



Department of Health

Secretary



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16 MAY 2013

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Ms Kav Selvakumar
Coroners' Registrar
Coroners Court of Victoria
Level 11, 222 Exhibition Street
MELBOURNE VIC 3000

Dear Ms Selvakumar

Re Court Ref: COR 2010 001251

I am writing in response to your letter of 27 February 2013 in relation to Coroner Parkinson's recommendations made following the investigation into the death of Mr Domenico Chiodo.

In response to the relevant recommendations made by the Coroner:

Recommendation

That upon revocation of mental health community treatment orders, that the patient be transferred to a dedicated mental health facility inpatient unit and that they not be admitted to acute hospital emergency departments unless there are sound medical reasons for such admission.

Response to the recommendation:

This is good clinical practice. Guidance regarding revocation of a Community Treatment Order is provided in the Chief Psychiatrist's Guideline Community Treatment Orders:

http://www.health.vic.gov.au/mentalhealth/cpg/comm_treat_order_guidelines.pdf

This guideline recommends that a person whose community treatment order has been revoked should be taken directly to the mental health inpatient service unless there are clinical reasons for admitting them through the emergency department. Individual health services are expected to have processes in place with emergency departments regarding admission pathways when there are no mental health inpatient beds available in the facility.

Recommendation

That the timing of apprehension of patients pursuant to a revoked community treatment order be determined (where possible having regard to the urgency of the apprehension) by reference to the availability of inpatient mental health beds.

Response to the recommendation:

Processes for the apprehension and safe transport of an individual following revocation of community treatment order are determined based on individual clinical need. The Chief Psychiatrist guideline notes the importance of informing the individual of the revocation, and where possible persuading the individual to return to the mental health service with the assistance of family or clinical staff.

Where other parties are involved in providing the transport of the individual such as police or ambulance, it may not be possible for operational reasons to control the timing of apprehension. Health services are required to direct emergency transport on arrival to where the individual can be appropriately and safely assessed

Improved information on available inpatient services is occurring through a four year initiative on the central coordination of mental health beds. Outcomes to date include the development of an information system that provides timely data on bed availability across the state and improved bed management practices.

Recommendation

That additional inpatient mental health beds be made available to the public mental health system in Victoria which include safe and secure assessment facilities to which a mental health patient may be taken for assessment when an order is revoked

Response to the recommendation:**The recommendation has been implemented.**

Since April 2010, an additional 29 mental health inpatient beds have opened with more than 100 further mental health beds in planning or under development. These beds will provide additional acute and secure mental health care across the age span in areas of significant in patient demand.

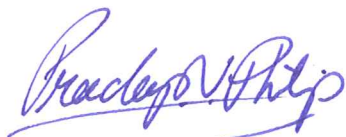
Recommendation

That insofar as there continues to be a requirement to receive mental health patients in emergency departments that training modules of the type delivered to Victoria Police in relation to the management of mental health patients, including restraint and safety in managing airways in prone positions, be delivered to hospital security staff.

Response to the recommendation:

The implementation of this recommendation fits with local health service operations rather than the Department of Health. The adverse consequences of prone restraint practice are of concern to the Chief Psychiatrist who is currently exploring mechanisms to provide practice guidance on this matter to health services.

Yours sincerely



Dr Pradeep Philip
Secretary