Mental health and wellbeing service system review

MENTAL HEALTH COMMISSION OF NSW

Submission by Community Restorative Centre

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About us

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About this submission

This submission was prepared by staff at Community Restorative Centre (CRC). CRC is the lead NGO in New South Wales (NSW) providing specialist support to people affected by the prison system, with a particular emphasis on the provision of post-release and reintegration programs for people with multiple and intersecting needs. CRC has a range of programs, including an alcohol and other drugs (AOD) support program, a program to support people to find housing, a youth program, a program specifically for First Nations communities and a program supporting women and non-binary people at the intersections of prison involvement and domestic and family violence (DFV).

This submission was prepared by members of the Advocacy, Research and Policy Unit (ARPU) at Community Restorative Centre, including Dr Stella Settumba Stolk (Senior Research and Policy Fellow), Dr Rory Gillard (Manager), Angus Jack Mason (Aboriginal Research Officer) and Marisa Moliterno (Manager- Women's Policy and Advocacy). The content was developed through desktop research, conversations between members of the ARPU, and consultation with staff members in management, in addition to those providing service delivery to people exiting prison in NSW. ARPU staff consulted with CRC workers James Flint (Transition Case Worker, Reintegration Housing Support Program), Lisa Collins (Manager, Pathways Home Program), David Chivers (AOD Transition Team), Chris Sheppard (Telephone Information Referral Service Worker) and Alison Churchill (CEO). The authors also consulted CRC's Advocacy Registry Report to inform our policy positions. The Advocacy Registry Report is a collation of advocacy concerns staff have reported to ARPU, which they see on a day-to-day basis when supporting people exiting prison.

A note on language

Pseudonyms have been used in all case studies and examples involving people we support in this submission.

Additionally, we use the term 'criminal legal system', as opposed to 'criminal justice system' in this submission to reflect that the 'justice system' in Australia has been imposed on First Nations communities without their consent through settler colonialism. The term 'criminal legal system' also highlights the way the system-including police, courts and prisons-frequently fail to deliver justice. This is evident in the fact that First Nations people in Australia have the highest imprisonment rate in the world, are racially targeted by police, and experience a lack of accountability from the 'justice system' when First Nations people die in custody. More broadly, the system criminalises people experiencing homelessness, poverty, mental illness, disability, AOD dependency and trauma, and perpetuates cycles of marginalisation and disadvantage.

Questions about the mental health service system

1. What is working?

Mental Health Review Tribunal

The tribunal plays a valuable role in ensuring independent oversight of decisions related to mental health treatment and detention. Its function helps safeguard rights and provides a level of legal accountability. According to the tribunal's 2023-2024 Annual Report, it delivers transparent, least-restrictive care and adheres to internationally recognised standards such as the UN Principles for the Protection of Persons with Mental Illness (Mental Health Review Tribunal, 2024). A 21-year follow-up study of forensic patients found that only 18% of those conditionally released under Tribunal supervision reoffended, with just 8.7% charged with a violent crime, demonstrating that Tribunal-managed conditional release can be both safe and clinically effective (Hayes et al., 2014).

However, the Tribunal has limitations, as is evident in the case study of a person who has accessed CRC's services:

> Y was at Long Bay as a forensic patient and had been stable and well for some time. The Mental Health Tribunal was responsible for determining whether he could be discharged from the forensic hospital. However, in that process, he was unable to self-advocate because he first needed to be deemed mentally capable to do so, which was also a decision made by the Tribunal.
>
> Y was being considered for an Extended Supervision Order (ESO), which would have supported his Tribunal hearing for discharge, and he was agreeable to this. However, because he was not deemed mentally capable (by the same Tribunal he was trying to have a voice with), he was unable to agree to the ESO. He did have legal representation, but they were not acting fully on his instructions due to the same 'capacity' reasons. An advocate was also appointed, but problematically, the advocate was not independent from the system. Overall, this hindered any genuine participation for the client.

Justice Health Statewide Community and Court Liaison service

This service diverts people with mental health concerns from courts and connects them to health and support services. The program supports people before their sentence. Around 11,000 people have been diverted from prison to clinical treatment since the service commenced (Mental Health Commission of NSW, 2023).

Community Support Organisations

Non-government organisations (NGOs)

NGOs, like CRC, which provide flexible, individualised, trauma-informed, outreach support and case management, are most effective for people with mental health needs who have prison system involvement. CRC's work has substantial social and economic benefits (ARTD Consultants, n.d., pp. v–vi; Russell et al., 2024, pp. 9–10; Sotiri et al., 2021, pp. 4, 48). An evaluation of CRC's Alcohol AOD and reintegration programs from 2021, for example, showed savings to the criminal legal system of up to $16 million over three years for CRC's intake of 275 new clients (Sotiri et al., 2021, p. 4).

Community mental health teams at the LHDs
These can provide outreach services. However, these are only available at some LHDs. A client must be in the catchment area to receive support, which a CRC worker shared:

> CRC had a young person who was living between two homes after their parents separated. One of the homes was in an area where the LHD did not provide this service. This meant that the young person could only access care occasionally.

Initiatives to divert First Nations communities from prison, including through Circle Sentencing, Walama List and Aboriginal Client and Community Support Officers (ACCSOs)
Culturally appropriate initiatives that aim to break cycles of incarceration for First Nations communities are welcomed. Initiatives include Circle Sentencing, the Walama List and ACCSOs. As researchers Steve Yeong and Elizabeth Moore put it, circle sentencing involves, 'the local Aboriginal community in the sentencing process. In practice, this typically involves the presiding magistrate working with a group of Aboriginal elders, victims, respected members of the community and the offender's family to determine the appropriate sentence' (Yeong & Moore, 2020). Research by the Bureau of Crime Statistics and Research (BOCSAR) found that Circle Sentencing precipitates lower rates of imprisonment and recidivism for First Nations people, in comparison to First Nations communities sentenced through traditional means (Yeong & Moore, 2020). Additionally, the Walma List is an alternative procedure for sentencing First Nations communities that aims to provide, 'a therapeutic and holistic approach to sentencing' for First Nations communities (DCJ, 2023). It aims to reduce First Nations involvement in the prison system. Aboriginal Client and Community Support Officers (ACCOs), based at local courts across NSW, support First Nations people in contact with the criminal legal system. ACCOs can assist with First Nations bail support programs and connecting First Nations communities with services. Colonisation, mental health, and the overrepresentation of First Nations communities in the criminal legal system are intricately linked, and culturally appropriate initiatives that aim to divert First Nations people from cycles of prison system involvement (which exacerbates trauma and mental ill-health), are welcomed.

Mental health line
The ability for a person to ring the NSW Mental Health line and talk to a mental health professional directly for assessment and referral is beneficial.

Drug court
The drug court provides a diversion pathway for people in contact with the criminal legal system (police, prisons, the courts and more) who have risky AOD use. It offers them treatment-focused support rather than punitive responses. A recent evaluation of the NSW Drug Court found that Drug Court participants took 22 per cent longer to commit an offence and recorded a 17 per cent lower reconviction rate compared with the control group (Weatherburn et al., 2020). In addition, Drug Court participants were less likely to have children placed in out-of-home care (Weatherburn et al., 2020). A reduction in the placement of children in out-of-home care results in significant cost savings. The NSW Independent Pricing and Regulatory Tribunal (IPART 2024) estimates that each child placed in out-of-home care costs the NSW Government $60,000 per annum.

While drug court has had many successes, we do also note it excludes people charged with violent and sexual offences, which can exclude people we support.

2. What is not working?

Incarceration of people with mental health conditions

Unsupported mental health needs and disabilities are social determinants of incarceration, and people with these characteristics are overrepresented in prison (Butler et al., 2006; Marr et al., 2023; McCausland & Baldry, 2023, p. 43,45).

The inability to receive appropriate mental health support in prison is an issue. Damien Linnane, who has lived experience of prison, described the inaccessibility of mental health support in prison in an interview:

> I got sent into prison and I had a mandatory appointment with the prison psychologist. I said to her look…I really think I'd get better if I kept having therapy in prison and she smiled sadly and said…"Damien, uh, everybody in here would benefit from therapy, unfortunately there's no funding for that….My job's just to assess whether people are suicidal, dangerous or at risk of escape (Lee, 2020).

Involuntary treatment

Involuntary treatment is the compulsory assessment and/or treatment of people with a mental health condition without the person's consent. Involuntary treatment of mental health conditions can be traumatic, counterproductive, undermines therapeutic relationships, and increases disengagement (Carroll et al., 2021). CRC supports the Royal Australian and New Zealand College of Psychiatrists (RANZCP) position, which opposes involuntary mental health treatment for people in custody, and emphasises the urgent need for the government to provide alternatives (RANZCP, 2017).

Magistrate Early referral into Treatment (MERIT) Program

The MERIT program is a voluntary court-based diversion program designed for adults facing charges in court who have AOD support needs. It provides a range of treatment services over a 12-week period while court matters are adjourned. Participants' progress in the program is considered by the judge during sentencing. While research shows that this is an effective program (Weatherburn et al., 2025), our experience is that, due to the strict intake criteria, many we support are excluded from the program.

Inadequate Mental Health Assessment/screening for those entering prison

Screening through the Reception Screening Assessment (RSA) upon entry to NSW prisons captures some self-reported and observational indicators, but misses many, leading to significant under-identification of mental illness, neurodevelopmental conditions and suicide risk (Justice Health and Forensic Mental Health Network, 2022; Martin et al., 2013).

Improve mental health pathways

More pathways to, and uptake of, community mental health support have been associated with a lower likelihood of reincarceration (Browne et al., 2022). However, contact with NSW community health teams remains low in the critical transition period following prison (Trofimovs et al., 2023).

Additionally, some people report being discharged from emergency departments late at night with a list of services to ring for "support" and little to no follow-up. Similarly, people have been referred to see their GP when they call the NSW mental health line, which is inadequate and puts people at risk of harm. Referral pathways for people accessing crisis support for mental health should include adequate, immediate support and thorough follow-up.

Culturally safer services

First Nations-specific services are often overwhelmed, and a waitlist of months is not uncommon. Meanwhile, mainstream services may not be culturally safe or responsive.

Limited support for clients considered too risky or complex

People we support, who are navigating the intersection of criminalisation with a range of multiple intersecting needs, including in relation to DFV, AOD and mental health, are often labelled too risky or complex by services, which limits support. Notably, in NSW, 65% of people in prison had experienced or witnessed a traumatic event impacting their mental health (Justice Health & Forensic Mental Health Network NSW, 2017). This can translate to behaviour that may seem agitated or closed off to a health service, making it harder for people to access help. Exclusion from services can mean the emergency department is the only option for people in a mental health crisis, which is concerning given the long wait times (which can be 4 – 5 hours or more), which can exacerbate concerns. Increased access to mental health services is needed for people exiting prison who have multiple, intersecting needs and who may be experiencing mental health crises.

3. What needs to change?

Increase funding and access to mental health care while in custody

Access to mental health care in prison remains underfunded in most jurisdictions. Despite the elevated prevalence of mental illness among incarcerated individuals (McCausland & Baldry, 2023, p. 40), health services in prison are rarely delivered at a level equivalent to those in the community. Davidson et al. (2020) found that only the Australian Capital Territory (ACT) had achieved parity between custodial and community mental health service funding. This discrepancy exacerbates mental health conditions, contributes to higher rates of reoffending and poorer reintegration outcomes. To address this, funding for prison mental health services must be increased to ensure equivalence in care quality, accessibility, and continuity of treatment. Aligning with Rule 24(1) of the United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules, 2015), which states healthcare in prison should be equivalent to that in the community, this approach supports rehabilitation and reduces recidivism.

Strengthen screening

Strengthening screening for mental health conditions in prison, with follow-up, is required.

Expand diversion programs

Diversion programs, such as the Drug Court, can offer alternatives to custody by addressing the underlying health and social issues contributing to offending. However, access to

diversion programs is uneven and often limited to certain postcodes, excluding many high-need communities.

There is an urgent need to scale up these programs geographically and increase intake capacity. Health-led models of care have demonstrated benefits, including reduced recidivism, improved mental health outcomes, and cost savings (Payne et al., 2020). Expanding diversion programs would support early intervention and reduce the criminalisation of things like mental illness and substance use.

We also recommend expanding the ambit of diversion programs like drug court to include people charged with violent offences and sexual offences, which would assist with the diversion of some of the people we support from prison. We note that what constitutes a violent offence can be broad, and violence can occur as a result of mental ill-health.

Culturally safe practices

First Nations people and those from culturally and linguistically diverse backgrounds face compounded challenges in the prison system, including systemic racism, cultural dislocation, and lack of culturally appropriate care, all of which negatively impact their mental health and wellbeing. First Nations-led programs and trauma-informed approaches are essential to redressing these disparities.

Effective care for these populations must be culturally safe and community-led. Staff training in cultural competence, anti-racism, and trauma-informed care, and the implementation of this training, should be mandated across correctional and health services. Incorporating First Nations healing frameworks, and ensuring access to culturally-specific services, are vital to supporting mental wellbeing and positive outcomes (Dudgeon et al., 2014).

Step down units

Reducing support in a planned, gradual way is crucial, especially for clients exiting forensic mental health facilities. Forensic step-down rehabilitation models of care have been deemed effective given they are adaptive, supportive, well-considered and have a risk management approach (O'Connor et al., 2021)

Better collaboration between service providers

The siloing of NSW health services is a researched phenomenon (Peiris, et al. 2024). More collaboration between services would benefit people who have been incarcerated, especially by ensuring more warm referrals are made. Health service workers must understand what other services can offer. One way to facilitate this would be through encouraging more service visits and site tours.

The need for more service interaction and relationships is evident in the work we do, as the people we support are frequently released from custody with little or no handover, sometimes without medications that they require and lacking updated medical records, diagnosis and continuity of care plans.

Easier access to medication

There should be better pathways for people involved with carceral systems to access Schedule 8 restricted mental health medications prior to assessment from a psychiatrist or other prescriber, providing short-term aid until they can attend an appointment.

Better understanding of comorbidities

Clinicians improving their knowledge of, and capacity to support, comorbidities would improve the mental health and wellbeing of people we support. We say this noting the high rates of comorbidities in prison populations, including in relation to mental health conditions and AOD dependence (Baranyi et al., 2022; Favril et al., 2024, p. e255).

4. How should change happen?

Access to Medicare and PBS for people in custody

People in prison do not have access to Medicare and the Pharmaceutical Benefits Scheme (PBS) (Linnane et al., 2023). This restricts access to subsidised medications and broader health services (Linnane et al., 2023). Ensuring Medicare access for people in custody would align with international human rights standards (The Nelson Mandela Rules, 2015) and improve continuity of care (Linnane et al., 2023, p. 107).

Mandate timely and complete assessments

Universal mental health screening at prison entry and before exit should be mandatory. These assessments should inform an integrated in-prison and upon release treatment plan that is communicated to community health services. A national standard for prison mental health assessments should be adopted.

Expand the planning and delivery of treatment pathways post-custody

Mental health treatment options within prison and upon release should be available for every person with a diagnosis. People should leave prison with documentation on their diagnosis, medications and treatment plan, with connection to services in the community to continue support.

Involve clients in treatment planning and decision-making

Incarcerated individuals must be active participants in their treatment planning. Recovery-oriented mental health care is founded on dignity, choice, and collaboration. Services should implement trauma-informed and person-centred approaches, involving people who have been incarcerated in all aspects of care planning.

Co-design and service provision with lived experience

Programs should be co-designed and co-delivered with people who have lived experience of both mental illness and incarceration. This ensures services are relevant, effective, and non-stigmatising. Lived experience advisory groups should be embedded within Justice Health service planning and evaluation.

Ensure cultural workers in custody

Cultural workers in custody play a vital role in supporting the cultural identity, mental well-being, and rehabilitation of First Nations and culturally diverse communities.

Reduce barriers to services

Address barriers to mental health services. The costs associated with accessing mental health support is one barrier. These costs include out-of-pocket expenses for accessing services, travel, accommodation and more. A second barrier is that access to mental health services in rural NSW is limited. A third is that access to external counselling, such as victims services, in prison can provide a vital lifeline; however, it is often difficult to obtain. There is a need for more non-Justice Health support options.

Genuine justice Reinvestment

CRC sees genuine justice reinvestment as crucial to bringing about improved mental health and wellbeing for communities in NSW. Dr Anita McKay, a legal academic, explains:

> Justice reinvestment involves redirecting funds spent on imprisonment to the communities in the hope that, with appropriate support, people will be less likely to commit crimes... Funds are instead spent on services including public housing, substance abuse and mental health treatment programs, education and employment assistance (Mackay, 2022).

Community Restorative Centre's work, which diverts people from the prison system through holistic counselling and casework, is one example of justice reinvestment.

While the federal Attorney General's Department and the NSW Department of Communities and Justice (DCJ) pledge commitments to justice reinvestment on their websites (Attorney General's Department, n.d.; DCJ, 2024), which is positive, we stress that true justice reinvestment would involve the substantive, large-scale reinvestment of funds spent on the criminal legal system to services like diversionary programs- which would involve a much larger pool of funds than what is currently being mobilised.

Justice reinvestment makes sense in part because prisons are ineffective at rehabilitating people and facilitating behaviour change (Steering Committee for the Review of Government Service Provision, 2025, p. 5; Van Ginneken & Palmen, 2023, p. 106). This can be because incarceration isolates people and fails to address the social determinants of imprisonment- like unmet mental health needs, racism, homelessness, and poverty (McCausland & Baldry, 2023, p. 45; Muhammad, 2025).

Justice reinvestment is also financially beneficial to government (Lee, 2020; Sotiri et al., 2021, p. v). Damien Linnane, previously quoted, shared that not having funds for mental health consults for his autism (costing $15,000-$20,000 over a two-year period) meant he could not meet a requirement of an Intensive Corrections Order (a step before prison), which would have kept him out of prison (Lee, 2020). Thus, Damien was incarcerated. At the time, it cost the government over $109,000 per year to keep someone in prison (Knowles, 2017)- a much higher cost than if the government had paid for the mental health support Damien required to keep him out of prison. Damien said, 'it boggles the mind…the government didn't have the money for me to get therapy but they did have the money to put me in prison' (Lee, 2020).

Mental health and wellbeing in NSW communities

5. What could improve mental health and wellbeing across our communities?

Prioritise outreach

Medicare Mental Health Hubs can be effective, but being office-based, they do not work for clients we support who are transitioning from custody, who are often homeless. For these clients, going to an office space can be challenging- we need to meet clients where they are.

Greater service accessibility in rural areas

To address this issue, mobile and telehealth services may be an option.

Culturally competent workforce

There is a need for more culturally appropriate service delivery for First Nations communities, in addition to culturally diverse communities, and more First Nations identified positions in health.

Safe and improved data sharing, while maintaining confidentiality and client consent

One CRC staff member shared with us:

> Trying to obtain medical records from Justice Health is near impossible, which can be frustrating, as some of our clients have spent quite a lot of time in prison and have seen medical professionals. When released into community, they have no documents about past medical visits, mental health, etc. I have attempted to obtain medical records through Justice Health as per their process, and I have been waiting for two years.

Provide sustained integrated support and resources for people in transition

For example, in relation to housing, employment, and other social supports.

Accessible, stable housing

Access to stable, appropriate housing for people we support is a concern. Concerningly, people experiencing homelessness with mental health conditions are 40 times more likely to be arrested and 20 times more likely to be imprisoned than those with secure accommodation (Sane Research, 2008, p. 1). Finding accommodation is even harder for people on the Child Protection Register due to restrictions on them living near places children may gather, such as schools, swimming pools, and playgrounds. There is also a strong correlation between domestic violence experiences, mental health, AOD issues and breaching DCJ tenancy policies (Legal Aid NSW, 2015, p. 17), which lead to negative housing classifications for people, impacting their ability to access social housing. Increased access to appropriate housing for people exiting prison who have multiple, intersecting and unique needs is needed.

Alternative first responders

Currently, police are first responders to many who experience mental health episodes, which has led to unnecessary police contact for people we support. Police as first responders can have negative effects for minoritised communities, including those experiencing mental health crises (National Justice Project, 2025). In Victoria, people who have accessed mental health support services are six times as likely to be fatally shot by

police (Kesic et al., 2010). Additionally, a survey by the National Justice Project of stakeholders, including youth, legal services and mental health organisations, showed '100% agreed that alternatives to police as first responders are urgently needed for situations where a health or social response is required' (National Justice Project, 2025, p. 4).

One alternative to police as first responders is the PACER (Police, Ambulance, and Clinical Early Response) model- where a mental health worker is embedded with police and ambulance services to provide early intervention. This can reduce unnecessary police engagement. PACER, as opposed to police alone as first responders, reduces hospitalisations, police use of force, and incarceration (Huppert & Griffiths, 2015).

Prison conditions

Prison conditions can be deleterious to the wellbeing of communities, and can include:

- time delays in accessing mental health medications and /or treatment, resulting in the destabilisation of mental health. People can experience changes in medication based on what is available in prison.
- time out of cells being limited and varied, depending on staffing and location.
- winter clothing and blankets can be thin, and prisons can be cold. The cost of buying items can be expensive and limited to specific buy-up dates.
- Limited access to educational and wellbeing programs.
- Difficulty maintaining family and kinship connections. Funding phone calls can be exorbitant compared to prison income. People may be strip-searched before and after family visits, which can inhibit connection and exacerbate poor mental health.
- Trans and gender diverse (TGD) people facing solitary confinement to manage their 'safety' in a rigidly gender binary prison environment, not having adequate access to gender affirming care, and being placed in prisons that do not align with their gender (Simpson et al., 2024; Winter, 2024).

6. What roles should NSW Government departments and agencies play in that?

NSW Health

Improve access to mental health services- for instance, ongoing counselling (Linnane et al., 2023, p. 105) for people in custodial settings, and coordinate treatment pathways for those with mental health support needs leaving prison.

Department of Communities and Justice (DCJ)

Prison diversion

Provide prison diversion for people with mental health issues- for instance, expand the drug court and funding for programs by CRC.

Reform for trans and gender diverse (TGD) people in prison

Some suggestions for ways to improve conditions, and thus the mental health and wellbeing, of trans and gender diverse people in prison are provided below. These suggestions are informed by the aims in the Terms of Reference for the NSW Trans and Gender Diverse Criminal Justice System (CJS) Advisory Council to NSW Corrective Services, which CRC has representation on:

- That the gender identity of people incarcerated must be respected.

- TGD people must have access to comprehensive healthcare in prisons, including access to gender affirming hormone therapy and surgical intervention based on informed consent.
- Strengthening the meaningful involvement and inclusion of TGD individuals under the duty of care of NSW Corrective Services, Youth Justice and NSW Justice Health and Forensic Mental Health Network.
- That the government should increase awareness of, and engagement with, appropriate referral pathways for incarcerated TGD people, including in relation to housing, when they exit prison.
- Enhancing education and training for Corrective Services staff about the specific needs of TGD people in the prison system (NSW Trans and Gender Diverse CJS Advisory Council, 2023).

NSW Police

Provide trauma-informed care in policing, carry Naloxone for people at risk of overdose, and support initiatives for alternative first responders.

Treasury

Provide a funding commitment for people with mental health in custodial settings (for instance, to enable people to access Medicare, the PBS and counselling in custodial settings).

Housing

Prioritise people at the intersection of prison system involvement, mental health needs and homelessness for long-term, inclusive housing options.

Free, unlimited phone calls for people in prison

Contact with family and loved ones while in prison can reduce the risk of people reoffending (Barrick et al., 2014, p. 20), and can be facilitated by free phone calls. The cost of phone calls in prison can sometimes force people to make heartbreaking decisions between buying basic essentials they need in prison and maintaining regular connections with their loved ones.

General reflections

7. How will we know that we are making a difference?

There are a range of ways the NSW government will know they are making a difference, including:

- The diversion of people from minoritised and disadvantaged communities, including First Nations communities, those with mental health needs and those who are trans and gender diverse, from the prison system
- Reduced recidivism rates for people with mental health needs and cognitive disabilities.
- The number of people in contact with the criminal legal system who are accessing mental health services will reduce
- Increased client satisfaction- for example, through the Client Satisfaction Questionnaire-8 (CSQ8) surveys

- Reduced rates of self-harm and death for criminalised communities who have mental health support needs
- Successful transition to the community for people post-custody
- Improved psychological wellbeing for people who are or have been incarcerated- for example, K-10 scores
- An increase in post-release engagement with mental health services
- Long-term, appropriate housing for people leaving prison
- When the goals set out in the definition of 'wellbeing' under the key terms in the consultation paper are realised in community
- When research evidences that the government is making a difference for the mental health and wellbeing of people who have come into contact with the prison system
- The difference will be noticed in communities, as people are observed to be living their best lives
- There will be less harmful substance use occurring amongst people involved with prison systems, and lower incidences of overdose.

8. Is there anything else you would like to say?

We have provided further suggestions about ways to improve mental health and wellbeing for criminalised communities below.

<u>Better dual-diagnosis support</u>
Dual diagnosis support is one of the most broken parts of the current system. People with co-occurring mental health and substance use needs face the longest wait times, the highest thresholds, and the fastest discharges. Services often pass the buck between AOD and mental health providers, leaving clients we support neglected. Even when someone is willing and ready to engage, the delay or refusal of care can result in preventable declines in mental health and in some cases, reoffending or death.

<u>Stigma and discrimination</u>
More research into the ways that stigma and discrimination affect a person's care is essential to understand this topic. Such research should be co-designed with people with lived experience of the prison system. Stigma towards people who have been incarcerated is a major barrier to accessing services. As mentioned, many services state that they are not equipped to manage the 'complexity' or 'risk' of service users who have been incarcerated, however, this is usually just another form of discrimination.

<u>Better training for NDIS workers</u>
There are currently huge variations in NDIS workers' skills and experience working with people living with psychosocial disabilities that we support. Some workers are great, whilst others lack the ethical boundaries and understanding of trauma-informed practice essential to work in that field. Risk is often poorly managed, and the system is driven by profit rather than outcomes. The most vulnerable can be left to navigate a system of underqualified workers and poor service delivery.

Mental health services need to be equipped to support the multiple, intersecting needs of people involved with the prison system

Whilst we have made this point previously, we substantiate it further via the case study below. This is just one example of people we support failing to acquire the care they need from mental health workers.

Case study: Ken

A person that CRC supports, Ken (they/he) was rejected from their psychiatrist appointment at a community mental health service and told they could no longer access the service due to being late. Ken experiences schizophrenia and ADHD, both of which can impact one's organisational ability (something a psychiatrist should be aware of). Ken also has dual diagnosis and reports infrequent use of methamphetamine. Ken's needs were directly compared to those of a mother with post-natal depression over the phone with a CRC worker, and subsequently they were deemed as comparatively unworthy of accessing the service due to his ongoing drug use, lateness and previous incarcerations. Ken was then blacklisted and unable to access any community mental health service.

The outcome of this was that Ken was unable to access their mental health depot injection. Ken was unable to access his injection for several weeks until he was eventually able to source the medication from his GP. In the meantime, Ken acquired multiple charges. Ken's mental health symptoms were exacerbated due to not having their injection. This caused him to hear voices, and the police were called due to them shouting back at the voices in public. Another incident arose when he became disorientated and made his way into oncoming traffic, and an ambulance was called. He was also evicted from his temporary accommodation due to his exacerbated mental health symptoms.

Ken has experienced severe abuse throughout their life from an early age and is an example of someone whose needs are not being met by the NSW mental health system. Ken was due for their injection upon release from custody. However, his experience of stigma and service rejection led to an exacerbation of his mental health symptoms and further criminalisation. This may have been avoided if only the psychiatrists had approached the situation from a trauma-informed lens.

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