Queensland Government

Application to the Chief Psychiatrist: DECLARATION of a New Component Facility of an Authorised Mental Health Service

Mental Health Act 2016 **(MHA 2016), chapter 11, part 2**

Under section 329, the Chief Psychiatrist may, by gazette notice, declare a health service providing treatment and care to persons who have a mental illness to be an authorised mental health service.

If the health service is not a public sector health service, the declaration may only be made with the written agreement of the health service.

The declaration may include conditions the Chief Psychiatrist considers appropriate.

An authorised mental health service will:

- ensure the protection of the rights of involuntary patients under the MHA 2016;
- ensure the involuntary admission, assessment and treatment of persons complies with the MHA 2016;
- facilitate the proper and efficient administration of the MHA 2016; and
- meet, and continue to meet, the criteria for the declaration as an authorised mental health service.

1. Applicant details

Given name(s):	Surname:
Position:	
Phone number:	Email:

2. Component facility details

Name of proposed component facility of an authorised mental health service (AMHS):
Street address:

3. Administrator details

Position title of Administrator of the AMHS:	
Position currently held by:	
Phone number:	Email:

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4. Declaration criteria – authorised mental health service (to be completed by the principal service site)

- Include details of services and facilities to be included in this declaration.

FOR IN-PATIENT FACILITIES: Provide details of dedicated mental health unit(s) or specific mental health beds that are used for the assessment, treatment and care of people experiencing mental illness and confirm alignment with the appropriate level in the *Clinical Services Capability Framework* module.

Explain how the health service has the capacity to deliver involuntary mental health assessment, treatment and care in a multidisciplinary framework and is able to ensure a safe, therapeutic environment that provides person-centred mental health services in line with *Less Restrictive Way* guidelines.

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4. Declaration criteria – authorised mental health service (to be completed by the principal service site) *(continued)*

Explain how the health service demonstrates a commitment to meeting the National Safety and Quality Health Service Standards (NSQHSS).

5. Electroconvulsive Therapy (ECT) and non-ablative neurosurgery facilities (if applicable)

☐ **ECT only** ☐ **Non-ablative neurosurgery only** ☐ **Both ECT and non-ablative neurosurgery**

Provide names and location details of any facilities specifically for the purpose of providing ECT and/or non-ablative neurosurgery.

Provide details of compliance with the Queensland Health *Administration of Electroconvulsive Therapy* guideline.

6. Administrator, Authorised Mental Health Service

Name:	Signature:	Date:

TO: Chief Psychiatrist

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