



Department of Immigration and Border Protection

Offshore Processing Centres
Quarterly Health Trend Report
April-June 2014

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Offshore Processing Centres Quarterly Health Trend Report Health Data Set

April – June 2014

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1. Executive Summary

The Offshore Processing Centres, (OPC) Quarterly Health Trends Report is submitted on a quarterly basis and provides a summary of the health status of transferees in OPCs. Previous reports have included text based commentary on health issues only.

In this edition of the report, we have now included statistical data which 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.

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.¹

This data, together with the routine oversight of the health services by our clinical governance team, informs the commentary provided in this report.

¹ Some data contained in this report is limited by the inaccuracy of location data received from DIBP as data is derived from both XML files and the Nominal Roll, which may affect rates of conditions that are reported at site level. Where this occurs it is indicated in the report.

Definitions

Term	Definition
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
IHMS	International Health and Medical Services
OPC	Offshore Processing Centre
RN	Registered Nurse

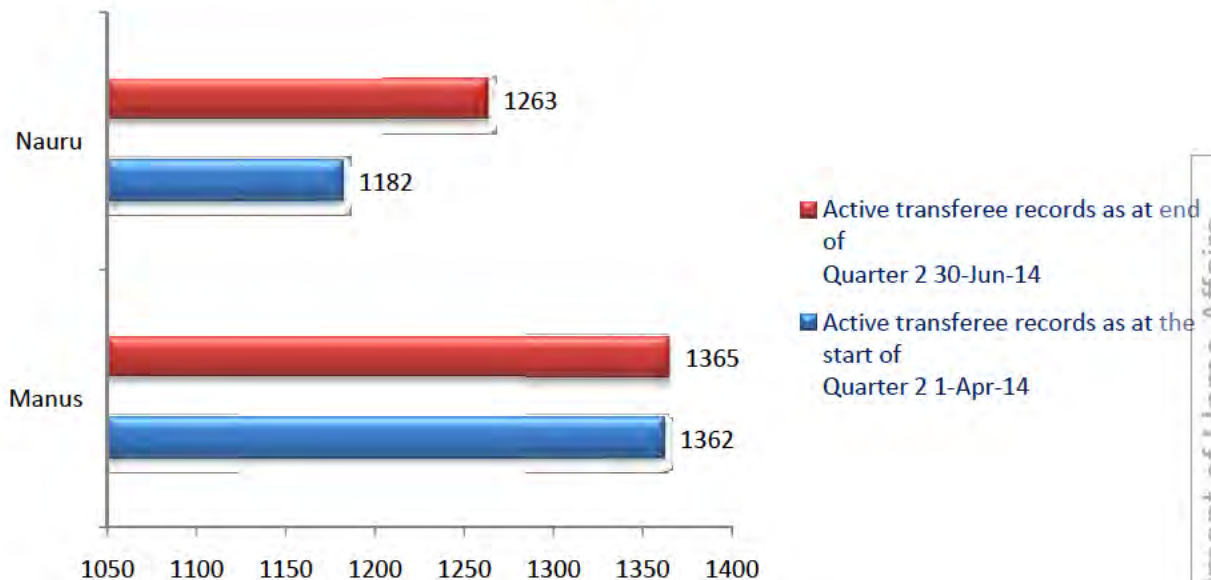
2. Transferee Cohort

2.1. Number of Active Transferee Records

The Transferee cohort in this dataset includes all persons who have an active record in Apollo and their location is an Offshore Processing Centre (OPC) as of 1st April 2014. It also includes those who entered an OPC during the period 1 April 2014 to 30 June 2014. Each Transferee in the cohort has an end date which is either 30 June 2014, for those remaining within an OPC at the end of the period; or between 1 April 2014 and 30 June 2014, implying they have left OPC during the quarter.

Detention facility	Active transferee records as at the start of Q2 1-Apr-14	Active transferee records as at end of Q2 30-Jun-14
Manus Island	1,362	1,365
Nauru	1,182	1,263
Total	2,544	2,628

Active transferee records as at the start and the end of Q2



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2.2. Age grouping

Age grouping totals in Q2 mirrored those of Q1. This reflects a relatively stable population within the OPCs.

Age Groupings	Total	% of total OPC population during Q2
Male aged 0-4 years	22	1%
Female 0-4 years	18	1%
Male 5-10 years	42	2%
Female 5-10 years	37	1%
Male 11-14 years	22	1%
Female 11-14 years	22	1%
Male 15-17 years	47	2%
Female 15-17 years	17	1%
Male 18-45 years	2,086	77%
Female 18-45 years	291	11%
Male 46-65 years	74	3%
Female 46-65 years	27	1%
Male 66 years	1	0%
Female 66 years	2	0%
Totals	2,708	100.0%

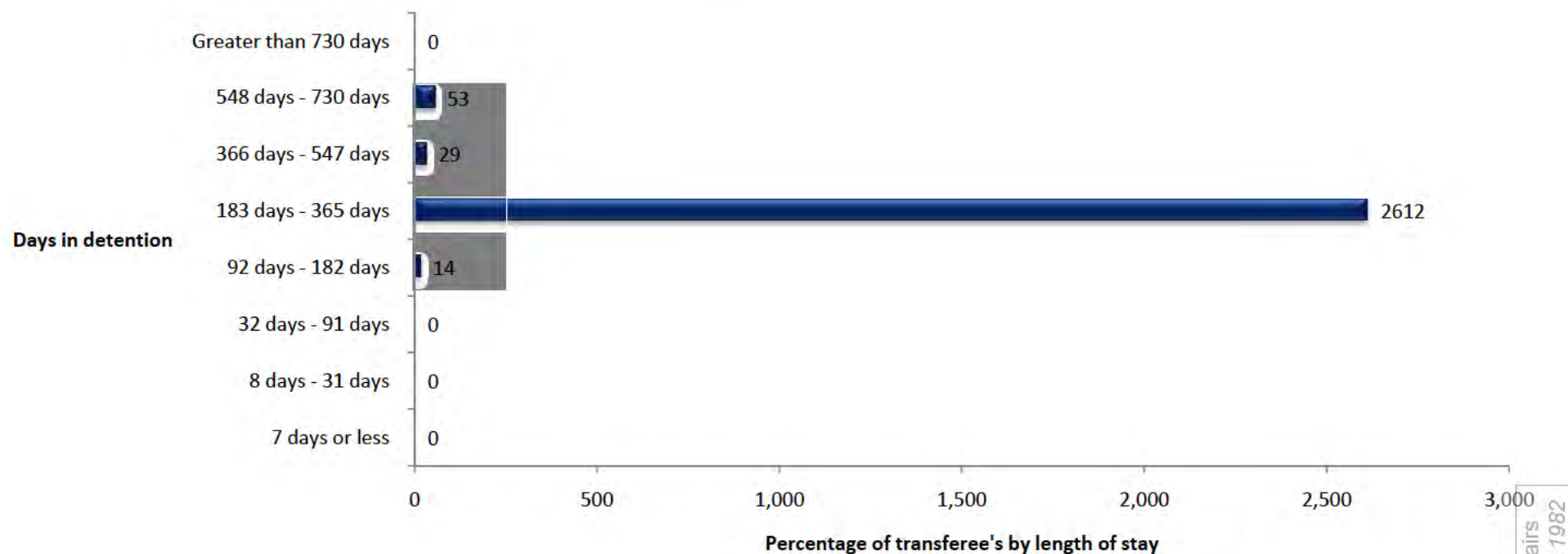
Despite the stable Transferee population there remains a wide cross section of age groups in the OPC network from ages 0 to 66. Because of this IHMS provide a wide range of primary health care activities which cater for the different age groups within the OPC population.

2.3. Length of stay

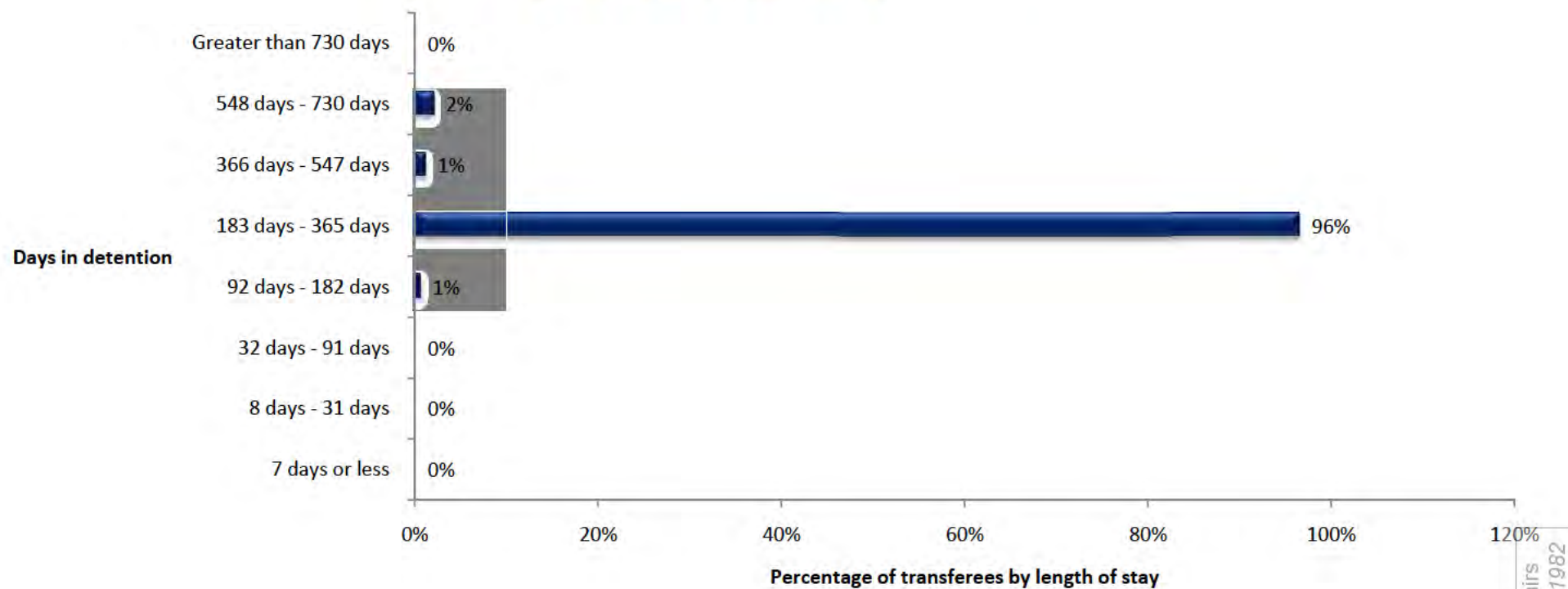
Length of Stay Manus and Nauru	Total	Percentage of total population 01 Apr - 30 Jun 2014
7 days or less	0	0%
8 days - 31 days	0	0%
32 days - 91 days	0	0%
92 days - 182 days	14	1%
183 days - 365 days	2,612	96%
366 days - 547 days	29	1%
548 days - 730 days	53	2%
Greater than 730 days	0	0%

Length of stay is defined by the date the person entered into the immigration detention network, typically at Christmas Island, until either the time they left detention or at the end of the reporting period.

**Total number of transferees in Offshore Processing Centre (OPCs)
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

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3. Primary Health

3.1. Introduction

IHMS are contracted by the Department of Immigration to provide the primary health care service within the Offshore Processing Centres (OPCs). The care is provided by an experienced team of primary health care professionals including IHMS General Practitioners (GPs), Registered Nurses (RNs). 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 Transferee 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 the remote locations of Manus Island and Nauru. IHMS visiting specialists including obstetricians and sonographers have played a key role in providing healthcare to the Transferee population on Nauru with regular visits to the island. Tele-health has also been piloted and it is expected that the regular use of this modality will be established over the next 6 months.

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3.2. Consultations

Primary Health Care - Consultations Manus and Nauru Q2 - Apr – Jun 2014			
IHMS Primary health care	Total No. of consults	No. of unique persons	% of total OPC population during Q2 2014
GP	14,165	1,885	70%
Paramedic	1,846	758	28%
Primary Health Nurse	14,531	2,292	85%
Mental Health Nurse	5,732	1,791	66%
Psychologist	2,001	789	29%
Counsellor	10,548	1,703	63%
Psychiatrist	821	229	8%
Total	49,644	9,447	N/A

There is a high level of utilisation and engagement with the health services within the OPCs. Given that there were 2,708 records active at any time during the quarter, this means an average of 18 consultations with health professionals per person, or 6 consultations per month.

3.3. Pathology referrals

Pathology referrals Manus and Nauru Q2 - Apr - Jun 2014		
Pathology type	No. referrals	No. persons
FBC (Full Blood Count)	71	58
Urea & Electrolytes	55	45
Creatinine	48	43
LFT (Liver Function Test)	41	36
BSL	33	28
Cholesterol, Triglycerides, HDL & LDL	34	29
HbA1c	22	19
Thyroid Function Test (FT4 & TSH)	22	19
Syphilis Serology	22	17
Albumin / Creatinine Ratio	17	16
Mid Stream Urine Micro & Culture	19	16
ALT	16	15
Hepatitis C Serology	19	15
HIV Serology	18	15
Vitamin D	18	15
Hepatitis B Serology	17	14
AST	14	13
Ferritin	15	13
GTT	11	5
TOTAL	512	431
% total OPC population during Q2	N/A	16%

3.4. Allied health referrals

Allied referrals Manus and Nauru Q2 - Apr - Jun 2014		
Allied health referral type	No. referrals	No. persons
Dental	230	103
Physiotherapy	10	4
Pathology	8	8
Torture and Trauma Counselling	95	55
Optometry	48	42
TOTAL	391	212
As % total OPC population during Q2		8%

In Nauru, dental presentations remain high and health promotion has focused this quarter on oral hygiene, along with regular topics such as hydration and dengue hydration. Dental cases are seen at the RON Hospital.

3.5. Radiology Referrals

Radiology referrals Manus and Nauru Q2 - Apr - Jun 2014					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of Total)	No. Persons	Percentage (of total)	
X-ray	54	52.43%	48	57.14%	1. Chest 2. Elbow - Right 3. Knee - Right 4. Shoulder 5. Spine - Lumbar
Ultrasound	31	30.10%	29	34.52%	1. Abdomen 2. Obstetric 3. Other 4. Lower Back 5. Shoulder
CT Scan	14	13.59%	13	15.48%	1. Abdomen 2. Head 3. Brain 4. Spine - Lumbar 5. Chest
MRI	2	1.94%	2	2.38%	1. Periphery
Mammography	2	1.94%	2	2.38%	1. Bilateral Ultrasound
TOTAL	103	N/A	94	N/A	N/A
As % Total OPC population during Q2	N/A	3.80%	N/A	3.47%	

There were a number of emergency referrals for CT scans on both islands following head injury, or to investigate orthopaedic or intra-abdominal pathology. MRI scans were needed in cases of orthopaedic injury on Manus. A large proportion of ultrasound scan referrals were for obstetrics and gynaecology scans on Nauru.

There were a number of cases of breast disease presenting on Nauru requiring breast clinic intervention and mammography.

3.6. Specialist referrals

IHMS is reviewing the information captured in Apollo in relation to specialist referrals to ensure accuracy; this information will be provided in subsequent editions of this report.

On Nauru there has been a focus on paediatrics with a dedicated paediatric health clinic and a paediatric specialist clinic. Health assessments and screening on children have been performed on the cohort. A small number of minor injuries have been reported in children (mainly head injuries).

A general physician specialist clinic visit has been conducted reviewing complex cases.

3.7. Hospital admissions

OPC Location	Total	No of individuals hospitalised
Manus Island	19	18
Nauru	21	17
Total	40	35
% of total OPC population during Q2	2708	1%

On Manus the bulk of the hospital admissions were to Pacific International Hospital in Port Moresby. In Nauru a large proportion of presentations to hospital were to the Republic of Nauru Hospital, where a number of emergency and elective surgeries were performed.

3.8. GP encounters by health Groupings

GP consult encounter Health groupings Q2 2014	No. of GP encounters
Digestive	1,830
Skin	1,386
Musculoskeletal	1,320
Respiratory	856
Psychological	777
General Unspecified	736
Neurological	478
Eye	476
Urological	460
Ear	434
Genital	380
Cardiovascular	345
Endocrine / Metabolic & Nutritional	318
Injury	300
Pregnancy / Childbearing / Family Planning	275
Social	133
Blood / Blood forming organs	43
Grand Total	10,547

The above groupings are typical of routine primary care settings in the community and common diseases such as respiratory infections, orthopaedic conditions and skin conditions are well represented. This data does not include encounters coded for non-disease related matters such as enquiries about the progress of a referral.

The two main reasons for detainees seeking medical attention in the 2nd quarter 2014 are digestive and skin conditions.

Digestive complaints were the highest reason to seek consultation with an IHMS medical officer which again is consistent with the rest of the network 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/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.

Skin conditions are commonly dermatitis other skin rashes and are commonly seen in both community and remote settings. The psychological grouping remains a high burden of disease within the offshore detention network with strategies to counter this discussed in the mental health section of this document.

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 when appropriate. IHMS has received visiting internal physician visits on both islands that have allowed more detailed care plans to be developed to supplement this. 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.

3.9 Nauru

In Nauru, pregnancies are managed within the GP/midwife led antenatal clinic and supported with visiting obstetrician and sonography services. This quarter has seen a number of hyperemesis (nausea/vomiting of pregnancy) cases consistent with the stage of pregnancy.

3.10 Manus Island

Many presentations for primary health care during this quarter have reflected the common medical ailments related to environmental conditions on Manus.

Transferees are still experiencing headaches and fatigue as well as sleep disturbances. The loss of appetite and mild dehydration are common, associated with poor fluid intake and constipation which is a common complaint. Kidney stones remain common, and this quarter has seen a small number of presentations with microscopic haematuria (blood in the urine) requiring investigation. There has been Schistosomiasis reported (a parasitic infection common in certain Transferee home countries)

There remains a general poor compliance with the use of insect repellent, the wearing of long trousers and long sleeve shirts as well as anti-malaria medications. Fans are provided to circulate air and reduce the high temperatures but also reduce compliance with sleeping under the mosquito nets. The rate of sleeping under bed nets is generally low.

The clinic sees a large number of stakeholders in the two stakeholder clinic times with often 10-20 at each session. This can cause a delay in starting the transferee clinic.

There continues to be high demand for pain killers, often after-hours. There has also been a spike in medication-seeking behaviour. This is often related to dental pain.

Mental health presentations have been static this quarter. There have been few cases of food and fluid refusal which have been managed supportively.

There have been a number of acute presentations this quarter that have required keeping patients for overnight stay for monitoring and intravenous treatment. Several patients were moved to Port Moresby or Australia for specialist intervention unavailable on Manus.

We have had a number of local PNG villagers presenting to the clinic in cardiac arrest and who required resuscitation or were dead on arrival.

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Medications and vaccinations

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4. Medications

4.1. Medication usage in IDFs (Top 20)

Medication Usage (Top 20) Manus and Nauru Q2 - Apr - Jun 2014		
List of medications	No. of detainees in OPCs receiving during Q2	% of total OPCs population during Q2
Nonsteroidal anti-inflammatory agents	715	26%
Penicillins	512	19%
Simple analgesics and antipyretics	418	15%
Antihistamines	335	12%
Combination simple analgesics	287	11%
Hyperacidity, reflux and ulcers	271	10%
Antidepressants	192	7%
Topical antifungals	148	5%
Other antibiotics and anti-infectives	134	5%
Narcotic analgesics	131	5%
Rubefacients, topical analgesics/NSAIDs	122	5%
Topical corticosteroids	111	4%
Antispasmodics and motility agents	101	4%
Macrolides	94	3%
Cephalosporins	90	3%
Antianxiety agents	86	3%
Adrenal steroid hormones	79	3%
Expectorants, antitussives, mucolytics, decongestants	77	3%
Quinolones	76	3%
Antiemetics, antinauseants	74	3%

The prescription rates are consistent with the onshore network and reflect the most commonly prescribed medications in Australian primary care, with the exception of penicillin antibiotics, which can be attributed to the poor level of dental hygiene and high incidence of dental infections in this population group.

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4.2. Medication usage by schedule

Medication prescriptions by Schedule Manus and Nauru Q2 - Apr - Jun 2014			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse prescriptions
S2	1138	1	821
S3	1002	4	26
S4	5,317	202	512
S8	16	1	0
Unscheduled	1,514	3	144
Grand Total	8,987	211	1,503

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

Source: Scheduling Basics; <http://www.tga.gov.au/industry/scheduling-basics.htm#.U87jAl2KDct>

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4.3. Medication trends

Medication trends			
% of total population during quarter			
Medications	Oct - Dec 2013	Jan – Mar 2014	Apr – Jun 2014
Nonsteroidal anti-inflammatory agents	N/A	N/A	26%
Penicillins	N/A	N/A	19%
Simple analgesics and antipyretics	N/A	N/A	15%
Antihistamines	N/A	N/A	12%
Combination simple analgesics	N/A	N/A	11%
Hyperacidity, reflux and ulcers	N/A	N/A	10%
Antidepressants	N/A	N/A	7%
Topical antifungals	N/A	N/A	5%
Other antibiotics and anti-infectives	N/A	N/A	5%
Narcotic analgesics	N/A	N/A	5%
Rubefacients, topical analgesics/NSAIDs	N/A	N/A	5%
Topical corticosteroids	N/A	N/A	4%
Antispasmodics and motility agents	N/A	N/A	4%
Macrolides	N/A	N/A	3%
Cephalosporins	N/A	N/A	3%
Antianxiety agents	N/A	N/A	3%
Adrenal steroid hormones	N/A	N/A	3%
Expectorants, antitussives, mucolytics, decongestants	N/A	N/A	3%
Quinolones	N/A	N/A	3%
Antiemetic, antinauseants	N/A	N/A	3%

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5. Chronic diseases

6.1. Primary Health Care Chronic diseases

Primary Health Care - Chronic Diseases Manus and Nauru 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	56	2.26%	0	0%	56
Asthma	38	1.53%	2	0.88%	40
Cancer	3	0.12%	0	0%	3
Cardiovascular	73	2.94%	4	1.76%	77
Chronic kidney disease	2	0.08%	0	0%	2
Depression	129	5.20%	14	6.17%	143
Diabetes	29	1.17%	0	0%	29
Oral disease	234	9.43%	9	3.96%	243

These rates of chronic diseases are drawn from the coded encounters with GPs and assigned to the disease categories defined by the Australian Institute of Health and Welfare. It is worth noting that the populations at the OPCs are predominately in the 18-45 age brackets, and have been screened for health issues prior to being transferred to an OPC.

In future editions of this report, we will seek to include more comparative analysis and commentary on this data.

Chronic Diseases by age grouping Minors (0 - 17 years of age)
Manus and Nauru
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	0	0%	1	1%	1	2%	0	0%
Cancer	0	0%	0	0%	0	0%	0	0%
Cardiovascular	1	3%	2	3%	0	0%	1	2%
Chronic / kidney disease	0	0%	0	0%	0	0%	0	0%
Depression	0	0%	2	3%	4	9%	8	13%
Diabetes	0	0%	0	0%	0	0%	0	0%
Oral disease	3	8%	2	3%	2	5%	2	3%

Chronic Diseases by age grouping Adults (18 - 66+ years of age)
Manus and Nauru
Q2 - Apr - Jun 2014

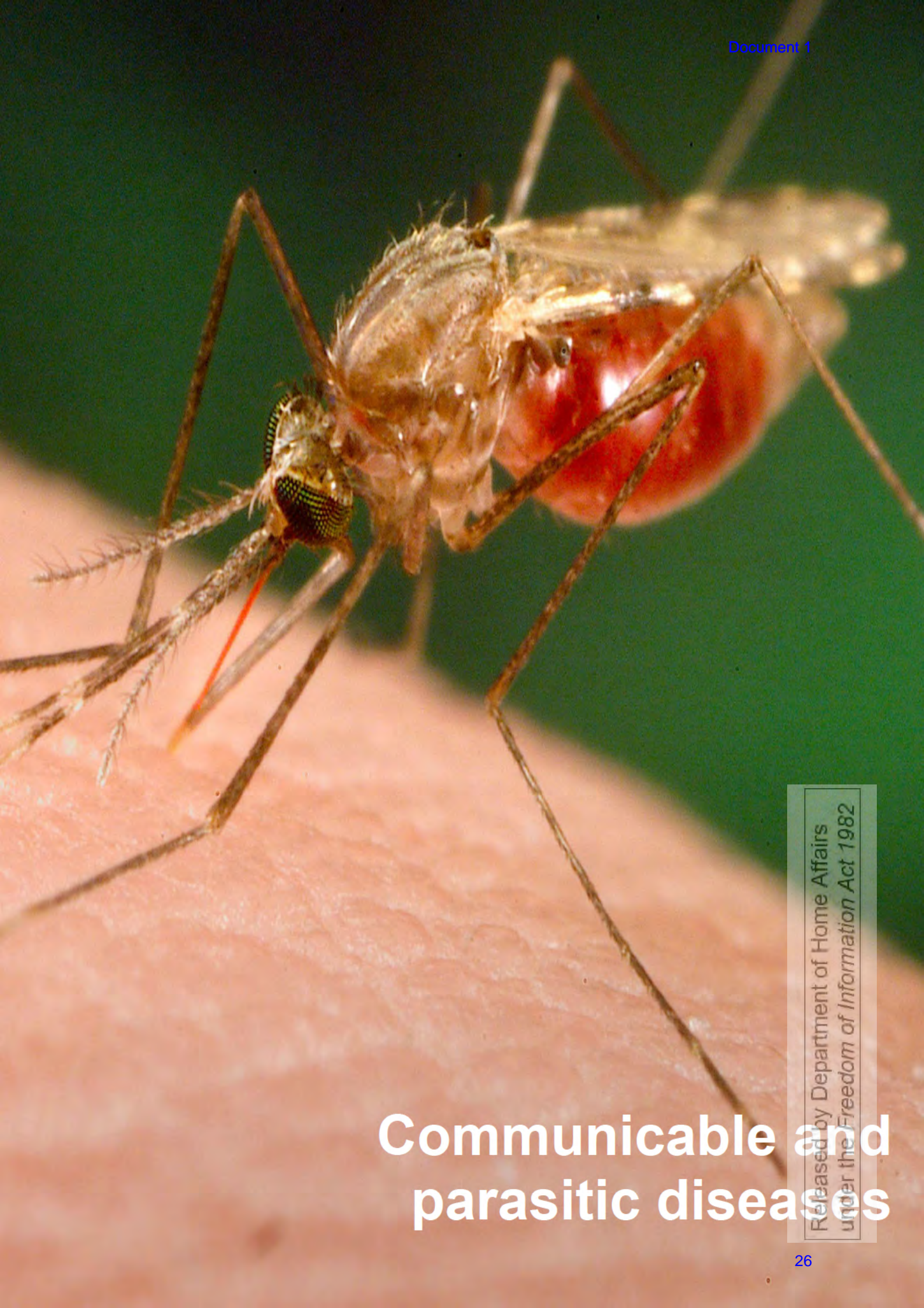
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	48	2%	8	8%	0	0%
Asthma	33	1%	5	5%	0	0%
Cancer	3	0%	0	0%	0	0%
Cardiovascular	53	2%	18	18%	2	67%
Chronic / kidney disease	2	0%	0	0%	0	0%
Depression	123	5%	6	6%	0	0%
Diabetes	20	1%	8	8%	1	33%
Oral disease	221	9%	13	13%	0	0%

Chronic Diseases by gender Manus and Nauru Q2 - Apr - Jun 2014					
Chronic Disease	Female	Gender group by %	Male	Gender group by %	Grand Total
Arthritis	10	2.42%	46	2.01%	56
Asthma	14	3.38%	26	1.13%	40
Cancer	0	0%	3	0.13%	3
Cardiovascular	21	5.07%	56	2.44%	77
Chronic kidney disease	0	0%	2	0.09%	2
Depression	55	13.29%	88	3.84%	143
Diabetes	9	2.17%	20	0.87%	29
Oral disease	42	10.14%	201	8.76%	243

6. Vaccinations

6.1. Vaccinations administered by age group (Offshore)

Offshore Vaccinations administered								
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	11	9	5	9	110	4	0	148
dT	0	0	0	0	0	0	0	0
DTPa	12	22	8	0	555	19	0	616
dTpa (11 years and over)	0	9	5	24	870	37	0	945
Hep A	2	17	10	4	200	4	0	237
Hep B	0	26	12	58	2068	79	0	2243
Hib	0	0	0	0	0	0	0	0
HPV	0	1	2	11	18	0	0	32
IPV	0	0	0	0	0	0	0	0
Jap E	0	0	0	0	114	5	0	119
MenCCV	0	0	0	2	217	12	0	231
MMR	0	0	0	0	38	1	0	39
MMRV	0	0	0	0	0	0	0	0
Typh IM	19	18	8	15	263	11	0	334
VZV	6	11	9	11	325	10	0	372
Total	50	113	59	134	4778	182	0	5316



Communicable and parasitic diseases

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7. Communicable Diseases

7.1. Communicable, infectious and parasitic diseases (Offshore)

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

#

IHMS manages the investigation and diagnosis and treatment of communicable, infectious and parasitic diseases within the OPC network. The above figures identify the number of confirmed communicable, infectious and parasitic disease within transferees only at both OPCs.

Nauru has seen continued cases of dengue fever as part of the established dengue outbreak on the island and across the Pacific.

Schistosomiasis has been diagnosed on Manus and is endemic in many Transferee countries of origin.

The above data does not include stakeholder presentations.



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Mental Health

8. 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 detained populations is a well-established fact and is consistent with results found internationally in similar populations.

Obtaining valid and reliable information on mental health issues in an OPC 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 transferees and is closely aligned to data capture and reporting processes used by mental health services in the community.

8.1. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration OPC and at prescribed intervals according to DIBP policy. Screening for mental health issues provides a means of identification of any Transferee mental health related concerns enabling appropriate support and interventions and a way of tracking the mental health of transferees 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 & adolescents was introduced in Q2, 2014. These results of these screening is not presented here, however IHMS will continue to discuss the results of the various screening tools with the Department in appropriate forums.

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8.2. Psychotropic Medication

Psychotropic class	Number of psychotropic prescriptions Q2 Apr - Jun 2014		
	Adult	Minor	Grand Total
Antidepressants	340	5	345
Antipsychotic agents	99	0	99
Grand Total	439	5	444

Psychotropic class	Unique transferees Q2 Apr – Jun 2014		
	Adult	Minor	Grand Total
Antidepressants	189	4	193
Antipsychotic agents	41	0	41
Grand Total	230	4	234

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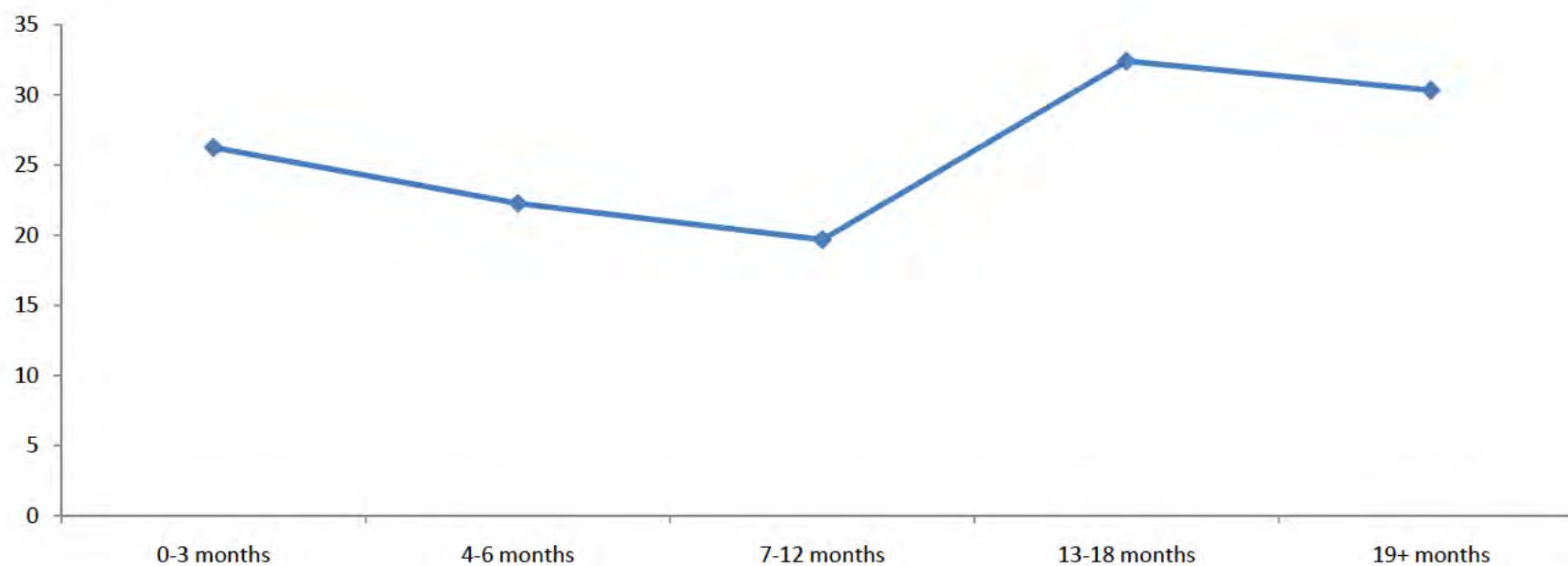
8.3. Kessler Psychological Distress Scale (K-10) Q2 - 2014

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 offshore immigration OPC 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). These are the first set of data reported with this instrument. Results show that on average 12.64% of the OPC population gave a score in the moderate-severe range on the K-10.

Months in OPC	Number of 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	4	26.25	119	82.64%	14	9.72%	4	2.78%	7	4.86%
4-6 months	429	22.27	121	77.07%	18	11.46%	7	4.46%	11	7.01%
7-12 months	348	19.68	451	77.23%	62	10.62%	37	6.34%	34	5.82%
13-18 months	5	32.40	31	64.58%	11	22.92%	5	10.42%	1	2.08%
19+ months	3	30.33	62	55.86%	23	20.72%	10	9.01%	16	14.41%
Total OPC Population	789	21.24	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 Offshore - Q2



8.4. 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 OPC. 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.

8.5. New T&T Disclosures

OPC Facility	New T & T Disclosures Apri - Jun 2014
Manus Island	53
Nauru	32
Total	85
% total OPC population during Q2	3%

8.6. New Torture & Trauma Disclosures

Trend in new disclosures (Taken from the table above)				
% of total OPC population during quarter making new T&T Disclosures				
Jul - Sep 13	Oct - Dec 13	Jan - Mar 14	Apr - Jun 14	
N/A	N/A	N/A	3%	

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Department of Immigration and Border Protection

Regional Processing Centres
Quarterly Health Trends Report

October - December 2016

Quarter 4

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Regional Processing Centres Quarterly Health Trends Report

Quarter 4

October – December 2016

Report written by:

International Health and Medical Services (IHMS)-

Please send questions to:

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1. Executive Summary

During the fourth quarter of 2016, IHMS continued to provide comprehensive medical services to transferees at the Regional Processing Centres (RPCs) on Nauru and Manus Island. IHMS provides primary healthcare services, mental health support, emergency response services and facilitation of specialist consultation services to transferees. In addition, there are significant numbers of “settled” refugees accommodated within the community at Nauru, and to a lesser extent at East Lorengau, to whom IHMS provides primary healthcare services and mental health support via ‘settlement clinics’. Mental health services for ‘settled’ refugees on Nauru have expanded and are now based at the RPC rather than the ‘settlement clinic. IHMS also provides a Port Moresby nurse liaison service for clients transferred to Pacific International Hospital (Port Moresby) for investigations or treatment.

It should also be noted that the quarterly health trends report for Regional Processing Centres for the fourth quarter of 2016 differs significantly from previous reports. The first and most significant change is that all transferees who have been designated ‘refugees’ by the respective immigration authorities in Nauru and in Papua New Guinea (PNG) have been excluded from this data set. With respect to the Manus Regional Processing Centre, consultations and clinical interactions in relation to transferees who have been designated “refugees” at the end of the reporting period have been excluded - consequently, the great majority of clinical interactions in relation to transferees (who were designated refugees at the end of the reporting period) on Manus Island are no longer included in this data set.

The second change is that, instead of accumulated data for both Regional Processing Centres being presented as it has been in previous reports; the current report presents data separately for the Nauru RPC and the Manus RPC. Consequently, no comparisons can be made between data presented in previous reports and that presented in the current report. Note that statistics related to ‘settlement clinic’ services (including mental health services to settled refugees on Nauru) and Port Moresby Nurse Liaison services are not included in this report.

Non-refugees within the transferee cohort continue to receive high levels of clinical services from IHMS clinicians. With regards to Manus Island, over 50% of the non-refugees received consultations from each of the following clinical groups - general practitioners, primary health nurses and mental health nurses. Those non-refugees receiving clinical services from these clinical disciplines received, on average, three or four consultations during the quarter. With regards to Nauru, approximately 60% of non-refugees received consultations from each of general practitioners and primary health nurses; on average, these clients received over four consultations during the quarter.

Visiting allied health providers to the RPCs include dental, physiotherapy and optometry. Dental and physiotherapy services generally occur on a monthly basis whilst optometry services are provided six monthly. There were no optometry visits during the quarter.

Specialist consultations are facilitated by a small number of visiting specialists, telehealth consultations and transfers to another site (most commonly Pacific International hospital in Port Moresby). On Manus Island during the reporting period, there were eight specialist referrals for non-refugees. On Nauru, there were 13 referrals for non-refugees.

The majority of hospital admissions are for elective procedures or investigations and are conducted at Pacific International Hospital in Port Moresby as per Department of Immigration and Border Protection's (DIBP) transfer policy. On Manus Island, there were 15 hospital admissions for non-refugees. There were no hospital admissions for non-refugees on Nauru due to DIBP policy not supporting transfers to Australia for elective procedures or investigations and changes in PNG immigration requirements which prevented non-refugees from Nauru transferring to Port Moresby.

Definitions

Term	Definition
ABF	Australian Border Force
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IHMS	International Health and Medical Services
NOCC	National Outcomes and Case-Mix Collection
NSAID	Non-Steroidal Anti-Inflammatory Drug
PIH	Pacific International Hospital
PNG	Papua New Guinea
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
RPC	Regional Processing Centre
SAF	Single Adult Female
SAM	Single Adult Male
UAM	Unaccompanied Minor

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2. Transferee Cohort Summary

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

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

It is noted that the DIBP reports regarding resident numbers at Regional Processing Centres provide figures regarding total numbers and do not distinguish between transferees who have been designated “refugees” by the respective immigration authorities in the Nauru and Papua New Guinea and those who have not. The current data set for the Regional Processing Centres included in this document excludes clinical activities related to residents who have been designated “refugees”. Whilst designated “refugees” form a minority of transferees residing within the Nauru Regional Processing Centre, “refugees” form the majority of transferees residing within the Manus Regional Processing Centre.

In addition, the DIBP reports do not include the number of “settled refugees” in Nauru for whom IHMS provides clinical services through ‘settlement clinics’ nor the number of refugees residing within the East Lorengau Refugee Transit Accommodation on Manus Island for whom IHMS provides clinical services through a ‘settlement clinic’.

As such, the use of the above described population number is not be a true reflection of the clinical activity that may be occurring on the offshore sites.

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

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

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

3. Explanatory notes

This report should be read with an understanding of how the diagnoses and presentations are generated within the electronic record system. The IHMS electronic record uses the SNOMED clinical terminology system. SNOMED is designed to capture and represent patient data for clinical purposes. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceutical substances, devices and specimens. 'Reasons for presentation' derived from SNOMED in many of the tables in this report do not reflect 'diagnoses' as such, but rather the reason for presentation to the health service provider. For example, 'cardiovascular' is a measure of a patient presentation related to a SNOMED 'cardiovascular' sub code, and may include 'good hypertension control', 'prominent veins', and 'palpitations', as well as the more pathological 'cerebrovascular disease' and 'angina'. This means that statistical information, on for example, 'cardiac presentations' is a better marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population.

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

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Primary Health

4. Integrated Primary Health Care

4.1. Introduction

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

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

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

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).

Although the current data set excludes clinical services provided to designated “refugees” residing within the Regional Processing Centres, IHMS clinical staff provides the same level of services to all transferees irrespective of their refugee status determination by the respective immigration authorities. In fact, more than two thirds of clinical consultations and interactions provided by IHMS staff to transferees on Manus Island are provided to those who are designated as “refugees” and are therefore excluded from the data set included in this report.

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

there has been a significant expansion in mental health services provided to “settled refugees” on Nauru in particular - in Nauru, these services are now based out of the RPC clinic rather than the “settlement clinic” whose size and physical resources are inadequate to facilitate high quality mental health services. Although these mental health services are based at the RPC clinic, statistics relating to these consultations and clinical interactions are not contained within this report.

IHMS also provides a nurse liaison service in Port Moresby in order to facilitate and coordinate specialist appointments at Pacific International hospital in Port Moresby. Patients transferred to Port Moresby for specialist consultations include transferees referred from Regional Processing Centres as well as Nauruan refugees referred by the Republic of Nauru (RoN) hospital via the Overseas Medical Referrals (OMR) process. There are significant numbers of clinical interactions provided by the nurse liaison service in consultation with Pacific International Hospital clinicians, IHMS Assistance and the IHMS Area Medical Director, however, these clinical interactions are not recorded within the data set.

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4.2. Consultations

4.2.1a Consultations – Manus Island

Primary Health Care - Consultations Manus Island				
Manus Q4 Oct - Dec 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Unique Person Attending Consultations	% of total Manus population during Q4 2016
GP	530	159	3.3	54.1%
Primary Health Nurse	784	173	4.5	58.8%
Mental Health Nurse	611	156	3.9	53.1%
Psychologist	114	48	2.4	16.3%
Counsellor	1,128	146	7.7	49.7%
Psychiatrist	43	24	1.8	8.2%
Total	3,210	706	4.5	

4.2.1b Consultations by Age grouping – Manus Island

Primary Health Consultation per Speciality by Age Group by total population										
Manus Q4 Oct - Dec 2016										
IHMS Primary Health Care	0-4 years	% (0-4 yrs)	5-17 years	% (5-17 yrs)	18-64 years	% (18-64 yrs)	65+ years	% (65+ yrs)	Total	% (Total)
GP	0	0%	0	0%	159	54%	0	0%	159	54%
Primary Health Nurse	0	0%	0	0%	173	59%	0	0%	173	59%
Mental Health Nurse	0	0%	0	0%	156	53%	0	0%	156	53%
Psychologist	0	0%	0	0%	48	16%	0	0%	48	16%
Counsellor	0	0%	0	0%	146	50%	0	0%	146	50%
Psychiatrist	0	0%	0	0%	24	8%	0	0%	24	8%

4.2.2a Consultations – Nauru

Primary Health Care - Consultations Nauru Centres				
Nauru Q4 Oct - Dec 2016				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Unique Person Attending Consultations	% of total Nauru population during Q4 2016
GP	642	149	4.3	63.9%
Primary Health Nurse	609	133	4.6	57.1%
Mental Health Nurse	612	200	3.1	85.8%
Psychologist	161	37	4.4	15.9%
Counsellor	245	50	4.9	21.5%
Psychiatrist	66	37	1.8	15.9%
Total	2,335	606	3.9	

4.2.2b Consultations by Age grouping – Nauru Centre

Primary Health Consultation per Speciality by Age Group by total population										
Nauru Q4 Oct - Dec 2016										
IHMS Primary Health Care	0-4 years	% (0-4 yrs)	5-17 years	% (5-17 yrs)	18-64 years	% (18-64 yrs)	65+ years	% (65+ yrs)	Total	% (Total)
GP	4	80%	17	77%	128	62%	0	0%	149	64%
Primary Health Nurse	4	80%	11	50%	118	57%	0	0%	133	57%
Mental Health Nurse	4	80%	19	86%	177	86%	0	0%	200	86%
Psychologist	1	20%	3	14%	33	16%	0	0%	37	16%
Counsellor	4	80%	12	55%	34	17%	0	0%	50	21%
Psychiatrist	1	20%	3	14%	33	16%	0	0%	37	16%

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

Non-refugees within the transferee cohort continue to receive high levels of clinical services from IHMS clinicians.

With regards to Manus Island, over 50% of the non-refugees received consultations from each of the following clinical groups - general practitioners, primary health nurses and mental health nurses. Those non-refugees receiving clinical services from these clinical disciplines received, on average, three or four consultations during the quarter. Approximately 50% of non-refugees received clinical services from a counsellor and they received an average of 7.7 consultations each. In view of the more specialised nature of their work, a lower percentage was seen by a psychiatrist (8.2%) or by psychologists (16.3%). The age breakdown indicates that all consultations were conducted on clients between the ages of 18 and 64 years - this is because only single adult males are accommodated at the Manus island RPC.

With regards to Nauru, approximately 60% of non-refugees received consultations from each of general practitioners and primary health nurses; on average, these clients received over four consultations during the quarter. 85.8% of non-refugees received consultations from mental health nurses (average consultations per person, 3.1) with lower percentages receiving consultations from psychologists (15.9%), counsellors (21.5%) and psychiatrists (15.9%). The age breakdown indicates that all age groups were seen during the reporting period but the great majority of consultations were undertaken on adults 18 to 64 years old as these make up the majority of the non-refugee population within the Nauru RPC.

The reported numbers for Psychiatrist consultations from the above tables (4.2.1a and 4.2.2a) differ from the mental health consultations reported below (tables 9.1.1 and 9.1.2), as the above tables reflect both primary and mental health issues. For example, a transferee can be present to the clinic for review of schizophrenia (mental health issue), and also a headache (primary health issue).

Trend analysis not possible due to changes in data set as previously mentioned.

4.3. Pathology Referrals

4.3.1 Pathology Referrals – Manus Island

Pathology Referrals		
Manus Q4 Oct - Dec 2016		
Pathology Type	No. of Referrals	No. of Persons
Blood Glucose	17	17
C Reactive Protein (CRP)	18	15
Full Blood Count (FBC)	68	58
Helicobacter pylori Serology	9	9
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	101	51
Malaria RDT	10	8
Malarial Parasites (with FBE) Urgent	18	15
Mid-Stream Urine Micro & Culture (MSU)	4	4
Pap Smear	0	0
Triglycerides Fasting	25	23
Total	270	
Total number of unique persons that had a Pathology Referral	75	25.5%

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4.3.2 Pathology Referrals – Nauru Centre

Pathology Referrals		
Nauru Q4 Oct - Dec 2016		
Pathology Type	No. of Referrals	No. of Persons
Blood Glucose	24	16
C Reactive Protein (CRP)	22	20
Full Blood Count (FBC)	68	48
Helicobacter pylori Serology	7	7
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	80	62
Malaria RDT	1	1
Malarial Parasites (with FBE) Urgent	0	0
Mid-Stream Urine Micro & Culture (MSU)	44	29
Pap Smear	1	1
Triglycerides Fasting	23	19
Total	270	
Total number of unique persons that had a Pathology Referral	63	27%

IHMS provides basic on-site pathology services as well as rapid detection kits for vector related diseases such as malaria at both Nauru RPC and Manus Island RPC. [Note that malaria is endemic on Manus Island but NOT on Nauru]. More specialised laboratory services can be performed by Australian laboratories on specimens which can be transported to Australia.

On Manus Island, the most common pathology tests performed on non-refugees were basic biochemistry (liver function tests, urea, electrolytes and creatinine) with the next most common test being a full blood count. Less commonly, the following tests were performed - fasting blood lipids, blood glucose, C reactive protein and Helicobacter pylori serology. There were 10 malaria RDT's with 18 blood films for malarial parasites performed on non-refugees over the quarter. Overall, 270 pathology tests were undertaken on 75 non-refugees over the quarter.

On Nauru, the most common test on non-refugees was a full blood count with next most common being basic biochemistry. Analysis of urine specimens was also relatively common reflecting the difference in cohorts

between the Manus Island and Nauru. Blood sugar levels, fasting blood lipids, C reactive protein and he *Helicobacter pylori* serology were performed less commonly. Overall, 270 pathology tests were performed on 63 non-refugees over the quarter.

4.4. Allied Health Referrals

4.4.1 Allied Health Referrals – Manus Island

Allied Health Referrals					
Manus Q4 Oct - Dec 2016					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	73	0	73	60	72%
Physiotherapy	41	0	41	30	36%
Audiology	0	0	0	0	0%
Optometry	0	0	0	0	0%
Podiatry	0	0	0	0	0%
Total	114	0	114		
Total number of unique persons to have an Allied Health Referral	83	As % of total IDF population during quarter	28%		

4.4.2 Allied Health Appointments – Nauru Centre

Allied Health Referrals					
Nauru Q4 Oct - Dec 2016					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	0	36	36	22	50%
Physiotherapy	9	1	10	10	23%
Audiology	0	0	0	0	0%
Optometry	0	17	17	14	32%
Podiatry	0	0	0	0	0%
Total	9	54	63		
Total number of unique persons to have an Allied Health referral	44	As % of total IDF population during quarter	19%		

Visiting allied health providers to the RPCs include dental, physiotherapy and optometry. Dental and physiotherapy services generally occur on a monthly basis whilst optometry services are provided six monthly.

On Manus Island, 73 dental consultations were provided to 60 non-refugees over the quarter. 41 physiotherapy consultations were provided to 30 non-refugees. There were no optometry visits during the quarter.

On Nauru, 36 dental consultations were provided to 22 non-refugees over the quarter and 10 physiotherapy consultations were provided to 10 non-refugees. 17 optometry consultations were provided to 14 non-refugees.

4.5. Radiology Referrals

4.5.1 Radiology Referrals – Manus Island

Radiology Referrals – Manus Island October - December 2016					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology Referral	
X-Ray	78	100%	54	100.00%	1. Chest
					2. Spine - Lumbo-sacral
					3. Knee (R)
					4. Shoulder (L)
					5. Pelvis
Total	78				
Total number of unique persons to have a Radiology test	54	As % of total IDF population during quarter	18.37%		

On Manus Island, Basic plain x-rays are conducted at the RPC clinic. In order to obtain a formal ultrasonography or more sophisticated imaging such as CT scanning or MRI scanning, the client requires transfer to an alternative location such as Port Moresby where images are undertaken at Pacific international hospital. On Nauru, Basic plain x-rays and ultrasonography are conducted at the RPC clinic. CT scanning can be undertaken on Nauru utilising the IHMS medical imaging technologist - the equipment is located adjacent to the RoN hospital. Contrast imaging and MRI scanning cannot be undertaken on Nauru.

On Manus Island, 78 x-rays were undertaken on 50 for non-refugees - the most common reason for imaging was for chest x-rays.

On Nauru, 87 plain x-rays were done on 48 non-refugees, 39 ultrasound examinations were done on 22 non-refugees and 11 CT scans were performed on seven non-refugees. The most common plain x-ray was the chest x-ray, the most common ultrasound was abdominal ultrasound and the most common CT scan was a cranial CT scan.

4.5.2 Radiology Referrals – Nauru Centre

Radiology Referrals - Nauru Centre October - December 2016					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology Referral	
X-Ray	87	1%	48	88.89%	1. Chest
					2. Spine - Lumbo-sacral
					3. Foot (L)
					3. Knee (R)
					5. Nasal bones
Ultrasound	39	28%	22	40.74%	1. Abdomen
					2. Renal
					3. Pelvis (F)
					4. Testicular
					5. Breast (L)
CT Scan	11	0%	7	12.96%	1. Head
					2. Abdomen
					3. Brain
					4. Foot (L)
					5. Foot (R)
Total	137				
Total number of unique persons to have a Radiology test	54	As % of total IDF population during quarter	23.18%		

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4.6. Specialist Referrals

4.6.1 Specialist Referrals – Manus Island

Specialist referrals (Top 20)			
Manus Q4 2016			
Specialist Referrals	No. Referrals	No. unique persons (based on all designations)	Percentage of unique persons referred to a specialist
General surgery	2	1	0.3%
Orthopaedics	2	2	0.7%
Interventional radiology	1	1	0.3%
Neurology	1	1	0.3%
Oral and maxillofacial surgery	1	1	0.3%
Urology	1	1	0.3%
TOTAL	8		
Total number of unique persons to have a Specialist referral	7	% of total IDF population during Q4	2.4%

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4.6.2 Specialist Referrals – Nauru Centre

Specialist referrals (Top 20)			
Nauru Q4 2016			
Specialist Referrals	No. Referrals	No. unique persons (based on all designations)	Percentage of unique persons referred to a specialist
General surgery	7	7	3.0%
Orthopaedics	2	2	0.9%
Gastroenterology	1	1	0.4%
Ophthalmology	1	1	0.4%
Oral and maxillofacial surgery	1	1	0.4%
Otorhinolaryngology	1	1	0.4%
TOTAL	13		
Total number of unique persons to have a Specialist referral	11	% of total IDF population during Q4	4.7%

Specialist consultations are facilitated by a small number of visiting specialists, telehealth consultations and transfers to another site (most commonly Pacific international hospital in Port Moresby).

On Manus Island during the reporting period, there were eight specialist referrals for non-refugees - 2 for general surgery, 2 for orthopaedics, 1 for interventional radiology, one for neurology, one for oral and maxillofacial surgery and one for urology.

On Nauru, there were 13 referrals for non-refugees - 7 for general surgery, 2 for orthopaedics, and 1 for each of gastroenterology, ophthalmology, oral and maxillofacial surgery and ENT.

4.7. Presentations to hospital Emergency Department (including admissions)

4.7.1 Presentations to hospital Emergency Department – Manus Island

Presentations to hospital Emergency Department (including admissions)		
Manus Q4 Oct - Dec 2016		
Location	Total Hospital Admissions	Number of individuals hospitalised
Manus Island	14	11
Total	14	11
Total number of unique persons that were hospitalised	11	3.74%

4.7.2 Presentations to hospital Emergency Department – Nauru Centre

Presentations to hospital Emergency Department (including admissions)		
Nauru Q4 Oct - Dec 2016		
Location	Total Hospital Admissions	Number of individuals hospitalised
Nauru Centre	0	0
Total	0	0
Total number of unique persons that were hospitalised	0	0%

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

On Manus Island, there were 14 hospital admissions for non-refugees. There were no hospital admissions from non-refugees on Nauru due to ABF not allowing transfers to Australia and changes in PNG immigration requirements which prevented non-refugees from Nauru transferring to Port Moresby

4.8. GP/Psychiatrist Presentations by Health Groupings

4.8.1 Reasons for Presentations to GP and Psychiatrist – Manus Island

Health Groupings Q4 - 2016	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	%
Musculoskeletal	164	139	70	23.8%
Skin	118	99	62	21.1%
Digestive	147	118	52	17.7%
General Unspecified	76	65	49	16.7%
Psychological	102	96	42	14.3%
Neurological	59	49	38	12.9%
Respiratory	64	59	35	11.9%
Injury	33	31	22	7.5%
Urological	31	28	16	5.4%
Endocrine / Metabolic & Nutritional	25	23	16	5.4%
Ear	33	29	15	5.1%
Cardiovascular	23	20	12	4.1%
Genital	23	20	12	4.1%
Eye	12	11	8	2.7%
Blood / Blood forming organs	4	4	4	1.4%
Social	1	1	1	0.3%
Pregnancy / Childbearing / Family Planning	0	0	0	0.0%
Total	915	792		

4.8.1a Presentations by Age grouping - Manus

GP/Psychiatrist presentations by Age Grouping										
Manus Q4 Oct - Dec 2016										
Health Groupings	0-4 years	% of total 0-4 yrs	5-17 years	% of total 5-17 yrs	18-64 years	% of total 18-64 yrs	65+ years	% of total 65+ yrs	Total	% total Manus population
Musculoskeletal	0	0.0%	0	0.0%	70	23.8%	0	0.0%	70	23.8%
Skin	0	0.0%	0	0.0%	62	21.1%	0	0.0%	62	21.1%
Digestive	0	0.0%	0	0.0%	52	17.7%	0	0.0%	52	17.7%
General Unspecified	0	0.0%	0	0.0%	49	16.7%	0	0.0%	49	16.7%
Psychological	0	0.0%	0	0.0%	42	14.3%	0	0.0%	42	14.3%
Neurological	0	0.0%	0	0.0%	38	12.9%	0	0.0%	38	12.9%
Respiratory	0	0.0%	0	0.0%	35	11.9%	0	0.0%	35	11.9%
Injury	0	0.0%	0	0.0%	22	7.5%	0	0.0%	22	7.5%
Urological	0	0.0%	0	0.0%	16	5.4%	0	0.0%	16	5.4%
Endocrine / Metabolic & Nutritional	0	0.0%	0	0.0%	16	5.4%	0	0.0%	16	5.4%
Ear	0	0.0%	0	0.0%	15	5.1%	0	0.0%	15	5.1%
Cardiovascular	0	0.0%	0	0.0%	12	4.1%	0	0.0%	12	4.1%
Genital	0	0.0%	0	0.0%	12	4.1%	0	0.0%	12	4.1%
Eye	0	0.0%	0	0.0%	8	2.7%	0	0.0%	8	2.7%
Blood / Blood forming organs	0	0.0%	0	0.0%	4	1.4%	0	0.0%	4	1.4%
Social	0	0.0%	0	0.0%	1	0.3%	0	0.0%	1	0.3%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

4.8.2 Reasons for Presentations to GP and Psychiatrist – Nauru Centre

Health Groupings Q4 - 2016	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Musculoskeletal	183	147	70	30.0%
Psychological	219	182	56	24.0%
Skin	140	106	55	23.6%
Digestive	137	117	51	21.9%
General Unspecified	77	67	46	19.7%
Respiratory	162	128	46	19.7%
Neurological	58	39	27	11.6%
Endocrine / Metabolic & Nutritional	57	32	18	7.7%
Eye	28	27	16	6.9%
Urological	38	26	16	6.9%
Injury	26	20	15	6.4%
Genital	19	16	11	4.7%
Ear	24	20	11	4.7%
Cardiovascular	10	8	7	3.0%
Social	5	5	5	2.1%
Blood / Blood forming organs	3	3	3	1.3%
Pregnancy / Childbearing / Family Planning	0	0	0	0.0%
Total	1,186	943		

4.8.2a Presentations by Age Grouping – Nauru

GP/Psychiatrist presentations by Age Grouping										
Nauru Q4 Oct - Dec 2016										
Health Groupings	0-4 years	% of total 0-4 yrs	5-17 years	% of total 5-17 yrs	18-64 years	% of total 18-64 yrs	65+ years	% of total 65+ yrs	Total	% total Nauru population
Musculoskeletal	0	0.0%	4	18.2%	66	32.0%	0	0.0%	70	30.0%
Psychological	1	20.0%	3	13.6%	52	25.2%	0	0.0%	56	24.0%
Skin	2	40.0%	4	18.2%	49	23.8%	0	0.0%	55	23.6%
Digestive	1	20.0%	2	9.1%	48	23.3%	0	0.0%	51	21.9%
General Unspecified	2	40.0%	3	13.6%	41	19.9%	0	0.0%	46	19.7%
Respiratory	4	80.0%	6	27.3%	36	17.5%	0	0.0%	46	19.7%
Neurological	0	0.0%	0	0.0%	27	13.1%	0	0.0%	27	11.6%
Endocrine / Metabolic & Nutritional	2	40.0%	0	0.0%	16	7.8%	0	0.0%	18	7.7%
Eye	0	0.0%	0	0.0%	16	7.8%	0	0.0%	16	6.9%
Urological	0	0.0%	1	4.5%	15	7.3%	0	0.0%	16	6.9%
Injury	0	0.0%	3	13.6%	12	5.8%	0	0.0%	15	6.4%
Genital	0	0.0%	0	0.0%	11	5.3%	0	0.0%	11	4.7%
Ear	0	0.0%	3	13.6%	8	3.9%	0	0.0%	11	4.7%
Cardiovascular	0	0.0%	0	0.0%	7	3.4%	0	0.0%	7	3.0%
Social	0	0.0%	0	0.0%	5	2.4%	0	0.0%	5	2.1%
Blood / Blood forming organs	0	0.0%	1	4.5%	2	1.0%	0	0.0%	3	1.3%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

The most common reasons the non-refugees on Manus Island presenting to doctors during the reporting quarter were for musculoskeletal symptoms (164) and/or digestive symptoms (147). Consultations with skin conditions (118) were also common as were consultations with psychological symptoms (102). There are also a significant number of patients presenting with “general unspecified” symptoms (76) which may allude to anything ranging from viral infections through to psychological disorders.

The most common presenting symptoms for non-refugees on Nauru presenting to doctors were of a psychological nature (219). The next most common symptoms were musculoskeletal (183), respiratory (162), skin conditions (140) and digestive symptoms (137). There are also a significant number of non-refugees presenting with “general unspecified” symptoms (77). Little can be determined from the age breakdown of consultations as there are so few minors presenting to doctors appointments.

4.9. Primary Health Care Chronic Diseases

4.9.1 Chronic Diseases – Manus Island

Primary Health Care - Chronic Diseases					
Manus Q4 Oct - Dec 2016					
Chronic Disease categories taken from the Australian Institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Arthritis	4	1.4%	0	0.0%	4
Asthma	0	0.0%	0	0.0%	0
Cardiovascular	2	0.7%	0	0.0%	2
Depression	7	2.4%	0	0.0%	7
Diabetes	1	0.3%	0	0.0%	1
Epilepsy	1	0.3%	0	0.0%	1
Obesity	1	0.3%	0	0.0%	1
Oral disease	1	0.3%	0	0.0%	1
Thyroid disease	0	0.0%	0	0.0%	0

4.9.1a Chronic Diseases by Age grouping – Manus Island

Chronic Diseases by Age Grouping								
Manus Q4 Oct - Dec 2016								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Arthritis	0	0%	0	0%	4	1.4%	0	0%
Asthma	0	0%	0	0%	0	0.0%	0	0%
Cardiovascular	0	0%	0	0%	2	0.7%	0	0%
Depression	0	0%	0	0%	7	2.4%	0	0%
Diabetes	0	0%	0	0%	1	0.3%	0	0%
Epilepsy	0	0%	0	0%	1	0.3%	0	0%
Obesity	0	0%	0	0%	1	0.3%	0	0%
Oral Disease	0	0%	0	0%	1	0.3%	0	0%
Schizophrenia	0	0%	0	0%	0	0.0%	0	0%
Thyroid Disease	0	0%	0	0%	0	0.0%	0	0%

4.9.2 Chronic Diseases – Nauru Centre

Primary Health Care - Chronic Diseases					
Nauru Q4 Oct - Dec 2016					
<i>Chronic Disease categories taken from the Australian Institute of Health and Welfare</i>	Adult	Age group by %	Minor	Age group by %	Grand Total
Arthritis	4	1.9%	0	0.0%	4
Asthma	2	1.0%	0	0.0%	2
Cardiovascular	4	1.9%	0	0.0%	4
Depression	18	8.7%	1	0.5%	19
Diabetes	7	3.4%	0	0.0%	7
Epilepsy	0	0.0%	0	0.0%	0
Obesity	0	0.0%	0	0.0%	0
Oral disease	10	4.9%	1	0.5%	11
Thyroid disease	1	0.5%	0	0.0%	1

4.9.2a Chronic Diseases by Age grouping – Nauru

Chronic Diseases by Age Grouping								
Nauru Q4 Oct - Dec 2016								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Arthritis	0	0%	0	0%	4	1.9%	0	0%
Asthma	0	0%	0	0%	2	1.0%	0	0%
Cardiovascular	0	0%	0	0%	4	1.9%	0	0%
Depression	0	0%	1	5%	18	8.7%	0	0%
Diabetes	0	0%	0	0%	7	3.4%	0	0%
Epilepsy	0	0%	0	0%	0	0.0%	0	0%
Obesity	0	0%	0	0%	0	0.0%	0	0%
Oral disease	0	0%	1	5%	10	4.9%	0	0%
Schizophrenia	0	0%	0	0%	0	0.0%	0	0%
Thyroid disease	0	0%	0	0%	1	0.5%	0	0%

On Manus Island, the most common chronic disease amongst non-refugees presenting during the reporting quarter is depression (seven). The next most common is arthritis (four). Others include cardiovascular disease (two), diabetes (one), epilepsy (one), obesity (one) and oral disease (one).

On Nauru, the most common chronic disease amongst non-refugees presenting during the reporting quarter is also depression (18) with the next most common being oral disease (10). There were also seven diabetics presenting during the quarter. Other chronic diseases include arthritis (four), cardiovascular disease (four), asthma (two) and thyroid disease (one). The great majority of chronic diseases were amongst adults with only two in minors aged between five and 17 years (one depression and one oral disease).



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5. Medications

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

5.1.1 Medication prescriptions – Manus Island

Medication prescriptions by MIMS Class Manus Q4 Oct - Dec 2016						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Nonsteroidal anti-inflammatory agents	138	47%	0	0%	138	47%
Simple analgesics and antipyretics	125	43%	0	0%	125	43%
Penicillins	70	24%	0	0%	70	24%
Hyperacidity, reflux and ulcers	56	19%	0	0%	56	19%
Antihistamines	54	18%	0	0%	54	18%
Combination simple analgesics	51	17%	0	0%	51	17%
Antidepressants	47	16%	0	0%	47	16%
Herbal nervous system preparations	43	15%	0	0%	43	15%
Vitamins (single agents)	39	13%	0	0%	39	13%
Multivitamins and minerals	31	11%	0	0%	31	11%
Antispasmodics and motility agents	29	10%	0	0%	29	10%
Sedatives, hypnotics	24	8%	0	0%	24	8%
Other antibiotics and anti-infectives	22	7%	0	0%	22	7%
Antipsychotic agents	18	6%	0	0%	18	6%
Macrolides	17	6%	0	0%	17	6%
Topical oropharyngeal medication	17	6%	0	0%	17	6%
Antiemetics, antinauseants	15	5%	0	0%	15	5%
Antianxiety agents	12	4%	0	0%	12	4%
Quinolones	12	4%	0	0%	12	4%
Laxatives	11	4%	0	0%	11	4%

5.1.2 Medication prescriptions – Nauru Centre

Medication prescriptions by MIMS Class						
Nauru Q4 Oct - Dec 2016						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	96	47%	13	48%	109	47%
Nonsteroidal anti-inflammatory agents	94	46%	9	33%	103	44%
Antidepressants	52	25%	1	4%	53	23%
Hyperacidity, reflux and ulcers	36	17%	0	0%	36	15%
Antipsychotic agents	31	15%	1	4%	32	14%
Antihistamines	26	13%	5	19%	31	13%
Penicillins	24	12%	4	15%	28	12%
Expectorants, antitussives, mucolytics, decongestants	25	12%	1	4%	26	11%
Topical nasopharyngeal medication	20	10%	4	15%	24	10%
Vitamins (single agents)	21	10%	1	4%	22	9%
Other antibiotics and anti-infectives	18	9%	1	4%	19	8%
Rubefacients, topical analgesics/NSAIDs	17	8%	1	4%	18	8%
Combination simple analgesics	15	7%	0	0%	15	6%
Topical corticosteroids	12	6%	3	11%	15	6%
Antiemetics, antinauseants	13	6%	1	4%	14	6%
Topical antifungals	12	6%	2	7%	14	6%
Oral and parenteral electrolytes	13	6%	0	0%	13	6%
Cephalosporins	10	5%	0	0%	10	4%
Antianxiety agents	9	4%	0	0%	9	4%
Antispasmodics and motility agents	9	4%	0	0%	9	4%

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

The most common are medications prescribed for non-refugees on Manus island were non-steroidal anti-inflammatory agents (138) and simple analgesics and antipyretics (125); we should also include with these combination simple analgesics (51) - All these medications are used in the treatment of a wide range of conditions including febrile illnesses, minor aches and pains, injuries and chronic conditions such as arthritis. Antibiotic prescriptions are also fairly common and these include penicillins (70), other antibiotics and anti-infectives (22), macrolides (17) and quinolones (12) - although there may be a small number of serious infections, the majority of these after minor infections including respiratory and skin infections. The high rate of psychological distress amongst non-refugees is seen in the rates of prescription of psychoactive medications including antidepressants (47), herbal nervous system preparations (43), sedatives and hypnotics (24), antipsychotic agents (18) and antianxiety agents (12). The high rate of presentations for gastrointestinal symptoms result in significant prescriptions of the following medications for hyper acidity, reflux and ulcers (56), antispasmodics and motility agents (29), antiemetics and antinauseants (15) and laxatives (11). There were also 54 antihistamine prescriptions - used for allergies, skin irritation and sedation. There are also a significant number of vitamin prescriptions mostly at the request of the clients rather than there being a specific clinical indication.

The most common medications prescribed for non-refugees on Nauru were non-steroidal anti-inflammatory agents (103) and simple analgesics and antipyretics (109) - this was true for both adults and children. Combination simple analgesics (15) were also prescribed for adults. Prescription of psychoactive medications was common amongst adults including antidepressants (52), antipsychotic agents (31) and antianxiety agents (nine). Medications for gastro-intestinal symptoms were commonly prescribed to adults including hyper acidity, reflux and ulcer medications (36), antiemetics and antinauseants (13) and antispasmodics and motility agents (nine). Antihistamines were prescribed for adults (26) and children (five). Medication straw a variety of upper respiratory symptoms including expectorants, antitussives, mucolytics and decongestants (26) and topical nasopharyngeal medication (24) were prescribed in adults and children. A number of topical agents were used for a variety of conditions including rubefaciants, topical analgesics/NSAIDS (18), topical corticosteroids (15) and topical antifungals (14) in both adults and children. Some vitamins and nutritional supplements were also prescribed including single agent vitamins (22) and oral and parenteral electrolytes (13) mostly in adults.

5.2. Medication Prescriptions by Schedule

5.2a Medication Prescriptions by Schedule – Manus Island

Medication Prescriptions by Schedule			
Manus Q4 Oct - Dec 2016			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	85	0	86
S3	50	0	0
S4	444	15	64
S8	0	0	0
Unscheduled	236	0	14
Grand Total	815	15	164

5.2b Medication Prescriptions by Schedule – Nauru Centre

Medication Prescriptions by Schedule			
Nauru Q4 Oct - Dec 2016			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	89	0	74
S3	32	0	0
S4	323	28	43
S8	2	0	0
Unscheduled	139	4	13
Grand Total	585	32	130

Out of a total of 994 prescriptions for non-refugees on Manus island, the most common schedule was S4 (523) with 250 prescriptions for unscheduled medications. The rest were S2 (171) and S3 (50). There were no prescriptions for S8 (drugs of addiction) medications.

Out of a total of 747 prescriptions to non-refugees on Nauru, the most common schedule was S4 (394) with 156 prescriptions for unscheduled medications. There were two prescriptions for S8 (drugs of addiction) medications with 163 for S2 and the rest for S3.

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

5.3. Medication Trends by Class

5.3a Medication Trends by Class – Manus Island

Medication Trends by MIMS Class		
Manus Q4 Oct - Dec 2016		
Medications	Jul - Sept 2016	Oct - Dec 2016
Nonsteroidal anti-inflammatory agents	#N/A	46.9%
Simple analgesics and antipyretics	#N/A	42.5%
Penicillins	#N/A	23.8%
Hyperacidity, reflux and ulcers	#N/A	19.0%
Antihistamines	#N/A	18.4%
Combination simple analgesics	#N/A	17.3%
Antidepressants	#N/A	16.0%
Herbal nervous system preparations	#N/A	14.6%
Vitamins (single agents)	#N/A	13.3%
Multivitamins and minerals	#N/A	10.5%
Antispasmodics and motility agents	#N/A	9.9%
Sedatives, hypnotics	#N/A	8.2%
Other antibiotics and anti-infectives	#N/A	7.5%
Antipsychotic agents	#N/A	6.1%
Macrolides	#N/A	5.8%
Topical oropharyngeal medication	#N/A	5.8%
Antiemetics, antinauseants	#N/A	5.1%
Antianxiety agents	#N/A	4.1%
Quinolones	#N/A	4.1%
Laxatives	#N/A	3.7%

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5.3b Medication Trends by Class – Nauru Centre

Medication Trends by MIMS Class		
Nauru Q4 Oct - Dec 2016		
Medications	Jul - Sept 2016	Oct - Dec 2016
Simple analgesics and antipyretics	#N/A	46.8%
Nonsteroidal anti-inflammatory agents	#N/A	44.2%
Antidepressants	#N/A	22.7%
Hyperacidity, reflux and ulcers	#N/A	15.5%
Antipsychotic agents	#N/A	13.7%
Antihistamines	#N/A	13.3%
Penicillins	#N/A	12.0%
Expectorants, antitussives, mucolytics, decongestants	#N/A	11.2%
Topical nasopharyngeal medication	#N/A	10.3%
Vitamins (single agents)	#N/A	9.4%
Other antibiotics and anti-infectives	#N/A	8.2%
Rubefacients, topical analgesics/NSAIDs	#N/A	7.7%
Combination simple analgesics	#N/A	6.4%
Topical corticosteroids	#N/A	6.4%
Antiemetics, antinauseants	#N/A	6.0%
Topical antifungals	#N/A	6.0%
Oral and parenteral electrolytes	#N/A	5.6%
Cephalosporins	#N/A	4.3%
Antianxiety agents	#N/A	3.9%
Antispasmodics and motility agents	#N/A	3.9%

Trend analysis not possible due to changes in data set - see above.

6. Vaccinations Administered by Age Group

6.1 Vaccinations – Manus Island

Vaccinations Administered by Age Group					
Manus Q4 Oct - Dec 2016					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	0	0	0
MMR	0	0	0	0	0
MMRV	0	0	0	0	0
Hep A	0	0	0	0	0
Hep B	0	0	0	0	0
MenCCV	0	0	0	0	0
Typh IM	0	0	70	0	70
dT	0	0	1	0	1
HPV	0	0	14	0	14
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	0	0	0
PCV	0	0	0	0	0
dTpa (11 years and over)	0	0	0	0	0
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	0	0	85	0	85

6.2 Vaccinations – Nauru Centre

Vaccinations Administered by Age Group					
Nauru Q4 Oct - Dec 2016					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	0	0	0
MMR	0	0	0	0	0
MMRV	0	0	0	0	0
Hep A	0	0	1	0	1
Hep B	0	0	2	0	2
MenCCV	0	0	0	0	0
Typh IM	0	0	0	0	0
dT	0	0	1	0	1
HPV	0	1	0	0	1
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	1	0	1
PCV	0	0	0	0	0
dTpa (11 years and over)	0	0	2	0	2
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	0	1	7	0	8

Manus Island non-refugees were given 70 typhoid boosters and 14 HPV vaccines as part of the program to immunise all young men against HPV.

During the reporting period, only eight vaccines were administered to non-refugees on Nauru due to the fact that clients have been within the regional processing system for several years and are essentially up-to-date with vaccines.



Communicable, Infectious and Parasitic diseases

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7. Communicable, Infectious and Parasitic Diseases

Contagious (human to human, including sexually transmitted infections)	New Diagnoses Quarter 4 (Oct - Dec 2016)				Total New Diagnosis Jul 2015 - Dec 2016		
	Manus Island	Manus Centre	Total	% of total RPC population during quarter	Manus Island	Manus Centre	Total
Chickenpox	0	0	0	0.00%	0	0	0
Chlamydia	1	0	1	0.19%	1	1	2
Gonorrhoea	0	0	0	0.00%	0	1	1
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B, sAg pos	0	0	0	0.00%	0	0	0
Hepatitis C, Ab pos	0	0	0	0.00%	0	0	0
HIV	0	0	0	0.00%	0	0	0
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0
Syphilis serology pos	0	0	0	0.00%	0	0	0
Tuberculosis - Active	0	0	0	0.00%	0	0	0
Typhoid	0	0	0	0.00%	0	0	0
Total	1	0	1	0.19%	1	2	3
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0.00%	1	0	1
Malaria	2	0	2	0.38%	15	0	15
Schistosomiasis	1	0	1	0.19%	6	0	6
Strongyloidiasis	0	0	0	0.00%	0	0	0
Total	3	0	3	0.57%	22	0	22
Grand Total	4	0	4	0.76%	23	2	25

During the reporting quarter, there was only one diagnosis of a reportable contagious disorder amongst non-refugees - a single case of Chlamydia. Three cases of parasitic disorders were identified - two cases of malaria and one case of Schistosomiasis.

There were no cases of reportable infectious diseases amongst non-refugees in Nauru during the quarter.



Disabilities

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8. Disabilities

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

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

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

8.1 Number of Transferees with a Disability in Manus

Number of Transferees with a Disability in Manus Q4 Oct – Dec 2016			
Disability Grouping	Total	Adult	Minor
Hearing Impairment	1	1	0
Neurological	2	2	0
Psychiatric	4	4	0
Visual Impairment	1	1	0
Total ¹	8		
Unique Transferees with a disability	8		

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

8.1.1 Total Disabilities as Percentage of Manus Population

Total Disabilities as Percentage of Manus Population		
Manus Q1 2016 – Q4 2016		
As at end of quarter	Number of unique Transferees	Approximate percentage of Manus population
31 Dec 2016 - Q4	8	3%
30 Sept 2016 - Q3	n/a	n/a
30 Jun 2016 - Q2	n/a	n/a
31 Mar 2016 - Q1	n/a	n/a

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

Rates of disability within non-refugees on Manus Island were low during the quarter (eight). The most common disability was within the psychiatric realm (four). There were two non-refugees with a neurological disability, one with a hearing impairment and one with visual impairment.

Rates of disability within non-refugees on Nauru were also low during the quarter (six). The most common disability was also within the psychiatric realm (four adults and one child). There was one adult with a neurological disability.

8.2 Number of Transferees with a Disability in Nauru

Number of Transferees with a Disability in Nauru Q4 Oct – Dec 2016			
Disability Grouping	Total	Adult	Minor
Neurological	1	0	1
Psychiatric	5	4	1
Total ¹	6		
Unique Transferees with a disability	6		

¹ Some Transferees may be counted in multiple disability categories.

8.2.1 Total Disabilities as Percentage of Nauru Population

Total Disabilities as Percentage of Nauru Population		
Nauru Q1 2016 – Q4 2016		
As at end of quarter	Number of unique Transferees	Approximate percentage of Nauru population
31 Dec 2016 - Q4	6	3%
30 Sept 2016 - Q3	n/a	n/a
30 Jun 2016 - Q2	n/a	n/a
31 Mar 2016 - Q1	n/a	n/a

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

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Mental Health

9. Mental Health

Mental health care in Regional Processing Centres is provided using a primary care model augmented by specialist mental health nursing, psychology, counselling and Psychiatry. This includes a comprehensive mental health assessment on entry to detention, and regular mental health screening to be offered at prescribed intervals. Follow-up care is provided as needed using individualised care plans, along with group work focused both on prevention and supportive interventions. Additional risk management for those presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement process which is used in conjunction with other Service Providers and involves additional support and monitoring as long as this is clinically indicated. The change to open centres in both Nauru and Manus mean that the way in which SME is implemented has needed to be adapted to the more mobile population.

Service models in Nauru and Manus have evolved to meet the needs of the individual populations and detention setting. The mental health service in Nauru has been expanded by the addition of mental health social work and occupational therapy disciplines, and also the development of a specific Child and Adolescent team. The Nauru and Manus sites include supported accommodation areas which may be used to provide increased levels of clinical and non-clinical support to Transferees and their families. Both sites also have the capacity to provide overnight care within the medical clinic if this is required, and Nauru now also manages some inpatient mental health cases as inpatients at RPC1. IHMS provides some aspects of mental health care to refugees as well as transferees, although data provided in this data set relates only to transferees.

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

9.1. Mental Health related Consultations

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

In the tables in this section the number of 'consults' represents all consultations, regardless of whether one person has presented twenty times and another only once, while the number of 'unique' consults shows the number of different individuals attending.

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Table 9.1.1a Mental health consultation by health professionals in Adults – Manus

Mental health consultation by health professional : Adults			
October - December 2016			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	37	28	9.5%
Primary Health Nurse	1	1	0.3%
Primary Health Total	38	29	
Mental Health Consultations by Mental Health Professionals			
Counsellor	1,109	138	46.9%
Mental Health Nurse	509	177	60.2%
Psychiatrist	33	23	7.8%
Psychologist	114	54	18.4%
Mental Health Total	1,765	392	
TOTAL	1,803	421	

Table 9.1.2a Mental health consultation in Adults – Nauru

Mental health consultation by health professional : Adults			
October - December 2016			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	68	40	19.4%
Primary Health Nurse	0	0	0.0%
Primary Health Total	68	40	
Mental Health Consultations by Mental Health Professionals			
Counsellor	151	34	16.5%
Mental Health Nurse	536	188	91.3%
Psychiatrist	51	32	15.5%
Psychologist	151	35	17.0%
Mental Health Total	889	289	
TOTAL	957	329	

Table 9.1.2b Mental health consultation in Minors – Nauru

Mental health consultation by health professional : Minors			
October - December 2016			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	1	1	4%
Primary Health Nurse	0	0	0%
Primary Health Total	1	1	
Mental Health Consultations by Mental Health Professionals			
Counsellor	91	16	59%
Mental Health Nurse	46	25	93%
Psychiatrist	6	4	15%
Psychologist	10	4	15%
Mental Health Total	153	49	
TOTAL	154	50	

For both Nauru and Manus the mental health nurse is the most frequently consulted mental health professional. Rates of mental health consultation with MH nurses in Nauru are very high at 91%, and lower but still high at 60% in Manus. To some degree the difference is contributed to by the differences in staffing on the different islands. High rates of contact are likely due to multiple factors including the requirement to offer mental health screening at three monthly intervals for all transferees (as all will now have been in detention for more than 18 months), the levels of psychological distress as reflected in available K10 scores, and an increase in active nursing outreach to compounds in light of many transferees disengaging from follow up.

Rates of consultation with a Psychiatrist are noticeably different between the two centres, with 7.8% consulting with a Psychiatrist over the quarter on Manus, compared with 15% on Nauru. This is likely to in part be due to differences in availability of Psychiatrist time between the two sites.

9.2. Transfers for Psychiatric Admission

There were no transfers to Australia for mental health admissions for Transferees in this quarter.

Transferees admitted for mental health inpatient level care in Nauru are not reported in this data set.

Table 9.2.1a Trend: Transfers for Psychiatric Admissions – Manus Island

Transfers for Psychiatric Admissions	
Manus – Q4 2016	
Location	Oct - Dec 2016
Manus Island	0

Table 9.2.1b Transfers for Psychiatric Admissions by Age Grouping – Manus Island

Transfers for Psychiatric Admissions by Age Grouping			
Manus – Q4 2016			
Location	Total	Adult	Minor
Manus Centre	0	0	N/A

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Table 9.2.2a Transfers for Psychiatric Admissions – Nauru Centre

Transfers for Psychiatric Admissions	
Nauru – Q4 2016	
Location	Oct - Dec 2016
Nauru Centre	0

Table 9.2.2b Transfers for Psychiatric Admissions by Age Grouping – Nauru Centre

Transfers for Psychiatric Admissions by Age Grouping			
Nauru – Q4 2016			
Location	Adult	Minor	Total
Nauru Centre	0	0	0

9.3. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to Department of Immigration and Border Protection policy. Screening allows identification of those with individual mental health needs, and collated data also provides a rough estimate of morbidity across the detention population depending on the type of screening tool used. Screening is voluntary; therefore if participation rates are low data may not give a true indication of rates across the larger population.

Screening involves both the use of a mental health screening tool and a mental health assessment. The mandatory mental health screening tool used for adults is the K-10. The Strengths and Difficulties Questionnaire is used as the screening tool for children aged four to seventeen. Both tools are self-rated, reflecting subjective reports only. The mental health assessment conducted at the same time as the screening tool provides a clinician's assessment, but is not able to be quantified for reporting purposes.

9.4. Kessler Psychological Distress Scale (K-10)

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. It is however not a diagnostic tool, and results should be interpreted with an understanding of caveats around the interpretation of self-report questionnaires. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS offshore immigration RPC data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

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

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9.5. K-10 Results

The tables and graphs in section 9.4 show K-10 scores reported by those consenting to screening in Manus and Nauru.

A total of 80 people across Nauru and Manus participated in mental health screening using the K-10 in this quarter, with similar numbers at each centre.

All people screened have now been in detention over 18 months, and are therefore offered screening every three months.

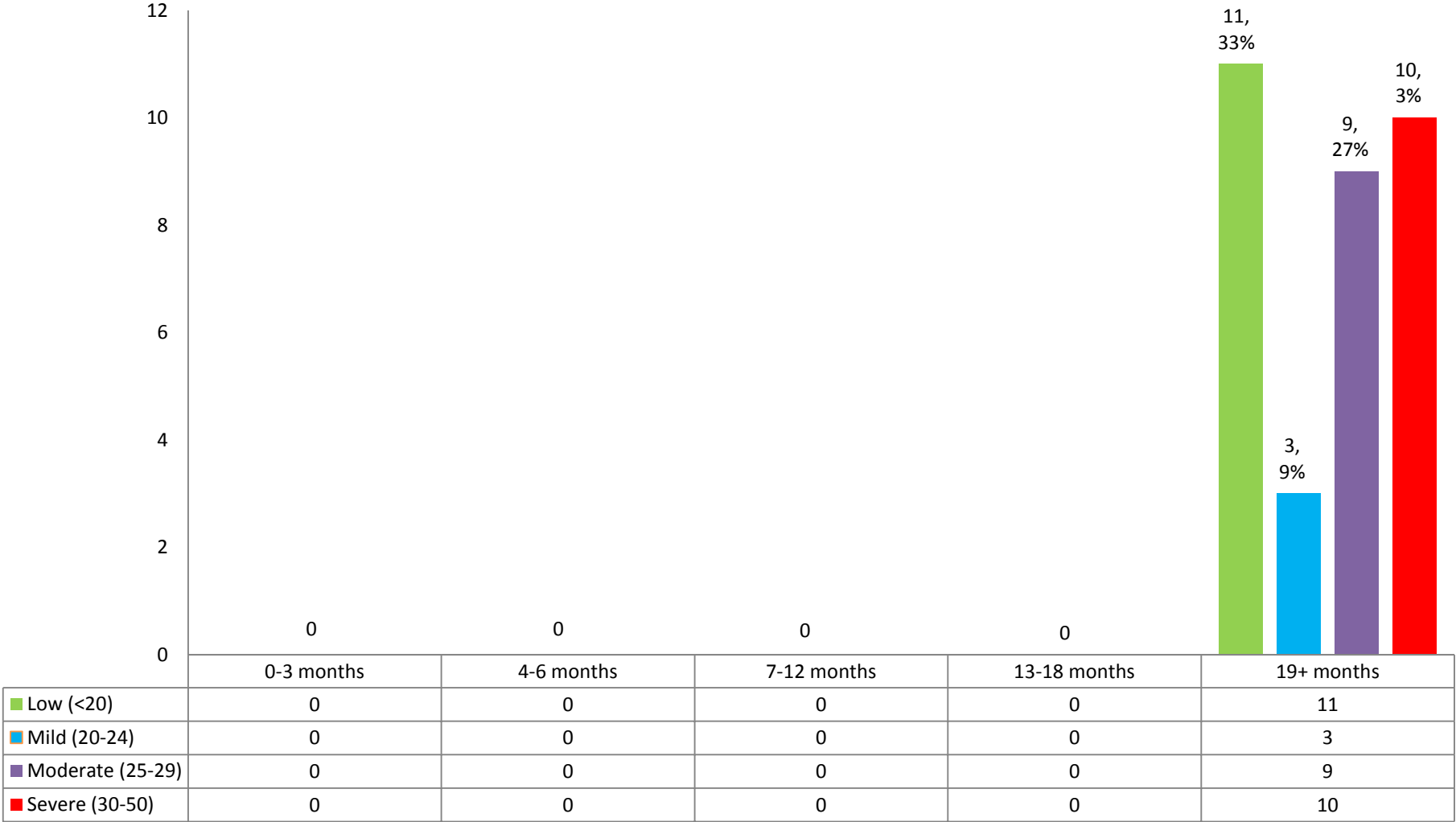
Around 30% of those in Manus and around 45% of those in Nauru reported severe distress on the K-10. This compares with 26% for the population group with the same length of stay in detention for the onshore population. These scores are derived from around 16% of the total adult population across both centres, therefore caution should be applied to extrapolating results to the wider population.

9.5.1a Manus K-10 data

K-10 Manus Q4 Oct - Dec 2016										
Months in Detention	Total screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
4-6 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7-12 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	33	26.70	11	33.3%	3	9.1%	9	27.3%	10	30.3%
Total	33	26.70	11	33.3%	3	9.1%	9	27.3%	10	30.3%

9.5.1b Manus K-10 graph

K-10 (Manus)

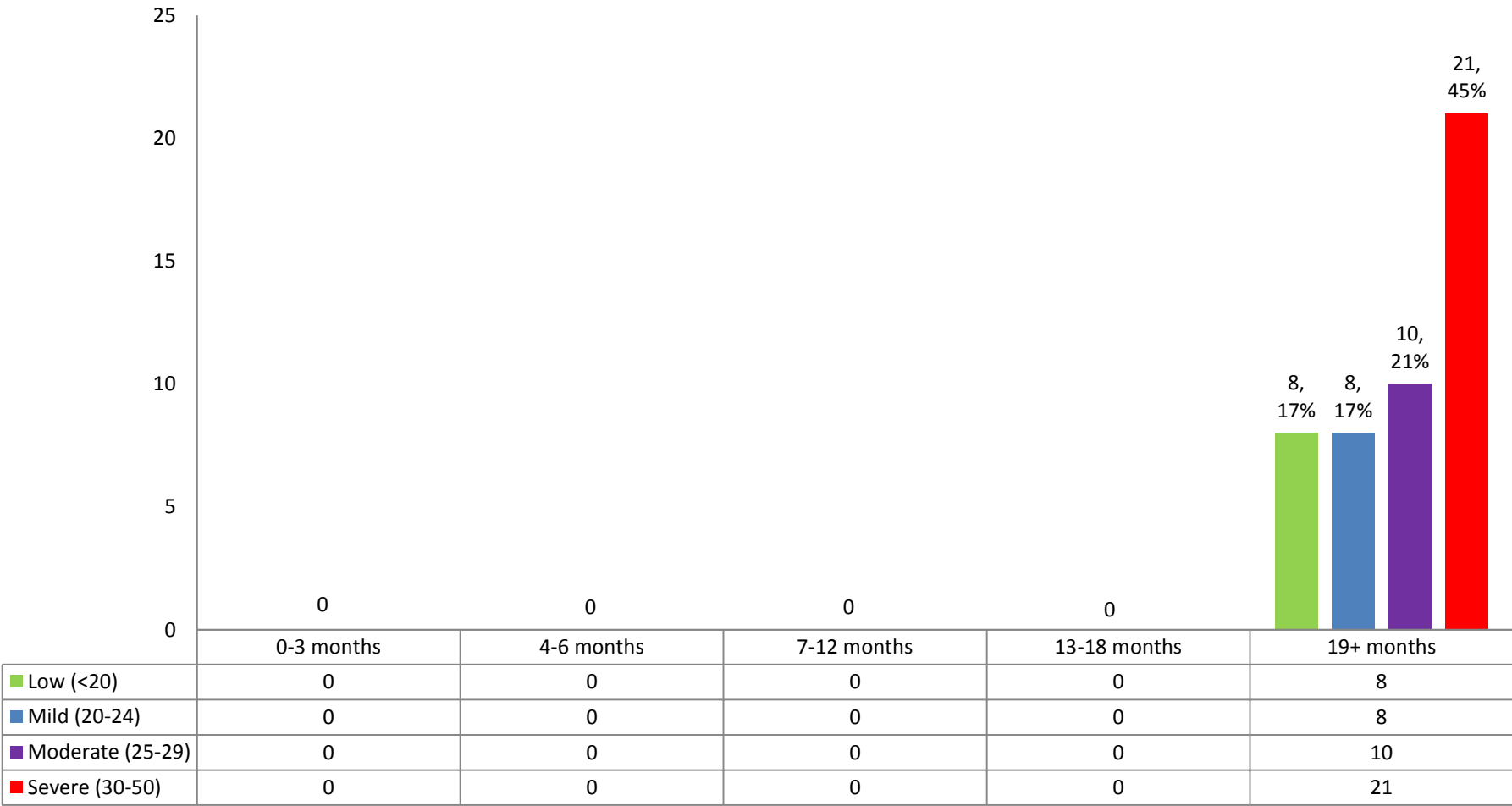


9.5.2a Nauru K-10 data

K-10 Nauru Q4 Oct - Dec 2016										
Months in Detention	Total screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
4-6 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7-12 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	47	29.04	8	17.0%	8	17.0%	10	21.3%	21	44.7%
Total	47	29.04	8	17.0%	8	17.0%	10	21.3%	21	44.7%

9.5.2b Nauru K-10 graph

K-10 (Nauru)



9.6 Strengths and Difficulties Questionnaire (SDQ) for Children

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

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

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

9.6.1 SDQ results – Manus Island

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

9.6.2 SDQ results – Nauru Centre

SDQ Total Difficulties scores	Normal	Borderline	Abnormal
Parent ratings age 4-17, (N=3)	0%	0%	100%
Self-report (age 11-17, (N=1))	0%	0%	100%

9.7 Torture and Trauma

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) are asked as a component of the Health induction process and also later as part of the comprehensive mental health assessment. Torture and trauma disclosures may also be made at any time subsequently. Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post Traumatic Stress Disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition, referrals to Specialist Torture and Trauma (T&T) counselling services are offered to those who may have experienced torture and trauma prior to arrival in detention, or in the case of Maritime arrivals in onshore detention prior to arrival in an offshore processing centre, in accordance with Departmental policy.

Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times Detainees may be referred for additional Specialist T&T input.

Tables 9.6.1 and 9.6.2 below show the number of Transferees who made new disclosures of T&T in Manus and Nauru respectively during this quarter. They do not show numbers accepting referral to T&T services, or the number of people who attended new or ongoing T&T counselling appointments, as these data are not captured in Apollo.

The number of new disclosures is very small, likely due to disclosures having been made previously over the course of time in detention.

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9.7.1 New T&T Disclosure – Manus Island

Manus Q4 Oct - Dec 2016					
Facility T&T First disclosed	Number of Transferees in Manus who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Manus Centre	2	0	0	2	0
% total IDF population during Q4	0.7%	0%	0%	0.7%	0%

9.7.2 New T&T Disclosure – Nauru Centre

Nauru Q4 Oct - Dec 2016					
Facility T&T First disclosed	Number of Transferees in Nauru who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Nauru Centre	0	0	0	0	0
% total IDF population during Q4	0%	0%	0%	0%	0%

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9.8 Supportive Monitoring and Engagement (SME)

Table 9.8.1 Supportive Monitoring and Engagement – Manus Island

Individuals on SME			
Manus Q4 Oct - Dec 2016			
Location	Ongoing	Moderate	High Imminent
Manus Island	6	5	4
Total number of unique individuals on SME	7	% of Manus population on SME	2.4%

Table 9.8.2 Supportive Monitoring and Engagement – Nauru Centre

Individuals on SME			
Nauru Q4 Oct - Dec 2016			
Location	Ongoing	Moderate	High Imminent
Nauru Centre	6	5	8
Total number of unique individuals on SME	12	% of Nauru population on SME	5.2%

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Appendix A: SNOMED Descriptions for Health Grouping - Psychological

SNOMED Descriptions for Health Grouping - Psychological
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 Health Grouping - Psychological
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)
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)

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

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

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

SNOMED Descriptions for Health Grouping - Psychological
On examination - anxious (finding)
On examination - impulsive behavior (finding)
On examination - signs of drug withdrawal (finding)
On examination - unconscious/comatose (finding)
Opioid abuse (disorder)
Opioid dependence (disorder)
Oppositional defiant disorder (disorder)
Organic catatonic disorder (disorder)
Organic mood disorder of depressed type (disorder)
Organic mood disorder of mixed type (disorder)
Organic personality disorder (disorder)
Organic psychotic condition (disorder)
Panic attack (finding)
Panic disorder (disorder)
Paranoid delusion (finding)
Paranoid disorder (disorder)
Paranoid schizophrenia (disorder)
Parental anxiety (finding)
Parent-child problem (finding)
Passive aggressive character (finding)
Pedophilia (disorder)
Perception AND/OR perception disturbance (finding)
Persistent alcohol abuse (disorder)
Personality disorder (disorder)
Phobia (finding)
Polysubstance abuse (disorder)
Poor sleep pattern (finding)
Postpartum depression (disorder)
Posttraumatic stress disorder (disorder)
Premature ejaculation (finding)
Problem behaviour in adult (record artifact)
Problematic behavior in children (finding)
Problematic behaviour in children- observable (record artifact)
Pseudodementia (finding)
Psychologic conversion disorder (finding)
Psychological sign or symptom (finding)
Psychological symptom (finding)
Psychomotor agitation (finding)
Psychophysiological disorder (finding)
Psychosexual dysfunction (finding)
Psychosexual identity disorder (disorder)
Psychosis;schizoaffective (record artifact)
Psychosomatic factor in physical condition (finding)
Psychotic disorder (disorder)

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

SNOMED Descriptions for Health Grouping - Psychological
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)



Department of Immigration and Border Protection

Regional Processing Centres
Quarterly Health Trends Report

January - March 2017

Quarter 1

Released by Department of Home Affairs
under the Freedom of Information Act 1982

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Quarter 1

January – March 2017

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1. Executive Summary

IHMS presents the health data set for the first quarter of 2017. During this quarter, IHMS has continued to provide comprehensive medical services to transferees and refugees at regional processing centres on Nauru and Manus island. IHMS provides primary health services, mental health support (including availability of on-site psychiatrist), emergency response services and facilitation of specialist consultation services to transferees. In addition, there are significant numbers of “settled” refugees accommodated within the community at Nauru, in particular, and to a lesser extent at East Lorengau, and IHMS provides primary health services and mental health support via “settlement clinics”. Mental health services for “settled” refugees on Nauru are far more extensive than those available through the Republic of Nauru health service and over the past six months this more comprehensive service has been based at the RPC rather than at the “settlement clinic”. IHMS also provides a Port Moresby nurse liaison service for clients transferred to Pacific international hospital (Port Moresby) for investigations and treatment.

The quarterly health trends reports for regional processing centres for the first quarter of 2017 and the fourth quarter of 2016 differ significantly from previous reports. The first and most significant change is that all transferees who have been designated “refugees” by the respective immigration authorities in Nauru and in Papua and New Guinea (PNG) have been excluded from these data sets. With respect to the Manus regional processing centre, consultations and clinical interactions in relation to transferees who have been designated “refugees” at the end of the reporting period have been excluded - consequently, the great majority of clinical interactions in relation to transferees on Manus Island are no longer included in the data set. The second change is that, instead of accumulated data for both regional processing centres being presented as it has been in previous reports prior to the fourth quarter of 2016, the current report and the report for the fourth quarter of 2016 present data separately for Nauru regional processing centre and Manus island regional processing centre.

In the interpretation of the quarterly dataset for the Manus island regional processing centre, one needs to be aware that over the final weeks of the quarter there were issues relating to the PNG medical board and its role in relation to registration of health practitioners which had an impact on clinical services provided at the centre. Although these issues had been in existence for approximately nine months, it reached a critical point in the last few weeks of the quarter necessitating a reduction in clinical interactions between medical staff and transferees while negotiations were taking place with the PNG medical board in an attempt to resolve the matter.

There were also several occasions at the Manus island regional processing centre when security concerns at the medical clinic resulted in a reduction in clinical activity whilst attempts were made to resolve these security matters.

Statistics regarding clinical consultations with non-refugees on Manus Island and Nauru are presented in the dataset. On Manus island, over 50% of the non-refugees received consultations from each of the following clinical groups - general practitioners, primary health nurses and mental health nurses - with those non-refugees receiving clinical services attending, on average, 2.6 (mental health nurse) to 4.1 (primary health nurse) consultations during the quarter. 41% of clients received clinical services from a counsellor, 10.8% of clients received services from a psychologist and 11.3% received services from a psychiatrist. All clients on Manus Island are single adult males so a breakdown between minors and adults is not relevant in this cohort.

On Nauru in excess of 70% of non-refugees received consultations from each of the following clinical disciplines - general practitioners, primary health nurses and mental health nurses. Average numbers of consultations per individual seen ranged from 3.2 (mental health nurse) to 6.3 (primary health nurse). The total number of minors in the non-refugee cohort on Nauru is relatively small with six in the 0 to 4 year age group.

and 18 in the 5 to 17 year age group. However, the percentage of clients seen was comparable across age groups.

As compared to the previous quarter, there was a reduction in total consultations on Manus Island from 3858 to 2070 with reductions across all disciplines except psychiatry. The reduction is accounted for by a 25% reduction in numbers of non-refugees together with the reduced consultations as a result of the aforementioned PNG medical board registration matters and clinic security issues.

On Nauru there was a small increase in primary health nurse consultations from the previous quarter but there were reduced consultations for all other disciplines so that the total number of consultations showed a reduction of approximately 21% from 2595 in the previous quarter to 2046 in the current quarter. This reduction is explained by a 29% reduction in the non-refugee population at the centre.

The most commonly performed pathology tests on Manus Island were basic biochemistry [51 requests] and full blood examination [28 requests] with small numbers of other tests including CRP, Helicobacter serology, malaria RTD and blood examination for malarial parasites, urine examination and blood lipids. Total pathology referrals for the quarter were 116 which is a significant reduction from the previous quarter (270). The reduction is explained by a reduced number of non-refugees, reduced consultations for PNG medical board registration matters and clinic security issues as well as fewer acutely ill non-refugees observed within the clinic during this quarter.

The most commonly performed pathology tests on Nauru were full blood examinations [138 requests] and basic biochemistry [95 requests] with small numbers of other tests requested including blood glucose, CRP, Helicobacter serology, urine examination and blood lipids. There was a significant increase in total tests performed over the quarter [368] as compared to the previous quarter [244] mostly as a result of additional full blood examinations and basic biochemistry performed to monitor acutely unwell non-refugees within the clinic with the severe Dengue fever outbreak on Nauru being the major contributing condition.

IHMS provided on-site visiting dental and physiotherapy services at the Manus island RPC with 71 dental consultations and 14 physiotherapy consultations - the dental consultations were comparable to the previous quarter but there was a significant reduction in physiotherapy consultations due to a decrease in the number of non-refugees requiring physiotherapy. Both dental and physiotherapy services continued to be provided to those designated as refugees but residing at the RPC, however these consultations are not included in this dataset. There were no other visiting allied health services during the quarter due to the PNG medical board registration issues.

On Nauru, IHMS provided a visiting dental, physiotherapy and optometry services to RPC and provided 30 dental consultations, nine physiotherapy consultations and one optometry consultation to non-refugees. The visiting allied health clinicians also provided clinical services to refugees but that data is not recorded in this data set.

On Manus island, basic plain radiography is provided at the RPC clinic and there were 52 referrals on 31 individual clients with the most common x-ray being the chest x-ray. This is a 30% reduction on the previous quarter predominantly due to reduction in non-refugee numbers. X-rays are also performed on those designated as refugees but that data is not included in this dataset.

On Nauru, basic radiography and ultrasonography are undertaken at the RPC clinic and CT scanning is also performed on the Island utilising the IHMS medical imaging technologist. During the quarter there were 91 referrals for medical imaging on 45 individual non-refugees comprising 50 plain x-rays, 31 ultrasounds and 10 CT scans. The most common plain x-ray was the chest x-ray, the most common ultrasound was of the abdomen and the most common CT scan was also of the abdomen. There was a 33% reduction in total

radiology referrals as compared to the previous quarter mostly relating to the reduction in non-refugee numbers.

IHMS facilitates specialist reviews of non-refugees via telehealth, visiting specialists and transfers off-site for specialist consultation. Additionally on Nauru, IHMS employs an obstetrician and midwife to assist in the antenatal care of transferees (both refugees and non-refugees) and a general practitioner with specialist paediatric training to provide additional expertise in the management of paediatric cases on Nauru. On Manus island, there were no visiting specialists due to PNG medical board registration issues. With regards to transfers off-site, the most common destination for non-refugees on Manus island is the Pacific International Hospital (PIH) in Port Moresby. Previously, non-refugees on Nauru also accessed PIH in Port Moresby however there were no transfers from Nauru to PIH this quarter due to visa issues. The number of specialist referrals recorded for Manus Island was relatively few over the quarter with only two dermatology referrals. However, there were significant numbers of telehealth reviews over the period which are not captured in this metric. In addition there were a number of specialist follow-ups in Port Moresby which did not require a new referral. On Nauru, there were a total of 12 specialist referrals for 11 separate patients. The most common was for general surgery (six) with others for gastroenterology (two), dermatology (one), obstetrics and gynaecology (one), internal medicine (one) and neurology (one). The total number is comparable to the previous quarter.

As regards hospital admissions, there is the occasional transfer to Australia for severe life-threatening conditions at which time the clients are admitted to an Australian hospital after medical evacuation from either Manus Island or Nauru. Such transfers are limited in accordance with DIBP policy. With regards to Manus island non-refugees, the great majority of hospital admissions are directed to PIH in Port Moresby according to DIBP policy. During the quarter, there were 12 admissions to hospital for non-refugees from Manus Island - a reduction from 15 from the previous quarter. There were three admissions to hospital for non-refugees on Nauru, mostly due to the dengue fever outbreak during the quarter.

The most common presenting symptoms for non-refugees on Manus island were digestive (110) relating to 38 individuals, skin (104) relating to 40 individuals, musculoskeletal (103) relating to 41 individuals, psychological (66) relating to 27 individuals, respiratory (64) relating to 28 individuals and "general unspecified" (59) relating to 31 individuals. The most common presenting symptoms for non-refugees on Nauru were musculoskeletal (139) relating to 49 individuals, digestive (137) relating to 46 individuals, psychological (120) relating to 41 individuals, skin (118) relating to 43 individuals, "general unspecified" (114) relating to 43 individuals and respiratory (70) affecting 28 individuals. Amongst the presentations with digestive symptoms, there are cases of gastro-oesophageal reflux, bowel disorders and anal conditions but there are also a significant number of cases presenting with digestive symptoms without clear physical cause and are most likely somatic symptoms associated with psychological distress. Skin conditions are commonly associated with minor injuries, environmental irritants and insect bites. Musculoskeletal symptoms are associated with a wide range of joint and soft tissue strains as well as sporting and other injuries. Psychological distress is not uncommon and presentations for this reason are frequent. Respiratory presentations with predominantly minor upper respiratory infections as well as asthma, effects of environmental irritants and smoking are often causes for presentation.

The most common presenting symptoms for non-refugee minors on Nauru were skin conditions (10), respiratory symptoms (5), digestive symptoms (4), psychological symptoms (4), musculoskeletal symptoms (three) and injuries (three).

IHMS provides chronic disease management as part of the primary care services at regional processing centres. The most common chronic diseases non-refugees presented with on Manus island were depression (3), arthritis (2); there were a single cases of chronic oral disease, diabetes, asthma, cardiovascular disease and epilepsy. On Nauru the most common chronic disease presentations from adult non-refugees were depression (15), diabetes (5), chronic oral disease (4), asthma (4), cardiovascular disease (4); there were two cases of thyroid disease and single cases of arthritis and schizophrenia. In children, there was one case of

depression and three cases of chronic oral disease. The prominence of depression, chronic oral disease, diabetes, asthma and cardiovascular disease have also been observed in previous quarters.

As part of primary health care service provided on Manus Island and Nauru, IHMS provides pharmacy services. High-quality medication prescribing and utilisation is a focus for IHMS clinicians. Dispensing of medications has become increasingly challenging at both sites since the advent of “open centre” arrangements which are now in place for both Manus Island and Nauru.

The most commonly prescribed medications to non-refugees on Manus Island are non-steroidal anti-inflammatory agents, simple analgesics and antipyretics and combination simple analgesics - 197 prescriptions in total (30% of prescription) - these are used for a wide variety of conditions causing discomfort and pain ranging from minor respiratory infections through to minor injuries, soft tissue strains and arthritis. Topical analgesics/anti-inflammatories (16 prescriptions) and herbal analgesics (15 prescriptions) are also used for similar conditions. Antibiotics including penicillins, macrolides, tetracyclines and other anti-infective agents are also prescribed relatively frequently - 82 prescriptions in total (13% of prescriptions). Psychotropic agents including antidepressants, antipsychotics, herbal nervous system preparations and sedatives are frequently required - 65 prescriptions in total (10% of prescriptions). Medications for the gastro-intestinal tract including hyperacidity, reflux and ulcer drugs, antiemetics and laxatives are used regularly – 55 prescriptions (8.5%). As compared to the previous quarter, the percentage of non-steroidal anti-inflammatory agents and simple analgesics are slightly reduced as a percentage and there is a slight increase in percentage use of topical analgesics and herbal analgesics but overall percentages differ little from the previous quarter.

The most commonly prescribed medications for non-refugees on Nauru were simple analgesics and antipyretics and non-steroidal anti-inflammatory agents - 131 prescriptions in total (24% of prescriptions). Psychotropic agents including antidepressants and antipsychotic agents were commonly required - 52 prescriptions in total (9.6% of prescriptions). Medications acting on the digestive tract including hyper acidity, reflux and ulcer drugs, antiemetics and laxatives - 51 prescriptions in total (9.5% prescriptions). There are also a number of other medication groups used in smaller numbers including expectorants, fatty acid supplements, vaccines, vitamins, topical corticosteroids and hypolipidaemic agents - numbers of prescriptions ranged between nine and 14 for the quarter. In children, there were only 26 prescriptions in total comprising a small number of antibiotic prescriptions, topical antifungal creams, topical corticosteroids, antihistamines and one antidepressant medication. Compared to the previous quarter, the percentages of simple analgesics and non-steroidal anti-inflammatory agents are slightly lower but otherwise percentages of prescriptions for medications groups are similar to the previous quarter.

As regards scheduled medications prescribed for non-refugees on Manus Island, the most common was schedule 4 (342 prescriptions out of 642). The remainder were unscheduled (151), S2 (113) and S3 (34). There were only two schedule 8 medication prescriptions for the quarter. The most common medication schedule for prescriptions for non-refugees on Nauru was S4 (285 prescriptions out of a total of 539). The remainder were unscheduled (134), S2 (110) and S3 (8). There were only two schedule 8 medication prescriptions for the quarter.

As non-refugees on Manus Island and Nauru have been within the detention and immigration processing systems for several years, the majority tend to be fully vaccinated. Consequently, relatively few vaccines were administered over the quarter. On Manus Island there were 50 typhoid boosters and eight HPV vaccinations administered. This total of 58 was reduced from 85 from the previous quarter predominantly as a result of the reduction in the non-refugee population. On Nauru, there was one vaccination administered to a non-refugee in the 15 to 17 year age group and 19 vaccinations administered to non-refugees in the 18 to 64 year age group. The most commonly used vaccination was for hepatitis A (five) with 3 varicella-zoster vaccines, three hepatitis B vaccines, one MenCCV, one typhoid booster, one HPV, three ITV and two dTpa.

During the first quarter of 2017, there were no reports of reportable communicable infectious diseases for non-refugees on Manus Island. However during the same period on Nauru, there was a significant outbreak of dengue fever with 14 cases reported in non-refugees. This formed part of an island-wide outbreak which also affected many local Nauruans and some refugees. The extent of the outbreak had a significant impact on health services on the island including IHMS services for both non-refugees and refugees. IHMS participated in the working group led by the Republic of Nauru Public Health Unit to monitor and manage the outbreak.

Utilising the definition for disability as described in the main text, there was only one individual non-refugee on Manus Island with a disability, a psychiatric disability, flagged during the quarter. On Nauru, there were three adult non-refugees recorded as having a disability (or with a psychiatric disability) and no non-refugee minors with a disability.

Mental health care in the regional processing centres is provided using a primary care model augmented by specialist mental health nurses, psychology, counselling and psychiatry. This includes a comprehensive mental health assessment on entry to detention or immigration processing and regular mental health screening is offered at prescribed intervals. Follow-up care is provided as needed using individualised care plans along with group work focused on both prevention and supportive interventions. Additional risk management for those presenting with significant risk of self harm or suicide is provided using supportive monitoring and engagement process which is used in conduction with other service providers. The change to "open centres" has meant that the way in which SME is implemented has needed to be adapted to the more mobile population. The Nauru and Manus sites include supported accommodation areas which may be used to provide increased levels of clinical and non-clinical support to transferees and their families. Both sites have the capacity to provide overnight care within the medical clinic as this is required and Nauru also manages some inpatient mental health cases as inpatients at RPC One. IHMS provides mental health care to refugees as well as non-refugees although the data relating to refugees is not included within this data set.

For both Nauru and Manus Island, the mental health nurses are the most frequently consulted mental health professional although counsellors saw nearly half of the non-refugee population in Manus for this quarter. Rates of consultation by different professional groups are affected not only by clinical need but also population, geographical and social differences. For example, on Manus island transferees actively participate in art and other group activities run in the RPC clinic room. By contrast, on Nauru, most transferees no longer wish to engage in counselling group activities as the open access to the wider community provides other non-clinical options.

On Manus Island for the first quarter of 2017, 976 consultations were provided for mental health-related issues to 158 unique non-refugees. Almost all of these were provided by mental health staff with the majority undertaken by mental health nurses and counsellors. Approximately 10% of the non-refugee population saw a psychiatrist with similar numbers seeing a psychologist. Figures for ongoing consultations with torture and trauma counsellors are provided in addition to these services but are not reported in this data set.

On Nauru 609 consultations were provided to non-refugees for mental health-related issues during the quarter. Most were undertaken by mental health staff with the majority of consultations performed by mental health nurses and psychologists. There were also 37 mental health consultations undertaken by general practitioners, 31 by psychiatrists and 20 by counsellors. 85% of non-refugees were seen by mental health nurses during the quarter, a third was seen by a psychologist and around 12% were seen by a psychiatrist. Figures for ongoing consultations with torture and trauma counsellors are in addition to these services but are not reported in this data set. One hundred and 63 mental health consultations were conducted with minors over the quarter with mental health nurses seeing 71% of minors and counsellors seeing 62% of minors. One third of minors were seen by a psychologist. Three minors were seen by a psychiatrist.

There were no transfers of non-refugees to Australia from Manus Island or Nauru for psychiatric admission during this quarter.

IHMS conducts mental health screening for all persons at the point of entry to immigration detention or immigration processing and at prescribed intervals according to DIBP policy. Screening is voluntary. Screening involves both the use of the mental health screening tool and a mental health assessment. In adults the mental health screening tool is the K-10 and in children aged 4 to 17 the "strengths and difficulties questionnaire" is used - both tools are self-rated, reflecting subjective reports only.

The K-10 is well validated the use of culturally and linguistically diverse populations and research has shown strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. However it is not a diagnostic tool.

All people resident at the regional processing centres have now been in detention or immigration processing for over 18 months and therefore are offered screening every three months. However, participation rates continue to drop with only 7% of non-refugees on Manus Island and 11% of those on Nauru participating as compared to a 16% participation rate in the last quarter. On Manus Island, around 25% scored moderate to severe distress on the K-10 during this quarter, compared with 57% in the last quarter. On Nauru, around 82% scored moderate to severe distress on the K-10 during this quarter as compared with around 66% in the last quarter. This very large variation between islands is likely indicative of the unreliability of testing small samples and also the lack of research validity testing for the K-10 in this setting.

The strengths and difficulties questionnaire is a brief behavioural screening questionnaire for emotional and behavioural disorders in children and adolescents. Abnormal scores 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. However, no parents or their children participated in this screening during the quarter.

Initial screening questions regarding torture and trauma are asked as a component of the health induction process and also later as part of comprehensive mental health assessment. Disclosures may also be made at any time subsequently. Referrals to specialist torture and trauma counselling services are offered to those who may have experienced torture and trauma prior to arrival in detention or immigration processing. Torture and trauma specialist services are provided on both Nauru and Manus Island. During the quarter there were four new disclosures of torture and trauma amongst non-refugees on Manus Island and two new disclosures on Nauru.

The supportive monitoring and engagement (SME) program is a joint stakeholder programme 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 and clinical staff ranging from 24 hour one-to-one monitoring and daily clinical review (high imminent SME) to intermittent monitoring and weekly clinical review (ongoing SME). SME reflects psychological distress rather than mental illness per se. The use of SME in Manus and Nauru is now complicated by open centre arrangements which allow freedom of movement of non-refugees in and out of the centre and which affect security staffing. Transferees requiring SME who decline to remain under observation require alternative clinical risk assessment and management strategies.

During the quarter on Manus Island, the number of episodes of SME were high imminent - 4, moderate - 4, ongoing - 4. This involved seven unique individuals. During the quarter on Nauru, the number of episodes of SME were high imminent - 6, moderate - 7, ongoing - 4. This involved eight unique individuals.

Abbreviations

Term	Definition
ABF	Australian Border Force
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IHMS	International Health and Medical Services
NOCC	National Outcomes and Case-Mix Collection
NSAID	Non-Steroidal Anti-Inflammatory Drug
PIH	Pacific International Hospital
PNG	Papua New Guinea
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
RPC	Regional Processing Centre
SAF	Single Adult Female
SAM	Single Adult Male
UAM	Unaccompanied Minor

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2. Transferee Cohort Summary

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

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

It is noted that the DIBP reports regarding transferee numbers at Regional Processing Centres provide figures regarding total numbers and do not distinguish between transferees who have been designated “refugees” by the respective immigration authorities in Nauru and Papua New Guinea and those who have not been designated “refugees”. The current data set for the Regional Processing Centres included in this document excludes clinical activities related to transferees who have been designated “refugees”. Whilst designated “refugees” form a minority of transferees residing within the Nauru Regional Processing Centre, “refugees” form the majority of transferees residing within the Manus Regional Processing Centre.

In addition, the DIBP reports do not include the number of “settled refugees” in Nauru for whom IHMS provides clinical services through ‘settlement clinics’ nor the number of refugees residing within the East Lorengau Refugee Transit Accommodation (ELRTC) on Manus Island for whom IHMS provides clinical services through a ‘settlement clinic’ linked to the ELRTC.

As such, the use of the above described population number is not be a true reflection of the clinical activity that may be occurring on the offshore sites.

Total numbers of transferees used as a denominator for calculations in this report are derived from the nominal role which is provided at the end of the quarter. These totals can be seen in the following table.

	PNG		Nauru
	Manus Island RPC	Port Moresby (transfers for medical care)	
Non-refugees	220	9	165
Refugees	552	21	213
Total	772	30	378

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

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

3. Explanatory notes

It should be noted that the quarterly health trends reports for regional processing centres for the first quarter of 2017 and fourth quarter of 2016 differ significantly from previous reports. The first and most significant change is that all transferees who have been designated “refugees” by the respective immigration authorities in Nauru and in Papua New Guinea (PNG) have been excluded from these data sets. With respect to the Manus regional processing centre, consultations and clinical interactions in relation to transferees who have been designated “refugees” at the end of the reporting period have been excluded - consequently, the great majority of clinical interactions in relation to transferees on Manus island are no longer included in this data set.

The second change is that, instead of accumulated data for both regional processing centres being presented as it has been in reports prior to the fourth quarter of 2016, the current report and the report for the fourth quarter of 2016 present data separately for Nauru regional processing centre and Manus regional processing centre.

Consequently, no comparisons can be made between data presented in the most recent to reports and prior reports.

In the interpretation of the quarterly dataset for the Manus island regional processing centre, one needs to be aware that over the final weeks of the quarter there were issues relating to the PNG medical board and its role in relation to registration of health practitioners which had an impact on clinical services provided at the centre. For reasons not related to individual health practitioners or their clinical skills, over a period of approximately nine months, the PNG medical board declined to enable new medical registrations for the practitioners seeking to work at the Manus island RPC. The matter reached a critical point in the last few weeks of the quarter when the PNG medical board indicated that it would no longer re-register existing practitioners who sought to continue working at the Manus island RPC. As a result there was a reduction in clinical interactions between IHMS medical staff and transferees while negotiations were taking place with the PNG medical board to resolve the issue.

There were also several occasions during the quarter when clientele exhibited unrest and aggressive behaviour towards medical staff within the clinic such that clinical activities within the medical clinic needed to be reduced for several days whilst security issues were resolved.



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Primary Health

4. Integrated Primary Health Care

4.1. Introduction

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

Although the current data set excludes clinical services provided to designated “refugees” residing within the regional processing centres, IHMS clinical staff provide the same level of services to all transferees irrespective of their refugee status determination by the respective immigration authorities. In fact, more than two thirds of clinical consultations and interactions provided by IHMS staff to transferees on Manus island are provided to those who are designated as “refugees” and are therefore excluded from the data set included in this report.

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

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

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

In addition to the provision of comprehensive multidisciplinary health care to transferees resident within the regional processing centres, IHMS provides primary health care services and mental health support to refugees living in the community on Nauru as well as to refugees living at East Lorengau on Manus island. However, statistics relating to these activities are not included within this report. During the reporting period, there has been a significant expansion in mental health services provided to “settled refugees” on Nauru in

particular - in Nauru, these services are now based out of the RPC clinic rather than the “settlement clinic” whose size and physical resources are inadequate to facilitate high quality mental health services. Although these mental health services are based at the RPC clinic, statistics relating to these consultations and clinical interactions are not contained within this report.

IHMS also provides a nurse liaison service in Port Moresby in order to facilitate and coordinate specialist appointments at PIH in Port Moresby. Patients transferred to Port Moresby for specialist consultations include transferees referred from regional processing centres as well as Nauruan refugees referred by the Republic of Nauru (RoN) hospital via the overseas medical referrals (OMR) process. There are significant numbers of clinical interactions provided by the nurse liaison service in consultation with IHMS and the area medical director, however, these clinical interactions are not recorded within the data set.

4.2. Consultations

4.2.1a Consultations – Manus Island

Primary Health Care - Consultations Manus Island				
Manus Q1 Jan - Mar 2017				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Unique Person Attending Consultations	% of total Manus population during Q1 2017
GP	354	119	3.0	53.6%
Primary Health Nurse	708	173	4.1	77.9%
Mental Health Nurse	293	114	2.6	51.4%
Psychologist	35	24	1.5	10.8%
Counsellor	621	91	6.8	41.0%
Psychiatrist	50	25	2.0	11.3%
Total	2,070	555	3.7	

4.2.1b Consultations by Age grouping – Manus Island

Primary Health Consultation per Speciality by Age Group by total population										
Manus Q1 Jan - Mar 2017										
IHMS Primary Health Care	0-4 years	% (0-4 yrs)	5-17 years	% (5-17 yrs)	18-64 years	% (18-64 yrs)	65+ years	% (65+ yrs)	Total	% (Total)
GP	0	0%	0	0%	119	54%	0	0%	119	54%
Primary Health Nurse	0	0%	0	0%	173	78%	0	0%	173	78%
Mental Health Nurse	0	0%	0	0%	114	51%	0	0%	114	51%
Psychologist	0	0%	0	0%	24	11%	0	0%	24	11%
Counsellor	0	0%	0	0%	91	41%	0	0%	91	41%
Psychiatrist	0	0%	0	0%	25	11%	0	0%	25	11%

4.2.2a Consultations – Nauru

Primary Health Care - Consultations Nauru Centres				
Nauru Q1 Jan - Mar 2017				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Unique Person Attending Consultations	% of total Nauru population during Q1 2017
GP	525	126	4.2	73.3%
Primary Health Nurse	766	122	6.3	70.9%
Mental Health Nurse	454	143	3.2	83.1%
Psychologist	165	57	2.9	33.1%
Counsellor	90	24	3.8	14.0%
Psychiatrist	36	21	1.7	12.2%
Total	2,046	499	4.1	

4.2.2b Consultations by Age grouping – Nauru Centre

Primary Health Consultation per Speciality by Age Group by total population										
Nauru Q1 Jan - Mar 2017										
IHMS Primary Health Care	0-4 years	% (0-4 yrs)	5-17 years	% (5-17 yrs)	18-64 years	% (18-64 yrs)	65+ years	% (65+ yrs)	Total	% (Total)
GP	2	67%	17	94%	107	71%	0	0%	126	73%
Primary Health Nurse	2	67%	10	56%	110	73%	0	0%	122	71%
Mental Health Nurse	3	100%	12	67%	128	85%	0	0%	143	83%
Psychologist	1	33%	6	33%	50	33%	0	0%	24	14%
Counsellor	3	100%	10	56%	11	7%	0	0%	57	33%
Psychiatrist		0%	3	17%	18	12%	0	0%	21	12%

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

In relation to consultation numbers, the reader needs to take into account the fact that clinical interactions with designated “refugees” within the transferee cohort are excluded from these data - as discussed above.

Non-refugees within the transferee cohort continue to receive high levels of clinical services from IHMS clinicians.

With regards to Manus island, over 50% of the non-refugees received consultations from each of the following clinical groups - general practitioners, primary health nurses and mental health nurses. Those non-refugees receiving clinical services from these clinical disciplines received, on average, 2.6 (mental health nurse) to 4.1 (primary health nurse) consultations during the quarter. 41% of clients received clinical services from a counsellor with an average of 6.8 consultations for each individual. 10.8% of clients received services from a psychologist and 11.3% received services from a psychiatrist with an average of 1.5 and 2.0 consultations for the quarter respectively.

All clients on Manus Island are single adult males so age breakdown between minors and adults is not relevant in this cohort.

With regard to Nauru, in excess of 70% of the non-refugees received consultations from each of the following clinical groups - general practitioners (73.3%), primary health nurses (70.9%) and mental health nurses (83.1%). Average numbers of consultations per individual seen ranged from 3.2 (the mental health nurse consultations) to 6.3 (the primary health nurse consultations).

The total number of minors in the non-refugee cohort on Nauru is relatively small with six in the 0 to 4 year age group and 18 in the 5 to 17 year age group. However, the percentage of clients seen was comparable across the age groups.

As compared to the previous quarter, there was a reduction in total consultations on Manus from 3858 to 2070 with reductions across all disciplines except psychiatry where there was a slight increase from 43 to 50. This reduction is accounted for by a 25% reduction in numbers of non-refugees at the centre combined with reduced consultations associated with PNG medical board registration matters and with clinic security issues (described above).

On Nauru, there was a small increase in primary health nurse consultations from the previous quarter - from 702 to 766. However, there were reduced consultations for all other disciplines and the total number of consultations showed a reduction from 2595 in the previous 2046 in the current quarter. Whilst there is no clear reason for a specific increase in primary health nurse consultations, the overall reduction is explained by a 29% reduction in non-refugee population at the Nauru RPC.

4.3. Pathology Referrals

4.3.1 Pathology Referrals – Manus Island

Pathology Referrals		
Manus Q1 Jan - Mar 2017		
Pathology Type	No. of Referrals	No. of Persons
Blood Glucose	1	1
C Reactive Protein (CRP)	11	9
Full Blood Count (FBC)	28	23
Helicobacter pylori Serology	3	3
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	51	23
Malaria RDT	5	3
Malarial Parasites (with FBE) Urgent	7	7
Mid-Stream Urine Micro & Culture (MSU)	5	5
Pap Smear	0	0
Triglycerides Fasting	5	5
Total	116	
Total number of unique persons that had a Pathology Referral	35	

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4.3.2 Pathology Referrals – Nauru Centre

Pathology Referrals		
Nauru Q1 Jan - Mar 2017		
Pathology Type	No. of Referrals	No. of Persons
Blood Glucose	39	28
C Reactive Protein (CRP)	14	12
Full Blood Count (FBC)	138	56
Helicobacter pylori Serology	11	11
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	95	35
Malaria RDT	1	1
Malarial Parasites (with FBE) Urgent	0	0
Mid-Stream Urine Micro & Culture (MSU)	32	26
Pap Smear	1	1
Triglycerides Fasting	37	25
Total	368	
Total number of unique persons that had a Pathology Referral	75	

The most common pathology tests performed on Manus island were basic biochemistry (urea, electrolytes, creatinine and liver function tests) [51 requests], and full blood examination [28 requests]. There were small numbers of other tests including CRP, Helicobacter serology, malaria RDT and blood examination for malarial parasites, urine examination and blood lipids. Whilst there is only one recorded referral for blood glucose, there are many blood glucose tests undertaken using portable “bedside” testing units which are not included under formal pathology referrals. Total pathology referrals on Manus island for the quarter numbered 116 which is a significant reduction from the previous quarter (270). The reduction is explained by a reduced number of non-refugees within the centre combined with factors relating to the medical board registration and security issues as explained above. In addition, there were fewer acutely ill non-refugees observed within the clinic during the most recent quarter.

The most common pathology tests performed on Nauru during the first quarter of 2017 were full blood examinations [138 requests] and basic biochemistry [95 requests]. Other tests of note during the quarter included requests for blood glucose [39], CRP [14], Helicobacter serology [11], urine examination [32] and blood lipids [37]. There was also one malarial RDT and one Pap smear performed. There was a significant increase in total tests performed over the quarter [368] as compared to the previous quarter [244]. The major component of this increase related to additional full blood examinations and basic biochemistry associated with monitoring acutely unwell non-refugees within the clinic - mostly associated with the severe Dengue outbreak on Nauru during the quarter. Most of these unwell clients required repeat testing over a number of days.

4.4. Allied Health Referrals

4.4.1 Allied Health Referrals – Manus Island

Allied Health Referrals					
Manus Q1 Jan - Mar 2017					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	71	0	71	59	84%
Physiotherapy	14	0	14	14	20%
Total	85	0	85		32%
Total number of unique persons to have an Allied Health Referral	70	As % of total IDF population during quarter	32%		

4.4.2 Allied Health Appointments – Nauru Centre

Allied Health Referrals					
Nauru Q1 Jan - Mar 2017					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	0	30	30	20	77%
Physiotherapy	9	0	9	6	23%
Optometry	0	1	1	1	4%
Total	9	0	9	6	23%
Total number of unique persons to have an Allied Health referral	26	As % of total IDF population during quarter	15%		

IHMS continued to provide on-site visiting dental and physiotherapy services at the Manus island RPC. There were no other visiting allied health services during the first quarter due to PNG medical board registration issues. There were 71 dental consultations and 14 physiotherapy consultations. The number of dental consultations was comparable to the previous quarter but the number of physiotherapy consultations was significantly reduced - this reduction was due predominantly to the reduction in non-refugee numbers and fewer of the non-refugee cohort requiring physiotherapy. The visiting physiotherapist and dentist continued to provide clinical services to refugees residing within the RPC but these figures are not recorded in this data set.

During the first quarter of 2017, IHMS provided a visiting dentists, physiotherapist and optometrist to the RPC on Nauru. There were 30 dental consultations, nine physiotherapy consultations and one optometry consultation to non-refugees. The visiting allied health clinicians also provided clinical services to refugees but that data is not recorded in the dataset.

4.5. Radiology Referrals

4.5.1 Radiology Referrals – Manus Island

Radiology Referrals – Manus Island January - March 2017					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology Referral	
X-Ray	51	100%	32	100%	1. Chest
					2. Hand (R)
					3. Spine - Lumbo-sacral
					4. Spine - Thoracic
					5. Ankle (L)
Total number of unique persons to have a Radiology test	32	As % of total IDF population during quarter	14.41%		

4.5.2 Radiology Referrals – Nauru Centre

Radiology Referrals - Nauru Centre January - March 2017					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology Referral	
X-Ray	50	55%	30	66.7%	1. Chest
					2. Pelvis
					3. Spine - Lumbo-sacral
					3. Spine - Cervical
					5. Spine - Thoracic
Ultrasound	31	34.1%	21	46.7%	1. Abdomen
					2. Other
					3. Renal
					4. Testicular
					5. Pelvis (F)
CT Scan	10	11%	9	20%	1. Abdomen
					2. Brain
					3. Spine - Cervical
					4. Spine - Lumbar
					5. Head
Total	91				
Total number of unique persons to have a Radiology test	45	As % of total IDF population during quarter	26.16%		

On Manus Island, basic plain x-rays are conducted at the RPC clinic. In order to obtain formal ultrasonography or more sophisticated imaging such as CT scanning or MRI scanning, the client requires transfer to an alternative location such as Port Moresby where imaging is undertaken at the Pacific International Hospital. On Nauru, basic plain x-rays and ultrasonography are undertaken at the RPC clinic. CT scanning can also be undertaken on Nauru utilising the IHMS medical imaging technologist – the CT scanning equipment is located away from the RPC but adjacent to the Republic of Nauru Hospital. Contrast imaging and MRI scanning cannot be undertaken on Nauru.

Over the first quarter of 2017 there were 52 referrals for plain x-rays on 31 individual clients. The most common x-ray performed was the chest x-ray. This is a reduction of 30% on the previous quarter due to a reduction in numbers of non-refugees as the major factor. Additional imaging may have been performed on non-refugees transferred to Port Moresby for medical care but this data is not included in the data set.

During the quarter, a total of 91 referrals for medical imaging (on 45 individual patients) were made on Nauru comprising 50 plain x-rays, 31 ultrasounds and 10 CT scans. The most common plain x-ray was of the chest, the most common ultrasound was of the abdomen and the most common CT scan was also of the abdomen. The total number of radiology referral is for this quarter represents a 33% reduction from the previous quarter and mostly relates to the reduction in numbers of non-refugees on site.

4.6. Specialist Referrals

4.6.1 Specialist Referrals – Manus Island

Specialist referrals (Top 20)			
Manus Q1 2017			
Specialist Referrals	No. Referrals	No. unique persons (based on all designations)	Percentage of unique persons referred to a specialist
Dermatology	2	2	0.9%
TOTAL	2		
Total number of unique persons to have a Specialist referral	2	% of total IDF population during Q1	0.9%

4.6.2 Specialist Referrals – Nauru Centre

Specialist referrals (Top 20)			
Nauru Q1 2017			
Specialist Referrals	No. Referrals	No. unique persons (based on all designations)	Percentage of unique persons referred to a specialist
General surgery	6	5	2.9%
Gastroenterology	2	2	1.2%
Dermatology	1	1	0.6%
Gynaecology and obstetrics	1	1	0.6%
Internal medicine	1	1	0.6%
Neurology	1	1	0.6%
TOTAL	12		
Total number of unique persons to have a Specialist referral	11	% of total IDF population during Q1	6.4%

IHMS facilitates specialist reviews via a number of mechanisms. Firstly, on Nauru, IHMS employs an obstetrician and midwife to assist in the antenatal care of refugees and non-refugees resident in the regional processing centre and in the community. In addition, IHMS employs a general practitioner with specialist paediatric training to provide additional expertise in the management of paediatric cases on Nauru. Apart from on-site medical staff with specialist training as described, IHMS facilitates specialist consultation via telehealth, visiting specialists and transfers off-site the specialist consultation. With regard to transfers off-site, the most common destination for non-refugees on Manus Island is Pacific International hospital in Port Moresby. Previously, non-refugees on Nauru also accessed Pacific International hospital in Port Moresby but over the first quarter of 2017, this was not possible due to visa issues. There were no visiting specialists to Manus island during the quarter due to the PNG medical board registration issues.

The number of specialists and referrals recorded for the Manus island was relatively few over the quarter with only two dermatology referrals. However, there was a significant number of Tele health reviews over the period which are not captured by this metric. In addition, there were a number of specialist follow-ups in Port Moresby which did not require a new referral. Nevertheless, the total of two referrals represents a substantial decrease from the eight referrals from the previous quarter.

On Nauru, there were a total of 12 referrals on 11 separate patients - the most common was for general surgery (six) with two for gastroenterology, one for dermatology, one for obstetrics and gynaecology, one for internal medicine and one for neurology. The total number of referrals is comparable to the previous quarter.

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4.7. Presentations to hospital Emergency Department (including admissions)

4.7.1 Presentations to hospital Emergency Department – Manus Island

Presentations to hospital Emergency Department (including admissions)		
Manus Q1 Jan - Mar 2017		
Location	Total Hospital Admissions	Number of individuals hospitalised
Manus Island	12	8
Total number of unique persons that were hospitalised	8	

4.7.2 Presentations to hospital Emergency Department – Nauru Centre

Presentations to hospital Emergency Department (including admissions)		
Nauru Q1 Jan - Mar 2017		
Location	Total Hospital Admissions	Number of individuals hospitalised
Nauru Centre	3	3
Total number of unique persons that were hospitalised	3	

There is the occasional transfer to Australia for severe life-threatening conditions at which time the clients are admitted to an Australian hospital after medical evacuation from either Manus Island or Nauru. Such transfers are limited in accordance with DIBP policy. With regard to the Manus island non-refugees, the great majority of hospital admissions are directed to Pacific International hospital in Port Moresby according to DIBP policy. Although there are hospitals on Manus Island and Nauru operated by local health services, these facilities are rarely used for non-refugees as standards of care are lower than that provided by Australian hospitals which form the contractual benchmark for medical care of non-refugees.

During the January to March quarter of 2017, there were 12 hospital admissions of non-refugees from Manus Island which is slight reduction (from 15) from the previous quarter. There were three admissions to hospital for non-refugees on Nauru, an increase from zero for the previous quarter - mostly due to the Dengue fever outbreak on Nauru over the quarter.

4.8. GP/Psychiatrist Presentations by Health Groupings

4.8.1 Reasons for Presentations to GP and Psychiatrist – Manus Island

Health Groupings Q1 - 2016	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Digestive	110	83	38	17.1%
Skin	104	79	40	18.0%
Musculoskeletal	103	80	41	18.5%
Psychological	66	63	27	12.2%
Respiratory	64	58	28	12.6%
General Unspecified	59	48	31	14.0%
Neurological	39	35	25	11.3%
Injury	29	25	20	9.0%
Ear	26	25	10	4.5%
Cardiovascular	15	13	10	4.5%
Urological	14	14	8	3.6%
Endocrine / Metabolic & Nutritional	14	12	10	4.5%
Genital	14	12	10	4.5%
Eye	13	12	7	3.2%
Blood / Blood forming organs	3	3	2	0.9%
Social	0	0	0	0.0%
Pregnancy / Childbearing / Family Planning	0	0	0	0.0%
Total	673	562		

4.8.1a Presentations by Age grouping - Manus

GP/Psychiatrist presentations by Age Grouping										
Manus Q1 Jan - Mar 2017										
Health Groupings	0-4 years	% of total 0-4 yrs	5-17 years	% of total 5-17 yrs	18-64 years	% of total 18-64 yrs	65+ years	% of total 65+ yrs	Total	% total Manus population
Musculoskeletal	0	0.0%	0	0.0%	41	18.5%	0	0.0%	41	18.5%
Skin	0	0.0%	0	0.0%	40	18.0%	0	0.0%	40	18.0%
Digestive	0	0.0%	0	0.0%	38	17.1%	0	0.0%	38	17.1%
General Unspecified	0	0.0%	0	0.0%	31	14.0%	0	0.0%	31	14.0%
Respiratory	0	0.0%	0	0.0%	28	12.6%	0	0.0%	28	12.6%
Psychological	0	0.0%	0	0.0%	27	12.2%	0	0.0%	27	12.2%
Neurological	0	0.0%	0	0.0%	25	11.3%	0	0.0%	25	11.3%
Injury	0	0.0%	0	0.0%	20	9.0%	0	0.0%	20	9.0%
Ear	0	0.0%	0	0.0%	10	4.5%	0	0.0%	10	4.5%
Endocrine / Metabolic & Nutritional	0	0.0%	0	0.0%	10	4.5%	0	0.0%	10	4.5%
Cardiovascular	0	0.0%	0	0.0%	10	4.5%	0	0.0%	10	4.5%
Genital	0	0.0%	0	0.0%	10	4.5%	0	0.0%	10	4.5%
Urological	0	0.0%	0	0.0%	8	3.6%	0	0.0%	8	3.6%
Eye	0	0.0%	0	0.0%	7	3.2%	0	0.0%	7	3.2%
Blood / Blood forming organs	0	0.0%	0	0.0%	2	0.9%	0	0.0%	2	0.9%
Social	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

4.8.2 Reasons for Presentations to GP and Psychiatrist – Nauru Centre

Health Groupings Q1 – 2017	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Musculoskeletal	139	104	49	28.5%
Digestive	137	109	46	26.7%
Psychological	120	99	41	23.8%
Skin	118	90	43	25.0%
General Unspecified	114	93	43	25.0%
Respiratory	70	60	28	16.3%
Endocrine / Metabolic & Nutritional	66	41	23	13.4%
Neurological	59	34	25	14.5%
Urological	44	28	14	8.1%
Ear	20	10	4	2.3%
Cardiovascular	18	15	12	7.0%
Injury	15	13	10	5.8%
Eye	13	13	9	5.2%
Genital	12	11	6	3.5%
Social	1	1	1	0.6%
Pregnancy / Childbearing / Family Planning	1	1	1	0.6%
Blood / Blood forming organs	0	0	0	0.0%
Total	947	722		

4.8.2a Presentations by Age Grouping – Nauru

GP/Psychiatrist presentations by Age Grouping										
Nauru Q1 Jan - Mar 2017										
Health Groupings	0-4 years	% of total 0-4 yrs	5-17 years	% of total 5-17 yrs	18-64 years	% of total 18-64 yrs	65+ years	% of total 65+ yrs	Total	% total Nauru population
Musculoskeletal	1	33.3%	2	11.1%	46	30.5%	0	0.0%	49	28.5%
Digestive	0	0.0%	4	22.2%	42	27.8%	0	0.0%	46	26.7%
General Unspecified	1	33.3%	2	11.1%	40	26.5%	0	0.0%	43	25.0%
Skin	1	33.3%	9	50.0%	33	21.9%	0	0.0%	43	25.0%
Psychological	1	33.3%	3	16.7%	37	24.5%	0	0.0%	41	23.8%
Respiratory	0	0.0%	5	27.8%	23	15.2%	0	0.0%	28	16.3%
Neurological	0	0.0%	2	11.1%	23	15.2%	0	0.0%	25	14.5%
Endocrine / Metabolic & Nutritional	0	0.0%	0	0.0%	23	15.2%	0	0.0%	23	13.4%
Urological	0	0.0%	2	11.1%	12	7.9%	0	0.0%	14	8.1%
Cardiovascular	0	0.0%	0	0.0%	12	7.9%	0	0.0%	12	7.0%
Injury	0	0.0%	3	16.7%	7	4.6%	0	0.0%	10	5.8%
Eye	0	0.0%	1	5.6%	8	5.3%	0	0.0%	9	5.2%
Genital	0	0.0%	0	0.0%	6	4.0%	0	0.0%	6	3.5%
Ear	0	0.0%	0	0.0%	4	2.6%	0	0.0%	4	2.3%
Social	0	0.0%	0	0.0%	1	0.7%	0	0.0%	1	0.6%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	1	0.7%	0	0.0%	1	0.6%
Blood / Blood forming organs	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

The most common presenting symptoms for non-refugees on Manus island were digestive (110 presentations) relating to 38 unique individuals (17% of the population). There were 104 skin presentations relating to 40 unique individuals (18% of the population), 103 musculoskeletal presentations relating to 41 unique individuals (19% of the population), 66 psychological presentations relating to 27 unique individuals (12% of the population), 64 respiratory presentations relating to 28 unique individuals (13% of the population), and 59 “general unspecified” presentations affecting 31 unique individuals (14% of the population). Other presentations included injuries (29), ear (26), cardiovascular (15), urological (14), endocrine metabolic and nutritional (14), eye (13) and blood/blood forming organs (three). As compared to the previous quarter, the most common four groups of presenting complaints are unchanged although digestive symptoms have now surpassed musculoskeletal symptoms as the most common presentation. Amongst the presentations with digestive symptoms, there are cases of gastro-oesophageal reflux, bowel disorders and anal conditions but there are also a significant number of cases presenting with digestive symptoms without clear physical cause and are most likely somatic symptoms associated with psychological distress. Skin conditions are commonly associated with minor injuries, environmental irritants and insect bites. Musculoskeletal symptoms are associated with a wide range of joint and soft tissue strains as well as sporting and other injuries. Psychological distress is not uncommon and presentations for this reason are frequent. Respiratory presentations with predominantly minor upper respiratory infections as well as asthma, effects of environmental irritants and smoking are often causes for presentation.

The most common presenting symptoms for non-refugees on Nauru were musculoskeletal (139 presentations) relating to 49 unique individuals (29% of the population). There were 137 digestive presentations affecting 46 unique individuals (27% of the population), 120 psychological presentations affecting 41 unique individuals (24% of the population), 118 skin presentations affecting 43 unique individuals (25% of the population), 114 with “general unspecified” presentations affecting 43 unique individuals (25% of the population), 70 respiratory presentations affecting 28 unique individuals (16% of the population). Other presentations included endocrine/metabolic and nutritional (66), neurological (59), urological (44), ear (20), cardiovascular (18), injury (15), eye (13), genital (12), social (one), and pregnancy/family planning (one). Whilst the top six reasons for presentation remain the same, their order of prevalence has changed. Previously psychological presentations were most common but these have been surpassed by musculoskeletal presentations. Digestive presentations were previously fourth most common but are now the second most common reason for presentation. Respiratory presentations were previously the third most commonly observed but are now sixth most common. Musculoskeletal symptoms are associated with a wide range of joint and soft tissue strains as well as sporting and other injuries. Amongst the presentations with digestive symptoms, there are cases of gastro-oesophageal reflux, bowel disorders and anal conditions but there are also a significant number of cases presenting with digestive symptoms without clear physical cause and are most likely somatic symptoms associated with psychological distress. Psychological distress is not uncommon and presentations for this reason are frequent. Skin conditions are commonly associated with minor injuries, environmental irritants and insect bites. Respiratory presentations with predominantly minor upper respiratory infections as well as asthma, effects of environmental irritants and smoking are often causes for presentation. Of note there are 44 presentations with urological

symptoms relating to only 14 individual cases - there are a small number of clients with severe urological symptoms who present frequently and are awaiting transfer for definitive management of their condition.

With regard to minors on Nauru, the most common presentations are for skin conditions (10), respiratory symptoms (5), digestive symptoms (4), psychological symptoms (4), musculoskeletal symptoms (three) and injuries (three).

4.9. Primary Health Care Chronic Diseases

4.9.1 Chronic Diseases – Manus Island

Primary Health Care - Chronic Diseases					
Manus Q1 Jan - Mar 2017					
Chronic Disease categories taken from the Australian Institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Depression	3	1.4%	0	0%	3
Oral disease	1	0.5%	0	0%	1
Diabetes	1	0.5%	0	0%	1
Asthma	1	0.5%	0	0%	1
Cardiovascular	1	0.5%	0	0%	1
Arthritis	2	0.9%	0	0%	2
Thyroid disease	0	0.0%	0	0%	0
Epilepsy	1	0.5%	0	0%	1
Obesity	0	0.0%	0	0%	0

4.9.1a Chronic Diseases by Age grouping – Manus Island

Chronic Diseases by Age Grouping								
Manus Q1 Jan - Mar 2017								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Depression	0	0%	0	0%	3	0.5%	0	0%
Oral disease	0	0%	0	0%	1	0.5%	0	0%
Diabetes	0	0%	0	0%	1	0.5%	0	0%
Asthma	0	0%	0	0%	1	0.5%	0	0%
Cardiovascular	0	0%	0	0%	1	1.4%	0	0%
Arthritis	0	0%	0	0%	2	0.9%	0	0%
Thyroid disease	0	0%	0	0%	0	0%	0	0%
Epilepsy	0	0%	0	0%	1	0.5%	0	0%
Obesity	0	0%	0	0%	0	0%	0	0%

4.9.2 Chronic Diseases – Nauru Centre

Primary Health Care - Chronic Diseases					
Nauru Q1 Jan - Mar 2017					
<i>Chronic Disease categories taken from the Australian Institute of Health and Welfare</i>	Adult	Age group by %	Minor	Age group by %	Grand Total
Depression	15	9.9%	1	0.7%	16
Oral disease	4	2.6%	3	2.0%	7
Diabetes	5	3.3%	0	0.0%	5
Asthma	4	2.6%	0	0.0%	4
Cardiovascular	4	2.6%	0	0.0%	4
Arthritis	1	0.7%	0	0.0%	1
Thyroid disease	2	1.3%	0	0.0%	2
Epilepsy	0	0.0%	0	0.0%	0
Schizophrenia	1	0.7%	0	0.0%	1

4.9.2a Chronic Diseases by Age grouping – Nauru

Chronic Diseases by Age Grouping								
Nauru Q1 Jan - Mar 2017								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Depression	0	0%	1	6%	15	9.9%	0	0%
Oral disease	0	0%	3	17%	4	2.6%	0	0%
Diabetes	0	0%	0	0%	5	3.3%	0	0%
Asthma	0	0%	0	0%	4	2.6%	0	0%
Cardiovascular	0	0%	0	0%	4	2.6%	0	0%
Arthritis	0	0%	0	0%	1	0.7%	0	0%
Thyroid disease	0	0%	0	0%	2	1.3%	0	0%
Epilepsy	0	0%	0	0%	0	0%	0	0%
Schizophrenia	0	0%	0	0%	1	0.7	0	0%

As part of the primary health care provision of residents of regional processing centres, IHMS manages chronic diseases.

During the quarter the most common chronic diseases non-refugees presented with on Manus island were depression (three), arthritis (two) and one each of oral disease, diabetes, asthma, cardiovascular disease and epilepsy.

On Nauru, the most common chronic disease presentations from adult non-refugees were depression (15), diabetes (five), oral disease (four), asthma (four), cardiovascular disease (four), thyroid disease (two), arthritis (one) and schizophrenia (one). In children there was one case of depression and three cases of oral disease.

The prominence of depression, oral disease, diabetes, asthma and cardiovascular disease has also been seen in previous quarters.



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5. Medications

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

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

5.1.1 Medication prescriptions – Manus Island

Medication prescriptions by MIMS Class						
Manus Q1 Jan - Mar 2017						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Nonsteroidal anti-inflammatory agents	80	36%	0	0%	80	36%
Simple analgesics and antipyretics	80	36%	0	0%	80	36%
Penicillins	51	23%	0	0%	51	23%
Antihistamines	45	20%	0	0%	45	20%
Combination simple analgesics	37	17%	0	0%	37	17%
Hyperacidity, reflux and ulcers	35	16%	0	0%	35	16%
Antidepressants	27	12%	0	0%	27	12%
Rubefacients, topical analgesics/NSAIDs	16	7%	0	0%	16	7%
Herbal analgesics and anti-inflammatories	15	7%	0	0%	15	7%
Herbal nervous system preparations	15	7%	0	0%	15	7%
Antipsychotic agents	13	6%	0	0%	13	6%
Antiemetics, antinauseants	11	5%	0	0%	11	5%
Macrolides	11	5%	0	0%	11	5%
Other antibiotics and anti-infectives	11	5%	0	0%	11	5%
Topical nasopharyngeal medication	11	5%	0	0%	11	5%
Fatty acid supplements	10	5%	0	0%	10	5%
Sedatives, hypnotics	10	5%	0	0%	10	5%
Antispasmodics and motility agents	9	4%	0	0%	9	4%
Tetracyclines	9	4%	0	0%	9	4%
Topical otic medication	9	4%	0	0%	9	4%

5.1.2 Medication prescriptions – Nauru Centre

Medication prescriptions by MIMS Class						
Nauru Q1 Jan - Mar 2017						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	66	44%	5	24%	71	41%
Nonsteroidal anti-inflammatory agents	56	37%	4	19%	60	35%
Antidepressants	31	21%	1	5%	32	19%
Hyperacidity, reflux and ulcers	29	19%	0	0%	29	17%
Antihistamines	23	15%	2	10%	25	15%
Oral and parenteral electrolytes	22	15%	0	0%	22	13%
Penicillins	18	12%	4	19%	22	13%
Antipsychotic agents	19	13%	1	5%	20	12%
Antiemetics, antinauseants	14	9%	0	0%	14	8%
Expectorants, antitussives, mucolytics, decongestants	14	9%	0	0%	14	8%
Fatty acid supplements	12	8%	0	0%	12	7%
Topical antifungals	8	5%	4	19%	12	7%
Vaccines	11	7%	1	5%	12	7%
Vitamins (single agents)	11	7%	1	5%	12	7%
Topical corticosteroids	8	5%	3	14%	11	6%
Hypolipidaemic agents	9	6%	0	0%	9	5%
Cephalosporins	7	5%	1	5%	8	5%
Laxatives	8	5%	0	0%	8	5%
Noncytotoxic and supportive therapy	8	5%	0	0%	8	5%
Topical antiseptics, anti-infectives	5	3%	3	14%	8	5%

The most commonly prescribed medications prescribed to non-refugees on Manus Island are non-steroidal inflammatory agents (80), simple analgesics and antipyretics (80) and combination simple analgesics (37). These medications are used for a wide variety of discomfort and painful conditions which range from minor respiratory infections through to minor injuries, soft tissue strains and arthritis. Rubrifacients, topical analgesics/anti-inflammatories (16) and herbal analgesics and anti-inflammatories (15) are also used for a similar range of conditions. Antibiotics including penicillins (51), macolides (11), tetracyclines (9) and other antibiotics and anti-infectives (11) are also relatively common. Due to the frequency of psychological disorders, psychotropic medications are commonly prescribed – antidepressants (27), antipsychotic agents (13), herbal nervous system preparations (15) and sedatives (10). Digestive and gastrointestinal presentations are frequent as our prescriptions to treat these - high per acidity, reflux and ulcer drugs (35), antiemetics (11) and motility agents (nine). Allergies are not uncommon with 45 prescriptions of antihistamines and 11 prescriptions of topical nasopharyngeal medication. There were also 10 prescriptions for fatty acid supplements and nine prescriptions for topical otic medications.

The most commonly prescribed medications for non-refugees on Nauru were also simple analgesics and antipyretics (71) and non-steroidal anti-inflammatory agents (60). Antibiotic prescriptions included penicillins (22), cephaloporins (eight) and topical antifungals (12). Psychotropic agents included antidepressants (32), antipsychotic agents (20). Medications for the digestive tract included hyper acidity, reflux and ulcer drugs (29), antiemetics (14) and laxatives (eight). Other groups of medications include expectorants (14), fatty acid supplements (12), vaccines (12), vitamins (12), topical corticosteroids (11) and hypolipidaemic agents (nine). Amongst the non-refugee children there were very few prescriptions with the most common being simple analgesics and antipyretics and non-steroidal anti-inflammatory agents. There were a small number of antibiotic prescriptions, some topical antifungal creams, topical corticosteroids, 2 antihistamine prescriptions and one antidepressant prescription. In total, there are only 26 prescriptions for non-refugee children for the quarter.

5.2. Medication Prescriptions by Schedule

5.2a Medication Prescriptions by Schedule – Manus Island

Medication Prescriptions by Schedule			
Manus Q1 Jan - Mar 2017			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	70	0	43
S3	32	2	0
S4	285	24	33
S8	2	0	0
Unscheduled	142	4	5
Grand Total	531	30	81

5.2b Medication Prescriptions by Schedule – Nauru Centre

Medication Prescriptions by Schedule			
Nauru Q1 Jan - Mar 2017			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	60	1	49
S3	8	0	0
S4	234	15	36
S8	2	0	0
Unscheduled	108	0	26
Grand Total	412	16	111

As regards scheduled classification of medications prescribed to non-refugees on Manus island, the most commonly utilised schedule is schedule 4 with 342 prescriptions (out of a total of 642). The remainder were unscheduled (151), S2 (113) and S3 (34). There were only two schedule 8 medication prescriptions for the quarter.

The most common medication schedule for prescriptions for non-refugees on Nauru was S4 with 285 prescriptions (out of a total of 539). The remainder were unscheduled (134), S2 (110) and S3 (eight). There were only two schedule 8 medication prescriptions for the quarter.

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

As regards scheduled classification of medications prescribed for non-refugees on Manus island, the most commonly utilise schedule is schedule 4 with 342 prescriptions (out of a total of 642). The remainder were unscheduled (151), S2 (113) and S3 (34). There were only two schedule 8 medication prescriptions for the quarter.

The most common medication schedule for prescriptions for non-refugees on Nauru was S4 with 285 prescriptions (out of a total of 539). The remainder were unscheduled (134), S2 (110) and S3 (eight). There were only two schedule 8 medication prescriptions for the quarter.

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5.3. Medication Trends by Class

5.3a Medication Trends by Class – Manus Island

Medication Trends by MIMS Class		
Manus Q1 Jan - Mar 2017		
Medications	Oct - Dec 2016	Jan - Mar 2017
Nonsteroidal anti-inflammatory agents	47%	36%
Simple analgesics and antipyretics	43%	36%
Penicillins	24%	23%
Antihistamines	18%	20%
Combination simple analgesics	17%	17%
Hyperacidity, reflux and ulcers	19%	16%
Antidepressants	16%	12%
Rubefacients, topical analgesics/NSAIDs	2%	7%
Herbal analgesics and anti-inflammatories	3%	7%
Herbal nervous system preparations	15%	7%
Antipsychotic agents	6%	6%
Antiemetics, antinauseants	5%	5%
Macrolides	6%	5%
Other antibiotics and anti-infectives	7%	5%
Topical nasopharyngeal medication	4%	5%
Fatty acid supplements	#N/A	5%
Sedatives, hypnotics	8%	5%
Antispasmodics and motility agents	10%	4%
Tetracyclines	4%	4%
Topical otic medication	3%	4%

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5.3b Medication Trends by Class – Nauru Centre

Medication Trends by MIMS Class		
Nauru Q1 Jan - Mar 2017		
Medications	Oct - Dec 2016	Jan - Mar 2017
Simple analgesics and antipyretics	47%	41%
Nonsteroidal anti-inflammatory agents	44%	35%
Antidepressants	23%	19%
Hyperacidity, reflux and ulcers	15%	17%
Antihistamines	13%	15%
Oral and parenteral electrolytes	6%	13%
Penicillins	12%	13%
Antipsychotic agents	14%	12%
Antiemetics, antinauseants	6%	8%
Expectorants, antitussives, mucolytics, decongestants	11%	8%
Fatty acid supplements	0%	7%
Topical antifungals	6%	7%
Vaccines	2%	7%
Vitamins (single agents)	9%	7%
Topical corticosteroids	6%	6%
Hypolipidaemic agents	2%	5%
Cephalosporins	4%	5%
Laxatives	2%	5%
Noncytotoxic and supportive therapy	1%	5%
Topical antiseptics, anti-infectives	1%	5%

Comparing the percentage of prescriptions in nominated categories during the current quarter with those percentages for the last quarter of 2016 shows that although the non-steroidal anti-inflammatory agents and simple analgesics remain the most commonly prescribed medications the overall percentages are slightly less than the previous quarter. There has been an increase in the use of topical analgesics and herbal analgesics over the current quarter probably accounting for the majority of the difference. Otherwise, percentages differ little from the previous quarter.

Similarly on Nauru, simple analgesics and non-steroidal anti-inflammatory agents remain the most commonly prescribed medications for non-refugees during the reporting quarter but in comparison to the previous quarter, the percentages are slightly less. Otherwise, changes in the distribution of medication prescriptions are not great from one quarter to the next.

6. Vaccinations Administered by Age Group

6.1 Vaccinations – Manus Island

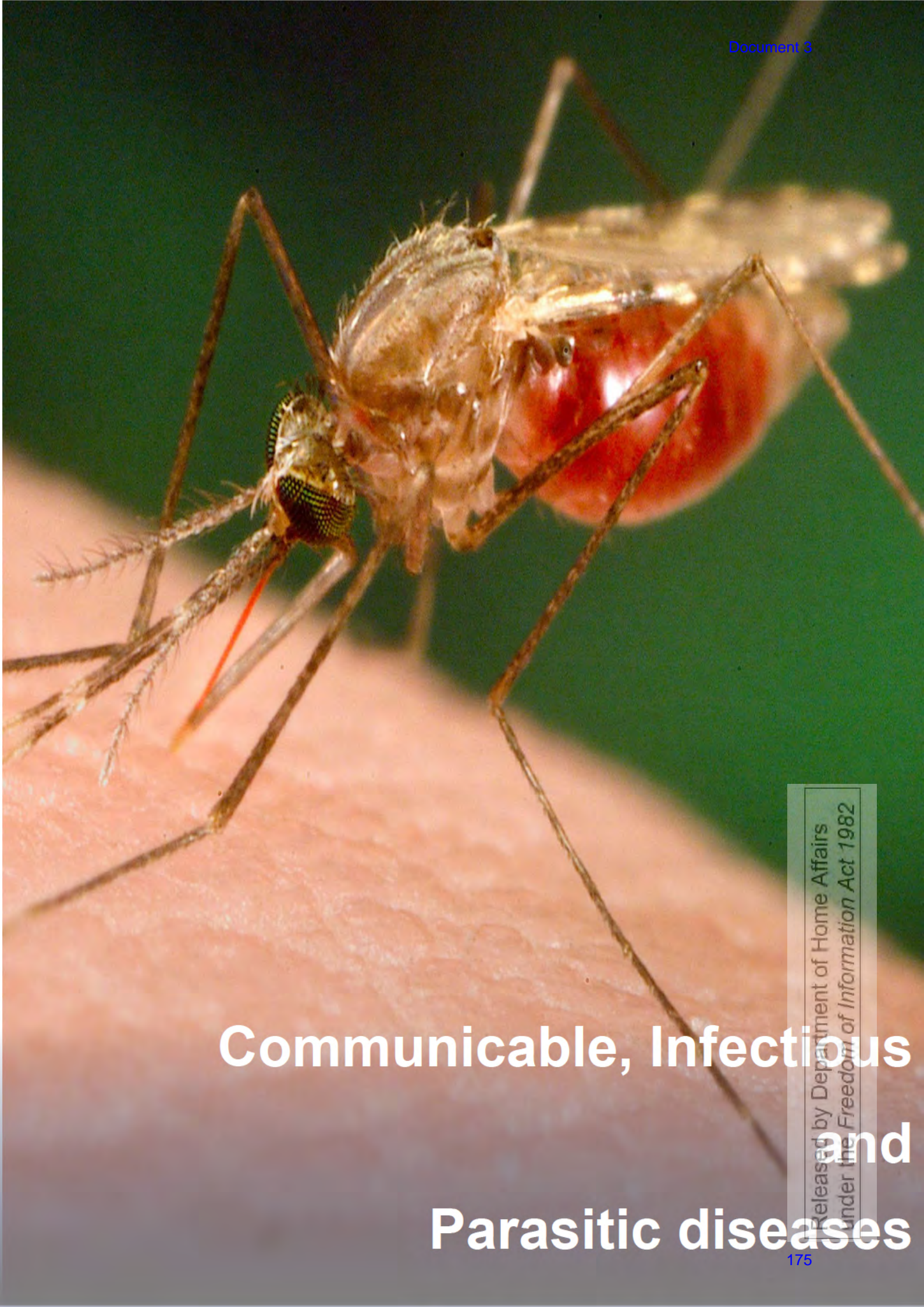
Vaccinations Administered by Age Group					
Manus Q1 Oct - Dec 2016					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	0	0	0
MMR	0	0	0	0	0
MMRV	0	0	0	0	0
Hep A	0	0	0	0	0
Hep B	0	0	0	0	0
MenCCV	0	0	0	0	0
Typh IM	0	0	50	0	50
dT	0	0	0	0	0
HPV	0	0	8	0	8
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	0	0	0
PCV	0	0	0	0	0
dTpa (11 years and over)	0	0	0	0	0
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	0	0	58	0	58

6.2 Vaccinations – Nauru Centre

Vaccinations Administered by Age Group					
Nauru Q1 Oct - Dec 2016					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	3	0	3
MMR	0	0	1	0	1
MMRV	0	0	0	0	0
Hep A	0	1	4	0	5
Hep B	0	0	3	0	3
MenCCV	0	0	1	0	1
Typh IM	0	0	1	0	1
dT	0	0	0	0	0
HPV	0	0	1	0	1
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	3	0	3
PCV	0	0	0	0	0
dTpa (11 years and over)	0	0	2	0	2
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	0	1	19	0	20

Similar to the previous quarter, the most commonly administered vaccines to non-refugees on Manus island were typhoid boosters (50) and HPV vaccination (eight). The total number of vaccines is less than the previous quarter, 58 as compared to 85 which relates predominantly to the reduction in the non-refugee population. Other vaccinations were not required over the quarter due to the fact that non-refugees tend to be fully vaccinated due to their long-standing residency within the detention and immigration processing systems.

On Nauru, a small number of vaccines were administered to non-refugees over the reporting quarter with one vaccination in the 5 to 17 year old age group and 19 vaccinations in the 18 to 64 year age group. The most commonly used vaccination was for hepatitis A (five) with 3 varicella vaccines, three hepatitis B vaccines, one MenCCV, one typhoid booster, one HPV, three ITV and two dTpa. Other vaccinations were not required over the quarter due to the fact that the non-refugees tend to be fully vaccinated due to their long-standing residency within the detention and immigration processing systems.



Communicable, Infectious and Parasitic diseases

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7. Communicable, Infectious and Parasitic Diseases

Contagious (human to human, including sexually transmitted infections)	New Diagnoses Quarter 1 (Jan – Mar 2017)				Total New Diagnosis Jul 2015 - Mar 2017		
	Manus Island	Nauru Centre	Total	% of total RPC population during quarter	Manus Island	Nauru Centre	Total
Chickenpox	0	0	0	0%	0	0	0
Chlamydia	0	0	0	0%	1	1	2
Gonorrhoea	0	0	0	0%	0	1	1
Hepatitis A	0	0	0	0%	0	0	0
Hepatitis B, sAg pos	0	0	0	0%	0	0	0
Hepatitis C, Ab pos	0	0	0	0%	0	0	0
HIV	0	0	0	0%	0	0	0
Measles, Mumps, Rubella	0	0	0	0%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0%	0	0	0
Syphilis serology pos	0	0	0	0%	0	0	0
Tuberculosis - Active	0	0	0	0%	0	0	0
Typhoid	0	0	0	0%	0	0	0
Total	0	0	0	0%	1	2	3
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	14	14	3.55%	1	14	15
Malaria	3	0	3	0.76%	19	0	19
Schistosomiasis	0	0	0	0%	6	0	6
Strongyloidiasis	0	0	0	0%	0	0	0
Total	3	14	17	4.31%	26	14	40
Grand Total	3	14	17	4.31%	27	16	43

During the first quarter of 2017, there were no reports of reportable communicable or infectious disease.

However, during the same period, there was a significant outbreak of Dengue fever with 14 cases reported in non-refugees. This formed part of an Island-wide outbreak which also affected many local Nauruans and some refugees. The extent of the outbreak had a significant impact on health services on the island including IHMS services for both non-refugees and refugees. IHMS participated in a working group led by Republic of Nauru Public Health Unit to monitor and manage the outbreak. There were no other reportable infectious diseases affecting non-refugees on Nauru during the quarter.



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Disabilities

8. Disabilities

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

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

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

8.1 Number of Transferees with a Disability in Manus

Number of Transferees with a Disability in Manus Q1 Jan – Mar 2017			
Disability Grouping	Total	Adult	Minor
Psychiatric	1	1	0
Total ¹	1	1	
Unique Transferees with a disability	1		

¹ Some Transferees may be counted in multiple disability categories.

Utilising the above definition for disability, there was only one individual non-refugee with a disability, a psychiatric disability, flagged during the quarter.

8.1.1 Total Disabilities as Percentage of Manus Population

Total Disabilities as Percentage of Manus Population		
Manus Q2 2016 – Q1 2017		
As at end of quarter	Number of unique Transferees	Approximate percentage of Manus population
31 Mar 2017 – Q1	1	0.005%
31 Dec 2016 - Q4	8	3%
30 Sept 2016 - Q3	n/a	n/a
30 Jun 2016 - Q2	n/a	n/a

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

8.2 Number of Transferees with a Disability in Nauru

Number of Transferees with a Disability in Nauru Q1 Jan - Mar 2017			
Disability Grouping	Total	Adult	Minor
Psychiatric	3	3	0
Total ¹	3	3	
Unique Transferees with a disability	3		

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

Also using the above definition for disability, there were 3 adult non-refugees recorded as having a disability (all with a psychiatric disability) and no non-refugee minors with a disability.

8.2.1 Total Disabilities as Percentage of Nauru Population

Total Disabilities as Percentage of Nauru Population		
Nauru Q1 2016 – Q4 2016		
As at end of quarter	Number of unique Transferees	Approximate percentage of Nauru population
31 Mar 2017 - Q1	3	0.02%
31 Dec 2016 - Q4	6	3%
30 Sept 2016 - Q3	n/a	n/a
30 Jun 2016 - Q2	n/a	n/a

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



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Mental Health

9. Mental Health

Mental health care in Regional Processing Centres is provided using a primary care model augmented by specialist mental health nursing, psychology, counselling and Psychiatry. This includes a comprehensive mental health assessment on entry to detention and regular mental health screening offered at prescribed intervals. Follow-up care is provided as needed using individualised care plans, along with group work focused both on prevention and supportive interventions. Additional risk management for those presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement process which is used in conjunction with other service providers and involves additional support and monitoring as long as this is clinically indicated. The change to open centres in both Nauru and Manus mean that the way in which SME is implemented has needed to be adapted to the more mobile population.

The Nauru and Manus sites include supported accommodation areas which may be used to provide increased levels of clinical and non-clinical support to Transferees and their families. Both sites also have the capacity to provide overnight care within the medical clinic if this is required, and Nauru also manages some inpatient mental health cases as inpatients at RPC1. IHMS provides mental health care to refugees as well as transferees, although data provided in this data set relates only to transferees.

9.1. Mental Health related Consultations

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

In the tables in this section the number of 'Consults' represents all consultations, regardless of whether one person has presented twenty times and another only once, while the number of 'Unique Adult' consults shows the number of different individuals attending.

For both Nauru and Manus the mental health nurse is the most frequently consulted mental health professional, although counsellors saw nearly half the Transferee population in Manus in this quarter. Rates of consultation by different professional groups are affected not only by clinical need but also population, geographical and social differences. For example in Manus, Transferees actively participate in art and other groups run in the RPC clinic room, often preferring activity based therapy above 1:1 talking therapies. While Transferees in Manus have open access to Lorengau, there are limited opportunities to socialise or engage in activities outside the centre, which increases attendance rates. By contrast in Nauru most Transferees no longer wish to engage in Counselling group activities as the open access to the wider community provides other non-clinical options.

Rates of consultation with a Psychiatrist are now similar across the two sites, which is likely due to increased Psychiatrist availability in Manus in this quarter.

Table 9.1.1a shows a total of 976 consultations were provided for mental health related issues in Manus in this quarter (to 158 unique individuals within a transferee population of 220 individuals). Almost all the Manus mental health consultations were provided by mental health staff, with the majority of consults done by nurses and counsellors. Around 10% of the Transferee population saw a Psychiatrist in Manus in this quarter, with similar numbers seeing a Psychologist. Figures for ongoing consultations with Torture and Trauma counsellors are in addition to these services, but are not reported in this data set. There is a rough correlation between these figures and the number of people prescribed antidepressants (12% - a reduction from 16% in Q4 2016) and antipsychotics (6%) shown in Table 5.1, Section 5 above.

Table 9.1.1a Mental health consultation by health professionals in Adults – Manus

Mental health consultation by health professional : Adults			
January - March 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	12	9	4.05%
Primary Health Nurse	0	0	0.00%
Primary Health Total	12	9	
Mental Health Consultations by Mental Health Professionals			
Counsellor	621	91	40.99%
Mental Health Nurse	265	111	50.00%
Psychiatrist	43	24	10.81%
Psychologist	35	24	10.81%
Mental Health Total	964	259	
TOTAL	976		

Table 9.1.2a shows that a total of 609 consultations were provided for mental health related issues in Nauru in this quarter (to a transferee population of 146 adults). Most of the Nauru mental health consultations were provided by mental health staff, with the majority of consults done by nurses and counsellors. The relative differences between Manus and Nauru in number of GP consults for mental health issues is likely a reflection of the specific engagement of a 'Mental Health' GP in Nauru who assists primarily with managing mental health inpatients, but also provides some outpatient and home-based reviews,

Eighty five percent of the transferee population in Nauru were seen by mental health nurses in this quarter. Around 12% of the population saw a Psychiatrist, and around one third saw a Psychologist. Figures for ongoing consultations with Torture and Trauma counsellors are in addition to these services, but are not reported in this data set. Reviewing this data in conjunction with Sections 4 and 5 above shows that around 9% of adult Transferees in Nauru were seen for depression during this quarter, with 19% being prescribed antidepressants (a reduction from 23% in Q4 2016) and 13% of adults being prescribed antipsychotics. This is likely to be due to the use of these medications for symptoms relating to insomnia, anxiety or psychological distress in the absence of a formal diagnosis, rather than only depressive illness..

Table 9.1.2a Mental health consultation in Adults – Nauru

Mental health consultation by health professional : Adults			
January - March 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	37	24	15.89%
Primary Health Nurse	0	0	0.00%
Primary Health Total	37	24	
Mental Health Consultations by Mental Health Professionals			
Counsellor	20	10	6.62%
Mental Health Nurse	383	128	84.77%
Psychiatrist	31	18	11.92%
Psychologist	138	50	33.11%
Mental Health Total	572	206	
TOTAL	609		

Table 9.1.2b shows mental health consultations for Transferee children in Nauru (population = 20)

The majority of children were seen by a mental health nurse over this period, and three saw a psychiatrist. The number seeing a Psychiatrist is significantly affected by the visiting schedule of the child psychiatrist, who is not full time on island.

Table 9.1.2b Mental health consultation in Minors – Nauru

Mental health consultation by health professional : Minors			
January - March 2017			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	4	3	14.29%
Primary Health Nurse	0	0	0.00%
Primary Health Total	4		
Mental Health Consultations by Mental Health Professionals			
Counsellor	62	13	61.90%
Mental Health Nurse	66	15	71.43%
Psychiatrist	4	3	14.29%
Psychologist	27	7	33.33%
Mental Health Total	159	41	
TOTAL	163		

9.2. Transfers for Psychiatric Admission

There were no Transfers to Australia for Manus or Nauru for Transferees this quarter.

Transfers for refugees are not reported in this data set.

On-island admissions to Nauru RPC for inpatient mental health care are not reported in this data set.

Table 9.2.1a Trend: Transfers for Psychiatric Admissions – Manus Island

Transfers for Psychiatric Admissions	
Manus – Q1 2017	
Location	Jan - Mar 2017
Manus Island	0

Table 9.2.2a Transfers for Psychiatric Admissions – Nauru Centre

Transfers for Psychiatric Admissions	
Nauru – Q1 2017	
Location	Jan - Mar 2017
Nauru Centre	0

9.3. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to Department of Immigration and Border Protection policy. Screening allows identification of those with individual mental health needs, and collated data also provides a rough estimate of morbidity across the detention population depending on the type of screening tool used. Screening is voluntary; therefore if participation rates are low data may not give a true indication of rates across the larger population.

Screening involves both the use of a mental health screening tool and a mental health assessment. The mandatory mental health screening tool used for adults is the K-10. The Strengths and Difficulties Questionnaire is used as the screening tool for children aged four to seventeen. Both tools are self-rated, reflecting subjective reports only. The mental health assessment conducted at the same time as the screening tool provides a clinician's assessment, but is not able to be quantified for reporting purposes.

9.4. Kessler Psychological Distress Scale (K-10)

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. It is however not a diagnostic tool, and results should be interpreted with an understanding of caveats around the interpretation of self-report questionnaires. It has also not been validated for use in immigration detention where there may be confounding factors contributing to test score results that are not present in non- immigration detention settings.

The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS offshore immigration RPC data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

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

9.5. K-10 Results

The tables and graphs in section 9.5 show K-10 scores reported by those consenting to screening in Manus and Nauru.

All people screened have now been in detention over 18 months, and are therefore offered screening every three months.

Participation rates in voluntary mental health screening continue to drop, with only 7% of the 220 transferees in Manus and 11% of those in Nauru participating, (compared with a 16% participation rate on both islands in the last quarter). To a significant degree this participation rate reflects the repeated nature of the testing, with most people indicating lack of consent for ongoing testing, and some irritability at being asked again. This means that the K10 scores are highly affected by selection bias and other unknown variables, and not indicative of the overall anxiety and depressive symptoms of the population. It is possible that the unwanted nature of repeated screening is in itself contributing to the test result.

In Manus (Table 9.5.1a), around 25% scored moderate or severe distress on the K10 during this quarter, compared with around 57 % in the last quarter.

In Nauru (Table 9.5.2a), around 82% scored moderate to severe distress on the K10 during this quarter compared with around 66 % in the last quarter.

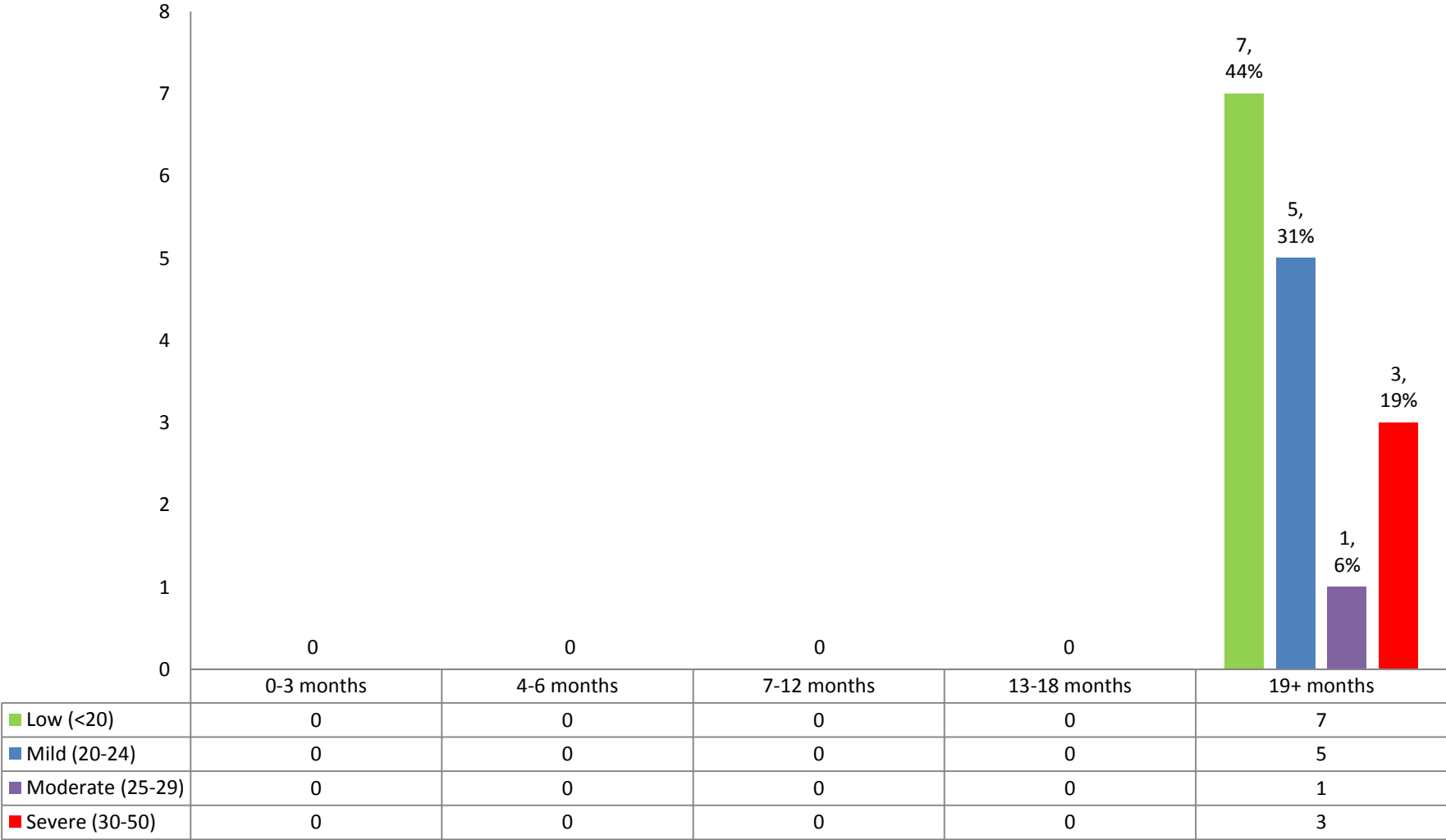
This very large variation between islands is likely indicative of the unreliability of testing small samples, and also the lack of research validity testing for the K-10 in this setting.

9.5.1a Manus K-10 data

K-10 Manus Q1 Jan - Mar 2017										
Months in Detention	Total screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
4-6 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7-12 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	16	22.00	7	43.8%	5	31.3%	1	6.3%	3	18.8%
Total	16	22.00	7	43.8%	5	31.3%	1	6.3%	3	18.8%

9.5.1b Manus K-10 graph

K-10 (Manus)

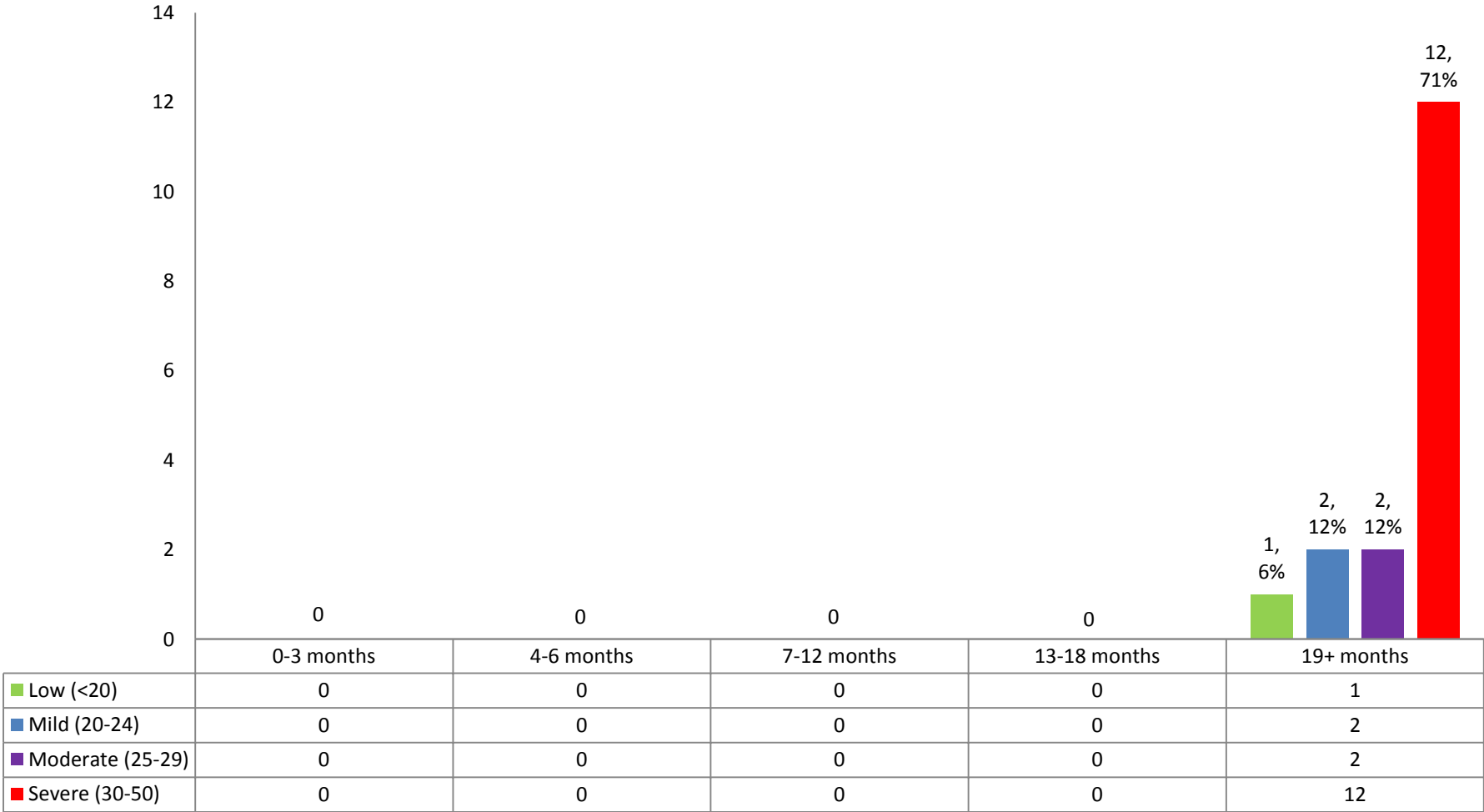


9.5.2a Nauru K-10 data

K-10 Nauru Q1 Jan - Mar 2017										
Months in Detention	Total screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
4-6 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7-12 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	17	33.41	1	5.9%	2	11.8%	2	11.8%	12	70.6%
Total	17	33.41	1	5.9%	2	11.8%	2	11.8%	12	70.6%

9.5.2b Nauru K-10 graph

K-10 (Nauru)



9.6 Strengths and Difficulties Questionnaire (SDQ) for Children

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

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

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

Three parents and one adolescent participated in SDQ screening this quarter.

One parent rated their child in the 'normal' category, and two rated their child in the abnormal category.

9.6.2 SDQ results – Nauru Centre

SDQ Total Difficulties scores	Normal	Borderline	Abnormal
Parent ratings (age 4-17, (N=3))	33.3%	0%	66.7%
Self-report (age 11-17, (N=1))	0%	0%	100%

9.7 Torture and Trauma

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) are asked as a component of the Health induction process and also later as part of the comprehensive mental health assessment. Torture and trauma disclosures may also be made at any time subsequently. Referrals to Specialist Torture and Trauma (T&T) counselling services are offered to those who may have experienced torture and trauma prior to arrival in detention, or in the case of Maritime arrivals in onshore detention prior to arrival in an offshore processing centre, in accordance with Departmental policy. T&T specialist services are provided on both Nauru and Manus island.

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.

Disclosures of T&T may be made many 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.

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9.7.1 New T&T Disclosure – Manus Island

Manus Q1 Jan - Mar 2017					
Facility T&T First disclosed	Number of Transferees in Manus who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Manus Centre	4	0	0	4	0
% total IDF population during Q1	1.8%	0%	0%	0%	0%

9.7.2 New T&T Disclosure – Nauru Centre

Nauru Q1 Jan - Mar 2017					
Facility T&T First disclosed	Number of Transferees in Nauru who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Nauru Centre	2	0	0	2	0
% total IDF population during Q1	1.2%	0%	0%	1.3%	0%

Tables 9.7.1 and 9.7.2 show the number of Transferees who made new disclosures of T&T in Manus and Nauru respectively during this quarter. Numbers accepting referral to T&T services, or numbers attending new or ongoing T&T counselling appointments are not reported in this data set..

The number of new disclosures is small, likely due to disclosures having been made previously over the course of time in detention.

9.8 Supportive Monitoring and Engagement (SME)

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self-harm and suicide. There are three levels of SME involving variable levels of monitoring by security staff and clinical staff, ranging from 24 hour 1:1 monitoring and daily clinical review (High Imminent SME), to intermittent monitoring and weekly clinical review (Ongoing SME). SME reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

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

The use of SME in Manus and Nauru is now complicated by open centre arrangements which affect security staffing differently across the two sites. In Manus in particular Transferees' SME has occasionally been discontinued when the Transferee declines to remain under observation, requiring alternative clinical risk assessment and management strategies to be used.

Table 9.8.1 Supportive Monitoring and Engagement – Manus Island

Individuals on SME			
Manus Q1 Jan - Mar 2017			
Location	Ongoing	Moderate	High Imminent
Manus Island	4	4	3
Total number of unique individuals on SME	7	% of Manus population on SME	3.2%

Table 9.8.2 Supportive Monitoring and Engagement – Nauru Centre

Individuals on SME			
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Nauru Q1 Jan - Mar 2017			
Location	Ongoing	Moderate	High Imminent
Nauru Centre	4	7	6
Total number of unique individuals on SME	8	% of Nauru population on SME	4.7%

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Appendix A: SNOMED Descriptions for Health Grouping - Psychological

SNOMED Descriptions for Health Grouping - Psychological
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 Health Grouping - Psychological
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)
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)

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

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

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

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

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

SNOMED Descriptions for Health Grouping - Psychological
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)



Department of Immigration and Border Protection

Regional Processing Centres
Quarterly Health Trends Report

April – June 2017

Quarter 2

Released by Department of Home Affairs
under the Freedom of Information Act 1982

Regional Processing Centres Quarterly Health Trends Report

Quarter 2
April – June 2017

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1. Executive Summary

IHMS presents the health data set for the second quarter of 2017. During this quarter, IHMS has continued to provide health services to transferees within Regional Processing Centres (RPC) as well as community-based refugees on Nauru and Manus Island. There were alterations to the emergency service provision at the Manus Island RPC as will be discussed.

IHMS provides primary health services, mental health support (including availability of on-site psychiatrist), emergency response services and facilitation of specialist consultation services to transferees. In addition, there are significant numbers of “settled” refugees accommodated within the community at Nauru, in particular, and to a lesser extent at East Lorengau. IHMS provides primary health services and mental health support via “settlement clinics”. Mental health services for “settled” refugees on Nauru are more extensive than those available through the Republic of Nauru health service. To accommodate this more comprehensive service over the past six months, mental health services have been based at the RPC rather than at the “settlement clinic”.

IHMS also provides a Port Moresby nurse liaison service for clients transferred to Pacific International Hospital in Port Moresby for investigations and treatment. However, due to a PNG Medical Registration Board decision which affected registration of health practitioners, particularly expatriate health practitioners employed by IHMS, normal emergency service provision by IHMS was not possible and an external provider was contracted by the Australian Government to provide emergency services during the quarter. Mental health services were also affected by Health Practitioner registration issues.

The quarterly health trends reports for Regional Processing Centres for the first and second quarters of 2017 and the fourth quarter of 2016 differ significantly from previous reports. The most significant change is that all transferees who have been designated “refugees” by the respective immigration authorities in Nauru and in Papua and New Guinea (PNG) have been excluded from those data sets. With respect to the Manus Regional Processing Centre, consultations and clinical interactions in relation to transferees who have been designated “refugees” at the end of the reporting period have been excluded - consequently, the great majority of clinical interactions in relation to transferees on Manus island are no longer included in the data set. The second change is that, instead of accumulated data for both Regional Processing Centres being presented as it has been in previous reports prior to the fourth quarter of 2016, the current report and the report for the fourth quarter of 2016 present data separately for Nauru Regional Processing Centre and Manus Island Regional Processing Centre.

In the interpretation of the quarterly dataset for the Manus Island Regional Processing Centre, one needs to be aware that statistics presented do not include clinical services, requests, referrals and prescriptions provided by the external, supplementary emergency service team although IHMS worked closely with them as regards administrative and logistic support in order to provide clients with the best medical service possible. The numbers of mental health services were also comparatively less due to the effects of health practitioner registration matters. Finally, there were several occasions at the Manus Island Regional Processing Centre

when security concerns at the medical clinic resulted in a reduction in clinical activity whilst attempts were made to resolve the security matters.

Statistics regarding clinical consultations with non-refugees on Manus Island and Nauru are presented in the dataset. On Manus Island, approximately half of the non-refugees received consultations from GPs with an average of 2.6 consultations for each client seen. Over three quarters of non-refugees received clinical consultations from primary health nurses with an average of three consultations per individual seen. The mental health service (particularly psychology) was an area that was impacted by the PNG health provider registration issue and, consequently, the proportion of non-refugees receiving mental health consultations was lower than in previous quarters. Nevertheless, non-refugees continued to receive high levels of mental health services with a focus on those with highest needs. Approximately 30% of non-refugees received consultations from mental health nurses with an average of two consultations per individual seen. Only 5.2% of non-refugees received psychology consultations but approximately a quarter of non-refugees received services from an IHMS counsellor with an average of five services per individual involved with counselling services. Access to psychiatry services remained very good with 10% of non-refugees receiving a consultation from the psychiatrist over the three month period.

With regard to Nauru, the level of clinical service provision to non-refugees remains high. 60% of the non-refugees received consultations from GPs with an average of 3.9 consultations for each client seen. 65% of non-refugees received clinical consultations from primary health nurses with an average of 4.1 consultations per individual seen. Non-refugees received particularly high levels of mental health services. Over 90% of non-refugees received consultations from mental health nurses with an average of 3.3 consultations per individual seen. 30% of non-refugees received psychology consultations with an average of 3.4 consultations per individual seen and 35% of non-refugees received services from an IHMS counsellor with an average of 3.1 services per individual involved with counselling services. Access to psychiatry services remained very good with 10% of non-refugees receiving a consultation from the psychiatrist over the three month period with an average of 1.8 consultations per individual seen. The total number of minors in the non-refugee cohort on Nauru is very small with two in the 0 to 4 year age group and 11 in the 5 to 17 year age group. Almost all non-refugee minors were seen by each of GP, primary health nurse, mental health nurse and psychologist over the reporting period.

As compared to the previous quarter, there was a reduction in total consultations on Manus from 2070 to 1175 with reductions across all disciplines. There was a 30% reduction in primary health consultations (GP and primary health nurse consultations including emergency consultations) and a reduction of 57% in mental health consultations. This reduction is predominantly due to the effects of the PNG Medical Board registration matters although the slight reduction in numbers of non-refugees and clinic security issues had a minor impact.

On Nauru, there was an overall reduction in consultation numbers for non-refugees of roughly 30%. This reduction is predominantly in the primary health sphere where there was a reduction of 47%. Whilst the decrease in consultations to non-refugees is, in part, due to an approximate 20% reduction in non-refugee

numbers, there is also a contribution due to the end of the Dengue fever outbreak on Nauru which had such a significant impact over the first quarter of the year.

IHMS facilitates specialist reviews of non-refugees via telehealth, visiting specialists and transfers off-site for specialist consultation. Additionally on Nauru, IHMS employs an obstetrician and midwife to assist in the antenatal care of transferees (both refugees and non-refugees) and a general practitioner with specialist paediatric training to provide additional expertise in the management of paediatric cases on Nauru. On Manus Island, there were no visiting specialists due to PNG Medical Board registration issues. With regards to transfers off-site, the most common destination for non-refugees on Manus Island is the Pacific International Hospital in Port Moresby. Previously, non-refugees on Nauru also accessed Pacific International Hospital in Port Moresby but, over the past 9 months, this has not been possible due to the PNG government declining to issue visas to non-refugees on Nauru for health care in PNG; however, this may change over coming months. There were no new specialist referrals recorded for non-refugees on Manus Island during the current quarter. Telehealth consultations and specialist second opinions are not recorded in this data set although they continue to take place. In addition, there were a number of specialist follow-ups in Port Moresby which did not require a new referral. On Nauru, there were a total of 13 specialist referrals relating to 11 separate non-refugee patients - the most common was for general surgery (7) with two for cardiology, one for dermatology, one for gastroenterology, one for neurosurgery and one for rheumatology. The total number of referrals is comparable to the previous quarter.

During the April to June quarter of 2017, there were nine admissions to hospital for non-refugees from Manus island which is slight reduction (from 12) from the previous quarter. Although there were three admissions to hospital for non-refugees on Nauru during the first quarter of 2017, due to the Dengue fever outbreak on Nauru over the quarter, there were no hospital admissions for non-refugees on Nauru during the second quarter for 2017.

The most common presenting symptoms for non-refugees on Manus island were musculoskeletal (69) relating to 29 individuals (13.6% of the population) and digestive (69 presentations) relating to 24 unique individuals (11.3% of the population). The next most common were psychological presentations (62) relating to 25 unique individuals (11.7% of the population). There were 43 skin presentations relating to 18 unique individuals (8.5% of the population). There were 40 ear presentations but these related to only 7 individuals (3.3% of the population). There were also 36 "general unspecified" presentations affecting 24 unique individuals (11.3% of the population), 32 eye presentations relating to only 14 individuals (6.6% of the population), 32 respiratory presentations relating to 16 unique individuals (7.5% of the population), and 18 urological presentations relating to only 4 individuals (1.9% of the population). The most common presenting symptoms for non-refugees on Nauru were psychological presentations (106) affecting 31 unique individuals (22.8% of the population).

IHMS provides chronic disease management is part of the primary care services at Regional Processing Centres. During the second quarter of 2017, there were 5 non-refugees presenting to GPs at Manus Island RPC in relation to management of chronic diseases – one for each of arthritis, cardiovascular disease, depression, diabetes and oral disease. There were relatively few non-refugees presenting for management of

chronic conditions on Manus Island – consistent with the demographic of what is mostly a young adult male population. On Nauru, the number of adult non-refugees presenting for management of chronic conditions included depression (13), oral disease (5), cardiovascular disease (2), diabetes (2), arthritis (one), asthma (one), and schizophrenia (one). In non-refugee children, there was one case of depression who presented during the quarter. The prominence of depression and oral disease amongst this cohort has also been seen in previous quarters.

Utilising the definition for disability as described in the main text, there were no non-refugees on Manus Island recorded as having a disability during the quarter. On Nauru, there was one non-refugee recorded as having a disability (a psychiatric disability) - a minor.

Definitions

Term	Definition
ABF	Australian Border Force
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IHMS	International Health and Medical Services
NOCC	National Outcomes and Case-Mix Collection
NSAID	Non-Steroidal Anti-Inflammatory Drug
PIH	Pacific International Hospital
PNG	Papua New Guinea
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
RPC	Regional Processing Centre
SAF	Single Adult Female
SAM	Single Adult Male
UAM	Unaccompanied Minor

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2. Transferee Cohort Summary

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

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

It is noted that the DIBP reports regarding transferee numbers at Regional Processing Centres provide figures regarding total numbers and do not distinguish between transferees who have been designated “refugees” by the respective immigration authorities in the Nauru and Papua New Guinea and those who have not been designated “refugees”. The current health data set for the Regional Processing Centres included in this document excludes clinical activities related to transferees who have been designated “refugees”. “Refugees” now form approximately two thirds of transferees residing within the Nauru Regional Processing Centre, and approximately three quarters of transferees residing within the Manus Regional Processing Centre have been designated “refugees”.

In addition, the DIBP reports do not include the number of “settled refugees” in Nauru for whom IHMS provides clinical services through “settlement clinics” nor the number of refugees residing within the East Lorengau Refugee Transit Accommodation (ELRTC) on Manus Island for whom IHMS provides clinical services through a “settlement clinic” linked to the ELRTC.

As such, the figures presented in this Health Data set do not accurately represent the volume of clinical services provided by IHMS on Nauru and Manus Island with the majority of clinical services being provided to declared “refugees”.

Total numbers of transferees used as a denominator for calculations in this report are derived from nominal role is provided at the end of the quarter. These totals can be seen in the following table.

RPC Non-refugee population	0-4 yrs	5-17 yrs	18-64 yrs	65+ yrs	Total	Adult	Minor
Nauru RPC	2	11	122	0	135	122	13
Manus Island RPC	0	0	213	0	213	213	0

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

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

3. Explanatory notes

It should be noted that the quarterly health trends reports for Regional Processing Centres for the first and second quarters of 2017 and fourth quarter of 2016 differ significantly from previous reports. The first and most significant change is that all transferees who have been designated “refugees” by the respective immigration authorities in Nauru and in Papua New Guinea (PNG) have been excluded from these data sets. With respect to the Manus Island Regional Processing Centre, consultations and clinical interactions in relation to transferees who have been designated “refugees” at the end of the reporting period have been excluded - consequently, the great majority of clinical interactions in relation to transferees on Manus Island are no longer included in this data set.

The second change is that, instead of accumulated data for both Regional Processing Centres being presented as it has been in reports prior to the fourth quarter of 2016, the current and two previous reports present data separately for Nauru Regional Processing Centre and Manus Regional Processing Centre.

Consequently, no comparisons can be made between data presented in the most recent three reports and prior reports.

In the interpretation of the quarterly dataset for the Manus island Regional Processing Centre, one needs to be aware that over the final weeks of the previous quarter and over the current reporting quarter, there were issues relating to the PNG Medical Board and its role in relation to registration of health practitioners which had an impact on clinical services provided at the centre. For reasons not related to individual health practitioners or their clinical skills, over a period of approximately nine months, the PNG Medical Board had declined to enable new medical registrations for practitioners seeking to work at the Manus Island RPC. The matter reached a critical point in the last few weeks of the previous quarter when the PNG Medical Board indicated that it would no longer register existing practitioners who sought to continue working at the Manus island RPC. This particularly impacted expatriate health practitioners. And whilst the matter of re-registration of PNG National health practitioners was essentially resolved early in the quarter, the matter relating to re-registration of expatriate health practitioners has taken longer to resolve. The result of this has been that there was a reduction in clinical interactions between primary care staff and mental health staff with transferees while negotiations were taking place with the PNG Medical Board to resolve the issue. However, the major impact was on the provision of emergency care services by IHMS. The provision of emergency care services by IHMS on Manus Island is led by an expatriate Emergency Physician together with an expatriate Senior Medical Officer. Due to the medical registration issues affecting expatriate medical staff, IHMS was not able to provide normal emergency services. To mitigate this deficiency, DIBP contracted an alternative provider to deploy a separate Emergency Team on Manus Island while medical registration issues were being resolved. IHMS liaised closely with the alternative emergency team, providing extensive administrative and logistical support. However, consultations conducted by the alternative emergency team, who did not have direct access to the IHMS electronic medical record (Apollo), were not recorded as consultations within Apollo, and requests for investigations or prescription of medications were not made through Apollo. Consequently, the

clinical interactions undertaken by the alternative emergency team are not recorded in this health data set which includes only IHMS clinical activities.

There were also several occasions during the quarter when clientele exhibited unrest and aggressive behaviour towards medical staff within the Manus Island RPC clinic such that clinical activities within the medical clinic needed to be reduced for several days whilst security issues were resolved.



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Primary Health

4. Integrated Primary Health Care

4.1. Introduction

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

Although the current data set excludes clinical services provided to designated “refugees” residing within the Regional Processing Centres, IHMS clinical staff provide the same level of services to all transferees irrespective of their refugee status determination by the respective immigration authorities. In fact, more than two thirds of clinical consultations and interactions provided by IHMS staff to transferees on Manus Island are provided to those who are designated as “refugees” and are therefore excluded from the data set included in this report.

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

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

The on-site clinical consultation services at the Nauru and Manus Island RPCs are complemented by Pharmacy, basic pathology and medical imaging services, also provided by IHMS on site.

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

In addition to the provision of comprehensive multidisciplinary health care to transferee residents within the Regional Processing Centres, IHMS provides primary health care services and mental health support to refugees living in the community on Nauru as well as to refugees living at East Lorengau on Manus Island. However, statistics relating to these activities are not included within this report. Over the past 6 months, there has been a significant expansion in mental health services provided to “settled refugees” on Nauru in particular - in Nauru, these services are now based out of the RPC clinic rather than the “settlement clinic” whose size and physical resources are inadequate to facilitate high quality mental health services. Although these mental health services are based at the RPC clinic, statistics relating to these consultations and clinical interactions are not contained within this report.

IHMS also provides a nurse liaison service in Port Moresby in order to facilitate and coordinate specialist appointments at Pacific International Hospital in Port Moresby. Patients transferred to Port Moresby for specialist consultations include transferees referred from Regional Processing Centres as well as Nauruan refugees referred by the Republic of Nauru (RoN) hospital via the overseas medical referrals (OMR) process. There are significant numbers of clinical interactions provided by the nurse liaison service in consultation with IHMS Assistance and the Area Medical Director, however, these clinical interactions are not recorded within the data set.

During the second quarter of 2017, normal IHMS services have continued on Nauru. However, PNG Medical Board registration issues beyond the control of IHMS have impacted upon the provision of emergency services at the Manus Island RPC as outlined under “Explanatory Notes”.

4.2. Consultations

4.2.1a Consultations – Manus Island

Primary Health Care - Consultations Manus Island				
Manus Q2 Apr - Jun 2017				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Unique Person Attending Consultations	% of total Manus population during Q2 2017
GP	253	96	2.6	45.1%
Primary Health Nurse	488	165	3.0	77.5%
Mental Health Nurse	126	63	2.0	29.6%
Psychologist	20	11	1.8	5.2%
Counsellor	255	52	4.9	24.4%
Psychiatrist	33	21	1.6	9.9%
Total	1,175			

4.2.1b Consultations by Age grouping – Manus Island

Primary Health Consultation per Speciality by Age Group by total population										
Manus Q2 Apr - Jun 2017										
IHMS Primary Health Care	0-4 years	% (0-4 yrs)	5-17 years	% (5-17 yrs)	18-64 years	% (18-64 yrs)	65+ years	% (65+ yrs)	Total	% (Total)
GP	0	N/A	0	N/A	96	45%	0	N/A	96	45%
Primary Health Nurse	0	N/A	0	N/A	165	77%	0	N/A	165	77%
Mental Health Nurse	0	N/A	0	N/A	63	30%	0	N/A	63	30%
Psychologist	0	N/A	0	N/A	11	5%	0	N/A	11	5%
Counsellor	0	N/A	0	N/A	52	24%	0	N/A	52	24%
Psychiatrist	0	N/A	0	N/A	21	10%	0	N/A	21	10%

4.2.2a Consultations – Nauru

Primary Health Care - Consultations Nauru Centres				
Nauru Q2 Apr - Jun 2017				
IHMS Primary Health Care	Total number of consults	No. of unique persons seen	Average Consults/Unique Person Attending Consultations	% of total Nauru population during Q2 2017
GP	318	81	3.9	59.6%
Primary Health Nurse	361	88	4.1	64.7%
Mental Health Nurse	411	124	3.3	91.2%
Psychologist	143	42	3.4	30.9%
Counsellor	151	48	3.1	35.3%
Psychiatrist	25	14	1.8	10.3%
Total	1,415			

4.2.2b Consultations by Age grouping – Nauru Centre

Primary Health Consultation per Speciality by Age Group by total population										
Nauru Q2 Apr - Jun 2017										
IHMS Primary Health Care	0-4 years	% (0-4 yrs)	5-17 years	% (5-17 yrs)	18-64 years	% (18-64 yrs)	65+ years	% (65+ yrs)	Total	% (Total)
GP	2	100%	9	82%	70	57%	0	N/A	81	60%
Primary Health Nurse	2	100%	10	91%	76	62%	0	N/A	88	65%
Mental Health Nurse	1	50%	9	82%	114	93%	0	N/A	124	91%
Psychologist	2	100%	8	73%	32	26%	0	N/A	42	31%
Counsellor	2	100%	5	45%	41	33%	0	N/A	48	35%
Psychiatrist	0	N/A	1	9%	13	11%	0	N/A	14	10%

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

In relation to consultation numbers, the reader needs to take into account the fact that clinical interactions with designated “refugees” within the transferee cohort as well as clinical interactions with “settled refugees” are excluded from these data - as discussed above. “Refugees” residing in the RPCs receive primary care and mental health clinical consultation services via the RPC clinic. Settled “Refugees” residing in the Nauruan community receive primary care services from IHMS via the “Settlement” clinic and Mental Health services via the RPC clinic although these may be provided as “outreach” visits. Refugees residing at East Lorengau Refugee Transit Centre (ELRTC) can access Primary Health and Mental Health Services from IHMS at the ELRTC clinic.

Despite clinical service limitations as described above, non-refugees within the transferee cohort on Manus Island continue to receive high levels of clinical services from IHMS clinicians. Approximately half of the non-refugees received consultations from GPs with an average of 2.6 consultations for each client seen. Over three quarters of non-refugees received clinical consultations from primary health nurses with an average of 3 consultations per individual seen. The mental health service (particularly psychology) was an area that was impacted by the PNG health provider registration issue and, consequently, the proportion of non-refugees receiving mental health consultations was lower than in previous quarters. Nevertheless, non-refugees continued to receive high levels of mental health services with a focus on those with highest needs. Approximately 30% of non-refugees received consultations from Mental Health nurses with an average of 2 consultations per individual seen. Only 5.2% of non-refugees received psychology consultations but approximately a quarter of non-refugees received services from an IHMS counsellor with an average of 5 services per individual involved with counselling services. Access to psychiatry services remained very good with 10% of non-refugees receiving a consultation from the psychiatrist over the 3 month period.

All clients at Manus island are single adult males so age breakdown between minors and adults is not relevant in this cohort.

With regard to Nauru, the level of clinical service provision to non-refugees remains high. 60% of the non-refugees received consultations from GPs with an average of 3.9 consultations for each client seen. 65% of non-refugees received clinical consultations from primary health nurses with an average of 4.1 consultation per individual seen. Non-refugees received particularly high levels of mental health services. Over 90% of non-refugees received consultations from Mental Health nurses with an average of 3.3 consultations per individual seen. 30% of non-refugees received psychology consultations with an average of 3.4 consultations per individual seen and 35% of non-refugees received services from an IHMS counsellor with an average of 3.1 services per individual involved with counselling services. Access to psychiatry services remained very good with 10% of non-refugees receiving a consultation from the psychiatrist over the 3 month period with an average of 1.8 consultations per individual seen.

The total number of minors in the non-refugee cohort on Nauru is very small with two in the 0 to 4 year age group and 11 in the 5 to 17 year age group. Almost all non-refugee minors were seen by each of GP, primary health nurse, mental health nurse and psychologist over the reporting period.

As compared to the previous quarter, there was a reduction in total consultations on Manus from 2070 to 1175 with reductions across all disciplines. There was a 30% reduction in primary health consultations (GP and primary health nurse consultations including emergency consultations) and a reduction 57% of mental health consultations (Mental Health Nurse, Psychologist, Counsellor and psychiatrist consultations). This reduction is predominantly due to the effects of the PNG Medical Board registration matters although the slight reduction in numbers of non-refugees and clinic security issues had a minor impact.

On Nauru, there was an overall reduction in consultation numbers for non-refugees of roughly 30%. This reduction is predominantly in the primary health sphere where there was a reduction of 47%. Whilst the decrease in consultations to non-refugees is, in part, due to an approximate 20% reduction in non-refugee numbers, there is also a contribution due to the end of the Dengue fever outbreak on Nauru which had such a significant impact over the first quarter of the year.

4.3. Pathology Referrals

4.3.1 Pathology Referrals – Manus Island

Pathology Referrals		
Manus Q2 Apr - Jun 2017		
Pathology Type	No. of Referrals	No. of Persons
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	50	21
Full Blood Count (FBC)	31	24
Fasting Triglycerides	8	8
C Reactive Protein (CRP)	2	2
Mid Stream Urine Micro & Culture	7	7
BSL	3	3
Malaria RDT	3	2
Helicobacter pylori Serology	8	7
Malarial Parasites (with FBE) Urgent	8	6
Total	120	
Total number of unique persons that had a Pathology Referral	80	

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4.3.2 Pathology Referrals – Nauru Centre

Pathology Referrals		
Nauru Q2 Apr - Jun 2017		
Pathology Type	No. of Referrals	No. of Persons
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	79	28
Full Blood Count (FBC)	45	33
Fasting Triglycerides	25	19
C Reactive Protein (CRP)	8	7
Mid Stream Urine Micro & Culture	22	18
BSL	27	21
Malaria RDT	0	0
Helicobacter pylori Serology	4	4
Malarial Parasites (with FBE) Urgent	1	1
Total	211	
Total number of unique persons that had a Pathology Referral	131	

IHMS provides a range of basic pathology services at both Nauru and Manus Island RPCs, predominantly services which derived from automated analysers. Although there is the capacity to perform “rapid diagnostic tests”, there is no capacity to perform microbiological cultures or related microbiological services.

The most common pathology tests performed on Manus island were basic biochemistry (urea, electrolytes, creatinine and liver function tests) [50 requests], and full blood examination [31 requests]. There were small numbers of other tests including CRP, Helicobacter serology, malaria RDT and blood examination for malarial parasites, urine examination and blood lipids. Whilst there is only three recorded referrals for blood glucose, there are many blood glucose tests undertaken using portable “bedside” testing units which are not included under formal pathology referrals. Total pathology referrals on Manus island for the quarter numbered 120 which is to the previous quarter (116). The overall breakdown of pathology referrals is very similar to the previous quarter.

The most common pathology tests performed on Nauru during the second quarter of 2017 were basic biochemistry (urea, electrolytes, creatinine and liver function tests) [79 requests], and full blood examination [45 requests]. Other tests of note during the quarter included requests for blood glucose [27], urine

examination [22] and blood lipids [25]. There were also a small number of CRPs [8] and Helicobacter serologies [4] performed. There was one urgent blood film for malarial parasites. There was a significant decrease in the number of pathology referrals from the previous quarter – 211 as compared to 368. This mostly related to the high number of Full Blood Examinations (in particular) and basic biochemistries performed in the first quarter as a result of the Dengue fever outbreak on Nauru during the first quarter of the year.

4.4. Allied Health Referrals

4.4.1 Allied Health Referrals – Manus Island

Allied Health Referrals					
Manus Q2 Apr - Jun 2017					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	22	0	22	19	100%
Total	22	0	22		
Total number of unique persons to have an Allied Health Referral	19	As % of total IDF population during quarter	9%		

4.4.2 Allied Health Appointments – Nauru Centre

Allied Health Referrals					
Nauru Q2 Apr - Jun 2017					
Allied Health Referral Type	Onsite Referrals	Offsite Referrals	Total Referrals	No. unique persons (based on all designations)	Percentage of unique persons with referral
Dental	0	8	8	6	30.0%
Physiotherapy	20	0	20	12	60.0%
Optometry	0	4	4	4	20.0%
Total	20	12	32		
Total number of unique persons to have an Allied Health referral	20	As % of total IDF population during quarter	15%		

IHMS normally provides regular on-site visiting dental and physiotherapy services at the Manus island RPC. Unfortunately, these and other allied health visits were very much curtailed over the quarter due to PNG Medical Board registration issues. There were only 22 dental consultations and no other allied health consultations conducted on Manus Island over the quarter. The visiting dentist also provided consultations to the declared refugee population on Manus although these figures are not included in the data set.

During the second quarter of 2017, IHMS provided a visiting dentist, physiotherapist and optometrist to the RPC on Nauru. There were 8 dental consultations, 20 physiotherapy consultations and 4 optometry consultations to non-refugees. The total number of allied health consultations to non-refugees was 32, a 20% reduction from the previous quarter – however, one needs to note that there was an approximate 20% reduction in non-refugee numbers from the previous quarter. The visiting allied health clinicians also provided clinical services to refugees but those data are not recorded in the dataset.

4.5. Radiology Referrals

4.5.1 Radiology Referrals – Manus Island

Radiology Referrals – Manus Island					
April - June 2017					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology Referral	
X-Ray	40	100%	26	100%	1. Abdomen
					2. Chest
					3. Hand (R)
					4. Knee (R)
					5. Shoulder (R)
Total number of unique persons to have a Radiology test	26	As % of total IDF population during quarter		12.20%	

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4.5.2 Radiology Referrals – Nauru Centre

Radiology Referrals - Nauru Centre April - June 2017					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage of total referral	No. Persons	Percentage of unique persons with Radiology Referral	
X-Ray	40	53.30%	20	55.60%	1. Chest
					2. Spine – Lumbo-sacral
					3. Thumb (L)
					3. Hand (R)
					5. Toe – 1 st (L)
Ultrasound	25	33.30%	16	44.40%	1. Abdomen
					2. Pelvis (F)
					3. Renal
					4. Upper Abdomen
					5. Prostate
CT Scan	10	13.30%	8	22.20%	1. Spine - Lumbar
					2. Abdomen
					3. Brain
					4. Renal
Total	75				
Total number of unique persons to have a Radiology test	36	As % of total IDF population during quarter		26.50%	

On Manus Island, basic plain x-rays are conducted at the RPC clinic. In order to obtain formal ultrasonography or more sophisticated imaging such as CT scanning or MRI scanning, the client requires transfer to an alternative location such as Port Moresby where imaging is undertaken at the Pacific International Hospital. On Nauru, basic plain x-rays and ultrasonography are undertaken at the RPC clinic. CT scanning can also be undertaken on Nauru utilising the IHMS medical imaging technologist – the CT scanning equipment is located away from the RPC but adjacent to the Republic of Nauru Hospital. Contrast imaging and MRI scanning cannot be undertaken on Nauru.

Over the second quarter of 2017, there were 40 referrals for plain x-rays on 26 individual non-refugees. The most common x-ray performed was the abdominal x-ray. This compares to 51 for the previous quarter. Additional imaging may have been performed on non-refugees transferred to Port Moresby for medical care but these data are not included in the data set.

During the quarter, a total of 75 referrals for medical imaging (on 36 individual non-refugees) were made on Nauru comprising 40 plain x-rays, 25 ultrasounds and 10 CT scans. The most common plain x-ray was of the chest, the most common ultrasound was of the abdomen and the most common CT scan was of the lumbar spine. The total number of radiology referrals for this quarter is 20% fewer than the 50 performed during the previous quarter – once again, one must note that there was an approximate 20% decrease in non-refugee numbers from the previous quarter.

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4.6. Specialist Referrals

4.6.1 Specialist Referrals – Manus Island

Specialist referrals (Top 20)			
Manus Q2 2017			
Specialist Referrals	No. Referrals	No. unique persons (based on all designations)	Percentage of unique persons referred to a specialist
Nil	0	0	0
TOTAL	0		
Total number of unique persons to have a Specialist referral	0	% of total IDF population during Q2	N/A

4.6.2 Specialist Referrals – Nauru Centre

Specialist referrals (Top 20)			
Nauru Q2 2017			
Specialist Referrals	No. Referrals	No. unique persons (based on all designations)	Percentage of unique persons referred to a specialist
General surgery	7	6	4.4%
Cardiology	2	1	0.7%
Dermatology	1	1	0.7%
Gastroenterology	1	1	0.7%
Neurosurgery	1	1	0.7%
Rheumatology	1	1	0.7%
TOTAL	13		
Total number of unique persons to have a Specialist referral	11	% of total IDF population during Q2	8.1%

IHMS facilitates specialist reviews via a number of mechanisms. Firstly, on Nauru, IHMS employs an obstetrician and midwife to assist in the antenatal care of refugees and non-refugees resident in the Regional Processing Centre and in the community. In addition, IHMS employs a general practitioner with specialist paediatric training to provide additional expertise in the management of paediatric cases on Nauru. Apart from on site medical staff with specialist training as described, IHMS facilitates specialist consultations via telehealth, visiting specialists and transfers off-site for specialist consultation – these latter 3 processes apply to both Nauru and Manus Island. IHMS also obtains regular specialist second opinions utilising a “paper review” of the patient’s medical record. With regard to transfers off-site, the most common destination for Manus Island non-refugees is Pacific international hospital in Port Moresby. If the appropriate specialist services are not available at Pacific International Hospital, IHMS requests transfer to Australia (or appropriate third country) to enable access to the required specialist services. Previously, non-refugees on Nauru also accessed Pacific international hospital in Port Moresby but since the second half of 2016, this has not been possible due to the PNG government declining to issue visas to non-refugees on Nauru for this purpose. There is some indication that the PNG Government may review this policy such that transfers of non-refugees

from Nauru to Port Moresby for treatment at Pacific International Hospital may resume. There were no visiting specialists to Manus island during the quarter due to the PNG Medical Board registration issues.

There were no new specialist referrals recorded for non-refugees on Manus island during the current quarter. Telehealth consultations and specialist second opinions are not recorded in this data set although they continue to take place. In addition, there were a number of specialist follow-ups in Port Moresby which did not require a new referral.

On Nauru, there were a total of 13 specialist referrals relating to 11 separate non-refugee patients - the most common was for general surgery (7) with two for cardiology, one for dermatology, one for gastroenterology, one for neurosurgery and one for rheumatology. The total number of referrals is comparable to the previous quarter.

4.7. Presentations to hospital Emergency Department (including admissions)

4.7.1 Presentations to hospital Emergency Department – Manus Island

Presentations to hospital Emergency Department (including admissions)		
Manus Q2 Apr - Jun 2017		
Location	Total Hospital Admissions	Number of individuals hospitalised
Manus Island	9	5
Total number of unique persons that were hospitalised	5	

4.7.2 Presentations to hospital Emergency Department – Nauru Centre

Presentations to hospital Emergency Department (including admissions)		
Nauru Q2 Apr - Jun 2017		
Location	Total Hospital Admissions	Number of individuals hospitalised
Nauru Centre	Nil	
Total number of unique persons that were hospitalised		

There is the occasional transfer to Australia for severe life-threatening conditions at which time the clients are admitted to an Australian hospital after medical evacuation from either Manus island or Nauru. Such transfers are limited in accordance with DIBP policy. With regard to the Manus island non-refugees, the great majority of hospital admissions are directed to Pacific international hospital in Port Moresby according to DIBP policy. Although there are hospitals on Manus island and Nauru operated by local health services, these facilities are rarely used for non-refugees as standards of care are significantly lower than that provided by Australian hospitals which form the contractual benchmark for medical care of non-refugees.

During the April to June quarter of 2017, there were 9 admissions to hospital for non-refugees from Manus island which is slight reduction (from 12) from the previous quarter. Although there were three admissions to hospital for non-refugees on Nauru during the first quarter of 2017, due to the Dengue fever outbreak on Nauru over the quarter, there were no hospital admissions for non-refugees on Nauru during the second quarter for 2017.

4.8. GP/Psychiatrist Presentations by Health Groupings

4.8.1 Reasons for Presentations to GP and Psychiatrist – Manus Island

Health Groupings Q2 - 2017	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	%
Musculoskeletal	69	51	29	13.6%
Digestive	69	55	24	11.3%
Psychological	62	55	25	11.7%
Skin	43	38	18	8.5%
Ear	40	22	7	3.3%
General Unspecified	36	33	24	11.3%
Eye	32	28	14	6.6%
Respiratory	32	25	16	7.5%
Urological	18	13	4	1.9%
Endocrine / Metabolic & Nutritional	14	13	11	5.2%
Neurological	13	12	9	4.2%
Cardiovascular	12	11	7	3.3%
Injury	8	6	6	2.8%
Genital	3	3	3	1.4%
Social	2	2	2	0.9%
Blood / Blood forming organs	1	1	1	0.5%
Pregnancy / Childbearing / Family Planning	0	0	0	0%
Total	449	368		

4.8.1a Presentations by Age grouping - Manus

GP/Psychiatrist presentations by Age Grouping										
Manus Q2 Apr - Jun 2017										
Health Groupings	0-4 years	% of total 0-4 yrs	5-17 years	% of total 5-17 yrs	18-64 years	% of total 18-64 yrs	65+ years	% of total 65+ yrs	Total	% total Manus population
Musculoskeletal	0	0.0%	0	0.0%	29	13.6%	0	0%	29	13.6%
Digestive	0	0.0%	0	0.0%	24	11.3%	0	0%	24	11.3%
Psychological	0	0.0%	0	0.0%	25	11.7%	0	0%	25	11.7%
Skin	0	0.0%	0	0.0%	18	8.5%	0	0%	18	8.5%
Ear	0	0.0%	0	0.0%	7	3.3%	0	0%	7	3.3%
General Unspecified	0	0.0%	0	0.0%	24	11.3%	0	0%	24	11.3%
Eye	0	0.0%	0	0.0%	14	6.6%	0	0%	14	6.6%
Respiratory	0	0%	0	0.0%	16	7.5%	0	0%	16	7.5%
Urological	0	0%	0	0.0%	4	1.9%	0	0%	4	1.9%
Endocrine / Metabolic & Nutritional	0	0.0%	0	0.0%	11	5.2%	0	0%	11	5.2%
Neurological	0	0%	0	0%	9	4.2%	0	0%	9	4.2%
Cardiovascular	0	0.0%	0	0.0%	7	3.3%	0	0%	7	3.3%
Injury	0	0.0%	0	0.0%	6	2.8%	0	0%	6	2.8%
Genital	0	0%	0	0.0%	3	1.4%	0	0%	3	1.4%
Social	0	0%	0	0%	2	0.9%	0	0%	2	0.9%
Blood / Blood forming organs	0	0%	0	0%	1	0.5%	0	0%	1	0.5%
Pregnancy / Childbearing / Family Planning	0	0%	0	0%	0	0%	0	0%	0	0%

4.8.2 Reasons for Presentations to GP and Psychiatrist – Nauru Centre

Health Groupings Q2 – 2017	Number of consultations	Total Number of reasons for presentations	Number of Unique Persons	Percentage of total IDF population with a presentation
Psychological	106	83	31	22.8%
Musculoskeletal	85	63	36	26.5%
Digestive	81	63	29	21.3%
Respiratory	64	55	24	17.6%
Skin	54	45	26	19.1%
General Unspecified	52	43	32	23.5%
Endocrine / Metabolic & Nutritional	42	24	16	11.8%
Urological	32	22	9	6.6%
Neurological	28	22	15	11.0%
Cardiovascular	16	9	8	5.9%
Injury	15	13	10	7.4%
Ear	13	8	3	2.2%
Eye	5	5	4	2.9%
Genital	4	4	3	2.2%
Social	1	1	1	0.7%
Blood / Blood forming organs	1	1	1	0.7%
Pregnancy / Childbearing / Family Planning	1	1	1	0.7%
Total	600	462		

4.8.2a Presentations by Age Grouping – Nauru

GP/Psychiatrist presentations by Age Grouping										
Nauru Q2 Apr - Jun 2017										
Health Groupings	0-4 years	% of total 0-4 yrs	5-17 years	% of total 5-17 yrs	18-64 years	% of total 18-64 yrs	65+ years	% of total 65+ yrs	Total	% total Nauru population
Psychological	1	50.0%	1	9.1%	29	23.6%	0	0%	31	22.8%
Musculoskeletal	0	0.0%	2	18.2%	34	27.6%	0	0%	36	26.5%
Digestive	1	50.0%	1	9.1%	27	22.0%	0	0%	29	21.3%
Respiratory	1	50.0%	5	45.5%	18	14.6%	0	0%	24	17.6%
Skin	1	50.0%	4	36.4%	21	17.1%	0	0%	26	19.1%
General Unspecified	2	100.0%	5	45.5%	25	20.3%	0	0%	32	23.5%
Endocrine / Metabolic & Nutritional	0	0.0%	1	9.1%	15	12.2%	0	0%	16	11.8%
Urological	0	0%	0	0.0%	9	7.3%	0	0%	9	6.6%
Neurological	0	0%	0	0.0%	15	12.2%	0	0%	15	11.0%
Cardiovascular	0	0.0%	0	0.0%	8	6.5%	0	0%	8	5.9%
Injury	0	0%	4	36%	6	4.9%	0	0%	10	7.4%
Ear	0	0.0%	1	9.1%	2	1.6%	0	0%	3	2.2%
Eye	1	50.0%	0	0.0%	3	2.4%	0	0%	4	2.9%
Genital	0	0%	0	0.0%	3	2.4%	0	0%	3	2.2%
Social	0	0%	0	0%	1	0.8%	0	0%	1	0.7%
Blood / Blood forming organs	0	0%	0	0%	1	0.8%	0	0%	1	0.7%
Pregnancy / Childbearing / Family Planning	0	0%	0	0%	1	1%	0	0%	1	1%

The most common presenting symptoms for non-refugees on Manus island were Musculoskeletal (69) relating to 29 individuals (13.6% of the population) and digestive (69 presentations) relating to 24 unique individuals (11.3% of the population). The next most common were psychological presentations (62) relating to 25 unique individuals (11.7% of the population). There were 43 skin presentations relating to 18 unique individuals (8.5% of the population). There were 40 ear presentations but these related to only 7 individuals (3.3% of the population). There were also 36 "general unspecified" presentations affecting 24 unique individuals (11.3% of the population), 32 eye presentations relating to only 14 individuals (6.6% of the population), 32 respiratory presentations relating to 16 unique individuals (7.5% of the population), and 18 urological presentations relating to only 4 individuals (1.9% of the population). Other presentations included endocrine metabolic and nutritional (14), neurological (13), cardiovascular (12), injuries (8), genital (3) social (2) and blood/blood forming organs (1). As compared to the previous quarter, the most common 4 groups of presenting complaints are unchanged although the relative order of these has changed. Musculoskeletal symptoms are associated with a wide range of joint and soft tissue strains as well as sporting and other injuries. Amongst the presentations with digestive symptoms, there are cases of gastro-oesophageal reflux, bowel disorders and anal conditions but there are also a significant number of cases presenting with digestive symptoms without clear physical cause and are most likely somatic symptoms associated with psychological distress. Psychological distress is not uncommon and represents proportionally more presentations this quarter. Skin conditions are commonly associated with minor injuries, environmental irritants and insect bites. Respiratory presentations with predominantly minor upper respiratory infections as well as asthma, effects of environmental irritants and smoking are often causes for presentation. There was a relatively higher proportion of presentations relating to eyes and urology but appear to be associated with a small number of clients presenting on multiple occasions. There were relatively few presentations relating to injuries but this is due to the fact that most injuries would have presented to the supplementary emergency team and not included in this data set.

The most common presenting symptoms for non-refugees on Nauru were psychological presentations (106) affecting 31 unique individuals (22.8% of the population). Next most common were musculoskeletal (85 presentations) relating to 36 unique individuals (26.5% of the population). There were 81 digestive presentations affecting 63 unique individuals (21.3% of the population), 64 respiratory presentations affecting 24 unique individuals (17.6% of the population), 54 skin presentations affecting 26 unique individuals (19.1% of the population), and 52 with "general unspecified" presentations affecting 32 unique individuals (23.5% of the population). Other presentations included endocrine/metabolic and nutritional (42), urological (32), neurological (28), cardiovascular (16), injury (15), ear (13), eye (5), genital (4), social (1), blood/blood-forming organs (1) and pregnancy/family planning (one). Whilst the top 3 reasons for presentation remain the same, their order of prevalence has changed. Psychological presentations have again become the most common reason for presentation of non-refugees in Nauru. Musculoskeletal presentations have moved back down to the second most common and Digestive presentations third. Respiratory presentations were the fourth most common reason for presentation. Psychological distress is known to be common amongst individuals undergoing immigration processing and presentations for this reason are frequent. Musculoskeletal symptoms are associated with a wide range of joint and soft tissue strains as well as sporting and other injuries. Amongst the presentations with digestive symptoms, there are cases of gastro-oesophageal reflux, bowel

disorders and anal conditions but there are also a significant number of cases presenting with digestive symptoms without clear physical cause and are most likely somatic symptoms associated with psychological distress. Respiratory presentations may relate to a range of conditions including minor diseases such as upper respiratory tract infections to more serious condition such as pneumonia and asthma; they can also be associated with smoking which is common amongst transferees. Skin conditions which were seen less frequently during the 2nd quarter of 2017 are commonly associated with minor injuries, environmental irritants and insect bites. Of note, there are 32 presentations with urological symptoms relating to only 9 individuals - there are a small number of clients with severe urological symptoms who present frequently and are awaiting transfer for definitive management of their condition.

With regard to non-refugee minors on Nauru, the most common presentations are for general/non-specific symptoms (7), respiratory symptoms (6), skin conditions (5), and injuries (4).

4.9. Primary Health Care Chronic Diseases

4.9.1 Chronic Diseases – Manus Island

Primary Health Care - Chronic Diseases					
Manus Q2 Apr - Jun 2017					
<i>Chronic Disease categories taken from the Australian Institute of Health and Welfare</i>	Adult	Age group by %	Minor	Age group by %	Grand Total
Arthritis	1	0.5%	0	0.0%	1
Cardiovascular	1	0.5%	0	0.0%	1
Depression	1	0.5%	0	0.0%	1
Diabetes	1	0.5%	0	0.0%	1
Oral disease	1	0.5%	0	0.0%	1

4.9.1a Chronic Diseases by Age grouping – Manus Island

Chronic Diseases by Age Grouping								
Manus Q2 Apr - Jun 2017								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Arthritis	0	N/A	0	N/A	1	0.5%	0	N/A
Cardiovascular	0	N/A	0	N/A	1	0.5%	0	N/A
Depression	0	N/A	0	N/A	1	0.5%	0	N/A
Diabetes	0	N/A	0	N/A	1	0.5%	0	N/A
Oral disease	0	N/A	0	N/A	1	0.5%	0	N/A

4.9.2 Chronic Diseases – Nauru Centre

Primary Health Care - Chronic Diseases					
Nauru Q2 Apr - Jun 2017					
<i>Chronic Disease categories taken from the Australian Institute of Health and Welfare</i>	Adult	Age group by %	Minor	Age group by %	Grand Total
Depression	13	10.6%	1	0.8%	14
Oral disease	5	4.1%	0	0.0%	5
Cardiovascular	2	1.6%	0	0.0%	2
Diabetes	2	1.6%	0	0.0%	2
Arthritis	1	0.8%	0	0.0%	1
Asthma	1	0.8%	0	0.0%	1
Schizophrenia	1	0.8%	0	0.0%	1

4.9.2a Chronic Diseases by Age grouping – Nauru

Chronic Diseases by Age Grouping								
Nauru Q2 Apr - Jun 2017								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Depression	0	N/A	1	9%	13	10.6%	0	N/A
Oral disease	0	N/A	0	N/A	5	4.1%	0	N/A
Cardiovascular	0	N/A	0	N/A	2	1.6%	0	N/A
Diabetes	0	N/A	0	N/A	2	1.6%	0	N/A
Arthritis	0	N/A	0	N/A	1	0.8%	0	N/A
Asthma	0	N/A	0	N/A	1	0.8%	0	N/A
Schizophrenia	0	N/A	0	N/A	1	0.8%	0	N/A

As part of the primary health care provision of residents of Regional Processing Centres, IHMS manages chronic diseases.

During the second quarter of 2017, there were 5 non-refugees presenting to GPs at Manus Island RPC in relation to management of chronic diseases – one for each of arthritis, cardiovascular disease, depression, diabetes and oral disease. There were relatively few non-refugees presenting for management of chronic conditions on Manus Island – consistent with the demographic of what is mostly a young adult male population.

On Nauru, the number of adult non-refugees presenting for management of chronic conditions included depression (13), oral disease (5), cardiovascular disease (2), diabetes (2), arthritis (one), asthma (one), and schizophrenia (one). In non-refugee children, there was one case of depression who presented during the quarter. The prominence of depression and oral disease amongst this cohort has also been seen in previous quarters.

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5. Medications

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

5.1.1 Medication prescriptions – Manus Island

Medication prescriptions by MIMS Class Manus Q2 Apr - Jun 2017						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	75	35.2%	0	N/A	75	35%
Nonsteroidal anti-inflammatory agents	69	32.4%	0	N/A	69	32%
Penicillins	45	21.1%	0	N/A	45	21%
Antihistamines	43	20.2%	0	N/A	43	20%
Combination simple analgesics	38	17.8%	0	N/A	38	18%
Hyperacidity, reflux and ulcers	35	16.4%	0	N/A	35	16%
Antidepressants	24	11.3%	0	N/A	24	11%
Herbal nervous system preparations	22	10.3%	0	N/A	22	10%
Antispasmodics and motility agents	19	8.9%	0	N/A	19	9%
Topical oropharyngeal medication	14	6.6%	0	N/A	14	7%
Sedatives, hypnotics	13	6.1%	0	N/A	13	6%
Rubefaciants, topical analgesics/NSAIDs	11	5.2%	0	N/A	11	5%
Antipsychotic agents	10	4.7%	0	N/A	10	5%
Other antibiotics and anti-infectives	9	4.2%	0	N/A	9	4%
Topical ocular anti-infective preparations	8	3.8%	0	N/A	8	4%
Topical otic medication	8	3.8%	0	N/A	8	4%
Antiemetics, antinauseants	7	3.3%	0	N/A	7	3%
Topical corticosteroids	7	3.3%	0	N/A	7	3%
Topical nasopharyngeal medication	7	3.3%	0	N/A	7	3%
Macrolides	6	2.8%	0	N/A	6	3%

5.1.2 Medication prescriptions – Nauru Centre

Medication prescriptions by MIMS Class						
Nauru Q2 Apr - Jun 2017						
Medications	Adult	Adult %	Minor	Minor %	Total	Total %
Simple analgesics and antipyretics	47	38.2%	9	69%	56	41%
Nonsteroidal anti-inflammatory agents	46	37.4%	2	15%	48	35%
Penicillins	22	17.9%	5	38%	27	20%
Antidepressants	25	20.3%	1	8%	26	19%
Antihistamines	19	15.4%	3	23%	22	16%
Hyperacidity, reflux and ulcers	20	16.3%	1	8%	21	15%
Antipsychotic agents	16	13.0%	1	8%	17	13%
Rubefacients, topical analgesics/NSAIDs	15	12.2%	1	8%	16	12%
Vaccines	16	13.0%	0	N/A	16	12%
Expectorants, antitussives, mucolytics, decongestants	13	10.6%	1	8%	14	10%
Antianxiety agents	9	7.3%	1	8%	10	7%
Vitamins (single agents)	10	8.1%	0	N/A	10	7%
Fatty acid supplements	9	7.3%	0	N/A	9	7%
Antispasmodics and motility agents	7	5.7%	1	8%	8	6%
Hypolipidaemic agents	8	6.5%	0	N/A	8	6%
Oral and parenteral electrolytes	6	4.9%	1	8%	7	5%
Herbal analgesics and anti-inflammatories	6	4.9%	0	N/A	6	4%
Minerals	5	4.1%	1	8%	6	4%
Narcotic analgesics	6	4.9%	0	N/A	6	4%
Topical antifungals	6	4.9%	0	N/A	6	4%

As part of primary health services provided on both Manus island and Nauru, IHMS provides pharmacy services to non-refugees and refugees. High-quality medication prescribing and utilisation is a focus for IHMS clinicians. There are regular discussions between Medical Directors and senior clinicians on site regarding prescribing habits and prescribing according to published guidelines. Dispensing of medications has become increasingly challenging at both sites since the advent of “open centre” arrangements which are now in place for both Manus island and Nauru. Over the past 18 months, IHMS has put forward several proposals to improve the dispensing of medications to transferees in order to improve compliance and individual responsibility regarding personal health care and is awaiting a formal response from the Australian border force in relation to these proposals. There have been additional medication prescribing and dispensing challenges on Nauru, particularly in relation to refugees, over the past 6 months in relation to provision of primary care services and mental health services from different sites and considerable effort has been put into streamlining medication dispensing for refugee clients receiving services from both primary care at the Settlement clinic and Mental Health at the RPC.

The most commonly prescribed medications prescribed to non-refugees on Manus island are simple analgesics and antipyretics (75), non-steroidal inflammatory agents (69), and combination simple analgesics (38). These medications are used for a wide variety of discomfort and painful conditions which range from minor respiratory infections through to minor injuries, soft tissue strains and arthritis. Rubefaciants, topical analgesics/anti-inflammatories (11) are also used for a similar range of conditions. Antibiotics including penicillins (45), macolides (6) and other antibiotics and anti-infectives (9) are also relatively common with 8 prescriptions for topical ocular anti-infectives. Due to the frequency of psychological disorders, psychotropic medications are commonly prescribed – antidepressants (24), herbal nervous system preparations (22), sedatives and hypnotics (13), and antipsychotic agents (10). Antipsychotic use includes ‘off label’ use for sleep and anxiety.. Digestive and gastrointestinal presentations are frequent as are prescriptions to treat these complaints - hyperacidity, reflux and ulcer drugs (35), antispasmodic and motility agents (19), and antiemetics (7). Allergies are not uncommon with 43 prescriptions of antihistamines and 7 prescriptions of topical nasopharyngeal medication. There were also 14 prescriptions for topical oropharyngeal and 8 prescriptions for topical otic medications. It is to be noted that over the quarter, no unnecessary nutritional supplements were prescribed – considerable education from clinicians was required in order to facilitate this.

The most commonly prescribed medications for non-refugee adults on Nauru were also simple analgesics and antipyretics (47), non-steroidal anti-inflammatory agents (46) and herbal analgesics and anti-inflammatories (6); there were also 15 prescriptions for Rubefaciants, topical analgesics/anti-inflammatories. As discussed above, these medications are used for a wide variety of discomfort, febrile and painful conditions which range from minor respiratory infections through to minor injuries, soft tissue strains and arthritis. Psychotropic agents are relatively frequently prescribed to non-refugees due to the frequency of psychological disorders - antidepressants (25), antipsychotic agents (16) and sedatives and hypnotics (9). Antibiotic prescriptions included penicillins (22) and topical antifungals (6). Medications for the digestive tract included hyperacidity, reflux and ulcer drugs (20) and antispasmodic and motility agents (7). There were 10 prescriptions for Vitamins (single agent), 9 for fatty acid supplements and 6 for minerals – mostly prescribed at the request of the patient rather than for

deficiencies or clinical indications. Other groups of medications include vaccines (16), expectorants, antitussives, mucolytics and expectorants (13), hypolipidaemic agents (8), and narcotic analgesics (6). As regards the nonrefugee children there were only 28 prescriptions with the most common being for simple analgesics and antipyretics (9). There were a small number of penicillin-type antibiotic prescriptions (5), antihistamine prescriptions (3) and anti-inflammatory prescription (2). Otherwise, there were single prescriptions in a number of categories including antidepressants, hyperacidity, reflux and ulcer drugs, Rubefacients, topical analgesics/anti-inflammatories, expectorants, antitussives, mucolytics and expectorants, antianxiety agents, hyperacidity, reflux and ulcer drugs, oral and parenteral electrolytes, and minerals.

5.2. Medication Prescriptions by Schedule

5.2a Medication Prescriptions by Schedule – Manus Island

Medication Prescriptions by Schedule			
Manus Q2 Apr - Jun 2017			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	72	0	55
S3	36	1	0
S4	238	21	27
S8	0	0	0
Unscheduled	92	10	5
Grand Total	438	32	87

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5.2b Medication Prescriptions by Schedule – Nauru Centre

Medication Prescriptions by Schedule			
Nauru Q2 Apr - Jun 2017			
Schedule	GP prescriptions	Psychiatrist prescriptions	Nurse initiated medications/Verbal telephone order
S2	48	1	40
S3	8	0	0
S4	162	12	40
S8	3	0	0
Unscheduled	87	3	10
Grand Total	308	16	90

As regards schedule classification of medications prescribed for non-refugees on Manus island, the most commonly utilise schedule is schedule 4 with 286 prescriptions (out of a total of 557). The remainder were unscheduled (107), S2 (127) and S3 (36). There were no schedule 8 medication prescriptions for the quarter.

The most common medication schedule for prescriptions for non-refugees on Nauru was S4 with 214 prescriptions (out of a total of 414). The remainder were unscheduled (100), S2 (89) and S3 (8). There were only 3 schedule 8 medication prescriptions for the quarter.

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

5.3. Medication Trends by Class

5.3a Medication Trends by Class – Manus Island

Medication Trends by MIMS Class		
Manus Q2 Apr - Jun 2017		
Medications	Jan - Mar 2017	Apr – Jun 2017
Simple analgesics and antipyretics	42.5%	35.2%
Nonsteroidal anti-inflammatory agents	46.9%	32.4%
Penicillins	23.8%	21.1%
Antihistamines	19.0%	20.2%
Combination simple analgesics	18.4%	17.8%
Hyperacidity, reflux and ulcers	17.3%	16.4%
Antidepressants	16.0%	11.3%
Herbal nervous system preparations	10.5%	10.3%
Antispasmodics and motility agents	4.1%	8.9%
Topical oropharyngeal medication	3.1%	6.6%
Sedatives, hypnotics	5.1%	6.1%
Rubefacients, topical analgesics/NSAIDs	14.6%	5.2%
Antipsychotic agents	9.9%	4.7%
Other antibiotics and anti-infectives	6.1%	4.2%
Topical ocular anti-infective preparations	0.0%	3.8%
Topical otic medication	3.7%	3.8%
Antiemetics, antinauseants	8.2%	3.3%
Topical corticosteroids	3.7%	3.3%
Topical nasopharyngeal medication	5.8%	3.3%
Macrolides	7.5%	2.8%

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5.3b Medication Trends by Class – Nauru Centre

Medication Trends by MIMS Class		
Nauru Q2 Apr - Jun 2017		
Medications	Jan - Mar 2017	Apr – Jun 2017
Simple analgesics and antipyretics	41.3%	41.2%
Nonsteroidal anti-inflammatory agents	34.9%	35.3%
Penicillins	12.8%	19.9%
Antidepressants	18.6%	19.1%
Antihistamines	14.5%	16.2%
Hyperacidity, reflux and ulcers	16.9%	15.4%
Antipsychotic agents	11.6%	12.5%
Rubefacients, topical analgesics/NSAIDs	3.5%	11.8%
Vaccines	7.0%	11.8%
Expectorants, antitussives, mucolytics, decongestants	8.1%	10.3%
Antianxiety agents	2.3%	7.4%
Vitamins (single agents)	7.0%	7.4%
Fatty acid supplements	7.0%	6.6%
Antispasmodics and motility agents	3.5%	5.9%
Hypolipidaemic agents	5.2%	5.9%
Oral and parenteral electrolytes	12.8%	5.1%
Herbal analgesics and anti-inflammatories	4.1%	4.4%
Minerals	3.5%	4.4%
Narcotic analgesics	2.9%	4.4%
Topical antifungals	7.0%	4.4%

During the second quarter of 2017, 557 prescriptions were written for non-refugees giving an average of 2.92 prescriptions per individual non-refugee. This compares to an average of 2.92 prescriptions per individual non-refugee for the previous quarter. The difference is due to the fact that prescriptions written by the supplementary emergency team on Manus RPC are not included in this dataset. A comparison of the percentage of prescriptions in nominated categories for Manus non-refugees during the current quarter with those percentages for the first quarter of 2017 shows that the non-steroidal anti-inflammatory agents and simple analgesics remained the most commonly prescribed medications making up 26% of total prescriptions.

– these percentages are similar to the previous quarter. There was a reduction in the percentage of antibiotic/anti-infective prescriptions (2% of total prescription less – now 11% of prescriptions) – this may be related to the non-inclusion of antibiotic prescriptions written by the supplementary emergency team although usage of anti-infectives does tend to be seasonal. There was an increase in the percentage of prescriptions for psychological and nervous system disorders (2% of total prescriptions more – now 12% of prescriptions). As flagged above, it is to be noted that over the quarter, no unnecessary nutritional supplements were prescribed – considerable education from clinicians was required in order to facilitate this. Otherwise, percentages differ little from the previous quarter.

On Nauru, 414 prescriptions were written for non-refugees giving an average of 3.04 prescriptions per individual non-refugee. This compares to an average of 3.27 prescriptions per individual non-refugee for the previous quarter. The greater percentage of prescriptions for the previous quarter probably relates to the high number of acute presentations associated with the Dengue fever outbreak in the previous quarter. Simple analgesics and non-steroidal anti-inflammatory agents remained the most commonly prescribed medications for non-refugees during the reporting quarter and made up 25% of prescriptions – this percentage is comparable to the previous quarter. There were slightly fewer antibiotic/anti-infective prescriptions (1.5% of total prescriptions less – now 6.8% of prescriptions). Otherwise, percentages differ little from the previous quarter.

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6. Vaccinations Administered by Age Group

6.1 Vaccinations – Manus Island

Vaccinations Administered by Age Group					
Manus Q2 Apr - Jun 2017					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	0	0	0
MMR	0	0	0	0	0
MMRV	0	0	0	0	0
Hep A	0	0	0	0	0
Hep B	0	0	0	0	0
MenCCV	0	0	0	0	0
Typh IM	0	0	23	0	23
dT	0	0	0	0	0
HPV	0	0	4	0	4
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	0	0	0
PCV	0	0	0	0	0
dTpa (11 years and over)	0	0	0	0	0
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	0	0	27	0	27

6.2 Vaccinations – Nauru Centre

Vaccinations Administered by Age Group					
Nauru Q2 Apr - Jun 2017					
Vaccination	0-4 years	5-17 years	18-64 years	65+ years	Total Vaccinations Administered
VZV	0	0	0	0	0
MMR	0	0	0	0	0
MMRV	0	0	0	0	0
Hep A	0	0	0	0	0
Hep B	0	0	0	0	0
MenCCV	0	0	0	0	0
Typh IM	0	0	0	0	0
dT	0	0	0	0	0
HPV	0	0	0	0	0
DTPa (up to 10 years)	0	0	0	0	0
Rotavirus	0	0	0	0	0
IPV	0	0	1	0	1
PCV	0	0	0	0	0
dTpa (11 years and over)	0	0	1	0	1
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	0	0	2	0	2

Similar to the previous quarter, the most commonly administered vaccines to non-refugees on Manus island were typhoid boosters (23) and HPV vaccination (4). The total number of vaccines is less than the previous quarter, 27 as compared to 58, as HPV immunisation has progressed amongst the younger men and typhoid booster administration has also progressed. Other vaccinations were not required over the quarter due to the fact that most non-refugees tend to be fully vaccinated due to their long-standing residency within the detention and immigration processing systems.

On Nauru, a small number of vaccines were administered to non-refugees over the reporting quarter with 2 vaccinations in the 18 to 64 year old age group – 1 IPV and 1 dTpa. Other vaccinations were not required over the quarter due to the fact that the non-refugees tend to be fully vaccinated due to their long-standing residency within the detention and immigration processing systems.



Communicable, Infectious and Parasitic diseases

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7. Communicable, Infectious and Parasitic Diseases

Contagious (human to human, including sexually transmitted infections)	New Diagnoses Quarter 2 (Apr – Jun 2017)				Total New Diagnosis Jul 2015 - Jun 2017		
	Manus Island	Nauru Centre	Total	% of total RPC population during quarter	Manus Island	Nauru Centre	Total
Chickenpox	0	0	0	0.00%	0	0	0
Chlamydia	0	0	0	0.00%	1	1	2
Gonorrhoea	0	0	0	0.00%	0	1	1
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B, sAg pos	0	0	0	0.00%	0	0	0
Hepatitis C, Ab pos	0	0	0	0.00%	0	0	0
HIV	0	0	0	0.00%	0	0	0
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0
Syphilis serology pos	0	0	0	0.00%	0	0	0
Tuberculosis – Active	0	0	0	0.00%	0	0	0
Typhoid	0	0	0	0.00%	0	0	0
Total	0	0	0	0.00%	1	2	3
Non Contagious (via mosquitoes or parasites)							
Dengue Fever	0	2	2	0.57%	1	16	17
Malaria	1	0	1	0.29%	20	0	20
Schistosomiasis	1	0	1	0.29%	7	0	7
Strongyloidiasis	0	0	0	0.00%	0	0	0
Total	2	2	4	1.15%	28	16	44
Grand Total	2	2	4	1.15%	29	18	47

During the first quarter of 2017, there were only 2 reports of reportable communicable or infectious disease for non-refugees on Manus Island – one case of malaria and one positive *Schistosoma* serology. Non-refugees as well as refugees are at greater risk of malaria with the open centre arrangements which now exist at the Manus Island RPC.

During the same period on Nauru, there were 2 cases of Dengue fever reported in non-refugees representing the tail-end of the Dengue outbreak which had such a significant impact in the first quarter of the year. There were no other reportable infectious diseases affecting non-refugees on Nauru during the quarter.



Disabilities

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8. Disabilities

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

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

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

8.1 Number of Transferees with a Disability in Manus

Number of Transferees with a Disability in Manus Q2 Apr – Jun 2017			
Disability Grouping	Total	Adult	Minor
Nil	0	0	0
Total¹	0		
Unique Transferees with a disability	0		

¹ Some transferees may be counted in multiple disability categories.

Utilising the above definition for disability, there were no non-refugees recorded as having a disability on Manus Island during the quarter.

8.1.1 Total Disabilities as Percentage of Manus Population

Total Disabilities as Percentage of Manus Population		
Manus Q3 2016 – Q2 2017		
As at end of quarter	Number of unique Transferees	Approximate percentage of Manus population
30 Jun 2017 – Q2	0	0%
31 Mar 2017 – Q1	1	0.005%
31 Dec 2016 - Q4	8	3%
30 Sept 2016 - Q3	N/A	N/A

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

8.2 Number of Transferees with a Disability in Nauru

Number of Transferees with a Disability in Nauru Q2 Apr - Jun 2017			
Disability Grouping	Total	Adult	Minor
Psychiatric	1	0	1
Total ¹	1		
Unique Transferees with a disability	1		

¹ Some Transferees may be counted in multiple disability categories.

8.2.1 Total Disabilities as Percentage of Nauru Population

Total Disabilities as Percentage of Nauru Population		
Nauru Q1 2016 – Q4 2016		
As at end of quarter	Number of unique Transferees	Approximate percentage of Nauru population
30 Jun 2017 – Q2	1	0.007%
31 Mar 2017 - Q1	3	0.02%
31 Dec 2016 - Q4	6	3%
30 Sept 2016 - Q3	N/A	N/A

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

Number of Transferees with a Disability in Nauru

Also using the above definition for disability, there was one non-refugee recorded as having a disability (a psychiatric disability).

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Mental Health

9. Mental Health

Mental health care in Regional Processing Centres is provided using a primary care model augmented by specialist mental health nursing, psychology, counselling and Psychiatry. This includes a comprehensive mental health assessment on entry to detention and regular mental health screening offered at prescribed intervals. Follow-up care is provided as needed using individualised care plans, along with individual and group work focused both on preventative and supportive interventions. Additional risk management for those presenting with significant risk of self-harm or suicide is provided using the Supportive Monitoring and Engagement process which is used in conjunction with other service providers and involves additional support and monitoring as long as this is clinically indicated. The change to open centres in both Nauru and Manus mean that the way in which SME is implemented has needed to be adapted to the more mobile population.

The Nauru and Manus sites include supported accommodation areas which may be used to provide increased levels of clinical and non-clinical support to non-refugees and their families. Both sites also have the capacity to provide overnight care within the medical clinic if this is required.

Nauru manages some inpatient mental health cases as inpatients at RPC1 and also provides an 'assertive outreach' mental health service to those in the community, when staff are available, depending on inpatient numbers. Numbers of mental health inpatients in Nauru are not included in this data set,

IHMS provides mental health care to refugees as well as transferees, although data provided in this data set relates only to non-refugees..

As noted previously (see Explanatory Notes) the data should also be interpreted with an understanding that the SNOMED clinical terminology system is not purely a diagnostic tool; it is a standardised healthcare terminology including comprehensive coverage of diseases, clinical findings, therapies, procedures and outcomes¹.

9.1. Mental Health related Consultations

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

In the tables in this section, the number of 'Consults' represents all consultations, regardless of whether one person has presented twenty times and another only once, while the number of 'Unique Adult' consults shows the number of different individuals attending.

For both Nauru and Manus the mental health nurse is the most frequently consulted mental health professional, although counsellors saw similar numbers in Manus in this quarter. Rates of consultation by different professional groups are affected by multiple variables in addition to clinical need, including staffing availability, availability of alternative activities, population demographics, and geographical and social differences. The number of non-refugees in Manus seeing mental health nurses and counsellors dropped by around one third this quarter. This is likely due to interruptions in service availability rather than clinical need.

The large majority of non-refugee adults (92%) in Nauru saw a mental health nurse in this quarter, these contact rates are an indication of the mental distress of the non-refugee population, but also reflect the mental health screening program which requires that all transferees who have been in detention for over 18 months are offered mental health screening every three months.

Rates of consultation with a Psychiatrist are similar across the two sites.

Table 9.1.1a shows a total of 424 consultations were provided for mental health related issues in Manus in this quarter (to a non-refugee population of 213 individuals). Almost all the Manus mental health consultations were provided by mental health staff, with the majority of consults done by nurses and counsellors. Around 9% of the Transferee population saw a Psychiatrist in Manus in this quarter. Only around 5% saw a Psychologist in this quarter, which is a reduction in about 5% from last quarter. This is likely to be due to a temporary reduction in Psychologist availability due to Medical Registration issues, rather than a reduction in clinical need. Figures for ongoing consultations with Torture and Trauma counsellors are in addition to these services, but are not reported in this data set.

Table 9.1.1a Mental health consultation by health professionals in Adults – Manus

Mental health consultation by health professional : Adults, Manus			
April – June 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	13	11	5.16%
Primary Health Nurse	0	0	0.00%
Primary Health Total	13		
Mental Health Consultations by Mental Health Professionals			
Counsellor	255	52	24.41%
Mental Health Nurse	107	55	25.82%
Psychiatrist	29	19	8.92%
Psychologist	20	11	5.16%
Mental Health Total	411		
TOTAL	424		

Table 9.1.2a Mental health consultation in Adults – Nauru

Mental health consultation by health professional : Adults, Nauru			
April – June 2017			
	Consults	Unique Adult	% of Unique Adults to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	38	19	15.45%
Primary Health Nurse	0	0	0.00%
Primary Health Total	38	19	
Mental Health Consultations by Mental Health Professionals			
Counsellor	123	41	33.33%
Mental Health Nurse	385	114	92.68%
Psychiatrist	22	13	10.57%
Psychologist	105	32	26.02%
Mental Health Total	635	200	
TOTAL	673		

Table 9.1.2b Mental health consultation in Minors – Nauru

Mental health consultation by health professional : Minors			
April - June 2017			
	Consults	Unique Minors	% of Unique Minors to attend a consult
Mental Health Consultations by Primary Health Professionals			
General Practitioner	1	1	7.69%
Primary Health Nurse	0	0	0.00%
Primary Health Total	1	1	
Mental Health Consultations by Mental Health Professionals			
Counsellor	28	7	53.85%
Mental Health Nurse	15	10	76.92%
Psychiatrist	3	1	7.69%
Psychologist	38	10	76.92%
Mental Health Total	84	28	
TOTAL	85		

Although specific funding for a Child and Adolescent mental health service was not available during this quarter, IHMS continued to provide mental health services to non-refugee minors in Nauru using existing staff with training or experience with children. The bulk of this work was done by nursing and psychology staff, augmented by a visiting Child Psychiatrist.

9.2. Transfers for Psychiatric Admission

No non-refugees were transferred to Australia for Psychiatric admission this quarter.

There were a number of inpatient bed days provided in Nauru by IHMS, which are not reported in this data set.

Table 9.2.1a Trend: Transfers for Psychiatric Admissions – Manus Island

Transfers for Psychiatric Admissions	
Manus – Q2 2017	
Location	Apr - Jun 2017
Manus Island	0

Table 9.2.1b Transfers for Psychiatric Admissions by Age Grouping – Manus Island

Transfers for Psychiatric Admissions by Age Grouping			
Manus – Q2 2017			
Location	Total	Adult	Minor
Manus Centre	0	0	0

Table 9.2.2a Transfers for Psychiatric Admissions – Nauru Centre

Transfers for Psychiatric Admissions	
Nauru – Q2 2017	
Location	Apr - Jun 2017
Nauru Centre	0

Table 9.2.2b Transfers for Psychiatric Admissions by Age Grouping – Nauru Centre

Transfers for Psychiatric Admissions by Age Grouping			
Nauru – Q2 2017			
Location	Adult	Minor	Total
Nauru Centre	0	0	0

9.3. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to Department of Immigration and Border Protection policy. Screening allows identification of those with individual mental health needs, and collated data may provide a rough estimate of morbidity across the detention population depending on the type of screening tool used and participation rates. Screening is voluntary; therefore if participation rates are low data may not give a true indication of rates across the larger population.

Screening involves both the use of a mental health screening tool and a mental health assessment. The mandatory mental health screening tool used for adults is the K-10. The Strengths and Difficulties Questionnaire is used as the screening tool for children aged four to seventeen. Both tools are self-rated, reflecting subjective reports only, and neither have been validated in immigration detention settings. The mental health assessment conducted at the same time as the screening tool provides a clinician's assessment, but is not able to be quantified for reporting purposes.

9.4. Kessler Psychological Distress Scale (K-10)

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. It is however not a diagnostic tool, and results should be interpreted with an understanding of caveats around the interpretation of self-report questionnaires. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set.

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).

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9.5. K-10 Results

All people screened have now been in detention over 18 months, and are therefore offered screening every three months. Rates of consent to screening are low, with only ten participants in Manus and 21 participants in Nauru. Reasons for this are multifactorial, however most non-refugees indicate unwillingness to participate due to either being involved in other activities or due to the repeated nature of the testing with no apparent personal benefit for participation.

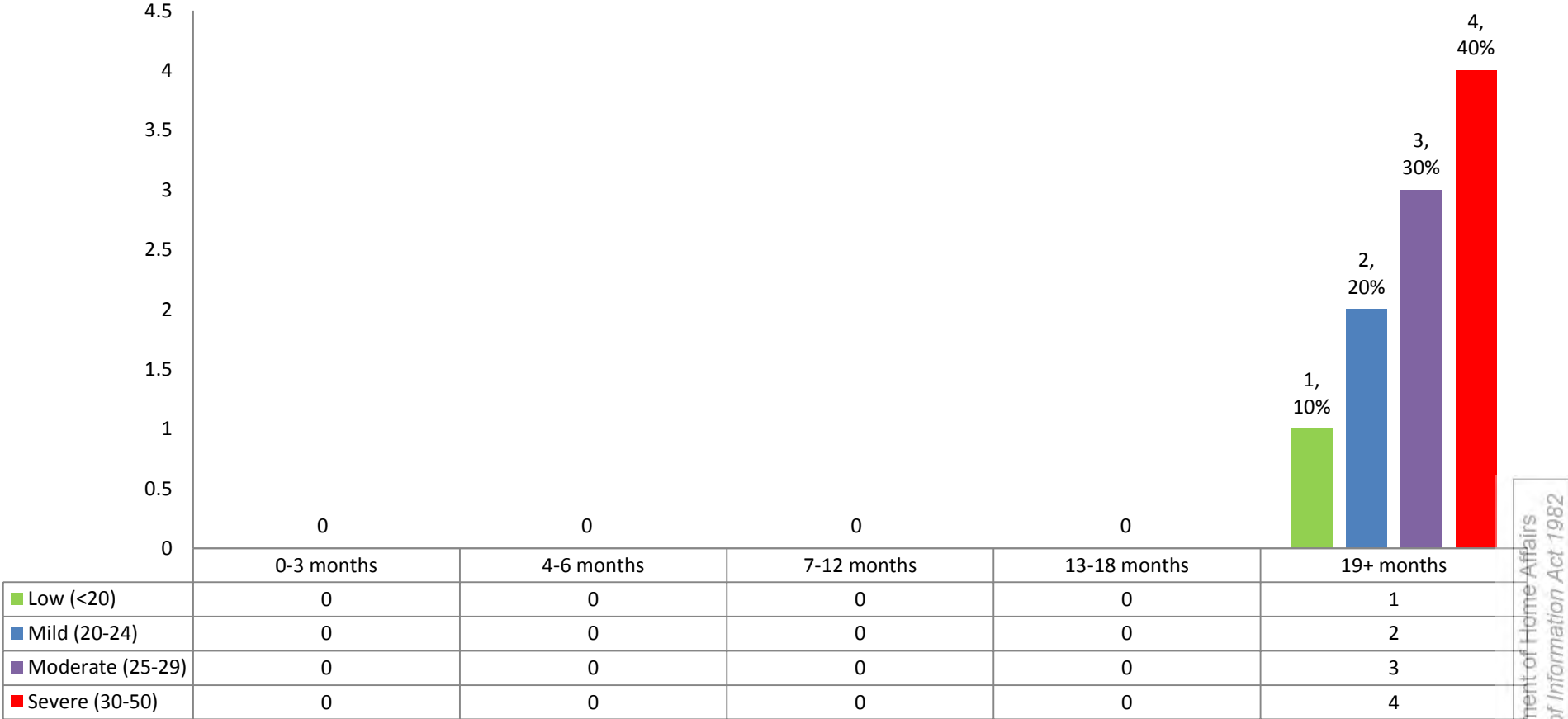
Results from this screening are in line with previous reports, however due to low numbers of participants are unlikely to be statistically reliable.

9.5.1a Manus K-10 data

K-10 Manus Q2 Apr - Jun 2017										
Months in Detention	Total screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
4-6 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7-12 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	10	27.30	1	10.0%	2	20.0%	3	30.0%	4	40.0%
Total	10	27.30	1	10.0%	2	20.0%	3	30.0%	4	40.0%

9.5.1b Manus K-10 graph

K-10 (Manus)

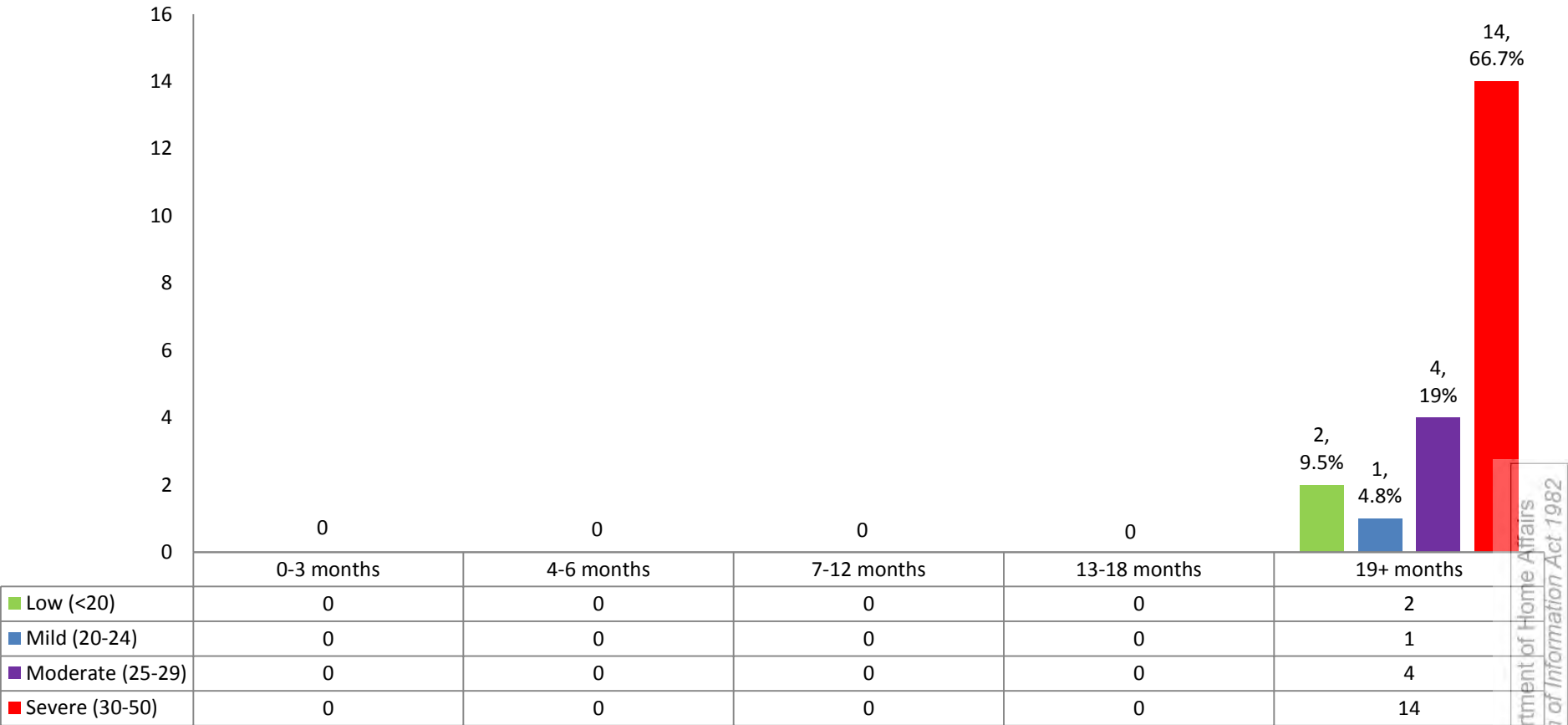


9.5.2a Nauru K-10 data

K-10 Nauru Q2 Apr - Jun 2017										
Months in Detention	Total screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
4-6 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7-12 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
13-18 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
19+ months	21	34.05	2	9.5%	1	4.8%	4	19.0%	14	66.7%
Total	21	34.05	2	9.5%	1	4.8%	4	19.0%	14	66.7%

9.5.2b Nauru K-10 graph

K-10 (Nauru)



9.6 Strengths and Difficulties Questionnaire (SDQ) for Children

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

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

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

9.6.1 SDQ results – Manus Island

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

9.6.2 SDQ results – Nauru Centre

SDQ Total Difficulties scores	Normal	Borderline	Abnormal
Parent ratings age 4-17, (N=4)	25%	50%	25%
Self-report (age 11-17, (N=0))	0%	0%	0%

Four parents participated in SDQ screening this quarter. No adolescents participated in self-report scores in this quarter.

One parent rated their child in the 'normal' category, two rated their child 'borderline' category and one rated their child in the 'abnormal' category.

9.7 Torture and Trauma

Identification and Support of Survivors of Torture & Trauma

Initial screening questions for Torture and Trauma (T&T) are asked as a component of the Health induction process and also later as part of the comprehensive mental health assessment. Torture and trauma disclosures may also be made at any time subsequently. Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post Traumatic Stress Disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition, referrals to Specialist Torture and Trauma (T&T) counselling services are offered to those who may have experienced torture and trauma prior to arrival in detention, or in the case of Maritime arrivals in onshore detention prior to arrival in an offshore processing centre, in accordance with Departmental policy.

Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times Detainees may be referred for additional Specialist T&T input.

9.7.1 New T&T Disclosure – Manus Island

Manus Q2 Apr - Jun 2017					
Facility T&T First disclosed	Number of Transferees in Manus who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Manus Centre	2	0	0	2	0
% total IDF population during Q2	0.9%	0%!	0%	0.9%	0%

9.7.2 New T&T Disclosure – Nauru Centre

Nauru Q2 Apr - Jun 2017					
Facility T&T First disclosed	Number of Transferees in Nauru who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Nauru Centre	1	0	0	1	0
% total IDF population during Q2	0.7%	0%	0%	0.8%	0%

Tables 9.7.1 and 9.7.2 show the number of Transferees who made new disclosures of T&T in Manus and Nauru respectively during this quarter. Numbers accepting referral to T&T services, or numbers attending new or ongoing T&T counselling appointments are not reported in this data set.

The number of new disclosures is very small, likely due to disclosures having been made previously over the course of time in detention.

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9.8 Supportive Monitoring and Engagement (SME)

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self-harm and suicide. There are three levels of SME involving variable levels of monitoring by security staff and clinical staff, ranging from 24 hour 1:1 monitoring and daily clinical review (High Imminent SME), to intermittent monitoring and weekly clinical review (Ongoing SME). SME reflects psychological distress rather than mental illness per se, and rates in each centre may reflect both individual and group psychosocial stressors.

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

The use of SME in Manus and Nauru is complicated by open centre arrangements which affect security staffing differently across the two sites.

SME has been used for only two individuals in Manus Island this quarter, and for 5 individuals in Nauru.

Table 9.8.1 Supportive Monitoring and Engagement – Manus Island

Individuals on SME			
Manus Q2 Apr - Jun 2017			
Location	Ongoing	Moderate	High Imminent
Manus Island	1	2	2
Total number of unique individuals on SME	2	% of Manus population on SME	0.9%

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Table 9.8.2 Supportive Monitoring and Engagement – Nauru Centre

Individuals on SME			
Nauru Q2 Apr - Jun 2017			
Location	Ongoing	Moderate	High Imminent
Nauru Centre	2	2	4
Total number of unique individuals on SME	5	% of Nauru population on SME	3.7%

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Appendix A: SNOMED Descriptions for Health Grouping - Psychological

SNOMED Descriptions for Health Grouping - Psychological
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 Health Grouping - Psychological
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)
Delusions (finding)
Demanding behavior (finding)
Dementia (disorder)
Demoralization (finding)

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

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

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

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

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

SNOMED Descriptions for Health Grouping - Psychological
Stuttering (finding)
Substance of abuse (substance)
Suicidal intent (finding)
Suicidal thoughts (finding)
Suicide attempt (event)
Suppressed emotion (finding)
Symptoms of depression (finding)
Temper tantrum (finding)
Tension (finding)
Thoughts of self harm (finding)
Threatening suicide (finding)
Tic (finding)
Transsexual (finding)
Trichotillomania (disorder)
Truancy (finding)
Unable to concentrate (finding)
Vascular dementia (disorder)
Verbally abusive behavior (finding)
Verbally threatening behavior (finding)
Victim of abuse (finding)
Victim of bullying (finding)
Victim of torture (finding)
Vulnerable personality (finding)
Weak mother-infant attachment (finding)
Worried (finding)

