QON No. 39

Legislative Assembly for the Australian Capital Territory
Standing Committee on Social Policy

Inquiry into Annual and Financial Reports 2023–2024

Answer to question on notice

Asked by: Ms Chiaka Barry MLA

Addressed to: Minister for Mental Health

Reference: Mental Health – Canberra Health Services

Hearing: 11 February 2025
In relation to: Mental Health Workforce Planning
Question received: 18 February 2025
Answer Due: 25 February 2025

I note that Dr. Sara Quinn President of the Australian Psychological Society said on 20 November 2024 that "Years of under-investment have led to a mental health crisis, with workforce shortages and gaps in the current system. Many Australians are struggling to access affordable, effective mental health care".

1. Can you outline the ACT Health staffing to address mental health issues, and whether there are any capability gaps?

2. How long do Canberran's have to wait to access a mental health practitioner in the ACT, in the public and private sectors?

3. What are the barriers for private mental health patients seeking access to emergency public mental health supports?

4. I note that conversations about whether to go public or private are often conducted by police or paramedics, I presume based on guidance from ACT Health. Can you tell me what guidance is provided and whether there are any processes to evaluate and validate those decisions?

5. What is the pipeline of new psychological graduates looking like in the ACT? How long will this take to address our needs? –

6. What is the general level of morale among mental health practitioners in the ACT?

7. What support or incentive arrangements are in place to encourage mental health practitioners to continue practicing in the ACT?

Rachel Stephen-Smith MLA: The answer to the Member's question is as follows:

1. Public mental health services in the ACT are provided through the Division of Mental Health, Justice Health, Alcohol & Drug Services (MHJHADS) within Canberra Health Services (CHS). The breakdown of MHJHADS workforce FTE is outlined below:

Classification	Actual
Nursing	438.78
Medical	85.23
Health Professional	225.43
Administration	106.93
Support Services	42.35
Total	**898.72**

Note: CHS data as of 31 December 2024.

The ACT Government supports and encourages ongoing training and professional development for all their staff to help maintain workforce capability. Where any capability gaps are identified, staff are appropriately supported to access additional education and training. Clinical supervision is also available to staff to help ensure quality and safety in care, provide opportunity for skill development in evidence-based practice and promoting staff wellbeing and resilience.

Gaining further information about supply and demand in the ACT is important in ensuring that the efforts in this domain are targeted. The Commonwealth Department of Health and Aged Care is undertaking supply and demand modelling as part of Recommendation 17 of the Kruk Review, which focuses on quantifying workforce, skills, and distributional issues (supply and demand). The Health Workforce Taskforce has prioritised a list of professions for modelling. Psychiatry is included in the first tranche of supply and demand modelling.

2. When a person is referred to public mental health services, an initial triage assessment is completed which determines the priority of response and nature of follow-up for that person depending on their assessed needs, including a consideration of any risk factors.

   For urgent referrals a person will generally be seen the same day by a mental health professional and where indicated a Psychiatry Registrar or Consultant Psychiatrist. For more routine or non-urgent referrals, any person assessed as requiring psychiatric review will be allocated the next available appointment with a Psychiatry Registrar or Consultant Psychiatrist with timeframes again reflecting their assessed needs.

   For ongoing clients of a service, the timeframes for follow-up appointments with their allocated Registrar or Psychiatrist are based on assessed need at the time of their last appointment. However, appointment timeframes are also adjusted accordingly for changes in a person's mental health status. Community mental health teams also maintain emergency Psychiatry appointment times which are available for clients when required.

   If it is determined that a person requires on-going clinical management with one of the community teams there may be a wait, which can range from approximately a few weeks to six months. However, during this time, people are followed up regularly with the team they have been assigned to, risk assessed and if required, re-triaged.

   Information is unable to be provided regarding private mental health services.

3. There are no specific barriers for private patients requiring emergency mental health care in the public system. Emergency mental health care can be obtained through presentation to an Emergency Department (ED) at the Canberra Hospital or North Canberra Hospital or alternatively it can be accessed in the community through community-based mental health services, such as the Home Assessment and Acute Response Team (HAART) or the Police Ambulance Clinician Early Response (PACER) model.

4. When ACT Policing (ACTP) or ACT Ambulance Service (ACTAS) attend an emergency relating to a person requiring mental health treatment and care, ACTP or ACTAS will transfer the person to an ED or seek alternative response options in the community where safe and appropriate and dependent on the individual's circumstances and specific needs.

   CHS and ACT Health Directorate (ACTHD) cannot provide information regarding private mental health service arrangements. If a person is apprehended under the Mental Health Act they must be taken to an approved mental health facility for assessment by the apprehending professional which can be police, an ambulance officer, a doctor or mental health officer. All people apprehended (under the *Mental Health Act 2015*) for a mental health assessment are taken to Canberra Hospital ED. All approved mental health facilities are public facilities. Police and Ambulance officers are aware of their obligations under the Mental Health Act regarding the apprehension and transport of people to an ED.

   A person cannot be detained or receive involuntary mental health treatment care or support under the Mental Health Act at an unapproved public health facility or private health or mental health facility. Private psychiatric facilities can only provide mental health treatment care and support to a voluntary patient.

5. Degrees in psychology are offered in the ACT at both the University of Canberra and the Australian National University. The ACT Government offers three pathway programs through CHS for new psychologists. These include the CHS Centralised Allied Health New Graduate program, which is at capacity, the new graduate psychology 'registrar' program, and the new graduate 'intern' program. CHS has made a commitment to permanently appoint these graduates to permanent positions within the organisation. To date, every graduate who has been offered a position and accepted, has remained in the organisation.

   In 2023, the ACT had 895 registered psychologists actively working in the field (both clinically and non-clinically) across all sectors. This includes those providing direct client services, as well as psychologists employed as administrators, educators or researchers. This also includes psychologists working across a variety of settings, including private practice, community health services, hospitals, disability services, residential healthcare facilities, businesses, educational institutions, schools, correctional services, the defence force, and other workplaces in the ACT.

   On a per capita basis, this represents 192 registered psychologists per 100,000 people. This per capita rate is the highest across all jurisdictions and is 46 per cent above the national average of 131 per 100,000 people. The workforce data is sourced from the National Health Workforce Dataset, maintained by the Australian Department of Health and Aged Care, while the population data (used for per capita calculations) is sourced from the Australian Bureau of Statistics.

6. The ACT Government is continuously seeking to improve workplace culture and to track the progress in its own services but cannot comment on culture or morale in private services.

   For example, CHS conducts regular Workplace Culture Surveys. In 2023, Culture Survey results highlighted that the biggest priority for MHJHADS was to ensure team members feel safe in the workplace. CHS has since strengthened access to Occupational Violence (OV) training for all staff in the division and MHJHADS set a target of 80 per cent completion across each tier of OV training to be met by December 2025. The division has already met this target with a 90 per cent completion rate.

   The most recent Pulse Survey results from December 2024 showed that MHJHADS was in a culture of 'strengthening' with a 50 per cent response rate.

7. The ACT Health Workforce Strategy 2023-2032 is being implemented. The Strategy is being overseen by the Territory-wide Health Workforce Planning Group chaired by the Chief Allied Health Officer.

   CHS encourages mental health professionals to work in the ACT by actively engaging with several recruitment agencies and has dedicated a Senior Recruitment Officer within MHJHADS to support medical workforce recruitment, along with broad advertising of vacant jobs, allowances and supports. CHS also makes use of the Area of Need Program which allows suitably qualified overseas trained consultants to be employed under particular supervisory and contractual arrangements. The public mental health services have found this program valuable in meeting its workforce requirements.

   CHS also provides its mental health workforce with the following allowances and supports which also aid in recruitment and retention strategies:

Allowances		
Medical Officers	**Nursing**	**Health Professionals**
• **Private Practice Allowance** • **On-call Allowance** • **Management Allowance** • **Attraction and Retention Incentive (ARIn)**	• Mental Health Officer Allowance • Post Graduate Allowance • Custodial Allowance	• Mental Health Officer Allowance • Advanced Skill Allowance • Psychologist Base Salary Increase in new Enterprise Agreement
Supports		
• **Relocation Subsidy Reimbursement** • **CHS actively encourage and support those interested to apply for academic titles at the ANU.**	• Future Clinical Leaders Program • Mental Health Nursing Foundation Program • After Hours Clinical Support Role Pilot • Undergraduate Student Nurse Working Group	• Centralised Allied Health New Graduate Program • Professional Development Supports • Clinical Supervision • Mental Health Allied Health Scholarships

• **Staff Specialist/ Senior Staff Specialist: Travel Education Study Leave (TESL) / Medical Education Expenses (MME)**	• Clinical Supervision • Study Assistance Support eg. leave and financial support	• Study Assistance Support eg. leave and financial support

Approved for circulation to the

Signature:  Date: 13/3/25

By the Minister for Mental Health, Rachel Stephen-Smith