

The Detention Health Advisory Group (DeHAG)

Submission to the Joint Select Committee on Immigration Detention

10th August 2011

Introductory comments

Thank you for extending to us this opportunity to contribute to the debate on immigration detention in Australia. The Detention Health Advisory Group (DeHAG) has been providing advice to the DIAC on the design; implementation and monitoring of detention health care policy and procedure since 2006. We are an independent group of health experts who represent key Australian health and mental health professional and consumer group organisations. The Council for Immigration Services and Status Resolution (CISSR) who are the key independent ministerial advisory group on immigration detention has a representative and the Ombudsman's office has observer status on the group.

The professional organisations, which we represent, oppose mandatory restrictive detention, particularly of vulnerable individuals including children and survivors of torture and trauma. This policy clearly conflicts with each of our professional code of ethics. We will continue to promulgate the evidence regarding the negative health consequences of restrictive detention on vulnerable individuals, and of prolonged detention on all, as well as on the staff who work in these centres.

It is clear that the immigration detention environment has changed dramatically over recent years. It is widely recognized that there has been a significant increase in the number of irregular maritime arrivals (IMAs) in detention centres. This 'surge' in numbers should be kept in perspective by acknowledging the fact that this subgroup of people seeking protection make up only 2.9% of Australia's permanent migration and humanitarian immigration intake per year.. The UNHCR has determined that four-fifths of the world's 15.4 million refugees are hosted by developing countries.¹

Unfortunately the past year has seen individuals spending increasing lengths of time in detention compared to previous years due partly to prolonged processing times. Many detention centres and alternative places of detention are in remote locations with subsequent difficulties accessing specialized health and legal services. These factors when coupled with increased rates of refusal of protection applications and the large population in detention appear to be contributing to outbreaks of violent unrest, self-harm and a tragic increasing tally of successful suicides. Inadequate staff training in the provision of psychological support and inadequate access to meaningful activities for individuals in detention, undoubtedly also contributes to these occurrences.

The Federal Government has recently finalized an agreement with Malaysia to accommodate any irregular maritime arrivals in exchange for 4000 individuals who have been granted refugee status. This policy will clearly change the immigration detention environment. Negotiations are currently underway with other neighbouring countries to allow offshore processing of irregular maritime arrivals some of whom are not signatories to the United Nations Convention Relating to the Status of Refugees. The DeHAG has significant concerns about this proposition particularly regarding the transfer of unaccompanied minors into uncertain situations.

¹http://www.unhcr.org.au/unhcr/index.php?option=com_content&view=article&id=218&catid=35&Itemid=63 June 2011

We have attached the history and achievements to date of the DeHAG and its subgroups, namely the mental health, infectious diseases and community and public health subcommittees for your information in Appendix One.

Impacts of detention on health

The DeHAG advised the DIAC to commission research into the long-term effects of detention on the mental and physical health of detainees. This quality piece of research by the University of Wollongong correlated long-term detention with negative psychological and physical health impacts on detainees. This evidence supported the DeHAG's role in advocacy for promoting alternatives to immigration detention and improvements in processing times. There is also a growing body of evidence of the negative impact of parental distress and restrictive environments on children's health and wellbeing.

Since this research was commissioned we have seen children detained albeit in alternative places of detention, some of which are highly restrictive and individuals detained for increasing lengths of time. There are currently over 4000 individuals in immigration detention centres across Australia. There are currently 2017 individuals who have been in immigration detention for over 12 months, 1400 of these are awaiting Independent Merits Review(IMR).

Expert opinion clearly states that detaining individuals who are vulnerable such as children and those who have been exposed to previous torture and traumatic events will be detrimental to their mental health. Research has previously found high rates of major depression, anxiety and trauma related conditions in detention and the DeHAG is concerned about the prescription of significant amounts of psychotropic medications to the detainee population. According to anecdotal evidence provided by torture and trauma specialists detention clearly amplifies preexisting mental health pathology. There have been reports of detainees being used to interpret for fellow detainees who have attempted suicide or self-harming when interpreters are not available. Such experiences may clearly trigger psychological consequences of previous traumas.

Appropriateness of immigration detention facilities

The increasing numbers of irregular maritime arrivals over the past 2 years in the context of the current legislation has led to demand on immigration detention facilities. Facilities have opened offshore on Christmas Island as well as in a number of remote locations around the country and in urban centres. The majority of individuals and families arriving by boat are originally from Iraq, Afghanistan, Iran and Sri Lanka. These people have often experienced trauma and torture in their countries of origin and oftentimes hardship during their journey to Australia. Many of these individuals have complex health care needs particularly regarding mental health pathology.

As a general rule, placing individuals with complex health care needs in remote environments, disconnected from society and tertiary referral centres and for prolonged periods of time is clearly not beneficial for their mental or physical health. The importance of meaningful activity cannot be emphasized strongly enough and structures to encourage such activity should be seen as being essential to promote mental well being and to possibly reduce the incidence of violence, self harming and suicide. It should be noted that separating individuals from their families and from normal social interactions for prolonged periods is clearly also a risk factor for psychological health problems.

Alternatives to restrictive detention

The current model to place vulnerable individuals such as families with children, unaccompanied minors and individuals who have experienced torture and trauma into less restrictive forms of detention such as the community detention model are to be recommended within the current mandatory detention legislative framework.

There is a clear need for quality research into the health outcomes of the use of this model as opposed to more restrictive forms of detention. Such data would be extremely useful in supporting this model, which is also likely to be economically more efficient.

For community detention to be effective a number of structures need to be in place. These structures include the availability of clear contracts with community service providers to ensure robust and quality provision of health services and screening, clear and efficient communication between service providers including health professionals, NGOs and DIAC. Most importantly, timely transfer of health information is essential to ensure that individuals with complex care needs are followed up efficiently upon transfer into community detention.

Risk minimization in mandatory detention

Research has correlated the association between prolonged detention and adverse mental and physical health outcomes. The recent increase in violence, self-harming and suicide attempts appears to support this. Overcrowding of centres may also increase the risk of adverse outcomes.

The DeHAG clearly opposes the concept of restrictive mandatory detention however we do believe that improvements in service provision are possible under the current legislative framework. We support the following;

Mental well being promotion

The promotion of mental well being of clients who are detained through the provision of meaningful activities which may be in the form of;

Creative activities, sports, skills development, school or playgroup attendance for children and parents, external excursions &/or the ability to worship in their faith is vitally important. Systemization of the provision of meaningful activities for clients in the immigration detention environment is crucial rather than the 'ad-hoc' provision of activities as has been in practice to date.

Allowing appropriate autonomy is also important including the ability to prepare meals and manage their own medication if deemed safe.

Regular communication as to the progress of clients' refugee status claims is another important step in promoting well-being. It is important to reduce uncertainty as much as possible, and allow those in detention the opportunity to exercise when that is possible. Ideally all stakeholders' efforts should be focused on promoting resilience in clients to enable them to cope with either

positive or negative outcomes to their applications. A cohesive approach to management of clients is imperative as well as enabling clients to develop skills to smooth the transition into the Australian community or alternatively onto their country of origin or third country on discharge from detention.

Adequate mental health screening, psychological support programs and staff training

- The importance of implementation and review of effective mental health screening and psychological support approaches to reduce risk of suicide and self-harm and the necessity of training all detention staff in the provision of this psychological support at their induction into the workplace.
- The DeHAG has raised concerns about the number of staff currently trained in appropriate use of psychological support interventions and we have expressed concern about staff capacity to implement current policy such as the PSP (Psychological Support Policy). Further we are concerned about the apparent lack of understanding of the psychological distress that can motivate behavioral dyscontrol and protest. We oppose the use of solitary confinement and so-called behavioral management units, which do not appear to have any mental health review and will potentially increase risk of self-harm and suicidal ideation.

Quality health service provision

There are a number of structures, which need to be in place to ensure that the provision of health services is of a high quality to minimize risks. These factors include;

- The DeHAG contributed to the creation of the Detention Health Standards, which were released in 2007. This document outlines the structures required to provide quality health services. Unfortunately there remains a need for a formal accreditation process against the Detention Health Standards. As the population within detention centres has changed significantly since this time there is a need for review of these standards to incorporate recent changes in policy and to acknowledge the contribution of all staff within immigration detention centres to the psychological well being of clients.
- Evidence based, quality health screening with provision of appropriate follow up and vaccination programs.
- Maintenance of a comprehensive and good quality health record which includes the ability to download pathology and radiology results, write referral letters and has adequate recall systems. Client information must be identical to that in the detention service provider and the DIAC files to minimize the risk of loss of health information with the subsequent risk of adverse health outcomes.
- Ensuring that rigorous contracts are in place with all providers of health services to clients within the detention environment. These contracts should include the vital importance of quality, efficient communication between providers and regular case conferencing. This is not occurring as a matter of course currently particularly with providers of torture and trauma counseling with subsequent difficulties with doubling up on assessments of individuals and thus inefficient use of health resources.

- Ensuring public health issues at each location are defined and addressed including water and sanitation, vector management, disaster response plans, exposure to weather extremes, food safety and variety, major endemic diseases and immune status of detainee populations to those endemic infectious diseases

Expansion of current network of immigration detention centres

The current agreement with Malaysia is likely to mean that the number of irregular maritime arrivals will reduce over coming months. Expansion of the network of IDCs is therefore unlikely to be required. The DeHAG supports the downsizing of the more remote centres such as Christmas Island, Scherger and Curtin to enable clients with complex care needs to access services more readily.

Incident response policies

The current immigration detention population is generally at risk of increasing incidents of violence, self-harm and suicide attempts due to prolonged periods in detention, increasing numbers of negative IMR decisions and overcrowding. Unfortunately we have already begun to see these patterns of crises arise at significant economic and psychological cost to both clients and staff.

It is imperative that there is adequate flexibility within the provision of services to this population to enable services to be increased as needed. As an example the increased provision of psychological services, particularly torture and trauma counselling and interpreters is clearly necessary after 'outbreaks' of self-harm in centres. There have been many reports of clients who are often themselves the victims of previous traumas being used to interpret overnight for clients in IDCs who have attempted suicide or self-harm. This practice is obviously inappropriate for a number of reasons, for example the risk of re-traumatisation of clients who have previously been exposed to trauma in their countries of origin and the possibility of their perceived collaboration with the detention services provider placing them at risk from other clients.

Destruction of property and threats or actual physical assault occur on a regular basis in the restrictive detention environment and can reflect frustration as well as serious psychological distress. The DeHAG is concerned that not all people who are psychologically unwell are identified and properly assessed from a psychological point of view. It is also important for clients to be made aware of the consequences of willful damage or assault which is now likely to prevent them from obtaining protection in Australia.

Provision of adequate onsite debriefing and counseling for staff is also clearly important in situations of crisis to ensure that staff are adequately supported in their demanding roles.

Staff

Training and ongoing professional development

Effective psychological support approaches are critical to reduce the risk of suicide and self-harm and it should be considered a necessity that all detention staff are trained in the provision of this psychological support.

Health service staff should be provided with the resources, which they need in order to provide a good quality of care to clients. This includes access to information resources such as guidelines for health care as well as necessary equipment, pharmaceuticals and regular debriefing and mentoring with colleagues.

Occupational health and safety concerns

Importance of ensuring ready access to debriefing and psychological support including on site counselors as required is essential for staff working in the detention environment as they deal with clients who are often highly distressed. Provision of a safe working environment for staff including access to duress alarms and ease of egress from situations where their welfare is threatened is imperative.

Adequate staff complaint management structures

Concerns have been raised about the lack of consistent capacity of staff to be supported to practice independently using their clinical expertise and therefore to ensure quality provision of health care to clients in detention which is comparable to that accessible in the community. This should be considered in the appropriate context in that many individuals in detention have very complex psychological and physical health needs which may require more intensive use of health services than would be expected in the general community. The DeHAG would recommend that such clients have their needs accommodated.

Health practitioners should be enabled to use their clinical judgment and have this respected by other agencies. Frustrations have been expressed by some practitioners about difficulties accessing necessary medications, spending the necessary time with clients or having their opinions on necessity of client transfer to other sites close to tertiary referral centres acted on. In such settings it is clearly important for agencies to communicate and provide feedback on reasons for delays or lack of access to therapies which are deemed to be necessary.

It is important for staff to have the ability to have their complaints heard by the health services manager and if sufficient resolution is not achieved then further escalation should be available to ensure that obstacles preventing provision of quality health care and practitioner independence are minimized.

Agencies

Principles regarding use of private providers

The use of private providers in provision of detention health services is unfortunately fraught with difficulties. Robust contractual arrangements are imperative however providers need to be flexible to cope with changes in detention population demographics. External review processes overseeing the functionality of private providers is essential to ensure adequacy of safe and quality service provision.

Interactions between agencies

As mentioned previously effective communication between agencies providing care to clients is imperative to reduce the risk of harm and potential escalation of crises. We have previously elucidated the importance of all staff being aware of their role in promoting mental well being of clients and being able to provide psychological support as needed. The implementation of PSP training aims to foster the 'team approach' to client welfare through training staff from all agencies together is an approach which should be applauded.

Compliance with detention values

The DeHAG strongly believe that the current immigration detention system does not broadly comply with the Detention Values. The detention of children in 'alternative places of detention' is still a form of restrictive detention. This is a practice which our group is fundamentally opposed to. The detention of children in restrictive environments should be avoided.

We applaud the Minister's decision to move families with children and unaccompanied minors into community detention in preference to APODs within the current legislative framework. The DeHAG acknowledges the significant resources which have been invested in creating a community detention model which is robust however we would prefer the use of other more empowering community based models which enable for example choice of place of residence, work rights for parents and choice in access to quality health care.

Unfortunately increased processing times and the large numbers of clients in detention in recent years has lead to clients spending significant amounts of time in restrictive detention. The evidence regarding negative impacts on physical and psychological health are well recognised and thus review of delays to processing needs to be implemented. It has become apparent that over 60% of RSA negative decisions are overturned.

The DeHAG recommends an urgent review of the current Refugee Status Assessment Process to ensure that assessment structures are robust and comprehensive and therefore minimise the risk of errors, which will lead to individuals spending unnecessary amounts of time in detention potentially at great cost to their psychological and physical health.

The DeHAG considers that the risk of clients in the community setting absconding whilst their case is under review is minimal. The DeHAG has observed that asylum seekers have a fundamental interest in their own compliance until a final decision is made on their protection application. Evidence from community based programs such as the ASAS (Asylum Seeker

Assistance Scheme) and the CAS (Community Assistance Support) program demonstrate that absconding is minimal and that when basic needs, including health needs, are met within a community setting clients can achieve better status resolution outcomes. On the whole, the risk of non-compliant behaviour amongst clients occurs upon receipt of a final decision that does not uphold their application for protection. At this stage there are established procedures in place through DIAC case management and the Assisted Voluntary Return (AVR) framework that can assess the risk of non-compliant behaviour and make appropriate decisions regarding client placement. This evidence stands in sharp contrast to the escalating incidence of self-harm incidents and engagement in non-compliant behaviour such as destruction of property, within a long-term detention setting.

Economics of mandatory detention compared to alternative options

A balanced analysis of the economic costs of alternative forms of management of individuals seeking refugee status, needs to incorporate the potentially debilitating consequences of long term detention on client well being and future ability to enter the workforce. Unfortunately there is little data currently available on this subject however a significant amount of anecdotal evidence from health practitioners who see these clients is readily available as to this substantial cost.

The costs of immigration detention are significant however the current detention environment is not adequately resourced to minimize risks as outlined previously. To properly care for clients and to minimize the risk of psychological, physical and economic harm, improvements are clearly required which obviously increases financial costs.

Summary

The DeHAG does not support the policy of restrictive mandatory detention. We believe that people seeking asylum should not be detained, including in community detention, other than for the shortest possible time to ensure basic health and safety checks.

Within the legislative context of mandatory detention, the DeHAG supports the efforts of Minister Bowen and the DIAC to move vulnerable clients to community detention. Whilst this is an important step, there are likely to be many more clients who should preferably be processed in the community. For those who cannot be released for security or other reasons, a great deal more needs to be done to support detainees to minimize the risk of further violence, self harming and suicides as we have outlined throughout this submission.

Detention Health Advisory Group

Mission Statement

The aims of the DeHAG are to provide independent, evidence-based expert advice regarding health and health care to the DIAC in relation to design, implementation and monitoring of detention health care policy and procedures.

The professional organisations which we represent oppose mandatory detention particularly of vulnerable individuals including children and survivors of torture and trauma and will continue to promulgate the evidence regarding the negative health consequences of detention on vulnerable people, and of prolonged detention on all.

Terms of Reference

The Detention Health Advisory Group will provide the Department with independent expert advice to design, develop, implement and monitor health and mental health care services and policies for people awaiting immigration status resolution;

- in all places of immigration detention
- in Community Detention (Residence Determination); and
- as holders of Bridging Visas whilst receiving support through the Department.

Specifically with reference to the people identified above, the DeHAG will provide expert opinion and recommendations regarding:

1. Design, development and implementation of policy for the provision of health (including preventative, public, dental and clinical) and mental health care.
2. Appropriate standards of health and mental health care for individuals and groups.
3. Appropriate monitoring, reporting and review processes for health services and public health environments and related information and data issues.
4. The nature and scope of potential research and data collection required to improve health outcomes and management of health care and public health conditions.
5. Specific issues relating to health and mental health through expert sub-groups including:
 - Mental Health
 - Community and Public Health

May
2011

Detention Health Advisory Group

History

- The Detention Health Advisory Group (DeHAG) was formed in 2006 in response to recommendations in the Palmer Report. The establishment of this committee represented a significant step forward for DIAC in working in an open and accountable manner with its key stakeholders to improve the physical and mental health of people under their care.
- The DeHAG consists of key health and mental health professional and consumer group organisations. The Council for Immigration Services and Status Resolution (CISSR) who are a ministerial advisory group has a representative on this group and the Ombudsman's office has observer status on the group.
- The DeHAG has been advocating, since its inception, for the health rights of asylum seekers and other individuals in immigration detention and has been working collaboratively with DIAC on a number of levels including the creation of the Detention Health Standards and development of important mental health policies including the Psychological Support Program and screening policies for survivors of torture and trauma.
- Members of the DeHAG, as representatives of professional organisations, are often in positions of conflict as they provide advice on the provision of health and mental health services to individuals who are in mandatory detention or on children who are detained. Mandatory detention and detention of children clearly conflicts with each of our professional code of ethics.

Achievements

The DeHAG's achievements include;

- 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 the DIAC's improved approach to health care for people in immigration detention.
- Significant input into the development of the Detention Health Standards.
- The DeHAG advised the DIAC to commission research into the long term effects of detention on the mental and physical health of detainees. This research by the University of Wollongong correlated long term detention with negative psychological and physical health impacts on detainees. This supported the DeHAGs role in advocacy for

promoting alternatives to immigration detention and improving processing times.

- A review of the Suicide and Self Harm (SASH) protocols deemed that these were clearly inappropriate and recommendations were made regarding changes to the management of individuals at risk of self-harm. This was referred to the MHSG to devise appropriate tools and revised management protocols which lead to the development of the Psychological Support Program (PSP) and improved mental health screening policies including screening for survivors of torture and trauma.
- The DeHAG provided a submission and presented to the Joint Standing Committee on Migration inquiry into immigration detention in Australia which was proceeded by significant positive changes occurring in immigration policy.
- The DeHAG have also provided specific advice and input into:
 - Detention Health Tender documentation.
 - Health Discharge Assessment Policy
 - Bullying and aggressive behaviour management guidelines

Sub-Committees

There are two current sub-committees;

- Mental Health Sub Group (first convened ?2008),
- Community and Public health Sub Group (first convened 2010).

The Infectious Diseases Subgroup was a time limited group which provided advice to DIAC on policy and on infectious disease mitigation strategies between 2006 and 2008.

Achievements of the Mental Health Subcommittee;

- Developing a 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 to enable the provision of specialized care to these individuals and avoid detention if at all possible).
- 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 the DIAC following 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 environments for improving mental health promotion in the immigration detention environment

Achievements of the Infectious Diseases Subcommittee

- 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.
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Achievements of the Community and Public Health Subcommittee

- Revision of HIV screening recommendations for detention centres.
- Development of Tuberculosis screening recommendations for detention centres.
- Development of Paediatric health screening recommendations.

Current challenges

The immigration detention environment has changed significantly since the DeHAG was first convened. There has been a significant increase in the number of irregular maritime arrivals (IMAs) in detention centres. The increasing lengths of time which individuals spend in detention, the large population in detention environments, many of which are in remote locations coupled with increased rates of refusal of protection applications are factors which appear to be contributing to outbreaks of violent unrest, self-harm and successful suicides.

The federal government is currently in the process of finalising agreements with neighbouring countries to allow offshore processing of irregular maritime arrivals some of whom are not signatories to the United Nations Convention Relating to the Status of Refugees. The DeHAG is fundamentally opposed to this proposition. The current challenges which the DeHAG view as important priorities to address in the near future are as follows;

- Offshore processing and subsequent uncertainties regarding health service provision.
- Increasing lengths of time and size of population in detention.
- Continued detention of families and children.
- The importance of development of effective psychological support approaches to reduce risk of suicide and self-harm and the necessity of training all detention staff in the provision of this psychological support.
- Problems with access to health services for clients transitioned into community detention and the importance of provision of accurate and concise health information for these clients and their community service providers.
- Need for review of routine screening in light of the change in immigration detention population.
- Need for accreditation against the Detention Health Standards and review of these standards to incorporate recent changes in policy and to acknowledge the contribution of all staff within immigration detention centres to the psychological well-being of clients.
- The importance of maintenance of a comprehensive health record for all clients who are in administrative detention and the provision of a

concise and accurate discharge summary when clients are transferred between facilities, into the community or onto their country of origin.

- The need for review of the Asylum Seeker Assistance Schemes and Community Assistance Scheme programs to ensure that clients in the community are not burdening providers of pro bono services unnecessarily and that individuals and families are being appropriately assessed and triaged to allow access to health care.