

[Added April 2021] Deaths reported to the Director of Mental Health

Section 132 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 requires the Director of Mental Health to be notified within 14 days of the death of any person or special patient under the Mental Health Act. Such a notification must identify the apparent cause of death.

In New Zealand, a coroner only officially classifies a death as suicide after completing their inquiry. Only those deaths that the coroner decides are “intentionally self-inflicted” will receive a final verdict of suicide. A coronial inquiry is unlikely to occur within a calendar year of an event occurring; for this reason, when a death appears to be self-inflicted but the coroner has not yet established the person’s intent, it is called a ‘suspected suicide’.

In 2018, the Director of Mental Health received 58 death notifications related to people under the Mental Health Act (see Table 1). Of these, 19 related to people who were reported to have died by suspected suicide. The remaining 39 reportedly died by other means, including natural causes and illnesses unrelated to mental health status. In 2019, the Director of Mental Health received 48 death notifications related to people under the Mental Health Act (see Table 2). Of these, 17 related to people who were reported to have died by suspected suicide. The remaining 31 reportedly died by other means, including natural causes and illnesses unrelated to mental health status.

Table A5: Outcomes of reportable death notifications under section 132 of the Mental Health Act, 1 January to 31 December 2018

Reportable death outcome	Number of deaths
Suspected suicide	19
Other deaths	39
Total	58

Source: Office of the Director of Mental Health and Addiction Services records.

Table A6: Outcomes of reportable death notifications under section 132 of the Mental Health Act, 1 January to 31 December 2019

Reportable death outcome	Number of deaths
Suspected suicide	17
Other deaths	31
Total	48

Source: Office of the Director of Mental Health and Addiction Services records.

Deaths reported to the Director of Addiction Services

For deaths relating to substance use and addiction, the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 makes no provision for DHBs or approved providers to report deaths of patients. Nonetheless, the Office of the Director of Mental Health and Addiction Services encourages services to report adverse events to the Director of Addiction Services.

The Substance Addiction Act came into force on 21 February 2018, no deaths of people occurred during 2018 or 2019 while they were subject to that Act.