Rachel Stephen-Smith MLA
Minister for Health
Minister for Mental Health
Minister for Finance
Minister for the Public Service

Member for Kurrajong

Response to question on notice

Questions on Notice Paper No 9
5 September 2025
Question No. 563

MR CAIN MLA: To ask the Minister for Mental Health

1. What protocols are currently in place to coordinate responses between ACT Policing, ACT Ambulance Service, Access Mental Health and Community Mental Health teams when a person is experiencing a severe mental health crisis in the community.

2. What are the current criteria and definitions of "harm" used to determine eligibility for involuntary treatment orders.

3. Why is the presence of florid psychosis, thought disorder, or delusions alone not considered sufficient grounds for admission to a mental health facility in the ACT.

4. Has the Government reviewed the distinction between substance-induced psychosis and intoxication when assessing grounds for admission or treatment.

RACHEL STEPHEN-SMITH MLA - The answer to the Member's question is as follows:

1. There are established processes to ensure coordinated responses between ACT Policing (ACTP), ACT Ambulance Service (ACTAS) and Mental Health Services (MHS) when responding to people experiencing a mental health crisis. A Memorandum of Understanding between the agencies provides overarching guidance to support shared and coordinated responses.

   Referrals are allocated according to urgency, risk and individual circumstances. In life-threatening situations, '000' calls trigger an ACTP or ACTAS response, with MHS providing further assessment once the immediate risk has been addressed. The Police Ambulance Clinician Early Response (PACER) model further strengthens the first-response capability by integrating police, ambulance and mental health clinicians. In less urgent matters, MHS usually takes the lead and may seek assistance from ACTP or ACTAS where safety risks are identified.

2. The *Mental Health Act 2015* (the Act) does not include a definition of 'harm' in relation to the criteria for an involuntary treatment order under the Act. The risk of 'serious harm' to themselves or others is a criterion for all involuntary mental health orders and emergency apprehension under the Act.

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Depending on the function and the apprehending officer exercising a function under the Act, an assessment of serious harm can be made by police, ambulance paramedics, a doctor or mental health officer.

Mental health orders made under the Act are informed by clinical assessment and an evaluation of other factors relevant to determining the criteria under the Act, including an evaluation of a person's symptoms, history, environment and supports to identify factors that may increase their risk of suicide, self-harm, self-neglect, or harm to others, and to guide interventions and safety planning.

For the ACT Civil and Administrative Tribunal (ACAT) to make a Psychiatric Treatment Order (PTO) or Community Care Order they must be satisfied, among other things, that a person is doing, or is likely to do, serious harm to themselves or someone else. The ACAT must be satisfied that the harm, or likely harm, is of such a serious nature that it outweighs the person's right to refuse to consent and that the psychiatric treatment, care or support proposed under the PTO is likely to reduce the harm.

It is important to note that risk of serious harm is not the only criteria for the making of mental health orders. The other criteria under the specific order provisions of the Act must also be met.

3. Admission to a mental health facility in the ACT is determined by several factors. These may include having a mental illness or disorder, requiring immediate treatment not available elsewhere and the presence of significant risk of harm or deterioration to the person's own health or safety, or to the safety of others. This can include suicidal thoughts, self-harm, or thoughts to harm others. The assessment also requires demonstrating that less restrictive options are inappropriate at that time. The presence of community supports and preferences of consumer and carers are also important.

4. The Act describes a series of symptoms that are required to meet the criteria, regardless of cause. This means that drug-induced symptoms may meet the criteria for mental illness. Section 11 of the Act outlines that people are not to be regarded as having mental disorder or mental illness only because the person takes or has taken alcohol or any other drug. Alcohol or drug use may contribute to mental ill-health, but the Act makes it explicit that alcohol and drug use alone does not meet the definition of a mental illness or disorder. The definition of mental illness is defined in section 10 of the Act.

   A person presenting to the emergency department, either voluntarily or via apprehension must be assessed within four hours from their arrival. This four-hour window provides an opportunity for the effects of alcohol or drugs to subside in a safe and secure environment and allow a proper assessment to occur.

Approved for circulation to the Member and incorporation into Hansard.

Rachel Stephen-Smith MLA
Minister for Mental Health

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This response required 5 hours to complete, at an approximate cost of $527.71.