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Deputy Secretary,
Community and Detention Services Division
Department of Immigration and Citizenship,
Level 2, North Building,
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26th October 2011

RE: Medical Service Proposal – Psychiatrist – Mainland

Dear Michael,

IHMS has witnessed, in recent months, an increase in the need for mental health services for People in Detention. It is understood that this is due to several factors, namely, changing demographics of the detention population as well as increasing duration of stays in detention.

IHMS has worked closely with DIAC to improve mental health care services available to People in Detention; this has resulted in a model of primary mental health care services that is based on early identification of mental health problems, early intervention, case management and periodic review.

Given the increasing rate of the number of detainees being received and the high demand for psychiatric services whilst in care, it has become apparent that a more robust solution to the provision of these services is identified.

Whilst we have been able to meet the acceptable level of care at all times, the increasing surge in clients (particularly in remote locations) has placed stress on the limited network of providers and as such IHMS is proposing a more durable cost structure for this service. This initiative will allow IHMS better access to a pool of psychiatrists which will further enhance the delivery of this service. The use of psychiatrists to support the mental health care services is critical to support assessment of patients, to mirror standards and practice available to the public, and to ensure that complete mental health care services are available to People in Detention.

[REDACTED] so while our mental health team is well staffed and doing a fantastic job there are limitations on what they can do and require this support and specialist oversight due to the following reasons:

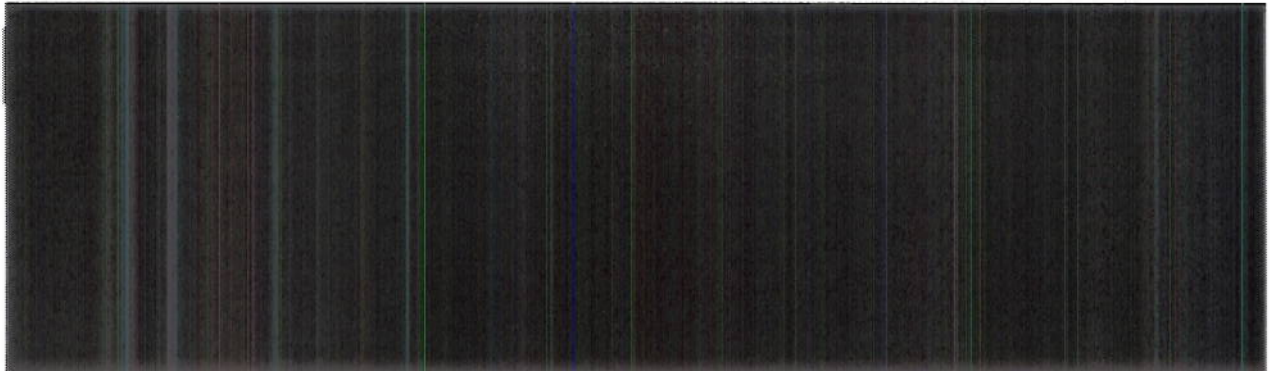
- An increasing number of clients that are prescribed psychotropic medications for extended periods. Although initially these are prescribed by general Practitioners a need for specialist review is necessary when treatment has a partial effect or no effect.
- An ever increasing number of clients with a T & T history with significant symptomatology (or due to other issues and are at higher risk for mental state deterioration) with limited coping strategies.
- An ever increasing number of clients who have been in detention for more than 18 months, as per the departments mental health's policy a review by a psychiatrist is suggested

The mental health team requires the clinical input and leadership of the psychiatrist to manage people with complex mental health problems which become more apparent the longer clients spend in detention.

The following sections provide an outline to the additions to our service.

Service Model

In addition to previous deployments of a psychiatrist to mainland sites for the period May 2011, September 2011 and October 2011; IHMS proposes the deployment of a psychiatrist to mainland sites to service requirements in accordance with '2.1 Monthly Staffing Costs for Psychiatrist - Mainland (Future Deployments)' effective for the period 1st October 2011 through to the expiry of the Health Services Contract in accordance with the following Table:



As there is a shortage of psychiatrists from within the national area health service, especially those willing to work on the rural and remote locations, it is our attention to deploy psychiatrists on or as near to the same dates per month and use the same psychiatrists subject to availability

Additional Pricing

All unit rates are priced on a daily basis. [REDACTED] so as to account for the time and wages of the visiting psychiatrist. IHMS anticipate that the Department will approve extended deployments (as per professional advice of practitioner) as and where required.

