QON No. 36

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

Hearing: 11 February 2025
In relation to: Apprehensions by Apprehending professional
Question received: 19 February 2025
Answer Due: 26 February 2025

1. I note that Table 64 of the Annual Report records Apprehensions by Apprehending Professional and shows considerable increases in apprehensions by Police (from 352 up to 507) and Medical Practitioners (from 41 to 126).

   Is there any reason for that change?

2. What training is provided to Police in the considerations to be taken into account when making an apprehension under the Mental Health Act?

3. What evaluation processes are undertaken to assess the appropriateness of apprehensions by Police?

4. What feedback has been provided to ACT Police about the appropriateness of apprehensions by Police?

5. Are there alternatives to apprehension under the Mental Health Act for people suffering a temporary mental health crisis?

MINISTER FOR MENTAL HEALTH: The answer to the Member's question is as follows:

1) The reason for the increase in the number of police and medical practitioner initiated apprehensions between 2022-23 and 2023-24 is not currently known and is being investigated, as noted in the 2023-24 Annual Report and the subsequent hearing.

   The Chief Psychiatrist regularly undertakes audits of certain aspects of the *Mental Health Act 2015* (the Act) for the purpose of ensuring compliance with the legislation. The Chief Psychiatrist is currently undertaking an audit of the apprehension process as assessed against the requirements for apprehension by specific apprehending professionals under section 80 of the Act for the period 1 July 2022 – 30 June 2023 and 1 July 2024 – 30 June 2024. This audit requires

manual review of patient files to adequately review the documentation supporting the apprehension process. Feedback will be sought from police in relation to the increased figure.

Procedural audits of the Act provide a valuable opportunity to monitor and review the operation of the Act and identify areas for the improvement of patient safety and care.

Whilst the number of apprehensions has increased, there has not been a commensurate increase in involuntary detentions.

2) Canberra Health Services (CHS) provide a comprehensive three-day training package for police specifically about mental health and police powers and functions under the Act.

ACT Policing provides Mental Health training to its members which is delivered by the Police, Ambulance, and Clinician Early Response (PACER) Team, a combination of police, ACT Ambulance Service (ACTAS), CHS, Mental Health Officers (MHO) and other relevant subject matter experts.

Training packages are delivered to:

a. ACT Policing recruits participating in a three-day Enhanced Mental Health Training package.

b. ACT Policing members deployed to the ACT Regional Watch House as part of their induction training.

c. Members of ACT Policing, ACTAS and MHO who demonstrate an interest in working in PACER, and meet the pre-requisites for being suitable for transfer into the PACER team. This involves participation in a five-day PACER familiarisation training package.

These ACT Policing training packages all refer to the Act. Each includes specific focus elements relevant to the particular training package learning outcomes and role requirements, and broadly include coverage of the following sections:

a. Psychiatric Treatment Orders (section 58);

b. Contravention of a Mental Health Order (section 77);

c. Contravention of a Mental Health Order – absconding from facility (section 78);

d. Apprehension (section 80);

e. Detention at approved mental health facility (section 81);

f. Statement of action taken (section 83);

g. Authorisation of involuntary detention (section 85);

h. Powers of entry and apprehension (section 263); and

i. Powers of search and seizure (section 264).

ACT Policing adheres to legislative requirements when making an apprehension under the Act.

3) CHS reviews each patient issue at the time a complaint is received. CHS address any issues raised with police in instances where police have apprehended a person under the Act. If the complaint was of a more serious nature, they would contact the Chief Psychiatrist to raise with police. If an individual complains about the appropriateness of treatment, the complaint would be reviewed in consultation with the apprehending professional.

4) There has been no formal feedback identified as being provided to date from the division of Mental Health, Justice Health, Alcohol and Drug Services within CHS.

5) Involuntary apprehensions under the Act are viewed as a last resort for people experiencing mental ill health. The objects and principles of the Act and the apprehension criteria under section 80 of the Act must be satisfied before an apprehension process can be initiated. For example, a person may be transported to the CHS Emergency Department by police or ambulance voluntarily for assessment. A person many also present to the emergency department for mental health treatment care or support on a voluntary basis.

   The PACER team supports people to receive mental health assessment, treatment and support in the community. Other services available to support a person experiencing mental ill health include the 24/7 Access Mental Health phone line that can provide information, recommendations and make referrals for mental health support. A full list of CHS mental health services is available at https://www.canberrahealthservices.act.gov.au/services-and-clinics/adult-mental-health.

   There are also two private psychiatric facilities in the ACT (Hyson Green and Deakin Private Hospital) which can admit patients experiencing mental health issues on a voluntary inpatient basis.

   General Practitioners are able to refer a person who has been diagnosed with a mental health condition for a mental health plan which covers the cost of 10 individual sessions of mental health treatment each year.

Approved for circulation to the Standing Committee on Social Policy

Signature: 

Date: 28/2/25

By the Minister for Mental Health, Rachel Stephen-Smith