The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Justice, Integrity and Community Safety Committee

Inquiry into the Youth Justice (Circuit Breaker) Amendment Bill 2026

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Setting and upholding professional standards that underpin safe, high-quality psychiatric care

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Royal Australian and New Zealand College of Psychiatrists submission

Inquiry into the Youth Justice (Circuit Breaker) Amendment Bill 2026

Acknowledgement of Country

The Royal Australian and New Zealand College of Psychiatrists Queensland Branch acknowledge the traditional owners and custodians of the land where the Queensland Branch is located, the Jagera and Turrbal people. We pay our respects to their Elders past and present and recognise their continuing connection to this land.

Recognition of Lived Experience

We recognise those with lived and living experience of mental health challenges and distress, their chosen families, whānau (fah-no), carers and kin. Their contributions, diverse perspectives, insight, and courage keep us grounded and inclusive, and focused on humanity, healing, and hope. We strive to work in genuine partnership in all that we do, honouring their voices by centring their experiences and expertise.

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About The Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental healthcare.

The RANZCP is the peak body representing psychiatrists in Australia and Aotearoa New Zealand and has strong ties with associations in the Asia-Pacific region. The RANZCP has over 9000 members, including more than 6500 qualified psychiatrists. The RANZCP Queensland Branch represents 1174 Fellows and 503 trainees. This RANZCP Queensland Branch submission has been prepared in consultation with the Queensland Branch Committee, the Section of Child and Adolescent Forensic Psychiatry and the Faculty of Forensic Psychiatry.

Key Findings

The RANZCP Queensland Branch acknowledges the Queensland Government's objective of reducing youth offending and improving community safety through the proposed Circuit Breaker program. The Branch supports evidence-based interventions that address the underlying drivers of offending behaviour, reduce reoffending and improve outcomes for children and young people. The Branch's support is therefore conditional on the program being designed and delivered as a therapeutic, health-informed and culturally safe alternative to detention, rather than as a primarily punitive justice response.[1,2]

Young people who come into contact with the youth justice system experience disproportionately high rates of mental illness, neurodevelopmental disorders, cognitive impairment, trauma exposure, substance use disorders and adverse childhood experiences.[3] Queensland-specific data indicates that, in 2023–24, 44 per cent of young offenders had a suspected or diagnosed mental health and/or behavioural disorder, 44 per cent had a diagnosed or suspected disability and 53 per cent had experienced or been impacted by domestic and family violence.[4]

The Branch emphasises that the Circuit Breaker model may provide a useful alternative to detention if the implementation is clinically governed, independently evaluated and integrated with prevention, diversion and community-based supports. It risks causing harm if it becomes a compulsory residential intervention without consideration for mental health assessment, treatment, culturally appropriate care, and reintegration planning.[1,5]

The RANZCP Queensland Branch notes:

- Australia faces an estimated unmet need of at least 230 additional child and adolescent psychiatrist full-time equivalent positions by 2028, reflecting a substantial and growing gap between demand for specialist mental health care and workforce capacity.[6]

The RANZCP Queensland Branch recommends:

- dedicated investment in specialist child and adolescent mental health services, including child and adolescent psychiatrists;
- all young people entering the Circuit Breaker program receive comprehensive mental health, neurodevelopmental, cognitive, substance use and trauma assessment;
- Circuit Breaker sites have access to dedicated multidisciplinary mental health teams, including a specialist child and adolescent psychiatrist;
- the program adopts a trauma-informed, developmentally appropriate and culturally appropriate model of care;
- Aboriginal and Torres Strait Islander communities are involved in program design, governance and evaluation;
- responses to any breach of a Circuit Breaker bail condition include clinical review and reassessment of support needs, rather than escalation based solely on non-compliance;
- participant outcomes are independently evaluated and publicly reported, including mental health, educational, cultural safety, restrictive practice, program completion, reintegration and reoffending outcomes; and
- the program operates as part of a broader continuum of prevention, diversion and community-based mental health, disability, education, family and housing supports.

Introduction

The RANZCP Queensland Branch welcomes the opportunity to provide a submission to the Justice, Integrity and Community Safety Committee's inquiry into the Youth Justice (Circuit Breaker) Amendment Bill 2026. The Branch has a longstanding interest in youth justice reform where reform affects the mental health, development and wellbeing of children and young people.

The Bill proposes a new court-ordered residential rehabilitation program as a sentencing option and as a possible bail condition for children involved in the youth justice system. The Branch understands from the explanatory materials the program is intended to provide structured rehabilitation, education, training and reintegration support in a supervised residential setting, and to operate as an alternative for young people who may otherwise be placed in detention.[7]

The Branch considers the Bill raises significant mental health, developmental, cultural safety and clinical governance considerations. This submission focuses on those matters and does not provide comment on broader sentencing policy, operational contracting arrangements, regulatory enforcement or political issues outside the scope of psychiatric and mental health expertise.

The Branch encourages the Committee to remain mindful that the proposed provisions will apply to children and young people whose brains, emotional regulation, judgement and capacity for rehabilitation are still developing, and whose futures can be profoundly shaped by the responses of the justice system.

Relevant RANZCP position statements and recent advocacy

The RANZCP's approach to youth justice is grounded in psychiatric expertise, prevention, diversion, culturally safe care, trauma-informed practice and the principle that children with mental illness, neurodevelopmental disability or trauma histories require health-led responses. This approach is consistent with recent RANZCP advocacy on youth justice reform, including the College's submission to the Inquiry into Australia's Youth Justice and Incarceration System and the RANZCP Tū Te Akaaka Roa submission on the Oranga Tamariki (Responding to Serious Youth Offending) Amendment Bill[1,2] and the following College position statements.

- Position Statement 59: The mental health needs of children in care or at risk of entering care
- Position Statement 111: Children with conduct disorder
- Position Statement 61: Minimising and eliminating the use of seclusion and restraint in mental health services
- Position Statement 32: Abolition of torture and other inhuman treatment
- Position Statement 100: Trauma-informed practice

Scope of submission

This submission is intentionally limited to the mental health, developmental, clinical governance and cultural safety implications of the proposed Circuit Breaker program. It considers whether the proposed model is likely to support rehabilitation, wellbeing and long-term outcomes for children and young people involved in the youth justice system. The focus is therefore on assessment and treatment, trauma-informed care, multidisciplinary service provision, cultural safety, breach responses, evaluation and accountability.

1. Young people in the justice system frequently have complex mental health needs

Children and young people who come into contact with the justice system are among the most vulnerable members of the community. A systematic review and meta-regression analysis of mental disorders among adolescents in juvenile detention and correctional facilities identified high rates of psychiatric morbidity, including ADHD, conduct disorder, depression, PTSD and psychotic illness.8

Queensland-specific data reinforces the need for mental health and developmental assessment in any residential rehabilitation model. The Queensland Department of Youth Justice Pocket Stats 2023–24 notes 44 per cent of young offenders in Queensland had a suspected or diagnosed mental health and/or behavioural disorder, 44 per cent had a diagnosed or suspected disability and 53 per cent had experienced or been impacted by domestic and family violence.[4]

According to the Australian Institute of Health and Welfare (AIHW), on an average day in 2024–25, 1,142 young people aged 10–17 were under youth justice supervision in Queensland.[10] Approximately three quarters were supervised in the community and one quarter were in detention. First Nations young people made up 8.8 per cent of Queensland's population aged 10–17, but represented 69 per cent of young people under supervision and 71 per cent of those in detention.[10]

The need for specialist child and adolescent mental health care is increasing nationally. The RANZCP Faculty of Child and Adolescent Psychiatry (FCAP) recently reported that approximately 50 per cent of all

mental health disorders emerge before the age of 14 years and 75 per cent before the age of 25 years, with the peak age of onset for mental disorder being 14.5 years.[6, 11] AIHW's recent report on 'Australia's Health' concluded mental health disorders among Australian children and young people have increased over the past decade, with more severe presentations increasing disproportionately.[9]

These trends are particularly relevant to young people involved in the youth justice system, many of whom experience multiple and co-occurring mental health, neurodevelopmental and psychosocial challenges that require specialist assessment and treatment.[11, 13]

These data indicate that the Circuit Breaker program should not be designed as a generic behavioural compliance intervention. It should be designed for a cohort with complex and intersecting clinical, developmental, cultural and social needs.

2. The Circuit Breaker program must be supported by comprehensive mental health assessment and treatment

The effectiveness of a rehabilitation program depends on identifying and responding to the factors contributing to offending behaviour. The Branch recommends every young person entering the Circuit Breaker program receive comprehensive biopsychosocial assessment, including screening for mental illness, substance use disorders, fetal alcohol spectrum disorder, ADHD, intellectual disability, cognitive impairment, trauma history and adverse childhood experiences.[4, 6]

Assessment should be connected to treatment and ongoing care planning. Screening alone will not address the underlying drivers of offending if there are no timely referral pathways, specialist clinical input, family engagement, education supports and continuity of care on discharge.

3. Changes relating to breach of bail

The Branch understands the Bill would allow participation in the Circuit Breaker program to be imposed as a bail condition and would establish consequences for non-compliance. The Branch acknowledges the policy intent of providing courts with an additional structured intervention before detention. However, children who repeatedly breach bail conditions may have unmet mental health, neurodevelopmental, cognitive, substance use, housing, family violence, educational or trauma-related needs that affect their capacity to comply with court-imposed conditions.[1, 5]

The Branch therefore recommends any response to breach of a Circuit Breaker bail condition include consideration of whether underlying health, disability, trauma, cultural or social factors contributed to the breach. Breach should trigger clinical review, reassessment of supports and consideration of whether the program remains therapeutic and appropriate for the child, rather than being treated solely as wilful non-compliance.

The Branch further recommends data on breach provisions be collected and publicly reported as part of the evaluation framework. This should include the frequency of breaches, demographic characteristics of affected young people, identified mental health and disability needs, reasons for non-compliance where known, and subsequent justice and health outcomes.

4. **Program safeguards and implementation will determine impact**

The Branch notes the proposed safeguards identified in the explanatory materials, including a suitability assessment before placement, confirmation that a program place is available and limits on repeat participation.[7] These safeguards are important because the program is compulsory and would apply to young people who may otherwise be placed in custody.

The Branch recommends implementation be therapeutic, child safe, proportionate and clinically informed. It should include clear clinical governance arrangements, transparent provider capability requirements, procedures for identifying and responding to harm or suspected harm, independent oversight and mechanisms to prevent inappropriate use of restrictive practices.

5. Dedicated multidisciplinary mental health services are required

Young people in custodial or justice-associated settings should have access to multidisciplinary forensic and child and adolescent mental health expertise. At a minimum, Circuit Breaker sites should be supported by teams capable of providing psychiatric assessment, psychological intervention, alcohol and other drug support, occupational therapy, cognitive and behavioural assessment, speech pathology where required, cultural support, family engagement and continuity of care on discharge.[6]

The RANZCP FCAP's workforce report highlights that child and adolescent psychiatrists are uniquely qualified within the mental health workforce.[6] Child and adolescent psychiatrists are the only medical specialists trained to assess, diagnose and treat the full range of serious mental health disorders in children and adolescents, prescribe and manage complex psychopharmacological treatments, undertake differential diagnosis including neurodevelopmental disorders and cognitive impairment, authorise involuntary treatment where required, provide forensic and medico-legal assessments, and lead multidisciplinary mental health teams. The Branch submits that these skills are particularly relevant to young people participating in the proposed Circuit Breaker program, many of whom are likely to present with complex combinations of mental illness, trauma, neurodevelopmental disorders, substance use disorders and psychosocial adversity. The program should therefore have access to dedicated child and adolescent psychiatric expertise as part of its core service model.

The Branch recommends specialist child and adolescent psychiatric advice be available in program design, suitability assessment, treatment planning, breach review, risk management, staff training and discharge planning.

6. Workforce capacity is critical to successful implementation

The effectiveness of the proposed Circuit Breaker program will depend not only on program design, but also on the availability of specialist workforce capacity. The RANZCP FCAP reported that Australia faces an estimated unmet need of at least 230 child and adolescent psychiatrist full-time equivalent positions by 2028.[6] Child and adolescent psychiatrists currently comprise only 13.1 per cent of Australia's psychiatry workforce despite children and adolescents representing approximately one-fifth of the population. The workforce report further notes that specialist services across Australia are increasingly required to prioritise acute presentations, reducing opportunities for early intervention and preventative care.

The Branch recommends any implementation of the Circuit Breaker program be accompanied by dedicated investment in specialist child and adolescent mental health services, including child and adolescent psychiatric expertise, to ensure therapeutic objectives can be achieved in practice. Without additional workforce capacity, there is a risk that program demand will further strain already stretched specialist services and reduce access for vulnerable children in both justice and community settings

7. A trauma-informed and developmentally appropriate approach is essential

Children who offend frequently come from backgrounds characterised by trauma, disadvantage, family violence, disrupted education and unmet health needs.[11] A trauma-informed approach recognises

behaviours associated with offending may arise from developmental disruption, mental illness, cognitive impairment or trauma-related responses, and compulsory residential placement can itself be experienced as stressful or destabilising if not carefully designed and delivered.[7]

The Inquiry should consider how the Circuit Breaker model will minimise re-traumatisation, support positive relationships, maintain family and community connections where appropriate, facilitate educational engagement and support planned reintegration into community settings.

8. Cultural safety and Aboriginal and Torres Strait Islander young people

Aboriginal and Torres Strait Islander young people remain significantly overrepresented in youth justice systems. In Queensland in 2024–25, First Nations young people aged 10–17 were 23 times as likely as non-Indigenous young people to be under youth justice supervision, and First Nations young people represented 71 per cent of those aged 10–17 in detention on an average day.[4]

Cultural safety must be a core design principle rather than an adjunct feature. The Branch recommends Aboriginal and Torres Strait Islander community involvement in program design and governance; culturally informed assessment and treatment; access to cultural connection and healing opportunities; and careful consideration of the impact of placement away from family, Country and community.[1, 2, 4]

The Faculty of Child and Adolescent Psychiatry workforce report identifies children involved in juvenile justice, Aboriginal and Torres Strait Islander young people, children with disability and those living in rural and remote areas as groups experiencing significant barriers to accessing specialist child and adolescent mental health care.[6, 12] These equity considerations should be reflected in the design, location and clinical governance of the Circuit Breaker program

9. Circuit Breaker should complement, not replace, prevention and diversion

The Branch recognises some young people require intensive intervention. However, the RANZCP emphasises prevention, early intervention, diversion and health-led responses are best practice to address the drivers of youth offending.[1, 2]

Evidence indicates young people granted mental health court diversion were significantly less likely to reoffend after adjustment for other covariates, while barriers to diversion included identifying as Aboriginal and/or Torres Strait Islander, substance use problems, prior offending and no record of prior diversion.[8]

Circuit Breaker must form part of a broader continuum of prevention, diversion, mental health, disability, education, housing and family supports. It must not draw resources or policy attention away from earlier, community-based interventions which may prevent children from entering custody or deeper justice system involvement.

10. Evaluation and accountability

Given the Circuit Breaker program would introduce a new compulsory residential option in Queensland, robust independent evaluation will be essential. The Branch recommends public reporting on mental health outcomes, educational outcomes, cultural safety indicators, use of restrictive practices, harm or suspected harm, program completion, breach rates, recidivism outcomes, reintegration outcomes and participant and family experiences.

Evaluation must examine program planning, provider performance, child safety reporting, visits by oversight bodies, staff capability and whether the program is operating as a genuine alternative to detention or inadvertently increasing contact with the justice system for vulnerable children.

Given evidence that early intervention can improve long-term health, educational and social outcomes for children and young people, evaluation of the Circuit Breaker program should include mental health, education and reintegration outcomes in addition to recidivism measures alone.

Conclusion

The RANZCP Queensland Branch supports evidence-based measures to improve community safety by addressing the underlying drivers of offending behaviour. The Circuit Breaker program may provide a useful alternative to detention if delivered as a high-quality, therapeutic, culturally safe and clinically governed intervention. To achieve that aim, the program must be underpinned by comprehensive assessment, dedicated multidisciplinary mental health services, trauma-informed and developmentally appropriate care, Aboriginal and Torres Strait Islander leadership and cultural safety, careful breach responses, transparent safeguards and independent evaluation.

The Branch encourages the Committee to consider amendments, implementation safeguards or accompanying program requirements to ensure the proposed scheme operates as a health-informed rehabilitative intervention for children with complex needs, rather than a punitive residential pathway which risks compounding existing disadvantage.

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