The Reportable Death notification process allows the Chief Psychiatrist to monitor adverse outcomes for consumers of mental health services.

This advisory note presents the current Chief Psychiatrist’s Guidelines: Reportable Deaths document in a shorter, simpler format. Two new points are highlighted.

Inpatients

For the purposes of this policy, an inpatient is defined by the Chief Psychiatrist as any person, regardless of legal status, who:

- has been admitted to a mental health inpatient unit
- is on approved leave from an inpatient unit
- has absconded from an inpatient unit
- has been transferred to a non-psychiatric ward during a mental health admission
- has been discharged from a mental health inpatient unit within the previous 24 hours.

All deaths of inpatients, including expected deaths, must be notified to the Chief Psychiatrist within 24 hours. Notifications can be made by telephone (9096-7571), fax (9096-7697) or email (ocp@dhhs.vic.gov.au).

The Chief Psychiatrist now requires that the deaths must also be reported of persons who have been detained in an emergency department or non-psychiatric ward under the Mental Health Act, including section 351 (Apprehension by Police).

In addition, all unexpected, unnatural or violent deaths of mental health consumers on non-psychiatric wards must be reported.

Community patients

The Chief Psychiatrist must be notified in writing of:

- all unexpected, unnatural or violent deaths (including suspected suicides) of community-resident persons who were registered as mental health consumers within the previous three months or who had sought service from a mental health provider within that period and not been provided with service
- all deaths of community-resident patients under the Mental Health Act (including forensic orders).

People are considered to be mental health consumers until their case is closed and they have been notified of this closure (or the service has made all reasonable efforts to do so).
If a person was receiving service from a mental health community support service, that service must also notify the Chief Psychiatrist.

Deaths due to natural causes of persons not under the Mental Health Act are not reportable.

Notification process

The MHA 125 Notice of Death form must be submitted within three days of a reportable death, either by email or fax. Typed forms are preferred and an electronic template is now available. If clinicians prefer to complete the form by hand, they can add extra pages if necessary. Information is required concerning:

- the circumstances of death
- the person’s last known mental status
- identified risks and measures taken to address them
- treatments provided including psychotropic medications
- known medical conditions
- contact made with carers
- contact made with the Coroner where applicable

Forensicare must also submit a report for patients on non-custodial supervision orders.

A more detailed clinical report must be submitted within 14 days if requested by the Chief Psychiatrist.

Other reporting systems

The Coroner requires notification of all deaths that appear to have been unexpected, unnatural or violent, or to have resulted directly or indirectly from an accident or injury, regardless of the person’s legal status or location.

The Coroner must also be notified of all deaths of inpatients and community patients under the Mental Health Act. See coronerscourt.vic.gov.au for more information.

Inpatient suicides (including suicides on non-psychiatric wards) are one of eight nationally defined sentinel event categories that must be notified to the Victorian Department of Health and Human Service’s Sentinel Event Program. See www2.health.vic.gov.au for more information.

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