

National Inquiry into Children in Immigration Detention 2014

Melbourne Public Hearing
Wednesday, 2 July 2014

President	I wonder now if we could move to Dr Choong-Siew Yong. Could you tell us a little about your professional background and your experience?
Dr Yong	<p>Well I am a child psychiatrist, working mainly in Newcastle at the moment and I first got involved in this area through my involvement in the Australian Medical Association. So I have been a Federal Vice President, also a New South Wales President of the AMA and the AMA has had a policy in this area for over 10 years now. I think it was in the early 2000's that the AMA first formed an alliance with several of the medical colleges in Australia to put out a statement opposing mandatory detention. The AMA's view is that this issue is both a public health and an ethical issue for doctors and we feel that indeterminate mandatory detention of children and young people is inherently harmful to their mental health and to their physical and psychological development. So the AMA has always called for children and families not to be in closed detention and we have been supportive when the policy of the government has been along those lines. We have also had many concerns expressed to us by our members many of whom have worked in these sorts of settings, and their concerns have been around provision of care and the standards of provision of care and also the co-ordination of care for families and adults in detention. So we have had particularly reports from doctors who have worked at various times in detention settings but also doctors who have worked in public hospitals who have received patients from detention centres particularly in Darwin. I myself have had experience of seeing some detainees when they have been transferred to public mental health hospitals because of concerns around their mental health although my clinical experience, I have to say, is somewhat more limited compared to Professor Newman's who has seen many, many more. So we have been concerned about the fact that this has led to many ethical issues for our members, for doctors working in the system who have been troubled and conflicted by their desire to care and provide good medical care for their patients but doing so in a very difficult policy and physical environment and it is the policy of both mandatory detention with the indefinite outcome as well as a policy of isolating these highly vulnerable high risk populations in remote areas so that it is much, much harder to provide a level of care that is commensurate with their</p>

	<p>needs. And this is a population that does need a higher level of care in many ways than the general Australian population because they are a high needs group. We know about the risks. We have been following the research in this area for quite a long time and I would agree with the evidence that Professor Newman has given around the long term effects on children and adults who have been in detention and the lasting effects after they leave detention and we are quite concerned about the fact that - in my visits as part of the DeHAG group and also the IHAG group. I was with the Detention Health Advisory Group from its inception until its dissolution. I have been concerned about the fact that there is really very little attention paid to the needs of families and children in these centres, not just from a health provision point of view but from an overall point of view around education, appropriate settings, appropriate support for families and I would certainly echo the statements Professor Newman has made around the fact that families are disempowered and unable to provide the normal sorts of family supports that we give to children. Of course families are isolated as well so there is lack of extended family which normally which would be a significant moderating factor for many of the groups that come to Australia seeking asylum.</p>
<p>President</p>	<p>Thank you very much for those opening comments. You have covered a number of issues that are very relevant for the record and again enormously important that the Australian Medical Association has taken a policy position as you say for 10 years. One thing I would like to explore with you is this rather interesting point about a higher level of care required for this particularly vulnerable group. I want to take this up because we have heard evidence this morning that comparisons are being made that it is appropriate to give a certain level of care because it is comparable to remote areas of Australia, for example. I would like to explore that, to ask do you believe that a higher level of attention and care is necessary for an effectively imprisoned group indefinitely and that it's not appropriately comparable to remote areas of Australia. Would you agree with that?</p>
<p>Dr Yong</p>	<p>I would agree with that. I think the AMA has had policy before looking at the health needs of prisoners for instance and of course most prisons aren't in remote areas, some are, but we have recognised for a long time that when you are in detention your needs are different. Firstly, the groups in detention tend to be in a somewhat more adverse environment rather than just merely a remote environment. It's an environment that is tightly controlled and we have identified that those groups in detention have greater health needs. They are more at risk, they are more vulnerable for health needs, they are less able to have any agency over their health needs themselves so they can't advocate for their own health care and they are more dependent on the services being able to pick up their needs and to address them adequately. And one of the, some of the</p>

	<p>feedback we have had from our members who have worked in this sort of setting, is their frustration with being able to co-ordinate care effectively. So for instance trying to refer someone who needs specialist care from a detention centre to see a specialist is extremely difficult, it takes much longer, it means that often they are holding on to their patient and trying to provide some care where they really need a specialist centre and specialist treatment much faster.</p>
President	<p>One of the purposes of this inquiry is to make recommendations to the government and one idea that we are exploring, because we know there is capacity, is that the children be brought from Christmas Island to Darwin, inevitably of course with their families.</p>
President	<p>Can you comment on the difference in medical services in particular, obviously that is your area of expertise, but generally between Christmas Island and Darwin?</p>
Dr Yong	<p>Well there is a vast difference. Christmas Island is a very remote area, it has a small hospital, it has two health services on the island. One is run for the benefit of the residents and there is another one that is run for the detention centre. And that is really a primary care service with additionally a small mental health team. That means that for anyone who needs ongoing specialist care they would need to be transferred or need to be referred to services on the mainland. At Darwin you have all the facilities a capital city has. Darwin is a small capital city so they are relatively small but nevertheless they have a full range of specialist facilities including a specialist mental health facility, surgical and so on. I think one of the difficulties that our members have expressed to us has been the fragmentation around the sorts of facilities available in each detention centre because they are scattered around the country they are mostly in remote places. The referral patterns aren't necessarily the ones that make the most sense and that is the result of difficulties for state jurisdictions to agree with the Commonwealth around where referral patterns might lie. So we have had the experience of people, say on Christmas Island, requiring mental health care going across to a hospital right across the other side of the country because there has not been a facility closer. Over time some of those referral patterns have settled down and become more like you would normally see for residents in that particular local area but it has taken a great deal of effort I think on the part of the health service. There has not necessarily been always good will between State governments and the Federal government in pursuing what would be logical and much more easy to maintain referral networks and certainly our members have said that has been a particular frustration for them.</p>
President	<p>Thank you. You have been a member of the Immigration Health Advisory Group I understand, now disbanded, but I wonder if you could tell us what the key</p>

	children's mental health issues were that were raised by that advisory group?
Dr Yong	I think one of the great achievements, hopefully, of the group was to help establish some standards around provision of care and to provide at least some advice to the Department around how these sorts of standards might be monitored. And what really struck me coming on the group was that we were really faced with trying to help the Department set up another remote and rural medical or health service – by a Department that is not a Health Department – in remote and rural areas scattered around the entire country rather than just in a single state. So we had the Department which arguably may not have had much core competence in the area trying to set up what is the most difficult kind of health service to set up which is an overseer health service and that I think was something that we gave a lot of advice around. What we saw in terms of the mental health needs of children was our concerns around the sort of development and the lack of screening for developmental problems.
President	Okay, good. That's an important point, the lack of screening. That was your observation, at least at the time.
Dr Yong	That's right. So we were concerned that there was no support given to young mothers, to young families and for the protection of the older unaccompanied minors such as you would have in the normal Australian community. Things like baby health clinics, screening for maternal depression, screening for growth and development problems, screening for hearing, vaccinations etc. So none of those things were set up at the beginning because they weren't foreseen by the Government or by the Health Service at the time.
President	Given that we are making recommendations to the Government and in the best of all possible worlds, what would you like to see happen now? Would you like to see something like the Immigration Health Advisory Group re-established or how would you envisage it if you were to make the decision?
Dr Yong	We are concerned that the, the AMA is concerned about the lack of information around the maintenance of health standards and the sort of negative feedback we have had from doctors who have seen at the coalface what is going on. The AMA has called for an independent medical inspectorate so a group of medical experts who would be able to enter and see the health facilities and the general detention facilities offshore and onshore and provide that information and that evidence directly back to the government and the AMA has been consistent in calling for that. Now that in some ways would perform part of what DeHAG used to do but the other area would be the appropriate expertise given as advice to the Department and we have no evidence what advice or expertise has been given to the Department now in terms of mental health care, specialist medical

	care, primary health care and so on.
President	Well that is very helpful and we will certainly pass that advice on in our final report. Is there anything you would like to add that we haven't had a chance to speak about so far?
Dr Yong	Just I think to emphasise the conflicts some of our members have reported to us. So I think many of our doctors have chosen when they have been unable to really resolve their conflict to walk away from the system but they have done so feeling quite guilty I think about the fact that they know that in many senses inadequate care is going on mainly because I think of the remoteness and because of the policies in place with government. And we can't get away from the fact that the policies themselves are contributing in a large way to the difficulties we are seeing both in providing health care but also the ongoing risks with mental health, mental illness and developmental problems.
President	Yes it is frustrating that they know what they should be doing as medical service providers but they are not able to provide that because of policy essentially. In your experience are most medical health providers reporting as they see it or is there a sort of chilling effect on their ability to give a professional report?
Dr Yong	I think many doctors haven't come forward or been able to sort of say these things publicly. It has been difficult because there is a private provider providing health care and so those doctors are employees of that organisation and organisation and they obviously have to abide by the policies of their organisation. I think also it's been difficult because the government hasn't encouraged discussion around these sorts of health needs and so on. And one of the things that struck in my time on DeHAG and IHAG was that we frequently asked for the ability to look at and research the outcomes of the sorts of inventions we were recommending, the sorts of improvements that we were seeing and some of the provisions of health care as time went on and there's been significant improvements as time has gone on. But we were unable to do I think adequate research or to look at the outcomes to show what had been working and what not been working.
President	Even where those policies appeared to be.
Dr Yong	Even where they were appearing to be improving things yes.
President	Yeah well that's interesting. Well I think we'll leave it at that but thank you both very much indeed for your evidence this afternoon and for giving us your valuable time. Thank you Dr Yong and Professor Newman. Thank you very much.