

3 June 2021

Ms Alice Wickett  
Coroner's Registrar  
Coroner's Court of Victoria  
65 Kavanagh Street  
SOUTHBANK VIC 3006

Via email: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Ms Wickett,

I refer to your letter dated 1 March 2021 requesting Eastern Health respond to the recommendations to Coroner Darren Bracken's finding without inquest into the death of Mr Christopher Ritson (Court ref: COR 2020 1560). I have consulted with Dr Andrew Cheong in his capacity as Clinical Head of Access and Triage at Eastern Health and can provide the following response to the recommendations on behalf of Eastern Health.

**Recommendation 1:**

***I recommend that Maroondah Hospital clearly assess the utility of mental health assessments being undertaken by telephone, vis-à-vis face-to-face, and limit the use of such contact to circumstances when contact by telephone has been identified to be adequate.***

The three main components of the Adult Access Program at Eastern Health are Mental Health Triage, Crisis Assessment and Treatment Team (CATT), and Emergency Department (ED) Response. Whilst the capacity to respond to patients with acute psychiatric needs is the common theme, these three functions, depending on the clinical needs of each patient, can operate either independently or in an integrated manner. This model, with minor local variations, is shared amongst all metropolitan public mental health services in Victoria.

As stated by the Victorian government "health.vic" website ([www2.health.vic.gov.au/mental-health/practice-and-service-quality/service-quality/mental-health-triage-service](http://www2.health.vic.gov.au/mental-health/practice-and-service-quality/service-quality/mental-health-triage-service)), "the Mental Health Triage service is the usual entry point to mental health service...24 hours a day, 7 days a week". In contrast to the exclusively face-to-face nature of CATT and ED Response, Mental Health Triage "involves initial assessment of a person with a mental illness (typically over the phone, or face-to-face if they present in person) by a mental health clinician to determine the type and urgency of response required from mental health or other services". The Victorian mental health system (and therefore the mental health program at Eastern Health) uses telephone triage assessments as an important access point for individuals seeking mental health care. Experience shows that for most patients and referrers, telephone assessments are immediate and accessible at all hours, but also respectful of their privacy, adhering to the principle of "least restrictive" assessment and treatment and least possible restrictions on human rights and human dignity under the Mental Health Act. Nevertheless, the limitations of telephone assessments are similarly well established (e.g. inability to see facial expressions and body language; inability to conduct physical or mental state examinations in full; need for multiple calls at times to establish a complete clinical picture).

To assist triage clinicians in decision-making, they utilise a “uniform, statewide mental health triage scale”, which “provides advice on the mental health triage process, factors in triage decisions and how to use the triage scale”. This is described in full in the *Statewide Mental Health Triage Scale* published by the Victorian Government Department of Health in 2010 (see attached), the development of which was led by the Victorian Chief Psychiatrist, in consultation with the Mental Health Triage Scale Advisory Committee (encompassing senior experts from the mental health sector, consumer and carer representative, and members of the department’s Mental Health, Drugs and Regions Division). The guideline is wholly adopted by the Mental Health Triage service at Eastern Health.

While Mental Health Triage clinicians are expected to make a wide range of decisions, including immediate response through emergency services (000), referral to other services (e.g. CATT or external providers), or no follow-up required as the matter is resolved over the telephone, it is stated on page 20 that the guideline “provides a general overview of the common factors that need to be considered in triage decision-making, and is not intended to substitute for formal risk assessment and other triage tools. The Mental Health, Drugs and Regions Divisions has not prescribed a standard statewide approach to triage assessment”. The application of the triage scale (pages 28-29) “assumes that an appropriately skilled mental health triage clinician has conducted an assessment of the person’s mental health, risks and other health and social factors that might impact on their need for services”, and that “even the best tools and instruments cannot replace the need for clinical judgement”, as “there is no magic formula that incorporates and appropriately weights all possible factors that can impact on a person’s need for mental health assessment/treatment”.

In reflecting on the Coroner’s recommendation, telephone triage continues to be an important element in mental health service delivery, and it remains the clinicians’ duty to assess the benefits or otherwise of telephone or face-to-face contact. In Mr Ritson’s case, there were various clinical factors which might have influenced the outcome of the telephone assessment, which involved weighing up the known concerns from the previous night’s assessment, against his expressed wish to decline engagement the next day and the absence of corroborative support from his family for more assertive action. Overriding his wishes and insisting on a face-to-face review would likely have resulted in the need for an unwanted home visit by CATT or the police, for many an intrusive and traumatic experience, with no clear indication that his response would have been any different.

### **Recommendation 2:**

***Further I recommend that Maroondah Hospital investigate whether in this case the period of time that elapsed between 7 March and 12 March 2020 was a result of the systemic failure to which Dr Starke referred and if that is found to be the case that it take the steps necessary to prevent a repetition of that systemic failure. I also recommend that if such an investigation does not reveal a systemic failure that the reasons identified for the 5 day delay between 7 and 12 March 2020 be clearly and practically addressed by the hospital so as to ensure that such as delay does not occur again.***

Eastern Health’s triage guideline has been adjusted (as outlined below) to ensure repeated opportunities to confirm that all triage assessments are reviewed by duty clinicians (who are senior clinicians, managers or consultant psychiatrists). By way of context, during any 24-hour period there can be 50 to 70 clinical contacts from the Psychiatric Triage and Emergency Departments at Eastern Health, all of which will result in a screening register on CMI requiring review by a duty clinician(s) on a daily basis. Given the volume and manual nature of the work involved, at times a clinical contact review may be missed. Nevertheless it warrants acknowledgement that in this instance, the review, while delayed, occurred before Mr Ritson’s death, and did not result in a change from the initial plan made at the triage contact.

The reason the missed screening register was eventually discovered and reviewed after a delay of 5 days was that the duty clinician on that day had a habit of trying to capture all open cases over the preceding 12 months due to his awareness of the abovementioned issues. While this has previously been the practice of individual clinicians, following this recommendation it is now standard recommended practice, as per our current "Psychiatric Phone Triage Guideline" (see excerpt below from page 2 of the attached full version):

**Clinical Review (refer to CMI instruction sheet for reference)**

- To be completed at start of each day
- To bring up a list of screening registers for review:
  - ALWAYS search by date of contact, and set date range from date of review to a year prior i.e. if you're doing a review on 07/11/19, set search date range from 07/11/18 to 07/11/19 (search for past 365 days), and set "Status" to OPEN. This will also check if there's any screening register that are left open from previous days, as all entries should be reviewed and closed by the next business day from it was first entered
  - Searching by date range prevents any potential human errors, as there are instances of client's name being registered with the wrong spelling or registered with their first and middle name. Unless you searched with the exact spelling and wording, CMI won't be able to pick it up
  - Please double check the appropriate Triage Scale, Outcome, and Follow up sub-centre are chosen

Eastern Health is committed to providing safe, high quality care to people in our community and we welcome feedback which helps us continuously improve our systems and processes.

Yours sincerely



**KAREN FOX**

Executive Director, Clinical Operations -SWMMS  
(Surgery, Women & Children and Acute Specialist Clinics,  
Mental Health, Medical Imaging & Statewide Services)

Cc: Adj Prof David Plunkett, Chief Executive, Eastern Health  
Emma Carnovale, Chief Counsel

Att: Psychiatric Phone Triage Guideline  
Statewide Mental Health Triage Scale

Eastern Health 1300 342 255

Statewide Services

Angliss  
Hospital

Box Hill  
Hospital

Healesville Hospital  
and Yarra Valley Health

Maroondah  
Hospital

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