9 October 2019

Mr Phil Clarke  
Queensland Ombudsman  
GPO Box 3314  
Brisbane QLD 4001

By email to: ombudsman@ombudsman.qld.gov.au

Dear Mr Clarke

Re: Forensic Disability Services report

The Queensland Branch of the Royal Australian and New Zealand College of Psychiatrists (RANZCP QLD Branch) welcomes the release of the your report *The Forensic Disability Service report: An investigation into the detention of people at the Forensic Disability Service.*

Your findings of significant non-compliance with legislation and confusion about governance and oversight structures in the operation of the Forensic Disability Service (FDS) are concerning. We support the recommendations to make changes to better safeguard the care, protection and rehabilitation of the people living at the FDS.

We understand that the scope of the investigation was narrowed to exclude examining the level of oversight for people subject to a forensic disability order under the responsibility of an authorised mental health service. However, we believe it is important to highlight that this aspect of the forensic disability system also requires reform. The reliance on authorised mental health services to manage people on forensic disability orders is inappropriate and unsustainable. The forensic disability service system is unable to address the growing numbers of people on forensic disability orders and relies upon placing these people in the care of Authorised Mental Health Services (community and hospital based care). This practice effectively makes Authorised Mental Health Services parole services for people on forensic disability orders.

The RANZCP QLD Branch has long considered that it is inappropriate to place people with a primary diagnosis of intellectual and developmental disability (IDD), including those on forensic disability orders, in a mental health inpatient unit, as it does not provide appropriate care and management for their condition. This sentiment was echoed in the Butler report (2006) which noted that detaining people with IDD in high secure facilities for people with mental illnesses can be highly detrimental. The report also acknowledged this practice occurs due to a lack of alternative placement options.

Instead the RANZCP QLD Branch advocates for the development of a new dedicated state-wide specialist inpatient and community service to treat people with IDD and people on forensic disability orders. We recommend that in addition to the existing medium secure unit, the proposed service should include a new purpose-built 20 bed unit, and five community mental health teams with consultation-liaison services to non-government providers.
Such a service should encompass both disability, health and mental health services and be equipped with dedicated appropriate facilities and trained specialist medical, nursing, allied health and disability support staff. Thus providing people with IDD with health-care and support services that meet their specific needs.

There is a corresponding need to build the capacity of the workforce to support people with IDD. In Queensland there is a shortage of psychiatrists who have the clinical expertise to assess, treat and manage people with IDD and behavioural disturbance and/or mental illness, and are an important part of the necessary multidisciplinary team.

I would appreciate the opportunity to discuss these matters further with you, and can be contacted via QLD Branch Policy Officer Bianca Phelan on (07) 3852 2977 or via qldpolicy@ranzcp.org.

Yours sincerely

Professor Brett Emmerson AM  
Chair, RANZCP QLD Branch

Reference