

MHW125

Mental Health and Wellbeing Act 2022
Section 741
MHWA 125
Notice of death

Place patient identification label here

Instructions to complete this form

- The person in charge of a clinical mental health service provider¹ must ensure that the Chief Psychiatrist is notified in writing of the death of any person receiving mental health and wellbeing services from the clinical mental health service provider that is a 'reportable death' within the meaning of section 4 of the *Coroners Act 2008* as soon as practicable after the person in charge becomes aware of the death.
- Complete all sections of this form including the circumstances of the death on page 5.
- Complete all radio buttons and checkboxes that apply.

Consumer

Title: First name: Last name:
Date of birth: (DD/MM/YYYY) Statewide UR number:
Gender: Date of death: (DD/MM/YYYY)
Identified as ATSI?

Program

Clinical MHSP:
Clinical MHSP campus:
Clinical MHSP site:
Service type:
Clinical MHSP program:
MHWS or Other MHWS provider name:

Circumstances of death

Likeliest mode of death:
If suicide, likeliest mode:
If Other, specify:
Describe any known psychological stressors in the last three months (more details may be provided on page 5):

Did the person die on a mental health inpatient unit (including a mental health short-stay unit or SECU) OR after transfer from a mental health inpatient unit to another ward?
Did the person die while in an Emergency Department on a Mental Health and Wellbeing Act order including section 232 (Taking a person into care and control in a mental health crisis)?
Did the person die while on leave OR within 24 hours of discharge from a mental health inpatient unit?
Was death expected, unnatural or unexpected?
Death to be referred to Coroner?
Death to be referred to Sentinel Events Program?
Registration status:
Legal status:
Date of last face-to-face contact: (DD/MM/YYYY)
Date of inpatient separation: (DD/MM/YYYY)
Date of last contact (any kind): (DD/MM/YYYY)
Number of admissions in previous 12 months:
ED presentation for self-harm in last 12 months?

¹ A 'clinical mental health service provider' (MHSP) is:
• a designated mental health service provider
• a mental health and wellbeing service provider that provides mental health and wellbeing services in a custodial setting, or
• any other prescribed entity or prescribed class of entity.

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Psychiatric diagnosis established?

If Yes, provide details below

Primary psychiatric diagnosis
– ICD-10 diagnosis and code

Select one if applicable

Organic mental disorder

- Dementia, amnesic syndrome [F00–04]
- Delirium [F05]
- Other or unspecified mental or personality disorder due to brain damage or physical disease [F06–09]

Mental and behavioural disorders associated with psychoactive substance use

- Alcohol [F10]
- Opioids [F11]
- Cannabinoids [F12]
- Sedatives, hypnotics [F13]
- Cocaine, stimulants [F14–15]
- Tobacco [F17]
- Hallucinogens, other substances [F16, F18]
- Multiple or unknown substances [F19]

Schizophrenia, schizotypal and delusional disorders

- Schizophrenia, schizotypal, delusional disorder [F20–22]
- Acute, transient or induced psychosis [F23–24]
- Schizoaffective disorder [F25]
- Other or unspecified psychosis [F28–29]

Mood disorders

- Manic episode [F30]
- Bipolar episode [F31]
- Depressive episode or recurrent or persistent depressive disorder [F32–34]
- Other or unspecified mood disorder [F38–39]

Neurotic, stress-related and somatoform disorders

- Phobia [F40]
- Panic, generalised anxiety or mixed or other anxiety disorder [F41]
- Obsessive-compulsive disorder [F42]
- Reaction to severe stress, post-traumatic or adjustment disorder [F43]
- Dissociative or somatoform disorder [F44–45]
- Other neurotic disorder [F48]

Behavioural syndromes associated with physiological disturbances and physical factors

- Eating disorders [F50]
- Nonorganic sleep disorder or sexual dysfunction [F51–52]
- Puerperal mental disorder not classified elsewhere [F53]
- Other or unspecified behavioural condition [F54–55, F59]

Disorders of adult personality and behaviour

- Specific, mixed or other personality disorder not due to brain damage [F60–62]
- Habit and impulse disorders [F63]
- Disorders of gender identity, sexual preference, development or orientation [F64–66]
- Other or unspecified disorders of adult personality or behaviour [F68–69]

Intellectual disability

- Intellectual disability [F70–79]

Disorders of psychological development

- Specific or mixed developmental disorder [F80–83]
- Pervasive developmental disorder [F84]
- Other or unspecified developmental disorders [F88–89]

Behavioural and emotional disorders with onset usually occurring in childhood and adolescence

- Behavioural and emotional disorders with onset usually occurring in childhood and adolescence [F90–98]

Secondary psychiatric diagnosis
– ICD-10 diagnosis and code

Select as many as apply

None

Organic mental disorder

- Dementia, amnesic syndrome [F00–04]
- Delirium [F05]
- Other or unspecified mental or personality disorder due to brain damage or physical disease [F06–09]

Mental and behavioural disorders associated with psychoactive substance use

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Intellectual disability

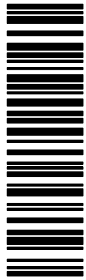
- Intellectual disability [F70–79]

Disorders of psychological development

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Medical diagnosis being treated or warranting treatment

Cancer
COPD
Diabetes mellitus
Dyslipidemia
Hepatitis C
Hypertension
Ischaemic heart disease
Obesity
Sleep apnoea
Other Specify:

Medication

Psychotropic medication (inc. dose):

Non psychotropic medication (inc. dose):

History

Describe the psychiatric history and response to previous treatments and supports:

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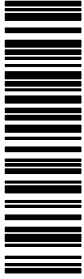
Describe the most recent presentation to the service:

Describe the treatment plan in the time leading up to the death:

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Describe the circumstances leading up to and surrounding the death:

Report details

Report author:	Designation:	
Name of Authorised Psychiatrist/MHWS Manager		
Title:	First name:	Last name:
Report approved by Authorised Psychiatrist/MHWS Manager on: (DD/MM/YYYY)		

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Next steps

After completing this form:

- **send** this **MHWA 125 – Notice of death** to the Authorised Psychiatrist of your service
- the **Authorised Psychiatrist or delegate** must submit the **completed MHWA 125 – Notice of death** to the Chief Psychiatrist within three (3) business days by uploading it to the OCP Data Sharing Portal on SharePoint
 - **Staff from clinical mental health services requiring access to the OCP's Data Sharing Portal need to provide written approval from the Authorised Psychiatrist.**
 - **To access the OCP Data Sharing Portal, please email:** ocp@health.vic.gov.au

In addition, an Authorised Psychiatrist or delegate must:

- **notify** the Chief Psychiatrist about the death of any inpatient as soon as practicable but not more than 24 hours after the death
- In the case of the death of a **security patient**, **send** a copy of this **MHWA 125 – Notice of death** to whoever of the following is relevant:
 - the Justice Secretary
 - the Health Secretary
 - the Chief Commissioner of Police
- In the case of the death of a **forensic patient**, **send** a copy of this **MHWA 125 – Notice of death** to the Health Secretary.

Notes

An inpatient is defined for notification purposes as any person, regardless of legal status, who:

- has been admitted to a designated mental health service or a bed-based mental health unit in a custodial setting
- is on approved leave from an inpatient unit
- has absconded from an inpatient unit
- has been transferred to a non-psychiatric ward during an admission to a mental health inpatient unit
- has been discharged from a mental health inpatient unit within the previous 24 hours.

Notification is required for non-inpatient and non-compulsory consumers if the death was unexpected, unnatural or violent or if the person was a patient under the *Mental Health and Wellbeing Act 2022*.

Non-inpatient and non-compulsory consumers are:

- persons who were registered as mental health and wellbeing consumers within the three months prior to death, or
- non-registered persons who had sought mental health and wellbeing services from a mental health and wellbeing service provider and were not provided with a face-to-face assessment. This includes presentations to emergency departments, telephone triage and community mental health and wellbeing services within seven days preceding the death (or longer if relevant).

Expected deaths due to natural causes of persons not under the *Mental Health and Wellbeing Act 2022* are not reportable.

Mental health community support services who have reported under the *Mental Health Act 2014* are encouraged to continue to follow this reporting practice as the new Act commences on 1 September 2023.

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

Abbreviations

MHSP: mental health service provider

MHWS: mental health and wellbeing service

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Available at the [Chief Psychiatrist guidelines – Reportable deaths web page](https://www.health.vic.gov.au/chief-psychiatrist/reportable-deaths)

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