CHIEF PSYCHIATRIST
of Western Australia

Chief Psychiatrist's Guideline

Further opinions

Ensuring as far as practicable the independence of psychiatrist from whom further opinions referred to in section 121(5) or 182(2) are obtained

Making decisions under section 183(2) about whether or not to comply with requests made under MHA section 182 for additional opinions

As required under Section 547(1)(c) &(d) of the *Mental Health Act 2014*

December 2025

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Version Control

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Acknowledgements

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of our State and its waters. We pay our respects to Elders who were, who are and who will be, and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

We recognise the individual and collective expertise of those with a living or lived experience of mental health, alcohol and other drug issues. We recognise their vital contribution at all levels, and value the courage of those who share this unique perspective for the purpose of learning and growing together to achieve better outcomes for all.

We are committed to embracing diversity and eliminating all forms of discrimination in the provision of health and mental health services.

This document would not have been possible without the invaluable contribution from the Chief Psychiatrist's Standards and Guidelines Working Group, and the broader agencies and individuals involved in feedback.

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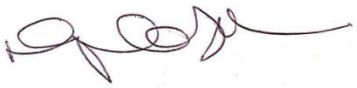
Message from the Chief Psychiatrist

The *Mental Health Act 2014* (MHA) makes the Chief Psychiatrist responsible for overseeing the treatment and care of a range of users of mental health services. As Chief Psychiatrist, I am required to discharge that responsibility by publishing guidelines identified in the MHA s 547.

These guidelines were originally developed prior to the implementation of the MHA, by a working group consisting of consumers, carers, families, mental health professionals, and relevant peak bodies, the Chief Psychiatrist's Standards and Guidelines Working Group (CPSGWG). Some amendments have been made over time as clinical interpretation of the MHA has evolved. They complement and must be read in conjunction with the Chief Psychiatrist's Standards and other relevant documents.

These guidelines are not intended to provide a full description of best practice approaches to mental health care. However, the person in charge of the mental health service must ensure that regard is had to these guidelines in the treatment and care of persons who have a mental illness (MHA s 191).

As Chief Psychiatrist, I value the skill and commitment of mental health service staff. They, together with the central role of consumers and carers in shared decision making, represent the greatest assets available to mental health services.



Dr Nathan Gibson
CHIEF PSYCHIATRIST

17 December 2025

Ensuring as far as practicable the independence of psychiatrists from whom further opinions referred to in section 121(5) or 182(2) are obtained

This guideline only applies to involuntary patients detained in an authorised or general hospital or on a community treatment order, or supervised persons detained in an authorised hospital.

Independence of psychiatrists

There are varying degrees of independence and the pathway chosen to identify who should conduct the further opinion depends on a number of factors including the wishes of the patient or other person who requested the further opinion, what further opinion services are available, how long a person is prepared to wait for that further opinion to be provided and whether there are costs involved and who should meet those costs.

To provide as much choice as possible a wide view of 'independence' is promoted. This can range from a further opinion being provided by a psychiatrist from the same service as the treating or supervising psychiatrist, which may be seen as the least independent, to a further opinion from a private psychiatrist for a cost, which could be seen as the most independent.

The most important factor is patient choice, ensuring the patient or person who requested the further opinion has as much relevant information as possible. The relevant information should include waiting times for examination (depending on whether a psychiatrist from the service presently caring for the patient provides the further opinion compared to a psychiatrist from another service providing the opinion). While, from a practical perspective, arranging a further opinion from within a service might be easier, the MHA stipulates that the examination requested:

- under s.182(2), a further opinion about the treatment being provided to a patient must be obtained as soon as practicable regardless of who is providing the further opinion; and
- under s.121(5), a further opinion about whether it was appropriate to have continued the CTO once it has been extended must occur within 14 days of the request being made otherwise the CTO ceases to be in force (s 121(7).
    - The person on a CTO has the right to ask for this further opinion each time that the CTO is extended.

Location of assessment for further opinion

If a psychiatrist from another service is preferred, the patient should be made aware what that implies as to when the examination will occur and where. For involuntary inpatients, it is usual for the

psychiatrist to travel to where the patient is, however, that does not preclude special arrangements whereby the patient can visit a psychiatrist in their rooms or at another hospital.

For patients on CTOs, it would be usual to conduct the examination at the mental health clinic, however this does not preclude the patient attending where the psychiatrist is or the psychiatrist visiting the patient at their residence.

The examination can be carried out using audiovisual (AV) means regardless of the location of the patients. AV examinations should be carried out in accordance with service policies on the safe and permissible use of telehealth.

Making decisions under section 183(2) about whether or not to comply with requests made under section 182 for additional opinions

Requests for an additional opinion

A patient, or the person who requested a further opinion, may, having received the further opinion report, remain dissatisfied and wish to have an additional opinion from another psychiatrist or the Chief Psychiatrist.

The patient or the person who requested the further opinion has the right to request an additional opinion.

The request can be written or oral and should indicate why the person remains dissatisfied and what preferable outcome they wish to have.

Unlike the first request for a further opinion, the treating psychiatrist or Chief Psychiatrist has the option of refusing to progress the request if they feel that the request for an additional opinion is not warranted.

However, if there are good reasons to allow for an additional opinion the treating psychiatrist or the Chief Psychiatrist may progress the request in the same manner as the first request.

Considerations

If the further opinion was provided very recently and nothing has changed regarding the treatment plan, an additional opinion may not be therapeutic or helpful.

An additional opinion may be appropriate in the following circumstances:

- Dissatisfaction with the further opinion psychiatrist and the way the examination was conducted.
- If the treatment issue which was the subject of the request was not addressed in the report.
- If there have been substantive changes to the condition of the person and/or the treatment plan.
- If any adverse effects which were the subject of the initial request have exacerbated.
- If there is new concern about treatment since the completion of the report.
- If the patient or support person believe their views were not sufficiently heard during the process.

- If there has been a change in the way treatment is delivered, for example from the patient being an inpatient to being on a CTO.

Response to a request for an additional opinion

Due consideration should always be given as to whether an additional opinion is appropriate, and there should never be automatic refusal to an additional opinion.

If it is decided that an additional opinion is not warranted the psychiatrist needs to explain the reasons for that decision in writing to:

- The patient
- The person who requested the additional opinion (if not the patient)
- The Chief Psychiatrist.

Terminology

Aboriginal

Within Western Australia, the term 'Aboriginal' is used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to Torres Strait Islander colleagues and community.

Children

The MHA 2014 refers to anyone under the age of 18 as a child, so the term 'child' or 'children' has been used in preference to terms such as young person, when referring to anyone under 18.

Consumer/patient

We have used the term "consumer" to refer to groups of people who have used or may use a mental health service, and the term "patient" to refer to a person receiving treatment, and when quoting from the MHA, as this is the term used in the MHA.

Support person

We have used the overarching term 'support person' to refer to a family member, carer or personal support person for a mental health consumer.