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10 October 2018

Mr Darren McGee
Coroner's Legal Officer
Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK VIC 3000

Via email: Darren.McGee@courts.vic.gov.au

Dear Darren

INQUEST INTO THE DEATH OF KONSTANTINOS ELEFTHERIOU-TRAGAKIS
COURT REFERENCE: COR 2017 002628

I refer to Coroner Byrne's findings dated 13 July 2018 and thank the Coroner for providing Eastern Health with the opportunity to respond to the recommendations made in his findings.

The Coroner recommended as follows:

> *I recommend Eastern Health, if it has not already done so, develop and implement a formal procedure/practice/protocol to the effect that if a call for assistance is put through to a CATT clinician and for whatever reason is not answered, then the call is automatically re-directed back to the initial call taker so that an initial risk assessment can be undertaken.*

Eastern Health has accepted Coroner Byrne's recommendation and as a result has amended the "*Mental Health Program Intake and Entry Practice Guideline*" (**Practice Guideline**) to include a new section under "b. Telephone Assessments & contact" headed "Calls from current Crisis Assessment and Treatment Team (CATT) ". The revised Practice Guideline is attached and the new section is coloured in green.

The revised Practice Guideline now provides that when a CATT clinician is unable to take the patient's call for any reason, the Triage clinician will undertake an initial risk assessment of suicidality, self-harm and harm to others to ascertain the urgency of the need for service using the triage scale, contact 000 if required, enter the information in the CMI Screening Register and allocate the triage response to the appropriate CAT Team.

Should you require any further information, please do not hesitate to contact me on 9895 3808.

Yours sincerely

Sue Allen
Chief Counsel
Eastern Health

Eastern Health Guideline

Title

Mental Health Program Intake and Entry Practice Guideline

1. Sponsorship

Executive Sponsor (Title)	ED Clinical Operations (SWMMS)
Director Sponsor (Title)	Program Director MHP
Coordinating Author	APD Aged Persons Mental Health and Access

2. Commissioning

2.1 Commissioning *(completed by Author in consultation with Sponsors listed above)*			
Is this guideline new?	Yes ☐ No ☒ Objectify no: 2351 If No, will this guideline / procedure help EH achieve a desired outcome / is it still required? Yes ☒ No ☐ If No, Reason for review: ☒ due for review ☐ revision or amendment due to:		
Purpose of guideline	The development of a central point of entry to mental health services complies with Governmental Mental health policies, which emphasises streamlined and visible service entry points, consistent and transparent approaches to initial assessment, accountability and quality measurement, and rational utilisation of health care resources. The National Mental Health Standards (2010) require the MHS to have a documented system for prioritising referrals according to risk, urgency, distress, dysfunction and disability with timely advice and/or response to all those referred at the time of the assessment. Additionally, the MHS is required to provide service users, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required.		
Scope	Guideline / Procedure / Protocol EH-Wide ☐ Program-specific ☒ Directorate specific ☐	Professional Guideline ☐	Corporate Procedure ☐
Are there existing policy system documents relevant to this topic? (If yes, consider if can be incorporated into existing document)	Yes ☐ Title and number No ☒		
Which standard would align with this guideline?	Admission Management Standard 2327		
Who will be consulted (stakeholders)?	AMHS – Triage Consultant Psychiatrist CYMHS – Access, APD, Clinical Director APMHS – Triage, APD, Clinical Director Director of Nursing - MHP		
Which committees are required to endorse this guideline?	AMHS Quality & Risk Committee CYMHS Quality & Risk Committee APMHS Quality & Strategy Committee		
Which committee will approve this guideline?	MHP Quality & Strategy Committee		
2.2 Commissioning committee approval to review guideline *(completed by committee or delegate)*			
Approval to proceed with review Yes ☒ No ☐ Reason (if no): Date Commissioned: 16/10/2017			

Name of committee that approved commissioning: Clinical Practice Committee

Title

Mental Health Program Intake and Entry Practice Guideline

1. Context

Eastern Health Mental Health Triage service utilises the Department of Health preferred model of a team of predominantly senior mental health clinicians with a mix of disciplines to provide

a central point of entry to mental health services
CYMHS Access and the Aged Persons Mental Health undertake the telephone triage function for clients aged 0 to 24 and 65+ respectively during office hours, Monday to Friday.

The National Mental Health Standards (2010) require the MHS to have a documented system for prioritising referrals according to risk, urgency, distress, dysfunction and disability with timely advice and/or response to all those referred at the time of the assessment. Additionally, the MHS is required to provide service users, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required.

2. Definition of terms

Triage Service: a clinical function, performed by a team of senior mental health clinicians which is conducted at point of entry to health services and aims to assess and categorise the urgency of mental health related problems.

Bed Management: A process to ensure that admission to an Eastern Health Mental health program bed will be timely, accessible and appropriate.
Mental health Triage Scale: The mental health triage scale classifies the outcome of a triage assessment according to the person's eligibility and priority for mental health services, and the response required by mental health or other services.

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3. Name of Standard to which Guideline relates

Admission Management Standard

4. Processes

a. Mental health triage

The Mental health triage service provides telephone and emergency department response 7 days per week, 24 hrs per day

- ***Telephone triage***

  Adult referrals:
  25-64yr age group 24 hours, 7 days per week

  Monday – Friday
  0 – 24yr age group from 1700 – 0900hrs
  64 + age group from 1630 – 0900hrs

  Weekends/public holidays
  All age groups from 1700 Fri to 0900hrs Mon – Fri and during weekends and public holidays

  Aged Persons referrals:
  The APMH Access Team triage responds to all referrals for clients over the age of 65yrs from 0900 – 1630hrs business days Monday-Friday.

  Child and Youth referrals:
  The CYMHS Access team triage responds to all referrals for clients aged 0-24 from 0900-1700hrs Monday-Friday.

- ***Emergency Department Response:***

Box Hill and Maroondah 24 hours, 7 days per week
Angliss ED from 0730-2230hrs, 7 days per week

- **Triage Principles**
  The Mental health triage services are based on four key principles:

  - ***Access*****:** mental health program services are accessible 24 hours a day, 7 days a week, and proactively inform our stakeholders and partners about how to access mental health clinical supports.

  - ***Responsiveness*****:** People who request mental health program services will have their mental health needs assessed by a mental health clinician who demonstrates a professional and, 'service user' centred approach. They are offered appropriate advice, and if necessary, further assessment, treatment and/or referral to other services. Where the initial assessment indicates a need for specialist mental health services, there is timely access to more detailed assessment and treatment, commensurate with the person's level of need and urgency. Where it is determined that the mental health service is not the most appropriate service, every effort is made to proactively link the service user (or carer/referrer) with a more suitable service. Where appropriate, the clinician makes contact with this service on behalf of the person requesting assistance. The CYMHS is a partner with the No Wrong Door initiative in the Eastern Metropolitan Region. This initiative aims to offer facilitated referrals to other services to assist all service users to access correct service with as few assessments as possible.

  - ***Consistency*****:** Service users, carers and referring professionals will have confidence that their request for help will receive a similar response irrespective of their location or the individual clinician dealing with the request. The service ensures that staffing arrangements maximise the consistency of triage service delivery, and that the triage role is clearly articulated and understood within the organisation. The development of a triage template for each of the three areas of CYMHS, adult and aged are based on a single template concept to ensure a consistent, recovery focussed and thorough intake assessment.

  - ***Accountability***: The service has a high standard of documentation and accountability for triage and intake decisions and outcomes. There is a clinical review process for each triage area ensuring a high quality standard and review from multiple clinicians including senior medical input.

  - **Triage service users**

    There are three main types of triage clients:

    - Service users and potential service users. These include current and formerly registered mental health service users and those seeking access to mental health services for the first time.
    - Carers, family members, friends and acquaintances of service users/potential service users.
    - Other service providers, including emergency department staff, police, ambulance, and a range of community service providers such as general practitioners, private mental health practitioners, community health providers, alcohol and other drug (AOD) workers, child protection workers, school counsellors, home care services, aged residential care providers, and many others.

b. Telephone Assessments & contact

The triage/intake/CYMHS Access services across the program undertakes information gathering at the time of initial contact including, but not limited to, demographics, reason for referral/contact, services requested, current mental state and risk assessment, supports already in place in line with their Triage templates as articulated in the Clinical Review Practice Guidelines for AMHS 2067 and CYMHS Access template at Attachment 1. These are recorded on CMI Screening Register Database.

Telephone contact with the Mental Health Triage Service can lead to planning for comprehensive assessment if required and options provided for ongoing care delivery. This occurs during phone contact via the Triage Service (Ph 1300 721 927). These include:

- AMHS Triage (Adult)
- CYMHS Triage/Intake (Child & Youth)
- APMHS Triage/Intake (Aged persons)

Telephone assessment is undertaken by a suitably qualified health professional.

Identifies immediate needs which are flagged with the relevant service and referral completed within 2 hours of finalising the assessment.

Is followed by comprehensive assessments by the appropriate clinical staff where indicated.

On the occasions where it is deemed necessary for Access to attempt to make contact with the young person directly (ie make a 'cold call'), feedback should be provided on the same day to the referrer (including parents or carers) if the attempt is unsuccessful.

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Calls from current Crisis Assessment and Treatment Team (CATT) consumers

i) During admin business hours

Calls from current CATT consumers come through the switchboard and are answered by the administration team at Ringwood East who will undertake the following processes:

1. request the name of the person to ascertain which CATT team to put the call through and ask for the reason for the call
2. put the call through to the designated CATT clinician carrying the phone for the shift and wait for the CATT clinician to pick up and introduce the caller and the reason for the call. If the clinician is able to take the call, the call is then transferred to the CATT clinician
3. if the CATT clinician is unable to take the call or answer the phone, the admin staff member will inform the caller of the same and ask if they could take a message for CATT to return the call
4. should the caller wish to speak with a CATT clinician, the call will always be put through to another clinician or the CATT clinical coordinator.

ii) After admin business hours

All calls to CATT after admin hours are via the automatic transfer of calls from the switchboard to the designated CATT mobile phone that will divert to voicemail if not picked up. The voicemail will include advice to contact 000 if it is an emergency, and if a return call is not made by CATT within 30 minutes, the caller is advised to contact Telephone Triage on 1300 721 927.

iii) During CATT hours

Calls from CATT consumers that come through Telephone Triage 1300 721 927

The triage clinician will:

1. request the name of the person to ascertain which CATT team to put the call through and ask for the reason for the call
2. put the call through to the designated CATT clinician carrying the phone for the shift and wait for the CATT clinician to pick up and introduce the caller and the reason for the call. If the clinician is able to take the call the call is then transferred to the CATT clinician
3. if the CATT clinician is unable to take the call or answer the phone for any reason, the Triage clinician will undertake an initial risk assessment of suicidality, self-harm and harm to others to ascertain the urgency of the need for service using the triage scale, contact 000 if required, enter the information in the CMI Screening Register and allocate the triage response to the appropriate CAT Team.

c. Referral via Emergency Departments

Service users of any age presenting to EH Emergency Departments at any time that require a mental health assessment will be assessed by the mental health ED clinician. Recognising that not all people with mental health problems presenting to the ED will need to be referred to the mental health ED clinicians, the mental health service has in place an agreed protocol with all the ED's about the types of presentations that are referred to mental health clinicians, and the process for how to refer. Referrals may include, but are not limited to people who:

- are current clients of public specialist mental health services presenting seeking mental health support

- exhibitdisturbed behaviour and brought in by police under section 351 of the *Mental health Act 2014 (Vic)*
- are on a Compulsory Treatment or Assessment Order under *the Act*
- exhibit symptoms of disturbed behaviour possibly indicating a mental illness and/or disorder
- have self-harmed or are presenting with suicidal ideation intent or behaviour
- have described complex psychosocial problems
- experience a personal or situational crisis that precipitated attendance at the ED

Referrals may not be necessary, or may be more appropriate as a secondary consultation if the patient:

- is substance affected without any acute psychiatric symptom
- has an existing psychiatric diagnosis but is not presenting for psychiatric reasons
- has a psychiatric history and requires medical admission, but otherwise no indication for acute psychiatric intervention

d. Assessment

Outcomes of the triage assessments, and hence codes that are applied from the mental health triage scale are based on decisions about the:

- person's need for specialist mental health services
- level of risk of harm to the self and/or others
- urgency of the response required from mental health or other services.
- team or setting that is the most appropriate to provide the mental health assessment.

All referrals assessed by CYMHS Access as meeting the criteria for a tertiary mental health response, apart from those not requiring an urgent response (who are seen the same day) and those that can be directly allocated, are discussed at the weekly Initial Consultation (IC) Allocation Meeting. This meeting considers the risks of each case and prioritises those cases that most need to be seen by CYMHS, ensuring that appointments are provided where the risk cannot be safely managed outside a tertiary mental health setting.

Service users not taken on for treatment by the EH Mental health Program

- Every service user assessed for discharge by the triage service in the Emergency Department will receive the Navigation Wallet Card (Attachment 2) and with the service user's verbal consent, the ED mental health clinician will forward information related to the ED presentation to any identified existing service provider.
- Where appropriate written information will be provided to the service user regarding their rights and responsibilities, support services available.
- The Triage clinician will also make any necessary referrals for ongoing or short term support/linkage as required
- All assessments completed by the mental health telephone triage clinicianare reviewed daily by the team with input and oversight from the Consultant Psychiatrist/or delegate and/or senior triage team members. Reviews of the assessments are documented on CMI when completed and tasks identified as requiring action are delegated and prioritised accordingly.
- All ED assessments require a discussion on the risk assessment before concluding the outcome with the consultant psychiatrist/ clinical coordinator/manager/Registrar during business hours and a senior clinician after hours to discuss all risk assessments before concluding the outcome.
- Where CYMHS Access are unable to offer an appointment for a client aged 0-24, the most appropriate follow-up and/or referral options will be determined and provided in writing to the referrer and client/family.
- All Service users assessed by the triage teams across the EH mental health Program are encouraged to recontact the service by calling the 1300 721 927 number if their condition deteriorates

Community

- Where required service users who contact mental health telephone triage will be referred to appropriate community based support services, for example, GP, Private Psychiatrist or Community Support Programs, Alcohol or Other Drug Services etc, to promote continuity of care and to ensure ease of access to these services the Triage team will ensure appropriate communication with these services occurs.

- Community services already engaged with the service user will be provided with details of the presentation via telephone feedback and/or via the Community Contact Advice Sheet. Information will be delivered either by fax or by telephone to relevant community service providers on the next business day, following service user contact.

Families/Carers/Children

- MH Triage ED Response clinician will notify relevant carer/significant others of presentation and outcome details, with service user consent as required and within the provisions of the *Mental Health Act 2014 (Vic)* and Privacy legislation.
- MH Triage ED Response clinicians will refer Families/Carers/Children to support services as required
- CYMHS Access clinicians will routinely talk with carers and family members as a core part of the assessment of children and young people referred to the CYMHS service.

Outcomes of the assessment and any treatment opportunities are communicated directly to the families and carers of children and young people consent as required and within the provisions of the *Mental Health Act 2014 (Vic)* and Privacy legislation.

5. Scope

All Clinical Staff

6. Measures

7.

Measure	Target	Date Target Due	Frequency of measurement	Person (role) responsible for collection	Person (role) accountable for target	Reporting line (committee)
NEAT	81%	Next review of NEAT data for Triage	3-6 monthly (Based on frequency of review of NEAT data)	Triage/Access Managers	Program Director	MH Quality and Strategy Committee
Response times to calls	75%		Monthly	Triage/Access Managers	APD Access	MHP Quality and Strategy Committee

8. Tools & Techniques

The following documents and policies provide the necessary assessment tools and guidelines.

- Eastern Health Clinical Documentation 203
- Psychiatric Triage Bed Management 2122
- Triage Clinical Review 2239
- Escalation to Triage Consultant Psychiatrist or on call Consultant Psychiatrist 2240
- Mental health Triage Assessments Business Rules 2012

9. Level of Supporting Evidence Available

Nil

10. References

- Mental Health Act 2014 (Vic)
- Chief Psychiatrist Triage Guidelines 2005 (revision 2010)
- National Standards for Mental health Services 2010
- Chief Psychiatrist Mental health Responses in Emergency department 2007.
- Mental health Care: Framework for Emergency Department Services 2007
- Working with the Suicidal Person: Clinical practice guidelines for emergency departments and mental healthservices, Department of Health (2010)
- Mental health Triage Scale
- Referral to CATT practice Guideline, EH

11. Development History

Developed in July 2013.
Revised June 2014 to reference MHA 2014 (Vic).
Revised October 2017 reference IDCR recommendation and inclusion of Navigation Wallet Card to be provided as part of discharge from ED

12. Attachments

Attachment 1 CYMHS Access screening register template
Attachment 2 Navigation Wallet Card

Development / Review (complete this section after development/review, prior to approval)

Key external information sources consulted: Legislation ☒ External benchmarks ☐ External standards ☒ Risk Register Item ☐ Other ☐ Provide specific details: • Mental Health Act 2014 (Vic) • Chief Psychiatrist Triage Guidelines 2005 (revision 2010) • National Standards for Mental health Services 2010 • Chief Psychiatrist Mental health Responses in Emergency department 2007. • Mental health Care: Framework for Emergency Department Services 2007 • Working with the Suicidal Person: Clinical practice guidelines for emergency departments and mental healthservices, Department of Health (2010) • Mental health Triage Scale	
Key Stakeholders consulted in development / review *eg. IPAC, OHS, Support Services, ICT, Residential Care, Legal Counsel.*	AMHS – Triage Consultant Psychiatrist CYMHS – Access, APD, Clinical Director APMHS – Triage, APD, Clinical Director Director of Nursing - MHP
Consumer consulted	Yes ☒ No ☐
Implementation plan developed and attached?	Yes – standard is new or significantly revised ☐ No – standard has undergone only a minor revision ☒
Guidelines / Procedures / Protocols to be removed following approval	Nil
Further comments/ notes	Nil December 2017 – Att 3 "Recording of follow up calls on the CYMHS Access Team Screening Register" adding following approval by MHP Q&S
Key search words	Mental Health, Intake, Access, Triage

Endorsement and Approval

Endorsement by relevant committee (*completed by committee or delegate)*		
Name(s) of Endorsing Committee(s) *e.g. Quality & Strategy Committee, CPC, Expert Advisory Committee.*	Conditions of endorsement	Date Endorsed dd/mm/yy
AMHS Quality & Risk Committee	Nil	06/10/17
CYMHS Quality & Risk Committee	Nil	03/10/17
APMHS Quality & Strategy Committee	Nil	05/10/17

Approval by relevant committee *(completed by committee or delegate)*		
Approved for		1 Year (Risk rating = Extreme) ☐ 2 Years (Risk rating = High) ☐ 3 Years (Risk rating = Moderate or Low) ☒
Alignment of Guideline / Procedure / Protocol		Date approved dd/mm/yy
EH-Wide	Clinical Practice Committee	☐ //
Program or Directorate-specific	Program Quality & Strategy Committee *Specify:* MHP Quality & Strategy Committee	☒ 16/10/17
Corporate Procedure	Executive Committee	☐ / /
	Board / Board Committee	☐ / /
	Date of next review: October 2020 *Please notify coordinating author and Manager Clinical Governance of approval*	

Publishing

Date approval notified to Manager Clinical Governance *(completed by Manager Clinical Governance)*	24 July 2018
Date forwarded to policy administrator *(completed by QPI administrator)*	25 July 2018
Date published on Objectify *(completed by publishing administrator)*	1 August 2018