

**LEGISLATIVE COUNCIL**  
**Question on notice**

**Tuesday, 27 March 2012**

5361. Hon Ljiljanna Ravlich to the Minister for Mental Health.

(1) How many mental health patients died while patients at the Fremantle Hospital or were patients at the Fremantle Hospital up to one month before their deaths in -

(a) 2009;

(b) 2010;

(c) 2011; and

(d) to date in 2012?

(2) How many mental health patients died while patients at the Kalgoorlie Regional Hospital or were patients at the Kalgoorlie Regional Hospital up to one month before their deaths in -

(a) 2009;

(b) 2010;

(c) 2011; and

(d) to date in 2012?

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**ANSWER**

Only counts of patients who died while being a patient at Fremantle or Kalgoorlie Hospitals at the time of their death have been provided. The Department of Health is unable to answer the second part of the two questions, '*or were patients up to one month before their deaths*' as this requires linkage between inpatient and death data. This requires lengthy approval processes for access and use of death data as the Department of Health is not the custodian of this data.

(1)

(a) 2009: 9

(b) 2010: 8

(c) 2011: 15

(d) 2012 to date (13 April 2012): 0

(2)

(a) 2009: <5

- (b) 2010: <5
- (c) 2011: <5

(d) 2012 to date (13 April 2012): 0

Notes:

- Includes separations with a primary mental health diagnosis or an external cause code of intentional self-harm (either prior to or during admission) or Psychiatric Care Days. The inclusion of intentional self-harm is a new addition to the methodology from previous Parliamentary Questions, and will result in more cases than was reported previously.
- Source: Mental Health Information System.

\* The release of patient data held within the Data Integrity Directorate of the Department of Health's Performance Activity and Quality Division must be released in accordance with the 'Protocol for Release of Information' endorsed by executive on 12 January 2010.

Health information is considered identifiable when it either directly identifies an individual or has the potential to indirectly identify an individual based on a combination of identifiers or based on small cell sizes. A cell size is considered small if the result in a statistical table shows a value that is less than 5.

For data to be considered non-identifiable there is no reasonable basis to believe that the information can be used to re-identify an individual patient when used in combination with other details held by the requestor or those who will view the information.

It is the belief of the Mental Health Data Collection custodian that patient confidentiality can not be guaranteed with the release of inpatient data containing small cell sizes.