

Detention Health Advisory Group

Report against 2007–08 work program

March 2008



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Abbreviations

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| AusAID | Australian Agency for International Development |
| BITA | Brisbane Immigration Transit Accommodation |
| CDC | Communicable Diseases Centre |
| DeHAG | Detention Health Advisory Group |
| DHSP | Detention Health Services Provider |
| DIAC | Department of Immigration and Citizenship |
| DoHA | Department of Health and Ageing |
| DSP | Detention Services Provider |
| GP | General Practitioner |
| HIV | Human Immunodeficiency Virus |
| HREOC | Human Rights and Equal Opportunity Commission |
| HSDG | Health Services Delivery Group |
| IDAG | Immigration Detention Advisory Group |
| IDC | Immigration Detention Centre |
| IDSG | Infectious Diseases Sub-Group |
| IFF | Illegal Foreign Fisher |
| IPV | Inactivated Polio Vaccine |
| MHSG | Mental Health Sub-Group |
| MSE | Mental State Examination |
| NTAC | National Tuberculosis Advisory Committee of Australia |
| RACGP | Royal Australian College of General Practitioners |
| SASH | Suicide and Self Harm |
| STARTTS | Service for the Treatment and Rehabilitation of Torture and Trauma Survivors |
| TB | Tuberculosis |
| UNHCR | United Nations High Commissioner for Refugees |
| UoW | University of Wollongong |

Executive summary

This document provides a report on the activities and achievements of the Detention Health Advisory Group (DeHAG) during its second year of operation, from March 2007 to March 2008.

In this year, the DeHAG has consolidated initiatives in a number of key areas developed in 2006. These include finalisation of the Detention Health Framework, which is now available in print form or on the Department of Immigration and Citizenship (DIAC) website, finalisation of the Royal Australian College of General Practitioners Standards for health services in Australian immigration detention centres (the Standards) and progress towards implementation of an independent health standards accreditation process. Significant progress has also occurred in relation to the development of a detention health data set and development of new processes related to management of self harm. This was achieved in addition to substantial work undertaken by the DeHAG's sub-groups; the Infectious Disease Sub-Group (IDSG) and the Mental Health Sub-Group (MHSG). Details of the work of these groups are specifically outlined in the relevant sections of this report.

The key elements of DeHAG achievements include:

- Working with the Royal Australian College of General Practitioners (RACGP) to develop the Standards. The DeHAG provided extensive comment and advice on the Standards and accepted the final report on 11 May 2007.
- DeHAG considered and supported recommendations from the RACGP regarding implementation of the Standards through an accreditation process. DIAC will commence arrangements for accreditation to take place at immigration detention centres (IDCs) through 2008.
- The Detention Health Framework was finalised following comment and advice from the DeHAG. This key policy document describes the principles and practical arrangements that underpin DIAC's improved approach to health care for people in immigration detention.
- A health data set project recommended by the DeHAG and undertaken by the University of Wollongong (UoW) Centre for Health Service Development has been finalised. At the DeHAG's February 2008 meeting, the group agreed that the data set should stand, and be augmented by first generation guidelines.
- A project to review the current Suicide and Self Harm (SASH) protocols through Monash University was considered by the DeHAG at the February 2008 meeting. This report will be used as a basis for future work by the MHSG to advise DIAC on an appropriate tool and improved protocols.

The DeHAG have also provided specific advice and input into:

- Detention Health Tender documentation.
- Health Discharge Assessment Policy.
- Bullying and aggressive behaviour.

The DeHAG is supported by the IDSG and MHSG. Chaired by DeHAG members, the sub-groups seek to develop and progress project work by involving professionals from relevant fields, such as the Northern Territory Centre for Infectious Diseases and the University of South Australia School of Nursing and Midwifery. Reporting to the DeHAG, each sub-group has met on a regular basis throughout the reporting period.

Key achievements of the IDSG include:

- Contributing to the development of a detention health data set to provide better understanding of the infectious disease profiles of people in immigration detention.
- Providing advice on the development of policies relating to Tuberculosis (TB), particularly regarding the continuity of care for repatriated Illegal Foreign Fishers (IFFs) with TB.
- Recommending Malaria strategies for the Northern IDC in Darwin.
- Providing strategic advice to improve the Human Immunodeficiency Virus (HIV) policy for people in and working at IDCs.
- Providing risk management advice, including a review of biological occupational health and safety protocols, particularly for Hepatitis B and Influenza, recommending independent environmental health inspections of IDCs by qualified Environmental Health Officers, and commenting on the health induction assessment process.
- Providing recommendations on the management of pandemic planning to ensure it is consistent with national standards.

Key achievements of the MHSG include:

- Developing a proposed new mental health screening process, incorporating screening instruments chosen for their applicability to the immigration detention environment (including a trauma screen to identify survivors of torture).
- Advising on improvements to training and documentation for Mental State Examinations (MSE).
- Developing a list of generic and specific mental health risk factors for people in immigration detention.
- Providing a project oversight role for the Review of the Suicide and Self Harm Instrument and Protocol used in Immigration Detention Centres undertaken by Monash University.
- Providing advice on training requirements to support staff in the identification and support of survivors of torture and trauma.
- Providing strategic advice to DIAC following a review of de-identified complex cases involving difficult mental health issues.
- Reviewing and providing feedback on draft DIAC instructions and documents relating to the provision of mental health care and related issues (for example, voluntary starvation) in the immigration detention environment.
- Authoring a paper on options for improving mental health promotion in the immigration detention environment.

Other activities

During the period covered by the report, DeHAG members met with the then Assistant Minister for Immigration and Citizenship, The Hon. Teresa Gambaro MP. This meeting was held in Canberra at Parliament House on 20 September 2007. Discussion canvassed a broad range of issues including a new model for the delivery of health service management and health service provision, implementation of the onshore detention strategy, the development of an accreditation process for health services in IDCs and expansion of the DeHAG's terms of reference.

The DeHAG visited the Northern IDC in Darwin in July 2007 and Brisbane Immigration Transit Accommodation (BITA) in February 2008.

2008–09

In the year ahead, focus will be on the implementation of a number of key initiatives generated by the DeHAG, furthering improvements and gains in the delivery of health care to people in immigration detention. DIAC will also consider reviewing the DeHAG's terms of reference to include broader areas of health under the responsibility of DIAC, including migration and refugee health. These will represent significant challenges and opportunities for the DeHAG and DIAC.

Foreword

Foreword

In announcing the establishment of the DeHAG the then Minister, Senator the Hon. Amanda Vanstone said that “... *this initiative sets the direction for the health care of detainees and reinforces my department’s commitment to the change process*”. While a lot has happened in the past two years, including the election of the Rudd Government, the commitment of DIAC to improve the health care that is provided to people in immigration detention has been unwavering. The DeHAG has played a part in the many positive changes that have occurred during this period.



In my foreword to the first annual report in March 2007, I pointed mostly to important work that had been commenced in the first year. In this year’s report I would like to highlight a small number of the many projects that have been completed.

The Standards that were commissioned by the DeHAG and produced by RACGP have attracted considerable positive attention. A process that will result in accreditation against the Standards during 2008 is well under way.

The Detention Health Framework has been published and will guide DIAC’s approach to health care for people in immigration detention.

The first piece of rigorous and independent research on the health of people in immigration detention has been undertaken by the UoW Centre for Health Service Development, as part of the project to establish a health data set for immigration detention. One of the key findings of this work, that the likelihood of development of mental health problems increases with duration in detention, is not surprising but will be very important in contributing to better informed debate on detention policy and practice.

Routine collection and analysis of health data will enable DIAC, for the first time, to make evidence-based decisions concerning various aspects of detention health.

A review of the SASH policy and procedures has been completed by Monash University and new arrangements to ensure the safety of people in immigration detention will be informed by this work.

The many other activities of the DeHAG during the past year are outlined in this report. My purpose in highlighting the few projects mentioned above is to emphasise that the DeHAG has consistently advocated an evidence-based approach to decision making. The evidence that is required should come from rigorous research (such as the health data set project) and from evaluation of performance against clear policies (the Detention Health Framework) and standards (the Standards).

It is essential that DIAC embraces such an evidence-based approach more broadly and supports a substantial program of research into the many dimensions of immigration detention. A modest start has been made but this new commitment to research must be rapidly expanded.

A great deal of the work of the DeHAG has been done by the two sub-groups: the IDSG, chaired by Dr Maxine Whittaker, and the MHSB, chaired by Professor Louise Newman.

I am grateful to the chairs and members of the two DeHAG sub-groups, and all of the members of the DeHAG, for their commitment and sustained effort, and for the quality of their work. As in the first year, the DeHAG has had the good fortune of being supported by a skilled secretariat. It has been a privilege to serve as chair of this dynamic and creative group of health professionals from a range of disciplines.

Harry Minas, Chair, Detention Health Advisory Group

DeHAG

DeHAG

Background

The Detention Health Advisory Group (DeHAG) was formed in 2006 and plays a major role in providing DIAC with independent advice on the design, implementation and monitoring of health policy and procedures in immigration detention. The DeHAG consists of the key health and mental health professional organisations, and is chaired by Associate Professor Harry Minas who is also a member of the Immigration Detention Advisory Group (IDAG). A full list of the DeHAG members and the participant organisations is at Appendix 1.

This committee provides an important forum for DIAC to work closely with key health stakeholders in an open and accountable fashion to improve the general and mental health of people in immigration detention. The DeHAG complements the work of the long-standing IDAG, which provides valuable advice and assistance on a range of immigration detention issues. The full terms of reference for the DeHAG are at Appendix 2.

Introduction

During 2007, the DeHAG focused on consolidating a wide range of initiatives that were developed in 2006. This included significant progress on the detention health data set, review of the current self harm protocols, and publication of the Detention Health Framework and the Standards. The two sub-groups, one focusing on mental health and the other on infectious diseases, contributed significantly to the achievements of the DeHAG.

Also in 2007, the DeHAG met with the then Assistant Minister of Immigration and Citizenship, The Hon. Teresa Gambaro MP, at Parliament House in Canberra. Visits were also conducted to the Northern Immigration Detention Centre in Darwin and the Brisbane Immigration Transit Accommodation (BITA).

DeHAG projects

DeHAG projects

The DeHAG endorsed a work program in March 2007. This report sets out progress against this work program and indicates the likely consolidation of activity during the next phase of the DeHAG through 2008-09.

1. Detention Health Framework

The Detention Health Framework is DIAC's key policy document, describing the improved approach to health care for people in immigration detention. It articulates core health principles underpinning all aspects of health care, practical arrangements for health service delivery and a comprehensive program for ongoing quality improvement, including a three year action plan for implementing the framework. As such, it provides the policy context for most of the DeHAG work program.

The primary outcomes of the Detention Health Framework, and the work program that supports it, are that:

- DIAC's policies and practices in relation to health care for people in immigration detention are open and accountable.
- People in immigration detention have access to health care that is fair and reasonable, consistent with Australia's international obligations and comparable to those available to the broader Australian community.
- The quality of health services provided to people in immigration detention is assured by independent accreditation.

The framework was developed in consultation with the DeHAG and was published on the DIAC website on 28 November 2007. Hard copies of the framework have been distributed to the DeHAG and to other key stakeholders, including the IDAG, the Human Rights and Equal Opportunity Commission (HREOC), the Commonwealth Ombudsman, the United Nations High Commissioner for Refugees (UNHCR), service providers, research partners, state and territory health departments and a range of other stakeholders who make up the community of concern around health and wellbeing issues for people in immigration detention.

2. RACGP Standards for health services in Australian immigration detention centres

On 11 May 2007, the DeHAG accepted the final report from the Royal Australian College of General Practitioners (RACGP) which in June 2007 published the RACGP Standards for health services in Australian immigration detention centres (the Standards). The Standards define a set of quality standards specifically customised for use in Immigration Detention Centres (IDCs) and are the first of their kind developed for this setting.

DIAC engaged the RACGP to develop the Standards following a recommendation from the DeHAG to establish a set of national accreditation standards that all immigration detention health services will be required to meet.

The Standards were finalised by the RACGP following significant consultation, including a pilot, focus testing and visits to IDCs. The development of the Standards now aligns detention health services with the expectations of the broader community in terms of quality of health care.

The Standards are available at <http://www.racgp.org.au/standards/detention>.

3. Accreditation against RACGP Standards

In May 2007, the RACGP provided DIAC with a report on establishing a framework for accrediting health service providers against the Standards. The report sought to engage DIAC on issues relating to accreditation providers, frequency of accreditation and evaluation of health providers. The DeHAG considered this report in July 2007 and recommended that DIAC proceed to facilitate, in partnership with an appropriate accrediting organisation, the implementation of the standards using a third party accrediting organisation. DIAC accepted this recommendation and is currently progressing a procurement process to this end.

4. Data analysis and reporting

In March 2006, the DeHAG recommended the development of a detention health data set, a project that DIAC contracted the University of Wollongong (UoW) Centre for Health Services Development to conduct during 2007. The aim of the project was to gain a detailed understanding of the types of health issues affecting people in immigration detention, and by doing so develop a detention health data set to be used for routine reporting from the health service provider. The data set will also facilitate informed and evidence-based detention health policy decisions into the future.

The project involved the selection of a sample of people in immigration detention during the 2005–06 program year. This included people who had been in detention for different lengths of time, ranging from days to years. It also included people from all the major cohorts in immigration detention, including Illegal Foreign Fishers (IFFs), unauthorised boat arrivals, unauthorised air arrivals, visa over stayers and people who breach the conditions of their visa. A detention health data set was created by recording specific health related information for each individual in the study sample, including occasions where the person visited a nurse or doctor for a consultation, and identified any health issues or diagnoses.

The final report for the project was forwarded to DIAC in December 2007 and was considered by the DeHAG at its meeting in February 2008. Professor Kathy Eagar from UoW presented the major findings of the study at this meeting. The group agreed that the data set should stand and be augmented by first generation guidelines.

5. Suicide and Self Harm Protocol

The Suicide and Self Harm (SASH) protocol currently used in immigration detention was originally developed as a tool for non-experts based in a corrections environment. As a result, it tends to over identify risk. A range of other concerns has also been raised as to its suitability in the post Palmer immigration detention environment. The DeHAG endorsed the recommendation that a contractor be engaged to review the SASH instrument and protocol, and to advise on its effectiveness and any necessary refinement that may be required.

The DeHAG and its MHSB provided input to a statement of requirements and Monash University was chosen from a field of six tenderers to conduct the review. The MHSB provided a review and advisory role during the life of the project.

Originally due for completion in October 2007, the project was extended to February 2008 to allow the DeHAG to consider the project's recommendations in the light of two parallel projects – the review of mental health screening processes for people in immigration detention being undertaken by the MHSG, and the detention health data analysis being undertaken by UoW (described at 4. Data analysis and reporting). At its meeting on 28 February 2008, the DeHAG noted the complex interdependencies between the three projects, acknowledged the many good statements of principle in the final report and agreed to continue the work through the MHSG in 2008.

6. Traditional Chinese medicine pilot

Following advice from the Detention Health Service Provider (DHSP), the DeHAG agreed to remove this item from the DeHAG Work Program. The DHSP advised that a general practitioner (GP) is currently available to provide traditional Chinese medicine at the Villawood IDC. As the clinician involved provides this service in accordance with his clinical judgement and not necessarily in line with a patient's preference, he declined to take part in a pilot. The DHSP has provided a report indicating that while the service is available, its use has been low.

7. Input into other policy and project work in DIAC

The DeHAG has provided input into the development of a Health Discharge Assessment process, provided recommendations for the health services tender arrangements and commented on existing policies in place to counter bullying and aggressive behaviour. The input from the DeHAG on each of these topics is detailed below:

Health Discharge Assessment

Members provided input to the Health Discharge Assessment process. This process specifies the requirements for the appropriate health discharge of a person from immigration detention. Members discussed the policy and raised a number of issues, including the articulation of the risks involved for the person in detention and those around them. Public health risks such as Tuberculosis (TB) were also considered, as was the appropriate length of time for a discharge assessment to be valid. These comments have been incorporated into the Health Discharge Assessment.

Health services tender

The DeHAG received a briefing from Mr Simon Schiwy, Assistant Secretary of the Detention Services Tender Branch, on arrangements for the tender of immigration detention health services. DeHAG also reviewed the tender documentation, specifically the statement of requirement, providing comment and input.

Bullying and aggressive behaviour

The DeHAG reviewed and discussed the management of bullying and aggressive behaviour. Members reviewed the training provided for detention service officers, information provided to people in immigration detention about bullying and what state and territory justice health agencies do to monitor aggressive behaviour in correctional settings. Members discussed their role in this issue and agreed that the operational responses and management of people who are aggressive or bully others is the role of the IDAG. Therefore, members agreed to provide comment to the IDAG via the Secretariat where appropriate.

Infectious

Diseases

Sub-Group

Infectious Diseases Sub-Group

The Infectious Diseases Sub-Group (IDSG) was formed on 15 March 2007 by the DeHAG as a time limited group and met for the first time on 16 April 2007. The terms of reference for the IDSG, including membership, are at Appendix 3.



8. Message from the Chair – Dr Maxine Whittaker

This report details the work of the IDSG of the DeHAG. It represents a unique collaboration between leading organisations and individuals in infectious diseases in Australia. It is a tribute to the commitment of the representatives to addressing serious and complex issues of infectious diseases, international public health best practices and detention environments – not always an easy decision making process. A measure of the success of this collaboration has been that the IDSG has successfully addressed the issues with which it was tasked in its terms of reference, and that having done so, the DeHAG is satisfied that the sub-group’s goals have been completed.

9. Achievements

The achievements of the IDSG are listed under five agreed outputs:

1. **Develop a map of issues and protocols already in place, including gaps in data; and a work plan that will provide the basis for advice to the DeHAG.**

The IDSG has achieved against this output through its contribution to the development of a detention health data set. This involved providing expert advice on the data coding and analysis project with the aim of providing a better understanding of the infectious disease profiles of people in immigration detention. Members have considered the findings of the report, which has provided new information on the impact of infectious diseases on people in detention.

2. **Develop recommendations for infectious disease protocols for use by health providers in IDCs.**

Members provided recommendations on TB, Malaria, HIV and Polio. The key elements of their consideration include:

Tuberculosis

Throughout the year, the group provided DIAC with a range of advice to assist in the development of policies relating to TB, particularly IFFs who were in contact with a person with TB. Members sought advice from the National Tuberculosis Advisory Committee of Australia (NTAC), the Australian Agency for International Development (AusAID) and the Australian Department of Health and Ageing (DoHA). The group explored the possibility of performing Mantoux testing on children under 11 accompanying IFFs and the continuity of care for repatriated IFFs with TB. After receiving advice from NTAC, members recommended a screening protocol for children under 11. The IDSG has also provided advice concerning the continuity of care for repatriated IFFs with TB. This includes collating information to map health centres in Indonesia, with a recommendation that contact be made with local TB programs. Consideration was given to Australia’s present and future responsibilities towards the reduction of multi-resistance TB in our region.

Malaria

Members have recommended Malaria strategies for the Northern IDC in Darwin. The group sought advice from the Northern Territory Centre for Disease Control (CDC), DoHA and DIAC. After considering the advice, members provided a number of recommendations that will be passed to the DHSP for consideration and implementation at the Northern IDC. Recommendations included strategies for protecting people against mosquito bites, including use of repellent spraying, screening and installation of further mosquito traps.

HIV

The IDSG provided a number of recommendations to improve the HIV policy for people in immigration detention. These included recommendations on screening, opportunities for education and ensuring consistency with the National HIV/AIDS Strategy. Subsequently, the policy has been re-written to ensure consistency with the National HIV/AIDS Strategy.

Polio

Members considered the possibility of providing Polio vaccinations to people in immigration detention. Advice was sought from DoHA on the efficiency of a single dose of Inactivated Polio Vaccine (IPV) to confer immunity. The group determined that the Polio vaccination is not required, which is consistent with DoHA's view.

3. Develop infectious diseases risk management advice for use in IDCs.

Throughout the year the IDSG has developed risk management advice. This has included the recommendation for environmental health inspections by independent, qualified Environmental Health Officers at mainland IDCs, reviewing occupational health and safety protocols, particularly for Hepatitis B and Influenza transmission prevention, and commenting on detention and health employees' occupational health induction assessment process.

Members have recommended that Environmental Health Officers be engaged to assess and monitor relevant standards in IDCs. This followed consideration by the IDSG of the current procedures in place to address environmental health standards in IDCs. The group agreed that a more comprehensive check of food handling, accommodation, waste management, air quality and pest control standards was necessary.

The IDSG considered the Hepatitis B and Influenza vaccination protocols for DIAC, the health service provider and detention service provider staff. The recommendations included the maintenance of a vaccination register by the health service provider and the registration of vaccinated staff against seasonal Influenza to work in the event of an Influenza pandemic or seasonal Influenza outbreak. These recommendations will be considered by DIAC, the DHSP and the Detention Services Provider (DSP).

The induction health assessment has been reviewed by members and their recommendations were finalised at the meeting in February 2008 and included specific questions for IFFs, children and country of origin. These will be considered by DIAC and the DHSP.

4. Develop recommendations for continuity of care, including ongoing access to treatment, for people with a communicable disease who are discharged from IDCs to their country of origin.

Members have developed a number of recommendations for the continuity of care for people with TB that are repatriated from Australia. These include identifying the origin of IFFs, mapping health centres in Indonesia and working towards making a connection with local TB programs.

The group endorsed the NTAC guidelines to provide IFFs with the option to complete a course of TB treatment before returning home. However, there are still discussions around the appropriateness of continuity of care for people with TB. These options remain active until considered by the Communicable Diseases Network of Australia, DoHA and DIAC.

5. Provide recommendations on communicable diseases management in immigration detention populations.

The identification of people with iron deficiency anaemia was discussed, particularly in relation to the needs of children. Members recommended that GPs for people in immigration detention be provided with training to identify iron deficiency anaemia. Dr David Burgner, a member of the IDSG, will provide training to DHSP staff to cover this issue.

The IDSG provided recommendations on the management of pandemic planning. The existing pandemic plan was considered and members have recommended that it be consistent with national standards and be available for review.

Mental Health Sub-Group

Mental Health Sub-Group

The Mental Health Sub-Group (MHSG) was formed on 15 March 2007 by the DeHAG to provide expert opinion on a range of mental health issues in the immigration detention environment. The group's terms of reference, including membership, are at Appendix 4.



10. Message from the Chair – Professor Louise Newman

The MHSG is pleased to report on the progress made towards improving the mental health outcomes of persons within the immigration detention system, as detailed in the terms of reference.

Identification, assessment and intervention for mental health problems in this environment is complex and necessarily involves a range of stakeholders. The MHSG has included representatives of professional organisations and mental health peak bodies and has worked effectively to promote the process reforms needed to address the mental health needs of the populations involved. There have been considerable challenges in the introduction of a more effective mental health framework and the collective expertise of the group has worked effectively with DIAC officers. The MHSG acknowledges the joint commitment to the goal of improving mental health outcomes and preventing mental health problems amongst people in immigration detention.

11. Achievements

The achievements of the MHSG during its first year of operation are listed under the group's seven outputs below:

1. **Recommendations for the appropriate use of existing mental health screening and assessment tools for different cultural groups in immigration detention environments and, if necessary, identification of alternatives.**

This output covers the most substantial piece of work done by the MHSG – the development of a proposed new mental health screening process. The process incorporates universal and indicated mental health screening instruments chosen for their cross-cultural validity and applicability to the mental health issues most relevant to people entering immigration detention. In addition, the MHSG made recommendations clarifying the role of the Mental State Examination (MSE), suggesting improvements to the proforma used for documenting MSE results, and advising on core elements of a training module for health professionals conducting MSE's in the detention health environment. The MHSG also advised on a process for translating screening instruments into key languages.

The MHSG provided a steering role for the Review of the Suicide and Self Harm Instrument and Protocol used in Immigration Detention Centres undertaken by Monash University, including advice on integrating the self harm screening arrangements proposed by Monash University with mental health screening processes proposed by the MHSG.

2. **Development of 'identification markers' that may indicate risk or presence of mental health conditions, with a special focus on pre-existing risk factors and high risk conditions for people detained for longer periods. This output will include high level recommendations on how information elicited through identification marker-based screening should be acted on.**

Members provided a list of generic and specific mental health risk factors for people in immigration detention, the presence of which should raise a flag to identify a person as 'at risk' for mental health problems. Members noted the development of a process to respond to the presence of these identification markers as an item for future work, should the MHSG be convened for a further period.

3. **Evaluation of existing guidelines, and a needs assessment, for the identification of torture and trauma survivors and their mental health needs.**

This output spanned several others, particularly the mental health screening process described at output 1, which includes a screening instrument designed to detect torture and trauma, and a screening process which includes more focussed attention on people from certain geopolitical situations where torture and trauma is more common. The MHSG also provided advice on training requirements to raise understanding of, and responsiveness to, the manifestations of torture and trauma and suggested this be incorporated into a wider program of training.

4. **Review of barriers to the provision of mental health services to people in detention.**

This output led to some of the most detailed discussions during the MHSG's first year of operation. To facilitate this discussion, DIAC provided a number of de-identified complex case scenarios involving difficult mental health issues and sought the MHSG's advice on how to overcome the barriers illustrated in them. This has led to high level meetings with state health services to improve pathways of mental health care for people in immigration detention.

5. **Review of protocols for the provision of mental health care to people in immigration detention, including the use of management units.**

The MHSG provided feedback to DIAC on a number of instructions and documents relating to the provision of mental health care and related issues. Of particular note were the comments on a draft behaviour management instruction and draft guidelines for the management of voluntary starvation. The MHSG's feedback has been incorporated into the ongoing development of these instructions. Future drafts will be provided to the group, should it be convened for a further period.

6. **Recommendations for reducing risk factors and supporting mental health promotion in the immigration detention environment.**

As with output 3 (torture and trauma), this output spanned several others, for example feedback on the draft behaviour management and voluntary starvation guidelines described under output 5. The MHSG's recommendations for improving mental health promotion in the immigration detention environment were consolidated in a paper, which was tabled at the DeHAG meeting in early 2008 with a recommendation that it be distributed to Community Consultation Groups at IDCs.

7. Recommendations for protocols to be followed by Compliance Officers when there are indications that a client may be experiencing a mental health problem.

This output did not produce a great deal of activity for the MHSG; however members provided feedback on the preliminary Client Placement Assessment questionnaire used by Compliance Officers on first contact with clients in the community. The group commended the establishment of a 24-hour telephone health information line to assist compliance staff to manage situations where they suspect the existence of mental health problems.

Other items

Other items

12. Input to other groups

Immigration Detention Advisory Group

Associate Professor Harry Minas is the DeHAG representative on the IDAG. The IDAG provides advice to the Minister for Immigration and Citizenship on the appropriateness and adequacy of services, accommodation and amenities at IDCs and alternative and community detention arrangements. A summary of the DeHAG minutes is sent to the IDAG, which has a standing agenda item to address DeHAG issues.

Health Services Delivery Group

Ms Sandra Eagar is the DeHAG representative on the Health Services Delivery Group (HSDG). The HSDG aims to provide a direct avenue of communication between DIAC, the DHSP and the DSP to discuss development, delivery and management of health services to people in immigration detention facilities. Major issues discussed by the DeHAG that have arisen through the HSDG include:

- The trial of a Paracetamol vending machine at the Villawood IDC.
- Traditional Chinese Medicine pilot project at the Villawood IDC.
- Options for protecting people against mosquito bites at the Northern IDC.

Detention Services Pandemic Planning Working Group

Dr Maxine Whittaker is the DeHAG representative on the Detention Services Pandemic Planning Working Group. The group is responsible for reviewing the impact of a possible Avian Influenza pandemic and planning contingency arrangements for detention services. As well as the DeHAG, the group includes representatives from the DHSP, the DSP and DIAC.

13. Meeting with the Assistant Minister

In September 2007, the DeHAG met with the then Assistant Minister for Immigration and Citizenship, the Hon. Teresa Gambaro at Parliament House in Canberra. Discussion canvassed a broad range of issues including:

- A new model for the delivery of health service management and health service provision.
- Implementation of the onshore detention strategy.
- The development of an accreditation process for health services in IDCs.
- Health management for people with TB where treatment may not be available or accessible at point of return, specifically for IFFs.
- Visa cancellations and the relationship this has to a person's behaviour in a detention environment.
- Expansion of the DeHAG terms of reference to include health programs for refugees, bridging visa holders and asylum seekers.
- The level of dental care for people in immigration detention compared to the community.

14. Presentations

Dr Vanessa Johnston presented on her PHD topic, The Health Impact of Australian Asylum Policies on Iraqi Temporary Protection Visa Holders in Melbourne to the DeHAG in Darwin on 13 July 2007.

Mr Jorge Aroche provided the DeHAG with a presentation on a study of the MultiCASI software and its effectiveness. The MultiCASI is a tool to administer psychometric tests interactively using pre-recorded questions in various languages. It uses integrated text, audio and touch screen interfaces to overcome language and literacy barriers, making cross-cultural psychometric assessment more accessible and cost-effective. MultiCASI is currently being piloted and evaluated in Australia by the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).

Ms Catherine Ellis, the then Assistant Minister's advisor on detention health, presented on the responsibilities of the then Assistant Minister for Immigration and Citizenship in the immigration detention context.

In addition, several DIAC guests presented on a range of initiatives including the Client Placement Model (Mr Jean-Pierre McCombie), the Detention Health Tender arrangements (Mr Simon Schiwy) and each Detention Centre Executive outlined the key aspects during visits to IDCs.

15. Future directions 2008-09

The most significant challenge ahead for the DeHAG and detention health in 2008–09 will be the implementation of the Detention Health Framework which will include:

- Implementation of the Standards.
- Finalisation and implementation of the detention health data set.
- Completion of the review of the SASH instrument and protocol.
- Continuation of site tours to detention facilities.

Appendices

Detention Health Advisory Group (DeHAG) membership

| Member | Nominating Organisation |
|--|---|
| Associate Professor Harry Minas (DeHAG Chair) | Immigration Detention Advisory Group |
| Dr Choong-Siew Yong | Australian Medical Association |
| Dr Gillian Singleton (from February 2007) | Royal Australian College of General Practitioners |
| Dr Amanda Gordon | Australian Psychological Society |
| Mr Jorge Aroche | Forum of Australian Services for Survivors of Torture and Trauma |
| TBA | Mental Health Council of Australia |
| Dr Tim Lightfoot | Victorian Health Promotion Foundation |
| Professor Louise Newman | Royal Australian and New Zealand College of Psychiatrists |
| Ms Sandra Eager | Royal College of Nursing Australia |
| Professor Anna Whelan | Public Health Association of Australia |
| Dr Maxine Whittaker | Public Health Association of Australia |
| Dr Paul Kotala | Australian Dental Association |
| Mr George Masri | Office of The Commonwealth Ombudsman (Observer status) |

Detention Health Advisory Group

Terms of Reference

The DeHAG will play a major role in providing DIAC with the necessary independent, expert advice to design, develop, implement and monitor health care services for people in detention centres and related facilities.

DIAC is reviewing the nature of detention services provision including health care services as a response to the Palmer and Comrie Reports. The delivery of primary health care and mental health services to people in detention will be a focus.

Specifically, the DeHAG will provide expert opinion regarding:

1. The design, development and implementation of health policy for the health care, including mental health care, of people in immigration detention.
2. Appropriate health care service standards which should be achieved in detention health services.
3. Appropriate monitoring and reporting of detention health services and related information and data issues.
4. The nature and scope of potential research required to facilitate improved health outcomes and management of health care in detention services.
5. The DeHAG will convene for an initial period of two years with an opportunity for members to review their position on an annual basis.

Detention Health Advisory Group

Infectious Diseases Sub-Group

Terms of Reference

1. Review documents and available data on infectious diseases in people in immigration detention and identify key communicable disease issues that may arise in immigration detention populations.

Output: Develop a map of issues and protocols already in place, including gaps in data; and a work plan that will provide the basis for advice to the DeHAG.

2. Identify infectious disease protocols and standards, including screening for communicable diseases such as dengue fever, HIV/AIDS and vaccine preventable diseases, for use in immigration detention centres (IDCs) and accounting for individual State and Territory requirements.

Output: Develop recommendations for infectious disease protocols for use by health providers in IDCs.

3. Review the IDC environment, with particular emphasis on the Northern IDC, and advise on risk mitigation measures for infectious diseases. In doing so, the range of populations and sub-populations, including children, should be recognised; as well as the different places of detention.

Output: Develop infectious diseases risk management advice for use in IDCs.

4. Identify issues relating to continuity of care, including access to ongoing treatment, for people diagnosed with a communicable disease while in immigration detention who are returned to their country of origin.

Output: Develop recommendations for continuity of care, including ongoing access to treatment, for people with a communicable disease who are discharged from IDCs to their country of origin.

5. Provide advice on communicable diseases issues to the DeHAG.

Output: Provide recommendations on communicable diseases management in immigration detention populations.

Membership

| Member | Organisation |
|---------------------------|--|
| Dr Maxine Whittaker | Public Health Association of Australia |
| Dr Vicki Krause | Communicable Diseases Network of Australia |
| Ms Doreen Rae, MPH, RN | Australian Infection Control Association |
| Professor Raina MacIntyre | Australasian Society for Infectious Diseases |
| Dr Natalie Gray | Centre of Disease Control, Northern Territory Department of Health and Community Services |
| Dr James McCarthy | Australasian Society for Infectious Diseases |
| Dr David Burgner | Australasian Society for Infectious Diseases |

Detention Health Advisory Group

Mental Health Sub Group

Terms of Reference

The DeHAG will play a major role in providing DIAC with the necessary independent, expert advice to design, develop, implement and monitor health care services for people in detention centres and related facilities. As part of their role, the DeHAG agreed to set up a time limited sub-group to address issues relating to the mental health of people in immigration detention. Specifically the DeHAG Mental Health Sub-Group (MHSG) will provide expert opinion regarding:

1. Options for identifying and assessing the needs of people in immigration detention:
 - With pre-existing mental health conditions.
 - Who are at risk of developing mental health conditions while in detention.
 - Who develop mental health conditions whilst in immigration detention.
2. Options for the provision of appropriate mental health care for people in detention, including recommendations for addressing barriers to the provision of care in appropriate settings.
3. Options for reducing risk factors and supporting mental health promotion in the immigration detention environment.
4. The special needs of people detained for longer periods.
5. Options for DIAC Officers to respond appropriately to suspected mental health issues they encounter them in the course of their work.

The DeHAG MHSG will convene for an initial period of one year.

Membership

| Member | Organisation |
|---------------------------------|---|
| Professor Louise Newman (Chair) | Royal Australian and New Zealand College of Psychiatrists |
| Ms Amanda Gordon | Australian Psychological Society |
| Professor Ian Hickie | Mental Health Council of Australia |
| Dr Choong-Siew Yong | Australian Medical Association |
| Mr Jorge Aroche | Forum of Australian Services for Survivors of Torture & Trauma |
| Dr Michael Dudley | Suicide Prevention Australia (Co-opted) |
| Assoc. Prof. Nicholas Procter | Australian and New Zealand College of Mental Health Nurses (Co-opted) |

Outputs

At the end of the initial period, it is expected that the sub-group will contribute to the following outputs:

1. Recommendations for the appropriate use of existing mental health screening and assessment tools for different cultural groups in immigration detention environments and, if necessary, identification of alternatives.
2. Development of 'identification markers' that may indicate risk or presence of mental health conditions, with a special focus on pre-existing risk factors and high risk conditions for people detained for longer periods. This output will include high level recommendations on how information elicited through identification marker-based screening should be acted on.
3. Evaluation of existing guidelines, and a needs assessment, for the identification of torture and trauma survivors and their mental health needs.
4. Review of barriers to the provision of mental health services to people in detention.
5. Review of protocols for the provision of mental health care to people in immigration detention, including the use of management units.
6. Recommendations for reducing risk factors and supporting mental health promotion in the immigration detention environment.
7. Recommendations for protocols to be followed by Compliance Officers when there are indications that a client may be experiencing a mental health problem.