



All correspondence to:
PO Box 4356
Melbourne VIC 3001 Australia
DX 300077 Melbourne

Your reference: MHRC
Our reference: 1900473

Contact details
Leveasque Peterson
[REDACTED]
leveasque.peterson@vgso.vic.gov.au

19 August 2019

Ms Penny Armytage
Chair and Commissioner
Royal Commission into Victoria's Mental Health System
3 Treasury Place
East Melbourne VIC 3002

Dear Ms Armytage

**Royal Commission into Victoria's Mental Health System
Simon Thomson - Ambulance Victoria**

1. We write in relation to the Commission's questions on notice to Simon Thomson, Regional Director for Ambulance Victoria, following his attendance at the hearing on 11 July 2019 to give evidence.
2. By way of further explanation of paragraphs [35] and [36] of Mr Thomson's statement of 24 June 2019, and in preface to Mr Thomson's responses to the Commission's questions on notice, Ambulance Victoria:
 - 2.1 Defines a 'mental health' case as a case in which:
 - (a) the cause of the presenting problem is mental health related (i.e. anxiety, depression, emotional distress); and/or
 - (b) specific mental health management is required; and/or
 - (c) psychiatric services were present at the scene.
 - 2.2 categorises mental health cases into one of the following clinical classifications:
 - (a) psychosis, anxiety;
 - (b) suicidal;
 - (c) social/emotional problems;
 - (d) cases involving alcohol, drugs or overdose secondary to the mental health issue;
 - (e) self-harm/self-harm ideation;

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- (f) cases involving injuries arising from self-harm ideation;
 - (g) mood disturbances (i.e. depression, bipolar disorder); and
 - (h) other cases that do not fall into the aforementioned categories such as those involving cognitive impairment or confusion.
3. Cases involving more than one clinical presentation are categorised by the most dominant presentation.
4. Mr Thomson's responses to the specific questions put forward by Commissioner Mc Sherry and Commissioner Fels are as follows:
- 4.1 *Commissioner Mc Sherry* - Where sedation is used by paramedics on patients, explain what encompasses such use and how often it is used?
- (a) whilst sedation is available to paramedics to contain highly aggressive and agitated patients, it is only used in circumstances where a patient's behaviour presents risk to themselves or others, and only after all other strategies have been exhausted. The attached Clinical Guidelines relevant to 'Agitation' (A0708) and 'Mental Health Conditions' (A0107) endorse the use of midazolam for mild/moderate agitation and ketamine for extreme agitation;
 - (b) data recorded by Ambulance Victoria indicates that between the period 1 January 2018 - 31 December 2018, Ambulance Victoria responded to an estimated 60468 mental health cases (see paragraph [30.1] of Mr Thomson's statement). Of these, sedation was used as follows:
 - (i) Midazolam was used in 4024 cases (6.6% of overall mental health cases):
 - (A) in 2256 cases Midazolam was used with physical restraints;
 - (B) in 1769 cases Midazolam was used without physical restraints.
 - (ii) Ketamine used in 650 cases (1% of overall mental health cases):
 - (A) in 375 cases Ketamine was used with physical restraints;
 - (B) in 275 cases Ketamine was used without physical restraints;
 - (C) in 280 cases both Midazolam and Ketamine were used, of these 208 cases involved physical restraints.

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4.2 *Commissioner Mc Sherry* - What are patient restraints and do such restraints include straps?

- (a) every ambulance is equipped with standard restraints for the purposes of safely transporting patients and other occupants in the context of a moving vehicle. Every ambulance is also equipped with additional and specific patient restraints for the purposes of restraining agitated patients, including mental health patients, and are only used in circumstances where there is risk to either patients, paramedics and/or others during the transportation of a patient given the confined space of an ambulance;
- (b) the restraints include arm and ankle straps which are attached to the ambulance stretcher, and are used in conjunction with the standard restraints.

4.3 *Commissioner Mc Sherry* - Is data kept on the use of restraints and straps?

- (a) as indicated above, data recorded by Ambulance Victoria indicates that between the period 1 January 2018 - 31 December 2018, Ambulance Victoria responded to an estimated 60468 mental health cases. Of these, restraints were used as follows:
 - (i) physical restraints were used in 3802 cases (6.2% of mental health cases), of which 708 cases involved inter-hospital transfers;
 - (ii) in 1483 cases sedation was not administered, with 517 cases involving inter-hospital transfers. It is not known if sedation was administered prior to arrival of Ambulance Victoria.

4.4 *Commissioner Fels* - What is the ballpark estimate dollar cost for mental health services provided by for Ambulance Victoria?

- (a) unlike the activity-based funding model operating in hospitals where diagnosed conditions are weighted according to complexity and, therefore, are related to cost, ambulance services have no direct relationship between cost and diagnosed conditions. Similarly, as previously indicated, the activity recorded as 'mental health' captures those for which the condition is the primary concern. Activity that may involve mental health issues, or where the patient's mental health may have had some impact, but where the primary presentation of concern is, for example, trauma or haemorrhage, are not likely to be included in 'mental health' data. Therefore, any demand or estimation of cost is likely to be underestimated. Ambulance Victoria has calculated estimated costs for mental health services provided by Ambulance Victoria for this request;

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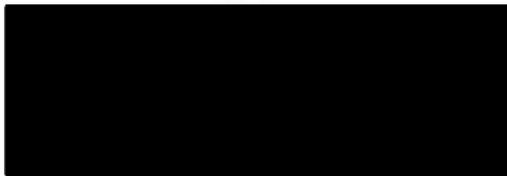
- (b) for the 2017/2018 period, responding to and managing patients with a primary mental health condition, the estimated cost for Ambulance Victoria was calculated at a minimum to be approximately \$63 million. Estimated costs are based on:
 - (i) caseload activity provided by Ambulance Victoria; and
 - (ii) indications of average costs per incident and proportional costs of secondary triage and referral services, sourced from Ambulance Victoria's Finance Department.

- (c) costs are calculated based on direct and indirect costs as follows:
 - (i) direct costs are those directly associated with treating the patient:
 - (A) staff costs;
 - (B) medical consumables;
 - (C) vehicle running costs; and
 - (D) other staff related costs.

 - (ii) indirect costs are overhead type costs:
 - (A) proportion of costs related to Finance, Human Resources, ICT, etc.; and
 - (B) depreciation of assets (eg. Ambulance stations, medical equipment, vehicles).

Please do not hesitate to contact me if you require any further information in relation to the above.

Yours faithfully
Victorian Government Solicitor's Office



Leveasque Peterson
Assistant Victorian Government Solicitor