



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

No. 306

WRITTEN QUESTION

J Davis to the Minister for Corrections, Hon Gerard Maley MLA:

Women's Prison Health

These questions follow the answer to Written Question No. 110 of the 15th Assembly (answered 27 August 2025), which reported for the period 1 August 2024 to 31 March 2025.

1. **What is the total 2026–27 Budget allocation for:**
 - a. **mental health screening within correctional facilities;**
 - b. **mental health assessment within correctional facilities;**
 - c. **mental health treatment within correctional facilities; and**
 - d. **throughcare mental health support following release from custody?**

This question does not fall within the responsibilities of the Minister for Corrections.

2. **Please provide a breakdown of that funding by correctional facility and program, as a table.**

This question does not fall within the responsibilities of the Minister for Corrections.

3. **What is the total 2026–27 Budget allocation for mental health screening, assessment and treatment for young people in the youth justice system?**

An allocation of \$100,000 has been provided in the 2026-27 Budget to support assessments for young people engaged in the youth justice system who are not in the care of the Chief Executive Officer of the Department of Children and Families.

Mental health screening and treatment services within detention are provided by 4 FTE Psychologists, at an annual employee cost of \$594,320. These services are delivered in addition to the onsite services provided by NT Health.

4. What culturally responsive mental health programs and services are funded for Aboriginal and Torres Strait Islander young people in youth detention in 2026–27? Please identify each program, provider and annual funding allocation.

Four FTE Psychologists, at an annual employee cost of \$594,320, provide mental health screening, assessment, treatment and counselling services to young people in detention. The psychologists are accredited in Aboriginal and Torres Strait Islander Youth Mental Health First Aid and are trained in the administration and interpretation of the Westerman Aboriginal Symptoms Checklist for Youth (WASC-Y), enabling culturally informed assessment, engagement and intervention with Aboriginal and Torres Strait Islander young people in detention.

The psychology service is complemented by 5 FTE Cultural Mentors, at an annual employee cost of \$613,940, who work alongside psychologists to support the cultural and wellbeing needs of young people in detention.

The National Wellbeing Alliance facilitates the Deadly Thinking Workshop, a program delivered by First Nations facilitators that provides culturally safe spaces for participants to yarn, reflect, and develop practical skills that support mental health, wellbeing, and resilience. Funding for this service has been secured independently by the National Wellbeing Alliance.

In addition, CatholicCare NT delivers an enhanced youth mental health service within detention. The program promotes mental health awareness and supports young people to develop coping strategies, manage challenging emotions and relationships, and seek appropriate support when required. Funding for this service has been secured independently by CatholicCare NT.

5. Under the current model:

a. Are medical practitioners employed directly by the Department of Corrections?

No

b. If not, what are the current employment arrangements for prison medical practitioners?

This question does not fall within the responsibilities of the Minister for Corrections.

- c. How do these arrangements differ from those in place immediately before the transfer of responsibility?**

This question does not fall within the responsibilities of the Minister for Corrections.

- 6. Since responsibility for prison healthcare transferred to the Department of Corrections, has the number of medical practitioners, nurses and Aboriginal Health Practitioners increased in line with growth in the prison population?**

- a. The answer to Written Question No. 110 reported the Top End region as 0.3 FTE below the 400-patients-per-doctor benchmark. What is the current position against that benchmark in each region?**

This question does not fall within the responsibilities of the Minister for Corrections.

- 7. Please provide, for each correctional facility:**

- a. the number of funded positions for medical practitioners, nurses and Aboriginal Health Practitioners;**
- b. the number of occupied positions; and**
- c. the number of vacant positions.**
- d. Where a figure for an individual facility is too small to report, please provide the aggregate by region and the Territory-wide total.**

This question does not fall within the responsibilities of the Minister for Corrections.

- 8. In 2025–26, how many medical appointments within correctional facilities were:**

- a. scheduled;**
- b. completed; and**
- c. not completed?**
- d. If these counts are not recorded — the answer to Written Question No. 110 declined to provide them as “too administratively onerous” — what data does the Department collect to manage clinic capacity, and why are attendance counts not routinely recorded?**

This question does not fall within the responsibilities of the Minister for Corrections.

9. Of the appointments not completed, how many were cancelled or missed due to:

- a. staffing shortages;**
- b. prison lockdowns;**
- c. prisoner movement restrictions; or**

This question does not fall within the responsibilities of the Minister for Corrections.

d. other operational reasons?

Between 2025-26, the Department of Corrections did not routinely collect data on the reasons for cancelled or missed medical appointments. However, preliminary efforts are currently underway between the Department of Corrections and NT Health clinic staff to record specific operational details as requested in (a) to (d).

Furthermore, the Department of Corrections in collaboration with NT Health is currently undertaking the Future State Prisoner Health Project. The jointly led project is reviewing health service delivery arrangements, including consideration of performance monitoring and reporting capabilities. This includes the oversight of factors that influence medical appointment attendance and strengthening access to health services.

10. What policies or operational procedures ensure prisoners continue to receive timely healthcare during prison lockdowns?

During prison lockdowns, the Primary Health Care team provides the Department of Corrections operations team with a list of prisoners who currently require urgent healthcare assessment. Correctional Officers assist in facilitating the movement of prisoners on the list to the Health Centre to ensure timely access to healthcare appointments. If a high-priority prisoner is unable to attend the clinic at an appropriate time on that day, the Health and Corrections staff will work together to try and make arrangements to ensure the prisoner receives timely care.

Timely access to healthcare is governed within:

- Darwin Correctional Centre applies Standard Operating Procedure (SOP) 4.2.2 Primary Health Care Centre.
- Alice Springs Correctional Centre applies Standard Operating Procedure (SOP) 9.28.20 Medical and Health Care Centre – Post Order.

- Berrimah Correctional Centre applies Standard Operating Procedure (SOP) 5.3.2 Medical.

11. What assessment has the Department undertaken of the impact of prison lockdowns on access to healthcare?

No specific assessment has been undertaken by the Department, however as referenced in the response to Question 9 (d), the Future State Prisoner Health Project is currently reviewing Models of Care and health service delivery arrangements across a range of operational factors. This may include consideration of restricted prisoner movement.

12. How many prisoners received a comprehensive medical assessment by a medical practitioner following reception into custody, and what proportion of the current prison population has received one?

This question does not fall within the responsibilities of the Minister for Corrections.

13. What is the current median and average waiting time between admission to custody and completion of a comprehensive medical assessment?

a. What is the longest current waiting time?

This question does not fall within the responsibilities of the Minister for Corrections.

14. How many prisoners are currently waiting for a forensic mental health assessment by a psychiatrist?

This question does not fall within the responsibilities of the Minister for Corrections.

15. The answer to Written Question No. 110 stated that “there is no wait time for a forensic mental health review in the prison setting”. Does that remain the case?

a. How is that measured, and what were the median, average and longest times between referral and completed assessment in 2025–26?

This question does not fall within the responsibilities of the Minister for Corrections.

16. The answer to Written Question No. 110 stated that NT Health “does not conduct cognitive or neuropsychiatric assessments beyond simple dementia screening tools used in Primary Health Care by General Practitioners”, with referral to specialists if required. For 2025–26:

- a. For each correctional facility, what access is currently available to neuropsychological assessment, cognitive assessment, assessment for acquired brain injury, assessment for intellectual disability, and assessment for fetal alcohol spectrum disorder — and by whom is each conducted?
- b. How many prisoners were referred for neuropsychological, cognitive, acquired brain injury, intellectual disability or fetal alcohol spectrum disorder assessment?
- c. How many of those assessments were completed?
- d. What is the average time from referral to completed assessment?
- e. What funding supports prisoner access to these specialist assessments?
- f. Where a figure for an individual assessment type is too small to report, please provide the total across all assessment types.

This question does not fall within the responsibilities of the Minister for Corrections.

17. What allied health services are available to prisoners, including physiotherapy, occupational therapy, speech pathology, psychology, dietetics and social work?

- a. For each allied health service identified, what is the current average waiting time for assessment or treatment?

This question does not fall within the responsibilities of the Minister for Corrections.

18. In 2025–26, how many external specialist or hospital appointments were:

- a. scheduled;
- b. attended; and
- c. not attended?
- d. The answer to Written Question No. 110 stated that providing these counts would require a manual review that was “too administratively onerous”. Are the counts now routinely recorded? If not, why not?

This question does not fall within the responsibilities of the Minister for Corrections.

19. Of the appointments not attended, how many were unable to proceed due to:

- a. staffing shortages;**
- b. transport availability;**
- c. security or escort constraints; or**
- d. other operational reasons?**

Between 2025-26, Department of Corrections did not routinely collect data on the reasons why external specialist or hospital appointments did not proceed. However, preliminary efforts are currently underway between the Department of Corrections and NT Health clinic staff to record specific operational details as requested in (a) to (d).

20. What measures are in place to reduce the risk of heat-related illness in correctional facilities, particularly in accommodation areas without air conditioning?

This question does not fall within the responsibilities of the Minister for Corrections.

21. In 2025–26:

- a. How many heat-related medical incidents were recorded across correctional facilities?**
- b. How many prisoners required hospital transfer or emergency medical treatment as a result of heat-related illness?**

This question does not fall within the responsibilities of the Minister for Corrections.