APS Australian Psychological Society
Believe in Change

OPCAT in Australia

Australian Human Rights Commission Consultation Paper

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Executive Summary

The Australian Psychological Society (APS) welcomes the Australian Government's decision to ratify the Optional Protocol to the Convention Against Torture (OPCAT), an international human rights treaty that aims to prevent ill treatment in places of detention through the establishment of a preventive-based inspection mechanism.

The ratification of OPCAT is consistent with the Society's support for strong safeguards against maltreatment and torture. The APS believes that ratification will strengthen Australia's domestic monitoring of places of detention, enhance the prevention of torture and cruel, inhuman and degrading treatment, and avoid or remediate working environments that undermine the capacity of health professionals to provide ethical and quality care. Enabling a transparent and independent international body to review places of detention is fundamental to implementing the OPCAT.

Mental health professionals can play an important role in inspections of detention facilities and the APS strongly believes that there is a need for such professionals to be included in visiting teams that form part of the OPCAT. The experience of psychologists who have been part of existing or previous inspection processes, such as Community Visitor programs or the Detention Health Advisory Group (DeHAG) and its successor, the Immigration Health Advisory Group (IHAG), has been that mental health professionals are aware of risks and dangers in detention environments, as well as of resilience or strengthening factors that can be highlighted and enhanced.

We are particularly concerned about current detention practices of asylum seekers, children, Indigenous Australians, residents in aged care facilities and people with cognitive disabilities, particularly in the justice system or where the period of detention is indefinite. Relatedly, disability-specific institutions, secure mental health facilities, and youth justice detention centres as specific places of detention are of immediate concern and we believe that these must be specifically included within the monitoring framework. In all such cases, independent experts in collaboration with representatives of and/or advocates for the relevant groups are fundamental to create transparency and open discussion about health and mental health.

The APS is particularly disappointed to see that offshore immigration detention centres have been excluded from this discussion. Transparency is key to effective care; policies that limit appropriate oversight of detention centres, such as secrecy provisions and threats of penalties for professionals disclosing abuses, can seriously compromise the work of psychologists and others working in the detention system. Extending the operation of the OPCAT to offshore detention centres would go some way to addressing these concerns, although their urgent and complete closure is still our preferred position.

In our submission we draw attention to the Evidence based Restrictive Practices Guidelines for Psychologists developed by the APS in 2011, and highlight the need to reduce restrictive practices, particularly in the disability sector, by increasing the use of positive behaviour support programs. A range of factors are identified

that we believe should be considered in relation to inspecting and overseeing restrictive practices should they be deemed to be necessary.

Engagement of a wide range of community organisations, peak NGOs and interest groups, professional associations (including medical, health and social work associations), research institutions and universities, and people with lived experience of detention, particularly in governance structures, is recommended as fundamental.

In relation to mental health concerns specifically, the APS believes that mental health risks must be addressed by independent psychologists (or other relevant and suitably qualified mental health professionals) within their national professional body, with reporting mechanisms to allow for transparent, open discussion of policies, practices and their consequences, and aiming for improvement over time.

Introduction

The Australian Psychological Society (APS) welcomes the opportunity to make a submission into the Australian Human Rights Commission OPCAT in Australia, Consultation Paper.

The APS is the national professional organisation for psychologists, with more than 22,000 members across Australia. Psychologists are experts in human behaviour and use evidence-based psychological interventions to assist people to overcome mental and physical illness and optimise their health and functioning in the community.

The APS was delighted to learn in February 2017 that the Australian Government had agreed to ratify the Optional Protocol to the Convention Against Torture (OPCAT), which is consistent with the Society's support for strong safeguards against maltreatment and torture. The APS had previously joined other peak bodies in urging the Government to take this step. As then APS President Professor Mike Kyrios stated in 2015:

> It really is about allowing a transparent and independent international body to review places of detention, with detention being used in its broadest context - encompassing prisons, institutions, or prisoner-of-war camps, in addition to immigration detention facilities. Australia is already a signatory to the UN Convention - the ratification and implementation of OPCAT will strengthen Australia's domestic monitoring of places of detention, enhance the prevention of torture and cruel, inhuman and degrading treatment, and avoid or remediate working environments that undermine the capacity of health professionals to provide ethical and quality care.

As a member of the International Union of Psychological Science, the APS fully endorses the United Nations Declaration and Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987). The APS declared its unequivocal condemnation of the use of torture or other inhuman or degrading procedures in all situations in a 2015 Statement against psychologist involvement in torture and other inhuman treatment. This statement outlines the type of conduct expected of psychologists in accordance with the core ethical principle of respect, and acts as a counterpoint against other forces and influences that can result in inhuman treatment and torture.

The APS has a number of member groups that focus on areas relevant to this Consultation, including the College of Forensic Psychologists and APS Interest Groups on Aboriginal and Torres Strait Peoples and Psychology, Military and Emergency Services and Psychology, Psychology of Intellectual Disability and Autism, Psychologists for Peace, Trauma and Psychology, and Refugee Issues and Psychology. These Groups have a special interest in the questions posed by the Consultation Paper and members have made significant contributions to this submission.

We also refer you to a range of other APS submissions, guidelines and papers which have relevance to this consultation, including:

- Response to the Inquiry into Youth Justice Centres in Victoria (March 2017)
- Submission to the Royal Commission into the Protection and Detention of Children in the Northern Territory (October 2016)
- Evidence based Restrictive Practices Guidelines for Psychologists(2011)
- Senate and Legal and Constitutional Affairs Committee Inquiry into serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing Centre (2016)
- Response to the Senate Inquiry about violence, abuse and neglect against people with disability in institutional and residential settings(2015)
- Migration Amendment (Maintaining the Good Order of Immigration Detention Facilities) Bill (2015)
- National Inquiry into Children in Immigration Detention 2014

1. Background

OPCAT is an international human rights treaty that aims to prevent ill treatment in places of detention through the establishment of a preventive-based inspection mechanism. OPCAT is an optional protocol to the Convention against Torture and other Cruel, Inhuman and Degrading Treatment or Punishment (CAT). As a treaty in its own right, OPCAT is open to signature and ratification. Australia ratified the CAT in 1989 and signed OPCAT on 19 May 2009.

The OPCAT provides for independent inspections of all places of detention in the jurisdictions that ratify and implement it. On 9 February 2017, the Australian Government announced it intends to ratify OPCAT by December 2017, working closely with states and territories.

The ratification of OPCAT will introduce to Australia a greater level of transparency and accountability for the treatment of people who are deprived of their liberty in detention facilities. OPCAT requires a monitoring system of places of detention to occur through two complementary and independent bodies:

- the National Preventive Mechanism (NPM),the domestic Australian entity or network responsible for inspections; and
- the UN Sub-committee on the Prevention of Torture (SPT), the UN body of independent experts responsible for conducting visits to places of detention in jurisdictions that have ratified OPCAT and provide guidance to NPMs to assist in the performance of their duties.

The APS understands that while the Australian Government has outlined some of the key features of how it intends OPCAT to operate in Australia, there remain many details still to be determined. The Government has explicitly provided for a period of consultation with key stakeholders, and accordingly, the Commonwealth Attorney-General has asked the Australian Human Rights Commissioner to conduct consultations with civil society to provide advice back to the Australian Government on views of how OPCAT should be implemented within Australia.

As outlined above, the APS has an interest in places of detention, with particular expertise relating to the mental health of those detained, and practices which restrict or enhance this wellbeing. As such, our submission is based on psychological knowledge, ethical principles and empirical evidence.

2. Addressing the Discussion Questions

We have structured our response to the Consultation Paper according to the discussion questions provided.

1. *What is your experience of the inspection framework for places of detention in the state or territory where you are based, or in relation to places of detention the Australian Government is responsible for?*

Relevant professional expertise important for inspections

The APS strongly believes that there is a need for mental health professionals to be included in visiting teams. Such professionals should have experience in recognising post-traumatic stress disorder, mental illness, cognitive disabilities, delirium and other conditions which may be underlying causes of challenging behaviours within institutional settings.

The experience of psychologists who have been part of existing or previous inspection processes, such as Community Visitor programs or the Detention Health Advisory Group (DeHAG) and its successor, the Immigration Health Advisory Group (IHAG), has been that mental health professionals are aware of risks and dangers in environments that may be overlooked by the layperson. They also are aware of resilience or strengthening factors that can be highlighted and enhanced. The capacity of mental health professionals to interview detainees and staff in a manner that is unlikely to traumatise the people concerned should also be taken into account.

Significant legislative, regulatory or policy changes required for a relevant inspection body for it to be OPCAT compliant

We endorse the points made by the Australia OPCAT Network in their submission to the current consultation, and emphasise that the inspection framework should take a holistic, proactive (rather than reactive), systemic approach to improving human rights compliance and have functional independence (including reporting requirements and appointments to inspection bodies) be adequately resourced, and appropriately staffed with diverse and appropriately trained professionals in accordance with internationally accepted best practice.

Regulations regarding the timing and frequency of visits and the documentation to be made available at the time of the visit must be developed and staff trained about their legal reporting obligations. Reports from inspection bodies must be submitted to an independent body which has the power to act on recommendations, complaints, malpractice and illegal practices. For example in

NSW, official visitors to gazetted psychiatric units report directly to the Minister for Health.

Visiting teams from inspection bodies must have access to all documentation concerning the treatment of detained persons including medical files, injuries and deaths, treatment administered in the context of managing challenging behaviours, and documentation of seclusion and restraint incidents and methods of restraint used. Visiting teams must have access to senior staff at the institution at each visit to discuss outcomes of previous visits, raise issues about staff performance and to follow up on issues raised.

In relation to persons who are restrained or secluded for periods of time, it is recommended that relevant procedures, guidelines and laws are followed in relation to the careful management and constant monitoring of the person's mental and physical condition. For example, all persons be monitored by medically trained staff and documentation provided about the length of time of restraint/seclusion monitoring of the person's mental and physical condition be carried out at regular intervals, fluids, food and toileting facilities be provided (e.g., the NSW Government Health Department's *Aggression, seclusion and restraint: Preventing, minimising and managing disturbed behaviour in mental health facilities in NSW*, 2012).

The APS is also aware of significant gaps within the monitoring framework with regard to the most vulnerable in the custody and care of the Australian government, including within congregate care and segregated facilities for people with intellectual disabilities, psychiatric treatment facilities, compulsory drug and alcohol treatment centres, immigration detention and aged care.

2. *How should the key elements of OPCAT implementation in Australia be documented?*

With regard to Health and Mental Health professionals involved, it is vital that they are under the auspices of their professional body, providing protection for them and a proper communication channel with Government if necessary. It is also important to establish that, whatever the outcomes of reviews, no matter how difficult the findings are to implement, professional bodies must be able to remain as part of OPCAT. Only through formal establishment documentation and formal agreements can such ongoing involvement be assured.

3. *What are the most important or urgent issues that should be taken into account by the National Preventative Mechanism (NPM)?*

Specific places of detention (and vulnerable groups) that are of immediate concern

At the present time, the APS is best placed to comment on concerns around the detention of asylum seekers, children, Indigenous Australians, residents in aged care facilities and people with cognitive disabilities, particularly in the justice system or where the period of detention is indefinite. Relatedly, disability-specific institutions, secure mental health facilities, and youth justice detention centres as

specific places of detention are of immediate concern and we believe that these must be specifically included within the monitoring framework.

Immigration detention: The APS along with many other organisations, reports and inquiries has raised human rights concerns about the conditions and treatment in detention, pointing to the psychological harm experienced by those detained (e.g., APS, 2016, 2014; Young, 2014). Onshore detention, including Christmas Island, is clearly within the NPM's mandate and the APS recommends that all future inspections be conducted in full public view.

The APS is disappointed to see that offshore immigration detention centres have been excluded from this discussion. We have repeatedly stated the APS position against offshore detention because of the mental health risks to detainees and diminished accountability of management (e.g., APS, 2016). In the immigration setting, the most vulnerable are those who have suffered significant trauma or torture, whether before fleeing their homeland, during the journey to Australia, or while in immigration detention in Australia or offshore (APS, 2008). In addition, evidence has shown that detention is harmful in the extreme to children and adolescents (AHRC, 2014). Specific processes to identify those at greatest risk, including use of country-of-origin data, have already been developed and could no doubt be improved and refined to fit a range of contexts.

There is no doubt that the former DeHAG and IHAG bodies played a significant role in monitoring, protecting and addressing the mental health of detainees through the rigorous inspection of immigration detention centres. These inspections led to improvements in a range of areas and an enhancement of the wellbeing of detainees during the life of these committees. The advantage of having the inspections carried out by independent health experts cannot be overstated. Since the Australian Government disbanded IHAG in 2013, reports (e.g., Amnesty International, 2016) suggest a significant increase in self-harm and acts of despair.

The APS recommends that the Australian Government work closely with the governments of Papua New Guinea and Nauru to implement OPCAT-compliant monitoring of offshore immigration detention where Australia exercises effective control.

Children: The APS has long established policy statements concerning the harm that detention of any kind can pose to children and young people (APS, 2008; 2014). With regard to refugees, we support the exclusive use of community- and family-based practices. With regard to children within the youth justice systems, we highlight the strong evidence base that shows that detention is more likely to lead to adverse mental health and rehabilitation outcomes compared to community- and family-based rehabilitation, and that these adverse outcomes are much greater where punitive seclusion and restraint practices are employed (APS, 2011). With regard to this risk we again call for independent monitoring by independent organisations, both of individual detainees and of policies and practices in all settings where children are detained.

Indigenous Australians: The APS has previously commented on the disproportionate numbers of Aboriginal and Torres Strait Islander people, particularly young people in the criminal justice system and the clear evidence of racism-related disparities in adverse outcomes (APS, 2016). With regard to this risk, we highlight the importance of inspections by independent visitors, together with representatives of the Indigenous families and communities affected. Essential to this is:

- Ensuring Indigenous representation in governance structures such as the National Preventative Mechanism
- Prevention mechanisms such as reducing the incarceration rate of Aboriginal and Torres Strait Islander peoples in the first place
- Continuing to address institutional racism through on-going strategies to reduce racism at a whole-of-society level.
- Ensuring that inspection processes are fully cognisant of Aboriginal and Torres Strait Islander culture(s).

It is worth noting that the Australian Law Reform Commission is currently considering the laws and legal frameworks that contribute to the incarceration rate of Aboriginal and Torres Strait Islander peoples and that inform decisions to hold or keep Aboriginal and Torres Strait Islander people in custody (https://www.alrc.gov.au/sites/default/files/pdfs/publications/discussion_paper_84_compressed_no_cover.pdf).

People with cognitive disabilities: People with disabilities are vastly overrepresented in all places of detention, including traditional sites such as prisons, forensic mental health centres, aged care facilities and juvenile detention centres. In addition, people with disability are also overrepresented in less-traditional, often disability-specific places of detention, such as locked psychiatric wards, closed community-based residences for people with disability and compulsory care facilities (OPCAT Network, 2017).

The APS has strongly advocated for reducing restrictive practices in the disability sector by increasing the use of positive behaviour support (PBS) programs (APS, 2011). Researchers have recognised the negative effect of restrictive practices on well-being and quality of life of people who have disabilities (Sigafoos, Arthur, & O'Reilly, 2003) as restraint or seclusion often lead to reduced opportunity to engage in daily activities, fewer social opportunities, and social isolation. There is also evidence that restrictive practices can place those implementing them at risk of both physical and psychological harm (APS, 2011).

Legislation affecting people with mental illness or cognitive impairment must enshrine the concepts of "least restrictive care". The APS takes the position that the indefinite detention of people with cognitive disabilities, including the over-representation of Indigenous Australians, is often unjust and unwarranted, and that alternative community and family-based rehabilitation should always be the first option. Prison settings are particularly inappropriate for such groups, and place them at heightened risk of abuse and discrimination. If detention is required, it should be within a human services setting.

Aged care facilities: Recent media reports of cases of abuse and ill-treatment in aged care facilities have highlighted the pressing need for preventive oversight. The Australian Law Reform Commission recently recommended "further safeguards in relation to the use of restrictive practices in residential aged care". The OPCAT, and preventive monitoring, should be considered as part of these broader discussions in oversight of aged care (OPCAT Network, 2017).

Clearly in relation to the five groups identified above, and all vulnerable persons, these cases must be dealt with sensitively and with regard to individual circumstances. But in all such cases, we highlight the role of inspections both within correctional and human services systems by independent experts, in collaboration with representatives of and/or advocates for the relevant groups, to create transparency and open discussion about health and mental health.

Current practices on solitary confinement, seclusion and restraint.

As discussed above, the APS draws the Commission's attention to the Evidence based Restrictive Practices Guidelines for Psychologists developed by the APS in 2011. The aim of this guide is to reduce restrictive practices in the disability sector by increasing the use of positive behaviour support programs.

Restrictive practices include the use of restraint (physical, mechanical, and chemical) and seclusion. They also include a range of programs, procedures, and psychosocial techniques that can impede a person's exercise of choice and self-determination, all of which prevent people from being able to exercise human and legal rights that are ordinarily available to other members of the community.

There is now substantial evidence demonstrating that inappropriate use of these practices can result in physical and psychological injuries that have long-term implications (APS, 2011). In many cases, the decision to use restrictive procedures is made in the absence of adequate consideration of alternative psychological interventions that might mitigate their use.

The reduction of restrictive practices has relevance not only in the disability sector, but also in other areas of practice including rehabilitation, mental health, forensic, juvenile and aged care settings. It is imperative that the NPM address the use of restraint and seclusion as well as procedures and programs that can impede a person's ability to exercise choice and self-determination.

A range of factors should be considered by the NPM in relation to inspecting and overseeing restrictive practices. These include:

- Person-centred planning – which is both a philosophy of service provision and a set of procedures used in the planning, delivery and evaluation of services for people with disabilities
- Determining an appropriate physical environment - the impact of environmental factors on the occurrence of challenging behaviours should be assessed and modified where possible to meet clients' needs and sensory preferences.
- Ethical considerations - upholding the moral rights of clients in accordance with relevant legislation.

- Assessment of people with disabilities - appropriate psychological assessment of challenging behaviour is fundamental to the development of any behaviour support and intervention plan.
- Managing concerns related to staffing - factors related to staffing have been identified as critical in the decision to implement restrictive practices.
- Implementing a behaviour support plan (BSP) – ensuring BSPs are written by experienced mental health professionals in a language appropriate for the staff who will implement them.
- Working with an interdisciplinary framework - challenging behaviours can be complex, and consequently working in an interdisciplinary team with professionals such as speech pathologists, occupational therapists, psychiatrists and general practitioners is most effective.
- Working with people who have persistent self-injurious behaviours- staff training needs to focus on coaching in PBS strategies and the need to minimise use of personal and mechanical restraint. PBS strategies include the differential reinforcement of periods of non-self injurious behaviour by the presentation of 'preferred' forms of restraint and the fading of existing non-preferred restraints.
- Legislative and policy issues - a major issue influencing decisions about the use of restrictive practices relates to government legislation and organisation policy.
- Upholding dignity and respecting the rights and safety of clients and staff – methods that uphold the dignity of clients should be used before restrictive interventions are considered (see Osgood, 2004). The use of physical restraint places both the person subject to the restrictive practice and those implementing the practice at serious risk of harm, trauma or, in worst case scenarios, death. However, there may be times when the use of restrictive practices as a last resort becomes unavoidable. In such circumstances, it is important that respect for clients, and their dignity, remain paramount at all times.

People with an intellectual disability, cognitive impairment, dementia or delirium who are unable to consent to medical treatment or who have limitations on their freedom cannot 'consent' to restrictive practices. Consent must be sought from a legal tribunal or a legally appointed guardian.

Similarly, standards for youth justice facilities (Australasian Juvenile Justice Administrators [AJJA], 2009). and internationally in the United Nations Rules for the Protection of Juveniles Deprived of their Liberty explicitly prohibit all measures that constitute cruel, inhuman or degrading treatment, including corporal punishment, placement in a dark cell, closed or solitary confinement, or any other punishment that may compromise the physical or mental health of the child. In regards to the use of restraints or force – the United Nations Rules for the Protection of Juveniles Deprived of their Liberty hold that:

- Instruments of restraint and force can only be used in exceptional cases, where all other control methods have been exhausted and failed, and only as explicitly authorized and specified by law and regulation.
- They should not cause humiliation or degradation, and should be used restrictively and only for the shortest possible period of time.

- By order of the director of the administration, such instruments might be resorted to in order to prevent the juvenile from inflicting self-injury, injuries to others or serious destruction of property. In such instances, the director should at once consult medical and other relevant personnel and report to the higher administrative authority.

It is worth noting that the NSW Government is currently seeking submissions on the practices of seclusion and restraint in NSW institutions.

4. *How should Australian NPM bodies engage with civil society representatives and existing inspection mechanisms (eg, NGOs, people who visit places of detention etc)?*

It is also essential that engagement with civil society is inclusive, encompassing a wide range of actors including community organisations, peak NGOs and interest groups, professional associations (including medical, health and social work associations), research institutions and universities, and people with lived experience of detention. In particular, groups and organisations that represent Indigenous Australians, asylum seekers, aged care residents, young people and those with cognitive impairments should be engaged early on, and regularly as a fundamental part of the NPM processes.

These groups should be represented on the governance structures of the NPM. Advisory bodies or working groups, and can be a valuable means of drawing upon the insights and expertise of diverse civil society representatives, including people with lived experience of detention. The ex-IHAG is an example of such a group. Civil society representatives could contribute their expertise and insights by also regularly conducting joint visits with the NPM, including visits with a thematic focus. Involving trusted organisations and individuals that have established relationships with detainees can increase the capacity of the NPM to engage with more vulnerable groups, and to gain a better understanding of the contextual nuances and more subtle factors that may give rise to ill-treatment.

In relation to mental health concerns specifically, the APS believes that mental health risks must be addressed by independent psychologists (or other relevant and suitably qualified mental health professionals) within their national professional body, with reporting mechanisms to allow for transparent, open discussion of policies, practices and their consequences, and aiming for improvement over time.

As the Association for the Prevention of Torture (2008) notes, the more transparent and open the process of establishing the NPM is, the more credibility and legitimacy it will ultimately have.

5. *How should the Australian NPM bodies work with key government stakeholders?*

Specific processes to address the needs of vulnerable groups of people in detention.

A key principle behind the OPCAT is a constructive relationship between NPMs and detaining authorities. The NPM's role is to identify risk factors that can lead to ill-treatment, engage with the detaining authorities and devise recommendations to address those risks.

The APS takes the position that the most important thing we can do is minimise the use of detention, especially for vulnerable people. Where this occurs, the NPM should work collaboratively with other government departments and detaining authorities such as:

- Human services departments, including those with oversight of juvenile justice and disability
- Immigration department
- Aboriginal affairs units, and
- Children and family services and juvenile justice government departments, including child protection.

6. *How can Australia benefit most from the role of the SPT?*

The UN Sub-committee on the Prevention of Torture (SPT) has an important role to play in ensuring that the mechanisms/processes that are put in place are transparent and independent. This includes guidance to the NPM, accountability of legal and policy processes within an international framework and also more broadly facilitating open and transparent public debate around related issues.

The SPT can take a meta-oversight role, protecting the NPM from within-country interference or vested interests that might mitigate against robust and transparent processes for accountability and open debate. In climates where public fears and anxieties about law and order and terrorism can be easily aroused by media or for political gain, ensuring that the NPM has real 'teeth' will be one of the biggest challenges in implementing OPCAT.

The APS is pleased to note from the Consultation Paper that "SPT members are chosen with diverse experience from within the field of administration of justice, including criminal law, prison or police administration and, increasingly, from those with medical expertise including doctors, psychologists and psychiatrists" (p.6). While SPT members are expected to serve in their personal capacity and are required to be independent and impartial, the APS believes that such experts should be drawn where possible from within their national professional body, with reporting mechanisms to allow for transparent, open discussion of policies, and within the explicit frame of reference of their professional Codes of Ethics.

7. After the Government formally ratifies OPCAT, how should more detailed decisions be made on how to apply OPCAT in Australia?

We concur with the OPCAT Network submission in that progressive implementation is a desirable approach. It is also imperative that 'non-traditional' places of detention be included from the outset, such as residential disability, police custody and secure aged care facilities

The APS is particularly disappointed to see that offshore immigration detention centres have been excluded from this discussion. Transparency is key to effective care; policies that limit appropriate oversight of detention centres, such as secrecy provisions and threats of penalties for professionals disclosing abuses, can seriously compromise the work of psychologists in the detention system. Extending the operation of the OPCAT to offshore detention centres would go some way to addressing these concerns, although their urgent and complete closure is still our preferred position.

The APS is grateful for the opportunity to provide input to this Consultation and would welcome further opportunities to participate in the next steps in the process of consultation with civil society regarding the implementation of OPCAT in Australian contexts.

About the Australian Psychological Society

The Australian Psychological Society (APS) is the national professional organisation for psychologists with 23,000 members across Australia. Psychologists are experts in human behaviour and bring experience in understanding crucial components necessary to support people to optimise their function in the community.

A key goal of the APS is to actively contribute psychological knowledge for the promotion and enhancement of community wellbeing. Psychology in the Public Interest is the section of the APS dedicated to the communication and application of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society.

Psychologists regard people as intrinsically valuable and respect their rights, including the right to autonomy and justice. Psychologists engage in conduct which promotes equity and the protection of people's human rights, legal rights, and moral rights (APS, 2007).The APS continues to raise concerns and contribute to debates around human rights, including the rights of clients receiving psychological services, and of marginalised groups in society (such as Aboriginal and Torres Strait Islander people, asylum seekers and refugees, and people with disabilities) (http://www.psychology.org.au/community/public-interest/human-rights/). Underpinning this contribution is the strong evidence linking human rights, material circumstances and psychological health.

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