The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Western Australian Branch

Royal Australian and New Zealand College of Psychiatrists

WA Branch

Justice and Mental Health Roundtable, 30 July 2026

Communique

Preamble: an urgent case for action

Western Australia's forensic mental healthcare system is gridlocked across all its entry points: people needing urgent hospital treatment, assessment, or supported transition are delayed or denied it. This undercuts patient care and recovery, obstructs judicial pathways, and places avoidable pressure on courts, prisons, hospitals, families and frontline staff.

Delayed or absent treatment is not a neutral outcome. It prolongs illness, increases risk and recidivism, and drives costs across government.

Western Australia's incarceration rates are the second highest in the country. Using all available policy levers to reduce imprisonment, particularly Aboriginal incarceration, is a priority. The financial case for reform is compelling. Productivity Commission has estimated that detaining one adult prisoner in Western Australia costs approximately $368 per day, or about $135,000 each year, before accounting for wider court, policing, health and social costs.[1]

The interventions proposed in this communique are deliberately pragmatic. Some will reduce expenditure by avoiding unnecessary custody, duplicated processes, preventable deterioration and repeated crisis responses. Others can be delivered within existing resources through clearer authority, stronger accountability and better coordination, making them cost-neutral.

Where targeted investment is required, it must be understood as a time-critical boost to system reform. This investment unlocks patient flow, restores lawful and timely judicial pathways, strengthens community safety and prevents substantially greater downstream costs.

Keeping people in custody because clinically appropriate alternatives, hospital beds or transfer pathways are not available represents gross negligence of the duty of care. The State Government must act now.

Background

On 30 July 2026, over 40 justice and health leaders working across the corrective services sector, discussed key challenges in the treatment of people with mental ill-health before, during and after their contact with the justice system.

The parameters of the conversation were outlined in the Discussion Paper developed to inform the discussion of the roundtable.

The following key principles for approaching the multi-layered challenges at the intersections of justice and mental health sectors were affirmed:

[1] Productivity Commission, Report on Government Services, 2026, table 8A.19, costs in 2024-2025 dollars, accessed 10 August 2026.

- People in custody have the right to at least the equivalent standard of mental healthcare available in the community, with consideration given to over-prevalence of mental illness and disability among people in custody.
- Reducing Aboriginal incarceration rates is an essential element of system reform and policy accountability.
- Health-led approach to mental healthcare enables prisoner rehabilitation and increases community safety.
- Family, carer and lived experience leadership is embedded in diversion strategies, care and support provided in custody, and post-release transition to the community.
- Diversion from custody for people with mental illness and/or disability should be the first option, where safe and appropriate to do so.
- Cross-agency collaboration is required to align mental healthcare provision across the judicial and corrective services with national and international standards.

The policy context

The WA Government has made progress in the redesign of Banksia Hill including the cultural change processes led by the new team. However, Western Australia lags significantly behind other jurisdictions in implementing other relevant recommendations of the Disability Royal Commission and meeting the obligations under Closing the Gap Agreement.

Both administrative and systemic reforms are required to the corrective services to ensure compliance with national standards and fulfil the policy and system changes required under major national and international agreements.

Systemic reform offers the best prospect of achieving better outcomes for people in custody. However, where the system has failed to prevent demonstrably inhumane and clinically unacceptable treatment—such as the use of restraints and chains on pregnant prisoners—legal representatives have historically pursued litigation as a last resort. Litigation remains a rarely used option, necessary in urgent cases.

These are whole-of-government recommendations, requiring collaboration with clear lines of accountability between the Departments of Justice, Health, Communities, and the Mental Health Commission.

Recommendations in this communique are consistent and aligned with:

- National Statement of Principles for Forensic Mental Health
- The Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, Volume 8
    - The recommendations here have been cross-referenced against the Disability Royal Commission Progress Report 2025, Volume 8
- The National Agreement on Closing the Gap
- The World Health Organisation's Prison Health Framework: A Framework for the Assessment of Prison Health System Performance

Immediate interventions

Transfer patients who require hospitalisation to hospitals

All people in custody requiring hospital treatment should be transferred to the relevant hospital. Importantly, the RANZCP prohibits involuntary mental health treatment in prisons, which means that there is no alternative other than a hospital for people requiring involuntary treatment. This requires introduce routine auditing of statutory forms and transfer timeframes; record reasons for delay and non-compliance; nominate accountable officers in each agency and establish an escalation protocol for urgent cases.

Redesign hospital transfer pathways for all patients on hospital orders

Develop access pathways to general hospital beds for low-risk forensic patients, including those under CLMIA, across all Health Service Providers, with clear clinical and legal authority, security protocols, and staff education and support.

Guarantee timely and accessible contact with lawyers

Review prison and detention centre procedures so that people with disabilities and mental illness can communicate privately and promptly with legal representatives, with reasonable communication adjustments as required.

Introduce targeted training across the justice and corrective sector

Provide practical and comprehensive education and training on recognising mental illness, cognitive impairment and dementia; communicating with people in distress; accessing clinical advice; using diversion pathways effectively; and making reasonable adjustments. Training should be co-designed and delivered with clinicians, Aboriginal community sector, and people with lived experience.

Standardise early screening and referral in adult corrective services

Prompt mental health, alcohol and other drug, cognitive, neurodevelopmental, self-harm and suicide-risk screening at all points of progress through the justice system. This should be followed by clearly documented referral and treatment pathways. Screening should not become a substitute for comprehensive clinical assessment.

Pilot specialist forensic outreach in the community

Place forensic clinicians in community mental health teams to support people whose complexity of presentation or risk to self and others would otherwise lead to exclusion, crisis escalation or justice involvement.

Embed family-inclusive and lived-experience practice

Establish family and carer contact protocols, consent-based information sharing, practical support for families carrying risk during wait periods, and lived-experience roles within diversion, transition and service-design work.

Strengthen release planning

Start multidisciplinary transition planning well before release from prison: this includes verifying Medicare access and benefit arrangements, medication supply, and personal identification documents. Include housing, alcohol and other drug supports, culturally safe services, disability supports, and family or carer involvement where appropriate.

Expand use of existing diversion pathways

Action required: prioritise people with serious mental illness, cognitive impairment or co-occurring drug and alcohol use for clinical assessment, diversion and suitable community alternatives. Current diversion pathways such as Start Court and Intellectual Disability Diversion Program should be expanded and strengthened.

Strengthen Aboriginal-led responses

Expand current diversion and transformative justice models, including setting measurable milestones towards reducing Aboriginal incarceration and contact with the justice system. Improve accountability under the Closing the Gap Agreement.

Evaluate current promising models

Many improvements made to Banksia Hill can be applied more generally. Document and evaluate the Banksia Hill crisis care and therapeutic uplift, community supervision orders, existing court and police diversion programs, and any transfers to general mental health units. Identify which elements can be extended safely while protecting clinical standards.

System reform

Build an integrated, tiered forensic mental healthcare system

System reform in corrective services requires a continuum is established between:

- Court and police liaison
- Prison in-reach
- Therapeutic and sub-acute custodial care
- Secure hospital care
- Rehabilitation
- Step-up/Step-down services
- Supported accommodation
- Specialist community teams with forensic clinical core.

This can be achieved through budget investment, considerate and comprehensive service planning, improved governance and public inclusion and transparency.

Improve long-term forensic bed capacity

The Graylands redevelopment will significantly increase the forensic bed capacity and improve mental healthcare for people in custody.

However, bed capacity should be based on projected need rather than historical supply. It is certain that the redeveloped Graylands campus will not deliver the number of beds sufficient for future needs and proportionate to population growth (which is the highest in the country). Delivery milestones should be published and interim arrangements made immediately to meet the current need for hospital treatment.

Establish sustainable workforce capacity

The Government must develop a funded workforce plan for psychiatrists, psychologists, mental health nurses, allied health practitioners, Aboriginal mental health workers, peer workers and specialist legal-clinical liaison roles.

The plan should include regional service models, training pipelines, supervision, retention incentives, telehealth and protected multidisciplinary teams.

Develop and resource specialist community services adequately

The process of deinstutionalisation, began in early 1990s, has not been met with a proportionate response in development of adequate community services. Prisons have become *de facto* psychiatric hospitals for people with complex mental health issues who fall through the service cracks outside of their General Practitioner's clinic. The development of new specialist community mental health services treating neurodevelopmental disorders, personality disorders, eating disorders, and complex trauma is urgently required, particularly among children and adolescents.

Improve the primary prevention system

In recognition of the importance of social determinants of mental health, focus on primary prevention will work towards reducing contact with the criminal justice system, and incarceration rates in the long term. This includes fair and equitable access to employment, housing, health services, and education and training, among others.

For people with serious mental illness, primary prevention should include access to community treatment services so that mental health challenges can be managed in the longer-term, and with increased place for carers and peer support workers.

Provide stepped accommodation options and supported housing

Invest in a range of accommodation options for people leaving custody, people on community supervision orders and people who no longer require secure hospital care but still need intensive mental health treatment and support.

Develop alternatives to prosecution and custody for people with serious mental illness and cognitive or intellectual disability

Establish clear, clinically informed criteria for diversion, supported bail, community treatment and non-custodial measures where public safety can be successfully managed. Ensure that alternatives are properly resourced and do not simply transfer unsupported risk to families and community services. Greater investment is required into transformative justice and justice reinvestment programs.

Create independent oversight and enforce accountability

Amend the relevant legislation to ensure that the Office of the Inspector of Custodial Services can demand timely implementation and compliance on its recommendations, as per the recommendation of the Disability Royal Commission.

Require regular public reporting on transfer delays, deaths and serious incidents, and ensure that relevant health-related indicators are captured in the Outcomes Measurement Framework (to be published by the Mental Health Commission).

Raise the age of legal responsibility

The minimum age of legal criminal responsibility should be no less than 14.

Create a department of youth justice

In most Australian jurisdictions, youth justice is administered by a separate agency with a different philosophy from the general corrective services.

Expand community service capacity to prevent entry into the justice system

Resource community services to go beyond the clinic walls, accept complexity, provide assertive outreach and care during transitions. Add specialist forensic expertise without displacing access for the broader community.

Good-practice implications

The strongest reform package would combine immediate operational improvements with a funded structural plan. International guidance is clear that people in custody should receive healthcare equivalent to that available in the community, including adequate specialist mental healthcare, clinical independence, admission screening and continuity through transfers and release. Alternatives to imprisonment and diversion should be used where appropriate and supported by the service infrastructure needed to make them safe and effective.

The forensic pathway should extend from prevention, police and court liaison and diversion through prison care, secure inpatient treatment, and community reintegration. The practical implication is that prison-based therapeutic improvements are valuable but cannot compensate for inadequate hospital, workforce, diversion and community capacity.

Next steps

The roundtable agreed to proceed with the advocacy discussed at the meeting as a broad and informal coalition of organisations working at the intersection of mental health and justice in WA. This report will be considered by the Faculty of Forensic Psychiatry WA Sub-committee and the Branch Committee who will develop a plan of action with clear priorities for advocacy.

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