

SAN MATEO COUNTY  
MENTAL HEALTH SERVICES DIVISION

DATE: October 6, 2000

MENTAL HEALTH POLICY: MH 00-10

SUBJECT: Quality Improvement/Peer Review of Cases in which Death has Resulted from Suicide, Homicide or Suspicious Causes

AUTHORITY: San Mateo County Mental Health Quality Improvement Plan; Evidence Code SS 1156.1, 1157, 1157.6; West Covina Hospital v. Superior Court (1984) 153 Cal. App. 3d 134

SUPERSEDES: Mental Health Policy 94-1

ATTACHMENTS:

Psychiatric Autopsy Confidentiality Agreement  
Sample Letter to Coroner

PURPOSE:

This policy establishes a quality improvement procedure for peer review of mental health services' cases that have resulted in death by suicide, homicide, or as the result of circumstances in which suicide or homicide may be suspected. The policy applies to all clients treated in direct operations of the division and to clients whose treatment or care is funded by the Mental Health Services Divisions.

POLICY:

I. Reporting

Upon notification of an occurrence of a suicide, homicide or death by suspicious causes of any client of San Mateo County Mental Health Services Division:

- Program Manager (or designee) shall notify the Mental Health Services Director and the Medical Director. For contractors, the Executive Director shall notify the Medical Director and Mental Health Services Director.
- Immediate notification shall follow procedures outlined in Mental Health Policy No. 93-11, Critical Incidents.

- In the event of any question of a medical-legal issue involving the client's treatment by professional personnel in the Mental Health Services Division, or other Health Services Agency Divisions, the Deputy District Attorney in charge of Mental Health Services Division problems is to be contacted.
- This reporting will be made by the Medical Director unless otherwise specified. If the incident occurred in a contract agency, the Medical Director will notify County Counsel if appropriate.
- Unit Supervisor or Executive Director is to request in writing the coroner's report of the deceased client (attached).

## II. Psychological Autopsy Conference

- Medical Director will contact the Unit Supervisor or Agency Executive Director to arrange for a meeting of all professional personnel who were part of the deceased client's treatment.
- The psychological autopsy conference is to take place 4-6 weeks from the notice of a clients' death.
- The psychological autopsy shall be for quality improvement purposes and attendance will be restricted to designated personnel.
- The Medical Director or his designee shall chair the conference.
- In a youth case the Medical Director may delegate to the Lead Child Psychiatrist the responsibility to assure that the psychological autopsy occurs in a timely manner.

## III. Confidentiality of Conference Material

- The conference will be conducted following guidelines for peer review and quality improvement procedures, and shall not be discoverable in a legal action for medical negligence.
- **Therefore all proceedings of the psychological autopsy conference must be handled with strictest confidentiality.**
- Each person attending will be requested to sign a statement acknowledging the confidentiality requirement (attached). Any person declining to sign the statement should excuse themselves from the conference.

- No documentation of the conference is to be made in the deceased client's mental health chart.
  
- Client is to be identified by record number only and clinicians by initials and discipline. This material is maintained in a locked file as determined by the Mental Health Services Director.

IV. Action Steps

The Program Manager or Agency Executive Director and the Mental Health Medical Director will review the case and submit any recommended policy changes through the Quality Improvement Committee to the Mental Health Services Director.

Accepted: \_\_\_\_\_  
Beverly Abbott, Director  
Mental Health Services Division