

27 March 2018

██████████
Coroners Prevention Unit
Coroners Court of Victoria

Dear ██████████

RE: Coroner's Investigation into the death of ██████████
Court Reference: ██████████
DOB: ██████06/1993

Mr ██████████ was a patient of the Adult Congenital Cardiac Service at the Royal Melbourne Hospital for his complex congenital heart disease (post Fontan procedure for tricuspid atresia). He had been referred for transition from RCH to RMH in 2011. However, due to the patient's travel overseas for over two years, at ██████████ request, this transition was deferred until 2014. In our transition process, RCH remains responsible for the care of the patient until the first visit at the RMH Congenital Cardiac Clinic.

His first, and only, visit to the RMH Congenital Cardiac Service was on the 19th August 2014. ██████████ was seen by Dr Naidu (Senior Cardiology Fellow) and A/Prof Michael Cheung (Director of Cardiology, RCH and Cardiologist RMH).

At the visit ██████████ was stable and was given a positive outlook of his complex chronic congenital heart condition. He was booked for tests and review in 12 months time. We were very sorry to hear ██████████ committed suicide in mid September 2014.

At the time of his clinic visit on the 19th August 2014 his past history of mental health problems (overdose attempt at age 14, psychological counselling, drug use and treatment of Orygen Youth Mental Health Services) was not known. In addition, his recent symptoms of depression in July 2014, treated by his GP and recent psychological counselling was also unknown.

I enclose the following information in regard to the Coroners recommendations.

Recommendation 1:

"That, as part of the initial decision to transition a patient to the Royal Melbourne Hospital, clinicians at the Royal Children's Hospital formally refer a child/young adult to a social worker who remains involved as a support throughout the transition period and until after the first appointment at the Royal Melbourne Hospital".

I believe the Royal Children's Hospital may answer this more fully but in the last two years a more formal transition process has been introduced between the Royal Children's Hospital and the Royal Melbourne Hospital Congenital Cardiac Service. The young adults are invited to a transition clinic at RCH staffed by the transition nurses from RCH and in the last six months attended also by the RMH Congenital Cardiac liaison nurse. During this clinic appointment the transition process is

fully explained and phone numbers for the transition nurse of both the RCH and the RMH Congenital Cardiac Liaison nurses are given to the patient. These two nurses remain involved as a support throughout the transition period and are the first point of contact for the patient until after the first appointment at the Congenital Cardiac Service, Royal Melbourne Hospital.

Also, when a referral is received from RCH to the RMH Congenital Cardiac Service a letter is sent to the patient notifying them that a referral has been received, and the contact name and details of the Congenital Cardiac Liaison Nurse are again given. In the letter it is stated that the nurse is the point of contact if any problems arise during the transition process.

Recommendation 2:

"That the Royal Children's Hospital and the Royal Melbourne Hospital introduce the routine, serial administration of an age-appropriate screening tool that measures a child/young adult's capacity and resilience for events such as the transition between health services and the possible future outcomes from Fontan surgery, such as the Royal Children's Hospital Adolescent Resilience Questionnaire".

The Cardiac Service at RCH is commencing a research project with a psychologist looking at transition of Fontan patients to adult health care and is currently recruiting individuals aged 15 to 25 years to take part in a transition study. This study will look at young people and their parents/carers experience of transition to adult health care. Until there is more research evidence available we feel it is difficult to know what the appropriate screening tool is and what treatment to offer with the results of the screening tool.

Recommendation 3:

"That the Royal Melbourne Hospital require the Congenital Liaison Nurses to complete mental health training, to improve their capacity to identify and respond to their patients mental health issues such as mental health first aid training".

We are concerned that the Congenital Cardiac Nurse is not the best person to screen for mental health issues. In this instance this patient had a known mental health illness and had been under the care of mental health specialists at the RCH and more recently seeing a psychologist through his GP. This information was not known at his one and only appointment at the Congenital Cardiac Service at RMH.

We would be able to introduce a routine screening question to ask patients and their family/carers whether the transition patient has a past history of mental health issues. It would also be possible to ask the RCH transition team to send the RMH Adult Congenital Cardiac Service a summary of past mental health issues as, at present, the only information that is given to the RMH Congenital Cardiac Service is from the RCH Cardiology Service detailing their cardiac history.

Recommendation 4:

"That the Royal Children's Hospital and Royal Melbourne Hospital review and if necessary change their care pathways and systems to ensure there is a focus of the emotional and psychological impacts of the Fontan surgery and its implications for patients' quality of life".

Patients who have undergone Fontan surgery all have complex congenital heart disease and ongoing serious chronic health conditions. There is an emphasis on holistic care of these patients within the RMH Adult Congenital Cardiac Service which includes helping these patients with work issues, insurance issues, pregnancies/family issues and general mental health issues. However, the service is staffed by members of the Cardiac team not Mental Health experts. The addition of a psychologist to the team would be welcomed.

In the absence of a dedicated psychologist attached to the Adult Congenital Cardiac Service, a low threshold for referrals to the North West Mental Health Psychology Team through the RMH Consultant Psychiatrist could be implemented.

I would like to note that this report has been presented and discussed with all Consultant members of the Adult Congenital Cardiac Service team at RMH and with our colleagues at the Royal Children's Hospital, to raise awareness of mental health issues in our patients with chronic cardiac conditions.

Yours sincerely,



A/Prof Leeanne Grigg

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