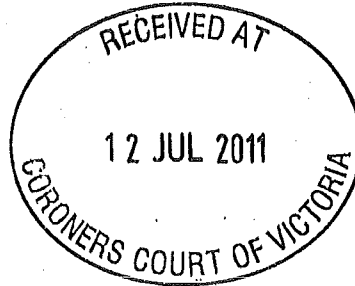




Department of Health

Secretary

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Mr Robert Rothnie
Coroner's Registrar
cpuresponses@coronerscourt.vic.gov.au

Dear Mr Rothnie

Court Reference: 4272/08 [REDACTED]

I am writing in response to your letter dated 4 May 2011 in relation to Coroner Kim Parkinson's recommendations made on the above case.

The Department of Health's (the department's) response to the Coroner's recommendations are as follows:

Recommendation:

1. *That the Secretary, Department of Health review mental health service practices in relation to the transfer of management of patients as between the regional mental health services with a view to ensuring provision of accurate and current health status information.*

The department's response:

There are legal requirements that have to be fulfilled under the *Mental Health Act 1986* when involuntary patients are transferred from one service to another. The legal requirements also include the necessary transfer of clinical information. The Chief Psychiatrist has issued a guideline *Information Sharing between Area Mental Health Services and Psychiatric Disability Rehabilitation and Support Services (CPG100401)* which outlines principles of information sharing between services. There is also a program management circular *Accessing Services Across Regions and Areas (PMC 99123)* which has further information for services.

The Chief Psychiatrist undertakes to communicate and remind authorised psychiatrists of all area mental health services about the need for information sharing. The Chief Psychiatrist will also review the current guidelines to see if they can be strengthened to include general practitioners and other practitioners in the information sharing loop.



Recommendation:

2. That the Secretary, Department of Health review the level of supervision and follow up care required to be in place prior to a mental health patient being discharged to community care.

The department's response:

The Chief Psychiatrist has issued a guideline Discharge Planning Guidelines (CPG 02081) which addresses the issues raised in this recommendation. There is also a program management circular Discharge Planning and the Development of Protocols between Adult Area Mental Health Services and General Practitioners (PMC 05051). Discharge planning is reviewed as part of the Chief Psychiatrist's Clinical Review Program.

Once again the Chief Psychiatrist undertakes to remind authorised psychiatrists of area mental health services about the need to review the level of supervision and follow-up care required to be in place before the discharge of a patient to community care.

Recommendation:

3. That the Secretary, Department of Health review the process and appropriateness of telephone assessments being undertaken by CAT teams of a mental health patient in the absence of prior direct contact with the assessor and that self reporting of 'well being' not be regarded as a reliable measure of safety in this context.

The department's response:

The department agrees that telephone assessments are not an adequate means of assessment of a patient by CAT teams.

The department has two program management circulars which relate to this topic: Mental Health Triage (PMC 03101) and Mental Health Responses in Emergency Departments (PMC 080201). In addition, the department has released a major new document Working with the Suicidal Person, Clinical Practice Guidelines for Emergency Departments and Mental Health Services. This document does cover in some detail the principles for assessing suicidal patients. This new document has been distributed widely to all health services and is also available on the department website.

There is further work being undertaken to improve triage, reporting and benchmarking processes. The Chief Psychiatrist undertakes to promulgate the Coroner's concerns and findings to authorised psychiatrists and relevant area mental health staff.

Recommendation:

4. That the Secretary, Department of Health and the Secretary Department of Community Services review mental health service practices in relation to the discharge and supervision of mentally ill persons, where they have care and responsibility for children under the age of 16 years and ensure that adequate supervisory mechanisms, including appropriate protective notifications are in place.

The department's response:

Mental health service reforms are creating more targeted service responses and structures to better address the developmental needs of infants, children and young people aged 0-25 years. Vulnerable and high risk families have a priority focus in the reform process. The Families where a Parent has a Mental Illness Strategy (FaPMI) underlies a state wide initiative that is coordinated by the Bouverie Centre. FaPMI has established positions that work with mental health services, community organisations, consumers, carers and families with the aim of having family focused and child centred services working together.

FaPMI works closely with the National COPMI (Children of Parents with a Mental Illness) Initiative. Twenty four Child First sites across Victoria now have access to FaPMI practitioners. There is work being done with Child Protection in relation to vulnerable children. The Chief Psychiatrist is currently working on a circular to provide guidance to mental health services on implementing priority service access for infants, children and young people in Child Protection – Out of Home Care.

If you require further information please contact Professor Kuruvilla George, Deputy Chief Psychiatrist on 9096 7571 or email kuruvilla.george@health.vic.gov.au.

Yours sincerely



FRAN THORN
Secretary

