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Re: Draft Strategic Plan – NSW Forensic Mental Health 2024-2034

Dear Mental Health Branch Consultation team,

The NSW Subcommittee of the RANZCP Faculty of Forensic Psychiatry (FFP) appreciates the opportunity to submit a response to the recently drafted Strategic Plan – NSW Forensic Mental Health 2024-2034.

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander Peoples as the First Nations and the Traditional Owners and Custodians of the lands and waters now known as Australia. We recognise and value the traditional knowledge held by Aboriginal and Torres Strait Islander Peoples and honour and respect the Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

Acknowledgement of Lived Experience

We recognise those with lived and living experience of a mental health condition, including community members and RANZCP members. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

About the Royal Australian New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrist (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand providing access to Fellowship of the College to medical practitioners. The RANZCP has approximately 8400 members bi-nationally. The NSW Branch represents over 2100 members, including over 1400 qualified psychiatrists.

The NSW Branch offers a substantial resource of distinguished experts – academics, researchers, clinicians, and leaders dedicated to developing expertise in understanding the risk factors of mental disorders, treating individuals and families, developing models of care and promoting public health measures that will reduce the personal suffering, loss of potential and huge economic costs caused by mental disorders in our community.

Forensic Mental Health Care in NSW

There are several emerging issues regarding forensic mental health care in NSW. It would be reasonable for these concerns to be appropriately addressed in the Strategy document.

We strongly advocate that all individuals who become a forensic patient due to cognitive impairment should be placed under the responsibility of NSW Health. There should be pathways for people with cognitive disability to be identified in custodial settings so that they can have access to appropriate care (1). This cohort would include persons with all forms of acquired and congenital cognitive issues. Currently, these patients are managed by Corrective Services NSW without the use of a true therapeutic approach to care. This cohort does not currently have a clearly outlined transition pathway from custody to treatment services. These patients should have access to hospital beds when required, including high security care. They should also have psychiatric follow-up via the Community Forensic Mental Health Service (CFMHS) and diversion assistance by the Statewide Court Liaison Service where applicable.

A 2023 study on the impact of post-release community mental health and disability support on reincarceration for prisoners with intellectual disability and serious mental illness in NSW (2) showed that the high rates of reincarceration for people with intellectual disability and serious mental illness may be modifiable by provision of appropriate mental health and disability support. The NSW based study shows that the provision of these supports reduces the rates of recidivism for this group back to the baseline rates for the general population (2).

We believe that Local Health Districts (LHDs) who oversee forensic services in their catchment area should employ staff with appropriate forensic experience and credentialing. It should be noted that formal training does exist to secure appropriate skills and credentialing. LHDs who employ trainees in forensic psychiatry should liaise with the RANZCP Director of Advanced Training and the RANZCP Subcommittee of Advanced Training in Forensic Psychiatry to ensure appropriate training standards are met.

Furthermore, LHDs that oversee forensic services in their geographical area should ensure policies and procedures are in line with the developed statewide standards for forensic care. Clinical and governance policies should not be self-developed in isolation or without consultation with statewide forensic mental health stakeholders.

As stated in the [RANZCP position statement on involuntary mental health treatment in custody](#), the RANZCP opposes enforced / involuntary mental health treatment in custodial settings.

This position should be upheld and highlighted in the Strategy document. The Strategy also provides an opportunity to advocate that secure psychiatric beds should be provided immediately to all forensic patients. This includes those found proven not criminally

responsible for an offence and those unfit to stand trial. These patients are generally held in prison settings for extended periods without adequate access to mental health assessment and care.

We thank you for the opportunity to respond to the Strategy draft. Please do not hesitate to contact us via the RANZCP NSW Branch Policy and Advocacy Advisor, Richard Hensley, at Richard.hensley@ranzcp.org if you require further information.

Kind regards,



Dr Christina Matthews
Chair, NSW Faculty of Forensic Psychiatry Subcommittee



Dr Pramudie Gunaratne
Chair, NSW Branch Committee

1. L. Dowse J. Trofimovs, P. Srasuebkul, J. N. Trollor. Using linked administrative data to determine the prevalence of intellectual disability in adult prison in New South Wales, Australia. *Journal of Intellectual Disability Research*. 2021;65(6):589-600.
2. Trofimovs J, Dowse L, Srasuebkul P, Trollor JN. Impact of post-release community mental health and disability support on reincarceration for prisoners with intellectual disability and serious mental illness in NSW, Australia. *BJPsych Open*. 2023;2(e44).