Department of Immigration and Border Protection

Immigration Detention Health Report
Quarter 3 - 2014

Onshore

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Jul – Sep 2014

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1. Executive Summary

The Immigration Detention Health Report is published on a quarterly basis and provides a summary of the health status of detainees in Australian Immigration Detention Facilities.

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo for the period 1 July – 30 September 2014. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team, Primary Health Manager, Mental Health Services Manager and IHMS Medical Directors.

This report does not include detainees who are placed in Community Detention (CD) or transferees at the Offshore Processing Centres (Nauru and Manus Island). Some data contained in this report is limited by the inaccuracy of location data received from the Department of Immigration & Border Protection (DIBP) which may affect rates of conditions that are reported at site level.

Most new arrivals into the onshore detention network this quarter have been compliance cases. The population this quarter has been stable with only one IMA boat arrival in the last three months. As per the previous two quarters, IHMS has been focused on providing sound primary health care to this stable population in line with RACGP standards with a focus particularly on screening and preventative activities.

IHMS continues to focus on the health care provided to the paediatric population in the detention network. Early detection and treatment of medical issues is crucial in the management of children and in this quarter IHMS has successfully completed the new universal screening program initiated in the previous quarter, completing the screening of nearly 100% of children in the onshore detention network.

This quarter has also seen IHMS continue its effective management of communicable diseases through its robust public health management program consisting of IHMS personnel on sites and also centrally in head office. This remains an important part of the health service that IHMS provides and serves as an important preventative measure for the potential spread of disease in the detention network and in the Australian community.

Definitions

Term	Definition
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDC	Immigration Detention Centre
IHMS	International Health and Medical Services
IMA	Illegal Maritime Arrivals
NSAID	Non-steroidal anti-inflammatory drug
K-10	Kessler Psychological Distress Scale
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
NOCC	National Outcomes and Case mix Collection
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Un-Accompanied Minor

2. Detainee Cohort Summary

An overview of the number of people in immigration detention facilities can be found using the below Department of Immigration and Border Protection (DIBP) website link:

http://www.immi.gov.au/About/Pages/detention/about-immigrationdetention.aspx?tab=3&heading=immigration-detention-and-community-statistics

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protection to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-10 years
Female 5-10 years
Male 11-14 years
Female 11-14 years
Male 15-17 years
Female 15-17 years
Male 18-45 years
Female 18-45 years
Male 46-65 years
Female 46-65 years
Male 66 years
Female 66 years

Length of stay data can also be found using the above DIBP website link.

Primary Health

3. Primary Health

3.1. Introduction

Primary Health Care is the provision of medical services by the medical professional with whom the patient has initial contact (DOHA, 2005). It is often referred to as the first line and the most important component of a health care system serving as the gateway to secondary and tertiary health care. Community general practice clinics are widely accepted as the cornerstone of Primary Health Care in a system comprising of community nurses, community allied health professionals and community dental practitioners. International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

IHMS has been contracted by the Department of Immigration to provide the primary health care service within the Australian detention network. The foundations of this health service are the fifteen onsite integrated multidisciplinary IHMS medical facilities located in each of the detention centres on mainland Australia and Christmas Island. The care is provided by an experienced team of primary health care professionals including IHMS General Practitioners (GPs), Registered Nurses (RNs) and Dental practitioners with support from a comprehensive network of allied health professionals. In response to the well recognised mental health burden in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network. This is reflected by the fact that mental health clinicians make up approximately one third of the total clinicians employed by IHMS.

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS particularly in the last 3 quarters as the detainee population has stabilised and the average length of stay has increased.

IHMS continues to work closely with DIBP to provide extended health services in remote locations such as Christmas Island to help alleviate some of the challenges of remote and rural medicine.

IHMS Visiting Specialists to Christmas Island in this quarter have included:

1) Sonographer

2) Physiotherapist

3) Optometrist

4) Obstetrician/Gynaecologist

5) Paediatrician

6) Orthopaedic Surgeon

7) Hepatitis Specialist

In a new initiative this quarter, a specialist team from Perth Hospital comprising of specialist hepatitis doctors and nurses visited Christmas Island in September to provide specialist infectious diseases consults for the detainees. This was the first visit by hepatitis specialists to Christmas Island, and its success encourages the continuation of this program in the future ensuring the optimal management of hepatitis affected detainees on the island.

IHMS also continued to increase its utilisation of tele-health this quarter in remote locations such as Christmas Island and offshore where clinically indicated. This has enabled clients to receive timely and appropriate specialist advice and assessment which is not usually available at these locations.

3.2. Consultations

Primary Health Care - Consultations Combined Mainland and Christmas Island (IDFs only)			
Q3 - Jul - Sep 2014			
IHMS Primary Health Care	**Total number of unique consults**	**Total number of unique persons seen by a clinician**	**% of total IDF population during Q3 2014**
GP	11,927	3,069	69.8%
Paramedic	816	251	5.7%
Primary Health Nurse	56,763	4,114	93.6%
Mental Health Nurse	17,236	3,100	70.5%
Psychologist	5,064	1,204	27.4%
Counsellor	7,514	1,504	34.2%
Psychiatrist	1,310	680	15.5%
Physiotherapist	160	64	1.5%
Total	**100,790**	**13,986**	

'Total number of unique consults': If a detainee presents to the clinic on different occasions (date and time) consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to a clinic once with multiple health issues, consultation will only be counted once.

The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.

Primary Health Nurse consults make up nearly 60% of all clinical consults in this quarter which is reflective of IHMS's nurse led model of care. Requests to see a health clinician is triaged by the primary health nurse who reviews the details of the request. The detainee is then provided with an appointment within 72 hours or earlier if appropriate. Detainees whose request has been triaged for a nurse consultation may be referred for a GP consultation where the nurses are unable to diagnose or provide the required treatment required at the nursing level.

A primary health nurse consult may include but are not limited to the following:

- Health induction assessments
- Patient consultation
- Administration of medications
- Pathology collection
- Regular physical and mental health follow-up consults
- Triage and referrals to internal and external health care providers
- Documentation in EMR as per IHMS Practice Guidelines

Primary Health Care Consultations – Unique Persons (IDFs only)				
Q3 - Jul - Sep 2014				
IHMS Primary Health Care	**Adult**	**Adult %**	**Minor**	**Minor %**
GP	2,508	67.8%	561	80.6%
Paramedic	158	4.3%	93	13.4%
Primary Health Nurse	3,434	92.8%	680	97.7%
Mental Health Nurse	2,572	69.5%	528	75.9%
Psychologist	879	23.8%	325	46.7%
Counsellor	1,269	34.3%	235	33.8%
Psychiatrist	570	15.4%	110	15.8%
Physiotherapist	61	1.6%	3	0.4%

92.8% of the adult population and 97.7% of the paediatric population in the detention network had a Primary Health Nurse Consultation recorded in the last quarter. These high rates are reflective of the intensive primary health screening and vaccination activities that IHMS conducted in this quarter as part of its primary health care service in the detention setting. This is also reflected in the GP figures with 67.8% of adults and 80.6% of minors having had a GP consult in this quarter.

3.3. Pathology referrals

Pathology referrals during Q3 Jul - Sep 2014 Mainland and Christmas Island		
Pathology Type	**No. of Referrals**	**No. of Unique Persons referred**
Full Blood Count (FBC)	1,428	740
Liver Function Test (LFT)	954	507
Urea Electrolytes (UE)	791	397
Glucose Tolerance Test (GTT)	85	50
HbA1C	201	101
Creatinine	110	48
Fasting Triglycerides	304	172
HIV (BBv)	474	292
Hep B	570	361
Hep C	582	369
VDRL (Syphilis)	461	291
Total number of unique persons that had a Pathology Referral	**1,386**	**32%**

The numbers in the table above do not include the routine pathology screening tests performed during the initial HIA process.

According to the table below, Full Blood Count (FBC) is the number one ordered pathology test by IHMS GPs in this quarter which is a similar result to the last quarter. This is in line with the referral patterns of Australian community GPs (BEACH Date, 2013) where FBC is also the number one test ordered by GPs in the Australian community.

Full blood count is a first line pathology assessment and provides a broad view of the multiple components of a detainee's blood. Where abnormalities are identified in the assessment of the blood sample this is a trigger for more targeted investigation and/or treatment and referral.

The high number of VDRL referrals is due to IHMSs routine screening in minors program which screens all minors entering detention where the parents have consented. This is best practice according to the RACGP guidelines and the Australian Society of Infectious Disease.

3.4. Allied Health referrals

Allied referrals				
Mainland and Christmas Island (IDFs only) Q3 - Jul - Sep 2014				
Allied Health Referral Type	**No. Referrals**	**GP Referral**	**Clinical Designations other than GP**	**No. unique persons (based on all designations)**
Dental	204	25	179	190
Physiotherapy	195	191	4	174
Optometry	199	107	92	182
Other	225	158	67	202
TOTAL	**825**	**481**	**344**	
Total number of unique persons to have an Allied Health referral	**621**	***% total IDF population during Q3**	**14.1%**	

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Table above indicates the number of referral letters, compared to the number of appointments made in Apollo (Q2), therefore, comparisons cannot be made with the previous quarters. IHMS will analyse any trends in future quarterly reports.

Dental, Physiotherapy and Optometry services are provided by IHMS through its vast collective of network providers. At some IHMS sites, these services are actually provided onsite as part of IHMS integrated primary care model. At other locations, detainees are transferred off site for their allied health appointment.

3.5. Radiology referrals

Radiology referrals - excluding HIA Mainland and Christmas Island (IDFs only) Q3 - Jul - Sep 2014					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage	
X-ray**	784	56.40%	443	54.40%	1. Chest 2. Spine - Lumbo-sacral 3. Knee (L) 4. Knee (R) 5. Abdomen
Ultrasound*	468	33.60%	279	34.30%	1. Abdomen 2. Pelvis (F) 3. Other 4. Obstetric 5 .Testicular
CT Scan*	70	5.00%	45	5.50%	1. Chest 2. Spine - Lumbar 3. Abdomen 4. Renal 5. Brain
MRI*	62	4.50%	43	5.30%	1. Periphery 2. Head 3. Abdomen
Mammography*	5	0.40%	2	0.30%	1. Plain Bilateral 2. Bilateral +/- Ultrasound
Bone Densitometry	2	0.10%	2	0.30%	1. Medically indicated 2. Screening
Total	1,391	100%	814	100%	
Total number of unique persons to have a Radiology test	**691**	**As % of total IDF population during quarter**	**16%**		

**Includes multiple SNOMED groupings.*

***Chest X-rays were excluded if they were conducted within 72hrs of the admission date.*

As in primary healthcare in Australia, chest x-ray remains the number one most referred imaging modality in the detention network.

From the table above, spinal x-ray remains the number two most referred imaging modality which is a similar result to the previous quarter. The RACGP through its proposed clinical indicators for general practice has suggested that there is room for improvement in this area in Australian GP practice with excessive spinal x-ray referrals for back pain by community and hospital medical practitioners where other management pathways are more clinically appropriate.

A good future clinical governance activity for IHMS in this area would be to conduct a clinical audit of spinal x-ray referrals made by IHMS, and to develop quality improvement education for our GPs where gaps may be identified.

3.6. Specialist referrals

Specialist Referrals	No. Referrals	GP Referral	Clinical Designations other than GP	No. unique persons (based on all designations)
Orthopaedics	86	85	1	74
Gynaecology and Obstetrics	65	65	0	59
General Surgery	60	59	1	56
Otorhinolaryngology	54	54	0	47
Gastroenterology	48	47	1	47
Emergency Department	37	36	1	34
Urology	32	32	0	29

Specialist Referrals	No. Referrals	GP Referral	Clinical Designations other than GP	No. unique persons (based on all designations)
Cardiology	27	27	0	23
Paediatrics	22	21	1	21
Audiology	21	20	1	17
Ophthalmology	21	20	1	21
Neurology	19	18	1	18
Internal Medicine	15	15	0	15
Allergy and Immunology	14	11	3	14
Infectious Diseases	12	9	3	11
Plastic, Reconstruction and Aesthetic Surgery	10	10	0	9
Demato-Venereology	7	7	0	7
Endocrinology	6	6	0	6

Specialist Referrals	No. Referrals	GP Referral	Clinical Designations other than GP	No. unique persons (based on all designations)
Neurosurgery	4	4	0	3
Psychiatry	4	3	1	4
Pneumology	3	3	0	3
Paediatric Surgery	3	3	0	3
Nephrology	3	3	0	3
Vascular Surgery	3	3	0	3
Physical and Rehabilitation Medicine	3	3	0	3
Emergency Medicine	2	2	0	2
Oral and Maxillofacial Surgery	2	2	0	2
Paediatric Respiratory Medicine	2	2	0	2
Paediatric Rheumatology	2	2	0	2

Specialist Referrals	No. Referrals	GP Referral	Clinical Designations other than GP	No. unique persons (based on all designations)
Paediatric Cardiology	2	2	0	1
Paediatric Infectious Diseases	1	1	0	1
Health Informatics	1	1	0	1
Occupational Medicine	1	1	0	1
Paediatric Haematology and Oncology	1	1	0	1
Geriatrics	1	1	0	1
TOTAL	**594**	**579**	**15**	
Total number of unique persons to have a Specialist referral	**386**	***% of total IDF population during Q3**	**8.80%**	

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

8.8% of the total IDF population was referred to a specialist this quarter which was a slight increase when compared to the last quarter. The number one specialty for referrals this quarter has been orthopaedics which is reflective of the fact that musculoskeletal related diagnoses ranks high amongst all diagnoses in this quarter. Gynaecology/Obstetrics remains the second most referred specialty which is a reflection of the heavy specialist involvement in pregnancy care.

3.7. Hospital admissions

Hospital Admissions		
Mainland and Christmas Island (IDFs only) Q3 - Jul - Sep 2014		
IDF Location	**Total**	***No. of individuals hospitalised**
Christmas Island	20	18
NSW	34	24
NT	111	88
QLD	32	22
SA	39	31
VIC	64	50
WA	29	20
Total	**329**	
Total number of unique persons that were hospitalised	**247**	**5.6%**

**An individual may be double counted if they attended hospital in different locations.*

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The NT remains the number one region for hospital admissions which is indicative of the fact that the majority of medical transfers from offshore locations, CI, Nauru and Manus are transferred to Darwin for specialist medical care. Darwin also has the most pregnancies in the detention network which contributes to the high number of hospital admissions.

In September, IHMS commissioned two of its specialist obstetricians to the Darwin region to analyse the antenatal care that is provided in Bladin and Wickham Point. The IHMS Obstetricians importantly met with the Royal Darwin Hospital Obstetrics department who provide a great service to the pregnant detainees in this region in conjunction with the onsite shared care that we provide. This visit has further strengthened relations with the Darwin hospital clinicians and in doing so, will only help to improve the quality of care provided to the pregnant detainees in Darwin.

3.8. GP/Psychiatrist Encounters by Health Groupings

Mainland and Christmas Island (IDFs only) Q3 - Jul - Sep 2014							
Health Groupings Q3 - 2014	**Number of Unique Diagnoses**	**Number of Unique Persons**	***% of total IDF population**	**Adult**	**Adult %**	**Minor**	**Minor %**
Psychological	3,076	1,080	24.6%	968	26.2%	112	16.1%
General Unspecified	2,437	1,408	32.0%	1,119	30.2%	289	41.5%
Digestive	1,749	906	20.6%	785	21.2%	121	17.4%
Musculoskeletal	1,658	858	19.5%	810	21.9%	48	6.9%
Skin	1,191	796	18.1%	567	15.3%	229	32.9%
Respiratory	1,060	640	14.6%	429	11.6%	211	30.3%
Endocrine / Metabolic & Nutritional	875	612	13.9%	358	9.7%	254	36.5%
Social	848	599	13.6%	499	13.5%	100	14.4%
Neurological	517	383	8.7%	352	9.5%	31	4.5%
Urological	494	343	7.8%	259	7.0%	84	12.1%
Genital	452	285	6.5%	260	7.0%	25	3.6%
Injury	451	282	6.4%	233	6.3%	49	7.0%
Eye	409	281	6.4%	250	6.8%	31	4.5%
Ear	394	222	5.1%	161	4.4%	61	8.8%
Cardiovascular	333	265	6.0%	253	6.8%	12	1.7%
Pregnancy / Childbearing / Family Planning	222	140	3.2%	139	3.8%	1	0.1%
Blood / Blood forming organs	151	129	2.9%	70	1.9%	59	8.5%

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The table above is a new table in the health data set and will continue to be produced for subsequent quarterly reports which will allow observation of future trends. The main addition has been the breakdown of data to display adults and minors separately to allow for identification of patterns and trends in these 2 different cohorts.

The above table indicates GP and Psychiatrist encounters only. This table does not include Psychologist or Primary and Mental Health Nurse encounters. One detainee may present for the same condition repeatedly over the quarter or be captured across multiple medical problems. Clinical coders capture two or more health problems in one encounter if relevant to that individual detainee.

In adults, apart from the 'General Unspecified' group, the top three diagnoses were psychological, musculoskeletal and digestive. This is broadly comparable to the Australian community according to BEACH data 2013.

In minors, apart from the 'General Unspecified' group, the top three diagnoses were endocrine/metabolic/nutritional, skin and respiratory. According to Australian figures from the recent dataset (2012), the levels of skin and respiratory diagnoses in the Australian GP setting is broadly comparable to the rates of diagnoses of these diagnoses in the detention population.

The Endocrine/metabolic/nutritional health grouping is a broad group of diagnoses consisting of 100 different related conditions. It would be interesting to break this grouping down in the next report to analyse any significant trends or patterns.

Paediatrics remains a key focus for IHMS with the provision of onsite Midwives, Paediatric and child health Nurses in centres where children are located. All children undergo routine developmental child health checks as per the guidelines in the respective states which they are located. These checks are conducted either by IHMS onsite child health Nurses/GPs, or community child health Nurses from local councils.

3.9. Primary Health Care Chronic diseases

Primary Health Care - Chronic Diseases Mainland and Christmas Island (IDFs only) Q3 - Jul - Sep 2014					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Age group by %	Minor	Age group by %	Grand Total
Arthritis	77	2.1%	0	0.0%	77
Asthma	51	1.4%	15	2.2%	66
Cancer	1	0.0%	0	0.0%	1
Cardiovascular	126	3.4%	7	1.0%	133
Chronic kidney disease	1	0.0%	0	0.0%	1
Depression	363	9.8%	25	3.6%	388
Diabetes	112	3.0%	0	0.0%	112
Oral disease	84	2.3%	7	1.0%	91

According to the data above, depression and cardiovascular disease are the two most common chronic diseases this quarter in the adult detention population which is similar to previous quarters as would be expected and similar to chronic disease patterns in the Australian community (AIHW 2008). Management of depression is again provided by the IHMS onsite mental health teams led by IHMS psychiatrists. The management of cardiovascular disease is led by IHMs GPs in conjunction with primary care nurses and allied health professionals.

Depression and Asthma are the two top chronic diseases recorded in the Pediatric population this quarter. Specialist IHMS child and adolescent psychiatrists and psychologists provide mental health care to our Pediatric population. A specialist Child and adolescent psychologist has been appointed this quarter in a dedicated senior management role to provide specialized leadership in the care of the Paediatric population.

IHMS continues to work on the implementation of automated management plans for cardiovascular disease and asthma in its Electronic Medical Record system. This will allow optimisation of the management of these conditions in the detention network.

Chronic Diseases by age grouping - Minors (0 - 17 years of age) Mainland and Christmas Island (IDFs only) Q3 - Jul - Sep 2014								
Chronic Disease	0 - 4 years	Age group by %	5-10 years	Age group by %	11-14 years	Age group by %	15 - 17 years	Age group by %
Arthritis	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Asthma	8	2.90%	5	2.30%	2	2.30%	0	0.00%
Cancer	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Cardiovascular	6	2.20%	1	0.50%	0	0.00%	0	0.00%
Chronic / kidney disease	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	1	0.40%	9	4.20%	5	5.70%	10	8.80%
Diabetes	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Oral disease	2	0.70%	4	1.90%	0	0.00%	1	0.90%

Chronic Diseases by age grouping Adults (18 - 66+ years of age) Mainland and Christmas Island (IDFs only) Q3 – Jul – Sep 2014						
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	53	1.6%	24	6.00%	0	0.00%
Asthma	41	1.20%	10	2.50%	0	0.00%
Cancer	1	0.00%	0	0.00%	0	0.00%
Cardiovascular	78	2.40%	47	11.80%	1	10.00%
Chronic / kidney disease	0	0.00%	1	0.30%	0	0.00%
Depression	333	10.10%	29	7.30%	1	10.00%
Diabetes	68	2.10%	42	10.60%	2	20.00%
Oral disease	77	2.30%	7	1.80%	0	0.00%

Primary Health Care - Chronic Diseases by gender Mainland and Christmas Island (IDFs only)				
Q3 – Jul – Sep 2014				
Chronic Disease ***(Categories taken from the Australian institute of Health and Welfare)***	**Female**	**% (Female)**	**Male**	**% (Male)**
Arthritis	24	2.2%	53	1.6%
Asthma	18	1.7%	48	1.4%
Cancer	1	0.1%	0	0.0%
Cardiovascular	27	2.5%	106	3.2%
Chronic kidney disease	0	0.0%	1	0.0%
Depression	146	13.7%	242	7.3%
Diabetes	33	3.1%	79	2.4%
Oral disease	13	1.2%	78	2.3%

Medications and immunisations

4. Medications

4.1. Medication usage in IDFs (Top 20)

Medication trends Jul - Sep 2014						
% of total population during Q3						
Medications	Total	*Total %	Adult	Adult %	Minor	Minor %
Simple analgesics and antipyretics	1,992	45%	1,621	44%	371	53%
Nonsteroidal anti-inflammatory agents	1,309	30%	1,206	33%	103	15%
Combination simple analgesics	865	20%	842	23%	23	3%
Hyperacidity, reflux and ulcers	552	13%	534	14%	18	3%
Antihistamines	498	11%	456	12%	42	6%
Penicillins	474	11%	358	10%	116	17%
Antidepressants	453	10%	435	12%	18	3%
Laxatives	316	7%	284	8%	32	5%
Expectorants, antitussives, mucolytics, decongestants	268	6%	257	7%	11	2%
Fat soluble vitamins	228	5%	91	2%	137	20%
Narcotic analgesics	224	5%	223	6%	1	0%
Anthelmintics	176	4%	25	1%	151	22%
Topical oropharyngeal medication	173	4%	150	4%	23	3%
Topical corticosteroids	159	4%	127	3%	32	5%
Topical nasopharyngeal medication	159	4%	126	3%	33	5%
Sedatives, hypnotics	150	3%	140	4%	10	1%
Antipsychotic agents	140	3%	134	4%	6	1%
Antispasmodics and motility agents	139	3%	134	4%	5	1%
Antianxiety agents	136	3%	133	4%	3	0%
Cephalosporins	127	3%	98	3%	29	4%

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Analgesia (including simple analgesia, non-steroidal anti-inflammatory and combination simple analgesia), hyperacidity and antihistamine medications are the top three prescribed medications in the detention network this quarter.

53% of minors in the detention population had received a simple analgesics and/or antipyretic such as Paracetamol in this quarter. In the Australian community, the main analgesic medications used in children are Paracetamol and Ibuprofen, and in general these drugs are safe and effective when used at their recommended dose. (Australian Prescriber, 2013)

Penicillin, a common antibiotic in the management of bacterial infections such as respiratory bacterial infections, is the next most common prescription in the detention network. There has been a big push in public hospitals and community GPs to decrease the usage of antibiotics due to the issues surrounding antibiotic resistance and the cost burden of overprescribing antibiotics. IHMS continues to monitor its onsite antibiotic supply list and encourages its GPs to prescribe as per the Australian therapeutics guidelines which have been made available to all IHMs clinicians on the IHMs intranet. There is always room for improvement in this area and IHMS will continue to monitor the rates of antibiotic usage within the network.

4.2 Medication usage by schedule

Medication prescriptions by Schedule Mainland and Christmas Island (IDFs only) Q3 – Jul - Sep 2014			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	828	3	2,017
S3	582	1	131
S4	3,794	413	1,680
S8	32	1	4
Unscheduled	1,773	11	485
Grand Total	**7,009**	**429**	**4,317**

The majority of prescribed medications fall into the S4 category which explains why this category has the highest number of GP prescriptions.

There are two ways in which medications are distributed. IHMS provides medications through face to face medication rounds and also through blister packs where the detainee can be supplied with up to two weeks supply of their prescribed medication.

According to the NSW Nurses' Association, "Nurse-Initiated medication is medication that is approved by a health care facility to be administered by a Registered Nurse, Endorsed Enrolled Nurse (EEN) or an accredited Enrolled Nurse (EN), or midwife without a medical practitioner's authorisation. Only Unscheduled, Schedule 2 and Schedule 3 medications may be included as nurse or midwife-initiated". Scheduled 4 and Scheduled 8 medications are not included in this list. This list of medications must be approved by the Drug and Therapeutic Guidelines Committee. Some examples of nurse-initiated medications include the following:

- Simple analgesics – Paracetomol
- Non-steroidal anti-inflammatory agents – Ibuprofen
- Indigestion – Mylanta
- Laxatives – Coloxyl
- Antihistamines – Loratidine

Verbal telephone orders are taken when a "medical practitioner is not present in person, and a medication order is given via telephone or facsimile" (NSW Nurses' Association). When taking an order over the telephone, one must be a registered nurse or midwife and the other may be an appropriate person, for example, an enrolled nurse (NSW Nurses' Association). The order must then be read back to the prescriber in figures and words (NSW Nurses' Association).

Department of Health - Scheduling – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

Source: *Scheduling Basics; http://www.tga.gov.au/industry/scheduling-basics.htm#.U87jAI2KDct*

4.3 Medication trends

Medication trends			
% of total population during Q3			
Medications	Jan - Mar 2014	Apr – Jun 2014	*Jul – Sep 2014
Penicillins	N/A	Not available	21%
Nonsteroidal anti-inflammatory agents	N/A	Not available	35%
Hyperacidity, reflux and ulcers	N/A	Not available	15%
Antidepressants	N/A	Not available	7%
Simple analgesics and antipyretics	N/A	Not available	27%
Narcotic analgesics	N/A	Not available	5%
Antihistamines	N/A	Not available	11%
Combination simple analgesics	N/A	Not available	20%
Sedatives, hypnotics	N/A	Not available	3%
Topical corticosteroids	N/A	Not available	4%
Antihelmintics	N/A	Not available	4%
Rubefacients, topical analgesics/NSAIDs	N/A	Not available	2.5%
Laxatives	N/A	Not available	7%
Topical antifungals	N/A	Not available	2.5%
Antiemetic's, anti-nauseants	N/A	Not available	2.6%
Topical nasopharyngeal medication	N/A	Not available	4%
Antipsychotic agents	N/A	Not available	3%
Cephalosporins	N/A	Not available	3%
Other antibiotics and anti-infectives	N/A	Not available	2.1%

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

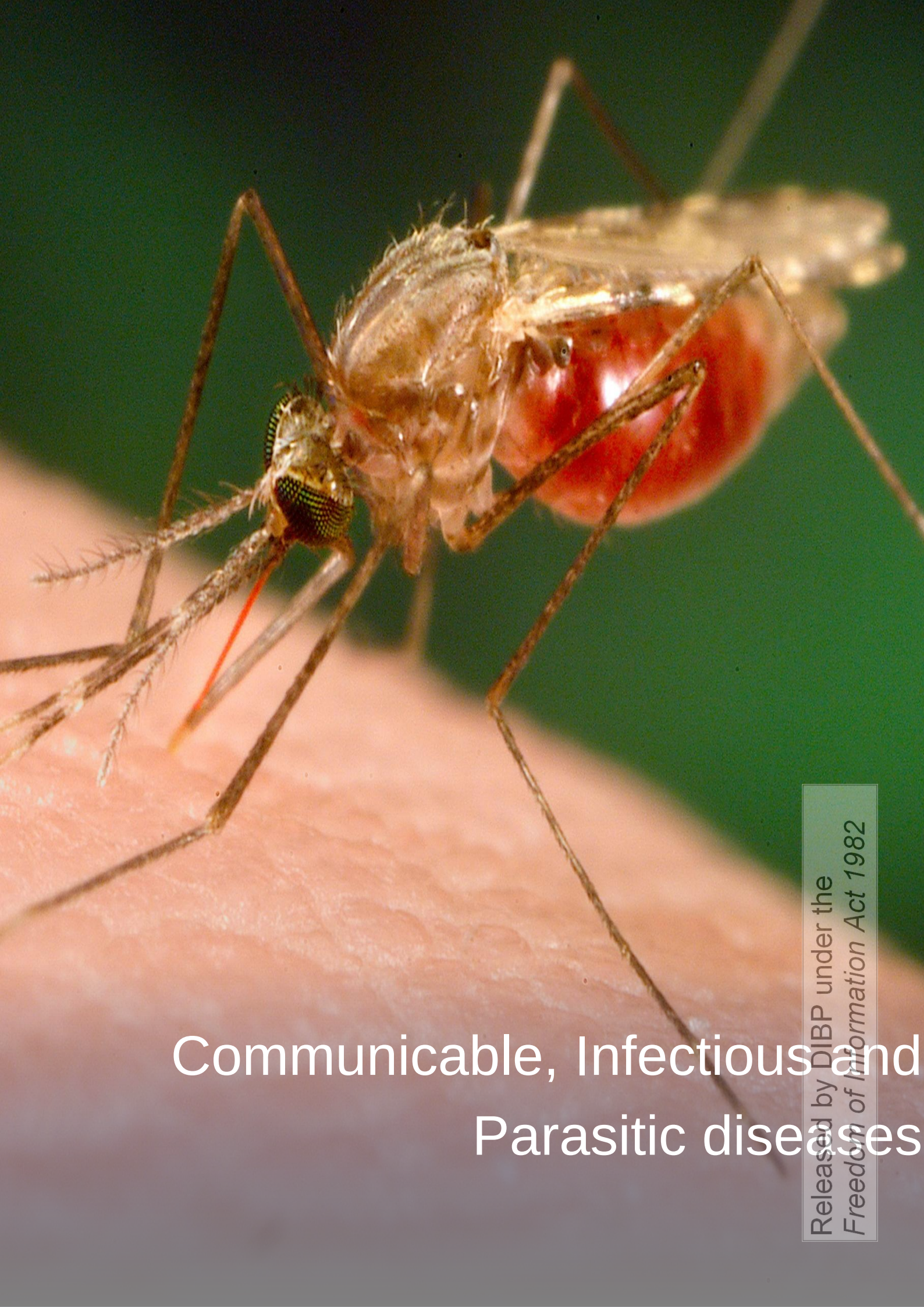
Medication trends will be discussed in the next quarterly health data report as figures from Q2 are not available.

5. Vaccinations administered by age group (Mainland and Christmas Island)

The 10th Edition of the Australian Immunisation Handbook was released in the second half of 2013 and further updated in January this year. This revision included a number of amendments to the vaccination procedures.

Onshore & CI Vaccinations administered - Q3 - 2014								
Vaccination	***0-4 years***	***5-10 years***	***11-14 years***	***15-17 years***	***18-45 years***	***46-65 years***	***66+ years***	***Total Vaccinations Administered***
VZV	3	3	8	4	346	20	0	384
MMR	12	6	1	2	296	15	0	332
Hep A	39	40	9	10	144	4	0	246
Hep B	2	21	10	27	543	44	1	648
MenCCV	3	2	1	1	262	16	1	286
Typh IM	0	1	0	0	0	0	0	1
dT	0	1	3	11	120	12	0	147
HPV	0	1	28	38	8	0	0	75
DTPa (up to 10 years)	86	66	1	0	41	3	0	197
Rotavirus	70	0	0	0	0	0	0	70
IPV	0	1	4	16	205	22	1	249
PCV	87	0	0	0	0	0	0	87
dTpa (11 years and over)	0	0	0	0	69	9	1	79
Jap E	0	0	0	0	59	1	0	60
Hib	0	0	0	0	0	0	0	0
23 PPV	0	0	0	0	1	0	0	1
Total	***302***	***142***	***65***	***109***	***2,094***	***146***	***4***	***2,862***

IHMS universal immunisation program is aligned with the Australian Immunisation schedule. The table indicates that the total number of vaccinations administered this quarter has decreased when compared to the last quarter. This is to be expected as the vaccination schedule is less intensive the further along that people move into their course of vaccinations.



Communicable, Infectious and Parasitic diseases

6. Communicable Diseases

6.1 Communicable, infectious and parasitic diseases (Mainland and Christmas Island)

Contagious (human to human, including Sexually Transmitted Infections)	IMAs (Q3) Adults	IMAs (Q3) Minors	Total IMAs (Adult and Minor)	Non-IMAs (Q3) Adults	Grand Total IMAs and Non-IMAs
Chickenpox	0	0	0	0	0
Chlamydia	3	0	3	0	3
Gonorrhoea	0	0	0	0	0
Hepatitis A	0	0	0	0	0
Hepatitis B (incl active and carrier states)	8	1	9	9	18
Hepatitis C	1	0	1	5	6
HIV	0	0	0	1	1
Measles, Mumps or Rubella	0	0	0	0	0
Pertussis (Whooping cough)	0	0	0	0	0
Syphilis	0	0	0	2	2
Tuberculosis - active	1	0	1	0	1
Typhoid	0	0	0	0	0
Total	13	1	14	17	31
Non-contagious (via mosquitoes or parasites)					
Dengue	0	0	0	0	0
Malaria	0	0	0	0	0
Schistosomiasis	1	9	10	0	10
Strongyloidiasis	0	6	6	0	6
Total	1	15	16	0	16
Grand Total	**14**	**16**	**30**	**17**	**47**

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

As per the previous quarter Hepatitis B was the number one diagnosed communicable disease in the detention population in this quarter. These cases were picked up due to IHMSs routine Health Induction screening which include a suite of pathology tests for a number of infectious diseases. Hepatitis B is endemic in countries of origin of many detainees so it is not unexpected that a percentage will test positive to Hepatitis B. IHMS manages this cohort in consultation with infectious diseases unit across the network.

As mentioned earlier, IHMS contracted a visiting specialist Hepatology team to visit Christmas Island this quarter. They managed to consult with all 109 detainees with hepatitis on Christmas Island and utilised fibroscan technology to determine appropriate treatment management pathways.

IHMSs robust screening of infectious disease in all new arrivals into the Australian detention network is the cornerstone of preventing potential exotic infectious diseases outbreak in the Australian population.

Disabilities

7. Disabilities

7.1. Disabilities (Mainland and Christmas Island)

Disabilities are reported to Department of Immigration on a quarterly basis.

Detainees with disabilities are referred to specialist services as clinically indicated by the IHMS GPs. This includes a network of public and private providers including paediatricians, orthopaedic surgeons, physicians, psychologists, allied health and specialised disability services. Hearing, visual aids and prosthesis are also available as required through IHMS network of providers.

No. of people in IDFs (IMAs and Non-IMAs) as at 30 Sep 2014					
Types of Disability	**IDCs**	**IRH/APODs**	**ITAs**	**Adult**	**Minor**
Amputation	5	6	1	12	0
Cognitive	0	1	1	2	0
Developmental	6	13	2	9	12
Functional impairment	25	25	14	57	7
Hearing impairment	23	32	5	43	17
Visual Impairment	40	32	11	73	10
Other (Epilepsy, Lupus)	22	20	7	41	8
Total	**121**	**129**	**41**	**237**	**54**

The above data was ascertained based on Snomed codes which are a different methodology to the previous manual method of data collection.

The impact of a disability on a detainee's activity of daily living is reported on a regular quarterly basis. A functional Impairment defines a disability as long term and limiting activities of daily living. It can be either physical or mental which limits the extent to which an individual can care for him or herself.

According to the table above, visual impairment is the number one disability in adults while hearing impairment is the number one disability in minors.

Total Disabilities as Percentage of IDF Population (IMAs and Non-IMAs)		
Mainland and Christmas Island (IDFs only)		
As at (as per quarter)	No. of detainees	Approx. % of IDF population
30 Sep 2014 - Q3	*268	7.8%
30 Jun 2014 - Q2	74	1.4%
31 Mar 2014 - Q1	38	0.5%
31 Dec 2013 - Q4	79	1.3%
30 Sep 2013 - Q3	67	1.1%
30 Jun 2013 - Q2	67	0.7%
31 Mar 2013 - Q1	43	0.6%
31 Dec 2012 - Q4	73	1.0%

**The number of unique detainees with a disability has been amended to 268. The previous figure of 291 in version 1 of this report included multiple categories of disabilities for the same detainee in some cases.*

Mental Health

8. Mental Health

Mental Health is defined as 'a state of emotional and social wellbeing in which the individual can cope with the normal stress of life and reach his or her potential' (AHM 2003). Mental health problems refer to 'disturbances of mood or thought that can affect behaviour and distress the person or those around them, so that the person has trouble functioning normal' (AIHW 2012). A high incidence of mental health problems in the immigration detention population in Australia is a well-established fact that is consistent with results found internationally in similar populations. The results reported in this data set are again consistent with these findings and with data previously reported by IHMS.

Obtaining valid and reliable information on mental health issues in an immigration detention context is always a significant challenge. There are many cultural differences in presentation of mental health issues, as well as issues related to the application and interpretation of mental health screening, assessment and diagnostic tools. The data used in this report draws from information obtained by clinical staff during routine activities with detainees and is closely aligned to data capture and reporting processes used by mental health services in the community.

During this reporting period, we note the progressive length of stay of the detainees, and the emergence of stressors such as concerns about loss of resilience, identity, occupational and social functioning. There are also concerns about a small but growing infant population whose early developmental stages are occurring within a detention environment.

Mental Health Service Delivery

The entire detainee population undergo initial and follow-up mental health screening. For those with specific identified clinical needs each site has access to Mental Health Nurses, Psychologists, Counsellors and Psychiatrists as well as referral to Specialist services and, if necessary, externally for inpatient admission when required. A number of different types of therapy are available with some variability between sites including but not limited to art therapy, mindfulness, couple therapy and play therapy. The model for mental health, as well as individual therapy and counselling encompasses a range of group programs and assertive outreach.

8.1. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to DIBP policy. Screening for mental health issues provides a means of identification of any detainee mental health related concerns enabling appropriate support and interventions and a way of tracking the mental health of detainees over time. Mental health screening is performed by IHMS specialist mental health clinicians and is composed of a detailed and structured clinical assessment combined with mental health measures that are similar to Australian National Mental Health Standards.

8.2. Mental health related encounters

There are more than 17,000 registered general practitioners (GPs) in Australia or one GP per 974 persons.

Almost all of us (82%) attend a GP at least once during any given year. GPs provide by far the majority of the 100 million non-specialist services to the population that are paid by Medicare* at an average rate of 5.4 per person**.

*Commonwealth Department of Health and Aged Care General practice in Australia: 2000. Canberra: Department of Health and Aged Care, 2000.

**Australian Institute of Health and Welfare. Australia's health 2000: the seventh biennial health report of the Australian Institute of Health and Welfare. Canberra: Australian Institute of Health and Welfare, 2000.

The following tables do not represent detainee mental health psychiatrist or mental health team encounters. The following chart indicates the number of GP encounters relating to mental health 'problems' for Q3 Jul – Sept 2014.

Unique GP presentations/encounters related to mental health Mainland and Christmas Island Q3 – Jul - Sept 2014			
Age band (years)	**No. unique GP presentations**	**No. related to mental health**	**% related to mental health**
0-4	1,133	68	6.0%
5-10	796	130	16.3%
11-14	325	45	13.8%
15-17	390	88	22.6%
18-45	12,106	2,498	20.6%
46-65	1,497	242	16.2%
66 +	70	5	7.1%
Total	**16,317**	**3,076**	**18.9%**
		Minors %	**12.5%**
		Adults %	**20.1%**

The total figure for unique GP presentations differs from consultations in Table 3.2 as data is extracted using different methodologies; data in the table above is extracted using SNOMED codes and data for GP consultations is extracted from consultations within the clinical information system.

However, detainees in detention health can also access mental health services directly without a GP referral.

8.3. Psychiatric admissions to hospital

Psychiatric admissions to hospital			
State/Territory	**Total**	**Adult**	**Minor**
NSW	1	1	0
NT	12	12	0
QLD	14	13	1
SA	0	0	0
VIC	3	2	1
TAS	N/A	N/A	N/A
WA (incl. Christmas Island)	4	4	0
Total	**34**	**32**	**2**

Psychiatric hospital admissions to hospitals are taken from the incident reporting system used by IHMS to document admissions to hospital. The table above breaks down each admission by state or territory.

Psychiatric admissions to hospital						
State/Territory	**Apr - Jun 2013**	**Jul - Sep 2013**	**Oct - Dec 2013**	**Jan - Mar 2014**	**Apr - Jun 2014**	**Jul - Sept 2014**
NSW	3	1	0	0	0	1
NT	2	5	2	2	4	12
QLD	1	5	5	14	1	14
SA	0	0	2	0	0	0
VIC	3	4	2	2	0	3
TAS	1	0	0	0	N/A	N/A
WA (incl. Christmas Island)	0	2	4	4	2	4
Total	**10**	**17**	**15**	**22**	**7**	**34**

8.4. Kessler Psychological Distress Scale (K-10) Q3 - 2014

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS onshore immigration detention data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

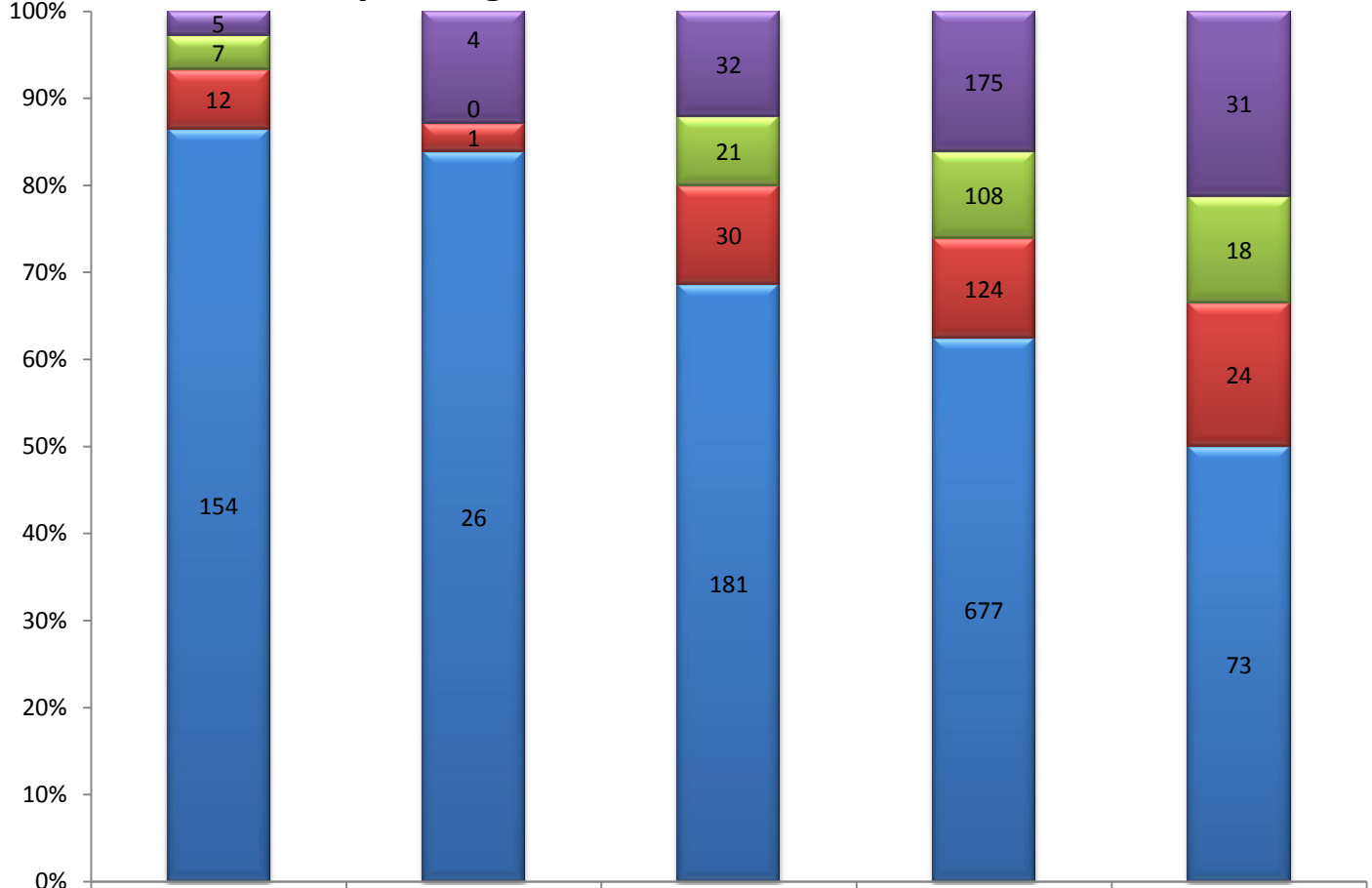
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

8.5. Kessler Psychological Mainland and Christmas Island Q3 – 2014

Months in Detention	Total Screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	178	13.92	154	86.5%	12	6.7%	7	3.9%	5	2.8%
4-6 months	31	16.16	26	83.9%	1	3.2%	0	0.0%	4	12.9%
7-12 months	264	18.07	181	68.6%	30	11.4%	21	8.0%	32	12.1%
13-18 months	1,084	19.42	677	62.5%	124	11.4%	108	10.0%	175	16.1%
19+ months	146	21.66	73	50.0%	24	16.4%	18	12.3%	31	21.2%
Total	1,703	18.77	1,111	65.2%	191	11.2%	154	9.0%	247	14.5%

More people are being screened systematically over longer periods. This allows better visibility of trends over time. For scores that are moderate or severe some clinical intervention would be expected. The results for Q3 indicate a weighing towards the more severe end of K-10 which appears to correlate with length of stay in detention.

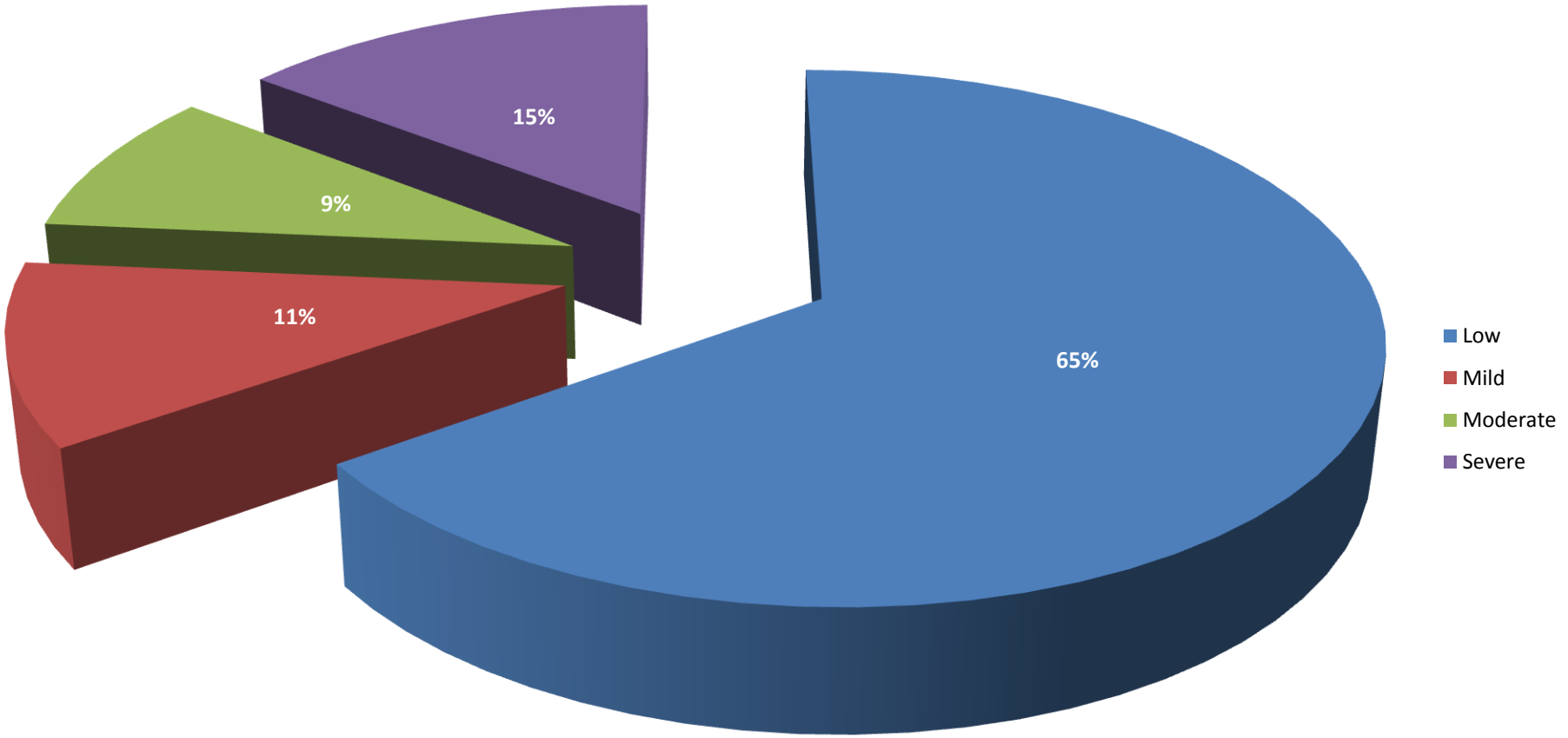
Kessler Psychological Distress Scale: Mainland and Christmas Island



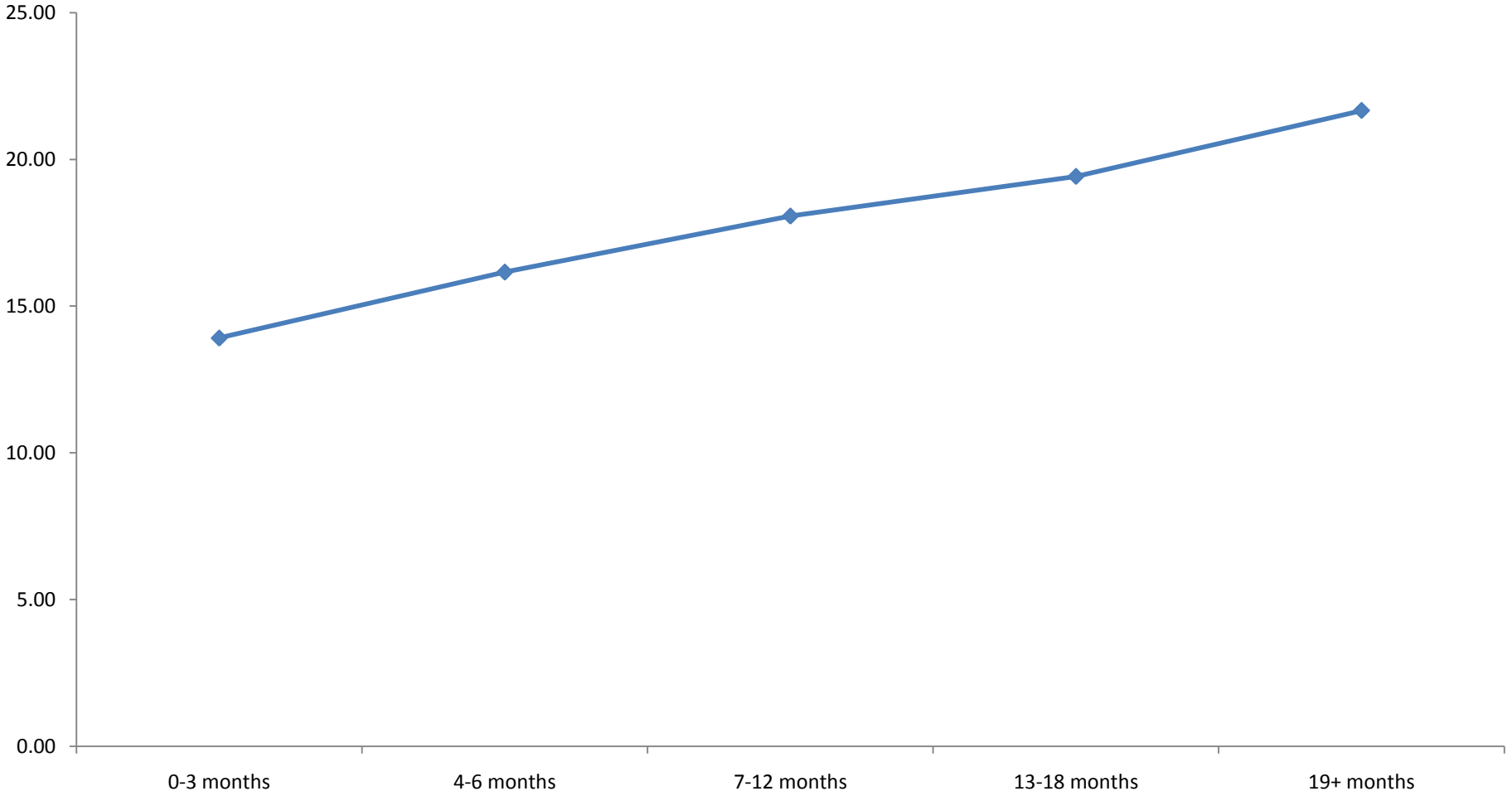
	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Severe (30-50)	3%	13%	12%	16%	21%
Moderate (25-29)	4%	0%	8%	10%	12%
Mild (20-24)	7%	3%	11%	11%	16%
Low (<20)	87%	84%	69%	62%	50%

**The data labels represent the number of people.*

Overall percentage by Severity: Kessler Psychological Distress Scale
Mainland and Christmas Island



K-10 mean scores
Mainland and Christmas Island - Q3



8.6. Torture & Torture

Identification and Support of Survivors of Torture & Trauma

The process of identification and support of survivors of torture and trauma commences at induction screening and continues throughout a person's time in detention. This policy is designed so that at any time these experiences are disclosed the person may be provided with appropriate support including referral to specialist torture and trauma counselling services provided within the Australian Forum of Services for Survivors of Torture and Trauma.

All cases of adults who report trauma or torture are reported to DIBP under the incident reporting policy. Unless considered clinically inappropriate, people who have reported torture and trauma or are suspected of having experienced torture and trauma are asked to complete the Harvard Trauma Questionnaire (HTQ). This is a 16 item instrument that is a measure of the severity of torture and trauma related symptoms. Scores of 2.5 and above indicate a symptom profile that correlates to a clinical diagnosis of Post-Traumatic Stress Disorder (PTSD) according to the standard DSM criteria.

8.7. New T&T Disclosures

Facility T&T First disclosed	Number of detainees in IDFs who made new disclosures during the quarter	Adult	Minor
Adelaide ITA	5	2	3
Bladin	14	8	6
Brisbane ITA	5	5	0
Christmas Island	59	49	10
Curtin APOD/IDC	4	4	0
Maribyrnong IDC	7	7	0
Melbourne ITA	12	6	6
Perth IDC/IRH	10	10	0
Villawood IDC	28	26	2
Wickham Point APOD/IDC	45	25	20
Yongah Hill IDC	13	13	0
Total	**202**	**155**	**47**
% total IDF population during Q3	***4.6%**	**4.2%**	**6.8%**

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

8.8. Trend in New Torture & Trauma Disclosures

Trend in new disclosures (Taken from the table above)			
% of total IDF population during Q2 making new T&T Disclosures			
Oct - Dec 13	Jan - Mar 14	Apr - Jun 14	Jul – Sept 14
N/A	N/A	2%	5%

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

T&T can be identified or disclosed at different times. The timing of such disclosure has a number of variables including clinical engagement, trust, a sense of personal safety and a belief that disclosure will not impact adversely upon the client or cause further distress.

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Offshore Processing Centres Quarterly Health Trend Report

July - September 2014

Quarter 3

Offshore Processing Centres Quarterly Health Trend Report

July – September 2014

Quarter 3 - 2014

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1. Executive Summary

The Offshore Processing Centres, (OPC) Quarterly Health Trends Report is submitted on a quarterly basis and provides a summary of the health status of transferees in OPCs.

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo for the period 1 July – 30 September 2014. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team, Primary Health Manager, Mental Health Services Manager and IHMS Medical Directors.

The episode data (health occasions of service) by clinician and by centre have not been included in this report as they are part of a separate report.

Data in this report relating to 'Specialist Referrals' and 'Allied Health Referrals' is now taken directly from referrals letters entered into Apollo rather than appointments.

Systematic clinical coding of all Standard Health Events or consultations is a technical process of reviewing the notes from each consultation and recording the primary reason for presentation and any secondary reasons if relevant. Coding, which commenced in February 2013, continues to code health events from Apollo for consultations with either the General Practitioners (GPs) and Psychiatrist on site. Clinical coding continues to improve the quality of data in this report.[1]

[1] Some data contained in this report is limited by the inaccuracy of location data received from DIBP as data is derived from both XML files and the Nominal Roll, which may affect rates of conditions that are reported at site level. Where this occurs it is indicated in the report.

Definitions

Term	Definition
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
HTQ	Harvard Trauma Questionnaire
IHMS	International Health and Medical Services
NOCC	National Outcomes and Case-Mix Collection
NSAID	Non-steroidal anti-inflammatory drug
OPC	Offshore Processing Centre
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Unaccompanied Minor

2. Transferee Cohort

2.1. Transferee Cohort Summary

An overview of the number of people in OPCs can be found using the below Department of Immigration and Border Protection (DIBP) website link:

http://www.immi.gov.au/About/Pages/detention/about-immigrationdetention.aspx?tab=3&heading=immigration-detention-and-community-statistics

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protection to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-10 years
Female 5-10 years
Male 11-14 years
Female 11-14 years
Male 15-17 years
Female 15-17 years
Male 18-45 years
Female 18-45 years
Male 46-65 years
Female 46-65 years
Male 66 years
Female 66 years

In August 2014 a group of families and SAMs were transferred to Nauru following health induction checks. This group had a number of children between the ages of 0- 4 years. As a result IHMS have seen an increase in medical presentations from this group this quarter. Presentations mainly consisted of fevers and upper respiratory tract infections. Despite the otherwise stable transferee population there remains a wide cross section of age groups in the OPC network from ages 0 to 66. IHMS provide a wide range of primary health care activities which cater for the different age groups within the OPC population.

Length of stay data for Transferees in OPCs is not published by the Department.

Primary Health

3. Primary Health

3.1. Introduction

IHMS is contracted by DIBP to provide the primary health care service within the Offshore Processing Centres (OPCs). The care is provided by an experienced team of primary health care professionals including IHMS Medical Officers (GPs), Registered Nurses (RNs). In response to the well-known challenges of mental health in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network.

International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS particularly in the last 6 months as the Transferee population has stabilised and the average length of stay has increased.

3.2. Consultations

Primary Health Care - Consultations Combined Manus and Nauru			
Q3 - Jul - Sep 2014			
IHMS Primary Health Care	**Total number of unique consults**	**Number of unique persons seen**	**% of total transferee population during Q3 2014**
GP	6,145	1,679	69.5%
Paramedic	507	341	14.1%
Primary Health Nurse	6,706	1,928	79.8%
Mental Health Nurse	5,318	1,599	66.2%
Counsellor	10,375	1,512	62.6%
Psychiatrist	399	248	10.3%
Psychologist	2,142	707	29.3%
Total	**31,592**		

There remains a high level of utilisation and engagement with the health services within the OPCs. Given that there were 2,415 records active during the quarter, this means an average of 13 consultations with health professionals per person, or 4 consultations per month. This is lower than last quarter (6 consultations per month).

Due to unrest in the Nauru centre in September there was a spike in the utilisation of both the primary health nurse and paramedics as the incidence of Code Blue calls and self-harm events increased. The number of primary health nurse consults reflects the nurse-led model of care.

There are a significant number of GP consults, representing a higher proportion of people seeing the GP than is shown in the Australian Immigration detention facilities.

There are three factors impacting the number of GP consultations

i. In the OPCs, a higher percentage of medical requests are specifically for GP access compared with the onshore network. Many cases are requests to see a GP to follow up on specialist waiting times.
ii. Primary health nurse reviews may require GP intervention and ongoing clinical management/investigation.
iii. Complex medical cases in OPCs are referred to the Senior Medical Officer for continuity of care and to determine ongoing management and/or referral to external service providers.

Primary Health Care Consultations – Unique Persons Manus and Nauru				
Q3 - Jul - Sep 2014				
IHMS Primary Health Care	Adult	Adult %	Minor	Minor %
GP	1,547	69.7%	132	67.0%
Paramedic	309	13.9%	32	16.2%
Primary Health Nurse	1,735	78.2%	193	98.0%
Mental Health Nurse	1,488	67.1%	111	56.3%
Counsellor	1,476	66.5%	36	18.3%
Psychiatrist	206	9.3%	42	21.3%
Psychologist	527	23.8%	180	91.4%

It can be noted here that a high proportion of children within the offshore network have been reviewed by a healthcare professional during the period. This represents contact in relation to vaccinations and health-checks along with psychological support.

3.3. Pathology referrals

Pathology referrals during Q3 Jul - Sep 2014 Manus and Nauru		
Pathology Type	**No. of Referrals**	**No. of Persons**
Full Blood Count (FBC)	253	153
Liver Function Test (LFT)	79	57
Urea Electrolytes (UE)	168	92
Glucose Tolerance Test (GTT)	14	8
HbA1C	33	22
Creatinine	111	72
Fasting Triglycerides	75	49
HIV (BBv)	46	30
Hep B	35	25
Hep C	24	19
VDRL (Syphilis)	29	22
Total number of unique persons that had a Pathology Referral	**294**	**12%**

Overall pathology referrals account for screening processes, acute presentations and chronic health surveillance.

There has been a significant increase in pathology referrals since the previous quarter. The numbers of pathology referrals for full blood count, urea/electrolytes and creatinine in particular have increased since Q2.

This coincides with specialist internal physician visits to the islands; and the permanent laboratory technician becoming increasingly active on both sites.

This increase also correlates with the introduction of the child health screening program on Nauru and the associated screening for communicable diseases, vitamin deficiencies and parasitic infections.

Pathology remains a challenge on Nauru due to issues with the RON hospital laboratory, specimen handling, capacity to perform testing, and veracity of results. This has affected availability of results and subsequent repetition of some tests. Currently onsite all pathology that can be performed (such as simple biochemistry) is done at the OPC and IHMS staff now package specimens for transport to Australia.

3.4. Allied health referrals

Allied referrals				
OPCs Q3 - Jul - Sep 2014				
Allied Health Referral Type	No. Referrals	GP Referral	Clinical Designations other than GP	No. unique persons (based on all designations)
Dental	30	28	2	30
Physiotherapy	7	7	0	7
Optometry	23	19	4	23
Other	1	1	0	1
TOTAL	**61**	**55**	**6**	
Total number of unique persons to have an Allied Health referral	**54**	**% total transferee population during Q3**	**2.2%**	

Information for allied health has been taken from 'referral letters' hence the lower numbers for optometry and dental, where referral letters are not usually raised unless specific interventions recommended. 'Appointment data' was not taken as per previous recommendations by DIBP. Similarly trauma and torture counselling referrals are not recorded in this way. We would recommend reverting to appointment data for future reports on allied health.

There remains a consistent need for optometry review with a large number of cases being seen by the visiting optometrist this quarter. It was noted that there appears to be a higher than normal incidence of astigmatism in both the Iranian and Iraqi cohorts which may correlate with the high number of referrals made.

Dental referrals remain high on both sites and this is for a variety of reasons. On both sites there remains a high incidence of poor dental hygiene, dental caries and gingivitis due to lack of dental care prior to entering detention. From Manus several patients have been moved to Port Moresby for more complex dental work. In this quarter on Nauru a number of asylum-seekers have been determined to be refugees and are now utilising the RON hospital dental services. This has impacted on the availability of appointments for the transferee population.

It is hoped within the next quarter the commencement of onsite dental care on both Manus and Nauru will see a dramatic decline in the total number of outstanding referrals.

3.5. Radiology Referrals

Radiology referrals Manus and Nauru OPCs Q3 - Jul - Sep 2014					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage	
MRI	13	4.10%	13	5.00%	1. Periphery 2. Head 3. Abdomen 4. Thorax
Ultrasound	90	28.40%	77	29.70%	1. Abdomen 2. Pelvis (F) 3. Renal 4. Breast (R) 5. Obstetric
Bone Densitometry	2	0.60%	2	0.80%	1. Medically Indicated 2. Screening (No rebate)
CT Scan	16	5.10%	16	6.20%	1. Chest 2. Pelvis 3. Abdomen 4. Renal 5. Spine - Lumbar
X-Ray	196	61.80%	151	58.30%	1. Chest 2. Spine - Lumbo-sacral 3. Knee (R) 4. Knee (L) 5. Shoulder (R)
Total	**317**	**100%**	**259**	**100%**	
Total number of unique persons to have a Radiology test	**220**	**As % of total transferee population during quarter**	**9%**		

The ‘number of unique persons to have a radiology test’ differs from the total number of referrals, as one person may have several tests in the one referral (one X-ray plus a CT scan for example).

There were a number of emergency referrals for CT scans on both islands. These were to investigate a number of different types of pathology including renal pathology, headaches, orthopaedic or intra-abdominal pathology. MRI scans were needed in cases of orthopaedic injury, for example internal derangements of the knee. A large proportion of ultrasound scan referrals on Nauru were for pelvic, breast and obstetrics scans. As with the previous quarter there are frequent presentations for investigations of breast lumps (male and female) and numerous cases of polycystic ovary syndrome. A number of cases of breast disease presenting on Nauru have required multidisciplinary breast clinic intervention and/or mammography. Incidence of renal colic also remains high in this population group, requiring radiological assessment.

On Nauru IHMS has been utilising the RON hospital facilities but the clinic has this quarter increased the number of tests performed onsite, particularly for chest X-rays which has the highest amount of referrals. In addition most ultrasounds are conducted onsite at the OPC for similar reasons and a weekly clinic runs each Friday. On Manus IHMS utilise Lorengau hospital or move patients to Port Moresby for complex radiological investigations.

3.6. Specialist referrals

Specialist referrals OPCs Q3 - Jul - Sep 2014				
Specialist Referrals	**No. Referrals**	**GP Referral**	**Clinical Designations other than GP**	**No. unique persons (based on all designations)**
General Surgery	24	22	2	22
Otorhinolaryngology	8	8	0	8
Gynaecology and Obstetrics	7	7	0	6
Cardiology	6	1	5	4
Orthopaedics	6	2	4	5
Gastroenterology	4	1	3	3
Neurosurgery	1	0	1	1
Demato-Venereology	1	1	0	1
Ophthalmology	1	0	1	1
TOTAL	**58**	**42**	**16**	
Total number of unique persons to have a Specialist referral	**51**	**% of total transferee population during Q3**	**2.10%**	

General surgery remains the highest referral mainly for simple procedures, such as hernia repair; urology referrals offsite were also numerous e.g. for renal stones. Obstetrics referrals from Nauru this quarter included gestational diabetes and hyperemesis gravida, the latter which appears to be higher in incidence in the Iranian cohort. Some patients required routine cardiology review following induction screening and paediatrician review. Two minors were transferred to Australia for this investigation.

On Nauru regular obstetrics and sonography visits continue, along with a paediatric health clinic and a paediatric specialist clinic. Health assessments and screening on children are continuing on the cohort of children.

A general physician specialist visit has been conducted reviewing complex cases on Manus and Nauru, along with ENT surgeon performing a clinic on both sites this quarter.

IHMS has also worked closely with the department to provide a level of extended health services in the remote locations of Manus Island and Nauru. This has included visits by IHMS visiting specialist internal physicians and an ENT surgeon on both islands. Paediatricians, obstetricians and sonographers have played a key role in providing healthcare to the Transferee population on Nauru with scheduled visits to the island. Tele-health has also been piloted and utilised and it is expected that more regular use of this modality will be established over the next 6 months.

3.7. Hospital admissions

OPC Location	Total hospital admissions	No. of individuals hospitalised
Manus Island	22	19
Nauru Centre	25	21
Total	**47**	
Total number of unique persons that were hospitalised	**40**	**1.7%**

Overall admissions remain low as primary medical care is facilitated at the OPCs.

There have been a number of acute presentations this quarter that have required keeping patients for overnight stay for monitoring and intravenous treatment. Several patients required medical transfer to Port Moresby or Australia for specialist intervention unavailable on Manus or Nauru.

On Manus the bulk of the hospital admissions were to Pacific International Hospital in Port Moresby, mainly for surgical interventions, with a few cases requiring tertiary level care managed in Australia.

On Nauru many of the admissions to hospital were to the Republic of Nauru Hospital, where a number of mainly elective general surgical interventions were performed. Cases that cannot be managed locally were treated in Australia.

3.8. GP/Psychiatrist encounters by Health Groupings

Health Groupings Q3 – 2014	Number of Unique Diagnoses	Number of Unique Persons	% of total IDF population	Adult	Adult %	Minor	Minor %
Digestive	1,269	692	28.7%	645	29.1%	47	23.9%
Musculoskeletal	1,062	545	22.6%	523	23.6%	22	11.2%
General Unspecified	1,053	658	27.2%	598	27.0%	60	30.5%
Skin	1,014	609	25.2%	561	25.3%	48	24.4%
Psychological	972	462	19.1%	434	19.6%	28	14.2%
Respiratory	792	483	20.0%	429	19.3%	54	27.4%
Urological	653	401	16.6%	365	16.5%	36	18.3%
Injury	353	221	9.2%	204	9.2%	17	8.6%
Social	331	247	10.2%	230	10.4%	17	8.6%
Ear	314	169	7.0%	157	7.1%	12	6.1%
Neurological	299	225	9.3%	217	9.8%	8	4.1%
Eye	282	204	8.4%	193	8.7%	11	5.6%
Endocrine / Metabolic & Nutritional	282	207	8.6%	189	8.5%	18	9.1%
Genital	265	167	6.9%	164	7.4%	3	1.5%
Cardiovascular	190	148	6.1%	144	6.5%	4	2.0%
Pregnancy / Childbearing / Family Planning	55	35	1.4%	35	1.6%	0	0.0%
Blood / Blood forming organs	36	32	1.3%	28	1.3%	4	2.0%

3.9. Health Trends

The above groupings are typical of routine primary care settings in the community and common diseases such as respiratory infections, orthopaedic conditions and skin conditions are well represented. Excluding the general/unspecified group, the two main reasons for transferees seeking medical attention in the 3rd quarter 2014 are digestive and musculoskeletal conditions.

Digestive complaints were the highest reason to seek consultation with an IHMS medical officer which again is consistent with the rest of the network and is aligned with the expectation for the broader Australian population. (General Practice Activity in Australia, Australian Institute of Health & Welfare, General Practice Series Number 33, Britt et al, Nov 2013).

A digestive complaint includes conditions such as gastroenteritis, nonspecific abdominal pain, heart burn, nausea/vomiting and diarrhoea. The IHMS GP assesses and manages most cases onsite in detention with appropriate escalation to a specialist or hospital care where it is clinically indicated. On Manus this has involved movement to Port Moresby for investigation as warranted, with some Nauru cases investigated at the RON Hospital.

Food allergies are not common but there have been frequent presentations for food intolerances and gastrointestinal upset which is reflected in these figures. IHMS liaises closely with Transfield catering services to ensure food allergies/intolerances are recorded and appropriate diets are available for transferees with known digestive disorders. A significant proportion of the total population is being treated with hyperacidity, reflux and ulcer medications and an additional smaller number of the total population receiving antispasmodics and motility agents. This is consistent with the Australian population according to the General Practice Activity in Australia, Australian Institute of Health & Welfare, General Practice Series Number 33, Britt et al, Nov 2013.

A larger number of musculoskeletal conditions has presented this quarter. Many cases have needed offsite assessment by an orthopaedic surgeon, with a visiting orthopaedic surgeon and physiotherapist next on the list of specialist services to be established. Musculoskeletal conditions are now the second most common presentation and these have involved sports injuries, arthritis, back pain, old or recurrent musculoskeletal issues from previous trauma, or knee and shoulder injuries. This is consistent with the Australian population. As noted in previous quarterly reports, there remains a common complaint about sleeping surfaces and walking on uneven surfaces, which may contribute to some presentations. The high incidence of this diagnosis is reflected in a total combined use of NSAIDs, combination simple analgesics and topical analgesics/NSAID's. This is also reflected in the radiology referrals with spine (lumbosacral), knee and shoulder pathology being amongst the top five reasons for imaging referral.

The respiratory grouping includes common chronic respiratory conditions such as asthma which is a condition which is also similarly prevalent in the Australian population. Asthma patients are managed by IHMS GPs through asthma management plans in conjunction with advice and input from the visiting internal medicine specialists when appropriate. These visits on both islands that have allowed more detailed care plans to be developed to supplement this. It is widely recognised in the literature that appropriate management of asthma through an asthma management plan reduces rates of acute asthma exacerbations and emergency hospital admissions.

Skin conditions are commonly dermatitis or other skin rashes and are commonly seen in both community and remote settings. These disorders include tinea versicolor, onychomycosis and a number of psoriasis cases. The environmental issue of hot and humid weather on Manus and Nauru contributes to the large number patients treated with topical antifungals, a total of 6% of the total population. In addition topical corticosteroids are used in addition to antifungals.

The prevalence of urological complaints remains more prevalent in this population group (16.5%) due to lack of access to health services prior to entering detention – these include renal stones, pre-existing urological trauma, varicocele/hydrocele and undescended testis which are often managed with operative intervention. There has been a small increase in presentations on Nauru with UTI and urinary incontinence symptoms in one of the female cohorts.

Loss of appetite and mild dehydration are common, associated with poor fluid intake and constipation which is a common complaint, contributing to the high prevalence of kidney stones. The patients with haematuria have had urinalysis done and apart from cases of schistosomiasis, no cause can be found apart from the correlation between the use of NSAIDs.

Transferees are still experiencing headaches and fatigue as well as sleep disturbances. The psychological grouping represents a high burden of disease within the offshore detention network with strategies to counter this discussed in the mental health section of this document.

More space is required on Manus in order to establish formal inpatient or observation ward facilities, to allow more visiting specialists to attend and consult, and to allow the set-up of the laboratory.

Medications and immunisations

4. Medications

4.1. Medication usage in transferees (Top 20)

Medication trends Jul - Sep 2014						
% of total population during Q3						
Medications	Total %	Total	Adult	Adult %	Minor	Minor %
Non-steroidal anti-inflammatory agents	35%	834	800	36%	34	17%
Simple analgesics and antipyretics	27%	652	573	26%	79	40%
Penicillins	21%	514	470	21%	44	22%
Combination simple analgesics	17%	410	404	18%	6	3%
Antihistamines	17%	407	366	17%	41	21%
Hyperacidity, reflux and ulcers	15%	352	335	15%	17	9%
Antidepressants	7%	172	163	7%	9	5%
Rubefacients, topical analgesics/NSAIDs	7%	168	162	7%	6	3%
Antispasmodics and motility agents	7%	163	160	7%	3	2%
Topical oropharyngeal medication	7%	159	152	7%	7	4%
Other antibiotics and anti-infectives	6%	150	146	7%	4	2%
Topical antifungals	6%	144	132	6%	12	6%
Expectorants, antitussives, mucolytics, decongestants	5%	117	104	5%	13	7%
Laxatives	4%	105	97	4%	8	4%
Adrenal steroid hormones	4%	103	102	5%	1	1%
Antiemetics, antinauseants	4%	101	97	4%	4	2%
Cephalosporins	4%	101	94	4%	7	4%
Quinolones	4%	100	99	4%	1	1%
Topical corticosteroids	4%	95	90	4%	5	3%
Narcotic analgesics	4%	86	86	4%	0	0%

4.2. Medication usage by Schedule

Medication prescriptions by Schedule Manus and Nauru Q3 – Jul - Sept 2014			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse prescriptions**
S2	811	1	265
S3	725	5	28
S4	3,195	151	187
S8	7	0	0
Unscheduled	1,513	4	93
Grand Total	**6,251**	**161**	**573**

Department of Health - Scheduling basics – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

The larger number of Schedule 4 medications is expected as prescribed medications fall under this category.

4.3. Medication trends

Medication trends			
% of total population during quarter			
Medications	Jan – Mar 2014	Apr – Jun 2014	Jul – Sept 2014
Non-steroidal anti-inflammatory agents	N/A	26%	34.5%
Penicillins	N/A	19%	21.3%
Simple analgesics and antipyretics	N/A	15%	27.0%
Antihistamines	N/A	12%	16.9%
Combination simple analgesics	N/A	11%	17.0%
Hyperacidity, reflux and ulcers	N/A	10%	14.6%
Antidepressants	N/A	7%	7.1%
Topical antifungals	N/A	5%	6.0%
Other antibiotics and anti-infectives	N/A	5%	6.2%
Narcotic analgesics	N/A	5%	3.6%
Rubefacients, topical analgesics/NSAIDs	N/A	5%	7.0%
Topical corticosteroids	N/A	4%	3.9%
Antispasmodics and motility agents	N/A	4%	6.7%
Macrolides	N/A	3%	3.0%
Cephalosporins	N/A	3%	4.2%
Antianxiety agents	N/A	3%	2.8%
Adrenal steroid hormones	N/A	3%	4.3%
Expectorants, antitussives, mucolytics, decongestants	N/A	3%	4.8%
Quinolones	N/A	3%	4.1%
Antiemetic, antinauseants	N/A	3%	4.2%

Medication trends this quarter are stable and consistent with trends in Australia immigration detention facilities. The most frequently prescribed medication is NSAIDs followed by simple analgesics and antipyretics. There is a persistent demand for pain relief and this can be attributed to both cultural expectations and also the high incidence of dental pain. This is also directly correlated to the high incidence of musculoskeletal conditions onsite. A higher number of medications were reported for digestive complaints this quarter reflecting the prevalence of heartburn and nausea/vomiting. Penicillin usage is mainly associated with URTIs and dental issues.

5. Chronic diseases

5.1. Primary Health Care Chronic diseases

Primary Health Care - Chronic Diseases Manus and Nauru Q3 – Jul - Sept 2014					
Chronic Disease *(Categories taken from the Australian institute of Health and Welfare)*	**Adult**	**Age group by % (Adult)**	**Minor**	**Age group by % (Minor)**	**Grand Total**
Arthritis	58	2.6%	1	0.5%	59
Asthma	19	0.9%	2	1.0%	21
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	78	3.5%	1	0.5%	79
Chronic kidney disease	4	0.2%	0	0.0%	4
Depression	127	5.7%	4	2.0%	131
Diabetes	38	1.7%	0	0.0%	38
Oral disease	188	8.5%	15	7.6%	203

Chronic Diseases by age grouping Minors (0 - 17 years of age) Manus and Nauru Q3 – Jul - Sept 2014								
Chronic Disease	**0 - 4 years**	**Age group by %**	**5 - 10 years**	**Age group by %**	**11 - 14 years**	**Age group by %**	**15 - 17 years**	**Age group by %**
Arthritis	0	0.0%	0	0%	0	0%	1	2%
Asthma	2	5.7%	0	0%	0	0%	0	0%
Cancer	0	0.0%	0	0%	0	0%	0	0%
Cardiovascular	0	0.0%	0	0%	0	0%	1	2%
Chronic / kidney disease	0	0.0%	0	0%	0	0%	0	0%
Depression	0	0.0%	2	3%	0	0%	2	3%
Diabetes	0	0.0%	0	0%	0	0%	0	0%
Oral disease	2	5.7%	8	12%	2	6%	3	5%

Depression and oral disease remain the top presentations in this group. Diabetes rates highly in this report. Diabetics are reviewed weekly the primary health team and are reviewed by the visiting internal physician to both sites. There is also a high incidence of cardiovascular disease, hypertension being the most notable and managed by regular checks and health promotion strategies and education in line with medical management.

Chronic Diseases by age grouping Adults (18 - 66+ years of age) Manus and Nauru Q3 – Jul - Sept 2014						
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	45	2.1%	10	10.6%	3	100.0%
Asthma	15	0.7%	4	4.3%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	56	2.6%	19	20.2%	3	100.0%
Chronic / kidney disease	2	0.1%	0	0.0%	2	66.7%
Depression	122	5.8%	5	5.3%	0	0.0%
Diabetes	27	1.3%	9	9.6%	2	66.7%
Oral disease	176	8.3%	12	12.8%	0	0.0%

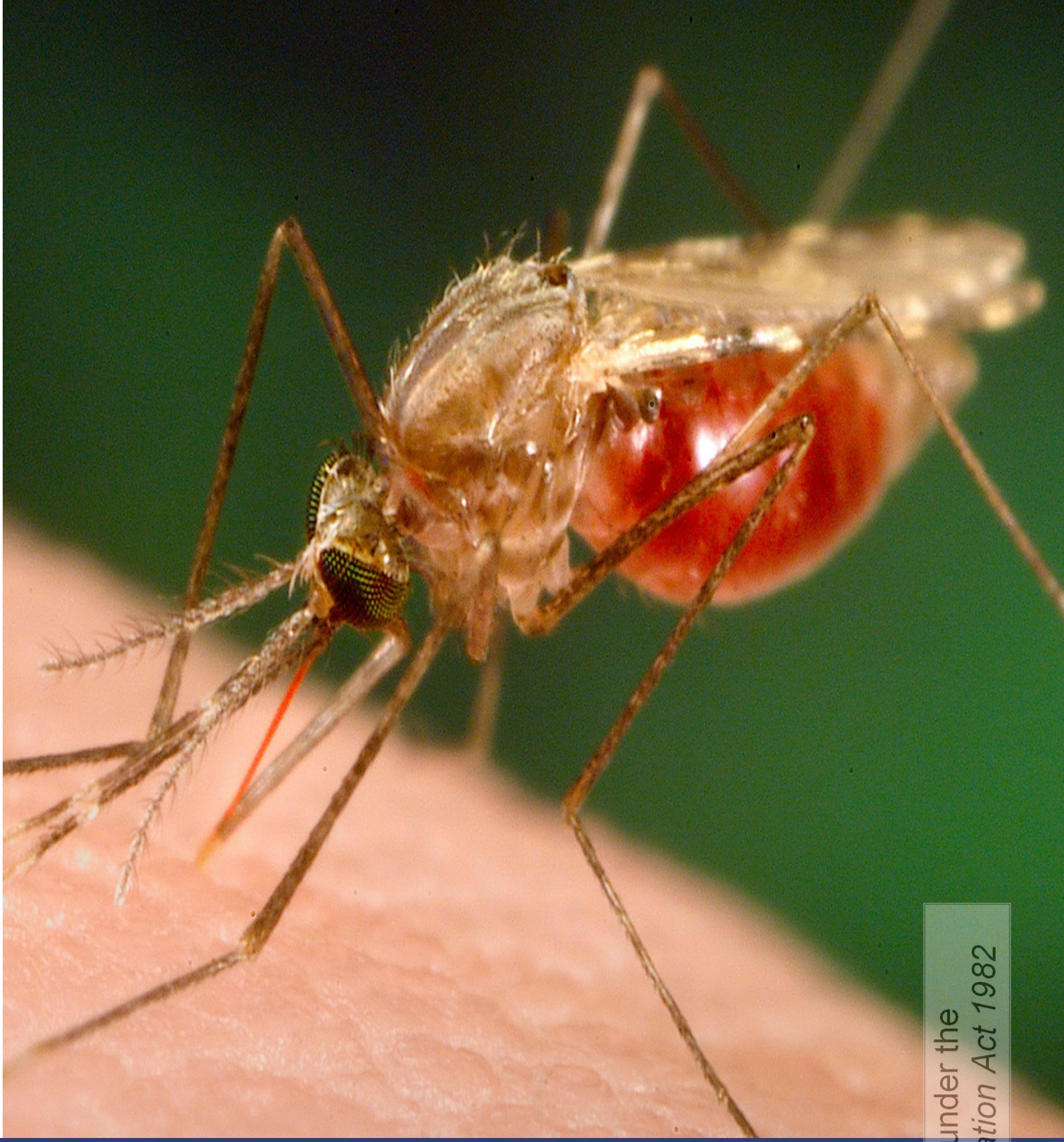
Chronic Diseases by gender Manus and Nauru Q3 – Jul - Sept 2014					
Chronic Disease	Female	Gender group by %	Male	Gender group by %	Grand Total
Arthritis	12	3.2%	47	2.3%	59
Asthma	5	1.3%	16	0.8%	21
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	33	8.8%	46	2.3%	79
Chronic kidney disease	0	0.0%	4	0.2%	4
Depression	43	11.5%	88	4.3%	131
Diabetes	14	3.8%	24	1.2%	38
Oral disease	41	11.0%	162	7.9%	203

6. Vaccinations

6.1. Vaccinations administered by age group (Offshore)

Offshore Vaccinations administered - Q3 – Jul - Sept 2014								
Vaccination	*0-4 years*	*5-10 years*	*11-14 years*	*15-17 years*	*18-45 years*	*46-65 years*	*66+ years*	*Total Vaccinations Administered*
VZV	0	0	3	0	85	2	0	90
MMR	5	7	4	1	46	2	0	65
Hep A	8	8	7	7	414	11	1	456
Hep B	1	2	5	10	409	15	1	443
MenCCV	1	2	1	1	134	4	1	144
Typh IM	5	6	4	1	126	7	0	149
dT	0	0	0	0	292	6	0	298
HPV	0	0	4	32	30	0	0	66
DTPa (up to 10 years)	1	14	5	0	0	0	0	20
Rotavirus	0	0	0	0	0	0	0	0
IPV	1	0	2	9	384	15	0	411
PCV	0	0	0	0	0	0	0	0
dTpa (11 years and over)	0	0	0	1	13	0	0	14
Jap E	0	0	0	0	43	0	0	43
Hib	1	1	0	0	0	0	0	2
23 PPV	0	0	0	0	0	1	0	1
Total	*23*	*40*	*35*	*62*	*1,976*	*63*	*3*	*2,202*

There has been a concerted effort this quarter to vaccinate transferees. Clinics have run regularly and are well attended. Transferees receive vaccinations as per the Australian catch-up schedule and in accordance with IHMS policy. Additionally HPV was given for those transferees fitting the criteria to receive it, and this was also well attended.



Communicable, Infectious and Parasitic diseases

7. Communicable Diseases

7.1 Communicable, infectious and parasitic diseases (Manus and Nauru)

	New Diagnoses Quarter 3						
Contagious (human to human, including Sexually Transmitted Infections)	**IMAs Adults**	**Non-IMAs Adults**	**All detention types in OPC/Total (IMA's & Non IMA's)**	**% of total OPC population during quarter**	**Total IMAs & Non-IMAs (Q2 - Q3)**	**Minors (IMAs only)**	**% of total OPC Minors population during quarter**
Chickenpox	0	0	0	0%	0	0	0%
Chlamydia	0	0	0	0%	2	0	0%
Gonorrhoea	0	0	0	0%	0	0	0%
Hepatitis A	0	0	0	0%	0	0	0%
Hepatitis B (incl active and carrier states)	0	0	0	0%	27	0	0%
Hepatitis C	0	0	0	0%	4	0	0%
HIV	0	0	0	0%	0	0	0%
Measles, Mumps or Rubella	0	0	0	0%	0	0	0%
Pertussis (Whooping cough)	0	0	0	0%	0	0	0%
Syphilis	0	0	0	0%	11	0	0%
Tuberculosis - active	0	0	0	0%	1	0	0%
Typhoid	0	0	0	0%	0	0	0%
Total	0	0	0	0%	45	0	0%
Non-contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0%	0	0	0%
Malaria	3	0	3	0.1%	4	0	0%
Schistosomiasis	2	0	2	0.1%	2	0	0%
Strongyloidiasis	0	0	0	0%	0	0	0%
Total	5	0	5	0.2%	6	0	0%
Grand Total	**5**	**0**	**5**	**0.2%**	**51**	**0**	**0%**

IHMS manages the investigation and diagnosis and treatment of communicable, infectious and parasitic diseases within the OPC network. The above figures identify the number of confirmed communicable, infectious and parasitic disease within transferees only at both OPCs. IHMS in weekly health groups promotes personal hygiene in an attempt to minimise risk of communicable disease outbreak. Each site has an identified isolation area. The incidence of gastroenteritis on both sites has remained lower this quarter.

Nauru OPC has seen no cases of dengue fever as part of the established dengue outbreak on the island, and across the Pacific, however the risk remains present across the country, with chikungunya and zika viruses posing an additional threat in neighbouring countries. The drop in dengue cases at the OPC may coincide with drier weather locally.

Manus has seen a small spike in malaria presentations which correlates with the ceasing of fogging within the compounds awaiting the reintegration of national staff post Manus incident, which was fully complete at the end of August 2014. This was evidenced by capturing of Anopheles mosquitoes around the site consistent with new breeding sites around the compound. When the fogging operations stopped, the number of mosquitoes caught was above 25 mosquitoes per collection weekly. When the re-integration started, the number of mosquitoes collected has decreased to less than 10 mosquitoes per collection weekly. This is expected to die down again with the renewed fogging.

After the re-integration, mosquito breeding sites within the camps have also decreased due to the IHMS Vector Control Team's presence in all the camps and the eradication of the mosquito breeding sites that are visible to them when they enter the different Transferee camps. Before reintegration a small number of anopheles mosquitoes were frequently found mainly in Mike compound. Following reintegration and the reintroduction of fogging in all compounds, nil anopheles mosquitoes have been found.

There remains a general poor compliance with the use of insect repellent, the wearing of long trousers and long sleeve shirts as well as anti-malarial prophylactic medications. Fans are provided to circulate air and reduce the high temperatures but also reduce compliance with sleeping under the mosquito nets. The rate of sleeping under bed nets is generally low.

Schistosomiasis has been diagnosed on Manus and is endemic in many transferee countries of origin.

IHMS continues to promote safe sex and provide condoms on all sites and no confirmed cases of STIs have been recorded this quarter.

Mental Health

8. Mental Health

Mental Health is defined as 'a state of emotional and social wellbeing in which the individual can cope with the normal stress of life and reach his or her potential' (AHM 2003). Mental health problems refer to 'disturbances of mood or thought that can affect behaviour and distress the person or those around them, so that the person has trouble functioning normal' (AIHW 2012). A high incidence of mental health problems in the OPC population is a well-established fact and is consistent with results found internationally in similar populations. The results reported in this data set are again consistent with these findings and with data previously reported by IHMS.

Mental health presentations have been static this quarter. Medication review, related issues due to self harm and medical review account for a large proportion of these consultations. There have been a number of cases of food and fluid refusal and self harm, especially on Nauru, which have been managed supportively. Some cases have required movement offsite. This is due to a variety of reasons including perceived injustice, length of stay in OPC and in some cases pre-existing risk factors. A multidisciplinary approach via case management and conferencing with medical and mental teams is in place to support this cohort. Ongoing court issues and frustration have contributed to these presentations on Nauru this quarter.

The team on Nauru receives support from a visiting child psychiatrist. The minors are seen due to a variety of triggers, including previous trauma and torture, enuresis, nightmares, family conflict and situational crisis.

The counselling groups are very well attended and there has been a major push especially on Manus this quarter. Groups such as parenting, self esteem, stress management and playgroups are very popular and are attended by various cultural cohorts. The mental health nurses maintain an Outreach service in addition to clinic consults.

Obtaining valid and reliable information on mental health issues in an OPC context is always a significant challenge. There are many cultural differences in presentation of mental health issues, as well as issues related to the application and interpretation of mental health screening, assessment and diagnostic tools. The data used in this report draws from information obtained by clinical staff during routine activities with transferees and is closely aligned to data capture and reporting processes used by mental health services in the community.

Some transferees have been at the OPC for 24 months, some amongst the original cohort onsite. Some are currently awaiting legal outcomes. Some express frustration and hopelessness at length of court process which is reflected in the severe distress as noted in the K-10 results for those in the OPC 19+ months.

8.1. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration OPC and at prescribed intervals according to DIBP policy. Screening for mental health issues provides a means of identification of any Transferee mental health related concerns enabling appropriate support and interventions and a way of tracking the mental health of transferees over time. Mental health screening is performed by IHMS specialist mental health clinicians and is composed of a detailed and structured clinical assessment combined with mental health measures that are aligned to Australian National Mental Health Standards.

The HoNOS screening tool was adopted in Q1, 2014, and the HoNOSCA screening tool for children & adolescents was introduced in Q2, 2014. IHMS will continue to discuss the results of the various screening tools with the Department in appropriate forums.

For this quarter the mental health team conducted a total of 993 Mental Health Assessments. A number of transferees have been in the OPC for a period of 13- 18mths and 19+months. The mental health team note amongst other things frustration, detention fatigue and perceived injustice contributing to a high level of distress as noted on the Kessler Psychological Scale (K-10). A total of 46% of those who have been in detention for over 19 months were classified as 'severe' on this scale.

8.2. Screenings Completed

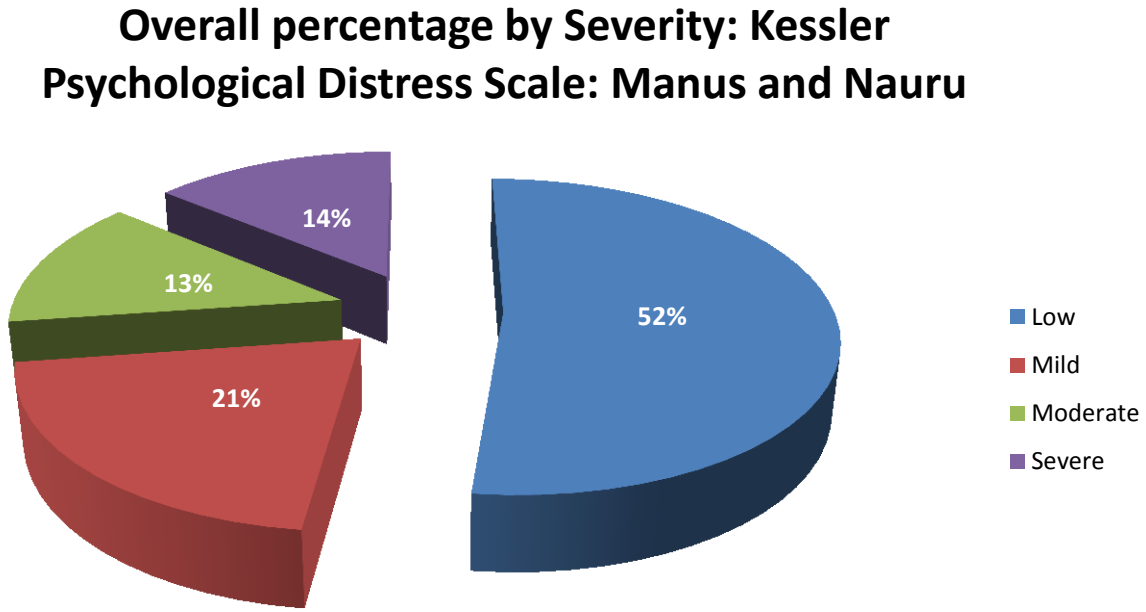
Total Mental Health Assessments

Mental Health Assessment type	0-3 months	4-6 months	7-12 months	13-18 months	19+ months	Total
K-10	5	3	323	654	13	998

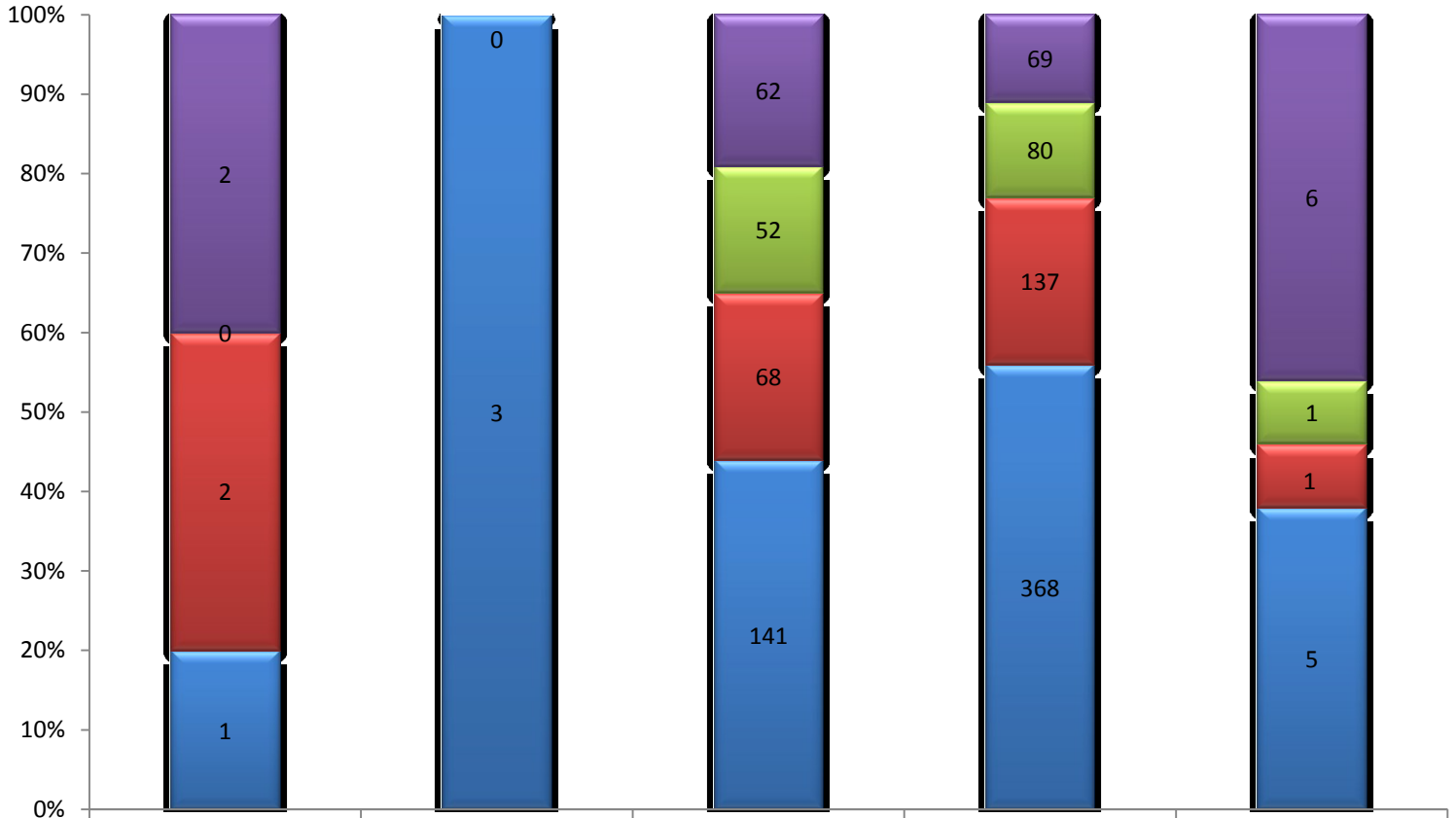
8.3. Kessler Psychological Distress Scale (K-10) Q2 - 2014

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS offshore immigration OPC data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50). Results show that on average 27% of the OPC population gave a score in the moderate-severe range on the K-10.



Kessler Psychological Distress Scale: Manus and Nauru



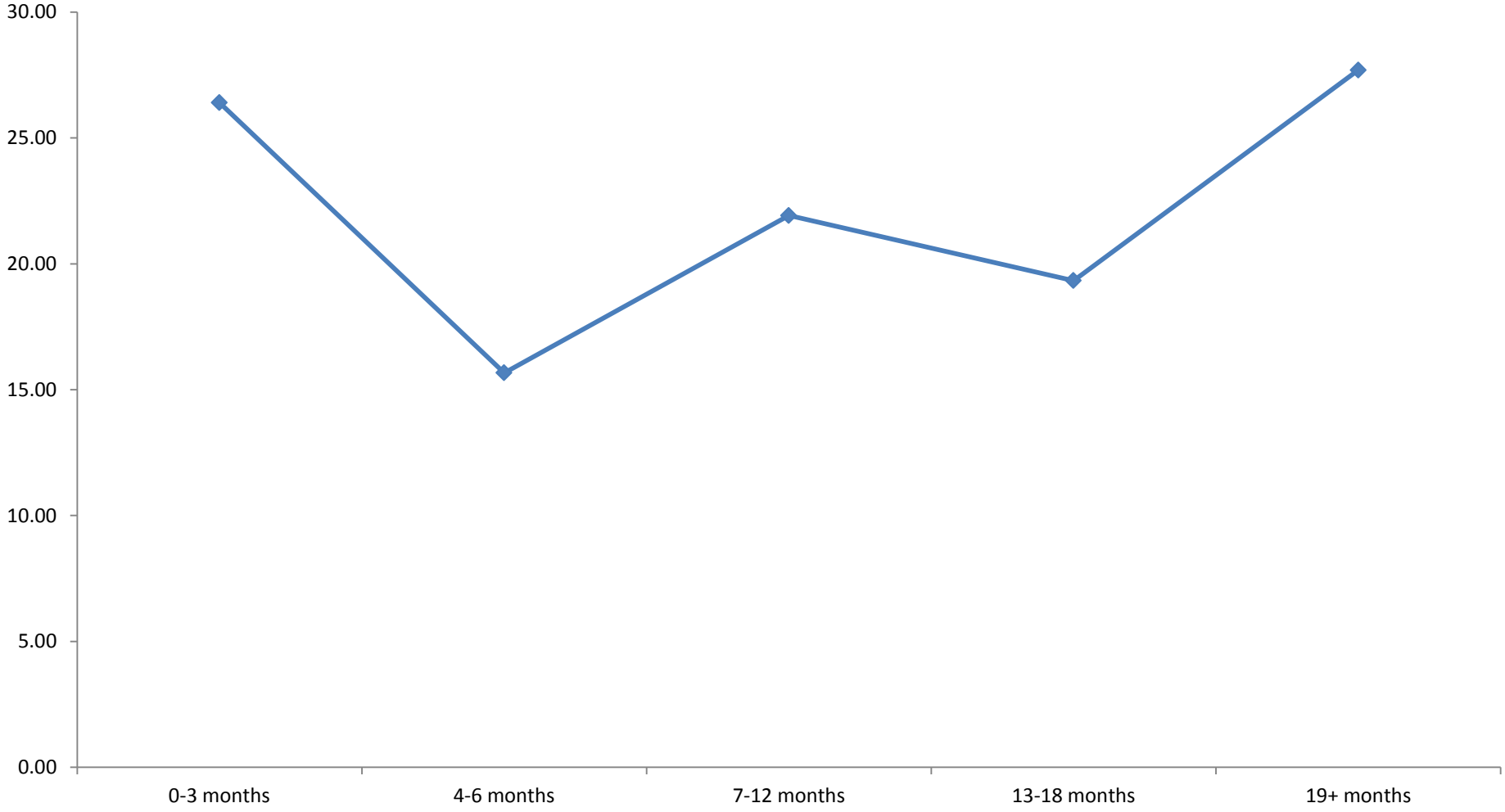
	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Severe (30-50)	40%	0%	19%	11%	46%
Moderate (25-29)	0%	0%	16%	12%	8%
Mild (20-24)	40%	0%	21%	21%	8%
Low (<20)	20%	100%	44%	56%	38%

*The data labels display the number of people

8.4. Kessler Psychological Manus and Nauru scores by length of stay during Q3 Jul – Sept 2014

Months in OPC	Totals	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	5	26.40	1	20.0%	2	40.0%	0	0.0%	2	40.0%
4-6 months	3	15.67	3	100.0%	0	0.0%	0	0.0%	0	0.0%
7-12 months	323	21.92	141	43.7%	68	21.1%	52	16.1%	62	19.2%
13-18 months	654	19.33	368	56.3%	137	20.9%	80	12.2%	69	10.6%
19+ months	13	27.69	5	38.5%	1	7.7%	1	7.7%	6	46.2%
Total OPC Population	**998**	**20.30**	**518**	**51.9%**	**208**	**20.8%**	**133**	**13.3%**	**139**	**13.9%**
Adult Community Mental Health clients 2011-2012	16,693	19.4	9,605	57.5%	2,889	17.3%	1,957	11.7%	2,242	13.40%

K-10 mean scores
Offshore - Q3



8.5. Mental health related encounters

Unique GP presentations/encounters related to mental health Offshore Processing Centres Q3 - Jul - Sep 2014			
Age band (years)	**No. of Unique Diagnoses**	**No. related to mental health**	**% related to mental health**
0-4 years	189	9	4.8%
5-10 years	218	39	17.9%
11-14 years	72	13	18.1%
15-17 years	149	12	8.1%
18-45 years	8,019	848	10.6%
46-65 years	525	49	9.3%
66+ years	50	2	4.0%
Total	**9,222**	**972**	**10.5%**
		Minors %	**11.6%**
		Adults %	**10.5%**

8.6. Psychiatric admissions to hospital

Psychiatric admissions to hospital			
OPC	**Total**	**Adult**	**Minor**
Manus Island	3	3	0
Nauru Centre	1	1	0
Total	**4**	**4**	**0**

8.7. New T&T Disclosures

Facility T&T First disclosed	Number of detainees in transferees who made new disclosures during the quarter	Adult	Minor
Manus Island	54	54	0
Nauru Centre	28	27	1
Total	**82**	**81**	**1**
% total transferee population during Q3	**3.4%**	**3.7%**	**0.5%**

Identification and Support of Survivors of Torture & Trauma

The process of identification and support of survivors of torture and trauma commences at induction screening and continues throughout a person's time in OPC. This policy is designed so that at any time these experiences are disclosed the person may be provided with appropriate support including referral to specialist torture and trauma counselling services provided within the Australian Forum of Services for Survivors of Torture and Trauma.

8.8. New Torture & Trauma Disclosures

Trend in new disclosures (Taken from the table above)			
% of total OPC population during quarter making new T&T Disclosures			
Jul - Sep 13	Oct - Dec 13	Apr - Jun 14	Jul – Sep 14
N/A	N/A	3%	3%

Department of Immigration and Border Protection

Immigration Detention Health Report

January – March 2015

Quarter 1

Onshore

Immigration Detention Health Report

Onshore

Quarter 1
January – March 2015

Report written by:

International Health and Medical Services (IHMS)

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* Reissued 6 October 2015 to amend some data errors.

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1. Executive Summary

The Immigration Detention Health Report is published on a quarterly basis and provides a summary of the health status of Detainees in Australian Immigration Detention Facilities.

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo, for the period 1 January – 31 March 2015. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team and the IHMS Clinical Directors.

This report does not include Detainees who are placed in Community Detention (CD) or Transferees at the Offshore Processing Centres (Nauru and Manus Island). Some data contained in this report is limited by the location data received from the Department of Immigration & Border Protection (DIBP) which may affect rates of conditions that are reported at site level.

The overall population in the onshore detention network including Christmas Island this quarter has decreased by 9.4%. There have been no new boat arrivals this quarter with all new arrivals into the detention network being compliance cases. The reduction in population has also seen the closure of another centre in this quarter, with the IHMS Bladin clinic ceasing operation in February.

In March, IHMS commenced its new contract with DIBP for the provision of health services in the detention network. The major features of this new contract include providing primary health and extended care to the Detainee population in line with Australian community standards and secondly to enhance patient autonomy in respect to their healthcare and management of their medications.

In the first quarter of 2015, with the increasing length of stay for detainees, IHMS has continued its focus on providing primary health care to the detention population in line with RACGP standards with a focus particularly on screening and preventative activities. IHMS also continued its important work in the management of communicable diseases which serves as an important preventative measure for the potential spread of disease in the detention network and in the Australian community.

Definitions

Term	Definition
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDC	Immigration Detention Centre
IHMS	International Health and Medical Services
IMA	Illegal Maritime Arrivals
NSAID	Non-steroidal anti-inflammatory drug
K-10	Kessler Psychological Distress Scale
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
NOCC	National Outcomes and Case mix Collection
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Un-Accompanied Minor

2. Detainee Cohort Summary

An overview of the number of people in immigration detention facilities can be found using the below Department of Immigration and Border Protection (DIBP) website link:

http://www.immi.gov.au/About/Documents/detention/immigration-detention-statistics-mar2015.pdf

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protection to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-10 years
Female 5-10 years
Male 11-14 years
Female 11-14 years
Male 15-17 years
Female 15-17 years
Male 18-45 years
Female 18-45 years
Male 46-65 years
Female 46-65 years
Male 66 years and above
Female 66 years and above

Length of stay data can also be found using the above DIBP website link.

Primary Health

3. Primary Health

3.1. Introduction

Primary Health Care is the provision of medical services by the medical professional with whom the patient has initial contact (DOHA, 2005). It is often referred to as the first line and the most important component of a health care system serving as the gateway to secondary and tertiary health care. Community general practice clinics are widely accepted as the cornerstone of Primary Health Care in a system comprising of community Nurses, community allied health professionals and community dental practitioners. International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

IHMS has been contracted by the Department of Immigration to provide primary health care services within the Australian detention network. The foundations of this health service are the 9 onsite integrated multidisciplinary IHMS medical facilities located in each of the detention centres on mainland Australia and Christmas Island. The care is provided by an experienced team of primary health care professionals including IHMS General Practitioners (GPs), Registered Nurses (RNs) and Dental practitioners with support from a comprehensive network of allied health professionals. In response to the well recognised mental health burden in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network. This is reflected by the fact that mental health clinicians make up approximately one third of the total clinicians employed by IHMS

The onsite facilities are supported by a centralised team in Sydney which provides a 24 hour health advice line which comprises of a team of registered nurses and medical officers. IHMS also has a team of operational and clinical directors in head office to provide oversight to the network thus ensuring a safe, effective and efficient health service with continuous quality improvement activities.

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS particularly from late 2013 as the average length of stay has increased since this time.

3.2. Consultations

Primary Health Care - Consultations			
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015			
IHMS Primary Health Care	**Total number of unique consults**	**Total number of unique persons seen by a clinician**	**% of total IDF population during Q1 2015**
GP	5,813	1,996	46.2%
Paramedic	102	36	0.8%
Primary Health Nurse	26,089	3,312	76.6%
Mental Health Nurse	8,764	1,978	45.8%
Psychologist	1,984	709	16.4%
Counsellor	2,962	856	19.8%
Psychiatrist	725	470	10.9%
Physiotherapist	132	49	1.1%
Total	**46,571**	**9,406**	

'Total number of unique consults': If a detainee presents to the clinic on different occasions (date and time) consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to a clinic once with multiple health issues, consultation will only be counted once.

The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.

The data from this table indicates that there remains a high utilization of clinical services by the detainee population in this quarter which is consistent with previous quarters. 46% of the population had at least one consultation with a GP while 76% of the population had at least one consultation with a primary care nurse. The accessibility of the health service to the detainee population is largely due to the simple appointment process and triaging system. Requests to see a health clinician is reviewed by an IHMS Primary Care nurse who triages the request based on the clinical information and the detainee is then provided with an appointment with a primary care nurse or GP with a wait time in line with the clinical urgency and in line with Australian community standards.

The high utilization of GP and nurse consults does not necessarily reflect the health of the population. Many of the contacts are for routine screening assessments and routine dispensing of medications. Some of the routine activities include:

- Health induction assessments
- Patient consultation
- Administration of medications
- Pathology collection
- Regular physical and mental health follow-up consults
- Triage and referrals to internal and external health care providers
- Documentation in EMR as per IHMS Practice Guidelines

Primary Health Care Consultations – Unique Persons				
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015				
IHMS Primary Health Care	**Adult**	**Adult %**	**Minor**	**Minor %**
GP	1,813	46.9%	183	40.2%
Paramedic	36	0.9%	0	0.0%
Primary Health Nurse	2,956	76.4%	356	78.2%
Mental Health Nurse	1,824	47.2%	154	33.8%
Psychologist	627	16.2%	82	18.0%
Counsellor	810	20.9%	46	10.1%
Psychiatrist	411	10.6%	59	13.0%
Physiotherapist	49	1.3%	0	0.0%

76% of the adult population and 78% of the paediatric population in the detention network had a Primary Health Nurse Consultation recorded in the last quarter. These high rates are reflective of the intensive primary health screening and vaccination activities that IHMS continued to conduct in this quarter as part of its primary health care service in the detention setting. This is also reflected in the GP figures with 46.9% of adults and 40.2% of minors having had a GP consult in this quarter. The onsite IHMS medical facilities allow for easy access to healthcare for the detainee population.

3.3. Pathology referrals

Pathology Referrals		
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015		
Pathology Type	**No. of Referrals**	**No. of Persons**
Full Blood Count (FBC)	1,031	535
Liver Function Test (LFT)	838	471
Urea Electrolytes (UE)	532	271
Mid Stream Urine Micro & Culture	252	113
HbA1C	102	61
Creatinine	132	78
Fasting Triglycerides	187	118
HIV (BBv)	527	342
Hep B	584	375
Hep C	557	364
VDRL (Syphilis)	483	313
Total number of unique persons that had a Pathology Referral	**952**	**22%**

Full Blood Count (FBC) is the number one ordered pathology test by IHMS GPs in this quarter which is a similar result previous quarters. This is consistent with the referral patterns of Australian community GPs (BEACH data, 2013) where FBC is the number one test ordered by GPs in the Australian community.

Communicable diseases screening is a routine part of the Health Induction Assessment (HIA) for all new arrivals into the detention network including all minors and this is reflected in the large number of referrals for these related tests in the table above. (HIV, Hep B, Hep C, Syphilis)

Positive cases of HIV, Hep B and C are referred to the appropriate local public hospital specialists for management with IHMS providing ongoing onsite primary care support. This ensures that the detainees have access to appropriate care in line with Australian community standards with recommended antiviral treatments being funded by IHMS and DIBP.

3.4. Allied Health Appointments

Allied Health Appointments		
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015		
Allied Health Appointment Type	**No. Appointments**	**No. unique persons (based on all designations)**
Dental	425	213
Physiotherapy	720	167
Torture and Trauma Counselling	1,028	215
Optometry	218	176
Other	3,077	1138
TOTAL	**5,468**	
Total number of unique persons to have an Allied Health Appointment	**1,411**	

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

In Q1, counselling was the most referred allied health specialty, detainees with a history of torture and trauma are referred to a network of independent torture and trauma counsellors who provide very important specialist care to this cohort.

Dental referrals were the second most utilised allied health specialty in the detention network this quarter. Yongah Hill, Wickham Point and Christmas Island IHMS clinics continue to operate onsite dental facilities which are serviced by visiting network dentists which allows for dental treatment to be provided conveniently and efficiently onsite. Other IHMS facilities refer to local dentists including private clinics and public dental hospitals. Each detainee in the detention network receives dental treatment and procedures that are clinically indicated. All minors are also eligible for yearly dental checks. These services are funded by the Department of Immigration and Border Protection and any waiting times that may be associated with providing dentistry services are in line with what would be expected in the Australian Community.

3.5. Radiology referrals

Radiology Referrals					
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage	
X-Ray	839	64.9%	422	68.7%	1. Chest 2. Spine - Lumbo-sacral 3. Foot (R) 4. Knee (L) 5. Sinuses
Ultrasound	324	25.1%	199	32.4%	1. Abdomen 2. Other 3. Pelvis (F) 4. Obstetric 5. Renal
CT Scan	76	5.9%	46	7.5%	1. Chest 2. Spine - Lumbar 3. Abdomen 4. Renal 5. Spine - Thoracic
MRI	47	3.6%	30	4.9%	1. Periphery 2. Thorax 3. Abdomen
Angiography	3	0.2%	1	0.2%	1. Aorta and Lower limbs
Mammography	3	0.2%	1	0.2%	1. Bilateral +/- Ultrasound
Bone densitometry	1	0.1%	1	0.2%	1. Medically Indicated
Total	**1,293**	**100%**	**700**		
Total number of unique persons to have a Radiology test	**614**	**As % of total IDF population during quarter**	**14%**		

**Includes multiple SNOMED groupings.*

***Chest X-rays were excluded if they were conducted within 72hrs of the admission date.*

As in primary healthcare in the Australian community, chest X-ray remains the number one most referred imaging modality in the detention network. IHMS utilises local public and private offsite imaging network providers for all imaging referrals for the detention population. On Christmas Island, IHMS employs a Nurse with radiographic qualifications to ensure this service is available in this remote location.

3.6. Specialist referrals

Specialist Referrals				
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015				
Specialist Referrals	**No. Referrals**	**GP Referral**	**Clinical Designations other than GP**	**No. unique persons (based on all designations)**
Orthopaedics	3	32	0	32
Gynaecology and Obstetrics	8	26	0	26
Gastroenterology	13	19	0	19
General Surgery	9	18	0	18
Ophthalmology	4	18	0	18
Emergency Department	18	16	0	16
Otorhinolaryngology	3	14	0	14
Paediatrics	1	13	0	13
Cardiology	19	9	0	9
Neurology	5	8	0	8
Urology	1	8	0	8
Audiology	26	7	0	7
Neurosurgery	5	6	0	6
Plastic, Reconstruction and Aesthetic Surgery	1	6	0	6
Allergy and Immunology	32	4	1	5
Infectious Diseases	7	5	0	5
Pneumology	1	5	0	5
Emergency Medicine	16	4	0	4
Nephrology	5	4	0	4
Demato-Venereology	18	3	0	3
Internal Medicine	6	3	0	3
Endocrinology	14	2	0	2
Oral and Maxillofacial Surgery	4	2	0	2
Vascular Surgery	1	2	0	2
Geriatrics	8	1	0	1
Interventional Radiology	6	1	0	1
Paediatric Gastroenterology Hepatology and Nutrition	2	1	0	1
Paediatric Nephrology	2	1	0	1
Paediatric Rheumatology	2	1	0	1
Paediatric Surgery	1	1	0	1
TOTAL	**241**	**240**	**1**	
Total number of unique persons to have a Specialist referral	**217**	**% of total IDF population during Q1**	**5.0%**	

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Compared to Q4 2014, there have been a total of 241 referrals to specialists this quarter which is a 50% decrease. This drop can be attributed to the stable population and the fact that many detainees have

completed their specialist treatment. The overall decrease in the detention population in the last 3 months also has contributed to this decrease in specialist referrals.

Obstetrics/Gynaecology and Orthopaedics remained the top 2 most referred specialties which is similar to previous quarters. IHMS continued to provide onsite trained and accredited midwives at locations including Darwin where pregnant women are located to provide both antenatal and postnatal care to this cohort in conjunction and collaboration with local hospital obstetrics services. Wickham Point currently has a caseload of 19 pregnant detainees.

In an effort to provide detainees with healthcare commensurate to the Australian population, IHMS refers detainees requiring specialist care to local public hospitals. In regards to Christmas Island detainees, IHMS refers to Australian mainland public hospitals and detainees are placed on public hospital waiting lists and are transferred to the mainland hospital for treatment. In some specialties, IHMS specialists visit Christmas Island to enable care to be provided onsite. IHMS also continued to effectively utilise telehealth in this remote environment with consults conducted in the specialties of Dermatology, Gastroenterology, Orthopaedics, Urology, Plastics, Cardiology, Rheumatology, Infectious Diseases and Neurosurgery.

3.7. Hospital admissions

Hospital Admissions		
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015		
IDF Location	**Total**	***No. of individuals hospitalised**
Christmas Island	3	3
NSW	56	37
NT	82	65
QLD	27	24
SA	5	3
VIC	48	30
WA	27	23
Total	**248**	
Total number of unique persons that were hospitalised	**183**	**4.2%**

**An individual may be double counted if they attended hospital in different locations.*

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The NT remains the number one region for hospital admissions which is consistent with previous quarters. This can be attributed to the fact that a large percentage of medical transfers from offshore locations, CI, Nauru and Manus are transferred to Darwin for specialist medical care. Wickham Point in Darwin also has the largest population of pregnant women in the detention network which contributes to the number of hospital admissions in the NT.

IHMS Darwin and DIBP continued to work closely with key stakeholders at the Royal Darwin Hospital in managing the increased burden that the Wickham Point centre places on the ambulance and hospital services in Darwin.

3.8. GP/Psychiatrist diagnoses by Health Groupings

GP/Psychiatrist diagnoses							
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015							
Health Groupings Q1 - 2015	Number of Unique Diagnoses	Number of Unique Persons	%	Adult	Adult %	Minor	Minor %
Psychological	1,992	827	19.1%	762	19.7%	65	14.3%
General Unspecified	1,847	1,024	23.7%	925	23.9%	99	21.8%
Digestive	996	535	12.4%	500	12.9%	35	7.7%
Musculoskeletal	1,105	551	12.7%	540	14.0%	11	2.4%
Skin	827	486	11.2%	442	11.4%	44	9.7%
Social	399	248	5.7%	201	5.2%	47	10.3%
Endocrine / Metabolic & Nutritional	453	317	7.3%	274	7.1%	43	9.5%
Respiratory	453	358	8.3%	317	8.2%	41	9.0%
Neurological	296	224	5.2%	217	5.6%	7	1.5%
Urological	246	170	3.9%	152	3.9%	18	4.0%
Genital	258	157	3.6%	153	4.0%	4	0.9%
Eye	244	186	4.3%	176	4.6%	10	2.2%
Injury	201	134	3.1%	118	3.1%	16	3.5%
Cardiovascular	173	95	2.2%	81	2.1%	14	3.1%
Pregnancy / Childbearing / Family Planning	212	158	3.7%	156	4.0%	2	0.4%
Ear	127	76	1.8%	76	2.0%	0	0.0%
Blood / Blood forming organs	76	67	1.6%	54	1.4%	13	2.9%
Total	**9,905**						

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The above table indicates GP and Psychiatrist diagnoses only. One detainee may present for the same condition repeatedly over the quarter or be captured across multiple medical problems.

In adults, apart from the 'General Unspecified' group, the top three diagnoses were psychological, musculoskeletal and digestive. This is a similar pattern to the previous quarters in the detention network and this pattern is also broadly comparable to the Australian community according to BEACH data 2013.

In minors, apart from the 'General Unspecified' group, the top three diagnoses were psychological, social and skin. This pattern was also similar to the findings in the previous quarter. IHMS provides specialist child and adolescent Psychologists and child and adolescent Psychiatrists to care for the psychological cases in minors.

All children undergo routine developmental child health checks as per the recognised guidelines in the respective states which they are located. These checks are conducted either by IHMS onsite child health Nurses/GPs, or by community Child Health Nurse from local councils. IHMS MITA continued its partnership with the Hume City Council who provides a visiting Child Health Nurse to the centre to assist with these routine checks.

All children in detention have also undergone pathology screening and received prophylaxis worming treatment as per recommended screening guidelines for refugee populations.

3.9. Primary Health Care Chronic diseases

Primary Health Care - Chronic Diseases					
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015					
Chronic Disease categories taken from the Australian institute of Health and Welfare	**Adult**	**Age group by %**	**Minor**	**Age group by %**	**Grand Total**
Arthritis	28	0.7%	0	0.0%	28
Asthma	26	0.6%	4	1.3%	30
Cancer	1	0.0%	0	0.0%	1
Cardiovascular	62	1.5%	4	1.3%	66
Chronic kidney disease	2	0.0%	1	0.3%	3
Depression	131	3.3%	8	2.6%	139
Diabetes	49	1.2%	0	0.0%	49
Oral disease	31	0.8%	2	0.6%	33

According to the data above, depression and cardiovascular disease are the two most common chronic diseases in the adult detention population this quarter. This is a similar result to the preceding quarters in 2014. It is also consistent with the chronic disease patterns in the Australian community (AIHW 2008) with depression and cardiovascular disease also being among the leading chronic diseases in the general Australian population. With the continuing increase of average length of stay of the detention population, depression remained one of the management challenges for the multidisciplinary IHMS mental health service which involves the joint efforts of IHMS GPs, Psychiatrists, Psychologists, Counsellors and Mental Health Nurses.

In the minors population this quarter, depression and asthma were the top two chronic diseases recorded. This result is also consistent with what was reported in previous quarters in the detention population.

Chronic Diseases by age grouping - Minors (0 - 17 years of age)								
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015								
Chronic Disease	0 - 4 years	Age group by %	5-10 years	Age group by %	11-14 years	Age group by %	15 - 17 years	Age group by %
Arthritis	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asthma	3	1.6%	1	0.7%	0	0.0%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	2	1.1%	0	0.0%	1	1.7%	1	1.6%
Chronic kidney disease	0	0.0%	0	0.0%	1	1.7%	0	0.0%
Depression	0	0.0%	1	0.7%	4	6.7%	3	4.8%
Diabetes	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Oral disease	0	0.0%	1	0.7%	0	0.0%	1	1.6%

Chronic Diseases by age grouping Adults (18 - 66+ years of age)						
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015						
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	11	0.3%	14	3.3%	3	17.6%
Asthma	23	0.7%	3	0.7%	0	0.0%
Cancer	1	0.0%		0.0%	0	0.0%
Cardiovascular	35	1.0%	21	4.9%	6	35.3%
Chronic kidney disease	1	0.0%	1	0.2%	0	0.0%
Depression	111	3.2%	20	4.7%	0	0.0%
Diabetes	31	0.9%	15	3.5%	3	17.6%
Oral disease	27	0.8%	4	0.9%	0	0.0%

Primary Health Care - Chronic Diseases by gender				
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015				
Chronic Disease ***(Categories taken from the Australian institute of Health and Welfare)***	**Female**	**% (Female)**	**Male**	**% (Male)**
Arthritis	9	0.9%	19	0.6%
Asthma	6	0.6%	24	0.7%
Cancer	1	0.1%	0	0.0%
Cardiovascular	21	2.1%	45	1.4%
Chronic kidney disease	2	0.2%	1	0.0%
Depression	44	4.4%	95	2.9%
Diabetes	10	1.0%	39	1.2%
Oral disease	4	0.4%	29	0.9%

Medications and immunisations

4. Medications

4.1. Medication usage in IDFs (Top 20)

Medication Trends						
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015						
% of total population during Q1						
Medications	**Total %**	**Total**	**Adult %**	**Adult**	**Minor %**	**Minor**
Simple analgesics and antipyretics	29.9%	1291	30.5%	1178	24.8%	113
Nonsteroidal anti-inflammatory agents	19.1%	826	20.7%	801	5.5%	25
Combination simple analgesics	13.3%	575	14.7%	569	1.3%	6
Hyperacidity, reflux and ulcers	8.4%	365	9.3%	361	0.9%	4
Antidepressants	6.9%	299	7.4%	288	2.4%	11
Antihistamines	5.9%	256	6.4%	248	1.8%	8
Penicillins	5.5%	238	5.6%	216	4.8%	22
Antipsychotic agents	4.1%	177	4.4%	171	1.3%	6
Laxatives	3.7%	160	4.0%	153	1.5%	7
Narcotic analgesics	3.3%	144	3.7%	143	0.2%	1
Sedatives, hypnotics	2.2%	97	2.5%	95	0.4%	2
Expectorants, antitussives, mucolytics, decongestants	2.2%	96	2.5%	96	0.0%	
Topical corticosteroids	2.2%	95	2.2%	84	2.4%	11
Agents used in drug dependence	2.0%	85	2.2%	85	0.0%	
Antihypertensive agents	1.9%	84	2.1%	82	0.4%	2
Antiemetics, antinauseants	1.9%	81	2.0%	78	0.7%	3
Topical oropharyngeal medication	1.8%	77	1.8%	69	1.8%	8
Rubefacients, topical analgesics/NSAIDs	1.8%	76	1.9%	75	0.2%	1
Topical antifungals	1.8%	76	1.9%	72	0.9%	4
Antianxiety agents	1.6%	70	1.8%	69	0.2%	1

***The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into adult and minor prescriptions. IHMS can advise that for Q4 of 2014 (October-December) 58% of the population in held Detention required a regular medication at some point during that time. For Q1 of 2015 (January-March) this figure has however dropped by 9% down to 49%. IHMS has recently conducted a review of its prescribing practices which may contribute to some of this decrease in medication usage and we will continue to monitor this in order to potentially determine other causes for this during the next reporting period.

From the table it can be seen that Analgesia remains the most commonly prescribed medication within IHMS. This includes simple analgesics and antipyretics, non-steroidal anti-inflammatory and combination simple analgesia at 30.5%; 20.7% and 14.7% respectively. Paracetamol and Ibuprofen are commonly utilised as first line treatment in the relief of cold and flu symptoms, musculoskeletal pain and simple headaches and detainees are able to access these medications after consultation with an IHMS Nurse or GP.

Other points of interest from this table are that there are two new medication types listed for Q1 of 2015 that were not reported for Q4 of 2014. These are antihypertensive agents used to treat high blood pressure and topical anti fungals at 1.9% and 1.8% respectively. Both of these medications account for a small percentage of the total; however IHMS will continue to monitor this and provide potential causes during the next reporting period should they continue to rise amongst the population held within onshore Detention Facilities. Fat soluble vitamins and Iron which represented 3.9% and 2.4% in the report for Q4 of 2014 are not listed in the Q1 report for 2015 as these medications were not prescribed to a significant amount for this last quarter. All other medication categories have reduced in terms of the % of total population utilising them across the network.

Detention may have an impact on the mental health of individuals. As a result it is useful to review the prescribing practices and utilisation of mental health medications and can denote that prescribing of antipsychotic agents has decreased slightly from 4.1% to 3.0%; there has been a small decrease in the prescribing of antidepressants from 7.4% and 6.9% respectively for Q4 of 2014 to Q1 of 2015, as have the agents used in drug dependence at 2.4% for Q4 of 2014 and 2.0% for Q1 of 2015. Of note is that anti anxiety agents are now listed within this table for Q1 of 2015 and account for 1.6% of the total population. It is difficult to confidently assign a reason in this report as it is a small percentage, however we will continue to monitor this and provide more statistical analysis of this in future reports should this figure continue to rise.

As a result of the recent transition to the new onshore Detention Health Services contract, IHMS has focused heavily on reviewing the processes associated with medication management. IHMS is committed to ensuring the continued safety and efficiency in terms of medication management practices, as well as

ensuring practice is aligned to the Detention Health Framework of 2007. The philosophy of this framework is to empower detainees to take responsibility for their own health care, ongoing needs and medication requirements to foster independence in preparation for their release from Immigration Detention. Research also shows that self administration can in many circumstances lead to an increase in compliance of medication regimes, remove the need for lengthy queues and improve confidentiality, privacy and dignity. Self Administration of Medication Risk Assessments have as such been formalised and are completed on all detainees who require regular medications. Following an agreed and collaborative process with all stakeholders at a site level, detainees who are considered appropriate will be offered the opportunity to self administer up to a week's supply of their medications through the use of a compliance aid called a blister pack. Statistics regarding the utilisation of blister packs will be provided during the next Health Data Set once all sites have fully implemented the required processes and all risk assessments have been completed.

4.2. Medication usage by schedule

Medication prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q1– Jan - Mar 2015			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	366	2	1,320
S3	309	5	21
S4	2,319	248	1,018
S8	31	1	6
Unscheduled	888	7	385
Grand Total	**3,913**	**263**	**2,750**

Department of Health - Scheduling – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

Source: *Scheduling Basics; http://www.tga.gov.au/industry/scheduling-basics.htm#.U87jAI2KDct*

4.3. Medication trends

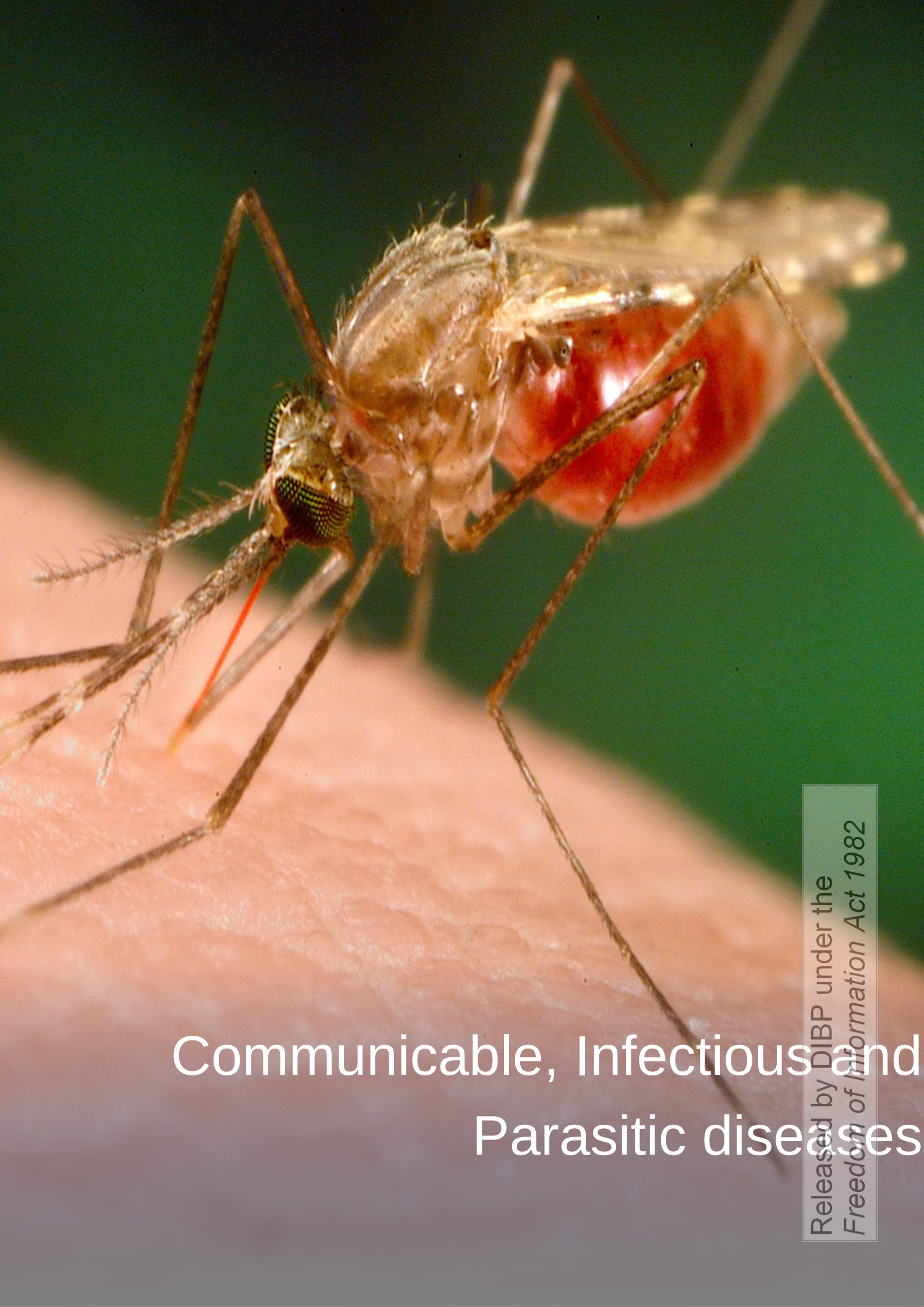
Medication Trends Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015		
% of total population during period		
Medications	**Oct – Dec 2014**	**Jan - Mar 2015**
Simple analgesics and antipyretics	36.8%	29.9%
Nonsteroidal anti-inflammatory agents	24.7%	19.1%
Combination simple analgesics	15.5%	13.3%
Hyperacidity, reflux and ulcers	11.5%	8.4%
Antidepressants	7.0%	6.9%
Antihistamines	9.2%	5.9%
Penicillins	7.4%	5.5%
Antipsychotic agents	3.0%	4.1%
Laxatives	6.1%	3.7%
Narcotic analgesics	4.7%	3.3%
Sedatives, hypnotics	2.6%	2.2%
Expectorants, antitussives, mucolytics, decongestants	4.9%	2.2%
Topical corticosteroids	3.4%	2.2%
Agents used in drug dependence	2.4%	2.0%
Antihypertensive agents	1.7%	1.9%
Antiemetics, antinauseants	2.7%	1.9%
Topical oropharyngeal medication	3.1%	1.8%
Rubefacients, topical analgesics/NSAIDs	2.3%	1.8%
Topical antifungals	2.1%	1.8%
Antianxiety agents	1.5%	1.6%

5. Vaccinations administered by age group (Mainland and Christmas Island)

Vaccinations Administered								
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015								
Vaccination	*0-4 years*	*5-10 years*	*11-14 years*	*15-17 years*	*18-45 years*	*46-65 years*	*66+ years*	*Total Vaccinations Administered*
VZV	2	0	2	0	26	0	0	30
MMR	8	1	1	0	23	0	0	33
MMR V	0	0	0	0	0	0	0	0
Hep A	7	0	1	2	45	0	0	55
Hep B	1	1	2	4	88	6	0	102
MenCCV	5	0	0	0	30	3	0	38
Typh IM	0	0	0	0	2	0	0	2
dT	0	0	0	0	22	1	0	23
HPV	0	0	5	7	3	0	0	15
DTPa (up to 10 years)	30	1	2	1	2	0	0	36
Rotavirus	14	0	0	0	0	0	0	14
IPV	0	0	1	0	44	2	0	47
PCV	18	0	0	0	1	0	0	19
dTpa (11 years and over)	0	0	0	0	40	3	0	43
Jap E	0	0	0	0	7	0	0	7
Hib	3	0	0	0	0	0	0	3
23 PPV	0	0	0	0	0	2	0	2
Total	*88*	*3*	*14*	*14*	*333*	*17*	*0*	*469*

The above table indicates that the total number of vaccinations administered this quarter (Q1) has decreased when compared to the last quarter (Q4) from 2,108 to 469 respectively. This is in line with trending from the previous quarter (ie Q3 of 2014) and illustrates as expected that detainees are catching up to the Australian Immunisation schedule and have either completed their vaccination programme or are close to completion. The total population within held Detention has also continued to decrease over the past quarter and detainees being returned into detention have come from the community where they are often up to date with their vaccinations as these have been provided to them by their community GP.

The IHMS universal immunisation program is aligned with the Australian Immunisation schedule with a few additions to cater for the unique backgrounds and circumstances of this population. HPV has now been recommended for females up to the age of 26 in the Detention population which has been implemented as an addition. The IHMS immunisation program is led by fully qualified Immunisation Nurses who hold the necessary state based qualifications to work in this field.



Communicable, Infectious and Parasitic diseases

6. Communicable Diseases

6.1. Communicable, infectious and parasitic diseases (Mainland and Christmas Island)

	New Diagnoses Quarter 1 (Jan-Mar 2015)				New Diagnoses Jul-Dec 2014			Total New Diagnosis Jul 2014 - Mar 2015		
Contagious (human to human, including sexually transmitted infections)	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**% of IDF population during quarter**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**
Chickenpox	0	0	0	0.00%	0	1	1	0	1	1
Chlamydia	0	1	1	0.02%	5	2	7	5	3	8
Gonorrhoea	0	0	0	0.00%	1	0	1	1	0	1
Hepatitis A	0	0	0	0.00%	0	0	0	0	0	0
Hepatitis B (incl active and carrier states)	0	16	16	0.37%	15	23	38	15	39	54
Hepatitis C	2	10	12	0.28%	5	8	13	7	18	25
HIV	0	3	3	0.07%	0	1	1	0	4	4
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0	0	0	0
Syphilis	0	5	5	0.12%	0	10	10	0	15	15
Tuberculosis - Active	1	1	2	0.05%	3	0	3	4	1	5
Typhoid	0	0	0	0.00%	0	0	0	0	0	0
Total	**3**	**36**	**39**	**0.90%**	**29**	**45**	**74**	**32**	**81**	**113**
Non Contagious (via mosquitoes or parasites)										
Dengue	0	0	0	0.00%	0	0	0	0	0	0
Malaria	0	0	0	0.00%	0	0	0	0	0	0
Schistosomiasis	7	0	7	0.16%	21	0	21	28	0	28
Strongyloidiasis	0	0	0	0.00%	7	0	7	7	0	7
Total	**7**	**0**	7	**0.16%**	**28**	**0**	**28**	**35**	**0**	**35**
Grand Total	**10**	**36**	**46**	**1.06%**	**57**	**45**	**102**	**67**	**81**	**148**

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

As per the previous quarter, Hepatitis B was the number one diagnosed communicable disease in the detention population. These cases were picked up due to IHMSs routine Health Induction screening for new arrivals (only compliance cases this quarter) which include a suite of pathology tests for a number of infectious diseases. A number of new Hepatitis C cases have entered the detainee network with the majority coming from a corrections setting with histories of IV drug use.

Hepatitis B is endemic in countries of origin of many detainees so it is not unexpected that a percentage will test positive to Hepatitis B. IHMS manages this cohort in consultation with infectious diseases unit across the network and all notifiable diseases such as Hepatitis B are reported to the relevant state health authorities as required by legislation. IHMS robust screening of infectious disease in all new arrivals into the Australian detention network is the cornerstone of preventing potential infectious diseases outbreak in the detention network and also the general Australian population.

As a result of the universal screening in minors program that was implemented in the last quarter, a number of children with schistosomiasis have been diagnosed who would be otherwise undiagnosed if a universal screening program was not in place. Fortunately these schistosomiasis cases have been picked up during this exercise and subsequently treated and cured.

TB diagnosis and management also remained a focus for the IHMS health service as it is a disease recognised to have significant public health risks. There are currently 6 detainees in the onshore detention network who have confirmed active TB or are currently being investigated for active TB. IHMS works closely with state TB units in the diagnosis and management of these cases. Directly observed treatment (DOTs) program is carried out by onsite IHMS nurses.

Disabilities

7. Disabilities

7.1. Disabilities (Mainland and Christmas Island)

Disabilities are initially screened for in the health induction assessment of each new arrival into the detention network. Detainees with disabilities are referred to specialist services as clinically indicated by the IHMS GPs. This includes a network of public and private providers including Paediatricians, Orthopaedic surgeons, Physicians, Psychologists, Allied Health and specialised disability services. Hearing, visual aids and prostheses are also available as required through IHMS network of providers.

No. of people in IDFs (IMAs and Non-IMAs) as at 31 Mar 2015					
Types of Disability	**IDCs**	**IRH/APODs**	**ITAs**	**Adult**	**Minor**
Amputation	1	2	1	4	0
Cognitive	0	0	0	0	0
Developmental	7	2	4	10	3
Functional impairment	8	20	1	28	1
Hearing impairment	11	13	5	24	5
Visual Impairment	13	28	4	41	4
Other (Epilepsy, Lupus)	19	20	10	49	0
Total	**59**	**85**	**25**	**156**	**13**
Unique Detainees with a disability	**54**	**71**	**21**	**135**	**11**

Visual, functional and hearing impairment remain the top 3 disabilities recorded in the detention population.

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015		
As at (as per quarter)	**No. of detainees**	**Approx. % of IDF population**
31 Mar 2015 - Q1	146	3.4%
31 Dec 2014 - Q4	194	7.2%
30 Sep 2014 - Q3	268	7.8%

Detainees will only be counted once under any particular disability category and IHMS notes that the these totals may exceed the total number of unique detainees with a disability due to some detainees falling within more than one disability category.

Mental Health

8. Mental Health

Mental Health is defined as 'a state of emotional and social wellbeing in which the individual can cope with the normal stress of life and reach his or her potential' (AHM 2003). Mental health problems refer to 'disturbances of mood or thought that can affect behaviour and distress the person or those around them, so that the person has trouble functioning normally' (AIHW 2012).

Obtaining valid and reliable information on mental health issues in an immigration detention can be challenging. Although mental health screening is performed regularly, attendance at screening is voluntary meaning that caution should be used in drawing conclusions from some data presented. Numbers of people in detention also vary, meaning that it would be more useful to look at percentages rather than absolute data. In addition, variables such as the mental illness itself, cultural manifestations of illness, and issues related to the application and interpretation of mental health screening, assessment and diagnostic tools may affect some results.

During this reporting period we noted the beginning of a change in demographic for detainees, with an anecdotal increase in numbers of detainees with negative immigration outcomes. There also appears to be a small but increasing cohort with severe and persistent mental illness, which may be a result of selection bias. Data on diagnostic groupings may assist in exploring this further.

Towards the end of this reporting period we also saw the planned release of a large cohort of children and their families from held detention. It will be interesting to compare this quarter's figures with figures from the next quarter around this.

Mental Health Service Delivery

During this quarter there was a significant change in service delivery model, which is likely to have a direct impact on data collection and interpretation in future quarters. Most significant of these has been a change in the way detainees access essentially specialist psychiatric services. While in the past detainees could access specialist services directly without initial presentation to primary health, in the new model detainees are now more often triaged through primary health. As this model is implemented, it is likely to result in an apparent increase in GP mental health diagnosis, which will be an artefact of this system change, but will be more representative of actual psychological morbidity, and will be more readily comparable with Australian data. It is likely to take some time to re-educate the detainee population in this process, so this trend may take some time to emerge.

This change in model has also resulted in a marked reduction in preventative mental health work in sites such as health promotion and mindfulness group work, and it will be important to monitor mental health trends in this context, to look at the downstream impacts of this model change. Factors worth monitoring in this context include K10 scores, rates of serious self harm, and hospital admissions.

8.1. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to DIBP policy. Screening for mental health issues provides a means of identification of any detainee mental health related concerns enabling appropriate support and interventions and a way of tracking the mental health of detainees over time. Mental health screening is performed by IHMS specialist mental health clinicians and is composed of a detailed and structured clinical assessment combined with mental health measures that are similar to Australian National Mental Health Standards.

8.2. Mental health related diagnoses

The following chart indicates the number of diagnoses relating to mental health 'problems' for Q1 Jan-Mar 2015. The total figure for unique diagnoses differs from consultations in Table 3.2 as data is extracted using different methodologies; data in the table above is extracted using SNOMED codes and data for GP consultations is extracted from consultations within the clinical information system.

Unique diagnoses related to mental health			
Mainland and Christmas Island (IDFs only) Q1 – Jan - Mar 2015			
Age band (years)	**No. unique GP diagnoses**	**No. related to mental health**	**% related to mental health**
0-4	298	23	7.7%
5-10	219	55	25.1%
11-14	109	24	22.0%
15-17	148	71	48.0%
18-45	7,713	1,565	20.3%
46-65	1,342	250	18.6%
66 +	76	4	5.3%
Total	**9,905**	**1,992**	**20.1%**
		Minors %	**22.4%**
		Adults %	**19.9%**

In Q1 an average of 20.1% of diagnoses were mental health related. This appears to be a progressive increase over time, in comparison with a total of 9.5% in Q2 Apr-Jun 2014, 18.9% in Q3, and 19.7% in Q4. As noted above, interpretation of this statistic should take in to consideration a significant change in service provision model in this quarter, with the commencement of a mental health care more model more aligned to that found in the wider Australian community, where people are encouraged to attend a GP for initial

assessment, rather than having automatic direct access to specialist mental health services. This change in service model is likely to become more embedded in the next quarter, in which case a rise in GP Mental health encounters might be expected.

This data can be compared with RACGP estimates of between 12.5 – 13% diagnoses for Mental Health related issues in the general population.

There has been an overall reduction in total numbers of children presenting to GPs for mental health related issues, which likely reflects the progressive reduction in the numbers of children in detention. However, trends noted in previous reports for a more marked increase in percentage of diagnoses for minors over the year, from 12.5% in Q3, and 16.5% in Q4. Figures are particularly high for those over the age of 5, with between 23 – 26% of diagnoses falling within the 5 – 17 year old age group. Given that children's neurological and psychological development are incomplete and are influenced by external factors, these rates of presentation for psychological issues may indicate these children will be more likely to experience significant and ongoing mental health issues in adult life. Results of mental health screening relevant to children needs to be established and reported in order to best monitor and respond to this issue.

8.3. Psychiatric admissions to hospital

Psychiatric admissions to hospital Q1 (Jan – Mar 2015)			
State/Territory	**Total**	**Adult**	**Minor**
NSW	3	3	0
NT	8	8	0
QLD	5	4	1
SA	0	0	0
VIC	11	11	0
TAS	N/A	N/A	N/A
WA (incl. Christmas Island)	2	2	0
Total	**29**	**28**	**1**

Psychiatric hospital admissions to hospitals are taken from the incident reporting system used by IHMS to document admissions to hospital. The table above breaks down each admission by state or territory.

There was one admission for a minor this quarter, and 12 admissions for adults. This is a significant increase from the last quarter, and it would useful to present hospital rates as a percentage of detainees over time, and to separate out those from OPCs (who are hospitalised within Australia), from non-OPC detainees, to best inform service needs.

Psychiatric admissions to hospital		
State/Territory	**Oct - Dec 2014**	**Jan - Mar 2015**
NSW	3	3
NT	3	8
QLD	2	5
SA	1	0
VIC	4	11
TAS	N/A	N/A
WA (incl. Christmas Island)	0	2
Total	**13**	**29**

A total of 29 detainees were admitted to hospital for Psychiatric reasons this quarter, which is the highest rate of admission since 2013, despite a dropping detainee population. While in the last quarter the largest cohorts admitted were in QLD and NT which were likely a reflection of admissions of those from offshore, in this quarter there is a large spike in admissions from Victoria. It would be useful to examine these admission rates further to look at diagnostic groupings, and other relevant variables such as percentage from OPCs, to assist with formulating suitable interventions. Anecdotally, there appears to be a progressive rise in the number of detainees with severe and persistent mental illness and with substance abuse issues, and if this is supported by data analysis it may be that alternative strategies could be developed around these specific high needs groups.

8.4. Kessler Psychological Distress Scale (K-10) Q1 - 2015

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS onshore immigration detention data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

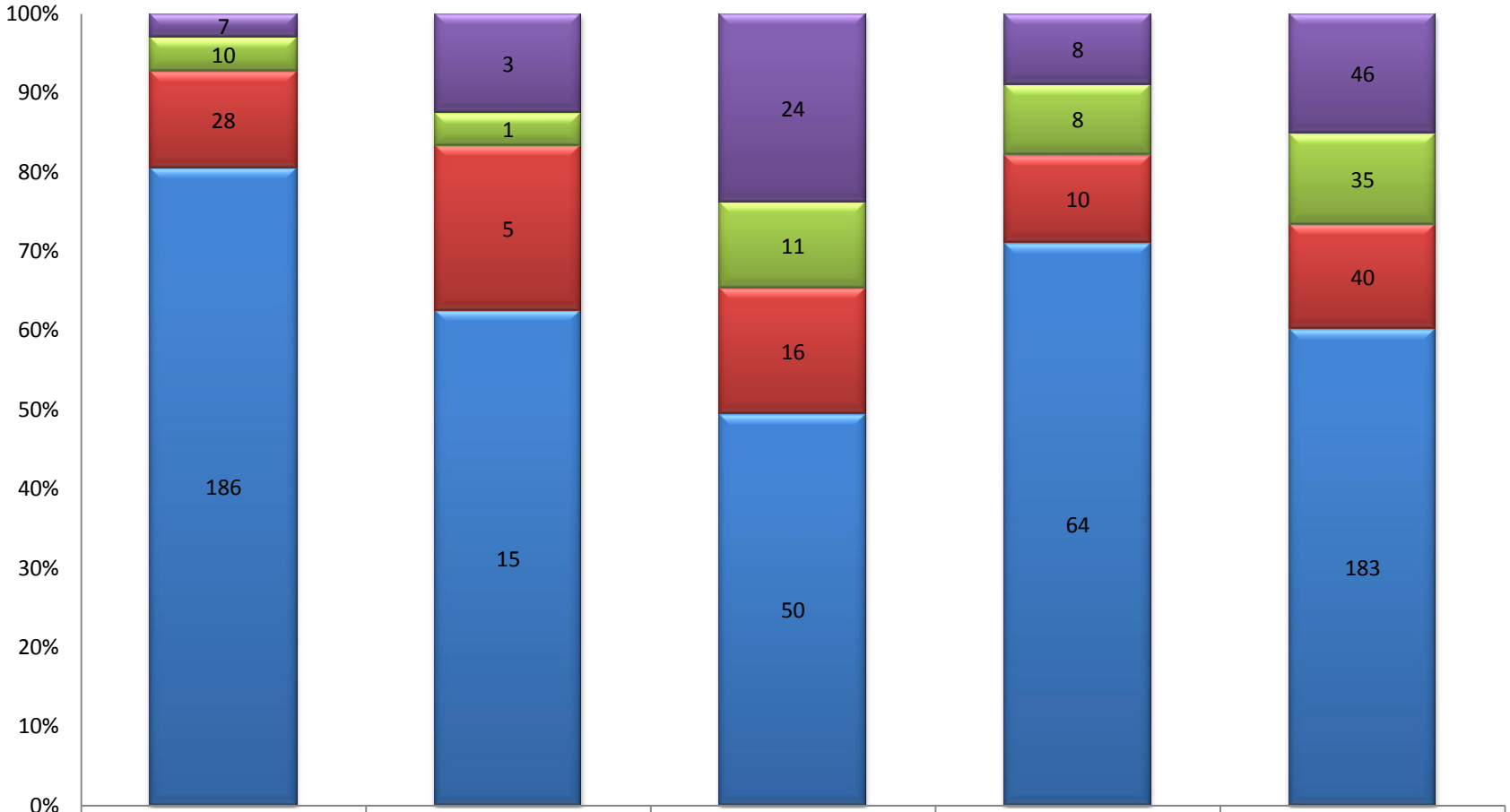
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

8.5. Kessler Psychological Mainland and Christmas Island Q1 – 2015

Months in Detention	Total Screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	231	15.18	186	80.5%	28	12.1%	10	4.3%	7	3.0%
4-6 months	24	20.46	15	62.5%	5	20.8%	1	4.2%	3	12.5%
7-12 months	101	22.12	50	49.5%	16	15.8%	11	10.9%	24	23.8%
13-18 months	90	17.50	64	71.1%	10	11.1%	8	8.9%	8	8.9%
19+ months	304	19.97	183	60.2%	40	13.2%	35	11.5%	46	15.1%
Total	**750**	**18.51**	**498**	**66.4%**	**99**	**13.2%**	**65**	**8.7%**	**88**	**11.7%**
Adult Community Mental Health clients 2011-2012	**16,693**	**19.4**	**9,605**	**57.5%**	**2,889**	**17.3%**	**1,957**	**11.7%**	**2,242**	**13.4%**

K-10 scores in this appear to show a cohort in detention between 7-12 months with relatively high K-10 scores, superimposed on the previously apparent trend for direct correlation between length in detention. A retrospective view of last quarter's data shows a similar cohort effect with length of stay 4-6 months in detention, which increases the likelihood that there are specific mental health issues, probably pre-existing, within the group entering detention at that time. This hypothesis is supported by the relative risk in Psychiatric admissions in this quarter. Further analysis could assist in understanding the relevant variables, and in planning what interventions might be most useful for this cohort, as their mental health issues are likely to escalate with increasing length of stay, and likely to require significant specialist mental health input.

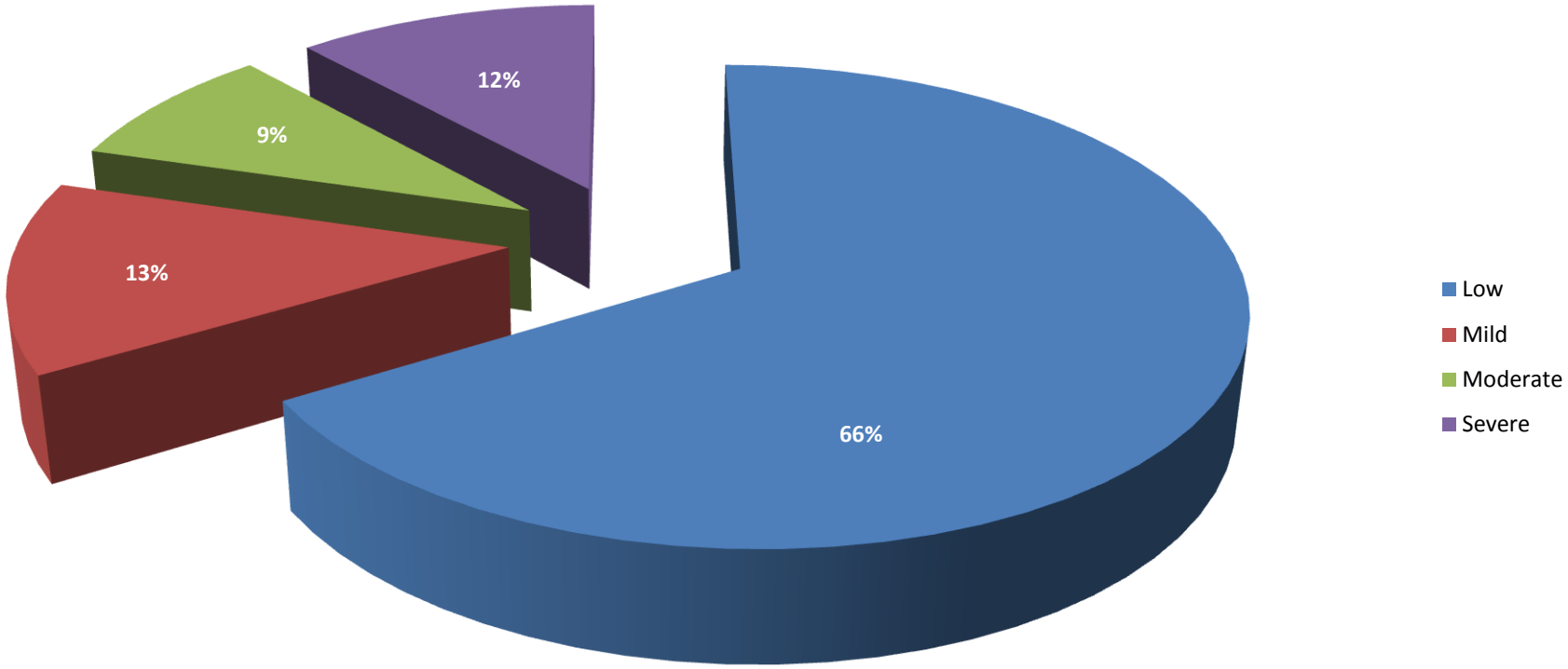
Kessler Psychological Distress Scale: Mainland and Christmas Island



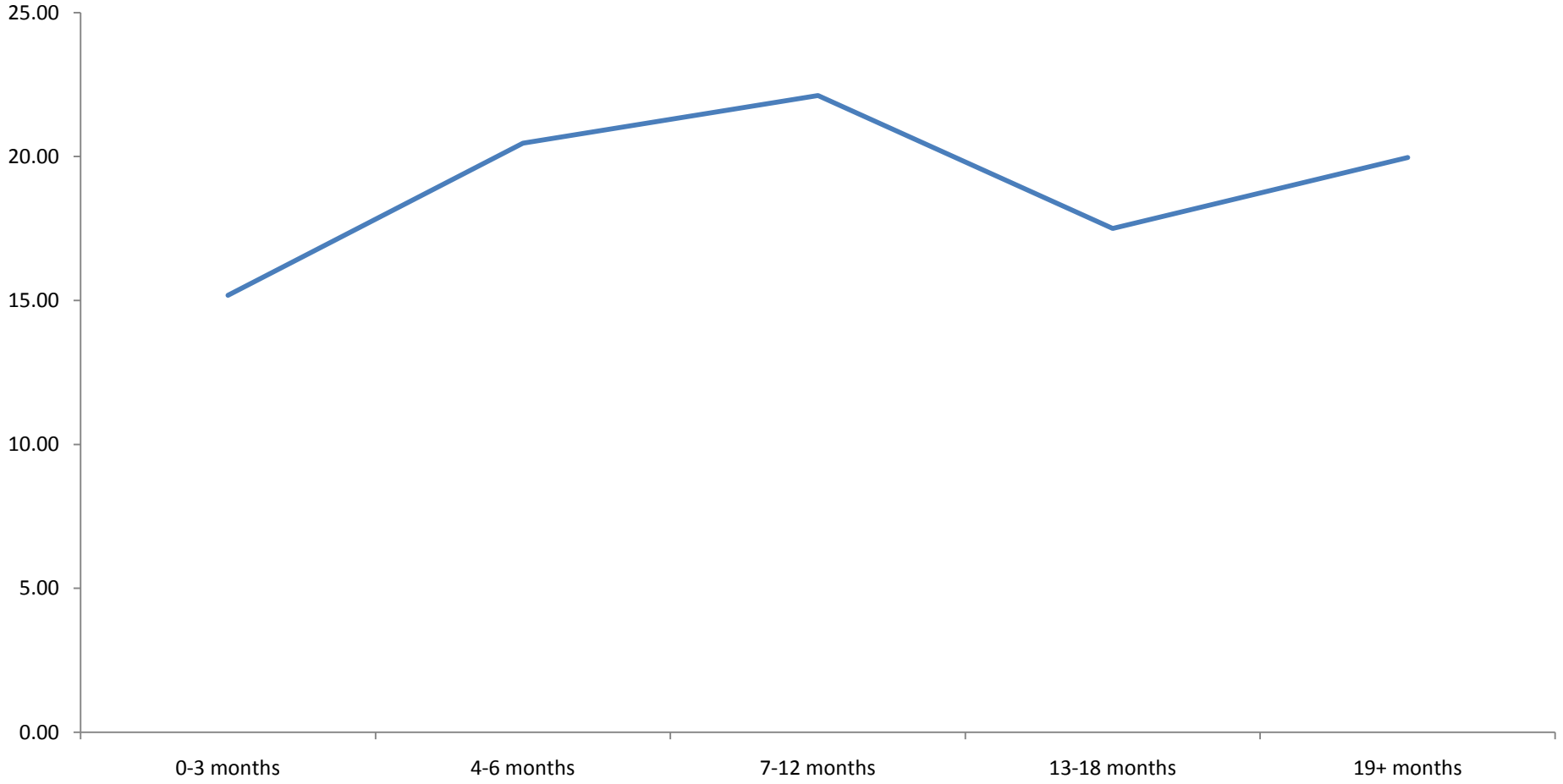
	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Severe (30-50)	3%	13%	24%	9%	15%
Moderate (25-29)	4%	4%	11%	9%	12%
Mild (20-24)	12%	21%	16%	11%	13%
Low (<20)	81%	63%	50%	71%	60%

**The data labels represent the number of people.*

Overall percentage by Severity: Kessler Psychological Distress Scale
Mainland and Christmas Island



K-10 mean scores
Mainland and Christmas Island - Q1



8.6. Torture & Torture

Identification and Support of Survivors of Torture & Trauma

The process of identification and support of survivors of torture and trauma commences at induction screening and continues throughout a person's time in detention. All cases of adults who report trauma or torture have an incident report notification made to DIBP. They are also asked to complete the Harvard Trauma Questionnaire (unless considered clinically inappropriate), and referred to a Torture and Trauma Service.

8.7. New T&T Disclosures

Facility T&T First disclosed	Number of detainees in IDFs who made new disclosures during the quarter	Adult	Minor
Adelaide ITA	2	2	0
Bladin	0	0	0
Brisbane ITA	3	1	2
Christmas Island	2	2	0
Maribyrnong IDC	10	10	0
Melbourne ITA	9	6	3
Perth IDC/IRH	0	0	0
Villawood IDC	25	22	3
Wickham Point APOD/IDC	17	12	5
Yongah Hill IDC	9	9	0
Total	**77**	**64**	**13**
% total IDF population during Q1	**1.8%**	**1.7%**	**2.9%**

T&T can be identified or disclosed at different times, depending on variables such as clinical engagement, trust, sense of safety, and beliefs about whether disclosure may impact on other issues. The rates of minors reporting T&T at different sites are a reflection of which sites host minors, rather than actual numbers overall.

It should be noted that this table only presents new disclosures, not overall numbers of those with T&T histories currently in detention. Given that T&T history often has longstanding impacts on psychological needs, and that management often requires repeated support or repeat referrals around times of stress, capturing the overall rates of T&T history within the detainee population would provide useful information.

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Department of Immigration and Border Protection

Offshore Processing Centres Quarterly Health Trend Report

January – March 2015

Quarter 1

Offshore Processing Centres Quarterly Health Trend Report

Quarter 1

January – March 2015

Report written by:

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*Reissued on 6 October 2015 to amend some data errors

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1. Executive Summary

The Offshore Processing Centres (OPC) Quarterly Health Trends Report is submitted on a quarterly basis and provides a summary of the health status of transferees in OPCs.

The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo for the period 1 January – 31 March 2015. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team, Primary Health Manager, Mental Health Services Manager and IHMS Medical Directors.

The episode data (health occasions of service) by clinician and by centre have not been included in this report as they are part of a separate report.

Data in this report relating to 'Specialist Referrals' and 'Allied Health Referrals' is taken directly from referrals letters entered into Apollo rather than appointments.

Systematic clinical coding of all Standard Health Events or consultations is a technical process of reviewing the notes from each consultation and recording the primary reason for presentation and any secondary reasons if relevant. Coding, which commenced in February 2013, continues to code health events from Apollo for consultations with either the General Practitioners (GPs) and Psychiatrist on site. Clinical coding continues to improve the quality of data in this report.

Definitions

Term	Definition
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
HTQ	Harvard Trauma Questionnaire
IHMS	International Health and Medical Services
NOCC	National Outcomes and Case-Mix Collection
NSAID	Non-steroidal anti-inflammatory drug
OPC	Offshore Processing Centre
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Unaccompanied Minor

2. Transferee Cohort

An overview of the number of people in OPCs can be found using the below Department of Immigration and Border Protection (DIBP) website link:

http://www.immi.gov.au/About/Documents/detention/immigration-detention-statistics-mar2015.pdf

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protection to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-10 years
Female 5-10 years
Male 11-14 years
Female 11-14 years
Male 15-17 years
Female 15-17 years
Male 18-45 years
Female 18-45 years
Male 46-65 years
Female 46-65 years
Male 66 years and above
Female 66 years and above

IHMS provides a wide range of primary health care activities which cater for the different age groups within the OPC population. The cohort on Manus has remained stable with no reported patterns of disease within particular age brackets. Following the transfer of the family groups in August 2014 IHMS has seen a continual number of presentations of fevers, minor injuries and childhood disease within these groups this quarter on Nauru. Due to the Refugee Status Determination (RSD) process the transferee population on Nauru has decreased overall but there remains a wide cross section of age groups in the OPC network from ages 0 to 76.

Length of stay data for transferees in OPCs is not published by the Department.

Primary Health

3. Primary Health

3.1. Introduction

IHMS is contracted by DIBP to provide the primary health care service within the Offshore Processing Centres (OPCs). The care is provided by an experienced team of primary health care professionals including IHMS Medical Officers (GPs) and Registered Nurses (RNs). On Nauru this also includes Paediatric Nurses and Midwives. In response to the well-known challenges of mental health in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network.

International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS as the transferee population has stabilised and the average length of stay has increased. Primary health staff delivers weekly health promotion and in recent months senior doctors have been involved in delivering ongoing patient education on topics such as TB control and management.

3.2. Consultations

Primary Health Care - Consultations			
Manus and Nauru Q1 – Jan - Mar 2015			
IHMS Primary Health Care	**Total number of unique consults**	**Number of unique persons seen**	**% of total transferee population during Q1 2015**
GP	4,033	1,257	64.2%
Paramedic	2,693	739	37.7%
Primary Health Nurse	18,132	1,658	84.7%
Mental Health Nurse	3,882	1,171	59.8%
Counsellor	6,386	1,316	67.2%
Psychiatrist	497	291	14.9%
Psychologist	1,661	602	30.7%
Total	**37,284**	**7,034**	

There is a high level of utilisation and engagement with the health services within the OPCs. The number of nurse consultations reflects the nurse-led model of care. Primary health nurse consultations have risen dramatically in this quarter from 5,733 (Q4 2014) to 18,132 (Q1 2015). While some of this may be data artefact, the rise in consultations remains significant. Data appears to reflect an increase in the number of presentations per unique individual, rather than an overall rise in number of individuals presenting. It would be useful to look in more detail at the reasons for this rise in order to understand the contributing variables. Factors which may influence consultation rates include both health and non-health related variables, such as the anecdotal perception that presentation to the health clinic may influence access to other resources, or to the immigration process. It is likely that this dramatic rise is related to the large number of transferees in Manus over this time on Food and/or Fluid Refusal (FFR), which resulted in very significant short term nursing health interventions. It will be useful to track this trend to see if it continues in to the next Quarter.

There are a significant number of GP consults, representing a higher proportion of people seeing the GP than is shown in the Australian Immigration detention facilities. This is consistent with previous data on this population group.

This data also confirms this group's excellent access to primary medical services, easily comparable to the community.

There are several factors impacting the number of GP consultations:

i. In the OPCs, a higher percentage of medical requests are specifically for GP access compared with the onshore network. Many cases are requests to see a GP to follow up on specialist waiting times.

ii. Cultural perceptions leading to larger numbers of requests for doctor consultations

iii. Self-reporting of pain for chronic medical conditions along with large numbers of somatization disorder, requiring GP assessment and management

iv. Primary health nurse reviews may require GP intervention and ongoing clinical management/investigation.

v. Complex medical cases in OPCs are referred to the Senior Medical Officer for continuity of care and to determine ongoing management and/or referral to external service providers.

Primary Health Care Consultations – Unique Persons				
Manus and Nauru Q1 – Jan - Mar 2015				
IHMS Primary Health Care	**Adult**	**Adult %**	**Minor**	**Minor %**
GP	1,189	65.5%	68	47.2%
Paramedic	680	37.5%	59	41.0%
Primary Health Nurse	1,517	83.6%	141	97.9%
Mental Health Nurse	1,097	60.5%	74	51.4%
Counsellor	1,272	70.1%	44	30.6%
Psychiatrist	260	14.3%	31	21.5%
Psychologist	551	30.4%	51	35.4%

It can be noted here that a high proportion of children within the offshore network have been reviewed by a healthcare professional during the period. This largely represents contact in relation to vaccinations and health-checks. In this quarter IHMS implemented a new 'Healthscreen for Minors' program which incorporated additional physical checks and pathology screening to high risk populations. In addition in October there was an outbreak of hand, foot and mouth disease among children on Nauru which required increased screening and isolation measures.

3.3. Pathology Referrals

Pathology Referrals		
Manus and Nauru Q1 – Jan - Mar 2015		
Pathology Type	**No. of Referrals**	**No. of Persons**
Full Blood Count (FBC)	393	279
Liver Function Test (LFT)	247	182
Urea Electrolytes (UE)	278	190
Mid Stream Urine Micro & Culture	224	143
HbA1C	49	40
Creatinine	136	110
Fasting Triglycerides	152	115
HIV (BBv)	212	149
Hep B	127	96
Hep C	113	75
VDRL (Syphilis)	43	37
Total number of unique persons that had a Pathology Referral	**531**	**27%**

Overall, pathology referrals account for screening processes, acute presentations and chronic health surveillance. The permanent laboratory technician continues to be active on both Manus and Nauru.

There has been a reduction in pathology referrals since the previous quarter.

3.4. Allied Health Appointments

Allied Health Appointments		
Manus and Nauru Q1 – Jan - Mar 2015		
Allied Health Appointment Type	**No. Appointments**	**No. unique persons (based on all designations)**
Dental	242	151
Physiotherapy	52	25
Torture and Trauma Counselling	209	90
Optometry	0	0
Other	183	102
TOTAL	**686**	
Total number of unique persons to have an Allied Health Appointment	**313**	

**This information was taken from the Overseas Services to Survivors of Torture and Trauma (OSSTT)*

The presence of the dentist has had a marked effect on the morale of the transferees with many compliments and letters of thanks received. It is hoped within the next quarter continued presence of dedicated dental resources on both Manus and Nauru will see a significant decline in the total number of outstanding referrals. IHMS has attempted to implement dental screening for minors with programs such as 'Lift the Lips' being offered in line with community standards. However, there has been very little uptake of these clinics during this quarter. IHMS will continue to promote and and encourage participation in anticipation of April visit by the Dentist in keeping with our commitment to primary health care.

3.5. Radiology Referrals

Radiology Referrals					
Manus and Nauru Q1 – Jan - Mar 2015					
Type	Referrals		Persons		Top reasons for imaging referral
	No. Referrals	Percentage (of total)	No. Persons	Percentage	
X-Ray	328	65.0%	226	72.4%	1. Chest 2. Spine - Lumbo-sacral 3. Knee (R) 4. Hand (L) 5. Knee (L)
Ultrasound	135	26.7%	113	36.2%	1. Abdomen 2. Pelvis (F) 3. Obstetric 4. Other 5. Renal
CT Scan	29	5.7%	25	8.0%	1. Chest 2. Abdomen 3. Brain 4. Spine - Lumbar 5. Renal
MRI	13	2.6%	11	3.5%	1. Periphery 2. Abdomen
Total	**505**	**100%**	**375**		
Total number of unique persons to have a Radiology test	**312**	**As % of total OPC population during quarter**	**16%**		

The 'number of unique persons to have a radiology test' differs from the total number of referrals, as one person may have several tests in the one referral (one X-ray plus a CT scan for example).

There's been a significant increase in the total number of referrals, mainly due to the large number of X-ray referrals in both islands.

3.6. Specialist Referrals

Specialist Referrals				
Manus and Nauru Q1 – Jan - Mar 2015				
Specialist Referrals	**No. Referrals**	**GP Referral**	**Clinical Designations other than GP**	**No. unique persons (based on all designations)**
General Surgery	15	15	0	15
Orthopaedics	5	0	5	5
Cardiology	5	5	0	5
Allergy and Immunology	4	3	1	4
Gynaecology and Obstetrics	3	3	0	3
Otorhinolaryngology	2	2	0	2
Neurology	1	1	0	1
Urology	1	1	0	1
Oral and Maxillofacial Surgery	1	1	0	1
Ophthalmology	1	1	0	1
Gastroenterology	2	2	0	2
TOTAL	**40**	**34**	**6**	
Total number of unique persons to have a Specialist referral	**36**	**% of total IDF population during Q1**	**1.8%**	

**This figure has been updated in Version 2 of this report to be consistent with the total number of referrals for General Surgery.*

IHMS has worked closely with the department to continue to provide a level of extended health services on both Manus and Nauru. This has included visits by visiting specialist internal physician, optometrist, ophthalmologist and neurologist. On Nauru, paediatricians, optometrists, obstetricians and sonographers continue to play a key role in providing healthcare to the transferee population, with ongoing visits to the island. Due to the strain on the RON hospital with the high number of refugees now in the community these services provide timely assessment and management.

IHMS has continued to review perinatal capability on Nauru and in March had a remote perinatal nurse specialist visit the Island. She visited the RON Hospital and IHMS clinic at RPC1 to identify current

capabilities and her report will be provided to the Department in May; this will provide further information to allow us to review recommendations for the delivery of low risk pregnancies on the island.

Obstetrics referrals from Nauru continue this quarter with an average 10 -12 women pregnant at any given time. The incidence of hyperemesis gravida has remained low and routine transfers at 28 weeks occur as per protocol. However several pregnant identified as high risk including insulin dependent diabetic were transferred earlier following recommendations from visiting specialists.

General surgery remains the highest referral mainly for simple procedures such as hernias, scrotal issues and chronic pain due to traumatic injury, which is high due to country of origin and the frequent history of trauma and torture; there were a few patients this quarter presenting with long histories of retained foreign bodies that have required supportive management. Several transferees were referred to Australia after limited capacity of the RON hospital to deal with traumatic injuries including review of prosthesis for below knee amputation (BKA) and also review of brachial plexus injury requiring specialist review.

Tele-health continues to be utilised on both islands and has seen a variety of specialists utilised including dermatologists and orthopaedic surgeons consulted successfully reducing the need for certain presentations to refer back to Australia. In this quarter IHMS engaged the services of a TB consultant who has been utilised to review current cohort of transfers on TB register and also follow up previously diagnosed TB contacts.

3.7. Hospital Admissions

Hospital Admissions		
Manus and Nauru Q1 – Jan - Mar 2015		
OPC Location	**Total Hospital Admissions**	**No. of individuals hospitalised**
Manus Island	23	20
Nauru Centre	8	8
Total	**31**	
Total number of unique persons that were hospitalised	**28**	**1.4%**

A number of acute presentations this quarter have required keeping patients for overnight stay for monitoring and intravenous treatment. Several patients required medical transfer to Port Moresby or Australia for specialist intervention unavailable on Manus or Nauru.

On Manus the bulk of the hospital admissions were to Pacific International Hospital in Port Moresby, mainly for surgical or urological interventions, with a few cases requiring tertiary level care managed in Australia.

On Nauru there continues to be low hospital admissions overall. As previous quarters complex and critical cases are referred to Australia for treatment and/or management. In addition there is a general reluctance on the transferees' part to be admitted or have treatment in the RON Hospital which is difficult to manage.

3.8. GP/Psychiatrist Diagnoses by Health Groupings

GP/Psychiatrist diagnoses							
Manus and Nauru Q1 – Jan - Mar 2015							
Health Groupings Q1 - 2015	**Number of Unique Diagnoses**	**Number of Unique Persons**	**%**	**Adult**	**Adult %**	**Minor**	**Minor %**
General Unspecified	1,554	822	42.0%	779	42.9%	43	29.9%
Digestive	1,102	483	24.7%	465	25.6%	18	12.5%
Musculoskeletal	1,056	484	24.7%	477	26.3%	7	4.9%
Psychological	1,040	388	19.8%	361	19.9%	27	18.8%
Skin	803	418	21.3%	402	22.2%	16	11.1%
Respiratory	586	289	14.8%	253	13.9%	36	25.0%
Urological	399	236	12.1%	213	11.7%	23	16.0%
Social	345	269	13.7%	235	13.0%	34	23.6%
Endocrine / Metabolic & Nutritional	223	150	7.7%	142	7.8%	8	5.6%
Injury	223	160	8.2%	153	8.4%	7	4.9%
Ear	290	129	6.6%	118	6.5%	11	7.6%
Neurological	307	222	11.3%	216	11.9%	6	4.2%
Eye	238	130	6.6%	125	6.9%	5	3.5%
Genital	156	95	4.9%	90	5.0%	5	3.5%
Cardiovascular	191	135	6.9%	133	7.3%	2	1.4%
Blood / Blood forming organs	19	18	0.9%	15	0.8%	3	2.1%
Pregnancy / Childbearing / Family Planning	27	19	1.0%	19	1.0%	0	0.0%
Total	**8,559**						

3.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Manus and Nauru Q1 – Jan - Mar 2015					
Chronic Disease categories taken from the Australian institute of Health and Welfare	**Adult**	**Age group by %**	**Minor**	**Age group by %**	**Grand Total**
Arthritis	33	1.8%	0	0.0%	33
Asthma	18	1.0%	0	0.0%	18
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	44	2.4%	1	0.7%	45
Chronic kidney disease	1	0.1%	1	0.7%	2
Depression	104	5.7%	3	2.1%	107
Diabetes	18	1.0%	0	0.0%	18
Oral disease	85	4.7%	4	2.8%	89

With an increase in the visiting dental service on both islands, the numbers of dental presentations to primary health has subsequently decreased.

Chronic Diseases by age grouping - Minors (0 - 17 years of age)								
Manus and Nauru Q1 – Jan - Mar 2015								
Chronic Disease	0 - 4 years	Age group by %	5-10 years	Age group by %	11-14 years	Age group by %	15 - 17 years	Age group by %
Arthritis	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Asthma	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	0	0.0%	0	0.0%	1	3.8%	0	0.0%
Chronic kidney disease	0	0.0%	0	0.0%	1	3.8%	0	0.0%
Depression	0	0.0%	0	0.0%	3	11.5%	0	0.0%
Diabetes	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Oral disease	0	0.0%	3	4.9%	0	0.0%	1	3.7%

Chronic Diseases by age grouping Adults (18 - 66+ years of age)						
Manus and Nauru Q1 – Jan - Mar 2015						
Chronic Disease	18 - 45 years	Age group by %	46 - 65 years	Age group by %	66 years +	Age group by %
Arthritis	29	1.7%	4	4.8%	0	0.0%
Asthma	16	0.9%	2	2.4%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	32	1.9%	11	13.1%	1	33.3%
Chronic kidney disease	1	0.1%	0	0.0%	0	0.0%
Depression	100	5.8%	4	4.8%	0	0.0%
Diabetes	10	0.6%	8	9.5%	0	0.0%
Oral disease	83	4.8%	2	2.4%	0	0.0%

Primary Health Care - Chronic Diseases by Gender					
Manus and Nauru Q1 – Jan - Mar 2015					
Chronic Disease categories taken from the Australian institute of Health and Welfare	**Female**	**% (Female)**	**Male**	**% (Male)**	**Grand Total**
Arthritis	3	1.2%	30	1.7%	33
Asthma	1	0.4%	17	1.0%	18
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	10	4.1%	35	2.0%	45
Chronic kidney disease	1	0.4%	1	0.1%	2
Depression	24	9.9%	83	4.8%	107
Diabetes	2	0.8%	16	0.9%	18
Oral disease	16	6.6%	73	4.3%	89

3.10. Health Trends

Overall we have seen in the quarter a general decrease in all presentations which may be attributed to several factors. As noted the introduction of Open Centre appears to have had a significant impact in transferees' morale and attendance in the clinics. However this may be a false downturn as there have also been low attendances for booked appointments. We continue to see high presentations in the first four groupings. Musculoskeletal injuries have increased with some concerns that there is an exaggeration of symptoms resulting in need for referral for MRI which can only be performed in Australia. However, following Paul Douglas (CMO) visit and inspection of the sites he did acknowledge that the terrain and shoe wear may be factors contributing to this high incidence.

Oral disease and depression remain the top diagnoses in this group, however this is now managed with ongoing visits from the dentist and both child and adult psychiatrist who provide continued support and management. As noted previously, cardiovascular disease continues to rate highly in this report. Diabetics continue to be are reviewed weekly by the primary health team and are reviewed by the visiting internal physician to both sites; he also sees many of the more complex medical cases including cardiovascular, gastroenterology, neurology and chronic pain management. Hypertension is an ongoing issue and in some cases investigation in Australia was recommended for two transfereess on Nauru, with one refugee now being actively monitored by the Settlement team in the community. Compliance of medication compliance remains an area of concern and as provision of Webster packs is limited to transferees with chronic medical conditions this will remain an issue. OPC3 in particular is an area of concern given the location of families here there is the associated risk of antibiotic resistance due to poor completion of required doses was highlighted in this quarter so there is an ongoing emphasis into education and monitoring clinically to ensure appropriate management.

Rates of depression in this population are reported to allow comparison with chronic disease categories taken from the Australian Institute of Health and Welfare, and include diagnoses made by both GPs and Psychiatrists. However, in this cohort, the clinical impression is of relatively high rates of anxiety-related disorders such as PTSD, which might be expected in the asylum-seeking population. It would be useful to explore anxiety-related diagnoses in future reports.

The official opening off the Clubhouse after much planning and preparation has had a positive impact in OPC2 which average numbers of 60 plus in attendance daily. Initial feedback has been extremely positive and other service providers are now looking at similar plans in an attempt to engage with transferees. Statistically there are greater numbers of males suffering from depression and this is a reflection of the higher male cohort overall in Nauru and associated

separation from family and support network and concerns regarding RSD outcomes. During this quarter OPC2 were unable to participate in Open Centre activities which had also impacted on overall mental health.

Medications and immunisations

4. Medications

4.1. Medication usage in transferees (Top 20)

Medication Trends						
Manus and Nauru Q1 – Jan - Mar 2015						
% of total population during Q1						
Medications	Total %	Total	Adult %	Adult	Minor %	Minor
Nonsteroidal anti-inflammatory agents	39%	758	41%	734	17%	24
Simple analgesics and antipyretics	33%	651	33%	596	38%	55
Hyperacidity, reflux and ulcers	20%	387	21%	384	2%	3
Antihistamines	18%	349	18%	327	15%	22
Penicillins	18%	345	18%	324	15%	21
Expectorants, antitussives, mucolytics, decongestants	9%	182	9%	165	12%	17
Antidepressants	9%	167	9%	164	2%	3
Combination simple analgesics	8%	166	9%	164	1%	2
Antispasmodics and motility agents	7%	134	7%	132	1%	2
Rubefacients, topical analgesics/NSAIDs	6%	122	7%	119	2%	3
Topical oropharyngeal medication	6%	117	6%	113	3%	4
Antiemetics, antinauseants	6%	111	6%	107	3%	4
Quinolones	5%	95	5%	95	0%	
Laxatives	5%	95	5%	94	1%	1
Other antibiotics and anti-infectives	5%	94	5%	93	1%	1
Adrenal steroid hormones	5%	94	5%	93	1%	1
Topical antifungals	4%	86	5%	83	2%	3
Topical nasopharyngeal medication	4%	80	4%	76	3%	4
Antianxiety agents	4%	73	4%	73	0%	0
Narcotic analgesics	4%	73	4%	72	1%	1
Antipsychotic agents	3%	64	3%	62	1%	2

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into adult and minor prescriptions. IHMS can advise that for Q4 of 2014 (October-December) 74% of the population at the Regional Processing Centres required a regular medication at some point during that time. For Q1 of 2015 (January-March) this figure has dropped slightly by 4% down to 70%.

From the table it can be seen that non-steroidal anti-inflammatory agents remain the most commonly prescribed medication within IHMS at 40.5% for Q4 of 2014 and 39% for Q1 of 2015. This is followed closely by simple analgesics and antipyretics at 33% for Q1 of this year compared to 33.7% for Q4 of last year. This continued utilisation of pain relief can be attributed to both cultural expectations and also the high incidence of dental pain musculoskeletal conditions onsite. Of particular interest in for the period of January-March of 2015 is that the total percentage of Transferees prescribed a medication to treat hyperacidity, reflux and ulcer disease has increased from 11.7% in Q4 of 2014 to 20% in Q1 of 2014.. The increase may be attributed to the high numbers of Transferees who participated in Fluid and Food Refusal (FFR) Offshore for this reporting period which can cause symptoms related to Dyspepsia. Further monitoring of this trend will occur over the next quarter

Other points of interest from this table are that the number of antidepressants have increased from 5.9% to 9% from Q4 2014 to Q1 2015, as well as a slight increase in antipsychotic agents used at the Regional Processing Centres from 2.0% in Q4 of 2014 to 3.3% in Q1 of 2015. The trends in prescribing and utilisation of mental health medications will continue to be monitored closely for the next quarter.

4.2. Medication prescriptions by Schedule

Medication prescriptions by Schedule			
Manus and Nauru Q1 – Jan - Mar 2015			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse prescriptions**
S2	563	0	285
S3	352	20	33
S4	2,493	200	240
S8	4	0	1
Unscheduled	963	2	206
Grand Total	**4,375**	**222**	**765**

Department of Health - Scheduling basics – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

The larger number of Schedule 4 medications is entirely as expected as prescribed medications fall under this category.

4.3. Medication Trends

Medication Trends		
Manus and Nauru Q1 – Jan - Mar 2015		
% of total population during quarter		
Medications	**Oct – Dec 2014**	**Jan - Mar 2015**
Nonsteroidal anti-inflammatory agents	40.5%	38.8%
Simple analgesics and antipyretics	33.7%	33.3%
Hyperacidity, reflux and ulcers	11.7%	19.8%
Antihistamines	19.2%	17.9%
Penicillins	21.1%	17.6%
Expectorants, antitussives, mucolytics, decongestants	8.1%	9.3%
Antidepressants	5.9%	8.5%
Combination simple analgesics	16.4%	8.5%
Antispasmodics and motility agents	7.1%	6.9%
Rubefacients, topical analgesics/NSAIDs	6.3%	6.2%
Topical oropharyngeal medication	4.8%	6.0%
Antiemetics, antinauseants	4.2%	5.7%
Quinolones	6.3%	4.9%
Laxatives	4.2%	4.9%
Other antibiotics and anti-infectives	7.1%	4.8%
Adrenal steroid hormones	5.3%	4.8%
Topical antifungals	7.1%	4.4%
Topical nasopharyngeal medication	3.6%	4.1%
Antianxiety agents	4.2%	3.7%
Narcotic analgesics	4.4%	3.7%
Antipsychotic agents	2.0%	3.3%

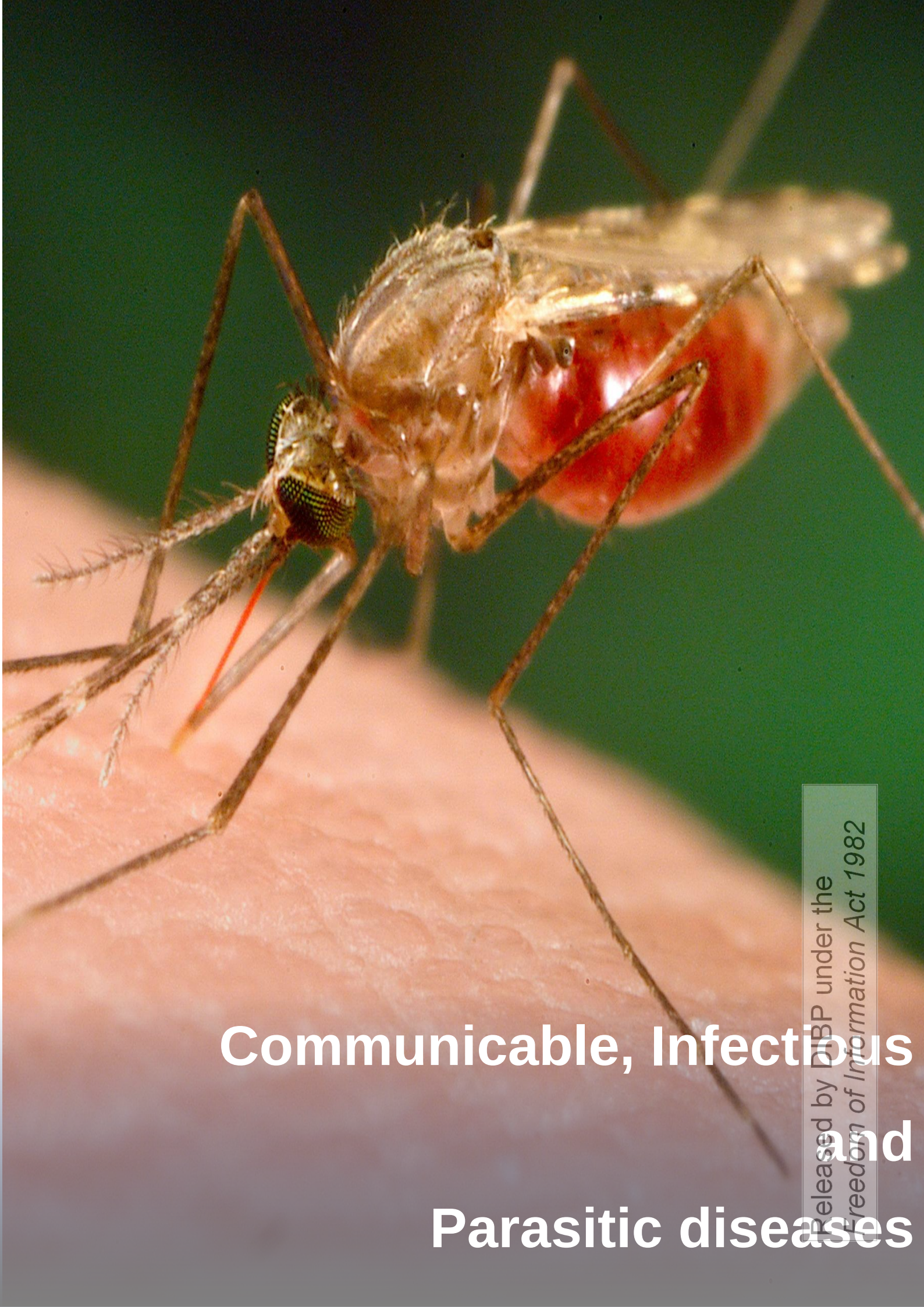
5. Vaccinations

5.1. Vaccinations Administered by age group (Offshore)

Vaccinations Administered								
Manus and Nauru Q1 – Jan - Mar 2015								
Vaccination	*0-4 years*	*5-10 years*	*11-14 years*	*15-17 years*	*18-45 years*	*46-65 years*	*66+ years*	*Total Vaccinations Administered*
VZV	1	0	0	3	70	8	0	82
MMR	2	3	1	1	53	2	0	62
MMRV	0	0	0	0	0	0	0	0
Hep A	6	22	5	12	226	20	0	291
Hep B	0	4	4	10	253	16	0	287
MenCCV	0	1	0	1	71	6	0	79
Typh IM	3	8	3	4	24	3	0	45
dT	0	0	1	3	106	8	0	118
HPV	0	1	8	23	24	0	0	56
DTPa (up to 10 years)	6	23	1	0	3	0	0	33
Rotavirus	0	0	0	0	0	0	0	0
IPV	0	1	2	8	160	12	0	183
PCV	1	0	0	0	0	0	0	1
dTpa (11 years and over)	0	1	1	5	60	5	0	72
Jap E	0	0	0	0	2	0	0	2
Hib	0	0	0	0	0	0	0	0
23 PPV	0	0	1	0	0	0	0	1
Total	***19***	***64***	***27***	***70***	***1,052***	***80***	***0***	***1,312***

The vaccination nurses have continued to make a determined effort to continue to vaccinate transfereess in line with the catch-up schedule. Clinics have run regularly and are well attended in addition to this the Immunization nurses now regularly run Vaccination sessions in each centre. The Immunization nurses have reported that this has been extremely beneficial and consequently there has been a greater attendance rate. As a result 96.2 % of all transferees are up to date; and 100% of the children onsite are up to date with their vaccinations as per the Australian catch-up schedule.

In March IHMS commenced seasonal Fluvax vaccinations as part of health promotion activity with good attendance. Final figures will be available in next quarter report.



Communicable, Infectious and Parasitic diseases

6. Communicable Diseases

6.1. Communicable, infectious and parasitic diseases (Manus and Nauru)

	New Diagnoses Quarter 1 (Jan-Mar 2015)				New Diagnoses Jul-Dec 2014			Total New Diagnosis July 2014 - March 2015		
Contagious (human to human, including sexually transmitted infections)	**Manus Island**	**Nauru Centre**	**Total**	**% of total OPC population during quarter**	**Manus Island**	**Nauru Centre**	**Total**	**Manus Island**	**Nauru Centre**	**Total**
Chickenpox	0	0	0	0.00%	0	0	0	0	0	0
Chlamydia	0	0	0	0.00%	0	0	0	0	0	0
Gonorrhoea	0	0	0	0.00%	0	0	0	0	0	0
Hepatitis A	0	0	0	0.00%	0	0	0	0	0	0
Hepatitis B (incl active and carrier states)	0	0	0	0.00%	0	0	0	0	0	0
Hepatitis C	0	0	0	0.00%	0	0	0	0	0	0
HIV	0	0	0	0.00%	0	0	0	0	0	0
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0	0	0	0
Syphilis	0	0	0	0.00%	1	0	1	1	0	1
Tuberculosis - Active	2	0	2	0.10%	0	1	1	2	1	3
Typhoid	0	0	0	0.00%	0	0	0	0	0	0
Total	**2**	**0**	**2**	**0.10%**	**1**	**1**	**2**	**3**	**1**	**4**
Non Contagious (via mosquitoes or parasites)										
Dengue	0	0	0	0.00%	0	0	0	0	0	0
Malaria	1	0	1	0.05%	4	0	4	5	0	5
Schistosomiasis	2	0	2	0.10%	6	12	18	8	12	20
Strongyloidiasis	0	0	0	0.00%	0	0	0	0	0	0
Total	**3**	**0**	3	**0.15%**	**10**	**12**	**22**	**13**	**12**	**25**
Grand Total	**5**	**0**	**5**	**0.26%**	**11**	**13**	**24**	**16**	**13**	**29**

IHMS manages the investigation and diagnosis and treatment of communicable, infectious and parasitic diseases within the OPC network. The above figures identify the number of confirmed communicable, infectious and parasitic disease within transferees only at both OPCs. IHMS in weekly health groups promotes personal hygiene in an attempt to minimise risk of communicable disease outbreak. Each site has an identified isolation area. The reported incidence of gastroenteritis continues to be low. All transferees have access to insect repellent and mosquito nets if they wish.

Nauru OPC has no documented cases of dengue fever this quarter despite an extensive wet season; however, the risk remains present across the country, with chikungunya and zika viruses posing an additional threat in neighbouring countries. A recent WHO report stated that 2014 saw a suspected 251 cases across the country, noted to be likely underreported and we are likely to see cases in the coming months.

As noted in the last quarter IHMS also conducted a screening program of all children in OPC3. One child who was suspected to have latent TB was transferred to Australia for follow up care and management due to his young age and risk of complications associated with treatment.

Manus has seen a drop in malaria presentations this quarter which indicates the efficacy of vector control. After the re-integration, mosquito breeding sites within the camps have decreased. Before reintegration a small number of anopheles mosquitoes were frequently found mainly in Mike compound. There remains however a general poor compliance with the use of insect repellent, the wearing of long trousers and long sleeve shirts as well as anti-malarial prophylactic medications. Fans are provided to circulate air and reduce the high temperatures but also reduce compliance with sleeping under the mosquito nets. The rate of sleeping under bed nets is generally low.

Disabilities

7. Disabilities

7.1. Disabilities (Manus and Nauru)

Disabilities are reported to Department of Immigration on a quarterly basis.

Transferees with disabilities are referred to specialist services as clinically indicated by the IHMS GPs. This includes a network of public and private providers including paediatricians, orthopaedic surgeons, physicians, psychologists, allied health and specialised disability services. Hearing, visual aids and prostheses are also available as required through IHMS network of providers.

No. of people in Manus and Nauru as at 31 Mar 2015				
Disability Grouping	**Manus**	**Nauru**	**Adult**	**Minor**
Amputation	0	1	1	0
Cognitive	0	0	0	0
Developmental	2	1	2	1
Functional impairment	17	8	25	0
Hearing impairment	14	5	19	0
Visual Impairment	19	4	23	0
Other (Epilepsy, Lupus)	33	8	41	0
Total[1]	**85**	**27**	**111**	**1**
Unique transferees with a disability	**72**	**25**	**96**	**1**

1. Some transferees may be counted in multiple disability categories.

The above data was ascertained based on Snomed codes which are a different methodology to the previous manual method of data collection.

The impact of a disability on a transferee's activity of daily living is reported on a regular quarterly basis. A functional impairment defines a disability as long term and limiting activities of daily living. It can be either physical or mental which limits the extent to which an individual can care for him or herself.

According to the table above, visual impairment is the number one disability in adults while developmental impairment is the number one disability in minors this quarter. There is a small cohort of persons with epilepsy on Manus and a visiting neurologist visit has been helpful in establishing management plans for this group this quarter.

Total Disabilities as Percentage of OPC Population		
Manus and Nauru Q1 – Jan - Mar 2015		
As at	**No. of unique detainees**	**Approx. % of OPC population**
31 Mar 2015 - Q1	97	5.0%
31 Dec 2014 - Q4	58	3.0%
30 Sep 2014 - Q3	114	5.3%

**The denominator used for this table is the total offshore population which has come in and out of the offshore detention network in this quarter.*

Transferees will only be counted once under any particular Disability Category and IHMS notes that the Disability Category totals may exceed the total number of unique transferees with a disability due to some transferees falling within more than one disability category.

As previously noted in this report, there was one transferee with an amputation that required transfer to Australia for revision of his prosthesis. There has also been a greater incidence of astigmatism being detected this quarter which accounts for a higher number of Optometry consultations being undertaken.

In addition, there has been a noted increase in lower back pain and associated immobility resulting in higher admissions to supporting units eg: MAA. There is some evidence that symptoms are highly exaggerated but clinical management has included referral to Australia for investigations such as MRI's and neurology review in line with Australian Standards.

Mental Health

8. Mental Health

Mental Health is defined as 'a state of emotional and social wellbeing in which the individual can cope with the normal stress of life and reach his or her potential' (AHM 2003). Mental health problems refer to 'disturbances of mood or thought that can affect behaviour and distress the person or those around them, so that the person has trouble functioning normally' (AIHW 2012). A high incidence of mental health problems in the OPC population is consistent with results found internationally in similar populations. The results reported in this data set are again consistent with these findings and with data previously reported by IHMS.

During this quarter there were a large number of cases of food and/or fluid refusal with associated self harm on Manus island. Food and fluid refusal is associated with psychological distress, however in itself is not indicative of mental illness.

On Nauru, growing numbers of transferees have left detention to become refugees, and more recently the OPC has become an open centre. On Nauru preparatory work on the 'club house', a mental health initiative with a recovery focus was commenced, with the Club House proper due to commence as a trial in the next quarter.

This Quarterly report provides amalgamated data from Nauru and Manus as in previous reports, however it would be interesting to look at Nauru and Manus Island separately in future, as resettlement and the open centre on Nauru may have some quantifiable impact on overall mental health outcomes.

As noted previously obtaining valid and reliable information on mental health issues in an OPC context is a significant challenge. There are many cultural differences in presentation of mental health issues, as well as issues related to the application and interpretation of mental health screening, assessment and diagnostic tools. There are also a significant number of transferees with mental health issues who remain on the Australian mainland, and are not captured in these statistics. The data used in this report draws from information obtained by clinical staff during routine activities with transferees and is closely aligned to data capture and reporting processes used by mental health services in the community.

Some transferees have been at the OPC for over 24 months, some amongst the original cohort onsite. Some are currently awaiting legal outcomes and there remains a large cohort of SAM's in Bravo. Some express frustration and hopelessness at length of court process which is reflected in the severe distress as noted in the K-10 results for those in the OPC 19+ months.

IHMS has seen some incidents of self-harm and FFR on Nauru during this time, but with continued support from the mental health team this has not been ongoing. Overall the mood on Nauru has been quite good this quarter however with ongoing RSD process and resettlement into the local community proceeding. Manus has also reported a number of self-harm incidents and presentations with acute psychosis which have required movement offsite.

8.1. Mental Health Screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration OPC and at prescribed intervals according to DIBP policy. Screening for mental health issues provides a means of identification of any transferee with mental health related concerns enabling appropriate support and interventions and a way of tracking the mental health of transferees over time. Mental health screening is performed by IHMS specialist mental health clinicians and comprises a detailed and structured clinical assessment combined with mental health measures that are aligned to Australian National Mental Health Standards.

8.2. Mental Health related Diagnoses

Mental health presentations have remained constant this quarter. Ongoing mental health issues are often related to frustrations around processing, separation of family and friends undergoing medical care in Australia and in some cases dealing with news from home countries causing anxiety and distress.

Unique diagnoses related to mental health			
Manus and Nauru Q1 – Jan - Mar 2015			
Age band (years)	No. unique diagnoses	No. related to mental health	% related to mental health
0-4	83	5	6.0%
5-10	196	28	14.3%
11-14	63	26	41.3%
15-17	68	11	16.2%
18-45	7,600	908	11.9%
46-65	538	61	11.3%
66 +	11	1	9.1%
Total	**8,559**	**1,040**	**12.2%**
		Minors %	**17.1%**
		Adults %	**11.9%**

In this quarter an average of 12.2% of GP diagnoses were mental health related. Although this is in line with RACGP data which estimates between 12.5 – 13% diagnoses for Mental Health related issues in the general population, the OPC GP diagnoses data is a poor indicator of the incidence of Mental Health issues. This is because transferees are able to access counselling, Psychology and Psychiatry directly, rather than via referral by GP.

There has been an overall reduction in the actual numbers of children and adolescents presenting to GPs with MH diagnoses in this quarter. Contributing factors include the overall reduction in number of children in the OPC due to resettlement, the centre has becoming 'open', and the large majority of children have been attending schools external to the OPC, reducing their availability for appointments. However of those remaining in detention, data from this quarter appears to indicate a marked increase in the percentage of children and adolescents presenting to GPs with mental health diagnoses, with the rise being most marked in the age 11-14 group. It is difficult to draw concrete conclusions from this data due to the number of variables involved.

8.3. Psychiatric Admissions to Hospital

Psychiatric admissions to hospital have remained low, as most care can be provided onsite and only acute presentations have required hospitalisation. It should be noted that in most cases psychiatric admission involves transfer to Australia which creates a significant incentive for onsite management where possible, which is facilitated by the presence of significant medical and psychiatric staffing.

Psychiatric Admissions to Hospital Q1 (Jan - Mar 15)			
OPC	**Total**	**Adult**	**Minor**
Manus Island	3	3	0
Nauru Centre	0	0	0
Total	**3**	**3**	**0**

Psychiatric Admissions to Hospital Q1 (Jan - Mar 15)		
OPC	**Oct - Dec 2014**	**Jan - Mar 2015**
Manus Island	2	3
Nauru Centre	2	0
Total	**4**	**3**

8.4. Screenings Completed

Total K-10 Assessments

Mental Health Assessment type	0-3 months	4-6 months	7-12 months	13-18 months	19+ months	Total
K-10	2	0	111	251	405	769

In this quarter, 769 transferees were screened using the K10 (see 8.5 for explanation of this tool). This compares with 671 in the last quarter. Direct comparison of these numbers is not useful due to the number of variables affecting whether a transferee is screened (eg DNA rates), however it can be noted that during this quarter the majority of the cohort had been in detention greater than 19 months, compared with only 9 in this group in the previous quarter.

8.5. Kessler Psychological Distress Scale (K-10) Q1 - 2015

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS offshore immigration OPC data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50).

8.6. Kessler Psychological Manus and Nauru scores by length of stay during Q1 Jan - Mar 2015

Months in OPC	Totals	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	2	34.50	0	0.0%	0	0.0%	0	0.0%	2	100.0%
4-6 months	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7-12 months	111	15.81	86	77.5%	12	10.8%	7	6.3%	6	5.4%
13-18 months	251	21.36	104	41.4%	73	29.1%	44	17.5%	30	12.0%
19+ months	405	20.87	194	47.9%	89	22.0%	60	14.8%	62	15.3%
Total	**769**	**20.34**	**384**	**49.9%**	**174**	**22.6%**	**111**	**14.4%**	**100**	**13.0%**
Adult Community Mental Health clients 2011-2012	**16,693**	**19.40**	**9,605**	**57.5%**	**2,889**	**17.3%**	**1,957**	**11.7%**	**2,242**	**13.4%**

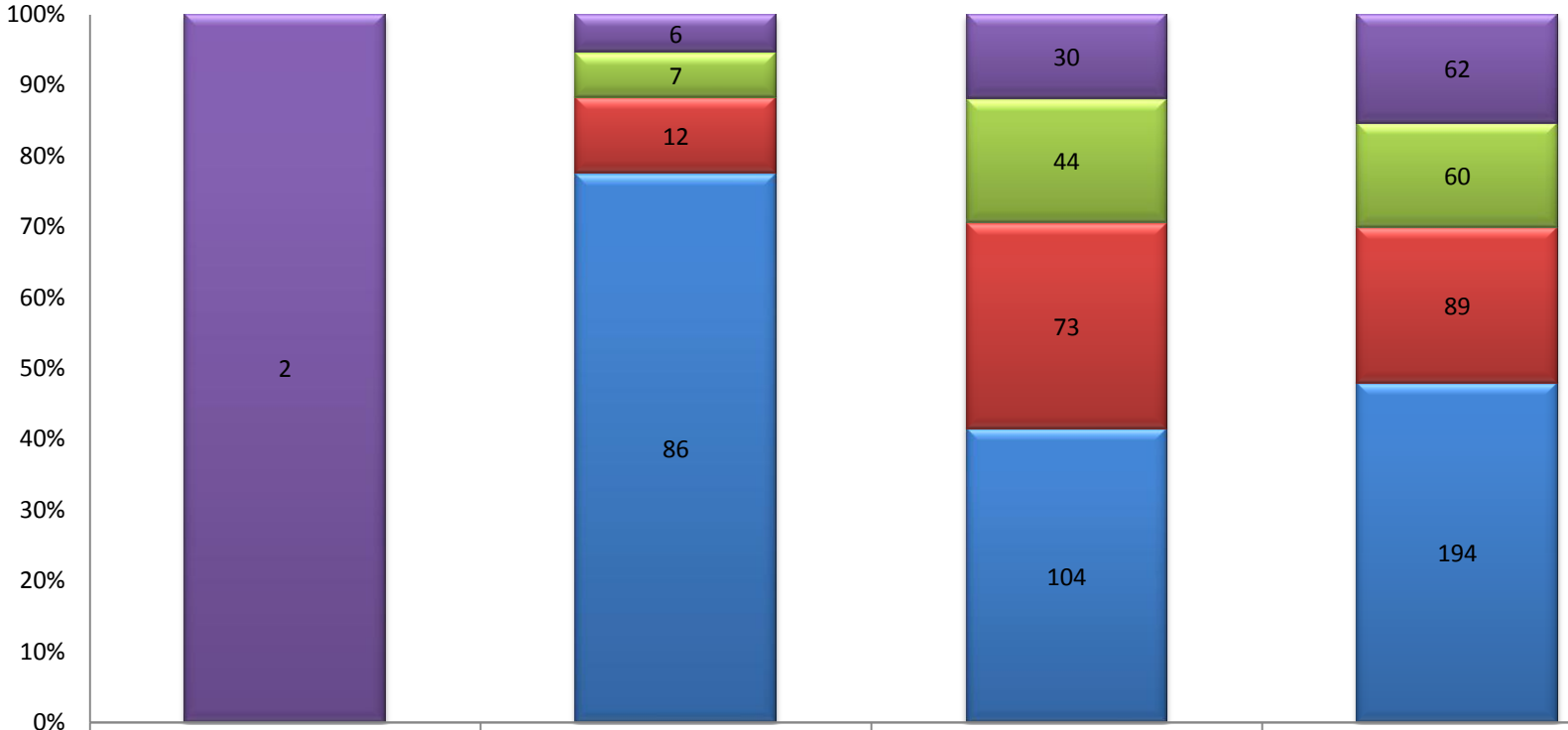
Results show that K10 scores for those in detention are a little better than those case managed by Australian Mental Health teams in Australia in 2011-2012. Note that this comparison is not with the general Australian population, and indicates a level of distress that in Australia would be seen in the subset of the general population receiving specialist mental health case management care.

In comparison with data from last Quarter, there is a trend towards increased K10 scores, with 49.9% scoring low on K10 acuity, compared with the previous 60.7%, and 37% scoring in the mild to moderate range, compared with 25.4% in the previous quarter. It should be noted that screening is a voluntary process, and the commencement of the open centre on Nauru during this quarter may have changed the pre-existing selection biases in these results.

There appears to be a trend for K10 scores to increase with length of stay in detention, with under 12% of those staying 12 months or less scoring in the moderate to severe range, increasing to 27.9% for those remaining between 12 to 18 months, and to 31% for those remaining in detention for over 19 months. With a large number of transferees now in detention over 18 months, this is indicative of increased need for mental health services in this population, and will need to be considered in planning for mental health services following release from detention. While some distress resulting from time in detention may reduce following resettlement in the very short term, underlying mental health issues in the resettled population are likely to emerge relatively quickly after this 'honeymoon' period is over. This issue is particularly salient for minors, as neither a child's neurological system nor their psychological profile is not fully formed, and mental health issues experienced in early childhood, including parenting by a mentally ill or distressed parent, will have long term effects on psychological functioning, and will predispose this cohort to future psychological issues.

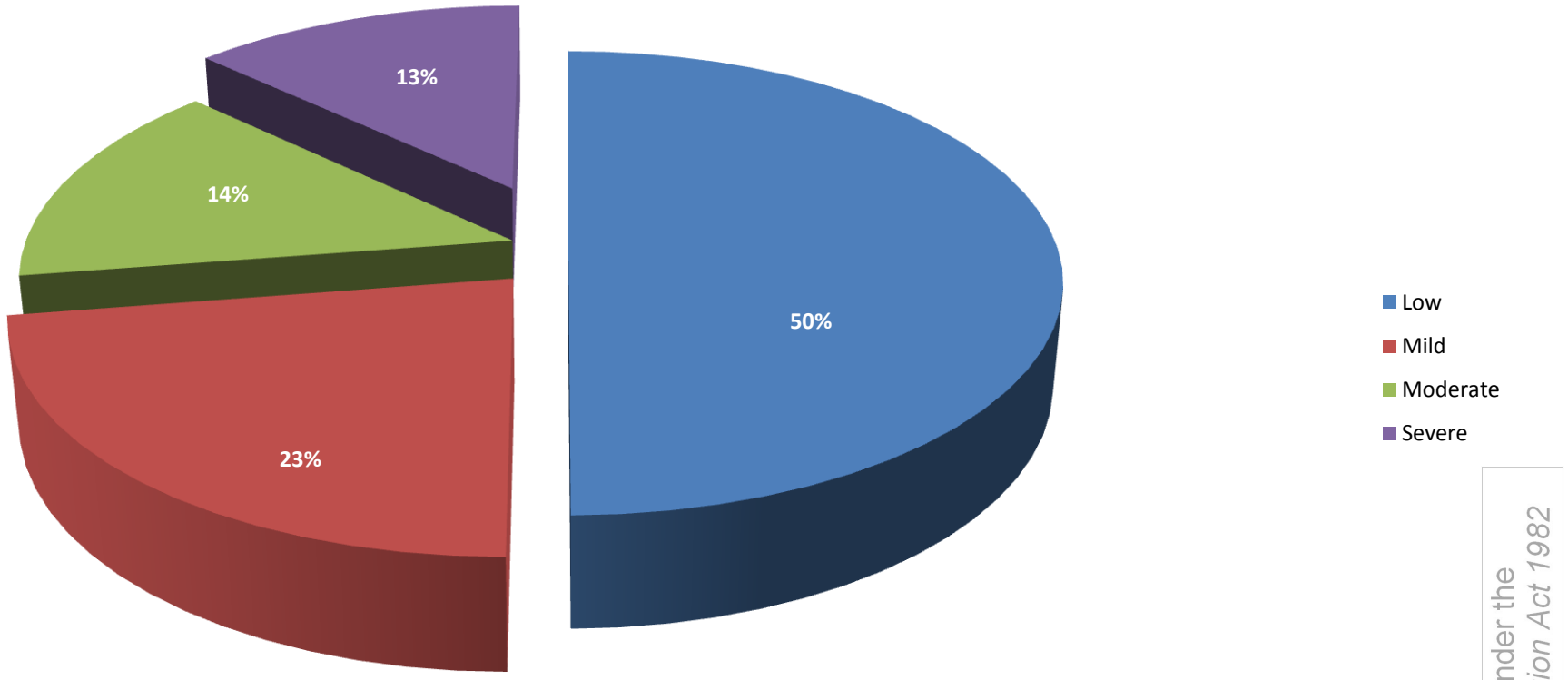
As noted previously, interpretation of these results needs to consider multiple variables such as the potential negative contribution that mental illness may make to those attempting to participate in the visa application process, morbidities in the transferee population which make them predisposed to heightened distress when faced with hopelessness, and apprehension about their future, in addition to the effects of detention itself.

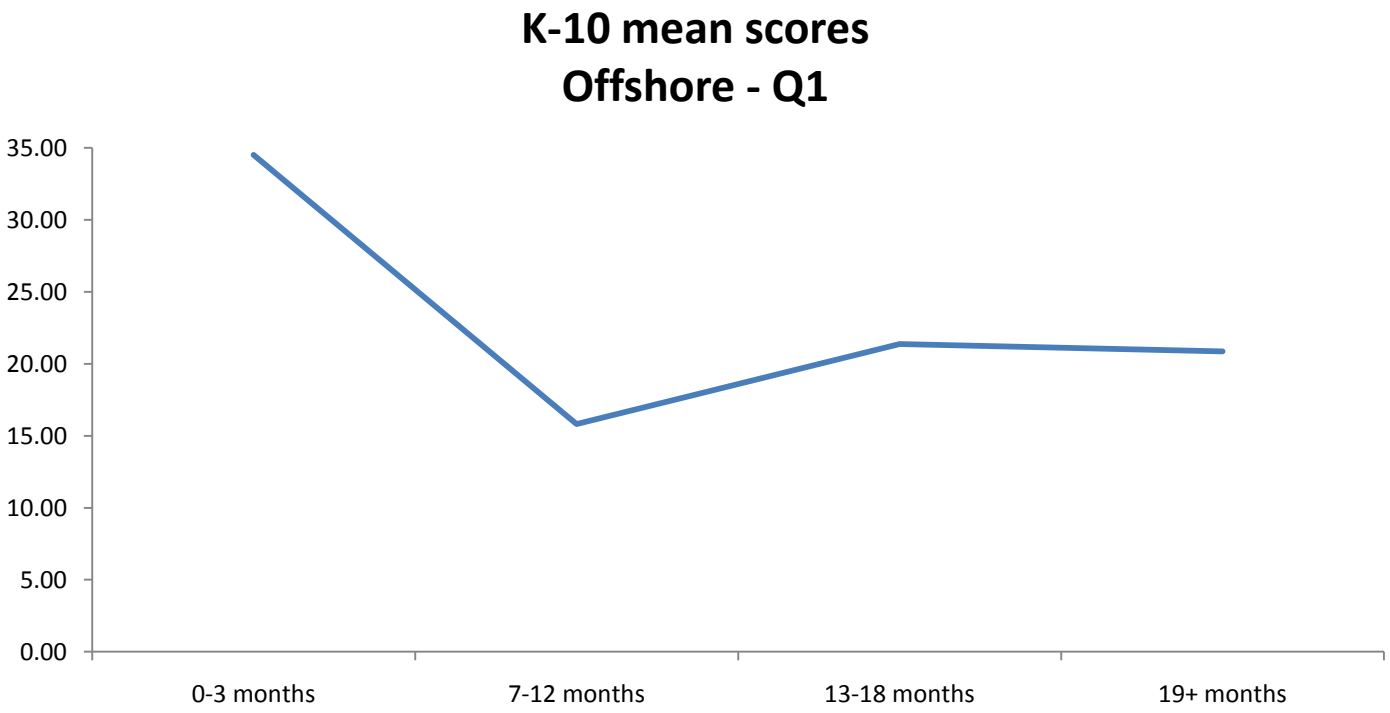
Kessler Psychological Distress Scale: Manus and Nauru



	0-3 months	7-12 months	13-18 months	19+ months
Severe (30-50)	100%	5%	12%	15%
Moderate (25-29)	0%	6%	18%	15%
Mild (20-24)	0%	11%	29%	22%
Low (<20)	0%	77%	41%	48%

Overall percentage by Severity: Kessler Psychological Distress Scale
Manus and Nauru





Note that the high mean K10 scores at 0-3 months are highly misleading, as they are based on only two individual detainees.

8.7. New T&T Disclosures

Facility T&T First disclosed	Number of transferees in OPCs who made new disclosures during the quarter	Adult	Minor
Manus Island	35	35	0
Nauru Centre	5	2	3
Total	**40**	**37**	**3**
% total transferee population during Q1	**2.0%**	**2.0%**	**2.1%**

Identification and Support of Survivors of Torture & Trauma

The process of identification and support of survivors of torture and trauma commences at induction screening and continues throughout a person's time in OPC. This policy is designed so that at any time these experiences are disclosed the person may be provided with appropriate support including referral to specialist torture and trauma counselling services provided within the OSSTT.

T&T can be identified or disclosed at different times, depending on variables such as clinical engagement, trust, sense of safety, and beliefs about whether disclosure may impact on other issues.

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Department of Immigration and Border Protection

Immigration Detention Health Report

April – June 2015

Quarter 2

Onshore

Immigration Detention Health Report

Onshore

Quarter 2
April – June 2015

Report written by:

International Health and Medical Services (IHMS)

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*Reissued on 06 October 2015 to amend some data errors.

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1. Executive Summary

This quarterly Immigration Detention health report covers the period April- June 2015 and provides a summary and analysis of IHMS health data during this period. IHMS is contracted by the Department of Immigration to provide the medical services in the Australian Detention network including Christmas Island.

IHMS has recorded 18, 424 primary care nurse consultations, 6, 017 mental health nurse consultations and 4,733 GP consultations this quarter. The number of pathology referrals has remained constant and Dental and Physiotherapy remain the two highest allied health referrals by IHMS GPs.

In terms of referrals to public hospital specialties, orthopaedics and general surgery were the two most referred specialties in the network this quarter with Detainees in the network being placed on the same public hospital waiting lists as members of the Australian community.

There were a total of 234 hospital admissions in the network this quarter and again, the most hospital admissions occurred in Darwin due to the fact that Darwin receives medical transfers from the offshore locations.

The top health grouping diagnoses for all GP and Psychiatrist presentations this quarter was “general, unspecified” which made up 26.1% of all diagnoses. This health grouping includes medication changes and fatigue. Following the “general, unspecified” health grouping, the “Psychological” health grouping remains the top presentation in those aged 4-65+. In adults, depression and cardiovascular disease were the two most common chronic diseases in the detention network with 131 and 62 cases respectively. Hepatitis B was again the number one diagnosed communicable disease this quarter with 27 new cases which is not surprising as this is an endemic disease in certain Detainees’ countries of origin.

The total number of medications prescribed overall has reduced by 16%. This may be as a result of the ongoing auditing and feedback that occurs within IHMS to ensure effective medication management.

The total number of immunisations this quarter has largely increased due to the commencement of a new immunisation cycle and also due to increasing Detainee education and therefore compliance with the immunisation process.

In this quarter there continues to be a change in detention cohort as a result of Departmental policy changes, with a rise in numbers released from Correctional settings or following illegal activity. As is reflected in Corrections health data, this cohort has higher rates of serious mental illness such as Schizophrenia and

Bipolar affective disorder and higher rates of substance abuse. Psychiatric admissions recorded in this quarter have dropped compared with the last quarter, and now approximate rates seen at the end of 2014.

During this quarter the Strengths and Difficulties Questionnaire was commenced as the new mandatory screening tool for children and adolescents. This is being progressively rolled out across sites and data will be presented in the next Quarterly report.

Definitions

Term	Definition
AIDF	Australian Immigration Detention Facility
APOD	Alternative Place of Detention
CD	Community Detention
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IAA	Illegal Air Arrivals
IDC	Immigration Detention Centre
IHMS	International Health and Medical Services
IMA	Illegal Maritime Arrivals
NSAID	Non-steroidal anti-inflammatory drug
K-10	Kessler Psychological Distress Scale
IRH	Immigration Residential Housing
ITA	Immigration Transit Accommodation
NOCC	National Outcomes and Case mix Collection
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
SAM	Single Adult Male
UAM	Un-Accompanied Minor

2. Detainee Cohort Summary

An overview of the number of people in immigration detention facilities can be found using the below Department of Immigration and Border Protection (DIBP) website link:

http://www.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protection to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-17 years
Female 5-17 years
Male 18-64 years
Female 18-64 years
Male 65+ years
Female 65+ years

Length of stay data can also be found using the above DIBP website link.

3. Explanatory notes

Data in this report should be interpreted with an understanding of how the diagnoses and presentations are generated within the electronic record system. IHMS electronic record uses the Snomed clinical terminology system to record reasons for presentation. Snomed is a clinical terminology system designed to capture and represent patient data for clinical purposed. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceuticals substances, devices and specimens. This means that statistical information on for example 'cardiac presentations' is a marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population. For example, the 'cardiovascular' code includes sub-codes such as 'good hypertension control', 'prominent veins', and 'palpitations', as well as the more pathological 'cerebrovascular disease' and 'angina'.

Primary Health

4. Primary Health

4.1. Introduction

Primary care is generally the first point of contact people have with the health system. It relates to the treatment of non-admitted patients in the community (DOH). It is the gateway to secondary and tertiary health care. International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

IHMS has been contracted by the Department of Immigration to provide the primary health care service within the Australian immigration detention network. The cornerstone of this health service are the nine IHMS onsite integrated primary health clinics located in each of the immigration detention facilities on mainland Australia and Christmas Island. The care is provided by an experienced team of primary health care professionals including IHMS General Practitioners (GPs), Registered Nurses (RNs) and Dental practitioners with support from a comprehensive network of allied health professionals. In response to the well-recognised mental health burden in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network with mental health clinicians making up approximately one third of the total IHMS workforce.

The onsite facilities are supported by a centralised team in Sydney that provides an after-hours telephonic health advice service. The Health Advice Service comprises of a team of registered nurses with a team of operational and clinical directors available to provide oversight to the network ensuring a safe, effective and efficient health service at all times.

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion, preventative care and helping people with chronic conditions manage their own health (AIHW 2008). This has been a key focus for IHMS particularly from late 2013 as the average length of stay in detention has increased since this time.

IHMS provides healthcare in the detention network in line with the Australian community and IHMS is accredited against the Royal Australasian College of General Practitioners (RACGP) standards for immigration detention centres health services (edition 1). IHMS has also achieved and maintained ISO 9001 accreditation.

4.2. Consultations

Primary Health Care Consultations			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015			
IHMS Primary Health Specialties	**Total number of unique consults**	**Number of unique persons seen**	**Percentage of total IDF population during Q2 2015**
GP	4,733	1,712	50.7%
Primary Health Nurse	18,424	2,600	76.9%
Mental Health Nurse	6,017	1,707	50.5%
Psychologist	1,025	335	9.9%
Counsellor	501	137	4.1%
Psychiatrist	411	287	8.5%
Total	**31,111**	**6,778**	

Total number of unique consults: *If a detainee presents to the clinic on different occasions (date and time) the consultation will be counted multiple times regardless of the number of diagnoses made. If a detainee presents to the clinic once with multiple health issues, the consultation will only be counted once*.

The denominator used for this table is the total Onshore Immigration Detention population which has moved in and out of the network in Q2 (April-June 2015). As discussed and agreed, IHMS has removed Paramedics and Physiotherapists from this table as they are now included in the Allied Health statistics section.

The table above illustrates that there remained a high utilisation of clinical services by the detainee population in Q2 (April-June 2015) for the GPs, and Primary Health Nurses with the total numbers of consultations remaining consistent with previous quarters. The percentage of total IDF population having at least one GP consultation for this period is up by 4.5% from Q1 to 50.7%, for primary Health Nurse consultations it has remained fairly static at 76.9%.

Data from this quarter show the percentage of those seen by a mental health nurse was similar in this quarter to last quarter. Given the reductions in clinic hours across all centres this represents a significant increase in consultations per staff member. However those seeing a psychologist have dropped from 16.4% to 9.9%, with a smaller drop in the number seeing a psychiatrist (10.9% last quarter to 8.5% this quarter). These changes are likely to largely reflect changes in the service provision framework, and it is noted in particular that psychologists are using the majority of their clinical time seeing children and adolescents rather than adults. The marked drop in counsellor consultations (19.8% to 4.1% this quarter) reflects the loss of most counsellors in the service, with previously high numbers of consults recorded due to group work.

Onsite Integrated Primary Health Care by age group										
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015										
IHMS Primary Health Specialty	0-4 years	% (0-4 yrs)	5-17 years	% (5-17)	18-64 years	% (18-64)	65+ years	% (65+ yrs)	Total	% (Total)
GP	35	53.0%	49	49.0%	1607	50.5%	21	65.6%	1,712	50.7%
Primary Health Nurse	54	81.8%	94	94.0%	2426	76.2%	26	81.3%	2,600	76.9%
Mental Health Nurse	33	50.0%	50	50.0%	1603	50.4%	21	65.6%	1,707	50.5%
Psychologist	14	21.2%	24	24.0%	295	9.3%	2	6.3%	335	9.9%
Counsellor	0	0.0%	5	5.0%	131	4.1%	1	3.1%	137	4.1%
Psychiatrist	2	3.0%	19	19.0%	265	8.3%	1	3.1%	287	8.5%

The table above has broken down the total number of unique Detainees who have had one or more particular consultation into various age groups. This is the first time this table has been broken down into this level of detail therefore comparisons with previous quarters is not possible. Of note however is that for most of the Primary Health Care disciplines the total percentage of Detainees accessing their services at each of the age groups is fairly consistent. With psychologists however the majority of Detainees are within the 0-4 and 5-17 age groups and for psychiatrists it is in the 5-17 year age groups also. This may reflect clinical prioritisation at site level.

4.3. Pathology referrals

Pathology Referrals		
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015		
Pathology Type	**Number of Referrals**	**Number of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	1,276	675
Full Blood Count (FBC)	859	463
Hep B	779	433
HIV (BBv)	708	391
Hep C	773	425
VDRL (Syphillis)	706	395
Fasting Triglycerides	147	93
C Reactive Protein (CRP)	114	61
Mid Stream Urine Micro & Culture	113	74
HbA1c	93	58
Total number of unique persons that had a Pathology Referral	**827**	**24%**

The table above lists the pathology tests which were ordered by IHMS GP's this quarter. Every new adult arrival into the detention network is routinely screened for HIV, Hepatitis B, Hepatitis C and Syphilis as part of the Health Induction Assessment. Other pathology tests are requested following a GP assessment.

Liver function tests, electrolytes, urea and creatinine and full blood count tests remain the most ordered tests in the detention network. This is expected as these diagnostic tests are the most commonly ordered blood tests in primary care.

4.4. Allied Health Appointments

Allied Health Appointments			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015			
Allied Health Appointment Type	**Number of scheduled Appointments**	**Number of unique persons per appointment type**	**Percentage of unique persons who had appointments scheduled**
Dental	275	138	4%
Physiotherapy	276	78	2%
Audiology	19	12	0%
Optometry	178	142	4%
Other	59	29	1%
TOTAL	**807**		
Total number of unique persons to have an Allied Health Appointment	**353**		

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The table above lists the number of allied health appointments for each allied health specialty in the detention network this quarter. The "other" allied health category includes Diabetes Educator, Nutritionist and Podiatrist.

The 3 most utilised allied health services this quarter were dental, physiotherapy and optometry with 275, 276 and 178 appointments respectively.

Yongah Hill, Wickham Point, Villawood IDC and Christmas Island clinics continue to operate onsite dental facilities which are serviced by visiting network dental surgeons allowing for dental treatment to be provided conveniently and efficiently onsite. Each detainee in the detention network receives dental treatment and procedures that are clinically indicated in line with the DIBP dental policy. All minors are also eligible for an annual dental check. These services are funded by the Department of Immigration and Border Protection as per the dental policy with services and wait times in line with what would be expected in the Australian Community.

In the remote and rural setting of Christmas Island, IHMS continues to provide a visiting dental and optometry service to the island.

4.5. Radiology referrals

Radiology Referrals Mainland and Christmas Island (IDFs only) Q2 – Apr - Jun 2015					
Type of Referral	Referrals		Persons		Top reasons for a Referral
	Number of Referrals	Percentage of total Referrals	Number of Persons	Percentage of total persons with Referral	
X-Ray	723	70.9%	445	76.9%	1. Chest 2. Spine - Lumbo-sacral 3. Knee (R) 4. Knee (L) 5. Shoulder (R)
Ultrasound	209	20.5%	134	23.2%	1. Abdomen 2. Other 3. Renal 4. Pelvis (F) 5. Breast (L)
CT scan	51	5.0%	31	5.4%	1. Chest 2. Abdomen 3. Head 4. Spine - Lumbar 5. Neck
MRI	36	3.5%	27	4.7%	1. Periphery 2. Head
Mammography	1	0.1%	1	0.2%	1. Plain bilateral
Total	**1,020**	**100%**			
Total number of unique persons with a Radiology Referral	**578**	**Percentage of total IDF population with a Radiology Referral**	**17%**		

***Chest X-rays were excluded if they were conducted within 72hrs of the admission date.*

This section lists the radiology referrals which were made by IHMS in this quarter. 70.9% of all radiology referrals were chest X-rays which remains the most referred imaging modality in the detention network, consistent with the radiology referring patterns of Australian community GPs.

IHMS employs a registered nurse with specialist radiographic qualifications on Christmas Island to ensure that this service is available in this remote location.

It is important to note that all new arrivals into the detention network aged 11 years and older are referred for a routine screening chest X-ray for TB as part of their health induction assessment.

4.6. Specialist referrals

Specialist Referrals			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015			
Referrals by Specialist type	**Number of Referrals**	**Number of unique persons per Specialist**	**Percentage of unique persons referred per Specialist**
Orthopaedics	30	27	0.8%
General Surgery	22	21	0.6%
Gynaecology and Obstetrics	23	21	0.6%
Ophthalmology	21	18	0.5%
Gastroenterology	19	18	0.5%
Emergency Department	16	16	0.5%
Otorhinolaryngology	12	12	0.4%
Cardiology	11	11	0.3%
Allergy and Immunology	10	10	0.3%
Paediatrics	9	9	0.3%
Urology	8	8	0.2%
Neurology	9	8	0.2%
Neurosurgery	8	8	0.2%
Internal Medicine	7	7	0.2%
Psychiatry	7	6	0.2%
Endocrinology	5	5	0.1%
Anaesthetics	5	4	0.1%
Emergency Medicine	4	4	0.1%
Pneumology	4	4	0.1%
Infectious Diseases	3	3	0.1%
Plastic, Reconstruction and Aesthetic Surgery	3	3	0.1%
Physical and Rehabilitation Medicine	3	3	0.1%
Nephrology	3	2	0.1%
Vascular Surgery	1	1	0.0%
Vascular Medicine	1	1	0.0%
Public Health	1	1	0.0%
Paediatric Surgery	1	1	0.0%
Interventional Radiology	1	1	0.0%
Occupational Medicine	1	1	0.0%
TOTAL	**248**		
Total number of unique persons to have a Specialist referral	**204**	**Percentage of total IDF population to have a Specialist referral**	**6.00%**

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The table above lists the specialist referrals by each specialty this quarter. The total number of referrals has remained static when compared to the previous quarter with orthopaedics again being the most referred specialty. 6% of the total detainee population had a referral to a specialist this quarter with orthopaedics and general surgery being the top 2 most referred specialties in this period.

IHMS GPs refer detainees to specialists at the local public hospitals. This is in line with community standards and detainees are placed onto the same waitlists for these specialties as a member of the Australian community would be. The referrals are triaged by the local public hospital and wait times are dependent on the public hospital triaging categories with elective referrals ranging from triage category one which is a 1 month wait and triage category 3 which is a 12 month wait.

4.7. Hospital admissions

Hospital Admissions		
Mainland and Christmas Island (IDF's only) Q2 Apr - Jun 2015		
IDF Location	**Total number of hospital admissions per region**	**Total number of individuals hospitalised per region**
Christmas Island	32	22
NSW	47	37
NT	122	88
QLD	23	22
SA	8	3
VIC	52	36
WA	38	33
Total	**322**	
Total number of unique persons that were hospitalised	**234**	**6.9%**

**An individual may be double counted if they attended hospital in different locations.*

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

The table above represents the total number of hospital admissions that have occurred for Q2 April-June 2015 and the total number of unique detainee hospitalised to generate these admissions during that same reporting period. The table also breaks this information down into each State or Territory.

In 5 out of 7 regions there has been an increase in the number of hospital admissions for this reporting period. Consistent with Q1 the region with the highest number of hospital admissions and unique detainees who required admission in Q2 was the Northern Territory (NT). This again can be attributed to the large percentage of medical transfers from the offshore locations including Christmas Island (CI), Nauru and Manus who are transferred to Darwin for specialist medical care and who have more complex medical problems. During Q2 of 2015, there has also been substantial unrest at WP and IHMS has witnessed an increase in the critical incidents resulting in injuries that have required hospital admissions.

Wickham Point in Darwin continues to have the largest population of pregnant women within the Immigration Detention network which is also contributing to the number of hospital admissions in the NT.

In contrast to the previous quarter, Victoria (VIC) is the region with the second highest number of hospital admissions which has increased slightly from the last quarter. New South Wales (NSW) has now dropped to the third highest region where the same number of unique detainees as in Q1 have this quarter required 9 less hospital admissions for Q2 overall.

Both Western Australia (WA) and CI have seen a substantial increase in the total number of hospital admissions for Q2 with an increase of 11 admissions in WA to a total of 38 and an increase of 29 admissions on CI to a total of 32.

The number of unique detainees has also increased from 10 to 33 in WA and 3 to 22 on CI. It is possible that the recent change to clinic hours is contributing to the increases in these two regions as afterhours cases are being referred to the Health Advice Service (HAS). Where clinically appropriate to do so the nurses on the HAS recommend a transfer to the local hospital for a review. Previously these detainees may have been reviewed by the on-site nursing team and then referred on to the local hospital if required.

For Queensland (QLD) the number of hospital admissions has reduced by 4 this quarter to 23 and the number of unique detainees requiring hospital admission has dropped by 2 to 22. Whilst this is a slight decrease in numbers it is worth noting that this is still a significant number considering the population size of this location.

South Australia (SA) had the least number of hospital admissions out of all the regions at 8 in total which is an increase of 3 from the Q1.

4.8. GP/Psychiatrist presentations by Health Groupings

GP/Psychiatrist presentations			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015			
Health Groupings	**Number of Unique Presentations**	**Number of Unique Persons**	**Percentage of total IDF population with a presentation**
General Unspecified	1,578	882	26.1%
Psychological	1,430	621	18.4%
Digestive	775	420	12.4%
Musculoskeletal	736	424	12.5%
Skin	501	320	9.5%
Endocrine / Metabolic & Nutritional	304	214	6.3%
Respiratory	261	173	5.1%
Social	248	203	6.0%
Neurological	246	182	5.4%
Cardiovascular	164	137	4.1%
Injury	162	128	3.8%
Eye	153	104	3.1%
Urological	147	108	3.2%
Genital	138	106	3.1%
Ear	121	71	2.1%
Pregnancy / Childbearing / Family Planning	98	55	1.6%
Blood / Blood forming organs	51	45	1.3%
Total number of unique presentations	**7,113**		

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

GP/Psychiatrist presentations by age grouping										
Health Groupings	**0-4 years**	**% of total 0-4 yrs**	**5-17 years**	**% of total 5-17 yrs**	**18-64 years**	**% of total 18-64 yrs**	**65+ years**	**% of total 65+ yrs**	**Total**	**% total IDF population**
General Unspecified	19	28.8%	33	33.0%	812	25.5%	18	56.3%	882	26.1%
Psychological	4	6.1%	24	24.0%	585	18.4%	8	25.0%	621	18.4%
Digestive	8	12.1%	10	10.0%	395	12.4%	7	21.9%	420	12.4%
Musculoskeletal	2	3.0%	8	8.0%	408	12.8%	6	18.8%	424	12.5%
Skin	12	18.2%	8	8.0%	296	9.3%	4	12.5%	320	9.5%
Endocrine / Metabolic & Nutritional	4	6.1%	8	8.0%	195	6.1%	7	21.9%	214	6.3%
Respiratory	6	9.1%	14	14.0%	150	4.7%	3	9.4%	173	5.1%
Social	14	21.2%	10	10.0%	177	5.6%	2	6.3%	203	6.0%
Neurological	1	1.5%	3	3.0%	177	5.6%	1	3.1%	182	5.4%
Cardiovascular	0	0.0%	2	2.0%	128	4.0%	7	21.9%	137	4.1%
Injury	0	0.0%	2	2.0%	124	3.9%	2	6.3%	128	3.8%
Eye	3	4.5%	1	1.0%	98	3.1%	2	6.3%	104	3.1%
Urological	1	1.5%	3	3.0%	102	3.2%	2	6.3%	108	3.2%
Genital	2	3.0%	3	3.0%	99	3.1%	2	6.3%	106	3.1%
Ear	2	3.0%	5	5.0%	61	1.9%	3	9.4%	71	2.1%
Pregnancy / Childbearing / Family Planning	1	1.5%	0	0.0%	54	1.7%	0	0.0%	55	1.6%
Blood / Blood forming organs	0	0.0%	6	6.0%	38	1.2%	1	3.1%	45	1.3%

The first table above displays GP/psychiatrist presentation diagnoses this quarter by health grouping and the second table presents this information further by age group. The top health grouping diagnoses for all GP/Psychiatrist presentations this quarter was “general, unspecified” which made up 26.1% of all diagnoses. This health grouping includes medication changes and fatigue. The next three top health grouping diagnoses were” psychological”, “digestive “and “musculoskeletal” making up 18.4%, 12.4% and 12.5% of total diagnoses in this quarter respectively. This pattern is similar to the previous quarter with no obvious significant new trends. This pattern of presentations is also broadly comparable to what is seen in the Australian community when compared to BEACH Data from 2013.

Other than the “general unspecified” diagnoses health grouping, “social” diagnoses was the number one presentation in the 0-4 year age group. For the 5- 17 year old, 18-64 year old and the 65+ age groups “psychological” was the top presentation in all of these cohorts following the “general unspecified” diagnoses health grouping making up 24%, 18.4% and 25% of all diagnoses in the particular age groups respectively

4.9. Primary Health Care Chronic diseases

Primary Health Care - Chronic Diseases					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015					
Chronic Disease categories taken from the Australian institute of Health and Welfare	**Adult**	**Percentage of Adult with chronic disease**	**Minor**	**Percentage of Minor chronic disease**	**Total**
Arthritis	20	0.6%	0	0.0%	20
Asthma	27	0.8%	1	0.6%	28
Cancer	7	0.2%	0	0.0%	7
Cardiovascular	44	1.4%	0	0.0%	44
Chronic kidney disease	1	0.0%	0	0.0%	1
Depression	101	3.1%	2	1.2%	103
Diabetes	43	1.3%	0	0.0%	43
Oral disease	17	0.5%	0	0.0%	17

This table lists chronic diseases categories as defined by the AIHW and the number of these cases per category in the detainee population this quarter. It also breaks it down to adults and minors.

In adults, depression and cardiovascular disease were the two most common chronic diseases in the detention network with 131 and 62 cases respectively. In minors, there were only 3 cases of chronic disease listed which is too small a sample to draw any conclusions

AS part of IHMS primary care strategy, there has been much work done in the area of chronic disease management. Through its electronic medical record, IHMS has developed a range of care plans to facilitate and coordinate the appropriate management of chronic diseases. As the length of stay in detention has increased, IHMS has also placed more focus on health promotion and prevention activities in this stable population.

Chronic Diseases by age grouping								
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Arthritis	0	0.0%	0	0.0%	19	0.6%	1	3.1%
Asthma	0	0.0%	1	1.0%	27	0.8%	0	0.0%
Cancer	0	0.0%	0	0.0%	6	0.2%	1	3.1%
Cardiovascular	0	0.0%	0	0.0%	40	1.3%	4	12.5%
Chronic / kidney disease	0	0.0%	0	0.0%	1	0.0%	0	0.0%
Depression	0	0.0%	2	2.0%	101	3.2%	0	0.0%
Diabetes	0	0.0%	0	0.0%	41	1.3%	2	6.3%
Oral disease	0	0.0%	0	0.0%	17	0.5%	0	0.0%

This table breaks down the chronic disease categories by age group. At this stage, the only relevant age group is the 18-64 year old age group as the other age groups do not have a sufficient number of cases to be of statistical significance.

Medications and immunisations

5. Medications

5.1. Medication usage in IDFs (Top 20)

Medication Trends Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015						
Medications	Totals	Total percentage of all medications prescribed	Adult Totals	Total percentage of all medications prescribed for Adult	Minor Totals	Total percentage of all medications prescribed for Minor
Simple analgesics and antipyretics	989	29.3%	943	29.3%	46	27.7%
Nonsteroidal anti-inflammatory agents	659	19.5%	647	20.1%	12	7.2%
Combination simple analgesics	454	13.4%	454	14.1%		0.0%
Antidepressants	301	8.9%	296	9.2%	5	3.0%
Hyperacidity, reflux and ulcers	268	7.9%	263	8.2%	5	3.0%
Antihistamines	263	7.8%	258	8.0%	5	3.0%
Antipsychotic agents	192	5.7%	190	5.9%	2	1.2%
Penicillins	162	4.8%	151	4.7%	11	6.6%
Laxatives	145	4.3%	135	4.2%	10	6.0%
Expectorants, antitussives, mucolytics, decongestants	134	4.0%	132	4.1%	2	1.2%
Narcotic analgesics	109	3.2%	109	3.4%		0.0%
Topical corticosteroids	82	2.4%	78	2.4%	4	2.4%
Antihypertensive agents	73	2.2%	72	2.2%	1	0.6%
Antianxiety agents	73	2.2%	71	2.2%	2	1.2%
Herbal nervous system preparations	73	2.2%	73	2.3%		0.0%
Rubefacients, topical analgesics/NSAIDs	71	2.1%	70	2.2%	1	0.6%
Agents used in drug dependence	70	2.1%	69	2.1%	1	0.6%
Topical antifungals	66	2.0%	65	2.0%	1	0.6%
Topical oropharyngeal medication	61	1.8%	59	1.8%	2	1.2%

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

IHMS is committed to ensuring that medications are managed in a safe and effective manner and has implemented numerous activities to ensure this is achieved. This includes a full suite of policies, procedures and clinical practice guidelines related specifically to medication management, regular auditing of clinical cases and prescribing habits to ensure ongoing improvement and professional development is achieved through continuous feedback processes and adherence to the Australian Therapeutic Guidelines.

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minor prescriptions. IHMS can advise that the total populations at the Onshore Immigration Detention centres who required a regular medication at some point during the quarter has remained consistent between Q1 and Q2 as per the following:

- Q4 2014 (October – December) 58%
- Q1 2015 (January – March) 49%
- Q2 2015 (April – June) 51%

Overall it can be deduced from the data that whilst the top three medication types that are most frequently prescribed by GPs onshore has remained consistent for Q2 as they were for Q1, the total numbers of all medications prescribed has decreased for most of the medication groupings as listed in the table above.

The total number of medications prescribed overall has in fact reduced by 852 from 5168 in Q1 to 4316 in Q2. So whilst the percentage of the total population on medications has remained consistent for this reporting period compared to the previous, the total number of prescriptions for that population has reduced by 16%. This may be as a result of the ongoing auditing and feedback that occurs within IHMS to ensure effective medication management. This is particularly true of the self administration processes that are now embedded and supported within the onshore network to empower detainees to manage their own health care needs including medications. Completion of the Self Administration of Medication Risk Assessments (SAMRAs) enforces consistent analysis of the detainees' actual requirements and to ensure safe practice, the process encourages GPs to consider all possible alternatives to medication management and prescribing practices.

From the table above it can be seen that simple analgesics and antipyretics remain the most commonly prescribed medication within IHMS facilities onshore at 29.3% of the total population. This is followed by nonsteroidal anti-inflammatory agents at 19.5% and combination simple analgesics at 23%. The continued utilisation of pain relief can be attributed to both cultural expectations and also the high incidence of dental pain and musculoskeletal conditions onsite.

Of note also is that the prescribing of hyperacidity, reflux and ulcer medications has decreased by 97 from 365 in Q1 to 268 in Q2 and the prescribing of Penicillins has decreased by 76 from 238 in Q1 to 162 in Q2. Whilst these numbers seem statistically significant they only represent a 0.5% and 0.7% decrease respectively in the percentage of total population on these medications since Q1.

The other point of interest for this reporting period is that a new group of medications is now being represented in the top 20 most frequently prescribed medications and these are called herbal nervous system preparations. These include medications such as Valerian which is a perennial flowering plant. Valerian acts like a sedative on the brain and nervous system and is therefore used to treat conditions such as insomnia. The introduction of this medication grouping to the list can potentially be attributed to the auditing and ongoing monitoring of GP and psychiatrist prescribing habits and potential focus on using this group of medications to replace those such as Temazepam which also treats insomnia but is classified as a Restricted Schedule 4 medication due to its dependence-forming capacity and potential for abuse.

4.2. Medication usage by schedule

Medication prescriptions by Schedule			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	294	2	943
S3	301	1	10
S4	2,245	174	676
S8	30	1	3
Unscheduled	953	2	334
Grand Total	**3,823**	**180**	**1,966**

The above table illustrates how many of each medication Schedule types have been prescribed by a GP or psychiatrist or have been initiated by a nurse over the last quarter (April – June 2015). These numbers are fairly consistent with the previous quarter in January – March 2015 however there has been a large decrease in the number of nurse initiated medications from 765 in Q1 to 472 in Q2. This may be related to the Health Advice Service providing the after-hours service.

Department of Health - Scheduling – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

Source: *Scheduling Basics; http://www.tga.gov.au/industry/scheduling-basics.htm#.U87jAI2KDct*

The larger number of Schedule 4 medications is entirely as expected as all prescribed medications fall under this category.

4.3. Medication trends

Medication Trends Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015		
Percentage of total population during period		
Medications	**Jan - Mar 2015**	**Apr - Jun 2015**
Simple analgesics and antipyretics	29.9%	29.3%
Nonsteroidal anti-inflammatory agents	19.1%	19.5%
Combination simple analgesics	13.3%	13.4%
Antidepressants	6.9%	8.9%
Hyperacidity, reflux and ulcers	8.5%	7.9%
Antihistamines	5.9%	7.8%
Antipsychotic agents	4.1%	5.7%
Penicillins	5.5%	4.8%
Laxatives	3.7%	4.3%
Expectorants, antitussives, mucolytics, decongestants	2.2%	4.0%
Narcotic analgesics	3.3%	3.2%
Topical corticosteroids	2.2%	2.4%
Antihypertensive agents	1.9%	2.2%
Antianxiety agents	1.6%	2.2%
Herbal nervous system preparations	0.8%	2.2%
Vaccines	0.3%	2.1%
Rubefacients, topical analgesics/NSAIDs	1.8%	2.1%
Agents used in drug dependence	2.0%	2.1%
Topical antifungals	1.8%	2.0%
Topical oropharyngeal medication	1.8%	1.8%

6. Vaccinations administered by age group

Vaccinations Administered					
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015					
Vaccination type	**0-4 years**	**5-17 years**	**18-64 years**	**65+ years**	**Total Vaccinations Administered**
VZV	1	11	179	2	193
MMR	0	4	175	2	181
MMRV	0	0	0	0	0
Hep A	1	21	130	0	152
Hep B	2	15	278	2	297
MenCCV	0	0	108	0	108
Typh IM	0	0	23	0	23
dT	0	3	51	0	54
HPV	0	24	32	0	56
DTPa (up to 10 years)	29	10	11	0	50
Rotavirus	28	0	0	0	28
IPV	0	6	216	2	224
PCV	28	1	0	0	29
dTpa (11 years and over)	0	9	231	2	242
Jap E	0	0	1	0	1
Hib	0	0	0	0	0
23 PPV	0	0	0	0	0
Total	***89***	***104***	***1435***	***10***	***1638***

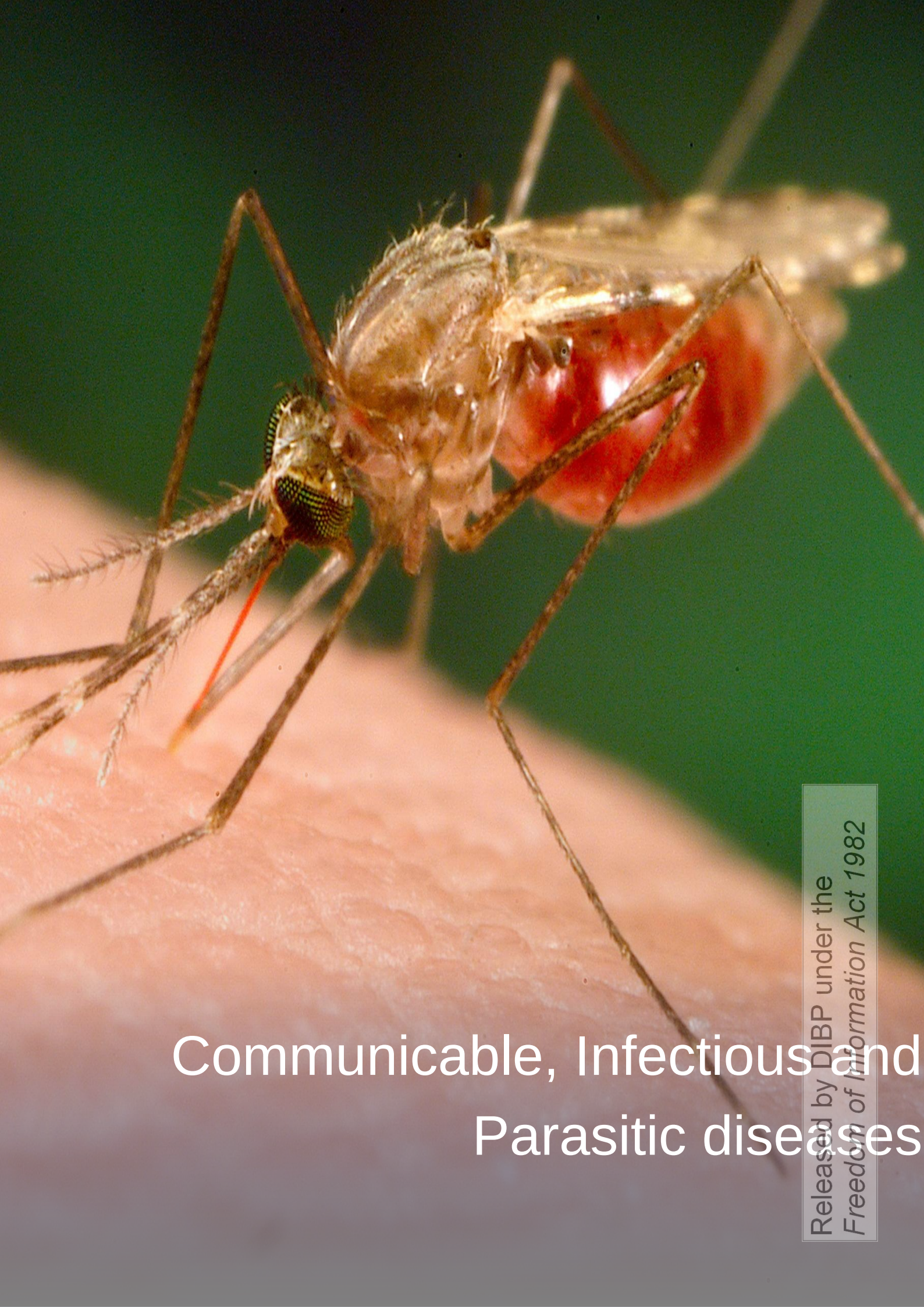
IHMS is committed to ensuring that all detainees located within the Immigration Detention network are offered the opportunity to be immunised in accordance with Australian community standards. The immunisation schedule follows the Australian Immunisation handbook (*10th ed.)* and provides clinical advice for health professionals on the safest and most effective use of vaccines as developed by the Australian Technical Advisory Group on Immunisation and Approved by the National Health and Medical Research Council. The IHMS schedule also includes additional vaccinations as advised and approved by independent advisors to cater for the unique circumstances of the population entering Immigration Detention. These additional vaccinations also cater for those being transferred to Nauru or Manus, where specific considerations are required based on the prevalence of other known diseases in those locations ie Hepatitis A and Typhoid.

All detainees are fully assessed with regards to their immunisation status on their arrival into the Detention network during the Health Induction Assessment (HIA) process. In line with Australian community standards, detainees receive comprehensive education on all the vaccinations being offered to them which commences during the HIA and is continued on an ongoing basis. This ensures they understand what the process of immunisation involves, why they need their vaccinations and what will be required in order for them to complete their required schedule. Detainees also receive an education leaflet in their preferred language explaining the immunisation process and a letter to remind them of their scheduled appointment and the reasons why it is essential for them to attend.

The table below illustrates what vaccinations have been administered and in what volumes and is broken down by age group as well as total numbers of each of the vaccinations given. For this new reporting period of April to June 2015 IHMS has broken down the age groups into 0-4; 5-17; 18-64; and 65+ years of age to break out the data into meaningful groups.

The total numbers of vaccinations administered between April and June 2015 was 1638 compared to 469 for the previous quarter of January to March 2015. This is a significantly large increase and may possibly be attributed to the following reasons:

- Detainees who were previously up to date clinically with their immunization status have required a further round of vaccinations this quarter based on their individual schedules
- The work that has been performed to educate detainees on the immunization process with a particular emphasis on influencing the detainees who continued to DNA (did not attend) their vaccination appointments. In addition to education sessions and leaflets on immunizations in their preferred language, IHMS also provides reminder letters to detainees now to ensure they are aware of their upcoming appointments and understand the importance of not missing them.



Communicable, Infectious and Parasitic diseases

7. Communicable, infectious and parasitic diseases

	New Diagnoses Quarter 2 (Apr - Jun 2015)				Total New Diagnoses Jul 2014 - Jun 2015		
Contagious (human to human, including sexually transmitted infections)	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**	**% of IDF population during quarter**	**IMAs**	**Non-IMAs**	**Total (IMAs & non-IMAs)**
Chickenpox	0	0	0	0.00%	0	1	1
Chlamydia	0	1	1	0.03%	5	4	9
Gonorrhoea	0	0	0	0.00%	1	0	1
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B (incl active and carrier states)	4	23	27	0.80%	19	62	81
Hepatitis C	1	15	16	0.47%	8	33	41
HIV	0	1	1	0.03%	0	5	5
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0
Syphilis	1	8	9	0.27%	1	23	24
Tuberculosis - Active	0	5	5	0.15%	4	6	10
Typhoid	0	0	0	0.00%	0	0	0
Total	**6**	**53**	**59**	**1.75%**	**38**	**134**	**172**
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0.00%	0	0	0
Malaria	0	0	0	0.00%	0	0	0
Schistosomiasis	1	0	1	0.03%	29	0	29
Strongyloidiasis	0	1	1	0.03%	7	1	8
Total	**1**	**1**	2	**0.06%**	**36**	**1**	**37**
Grand Total	**7**	**54**	**61**	**1.80%**	**74**	**135**	**209**

**The denominator used for this table is the total IDF onshore population which has come in and out of the onshore detention network in this quarter.*

Table 6.1 displays the new diagnoses of communicable diseases in the onshore detention network this quarter. Hepatitis B was again the number one diagnosed communicable disease this quarter with 27 new cases (0.8% of the total IDF population). Hepatitis C was the second most diagnosed with 16 new cases this quarter. These cases were picked up during IHMS' routine Health Induction screening for new arrivals (HIV, Hep B, C, Syphilis)

Hepatitis B is endemic in countries of origin of many detainees so it is not unexpected that a percentage will test positive for Hepatitis B. IHMS manages this cohort in consultation with infectious diseases unit across the network and all notifiable diseases such as Hepatitis B are reported to the relevant state health authorities as required by legislation. IHMS robust screening of infectious disease in all new arrivals into the Australian detention network is the cornerstone of preventing potential infectious diseases outbreak in the detention network and also the general Australian population.

There were 5 new active TB cases diagnosed in this quarter all of which were in compliance cases from the Australian community. This highlights the importance of a screening CXR for all persons who are new arrivals into the detention network. Two of these cases were asymptomatic during the public health questionnaire and examination and were suspected only due to abnormal CXR results.

Disabilities

8. Disabilities

Disability can be defined in different ways, depending on the type and purpose of the data collection. For instance, definitions in population surveys on disability differ from those used to determine eligibility for disability-related support services or payments. In Australia, many data collections define disability based on the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF), which uses 'disability' as an umbrella term for any or all of the following components:

- impairments—problems in body function or structure
- activity limitations—difficulties in executing activities
- participation restrictions—problems an individual may experience in involvement in life situations.

Environmental factors influence the components above. All the ICF components are distinct but interrelated. On the one hand, a person's negative experience relating to any one component may be considered to constitute disability. On the other hand, a person's experience of disability is often complex and multidimensional, meaning that all the components together may constitute disability. A person's functioning or disability is considered as a dynamic interaction between the person's health condition and environmental and/or personal factors.

IHMS initially screens for disabilities amongst the Immigration Detention population as part of the initial Health Induction Assessment process. This is a standard health assessment that occurs within pre determined timeframes on all new arrivals into the Detention network. Detainees who are classified with a disability are referred to specialist services based on clinical indication by the IHMS General Practitioners. These services include a network of public and private providers including Paediatricians, Orthopaedic surgeons, Physicians, Psychologists, Allied Health and specialised disability services. Hearing aids, visual aids and prostheses are also available as required through IHMS' network of providers.

The data below was ascertained based on Snomed codes. Detainees will only be counted once under any particular disability category and IHMS notes that the totals may exceed the total number of unique detainees with a disability due to some detainees falling within more than one disability category.

The table below illustrates that in comparison to Q1 (Jan-Mar 2015) the number of unique detainees has remained fairly consistent, with an increase of four (4) adult detainees and a decrease of eight (8) minor detainees experiencing one or more disability for the quarter.

The leading cause of disability for adults is the group classified as 'Other' which is made up of conditions such as Neuralgia (nerve pain) and Complex Regional Pain Syndrome (a condition which occurs following injury such as a fracture). This is followed by visual impairment and functional impairment.

For minors, the total numbers of disabilities are a lot lower with the top three remaining consistent with the last period as being visual impairment, hearing impairment and developmental disability.

Number of people in IDFs (IMAs and Non-IMAs) as at 30 June 2015					
Types of Disability	**IDCs**	**IRH/APODs**	**ITAs**	**Adult**	**Minor**
Amputation	0	3	1	4	0
Cognitive	0	1	0	1	0
Developmental	11	3	3	15	2
Functional impairment	12	16	5	32	1
Hearing impairment	12	13	4	26	3
Visual Impairment	19	22	3	41	3
Other (Epilepsy, Lupus)	20	20	8	47	1
Total	**74**	**78**	**24**	**166**	**10**
Unique Detainees with a disability	**63**	**64**	**20**	**139**	**8**

The table below illustrates that although there has been a slight increase in the number of detainees with a disability as a percentage of the total Immigration Detention population since the last reporting period, there has been an overall drop in this percentage by 3.5% over the last 12 month period.

Total Disabilities as Percentage of IDF Population		
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015		
As at end of quarter	**Number of detainees**	**Approximate percentage of IDF population**
30 Jun 2015 - Q2	147	4.3%
31 Mar 2015 - Q1	146	3.4%
31 Dec 2014 - Q4	194	7.2%
30 Sep 2014 - Q3	268	7.8%

Mental Health

9. Mental Health

Mental Health Service Delivery

Mental health care at each Centre is provided by both the primary and mental health staff using a Primary care model augmented by mental health Nursing, Psychologists and Psychiatrists. As noted in the previous quarterly report a new service delivery model commenced its implementation in early 2015, and during this second quarter was operating across all sites. This model has resulted in a reduction in the number of mental health clinical hours available for consultation across all mental health disciplines, and the data in this report should be interpreted with this in mind. This means for example that changes in numbers of consultations for mental health does not necessarily reflect a reduction in help-seeking or in morbidity, but also reflects service delivery. Mental health screening scores however remain independent of this model change and for this reason are a better reflection of the Detention population's psychological morbidity, although rates of refusal of screening are high, and are therefore not an entirely accurate epidemiological measure.

In this quarter there continues to be a change in detention cohort as a result of Departmental policy changes, with a rise in numbers released from Correctional settings or following illegal activity. As is reflected in Corrections health data, this cohort has higher rates of serious mental illness such as Schizophrenia and Bipolar affective disorder and higher rates of substance abuse. During this quarter a review of the numbers of those with Schizophrenia and related chronic psychotic illness was undertaken in light of this trend, and information provided to the Department to assist with future planning. Management of addictions including opiate substitution within detention is a growing issue for health service staff and other providers, particularly as the Detention setting lacks the controls around substance movement in and out of detention that is found in Correctional settings. This rise in addiction and substance abuse issues has been accompanied by an associated rise in aggressive behaviour in centres, which at times has impacted on the ability to provide health services. One key impact area is that in most detention centres now have a heightened level of security in compounds which, in combination with changes as noted in the service model, has meant that active outreach in to compounds is now the exception rather than the rule. The clinical impact of this change will not necessarily be visible in epidemiological data, as its effect is more on individual patients, particularly those who do not actively seek help, or do not attend for their medication. IHMS has recently noted in several detention centres small but significant cohorts of those with serious mental illness such as Schizophrenia who are refusing their medications for extended periods and are likely to relapse. As yet this has not manifested in an increase in readmissions to hospital, with psychiatric hospital admissions reduced from the previous quarter, back to similar levels to late 2014. IHMS will be preparing a report to DIBP to assist in highlighting and if possible developing a suitable solution to this issue.

9.1. Mental health related presentations

As noted earlier in this document, the data below on GP presentations should be interpreted with an understanding of the electronic record. SNOMED clinical terminology used to record reasons for presentation. The SNOMED clinical terminology used to record reasons for consultation includes both clinical diagnoses such as Schizophrenia, depression, and also other mental health related items such 'able to sleep' 'aggressive behaviour', 'acute situational disturbance', 'feeling frustrated' 'delusions', 'dysphoric mood' and 'demanding behaviour'. The mental health reasons for presentation cluster also includes drug seeking behaviour and substance related presentations including cigarette smoking.

In contrast, diagnoses of depression included under the Chronic diseases information section (see table 4.9) refer to codings more directly related to clinical diagnoses, such as 'depressive disorder',' reactive depression' and 'psychotic depression'.

Unique GP diagnoses related to mental health			
Mainland and Christmas Island (IDFs only) Q2 Apr - Jun 2015			
Age band (years)	**Number of Unique presentations**	**Number related to mental health**	**Percentage related to mental health**
0-4 years	118	8	6.8%
5-17 years	223	56	25.1%
18-64 years	6,668	1,357	20.4%
65+ years	104	9	8.7%
Total	**7,113**	**1,430**	**20.1%**
		Minors %	**18.8%**
		Adults %	**20.2%**

This table indicates that for around 19 – 20% of GP appointments, there was a mental health related reason for presentation. Note as above that this covers a broad range of reasons for presentation, including a presentations unrelated to diagnosed illness. These percentages are very similar to percentages in the last few quarters. The previous quarterly report noted the possibility that, with a change in service model towards referral to Specialist mental health through GPs rather than direct referral, the percentage of GP presentations for mental health may rise. This appears not to be the case for adults (20.1% in the last quarter compared with 20.2% this quarter). For children the percentage of presentations related to mental health have nearly doubled this quarter, from around 16% of presentations to nearly 32%. There are likely to be multiple factors

contributing to this, however numbers of children in detention are small and this apparent trend may not be statistically significant.

The Australian Bureau of statistics data (2007) reported that for Adults in Australia, 45% had a mental disorder at some point in their life, while 20% had a mental disorder during the last 12 months.

(reference accessed 25.7.15)

http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=)

9.2. Psychiatric admissions to hospital

Psychiatric admissions to hospital Q2 (Apr - Jun 2015)			
State/Territory	**Total**	**Adult**	**Minor**
NSW	3	3	0
NT	3	3	0
QLD	2	2	0
SA	0	0	0
VIC	1	1	0
TAS	N/A	N/A	N/A
WA (incl. Christmas Island)	3	2	1
Total	**12**	**11**	**1**

Psychiatric admissions recorded in this quarter have dropped compared with the last quarter, and now approximate rates at the end of 2014. The reasons for this are likely multifactorial, and likely reflect not only psychiatric morbidity but also environmental and service provision factors.

A closer look at the data shows that all psychiatric admissions recorded were for IMAs. These are Transferees who have arrived in Australia for physical health care or who have come as accompanying persons, and have subsequently required admission to hospital. Those transferred onshore solely for the purposes of Psychiatric admission are not included in this table (one from Manus Island, and zero from Nauru).

Psychiatric admissions to hospital		
State/Territory	**Jan - Mar 2015**	**Apr - Jun 2015**
NSW	3	3
NT	8	3
QLD	5	2
SA	0	0
VIC	11	1
TAS	N/A	N/A
WA (incl. Christmas Island)	2	3
Total	**29**	**12**

9.3. Mental health screening

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to DIBP policy. Screening involves both a mental health screening tool and a mental health assessment. Screening allows both identification of those with mental health needs on an individual basis, and is also a way of viewing collated information that provides a rough estimate of morbidity across the detention population. Screening is voluntary, and data interpretation should take in to account that the scores presented may not accurately represent the whole population. IHMS has not previously reported on screening non-attendance rates, but anecdotally these have been 50% or greater. During this quarter IHMS implemented a mental health screening consent process to try to reduce the number of non-attendances for mental health screening, and to improve efficiency.

The mandatory mental health screening tool used for adults in Detention is the K10, which is a self-rated measure of anxiety and depressive symptoms. Results from this quarter are presented in 8.4 below.

During this quarter the Strengths and Difficulties Questionnaire was commenced as the new mandatory screening tool for children and adolescents. This is being progressively rolled out across sites and data will be presented in the next quarterly report.

9.4. Kessler Psychological Distress Scale (K-10) Q1 - 2015

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS onshore immigration detention data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50)

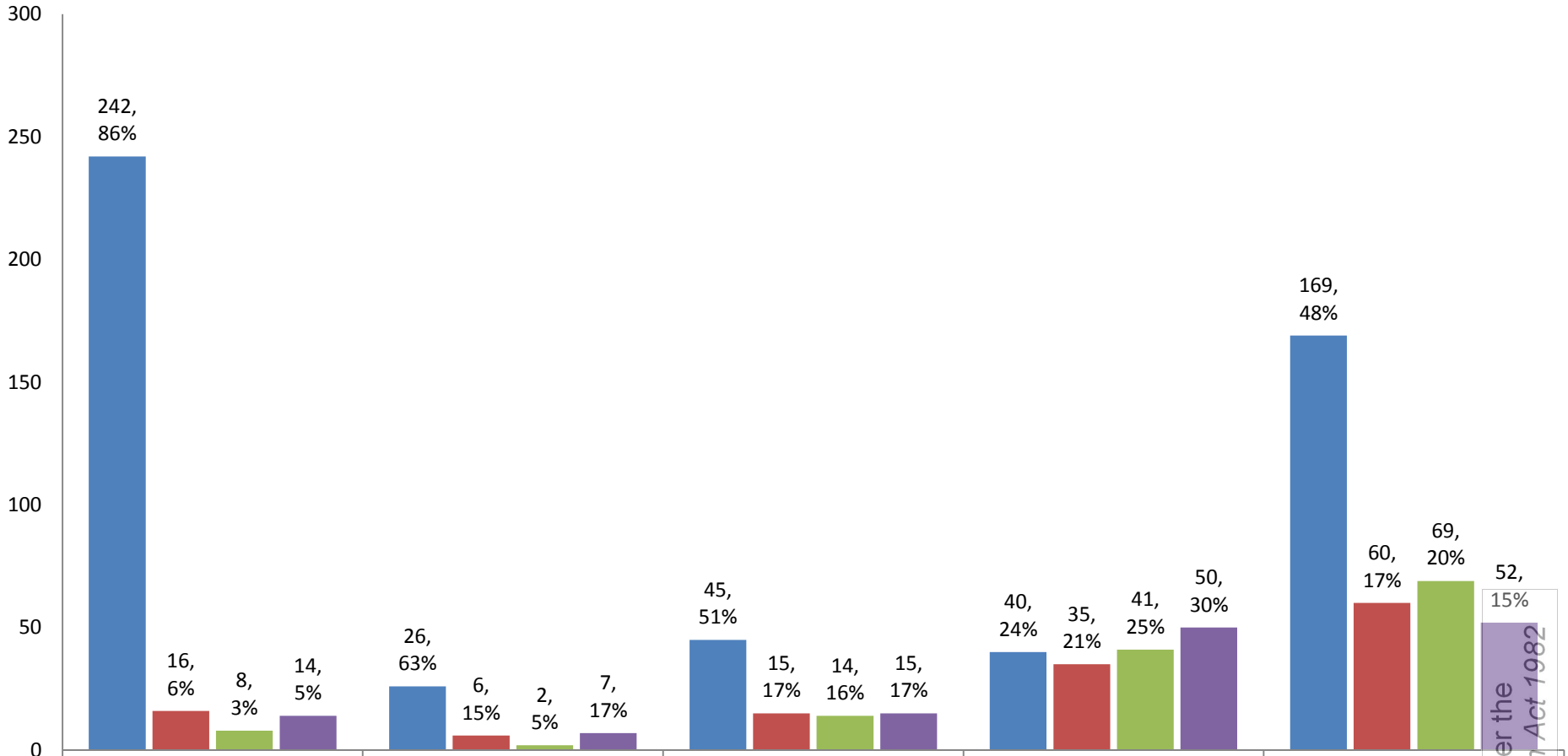
9.5. Kessler Psychological Mainland and Christmas Island Q2 – 2015

Months in Detention	Total Screenings completed	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	280	14.85	242	86.4%	16	5.7%	8	2.9%	14	5.0%
4-6 months	41	19.44	26	63.4%	6	14.6%	2	4.9%	7	17.1%
7-12 months	89	21.46	45	50.6%	15	16.9%	14	15.7%	15	16.9%
13-18 months	166	25.57	40	24.1%	35	21.1%	41	24.7%	50	30.1%
19+ months	350	20.97	169	48.3%	60	17.1%	69	19.7%	52	14.9%
Total	**926**	**21.34**	**522**	**56.4%**	**132**	**14.3%**	**134**	**14.5%**	**138**	**14.9%**
Adult Community Mental Health clients 2011-2012	**16,693**	**19.4**	**9,605**	**57.5%**	**2,889**	**17.3%**	**1,957**	**11.7%**	**2,242**	**13.4%**

During May 2015 DIBP statistics record 1648 adults in Mainland and Christmas Island Detention. With 926 screenings performed over this 3 month period, this accords with the impression of an approximately 50% attendance rate for screening, meaning that figures should be interpreted cautiously as they may not accurately reflect whole population information. Rates of distress in the reported screenings are quite closely aligned with rates found in the wider Australian community in specialist Adult community mental health clients (the bottom line of the table provides these comparator figures from 2011-2012).

Given that the Detention health service has moved closer to a primary care model with reduced mental health outreach in to compounds and reductions across all specialist mental health staff, results suggest that a primary care model is unlikely to provide an adequate level of clinical service provision, and that the model should be more closely aligned with that of an Adult community mental health team. This may be mitigated to some degree over time if the overall time in detention reduces, given that distress rates tend to be lower for those with shorter periods in detention, however if a significant proportion of new entrants to detention come from the prison system, this will increase the needs for mental health services given the high rates of mental illness and substance abuse in that population.

Kessler Psychological Distress Scale: Mainland and Christmas Island



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20) N	242	26	45	40	169
Mild (20-24) N	16	6	15	35	60
Moderate (25-29) N	8	2	14	41	69
Severe (30-50) N	14	7	15	50	52

**The data labels represent the number of people.*

9.6. Torture & Torture

Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma services are provided for those who may have experienced torture and trauma prior to arrival in detention, or in the case of Maritime arrivals in onshore detention, prior to arrival in an offshore processing centre in accordance with Departmental policy.

Initial screening questions for Torture and trauma are asked as a component of the Health induction process, and also later as part of mental health assessment. Torture and trauma disclosures may also be made at any time subsequently.

Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post traumatic stress disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition this usual level of care, referrals to Specialist Torture and Trauma services are made for those with disclosed or suspected T&T histories. Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times detainees may be referred for additional Specialist T&T input.

9.7. New T&T Disclosures

Facility T&T First disclosed	Number of detainees in IDFs who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Adelaide ITA	2	0	0	2	0
Bladin	0	0	0	0	0
Brisbane ITA	4	0	1	3	0
Christmas Island	9	0	0	9	0
Maribyrnong IDC	2	0	0	2	0
Melbourne ITA	12	1	4	7	0
Perth IDC/IRH	2	0	0	2	0
Villawood IDC	21	0	0	21	0
Wickham Point APOD/IDC	16	1	4	11	0
Yongah Hill IDC	8	0	0	8	0
Total	**76**	**2**	**9**	**65**	**0**
% total IDF population during Q2	**2.2%**	**3.0%**	**9.0%**	**2.0%**	**0.0%**

This table shows the overall number of appointments scheduled with Torture and Trauma specialist services for the quarter (note that it does not show attendance rates). This represented 6% of the onshore detention network population.

9.8. Supportive Monitoring and Engagement

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self harm and suicide. There are three levels of SME, involving variable levels of monitoring by security staff and clinical staff, ranging from 24 hour 1:1 monitoring, to intermittent or weekly review. In addition to indicating individual risk, SME numbers in each centre provide a snapshot of site mental health acuity and complexity. SME numbers are a better reflection of mental distress than of mental illness, and are particularly affected by psychosocial stressors.

This is the first time SME numbers have been reported in a data set. The numbers provided have been manually extracted to maintain data integrity, and for this reason present a snapshot each month rather than averages. IHMS will look at whether it is possible to accurately automate this report for future data sets.

SME numbers	BITA	VIDC	MIDC	MITA	AITA	PIDC	YH	WP	CI
Sample day in April 2015	2	0	3	3	0	0	1	20	1
Sample day in May 2015	0	5	2	4	0	0	1	16	1
Sample day in June 2015	5	3	3	4	0	4	1	15	1

Wickham Point had consistently high SME figures this quarter. This is largely related to the IMA population at WP, particularly in the context of activity around offshore returns across this quarter. It is notable that rates of SME per population on Nauru and Manus are much lower than at Wickham Point, and anecdotally a number of those on SME prior to return are able to be reassessed as not requiring SME shortly after arrival. BITAs numbers on SME fluctuated this quarter, but are relatively high given the size of the centre. This likely reflects the concentration of those both entering and exiting private Psychiatric hospitals in Brisbane.

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Regional Processing Centres Quarterly Health Trend Report

April - June 2015

Quarter 2

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Regional Processing Centres Quarterly Health Trend Report

Quarter 2

April – June 2015

Report written by:

International Health and Medical Services (IHMS)

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*Reissued on 06 October 2015 to amend some data errors.

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1. Executive Summary

The Regional Processing Centres, (RPC) Quarterly Health Trends Report is submitted on a quarterly basis and provides a summary of the health status of Transferees in RPCs. The statistical data in the report has been extracted from the IHMS electronic medical record system, Apollo for the period 1 April – 31 June 2015. Analysis and interpretation of this data is provided by the IHMS Clinical Reporting Team, Medical Directors, Mental Health Medical Director and Director of Nursing.

With a decrease in presentations for food and fluid refusal this quarter, there has been a resultant drop in the number of primary health consults. The number of GP consults has remained static. There continue to be significant number of GP consults in the offshore detention population, with a higher proportion of people seeing the GP than within the Australian Immigration detention facilities. This represents the repeated finding that many Transferees request to see a doctor to enquire about off island transfer for specialist assessment, can often require repeated explanation.

This quarter has seen a similar mix of presentations to previous quarters, with digestive, musculoskeletal and psychological disease forming a large component of the case mix. The high incidence of musculoskeletal presentations in particular has seen strong utilisation of visiting physiotherapy services to both sites. Dental disease remains high in incidence in the asylum-seeker population, and visiting dental services continue to be well received. The expansion of services available in Port Moresby this quarter, such as MRI scanning, has allowed more patients to be transferred from Manus for definitive diagnosis and assessment.

There have been no new presentations of communicable and parasitic disease this quarter except for two cases of schistosomiasis. Malaria incidence remains extremely low at the Manus RPC despite the prevalence of the disease elsewhere on the island, coupled with the general poor compliance with insect bite avoidance and chemoprophylaxis among Transferees. The low incidence of malaria is a reflection of the robust vector control measures operating onsite.

Definitions

Term	Definition
ABF	Australian Border Force
CVD	Cardiovascular Disease
DIBP	Department of Immigration and Border Protection
EMR	Electronic Medical Record
GP	General Practitioner
HDA	Health Discharge Assessment
HDS	Health Discharge Summary
HIA	Health Induction Assessment
IHMS	International Health and Medical Services
NOCC	National Outcomes and Case-Mix Collection
NSAID	Non-Steroidal Anti-Inflammatory Drug
PIH	Pacific International Hospital
PNG	Papua New Guinea
RACGP	Royal Australian College General Practitioners
RN	Registered Nurse
RPC	Regional Processing Centre
SAF	Single Adult Female
SAM	Single Adult Male
UAM	Unaccompanied Minor

2. Transferee Cohort

An overview of the number of people in RPCs can be found using the below Department of Immigration and Border Protections website link:

http://www.border.gov.au/about/reports-publications/research-statistics/statistics/live-in-australia/immigration-detention

IHMS notes that the following age grouping brackets, used throughout this quarterly report, were requested by the Department of Immigration and Border Protections to align with other DIBP reports.

Age Groupings
Male 0-4 years
Female 0-4 years
Male 5-17 years
Female 5-17 years
Male 18-64 years
Female 18-64 years
Male 65+ years
Female 65+ years

On Manus the cohort has changed minimally with the population remaining above 900 within the RPC. Due to the Refugee Status Determination (RSD) process allowing refugees to settle on Nauru, the Transferee population on Nauru has decreased overall. There remains a wide cross section of age groups in the RPC network from ages 0 to 76.

3. Explanatory notes

Data in this report should be interpreted with an understanding of how the diagnoses and presentations are generated within the electronic record system. IHMS' electronic record uses the Snomed clinical terminology system to record reasons for presentation. Snomed is a clinical terminology system designed to capture and represent patient data for clinical purposes. It incorporates both diagnostic items, and also clinical findings, symptoms, procedures, body structures, aetiologies, pharmaceuticals substances, devices and specimens. This means that statistical information on for example 'cardiac presentations' is a marker of reasons for use of clinical time rather than a good epidemiological measure of illness in the population. For example, the 'cardiovascular' code includes sub-codes such as 'good hypertension control', 'prominent veins', and 'palpitations', as well as the more pathological 'cerebrovascular disease' and 'angina'.

Primary Health

4. Primary Health

4.1. Introduction

IHMS is contracted by DIBP to provide primary health care within the Regional Processing Centres (RPCs). The care is provided by an experienced team of primary health care professionals including IHMS Medical Officers (GPs), Emergency Physicians and Registered Nurses (RNs). In response to the well-known challenges of mental health in detention, IHMS has a well-resourced team of mental health professionals who provide onsite care at all locations across the network. On Nauru this also includes paediatric doctors and nurses.

International research has shown that good primary health care is associated with improved population health, decreased health costs, appropriate care and positive health outcomes (Macinko et al. 2003; Starfield & Shi 2002).

In addition to providing first line health care, an essential component of primary health care incorporates health-promotion and disease-prevention activities, and helps people with chronic conditions to manage their own health (AIHW 2008). This has been a key focus for IHMS as the transferee population has stabilised and the average length of stay has increased. Primary health staff on both sites continue to deliver weekly health promotion in the compounds.

4.2. Consultations

Primary Health Care Consultations			
Manus and Nauru Q2 Apr - Jun 2015			
IHMS Primary Health Specialties	**Total number of unique consults**	**Number of unique persons seen**	**Percentage of total RPC population during Q2 2015**
GP	3,942	1,125	64.8%
Primary Health Nurse	8,506	1,419	81.7%
Mental Health Nurse	3,992	1,149	66.2%
Counsellor	8,171	1,287	74.1%
Psychiatrist	534	266	15.3%
Psychologist	1,640	538	31.0%
Total	**26,785**	**5,784**	

There remains a high level of utilisation and engagement with the health services within the RPCs. The high proportion of Transferees presenting for nurse consultations reflects the nurse-led model of care coupled with the large numbers of presentations to receive daily medications which adds a significant workload on the primary care staff. The number of primary health nurse consults has decreased from 18,132 to 8,506 this quarter. It is likely that this dramatic fall is related to the large number of Transferees of patients on Food and/or Fluid Refusal (FFR) in Manus in January and February of last quarter, which resulted in significant short term nursing health interventions. Paramedic and physiotherapy consults have also been removed from this data set this quarter and are presented elsewhere.

The number of GP consults has remained static. There continue to be significant number of GP consults, representing a higher proportion of people (68.4%) seeing the GP than is shown in the Australian Immigration detention facilities (50.7%). This is consistent with previous reported data on this population group. Self-reporting of pain for chronic medical conditions along with large numbers of somatization disorder continue to require GP assessment and management offshore. Factors which may influence consultation rates offshore include both health and non-health related variables, such as the anecdotal perception that presentation to the health clinic may influence access to other resources, or to the immigration process. Many cases reflect requests to see a GP to follow up on requests for off island movement that have been made by IHMS. In addition, complex cases are also referred to the Senior Medical Officer to ensure continuity of care and to provide a secondary review process prior to requests for specialist assessment, leading to additional GP consults that are captured in this data.

Onsite Integrated Primary Health Care										
Manus and Nauru Q2 Apr - Jun 2015										
IHMS Primary Health Care	0-4 years	% (0-4 yrs)	5-17 years	% (5-17 yrs)	18-64 years	% (18-64 yrs)	65+ years	% (65+ yrs)	Total	% (Total)
GP	14	50.0%	25	30.9%	1,085	66.8%	1	50.0%	1,125	64.8%
Primary Health Nurse	20	71.4%	59	72.8%	1,339	82.4%	1	50.0%	1,419	81.7%
Mental Health Nurse	7	25.0%	19	23.5%	1,122	69.0%	1	50.0%	1,149	66.2%
Counsellor	18	64.3%	11	13.6%	1,257	77.4%	1	50.0%	1,287	74.1%
Psychiatrist	2	7.1%	14	17.3%	250	15.4%	0	0.0%	266	15.3%
Psychologist	7	25.0%	17	21.0%	514	31.6%	0	0.0%	538	31.0%

4.3. Pathology Referrals

Pathology Referrals		
Manus and Nauru Q2 Apr - Jun 2015		
Pathology Type	**No. of Referrals**	**No. of Persons**
Liver Function Test (LFT), Urea Electrolytes (UE) and Creatinine	691	494
Full Blood Count (FBC)	354	264
C Reactive Protein (CRP)	178	131
Helicobacter pylori Serology	154	125
Fasting Triglycerides	133	105
Mid Stream Urine Micro & Culture	98	71
HbA1c	71	55
ESR	59	57
Schistosomal Serology	54	45
TFT (FT4 & TSH)	46	36
Total number of unique persons that had a Pathology Referral	**505**	**29%**

The number of tests reported on this quarter has been shortened for clarity. Liver function and biochemistry have been bundled together for this quarter. The number of these tests requested has slightly fallen this quarter due to the greater number of pathology tests ordered during the episodes of mass Food and Fluid Refusal (FFR) last quarter. There have been larger numbers of H. pylori serology tests ordered this quarter, reflecting the ongoing high incidence of gastritis and reflux disease in this cohort. Schistosomal serology appears in the list of most common tests this quarter although the number of positive results returned (2) remains low.

4.4. Allied Health Appointments

Allied Health Appointments			
Manus and Nauru Q2 Apr - Jun 2015			
Allied Health Appointment Type	**Number of scheduled Appointments**	**Number of unique persons per appointment type**	**Percentage of unique persons who had appointments scheduled**
Dental	316	199	11%
Physiotherapy	12	9	1%
Audiology	0	0	0%
Optometry	1	1	0%
Other	1	1	0%
TOTAL	**330**		
Total number of unique persons to have an Allied Health Appointment	**209**		

Data has been taken from referral letters and not from appointment data, as per departmental request. This therefore does not accurately reflect the actual number of cases seen, as referral letters are not usually raised unless specific interventions are requested. This means that for example the physiotherapy figures as reported above are in reality higher as appointments are booked without referral letter. As services are more highly utilised IHMS recommends reverting to appointment data for future reports on allied health. The large numbers of persons previously (Q1) in the 'Other' category have been reallocated to the specialist section, hence the drop to one case of Podiatry referral.

There remains a constant and increasing need for physiotherapy services at the RPC. On both sites, the uneven ground and large numbers of sporting injuries lead, in particular, to large numbers of musculoskeletal presentations. Many cases have been successfully managed with the help of the visiting physiotherapist who has also assisted the GP in adding an extra layer of screening for patients requesting advanced imaging.

Dental referrals remain high on both sites. There remains a high incidence of poor dental hygiene, dental caries and gingivitis due to lack of dental care prior to entering detention. The dental facility on Manus continues to be popular. Patients have not required movement to Port Moresby for complex dental work this quarter. Visiting dental clinics at the RON Hospital continue, with no unusual change in presentations this quarter. Optometry visits have been postponed to the third quarter so it is expected that this will be reflected in higher visit numbers in the next quarterly data set.

4.5. Radiology Referrals

Radiology Referrals					
Manus and Nauru Q2 – Apr - Jun 2015					
Type	> Referrals		> Persons		Top reasons for a Referral
	Number of Referrals	Percentage of total Referrals	Number of Persons	Percentage of total persons with Referral	
X-Ray	312	80.0%	240	86.0%	1. Chest 2. Spine - Lumbo-sacral 3. Knee (R) 4. Abdomen 5. Shoulder (R)
Ultrasound	57	14.6%	53	19.0%	1. Abdomen 2. Other 3. Renal 4. Obstetric 5. Pelvis (F)
CT Scan	12	3.1%	12	4.3%	1. Chest 2. Head 3. Spine - Thoracic 4. Spine - Cervical 5. Spine - Lumbar
MRI	8	2.1%	7	2.5%	1. Periphery 2. Head
Nuclear medicine	1	0.3%	1	0.4%	1. Thyroid
Total	**390**	**100%**			
Total number of unique persons to have a Radiology test	**279**	**Percentage of total RPC population with a Radiology Referral**	**16%**		

The ‘number of unique persons to have a radiology test’ differs from the total number of referrals, as one person may have several tests in the one referral (one X-ray plus a CT scan for example).

There has been no significant change in the number or types of imaging requests performed this quarter. We continue to require radiology for lumbar spine conditions, in keeping with the large numbers of presentations for back pain that do not respond to conservative management. The large numbers of knee X-rays reflect the large numbers of sporting knee injuries presenting in the cohort of young males, especially on Manus. Nauru continued to see a number of requests for ultrasound for the female cohort and for obstetric evaluation. Patients on both islands required urgent off-island movement for MRI or CT scan to rule out serious spinal or brain pathology. Nevertheless the relative percentage of the RPC population requiring imaging overall remains small.

4.6. Specialist Referrals

Specialist Referrals			
RPCs Q2 Apr - June 2015			
Specialist Referrals	**Number of Referrals**	**Number of unique persons per Specialist**	**Percentage of unique persons referred per Specialist**
General Surgery	15	13	0.7%
Otorhinolaryngology	20	20	1.2%
Paediatric Immunology	1	1	0.1%
Gastroenterology	1	1	0.1%
Cardiology	1	1	0.1%
Neurology	1	1	0.1%
Allergy and Immunology	3	3	0.2%
Orthopaedics	1	1	0.1%
Ophthalmology	1	1	0.1%
Urology	1	1	0.1%
TOTAL	**45**		
Total number of unique persons to have a Specialist referral	**43**	**Percentage of total RPC population to have a Specialist referral**	**2.5%**

General surgery remains the highest referral mainly for simple procedures such as hernias, perianal disease and abdominal pathology. The majority of cases have been managed in Port Moresby (Manus) or through the Republic of Nauru Hospital (Nauru).

Of note this quarter has seen a large increase in the number of ENT referrals for recurrent tonsillitis, ear infections and sinus pathology. Most of these have been addressed either by scheduling visiting specialists, or by definitive surgical management in Port Moresby.

IHMS has worked closely with the department to provide a level of extended health services on both the RPCs. Physiotherapist, Obstetricians and Sonographers have played a key role in providing healthcare to the Transferee population on Nauru this quarter. On Manus we have seen visits by an Ear, Nose and Throat specialist, and Physiotherapist.

Tele-health continues to be well utilised on both islands and has seen a variety of specialists utilised including neurosurgeons and orthopaedic surgeons. These have reduced the need for certain presentations to be referred offsite, or in some cases have provided robust endorsement of the need for off-island transfer.

4.7. Hospital Admissions

Hospital Admissions		
Manus and Nauru Q2 Apr - Jun 2015		
RPC Location	**Total Hospital Admissions**	**Number of individuals hospitalised**
Manus Island	20	18
Nauru Centre	10	9
Total	**30**	
Total number of unique persons that were hospitalised	**25**	**1.4%**

Overall admissions remain low as primary medical care is facilitated at the RPC. Although the total number of persons hospitalised has dropped to 25 from 28 last quarter, this is in keeping with the attendant drop in total population.

In addition to offsite hospitalisations, several patients have been admitted overnight or for short stays and not required onward movement.

From Manus, the vast majority of patients were moved to Pacific International Hospital in Port Moresby, which has seen an expansion program open this quarter, allowing more patients to be transferred there than previously.

From Nauru, cases were hospitalised either at the Republic of Nauru hospital or on the mainland.

4.8. GP/Psychiatrist presentations by Health Groupings

GP/Psychiatrist presentations			
Manus and Nauru Q2 Apr - Jun 2015			
Health Groupings	**Number of Unique Presentations**	**Number of Unique Persons**	**Percentage of total RPC population with a presentation**
General Unspecified	1,599	793	45.7%
Digestive	1,121	433	24.9%
Musculoskeletal	1,028	473	27.2%
Psychological	979	375	21.6%
Skin	766	380	21.9%
Respiratory	591	270	15.6%
Urological	340	195	11.2%
Social	344	249	14.3%
Endocrine / Metabolic & Nutritional	209	139	8.0%
Injury	206	156	9.0%
Ear	311	125	7.2%
Neurological	343	231	13.3%
Eye	190	109	6.3%
Genital	108	68	3.9%
Cardiovascular	133	91	5.2%
Blood / Blood forming organs	25	22	1.3%
Pregnancy / Childbearing / Family Planning	12	11	0.6%
Total	**8,305**		

GP/Psychiatrist presentations by age grouping										
Health Groupings	**0-4 years**	**% of total 0-4 yrs**	**5-17 years**	**% of total 5-17 yrs**	**18-64 years**	**% of total 18-64 yrs**	**65+ years**	**% of total 65+ yrs**	**Total**	**% total IDF population**
General Unspecified	12	42.9%	16	19.8%	764	47.0%	1	50.0%	793	45.7%
Digestive	4	14.3%	5	6.2%	424	26.1%	0	0.0%	433	24.9%
Musculoskeletal	1	3.6%	2	2.5%	470	28.9%	0	0.0%	473	27.2%
Psychological	3	10.7%	12	14.8%	359	22.1%	1	50.0%	375	21.6%
Skin	3	10.7%	6	7.4%	370	22.8%	1	50.0%	380	21.9%
Respiratory	7	25.0%	10	12.3%	253	15.6%	0	0.0%	270	15.6%
Urological	3	10.7%	3	3.7%	188	11.6%	1	50.0%	195	11.2%
Social	3	10.7%	9	11.1%	236	14.5%	1	50.0%	249	14.3%
Endocrine / Metabolic & Nutritional	2	7.1%	1	1.2%	136	8.4%	0	0.0%	139	8.0%
Injury	1	3.6%	1	1.2%	154	9.5%	0	0.0%	156	9.0%
Ear	1	3.6%	6	7.4%	118	7.3%	0	0.0%	125	7.2%
Neurological	0	0.0%	1	1.2%	229	14.1%	1	50.0%	231	13.3%
Eye	1	3.6%	0	0.0%	107	6.6%	1	50.0%	109	6.3%
Genital	0	0.0%	2	2.5%	66	4.1%	0	0.0%	68	3.9%
Cardiovascular	0	0.0%	0	0.0%	90	5.5%	1	50.0%	91	5.2%
Blood / Blood forming organs	0	0.0%	0	0.0%	22	1.4%	0	0.0%	22	1.3%
Pregnancy / Childbearing / Family Planning	0	0.0%	0	0.0%	11	0.7%	0	0.0%	11	0.6%

The general / unspecified grouping remains the largest grouping. This includes presentation such as fever, allergic reaction and lethargy. Digestive and musculoskeletal diseases remain the most common presentations, as per previous quarters. This grouping includes both GP and Psychiatrist assessments of Psychological Disease; IHMS recommends splitting this grouping out according to clinician for future data sets.

When examining the number of presentations per age group, in toddlers and infants the general grouping (fevers, malaise, unspecified) is by far the commonest presentation at 42.9%, followed by respiratory disease in 25%, the majority of which is chest infections. In older children, general presentations form 19.8% of presentations, with psychological presentations forming the largest specific grouping at 14.8% of all presentations.

4.9. Primary Health Care Chronic Diseases

Primary Health Care - Chronic Diseases					
Manus and Nauru Q2 Apr - Jun 2015					
Chronic Disease categories taken from the Australian institute of Health and Welfare	Adult	Percentage of Adult with chronic disease	Minor	Percentage of Minor chronic disease	Total
Arthritis	41	2.5%	0	0.0%	41
Asthma	20	1.2%	0	0.0%	20
Cancer	0	0.0%	0	0.0%	0
Cardiovascular	40	2.5%	0	0.0%	40
Chronic kidney disease	1	0.1%	0	0.0%	1
Depression	85	5.2%	2	1.8%	87
Diabetes	17	1.0%	0	0.0%	17
Oral disease	58	3.6%	3	2.8%	61

Chronic Diseases by age grouping								
Manus and Nauru Q2 Apr - Jun 2015								
Chronic Disease	0 - 4 years	Age group by %	5-17 years	Age group by %	18 - 64 years	Age group by %	65+ years	Age group by %
Arthritis	0	0.0%	0	0.0%	41	2.5%	0	0.0%
Asthma	0	0.0%	0	0.0%	20	1.2%	0	0.0%
Cancer	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Cardiovascular	0	0.0%	0	0.0%	39	2.4%	1	50.0%
Chronic / kidney disease	0	0.0%	0	0.0%	1	0.1%	0	0.0%
Depression	0	0.0%	2	2.5%	85	5.2%	0	0.0%
Diabetes	0	0.0%	0	0.0%	17	1.0%	0	0.0%
Oral disease	0	0.0%	3	3.7%	58	3.6%	0	0.0%

4.10. Health Trends

Health trends groupings are typical of routine primary care settings in the community, and common diseases such as respiratory infections, orthopaedic conditions and skin conditions are well represented. Excluding the general/unspecified group, the two main reasons for Transferees seeking medical attention in this quarter are once more digestive and musculoskeletal conditions.

Past history of sports injury coupled with the terrain on Nauru and Manus contributes to the high incidence of musculoskeletal injuries such as knee ligament injury and back pain. Visiting physiotherapists to both islands have been highly effective in addressing some of these longstanding problems and establishing a management plan.

Digestive system was the highest reason to seek consultation with an IHMS medical officer which again is consistent with the rest of the network and is aligned with the expectation for the broader Australian population. (General Practice Activity in Australia, Australian Institute of Health & Welfare, General Practice Series Number 33, Britt et al, Nov 2013).

A digestive complaint includes conditions such as gastroenteritis, nonspecific abdominal pain, heart burn, nausea/vomiting and diarrhoea. This quarter has seen some patients transferred for gastroscopy investigations, and a spike in the number of H, pylori tests undertaken, partly for diagnostic purposes and partly following successful eradication therapy. As noted in last quarter a significant proportion of the total population on both sites is being treated with hyperacidity, reflux and ulcer medications. This is consistent with the Australian population according to the General Practice Activity in Australia, Australian Institute of Health & Welfare, General Practice Series Number 33, Britt et al, Nov 2013. An additional smaller number of the total population have received antispasmodics and motility agents.

The IHMS GP assesses and manages most cases onsite in detention with appropriate escalation to a specialist or hospital care where it is clinically indicated. On Manus this has involved movement to Port Moresby for investigation as warranted, with tertiary specialty cases being referred for telemedicine consultation, second opinion case review, visiting specialist assessment or admission in Australia. In addition, on Nauru cases continue to be investigated and treated at the RON Hospital, mainly surgical cases.

There have been fewer reports of gastroenteritis reported this quarter on both sites. Although the underlying prevalence of this in PNG in Nauru remains high, measures to prevent incidences onsite remain robust.

A larger number of musculoskeletal conditions has presented once more this quarter. Some cases have needed offsite assessment by an orthopaedic surgeon. Musculoskeletal conditions are consistent with last reporting period and continue to be the second most common discrete presentation after digestive diseases. Presentations have involved sports injuries, arthritis, back pain, old or recurrent musculoskeletal issues from previous trauma, or knee and shoulder injuries, consistent with the general Australian population. As noted in previous quarterly reports, offshore there remains a common complaint about sleeping surfaces and walking on uneven rocky surfaces, which may contribute to some presentations. The high incidence of musculoskeletal presentations is again reflected in a total combined use of NSAIDs and combination simple analgesics. This is also reflected in the radiology referrals with spine (lumbosacral), knee and shoulder radiology being amongst the top five reasons for imaging referral.

The respiratory grouping includes upper respiratory tract infections and common chronic respiratory conditions such as asthma, a condition which is also similarly prevalent in the Australian population. Asthma patients are managed by IHMS GPs through asthma management plans in conjunction with advice and input from the visiting internal medicine specialists when appropriate; there has not been a significant increase in such presentations this quarter and the prevalence is consistent with the Australian general population.

Skin conditions presenting offshore are most commonly dermatitis or other skin rashes and are commonly seen in both community and remote settings. This quarter has seen a few complex dermatological conditions being diagnosed and managed remotely via teledermatology. The environmental issue of hot and humid weather on Manus and Nauru contributes to the large number of patients treated with topical antifungals, a total of 4% of the total population this quarter (down from 6% last quarter).

Presentations of urological conditions including renal stones, varicocele/hydrocele has been static this quarter with 11.2% of all presentations; the prevalence of renal stones in this population remains particularly high, and there have been ongoing presentations on Nauru with UTI and urinary incontinence symptoms in the female population. Loss of appetite and mild dehydration are not uncommon on both sites, associated with poor fluid intake; the Primary Health team regularly give education on the need for hydration.

Transferees are still reporting experiencing headaches and fatigue as well as sleep disturbances and management of this is facilitated by both primary and mental health teams. The psychological grouping represents a high burden of disease within the offshore detention network with strategies to counter this discussed in the mental health section of this document.

The most common chronic disease on both islands this quarter remains depression at 5.2% of the adult population, and 1.8% of the child population. Oral disease remains prevalent, although the rates are falling from 4.7% to 3.6%, presumably due to dental interventions on Manus and Nauru. Rates of cardiovascular disease and diabetes have remained static.

A new clinic has been opened on Manus this quarter and significantly enhances the capabilities onsite, as well as allowing development of formal inpatient or observation ward facilities, and allowing more visiting specialists to attend and consult.

Medications and immunisations

5. Medications

5.1. Medication usage in Transferees (Top 20)

Medication Trends						
Manus and Nauru Q2 Apr - Jun 2015						
Medications	Totals	Total percentage of all medications prescribed	Adult Totals	Total percentage of all medications prescribed for Adult	Minor Totals	Total percentage of all medications prescribed for Minor
Nonsteroidal anti-inflammatory agents	694	40%	681	42%	13	12%
Simple analgesics and antipyretics	579	33%	556	34%	23	21%
Hyperacidity, reflux and ulcers	391	23%	386	24%	5	5%
Antihistamines	367	21%	355	22%	12	11%
Penicillins	331	19%	312	19%	19	17%
Combination simple analgesics	232	13%	232	14%	0	0%
Expectorants, antitussives, mucolytics, decongestants	196	11%	191	12%	5	5%
Antidepressants	167	10%	166	10%	1	1%
Other antibiotics and anti-infectives	156	9%	155	10%	1	1%
Topical oropharyngeal medication	150	9%	147	9%	3	3%
Rubefacients, topical analgesics/NSAIDs	122	7%	121	7%	1	1%
Antispasmodics and motility agents	115	7%	115	7%	0	0%
Vitamins (single agents)	91	5%	90	6%	1	1%
Topical otic medication	85	5%	73	4%	12	11%
Antiemetics, antinauseants	83	5%	82	5%	1	1%
Laxatives	80	5%	77	5%	3	3%
Macrolides	78	4%	71	4%	7	6%
Topical antifungals	77	4%	74	5%	3	3%
Antianxiety agents	74	4%	74	5%	0	0%
Agents used in drug dependence	71	4%	71	4%	0	0%
Antipsychotic agents	67	4%	67	4%	0	0%

IHMS is committed to ensuring that medications are managed in a safe and effective manner and has implemented numerous activities to ensure this is achieved. This includes a full suite of policies, procedures and clinical practice guidelines related specifically to medication management, regular auditing of clinical cases and prescribing habits to ensure ongoing improvement and professional development is achieved through continuous feedback processes and adherence to the Australian Therapeutic Guidelines.

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minor prescriptions. IHMS can advise that the total populations at the Regional Processing Centres who required a regular medication at some point during the quarter have been as follows:

- Q4 2014 (October – December) 74%
- Q1 2015 (January – March) 70%
- Q2 2015 (April – June) 78%

Whilst there was a small decrease in the total percentage of people on medications between Q1 of 2015 and Q4 of 2014, the total has risen for Q2 to 78% which we will continue to monitor for the next quarter.

The table above illustrates the 20 most frequently prescribed medications within IHMS clinical facilities and also breaks this down into total numbers and percentages for adult and minor prescriptions. From this table, it can be seen that Nonsteroidal anti-inflammatory agents remain the most commonly prescribed medication within IHMS facilities at the RPCs at 40% of the total population which has remained consistent for the past three reporting periods. This is closely followed by Simple analgesics and antipyretics at 33% and hyperacidity, reflux and ulcer treatments at 23%. Whilst these top three medications remain the most consistently prescribed from the previous quarter (January – March 2015), with overall total percentages of populations remaining very similar, there has been a slight decrease in the total numbers of these medications being prescribed. The continued utilisation of pain relief can be attributed to both cultural expectations and also the high incidence of dental pain and musculoskeletal conditions onsite. The high numbers of Hyperacidity and reflux medications prescribed during this quarter has continued from the previous quarter, and may be attributed to the after effects of the Fluid and Refusal episode which occurred causing symptoms of Dyspepsia.

In general the rates of medication prescribing have remained fairly consistent between Q2 and Q1 2015 however there are some new medications now represented including:

- Vitamins
- Topical otic medications
- Macrolides
- Agents used in drug dependence, eg Nicotine Patches

5.2. Medication prescriptions by Schedule

Medication prescriptions by Schedule			
Manus and Nauru Q2 Apr - Jun 2015			
Schedule	**GP prescriptions**	**Psychiatrist prescriptions**	**Nurse initiated medications/Verbal telephone order**
S2	569	0	183
S3	391	31	15
S4	2,351	199	178
S8	3	0	0
Unscheduled	1,313	12	96
Grand Total	**4,627**	**242**	**472**

The above table illustrates how many of each Schedule type of medications have been prescribed by a GP or psychiatrist or Nurse Initiated over the last quarter (April – June 2015). These numbers are fairly consistent with the previous quarter in January – March 2015 however there has been a large decrease in the number of nurse initiated medications from 765 in Q1 to 472 in Q2.

The larger number of Schedule 4 medications is entirely as expected as prescribed medications fall under this category.

Department of Health - Scheduling basics – Therapeutic Goods Administration	
Schedule 1	Not currently in use
Schedule 2	Pharmacy Medicine
Schedule 3	Pharmacist Only Medicine
Schedule 4	Prescription Only Medicine OR Prescription Animal Remedy
Schedule 5	Caution
Schedule 6	Poison
Schedule 7	Dangerous Poison
Schedule 8	Controlled Drug
Schedule 9	Prohibited Substance

5.3. Medication Trends

Medication Trends		
Manus and Nauru Q2 Apr - Jun 2015		
% of total population during quarter		
Medications	**Jan - Mar 2015**	**Apr - Jun 2015**
Nonsteroidal anti-inflammatory agents	38.8%	40.0%
Simple analgesics and antipyretics	33.3%	33.4%
Hyperacidity, reflux and ulcers	19.8%	22.5%
Antihistamines	17.9%	21.1%
Penicillins	17.7%	19.1%
Combination simple analgesics	8.5%	13.4%
Expectorants, antitussives, mucolytics, decongestants	9.3%	11.3%
Antidepressants	8.5%	9.6%
Other antibiotics and anti-infectives	4.8%	9.0%
Topical oropharyngeal medication	6.0%	8.6%
Rubefacients, topical analgesics/NSAIDs	6.2%	7.0%
Antispasmodics and motility agents	6.9%	6.6%
Vitamins (single agents)	1.5%	5.2%
Topical otic medication	3.3%	4.9%
Antiemetics, antinauseants	5.7%	4.8%
Laxatives	4.9%	4.6%
Macrolides	3.5%	4.5%
Topical antifungals	4.4%	4.4%
Antianxiety agents	3.7%	4.3%
Agents used in drug dependence	2.5%	4.1%
Antipsychotic agents	3.3%	3.9%

Medication trends this quarter are stable and consistent with trends in Australian immigration detention facilities. The most frequently prescribed medication is NSAIDs followed by simple analgesics and antipyretics. There is a persistent demand for pain relief and this can be attributed to both cultural expectations and also the high incidence of dental pain. This continues to also be directly correlated to the high incidence of musculoskeletal conditions onsite. A high number of scripts were issued were reported for digestive complaints again this quarter reflecting the prevalence of heartburn and nausea/vomiting. Penicillin usage continues to be mainly associated with URTIs and dental issues. The higher rates of single vitamin dispensing this quarter (from 1.5.% to 5.2% of the population) is partly attributable to the nutritional program that has taken place in the recovery phase post mass Food and Fluid Refusal presentations on Manus last quarter.

6. Vaccinations

6.1. Vaccinations Administered by age group

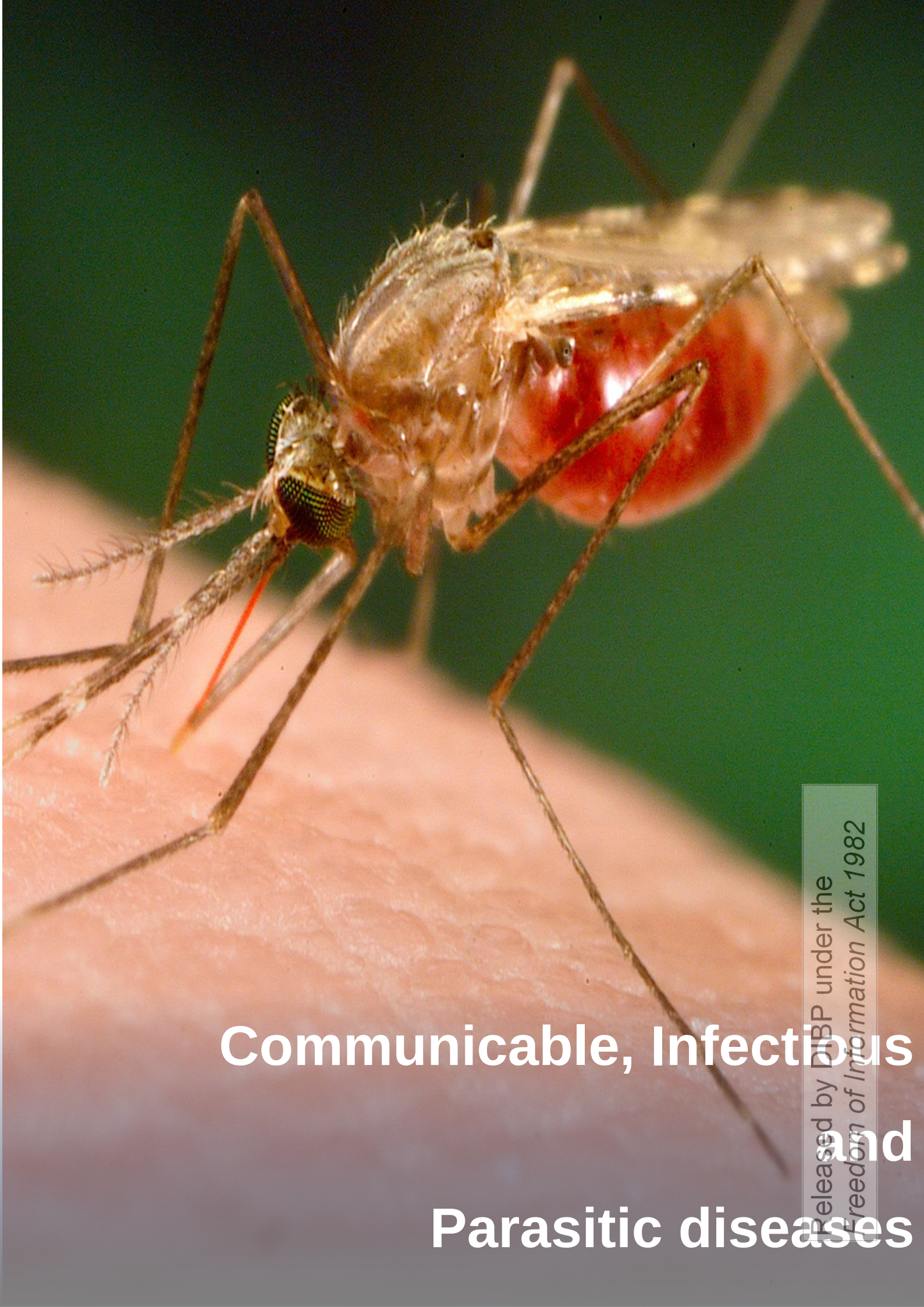
Vaccinations Administered					
Manus and Nauru Q2 Apr - Jun 2015					
Vaccination	*0-4 years*	*5-17 years*	*18-64 years*	*65+ years*	*Total Vaccinations Administered*
VZV	2	1	26	0	29
MMR	4	0	18	0	22
MMRV	0	0	0	0	0
Hep A	6	13	88	0	107
Hep B	0	6	108	1	115
MenCCV	0	0	29	0	29
Typh IM	3	3	8	0	14
dT	0	0	15	0	15
HPV	0	20	22	0	42
DTPa (up to 10 years)	6	10	0	0	16
Rotavirus	0	0	0	0	0
IPV	0	3	78	1	82
PCV	0	0	0	0	0
dTpa (11 years and over)	0	3	64	1	68
Jap E	0	0	0	0	0
Hib	0	0	0	0	0
23 PPV	0	0	3	0	3
Total	***21***	***59***	***459***	***3***	***542***

IHMS is committed to ensuring that all Transferees located within the Immigration Detention network are offered the opportunity to be immunised in accordance with Australian community standards. The immunisation schedule follows the Australian Immunisation handbook (*10th ed.)* and provides clinical advice for health professionals on the safest and most effective use of vaccines as developed by the Australian Technical Advisory Group on Immunisation and Approved by the National Health and Medical Research Council. The IHMS schedule also includes additional vaccinations as advised and approved by independent advisors to cater for the unique circumstances of the population entering Immigration Detention and for those transferred to either Nauru or Manus, where specific considerations are required based on the prevalence of other known diseases in those locations.

All Transferees are fully assessed with regards to their immunisation status on their arrival into the Detention network during the Health Induction Assessment (HIA) process. Transferees receive comprehensive education on all the vaccinations being offered to them which commences during the HIA and is continued on an ongoing basis. This ensures they understand what the process of immunisation involves, why they need their vaccinations and what will be required in order for them to complete their required schedule. Transferees also receive an education leaflet in their preferred language explaining the immunisation process and a letter to remind them of their scheduled appointment and the reasons why it is essential for them to attend.

During the HIA, which typically occurs on the mainland, Transferees are classified into four categories based on whether they have consented or declined to receive their vaccinations; whether they are up to date with supporting documents pending; or up to date with all supporting documents available.

The table below illustrates what vaccinations have been administered and in what volumes and is broken down by age group as well as total numbers of each of the vaccinations given. For this new reporting period of April to June 2015 IHMS has broken down the age groups into 0-4; 5-17; 18-64; and 65+ years of age as discussed and agreed with the Australian Border Force. The total numbers of vaccinations administered between April and June 2015 was 542 compared to 1,312 for the previous quarter of January to March 2015. This is a large decrease and may possibly be attributed to the fact that we now have a population located at Nauru and Manus who have been there for a while and so are catching up to their schedule.



Communicable, Infectious and Parasitic diseases

7. Communicable Diseases

7.1. Communicable, infectious and parasitic diseases (Manus and Nauru)

	\New Diagnoses Quarter 2 (Apr - Jun 2015)				Total New Diagnoses July 2014 - June 2015		
Contagious (human to human, including sexually transmitted infections)	**Manus Island**	**Nauru Centre**	**Total**	**% of total OPC population during quarter**	**Manus Island**	**Nauru Centre**	**Total**
Chickenpox	0	0	0	0.00%	0	0	0
Chlamydia	0	0	0	0.00%	0	0	0
Gonorrhoea	0	0	0	0.00%	0	0	0
Hepatitis A	0	0	0	0.00%	0	0	0
Hepatitis B (incl active and carrier states)	0	0	0	0.00%	0	0	0
Hepatitis C	0	0	0	0.00%	0	0	0
HIV	0	0	0	0.00%	0	0	0
Measles, Mumps, Rubella	0	0	0	0.00%	0	0	0
Pertussis (Whooping Cough)	0	0	0	0.00%	0	0	0
Syphilis	0	0	0	0.00%	1	0	1
Tuberculosis - Active	0	0	0	0.00%	2	1	3
Typhoid	0	0	0	0.00%	0	0	0
Total	**0**	**0**	**0**	**0.00%**	**3**	**1**	**4**
Non Contagious (via mosquitoes or parasites)							
Dengue	0	0	0	0.00%	0	0	0
Malaria	0	0	0	0.00%	5	0	5
Schistosomiasis	2	0	2	0.12%	10	12	22
Strongyloidiasis	0	0	0	0.00%	0	0	0
Total	**2**	**0**	2	**0.12%**	**15**	**12**	**27**

Schistosomiasis has continued to be diagnosed in small numbers (two cases this quarter), which is consistent with the incidence of this disease in Transferees' countries of origin. Nauru RPC has no documented cases of dengue fever this quarter despite an extensive wet season, but there has been a confirmed case of chikungunya in a stakeholder and there remains a risk of this disease on the island. Information from the Nauruan health authorities suggests that a number of cases of presumed chikungunya have been treated in locals on the island. The risk remains present across Nauru, with related zika viruses also posing a current threat in neighbouring countries.

On both sites there remains a general poor compliance with the use of insect repellent, the wearing of long trousers and long sleeve shirts as well as anti-malarial prophylactic medications for Manus. Fans are provided to circulate air and reduce the high temperatures, but also reduce compliance with sleeping under the mosquito nets. The rate of sleeping under bed nets is generally low. Despite this, there has been no malaria cases reported in Transferees on Manus this quarter. Vector control activities continue on Manus, with a visit by the program entomologist planned for next quarter.

Disabilities

8. Disabilities

8.1. Disabilities (Manus and Nauru)

Disability can be defined in different ways, depending on the type and purpose of the data collection. For instance, definitions in population surveys on disability differ from those used to determine eligibility for disability-related support services or payments. In Australia, many data collections define disability based on the World Health Organization's (WHO) International Classification of Functioning, Disability and Health (ICF), which uses 'disability' as an umbrella term for any or all of the following components:

- impairments—problems in body function or structure
- activity limitations—difficulties in executing activities
- participation restrictions—problems an individual may experience in involvement in life situations.

Environmental factors influence the components above. All the ICF components are distinct but interrelated. On the one hand, a person's negative experience relating to any one component may be considered to constitute disability. On the other hand, a person's experience of disability is often complex and multidimensional, meaning that all the components together may constitute disability. A person's functioning or disability is considered as a dynamic interaction between the person's health condition and environmental and/or personal factors.

IHMS initially screens for disabilities amongst the Immigration Detention population as part of the initial Health Induction Assessment process. This is a standard health assessment process that occurs within pre determined timeframes on all new arrivals into the Detention network. Transferees who are classified with a disability are referred to specialist services based on clinical indication by the IHMS General Practitioners. These services include a network of public and private providers including Paediatricians, Orthopaedic surgeons, Physicians, Psychologists, Allied Health and specialised disability services. Hearing aids, visual aids and prostheses are also available as required through IHMS' network of providers.

The data below was ascertained based on Snomed codes. Transferees will only be counted once under any particular disability category and IHMS notes that the totals may exceed the total number of unique Transferees with a disability as some will fall within more than one disability category.

The table below illustrates that in comparison to Q1 (Jan-Mar 2015) the number of unique Transferees with a disability has risen from 96 to 120 (an increase of 24) adult Transferees experiencing one or more disability. For minors this has increased by just one (1) Transferee.

The leading cause of disability for adults is the group classified as 'Other' which is made up of conditions such as Neuralgia (nerve pain) and Complex Regional Pain Syndrome (a condition which occurs following injury such as a fracture). This is followed by visual impairment and functional impairment.

For minors, there are only two (2) Transferees with a disability and both are associated with developmental disabilities.

Number of people in Manus and Nauru as at 30 June 2015				
Disability Grouping	**Manus**	**Nauru**	**Adult**	**Minor**
Amputation	2	1	3	0
Cognitive	0	0	0	0
Developmental	3	2	3	2
Functional impairment	20	9	29	0
Hearing impairment	15	12	27	0
Visual Impairment	28	9	37	0
Other (Epilepsy, Lupus)	38	11	49	0
Total[1]	**106**	**44**	**148**	**2**
Unique Transferees with a disability	**83**	**39**	**120**	**2**

1. Some Transferees may be counted in multiple disability categories.

The table below illustrates that there was a large decrease in the number of unique Transferees with a disability between Q3 and Q4 of 2014 from 114 to 58 respectively. This however represented only 5.3% and 3.0% of the total population located at the RPCs and has since continued to steadily increase to 122 (7.0% for the last quarter (April-June 2015).

Total Disabilities as Percentage of RPC Population		
Manus and Nauru Q2 Apr - Jun 2015		
As at end of quarter	**Number of unique Transferees**	**Approximate percentage of RPC population**
30 Jun 2015 - Q2	122	7.0%
31 Mar 2015 - Q1	97	5.0%
31 Dec 2014 - Q4	58	3.0%
30 Sep 2014 - Q3	114	5.3%

*The denominator *used for this table is the total offshore population which has come in and out of the offshore detention network in this quarter.*

1. Some Transferees may be counted in multiple disability categories.

Mental Health

9. Mental Health

Mental health care in the Regional Processing Centres is provided by both primary and mental health staff, including Counsellors, Psychologist, mental health nurses and Psychiatrists. At each Centre is provided by both the primary and mental health staff using a primary care model augmented by mental health Nursing, Psychologists and Psychiatrists.

While care approximates to levels available within the broader Australian community, the distance to inpatient facilities currently offshore has resulted in staff at times using RPC resources to allow, where clinically appropriate, a level of care that would normally be appropriate in a community mental health crisis team, and in respite accommodation with intensive community level community mental health care.

Data from Manus and Nauru remain collated in this report; however in the next report will be reported separately.

During this quarter the RPC in Nauru greatly extended its operating hours as an open centre, which could be anticipated to have an overall positive effect on mental wellness. The Men's clubhouse also completed its pilot project, and continues to function. Satisfaction data from the pilot has been separately presented to the Department, but overall shows good outcomes. However, numbers of attendees are relatively small and any resulting improvements in mental health would not reflect in K10 data.

9.1. Mental Health related presentations

Unique GP presentations/encounters related to mental health Regional Processing Centres Manus and Nauru Q2 Apr - Jun 2015			
Age band (years)	**Number of Unique Presentations**	**Number related to mental health**	**Percentage related to mental health**
0-4 years	77	12	15.6%
5-17 years	133	29	21.8%
18-64 years	8,082	936	11.6%
65+ years	13	2	15.4%
Total	**8,305**	**979**	**11.8%**
		Minors %	**19.5%**
		Adults %	**11.6%**

This table indicates that there was a mental health related reason for presentation for around 11.6% of GP appointments. This is lower than the percentage for mental health related presentations onshore, which likely reflects different availability of specialist mental health staff offshore. As noted earlier, this data code captures a broad range of reasons for presentation, including presentations unrelated to diagnosed illness. This percentage is very similar to percentages in the last few quarters

9.2. Psychiatric Admissions to Hospital

Psychiatric admission data represents those transferred off-island specifically for the purpose of admission to a Psychiatric hospital, and does not include those transferred for medical reasons who were subsequently admitted to a Psychiatric hospital.

Psychiatric Admissions to Hospital Q2 (Apr - Jun 15)			
RPC	**Total**	**Adult**	**Minor**
Manus Island	3	3	0
Nauru Centre	0	0	0
Total	**3**	**3**	**0**

Psychiatric admissions were low this quarter, with only one Psychiatric admission this quarter, which was for an adult from Manus Island.

Psychiatric Admissions to Hospital Q2 (Apr - Jun 15)		
RPC	**Jan - Mar 2015**	**Apr - Jun 2015**
Manus Island	3	1
Nauru Centre	0	0
Total	**3**	**1**

9.3. Screenings Completed

IHMS conducts mental health screening for all persons at the point of entry to Immigration Detention and at prescribed intervals according to DIBP policy. Screening involves both a mental health screening tool and a mental health assessment. Screening allows both identification of those with mental health needs on an individual basis, and is also a way of viewing collated information that provides a rough estimate of morbidity across the detention population. Screening is voluntary, and data interpretation should take in to account that the scores presented may not accurately represent the whole population.

The mandatory mental health screening tool used for adults in Detention is the K10, which is a self-rated measure of anxiety and depressive symptoms. Results from this quarter are presented in 8.4 below.

During this quarter the Strengths and Difficulties Questionnaire was commenced as the new mandatory screening tool for children and adolescents onshore, and will be commenced offshore in the next quarter. Offshore data will be presented when available.

9.4. Kessler Psychological Distress Scale (K-10) Q2 - 2015

The K-10 is a self-rated instrument that is widely used in Australia and other countries. It is well validated for use in culturally and linguistically diverse populations and research using the instrument has shown a strong association with high scores on the K-10 and clinically validated psychiatric diagnoses for anxiety and depression. The scoring ranges used in this report align to those reported for clinical populations for all mental health services in Australia as part of the National Mental Health minimum data set. The table below compares IHMS offshore immigration RPC data with results reported by Australian Community Mental Health Services for patients in case management undergoing review July 2011-2012.

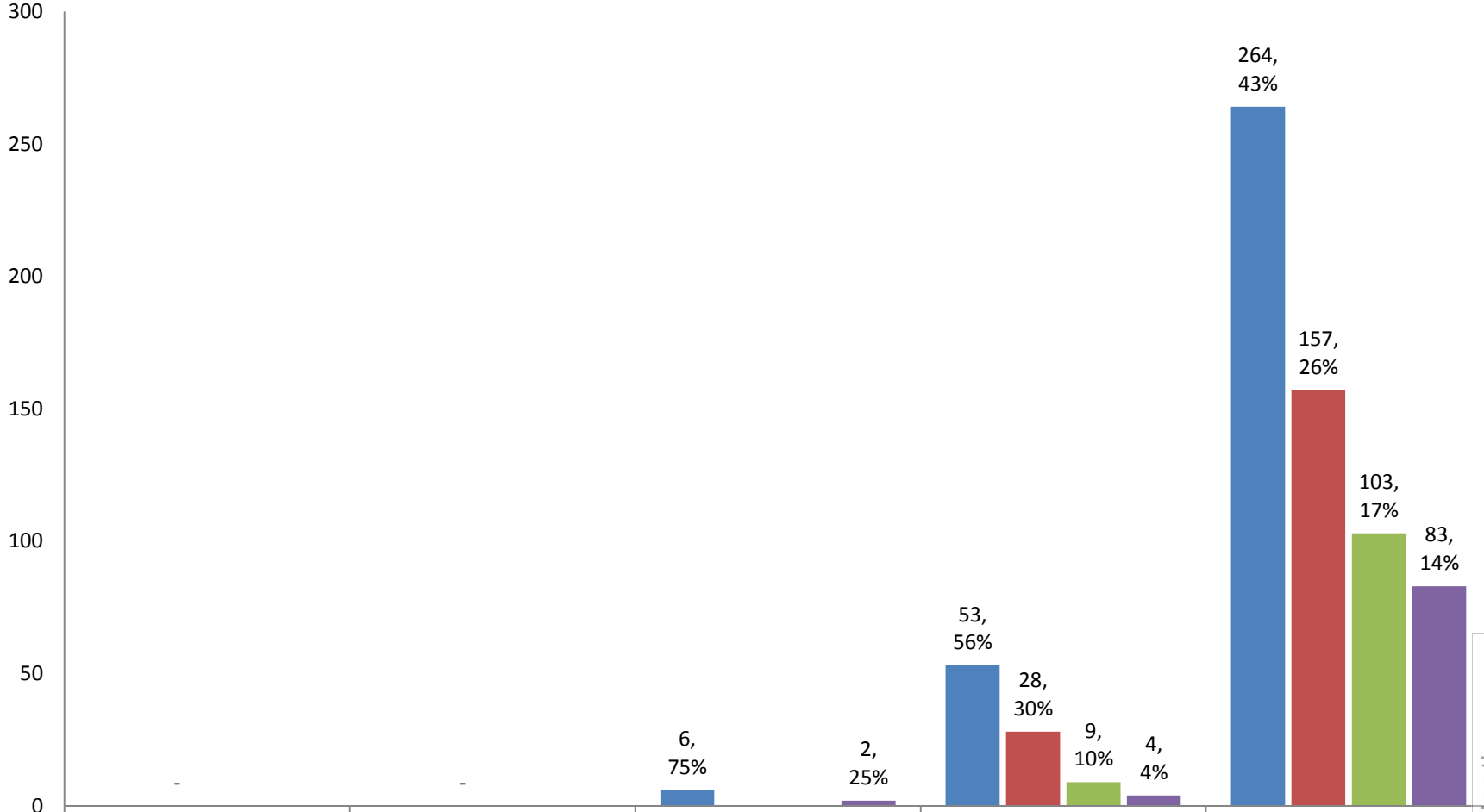
Low (indicated by a score of less than 20), **Mild** (indicated by a score of 20-24), **Moderate** (indicated by a score of 25-29) and **Severe** (indicated by a score of 30–50).

9.5. Kessler Psychological Manus and Nauru scores by length of stay during Q2 Apr - Jun 2015

Months in RPC	Totals	Mean	Low (<20) N	Low (<20) %	Mild (20-24) N	Mild (20-24) %	Moderate (25-29) N	Moderate (25-29) %	Severe (30-50) N	Severe (30-50) %
0-3 months	> 0	> -	> 0	> -	> 0	> -	> 0	> -	> 0	> -
4-6 months	0	-	0	-	0	-	0	-	0	-
7-12 months	8	24.00	6	75.0%	0	0.0%	0	0.0%	2	25.0%
13-18 months	94	18.83	53	56.4%	28	29.8%	9	9.6%	4	4.3%
19+ months	607	21.48	264	43.5%	157	25.9%	103	17.0%	83	13.7%
Total	**709**	**21.93**	**323**	**45.6%**	**185**	**26.1%**	**112**	**15.8%**	**89**	**12.6%**
Adult Community Mental Health clients 2011-2012	**16,693**	**19.40**	**9,605**	**57.5%**	**2,889**	**17.3%**	**1,957**	**11.7%**	**2,242**	**13.4%**

During May 2015 DIBP statistics record 1391 people in Regional Processing Centres on Manus Island and Nauru. With 709 screenings performed over this 3 month period, this accords with the impression of an approximately 50% attendance rate for screening, meaning that figures represent only around half of the population. Because reasons for non-attendance are not clear, conclusions drawn from the information presented do not necessarily related to the overall population. Rates of distress in the reported screenings are not dissimilar to rates found in the wider Australian community in specialist adult community mental health clients (the bottom line of the table provides these comparator figures from 2011-2012), and also similar to the onshore detention population. In the next quarterly report data from Manus and Nauru will be reported separately, allowing Nauru data to be viewed in the context of the open centre.

Kessler Psychological Distress Scale: Manus and Nauru



	0-3 months	4-6 months	7-12 months	13-18 months	19+ months
Low (<20) N	0	0	6	53	264
Mild (20-24) N	0	0	0	28	157
Moderate (25-29) N	0	0	0	9	103
Severe (30-50) N	0	0	2	4	83

9.6. Torture and Trauma

Identification and Support of Survivors of Torture & Trauma

Specialist Torture and Trauma services are provided for those who may have experienced torture and trauma prior to arrival in an offshore processing centre in accordance with Departmental policy.

Initial screening questions for Torture and trauma are asked as a component of the Health induction process, and also later as part of mental health assessment. Torture and trauma disclosures may also be made at any time subsequently.

Those with torture and trauma histories often suffer from mental illness such as anxiety and mood disorders or Post traumatic stress disorder. Assessment and management of these concurrent conditions is provided by IHMS. In addition this usual level of care, referrals to Specialist Torture and Trauma services are made for those with disclosed or suspected T&T histories. Disclosures of T&T may be made only years after the event, and the need for assistance may recur over time as situations change. There is no limit on the number of times Transferees may be referred for additional Specialist T&T input.

9.7. New T&T Disclosure

Facility T&T First disclosed	Number of Transferees in IDFs who made new disclosures during the quarter	0-4 years	5-17 years	18-64 years	65+ years
Manus Island	34	0	0	34	0
Nauru Centre	2	0	0	2	0
Total	**36**	**0**	**0**	**36**	**0**
% total IDF population during Q2	**2.1%**	**0.0%**	**0.0%**	**2.2%**	**0.0%**

Torture and Trauma Counselling		
Number of appointments scheduled	**No. unique persons**	**Percentage of population**
121	48	3%

This table shows the overall number of appointments scheduled with Torture and Trauma specialist services for the quarter (note that it does not show attendance rates).

The percentage of the RPC population with appointments scheduled for T&T counselling was less offshore than onshore (3% of the population offshore compared with 6% of the population onshore), despite the greater percentage of IMAs offshore. Reasons for this are unclear.

9.8. Supportive Monitoring and Engagement

The Supportive Monitoring and Engagement (SME) program is a joint Stakeholder program designed to assist in the management of risk of self harm and suicide. There are three levels of SME, involving variable levels of monitoring by security staff and clinical staff, ranging from 24 hour 1:1 monitoring, to intermittent or weekly review. In addition to indicating individual risk, SME numbers in each centre provide a snapshot of site mental health acuity and complexity. SME numbers are a better reflection of mental distress than of mental illness, and are particularly affected by psychosocial stressors.

This is the first time SME numbers have been reported in a data set. The numbers provided have been manually extracted to maintain data integrity, and for this reason present a snapshot each month rather than averages. IHMS will look at whether it is possible to accurately automate this report for future data sets.

SME numbers	Nauru	Manus
Sample day in April 2015	1	1
Sample day in May 2015	5	0
Sample day in June 2015	4	4

These SME rates per population are similar to or lower than rates in most onshore processing centres. Data should be interpreted with caution as it provides only a snapshot of each month's SME activity.

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