Mental Health Act 1986

Sections 47(4) & 106A

Private Service ☐ Public Service ☐

Mental Health Statewide Patient Number

Local Hospital Patient Number:

Family Name: _____

Given Names: _____

Date of Birth: _____ **Sex:** _____

Alias: _____

NOTICE OF DEATH

OF PERSON UNDERGOING TREATMENT OR CARE FOR A MENTAL DISORDER

Notes to completing this form

The authorised psychiatrist of a public mental health service and the person in charge of any other 'psychiatric service' within the meaning of section 106, must report to the Chief Psychiatrist the death of any person receiving treatment or care for a mental disorder which is a 'reportable death' within the meaning of the **Coroners Act 2008.**

Reporting

1. **The death of any inpatient** – the senior clinician on duty must notify the Chief Psychiatrist within **24 hours**. The authorised psychiatrist of a public mental health service/ CEO of a private service must as soon as practicable but not later than **3 days** complete this Notice of Death and send it to the Chief Psychiatrist. A full clinical report must be provided within **14 days.**

2. **The death of any Patient under the Mental Health Act 1986 or a person on a non-custodial supervision order** – the authorised psychiatrist of a public mental health service must as soon as practicable but not later than **3 days** complete this Notice of Death and send it to the Chief Psychiatrist. A full clinical report must be provided by the authorised psychiatrist of a public mental health service within **14 days.**

3. The death of any **client of a mental health service, where the death is unexpected, violent or unnatural** – the authorised psychiatrist of a public mental health service must as soon as practicable but not later than **3 days** complete this Notice of Death and send it to the Chief Psychiatrist. There is no requirement to forward a detailed clinical report, unless requested to do so by the Chief Psychiatrist.

Client includes:

- an unregistered client in the process of assessment;
- an open case;
- a previously registered client who has been in contact with the service within six months preceding death.

TO THE CHIEF PSYCHIATRIST

_____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of deceased person

residing at: _____
last known address of deceased person

The person at the time of their death was:

☐ a person receiving treatment on a voluntary basis:
- ☐ in an approved mental health service
- ☐ from any other psychiatric service within the meaning of section 106

☐ an involuntary patient subject to:
- ☐ an **involuntary treatment order**
- ☐ a **community treatment order**
- ☐ a **restricted involuntary treatment order** under section 93 Sentencing Act 1991
- ☐ a **restricted community treatment order**
- ☐ a **diagnosis, assessment & treatment order** under section 91 Sentencing Act 1991
- ☐ an **assessment order** under section 90 Sentencing Act 1991
- ☐ a **hospital transfer order** under section 16(3)(a)
- ☐ continued detention and treatment under section 12A or 12C

☐ a security patient (see note 4 on page 2) subject to:
- ☐ a **restricted hospital transfer order** under section 16(3)(b)
- ☐ a **hospital security order** under section 93A Sentencing Act 1991

☐ a forensic patient

☐ a person subject to a **non-custodial supervision order;** and

(please cross ☒)

a patient of: _____
approved mental health service / psychiatric service

Date of death: Time of death: : (24 hour)

Place of death: _____

Manner of death: _____

Death was unexpected, unnatural or violent: ☐ **Yes** ☐ **No** ☐ **Unknown**

A death is considered to be unexpected, violent or unnatural when it was not expected at the time by the treating doctor and includes accidental deaths and deaths related to medication.

Inpatient death: ☐ Yes ☐ No If yes, specify date of admission:

Date of last community contact: Date of last inpatient discharge:

Coroner notified: ☐ Yes ☐ No Date coroner notified:

Name of treating psychiatrist: _____

Name of case manager/primary nurse: _____

Primary psychiatric diagnosis (text and ICD code): _____

Secondary psychiatric diagnosis (text and ICD code): _____

Known medical conditions (if any): _____

ROLLS FILING SYSTEMS (03) 8770 1111

MAR 2010

Mental Health Act 1986

Sections 47(4) & 106A

Local Hospital Patient Number: | | | | | | | | | | |

Family Name: _____

Given Names: _____

Date of Birth: _____ **Sex:** _____

Alias: _____

Mental Health Statewide Patient Number | | | | | | | | |

4. If the deceased is a **security patient**, a copy of this notice must be sent to (as the case may be):
   - Secretary to the Department of Justice; or
   - Secretary to the Department of Human Services; or
   - Chief Commissioner of Police.

Further Information
For further information contact the Chief Psychiatrist on 1300 767 299.

TO THE CHIEF PSYCHIATRIST: Circumstances Surrounding the Death

Please provide a summary of the circumstances surrounding the death including:
- Last contact with the service
- Presentation/mental state at last contact
- Risk assessment at last contact.

Prescribed medication at time of death: _____

Form completed by:

_____ Contact Ph: _____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of person completing the form

Signed: _____ Designation: _____ Date: | | | | | | |

Authorised by:

_____ Contact Ph: _____
GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of * delegated / authorised psychiatrist/ person in charge of service

Signed: _____ Date: | | | | | | |

* delete as necessary

Incomplete or insufficient notices will be returned for revision.

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