

## ASSESSMENT BY THE COMMONWEALTH OMBUDSMAN FOR TABLING IN PARLIAMENT

*Under s 486O of the Migration Act 1958*

This is the third s 486O assessment on Mr X who has remained in immigration detention for more than 54 months (four and a half years). The previous assessment 1003387 was tabled in Parliament on 15 February 2017. This assessment provides an update and should be read in conjunction with the previous assessments.

<b>Name</b>	Mr X
<b>Citizenship</b>	Country A
<b>Year of birth</b>	1987
<b>Ombudsman ID</b>	1001257-O
<b>Date of DIBP's reports</b>	27 February 2017 and 26 August 2017
<b>Total days in detention</b>	1,640 (at date of DIBP's latest report)

### Recent detention history

Since the Ombudsman's previous assessment, Mr X remained at Yongah Hill Immigration Detention Centre (IDC).	
2 February 2017	Transferred to Facility B.
12 May 2017	Transferred to Facility C.

### Recent visa applications/case progression

9 September 2016	Mr X's case was identified for possible inclusion on a ministerial submission under s 195A of the <i>Migration Act 1958</i> for the grant of a bridging visa. On 20 December 2016 the Department of Immigration and Border Protection (the department) decided not to refer Mr X's case.
26 August 2017	The department advised that it continued to work with the authorities of Country A to obtain a travel document for Mr X and progress his involuntary removal from Australia.

### Health and welfare

<p>International Health and Medical Services (IHMS) advised that Mr X was admitted to hospital for psychiatric treatment on 20 July 2016 following deterioration of his mental health. Mr X was subsequently diagnosed with a depressive disorder with features of psychosis and prescribed with medication. On 28 March 2017 he presented with low mood and suicidal ideation related to his prolonged detention, isolation from his family and lack of support and a psychiatrist recommended that he be placed in the community. On 17 May 2017 he reported that his medication was ineffective and a psychiatrist noted that he displayed symptoms of post-traumatic stress disorder.</p> <p>On 17 August 2017 IHMS reported that while Mr X is compliant with medication, his depressive symptoms were unlikely to improve while he is held in an immigration detention environment and his immigration pathway remains unresolved. He continued to regularly attend psychiatric and mental health assessments and was referred for specialist counselling.</p> <p>IHMS further advised that Mr X presented with chest pain on 15 August 2017 and investigative testing returned normal results. A general practitioner advised that the pain was likely related to anxiety and advised that further testing would be conducted as required.</p>	
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20 July 2016 – 8 August 2016	Admitted to a psychiatric hospital.
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### **Ombudsman assessment/recommendation**

Mr X has been found not to be owed protection under the Refugee Convention and the complementary protection criterion and has been held in an immigration detention facility for more than four and a half years. He has no matters before the department, the courts or tribunals and is on a removal pathway.

The Ombudsman notes that the department has been working with the authorities of Country A to obtain a travel document for Mr X for more than two years.

The Ombudsman notes with serious concern that Mr X continued to present with symptoms of a depressive disorder with features of psychosis and required admission to a psychiatric hospital in July 2016. The Ombudsman further notes that on 28 March 2017 a psychiatrist recommended that Mr X be placed in the community and on 17 August 2017 IHMS reported that his depressive symptoms were unlikely to improve while he is placed in an immigration detention environment and his immigration pathway remains unresolved.

In light of Mr X's ongoing mental health concerns and the significant length of time he has remained in an immigration detention facility, the Ombudsman recommends that Mr X's case be referred to the Minister for consideration under s 197AB for a the grant of a community placement.