



## LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

### SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE

Mr Alistair Coe MLA (Chair), Ms Tara Cheyne MLA (Deputy Chair), Mrs Vicki Dunne MLA,  
Mr Michael Pettersson MLA, Ms Caroline Le Couteur MLA

#### ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Mrs Dunne on 28 May 2020: Mr Rattenbury took on notice the following question(s):

[Ref: Hansard Transcript 28 May 2020 [PAGE #299]]

In relation to: Occupancy rate for of mental health units and wait times at Emergency Departments (ED)

Could the minister and officials provide the committee with some figures on the occupancy rate of the high and low dependency adult mental health units, the adolescent facilities and the wait times at the ED, and for the facilities at Calvary as well?

Mr Rattenbury: The answer to the Member's question is as follows:–

Canberra Health Services manages acute mental health beds on a system-wide basis across Canberra Hospital and Calvary Public Hospital Bruce to provide the most appropriate care for patients. The bed utilisation percentage for the public inpatient acute mental health beds (including the high and low dependency adult mental health wards) in the ACT was 99 per cent for the period of the COVID-19 response to 20 July 2020. Bed utilisation percentages are measured using the minutes per day that an available overnight bed is used for patient care. A breakdown by month is provided below.

Month	Inpatient acute mental health bed utilisation
March <sup>(a)</sup>	91 per cent
April	97 per cent
May	103 per cent <sup>(b)</sup>
June	100 per cent
July <sup>(c)</sup>	100 per cent

#### Notes

- (a) From 16 March 2020 inclusive, the declaration of the COVID-19 public health emergency in the ACT.
- (b) It is possible to have a utilisation percentage greater than 100 per cent if surge beds are temporarily opened to accommodate patients as required. These beds are generally not permanently resourced and are closed when patients depart the relevant ward.
- (c) To 20 July 2020 inclusive.

There are currently no dedicated adolescent mental health beds in the ACT. The model of care for children and young people requiring inpatient mental health services is that they are admitted to the most appropriate inpatient unit under the lead care of a paediatrician. A dedicated adolescent mental health facility is planned for opening in late 2022.

The median time that a patient with a mental health emergency department presentation waited for an inpatient acute mental health bed was 4 hours and 12 minutes, during the period of the COVID-19 response to 20 July 2020. Median waiting times are measured from when the inpatient bed was requested by the emergency department to when the patient physically departed the emergency department for the bed. A breakdown by month is provided below.

Month	Median waiting times for all triage categories (all persons)
March <sup>(a)</sup>	3 hours and 30 minutes
April	6 hours and 6 minutes
May	11 hours and 40 minutes
June	11 hours and 39 minutes
July <sup>(b)</sup>	3 hours and 38 minutes

**Notes**

- (a) From 16 March 2020 inclusive, the declaration of the COVID-19 public health emergency in the ACT.
- (b) To 20 July 2020 inclusive.

The median time that an adolescent (under 18 years old) with a mental health emergency department presentation waited for an inpatient acute mental health bed was 1 hour and 4 minutes, during the period of the COVID-19 response to 20 July 2020. A breakdown by month is provided below.

Month	Median waiting times for all triage categories (adolescents only)
March <sup>(a)</sup>	1 hour and 31 minutes
April	34 minutes
May	1 hour and 7 minutes
June	33 minutes
July <sup>(b)</sup>	3 hours and 24 minutes

**Notes**

- (a) From 16 March 2020 inclusive, the declaration of the COVID-19 public health emergency in the ACT.
- (b) To 20 July 2020 inclusive.

Approved for circulation to the Select Committee on the COVID-19 pandemic response

Signature:  Date: 15/8/20

By the Minister for Mental Health, Mr Rattenbury

MS CHEYNE: My understanding was that presentations to the emergency department were, by and large, down generally because people are not out and about, basically. Hearing the minister say that presentations to the emergency department for mental health reasons have increased, am I right to assume that mental health presentations to the ED really are quite significant over this period if overall presentations to the ED are down?

Ms McDonald: I can probably answer that. Overall, as the numbers of positive COVID-19 patients in the community went up, presentations to the emergency department started to decrease. We are not alone in that. That has been at both Calvary and Canberra Hospital and in other jurisdictions as well. I do need to say that our triage category 1 and 2 patients numbers did not decrease, so the sickest people who really required care were still coming to us. With the other categories we did see a decrease in presentation.

Having said that, we have seen those numbers start to come back up now. We are getting closer to our normal level of activity in our emergency department presentations—certainly not at a winter peak at this point in time. It will be interesting to see what happens with that. We have seen the number of mental health presentations in recent weeks start to go up, but it is not really the number that is the issue; it is the acuity of those patients and the number of those patients that require admission from the emergency department into our acute units. We have seen an increase in those patients. There has also been an increase in the number of those patients, which maps to the acuity, that require our high dependency unit beds as well. But I am happy to let Ms Grace add to that if she needs to.

Ms Grace: No, I think that covers it.

MRS DUNNE: Could I seek some clarification, please, as to the current occupancy rate for the adult mental health unit and also for the, I think, two adolescent mental health beds? You said there has been an uptick in adolescent mental health admissions. Where are those young people going?

Ms Grace: I can speak to that. We are consistently running at full occupancy within both the high dependency and low dependency unit at the Canberra Hospital, with similar levels across the inpatient units at Calvary hospital.

In terms of adolescents, we have seen an increase in admissions to the adolescent ward at the Canberra Hospital. We also do, on occasion, admit younger people to either the mental health short stay or the adult mental health unit, but that is dependent on clinical need and the individual presentation of the person.

At the moment we are certainly seeing an increase in the number of young people admitted into the adolescent ward. So that is not only into those two beds that you referred to, Mrs Dunne; that would also be into other beds within the adolescent mental health ward. That would be a decision that was made dependent on a clinical assessment of the young person and the appropriate place for that person to be admitted to.

MRS DUNNE: On notice, could the minister and officials provide the committee with some figures on the occupancy rate of the high and low dependency adult mental health units, the adolescent facilities and the wait times at the ED, and for the facilities at Calvary as well?

Mr Rattenbury: Yes. I should add at this point that, as part of our response during the COVID period to this increased demand, Canberra Health Services and ACT Health have worked with Calvary Public Hospital at Bruce, and we have opened up five additional mental health beds at Calvary hospital to provide additional capacity during this period.