



Administrative Medicine Part II Fellowship Examination 2012

Case Study 3

4. You are the newly appointed non Psychiatrist Hospital Chief Executive of a dedicated mental health hospital in a less privileged area. You are aware that there has been a cluster of suicides of young people from one of the local secondary schools. None of the victims appear to have been known to mainstream mental health services prior to their death. In discussion with your managers of adolescent mental health services and community mental health services, you are informed that there appears to be a strong link between the deaths and the use of social media.

The morning after the fifth such death in the last twelve months, the local newspaper runs a front page story entitled “What is Killing our Children?” which incorporates an editorial critical of your service.

The Chief Executive (CE) of the Hospital Authority calls you in person asking for an urgent meeting between yourself, the CE and the Secretary of Health. The agenda is to discuss short, medium and long term responses to this crisis. Naturally you accept.

How do you prepare for the meeting and what options would you be exploring?



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Key Points for Examiners

“Ending it all”

Template for jottings of expectations, extra notes to assist Censors in jurisdictional differences etc. Whilst the candidate is providing her/his answer Censors will be considering the depth of demonstration of the RACMA competencies that are relevant.

Notes are neither ‘model’ answers, nor are they exhaustive in content.

Dimension	Important points that should be discussed:
Key issues	<ul style="list-style-type: none"> • Managing public health crisis. • Mental health management. • Managing up – political system.
Answering the question – Part/issue 1	<ul style="list-style-type: none"> • Recognize that this is a public health and community crisis and needs high level involvement – forming a specialist team, both within your service and as part of higher level departmental and governmental responses.
Answering the question – Part/issue 2	<ul style="list-style-type: none"> • The role of the HCE is to form an appropriate team from clinicians of all disciplines to manage the crisis. Candidate could discuss how to involve education department in this review. • Coordination of multiple agency services. • Social media as contagion in youth suicide. • Short term: Look at any Coronial findings and recommendations from the earlier deaths – is there clear governance in your organisation for addressing such recommendations? • Answer the question – why have none of the young people been known to mental health services? Liaise with primary care to answer this, check with ED. Gaps in service provision. Impulsive behavior or perhaps drug and alcohol related issues? (Audit of available services for young adults) • Indigenous issues – may be a large population in the rural area. Access to indigenous health workers.



	<ul style="list-style-type: none"> • Bullying an issue at the school? • Talk to teachers / Education Department employees • Talk to general practitioners (GPs) who often have insights outside the mainstream MH services • Access to work in the local area once leave school • Community issues – poverty, school absenteeism, family structure and disruption • Community participation and consultation to address local issues • Service issues – responsiveness of current services; are waiting times contributing to this cluster?
<p>Answering the question – part/issue 3</p>	<ul style="list-style-type: none"> • Identify any barriers to implementing suicide prevention programs – harness political support through HA and secretary of Health to remove barriers. • Do you respond to the critical editorial in the paper? Probably yes, but need help of media advisors as to tone and content (critical to gain community support). • Support your MH Service to provide suitable evidenced based information to media and to encourage them to cover issue in balanced way. Are there national policies concerning media coverage of suicides? • Support community dialogue. • Support for involved health service staff.
<p>Knowledge</p>	<p>Manager, Medical expert, Communicator, Collaborator</p>
<p>Skills</p>	<p>Manager, Expert, Communicator, Collaborator</p>
<p>Attitude / behaviours</p>	<p>Collaborator, Professional, Advocate</p>