Victoria's Chief Psychiatrist condones the use of induced coma for behaviour management.

This submission relates to the experience of a compulsory patient under the Mental Health Act 2014 [MHA] in a Melbourne public hospital in 2018, and to the response from the Chief Psychiatrist regarding treatment during that admission. Sometimes within a healthcare setting, with the best of intentions, a course of action happens that falls outside safe and appropriate practice. When this occurs it relies upon an effective clinical governance process to investigate and identify recommendations to prevent similar adverse events in the future. When review of this case was brought to the attention of the Chief Psychiatrist it resulted in sanctioning a practice that should alarm anyone concerned with the delivery of mental health care in Victoria in 2019.

As a patient receiving compulsory treatment under the MHA the responsibility for all psychiatric and medical treatment decisions was assumed by the authorised psychiatrist. He provided consent for invasive ventilation in order to manage behaviour and facilitate treatment compliance. Sedation, intubation and ventilation continued in an Intensive Care Unit for a period of 10 days during which time electroconvulsive treatment [ECT] was administered on four occasions. The Mental Health Tribunal was not required to be advised of this development as authorisation for 12 sessions of ECT had been given prior. One of the objectives of the MHA is for patients to receive treatment "in the least restrictive way possible with the least possible restrictions on human rights and human dignity". There can be no means more restrictive; no greater loss of liberty and autonomy imaginable, than to be confined by a state of unconsciousness and deprived of the capacity to breathe spontaneously.

The roles and functions of the Chief Psychiatrist include: promoting the rights of persons receiving mental health treatment from public mental health services, and; assisting mental health services to comply with the MHA. The Office of the Chief Psychiatrist [OCP] was informed, by a member of the patient's family, of this highly unusual, if not unprecedented, situation on the day following intubation and prior to the planned administration of ECT. The family member requested to speak to the Chief Psychiatrist in order to advocate for the unconscious patient, seeking to obtain information about the safety and efficacy of ECT administered to a ventilated patient in a prolonged comatose state. The Clinical Advisor at the OCP refused the family member's request to speak to the Chief Psychiatrist, and ECT under coma proceeded the following day. The patient's psychiatric symptoms persisted unabated through and beyond the 10 day period of coma. The treatment of ECT was suspended after four episodes over a week, due to concerns that it was either ineffective or was exacerbating the symptoms, with the clinical presentation reflecting by then, a possible delirium.

Following discharge from hospital the patient and family sought a response from the Chief Psychiatrist to the concerns identified, including contravention of the Mental Health Act. The Chief Psychiatrist's written response in May 2019 described a two page file audit of the patient's clinical notes, undertaken by Melbourne Health Mental Health Service, as a robust review. In the absence of a comprehensive investigation or root cause analysis he proclaimed satisfaction that sedation and intubation with ventilation was an appropriate clinical treatment. The Chief Psychiatrist's response omitted any mention of the Mental Health Act thus rendering invisible the breach which had occurred.

This submission is being offered to the Royal Commission to demonstrate that the safeguards deemed to be in place under the MHA failed to provide adequate protection. The consumer suffered an incursion upon personal inviolability inconsistent with the MHA and incompatible with the Charter of Human Rights and Responsibilities Act 2006. Furthermore, when the matter was brought to the attention of the Chief Psychiatrist, who is charged with the responsibility for clinical

leadership, service improvement and quality and safety within Victorian mental health services, the outcome was to sanction all that had occurred.