

QUESTION TAKEN ON NOTICE

BUDGET ESTIMATES HEARING: 22 May 2006

IMMIGRATION AND MULTICULTURAL AFFAIRS PORTFOLIO

(211) Output 1.3: Enforcement of Immigration Law

Senator Webber asked:

- 1) In evidence to the Mental Health Select Committee Professor Whiteford testified that changes were to take place to the procedures for immigration detainees who were diagnosed with a mental illness. Can you outline for the Committee what procedure is currently operating?
- 2) Does this differ from the evidence provided to the Select Committee last October?

Answer:

1) (a) On entering any immigration detention facility, all detainees are screened by a trained nurse for evidence of physical and mental conditions. Where a mental health issue is identified by the nurse during the induction assessment, the individual is referred to a psychologist for further investigation and, as required, ongoing intervention. Detainee care plans which reflect the special needs of detainees are developed.

Mental health issues are not always immediately apparent at induction and the Detention Services Provider (DSP) trains staff working with detainees to be alert to the signs that a detainee may require further intervention. At any time a detainee can be reassessed for mental health concerns either through established self referral processes or through the referral of a treating or third party health professional. All such referrals are made to the onsite psychologist.

In the detention environment, mental health issues are managed in a multidisciplinary way. Detainees in each of the facilities have access to the on-site or on-call services of qualified medical practitioners, psychologists and counsellors who provide a range of treatment options. Psychiatrists either visit facilities or detainees are referred for external specialist treatment as needed. Other specialist health services are also accessed for broader health needs.

If a detainee care plan requires inpatient mental health treatment this is arranged through clinical pathways developed with public and private sector health providers. Admissions into and out of medical facilities including psychiatric hospitals are determined on the basis of clinical advice provided by psychiatrists. Clinicians make the decision regarding the admission, treatment and discharge of people under their care.

(b) In addition to the above mental health assessment and clinical management processes at each immigration detention facility an enhanced model for mental health care has been established at Baxter IDF. This includes a clinician rated Health of the Nation Outcomes Scale (HoNOS), a Mental State Examination (MSE) and a client rated Kessler 10 (K 10)

screen. All detainees who screen positive on these instruments are referred to a multidisciplinary mental health team (MDMHT) for diagnosis, the development of a specific mental health management plan and ongoing mental health care. This team comprises of representatives from a pool of mental health nurses, psychologists, senior counsellors, general practitioners and psychiatrists.

Those who screen negative can be reassessed at their own request, at the request of Detention Services Officers (DSOs), International Health and Medical Services (IHMS) and/or Professional Support Services (PSS) staff, at the request of DIMA or at the request of a third party. If not re-screened earlier, all detainees at Baxter IDF are re-screened at 90 days to ensure no person develops an undetected mental illness.

At Baxter IDF an Environmental Change Program is being implemented. This includes a focus on increasing activities for detainees within and outside of the Centre which is supported by the recent completion of new sporting facilities. Other work involves opening up the Baxter compounds, improving the front fence/gates, improving the visitor processing facility, providing a central cafeteria facility and improving the primary health care and mental health care facilities.

(c) The Department and Detention Services Provider (DSP) are undertaking a phased rollout and implementation of enhanced mental health services at facilities other than Baxter. To facilitate this roll out mental team leaders have been employed at each facility to oversight the development of a site specific mental health model. It is envisaged that the model for enhanced clinical mental health capacity and service delivery will be fully operational at all immigration detention facilities by the end of July 2006. A facility specific Environmental Change Program is currently being undertaken at each Immigration Detention Facility.

2) No, Professor Whiteford's evidence at the Select Committee in October 2005 reflects the enhancements to mental health care and service provision currently being implemented at Baxter and other Immigration Detention Facilities.