PRINCIPLES FOR FORENSIC MENTAL HEALTH IN AUSTRALIA:

A NATIONAL STAKEHOLDER CONSULTATION

> *drive leadership, innovation and continuity of care across all jurisdictions to support the recovery of people with a mental illness in the justice system (or at risk of entering) to live meaningful lives.*

A community action group.
MHM2 Mental Health Matters 2
THE UNIVERSITY OF MELBOURNE
QCMHR
Metro North Health
Queensland Government
murdoch children's research institute

Acknowledgments

The project team acknowledges the traditional owners of country throughout Australia and their continuing connection to land, sea, and community. We pay our respects to them and their cultures and to their elders both past and present. We recognise the over-representation of Aboriginal and Torres Strait Islander people in the criminal justice system, the importance of culturally responsive forensic mental health services and the important role that principles can play in supporting this need.

The project team would like to thank the National Mental Health Commission (NMHC) who provided financial support for this research. The funding provided by the NMHC enabled us to undertake the first national consultation in forensic mental health in which the views of lived experience, government and non-government stakeholders were considered. A particular thanks goes to the NMHC policy team who supported the project team and provided advice and assistance throughout the project.

The team also wish to express their sincere appreciation to the 331 people who participated in this research. They have helped to progress the field of forensic mental health in Australia with the aim of ensuring that principles for forensic mental health reflect all the expertise and experience of the people who are affected by them.

The team would like to acknowledge the particular effort it takes for people with personal and/or family experiences in these areas to be involved in surveys and consultations on these matters. We would like to thank these individuals particularly, please know that we value your unique lived/living perspectives and contributions.

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Executive Summary

With the support of the National Mental Health Commission, this project investigates stakeholder views related to national principles for forensic mental health. Australia's *National Statement of Principles for forensic mental health*[1] (2006 *National Statement*) sought to provide a foundation for a cohesive forensic mental health service system. While changes in forensic mental health systems have taken place, the 2006 *National Statement* has not been reviewed or updated since its establishment. The project was undertaken in response to the findings of a 2019 audit commissioned by the National Mental Health Commission.[2]

This report describes the process and findings of a national, multi-stakeholder consultation that was undertaken in 2022. The consultation involved individuals, family members and carers with lived experience of the forensic mental health system, policy makers, and people who work in health, police, justice, and corrective services. Two Aboriginal and Torres Strait Islander specific lived experience workshops were held. This project is the first national forensic mental health process that specifically sought to include people with lived experience of the forensic mental health system at all stages. A total of 135 people participated via an online survey and 195 contributed via interactive workshops in the consultation process over a four-month period. 18% of participants indicated that they had lived experience of the forensic mental health service system.

The amount and breadth of stakeholder engagement observed throughout the project was encouraging. Forensic mental health service providers, people with lived experience and other system stakeholders indicated a willingness to work together, with the aim of achieving improved outcomes for justice-involved people with mental health care needs. The process of engagement has resulted in a greater level of awareness of the existence of the 2006 *National Statement* and has given participating stakeholders an opportunity to consider and share their aspirations for the forensic mental health system of the future. The findings of this project offer insight into current views as well as directions for future work regarding the principles that define and guide the forensic mental health system. Ultimately, the collaborative process that has resulted in the findings described in this report contributes towards a strengthened national direction for contemporary forensic mental health services.

Recommendations

Based on the findings of our consultation we recommend that the momentum generated by this project be continued by implementation of the following:

1. That contemporary, inclusive national principles be developed as informed by the findings of this report and any subsequent consultation with all relevant stakeholders. Future principles should be:
    a. established via a co-design process with people with lived experience and with key system stakeholders including Aboriginal and Torres Strait Islander people, those working within police, health, justice and corrections sectors
    b. endorsed by all jurisdictions via an authorising environment that is equivalent to that which underpinned the 2006 *National Statement*
    c. formulated with consideration of the revisions to content, language, and population of focus suggested by participants in this consultation, and
    d. formulated with the view that they should inform the development of future forensic mental health standards.
2. That a communication strategy to socialise new forensic mental health principles be developed and implemented to promote awareness across stakeholder groups:
    a. Broad cross sectoral awareness that includes relevant sectors outside of health and corrective services, such as police, housing, employment should be sought.
3. That consideration be given to the development of a strategy and/or campaign to reduce stigma associated with forensic mental health in parallel to the development of the future forensic mental health principles to promote understanding across sectors and in the community

4. That a nationally agreed approach to measurement, monitoring and routine public reporting is established and implemented for forensic mental health:

    a. A systematic examination of the extent to which other existing mental health and corrective services national standards are inclusive of the specific needs of justice-involved people with mental health needs are being met should be undertaken. This should include an assessment of whether specific standards that complement, but do not replace, other relevant standards are required for forensic mental health.

5. That consideration be given to more explicitly including justice settings and justice-involved people within key national mental health policies and plans, such as the National Mental Health and Suicide Prevention Plan.

Further description of our recommendations and a preliminary road-map to their implementation is included later in this document in the section titled 'From research to reality.'

What our research is about and why it is important

While the majority of people with mental ill-health never have contact with the criminal justice system, people with mental illness are over-represented throughout all of the stages of the criminal justice system, including police custody, courts, in correctional facilities and also as victims of crime. Studies in correctional facilities provide confirmation of the over representation. An Australian (2011) study estimated that 43% of people in prison (coming into prison following a court appearance or as a sentenced prisoner) had experienced a mental illness in the past twelve months, with rates significantly higher among women than men (55% vs 32%).[3] People with mental ill-health are more likely than those without mental health issues to experience legal problems (including discrimination and housing issues), and they often face barriers to resolving them.

Forensic mental health services have been established to provide a specialist role at the complex intersections of criminal justice, mental health and social service systems. They have also been formed in recognition that the burden of mental illness is markedly higher among people in contact with the criminal justice system than in the general population. They provide a key role by assessing and treating justice-involved people with a mental disorder and those at risk of coming into contact with the justice system.

Although it was developed with the aim of providing a foundation for a cohesive forensic mental health service system, *Australia's National Statement of Principles for forensic mental health* has not been reviewed or updated since its establishment in 2006. In this time, many significant changes have occurred, including to national and international policy frameworks, the forensic mental health service system, and to the evidence base for mental health practice. In addition, there is a growing recognition of the knowledge and insight of people with lived experience as a critical perspective, recognising that the design and provision of services should be informed by its consumers.

These issues are important for several reasons, but most importantly because of the profound and lasting impact that they have on the lives of the individuals, families, and communities they affect. The principles, and this research, raise important questions about which values should be paramount when justice and mental health systems interact, and to understand how these values may have changed over time.

What did we do?

Over a four-month period in 2022, we conducted an online survey (n=136) and a series of workshops (n=195). This included people with lived experience (directly, or as a family member/carer), Aboriginal and Torres Strait Islander people, and people with experience working in forensic mental health services, correctional services, courts or legal services, police services, and/or other services/organisations related to justice and/or mental health. We analysed their input using descriptive statistics and framework analysis.

What did we want to find out?

The aim of this project was to explore and describe stakeholder perspectives in relation to principles for forensic mental health. We aimed for broad-based engagement of the multiple system stakeholders, especially people with lived experience of the forensic mental health system, to capture points of overlap and difference in perspective.

What did we find out?

Overall, there is strong support for a set of contemporary national principles for forensic mental health, and system stakeholders are willing to contribute to their development. Consensus was not reached on a number of issues which should be explored in more detail:

- Should we have aspirational principles, those that set an acceptable minimum for forensic mental health, or both?
- What should the scope (population group and settings) of future forensic mental health principles be? How can they be inclusive without losing focus on a specific group of people, and specific settings?
- Are specific standards required for the forensic mental health system?

96% Yes

National Principles for Forensic Mental Health are needed

> *It would help to have some agreed guiding principles across the various areas (forensic hospital, court, remand, prison) that a person has to navigate.*
>
> *~participant with lived experience*

Future principles *should be*

... contemporary
... co-designed
... put into action

Opportunities from our research

The present findings offer a basis for future work to co-design contemporary national principles, accompanying standards that are specific to the needs of justice-involved people with mental health needs and system-level measures of their implementation. As a whole, this body of work contributes to strengthening the national direction for contemporary forensic mental health services.

Future principles should include:

- Equivalence of care
- Trauma-informed approaches
- Cultural appropriateness and responsivity
- Accessibility
- Evidenced-based practice
- A recovery-focus
- Human rights
- Person-centredness.

- There is consensus that **national principles for forensic mental health are needed**
- Many people were **unaware of the** ***2006 National Statement***
- Stakeholders want **future principles** to have:
  - **Revised content** that promotes ***rehabilitation, person-centredness, and cross-agency collaboration, and addresses marginalisation and stigma, and the need for equity and specialised training***
  - **Revised language** that communicates principles in a way that is ***person-first, recovery-based, and accessible to the consumer***
  - **Processes for demonstrating** how principles are being applied, and the extent to which standards are being met, with appropriate oversight and lived experience input.

> *I feel optimistic and hopeful. It sounds like change is coming, it sounds promising. I'd like to see it in action.*
>
> *~participant with lived experience*

Why we did this

While the majority of people with mental illness never come into contact with the criminal justice system, people with mental illness are over-represented throughout all of the stages of the criminal justice system, including police custody, courts, in correctional facilities and also as victims of crime. They are more likely to experience legal problems (including discrimination and housing issues) and often face barriers to resolving them.

The prison population provides evidence of the over-representation. In Australia in 2011 it was estimated that 43% of people in custody had experienced a mental illness in the last twelve months and 55% had experienced a substance use disorder[3]. The situation is worse for Aboriginal and Torres Strait Islander people. A 2008 study funded by the Queensland Government identified a 12-month prevalence of any mental disorder to be 75% among Aboriginal and Torres Strait Islander people[4]. Women entering correctional facilities are far more likely than men to report a history of mental illness. In 2018, 35% of imprisoned men reported having a previous diagnosis of mental illness compared with 65% of women[5].

Forensic mental health services in Australia span the criminal justice system and include services for people in contact with police, services in courts, prisons, youth detention, the community, and inpatient (therapeutic) services. They provide a key specialist role at the interface between the mental health and criminal justice systems by assessing and treating justice-involved people with mental disorder. They also provide services to support people who are found not guilty of an offence on the grounds of mental illness or who are deemed unfit to stand trial.

The specialised nature of forensic mental health arises because of the complexities associated with working at the intersection of criminal and youth justice systems and mental health and social service systems. There are differences between the forensic and general mental health systems due to the nature of forensic mental health work, the settings in which forensic mental health work occurs, and the challenges that occur at the interfaces of the various sectors and systems.

A number of areas of challenges exist for people with mental ill-health who are involved in the criminal justice system. There is potential for mental ill-health to negatively impact due process and procedural fairness. This can be both due to the individual's ability to engage in the legal process, and the system's perceptions of mental illness and risk. For those individuals who are within correctional settings, mental ill-health can have an effect on decisions such as the level of security and their access to rehabilitative programs.

Forensic mental health services and justice-involved individuals with mental health care needs can encounter challenges in boundaries with correctional systems, general mental health systems and other social services. With competing professional cultures and priorities, relationships at service interfaces can be problematic. The need to ensure that individual human rights including confidentiality are maintained and that the exchange of information is appropriate is a key feature in the provision of forensic mental health services.

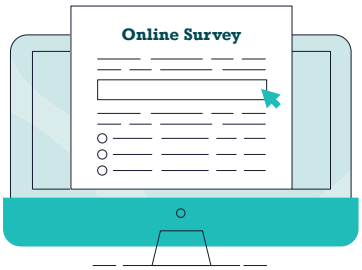
In order to achieve the best possible outcomes for individuals, their families, support people and their communities, all of the stakeholders that form and interact with the forensic mental health system need to work well together.

Australia's *National Statement of Principles for forensic mental health* has not been reviewed or updated since its establishment in 2006. Since this time, the authorising environment at a federal level has changed with the Australian Health Ministers' Advisory Council (AHMAC) and Corrective Services Ministerial Council (CSMC) no longer in existence. In addition, there have been changes significant to forensic mental health: the advent of the National Disability Insurance Scheme (NDIS); the nation has signed the *Convention on the Rights of Persons with Disabilities*,[6] *Optional Protocol to the Convention Against Torture*[11] and the *United Nations Nelson Mandela Rules*[7] among other major international agreements relevant to how people in criminal justice settings should be treated; standards directly related to service delivery in the field have been developed (e.g. the UK Royal College of Psychiatrists' *Standards for Prison Mental Health Services – Fifth Edition*[8]); and recognition and understanding of the importance of First Nations culture and of co-designing and co-producing health services with people with lived experience as consumers has grown.

Some of the many implications from the changing environment include:

- The entrenching of more person-centred approaches to mental health care across settings, framed in terms of rights, funding models (for example under the NDIS) and prison procedures (for example under the Nelson Mandela Rules[7])
- Increased expectations that lived experience perspectives be meaningfully incorporated in forensic system and service decision making and accountability, and a greater shared understanding of what this involves in practice
- Growing specificity around accountability measures for mental health services in prison settings (for example in the Nelson Mandela Rules[6] and the UK Standards for Prison Mental Health Services[8])
- Increased recognition of the important roles of families and supporters before, during and after an individual's involvement (or non-involvement) with criminal justice and forensic mental health systems and agencies, and increased expectations that this be reflected in system and service design
- Much greater expectation that mental health and justice services be proactive in working with Aboriginal and Torres Strait Islander people to make systems and services culturally secure, responsive and appropriate, and increased understanding of the power shift that this entails (for example through the significant change to the Closing the Gap targets, process and goals)
- Significant change in public service architecture and roles, for example through the establishment of the NDIS, Primary Health Networks, pandemic-related changes to federalism
- The expansion of technology which has occurred in the past 15 years which has altered experiences, expectations, opportunities, ways of providing service and recording and sharing of data
- An amassing body of research pointing to chronic under-investment in forensic mental health services, and inadequate throughcare resulting in poor health outcomes including high rates of self-harm and suicide after incarceration.

The present national consultation project investigated the awareness, experiences, and views of stakeholders in relation to the 2006 *National Statement*. Our aim was to achieve broad-based engagement of relevant stakeholders, articulate points of overlap and difference in their perspectives, and give voice to those with lived experience in meaningful and equitable ways given that this was their first opportunity to provide formal input regarding these principles. This work builds on the findings of a recent national audit of high-level strategies, policies, and plans relevant to the goal of improving the mental health of justice-involved people[2]. The audit was commissioned by the National Mental Health Commission and conducted by members of our group in 2019. We identified opportunities for reform in relation to:



- National safety and quality initiatives
- National key performance indicators for public mental health services
- National standards for mental health services
- Scoping work for a forensic chapter of the National Mental Health Services Planning Framework
- Development of Indigenous forensic mental health models of care; and
- A body of research relevant to forensic mental health services, including proposed key performance indicators for mental health courts, national benchmarking of prison mental health services, and the role of continuity of information and care in improving the health outcomes of justice-involved people.

This national consultation responds directly to the 2019 audit's reform recommendation of *"systematically including justice settings and justice-involved people within population-level national mental health policies, in particular with regard to service planning, outcomes, standards, safety and quality, data collection and publication, workforce planning, and inclusion of lived experience"*. The present findings offer a basis for future work to co-design revised national principles and system level measures of their implementation. As a whole, this body of work contributes to strengthening the national direction for contemporary forensic mental health service delivery.

What we did

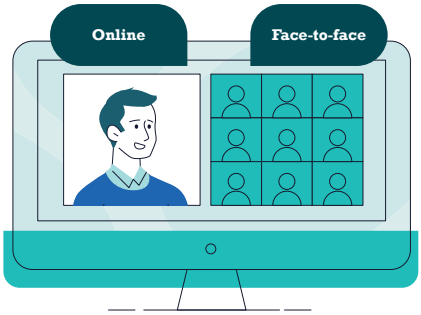
The national consultation was conducted over a four-month period in 2022, through an online survey and a series of online workshops. It collected a mix of quantitative and qualitative data on stakeholder perspectives. The target stakeholders recruited to participate in the consultation were adults with lived experience of mental health challenges in association with involvement in the criminal justice system (direct or as family/carer members), and people with responsibility for policy or service provision in the areas of forensic mental health, general mental health, corrections, youth justice, courts, and police. We received ethics approval for our consultation from the Royal Brisbane and Women's Hospital Human Research Ethics Committee (ref. HREC/2021/DEF/80698).

Design of the consultation

Survey

The online survey (Appendix 1) was anonymous and could be completed by anyone over the age of 18. It typically took 7-10 minutes to complete and comprised of questions capturing participants':

- Demographic characteristics
- Ratings of a series of statements regarding principles for forensic mental health
- Free-text responses relating to their views on principles for forensic mental health.



136 people participated in the survey.

Workshops

The online workshops targeted different stakeholder groups separately. Each workshop was a video conference of up to two hours in length with up to 25 participants who identified as members of the same stakeholder group. Data in the majority of workshops were captured using Slido, an interactive online presentation platform that invites participant input via polls, question and answer, word clouds, and other engaging formats (Appendix 2). The use of Slido was particularly appreciated in the lived experience workshops as it facilitated the input of de-identified information and enabled quieter participants to have an equitable say. Data were also captured via recordings and transcription of the dialogue throughout the workshops. Topics covered in the workshops included participants':

- Awareness of the 2006 *National Statement*
- Views on the value of having national principles for forensic mental health
- Ideas for change (e.g., what to include/remove/revise) in relation to the 2006 *National Statement*
- Thoughts about how to measure the implementation of national principles for forensic mental health
- Insights regarding key challenges for the forensic mental health system.

Each workshop was moderated by two members of the investigator team. In lived experience sessions, efforts to ensure that participant wellbeing was safeguarded were employed. A lived experience (peer) support worker was available during and after the lived experience consultations as part of a safeguarding and trauma-informed consultation strategy. Wellbeing checks were made throughout the sessions and a break was provided.

A total of 195 people participated in the workshops. Fifteen workshops were conducted. Figure 1 provides further information with respect to the composition of the workshops and number of participants.

Figure 1.
Stakeholder Workshops

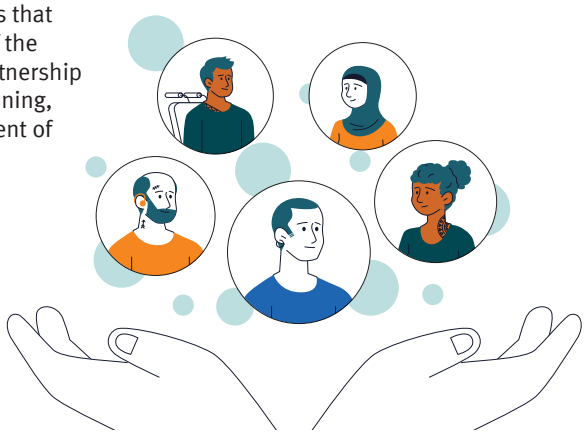
Recruiting participants

Participants were recruited in several ways:

- Via the project webpage hosted on the Queensland Centre for Mental Health Research website. The webpage introduced the project with a short, animated video explaining the background and purpose of the project, who might wish to participate, and how to participate. It included a link to the online survey and an expression of interest form for the online workshops
- Through direct email to key contacts in stakeholder groups across each state and territory. Requests to nominate representatives of the service to participate in the consultation were sent to the following key contacts:
  - Forensic mental health service leaders including the Council of Australian Forensic Mental Health Service Leaders
  - Chief Psychiatrists
  - Police Commissioners
  - Community mental health service peak bodies
  - Departments of Justice (or equivalent)
  - Mental health commissions
  - Lived experience networks and organisations.
- Letters introducing the project were sent to the following:
  - Royal Australian and New Zealand College of Psychiatry (letters sent on to Forensic Faculty members)
  - Australian College of Mental Health Nurses
  - Australian Psychological Society
  - Australian Council of Social Services
  - National Aboriginal Community Controlled Health Organisation (NACCHO).

Engaging people with lived experience

The project is the first national forensic mental health process that specifically sought to include people with lived experience of the forensic mental health system at all stages. This includes partnership in the investigator group (Margaret Doherty (MD)), in the planning, development, implementation, review of findings, development of the report and as participants.



The contribution of Mental Health Matters 2 Ltd as a partner organisation was critical to the engagement process. Workshops with people with lived experience were facilitated by the Investigator with lived experience of forensic mental health services from Mental Health Matters 2 Ltd (MD), a specialist lived experience-led organisation.

A Lived Experience Project Officer was also engaged through MHM2 to co-deliver the warm engagement process which was undertaken with participants.

These strategies were to facilitate participants' safe and authentic engagement, in accordance with the increasingly recognised need to ensure that people with lived experience are meaningfully involved and partnered with in a trauma-informed way in the design, delivery, and review of initiatives that affect them.

Engagement with Indigenous participants was facilitated through key Aboriginal leaders, June Riemer and Jody Barney. This culturally-sensitive and accessible engagement process was particularly important in facilitating the participation of a group of Deaf Aboriginal and Torres Strait Islander women.

These are people whose perspectives are often overlooked despite the high prevalence of people from Aboriginal and Torres Strait Islander communities and people with disability in the forensic mental health population.

Analysing the data

Demographic information and rating responses were analysed quantitatively using descriptive statistics on Microsoft Excel. Free-text responses and group discussions were analysed qualitatively using framework analysis on NVivo software. This involved reviewing the original data to gain familiarity and initial impressions; developing a coding framework to systematically code the data; then organising the coded data into patterns of meaning[9]. Analysis was performed iteratively and with reference to the multiple sources of data and the emergent findings.

Participants were free to answer as many or as few questions as they wished. Unless otherwise indicated, proportions are calculated using the total number of valid responses per question as the denominator.

Sharing the findings

The findings of this project were provided to the National Mental Health Commission and will be made publicly available on the Queensland Centre for Mental Health Research website and other participating organisations' websites. The investigator team will also return the findings to the participants of the national consultation and present the findings in various relevant forums including national conferences. Any sharing of the findings will not reveal the identity of individual participants.

What we found

People across all states and territories of Australia participated in this national consultation (see Figure 2). Their involvement with forensic mental health was varied: some had experience working in forensic mental health services or related areas; some had lived experience of the forensic mental health system, themselves or as a family member or support person (see Figure 3).

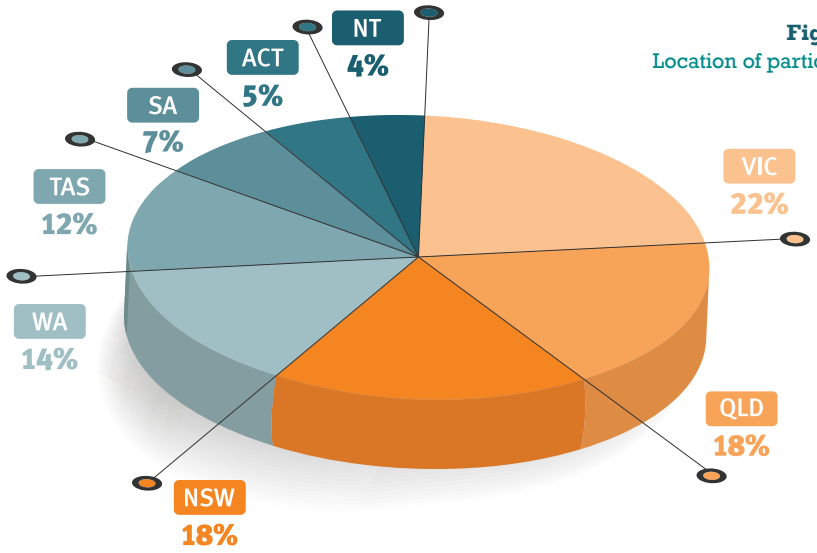
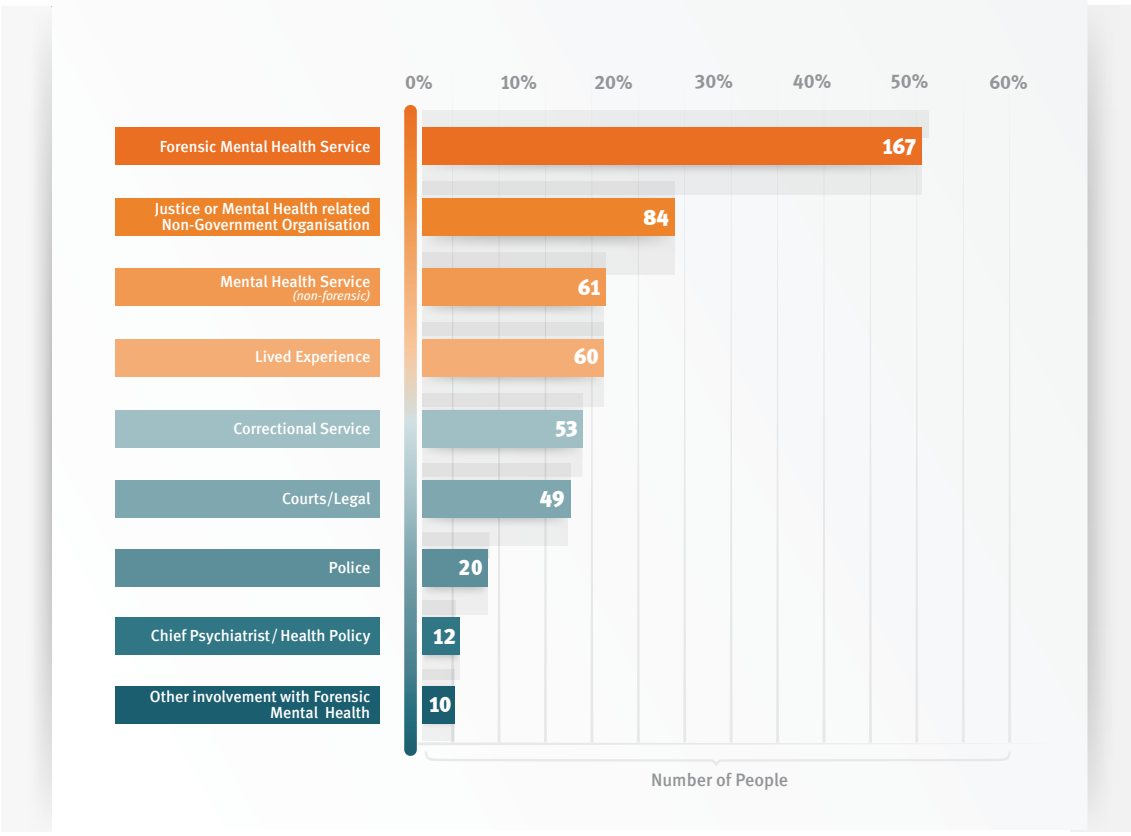


Figure 2.
Location of participants

Figure 3.
Participants by group identification (more than one selection was



Value of national principles for forensic mental health

Overall, awareness of the 2006 *National Statement of Principles for Forensic Mental Health* was low. Half of all participants knew about the 2006 National Statement before taking part in this consultation (see Figure 4), but this varied across the groups (see Figure 5). People with experience working in a forensic mental health service were most likely to know about the 2006 *National Statement* (62%), while police were least likely to know about the 2006 *National Statement* (26%), despite the high prevalence of mental ill health among police watchhouse/cell detainees.[10]

Figure 4.
Proportion of participants in total aware of the 2006 *National Statement*

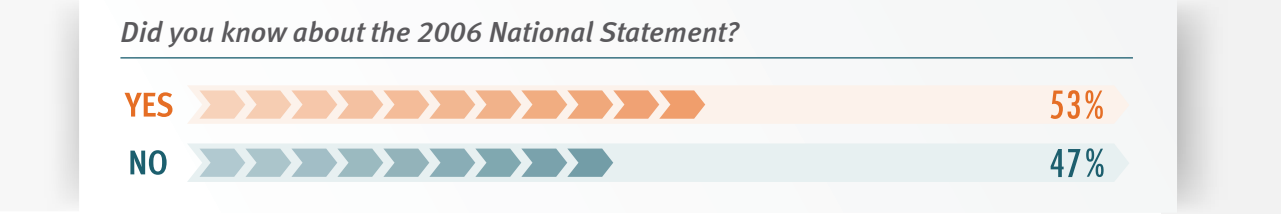
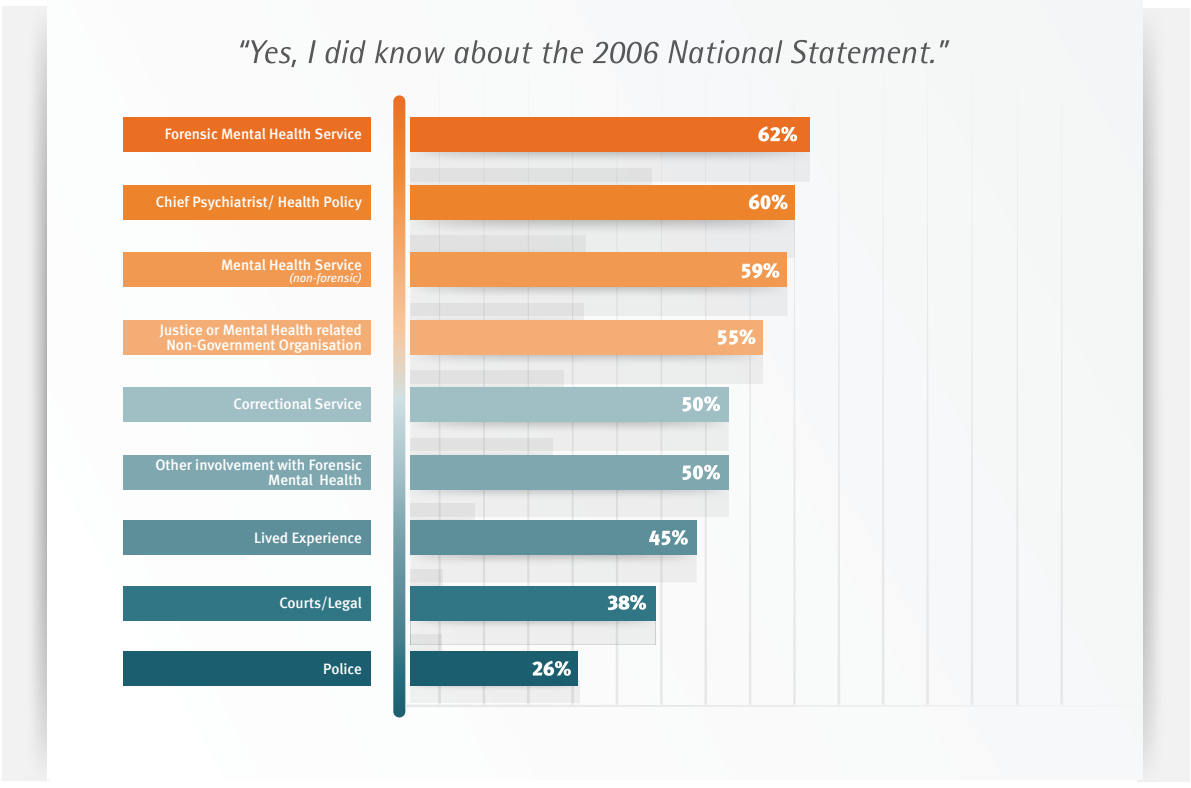


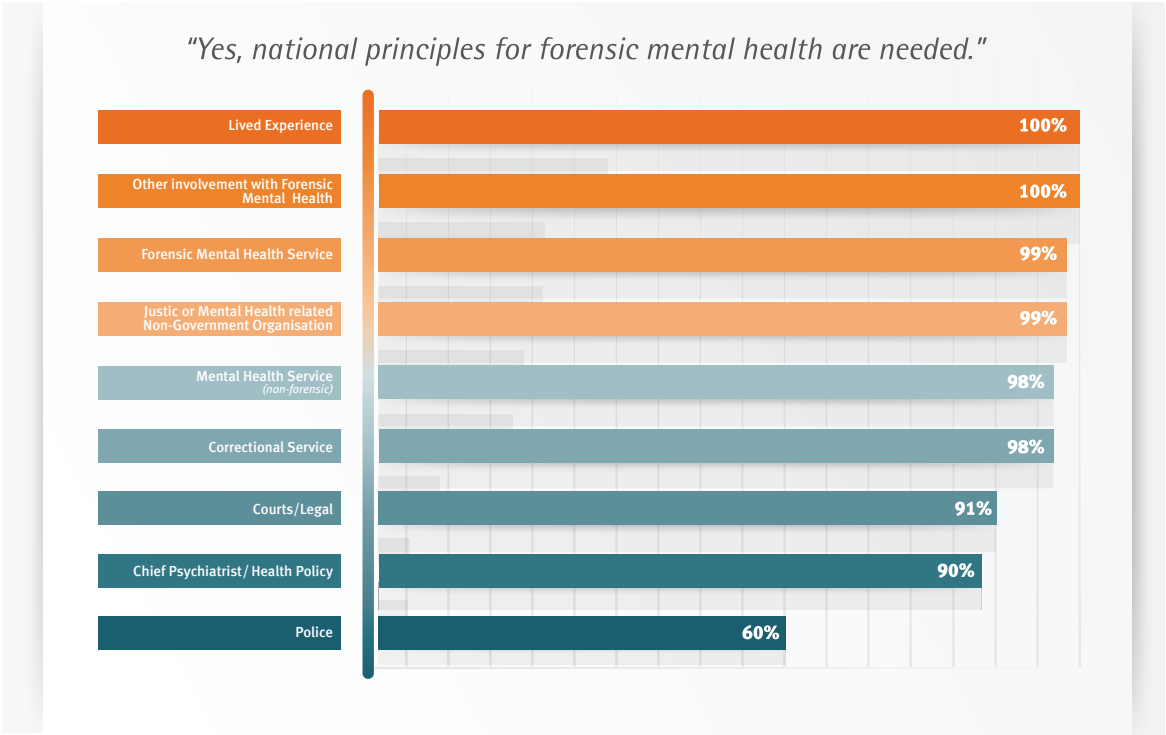
Figure 5.
Proportion of participants in each group aware of the 2006 *National Statement*



Despite the varied awareness of the 2006 *National Statement*, almost all participants (96%) felt that national principles for forensic mental health are needed (see Figure 6). This view was consistent across the participant groups, each with at least 90% of participants viewing national principles as needed, except police, with 60% of participants viewing national principles as needed (see Figure 7). Police respondents indicated that principles for forensic mental health may be helpful but that they can only be helpful if there are also processes and measures for accountability.

Figure 6.
Proportion of participants in total viewing national principles as

Figure 7.
Proportion of participants in each group viewing national principles as needed



The terms 'principles' and 'standards' have multiple and varied definitions and were sometimes used interchangeably by participants. The Oxford English Dictionary definitions provide a useful distinction as follows, principle = a moral rule or strong belief that influences actions, standard = a level of quality, especially one that people think is acceptable … or measure by which something can be judged or evaluated.

There were multiple reasons why national principles for forensic mental health were viewed as needed. These centred on ensuring that each justice-involved person with mental health needs is treated fairly and has the best chance for a good outcome from both a health and justice perspective. This is in line with the original rationale for the 2006 *National Statement*. Specifically, participants felt that the principles offer guidance for forensic mental health systems. There was some variation to this, some participants felt that national principles should describe what should be provided at a minimum, given system constraints.

An alternative view was that principles should be more aspirational and set goals that services should strive towards. Participants also felt that the principles offer a **shared understanding** for *how* services should be provided. This was viewed as valuable for enabling care that is consistent and continuous across the multiple different stakeholders and settings of forensic mental health. The principles were also viewed as valuable for **advocacy**. Whether to advocate for better care at an individual level, more resourcing of a service, or legal reform, participants felt that the principles can be a useful reference.

"Goals and standards for service provision across the nation for services to strive towards can only be positive" – participant with experience working in a forensic mental health service.

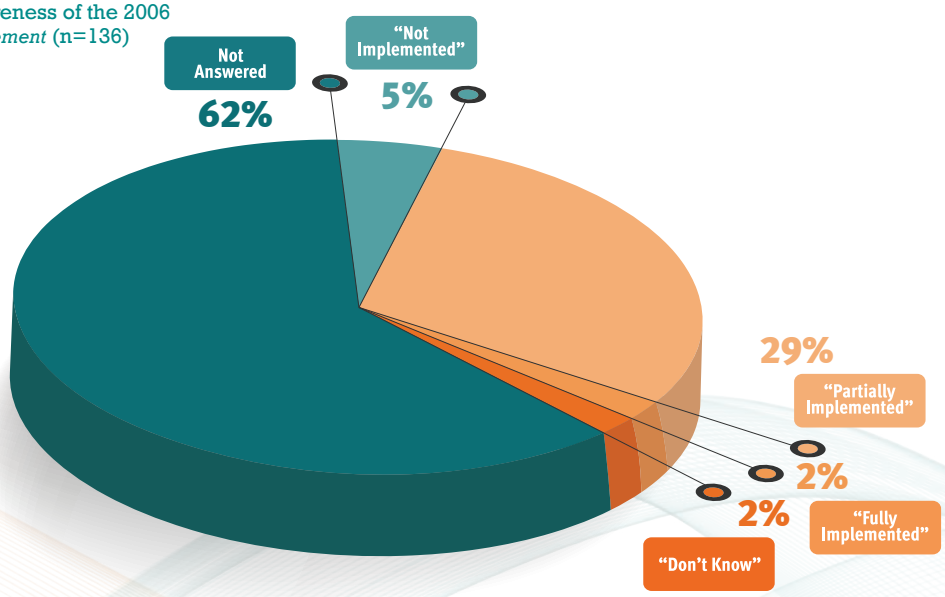
"Shared understanding is the basis for collaboration and ultimately results in the best outcomes for members of the community" – participant with experience working in a Police Service.

"...very important in terms of advocacy... they also give legitimacy to forensic mental health as a specific area of mental health with specific needs" – participant with experience working in a forensic mental health service.

Despite the perceived value of national principles for forensic mental health, the majority of participants had no comment on how they have used them in the past. In the survey, out of the participants who had an awareness of the 2006 *National Statement*, two thirds felt that the principles have not been implemented or only partially implemented, and one third had no comment on whether the principles have been implemented (see Figure 8). Similarly, in the workshops, two thirds of participants had no example of having made reference to or applying the principles. Those who did have examples said they had used the principles to:

- **Advocate** for better patient care, funding/resources, policy change, and service improvement
- **Educate** themselves (within their formal studies/qualifications or their role in practice) and others (including consumers and other stakeholders and services)
- **Collaborate** with other stakeholders to co-ordinate service provision
- **Justify** service provision, training, and other decisions
- **Plan** models of service provision, practice guidelines, and patient management
- **Evaluate** service provision.

Figure 8.
Views on whether principles have been put into action, from survey participants who had an awareness of the 2006 *National Statement* (n=136)



Only a small minority (4%) of participants felt that national principles for forensic mental health are not needed. However, debate, particularly in the workshop with chief psychiatrists, did raise important considerations for future principles.

There was a view that principles and standards specific to forensic mental health may not be needed because the same ideas should be covered in those that apply to health more generally. Countering this, there was a view that principles and standards specific to forensic mental health are needed because experiencing the combination of mental illness and justice involvement can create unique needs, as well as unique challenges both practically and ethically.

In relation to these views, an argument was made that future principles could contain only what is unique to forensic mental health, but also have a clear message that principles that apply to health more generally also apply to forensic mental health.

> *"Why do we need to have these?... We've now got National Safety and Quality Health Service Standards... we should be trying to influence those... rather than seeing ourselves as always being separate"* – participant with experience working as a chief psychiatrist.
>
> *"...while we want to have those standards consistent for health across mental health, there are in the forensic setting some additional aspects which specifically impact on people's mental health ...there is scope for some specific mental health forensic guidelines which would speak to that different context and that additional burden for consumers"* – participant with experience working as a chief psychiatrist.
>
> *"...one way is to see what's forensic specific and keep it there, but also have a very, very strong statement that the national standards apply in forensic settings... make very specific reference to them... because there are settings where there's a danger... there's a real risk of sub-standard care"* – participant with experience working as a chief psychiatrist.

In relation to the value of having national principles for forensic mental health, participants also identified some specific ideas and concepts that should be included in such principles (see Figure 9). The most frequently suggested were equivalence of care, trauma-informed care, cultural responsivity, accessibility, evidenced-based practice, recovery-focused care, human rights, and person-centredness. Of these, the ideas with the most overlap across the different stakeholder groups were trauma-informed care, and person-centredness.

While many of the ideas raised by participants are concepts that are already represented in the 2006 *National Statement*, several add to, or extend on, the existing content. Namely, the concept of trauma-informed care was noted to be missing in the existing principles. Participants felt that this is critical for inclusion given the high rate of experiences of trauma among justice-involved people, and the understanding that trauma affects people's lives, service needs and usage in significant ways.

The concept of cultural responsivity was also noted to be missing detail and emphasis, and only mentioned briefly, in the existing principles. This view was raised in recognition of the overrepresentation of Aboriginal and Torres Strait Islander people with mental health needs in the criminal and youth justice systems.

As a further consideration, participants raised the idea of equity as potentially more important than equivalence, which is the foremost principle of the 2006 *National Statement*. This was underpinned with the reasoning that individuals in contact with forensic mental health services level of need for support is often greater in amount and more complex than those with mental disorder that are not justice involved.

Figure 9.
Most frequent answers to workshop question: *"What do you think are the most important ideas to include in national principles for Forensic Mental Health?"*

Challenges in forensic mental health

Forensic mental health is a uniquely complex and challenging area due to the various intersections of the systems that are involved. Tensions can arise due to the varied purposes and philosophies of criminal justice systems, and mental health services. While legal, criminal and youth justice systems can be informed by principles and practices of punishment, safety and security, forensic mental health services also focus on facilitating empowerment, autonomy, and recovery. Speaking to this particular tension, participants including people with lived experience felt that the key to balancing healthcare for the justice-involved person and safety for others, is to treat each person with a holistic and individualised approach and to focus on rehabilitation.

"...punitive action will never help heal" – participant with lived experience and experience working in a forensic mental health service and a justice or mental health related non-government organisation.

"A shift in the balance – especially in the corrections system – from 'let's punish' to 'let's support people to live better lives'" – participant with experience working in a mental health service (non-forensic), a justice or mental health related non-government organisation, and a correctional service.

In both the survey and the workshops, participants were asked to comment on what they felt were the current challenges in forensic mental health. A broad range of challenges was identified. Some of the challenges highlighted were of a practical nature, including funding, infrastructure and workforce challenges including recruitment and retention of suitably qualified specialist staff.

Access emerged as a key challenge with respect to a number of areas including access to adequate support for reintegration and rehabilitation, accommodation/housing, disability support, and community-based supports. Other challenges that were highlighted were more central to stigma, attitudes, alcohol and other drug use, Aboriginal and Torres Strait Islander culturally appropriate approaches, low political priority, and ethical decision making.

"...this is a political hot potato... politics determine forensic mental health services... if there's one area of psychiatry which is influenced by politics, it's us" – participant with experience working in a forensic mental health service.

"...when you're talking about the idea of equivalency, you have to consider context... In a custodial environment where there really are often logistical barriers... you might not have access to the full gamut of mental health interventions" – participant with experience working in a correctional service.

"Nationally agreed principles are a useful start for clinicians to advocate for more resources, but in themselves are not sufficient to force financial investment from governments" – participant with experience working in a justice or mental health related non-government organisation.

"Access to culturally appropriate communication and other support for Deaf and hard of hearing people in contact with the criminal justice system is a huge area of need. We see the consequences for people in their mental health and criminal justice outcomes" – participant with lived experience (First Nations Deaf Women's Group).

There were differences observed in the challenges that were identified by each of the stakeholder groups, with each providing an assessment from their perspective. The combined views of all participants are presented in the form of a word cloud (see Figure 10). The views of each of the stakeholder groups are included in the 'At a glance', section of this report. Overall, the most frequently raised challenges were resourcing (including in terms of funds, workforce, and facilities), access to services, stigma, community integration (including in relation to housing, the NDIS, public perception, and community supports), cultural responsivity, low political priority, and issues with drugs and alcohol. Of these, the challenges with the most overlap across the different stakeholder groups were funding, and access.

Figure 10.
Most frequent answers to workshop question: *"What do you think are the biggest challenges today for the field of forensic mental health?"*

The issues that were identified provided participants with an opportunity to consider how principles for forensic mental health may be useful in meeting the challenges. Participants then provided their ideas for change to strengthen the national direction for contemporary forensic mental health systems.

Ideas for change

One clear message arising from this consultation was that there is room for improvement. Participants suggested a range of ways to revise and refine the national principles for forensic mental health in order to achieve the goal of ensuring that each justice-involved person with mental health needs is treated fairly and has the best chance for a good outcome from a health and justice perspective. Underlying these ideas was a shared view that the principles should champion human rights, be evidence-based, promote cultural security and honour lived experience (see Figure 9). This supports and builds on what was originally intended for the 2006 National Principles. Participants' ideas pertained to making the principles more contemporary, tangible, accessible, and enforceable.

Update content to reflect latest evidence and rights

On the whole, participants agreed with the ideas included in the 2006 *National Statement* but felt that the content should be updated to reflect contemporary evidence and rights.

> *"...there is a need to update based on the latest science"* – participant with experience working in a forensic mental health service.
>
> *"...most of the legislation etc. noted in the preamble is now defunct"* – participant with experience working in a correctional service.

One strong view was that future principles should explicitly promote **rehabilitation**. Participants felt that this should be conveyed in content recognising the need for specialised support to be provided in order to prevent people from entering, or re-entering, the criminal justice system as much as possible. This is particularly relevant to the principles on 'access and early intervention', and 'integration and linkages.' In relation to promoting rehabilitation, participants also highlighted the importance of looking beyond health to inclusively recognise social determinants and support needs, such as for housing and vocation. Many participants also wanted greater recognition of *timely* support and least restrictive practices.

> *"...corrections has therapeutic and rehabilitative goals... we're not just providing the buildings... that needs to be captured better... there needs to be a different conceptualisation"* – participant with experience working in a correctional service.
>
> *"The most important principles should be... to prevent criminal justice contact, to enable successful diversion, and to enable post-justice transition"* – participant with experience working in a forensic mental health service.
>
> *"...transitional supports into the community... will help maintain the prisoner's mental health... but will also help reduce the rates of recidivism"* – participant with experience working in a mental health service (non-forensic) and a correctional service.
>
> *"Speedy supports for mental health to avoid justice depth"* – participant with lived experience.

Another strong view was that future principles should promote **person-centredness**. Participants felt that this should be conveyed in content recognising the need for support that is both individualised and holistic. That is, support that addresses the specific and unique needs of each person, considers all parts of a person in the context of their life, and accommodates diversity related to culture, gender, age, and other parts of identity. For example, participants felt that more attention to cultural safety and cultural responsiveness for Aboriginal and Torres Strait Islander people was required. Similarly, content on family-centredness was felt to be missing but important. Participants felt that family members, or other support people close to the justice-involved person, should be recognised as a key stakeholder with lived experience as well as their own care needs.

"...tailoring to individual requirements in acknowledgment of difference (education, social, gender, culture, trauma background, intellectual disability, or associated vulnerabilities)" – participant with experience working in a mental health service (non-forensic) and a justice or mental health related non-government organisation.

"Holistic and person-centred care – acknowledge the complex and interrelated issues that people can experience, e.g., developmental disability/neurodiversity, other disabilities, mental illness... substance use issues, intergenerational and individual trauma" – participant with experience working in a correctional service.

"Families and carers appear to have been totally excluded, yet these are the people that are expected to provide free and ongoing care to their relative/friend... both have differing needs in their respective journeys." – participant with experience working in a forensic mental health service, a correctional service, and a justice or mental health related non-government organisation.

Given that forensic mental health is complex and involves the cooperation of multiple system stakeholders, participants viewed cross-sectoral and cross-agency **collaboration** and **partnerships** as critical. Participants also identified person-centredness as necessarily requiring attention to collaboration and communication between stakeholders across settings. Some participants felt that better information sharing between stakeholders should be particularly emphasised. Participants also felt strongly that collaboration must be inclusive of individuals and families who are consumers with lived experience of the forensic mental health system. As such, content should specifically recognise the voice of lived experience and the rights of individuals and families to be informed and have agency in their care.

"Building relationships between all stakeholders to provide services in a holistic manner and working together" – participant with experience working in a court/legal setting.

"The need for continuity of care and the need for all teams to work together in an integrated way... we can't work in silos" – participant with experience working in a forensic mental health service, a correctional service, and a justice mental health related non-government organisation.

"The system to engage effectively with clients... to address the role they play" – participant with lived experience.

"...trusted supports decide – co-create – wellbeing plans with the person of concern" – participant with lived experience.

"...recognising lived experience, truly recognising the consumer as an expert in their care" – participant with experience working in a forensic mental health service.

Commensurate with the agenda of rehabilitation and person-centredness, greater attention to the **marginalisation** of justice-involved people with mental health needs was also viewed as necessary. Participants felt that all levels of care, from the practice of individual staff to the processes of a service, should be informed by an understanding of this marginalisation. Most notably, the importance of greater attention to stigma, – and, indeed the *double* stigma of experiencing mental illness and justice involvement – was raised repeatedly by all participant groups. Namely, that the justice-involved person with mental health needs is stigmatised both within the justice system, because of their mental health needs, and outside of the justice system, because of their justice-involvement. Further to this, the importance of recognising disadvantage due to disability and social situation was also frequently mentioned, and content addressing inaccessibility due to language and literacy, and recognising trauma-informed care was felt to be missing but important.

"The cohort already marginalised in the community is completely disempowered and disenfranchised within this institution" – participant with experience working in a forensic mental health service, a correctional service, and a justice or mental health related non-government organisation.

"It's important for people to really know and understand that they are not fundamentally broken, wrong, evil" – participant with experience working in a mental health service (non-forensic) and a justice or mental health related non-government organisation.

"...evaluation of the balance between technical lingo and humanistic lingo so people can better access and understand the labels... and how they might fight for their rights" – participant with lived experience.

With reference to the multiple layers of stigma and disadvantage that justice-involved people with mental health needs are subject to, there was consensus that the principle of equivalence (as articulated in Rule 24.1 of the UN Mandela rules)[7] is a priority. Some participants felt that future principles should aspire to achieving **equity**, which may require a disproportionate (rather than 'equivalent') level of investment in forensic mental health and level of support for individuals that come into contact with the forensic mental health system.

"However we do it, it all comes back to making absolutely sure that the primacy of that principle of equivalence" – participant with experience working as a chief psychiatrist.

"People in the justice system generally have more complex mental health needs... they have more co-morbidity with physical health problems, with trauma, with substance abuse... their needs are different... they probably need more help rather than equivalent help... so 'equivalence' isn't sufficient" – participant with experience working in a forensic mental health service.

A prominent theme from participants emerged about the need for greater attention to specialised **training** and education for staff, not just within health services but across the range of settings relevant to forensic mental health, especially correctional and custodial settings. Participants felt that content should recognise the role of training and education not just in equipping staff with knowledge and skills, but also in shaping their attitudes. This was viewed as necessary to continue tackling stigma and discrimination. A further point that a portion of participants made was that recognition of staff safety and wellbeing is important. This was in some cases raised in relation to losing staff due to issues of burnout or inadequate professional support.

"Staff in general mental health services require more education about working with consumers who have contact with the law, to support de-stigmatisation and to ensure staff are able to develop appropriate skills for working with people who may have more complex presentations which relate to the intersection between their mental illness and criminal behaviour" – participant with experience working in a forensic mental health service, a mental health service (non-forensic), a correctional service, and a justice or mental health related non-government organisation.

"Poverty of specialised experience with their presenting needs outside of the forensic mental health system resulting in discrimination, exclusion from services, or care that is not attuned to their needs" – participant with experience working in a forensic mental health service, a mental health service (non-forensic), and a justice or mental health related non-government organisation.

"...police to have detailed mental health training... corrective services to also have detailed mental health training... professionals such as psychiatrists, psychologists, social workers, etc. to have heavy involvement" – participant with experience working in a mental health service (non-forensic).

On the topic of contemporary evidence and rights, some participants also specifically listed the United Nations treaties that have been ratified by Australia since the 2006 *National Statement*, the *Convention on the Rights of Persons with Disabilities* (CRPD)[6] and the *Optional Protocol to the Convention against Torture* (OPCAT)[11], as worth considering for inclusion in the content of future principles. Both treaties have relevance for the forensic mental health system. While OPCAT aims to ensure that those who are placed in detention, in whatever context, are treated with dignity and respect, the CRPD is designed to protect the human rights and inherent dignity of persons with disability. The CRPD gives protection to all persons with disabilities, which is defined as including, *"...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."*

Update language used to communicate principles

In addition to updating the content of national principles for forensic mental health, there was a strong view across all participant groups that the language used throughout the 2006 *National Statement* should be revised. This was based on the understanding that the words we use have the power to shape the way we think. In the same way that content should reflect contemporary evidence and rights, participants felt that the language used to communicate that content should reflect contemporary ways of thinking. Specifically, participants wanted future principles to be communicated in language that is person-first, recovery-based, and accessible.

Participants felt that **person-first** language[12,13,14] is needed to match with content promoting rehabilitation and person-centredness. The use of the term 'offender' in the 2006 *National Statement* was consistently criticised as needing to be replaced, as was the term 'target group'. A number of participants with lived experience, in particular, had strong reactions to these terms and one Aboriginal Elder felt that such language can subject someone to an increased likelihood of being "targeted". Person-first language was viewed as important for moving away from stigma and a punitive way of thinking, to shaping a sense of recovery and empowerment.

> *"We're dealing with people... using the word 'offenders' is stigmatising and not helpful"* – participant with experience working as a chief psychiatrist.
>
> *"Language can often determine outcomes... I hate the word 'target groups'... the word in and of itself makes all sorts of ramifications and implications. It needs to be something less subject to abuse... 'target groups' is very sickening. It really is quite offensive"* – participant with lived experience.
>
> *"People-oriented, more hopeful language. Consulting with people with lived experience and their carers to ensure respectful language is used"* – participant with experience working in a justice or mental health related non-government organisation.
>
> *"More inclusive language, to align with recovery, collaborative care, better acknowledge patients' rights"* – participant with experience working in a forensic mental health service.

Participants felt that **recovery-based** language is also needed to match with content promoting rehabilitation and person-centredness. The term 'offender' was again criticised. Recovery-based language was viewed as important for framing forensic mental health as a matter of health over justice.

> *"Language obviously does have a very pervasive impact on how we conceptualise the work we do... I'd much rather work for the 'department for rehabilitation' rather than 'department for correction', that's where I'd like to see it go"* – participant with experience working in a correctional service.
>
> *"The language... seeing people as objects of intervention is a problem, when we use language like 'offenders' and typecast people forevermore... we're much more about promoting self-efficacy... it needs to be updated"* – participant with experience working in a correctional service.
>
> *"One particular word which I struggle with is 'danger'... utilising more language around 'risk' rather than an immovable term of 'danger'"* – participant with experience working in a forensic mental health service.

Participants felt that future principles should be communicated in language that is **accessible to the consumer**, family and community to match with content promoting empowerment and collaboration. The view was that if the principles are to address inaccessibility of the system due to language and literacy, the principles themselves ought to be written in accessible language. Participants felt that this would be one step towards enabling consumers to be informed and to have agency in their care.

> *"I'd be ripping the language apart, making them recovery and person focused, in simple and plain English… a tone of voice reflecting kindness and care"* – participant with experience working in a forensic mental health service.
>
> *"More accessible language to the people who most need to access services"* – participant with lived experience.

Further to these changes, several participants pointed out that the terminology used in the 2006 *National Statement* varies throughout the document. It was suggested that the language used to communicate future principles should be consistent throughout its content.

Revise target group section

In conjunction to updating the content and language of national principles for forensic mental health, participants felt that the 'target group' should be revised. This refers to the 'target group' section of the 2006 *National Statement* which states who the principles apply to. One view was that it should be more inclusive. Many participants specifically criticised the point in the 2006 *National Statement* that the principles do not apply to someone with intellectual disability or substance use issues, without co-morbid mental illness. Consistent comments were made that it is common for a justice-involved person to have a mix of conditions causing or contributing to mental difficulties, including but not limited to intellectual disability and substance use issues. Participants felt that separating these conditions is not only difficult but unnecessary because, irrespective of the specific condition, specialised therapeutic support is needed. The concern was that specifying who the principles do not apply to will actively prevent someone from accessing the services and support they need.

> *"The fact is, there's a very high co-morbidity with AOD and mental health issues. There's also a distressingly large cohort of people with intellectual disability and co-occurring mental health issues"* – participant with experience working in a justice or mental health related non-government organisation.
>
> *"The delineation of the various conditions… either mental illness, drug-induced psychosis, foetal alcohol syndrome… or a mix… it's not straightforward"* – participant with experience working in a court/legal setting.
>
> *"The current definition of target group is really narrow… complex PTSD, ASD, those sorts of disorders would not fall under mental illness… it should be more holistic"* – participant with experience working in a forensic mental health service.
>
> *"I think it's exclusionary where we don't need it to be… just because you don't have a co-morbid mental illness, you may well be experiencing psychological distress"* – participant with experience working in a correctional service.
>
> *"What it comes down to… as a basic principle, we're treating symptoms"* – participant with experience working in a forensic mental health service.
>
> *"We shouldn't be highlighting particular groups to exclude… services can very often use that to close the door"* – participant with experience working in a forensic mental health service.

Participants felt that excluding a significant portion of justice-involved people with mental health needs is not only at odds with the purpose of the principles, but at odds with reality, because someone with a condition other than a mental illness often will be under the care of a forensic mental health service. Several comments were made that it is especially important to apply the principles to someone with a disability because they are most at risk of not being treated fairly.

"If we take a step back about why we need principles in the first place… it's a group of people with mental health needs… who are at high risk of not getting their rights met and also not getting the right care" – participant with experience working as a chief psychiatrist.

"The current target population is not necessarily reflective of the population group that forensic mental health services see" – participant with experience working as a chief psychiatrist.

"Particularly with regard to intellectual disability… that needs to be reviewed because in practice… we are the gazetted agency" – participant with experience working in a forensic mental health service.

"People with intellectual disability in forensic services or forensic sectors are even more marginalised… if we aren't going to recognise them moving ahead in these sorts of national statements or national guidelines then nobody is" – participant with experience working in a forensic mental health service.

"Persons with disabilities… they're the most disadvantaged members probably of society in total… some of the situations we come across with people with very serious disabilities locked in isolation for months on end without access to proper oversight, proper interventions… not be trying to do something about that appalling situation would be very troubling" – participant with experience working in a forensic mental health service.

Extending on the idea of being inclusive, participants felt that along with more broadly defining who has mental health needs, future principles should more broadly and clearly define who is justice-involved, and when. The view was that it is not just "offenders or alleged offenders" who have mental health needs that are relevant to being justice-involved; it is also people who have, or may, come into contact with the criminal justice system in some way. As such, participants commented that it is important for future principles to apply to someone who is experiencing mental distress because of their contact with the justice system; a family member (or equivalent) of a justice-involved person with mental health needs; outside of the justice system but experiencing mental distress that puts them at risk of being justice-involved; or released from custody but with ongoing mental health care needs. Adding to this, there were comments that national principles for forensic mental health should include not just adults, but also children and adolescents.

"If we were really keen on serving the community as best as possible… the fact that there's been a defining event where they've committed an offence is not really so directly relevant to the clinical needs or support needs of a person… we need to get over that and start doing our job properly" – participant with experience working in justice or mental health related non-government organisation.

"…point out that the target group includes people who are in the community… that opens up the door towards treatment that's aiming at reducing offending… that reduces harm both ways… to the community with offending, but also… from being in prison or in custody" – participant with experience working in a police service.

"…extending it… anyone who's got any involvement with the correctional service and the justice system, who's out in the community… should be able to reference the principles" – participant with experience working in a correctional service.

"A lot of the young people I see have huge needs by virtue of their experience of particularly trauma leading up to their entry into custody… these principles should apply to these young people as well" – participant with experience working in a forensic mental health service.

On the topic of 'target group', participants pointed out that principles apply not just to people but to settings. As such, being inclusive in terms of *where* people experience mental health needs and justice-involvement was also viewed as important because of the breadth of settings in which a justice-involved person with mental health needs may experience marginalisation. There was agreement that national principles for forensic mental health should apply across all custodial, health, and community settings, inclusive of any specialist or mainstream service, within or outside of the criminal justice system, that a justice-involved person with mental health needs may engage with. Some participants specifically commented on the importance of applying the principles to system 'interfaces' (e.g., the *National Disability Insurance Scheme* (NDIS)), social access (e.g., housing), and first-response situations (e.g., police interactions).

"Who you're actually seeing as your key players that this applies to will probably give you a better idea around where they apply... they're kind of guidelines that really should be applying across everything that everyone does" – participant with experience working in a forensic mental health service.

"There shouldn't be a limit on settings" – participant with experience working in a forensic mental health service.

"...effectively, anywhere where a forensic mental health patient interfaces or is provided care" – participant with experience working in a forensic mental health service.

A further point was that, in conjunction with a set of universal principles, setting-specific considerations are likely needed to address the unique demands relevant to each setting.

These views on being inclusive suggest that the 'target group' section of the 2006 *National Statement* should be revised to be broader and simpler. However, participants also raised three problems with making the 'target group' broader and simpler. One, the principles may become too general and lose their focus in protecting a specific group of marginalised people. Two, someone may be put in, and stuck in, a forensic setting unnecessarily and be harmed because of the experience. Similarly, someone may be given, and stuck with, a 'forensic' label unnecessarily and harmfully. Three, services may lose the capacity to support specific needs whilst trying to support general needs.

"It's a tricky one... there is that real tension between wanting to be inclusive and broad, but then you go too far and it becomes just a set of principles that are inevitably weakened and lose focus because they apply to everybody" – participant with experience working in a forensic mental health service.

"We know how high mental illness is in custodial settings... does that group of people fall under these principles also?... wouldn't this be pretty much everybody?" – participant with lived experience.

"Too often it's too easy to say, they behave weirdly, let's put them in there. And you get people stuck in forensic facilities that have outrageous lengths of stay... slow and difficult pathways to release... and that's not really the place" – participant with experience working in a justice or mental health related non-government organisation.

"We're trying to be inclusive, but... as you more widely define 'forensic'... the stigmatisation of people... it's concerning" – participant with experience working as a chief psychiatrist.

"We have to be so careful because... very quickly services then get completely preoccupied with the management... and a lot of resources and funding then gets side-tracked" – participant with experience working in a forensic mental health service.

Together, the multiple important perspectives voiced by participants indicates that more detailed consideration is needed regarding who future principles should apply to, where and when, and how this information should be communicated.

Participants in this project, across various stakeholder groups, identified that there are unmet needs for people with disability within the criminal justice system. There is scope for further work either in the policy space or in linkages between the disability and justice sector.

Putting principles into action

Beyond ideas for updating and revising the 2006 *National Statement,* a consistent message from participants was that principles are tokenistic without ways of putting them into action. That is, to measure how well they are put into action, and to ensure that they are implemented through monitoring and reporting. This was viewed as missing at present and important for the future.

Participants suggested a range of ways to measure how well principles or standards are put into action; some were ideas for what to measure, others were ideas for how to measure. In terms of what to measure, suggestions were made for capturing information about services as well as about people, and for capturing information in the form of numbers as well as in the form of words. These included:

- Feedback from people with lived experience feedback (e.g., stories of lived experience, surveys, yarning circles)
- Staff and other stakeholder feedback (e.g., reflections of practice)
- Longitudinal patient outcome measures (e.g., mental health assessment, recidivism)
- Key performance indicators (e.g., rates of diversion, wait times).

In terms of how to measure, suggestions were made for approaches both at a local level within systems and services, and at a national level across systems and services. These included:

- External auditing
- Mandatory reporting
- National benchmarking
- Incorporating into accreditation.

Further to these suggestions, participants raised a number of issues to address in order to put principles into action. First, **principles need to be measurable** in order to be measured. Participants felt that the 2006 *National Statement* offers a standard to aspire to but does not clearly communicate what the principles look like in action. They felt that both are important. To make the principles more tangible, some participants suggested developing forensic mental health specific standards with actionable and measurable information. Multiple participants also wanted the explanatory material in a future statement of principles for forensic mental health to be more succinct, with increased clarity.

Second, **oversight is important.** Participants felt that there should be a leading body overseeing the processes required to put principles into action. Some suggestions were made that oversight should come from a human rights agency, while other suggestions pointed to subject matter experts, such as the Australian Commission on Safety and Quality in Health Care in collaboration with forensic mental health services. In either case, there was agreement that whoever has oversight of future principles needs both expertise and power in order to influence not just services and systems, but also government. Participants felt that this was needed for action that is well co-ordinated, properly resourced, and long-lasting.

Third, **lived experience input is important.** Participants felt that ongoing efforts to develop future principles and put them into action cannot be without the voice of lived experience. Suggestions were made that co-design, or other approaches to inviting and supporting consumers, families and supporters to play an active role in shaping the services they receive, should be followed. Several participants also remarked that this consultation was a good example of including people with lived experience.

"These are aspirational principles which, though commendable, require a corollary set of actionable initiatives that are also congruent with other domains of governance" – participant with experience working in a mental health service (non-forensic), a court/legal setting, a justice or mental health related non-government organisation, and a correctional service.

"When you're talking about the framework to give better access, where are the rules? The rules and principles might be great, but how are they applied? How are they being monitored and assessed?" – participant with lived experience (First Nations Deaf Women's Group).

"...enunciate what is both acceptable and what is the gold standard" – participant with experience working in a forensic mental health service and a mental health service (non-forensic).

"There is a need for a convergence of several methods to measure implementation... across different domains (e.g. knowledge translation, practice frameworks, policy coherence, workforce planning) as well as important process guidelines (e.g. co-design, prioritising of lived experience, embedding of intersectionality)... this would require an overarching system of governance with clear priorities and lines of accountability" – participant with experience working in a mental health service (non-forensic), a court/legal setting, a correctional service, and a justice or mental health related non-government organisation.

"Honest narratives from people... people who [these principles] are actually for" – participant with experience working in a mental health service (non-forensic), a court/legal setting, a correctional service, and a justice or mental health related non-government organisation.

"This has been great, one of the best set ups to answer such complex questions." – participant with lived experience.

From research to reality

The translation of research findings from knowledge to real-world impact can be challenging. In cases where multiple stakeholders are required to work together collaboratively to bring about nationally agreed policy reform and system enhancements, this is particularly the case. This project has engaged a broad range of forensic mental health system stakeholders and has generated momentum for further collaborative efforts to strive towards the National Mental Health Commission's goal of *Vision 2030*[15] for a *"connected, effective, well-functioning and sustainable mental health and suicide prevention system designed to meet the needs of all individuals and their communities."*

This section provides further information about the project recommendations and provides brief suggestions that may form part of a road-map to assist in their implementation. While some of the recommendations are achievable in the short to medium term (1-2 years), others will require a longer time frame and are dependent on preceding actions.

Recommendations (1-year time frame)

1. That contemporary, inclusive national principles be developed as informed by the findings of this report and any subsequent consultation with all relevant stakeholders. Future principles should be:
    a. established via a co-design process with people with lived experience and with key system stakeholders including Aboriginal and Torres Strait Islander people, those working within police, health, justice and corrections sectors
    b. endorsed by all jurisdictions via an authorising environment that is equivalent to that which underpinned the 2006 *National Statement*
    c. formulated with consideration of the revisions to content, language, and population of focus suggested by participants in this consultation
    d. formulated with the view that they should inform the development of future forensic mental health standards.

This research has identified that there is widespread support for the development of a set of contemporary national principles to strengthen the national direction for contemporary forensic mental health services. The findings described in this report, additional data and networks that have been established throughout the project offer a basis for future work to co-design contemporary national principles. While there is agreement on certain aspects of future principles, a number of areas will require continued discussion and negotiation.

For the next phase of this work to be undertaken, it is suggested that a project with dedicated funding be established. Full scoping or planning of such a project would be required to enable this work, however the following suggestions are provided for consideration:

- For recommendation 1 to be completed (including appropriate endorsement) a 1–2-year project is suggested
- To achieve meaningful system reform, future principles will require legitimacy and sustained commitment. It is suggested that jurisdictional health policy leads coordinate the process of co-design as it is likely that they will be responsible for leading the implementation of change that results
- There is a need for future principles to be negotiated at multiple levels of government (state and federal), necessitating the identification of an appropriate authorising environment. This should be at least equivalent to that involved in endorsing the 2006 *National Statement* (Australian Health Ministers Advisory Council and Corrective Services Ministers Council)
- In keeping with contemporary approaches to health service planning and policy formation, a process of co-design with people with lived experience of the forensic mental health system should be established. Given the overrepresentation of Aboriginal and Torres Strait Islander people with mental health needs in the criminal justice system, they should be included in the co-design process
- System stakeholders including those working within police, health, justice (courts) and corrections sectors must be consulted at all stages.

2. That a communication strategy to socialise new forensic mental health principles be developed and implemented to promote awareness across stakeholder groups.

    a. Broad cross sectoral awareness that includes relevant sectors outside of health and corrective services, such as police, housing, employment should be sought.

While the research project described in this report has raised awareness of the 2006 *National Statement* and has identified that there is a need for sustained efforts to ensure that awareness of future principles remains high. The recommendations in this report have been developed with this goal in mind. The development of contemporary, inclusive national principles, via the mechanisms outlined, with subsequent endorsement at state and federal levels would increase awareness and understanding of potential opportunities for application.

To strengthen awareness, the development and implementation of a targeted communication strategy to promote cross sectoral awareness of future forensic mental health principles when finalised is recommended.

3. That consideration be given to the development of a strategy and/or campaign to reduce stigma associated with forensic mental health in parallel to the development of the future forensic mental health principles to promote understanding across sectors and in the community.

The issue of stigma that is associated with forensic mental health system involvement was identified by all stakeholder groups as a significant challenge, both for people with lived experience and for service providers. The marginalisation that results can create barriers to achieving positive outcomes for individuals, families and communities. A national stigma reduction strategy that is specific to forensic mental health to promote understanding across sectors and via the media is suggested. A number of forensic mental health and justice health communications professionals are employed with in larger jurisdictions. Their expertise and experience could inform future strategic efforts including campaigns that seek to reduce stigma.

Recommendations

4. That a nationally agreed approach to measurement, monitoring and routine public reporting is established and implemented for forensic mental health.

    a. An examination of the extent to which other existing mental health and corrective services national standards ensure that the specific needs of justice-involved people with mental health needs are being met should be undertaken. This should include an assessment of whether specific standards that complement, but do not replace, other relevant standards are required for forensic mental health.

Participants indicated a strong preference that future principles be actionable, that their implementation be measured, and that routine monitoring and public reporting take place. Given the developmental trajectory of similar mental health or correctional setting measurement approaches (e.g., *Key Performance Indicators for Australian Mental Health Services and National Prisoner Health Data Collection*), which have been established and refined over a long period of time, it is likely that achieving an agreed and meaningful approach to measurement and reporting will require adequate resourcing and sustained commitment at all levels.

The experience of those who have a lived and living experience of forensic mental health systems, those who deliver services, system stakeholders and individuals with relevant expertise in system monitoring and measurement should be integral to this work. Key contributors to the establishment of other related data collections and reporting could support this process (e.g., Australian Institute of Health and Welfare).

This report provides a number of suggestions related to the assessment of how well forensic mental health systems are meeting the needs of justice-involved people with mental health care needs. The information provided by participants may offer a basis for future efforts to achieve this. While standards for the delivery of health care services and correctional services exist, the extent to which existing national standards are able to ensure that the needs of justice-involved people with mental health care needs are being met and whether stand-alone or additional specific standards are required (similar to the National Digital Mental Health Standards, Australian Commission on Safety and Quality in Health Care) is unknown.

A process to explore the need for standards that are specific to forensic mental health (either as stand-alone, or as an additional component to existing standards) is suggested. The potential to integrate any assessment of future forensic mental health system standards with existing Australian Health Service Safety and Quality Accreditation Scheme processes, and similar processes within Corrective Services should be explored.

The further development of an agreed approach to the measurement and reporting of the implementation of future principles and standards that are tailored to the needs of justice-involved people with mental health needs would further enhance awareness.

Recommendation (now)

5. That consideration be given to explicitly including justice settings and justice-involved people within key national mental health policies and plans, including the National Mental Health and Suicide Prevention Plan.

There is a growing recognition of the benefits of incorporating the views of lived experience of suicide, mental ill-health and alcohol and drug use in the development of policy and plans. Considered efforts have taken place to enable this in the most recent national processes. It is suggested that the inclusion of people with lived experience of forensic mental health systems be sought as a priority population for future national plans given the over representation of people with mental ill-health in contact with the criminal justice system, the propensity for them to experience significant marginalisation, the recognition that their experiences can be unique, and the reality that almost all individuals who have contact with the criminal justice system also interact extensively with multiple 'non-forensic' systems.

The investigator team is also aware that while the range of stakeholders involved in this consultation has been broad, the project did not specifically seek out people who had not engaged with the forensic mental health
system despite personal or professional circumstances where they might have benefited from engagement.
A useful contribution to future research would be to consider ways of consulting with these stakeholders to understand the reasons and circumstances surrounding non-engagement, and their insights about barriers, risks and possible improvements to effective and useful engagement and retention in care and support.

In conclusion, there is considerable interest and willingness from stakeholders the forensic mental health system, across multiple sectors and in each state and territory, in working together to achieve national consistency and to strive for a system that meets the needs of a marginalised group in our communities. An opportunity exists to continue the momentum that has been generated through this process.

"I feel optimistic and hopeful. It sounds like change is coming, it sounds promising. I'd like to see it in action." – participant with lived experience.

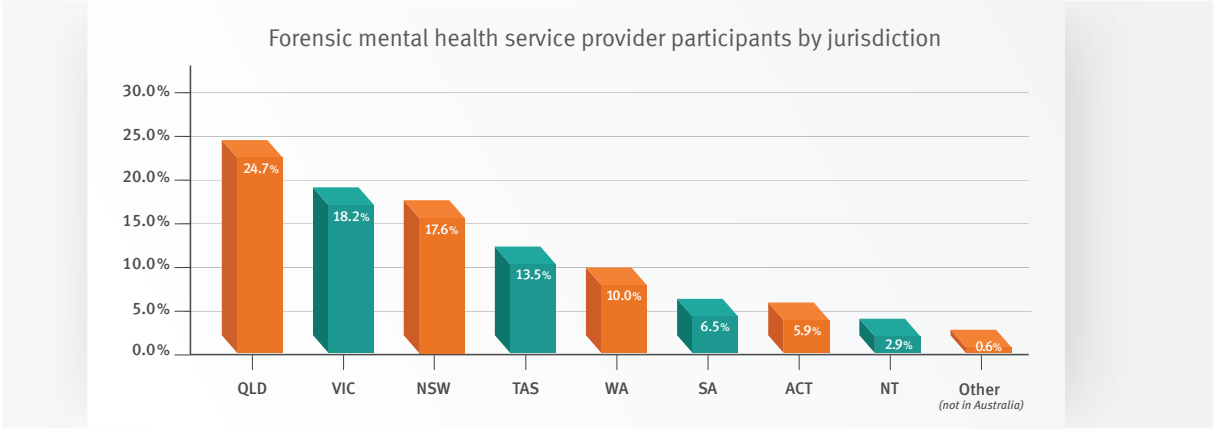
"It's such an important subject, and to keep the conversation going is how we're going to achieve the shift in the system at all levels." – participant with lived experience.

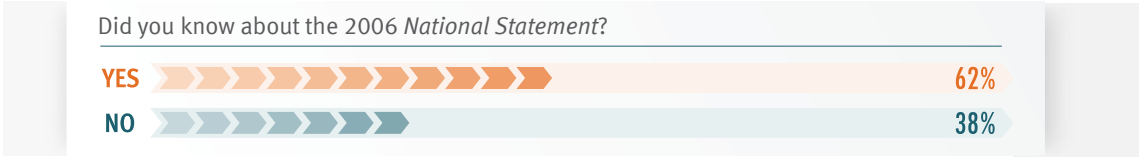
"The only reason you would have national principles is because there is political leadership who wants to ensure that Australia delivers world-class mental health provision, because it sees the important role it plays in making us a happy and safe society." – participant with forensic mental health service provision experience.

Stakeholder summaries *'at a glance'*

Forensic Mental Health Services

Workshop and survey n=167





Challenges in forensic mental health

Forensic Mental Health Services *(continued)*

Important ideas for forensic principles

We need them because we need to be able to clearly define, to define mental services, our target group and communicate this clearly.

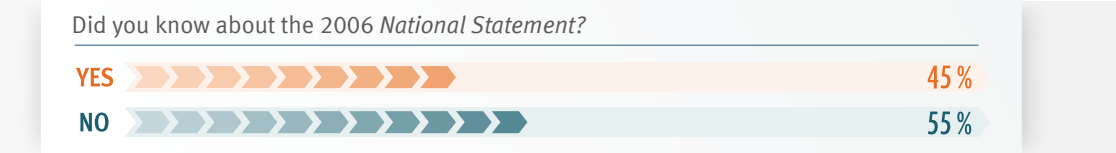
The principles should be aspirational. The reason why I came into forensic psychiatry was very much around accepting that not all people who offend are necessarily bad... I do feel proud that we do a good job.

I know that my general adult psychiatry clinicians get people better and on the path to recovery, whereas we do a job which is perhaps a bit unique since that we reduce risk of individuals. We make them more acceptable to society. We integrate them back into society and I think that's what we dream about. And that's kind of certainly why I took up this specialty and I quite enjoy that work and that's what I meant by achieving my dreams.

We need principles because, we lose our focus without it for a quality service, then needed to benchmark services and to ensure standards of care are being met.

Lived Experience

Workshop and survey n=60



Challenges in forensic mental health

Important ideas for forensic principles

Lived Experience *(continued)*

Why are principles for forensic mental health needed?

"Because the line between appropriate conduct within law enforcement can be blurred."

"It's the reason for entering into such environment and if nothing is done there will be an increase in the problems these people will have, and it will continue to get worse, and the system will fail these victims of trauma and abuse will have the next generation facing the same situation."

To provide a uniform approach seems optimal and required for the best possible treatment for mental health issues.

It would help to have some agreed guiding principles across the various areas (forensic hospital, court, remand, prison) that a person has to navigate.

Yes, they are needed to ensure the safety and well-being of the patient and the community is upheld.

Because if they were used and altered as needed and when needed it would be very useful.

Yes, there should be, but it should be enforced more and overseen more.

Yes. It needs to be the same everywhere so it's easy for everyone to be on the same page. Also there seems to be more accountability when principals are national.

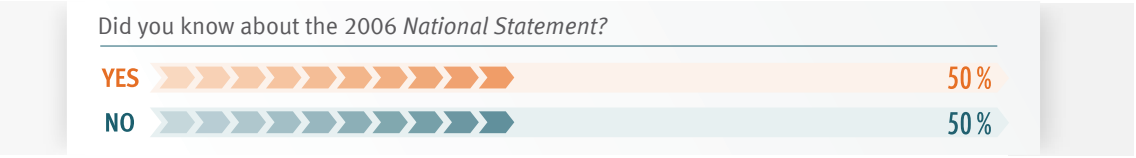
This avoids confusion when people travel between States. It also unites our nation in the cause of helping those with disabilities.

So that we can ensure a consistent approach and framework built across the principles across the nation.

It's the reason for entering into such environment and if nothing is done there will be an increase in the problems these people will have, and it will continue to get worse, and the system will fail.

Correctional Services

Workshop and survey n=53



Challenges in forensic mental health

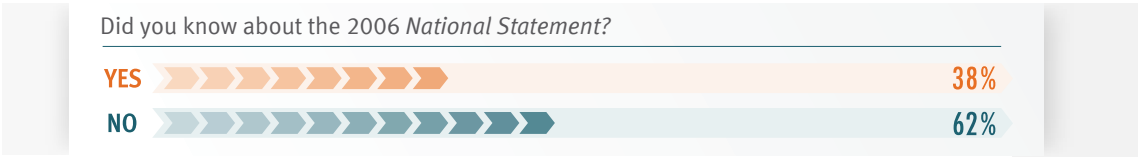
Important ideas for forensic principles

I feel that the national principles should form part of an organizations' accreditation process and that most, if not all, of the principles are embraced within the organizations are followed. Also having less waffly principles that are collectively embraced by all FMHS is important for continuity of care. There are obvious gaps in the principles which need addressing when the document is reviewed particularly around the role of the families and carers and the patient.

Because it sets the standard of what's important and needs to be focused on within the forensic MH system, on how to work with clients and for it to make a positive impact on individuals and the community, it overall contributes to community safety and wellbeing.

Courts and Legal Organisations

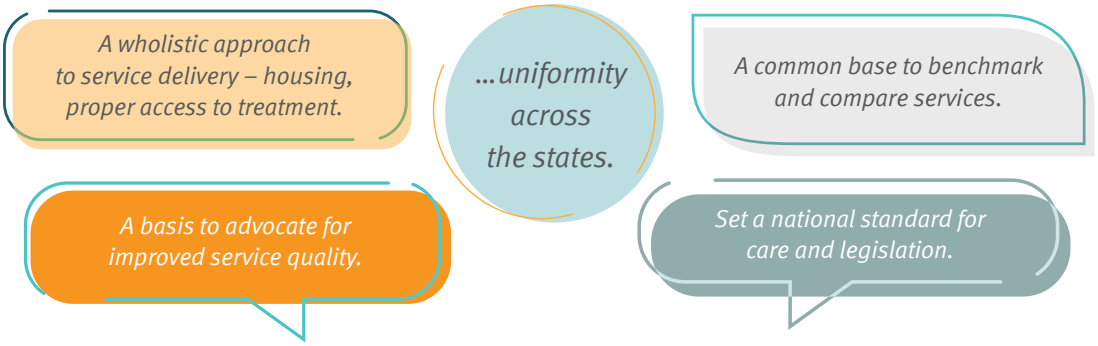
Workshop and survey n=49



Challenges in forensic mental health

Important ideas for forensic principles

National principles for forensic mental health should achieve:



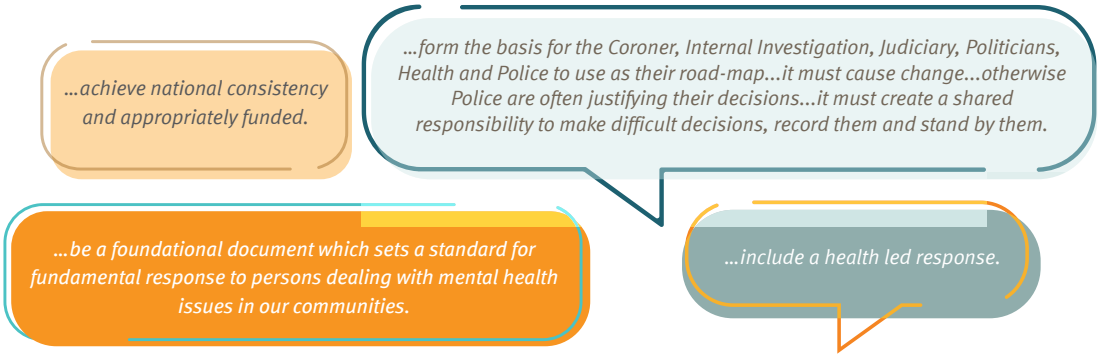
Police

Workshop and survey n=20

Challenges in forensic mental health

Important ideas for forensic principles

National principles for forensic mental health should:



Chief Psychiatrists and Health Policy

Workshop and survey n=12

Challenges in forensic mental health

National principles for forensic mental health:

They are useful. In my State, we struggle to adhere to some of the really important ones. And so, in terms of planning new services or lobbying for change, it's very useful to be able to refer to the national principles even though it may not always be effective.

It's useful to have something that is nationally agreed and that the jurisdictions have allegedly signed up to kind of wave at people and measure things against. So, I do think it has been helpful in the very long, torturous process to get our legislation changed. And, as I say, it is useful because it has got all health ministers allegedly have agreed to it.

...can be useful kind of tactically and I guess the issue though is that if that's the case, that's also applicable presumably to your health care more generally.

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Appendices

Appendix 1 – Survey questions

1. **I have read and agree with the statements concerning consent and eligibility to participate.**

Part 1 – About you

We want to hear from lots of different people in this survey. This section helps us know something about the people who are answering the survey.

2. **Please select all of the options which describe you:**

- ☐ I have personal experience of the forensic mental health system
- ☐ I have experience of the forensic mental health system as a family member, supporter, carer or close friend
- ☐ I work in a forensic mental health service
- ☐ I work in a mental health service (non-forensic)
- ☐ I work in a police service
- ☐ I work in a court setting
- ☐ I work in the non-government sector
- ☐ I work in a legal service
- ☐ I work in a correctional service
- ☐ I work for a community organisation which has an interest in justice and/or mental health
- ☐ I volunteer in a service which has an interest in justice and/or mental health
- ☐ Other

3. **Please select from the following options. I identify as:**

- ☐ Aboriginal
- ☐ Torres Strait Islander
- ☐ Both Aboriginal and Torres Strait Islander None of the above

4. **Please select the state or territory where you live:**

- ☐ Australian Capital Territory
- ☐ Northern Territory
- ☐ South Australia
- ☐ Victoria
- ☐ Other (not in Australia)
- ☐ New South Wales
- ☐ Queensland
- ☐ Tasmania
- ☐ Western Australia
- ☐ If other, please describe

5. **We know that people with disabilities are over-represented in the forensic mental health system, and we would like to hear from people with disabilities (including psychosocial disability) in this survey. Do you have a disability?**

   ☐ Yes

   ☐ No

   ☐ I'd prefer not to say

6. **What is your gender?**

   ☐ Woman

   ☐ Man

   ☐ Non-binary

   ☐ Prefer not to self-describe

7. **What is your age?**

   ☐ 18-24

   ☐ 25-30

   ☐ 31-40

   ☐ 41-50

   ☐ 51-60

   ☐ 61 or over

8. **Please tick this box if you would like to let us know that you identify as a member of the LGBTIQ community?**

   ☐ I identify as a member of the LGBTIQ community

9. **Were you born in Australia?**

   ☐ Yes

   ☐ No (if no, please add your country of birth below).

   _____

Part 2 – Let's get started

10. **Are you aware of the 2006 National Statement of Principles for Forensic Mental Health?**

    ☐ Yes

    ☐ No

11. **Have you read the 2006 National Statement of Principles for Forensic Mental Health?**

    ☐ Yes

    ☐ No

About the 2006 National Statement of Principles

12. **In your experience, to what extent have the principles described in the 2006 National Statement been implemented in the forensic mental health system?**

- ☐ Not implemented
- ☐ Partially implemented
- ☐ Fully implemented
- ☐ Don't know

13. **Please tell us briefly why you have given this rating:**

_____

_____

_____

_____

_____

_____

14. **In your experience, do you think that the 2006 National Statement of Principles for Forensic Mental Health makes a positive difference to the forensic mental health system?**

- ☐ Yes
- ☐ No
- ☐ Don't know

15. **Please briefly tell us why you think that the 2006 Statement of Principles for Forensic Mental Health does or does not make a positive difference:**

_____

_____

_____

Future Principles for Forensic Mental Health

16. **Do you think that national principles for forensic mental health are needed?**

- ☐ Yes
- ☐ No
- ☐ Don't know

17. **Can you say more about why you think this?**

_____

_____

18. **In your opinion, what are the key challenges that people with mental health concerns can face within the criminal justice system?**

_____

_____

19. **We have listed a few ideas about forensic mental health principles below. For each of the statements, please select one option that describes how important you think it would be to include them in future forensic mental health system principles. Forensic mental health principles should:**

	Not important	Moderately important	Very important
...acknowledge the impact of trauma on the lives of people			
...acknowledge the needs of First Nations culture and do things the right way culturally			
...apply to all criminal justice settings			
...promote involvement of people with lived experience			
...include concepts of recovery (being able to create and live a meaningful and contributing life, in the community of choice, with or without the presence of mental health issues			
...promote human and legal rights			

20. **Please describe any other important ideas that you think should be included in future national principles for forensic mental health.**

_____

_____

21. **In your view, how important do you think it is to have processes to measure how well national principles for forensic mental health are implemented?**

- ☐ Not important
- ☐ Moderately important
- ☐ Very important

22. **Do you have any suggestions about how to measure the implementation of principles? Examples might be the use of surveys of different stakeholders or independent inspections.**

_____

_____

Appendix 2 – Workshop questions

1. **Which city or town do you currently work in?**
   [free text response]

2. **Prior to us sending the 2006 National Statement of Principles for Forensic Mental Health, were you familiar with them?**
   [poll Yes/No]

3. **If you have used the principles in the past, tell us how/why?**
   [free text response]

4. **What do you think is positive about the existing principles? What would you retain?**
   [Free text response and group discussion]

5. **Tell us your thoughts about what you feel might need to be changed in the existing National Principles. What would you remove?**
   [Free text response and group discussion]

6. **Tell us your thoughts about what you feel might need to be changed in the existing National Principles. What would you add?**
   [Free text response and group discussion]

7. **Is there anything that you would change about the target group?**
   [group discussion]

8. **What do you think are the biggest challenges today for the field of forensic mental health?**
   [Single word or phrase – word cloud - followed by group discussion]

9. **What do you think that a new set of national principles should achieve?**
   [Free text response and group discussion]

10. **What do you think are the most important ideas to include in national principles for forensic mental health?**
    [Single word or phrase – word cloud - followed by group discussion]

11. **Which sectors and settings should future principles apply to?**
    [Free text response and group discussion]

12. **How could we measure the extent to which principles for forensic mental health are being applied?**
    [Free text response and group discussion]

13. **Do you think that national principles for forensic mental health are needed?**
    [poll Yes/No].

14. **Why?**
    [Free text response and group discussion]

Queensland
Government