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Ms Esther Reeves
Coroner's Registrar
Coroner's Court of Victoria
Level 11, 222 Exhibition Street
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Dear Ms Reeves

Court Reference: CDOR 2010 000500

I am writing in response to your letter dated 22 August 2012 in relation to Coroner Kim M.W. Parkinson's recommendations made into the death of Jesse R Sangster.

Recommendation 1

That integrated dual diagnosis services in the public health system for those with mental illness and substance dependency be expanded by the provision of additional inpatient facilities.

Response

Victoria is continuing policy and service reform within ambulatory and acute bed-based mental health and drug and alcohol services aimed at ensuring that people experiencing dual diagnosis (concurrent mental health and drug and alcohol problems) receive appropriate integrated treatment for both disorders in the most appropriate care setting.

The policy and service developments that have guided service provision in this area since 2007 have been evaluated. The Victorian Government is in the final stages of developing a new framework to assist services to ensure that dual diagnosis practice is 'core business' within each sector, is not a barrier to treatment in one or other sector and is in accord with the latest evidence and learnings from the evaluation.

Ongoing clinical and psychiatric disability rehabilitation and support services, mental health reform activities, state-wide reforms to drug and alcohol treatment services and associated workforce strategies recognise dual diagnosis competence among clinicians and workers as central to improved client outcomes.

To support this work and achieve the expected outcomes of improved services, the Government is investing approximately $3 million per annum in the *Victorian Dual Diagnosis Initiative* comprising four metropolitan teams with rural positions in each regional area that deliver dual diagnosis education and training, consultation and expert advice to mainstream services.

Recommendation 2

That the operation of the provisions of the Mental Health Act and the SSDT Act be enhanced by the provision of additional long term inpatient voluntary and involuntary public treatment beds for persons with co-morbidity mental illness or disorder and alcohol and drug dependency.

Response

We acknowledge that many involuntary mental health patients exhibit alcohol and drug dependency and we are developing additional capacity in the mental health system for involuntary mental health patients with these issues.

We note that a mental health service involuntary in-patient setting is not necessarily the most effective or efficient way to deliver these services. In many instances assistance is more effective when delivered in the community by specialist drug or alcohol services.

Recommendation 3

That the provisions of the Mental Health Act be amended to provide for the express power for mental health practitioners to detain persons who are diagnosed with substance abuse disorder and mental illness and that the Act be amended to enable for greater flexibility to enable assessment and treatment even when initial or florid psychotic symptoms have resolved.

Response

In Victoria mental illness and severe drug and alcohol dependence are dealt with in separate legislation being the *Mental Health Act 1986* and the *Severe Substance Dependence Treatment Act 2010* respectively. This will continue when new mental health legislation takes effect in future.

Detention and compulsory treatment for mental illness or drug dependency are significant interventions, impacting on a person's human rights. Such intervention must be subject to rigorous safeguards that target the condition being treated. For this reason the detention or compulsory treatment of persons for drug and alcohol dependence is outside the scope of the *Mental Health Act 1986.*

However, the mental health service system recognises that many people with a mental illness may also have co-morbid drug or alcohol issues. For example involuntary mental health patients routinely receive treatment for drug/alcohol dependence while they are involuntary patients and discharge planning often includes appropriate referrals to relevant drug or alcohol services.

Recommendation 4

That a formal process be adopted by public mental health services in Victoria to ensure that families involved in the care and support of a mental health patient, or who are intervention order beneficiaries, are notified when a patient is proposed to be released from in patient mental health admission. In so far as this may require an amendment to any Act of Parliament, including the Mental Health Act 1986 (Vic) or the Privacy Act 1988 (Commonwealth), that amendment ought to be considered.

Response

We agree that it is good and expected clinical practice that families involved in the care and support of a mental health patient are notified when a patient is proposed to be released from in-patient mental health admission. The Chief Psychiatrist has issued clinical practice guidelines about working together with families and carers (CPG 05041) and also about discharge planning (CPG 2081).

There are also program management circulars to inform clinicians about the confidentiality requirements under the *Mental Health Act 1986* (PMC 081001) and also about discharge planning and the development of protocols between the mental health services and general practitioners (PMC 05051).

The Chief Psychiatrist will raise this matter again at educational and other forums where clinicians from area mental services are present. This is a matter of clinical practice and legislation may not be the best way to encourage this practice.

Yours sincerely

Dr Pradeep Philip
Secretary