



## Department of Health

Incorporating: Health, Mental Health and Ageing



50 Lonsdale St  
Melbourne  
Victoria 3000  
GPO Box 4541  
Melbourne  
Victoria 3001  
Telephone: 1300 253 942  
Facsimile: 1300 253 964  
[www.health.vic.gov.au](http://www.health.vic.gov.au)  
DX 210311

**SCANNED**

Our Ref: PSD/12/244

Your Ref:

6 July 2012

Ms Leyla Stefano  
Coroner's Registrar  
Level 11, 222 Exhibition Street  
MELBOURNE VIC 3000

Dear Ms Stefano

**Re: Court Reference: COR /07 – Peter R Tully**

Thank you for providing me with a copy of the findings including recommendations into the death of Mr Peter R Tully.

In response to the relevant recommendations made by the Coroner:

### **Recommendation 1**

That clinicians remain attentive to the contribution able to be made by the patient's family and carers and incorporate into their decision making process their knowledge of his or her behaviour and thinking.

### **Chief Psychiatrist's Response**

The Chief Psychiatrist supports the recommendation. The Chief Psychiatrist has over the years made this a priority at various forums and meetings. The Chief Psychiatrist has also issued a guideline 'Working Together with Families and Carers (CPG0504)' which does address this issue. The Chief Psychiatrist will continue to support this recommendation and encourage service providers to take this matter seriously.

### **Recommendation 2**

That the Chief Psychiatrist facilitate development of a tailored information package to all patients, their family members and carers on first admission to an approved mental health service.

### **Chief Psychiatrist's Response**

Local acute inpatient units should have such information packages tailored to their particular service. It would be difficult for the Chief Psychiatrist to facilitate a single tailored information package as there are differences between units environmentally and also as to how they function. The Chief Psychiatrist undertakes to disseminate this recommendation to all the area mental health services and to encourage services to produce such information for patients, their family members and carers, if they do not currently have such information available.

**Recommendation 3**

That the Chief Psychiatrist inform herself about the preferences of clients, families and carers before she determines how best to communicate with them about what they can expect to experience during and after their first admission to an approved mental health service.

**Chief Psychiatrist's Response**

As mentioned in the response to recommendation 2, the Chief Psychiatrist is of the view that this is best done at the local level by individual service providers.

**Recommendation 4**

That the Chief Psychiatrist publishes clinical practice guidelines to assist approved mental health services concerning practice in relation to case management and discharge planning for all first admissions to acute mental health services.

**Chief Psychiatrist's Response**

The Chief Psychiatrist endorses the importance of discharge planning and appropriate case management for patients admitted to acute mental health services. The Chief Psychiatrist has produced a 'Discharge Planning Guideline (CPG02081) to assist services and there is a program management circular 'Discharge Planning and the Development of Protocols between Adult Area Mental Health Services and GPs (PMC05051). It is true that these guidelines and circulars do not distinguish between first and repeat admissions when it comes to discharge planning. The Chief Psychiatrist is of the view that discharge planning is equally important for first and repeat admissions and that the principles apply across the board for all patients. Clinicians should always be aware and be responsive to individual circumstances and needs of patients when organising discharge. These individual circumstances and responses cannot be addressed in guidelines but need to be left to the clinical judgement of the clinicians following discussion with the patient, family members and carers.

**Recommendation 8**

That the Chief Psychiatrist amend clinical practice guidelines to advice that the same or similar practices apply to discharge of voluntary patients as already apply to involuntary patients.

**Chief Psychiatrist's Response**

The Chief Psychiatrist's guideline does not discriminate discharge planning and care on the basis of patients' legal status. The Chief Psychiatrist endorses the recommendation that the same or similar practices apply to all patients irrespective of their legal status. The Chief Psychiatrist will undertake to disseminate this information to all area mental health services.

Please let me know if I can provide any further information.

Yours sincerely



**Dr Ruth Vine**  
**Chief Psychiatrist**