SUBMISSION TO THE INQUIRY ON THE MIGRATION AMENDMENT (REPAIRING MEDICAL TRANSFERS) BILL 2019

I was employed on the Republic of Nauru as a Mental Health Social Worker by International Health and Medical Services (IHMS) from July 2016 – June 2017; providing mental health care to asylum seekers and refugees, both within the regional processing centers and in the community.

I was then employed by HOST International on the Republic of Nauru initially as a case manager then as a team leader from June 2017 – November 2018. Case management teams provided support to refugees with complex needs.

During my time, in both organisations, I provided support to people that experienced complex mental and medical health concerns, including accompanying admissions/presentations to the Republic of Nauru hospital (RON) and IHMS services at both settlement and regional processing center sites.

Admissions and/or presentations at the Republic of Nauru hospital were often repetitive with what appeared to be a substandard service of care, for example;

- Patients presenting with gastric complaints, self-harm injuries and viral infections such as tonsillitis being discharged without pathology, mental health assessments or further investigations completed – often with a takeaway pack of 6 paracetamol without follow up instructions.
- Medical staff frequently attempting to communicate with patients without the use of interpreters.
- Student nursing (high school students) staff completing observation of refugee unsupervised after admission for a suicide attempt.
- Mental health care from the Nauru psychiatrist was particularly difficult and would often result in the patient discharged home without assessment.
- On one occasion I witnessed a motor vehicle accident patient whom was diagnosed by IHMS as having a brain injury and multiple fractures being discharged to his module in the community with no follow up rehabilitation or discharge care plan in place. This patient declined for months, unable to tend to activities of daily living without assistance. Due to limited resources on island provisions such as showering, administration of medication and basic meal provision largely the responsibility of other refugees.
- Pregnant women whom have experienced female genital mutilation being examined without the use of interpreter and without an understanding of their birthing plan. This caused significant distress for the women and fostered a sense of fear about attending the hospital to birth their child, potentially placing both the woman and unborn child at risk.

Whilst IHMS appeared to provide better medical care, here was often friction regarding who was the primary clinician for the patient and what service was responsible for their care. This was complicated by patients having multiple records held in different places, a rotation of medical staff that had not read the history of the patient and a general sense that

patients were being bounced around for months on end. Referrals to RON specialist were often misplaced or not completed requiring patients to continually present and retell their stories to multiple staff. It was incredibly difficult for patients to receive information on their offshore medical request (OMR) status after approval had been verbalised by IHMS staff, this could go on for months before a change in medical staff or OMR policy resulted in them having to restart the process all over again. Over time this revolving door appeared to take a significant toll on their mental health, wellbeing and sense of hope. I frequently witnessed self-harm and expressed suicidal ideations of refugees and asylum seekers during my time on island.

Medivac law is vital to ensure that refugees and asylum seeker receive the medical care they require. In the example of the refugee that was involved in the motor vehicle accident in 2017, I have no doubt that if he had been assessed by medical staff, appropriate medical care and rehabilitation required would have been a provision in the discharge plan. Prior to the accident the refugee was an active contributing member of the community, employed on a fulltime basis and appeared to be well known, and liked, by staff and the local Nauruan community. By all accounts the refugee would have been considered high functioning; easy to engage, very little contact with staff for medical or mental health complaints. However, the refugee endured months of daily complaints of pain, an inability to mobilise which subsequently resulted in a decline in mental health. This refugee has now been approved for transfer under the medivac legislation, however, is still awaiting transfer.

For these reasons I recommend that the committee not support the repeal of the Medivac law.