



COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

SENATE

REGIONAL PROCESSING CENTRE IN NAURU

**Commonwealth government's responsibilities relating to the management and
operation of the Nauru Regional Processing Centre**

TUESDAY, 9 JUNE 2015

CANBERRA

BY AUTHORITY OF THE SENATE

YOUNG, Dr Peter, Private capacity**Committee met at 10:30**

Evidence was taken via videoconference—

CHAIR (Senator Gallacher): I declare open this public hearing of the Select Committee on the Recent Allegations relating to Conditions and Circumstances at the Regional Processing Centre in Nauru. I welcome you all here today. This is a public hearing and a *Hansard* transcript of proceedings is being made. The committee prefers to hear evidence in public. We may agree to take evidence confidentially if it is relevant. The committee may publish confidential evidence later, but we would try to ask before doing this. It is important that witnesses give the committee notice if they want to give evidence in private. In addition, if the committee has reason to believe that certain evidence will reflect badly on a person, the committee may direct that that evidence be heard in private.

I remind all witnesses that in giving evidence to the committee they are protected by parliamentary privilege. It is against the law for anyone to threaten or disadvantage a witness because of evidence given to a committee. If they did, this action may be treated by the Senate as a contempt. It is also a contempt to give false or misleading evidence to the committee.

Witnesses should be aware that, if in the giving of their evidence they make adverse comment about another individual or organisation, that individual or organisation would be made aware of the comment and given reasonable opportunity to respond to the committee. If a witness objects to answering a question, the witness should state the grounds for the objection and the committee will determine whether it will insist on an answer.

On behalf of the committee, I would like to thank all who have sent their representatives here today for their time and cooperation. I now welcome Dr Peter Young via videoconference. Information on parliamentary privilege and the protection of witnesses and evidence has been provided to you. We have received your submission. Do you have any comments to make on the capacity in which you appear?

Dr Young: I am a psychiatrist.

CHAIR: I now invite you to make a short opening statement and after you have spoken I will invite members of the committee to put questions to you.

Senator REYNOLDS: Before that, can I just clarify? I understand that Dr Young's submission has not been publicly released yet.

Senator HANSON-YOUNG: But it is public.

CHAIR: It will be published as soon as possible.

Senator REYNOLDS: It would be helpful, then, for people who might be listening or watching if the submission were published.

CHAIR: We can organise that straightaway. Dr Young, do have an opening statement?

Dr Young: Yes, I do. As the committee is aware, I was the International Health and Medical Services medical director for mental health from 2011 to 2014. In that role I had extensive discussion [inaudible] the Detention Health Services section and with other stakeholders and service providers. This included policy and procedural matters as well as operational issues and [inaudible] cases. Although in my role I [inaudible] contact [inaudible] direct on-the-ground experience in Nauru, I was apprised of many of the issues in Nauru via direct contact with the staff there and [inaudible]—

CHAIR: Excuse me, Dr Young. We are having a little difficulty with the audio. Perhaps we can try again. Sorry about that.

Dr Young: Should I start again?

CHAIR: Yes, thank you.

Dr Young: I was the IHMS medical director of mental health services between 2011 and 2014. In this role I had extensive discussions and involvement with the department—predominantly the detention health section—and with other stakeholders and service providers in Nauru. This included policy and procedural matters as well as operational issues and involvement with individual cases as well. I was regularly apprised of issues in Nauru by regular contact with the IHMS health service manager and other staff there and had ongoing discussions both internally and with the department about issues in Nauru.

I have read many of the other submissions received by the inquiry, and I think that the observations and concerns by the Save the Children staff, Professor Isaacs's submission and the submission by Caz Coleman cover many of the issues that were also of concern to me. The main issues in relation to this that I would like to raise

come from the perspective of my professional background as a psychiatrist, including knowledge of the harmful effects on mental health caused by immigration detention and the characteristics of institutional environments that cause this harm. Briefly, these relate to the documented harmful effects of immigration detention that are known from the peer reviewed literature and data collected in immigration detention; secondly, the non-transparency and excessive secrecy that have resulted in incidents occurring and that prevent normal professional functioning and increase risk of further harm; and, lastly, the specific similarities of this institutional environment in immigration detention to other institutional environments in which abuses have occurred and which have been shown to cause abuse and abusive practices.

CHAIR: Thank you, Dr Young. We will now proceed to questions.

Senator KIM CARR: Dr Young, I understand that you are a consultant psychiatrist.

Dr Young: That is right.

Senator KIM CARR: You have worked predominantly in the New South Wales public health system. What is your experience within the detention facilities for asylum seekers and within the immigration network?

Dr Young: I was the director of the mental health services which were provided by International Health and Medical Services for the immigration detention network for three years, from mid-2011 to mid-2014. In that role, I was involved in the establishment and development of mental health services there; visits to the centres; and supervision of the mental health staff, including the mental health nurses, psychologists and psychiatrists working there.

Senator KIM CARR: So you were the medical director of the mental health services for International Health and Medical Services—is that correct?

Dr Young: That is correct.

Senator KIM CARR: How many people on Nauru would you have come in contact with?

Dr Young: My role was at the head office of the organisation, so I was not on the ground in Nauru. I did visit Nauru and I saw a number of people there while I was in Nauru.

Senator KIM CARR: So what advice can you give the committee about the conditions on Nauru if you have visited—did you say you have visited the site?

Dr Young: That is right.

Senator KIM CARR: Is that the limit of your experience directly of Nauru?

Dr Young: I visited the site, I provided services there and I was in regular contact with the IHMS staff there, discussing with them the issues and problems that were arising on a regular basis.

Senator KIM CARR: Are you aware that Minister Morrison instructed that work on the construction of RPC 2 and RPC 3 cease on coming to government?

Dr Young: Yes, I believe I was.

Senator KIM CARR: Is it your contention that there is a link between the physical conditions of confinement and the levels of behaviour, including sexual assault and self-harm?

Dr Young: I think that the physical environment plays some role in this but, in my opinion, it is not the physical environment that plays the predominant role.

Senator KIM CARR: What does play the predominant role?

Dr Young: The predominant issue is a number of different factors which are characteristic of the environment there. Where the conditions are difficult, where people have been living in poor conditions, where there is a lack of availability of basic needs—even things like water and sanitary items—those things create a situation where there is competition. When people have to compete for basic needs that tends to affect their behaviour in negative ways. Wherever there is a situation in an institution where there is a vulnerable group that is under supervision, and where there is a power differential between those who are being supervised and those who are supervising them, you create the conditions in which abuses tend to occur. The other factor that adds to that, in this situation particularly, is when there is non-transparency and when there is a lack of capacity for independent oversight. The final thing that really has a very powerful effect—and we have seen this in other institutions where abuse has occurred very regularly—is when there is this overriding concern that the interests of the institution, the preservation of the institutional interests, override everything else. We have seen this in the current royal commission that is occurring in relation to the reputation and the wealth of organisations overriding the concerns of duties of care, and we see it in this example where the policy position of stopping the boats and maintaining the offshore processing facility and its reputation is the overriding concern.

Senator KIM CARR: I am just curious: you are saying that the conditions in the camp itself are not the primary factor in people's behaviour. I would include in the conditions the way in which people are treated and the competition for resources. Surely those things are part of the conditions as well. You are saying that those things are not the primary factor in people's behaviour?

Dr Young: No, I do not believe so. It is a contributory factor but when people are put in a position where they are dehumanised, where they are called by numbers and they are called 'illegals', those types of things have a more powerful effect than simply the physical conditions themselves.

Senator KIM CARR: Your submission states:

The Commonwealth Government is not properly fulfilling its obligations under the Memorandum of Understanding between The Republic of Nauru and the Commonwealth of Australia relating to the transfer to and assessment of persons in Nauru.

Can you explain what you mean by that?

Dr Young: Looking at many of the independent reports that have been provided through organisations like Amnesty International and the Red Cross, and the United Nations inspections that have occurred, I think this is abundantly clear.

Senator KIM CARR: Have you raised your concerns with departmental officials?

Dr Young: The concerns that I had in my role over the time I was there were raised multiple times with departmental officials. Departmental officials were obviously aware of them from the publicly-available information that came through those other organisations also.

Senator KIM CARR: And were you satisfied with the response that you received?

Dr Young: No.

Senator KIM CARR: Why is that?

Dr Young: The conditions persist, and people continue to be harmed.

Senator KIM CARR: Let me quote further from your submission. You say:

The performance of the Commonwealth Government in connection with the Centre, including the conduct and behaviour of the staff employed at the Centre, to the extent that the Commonwealth Government is responsible is unsatisfactory.

Why do you hold that view?

Dr Young: Because there are many examples that I came across in my work that demonstrate that.

Senator KIM CARR: Can you give the committee advice as to the types of examples that you witnessed?

Dr Young: The thing that affected me from a medical perspective most were the issues in relation to what would be called 'medical interference' from the department and the lack of ability for medical officers to provide care and services in a way that was independent and consistent with normal medical standards.

Senator KIM CARR: Are you saying that Commonwealth did not fulfil its duty of care to the people that it had detained?

Dr Young: Yes, that is what I am saying.

Senator KIM CARR: Can you give examples of what you mean by that?

Dr Young: They start from fairly routine things. When medical recommendations were made, these were not accepted, and there were delays in these sort of processes. This occurred very frequently. Officers of the department would frequently in conversations about this talk about how recommendations of people being taken to Australia for treatment would undermine the policy of offshore processing and would allow people to have access to lawyers, so this is why they were reluctant to agree to such recommendations.

Post the riot that occurred, I recall officers of the department in a meeting talking about how the minister at that time was very angry that this riot had occurred and that property had been damaged. We were told that we should not expect any cases where we recommended that people be evacuated to Australia for treatment to be approved any time soon—I think that was the phrase. That was quite appalling when we knew that we had a number of people who were currently on waiting lists to go to Australia for treatment. I recall saying, 'Would even those people who were not involved in the riot activities be excluded from getting medical care also?' The answer was, 'They were all there at the time that the riots occurred and they were all responsible.' I thought that was quite an awful thing to say.

Senator KIM CARR: Were you familiar with examples of specific mistreatment by staff of detainees?

Dr Young: Yes, there were. There were cases like that. There were cases of staff doing that. There were cases of people, following the riot, who were mistreated when they were in the Nauru prison facilities.

Senator KIM CARR: Did you make a complaint about this matter?

Dr Young: Yes. We have raised these issues to the department. They were aware of these things.

Senator KIM CARR: What happened in those circumstances?

Dr Young: I do not recall the outcomes of those specific cases around that time. I do not have the documentation about that. Generally speaking, there was a reluctance to respond to these things. In particular, when it came to mental health issues, we were repeatedly told that when making recommendations about people's mental health and the harms that had accrued to their mental health while they in Nauru, we should not say that in the report. It was unacceptable to put in reports to the department that people with mental health conditions had been harmed by being in detention in Nauru.

Senator KIM CARR: Who said to you that you should not put that in a report?

Dr Young: The department's chief medical officer.

Senator KIM CARR: How often did that occur?

Dr Young: Several times.

Senator KIM CARR: How did you respond to that?

Dr Young: I argued against that view and said that it was well-established that these sorts of conditions caused harm to mental health, that the clinicians had formed the view that it had harmed some specific persons' mental health and that it was right and proper that they should include that in a report.

Senator KIM CARR: Did you change your reports?

Dr Young: No.

Senator KIM CARR: In regards to children, how did the department respond to concerns regarding mental health and the appropriateness of conditions in the camp for children?

Dr Young: My recollection was that were quite extensive discussions and negotiations around these issues and the provision of some of the physical and environmental aspects, of air-conditioned tents and suchlike, which were to allow younger children to be able to be sent to Nauru. The other issues of particular concern were the ones around child protection, the lack of a child protection framework in Nauru, the lack of capacity for the local services to be able to respond in a way that we would understand them to respond in Australia and the setting up of the Save the Children as a pseudo child-protection type agency.

Senator KIM CARR: Your submission states that:

Officials within the Detention Health Section had knowledge of instances of children exposed to sexual abuse by a contractor in Nauru in early February 2014.

Can you elaborate on that proposition?

Dr Young: There was a case that I recall that occurred around that time, which was notified to the department.

Senator KIM CARR: One case?

Dr Young: There was at least one case that I was aware of.

Senator KIM CARR: How do you know this?

Dr Young: Because I received an email about that and I corresponded with the IHMS health service manager in Nauru about the notification of that case.

Senator KIM CARR: Who in the department knew about this?

Dr Young: I am not certain who would have known. It most likely would have been the detention health people that we were dealing with. That is most likely; they were the ones who were routinely involved in these types of things.

Senator KIM CARR: To your knowledge, what action was taken by the department to address the situation in the case that you have referred to?

Dr Young: I am not sure exactly what action was taken. My role, once again, was in head office. It was not locally on the ground. The HMS staff locally on the ground and the medical director responsible for the Nauru facility would have had further involvement with that case.

Senator KIM CARR: To your knowledge, is the contractor is still employed at the processing centre at Nauru?

Dr Young: I do not have knowledge of that.

Senator HANSON-YOUNG: Are you aware as to whether the child is still on Nauru?

Dr Young: No, I am not aware.

Senator KIM CARR: Which service provider did the contractor work for?

Dr Young: I do not recall the details of the incident.

Senator KIM CARR: Can you check your files on that, please, as to whether or not there is any information you can provide to support the proposition you have put to us in regards to this instance?

Dr Young: Yes.

Senator KIM CARR: Thank you. You have also indicated that the department responded slowly to medical recommendations from Nauru. What sort of time frames are we talking about when you say 'slowly'?

Dr Young: When our medical recommendations were made, they were generally made with a time frame from the clinician who saw the patient, saying, 'This patient would require this type of treatment within a specific time frame.' These were generally not responded to within the time frames that were clinically recommended, which then resulted in them being extended. A lot of this resistance, again, around the medical recommendations was in relation to the mental health recommendations, which was about an unwillingness to accept that people had genuine mental health issues or harms that had occurred and that these were in any way related to the environment. There was heavy criticism at times. By saying this, and when recommendations were that people could not be effectively treated in the environment that was causing them to have the problems, I was told that that meant that IHMS were not properly fulfilling the contract and was asked why that was the case when previously, when Nauru had been operational some years ago, that never happened then and that this must be some sort of problem with the clinicians and the contractor.

Senator KIM CARR: Yes, but I am still not exactly clear how long it takes—in your general experience, what was the average length it took for the department to respond to your report in regard to the medical recommendations for an individual that you were seeing?

Dr Young: I could not tell you the average. There would be data on that that would be available, but it was frequently the case that these were well outside the clinical recommendation times. The department would often come back and ask us to rewrite them. They would put in new recommendations with new dates. That also occurred.

Senator KIM CARR: Who in the department is responsible for responding to your recommendations?

Dr Young: Various officers within the detention health section.

Senator KIM CARR: At what levels?

Dr Young: I am not sure of the exact levels. I think it was generally director levels and above.

Senator KIM CARR: You are saying to us that directors in the health section of the department were asking you to rewrite your recommendations on medical reports for people who the health service was seeing. Is that what you are saying?

Dr Young: I will give you an example. If a recommendation had been made that a person needed to be moved off the island and treated within, say, 48 hours and that period had expired, what would generally happen is that we would be asked to write another recommendation following that.

Senator KIM CARR: You say 'generally'—how often would you say this occurred?

Dr Young: Quite frequently.

Senator KIM CARR: If you cannot identify precisely, are you able to take on notice how often this occurred?

Dr Young: My practice in this regard was to provide them with updates and to include the initial date on the recommendation rather than to rewrite them completely. There were several of those—many, I would say. I can take it on notice. All those recommendations would be held by the department.

Senator KIM CARR: So what reasons, do you think, were given for vetoing the recruitment of psychiatrists, which is the proposition, I think, that you have put to us in your submission?

Dr Young: This refers to the provision of child psychiatrists to Nauru. There was a difficulty generally recruiting psychiatrists to work in the immigration detention system, particularly offshore. So there was a period when there were no child psychiatrists that we could recruit. There were a number of child psychiatrists who did actually express an interest. At least one of them had previously expressed views, which were negative, about the effects of immigration detention and that person was vetoed by the department, resulting in there being no child psychiatrists.

Senator KIM CARR: They met all the other criteria for appointment?

Dr Young: Absolutely. They were well-respected, senior psychiatrists.

Senator KIM CARR: How many years experience did they have?

Dr Young: Many years. I am talking about a very senior, well-respected person.

Senator KIM CARR: But their attitude was unacceptable; is that what you are saying?

Dr Young: Their attitude was considered to be unacceptable. They were not given the opportunity to progress in the process.

CHAIR: Dr Young, is your experience confined to Nauru or is it more broadly spread across the migration detention network?

Dr Young: My experience is across the whole of the network.

CHAIR: So are the circumstances in Nauru that you describe in your submission distinct to Nauru? Are they prevalent in—

Dr Young: There are issues in common and there are issues which are distinct to Nauru. Nauru and Manus Island, generally speaking, are just more exaggerated versions of what happens in the rest of the detention network.

CHAIR: I will go to Senator Reynolds, then I will come back to Senator Hanson-Young.

Senator REYNOLDS: Can I just confirm that you were responsible for the delivery of mental health services as the medical director for IHMS? Is that correct?

Dr Young: That is correct.

Senator REYNOLDS: So you were responsible for the mental health outcomes of people across the entire network or just offshore?

Dr Young: Across the entire network.

Senator REYNOLDS: You were based in Australia, not Nauru; is that correct?

Dr Young: That is right.

Senator REYNOLDS: Over the 2½ years that you were in the position, while Nauru was open, how often and for how long would you have gone to Nauru?

Dr Young: On reflection, I went to Nauru twice during that time.

Senator REYNOLDS: So twice for an extended period?

Dr Young: Short periods of time.

Senator REYNOLDS: Are we talking a day, a week, a month?

Dr Young: A few days.

Senator REYNOLDS: So less than a week?

Dr Young: That is right.

Senator REYNOLDS: Maybe a handful of days and, at most, once a year or once every 14 or 15 months. Correct?

Dr Young: As I was in the head office, I was responsible for all the centres and, with regard to Nauru, I was in regular contact daily, several times a week, with the health service manager in Nauru, the mental health team leaders, the members on the mental health teams, as well as the psychiatrists who were visiting on the ground.

Senator REYNOLDS: But, ultimately, you were responsible for ensuring the mental health outcomes of the detainees or transferees in Nauru? So the buck stopped with you in terms of the actual delivery of services there? You were the director responsible?

Dr Young: Yes.

Senator REYNOLDS: Thank you. I just want to clarify a few things you said in response to Senator Carr's questions. I understood that you said that stopping the boats and maintaining offshore processing was a bad policy. Is that a correct interpretation of what you said at the beginning of your testimony?

Dr Young: No, I did not say that.

Senator REYNOLDS: You did make a comment, though, that stopping the boats and maintaining offshore processing was not a good thing?

Dr Young: No, I did not say that.

Senator REYNOLDS: Can you just clarify your thoughts on that, on offshore processing generally?

Dr Young: What I have been saying, I think, is that there are conditions in the offshore processing centres which cause harm to people's mental health and they do so at a rate which is greater than that in Australian detention centres.

Senator REYNOLDS: Can I confirm that you also said, in response to Senator Carr's question, that the physical conditions were not so much a driver of bad behaviour—I do not know whether Senator Carr cited these, but things such as sexual abuse and other things—but I think you cited that there was a lack of water and sanitary products, which were more likely to drive competition which, to me, sounded a bit like *Lord of the Flies* behaviour. Is that a correct interpretation of what you said?

Dr Young: The physical conditions play a role and certainly the physical conditions can make things better or worse. But it is the overall situation that drives these risks more than anything.

Senator REYNOLDS: So is what you are saying that it is just by way of the fact that they are in offshore processing or are in detention all together that causes these behaviours?

Dr Young: Yes. I guess the thing that differs particularly in the offshore setting, compared to the onshore setting, is the greater degree of lack of transparency that occurs there, the lack of access to a lot of these things.

Senator REYNOLDS: Hang on! Just in terms of this allegation of lack of water—

CHAIR: Excuse me, Senator Reynolds, could you just let the witness finish his answer.

Senator REYNOLDS: Sorry. I thought you had. Keep going.

CHAIR: Dr Young, please finish your answer. Your train of thought was interrupted. Do you want to conclude your answer?

Dr Young: I was talking about the other elements to the environment, particularly in offshore—that is, it is more non-transparent. There is more inconsistent governance both internally and externally than exist in Australia. All of those things increase the risk.

Senator REYNOLDS: So you would support onshore detention as opposed to offshore?

Dr Young: I am not 'supporting' or 'not supporting'. I am merely talking about the things that cause harm.

Senator REYNOLDS: You said that there was a lack of water at Nauru. Can you explain where that allegation came from. I am certainly not aware that they have been denied drinking water or washing water. Where has that allegation come from?

Dr Young: That was publicly available. I think that was described in one of the reports of people who have come and inspected the centres. That was something that was conveyed by the people there: the lack of water, lack of access to showers, lack of soap—these types of things—lack of shoes.

Senator REYNOLDS: Are you able to be a bit more specific about where that allegation came from? He has made an assertion, and that is a basis, in answer to your question, Senator Carr, of why people behave badly.

Senator KIM CARR: You have asked the witness: where does the allegation come from? It is not his responsibility to answer that question.

Senator REYNOLDS: With respect, Senator Carr, the gentleman has made an assertion that the bad behaviour, in response to your question—

Senator KIM CARR: The lack of order is probably a more appropriate question.

Senator REYNOLDS: I will put this to the department to ascertain whether there was ever a lack of water.

CHAIR: You can do that. Dr Young, for your guidance, just answer the question. If you are not aware, you are not aware; if you have seen it publicly, you have seen it publicly—and that is the end of the matter.

Senator REYNOLDS: I will rephrase the question: have you or your staff ever experienced firsthand a lack of water, or is that something that anecdotally you have heard? Do you have any firsthand knowledge of this?

Dr Young: I have heard it anecdotally from staff, as well as what is on the public record.

Senator REYNOLDS: You talked about a lack of psychiatrists on Nauru. Your company or you were personally responsible for contracting and making sure the service was available on Nauru. How many psychiatrists did you engage and how many were available on Nauru to support detainees?

Dr Young: The situation that we came to was to have two regular psychiatrists visiting—a child psychiatrist and an adult psychiatrist—that would rotate so that there would be somebody there available most times. There would be somebody who was also able to be consulted by the team if there wasn't anybody locally on the ground.

Senator REYNOLDS: You were contracted to provide the psychiatrists on the ground. They did shifts. Presumably they were flying-in flying-out. Correct?

Dr Young: That is right.

Senator REYNOLDS: So at any one time you had two regular psychiatrists on the island and then you had access to more specialist advice, if you needed it, presumably through yourself and your clinical services you might have had available in Australia. Is that correct?

Dr Young: Generally, yes.

Senator REYNOLDS: In terms of the child psychiatrist you cited earlier in your testimony, you used the term that the department had 'vetoed'. It was very unclear whether they had vetoed the use at all of a child psychiatrist or just this one specific person that you recommended. Can you clarify that for me.

Dr Young: The department were very keen to deploy child psychiatrists when there were children in Nauru. The difficulty was with recruitment and of getting child psychiatrists who would be willing to go to Nauru, so we extensively tried to do that and to recruit people. That was a difficult task.

Senator REYNOLDS: Sorry, just to clarify what you said there—I am having a little trouble hearing you as it cuts in and out a bit. You said that the department was keen—or happy, you said—to have child psychiatrists on the island, but your company had difficulty finding and recruiting child psychiatrists who were willing to go to Nauru on this FIFO arrangement. Is that correct?

Dr Young: That is right.

Senator REYNOLDS: So the veto you talked about was not in relation to child psychiatrists in total, it was in relation to one particular person?

Dr Young: Yes.

Senator REYNOLDS: Thank you. In terms of these general issues and complaints and concerns that you have raised with us today, can you walk us through what you did as the director responsible for the delivery of psychiatric services on Nauru to raise these issues firstly with your company itself. What was your escalation policy? You clearly had concerns going back to 2012, so what did you do to escalate those?

Dr Young: The concerns were down to the level that I was at as the mental health director and by the primary health director and also via the overall IHMS medical director. Everyone was well aware of those. Then we were in regular contact with the department's detention health section, so they were always—

Senator REYNOLDS: Were these complaints made when you had your regular person-to-person meetings, or did you or IHMS formally raise these in writing with the department and make formal complaints or raise issues under your contract?

Dr Young: I am not sure what you—

Senator REYNOLDS: When you raised the issues that you have now referred to today and in your submission, did you just mention these to departmental officers on the phone when you talked to them? Or did you escalate them to IHMS and did they then escalate them formally to the department in writing to say, 'These are some significant issues. Under the terms of the contract this is our complaint resolution method, and we need these issues addressed by the department.' Or were they always anecdotal?

Dr Young: The issues were generally in writing with regard to individual cases and the sorts of recommendations. They went to the department regularly and they were escalated within the department.

Senator REYNOLDS: Did you get responses to those from the department?

Dr Young: In some cases, yes. There were cases in which, once they were escalated sufficiently and the risk issues had escalated to a higher level, they were responded to.

Senator REYNOLDS: Are you able to give us any examples that we can perhaps put to the department later today of any specific examples where either they came back to you and your organisation was not happy with the individual response, or simply where they never responded?

Dr Young: One of the most striking ones was a case of a botched surgery that occurred in Nauru. There was a patient who had a procedure done at the local hospital. There was a misdiagnosis in that case and there were very serious post-surgical complications that occurred that resulted in the person needing to be evacuated and spending time in an intensive care unit in Australia.

Senator REYNOLDS: Was that a psychiatric case that you were directly responsible for, or was that something that somebody else was responsible for managing?

Dr Young: That was something someone else was responsible for managing. In that case the person had very serious complications. The departmental position on that was that we should not be reporting that to—there was basically a surgical report which showed that the surgery had been performed incompetently, that we should not

be reporting that to the Australian health regulatory authority. It was very reluctant to do anything about it—we should not be referring it to I think the Fijian health authority, which was where the surgeon I think was registered, and only reluctantly and after considerable pressure was there agreement to even notify the Nauruan health authorities about that. That was one case.

Senator REYNOLDS: Was this somebody who your organisation was responsible for treating? I know that your responsibilities were for psychiatric care. Was this something that your organisation was responsible for organising the treatment of?

Dr Young: Yes.

Senator REYNOLDS: So this is somebody who your own organisation, you are saying, misdiagnosed and mistreated—

Dr Young: No, I am not saying that at all. I am saying there was a person who underwent a surgical procedure at the Nauruan hospital which was botched, and when that was botched and there was awareness that that was the case, in a normal reporting mechanism, that was being interfered with.

Senator REYNOLDS: But the question is: is this someone that IHMS had contractual responsibility for looking after the health care of?

Dr Young: Yes.

Senator REYNOLDS: Thank you.

Senator HANSON-YOUNG: Dr Young, just so that we are absolutely clear, IHMS were responsible for the health of this person as they were a detainee within the facilities, but the surgery was done by the local hospital and employees of the local hospital. Is that correct?

Dr Young: That is right.

Senator HANSON-YOUNG: Thank you.

Senator REYNOLDS: In terms of any substantive issues that you had, like the one you have just mentioned, you said that you escalated them through IHMS, who then escalated them through to the department to review. We will talk to the department about that later on today. Are you aware of the Moss review?

Dr Young: Yes.

Senator REYNOLDS: Did you make a submission to the Moss review?

Dr Young: I do not recall that.

Senator REYNOLDS: So you do not know if you did make a submission to the Moss review or not?

Dr Young: I cannot remember; that was some time ago.

Senator REYNOLDS: Have you had the opportunity to read the Moss review?

Dr Young: Yes.

Senator REYNOLDS: So you have read it but you cannot recall if you made a submission?

Dr Young: That is right.

Senator REYNOLDS: Have you read the recommendations of the Moss review?

Dr Young: Yes, I have.

Senator REYNOLDS: Do you concur with the recommendations?

Dr Young: Yes.

Senator REYNOLDS: Are you happy that the government is implementing all of the recommendations?

Dr Young: I am not completely across to what degree the government is implementing all of the recommendations.

Senator REYNOLDS: Given the general issues you have raised, your general allegations, do you think that any of the allegations and the assertions you are making in your submission are not picked up in the Moss review? So have you got anything else that you think we need to deal with or look at in particular that has not been raised and reviewed by the Moss review?

Dr Young: To me, the most important thing is about transparency and about independent oversight, particularly as it relates to the provision of the medical services and that the clinicians who are there are operating under the normal standards that we would expect.

Senator REYNOLDS: I totally agree, and I think any fair-minded person would agree that that is what we would like to see, but my specific question was: are any of the allegations that you have made to this inquiry not addressed by the Moss review and the Moss review recommendations? Are there some specific things that have not already been addressed that we need to address as a committee?

Dr Young: I do not believe the Moss review has recommended the degree of independent scrutiny and oversight which is really necessary and required.

Senator REYNOLDS: So, apart from that one point, all of the allegations and the issues that you have raised, from what you have just said, have been addressed in the Moss review?

Dr Young: No, I did not say that.

Senator REYNOLDS: Well you said there was only one. Can you clarify that? You said there was only one issue that had not been addressed and that was the oversight. What are some of the other issues as a committee that you want us to consider that have not been picked up in the Moss review?

Dr Young: I cannot really comment again on the detail of every recommendation of the Moss review. I do not have that in front of me. If there are additional things, I can certainly take that on notice.

Senator REYNOLDS: Thank you.

Senator HANSON-YOUNG: Dr Young, thank you for your time and your submission. I have a raft of questions. Firstly, I want to go to the issue of interference, as you describe it, of medical recommendations. You have referred to us a number of general examples of where advice and recommendations of your medical staff as to how people should be treated were—it seems to me from your evidence—systematically ignored or overridden. Is that a fair characterisation of what you have put to us this morning?

Dr Young: I think that is reasonably fair. I think I would add to that sort of down played/overridden. It certainly required much more assertiveness and input than you would normally expect and the reasons for not proceeding to recommendations were not the ones that you usually expect also.

Senator HANSON-YOUNG: In the role you are in you oversee the mental health services across the entire network. Was there, in your view, more interference of recommendations in relation to the medical needs of people on Nauru than there would have been in Australian based detention centres?

Dr Young: Most certainly, yes.

Senator HANSON-YOUNG: Did that view and attitude from the department exist whether they were recommendations in relation to children or adults? Was there a difference?

Dr Young: I do not believe so. I think it was a general thing. In part I think it was related to issues of logistics and the practicalities of getting people off there for treatment. A lot of it was also to the concern that any time anybody was moved from Nauru to Australia for treatment this was to undermine the policy in some way.

Senator HANSON-YOUNG: Do you have any examples in relation to when recommendations were made in relation to pregnant women that were ignored by the department?

Dr Young: It is difficult. I do not have access to specific recommendations. I do recall ones involving pregnant women though and pregnant women with depression in pregnancy and these types of things.

Senator HANSON-YOUNG: In your submission, Dr Young, you refer to incidents relating to unaccompanied minors. Could you elaborate on that for us please?

Dr Young: There were a number of issues with unaccompanied minors that I recall. In the early days of the establishment on Nauru there were some unaccompanied minors who had been aged determined to be adult that were certainly underage. There were issues in relation to them and trying to get them off the island.

There was another incident that occurred with three young girls who were there a little bit later on, who were particularly suffering, and there had been a lot of discussion locally about that. I was involved in the escalation to try and get those girls off. I think that only occurred once there had been some interest expressed through the local Nauruan authorities.

Senator HANSON-YOUNG: In your submission, you refer directly to a lack of response from the department to concerns raised in medical reports in November 2013 regarding three unaccompanied minors.

Dr Young: That is right.

Senator HANSON-YOUNG: So you are saying there were medical reports that suggested that these three girls—young girls, young women—who were unaccompanied, should be removed from the island and that that was ignored until there was further intervention by the Nauru government. Is that correct?

Dr Young: Yes. I was brought into that case after it had been going on for some time. I think the local IHMS staff there had been trying to get things moving behind the scenes on this for some time and they had had difficulties with the local department people in doing that. It was only really once those Nauruan people had been brought in that it made a difference.

Senator HANSON-YOUNG: Can I ask this—because it seems to be quite systematic—about the attitude that even though as service providers who were employed to provide medical assistance and support to those inside the facility, the advice that you would routinely give on individual cases would be downplayed, as you suggest, or would be ignored by the department. Was that attitude something that came from departmental officers here in Canberra, or was it something that came from the departmental officers who were stationed at the facility on Nauru?

Dr Young: It occurred at both those levels.

Senator HANSON-YOUNG: As someone who was based in Australia, you would have obviously communicated quite a lot with departmental officers in the department here in Canberra?

Dr Young: Yes, very frequently.

Senator HANSON-YOUNG: Was there ever a feeling that you were being pressured not to do your job as you felt ethically and professionally required to do?

Dr Young: Yes, I think so, in the sense that there was this criticism of the recommendations that would be made and there would be these statements that it was just unacceptable to make reports which showed that people had been harmed. There were instructions not to present the data in relation to this or to show that there were these effects over time, which had been demonstrated from the screening program that had been implemented. I also recall us being told—I mentioned it before—that if you are making recommendations that people could not be treated effectively in the detention setting it was an admission of failure on the part of IHMS and services and that that was really unacceptable.

Senator HANSON-YOUNG: So it was almost turned around to blame your team as the medical professionals for what you were saying was a detrimental impact on people's health—

Dr Young: Exactly.

Senator HANSON-YOUNG: As the manager of the mental health team, did your staff ever raise with you concerns that they felt their recommendations, that their care for individual asylum seekers, were being undermined by the push back from the immigration department?

Dr Young: Yes, that was a frequent occurrence. A big part of my role was to step in when those things occurred and to try and escalate them through departmental officers in Canberra.

Senator HANSON-YOUNG: Were there ever concerns raised by your staff in relation to the attitudes of other contractors at the facility, particularly those relating to the security of the facility—as guards, being the ones who are often face-to-face with asylum seekers in the camp on a daily basis?

Dr Young: Yes. Again, that was a very common occurrence. One of things we used to do was have regular meetings with the teams in all of the centres. As a regular part of those meetings we would talk about the implementation of the PSP, Psychological Support Program, and how interaction occurred with security and staff around those things, and overcoming those sorts of problems where we could.

Senator HANSON-YOUNG: Under the PSP it is security guards who are monitoring asylum seekers who are effectively on suicide watch. Is that correct?

Dr Young: That is right.

Senator HANSON-YOUNG: As a professional in mental health care, how appropriate is that?

Dr Young: It is much more desirable, of course, that people with more clinical training and understanding are involved in those sorts of situations. It is obviously difficult to do that in these circumstances. When these sorts of situations where prolonged, what we would try and do is get those people removed to more therapeutic environment.

Senator HANSON-YOUNG: Were you ever made aware of incidents where children were self harming or had threatened suicide?

Dr Young: There were certainly those incidents. Yes.

Senator HANSON-YOUNG: Were they incidents that were quite unusual or were they something that you learnt to expect?

Dr Young: It became more expected in the environment. They certainly occurred more frequently—considerably more frequently—than you would see in the community, for example.

Senator HANSON-YOUNG: In relation to the sexual harassment and abuse of children and women inside the facility, as documented in the Moss review, and the allegations that surfaced as the prelude to that investigation, were you aware of these incidents prior to the publication of them?

Dr Young: There were a couple of these incidents that did come to my attention.

Senator HANSON-YOUNG: In those scenarios, if they had come to your attention would have they been documented in incident reports?

Dr Young: They certainly should have been.

Senator HANSON-YOUNG: Would you have expected that, if they had come to your attention and if they should they be in incident reports, the immigration department would have been fully aware of them as well?

Dr Young: I would expect so.

Senator HANSON-YOUNG: Is there a regular train of correspondence between your staff in relation to the treatment and incidents such as this? I would imagine that the sexual assault of a child is considered quite a serious incident. Is it regular course that those incident reports would be forwarded to the immigration department?

Dr Young: Although that would certainly count as a serious incident that would normally be reported, there would be interaction between the Save the Children, playing in the child protection role, the security people, the health people and the department people. They would all be involved typically in discussions around that through the various sort of meetings that were held regularly at site.

CHAIR: Senator Hanson-Young, I just draw your attention to the time.

Senator HANSON-YOUNG: I just have a few last questions, if that is okay, Chair? Dr Young, what information is given to staff in the facilities in relation to speaking publicly about incidents that occur or conditions within these facilities?

Dr Young: It is made very clear that people should not do that; to do so would be in breach of contracts and to do so would invite further detrimental action.

Senator HANSON-YOUNG: Is that message by the immigration department or is it given by security managers at the facility?

Dr Young: It has been very clear to people from the outset when they come on board. It is certainly reinforced to people, particularly when there are visits or people are at site who are from outside the system. A particular example was when the Human Rights Commission inquiry occurred and when there were submissions that were made to the inquiry. I recall then the department saying that people should be warned not to make submissions and that if they made submissions, even if they made them anonymously, they would find out who they were and they would take action—and these types of things.

Senator HANSON-YOUNG: The immigration department warned staff not to give information to the Human Rights Commission inquiry?

Dr Young: Yes. The immigration department told us that we needed to warn the staff and that when submissions were received they went through them to look and see who the staff might be.

Senator KIM CARR: Have you got anything in writing to that effect?

Dr Young: I do not believe I do. I would have to take that on—

Senator KIM CARR: Can you have a look, and take that on notice?

Dr Young: I do recall there was a meeting at which that was discussed.

Senator HANSON-YOUNG: Do you remember who was in that meeting, Dr Young?

Dr Young: I will have to take it on notice and have further thought about that. Certainly it would have been a couple of department officers, who we were familiar dealing with in Canberra who were there, and myself, and I am not sure who else from IHMS was there. I think I can recall who they were.

Senator HANSON-YOUNG: If you could take that on notice and get back to us I would appreciate that. And if you have any notes in relation to that meeting or that direction that would, of course, be very helpful. Can you recall what your response was to that?

Dr Young: I was taken aback that that was the sort of attitude that would be taken. I thought it was really a display of an obsessive need to try and keep everything under secrecy and control, and I thought it was interfering with the proper processes of an inquiry.

Senator HANSON-YOUNG: Yes. Dr Young, you ended up appearing before the commission—if I am correct—

Dr Young: Yes.

Senator HANSON-YOUNG: So you did that knowing that the department had requested that you do not and had also warned your staff against participating in the inquiry?

Dr Young: Yes.

Senator HANSON-YOUNG: Have you received any communication from the department since then about your participation in the commission's investigations?

Dr Young: No; that was really at the end of my time with IHMS.

Senator HANSON-YOUNG: Last week, this committee was given evidence about my time on the island. Obviously, when I am visiting inside the facility I am escorted around, but when I was outside of the facility in the rest of the island nation—as it is—there are allegations that I was monitored; who I was speaking to and meeting with outside of the facility on my own time was monitored. Are you aware of this ever happening to visitors to Nauru?

Dr Young: It is something that is very consistent with the sort of thing that we were aware of when there were independent visitors to the detention facilities. Again, often before a visit like this would occur there would be communications from the department that staff needed to be warned not to speak out of turn, and they would chaperone the visits inside the centres, have people observing when there interactions between the health staff and the visitors. Again, it would be generally spoken about that if people were trying to make contact or speak to people then that would be reported back and they would know about that.

Senator HANSON-YOUNG: So your staff were told very clearly not to speak to people, even when they were outside the facility?

Dr Young: Yes.

Senator HANSON-YOUNG: Were there any communications to your team in relation specifically to my visit, do you recall?

Dr Young: It is difficult to recall specifically, but that was generally what occurred when there were external visitors there.

Senator HANSON-YOUNG: How did you manage the mental health of your own staff in this situation? They are seeing these people being harmed, as you describe it, inside the facilities, and their recommendations for treatment are ignored or frustrated, and yet your staff are not able to express this to anybody else. Surely that took quite a toll, or takes quite a toll, on the people that you employ, regardless of the fact that they are obviously professionals.

Dr Young: Yes, certainly. It is an extremely stressful environment for staff to work in, for lots of different reasons, not least because their capacity to be able to be helping and to be healing in that situation is so limited. I guess some of the things we tried to put in place were regular calls and where there would be some capacity to provide a forum where people could talk about what they were going through, the stresses, and some of the things that they could do to share ideas about solving some of those problems. Again, one of the difficulties we always had was trying to put in place proper EAP type services, which were always much more limited than I think was desirable or necessary. Following on from there, some of the real difficulties were with some of the usual things that you would do in a setting like that, about peer review and about professional supervision externally. But, again, because of the extreme secrecy provisions that occur, it really was difficult—impossible really—for people to access those types of things, the professionals that they would normally access.

Senator HANSON-YOUNG: I wanted to go back to the evidence you gave earlier in relation to the botched surgery. You would be aware of a recent incident on Nauru where a young boy, an 11-year-old boy, had his arm broken and that it was set incorrectly. Over a month later, he still has not received the medical assistance he needed. I imagine that, given you have cited a specific case of another botched surgery, you are not surprised that this has occurred, or is this something that regularly happens at the Nauru hospital?

Dr Young: It does not surprise me. There are other cases as well that I am aware of.

Senator HANSON-YOUNG: And these are issues that have been previously raised with the immigration department?

Dr Young: Yes, they have been. In another case that I was aware of, again the IHMS staff had said: 'We are really concerned about this. We don't want to be referring people to this surgeon anymore.' And the instruction from the department was, 'No, you are going to have to keep doing it, because we do not want these people coming to Australia.'

Senator HANSON-YOUNG: Okay. We might have to leave it there.

Senator REYNOLDS: Just on that—I am happy for you to take this on notice—did you do any comparative studies of procedures that go wrong? Obviously, there are procedures that go wrong in Australia as well. Are you saying there is a higher incidence of procedures that go wrong in Nauru or elsewhere, or just that they occur overseas as well as in Australia?

Dr Young: In Australia, hospitals are required to adhere to the Australian standards, part of which is monitoring rates of complications in surgeries. Unfortunately, those things do not apply in Nauru, and I do not believe that there is monitoring to the extent that that occurs.

Senator REYNOLDS: Can I put a follow-up question on notice. Dr Young, you said that you had read the Moss review but you could not recall if you had made a submission to the review. Could you clarify for the committee, on notice, whether or not you did make a submission to the review and, if so, if you are happy to provide a copy of it; and, also, whether there is anything that has not been addressed by the Moss review that you think needs to be addressed? To me, the most germane issue is what has not been addressed, if anything. Thank you.

Senator KIM CARR: Could I ask another supplementary question. Dr Young, in terms of the departmental personnel that were seeking to have your medical reports altered, what was the nature of their qualifications? Were they medical practitioners? Did they have qualifications in psychiatry?

Dr Young: No, they were not.

Senator KIM CARR: They were public servants?

Dr Young: Yes. I would just like to clarify: when I say 'altered', I mean in terms of the dates and urgency, not the specific clinical—

Senator KIM CARR: I think you indicated before that the recommendations needed to be altered in some way. Is that correct?

Dr Young: Specifically in relation to urgencies and dates.

Senator KIM CARR: Thank you.

CHAIR: Thank you very much, Dr Young. The committee has set 15 June as the deadline for the return of answers to questions on notice. If you have difficulty with that, you will need to contact the secretariat. Thank you very much for your evidence here today.

Dr Young: Thank you.