QTON No. 25

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

Inquiry into annual and financial reports 2024–2025

Answer to question taken on notice

Asked by: Miss Nuttall

Addressed to: Mr Aloisi

In relation to: Mental Health and Access Mental Health Target Timeframes

Hearing: 11 November 2025
Uncorrected Proof Transcript pp 50-51
Transcript provided: 14 November 2025
Answer Due: 21 November 2025

MISS NUTTALL: Okay. What is Access Mental Health Unit's target timeframes for follow-ups for the various categories after patients have been triaged?

Mr Aloisi: So they vary. We will go through the triage categories for you. They start from an emergency response, so that would be if we get a call and the person is at risk of an immediate life-threatening situation, that is a triple-zero call, so that is right up the top. That is our category A. Then we have got category B, which is that sort of still high risk where we would activate a response within four hours. Category C, which is within 24 hours, and then they sort of go to category D, within 72 hours. Category E, within four weeks. That is generally going to be a fairly sort of non-urgent type referral, and then we have referrals not requiring our assessments. They are the ones we typically refer out to other agencies.

MISS NUTTALL: And obviously, it is a fair sort of differentiation between category D and category E. What is the sort of differentiating factor there, if you do not mind me asking?

Mr Aloisi: Yes. So it would be based, really, on risk assessed. So where this sort of— you know, and the timeframes are sort of meant to align with that. So for a category D, what you might be expecting, because that is a 72-hour response, you might be expecting that whilst a person would be relatively, I suppose, safe from a risk point of view to—say, for example, maintain themselves in their home until seen within that three-day period—that sort of risk. So you are looking at things like, you know, is there a chance that person's mental state might deteriorate rapidly over that three-day period? And when you start moving out to category E, those ones where, I think, the risk profile is obviously much lower. So you would feel very comfortable in the sense that that person can be seen within a two-week period, but it really depends on the presentation. There is no general rule if a person presents with depression or a person presents with psychosis. There is no general rule. It is really based on the clinical features that are assessed.

MISS NUTTALL: Yes. Absolutely. So do you track how often Access Mental Health meets its target follow-up timeframes across those categories?

Mr Aloisi: No, no. It is something that we absolutely are focused on doing. We do not have that data at the moment. It is something we are very keen to extract and work out, whether we are meeting our timeframe. So we can do it again on a manual sort of audit basis, but we would like that to be a more automated function.

MISS NUTTALL: Right. So there is no current way of sort of collecting or understanding whether people are actually followed up within that timeframe, because I cannot help but imagining that someone's risk profile might change, especially if they have been, you know, committed to have a call back, and then for whatever reason, that does not happen, that someone's risk profile might actually—

Mr Aloisi: Yes. That is right. Yes. No. So at the moment, we are not extracting that data from DHR at the moment in terms of meeting the triage categories, but it is absolutely something that we are intending to do moving forward.

MISS NUTTALL: And when will that happen by?

Mr Aloisi: I would probably have to take that question on notice.

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

Canberra Health Services (CHS) is committed to continuously improving accountability and performance indicators wherever possible. CHS will continue to work with Digital Canberra to investigate options to accurately provide performance data for triage category timeframes met. An estimated completion date for this reporting cannot be provided until an agreed method for recording 'time seen' is established.

Approved for circulation to the Standing Committee on Social Policy

Signature:  Date: 21/11/25

By the Minister for Health, Rachel Stephen-Smith