

Coroners Court of Victoria
65 Kavanagh Street
SOUTHBANK 3006
Victoria

15/08/2023

Dear Coroner Jamieson

RE: **Response to recommendations from coronial findings – Ref: COR 2018 005721**

Further to the recommendations delivered on 16th of May 2023 regarding your Findings into the Death of Mr Matthew James Luttrell Following Inquest, Mildura Base Public Hospital (MBPH) Mental Health Services (MHS) have implemented the following initiatives:

Finding 5:

I direct the Hospital to report [the] unauthorised period of seclusion to the Chief Psychiatrist, in compliance with the Mental Health Act 2014 (Vic).

- Letter sent to the Victorian Chief Psychiatrist on 16/06/2023.

Recommendation 1:

I make a recommendation to Mallee District Aboriginal Services (MDAS) & the Hospital to finalise a Memorandum of Understanding or other form of agreement that relates to information sharing, to enable timely & direct communication between MDAS & MBPH treating teams where common patients or clients present in crisis, that allows for the sharing of patient information to assist in timely treatment planning and diagnoses.

- Service Level Agreement (SLA) between MBPH-MHS & MDAS Social & Emotional Wellbeing Program (SEWP) completed & agreed upon. MBPH currently waiting MDAS to return a signed copy of this document.
- Item 4.8 of SLA details agreement for sharing information between MBPH & MDAS; and Appendix A details the consumer journey process for shared-care including details of how information will be shared.
- Appendix A of the aforementioned SLA details the process for direct communication between MBPH & MDAS for consumers presenting in crisis during business hours.
- MBPH-MHS Triage & MDAS SEWP have implemented a designated email account for requesting and sharing client information and documentation between services.
- Please note, MDAS is not staffed after hours or weekends. As such MBPH is restricted to receiving information from MDAS during business hours.

Recommendation 2a:

That the cultural awareness training described in the evidence of Ms Johnson is appropriately resourced and rolled out to staff working at the Hospital in the Mental Health Unit, as a matter of priority, with a plan in place for refresher training for all staff on a recurrent basis. This training should be a requirement not only for staff members but for locums and all persons working in the Mental Health Unit.

The following cultural awareness programs have been endorsed by MBPH-Aboriginal Health Unit (AHU) and are now available on the MBPH Learning & Development Platform 'GOLD'.

1. Aboriginal Cultural Awareness Foundational e-learning;
2. Aboriginal Cultural Awareness Comprehensive e-learning.
 - The Aboriginal Cultural Awareness Foundational e-learning module is a Mandatory Training requirement for all MBPH staff. Whilst this course is currently completed as a once-off module, a recommendation will be made at the next quarterly Learning & Organisational Committee meeting for refresher training to be undertaken every 2 years.
 - All MBPH Department Heads have access to the Training Dashboard in order to monitor staff compliance with mandatory learning.
 - Compliance with MBPH Mandatory Training is a permanent item for MBPH-MHS Monthly Line Management Supervision.
 - Locum Psychiatrists contracted to MBPH-MHS will be required to complete the Aboriginal Cultural Awareness Foundational Training where practicable.

Recommendation 2b:

That the Director of Aboriginal Health and the staff of the AHU be given the opportunity to be consulted on all policies of the Hospital with the view of improving their cultural safety. Where these policies that services of an Aboriginal Liaison Officer (ALO) be offered to Aboriginal patients, consideration should be given to introducing a system in which wards are required to inform the AHU of the presence of an Aboriginal patient and arrange for an AHU staff member to attend to the patient and introduce themselves and make that offer of support directly.

MBPH-AHU Senior Management are involved in the development; review (including provision of recommendations) & approval of policies in both MHS and the broader hospital.

This includes:

Mental Health Services:

- Manager of AHU is a member of the MHS Clinical Safety Comprehensive Care Committee. The purpose of this committee is to monitor and promote safe, comprehensive, high-quality & continuing care; & to develop policies, procedures, guidelines & frameworks pertaining to clinical practice & comprehensive care.
- Director of AHU is a member of the MHS Leadership & Governance Committee, the purpose of which is to enact strategic leadership & overarching governance of the service. This committee also reviews & approves policies, procedures, guidelines, frameworks developed by the Clinical Safety & Comprehensive Care Committee in addition to endorsing quality improvement activities.

Broader Mildura Base Public Hospital:

- The MBPH Policy Cover Sheet now includes a prompt for staff to consult with the AHU for input; review, and approval of all applicable policies.
- Progress is underway for the Director of AHU (or delegate) to be a member of the MBPH Comprehensive Care Committee to ensure that the AHU has the opportunity to be involved in the review of all policies as they come due.
- The MBPH-AHU workforce has been expanded to include both male & female ALOs, and the AHU service is now available 7 days per week.

- MBPH Health Literacy Policy stipulates that: 'People of ATSI descent will be offered the services of an Aboriginal Liaison Officer (ALO) to provide education, bedside support with doctors rounds, family meeting for decision making, attend bedside handovers, assist with discharge planning & hospital transfers.
- MBPH-AHU receives Trakcare reports each morning detailing all ATSI consumers admitted across all MBPH wards; prompting AHU staff to visit each patient accordingly to offer their support.
- Representative from MBPH-AHU attends morning handover with the Mental Health Acute Community Intervention Service (ACIS) where all referrals into MBPH-MHS are discussed. Consumers identified as ATSI are subsequently offered additional support through the AHU.
- It is standard practice in the Mental Health Inpatient Unit (MH-IPU) to contact the AHU to organise a representative to attend & support ATSI consumers with all Psychiatric Assessments & Reviews.
- Information regarding the AHU is detailed in MBPH Patient Information Booklet; and the MHS Patient, Carer & Family Service Guide.
- MBPH-MHS Digital Medical Register (DMR) prompts identification of ATSI consumers.

Recommendation 2c:

That the AHU is resourced to ensure that all AHU Staff have culturally appropriate clinical supervision arrangements where sought by & agreed to by AHU staff.

- MBPH-MHS partnered with Bendigo Health to roll out Introduction to Clinical Supervisor Training which has been made available to Senior/Supervisory AHU Staff. The Manager of AHU has completed this training program and is now an accredited Clinical Supervisor.

Recommendation 2d:

That all Clinicians at the Hospital Mental Health Services be: (i) advised of the role of the AHU upon induction; and (ii) required to document in a patient file the steps made to contact the AHU in relation to Aboriginal patients, including any reason why such contact has not been made.

- Information regarding the MBPH-AHU is included in the MHS New Staff Orientation & Competencies Package, Service Access Guide & in the MBPH-MHS Clinicians Reference Guide.
- Upon induction to MBPH Mental Health Services, clinicians are required to complete an orientation checklist including an introduction to the MBPH-AHU & Staff.
- A formal Aboriginal Health Unit Referral Form has been developed & will be tabled for discussion through both the MHS Clinical Safety Comprehensive Care Committee & MHS Leadership & Governance Committee in preparation for adoption & implementation.

Recommendation 3a:

That consideration be given to revising Hospital Mental Health Service policies and procedures to clarify: (i) who in the mental health treatment team is responsible for collecting collateral information, & at what stage; and (ii) that the authorised psychiatrist or delegate must always complete authorisations for restrictive interventions where that person is available.

- Consideration is currently being given to updating the MBPH-MHS IPU Admission Policy and Clinicians Reference Guide to confirm that the MHS medical officer is responsible for collecting collateral information regarding consumers at the earliest possible stage.

MBPH-MHS Seclusion Policy states:

- The Authorised/Delegated Psychiatrist approves seclusion;

- In case of an emergency, seclusion may be authorised by the senior registered nurse on duty or registered medical practitioner; and they must formally notify the Authorised/ Delegated Psychiatrist as soon as practicable.
- Only the Authorised/Delegated Psychiatrist or registered medical practitioner may authorise the continued use of seclusion; & only if he or she is satisfied that the continued use of seclusion is necessary.

MBPH-MHS Restraint Policy states:

- Use of restrictive interventions (restraint) must be a clinical decision directed by an Authorised Psychiatrist or delegate. If an Authorised Psychiatrist or delegate is not immediately available, a registered medical practitioner or the senior registered nurse on duty may authorise a restrictive intervention.
- The registered medical practitioner or senior registered nurse must notify the Authorised Psychiatrist or delegate about the use of a restrictive intervention as soon as practical.
- Regular education continues to be provided by senior Mental Health Medical Staff for MHS clinicians regarding the responsibility of individual staff members to comply with the requirements of the Mental Health Act (2014).
- With the pending implementation of the Victorian Mental Health & Wellbeing Act (2022), the Mental Health Implementation Lead has been rolling out regular education & information updates.

Recommendation 3b:

That the hospital work with Spectrum to (i) identify appropriate training for clinicians in diagnosis & treatment of Borderline Personality Disorder, which addresses both long-term treatment & crisis presentations; (ii) such training should be mandatory for all community & inpatient mental health clinicians; (iii) such training should occur for all new staff as part of their induction, and for ongoing staff should be regular & repeated.

MBPH-MHS Learning & Development Team in consultation with Spectrum have developed & implemented two key training programs. These are:

Borderline Personality Disorder (BPD) Key Competencies Training.

The aim of this workshop is to upskill clinicians to work effectively with consumers experiencing BPD. This workshop covers ten core competencies that clinicians require to work effectively with people with BPD including: Understanding BPD (re: symptoms; prevalence; causes; evidence-based treatments); Co-existing disorders in BPD; Treatment Principles; Treatment Structure; the Therapeutic Relationship; Skill Development Focus; Partnering with Families, Partners & Carers; Working with Suicidal & Non-Suicidal Self-Injury Behaviours; Clinician Self-Awareness; and Focus on Recovery.

Dialectical Behavioural Therapy (DBT) Workshop (Intensive):

This workshop provides participants with an overview of theory & principles; as well as key DBT Skills from each module including: Mindfulness; Interpersonal Effectiveness; Emotional Regulation; & Distress Tolerance. On completion of the workshop participants will be able to: Understand BPD from a DBT perspective & evidence for DBT; Understand DBT theory and principles, including behavioural theory, validation & dialectics; Apply the Key DBT Skills from each module; and apply the key tools from DBT.

- Both the BPD Key Competencies & DBT Workshop (Intensive) have been added to the MBPH-MHS Mandatory Training Program.
- MBPH-MHS has also arranged for MDAS-SEWP Workers to attend and complete both of the abovementioned training programs.
- New staff commencing with MBPH-MHS are booked in to complete the entire suite of Mandatory Training modules, including both the BPD Key Competencies Training; and DBT Workshop (Intensive).
- In 2023, both training programs will be delivered on 3 occasions.
- To ensure longer-term sustainability of these workshops, clinicians from MBPH-MHS are scheduled to complete the 'Train-the-Trainer' program through Spectrum in September 2023.

Recommendation 3c:

That the Hospital engage the Victorian Equal Opportunity & Human Rights Commission to provide education to staff to assist them to meet Charter obligations.

- MBPH-MHS has met with the Victorian Equal Opportunity & Human Rights Commission regarding the development & implementation of a sustainable Human Rights Charter staff education program. It has been recommended by the Commission that we await the findings from their review of our policies & procedures before commencing development of our staff education program.

Recommendation 3d:

That the Hospital engage the Victorian Equal Opportunity & Human Rights Commission under section 41(c) Charter to review its policies and practices with a view of strengthening their systems and processes to comply with the charter.

- MBPH-MHS has met with the Victorian Equal Opportunity & Human Rights Commission regarding a review of its policies & practices. The Commission is now working on a proposal of what this review will entail in order to formalise a contract to complete this work.

In addition to the above improvements, MBPH-MHS has made considerable progress in enhancing our Suicide Prevention Program. Our Hospital Outreach Post-Suicidal Engagement (HOPE) Program now delivers a consumer-lead, integrated model of suicide aftercare, including: psychiatric assessment and treatment; physical health assessment; assertive psychotherapeutic interventions; and psychosocial support. We are working with the MBPH-AHU to determine ways we can culturally enhance our HOPE Program, inclusive of workforce; partnerships; assessment tools; and therapeutic frameworks.

If you have any queries or concerns regarding this correspondence, or require any further information, please do not hesitate to contact us on (03) 5022 3500.

Yours sincerely,

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