

Senate Legal and Constitutional Affairs Legislation Committee into the Migration Amendment (Health Care for Asylum Seekers) Bill 2012

Question on Notice from Hearing of 23 November 2012

Senator Crossin – hansard page 32:

CHAIR: If we go back to Mr Palmer's report—right back to the now infamous Cornelia Rau episode in 2005—can you take on notice for me the number of reports from Mr Palmer in relation to Cornelia Rau and Vivian Solon; all of the parliamentary reports that have recommendations regarding health outcomes, advice or commentary; and which of those have or have not been put in place?

Answer:

Mr Mick Palmer AO delivered a report in relation to the Cornelia Rau and Vivian Alvarez Solon matters in July 2005.

The Department of Immigration and Citizenship, and in particular the provision of detention services, is subject to extensive public scrutiny, including by the Parliament, the Ombudsman's office, the Australian Human Rights Commission, the Red Cross and representatives from the United Nations bodies.

The identification and review of all parliamentary reports, which have made recommendations or provided advice or commentary regarding health outcomes, and actions the Department of Immigration and Citizenship has taken in response to each of these, would require a considerable diversion of Departmental resources. As such, the Department is unable to provide this information in the limited timeframe provided by the Committee.

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Senator Crossin – page 33:

CHAIR: Mr Palmer recommended, in 2005, that an immigration detention health review commission be established to carry out external reviews of health. I know from my experience in this area, having been on this committee for all of that time, that that recommendation was not picked up or endorsed by the government at the time. Is that right?

Mr DOUGLAS: I would not know; I would need to take advice.

CHAIR: All right. I would like that analysis done, if that is also possible.

Answer:

The proposed Immigration Detention Health Review Commission (*Palmer Recommendation 6.11*) was not established following consultation with the Commonwealth Ombudsman and Dr David Chaplow, Director of Mental Health in the New Zealand Ministry of Health and consulting psychiatrist to the Palmer Inquiry. They agreed that the Commission was not needed given the new oversighting role of the Commonwealth Ombudsman for Immigration. In addition, the Detention Health Advisory Group (DeHAG) was established (March 2006) to ensure that the Department was appropriately advised on the development and provision of health care services for people in immigration detention.

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Senator Crossin – hansard page 39:

Question: [In relation to IHAG do] any of the associations from whom you have sought a nomination have specific expertise in people with disabilities?

Answer:

Organisations DIAC has invited to provide nominations for Immigration Health Advisory Group (IHAG) membership include:

Royal Australian College of General Practitioners
Royal Australian and New Zealand College of Psychiatrists
Australian Psychological Society
Royal Australian College of Physicians
Australian College of Nursing
Australian Medical Association

Training for the health professions represented by these organisations includes, to varying degrees, the identification and support of people with physical and cognitive disabilities.

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Question on Notice from Hearing of 23 November 2012

Senator Boyce

- 1. What expertise is currently available to DIAC in the diagnosis and treatment of asylum seekers with physical disability and/or cognitive impairment?*

The Department of Immigration and Citizenship (DIAC) has contracted International Health and Medical Services (IHMS) to provide or coordinate health services for people in immigration detention, or located at a regional processing centre (Nauru or Manus Island).

IHMS health services staff comprise general practitioners, registered nurses, mental health nurses, psychologists, counselors and psychiatrists (on a visiting basis). All are trained professionals and are registered with appropriate professional bodies or authorities.

Training for these health professions includes the identification of physical or mental health conditions, including those associated with physical and cognitive disabilities.

Where required, clients are referred to allied or specialist health care providers for further assessment, diagnosis and support.

- 2. What are the names and/or positions occupied by these persons?*

As at 27 November 2012 there were 206 primary and 155 mental health care staff employed by IHMS in Australian detention facilities and on Nauru and Manus Island. The types of health care staff employed by IHMS are detailed in the response to Question One.

- 3. What tools are available to assist with communication for the purposes of diagnosis and/or treatment of people with a hearing or cognitive disability—eg pictograms?*

IHMS clinicians use deaf interpreters when working with hearing impaired clients. IHMS clinicians can select from publicly accessible tools generally available in standard general practices for use with cognitively impaired clients.

If a client is found to have cognitive impairment they can be referred for formal psychometric testing and this can inform a management plan which will detail the need for specific interventions or changes to communication that may be required.

- 4. Where are these tools located and how many staff at each location are trained to use them?*

These tools are available to all IHMS clinics. All clinics have Otoscopes for ear examination.