

REPORT BY THE COMMONWEALTH AND IMMIGRATION OMBUDSMAN FOR TABLING IN PARLIAMENT

Under s 486O of the Migration Act 1958

This is the first s 486O report on Ms X and her sons who remained in immigration detention for more than 30 months (two and a half years).

Name	Ms X (and children)
Citizenship	Country A
Year of birth	1988

Family details

Family members	Master Y (son)	Master Z (son)
Citizenship	Country A	Country A
Year of birth	2008	2012

Ombudsman ID	1002061
Date of DIBP's reports	17 November 2014 and 13 May 2015
Total days in detention	Not provided

Detention history

17 November 2012	Detained under s 189(3) of the <i>Migration Act 1958</i> after arriving in Australia aboard Suspected Illegal Entry Vessel 538 <i>Qvale</i> . The family was transferred to Phosphate Hill Alternative Place of Detention (APOD), Christmas Island.
22 October 2015	Granted Bridging visas and released from community detention.

Visa applications/case progression

The Department of Immigration and Border Protection (DIBP) advised that prior to being released from detention, Ms X and her sons were part of a cohort who had not had their protection claims assessed as they arrived in Australia after 13 August 2012 and the Minister had not lifted the bar under s 46A.	
22 October 2015	Granted Bridging visas.

Health and welfare

Ms X

30 November 2012 – ongoing	International Health and Medical Services (IHMS) reported that Ms X disclosed a history of torture and trauma. She was referred to a psychiatrist, a psychologist and a specialist counselling service. IHMS advised that she was prescribed with medication for a short period but this was ceased after she experienced negative side effects.
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11 April 2013 – 6 December 2013	She attended four specialist counselling sessions.
21 October 2013 – 4 November 2013	She was admitted to hospital for psychiatric treatment following an episode of psychotic delusions and auditory hallucinations. She was discharged on 4 November 2013 after an improvement in her mental health, and was provided with a referral to a psychiatrist and a psychologist. While in hospital she was diagnosed with depression and prescribed with antidepressant medication.
26 November 2013 – 16 January 2014	She attended three appointments with a psychiatrist.
30 January 2014 – May 2014	She attended weekly sessions with a specialist counselling service.
27 February 2014	A DIBP Incident Report recorded that she expressed suicidal ideation during a counselling session. She was supported by her case worker. No further information was provided.
18 November 2014 – ongoing	She was identified as a tuberculosis (TB) contact and was monitored as per state policy.
3 February 2015	Ms X advised her general practitioner (GP) that she had ceased taking the prescribed antidepressant medication. IHMS reported she did not present with any further mental health concerns.

Master Y

17 November 2012	Ms X informed IHMS that Master Y had injured his head in multiple accidents prior to their arrival in Australia which had resulted in a deformity of his skull. IHMS reported that he was assessed at induction and no abnormalities or neurological deficits were identified.
28 March 2013	A skull x-ray identified minor abnormalities which did not require further investigation.
21 May 2013 – ongoing	He was identified as a TB contact. He was monitored as per state policy.
21 October 2013 – 22 October 2013	He was admitted to hospital for inpatient care when his mother was admitted for psychiatric treatment.
12 December 2014	He was assessed at a hospital emergency department after hitting his head. Following observations he was discharged with no concerns reported.
4 March 2015 – 1 June 2015	IHMS reported that Master Y did not require treatment for any major physical or mental health concerns.

Master Z

21 October 2013 – 22 October 2013	Master Z was admitted to hospital for inpatient care when his mother was admitted for psychiatric treatment. He was reviewed by doctors and no abnormalities were noted.
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24 October 2013	His GP referred him to a paediatrician as he was identified as being under the third percentile in physical development, but his milestones were noted as normal.
18 November 2014	He was identified as a TB contact. He was monitored as per state policy by his GP.
27 February 2015 – 1 June 2015	IHMS advised that Master Z did not require treatment for any major physical or mental health concerns.

Detention incidents

18 October 2013	A DIBP Incident Report recorded an alleged welfare concern relating to Ms X and her sons. The report indicated she had support from friends of the family at the time. There were no further reported incidents related to the welfare of the family.
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Ombudsman assessment/recommendation

Ms X and her sons were granted Bridging visas on 22 October 2015 and released from immigration detention.

The Ombudsman notes that Ms X and her sons were detained on 17 November 2012 after arriving in Australia and were held in detention for over two and a half years before being granted Bridging visas. The Ombudsman further notes that, at the time of DIBP's review, processing of Ms X and her sons' claims for protection had not commenced.

The Ombudsman recommends that the Minister lift the bar under s 46A and processing of Ms X and her sons' protection claims commence as soon as possible.