VIC	4	4	0
WA (incl. Christmas Island)	2	2	0
Total	16	16	0

Table 10.2. Psychiatric Hospital Admissions



10.3.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).

10.4.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

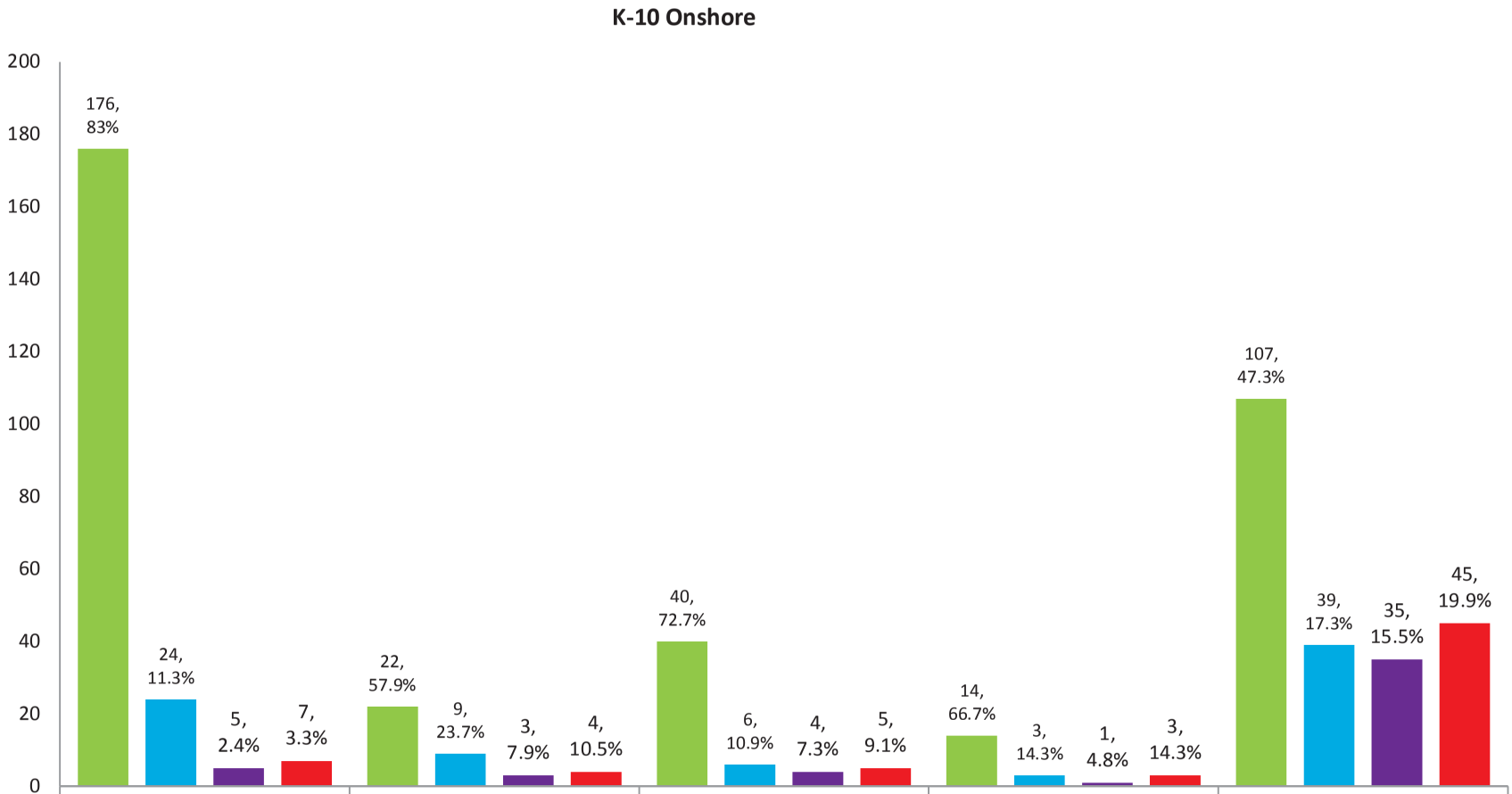
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

As shown in table 10.4 there were 552 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.

Table 10.4. Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017										
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	212	14.57	176	83.0%	24	11.3%	5	2.4%	7	3.3%
4-6 months	38	19.66	22	57.9%	9	23.7%	3	7.9%	4	10.5%
7-12 months	55	18.11	40	72.7%	6	10.9%	4	7.3%	5	9.1%
13-18 months	21	18.38	14	66.7%	3	14.3%	1	4.8%	3	14.3%
19+ months	226	21.85	107	47.3%	39	17.3%	35	15.5%	45	19.9%
Total	**552**	**18.40**	**359**	**65.0%**	**81**	**14.7%**	**48**	**8.7%**	**64**	**11.6%**

Graph 10.4 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	176	22	40	14	107
Mild (20-24)	24	9	6	3	39
Moderate (25-29)	5	3	4	1	35
Severe (30-50)	7	4	5	3	45

10.5. 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).

Table 10.5 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=2)	N/A	N/A	N/A

No SDQ screenings were conducted onshore this quarter.

10.6. Torture & Trauma (T&T)

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) are asked as a component of the health induction process and also later as part of the comprehensive mental health assessment. T&T 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, referrals to specialist T&T counselling services are offered to 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 a Regional Processing Centre, in accordance with Departmental policy.

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.

There were 52 Detainees who made new disclosures of T&T during this quarter.

Table 10.6 New Torture &Trauma Disclosures

New Torture and Trauma Disclosures					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017					
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	10	0	0	10	0
Christmas Island	3	0	0	2	1
Maribyrnong IDC	1	0	0	1	0
Melbourne ITA	8	0	0	8	0
Perth IDC/IRH	0	0	0	0	0
Villawood IDC	21	0	1	20	0
Yongah Hill IDC	8	0	0	8	0
Total	**52**	**0**	**1**	**50**	**1**
% total IDF population during Q1	**1.8%**	**0.0%**	**7.7%**	**1.7%**	**2.2%**

10.7.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 reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences High SME and then is downgraded to Moderate SME and later to Ongoing SME that will be counted three times, once under each column. Where three individuals were each commenced on different levels of SME which was then discontinued rather than being downgraded, this will also show up as three events. Figures provided below 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 10.7 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2017			
	Ongoing	Moderate	High Imminent
Adelaide ITA	1	0	0
Brisbane ITA	6	10	7
Christmas Island	5	6	4
Maribyrnong IDC	8	9	8
Melbourne ITA	1	2	3
Perth	3	1	1
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	6	15	21
Yongah Hill IDC	5	7	4
Total	133		
Total number of unique individuals on SME	71	% of IDF population on SME	2.4%

Appendix A: SNOMED descriptions for Mental Health

SNOMED Descriptions for Mental Health
Able to sleep (finding)
Abnormal grief reaction to life event (finding)
Abuse of steroids (disorder)
Acute hysterical psychosis (disorder)
Acute situational disturbance (disorder)
Acute stress disorder (disorder)
Adjustment disorder (disorder)
Adjustment disorder with anxious mood (disorder)
Adjustment disorder with depressed mood (disorder)
Aggressive behavior (finding)
Aggressive biting (finding)
Agoraphobia (disorder)
Alcohol abuse (disorder)
Alcohol dependence (disorder)
Alexithymia (finding)
Alzheimer's disease (disorder)
Amnesia (finding)
Amphetamine abuse (disorder)
Anhedonia (finding)
Antisocial personality disorder (disorder)
Anxiety (finding)
Anxiety and fear (finding)
Anxiety attack (finding)
Anxiety disorder (disorder)
Anxiety disorder of childhood OR adolescence (disorder)
Anxiety neurosis (finding)
Anxiety state (finding)
Argumentative behavior (finding)
Asperger's disorder (disorder)
At risk for deficient parenting (finding)
At risk for deliberate self harm (finding)
At risk for psychosocial dysfunction (finding)
At risk for suicide (finding)
At risk of harming others (finding)
Attention deficit hyperactivity disorder (disorder)
Attention seeking behavior (finding)
Atypical psychosis (disorder)
Auditory hallucinations (finding)
Autistic disorder (disorder)
Autistic disorder of childhood onset (disorder)
Avoidance behavior (finding)
Behavior problem of childhood and adolescence

SNOMED Descriptions for Mental Health
(finding)
Behavioral and emotional disorder with onset in childhood (disorder)
Behavioral problems at school (finding)
Bipolar affective disorder, current episode manic (disorder)
Bipolar affective disorder, currently depressed, mild (disorder)
Bipolar affective disorder, currently manic, severe, with psychosis (disorder)
Bipolar disorder (disorder)
Bipolar disorder in remission (disorder)
Bipolar I disorder (disorder)
Borderline personality disorder (disorder)
Boredom (finding)
Brief reactive psychosis (disorder)
Cannabis abuse (disorder)
Cannot sleep at all (finding)
Child at risk (finding)
Child attention deficit disorder (disorder)
Childhood emotional disorder (disorder)
Childhood or adolescent disorder of social functioning (disorder)
Childhood or adolescent identity disorder (disorder)
Chronic psychogenic pain (disorder)
Chronic schizophrenia (disorder)
Chronic stress disorder (disorder)
Cigarette smoker (finding)
Claustrophobia (finding)
Cluster A personality disorder (disorder)
Cluster B personality disorder (disorder)
Cluster C personality disorder (disorder)
Communication disorder (disorder)
Complaining of feeling depressed (finding)
Complaining of tearfulness (finding)
Complex posttraumatic stress disorder (disorder)
Compulsive gambling (disorder)
Compulsive personality disorder (disorder)
Conduct disorder (disorder)
Culture shock (disorder)
Delayed articulatory and language development (finding)
Delayed milestone (finding)
Delirious (finding)
Delirium (disorder)

SNOMED Descriptions for Mental Health
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)
Dependent personality disorder (disorder)
Depressive disorder (disorder)
Developmental academic disorder (disorder)
Developmental delay (disorder)
Developmental mental disorder (disorder)
Difficulty controlling anger (finding)
Difficulty coping (finding)
Difficulty sleeping (finding)
Disorder of form of thought (finding)
Disorientation as to people, time and place (finding)
Disruptive behavior (finding)
Dissociative convulsions (disorder)
Dissociative disorder (disorder)
Dominating behavior (finding)
Drug abuse (disorder)
Drug dependence (disorder)
Drug seeking behavior (finding)
Drug withdrawal (disorder)
Drug-induced psychosis (disorder)
Dysphoric mood (finding)
Dysthymia (disorder)
Eating disorder (disorder)
Emotional problems (finding)
Emotional stress (finding)
Emotional upset (finding)
Encopresis (finding)
Endogenous depression (disorder)
Enmeshed attachment (finding)
Euthymic mood (finding)
Expression of emotions (observable entity)
Facial tic disorder (disorder)
Failed attempt to stop smoking (finding)
Fear (finding)
Fear associated with illness and body function (finding)
Fear of flying (finding)
Fear of going crazy (finding)
Feeling abandoned (finding)
Feeling agitated (finding)
Feeling angry (finding)
Feeling ashamed (finding)

SNOMED Descriptions for Mental Health
Feeling frustrated (finding)
Feeling guilt (finding)
Feeling hopeless (finding)
Feeling irritable (finding)
Feeling nervous (finding)
Feeling powerless (finding)
Feeling suicidal (finding)
Feeling tense (finding)
Feeling trapped (finding)
Feeling unhappy (finding)
Finding relating to grieving and mourning (finding)
Forgetful (finding)
Formication (finding)
Frontal lobe syndrome (disorder)
Gender reassignment patient (finding)
Generalized anxiety disorder (disorder)
Gilles de la Tourette's syndrome (disorder)
Global developmental delay (disorder)
Globus hystericus (finding)
Grief finding (finding)
Hallucinations (finding)
Health seeking behavior (finding)
Hebephrenic schizophrenia in remission (disorder)
Heroin dependence (disorder)
History of drug abuse (situation)
History of violent behavior toward others (situation)
Histrionic behavior (finding)
Histrionic personality disorder (disorder)
Homosexual (finding)
Hyperactive behavior (finding)
Hypersomnia (disorder)
Hypervigilant behavior (finding)
Hypochondriasis (disorder)
Hypomania (disorder)
Immature personality (finding)
Impaired cognition (finding)
Impulse control disorder (disorder)
Inability to cope (finding)
Inappropriate behavior (finding)
Inappropriate shouting (finding)
Increased libido (finding)
Ineffective family coping (finding)
Insecurity (finding)
Insomnia (disorder)

SNOMED Descriptions for Mental Health
Intellectual functioning disability (finding)
Intelligence quotient low (finding)
Intentional poisoning (disorder)
Intermittent explosive disorder (disorder)
Intrusive thoughts (finding)
Korsakoff's psychosis (disorder)
Lack of libido (finding)
Learning difficulties (finding)
Lithium level low (finding)
Localized dissociative amnesia (disorder)
Loss of appetite (finding)
Loss of hope for the future (finding)
Low self-esteem (finding)
Major depression in remission (disorder)
Major depression, melancholic type (disorder)
Major depressive disorder (disorder)
Maladaptive behavior (finding)
Mania (disorder)
Manic bipolar I disorder (disorder)
Masturbation (finding)
Memory impairment (finding)
Mental distress (finding)
mental health problem (finding)
Mental retardation (disorder)
Misuses drugs (finding)
Mixed anxiety and depressive disorder (disorder)
Mixed bipolar affective disorder (disorder)
Mood stable (finding)
Mood swings (finding)
Moody (finding)
Multiple somatic complaints (finding)
Munchausen's syndrome (disorder)
Nail biting (finding)
Narcissistic personality disorder (disorder)
Neglectful parenting (finding)
Nicotine dependence (disorder)
Nicotine withdrawal (disorder)
Nightmares (finding)
Nightmares associated with chronic post-traumatic stress disorder (disorder)
No evidence of mental illness (situation)
No suicidal thoughts (situation)
No thoughts of deliberate self harm (situation)
Nocturnal enuresis (finding)

SNOMED Descriptions for Mental Health
Non-organic nocturnal enuresis (finding)
Obsessional neurosis (disorder)
Obsessive behavior (finding)
Obsessive-compulsive disorder (disorder)
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)
Psychomotor agitation (finding)
Psychophysiologic disorder (finding)

SNOMED Descriptions for Mental Health
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)
Ran away, life event (finding)
Reactive attachment disorder (disorder)
Reactive depressive psychosis (disorder)
Ready to stop smoking (finding)
Rebellious character (finding)
Recurrent depression (disorder)
Recurrent major depression in partial remission (disorder)
Reduced concentration (finding)
Reduced libido (finding)
Restlessness (finding)
Restlessness and agitation (finding)
Rumination - thoughts (finding)
Schizoaffective disorder (disorder)
Schizophrenia (disorder)
Schizophrenia in remission (disorder)
Schizophrenic disorders (disorder)
Schizophreniform disorder (disorder)
Sedated (finding)
Self-harm (finding)
Self-injurious behavior (finding)
Self-mutilation (finding)
Separation anxiety (disorder)
Separation anxiety disorder of childhood (disorder)
Severe anxiety (panic) (finding)
Severe major depression (disorder)
Severe major depression with psychotic features (disorder)
Sexual frustration (finding)
Sexualized behavior (finding)
Sibling jealousy (disorder)
Sleep deprivation (finding)
Sleep disorder (disorder)
Sleep paralysis (disorder)
Sleep terror disorder (disorder)
Sleep walking disorder (disorder)
Smoking cessation milestones (observable entity)
Social phobia (disorder)
Somatization disorder (disorder)

SNOMED Descriptions for Mental Health
Specifica nonpsychotic mental disorders following organic brain damage (record artifact)
Speech delay (disorder)
Stopped smoking (finding)
Strange and inexplicable behavior (finding)
Stress (finding)
Stress and adjustment reaction (disorder)
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

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Department of Immigration and Border Protection

Immigration Detention Health Report

October - December 2017

Quarter 4

Immigration Detention Health Report

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Report written by:

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1. Executive Summary

During the last quarter, IHMS continued to provide health services to persons held within Australian Immigration Detention Facilities (IDF) across Australia. This included the provision of primary and mental health care to a dynamic population of approximately 1250 across these sites. This population remains dynamic due to new admissions largely from the correctional services cohort whose visa status has changed.

The dynamic nature of this population is also demonstrated by the number of Health Induction Assessments (HIA) and Health Discharge Assessments (HDA) requested and completed. In the last quarter there were 2019 HIAs conducted which represents a population change of greater than 150%. Overall, the HDA activity decreased from 95% as a percentage of total detainee population in quarter three of 2017, to 81% in this reported quarter. This may have been the result of more streamlined communication strategies developed between IHMS and the Department of Immigration and Border Protection (DIBP) regarding detainees that may have been identified for removal from Australia.

The overall uptake of the services during the last quarter remained similar to that noted in quarter three of 2017 with IHMS providing 16,699 total clinician consultations which is a slight decrease from quarter three's total of 16,962.

During quarter 4, IHMS sites also underwent auditing and accreditation by the Royal Australian College of General Practitioners with all Immigration Detention Centres (IDC) having been successfully accredited as having met the College's standards.

Following notice from the Department, there was a change to the process by which detainees are able to attend off site health care appointments. This has resulted in appointment cancellations for some detainees. IHMS continues to work with the Department to develop a suitable new process to ensure that all detainees are able to attend health care appointments appropriately.

Abbreviations	
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
FTT	Fit to Travel
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDF	Immigration Detention Facilities
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

The onshore detainee cohort to whom IHMS provides services is a complex one. In order to provide a more accurate representation of this population the Detainee Cohort Summary is now described within the following categories:

- *The average number of persons present at a facility.* As there is no official data outlining the average number of detainees, IHMS utilises the nominal roll provided by Serco. The data point for this report is the last day of the reporting period. This figure is used as the primary denominator in all of the rates described in Section four onwards unless otherwise stated.
- *The throughput of the service.* As detainees are transferred from one site to another, the populations serviced at different IHMS centres vary accordingly. The throughput of the service considers the number of detainees that were transferred within centres in Australia.
- *New entries and rapid turnaround detainees.* For all new persons entering detention, an HIA is performed. Many of these individuals may undergo rapid turnarounds as they are deported from airports and transportation hubs within one to three days. As there is no accurate record of this number, IHMS uses the number of HIAs performed as a measure for this cohort.

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

It is noted that there is a discrepancy with the numbers reported on the website and those contained within the report, due to dates in which calculations are made and timeframes for notification of admissions and discharges from detention. In addition, IHMS utilises the following age grouping brackets at the request of DIBP, to align with other DIBP reports. These age bracket groupings are by gender and as follows:

- 0 - 4 years
- 5 – 17 years
- 18 – 64 years
- Greater than 65 years

2.1. The average detainee population

Table 2.1 Summary of the end of month nominal rolls, the average monthly nominal rolls and the percentage change in nominal rolls by month for Q4 2017.

	Oct 17	Nov 17	Dec 17	Monthly Average	Percentage Change
Adelaide ITA	22	18	21	20	-3.2%
Brisbane ITA	52	58	55	55	0.0%
Christmas Island IDC	315	313	327	318	-2.7%
Maribyrnong IDC	82	97	93	91	-2.5%
Melbourne ITA	77	90	84	84	-0.4%
Perth IDC+IRH	18	24	27	23	-14.8%
Villawood IDC+IRH	447	453	447	449	0.4%
Yongah Hill IDC	206	202	208	205	-1.3%
Total Population	**1219**	**1255**	**1262**	**1245**	**-1.3%**

Population numbers have stayed relatively stagnant compared to the numbers from Q3.

3. Population changes in Q4

3.1. Detainee movement into detention facilities

A Health Induction Assessment (HIA) is completed for each new arrival into the detention network. This induction assessment comprises of a nurse review, a GP review, a mental health review and a screening chest x-ray and pathology for communicable diseases. This remains a significant workload on the IHMS clinics as although the static population in the network has decreased, the centres are still experiencing a constant flow of new arrivals and departures, all of whom require individual HIAs and discharge planning. Table 3.1 describes the number of detainees requiring HIAs for Q4 2017. As there is no data describing the population entering detention facilities, IHMS assumes that the number of HIAs performed is a surrogate measure for the number of people entering detention. Q4 showed a very similar pattern to that of Q3 in that several centres sustained very high throughput compared to others within the network. Again Perth Immigration Detention Centre (PIDC), Brisbane Immigration Transit Accommodation (BITA) and Adelaide Immigration Transit Accommodation (AITA) had the highest turnover rates at 730%, 471% and 362% as a percentage of their static population respectively. The detainee populations in Yongah Hill IDC (YHIDC) and Christmas Island Immigration Detention Centre (CIIDC) are relatively stable in comparison.

Table 3.1. Health Induction Assessments required by site for Q4 2017.

Health Induction Assessments (HIA) Q4 2017			
Facilities	**Number of detainees requiring HIA**	**On site Population (End of Dec)**	**% HIAs conducted**
Adelaide ITA	76	21	362%
Brisbane ITA	259	55	471%
Christmas Island IDC	0	327	0%
Maribyrnong IDC	175	93	188%
Melbourne ITA	262	84	312%
Perth IDC	197	27	730%
Villawood IDC	933	447	209%
Yongah Hill IDC	90	208	43%
Darwin APOD	27	0	0%
Total	**2019**	**1262**	**160%**

3.2. Health Discharge Assessments

Health Discharge Assessments (HDA) are requested when a detainee may be discharged from a detention facility. IHMS uses this as a surrogate measure of persons being discharged from detention facilities. However, this measure does not include rapid visa turnarounds and may not reflect all departures as detainees may refuse the HDA.

Table 3.2 HDAs that were cancelled, completed or remain open for Q4 2017.

Health Discharge Assessments (HDA) Q4 Oct - Dev 2017						
Facilities	**Number of cancelled HDAs**	**Number of completed HDAs**	**Number of open HDAs**	**Total**	**Population on site (End of Dec)**	**HDA Activity as % of Pop**
Adelaide ITA	5	8	6	19	21	90%
Brisbane ITA	15	62	14	91	55	165%
Christmas Island	59	4	28	91	327	28%
Maribyrnong IDC	30	27	38	95	93	102%
Melbourne ITA	10	88	14	112	84	133%
Perth IDC	3	23	3	29	27	107%
Villawood IDC	65	249	89	403	447	90%
Yongah Hill IDC	21	140	23	184	208	88%
Darwin APOD	0	0	1	1	0	0%
Grand Total	**208**	**601**	**216**	**1025**	**1262**	**81%**

When compared against Q3 figures, Q4 shows several sites demonstrating a mild decrease in HDA activity as a percentage of population. These include PIDC, where HDA activity has decreased from 192% to 107%, and BITA, where HDA activity has decreased from 212% to 165%. Overall HDA activity decreased from 95% as a percentage of total detainee population in quarter three, to 81% in quarter four.

3.3. Fit To Travel

When detainees are required to transfer from one site to another within Australia or when they are repatriated, Fitness to Travel (FTT) assessments are made. These are done in conjunction with the HDAs and while not an accurate indicator, it does present evidence of transfers within the detention setting.

As with quarter three, some sites stand out as high throughput sites. These include PIDC, MIDC and AITA with 107%, 204% and 85% of onsite population respectively. Again, it must be noted that FTT requests often trigger a plethora of clinical inputs for a number of detainees. These include not only review with onsite clinicians, for example a mental health review to comment on escort requirements, but may often include external medical providers. A good example of this is specialist review/flight simulation testing to inform FTT assessments particularly those with medical complexity. Despite this significant input activity, it is unclear whether these FTTs lead to the actual departure from a site.

Of concern, related to multiple movements of a detainee around the network is that the detainee often requires a new referral to a public hospital, along with a subsequent wait list, for each change in location. This potentially delays access to treatment due to multiple referrals required for the service and the necessity of being placed on a waiting list as per community standards.

Table 3.3 Total number of FTT health assessments requested or completed for Q4 2017.

Fit To Travel (FTT) Q4 Oct - Dec 2017			
Facilities	**Number of detainees requiring FTT**	**Population on site**	**Percentage of FTTs conducted**
Adelaide ITA	18	21	85.71%
Brisbane ITA	43	55	78.18%
Christmas Island	120	327	36.70%
Maribyrnong IDC	190	93	204.30%
Melbourne ITA	17	84	20.24%
Perth IDC	29	27	107.41%
Yongah Hill IDC	165	208	79.33%
Villawood IDC	167	447	37.36%
Darwin APOD	1	0	0.00%
Grand Total	**750**		

4. Explanatory notes

The majority of data in this report has been extracted from the Apollo electronic clinical record system, and the report should be read with an understanding of this system. The IHMS electronic record uses the SNOMED clinical terminology system (*http://sydney.edu.au/medicine/fmrc/snomed/index.php*). SNOMED is designed to capture and represent patient data for clinical purposes and is not a diagnostic classification system. It incorporates both diagnostic items, 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, and may include 'normal' findings. 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 5.9 identifies only those codes reflecting actual clinical diagnoses.

Primary Health

5. Integrated Primary Health Care

5.1. Introduction

IHMS has been contracted by the Department of Immigration and Border Protection (DIBP) to provide the primary health care services within the Australian immigration detention network. The foundations of this health service are the eight 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. Yongah Hill Immigration Detention Centre, WA
3. Perth Immigration Detention Centre, WA
4. Adelaide Immigration Transit Accommodation, SA
5. Maribyrnong Immigration Detention Centre, VIC
6. Melbourne Immigration Transit Accommodation, VIC
7. Villawood Immigration Detention Centre, NSW
8. Brisbane Immigration Transit Accommodation, QLD

IHMS also provides services to the Darwin Alternative Place of Detention (APOD).

The onsite clinics comprise of a team of general practitioners, registered primary health and mental health nurses, counsellors and psychologists. The composition of the workforce varies at each site as the health care model is specifically tailored to the population and the health needs of that particular site. The IHMS site based multidisciplinary team is also augmented by a schedule of visiting allied health, dentists, psychiatrist and other visiting specialists.

Routine activities of IHMS clinics include HIAs, mental health screening and management, primary care GP and nurse consultations, chronic disease management, emergency stabilisation and health promotion.

Patients who require specialist input and care are referred to the local public hospital system where they are placed on the public wait list as a member of the Australian community.

Key staff have undergone the Department's e-learning modules on Child Protection as part of DIBP'S Child Protection-Framework.

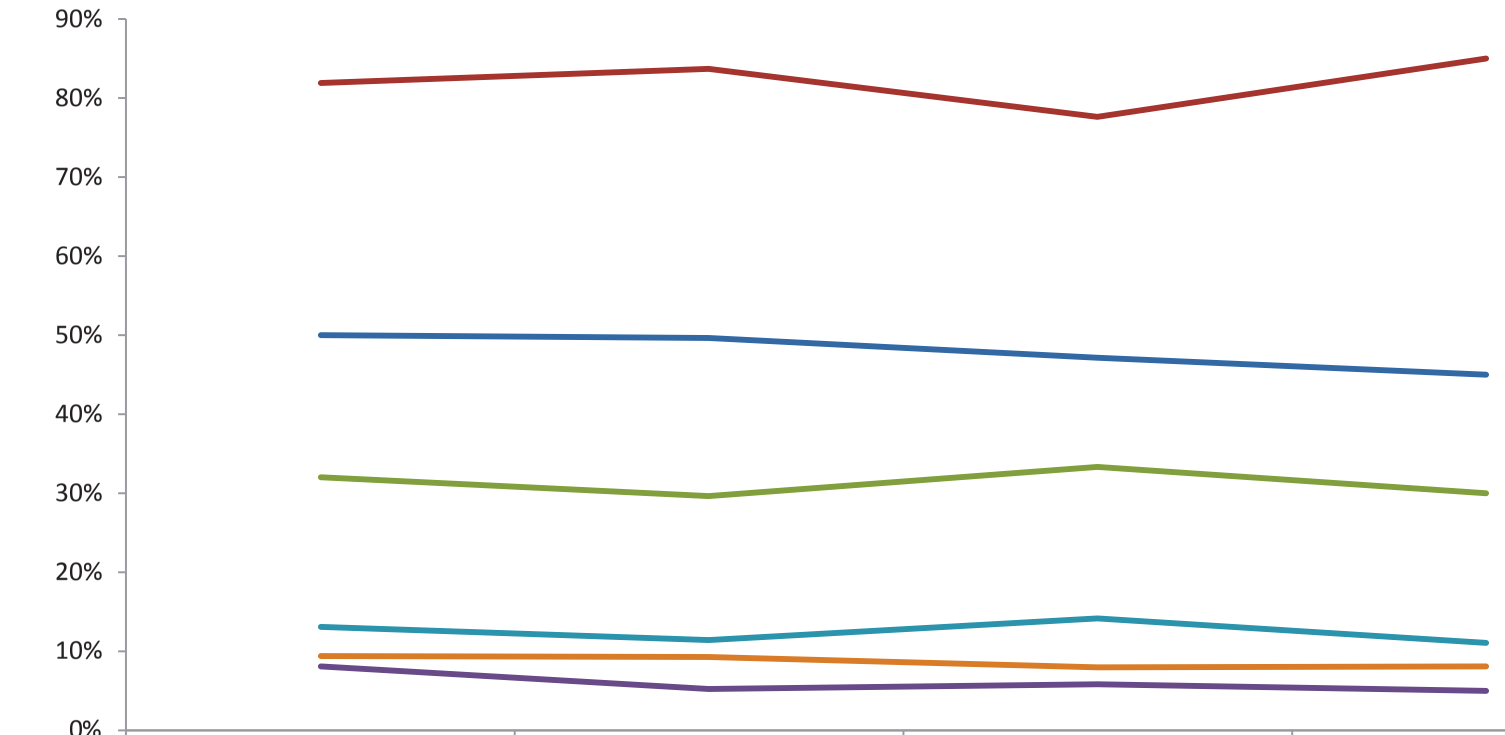
5.2. Consultations

Table 5.2.1a Consultations with Primary Health Care

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q4 Oct – Dec 2017				
IHMS Primary Health Care	**Total number of consults**	**No. of unique persons seen per speciality**	**Average Consults/Unique Person Attending Consultations**	**% of total IDF population during Q4 2017**
GP	3,463	1,373	2.5	44.9%
Primary Health Nurse	9,593	2,589	3.7	84.7%
Mental Health Nurse	1,873	906	2.1	29.6%
Psychologist	340	155	2.2	5.1%
Counsellor	1,131	337	3.4	11.0%
Psychiatrist	299	228	1.3	7.5%
Total	**16,699**	**5,588**		

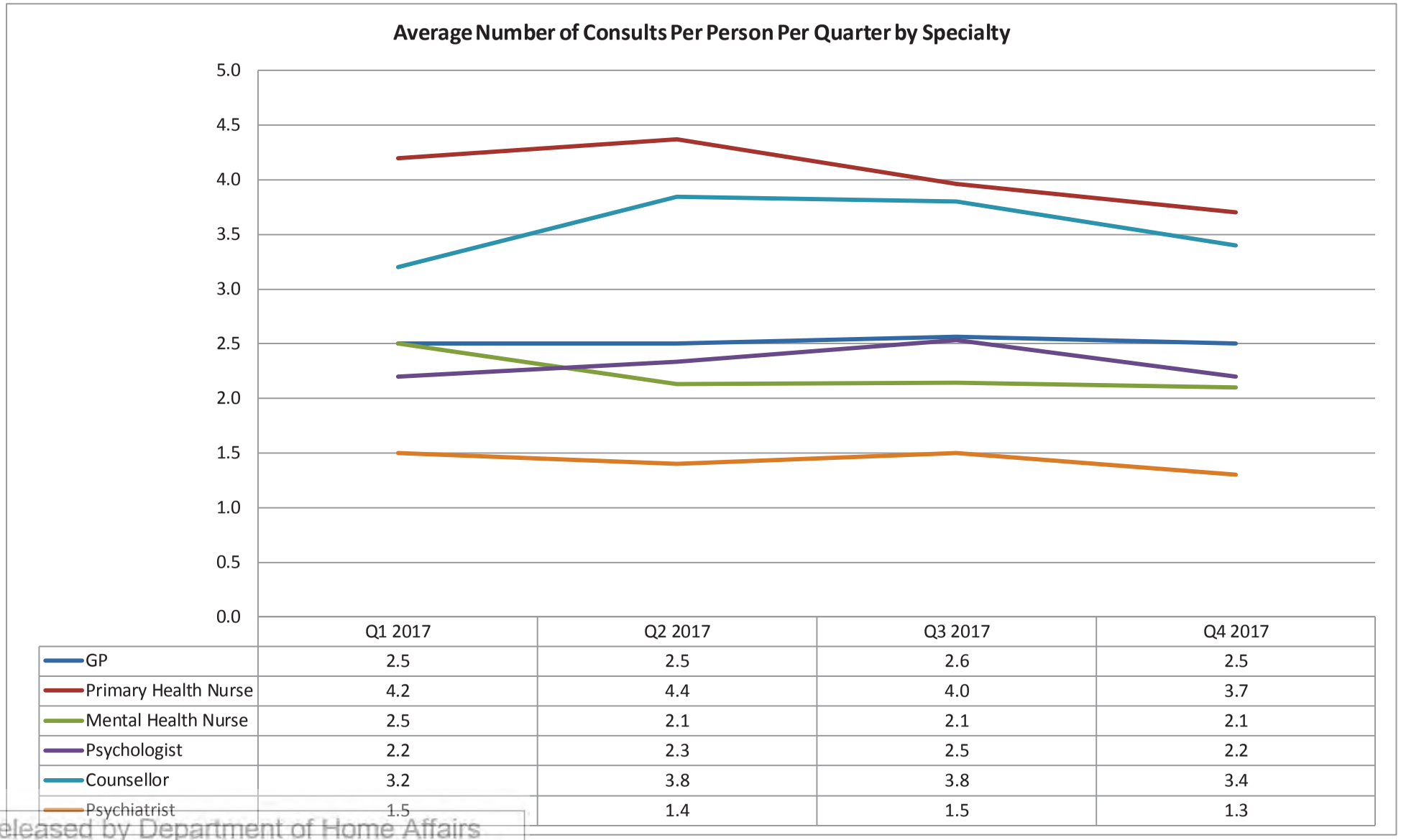
Total number of consults: *If a detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Chart 5.2a Consultation trend by Primary Health Care



	Q1 2017	Q2 2017	Q3 2017	Q4 2017
GP	50%	50%	47%	45%
Primary Health Nurse	82%	84%	78%	85%
Mental Health Nurse	32%	30%	33%	30%
Psychologist	8%	5%	6%	5%
Counsellor	13%	11%	14%	11%
Psychiatrist	9%	9%	8%	8%

Chart 5.2b Trend of Average Number of Consults per Person



	Q1 2017	Q2 2017	Q3 2017	Q4 2017
GP	2.5	2.5	2.6	2.5
Primary Health Nurse	4.2	4.4	4.0	3.7
Mental Health Nurse	2.5	2.1	2.1	2.1
Psychologist	2.2	2.3	2.5	2.2
Counsellor	3.2	3.8	3.8	3.4
Psychiatrist	1.5	1.4	1.5	1.3

During Q4 there were 16,699 total IHMS clinician consultations which is a slight decrease from Q3's total of 16,962 which represents very little change.

Primary Health Nurse Consultations again made up the largest number of overall consultations (9,593 for Q4 compared to 8,993 for Q3).

Total number of detainees seen by a GP remained stagnant in Q4 (1.373 in Q4 to 1,376 in Q3).

Table 5.2.1b Consultations with Primary Health Care

Primary Health Consultation per Specialty by Age Group by total population Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017										
IHMS Primary Health Specialty	**0-4 years**	**% (0-4 years)**	**5-17 years**	**% (5-17)**	**18-64 years**	**% (18-64)**	**65+ years**	**% (65+ years)**	**Total**	**% (Total)**
GP	**0**	N/A	3	43%	1,341	45%	29	76%	1,373	45%
Primary Health Nurse	1	100%	5	71%	2,549	85%	34	89%	2,589	85%
Mental Health Nurse	0	N/A	3	43%	886	29%	17	45%	906	30%
Psychologist	0	N/A	0	N/A	154	5%	1	3%	155	5%
Counsellor	0	N/A	1	14%	329	11%	7	18%	337	11%
Psychiatrist	0	N/A	1	N/A	221	7%	6	16%	228	7%

5.3. Pathology Referrals

Table 5.3 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017				
Pathology Type	**Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	681	681	291
Hep C	512	144	656	582
Hep B	487	115	738	570
HIV (BBv)	487	83	570	560
VDRL (Syphilis)	485	86	571	559
Full Blood Count (FBC)	0	317	317	269
INR	0	74	74	55
Mid Stream Urine Micro & Culture	0	131	131	107
Fasting Triglycerides	0	149	149	145
Alpha Fetoprotein	0	56	56	56
Total number of unique persons that had a Pathology Referral	**809**	**As % of total IDF population during quarter**	**26.46%**	

Pathology referrals have again decreased slightly this quarter (26% of the population in Q4 compared to 29% in Q3).

5.4. Allied Health Referrals

Table 5.4 Allied Health Referrals

Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017					
Allied Health Referral Type	**Onsite Referrals**	**Offsite Referrals**	**Total Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons with referral**
Dental	415	341	756	360	68%
Physiotherapy	448	314	762	139	26%
Audiology	0	9	9	7	1%
Optometry	99	15	114	101	19%
Podiatry	0	107	107	42	8%
Diabetes Educator	0	9	9	4	1%
Nutritionist	0	3	3	2	0%
Total	**962**	**798**	**1760**		
Total number of unique persons to have an Allied Health referral	**531**	**% of total IDF population during Q4**	**17%**		

The total number of referrals for allied health services has remained stagnant compared to Q3. Physiotherapy referrals have increased this quarter and overtaken dental referrals making it the most referred to service during Q4. Physiotherapy remains an important adjunct treatment modality in these cases reducing the need for medication therapy. Dental referral totals have decreased overall compared to Q3, again, this could potentially be higher throughput leading to detainees spending less time in facilities to allow for visiting dental services to assess.

5.5. Radiology Referrals

Table 5.5 Radiology Referrals

Radiology referrals					
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017					
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	349	58.17%	264	65.51%	1. Chest 2. Knee (L) 3. OPG 4. Spine – Lumbo-sacral 5. Knee (R)
Ultrasound	160	26.67%	125	31.0%	1. Abdomen 2. Other 3. Shoulder 4. Upper Abdomen 5. Leg (L) Doppler
CT Scan	64	10.67%	54	13.40%	1. Abdomen 2. Chest 3. Brain 4. Spine - Lumbar 5. Renal
MRI	25	4.17%	23	5.71%	1. Brain 2. Knee 3. Periphery 4. Head 5. Cervical Spine
Nuclear Medicine	1	0.17%	1	0.25%	1. Thyroid
Mammography	1	0.17%	1	0.25%	1. Plain Bilateral
Bone densitometry	0	0%	0	0%	
Total	**600**				
Total number of unique persons to have a Radiology test	**403**	**As % of total IDF population during quarter**		**13.18%**	

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

The total number of radiology referrals and the total number of unique persons to have a radiology test has increased from 369 in Q3 to 403 this quarter. Chest X-rays, ultrasounds and CT scans remain as the most commonly referred tests. Chest X-rays remain the leading type of radiological investigation within immigration detention with an increase in volumes between Q3 and Q4. This is in addition to the standard chest X-ray done for screening purposes when entering detention. Whilst there has been a slight overall decrease in the number of CT scan and ultrasound investigations ordered, due to the increased medical complexity amongst the detainee population, and the prevalence of hepatitis, these radiological investigations will continue to be widely accessed.

5.6. Specialist Referrals

Table 5.6 Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Emergency Department	25	25	0.8%
Orthopaedics	23	20	0.7%
Gastroenterology	17	17	0.6%
Otorhinolaryngology	12	12	0.4%
Respiratory and sleep medicine	12	11	0.4%
Cardiology	11	11	0.4%
General Surgery	10	10	0.3%
Neurology	10	10	0.3%
Endocrinology	6	6	0.2%
Neurosurgery	6	5	0.2%
Addiction medicine	4	4	0.1%
Oral and Maxillofacial surgery	4	4	0.1%
Plastic, reconstruction and aesthetic surgery	4	4	0.1%
Haematology	3	3	0.1%
Ophthalmology	3	3	0.1%
Psychiatry	3	3	0.1%
Urology	3	3	0.1%
Dermatology	2	2	0.1%
Infectious diseases	2	2	0.1%
Gynaecology and obstetrics	1	1	0.0%
TOTAL	**161**		
Total number of unique persons to have a specialist referral	**137**	**% of total IDF population during Q4**	**4.5%**

Emergency medicine referrals remained the most prevalent this quarter followed by orthopaedic and gastroenterology. Orthopaedic referrals rose from fifth most prevalent in Q3 to second. Overall the amount of referrals dropped this quarter, 137 unique persons in Q4 compared to 152 persons in Q3.
Compared to Q3, cardiology referrals no longer feature within the top five reasons for referral, whereas gastroenterology and orthopaedics remain within this group.

Psychiatry specialist referrals in this table refer to sub-specialist psychiatrists such as forensic specialists that could not be met within the existing visiting psychiatric service, where these were specifically required.

Chart 5.6a Specialist referrals trend

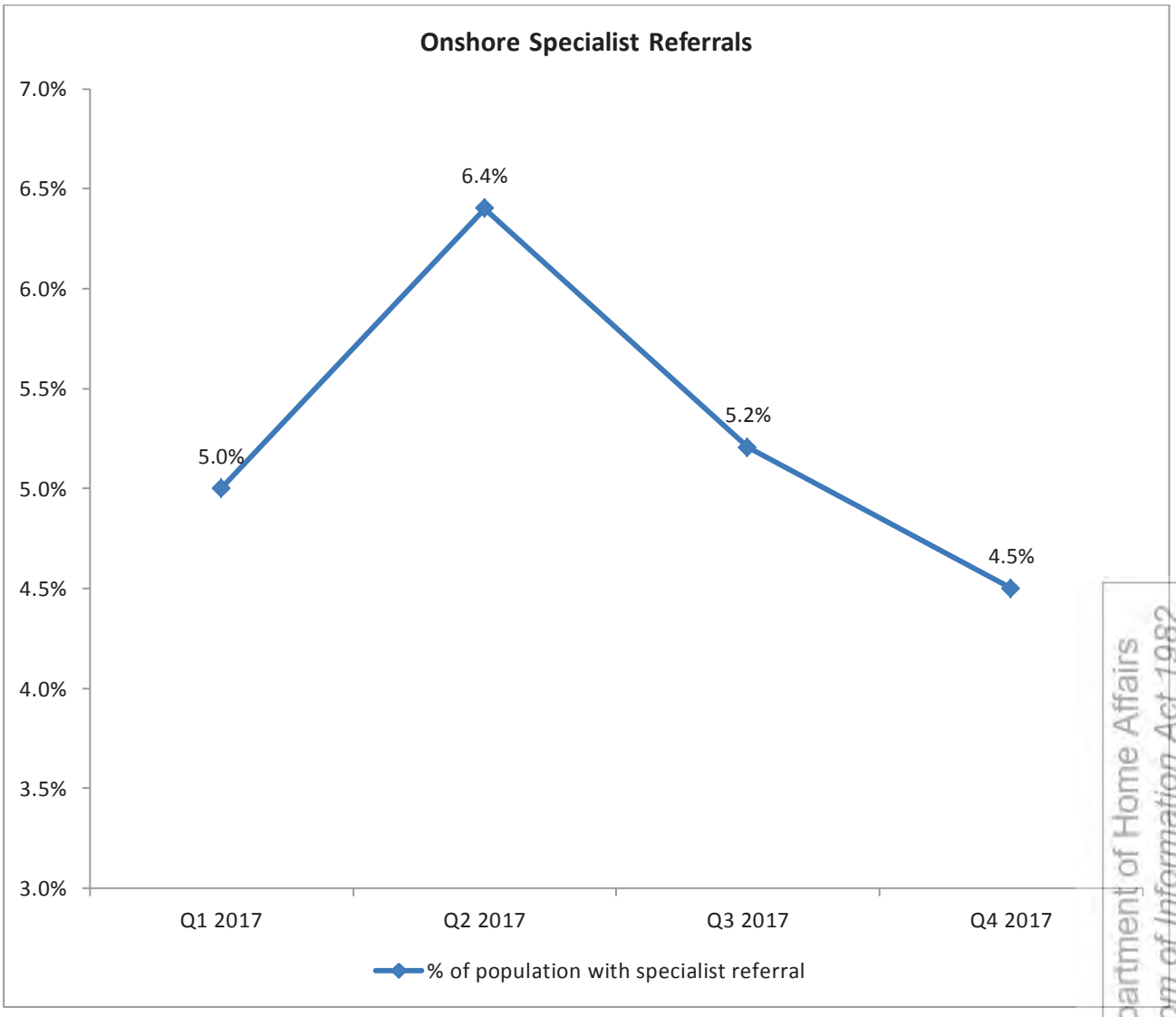
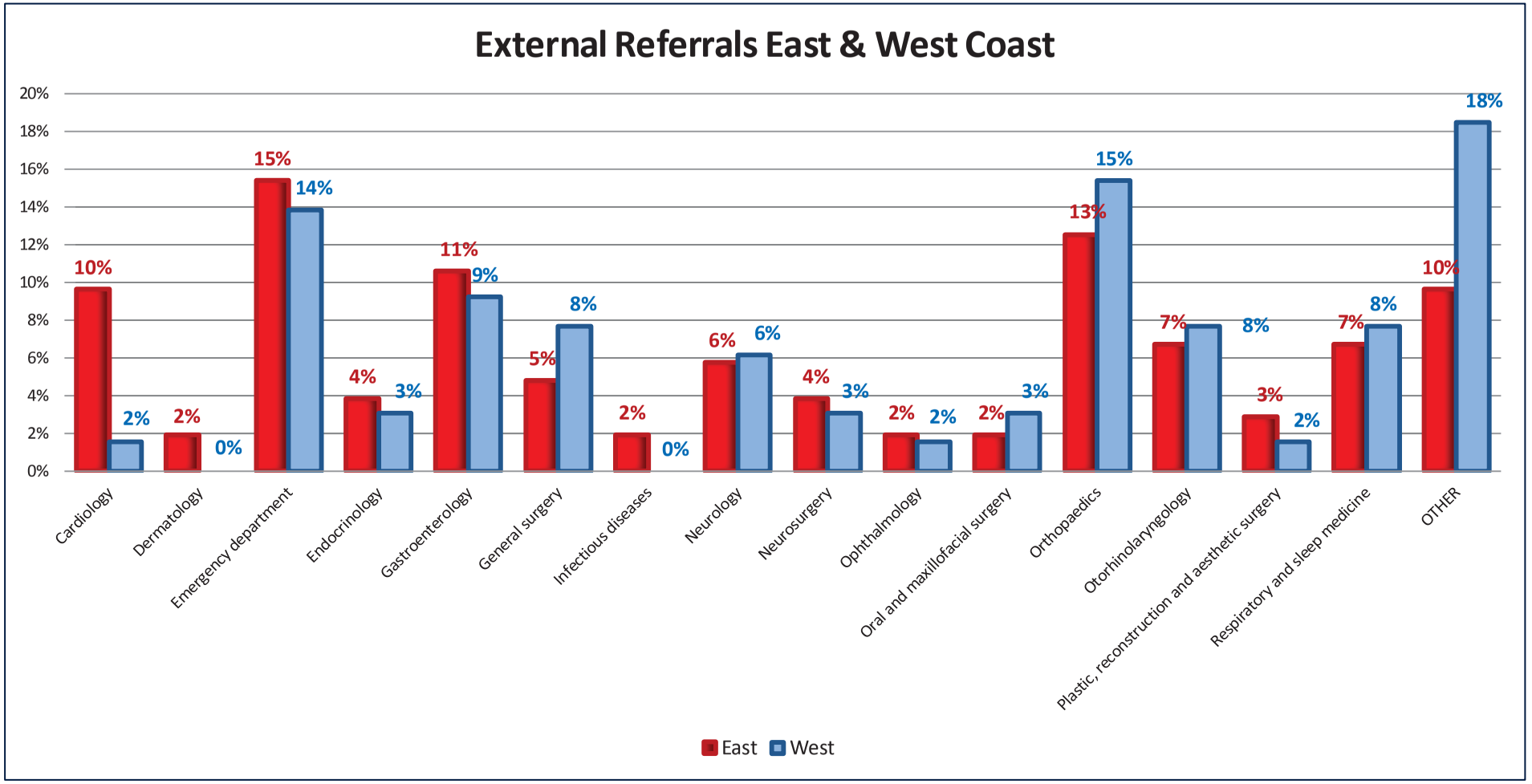


Chart 5.6b Specialist referrals trends East vs West Coast



Comparison of referral patterns between East and West coast based facilities demonstrates both differences and similarities between the two geographical areas. Differences were noted in the number of cardiology, dermatology and infectious disease appointments that were sought. Overall, the specialties most with the highest levels of referral include emergency, orthopaedics, otorhinolaryngology and gastroenterology. The category "Other" encompasses a diverse range of subspecialty services. It appears the referral level to "other" is higher in the West, however, it would be difficult to deduce the cause of this apparent difference.

5.7. Presentations to hospital Emergency Department (including admissions)

Table 5.7 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	4	4
NSW	66	52
NT	0	0
QLD	2	1
SA	2	2
VIC	21	16
WA	26	18
Total	**121**	**93**
Total number of unique persons that were hospitalised	**92**	**3.01%**

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

The total number of unique persons hospitalised in Q3 was 99, with approx. 3.5% of the population referred. There was a slight drop in hospital admissions this quarter compared to the previous two quarters.

5.8. GP and Psychiatrist Presentations by Health Groupings

Table 5.8a Reasons for Presentations to GP and Psychiatrist

Health Groupings	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	1811	1,413	582	19.0%
Musculoskeletal	1076	771	394	12.9%
Skin	635	456	282	9.2%
Digestive	603	482	295	9.6%
General Unspecified	484	382	268	8.8%
Endocrine / Metabolic & Nutritional	380	262	183	6.0%
Respiratory	338	279	170	5.6%
Neurological	270	205	150	4.9%
Cardiovascular	262	175	130	4.3%
Injury	162	133	90	2.9%
Ear	147	105	57	1.9%
Eye	127	105	75	2.5%
Urological	108	82	50	1.6%
Genital	84	65	50	1.6%
Social	34	31	27	0.9%
Blood / Blood forming organs	27	21	20	0.7%
Pregnancy / Childbearing / Family Planning	5	4	4	0.1%
Total	**6,553**	**4,971**		

Table 5.8b Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping										
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017										
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%	1	14.3%	571	19.0%	10	26.3%	582	19.0%
Musculoskeletal	0	0.0%	1	14.3%	382	12.7%	11	28.9%	394	12.9%
Skin	0	0.0%	0	0.0%	276	9.2%	6	15.8%	282	9.2%
Digestive	0	0.0%	0	0.0%	288	9.6%	7	18.4%	295	9.6%
General Unspecified	0	0.0%	0	0.0%	263	8.7%	5	13.2%	268	8.8%
Endocrine / Metabolic & Nutritional	0	0.0%	0	0.0%	178	5.9%	5	13.2%	183	6.0%
Respiratory	0	0.0%	0	0.0%	166	5.5%	4	10.5%	170	5.6%
Neurological	0	0.0%	0	0.0%	146	4.8%	4	10.5%	150	4.9%
Cardiovascular	0	0.0%	0	0.0%	123	4.1%	7	18.4%	130	4.3%
Injury	0	0.0%	0	0.0%	88	2.9%	2	5.3%	90	2.9%
Ear	0	0.0%	0	0.0%	53	1.8%	4	10.5%	57	1.9%
Eye	0	0.0%	0	0.0%	71	2.4%	4	10.5%	75	2.5%
Urological	0	0.0%	0	0.0%	46	1.5%	4	10.5%	50	1.6%
Genital	0	0.0%	0	0.0%	50	1.7%	0	0.0%	50	1.6%
Social	0	0.0%	0	0.0%	27	0.9%	0	0.0%	27	0.9%
Blood / Blood forming organs	0	0.0%	0	0.0%	20	0.7%	0	0.0%	20	0.7%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	4	0.1%	0	0.0%	4	0.1%

The top four most common presentations are in keeping with the previous quarter including psychological and musculoskeletal remaining the most common presenting complaints. Again, when interpreting this table it is important to note that each grouping represents a wide range of symptoms, events and diagnoses listed within the SNOMED classification system. As an illustrative example of this, cases captured under the “psychological” grouping for example range from recognised psychiatric diagnoses, to psychologically related consults as such smoking cessation activities.

5.9. Primary Health Care Chronic Diseases

Table 5.9a Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017					
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017					
Chronic Disease *(Categories taken from the Australian institute of Health and Welfare)*	Adult	Age group by % (Adult)	Minor	Age group by % (Minor)	Grand Total
Cardiovascular	53	1.7%	0	0.0%	53
Depression	35	1.1%	0	0.0%	35
Schizophrenia	32	1.0%	0	0.0%	32
Asthma	43	1.4%	0	0.0%	43
Diabetes	34	1.1%	0	0.0%	34
Obesity	42	1.4%	0	0.0%	42
Arthritis	26	0.9%	0	0.0%	26
Oral disease	17	0.6%	0	0.0%	17
Chronic Liver Disease	12	0.4%	0	0.0%	12
COPD	6	0.2%	0	0.0%	6
Bipolar Disorder	14	0.5%	0	0.0%	14
Thyroid disease	8	0.3%	0	0.0%	8
Epilepsy	6	0.2%	0	0.0%	6
Cancer	0	0.0%	0	0.0%	0
Chronic kidney disease	1	0.0%	0	0.0%	1
Dementia	1	0.0%	0	0.0%	1
Inflammatory bowel disease	2	0.1%	0	0.0%	2
Osteoporosis	1	0.0%	0	0.0%	1
Adrenal Disease	1	0.0%	0	0.0%	1

Table 5.9b Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017								
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	0.0%	49	1.6%	4	10.5%
Depression	0	0.0%	0	0.0%	34	1.1%	1	2.6%
Schizophrenia	0	0.0%	0	0.0%	32	1.1%	0	0.0%
Asthma	0	0.0%	0	0.0%	43	1.4%	0	0.0%
Diabetes	0	0.0%	0	0.0%	33	1.1%	1	2.6%
Obesity	0	0.0%	0	0.0%	41	1.4%	1	2.6%
Arthritis	0	0.0%	0	0.0%	24	0.8%	2	5.3%
Oral disease	0	0.0%	0	0.0%	17	0.6%	0	0.0%
Chronic Liver Disease	0	0.0%	0	0.0%	12	0.4%	0	0.0%
COPD	0	0.0%	0	0.0%	5	0.2%	1	2.6%
Bipolar Disorder	0	0.0%	0	0.0%	13	0.4%	1	2.6%
Thyroid disease	0	0.0%	0	0.0%	8	0.3%	0	0.0%
Epilepsy	0	0.0%	0	0.0%	6	0.2%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Chronic kidney disease	0	0.0%	0	0.0%	0	0.0%	1	2.6%
Dementia	0	0.0%	0	0.0%	1	0.0%	0	0.0%
Inflammatory bowel disease	0	0.0%	0	0.0%	2	0.1%	0	0.0%
Osteoporosis	0	0.0%	0	0.0%	0	0.0%	1	2.6%
Adrenal Disease	0	0.0%	0	0.0%	1	0.0%	0	0.0%

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

Cardiovascular disease, schizophrenia, depression, asthma and diabetes are the most common chronic disease groupings encountered this quarter. With the cardiovascular disease totals static with Q3. The diagnosis of schizophrenia has dropped this quarter to 1% of the detainee population compared to 1.8% last quarter. Mental health issues still feature prominently in the top chronic disease diagnosis codes. There have been minor fluctuations in the percentages of each disease code seen, however the overall rates are very similar to Q3.

The rates of chronic disease such as diabetes and CVD show an increase with age. This is not surprising given the rates of cardiovascular disease and other associated risk factors such as obesity and diabetes increase with age.

Again it is important to note that due to the methodology of the data collection, the number of consults represents the number of explicit presentations for chronic disease for the quarter and is not be a true reflection of the prevalence of the disease within the detainee population i.e. a chronic diagnosis was not recorded as such if the reason for presentation was a common illness.

Medications and immunisations

6. Medications

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 at roughly half of the population, as per the following:

- Q1 2017 (January – March) 54%
- Q2 2017 (April – June) 48%
- Q3 2017 (July – September) 52%
- Q4 2017 (October – December) 47%

IHMS continues to give detainees the opportunity to self-administer medications at certain locations where it is practical and safe to do so. Exceptions remain at high security centres such as Maribyrnong. Detainees who fit the criteria for self-administration of medication are given a weekly blister pack. The literature on this topic suggests that self-administration of medications leads to improved medication compliance rates and also an important component of self-agency and taking responsibility and control of one's health. Where self-administration of medication is not safe or practical, IHMS conducts medication rounds in the clinic. IHMS also continued to manage the onsite administration of opiate substitution programs at all of its locations except Christmas Island, but focussed primarily at Maribyrnong and Villawood, with smaller numbers at Yongah Hill.

6.1. Medication prescriptions by MIMS Class in IDFs (Top 20)

Table 6.1 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class Q4 Oct – Dec 2017						
Medications	**Adult**	**Adult %**	**Minor**	**Minor %**	**Total**	**Total %**
Simple analgesics and antipyretics	791	26%	5	63%	796	26%
Nonsteroidal anti-inflammatory agents	600	20%	2	25%	602	20%
Combination simple analgesics	328	11%	1	13%	329	11%
Antidepressants	293	10%	1	13%	294	10%
Antihistamines	254	8%	2	25%	256	8%
Antipsychotic agents	221	7%	1	13%	222	7%
Hyperacidity, reflux and ulcers	201	7%	1	13%	202	7%
Agents used in drug dependence	144	5%	0	0%	144	5%
Laxatives	132	4%	0	0%	132	4%
Antihypertensive agents	106	3%	0	0%	106	3%
Vaccines	105	3%	0	0%	105	3%
Expectorants, antitussives, mucolytics, decongestants	103	3%	1	13%	104	3%
Penicillins	99	3%	3	38%	102	3%
Rubefacients, topical analgesics/NSAIDs	99	3%	0	0%	99	3%
Hypolipidaemic agents	94	3%	0	0%	94	3%
Bronchodilator aerosols and inhalations	82	3%	1	13%	83	3%
Topical corticosteroids	78	3%	2	25%	80	3%
Antianxiety agents	74	2%	0	0%	74	2%
Sedatives, hypnotics	74	2%	0	0%	74	2%
Anticonvulsants	66	2%	0	0%	66	2%

As indicated above, therapies utilised for the treatment of mental health conditions such as antidepressants and antipsychotics are amongst the five most common prescriptions. Simple analgesics are also some of the most commonly prescribed medications overall. Again, there was no significant change in the number of medications prescribed this quarter, which remains consistent with reports of increasingly complex patients on multiple chronic medications.

6.2. Medication Prescriptions by Schedule

Table 6.2 Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications / Verbal telephone order**
S2	283	1	880
S3	337	6	20
S4	2,014	110	572
S8	68	0	0
Unscheduled	657	3	259
Grand Total	**3,359**	**120**	**1,731**

There was a drop in GP prescriptions this quarter, 3,359 compared to 3,753 in Q3. Schedule Four medications again make up the bulk of those medications prescribed. Nurse initiated medications decreased from 2098 in Q3 to 1731 overall in Q4. There was approximately 5% drop in the number of analgesic prescriptions in Q4 compared to Q3, the reason for this is unclear. There was also a notable drop in the number of mucolytics, decongestants and cough syrups most likely to the change in seasons. Medication used to treat drug dependence was the only group of drugs where there was an increase in prescriptions.

6.3. Scheduling basics

Table 6.3 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*

6.4. Medication Trends by Class

Table 6.4 Medication Trends by MIMS Class

Medication Trends by MIMS Class		
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017		
Medications	**Jul – Sep 2017**	**Oct – Dec 2017**
Simple analgesics and antipyretics	31%	26%
Nonsteroidal anti-inflammatory agents	23%	20%
Combination simple analgesics	12%	11%
Antidepressants	12%	10%
Antihistamines	12%	8%
Antipsychotic agents	7%	7%
Hyperacidity, reflux and ulcers	8%	7%
Agents used in drug dependence	4%	5%
Laxatives	5%	4%
Antihypertensive agents	4%	3%
Vaccines	4%	3%
Expectorants, antitussives, mucolytics, decongestants	7%	3%
Penicillins	6%	3%
Rubefacients, topical analgesics/NSAIDs	3%	3%
Hypolipidaemic agents	3%	3%
Bronchodilator aerosols and inhalations	3%	3%
Topical corticosteroids	3%	3%
Antianxiety agents	3%	2%
Sedatives, hypnotics	3%	2%
Anticonvulsants	2%	2%

Of note, the medication trends for simple analgesics and NSAIDs have shown a decrease between Q3 and Q4. Combination simple analgesics have remained relatively static, although this will likely decrease once new rules restricting access to codeine containing medications come into force in February 2018. It should be noted that

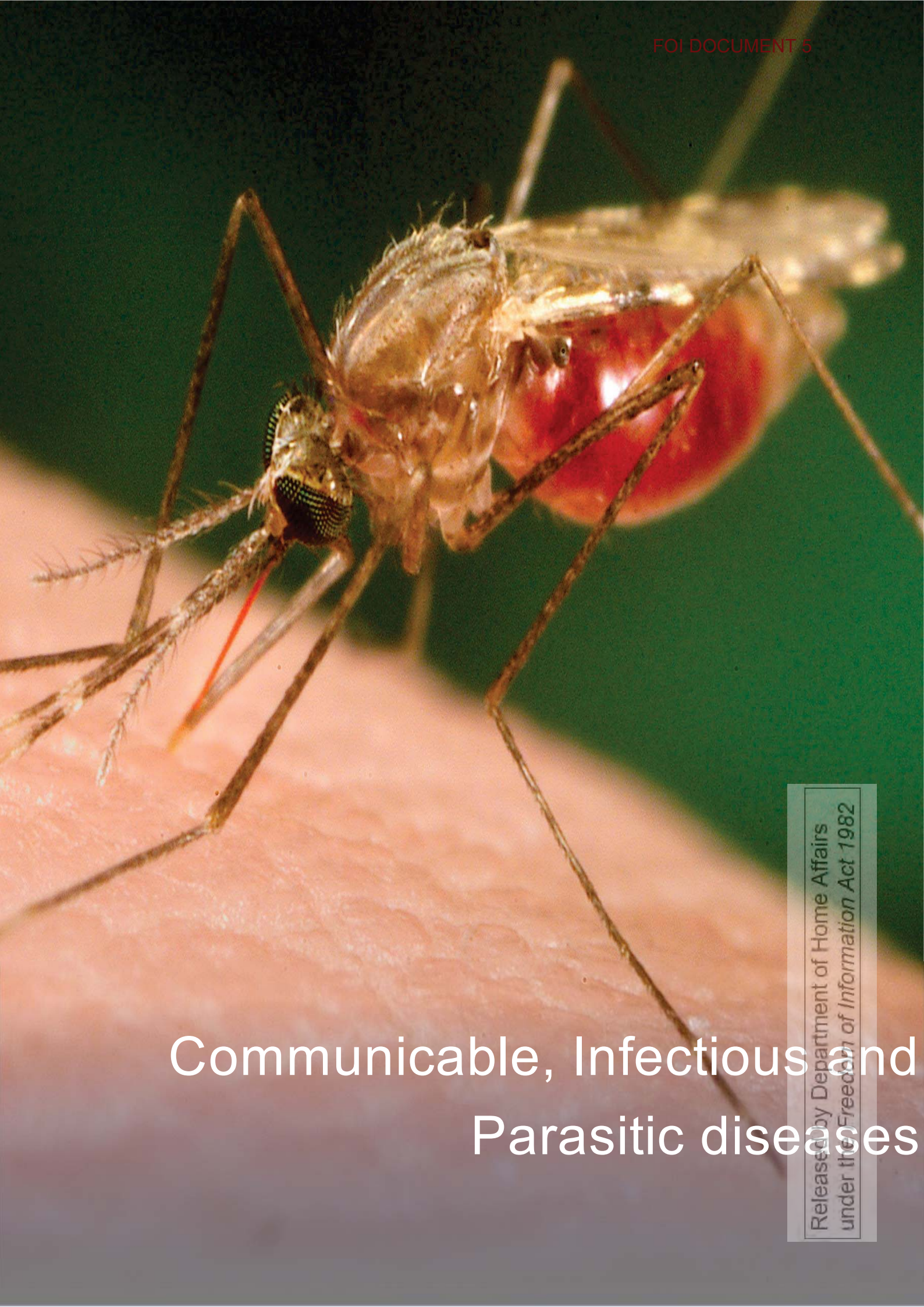
this is a percentage figure of the total number of medications prescribed, and not necessarily reflective of the total numbers of prescriptions.

7. Vaccinations Administered by Age Group

Table 7.1 Vaccinations by Age Group

Vaccinations Administered by Age Group Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017					
Vaccination type	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
VZV (Varicella - Chickenpox)	0	0	23	1	24
MMR (Measles, Mumps, Rubella)	0	0	29	0	29
MMRV (Measles, Mumps, Rubella, Varicella)	0	0	0	0	0
Hep A (Hepatitis A)	0	0	77	2	79
Hep B (Hepatitis B)	0	0	61	2	63
MenCCV (Meningococcal C)	0	0	2	0	2
Typh IM (Typhoid)	0	0	0	0	0
dT (Diptheria, Tetanus)	0	0	7	1	8
HPV (Human papillomavirus)	0	0	3	0	3
DTPa (up to 10 years) (Diphtheria, Tetanus, Acellular Pertussis)	0	0	0	0	0
Rotavirus (Rotavirus)	0	0	0	0	0
IPV (Inactivated Poliomyelitits)	0	0	26	0	26
PCV (Pneumococcal)	0	0	0	1	1
dTpa (11 years and over) (Diphtheria, Tetanus, Acellular Pertussis)	0	0	84	1	85
Jap E (Japanese Encephalitis)	0	0	0	0	0
Hib (Haemophilius Influenza type b)	0	0	0	0	0
23 PPV (Pneumococcal)	0	0	1	2	3
Total	**0**	**0**	**313**	**10**	**323**

Total vaccinations given this quarter totalled 323; this is a drop in administration compared to last quarter which totalled 438. As noted previously, IHMS continues to offer catch-up vaccinations to all those entering detention. There was a drop in the total number of vaccines given from 438 in Q3 to 323 this quarter. The nominal roll remained relatively static this quarter; however this is not reflected in the vaccination statistics. Again, this may be due to the fact that many of the detainees entering the system are from the community or corrections facilities. Their underlying vaccination coverage is relatively high compared to the previous larger asylum-seeker cohort. The IHMS program is aligned with the Australian Immunisation Schedule with a number of its primary care nurses holding the immunisation certification.



Communicable, Infectious and Parasitic diseases

8. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 4 (Oct – Dec 2017)				Total New Diagnoses Jul 2015 - Dec 2017		
Contagious (human to human, including sexually transmitted infections)	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**% of IDF population during quarter**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**
Chickenpox	0	0	0	0.00%	1	1	2
Chlamydia	0	2	2	0.07%	2	11	13
Gonorrhoea	0	0	0	0.00%	1	0	1
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	0	26	26	0.85%	6	217	223
Hepatitis C, Ab pos	1	33	34	1.11%	13	394	407
HIV	0	1	1	0.03%	0	14	14
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	1	1
Syphilis serology pos	0	7	7	0.23%	2	77	79
Tuberculosis – Active	0	1	1	0.03%	2	7	9
Typhoid	0	0	0	0.00%	0	0	0
Total	1	70	71	2.32%	27	722	749
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	0	0	0.00%	1	0	1
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	0	0	0	0.00%	1	0	1
Strongyloidiasis	0	0	0	0.00%	1	1	2
Total	**0**	**0**	**0**	**0.00%**	**3**	**1**	**4**
Grand Total	**1**	**70**	**71**	**2.32%**	**30**	**723**	**753**

The number of new Hepatitis C positive test results remained similar for both Q3 (33 cases) and Q4 (34 cases). There were 26 new Hepatitis B cases (compared to 17 the previous quarter). Hepatitis B and particularly C are known complications of intravenous drug use and the sharing of injecting equipment. This is likely due to the ex-corrections population where similar issues exist. Notably, there was only one new case of HIV.

Disabilities

9. 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. IHMS has reviewed the categorisation of disabilities this quarter and expanded the list of conditions that qualify providing there is an appropriate functional impairment.

The definition for disability came from a published document called Disability Services National Minimum Data Set (DS NMDS) from the Australian Institute of Health and Welfare (AIHW) website. Disability is defined as *'the impairment of body structures or functions, limitations in activities, or restrictions in participation chiefly responsible for the disability'* [(1).] As per the AIHW's classifications, the major disability groups used for this health data set are as follows:

1. Intellectual (including Down syndrome)
2. Specific learning/Attention Deficit Disorder (other than Intellectual)
3. Autism (including Asperger's syndrome and Pervasive Developmental Delay)
4. Physical
5. Acquired brain injury
6. Neurological (including epilepsy and Alzheimer's disease)
7. Deafblind (dual sensory)
8. Vision
9. Hearing
10. Speech
11. Psychiatric
12. Developmental delay

(1) http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548022

9.1. 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) Q4 Oct – Dec 2017					
Types of Disability	**IDCs**	**ITAs**	**IRH/APODs**	**Adult**	**Minor**
Psychiatric	19	0	0	19	0
Neurological	4	0	0	4	0
Physical	2	0	0	2	0
Intellectual	2	0	0	2	0
Hearing Impairment	0	1	0	1	0
Total	**27**	**1**	**0**	**28**	**0**
Unique Detainees with a disability	**26**				

9.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q1 2017 – Q4 2017		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
31 Dec 2017 – Q4	26	0.85%
30 Sep 2017 – Q3	43	1.47%
30 Jun 2017 – Q2	33	1.0%
31 Mar 2017 - Q1	44	2.0%

Psychiatric disabilities remain the most prevalent disabilities within the detention centre environment. There was a large drop in the number of detainees with a disability this quarter, 26 in Q4 compared to 43 in Q3. It would be premature to draw conclusions from this change. IHMS continues to have ongoing discussions with the Department with regard to the complex issue of appropriate placement and management options for clients with a disability who cannot be managed optimally within the centres.

Mental Health

10. 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, psychologists and psychiatrists.

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. Detainees may self-refer or be referred for assessment and follow-up by IHMS site staff. Additional risk management for those presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement (SME) 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.

When considering mental health issues in onshore detention, reference should also be made to information within the primary care section on this report, and in particular Sections 5.9 Chronic diseases, Section 6 Medication and Section 9 Disabilities. Epidemiological data is not readily extracted from Apollo currently, and the data which shows 1% of detainees with schizophrenia should be understood as reflecting that 1% of the population during this quarter saw a GP or psychiatrist who entered schizophrenia as the specific reason for presentation.

Detailed review of Apollo data over 2017 confirms that mental health issues presenting in onshore detention are now strongly reflective of the rates of mental illness and types of presentation found in corrections populations, a change which reflects Section 501 amendments to the Migration Act made in 2015.

10.1. Mental Health related consultations

Table 10.1a and 10.1b below shows the number of unique presentations for adults and minors to primary health professionals and mental health professionals in detention that are related to mental health. This data is derived from consultations for which the appointment category or the SNOMED code entered falls under the 'psychological' category. This category includes a wide range of non-diagnostic as well as non-diagnostic items, including 'normal' findings. A list of items falling under the SNOMED 'psychological' codes is found in Appendix A: SNOMED descriptions for Mental Health.

Table 10.1a Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
Oct – Dec 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	488	347	11.38%
Primary Health Nurse	180	106	3.48%
Primary Health Total	668		
Mental Health Consultations by Mental Health Professionals			
Counsellor	1115	336	11.02%
Mental Health Nurse	1701	852	27.93%
Psychiatrist	257	202	6.62%
Psychologist	340	155	5.08%
Mental Health Total	3,413		
TOTAL Consultations	4,081	Total unique adults	1,174

Table 10.1b Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
Oct – Dec 2017			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	0	0	0.00%
Primary Health Nurse	1	1	12.50%
Primary Health Total	1		
Mental Health Consultations by Mental Health Professionals			
Counsellor	3	1	12.50%
Mental Health Nurse	3	2	25.00%
Psychiatrist	1	1	12.50%
Psychologist	0	0	0.00%
Mental Health Total	7		
TOTAL Consultations	8	Total unique minors	2

Table 10.a and 10.b show a total of 4089 consultations were provided this quarter in onshore detention for items relating to mental health which is a decrease from Q3 total of 4931 consultations. This was provided by both mental health and primary care staff to 1176 unique individuals (adults and minors). The majority of consultations for mental health reasons were attended to by mental health professionals, with the bulk of consultations done by mental health nurses, who saw around 28% of the detention population over the three month period.

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. 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.

There continue to be a small number of minors who enter immigration detention, usually with their families, usually staying for less than 48 hours, and therefore not triggering a comprehensive mental health nurse consultation or Strengths and Difficulties Questionnaire (SDQ) which must be offered for those who stay longer than 10 days in detention.

10.2. Psychiatric Admissions

There were a total of six unique individuals admitted for inpatient mental health care from onshore immigration detention facilities in this quarter, with Western Australia contributing to 50% of the admissions.

Five of the six admissions (83%) this quarter involved involuntary admission to public hospitals this is an increase to last quarter 69%, and continues to reflect the types of presentation and risk found in those now entering detention as a result of the Section 501 amendments in 2015, which now correlates with issues prevalent in correctional settings, compared with the previous predominantly IMA cohort, for whom admissions were most commonly voluntary.

There has been a relative reduction in psychiatric admissions this quarter compared with previous quarters. Reasons for this are likely multifactorial and may include variables such as the identified reduction in numbers of people with schizophrenia seen this quarter, reduction in overall numbers in detention, length of stay, or external variables such as unquantified changes in the prevalence of mental illness in those entering detention. An overall reduction since Q2 2017 in the overall percentage of people with presentations to emergency department (including hospital admissions) has also been noted in table 5.7. The largest change relative to Q3 is in admissions in Queensland, which reflects changes in the numbers of the Regional Processing Centre cohort remaining at or transitioning through BITA.

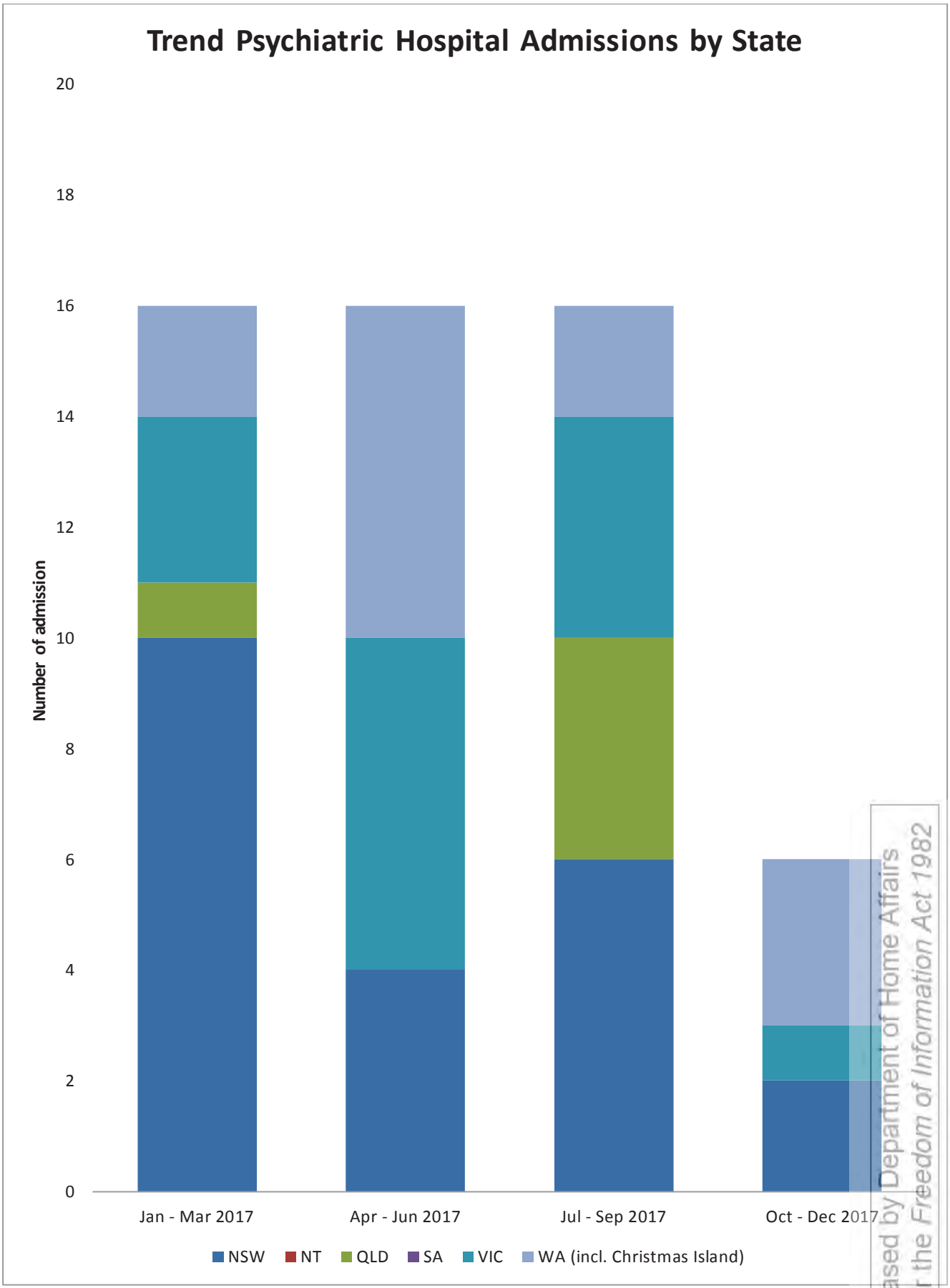
10.2a Trend: Psychiatric Admissions

Psychiatric Admissions				
Mainland and Christmas Island (IDFs only) Q1 2017 – Q4 2017				
State/Territory	Jan - Mar 2017	Apr – Jun 2017	Jul – Sep 2017	Oct – Dec 2017
NSW	10	4	6	2
NT	0	0	0	0
QLD	1	0	4	0
SA	0	0	0	0
VIC	3	6	4	1
WA (incl. Christmas Island)	2	6	2	3
Total	16	16	16	6

10.2b Psychiatric Admissions by Age Grouping

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017			
State/Territory	Total	Adult	Minor
NSW	2	2	0
NT	0	0	0
QLD	0	0	0
SA	0	0	0
VIC	1	1	0
WA (incl. Christmas Island)	3	3	0
Total	6	6	0

Chart 10.2 Psychiatric Hospital Admissions



10.3.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).

10.4.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)

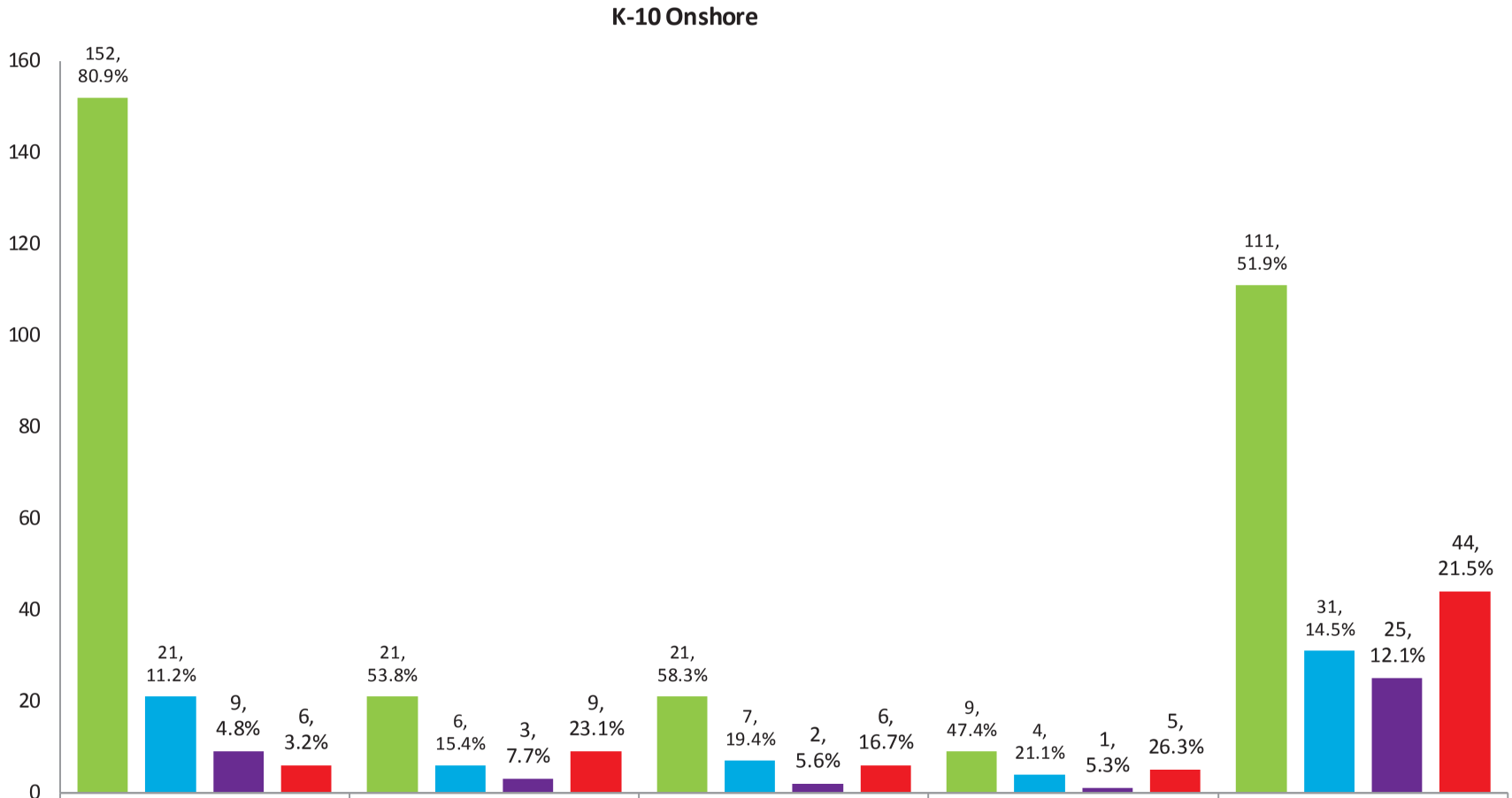
As shown in table 10.4 there were 493 screenings for adults completed in this quarter using the K10. It should be noted when interpreting this data that for those in detention for more than 18 months the screening interval changes from 6 monthly to three monthly, and also that the screening rate cannot 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 total percentage reporting severe distress is at 14.2% which is higher than last quarter of 11.6%, with the highest scores on the K-10 reported in the group in detention between 13-18 months

Table 10.4 Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017										
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	188	14.76	152	80.9%	21	11.2%	9	4.8%	6	3.2%
4-6 months	39	21.38	21	53.8%	6	15.4%	3	7.7%	9	23.1%
7-12 months	36	20.89	21	58.3%	7	19.4%	2	5.6%	6	16.7%
13-18 months	19	23.79	9	47.4%	4	21.1%	1	5.3%	5	26.3%
19+ months	211	21.45	111	52.6%	31	14.7%	25	11.8%	44	20.9%
Total	**493**	**18.94**	**314**	**63.7%**	**69**	**14.0%**	**40**	**8.1%**	**70**	**14.2%**

Chart 10.4 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	152	21	21	9	111
Mild (20-24)	21	6	7	4	31
Moderate (25-29)	9	3	2	1	25
Severe (30-50)	6	9	6	5	44

10.5. 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 five scales:

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

Table 10.5 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=2)	N/A	N/A	N/A

No SDQ screenings were conducted onshore this quarter.

10.6. Torture & Trauma (T&T)

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) are asked as a component of the health induction process and also later as part of the comprehensive mental health assessment. T&T 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, referrals to specialist T&T counselling services are offered to 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 a Regional Processing Centre, in accordance with Departmental policy.

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.

There were 57 Detainees who made new disclosures of T&T during this quarter.

Table 10.6 New Torture &Trauma Disclosures

New Torture and Trauma Disclosures					
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017					
Facility T&T First disclosed	Number of Detainees in IDFs who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Adelaide ITA	0	0	0	0	0
Brisbane ITA	12	0	0	12	0
Christmas Island	0	0	0	0	0
Maribyrnong IDC	6	0	0	6	0
Melbourne ITA	5	0	1	4	0
Perth IDC/IRH	1	0	0	1	0
Villawood IDC	24	0	0	24	0
Yongah Hill IDC	9	0	0	9	0
Total	**57**	**0**	**1**	**56**	**0**
% total IDF population during Q4	**1.9%**	**0.0%**	**14.3%**	**1.9%**	**0.0%**

10.7. 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 reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences High SME and then is downgraded to Moderate SME and later to Ongoing SME that will be counted three times, once under each column. Where three individuals were each commenced on different levels of SME which was then discontinued rather than being downgraded, this will also show up as three events. Figures provided below 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 10.7 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q4 Oct – Dec 2017			
	Ongoing	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	3	3	1
Christmas Island	4	2	2
Maribyrnong IDC	13	12	8
Melbourne ITA	1	1	2
Perth	1	1	1
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	7	19	23
Yongah Hill IDC	5	3	4
Total	116		
Total number of unique individuals on SME	67	% of IDF population on SME	2.2%

Appendix A: SNOMED descriptions for Mental Health

SNOMED Descriptions for Mental Health
Able to sleep (finding)
Abnormal grief reaction to life event (finding)
Abuse of steroids (disorder)
Acute hysterical psychosis (disorder)
Acute situational disturbance (disorder)
Acute stress disorder (disorder)
Adjustment disorder (disorder)
Adjustment disorder with anxious mood (disorder)
Adjustment disorder with depressed mood (disorder)
Aggressive behavior (finding)
Aggressive biting (finding)
Agoraphobia (disorder)
Alcohol abuse (disorder)
Alcohol dependence (disorder)
Alexithymia (finding)
Alzheimer's disease (disorder)
Amnesia (finding)
Amphetamine abuse (disorder)
Anhedonia (finding)
Antisocial personality disorder (disorder)
Anxiety (finding)
Anxiety and fear (finding)
Anxiety attack (finding)
Anxiety disorder (disorder)
Anxiety disorder of childhood OR adolescence (disorder)
Anxiety neurosis (finding)
Anxiety state (finding)
Argumentative behavior (finding)
Asperger's disorder (disorder)
At risk for deficient parenting (finding)
At risk for deliberate self harm (finding)
At risk for psychosocial dysfunction (finding)
At risk for suicide (finding)
At risk of harming others (finding)
Attention deficit hyperactivity disorder (disorder)
Attention seeking behavior (finding)
Atypical psychosis (disorder)
Auditory hallucinations (finding)
Autistic disorder (disorder)
Autistic disorder of childhood onset (disorder)
Avoidance behavior (finding)
Behavior problem of childhood and adolescence

SNOMED Descriptions for Mental Health
(finding)
Behavioral and emotional disorder with onset in childhood (disorder)
Behavioral problems at school (finding)
Bipolar affective disorder, current episode manic (disorder)
Bipolar affective disorder, currently depressed, mild (disorder)
Bipolar affective disorder, currently manic, severe, with psychosis (disorder)
Bipolar disorder (disorder)
Bipolar disorder in remission (disorder)
Bipolar I disorder (disorder)
Borderline personality disorder (disorder)
Boredom (finding)
Brief reactive psychosis (disorder)
Cannabis abuse (disorder)
Cannot sleep at all (finding)
Child at risk (finding)
Child attention deficit disorder (disorder)
Childhood emotional disorder (disorder)
Childhood or adolescent disorder of social functioning (disorder)
Childhood or adolescent identity disorder (disorder)
Chronic psychogenic pain (disorder)
Chronic schizophrenia (disorder)
Chronic stress disorder (disorder)
Cigarette smoker (finding)
Claustrophobia (finding)
Cluster A personality disorder (disorder)
Cluster B personality disorder (disorder)
Cluster C personality disorder (disorder)
Communication disorder (disorder)
Complaining of feeling depressed (finding)
Complaining of tearfulness (finding)
Complex posttraumatic stress disorder (disorder)
Compulsive gambling (disorder)
Compulsive personality disorder (disorder)
Conduct disorder (disorder)
Culture shock (disorder)
Delayed articulatory and language development (finding)
Delayed milestone (finding)
Delirious (finding)
Delirium (disorder)

SNOMED Descriptions for Mental Health
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)
Dependent personality disorder (disorder)
Depressive disorder (disorder)
Developmental academic disorder (disorder)
Developmental delay (disorder)
Developmental mental disorder (disorder)
Difficulty controlling anger (finding)
Difficulty coping (finding)
Difficulty sleeping (finding)
Disorder of form of thought (finding)
Disorientation as to people, time and place (finding)
Disruptive behavior (finding)
Dissociative convulsions (disorder)
Dissociative disorder (disorder)
Dominating behavior (finding)
Drug abuse (disorder)
Drug dependence (disorder)
Drug seeking behavior (finding)
Drug withdrawal (disorder)
Drug-induced psychosis (disorder)
Dysphoric mood (finding)
Dysthymia (disorder)
Eating disorder (disorder)
Emotional problems (finding)
Emotional stress (finding)
Emotional upset (finding)
Encopresis (finding)
Endogenous depression (disorder)
Enmeshed attachment (finding)
Euthymic mood (finding)
Expression of emotions (observable entity)
Facial tic disorder (disorder)
Failed attempt to stop smoking (finding)
Fear (finding)
Fear associated with illness and body function (finding)
Fear of flying (finding)
Fear of going crazy (finding)
Feeling abandoned (finding)
Feeling agitated (finding)
Feeling angry (finding)
Feeling ashamed (finding)

SNOMED Descriptions for Mental Health
Feeling frustrated (finding)
Feeling guilt (finding)
Feeling hopeless (finding)
Feeling irritable (finding)
Feeling nervous (finding)
Feeling powerless (finding)
Feeling suicidal (finding)
Feeling tense (finding)
Feeling trapped (finding)
Feeling unhappy (finding)
Finding relating to grieving and mourning (finding)
Forgetful (finding)
Formication (finding)
Frontal lobe syndrome (disorder)
Gender reassignment patient (finding)
Generalized anxiety disorder (disorder)
Gilles de la Tourette's syndrome (disorder)
Global developmental delay (disorder)
Globus hystericus (finding)
Grief finding (finding)
Hallucinations (finding)
Health seeking behavior (finding)
Hebephrenic schizophrenia in remission (disorder)
Heroin dependence (disorder)
History of drug abuse (situation)
History of violent behavior toward others (situation)
Histrionic behavior (finding)
Histrionic personality disorder (disorder)
Homosexual (finding)
Hyperactive behavior (finding)
Hypersomnia (disorder)
Hypervigilant behavior (finding)
Hypochondriasis (disorder)
Hypomania (disorder)
Immature personality (finding)
Impaired cognition (finding)
Impulse control disorder (disorder)
Inability to cope (finding)
Inappropriate behavior (finding)
Inappropriate shouting (finding)
Increased libido (finding)
Ineffective family coping (finding)
Insecurity (finding)
Insomnia (disorder)

SNOMED Descriptions for Mental Health
Intellectual functioning disability (finding)
Intelligence quotient low (finding)
Intentional poisoning (disorder)
Intermittent explosive disorder (disorder)
Intrusive thoughts (finding)
Korsakoff's psychosis (disorder)
Lack of libido (finding)
Learning difficulties (finding)
Lithium level low (finding)
Localized dissociative amnesia (disorder)
Loss of appetite (finding)
Loss of hope for the future (finding)
Low self-esteem (finding)
Major depression in remission (disorder)
Major depression, melancholic type (disorder)
Major depressive disorder (disorder)
Maladaptive behavior (finding)
Mania (disorder)
Manic bipolar I disorder (disorder)
Masturbation (finding)
Memory impairment (finding)
Mental distress (finding)
mental health problem (finding)
Mental retardation (disorder)
Misuses drugs (finding)
Mixed anxiety and depressive disorder (disorder)
Mixed bipolar affective disorder (disorder)
Mood stable (finding)
Mood swings (finding)
Moody (finding)
Multiple somatic complaints (finding)
Munchausen's syndrome (disorder)
Nail biting (finding)
Narcissistic personality disorder (disorder)
Neglectful parenting (finding)
Nicotine dependence (disorder)
Nicotine withdrawal (disorder)
Nightmares (finding)
Nightmares associated with chronic post-traumatic stress disorder (disorder)
No evidence of mental illness (situation)
No suicidal thoughts (situation)
No thoughts of deliberate self harm (situation)
Nocturnal enuresis (finding)

SNOMED Descriptions for Mental Health
Non-organic nocturnal enuresis (finding)
Obsessional neurosis (disorder)
Obsessive behavior (finding)
Obsessive-compulsive disorder (disorder)
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)
Psychomotor agitation (finding)
Psychophysiologic disorder (finding)

SNOMED Descriptions for Mental Health
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)
Ran away, life event (finding)
Reactive attachment disorder (disorder)
Reactive depressive psychosis (disorder)
Ready to stop smoking (finding)
Rebellious character (finding)
Recurrent depression (disorder)
Recurrent major depression in partial remission (disorder)
Reduced concentration (finding)
Reduced libido (finding)
Restlessness (finding)
Restlessness and agitation (finding)
Rumination - thoughts (finding)
Schizoaffective disorder (disorder)
Schizophrenia (disorder)
Schizophrenia in remission (disorder)
Schizophrenic disorders (disorder)
Schizophreniform disorder (disorder)
Sedated (finding)
Self-harm (finding)
Self-injurious behavior (finding)
Self-mutilation (finding)
Separation anxiety (disorder)
Separation anxiety disorder of childhood (disorder)
Severe anxiety (panic) (finding)
Severe major depression (disorder)
Severe major depression with psychotic features (disorder)
Sexual frustration (finding)
Sexualized behavior (finding)
Sibling jealousy (disorder)
Sleep deprivation (finding)
Sleep disorder (disorder)
Sleep paralysis (disorder)
Sleep terror disorder (disorder)
Sleep walking disorder (disorder)
Smoking cessation milestones (observable entity)
Social phobia (disorder)
Somatization disorder (disorder)

SNOMED Descriptions for Mental Health
Specifica nonpsychotic mental disorders following organic brain damage (record artifact)
Speech delay (disorder)
Stopped smoking (finding)
Strange and inexplicable behavior (finding)
Stress (finding)
Stress and adjustment reaction (disorder)
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

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Department of Home Affairs
Immigration Detention Health Report

January – March 2018
Quarter 1

Immigration Detention Health Report

Quarter 1
January – March 2018

Report written by:

International Health and Medical Services (IHMS)

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1. Executive Summary

During the last quarter IHMS continued to provide health services to persons held within Australian Immigration Detention Facilities (AIDF) across Australia. This included the provision of primary and mental health care to a dynamic population of approximately 1313 people across the mainland and Christmas Island. The monthly average population increased from 1219 in Q4 2017 to 1313 in Q1 2018 with a high of 1355 in March 2018.

There was a decrease in the number of Health Induction Assessments (HIAs) from 2019 in Q4 2017 to 1778 in Q1 2018. Health Discharge Summary (HDS) activity as a percentage of the population also decreased from 81% in Q4 2017 to 76% in Q1 2018. This points to an increasing trend in the Immigration Detention population and is similar to that seen in the reports published by the Department of Home Affairs. As this increasing population trend is noted with the decreasing HIA and HDS numbers, it could point to an increase in detention duration for persons in immigration detention.

Again, there was an increase in the number of Fit To Travel requests made by the Department. While this represents substantial clinical activity, we are unable to ascertain how many requests resulted in transfers between AIDFs.

Increases in clinical activities were noted within the primary health care, allied health care and radiology services. In primary health care, there was an increase in both the total number of consulations and consultations provided by general practitioners and primary health care nurses. While small in number, IHMS also notes an increase in primary health care services that were delivered to minors.

IHMS continues to manage the onsite administration of the opiate substitution therapy program (OSTP) at all locations expect Christmas Island. There were 95 unique adult individuals prescribed OSTP in this quarter.

There were a total of nine unique individuals admitted for a total of 11 inpatient admissions for mental health care from onshore immigration detention facilities in this quarter, with New South Wales contributing to over 50% of the total admissions. Ten of the eleven admissions (91%) this quarter (Q1 2018) involved involuntary admission to public hospitals.

Abbreviations	
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
FTT	Fit to Travel
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDF	Immigration Detention Facilities
IHMS	International Health and Medical Services
IMA	Illegal Maritime Arrivals
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
K-10	Kessler Psychological Distress Scale
NSAID	Non-steroidal anti-inflammatory drug
NOCC	National Outcomes and Case-mix Collection
OSTP	Opiate Substitution Therapy Program
RACGP	Royal Australian College of General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Unaccompanied Minor

2. Explanatory notes

The majority of data in this report has been extracted from the Apollo electronic clinical record system, and the report should be read with an understanding of this system. The IHMS electronic record uses the SNOMED clinical terminology system (*http://sydney.edu.au/medicine/fmrc/snomed/index.php).* SNOMED is designed to capture and represent patient data for clinical purposes and is not a diagnostic classification system. It incorporates both diagnostic items, 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, and may include 'normal' findings. 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 5.9 identifies only those codes reflecting actual clinical diagnoses.

3. Detainee Cohort Summary

The onshore detainee cohort to whom IHMS provides services is a complex one. In order to provide a more accurate representation of this population the Detainee Cohort Summary is now described within the following categories:

- *The average number of persons present at a facility.* As there is no official data outlining the average number of detainees, IHMS utilises the nominal roll provided by Serco. The data point for this report is the last day of the reporting period. This figure is used as the primary denominator in all of the rates described in section four onwards unless otherwise stated.
- *The throughput of the service.* As detainees are transferred from one site to another, the populations serviced at different IHMS centres vary accordingly. The throughput of the service considers the number of detainees that were transferred within centres in Australia.
- *New entries and rapid turnaround detainees.* For all new persons entering detention, an HIA is performed. Many of these individuals may undergo rapid turnarounds as they are deported from airports and transportation hubs within one to three days. IHMS uses the number of HIAs performed as a measure for this cohort.

An overview of the number of people in immigration detention facilities can be found using the below Department of Home Affairs website link: https://www.homeaffairs.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention

It is noted that there is a discrepancy with the numbers reported on the website and those contained within the report, due to dates in which calculations are made and timeframes for notification of admissions and discharges from detention. In addition, IHMS utilises the following age grouping brackets at the request of the Department, to align with other Department reports. These age bracket groupings are by gender and as follows:

- 0 - 4 years
- 5 – 17 years
- 18 – 64 years
- Greater than 65 years

3.1. The average detainee population

Table 3.1 Summary of the end of month nominal rolls, the average monthly nominal rolls and the percentage change in nominal rolls by month for Q1 2018.

	Jan 18	Feb 18	Mar 18	Monthly Average	Percentage Change
Adelaide ITA	22	20	18	20	-16.7%
Brisbane ITA	51	61	71	61	22.5%
Christmas Island IDC	335	335	332	334	1.5%
Maribyrnong IDC	85	97	94	92	1.1%
Melbourne ITA	82	80	67	76	-25.4%
Perth IDC	23	27	34	28	20.6%
Villawood IDC	457	489	504	483	11.3%
Yongah Hill IDC	207	213	235	218	11.5%
Total Population	**1262**	**1322**	**1355**	**1313**	**6.9%**

This quarter has seen an increase in the number of people in detention with the average detainee population increasing from 1245 in Q4 2017 to 1313 with a high of 1355 in this quarter.

4. Population changes in Q1

4.1. Detainee movement into detention facilities

A Health Induction Assessment (HIA) is completed for each new arrival into the detention network. This induction assessment comprises of a nurse review, a GP review, a mental health review and a screening chest x-ray and pathology for communicable diseases. This remains a significant workload on the IHMS clinics as although the static population in the network has decreased, the centres are still experiencing a constant flow of new arrivals and departures, all of whom require individual HIAs and discharge planning. Table 4.1 describes the number of detainees requiring HIAs for Q1 2018. As there is no data describing the population entering detention facilities, IHMS assumes that the number of HIAs performed is a surrogate measure for the number of people entering detention.

Table 4.1 Health Induction Assessments required by site for Q1 2018.

Health Induction Assessments (HIA) Q1 2018			
Facilities	**Number of detainees requiring HIA**	**On site Population (End of Mar)**	**HIAs conducted as % of Population**
Adelaide ITA	77	18	428%
Brisbane ITA	333	71	469%
Christmas Island IDC	1	332	0.30%
Maribyrnong IDC	135	94	144%
Melbourne ITA	228	67	340%
Perth IDC	150	34	441%
Villawood IDC	749	504	149%
Yongah Hill IDC	87	235	37%
Darwin APOD	18	0	-
Total	**1778**	**1355**	**131%**

Similar to last quarter, the Perth Immigration Detention Centre (PIDC), Brisbane Immigration Transit Accommodation (BITA) and Adelaide Immigration Transit Accommodation (AITA) had the highest number of detainees requiring HIAs as a percentage of their population at 441%, 469% and 428% respectively. This demonstrates the high thoroughfare at these sites. Comparatively, Yongah Hill Immigration Detention Centre (YIDC) and Christmas Island (CI) had the lowest number of detainees requiring HIAs as a percentage of their population at 0.30% and 37% respectively. This suggests a relatively stable population within these sites. It also reflects the lower number of new detainees entering these Immigration Detention sites, as detainees often transfer to YIDC and CI from another site.

The percentage of detainees at the Maribyrnong Immigration Detention Centre (MIDC) and Villawood Immigration Detention Centre (VIDC) requiring HIAs were less than last quarter at 144% and 149% respectively. PIDC showed a significant percentage decrease in HIAs performed which varies from both Q3 and Q4 of 2017.

While the detainee population has increased, the number of HIAs has decreased overall from 160% in Q4 2017 to 131% this quarter. This may represent an increased length of time in detention and IHMS will await the next quarter to confirm if this is a possible emerging trend.

4.2. Health Discharge Assessments

Health Discharge Assessments (HDA) are requested when a detainee may be discharged from a detention facility. IHMS uses this as a surrogate measure of persons being discharged from detention facilities. However, this measure does not include rapid visa turnarounds and may not reflect all departures as detainees may refuse the HDA.

Table 4.2 HDAs that were cancelled completed or remain open for Q1 2018.

Health Discharge Assessments (HDA) Q1 Jan - Mar 2018						
Facilities	**Number of cancelled HDAs**	**Number of completed HDAs**	**Number of open HDAs**	**Total**	**Population on site (End of Mar)**	**HDA Activity as % of Population**
Adelaide ITA	1	10	10	21	18	117%
Brisbane ITA	14	63	13	90	71	127%
Christmas Island	72	1	18	91	332	27%
Maribyrnong IDC	27	31	23	81	94	86%
Melbourne ITA	13	89	21	123	67	184%
Perth IDC	10	16	4	30	34	88%
Villawood IDC	87	201	121	409	504	81%
Yongah Hill IDC	16	127	22	165	235	70%
Darwin APOD		16	0	16	0	-
Grand Total	**240**	**554**	**232**	**1026**	**1355**	**76%**

Overall, there was a decrease in the amount of HDA activity from 81% in Q4 to 76% in the last quarter. This appears to be a trend with the number of HDAs decreasing from 95% to 81% to 76% over the last three quarters. Again, PIDC shows a significant decrease from 107% in the previous quarter to 88% in this quarter.

(As IHMS uses the nominal roll on the last day of the month, the Darwin population is recorded as zero. However, as detainees were onsite during the quarter, there was work conducted.)

4.3. Fit To Travel

When detainees are required to transfer from one site to another within Australia or when they are repatriated, Fitness to Travel (FTT) assessments are made. These are done in conjunction with the HDAs and while not an accurate indicator, it does present evidence of transfers within the detention setting.

Overall there was an increase of 95 FTT assessments conducted this quarter with requests increasing across all sites except AITA which decreased marginally. Some sites stand out as high throughput sites. These include BITA, MIDC and AITA with 176%, 182% and 94% of onsite population respectively. Of note there were a larger number of FTTs completed for BITA compared with the last quarter.

FTT requests often trigger a plethora of clinical inputs for a number of detainees. These include not only review with onsite clinicians, for example a mental health review to comment on escort requirements, but may often include external medical providers. A good example of this is specialist review/flight simulation testing to inform FTT assessments particularly those with medical complexity. Despite this significant input activity, it is unclear if the FTT requests eventuate in a detainee's transfer between sites.

Of concern, related to multiple movements of a detainee around the network is that the detainee often requires a new referral to a public hospital, along with a subsequent wait list, for each change in location. This potentially delays access to treatment due to multiple referrals required for the service and the necessity of being placed on a waiting list as per community standards.

Table 4.3 Total number of FTT health assessments requested or completed between Immigration Detention Sites for Q1 2018.

Fit To Travel (FTT) Q1 Jan - Mar 2018			
Facilities	**Number of detainees requiring FTT**	**Population on site**	**Percentage of FTTs conducted**
Adelaide ITA	17	18	94%
Brisbane ITA	125	71	176%
Christmas Island	182	332	55%
Maribyrnong IDC	171	94	182%
Melbourne ITA	20	67	30%
Perth IDC	29	34	85%
Villawood IDC	143	504	28%
Yongah Hill IDC	154	235	66%
Darwin APOD	2	0*	-
Grand Total	**845**		

** As IHMS uses the nominal roll on the last day of the month, the Darwin population is recorded as zero. However, as detainees were onsite during the quarter, there was work conducted.*

Primary Health

5. Integrated Primary Health Care

5.1. Introduction

IHMS has been contracted by the Department of Home Affairs (Home Affairs) to provide the primary health care services within the Australian immigration detention network. The foundations of this health service are the eight 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. Yongah Hill Immigration Detention Centre, WA
3. Perth Immigration Detention Centre, WA
4. Adelaide Immigration Transit Accommodation, SA
5. Maribyrnong Immigration Detention Centre, VIC
6. Melbourne Immigration Transit Accommodation, VIC
7. Villawood Immigration Detention Centre, NSW
8. Brisbane Immigration Transit Accommodation, QLD

IHMS also provides services to the Darwin Alternative Place of Detention (APOD).

The onsite clinics comprise of a team of general practitioners (GP), registered primary health and mental health nurses, counsellors and psychologists. The composition of the workforce varies at each site as the health care model is specifically tailored to the population and the health needs of that particular site. The IHMS site based multidisciplinary team is also augmented by a schedule of visiting allied health, dentists, psychiatrist and other visiting specialists.

Routine activities of IHMS clinics include HIAs, mental health screening and management, primary care GP and nurse consultations, chronic disease management, emergency stabilisation and health promotion.

Patients who require specialist input and care are referred to the local public hospital system where they are placed on the public wait list as a member of the Australian community.

Key staff have undergone the Department's e-learning modules on Child Protection as part of DIBP's Child Protection Framework.

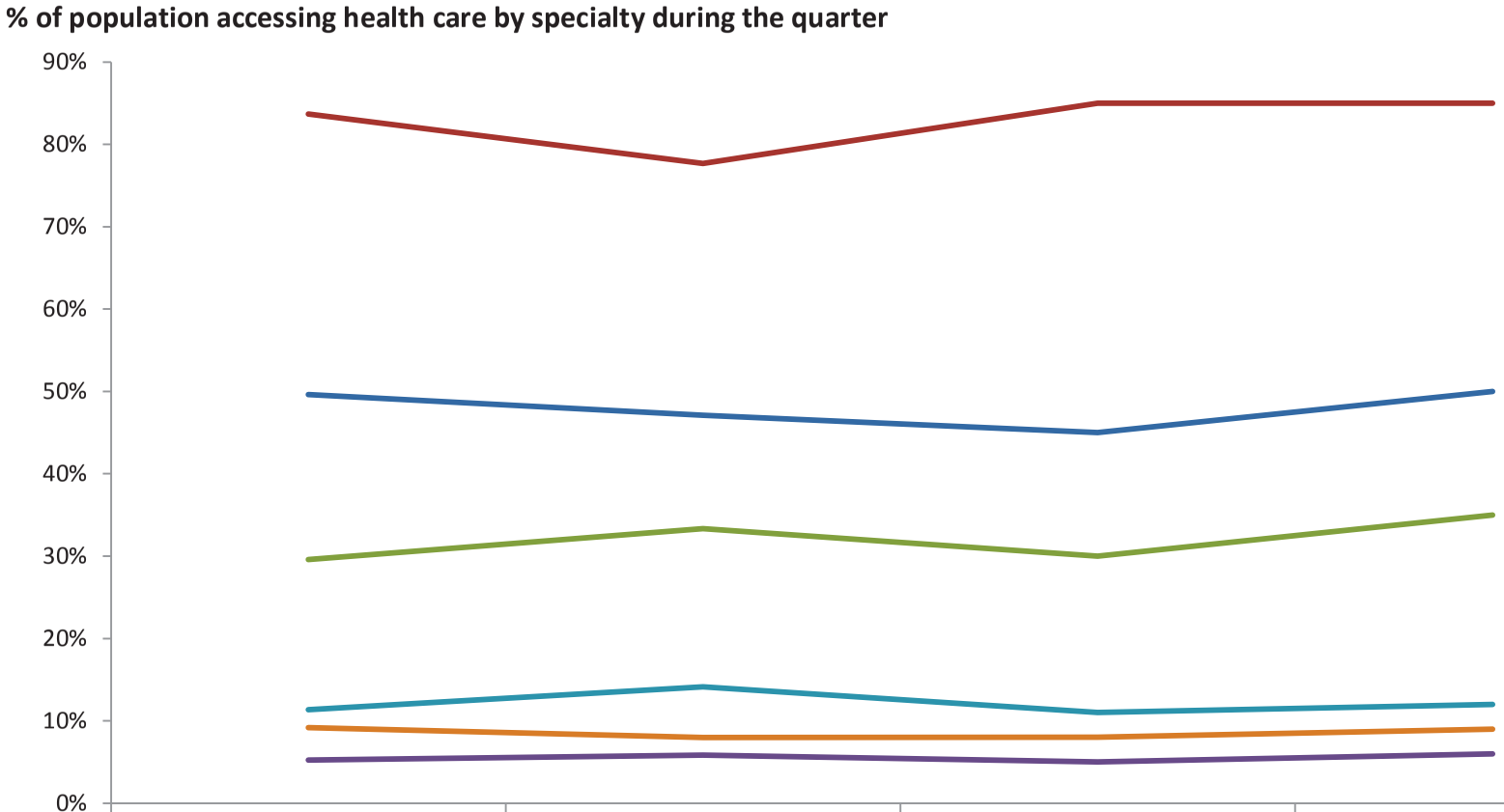
5.2. Consultations

Table 5.2.1a Consultations with Primary Health Care

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q1 Jan – Mar 2018				
IHMS Primary Health Care	**Total number of consults**	**No. of unique persons seen per speciality**	**Average Consults/Unique Person Attending Consultations**	**% of total IDF population during Q1 2018**
GP	3,745	1,349	2.8	49.5%
Primary Health Nurse	10,097	2,305	4.4	84.6%
Mental Health Nurse	2,181	950	2.3	34.9%
Psychologist	267	150	1.8	5.5%
Counsellor	1,156	334	3.5	12.3%
Psychiatrist	347	241	1.4	8.9%
Total	**17,793**	**5,329**		

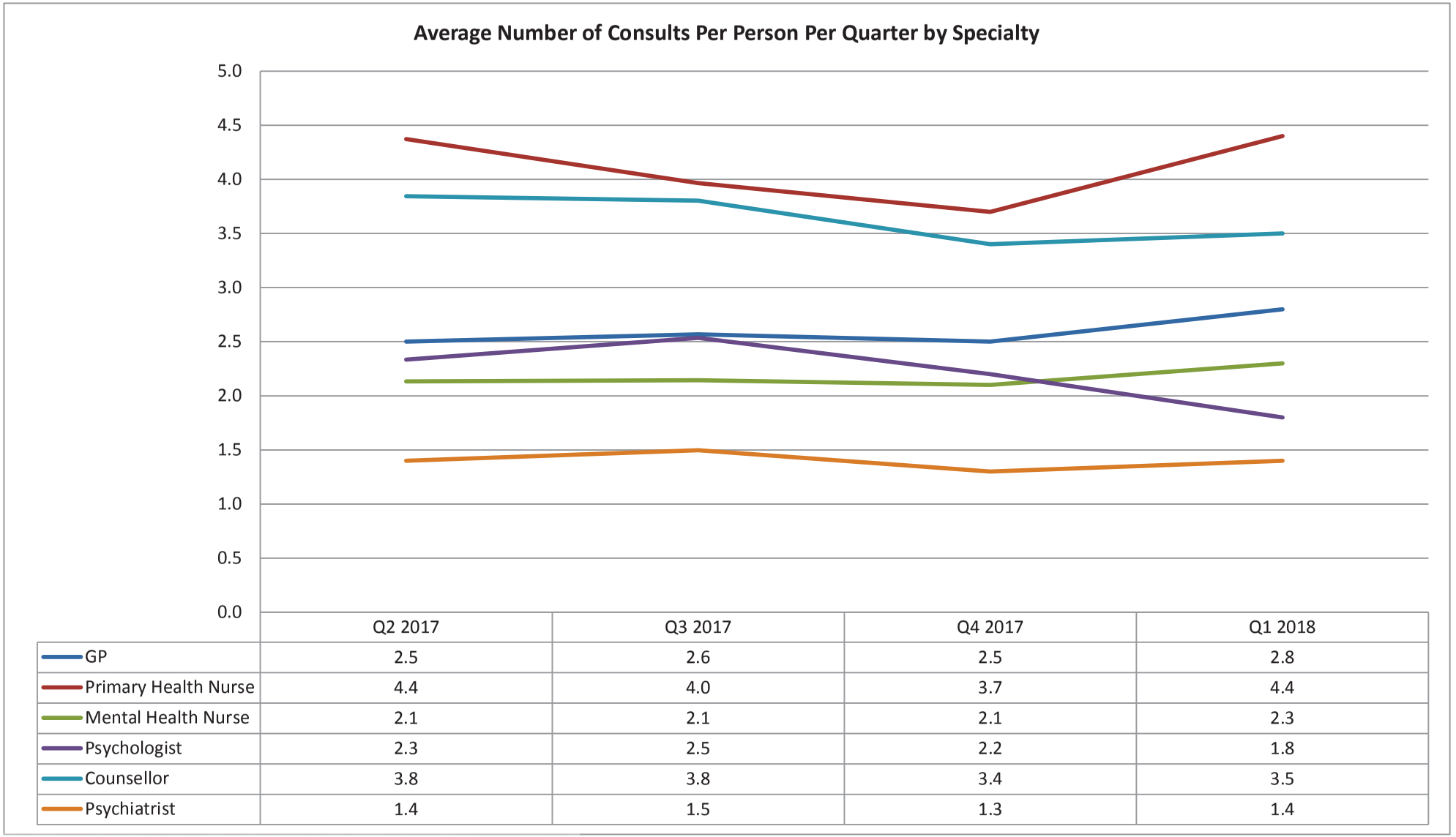
Total number of consults: *If a detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Chart 5.2a Consultation trend by Primary Health Care



	Q2 2017	Q3 2017	Q4 2017	Q1 2018
GP	50%	47%	45%	50%
Primary Health Nurse	84%	78%	85%	85%
Mental Health Nurse	30%	33%	30%	35%
Psychologist	5%	6%	5%	6%
Counsellor	11%	14%	11%	12%
Psychiatrist	9%	8%	8%	9%

Chart 5.2b Trend of Average Number of Consults per Person



	Q2 2017	Q3 2017	Q4 2017	Q1 2018
GP	2.5	2.6	2.5	2.8
Primary Health Nurse	4.4	4.0	3.7	4.4
Mental Health Nurse	2.1	2.1	2.1	2.3
Psychologist	2.3	2.5	2.2	1.8
Counsellor	3.8	3.8	3.4	3.5
Psychiatrist	1.4	1.5	1.3	1.4

During Q1 2018 there were 17,793 detainee consultations with IHMS Clinicians as compared to 16, 699 in Q4 2017.

Primary Health Nurse consultations again made up the largest number of overall consultations and numbers remained fairly stagnant. (10,097 in Q1 2018 compared to 9,593 in Q4 2017). It is noted that the average number of consultations for general practitioners have increased (3,745 in Q1 2018 compared to 3,463 in Q4 2017) while the average number of consults by psychologists have steadily decreased over the last quarter (267 in Q1 2018 compared to 340 in Q4 2017).

Table 5.2.1b Consultations with Primary Health Care

Primary Health Consultation per Specialty by Age Group by total population										
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018										
IHMS Primary Health Specialty	**0-4 years**	**% (0-4 years)**	**5-17 years**	**% (5-17)**	**18-64 years**	**% (18-64)**	**65+ years**	**% (65+ years)**	**Total**	**% (Total)**
GP	**4**	50%	5	50%	1,313	49%	27	73%	1,349	50%
Primary Health Nurse	5	63%	9	90%	2,257	85%	34	92%	2,305	85%
Mental Health Nurse	0	N/A	3	30%	932	35%	15	41%	950	35%
Psychologist	0	N/A	1	N/A	149	6%	2	5%	150	6%
Counsellor	0	N/A	2	20%	324	12%	8	22%	334	12%
Psychiatrist	0	N/A	2	N/A	234	9%	5	14%	241	9%

IHMS notes an increase in services to minors.

5.3. Pathology Referrals

Table 5.3 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2018				
Pathology Type	**Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	815	815	346
Hep C	504	166	670	586
Hep B	474	112	738	556
HIV (BBv)	473	80	553	544
VDRL (Syphilis)	469	70	539	530
Full Blood Count (FBC)	0	384	384	330
INR	0	112	112	84
Mid-Stream Urine Micro & Culture	0	124	124	112
Fasting Triglycerides	0	178	178	166
Alpha Fetoprotein	0	78	78	78
Total number of unique persons that had a Pathology Referral	**846**	**As % of total IDF population during quarter**	**31.07%**	

26% of the population in Q4 2017 were referred for pathology tests. These referrals increased in the last quarter to 31% of the population. Hep C, Hep B, HIV and Syphilis pathology referrals have remained similar to Q4 2017, whereas the total number of unique persons to receive a referral for induction pathology increased to 846 this quarter from 809 compared to last quarter. Liver Function Tests, Urea Electrolytes (UE), and Creatinine tests have also increased from last quarter from 681 to 815 respectively.

5.4. Allied Health Referrals

Table 5.4 Allied Health Referrals

Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018					
Allied Health Referral Type	**Onsite Referrals**	**Offsite Referrals**	**Total Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons with referral**
Dental	571	268	838	403	69%
Physiotherapy	495	266	761	144	25%
Audiology	0	9	9	8	1%
Optometry	127	19	145	126	22%
Podiatry	0	58	58	31	5%
Diabetes Educator	0	2	2	2	0.3%
Nutritionist	0	2	2	2	0.3%
Total	**1191**	**624**	**1815**		
Total number of unique persons to have an Allied Health referral	**580**	**% of total IDF population during Q1**	**21%**		

The total number of referrals for allied health services has increased from 1760 in Q4 2017 to 1815 in Q1 2018. Physiotherapy referrals were the most referred to service in Q4 2017 (762 referrals) followed closely by dental referrals (756 referrals). In Q1 2018 dental referrals increased and overtook physiotherapy referrals as the most common allied health referral (838), with the most number of unique individuals referred (403). Optometry referrals have increased from, 114 referrals last quarter to 145 referrals during Q1 2018.

5.5. Radiology Referrals

Table 5.5 Radiology Referrals

Radiology referrals					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2018					
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	317	51.21%	225	59.52%	1. Chest 2. OPG 3. Hand (R) 4. Wrist (R) 5. Spine - Lumbo-sacral
Ultrasound	195	31.50%	149	39.4%	1. Abdomen 2. Other 3. Upper abdomen 4. Shoulder 5. Renal
CT Scan	72	11.63%	50	13.23%	1. Abdomen 2. Chest 3. Head 4. Spine - Lumbar 5. Pelvis
MRI	28	4.52%	23	6.08%	1. Knee 2. Brain 3. Lumbar Spine 4. Cervical Spine 5. Periphery
Bone densitometry	4	0.65%	4	0.65%	1. Medically indicated
Nuclear medicine	1	0.16%	1	0.26%	1. Bone scan
Mammography	1	0.16%	1	0.26%	1. Bilateral +/- Ultrasound
Angiography	1	0.16%	1	0.16%	1. Coronary
Total	**619**				
Total number of unique persons to have a Radiology test	**378**	**As % of total IDF population during quarter**	**13.88%**		

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

In Q4 2017, the total number of radiology referrals was 600, with 403 unique persons attending a radiological investigation. During the last quarter there has been an increase in radiological referrals up to 619, with fewer unique persons being referred at 378. X-rays, ultrasounds and CT scans remain the most commonly referred radiological tests. Similarly to Q4 2017 there was only one referral each for nuclear medicine and mammography scans, however contrasting to the last quarter, there were four referrals for bone densitometry scans and one referral for a coronary angiogram (medical imaging of the arteries and veins of the heart).

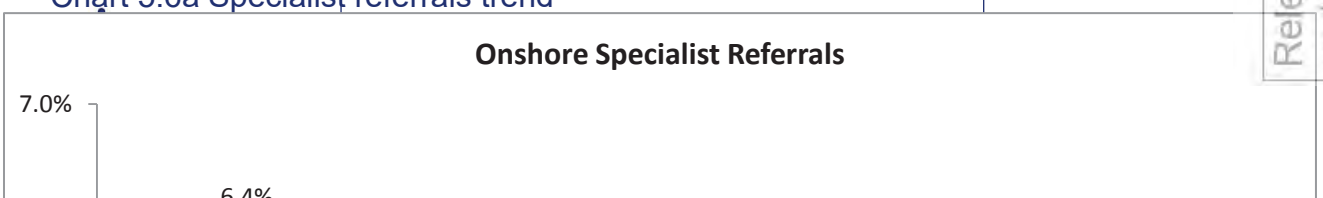
5.6. Specialist Referrals

Table 5.6 Specialist Referrals

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Emergency Department	32	20	0.7%
Orthopaedics	32	27	1.0%
General surgery	23	17	0.6%
Cardiology	19	14	0.5%
Otorhinolaryngology	19	18	0.7%
Gastroenterology	13	8	0.3%
Ophthalmology	12	12	0.4%
Respiratory and sleep medicine	12	10	0.4%
Neurology	7	6	0.2%
Endocrinology	6	6	0.2%
Gynaecology and obstetrics	4	2	0.1%
Neurosurgery	4	3	0.1%
Dermatology	3	3	0.1%
Haematology	3	2	0.1%
Infectious diseases	3	2	0.1%
Oral and maxillofacial surgery	3	2	0.1%
Psychiatry	3	3	0.1%
Urology	3	3	0.1%
Occupational medicine	2	2	0.1%
Plastic, reconstruction and aesthetic surgery	2	1	0.0%
TOTAL	**205**		
Total number of unique persons to have a specialist referral	**163**	**% of total IDF population during Q1**	**6.0%**

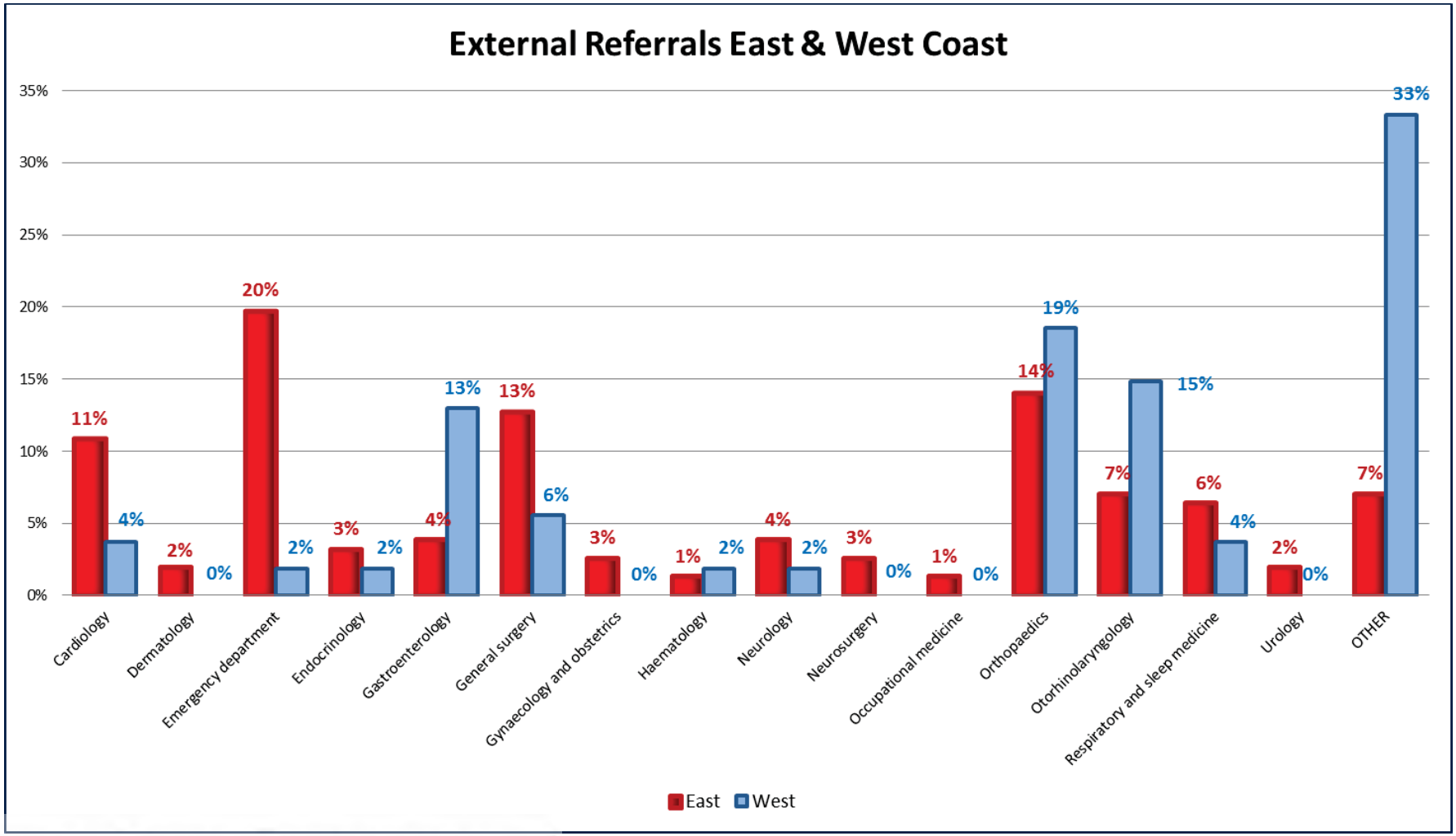
Emergency medicine referrals were the most prevalent in Q4 2017, followed by orthopaedic and gastroenterology. However, during the last quarter gastroenterology referrals were not in the top five referrals made. General surgery referrals increased from 10 in Q4 2017 to 23 during Q1 2018. Additionally, cardiology and otorhinolaryngology referrals increased from Q4 2017 from 11 to 19 and 12 to 19 respectively.

Chart 5.6a Specialist referrals trend



While there has been a downward trend amongst detainees with specialist referrals, this last quarter has demonstrated a percentage increase of referrals almost up to those levels seen in Q2 of 2017. This may be due to the December holidays and/or the implementation of the Department's new process around offsite appointments which may have resulted in more appointments being scheduled for January rather than December. As this is a single data point, IHMS would wait for another quarter before attempting to understand if this was a trend.

Chart 5.6b Specialist referrals trends East vs. West Coast



The patterns amongst referral distribution by specialisation and location vary significantly from the previous quarter. Differences were noted in the number of cardiology, gastroenterology and general surgery. Overall, the specialties with the highest levels of referral include emergency, orthopaedics, otorhinolaryngology and gastroenterology, which is similar to the previous quarter. The category “Other” encompasses a diverse range of subspecialty services. It appears the referral level to “Other” is higher in the West; however, it would be difficult to deduce the cause of this apparent difference.

5.7. Presentations to hospital Emergency Department (including admissions)

Table 5.7 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	11	8
NSW	84	64
NT	0	0
QLD	10	8
SA	2	2
VIC	18	16
WA	40	29
Total	**165**	
Total number of unique persons that were hospitalised	**125**	**4.59%**

**An individual may be counted as a unique individual twice if they attended a hospital in different locations.*

The total number of unique person's hospitalised (one person attending one hospital admission) increased from 92 persons in Q4 2017 to 125 persons in Q1 2018 with 4.59% of the total population referred to hospital.

5.8. GP and Psychiatrist Presentations by Health Groupings

Table 5.8a Reasons for Presentations to GP and Psychiatrist

Health Groupings	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	1928	1,596	661	24.3%
Musculoskeletal	1042	778	407	14.9%
Skin	671	505	293	10.8%
Digestive	653	509	313	11.5%
General Unspecified	554	481	354	13.0%
Endocrine / Metabolic & Nutritional	402	335	211	7.7%
Respiratory	321	280	157	5.8%
Neurological	236	230	167	6.1%
Cardiovascular	236	192	139	5.1%
Injury	167	142	111	4.1%
Ear	167	112	56	2.1%
Eye	140	122	83	3.0%
Genital	72	59	44	1.6%
Urological	68	62	45	1.7%
Social	36	34	33	1.2%
Blood / Blood forming organs	31	27	26	1.0%
Pregnancy / Childbearing / Family Planning	3	2	2	0.1%
Total	**6,727**	**5,466**		

Table 5.8b Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping										
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018										
Health Groupings	0-4 years	% of total 0-4 years	5-17 years	% of total 5-17 years	18-64 years	% of total 18-64 years	65+ years	% of total 65+ years	Total	% total IDF population
Psychological	0	0%	2	0.2	641	24%	18	49%	661	24%
Musculoskeletal	0	0%	0	0	397	15%	10	27%	407	15%
Skin	1	13%	0	0	287	11%	5	14%	293	11%
Digestive	0	0%	1	0.1	303	11%	9	24%	313	11%
General Unspecified	0	0%	0	0	345	13%	9	24%	354	13%
Endocrine / Metabolic & Nutritional	0	0%	1	0.1	200	7%	10	27%	211	8%
Respiratory	0	0%	0	0	148	6%	9	24%	157	6%
Neurological	0	0%	0	0	158	6%	9	24%	167	6%
Cardiovascular	0	0%	0	0	126	5%	13	35%	139	5%
Injury	0	0%	0	0	110	4%	1	3%	111	4%
Ear	0	0%	0	0	50	2%	6	16%	56	2%
Eye	0	0%	0	0	79	3%	4	11%	83	3%
Genital	0	0%	0	0	43	2%	1	3%	44	2%
Urological	0	0%	0	0	40	1%	5	14%	45	2%
Social	0	0%	0	0	33	1%	0	0%	33	1%
Blood / Blood forming organs	0	0%	0	0	24	1%	2	5%	26	1%
Pregnancy / Childbearing / Family Planning	0	0%	0	0	2	0%	0	0%	2	0%

When interpreting this table it is important to note that each grouping represents a wide range of symptoms, events and diagnoses listed within the SNOMED classification system. As an illustrative example of this, cases captured under the “psychological” grouping for example range from recognised psychiatric diagnoses, to psychologically related consults as such smoking cessation activities.

In Q4 2017 the most common presentations were psychological and musculoskeletal with 19.0% and 12.9% respectively. This trend remained the same in Q1 2018 with a slight increase in presentations of 24.3% for musculoskeletal reasons and 14.9% psychological reasons.

5.9. Primary Health Care Chronic Diseases

Table 5.9a Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2018					
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2018					
Chronic Disease *(Categories taken from the Australian institute of Health and Welfare)*	Adult	Age group by % (Adult)	Minor	Age group by % (Minor)	Grand Total
Cardiovascular	59	2.2%	0	0.0%	59
Depression	51	1.9%	0	0.0%	51
Schizophrenia	35	1.3%	0	0.0%	35
Asthma	48	1.8%	0	0.0%	48
Diabetes	39	1.4%	0	0.0%	39
Obesity	55	2.0%	0	0.0%	55
Arthritis	19	0.7%	0	0.0%	19
Oral disease	22	0.8%	0	0.0%	22
Chronic Liver Disease	14	0.5%	0	0.0%	14
COPD	4	0.1%	0	0.0%	4
Bipolar Disorder	12	0.4%	0	0.0%	12
Thyroid disease	5	0.2%	0	0.0%	5
Epilepsy	7	0.3%	0	0.0%	7
Cancer	1	0.04%	0	0.0%	1
Chronic kidney disease	0	0.0%	0	0.0%	0
Dementia	2	0.1%	0	0.0%	2
Inflammatory bowel disease	3	0.1%	0	0.0%	3
Osteoporosis	1	0.04%	0	0.0%	1
Adrenal Disease	0	0.0%	0	0.0%	0
Glaucoma	1	0.04%	0	0.0%	1

Table 5.9b Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping								
Mainland and Christmas Island (IDFs only) Q1 Jan - Mar 2018								
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	0.0%	53	2.0%	6	16.2%
Depression	0	0.0%	0	0.0%	51	1.9%	0	0.0%
Schizophrenia	0	0.0%	0	0.0%	35	1.3%	0	0.0%
Asthma	0	0.0%	0	0.0%	46	1.7%	2	5.4%
Diabetes	0	0.0%	0	0.0%	37	1.4%	2	5.4%
Obesity	0	0.0%	0	0.0%	52	1.9%	3	8.1%
Arthritis	0	0.0%	0	0.0%	19	0.7%	0	0.0%
Oral disease	0	0.0%	0	0.0%	21	0.8%	1	2.7%
Chronic Liver Disease	0	0.0%	0	0.0%	14	0.5%	0	0.0%
COPD	0	0.0%	0	0.0%	3	0.1%	1	2.7%
Bipolar Disorder	0	0.0%	0	0.0%	12	0.4%	0	0.0%
Thyroid disease	0	0.0%	0	0.0%	5	0.2%	0	0.0%
Epilepsy	0	0.0%	0	0.0%	7	0.3%	0	0.0%
Cancer	0	0.0%	0	0.0%	1	0.04%	0	0.0%
Chronic kidney disease	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Dementia	0	0.0%	0	0.0%	1	0.04%	1	2.7%
Inflammatory bowel disease	0	0.0%	0	0.0%	3	0.1%	0	0.0%
Osteoporosis	0	0.0%	0	0.0%	1	0.04%	0	0.0%
Adrenal Disease	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Glaucoma	0	0.0%	0	0.0%	1	0.04%	0	0.0%

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

Cardiovascular disease, Depression, Schizophrenia, Asthma and Diabetes were the most common chronic disease groupings encountered in Q4 2017. These common disease groups largely remained the same in Q1 2018 however Obesity increased from 42 adults in Q4 2017 to 55 adults in Q1 2018 , making it the second most common chronic disease in Q1 2018. In Q4 2017 there were no persons identified with Glaucoma. One individual was identified with Glaucoma in Q1 2018. It is also of note that individuals identified with Depression increased from 35 adults in Q4 2017 to 51 adults in Q1 2018.
There were no chronic diseases identified in minors.

Again it is important to note that due to the methodology of the data collection, the number of consults represents the number of explicit presentations for chronic disease for the quarter and is not a true reflection of the prevalence of the disease within the detainee population i.e. a chronic diagnosis was not recorded as such if the reason for presentation was a common illness.

Medications and immunisations

6. Medications

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 at roughly half of the population, as per the following:

- Q2 2017 (April – June) 48%
- Q3 2017 (July – September) 52%
- Q4 2017 (October – December) 47%
- Q1 2018 (January – March) 53%

IHMS continues to give detainees the opportunity to self-administer medications at certain locations where it is practical and safe to do so. Exceptions remain at high security centres such as Maribyrnong IDC. A Detainee who fits the criteria for self-administration of medication is given a weekly blister pack. The literature on this topic suggests that self-administration of medications leads to improved medication compliance rates and also an important component of self-agency and taking responsibility and control of one's health. Where self-administration of medication is not safe or practical, IHMS conducts medication rounds in the clinic.

IHMS continues to manage the onsite administration of opiate substitution therapy program (OSTP) at all of its locations except Christmas Island, but focussed primarily at Maribyrnong IDC and Villawood, with smaller numbers at Yongah Hill and Perth IDC.

There were 95 unique adult individuals prescribed OSTP in this quarter which is a slight increase of 6 individuals compared to last quarter. On the last day of this quarter there were 87 unique adult individuals prescribed OSTP with 87% accommodated in the Eastern coast sites.

IHMS is working on a more robust reporting model for OSTP for the next quarter.

6.1. Medication prescriptions by MIMS Class in IDFs (Top 20)

Table 6.1 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class						
Q1 Jan – Mar 2018						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	882	33%	1	6%	883	32%
Nonsteroidal anti-inflammatory agents	620	23%	0	0%	620	23%
Antidepressants	353	13%	0	0%	353	13%
Hyperacidity, reflux and ulcers	217	8%	0	0%	217	8%
Antipsychotic agents	212	8%	0	0%	212	8%
Antihistamines	210	8%	0	0%	210	8%
Combination simple analgesics	198	7%	0	0%	198	7%
Agents used in drug dependence	167	6%	0	0%	167	6%
Laxatives	148	5%	1	6%	149	5%
Penicillins	130	5%	0	0%	130	5%
Rubefacients, topical analgesics/NSAIDs	113	4%	0	0%	113	4%
Antihypertensive agents	110	4%	0	0%	110	4%
Bronchodilator aerosols and inhalations	110	4%	0	0%	110	4%
Hypolipidaemic agents	110	4%	0	0%	110	4%
Anticonvulsants	90	3%	0	0%	90	3%
Sedatives, hypnotics	90	3%	0	0%	90	3%
Topical antifungals	77	3%	0	0%	77	3%
Topical corticosteroids	77	3%	0	0%	77	3%
Antianxiety agents	73	3%	0	0%	73	3%
Vaccines	73	3%	0	0%	73	3%

As indicated above, therapies utilised for the treatment of mental health conditions such as antidepressants and antipsychotics are amongst the five most common prescriptions in Q1 2018. This was also the case in Q4 2017. Antidepressant medication prescribed increased from 10% in Q4 2017 to 13% in Q1 2018, this increase may be correlated to the increased rates of Depression this quarter as indicated in section 5.9 Primary Health Care Chronic Diseases. Additionally, simple analgesics remain the most commonly prescribed medications in Q1 2018, as in Q4 2017 and increased from 26% to 32%. The discontinuation of Panadiene, has led to a significant decrease in the number of prescribed combined analgesics. Vaccine prescriptions have decreased from 105 in Q4 2017 to 73 in Q1 2018. Additionally, topical fungals have been included in the top 20 this quarter and expectorants, antitussives and mucolytics decongestants have not.

6.2. Medication Prescriptions by Schedule

Table 6.2 Medication Prescriptions by Schedule

Medication Prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications / Verbal telephone order**
S2	259	1	881
S3	354	9	12
S4	2,222	99	462
S8	93	0	1
Unscheduled	698	4	277
Grand Total	**3,626**	**113**	**1,633**

GP prescriptions have increased by 267 this quarter to 3,626 when compared to 3,359 in Q4 2017. Nurse initiated medications have decreased, there were 1,731 in Q4 2017 and this quarter there were 1,633. It is noted there was a reduction in the S3 nurse initiated medications this quarter. Last quarter there were 20 and this quarter there were 12. This reduction may be related to the discontinuation of the manufacturing of the drug Panadeine in Australia.

6.3. Scheduling basics

Table 6.3 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*

6.4. Medication Trends by Class

Table 6.4 Medication Trends by MIMS Class

Medication Trends by MIMS Class		
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018		
Medications	**Oct – Dec 2017**	**Jan – Mar 2018**
Simple analgesics and antipyretics	26%	32%
Nonsteroidal anti-inflammatory agents	20%	23%
Antidepressants	10%	13%
Hyperacidity, reflux and ulcers	7%	8%
Antipsychotic agents	7%	8%
Antihistamines	8%	8%
Combination simple analgesics	11%	7%
Agents used in drug dependence	5%	6%
Laxatives	4%	5%
Penicillins	3%	5%
Rubefacients, topical analgesics/NSAIDs	3%	4%
Antihypertensive agents	3%	4%
Bronchodilator aerosols and inhalations	3%	4%
Hypolipidaemic agents	3%	4%
Anticonvulsants	2%	3%
Sedatives, hypnotics	2%	3%
Topical antifungals	2%	3%
Topical corticosteroids	3%	3%
Antianxiety agents	2%	3%
Vaccines	3%	3%

As shown in table 6.4 there has been an increase in the number of simple analgesics and nonsteroidal anti-inflammatory agents between Q4 2017 and Q1 2018. This coincides with a decrease in the number of combination simple analgesics, which have decreased due to new rules and manufacturing changes in Australia

implemented in February 2018. This represents the total number of medications prescribed, but is not reflective of the total number of prescriptions.

7. Vaccinations Administered by Age Group

Table 7.1 Vaccinations by Age Group

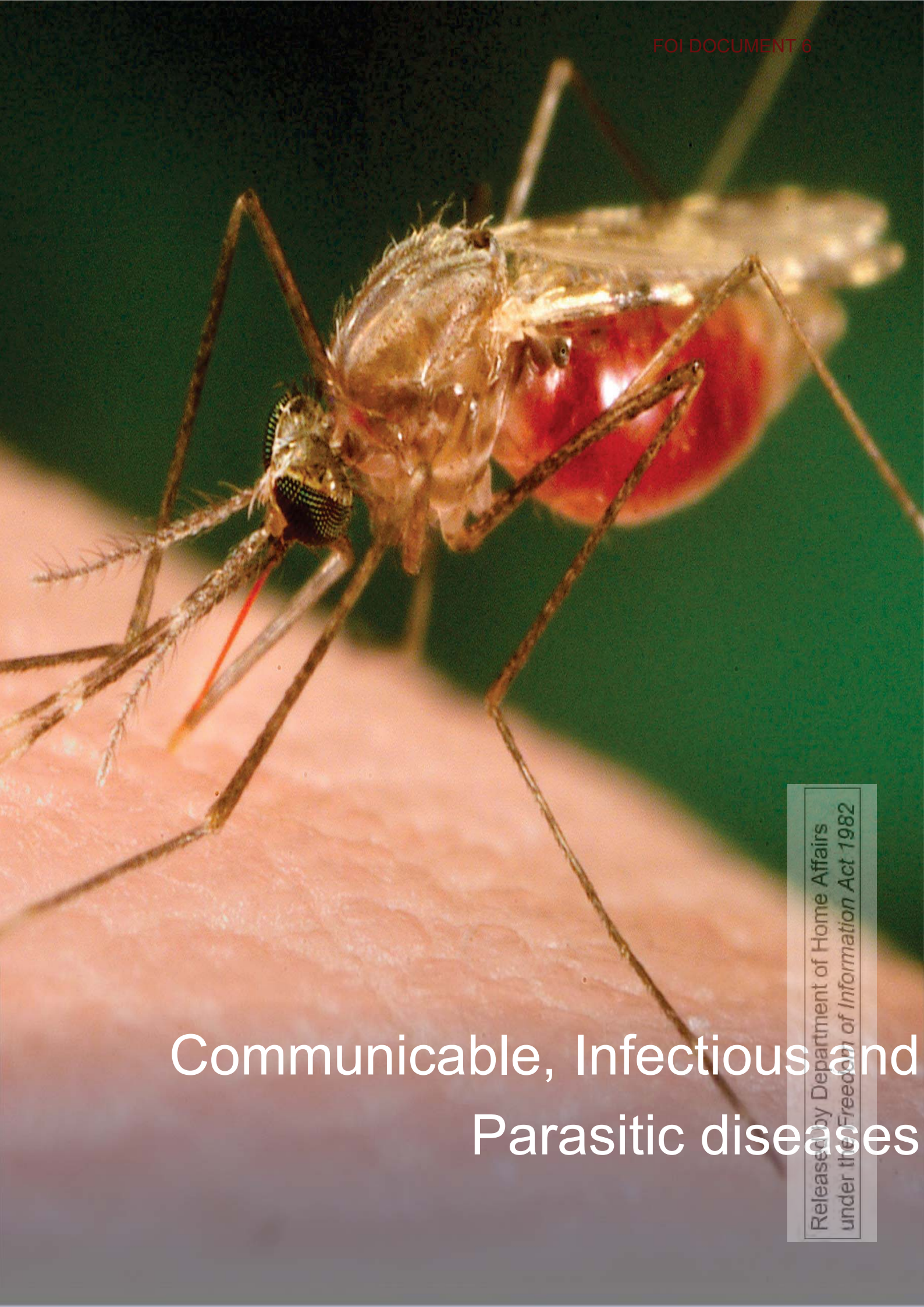
Vaccinations Administered as per the Australian National Immunisation Schedule by Age Group Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018					
Vaccination type	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
VZV (Varicella - Chickenpox)	1	3	17	0	21
MMR (Measles, Mumps, Rubella)	1	3	19	0	23
MMRV (Measles, Mumps, Rubella, Varicella)	0	0	0	0	0
Hep B (Hepatitis B)	2	3	87	2	94
MenCCV (Meningococcal C)	1	3	6	0	10
dT (Diphtheria, Tetanus)	0	0	3	0	3
HPV (Human papillomavirus)	0	1	2	0	3
DTPa (up to 10 years) (Diphtheria, Tetanus, Acellular Pertussis)	2	1	1	0	4
Rotavirus (Rotavirus)	0	0	0	0	0
IPV (Inactivated Poliomyelitis)	2	3	29	0	34
PCV (Pneumococcal)	0	0	0	0	0
dTpa (11 years and over) (Diphtheria, Tetanus, Acellular Pertussis)	0	2	65	0	67
Herpes Zoster	0	0	0	0	0
Hib (Haemophilius Influenza type b)	2	1	0	0	3
23 PPV (Pneumococcal)	0	0	1	0	1
Total	**11**	**20**	**230**	**2**	**263**

Table 7.2 Additional Vaccinations Administered

Additional Vaccinations administered – Q1 Jan - Mar 2018					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
Influenza	0	0	5	0	5
Hepatitis A	0	1	63	0	64
Yellow Fever	0	0	0	0	0
Total	***0***	***1***	***68***	***0***	***69***

The IHMS vaccination program is aligned with the Australian Immunisation Schedule with a number of its primary care nurses holding the immunisation certificate. This quarter total vaccinations administered are presented in two tables to separate and reflect the number of vaccinations administered as per the Australian National Immunisation Schedule (table 7.1) and vaccinations administered in addition to this (table 7.2).

The total number of vaccinations administered as per the Australian National Immunisation Schedule by age group in Q4 2017, was 244 (subtracting Hep A). This increased in Q1 2018 to 263. Additionally in Q4 2017 no vaccinations were administered for persons between the ages of zero to four and five to seventeen. However over the last quarter the total vaccinations administered to these age groups were 11 and 21 respectively. Administration of Hepatitis B, Meningococcal C, and Inactivated Poliomyelitis vaccinations increased in Q1 2018. Of note five Influenza vaccinations and 64 Hepatitis A vaccinations were administered which is in addition to the Australian Immunisation Schedule.



Communicable, Infectious and Parasitic diseases

8. Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 1 (Jan – Mar 2018)				Total New Diagnoses Jul 2015 - Mar 2018		
Contagious (human to human, including sexually transmitted infections)	IMAs	Non-IMAs	Total (IMAs & non-IMAs)	% of IDF population during quarter	IMAs	Non-IMAs	Total (IMAs & non-IMAs)
Chickenpox	0	0	0	0.00%	1	1	2
Chlamydia	0	1	1	0.04%	2	12	14
Gonorrhoea	0	1	1	0.04%	1	1	2
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	1	22	23	0.84%	7	239	246
Hepatitis C, Ab pos	4	41	45	1.65%	17	435	452
HIV	0	0	0	0.00%	0	14	14
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	1	1
Syphilis serology pos	0	7	7	0.26%	2	84	86
Tuberculosis – Active	0	0	0	0.00%	2	7	9
Typhoid	0	0	0	0.00%	0	0	0
Total	**5**	**72**	**77**	**2.83%**	**32**	**794**	**826**
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	0	0	0.00%	1	0	1
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	0	0	0	0.00%	1	0	1
Strongyloidiasis	0	0	0	0.00%	1	1	2
Total	**0**	**0**	**0**	**0.00%**	3	1	4
Grand Total	**5**	**72**	**77**	**2.83%**	**35**	**795**	**830**

The number of new Hepatitis C positive test results has increased from 34 cases in Q4 2017 to a total of 45 new Hepatitis C diagnoses in Q1 2018. In this quarter there were also a total of 23 new cases of Hepatitis B, compared to 26 new Hepatitis B cases in Q4 2017. Hepatitis B and particularly C are known complications of intravenous drug use and the sharing of injecting equipment. The increase in Hepatitis C diagnoses is likely due to the ex-corrections cohort where similar issues exist. The new diagnoses of Syphilis have been consistent for both Q4 2017 (7) and Q1 2018 (7). There were no new cases of non-contagious (via mosquitoes or parasites) diseases in Q1 2018.

Disabilities

9. Disabilities

The data below was ascertained based on SNOMED codes. Detainees will only be counted once under any particular disability category and the totals may exceed the total number of unique Detainees with a disability due to some Detainees falling within more than one disability category. Categorisation of disabilities has been reviewed this quarter and the list of conditions that qualify has expanded, providing there is an appropriate functional impairment.

The definition of disability came from a published document called Disability Services National Minimum Data Set (DS NMDS) from the Australian Institute of Health and Welfare (AIHW) website. Disability is defined as *'the impairment of body structures or functions, limitations in activities, or restrictions in participation chiefly responsible for the disability'* [(1).] As per the AIHW's classifications, the major disability groups used for this health data set are as follows:

1. Intellectual (including Down syndrome)
2. Specific learning/Attention Deficit Disorder (other than Intellectual)
3. Autism (including Asperger's syndrome and Pervasive Developmental Delay)
4. Physical
5. Acquired brain injury
6. Neurological (including epilepsy and Alzheimer's disease)
7. Deafblind (dual sensory)
8. Vision
9. Hearing
10. Speech
11. Psychiatric
12. Developmental delay

(1) http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129548022

9.1. 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) Q1 Jan – Mar 2018					
Types of Disability	**IDCs**	**ITAs**	**APODs**	**Adult**	**Minor**
Acquired brain injury	4	0	0	4	0
Autism	1	0	0	1	0
Hearing impairment	3	0	0	3	0
Intellectual	1	1	0	2	0
Neurological	6	1	0	7	0
Psychiatric	37	4	0	41	0
Specific Learning Disorder	1	0	0	1	0
Visual Impairment	1	0	0	1	0
Grand Total	**54**	**6**	**0**	**60**	**0**
Unique Detainees with a disability	**56**				

9.2. Total Disabilities as Percentage of IDF Population

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q2 2017 – Q1 2018		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
31 Mar 2018 – Q1	56	2.06%
31 Dec 2017 – Q4	26	0.85%
30 Sep 2017 – Q3	43	1.47%
30 Jun 2017 – Q2	33	1.0%

Psychiatric disabilities remain the most prevalent disability within the detention centre environment 41 in this reporting period compared to 19 in Q4 2017. Reasons for this are likely to be multifactorial and may include variables such as an increase in patients with psychiatric disability being seen this quarter, length of stay or the unquantified changes in the prevalence of psychiatric disabilities in those entering detention. There has

been an increase in the number of disabilities identified this quarter compared with last quarter from 26 to 56. IHMS continues to have ongoing discussions with the Department with regard to the complex issue of appropriate placement and management options for clients with a disability who cannot be managed optimally within the centres.

Mental Health

10.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, psychologists and psychiatrists.

Mental health care includes screening questions during the Health Induction Assessment on entry to detention, a comprehensive mental health assessment soon afterwards and regular mental health screening at prescribed intervals for those consenting to this process. Detainees may self-refer or be referred for assessment and follow-up by IHMS site staff. Additional risk management for those presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement (SME) 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.

When considering mental health issues in onshore detention, reference should also be made to information within the primary care section on this report, and in particular sections on chronic diseases, medication and disabilities.

10.1. Mental Health related consultations

Tables 10.1a and 10.1b show the number of unique presentations for adults and minors to primary health professionals and mental health professionals in detention that are related to mental health. This data is derived from consultations for which the appointment category or the SNOMED code entered falls under the 'psychological' category. This category includes a wide range of diagnostic as well as non-diagnostic items, including 'normal' findings. A list of items falling under the SNOMED 'psychological' codes is found in Appendix A: SNOMED descriptions for Mental Health. In the tables in this section, the number of 'Consults' represents all consultations, regardless of whether one person has presented twenty times and another only once, while the number of 'Unique Adult' consults shows the number of different individuals attending.

Tables 10.1a and 10.1b show a total of 4454 consultations for both adults and minors during this quarter for items relating to mental health in onshore detention, provided by both mental health and primary care staff to 1230 unique individuals. The majority of consultations for mental health reasons were attended by mental health professionals, with the bulk of consultation done by mental health nurses who reviewed 33.38% of the adult detainee population over the three month period.

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. 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.

There continue to be a small number of minors, who enter immigration detention, usually with their families, usually staying for less than 48 hours, and therefore not triggering a comprehensive mental health nurse consultation or strengths and Difficulties Questionnaire (SDQ) which must be offered for those who stay longer than 10 days in detention.

Table 10.1a Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
Q1 Jan – Mar 2018			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	593	402	14.86%
Primary Health Nurse	201	119	4.40%
Primary Health Total	**794**		
Mental Health Consultations by Mental Health Professionals			
Counsellor	1132	330	12.20%
Mental Health Nurse	1956	903	33.38%
Psychiatrist	306	218	8.06%
Psychologist	259	150	5.55%
Mental Health Total	**3653**		
TOTAL	**4447**	**1224**	**45.25%**

Table 10.1b Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
Q1 Jan – Mar 2018			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	0	0	0.00%
Primary Health Nurse	2	2	11.11%
Primary Health Total	**2**		
Mental Health Consultations by Mental Health Professionals			
Counsellor	1	1	5.56%
Mental Health Nurse	2	2	11.11%
Psychiatrist	2	1	5.56%
Psychologist	0	0	0.00%
Mental Health Total	**5**		
TOTAL	**7**	**6**	**33.33%**

10.2. Psychiatric Admissions

There were a total of nine unique individuals admitted for a total of 11 inpatient admissions for mental health care from onshore immigration detention facilities in this quarter, with New South Wales contributing to over 50% of the total admissions.

Ten of the 11 admissions (91%) this quarter (Q1 2018) involved involuntary admission to public hospitals. This is a slight increase from the 83% in the last quarter , and continues to reflect the types of presentation and risk found in those now entering detention as a result of Section 501 amendments in 2015, which now correlates with issues prevalent in correctional settings, compared with the previous predominantly IMA cohort, for who admissions were most commonly voluntary.

This is an increase compared with the six admissions from last quarter (Q4 2017), and is move towards the higher number of admissions in previous quarters.

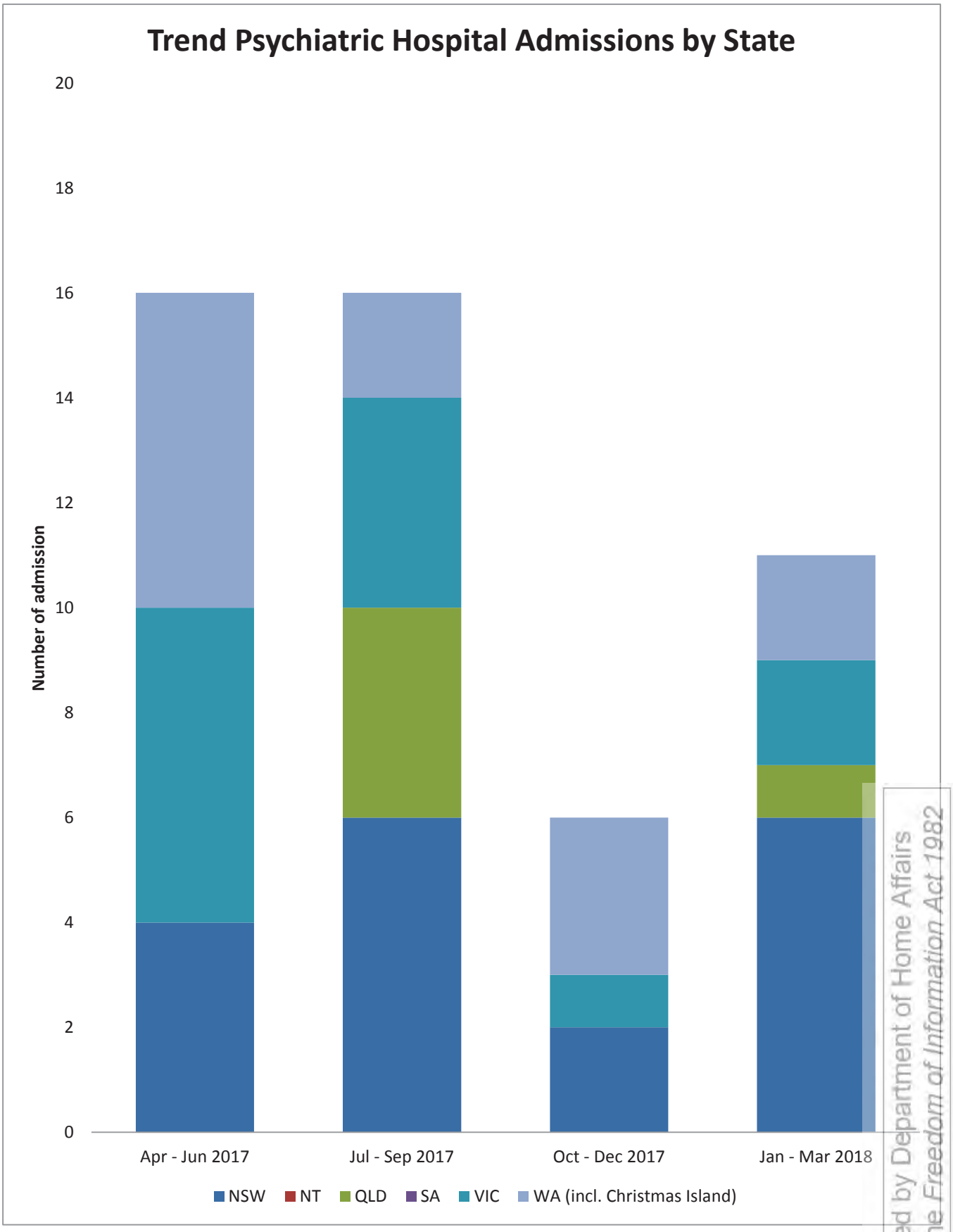
10.2a Trend: Psychiatric Admissions

Psychiatric Admissions				
Mainland and Christmas Island (IDFs only) Q2 2017 – Q1 2018				
State/Territory	Apr – Jun 2017	Jul – Sep 2017	Oct – Dec 2017	Jan – Mar 2018
NSW	4	6	2	6
NT	0	0	0	0
QLD	0	4	0	1
SA	0	0	0	0
VIC	6	4	1	2
WA (incl. Christmas Island)	6	2	3	2
Total	16	16	6	11

10.2b Psychiatric Admissions by Age Grouping

Psychiatric Admissions by Age Grouping			
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018			
State/Territory	Total	Adult	Minor
NSW	6	6	0
NT	0	0	0
QLD	1	1	0
SA	0	0	0
VIC	2	2	0
WA (incl. Christmas Island)	2	2	0
Total	11	11	0

Chart 10.2 Psychiatric Hospital Admissions



10.3. Mental Health Screening

IHMS conducts mental health screenings for all persons at the point of entry to immigration detention and at prescribed intervals according to Home Affairs policy. Screening allows identification of those with individual mental health needs, and collated data also provide 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 the Strengths and Difficulties Questionnaire (SDQ) for children and adolescents. Both tools are self-rated. 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.

10.3a. 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, although it has not been validated for use in immigration detention settings. It is 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). It should be noted when interpreting this data that for those in detention for more than 18 months the screening interval changes from six 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.

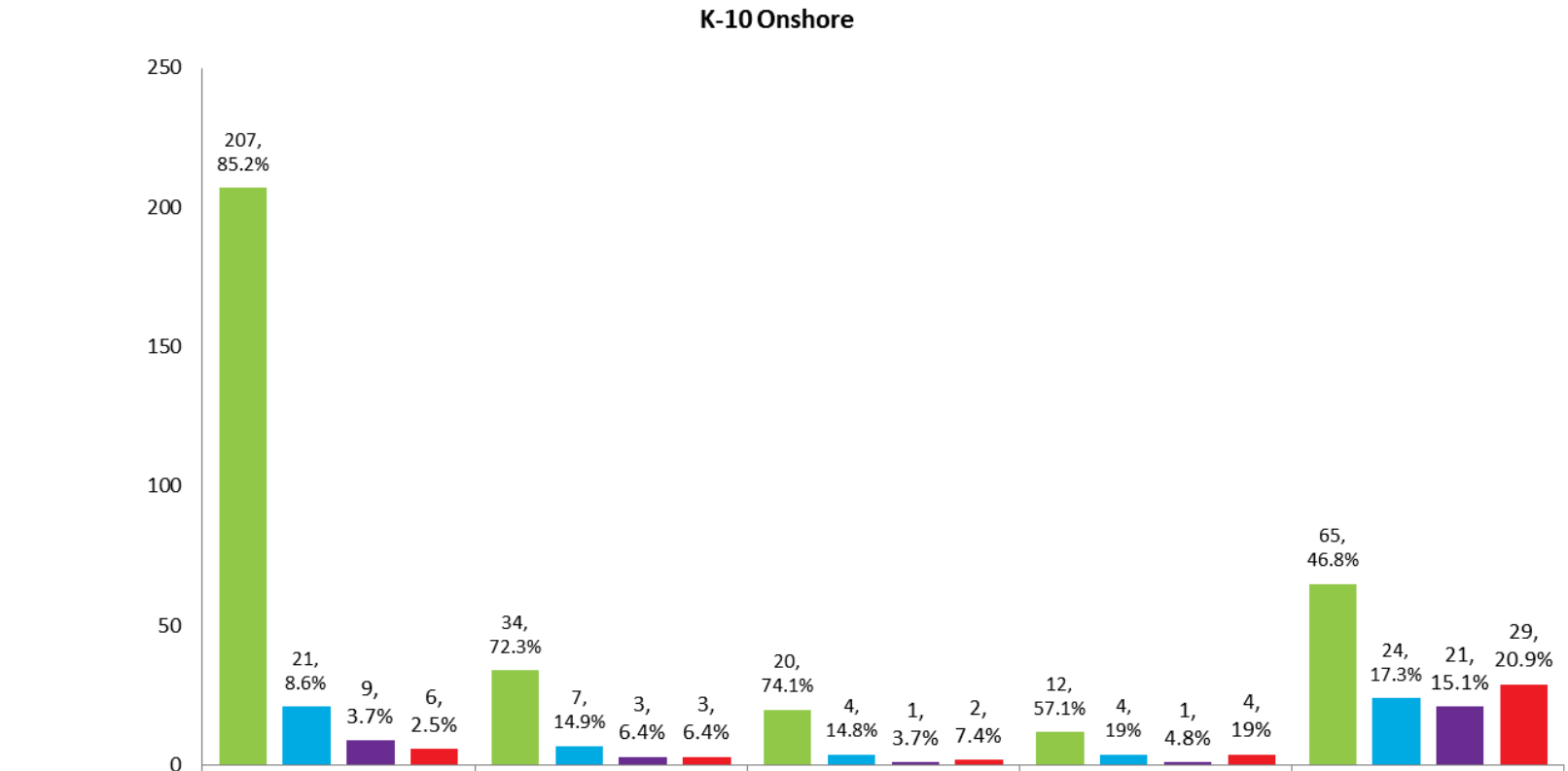
As shown in table 10.3a, the total number of completed K-10 screenings has continued to decrease from 493 during the last quarter to 477 this quarter. Screening for the K-10 is voluntary and those in detention over 19 months are less likely to participate in repeated screenings. As a consequence, the total completed screenings for this cohort has decreased from 211 last quarter to 139 during the last three months. Conversely, early K-10 screenings for 0-3 months has increased from 188 last quarter to 243 and comprises the largest number of screenings by month in detention. This reflects the number of new people entering onshore detention.

The total percentage reporting severe distress is at 9.2% which is lower than last quarter of 14.2%, with the highest scores on the K-10 reported in the group in detention for greater than 19 months.

Table 10.3a Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018										
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	243	14.31	207	85.2%	21	8.6%	9	3.7%	6	2.5%
4-6 months	47	17.11	34	72.3%	7	14.9%	3	6.4%	3	6.4%
7-12 months	27	16.41	20	74.1%	4	14.8%	1	3.7%	2	7.4%
13-18 months	21	19.76	12	57.1%	4	19.0%	1	4.8%	4	19.0%
19+ months	139	21.68	65	46.8%	24	17.3%	21	15.1%	29	20.9%
Total	**477**	**17.09**	**338**	**70.9%**	**60**	**12.6%**	**35**	**7.3%**	**44**	**9.2%**

Chart 10.3a Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	207	34	20	12	65
Mild (20-24)	21	7	4	4	24
Moderate (25-29)	9	3	1	1	21
Severe (30-50)	6	3	2	4	29

10.3b. 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 five scales:

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

Table 10.3b Strengths and Difficulties Questionnaire

SDQ Total Difficulties scores	Normal	Borderline	Abnormal
Parent ratings (age 4-17, N=0)	0	0	1
Self-report (age 11-17, N=2)	0	0	0

One SDQ questionnaire was completed in the onshore detention environment with the parent rating their child in the abnormal range during this reporting period. Completion of SDQ in onshore detention is likely to occur at low frequencies as children are usually transferred to an alternate place of detention prior to an SDQ being attended.

10.4. Torture & Trauma

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) are asked as a component of the health induction process and also later as part of the comprehensive mental health assessment. T&T 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, referrals to specialist T&T counselling services are offered to 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 to a Regional Processing Centre, in accordance with Departmental policy.

Disclosures of T&T may be made 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.

There were a total of 73 detainees who made new disclosures of torture and trauma during the last quarter. All those who disclosed torture and trauma were adults.

Table 10.4 New Torture &Trauma Disclosures

New Torture and Trauma Disclosures					
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018					
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	3	0	0	3	0
Brisbane ITA	9	0	0	9	0
Christmas Island	1	0	0	1	0
Maribyrnong IDC	10	0	0	10	0
Melbourne ITA	3	0	0	3	0
Perth IDC	1	0	0	1	0
Villawood IDC	34	0	0	34	0
Yongah Hill IDC	12	0	0	11	1
Total	**73**	**0**	**0**	**72**	**1**
* % total IDF population during Q1	2.7%	0.0%	0.0%	2.7%	2.7%

**Percentages are calculated for the total population age grouping during Q1 2018.*

10.5. 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 reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences high SME and then is downgraded to moderate SME and later to ongoing SME that will be counted three times, once under each column. Where three individuals were each commenced on different levels of SME which was then discontinued rather than being downgraded, this will also show up as three events. Figures provided below do not indicate length of time on SME, and do not count individuals who may have ceased SME and have been recommenced on the same SME level (for example if an individual has been commenced on moderate SME on three separate episodes it will only be counted once) within this reporting period.

In this quarter a total of 78 unique individuals (2.9% of the detention population) were commenced on or had an episode of downgrading of SME.

Table 10.5 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q1 Jan – Mar 2018			
	Ongoing	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	3	4	2
Christmas Island	3	5	2
Maribyrnong IDC	16	11	1
Melbourne ITA	5	4	5
Perth	2	1	0
Perth IRH	0	0	0
Sydney IRH	0	0	0
Villawood IDC	17	21	24
Yongah Hill IDC	5	8	9
Total	148		
Total number of unique individuals on SME	78	% of IDF population on SME	2.9%

Appendix A: SNOMED descriptions for Mental Health

SNOMED Descriptions for Mental Health
Able to sleep (finding)
Abnormal grief reaction to life event (finding)
Abuse of steroids (disorder)
Acute hysterical psychosis (disorder)
Acute situational disturbance (disorder)
Acute stress disorder (disorder)
Adjustment disorder (disorder)
Adjustment disorder with anxious mood (disorder)
Adjustment disorder with depressed mood (disorder)
Aggressive behavior (finding)
Aggressive biting (finding)
Agoraphobia (disorder)
Alcohol abuse (disorder)
Alcohol dependence (disorder)
Alexithymia (finding)
Alzheimer's disease (disorder)
Amnesia (finding)
Amphetamine abuse (disorder)
Anhedonia (finding)
Antisocial personality disorder (disorder)
Anxiety (finding)
Anxiety and fear (finding)
Anxiety attack (finding)
Anxiety disorder (disorder)
Anxiety disorder of childhood OR adolescence (disorder)
Anxiety neurosis (finding)
Anxiety state (finding)
Argumentative behavior (finding)
Asperger's disorder (disorder)
At risk for deficient parenting (finding)
At risk for deliberate self harm (finding)
At risk for psychosocial dysfunction (finding)
At risk for suicide (finding)
At risk of harming others (finding)
Attention deficit hyperactivity disorder (disorder)
Attention seeking behavior (finding)
Atypical psychosis (disorder)
Auditory hallucinations (finding)
Autistic disorder (disorder)
Autistic disorder of childhood onset (disorder)
Avoidance behavior (finding)
Behavior problem of childhood and adolescence

SNOMED Descriptions for Mental Health
(finding)
Behavioral and emotional disorder with onset in childhood (disorder)
Behavioral problems at school (finding)
Bipolar affective disorder, current episode manic (disorder)
Bipolar affective disorder, currently depressed, mild (disorder)
Bipolar affective disorder, currently manic, severe, with psychosis (disorder)
Bipolar disorder (disorder)
Bipolar disorder in remission (disorder)
Bipolar I disorder (disorder)
Borderline personality disorder (disorder)
Boredom (finding)
Brief reactive psychosis (disorder)
Cannabis abuse (disorder)
Cannot sleep at all (finding)
Child at risk (finding)
Child attention deficit disorder (disorder)
Childhood emotional disorder (disorder)
Childhood or adolescent disorder of social functioning (disorder)
Childhood or adolescent identity disorder (disorder)
Chronic psychogenic pain (disorder)
Chronic schizophrenia (disorder)
Chronic stress disorder (disorder)
Cigarette smoker (finding)
Claustrophobia (finding)
Cluster A personality disorder (disorder)
Cluster B personality disorder (disorder)
Cluster C personality disorder (disorder)
Communication disorder (disorder)
Complaining of feeling depressed (finding)
Complaining of tearfulness (finding)
Complex posttraumatic stress disorder (disorder)
Compulsive gambling (disorder)
Compulsive personality disorder (disorder)
Conduct disorder (disorder)
Culture shock (disorder)
Delayed articulatory and language development (finding)
Delayed milestone (finding)
Delirious (finding)
Delirium (disorder)

SNOMED Descriptions for Mental Health
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)
Dependent personality disorder (disorder)
Depressive disorder (disorder)
Developmental academic disorder (disorder)
Developmental delay (disorder)
Developmental mental disorder (disorder)
Difficulty controlling anger (finding)
Difficulty coping (finding)
Difficulty sleeping (finding)
Disorder of form of thought (finding)
Disorientation as to people, time and place (finding)
Disruptive behavior (finding)
Dissociative convulsions (disorder)
Dissociative disorder (disorder)
Dominating behavior (finding)
Drug abuse (disorder)
Drug dependence (disorder)
Drug seeking behavior (finding)
Drug withdrawal (disorder)
Drug-induced psychosis (disorder)
Dysphoric mood (finding)
Dysthymia (disorder)
Eating disorder (disorder)
Emotional problems (finding)
Emotional stress (finding)
Emotional upset (finding)
Encopresis (finding)
Endogenous depression (disorder)
Enmeshed attachment (finding)
Euthymic mood (finding)
Expression of emotions (observable entity)
Facial tic disorder (disorder)
Failed attempt to stop smoking (finding)
Fear (finding)
Fear associated with illness and body function (finding)
Fear of flying (finding)
Fear of going crazy (finding)
Feeling abandoned (finding)
Feeling agitated (finding)
Feeling angry (finding)
Feeling ashamed (finding)

SNOMED Descriptions for Mental Health
Feeling frustrated (finding)
Feeling guilt (finding)
Feeling hopeless (finding)
Feeling irritable (finding)
Feeling nervous (finding)
Feeling powerless (finding)
Feeling suicidal (finding)
Feeling tense (finding)
Feeling trapped (finding)
Feeling unhappy (finding)
Finding relating to grieving and mourning (finding)
Forgetful (finding)
Formication (finding)
Frontal lobe syndrome (disorder)
Gender reassignment patient (finding)
Generalized anxiety disorder (disorder)
Gilles de la Tourette's syndrome (disorder)
Global developmental delay (disorder)
Globus hystericus (finding)
Grief finding (finding)
Hallucinations (finding)
Health seeking behavior (finding)
Hebephrenic schizophrenia in remission (disorder)
Heroin dependence (disorder)
History of drug abuse (situation)
History of violent behavior toward others (situation)
Histrionic behavior (finding)
Histrionic personality disorder (disorder)
Homosexual (finding)
Hyperactive behavior (finding)
Hypersomnia (disorder)
Hypervigilant behavior (finding)
Hypochondriasis (disorder)
Hypomania (disorder)
Immature personality (finding)
Impaired cognition (finding)
Impulse control disorder (disorder)
Inability to cope (finding)
Inappropriate behavior (finding)
Inappropriate shouting (finding)
Increased libido (finding)
Ineffective family coping (finding)
Insecurity (finding)
Insomnia (disorder)

SNOMED Descriptions for Mental Health
Intellectual functioning disability (finding)
Intelligence quotient low (finding)
Intentional poisoning (disorder)
Intermittent explosive disorder (disorder)
Intrusive thoughts (finding)
Korsakoff's psychosis (disorder)
Lack of libido (finding)
Learning difficulties (finding)
Lithium level low (finding)
Localized dissociative amnesia (disorder)
Loss of appetite (finding)
Loss of hope for the future (finding)
Low self-esteem (finding)
Major depression in remission (disorder)
Major depression, melancholic type (disorder)
Major depressive disorder (disorder)
Maladaptive behavior (finding)
Mania (disorder)
Manic bipolar I disorder (disorder)
Masturbation (finding)
Memory impairment (finding)
Mental distress (finding)
mental health problem (finding)
Mental retardation (disorder)
Misuses drugs (finding)
Mixed anxiety and depressive disorder (disorder)
Mixed bipolar affective disorder (disorder)
Mood stable (finding)
Mood swings (finding)
Moody (finding)
Multiple somatic complaints (finding)
Munchausen's syndrome (disorder)
Nail biting (finding)
Narcissistic personality disorder (disorder)
Neglectful parenting (finding)
Nicotine dependence (disorder)
Nicotine withdrawal (disorder)
Nightmares (finding)
Nightmares associated with chronic post-traumatic stress disorder (disorder)
No evidence of mental illness (situation)
No suicidal thoughts (situation)
No thoughts of deliberate self harm (situation)
Nocturnal enuresis (finding)

SNOMED Descriptions for Mental Health
Non-organic nocturnal enuresis (finding)
Obsessional neurosis (disorder)
Obsessive behavior (finding)
Obsessive-compulsive disorder (disorder)
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)
Psychomotor agitation (finding)
Psychophysiologic disorder (finding)

SNOMED Descriptions for Mental Health
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)
Ran away, life event (finding)
Reactive attachment disorder (disorder)
Reactive depressive psychosis (disorder)
Ready to stop smoking (finding)
Rebellious character (finding)
Recurrent depression (disorder)
Recurrent major depression in partial remission (disorder)
Reduced concentration (finding)
Reduced libido (finding)
Restlessness (finding)
Restlessness and agitation (finding)
Rumination - thoughts (finding)
Schizoaffective disorder (disorder)
Schizophrenia (disorder)
Schizophrenia in remission (disorder)
Schizophrenic disorders (disorder)
Schizophreniform disorder (disorder)
Sedated (finding)
Self-harm (finding)
Self-injurious behavior (finding)
Self-mutilation (finding)
Separation anxiety (disorder)
Separation anxiety disorder of childhood (disorder)
Severe anxiety (panic) (finding)
Severe major depression (disorder)
Severe major depression with psychotic features (disorder)
Sexual frustration (finding)
Sexualized behavior (finding)
Sibling jealousy (disorder)
Sleep deprivation (finding)
Sleep disorder (disorder)
Sleep paralysis (disorder)
Sleep terror disorder (disorder)
Sleep walking disorder (disorder)
Smoking cessation milestones (observable entity)
Social phobia (disorder)
Somatization disorder (disorder)

SNOMED Descriptions for Mental Health
Specifica nonpsychotic mental disorders following organic brain damage (record artifact)
Speech delay (disorder)
Stopped smoking (finding)
Strange and inexplicable behavior (finding)
Stress (finding)
Stress and adjustment reaction (disorder)
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

ihms

International Health
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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
FTT	Fit to Travel
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDF	Immigration Detention Facilities
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

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1. EXECUTIVE SUMMARY

With this quarterly report, International Health and Medical Services (IHMS) has enhanced the report format in order to improve the presentation and interpretation of health services and health events that may affect the immigration detention population.

With regards to the health service and the immigration detention cohort, the following is noted:

- A new section of the immigration detention facility at Brisbane has been commissioned and opened. There was no significant change made to the medical operating model t this site.
- Population changes suggest that the number of detainees on Christmas Island has reduced with an associated increase in other facilities keeping the overall detainee numbers stable during the last quarter. This is consistent with the plan for the Christmas Island facility going into 'hot contingency' later this year.
- Comparisons between Health Induction Assessment, Health Discharge Assessment and Fitness to Travel Assessment numbers suggest that there may be significantly more casework being conducted than may be required. This has been previously noted and has been discussed at the Department's Quality and Risk Assurance meetings. IHMS has submitted a proposal for consideration by the Department for additional resources to meet this trend.
- Dental and radiology referrals represented more than 1000 referrals to offsite appointments. IHMS is currently seeking models of health care service delivery that reduce the number of offsite medical excursions by targeting services related to dentistry, physiotherapy and x-rays. This may require changes to infrastructure and additional equipment in order to facilitate services within the detention facilities.
- Due to increases in the numbers of immigration detention detainees requiring Opiate Substitution Therapy, IHMS has liaised with New South Wales medical practitioners to increase the numbers of detainees that could treated in detention facilities in New South Wales. IHMS continues to investigate processes to increase the number of people who can be placed on this program within Western Australia.
- The prescribing patterns amongst simple analgesics and non-steroidal anti-inflammatory agents suggests that new rules and manufacturing changes in Australia implemented in February 2018 have had an effect on prescribing patterns. IHMS updated procedures to comply with the new legislation.

- New Hepatitis C diagnoses continue to be the most prevalent communicable disease identified. Hepatitis C is a known complication of intravenous drug use and the sharing of injecting equipment. This high prevalence is likely due to the increase in the ex-corrections cohort where similar issues exist.

2. INTRODUCTION

IHMS is contracted by the Commonwealth of Australia, represented by the Department of Home Affairs (the Department), to provide primary and mental health care services, to persons held in immigration detention. This includes persons held within any Australian Immigration Detention Facility (AIDF) and any place designated by the Department also known as an Alternate Place of Detention (APOD). IHMS also undertakes the co-ordinating the health care of persons in Community Detention (CD) with this service being provided through a network of IHMS accredited service providers.

The locations at which IHMS provided the above services for the period of 1 April 2018 to 30 June 2018were:

- North West Point, Christmas Island
- Yongah Hill Immigration Detention Centre, WA
- Perth Immigration Detention Centre, WA
- Adelaide Immigration Transit Accommodation, SA
- Maribyrnong Immigration Detention Centre, VIC
- Melbourne Immigration Transit Accommodation, VIC
- Villawood Immigration Detention Centre, NSW
- Brisbane Immigration Transit Accommodation, QLD
- Darwin APOD, NT

In delivering the onsite medical service within the Australian environment, IHMS employs general practitioners, primary and mental health nurses, psychiatrists and allied health care workers including dentists, physiotherapists, counsellors and occupational therapists. While the onsite service is mainly limited to working hours, IHMS supports site activities during after-hours and public holidays by a central call line that provides telephonic triaging for persons on site. When the need for services exceeds the remit of that present within the IHMS scope of work, persons are referred to local Australian health facilities to help manage their conditions.

In assisting the Department meets its objective of status resolution; IHMS also provides a centralised service through a team of doctors, nurses and operations co-ordinators that addresses the health care needs of persons undergoing removals or being returned to their country of origin.

The major health events that a person in detention undergoes are:

- A health induction assessment: this is an initial health review that helps identify any health concerns that may require attention while the person is in held detention.
- Primary health care consultations: these are delivered via a primary health care nurse and a general practitioner with clinically appropriate medication being dispensed on site. This includes detainee vaccinations in line with the current Australian Immunisation Guidelines.

- Mental health care consultations: these are delivered via a mental health care nurse, general practitioner and psychiatrists.
- A discharge medical examination: this is to ensure that persons within detention are appropriately medically discharged with future medical needs being identified and suitably referred. This process is captured with detainees being provided with health summaries upon discharge.
- A fitness to travel assessment: This assessment is undertaken when a detainee requires transfer within the network and/or is potentially being removed from the network. . This assessment reviews a person's medical condition and determines the medical needs a person may require if transported.

IHMS also provides some additional medical services that are required by the detention cohort but are outside the services described above. These include:

- The administration of medications to detainees that may not be able to manage their own medications or may be on sites where self-agency is not possible.
- An Opiate Substitution Therapy Program which provides medical care to detainees who have been previously addicted to opiates.

3. METHODOLOGY

a) Describing the population IHMS services

As the population varies on a day to day basis, IHMS describes the population utilising the nominal roll which is a roll of all persons held in detention. IHMS describes the monthly numbers and the monthly averages of the nominal roll. The source of this data is SERCO, another service provider operating with the immigration detention context.

The nominal roll addresses the number of persons within held detention and can be likened to the number of beds occupied at a point in time; it does not reflect the variation in services provided at an individual level. This is further compounded with there being no data source that provides this information. As such, IHMS uses the number of health induction assessments as a measure of the number of people entering immigration detention and the number of health discharge summaries produced as a measure for the number of people exiting immigration detention.

IHMS attempts to further demonstrate the distribution of resources and medical conditions by describing the data by the number of unique persons.

For additional information, an overview of the number of people in immigration detention facilities can be found using the below Department of Home Affairs website link: http://www.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention. It is noted that there is a discrepancy with the numbers reported on the website and those contained within the report, due to dates in which calculations are made and timeframes for notification of admissions and discharges from detention.
IHMS utilises the following age grouping brackets at the request of the Department of Home Affairs to align with other Department of Home Affairs reports. These age bracket groupings are by sex and as follows:

- 0 - 4 years
- 5 – 17 years
- 18 – 64 years
- Greater than 65 years

IHMS also describes detainees with disabilities in this section of the report.

b) Describing the IHMS's medical service activities

IHMS describes the medical activities undertaken within the onshore immigration detention environment by reporting on the number of appointments and consultations amongst primary and mental health care workers. IHMS also describes appointments with allied health care workers, the laboratory and radiology service usage. With regard to medical consultations not offered on site, IHMS reports on specialist referrals and

presentations to local hospital emergency departments. This data is sourced from the electronic medical records and reports compiled by IHMS internally.

c) Describing medical outputs and diagnoses

When considering medical outputs and diagnoses within Detention Immigration, IHMS obtains the data from the electronic medical records system which utilises the SNOMED clinical terminology system (http://sydney.edu.au/medicine/fmrc/snomed/index.php).

SNOMED is designed to capture and represent patient data for clinical purposes and is not a diagnostic classification system. It incorporates both diagnostic items, 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, and may include 'normal' findings. 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 are also extracted from the electronic medical record. In this report, the 'chronic diseases' described identifies only those codes reflecting actual clinical diagnoses.

4. RESULTS

SECTION A: Describing the immigration detention cohort

d) The Immigration Detention Health Cohort

As determined by the nominal roll, the number of persons in detention is described in Table 1. As noted in the methodology section, this would represent the number of beds occupied at the immigration detention facilities and APODS. As the population at the Darwin APOD is highly variable the population is recorded as zero. However, as detainees are onsite during the quarter there was work conducted.

The total monthly population average has remained consistent, being 1313 between January 2018 to March 2018 and 1319 between April 2018 to June 2018.

Table 1 Summary of the end of month nominal rolls, the average monthly nominal rolls and the percentage change in nominal rolls by month for Q2 2018.

Facilities	Apr -18	May- 18	Jun- 18	Monthly Average	Percentage Change
Adelaide ITA	18	28	24	23	25%
Brisbane ITA	63	77	87	76	18%
Christmas Island IDC	302	275	238	272	-39%
Maribyrnong IDC	109	96	98	101	4%
Melbourne ITA	94	85	96	92	30%
Perth IDC	31	29	33	31	-3%
Villawood IDC	477	453	460	463	-9.5%
Yongah Hill IDC	256	240	288	261	10%
Darwin APOD	0	0	0	0	-
Total Population	**1350**	**1283**	**1324**	**1319**	**-2.7%**

e) Detainees entering detention

A Health Induction Assessment (HIA) is completed for each new arrival into the detention network. This induction assessment comprises of a nurse review, a GP review, a mental health review and a screening chest x-ray and pathology for communicable diseases. This remains a significant workload on the IHMS clinics as although the static population in the network has decreased, the centres are still experiencing a constant flow of new arrivals and departures, all of whom require individual HIAs and discharge planning.

Table 2 describes the number of detainees requiring HIAs for Q2 2018. As there is no data describing the population entering detention facilities, IHMS assumes that the number of HIAs required is a surrogate measure for the number of people entering detention.

Table 2 Health Induction Assessments required by site for Q2 2018.

Health Induction Assessments (HIA) Q2 2018			
Facilities	**Number of detainees requiring HIA**	**On site Population (End of Jun)**	**% HIAs conducted**
Adelaide ITA	48	24	200%
Brisbane ITA	267	87	307%
Christmas Island IDC	0	238	0%
Maribyrnong IDC	125	98	128%
Melbourne ITA	329	96	343%
Perth IDC	155	33	470%
Villawood IDC	604	460	131%
Yongah Hill IDC	82	288	28%
Darwin APOD	20	0	0%
Total	**1630**	**1324**	**122%**

As with previous quarters, the Perth Immigration Detention Centre (PIDC) and the Brisbane Immigration Transit Accommodation (BITA), complete a high number of HIAs as a percentage of their population with 470% and 307% conducted in Q2 2018 respectively. Conversely, the number of HIAs attended at the Adelaide Immigration Transit Accommodation (AITA) decreased from 428% of the population at the end March 2018 to 200% at the end of Q2 2018.

Consistent with last quarter, Christmas Island (CI) and the Yongah Hill Immigration detention centre (YIDC) had amongst the lowest number of HIAs conducted with no HIAs conducted at CI and only 28% of the population at YIDC. This demonstrates a low number of new detainees entering these sites, as well as a relatively stable population. As mentioned, due to the highly variable population in the Darwin APOD, this is recorded as zero.

f) Detainees leaving detention immigration

Health Discharge Assessments (HDA) are requested when a detainee may be discharged from a detention facility. IHMS uses this as a surrogate measure of persons being discharged from detention facilities. However, this measure does not include rapid visa turnarounds and may not reflect all departures as detainees may refuse a HDA.

The total number of completed HDAs has increased this quarter from 554 in Q1 2018 to 731 during the last three months. Additionally, the number of HDA activity has increased this quarter to 98% after decreasing over the previous three quarters (95% Q3 2017, 81% Q4 2017 and 76% in Q1 2018)

Table 3 Health Discharge Assessments that were cancelled completed or remain open for Q2 2018

Health Discharge Assessments (HDA) Q2 Apr – Jun 2018						
Facilities	**Number of cancelled HDAs**	**Number of completed HDAs**	**Number of open HDAs**	**Total**	**Population on site (End of Jun)**	**HDA Activity as % of Pop**
Adelaide ITA	9	15	7	31	24	129%
Brisbane ITA	15	97	9	121	87	139%
Christmas Island	51	5	14	70	238	29%
Maribyrnong IDC	45	42	36	123	98	126%
Melbourne ITA	22	126	29	177	96	184%
Perth IDC	9	14	3	26	33	79%
Villawood IDC	143	275	103	521	460	113%
Yongah Hill IDC	29	154	19	202	288	70%
Darwin APOD *	0	21	0	21	0	0%
Grand Total	**323**	**749**	**220**	**1292**	**1324**	**98%**

**Percentages are calculated for the total population age grouping during Q2 2018. * As IHMS uses the nominal roll on the last day of the month, the Darwin population is recorded as zero. However, as detainees were onsite during the quarter, there was work conducted*

g) Fit To Travel

When detainees are required to transfer from one site to another within Australia or when they are repatriated, Fitness to Travel (FTT) assessments are made. These are done in conjunction with the HDAs and while not an accurate indicator, it does present evidence of transfers within the detention setting and/or removals to countries of origin.

FTT requests often trigger multiple clinical inputs for a number of detainees. These include not only review with onsite clinicians, for example a mental health review to comment on escort requirements, but may often include external medical providers

The data in Table 4 captures those detainees transferring between sites.

Table 4 Total number of FTT health assessments requested or completed between Immigration Detention Sites for Q2 2018

Fit To Travel (FTT) Q2 Apr- Jun 2018			
Facilities	**Number of FTT Requested**	**Population on site**	**Percentage of FTTs conducted**
Adelaide ITA	11	24	46%
Brisbane ITA	96	87	110%
Christmas Island	190	238	80%
Maribyrnong IDC	117	98	119%
Melbourne ITA	23	96	24%
Perth IDC	11	33	33%
Villawood IDC	117	460	25%
Yongah Hill IDC	62	288	22%
Darwin APOD	0	0*	0%
Grand Total	**627**		

** As IHMS uses the nominal roll on the last day of the month, the Darwin population is recorded as zero. However, as detainees were onsite during the quarter, there was work conducted.*

Overall the number of FTT completed for detainees transferring between sites has decreased from 845 to 627, with notable declines in requested FTT for YIDC and MIDC (154 and 171 requests in Q1 2018 respectively). CI has slightly increased from 182 to 190 FTT requests in the last three months.

h) Detainees with Disabilities

Table 5 Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs) reviewed in Q2

Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs)					
Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018					
Types of Disability	**IDCs**	**ITAs**	**APODs**	**Adult**	**Minor**
Psychiatric	34	8	0	42	0
Hearing impairment	4	0	0	4	0
Neurological	3	1	0	4	0
Physical	3	0	0	3	0
Autism	1	0	0	1	0
Specific Learning Disorder (other than intellectual)	1	0	0	1	0
Visual Impairment	1	0	0	1	0
Intellectual	0	0	0	0	0
Grand Total	**47**	**9**	**0**	**56**	**0**
Unique Detainees with a disability	**53**				

Table 6. Total Disabilities as Percentage of IDF Population

Mainland and Christmas Island (IDFs only) Q3 2017- Q2 2018		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
30 Jun 2018 – Q2	53	1.79%
31 Mar 2018 – Q1	56	2.06%
31 Dec 2017 – Q4	26	0.85%
30 Sep 2017 – Q3	43	1.47%

Overall the number of disabilities in held detention remain consistent with Q1 2018 (56 unique detainees with a disability in Q1 2018) with 53 unique detainees identified as having a disability in an IHMS GP or Psychiatrist consultation in the last three months. It is important to note that this does not provide the epidemiology of disabilities in the held detention as detainees with disabilities may not have required a GP or psychiatrist review this quarter. The reasons for the high number of psychiatric disabilities are likely multifactorial, and may include the increased length of stay in held detention, increase in patients with a psychiatric disability being reviewed by a diagnostician and external variables such as unquantified changes in the prevalence of mental illness in those entering detention.

SECTION B: Medical service activities

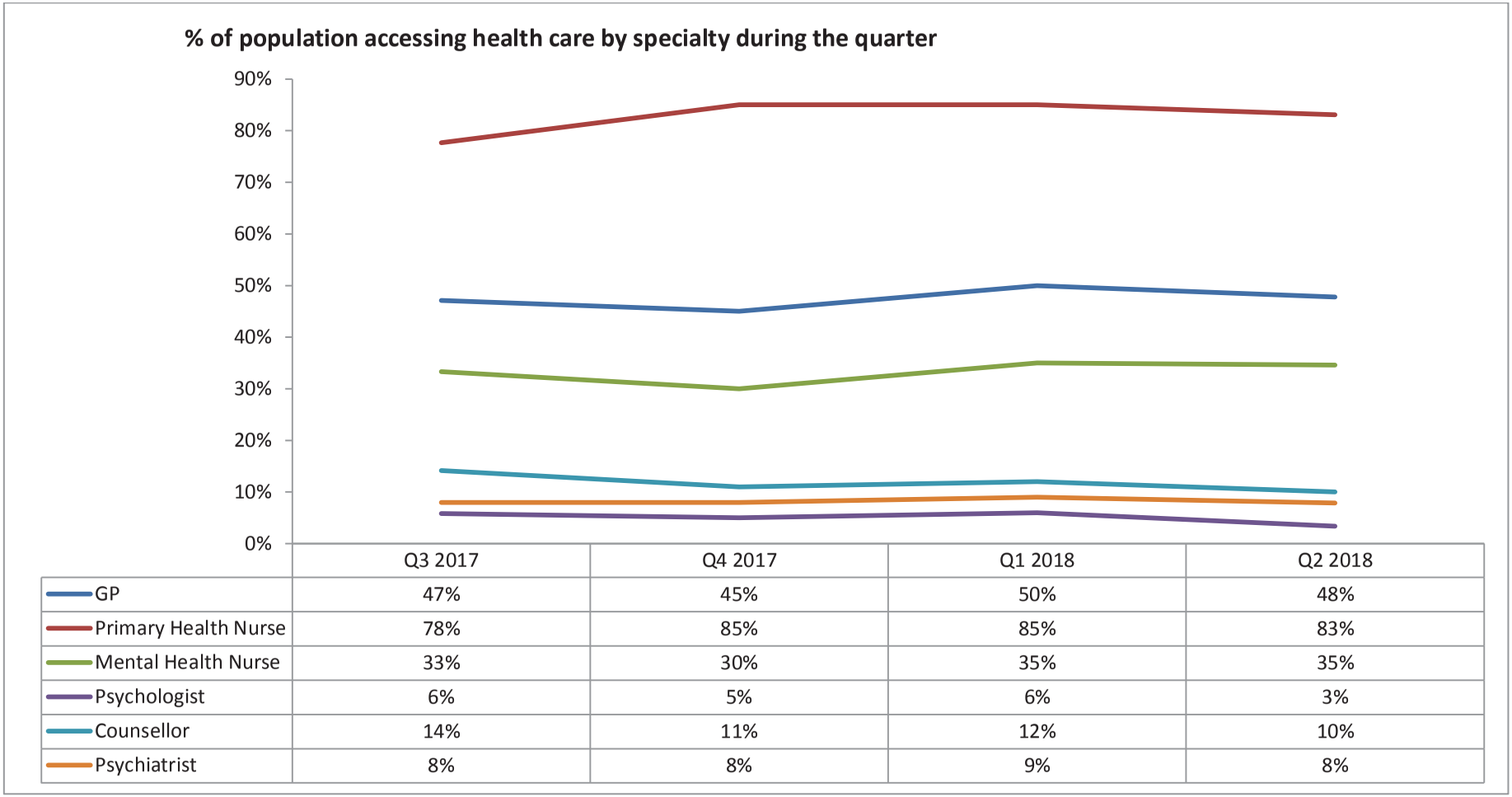
a) Primary and Mental Health Care Consultations

Table 7 Consultations with Primary Health Care

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q2 Apr – Jun 2018				
IHMS Primary Health Care	**Total number of consults**	**No. of unique persons seen per speciality**	**Average Consults/Unique Person Attending Consultations**	**% of total IDF population during Q4 2017**
GP	3,728	1,413	2.6	47.8%
Primary Health Nurse	10,335	2,456	4.2	83.1%
Mental Health Nurse	2,170	1,022	2.1	34.6%
Psychologist	241	99	2.4	3.4%
Counsellor	1,254	296	4.2	10.0%
Psychiatrist	320	233	1.4	7.9%
Total	**18,048**		**3.3**	

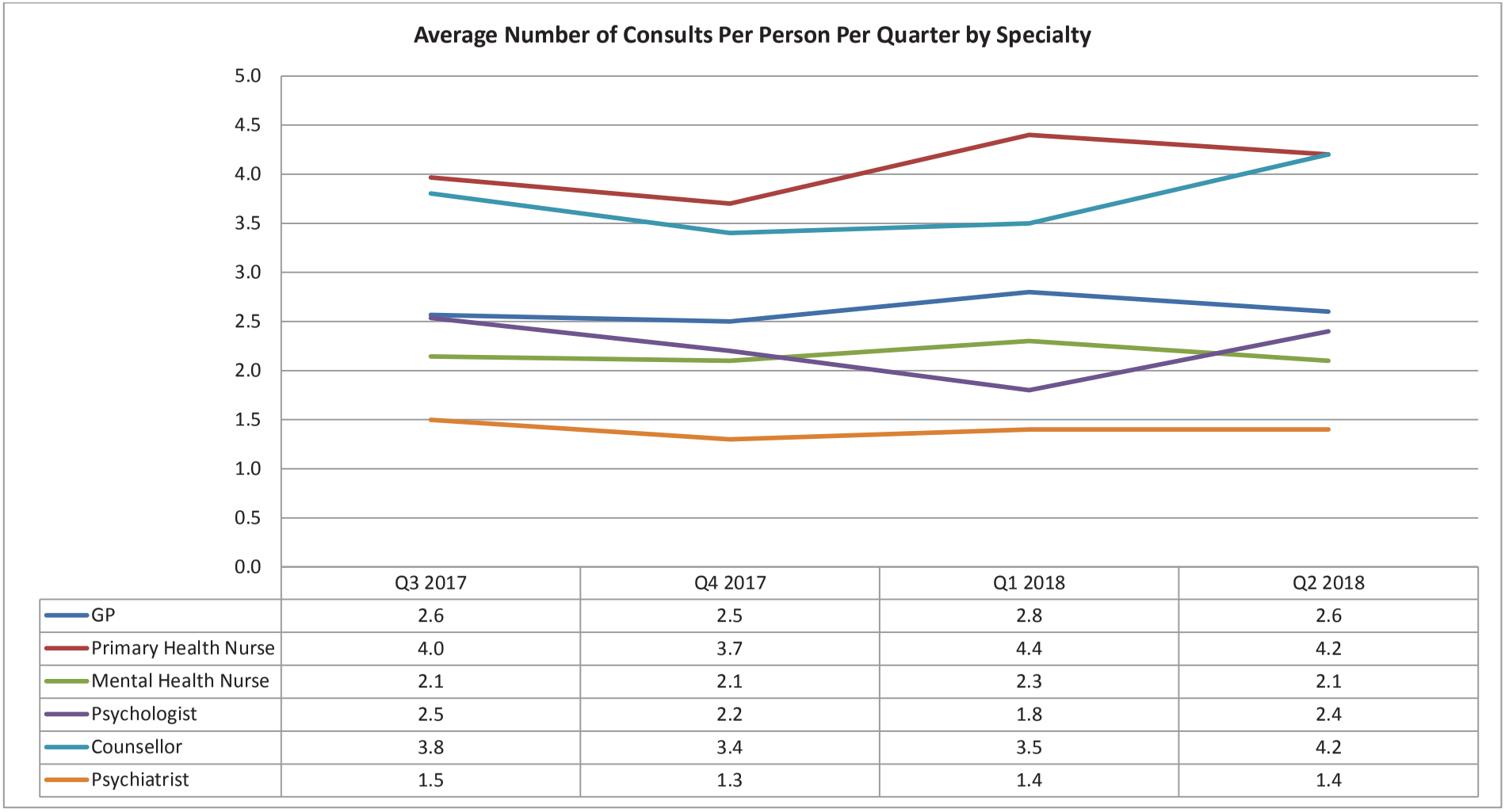
Total number of consults: *If a detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to the clinic once with multiple health issues, the consultation will only be counted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

Chart 1 Consultation trend by Primary Health Care



	Q3 2017	Q4 2017	Q1 2018	Q2 2018
GP	47%	45%	50%	48%
Primary Health Nurse	78%	85%	85%	83%
Mental Health Nurse	33%	30%	35%	35%
Psychologist	6%	5%	6%	3%
Counsellor	14%	11%	12%	10%
Psychiatrist	8%	8%	9%	8%

Chart 2 Trend of Average Number of Consults per Person



	Q3 2017	Q4 2017	Q1 2018	Q2 2018
GP	2.6	2.5	2.8	2.6
Primary Health Nurse	4.0	3.7	4.4	4.2
Mental Health Nurse	2.1	2.1	2.3	2.1
Psychologist	2.5	2.2	1.8	2.4
Counsellor	3.8	3.4	3.5	4.2
Psychiatrist	1.5	1.3	1.4	1.4

The total number of clinician consultations has continued to rise since the end of 2017, with 16,699 consultations in Q4 2017, 17,793 in Q1 2018 and 18, 048 during the last three months. Consistent with the previous three quarters, primary health nurse consultations make up the largest number of the overall consultations (85% in both Q4 2017 and Q1 2018 and 83% in Q2 2018).

Table 8. Consultations with Primary and Mental Health Care

Primary and Mental Health Consultation per Specialty by Age Group by total population										
Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018										
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	4	100%	9	50%	1,374	47%	26	68%	1,413	48%
Primary Health Nurse	4	100%	10	56%	2,410	83%	32	84%	2,456	83%
Mental Health Nurse	0	N/A	1	6%	1,001	35%	20	53%	1022	35%
Psychologist	0	N/A	0	0%	98	3%	1	3%	99	3%
Counsellor	1	25%	0	0%	288	10%	7	18%	296	10%
Psychiatrist	0	N/A	0	0%	227	8%	6	16%	233	8%

b) Mental Health

Table 9 Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
Q2 Apr – Jun 2018			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	586	389	13.26%
Primary Health Nurse	376	223	7.60%
Primary Health Total	962		
Mental Health Consultations by Mental Health Professionals			
Counsellor	1249	294	10.02%
Mental Health Nurse	1959	960	32.73%
Psychiatrist	276	210	7.16%
Psychologist	242	100	3.41%
Mental Health Total	3726		
TOTAL	4688	1277	43.54%

Table 10 Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
Q2 Apr – Jun 2018			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	1	1	4.55%
Primary Health Nurse	0	0	0.00%
Primary Health Total	**1**		
Mental Health Consultations by Mental Health Professionals			
Counsellor	2	1	4.55%
Mental Health Nurse	2	1	4.55%
Psychiatrist	0	0	0.00%
Psychologist	0	0	0.00%
Mental Health Total	**4**		
TOTAL	**5**	**2**	**9.09%**

Total number of consults: *If a detainee presents to the clinic for mental health reasons 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*.

Table 9 and 10 show there was a total of 4693 consultations for both adults and minors during this quarter for items relating to mental health in onshore held detention. These mental health consultations were provided by both mental health and primary care clinicians to 1279 unique individuals. The number of adult mental health consultations provided by primary health care clinicians has increased from 794 in Q1 2018 to 962 in Q2 2018. However, the majority of consultations (n=3726) for mental health reasons continue to be attended by mental health professionals and the bulk by mental health nurses who reviewed 32.73% of the adult detainee population during the last quarter.

Primary health nurses provide mental health services within their scope of practice including observation, monitoring clients on mental health medications and initial mental health triage of a client. Importantly, 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.

There continues to be a small number of minors, who enter held immigration detention, usually with their families, usually staying for less than 48 hours, and therefore not triggering a comprehensive mental health nurse consultation or strengths and Difficulties Questionnaire (SDQ) which must be offered for those who stay longer than 10 days in detention.

c) Allied Health Care Worker Consultations

Table 11 Allied Health Referrals

Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018					
Allied Health Referral Type	**Onsite Referrals**	**Offsite Referrals**	**Total Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons with referral**
Dental	618	271	889	422	74%
Physiotherapy	431	314	745	135	24%
Audiology	0	10	10	6	1%
Optometry	86	23	109	91	16%
Podiatry	0	86	86	41	7%
Diabetes Educator	0	2	2	1	0.2%
Nutritionist	0	2	2	1	0.2%
Total	**1135**	**708**	**1843**		
Total number of unique persons to have an Allied Health referral	**569**	**% of total IDF population during Q2**	**19%**		

The total number of allied health service referrals has continued to increase from 1760 Q4 2017, to 1815 in Q1 2018 and 1843 during the last three months. Dental referrals continue to be the highest referred allied health service with 838 referrals in Q1 2018 and 889 referrals in Q2 2018. The highest number of unique individuals (422) required a dental referral. Physiotherapy continues to be the second most referred to allied health specialty. Optometry referrals have decreased from 145 in Q1 2018 to 109 in Q2 2018, whereas podiatry referrals have increased from 58 to 86 during the last three months.

d) Laboratory Services

Table 12 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2018				
Pathology Type	**Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	783	783	339
Hep C	459	169	628	586
Hep B	454	98	552	556
HIV (BBv)	450	93	543	544
VDRL (Syphilis)	448	78	526	530
Full Blood Count (FBC)	0	376	376	318
INR	0	104	104	65
Mid-Stream Urine Micro & Culture	0	128	128	101
Fasting Triglycerides	0	174	174	163
Alpha Fetoprotein	0	64	64	63
Total number of unique persons that had a Pathology Referral	**826**	**As % of total IDF population during quarter**	**27.95%**	

Pathology referrals have remained fairly consistent over the last three quarters with 26% of the population referred in Q4 2017, 31.07% in Q1 2018 and 27.95% of the population in held detention referred in the last three month.

e) Radiology Services

Table 13 Radiology referrals

Radiology referrals					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2018					
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	390	57.88%	275	64.40%	1. Chest 2. OPG 3. Knee (R) 4. Spine - Lumbo-sacral 5. Knee (L)
Ultrasound	183	25.95%	156	36.5%	1. Abdomen 2. Other 3. Upper abdomen 4. Shoulder 5. Renal
CT Scan	74	10.60%	57	13.35%	1. Chest 2. Abdomen 3. Spine - Lumbar 4. Renal 5. Pelvis
MRI	38	5.30%	34	7.96%	1. Lumbar Spine 2. Knee 3. Brain 4. Periphery 5. Head
Nuclear medicine	2	0.27%	2	0.47%	1. Bone scan 2. Thyroid
Mammography	0	0.00%	0	0.00%	
Angiography	0	0.00%	0	0.00%	
Bone densitometry	0	0.00%	0	0.00%	
Total	687				
Total number of unique persons to have a Radiology test	427	As % of total IDF population during quarter		14.45%	

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

In Q1 2018, the total number of radiology referrals was 619, with 378 unique persons attending a radiological investigation. During the last quarter there has been an increase in radiological referrals up to 687, with an increase in unique persons being referred at 427. X-rays, ultrasounds and CT scans remain the most commonly referred radiological tests, with chest x-rays at the top. Chest x-ray referrals have increased from 317 to 390 in Q1 2018 to Q2 2018 respectively. Similarly to last quarter nuclear medicine, mammography scans; angiography and bone densitometry referrals remain low, with only two persons referred to nuclear medicine in Q2 2018.

f) Specialist referrals

Table 14 Specialist referrals (Top 20)

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2018			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
General surgery	30	28	0.9%
Orthopaedics	29	28	0.9%
Cardiology	28	26	0.9%
Emergency department	25	22	0.7%
Gastroenterology	23	21	0.7%
Dermatology	9	9	0.3%
Neurology	9	8	0.3%
Respiratory and sleep medicine	9	9	0.3%
Otorhinolaryngology	8	7	0.2%
Urology	8	5	0.2%
Psychiatry	7	5	0.2%
Neurosurgery	6	6	0.2%
Ophthalmology	6	5	0.2%
Addiction medicine	5	5	0.2%
Endocrinology	5	5	0.2%
Gynaecology and obstetrics	4	3	0.1%
Nephrology	3	2	0.1%
Vascular surgery	3	3	0.1%
Internal medicine	2	2	0.1%
Oral and maxillofacial surgery	2	2	0.1%
TOTAL	**221**		
Total number of unique persons to have a specialist referral	**180**	**% of total IDF population during Q2**	**6.1%**

Table 14 details the top 20 specialist referrals for the last three months. The number of speciality referrals has continued to increase from 161 in Q4 2017, 205 in Q1 2018 and 221 referrals during the last three months. The number of unique persons referred to a specialty has also increased since Q4 2017, with 137 unique persons referred in Q4 2017, 163 in Q1 2018 and 180 in Q2 2018.

Psychiatry specialist referrals in this table refer to sub-specialist psychiatrists such as forensic specialists that could not be met within the existing visiting psychiatric service, where these were specifically required.

The number of referrals for emergency medicine has decreased from 32 in Q1 2018 to 25 in Q2 2018; however the number of unique individuals referred has increased slightly from 20 in Q1 2018 to 22 this quarter. The most prevalent speciality referral was general surgery which increased from 23 in Q1 2018 to 30 in Q2 2018. The number of unique persons referred to this speciality also increased from 17 in Q1 2018 to 28 in Q2 2018.

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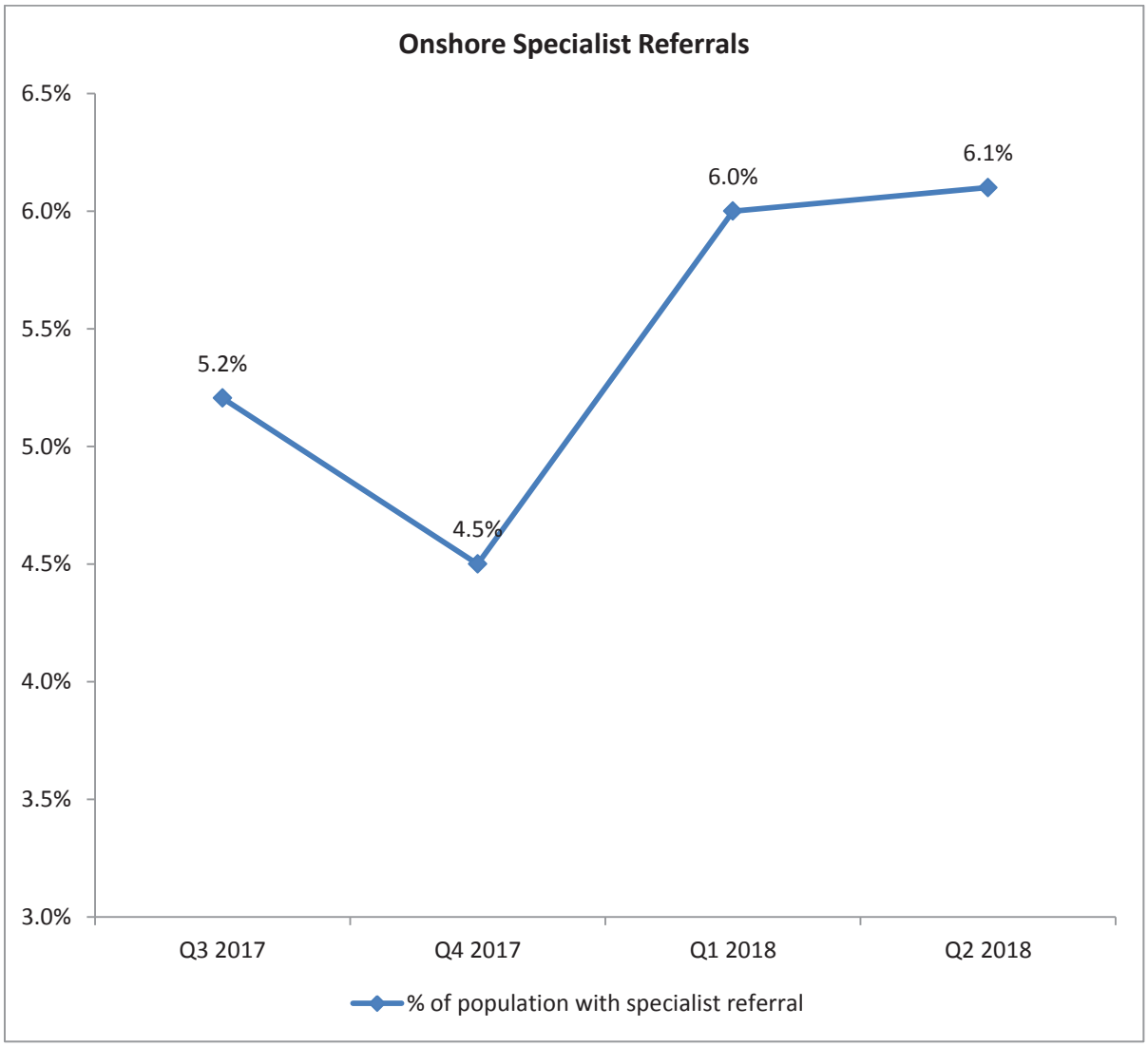
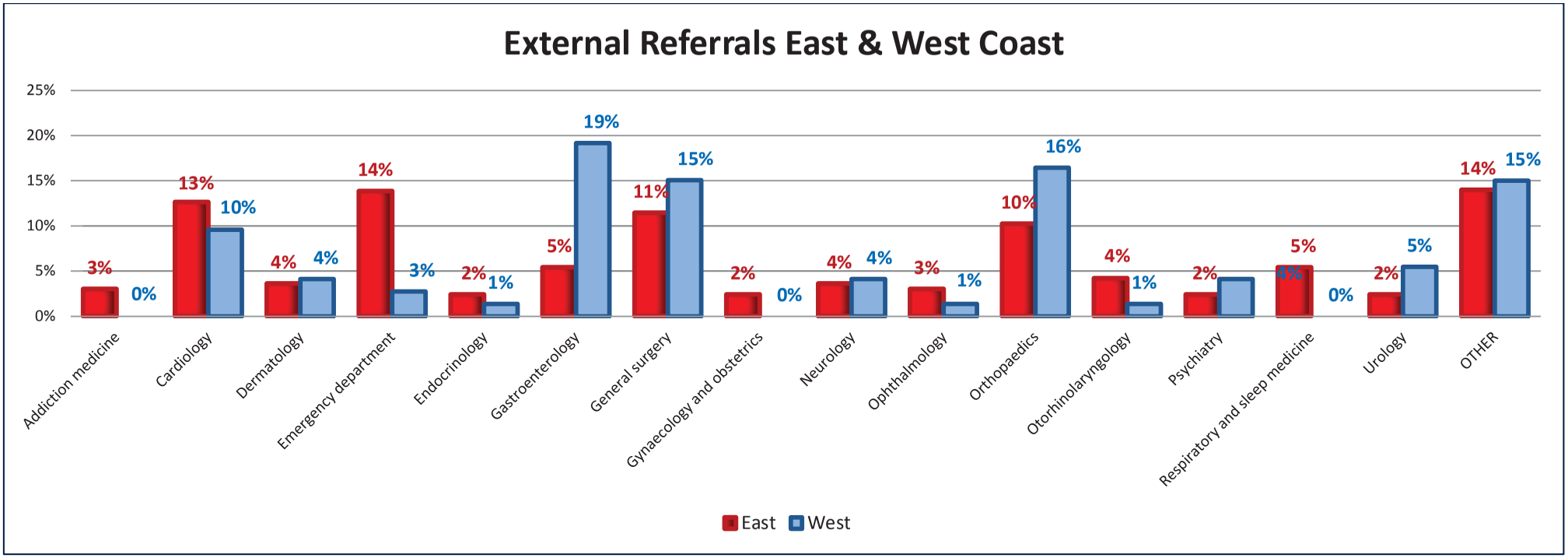
Chart 3 Specialist referrals trend



As shown in Chart 3, while there was a downward trend from Q3 2017 to Q4 2017, in Q1 2018 there was an increase in the number of specialist referrals to 6% which has remained the same in Q2 2018.

Chart 4 Specialist referrals trends East vs. West Coast



The category "Other" encompasses a diverse range of subspecialty services.

Comparison of referral patterns between East and West Coast based facilities demonstrates both differences and similarities between the two geographical areas. Notable differences between the East and the West can be observed in the number of emergency, gastroenterology and orthopaedic appointments sought. Overall, the specialties with the highest percentage of referrals made for a geographical area include gastroenterology, general surgery and orthopaedics, emergency and "other".

g) Referrals to Emergency Departments

Table 15 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	12	9
NSW	86	58
NT	0	0
QLD	5	5
SA	3	3
VIC	24	18
WA	45	33
Total	**175**	
Total number of unique persons that were hospitalised	**123**	**4.16%**

**An individual may be double counted for each unique hospital admission and if they attended different hospital for the same presentation.*

The total number of unique persons hospitalised has remained consistent with 125 unique persons hospitalised in Q1 2018 and 123 individuals admitted to hospital during the last three months. The number of hospital admissions has increased slightly from 165 in Q1 2018 to 175 this quarter.

h) Psychiatric Admissions

There were a total of ten inpatient admissions for mental health care from onshore immigration detention facilities in this quarter, with New South Wales contributing to 40% of the total admissions. This has remained consistent with last quarter, where there were 11 inpatient admissions (9 unique individuals).

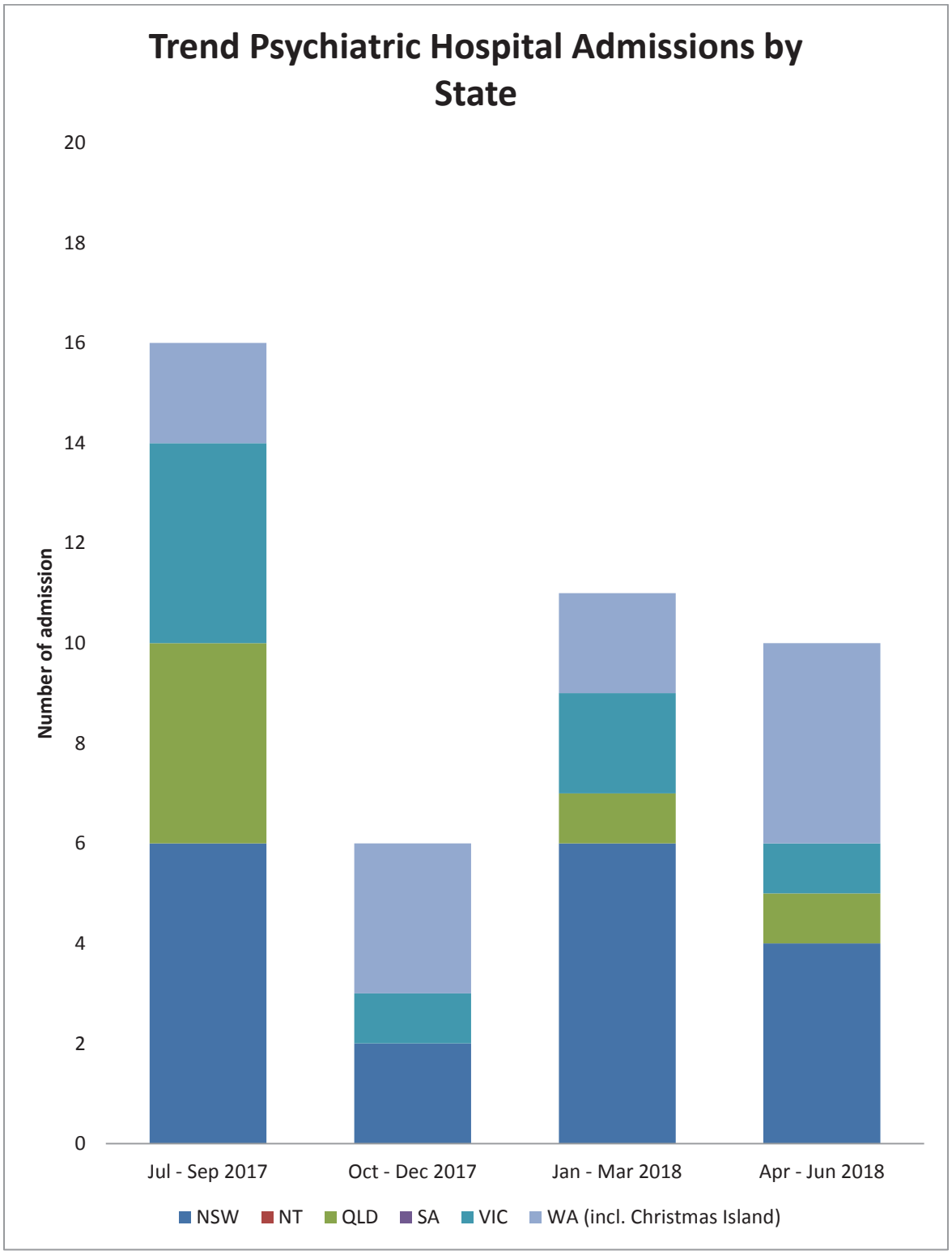
Table 16 Psychiatric Admissions

Mainland and Christmas Island (IDFs only) Q3 2017 – Q2 Jun 2018				
State/Territory	Jul – Sep 2017	Oct – Dec 2017	Jan – Mar 2018	Apr – Jun 2018
NSW	6	2	6	4
NT	0	0	0	0
QLD	4	0	1	1
SA	0	0	0	0
VIC	4	1	2	1
WA (incl. Christmas Island)	2	3	2	4
Total	16	6	11	10

Table 17 Psychiatric Admissions by Age Grouping

Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018			
State/Territory	Total	Adult	Minor
NSW	4	4	0
NT	0	0	0
QLD	1	1	0
SA	0	0	0
VIC	1	1	0
WA (incl. Christmas Island)	4	4	0
Total	10	10	0

Chart 5 Trend Psychiatric Hospital Admission by state



i) Medication Dispensing

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 at roughly half of the population, as per the following:

- Q3 2017 (July – September) 52%
- Q4 2017 (October – December) 47%
- Q1 2018 (January – March) 53%
- Q2 2018 (April – June) 51 %

IHMS continues to give detainees the opportunity to self-administer medications at certain locations where it is practical and safe to do so. Exceptions remain at high security centres such as Maribyrnong IDC. A Detainee who fits the criteria for self-administration of medication is given a weekly blister pack. The literature on this topic suggests that self-administration of medications leads to improved medication compliance rates and also an important component of self-agency and taking responsibility and control of one's health. Where self-administration of medication is not safe or practical, IHMS conducts medication rounds in the clinic.

There were 97 unique opiate substitution therapy prescriptions during this quarter. IHMS continues to manage the onsite administration of opiate substitution therapy program (OSTP) at all of its locations except Christmas Island, but focussed primarily at Maribyrnong IDC and Villawood, with smaller numbers at Yongah Hill and Perth IDC.

Table 18 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class Apr - Jun 2018						
% of total population during Q2						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	968	33%	2	9%	970	33%
Nonsteroidal anti-inflammatory agents	719	25%	0	0%	719	24%
Antidepressants	342	12%	0	0%	342	12%
Antihistamines	340	12%	1	5%	341	12%
Vaccines	252	9%	0	0%	252	9%
Hyperacidity, reflux and ulcers	214	7%	0	0%	214	7%
Antipsychotic agents	210	7%	0	0%	210	7%
Expectorants, antitussives, mucolytics, decongestants	183	6%	0	0%	183	6%
Laxatives	178	6%	0	0%	178	6%
Agents used in drug dependence	175	6%	0	0%	175	6%
Penicillins	168	6%	1	5%	169	6%
Rubefacients, topical analgesics/NSAIDs	128	4%	0	0%	128	4%
Combination simple analgesics	124	4%	0	0%	124	4%
Hypolipidaemic agents	116	4%	0	0%	116	4%
Antihypertensive agents	111	4%	0	0%	111	4%
Sedatives, hypnotics	110	4%	0	0%	110	4%
Topical corticosteroids	80	3%	0	0%	80	3%
Bronchodilator aerosols and inhalations	78	3%	0	0%	78	3%
Anticonvulsants	72	2%	0	0%	72	2%
Topical antifungals	69	2%	0	0%	69	2%

As shown above, pain relief (simple analgesia) and psychotropic medications (antidepressants and antipsychotics) are amongst the most common prescriptions in Q4 2018, Q1 2018 and Q2 2018. The discontinuation of panadeine, has led to a significant decrease in the number of prescribed combined analgesics which were 198 in Q1 2018 and 124 during the last three months.

Table 19 Medication Prescriptions by Schedule

Medication prescriptions by Schedule Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2017			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse prescriptions**
S2	252	0	1,125
S3	347	10	12
S4	2,296	96	543
S8	122	1	2
Unscheduled	768	1	416
Grand Total	**3,785**	**108**	**2,098**

GP prescriptions have remained fairly consistent with 3,626 in Q1 2018 and 3,785 over the last three months. Prescriptions by an IHMS psychiatrist also remain fairly consistent with 113 in Q1 2018 and 108 during the last three months. Nurse prescriptions have also increased from 1,633 to 2,098. Whilst nurses are unable to independently prescribe S8 medications, the data shows two Schedule 8 drugs have been entered into the electronic medication charts by primary health nurses. When a GP is not available (after clinic hours) primary health nurses are able obtain telephone orders from a GP or IHMS Medical Director for medications, including Schedule 8 medications as clinically indicated. Further descriptions of drug schedules are located in Appendix B.

Table 20 Medication Trends by MIMS Class

Medication trends		
% of total population during quarter		
Medications	Jan - Mar 2018	Apr - Jun 2018
Simple analgesics and antipyretics	32%	33%
Nonsteroidal anti-inflammatory agents	23%	24%
Antidepressants	13%	12%
Antihistamines	8%	12%
Vaccines	3%	9%
Hyperacidity, reflux and ulcers	8%	7%
Antipsychotic agents	8%	7%
Expectorants, antitussives, mucolytics, decongestants	2%	6%
Laxatives	5%	6%
Agents used in drug dependence	6%	6%
Penicillins	5%	6%
Rubefacients, topical analgesics/NSAIDs	4%	4%
Combination simple analgesics	7%	4%
Hypolipidaemic agents	4%	4%
Antihypertensive agents	4%	4%
Sedatives, hypnotics	3%	4%
Topical corticosteroids	3%	3%
Bronchodilator aerosols and inhalations	4%	3%
Anticonvulsants	3%	2%
Topical antifungals	3%	2%

This data represents the total number of medications prescribed this quarter, but is not reflective of the total number of prescriptions, as many medications may remain ongoing over the three month period. Pain relief (simple analgesics and nonsteroidal anti-inflammatory agents) remain the most prevalent prescriptions as a percentage of the total population, at 33 and 24 percent respectively. This coincides with a decrease in the number of combination simple analgesics, which have decreased due to new rules and manufacturing changes in Australia implemented in February 2018.

j) Vaccinations Administered by Age Group

Table 21 Vaccinations by age group

Vaccinations Administered as per the Australian National Immunisation Schedule by Age Group Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018					
Vaccination type	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
VZV (Varicella - Chickenpox)	0	0	14	0	14
MMR (Measles, Mumps, Rubella)	0	0	20	0	20
MMRV (Measles, Mumps, Rubella, Varicella)	0	0	0	0	0
Hep B (Hepatitis B)	0	0	71	1	72
MenCCV (Meningococcal C)	0	0	11	0	11
dT (Diphtheria, Tetanus)	0	0	8	0	8
HPV (Human papillomavirus)	0	0	5	0	5
DTPa (up to 10 years) (Diphtheria, Tetanus, Acellular Pertussis)	0	0	0	0	0
Rotavirus (Rotavirus)	0	0	0	0	0
IPV (Inactivated Poliomyelitis)	0	0	24	0	24
PCV (Pneumococcal)	0	0	0	0	0
dTpa (11 years and over) (Diphtheria, Tetanus, Acellular Pertussis)	0	0	33	0	33
Herpes Zoster	0	0	0	0	0
Hib (Haemophilius Influenza type b)	0	0	0	0	0
23 PPV (Pneumococcal)	0	0	1	1	2
Total	**0**	**0**	**187**	**2**	**189**

Table 22 Additional Vaccinations Administered

Additional Vaccinations administered – Q2 Apr – Jun 2018					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
Influenza	0	0	301	13	314
Hepatitis A	0	0	149	7	156
Yellow Fever	0	0	0	0	0
Total	0	0	450	20	470

The IHMS vaccination program is aligned with the Australian Immunisation Schedule with a number of its primary care nurses holding the immunisation certificate. The total vaccinations administered are presented in two tables to separate and reflect the number of vaccinations administered. There was a marked increase in the administration of the influenza vaccine from 5 in Q1 2018 to 314 during the last three months. This correlates to the lead up to winter and “flu season”. No vaccinations were administered to minors this quarter.

The discrepancy between vaccinations prescribed in table 18 and the total number of medications administered may be due to IHMS sourcing an immunisation nurse, to administer vaccinations without a doctor’s prescription. This is useful in administering high volumes of vaccinations, such as the influenza vaccine as shown in table 23.

SECTION C: Health outputs and outcomes

a) Reasons for Presentations to GP and Psychiatrist

Table 23 Reasons for Presentations to GP and Psychiatrist

Health Groupings – Q2 2018	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	1688	1,419	624	21.1%
Musculoskeletal	1075	886	458	15.5%
Skin	696	597	350	11.8%
Digestive	624	534	320	10.8%
General Unspecified	529	487	350	11.8%
Endocrine / Metabolic & Nutritional	439	349	222	7.5%
Respiratory	495	432	229	7.7%
Neurological	232	224	157	5.3%
Cardiovascular	232	203	162	5.5%
Injury	122	108	85	2.9%
Ear	122	96	57	1.9%
Eye	118	111	82	2.8%
Genital	104	92	68	2.3%
Urological	127	101	57	1.9%
Social	12	12	12	0.4%
Blood / Blood forming organs	36	33	30	1.0%
Pregnancy / Childbearing / Family Planning	14	8	7	0.2%
Total	**6665**	**5,692**		

Table 24 Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping | Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2018										
Health Groupings	0-4 years	% of total 0-4 years	5-17 years	% of total 5-17 years	18-64 years	% of total 18-64 years	65+ years	% of total 65+ years	Total	% total IDF population
Psychological	0	0.0%	3	16.7%	610	21.1%	11	28.9%	624	21.1%
Musculoskeletal	0	0.0%	0	0.0%	445	15.4%	13	34.2%	458	15.5%
Skin	0	0.0%	0	0.0%	342	11.8%	8	21.1%	350	11.8%
Digestive	0	0.0%	1	5.6%	306	10.6%	13	34.2%	320	10.8%
General Unspecified	2	50.0%	0	0.0%	338	11.7%	10	26.3%	350	11.8%
Endocrine / Metabolic & Nutritional	0	0.0%	0	0.0%	211	7.3%	11	28.9%	222	7.5%
Respiratory	1	25.0%	1	5.6%	219	7.6%	8	21.1%	229	7.7%
Neurological	1	25.0%	1	5.6%	150	5.2%	5	13.2%	157	5.3%
Cardiovascular	0	0.0%	0	0.0%	153	5.3%	9	23.7%	162	5.5%
Injury	0	0.0%	0	0.0%	84	2.9%	1	2.6%	85	2.9%
Ear	1	25.0%	0	0.0%	53	1.8%	3	7.9%	57	1.9%
Eye	0	0.0%	0	0.0%	76	2.6%	6	15.8%	82	2.8%
Genital	0	0.0%	0	0.0%	62	2.1%	6	15.8%	68	2.3%
Urological	0	0.0%	1	5.6%	51	1.8%	5	13.2%	57	1.9%
Social	0	0.0%	0	0.0%	12	0.4%	0	0.0%	12	0.4%
Blood / Blood forming organs	0	0.0%	0	0.0%	29	1.0%	1	2.6%	30	1.0%
Pregnancy /Childbearing /Family Planning	0	0.0%	0	0.0%	7	0.2%	0	0.0%	7	0.2%

The consultations by health groupings are consistent with the previous quarter including psychological and musculoskeletal remaining the most common reason for a consultation, with 21.1 % and 15.55% of the population attending consultations for these issues respectively. Presentations related to pregnancy and blood health issues remain the lowest reasons for GP and psychiatrist consultations. It is important to note that when interpreting this table each grouping represents a wide range of symptoms, events and diagnoses listed within the SNOMED classification system. As an illustrative example of this, cases captured under the “psychological” grouping for example range from recognised psychiatric diagnoses, to psychologically related consults as such smoking cessation.

b) Chronic Diseases

Table 25 Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018					
Chronic Disease* *(Categories taken from the Australian institute of Health and Welfare)*	**Adult**	**Age group by % (Adult)**	**Minor**	**Age group by % (Minor)**	**Grand Total**
Cardiovascular	58	2.0%	0	0%	58
Asthma	54	1.8%	0	0%	54
Diabetes	51	1.7%	0	0%	51
Depression	49	1.7%	0	0%	49
Obesity	48	1.6%	0	0%	48
Arthritis	38	1.3%	0	0%	38
Schizophrenia	33	1.1%	0	0%	33
Oral disease	25	0.9%	0	0%	25
Chronic Liver Disease	18	0.6%	0	0%	18
Bipolar Disorder	9	0.3%	0	0%	9
COPD	6	0.2%	0	0%	6
Thyroid disease	4	0.1%	0	0%	4
Epilepsy	4	0.1%	0	0%	4
Chronic kidney disease	2	0.1%	0	0%	2
Cancer	1	0.03%	0	0%	1
Dementia	1	0.03%	0	0%	1
Inflammatory bowel disease	1	0.03%	0	0%	1
Osteoporosis	1	0.03%	0	0%	1
Adrenal Disease	0	0%	0	0%	0
Glaucoma	0	0%	0	0%	0

**The number of adults and minors is unique within the chronic disease category.*

Table 26 Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping | Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2018								
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%	53	1.83%	5	13.2%
Asthma	0	0%	0	0%	54	1.87%	0	0%
Diabetes	0	0%	0	0%	46	1.59%	5	13.2%
Depression	0	0%	0	0%	49	1.69%	0	0%
Obesity	0	0%	0	0%	47	1.62%	1	2.6%
Arthritis	0	0%	0	0%	35	1.21%	3	7.9%
Schizophrenia	0	0%	0	0%	33	1.14%	0	0%
Oral disease	0	0%	0	0%	25	0.86%	0	0%
Chronic Liver Disease	0	0%	0	0%	17	0.59%	1	2.6%
Bipolar Disorder	0	0%	0	0%	9	0.31%	0	0%
COPD	0	0%	0	0%	6	0.21%	0	0%
Thyroid disease	0	0%	0	0%	4	0.14%	0	0%
Epilepsy	0	0%	0	0%	4	0.14%	0	0%
Chronic kidney disease	0	0%	0	0%	1	0.03%	1	2.6%
Cancer	0	0%	0	0%	0	0%	1	2.6%
Dementia	0	0%	0	0%	1	0.03%	0	0%
Inflammatory bowel disease	0	0%	0	0%	1	0.03%	0	0%
Osteoporosis	0	0%	0	0%	1	0.03%	0	0%
Adrenal Disease	0	0%	0	0%	0	0%	0	0%
Glaucoma	0	0%	0	0%	0	0%	0	0%

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

The number of consults represents the number of explicit presentations for chronic disease for the quarter and is not a true reflection of the prevalence of the disease within the detainee population i.e. a detainee with a chronic diagnosis may not have been recorded if they did not present to an IHMS medical practitioner for their chronic disease during the last three months.

From the data shown in the table 27 cardiovascular disease is shown to be the most prevalent chronic disease this quarter (as in Q1 2018) followed by asthma, diabetes and depression. Obesity remains amongst the top five chronic diseases, with 48 unique individual presentations for this health issue during the last three months. Adrenal disease and glaucoma continue to have low numbers, with no detainees presenting in Q2 2018. There were no chronic diseases identified amongst the minor population in mainland held detention during the last three months or in Q1 2018.

c) Mental Health

1.1. Mental Health Screening

IHMS conducts mental health screening during the Health Induction Assessment for all persons at the point of entry to immigration detention and a comprehensive mental health assessment at prescribed regular intervals for those consenting to this process according to Department of Home Affairs 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 the mental health (such as K10 scores) of 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).

1.1a) 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, although it has not been validated for use in immigration detention settings. 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:

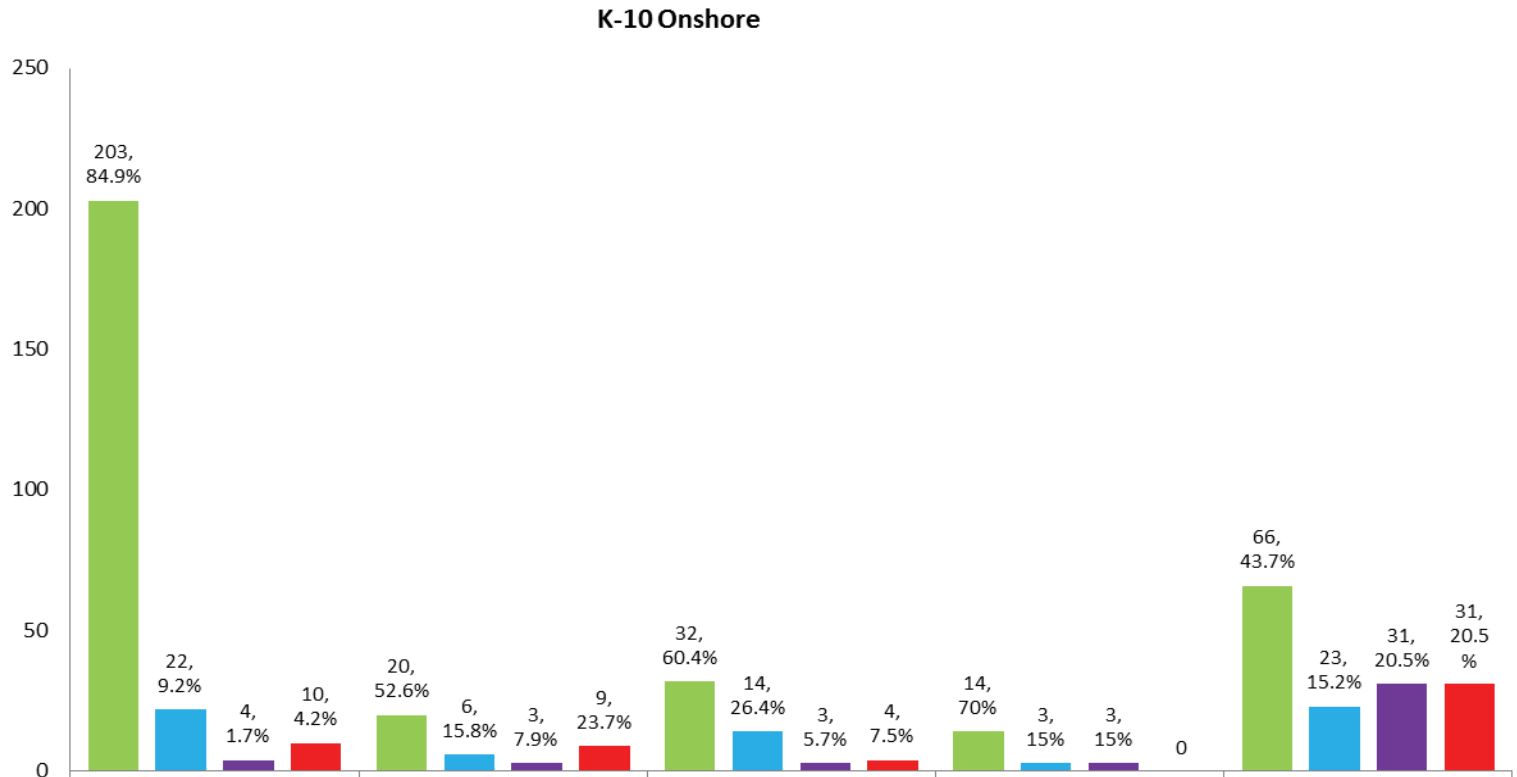
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50). As shown in table 29 there were 493 screenings for adults completed in this quarter using the K10. It should be noted when 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 increased slightly since the last quarter, from 477 in Q1 2018 to 501 during the last three months. However this is still lower than in Q4 2017, where 211 individuals in detention for 19+ months participated in a K-10 screening. Screening for the K-10 is voluntary and those in detention over 19 months are less likely to participate. The number of K-10 screenings completed for those newly in held detention, between 0-3 months remains the highest with 239 screenings completed. Additionally, 84.9% these scores remain in the low range whereas those in held detention greater than 19 months have the highest number of detainees scoring in severe distress (31 out of 151 detainees).

Table 27 Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018										
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	239	14.33	203	84.9%	22	9.2%	4	1.7%	10	4.2%
4-6 months	38	20.71	20	52.6%	6	15.8%	3	7.9%	9	23.7%
7-12 months	53	18.28	32	60.4%	14	26.4%	3	5.7%	4	7.5%
13-18 months	20	16.75	14	70.0%	3	15.0%	3	15.0%	0	0.0%
19+ months	151	21.70	66	43.7%	23	15.2%	31	20.5%	31	20.5%
Total	**501**	**17.55**	**335**	**66.9%**	**68**	**13.6%**	**44**	**8.8%**	**54**	**10.8%**

Chart 6 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	203	20	32	14	66
Mild (20-24)	22	6	14	3	23
Moderate (25-29)	4	3	3	3	31
Severe (30-50)	10	9	4	0	31

1.1 b) 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).

Table 28 Strengths and Difficulties Questionnaire

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

No SDQ screenings were conducted onshore this quarter.

d) Torture and Trauma

1.1. Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) are asked as a component of the health induction process and also later as part of the comprehensive mental health assessment. T&T 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, referrals to specialist T&T counselling services are offered to 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 a Regional Processing Centre, in accordance with Departmental policy.

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 29. New Torture &Trauma Disclosures

Mainland and Christmas Island (IDFs only) Q2 Apr – Jun 2018					
Facility T&T First disclosed	Number of Detainees in IDFs who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Adelaide ITA	0	0	0	0	0
Brisbane ITA	7	0	1	6	0
Christmas Island	1	0	0	1	0
Maribyrnong IDC	8	0	0	8	0
Melbourne ITA	4	0	0	4	0
Perth IDC	0	0	0	0	0
Villawood IDC	15	0	0	15	0
Yongah Hill IDC	13	0	0	13	0
Total	**48**	**0**	**1**	**47**	**0**
*** % IDF population during Q2**	**1.6%**	**0.0%**	**5.6%**	**1.6%**	**0.0%**

**Percentages are calculated for the total population age grouping during Q1 2018.*

There were 48 Detainees who made new disclosures of T&T during this quarter. New T&T disclosures for VIDC have decreased since last quarter (34 in Q1 2018 and 15 in Q2 2018). Overall new T&T disclosures have decreased since the last quarter. The majority of new T&T disclosures remain in the 18 to 64 year age grouping.

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 reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences high SME and then is downgraded to moderate SME and later to ongoing SME that will be counted three times, once under each column. Where three individuals were each commenced on different levels of SME which was then discontinued rather than being downgraded, this will also show up as three events. Figures provided below do not indicate length of time on SME, and do not count individuals who may have ceased SME and have been recommenced on the same SME level (for example if an individual has been commenced on moderate SME on three separate episodes it will only be counted once) within this reporting period.

In this quarter a total of 52 unique individuals (1.76% of the detention population) were commenced on or had an episode of downgrading of SME. This is less than last quarter where there were 78 unique individuals (2.9% of the mainland detention population).

Table 30 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q1 Apr - Jun 2018			
	Ongoing	Moderate	High Imminent
Adelaide ITA	0	0	1
Brisbane ITA	3	2	2
Christmas Island	8	6	5
Maribyrnong IDC	8	11	3
Melbourne ITA	5	1	0
Perth IDC	1	2	1
Villawood IDC	1	3	6
Wickham Point IDC	0	0	0
Yongah Hill IDC	2	4	4
Total	79		
Total number of unique individuals on SME	52	% of IDF population on SME	1.76%

e) Communicable, Infectious and Parasitic Diseases

Table 31 Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 1 (Jan – Mar 2018)				Total New Diagnoses Jul 2015 - Jun 2018		
Contagious (human to human, including sexually transmitted infections)	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**% of IDF population during quarter**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**
Chickenpox	0	0	0	0.00%	1	1	2
Chlamydia	0	2	2	0.07%	2	14	16
Gonorrhoea	0	2	2	0.07%	1	3	4
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	1	13	14	0.47%	8	252	260
Hepatitis C, Ab pos	2	33	35	1.18%	19	468	487
HIV	0	2	2	0.07%	0	16	16
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	1	1
Syphilis serology pos	0	9	9	0.30%	2	93	95
Tuberculosis – Active	0	2	2	0.07%	2	9	11
Typhoid	0	0	0	0.00%	0	0	0
Total	**3**	**63**	**66**	**2.23%**	**35**	**857**	**892**
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	0	0	0.00%	1	0	1
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	0	0	0	0.00%	1	0	1
Strongyloidiasis	0	0	0	0.00%	1	1	2
Total	**0**	**0**	**0**	**0.00%**	**3**	**1**	**4**
Grand Total	**3**	**63**	**66**	**2.23%**	**38**	**858**	**896**

New Hepatitis C diagnoses continue to be the most prevalent communicable disease identified. Hepatitis C is a known complication of intravenous drug use and the sharing of injecting equipment. This high prevalence is likely due to the increase in the ex-corrections cohort where similar issues exist. However, compared with Q1 2018 the number of new Hepatitis C positive test results has decreased to 35 from 45. This is consistent with the results from Q4 2017, where there were 34 new cases identified. New cases of Hepatitis B have continued to decrease from 26 to 23 and now 14 in Q4 2017, Q1 2018 Q2 2018 respectively. The new diagnoses of Syphilis have remained fairly consistent with 7 new cases between January and March 2018 and 9 new cases during the last three months. As in with Q1 2018, there were no new cases of non-contagious (via mosquitoes or parasites) diseases during the last three months.

5. DISCUSSION

5.1 The Detention Cohort

While the total monthly average population has remained relatively constant over the last quarter (1313 in Q1 and 1319 in Q2), there has been a notable shift with the numbers of detainees decreasing at Christmas Island but increasing in Melbourne, Brisbane and Yongah Hill. This is reflective of the Department's decision to place the Christmas Island facility into hot contingency.

The last quarter also saw the commissioning and opening of further detention accommodation at the Brisbane facility. No significant changes were made to the operating model at Brisbane with the Department implementing a model whereby IHMS maintains a presence at the main facility with only a part time medical presence within the new area. This satellite medical service is delivered through a specific clinical building located within the new area. This quarter saw a notable decrease in the number of HIAs required from 160% in Q4 2017 to 131% in Q1 2018 to 122% this quarter. This may represent an increased length of time in detention amongst the detainee population as opposed to new persons entering immigration detention.

The total number of completed HDAs has increased this quarter from 554 in Q1 2018 to 731 during the last three months. Additionally, the number of HDA activity has increased this quarter to 98% after decreasing over the previous three quarters (95% Q3 2017, 81% Q4 2017 and 75% in Q4 2017). Overall the number of FTT completed for detainees transferring between sites has decreased from 845 to 627, with notable declines in requested FTT for YIDC and MIDC (154 and 171 requests in Q1 2018 respectively). CI has slightly increased from 182 to 190 FTT requests in the last three months.

When the HIA, HDA and FTT data is looked at together, there appears to be inconsistencies within the detention population i.e. the overall detention population numbers remain stable with a potential increase in detention stay periods despite there being an increase in the amount of work conducted by IHMS around discharges. This may suggest that there is significantly more work effort being placed into arranging transfers and discharges for detainees than may be required or actually eventuate in an actual transfer.

Another health concern relating to detainee movement within the immigration detention network is that of the detainee often requires a new referral to a public hospital, along with a subsequent wait list, for each change in location. This potentially delays access to treatment due to multiple referrals required for the service and the necessity of being placed on a waiting list as per community standards.

5.2 Medical Service Activities

The percentage of the population accessing IHMS health care services by category of health care worker subspecialties remains fairly consistent. The average number of consultations per person by speciality demonstrates a slight increase in reviews by counsellors and psychologists from last quarter. There has been a slight increase in patient's accessing Mental Health Nurse consults over the previous four quarters. At the same time the data shows a slight decrease in psychologist appointments. Overall, GP and Psychiatrist appointments have remained relatively static over the same interval.

The increase in the number of consultations relating to mental health that was carried out by primary health care workers is noted.

Dental referrals represented the highest number of referrals for unique persons requiring referrals (n=422). Physiotherapy continues to be the second most referred to allied health specialty. The last quarter also saw an increase in radiological referrals up to 687, with an increase in unique persons being referred at 427. X-rays, ultrasounds and CT scans remain the most commonly referred radiological tests, with chest x-rays at the top. Chest x-ray referrals have increased from 317 to 390 in Q1 2018 to Q2 2018 respectively. With the implementation of the Department's temporary policy to limit offsite excursions, IHMS is seeking models of health care service delivery that may be outside the scope of the contract but may help decrease the number of offsite medical excursions by targeting services related to dentistry, physiotherapy and x-rays.

With specific regard to psychiatric admissions, it was noted that 100% of psychiatric admissions this quarter were to a public hospital with eight of the admissions (80%) requiring involuntary admissions. This is consistent with the previous quarters and continues to reflect the types of presentation and risk found in those now entering detention as a result of Section 501 amendments in 2015, which now correlates with issues prevalent in correctional settings, compared with the previous predominantly IMA cohort, for who admissions were most commonly voluntary.

There were 97 unique opiate substitution therapy prescriptions during this quarter. IHMS continues to manage the onsite administration of opiate substitution therapy program (OSTP) at all of its locations except Christmas Island, but focussed primarily at Maribyrnong IDC and Villawood, with smaller numbers at Yongah Hill and Perth IDC. At VIDC, IHMS has liaised with the current medical practitioners overseeing the OSTP program to increase the numbers of people that they could treat at Villawood. IHMS is also investigating mechanisms to increase the number of people who can be placed on OSTP within West Australia.

The prescribing patterns amongst simple analgesics and non-steroidal anti-inflammatory agents suggests that new rules and manufacturing changes in Australia implemented in February 2018 have had an effect on prescribing patterns. This was expected with there being nothing of concern with this pattern.

5.3 Health outputs and outcomes

Obesity remains amongst the top five chronic diseases, with 48 unique individual presentations for this health issue during the last three months.

The number of K-10 screenings completed for those newly in held detention, between 0-3 months remains the highest with 239 screenings completed. Additionally, 84.9% these scores remain in the low range whereas those in held detention greater than 19 months have the highest number of detainees scoring in severe distress (31 out of 151 detainees) In this quarter a total of 52 unique individuals (1.76% of the detention population) were commenced on or had an episode of downgrading of SME. This is less than last quarter where there were 78 unique individuals (2.9% of the mainland detention population).

New Hepatitis C diagnoses continue to be the most prevalent communicable disease identified. Hepatitis C is a known complication of intravenous drug use and the sharing of injecting equipment. This high prevalence is likely due to the increase in the ex-corrections cohort where similar issues exist. However, compared with Q1 2018 the number of new Hepatitis C positive test results has decreased to 35 from 45. This is consistent with the results from Q4 2017, where there were 34 new cases identified.

6. APPENDICES

Appendix A: SNOMED descriptions for Mental Health

SNOMED Descriptions for Mental Health
Able to sleep (finding)
Abnormal grief reaction to life event (finding)
Abuse of steroids (disorder)
Acute hysterical psychosis (disorder)
Acute situational disturbance (disorder)
Acute stress disorder (disorder)
Adjustment disorder (disorder)
Adjustment disorder with anxious mood (disorder)
Adjustment disorder with depressed mood (disorder)
Aggressive behavior (finding)
Aggressive biting (finding)
Agoraphobia (disorder)
Alcohol abuse (disorder)
Alcohol dependence (disorder)
Alexithymia (finding)
Alzheimer's disease (disorder)
Amnesia (finding)
Amphetamine abuse (disorder)
Anhedonia (finding)
Antisocial personality disorder (disorder)
Anxiety (finding)
Anxiety and fear (finding)
Anxiety attack (finding)
Anxiety disorder (disorder)
Anxiety disorder of childhood OR adolescence (disorder)
Anxiety neurosis (finding)
Anxiety state (finding)
Argumentative behavior (finding)
Asperger's disorder (disorder)
At risk for deficient parenting (finding)
At risk for deliberate self harm (finding)
At risk for psychosocial dysfunction (finding)
At risk for suicide (finding)
At risk of harming others (finding)
Attention deficit hyperactivity disorder (disorder)
Attention seeking behavior (finding)
Atypical psychosis (disorder)
Auditory hallucinations (finding)
Autistic disorder (disorder)
Autistic disorder of childhood onset (disorder)
Avoidance behavior (finding)
Behavior problem of childhood and adolescence (finding)

SNOMED Descriptions for Mental Health
Behavioral and emotional disorder with onset in childhood (disorder)
Behavioral problems at school (finding)
Bipolar affective disorder, current episode manic (disorder)
Bipolar affective disorder, currently depressed, mild (disorder)
Bipolar affective disorder, currently manic, severe, with psychosis (disorder)
Bipolar disorder (disorder)
Bipolar disorder in remission (disorder)
Bipolar I disorder (disorder)
Borderline personality disorder (disorder)
Boredom (finding)
Brief reactive psychosis (disorder)
Cannabis abuse (disorder)
Cannot sleep at all (finding)
Child at risk (finding)
Child attention deficit disorder (disorder)
Childhood emotional disorder (disorder)
Childhood or adolescent disorder of social functioning (disorder)
Childhood or adolescent identity disorder (disorder)
Chronic psychogenic pain (disorder)
Chronic schizophrenia (disorder)
Chronic stress disorder (disorder)
Cigarette smoker (finding)
Claustrophobia (finding)
Cluster A personality disorder (disorder)
Cluster B personality disorder (disorder)
Cluster C personality disorder (disorder)
Communication disorder (disorder)
Complaining of feeling depressed (finding)
Complaining of tearfulness (finding)
Complex posttraumatic stress disorder (disorder)
Compulsive gambling (disorder)
Compulsive personality disorder (disorder)
Conduct disorder (disorder)
Culture shock (disorder)
Delayed articulatory and language development (finding)
Delayed milestone (finding)
Delirious (finding)
Delirium (disorder)

SNOMED Descriptions for Mental Health
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)
Dependent personality disorder (disorder)
Depressive disorder (disorder)
Developmental academic disorder (disorder)
Developmental delay (disorder)
Developmental mental disorder (disorder)
Difficulty controlling anger (finding)
Difficulty coping (finding)
Difficulty sleeping (finding)
Disorder of form of thought (finding)
Disorientation as to people, time and place (finding)
Disruptive behavior (finding)
Dissociative convulsions (disorder)
Dissociative disorder (disorder)
Dominating behavior (finding)
Drug abuse (disorder)
Drug dependence (disorder)
Drug seeking behavior (finding)
Drug withdrawal (disorder)
Drug-induced psychosis (disorder)
Dysphoric mood (finding)
Dysthymia (disorder)
Eating disorder (disorder)
Emotional problems (finding)
Emotional stress (finding)
Emotional upset (finding)
Encopresis (finding)
Endogenous depression (disorder)
Enmeshed attachment (finding)
Euthymic mood (finding)
Expression of emotions (observable entity)
Facial tic disorder (disorder)
Failed attempt to stop smoking (finding)
Fear (finding)
Fear associated with illness and body function (finding)

SNOMED Descriptions for Mental Health
Fear of flying (finding)
Fear of going crazy (finding)
Feeling abandoned (finding)
Feeling agitated (finding)
Feeling angry (finding)
Feeling ashamed (finding)
Feeling frustrated (finding)
Feeling guilt (finding)
Feeling hopeless (finding)
Feeling irritable (finding)
Feeling nervous (finding)
Feeling powerless (finding)
Feeling suicidal (finding)
Feeling tense (finding)
Feeling trapped (finding)
Feeling unhappy (finding)
Finding relating to grieving and mourning (finding)
Forgetful (finding)
Formication (finding)
Frontal lobe syndrome (disorder)
Gender reassignment patient (finding)
Generalized anxiety disorder (disorder)
Gilles de la Tourette's syndrome (disorder)
Global developmental delay (disorder)
Globus hystericus (finding)
Grief finding (finding)
Hallucinations (finding)
Health seeking behavior (finding)
Hebephrenic schizophrenia in remission (disorder)
Heroin dependence (disorder)
History of drug abuse (situation)
History of violent behavior toward others (situation)
Histrionic behavior (finding)
Histrionic personality disorder (disorder)
Homosexual (finding)
Hyperactive behavior (finding)
Hypersomnia (disorder)
Hypervigilant behavior (finding)

SNOMED Descriptions for Mental Health
Hypochondriasis (disorder)
Hypomania (disorder)
Immature personality (finding)
Impaired cognition (finding)
Impulse control disorder (disorder)
Inability to cope (finding)
Inappropriate behavior (finding)
Inappropriate shouting (finding)
Increased libido (finding)
Ineffective family coping (finding)
Insecurity (finding)
Insomnia (disorder)
Intellectual functioning disability (finding)
Intelligence quotient low (finding)
Intentional poisoning (disorder)
Intermittent explosive disorder (disorder)
Intrusive thoughts (finding)
Korsakoff's psychosis (disorder)
Lack of libido (finding)
Learning difficulties (finding)
Lithium level low (finding)
Localized dissociative amnesia (disorder)
Loss of appetite (finding)
Loss of hope for the future (finding)
Low self-esteem (finding)
Major depression in remission (disorder)
Major depression, melancholic type (disorder)
Major depressive disorder (disorder)
Maladaptive behavior (finding)
Mania (disorder)
Manic bipolar I disorder (disorder)
Masturbation (finding)
Memory impairment (finding)
Mental distress (finding)
mental health problem (finding)
Mental retardation (disorder)
Misuses drugs (finding)
Mixed anxiety and depressive disorder (disorder)

SNOMED Descriptions for Mental Health
Mixed bipolar affective disorder (disorder)
Mood stable (finding)
Mood swings (finding)
Moody (finding)
Multiple somatic complaints (finding)
Munchausen's syndrome (disorder)
Nail biting (finding)
Narcissistic personality disorder (disorder)
Neglectful parenting (finding)
Nicotine dependence (disorder)
Nicotine withdrawal (disorder)
Nightmares (finding)
Nightmares associated with chronic post-traumatic stress disorder (disorder)
No evidence of mental illness (situation)
No suicidal thoughts (situation)
No thoughts of deliberate self harm (situation)
Nocturnal enuresis (finding)
Non-organic nocturnal enuresis (finding)
Obsessional neurosis (disorder)
Obsessive behavior (finding)
Obsessive-compulsive disorder (disorder)
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)

SNOMED Descriptions for Mental Health
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)
Psychomotor agitation (finding)
Psychophysiologic disorder (finding)
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)
Ran away, life event (finding)
Reactive attachment disorder (disorder)
Reactive depressive psychosis (disorder)
Ready to stop smoking (finding)
Rebellious character (finding)
Recurrent depression (disorder)
Recurrent major depression in partial remission (disorder)
Reduced concentration (finding)
Reduced libido (finding)
Restlessness (finding)
Restlessness and agitation (finding)

SNOMED Descriptions for Mental Health
Rumination - thoughts (finding)
Schizoaffective disorder (disorder)
Schizophrenia (disorder)
Schizophrenia in remission (disorder)
Schizophrenic disorders (disorder)
Schizophreniform disorder (disorder)
Sedated (finding)
Self-harm (finding)
Self-injurious behavior (finding)
Self-mutilation (finding)
Separation anxiety (disorder)
Separation anxiety disorder of childhood (disorder)
Severe anxiety (panic) (finding)
Severe major depression (disorder)
Severe major depression with psychotic features (disorder)
Sexual frustration (finding)
Sexualized behavior (finding)
Sibling jealousy (disorder)
Sleep deprivation (finding)
Sleep disorder (disorder)
Sleep paralysis (disorder)
Sleep terror disorder (disorder)
Sleep walking disorder (disorder)
Smoking cessation milestones (observable entity)
Social phobia (disorder)
Somatization disorder (disorder)
Specifica nonpsychotic mental disorders following organic brain damage (record artifact)
Speech delay (disorder)
Stopped smoking (finding)
Strange and inexplicable behavior (finding)
Stress (finding)
Stress and adjustment reaction (disorder)
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)

SNOMED Descriptions for Mental Health
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

Appendix B; 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*

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FAS Health Services and Policy Division, and
Children, Community and Settlement Services Division

POLICY STATEMENT

HEPATITIS C PREVENTION AND TREATMENT IN IMMIGRATION DETENTION FACILITIES

Background

The health characteristics of the immigration detention population are changing; certain mandatory visa cancellation provisions (on character grounds) mean more detainees are transferring from correctional facilities to an immigration detention facility. These detainees frequently present with illnesses prevalent in the prison environment, including the Hepatitis C virus (HCV). The restricted physical environment of an immigration detention facility may also exacerbate the risk of HCV transmission.

Hepatitis C is a blood-borne virus caused by HCV, ranging in severity from a mild illness lasting a few weeks to a lifelong illness that can cause liver failure, liver cancer and other life-threatening complications.

In scope

This policy statement applies to persons detained under the *Migration Act 1958* in an immigration detention facility including under a residence determination (Community Placement).

Policy position

The Department must mitigate health risks to immigration detainees, departmental and contracted staff and the Australian community by identifying and addressing HCV in the immigration detention population at the earliest point.

Role of the Health Service Provider

The Health Service Provider (DHSP) must offer testing for HCV as a part of the Health Induction Assessment (HIA) and ongoing health screening. Testing for other blood borne viruses (specifically Hepatitis B and HIV) should be done simultaneously as results will affect treatment plans.

If the test or other evidence shows positive for HCV, as a notifiable disease, the HSP is required to notify the appropriate Commonwealth, State/Territory health authorities.

The HSP will provide counselling and education to the infected person, particularly regarding preventing the spread of the virus and the management plan, including treatment and monitoring, by liaising with a relevant specialist.

In addition to the investigations required as part of the initial evaluation of the extent of the disease, the HSP will arrange a further test to determine the level of fibrosis in the liver. This test is called "transient elastography" (brand name FibroScan). The degree of fibrosis is reported in grades of severity from Grade 1 (least severe) to Grade 4 (most severe), and assists in determining whether drug treatment is required.

Treatment in an immigration detention facility

Hepatitis C is generally curable with oral therapy for a 12 week period, and treatment reduces infectivity.

The HSP will send the treatment and monitoring plan to Detention Health Operations, at s. 47E(d) @abf.gov.au). This should also include an estimation of the proposed treatment, expected costs and evidence of the FibroScan results.

If the **Fibroscan level is three or four**, or equivalent, treatment must commence.

If the **Fibroscan level is one or two**, or equivalent, must have approval from Superintendent, Detention Health Operations, prior to commencing treatment. Approval is obtained by emailing s. 47E(d) @abf.gov.au. The HSP will submit a case for the need for treatment consistent with Australian clinical guideline recommendations.

- 'Equivalent' includes detainees who present with symptoms such as clinical evidence of liver cirrhosis, impaired liver functions, high HCV viral load or based on recommendation from a relevant specialist.

Persons transferred into detention with clinical evidence of or on a course of treatment for HCV will continue on their treatment program; stopping mid-treatment has a significant negative clinical impact. In these circumstances, continuation of treatment will be automatic and the HSP will not be required to seek additional approval from the Department. The HSP is required to notify the Department within seven days of this occurring.

Detention Health Services Contract Management Section will regularly monitor expected and paid treatment costs against the Department's budget commitments and in line with the *Public Governance, Performance and Accountability Act 2013* (PGPA Act) and the Accountable Authority Instructions (AAIs).

Treatment in Community Placement

The HSP is responsible for ensuring continuity of care for detainees under current treatment and monitoring for HCV who move into the community under Residence Determination (Community Placement), including provision of adequate medication, and arranging follow up treatment and care.

Release into community on a temporary or permanent visa

Stopping mid-treatment has a significant negative clinical impact.

If a detainee under current treatment for HCV is scheduled for release into the community on either a **Medicare-eligible visa** or a **non-Medicare eligible visa,** treatment must continue, and prior to release the HSP must ensure:

- the Health Discharge Summary reflects HCV treatment
- the person is able to access a supply of medication to allow completion of the treatment regime (and, if eligible, until such time as Medicare entitlement becomes active)
- an appointment with a medical practitioner and/or clinic, is in place.

Removals or transfers

A detainee's status resolution pathway should not impact treatment decisions. If a detainee is being involuntarily removed, treatment will generally be completed prior to removal.

If a detainee is voluntarily being removed imminently, treatment in Australia will not commence. The HSP is required to make arrangements for care as best as possible with national programs of the receiving country.

If a detainee is voluntarily being removed but the removal may be delayed owing to something outside of the detainee's control, such as the need for a travel document, the HSP should decide care arrangements on a case-by-case basis and seek guidance from the Department's Medical Officers of the Commonwealth.

Under the Department's Discharge Health Assessment medication and relevant clinical history should be provided to detainees being removed or released to ensure continuity of care. For some countries, continuity of care arrangements may not be possible as the treatment or medication is not available or the transportation of medications of this type is illegal.

In general, a lack of care in the destination country, or delays in making arrangements for care in the destination country, must not hinder the removal or transfer.

Departmental staff should escalate any proposed movement between immigration detention facilities of a detainee receiving HCV treatment to s. 47E(d) @abf.gov.au for further advice. This is to ensure that treatment continues and allow the HSP to ensure that detainees transferred between immigration detention facilities are able to access an adequate supply of medication/ treatment.

Consultation

Acting Assistant Secretary, Health Policy and Performance Branch

Superintendent, Detention Health Operations Section

Fact Sheet: Blood Borne Diseases

Blood borne viruses are pathogens found in the blood and other body fluids. Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) are detailed below:

What is HIV?

HIV damages the immune system. Initial infection may cause flu-like symptoms. Subsequent manifestations will range from asymptomatic carriage to Acquired Immune Deficiency Syndrome.

How is HIV spread?

HIV is spread through body fluids such as blood, semen, vaginal fluid or breast milk of an infected person and may occur:

- during unprotected anal or vaginal sex.
- by using contaminated needles, syringes and other injecting equipment and drug solutions.
- by unsafe tattoos and other procedures that involve unsterile cutting or piercing.
- during pregnancy, during childbirth or breast-feeding.

HIV is not spread by kissing, cuddling, shaking hands, sharing cutlery, cups or glasses, eating food prepared by someone with HIV, through toilet seats, or by mosquito or other insect bites.

What is the treatment for HIV?

Treatment that prevents damage to the immune system is available for HIV. The current treatments need to be taken daily for the rest of a person's life. If a person has been recently exposed to HIV, Post Exposure Prophylaxis (PEP) may be taken which can sometimes prevent HIV infection. It is important to commence PEP within 72 hours after the exposure. At this stage there is no vaccination and no cure for HIV.

What are HBV and HCV?

HBV and **HCV** are caused by viruses which affect the liver and blood. Most people have no symptoms and then get better without treatment. Some people can go on to develop chronic Hepatitis B or C and may remain infectious for many years. Children infected at birth are more likely to develop chronic Hepatitis B. Chronic Hepatitis B or C may eventually cause liver failure or cancer of the liver.

How are HBV and HCV spread?

HBV and HCV are spread through blood to blood contact with an infected person. This can happen through:

- skin penetration with unsterile equipment, eg: sharing needles, syringes, spoons, tourniquets, needle stick injuries; tattooing; body piercing and acupuncture.
- sharing toothbrushes, razors, sex toys or other items that may have blood on them.
- direct blood to blood contact with an open wound or cut of a person who is infected.
- sex without a condom (including oral sex).
- occasionally from mother to child during pregnancy, childbirth or breastfeeding. HCV-positive mothers should consider abstaining from breast-feeding if their nipples are cracked or bleeding

HBV and HCV are not transmitted by casual contact like hugging or holding hands; kissing on the cheek; coughing or sneezing; sharing food; or sharing eating utensils.

What is the treatment for HBV and HCV?

A vaccine is available to prevent against HBV, however there is no specific treatment for acute HBV infection. Treatments for chronic Hepatitis B are improving. ***Some adults who get HBV or HCV recover or 'clear' the infection without treatment.*** They are no longer infectious, and have lifelong immunity.

The best course of treatment for HCV infection involves a 'combination therapy' of two drugs that reduce inflammation of the liver and can clear the virus. Combination therapy takes from six to 12 months to complete and can have serious side-effects. ***There is no vaccination to prevent against HCV infection***

Immigration detainees and transferees identified with HIV, HBV and HCV

The Department screens all people entering immigration detention for HIV, HBV and HCV.

All detainees and transferees identified with HIV, HBV and HCV are treated and monitored to ensure that they are managed appropriately. Pregnant women who are found to be HIV positive will be given special consideration with the provision of treatment to reduce the risk of transmission to the foetus, to manage infection, and to treat infants and children who are found to be positive. Detainees and transferees who do not have complete vaccination records or children under 15 years of age, are commenced on a vaccination schedule which includes the vaccination for Hepatitis A and B.

Transferees may be transferred to mainland Australia for treatment.

Detainees and transferees are not transferred through the detention network or released into the community until, where applicable, they have been placed under the professional supervision of a public health authority in a state or territory to undergo any necessary treatment.

Whose role is it to manage cases and notify the state/territory public health authority?

Held Detention	The Department's contracted Health Services Provider (HSP).
Community Detention (CD)	HSP network GPs. The HSP maintains oversight of CD health services.
Former detainees on Bridging or Humanitarian Stay visas	The community appointed GP.

Escalation process

Escalate case to Health Services Branch

If you have concerns about the health status of a detainee or transferee, or a GP suspects a community detainee of being infected with HIV, Hepatitis B and/or Hepatitis C:

1. Email s. 47E(d) @immi.gov.au with the following information:
   a. Detainee / Transferee Name
   b. Boat ID
   c. Current Location
   d. Current Health Status
2. Health Services Branch will confirm their health status with the HSP.
3. Where applicable, the HSP and the GP will report the case to the relevant state/territory public health authority.
4. Contact the HSP's Community Detention Assistance Desk (CDAD) *Community Detainees only*
   PH: s. 47E(d) **Email:** s. 47E(d) @ihms.com.au

If your concern relates to a former detainee who is in the Australian community on a visa please contact their community GP and escalate to the Health Services Branch. **Email:** s. 47E(d) @immi.gov.au

Further information

Specific diseases and dealing with a person with a communicable disease:

- Please refer to the specific communicable diseases websites listed below.
- Please consult your relevant work, health and safety policy.

Links to communicable diseases websites.

HIV:

- http://www.cdc.gov/hiv/
- http://www.health.nsw.gov.au/Infectious/factsheets/Pages/HIV_AIDS.aspx

HBV Infection:

- http://www.cdc.gov/hepatitis/HBV/index.htm
- http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a3.htm?s_cid=rr5516a3_e
- http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Hepatitis_B.aspx

HCV Infection:

- http://www.cdc.gov/hepatitis/HCV/index.htm
- http://www.health.nsw.gov.au/Infectious/factsheets/Pages/Hepatitis_C.aspx