

New South Wales Coroners Court

Inquest into the deaths at Bondi Junction Westfield on 13 April 2024

June 2026

# Bondi Junction Inquest Response

# Royal Australian and New Zealand College of Psychiatrists submission

## Inquest into the deaths at Bondi Junction Westfield on 13 April 2024

### About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. RANZCP has more than 9000 members, including around 6500 fully qualified psychiatrists.

### Key Summary

- RANZCP extends its **sincere condolences** to the families, friends, and all those affected by the tragic events at Bondi Junction Westfield on 13 April 2024 and thanks the Coroner for their expertise in delivering the Inquest.
- RANZCP **acknowledges the recommendations** made by the Coroner and is committed to ensuring that psychiatrists are supported with high-quality, evidence-informed clinical resources to guide their practice and to support the safety and wellbeing of patients and the broader community.
- RANZCP **strongly calls for urgent whole-of-system reform** to appropriately resource mental health systems and support mechanisms to enable cross-state information sharing and care coordination, integrated health-led crisis responses, and expansion of psychiatric workforce and specialist service capacity.
- In response to **recommendation 2**, RANZCP will advocate for funding to support the development of a new, National Health and Medical Research Council accredited Clinical Practice Guideline for the management of schizophrenia. RANZCP will also utilise its Best Practice Resources Framework to explore adoption of high-quality, evidence-informed national and international clinical resources.
- In response to **recommendation 3**, RANZCP will advocate for funding to support development of a new deprescribing guideline. Pending development of a formal guideline, RANZCP will explore development of practical interim clinical guidance and educational resources to support safe decision-making regarding antipsychotic dose reduction and discontinuation.
- In response to **recommendation 4**, RANZCP will liaise with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to explore collaborative development of a shared care guideline to optimise the management of patients living with mental illness, including chronic schizophrenia. RANZCP will also advocate for the development and implementation of a national framework on information sharing between jurisdictions.
- In response to **recommendation 5**, RANZCP will work with its relevant expert committees to explore what revisions, if any, may need to be made to Professional Practice Guideline 23: Firearms Risk Assessment, and advocate for the development, funding, and implementation of multidisciplinary firearms assessment panels.

### Opening Statement

RANZCP extends its sincere condolences to the families, friends, and all those affected by the tragic events at Bondi Junction Westfield on 13 April 2024. RANZCP takes the findings and recommendations of the Inquest with the utmost seriousness and is committed to ensuring that psychiatrists are supported with high-quality, evidence-informed clinical resources to guide their practice and to support the safety and wellbeing of patients and the broader community.

RANZCP notes that the overwhelming majority of people living with schizophrenia or other severe mental illnesses are not violent and are far more likely to experience harm than to cause it. RANZCP remains

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committed to improving care in ways that enhance both individual recovery and community safety, while avoiding further stigma.

RANZCP would like to highlight the Inquest's findings of fragmented service delivery, prolonged disengagement, gaps in continuity of care and insufficient integration across mental health, primary care, justice and community safety systems. It is RANZCP's view that these weaknesses are not isolated and represent sector-wide structural risks within the mental health system that must be meaningfully addressed.

Mental health laws across Australia are inconsistent, which creates risks when people move between jurisdictions. RANZCP supports reviewing these laws to make them more consistent and better connected.

This includes making sure there are clear, lawful ways to return people to the state or territory where they were being treated — especially if they have disengaged from care, left a service without approval, or need involuntary treatment. Laws should be as similar as possible across jurisdictions as this would enable clinicians to hand over safely, so patients do not fall through the gaps when they move. RANZCP will explore options for transfer of involuntary treatment orders across jurisdictions.

RANZCP is also calling for urgent system-wide reform. This includes:

- well-resourced community mental health teams
- active outreach for people who disengage from care
- stronger coordination and information sharing between states
- crisis responses led by health services
- more staff and expanded specialist services
- strengthening and empowering leadership by psychiatrists within public and private services
- ensuring that public and private health services are adequately supported to deliver care to the community.

RANZCP strongly calls for urgent whole-of-system reform. This includes properly resourced community mental health teams, assertive outreach for people who disengage from treatment, stronger cross-state information and care coordination mechanisms, integrated health-led crisis responses, and workforce expansion and specialist service capacity.

### Consultation Process

To ensure RANZCP's response to the Inquest recommendations are rigorous, clinically grounded, and reflective of expert opinion, RANZCP has undertaken a comprehensive, targeted consultation process with its key expert committees and stakeholder groups. RANZCP committees and stakeholders consulted include:

- [Bi-national Faculty of Forensic Psychiatry Committee](#)
- [Practice, Policy and Partnerships Committee](#)
- [Committee for Ethical and Professional Practice](#)
- [Committee for Evidence-Based Practice](#)

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- [Committee for Research](#)
- [Section of Private Practice Psychiatry Committee](#)
- [New South Wales Branch Committee Chair](#)
- [Queensland Branch Committee Chair](#)

The feedback from the consultation was synthesised and directly informed RANZCP's position on each recommendation, as detailed below.

### Response to Recommendations

#### **Recommendation 2 – Clinical Practice Guideline for the Management of Schizophrenia and Related Disorders**

RANZCP will advocate for Commonwealth Government funding to support the development of a new, [National Health and Medical Research Council \(NHMRC\) accredited Clinical Practice Guideline \(CPG\)](#) for the management of schizophrenia. RANZCP views NHMRC accreditation as essential to ensuring the rigor, credibility, and clinical utility of any new CPG, and are committed to working collaboratively with key stakeholders and expert bodies to progress this work. Where substantial guideline development is required, dedicated funding will be necessary to ensure the work meets accepted methodological standards.

In parallel, RANZCP will also be utilising its [Best Practice Resources \(BPR\) Framework](#) to explore high-quality, evidence-informed national and international clinical resources that RANZCP could adopt as a supported resource or endorsed clinical guidance in the interim. RANZCP will prioritise identification and dissemination of contemporary evidence-informed resources that psychiatrists can utilise. This approach will allow RANZCP to provide psychiatrists with the most current and relevant guidance available while the development of a new NHMRC accredited CPG is progressed.

#### **Recommendation 3 – Deprescribing of Antipsychotic Medication**

RANZCP notes the Coroner's recommendation for the development and distribution of a *Professional Practice Guideline on the deprescribing of antipsychotic medication*. RANZCP wishes to highlight that deprescribing of antipsychotic medication is a clinically complex area where there is a paucity of available resources. The development of any guidance in this space must be underpinned by a thorough and methodologically sound process to ensure that the resulting resource is clinically safe, evidence-based, and fit for purpose.

For this reason, it is RANZCP's view that this area requires dedicated resourcing and adequate funding for guidelines to be developed properly and to the standard that psychiatrists, other medical practitioners, patients, carers, and the community expect and deserve. RANZCP will be partnering with other medical Colleges in advocating to the Commonwealth Government for funding to support the development of a new deprescribing guideline. This process may include partnership with key bodies and relevant stakeholders to ensure the guideline reflects multidisciplinary expertise and contemporary evidence. Pending development of a formal guideline, RANZCP will also explore development of practical interim clinical guidance and educational resources to support safe decision-making regarding antipsychotic dose reduction and discontinuation.

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### **Recommendation 4 – Shared Care Guidelines with the RACGP**

RANZCP supports the intent of this recommendation and recognises the importance of well-coordinated, multidisciplinary care for patients living with chronic schizophrenia, including treatment-resistant schizophrenia. RANZCP recognises that effective risk assessment depends not only on clinical expertise but also on timely access to relevant information across services and jurisdictions. RANZCP highlights the importance of access to services providing treatment, care and support to people struggling with severe mental illnesses.

In response, RANZCP will be liaising with the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) to explore collaborative development of a shared care guideline to optimise the management of patients living with mental illness, including chronic schizophrenia. Together with key stakeholders including Chief Psychiatrists, RANZCP will also advocate for the development and implementation of a national framework on information sharing between jurisdictions.

### **Recommendation 5 – Collaboration on Firearms Licensing and PPG 23: Firearms Risk Assessment**

RANZCP acknowledges the Coroner's recommendation for collaboration with the Commissioners of the New South Wales Police Force and the Queensland Police Service to consider the nature and role of psychiatrists in assessments of fitness for weapons licensing. RANZCP is committed to ensuring that psychiatrists are equipped with clear and contemporary guidance in this area.

RANZCP will work with its relevant expert committees to explore what revisions may need to be made to [Professional Practice Guideline 23: Firearms Risk Assessment \(PPG 23\)](#). This review process will involve consultation with a variety of key stakeholders, including the Commissioners of New South Wales and Queensland Police, to ensure that a wide range of perspectives are considered and RANZCP's position appropriately reflects the respective roles and responsibilities of psychiatrists and police in the context of weapons licensing assessments.

RANZCP will advocate to the Commonwealth Government on the development, funding, and implementation of multidisciplinary firearms assessment panels. Firearms risk assessment is a complex process which requires expertise from a range of disciplines. Psychiatrists, particularly those without specific forensic training, may have limited experience with firearms regulation and violence risk assessment, yet be called to provide opinions in weapons licensing matters. Placing sole responsibility for these assessments on individual psychiatrists is neither clinically appropriate, fair, nor practical due to severe and ongoing [psychiatry workforce shortages](#). This is particularly the case in rural, regional, and remote locations, where the majority of firearms licenses are obtained.

A multidisciplinary firearms risk assessment panel model distributes this responsibility more equitably and robustly. This would ensure improved public safety outcomes, shared accountability, reduced burden on individual psychiatrists, and consistency and standardisation of risk assessment across Australian jurisdictions.

### **Conclusion**

RANZCP is committed to taking meaningful and constructive action in response to the findings and recommendations of this Inquest. RANZCP highlights that the ability to progress with the recommendations will be contingent on funding and support from the Commonwealth and other related funding bodies.

We will keep relevant stakeholders informed as our work progresses. RANZCP would welcome advocacy support from the NSW Coroner's Court on these matters and is committed to working closely with the

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Court. Should you have any questions or wish to discuss RANZCP's response further, please do not hesitate to contact Ms Felicity Loxton (Executive Director, Policy and Advocacy) via [felicity.loxton@ranzcp.org](mailto:felicity.loxton@ranzcp.org) or by phone on +61392369189.