

Inquest into the death of Bradley Karl Coolwell

Bradley Karl Coolwell died at the Logan Community Hospital on 12 September 2011. Mr Coolwell was admitted to hospital that day under an involuntary treatment order. At the time of his death he was under observation in the seclusion room of the Mental Health Unit. Mr Coolwell's cause of death was respiratory failure and cardiac arrest.

Coroner James McDougall delivered his findings of inquest on 4 April 2017.

The Queensland Government responds to recommendations directed to government agencies at inquests by informing the community if a recommendation will be implemented or the reason why a recommendation is not supported.

Further information relating the implementation of recommendations can be obtained from the responsible agency named in the response.

Recommendation 1

That the The Consumer Integrated Mental Health Application (CIMHA) system should be reviewed and optimized in order to provide information summarizing the mental health history of any patient who has been subject to an Involuntary Treatment Order, in order to assist a practitioner making a subsequent Emergency Examination Order under the Mental Health Act and that the CIMHA system should be available to (at least some) police on a read-only basis.

Response and action: the recommendation is agreed in part and implementation is complete.

Responsible agency: Queensland Health.

On 25 January 2018 the Minister for Health and Minister for Ambulance Services responded:

The CIMHA is a Queensland Health statewide, secure consumer (an alternative term to 'patient' used in mental health services) clinical information system designed to support mental health services in the provision of safer quality mental health services by providing timely access to up-to-date clinical information within and across mental health service settings and hospital and health services.

CIMHA provides mental health practitioners the ability to access information recorded by clinicians which is relevant to risk assessment and risk management of consumers on treatment authorities, treatment support orders, forensic orders and subject to the classified provisions of the *Mental Health Act 2016*. CIMHA is also used for consumers who are accessing public sector mental health services voluntarily. Health practitioners working outside of a mental health service are also able to access CIMHA information via The Viewer application.

Emergency examination orders (now known as an emergency examination authority) are not made by health practitioners, but by the Queensland Police Service (QPS) and the Queensland Ambulance Service (QAS) officers.

The emergency examination authority provisions, under the *Public Health Act 2005*, apply if a police officer or ambulance officer reasonably believes that; a person's behaviour indicates the person is at immediate risk of serious harm, and the risk appears to be the result of major disturbance in the person's mental capacity caused by illness, disability, injury, intoxication or other reason, and the person appears to require urgent examination, treatment or care.

An officer may detain and transport a person to a 'treatment or care place', which is a public sector

health service facility (including an authorised mental health service) or another place such as a person's home, where the person may receive appropriate treatment and care.

The coroner recommends that the CIMHA system should be available to (at least some) police on a read-only basis. Queensland Health (QH) and QPS have alternatively established two key initiatives to support police undertake their duties. The Police Communications Centre Mental Health Liaison (PCCMHL) Service and the Police and Ambulance Intervention Plan (PAIP).

The PCCMHL is a consultation liaison service (e.g. does not provide case management or primary service delivery) established in January 2015 as an initiative across QH and the QPS. An important function of the PCCMHL service is to interpret relevant clinical information from CIMHA and provide this in a way in which it is useful for immediate use by QPS. Information provided to the QPS is meaningful for the immediate management of a person and includes; communication strategies and styles, triggers, and strategies for de-escalation and engagement with the individual.

The PCCMHL service provides senior mental health clinicians into the Brisbane QPS communication centre where triple zero phone calls, first response officers and QPS crews are coordinated and dispatched. Regional QPS communication centres access the PCCMHL service via the Brisbane centre when required.

The PCCMHL service does not replace local responses (mental health and QPS) but augments local service provisions and facilitates appropriate linkages across QPS and mental health services. A key role of the PCCMHL service is to provide linkages with local mental health services through early referrals and notifications of potential presentations and liaison regarding existing clients.

The first 12 months of the PCCMHL service was formally evaluated. Strong support for the service was demonstrated, leading to expanded coverage and recurrent funding. The evaluation found the PCCMHL service improves outcomes for individuals experiencing mental health crisis in the community by increasing situational awareness for frontline QPS officers, enhancing mental health service responses and by facilitating improved mental health service and QPS collaboration.

Since commencement, the PCCMHL service has received increased in referrals from the QPS, from 1,283 in 2015 to 1,556 in 2016. Projected figures indicate a further increase in police referrals supporting its use by the QPS as a meaningful initiative to support police in carrying out their functions.

A PAIP is developed by a mental health clinician and provides specific information and strategies regarding a consumer, to inform and assist the QPS and the QAS to mediate and better manage a mental health event involving a consumer in the community. The development of a PAIP is a collaborative pathway starting with an invitation to the consumer to participate. This is an opportunity for the consumer to take an active role in identifying strategies that support their health and safety needs during a mental health event in the community. Mental health clinicians are the lead in development and will seek involvement of a mental health intervention coordinator (where available) at the local hospital and health service, local QPS officers, and other agencies or stakeholders including the consumer's family/carers, general practitioner, community support worker, etc.

Significant consultation with QPS was undertaken in the development of the PAIP. The PAIP was implemented statewide on 4 October 2016 and is available as part of the standard suite of clinical documentation available on CIMHA.

Although the effectiveness of the PAIP has not been formally evaluated, it has been used over 1,000 times across Queensland since its release in October 2016. Additionally, Metro North Hospital and Health Service reported during the development and trial of the PAIP that emergency services staff found this plan to be beneficial to inform their response to consumers experiencing a mental health

crisis; and also indicated that the plan met emergency services' information requirements to assist in their provision of frontline services to mediate and better manage consumers in crisis.