



Government of **Western Australia**
Department of **Health**

Forensic Mental Health Sub Network Establishment Report

Including outcomes of the Forensic Mental Health Sub
Network inaugural Open Meeting

4 December 2015

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Contents

Executive Summary	4
Introduction	6
Mental Health Network	6
Mental Health Sub Networks	6
Forensic Mental Health Sub Network Open Meeting	7
Open meeting process	7
Panel discussion	8
Workshop outcomes	9
Next steps	12
Appendix A: Open Meeting program	13
Appendix B: Detailed participant input	14
Appendix C: Inaugural Forensic Mental Health Sub Network Steering Group	18
Appendix D: Acronyms	19

Executive Summary

Forensic Mental Health Sub Network

The Mental Health Sub Networks were established to support the Mental Health Network (MHN) in engaging with and delivering outcomes for specific cohorts.

This report outlines the process of establishment of the Forensic Mental Health Sub Network Steering Group, with a focus on the outcomes of the Open Meeting that will inform the Group's work.

Open Meeting

The MHN in conjunction with the Mental Health Commission (MHC) hosted the Forensic Mental Health Sub Network Open Meeting on 4 December 2015.

The Open Meeting was attended by 48 people, including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations. The participants were highly engaged and motivated throughout the meeting and actively contributed to information collected.

The Open Meeting program is available in [Appendix A](#).

The points below capture the common issues raised during the plenary and in the workshop, as identified by the Open Meeting facilitator:

- Urgent legislative review of the *Criminal Law (Mentally Impaired Accused) Act 1996* is needed as it creates massive gaps that lead to bad outcomes.
- Need for better communication between Government Agencies, between service providers and access to information to avoid service silos across the Criminal Justice System.
- More input and proactive collaboration with families, carers and Aboriginal elders is needed to share security risk and build on the invaluable knowledge of systems families have.
- Reduce stigma and raise community support and awareness through education and training regarding mental health in prisons.
- Better continuity of care and integrated, individualised support is critical, including reintegration of juveniles, reduced minimum access periods to services in prison, prevention and early intervention services.
- More services are needed, especially women's and juvenile specific services.
- Need for new and innovative initiatives to provide individualised care in the prison system, such as Multisystemic Therapy and a Mental Health Passport System.

The themed outcomes from the workshop session are outlined under [Workshop outcomes](#), with the detailed participant input available in [Appendix B](#).

Steering Group

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to drive the work of the Sub Network.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN Executive Advisory Group for final approval. A list of the Inaugural Steering Group for the Forensic Sub Network is available in [Appendix C](#).

The information collected from the Open Meeting workshop will be used to guide the Forensic Mental Health Sub Network Steering Group in the development of their work plan and to

inform and support the MHC in the delivery of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (Plan). The Forensic Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health on the planning of health services.

Introduction

Mental Health Network

The establishment of the Mental Health Network (MHN) was undertaken by the Department of Health with the support of Professor Bryant Stokes, Acting Director General, Department of Health in partnership with Mr Timothy Marney, Mental Health Commissioner, Mental Health Commission (MHC).

The MHN was launched during Mental Health Week in October 2014. The MHN is led by Co-Leads Dr Helen McGowan and Ms Alison Xamon.

The MHN Executive Advisory Group (EAG) membership includes consumer and carer representatives as well as representatives from the Department of Health, MHC, Office of Mental Health, Primary Care, Mental Health Clinician Reference Group, Office of the Chief Psychiatrist, Western Australian Primary Health Alliance (WAPHA) and the Western Australian Association of Mental Health.

The objective of the MHN EAG is to support and guide the MHN to undertake the following:

- Contribute to improving the mental health and wellbeing of Western Australians.
- Draw upon a community of practice approach to share information, engage with the sector and community, foster collaboration and develop partnerships.
- Engage with organisations and individuals to support innovation and change.
- Develop an agreed set of strategic priorities across the mental health sector.
- Promote system change including continued development of a person-centred and recovery orientated culture, with better integrated and connected services.
- Promote adoption of recognised best practice across the sector.

The Mental Health Sub Networks structure was created to support the MHN to meet these objectives.

Mental Health Sub Networks

The Sub Networks are intended to focus on the needs of a particular cohort, be task orientated and to deliver products by bringing together the right people from; the community sector, Health, consumers, carers and other interested parties. A structured approach was taken to the engagement and establishment of each of the Sub Networks.

A prerequisite to the establishment of each Sub Network included confirmed sponsorship from a health service, identified co-ordinators and support of key stakeholders within the sector prior to progressing the development of the Sub Networks.

The MHN Co-Leads took a leadership role in networking with individuals and organisations to identify and establish the Sub Networks.

An Implementation Group of key stakeholders was then formed to assist in the organisation of an Open Meeting, including the selection of appropriate panellists to provide snapshots of key sector issues. The aim of the Open Meeting was to give the broad community the opportunity to actively participate in the formation of the Sub Network and provide critical input to shape its priorities moving forward.

At the conclusion of the Open Meeting, expressions of interest were called for from individuals to join a Steering Group to drive the work of the Sub Network.

Each Mental Health Sub Network Steering Group was required to have representation from:

- consumers
- carers or family members
- community managed organisations
- public community mental health services
- inpatient public mental health services
- inpatient and community private mental health services
- primary health services
- agencies delivering prevention and promotion programs and initiatives
- MHC
- mental health professionals from a range of disciplines including:
 - peer workers
 - allied health
 - nursing
 - medical
 - psychology
 - psychiatry
- individuals and agencies working in regions across the state including:
 - rural and remote and metropolitan districts/regions (particularly relevant for cross-sectoral working groups)
- individuals and agencies working with different age cohorts (relevant for cross-age cohort working groups), including:
 - infant children
 - adolescents
 - youth
 - adults
 - older adults
- the sponsoring organisation.

All nominations were considered by the Implementation Group and the names of the successful applicants presented to the MHN EAG for final approval. In order to keep the Steering Groups at workable sizes, applicants were selected on the basis of their ability and willingness to represent the concerns of multiple cohorts.

A list of the Inaugural Steering Group for the Forensic Sub Network is available in [Appendix C](#).

Forensic Mental Health Sub Network Open Meeting

Stakeholders for forensic mental health services in Western Australia met for the inaugural open meeting of the Forensic Mental Health Sub Network at The Rise, Maylands, on 4 December 2015.

A total of 48 people attended the Open Meeting including mental health service consumers, families, carers, mental health advocates, health professionals, university academics, service providers and organisations.

- 64 people registered to attend the Open Meeting.
- 48 people attended the Open Meeting (75% of those that registered).
- 42 organisations were recorded as having representatives at the meeting.

Open meeting process

The energy and good will demonstrated throughout the establishment of the Forensic Mental Health Sub Network continued to develop momentum throughout the Open Meeting.

The Open Meeting program is available in [Appendix A](#).

The meeting was chaired by Mr Adrian Munro and the acknowledgement to country given by Uncle Albert McNamara. The Mental Health Co-leads, Ms Alison Xamon and Dr Helen McGowan, provided an overview of the MHN; Mr Timothy Marney presented Mental Health – The Big Picture, and Dr Edward Petch gave an overview of the forensic mental health sector.

Panellists recommended by the Forensic Mental Health Sub Network Implementation group then shared snapshots of key issues and perspectives in the forensic mental health sector.

Following a networking break the meeting resumed with a workshop session facilitated by an external provider.

The outcomes of the panel discussion and workshop session as captured by the facilitator are themed and summarised below.

Panel discussion

The panel consisted of representation from the following perspectives:

- Consumer Mr Richard Pollard
- Carer Ms Margaret Doherty
- Department of Corrective Services Mr Eric Dillon
- Aboriginal Elder Mr Albert McNamara
- Specialist Aboriginal Mental Health Service Mr John Van Der Geizan
- Forensic Psychiatrist Dr Sophie Davison

The following points were captured by the external facilitator during the panel session:

- Engage with prisons as a place where people can receive care and get better.
- For service improvement in the prison setting, we need:
 - acute forensic bed access
 - training for support staff
 - improved in-reach services
 - step-up, step-down services in prisons.
- Governance of services is important as we need a mature debate to support the opportunities outlined in the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan)*.
- Need for integrated, individualised support and more connection with Department of Correctional Services across the continuum of care:
 - discharge planning is important.
- More input and proactive collaboration with families and carers is needed.
- We have to improve the two way engagement and decision making with Aboriginal organisations, staff, families and elders:
 - genuine engagement is required to improve outcomes across the board.
- Opportunities to reconnect with family are critical:
 - provides the ability to share security risk
 - grows the understanding of the impacts on families and carers (e.g. 104 hours of care a week)
 - families' experienced knowledge of systems is an invaluable resource.
- Legislative amendments are required to the *Criminal Law (Mentally Impaired Accused) Act 1996 (CL(MIA) Act)* as it creates massive gaps that lead to bad outcomes.
- We require creative ways to hear the voices of those at the pointy end.

- Reduce the stigma of mental health in prison to give people a chance to recover and train prison staff in the mental health and specific cultural needs of prisoners:
 - e.g. medication should be requested and received in private.
- Implement a Mental Health Passport System with information from the prisoner that allows staff and support people to identify 'what is needed' or 'who to contact' when unwell:
 - makes access to care individualised, more efficient and allows prisoners to control their care.
- More rehabilitation programs in prison focused on maintaining physical and mental health to get back into the community:
 - get a head start in prison regardless of sentence length (i.e. no minimum term for access).
- Education and support programs are required to deal with alcohol and other drug (AOD) issues whilst still in prison.
- More focus on prevention and diversion by building on current pilot programs.
- Need for continuity of care throughout the criminal justice journey in a timely, accessible and appropriate format:
 - develop clear understandings of distress and its manifestations in general and forensic services.
- Be cognisant of, and actively challenge, the stigma in services and professionally as mental health, AOD and forensic stigmas often compound each other.
- More support services for women is a major priority, as there are specific needs and no dedicated beds currently.
- Promote a culture of learning and inquiry throughout the services via training and research to develop evidence bases:
 - this will inform work and on-ground learning.
- Need for continuity of care in the community, in prison and during transitions:
 - there is a lack of understanding of family coping and involvement, and the strength that they can provide.
- Address homelessness issues and specific cultural factors.

Workshop outcomes

Participants were asked to consider the panel presentations and take into account their own knowledge and experience of the sector to answer the following questions:

- What do you see as key issues that are still to be resolved?
- For this issue, what potential solutions would you propose?

Responses were shared in real time via GroupMap - allowing cross pollination of ideas from all participants. The participants were highly engaged and motivated throughout the meeting and actively contributed to information collected.

The following points were captured during the workshop session:

Urgent legislative review of the CL(MIA) Act 1996 is needed as it creates massive gaps that lead to bad outcomes:

- *CL(MIA) Act* needs to be reviewed urgently with a cross agency party working together.
- *The Mental Health Act* is inadequate for helping people in prison, particularly having their rights changed under separate Acts.
- Lawyers are underqualified unless specific to mental health and lack knowledge while advising people in serious matters.

- Legislative amendments are required to the *CL(MIA) Act* as it creates massive gaps that lead to bad outcomes.

Need for better communication between government agencies, between service providers and access to information to avoid silo services across the Criminal Justice System (CJS):

- Need for better communication between government agencies and between service providers.
- Depending on who you are, it's difficult to access specific information on complicated issues (Tower of Babel).
- More cross government collaboration is needed.
- Networking and communication is best expressed through interpersonal relationships, which causes splits between services.
- Vulnerable children and youth are often involved in the juvenile justice system, prisons, Department of Child Protection and Family Support (CPFS), Child and Adolescent Mental Health Service (CAMHS), Youth Mental Health and specialist education and receive silo services from each Department individually.
- Governance of services is important as we need a mature debate to support the opportunities outlined in the *Plan*.

More input and proactive collaboration with families, carers and Aboriginal elders is needed:

- Need to implement better family and consumer partnerships across the entire forensic system.
- More input and proactive collaboration with families and carers is needed.
- We have to improve the two way engagement and decision making with Aboriginal organisations, staff, families and elders.
- Genuine engagement is required to improve outcomes across the board.
- Opportunities to reconnect with family are critical.
- Need to work in equal partnership with carers, families and consumers:
 - provides the ability to share security risk
 - grow the understanding of the impacts on families and carers (i.e. 104 hours of care a week)
 - families' experienced knowledge of systems is an invaluable resource.

Need to reduce stigma, and raise community support and awareness regarding mental health in prisons:

- Need for better community support and awareness in the pointy end of the system and for highly complex cases.
- Stigma – mental health should be treated as an illness of the body and mental health emergencies are not always taken seriously enough.
- Lack of mental health education and expertise in the prison system and public in general.
- Big problems with the way the media describes and deals with mental health problems and origins.
- Stigma in government regarding mental illness, which results in a disproportionate impact (i.e. more become subject to justice system).
- Reduce the stigma of mental health in prison to give people a chance to recover and train prison staff in the mental health and specific cultural needs of prisoners:
 - e.g. medication should be requested and received in private.

Better continuity of care and integrated, individualised support is critical, including reintegration of juveniles, reduced minimum access periods to services in prison, prevention and early intervention services:

- Need for an emphasis on improving the reintegration of juveniles into a meaningful life in the community.
- Improving through care difficulties referring to local services when no address is known until the day of release.
- Require increased services for conduct disorders within CAMHS and education system prior to justice involvement.
- Most public money could be saved and the debate could be avoided through early intervention within the child and adolescent mental health system.
- Need for more programs in prisons that begin immediately on entry.
- Prevention and early intervention with juveniles to prevent contact with the CJS is needed.
- Problem with Emergency Department (ED) presentations and no real continuity between services.
- Services need to be available for the whole person on release from prison, rather than silo services.
- Need for a therapeutic farm or community for youth.
- Too many people are in prison for minor offences when there are cheaper and better ways of dealing with these issues.
- Need for integrated, individualised support and more connection with Department of Community Services across the continuum of care:
 - discharge planning is important.
- More rehabilitation programs in prison focused on maintaining physical and mental health to get back into the community:
 - get a head start in prison regardless of sentence length (i.e. no minimum term for access).
- Education and support programs are required to deal with AOD issues whilst still in prison.
- More focus on prevention and diversion by building on current pilot programs.
- Need for continuity of care throughout the criminal justice journey in a timely, accessible and appropriate format.
 - develop clear understandings of distress and its manifestations in general and forensic services.
- Need for continuity of care in the community, in prison and during transitions.
 - there is a lack of understanding of family coping and involvement, and the strength that they can provide.
- Lack of mandatory supervision for three months at the end of the sentence to ensure support back into community.

More services are needed, especially women and juvenile specific services:

- Gender specific services for women are needed urgently.
- More forensic beds are needed desperately.
- No specific juvenile forensic services available in the community.
- Pressure on beds causing access problems and early discharges.
- More support services for women is a major priority, as there are specific needs and no dedicated beds currently.

Need for new and innovative initiatives to provide individualised care in the prison system:

- Need individual identification of mental health needs within the prison system.
- Need for increase in evidence-based interventions for high-risk children and adolescents such as Multisystemic Therapy (MST).
- We require creative ways to hear the voices of those at the pointy end.
- Implement a Mental Health Passport System with information from the prisoner that allows staff and support people to identify 'what is needed' or 'who to contact' when unwell.
 - makes access to care individualised, more efficient and allows prisoners to control their care.

The detailed participant responses are available in [Appendix B](#).

Next steps

The information collected from the Open Meeting workshop will be used to guide the Forensic Mental Health Sub Network Steering Group in the development of their work plan and inform the MHC to support the delivery of their *Plan*. The Forensic Mental Health Sub Network will also be engaged to support consultation undertaken by the Department of Health to advise on the planning of health services.

In addition to working on identified projects, the Steering Group will work to foster engagement and communication in the forensic mental health sector.

Developments, issues for broader discussion and achievements will be reported back to the broader Forensic Mental Health Sub Network membership via the Health Networks.

Appendix A: Open Meeting program



Department of Health
Mental Health Commission

Forensic Mental Health Sub Network Inaugural Open Meeting

Tuesday 4 December,
2015

Venue – The RISE, 28 Eighth Avenue,
Maylands

Registrants of this event will have the opportunity to find out how they can actively participate in the Forensic Mental Health Sub Network and help shape its priorities.

Time	Program	
1:00pm	Registration	All
1:30pm	Introduction Welcome to Country	MC – Mr Adrian Munro Uncle Albert McNamara
1:35pm	Mental Health-The Big Picture	Mr Timothy Marney
1:45pm	Overview of Mental Health Network	Ms Alison Xamon and Dr Helen McGowan
1:55pm	Overview of Forensic Mental Health Services	Dr Edward Petch
2:05pm	Identifying issues and possible solutions. panel discussion comprising of perspectives from:	Ms Margaret Doherty – Carer/Family Mr Richard Pollard – Consumer Mr Eric Dillon – Department of Corrective Services Uncle Albert McNamara – Aboriginal Elder Mr John Van Der Giezen – Specialist Aboriginal Mental Health Service Dr Sophie Davison – Forensic Clinician
2:35pm		Networking break
3:00pm	Feedback and ideas for future	Mr Will Bessen
3:45pm	Joining the Forensic Sub Network and Steering Committee	Ms Alison Xamon and Dr Helen McGowan
3:55pm	Concluding remarks and acknowledgements	Mr Adrian Munro
4.00pm		Close and Networking 4.00pm

Appendix B: Detailed participant input

The table below captures the individual issues and respective solutions raised by participants in the workshop session using the Group Map technology.

Issue	Proposed Solutions
<ul style="list-style-type: none"> • <i>CL(MIA) Act</i> needs to be reviewed urgently with a cross Agency party working together. 	<ul style="list-style-type: none"> • Politicians need to deliver on the promised Review.
<ul style="list-style-type: none"> • Need for better communication between government agencies and between service providers. 	<ul style="list-style-type: none"> • Improve interagency communication as not all government agencies share information. Inclusion of people at the coalface into current or upcoming initiatives is critical to address gaps between service providers and the entry into forensics. • Provide better access to information regarding consumers (e.g. consumer's case manager).
<ul style="list-style-type: none"> • Need to implement better family and consumer partnerships across the entire forensic system. 	<ul style="list-style-type: none"> • Every service needs a budget for participation. • Payment to recompense family and consumers to attend sessions. • Increased training for practitioners to work well with families and consumers.
<ul style="list-style-type: none"> • <i>CL(MIA) Act</i> needs urgent review. 	<ul style="list-style-type: none"> • Lobby government legislators. • Build an understanding of the care needs of people not just mental impaired.
<ul style="list-style-type: none"> • Need for better community support and awareness in the pointy end of the system and for highly complex cases. 	<ul style="list-style-type: none"> • Address the double stigma of criminal and mental illness experiences.
<ul style="list-style-type: none"> • Depending on who you are, it's difficult to access specific information to complicated issues (Tower of Babel). 	
<ul style="list-style-type: none"> • Gender specific services for women are needed urgently. 	<ul style="list-style-type: none"> • Provide dedicated beds and staff training in needs for women.
<ul style="list-style-type: none"> • Need for an emphasis on improving the reintegration of juveniles into a meaningful life in the community. 	<ul style="list-style-type: none"> • More focus on linking in with family, work and education.
<ul style="list-style-type: none"> • Improving through care difficulties referring to local services when no address is known until the day of 	<ul style="list-style-type: none"> • Work with Outcare and other housing services to sort out housing well in advance of release.

Issue	Proposed Solutions
release.	
<ul style="list-style-type: none"> • Need for increase in evidence-based interventions for high-risk children and adolescents such as MST. 	
<ul style="list-style-type: none"> • Require increased services for conduct disorders within CAMHS and education system prior to justice involvement. 	
<ul style="list-style-type: none"> • Lawyers are underqualified unless specific to mental health and lack serious knowledge while advising people in 	
<ul style="list-style-type: none"> • Need for long term funding commitments and planning for not for non-government organisations. 	
<ul style="list-style-type: none"> • Difficulties managing acutely unwell prisoners in an un-therapeutic environment. 	<ul style="list-style-type: none"> • Provide step-up, step-down units within the prison system. • More beds in mental health service.
<ul style="list-style-type: none"> • Lack of mandatory supervision for three months at the end of the sentence to ensure support back into community. 	<ul style="list-style-type: none"> • Make it mandatory to form the last three months of the sentence.
<ul style="list-style-type: none"> • The Mental Health Act is inadequate for helping people in prison, particularly having their rights changed under separate Acts. 	
<ul style="list-style-type: none"> • Need individual identification of mental health needs within the prison system. 	<ul style="list-style-type: none"> • Provide a continuum of care both within the prison and the community. • Review the needs of people based on face-to-face discussions rather than desktop reviews of the individuals. • Conduct regular mental wellness assessments for people within prisons similar to other high-risk groups. • Provide consistent access to treatment options including medication and therapies. • Equate early intervention within the prison system to dollars saved on release (quantification). • Establish peer support models that have been successfully implemented overseas

Issue	Proposed Solutions
	in prisons (recovery innovations).
<ul style="list-style-type: none"> • Methyl amphetamine use and its consequences for reoffending and mental health. 	<ul style="list-style-type: none"> • Increased access to rehab and therapeutic communities in prison.
<ul style="list-style-type: none"> • More cross government collaboration is needed. 	
<ul style="list-style-type: none"> • More forensic beds are needed desperately. 	
<ul style="list-style-type: none"> • Need for more programs in prisons that begin immediately on-entry. 	<ul style="list-style-type: none"> • Public health interventions to prevent boredom, builds social skills and supports improvements in sleep, hygiene, nutrition and exercise. • Implement behavioural reward systems for those with reduced cognitive functions.
<ul style="list-style-type: none"> • Most public money could be saved and this could be avoided through early intervention within the child and adolescent mental health system. 	
<ul style="list-style-type: none"> • Networking and communication is best expressed through interpersonal relationships, which causes splits between services. 	<ul style="list-style-type: none"> • Patient information systems such as Psychiatric Services Online Information System (PSOLIS), Patient Administration System, aren't available to all service providers and are not connected which makes it difficult to get quick information.
<ul style="list-style-type: none"> • No specific juvenile forensic services available in the community. 	
<ul style="list-style-type: none"> • Pressure on beds causing access problems and early discharges. 	<ul style="list-style-type: none"> • Improve and grow community services.
<ul style="list-style-type: none"> • Prevention and early intervention with juveniles to prevent contact with the CJS is needed. 	<ul style="list-style-type: none"> • Better targeting and servicing of conduct disorders. • Home based parenting programmes.
<ul style="list-style-type: none"> • Prisons are becoming (sadly) the only support systems mental health. 	<ul style="list-style-type: none"> • Provide a clearer access point and foster more communication.
<ul style="list-style-type: none"> • Problem with ED presentations and no real continuity between services. 	<ul style="list-style-type: none"> • More shared information (e.g. PSOLIS not available to all ED staff).
<ul style="list-style-type: none"> • Services need to be available for the whole person on release from prison, 	<ul style="list-style-type: none"> • Include housing, primary health, mental health services etc.

Issue	Proposed Solutions
rather than silo services.	<ul style="list-style-type: none"> Utilise appropriate support works and possibly include peer workers. Model on international, evidence based best practice peer worker models.
<ul style="list-style-type: none"> Stigma – mental health should be treated as an illness of the body and mental health emergencies are not always taken seriously enough. Lack of mental health education and expertise in the prison system and public in general. Big problems with the way the media describes and deals with mental health problems and origins. 	<ul style="list-style-type: none"> Proper program for educating the public about mental health issues (i.e. mental health promotion). Need to educate police, prison officers and mental health staff to reduce misinformed decision making.
<ul style="list-style-type: none"> Stigma in government regarding mental illness, which results in a disproportionate impact (for example, more become subject to justice system). 	
<ul style="list-style-type: none"> Need for a therapeutic farm or community for youth. 	
<ul style="list-style-type: none"> Too many people are in prison for minor offences when there cheaper and better ways of dealing with these issues. 	
<ul style="list-style-type: none"> A trauma focus is necessary for prisoners with mental health problems, within adequate budgets. 	<ul style="list-style-type: none"> Making prison health the responsibility of the Health department (like in the United Kingdom where it has created a cultural shift).
<ul style="list-style-type: none"> Vulnerable children and youth are often involved in the juvenile justice system, prisons, CPFS, CAMHS, Youth mental health and specialist education and receive silo services from each department individually. 	<ul style="list-style-type: none"> Suggest joined models for interventions for complex reoccurring conditions. Wraparound services for children in CJS. MST tackling conduct disorder prior to involvement in CJS. Milwaukee wraparound.

Appendix C: Inaugural Forensic Mental Health Sub Network Steering Group

At the conclusion of the Forensic Mental Health Sub Network Open Meeting, expressions of interest in joining the Steering Group of the Sub Network were called for. The Sub Network Implementation Group selected the following representatives to form the inaugural Forensic Mental Health Sub Network Steering Group:

- Caron Irwin
- Dianne Mouritz
- Edward Petch
- Eric Dillon
- Hannah Donaldson
- John Cusack
- John Van Der Giezen
- Lesley Barr
- Lin Holker
- Margaret Doherty (co-chair)
- Mark Porter
- Paul McMullan
- Penny Tucker
- Royce Zanetic
- Sophie Davison (co-chair)
- Louise Southalan
- Vanessa Corunna.

Appendix D: Acronyms

Acronym	Definition
AOD	Alcohol and other drugs
CAMHS	Child and Adolescent Mental Health Service
CJS	Criminal Justice System
CL(MIA) Act	<i>Criminal Law (Mentally Impaired Accused) Act 1996</i>
CPFS	Child Protection and Family Support
EAG	Executive Advisory Group
ED	Emergency department
MHC	Mental Health Commission
MHN	Mental Health Network
MST	Multisystemic Therapy
Plan	<i>Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan)</i>
PSOLIS	Psychiatric Services Online Information System,

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