

Department of Health and Human Services

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BAC 7676

Hayley Burgess Coroner's Registrar Coroners Court of Victoria 66 Kavanagh Street SOUTHBANK VIC 3006

Dear Ms Burgess

Investigation into the death of Kyle Horne (COR 2018 001218)

I acknowledge receipt of Coroner English's findings in relation to the death of Mr Kyle Horne on 15 March 2018.

After considering the circumstance's leading to Mr Horne's death, Coroner English recommended that:

'the Department of Health and Human Services and the Chief Psychiatrist work with AMAZE at the Royal Children's Hospital to identify opportunities to increase the access by private practitioners, primary care, and public mental health services to information, education and training specific to the risk of suicide for adolescents and adults with Autism Spectrum Disorder especially in the context of relationship breakdowns and social stressors.'

Dr Daniel O'Connor, Deputy Chief Psychiatrist, has consulted with Ms Fiona Sharkie, Chief Executive Officer of AMAZE, who will write to you separately. Following their discussions, I am pleased to inform you of a series of actions undertaken to address the Coroner's recommendation.

The Chief Psychiatrist has facilitated engagement between the manager of the Mental Health Professional Online Development (MHPOD) program and AMAZE to discuss opportunities to incorporate educational materials on the topic of suicide and suicidal behavior in Autism Spectrum Disorder (ASD) on that site. Educational modules developed by MHPOD are available free of charge to health care professionals including primary care and private practitioners throughout Australia. The MHPOD program is funded by the Commonwealth Government and managed by the Victorian Department of Health and Human Services.

The manager responsible for overseeing the development and implementation of suicide prevention initiatives across Victoria will also collaborate with AMAZE to identify and develop opportunities for ASD to be included in relevant policy and educational materials. Work to develop these materials is ongoing and supports practice improvement in clinical mental health and community mental health services. It is also linked to the ongoing rollout of the HOPE initiative, as part of the implementation of the interim recommendations of the Royal Commission into Victoria's Mental Health System.



The relationship between suicide risk and social stressors in people with Autism Spectrum Disorder (ASD) was discussed recently in the Chief Psychiatrist's Quality and Safety Bulletin. This bulletin is sent twice yearly to Victorian public mental health services and published on the department's website. The bulletin is circulated widely to mental health clinicians working in community, inpatient, child and adolescent, adult and aged programs.

I expect that these initiatives will add considerably to the awareness of primary health, community health and mental health clinicians of the vulnerabilities of people with this condition.

In conclusion, may I suggest that the Coroner's Research Office use its extensive database of deaths in Victoria to explore the association locally between suicide and ASD. The findings would be great interest to clinicians, academics, advocates and carers.

Yours sincerely

Kym Peake Secretary

1 /5/2020