



Secretary

Department of Health and Human Services

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Our Ref: BAC 7873

Olivia Collard
Coroner's Registrar
Coroners Court of Victoria
66 Kavanagh Street
SOUTHBANK VIC 3006

Dear Ms Collard

Investigation into the death of Damon B Amiet (COR 2013 001584)

I acknowledge receipt of Coroner Spanos' findings into the death of Damon Amiet on 13 April 2013.

After considering the circumstance's leading to Damon's death, Coroner Spanos recommended that:

'the Department of Health and Human Services consider the feasibility of establishing long-term residential, rehabilitation-focused mental health treatment facilities that are appropriately resourced to provide intensive care and meet demand for such services in the Victorian community.'

I note that Mr Amiet had been diagnosed with a combination of attention deficit hyperactivity disorder, an acquired brain injury, schizoaffective disorder, substance use disorder and personality disorder. As a result of these serious, disabling conditions, he was often anxious, depressed and troubled by thoughts of suicide. There were multiple admissions to mental health inpatient units and a prevention and recovery care service, interspersed with periods of care in the community by mental health mobile support teams. Mr Amiet had been referred to a secure extended care unit (SECU) in November 2011 but no bed had become available between then and his death in April 2013.

Since 2013 the Victorian Government has increased the capacity of SECU beds with 30 additional beds Dandenong Hospital and 12 additional beds at Bendigo Hospital. Victoria has a total of 132 SECU beds across several metropolitan and regional mental health services. These beds are allocated on a sub-regional basis, with SECU beds allocated to Eastern Health located at Monash Heath's Dandenong Hospital.

The SECU model is intended to provide intensive, medium-term, recovery-oriented care in a secure environment for people with complex mental health conditions that cannot be addressed adequately in other less restrictive settings. The average length of stay is approximately 12 months. Therapeutic strategies typically include pharmacotherapy,

psychological therapies, treatment of alcohol and substance use disorders, family and relationship work, and support with study, employment and accommodation where required.

Since the demand for SECU bed frequently exceeds supply, waiting lists for admission are sometimes lengthy. Preference might be given to people with clear rehabilitation goals and a demonstrated willingness to engage in a lengthy, multi-faceted treatment program.

Notwithstanding this, admissions for people with complex combinations of conditions like those experienced by Mr Amiet are very common.

There are also 348 community care unit (CCU) beds available within the state. Like SECUs, CCUs provide recovery-focused residential rehabilitation. The units are not secure however and would not have been appropriate for a person whose care needs were as complex and challenging as Mr Amiet's.

I acknowledge that demand on services has meant that not all the people who might benefit from care have been able to access it in a timely manner. I expect that our SECU and CCU programs will be a subject of consideration by the Royal Commission into Victoria's Mental Health System.

Yours sincerely



Kym Peake
Secretary
11 / 5 / 2020