

# National Inquiry into Children in Immigration Detention 2014

Sydney Public Hearing

Thursday, 31 July 2014

<b>President</b>	So perhaps we could now call the first witness.  <i>Swearing in of witness</i>
<b>Dr Young</b>	My name is Dr Peter Young. I am a Psychiatrist, a Fellow of the Australian and New Zealand College of Psychiatrists.
<b>Ms Sharp</b>	And is it correct that you worked at the International Health and Medical Service. I will call that IHMS.
<b>Dr Young</b>	That's right.
<b>Ms Sharp</b>	And IHMS is contracted by the Australian Government to provide health services to detainees in immigration detention centres.
<b>Dr Young</b>	Yes, that's correct.
<b>Ms Sharp</b>	How long did you hold the position of Director of Mental Health Services?
<b>Dr Young</b>	Just short of three years.
<b>Ms Sharp</b>	Are you still in that position?
<b>Dr Young</b>	No, I finished up officially in that position at the beginning of this month.
<b>Ms Sharp</b>	Could I ask you to speak up a little bit please Dr Young. Thank you.
<b>Dr Young</b>	Sorry.
<b>Ms Sharp</b>	Do you still have any ongoing role with IHMS?
<b>Dr Young</b>	I've been doing a small amount of consulting work around.... improving some of the reporting processes and around the medical records system, over the last few weeks.
<b>Ms Sharp</b>	Did you have any clinical role in your position as the Director of Mental Health Services?

<b>Dr Young</b>	There was a component of my role that was clinical and that was to do with having involvement with some of the more difficult complex cases and issues, further arose from an adult perspective and an interaction with the other service providers and the Department.
<b>Ms Sharp</b>	Did you ever go to Nauru?
<b>Dr Young</b>	Yes I have been to Nauru twice.
<b>Ms Sharp</b>	Have you been to Christmas Island?
<b>Dr Young</b>	Yes.
<b>Ms Sharp</b>	How many times?
<b>Dr Young</b>	I believe three times.
<b>Ms Sharp</b>	Have you been to all of the detention facilities where IHMS provides medical services?
<b>Dr Young</b>	I didn't get to all of them but almost all of them.
<b>Ms Sharp</b>	Tell me Dr Young, are you aware that IHMS has not lodged any submission with this Inquiry.
<b>Dr Young</b>	No, I'm not aware of that, no.
<b>Ms Sharp</b>	Can I move to ask you some general questions about mental health of detainees in immigration detention facilities. Evidence was given at the last public hearing in this inquiry in July that using a measure called the Kessler 10 sometimes referred to as the K10, adults in immigration detention self-identified at rates of mental ill health that were 30% higher than adults who were engaged in community mental health facilities and services. What can you tell us about the Kessler 10 measure and its reliability?
<b>Dr Young</b>	The Kessler 10 is a standard measure that is used throughout Australia and overseas. It is used as a screening instrument in the community and in mental health services to look at levels of psychological distress. It is considered to be a very suitable useful instrument for those purposes and a reliable one.
<b>Ms Sharp</b>	Should we be alarmed by that 30% statistic?
<b>Dr Young</b>	I don't think that it is a surprising statistic. I think there has been a large body of evidence that establishes that people who are in these circumstances have much higher rates of psychiatric disorders than those people in the community and I think

	there is certainly a need further research and analysis of what the data actually means in comparison to other populations but it's not out of keeping in what one would expect.
<b>Ms Sharp</b>	Can I ask you, in your capacity as a psychiatrist and also as the former Director of Mental Health at IHMS can you say whether there is evidence that detention is causing mental ill health among detainees?
<b>Dr Young</b>	I don't think that it is at all a controversial topic, I think that it's clearly established that that is the case.
<b>Ms Sharp</b>	Now, the inquiry staff for this Commission have been made aware by IHMS that certain screening tools are being used to assess the mental health of adults and children in detention, can I ask you how regularly were adults in immigration detention screened for mental health?
<b>Dr Young</b>	There is an established policy for mental health screening in immigration detention that has been in place for several years. The screening procedure consists of an initial screen that occurs immediately when people enter detention, then there is a follow up more comprehensive mental health screen that occurs between 10 and 30 days in detention, then there is periodic follow ups after that, so starting at 6 months then at 12 months and then at 3 month intervals.
<b>Ms Sharp</b>	Is it 3 monthly intervals from 12 months or from 18 months?
<b>Dr Young</b>	Sorry, from 18 months its 3 month intervals.
<b>Ms Sharp</b>	And is it right that the first time there would be a directed psychiatric review is at 18 months.
<b>Dr Young</b>	The policy is that at the 18 month there is a review by a psychiatrist separately.
<b>Ms Sharp</b>	And is it right that prior to that time the screening is conducted by mental health nurses.
<b>Dr Young</b>	By mental health staff in general who conduct a standard mental health assessment which is built around the way that regular mental health services in the community assess people.
<b>Ms Sharp</b>	Now as part of that standard assessment are certain tools or measures... standard measures applied?
<b>Dr Young</b>	Yes, under the previous policy there was a suite of measures that we use for adults which included the general health questionnaire and the instrument called the DASS that's recently been changed and now we are using the K10 the Kessler 10 and the

	Health of the Nation Outcome Scales or HoNOS and that aligns to the Australian Mental Health Standards and what is used in the community.
<b>Ms Sharp</b>	So is the HoNOS used in the Australian community?
<b>Dr Young</b>	Sorry, it's used in community mental health services.
<b>Ms Sharp</b>	Can you tell us a little bit more about the HoNOS and what it measures?
<b>Dr Young</b>	So the HoNOS was originally developed in the UK it's a clinician rated scale which looks at a range of issues which are rated by the clinician on a scale of zero to 4, zero being no problem, 4 being a severe problem. Items over 2 are considered to be clinically significant and it occurs there is a number of domains; there is behavioural domain symptom, domain impairment, domain and social domains.
<b>Ms Sharp</b>	So how long has IHMS been using the HoNOS to screen detainees?
<b>Dr Young</b>	We have only been able to use the HoNOS since the change was achieved in the actual policy, so the instruments had to change in the policy before we could use that and then we needed to implement the new medical records system in order to be able to do that and to record it.
<b>Ms Sharp</b>	So how long in time...
<b>Dr Young</b>	So that has only been since February.
<b>Ms Sharp</b>	And what have the results of the HoNOS been for adults so far?
<b>Dr Young</b>	The results that we have seen in the HoNOS are very broadly similar to what we have seen on the Kessler instrument so what we have seen is that the... both the self-rated Kessler instrument and the clinician rated instrument is showing about a third of the people in detention having, of the total, having significant mental health problems and that... when we compared that to the previous data from the old screening instrument so we have seen that in fact those line up as well.
<b>Ms Sharp</b>	Right, now you mentioned that there were and I think I've got this right some scales, some results where you had 4 being a very significant mental health disturbance and then I think you said anything from a result of 2 was clinically significant. Is that right?
<b>Dr Young</b>	That's correct.
<b>Ms Sharp</b>	So looking at that rating system, is it right that a third of all detainees are hitting that result of 2 or more?

<b>Dr Young</b>	It depends... there is 12 different rating scales. So on... I haven't got the figures in front of me so I can't quite off the top of my head remember them, but if you look at the symptom rating scales, that's about the figure that we are looking at.
<b>Ms Sharp</b>	And tell me does IHMS collect and measure longitudinal data about the mental health of adult detainees?
<b>Dr Young</b>	Everybody is screened at those regular intervals then that longitudinal data accumulates, so yes.
<b>Ms Sharp</b>	And that data accumulates is it analysed by IHMS?
<b>Dr Young</b>	So we normally report that as part of quarterly health statistical reporting to the Department.
<b>Ms Sharp</b>	You report it to the Department. And how do you report that longitudinal data?
<b>Dr Young</b>	So to date, so our capacity to report those evolving over time is our only system to take in more data and the increase in sophistication. So at the moment we can report the data which is serial snapshots in time. So looking at the whole population, so we look at a cohort of people who are in detention for 0 to 3 months, 3 to 6 months in those blocks.
<b>Ms Sharp</b>	Can I stop you there, if you're reporting snapshots in time, is it right that you are not recording the analysis of the longitudinal data?
<b>Dr Young</b>	No...um...we are looking at different cohorts, so at different length of stay cohorts, so we have a short stay cohort and increasingly longer stay cohorts and we can compare the results from those groups and to see whether there is any differences between them.
<b>Ms Sharp</b>	But you don't compare the results with respect to a particular detainee over time?
<b>Dr Young</b>	No, because we have not had that capacity to do that in our system until now. We do have that now with our new system.
<b>Ms Sharp</b>	Now, I would like to ask you a few questions about the mental health of parents in immigration detention facilities if I could. Firstly, is it correct that there are a significant number of parents in immigration detention with mental health problems?
<b>Dr Young</b>	Well, I don't... I can't say definitively that that is the case because I don't have that data at the moment to compare the parents versus people who aren't parents, but if we assume that they are a similar group, then we would assume, we could correctly assume about 30% of them would also have the same degree of significant mental

	health problems.
<b>Ms Sharp</b>	Can you explain in your capacity, both as a psychiatrist and as the former director of mental health within IHMS, what kind of impacts there are for children when their parents have mental health concerns?
<b>Dr Young</b>	So, again the evidence that is well been established, is that when parents have significant mental health problems, that has quite severe impacts on children.
<b>Ms Sharp</b>	And what sort of severe impacts are they Dr Young?
<b>Dr Young</b>	Well, if a parent has a significant mental illness it impairs their capacity to parent, so that would impair the child's development, their emotional development, basically the things that a child needs that they need to get from their parents. If their parent is suffering from significant degree of mental disorder, then they frequently can't provide those things for the child so the child suffers.
<b>Ms Sharp</b>	Dr Young can I now ask you some questions about mental health screening of children in immigration detention. My first question is this: Does IHMS have in place a system of periodic mental health screening for children in detention?
<b>Dr Young</b>	Yes so the same screening schedule applies to children as it does to adults.
<b>Ms Sharp</b>	And so how many years has that been the case?
<b>Dr Young</b>	That's been the case for several years since the policy for mental health screening came in which is before I started.
<b>Ms Sharp</b>	And from what age does IHMS start mental health screening of children?
<b>Dr Young</b>	It applies to all ages. So from birth.
<b>Ms Sharp</b>	Now yesterday the Commission received some information from IHMS that was produced subject to a notice to provide information. We were told at page 1 of that letter of the 29 <sup>th</sup> July that IHMS introduced a new screening tool for children in the second quarter of this year which is known as the Health of Nation Outcome Scale for Children and Adolescents. I think it's sometimes called the HANOSCA.
<b>Dr Young</b>	That's correct.
<b>Ms Sharp</b>	Were you involved in any screening using this tool?
<b>Dr Young</b>	I have not been involved in applying the tool but I've been involved ... in development of the screening policy - which was to implement the tool.

<b>Ms Sharp</b>	And I think you gave evidence at the start of my questioning that you are still working for IHMS on a consulting basis and one of your roles in relation to reporting?
<b>Dr Young</b>	Yes.
<b>Ms Sharp</b>	Does that reporting have anything to do with mental health screening or the HoNOSCA?
<b>Dr Young</b>	Yes.
<b>Ms Sharp</b>	Can you tell us a little bit about the HoNOSCA? What is it and what does it measure?
<b>Dr Young</b>	So it's the, the HoNOSCA is the child and adolescent equivalent to the HoNOS and it's again it's used in Australian mental health services universally.
<b>Ms Sharp</b>	Sorry did you say universally?
<b>Dr Young</b>	Yep, yep. So it's part of the standard outcome measures. So any child that enters a specialist child and adolescent mental health service has that instrument or should have that instrument applied and then its applied periodically and then again at discharge so that's part of the standard reporting for health services.
<b>Ms Sharp</b>	Is it a reliable measure Dr Young?
<b>Dr Young</b>	Yes it's considered to be again a reliable and a measure which is useful to apply in different populations and that's why it's chosen for that purpose.
<b>Ms Sharp</b>	Now have children in immigration detention been screened using the HoNOSCA?
<b>Dr Young</b>	Only recently. That was not for the in the policy up to now that's not... that tool was not part of the policy...it's still not part of the policy.
<b>Ms Sharp</b>	But children have been screened in this year using the HoNOSCA, is that correct?
<b>Dr Young</b>	Yes.
<b>Ms Sharp</b>	What have the results been Dr Young?
<b>Dr Young</b>	So I think I've seen the results there. So what we are seeing is... I guess particularly high rates in the emotional and related symptom scores on the symptom items. Then we are seeing high rates on some of the behaviour items as well and again its early data and we would really need to get some more to analyse it properly with relevant experts but its again showing figures which are broadly in line with what we are seeing in adults and perhaps a little higher.

<b>Ms Sharp</b>	Higher you say?
<b>Dr Young</b>	Perhaps yeah.
<b>Ms Sharp</b>	Now earlier in this examination you did explain what the significance of a score of 2 was. Could you explain that again please?
<b>Dr Young</b>	So scores 2 and above are considered to be clinically significant. If somebody was in hospital or in a mental health service had a score of 2 that would be considered something that should be noted. A score of 3 or above should be... would be something that is considered to require some specific intervention.
<b>Ms Sharp</b>	Now is it right that one of the benefits of the HoNOSCA tool is that it allows different cohorts to be compared with one another?
<b>Dr Young</b>	Yes.
<b>Ms Sharp</b>	How did the results of and you said that HoNOSCA is a standard tool that's used widely in the Australian community. How did the results of the HoNOSCA tool when it's applied to children in detention apply to children in the Australian community who might be engaging with mental health services?
<b>Dr Young</b>	So yeah so just to be clear it is the instrument is not used as an epidemiological in the community more broadly it's used specifically within mental health services. So I think just on the initial analysis we looked at it very broadly in relation to the ... the broadest measure is the mean HoNOSCA score and on the mean HoNOSCA score we have about between sort of a 3 <sup>rd</sup> and a 5 <sup>th</sup> I think had a score which was at or above the median for children who were in sort of tertiary child and adolescent mental health services.
<b>Ms Sharp</b>	So let me try and break this down so I can understand it. What you're comparing at the moment are children who are already engaged with a mental health service in the community. Is that right?
<b>Dr Young</b>	That's right.
<b>Ms Sharp</b>	And is what you're saying that the results are a 3 <sup>rd</sup> higher in children in detention as compared with children already engaging with mental health services in the community?
<b>Dr Young</b>	That's about right. It is again it needs more detailed statistical analysis to be more definitive about those things but broadly speaking, yes.
<b>Ms Sharp</b>	And I take it that some analysis has been done of these results by IHMS at this

	stage?
<b>Dr Young</b>	Yes preliminary analysis I'd say.
<b>Ms Sharp</b>	Tell me in your clinical opinion as a psychiatrist, do these results you've seen measuring children in detention using the HoNOSCA concern you?
<b>Dr Young</b>	Yes they're very concerning.
<b>Ms Sharp</b>	Why?
<b>Dr Young</b>	Well it's quite clear that we've got a large number of children with significant mental distress and disorder in this population.
<b>Ms Sharp</b>	Have you... has IHMS reported these results to the Department?
<b>Dr Young</b>	Yes.
<b>Ms Sharp</b>	When did that happen?
<b>Dr Young</b>	Um...I mean... these specific results?
<b>Ms Sharp</b>	Yes.
<b>Dr Young</b>	have been reported in the last couple of weeks as they have come in.
<b>Ms Sharp</b>	And have you been involved in this reporting?
<b>Dr Young</b>	Yes, yep, that's right.
<b>Ms Sharp</b>	What form has the reporting taken?
<b>Dr Young</b>	I guess we've just provided some preliminary figures and the statistics and graphics like this.
<b>Ms Sharp</b>	Who do you provided these statistics to?
<b>Dr Young</b>	To the detention health, that's who we normally report to.
<b>Ms Sharp</b>	What has the Department's reaction been to your report?
<b>Dr Young</b>	The Department has been fairly I guess it's fair to say negative towards that report.
<b>Ms Sharp</b>	What do you mean by that Dr Young?
<b>Dr Young</b>	....concerned about what the figures are showing.

<b>Ms Sharp</b>	Concern and being negative are different. What do you mean by the Department has been negative?
<b>Dr Young</b>	Well I guess they sort of reacted with alarm and have asked us to withdraw these figures from our reporting.
<b>Ms Sharp</b>	I beg your pardon?
<b>Dr Young</b>	They asked us to withdraw the figures from our reporting.
<b>Ms Sharp</b>	Who asked you to withdraw the figures from your reporting?
<b>Dr Young</b>	I'm not sure exactly.... it comes from the Department.
<b>Ms Sharp</b>	Now can I ask you about a different matter, it's right isn't that every time any detainee engages in an act of self-harm or an attempted suicide or threatens to do so an incident report is made by IHMS, is that right?
<b>Dr Young</b>	It's a little bit more complex than that. So there's a different... procedures by which those sorts of incidents reports occur. So initially... so IHMS is only able to report on incidents that it is aware of so if an incident occurs that obviously it is not aware of then it's not going to report. Sometimes incidents are made... reports are made by SERCO and we are not aware of them so that's why sometimes there's a discrepancy between the reports that IHMS has and the reports that Serco report and also there's different criteria by which they report so Serco would report on some threatened self-harm incidents where IHMS would not necessarily report on those incidents.
<b>Ms Sharp</b>	Alright, I apologise if I'm cutting over you. IHMS does collect data on attempted suicide, attempted self-harm and threats to do so.
<b>Dr Young</b>	Yes
<b>Ms Sharp</b>	Now the Commissioner has received data that so far onshore detention, onshore detention alone, that is in the Australian mainland and Christmas Island in a 15 month period from January 2013 to March 2014 there were 128 reported incidents of self-harm by children in detention. Does that sound about right to you?
<b>Dr Young</b>	That's sounds about right yes
<b>Ms Sharp</b>	And that it seems constitutes a 62% of all self-harm reported amongst detainees, does that sound about right to you?
<b>Dr Young</b>	I'm not sure about that I'd have to look at the figures.

<b>Ms Sharp</b>	Those figures don't include Nauru though do they?
<b>Dr Young</b>	I imagine not.
<b>Ms Sharp</b>	Has IHMS collected any data as to the number of children in Nauru who are self-harming, attempting suicide?
<b>Dr Young</b>	Yes, so the data would be collected in the same way through the incident report system which is the same in Nauru as on the mainland.
<b>Ms Sharp</b>	Is that data reported by IHMS to the Department?
<b>Dr Young</b>	Well all the incident reports are automatically generated and sent through.
<b>Ms Sharp</b>	And how are they sent through to the Department?
<b>Dr Young</b>	So it's built in to the medical record system when an incident is generated it goes through automatically.
<b>Ms Sharp</b>	So is it your evidence that the Department would have the data about the level or number of attempts by children to harm themselves?
<b>Dr Young</b>	Yeah I think – there's that mechanism through the IHMS record system and the detention security provider people also would have a similar system which would report those incidents.
<b>Ms Sharp</b>	What types of self-harming behaviours are children engaging in?
<b>Dr Young</b>	The...I guess what we have seen is the range of behaviours are similar to what's been I think occurs elsewhere in the community ... there's a hierarchy there's many more incidents of less severe types of self- harming behaviour and as they become more severe they're rarer.
<b>Ms Sharp</b>	And it's right that there have been instances of severe self-harming behaviour among children in detention isn't it?
<b>Dr Young</b>	I can't say with absolute certainty.
<b>Ms Sharp</b>	What are you aware that some children have tried to hang themselves?
<b>Dr Young</b>	Haven't seen – I haven't actually seen those reports.
<b>Ms Sharp</b>	Are you aware that some children have tried to poison themselves or ingest harmful substances?
<b>Dr Young</b>	Yes

<b>Ms Sharp</b>	Are you aware that some children have tried to choke themselves?
<b>Dr Young</b>	Sorry I haven't seen those specific reports.
<b>Ms Sharp</b>	Are you aware that some children are banging their heads against walls?
<b>Dr Young</b>	Yeah that's a common method of self-harm
<b>Ms Sharp</b>	And are hurting themselves when they do this aren't they? Sometimes severely is that right?
<b>Dr Young</b>	I would assume so.
<b>Ms Sharp</b>	Now the Commission has also been told so far as mainland immigration detention and Christmas Island are concerned that during that same 15 month period there were a further 171 incidents where children threatened to commit an act of self-harm does that sound about right to you?
<b>Dr Young</b>	Yes I think so.
<b>Ms Sharp</b>	The Commission has also been told that there are 23 children in immigration detention who've attempted to self-harm on more than 2 occasions are you aware of that?
<b>Dr Young</b>	That would... it's not surprising but no I'm not aware of that specifically.
<b>Ms Sharp</b>	In fact the Commission has been told of an example of one child who has self-harmed on 16 separate occasions, are you aware of that particular instance?
<b>Dr Young</b>	I'm not aware of that particular instance... what normally... happens is we have our teams at site who deal with these issues and they... when there is a concern like that they would refer that normally to the psychiatrist or the team leader then to the psychiatrist who visits the centre where it's occurring and they would if there is a particular concerns they would put in place a management plan to deal with that. If there was a case like that which was going on for a period of time they would normally result in a recommendation for the child to be managed out of detention, managed in hospital if that was required.
<b>Ms Sharp</b>	Are you aware that that child who had self-harmed on 16 separate occasions was still in closed immigration detention as at 31 March this year?
<b>Dr Young</b>	Not aware of that but it doesn't surprise me.
<b>Ms Sharp</b>	Why doesn't that surprise you?

<b>Dr Young</b>	Sorry
<b>Ms Sharp</b>	I'll ask the question again Dr Young – I've given you an example of the child who had self-harmed on 16 separate occasions and was still held in closed immigration detention as at 31 March this year and you've just said that doesn't surprise you, my question is why doesn't that surprise you?
<b>Dr Young</b>	Because the policy is that children are held in detention.
<b>Dr Young</b>	Dr Young as a psychiatrist and also in your capacity as the former director of mental health services, what are the reasons the children are giving for their self-harming behaviours?
<b>Dr Young</b>	It would be good to have one of our child psychiatrists speak to these issues so they are more directly involved but I imagine that you know the reasons that children are self-harming are again similar to the reasons that adults are self-harming and the major reason that anybody is self-harming is because they have ...intense.. feelings of helplessness and desperation.
<b>Ms Sharp</b>	And do you have any view as to why children are self-harming in such numbers in immigration detention?
<b>Dr Young</b>	Again, what we know from the research in this area is that the rates of self-harming in detention are fairly low when the periods of detention are low and when the period in detention increases and particularly when it increases above 6 months the rates start to increase and then they increase at an exponential rate.
<b>Ms Sharp</b>	Now it's correct that IHMS collects data on medication prescribed to detainees?
<b>Dr Young</b>	That's right
<b>Ms Sharp</b>	And it reports those results to the Department does it?
<b>Dr Young</b>	Yes it does
<b>Ms Sharp</b>	Is ... are you in a position to say what proportion of children in immigration detention are on anti-depressant medication?
<b>Dr Young</b>	I'm not in a position to say that today – that's a number that we could pull out of our system.
<b>Ms Sharp</b>	So that's a number that IHMS is capable of determining
<b>Dr Young</b>	Yes

<b>Naomi Sharp</b>	Is that a number that IHMS does report to the Department?
<b>Dr Young</b>	I believe that is in the data set, yes, the figure, and I mean broadly is a low one as it is for adults.
<b>Ms Sharp</b>	In your professional opinion Dr Young did children and adolescents in closed immigration detention need specialist children mental health service providers?
<b>Dr Young</b>	Yes of course
<b>Ms Sharp</b>	Do they have access to specialist children mental health service providers?
<b>Dr Young</b>	We have, sorry IHMS has been able to employ a number of child psychiatrists so we have visiting child psychiatrists that all centres where there are children, we also have... there's also child specific psychologists and other mental health workers that work at each centre.
<b>Ms Sharp</b>	Is there a child psychiatrist based fulltime on Christmas Island?
<b>Dr Young</b>	Not fulltime, no.
<b>Ms Sharp</b>	Is there a child psychologist based fulltime on Christmas Island?
<b>Dr Young</b>	The way in which the staff are allocated is on a rotating basis.
<b>Ms Sharp</b>	So is the answer to that question, no?
<b>Dr Young</b>	I can't tell you the exact sort of fulltime equivalent staff that... is based on Christmas Island which are child and families trained staff.
<b>Ms Sharp</b>	Is it right that there is no specialist child mental health service provider on Christmas Island on a fulltime basis?
<b>Dr Young</b>	There is no single person who is there fulltime all the time but there is a rotation of people that come in and make up a proportion of fulltime equivalent.
<b>Ms Sharp</b>	Ok, I might put the question a different way. There will be given periods of time when there is no child psychiatrist on Christmas Island, is that correct?
<b>Dr Young</b>	Yes, that is correct.
<b>Ms Sharp</b>	And there will be given periods of time where there is no child psychologist on Christmas Island?
<b>Dr Young</b>	I can't tell you exactly, because I am not involved in the rostering of those things, but it is intended that there should always be coverage.

<b>Ms Sharp</b>	Are you in a position to say that yes there is always coverage?
<b>Dr Young</b>	I can't tell you that specifically because I don't know that information.
<b>Ms Sharp</b>	Do you doubt that there is always coverage?
<b>Dr Young</b>	I expect that there would be some gaps because it is difficult to achieve that coverage.
<b>Ms Sharp</b>	And that is particularly so since Christmas Island is so far away, I suppose?
<b>Dr Peter Young</b>	Yes and similarly for other remote places.
<b>Ms Sharp</b>	Speaking of other remote places, let me ask you about Nauru, is there a child psychiatrist based fulltime on Nauru?
<b>Dr Young</b>	No.
<b>Ms Sharp</b>	Does a child psychiatrist ever attend Nauru?
<b>Dr Young</b>	Yes, there is a regular schedule of a child psychiatrist.
<b>Ms Sharp</b>	Is there a child psychologist based fulltime on Nauru?
<b>Dr Young</b>	Uhhh, again, it's the same situation as applies on Christmas Island, is that there is a proportion of the staff which are allocated to be child specific, depending on the level of the population there according to the formula and that they are then rostered and allocated to be there.
<b>Ms Sharp</b>	With your knowledge while you were the director of Mental Health Services at IHMS, were there gaps in coverage at Nauru when there were no specialist child mental health service providers on Nauru?
<b>Dr Young</b>	Again, I can't tell you exactly going back over the time what exactly the coverage of the roster has been.
<b>Ms Sharp</b>	So you are saying even though that you were the director of Mental Health Services, you are not able to say whether there were gaps in that coverage on Nauru?
<b>Dr Young</b>	Uhh, no, my role is to establish what the coverage should be and to put that forward in the formula and then there are other people who organise the rostering and the allocation of the staff.
<b>Ms Sharp</b>	Just so I understand as the former Director of Mental Health Services at Nauru, you were and you are unable to say whether there was always coverage on Nauru for

	specialist children mental health professionals.
<b>Dr Young</b>	At the moment I can't tell you, there consult... the relevant rosters and provide that information I'm sure.
<b>Ms Sharp</b>	Now the Commission has been provided with anecdotal information that there are increasing numbers of pregnant woman in detention who are electing to have terminations of their pregnancies. Some female detainees have told this inquiry that if it was not for the fact of their detention they would carry the babies to term. The Commission has also received information that women detainees on Nauru are being transferred to the mainland to have terminations. Do you know the numbers of women in detention who are having terminations of their pregnancies?
<b>Dr Young</b>	I don't know the exact numbers.
<b>Ms Sharp</b>	Is this a matter that is reported to you, or was reported to you in your capacity as the Director of Mental Health Services?
<b>Dr Young</b>	No.
<b>Ms Sharp</b>	Do you happen to know...I withdraw that... It's the case, isn't not that IHMS would keep records of the numbers of women having terminations?
<b>Dr Young</b>	Yes that is right.
<b>Ms Sharp</b>	Is it the case that IHMS reports those numbers to the Department?
<b>Dr Young</b>	I don't know for certain anything... any medical procedures have to be sent through to the Department, the Department funds those procedures so there is a mechanism by which they are aware of them.
<b>Ms Sharp</b>	Would you agree that the Department would have ready access to this data from IHMS?
<b>Dr Young</b>	Yes, I imagine so.
<b>Ms Sharp</b>	Are you aware as to whether there is any connection between women electing to have terminations of their pregnancy and their mental health?
<b>Dr Young</b>	Yes, and as I was saying before, I am not routinely aware of these cases as they are coming through. When there is a case and there is a concern for the person's mental health that is referred to the mental health team and they would be seen by the team and in most cases would have been seen by one of the psychiatrists that visits.
<b>Ms Sharp</b>	Has IHMS conducted any analysis on the links between the mental health of female

	detainees seeking terminations?
<b>Dr Young</b>	No systematic analysis no. Case by case people would be assessed and they would be assessed about their mental state and their capacity to consent to procedures and those types of things.
<b>Ms Sharp</b>	Are you personally aware of the cases of any female detainees who were pregnant and elected to have a termination where you thought there were mental health issues?
<b>Dr Young</b>	Yes, there has been a couple of cases like that, that had been escalated for review by me.
<b>Ms Sharp</b>	Could you please tell us about those cases. Don't name names, but can you tell us about those cases?
<b>Dr Young</b>	I guess, the issues that get raised to me are about generally whether someone has a capacity to consent to a procedure and if there is any doubt about that so there have been a couple of cases like that in which there has been some issue of doubt so I have given advice on those cases about how to seek second opinions, what questions to ask to establish those things so we can be clear from a medical point of view and from a mental health point of view about what the position is.
<b>Ms Sharp</b>	I want to ask you about something else now Dr Young, in the clinical management of patients general practitioners and other health practitioners will sometimes make recommendations on the physical or the mental health risks of patients and how these could be addressed, that's right isn't it within IHMS?
<b>Dr Young</b>	Yes, that is right.
<b>Ms Sharp</b>	All right. And sometimes the recommendations for addressing those concerns include transferring the detainee to community detention is that right?
<b>Dr Young</b>	That is right, yes.
<b>Ms Sharp</b>	And sometimes those recommendations are recommendations not to transfer somebody for example not to transfer a detainee to an offshore processing country being Manus Island of Nauru
<b>Dr Young</b>	Yes that is right.
<b>Ms Sharp</b>	In your experience have the recommendations of the IHMS medical staff routinely been overridden by the Department?
<b>Dr Young</b>	It is a very variable process I think it would be fair to say. I wouldn't necessarily say

	<p>routinely overridden but the process is quite variable so there will be cases in which they go through smoothly and there will be other cases in which there is a lot more difficulty.</p>
<b>Ms Sharp</b>	<p>Now, I want to ask you this question in your capacity as a clinician, were the recommendations of health staff being overridden to an extent you found troubling?</p>
<b>Dr Young</b>	<p>Yes I think that's fair to say that the degree in which that happens is troubling.</p>
<b>Ms Sharp</b>	<p>And Dr Young why did you find that to be troubling?</p>
<b>Dr Young</b>	<p>Umm its troubling when any clinician is dealing with a patient and that patient is suffering and is being adversely affected and you know what is causing that suffering and that effect and you again you are powerless to really alter the situation to help them and to relieve that and when you know that the other interventions that you are able to deliver are insufficient.</p>
<b>Ms Sharp</b>	<p>In your experience when you were the Director of Mental Health Services did you find that there were any serious restrictions on IHMS being able to provide medical services to children and their families in detention?</p>
<b>Dr Young</b>	<p>I think there are certainly restrictions which result from a number of factors I guess from locations particularly but you know when there is... I am just trying to think about what sort of ...it might help me if you clarify a bit further about serious restrictions but there certainly are restrictions.</p>
<b>Ms Sharp</b>	<p>I'll put the question in another way is IHMS hindered in its ability to provide adequate health treatment to children and their families in immigration detention?</p>
<b>Dr Young</b>	<p>Okay; well, so I guess there's a real difficulty with this concept of adequacy of services - because if we look at the services from the point of view of what is adequate and we compare that to what it is in other settings in Australia then the services are really quite well staffed and generally and would normally be thought of as adequate, but the problem is that the effects of the environment as such that no level of services are really going to be adequate, and that if adequacy means mitigating the risk and the negative effects then it's not going to be adequate so it depends on the way you look at it.</p>
<b>Ms Sharp</b>	<p>Tell me this Dr Young in your capacity as a psychiatrist and from a perspective of preserving the physical and the mental wellbeing of a child is it ever appropriate for a child to be in closed immigration detention?</p>
<b>Dr Young</b>	<p>Well my view my professional view on that is in line with what the College of Psychiatrists and other major medical bodies would say and that is that really any</p>

	sort of closed detention is only appropriate for the briefest period of time and that any prolonged detention is inherently harmful and therefore is not recommended medically.
<b>Ms Sharp</b>	Pardon me for one moment Dr Young.
<b>President</b>	Dr Young thank you very much for your evidence. There's one matter that I would like to explore in a little bit more detail and that is you will be aware of this of course distinction that we've been discussing between self-harm or attempted self-harm and attempted suicide how do you make the distinction between the two or is it a sort of continuum and a spectrum?
<b>Dr Young</b>	Yes it's a very... it is quite a vexed sort of issue and it is a spectrum and continuum and I think that trying to make too much of a distinction between those two things is incorrect. It's never a simple matter of trying to put something into one or other category. When anybody does that there's is always a multitude of reasons and motivations.
<b>President</b>	And so would you see some wherever they fall in this spectrum some being really of a particularly serious kind, others of a less serious kind. Is it a question of degree of harm or is it a question of what the intention is and the mental state.
<b>Dr Young</b>	It's all of those things and that's the complexity of it.
<b>President</b>	Thank you very much and I think that just clears up the matter that came up of course in the context of how you deal with this statistical information in relation to those matters, thank you very much. Well thank you very much Dr Young we really appreciate your speaking to us frankly and I think carefully in response to those questions thank you very much.