



RACGP
Royal Australian College
of General Practitioners

Application of the RACGP Standards for health services in Australian immigration detention facilities (2nd edition)

Position statement

Position

The Royal Australian College of General Practitioners (RACGP):

- supports health professionals, their employer organisations and the Australian Government's Department of Home Affairs to provide high-quality healthcare to people detained in Australian immigration detention facilities
- acknowledges that, within the constraints of the current legislative framework, there needs to be a quality and safety standard to optimise delivery of healthcare to those detained in Australian immigration detention facilities
- develops the *Standards for health services in Australian immigration detention facilities* (2nd edition) (IDF Standards) to apply to all restrictive immigration detention facilities, where a health service provider is contractually responsible to provide healthcare, and where, as a consequence of their detention, individuals are not able to choose to access other external primary care and/or mental health services
- considers that wherever a restrictive immigration detention facility is funded by the Australian Government, there is a duty of care for the Australian Government to provide healthcare to those held in the facilities commensurate to that of the Australian community
- advocates that all Australian immigration detention facilities be held to the requirements of the IDF Standards.

Background

While the RACGP has developed and published the IDF Standards, it does not condone or support the use of immigration detention. There is a significant body of evidence that demonstrates the adverse mental and physical health impacts of immigration detention, particularly prolonged detention, on people seeking asylum. The impacts of detention can be profound, particularly for the most vulnerable, including children and adolescents, pregnant women, and individuals with previous experiences of torture and trauma. It is the position of the RACGP that all attempts should be made to avoid restrictive detention of people seeking asylum. The adverse mental and physical health impacts of detention on children,¹⁻⁶ and prolonged detention on all individuals, are well documented.⁷⁻²⁴

Acknowledging the context of the current legislative framework in Australia, the IDF Standards have been written for application in all restrictive immigration detention facilities. The RACGP strongly encourages the Department of Home Affairs, Australian Border Force and any other relevant Australian Government agencies to apply the IDF Standards to all restrictive immigration

detention facilities, where, as a consequence of their detention, individuals are not able to choose to access other external primary care and/or mental health services. These facilities include, but might not be limited to:

- immigration detention centres
- immigration transit accommodation
- alternative places of detention
- regional processing centres, including offshore facilities.

Whenever there are individuals detained in restrictive immigration facilities because of Australian Government legislation, when health services within the facilities are funded by the Australian Government, there is a duty to provide healthcare that is commensurate to that of the Australian community. These facilities might be within Australia's or within other sovereign countries' borders.

The RACGP holds the position that the IDF Standards provide a framework to ensure that this occurs and that all Australian immigration detention facilities be held to the requirements of the IDF Standards.

Quality and safety standards are used in health services across the world as a means of promoting excellence in patient care,²⁵ with accreditation against such standards promoting leadership, enhancing corporate culture and improving clinical performance.²⁶

The IDF Standards have been written principally for the multidisciplinary teams of health professionals that provide care to people detained in Australian immigration detention facilities.

To ensure safe, quality care for individuals in detention, it is vital for health services to provide initial, continuing, comprehensive and coordinated medical and allied healthcare. Health services need to:

- provide for individuals, families and communities within immigration detention facilities
- integrate biomedical, psychological, social and environmental factors
- consider a patient's language, culture, beliefs and values in their understanding of health.

In acknowledgement of the recognised physical and mental health impacts of prolonged immigration detention, the Australian Government has a distinct

duty of care to provide quality healthcare to those detained in immigration detention facilities. The Australian Government must ensure that all people in detention are able to access timely and effective primary healthcare for their condition/s and their identified level of vulnerability. These services must be provided in a culturally responsive framework. When a health condition cannot be managed within the detention facility, care must be facilitated by referral for external opinions, expertise, and/or investigation and treatment services.

Current immigration detention context

Since the publication of the RACGP *Standards for health services in Australian immigration detention centres* (1st edition) in 2007, the immigration detention context has undergone significant change. Of note, over the past 15 years there have been prolonged periods where large numbers of people seeking asylum in Australia have been detained. This cohort has included people who arrived by boat, individuals and families who arrived by plane, as well as those who were living in the Australian community on temporary visas who subsequently applied for protection or received a negative protection legal decision. This includes individuals of all ages from a diverse range of cultural and linguistic backgrounds. The opening of regional processing centres in Nauru and Papua New Guinea has created different challenges in health presentations and in health service delivery.

The IDF Standards have been developed to apply to healthcare facilities and professionals providing health services in restrictive immigration detention in Australia. In recognition of the changes to immigration detention environments and the populations detained, the IDF Standards have been developed to be readily applied in the future, even if legislative changes create significantly different detention environments and/or populations detained.

Challenges within the immigration detention facility environment

Given the inherent vulnerabilities of groups of individuals and families who have had refugee-like experiences and/or been detained within the Australian justice system, health services within immigration detention facilities provide healthcare in a unique and challenging environment.

Some of these challenges include, but are not limited to:

- lack of choice for individuals to select their own healthcare provider
- cultural and linguistic diversity with variable healthy literacy, with the potential for language or cultural differences to create misunderstandings and misinterpretations during consultations
- cultural awareness, which is of paramount importance, in these healthcare settings. 'Culture', however, is complex and it is important to acknowledge that many individuals detained in immigration detention facilities might belong to minority groups in their home countries and might have been persecuted for this reason
- the process of detaining individuals, which might erode their trust in the healthcare system and make them hesitant to access care. This hesitancy needs to be recognised in the context of the individual's cultural, religious and socio-political background
- detained populations having high levels of post-traumatic stress, including from within their country of origin, their journey and experiences in the criminal justice system and/or immigration detention facilities
- complex health issues, including physical and mental health, related to pre-existing vulnerabilities, such as:
 - conditions endemic in their country of origin
 - conditions acquired through their journey
 - possibly limited access to quality healthcare, including vaccination
 - experiences of trauma
 - the psychological consequences of living in prolonged uncertainty
 - previous experiences of incarceration, such as within the criminal justice system in Australia, and/or traumatic experiences with authority figures while incarcerated in their country of origin, including experiences of torture
 - significant adverse impact on the mental and physical health of people seeking asylum. The fact that immigration detention is a significant contributing factor to poor mental

and physical health outcomes might limit the ability of clinicians to provide effective care.

Within the current legislative framework, the duration of detention depends on many factors, is often uncertain, and might be brief or prolonged. This uncertainty, combined with the experiences of many people prior to being detained, including trauma, contribute to increased vulnerability and risk of physical and mental health problems. The provision of high-quality healthcare in the context of detention can therefore be a challenging undertaking.

An appreciation and understanding of how these complex issues impact on an individual's perception of physical and psychological health is important in achieving good quality healthcare from a whole-person perspective.

Application of the IDF Standards in immigration detention facilities

The risks of not having standards in place for healthcare provision in detention settings are significant.

The IDF Standards have been developed for application across all Australian restrictive immigration detention facilities, where, because of their detention, individuals held there do not have access to other external primary care and/or mental health services. As such, the RACGP strongly encourages the application of the IDF Standards in any Australian:

- immigration detention centre
- immigration transit accommodation
- alternative place of detention
- regional processing centre, including offshore facilities.

The RACGP holds no responsibility for the contractual arrangements and consequences regarding the accreditation of an immigration detention facility. However, the RACGP strongly recommends that the IDF Standards be contractually applied across all immigration detention facilities to demonstrate how the health services in each facility provides quality, safe and effective care for individuals in detention.

Settings in which the IDF Standards can be applied

The RACGP believes that the Australian Government has a duty of care to individuals held in detention, and therefore, to apply the IDF Standards in all immigration detention facilities.

Regional processing centres

While regional processing centres are not on Australian land, the facilities themselves are funded

and/or operated by the Australian Government. The RACGP's position is that these are therefore considered in scope for the IDF Standards.

The RACGP notes that, at the time of publishing the IDF Standards and this position statement, there are no active regional processing centres. This might not remain the case, and the RACGP believes that the IDF Standards need to be applied to health services in any future regional processing or offshore centres where individuals are held in

Immigration detention centres

Immigration detention centres detain individuals who have overstayed their visa, breached their visa conditions, had their visa cancelled and/or have been refused entry at Australia's entry ports. Under the *Migration Act 1958*, the Australian Government classes people arriving in this manner as unlawful non-citizens.

Immigration transit accommodation

Immigration transit accommodation is a closed detention facility intended:

- for low-risk individuals
- for short-term detention
- to have less intrusive security measures than immigration detention centres.

There have been instances of high-security compound immigration transit accommodation in Australia.

Alternative places of detention

Alternative places of detention can accommodate any individual who is detained by the Australian Government. These facilities might include hospital accommodation, schools and rented accommodation in the community. While not applicable to community detention, the IDF Standards can apply to any closed alternative place of detention, where a health service provider is contractually responsible to provide healthcare.

Regional processing centres

Regional processing centres are managed by the Australian Government in collaboration with local governments of the associated countries to detain individuals outside of Australia (offshore). At the time of publication of the IDF Standards, the regional processing centres in Nauru and Papua New Guinea were not currently functioning as restrictive detention environments.

Other restrictive immigration detention facilities

The RACGP notes that the facility names and settings listed above might not be exhaustive, and other settings of restrictive detention might be developed by the Australian Government in the future. The IDF Standards are written to apply to health services in any restrictive facility, not just those listed above, and can therefore apply to settings yet to be established.

a restrictive environment as a consequence of Australian legislation.

The RACGP acknowledges that equity and perceptions about inequity by the local community are important considerations in regional processing centres when health services in immigration detention facilities might be compared with local health services. The RACGP believes that the focus of the outcomes of the IDF Standards ensures that they can and should be readily applied in these environments, as the implementation can be flexible based on locally available resources and referral pathways.

Australian general practitioners (GPs) have in the past worked in regional processing centres, and many continue to care for patients who are subsequently transferred to Australia. In doing this work, GPs and other clinicians refer to standards provided by the RACGP to guide them in how to best care for patients, and at times advocate for patients' needs. While decisions to contractually apply the IDF Standards to any facility might be at the discretion of the Department of Home Affairs, the IDF Standards hold significant importance well beyond this application.

Application of the IDF Standards in any immigration detention facility reflects the Australian Government and facility's commitment to ensuring that efforts are made to achieve quality and safe healthcare delivery, risk management and robust clinical governance frameworks. If regional processing centres are to reopen, the IDF Standards provide the Australian Government a way to define an acceptable standard of care expected to be delivered by contracted health service providers at offshore locations, helping to ensure that those providers are compliant with their contract and to reduce the risks to those who are detained.

Community detention

Individuals in community detention are not held in a restricted environment and have access to health services in the Australian community. Individuals in community detention access healthcare from a designated general practice clinic, typically contracted by the health service provider. Health professionals in this clinic are responsible for referring community detainees to services, as required, consistent with Australian public health standards and waiting times. Because community

detention is not a closed environment, the RACGP notes that the IDF Standards would not be applicable for this detention setting, and instead the *Standards for general practices (5th edition)* would apply.

How do the IDF Standards reflect the principles of quality and safety?

The IDF Standards aim to address the quality and safety of the healthcare provided to people detained in Australian immigration detention facilities. The IDF Standards contain a module that provides setting-specific indicators that, along with the accompanying core and quality-improvement (QI) modules, form in essence the same standards that apply to, and are expected of, general practice healthcare delivered to the Australian community.

There is consistent evidence that shows that accreditation programs improve the process of care provided by healthcare services.²⁷

Safety-related behaviours are affected by informal aspects of an organisation (such as its attitudes to safety),²⁸ and there is a need for indicators of processes and structures that support a safety culture.

The IDF Standards do not and cannot address all of the impacts on the health and wellbeing of people detained in Australian immigration detention facilities. A range of issues impact health and wellbeing (ie prolonged uncertainty, housing, nutrition, physical activity, and access to meaningful activities, including education and work-related skill development), which reinforce the importance of high-quality and safe healthcare provided by the health service. These issues are beyond the scope of the IDF Standards and must be prioritised by the organisations contracted to manage the day-to-day operations of immigration detention facilities, including the Australian Government.

References

1. Dudley M, Steel Z, Mares S, Newman L. Children and young people in immigration detention. *Curr Opin Psychiatry* 2012;25(4):285–92.
2. Lorek A, Ehntholt K, Nesbitt A, et al. The mental and physical health difficulties of children held within a British immigration detention center: A pilot study. *Child Abuse Negl* 2009;33(9):573–85.
3. Kronick R, Rousseau C, Cleveland J. Asylum-seeking children's experiences of detention in Canada: A qualitative study. *Am J Orthopsychiatry* 2015;85(3):287–94.

4. Mace AO, Mulheron S, Jones C, Cherian S. Educational, developmental and psychological outcomes of resettled refugee children in Western Australia: A review of school of special educational needs: medical and mental health input. *J Paediatr Child Health* 2014;50(12):985–92.
5. Mares S, Jureidini J. Psychiatric assessment of children and families in immigration detention – Clinical, administrative and ethical issues. *Aust N Z J Public Health* 2004;28(6):520–26.
6. Steel Z, Momartin S, Bateman C, et al. Psychiatric status of asylum seeker families held for a protracted period in a remote detention centre in Australia. *Aust N Z J Public Health* 2004;28(6):527–36.
7. Coffey GJ, Kaplan I, Sampson RC, Tucci M. The meaning and mental health consequences of long-term immigration detention for people seeking asylum. *Soc Sci Med* 2010;70(12):2070–79.
8. Deans AK, Boerma CJ, Fordyce J, et al. Use of Royal Darwin Hospital emergency department by immigration detainees in 2011. *Med J Aust* 2013;199(11):776–78.
9. Green JP, Eagar K. The health of people in Australian immigration detention centres. *Med J Aust* 2010;192(2):65–70.
10. Newman L, Proctor N, Dudley M. Seeking asylum in Australia: Immigration detention, human rights and mental health care. *Australas Psychiatry* 2013;21(4):315–20.
11. Porter M, Haslam N. Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *JAMA* 2005;294(5):602–12.
12. Robjant K, Hassan R, Katona C. Mental health implications of detaining asylum seekers: Systematic review. *Br J Psychiatry* 2009;194:306–12.
13. Silove D, Steel Z, Watters C. Policies of deterrence and the mental health of asylum seekers. *JAMA* 2000;284(5):604–11.
14. Steel Z, Silove DM. The mental health implications of detaining asylum seekers. *Med J Aust* 2001;175(11–12):596–99.
15. Steel Z, Momartin S, Silove D, Coello M, Aroche J, Tay KW. Two year psychosocial and mental health outcomes for refugees subjected to restrictive or supportive immigration policies. *Soc Sci Med* 2011;72(7):1149–56.
16. Steel Z, Silove D, Brooks R, Momartin S, Alzuhairi B, Susljik I. Impact of immigration detention and temporary protection on the mental health of refugees. *Br J Psychiatry* 2006;188:58–64.
17. Sultan A, O’Sullivan K. Psychological disturbances in asylum seekers held in long term detention: A participant-observer account. *Med J Aust* 2001;175(11–12):593–96.
18. Young P, Gordon MS. Mental health screening in immigration detention: A fresh look at Australian government data. *Australas Psychiatry* 2016;24(1):19–22.
19. MacLean SA, Agyeman PO, Walther J, et al. Mental health of children held at a United States immigration detention center. *Soc Sci Med* 2019;230:303–08.
20. von Werthern M, Robjant K, Chui Z, et al. The impact of immigration detention on mental health: A systematic review. *BMC Psychiatry* 2018;18(1):382.
21. Van Hout MC, Lungu-Byrne C, Germain J. Migrant health situation when detained in European immigration detention centres: A synthesis of extant qualitative literature. *Int J Prison Health* 2020;16(3):221–36.
22. Passardi S, Hocking DC, Morina N, Sundram S, Alisic E. Moral injury related to immigration detention on Nauru: A qualitative study. *Eur J Psychotraumatol* 2022;13(1):2029042.
23. Cleveland J, Kronick R, Gros H, Rousseau C. Symbolic violence and disempowerment as factors in the adverse impact of immigration detention on adult asylum seekers’ mental health. *Int J Public Health* 2018;63(8):1001–08.
24. Essex R, Kalocsányiová E, Young P, McCrone P. Psychological distress in Australian onshore and offshore immigration detention centres from 2014–2018. *J Immigr Minor Health* 2022. Online ahead of print.
25. Greenfield D, Braithwaite J. Health sector accreditation research: A systematic review. *Int J Qual Health Care* 2008;20(3):172–83.
26. Braithwaite J, Greenfield D, Westbrook J, et al. Health service accreditation as a predictor of clinical and organisational performance: A blinded, random, stratified study. *Qual Saf Health Care* 2010; 19(1):14–21.
27. Alkhenizan A, Shaw C. Impact of accreditation on the quality of healthcare services: A systematic review of the literature. *Ann Saudi Med* 2011;31(4): 407–16.
28. Naveh E, Katz-Navon T, Stern Z. Readiness to report medical treatment errors – The effects of safety procedures, safety information, and priority of safety. *Med Care* 2006;44(2):117–23.

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. It is no substitute for individual inquiry. Compliance with any recommendations does not guarantee discharge of the duty of care owed to patients. The RACGP and its employees and agents have no liability (including for negligence) to any users of the information contained in this publication.

© The Royal Australian College of General Practitioners 2022

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.