COMMUNITY RESEARCH PAPER

Graylands Campus Project

Forensic Mental Health Expansion — Mount Claremont, Western Australia

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PURPOSE

This paper is prepared for community members, media, and elected representatives. It documents a $698 million state government decision to convert a residential suburb's hospital into Western Australia's only large-scale forensic mental health campus — made without public consultation and based on a business case its own independent reviewer said was not good enough.

All facts are drawn from publicly available government sources, parliamentary records, and credible media. All claims are independently verifiable from the sources listed in Annex C.

Contents

Executive Summary

This paper documents a $698 million state government decision to transform the Graylands Hospital site in residential Mount Claremont into Western Australia's only large-scale dedicated forensic mental health campus. The decision was made through a government-internal process between 2021 and 2023. No record of direct, formal consultation with residents, schools, or local government has been identified in the public domain at any stage.

The community's documented concerns fall into eight areas — five governance failures, one environmental and heritage concern, one unresolved community safety matter, and one social and economic due diligence gap. Each is grounded entirely in publicly available government sources, parliamentary records, and credible media reporting. Each is independently verifiable.

Concern 1 — The law changed after the plan was made (Section 3)
The Criminal Law (Mental Impairment) Act 2023 replaced the indefinite detention model with mandatory community reintegration as the primary purpose of forensic facilities. It received Royal Assent in the same month as the $218.9M funding commitment. Whether the Taskforce's planning, bed-count projections, and community interface risk assessment were formally updated to reflect the new law has not been publicly confirmed or documented. The government has not released updated demand projections, the updated security classification mix, or the community access model reflecting the new legal framework.

Concern 2 — The government's own independent advisor said the business case was not good enough (Section 4)
Infrastructure WA — the State's statutory independent advisory body — formally assessed the business case and found it contained 'insufficient information on which to base an investment decision,' citing six specific deficiencies. The government committed $218.9 million approximately three weeks later. The full business case, the IWA assessment, and the government's documented response to the concerns raised have not been publicly released.

Concern 3 — The previously indicated public direction was reversed without explanation (Section 5)
The State's own Mental Health Plan 2015–2025 described the Graylands institutional model as a 'Victorian era asylum model' — implying replacement, not expansion. The 2019 State Budget allocated $3M for planning and decommissioning studies of the site. The reversal to $698M forensic expansion on the same site was never publicly explained. When the 2023 announcement was made, the then-Shadow Minister for Health described it as an 'about-face' at odds with the government's own Mental Health Plan. The community has never been told when this direction changed, by whom, or on what basis.

Concern 4 — The community was never consulted (Section 6)
Over five years of planning for a $698M project adjacent to four schools and approximately 2,000 students, no formal community consultation was conducted with residents, school communities, or local government. No public information sessions were held in Mount Claremont. No direct written notification was sent to residents. Most residents remain unaware the project is underway.

Concern 5 — Threatened species habitat and heritage values are at risk (Section 7)
A referral under the Commonwealth Environment Protection and Biodiversity Conservation Act 1999 (EPBC Act), No. 2025-10271, confirms that two federally listed threatened cockatoo species — Carnaby's Black Cockatoo (Endangered) and the Forest Red-tailed Black Cockatoo (Vulnerable) — are assessed as likely to occur in the proposed 4.42-hectare action area. A confirmed Carnaby's Black Cockatoo roost site is approximately 180 metres south of the works. The Graylands campus is listed on the WA State Register of Heritage Places (No. 13630). Infrastructure WA specifically flagged heritage refurbishment costs as not adequately assessed in the business case.

Concern 6 — Community safety protocols are unresolved and publicly undisclosed (Section 8)
In 2014, a forensic patient absconded from the Frankland Centre. His absence was not realised for approximately one week. The community and nearby schools were not notified. The then-Opposition spokesperson for mental health — now a senior Minister in the Cook Cabinet — publicly called it 'an outrage' that the community had not been warned. There is no publicly available protocol confirming that a mandatory community notification system has been established at this facility in the twelve years since. The

proposed expansion is nearly three times the size of the existing facility and, under the new law, will involve substantially more patient-community interaction in surrounding streets.

Concern 7 — The social and economic impact on surrounding properties has not been independently assessed (Section 9)

Infrastructure WA specifically found the social impact assessment for this project to be incomplete. No independent property impact analysis — covering effects on residential values, marketability, or buyer demand — is publicly available. Whether this analysis was ever conducted, and what it found, has not been disclosed. If a state-initiated project imposes a material financial loss on surrounding homeowners, the Government should explain what redress is available.

Concern 8 — The site was chosen on criteria that never considered security (Section 10)

Infrastructure WA's own report confirms that twenty sites were assessed for this facility in 2021, using criteria limited to accessibility, central location, and proximity to public transport. None of the twenty sites were assessed against community safety, school proximity, or security risk. Two other Australian states with comparable forensic facilities sited them within or adjacent to existing correctional infrastructure. Whether Western Australia's equivalent sites were assessed on the same convenience-only basis, and why security was never a criterion for a maximum-security facility, has not been disclosed.

Stage 1 ($218.9M, 40 new beds) is funded and in design. The full 136-bed program ($698.3M) has not been separately funded. Stage 2 funding approval is the community's primary leverage point for demanding accountability before further irreversible commitments are made.

The community is asking the Cook Government to pause all site works, release the full evidence base, and conduct genuine community consultation before Stage 2 is funded. This paper provides the documented factual basis for that request.

1. The Project: What Is Actually Planned

1.1 Background and the Critical Distinction Between Patient Populations

Graylands Hospital at Brockway Road, Mount Claremont has operated on its approximately 10-hectare site since 1909. It is listed on the State Register of Heritage Places (Place No. 13630) and has served as Perth's main standalone public psychiatric teaching hospital.

The hospital has historically accommodated two distinct patient populations. Understanding the difference between them is essential to understanding what the proposed expansion means for the surrounding community.

General psychiatric patients are people experiencing serious mental illness — conditions such as schizophrenia, severe depression, or bipolar disorder with psychotic features — who require inpatient care. This includes both voluntary patients and those admitted involuntarily under the Mental Health Act 2014 for their own safety or the safety of others. The majority have not been charged with criminal offences. Their admission is governed by health legislation, not criminal law.

Forensic mental health patients are an entirely distinct legal category. They are individuals who have been charged with serious criminal offences and have entered the forensic mental health system because a court has found them either: (a) not fit to stand trial due to mental illness; or (b) not criminally responsible for their offending due to mental illness at the time it occurred. The offences involved are typically serious. At WA's forensic facilities, they include charges of homicide, manslaughter, grievous bodily harm, serious sexual offences, and armed robbery. Detention is under a court order administered through the Criminal Law (Mental Impairment) Act 2023 — not a standard health admission. The clinical program manages the patient's mental illness in a secure environment and, under the new law, supports eventual reintegration into the community under supervision.

The Frankland Centre has operated at Graylands since 1993 as WA's maximum-security forensic mental health unit — housing patients whose offending history and clinical presentation require the highest level of secure management within the forensic system. It is not a general psychiatric ward with additional locks. It is a purpose-built maximum-security facility for patients charged with the most serious categories of criminal offence. Total current forensic inpatient capacity across the Frankland Centre (30 beds) and the adjacent Dryandra Ward (15 beds) is 45 beds.

The proposed expansion converts Graylands from a general psychiatric hospital with a contained forensic wing into a campus designed primarily around the forensic population. The general psychiatric hospital function will be substantially closed or relocated.

Forensic patients arrive at the facility through two pathways. Some are transferred from prison when their mental illness becomes too severe to be managed in a correctional setting. Others come directly from the courts after being found by a judge either not fit to stand trial due to mental illness, or not criminally responsible for their offending. Either way, they are patients whose mental illness is directly connected to serious criminal conduct and who require a level of secure management that reflects their assessed risk.

Graylands is not the only facility in Western Australia that holds people assessed at this level of risk — but it is the only one in a residential suburb. Western Australia's maximum-security corrective services facilities, including Casuarina and Hakea prisons, are located in Canning Vale in Perth's southern suburbs — an industrial and correctional precinct well separated from residential areas, homes, and schools. Graylands, surrounded by residential estates on three sides and approximately 270 metres from a school of 1,500 students, is the exception in WA's estate of secure facilities. The community has never been given a public explanation of why this site was chosen and retained for major expansion over alternatives that do not carry this residential proximity.

Most residents and school parents remain unaware that this project is underway.
The site decision was made in 2021. The project was funded in 2023. A contractor was engaged for the main campus design in April 2026. At no point in that five-year period was a single public information session held in Mount Claremont. No direct written notification was sent to residents or to the parent communities of the four nearby schools. The relocation of the Claremont Therapeutic Riding Centre to a new facility at 9 John XXIII Avenue, directly opposite John XXIII College, is scheduled to proceed ahead of

the main site works — the Government's stated aim, as at April 2026, is to complete that transition during 2027 — and no prior community notification has been recorded.

1.2 What Stage 1 Delivers

Stage 1, funded in the April 2023 State Budget at $218.9 million (including $15 million Commonwealth), will deliver, on the northern campus:

- 32 new sub-acute male forensic mental health beds
- An 8-bed child and adolescent forensic mental health unit — the first dedicated facility of this kind in Western Australia
- An Integrated Patient Services and Rehabilitation Centre (Hub)
- Secure partial perimeter and civil infrastructure works

Adding these to the existing 45 forensic beds (30 Frankland Centre + 15 Dryandra Ward) will bring the total to approximately 85 forensic inpatient beds on the northern campus after Stage 1.

What 'Sub-Acute Forensic' Means for the Neighbourhood

The 32 new beds are classified as 'sub-acute' forensic — a lower security classification than the existing Frankland Centre maximum-security facility. Sub-acute forensic patients are individuals who remain under forensic custody orders but are at a stage of recovery where maximum-security containment is not required. They participate in structured community access programs — escorted or semi-supervised outings beyond the campus perimeter — as part of their rehabilitation pathway. The boundaries and protocols for these programs have not been publicly disclosed.

1.3 The Long-Term Plan: 136 Forensic Beds and $698 Million

Government communications about this project focus on Stage 1. The full plan, confirmed in Infrastructure WA's publicly available Major Infrastructure Proposal Assessment (March 2023), is substantially larger:

Long-Term Campus Plan — Confirmed in Infrastructure WA Major Infrastructure Proposal Assessment (MIPA), March 2023	
136 forensic mental health beds on the northern campus	~3× current forensic capacity
40 secure mental health recovery and rehabilitation beds	Additional clinical capacity
Closure of 118 existing general psychiatric beds (51 acute + 67 HECS beds)	General psychiatric function substantially closed
Demolition of Fitzroy House and Murchison House	Significant campus restructure
Estimated total capital cost	**$698.3 million**

Graylands Hospital — historically serving general adult psychiatric patients — will be fundamentally transformed into a predominantly forensic campus. The general psychiatric hospital function will be substantially relocated or closed.

1.4 The School on the Boundary

John XXIII College sits on the immediate boundary of the Graylands site — approximately 270 metres from the northern construction zone and directly opposite the CTRC relocation at 9 John XXIII Avenue. It is not one of several distant schools in the general area. It is the school the works are happening next to, and it holds roughly 1,500 students, from Pre-Kindergarten to Year 12.

The College's own published history records that its 24.6-hectare campus was purchased directly from land the State Government held as part of Graylands Hospital, at a time the Government was reducing its footprint on this site — and that the campus was built, deliberately, without a security perimeter: “The campus, with its open design, accessible grounds, and lack of perimeter fencing, was itself a statement about the kind of

community the College intended to be... The campus was never fenced. It was never meant to be." Students arrived at this site on 12 May 1986.

The sequence that matters

John XXIII College has occupied this open, unfenced site since 1986. The Frankland Centre — the maximum-security forensic unit now being expanded — did not exist until 1993, seven years later. Every subsequent escalation at this site has occurred after the school was already there: the Dryandra Ward conversion, the 2021 Taskforce recommendation, the 2023 funding commitment, the CLMI Act's community reintegration mandate, and the current construction phase. The school did not move in next to a forensic facility. The forensic facility, and everything built on top of it since, arrived next to an open, already-established school.

Three further schools sit within the immediate catchment:

School	Distance / Notes	Students (approx.)
Mount Claremont Primary School	~550–750m; government primary; formerly Graylands Primary School (since 1917)	~300 (K–Year 6)
Moerlina School	Within immediate residential catchment; independent primary	Independent primary
Quintilian School	Within immediate residential catchment; independent primary, 46 Quintilian Road	Independent primary

Approximately 2,000 students attend schools within one kilometre of the Graylands campus. The northern construction zone — where the new forensic beds will be built — is the section closest to all four, and closest of all to John XXIII College's open, unfenced boundary.

1.5 Stage 1: A Fundamental Change, Not an Incremental Addition

A commonly heard position is that Stage 1 represents a modest extension of what already exists at Graylands, and that Stage 2 — with the full 136-bed campus — is where the more consequential decisions lie. That position contains factual errors that matter for how the community and its representatives should respond.

What Stage 1 already changes

Three aspects of Stage 1 make it a categorical change rather than an incremental one.

First, the 32 new sub-acute beds are fundamentally different in purpose from the existing Frankland Centre. The Frankland Centre is a maximum-security containment facility. Sub-acute beds are not. Patients at this classification remain under forensic custody orders but are at a stage where maximum-security management is no longer clinically required. Their clinical program is built around structured community access — escorted and semi-supervised outings in the surrounding streets of Mount Claremont — as a legally mandated component of their treatment pathway under the CLMI Act 2023. The Frankland Centre confines people. The sub-acute wing moves patients progressively through the surrounding suburb.

Second, the 8-bed child and adolescent forensic mental health unit is an entirely new institution — WA has never had one. It is being built on the northern construction zone approximately 270 metres from John XXIII College. Under the CLMI Act's Children's Court forensic jurisdiction (from September 2024), children and adolescents at this unit are on the same community reintegration pathway as adult forensic patients. No school-interface safety assessment for this unit has been publicly released.

Third, Stage 1 nearly doubles the existing forensic bed count from 45 to approximately 85. Under the old indefinite detention regime, the forensic population was largely stable and long-stay. Under the CLMI Act's limiting terms, it is a higher-throughput population — patients cycling through stages, transitioning between security levels, and spending increasing time in the surrounding community. The community interface of 85

beds operating under the CLMI Act is structurally different from, not merely larger than, 45 beds under the old law.

The CLMI Act is the critical variable.
The Government may argue that Stage 1 is a modest addition to a facility the community has lived alongside for decades. That argument was plausible under the old law, when forensic patients were largely confined. Under the CLMI Act — in force from September 2024 — community reintegration is not exceptional. It is a statutory purpose. Stage 1 is not being designed into the old legal landscape. It will operate in the new one.

Understanding the ECI contract — and what it does not mean

The engagement of ADCO Constructions in April 2026 under an Early Contractor Involvement (ECI) contract is sometimes characterised as placing the project beyond the point of review. This misunderstands what an ECI contract is.

ECI is a standard procurement mechanism in major public construction, specifically designed to engage a contractor during the design phase — before a full construction contract is awarded — to provide cost modelling, buildability input, and programme refinement. It is not a construction contract. Main campus construction has not commenced. The Heritage Impact Statement has not been submitted. The City of Nedlands Development Application has not been lodged. The full construction contract has not been signed. The ECI phase is, by design, the stage at which scope and cost are still being refined before commitment to build.

Sunk cost reasoning does not apply here.
The $218.9M is a budget allocation from 2023 — it is not spent construction money. As at July 2026, no physical construction has commenced on the main campus or at the CTRC relocation site; contractor procurement for the CTRC relocation was reported as still underway in April 2026, with the Government targeting completion of that relocation during 2027. A design-phase contract and a not-yet-commenced ancillary relocation do not constitute grounds for proceeding to full construction without addressing the documented governance gaps. No amount already committed changes the validity of those gaps. Applying sunk cost logic to public funds is not fiscal responsibility — it is a mechanism for compounding inadequate decisions with irreversible ones.

The window that still exists

The formal processes ahead of the full construction contract are not obstacles. They are the scrutiny mechanisms that exist precisely for decisions of this scale. The Heritage Impact Statement requires submission to and assessment by the Heritage Council of Western Australia. The City of Nedlands Development Application triggers a statutory public notification and submission period. Neither has occurred.

Stage 2 — the path to 136 beds — has not been separately funded. Whether Stage 1 as a standalone 85-bed facility on this site, adjacent to four schools and operating under the CLMI Act's community reintegration framework, represents the appropriate outcome of a $218.9M public investment is a question a genuine evidence base and genuine community consultation should have answered. That process has not occurred.

The window is not indefinite. The Commonwealth referral itself estimates construction beginning 4 June 2026 and running through to 28 April 2029. The Heritage Impact Statement and the City of Nedlands Development Application sit ahead of that date, not behind it — this is the period in which they can still happen meaningfully.

2. How the Decision Was Made

2.1 The Prior Publicly Indicated Direction

Before the Graylands Reconfiguration and Forensic Taskforce was established in January 2021, two government documents had established a publicly indicated direction for the Graylands site that pointed toward replacement rather than expansion.

The WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025 — the government's own ten-year strategic plan for mental health services — described the Graylands institutional model as based on a 'Victorian era asylum model.' This language signals that the government's own planning framework regarded the model as outdated and in need of replacement with contemporary, community-based services, not expansion in situ.

In the 2019 State Budget, the Department of Health received $3 million for planning and decommissioning studies of the Graylands site. Funding for studies of this type is consistent with a direction of preparing for site closure and service relocation, not preparing for a $698M expansion on the same site.

Neither document explicitly committed the government to closing the Graylands facility. However, the direction of travel they established was sufficiently clear that when major forensic expansion on the same site was announced in 2023, the then-Shadow Minister for Health described it publicly as an 'about-face' at odds with the government's own plan. That characterisation has not been publicly contradicted by the government with documentation.

The decision that reversed the prior direction — the establishment of the Taskforce in January 2021 with a mandate to consider 'reconfiguration' rather than replacement — was never publicly framed as a change in strategic direction. The Taskforce's terms of reference have not been published. The community has never been told when the direction changed, by whom it was authorised, or what analysis supported it.

2.2 The Taskforce

In January 2021, the State Government established the Graylands Reconfiguration and Forensic Taskforce (GRAFT), chaired by the Hon. Jim McGinty AM — former Minister for Health and former Attorney-General — to advise on the future of the Graylands site. The Taskforce comprised six senior public servants and one independent member.

> **Structural anomaly in Taskforce composition**
> The Taskforce had no formal representation from the Department of Justice or the Office of the Attorney-General — despite the fact that the forensic mental health legal framework falls under joint Health-Justice administration, and the Criminal Law (Mentally Impaired Accused) Act 1996 at the time required the Attorney-General's personal approval for patient releases. The CLMI Act reform — which would fundamentally change that framework — was also being developed during the Taskforce's term (2021–2023). Whether formal inter-departmental coordination between the Taskforce and the CLMI Act reform process occurred, and what it produced, has not been publicly disclosed.

By comparison, Victoria's equivalent forensic mental health provider, Forensicare, is formally structured to report to both the Minister for Mental Health and the Minister for Corrections — a dual-portfolio governance arrangement that reflects the joint health-justice nature of forensic mental health service delivery. The Graylands Taskforce's single-portfolio structure, with no Department of Justice representation at any stage, is a narrower governance model than the equivalent body in the comparable Australian jurisdiction with the most developed forensic mental health system.

The governance footprint has fragmented further since. Delivery of the Graylands construction program now sits with the Office of Major Infrastructure Delivery (OMID), which — following a machinery-of-government reform effective 1 July 2025 — is now part of the Department of Transport and Major Infrastructure, having previously operated as a health-specific delivery body. Clinical and service planning sits with the North Metropolitan Health Service (NMHS) and the Mental Health Commission; the legal framework sits with the Attorney-General's portfolio; the funding decision sat with Treasury and Cabinet.

Why this matters in practice

A question like “who decides the boundary of a supervised leave route past a school” does not sit cleanly inside any one agency's job description. Health can reasonably say that is a security and planning matter. OMID can reasonably say it delivers buildings, not clinical protocols. The Department of Justice can reasonably say leave conditions are set by the Tribunal, not by government departments. Each answer is individually defensible. Together they mean the question can go unanswered indefinitely, because no single agency is responsible for making sure it gets answered at all.

This is not a claim that fragmentation was designed to avoid accountability. It is a claim that fragmentation has that effect regardless of intent, and that the community has no way of knowing who to approach with a school-safety question, a construction complaint, or a request for the community access boundaries once the facility is operating. The government has not named a single senior official accountable for the project as a whole, nor a single point of contact for resident and school concerns once construction and operations begin. Both are reasonable, specific things to ask for — and neither requires resolving which department should ultimately own forensic mental health infrastructure. It only requires the government to say, in public, who answers when something goes wrong.

2.3 The Critical Three-Event Sequence: March–April 2023

Three events occurred within approximately four to six weeks of each other in March–April 2023. Each event is documented in publicly available sources. The sequence has never been publicly explained:

March 2023 — Infrastructure WA MIPA: business case has 'insufficient information on which to base an investment decision'

March 2023 — Criminal Law (Mental Impairment) Act 2023 passes the WA Parliament

13 April 2023 — CLMI Act 2023 receives Royal Assent. New law formally enacted.

April 2023 (~3 weeks after IWA finding) — Government commits $218.9M in Stage 1 funding in State Budget

No public record exists explaining how these four events — the insufficiency finding, the new legal framework, and the major funding commitment — were sequenced and coordinated.

2.4 Key Decisions — Dates, Actors, and Transparency

Decision	Date	What Has Been Released	What Has Not Been Released
Site selected for forensic expansion (northern campus)	Oct–Nov 2021	Ministerial statement to Parliament Nov 2021	Cabinet submission; decision trail; basis for site selection over alternatives
Government formally endorses expansion	Nov 2022	Description in IWA MIPA (published Sep 2023)	Cabinet papers; formal approval documentation
$218.9M committed in State Budget	Apr 2023	Budget announcement	Formal response to IWA concerns; updated business case; inter-agency sign-off chain
ADCO Constructions engaged (Early Contractor Involvement)	9 Apr 2026	Government media statement	ECI contract scope; design parameters

3. Concern 1 — The Law Governing Forensic Patients Changed After the Plan Was Made

3.1 The Old Legal Framework

The Graylands Reconfiguration and Forensic Taskforce operated from January 2021 to July 2023. Every aspect of its planning — the demand projections that produced the 136-bed figure, the security classification model, the site design — was conceived under the Criminal Law (Mentally Impaired Accused) Act 1996 (the old Act).

Under the old Act, the forensic facility at Graylands functioned primarily as a containment environment. Patients were placed on custody orders with no end date. Release required the personal approval of the Attorney-General. Approximately 56 patients were held on indefinite orders. The population was stable and long-stay. Patient-community interaction was limited and exceptional.

This is the population a 136-bed campus was sized to hold.

3.2 The Criminal Law (Mental Impairment) Act 2023 — What Changed

The Criminal Law (Mental Impairment) Act 2023 (CLMI Act) passed the WA Parliament in March 2023, received Royal Assent on 13 April 2023 — the same month as the $218.9M funding commitment — and came into full legal force on 1 September 2024.

The CLMI Act does not simply change administrative procedures. It changes what a forensic mental health facility is fundamentally designed to do:

Old Law — Indefinite Detention Regime (repealed)	New Law — CLMI Act 2023 (in force from September 2024)
Custody orders: indefinite, no end date	**All custody orders must now have a limiting term (end date)**
~56 patients held indefinitely	**All returned to court for limiting terms — some already expired, causing 'unplanned discharges'**
Release required personal Attorney-General approval	**New Mental Impairment Review Tribunal can release without AG approval**
No Community Supervision Orders	**Courts can order patients to live in the surrounding community under supervision rather than be detained**
Community reintegration: aspirational	**Safe community reintegration is now an explicit statutory purpose — legally mandated, not optional**
Stable long-stay population; low throughput	**Limiting terms create higher throughput — more patients cycling through rehabilitation stages**
Community interaction limited and exceptional	**Community interaction is legally mandated as part of every patient's clinical pathway**
Child/adolescent jurisdiction: limited	**Dedicated Children's Court CLMI jurisdiction established from September 2024; explicitly applies to children**

3.3 The Practical Consequences for this Campus

Three specific consequences are directly relevant:

Unplanned discharges

When limiting terms were retrospectively applied to the approximately 56 patients previously held on indefinite orders, some of those terms — backdated to the original order date — had already expired. This has produced what health professionals are now describing as 'unplanned discharges': patients who must be immediately released because their limiting term has already been served. This is a documented

consequence of the new law not present under the old regime, and not anticipated in public communications about the Graylands expansion.

Community Supervision Orders in the surrounding suburb

Under the CLMI Act, a court can order a forensic patient to live in the community — in the surrounding suburb — under a Community Supervision Order rather than be detained at all. The Community Forensic Mental Health Service that supports patients on CSOs operates in the local area. Under the new law, the streets of Mount Claremont are not adjacent to the facility. They are part of how the facility functions.

The child and adolescent unit under the new children's jurisdiction

Stage 1 includes an 8-bed child and adolescent forensic mental health unit — situated on the northern construction zone approximately 270 metres from John XXIII College. The CLMI Act now explicitly applies to children, with a dedicated Children's Court CLMI jurisdiction from September 2024. This unit, in this location, under this new legal framework, was not something the 2021 Taskforce was planning.

3.4 The Inter-Departmental Coordination Question

The Graylands expansion planning and the CLMI Act reform both ran under the same government during the same period (2021–2023). Whether these two processes were formally coordinated at the inter-departmental level has not been publicly confirmed.

What Has Not Been Released

The government has not released: (a) records of communication and coordination between the Graylands Taskforce, the Attorney-General's office, and the Department of Justice during 2021–2023; (b) updated demand projections reflecting the CLMI Act's higher-throughput model; (c) the updated security classification mix for the expanded campus under the new law; (d) the updated community access model and risk assessment for the surrounding area under the CLMI Act's mandatory reintegration requirements.

If the Taskforce's demand projections for 136 beds were built on the assumption of a stable, long-stay forensic population under indefinite detention, and the CLMI Act now mandates higher throughput and substantially more community interaction, then the sizing, security classification mix, and community interface risk assessment for the proposed campus may all require formal re-examination.

The community is entitled to see the updated analysis — not simply to be told it exists.

3.5 What Parliament Was Told About Community Treatment

On 17 May 2023 — five weeks after the CLMI Act received Royal Assent — Minister Sanderson used a supportive question in the Legislative Assembly to respond to an Opposition argument that funding should prioritise community-based mental health capacity over further institutional beds. Her response:

"I urge the Leader of the Liberal Party to google what 'forensic mental health' means. They are inpatient facilities for prisoners and for people who have been convicted of a crime. Is the member suggesting that we put them out in the community?"

Ms L. Mettam interjected: "Absolutely not. Get your facts right, minister."

Minister Sanderson continued regardless: "That is exactly what the member said. She has a complete lack of understanding, claiming that we should be treating prisoners and those convicted of serious crimes in the community somehow."

— WA Legislative Assembly Hansard, 17 May 2023, p.2408

The Leader of the Liberal Party denied making the suggestion attributed to her, on the record, in the same exchange. The Minister proceeded regardless to characterise the denied position as a "complete lack of understanding." Whatever the Opposition's actual position was, this is what Parliament and the public were told, by the Minister responsible for this facility, about what community-based treatment of this patient population would mean: that raising the idea reflected ignorance of what forensic mental health facilities do.

The CLMI Act's own stated purpose is "to provide for the safe reintegration into the community of persons supervised under this Act." Section 8 requires every court and tribunal decision under the Act to apply the

principle that a person with mental impairment “should be subject to the least possible restriction on their freedom consistent with the protection of the community.” A Community Supervision Order — available under the Act to a person acquitted on account of mental impairment or found unfit to stand trial, exactly the population held at the Frankland Centre — allows a court to order that person to live in the community under supervision as an alternative to custody, from the point a case is first decided.

That is, in the Act's own words, precisely what the Minister told Parliament reflected “a complete lack of understanding” to suggest. Whether that was a simplification for a hostile exchange or a genuine gap in how the reform was understood at the political level, the public record of what this facility would involve for the surrounding community was, at this moment, incomplete and dismissive of the very model the Minister's own government had just legislated.

4. Concern 2 — The Government's Independent Advisor Found the Business Case Insufficient

4.1 What Infrastructure WA Found

In March 2023, Infrastructure WA (IWA) — the State's statutory independent infrastructure advisory body — published its Major Infrastructure Proposal Assessment (MIPA) of the Graylands business case. The MIPA is a formal advisory mechanism under the Infrastructure WA Act 2019.

> **"The business case contains insufficient information on which to base an investment decision."**
> — Infrastructure WA MIPA Summary Assessment Report, March 2023

Specific concerns raised in the MIPA:

Concern Identified by Infrastructure WA	Status as at July 2026
Rapid pace of business case development leaving key elements undefined	**Not publicly resolved**
Heritage building refurbishment costs not adequately assessed (State Heritage Place No. 13630)	**Not publicly resolved**
Subiaco Wastewater Treatment Plant (WWTP) odour buffer affects more than 55% of the site — no management plan finalised	**Flagged; unresolved publicly**
Interdependencies with other major projects not adequately managed	**Not publicly resolved**
Social impact assessment incomplete	**Not publicly resolved**
Environmental impact assessment did not identify all potential risks	**Not publicly resolved**

4.2 The Governance Question

Infrastructure WA exists to catch exactly this kind of problem before large sums of public money are committed. It did its job: it found six specific gaps and concluded the business case was not good enough to fund. Three weeks later, the government funded it anyway. Nothing on the public record explains what changed in those three weeks. Either the six problems were fixed in twenty-one days, or they were not and the project was funded regardless. Only the government knows which — and it has not said.

No such documentation has been publicly released. The government has not published:

- Its formal response to the IWA MIPA findings
- What specific additional work was completed to address each of the six concerns
- When that additional work was completed, and by whom it was approved
- The full updated Stage 1 business case

A Question on Notice (QON) from the then-Opposition and formal community correspondence have both requested this documentation. It has not been released.

Source: Infrastructure WA MIPA Summary Assessment Report, March 2023 (publicly available at infrastructure.wa.gov.au, published September 2023).

5. Concern 3 — The Previously Indicated Direction Was Reversed Without Explanation

The clearest evidence of this reversal comes from the responsible Minister's own words in Parliament. On 17 May 2023, defending the $218.9 million commitment in the Legislative Assembly, Minister for Health Amber-Jade Sanderson described the GRAFT Taskforce's own findings as follows:

> **"Under the former Minister for Health, the government established the GRAFT task force, led by Jim McGinty, to align forensic mental health with the WA mental health alcohol and other drugs plan. It highlighted the need for decommissioning and replacing services in a more contemporary environment... It also recommended retaining and expanding the Frankland Centre and reconfiguring non-forensic inpatients to contemporise and rebalance."**
> — Hon. Amber-Jade Sanderson MLA (Member of the Legislative Assembly), Minister for Health, WA Legislative Assembly Hansard, 17 May 2023, p.2408

This is the Minister's own account, on the parliamentary record, of a single Taskforce process reaching two directly opposed conclusions: decommissioning and replacement for the general psychiatric function, and retention and expansion for the forensic function. The Minister presented both as a seamless continuation of the same plan. They are not the same plan. One is a closure. The other is a $698 million expansion on the same site.

In the same statement, the Minister put a figure on the increase that has since changed: "We are growing the Frankland Centre's forensic beds by 53 beds, including five for children and adolescents." Current government material describes Stage 1 as 32 sub-acute beds plus an 8-bed child and adolescent unit — 40 beds, not 53. The bed count the community has been given has moved at least twice without public explanation for the change.

Two further pieces of evidence corroborate the reversal:

WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025: The government's own ten-year mental health plan described the Graylands model as based on a 'Victorian era asylum model' — language signalling replacement, not expansion.

2019 State Budget: The WA State Budget allocated $3 million to the Department of Health for planning and decommissioning studies of the Graylands site. Whether these studies recommended proceeding with major forensic expansion has not been publicly disclosed.

The community has never been provided with:

- A public explanation of when the decision to reverse the decommissioning direction was made
- Who made that decision, in what form it was documented, and whether it was considered by Cabinet
- The basis on which major forensic expansion on the Graylands site was determined to be preferable to alternative locations

The community is entitled to this explanation. A publicly committed direction was reversed, and a $698M commitment was made on the same site — described, in the Minister's own words, as the continuation of a plan that in fact pointed the other way.

6. Concern 4 — The Community Was Never Consulted

6.1 What Consultation Occurred

The Graylands Reconfiguration and Forensic Taskforce consulted the following groups, as documented on the Mental Health Commission website:

- People with lived and living experience of mental illness
- Clinical workforce: psychiatrists, nurses, allied health professionals
- Mental health consumers and carers
- Senior public sector agencies

This was an internally focused clinical consultation — designed to determine the best model for delivering forensic mental health services in WA. It was not designed to engage the people who live next to the facility.

6.2 What Did Not Occur

Confirmed Consultation Gap (July 2026)
After reviewing all publicly available documentation — the Mental Health Commission Taskforce page, NMHS Graylands Hospital page, Infrastructure WA MIPA, WA Government media statements, the Building for Tomorrow project page, and EPBC Referral No. 2025-10271 — no evidence was found of:

- Community consultation with residential neighbours adjacent to the Graylands site
- Consultation with, or direct notification of, any of the four nearby schools
- Public forums or information sessions in Mount Claremont at any stage of the planning process
- Formal consultation with the City of Nedlands about the forensic expansion beyond an EPBC notification that received no specific response
- A community reference group, resident advisory mechanism, or independent advisory process with neighbourhood representation

6.3 The Government's Description of 'Consultation'

The EPBC Referral document (No. 2025-10271) records that the proponent consulted the City of Nedlands 'to advise it of the project and seek feedback, with no [specific response received].' The government appears to regard this notification — which produced no reply — as adequate community engagement for a $698M transformation of a residential suburb.

Consultation that is invisible to the people it is supposed to serve is not consultation. It is at best a briefing to an institutional representative, with no published outcome and no mechanism by which residents or parents can know what was said, what concerns were raised, or what commitments were made.

6.4 What Should Have Occurred

A project of this scale — a $698M transformation of a residential suburb, placing 136 forensic mental health patients within 270 metres of a school of 1,500 students — warranted, at minimum:

- Publicly advertised community information sessions in Mount Claremont, before funding commitments were made
- Direct written notification to residents within a defined radius of the campus
- Formal, documented consultation with the four nearby schools and their governing bodies
- A formal community consultation process through the City of Nedlands, not merely a notification
- A published Community Safety Protocol establishing how the community will be engaged as the facility operates

None of these occurred. Most residents remain unaware that this project is underway at all.

7. Concern 5 — Environmental and Heritage Concerns

7.1 State Heritage Register Listing

Graylands Hospital is listed on the WA State Register of Heritage Places as Heritage Place No. 13630. The listing covers multiple structures on the campus, some dating to the early twentieth century. The Graylands Primary School — the former school building on the eastern edge of the campus — is also heritage-listed.

Significant development on this site — including clearing, demolition, and construction — requires Heritage Impact Statement assessment by the Heritage Council of Western Australia and approval from the WA Planning Commission. Infrastructure WA specifically flagged that heritage building refurbishment costs were not adequately assessed in the business case. The Heritage Council has not publicly confirmed its position on the proposed works.

7.2 Federal Environmental Assessment — EPBC Referral 2025-10271 (Closed Process)

This process has already run its course. It is included here as a governance record, not as a channel for further community input.

The Department of Housing and Works — Office of Major Infrastructure Delivery (OMID) lodged a referral under the Commonwealth Environment Protection and Biodiversity Conservation Act 1999 (EPBC Act) on 5 September 2025, registered as EPBC Referral 2025-10271. The referral covers two combined components: the relocation of the Claremont Therapeutic Riding Centre to 9 John XXIII Avenue, and the Graylands Reconfiguration Program (GRP) Stage 1 development footprint within the existing hospital campus. The combined disturbance footprint is 4.42 hectares.

Under the standard EPBC process, a referral is opened for public comment for 10 business days after publication, and the Minister or delegate makes a referral decision within 20 business days of publication. Both windows closed within approximately six weeks of the September 2025 lodgement — several months before this paper was prepared. There is no live opportunity for further public comment on this specific referral.

Two EPBC-listed threatened species were assessed in the referral as likely to occur within the action area:

Species	EPBC Status	Key Finding (per the referral document)
Carnaby's Black Cockatoo (Zanda latirostris)	**Endangered**	Assessed as likely to occur. No known roost within the action area itself; a confirmed roost site lies approximately 180m (0.18km) south of it.
Forest Red-tailed Black Cockatoo (Calyptorhynchus banksii naso)	**Vulnerable**	Assessed as likely to occur.

The referral records the permanent clearing of approximately 1.19 hectares of black cockatoo foraging habitat and 69 potential nesting trees — none of which currently contain hollows suitable for nesting. On 14 November 2025, the Department confirmed its decision: the action is not a controlled action under section 75 of the EPBC Act. The decision was made by delegate Kylie Calhoun, Branch Head, Environment Assessments West, and covers the combined CTRC relocation and GRP Stage 1 development described above.

The Department's determination relied on the proponent's own commissioned ecological survey.
'Not a controlled action' is the most common outcome for referrals of this kind nationally, and the underlying ecological facts support the outcome reached. What has not occurred is any independent, government-commissioned ecological assessment of this site — only a departmental review of the proponent's own survey.

Two features of the referral itself are worth noting. First, on the question of alternative locations, the proponent stated that none were considered for this specific action, on the basis that the land was already reserved for hospital purposes — an accurate description of the planning status, but also an admission that no fresh, current comparative sites analysis was undertaken here, consistent with the wider absence of such analysis addressed in Section 10.

Second, and more pointed: the referral describes its own action as “the Graylands Reconfiguration Program (GRP) Stage 1 development and the relocation of the Claremont Therapeutic Riding Centre” — Stage 1, by its own name, of a larger program. Yet the referral form's answer to whether the action is part of a staged development or related to other actions in the region is recorded, in the form itself, as No. That answer is what confines the assessed impact to 1.19 hectares and 69 nesting trees, rather than the cumulative footprint of the full 136-bed campus this is a stage of — a direct, citable inconsistency between the project's own name and its own answer to the question that exists specifically to prevent large projects being assessed piece by piece.

Practically: this referral is decided, its comment period has long closed, and there is no live channel for further submissions on it. The Heritage Impact Statement process (Section 7.1) has not yet been triggered and remains genuinely open.

7.3 Subiaco Wastewater Treatment Plant Odour Buffer

Infrastructure WA's March 2023 MIPA identified the Subiaco Wastewater Treatment Plant odour buffer as a significant site-specific risk: the buffer affects more than 55% of the Graylands site, and no management plan had been finalised at the time of assessment. The MIPA rated this concern as not adequately addressed in the business case.

A finalised odour buffer management plan has not been publicly released. This is not merely a construction concern — it has ongoing residential amenity implications for a large portion of the campus and the surrounding neighbourhood.

8. Concern 6 — Community Safety: The Documented Record and Unresolved Questions

The following incidents are drawn from credible published sources: WA parliamentary records, the State Coroner, mainstream media, and — because this is not solely a question about one WA facility's history — the official record of a comparable Australian forensic mental health system operating under a more mature version of the same community-reintegration model the CLMI Act 2023 now introduces here. The case for expanded and modernised forensic facilities partly rests on acknowledging this history. That same history gives the community documented, evidence-based grounds to demand rigorous safety planning and transparent community notification protocols before expansion proceeds.

8.1 The 2014 Batty Escape: Documented Notification Failure

Documented Incident — June 2014

David Charles Batty (aged 52) had been detained at the Frankland Centre since July 2012 following a serious incident in Kings Park. In June 2014, he absconded from the Frankland Centre during a clinical transition phase — moving between the maximum-security unit and an unlocked psychiatric hostel in Claremont. His absence was not realised for approximately one week. When the alarm was raised, the community was not proactively notified.

Batty was last seen in June 2014 at Claremont Quarter Shopping Centre — approximately 800m from Graylands. He remained at large for over a year before resurfacing in Bunbury in July 2015, where he instigated a siege at a laundromat, holding a business owner hostage.

The then-Opposition spokesperson for mental health, Stephen Dawson, stated publicly: **'It's an outrage that he's escaped and an outrage the minister hasn't informed the community that they could be at risk from this violent offender escaping.'**

Stephen Dawson is now a Minister in the Cook Cabinet with portfolio responsibility for Mental Health.

This case illustrates two critical vulnerabilities directly relevant to the proposed expansion:

- Transition-phase risk: The escape occurred during a clinical transition between security levels — not from a locked ward. The proposed sub-acute expansion will significantly increase the number of such transition events.
- Community notification failure: The community and nearby schools were not notified. There is no publicly available evidence that a mandatory community notification protocol has since been established.

8.2 Other Documented Incidents at Graylands

Incident	Year	What Occurred	Source
Wrong man detained and medicated	Dec 2012	An involuntary patient walked out undetected. Two days later, police brought in a homeless man who matched a general description. Without identity verification, staff administered Clozapine — a powerful antipsychotic with risk of fatal adverse reactions — to a man with no psychiatric diagnosis. He suffered a severe adverse reaction and required emergency treatment at Sir Charles Gairdner Hospital. An audit found 12 patient bedrooms and 16 clinical rooms with no CCTV coverage.	The West Australian
Clinical minutes leaked — systemic strain	2013	Leaked clinical minutes revealed acute-care overflow patients placed in rehabilitation beds, compromising security protocols. Published while the 2012 and 2014 incidents were occurring.	The West Australian

Suicides and deaths — pattern	Late 1990s–2000	Parliamentary and coronial records document a troubling pattern of inpatient deaths. The ratio of suicides to admissions increased from ~2 per 1,000 in 1987 to 6.6 per 1,000 in 1999. Multiple cases show failures of perimeter security and observation protocols at this site.	WA Parliament Hansard; State Coroner

8.3 A More Developed System, the Same Unresolved Risk

Victoria's Thomas Embling Hospital is the closest comparable model in Australia, and it operates under considerably more structure than anything publicly disclosed for Graylands: leave decisions require clinical assessment, escalate gradually from escorted to unescorted based on recovery progress, sit under a Forensic Leave Panel chaired by a sitting judge, and can be suspended immediately by the Chief Psychiatrist. Even so, patients on approved leave have failed to return on the public record in 2013, 2015, and again in October 2025, each triggering a Victoria Police alert.

That structure still tells the community nothing in advance.

Forensicare states plainly that it 'is unable to provide family or members of the community with specific information about patients,' including 'details about a patient's community leave' — a legal privacy constraint, not an administrative gap. The realistic ask for Graylands is therefore procedural, not patient-specific: published leave criteria, escalation stages, an oversight body, and a mandatory notification protocol for unauthorised absence. None of these exist on the public record for Graylands today.

The pattern is current, not historical. On 29 October 2025, Hon. Trung Luu MLC (Member of the Legislative Council) raised on the record in the Victorian Legislative Council that Forensicare itself had acknowledged security issues with illicit substances circulating inside Thomas Embling, while staffing cuts to specialist roles proceeded regardless. Three weeks earlier, on 8 October 2025, a Thomas Embling patient had fled during a supervised community outing and remained at large for several days, during which he damaged vehicles and confronted members of the public before being restrained by bystanders. A quarter-century of operation, judicial oversight, and a published leave framework have not stopped this pattern; Graylands is being expanded with none of that structure yet disclosed.

8.4 This Has Already Happened, Recently, at Scale

The clearest answer to whether this risk is theoretical comes from Sydney. Cumberland Hospital, Australia's largest mental health facility, includes the Bunya Unit — one of only three medium-secure forensic mental health units in New South Wales. In February 2026, two patients escaped from the hospital within a day of each other.

Two escapes, three deaths, within days

On 7 February 2026, a patient escaped Cumberland Hospital during a transfer to another facility. Ten days later he allegedly stabbed three people in Merrylands, killing one. On 8 February 2026, a second patient allegedly overpowered a nurse and took a security access card to leave the facility. About a week later he allegedly crashed a stolen vehicle in Camden, killing two women aged 60 and 84. A third patient absconded later that month; police expressed concern for his welfare, and no violence was reported in that case.

NSW Premier Chris Minns ordered an urgent government review into security protocols at Cumberland Hospital. The Western Sydney Local Health District confirmed a formal review, including an external senior psychiatrist, into patient care and security. Nursing staff at the hospital described a system stretched past what its resourcing supports.

Reporting describes both men as involuntary mental health patients rather than confirming forensic status specifically. This paper does not claim they were detained under the same forensic order category as Frankland Centre patients. What the case does establish, without needing that distinction, is that a large Australian public hospital with a medium-secure mental health unit — the same category of facility Graylands is being expanded into — produced two absconding patients and three deaths within ten days, in 2026, not in some earlier and since-corrected era. Full detail in Annex E.

8.5 Unresolved Safety Questions

Issue	Why It Matters	Status
No published community notification protocol for patient absences	The 2014 escape showed the facility did not proactively notify the community. The proposed expansion is nearly three times larger.	**NOT ADDRESSED**
No geographic boundaries published for sub-acute community access programs	Sub-acute patients participate in supervised outings in surrounding streets as part of treatment. Boundaries and school-protection protocols not disclosed.	**NOT ADDRESSED**
No independent leave panel or judicial oversight mechanism disclosed	Victoria's comparable framework places leave decisions under a judicially-chaired independent panel. No equivalent body has been identified for Graylands.	**NOT ADDRESSED**
No published school-interface risk assessment	No document in the public domain addresses the specific risk to the four schools within 1km, or how it will be managed under the new law.	**NOT ADDRESSED**
Transition-phase patient movement protocols not disclosed	The 2014 escape occurred during a security-level transition. The sub-acute expansion substantially increases the number of such transition events.	**NOT ADDRESSED**

9. Concern 7 — The Social and Economic Impact on Surrounding Properties Has Not Been Independently Assessed

This concern is not an objection to forensic mental health services. It is a question of whether the full social and economic consequences of the chosen location have been independently assessed before the project proceeds — a standard element of due diligence for major state-initiated infrastructure that materially changes the character of a residential area.

9.1 What Infrastructure WA Found

Infrastructure WA's March 2023 Major Infrastructure Proposal Assessment specifically identified the social impact assessment for this project as incomplete. Social impact assessments for projects of this kind typically include analysis of effects on surrounding residential property — values, marketability, and buyer demand — as part of a comprehensive account of a project's social costs and benefits. No such analysis is publicly available for the Graylands Campus Project.

Infrastructure WA rated this concern as not adequately addressed in the business case. The Government committed $218.9 million approximately three weeks later. No completed social impact assessment — including any property impact analysis — has been publicly released. Whether such analysis was conducted at all, and if so what it found, has not been disclosed.

9.2 Why This Matters

The absence of a publicly available property impact assessment does not establish that surrounding residential values will or will not be affected. It establishes that no evidence-based answer exists in the public domain. Residents making decisions about this project — whether to engage, raise concerns, sell, or remain long-term — are entitled to the same factual basis the Government had when it committed $218.9M.

Major state-initiated projects that materially change the character of a residential area routinely commission independent property impact assessments as part of their social impact analysis. Graylands converts a hospital campus into WA's only large-scale dedicated forensic facility, in a residential suburb without precedent for this use at this scale — precisely the case such assessments exist for.

9.3 The Redress Question

If an independent assessment found a material, disproportionate financial effect on nearby homeowners, one further question follows: what acquisition, compensation, or other redress would be available? This is a standard element of social impact planning, not an unusual demand. Infrastructure WA called for a completed social impact assessment. The Government has not released one — so none of the three possible answers (no material impact, an impact within acceptable parameters, or an impact with redress available) has been given.

10. Concern 8 — The Site Was Chosen on Criteria That Never Considered Security

The government has always been able to say that alternative sites were considered. That defence does not survive contact with what the criteria actually were.

10.1 The Sites Were Assessed — On the Wrong Criteria

Infrastructure WA's own report states that in early 2021 the Taskforce "identified and assessed" twenty sites for an expanded forensic facility, "based on accessibility, central location and close proximity to public transport" — criteria chosen for the benefit of "consumers, their family and carers and the highly specialised workforce."

> None of the twenty sites were assessed against community safety, school proximity, heritage cost, or security risk. The criteria were appropriate for choosing where to put a general clinic. They were applied instead to choosing where to put a maximum-security facility for people held under criminal justice orders, including for serious violent and sexual offences. Twenty alternatives existed. Not one of them was tested against the questions this paper raises.

10.2 The Like-for-Like Costing Question

Infrastructure WA identified several Graylands-specific costs that were not adequately assessed in the business case: heritage building refurbishment compliance, the Subiaco Wastewater Treatment Plant odour buffer (Section 7.3), and incomplete social and environmental impact assessments. These costs do not apply equally to all twenty candidate sites. Whether any of them were priced into the comparison that selected Graylands has not been disclosed.

10.3 What Other States Did Differently

Western Australia operates major corrective services facilities at Hakea Prison and Casuarina Prison in Canning Vale, approximately 22 kilometres from Mount Claremont. Whether Canning Vale or an equivalent precinct featured among the twenty sites assessed — and why it was ranked against "accessibility, central location and public transport" rather than security — has not been disclosed.

Two other Australian states answered the site-selection question differently for comparable facilities. NSW's Forensic Hospital sits inside the Long Bay Correctional Complex. Victoria's Ravenhall forensic mental health service is co-located with the Ravenhall Correctional Centre. Both put high-security forensic capacity next to existing corrections infrastructure, not inside a general hospital campus bordered by homes and a school. Full detail in Annex E.

The one comparable facility not co-located with corrections — Sydney's Cumberland Hospital, which houses one of only three NSW medium-secure forensic units — is also the one that produced a security crisis serious enough to trigger a state government review (Section 8.4). That is not proof that co-location prevents these outcomes. It is a fair question the government has not been asked to answer for Graylands.

11. What the Community Is Asking For

The following ten asks are addressed to the Cook Government. They form the basis of a community petition currently being finalised — one list, one set of demands, consistently stated.

#	Ask	Why
1	**Stop all works** Pause vegetation clearing, demolition, site preparation, and the CTRC relocation at 9 John XXIII Avenue until consultation is completed and concerns are answered.	Construction has not started on the main campus, and the CTRC relocation had not commenced as at July 2026 either. The design phase is the last window before irreversible works begin, and no notification of either component has been recorded for the adjacent school.
2	**Release the full evidence base** Publish the complete business case; the IWA MIPA and the government response to each of its six concerns; the Taskforce recommendations; the site-selection analysis; and the masterplan showing scope across every stage.	A government that commits $218.9M three weeks after its own statutory advisor finds insufficient information must show what resolved those concerns. It has not.
3	**Release the decision-making trail** Publish cabinet submissions and ministerial briefs behind the 2021 site decision, the 2022 endorsement, and the 2023 funding commitment; name the Ministers who authorised each step; and explain when and why the direction toward decommissioning was reversed.	The community has never been told who made each decision or through what formal process. The direction of the government's own Mental Health Plan was reversed without public explanation.
4	**Show how planning was updated for the new law** Release inter-departmental coordination records between the Graylands Taskforce and the CLMI Act reform; updated demand projections; updated security classification mix; updated community access model; and the risk assessment for the surrounding suburb under the new legal framework.	The CLMI Act received Royal Assent the same month as the $218.9M commitment. It replaced indefinite detention with mandatory community reintegration. Whether the 136-bed planning reflects this has not been confirmed.
5	**Confirm what the Education Department was told** Confirm whether Education was formally consulted before contractor engagement; release any advice given; and confirm which Ministers and portfolios formally signed off before April 2023.	No public record confirms Education portfolio sign-off before placing a child and adolescent forensic unit 270m from a school of 1,500 students.
6	**Release school consultation records** Release all records of contact with John XXIII College, Mount Claremont Primary School, Moerlina School, and Quintilian School — what was communicated, when, and how each school responded.	No public record shows direct notification to any of the four school communities. If contact occurred, the community is entitled to know what was said. If it did not occur, that is itself the answer.
7	**Commission an independent alternative sites analysis** Engage an independent party to assess alternative locations — including the Hakea and Casuarina precincts — on a fully loaded, like-for-like cost basis including heritage compliance, WWTP odour buffer, residential amenity, and school-proximity costs.	Infrastructure WA flagged heritage, odour buffer, and social impact as unresolved Graylands-specific cost factors. No public comparison with a non-residential, non-heritage alternative has been released.
8	**Publish the community risk assessment** Release the risk assessment for how a 136-bed campus operating under the CLMI Act 2023 affects the four nearby schools, surrounding streets, and residential community — including heritage and environmental mitigation.	No risk assessment under the new legal framework — which mandates substantially more patient-community interaction — has been publicly released.
9	**Publish community access program boundaries** Disclose the geographic limits of supervised leave and Community Supervision Order programs near this campus; the routes permitted in surrounding streets; and the protections for nearby schools under the CLMI Act.	Under the new law, supervised leave and CSOs are legally mandated for every patient. The streets of Mount Claremont are part of how this facility functions.

10	**Hold genuine community consultation** Convene formally advertised public sessions in Mount Claremont covering the full 136-bed program across every stage; notify every nearby household and school community in writing; do this before the design is finalised.	Five years of planning proceeded without a single public meeting in Mount Claremont. Consultation after the design is final is not meaningful.

The Stage 2 Gate

Stage 2 — the path from 40 beds to 136 — has not been separately funded. Before Stage 2 receives a budget allocation, Asks 4, 7, 8, and 10 must be substantively answered, the independent alternative sites analysis (Ask 7) must be completed and published, and the Environment and Public Affairs Committee findings must have received a formal government response.

12. Formal Processes: Your Legal Rights to Engage

12.1 WA Legislative Council ePetition — The Most Powerful Tool Available

A WA Legislative Council (LC) ePetition is fundamentally different from an online petition platform. It is a formal parliamentary instrument that carries automatic procedural consequences the government cannot veto.

How the LC ePetition Mechanism Works

Step 1: An LC Member sponsors and facilitates the petition on the WA Parliament website (parliament.wa.gov.au) for a nominated period of between one week and six months.

Step 2: The petition is signed via the parliament.wa.gov.au website. There is no minimum signature threshold for presentation.

Step 3: Once presented to the LC, the petition is automatically referred to the Standing Committee on Environment and Public Affairs (EPAC). This referral is mandatory — it is not at the government's discretion.

Step 4: The EPAC Committee invites submissions from the presenting member, the principal petitioner, and the relevant Minister. A formal ministerial response is compelled. Whatever the government says — or fails to say — becomes a public document on the parliamentary record.

To initiate: contact the LC administration at lcadmin@parliament.wa.gov.au. An LC Member must agree to facilitate the petition before it can be listed.

The LC ePetition is more powerful than correspondence or an online petition for one reason: it creates process the government cannot avoid. A Questions on Notice response can be evasive without generating further process. An EPAC Committee can follow up. Absent or inadequate ministerial responses become materials for further scrutiny.

Note: An LC petition on environmental, heritage, and community consultation grounds is a community and cross-parliamentary concern. It is not inherently partisan and can be facilitated by any member of the Legislative Council.

12.2 EPBC Referral 2025-10271 — For Reference Only, Not a Live Channel

EPBC Referral 2025-10271 (covering the CTRC relocation and the GRP Stage 1 footprint) was lodged on 5 September 2025 and decided on 14 November 2025 — not a controlled action. This is not a channel through which the community can currently submit comments on this specific referral.

- The referral and its supporting documents remain viewable for reference at epbcpublicportal.environment.gov.au (search EPBC 2025-10271)
- The proponent's own 'no alternative sites considered' admission in the referral (Section 7.2) is citable governance material for QONs and correspondence, independent of the referral's outcome
- Future stages of the project — including any Stage 2 works with a different disturbance footprint — would likely require a fresh referral, which would reopen a comment window at that time

12.3 Heritage Impact Statement Process

Before significant works proceed on the State Heritage-listed campus, a Heritage Impact Statement (HIS) must be submitted to the Department of Planning, Lands and Heritage. This triggers a public consultation phase. The Heritage Council of Western Australia can be written to now — before the HIS is submitted — to ensure the Council is aware of community concerns and will apply rigorous standards.

- Heritage Council of Western Australia: dplh.wa.gov.au
- State Heritage Register: inherit.dplh.wa.gov.au (Place No. 13630)

12.4 City of Nedlands Development Application

When a Development Application is lodged with the City of Nedlands, it triggers a statutory public notification period during which any person may make a formal submission. This is a legal right. The volume of formal submissions carries genuine procedural weight.

- City of Nedlands: nedlands.wa.gov.au
- A submission template should be prepared and distributed to petition signatories when the DA notification period opens

12.5 FOI Requests

Under the Freedom of Information Act 1992 (WA), community members may request access to documents held by government agencies. The following document categories are directly relevant to the governance concerns identified in this paper:

- Graylands Reconfiguration and Forensic Taskforce meeting minutes and attendance records
- Correspondence between the Department of Health and the Attorney-General's office 2021–2023
- Inter-agency correspondence regarding CLMI Act reform and Graylands planning coordination
- The government's formal documented response to the Infrastructure WA MIPA
- The updated Stage 1 business case and any demand modeling done post-CLMI Act

FOI requests can be lodged through the relevant agency (Department of Health, Office of the AG, etc.) using the WA Government Information Statement available at omi.wa.gov.au.

12.6 Ministerial Questions on Notice

The local Member of the Legislative Assembly (Ms Sandra Brewer MLA, Member for Cottesloe) can lodge formal Questions on Notice (QONs) to relevant Ministers. QONs compel a written response on the parliamentary record. Questions about the decision trail, CLMI coordination, IWA response, consultation record, and alternative sites analysis are all within scope and have been requested by the community in formal correspondence.

Annex A — Full Decision and Governance Timeline

Date	Event	Governance Significance
2015	WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025 published by the Mental Health Commission	The government's own ten-year strategic plan describes the Graylands institutional model as based on a 'Victorian era asylum model' — language indicating the model was regarded as requiring replacement, not expansion. This plan remained government policy throughout the period in which the Taskforce (2021–2023) was planning a $698M expansion on the same site.
2019	State Budget allocates $3M for Graylands 'planning and decommissioning studies'	Funding directed toward studying site closure and service relocation — consistent with the direction of the Mental Health Plan 2015–2025. No public document has been released showing the outcome of these studies or when the direction changed.
January 2021	Graylands Reconfiguration and Forensic Taskforce (GRAFT) established. Chaired by Hon. Jim McGinty AM (former Minister for Health and Attorney-General). Membership: 6 senior public servants + 1 independent.	No Department of Justice, community, or local government representation confirmed in Taskforce membership.
2021–2023	CLMI Act 2023 reform process runs concurrently with Graylands expansion planning	Both processes active simultaneously under the same government. Formal inter-departmental coordination between them has not been publicly confirmed.
October–November 2021	Taskforce recommends northern campus for forensic expansion. Government accepts. Minister Cook informs Parliament.	Core site decision made under old indefinite detention legal regime. No community input at any stage.
November 2022	Government formally endorses expansion following Taskforce's fourth quarterly report	Formal policy commitment. Still no community consultation. CLMI Act reform actively in progress.
March 2023 ★	Infrastructure WA MIPA: business case has 'insufficient information on which to base an investment decision' — six specific concerns	Statutory advisory body raises serious concerns. Business case funded approximately three weeks later.
March 2023 ★	Criminal Law (Mental Impairment) Act 2023 passes the WA Parliament	KEY COLLISION: New legal framework governing every future Graylands patient passes Parliament at the same moment the business case is being funded.
13 April 2023 ★	CLMI Act 2023 receives Royal Assent	New law formally enacted. Community reintegration now a statutory clinical requirement.
April 2023 ★	Government commits $218.9M in State Budget — approximately 3 weeks after IWA insufficiency finding	Funded despite IWA finding. New law just received Royal Assent. No documented response to IWA concerns released.
April 2023	Liberal Opposition (Libby Mettam MLA) describes announcement as an 'about-face' and 'sudden decision' at odds with WA Mental Health Plan 2015–2025	Contemporary parliamentary record confirms the reversal was sudden and unexplained.
July 2023	GRAFT formally dissolved. Responsibility transferred to NMHS and Office of Major Infrastructure Delivery (OMID).	Taskforce concludes without public release of its full recommendations or site-selection methodology.
1 September 2024	CLMI Act 2023 comes into full legal force	All custody orders subject to limiting terms. CSOs available. MIRT can release without AG approval. Reintegration legally mandated.

Late 2024	Stage 1 Business Case refined by NMHS and OMID	Whether this refinement fully integrated CLMI Act implications has not been publicly confirmed.
9 April 2026	ADCO Constructions engaged under Early Contractor Involvement (ECI) contract	Design phase commences. Project enters pre-construction stage.
14 May 2026	Minister Carey confirms design phase in Ministerial Statement to Legislative Assembly	First formal parliamentary confirmation. Community still not consulted.
2026–2027 (scheduled)	CTRC relocation to 9 John XXIII Avenue — Government's stated aim (per April 2026 statement) is to complete the transition during 2027, ahead of the main site works; contractor procurement for this component was reported as still underway as at April 2026	Not yet commenced as at July 2026. The original EPBC referral (September 2025) had anticipated a mid-2026 start — the shift to a 2027 target indicates schedule slippage on the one component of the project closest to a school.
16–17 June 2026	Community writes formally to Sandra Brewer MLA and six Ministers. Acknowledgement requested within 14 days; substantive response within 28 days.	Formal community correspondence on record. Ministerial responses pending.
July 2026	Community research paper published; community petition in preparation	Research and advocacy active and building.

★ These events occurring within 4–6 weeks of each other in March–April 2023 represent the central governance concern: the government's own advisor found the business case insufficient, the new legal framework governing every future Graylands patient was enacted, and a $218.9M commitment was made — without any public documentation of how these events were sequenced, coordinated, or reconciled.

Annex B — Key Terms Glossary

Term	Definition
CLMI Act	Criminal Law (Mental Impairment) Act 2023 (WA). Replaced the old Criminal Law (Mentally Impaired Accused) Act 1996. In force from 1 September 2024.
Community Supervision Order (CSO)	Under the CLMI Act, a court order requiring a forensic patient to live in the community under supervision, rather than being detained.
Early Contractor Involvement (ECI)	A procurement model in which a contractor is engaged during the design phase to provide cost and buildability input before a full construction contract is awarded.
EPAC Committee	The Standing Committee on Environment and Public Affairs of the WA Legislative Council. All LC ePetitions are automatically referred to this Committee for consideration and report.
EPBC Act	Environment Protection and Biodiversity Conservation Act 1999 (Commonwealth). Australia's primary federal environmental law. Protects nationally threatened species and ecological communities.
Forensic mental health patient	A person detained under a court or tribunal order in the context of criminal proceedings. Forensic mental health is distinct from general psychiatric care — patients are detained because of serious offending. The presence of mental illness does not remove the underlying risk.
GRAFT	Graylands Reconfiguration and Forensic Taskforce. Government-established advisory body, January 2021 – July 2023.
Heritage Impact Statement (HIS)	A formal assessment document required before significant works on a State Heritage-listed property. Must be submitted to the Department of Planning, Lands and Heritage. Triggers a public consultation process.
Infrastructure WA (IWA)	The State's statutory independent infrastructure advisory body, established under the Infrastructure WA Act 2019. Provides independent assessments of major public infrastructure proposals.
Mental Impairment Review Tribunal (MIRT)	The new tribunal established under the CLMI Act 2023 with the power to vary or revoke custody orders — including releasing patients — without requiring the Attorney-General's approval.
MIPA	Major Infrastructure Proposal Assessment. Infrastructure WA's formal assessment process for proposals above a threshold capital value.
NMHS	North Metropolitan Health Service. The WA health service responsible for operating Graylands Hospital and State Forensic Mental Health Services.
OMID	Office of Major Infrastructure Delivery. The WA Government office responsible for delivering major health infrastructure projects.
Questions on Notice (QON)	Written questions submitted by a Member of Parliament to a Minister, requiring a formal written response on the parliamentary record. Responses are published in Hansard.
Sub-acute forensic	A lower security classification for forensic patients who remain under custody orders but are at a recovery stage where maximum-security containment is not clinically required. Includes participation in structured community access programs.

Annex C — Sources and References

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DISCLAIMER

This paper has been prepared for community information purposes using publicly available sources as at July 2026. It does not constitute legal, planning, or medical advice. The community does not dispute the state's legitimate clinical need for expanded forensic mental health services. This paper asserts that the community's right to be consulted, informed, and protected must be met alongside that clinical need — not treated as secondary to it.

Annex D — Frequently Asked Questions

This annex addresses the questions most commonly raised about the Graylands Campus Project — including the hard ones. All answers are consistent with the analysis in the main paper and grounded in publicly available sources.

Understanding the Project

Q: What exactly is being proposed at Graylands?

The State Government is converting Graylands Hospital from a general psychiatric teaching hospital into WA's only large-scale dedicated forensic mental health campus. Stage 1 — currently in design — adds 40 new forensic beds to the northern campus at a committed cost of $218.9M. The long-term plan, confirmed in the Infrastructure WA MIPA (March 2023), is 136 forensic beds at an estimated total cost of $698 million. The general psychiatric hospital function will be substantially closed or relocated. This is a change in what Graylands is, not merely an extension of what it does.

Q: How is this different from what is already there?

Graylands currently holds 45 forensic patients in the Frankland Centre (maximum-security) and Dryandra Ward under the old indefinite detention regime. Stage 1 adds 32 sub-acute beds — a lower-security classification designed for community access programs — and WA's first 8-bed child and adolescent forensic unit. The CLMI Act 2023, in force since September 2024, means all patients are now on a legally mandated community reintegration pathway. The campus is not being expanded within the old model. It is being built into a fundamentally different legal framework.

Q: What does 'forensic mental health patient' mean? Are these patients dangerous?

Forensic mental health patients are individuals charged with serious criminal offences — including homicide, manslaughter, grievous bodily harm, and serious sexual offences — who have been found by a court either unfit to stand trial or not criminally responsible due to mental illness at the time of the offence. They are detained under court orders, not health admissions. The presence of mental illness does not remove the risk associated with their offending history. That is not stigma — it is clinical and legal fact that responsible government must plan around. The community is not asserting every patient is dangerous in every situation. It is asserting that the government has not publicly disclosed the risk assessment for this campus or the community access program boundaries under the new law.

About Stage 1 and Timing

Q: The contractor is already engaged — isn't it too late?

No. ADCO Constructions was engaged in April 2026 under an Early Contractor Involvement (ECI) contract — a design-phase mechanism, not a construction contract. Main campus construction has not commenced. The Heritage Impact Statement has not been submitted. The City of Nedlands Development Application has not been lodged. The full construction contract has not been signed. ECI is specifically the phase in which scope and cost are refined before commitment to build. Characterising it as irreversible inverts the logic of the mechanism.

Q: Stage 2 is years away and may never happen — why not just accept Stage 1?

Stage 1 already introduces categorical changes, not incremental ones. The 32 new sub-acute beds come with legally mandated community access programs in surrounding streets under the CLMI Act. The 8-bed child and adolescent unit is a genuinely new institution being built 270 metres from John XXIII College. Stage 1 nearly doubles the forensic bed count. Under the CLMI Act's higher-throughput model, 85 beds involves substantially more patient-community interaction than 45 beds under the old indefinite detention law. None of the eight documented concerns in this paper are resolved by accepting Stage 1 while waiting for Stage 2. They apply to Stage 1 directly.

Q: Hasn't most of the money already been spent?

No. The $218.9M is a budget allocation from 2023, not spent construction expenditure. As at July 2026, no physical construction has commenced on the main campus or at the CTRC relocation site — the Government's own April 2026 statement put the target for completing the CTRC relocation at 2027, with contractor procurement for that component still underway. A design contract and a not-yet-commenced relocation are not grounds for proceeding to full construction without addressing the documented governance gaps.

About Governance and Process

Q: The government says it conducted community consultation — who did it actually consult?

The Graylands Reconfiguration and Forensic Taskforce (2021–2023) consulted clinical professionals, mental health consumers, and senior public servants about the best model for delivering forensic mental health services. This was clinical consultation — not community consultation about the impact on surrounding residents. No record of any public meeting with Mount Claremont residents, school communities, or local government exists in publicly available documents. Notification to the City of Nedlands through an EPBC referral — which received no specific response — is the only identified community engagement.

Q: Does the CLMI Act really change anything in practice?

Yes, materially. Under the old law, ~56 patients were held indefinitely with no end date; release required the Attorney-General's personal approval; the population was stable and long-stay. Under the CLMI Act 2023 (in force September 2024): all orders must have end dates; some retrospective limiting terms had already expired, producing 'unplanned discharges'; courts can now order patients to live in the community under Community Supervision Orders; and safe reintegration is an explicit statutory purpose. A campus under this framework involves fundamentally more patient-community interaction than one under indefinite detention.

Q: Infrastructure WA is only advisory — can't the government just proceed anyway?

Yes. The MIPA process is advisory, not binding. The community has never claimed otherwise. The argument is that a government that overrides its own statutory independent advisor has an elevated accountability obligation — to show what work addressed the concerns raised, and to release that documentation. The Government committed $218.9M approximately three weeks after the IWA finding of insufficiency. That documentation has not been released.

Challenging Questions

Q: Isn't this just NIMBYism?

NIMBYism means objecting to something based primarily on location preference, regardless of evidence. That is not this campaign's position. The documented concerns here are grounded in the government's own sources: the government's own advisory body found the business case insufficient; the law governing every future patient changed in the same month as the funding commitment; the community was never consulted across five years and $698M of planning; and the prior publicly stated direction was reversed without explanation. These concerns would be equally valid wherever this project was located. The location — a residential suburb 270 metres from a school — is relevant to the community's stake in getting answers, not to the validity of the questions.

Q: Doesn't opposing this stigmatise mental health patients?

No. The community explicitly and consistently supports forensic mental health services and the need to provide them properly. The concerns raised are about transparency, evidence quality, and community consultation — not about patients or their treatment. Making clinical, legal, and factual distinctions between forensic and general psychiatric patients is not stigma. It is accurate. Refusing to make those distinctions to avoid difficult planning questions does not serve patients, the community, or the quality of the facility being designed.

Q: Graylands has been there for over a century — why is this suddenly a problem?

Three things have changed. First, the function of the campus is changing from a general psychiatric hospital with a contained forensic wing to a dedicated forensic campus — a categorically different institution. Second, the CLMI Act 2023 now mandates that patients be progressively integrated into the surrounding community — a clinical framework that did not exist under the old law. Third, the scale is nearly tripling. The community has not objected to Graylands' presence. It is objecting to a $698M transformation of what Graylands is — made without consultation, without adequate evidence, and without public explanation.

Q: Won't this kind of opposition make it harder to build forensic mental health services anywhere?

The community's position has been consistent: WA needs properly resourced forensic mental health services. The question is whether this site, this process, and this standard of evidence are adequate. An independent alternative sites analysis — which the community is asking for — would assess whether there is a better location. If there is not, and if the evidence base and community engagement are completed properly, the community will have been given the information it is currently being denied. Opposing inadequate process is not the same as opposing the facility.

What Happens Next

Q: What would genuine community consultation look like?

At minimum: formally advertised public information sessions in Mount Claremont, covering the full 136-bed long-term plan across every stage — not only Stage 1; direct written notification to every household within a defined radius and to every nearby school community; a genuine opportunity to ask questions and receive answers before the design is finalised. This is not an extraordinary standard. It is the standard applied to major infrastructure projects that materially change the character of a residential area.

Q: What specifically is the community asking for?

Ten specific asks, summarised: (1) Pause all site works until consultation is completed; (2) Release the full business case and evidence base; (3) Release the decision-making trail behind each key commitment; (4) Show how planning was updated for the CLMI Act 2023; (5) Confirm what the Department of Education was told; (6) Release school consultation records; (7) Commission an independent alternative sites analysis; (8) Publish the community risk assessment under the new law; (9) Publish the boundaries of supervised leave and community access programs near this campus; (10) Hold genuine community consultation before the design is finalised. Full detail in Section 11 of this paper.

Q: What can I do?

Join the Mount Claremont Community Network Group's mailing list for updates, and sign the community petition once it is released. Write to the Member for Cottesloe and your federal Member for Curtin. Write to the Heritage Council of Western Australia about the State Heritage-listed campus — this process remains open, unlike the now-closed EPBC referral. Prepare a formal submission when the City of Nedlands Development Application is lodged — a statutory right. Ask your school P&C to write formally to the Ministers. Share this paper with others who should know about it. Contact the Mount Claremont Community Network Group at mtclaremontcommunitynetwork@gmail.com.

Annex E — Comparative Case Studies: Are These Risks Theoretical?

A fair challenge to this paper is that its safety concerns (Section 8) are speculative — that no incident has occurred at Graylands under the new legal framework, and none may occur. This annex answers that challenge using the documented record of Australia's most comparable, most mature forensic mental health facility. The purpose is not to suggest Graylands will replicate these events. It is to establish that the risk category this paper raises in Section 8.3 — community reintegration pathways producing recurring, real incidents even under considerably more structured oversight than currently exists for Graylands — is a documented feature of forensic mental health operation in Australia, not a hypothetical raised only by this community.

E.1 Thomas Embling Hospital, Fairfield, Victoria — The Comparator

Thomas Embling Hospital is Victoria's high-security forensic mental health hospital, operated by Forensicare (the Victorian Institute of Forensic Mental Health). It is the closest Australian comparator to what Graylands is becoming: a purpose-built forensic facility on a repurposed institutional campus, which has undergone the same staged-expansion trajectory now proposed for Graylands — opening with 116 beds in 2000, expanded to 138 beds by 2019, and currently undergoing a further $515.7 million, 82-bed expansion delivered by the Victorian Health Building Authority.

Forensicare operates under a more developed governance and safeguard model than anything publicly documented for Graylands. It formally reports to both the Minister for Mental Health and the Minister for Corrections. Community leave is governed by a published, graduated protocol: clinical assessment before any leave is granted; escalation from escorted to unescorted leave tied to recovery progress; oversight by a Forensic Leave Panel chaired by a sitting Supreme Court or County Court judge; and the power for the Chief Psychiatrist to suspend leave immediately if community safety is at risk.

E.2 What the Victorian Record Actually Shows

Structure does not eliminate the risk it is built to manage

Despite this framework, Victorian media have reported multiple documented occasions on which Thomas Embling patients failed to return from approved unescorted leave, including incidents reported in 2013, 2015, and 2023, each prompting a Victoria Police public alert. These were not perimeter breaches — they were patients who left on lawfully approved leave, as part of their treatment pathway, and did not return on schedule. A judicially-supervised, clinically-assessed, graduated leave system has not made this risk category disappear over more than a decade of operation.

Even mature systems disclose nothing to the community in advance

Forensicare states plainly, in its own published guidance, that it 'is unable to provide family or members of the community with specific information about patients,' including 'details about a patient's community leave.' This is a function of mental health privacy law, not an administrative gap Victoria has failed to close. No future WA framework, however well designed, is likely to give residents patient-specific notice of approved leave either. The only thing residents can legitimately obtain is procedural transparency — published criteria, escalation stages, oversight mechanisms, and a mandatory protocol for notifying the community when a patient is unaccounted for without authorisation.

The pattern is current, not historical

On 8 October 2025, a Thomas Embling patient fled during a supervised outing to a Melbourne shopping centre and was not restrained until several days later, after damaging vehicles and confronting members of the public; two bystanders ultimately intervened to stop him. Three weeks after that, on 29 October 2025, Hon. Trung Luu MLC raised on the record in the Victorian Legislative Council that Forensicare had separately acknowledged security issues with illicit substances circulating inside the hospital, while cuts to specialist staffing roles proceeded regardless. Both are matters of public record from within the twelve months before this paper was prepared, at Australia's most comparable and longest-operating facility of this kind.

E.3 Cumberland Hospital, Westmead, New South Wales — What Recently Went Wrong

Cumberland Hospital is Australia's largest mental health facility and includes the Bunya Unit, one of only three medium-secure forensic mental health units in New South Wales. Unlike the Forensic Hospital at Long Bay (Section E.4), it is not co-located with corrections infrastructure — it sits within a general public hospital campus, the closest structural parallel to what a standalone Graylands campus represents for Mount Claremont.

Two escapes, three deaths, ten days

On 7 February 2026, a 25-year-old patient escaped Cumberland Hospital during a transfer to another facility. Ten days later, he allegedly stabbed three people in a busy Merrylands shopping strip, killing one. On 8 February 2026, a 31-year-old patient allegedly overpowered a nurse, took a security access card, and left the facility. About a week later, he allegedly crashed a stolen vehicle in Camden, killing two women aged 60 and 84. Both men were reported as involuntary mental health patients; neither report available for this paper confirmed forensic-order status specifically, and this paper does not assert it.

NSW Premier Chris Minns ordered an urgent government review into security protocols at Cumberland Hospital. The Western Sydney Local Health District confirmed a formal review, including an external senior psychiatrist, into patient care, treatment, and security. The NSW Nurses and Midwives' Association described a workforce stretched past what current resourcing supports. A third patient absconded from the same hospital later that month; police expressed concern for his welfare and no violence was reported in that case, consistent with this paper's practice of excluding incidents that did not involve harm.

The relevance to Graylands is structural, not a claim of equivalence. Cumberland demonstrates that a large, standalone public hospital campus with a medium-secure mental health unit — not co-located with corrections, drawing on general hospital security arrangements — can produce multiple absconding incidents and multiple deaths within the same fortnight, in 2026. Graylands' sub-acute wing and child and adolescent unit will operate under a comparable community-access model. Whether WA's security protocols, staffing, and oversight for that model have been assessed against what went wrong at Cumberland has not been disclosed.

E.4 The Forensic Hospital, Malabar (Long Bay), New South Wales — A Siting Comparator

NSW's approach to siting is a useful contrast for the site-selection question (Concern 8, Section 10). The Forensic Hospital, managed by Justice Health NSW, is located within the Long Bay Correctional Complex at Malabar — co-located with an existing correctional facility, rather than standing alone within a general hospital campus in a residential suburb. Victoria's Ravenhall forensic mental health service follows the same pattern, co-located at the Ravenhall Correctional Centre.

Two other Australian states have located high-security forensic mental health capacity within or immediately adjacent to existing correctional infrastructure — the same model this paper argues should have been independently assessed for Graylands, using the Hakea and Casuarina precincts as the WA equivalent (Section 10.3). That NSW and Victoria have each implemented this model for at least part of their forensic capacity indicates an operationally proven alternative, not merely a theoretical one.

Source note: incidents and findings drawn from Victoria Police and NSW Police public statements as reported by Australian media (including SBS News), Forensicare's own published community leave protocol (forensicare.vic.gov.au), and the official Hansard record of the Victorian Legislative Council. Full citations in Annex C.