

Factsheet – Reportable Deaths

Office of the Chief Psychiatrist

OFFICIAL

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Summary

Under the *Mental Health and Wellbeing Act 2022*, (the Act) clinical mental health service providers must continue to report inpatient deaths, community deaths and the death of anyone who had contact with these services within the last three months to the Chief Psychiatrist.

With the introduction of the new Act on 1 September, the Chief Psychiatrist's statutory role and jurisdiction broadens to oversee and monitor the quality and safety of specialist mental health services in prison and youth justice settings. Reporting obligations for specialist mental health services in custodial settings commences with Forensicare and Orygen.

Clinical mental health service providers including specialist mental health services in custodial settings will need to complete the [MHWA 125 Notice of Death form](#) and submit it to the Chief Psychiatrist.

A [reporting directive](#) is available to inform clinical mental health service providers and specialist mental health services in custodial settings of their reporting obligations under the new Act.

Mental health and wellbeing service providers are reminded that the mental health and wellbeing principles contained in the new Act provide a foundational understanding of quality clinical care and practice.

About Reportable Deaths

Since the establishment of *Mental Health Act 2014*, any deaths of consumers in bed-based or designated mental health services have been reportable. There is no change to the reporting requirements in the new *Mental Health and Wellbeing Act 2022*. Incidents related to unnatural deaths are reportable, since their notification prompts a review of the circumstances leading up to these events and examines the potential of reducing the number of avoidable deaths whilst people are in treatment and soon thereafter.

Deaths in specialist mental health services in custodial settings commencing with Forensicare and Orygen are reportable to the Chief Psychiatrist from 1 September 2023. Refer to the reporting instructions outlined in the Chief Psychiatrist's reporting directive for Reportable deaths.

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.

Mental Health and Wellbeing Act 2022 reference(s)

The *Mental Health and Wellbeing Act 2022* notes the requirement to notify the Chief Psychiatrist of all reportable deaths in sections 741, 742 and 766.

Royal Commission – related recommendation(s)

The Royal Commission into Victoria's Mental Health and Wellbeing System (the Royal Commission) noted that although clinical mental health service providers normally undertake a root cause analysis of deaths to try and determine the cause of any consumer death with the intent of avoiding any future occurrences of the same.

The Royal Commission noted, that "restorative just culture" takes a different approach, shifting the focus away from blaming individual clinicians, to a culture that examines how the system and other cultural factors may have contributed to such events. This approach also works toward giving consumers agency in their treatment, even if this means taking some risks. RC final report Vol 1 p522.

Changes between MHA 2014 and the new MHWB Act 2022

The one significant change in relation to reportable deaths between the *Mental Health Act 2014* and the new *Mental Health and Wellbeing Act 2022* is the requirement for the notification of reportable deaths in custodial settings to the Chief Psychiatrist.

What this change means

From September 1, all specialist bed-based mental health units in custodial settings will be considered as inpatient units under the reportable deaths reporting directive. If a death occurs in a specialist bed-based mental health unit in custodial settings, it is notifiable to the Chief Psychiatrist within 24 hours.

Any instance where a consumer dies of unnatural causes whilst receiving care from a specialist bed-based mental health unit in custodial settings within the last three months prior to death, are notifiable to the Chief Psychiatrist.

Practice guidelines and reporting directives

Information regarding best practice guidelines, reporting and notification obligations for mental health and wellbeing service providers are contained within the [Chief Psychiatrist's reporting directive on notifying reportable deaths to the Chief Psychiatrist.](#)

This document can be found on the [Health Departments website](#). It outlines the reporting obligations of mental health and wellbeing services, the timing and mechanisms by which services must notify the Chief Psychiatrist of reportable deaths.

Further information

For further information on reportable deaths visit the [Health Departments website](#).

The new Act is available for download on the [Victorian Legislation](#) website.

Queries relating to reportable deaths can be emailed to the Office of the Chief Psychiatrist on ocp@health.vic.gov.au.

Disclaimer

This fact sheet summarises key differences between the *Mental Health Act 2014* and *Mental Health and Wellbeing Act 2022* that apply to the Chief Psychiatrist's statutory role. It provides information to assist the mental health and wellbeing sector transition from the old act to the new act in the Chief Psychiatrist's areas of oversight. The fact sheet is valid for six months from the date of publication.

To receive this document in another format, phone 1300 767 299, using the National Relay Service 13 36 77 if required, or email ocp@health.vic.gov.au

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