

13 February 2013

Team 1
Coroners Court
Level 11
222 Exhibition Street
MELBOURNE VIC 3000



Dear Sir/Madam

Inquest into the death of Simon Kirwan
Coroner's Reference: 5243/08

We refer to the inquest held in relation to the death of Simon Kirwan before Coroner Parkinson on 17 and 18 July 2012.

Coroner Parkinson delivered her findings on 30 November 2012. At the conclusion of her findings, Coroner Parkinson made the following recommendations pursuant to section 72(2) of the *Coroners Act 2008*:

- (a) that the operation of the provisions of the *Mental Health Act 1986* (Victoria) be enhanced by the provision of additional long term inpatient voluntary and involuntary public treatment beds to enable effective assessment, diagnosis and care to be provided to mentally ill patients in Victoria; and
- (b) that a formal process be adopted by public mental health services in Victoria to ensure that families involved in the care and support of mental health patients are notified and consulted when a patient is proposed to be released from inpatient mental health admission. Insofar as this may require an amendment to any Act of Parliament, including the *Mental Health Act 1986* (Victoria) or the *Privacy Act 1988* (Commonwealth) that amendment ought to be considered.

We note that the recommendations are predominantly directed to the Parliament of Victoria and the Commonwealth Parliament. We do, however, provide the following response to recommendation (b) above given that the recommendation relates to public mental health services.

- (1) St Vincent's Hospital (Melbourne) Limited ("St Vincent's") has developed and endorsed a Discharge/Transfer Policy dated July 2011 which provides that:
 - (a) case managers must provide information to and collaborate with relevant others to accommodate the patient's and family/carer's wishes in relation to the process of transfer and discharge; and

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- (b) discharge or transfer planning is a collaborative process between the patient, the acute inpatient service team, the patient's case manager, family/carers, private psychiatrist, general practitioner and others who are involved in or will be affected by the patient's discharge or transfer from the acute inpatient service.
- (2) Additionally, St Vincent's has developed and endorsed the following policies which specifically refer to the need to consult patients' families and carers:
- (a) Clinical Risk Assessment and Management Policy dated July 2011 which provides that:
 - (i) wherever possible, patients (and their family/carers where appropriate) must be actively involved in defining risks and developing strategies to minimise risks;
 - (ii) family/carers must be treated with respect, taking into account their relationship with the patient and their knowledge of the situation and their actual and potential contribution to the patient's wellbeing should be fully acknowledged and utilised;
 - (iii) when conducting a risk assessment family and carers' concerns about the patient's risk must always be considered with the utmost importance, even if such risk does not seem problematic to the clinician and team; and
 - (iv) carers should be as involved as permissible in the assessment and management of a patient's risk;
 - (b) Mental Health Clinical Review Meeting Policy dated July 2011 (currently under review) which provides that:
 - (i) clinical review meetings are held in the inpatient acute service which provide a forum whereby clinical staff can contribute to the development and revision of comprehensive treatment plans for each patient registered with the service. All members of the multi-disciplinary team who are on duty are required to attend the clinical review meetings. Family/carer input should be discussed at the clinical review meeting where possible;
 - (c) Continuum of Care Policy dated July 2011 which provides that:
 - (i) Patients and their family/carers are central to decision making processes that inform individual treatment and service delivery. Relationships between the treating team and patients and their family/carers are based on collaboration;
 - (ii) clinicians must develop comprehensive relapse prevention approaches including the exploration of early warning signs in conjunction with the patient and their family/carers;

- (iii) case managers are responsible for ensuring that all care plans are developed and implemented in collaboration with consumers and their family/carers;
- (iv) care is integrated across the inpatient setting through families and carers being actively engaged and consulted at every point throughout the patient's involvement with the mental health service; and
- (v) the patient will be discharged from the hospital when it is clear that they are able to be supported by the general practitioner and/or other service such as the Psychiatric Disability Rehabilitation and Support Service. Discharge is prepared for from the time of service entry and in discussion and consultation with the patient and their family/carers through contact with the service. When the patient is discharged from the mental health service to the care of the general practitioner, the patient, their family/carers and the general practitioner are encouraged to recontact the hospital to re-refer if necessary.

We trust that this is of assistance to the Court.

Please do not hesitate to contact us if you have any queries.

Yours faithfully



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