



Secretary

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Laura Royce
Coroner's Registrar
Coroners Court of Victoria
66 Kavanagh Street
SOUTHBANK VIC 3006

Dear Ms Royce

Thank you for your letter of 20 April 2016 regarding the findings of Coroner Audrey Jamieson into the death of Chris P Prasad.

Coroner Jamieson made the following recommendation to the Department of Health and Human Services:

"I acknowledge the recommendation made by Coroner Phillip Byrne following the investigation into the deaths of Christopher John Dakos and Katrina Ruth Baron, and I reiterate his recommendation that the Chief Psychiatrist issue a directive requiring all public mental health services to develop and introduce an appropriate guideline that identifies, among other things the clinical responsibilities for case managed and at risk clients at times of extreme weather conditions".

Response

I can confirm that the Chief Psychiatrist has issued a Clinical Practice Advisory Notice to all Victorian mental health services requiring them to develop and implement a plan to train and support staff in the identification of highly vulnerable mental health consumers and the preparation with consumers and carers of individual heat health plans.

A copy of this notice is attached for your information.

If you require further information about this work please contact Daniel O'Connor, Deputy Chief Psychiatrist, on 9096 7571.

Yours sincerely

Kym Peake

Secretary

21/7/2016

Encl: Clinical Practice Advisory Notice – Heat health plans for vulnerable mental health consumers

Heat health plans for vulnerable mental health consumers

Chief Psychiatrist's Clinical Practice Advisory Notice
24 June 2016

In early 2014, a middle-aged couple died at home of heat stroke on a day when the outside temperature had reached 44°C. Both members of the couple were consumers of their local area mental health service and were taking antipsychotic medication.

More recently, a middle-aged man who was taking antipsychotic medication died while walking some distance from his home to an inpatient unit in temperatures of 38 °C.

As a result of these tragic incidents, the Coroner has directed me to require all mental health services to develop a suitable plan to support vulnerable mental health consumers at times of extreme weather conditions. To maximise their value, these plans should also make reference to responses to other emergency situations.

Services that have not done so already should develop policies and procedures relevant to their consumer groups and localities, with appropriate allocation of responsibilities.

This advisory note should be read in conjunction with *Emergency Preparedness Policy for Clients and Services*.¹

Background

During the 2014 heatwave there was a:

- 25 per cent increase in Ambulance Victoria's emergency caseload
- 56 per cent increase in after-hours medical consultations
- 7 per cent increase in emergency department presentations
- 24 per cent increase in mortality with an estimated 167 excess deaths.²

The risk of heat-related illness and death is elevated by:

- older age
- a mental illness or cognitive deficit that makes it difficult for people to make and execute plans
- the effect of antipsychotic medications on the body's ability to regulate temperature³
- medications that can have toxic side effects in conditions of dehydration (for example, lithium carbonate)
- medical conditions such as diabetes, cardiac disease or renal impairment
- physical disability
- pregnancy.

People are at further risk if they:

- live in areas prone to bush fires
- lack air-conditioning or prefer not to use it
- have no home
- live on the upper floor of a multi-storey building
- come from a culturally or linguistically diverse background and cannot access health services or health information
- have limited access to transport.⁴

¹ *Emergency Preparedness Policy for Clients and Services*. Department of Health and Human Services, 2015.

² *Heat Health Plan for Victoria: Protecting Health and Reducing Harm from Extreme Heat and Heatwave*. Department of Health and Human Services, 2015, p20

³ Chong TWH, Castle DJ. Layer upon layer: thermoregulation in schizophrenia. *Schizophrenia Research* 2004, 69, 149-157.

⁴ *Heatwave Planning Guide: Development of Heatwave Plans in Local Councils in Victoria*. Department of Human Services, 2009, p3.

Policy requirements

Victorian health service providers will already have policies and procedures in place to support staff and consumers during times of extreme heat. The Coroner now requires that mental health services adapt these policies and procedures to the special needs of highly vulnerable mental health consumers.

Key actions for inclusion in a specific mental health policy and procedure document will include:

Before summer

- Prepare or review your mental health service's heat health plan.
- Print out copies of the department's brochure, *Survive the Heat*, for distribution to consumers and carers.
- Develop and implement training for clinicians in the identification of highly vulnerable community-resident consumers who will require individual assistance in the event of extreme weather (including residents of bush fire prone areas who may need help to evacuate).
- Develop and implement training for clinicians in crafting personal emergency plans, including a plan for extreme heat events, with selected highly vulnerable consumers (and carers where appropriate). Plans for heat events might include elements from the *Survive the Heat* brochure, stocking adequate food and fluids, and making contact with family members or neighbours. Plans should be entered in consumers' recovery plan.
- Where applicable, remind clinicians to refer consenting selected consumers who live in bush fire prone areas, and who lack personal and community support networks, to their local municipal council for inclusion in the council's Vulnerable Person's Register. This will assist police and other agencies to plan an appropriate emergency response.⁵

Immediately before extreme heat

- Communicate the department's warnings of an impending heatwave to community mental health clinics and teams, including services for children and aged people.
- Ensure appropriate staffing levels in hot weather.
- Provide consistent heat health messages to consumers during clinic appointments, home visits and telephone calls.
- Remind community clinicians to contact selected consumers (and carers where appropriate) to review their plan.
- Remind clinicians in inpatient units, community care units, prevention and recovery units and psychogeriatric nursing homes to factor weather conditions into decisions about leave and discharge arrangements.

During extreme heat

- Remind clinicians to re-schedule visits that are cancelled because of heat.

After extreme heat

- Remind clinicians to talk with selected consumers by telephone or in person about how they are recovering from the heat.
- Consider what parts of the plan worked well and what could be improved in preparation for further heatwaves.
- Update plans and activities as required.

Resources

These documents are available on the department's web site:

- *The Emergency Preparedness Policy for Clients and Services* outlines health and residential service providers' responses to a range of emergencies.
- *The Heatwave Planning Guide: Development of Heatwave Plans in Local Councils in Victoria (2009)* describes the government's heatwave policy.
- *The Heat Health Plan for Victoria: Protecting Health and Reducing Harm from Extreme Heat and Heatwave (2015)* outlines recommended actions for health and community service providers before, during and after extreme heat.
- *Survive the Heat* is an A4 flier suitable for display and distribution within services.
- *Vulnerable People in Emergencies* describes the role of municipal councils in supporting vulnerable people in outer regional and rural areas.

⁵ *Vulnerable People in Emergencies Policy*. Department of Health and Human Services, 2015, p7.