

# Detention Health Advisory Group

Report against 2006-2007 Work Programme

March 2007





# Executive Summary

This document provides a report on the activities and impact of the Detention Health Advisory Group (DeHAG) during the first year of its operation, from March 2006-March 2007.

During the first year of operation, the DeHAG has contributed to a number of significant initiatives aimed at assuring the standard and quality of an appropriate level and range of physical and mental health care, also looking at specific issues relating to improving data collection and achieving a more open and accountable reporting capacity.

These initiatives have included:

- Development of the Detention Health Framework: the creation of a quality improvement system that specifies the range, level and standard of health and mental health care available to people in all forms of immigration detention.
- Development of Health Standards for use in Immigration Detention Centres. In conjunction with the Royal Australian College of General Practitioners, a set of health standards has been produced that providers of health services in Immigration Detention Centres will be required to meet.
- Development of a Detention Health Data Set that will provide information about the demographic characteristics of people in immigration detention, their health status and utilisation of health services. The data set will help inform the development of improved and targeted health services for people in immigration detention.
- Review of the Suicide and Self Harm Instrument and Protocol used in Immigration Detention Centres. The current instrument and protocol are under review to ensure that it is still effective following implementation of a suite of immigration detention reforms.
- Additionally, two DeHAG sub-groups have been formed, an Infectious Diseases Sub-Group and a Mental Health Sub-Group.

The DeHAG was convened for an initial period of two years. In its second year DeHAG will work to consolidate the substantial projects and policy development undertaken during the first 12 months.

During the period covered by this Report, DeHAG members visited immigration detention facilities in Sydney, Melbourne, Port Augusta, and Perth as part of their meeting schedule. These visits will continue during 2007 with visits planned for Darwin, Brisbane and Christmas Island.

## Foreword

Health issues – particularly mental health issues - have been at the core of much of the controversy that has swirled around Australia’s immigration detention system and have been the basis for serious, and often justified, criticisms of that system. The criticisms have come from multiple quarters, including advocacy groups, academics, the media, HREOC, the Commonwealth Ombudsman, and most notably in the Palmer and Comrie inquiries.

The Immigration Detention Advisory Group (IDAG) recommended some time ago that a Detention Health Advisory Group be established. In her announcement of the establishment of the DeHAG early in 2006 Senator Vanstone (former Minister for Immigration and Multicultural Affairs) presented the DeHAG as a “major initiative to enhance health care for immigration detainees and respond to Palmer Report recommendations... [This] initiative sets the direction for the health care of detainees and reinforces my department’s commitment to the change process.”

In this document the DeHAG reports on its activities over the first year of its operation. Much has been achieved and the DeHAG has made a substantial contribution to the development by the Department of new approaches to the provision of health care to immigration detainees, all in a context of very rapid change. This has included work on the Detention Health Framework; the development of a quality improvement system that includes health standards and attention to health data collection, analysis and reporting; a process for reviewing suicide and self-harm protocols; the establishment of a dental services protocol; an exploration of the potential value of providing access to traditional Chinese medicine; and contributing to policy on infectious disease and public health issues. Two DeHAG sub-groups have commenced work, an Infectious Diseases Sub-Group and a Mental Health Sub-Group.

The fact that significant progress has been made in a relatively short time is testimony to the commitment of the Department to continue the process of reform that has been so ably led by the Secretary; the close support of the DeHAG by the Assistant Secretary, Detention Health Branch; and the excellent support provided by the DeHAG Secretariat led by the Director, Stakeholder Engagement Section, Detention Health Branch. The members of the DeHAG, who have a wide array of technical skills and experience and a commitment to the well-being of immigration detainees, have worked together in a sustained and effective manner.

Over the next year the DeHAG looks forward to the implementation and evaluation of a number of the new arrangements that have been developed during 2006, and to a continuing improvement in the systems that are necessary to ensure that the health of immigration detainees is protected and that, when health services are required, they are delivered in a timely and effective manner.

**Harry Minas**

**Chair**

**Detention Health Advisory Group**

## Background

The DeHAG is the department's key advisory group on matters concerning the design, implementation and monitoring of improvements in detention health care policy and procedures. The Group was convened in March 2006 and met every two months through the year. Chaired by Associate Professor Harry Minas, DeHAG is made up of nominees from some major health advisory and professional bodies. In addition, the Ombudsman's Office has observer status on the Group. A full list of DeHAG members is at Appendix 1.

The establishment of this committee represents a significant step forward in working in an open and accountable manner with key stakeholders to improve the general and mental health of people under the care of the Department of Immigrations and Citizenship (DIAC). 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 2006 DeHAG particularly focused on the development of the Detention Health Framework. The DeHAG have contributed significantly to policy issues which include the development of health standards and quality improvement, the improvement of health data and analysis, the development of a dentistry policy and guidelines and issues relating to the provision and evaluation of mental health training.

The DeHAG also visited Immigration Detention Centres and residential housing to consider how, as a group, they can best contribute to development of detention health policy. The DeHAG has two sub-groups, one focusing on mental health and another focussing on infectious diseases. The DeHAG also have a representative on the two DIAC Groups, the Health Services Delivery Group and the Detention Services Pandemic Planning Working Group.

The DeHAG endorsed a work programme in May 2006. This Report sets out progress against this work programme and indicates the likely consolidating activity that will occur in 2007.

Projects

# DeHAG Projects

## 1. Detention Health Framework

The Detention Health Framework provides the policy context of most of the DeHAG work programme. The Framework itself is being developed to specify the range, level and standard of health and mental health care to be provided to immigration clients in all detention situations. The Framework ensures that all detention clients have access to a full range of health services which are consistent with services available within the general Australian community. Consultation and finalisation of the draft Detention Health Framework is underway with completion expected in mid 2007.

The Detention Health Framework is based around the core principles of:

1. Providing a targeted health assessment process that is evidence based and utilises a risk management strategy;
2. Developing a set of clearly defined health care service standards for people in immigration detention that will be independently monitored and evaluated; and
3. The provision of appropriate health services which will be of a level consistent with that available in the Australian community and take into account the special needs of people in detention and the Department's duty of care.

Specific objectives during the development and implementation of a health service delivery framework are to:

- Outline an appropriate and targeted health framework across the spectrum of the **health continuum** (health promotion and prevention, early intervention, treatment, care and rehabilitation);
- Develop a **risk assessment** approach to health screening appropriate for a heterogenous detention population;
- Provide targeted care and management of physical and mental health problems for **individuals**;
- Provide people in immigration detention with **information** that describes the range and standard of health care they can expect when in immigration detention;
- Be based on a professional health and mental health service being separate from the Detention Services contract and inform the future provision of these services via a **tender** process;
- Provide a health service that can be independently **monitored and evaluated**; and
- Have a funding programme that is transparent and appropriate to providing access to a **defined** standard of health and mental health services.

## 2. Quality Improvement System

Development of a Quality Improvement System will progress after the implementation of the RACGP Standards for Health Services in Immigration Detention Centres. The Standards themselves are an important part of the quality improvement system and criterion 3.1.1 of the draft standards has specific requirements concerning using data for quality improvement purposes.

## 3. Standards

Recommendation 6.11 of the Palmer Report identifies as a priority the setting of national accreditation standards that all immigration detention health services will be required to meet. The development of health care standards in detention facilities fall under the responsibility of the Detention Health Branch.

In July 2006, the Detention Health Advisory Group (DeHAG) recommended that the Department progress the development of detention health standards based on the *Royal Australian College of General Practitioners Standards for General Practice*. The RACGP were engaged to develop detention health standards in October 2006.

Given that the focus of health servicing in detention relates mainly to primary care, the *RACGP Standards for general practice* provided a relevant and well developed source from which to derive health standards for immigration detention health facilities. The RACGP standards form the Australian benchmark for safety and quality in Australian General Practice.

The RACGP conducted a pilot and focus testing of draft detention health standards in January 2007. Following feedback from a number of stakeholders, including DeHAG, a final version of the detention health standards is expected to be endorsed by DeHAG at their meeting in Sydney on 11 May 2007.

While detention health service providers must currently comply with relevant laws, regulations and industry standards in providing health care, there has not been a defined set of quality standards specifically written for health services in immigration detention centres. The development of detention health standards aligns detention health services with the expectations of the broader community in terms of quality of health care.

The RACGP will also be advising the Department on a process for evaluation and accreditation of health service providers in Immigration Detention Centres, including the frequency of accreditation and evaluation.

#### 4. Data Analysis and Reporting

The DeHAG considered the limited nature of detention health data available and the difficulty in compiling records and providing an overview of the overall level of health of people in detention.

Members agreed to the Department's project outline to engage an independent organisation to undertake a research project to analyse current information on the characteristics of people in immigration detention, their health status, health service utility and unit cost. The research will analyse and code health records using an appropriate classification system, develop a detention health data set, and provide advice on how the data set could be used to derive information about the characteristics and health status of people held in immigration detention.

Following completion of an open tender process, a contract was signed with the University of Wollongong in January 2007 to undertake the project. A final report is due in December 2007. The project will proceed under appropriate ethics arrangements.

The outcome of this work will inform policy development coming out of the Detention Health Framework, particularly in understanding the diversity and needs of people in detention.

#### 5. Suicide and Self Harm Protocol

The Suicide and Self Harm (SASH) procedures currently used in immigration detention were originally developed as a tool for non-experts based in a corrections environment. As a result it tends to over-identify risk. The DeHAG endorsed the recommendation that a contractor be engaged to review the Suicide and Self Harm process and instrument.

Following advice from the DeHAG and the DeHAG Mental Health Sub-Group, a Statement of Requirement was developed with the aim of reviewing the current suicide and self harm instrument and protocol used in immigration detention facilities (Immigration Detention Centres, Residential Housing and Immigration Transit Accommodation) and advise on their effectiveness and any necessary refinement that may be required.

The review of the suicide and self harm instrument and protocol has been discussed by the Health Services Delivery Group and the organisation that undertakes the review will liaise with the current health service providers, the detention service provider and DIAC.

#### 6. Traditional Chinese Medicine (TCM) Pilot

Significant numbers of people in detention at Villawood Immigration Detention Centre (VIDC) are Chinese nationals and may have previously utilised TCM on a regular basis.

The issue of providing alternative therapies in Immigration Detention Centres has been considered by the IDAG. The Chinese Migrant Welfare Association has outlined to IDAG their support for a trial of TCM at VIDC. IDAG members have agreed that the DeHAG is the appropriate body to support work on this issue.

DeHAG members endorsed a proposal to undertake a trial of TCM at VIDC using a model that involves a general practitioner experienced in TCM.

The detention health service provider has engaged a general practitioner with experience in TCM to work at VIDC and, as clinically indicated, provide TCM. A report on the access and utilisation of TCM at VIDC will be provided after six months and will be considered by DeHAG and the Health Services Delivery Group. The report on the pilot will also be provided to IDAG.

## 7. Dentistry Protocol

The Department requested that the DeHAG consider a dentistry policy in the context of ensuring fair and reasonable access to appropriate services for the different groups that come into immigration detention, whilst ensuring that such provision is consistent with Australian Community Standards.

At the September 2006 meeting, the DeHAG members considered a paper developed by Dr Paul Kotala (the Australian Dental Association nominee), outlining a proposal to achieve this. Members endorsed an agreed policy and it was referred to the Health Services Delivery Group who discussed it in the context of the current IHMS dentistry guidelines.

The dentistry policy and guidelines are now being updated to ensure consistency particularly in relation to the first dental assessment, which will occur at six months, with follow up appointments occurring routinely at twelve months or earlier if so recommended by the dentist. If a client presents with acute oral pain earlier, they will be reviewed.

## 8. Other Issues

During the first twelve months, DeHAG members visited the following immigration facilities:

July 2006 – Villawood Immigration Detention Centre and Immigration Residential Housing

September 2006 – Maribyrnong Immigration Detention Centre and the site for the proposed Melbourne Immigration Transit Accommodation

November 2006 – Baxter Immigration Detention Centre and Port Augusta Residential Housing

March 2007 – Perth Immigration Detention Centre and Perth Immigration Residential Housing

The planned schedule of DeHAG visits for 2007-08 is:

Meeting date	Visit planned to
May	No visit planned
July	Northern IDC, Darwin
September	No visit planned
November	Brisbane Immigration Transit Accommodation
March	Christmas Island

## DeHAG sub-groups

In November 2006 DeHAG agreed to set up two time limited sub-groups. The two sub-groups are:

- An Infectious Diseases Sub-Group. The aim of the sub-group is to address issues relating to infection and pandemics. The Sub-group's members are nominated by DeHAG. They include: the Public Health Association of Australia; the Communicable Diseases Network of Australia; the Australasian Society for Infection Diseases; the Australian Infection Control Association; and the Northern Territory Department of Health and Community Services.
- A Mental Health Sub-Group. The aim of the Sub-group is to specifically look at mental health issues. The Sub-group's members are nominated by DeHAG. They include: the Royal Australian and New Zealand College of Psychiatrists; the Mental Health Council of Australia; the Australian Psychological Society; Forum of Australian Services for Survivors of Torture and Trauma; Australian Medical Association); Australian and New Zealand College of Mental Health Nurses; and Suicide Prevention Australia.

## Health Services Delivery Group

- DeHAG has a representative on the Health Services Delivery Group. The Group aims to provide a direct avenue of communication between the department, the detention service provider and the health service providers to discuss development, delivery and management of health services to people in immigration detention facilities. Meetings are held every six weeks.

DeHAG is also represented 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 Working Group includes representatives from the detention service provider; health service providers and departmental representatives.

## Future Directions 2007

The DeHAG was convened for an initial period of two years. In its second year the DeHAG will work to consolidate the substantial projects and policy development undertaken in 2006.

Implementation of the detention health framework will include:

- finalisation and implementation of the RACGP standards;
- finalisation of a detention health data set;
- report on the Traditional Chinese Medicine pilot at Villawood Detention Centre;
- implementation of dentistry protocol and guidelines;
- completion of the review of the suicide and self harm instrument;
- continuation of site tours to detention facilities.

# Appendix

## Detention Health Advisory Group (DeHAG) membership

Member	Nominating Organisation
Associate Professor Harry Minas (DeHAG Chair)	Immigration Detention Advisory Group (IDAG).
Dr Choong-Siew Yong	Australian Medical Association (AMA).
Dr Leanne Rowe (March to October 2006)	Royal Australian College of General Practitioners (RACGP).
Dr Gillian Singleton (from February 2007)	Royal Australian College of General Practitioners (RACGP).
Ms Amanda Gordon	Australian Psychological Society (APS).
Mr Jorge Aroche	Forum of Australian Services for Survivors of Torture and Trauma (FASSTT).
Professor Ian Hickie	Mental Health Council of Australia (MHCA).
Dr Tim Lightfoot	Victorian Health Promotion Foundation
Dr Louise Newman	Royal Australian and New Zealand College of Psychiatrists (RANZCP).
Ms Sandra Eager	Royal College of Nursing Australia (RCNA).
Prof Anna Whelan	Public Health Association of Australia (PHAA).
Dr Maxine Whittaker	Public Health Association of Australia (PHAA).
Dr Paul Kotala	Australian Dental Association (ADA).
Ms Mary Durkin	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.

The Detention Health Advisory Group will convene for an initial period of two years with an opportunity for members to review their position on an annual basis.

