Health Data Set: January - March 2013

Report written by: s. 22(1)(a)(ii) and
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Effective: 30th April 2013

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1. Executive Summary

This Quarterly Health Data Sets relates to health information derived from the electronic medical record (Chiron) for the first quarter January – March 2013. This report shows that **118,219** clinical health encounters were recorded for the three months, averaging 1,314 health events each day across all sites in the Australian immigration detention network. Group and outreach activities are not included in this dataset.

The Health Data Set is published on a quarterly basis. The initial Health Data Set covered the period August to October 2012. The second edition encompassed the two months November – December 2012, which brought the 2012 calendar year to a close.

This dataset covers clients whose location (in Chiron) was in an Australian detention facility. This dataset does not include clients in Community Detention or on the Regional Processing Centres (on Nauru and Manus Island).

This dataset includes face-to-face client consults on site. It excludes discussions or interactions (such as telephone discussion and referrals to specialists and other external providers) relating to client management as these are recorded in Chiron as "non-consult notes" which have not been included as part of the clinical dataset. Services provided by network providers such as hospitals, allied health and specialist providers in the community are also not included in this report.

The rapid turnover of clients through the detention network has been presented for the first time, as reflected in the movements (defined by changing client locations throughout the quarter).

IHMS commenced "clinical coding" of all Standard Health Events (consultations) from February 2013. Clinical coding is a technical process of reviewing the notes from each consultation and recording the primary reason for presentation and any secondary reasons. Coding is currently performed for consultations with either the General Practitioners (GPs) and Psychiatrist on site. In the coming quarters, we plan to increase coding to include all clinical consultations with other health professionals as the coding system matures.

2. Definitions

Term	Definition
APOD	Alternative Place of Detention
CD	Community Detention
DAL	Darwin Airport Lodge
DASS	Depression Anxiety and Stress scale
GHQ	General Health Questionnaire
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
HTQ	Harvard Trauma Questionnaire
IDC	Immigration detention centre
IRH	Immigration Residential Housing
ITA	Immigration transit Accommodation
SAM	Single Adult Male
UAA	Unauthorised Air Arrivals
UAM	UnAccompanied Minor

3. Client Cohort

The client cohort in this dataset are all those persons who have a record in Chiron and their location is an Australian immigration detention facility (IDF) on the 1st January 2103. It also includes all those who entered an IDF during the Quarter January 1st to March 31st 2013. Each client in the cohort has an end date which is either 31st March (for those remaining within an IDF at the end of the period) or between those dates, implying they have left detention facilities during the quarter.

3.1 Number of Clients in Facilities

Detention Facility	Active Client records in an IDF 1st Jan 2013	Active Client records in an IDF 31st Mar 2013	Net Change
Adelaide ITA	0	12	12
Brisbane ITA	57	58	1
Christmas Island (all sites)	2,044	3,305	1,261
Curtin IDC	909	532	-377
DAL 1 & 3 (Combined)	401	725	324
Inverbrackie APOD	383	383	0
Leonora APOD	185	202	17
Maribyrnong IDC	92	70	-22
Melbourne ITA	105	332	227
Northern IDC	419	365	-54
Perth IDC	34	36	2
Perth IRH	14	39	25
Pontville APOD	83	312	229
Port Augusta IRH	55	59	4
Scherger IDC	574	445	-129
Sydney IRH	27	36	9
Villawood IDC	329	322	-7
Wickham Point IDC	564	1,647	1,083
Yongah Hill IDC	513	545	32
Total	**6,788**	**9,425**	**2,637**

This table reflects the number of active Client records in Chiron, based on the data feed provided by DIAC. It is noted that this differs from the national census population data provided by DIAC monthly. The difference in figures is likely to be a timing issue.

3.2 Transfers

IHMS has reviewed the Chiron data to assess the number of transfers into, between and out of detention facilities.

This information is relevant because a significant amount of IHMS' clinical workload relates to:

- the initial Health Induction Assessment and Mental Health Screen required when a client enters the immigration detention network
- clinical handover documentation, recorded on spreadsheets rather than Chiron, which are triggered by the subsequent movements of each client through the detention network ; and
- a Health Discharge Assessment and Discharge Summary for handover of care when Clients are discharged into Community Detention (CD), are granted a visa or are removed to another country.

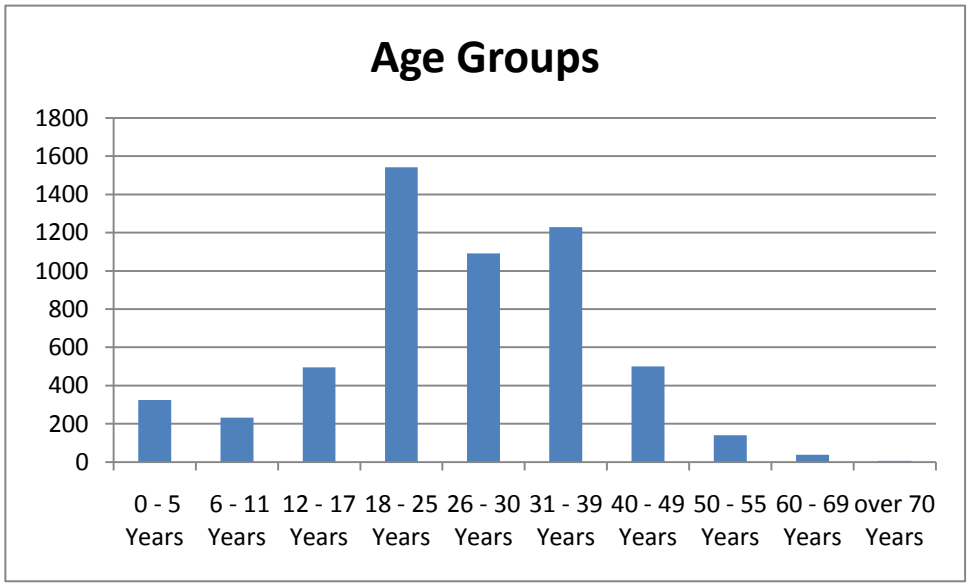
Our analysis of the location data in Chiron showed that clients moved an average of nearly four (3.86) times during the quarter. IHMS intends to interrogate this data further in the coming quarter to be able to report in more detail about the level of transfers and the health activity generated.

3.3 Age Groups

Age Group	Number
0 - 5 Years	325
6 - 11 Years	233
12 - 17 Years	495
18 - 25 Years	1,541
26 - 30 Years	1,092
31 - 39 Years	1,228
40 - 49 Years	501
50 - 55 Years	140
60 - 69 Years	39
70 Years and above	7

This data is based on the age information provided by DIAC via the data feed.

IHMS clinical staff have commented on the changes in the cohort of arrivals of IMAs. As reflected here, an increasing number of clients arriving are in family groups with significant numbers of minors and younger children. Although the three largest groups remain the 18-39 year olds in total numbers, the numbers of children has also significantly increased. We aim to present comparison data with the next quarterly report.

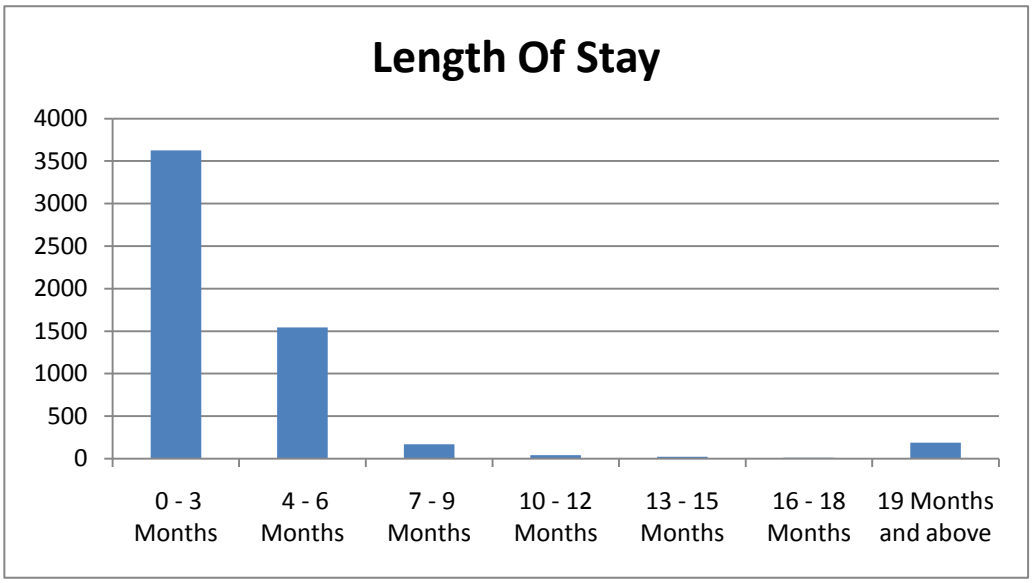


3.4 Length of Stay

Length of Stay	Number of clients
0 - 3 Months	3,625
4 - 6 Months	1,545
7 - 9 Months	169
10 - 12 Months	41
13 - 15 Months	24
16 - 18 Months	9
19 Months and above	188

This data is based on the age information provided by DIAC via the data feed. We note that this may not align with the information published in the Immigration Detention Statistics Summary on www.immi.gov.au, due to the timing issue described in 3.1 above, and that these figures do not include those in Community Detention.

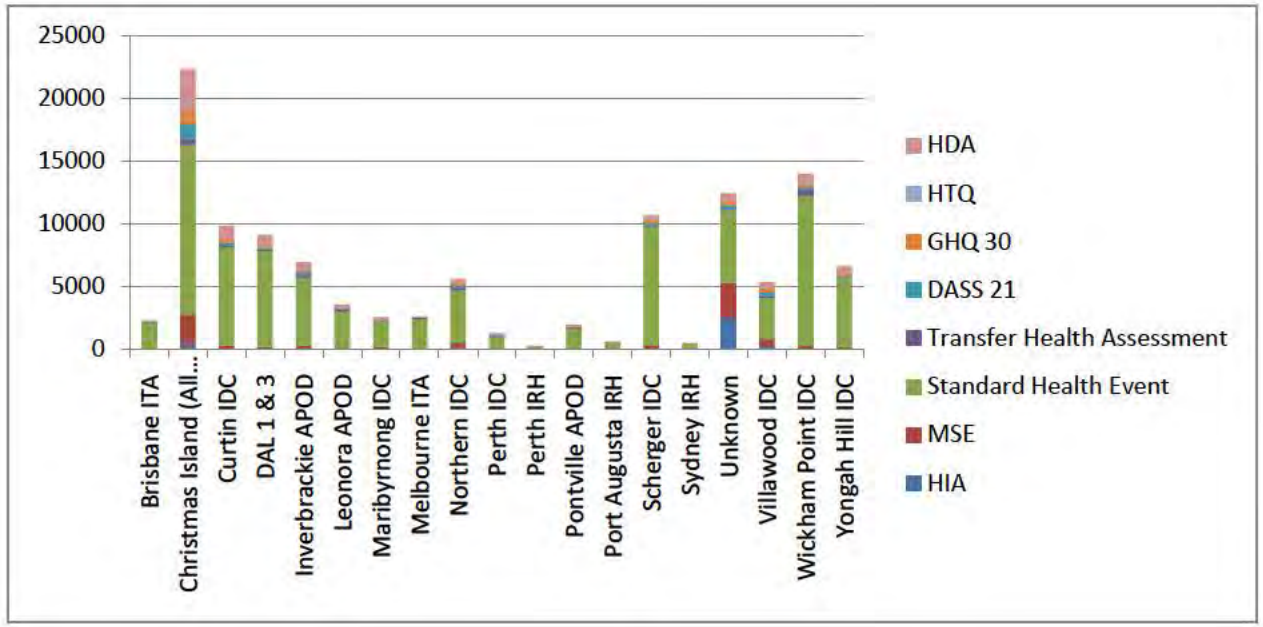
The aim in presenting this new data (and graph) is to demonstrate the Length of Stay of clients within the detention facilities, which is used below in an analysis of mental health indictors. The majority of clients have been in facilities less than 3 months and few are in facilities longer than a six month time period. There remain a small but significant number of detainees (usually with adverse security assessments) who have been in detention facilities for more than 19 months.



4. Health Events

Health Events (Total of each Health Event Type by Site)

Location	HIA	MSE	Standard Health Event	Transfer Health Assessment	DASS 21	GHQ 30	HTQ	HDA	Totals
Brisbane ITA	6	29	2049	35	27	18	7	90	**2261**
Christmas Island (All Sites)	406	2301	13575	553	1088	1069	16	3333	**22341**
Curtin IDC	2	265	7845	83	268	265	3	1115	**9846**
DAL 1 & 3	14	145	7668	102	109	88	5	985	**9116**
Inverbrackie APOD	1	246	5444	269	139	137	7	681	**6924**
Leonora APOD	0	97	2882	186	23	24	27	303	**3542**
Maribyrnong IDC	34	97	2088	9	60	53	2	175	**2518**
Melbourne ITA	1	56	2303	96	43	42	1	61	**2603**
Northern IDC	79	358	4230	160	202	204	1	362	**5596**
Perth IDC	10	57	980	12	47	46	0	94	**1246**
Perth IRH	0	3	174	6	2	2	0	46	**233**
Pontville APOD	1	17	1620	59	13	17	0	214	**1941**
Port Augusta IRH	0	4	484	14	3	2	0	75	**582**
Scherger IDC	1	250	9530	8	233	226	4	442	**10694**
Sydney IRH	0	0	433	0	0	0	0	17	**450**
Unknown	2483	2806	5777	99	316	303	15	645	**12444**
Villawood IDC	230	538	3325	81	319	314	8	513	**5328**
Wickham Point IDC	4	218	12019	472	202	201	42	816	**13974**
Yongah Hill IDC	1	120	5601	12	123	124	0	599	**6580**
Totals	**3273**	**7607**	**88027**	**2256**	**3217**	**3135**	**138**	**10566**	**118219**



4.1 Health Events by Site

Events by site data is derived from an automated report of the various types of health events in Chiron. This excludes health events which are recorded on paper and then scanned to Chiron. This represents a substantial proportion of health events at some sites, particularly on Christmas Island as a result of logistic difficulties and internet access and therefore the reported figures under represent the true number of all types of health events.

A significant number of clients appear with location as "unknown" in this dataset; these clients either have no location in their file or a conflict in the data.

During the quarter a number of sites have had significant changes to their cohort of clients. Pontville IDC was converted to an APOD and now houses Unaccompanied Minors (UAMs). At the end of the quarter there are only two remaining Single Adult Males (SAMs) - who are housed separately and there are plans to move them to a different facility. Brisbane ITA (BITA) changed to families from SAMs during the quarter, Melbourne ITA (MITA) changed from SAMs to Families, and Leonora changed from UAMs to Families.

The change in cohort has affected services required from IHMS clinical staff. Children require more clinical attendances than young adult males and this is reflected in the increased clinical activity levels in those sites.

As HDAs are now only required for discharge not transfer between sites, we would expect the number of HDA to decrease. Clinical handover for transfers between sites is coordinated with spreadsheets and as expected the number of transfer health assessments has not increased. As the volume of clients moving out of detention has increased – we are seeing the numbers of HDA have increased as large numbers moved from facilities into the Community or onto BE.

There has been a significant increase in the numbers of boat arrivals in the Darwin area. These clients are processed at both the Northern Immigration detention centre (NIDC) and Darwin Airport Lodge APOD (DAL). As these centres do not have the same logistical capabilities as those established on CI, not all HIAs are captured in Chiron; many are still recorded on paper and then scanned – thus not recorded as an HIA event in Chiron.

There are several Mental Health scoring tests (DASS – Depression Anxiety and Stress scale; HTQ – Harvard Trauma Questionnaire; GHQ – General Health Questionnaire), each of which is designed to elicit varying types and levels of psychological concerns. These tests are also able to be completed on paper and manually scanned into the record and for this reason the reported number of scores completed is under represented.

4.2 Health Event Entries (Total by Clinician by Site)

Location	Registered Nurse	Mental Health Nurse	General Practitioner	Psychologist	Counsellor	Psychiatrist	Physiotherapist	Optometrist	Totals
Adelaide ITA	18	39	26	0	0	2	0	0	**85**
Brisbane ITA	1134	628	195	143	159	1	0	0	**2260**
Christmas Island (All Sites)	11674	6359	2636	1508	47	57	0	0	**22281**
Curtin IDC	5210	2167	666	346	662	38	0	0	**9089**
DAL 1 & 3 (Combined)	4853	2810	446	297	667	41	0	0	**9114**
Inverbrackie APOD	5052	530	546	402	340	45	0	0	**6915**
Leonora APOD	2432	745	191	149	2	19	0	0	**3538**
Maribyrnong IDC	1531	598	244	81	28	36	0	0	**2518**
Melbourne ITA	1265	544	208	309	244	31	0	0	**2601**
Northern IDC	2774	1615	535	219	447	3	0	0	**5593**
Perth IDC	822	213	139	61	2	9	0	0	**1246**
Perth IRH	217	10	1	3	0	2	0	0	**233**
Pontville APOD	1060	457	242	168	5	0	0	0	**1932**
Port Augusta IRH	403	165	4	0	0	7	0	0	**579**
Scherger IDC	4922	2872	591	851	1409	47	0	0	**10692**
Sydney IRH	247	26	66	91	10	8	0	0	**448**
Unknown	5095	3497	2917	537	190	55	11	1	**12315**
Villawood IDC	2166	1407	466	430	572	81	101	24	**5247**
Wickham Point IDC	7581	3114	1366	566	1056	67	0	0	**13750**
Yongah Hill IDC	3229	1450	591	626	625	19	0	0	**6540**
Totals	**61,667**	**29,207**	**12,050**	**6,787**	**6,465**	**566**	**112**	**25**	**116,891**

Health Events by Clinician

This table reflects the number of health events recorded by type of clinician employed by IHMS. It does not include services provided by external, network providers. As expected in a nurse led service, most health related encounters are performed by Registered Nurses (RN); both Primary and Mental Health Nurses.

These numbers reflect direct interaction health events (consultations) by clinicians with clients, not services provided by network providers.

Please note that the total figure of 116,891 health events by type of clinician is slightly lower than the figure for health events by type given above. The reason is that several mental health screening tests may be conducted during one consultation with a mental health professional.

A significant amount of outreach and group activity is not reflected in this dataset as the encounters are not recorded as clinical consultations against individual records.

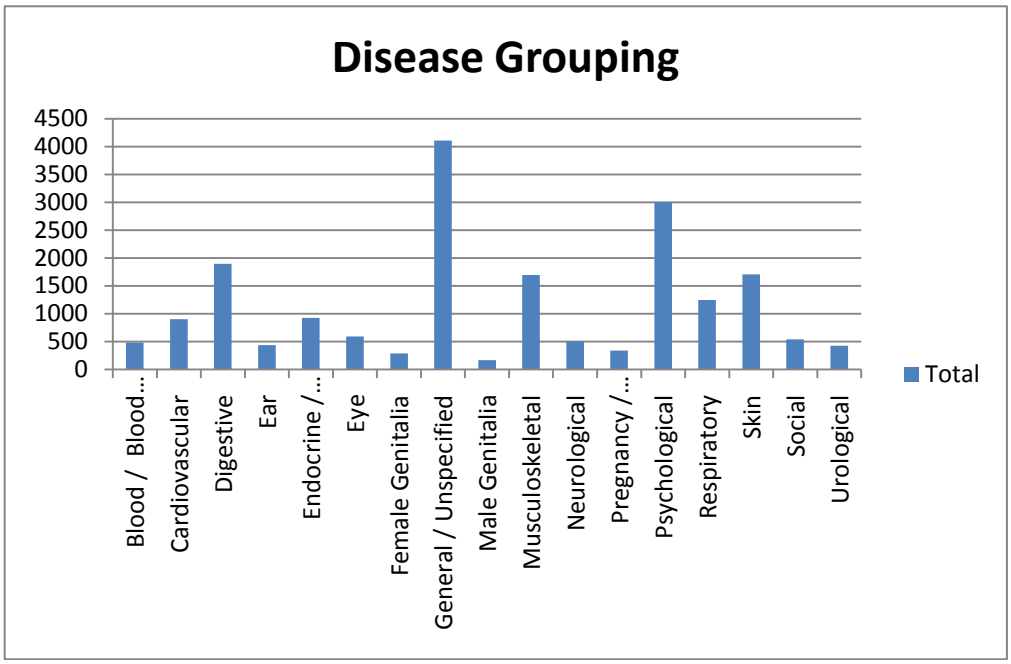
Psychiatric reports are often scanned in, thus not reflected in the number of consults for psychiatrists.

5. Disease Groupings

Diagnostic Disease Grouping	Total
General / Unspecified	4105
Psychological	3006
Digestive	1898
Skin	1708
Musculoskeletal	1697
Respiratory	1250
Endocrine / Metabolic & Nutritional	927
Cardiovascular	904
Eye	596
Social	544
Neurological	510
Blood / Blood Forming Organs & Immune Mechanism	482
Ear	436
Urological	428
Pregnancy / Childbearing / Family Planning	339
Female Genitalia	288
Male Genitalia	169
Total	**19,287**

Clinical coding commenced in February 2013 data is coded according to the WHO (World Organisation of National Academies - WONCA) standard which uses the International Classification of Primary Care (ICPC2-Plus) codes for disease groupings. It represents diagnoses made by an IHMS medical practitioner onsite. Further details on specific diseases have been reported elsewhere in the Senate estimates reports.

In future quarterly reports we hope to be able to further analyse our date and compare the findings with that from other Australian Institute of Health & Welfare (AIHW) datasets such as the Bettering the Evaluation And Care of Health (BEACH) data.



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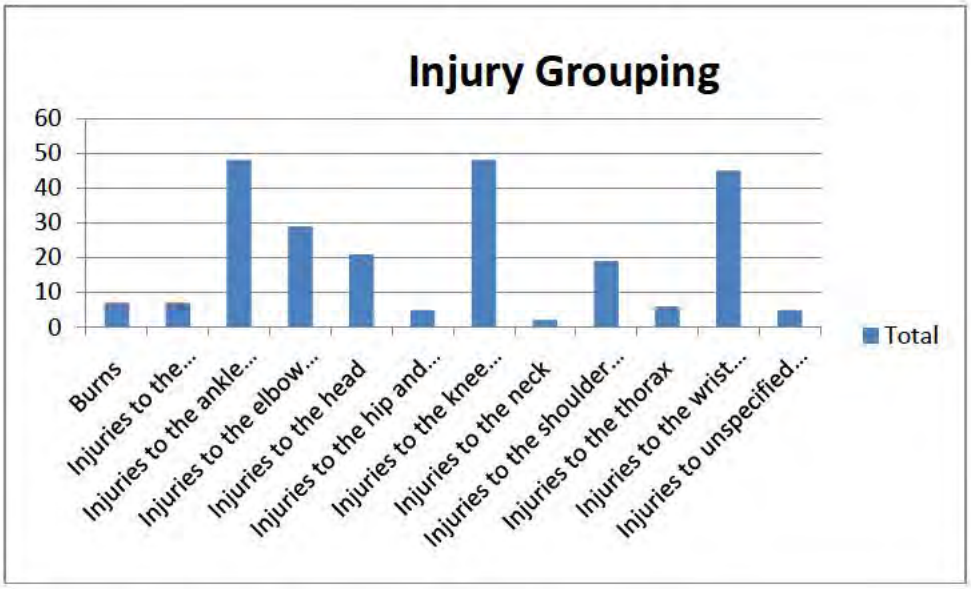
Injury Groupings

Injury Grouping	Total
Injuries to the knee and lower leg	48
Injuries to the ankle and foot	48
Injuries to the wrist and hand	45
Injuries to the elbow and forearm	29
Injuries to the head	21
Injuries to the shoulder and upper arm	19
Injuries to the abdomen, lower back, lumbar spine and pelvis	7
Burns	7
Injuries to the thorax	6
Injuries to unspecified part of trunk, limb or body region	5
Injuries to the hip and thigh	5
Injuries to the neck	2
Grand Total	**242**

As expected there are a large number of injuries in this from the sporting in this age group.



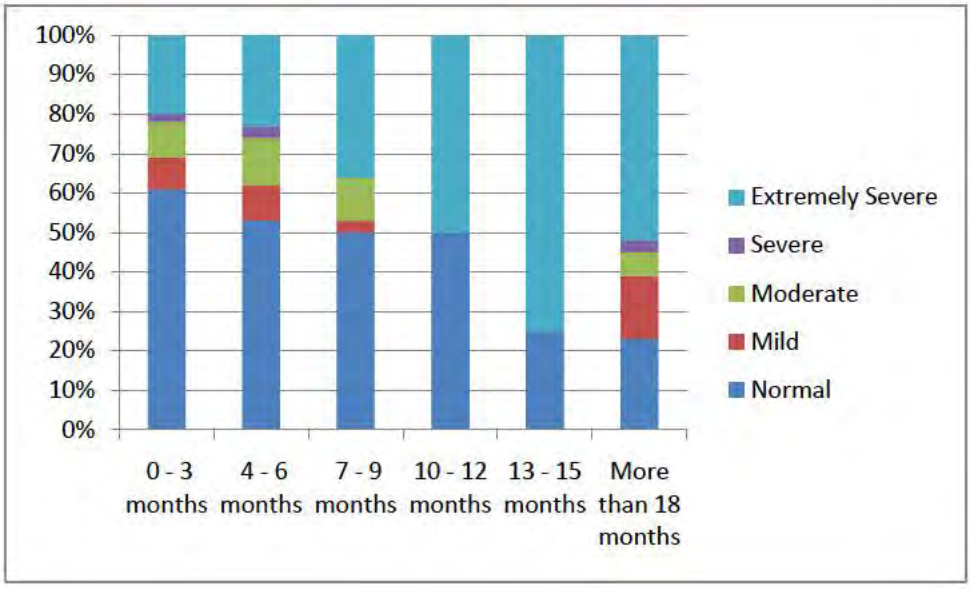
6. DASS Scores by Time in Detention

		Percentage of Clients				
Months in Detention	**Type**	**Normal**	**Mild**	**Moderate**	**Severe**	**Extremely Severe**
0 - 3 months	Anxiety	59%	8%	7%	5%	21%
4 - 6 months	Anxiety	49%	11%	9%	4%	27%
7 - 9 months	Anxiety	58%	8%	5%	3%	26%
10 - 12 months	Anxiety	50%	0%	0%	0%	50%
13 - 15 months	Anxiety	25%	0%	13%	0%	63%
More than 18 months	Anxiety	29%	16%	3%	0%	52%
0 - 3 months	Depression	61%	8%	9%	2%	20%
4 - 6 months	Depression	53%	9%	12%	3%	24%
7 - 9 months	Depression	50%	3%	11%	0%	37%
10 - 12 months	Depression	50%	0%	0%	0%	50%
13 - 15 months	Depression	25%	0%	0%	0%	75%
More than 18 months	Depression	23%	16%	6%	3%	52%
0 - 3 months	Stress	63%	6%	10%	6%	15%
4 - 6 months	Stress	56%	10%	7%	8%	18%
7 - 9 months	Stress	50%	11%	5%	3%	32%
10 - 12 months	Stress	50%	0%	0%	0%	50%
13 - 15 months	Stress	38%	0%	13%	0%	50%
More than 18 months	Stress	35%	3%	6%	6%	48%

Please note the figure for the cohort who have been in detention 16-18 months are not reported due to the very small number of people in that cohort.

DASS sub-scores for Depression and Anxiety indicate the expected pattern of a high rate of clinically significant symptoms at entry to immigration detention and deteriorating mental health over time in detention.

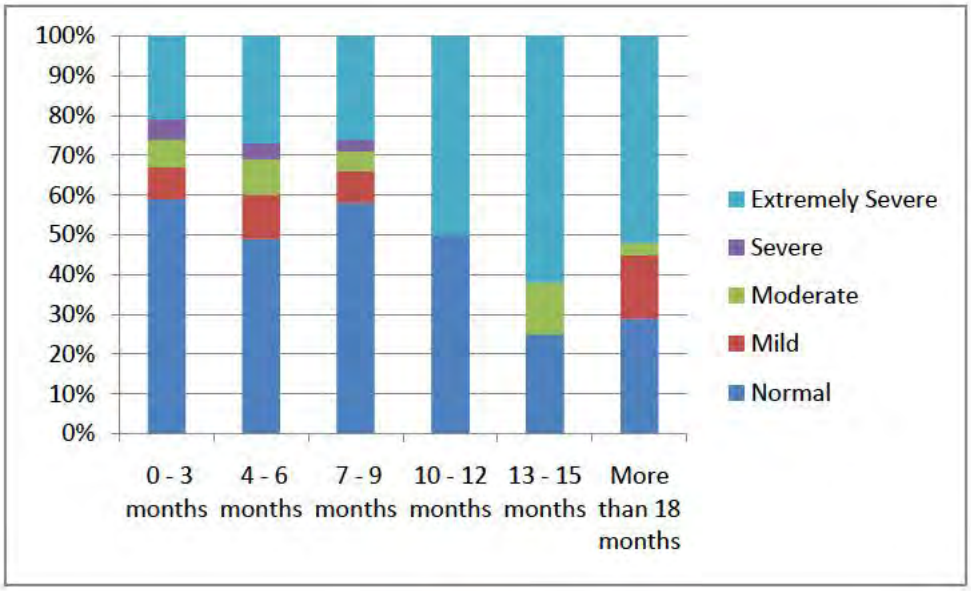
The data shows the majority of people entering detention (around 60%) have normal scores on each subscale at entry to immigration detention; however 32% have clinically significant scores for anxiety, 31% for depression and 31% for stress. These are consistent across the sub-scores and with internationally published research and Australian epidemiological research indicating a prevalence of common mental disorders in people entering immigration detention at around five times the rate in the general Australian community.



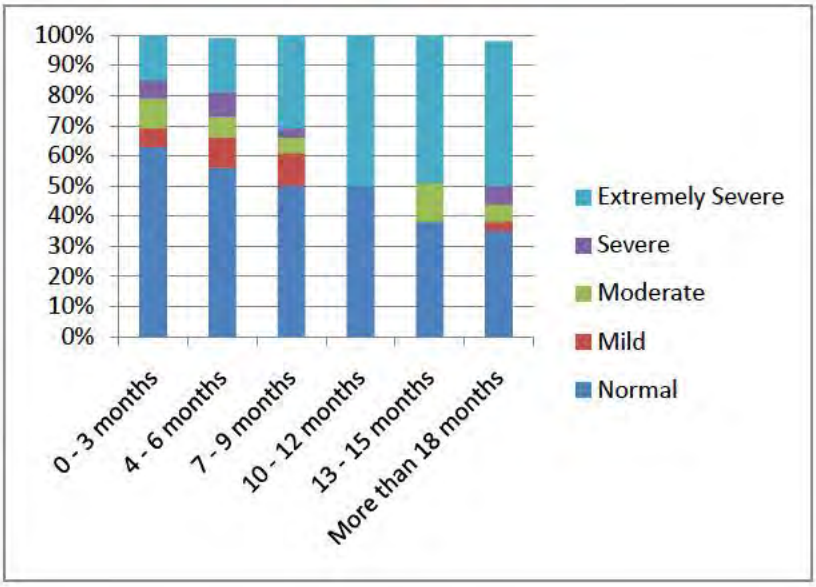
DEPRESSION

Over time in held detention the figures show a steady increase in prevalence of clinically significant depression and anxiety symptoms which rises to 75% for Depression and 76% for Anxiety at 13-15 months. This represents a figure that is around ten times that in the general Australian population.

Slightly lower figures in the post 18 month cohort are most likely due to the small number of clients in this cohort and hence wider confidence interval for this result.



ANXIETY



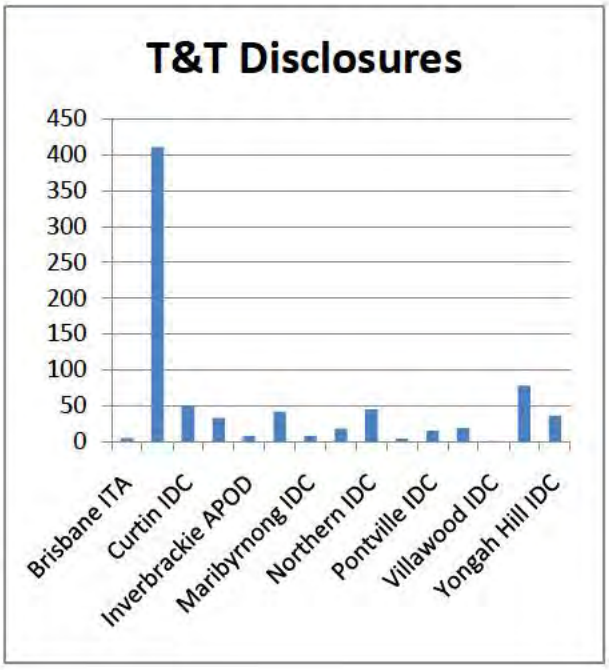
STRESS

Stress scores are more variable but are found to be more consistently high throughout the period in detention. This is consistent with other published research indicating that the experience of detention is itself stressful and is causal in the development of mental disorders.

7. Torture & Trauma

7.1 Total New Disclosures of Torture and Trauma

Centre	Total
Brisbane ITA	5
Christmas Is (All Sites)	411
Curtin IDC	50
DAL3	1
Darwin Airport Lodge	32
Inverbrackie APOD	8
Leonora APOD	42
Maribyrnong IDC	8
Melbourne ITA	18
Northern IDC	45
Perth IDC	4
Pontville APOD	15
Scherger IDC	19
Villawood IDC	1
Wickham Point IDC	78
Yongah Hill IDC	36
Total	**773**



As in the previous datasets, the majority of new disclosures of Torture and Trauma (T&T) are made during the initial phase of detention at Christmas Island. As discussed in the previous reports, clients disclose when they are in a safe environment with a clinician with whom they have established a therapeutic relationship. This is reflected in the figures which show reporting of T&T at multiple sites throughout the network.

These are only new (not total numbers) of T&T during the 3 months, not the total number of clients that have a T&T history. Others may have already revealed this in their previous history.

Harvard Trauma Questionnaire (HTQ) is administered only to those clients who had disclosed a history of torture and trauma. In the previous health data sets, a comparison of the HTQ against time in detention was included. This has not been included in this report as the numbers (of individuals) remaining in detention was not adequate for a statistical comparison. The same applied to the GHQ. GHQ and HTC are used on as individual basis for comparison over time

8. Medications

Medications prescribed to 100 or more clients during the Quarter

Drug Class	Clients Prescribed
Antibiotics	1024
Nonsteroidal anti-inflammatory agents	574
Simple analgesics and antipyretics	490
Hyperacidity, reflux and ulcers	311
Combination simple analgesics	240
Vaccines	227
Antidepressants	188
Antihistamines	162
Narcotic analgesics	145
Rubefacients, topical analgesics/NSAIDs	133
Topical corticosteroids	132
Topical antifungals	129
Anthelminthics	122
Macrolides	119
Antimalarials	108
Laxatives	107
Sedatives, hypnotics	101
Acne, keratolytics and cleansers	100

Medication Usage

This table reflects the number of prescriptions written in the period for various classes of drugs where over 100 clients were prescribed medications within the specific medication class.

Vaccines are prescribed by a medical practitioner when there is no immunisation qualified RN at the facility. In these cases, immunisations are given under the direction and supervision of the GPs. Therefore the number of vaccines prescribed is significantly lower than the total vaccinations given as reported in section 9 below.

9. Vaccinations

Name of Vaccination	0 -7 Years	8 - 17 Years	18 Years +
Tetanus	2	0	49
Varicella	26	146	367
dT	0	15	8
Hepatitis A	0	1	23
Hepatitis B	344	467	1862
HPV	0	10	1
DTPa	349	442	1204
Hib	259	8	1
Japanese Encephalitis	0	0	1
MenCCV	202	293	312
PPV	2	0	14
Diptheria	0	0	49
IPV	366	538	1362
Typhoid IM	0	0	1
VZV	138	225	452
ADT	18	123	583
BCG	2	0	3
Influenza	8	14	354
MMR	249	504	1654
PCV	51	0	0
Rotavirus	1	0	0

Vaccinations

IHMS vaccinates Clients to Australian community standards. There is a very high rate of uptake of vaccinations when offered. Children less than seven years of age vaccinated have their records entered onto the Australian Childhood Immunisation register (ACIR).

Some vaccinations such as Hepatitis A and typhoid are only given to people determined to be "contacts" of a confirmed Hepatitis case and do not form part of the routine IHMS vaccination catch-up schedule.

Health Data Set: April - June 2013

Version 1.10

Report written by: s. 22(1)(a)(ii) and s. 22(1)(a)(ii)

Any questions or suggestions regarding this report may be directed to: s. 22(1)(a)(ii)

Effective: 31 July 2013

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1 EXECUTIVE SUMMARY

This Quarterly Health Data Set relates to health information derived from the electronic medical record (Chiron) for the second quarter April – June 2013. The Health Data Set is published on a quarterly basis and aims to give a summary overall of the health of the clients in immigration detention facilities.

This dataset covers clients whose location (in Chiron) was in an Australian detention facility. This dataset does not include clients in Community Detention or at the Regional Processing Centres (on Nauru and Manus Island).

The rapid turnover of clients through the detention network is again reflected in the number of movements (defined by changing client locations throughout the quarter). The episode data (health occasions of service) by clinician and by centre have not been included in this report as they are part of a separate Performance report which is currently being developed.

IHMS commenced "clinical coding" of all Standard Health Events (consultations) from February 2013. Clinical coding is a technical process of reviewing the notes from each consultation and recording the primary reason for presentation and any secondary reasons. Coding is currently performed for consultations with either the General Practitioners (GPs) and Psychiatrist on site, for consultations from January 2013 onwards.

IHMS intends to publish a supplement to this report which includes:

- Analysis of the diagnosis groups by age bands;
- Comparison between the health data for Q1 and Q2, 2013; and
- Data on the diagnoses and prescriptions of medications related to mental health issues.

The first two of these analyses in particular require additional preparation and validation, and are expected to be available by the end of August, 2013.

2 DEFINITIONS

Term	Definition
APOD	Alternative Place of Detention
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HDS	Health Discharge Summary
HIA	Health Induction Assessment
HTQ	Harvard Trauma Questionnaire
IDC	Immigration detention centre
IRH	Immigration Residential Housing
ITA	Immigration transit Accommodation
SAM	Single Adult Male
UAA	Unauthorised Air Arrivals
UMA	Unauthorised Maritime Arrivals
UAM	UnAccompanied Minor

Terminology around Irregular Maritime Arrivals has been changed and IMA will be referred to as UMA.

3 CLIENT COHORT

The client cohort in this dataset are all those persons who have a record in Chiron and their location is an Australian immigration detention facility (IDF) on 1 April 2103. It also includes all those who entered an IDF during the period 1 April to 30 June 2013. Each client in the cohort has an end date which is either 30 June (for those remaining within an IDF at the end of the period) or between those dates, implying they have left detention facilities during the quarter.

3.1 Number of clients in facilities

Detention Facility	Active Client records as at 1 Apr 2013	Active Client records as at 1 Jul 2013	Net Change At facility
Adelaide ITA	0	50	50
Brisbane ITA	73	165	92
Christmas Island (all sites combined)	2195	2518	323
Curtin (APOD & IDC combined)	788	1290	502
Darwin Airport Lodge (DAL 1 & 3 combined)	490	429	-61
Inverbrackie APOD	343	480	137
Leonora APOD	182	248	66
Maribyrnong IDC	102	314	212
Melbourne ITA	268	525	257
Northern IDC	410	462	52
Perth IDC	32	153	121
Perth IRH	14	11	-3
Pontville (APOD & IDC combined)	103	288	185
Port Augusta IRH	58	73	15
Scherger IDC	428	830	402
Sydney IRH	27	42	15
Villawood IDC	378	729	351
Wickham Point (APOD & IDC combined)	723	2368	1645
Yongah Hill IDC	472	1123	651
Totals	7,086	12,098	5,012

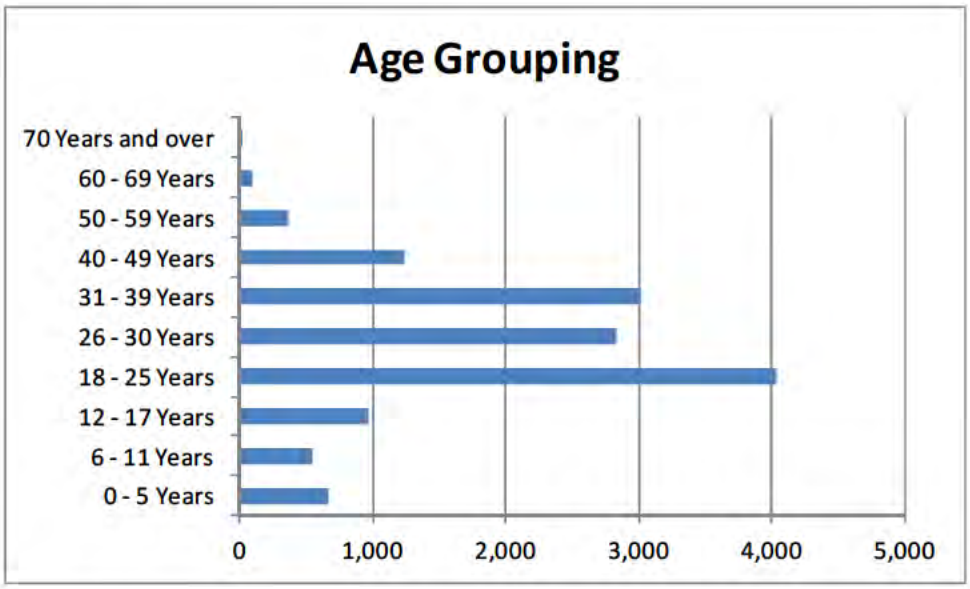
This table reflects the number of active Client records in Chiron, based on the data feed provided by DIAC. It is noted that this differs from the national census population data provided by DIAC monthly. The difference is elevated during times of rapid movements of clients into, out of and within the immigration detention network.

IHMS notes that an issue has been identified with the calculation of these figures, whereby the figures reported in the Quarter 1 report included some duplication of active records, particularly on Christmas Island due to the multiple location at that site. This has been rectified for this report.

3.2 Age Grouping

Age Group	Total
0 - 5 Years	673
6 - 11 Years	552
12 - 17 Years	960
18 - 25 Years	4037
26 - 30 Years	2837
31 - 39 Years	3019
40 - 49 Years	1240
50 - 59 Years	367
60 - 69 Years	94
70 Years and over	12
Total	13791

This table shows the age distribution of Client records which were active at any point during the quarter.

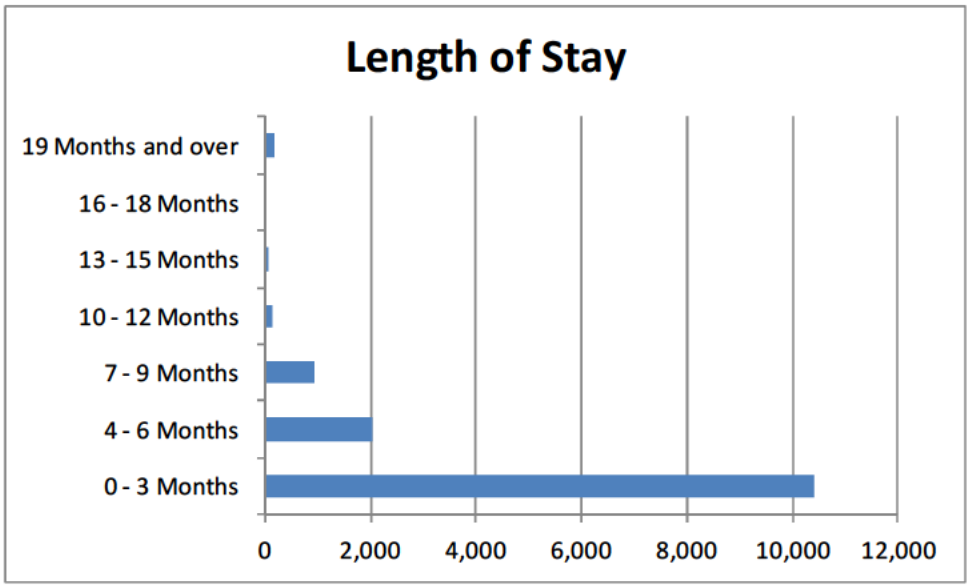


3.3 Length Of Stay (LOS)

LOS Group	Number of active Client records during Q2 2013
0 - 3 Months	10,421
4 - 6 Months	2,035
7 - 9 Months	919
10 - 12 Months	153
13 - 15 Months	53
16 - 18 Months	22
19 Months and over	188
Total	13,791

This data is based on the length of stay information provided by DIAC via the data feed. We note that this may not align with the information published in the Immigration Detention Statistics Summary on www.immi.gov.au, due to the timing issue described in 3.1 above, and that these figures do not include those in Community Detention.

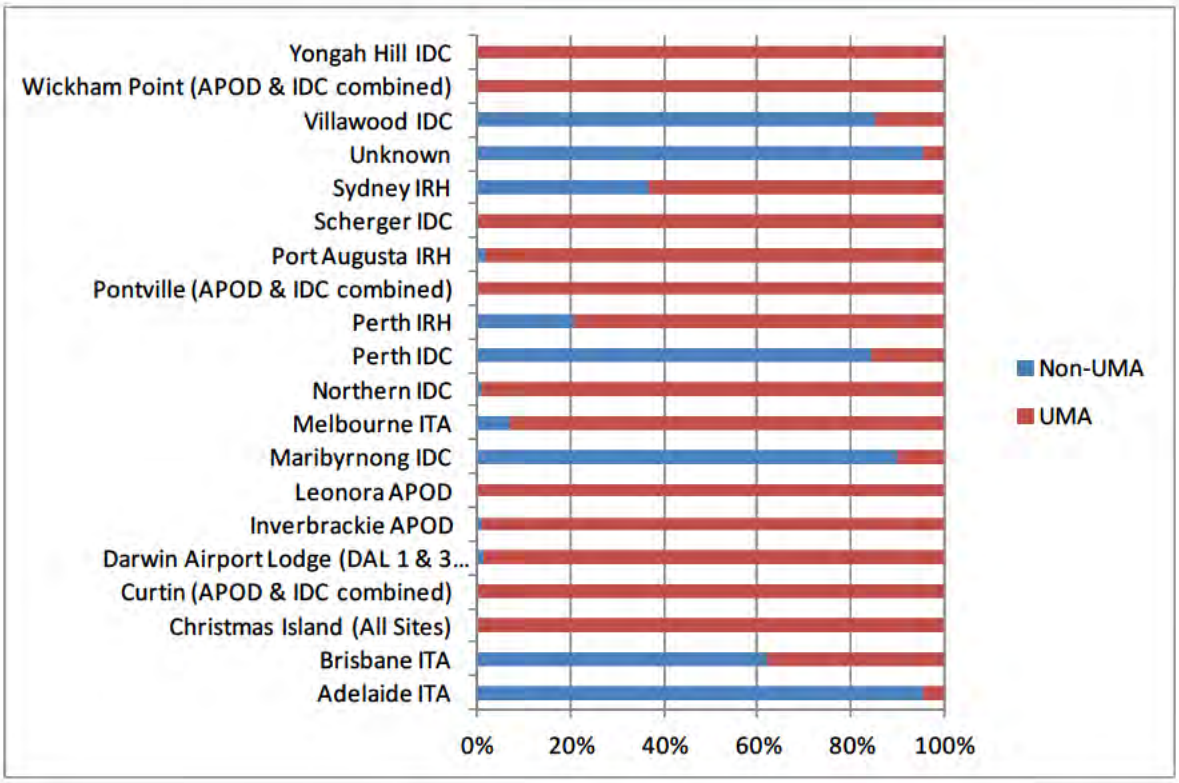
The aim in presenting this new data (and graph) is to demonstrate the Length of Stay of clients within the detention facilities, which is used below in an analysis of mental health indicators. 76% of clients have been in facilities less than 3 months and 90% are in facilities six months or less. There remain 188 clients, 1.4% of the total active records, who have been in detention facilities for more than 19 months.



3.4 Unauthorised Maritime Arrivals (UAM) vs. Non-UMA Clients

Centre	UMA	Non-UMA
Adelaide ITA	2	41
Brisbane ITA	64	106
Christmas Island (All Sites)	6,912	
Curtin (APOD & IDC combined)	792	
Darwin Airport Lodge (DAL 1 & 3 combined)	871	11
Inverbrackie APOD	341	3
Leonora APOD	183	
Maribyrnong IDC	30	264
Melbourne ITA	262	20
Northern IDC	1,019	10
Perth IDC	22	121
Perth IRH	19	5
Pontville (APOD & IDC combined)	127	
Port Augusta IRH	57	1
Scherger IDC	428	
Sydney IRH	17	10
Unknown	4	84
Villawood IDC	106	614
Wickham Point (APOD & IDC combined)	769	
Yongah Hill IDC	476	
Total	12501	1,290

Note: IMA has recently been reclassified as UMA.



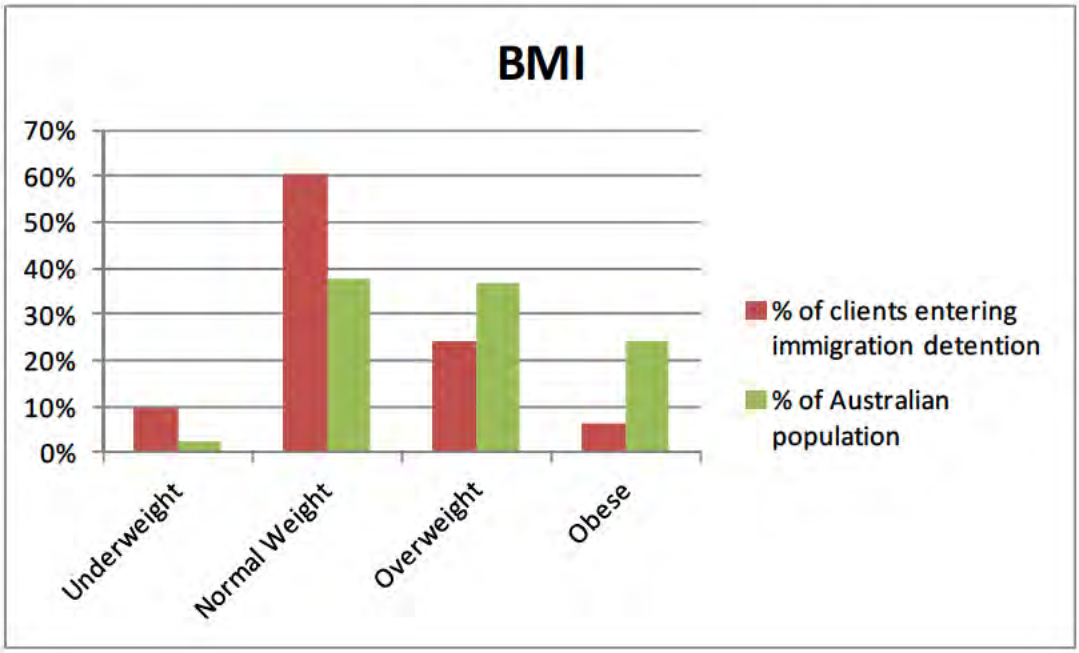
4 PRIMARY HEALTH

4.1 Body Mass Index (BMI)

Body Mass Index measurement (calculated from the height and weight) of individuals entering into the immigration detention network is a simple measure of the nutritional status of the client within detention. This is a measurement at a single point of time and does not reflect changes after arrival in Australia.

As expected BMI figures on entry to immigration detention reflect BMI distribution in countries of origin and demonstrate a higher proportion of people in the underweight category and lower proportion of overweight and obese people than in the general Australian population.

Weight Group	Definition	Total recorded in Cohort	% of total measured	% of Australian population[1]
Underweight	< 18.5	989	10%	2%
Normal Weight	18.5 – 25	6,287	60%	38%
Overweight	25- 30	2,500	24%	37%
Obese	>30	623	6%	24%
Total		10,399		



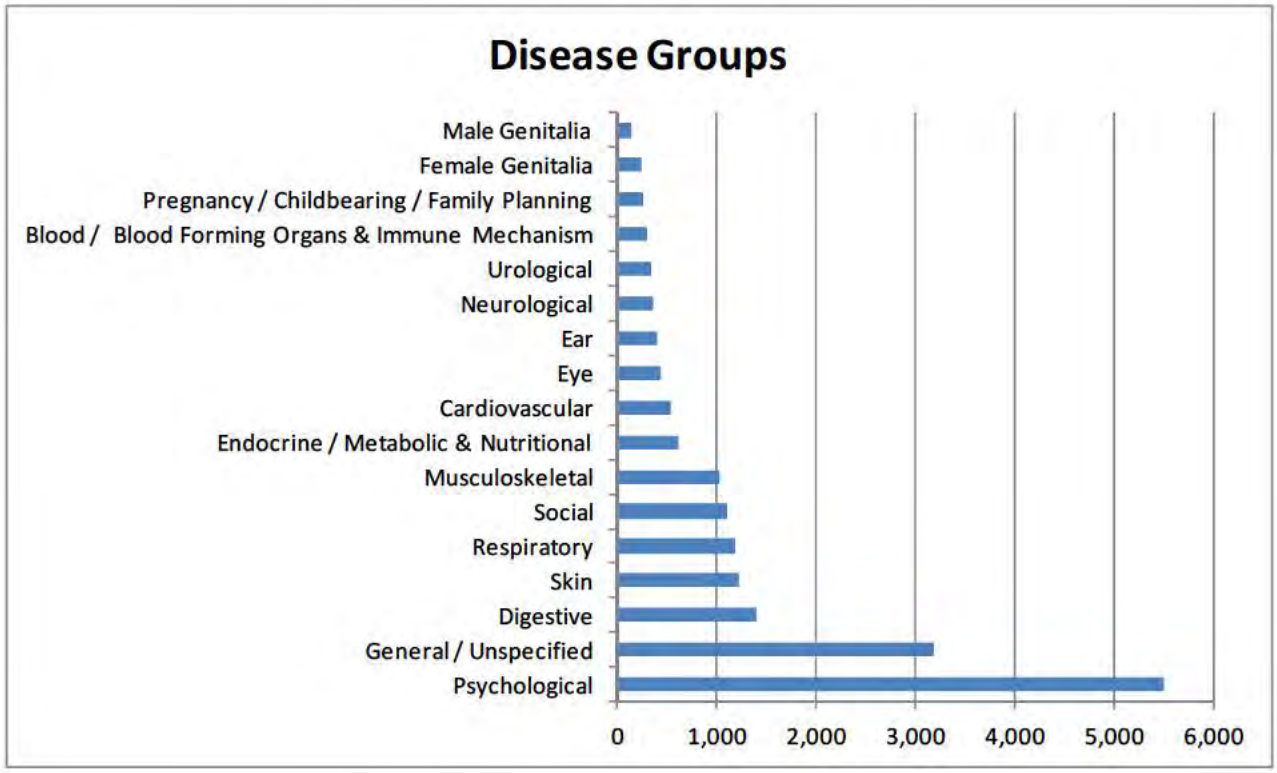
[1] *Source:* AIHW analysis of the 2007–08 National Health Survey (NHS).

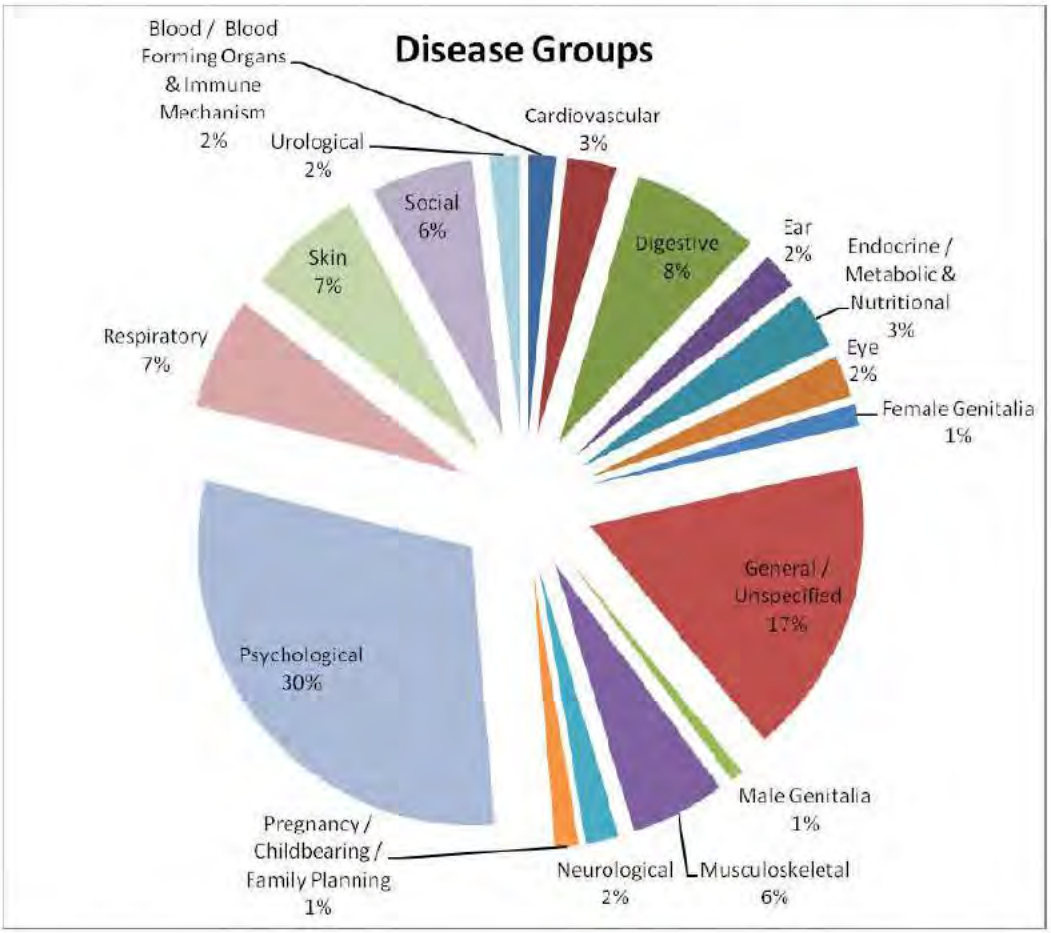
4.2 Disease Groupings

Disease Grouping	Total
Psychological	5,512
General / Unspecified	3,187
Digestive	1,402
Skin	1,228
Respiratory	1,195
Social	1,104
Musculoskeletal	1,021
Endocrine / Metabolic & Nutritional	619
Cardiovascular	542
Eye	441
Ear	397
Neurological	355
Urological	336
Blood / Blood Forming Organs & Immune Mechanism	304
Pregnancy / Childbearing / Family Planning	256
Female Genitalia	238
Male Genitalia	138
Grand Total	**18,275**

These figures indicate the number of GP or Psychiatric consultations related to a particular disease group, either as a primary or secondary reason for consultation.

Within the grouping "General and Unspecified", 29% of the consultation codings related to risk factors or abnormal results not otherwise specified. A further 5.1% related to Observe / Educate / Advice / Diet; 4.8% to Medical Exam / Health Evaluation Partial / Preop Check; and 4.7% to Referral to Physician / Specialist / Clinic Hospital. The remainder was a wide range of examinations, unspecified complaints, advice, counselling and general practice matters.

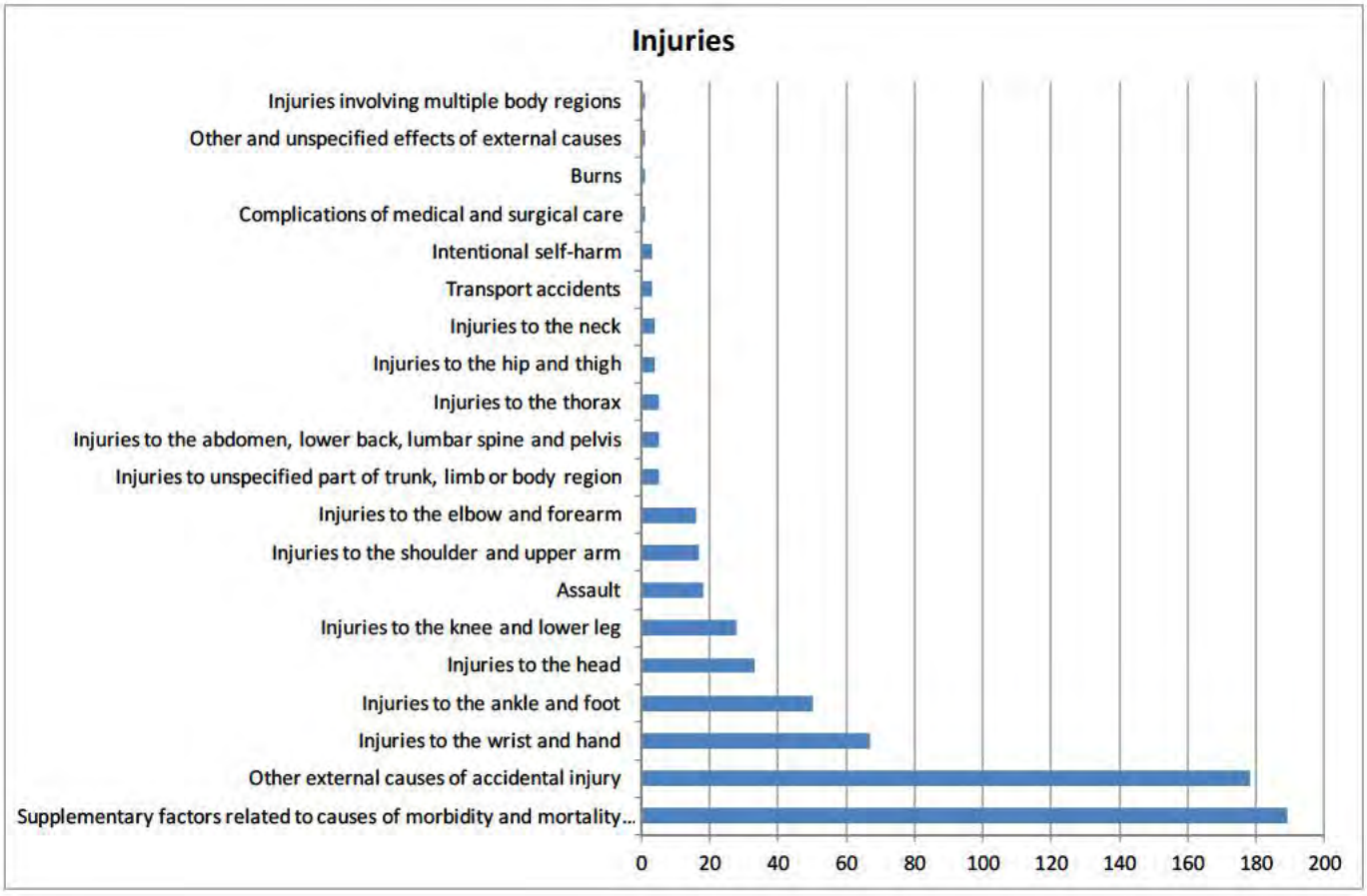




4.3 Injury Groupings

Grouping Term	Total
Supplementary factors related to causes of morbidity and mortality classified elsewhere	189
Other external causes of accidental injury	178
Injuries to the wrist and hand	67
Injuries to the ankle and foot	50
Injuries to the head	33
Injuries to the knee and lower leg	28
Assault	18
Injuries to the shoulder and upper arm	17
Injuries to the elbow and forearm	16
Injuries to the abdomen, lower back, lumbar spine and pelvis	5
Injuries to the thorax	5
Injuries to unspecified part of trunk, limb or body region	5
Injuries to the hip and thigh	4
Injuries to the neck	4
Intentional self-harm	3
Transport accidents	3
Burns	1
Complications of medical and surgical care	1
Injuries involving multiple body regions	1
Other and unspecified effects of external causes	1
Grand Total	**629**

It is worth noting that these figures relate to consultations by GPs and Psychiatrists only; it does not include consultations with nursing staff, paramedic, or referrals to hospitals.



5 MENTAL HEALTH

5.1 Depression, Anxiety and Stress Scores (DASS)

Months in Detention	Type	Normal		Mild		Moderate		Severe		Extremely Severe	
0 - 3 Months	Anxiety	90%	632	3%	21	5%	32	2%	12	1%	7
0 - 3 Months	Depression	85%	595	6%	39	6%	39	2%	14	2%	17
0 - 3 Months	Stress	90%	633	4%	27	3%	24	2%	13	1%	7
4 - 6 Months	Anxiety	77%	130	6%	10	8%	13	5%	9	4%	7
4 - 6 Months	Depression	66%	111	10%	17	12%	20	5%	8	8%	13
4 - 6 Months	Stress	80%	136	6%	10	7%	12	4%	7	2%	4
7 - 9 Months	Anxiety	72%	13	22%	4	0%	0	6%	1	0%	0
7 - 9 Months	Depression	72%	13	11%	2	11%	2	0%	0	6%	1
7 - 9 Months	Stress	89%	16	0%	0	6%	1	6%	1	0%	0
10 - 12 Months	Anxiety	54%	7	8%	1	15%	2	15%	2	8%	1
10 - 12 Months	Depression	38%	5	15%	2	15%	2	8%	1	23%	3
10 - 12 Months	Stress	54%	7	15%	2	8%	1	23%	3	0%	0
16 - 18 Months	Anxiety	50%	1	0%	0	0%	0	50%	1	0%	0
16 - 18 Months	Depression	50%	1	0%	0	0%	0	0%	0	50%	1
16 - 18 Months	Stress	50%	1	0%	0	0%	0	0%	0	50%	1
19 Months and over	Anxiety	47%	9	0%	0	11%	2	5%	1	37%	7
19 Months and over	Depression	26%	5	11%	2	21%	4	5%	1	37%	7
19 Months and over	Stress	47%	9	11%	2	5%	1	5%	1	32%	6

Mental Health Scores

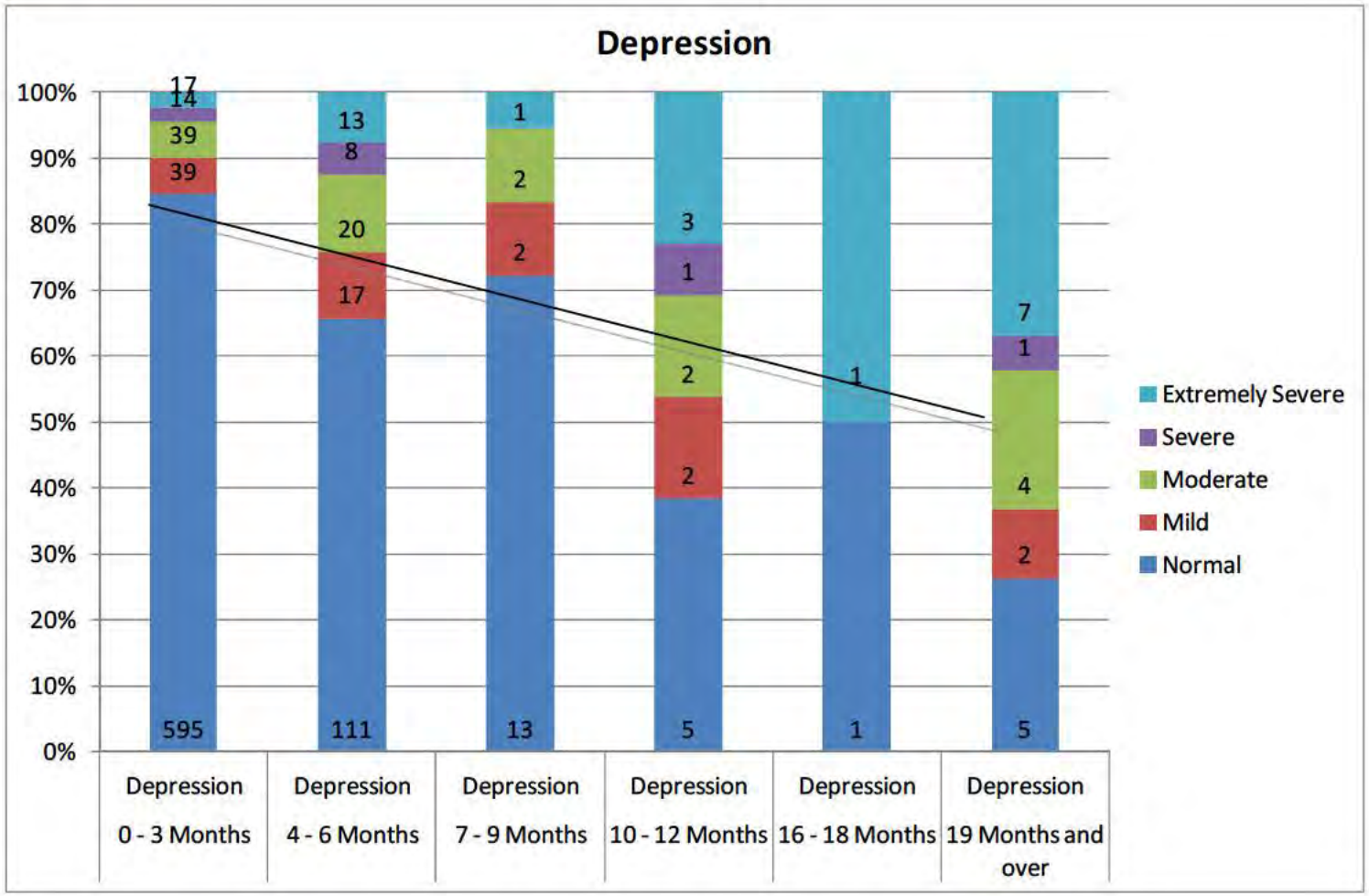
The DASS scores are derived from scheduled mental health screening points and from any additional screens that are performed for clinical indications. Scores in the 3 month in detention group reflect initial scores from the universal mental health assessment at 7-10 days after arrival and subsequent scores are from each scheduled screening point.

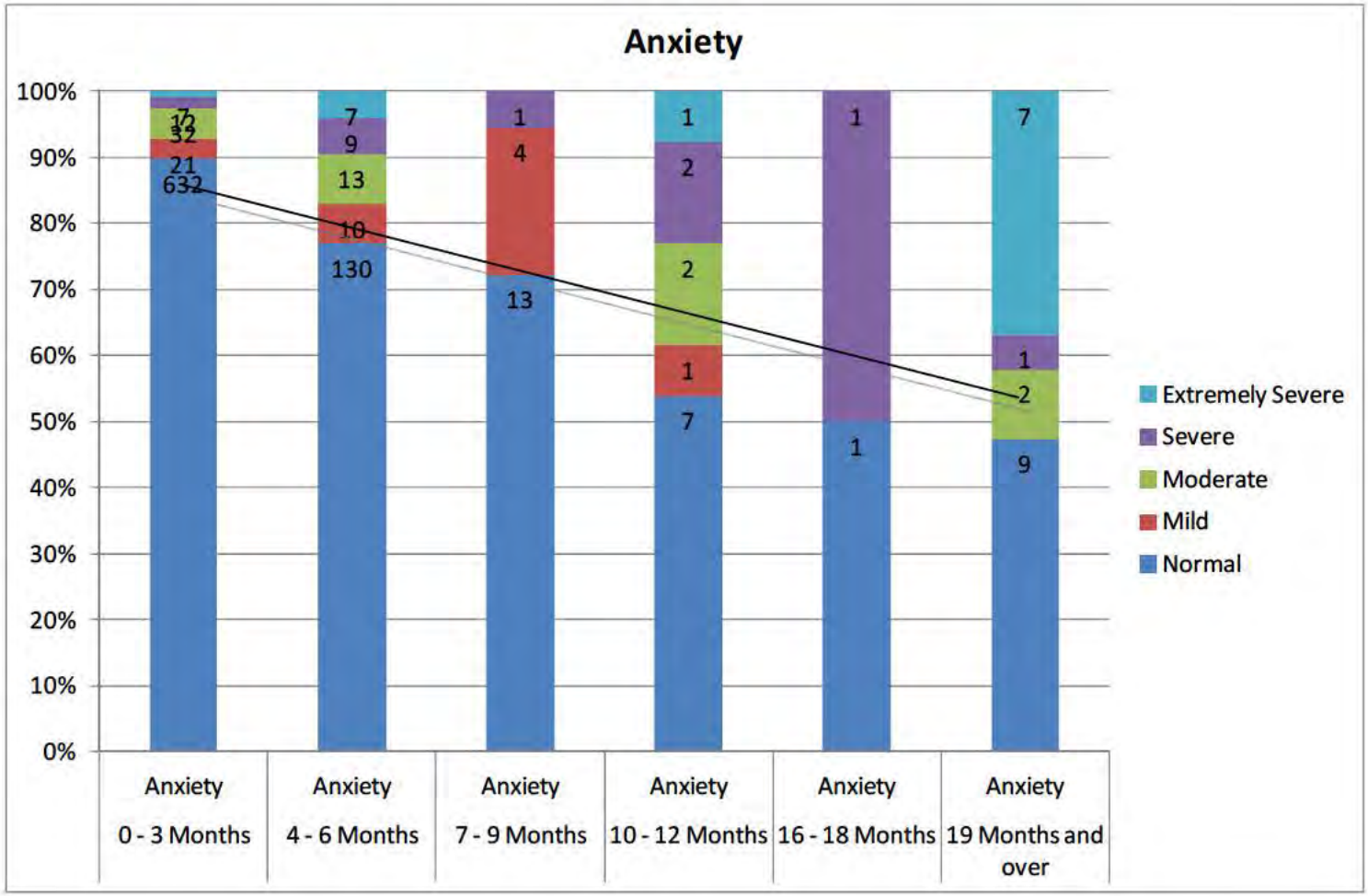
The results for this reporting period are again consistent with internationally published research and previous data from the immigration detention mental health screening program showing a clear deterioration of mental health indices over time in detention.

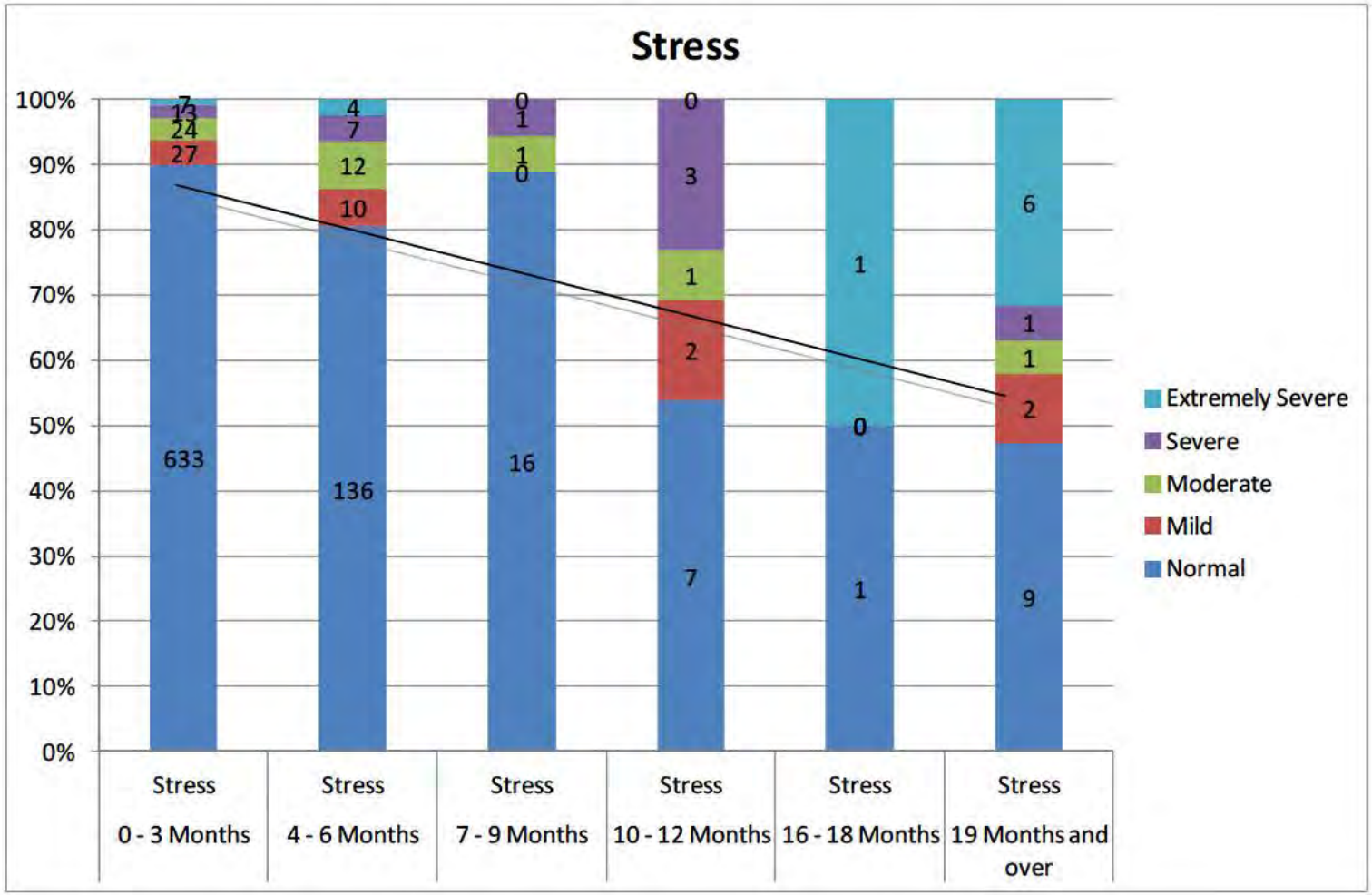
Results reported in this sample are skewed by the high number of screens with zero scores which result when a client declines to participate in the screen and therefore the actual figures are likely to show higher proportions of clients in the more severe ranges. This technical reporting issue will be addressed in the new IHMS health information system, Apollo.

IHMS continues to work with clients and stakeholders to identify those who are at most at risk of deterioration in mental health, to provide care and support to minimise the negative mental health impacts of detention, and to make clinical recommendations for immigration detention placements which are least harmful to mental health.

DASS Graphics







5.2 Torture & Trauma

5.2.1 Disclosed Torture & Trauma

Centre where disclosed	Total
Blaydin	1
Brisbane ITA	11
Christmas Is (all sites)	2,038
Curtin (APOD & IDC combined)	137
Darwin Airport Lodge (DAL 1 & DAL 3)	109
Inverbrackie APOD	36
Leonora APOD	2
Manus Island	20
Maribyrnong IDC	3
Melbourne ITA	14
Nauru Centre	25
Northern IDC	547
Perth IDC	10
Pontville (APOD & IDC combined)	66
Scherger IDC	44
Villawood IDC	5
Wickham Point (APOD & IDC combined)	240
Yongah Hill IDC	91
Grand Total	**3,399**

There were a high number of new disclosures of Torture and Trauma during this reporting period, being 3,399 in Quarter 2 compared to 773 in Quarter 1.

As per previous reports, a high proportion of new disclosures occur early in the course of detention for UMA clients on Christmas Island.

This continues to present challenges to the specialised torture and trauma counselling services on Christmas Island and in tracking these clients to ensure follow-up is available as they move to other detention facilities.

5.3 Harvard Trauma Questionnaire (HTQ)

PTSD Threshold	Total	%
Meets PTSD Criteria	17	25%
Under PTSD Threshold	51	75%
Grand Total	**68**	

Following disclosure of torture and trauma clients are offered to complete the Harvard Trauma Questionnaire (HTQ). The version that is used is the HTQ-16, a shorter version that is more simple and faster to administer than the full questionnaire and focuses specifically on traumatic symptoms that are derived from the criteria for Post-Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

In this reporting period for the first time IHMS has conducted an analysis of a sample of HTQ scores. This preliminary analysis on a small sample yields an incidence of PTSD as defined by DSM-IV criteria of 25%. This is a high rate which if extrapolated to the whole detention population would imply a high disease burden of PTSD and significantly of other less severe post-traumatic symptoms.

IHMS plans in the next reporting period to undertake a larger study sample in preparation for more detailed analysis in subsequent reports.

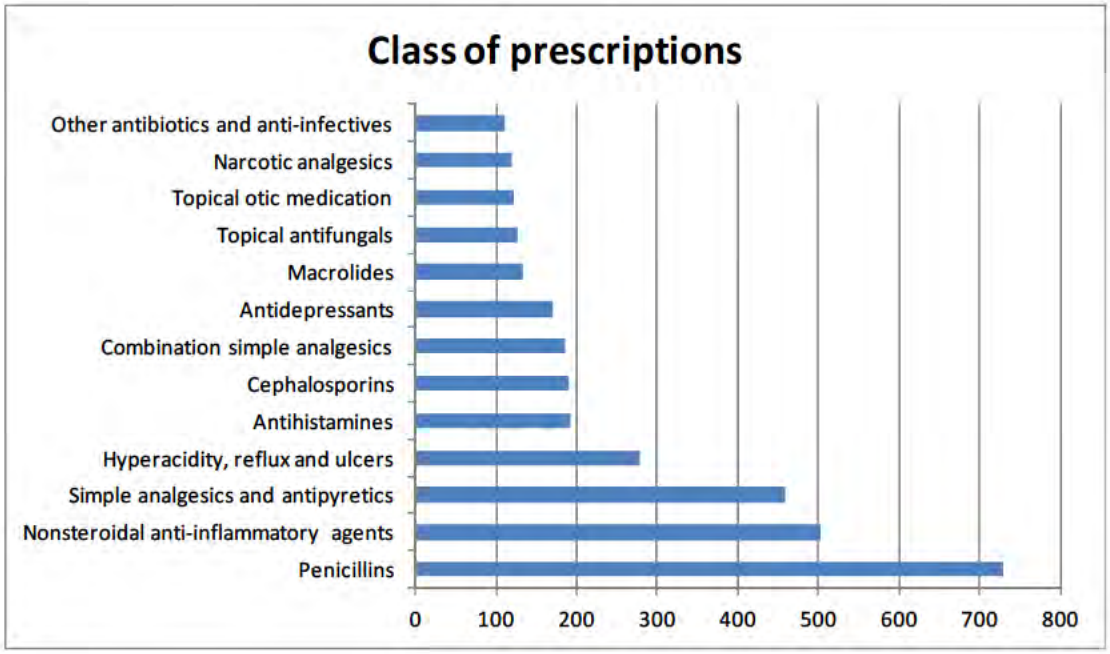
6 MEDICATION & VACCINATION

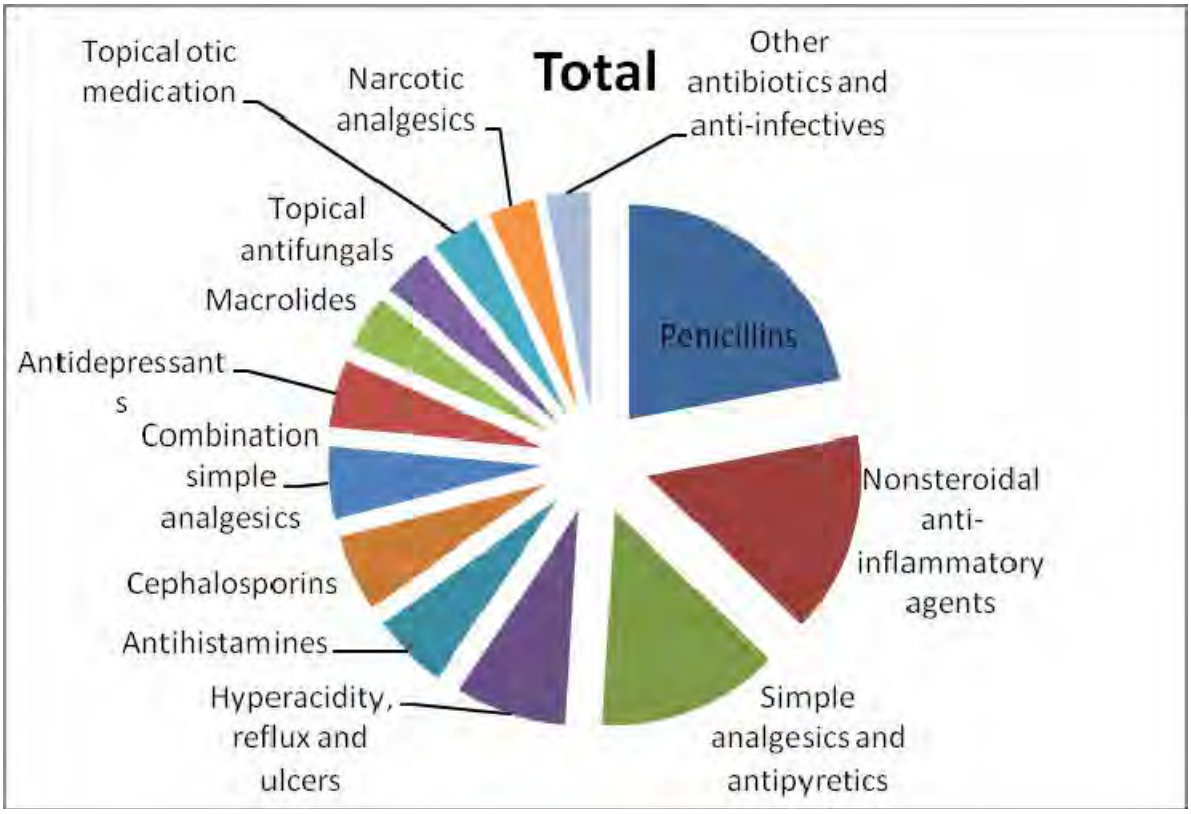
6.1 Medication Usage

This table reflects the number of prescriptions written in the period for various classes of drugs where over 100 clients were prescribed medications within the specific medication class.

Vaccines are prescribed by a medical practitioner when there is no immunisation qualified RN at the facility. In these cases, immunisations are given under the direction and supervision of the GPs. Therefore the number of vaccines prescribed is significantly lower than the total vaccinations given as reported in section 9 below.

Class	Total
Penicillins	729
Nonsteroidal anti-inflammatory agents	503
Simple analgesics and antipyretics	458
Hyperacidity, reflux and ulcers	279
Antihistamines	192
Cephalosporins	190
Combination simple analgesics	185
Antidepressants	171
Macrolides	132
Topical antifungals	126
Topical otic medication	122
Narcotic analgesics	119
Other antibiotics and anti-infectives	110





6.2 Vaccinations

IHMS vaccinates Clients to Australian community standards. There is a very high rate of uptake of vaccinations when offered. Children less than seven years of age vaccinated have their records entered onto the Australian Childhood Immunisation Register (ACIR).

The majority of children complete their vaccination schedules while in Community Detention and this is thus not reflected in the Chiron record.

Hepatitis A is given only to people determined to be "contacts" of a confirmed Hepatitis case and does not form part of the routine IHMS vaccination catch-up schedule.

Name of Vaccine	0 - 7 Years	8 - 17 Years	18 Years +	Grand Total
ADT	4	42	317	**363**
BCG			1	**1**
Cholera Oral			1	**1**
dT		7	8	**15**
DTPa	277	461	861	**1,599**
Hepatitis A			29	**29**
Hepatitis B	291	434	946	**1,671**
Hib	274	15	1	**290**
HPV		26	2	**28**
Influenza	97	250	882	**1,229**
IPV	278	382	992	**1,652**
Japanese Encephalitis			2	**2**
Measles		1	1	**2**
MenCCV	198	426	758	**1,382**
MMR	212	479	876	**1,567**
PCV	67	1	7	**75**
PPV	1		35	**36**
Rotavirus	6			**6**
Tetanus			1	**1**
Typhoid IM			26	**26**
Varicella	17	133	198	**348**
VZV	159	283	385	**827**
Grand Total	**1,881**	**2,940**	**6,329**	**11,150**

Health Data Set: July - Sept 2013

Version 1.04

Report written by:
s. 22(1)(a)(ii)
s. 22(1)(a)(ii)
s. 22(1)(a)(ii))
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Any questions or suggestions regarding this report may be directed to:
s. 22(1)(a)(ii)

Effective: 30 September 2013

Table of Contents

1 EXECUTIVE SUMMARY

This Quarterly Health Data Set relates to health information derived from the electronic medical record system (Chiron) for the third quarter July – September 2013. The Health Data Set is published on a quarterly basis and provides a summary overall of the health of the detainees in Australian Immigration Detention Facilities.

Location in the dataset is determined by the Department of Immigration & Border Protection (DIBP) portal information, including all persons held in immigration detention whose location during the quarter was in an Australian Immigration Detention Facility. This dataset does not include detainees in Community Detention or Transferees at the Offshore Processing Centres (Nauru and Manus Island).

The rapid turnover of detainees through the detention network is again reflected in the number of movements and is defined by changing detainee locations throughout the quarter.

IHMS commenced clinical coding of all Standard Health Events (consultations) from February 2013. This process has significantly improved the quality and accuracy of diagnostic data and shows a truer picture of the incidence and prevalence of conditions in the detention population.

1.1 Apollo Pilot

IHMS' new clinical information and medical record system "Apollo" was implemented as a trial at Villawood Immigration Detention Centre (VIDC) during this quarter (9 September 2013). As the data in this report is derived from Chiron records, the current dataset excludes clinical information from VIDC post pilot implementation.

VIDC is traditionally a site with a relatively high number of detainees with more complex general and mental health issues. Therefore the interpretation of this report needs to bear in mind that the absence of data from this location may have skewed results to show a lower rate of health issues than would otherwise be the case. This issue will be resolved following the network-wide implementation of Apollo.

2 DEFINITIONS

Term	Definition
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
DAL	Darwin Airport Lodge
DASS	Depression Anxiety and Stress Scale
GHQ	General Health Questionnaire
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
HTQ	Harvard Trauma Questionnaire
IDC	Immigration Detention Centre
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
SAM	Single Adult Male
IAA	Illegal Air Arrivals
IMA	Illegal Maritime Arrivals
UAM	Un-Accompanied Minor

3 DETAINEE COHORT

The detainee cohort in this dataset includes all those persons who have an active record in Chiron and their location is an Australian Immigration Detention Facility (AIDF) on 1 July 2013. It also includes all those who entered an AIDF during the period 1 July 2013 to 30 September 2013. Each detainee in the cohort has an end date which is either 30 September 2013, for those remaining within an AIDF at the end of the period; or between 1 July 2013 and 30 September 2013, implying they have left detention facilities during the quarter.

3.1 Number of Active Detainee Records

Detention Facility	Active Detainee records as at 1 Jul 2013	Active Detainee records as at 30 Sep 2013
Adelaide ITA	50	7
Blaydin	0	97
Brisbane ITA	165	56
Christmas Island (all sites combined)	2,518	2,286
Curtin (APOD & IDC combined)	1,290	430
Darwin Airport Lodge (DAL 1 & 3 combined)	429	249
Inverbrackie APOD	480	216
Leonora APOD	248	39
Maribyrnong IDC	314	77
Melbourne ITA	525	241
Northern IDC	462	203
Perth IDC	153	24
Perth IRH	11	8
Pontville (APOD & IDC combined)	288	0
Port Augusta IRH	73	20
Scherger IDC	830	230
Sydney IRH	42	39
Villawood IDC	729	338
Wickham Point (APOD & IDC combined)	2,368	679
Yongah Hill IDC	1,123	529
Total	**12,098**	**5,768**

This table reflects the number of active detainee records in Chiron, based on the data feed (xml file) provided by DIBP. It is noted that this differs from the national census population data provided by DIBP monthly. The difference is elevated during times of rapid movements of detainees into, out of and within the immigration detention network.

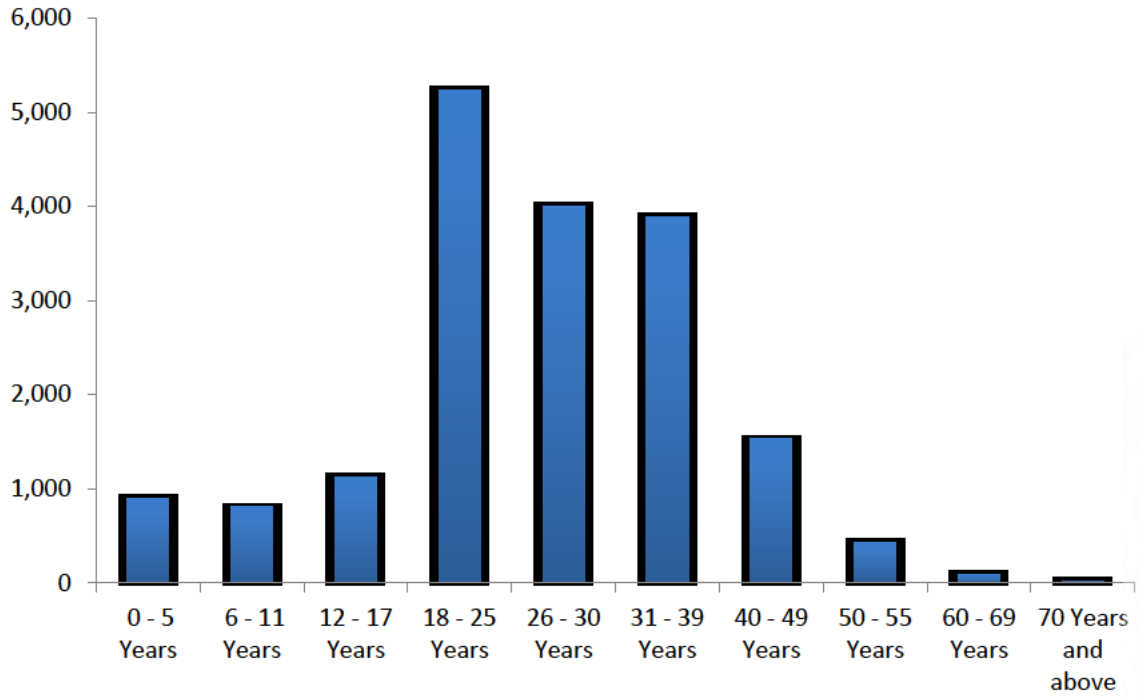
The data relating to the detainees in Villawood IDC is accurate from the detainee records perspective as the DIBP xml file detainee attributes update occurs as normal. The detainee records remain active in Chiron though no clinical data has been entered since the Apollo pilot commenced on 9th of September 2013.

The number of active detainee records in Chiron has declined significantly during the quarter, reflecting the high turnover of clients during this period and the increasing detainee populations at the Offshore Processing Centres.

3.2 Age Groupings

Age Group	Total	%
0 - 5 Years	901	5.0%
6 - 11 Years	806	4.5%
12 - 17 Years	1,123	6.2%
18 - 25 Years	5,236	29.1%
26 - 30 Years	4,007	22.2%
31 - 39 Years	3,884	21.6%
40 - 49 Years	1,527	8.5%
50 - 55 Years	431	2.4%
60 - 69 Years	94	0.5%
70 Years and above	13	0.1%
Total	**18,022**	**100%**

This table shows the age distribution of detainee records which were active at any point during the quarter. The median age for the total cohort was 27 years, significantly younger than the median age of the Australian population of 37.3 years. Children under 12 years of age constituted 9.5% of the total cohort, which is significantly less than equivalent 19% for the Australian population (Australian Bureau of Statistics 2012).



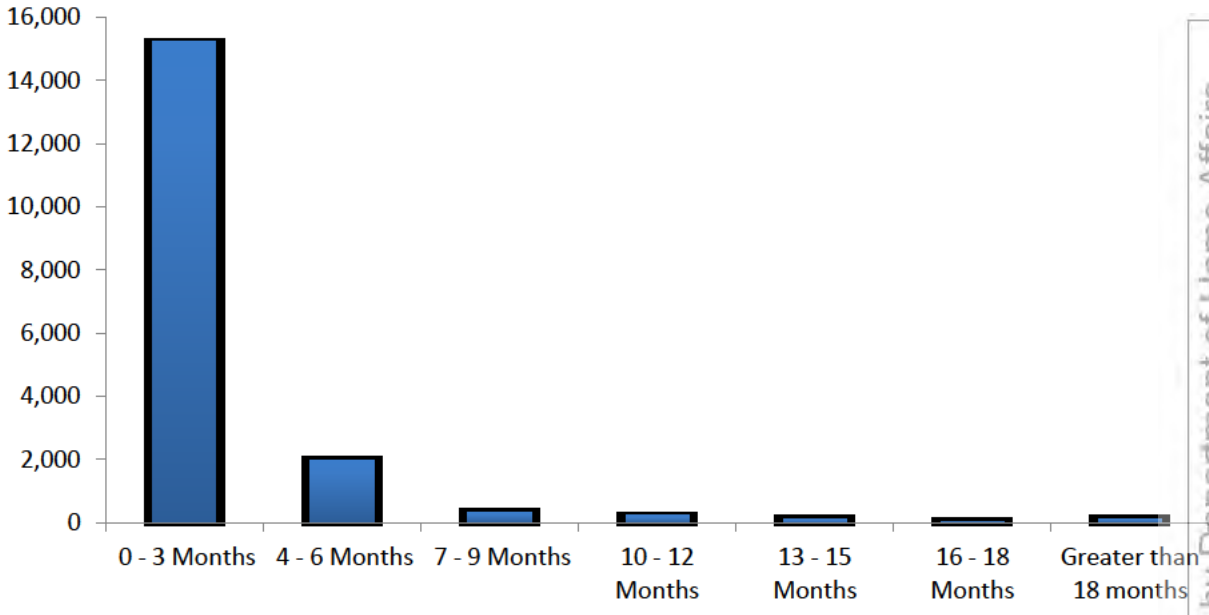
3.3 Length Of Stay (LOS)

LOS Group	Total	%
0 - 3 Months	15,217	84.4%
4 - 6 Months	1,979	11.0%
7 - 9 Months	333	1.8%
10 - 12 Months	224	1.2%
13 - 15 Months	104	0.6%
16 - 18 Months	35	0.2%
Greater than 18 months	130	0.7%
Total	**18,022**	**100%**

This data is based on the length of stay information provided by DIBP via the data feed. We note that this may not align with the information published in the Immigration Detention Statistics Summary on www.immi.gov.au, due to the timing issue described in 3.1 above, and that these figures do not include people in Community Detention.

The chart below graphically illustrates the reduced length of stay in detention facilities, reflective of the very rapid throughput of detainees in the quarter. 95% of detainees were in facilities for six months or less and 84% of detainees were in facilities for 3 months or less.

Despite the overall trend it should be emphasized that there remains a small but significant number of detainees who have remained in detention for a very long period of time. At present there are 130 detainees, (0.7% of the total active records), who have been in detention facilities for more than 18 months.These detainees have a high level of health needs, especially mental health needs which are expected to further increase over time.



3.4 Illegal Maritime Arrivals (IMA) vs. Non-IMA Detainees

Centre	IMA	Non-IMA	IMA %	Non-IMA %
Adelaide ITA	6	69	8.0%	92.0%
Blaydin	27	1	96.4%	3.6%
Brisbane ITA	79	136	36.7%	63.3%
Christmas Island (All Sites)	9,014	4	100.0%	0.0%
Curtin APOD	343	0	100.0%	0.0%
Curtin IDC	1,168	1	99.9%	0.1%
Darwin Airport Lodge	671	21	97.0%	3.0%
Inverbrackie APOD	327	31	91.3%	8.7%
Leonora APOD	170	0	100.0%	0.0%
Maribyrnong IDC	22	342	6.0%	94.0%
Melbourne ITA	275	21	92.9%	7.1%
Northern IDC	840	14	98.4%	1.6%
Perth IDC	24	158	13.2%	86.8%
Perth IRH	7	7	50.0%	50.0%
Pontville APOD	302	0	100.0%	0.0%
Pontville IDC	1	0	100.0%	0.0%
Port Augusta IRH	52	0	100.0%	0.0%
Scherger IDC	561	0	100.0%	0.0%
Sydney IRH	22	16	57.9%	42.1%
Villawood IDC	109	812	11.8%	88.2%
Wickham Point APOD	523	0	100.0%	0.0%
Wickham Point IDC	1,277	3	99.8%	0.2%
Yongah Hill IDC	563	3	99.5%	0.5%
Total	**16,383**	**1,639**	90.9%	9.1%

It is significant in relation to the IHMS workload that 10% of detainees do not come by boat, but by air or other means into the AIDFs.

4 PRIMARY HEALTH

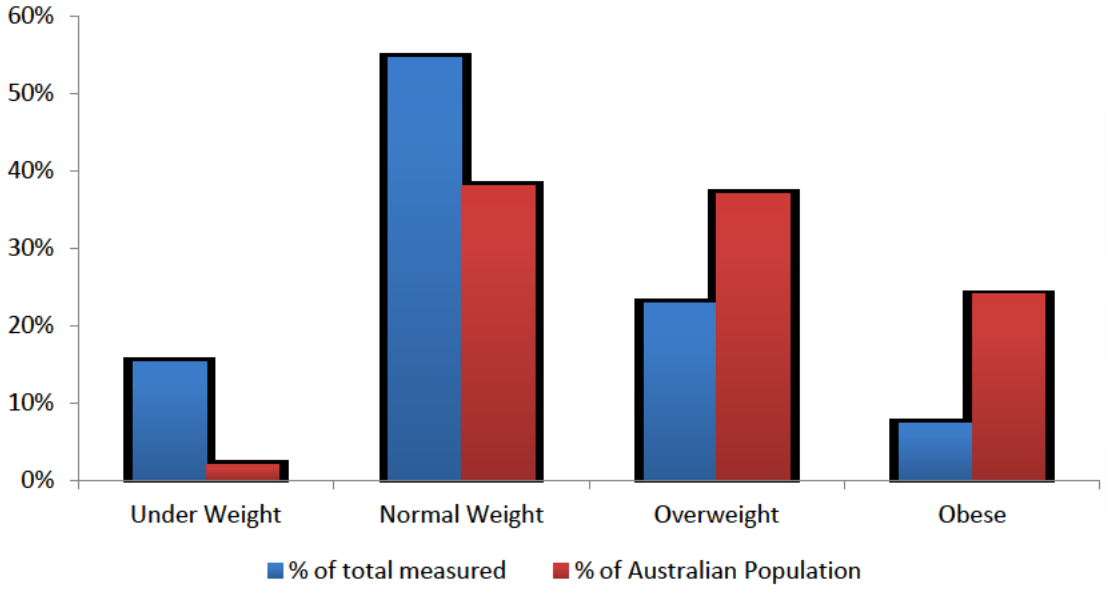
4.1 Body Mass Index (BMI)

Body Mass Index measurement, calculated from the height and weight of individuals entering into the immigration detention network, is a simple measure of the nutritional status of the detainees within detention. This is a measurement at a single point of time and does not reflect changes after their arrival.

As expected BMI figures on entry to immigration detention reflect BMI distribution in countries of origin and demonstrate a higher proportion of people in the underweight category and lower proportion of overweight and obese people than in the general Australian population.

The BMI measurement is the initial BMI taken at induction. To avoid data entry errors (e.g. height in meters and weight in kg or weight and height transposition errors) there is a floor on BMI's of 14 and a cap of 60. BMI's less than the floor or greater than the cap are excluded from this data set.

Weight Group	Definition	Total recorded in Cohort	% of total measured	% of Australian population[1]
Underweight	< 18.5	1,843	15%	2%
Normal Weight	18.5 – 25	6,605	55%	38%
Overweight	25- 30	2,759	23%	37%
Obese	>30	888	7%	24%
Total		**12,095**		



[1] *Source:* AIHW analysis of the 2007–08 National Health Survey (NHS).

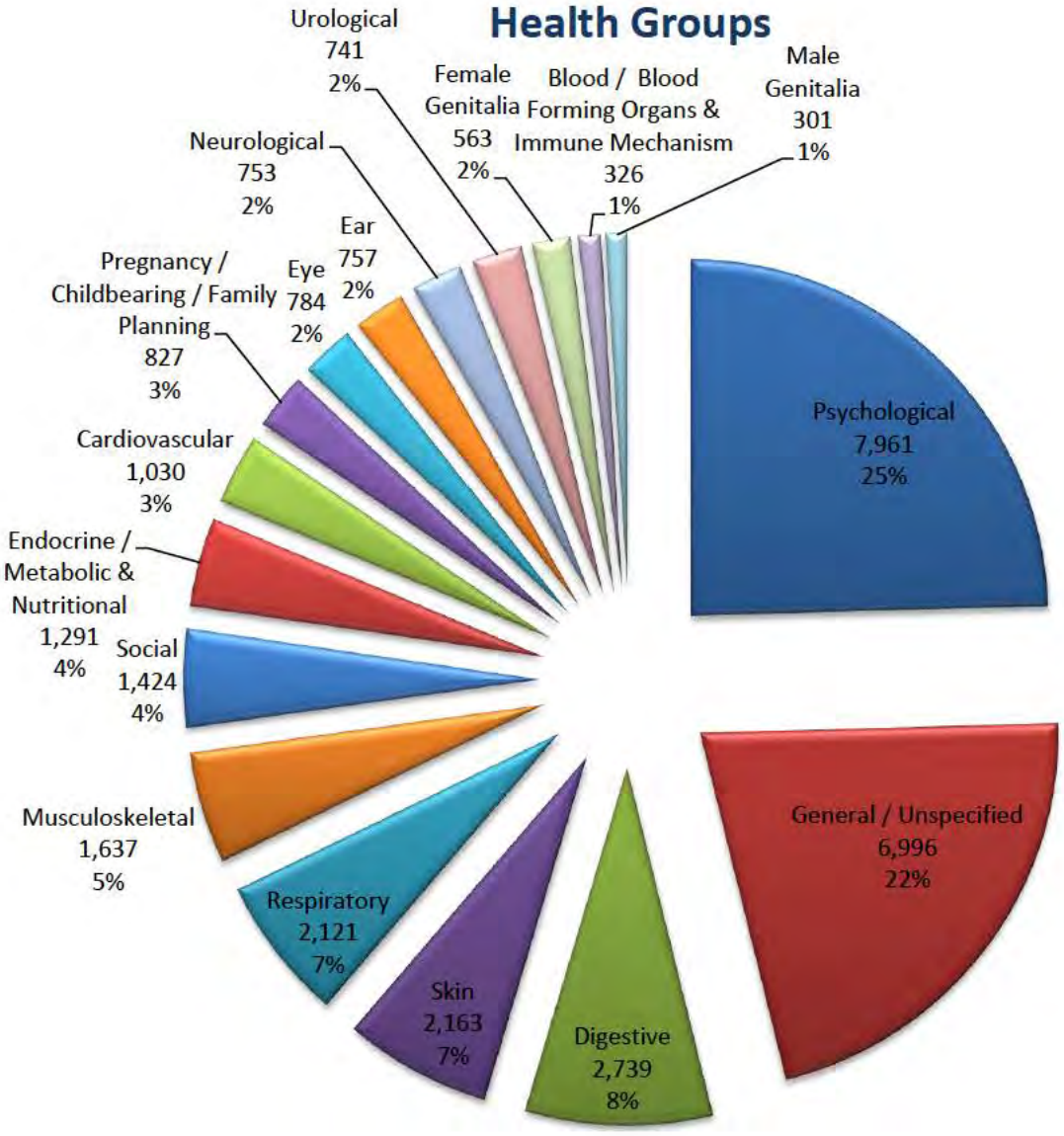
4.2 Health Groupings

Health Grouping	Total	%
Psychological	7,961	24.6%
General / Unspecified	6,996	21.6%
Digestive	2,739	8.5%
Skin	2,163	6.7%
Respiratory	2,121	6.5%
Musculoskeletal	1,637	5.1%
Social	1,424	4.4%
Endocrine / Metabolic & Nutritional	1,291	4.0%
Cardiovascular	1,030	3.2%
Pregnancy / Childbearing / Family Planning	827	2.6%
Eye	784	2.4%
Ear	757	2.3%
Neurological	753	2.3%
Urological	741	2.3%
Female Genitalia	563	1.7%
Blood / Blood Forming Organs & Immune Mechanism	326	1.0%
Male Genitalia	301	0.9%

Health groupings in this table relate to consultations by medical officers only, where a diagnosis was made. It does not include consultations with nursing staff or referrals to hospitals when the detainee was not first seen by an IHMS doctor.

Within the grouping “General and Unspecified”, 33% of the consultation codings related to health assessments. A further 7.1% related to previous history of disease; 2.5% to abnormal test results; and 2.3% to late effects trauma. The remainder was a wide range of examinations, unspecified complaints, advice, counselling and general practice matters.

The health grouping of "Social" is a standard ICPC-2 grouping which contains any problem relating to the interaction of the individual with their social environment. There are no diagnoses associated with the grouping and it includes such issues as discrimination, separation / divorce issues, grieving and loss, sexual or physical abuse (either as victim or perpetrator), migration or legal issues and illiteracy.



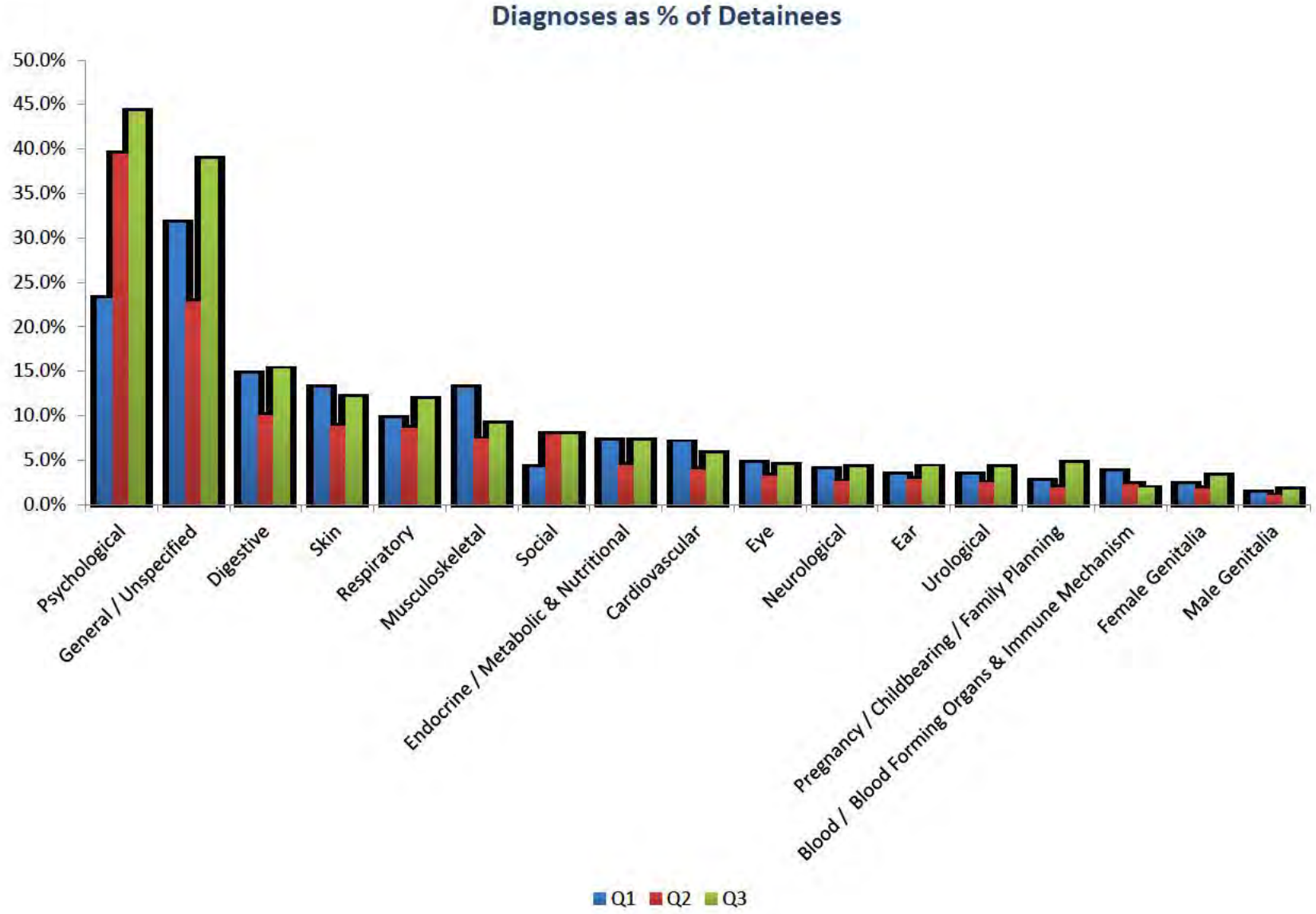
4.2.1 Health Grouping Trends

Diagnoses as a % of Detainees	Q1	Q2	Q3
Psychological	23.1%	39.5%	44.2%
General / Unspecified	31.6%	22.8%	38.8%
Digestive	14.6%	10.0%	15.2%
Skin	13.2%	8.8%	12.0%
Respiratory	9.6%	8.6%	11.8%
Musculoskeletal	13.1%	7.3%	9.1%
Social	4.2%	7.9%	7.9%
Endocrine / Metabolic & Nutritional	7.1%	4.4%	7.2%
Cardiovascular	7.0%	3.9%	5.7%
Eye	4.6%	3.2%	4.4%
Neurological	3.9%	2.5%	4.2%
Ear	3.4%	2.8%	4.2%
Urological	3.3%	2.4%	4.1%
Pregnancy / Childbearing / Family Planning	2.6%	1.8%	4.6%
Blood / Blood Forming Organs & Immune Mechanism	3.7%	2.2%	1.8%
Female Genitalia	2.2%	1.7%	3.1%
Male Genitalia	1.3%	1.0%	1.7%

Health groupings in this table relate to consultations by medical officers only, where a diagnosis was made. It does not include consultations with nursing staff or referrals to hospitals when the detainee was not first seen by an IHMS doctor.

This data is presented showing the quarterly trend as a percentage of total detainees in the cohort.

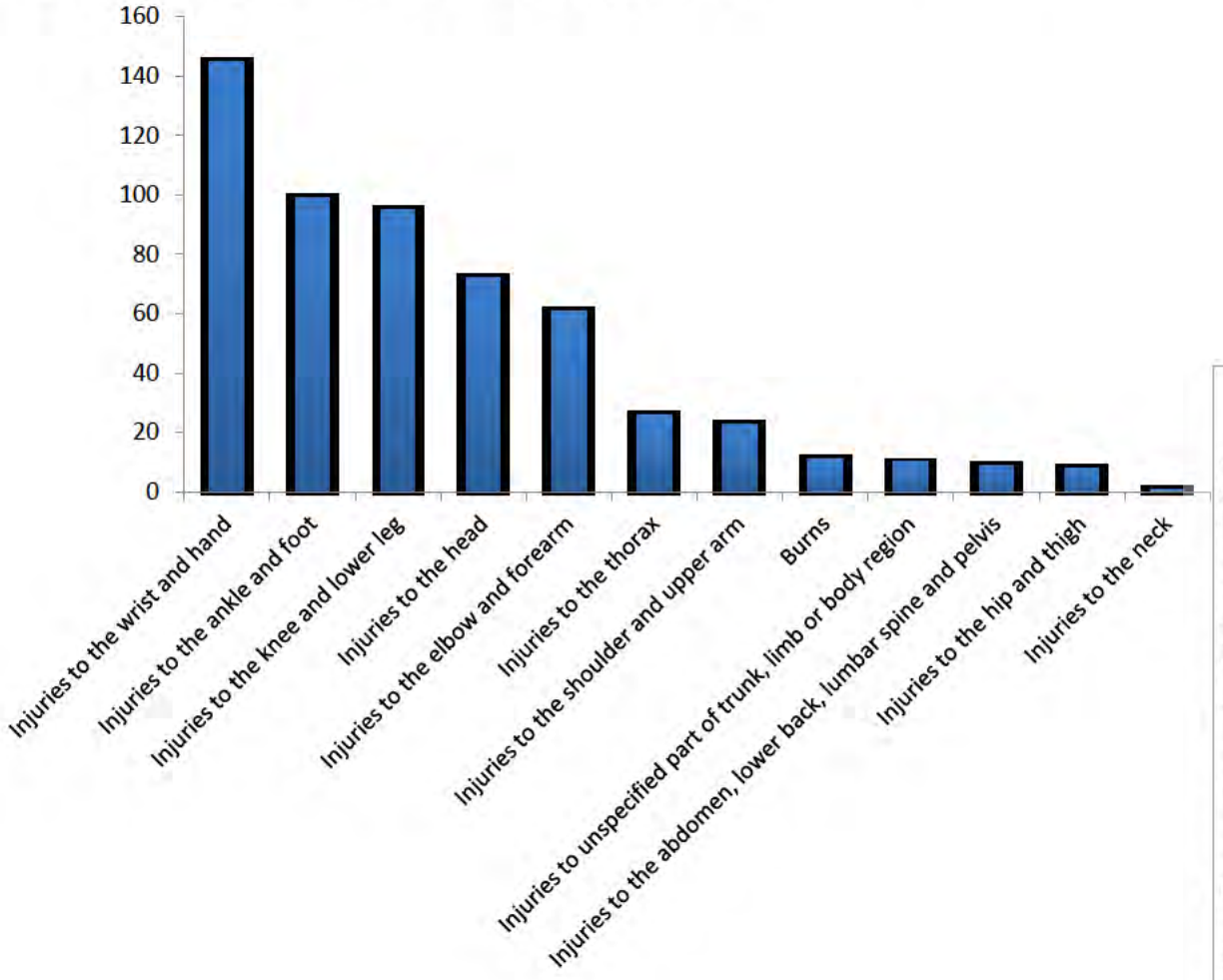
The significant changes of note included are the increase from 23 to 44% between Q1 and Q3 for diagnoses of psychological issues. Other health groupings have remained proportionately stable although rarer conditions, for example Blood/Blood forming conditions, which have decreased overall by 32% over the same time interval, can show significant fluctuations due to the smaller sample sizes.



4.3 Injury Groupings

Grouping Term	Total	%
Injuries to the wrist and hand	145	25.9%
Injuries to the ankle and foot	99	17.7%
Injuries to the knee and lower leg	95	17.0%
Injuries to the head	72	12.9%
Injuries to the elbow and forearm	61	10.9%
Injuries to the thorax	26	4.6%
Injuries to the shoulder and upper arm	23	4.1%
Burns	11	2.0%
Injuries to unspecified part of trunk, limb or body region	10	1.8%
Injuries to the abdomen, lower back, lumbar spine and pelvis	9	1.6%
Injuries to the hip and thigh	8	1.4%
Injuries to the neck	1	0.2%

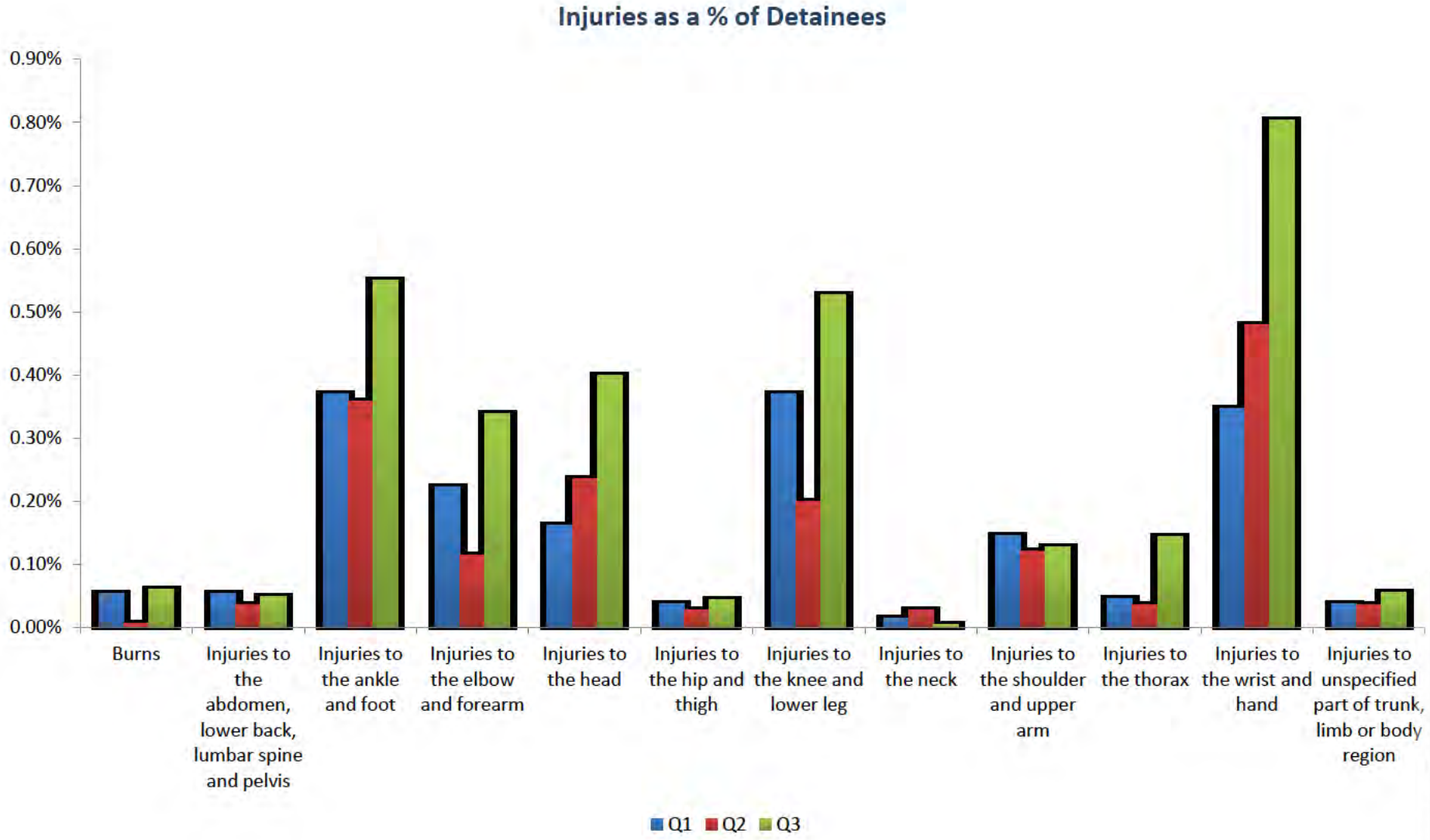
Injury groupings in this table relate to consultations by medical officers only, where a diagnosis was made. It does not include consultations with nursing staff or referrals to hospitals when the detainee was not first seen by an IHMS doctor. Therefore these figures may underestimate the total number of injuries occurring in detention facilities during the period.



4.3.1 Injury Groupings Trends

Injuries as a % of Detainees	Q1	Q2	Q3
Burns	0.05%	0.01%	0.06%
Injuries to the abdomen, lower back, lumbar spine and pelvis	0.05%	0.04%	0.05%
Injuries to the ankle and foot	0.37%	0.36%	0.55%
Injuries to the elbow and forearm	0.22%	0.11%	0.34%
Injuries to the head	0.16%	0.24%	0.40%
Injuries to the hip and thigh	0.04%	0.03%	0.04%
Injuries to the knee and lower leg	0.37%	0.20%	0.53%
Injuries to the neck	0.02%	0.03%	0.01%
Injuries to the shoulder and upper arm	0.15%	0.12%	0.13%
Injuries to the thorax	0.05%	0.04%	0.14%
Injuries to the wrist and hand	0.35%	0.48%	0.80%
Injuries to unspecified part of trunk, limb or body region	0.04%	0.04%	0.06%

The range of injuries has remained constant but given the low rate of injuries overall, trend data across the different quarters is of limited utility.



5 MENTAL HEALTH

5.1 Depression, Anxiety and Stress Scores (DASS)

Depression Scores

Months in Detention	Normal		Mild		Moderate		Severe		Extremely Severe	
0 - 3 months	57%	924	8%	131	10%	164	3%	56	21%	335
4 - 6 months	57%	110	9%	17	8%	15	4%	7	23%	45
7 - 9 months	54%	15	11%	3	7%	2	7%	2	21%	6
10 - 12 months	32%	9	18%	5	14%	4	7%	2	29%	8
13 - 15 months	50%	6	0%	0	8%	1	8%	1	33%	4
16 - 18 months	0%	0	0%	0	33%	1	33%	1	33%	1
More than 18 months	38%	8	14%	3	5%	1	0%	0	43%	9

Anxiety Scores

Months in Detention	Normal		Mild		Moderate		Severe		Extremely Severe	
0 - 3 months	60%	959	9%	142	6%	103	5%	77	20%	329
4 - 6 months	62%	120	10%	20	5%	9	5%	10	18%	35
7 - 9 months	57%	16	0%	0	11%	3	4%	1	29%	8
10 - 12 months	46%	13	25%	7	7%	2	0%	0	21%	6
13 - 15 months	42%	5	17%	2	0%	0	0%	0	42%	5
16 - 18 months	67%	2	0%	0	33%	1	0%	0	0%	0
More than 18 months	33%	7	19%	4	5%	1	14%	3	29%	6

Stress Scores

Months in Detention	Normal		Mild		Moderate		Severe		Extremely Severe	
0 - 3 months	62%	994	6%	104	11%	171	6%	100	15%	241
4 - 6 months	65%	126	6%	11	9%	17	9%	18	11%	22
7 - 9 months	64%	18	7%	2	4%	1	4%	1	21%	6
10 - 12 months	61%	17	7%	2	4%	1	7%	2	21%	6
13 - 15 months	50%	6	8%	1	0%	0	0%	0	42%	5
16 - 18 months	67%	2	33%	1	0%	0	0%	0	0%	0
More than 18 months	33%	7	10%	2	14%	3	14%	3	29%	6

*Percentages may not total to 100% due to rounding

Mental Health Scores

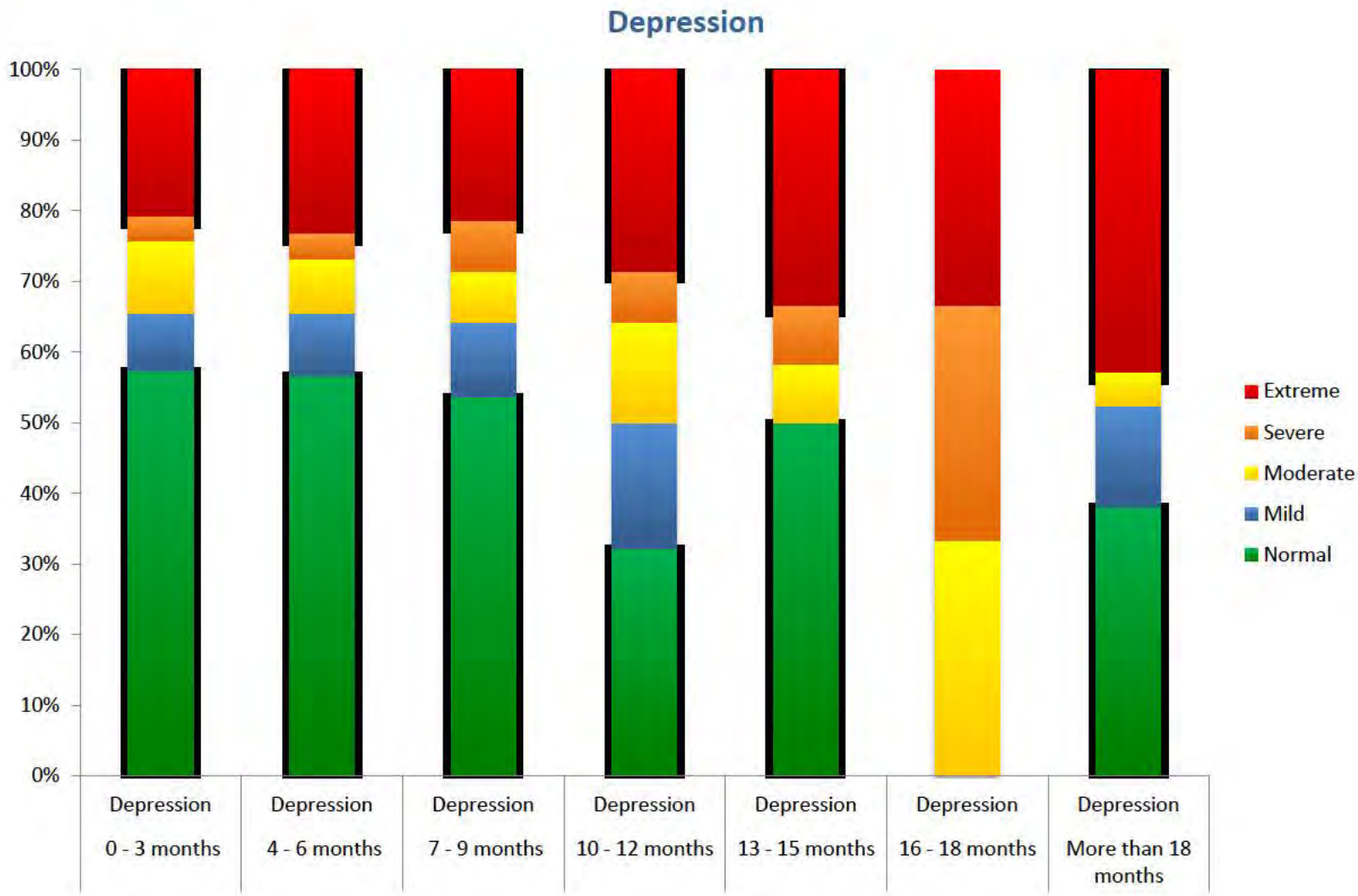
The DASS scores are derived from scheduled mental health screening points and from any additional screens that are performed for clinical indications. Scores in the 3 month in detention group reflect initial scores from the universal mental health assessment at 10-30 days and subsequent scores are from each scheduled screening point.

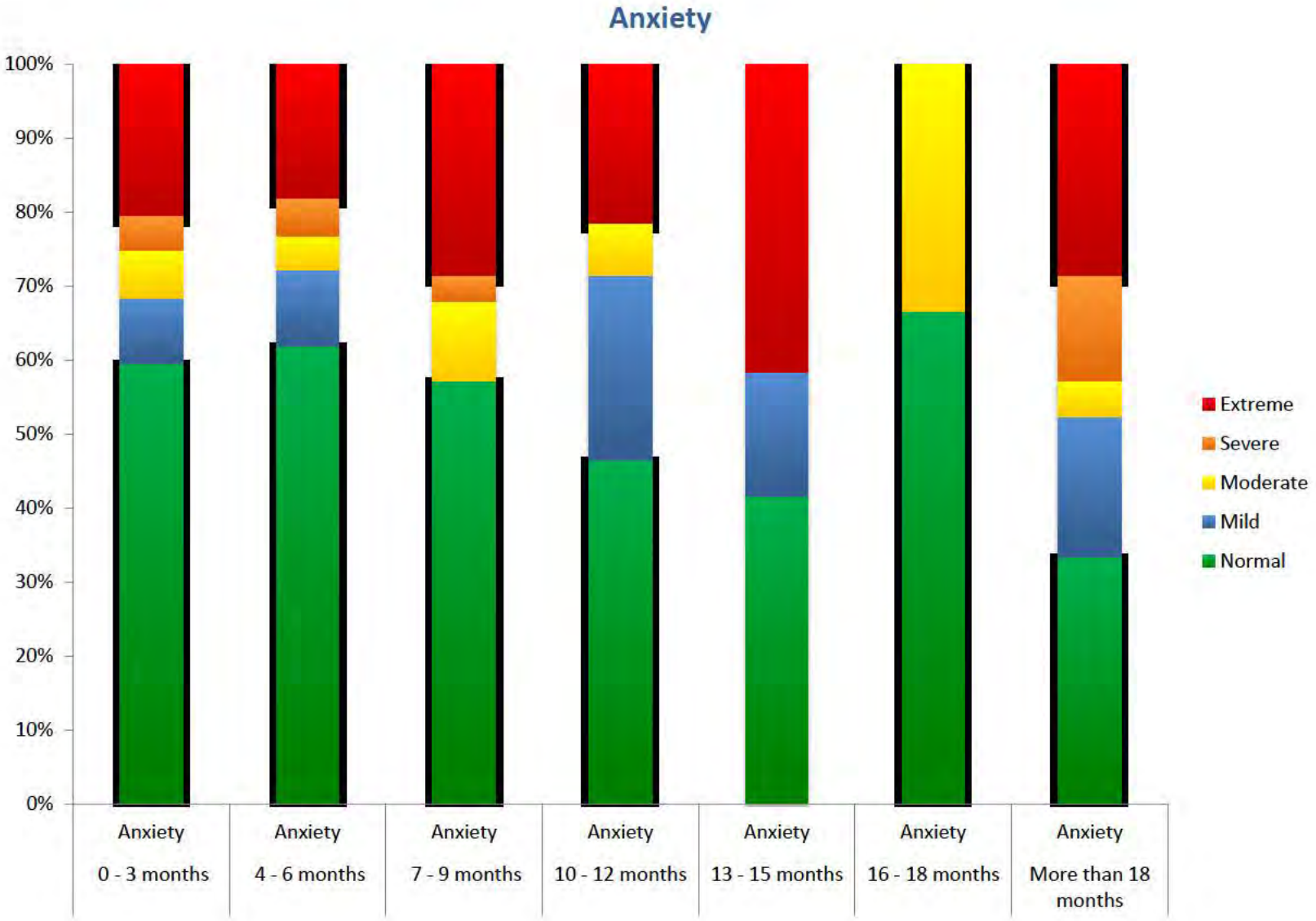
The results for this quarter are again consistent with internationally published research and show the familiar pattern established from previous data recorded from the immigration detention mental health screening program. The pattern shows the negative mental health effects of immigration detention with a clear deterioration of mental health indices over time in detention.

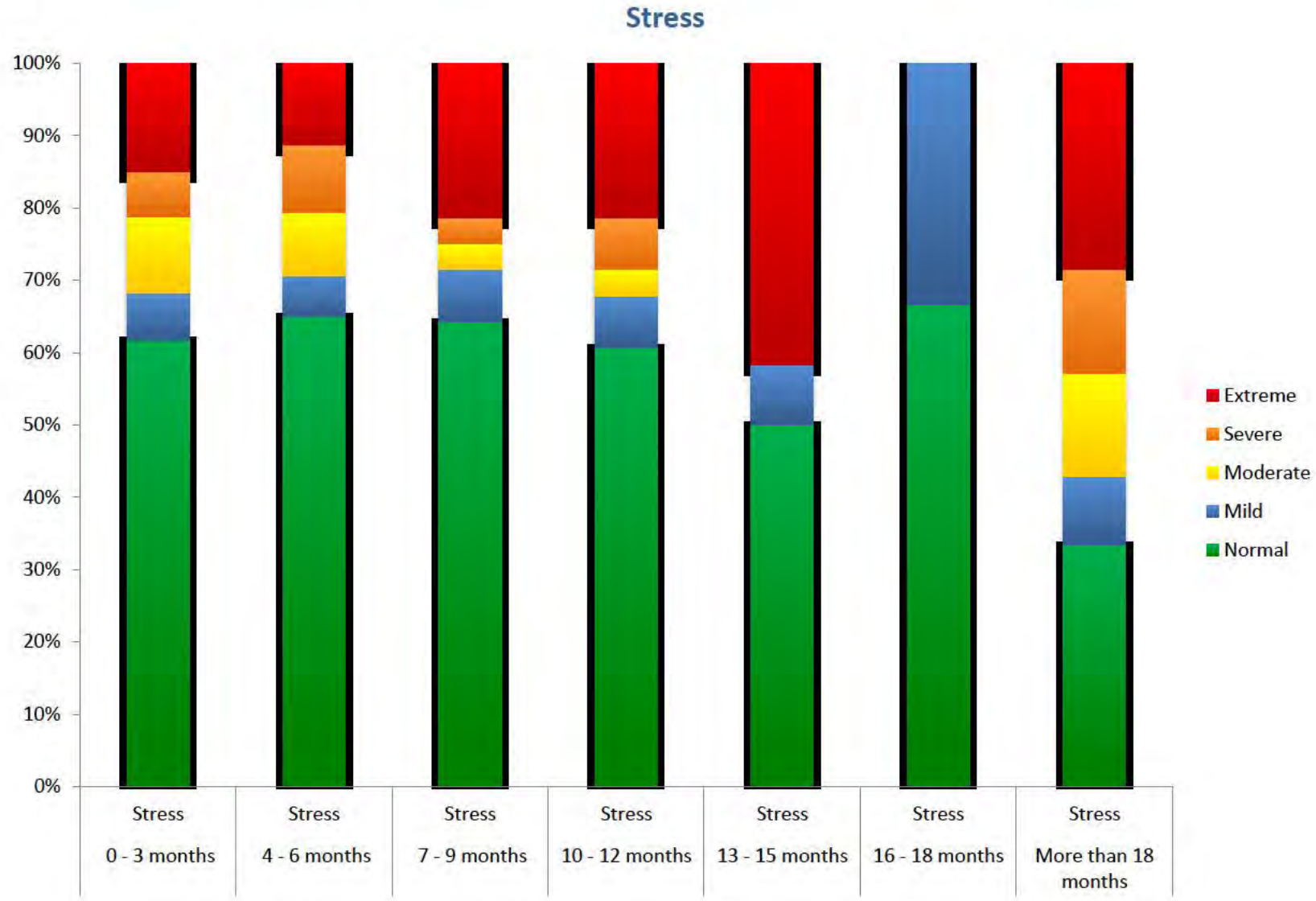
Results reported in this sample are again skewed by the high number of screens with zero scores which result when a detainee declines to participate in the screen and therefore the actual figures are likely to show higher proportions of detainees in the more severe ranges. This technical reporting issue will be addressed in the new IHMS health information system; however it also reflects the unsuitability of the DASS as a routine screening instrument. Discussion regarding replacement with a more suitable instrument has been underway for some time with the Department and with the Immigration Health Advisory Group (IHAG) with resolution of this issue expected soon.

IHMS continues to work with detainees and stakeholders to identify those who are at most at risk of deterioration in mental health, to provide care and support to minimise the negative mental health impacts of detention, and to make clinical recommendations for immigration detention placements which are least harmful to mental health.

5.1.1 DASS Distributions







5.2 Torture & Trauma

5.2.1 Disclosed Torture & Trauma

Centre where disclosed	Number of detainees who made new disclosures during the quarter	Number of detainees who have ever disclosed
Blaydin	1	2
Brisbane ITA	21	36
Christmas Island	1,398	3,529
Curtin APOD	4	12
Curtin IDC	119	245
Darwin Airport Lodge	87	207
Inverbrackie APOD	7	35
Leonora APOD	13	17
Manus Island	12	123
Maribyrnong IDC	2	19
Melbourne ITA	51	79
Nauru Centre	0	115
Northern IDC	125	589
Perth IDC	2	9
Pontville APOD	44	103
Pontville IDC	0	6
Port Augusta IRH	5	6
Scherger IDC	56	107
Villawood IDC	4	25
Wickham Point APOD	121	154
Wickham Point IDC	53	175
Yongah Hill IDC	54	127
Total	**2,179**	**5,720**

The “number of detainees who have ever disclosed” is a cumulative figure which includes any detainee within the cohort who has ever disclosed Torture and Trauma (T&T), regardless of when that disclosure was made and reflects the *prevalence* torture and trauma disclosures within the cohort. The “number of detainees who made new disclosures during the quarter” only includes those detainees who made new disclosures of T&T during the quarter and reflects the *incidence* of T&T disclosures during the quarter.

There was a fall in the total number of new disclosures of T&T during this quarter, most likely reflective of fewer new arrivals entering the immigration detention system although they still remained at an elevated level compared to historical trends. There were 2,179 detainees who disclosed torture and trauma in this quarter, compared to 3,399 in Quarter 2 and 773 in Quarter 1.

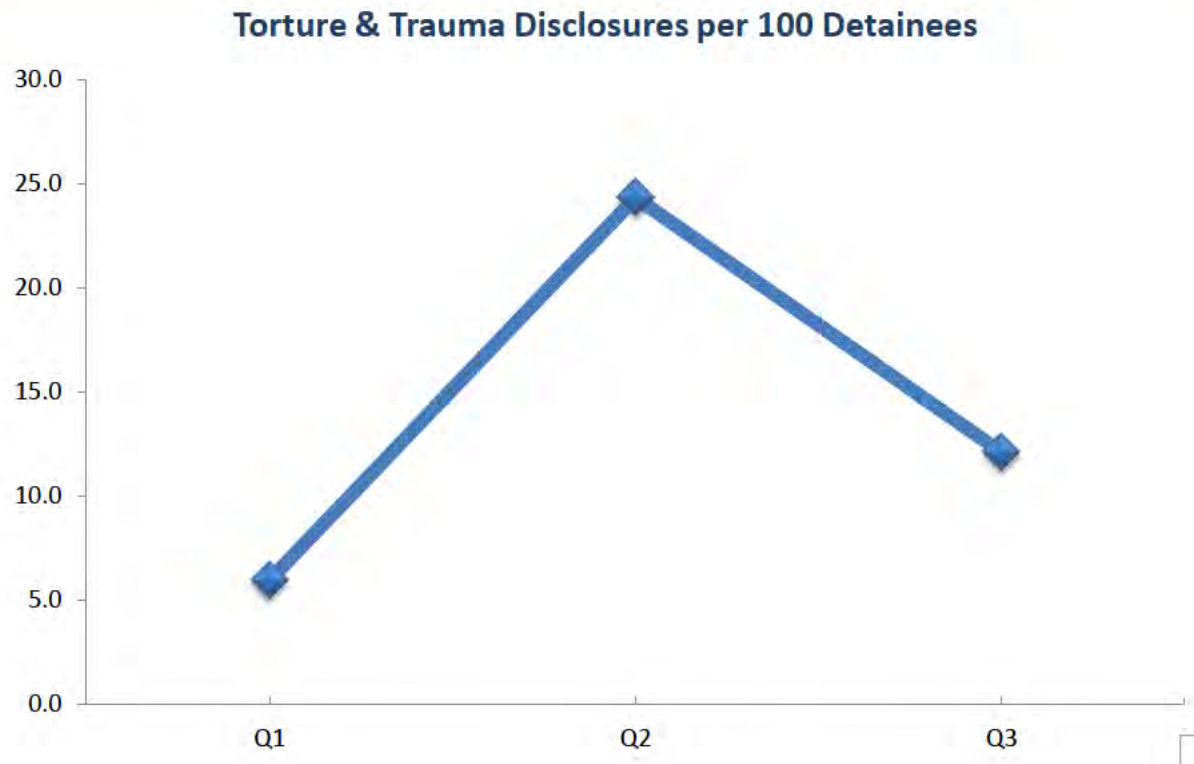
As per previous reports, a high proportion of new disclosures occur early in the course of detention for IMA detainees on Christmas Island.

This continues to present challenges to the specialised torture and trauma counselling services on Christmas Island and in other facilities.

5.2.2 Torture & Trauma Trends

T&T disclosures are presented in the following table and chart in the form of the number of T&T disclosures per 100 detainees. Trends in disclosure of T&T show a marked level of fluctuation between the quarters.

	Q1	Q2	Q3
Torture & Trauma disclosures per 100 detainees	6.0	24.3	12.1



5.3 Harvard Trauma Questionnaire (HTQ)

PTSD Threshold	Total	%
Meets PTSD Criteria	37	22%
Under PTSD Threshold	131	78%
Grand Total	**168**	

Following disclosure of torture and trauma detainees are offered to complete the Harvard Trauma Questionnaire (HTQ). The version that is used is the HTQ-16, a shorter version that is simpler and faster to administer than the full questionnaire and focuses specifically on traumatic symptoms that are derived from the criteria for Post-Traumatic Stress Disorder (PTSD) in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

Under the DIBP Policy for Identification and Support of Survivors of Torture and Trauma, the HTQ must be administered by a Clinical Psychologist. This specification creates a significant barrier to the completion of this instrument because most T&T disclosures occur in the context of routine screening and therefore completion requires a second appointment which is often declined or not attended. Additionally Clinical Psychologist availability is limited with Clinical Psychologists not included in staffing profiles on several sites.

IHMS's position is that the HTQ is a self-reported scale that does not require administration by a clinical psychologist and can be readily understood and administered by any mental health clinician. Were this to be reflected in policy then the rate of completion would be greatly increased. IHMS has presented this position to the Department and hopes for resolution of this issue soon.

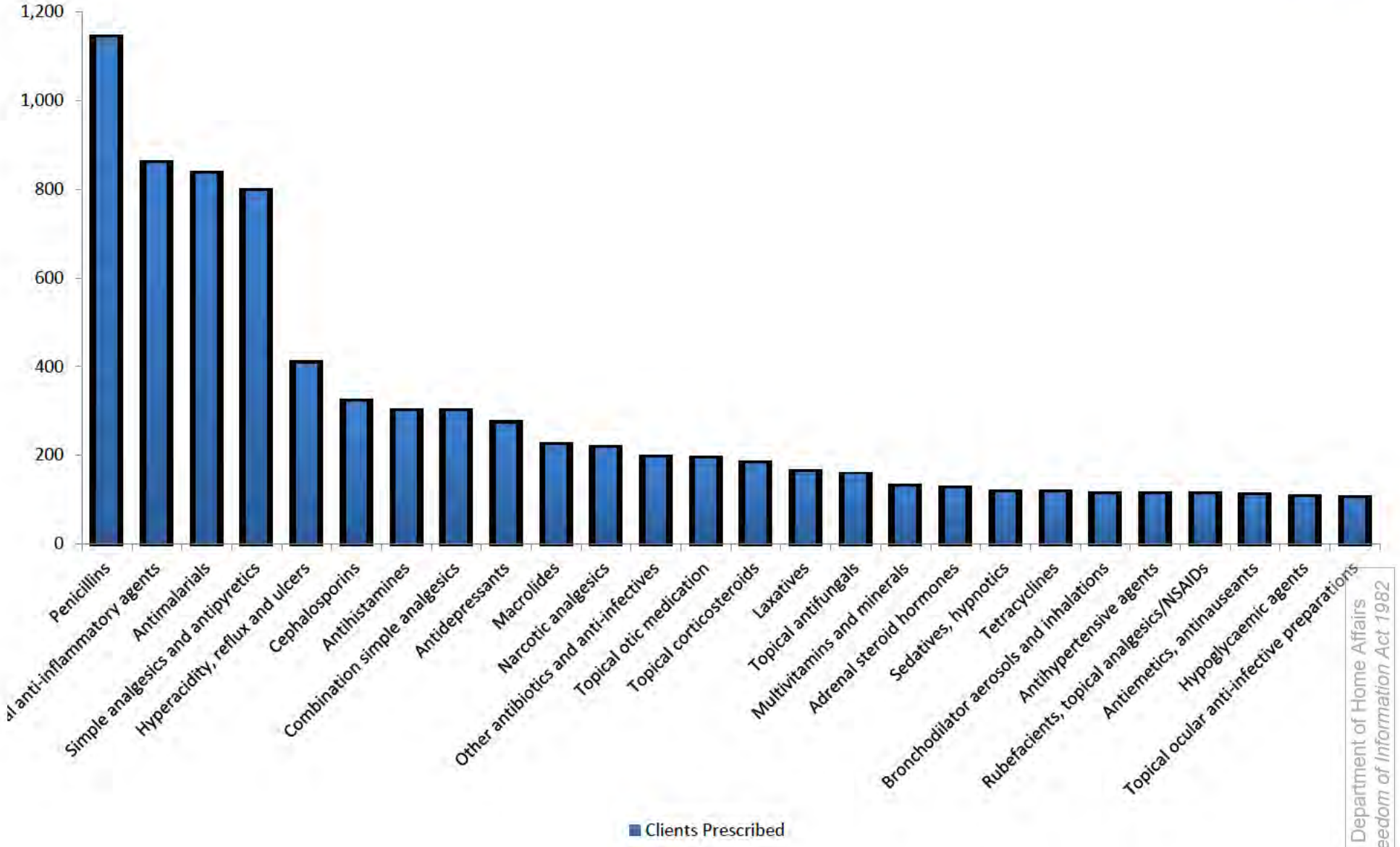
Of the HTQs completed in the quarter the results are similar to that of the previous quarter with approximately a quarter of those reporting torture and trauma meeting the clinical criteria for diagnosis of Post-Traumatic Stress Disorder (PTSD).

6 MEDICATION & VACCINATION

6.1 Medication Usage

This table reflects the number of detainees prescribed medications in the quarter, divided by medication subclass, where there were over 100 detainees prescribed within each medication subclass.

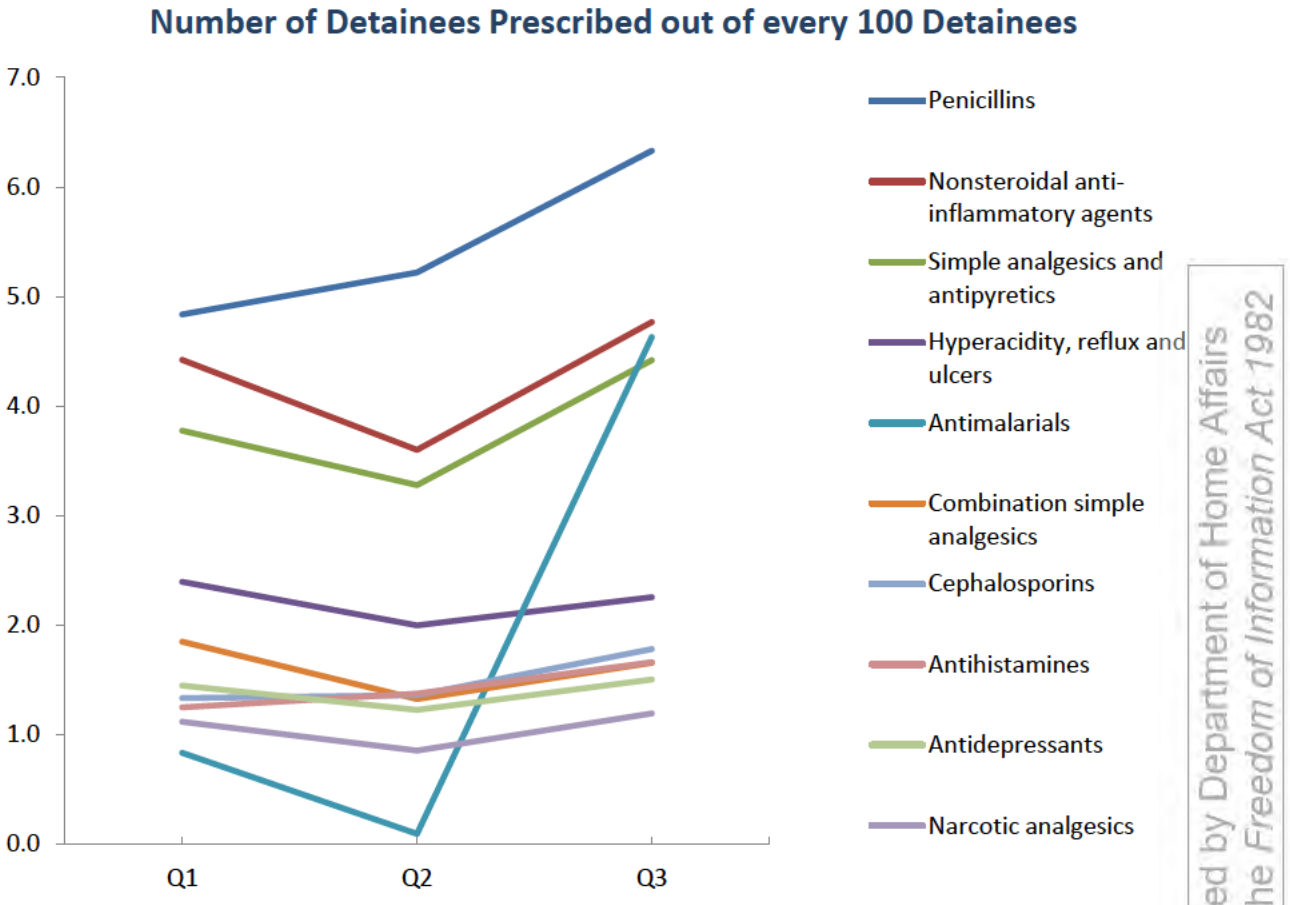
Drug Class	Detainees Prescribed
Penicillins	1,141
Nonsteroidal anti-inflammatory agents	859
Antimalarials	834
Simple analgesics and antipyretics	796
Hyperacidity, reflux and ulcers	406
Cephalosporins	321
Antihistamines	299
Combination simple analgesics	298
Antidepressants	271
Macrolides	221
Narcotic analgesics	215
Other antibiotics and anti-infectives	193
Topical otic medication	192
Topical corticosteroids	181
Laxatives	162
Topical antifungals	156
Multivitamins and minerals	129
Adrenal steroid hormones	124
Sedatives, hypnotics	115
Tetracyclines	115
Bronchodilator aerosols and inhalations	111
Antihypertensive agents	110
Rubefacients, topical analgesics/NSAIDs	110
Antiemetics, antinauseants	109
Hypoglycaemic agents	105
Topical ocular anti-infective preparations	102



6.1.1 Medication Trends

Medication prescription rates have remained stable over the past three quarters with proportionate prescribing rates of medication classes broadly similar (the prescription rates for some medication classes such as penicillins and antimalarials have increased). The following table and chart illustrate the number of detainees out of every 100, prescribed with each subclass of medication. The medications on this list are the top 10 medications year to date (by number of detainees prescribed).

Detainees prescribed out of every 100	Q1	Q2	Q3
Penicillins	4.8	5.2	6.3
Nonsteroidal anti-inflammatory agents	4.4	3.6	4.8
Simple analgesics and antipyretics	3.8	3.3	4.4
Hyperacidity, reflux and ulcers	2.4	2.0	2.3
Antimalarials	0.8	0.1	4.6
Combination simple analgesics	1.8	1.3	1.7
Cephalosporins	1.3	1.4	1.8
Antihistamines	1.2	1.4	1.7
Antidepressants	1.4	1.2	1.5
Narcotic analgesics	1.1	0.9	1.2



6.2 Vaccinations

IHMS immunises detainees to Australian community standards. There is a very high rate of uptake of vaccinations when offered. Children less than seven years of age vaccinated have their records entered onto the Australian Childhood Immunisation Register (ACIR).

The majority of children complete their vaccination schedules while in Community Detention and this is thus not reflected in the Chiron record.

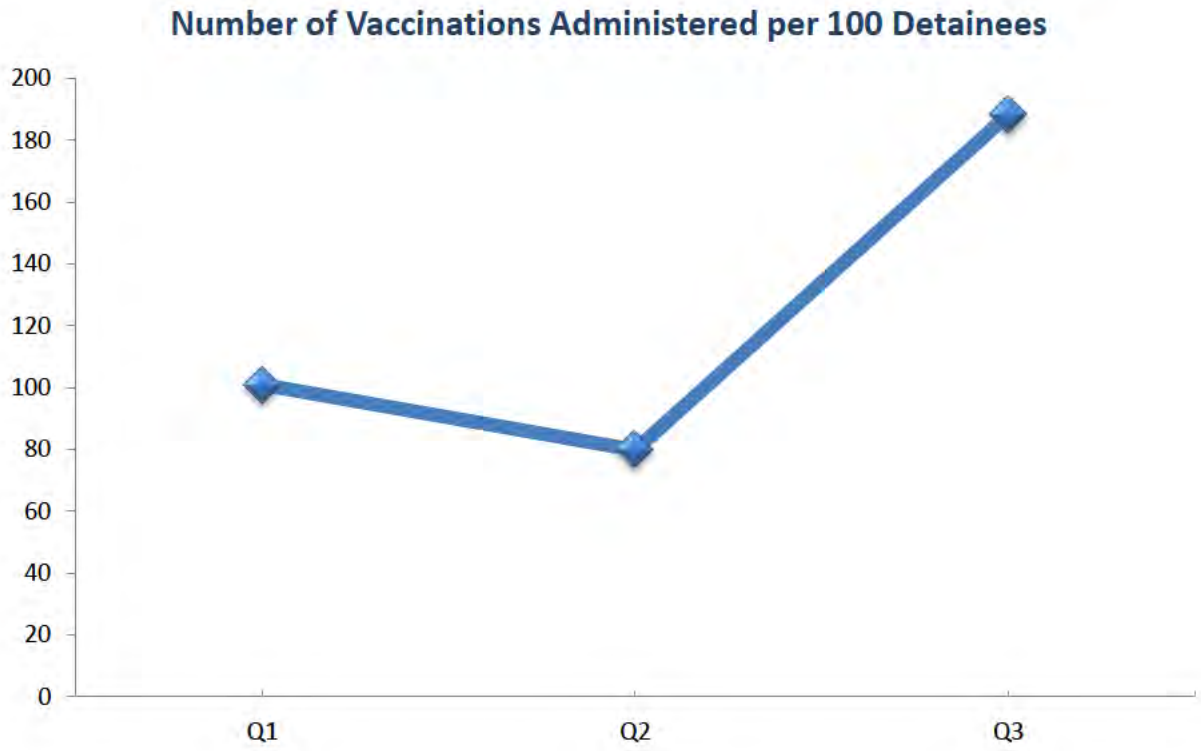
Some vaccines on this list are multivalent.

Name of Vaccine	0 - 7 Years	8 - 17 Years	18 Years +	Grand Total
ADT	3	43	209	255
BCG	64	78	15	157
Diptheria	0	0	1	1
dT	0	22	237	259
DTPa	775	987	3,659	5,421
Hepatitis A	2	3	626	631
Hepatitis B	756	858	3,795	5,409
Hib	667	87	10	764
HPV	0	48	3	51
Influenza	24	160	778	962
IPV	736	999	3,917	5,652
Japanese Encephalitis	0	2	1,298	1,300
Measles	0	0	2	2
MenCCV	503	688	1,089	2,280
MMR	629	938	3,826	5,393
OPV	1	1	1	3
PCV	175	4	8	187
PPV	5	12	35	52
Rotavirus	17	0	0	17
Tetanus	0	0	1	1
Typhoid IM	2	4	537	543
Varicella	31	88	214	333
VZV	469	706	3,076	4,251
Total	**4,859**	**5,728**	**23,337**	**33,924**

6.2.1 Vaccination Trends

The trend of vaccinations is presented in the following table and chart in the form of the number of vaccinations administered per 100 detainees.

	Q1	Q2	Q3
Number of Vaccinations Administered per 100 detainees	101	80	188



Immigration Detention Health Report

January - March 2014

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Report written by:

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Contents

1. Executive Summary

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

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo for the period January 1st – March 31st 2014. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team and IHMS Clinical Directors.

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

The decrease in volume of clients through the detention network is reflected in the reducing number of movements (defined by changing client locations throughout the quarter). The episode data (health occasions of service) by clinician and by centre have not been included in this report as they are part of a separate performance report which is currently being developed.

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

2. Definitions

Term	Definition
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
CVD	Cardiovascular Disease
DAL	Darwin Airport Lodge
DASS	Depression Anxiety and Stress Scale
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GHQ	General Health Questionnaire
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
HTQ	Harvard Trauma Questionnaire
IAA	Illegal Air Arrivals
IDC	Immigration Detention Centre
IHMS	International Health and Medical Services
IMA	Illegal Maritime Arrivals
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
NOCC	National Outcomes and Case mix Collection
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Un-Accompanied Minor

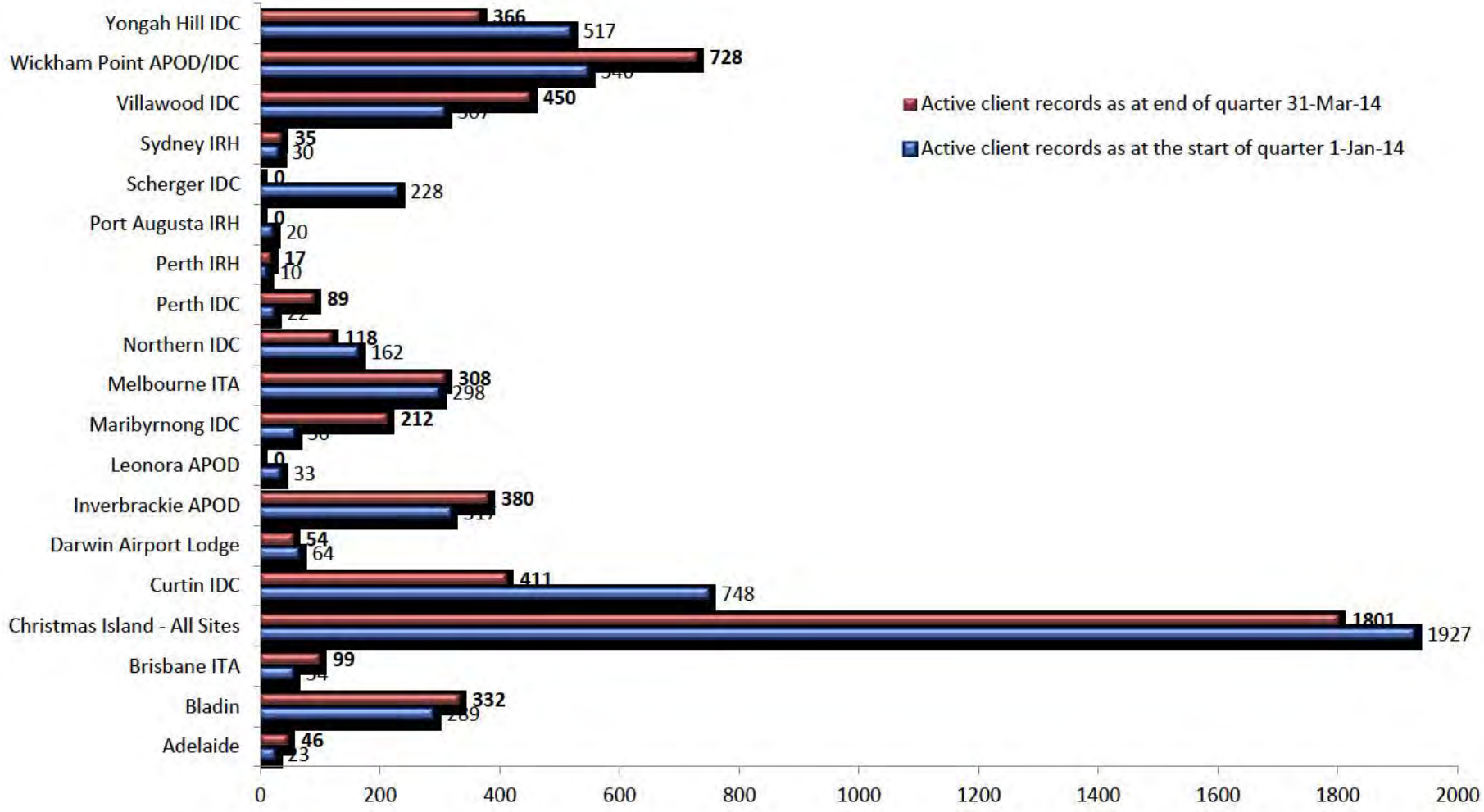
3. Detainee Cohort

The detainee cohort in this dataset includes all persons who have an active record in Apollo and their location is an Australian Immigration Detention Facility (AIDF) as of 1st January 2014. It also includes those who entered an AIDF during the period 1 January 2014 to March 31 2014. Each detainee in the cohort has an end date which is either 31 March 2014, for those remaining within an AIDF at the end of the period; or between 1 January 2014 and 31 March 2014, implying they have left detention facilities during the quarter.

3.1. Number of Active Detainee Records

Detention Facility	Active client records as at the start of quarter 1-Jan-14	Active client records as at end of quarter 31-Mar-14
Adelaide	23	46
Bladin	289	332
Brisbane ITA	54	99
Christmas Island - All Sites	1927	1801
Curtin IDC	748	411
Darwin Airport Lodge	64	54
Inverbrackie APOD	317	380
Leonora APOD	33	0
Maribyrnong IDC	56	212
Melbourne ITA	298	308
Northern IDC	162	118
Perth IDC	22	89
Perth IRH	10	17
Port Augusta IRH	20	0
Scherger IDC	228	0
Sydney IRH	30	35
Villawood IDC	307	450
Wickham Point APOD/IDC	546	728
Yongah Hill IDC	517	366
Total	**5651**	**5446**

Active client records as at the Start and at the End of Quarter 1
Jan 01 - Mar 31 2014

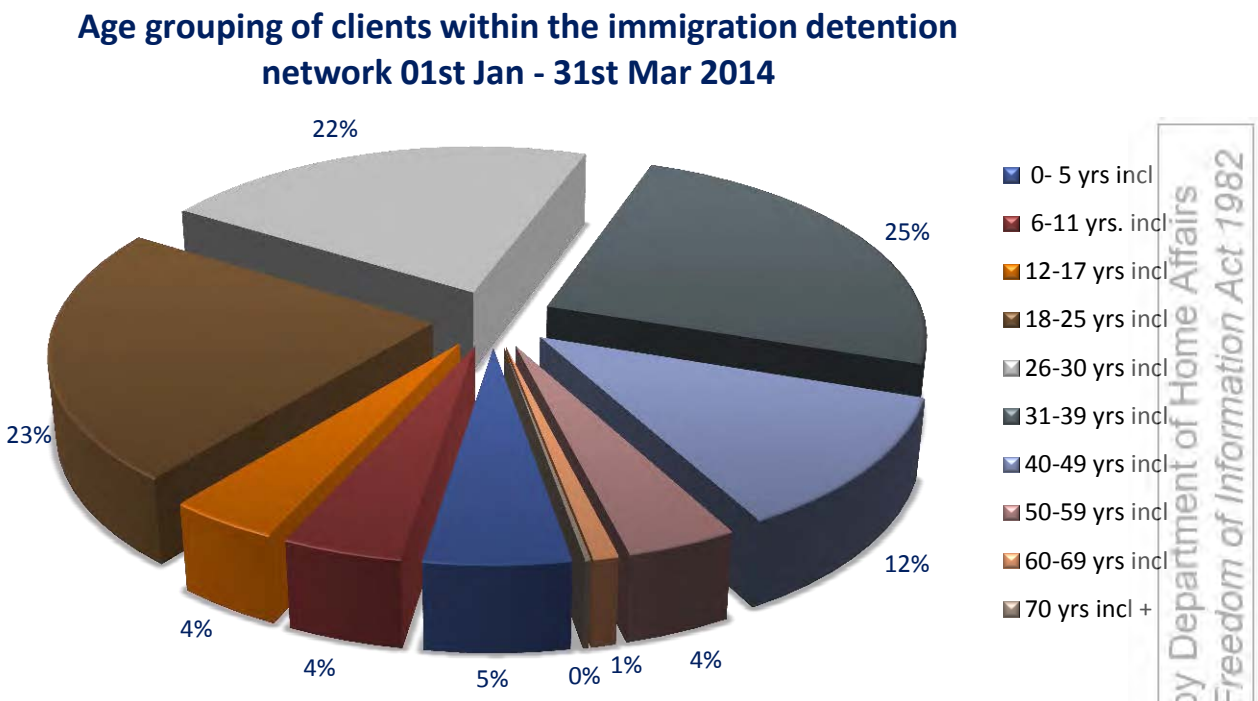


3.2 Age grouping

Age grouping totals in Q1 mirrored those of Q4. This would reflect a stabilising population within the detention network.

The majority of detainees (70%) are aged between 18 to 39; 17%, as charted below, are 40 years or older while those aged 17 and under make up 13% of the detainee population.

Age Groupings	Total	%
0-5 yrs incl	392	5%
6-11 yrs incl	321	4%
12-17 yrs incl	299	4%
18-25 yrs incl	1702	23%
26-30 yrs incl	1607	22%
31-39 yrs incl	1830	25%
40-49 yrs incl	882	12%
50-59 yrs incl	298	4%
60-69 yrs incl	69	1%
70 yrs incl +	15	0%
Grand Total	**7415**	**100%**



Despite the stable client population there remains a wide cross section of age groups in the detention network from ages 0 to 70+. Because of this IHMS provide a wide range of primary health care activities which cater for the different age groups within the detention population.

For example, to cater for the increasing population of detainees under the age of 5 years, IHMS has established a comprehensive child development screening program in centres where these children are located based on accepted national and state guidelines. In some centres such as Melbourne, IHMS have formed local partnerships with community child health clinics in order to provide the optimum care for children under the age of 5.

For the 18-39 year age group who are of child bearing age, IHMS continues to provide family planning, neonatal and maternal health programs as an essential part of its primary care program. Centres in Western Australian, Northern Territory and Christmas Island have adapted Perth's King Edward Memorial Hospital shared care guideline for their antenatal care program in order to ensure a standard of care in this cohort that is commensurate to community standards.

It is also interesting to note that compared to the last quarter there has been an increase in the ageing population in the detention network. Because of this, IHMS has responded by increasing its activity in a range of preventative primary care measures which are clinically indicated in this age group.

Below are examples of RACGP recommended preventative activities which IHMS routinely conducts in people over the age of 40 years of age.

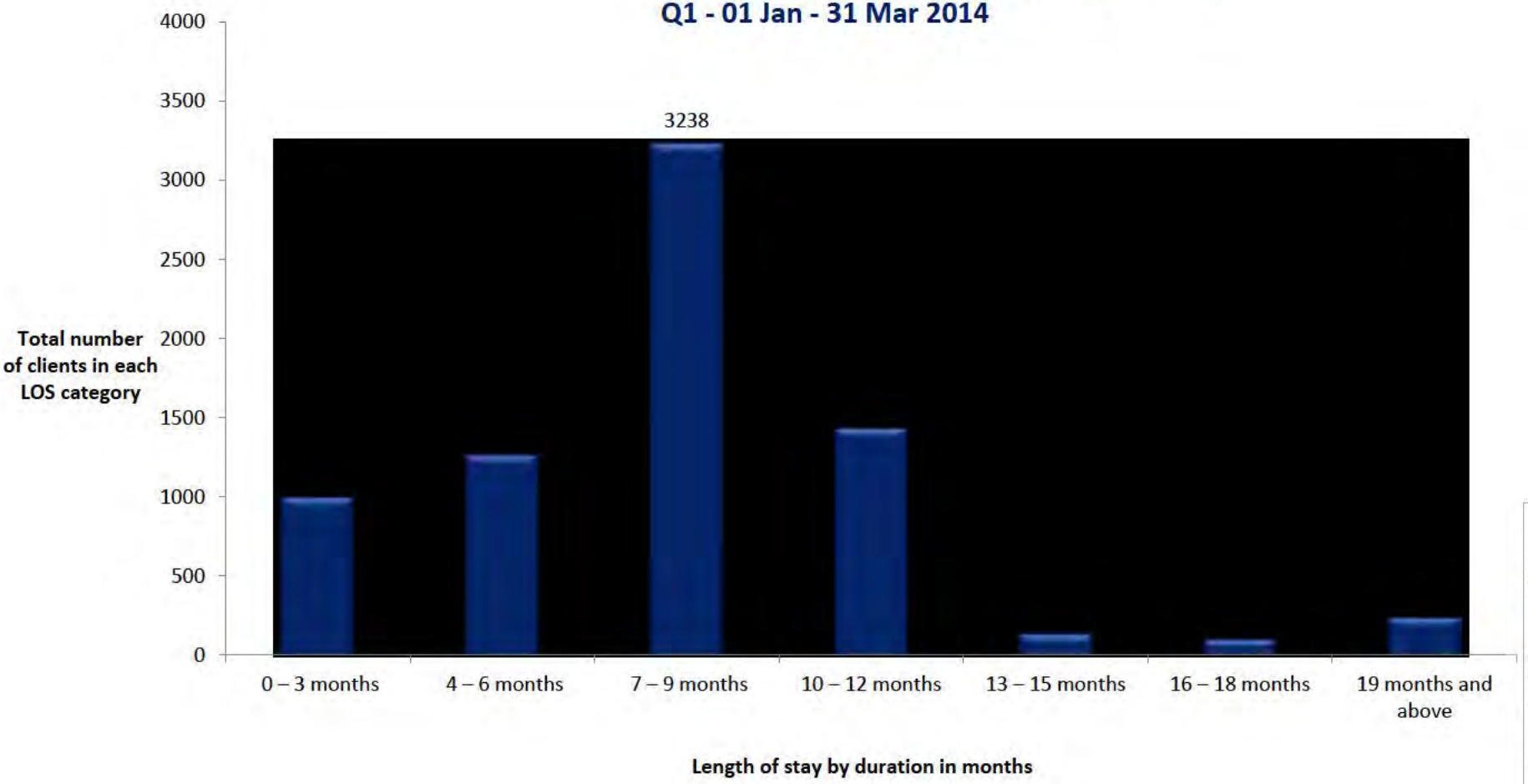
- Blood pressure checks
- Cholesterol and other lipid checks
- Type 2 diabetes checks
- Cervical cancer screening (This is commenced at the of sexual activity)
- Breast cancer screening (Including 2 yearly mammograms)
- Colorectal cancer screening
- Vision and hearing checks
- Osteoporosis checks

3.3 Length of stay

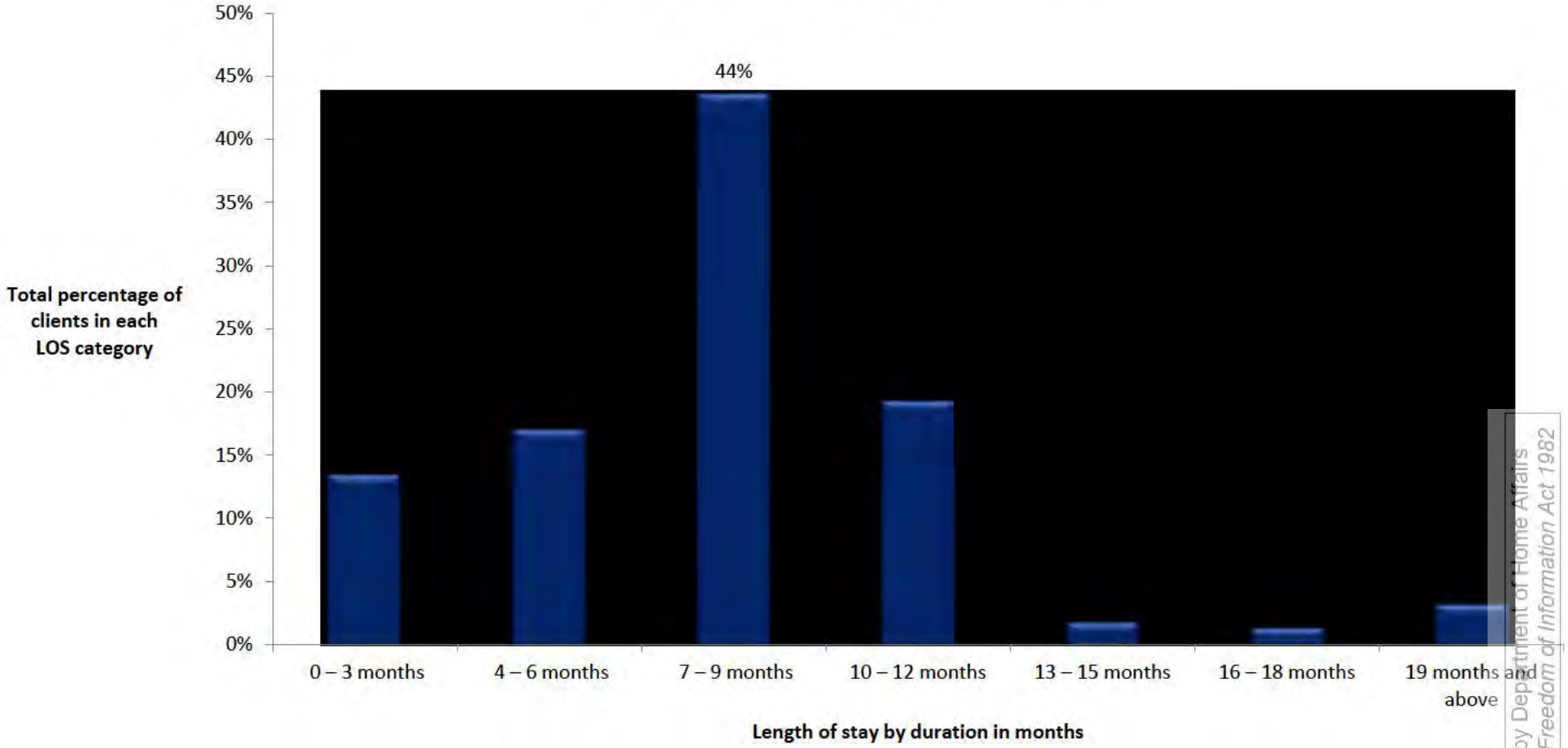
Length of Stay	Total	Percentage of total population 01st Jan - 31st Mar 2014
0 – 3 months	1,000	13%
4 – 6 months	1,266	17%
7 – 9 months	3,238	44%
10 – 12 months	1,435	19%
13 – 15 months	135	2%
16 – 18 months	102	1%
19 months and above	239	3%
Total	**7,415**	**100%**

Length of stay continues to increase with 69% of the population having been in detention for more than 6 months. This is clinically significant particularly in the area of mental health. Mental health screening and management is discussed later in this document.

Total number of clients in detention facilities by length of stay
Q1 - 01 Jan - 31 Mar 2014



Percentage of total population by length of stay
Q1 - 01 Jan - 31 Mar 2014



3.4 Unauthorised Maritime Arrivals (UMA) vs Non UMA Detainees

Detention Facility	UMA	Non-UMA	UMA%	Non-UMA%
Adelaide ITA	49	6	89%	11%
Bladin	346	6	98%	2%
Brisbane ITA	103	30	77%	23%
Christmas Island (all sites)	2056	23	99%	1%
Curtin IDC	834	0	100%	0%
Darwin Airport Lodge	83	9	90%	10%
Inverbrackie APOD	411	6	99%	1%
Leonora APOD	1	0	100%	0%
Maribyrnong IDC	147	69	68%	32%
Melbourne ITA	376	30	93%	7%
Northern IDC	124	2	98%	2%
Perth IDC	99	21	83%	18%
Perth IRH	18	1	95%	5%
Sydney IRH	35	6	85%	15%
Villawood IDC	926	319	74%	26%
Wickham Point APOD	406	12	97%	3%
Wickham Point IDC	404	0	100%	0%
Yongah Hill IDC	432	10	98%	2%
Total	**6850**	**550**	**93%**	**7%**

This information identifies the total population within the onshore, including Christmas Island, immigration detention network. If the client is transferred or moved within the detention network or granted a visa within this quarter the client's record is captured once and captured at their last location.

PRIMARY HEALTH

4. Primary Health

4.1 Introduction

Primary Health Care is provided by the medical professional with whom the patient has initial contact. (DOHA, 2005) It is often referred to as the first line and the most important component of a health care system serving as the gateway to secondary and tertiary health care which are the medical specialists and the hospitals. Community general practice clinics are widely accepted as the cornerstone of Primary Health Care in a system comprising of community nurses, community allied health professionals and community dental practitioners.

IHMS have been contracted by the department of immigration to provide the primary health care service within the Australian detention network. The foundations of this health service are the onsite integrated multidisciplinary IHMS medical facilities located on each of the detention centres on mainland Australia and Christmas Island. The care is provided by an experienced team of primary health care professionals including IHMS General Practitioners (GP's), Registered Nurses (RN's) and Dental practitioners with support from a comprehensive network of allied health professionals. In response to the well-known challenges of mental health in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network.

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

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health. (AIHW 2008). This has been a key focus for IHMS particularly in the last 6 months as the detainee population has stabilised and the average length of stay has increased.

IHMS has also worked closely with the department to provide a level of extended health services in remote locations such as Christmas Island. IHMS visiting specialists including obstetricians and sonographers have played a key role in providing healthcare to the detainee population on Christmas Island with regular visits to the island. Tele-health has also been piloted on Christmas Island and it is expected that the regular use of this modality will be established over the next 6 months.

4.2 Health groupings and burden of disease

The following table shows the number and proportion of consultations with a medical officer by ICPC2 health groupings. The numbers do not include those seen by a nurse or those who have been referred directly to hospital prior to medical officer review. The health groupings section of this report provides information on diagnosis recorded for the cohort based on data captured in Apollo.

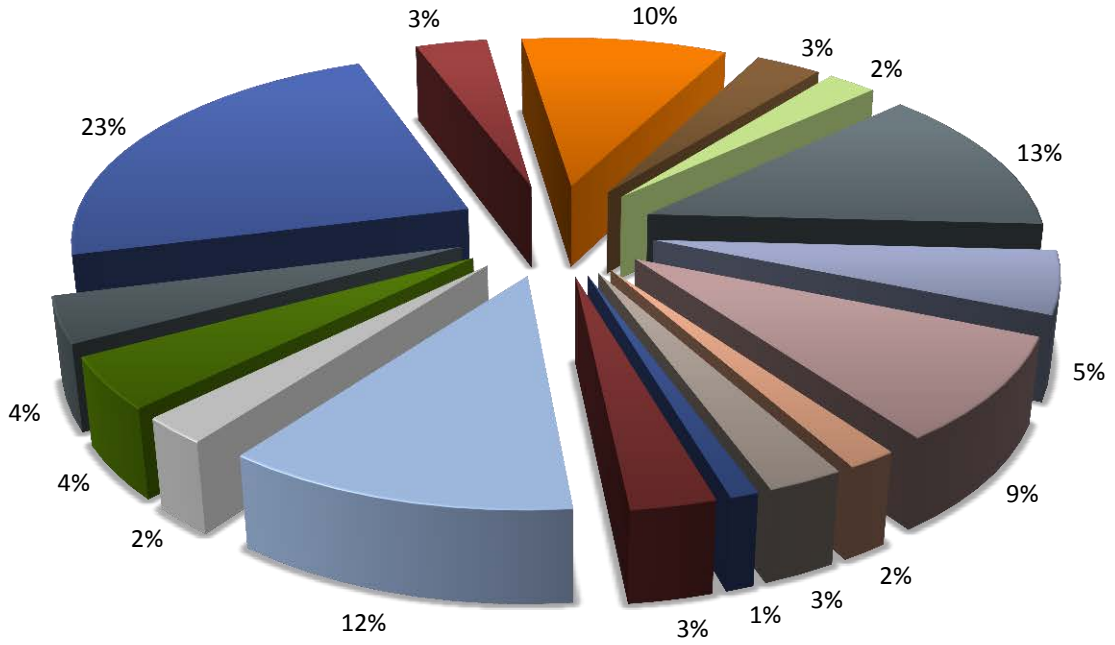
Health groupings of all presentations (Percentage of total presentations)	Q1 2014	%
Blood / Blood Forming Organs & Immune Mechanism	184	1.0%
Cardiovascular	541	2.9%
Digestive	2222	11.9%
Ear	435	2.3%
Endocrine / Metabolic & Nutritional	824	4.4%
Eye	733	3.9%
General / Unspecified	4337	23.3%
Genitalia (Male and Female)	638	3.4%
Musculoskeletal	1836	9.9%
Neurological	584	3.1%
Pregnancy / Childbearing / Family Planning	439	2.4%
Psychological	2372	12.7%
Respiratory	1001	5.4%
Skin	1658	8.9%
Social	317	1.7%
Urological	485	2.6%

General/unspecified includes communicable diseases (e.g. tuberculosis, varicella) but does not include sexually transmitted diseases data. The general/unspecified section includes coded data that has captured general symptoms such as fever and weakness as an example. The 'Skin' subcategory relates to skin conditions including rash, itching, infections, eczema and keloid scars.

The male and female genitalia health grouping includes coded data relating to sexually transmitted diseases, menstrual problems (Female) breast diagnoses (Female e.g. breast carcinoma, fibro adenoma of breast) and any reproductive system diagnosis excluding pregnancy (e.g. epididymitis, phimosis).

The numbers in the table includes detainees who have presented to a GP or psychiatrist for review for one or more conditions during the specified reporting period and also those who represented for a condition previously reported.

Number and proportion of consultations with a medical officer by health groupings



Compared to the last quarter, there has been no significant change in the pattern of health presentations by health grouping in the Australian detention network.

Excluding the general/unspecified health group, the two main reasons for detainees seeking medical attention in the 1st quarter 2014 are psychological and digestive conditions at 12.7% and 11% respectively.

The psychological grouping remains the primary burden of disease within the detention network with strategies to counter this discussed in the mental health section of this document.

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

A digestive complaint includes conditions such as gastroenteritis, nonspecific abdominal pain, heart burn, nausea and vomiting and diarrhoea. The IHMS GP assesses and manages most cases onsite in detention with appropriate escalation to a specialist or hospital care where it is clinically indicated.

Approximately 5.4% of GP presentations in detention in the 1st quarter 2014 involved the respiratory health grouping. The Respiratory grouping includes common chronic respiratory conditions such as asthma which is a condition which is also similarly prevalent in the Australian population according to the General Practice Activity in Australia, Australian Institute of Health & Welfare, General Practice Series Number 33, Britt et al, Nov 2013.

Asthma patients are managed by IHMS GPs through individually tailored asthma management plans in conjunction with advice and input from medical specialists at local hospitals when appropriate. It is widely recognised in the literature that appropriate management of asthma through an asthma management plan reduces rates of acute asthma exacerbations and emergency hospital admissions.

Country	Males	Country	Females
Iceland	80.7	Japan	85.9
Switzerland	80.5	France	85.7
Italy	80.1	Spain	85.4
Sweden	79.9	Italy	85.3
Israel	79.9	Switzerland	85
Australia	79.7	Korea	84.5
Japan	79.4	Australia	84.2
Spain	79.4	Iceland	84.1
Netherlands	79.4	Portugal	84
New Zealand	79.4	Austria	83.9

Life expectancy (years) at birth, top 10 Organisation for Economic Cooperation and Development countries by sex, 2011. Source: OECD 2013

The life expectancy of Australian males at birth in 2010 was 79.2 years (fifth highest globally) and for Australian females 83.8 years (eighth highest). In much of the world people are living to older ages than ever before, and, on average, the entire global population is getting older. Between 1970 and 2010, the average age of death globally increased by 35 years. Australians gained 11.7 years on average over the 40 years. (Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. The burden of disease and injury, Australia 2003).

The Life expectancy in Iran is 70 years of age, almost 10 years less than the potential expectancy of an Australian Male as shown in the above chart, Sri Lanka 75 years of age and Vietnam 75 years of age. These nationalities make up the majority of the detention population in our network with the life expectancies in their country of origin being significantly less than Australia. It would be interesting to conduct a future study on this cohort to determine the effect on expected life expectancy after arrival into Australia.

Cardiovascular disease (CVD) is the second largest cause of disease burden in Australia; accounting for 18% of the total burden of disease. CVD remains the most expensive disease group in Australia, costing about $5.9 billion in 2004-05. In 2009-10, CVD was the fourth most common group of problems for GP's, accounting for 11% of the problems managed by GPs – at a rate of 17 per 100 GP encounters. (AIHW. Health care expenditure on cardiovascular diseases 2004-05. Cardiovascular disease series no.30)

Of the detention population CVD makes up only 3% of all GP presentations in detention which is much less than what would be expected in the Australian community. This is most likely due to the majority of the detention population being between 18-39 years of age where you wouldn't expect a high incidence of cardiovascular disease. .

4.3 Body Mass Index (BMI)

As an integral part of its Primary Care program, IHMS continues to provide targeted lifestyle health promotion activities that provide detainees with information, education and preventative strategies in relation to lifestyle related conditions.

Body Mass Index (BMI) is a commonly used index of weight-for-height to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in metres (kg/m2). For example, an adult who weighs 70kg and whose height is 1.75m will have a BMI of 22.9.

BMI = 70 kg / (1.75 m2) = 70 / 3.06 = 22.9

Classification	BMI (kg/m^2)	Risk of co-morbidities (Health Consequences)
Underweight	<18.50	Low (but possibly increased risk of other clinical problems)
Normal range - (Healthy Weight)	18.50 - 24.99	Average
Overweight:	>25.00	-
Pre-obese	25.00 - 29.99	Increased
Obese class 1	30.00 - 34.99	Moderate
Obese class 2	35.00 - 39.99	Severe
Obese class 3	>40.00	Very severe

Source: Adapted from WHO, 1995, WHO, 2000 and WHO 2004

In 2011-12, 62.8% of Australians aged 18 years and over were overweight or obese, comprised of 35.3% overweight and 27.5% obese. A further 35.5% were of normal weight and 1.7% was underweight. (http://www.thelancet.com/themed/global-burden-of-disease. 2013).

In Australia and other developed countries, obesity is associated with a number of health concerns such as Type 2 diabetes, high blood pressure and heart disease.

The data from the table below suggests that the detention population has a much higher proportion of individuals in the underweight category. This is consistent with detainees arriving into detention in a generally malnourished state and is associated with poorer general health than that found within the Australian population.

In the initial Health Induction Assessment (HIA), IHMS calculates the BMI for all arrivals which allows for early recognition and intervention of individuals who fall into this vulnerable category.

Weight classifications	Definition	Total recorded in this cohort	% of total cohort measured	% of Australian Population
Underweight	< 18.5	843	13%	3%
Normal Weight	18.5 - 25	3595	55%	42%
Overweight	25 - 30	1608	24%	35%
Obese	> 30	528	8%	20%

The table above indicates that 32% of the detainee population is overweight or obese. Although this is a lower percentage when compared to the Australian population, the risk to this cohort of developing overweight related diseases remains high.

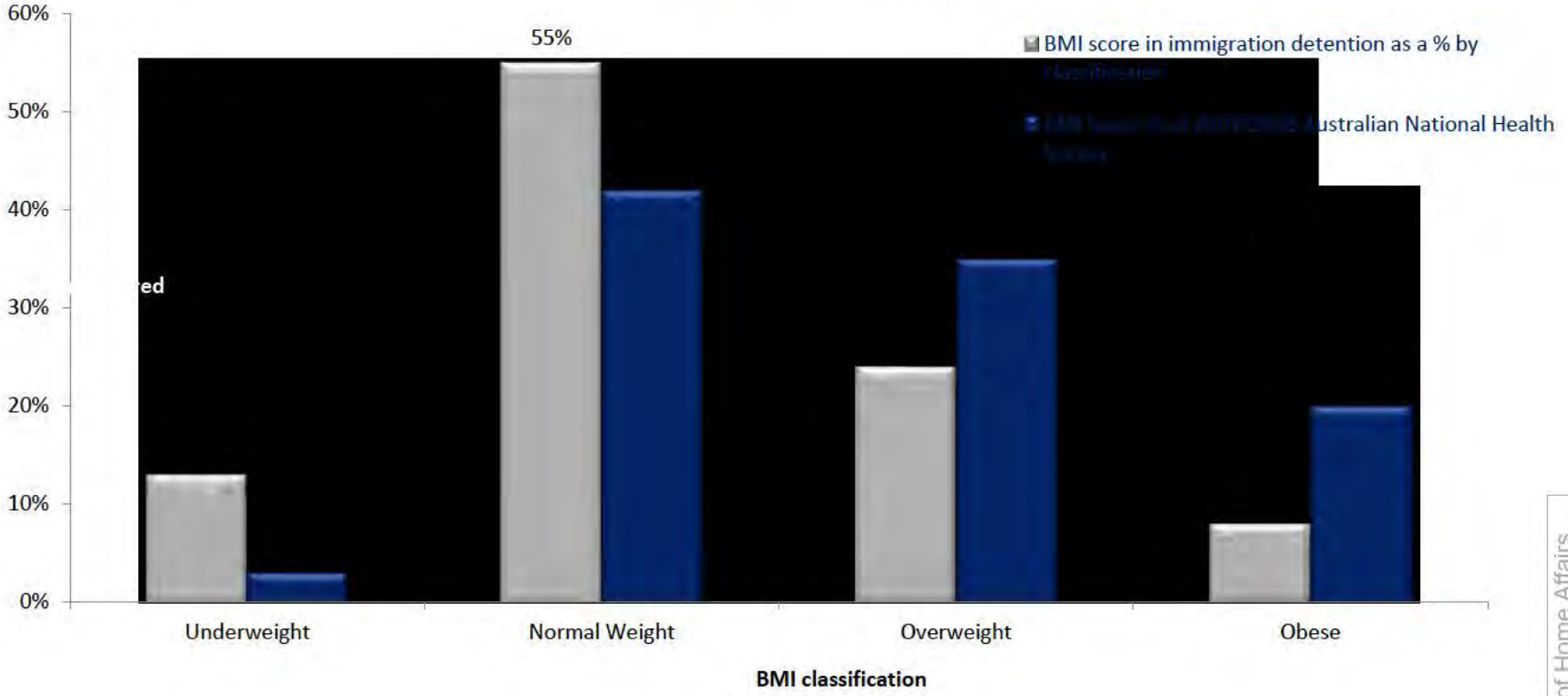
Consistent with the key priorities outlined in the 2009 Australian National Preventative Health Strategy, the IHMS primary care service have been implementing preventative strategies in this subsection of detainees. IHMS GPs and Primary Care nurses have been providing one on one education and counselling during standard consultations and multiple health promotion sessions have been facilitated together with education brochures and posters.

For detainees with pre-existing diabetes, IHMS strives to provide a comprehensive management plan.

Good primary care diabetes management is associated with a delay in associated complications and a better outcome for the patient. (DOHA, 2010) It is pleasing to note that all detainees in the network with pre-existing diabetes have been placed on an IHMS diabetes GP care plan. This is consistent with best practice outlined in the National Primary Health Care Strategy (2010) which emphasises that a diabetes care plan is a key component of good diabetes management.

The World Health Organisation (WHO) estimated that in 2013, 347 million people worldwide have diabetes with a 50% projected increase between 2005 and 2030 of diabetic deaths becoming the seventh leading cause of death in the world.

BMI score classification - Immigration detention population compared to the National Health Survey BMI Australia 2007 - 2008

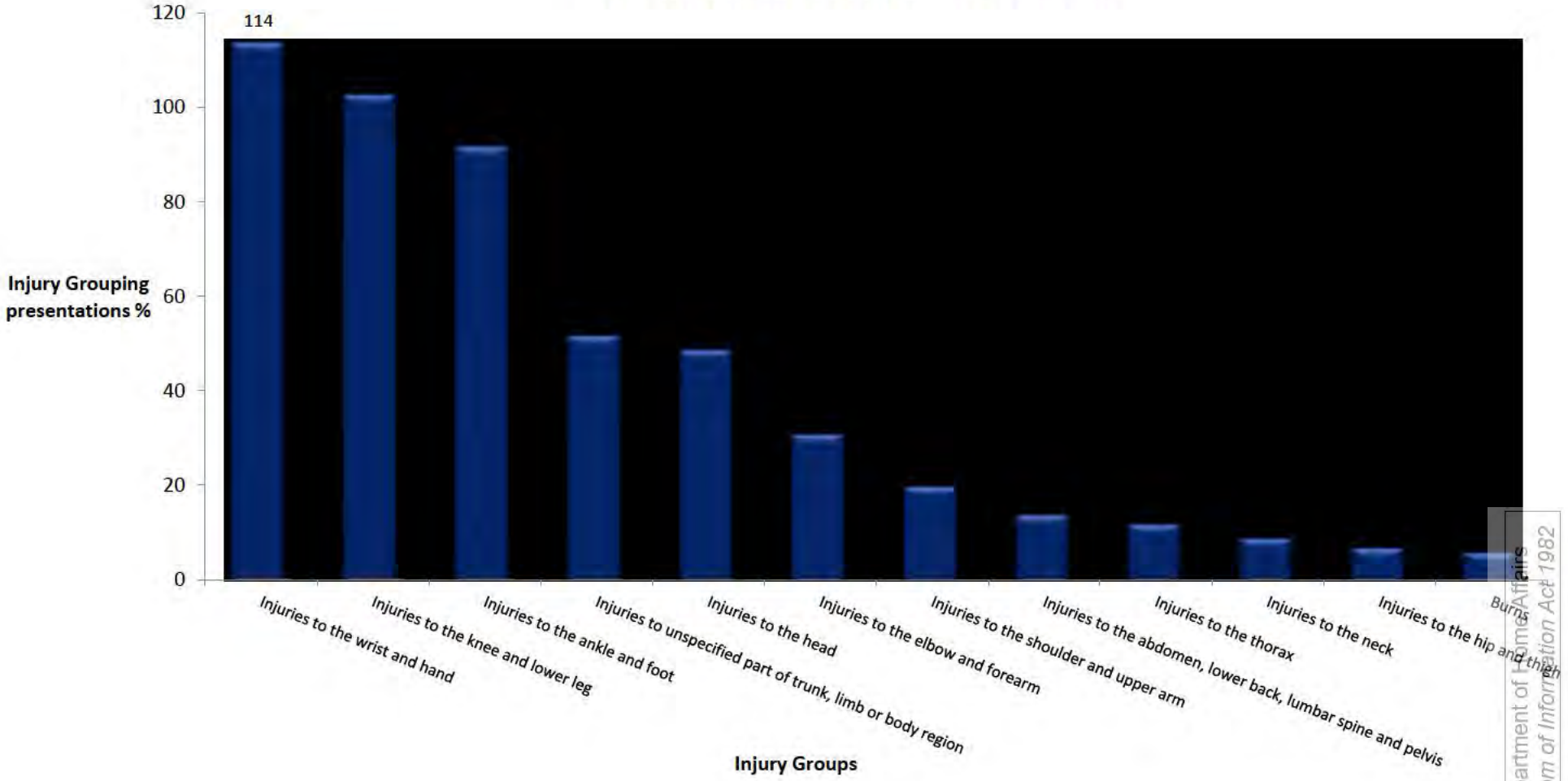


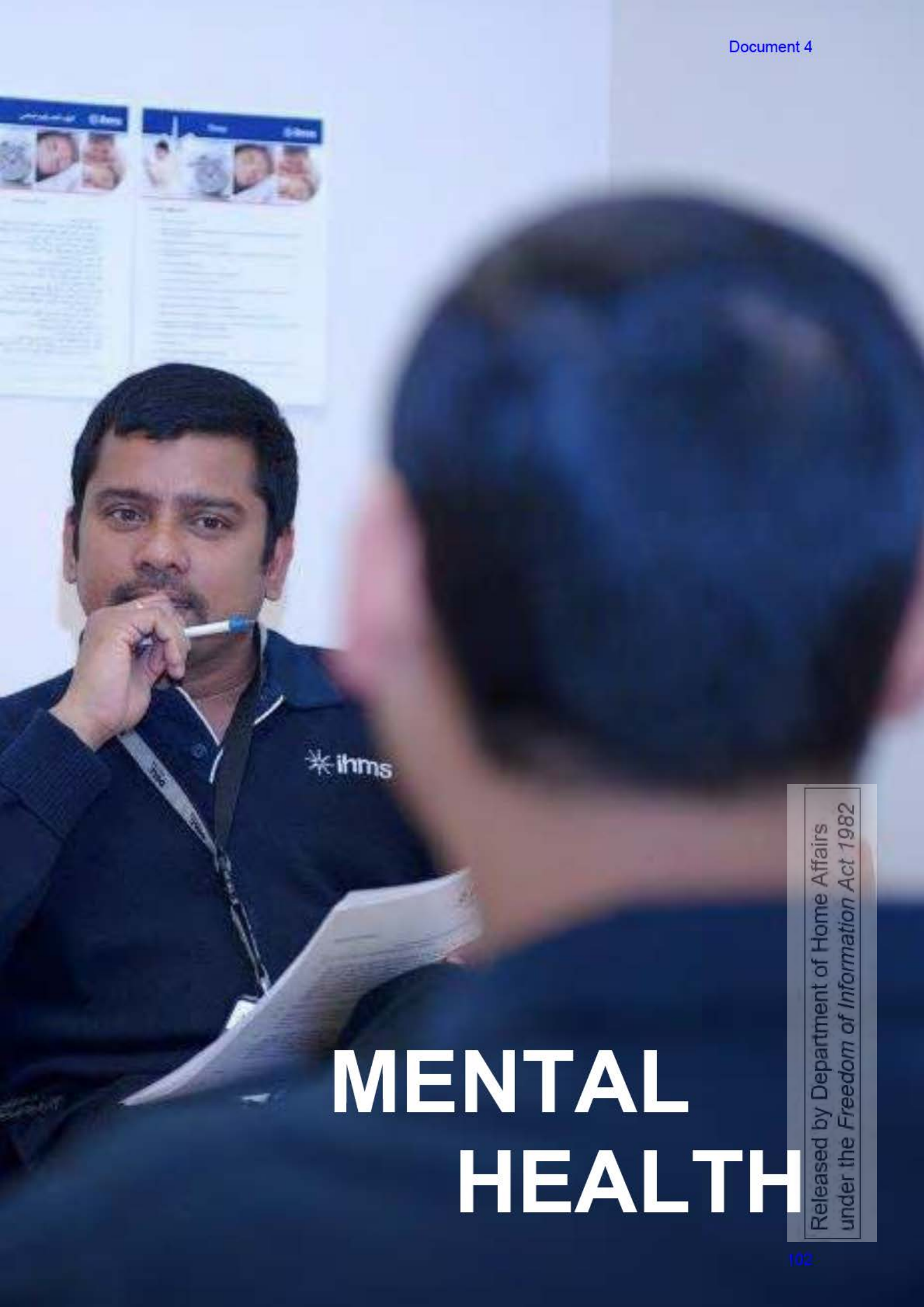
4.4 Injury Grouping

Injury Grouping as a percentage of total presentations	Total	%
Injuries to the wrist and hand	114	22.40%
Injuries to the knee and lower leg	103	20.24%
Injuries to the ankle and foot	92	18.07%
Injuries to unspecified part of trunk, limb or body region	52	10.22%
Injuries to the head	49	9.63%
Injuries to the elbow and forearm	31	6.09%
Injuries to the shoulder and upper arm	20	3.93%
Injuries to the abdomen, lower back, lumbar spine and pelvis	14	2.75%
Injuries to the thorax	12	2.36%
Injuries to the neck	9	1.77%
Injuries to the hip and thigh	7	1.38%
Burns	6	1.18%

The majority of injuries relate to the wrist and hand and ankle and foot. This can be attributed to the number of detainees involved in sporting and recreational activities. In any case, the overall rate of injuries remains low across the detention network and is not of any significant clinical concern. IHMS will continue to provide detainees with advice to minimise injuries during exercise. IHMS continues to encourage recreational and sporting activities as part of a healthy lifestyle in the prevention of diseases such as diabetes, cardiovascular and osteoarthritis.

Q1 - Total number of Injury presentations





MENTAL HEALTH

5. Mental Health

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

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

In this reporting period the implementation of the new IHMS electronic medical record system Apollo has resulted in a significant improvement in data quality with improvements in accuracy of diagnostic and medication prescribing data, and has enabled a comparison between results obtained using the previous and current screening instruments.

5.1 Mental Health Screening

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

Screenings Completed

Mental health screenings comprise of two components: firstly, a clinical assessment and secondly, the application of standard outcome measures. The implementation of the Apollo system during this reporting period saw a changeover between the previous screening instruments (DASS and GHQ) to the instruments agreed in consultation with DIBP and the former IHAG (HoNOS and K-10) which align to the standard instruments known as the National Outcomes and Case mix Collection (NOCC) that are used in all mental health services across Australia.

The table below reports the total number of different screening types completed within the reporting period and at which point in detention each screening type was completed. The lower number of people entering immigration detention has resulted in fewer initial screenings while the increasing length of stay in detention has resulted in a corresponding increase in screening conducted at subsequent screening points.

Further analysis in subsequent sections of the report shows changes in outcome measure scores over time and compares results returned from the different screening instruments.

Total mental health assessments

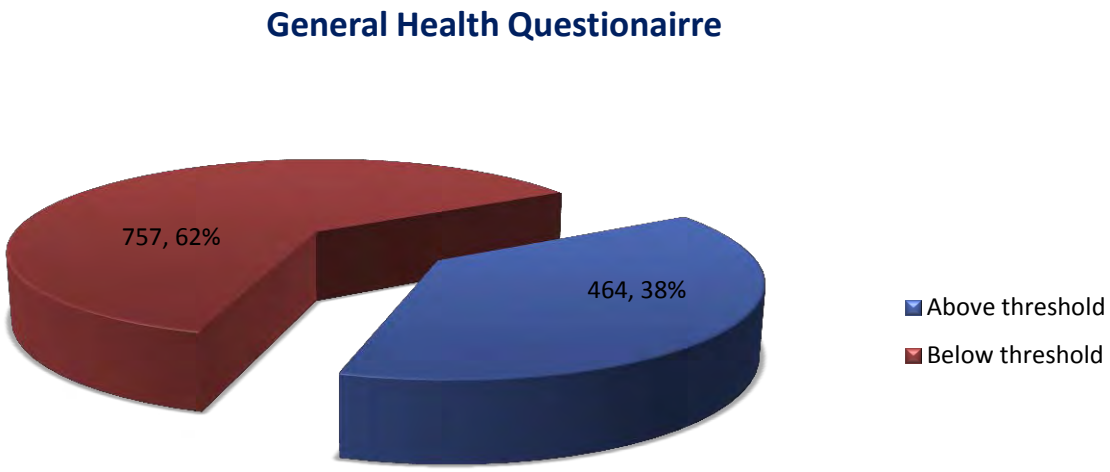
Mental Health Assessment type	0-3 months	4-6 months	7-12 months	13-18 months	19+ months	Total
DASS	125	902	300	17	25	1369
GHQ	21	76	981	102	41	1221
K-10	91	281	508	26	24	930
HoNOS	85	56	223	26	30	420

This will be able to be reported in the next data set when all interactions are recorded within Apollo, however it can be assumed from the application of the screening policy the total number of scheduled clinical screenings approximates the number of DASS scores plus the number of K-10 scores. This gives a good indication of the level of service demand, independent of the level of clinical demand that is generated from the application of the mental health screening.

General Health Questionnaire (GHQ)

The General Health Questionnaire *(GHQ)* is a screening device for identifying psychological distress among adults in primary care settings. It has been validated for use in many different populations and translated versions are widely available. The original version had 60 items. There are versions with 30, 28, 20 and 12 items. The instrument has a maximum score of 30. Scores of 5 and above are considered to indicate the presence of a clinically significant mental health disorder, otherwise described as "Caseness".

The 30-item version of the GHQ has been a component of the Mental Health Screening Policy; however its general uptake by clients has been low mainly due to the large number of items. In this reporting period although Apollo was implemented only in February already by the end of March 1221 scores had been recorded. This has enabled for the first time a brief analysis of this data as presented below.



Of the 1221 scores completed, 464, representing 38% of the detention population returned results above the clinically significant threshold. As is further elucidated below, this result is remarkably similar to the results obtained on the other detainee and clinician rated screening measures giving a consistent picture that reports around one third of the current immigration detention population as suffering from a significant degree of psychiatric morbidity.

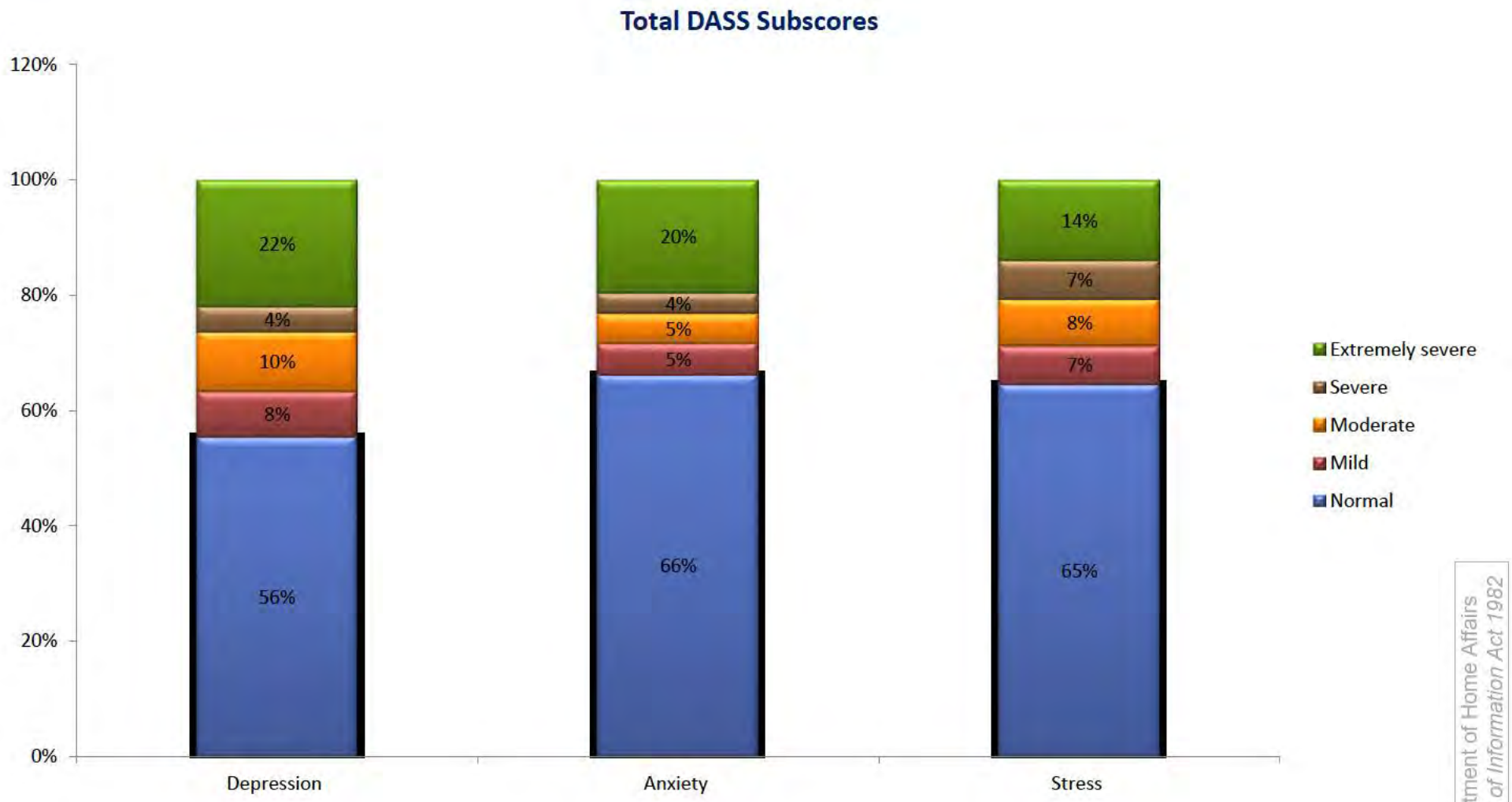
5.2 Depression, Anxiety and Stress scores (DASS)

It is an important reminder to note that in previously reported health data sets derived from Chiron zero scores were excluded. The rationale for this approach was that zero scores are considered of dubious validity and that in Chiron non-completed tests were scored as zero. In Apollo only completed tests scoring zero are counted and while doubts about their clinical validity remain they have been included in the raw data. The effect of this is to reduce the mean score and to falsely increase the proportion of scores in the normal category.

The table and graph below demonstrate the overall results on self-reported DASS data. With the caveats above in mind and although not designed as screening instrument, these results correlate very closely with the results obtained by GHQ. The clinical relevant categories of moderate to very severe on each subscale show almost exactly the same results as shown on the GHQ and indicate that about a third of people in detention reported clinically significant symptoms of depression and anxiety which are related to current levels of stress they are experiencing.

Total DASS Sub-scores

DASS Category	Normal	Normal %	Mild	Mild %	Moderate	Moderate %	Severe	Severe %	Extremely severe	Extremely Severe %
Depression	760	56%	107	8%	142	10%	60	4%	300	22%
Anxiety	907	66%	75	5%	70	5%	49	4%	268	20%
Stress	885	65%	90	7%	111	8%	92	7%	191	14%



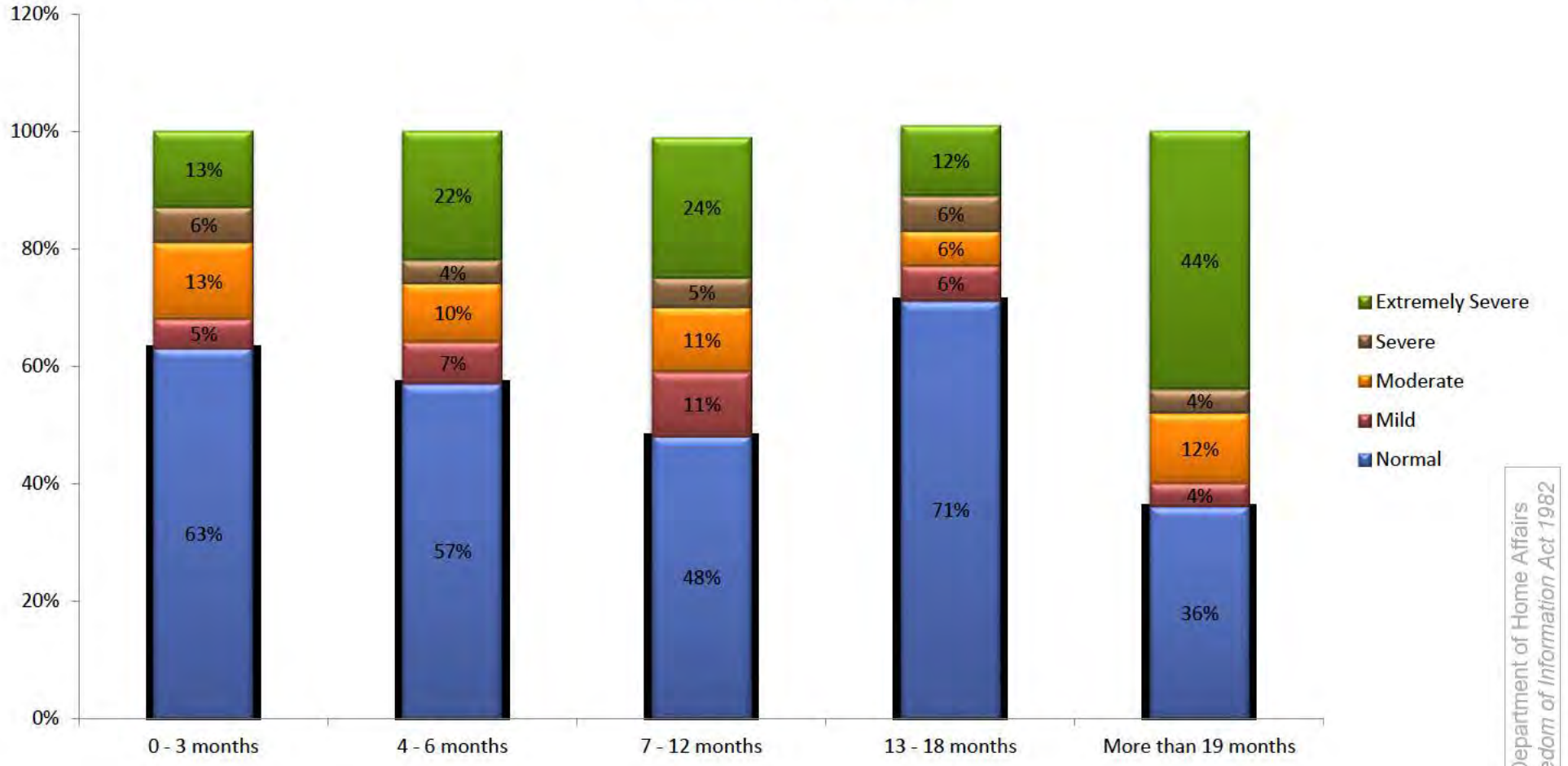
DASS Sub-scores over time

The following tables and graphs report constitute the next level of analysis and show DASS results over time, broken down by sub score. The results are consistent with those from previous reporting periods, showing an increase in the proportion of people reporting clinically significant symptoms over time correlated to length of stay in detention.

Depression

Months in detention	Normal	Normal	Mild	Mild	Moderate	Moderate	Severe	Severe	Extremely Severe	Extremely Severe
0 - 3 months	79	63%	6	5%	16	13%	8	6%	16	13%
4 - 6 months	516	57%	65	7%	89	10%	34	4%	198	22%
7 - 12 months	144	48%	34	11%	33	11%	16	5%	73	24%
13 - 18 months	12	71%	1	6%	1	6%	1	6%	2	12%
More than 19 months	9	36%	1	4%	3	12%	1	4%	11	44%

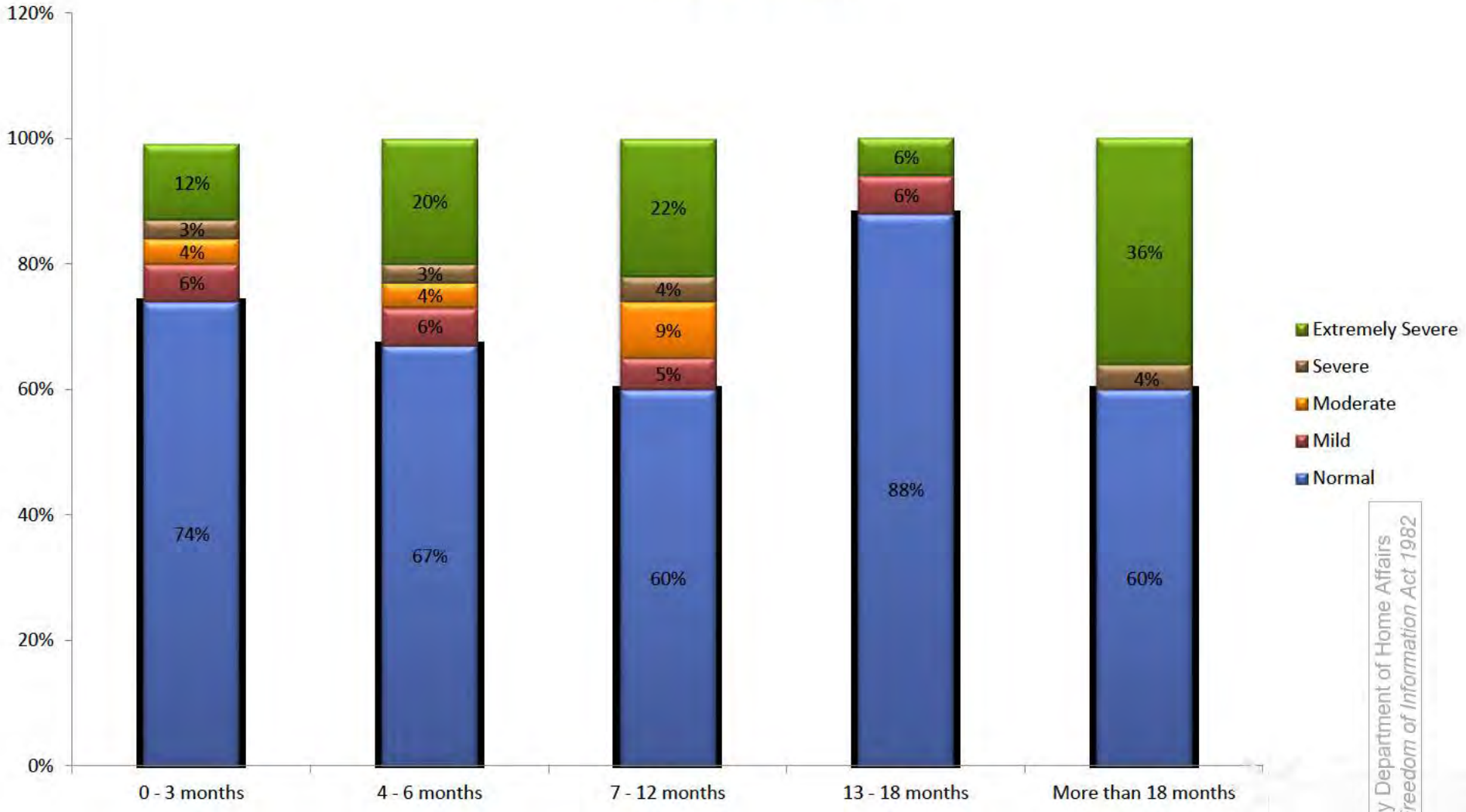
DASS Scores Depression



Anxiety

Months in detention	Normal		Mild		Moderate		Severe		Extremely Severe	
0 - 3 months	93	74%	8	6%	5	4%	4	3%	15	12%
4 - 6 months	605	67%	52	6%	37	4%	31	3%	177	20%
7 - 12 months	179	60%	14	5%	28	9%	13	4%	66	22%
13 - 18 months	15	88%	1	6%	0	0%	0	0%	1	6%
More than 18 months	15	60%	0	0%	0	0%	1	4%	9	36%

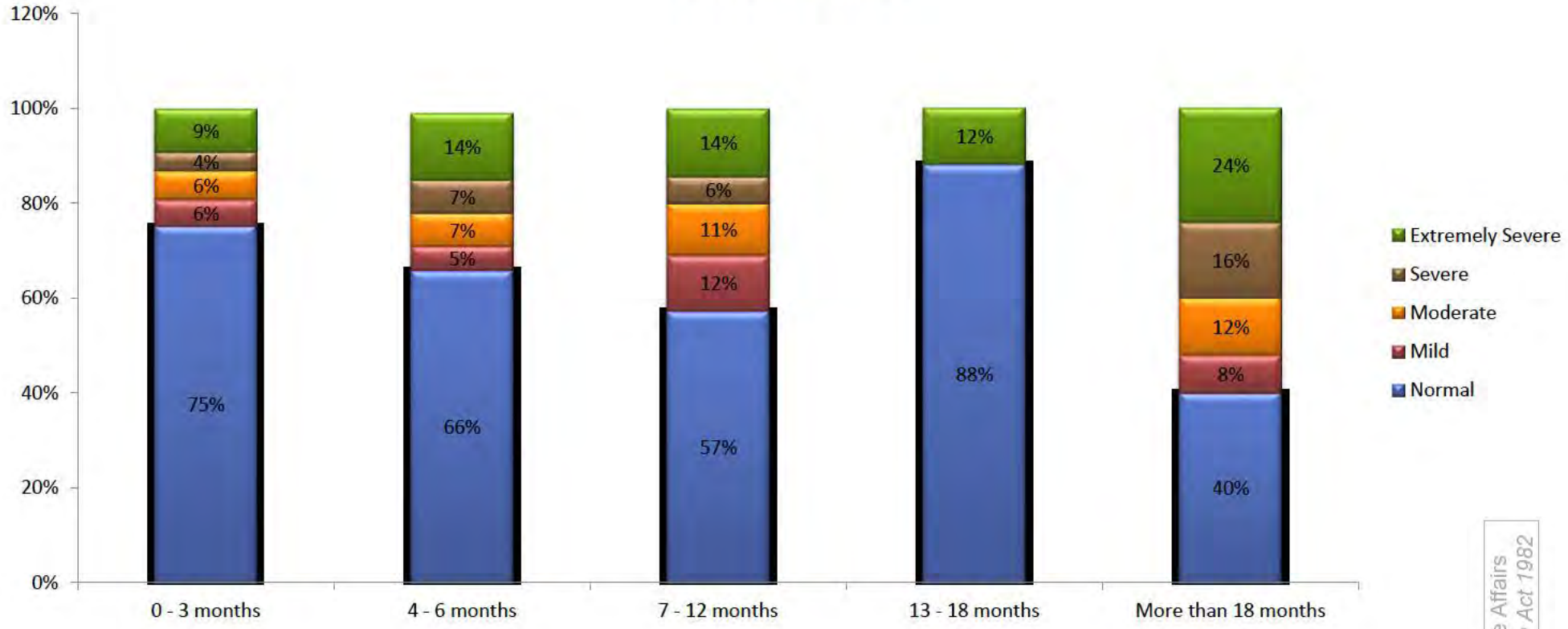
Dass Scores Anxiety



Stress

Months in detention	Normal		Mild		Moderate		Severe		Extremely Severe	
0 - 3 months	94	75%	7	6%	8	6%	5	4%	11	9%
4 - 6 months	594	66%	46	5%	67	7%	66	7%	129	14%
7 - 12 months	172	57%	35	12%	33	11%	17	6%	43	14%
13 - 18 months	15	88%	0	0%	0	0%	0	0%	2	12%
More than 18 months	10	40%	2	8%	3	12%	4	16%	6	24%

DASS Score Stress



The DASS results continue to demonstrate deterioration in mental health status over time and correlate symptoms of depression and anxiety with the experience of stress in detention. Consistent anecdotal reports from detainees describe the sources of stress as relating to a number of discrete factors, primarily related to elements of the detention environment. Further research is required to determine the relative contribution of these different elements and hence may lead to strategies to minimise the harmful mental health effects of detention.

Kessler Psychological Distress Scale (K-10)

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

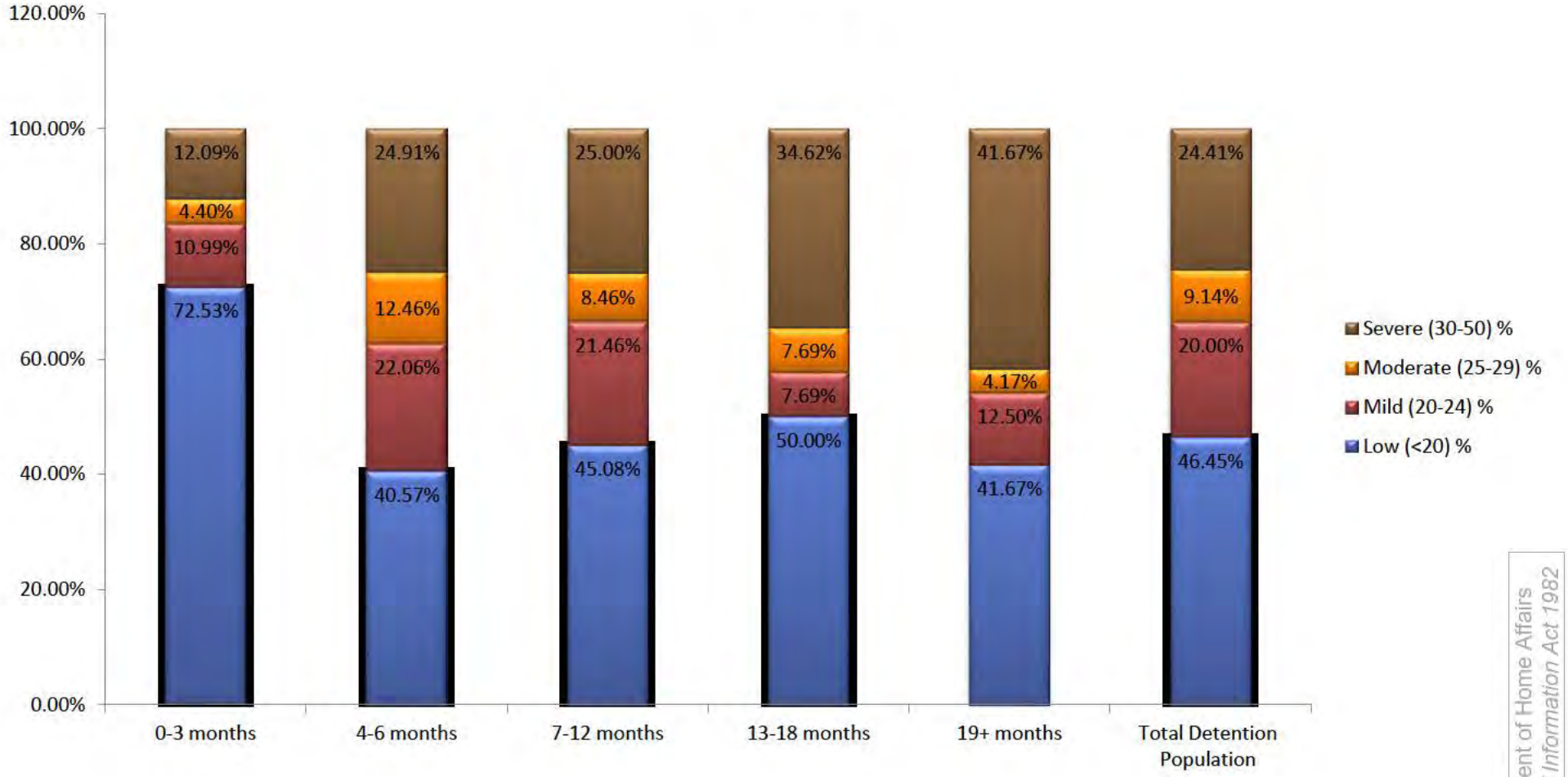
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

Months in Detention	Totals	Mean	Low (<20)	Low (<20)	Mild (20-24)	Mild (20-24)	Moderate (25-29)	Moderate (25-29)	Severe (30-50)	Severe (30-50)
			N	%	N	%	N	%	N	%
0-3 months	91	16.67%	66	72.53%	10	10.99%	4	4.40%	11	12.09%
4-6 months	281	23.46%	114	40.57%	62	22.06%	35	12.46%	70	24.91%
7-12 months	508	22.25%	229	45.08%	109	21.46%	43	8.46%	127	25.00%
13-18 months	26	23.42%	13	50.00%	2	7.69%	2	7.69%	9	34.62%
19+ months	24	25.58%	10	41.67%	3	12.50%	1	4.17%	10	41.67%
Total Detention Population	930	22.19%	432	46.45%	186	20.00%	85	9.14%	227	24.41%
Adult Community Mental Health Clients 2011-2012	16 693	19.4	9605	57.5%	2889	17.3%	1957	11.7%	2242	13.4%

These are the first set of data reported with this instrument. Results show that 33.6% of the detention population gave a score in the moderate-severe range on the K-10. This correlates very closely to the scores on GHQ and DASS and provides strong evidence that each can be considered a valid screening instrument in this population.

As shown in the graph, K-10 scores demonstrate the same trend over time that has been shown with the DASS. This demonstrates the suitability of the instrument including its sensitivity to change. Its ease of use and hence greater completion rate allow the possibility of more detailed statistical analysis of results which we anticipate providing in future reports.

K-10 Scores



Health of the Nation Outcome Scales (HoNOS)

HoNOS is the first objective, clinician rated instrument that has been introduced for use in this population. The HoNOS is a set of 12 scales, each one measuring a type of problem commonly presented by patients/clients in mental health care settings. Each item is scored by the clinician on a scale of 0-4 (0 = no problem, 1 = sub-clinical, 2 = mild, 3 = moderate and 4 = severe) and any score of 2 or above on any item is considered clinically significant. The total score is a relevant measure and scores can also be grouped into subscales that relate to discrete domains as is set out in the table below.

The HoNOS was introduced as a routine outcome measurement during this reporting period and there has been rapid uptake by IHMS Mental Health clinicians. By the end of the reporting period 872 HoNOS scores had been completed for immigration detainees within Australia and this number has continued to rise rapidly.

The HoNOS is a component of the National Mental Health Minimum Data set and is reported as a Key Performance Indicator by all mental health services in Australia. For the first time IHMS is able to present this data to enable direct comparison with other community mental health services in Australia.

The table below shows average HoNOS scores for people in immigration detention for each scheduled review point compared to the average scores reported for adult patients in ambulatory care of community mental health services at scheduled review points in 2011-2012.

These results demonstrate a number of important and relevant issues. Most significantly on total HoNOS score the results show that around one third of people in immigration detention return scores that are at or above scores found in people who are receiving on-going care from community mental health services across Australia. The correlation with self-reported screening data is remarkable. An increase in mean score over time is also consistent with self-reported data. It clearly demonstrates the validity and the utility of this instrument in this population and unequivocally confirms the negative mental health effects of immigration detention over time.

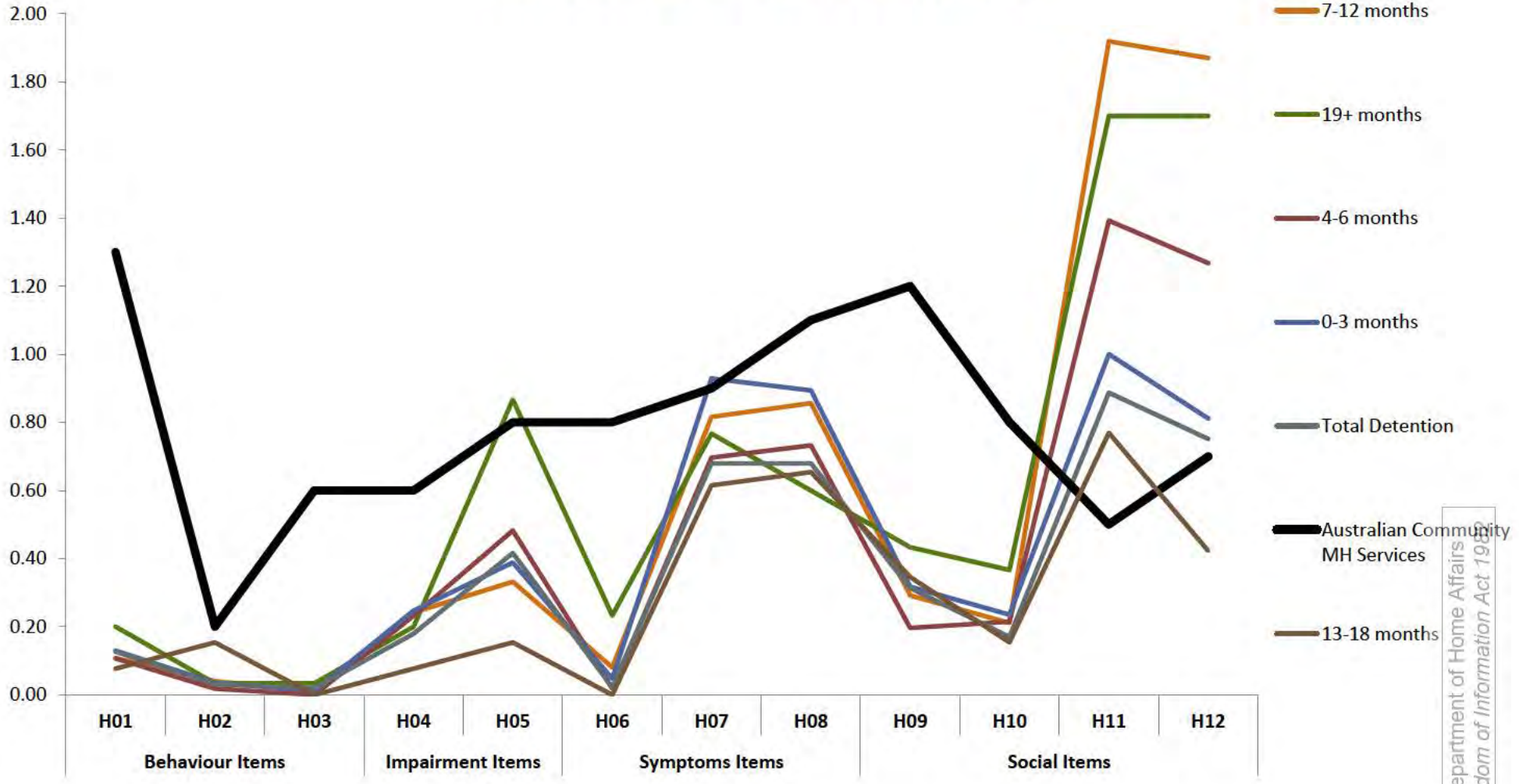
Following on from these observations much further analysis is possible. Of obvious note seen illustrated in the graph is that the detention population shows a low rate of behavioural disturbance compared to a clinical population even adjusting for level of symptoms. This is consistent with other results in the detention population that show a low rate of self-harm in relation to prevalence of significant mental disorder compared to the community.

Impairment items are generally low in relation to the community mental health cohort as expected. This is because the detention population has a low rate (similar to the Australian community) of disorders such as schizophrenia which are associated with higher impairment scores. The conditions contributing to the symptom items that give average subscores approaching the community mental health sample are conditions such as anxiety (including Post-Traumatic Stress Disorder) and depressive disorders which are not associated with the same degree of functional impairment.

The most striking component from these results is the very high level of scores on items 10-12 which relate to social items; activities of daily living, problems with living conditions, and problems with occupation and activities. This pattern is very marked in the detention environment but is seen to a lesser extent in other in institutional settings where the conditions of the environment are adverse to mental health.

These results although preliminary, give a good indication that opportunities to mitigate the harmful long-term effects of detention are likely to be in these areas; and that furthermore the effects of any such changes are likely to be amenable to measurement and evaluation.

Health of the Nation Outcome Scales (HoNOS)



5.3 Torture & Trauma

Identification and Support of Survivors of Torture & Trauma

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

All cases of adults who report trauma or torture are reported to DIBP under the incident reporting policy. Unless considered clinically inappropriate, people who have reported torture and trauma or are suspected of having experienced torture and trauma are asked to complete the Harvard Trauma Questionnaire (HTQ). This is a 16 item instrument that is a measure of the severity of torture and trauma related symptoms. Scores of 2.5 and above indicate a symptom profile that correlates to a clinical diagnosis of Post-Traumatic Stress Disorder (PTSD) according to the standard DSM criteria.

Disclosed Torture and Trauma

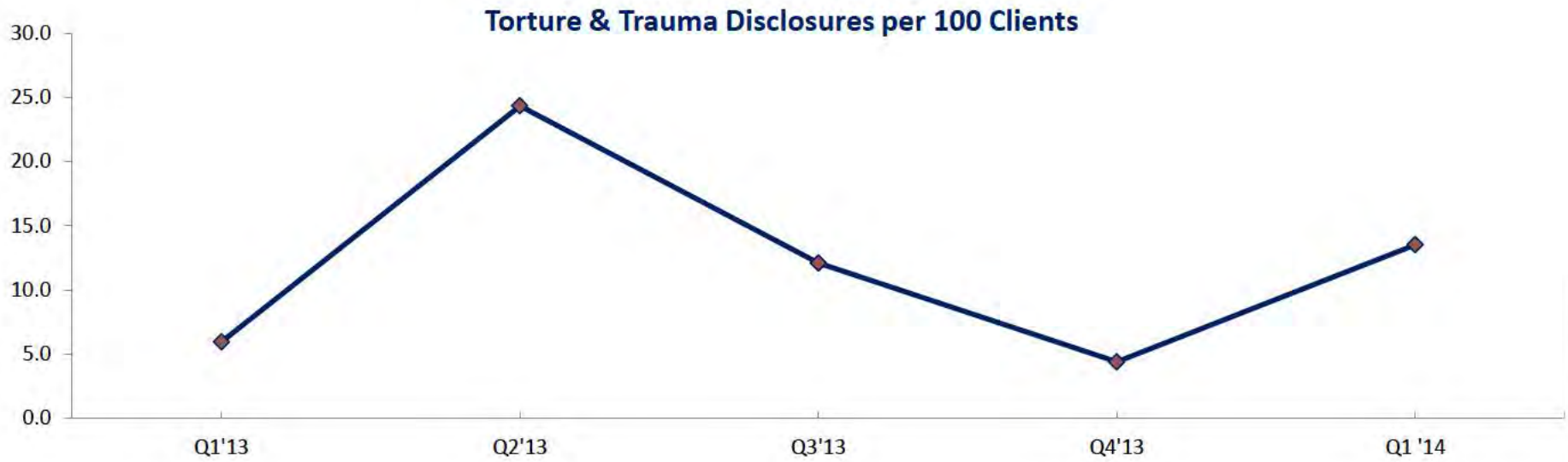
As per the graph below this reporting period saw an onshore network wide jump in new torture and trauma reports. The raw number of new reports has shown considerable variability between reporting periods as it is affected both by the number of people entering detention for the first time and the mode of entry. The high rate of new disclosure is surprising in this quarter given the low number of boat arrivals and the increasing proportion of the detention population arising who are entering the detention system in other ways. As previously seen in this health data set a majority of new disclosures continue to occur on Christmas Island. This may represent a delay in disclosures in the Christmas Island cohort from the previous reporting period in which the number of new disclosures was historically low.

During the reporting period the majority of people who have disclosed torture and trauma were located on Christmas Island, indicating a high level of need for torture and trauma counseling services on the island.

Detention Facility	New T & T Disclosures Jan - March 2014	Total T & T Disclosures
Adelaide ITA	3	8
Blaydin	47	76
Brisbane ITA	2	30
Christmas Island	433	2759
Curtin APOD	1	8
Curtin IDC	36	247
Darwin Airport Lodge	75	355
Inverbrackie APOD	12	47
Leonora APOD	7	30
Maribyrnong IDC	18	71
Melbourne ITA	27	93
Northern IDC	48	382
Perth IDC	2	42
Perth IRH	0	13
Pontville APOD	2	39
Pontville IDC	0	1
Port Augusta IRH	6	11
Scherger IDC	34	143
Sydney IRH	0	2
Villawood IDC	88	154
Wickham Point APOD	52	184
Wickham Point IDC	55	260
Yongah Hill IDC	54	188
Total	**1002**	**5143**

Torture and Trauma Trends

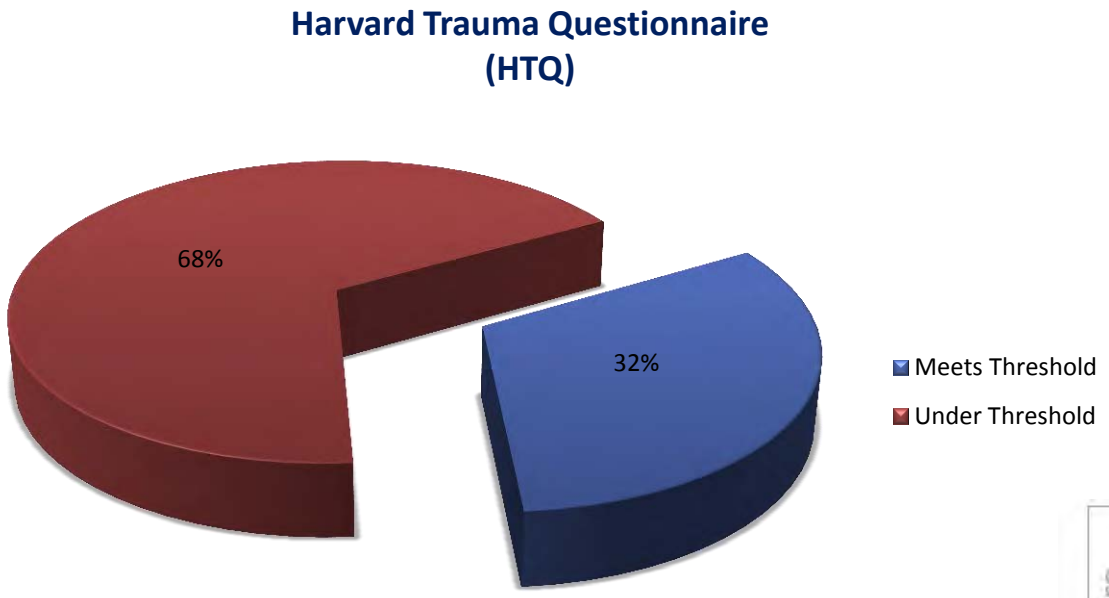
	Q4 (2013)	Q1 (2014)
Torture & Trauma disclosures per 100 detainees	4.4	14



Harvard Trauma Questionnaire (HTQ)

All people who report experience of torture and trauma are encouraged to complete the HTQ. The chart below shows that a third of people reporting torture or trauma who complete the HTQ describe symptoms of sufficient severity to warrant a clinical diagnosis of Post-Traumatic Stress Disorder (PTSD).

Since the implementation of Apollo there has been a substantial increase in completion of HTQs as well as a greatly enhanced capacity to report and analyse this data. Although further investigation is required to confirm it is a reasonable assumption that this is a representative sample and that there is unlikely to be a significant difference between this people who reported torture and trauma who did or did not complete the HTQ. These results therefore indicate that the number of people in immigration detention who have clinical symptoms that warrant a diagnosis of PTSD is well over one thousand. Clearly the level of clinical demand associated with this disease burden is high and requires good access to specialist torture and trauma counselling service as well as psychiatrists and clinical psychologists within the detention network.



MEDICATION & IMMUNISATION

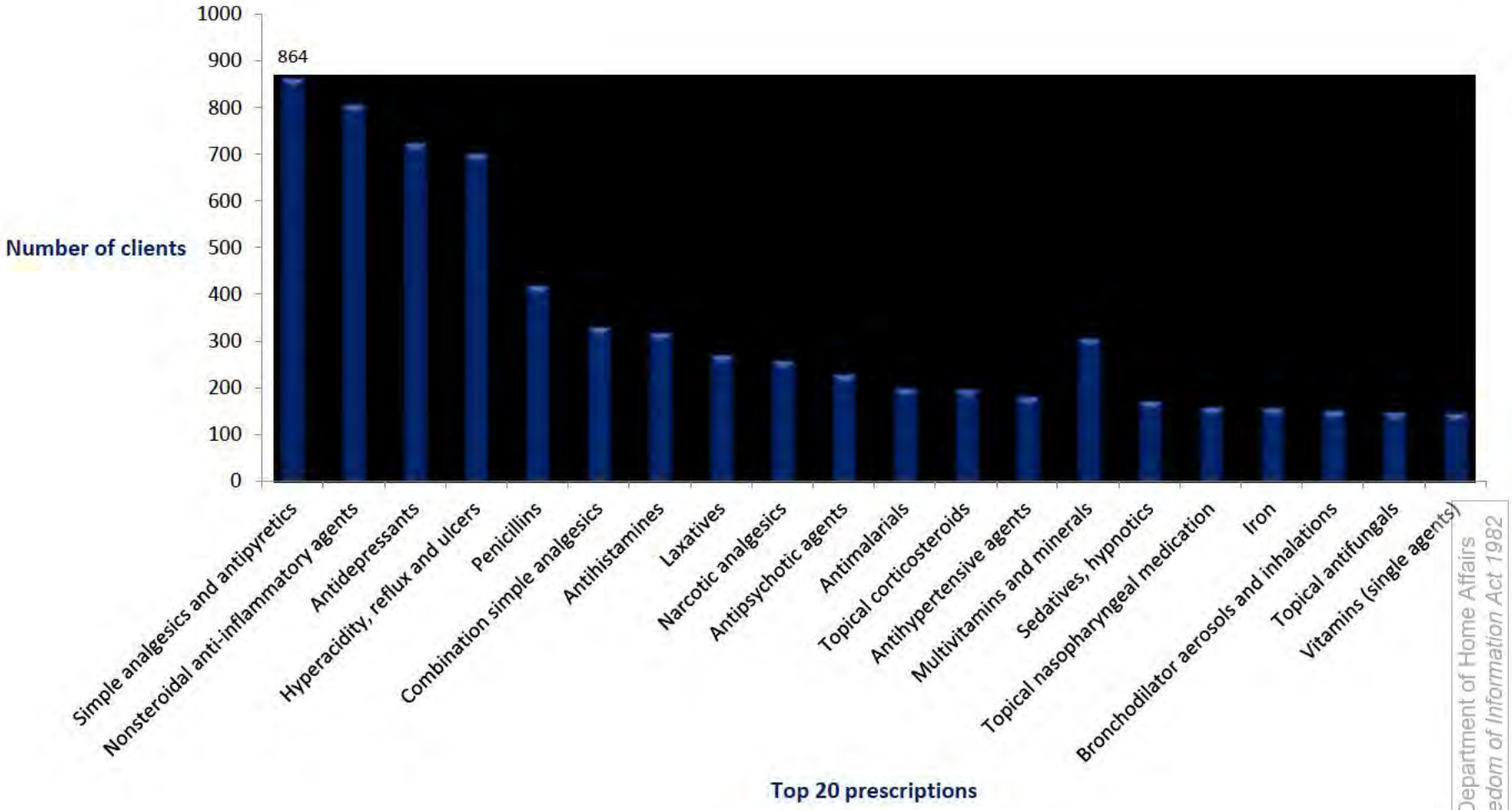
6. Medication & Immunisation

6.1 Medication usage

Drug class (Top 20 shown)	Number of Detainees receiving prescriptions
Simple analgesics and antipyretics	864
Nonsteroidal anti-inflammatory agents	807
Antidepressants	725
Hyperacidity, reflux and ulcers	702
Penicillins	420
Combination simple analgesics	331
Antihistamines	319
Laxatives	272
Narcotic analgesics	259
Antipsychotic agents	230
Antimalarial	201
Topical corticosteroids	198
Antihypertensive agents	183
Multivitamins and minerals	307
Sedatives, hypnotics	173
Topical nasopharyngeal medication	160
Iron	158
Bronchodilator aerosols and inhalations	153
Topical antifungals	149
Vitamins (single agents)	147

Except for Penicillin there has been an increase in prescriptions across all drug classes compared to Q4 2013. During this same period there has been a significant drop in the number of presentations for all disease groupings as well as injury groupings. This situation may be the result of the implementation of the new medical information system and the improved capture of prescription data.

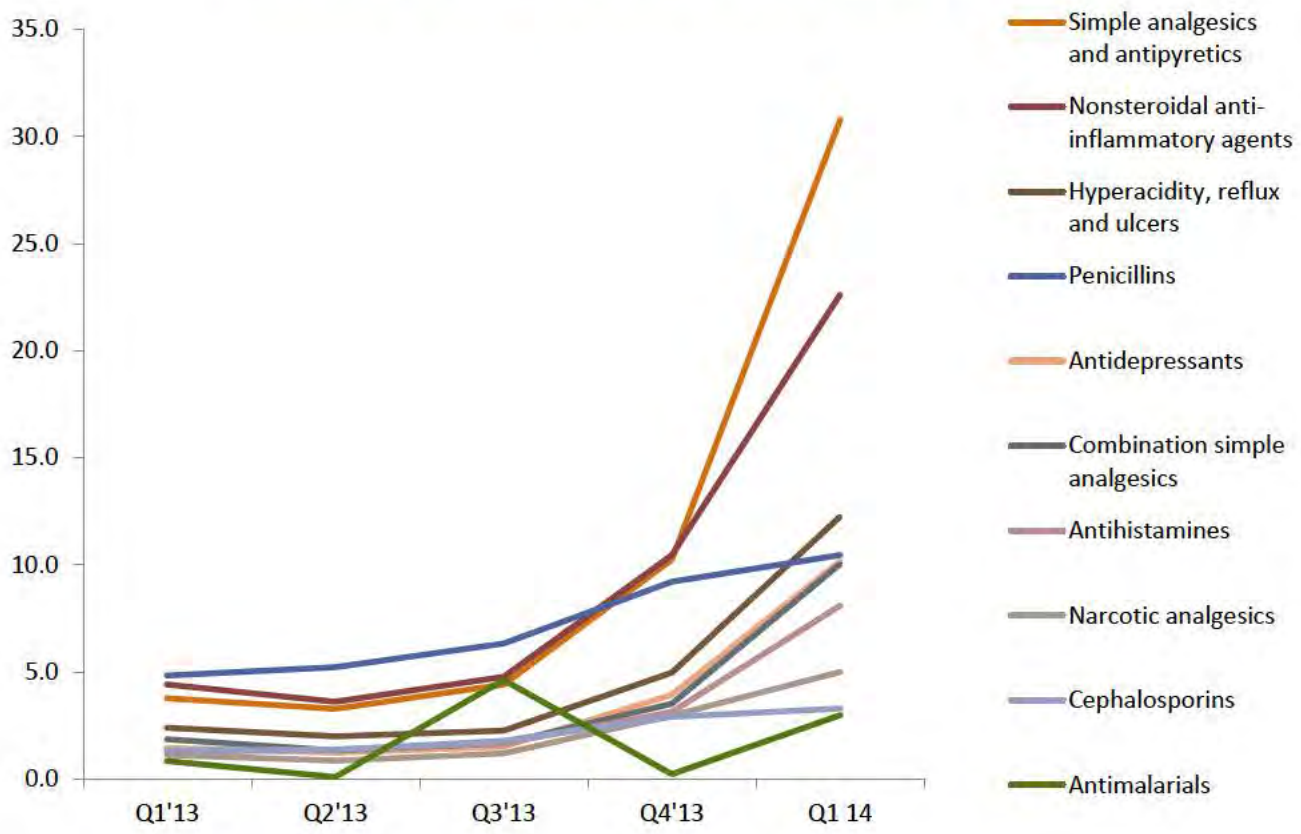
Number of Detainees receiving prescriptions
Q1 January - March 2014



6.2 Medication Trends

% Detainees prescribed out of every 100	Q1 2014
Simple analgesics and antipyretics	11.7%
Nonsteroidal anti-inflammatory agents	10.9%
Antidepressants	9.8%
Hyperacidity, reflux and ulcers	9.5%
Penicillins	5.7%
Combination simple analgesics	4.5%
Antihistamines	4.3%
Laxatives	3.7%
Narcotic analgesics	3.5%
Antipsychotic agents	3.1%
Antimalarials	2.7%
Topical corticosteroids	2.7%
Antihypertensive agents	2.5%
Multivitamins and minerals	4.1%
Sedatives, hypnotics	2.3%
Topical nasopharyngeal medication	2.2%
Iron	2.1%
Bronchodilator aerosols and inhalations	2.1%
Topical antifungals	2.0%
Vitamins (single agents)	2.0%

Number of detainees prescribed out of every 100 clients



The above graph illustrates a substantial increase in medication prescribing in the last two reporting periods. This result correlates to the increase in length of stay in detention and associated increase in somatic and mental health related complaints. The most dramatic increase has been in prescriptions for simple analgesics and anti-inflammatory agents such as Panadol and Ibuprofen. This reflects the increased regulation and requirement for a prescription for these agents in immigration detention that are available over the counter in the Australian community, and the common presentation of emotional distress in a somatic fashion leading to increased complaints of headache and other pain.

Although antipsychotic prescribing has also increased, reflecting increased use of Quetiapine for insomnia antipsychotic medications remain outside the group of 10 most prescribed items. Antidepressant prescribing has also increased for similar reasons.

6.3 Immunisations

Vaccination	0-7 years	8-17 years	18 years +	Total
ADT	0	9	619	628
BCG	2	3	8	13
dT	0	16	214	230
DTPa	332	158	1268	1758
Hepatitis A	35	21	163	219
Hepatitis B	323	182	1002	1507
Hib	318	69	2	389
HPV	0	44	25	69
Influenza	2	1	119	122
Japanese Encephalitis	0	2	196	198
MenCCV	13	5	181	199
MMR	60	62	772	894
PPV	0	0	7	7
PCV	122	0	3	125
Rotavirus	65	0	0	65
Varicella-Zoster	25	31	732	788
IPV	328	181	2139	2648
Typhoid IM	2	7	64	73
Total	**1627**	**791**	**7514**	**9932**

The 10th Edition of the Australian Immunisation Handbook was released in the second half of 2013 and further updated in January this year. This revision included a number of amendments to the vaccination procedures. The majority of the changes relating to age ranges and catch-up recommendations. Other changes include extension of the provision of Human Papilloma Virus (HPV) vaccine to boys as well as the inclusion of some new combination vaccines.

The vaccines currently being provided to detainees is consistent with the schedules contained within the Australian Immunisation Handbook 10th Edition. The amendments to the Clinical Practice Guidelines are currently being finalised.

The number of vaccines administered in Q1 2014 is significantly fewer than Q4 2013. This is reflective of the reduced number of new detainees arriving in Q1 and the increased proportion of the network population who have competed their vaccination programme.

It would be helpful to have an understanding of the proportion of the detention health network population who had completed their vaccination programme. This could be further broken down by site. This would provide a clear picture of the number of detainees still to be vaccinated and enable a comparison with the Australian Community.

6.4 Immunisation Trends

The change in the rate of vaccinations per 100 detainees is reflective of changes to arrival of new detainees and the progress made in providing vaccines to those already in detention.

	Q1 (2014)	Q4 (2013)
Number of Vaccinations Administered per 100 detainees	134	282

ihms

International Health
and Medical Services

Department of Immigration and Border Protection

Quarterly health data set

April-June 2014

Onshore

Quarterly Health Data Set

Onshore

April – June 2014

Report written by:

s. 22(1)(a)(ii)

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Table of Contents

1. Executive Summary

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

The population this quarter has been stable with no new IMA arrivals. IHMS has been focused on providing good primary health care to this stable population in line with RACGP standards with a focus particularly on screening and preventative activities. Length of stay continues to increase which presents some challenges to the healthcare that we provide particularly in the area of mental health. IHMS continues to monitor the effects of length of stay on physical health but at this stage there are no concerning spikes or trends.

IHMS continues to make advances in the health care provided to the paediatric population in detention as this has also been a focus with 17% of the detention population under the age of 18. Early detection and treatment of medical issues is important in the management of children and IHMS has successfully introduced a new universal screening program this quarter which screens children for medical conditions including those which are endemic in their country of origin. The results of this program have been positive with a number of early detection and treatment of conditions which would have normally continued undetected.

This quarter has also seen IHMS continue its effective management of TB cases through its robust TB management program. This remains an important part of the health service that IHMS provides and serves as an important preventative measure for the potential spread of TB in the Australian community.

About this report

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo for the period 1 April – 30 June 2014. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team, Primary Health Manager, Mental Health Services Manager and IHMS Medical Directors.

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

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

Definitions

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

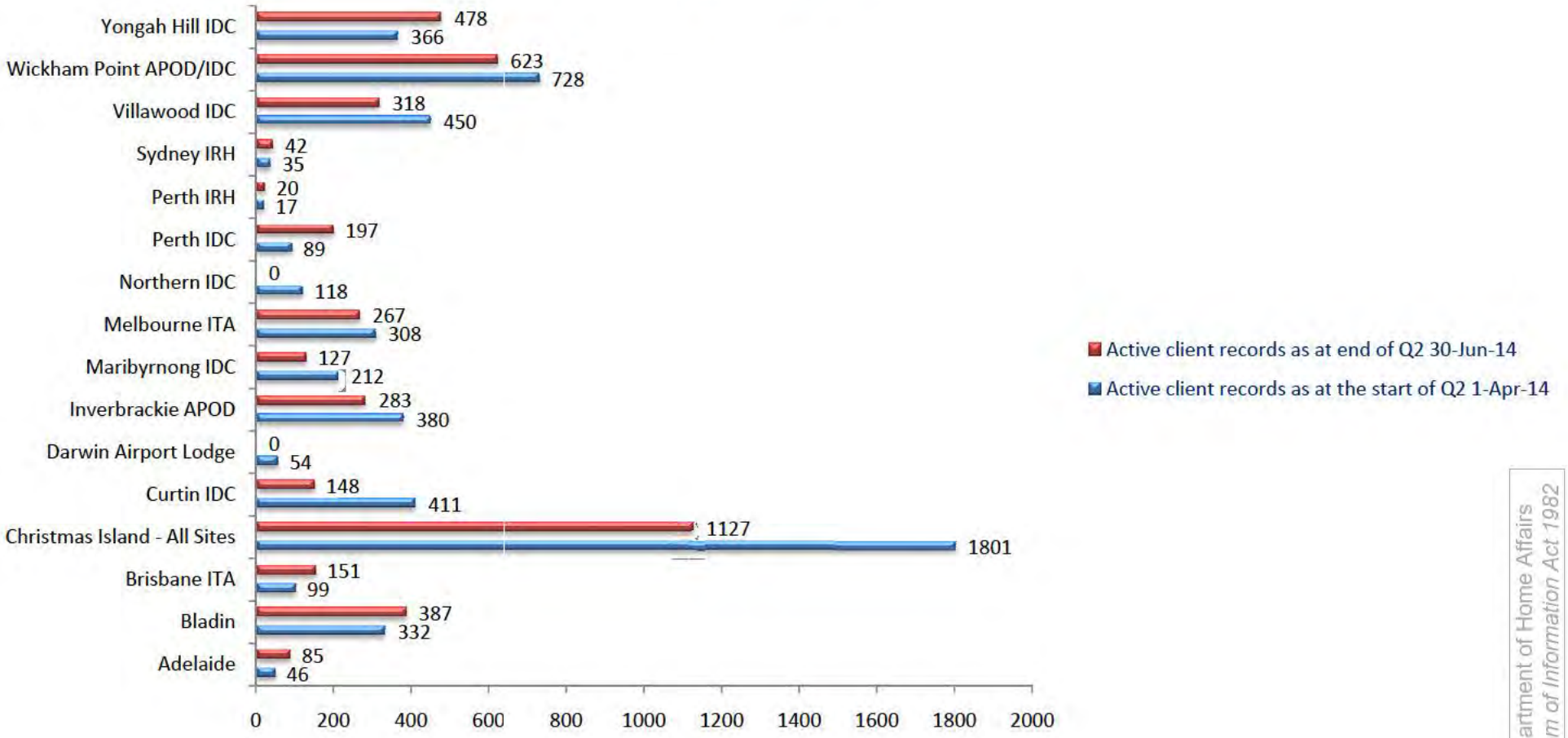
2. Detainee Cohort

2.1. Number of Active Detainee Records

The detainee cohort in this dataset includes all persons who have an active record in Apollo and their location is an Australian Immigration Detention Facility (AIDF) as of 1 April 2014. It also includes those who entered an AIDF during the period 1 April 2014 to 30 June 2014. Each detainee in the cohort has an end date which is either 30 June 2014, for those remaining within an AIDF at the end of the period; or between 1 April 2014 and 30 June 2014, implying they have left detention facilities during the quarter.

Detention Facility	Active detainee records as at the start of Q2 1-Apr-14	Active detainee records as at end of Q2 30-Jun-14
Adelaide	46	85
Bladin	332	387
Brisbane ITA	99	151
Christmas Island - All Sites	1,801	1,127
Curtin IDC	411	148
Darwin Airport Lodge	54	0
Inverbrackie APOD	380	283
Maribyrnong IDC	212	127
Melbourne ITA	308	267
Northern IDC	118	0
Perth IDC	89	197
Perth IRH	17	20
Sydney IRH	35	42
Villawood IDC	450	318
Wickham Point APOD/IDC	728	623
Yongah Hill IDC	366	478
Total	**5,446**	**4,253**

Active detainee records as at the start and end of Q2 Apr - Jun 2014

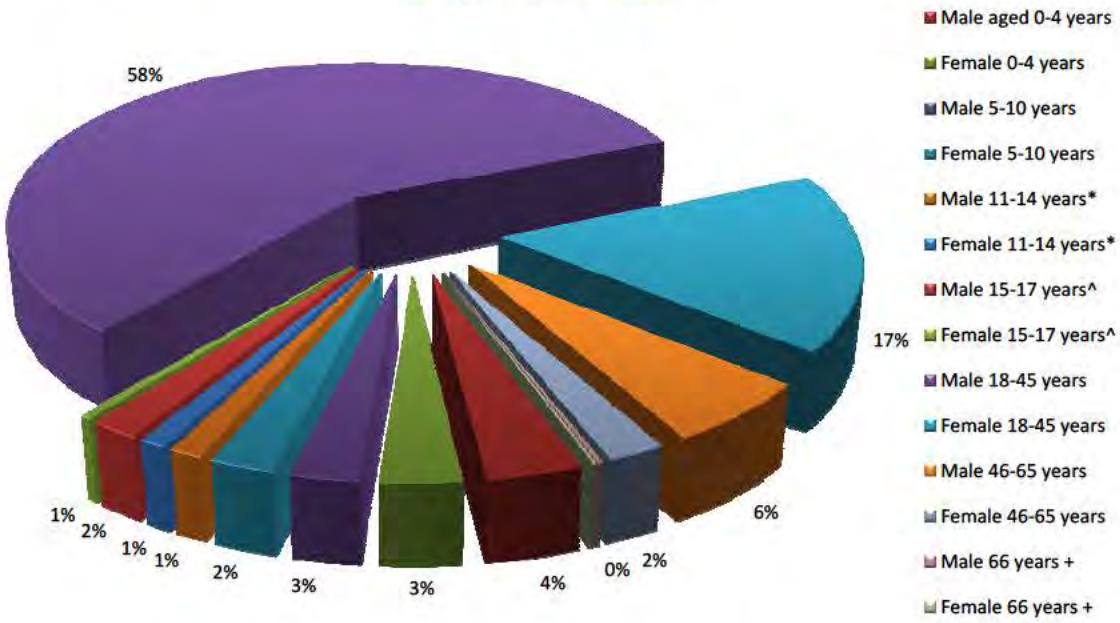


2.2. Age grouping

Age groupings in Q2 mirrored those of Q1. This would reflect a stabilising population within the detention network. The age grouping brackets have changed at the request of the department for this, and future, health data sets. The age grouping now breaks down age groupings by gender.

Age Groupings	Total	% of total IDF population during Q2
Male aged 0-4 years	196	4%
Female 0-4 years	168	3%
Male 5-10 years	141	3%
Female 5-10 years	132	2%
Male 11-14 years	68	1%
Female 11-14 years	57	1%
Male 15-17 years	103	2%
Female 15-17 years	27	1%
Male 18-45 years	3,082	58%
Female 18-45 years	919	17%
Male 46-65 years	321	6%
Female 46-65 years	120	2%
Male 66 years	11	0%
Female 66 years	8	0%
Totals	**5,353**	**100%**

Age grouping of detainees within the immigration detention network Q2 - 01 Apr - 30 Jun 2014



As per the previous health data set, there remains a wide cross section of age groups in the detention network from ages 0 to 66+. Because of this IHMS provide a wide range of primary health care activities which cater for the different age groups within the detention population.

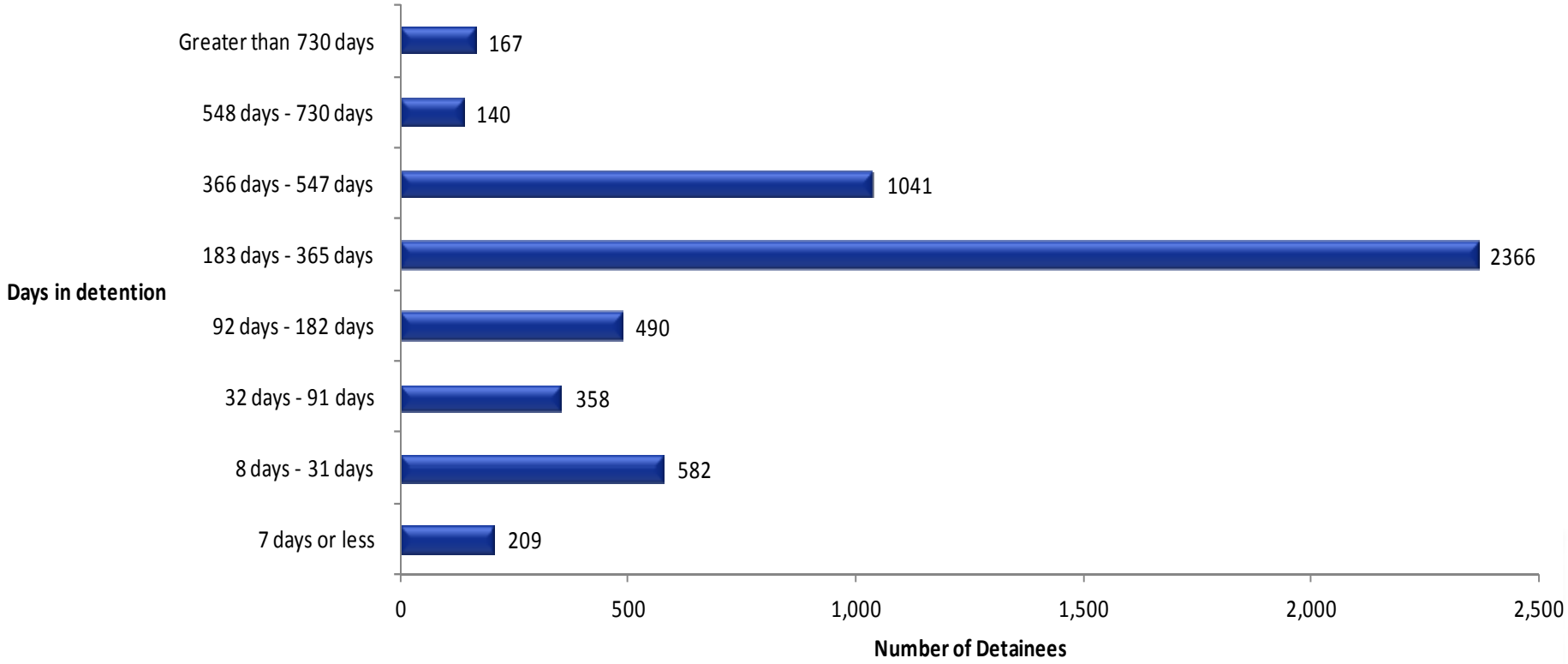
As 17% of the detention population are under the age of 18, IHMS have responded by ensuring that the IHMS clinical workforce has the appropriate skillset to meet the demands of this age group. Suitably qualified clinicians such as paediatric nurses and child health nurses have been employed at locations where minors are located.

IHMS has also developed and implemented a universal pathology screening in minors program this quarter based on Australian Society of Infectious Diseases guideline and advice from the Chief Medical Officer of the Department. This program aims to routinely screen all children in detention to aid early detection and intervention of disease in this age group. This suite of tests includes FBE, Ferriton, Strongyloides Igg, HIV, Syphilis, Hepatitis BC, Vitamin D, Schistosomiasis and Malaria. This program also includes a single Prophylactic dose of Albendazole which is an Antiparasitic treatment. This ensures that all children who arrive into Australia from endemic countries have been treated for Helminthiasis.

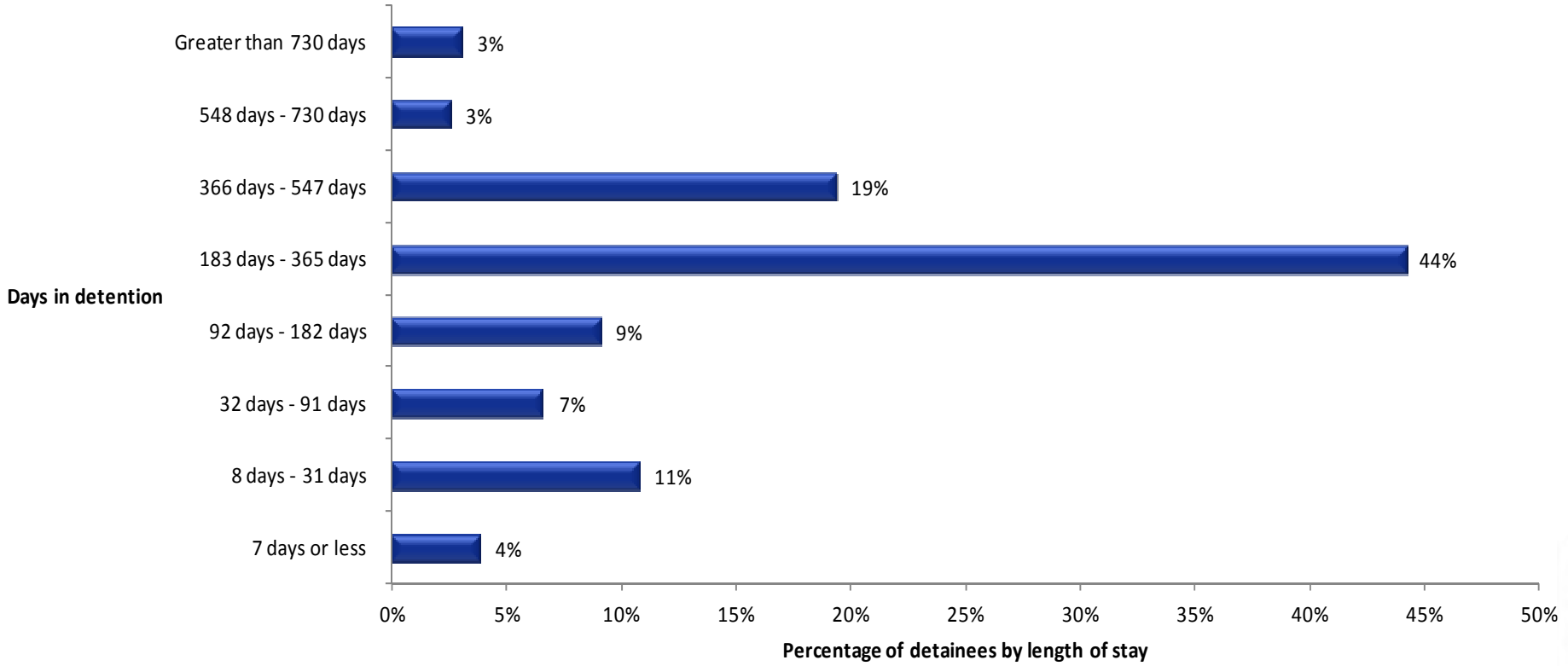
2.3. Length of stay

Length of stay Mainland and Christmas Island	Total	Percentage of total population 01 Apr - 30 Jun 2014
7 days or less	209	4%
8 days - 31 days	582	11%
32 days - 91 days	358	7%
92 days - 182 days	490	9%
183 days - 365 days	2,366	44%
366 days - 547 days	1,041	19%
548 days - 730 days	140	3%
Greater than 730 days	167	3%
Grand Total	**5,353**	**100%**

Total number of detainees in detention facilities by length of stay
Q2 -01 Apr - 30 Jun 2014



Percentage of total population by length of stay
Q2 01 Apr - 30 Jun 2014



Primary Health

3. Primary Health

3.1. Introduction

Primary Health Care is provided by the medical professional with whom the patient has initial contact (DOHA, 2005). It is often referred to as the first line and the most important component of a health care system serving as the gateway to secondary and tertiary health care which are the medical specialists and the hospitals. Community general practice clinics are widely accepted as the cornerstone of Primary Health Care in a system comprising of community nurses, community allied health professionals and community dental practitioners.

IHMS have been contracted by the Department of Immigration to provide the primary health care service within the Australian detention network. The foundations of this health service are the onsite integrated multidisciplinary IHMS medical facilities located on each of the detention centres on mainland Australia and Christmas Island. The care is provided by an experienced team of primary health care professionals including IHMS General Practitioners (GPs), Registered Nurses (RNs) and Dental practitioners with support from a comprehensive network of allied health professionals. In response to the well-known challenges of mental health in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network.

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

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health. (AIHW 2008). This has been a key focus for IHMS particularly in the last 3 quarters as the detainee population has stabilised and the average length of stay has increased.

IHMS has also worked closely with the department to provide a level of extended health services in remote locations such as Christmas Island. IHMS visiting specialists including obstetricians and sonographers have played a key role in providing healthcare to the detainee population on Christmas Island with regular visits to the island. Specialist visits to Christmas Island in this quarter have included:

1) Sonographer

2) Physiotherapist

3) Optometrist

4) Obstetrician/Gynaecologist

5) General Physician

6) Paediatrician

These visits have also had the benefit of enhancing specialist access to local Christmas Island residents with IHMS visiting specialists having time allocated to consult local citizens of Christmas Island as well.

IHMS has also responded to the challenges of remote medicine by increasing its utilisation of Tele-health. This enables IHMS to conduct onsite specialist consults using this modality with a wide network of accessible IHMS specialists on mainland Australia.

3.2. Consultations

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only) Q2 - Apr – Jun 2014			
IHMS Primary Health Care	**Total number of consults**	**No. of unique persons**	**% of total IDF population during Q2 2014**
GP	28,302	3,343	62.45%
Paramedic	789	305	5.70%
Primary Health Nurse	57,342	4,645	86.77%
Mental Health Nurse	17,207	3,218	60.12%
Psychologist	5,679	1,444	26.98%
Counsellor	6,409	1,719	32.11%
Psychiatrist	1,830	482	9.00%
Physiotherapist	147	52	0.97%
Total	**117,705**	**15,208**	**N/A**

Primary Health Nurse consults make up nearly 50% of all clinical consults in this quarter which is reflective of IHMS's nurse led model of care. Requests to see a health clinician is triaged by the primary health nurse who reviews the details of the request and the detainee is provided with an appointment within 72 hours or earlier if appropriate. Detainees whose request has been triaged for a nurse consultation may be referred for a GP consultation where the nurses are unable to diagnose or provide the required treatment. About a quarter of all clinical consults are GP consults.

3.3. Pathology referrals

According to the table below, Full Blood Count (FBC) is the number one ordered pathology test by IHMS GPs in this quarter. This is in line with the referral patterns of Australian community GPs with the BEACH data indicating that FBC is also the number one test ordered by GPs in the community. Full blood count is a first line pathology assessment and provides a broad view of the multiple components of a detainee's blood. Liver function tests provide an indication of the effectiveness of liver function. Where abnormalities are identified in the assessment of the blood sample this is a trigger for more targeted investigation and/or treatment.

The numbers in the below table do not include the routine pathology screening tests performed during the initial HIA.

Pathology referrals Excluding Health Induction Assessment pathology Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014		
Pathology Type	**No. Referrals**	**No. Persons**
Full Blood Count (FBC)	1,365	917
Liver Function Test (LFT)	1,228	705
Urea Electrolytes (UE)	628	427
Glucose Tolerance Test (GTT)	24	20
HbA1C	183	127
Creatinine	159	107
Fasting Triglycerides	240	183
HIV (BBv)	541	411
Hep B	828	556
Hep C	586	439
VDRL (Syphilis)	536	404
TOTAL	**6,318**	**4,296**
% total IDF population during Q2	**N/A**	**80%**

3.4. Allied health referrals

39% of the detention population had an allied health referral in this quarter. Allied health is accessed through our network of public and private providers.

Allied referrals Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014		
Allied Health Referral Type	**No. Referrals**	**No. Persons**
Dental	1,258	702
Physiotherapy	1,250	261
Pathology	944	609
Torture and Trauma Counselling	944	241
Optometry	354	294
TOTAL	**4,750**	**2,107**
% total IDF population during Q2		**39%**

The number of T&T referrals will likely relate to the 241 detainees that have previously disclosed T&T and initially declined T&T referral. These detainees have since accepted a T&T referral.

3.5. Radiology Referrals

Radiology referrals - excluding HIA Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage (of total)	
X-ray*	585	57.58%	459	66.23%	1. Chest 2. Spine - Lumbar 3. Knee - Right 4. Knee - Left 5. Spine - Cervical
Ultrasound*	323	31.79%	275	39.68%	1. Abdomen 2. Other 3. Pelvis - Female 4. Obstetric 5. Renal
CT Scan*	73	7.19%	68	9.81%	1. Head 2. Spine - Lumbar 3. Brain 4. Renal 5. Chest
MRI*	21	2.07%	20	2.89%	1. Periphery 2. Head 3. Abdomen 4. Thorax
Mammography*	11	1.08%	10	1.44%	1. Bilateral +/- Ultrasound 2. Plain bilateral 3. Biopsy
TOTAL	1,013	N/A	832	N/A	N/A
% total IDF population during Q2	N/A	18.9%	N/A	15.5%	

*Includes multiple SNOMED groupings.

As in the Australian community Chest X-rays are the most common radiological examination undertaken.

Radiological examinations of the knee and lower back may be reflective of minor injuries resulting from sporting activities. In the broader community individuals with a sporting injury would be more likely to attend the emergency department of a hospital than make an appointment with their GP. Detainees with a minor injury have access to the IHMS clinic where these types of presentations are immediately triaged, assessed, investigated and treated. Referral for serious injury and treatment, not able to be provided in an IHMS clinic, is made to the local public hospital.

3.6. Specialist referrals

Specialist referrals Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014		
Specialist Referrals	**No. Referrals**	**No. Persons**
Gynaecology and Obstetrics	135	58
Ophthalmology	92	80
Cardiology	80	46
General Surgery	75	57
Infectious Diseases	68	43
TOTAL	**450**	**284**
% of total IDF population during Q2		**5%**

Gynaecology and obstetrics make up the majority of referrals due to the number of pregnant cases in our network which require multiple consultations throughout their pregnancy as part of comprehensive antenatal care as per Australian guidelines. 5% of the total IDF population was referred to a specialist in this quarter.

3.7. Hospital admissions

IDF Location	Total	No. of individual hospitalised
Christmas Island	30	26
NSW	22	19
NT	106	81
QLD	22	15
SA	34	30
VIC	54	48
WA	27	26
Total	**295**	**245**
% of total IDF population during Q2		**5%**

Most hospital admissions in the network occurred in the Northern Territory. This is the case as the majority of medical transfers from Christmas Island and offshore locations which require hospital intervention are transferred to Darwin for treatment.

IHMS continues to work closely with the Royal Darwin Hospital in order to facilitate these medical transfers. IHMS has regular meetings with management and key clinicians at the Royal Darwin Hospital in order to maintain a good working relationship with the hospital to ensure that the patients receive optimum care in a timely manner.

3.8. GP encounters by health groupings

GP consult encounter Health groupings Q2 - 2014	Total number of GP encounters
Digestive	2,942
Musculoskeletal	2,419
General Unspecified	2,224
Psychological	1,795
Skin	1,605
Respiratory	1,364
Endocrine / Metabolic & Nutritional	1,156
Neurological	831
Genital	821
Cardiovascular	649
Eye	634
Ear	546
Injury	537
Urological	522
Pregnancy / Childbearing / Family Planning	497
Social	341
Blood / Blood forming organs	190
Grand Total	**19,073**

The above table indicates GP encounters only. This table does not include Psychiatrist or Primary, mental health nurse encounters. It also excludes encounters for administrative or non-disease related matters. One detainee may present for the same condition repeatedly over the quarter or be captured across multiple medical problems. Clinical coders capture two or more health problems in one encounter if relevant to that individual detainee.

The top 3 health groupings as seen by IHMS GPs in this quarter were digestive, musculoskeletal and general unspecified. This is similar to the previous quarter and does not highlight any concerning significant new patterns for this quarter. Digestive complaints include gastroenteritis, nonspecific abdominal pain, heart burn, nausea, vomiting and diarrhoea.

The IHMS GP assesses and manages most cases in this health grouping with onward referral to a gastroenterology specialist where clinically indicated. In remote locations such as Christmas Island, the management of complex digestive cases have been aided this quarter by the availability of Tele-health consults through a specialist IHMS gastroenterologist on the mainland.

In regards to the musculoskeletal complaints, IHMS has also responded by providing a physiotherapy service on Christmas Island. Mainland sites have access to physiotherapists through IHMS's vast network of credentialed physiotherapy providers.

Medications and vaccinations

4. Medications

4.1. Medication usage in IDFs (Top 20)

Medication usage (Top 20) Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014		
List of medications	No. of detainees in IDFs receiving during Q2	% of total IDF population during Q2
Penicillins	497	9%
Nonsteroidal anti-inflammatory agents	496	9%
Hyperacidity, reflux and ulcers	410	8%
Antidepressants	370	7%
Simple analgesics and antipyretics	315	6%
Narcotic analgesics	271	5%
Vaccines	253	5%
Antihistamines	213	4%
Combination simple analgesics	185	3%
Sedatives, hypnotics	182	3%
Topical corticosteroids	180	3%
Anthelmintics	163	3%
Rubefacients, topical analgesics/NSAIDs	156	3%
Laxatives	154	3%
Topical antifungals	149	3%
Antiemetic's, anti-nauseants	132	2%
Topical nasopharyngeal medication	132	2%
Antipsychotic agents	118	2%
Cephalosporins	112	2%
Other antibiotics and anti-infectives	108	2%

The total number of prescriptions includes active and inactive detainees. If a detainee's file went from active to inactive during this quarter the prescription data is captured as part of the total Q2 data.

Non-steroidal, anti-inflammatory and hyperacidity and reflux medications are among the top 3 types of medications used in the detention population in the last quarter. This correlates with the common diagnoses of digestive and musculoskeletal complaints in the previous section.

Hyperacidity and reflux medications are also in the top 3 prescribed medications by community Australian GPs which correlates with the high usage rate in the detention population

Penicillin is a common antibiotic which is utilised in a number of bacterial infections. Its usage in the Australian community is mainly as a treatment for bacterial respiratory tract infections which is the same in the detention population. (Brill, D, 2013 Australian Doctor, Top 10 most prescribed drugs);

4.2. Medication usage by schedule

Medication prescriptions by Schedule Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse prescriptions**
S2	1,685	6	8,317
S3	1,195	5	558
S4	8,314	594	5,257
S8	105	4	4
Unscheduled	2,360	3	1,563
Grand Total	**13,659**	**612**	**15,699**

There are two ways in which medications are distributed. IHMS provides medications through face to face medication rounds and also through blister packs where the detainee can be supplied with up to two weeks supply of their prescribed medication.

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

Source: *Scheduling Basics;* http://www.tga.gov.au/industry/scheduling-basics.htm#.U87iAI2KDct

4.3. Medication trends

Medication trends			
% of total population during Q2			
Medications	Oct – Dec 2013	Jan - Mar 2014	Apr – Jun 2014
Penicillins	N/A	N/A	9%
Nonsteroidal anti-inflammatory agents	N/A	N/A	9%
Hyperacidity, reflux and ulcers	N/A	N/A	8%
Antidepressants	N/A	N/A	7%
Simple analgesics and antipyretics	N/A	N/A	6%
Narcotic analgesics	N/A	N/A	5%
Vaccines	N/A	N/A	5%
Antihistamines	N/A	N/A	4%
Combination simple analgesics	N/A	N/A	3%
Sedatives, hypnotics	N/A	N/A	3%
Topical corticosteroids	N/A	N/A	3%
Anthelmintics	N/A	N/A	3%
Rubefacients, topical analgesics/NSAIDs	N/A	N/A	3%
Laxatives	N/A	N/A	3%
Topical antifungals	N/A	N/A	3%
Antiemetic's, anti-nauseants	N/A	N/A	2%
Topical nasopharyngeal medication	N/A	N/A	2%
Antipsychotic agents	N/A	N/A	2%
Cephalosporins	N/A	N/A	2%
Other antibiotics and anti-infectives	N/A	N/A	2%

5. Chronic diseases

6.1. Primary Health Care Chronic diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014					
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	67	1.5%	0	0%	67
Asthma	47	1.1%	24	2.7%	71
Cancer	5	0.1%	0	0%	5
Cardiovascular	164	3.7%	16	2%	180
Chronic kidney disease	6	0.1%	0	0%	6
Depression	271	6.1%	15	2%	286
Diabetes	95	2.1%	1	0.1%	96
Oral disease	83	1.9%	25	2.8%	108

As this is the first time that IHMS has captured chronic disease we cannot comment on trends in this report. Data from the next health data set will allow us to compare quarters and therefore analyse trends in chronic diseases.

For the purposes of chronic disease and primary health cardiovascular disease is the most prevalent chronic disease amongst the detention population. According to the Australian government Department of Health, cardiovascular disease is also the leading chronic disease in the Australian population.

The chart below outlines chronic diseases by minors (0-17 years old) within the detention network onshore and Christmas Island.

Chronic Diseases by age grouping - Minors (0 - 17 years of age) Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014								
Chronic Disease	0 - 4 years	Age group by %	5 - 10 years	Age group by %	11 - 14 years	Age group by %	15 - 17 years	Age group by %
Arthritis	0	0%	0	0%	0	0%	0	0%
Asthma	12	3%	7	3%	4	0%	1	1%
Cancer	0	0%	0	0%	0	0%	0	0%
Cardiovascular	12	3%	2	1%	1	0%	1	1%
Chronic / kidney disease	0	0%	0	0%	0	0%	0	0%
Depression	0	0%	4	1%	5	0%	6	5%
Diabetes	0	0%	0	0%	0	0%	1	1%
Oral disease	6	2%	18	7%	0	0%	1	1%

The chart below outlines chronic diseases by adults (18-66+ years old) within the detention network onshore and Christmas Island.

Chronic Diseases by age grouping (18 - 66+ years of age) Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014						
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	45	1%	22	5%	0	0%
Asthma	38	1%	9	2%	0	0%
Cancer	2	0%	3	1%	0	0%
Cardiovascular	107	3%	51	12%	6	32%
Chronic / kidney disease	4	0%	1	0%	1	5%
Depression	243	6%	26	6%	2	11%
Diabetes	57	1%	36	8%	2	11%
Oral disease	75	2%	7	2%	1	5%

Primary Health Care - Chronic Diseases by gender Mainland and Christmas Island (IDFs only) Q2 - Apr - Jun 2014					
Chronic Disease ***(Categories taken from the Australian institute of Health and Welfare)***	**Female**	**% (Female)**	**Male**	**% (Male)**	**Grand Total**
Arthritis	25	1.7%	42	1%	67
Asthma	18	1.3%	53	1.4%	71
Cancer	4	0.3%	1	0%	5
Cardiovascular	47	3.3%	133	3%	180
Chronic kidney disease	1	0.1%	5	0%	6
Depression	104	7.3%	182	5%	286
Diabetes	30	2.1%	66	2%	96
Oral disease	25	1.7%	83	2.1%	108

6. Vaccinations

6.1. Vaccinations administered by age group

The 10th Edition of the Australian Immunisation Handbook was released in the second half of 2013 and further updated in January this year. This revision included a number of amendments to the vaccination procedures.

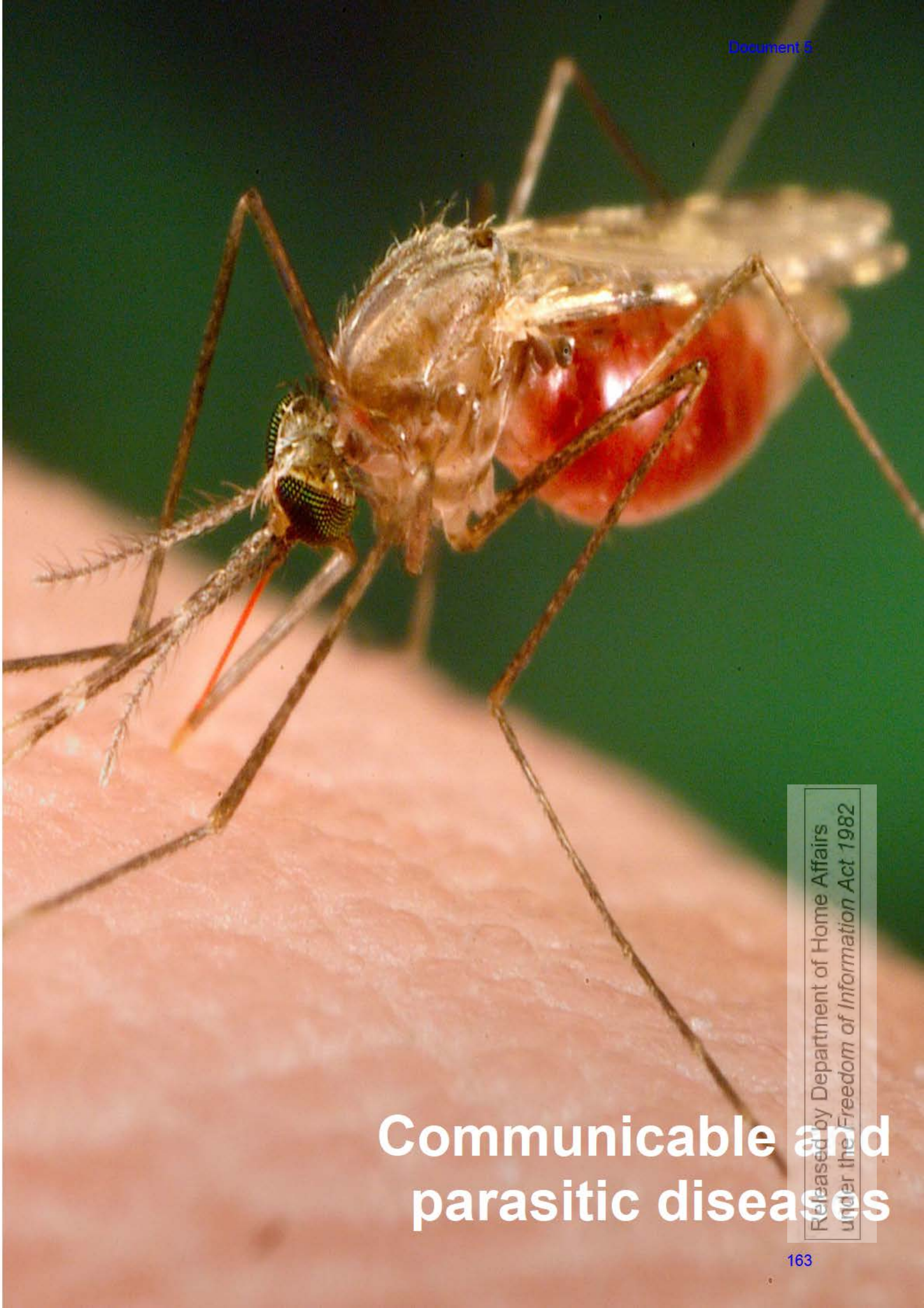
Other changes include extension of the provision of Human Papilloma Virus (HPV) vaccine to boys as well as the inclusion of some new combination vaccines.

The vaccines currently being provided to detainees is consistent with the schedules contained within the Australian Immunisation Handbook 10th Edition. The amendments to the Clinical Practice Guidelines are currently being finalised.

The number of vaccines administered in Q2 2014 is significantly fewer than Q1 2014. This is reflective of the reduced number of new detainees arriving in Q2 and the increased proportion of the network population who have competed their vaccination programme.

Onshore and CI Vaccinations administered – Q2 2014								
Vaccination	0 - 4 years	5 - 10 years	11 - 14 years	15 - 17 years	18 - 45 years	46 - 65 years	66 years +	Total Vaccinations administered
23 PPV	227	7	3	3	122	12	0	374
dT	0	0	0	0	0	0	0	0
DTPa	153	72	30	24	573	53	3	908
dTpa (11 years and over)	2	7	36	29	562	32	1	669
Hep A	8	7	6	1	2	0	0	24
Hep B	3	0	26	41	1219	102	5	1396
Hib	0	0	0	0	0	0	0	0
HPV	0	0	32	33	17	0	0	82
IPV	0	0	0	0	3	0	1	4
Jap E	0	0	0	19	21	2	0	42
MenCCV	14	3	2	3	245	21	0	288
MMR	10	7	2	0	165	11	0	195
MMRV	0	0	0	0	0	0	0	0
Typh IM	0	0	0	0	0	0	0	0
VZV	52	46	19	5	330	26	1	479
Total	469	149	156	158	3259	259	11	4461

All persons in the detention network receive a schedule of vaccinations which IHMS provides in line with the Australian Immunisation schedule. The only exceptions are detainees who do not consent to vaccinations or detainees who have documented evidence of completed vaccinations prior to arrival in Australia.



Communicable and parasitic diseases

7. Communicable Diseases

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

Communicable, infectious and parasitic diseases New cases identified in IDFs (Mainland and Christmas Island) 01 Apr 2014 - 30 Jun 2014	IDFs (Mainland and Christmas Island)
Contagious (human to human, including Sexually Transmitted Infections)	
Chickenpox	0
Chlamydia	2
Gonorrhoea	0
Hepatitis A	0
Hepatitis B (incl active and carrier states)	27
Hepatitis C	4
HIV	0
Measles, Mumps, Rubella	0
Pertussis (Whooping Cough)	0
Syphilis	11
Tuberculosis - Active	1
Typhoid	0
Non-contagious (via mosquitoes or parasites)	
Dengue	0
Malaria	1
Schistosomiasis	0
Strongyloidiasis	0
GRAND TOTAL	**46**

#
Hepatitis B was the number one diagnosed communicable disease in the detention population in this quarter. These cases were picked up due to IHMSs routine Health Induction on Arrival screening which include pathology tests for a number of infectious diseases. These cohorts of new Hepatitis B cases were new arrivals of Illegal Indonesian foreign fisherman who were detained in Darwin. Hepatitis B is endemic in countries such as Indonesia so it is not unexpected that a percentage will test positive to Hepatitis B.

IHMS manages this cohort in consultation with infectious diseases unit across the network.

There was also 1 case of malaria that was diagnosed in Darwin in an illegal foreign fisherman. Due to IHMSs experience with infectious disease this case was able to be detected early, with immediate referral and isolation to the Centre Disease Control, thus preventing any potential outbreak on Australian shores.

IHMSs robust screening of infectious disease in all new arrivals into the Australian detention network is the cornerstone of preventing potential exotic infectious diseases outbreak in the Australian population.

The following chart further breaks down the monitoring of communicable, infectious and parasitic diseases by IHMS across the entire Onshore and Christmas Island network.

Disease	All detention types in IDFs/Total (IMAs & Non IMAs)	IMAs only	% of total IDF population during quarter	Minors	% of total IDF Minors population during quarter
Contagious (human to human, including Sexually Transmitted Infections)					
Chickenpox	0	0	0 %	0	0 %
Chlamydia	2	1	0.04 %	0	0 %
Gonorrhoea	0	0	0 %	0	0 %
Hepatitis A	0	0	0 %	0	0 %
Hepatitis B (incl active and carrier states)	27	1	0.50 %	0	0 %
Hepatitis C	4	0	0.07 %	0	0 %
HIV	0	0	0 %	0	0 %
Measles, Mumps or Rubella	0	0	0 %	0	0 %
Pertussis (Whooping cough)	0	0	0 %	0	0 %
Syphilis	11	1	0.21 %	0	0 %
Tuberculosis - active	1	0	0.02 %	0	0 %
Typhoid	0	0	0 %	0	0 %
Total	45	3	0.84%	0	0%
Non-contagious (via mosquitoes or parasites)					
Dengue	0	0	0 %	0	0 %
Malaria	1	0	0.02%	0	0 %
Schistosomiasis	0	0	0 %	0	0 %
Strongyloidiasis	0	0	0 %	0	0 %
Total	1	0	0.02 %	0	0 %
Grand Total	46	3	0.86 %	0	0 %

Disabilities

8. Disabilities

8.1. Disabilities (Mainland and Christmas Island)

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

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

Types of Disability
No. of people in IDFs (IMAs and Non-IMAs)
Q2 Apr - Jun 2014

Description	Christmas Island		Mainland		Total
	No. Adults	No. Minors	No. Adults	No. Minors	
Amputation	3	0	3	0	6
Cognitive	0	0	1	0	1
Developmental	0	0	0	6	6
Functional impairment	8	0	13	1	22
Hearing impairment	4	1	10	8	23
Visual Impairment	6	0	5	0	11
Other (Epilepsy, Lupus)	0	0	3	2	5
Total	21	1	35	17	74

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

The chart below outlines by Quarter the approximate % of disabilities across the IDF population.

Total Disabilities as Percentage of IDF Population (IMAs and Non-IMAs) Mainland and Christmas Island (IDFs only)		
As at (as per quarter)	No. of detainees	Approx. % of IDF population at given date
30 Jun 2014 - Q2	74	1.4%
31 Mar 2014 - Q1	38	0.5%
31 Dec 2013 - Q4	79	1.3%
30 Sep 2013 - Q3	67	1.1%
30 Jun 2013 - Q2	67	0.7%
31 Mar 2013 Q1	43	0.6%
31 Dec 2012 - Q4	73	1.0%

Mental Health

9. Mental Health

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

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

In this reporting period the implementation of the new IHMS electronic medical record system Apollo has resulted in a significant improvement in data quality with improvements in accuracy of diagnostic and medication prescribing data, and has enabled a comparison between results obtained using the previous and current screening instruments.

9.1. Mental Health Screening

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

The HoNOS screening tool was adopted in Q1, 2014, and the HoNOSCA screening tool for children and adolescents was introduced in Q2, 2014. While the results of these screenings are not included here, IHMS will continue to discuss the results of the various screening tools with the Department in appropriate forums.

9.2. Mental health related encounters with GPs

In the Australian community, health care is typically coordinated by a GP, including mental health matters. Almost all Australians (82%) attend a GP at least once during any given year. GPs provide by far the majority of the 100 million non-specialist services to the population that are paid by Medicare[1] at an average rate of 5.4 per person[2]. There are more than 17,000 registered general practitioners (GPs) in Australia or one GP per 974 persons.

Bettering the Evaluation And Care of Health (BEACH), overseen by the BEACH Advisory Board, collects detailed information about Australian GP clinical activity, pharmacological management, tests and investigations undertaken.

We can consider the rates of problems and encounters with IHMS GPs for mental health related matters and compare with the BEACH data for the Australian community.

It is important to note that the BEACH data cannot be used to estimate incidence as encounters include new cases and follow up GP consults for a 'problem'.

The following tables do not include detainee mental health psychiatrist or mental health team encounters. The following chart indicates the number of GP encounters relating to mental health 'problems' for Q2 Apr – Jun 2014.

Unique GP presentations/encounters related to mental health Mainland and Christmas Island Q2 - Apr - Jun 2014			
Age band (years)	**No. unique GP presentations**	**No. related to mental health**	**% related to mental health**
0-4	1211	32	2.6%
5-10	477	47	9.9%
11-14	158	19	12.0%
15-17	271	24	8.9%
18-45	10,507	1103	10.5%
46-65	1322	112	8.5%
66 +	68	1	1.5%
Total	**14014**	**1338**	**9.5%**
		Minors %	**5.8%**
		Adults %	**10.2%**

The annual report of BEACH data for 2012-13 indicates that 13.1% of encounters (presentations) with a GP in Australia included a psychological matter.[3]

[1] Commonwealth Department of Health and Aged Care. General practice in Australia: 2000. Canberra: Department of Health and Aged Care, 2000.

[2] Australian Institute of Health and Welfare. Australia's health 2000: the seventh biennial health report of the Australian Institute of Health and Welfare. Canberra: Australian Institute of Health and Welfare, 2000.

[3] *General practice activity in Australia 2012-13*, Sydney University Press, p. 74, accessed at http://ses.library.usyd.edu.au//bitstream/2123/9365/8/9781743323779_ONLINE.pdf on 1 August 2014.

Total number of problems managed related to mental health Mainland and Christmas Island Q2 - Apr - Jun 2014			
Age band (years)	**No. problems managed**	**No. related to mental health**	**% related to mental health**
0-4	1879	32	1.7%
5-10	823	62	7.5%
11-14	275	21	7.6%
15-17	548	29	5.3%
18-45	21,707	1412	6.5%
46-65	2916	138	4.7%
66+	154	1	0.6%
Total	**28302**	**1795**	**6.3%**
		Minors %	**9.3%**
		Adults %	**6.3%**

The annual report of BEACH data for 2012-13 indicates that 8.4% of problems managed by a GP in Australia included a psychological matter.[4]

9.3. Psychiatric admissions to hospital

State/Territory	Jan - Mar 2013	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014
NSW	3	3	1	0	0	0
NT	1	2	5	2	2	4
QLD	7	1	5	5	14	1
SA	1	0	0	2	0	0
VIC	4	3	4	2	2	0
TAS	0	1	0	0	0	N/A
WA (incl. Christmas Island)	0	0	2	4	4	2
Total	**16**	**10**	**17**	**15**	**22**	**7**

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

[4] *General practice activity in Australia 2012-13*, Sydney University Press, p. 74, accessed at http://ses.library.usyd.edu.au//bitstream/2123/9365/8/9781743323779_ONLINE.pdf on 1 August 2014.

9.4. Psychotropic Medication

Psychotropic class	Number of psychotropic prescriptions Q2 Apr - Jun 2014		
	Adult	Minor	Grand Total
Antidepressants	775	27	802
Antipsychotic agents	263	23	286
Grand Total	**1,038**	**50**	**1,088**

This chart indicates the number of psychotropic medications prescribed by either a GP or a Psychiatrist during Q2. A combination of antidepressant and antipsychotic medication is accounted for in these figures.

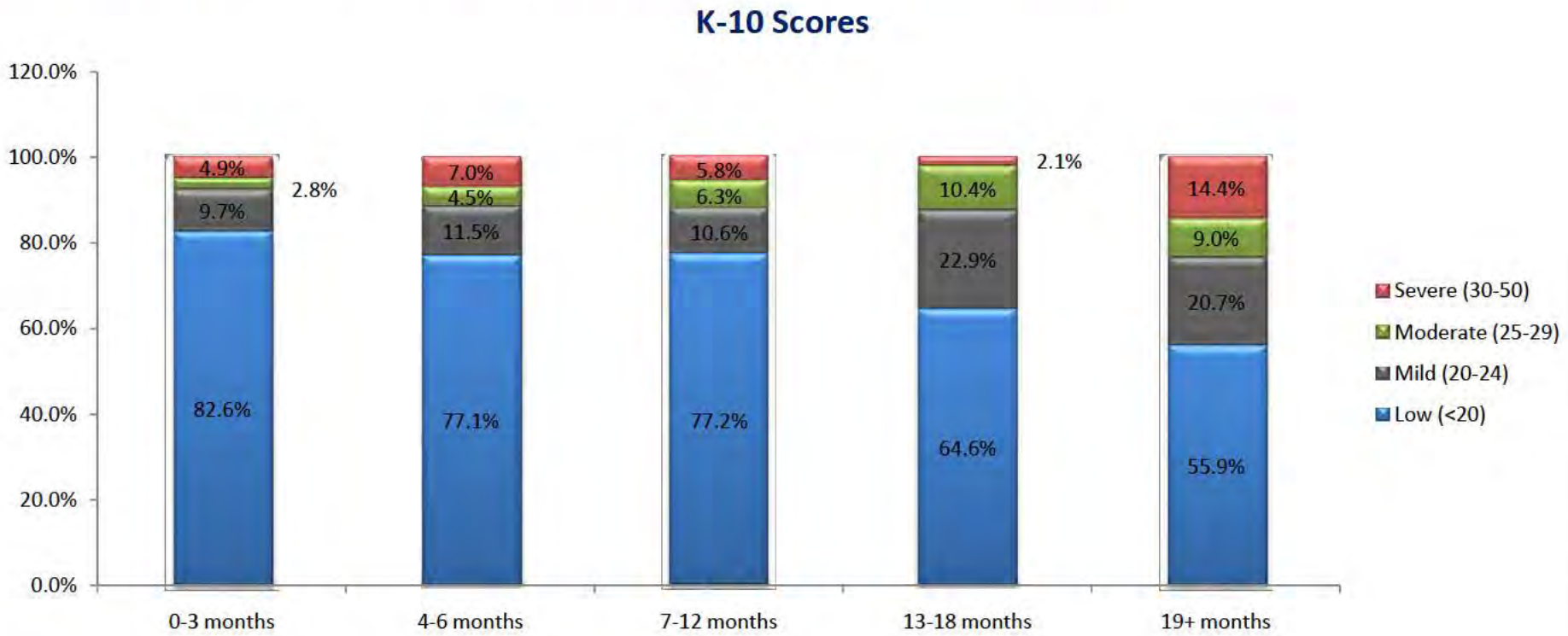
Psychotropic class	Unique detainees Q2 Apr – Jun 2014		
	Adult	Minor	Grand Total
Antidepressants	354	16	370
Antipsychotic agents	111	7	118
Grand Total	**465**	**23**	**488**

9.5. Kessler Psychological Distress Scale (K-10) Q2 - 2014

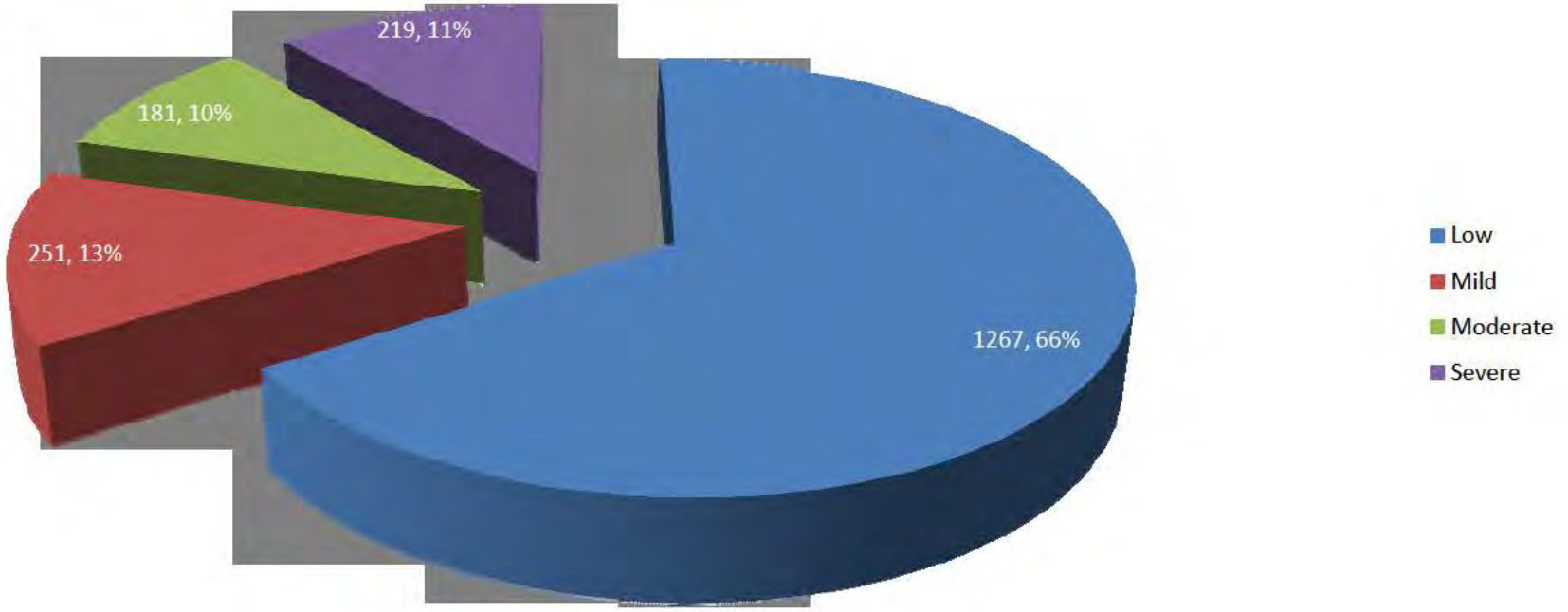
The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric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

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

9.6. Kessler Psychological Mainland and Christmas Island Q2 - 2014



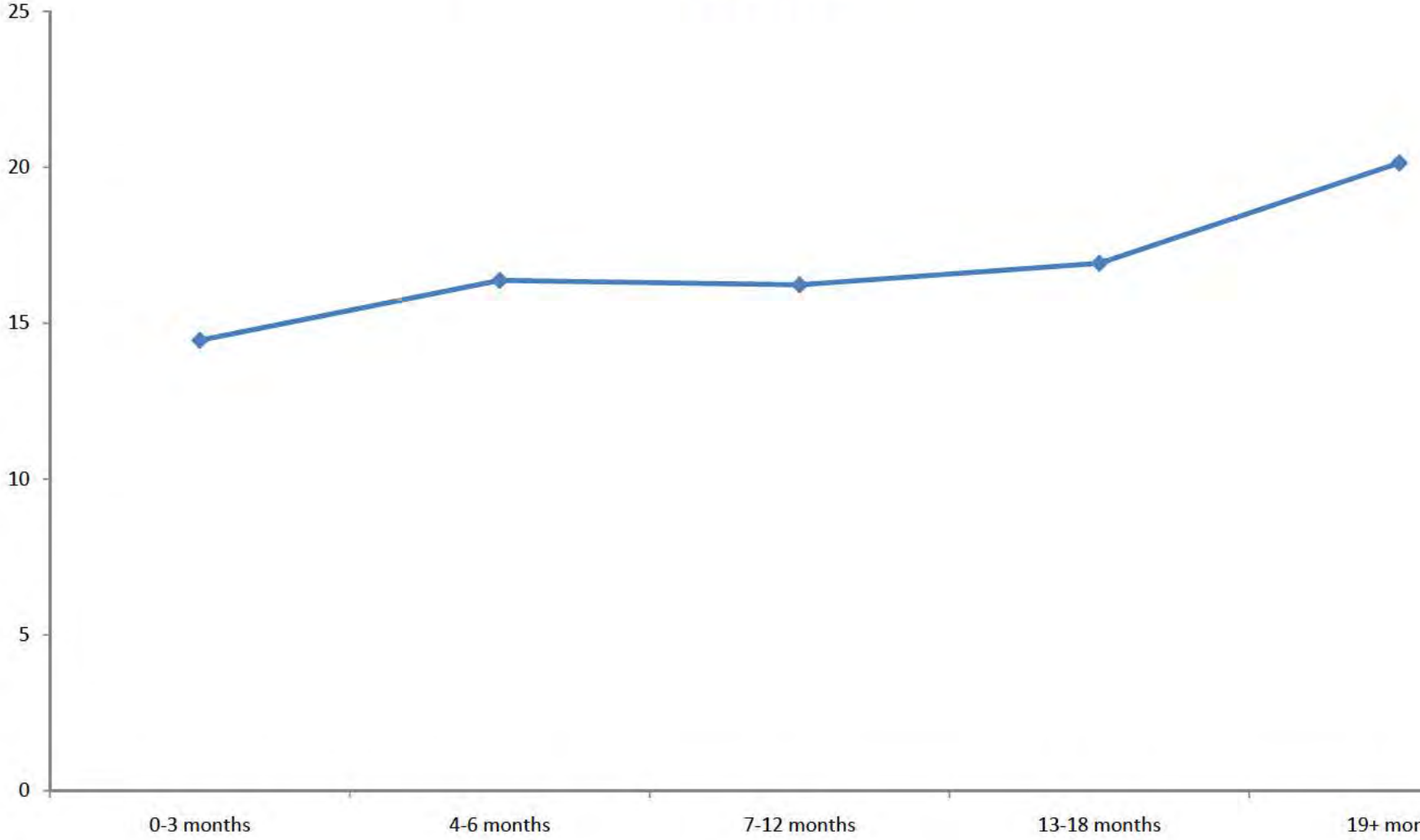
Kessler - 10 Clinical ranges Mainland and Christmas Island
Q2 - 2014



9.7. Kessler Psychological Mainland and Christmas Island scores by length of stay during Q2 - 2014

Months in Detention	Total screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	144	14.45	119	82.64%	14	9.72%	4	2.78%	7	4.86%
4-6 months	157	16.37	121	77.07%	18	11.46%	7	4.46%	11	7.01%
7-12 months	584	16.23	451	77.23%	62	10.62%	37	6.34%	34	5.82%
13-18 months	48	16.92	31	64.58%	11	22.92%	5	10.42%	1	2.08%
19+ months	111	20.14	62	55.86%	23	20.72%	10	9.01%	16	14.41%
Total Detention Population	1044	16.45	784	75.10%	128	12.26%	63	6.03%	69	6.61%
Adult Community Mental Health clients 2011-2012	16 693	19.4	9605	57.50%	2889	17.30%	1957	11.70%	2242	13.40%

K-10 mean scores Mainland and Christmas Island
Q2 - 2014



9.8. Torture & Torture

Identification and Support of Survivors of Torture & Trauma

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

All cases of adults who report trauma or torture are reported to DIBP under the incident reporting policy. Unless considered clinically inappropriate, people who have reported torture and trauma or are suspected of having experienced torture and trauma are asked to complete the Harvard Trauma Questionnaire (HTQ). This is a 16 item instrument that is a measure of the severity of torture and trauma related symptoms. Scores of 2.5 and above indicate a symptom profile that correlates to a clinical diagnosis of Post-Traumatic Stress Disorder (PTSD) according to the standard DSM criteria.

New T&T Disclosures

Facility T&T First disclosed	Number of detainees in IDFs who made new disclosures during the quarter
Adelaide ITA	4
Bladin	15
Brisbane ITA	4
Christmas Island	9
Curtin APOD/IDC	6
Maribyrnong IDC	2
Melbourne ITA	15
Perth IDC/IRH	1
Villawood IDC	14
Wickham Point APOD/IDC	21
Yongah Hill IDC	5
Total	96
% total IDF population during Q2	2%

Trend in New Torture & Trauma Disclosures

Trend in new disclosures (Taken from the table above)			
% of total IDF population during Q2 making new T&T Disclosures			
Jul - Sep 13	Oct - Dec 13	Jan - Mar 14	Apr - Jun 14
N/A	N/A	N/A	2%

ihms

International Health
and Medical Services

Department of Home Affairs

Immigration Detention Health Report

Quarter 3
July – September 2018

Version 1.2

Report written by:

International Health Medical Services (IHMS)

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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

1. 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 in immigration detention. This service has also expanded to include some elements of an Alcohol and Drug service, namely an Opiate Substitution Treatment program at some but not all sites.

In addition to these on-site services, IHMS also now establishes and co-ordinates 'Tier 4' placements for a small number of people whose health needs are greater than can be properly delivered in Detention Facilities. Placements for this group are highly variable, depending in the individuals' specific clinical needs, and may change over time as the health need changes. An example of a 'Tier 4' placement would be a person requiring increased nursing care and then palliative care in the context of a terminal illness, who is not able to be referred to care within the public hospital system for various reasons.

IHMS also undertakes the co-ordinating of health care of persons in Community Placement (previously known as Community Detention), with clinical services for this population being delivered through a network of non-IHMS service providers.

IHMS also provides a Survivors of Torture and Trauma Services co-ordination function, which includes collation and reporting of demographic information on the services provided by external service providers to people referred for Torture and Trauma counselling services.

The Detention facility locations at which IHMS provided health services for the period of 1 July 2018 to 30 September 2018 were:

- North West Point, Christmas Island (CI)
- Yongah Hill Immigration Detention Centre, WA (YHIDC)
- Perth Immigration Detention Centre, WA (PIDC)
- Adelaide Immigration Transit Accommodation, SA (AITA)
- Maribyrnong Immigration Detention Centre, VIC (MIDC)
- Melbourne Immigration Transit Accommodation, VIC (MITA)
- Villawood Immigration Detention Centre, NSW (VIDC)
- Brisbane Immigration Transit Accommodation, QLD (BITA)

To deliver these clinical services IHMS employs general practitioners, primary and mental health nurses, psychiatrists, psychologists counsellors and other clinical professionals. The Opiate Substitution Treatment Program has added the clinical nurse specialist discipline to this staffing profile.

Outside clinic operating hours IHMS supports sites after-hours and public holidays through the Health Advice Service (HAS line), and also an on call doctor service. The HAS line nurse receives calls from the Detention Security Services Provider, and provides triage and where possible management for health issues arising out of hours. HAS line calls may include issues such as public health screening for arrivals out of hours, arranging for medication charting for arrivals out of hours, assisting site nurses with queries to the Medical Director on call, or advising the security service provider on whether a person should be taken to hospital when reporting symptoms afterhours.

IHMS also provides health services including fitness to travel assessments and discharge planning for people returning to country of origin, through a centralised services team. This team liaise with site, the Department, and where necessary aeromedical specialists to prove assessment, discharge planning advice, and on-referrals to other country services where appropriate.

The patient journey through the Detention system involves:

- A Health Induction Assessment (HIA) on entry to detention. This initial health review includes an initial public health screen for infectious diseases, a GP and RN assessment, investigations including blood tests and X-ray, and identifies other health concerns that may require attention while the person is in held detention. Care plans are initiated for many specific health issues, which involve regular points of intervention over time.
- Primary health care consultations. These are delivered by General Practitioners and primary care nurses.
- Vaccines are delivered in line with the current Australian Immunisation Guidelines. During this quarter IHMS has commenced and nearly completed State and Territory vaccination registration for each site.
- Provision of prescribed medications to detainees. For each individual a clinical risk assessment by IHMS contributes to the overall risk assessment in regards to the appropriateness of that person managing their own medication supply. For those people who are not approved for self-administration of medication, IHMS nurses dispense medication daily, including outside normal clinic hours (afterhours and on weekends).
- Specialist and other services provided by external services either through excursion or inreach to sites.
- Mental health care consultations, delivered by mental health nurses, psychiatrists, psychologists and counsellors. GPs also provide input to many mental health conditions.
- A discharge medical examination. This examination focuses on assessment of post-discharge health needs, to inform the discharge process.
- A fitness to travel (FTT) assessment. This assessment is undertaken when a detainee requires air transfer within the network or is returning to their country of origin. For return to country of origin the

FTT is accompanied by a Health Discharge Summary, which considers what post discharge care is recommended.

- Referral to other health services for those entering Community Detention placements, or granted visas to remain in Australia.

2. METHODOLOGY

a) Describing the population IHMS services

IHMS has historically based the quarterly data set on the Apollo Electronic Medical Record (EMR). The ability to generate statistical health information is made easier and also limited by the ability to derive meaningful data from Apollo, and also the need to understand the limitations of that data. The population in detention and at any one site varies from day to day with new arrivals and departures. This complicates the presentation of statistical information on health services, in that there is no stable denominator to calculate percentages, or to compare utilisation rates against over time or between sites.

In this health data set IHMS uses population numbers provided by the Detention Services Security Provider, SERCO, from the 'nominal roll'. This can be likened to describing the number of beds occupied at any given point in time, but does not reflect throughput, and therefore in itself does not accurately reflect workload related to that throughput. For example, if the entire site population turns over in one month, the nominal roll numbers remain the same.

The number of Health Induction Assessments, which are performed on arrival in to the detention network, reflect the number of people entering immigration detention, and provide a useful overall population view of health service utilisation. Looking at 'unique individuals' in Apollo also provides useful information. This is however complicated by frequent movements of people around the detention network within each quarter, for example one person may appear as a 'unique individual' in more than one site statistics during the three month period, limiting the ability to calculate overall illness prevalence without intensive manual data manipulation.

An overview of the number of people in immigration detention facilities can be found at Department of Home Affairs' website link: http://www.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention. Discrepancies between numbers on this website and within this report are due to admissions and discharges from detention occurring during the data calculation period.
IHMS age grouping brackets align with other Department of Home Affairs reports, as follows:

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

b) Describing the IHMS's medical service activities

IHMS clinical activities are described in this report predominantly through the number of appointments and consultations provided by primary and mental health care workers entered in the EMR. At each appointment a 'reason for consultation' is recorded. IHMS also describes on site appointments with subcontracted allied health care workers, and also 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

The Apollo EMR 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. It incorporates diagnostic items, clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceutical substances, devices and specimens. It is not a diagnostic classification system, although a 'reason for presentation' (which may include both pathological and non-pathological items) is recorded at each consultation. Data therefore on ''reasons for presentation' derived from SNOMED in many of the tables in this report do not reflect 'diagnoses' as such, and may include 'normal' findings. For example, the SNOMED 'cardiovascular' code, may include sub codes for '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.

In this report, the 'chronic diseases' described identifies only those codes reflecting actual clinical diagnoses.

3. RESULTS

SECTION A: Describing the immigration detention cohort

a) The Immigration Detention Health Cohort

Table 1 below shows the number of persons in detention as per the nominal roll (i.e., people accommodated on site on the last day of the month). Some detainees in APODs are also captured in the nominal roll. The population at the Darwin APOD is recorded as zero as there were no detainees present at the last day of the month, despite work conducted during the month.

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 Q3 2018.

Facilities	Jul -18	Aug- 18	Sep- 18	Monthly Average	Percentage Change
Adelaide ITA	22	18	17	19	-29.2%
Brisbane ITA	102	131	156	130	79.3%
Christmas Island IDC	174	106	0	93	N/A
Maribyrnong IDC	120	133	121	125	23.5%
Melbourne ITA	137	128	164	143	70.8%
Perth IDC	30	29	36	32	9.1%
Villawood IDC	492	479	512	494	11.3%
Yongah Hill IDC	261	301	212	258	-26.4%
Darwin APOD	0	0	0	0	N/A
Total Population	**1338**	**1325**	**1218**	**1294**	**-8.0%**

The total monthly population average has reduced slightly from 1319 in the last quarter to 1294 this quarter. The population in September 2018 (1218 people) is also a slight decrease over the population in September 2017 of 1234. There have however been significant changes in individual centre populations with BITA, both Melbourne sites and VIDC experiencing significant population increases to allow for the Christmas Island site closure and the partial closure of the Yongah Hill IDC.

This quarter has seen some significant changes to the size of detention facility populations. This is a result of the closure of the Christmas Island Immigration Detention Centre and the completed expansions of BITA and MITA. This data does not represent the large movement of detainee's from Yongah Hill IDC to Christmas Island after a significant event caused damage to its facilities. It is anticipated Yongah Hill's numbers will increase in the first part of the next quarter on completion of repairs to these facilities.

b) Detainees entering detention

Health Induction Assessments on entry to detention are shown in Table 2.

While population numbers on site reflected in Table 1 are relatively stable, the number of HIAs reflects input and output from the network, and the identification of new clinical cases. Initial health screening including, investigations for communicable and non-communicable diseases and mental health assessment; represent significant work effort for IHMS clinicians, and opportunity to establish new care plans for clients with existing or newly diagnosed disease. IHMS and the Department will include consideration of how the screening process for substance use and abuse might be improved at entry to detention in a pending joint Alcohol and Drug workshop planned for October 2018.

Table 2 Health Induction Assessments required by site for Q3 2018.

Health Induction Assessments (HIA) Q3 2018			
Facilities	**Number of detainees requiring HIA**	**On site Population (End of Jun)**	**% HIAs conducted**
Adelaide ITA	42	17	247%
Brisbane ITA	198	156	127%
Christmas Island IDC	0	0	-
Maribyrnong IDC	113	121	93%
Melbourne ITA	319	164	195%
Perth IDC	147	36	408%
Villawood IDC	538	512	105%
Yongah Hill IDC	46	212	22%
Darwin APOD	31	0	-
Total	**1434**	**1218**	**118%**

The percentage of HIAs conducted at each site is a reflection of site turnover. PIDC had the greatest turnover this quarter, as in previous quarters, which are likely a reflection of its position near the Perth airport, with many detainees arriving for relatively short stays prior to departure on international flights. Adelaide ITA has increased to 247% of base population on a reduced population, likely for similar reasons. Melbourne ITA HIA

numbers have had a relative decrease to 195% on 70.8% increase in population. This likely reflects internal transfers from other onshore sites in to MITA rather than new arrivals to the network.

The number of HIAs performed has decreased 12.0% from quarter two 2018 and 29.0% from quarter three 2017. During this period the static population has decreased 8.0% from quarter two 2018 and 1.3% from quarter three 2017. The decrease in HIA numbers have been predominantly at Brisbane ITA where there has been a reduction of 25.8% from quarter two 2018 and 31.7% from quarter three 2017 and in Villawood IDC, that has seen a reduction of 10.9% from quarter two 2018 and 38.4% from quarter three 2017.

c) Detainees leaving detention immigration

A Health Discharge Assessment (HDA) is requested when a detainee may be discharged from a detention facility. However, this measure does not include rapid visa turnarounds, and may not reflect all departures as HDAs are voluntary, and detainees may refuse them.

Table 3 below shows HDA activity. The total number of completed HDAs has decreased this quarter (excluding Darwin data due to data connectivity issues) from 728 in quarter two 2018 to 601 during the last three months. During this quarter three sites have had significant changes in volume, MITA has dropped from 126 to 94 (-25.4%) and has experienced a population increase from 96 to 164 (70.8%). Villawood has dropped from 275 to 244 (-11.3%) and has experienced a population increase from 460 to 512 (11.3%). Conversely, Yongah Hill has had a population reduction due to the partial closure from 288 to 212 (-26.4%) and also a reduction in HDAs 154 to 90 (-41.6%).

Overall the total end of quarter population has reduced from 1324 to 1218, a reduction of 106 detainees. During this period 1434 HIAs were requested. Of those, 601 HDAs were completed, and 268 HDAs were cancelled (i.e., a total of 869 HDAs completed or cancelled). This can be extrapolated to mean that 671 detainees have left detention without a completed HDA. This is a 33.9% reduction from last quarter when 1015 detainee left detention without a completed HDA.

Table 3 Health Discharge Assessments that were cancelled completed or remain open for Q3 2018

Health Discharge Assessments (HDA) Q3 Jul – Sep 2018						
Facilities	**Number of cancelled HDAs**	**Number of completed HDAs**	**Number of open HDAs**	**Total**	**Population on site (End of Sep)**	**HDA Activity as % of Pop**
Adelaide ITA	15	16	7	38	17	224%
Brisbane ITA	23	99	12	134	156	86%
Christmas Island IDC	11	1	3	15	0	-
Maribyrnong IDC	20	43	27	90	121	74%
Melbourne ITA	26	94	20	140	164	85%
Perth IDC	3	14	10	27	36	75%
Villawood IDC	133	244	91	468	512	91%
Yongah Hill IDC	33	90	11	134	212	63%
Darwin APOD *	4	0	10	14	0	-
Grand Total	**268**	**601**	**193**	**1062**	**1218**	**87%**

**Percentages are calculated for the total population age grouping during Q3 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*

d) Fit To Travel

When detainees are required to transfer from one site to another within Australia or when they are repatriated, a Fitness to Travel (FTT) assessment is made. These assessments are only currently conducted for people moving on air, not ground transport. FTT assessments are done in conjunction with the HDAs and are a reflection of air 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, such as expert advice around whether a person with a seizure disorder is fit to travel .

FTT numbers have increased by 71.5% from quarter two 2018 primarily due to the two one-off events in the quarter; the Christmas Island IDC closure and the Yongah Hill IDC partial closure. Yongah Hill IDC transfer requests increased by 294% and Christmas Island IDC transfer requests increased by 209%.

Other site movements have also been impacted by these events with Brisbane ITA FTT requests decreasing by 45% and Villawood IDC by 75%.

For some detainees, particularly those with mental health or clinical complexity, FTT requests lead to a cascade of clinical input (e.g.: mental health review to comment on escort requirements) as well as external medical providers (e.g.: specialist review for flight and escort recommendations).

Detainees requiring specialist referrals who are moved between sites may miss scheduled appointments, and need to be re-referred at the new site. This at times delays clinical care and also, where the specialist appointment relates to a clinical condition that is relevant to fitness to fly, such as cardiac or seizure disorders, has the potential to delay positive FTT determinations.

Table 4 Total number of FTT health assessments requested or completed between Immigration Detention Sites for Q3 2018

Fit To Travel (FTT) Q3 Jul - Sep 2018			
Facilities	**Number of FTT Requested**	**Population on site**	**Percentage of FTTs conducted**
Adelaide ITA	11	17	65%
Brisbane ITA	53	156	34%
Christmas Island	587	0	-
Maribyrnong IDC	77	121	64%
Melbourne ITA	53	164	32%
Perth IDC	20	36	56%
Villawood IDC	30	512	6%
Yongah Hill IDC	244	212	115%
Darwin APOD	0	0*	-
Grand Total	**1075**		

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

e) Detainees with Disabilities

The definition for disability used comes from the Disability Services National Minimum Data Set (DS NMDS), 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

Disability figures provided below are not absolutely equivalent to determinations made by doctors e.g. for qualification for National Disability Insurance Service funding. This is because the data is extracted using EMR diagnosis only, and not a specific clinical assessment that investigates degree of functional disability.

Table 5 Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs) presenting to a GP or Psychiatrist

Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs)					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018					
Types of Disability	**IDCs**	**ITAs**	**APODs**	**Adult**	**Minor**
Psychiatric	43	7	0	50	0
Neurological	7	0	0	7	0
Hearing impairment	4	1	0	5	0
Intellectual	2	0	0	2	0
Physical	2	1	0	3	0
Visual Impairment	2	1	0	3	0
Acquired brain injury	1	0	0	1	0
Autism	1	1	0	2	0
Specific Learning Disorder (other than intellectual)	1	0	0	1	0
Development delay	0	1	0	0	1
Grand Total	**63**	**12**	**0**	**74**	**1**
Unique Detainees with a disability	**73**				

Table 6 Total Disabilities as Percentage of IDF Population

Mainland and Christmas Island (IDFs only) Q4 2017- Q3 2018		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
30 Sep 2018 – Q3	73	2.63%
30 Jun 2018 – Q2	53	1.79%
31 Mar 2018 – Q1	56	2.06%
31 Dec 2017 – Q4	26	0.85%

The number of individuals with disabilities attending a GP or psychiatrist appointment has increased over quarter three 2018, continuing the trend over the past year. The increase is predominantly related to psychiatric disability diagnosis, which increased from 42 in quarter two 2018 to 50 this quarter (19%) and neurological disability diagnosis, which increased from four in quarter two 2018 to seven in quarter three (75%).

The reasons for the high number of psychiatric disabilities are likely multifactorial, and may include the increasing length of stay for some individuals in held detention, external variables such as increases in the number of people with serious mental illness entering detention, or unidentified variables such as changes in user entry activity.

SECTION B: Medical service activities

a) Primary and Mental Health Care Consultations

Table 7 Consultations with Primary and Mental Health Care

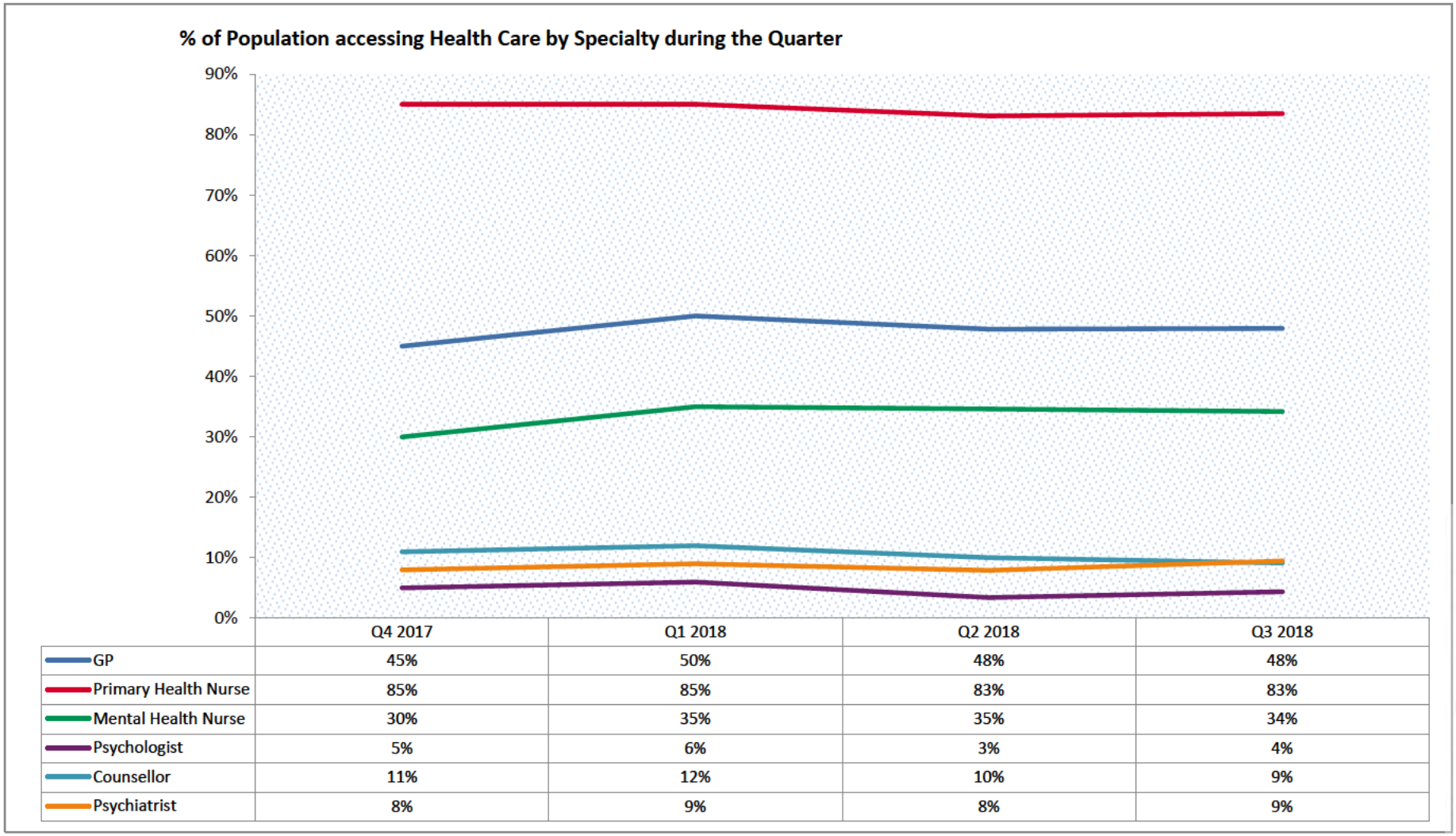
Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)				
Q3 Jul - Sep 2018				
IHMS Primary Health Care	**Total number of consults**	**No. of unique persons seen per speciality**	**Average Consults/Unique Person Attending Consultations**	**% of total population during Q3 2018**
GP	3,684	1,329	2.8	47.9%
Primary Health Nurse	9,909	2,315	4.3	83.5%
Mental Health Nurse	2,606	948	2.7	34.2%
Psychologist	268	122	2.2	4.4%
Counsellor	892	253	3.5	9.1%
Psychiatrist	398	263	1.5	9.5%
Total	**17,757**	**2,426**	**7.3**	

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*.

Table 8 Consultations with Primary and Mental Health Care per Speciality by Age Group by total population

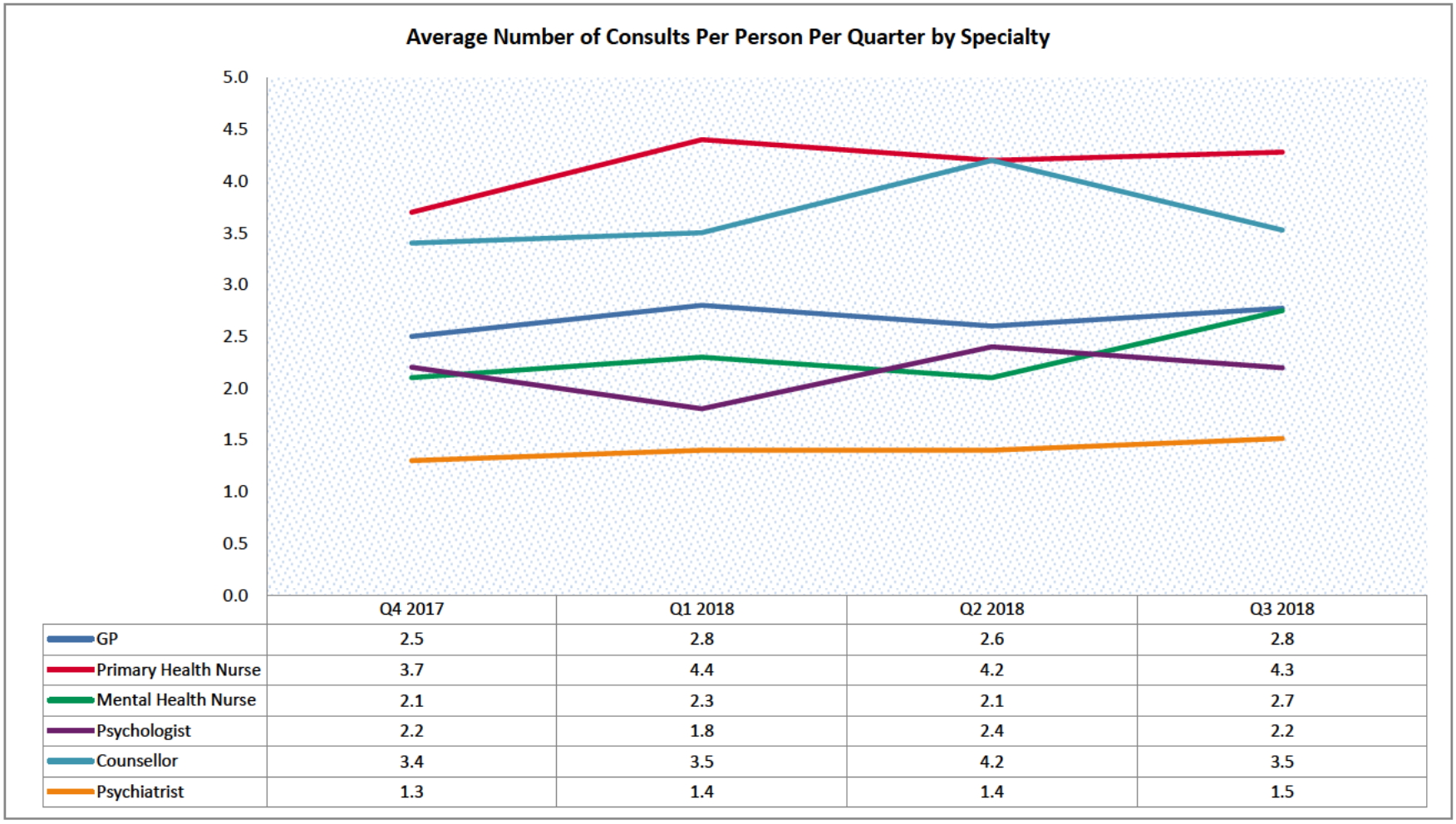
Primary and Mental Health Consultation per Specialty by Age Group by total population										
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018										
IHMS Primary Health Specialty	0-4 years	% (0-4 yrs)	5-17 years	% (5-17)	18-64 years	% (18-64)	65+ years	% (65+ yrs)	Total	% (Total)
GP	5	63%	8	36%	1,285	48%	31	79%	1,329	48%
Primary Health Nurse	7	88%	14	64%	2,259	84%	35	90%	2,315	83%
Mental Health Nurse	0	-	5	23%	924	34%	19	49%	948	34%
Psychologist	0	-	3	14%	118	4%	1	3%	122	4%
Counsellor	0	-	7	32%	242	9%	4	10%	253	9%
Psychiatrist	0	-	8	36%	251	9%	4	10%	263	9%

Chart 1 Consultation trend by Primary Health Care



	Q4 2017	Q1 2018	Q2 2018	Q3 2018
GP	45%	50%	48%	48%
Primary Health Nurse	85%	85%	83%	83%
Mental Health Nurse	30%	35%	35%	34%
Psychologist	5%	6%	3%	4%
Counsellor	11%	12%	10%	9%
Psychiatrist	8%	9%	8%	9%

Chart 2 Trend of Average Number of Consults per Person



	Q4 2017	Q1 2018	Q2 2018	Q3 2018
GP	2.5	2.8	2.6	2.8
Primary Health Nurse	3.7	4.4	4.2	4.3
Mental Health Nurse	2.1	2.3	2.1	2.7
Psychologist	2.2	1.8	2.4	2.2
Counsellor	3.4	3.5	4.2	3.5
Psychiatrist	1.3	1.4	1.4	1.5

There has been no material change in the total of number of consultations between quarter two and quarter three 2018. The total number of individuals has reduced by 3.7% but average numbers of consultations per person have increased by 0.5 consultations per quarter. Primary health nurse consultation again account from the majority of consultations with more than four in five detainees seeing a primary health nurse during this period.

The most significant change has been in the mental health space with visits to mental health nurses increasing by 20.1% on a 7.2% reduction in attendees. This has been offset by a commiserate decrease in counsellor visits (28.9%) on a decrease of 14.5% of persons seen by counsellors. Much of this change is as a result of changes in the cohort driving a change in the mental health staffing mix.

The minors treated in this quarter predominantly relate to individuals and family groups brought into Australia from offshore detention to receive medical treatment.

b) Mental Health

Table 9 Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
Q3 Jul - Sep 2018			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	689	458	16.7%
Primary Health Nurse	287	179	6.5%
Primary Health Total	**976**		
Mental Health Consultations by Mental Health Professionals			
Counsellor	863	246	9%
Mental Health Nurse	2362	891	32.5%
Psychiatrist	334	221	8%
Psychologist	264	119	4.3%
Mental Health Total	**3823**		
TOTAL	**4799**	**1213**	**44.2%**

Table 10 Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
Q3 Jul - Sep 2018			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	2	2	6.7%
Primary Health Nurse	13	2	6.7%
Primary Health Total	**15**		
Mental Health Consultations by Mental Health Professionals			
Counsellor	25	7	23.3%
Mental Health Nurse	16	5	16.7%
Psychiatrist	15	8	26.7%
Psychologist	4	3	10%
Mental Health Total	**60**		
TOTAL	**75**	**11**	**36.7%**

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 a total of 4874 consultations in this quarter in onshore detention for items relating to mental health, provided by both mental health and primary care staff to 1224 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 32.5% of the detention population over the three-month period. These adult numbers are broadly the same as prior quarters but show a distinctly different distribution across the clinician types. Mental health related consults for GP and psychiatrists have increased from 862 in quarter two to 1023 in quarter three an increase of 18.7% and mental health nurse consultations have increased from 1959 in quarter two 2018 to 2362 in quarter three (20.6%) on a decrease in individuals from 960 to 891 (-7.2%). This is predominantly due to a reduction in counsellors deployed.

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. During this month appointments for minors relate largely to the seven minors transferred to Australia from Nauru, who may have been in APODs serviced from detention facilities.

c) Allied Health Care Worker Consultations

Table 11 Allied Health Referrals

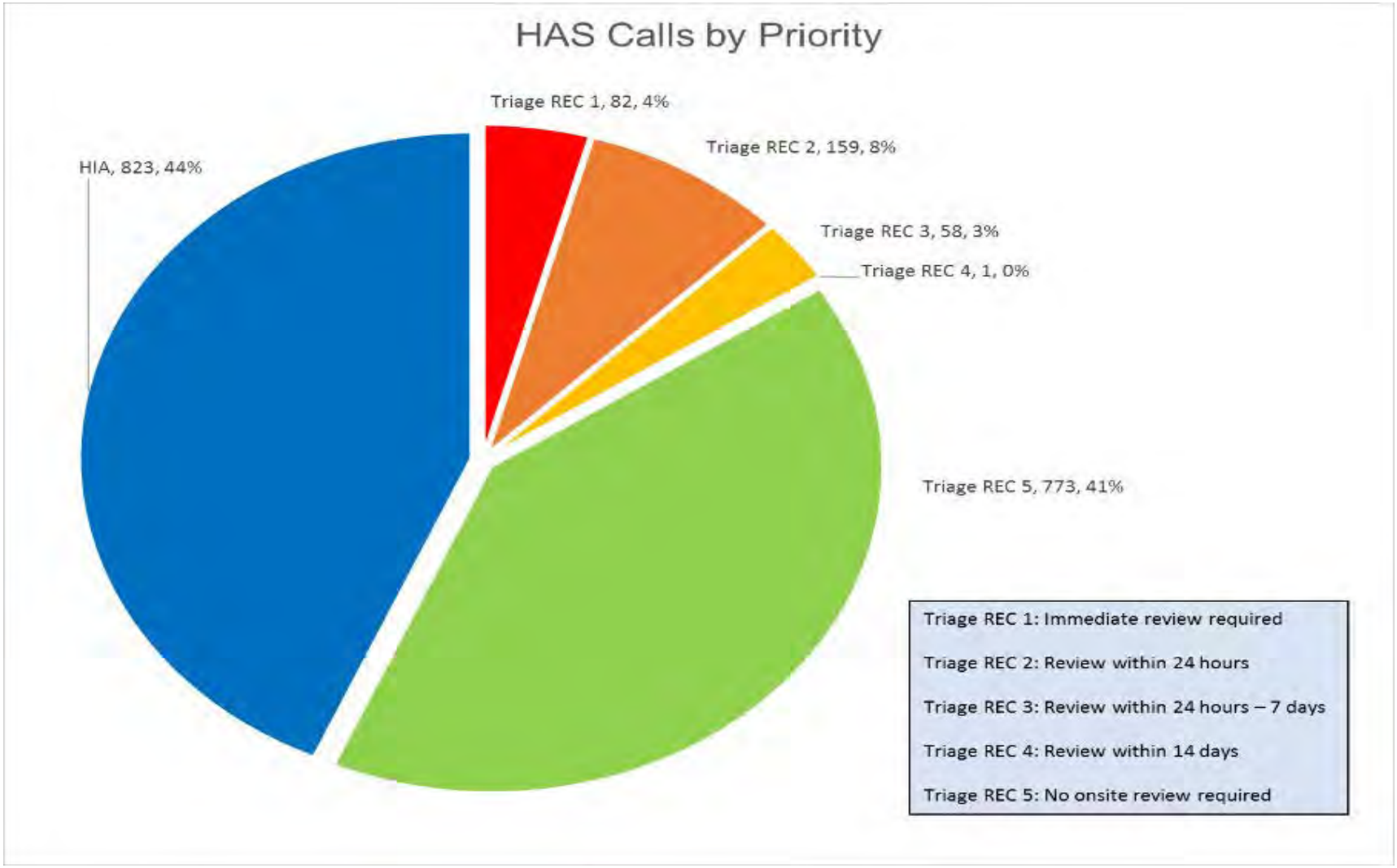
Allied Health Referrals					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018					
Allied Health Referral Type	**Onsite Referrals**	**Offsite Referrals**	**Total Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons with referral**
Dental	603	258	861	326	67%
Physiotherapy	484	224	708	140	29%
Audiology	0	7	7	5	1%
Optometry	76	38	114	99	20%
Podiatry	0	78	78	40	8%
Diabetes Educator	0	2	2	1	0.2%
Nutritionist	0	0	0	0	- %
Total	**1163**	**607**	**1770**		
Total number of unique persons to have an Allied Health referral	**487**	**% of total IDF population during Q3**	**18%**		

Referrals in this table displays all referrals for allied health services (external providers), including those delivered onsite as well as offsite. The allied health referrals this quarter have decreased following three quarters of continuous increase. The total number of individuals being referred has decreased from 569 unique individuals last quarter, to 487 (14.4%) individuals over the last three months. Additionally, the total number of referral events has decreased from 1843 to 1770 (4.0%). Of note is during this period onsite referrals also rose marginally (2.5%) indicating an increased number of services being delivered within the detention environment currently at 65.7% on-site increasing from 61.5% in quarter two 2018. There has been an overall maintenance of the balance of the number of individuals referred to each type of allied health professional. Dental has reduced from 74% last quarter to 67% in quarter three 2018 but remains the most referred Allied Health Type. Physiotherapy and optometry have increased whilst all other specialities remain at similar levels to quarter two 2018.

d) Health Advice Service (HAS) Activity

The IHMS HAS line function is described in the methodology section above. HAS calls may include activity around Health Induction Assessments, particularly communicable disease screening or medication scripting, or clinical presentations. HAS calls are assigned a priority rating according to assessment by the HAS nurse taking the call. The rating informs subsequent follow-up clinical activity.

Chart 3 Health Advisory Service Calls by Priority rating



During the months of July to September 2018 IHMS received a total of 1896 calls on the HAS line, averaging 20.6 calls per day. Forty four percent of these calls required IHMS to undertake a Public Health Screening for new arrivals, of these 823 calls 44.5% were for detainees at VIDC and 26% for MITA. 41% of total calls were for minor medical issues such as headaches and earaches where minor interventions such as non-prescription drugs were required.

Of note was the number of Triage REC 1 requests. These are medical issues that require immediate attention, generally through attendance at an emergency facility. All of these calls were recorded outside the hours IHMS staff are on-site to manage these issues. Over the 92 days in this period there where 82 Triage REC 1 events resulting in an after-hours attendance at an emergency facility, which equates to one every 1.1 days.

Chart 4 Total HAS Calls by Location

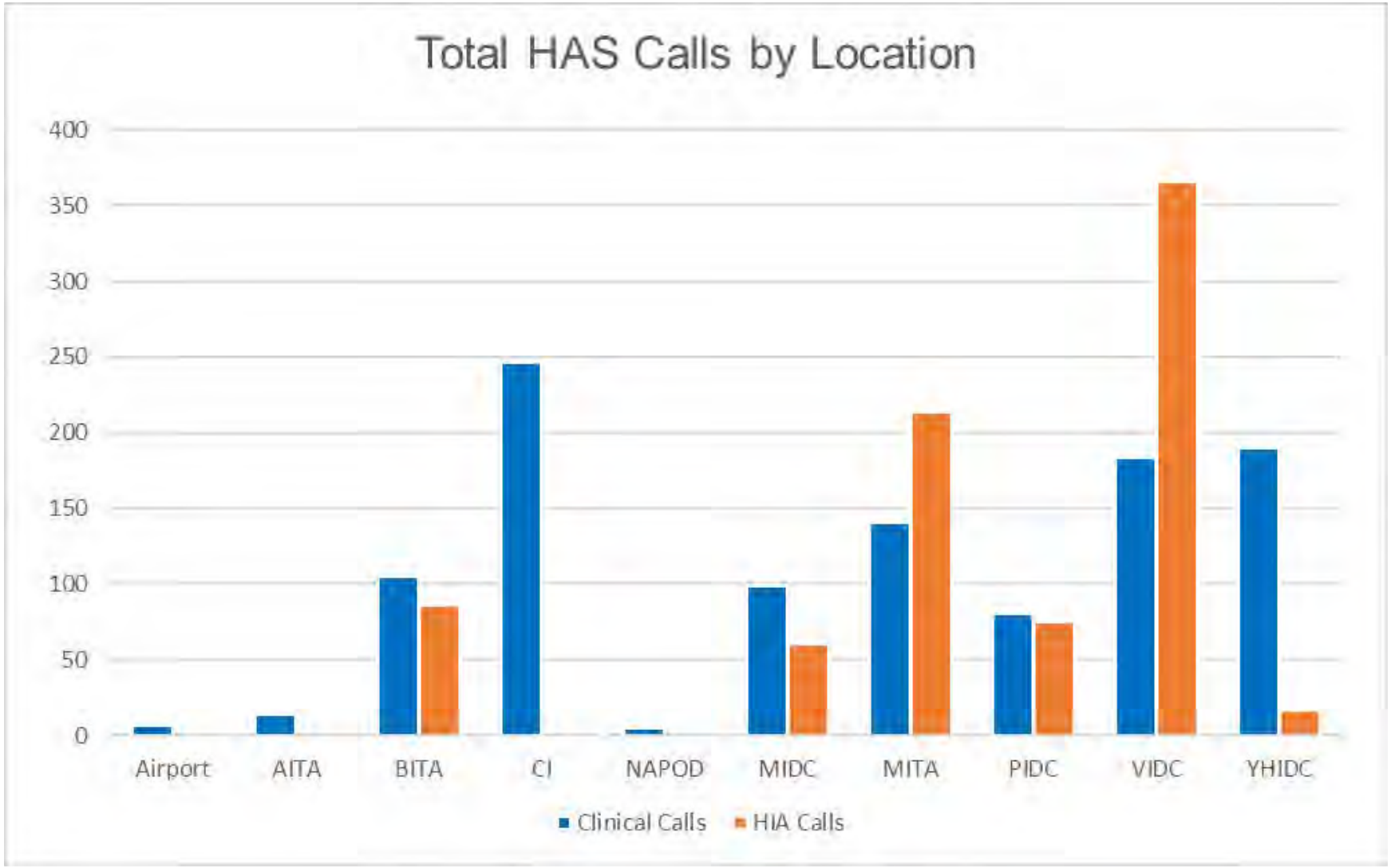
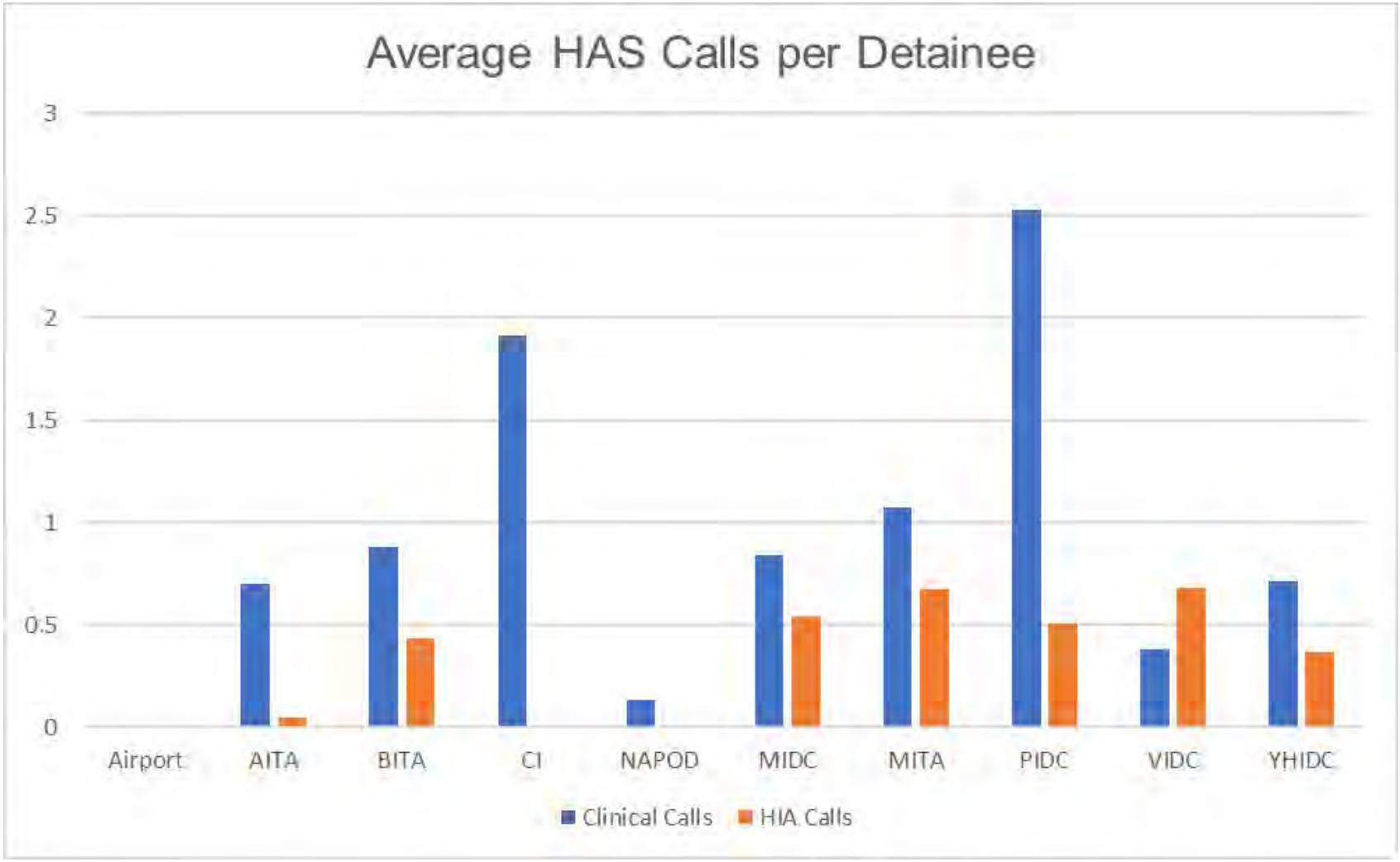


Chart 5 Average HAS Calls per Detainee



In understanding the HAS line workload it is important to look at not only the total call volumes, but also how this relates to overall detainee numbers per site. It is to be expected that larger sites will initiate the largest call volume, and this is shown with Villawood IDC, Yongah Hill IDC and Christmas Island IDC all logging the most clinical calls. The most HIA calls to the HAS line occurred at Villawood IDC and Melbourne ITA, indicating that these two sites had the most after-hours new admissions.

Interesting variance is found between sites if the number of HAS calls per site are looked at in terms of calls per site population. Where the majority of sites log between 0.5 and 1 call per detainee per quarter, Christmas Island IDC and Perth IDC log between 1.9 and 2.5 calls per detainee per quarter. This variation will be explored with sites over the next quarter to understand contributing factors.

Conversely, most sites arrivals average around 0.5 calls per detainee per quarter for the completion of the Public Health Questionnaire portion of the HIA, however Adelaide ITA, which has the largest site population turnover, only made 0.05 calls per detainee per quarter. This may be as a result of the small percentage of international arrivals in South Australia (4% of total arrivals based on 2017 statistics) and airport curfew hours.

e) Laboratory Services

Table 12 Pathology Referrals

Pathology Referrals				
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018				
Pathology Type	**Health Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	634	634	276
Hep C	346	86	432	383
Hep B	331	61	392	377
HIV (BBv)	327	49	376	372
VDRL (Syphilis)	323	49	372	369
Full Blood Count (FBC)	0	294	294	252
INR	0	66	66	38
Mid-Stream Urine Micro & Culture	0	101	101	81
Fasting Triglycerides	0	163	163	151
Alpha Fetoprotein	0	34	34	34
Total number of unique persons that had a Pathology Referral	**618**	**As % of total IDF population during quarter**	**22.3%**	

On entry to detention a standard suite of pathology tests are performed, once consent is obtained from the patient. Total induction pathology has decreased by 26.7%, against a decrease in Health Induction Assessments of 12%. During this period there were 1434 Health Induction Assessments with at least one pathology test undertaken on 346 patients, a compliance level of 24.1%. This reflects a continuing issue with IHMS' ability to engage with the majority of new arrivals to undertake the currently identified Health Induction Screening process. This trend appears to have increased in the context of increased post-corrections and visa cancellation arrivals.

The number of pathology tests requested continues to decrease over time. The current levels of 22.3% reflect the third drop since quarter four 2017 when levels peaked at 31.07% of the population. Hepatitis B and C testing has decreased with Hepatitis B reducing by 37.8% and Hepatitis C by 49.1%. It is not clear whether this relates to lack of consent to testing, changing patterns of illness, or other non-health issues such as length of stay in detention. Lack of pathology testing however for blood borne or other communicable diseases, does frustrate attempts to minimise the potential for detainee to detainee infection by reducing the site population burden of disease, particularly if this is occurring for people who go on to spend significant periods in detention prior to removal from the network.

f) Radiology Services

Table 13 Radiology referrals

Radiology referrals					
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 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	270	50.47%	186	57.41%	1. Chest 2. OPG 3. Spine – Lumbo-sacral 4. Knee (L) 5. Knee (R)
Ultrasound	168	31.40%	134	41.4%	1. Abdomen 2. Other 3. Shoulder 4. Upper abdomen 5. Renal
CT Scan	55	10.28%	40	12.35%	1. Abdomen 2. Spine – Lumbar 3. Sinuses 4. Spine – Cervical 5. Chest
MRI	36	6.73%	26	8.02%	1. Knee 2. Periphery 3. Cervical Spine 4. Brain 5. Thoracic Spine
Nuclear medicine	3	0.56%	3	0.93%	1. Thyroid 2. Bone scan
Mammography	0	-	0	-	
Angiography	0	-	0	-	
Bone densitometry	3	0.56%	3	0.93%	1. Osteoporosis 2. Multiple Myloma
Total	535				
Total number of unique persons to have a Radiology test	324	As % of total IDF population during quarter	11.68%		

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

There has been a significant decrease in both the total number of radiology referrals, down 22.1%, and the total number of individuals requiring radiology, down 24.1%. These changes are almost exclusively a result of a reduction in completed X-rays down from 390 referrals on 275 individuals to 270 referrals on 186 individuals, with reductions of 30.8% and 32.4%. Numbers of other radiological test types remain at similar levels to prior quarters. This may relate at least in part to detainees not consenting to referrals offsite in the context of restraints used during excursions and if so emphasises the importance of establishing on site radiology services where possible.

The changes to the number of X-rays are primarily related to chest but also hand, knee and spine.
The overall radiology utilisation is very similar to quarter three 2017 where the total number of referrals was 562 across 369 unique individuals.

g) Specialist referrals

Table 14 Specialist referrals (Top 20)

Specialist referrals (Top 20)			
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Emergency department	43	34	1.2%
Gastroenterology	20	17	0.6%
Orthopaedics	15	15	0.5%
Respiratory and sleep medicine	14	13	0.5%
General Surgery	12	10	0.4%
Otorhinolaryngology	11	9	0.3%
Ophthalmology	9	8	0.3%
Cardiology	8	8	0.3%
Neurosurgery	8	6	0.2%
Endocrinology	7	7	0.3%
Infectious diseases	7	6	0.2%
Gynaecology and obstetrics	6	5	0.2%
Addiction medicine	5	5	0.2%
Plastic, reconstruction and aesthetic surgery	5	5	0.2%
Pneumology	3	2	0.1%
Colorectal surgery	2	2	0.1%
Dermatology	2	2	0.1%
Geriatrics	2	1	-
Haematology	2	1	-
Nephrology	2	2	0.1%
TOTAL	**183**		
Total number of unique persons to have a specialist referral	**142**	**% of total IDF population during Q3**	**5.1%**

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Chart 6 Specialist referrals trend

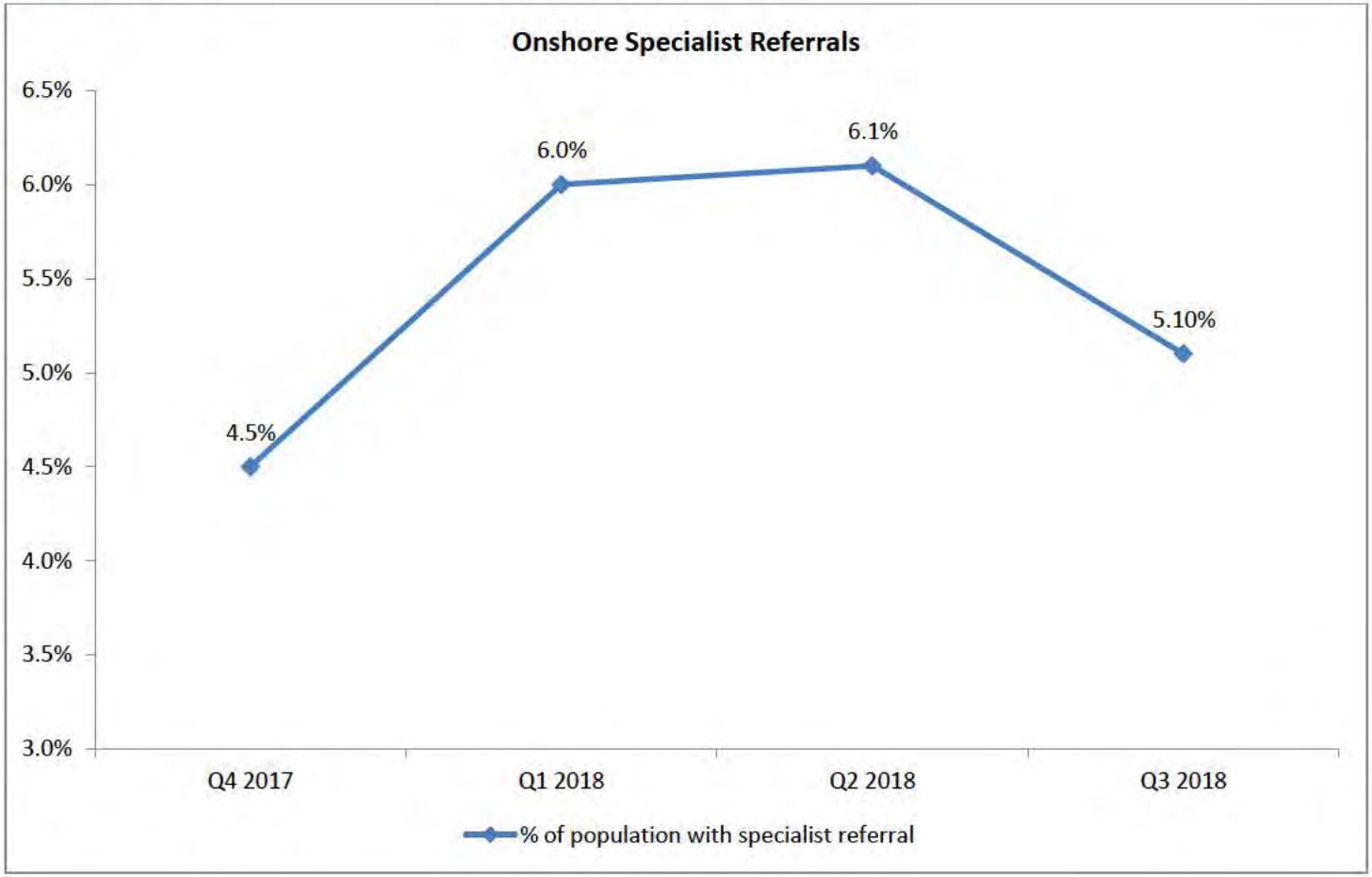
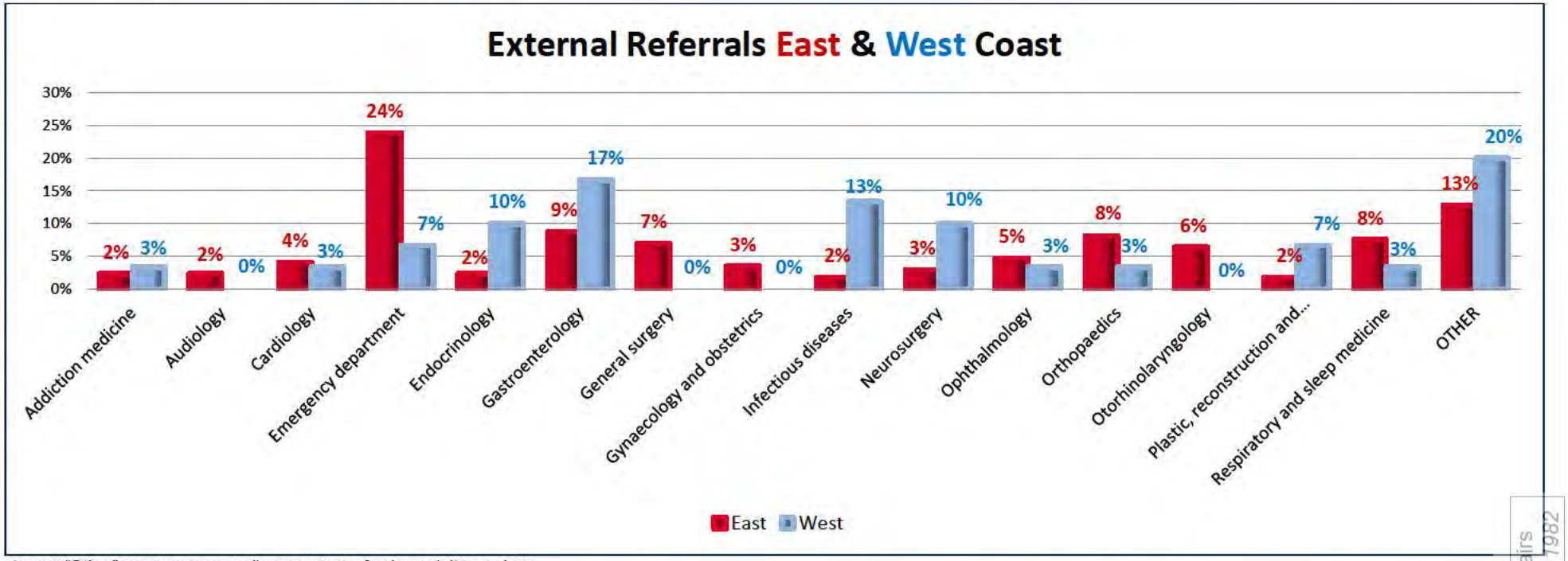


Chart 7 Specialist referrals trends East vs. West Coast



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

The number of speciality referrals has decreased from quarter two 2018. Overall referrals have decreased from 221 to 183, down 17.2%, whilst the total number of unique individuals to have a specialist referral has decreased from 180 to 142, down 21.1%.

The three most prevalent referrals from quarter two 2018 have all had significant decreases, general surgery has reduced from 30 to 12, a reduction of 60%, orthopaedics has reduced from 29 to 15, down 48.3% and cardiology has reduced from 28 to 8 a decrease of 71.4%. Of note was that six new individuals were referred to specialists for infectious disease.

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.

h) Referrals to Emergency Departments

Table 15 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018		
IDF Location	**Total number per region**	**Total number of individuals per region**
Christmas Island	3	3
NSW	72	57
NT	0	0
QLD	30	26
SA	1	1
VIC	35	30
WA	47	39
Total	**188**	
Total number of unique persons admitted to Hospital Emergency departments	**154**	**5.55%**

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

The number of referrals to Hospital Emergency Departments has increased by 72%, from 25 in quarter two 2018 to 43 in quarter three 2018. Whether this trend is related in some way to a reduction in X-ray and specialist referrals across the network as identified in Table 14 is unclear, but would be concerning if it indicates a trend towards afterhours or emergency presentations in the context of reduced non-urgent health-related excursions.

i) Psychiatric Admissions

There were a total of nine inpatient psychiatric admissions in this quarter, with New South Wales and Western Australia contributing 1/3 of the total admissions. This has remained consistent with last quarter, where there were nine inpatient admissions (nine unique individuals). The most frequent diagnosis or provisional diagnosis relating to these admissions is schizophrenia.

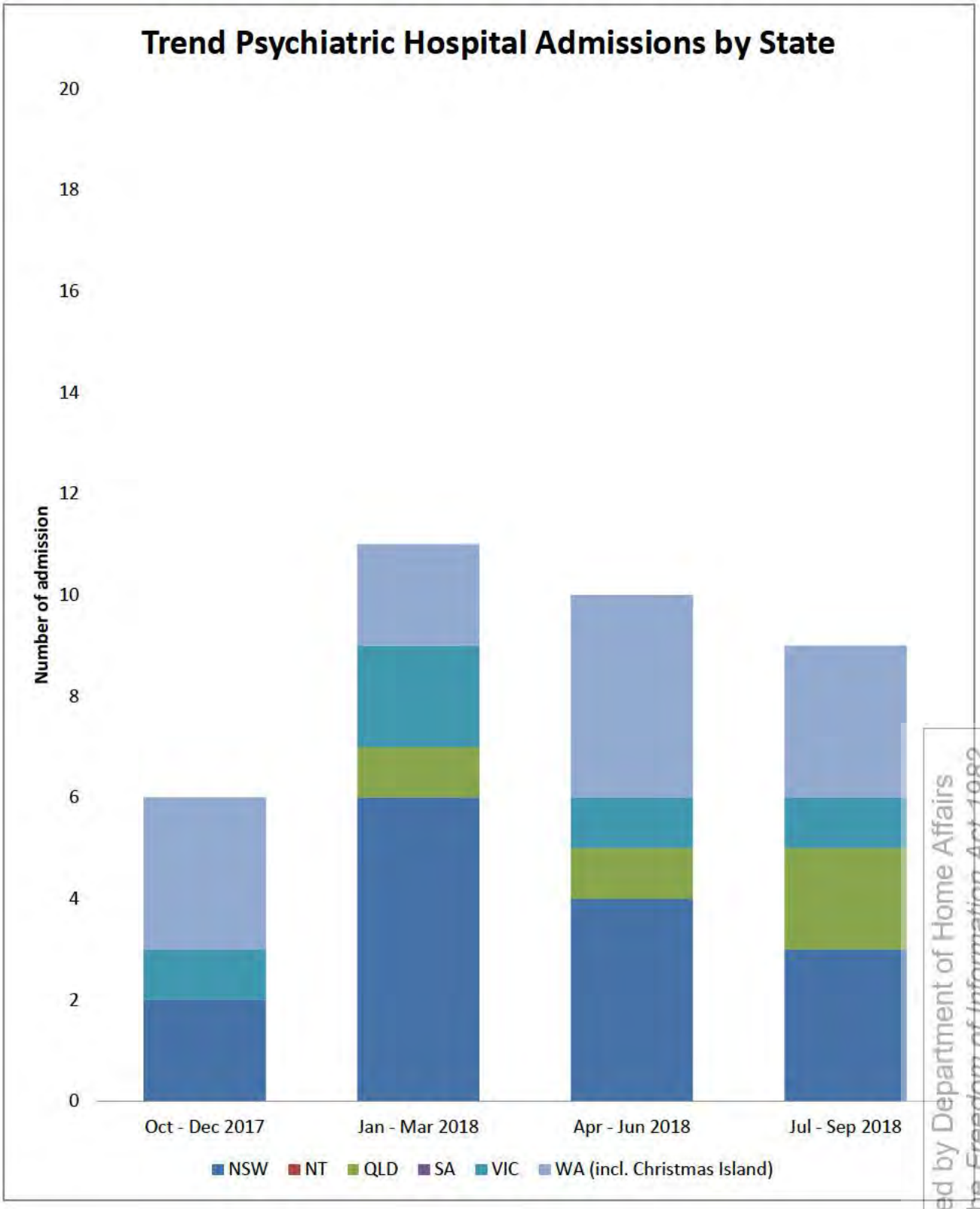
Table 16 Psychiatric Admissions

Mainland and Christmas Island (IDFs only) Q4 2017 – Q3 Sep 2018				
State/Territory	**Oct - Dec 2017**	**Jan - Mar 2018**	**Apr - Jun 2018**	**Jul - Sep 2018**
NSW	2	6	4	3
NT	0	0	0	0
QLD	0	1	1	2
SA	0	0	0	0
VIC	1	2	1	1
WA (incl. Christmas Island)	3	2	4	3
Total	**6**	**11**	**10**	**9**

Table 17 Psychiatric Admissions by Age Grouping

Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018			
State/Territory	**Total**	**Adult**	**Minor**
NSW	3	3	0
NT	0	0	0
QLD	2	1	1
SA	0	0	0
VIC	1	1	0
WA (incl. Christmas Island)	3	3	0
Total	**9**	**8**	**1**

Chart 8 Trend Psychiatric Hospital Admission by state



j) Medication Dispensing

Table 18 illustrates the 20 most frequently prescribed medications within detention facilities and also breaks this down into total numbers and percentages for adult and minors. The total population prescribed regular medication at some point during the quarter has remained consistently around half the population, as per the following:

- Q4 2017 (October – December) 47%
- Q1 2018 (January – March) 53%
- Q2 2018 (April – June) 51 %
- Q3 2018 (July – September) 44%

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 is approved 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, or not approved for Security reasons, IHMS conducts medication rounds in the clinic.

IHMS continues to manage onsite administration of opiate substitution therapy programs (OSTP) predominantly at Maribyrnong IDC and Villawood, with smaller numbers at BITA, YHIDC and PIDC. A small number of people on OSTP have also begun transferring to MITA, with the redevelopment of that centre to cater for higher risk detainees. The total number of unique individuals prescribed OSTP this quarter was 127. IHMS and the Department are working towards expansion of the OSTP program in line with Western Australian state legislation to allow increased numbers in WA sites, although this is work is expected not to be completed until 2019 due to the number of components involved.

Table 18 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class Jul - Sep 2018						
% of total population during Q3						
Medications	**Adult**	**Adult %**	**Minor**	**Minor %**	**Total**	**Total %**
Simple analgesics and antipyretics	832	30%	3	10%	835	30%
Non-steroidal anti-inflammatory agents	556	20%	1	3%	557	20%
Antihistamines	284	10%	2	7%	286	10%
Antidepressants	277	10%	2	7%	279	10%
Expectorants, antitussives, mucolytics, decongestants	233	8%	0	-	233	8%
Antipsychotic agents	177	6%	1	3%	178	6%
Hyperacidity, reflux and ulcers	173	6%	0	-	173	6%
Agents used in drug dependence	147	5%	0	-	147	5%
Penicillins	126	5%	1	3%	127	5%
Laxatives	110	4%	1	3%	111	4%
Antihypertensive agents	110	4%	0	-	110	4%
Hypolipidaemic agents	110	4%	0	-	110	4%
Combination simple analgesics	86	3%	0	-	86	3%
Bronchodilator aerosols and inhalations	83	3%	0	-	83	3%
Rubefacients, topical analgesics/NSAIDs	82	3%	0	-	82	3%
Topical corticosteroids	79	3%	1	3%	80	3%
Sedatives, hypnotics	74	3%	1	3%	75	3%
Anticonvulsants	64	2%	0	-	64	2%
Detoxifying agents, antidotes	64	2%	0	-	64	2%
Vaccines	62	2%	1	3%	63	2%

Pain relief (simple analgesia and antipyretics) and non-steroidal anti-inflammatory agents continue to be the most common prescriptions as has been the trend since quarter four 2017. Topical antifungals are now below the threshold for inclusion in this table.

Table 19 Medication Prescriptions by Schedule

Medication prescriptions by Schedule Mainland and Christmas Island (IDFs only) Q3 Jul – Sep 2018			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse prescriptions**
S2	225	1	957
S3	279	3	19
S4	1,811	124	440
S8	105	1	2
Unscheduled	566	5	407
Grand Total	**2,986**	**134**	**1,825**

GP prescriptions have dropped from quarter two 2018 by 21.2%, most significantly in S3 (19.6%), S4 (21.1%) and Unscheduled (26.3%) drugs. Psychiatrist prescriptions have increased by 24.1% primarily in S4 drugs (29.2%). Nurse prescriptions have decreased from 2,098 to 1,825.

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.

Department of Health Therapeutic Goods Administration Drug Scheduling is provided below for reference.

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*

Table 20 Medication Trends by MIMS Class

Medication trends		
% of total population during Q3 Jul – Sep 2018		
Medications	Apr - Jun 2018	Jul - Sep 2018
Simple analgesics and antipyretics	33%	30%
Non-steroidal anti-inflammatory agents	24%	20%
Antihistamines	12%	10%
Antidepressants	12%	10%
Expectorants, antitussives, mucolytics, decongestants	6%	8%
Antipsychotic agents	7%	6%
Hyperacidity, reflux and ulcers	7%	6%
Agents used in drug dependence	6%	5%
Penicillins	6%	5%
Laxatives	6%	4%
Antihypertensive agents	4%	4%
Hypolipidaemic agents	4%	4%
Combination simple analgesics	4%	3%
Bronchodilator aerosols and inhalations	3%	3%
Rubefacients, topical analgesics/NSAIDs	4%	3%
Topical corticosteroids	3%	3%
Sedatives, hypnotics	4%	3%
Anticonvulsants	2%	2%
Detoxifying agents, antidotes	2%	2%
Vaccines	9%	2%

There has been an overall reduction in the number of individuals requiring medication over this quarter compared with last quarter. Whilst Simple Analgesia and Antipyretics continue to be the most heavily utilised medication, 135 fewer individuals required this medication during the current quarter. Most noteworthy has been the reduction of individuals on psychotropic medication. Antidepressants are being prescribed to 18.4% fewer individuals, Antipsychotics to 15.2% fewer individuals and Sedative/Hypnotics to 31.8% fewer individuals.

Agents used in drug dependence have also decreased from 175 individuals in quarter two to 147 in quarter three 2018.

k) 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) Q3 Jul - Sep 2018					
Vaccination type	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV (Varicella - Chickenpox)	0	1	8	0	9
MMR (Measles, Mumps, Rubella)	1	0	13	0	14
MMRV (Measles, Mumps, Rubella, Varicella)	0	0	0	0	0
Hep B (Hepatitis B)	0	0	72	0	72
MenCCV (Meningococcal C)	0	0	5	0	5
dT (Diphtheria, Tetanus)	0	0	12	0	12
HPV (Human papillomavirus)	0	0	3	0	3
DTPa (up to 10 years) (Diphtheria, Tetanus, Acellular Pertussis)	0	0	1	0	1
Rotavirus (Rotavirus)	0	0	0	0	0
IPV (Inactivated Poliomyelitis)	0	0	18	0	18
PCV (Pneumococcal)	1	0	0	0	1
dTpa (11 years and over) (Diphtheria, Tetanus, Acellular Pertussis)	0	0	14	1	15
Herpes Zoster	0	0	0	0	0
Hib (Haemophilius Influenza type b)	0	0	1	0	1
23 PPV (Pneumococcal)	0	0	0	1	1
4vMenCV (Quadrivalent Meningococcal)	1	0	0	0	1
Total	3	1	147	2	153

Table 22 Additional Vaccinations Administered

Additional Vaccinations administered – Q3 Jul - Sep 2018					
Vaccination	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
Influenza	0	0	27	1	28
Hepatitis A	0	0	63	0	63
Yellow Fever	0	0	0	0	0
Total	**0**	**0**	**90**	**1**	**91**

The IHMS vaccination program is aligned with the Australian Immunisation Schedule with 14 of its primary care nurses holding the immunisation certificate. The overall number of vaccinations continues to decrease; quarter three 2018 has reduced 38.8% from quarter two 2018 and 65% from quarter three 2017. Additionally, there have been significant reductions in the uptake of the Influenza vaccination which is the result of seasonality and a reduction to the Hepatitis A vaccination, which is unexplained.

Overall relatively low vaccination numbers likely reflect that most people entering detention have now spent multiple years in Australia and have therefore had ready availability of vaccination programs in that setting.

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 – Q3 2018	Total Number of reasons for presentations	Total Number of Unique reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	2017	1,696	727	26.2%
Musculoskeletal	1069	848	455	16.4%
Skin	660	545	336	12.1%
Digestive	728	606	364	13.1%
General Unspecified	511	458	321	11.6%
Endocrine / Metabolic & Nutritional	539	426	263	9.5%
Respiratory	590	499	255	9.2%
Neurological	242	228	177	6.4%
Cardiovascular	242	186	146	5.3%
Injury	134	115	85	3.1%
Ear	134	121	63	2.3%
Eye	124	108	78	2.8%
Genital	141	111	75	2.7%
Urological	95	78	55	2.0%
Social	53	46	41	1.5%
Blood / Blood forming organs	40	29	27	1.0%
Pregnancy / Childbearing / Family Planning	35	17	10	0.4%
Total	**7354**	**6,117**		

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) Q3 Jul - Sep 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	1	12.5%	6	27.3%	705	26.1%	15	38.5%	727	26.2%
Musculoskeletal	0	-	0	-	442	16.3%	13	33.3%	455	16.4%
Skin	4	50.0%	1	4.5%	323	11.9%	8	20.5%	336	12.1%
Digestive	4	50.0%	2	9.1%	348	12.9%	10	25.6%	364	13.1%
General Unspecified	0	-	2	9.1%	310	11.5%	9	23.1%	321	11.6%
Endocrine / Metabolic & Nutritional	0	-	3	13.6%	250	9.2%	10	25.6%	263	9.5%
Respiratory	2	25.0%	1	4.5%	239	8.8%	13	33.3%	255	9.2%
Neurological	0	-	0	-	169	6.3%	8	20.5%	177	6.4%
Cardiovascular	0	-	1	4.5%	136	5.0%	9	23.1%	146	5.3%
Injury	1	12.5%	0	-	82	3.0%	2	5.1%	85	3.1%
Ear	0	-	0	-	58	2.1%	5	12.8%	63	2.3%
Eye	1	12.5%	0	-	72	2.7%	5	12.8%	78	2.8%
Genital	0	-	0	-	72	2.7%	3	7.7%	75	2.7%
Urological	0	-	0	-	51	1.9%	4	10.3%	55	2.0%
Social	0	-	1	4.5%	40	1.5%	0	-	41	1.5%
Blood / Blood forming organs	0	-	0	-	27	1.0%	0	-	27	1.0%
Pregnancy /Childbearing /Family Planning	0	-	0	-	10	0.4%	0	-	10	0.4%

There has been a 10.3% increase of in the number of presentations to GPs and psychiatrists between quarter two and quarter three 2018, to 689. As a related change, psychological presentations have shown a 19.5% increase from 1688 in quarter two 2018 to 2017 during the last three months, on an increase in individuals from 624 to 727 (16.5%). Presentations related to the digestive system have increased from 624 to 728 (16.6%) on an increase in individuals from 320 to 364 (13.8%). Since quarter two 2018, there has also been increases in the number of consultations and the number of unique persons for endocrine (22.8%, 18.4%) and respiratory (19.2%, 11.4%). All these areas showed increases in total numbers of presentations and individuals seen but also number of presentations per individual.

When interpreting this table it is important to note that each grouping represents a wide range of symptoms, reasons for consultations and diagnoses listed within the SNOMED classification system and may not represent all significant pathology. The cases captured under the “psychological” grouping for example range from recognised psychiatric diagnoses, to psychologically related consults as such smoking cessation activities.

b) Chronic Diseases

Table 25 Chronic Diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 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	80	2.9%	0	-	80
Diabetes	64	2.3%	0	-	64
Depression	58	2.1%	0	-	58
Asthma	56	2.0%	0	-	56
Arthritis	43	1.6%	0	-	43
Schizophrenia	42	1.5%	0	-	42
Obesity	41	1.5%	0	-	41
Chronic Liver disease	21	0.8%	0	-	21
Oral disease	15	0.5%	1	3.3%	16
Thyroid disease	10	0.4%	0	-	10
Bipolar Disorder	8	0.3%	0	-	8
Epilepsy	5	0.2%	0	-	5
COPD	4	0.1%	0	-	4
Cancer	3	0.11%	0	-	3
Dementia	2	0.1%	0	-	2
Inflammatory bowel disease	2	0.1%	0	-	2
Glaucoma	2	0.07%	0	-	2
Chronic kidney disease	0	-	0	-	0
Osteoporosis	0	-	0	-	0
Adrenal disease	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) Q3 Jul - Sep 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	-	73	2.7%	7	17.9%
Diabetes	0	-	0	-	61	2.3%	3	7.7%
Depression	0	-	0	-	57	2.1%	1	2.6%
Asthma	0	-	0	-	53	2.0%	3	7.7%
Arthritis	0	-	0	-	40	1.5%	3	7.7%
Schizophrenia	0	-	0	-	42	1.6%	0	-
Obesity	0	-	0	-	40	1.5%	1	2.6%
Chronic Liver Disease	0	-	0	-	20	0.7%	1	2.6%
Oral disease	0	-	1	5%	15	0.6%	0	-
Thyroid disease	0	-	0	-	9	0.3%	1	2.6%
Bipolar Disorder	0	-	0	-	8	0.3%	0	-
Epilepsy	0	-	0	-	5	0.2%	0	-
COPD	0	-	0	-	4	0.1%	0	-
Cancer	0	-	0	-	2	0.07%	1	2.6%
Dementia	0	-	0	-	1	0.04%	1	2.6%
Inflammatory bowel disease	0	-	0	-	2	0.07%	0	-
Glaucoma	0	-	0	-	1	0.04%	1	2.6%
Chronic kidney disease	0	-	0	-	0	-	0	-
Osteoporosis	0	-	0	-	0	-	0	-
Adrenal Disease	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.

There has been a 13.4% increase in the number of individuals presenting for consultation regarding chronic diseases during quarter three 2018, compared with quarter two 2018. Where more than 20 individuals have presented in the quarter there has been significant increases in cardiovascular presentations, up 37.0%, schizophrenia, up 27.3%, diabetes, up 25.5% and depression, up 18.4%. In the same period there have been significant decreases in oral disease, down 36% and obesity, down 14.6%. Whilst cardiovascular presentations are the most significant, it should be noted that based on a 2011/12 Australian Health Survey the national average for cardiovascular disease is 21.5%.

Year on year presentations have also increased 36.0%, with increases in asthma, up 115.4%, arthritis, up 95.5% and depression, up 93.3%. Oral disease was down 36% and schizophrenia down 17.6%.

Chronic disease management is individualised to the needs of each detainee based on comprehensive clinical assessments. For some chronic diseases, such as Diabetes Mellitus, care plans are also commenced to assist and guide care. Care plans prompt interventions according to the schedule created for that particular disease. Scheduled care plan items may include reviews by GPs, nurses and specialists as well as referrals for radiology and pathology investigations. For example, GP and Optician reviews are scheduled (at least) annually for detainees with Diabetes Mellitus.

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 the Department of Home Affairs policy. Screening allows identification of those with individual mental health needs. In theory collated screening data should provide a rough estimate of morbidity across the detention population, depending on the type of screening tool used. However consent rates for mental health screening tools are low, making extrapolation of population mental health trends statistically unreliable.

Mental health 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).

1.1.1 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).

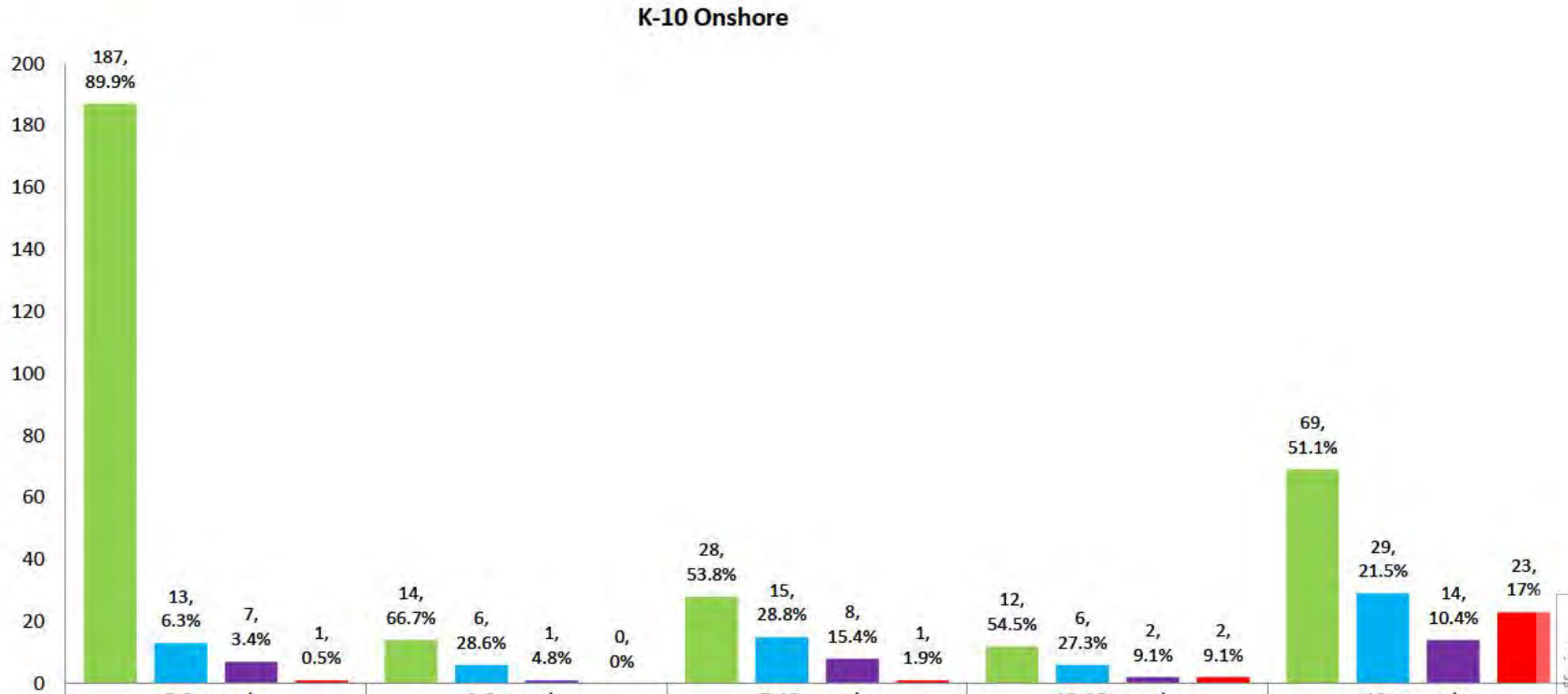
The number of total screening has reduced this month from 501 in quarter two 2018 to 438, predominantly due to a reduction in screening performed on people in detention under 6 months. There has been an improvement in the results achieved during this quarter with total numbers of individuals self-rating at moderate to severe dropping by 39.8% and for those in detention greater than 19 months dropping by 40.3%. Whilst the Kessler scale is not a diagnostic scale it does show a positive improvement in general self-reported mental health in those screened.

In comparing the state of the population there are no relevant direct comparisons, however general comments can be made. An ABS National Survey of Mental Health and Wellbeing 2007 showed the Australian population having K-10 scores greater than 22 accounting for 9.4% of the 18-85 year old population, compared to the 17.1% of the Immigration Detention population tested in this period. However a 2015 study of people entering Australian prison identified 31% of this population experiencing high to very high psychological distress. This shows the Australian Immigration Detention results falling between those two studies. It is also interesting to note that a 2011 study of individuals in Western Australian prisons noted a significantly higher percentage of severe distress in the female population than the male. For non-indigenous individuals these were 23% for females and 9% for males. In quarter three 2018 results no females' experienced severe distress, whilst males experiencing severe distress accounted for 6.6% of those tested.

Table 27 Kessler Psychological Scale (K-10)

Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 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	208	13.73	187	89.9%	13	6.3%	7	3.4%	1	0.5%
4-6 months	21	17.52	14	66.7%	6	28.6%	1	4.8%	0	-
7-12 months	52	17.79	28	53.8%	15	28.8%	8	15.4%	1	1.9%
13-18 months	22	18.45	12	54.5%	6	27.3%	2	9.1%	2	9.1%
19+ months	135	20.66	69	51.1%	29	21.5%	14	10.4%	23	17.0%
Total Population	438	16.76	310	70.8%	69	15.8%	32	7.3%	27	6.2%

Chart 9 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	187	14	28	12	69
Mild (20-24)	13	6	15	6	29
Moderate (25-29)	7	1	8	2	14
Severe (30-50)	1	0	1	2	23

1.1.2 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 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) Q3 Jul - Sep 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	1	0	0	1	0
Brisbane ITA	9	0	1	8	0
Christmas Island	0	0	0	0	0
Maribyrnong IDC	14	0	0	14	0
Melbourne ITA	12	0	1	11	0
Perth IDC	3	0	0	3	0
Villawood IDC	11	0	0	11	0
Yongah Hill IDC	1	0	0	1	0
Total	**51**	**0**	**2**	**49**	**0**
*** % IDF population during Q3**	**1.8%**	**-**	**9.1%**	**1.8%**	**0**

**Percentages are calculated for the total population age grouping during Q3 2018.*

There were 51 individuals who made new disclosures of T&T during quarter three 2018, a very similar number to quarter two 2018. The distribution of new disclosures across sites has changed with an increase in this quarter occurring in the Melbourne region, up 116.7% from last quarter, and a reduction in disclosures in Yongah Hill IDC, down 92.3%. Villawood IDC disclosures continue their downward trend reducing each quarter form a high of 34 in quarter one 2018. The majority of disclosures continue to relate to males between 18-64 years accounting for 40 disclosures this quarter.

1.2. 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 (on-going 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.

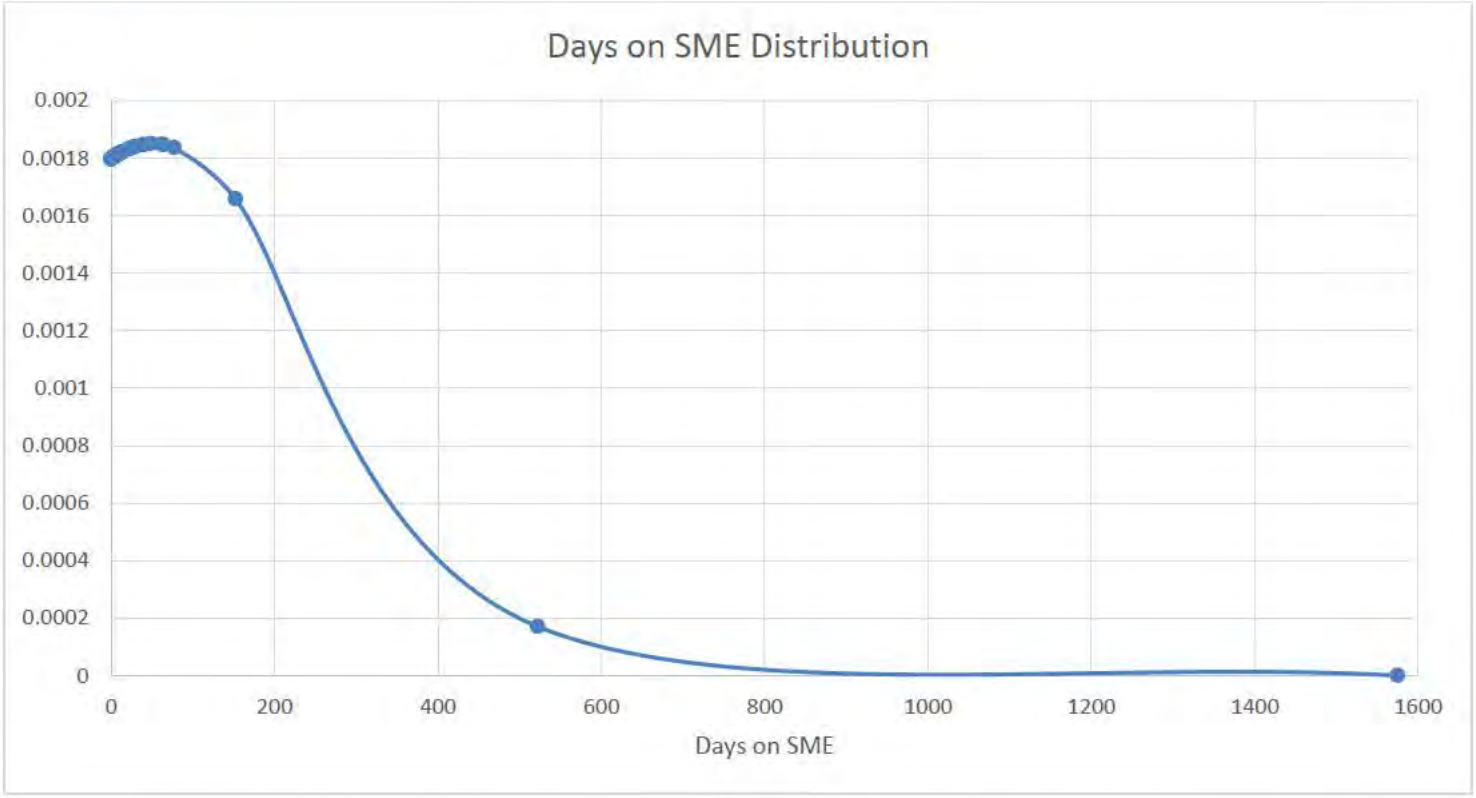
SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences high SME and then is downgraded to moderate SME and later to on-going 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.

Table 30 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland and Christmas Island (IDFs only) Q3 Jul - Sep 2018			
	On-going	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	5	3	4
Christmas Island	6	3	4
Maribyrnong IDC	7	6	4
Melbourne ITA	1	2	3
Perth IDC	3	2	2
Villawood IDC	1	7	16
Wickham Point IDC	0	0	0
Yongah Hill IDC	2	5	5
Total	91		
Total number of unique individuals on SME	54	**% of IDF population on SME**	1.9%

The number of unique individuals on SME remains consistent with quarter two 2018 (up 3.8%), which is lower than quarter one 2018 (78) and quarter three 2017 (71). However, in this quarter a relatively higher number of individuals were placed on the High Imminent SME, increasing from 22 in quarter two 2018 to 38 in quarter three 2018 which is an increase of 72.7%.

Chart 10 – Days on SME Distribution



The majority of individuals have remained on SME for less than 10 days; however one individual was identified as being on SME for 1575 days and another for 522 days. These cases relate to complex mental health and behavioural risk issues, in individuals requiring intensive oversight to manage risk not able to be managed otherwise in the detention centre environment. Over this period the average time on SME was 51.4 days.

e) Communicable, Infectious and Parasitic Diseases

Table 31 Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 3 (Jul - Sep 2018)				Total New Diagnoses Jul 2015 - Sep 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	-	1	1	2
Chlamydia	0	1	1	0.04%	2	15	17
Gonorrhoea	0	0	0	-	1	3	4
Hepatitis A	0	0	0	-	0	0	0
Hepatitis B , sAg pos	2	17	19	0.69%	10	269	279
Hepatitis C, Ab pos	1	38	39	1.41%	20	506	526
HIV	1	4	5	0.18%	1	20	21
Measles, Mumps, Rubella	0	0	0	-	0	0	0
Pertussis (Whooping Cough)	0	0	0	-	0	1	1
Syphilis serology pos	1	10	11	0.40%	3	103	106
Tuberculosis – Active	0	0	0	-	2	9	11
Typhoid	0	0	0	-	0	0	0
Total	**5**	**70**	**75**	**2.70%**	**40**	**927**	**967**
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	0	0	-	1	0	1
Malaria	0	0	0	-	0	0	0
Schistosomiasis	0	0	0	-	1	0	1
Strongyloidiasis	0	0	0	-	1	1	2
Total	**0**	**0**	**0**	**-**	**3**	**1**	**4**
Grand Total	**5**	**70**	**75**	**2.70%**	**43**	**928**	**971**

New communicable disease diagnoses continue at approximately the same level as for the past three quarters. The major diseases diagnoses are also consistent with prior quarters, these being Hepatitis B, Hepatitis C and Syphilis; however they have increased over the last quarter. This relatively high population prevalence, even despite the reduction in pathology testing for Hep C as noted in table 12, is likely due to the number of detainees entering detention ex-corrections, where similar high rates of Hep C are noted, and correlate in that population with patterns of intravenous and other substance use. There have been no new cases of tuberculosis or any parasitic diseases in this quarter.

4. DISCUSSION

4.1 The Detention Cohort

While the total monthly average population has remained relatively constant compared with the last two quarters there continues to be movement between onshore sites. Development within BITA, MITA and YHIDC has contributed to movement, as has the progressive downsizing and then closure of Christmas Island IDC at the end of September. Air transfers are reflected in the FTT workload, which increased by 71.5% this quarter, with the largest percentage increase in FTTs relating to YHIDC and Christmas Island IDC. The reduction in FTTs relating to east coast sites (notably VIDC and BITA) likely relate in large part to the lack of capacity for transfers to CI and YHIDC during this quarter, and are likely to increase again once YHIDC expansion is complete.

This quarter saw a small but continued decrease in the number of HIAs.

Health Discharge Assessment as part of an FTT assessment relies on voluntary patient participation. For most HDAs, due to the lack of notification to the person being transferred between sites or removed from the network, it is not possible for site staff to engage with detainees around the advisability of participation in the assessment. It is concerning however that 671 detainees left the detention network in this quarter without heath discharge assessments. FTTs in these cases would have been provided from existing clinical notes and file review; however the lack of clinical review has the potential to impact on post discharge clinical risk and discharge recommendations.

4.2 Medical Service Activities

During this quarter despite a small decline in overall population numbers there were 4874 consultations detention for items relating to mental health by nearly 20%, with an increase in mental health related consultations for GPs as well as psychiatrists. There was also a relative increase in referrals to emergency departments, by 72%.
In contrast this quarter, there were reductions in referrals to Specialists and also in referrals to allied health services (by around 14%). Referrals for X-rays also show a similar reduction, down by nearly 30%.

Taken together this data could be partially explained by and definitely correlates with a tightening of security restrictions resulting in reduced excursions, and an explicit attempt to increase health service delivery, including T&T services on site. In some cases this has resulted in detainees declining non-urgent health-related appointments due to unavoidable security requirements, and this individual trend may be reflected in these figures.

Increase in mental health presentations and increase in crisis health presentations requiring Emergency Department intervention should be avoided where possible, and does not reflect good population based health care. This does support work occurring around how to improve specialist service delivery on site,

including the potential creation of higher care health areas within detention. Resourcing and procedural issues will need to be addressed if this is to occur, given the primary care nature of most existing IHMS services.
This move to a more specialist health service within detention is also reflected in work occurring around the OSTP program, and the potential for that to be expanded in the work ordinarily performed by specialist alcohol and drug services.

The HAS line continues to be a well-used resource, with around 20 calls made per day this quarter. The provision of specific site by site break down of HAS calls as well as separation of HIA and clinical calls allows future interrogation of trends. Of note and as yet unexplained is the number of HAS calls being made afterhours from Christmas Island IDC and PIDC, which stand out from other centres.

The inclusion of HIA data in this data set raises some concern in a population health sense, in that it identifies the relatively low consent being given to physical examination and pathology testing (compliance level of 24%) on entry to detention, although there appears to be no reduction in post entry consultation rates overall, which may indicate a later engagement in health related activities.

4.3 Health outputs and outcomes

There has been an approximately 10% increase in people seen by GPs and psychiatrists this quarter, and a corresponding increase in consultations relating to chronic diseases. Conversely, there has also been a reduction in the number of people on prescribed medications, which is unexplained but unlikely related to the increase in chronic disease numbers.

Although only 1.41% of the total population presented with Hepatitis C this quarter, it was still the most common communicable disease diagnosis, followed by Hepatitis B and Syphilis. Additionally, whilst significant effort continues to go to monitoring and managing the TB caseload, actual diagnosis rates are low. Given the persisting incidence of Hepatitis C and related OSTP, it would be worth investigating and if appropriate, resourcing a similar reporting and monitoring system for these 'new' communicable diseases as exists for TB, particularly given the very significant costs associated with Hepatitis C treatment, and the real risks of re-infection in a closed population environment. Other health interventions associated with Hepatitis C management, notably the use of bleach or needle exchange programs found in some corrections environments appear not to be practical in an immigration detention environment.

The graphing of length of time on SME in this data set increases the visibility of outliers with extremely long lengths of time on SME, and allows further consideration of potential points of intervention, including improvement in data entry, and alternative interventions for people with complex mental health and behavioural issues.

5. 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)

Department of Home Affairs

Immigration Detention Health Report

Quarter 4
October – December 2018

Version 1.2

Report written by:

International Health Medical Services (IHMS)

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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

1. 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 in immigration detention. This service has also expanded to include some elements of an Alcohol and Drug service, namely an Opiate Substitution Treatment program at some, but not all, sites.

In addition to these on-site services, IHMS also now establishes and co-ordinates 'Tier 4' placements for a small number of people whose health needs are greater than can be properly delivered in detention facilities, and for whom those placements will assist with immigration status resolution. Placements for this group are highly variable, depending on the individuals' specific clinical needs, and may change over time as the health need changes.

In addition to clinical care for people placed in immigration detention facilities, IHMS undertakes the co-ordination of health care of persons in Community Placement (previously known as Community Detention). Clinical services for this population are delivered through a network of accredited non-IHMS service providers.

IHMS also provides a Survivors of Torture and Trauma Services co-ordination function, which includes collation and reporting of demographic information on the services provided by external service providers to people referred for Torture and Trauma counselling services.

The detention facility locations at which IHMS provided health services for the period of 1 October 2018 to 31 December 2018 were:

- Yongah Hill Immigration Detention Centre, WA (YHIDC)
- Perth Immigration Detention Centre, WA (PIDC)
- Adelaide Immigration Transit Accommodation, SA (AITA)
- Maribyrnong Immigration Detention Centre, VIC (MIDC): This centre closed in December 2018
- Melbourne Immigration Transit Accommodation, VIC (MITA)
- Villawood Immigration Detention Centre, NSW (VIDC)
- Brisbane Immigration Transit Accommodation, QLD (BITA)
- North West Point, Christmas Island (CI): This site was closed in early October 2018, and placed in 'hot contingency'.

To deliver these clinical services, IHMS employs general practitioners, primary and mental health nurses, psychiatrists, psychologists, counsellors and other clinical professionals. The Opiate Substitution Treatment Program (OSTP) has added the clinical nurse specialist discipline to this staffing profile.

Outside clinic operating hours IHMS supports sites after-hours and during public holidays through the Health Advice Service (HAS). The HAS nurse receives calls from the Detention Security Services Provider, and

provides triage and where possible management for health issues arising out of hours. HAS calls may include issues such as public health screening for arrivals out of hours, arranging for medication charting for arrivals out of hours, assisting site nurses with queries, or advising the security service provider on whether a person should be taken to hospital when reporting symptoms afterhours. The HAS nurse may also seek advice from the IHMS Medical Director on call.

IHMS also provides health services for people returning to their country of origin. This service, provided by the Centralised Service Team (CST) includes fitness to travel assessments and discharge planning. This team liaise with IHMS staff at detention facilities, the Department and where necessary aeromedical specialists to provide assessment, discharge planning advice and on-referrals to other country services where appropriate.

The patient journey through the detention system involves:

- A Health Induction Assessment (HIA) on entry to detention. This initial health review includes an initial public health screen for infectious diseases, a GP and RN assessment, and investigations including blood tests and X-ray. The HIA identifies other health concerns that may require attention while the person is in held detention. Care plans are initiated for many specific health issues, which involve regular points of intervention over time.
- Primary health care consultations. These are delivered by General Practitioners (GPs) and primary health care nurses.
- Vaccines are delivered in line with the current Australian Immunisation Guidelines.
- Provision of prescribed medications to detainees. For each individual a clinical risk assessment by IHMS contributes to the overall risk assessment in regards to the appropriateness of that person managing their own medication supply.
- For those people who are not approved for self-administration of medication (SAMRA), IHMS nurses dispense medication daily, including outside normal clinic hours (afterhours and on weekends).
- Specialist and other services provided by external services either through excursion or in-reach to sites.
- Mental health care consultations, delivered by mental health nurses, psychiatrists, psychologists and counsellors. GPs also provide input to many mental health conditions.
- A discharge medical examination. This examination focuses on assessment of post-discharge health needs, to inform the discharge process.
- A fitness to travel (FTT) assessment. This assessment is undertaken when a detainee requires air transfer within the network or is returning to their country of origin. For return to country of origin the FTT is accompanied by a Health Discharge Summary (HDS), which considers what post discharge care is recommended.
- Referral to other health services for those entering Community Detention placements, or granted visas to remain in Australia.

2. METHODOLOGY

a) Describing the population IHMS services

IHMS has historically based the quarterly data set on information extracted from the Apollo Electronic Medical Record (EMR). The ability to generate statistical health information depends on the ability to derive meaningful data from Apollo, and also the need to understand the limitations of that data. The population in detention and at any one site varies from day to day with new arrivals and departures. This complicates the presentation of statistical information on health services, in that there is no stable denominator to calculate percentages, or to compare utilisation rates against over time or between sites.

In this health data set IHMS uses population numbers provided by the Facility Detention Services Provider, SERCO, from the 'nominal roll'. This can be likened to describing the number of beds occupied at any given point in time, but does not reflect throughput, and therefore in itself does not accurately reflect workload related to that throughput. For example, if the entire site population turns over in one month, the nominal roll numbers remain the same.

The number of HIAs performed on arrival in to the detention network reflects the number of people entering immigration detention, and provides a useful overall population view of health service utilisation. Data from 'unique individuals' in Apollo records also provides useful specific information of health service utilisation. This is however complicated by frequent movements of people around the detention network within each quarter, for example one person may appear as a 'unique individual' in more than one site statistics during the three month period, limiting the ability to calculate overall illness prevalence without intensive manual data manipulation.

An overview of the number of people in immigration detention facilities can be found at Department of Home Affairs' website link: https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/immigration-detention. Discrepancies between numbers on this website and within this report are due to admissions and discharges from detention occurring during the data calculation period.

IHMS age grouping brackets align with other Department of Home Affairs reports, as follows:

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

b) Describing the IHMS's medical service activities

IHMS clinical activities are described in this report predominantly through the number of appointments and consultations provided by primary and mental health care workers entered in the EMR. At each appointment a 'reason for consultation' is recorded. IHMS also describes on site appointments with subcontracted allied health care workers, and also 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

The Apollo EMR 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. It incorporates diagnostic items, clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceutical substances, devices and specimens. It is not a diagnostic classification system, although a 'reason for presentation' (which may include both pathological and non-pathological items) is recorded at each consultation. Data therefore on 'reasons for presentation' derived from SNOMED in many of the tables in this report do not reflect 'diagnoses' as such, and may include 'normal' findings. For example, the SNOMED 'cardiovascular' code may include sub codes for '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.

In this report, 'chronic diseases' identifies only those codes reflecting actual clinical diagnoses.

3. RESULTS

SECTION A: Describing the immigration detention cohort

a) The Immigration Detention Health Cohort

Table 1 below shows the number of persons in detention as per the nominal roll (i.e., people accommodated on site on the last day of the month). Some detainees in APODs are also captured in the nominal roll. The population at the Darwin APOD is recorded as zero as there were no detainees present at the last day of the month, despite work being conducted during the month.

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 Q4 2018.

Facilities	Oct - 18	Nov - 18	Dec - 18	Monthly Average	Percentage Change
Adelaide ITA	29	24	14	22	-17.6%
Brisbane ITA	197	177	170	181	9.0%
Maribyrnong IDC	111	109	0	73	-100%
Melbourne ITA	268	265	260	264	58.5%
Perth IDC	36	30	30	32	-16.7%
Villawood IDC	494	499	502	498	-2.0%
Yongah Hill IDC	226	224	310	253	46.2%
Darwin APOD	0	0	0	0	N/A
Total Population	**1361**	**1328**	**1286**	**1325**	**5.6%**

The total monthly population average has increased slightly, even with the closure of Maribyrnong IDC, from 1,294 in quarter three of 2018, to 1,325 this quarter. There have been noticeable changes in individual centre populations, with Melbourne ITA experiencing a 58.5% increase in population from the end of last quarter (121 at the end of September 2018 to 260 at the end of December 2018), and Yongah Hill IDC increasing by 46.2% (from 212 at end of September 2018 to 310 at the end of December 2018). Both of these increases are the result of the opening of new locations within the existing facilities, and movement of people from MIDC and Christmas Island as they closed.

BITA numbers remain high this quarter due to the large number of short term APODs created this quarter in the Brisbane and Cairns region as a result of arrivals from offshore.

b) Detainees entering detention

Health Induction Assessments on entry to detention are shown in Table 2.

While population numbers on site reflected in Table 1 are relatively stable, the number of HIAs reflects input and output from the network, and the identification of new clinical cases. Initial health screening including investigations for communicable and non-communicable diseases and mental health assessment represent significant work effort for IHMS clinicians, and opportunity to establish new care plans for clients with existing or newly diagnosed disease. It is intended this will include a more extensive screening process for substance use and abuse in future.

Table 2 Health Induction Assessments required by site for Q4 2018.

Health Induction Assessments (HIA) Q4 2018			
Facilities	**Number of detainees requiring HIA**	**On site Population (End of Dec)**	**% HIAs conducted**
Adelaide ITA	24	14	171%
Brisbane ITA	164	170	96%
Maribyrnong IDC	50	0	-
Melbourne ITA	371	260	143%
Perth IDC	151	30	503%
Villawood IDC	331	502	66%
Yongah Hill IDC	63	310	20%
Darwin APOD	10	0	-
Total	**1164**	**1286**	**91%**

The number of HIAs performed decreased this quarter in comparison with quarter three, both in real terms and as a percentage of the population. HIAs have decreased by 18.8% from quarter three of 2018 and 42.3% from quarter four of 2017. During this period, the static population has increased 5.5% from quarter three in 2018 and has increased 1.9% from quarter four of 2017. The decrease in HIA numbers have been predominantly at Villawood IDC, which has seen a reduction of 38.5% from quarter three in 2018 and 64.5% from quarter four in 2017.

The percentage of HIAs conducted at each site is a reflection of site turnover, and patient's consent to assessment. As in previous quarters PIDC continues to have the greatest turnover, with a lower percentage as a result of a slightly increased end of quarter population. Melbourne ITA HIA numbers have had an increase in real terms (16.3%) but a percentage decrease to 143% (from 195% in quarter three) on a further 58.5% increase in population.

c) Detainees leaving detention immigration

A Health Discharge Assessment (HDA) is requested when a detainee may be discharged from a detention facility. However, this measure does not include rapid visa turnarounds, and may not reflect all departures as HDAs are voluntary, and detainees may refuse them.

Table 3 below shows HDA activity. The total number of completed HDAs has decreased this quarter from 601 in quarter three of 2018 to 416 during quarter four of 2018. The most significant change during this quarter has occurred in two sites. Villawood has reduced from 244 in quarter three of 2018 to 146 in the current quarter, a reduction of 40.2%; and at Maribyrnong dropping from 43 in quarter three of 2018, to eight in quarter four 2018, a drop of 81.4%.

Total HDAs requested across the network have reduced by 32.5%; requested HDAs subsequently cancelled have dropped by 35.1%; and open HDAs have dropped by 34.2%. The total population has increased slightly by 5.6% however; this reduction has increased the average length of stay from 221.3 days in quarter four of 2017, to 370.6 days in quarter four of 2018, an increase of 67.5%.

Table 3 Health Discharge Assessments that were cancelled completed or remain open for Q4 2018.

Health Discharge Assessments (HDA) Q4 Oct – Dec 2018						
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	8	8	4	20	14	143%
Brisbane ITA	10	78	8	96	170	56%
Maribyrnong IDC	23	8	19	50	-	-
Melbourne ITA	32	83	24	139	260	53%
Perth IDC	3	13	4	20	30	67%
Villawood IDC	72	146	60	278	502	55%
Yongah Hill IDC	24	80	3	107	310	35%
Darwin APOD *	2	-	5	7	-	-
Grand Total	**174**	**416**	**127**	**717**	**1286**	**56%**

**Percentages are calculated for the total population age grouping during Q4 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*

d) Fit To Travel

When detainees are required to transfer by air from one site to another within Australia or when they are repatriated, a Fitness to Travel (FTT) assessment is made. These assessments are only currently conducted for people moved by air, not ground transport. FTT assessments are done in conjunction with the HDAs and are a reflection of air 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 also include external medical providers, such as expert advice around whether a person with a seizure disorder is fit to travel.

FTT numbers have decreased by 50.1% from the levels in quarter three, which reflects work in quarter three preparing for the closure of North West Point IDC and partial closure of Yongah Hill IDC. Villawood IDC and Brisbane ITA have both increased by more than 130%, but have returned to a level similar to quarter two of 2018 and earlier. The closure of Maribyrnong IDC has increased movement both for this IDC and also for MITA with the redistribution of those from MITA to other centres.

Table 4 Total number of FTT health assessments requested or completed between Immigration Detention Sites for Q4 2018

Fit To Travel (FTT) Q4 Oct - Dec 2018			
Facilities	**Number of FTT Requested**	**Population on site**	**Percentage of FTTs conducted**
Adelaide ITA	11	14	79%
Brisbane ITA	125	170	74%
Maribyrnong IDC	177	0	-
Melbourne ITA	102	260	39%
Perth IDC	12	30	40%
Villawood IDC	70	502	14%
Yongah Hill IDC	39	310	13%
Darwin APOD	-	-	-
Grand Total	**536**	**1286**	**42%**

** 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.*

e) Detainees with Disabilities

The definition for disability used comes from the Disability Services National Minimum Data Set (DS NMDS), Australian Institute of Health and Welfare (AIHW) website. Disability is defined as *'an umbrella term for any of the following components, all of which may also be influenced by environmental and personal factors:*

- *impairment – problems in body function or structure;*
- *activity limitation – difficulties in executing activities;*
- *participation restriction – problems an individual may experience in involvement in life situations'*[(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) https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/disability/overview

Disability figures provided below are not absolutely equivalent to determinations made by doctors e.g. for qualification for National Disability Insurance Service funding. This is because the data is extracted using EMR diagnosis only, and not a specific clinical assessment that investigates degree of functional disability.

Table 5 Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs) presenting to a GP or Psychiatrist

Number of Detainees with a Disability in IDFs (IMAs and Non-IMAs)					
Mainland (IDFs only) Q4 Oct - Dec 2018					
Types of Disability	**IDCs**	**ITAs**	**APODs**	**Adult**	**Minor**
Intellectual	1	0	0	1	0
Specific Learning Disorder (other than intellectual)	0	0	0	0	0
Autism	1	0	0	1	0
Physical	0	0	0	0	0
Acquired brain injury	1	0	0	1	0
Neurological	0	1	0	1	0
Deafblind	0	0	0	0	0
Visual impairment	0	1	0	1	0
Hearing impairment	4	1	0	5	0
Speech impairment	0	0	0	0	0
Psychiatric	44	13	0	57	0
Developmental delay	0	0	0	0	0
Grand Total	**51**	**16**	**0**	**67**	**0**
Unique Detainees with a disability	**66**				

Table 6 Total number of detainees with Disabilities presenting to a GP or psychiatrist this quarter as Percentage of IDF Population

Mainland (IDFs only) Q1 2018 – Q4 2018		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
31 Dec 2018 – Q4	66	2.59%
30 Sep 2018 – Q3	73	2.63%
30 Jun 2018 – Q2	53	1.79%
31 Mar 2018 – Q1	56	2.06%

The number of individuals with disabilities attending a GP or psychiatrist appointment has decreased by 9.6% from quarter three of 2018, continuing the trend over the past year. There has been an increase in psychiatric disability diagnosis in ITAs, with decreases of 85.7% in neurological; 66.7% in visual impairment; and 50% in both intellectual and autism. No individuals with physical impairments or specific language disorders attended a doctor's appointment.

The reasons for the overwhelming predominance of psychiatric versus other disabilities is likely multifactorial, and may include the increasing length of stay for some individuals in held detention, external variables such as increases in the number of people with serious mental illness entering detention, or other variables such as the type of disability impacting negatively on visa status resolution.

SECTION B: Medical service activities

a) Primary and Mental Health Care Consultations

Table 7 Consultations with Primary and Mental Health Care

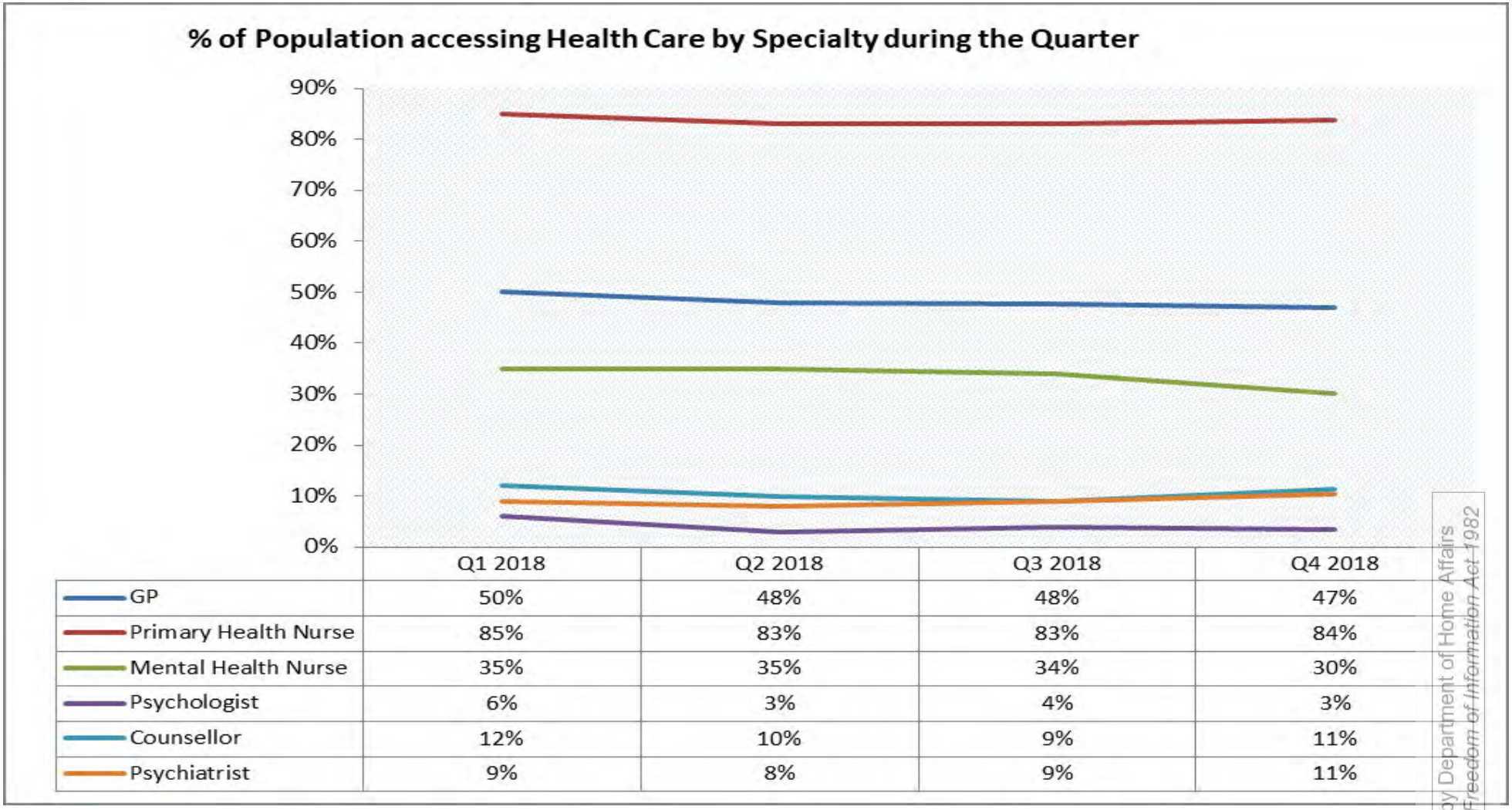
Primary Health Care - Consultations Mainland (IDFs only)				
Q4 Oct - Dec 2018				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen per speciality	Average Consults/Unique Person Attending Consultations	% of total population during Q4 2018
GP	3,492	1,200	2.9	47%
Primary Health Nurse	8,857	2,134	4.2	83.7%
Mental Health Nurse	2,634	769	3.4	30.1%
Psychologist	247	88	2.8	3.4%
Counsellor	861	289	3.0	11.3%
Psychiatrist	474	268	1.8	10.5%
Total	**16,565**	**2,232**	**7.4**	

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.*

Table 8 Consultations with Primary and Mental Health Care per Speciality by Age Group by total population

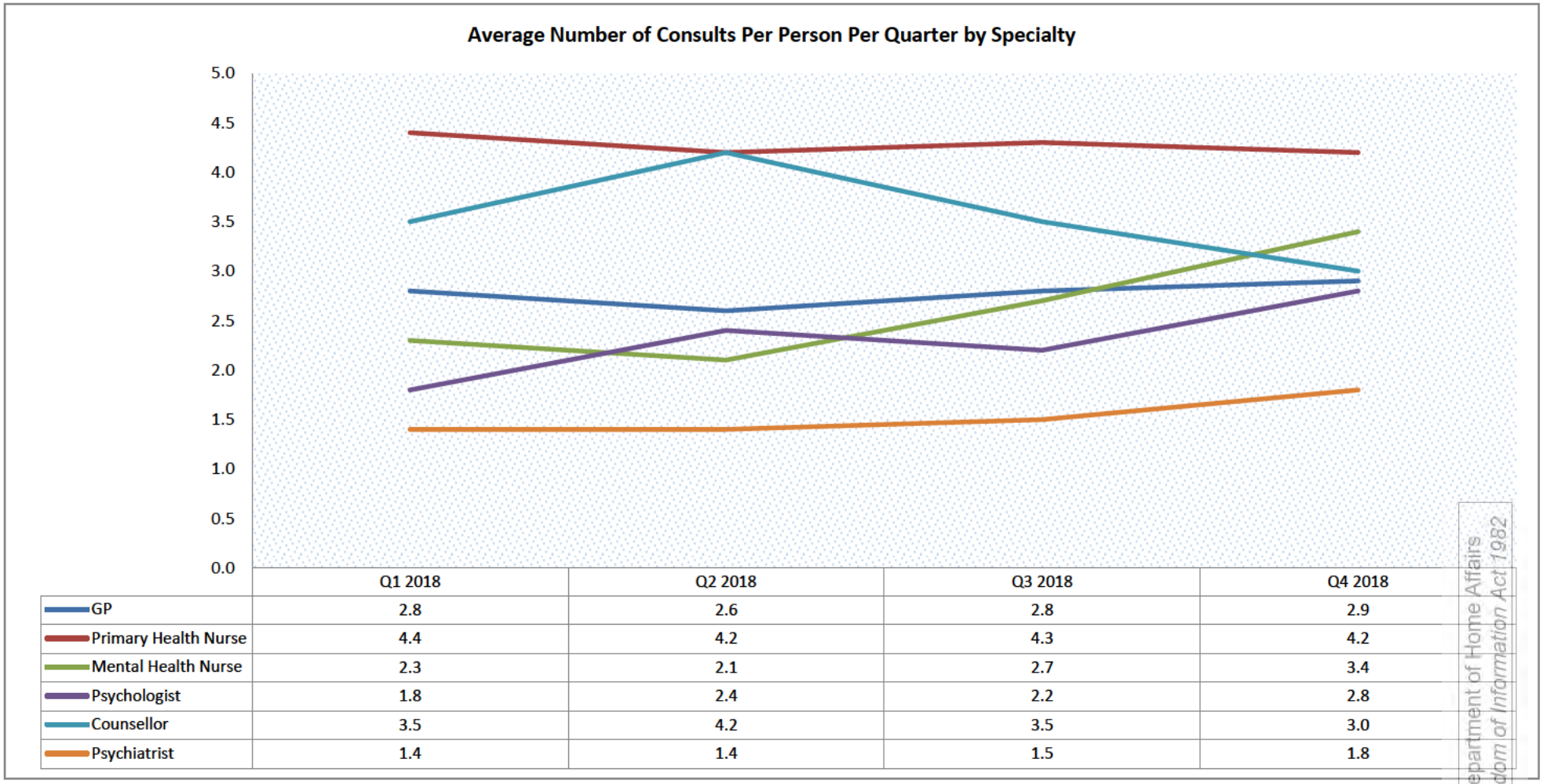
Primary and Mental Health Consultation per Specialty by Age Group by total population										
Mainland (IDFs only) Q4 Oct - Dec 2018										
IHMS Primary Health Specialty	0-4 years	% (0-4 yrs)	5-17 years	% (5-17)	18-64 years	% (18-64)	65+ years	% (65+ yrs)	Total	% (Total)
GP	2	50%	13	59%	1,161	47%	24	62%	1,200	47%
Primary Health Nurse	3	75%	17	77%	2,080	84%	34	87%	2,134	84%
Mental Health Nurse	0	0%	5	23%	755	30%	9	23%	769	30%
Psychologist	0	0%	4	18%	84	3%	0	0%	88	3%
Counsellor	0	0%	7	32%	279	11%	3	8%	289	11%
Psychiatrist	0	0%	9	41%	258	10%	1	3%	268	11%

Chart 1 Consultation trend by Primary Health Care



	Q1 2018	Q2 2018	Q3 2018	Q4 2018
GP	50%	48%	48%	47%
Primary Health Nurse	85%	83%	83%	84%
Mental Health Nurse	35%	35%	34%	30%
Psychologist	6%	3%	4%	3%
Counsellor	12%	10%	9%	11%
Psychiatrist	9%	8%	9%	11%

Chart 2 Trend of Average Number of Consults per Person



	Q1 2018	Q2 2018	Q3 2018	Q4 2018
GP	2.8	2.6	2.8	2.9
Primary Health Nurse	4.4	4.2	4.3	4.2
Mental Health Nurse	2.3	2.1	2.7	3.4
Psychologist	1.8	2.4	2.2	2.8
Counsellor	3.5	4.2	3.5	3.0
Psychiatrist	1.4	1.4	1.5	1.8

There has been a decrease in the total number of consultations and the total number of individuals presenting between quarter three and quarter four of 2018. Consultations have decreased from 17,757 to 16,565, a decrease of 6.7%; whilst the number of individuals has reduced by 8.0%. Overall, the average numbers of consultations per person has had little change, increasing from 7.3 consultations per individual to 7.4. Primary health nurse consultations accounted for 53.5% of consultations, with a similar level of population attending as last quarter (83.5%), however each individual has attended fewer consultations down from 4.3 per individual to 4.2.

The largest total consultation number change relates to primary health nurses with total consultation numbers down by 10.6% from 9,909 in quarter three of 2018, to 8,857 in quarter four. There has also been a significant increase (19.1%) in psychiatrist appointments; however the number of people attending these consultations remains unchanged.

Almost all the minors provided services in this quarter relate to individuals and family groups brought into Australia from offshore detention to receive medical treatment, accommodated in APODs.

b) Mental Health

Table 9 Mental Health Consultations in Adults

Mental health consultation by health professional : Adults			
Q4 Oct - Dec 2018			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	722	404	16.00%
Primary Health Nurse	466	248	9.82%
Primary Health Total	**1188**		
Mental Health Consultations by Mental Health Professionals			
Counsellor	802	276	10.93%
Mental Health Nurse	2503	718	28.44%
Psychiatrist	399	224	8.87%
Psychologist	210	84	3.33%
Mental Health Total	**3914**		
TOTAL	**5102**	**1079**	**42.73%**

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 10 Mental Health Consultations in Minors

Mental health consultation by health professional : Minors			
Q4 Oct - Dec 2018			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	2	2	7.69%
Primary Health Nurse	11	3	11.54%
Primary Health Total	**13**		
Mental Health Consultations by Mental Health Professionals			
Counsellor	15	7	26.92%
Mental Health Nurse	12	5	19.23%
Psychiatrist	12	9	34.62%
Psychologist	36	4	15.38%
Mental Health Total	**75**		
TOTAL	**88**	**12**	**46.15%**

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's 9 and 10 show a total of 5,190 consultations for 1,091 individuals in this quarter in onshore detention for reasons relating to mental health. This is a 6.5% increase in total presentations and a decrease in 10.9% of unique individuals over quarter three of 2018. Primary health practitioners (predominantly primary health nurses) have undertaken 21.2% more mental health consultations than last quarter, whilst mental health practitioners have undertaken 2.7% more consultations.

Nearly 50% of mental health consultations conducted were undertaken by mental health nurses who saw 28.4% of the detention population over the three-month period, down from 32.5% last quarter. Mental health related consults for GP and psychiatrists have increased from 1,040 for adults and minors in quarter three of 2018 to 1,135 in quarter four, an increase of 9.1%, with psychiatrist appointments up 17.8% on a small increase in individuals attending (1.7%).

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 issues raised.

There continue to be a small number of minors who enter immigration detention, usually with their families. During this quarter appointments for minors relate largely to the minors transferred to

Australia from Nauru, who may have been in APODs serviced from detention facilities and the Broadmeadows Residential Precinct adjacent to MITA.

c) Allied Health Care Worker Consultations

Table 11 Allied Health Referrals

Allied Health Referrals					
Mainland (IDFs only) Q4 Oct - Dec 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	490	219	709	276	63%
Physiotherapy	397	251	648	135	31%
Audiology	0	11	11	7	2%
Optometry	83	15	98	86	20%
Podiatry	0	117	117	61	14%
Diabetes Educator	0	1	1	1	0.2%
Nutritionist	0	2	2	2	0.5%
Total	**970**	**616**	**1,586**		
Total number of unique persons to have an Allied Health referral	**439**	**% of total IDF population during Q4**	**17%**		

Referrals in this table display all referrals for allied health services (external providers), including those delivered onsite as well as offsite. The allied health referrals this quarter have further decreased from quarter three of 2018, down 10.4% with onsite referrals decreasing by 16.6%, and offsite referrals increasing by 1.5%. The total number of individuals referred to allied health also decreased by 9.9% to 439. Total dental referrals fell across the board; internal referrals reduced by 18.7% and external referrals by 15.1% on a decrease in attendees of 15.3%. While total physiotherapy referrals fell by 8.5%, internal referrals fell by 18.0% whilst external referrals increased by 12.1%.

Dental and physiotherapy still continue as the most common allied health activity accounting for 44.7% and 40.9% of referrals respectively.

d) Health Advice Service (HAS) Activity

The IHMS HAS is described in the introduction section above. HAS calls may include activity around Health Induction Assessments, particularly communicable disease screening or medication scripting, or clinical presentations. HAS calls are assigned a priority rating according to assessment by the HAS nurse taking the call. The rating informs subsequent follow-up clinical activity.

During quarter four of 2018 IHMS received a total of 1,918 HAS calls, averaging 20.8 calls per day, which is a 1% increase on last quarter. The number of calls for public health screening for new arrivals was down to 38.6% of total calls, with VIDC (32.1%) and MITA (38.1%) originating the greatest number of calls. 42.2% of total calls were for minor medical issues such as headaches and earaches where minor interventions such as non-prescription drugs were required.

The number of Triage REC 1 requests increased during quarter four by 30.4% to 107. These are medical issues that require immediate attention, generally through attendance at an emergency facility. All of these calls were recorded outside the hours IHMS staff are on-site to manage these issues.

Chart 3 Health Advisory Service Calls by Priority rating

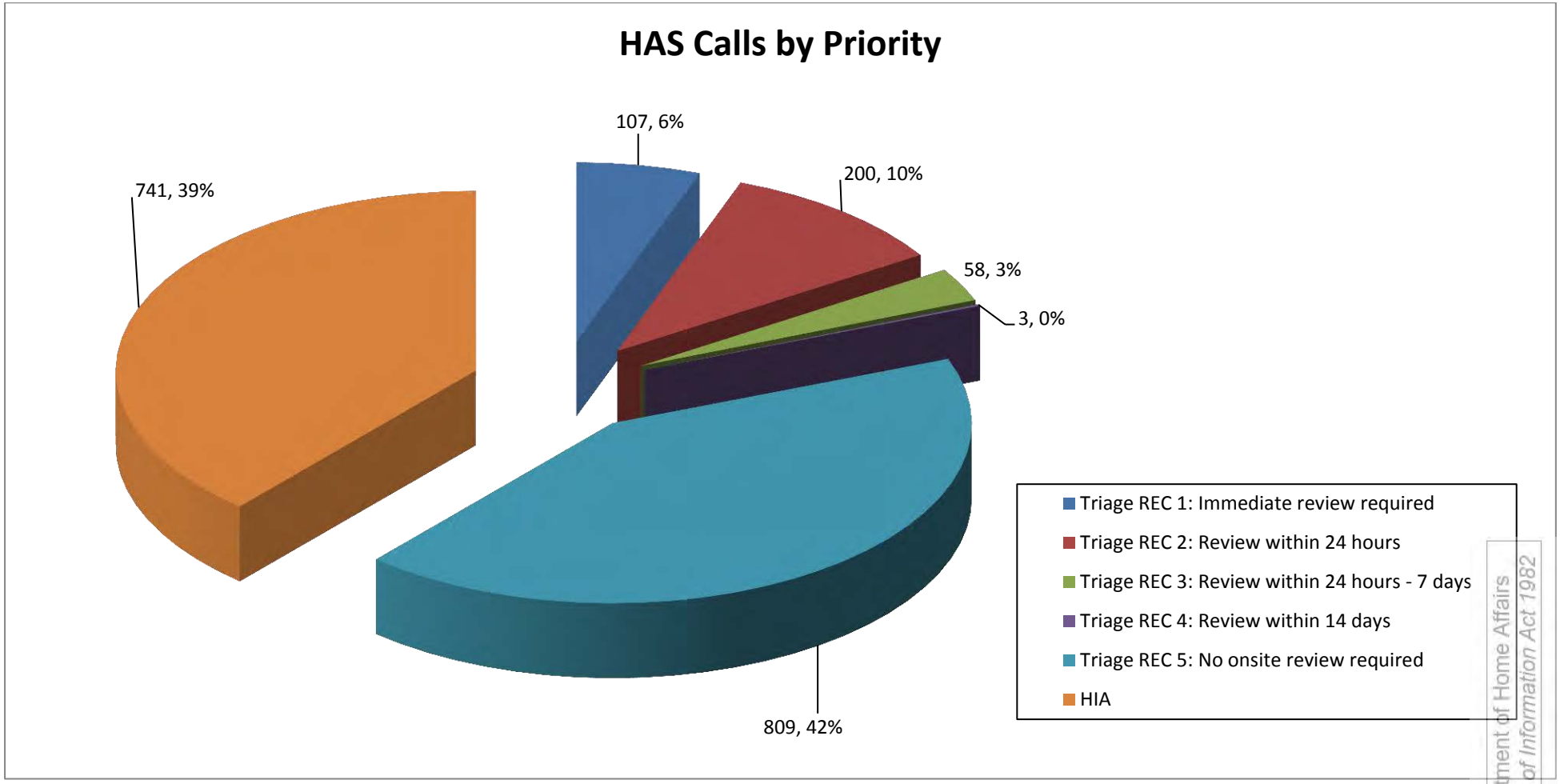


Chart 4 Total Health Advice Service Calls by Location

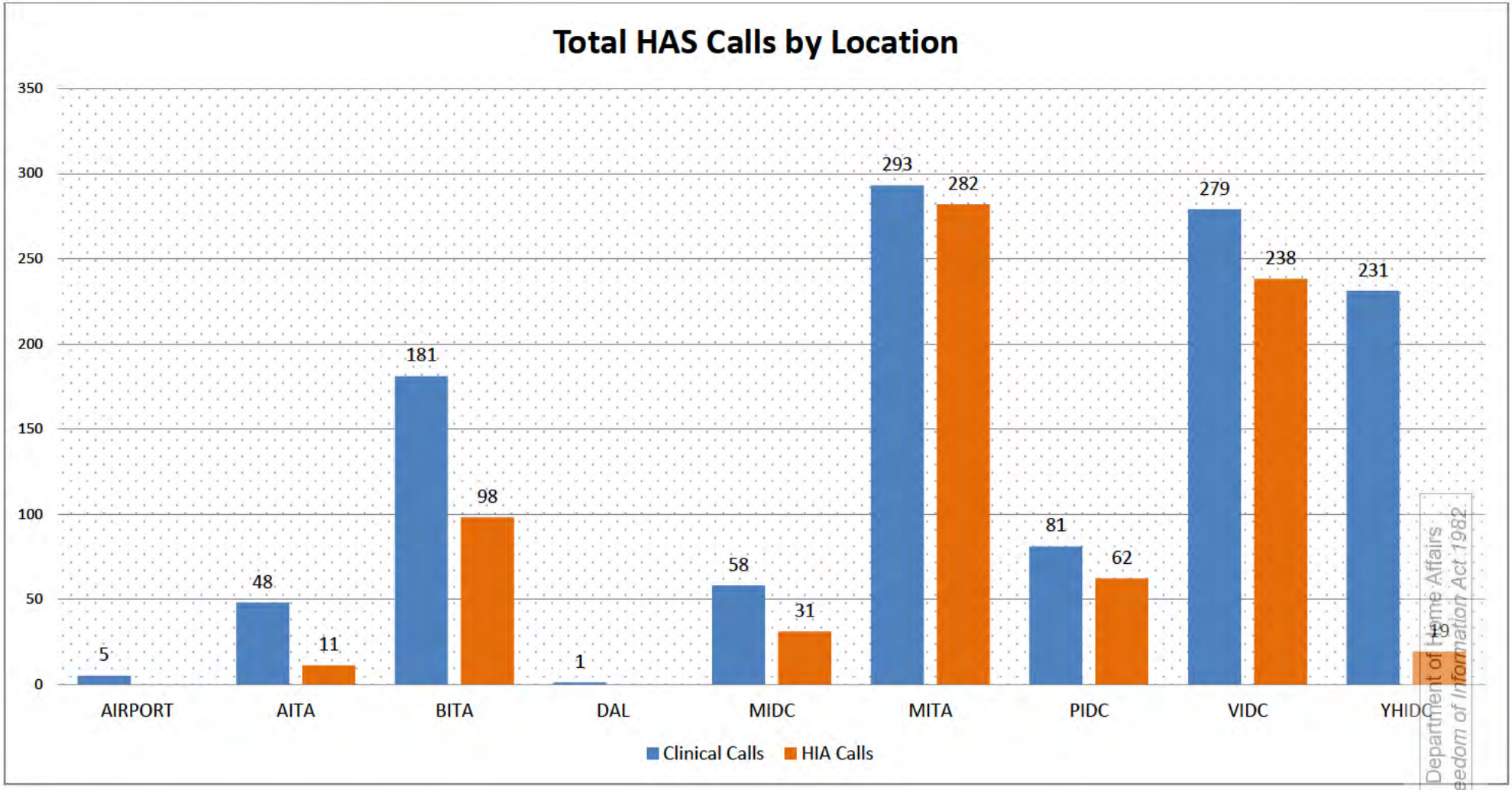
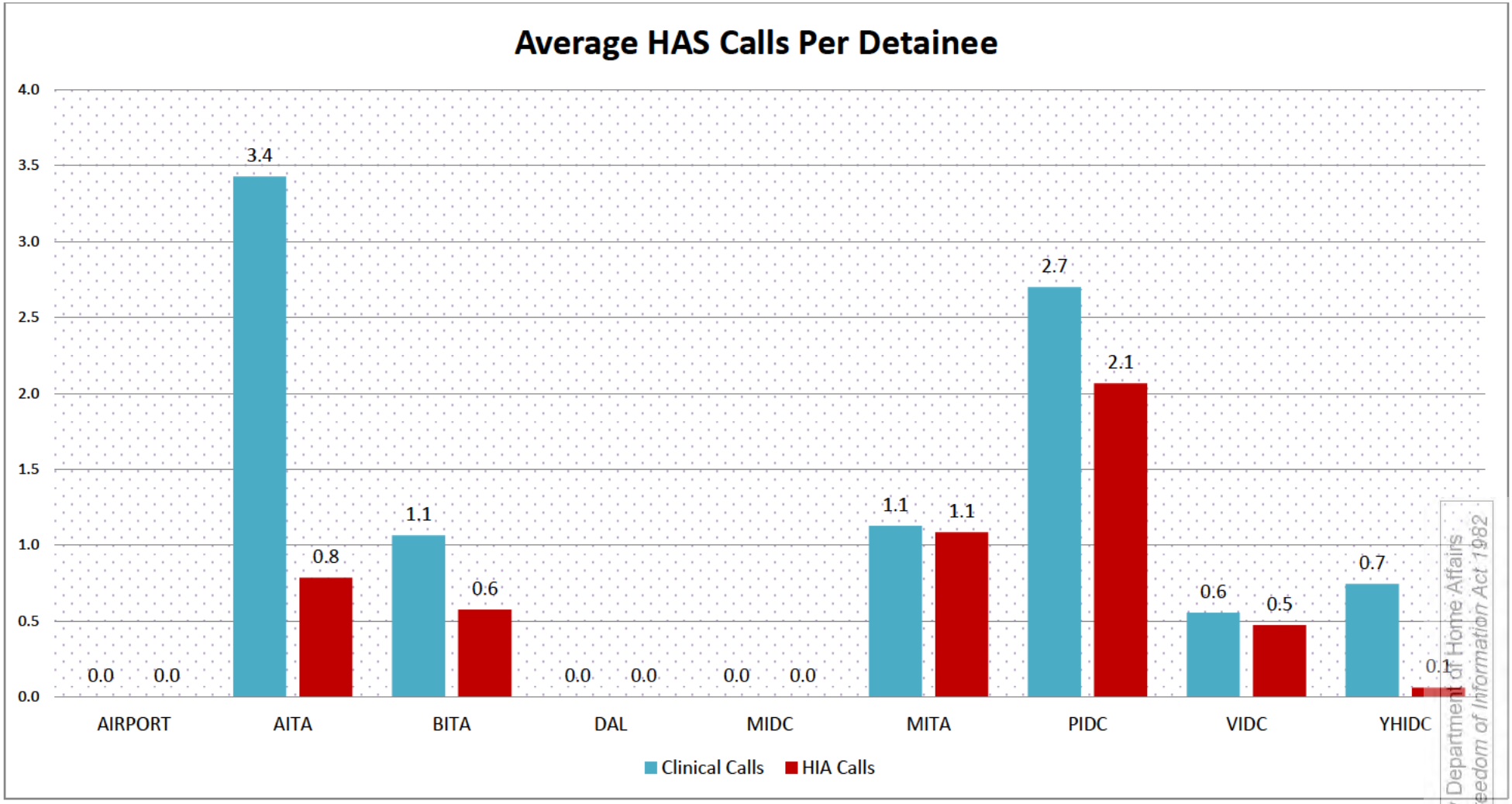


Chart 5 Average Health Service Advice Calls per Detainee



In understanding the HAS workload it is important to look at not only the total call volumes, but also how this relates to overall detainee numbers per site. Villawood IDC, Yongah Hill IDC and Melbourne ITA, having the biggest population numbers, are logging the most clinical calls, at similar levels to last quarter; however the volume of HIA calls from Villawood has decreased by more than one third. The most HIA calls again occurred at Villawood IDC and Melbourne ITA, indicating that these two sites had the most after-hours new admissions.

The majority of sites continue to log between 0.6 and 1.1 calls per detainee per quarter; Adelaide ITA and Perth IDC log between 2.7 to 3.4 calls per detainee per quarter. This is a considerable change for Adelaide, which originated around 0.7 calls per detainee last quarter. This is likely to be due to the high number of Nauru transfers to Australia this quarter, with placement of children and families in APODs across Australia, including Adelaide and Perth. This resulted in increased HAS calls in the evenings or on weekends. 71.6% of the PIDC calls are Triage 5 level requests that generally require only basic analgesia.

e) Laboratory Services

Table 12 Pathology Referrals

Pathology Referrals				
Mainland (IDFs only) Q4 Oct - Dec 2018				
Pathology Type	**Health Induction Pathology**	**Pathology test after HIA**	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	0	735	735	311
Hep C	192	112	304	275
Hep B	186	83	269	256
HIV (BBv)	182	65	247	246
VDRL (Syphilis)	183	57	240	239
Full Blood Count (FBC)	0	342	342	294
INR	0	57	57	40
Mid-Stream Urine Micro & Culture	0	148	148	118
Fasting Triglycerides	0	192	192	184
Alpha Fetoprotein	0	39	39	38
Total number of unique persons that had a Pathology Referral	**539**	**As % of total IDF population during quarter**	**20.78%**	

A prescribed suite of pathology tests is performed as part of a standardised induction (ensuring consent is given from the patient). In this quarter total induction pathology has decreased by 44.5%, against a decrease in Health Induction Assessments of 18.8%. During this period there were 1,164 Health Induction Assessments with at least one pathology test undertaken on 192 patients, a compliance level of 16.5%; significantly lower than the 24.1% in quarter three of 2018. This reflects a continuing issue with IHMS' ability to engage with the majority of new arrivals during the induction window to undertake the currently identified Health Induction Screening process. This trend appears to have increased in the context of increased post-corrections and visa cancellation arrivals.

The number of pathology tests requested has decreased progressively over time. The current levels of 20.8% of population reflect the fourth drop since quarter four of 2017, when levels peaked at 31.1% of the population. Pathology tests post induction however, has increased by 19.1% from quarter three of 2018. This increase has been across nearly all tests, with the most significant increases occurring in mid-stream urine micro & culture with a 46.5% increase, and 36.1% for Hepatitis B. The increase in testing for items included in induction pathology outside the HIA appears to result from initial refusals occurring on arrival, however following a settling in period detainees increase their engagement with IHMS. International Normalised Ratio (INR) tests (which measures the time for an individual's blood to clot) reduced by 13.6%, which likely indicates fewer people taking medication used in the treatment and prevention of blood clots this quarter.

f) Radiology Services

Table 13 Radiology referrals

Radiology referrals Mainland (IDFs only) Q4 Oct - Dec 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**	298	50.17%	194	58.08%	1. Chest 2. OPG 3. Knee (R) 4. Spine – Lumbo-sacral 5. Hand (R)
Ultrasound	181	30.47%	134	40.1%	1. Shoulder 2. Abdomen 3. Other 4. Upper abdomen 5. Renal
CT Scan	73	12.29%	56	16.77%	1. Spine – Lumbar 2. Brain 3. Abdomen 4. Chest 5. Neck
MRI	40	6.73%	37	11.08%	1. Knee 2. Brain 3. Periphery 4. Lumbar Spine 5. Head
Nuclear medicine	0	0.00%	0	0.00%	
Mammography	0	0.00%	0	0.00%	
Angiography	0	0.00%	0	0.00%	
Bone densitometry	2	0.34%	2	0.60%	1. Medically indicated
Total	594				
Total number of unique persons to have a Radiology test	334	As % of total IDF population during quarter	13.09%		

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

Radiology referrals have increased by 11% this quarter, on a 3.1% increase of unique individuals requiring radiology. Radiology requirements have increased generally across the board with the most significant increase in CT Scans, which have risen by 32.7%, highlighted by a 125% increase in brain CT scans. MRIs have also increased by 11.1% again, including a 100% increase in brain MRIs. General X-Ray has also increased by 10.4%

As with last quarter, the overall radiology utilisation is very similar in a year-on-year comparison where the total number of referrals was 600, however the number of unique individuals was significantly higher in 2017 at 403.

This overall pattern appears to reflect a population with increased burden of chronic or serious disease, and may also include some individuals transferring from offshore due to requests for MRI investigation.

g) External Appointments

Table 14 External appointments

External Appointments (Top 20) Mainland Q4 Oct - Dec 2018										
External Appointments (Top 20)	No. Appointments	No. unique persons	Attended	%	Cancelled	%	Did Not Attend	%	Pending	%
Hospital / Super Clinic	577	246	464	80%	30	5%	37	6%	46	8%
Radiology	437	339	354	81%	22	5%	47	11%	14	3%
Dental	152	106	120	79%	7	5%	22	14%	3	2%
Torture and Trauma Counselling	105	26	95	90%	4	4%	3	3%	3	3%
Addiction medicine	103	71	72	70%	3	3%	26	25%	2	2%
Pharmaceutical	93	2	91	98%	1	1%	0	0%	1	1%
Podiatry	81	64	61	75%	2	2%	18	22%	0	0%
Physiotherapy	49	22	40	82%	1	2%	7	14%	1	2%
Orthopaedics	31	26	24	77%	0	0%	6	19%	1	3%
Cardiology	19	13	12	63%	3	16%	3	16%	1	5%
Optometry	16	16	12	75%	0	0%	1	6%	3	19%
General surgery	13	12	8	62%	1	8%	4	31%	0	0%
Pathology	13	11	8	62%	2	15%	3	23%	0	0%
Gastroenterology	10	10	6	60%	1	10%	3	30%	0	0%
Plastic, reconstruction and aesthetic surgery	9	5	6	67%	0	0%	3	33%	0	0%
Ophthalmology	9	8	5	56%	0	0%	3	33%	1	11%
Audiology	9	5	6	67%	1	11%	2	22%	0	0%
Otorhinolaryngology	9	8	6	67%	1	11%	2	22%	0	0%
Neurology	9	9	8	89%	0	0%	0	0%	1	11%
Endocrinology	7	5	4	57%	0	0%	2	29%	1	14%
TOTAL	**1751**		**1402**		**79**		**192**		**78**	
Total number of unique persons to have an External Appointment	**713**									

Table 14 represents a summary of all appointments made with external providers; this represents 27.9% of the individuals in detention during quarter four of 2018. The most significant items are appointments at hospitals which account for 33.1% of the attended appointments; this area includes both planned and unplanned hospital events. The attendance at radiology appointments is artificially raised due to the inclusion of all external induction radiology in these numbers.

Of note is:

- 3.7% of the population attended an external appointment for a dentist during quarter four of 2018, which is significantly lower than the Australian average of 12%, and below the lowest average of 10%. (https://www.myhealthycommunities.gov.au/national/abs0006). This reflects onsite provision of dental services at all larger sites, with most external appointments being at sites without onsite dental, and also for more complex procedures unable to be delivered on site.
- 2.8% of the population had an external appointment with an addiction specialist. Note: This does not include appointments with onsite addiction GPs. The average in the Australian community for this type of service (https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/aodts-2016-17/contents/table-of-contents) is significantly lower at 0.5%, but reflects the lower rates of addiction in that population. As more than one third of detainees are transferred from corrections, the rate of drug dependence in detention is likely to be higher than the general population, although lower than rates in prison. In Australian prisons according to the University of New South Wales (UNSW) (https://ndarc.med.unsw.edu.au/) for male prisoners is 17-30% and female prisoners is 30-60%.

This is the first quarterly report in which the number of external appointments cancelled or did not attend (DNA) is reported. This shows that the large majority of external specialist appointments made were attended (1,402 of 1,751).

h) Specialist referrals

Table 15 Specialist referrals (Top 20)

Specialist referrals (Top 20)			
Mainland (IDFs only) Q4 Oct - Dec 2018			
Specialist Referrals	**No. Referrals**	**No. unique persons (based on all designations)**	**Percentage of unique persons referred to a specialist**
Emergency department	41	29	1.1%
General surgery	22	19	0.7%
Orthopaedics	21	18	0.7%
Gastroenterology	16	16	0.6%
Otorhinolaryngology	14	14	0.5%
Cardiology	13	11	0.4%
Respiratory and sleep	11	11	0.4%
Neurology	8	7	0.3%
Neurosurgery	7	7	0.3%
Addiction medicine	6	6	0.2%
Gynaecology and obstetrics	6	4	0.2%
Urology	6	5	0.2%
Plastic, reconstruction and aesthetic surgery	5	5	0.2%
Dermatology	4	4	0.2%
Endocrinology	4	4	0.2%
Ophthalmology	3	3	0.1%
Colorectal surgery	2	2	0.1%
Haematology	2	2	0.1%
Pain medicine	2	2	0.1%
Psychiatry	2	2	0.1%
TOTAL	**195**		
Total number of unique persons to have a specialist referral	**138**	**% of total IDF population during Q4**	**5.4%**

The number of speciality referrals this quarter is a small increase from the previous quarter. Overall referrals have increased 6.6%, whilst the total number of unique individuals to have a specialist referral has decreased 2.8%, down from 142 to 138.

The largest changes have occurred in General Surgery increasing the number of referrals by 83.3% and individuals seeing this speciality by 90%, and Orthopaedics where unique persons has increased by 20% on a 40% increase in referrals. Emergency Department referrals have reduced slightly (down 4.7%), Gastroenterology referrals (reducing by 20.0%) and a 21.4% decrease in Respiratory and Sleep. These changes are likely due to different clinical needs relating to individuals in detention in this quarter.

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

Chart 6 Specialist referrals trend

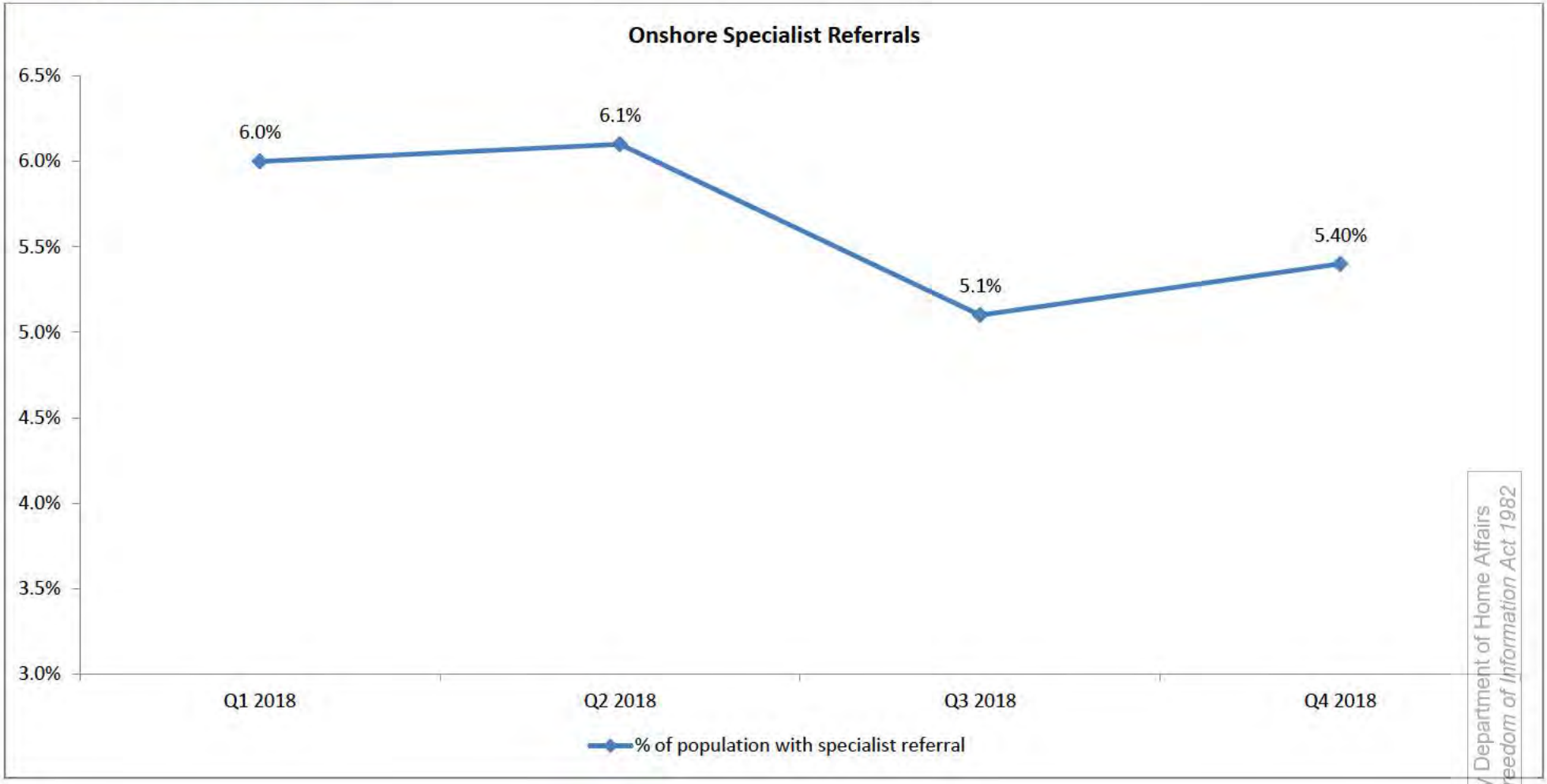


Chart 7 Specialist referrals trends East vs. West Coast

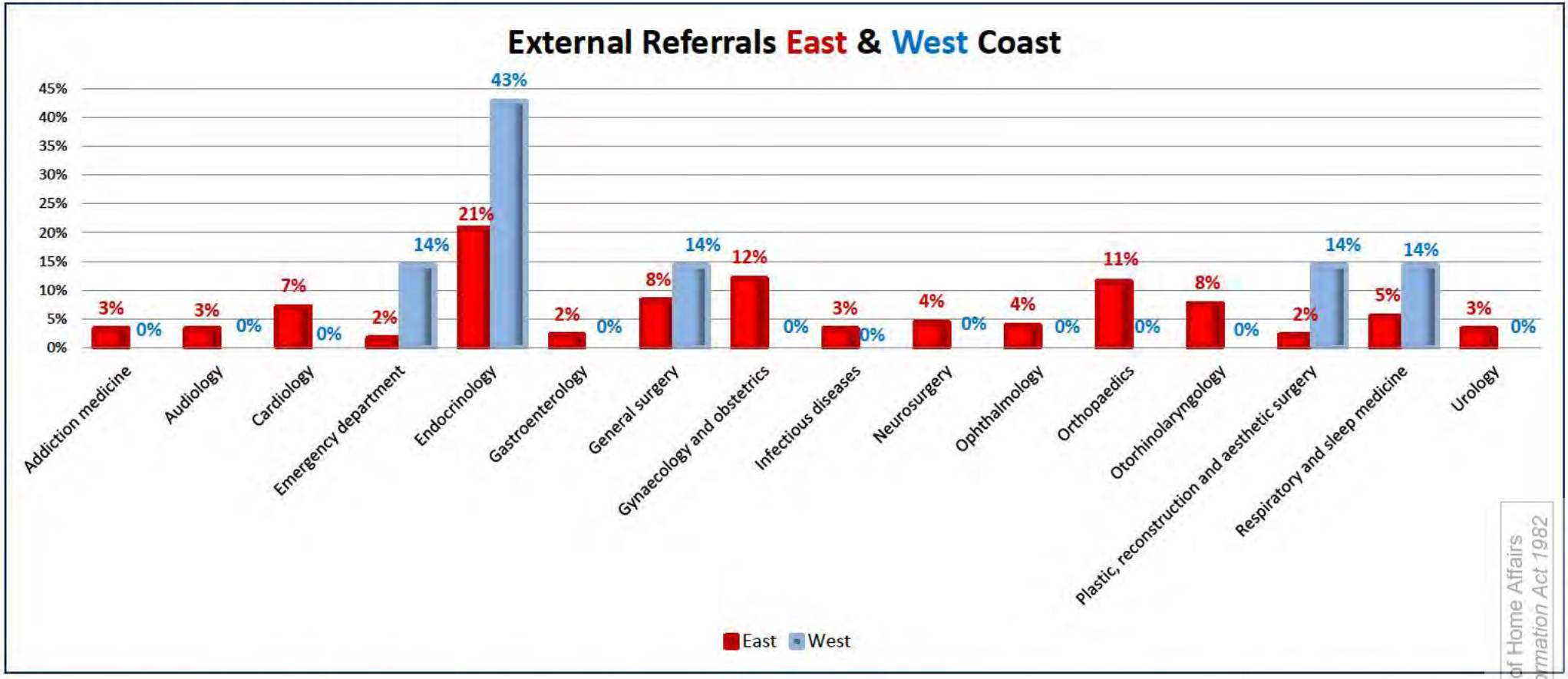


Chart 7 above highlights external referrals between East and West Coast during quarter four of 2018. In future Health Data Set reports IHMS will replace the above chart with a breakdown of specialist referrals across the sites; as this may hold more significant meaning.

i) Referrals to Emergency Departments

Table 16 Emergency Department presentations

Presentations to hospital Emergency Department (including admissions)		
Mainland (IDFs only) Q4 Oct - Dec 2018		
IDF Location	**Total number per region**	**Total number of individuals per region**
NSW	108	74
NT	0	0
QLD	37	35
SA	12	11
VIC	25	21
WA	45	33
Total	**227**	
Total number of unique persons admitted to Hospital Emergency departments	**171**	**6.70%**

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

Hospital Emergency Department presentations have again increased this quarter by 17 over quarter three, increasing from 5.6% of the population to 6.7%. One contributor to this change is likely to be the arrival of individuals from Nauru, many of whom were referred to hospital post arrival as part of their indication for transfer. The most significant change has occurred in South Australia, which averages two presentations per month, having 12 this quarter, of which seven were associated with Nauru arrivals. The majority of the remainder were out of hours issues requiring immediate attention.

j) Psychiatric Admissions

There were a total of 16 unique individuals admitted for a total of 17 inpatient psychiatric admissions in this quarter, with New South Wales contributing to 35.3% of the total admissions. Thirteen of the 17 admissions (76%) this quarter involved involuntary admission to public hospital; this is a slight increase from 67% last quarter. Two of the admissions were for patients transferred from Nauru for assessment to determine whether or not inpatient mental health care was required. This is an increase compared with the nine admissions from last quarter, and is a move to the higher number of admissions in previous quarters. Those individuals transferred from offshore for direct mental health inpatient admission do not appear in this data set, and are captured in the offshore RPC report.

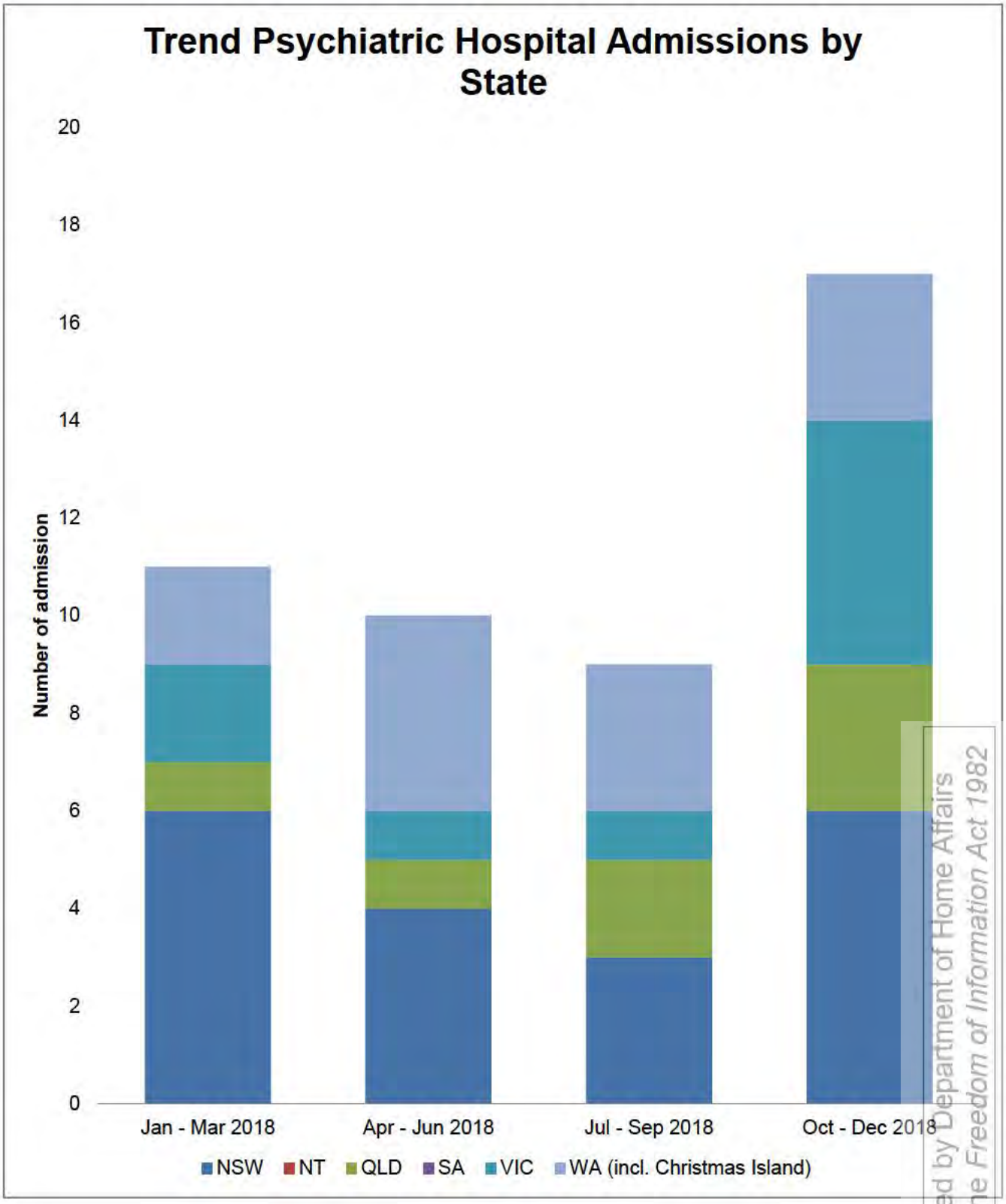
Table 17 Psychiatric Admissions

Mainland (IDFs only) Q1 2018 – Q4 2018				
State/Territory	Jan - Mar 2018	Apr - Jun 2018	Jul - Sep 2018	Oct - Dec 2018
NSW	6	4	3	6
NT	0	0	0	0
QLD	1	1	2	3
SA	0	0	0	0
VIC	2	1	1	5
WA	2	4	3	3
Total	11	10	9	17

Table 18 Psychiatric Admissions by Age Grouping

Mainland (IDFs only) Q4 Oct - Dec 2018			
State/Territory	Total	Adult	Minor
NSW	6	6	0
NT	0	0	0
QLD	3	3	0
SA	0	0	0
VIC	5	5	0
WA	3	3	0
Total	17	17	0

Chart 8 Trend Psychiatric Hospital Admission by state



k) Tier 4 Placements

Placements for people referred to the Tier 4 program are sourced by the Tier 4 program manager. Once a placement decision is made, the Department determines whether the placement will assist with status resolution, in which case the placement becomes a 'Tier 4' placement. If the placement will not assist status resolution but is still required for management of complex health care needs, a 'specialised care placement' occurs.

The following table represents key information relating to the placement of individuals into specialised and Tier 4 care. This is the first quarter in which this data is presented.

There are currently seven individuals who are awaiting outcomes for placement, with an average waiting time of 173 days. During the period, two new placements were made into specialised care; so that there are currently six individuals in care. The three individuals in Tier 4 placements have been in these placements for on average 406 days at the end of quarter, whilst those in specialised care have been in care for an average of 72.7 days.

Table 19 Tier 4 Placements

	Tier 4 Referral Submitted, Awaiting Outcome		Transferred to Placement the Quarter			Currently in Placement		
Placement Type	Number	Average days Waiting	Tier 4 Placement	Specialised Care Placement	Average days awaiting Placement	Tier 4 Placement	Specialised Care Placement	Average days in Placement
Age related Illness	1	332	0	1	262	0	1	43
Chronic Illness and Disease	1	355	0	1	46	0	1	3
Disability and or Mental Health	4	86	0	0	0	3	0	405.67
Palliative Care	1	181	0	0	0	0	1	172
Other	0	0	0	0	0	0	0	0
Total	**7**	**173.14**	**0**	**2**	**154**	**3**	**3**	**239.17**

l) Medication Dispensing

Table 20 illustrates the 20 most frequently prescribed medications within detention facilities and also breaks this down into total numbers and percentages for adult and minors. The total population prescribed regular medication at some point during the quarter has remained consistently around half the population, as per the following:

- Q1 2018 (January – March) 53%
- Q2 2018 (April – June) 51 %
- Q3 2018 (July – September) 44%
- Q4 2018 (October – December) 54%

IHMS continues to give detainees the opportunity to self-administer medications at certain locations where it is practical and safe to do so. A detainee who is approved 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 is 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, or not approved for security reasons, IHMS conducts medication rounds in the clinic.

IHMS continues to manage the onsite administration of Opiate Substitution Therapy Programs (OSTP) now predominantly at Melbourne ITA and Villawood IDC, with smaller numbers at Yongah Hill IDC and Perth IDC. The total number of unique individuals prescribed OSTP this quarter was 103, a decrease of 18.9% predominantly as a result of a 20.3% reduction in the number of individuals on OSTP at Villawood IDC (79 in quarter three). IHMS and the Department continue to work towards the expansion of the OSTP in line with Western Australian (WA) state legislation to allow increased numbers in WA sites, particularly with the expansion of Yongah Hill IDC.

Table 20 Medication Prescription by MIMS Class

Medication prescriptions by MIMS Class Oct – Dec 2018						
% of total population during Q4						
Medications	**Adult**	**Adult %**	**Minor**	**Minor %**	**Total**	**Total %**
Simple analgesics and antipyretics	918	36%	6	23%	924	36%
Non-steroidal anti-inflammatory agents	654	26%	2	8%	656	26%
Antidepressants	392	16%	2	8%	394	15%
Antihistamines	300	12%	1	4%	301	12%
Antipsychotic agents	249	10%	0	0%	249	10%
Hyperacidity, reflux and ulcers	243	10%	0	0%	243	10%
Agents used in drug dependence	187	7%	0	0%	187	7%
Hypolipidemic agents	143	6%	0	0%	143	6%
Penicillins	143	6%	3	12%	146	6%
Laxatives	162	6%	1	4%	163	6%
Expectorants, antitussives, mucolytics, decongestants	144	6%	0	0^%	144	6%
Antihypertensive agents	139	6%	0	0%	139	5%
Sedatives, hypnotics	130	5%	1	4%	131	5%
Bronchodilator aerosols and inhalations	103	4%	0	0%	103	4%
Rubefacients, topical analgesics/NSAIDs	111	4%	0	0%	111	4%
Topical corticosteroids	97	4%	0	0%	97	4%
Combination simple analgesics	114	5%	0	0%	114	4%
Anticonvulsants	100	4%	0	0%	100	4%
Hypoglycaemic agents	87	3%	0	0%	87	3%
Topical nasopharyngeal medication	80	3%	1	4%	81	3%

Pain relief (simple analgesia and antipyretics) and non-steroidal anti-inflammatory agents continue to be the most common prescriptions as has been the trend since quarter four of 2017. There has been a material increase in the use of antidepressant and antipsychotic medications since quarter three of 2018, with increases of 41.2% and 40.7% respectively, and a year-on-year increase of 34.0% and 12.2%. This correlates with a noticeable increase in mental health appointments (with GPs, Psychiatrists and Mental Health Nurses), increased psychiatric admissions, increased numbers with psychiatric disability, and mental health related transfers from Nauru. Agents used in drug dependence have also increased by 27.2% from quarter three of 2018 and 29.9% since quarter four of 2017. Prescriptions for hypoglycaemic agents (mainly used in diabetes) and topical nasopharyngeal medication (generally used in hayfever), have also significantly increased and have therefore been included this period.

Table 21 Medication Prescriptions by Schedule

Medication prescriptions by Schedule Mainland (IDFs only) Q4 Oct – Dec 2018			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse prescriptions**
S2	325	0	804
S3	313	12	16
S4	2,425	116	405
S8	118	0	5
Unscheduled	796	4	307
Grand Total	**3,977**	**132**	**1,537**

GP prescriptions have increased from quarter three of 2018 by 33.2% and 18.4% over quarter four of 2017, most significantly in S2 (44.4%), S4 (33.9%) and Unscheduled (40.6%) drugs. Some of this may relate to transfer of families and children from Nauru to Australia and the servicing of people in APODs. Psychiatrist prescriptions have remained at the same levels as quarter three of 2018, whilst nurse prescriptions have further decreased by 15.8%.

Whilst nurses are unable to independently prescribe S8 medications, the data shows five 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 to obtain telephone orders from a GP or IHMS Medical Director for medications, including Schedule 8 medications as clinically indicated.

Department of Health Therapeutic Goods Administration Drug Scheduling is provided below for reference.

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
Schedule 10	Substances of such danger to health as to warrant prohibition of sale, supply and use

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

Table 22 Medication Trends by MIMS Class

Medication trends		
% of total population during Q4 Oct – Dec 2018		
Medications	**Jul – Sep 2018**	**Oct - Dec 2018**
Simple analgesics and antipyretics	30%	36%
Non-steroidal anti-inflammatory agents	20%	26%
Antihistamines	10%	12%
Antidepressants	10%	15%
Expectorants, antitussives, mucolytics, decongestants	8%	6%
Antipsychotic agents	6%	10%
Hyperacidity, reflux and ulcers	6%	10%
Agents used in drug dependence	5%	7%
Penicillins	5%	6%
Laxatives	4%	6%
Antihypertensive agents	4%	5%
Hypolipidaemic agents	4%	6%
Combination simple analgesics	3%	4%
Bronchodilator aerosols and inhalations	3%	4%
Rubefacients, topical analgesics/NSAIDs	3%	4%
Topical corticosteroids	3%	4%
Sedatives, hypnotics	3%	5%
Anticonvulsants	2%	4%
Hypoglycaemic agents	2%	3%
Topical nasopharyngeal medication	2%	3%

There has been an overall increase in the number of individuals requiring medication this quarter, returning to similar levels to quarters one and two of 2018. Again noteworthy has been the change in the number of individuals on psychotropic medication. Whilst last quarter saw a reduction, the level of these medications increased again this quarter. Antidepressants were prescribed to an additional 105 individuals, antipsychotics to 89 more and 44 additional people were prescribed sedative/hypnotics. Agents used in drug dependence have also returned to the same levels as quarter two of 2018.

m) Vaccinations Administered by Age Group

Table 23 Vaccinations by age group

Vaccinations Administered as per the Australian National Immunisation Schedule by Age Group					
Mainland and Christmas Island (IDFs only) Q4 Oct - Dec 2018					
Vaccination type	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV (Varicella - Chickenpox)	0	0	7	0	7
MMR (Measles, Mumps, Rubella)	0	0	13	1	14
MMRV (Measles, Mumps, Rubella, Varicella)	0	0	0	0	0
Hep B (Hepatitis B)	0	0	55	1	56
MenCCV (Meningococcal C)	0	0	2	0	2
dT (Diphtheria, Tetanus)	0	0	9	0	9
HPV (Human papillomavirus)	0	0	4	0	4
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	17	1	18
PCV (Pneumococcal)	0	0	0	0	0
dTpa (11 years and over) (Diphtheria, Tetanus, Acellular Pertussis)	0	0	21	1	22
Herpes Zoster	0	0	0	0	0
Hib (Haemophilius Influenza type b)	0	0	0	0	0
23 PPV (Pneumococcal)	0	0	0	0	0
4vMenCV (Quadrivalent Meningococcal)	0	0	4	0	4
Total	0	0	132	4	136

Table 24 Additional Vaccinations Administered

Additional Vaccinations administered – Q4 Oct - Dec 2018					
Vaccination	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
Influenza	0	0	1	0	1
Hepatitis A	0	0	36	0	36
Yellow Fever	0	0	0	0	0
Total	**0**	**0**	**37**	**0**	**37**

The IHMS vaccination program is aligned with the Australian Immunisation Schedule with 12 of its primary care nurses holding the immunisation certificate within quarter four of 2018. The overall delivery of vaccinations has again decreased this quarter with a reduction of 11.1% from quarter three of 2018, and 44.3% from quarter four of 2017. There have been further reductions in the Influenza vaccination, which is expected as it is a seasonal vaccine, and a further 42.9% reduction in the Hepatitis A vaccination.

Overall, relatively low vaccination numbers likely reflect both the increasing length of stay; decreasing numbers of HIAs indicating lower numbers of people entering detention, and the provenance of the cohort currently entering detention.

SECTION C: Health outputs and outcomes

a) Reasons for Presentations to GP and Psychiatrist

Table 25 Reasons for Presentations to GP and Psychiatrist

Health Groupings – Q4 2018	Total Number of reasons for presentations	Total Number of Unique reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	2,099	1,626	666	26.1%
Musculoskeletal	1,022	800	428	16.8%
Digestive	781	586	357	14%
Skin	523	423	278	10.9%
Endocrine / Metabolic & Nutritional	505	377	242	9.5%
General Unspecified	401	311	225	8.8%
Respiratory	459	361	224	8.8%
Neurological	244	208	157	6.2%
Cardiovascular	244	190	143	5.6%
Injury	141	119	95	3.7%
Eye	151	120	95	3.7%
Genital	154	117	79	3.1%
Ear	141	119	70	2.7%
Urological	112	89	61	2.4%
Social	49	42	40	1.6%
Blood / Blood forming organs	25	19	18	0.7%
Pregnancy / Childbearing / Family Planning	12	7	6	0.2%
Total	**7,063**	**5,514**		

Table 26 Reasons for Presentations to GP and Psychiatrist by Age Grouping

GP and Psychiatrist Presentations by Age Grouping | Mainland (IDFs only) Q4 Oct - Dec 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%	3	13.6%	656	26.4%	7	17.9%	666	26.1%
Musculoskeletal	0	0%	0	0%	415	16.7%	13	33.3%	428	16.8%
Digestive	2	50%	2	9.1%	347	14%	6	15.4%	357	14.0%
Skin	0	0%	2	9.1%	271	10.9%	5	12.8%	278	10.9%
Endocrine / Metabolic & Nutritional	0	0%	2	9.1%	235	9.5%	5	12.8%	242	9.5%
General Unspecified	2	50%	1	4.5%	218	8.8%	4	10.3%	225	8.8%
Respiratory	1	25%	2	9.1%	216	8.7%	5	12.8%	224	8.8%
Neurological	0	0%	0	0%	154	6.2%	3	7.7%	157	6.2%
Cardiovascular	0	0%	0	0%	134	5.4%	9	23.1%	143	5.6%
Injury	0	0%	1	4.5%	92	3.7%	2	5.1%	95	3.7%
Eye	0	0%	0	0%	89	3.6%	6	15.4%	95	3.7%
Genital	0	0%	0	0%	78	3.1%	1	2.6%	79	3.1%
Ear	0	0%	0	0%	67	2.7%	3	7.7%	70	2.7%
Urological	0	0%	0	0%	58	2.3%	3	7.7%	61	2.4%
Social	0	0%	2	9.1%	38	1.5%	0	0%	40	1.6%
Blood / Blood forming organs	0	0%	0	0%	18	0.7%	0	0%	18	0.7%
Pregnancy /Childbearing /Family Planning	0	0%	0	0%	6	0.2%	0	0%	6	0.2%

There has been a 4.0% decrease in the number of presentations to GPs and psychiatrists between quarter three and quarter four of 2018, with a 9.9% decrease in the range of presenting problems. The most significant changes have been in the following areas; skin related presentations have decreased by 20.8% from 660 in quarter three of 2018 to 523 in quarter four of 2018 on a decrease in unique individuals from 336 to 278 (17.3%). General unspecified (that includes items such as hyperglycaemia, lethargy and weight gain) have decreased from 511 to 401 (16.6%) on a decrease in individuals from 321 to 225 (29.9%). Respiratory presentations are down 22.2%, whilst Blood/Blood forming organs and Pregnancy/Childbearing/Family Planning are down 37.7% and 65.7% respectively, however these are on very small numbers. Psychological presentations have increased by 4.1%, however this has been on a decrease in individuals from 727 to 666 (8.4%). Presentations for eye conditions have increased by 21.8% on an increase of individuals of 21.8% and urological presentations have increased by 17.9%.

When interpreting this table it is important to note that each grouping represents a wide range of symptoms, reasons for consultations and diagnoses listed within the SNOMED classification system and may not represent all significant pathology. The cases captured under the “psychological” grouping for example, range from recognised psychiatric diagnoses, to psychologically related consults such as smoking cessation activities.

b) Chronic Diseases

Table 27 Chronic Diseases

Primary Health Care - Chronic Diseases Mainland (IDFs only) Q4 Oct - Dec 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**
Depression	84	3.3%	1	3.8%	85
Cardiovascular	74	2.9%	0	0.0%	74
Diabetes	57	2.3%	0	0.0%	57
Asthma	54	2.1%	0	0.0%	54
Schizophrenia	44	1.74%	0	0.0%	44
Arthritis	36	1.4%	0	0.0%	36
Obesity	27	1.07%	0	0.0%	27
Oral disease	23	0.9%	0	0.0%	23
Chronic Liver Disease	15	0.6%	0	0.0%	15
Bipolar Disorder	11	0.4%	0	0.0%	11
Epilepsy	10	0.4%	0	0.0%	10
COPD	7	0.3%	0	0.0%	7
Thyroid Disease	7	0.3%	0	0.0%	7
Cancer	4	0.2%	0	0.0%	4
Osteoporosis	4	0.2%	0	0.0%	4
Glaucoma	3	0.1%	0	0.0%	3
Chronic Kidney Disease	2	0.1%	0	0.0%	2
Dementia	2	0.1%	0	0.0%	2

**The number of adults and minors is unique within the chronic disease category.*

Table 28 Chronic Diseases by Age Grouping

Chronic Diseases by Age Grouping | Mainland (IDFs only) Q4 Oct – Dec 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 %**
Depression	0	0.0%	1	4.5%	83	3.3%	1	2.6%
Cardiovascular	0	0.0%	0	0.0%	68	2.7%	6	15.4%
Diabetes	0	0.0%	0	0.0%	54	2.2%	3	7.7%
Asthma	0	0.0%	0	0.0%	53	2.1%	1	2.6%
Schizophrenia	0	0.0%	0	0.0%	44	1.8%	0	0.0%
Arthritis	0	0.0%	0	0.0%	32	1.3%	4	10.3%
Obesity	0	0.0%	0	0.0%	26	1.0%	1	2.6%
Oral disease	0	0.0%	0	0.0%	23	0.9%	0	0.0%
Chronic Liver Disease	0	0.0%	0	0.0%	15	0.6%	0	0.0%
Bipolar Disorder	0	0.0%	0	0.0%	11	0.4%	0	0.0%
Epilepsy	0	0.0%	0	0.0%	10	0.4%	0	0.0%
COPD	0	0.0%	0	0.0%	5	0.2%	2	5.1%
Thyroid Disease	0	0.0%	0	0.0%	7	0.3%	0	0.0%
Cancer	0	0.0%	0	0.0%	2	0.1%	2	5.1%
Osteoporosis	0	0.0%	0	0.0%	1	0.04%	3	7.7%
Glaucoma	0	0.0%	0	0.0%	2	0.1%	1	2.6%
Chronic Kidney Disease	0	0.0%	0	0.0%	1	0.04%	1	2.6%
Dementia	0	0.0%	0	0.0%	1	0.04%	1	2.6%

[i] https://www.aihw.gov.au/reports/risk-factors/risk-factors-to-health/contents/chronic-disease-risk-factors

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. For example; 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.

There has been a decrease of 3.6% in the number of individuals presenting for consultations regarding chronic diseases during quarter four compared to quarter three of 2018. The most significant point is that depression has become the most frequent reason for presentation this quarter, an increase in 44.8% over quarter three of 2018 and 71.4% over quarter two of 2018. At least part of this increase is likely to be due to the arrival of transfers from offshore, with an initial appointment with the GP and registration of a diagnosis in to the system on arrival. All other chronic disease with more than 25 presentations has decreased, with the most significant decreases occurring in obesity; down 34.1% and arthritis, down 16.3%.

In a year-on-year comparison, total individuals presenting with chronic disease symptoms have increased by 31.9%, with nearly all major primary diagnoses also increasing. Cardiovascular has increased by 39.6%; and diabetes by 67.6%. Presentations for obesity has decreased year-on-year by 35.7%.

Chronic disease management is individualised to the needs of each detainee based on comprehensive clinical assessments. For some chronic diseases, such as Diabetes Mellitus, care plans are also commenced to assist and guide care. Care plans prompt interventions according to the schedule created for that particular disease. Scheduled care plan items may include reviews by GPs, nurses and specialists as well as referrals for radiology and pathology investigations. For example, GP and Optician reviews are scheduled (at least) annually for detainees with Diabetes Mellitus.

c) Communicable, Infectious and Parasitic Diseases

Table 29 Communicable, Infectious and Parasitic Diseases

	New Diagnoses Quarter 4 (Oct - Dec 2018)				Total New Diagnoses Jul 2015 – Dec 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	1	1	2	0.08%	3	16	19
Gonorrhoea	0	0	0	0.00%	1	3	4
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B , sAg pos	0	18	18	0.71%	10	287	297
Hepatitis C, Ab pos	1	26	27	1.06%	21	532	553
HIV	0	0	0	0.00%	1	20	21
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	0.27%	3	110	113
Tuberculosis – Active	0	0	0	0.00%	2	9	11
Typhoid	0	0	0	0.00%	0	0	0
Total	**2**	**52**	**54**	**2.12%**	**42**	**979**	**1,021**
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	**2**	**52**	**54**	**2.12%**	**45**	**980**	**1025**

Table 29 above shows the number of communicable, infectious and parasitic diseases diagnosed for people held in IDF's. In this quarter new communicable disease diagnoses reduced by 28.0%. The major diseases diagnosed are also consistent with prior quarters, these being Hepatitis B; Hepatitis C and Syphilis, all decreasing since the last quarter. There have been no new cases of HIV, tuberculosis or any parasitic diseases in this quarter identified in people held in IDF's.

d) Hepatitis C

Table 30 Hepatitis C

Hepatitis C (Oct - Dec 2018)	
New Diagnosis of Hep C	27
Individuals on Hep C Medication	13
Completed Treatment for Hep C	7
Cleared Hep C virus (spontaneously or due to previous treatment)	7
Current individuals with Active Hep C	124

There are 124 individuals in held detention (8.9% of the end of quarter population) that currently have active Hepatitis C diagnoses. Of these 13 (10.5%) are currently under-going treatment.

During the quarter there were 27 new diagnoses (1.7% of the people in detention during this period), seven individuals completed their Hepatitis C treatment, and previously infected seven individuals were tested and cleared. This seven is not the same as those completing treatment as testing has not been finalised on all individuals receiving treatment. Ongoing efficacy of treatment will be included in future data sets.

e) 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 the Department of Home Affairs policy. Screening allows identification of those with individual mental health needs. In theory, collated screening data should provide a rough estimate of morbidity across the detention population, depending on the type of screening tool used. However, consent rates for mental health screening tools are low, making extrapolation of population mental health trends statistically unreliable.

Mental health 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).

1.1.1 Kessler Psychological Distress Scale (K-10)

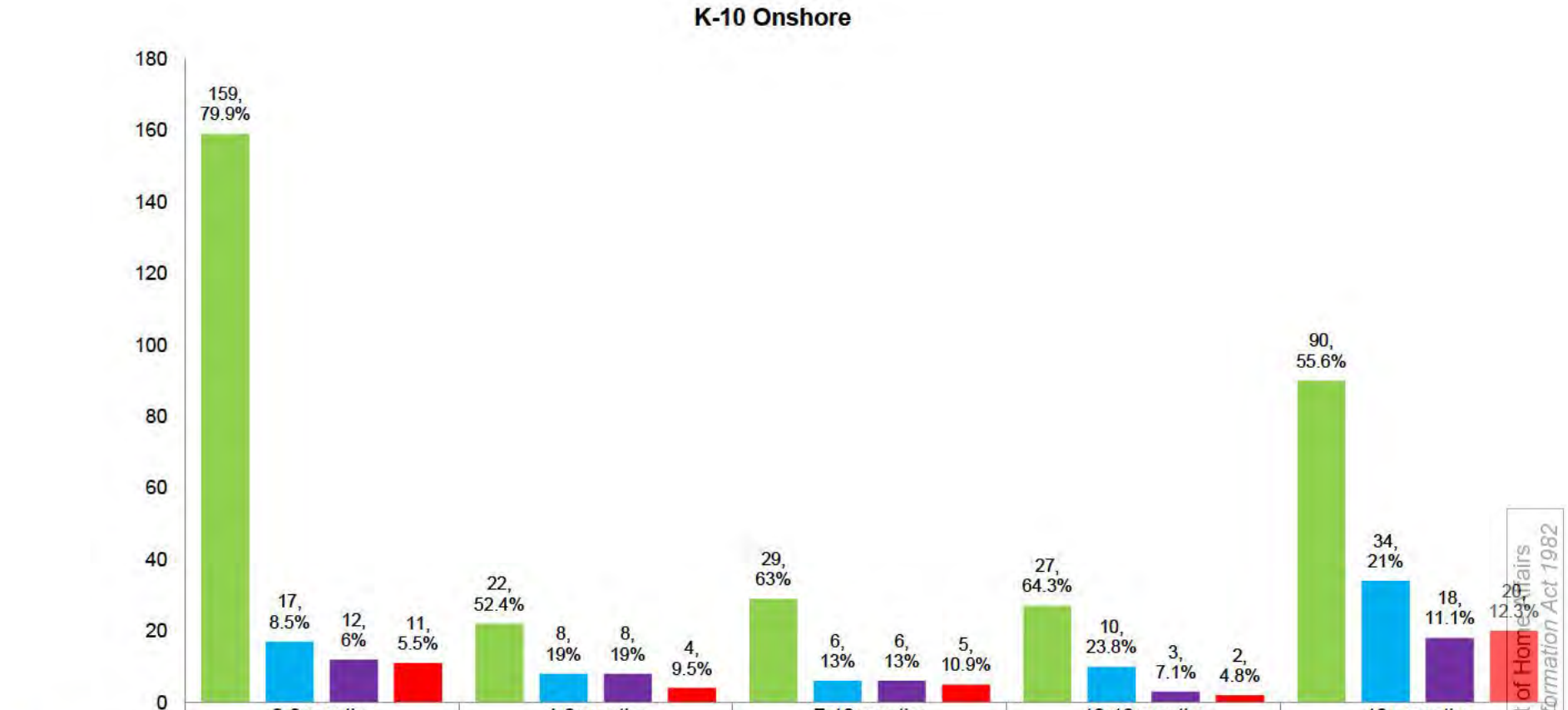
The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric 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).

The number of total screening has increased this quarter from 438 in quarter three of 2018 to 491, predominantly due to an increase in screening performed on people after induction. There has been a change in the overall profile, with a significantly higher number (23 this quarter, eight in the prior) of initial assessments falling in the moderate to severe range, perhaps due to the changing arrival cohort, and reflective of the increase in 'depression' diagnosis in the chronic diseases table. The number of individuals in detention for greater than 12 months falling in the moderate to severe range has reduced, dropping from 9.3% in quarter three to 8.8% in quarter four. The total number of individuals scoring greater than 22 has increased from last quarter - currently sitting at 18.1%, from 17.1% last quarter. Additionally there are now 16.1% (five in total) of females tested scoring in the severe range (0% last quarter), whilst males in the severe range remain unchanged at 6.5%.

Table 31 Kessler Psychological Scale (K-10)

Mainland (IDFs only) Q4 Oct - Dec 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	199	15.47	159	79.9%	17	8.5%	12	6.0%	11	5.5%
4-6 months	42	19.71	22	52.4%	8	19.0%	8	19.0%	4	9.5%
7-12 months	46	18.83	29	63.0%	6	13.0%	6	13.0%	5	10.9%
13-18 months	42	17.86	27	64.3%	10	23.8%	3	7.1%	2	4.8%
19+ months	162	19.43	90	55.6%	34	21.0%	18	11.1%	20	12.3%
Total Population	**491**	**17.66**	**327**	**66.6%**	**75**	**15.3%**	**47**	**9.6%**	**42**	**8.6%**

Chart 9 Kessler Psychological Scale (K-10)



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20)	159	22	29	27	90
Mild (20-24)	17	8	6	10	34
Moderate (25-29)	12	8	6	3	18
Severe (30-50)	11	4	5	2	20

1.1.2 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 32 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.

f) 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. Individuals with T&T 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 T&T 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 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 33 New Torture &Trauma Disclosures

Mainland (IDFs only) Q4 Oct - Dec 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	2	0	0	2	0
Brisbane ITA	9	0	1	8	0
Maribyrnong IDC	1	0	0	1	0
Melbourne ITA	7	2	0	5	0
Perth IDC	0	0	0	0	0
Villawood IDC	11	0	0	11	0
Yongah Hill IDC	10	0	0	10	0
Total	**40**	**2****	**1**	**37**	**0**
*** % IDF population during Q4**	**1.6%**	**50.0%**	**4.5%**	**1.5%**	**0.0%**

**Percentages are calculated for the total population age grouping during Q4 2018.*
*** See comment below*

There were fewer individuals who made new disclosures of T&T during quarter four of 2018, a reduction of 21.6%. The distribution of new disclosures across sites has altered further with the largest decrease across the Melbourne region, down 69.2% whilst Yongah Hill IDC has increased 10-fold (from one in quarter three, to 10 this quarter). This is likely a result of the redistribution of detainees as a result of the closure of Maribyrnong IDC. As with last month, the majority of disclosures relate to males between 18-64 years, accounting for 87.5% of the disclosures this quarter.

The two 0-4 year olds were sisters involved in family counselling sessions and were not individually assessed as suffering from trauma.

1.2. 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 (on-going 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.

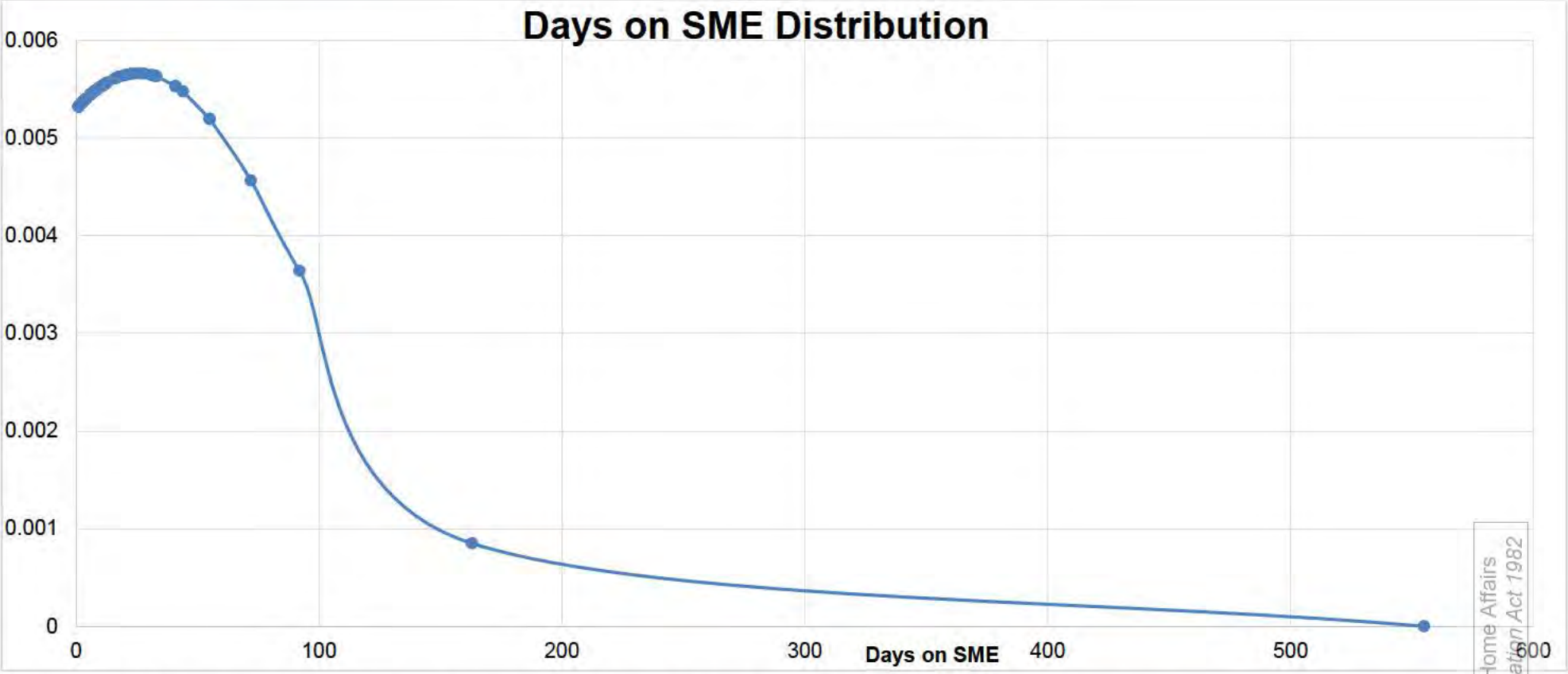
SME figures have been extracted from the electronic record and reflect episodes of commencement of an individual at each level of SME, including episodes of changing SME from one level to the next. Where an individual for example commences high SME and then is downgraded to moderate SME and later to on-going 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.

Table 34 Episodes of commencement on (or downgrading of) SME

Individuals on SME			
Mainland (IDFs only) Q4 Oct - Dec 2018			
	On-going	Moderate	High Imminent
Adelaide ITA	0	0	0
Brisbane ITA	7	4	1
Maribyrnong IDC	4	3	3
Melbourne ITA	5	9	9
Perth IDC	5	3	3
Villawood IDC	2	6	9
Wickham Point IDC	0	0	0
Yongah Hill IDC	7	7	7
Total	94		
Total number of unique individuals on SME	53	**% of IDF population on SME**	2.1%

The number of unique individuals on SME remains consistent with quarter three of 2018 (from 54 in quarter three to 53 this quarter). The occurrences of detainees being placed on High Imminent SME decreased by 15.7% over quarter three of 2018, however those on moderate increased by 14.43% to 32.

Chart 10 – Days on SME Distribution



This quarter, 54.5% of individuals place on SME have remained on SME for less than 10 days, with the current longest period on SME being 555 days. These cases relate to complex mental health and behavioural risk issues in individuals requiring intensive oversight to manage risk not able to be managed otherwise in the detention centre environment. Over this period, the average time on SME was 25.8 days - a reduction of 49.8% from last quarter. Additionally, this quarter there were 16 individuals placed on SME more than once throughout the reporting period, including one individual with five occurrences.

4. DISCUSSION

4.1 The Detention Cohort

The main 'cohort' factors in this quarter in the onshore network were the closure of the Christmas Island and MIDC facilities, and the transfer of multiple individuals and families from Nauru, who were predominantly accommodated in APODs and then mostly released to community placement. The closure of CI and MIDC and incorporation of those individuals into existing detention centres with increased capacity, is reflected in a reduction in FTT activity compared with last quarter,

The servicing of APODs associated with the large number of transfers of children and families arriving from Nauru in this quarter is not readily apparent in this data set due to the relatively small numbers compared with the overall onshore population, and also the spread of arrivals across states, although the majority were managed at least initially in Queensland. Relatively short stays in APODs prior to community placement and referral to hospital services for the unwell family member combine to reduce the visibility of this cohort within the health data presented in this report.

The detention population no longer includes significant numbers of children or large numbers of direct arrivals from overseas. Both of these factors are reflected in the lack of need for services relating to children, or vaccination schedules. Tuberculosis is also now a low prevalence health issue due to the current detention cohort, although remains a significant risk should an infected individual arrive.

Disability data shows a preponderance in this quarter of psychiatric compared with other disability types. This is reflected also in the increase this quarter of psychiatric admissions, the rise in prescription of antipsychotics, and the small but labour-intensive number of individuals requiring specialised care placements due to cognitive impairments and dementia. It is likely that this complex mental health cohort will progressively increase in detention if the psychiatric disability impairs, as it is likely to do, the person's progress through the process of resolving their visa status. Length of stay for individuals with this type of disability is worth exploring, and if there appears to be an interaction between psychiatric disability and length of stay, a specific focus on how to better assist people with psychiatric disability through the detention process may be worthwhile.

4.2 Medical Service Activities

Hepatitis C is now the most prevalent communicable disease issue in detention, closely followed by Hepatitis B. While there is now a viable treatment option for Hep C, the continued intake of untreated individuals from the general population, exposure of individuals to re-infection through continued substance abuse and the failure of exposure to create immunity, mean that Hep C prevalence within detention is unlikely to dramatically reduce in the near future, unless there is a way of cordoning certain population groups and achieving almost 100% treatment rates.

Hepatitis C and abuse of intravenous and other drugs are associated issues. While management of drug abuse and dependence is not strongly reflected in the heath data set due to the lack of specific capture of data associated with health activity around these issues, substance abuse-related service activity is visible in the information on prescription of Opiate Substitution medication, delivered through the Opiate Substitution program.

In addition to psychiatric issues, the overall prevalence of chronic health issues has increased this quarter, indicating a general rise in illness such as diabetes, cardiovascular disease and obesity. It would be useful to cross match this increase against ethnicity data, to explore both contributors and potential points of health intervention.

Information on external appointments has been expanded in this health data set, with the aim of looking in more detail at what type of services are not available on site, and also with a view to in the future explore the information available around reasons for cancellation of or DNA specialist appointments. Presenting and examining this information may result in opportunities to further explore services which could be provided on site rather than off site, and also as a way of monitoring the accessibility of specialist services within a setting in which security restrictions impact on excursions.

Information on 'Tier 4' placements is also presented for the first time in this data set. The detention cohort now includes a small number of individuals whose health needs cannot be met using a purely primary care/intermittent referral to specialist model, who need sustained residential intensive or specialist care. In the community they would have options such as community nursing, specialised accommodation or nursing care, outside a hospital setting. Currently this is not available within detention facilities, and requires the case by case establishment of a specialised APOD, whether in a subcontracted specialist facility, or an individual housing option with home based specialised care. Taken together this data could be partially explained by and definitely correlates with a tightening of security restrictions resulting in reduced excursions, and an explicit attempt to increase health service delivery, including T&T services on site. In some cases this has resulted in detainees declining non-urgent health-related appointments due to unavoidable security requirements, and this individual trend may be reflected in these figures.

4.3 Health Outputs and Outcomes

The incidence of 124 individuals in the network with active Hepatitis C, of whom only 13 are currently receiving active treatment, could usefully be further explored to understand what factors contribute to a relatively low number on treatment. The overall concept of hepatitis population management is to eradicate as far as possible the illness in population groups in order to minimise the risk of new or re-infection. Partial treatment of a static contained population, although of benefit to individuals, is not likely to achieve this public health aim.

The graphing of length of time on SME which commenced in the previous data set and has been continued in this one has led to improvements in the quality of SME reporting, and has also provided further impetus to examine the management of the very small number of people on SME for extended periods. This is likely to lead to further joint service provider work around this very small but high risk cohort.

5. 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)

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