Government of **Western Australia**
Office of the **Chief Psychiatrist**

Chief Psychiatrist's Advisory

Mental Health Service Planning and Authorisation Process

June 2026

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Version Control

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Acknowledgements

We acknowledge Aboriginal 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 people 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 Lived Experience Consultation Group and the clinicians, subject matter experts, broader agencies and individuals involved in feedback.

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Overview

Role of the Chief Psychiatrist

The Chief Psychiatrist is an independent statutory officer established under section 508 of the *Mental Health Act 2014* (MHA), responsible for overseeing the treatment and care of voluntary and involuntary patients, as well as supervised persons detained at an authorised hospital or required to undergo treatment as a condition of an order made under the *Criminal Law (Mental Impairment) Act 2023*.

In the context of mental health service builds and establishment of new mental health services – whether new developments or refurbishments, and across both public and private sectors – the Chief Psychiatrist has specific responsibilities under the MHA, particularly in relation to hospital authorisation. For a hospital to admit involuntary patients under the MHA, it must be formally authorised. Authorisation requirements are as follows:

- Public hospitals (or parts thereof) require authorisation by the Governor, based on a recommendation from the Chief Psychiatrist (s 542).
- Private hospital licences may be endorsed by the Director General of the Department of Health under the *Private Hospitals and Health Services Act 1927* (PHHSA), but only after receiving a recommendation from the Chief Psychiatrist.

  For the purposes of this Advisory, the term "authorisation" includes endorsement under the PHHSA.

Authorisation will only be recommended by the Chief Psychiatrist where the hospital meets the criteria outlined in the Chief Psychiatrist's Standard for the Authorisation of Hospitals under the Mental Health Act 2014 (CP Standard).

Scope and application of this Advisory

This Advisory applies to mental health services seeking authorisation under the MHA. While its primary focus is on services seeking authorisation, the Office of the Chief Psychiatrist (OCP) is also available, on request, to provide advice or guidance in relation to other mental health service builds where early input may assist service planning or design.

This Advisory is to be read in conjunction with the CP Standard, which is referenced throughout.

Purpose of the Advisory

This Advisory outlines the authorisation pathway, aligned with infrastructure design and delivery approaches and WA Department of Health–led operational commissioning. It provides a clear framework to support early and ongoing engagement with the OCP and clarifies the roles and responsibilities in relation to authorisation of key agencies, including Health Service Providers (HSPs), the Department of Health (DOH), the Department of Housing and Works (DHW), and the Department of Transport and Major Infrastructure's Office of Major Infrastructure Delivery (OMID).

It also provides information on managing risks that could impact authorisation, and the process for managing changes to an authorised area, including re-authorisation and revoking authorisation where required.

Authorisation pathway and processes

Effective planning and delivery of mental health services for capital infrastructure projects requires coordinated collaboration across multiple agencies. This includes recognising that organisations have distinct but interdependent roles and responsibilities, as summarised in Appendix A, which must be aligned with one another and, where required, with those of additional agencies or external partners, to support integrated delivery.

The OCP recommends defined actions, including compliance checkpoints at key project stages, be undertaken throughout each mental health capital infrastructure project to ensure compliance with the Chief Psychiatrist's Standard and hospital authorisation requirements under the MHA.

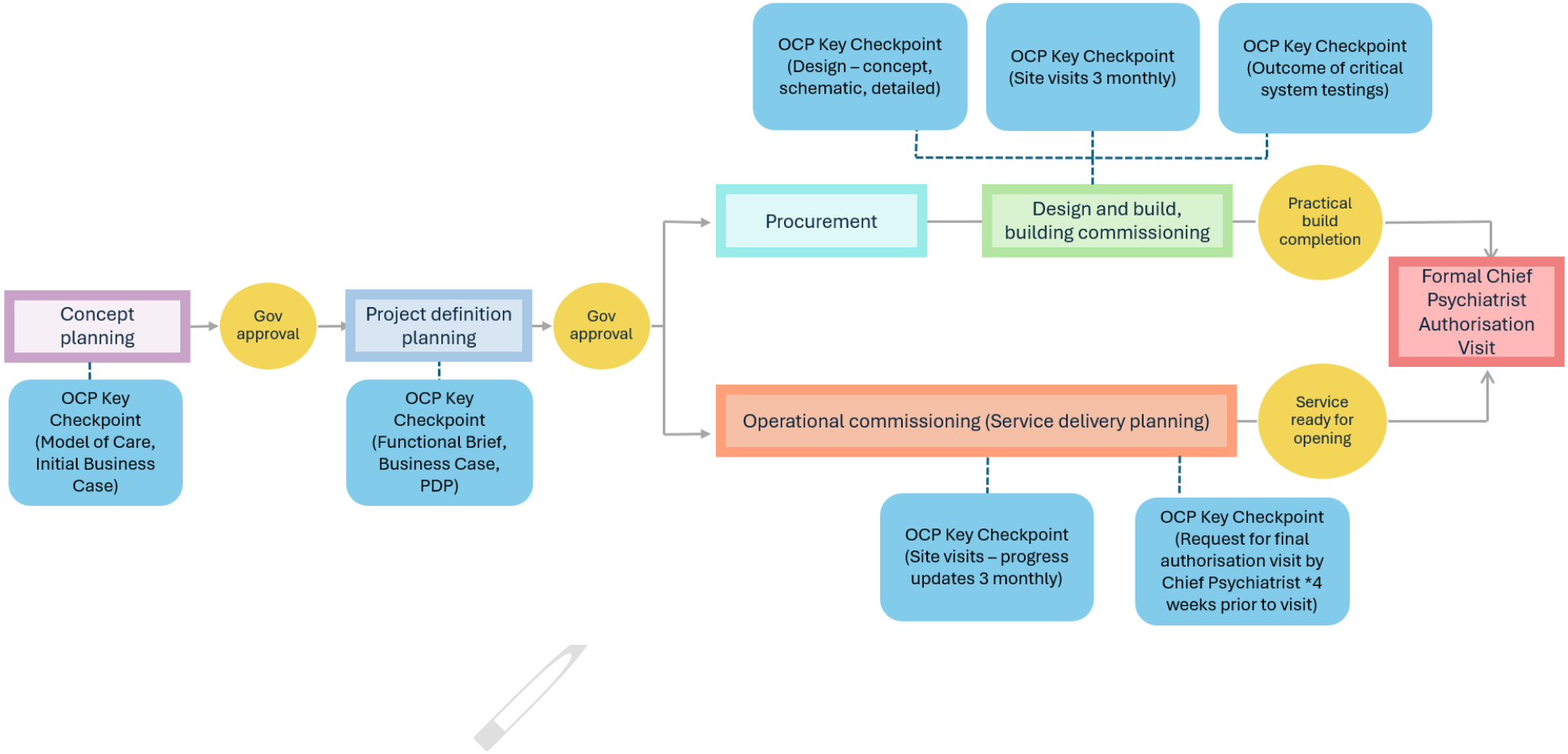
Mental health capital infrastructure projects vary in scale, scope, delivery approach, and government priorities, and may not follow a linear progression. The stages outlined below are intended to provide a guiding framework for assurance and compliance, recognising that activities, actions, and checkpoints may occur concurrently – particularly across design, construction, and operational commissioning – as illustrated below. While the sequencing of stages may differ between projects, the recommended compliance actions and checkpoints remain consistent.

Early engagement with the OCP is strongly encouraged to support a tailored approach to each mental health capital infrastructure project, with OCP engagement built into project programs and timelines. This ensures that appropriate contacts, supports, and information pathways are established from the outset and enables a shared understanding of the project's authorisation requirements and approach.

The OCP's Authorisation Team includes expertise across the Chief Psychiatrist's Standard including clinical, legal, project and executive-level decision-making. Services may request participation from the Authorisation Team in relevant user groups or working groups to provide guidance on the application of the CP Standard during development of key documents (e.g. Model of Care, Functional Brief, design development, commissioning).

Written requests must be submitted where formal decision making against the CP Standard is required. To ensure timely communication, all correspondence relating to authorisation is to be sent to: authorisations@ocp.wa.gov.au.

Authorisation pathway flowchart



Requirements and responsibilities

Concept planning

Requirement	Agency Responsible
Notification and updates	
☐ Chief Psychiatrist (CP)/Deputy Chief Psychiatrist (DCP) is informed of any proposed mental health capital infrastructure project submissions.	DOH
Chief Psychiatrist's Standard - key checks	
☐ CP Standard is considered in the development of key proposal documents including Application for Concept Approval, Initial Business Case and Model of Care.	HSP
☐ There is demonstrated consultation with key stakeholders including those with lived experience to inform Application for Concept Approval, Business Case and Model of Care – including the benefits and constraints of proposed locations.	HSP
☐ The proposal aligns with the Care Delivery Principles outlined in CP Standard 1.1.	HSP
☐ The CP Authorisation Master Checklist PART B is reviewed to ensure that all authorisation requirements are identified, understood and incorporated into planning.	HSP
OCP advice and consultation	
☐ Advice is sought from the OCP when guidance on the CP Standard or authorisation process is required – either through written requests, meetings or OCP participation in working groups. Note: Authorisation decisions must be requested in writing (via authorisation email).	HSP and DOH
OCP Executive compliance check (key checkpoint)	
☐ Final drafts of key documentation – including the Initial Business Case and high-level Model of Care are submitted to the CP/DCP for review to ensure compliance with the CP Standard.	HSP

Project definition planning

Requirement	Agency Responsible
Notification and updates	
☐ CP/DCP is informed of the outcome of any mental health capital infrastructure submissions, the relevant project team leads (covering both design/build management and service planning) and project governance.	HSP
☐ CP/DCP is informed of any major changes to the initial proposal, Model of Care or any issues that could impact authorisation and is provided with key project updates. This can occur via written communication or minuted Project Update Meetings.	HSP
☐ CP/DCP is informed of project priorities and approach – including planned procurement/delivery model (alliance, design and construct or traditional construction).	DoH and Infrastructure delivery agency
☐ Design and build delivery agencies/project consultants, including but not limited to architects, designers and builders, are apprised of the CP Standard (noting that OCP Authorisation team can assist in providing these briefings upon request).	DoH and Infrastructure delivery agency
Chief Psychiatrist's Standard – key checks	
☐ The Model of Care reflects CP Standard 2 (and CP Standards 7 - 10 for specialist services) as a minimum and has been developed in partnership with key stakeholders.	HSP
☐ The Functional Brief reflects the Model of Care, supports therapeutic recovery principles and aligns with CP Standards 4 and 5 (and CP Standards 7 - 10 for specialist services).	HSP
☐ The Business Case and Project Definition Plan (PDP) outline requirements to support service delivery (CP Standards 2.2.4 – 2.2.9) and ongoing operational running costs, including ongoing building maintenance, lived experience consultation, and staff development/training (CP Standard 3).	HSP and Infrastructure delivery agency (PDP)

Requirement	Agency Responsible
☐ The CP Authorisation Master Checklist is reviewed to ensure that all authorisation requirements are identified, understood and incorporated into planning.	HSP
OCP advice and consultation	
☐ Advice is sought from OCP when guidance on the CP Standard or authorisation process is required – either through written requests, meetings or OCP participation in working groups. Note: Authorisation decisions must be requested in writing (via authorisation email).	HSP and DOH
OCP Executive compliance check (key checkpoint)	
☐ Final drafts of key documentation – including Functional Brief, Model of Care, Project Definition Plan, and Business Cases are submitted to the CP/DCP for review to ensure compliance with the CP Standard.	HSP and Infrastructure delivery agency (PDP)

Procurement

Requirement	Agency Responsible
Notification and updates	
☐ CP/DCP is informed of the outcome of any mental health capital infrastructure submissions and the proposed approach and any changes to project governance - including OMID involvement.	DOH
☐ CP/DCP is informed of the tender approach, delivery model and outcome.	Infrastructure delivery agency
☐ CP/DCP is informed of any major changes to the proposal, Model of Care or anything that could impact authorisation as well as any key updates. This can occur via written communication or minuted Project Update Meetings.	HSP (service) Infrastructure delivery agency (build)

Requirement	Agency Responsible
Chief Psychiatrist's Standard – key checks	
☐ Tender documentation and Procurement Strategy reference the Functional Brief and the CP Standards, in particular CP Standards 4, 5 and 6. Note, Contractors and design teams are not responsible for authorisation, as authorisation is for the mental health service in its entirety (including operational planning), not solely the building.	Infrastructure delivery agency
☐ Any impact to other existing mental health services during construction is communicated to the CP/DCP along with contingency or mitigation plans.	HSP
OCP advice and consultation	
☐ Advice is sought from OCP when guidance on the CP Standard or authorisation process is required – either through written requests, meetings or OCP participation in working groups. Note: Decisions relating to authorisation must be requested in writing (via authorisation email).	HSP (for DHW delivered projects) DOH (for OMID delivered projects) *unless agreed otherwise*

Design, build and building commissioning

Requirement	Agency Responsible
Notification and updates	
☐ CP/DCP is informed at key design and build milestones and provided with copies of designs. This can occur via written communication or Project Update Meetings.	HSP (for DHW delivered projects) DOH (for OMID delivered projects) *unless agreed otherwise*

Requirement	Agency Responsible
☐ CP/DCP is informed of any major changes to design that could impact authorisation. This can occur via written communication or Project Update Meetings.	HSP (for DHW delivered projects) DOH (for OMID delivered projects) *unless agreed otherwise*
Chief Psychiatrist's Standard – key checks	
☐ Design and build processes adhere to adhere to CP Standards 4, 5 and 6, and for specialised services, 7.2, 8.2, 9.2 and 10.2.	Infrastructure delivery agency
OCP advice and consultation	
☐ Consult OCP for guidance on CP Standard relevant to design and build - either through written requests, meetings or OCP participation in working groups. Note: Authorisation decisions must be requested in writing (via authorisation email).	Infrastructure delivery agency
OCP Executive compliance check (key checkpoint)	
☐ OCP is consulted at each phase of design (concept/high level, schematic and detailed) with final drafts of designs submitted to the CP/DCP for review to ensure compliance with the CP Standard.	HSP/OCP
☐ An OCP site visits/check-in schedule is established (recommended minimum three-monthly) and implemented, coordinated by the HSP and supported by pre-visit briefings that: • Provide updates on build and operational progress. • Identify issues or emerging risks. • Outline progress against the CP Authorisation Master Checklist. • Specify questions or matters requiring OCP guidance.	HSP
☐ The OCP is informed of testing and build commissioning, including notification of key commissioning activities, outcomes of safety critical system testing, and any issues that may impact service readiness or compliance with the CP Standard.	HSP

Operational commissioning (Service delivery planning)

Requirement	Agency Responsible
Notification and updates	
☐ OCP is informed of key milestones regarding operational planning and provided with copies of supporting documentation when appropriate. This can occur via written communication or Project Update Meetings.	HSP
☐ CP/DCP is informed of any major changes to the Model of Care or anything that could impact authorisation, as well as any key updates.	HSP (for DHW delivered projects) DOH (for OMID delivered projects) *unless agreed otherwise*
Chief Psychiatrist's Standard – key checks	
☐ Operational planning incorporates all items outlined in CP Standard 3.	HSP
☐ The CP Authorisation Master Checklist is reviewed and updated in readiness for submission.	HSP
OCP advice and consultation	
☐ Advice is sought from OCP when guidance on the CP Standard or authorisation process is required – either through written requests, meetings or OCP participation in working groups. Note: Authorisation decisions must be requested in writing (via authorisation email).	HSP
OCP Executive compliance check (key checkpoint)	
☐ OCP site visits/check-ins occur according to the agreed schedule, coordinated by HSP and supported by pre-visit briefings that: • Provide updates on build and operational progress. • Identify issues or emerging risks. • Outline progress against the CP Authorisation Master Checklist. • Specify questions or matters requiring OCP guidance.	HSP/OCP

Final service readiness for authorisation and opening

Requirement	Agency Responsible
Notification and updates	
☐ OCP is notified of the planned dates for key milestones as per project timelines - including practical completion, service readiness, authorisation site visit, and the planned opening.	HSP/DOH
☐ CP/DCP is informed of any major changes which could impact authorisation as well as key updates.	HSP (for DHW delivered projects) DOH (for OMID delivered projects) *unless agreed otherwise*
Chief Psychiatrist's Standard – key checks	
☐ All items within the CP Standard are met.	HSP/ Infrastructure delivery agency
☐ The CP Authorisation Master Checklist is finalised, with all criteria addressed.	HSP
OCP Executive compliance check (key checkpoint)	
☐ Assess the need for increased frequency of OCP site visits as the service approaches completion (visits can occur monthly if required).	HSP Executive Director
☐ The request for authorisation of the mental health service is sent to the CP four weeks prior to the CP visit, accompanied by supporting documentation (see Authorisation Process below).	

Authorisation process for public hospitals

Formal submission (4 weeks prior to Chief Psychiatrist's authorisation visit)

1. The HSP makes a formal submission to the Chief Psychiatrist, to include:
    - A letter from the HSP Executive Director or Chief Executive Officer requesting a site visit for the purpose of seeking authorisation under the MHA, including proposed dates for the visit.
    - A statement outlining the reason for the application for authorisation.
    - A completed Chief Psychiatrist Master Authorisation checklist (template available).
    - The final Model of Care for the new service.
    - Electronic copies of architectural site plans/floor plans:
        - A floor plan of the mental health unit/ward.
        - A site plan of the general hospital / health service where the mental health unit/ward is located, including all street names bordering the facility.
        - A floor plan indicating the location of CCTV monitors.
        - A floor plan indicating the perimeter of the area to be authorised bordered in bold red.
        - The plans must be of a resolution that can be printed clearly as an A3 document.
        - Text on the plans must be clear and easily read and to include:

- A title that clearly states the name of the unit/ward, the authorised area, and the hospital (the title must include the term "hospital").
- The date.
- An identifier number.

- Details of where the plan can be accessed, including its storage location and records-management arrangements (a copy will also be maintained by the Office of the Chief Psychiatrist).

2. The Chief Psychiatrist reviews the submission together with a briefing prepared by the OCP Authorisation Team summarising OCP engagement. The Chief Psychiatrist will advise the HSP whether further supporting information is required before confirming the site visit. The HSP is also informed of any specific areas/items the Chief Psychiatrist would like to review during the visit.

Chief Psychiatrist's authorisation visit (6 weeks prior to opening)

3. Once the service is operationally ready to receive patients, the Chief Psychiatrist visits the mental health service and inspects the building and service to ensure the CP Standard is satisfied. The visit will consist of, at a minimum:
   - Walk through the unit to view all indoor and outdoor spaces.
   - Review the pathway/s into the unit (e.g. through front entrance, Emergency Department, transport bay, etc.).
   - Testing of duress systems.
   - Meeting with service leadership and key stakeholders as required.
4. The Chief Psychiatrist informs the HSP of the outcome (recommended or not recommended for authorisation) and provides formal written feedback to the Chief Executive.

Note: Authorisation cannot be given conditionally. If authorisation is not recommended, the Chief Psychiatrist outlines the reasons and details corrective actions required to achieve compliance.

Post-visit authorisation process (estimated up to 6 weeks to process)

5. Where authorisation is recommended, the Chief Psychiatrist will send a formal recommendation to the Minister for Health via a Ministerial briefing, together with the relevant Amendment Order.
6. Following Ministerial approval to submit the Order to the Executive Council for the Governor's approval, the OCP General Counsel prepares the documentation required for submission to the Executive Council, including the Explanatory Note, Minute and briefing. These documents are submitted by the Chief Psychiatrist to the Minister's Office.
7. The Minister's Office lodges the Explanatory Note, Minute and Order with Executive Government Services (EGS) within the Department of the Premier and Cabinet (DP&C).

   Note: EGS cannot accept submissions directly from the OCP. The Executive Council meets every second Tuesday, and submissions to EGS must be lodged by 4:00 pm on the Wednesday prior to the meeting.
8. Immediately following the Executive Council meeting, EGS will provide the signed Minute and approved Order to the Minister's Office, who return the documents to the OCP. Upon receipt, the OCP will lodge the Order with the DP&C Government Gazette publishing team for publication in the Government Gazette.

   Note: The Order takes effect on the date of publication (or a later date if specified). A hospital may open prior to authorisation; however, involuntary patients cannot be admitted until the Order is published.
9. The OCP records the newly authorised hospital in the Chief Psychiatrist's Authorised Hospitals Register and notifies the HSP of the outcome.

The OCP will conduct a follow-up site visit approximately three months after authorisation to discuss management of operational risks identified during the authorisation process or following service commencement including mitigation strategies.

Endorsement process for private hospitals and those with public/private partnerships

Section 26DA of the PHHSA requires the Chief Psychiatrist to recommend endorsement of the licence of a private hospital.

Formal request (4 weeks prior to Chief Psychiatrist's authorisation visit)

1. The Licence Holder makes a formal submission to the Chief Psychiatrist requesting his/her recommendation for authorisation and includes:
    - A statement outlining the reason for the application for endorsement.
    - A completed Chief Psychiatrist Master Authorisation checklist (template available).
    - The final Model of Care for the new service.
    - Electronic copies of architectural site plans/floor plans:
        - A floor plan of the mental health unit/ward.
        - A site plan of the general hospital / health service where the mental health unit/ward is located, including all street names bordering the facility.
        - A floor plan indicating the location of CCTV monitors.
        - A floor plan indicating the perimeter of the area to be authorised bordered in bold red.
        - The plans must be of a resolution that can be printed clearly as an A3 document.

- Text on the plans must be clear and easily read and to include:
  - A title that clearly states the name of the unit/ward, the authorised area, and the hospital (the title must include the term "hospital").
  - The date.
  - An identifier number.
- Details of where the plan can be accessed, including its storage location and records-management arrangements (a copy will also be maintained by the Office of the Chief Psychiatrist).

2. The Chief Psychiatrist reviews the submission together with a briefing prepared by the OCP Authorisation Team summarising OCP engagement. The Chief Psychiatrist will advise the hospital whether further supporting information is required before confirming the site visit. The hospital is also informed of any specific areas/items the Chief Psychiatrist would like to review during the visit.

Chief Psychiatrist's visit

3. Once the service is operationally ready to receive patients, the Chief Psychiatrist visits the mental health service and inspects the building and service to ensure the CP Standard is satisfied. The visit will consist of, at a minimum:
   - Walk through the unit to view all indoor and outdoor spaces.
   - Review the pathway/s into the unit (e.g. through front entrance, Emergency Department, transport bay, etc.).
   - Testing of duress systems.
   - Meeting with service leadership and key stakeholders as required.
4. The Chief Psychiatrist informs the licence holder of the outcome (recommended or not recommended for endorsement) and provides formal written endorsement

Note: The recommendation for endorsement cannot be given conditionally. If endorsement is not recommended, the Chief Psychiatrist outlines the reasons and details corrective actions required to achieve compliance.

Post-visit endorsement process

5. The Licence Holder provides LARU with formal correspondence confirming the Chief Psychiatrist's recommendation to endorse the license.
6. LARU continues to undertake the LARU Building Approval Process, where this has not already been completed, including inspection by relevant consultants (engineers, architects, clinical). Once compliance is confirmed, the LH is granted Approval to Occupy, and a licence is issued reflecting the authorisation, signed by the Director General or delegate.
7. The OCP records the newly authorised hospital in the Chief Psychiatrist's Authorised Hospitals Register.

Note – Private hospitals or those with public/private partnership are not published in the Government Gazette.

Note: A private hospital is considered authorised from the date on which the licence reflecting that authorisation is issued.

The OCP will conduct a follow-up site visit approximately three months after authorisation to discuss management of operational risks identified during the authorisation process or following service commencement including mitigation strategies.

For more information about licensing of private hospitals:

Licensing & Accreditation Regulatory Unit
Department of Health
Mail to: PO Box 8172, Perth Business Centre, East Perth WA 6000
Teams call: 6373 3448
Email: LARUExecutive@health.wa.gov.au

Managing risks that could impact authorisation

Where the OCP identifies a risk or issue that could impact authorisation at any stage during the mental health capital infrastructure project, the following steps are recommended:

Major mental health capital infrastructure projects delivered by OMID

Those projects which exceed $100 million are highly complex or high-risk

- Any risks or issues identified by the OCP must be escalated to the DDG Health as a priority.
- Initial escalation may occur informally via telephone from the Chief Psychiatrist/Deputy Chief Psychiatrist to the DDG, followed by written confirmation.
- A follow-up meeting between the DDG Health, OMID, HSP representatives and the Chief Psychiatrist/Deputy Chief Psychiatrist will occur to resolve the matter.

All other mental health infrastructure projects delivered by DHW

- Written advice will be provided from the Chief Psychiatrist/Deputy Chief Psychiatrist to the relevant HSP Executive Director, with a recommendation to discuss within the HSP project team and the Project Director from the Infrastructure delivery agency where appropriate).

If the matter cannot be resolved easily

- The issue is escalated via the HSP project leads to DoH Executive Director Health Infrastructure, and where necessary, to the DDG Health.

Executive-level resolution

- Where required, a follow-up meeting will be held between the DDG DoH, and the Chief Psychiatrist/Deputy Chief Psychiatrist to reach a resolution.

Process for changes to an authorised area

Changes to an authorised area within a public hospital

The OCP should be notified as early as possible and involved in discussions regarding changes to an authorised area or revocation of authorisation.

Any requests which impact bed numbers will need to be discussed and approved by the relevant commissioning agencies.

To progress a request for modification of an authorised area, the following steps apply:

1. The HSP submits a formal letter to the Chief Psychiatrist outlining the request and reasons for the proposed modification or revocation of the authorised area.
2. The HSP provides an architectural site plan or floor plan showing the proposed new perimeter of the authorised area, bordered in bold red. The map must:
    - be of a resolution that can be printed clearly as an A3 document.
    - Include clear easy to read text with:
        - A title that clearly states the name of the unit/ward, the authorised area, and the hospital (the title must include the term "hospital").
        - The date.
        - An identifier number.
3. Upon receipt of the request, the OCP will review the proposed changes. Where a modification to the authorised area is sought, the Chief Psychiatrist will assess the request against the CP Standard to ensure the proposed changes do not introduce risks or issues that could affect the continued authorisation of the area.
4. Once satisfied the proposed changes do not pose any risk to authorisation and/or clinical care, the Chief Psychiatrist will prepare and submit the necessary documentation (as outlined in the post-visit authorisation process) to support the proposed modification of authorisation, as appropriate, for the Governor's approval.
5. Following approval, the amendment is published in the Government Gazette.
6. The OCP notifies the HSP of the outcome.

Changes to an authorised area within a private hospital or those with a public/private partnership

To progress a request for modification of an authorised area, the following steps apply:

1. The Licence holder submits a formal letter to the Chief Psychiatrist outlining the request and reasons for the proposed modification or revocation of the authorised area.
2. The HSP provides an architectural site plan or floor plan showing the proposed new perimeter of the authorised area, bordered in bold red. The map must:
    - be of a resolution that can be printed clearly as an A3 document.
    - Include clear easy to read text with:
        - A title that clearly states the name of the unit/ward, the authorised area, and the hospital (the title must include the term "hospital").
        - The date.
        - An identifier number.
3. Upon receipt of the request, the OCP will review the proposed changes. Where a modification to the authorised area is sought, the Chief Psychiatrist will assess the request against the CP Standard to ensure the proposed changes do not introduce risks or issues that could affect the continued authorisation of the area.
4. Where the Chief Psychiatrist is satisfied that the proposed changes do not pose a risk to authorisation and/or clinical care, a recommendation to endorse will be provided to the Licence Holder to support the request to LARU for a licence revision.

Note – Private hospitals or those with public/private partnership are not published in the Government Gazette.

Process for revocation of an authorised area

Revocation of an authorised area within a public hospital

To progress a request for revocation of an authorised area, the following steps apply:

1. The HSP or DoH submits a formal letter to the Chief Psychiatrist outlining the request and reasons for the proposed revocation of the authorised area.
2. Upon receipt of the request, the OCP will review the proposed changes, and once satisfied the revocation does not pose any risk to clinical care, the Chief Psychiatrist will prepare and submit the necessary documentation (as outlined in the post-visit authorisation process) to support the proposed revocation of authorisation, as appropriate, for the Governor's approval.
3. Following approval, the amendment is published in the Government Gazette.
4. The OCP notifies the HSP of the outcome.

Revocation/surrendering of an authorised area of a private hospital or those with a public/private partnership

To progress a request for revocation of an authorised area, the following steps apply:

1. The requesting party submits a formal letter to the Chief Psychiatrist outlining the request and reasons for the proposed revocation of the authorised area.
2. Upon receipt, the Chief Psychiatrist will review the proposed changes, and if satisfied that the revocation does not pose any risk to clinical care or have any statewide implications, provides formal correspondence to LARU recommending the revocation of authorisation including the supporting rationale for the decision.

Authorisation continuity and service changes

Significant service changes

When a significant change is made to a mental health service that may affect compliance with the CP Standard (e.g. changes to the service's operations or model of care, renovations, new furnishings or equipment, etc.), the HSP must notify the OCP.

The OCP will review the change to determine whether additional information or corrective action is required. Where risks are identified, the OCP communicates these to the HSP along with recommended corrective actions. Where necessary, matters may be escalated to the DoH to assist with resolution.

Review and issue management

Once granted, authorisation is ongoing and does not expire, with no requirement for periodic reassessment or renewal. However, risks relating to compliance with the CP Standard may be identified (for example, following an OCP visit, after an incident, mandatory reporting, or material changes), in which case the Chief Psychiatrist may formally advise the hospital of required corrective actions. Where necessary, matters may be escalated to the DoH to assist with resolution.

Appendix A: Roles and responsibilities of other agencies involved in mental health capital infrastructure project

Department of Health (System Manager)

- Provides strategic leadership and governance oversight for mental health capital infrastructure projects.
- Supports the authorisation process by facilitating engagement between the Office of the Chief Psychiatrist (OCP), Health Service Providers (HSPs), and infrastructure delivery agencies, particularly for matters of elevated risk or system-wide significance.
- Supports early identification and resolution of authorisation-related issues through established governance and escalation pathways.
- Determines matters where agreement cannot be reached as part of the authorisation process.
- Provides assurance to Ministers that the Chief Psychiatrist's Standards are appropriately addressed in the planning and delivery of mental health infrastructure.

Health Service Provider

- Leads service planning for the project, including development of the Model of Care and operational planning in accordance with the CP Standard, informed by stakeholder consultation (including lived experience) and evidence-based analysis.
- Contributes to the development of the functional brief to inform infrastructure design and specifications for medical movable equipment (MME) and furniture, fittings and equipment (FFE).
- Leads clinical commissioning and ensures operational readiness in line with the CP Standard.
- Coordinates engagement with the OCP, including site visits, check-ins, and pre-visit briefings.
- Submits the final application for authorisation.

Infrastructure delivery agency

- Plans, procures, finances, and delivers infrastructure in accordance with mental health specifications provided by the HSP and the Department of Health.
- Ensures specifications are embedded in the project definition plan and procurement and contract documentation.
- Manages project and contract delivery to achieve compliance with the CP Standard and deliver works within approved scope, budget, and schedule.

Office of the Chief Psychiatrist

- Provides expert advice on the application of the Chief Psychiatrist's Standards.
- Supports services to meet their legal obligations under the MHA
- Undertakes engagement and site visits at key stages of the project to support authorisation.
- The Chief Psychiatrist makes recommendations for authorisation to the Governor (public) and the Director General (private) in accordance with the MHA.

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