

# North West Mental Health Precinct

Submission to the Parliamentary Standing Committee  
on Public Works

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## Clearance Table

	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Endorsed by:	Rachael Dobson, Senior Project Manager		29/01/2026
Endorsed by:	Simon Dunne, Director Programming and Delivery		12/02/2026
Approved by	Jen Duncan, Deputy Secretary Community, Mental Health and Wellbeing		<a href="#">Select date</a>

## Introduction

### Project Name

North West Mental Health Precinct (NWMHP)

### Project Overview

The Department of Health (Department) plans to build a new purpose-built mental health precinct at the North West Regional Hospital (NWRH). This is part of Stage 1 of the hospital's master plan.

An approved budget of \$47 million has been allocated from the State Funded Capital Investment Program to deliver the project.

The North West Mental Health Precinct (NWMHP) will replace the aging Spencer Clinic with a contemporary, recovery-oriented facility and will support best practice models of care reflecting modern standards in mental health facility design.

The precinct will provide therapeutic outdoor spaces, calm environments, and modern staff facilities to attract/retain workforce.

The concept designs were released and community/stakeholder consultation conducted in March –April 2025.

The Development Application was submitted in November 2025 with construction scheduled to begin in September 2026. The anticipated 18-month construction program will reach Operational Readiness early 2028.

### Site Selection

The project is located at 23 Brickport Road, Cooe (Burnie), TAS. The site is owned by Department of Health and comprises of approximately 16.46ha across two lots (CT 125373/2 and C 164516/1) of greenfield land, south of the main hospital. The two lots are currently in the process of amalgamation.

The Project site is within the municipality of Burnie City Council, the Tasmanian Legislative Council electoral division of Murchison and the State and Federal Division of Braddon.

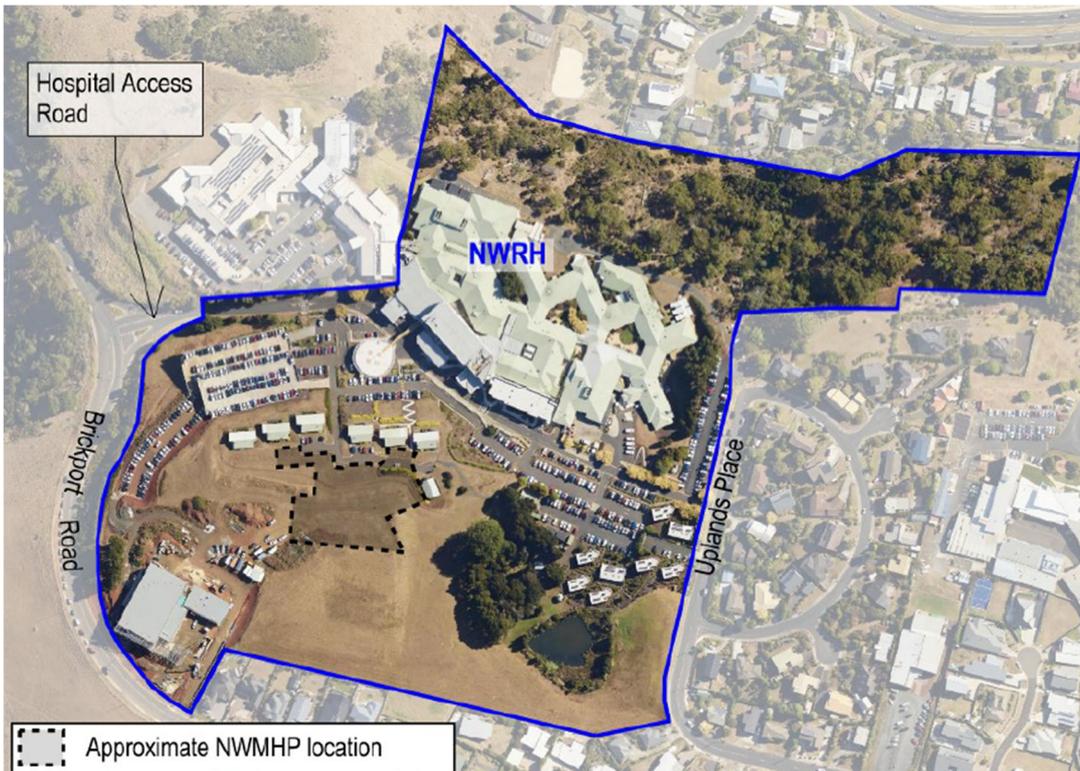


Figure 1 - Location Plan

NWMHP is a part of Stage 1 of the NWRH Masterplan (Building M), along with related works including the future pedestrian link bridge, medical In Patient Unit (IPU) expansion, car parking and Emergency Department works.

There are no existing buildings on the site where the new NWMHP is being proposed. There are adjacent accommodation buildings which will need to be considered and remain in use throughout the construction period.

The section of the site where the new build is located is classified as greenfield, which has not previously been developed. Other existing buildings on the broader site are listed below:

- The North West Regional Hospital (NWRH)
- 7x small administration units (neighbouring proposed build location to the north)
- Multiple car parking structures.
- The North West Private Hospital is on an adjoining lot/title but is not delineated from the NWRH.



Figure 2 - North West Regional Hospital - Stage 1B

Source – North West Hospitals Masterplan February 2024

## Related Projects and Strategic Context

In 2018 a Mental Health Integration Taskforce was convened to provide advice on improving the integration of mental health services in Southern Tasmania. In 2019 The Government Response to the [Mental Health Integration Taskforce Report and Recommendations](#)<sup>1</sup> supported a statewide reform, and led to the Minister for Mental Health and Wellbeing announcing in 2021 an extension of the adult taskforce outcomes into a statewide model, to be scaled and adapted to meet the needs of the different populations of the North and North West.

In 2021 the [Tasmanian Department of Health's Strategic Priorities for 2021-2023](#)<sup>2</sup> recognised Mental Health and Wellbeing as one of its key priorities and includes a focus on improving access and patient flow across our health system, and the building of infrastructure for our health future.

In support of the key priority and in response to the Taskforce Recommendations, the Tasmanian Government committed funding to build new mental health precincts at the Launceston General Hospital (LGH) and North West Regional Hospital (NWRH).

<sup>1</sup> The full report can be viewed and downloaded at [www.health.tas.gov.au](http://www.health.tas.gov.au). The Taskforce included representation from key stakeholders and provided expert advice on the best use of new mental health beds so Tasmanians can get the right care at any stage of their life, at the right place and at the right time.

<sup>2</sup> The Strategic Priorities can be viewed at [Department of Health \(Tasmania\) Strategic Priorities 2024-2028 | Tasmanian Department of Health](#)

# Project Cost

## Overall Project Cost Estimate

The project costs presented in the table below are based on the estimated value of the project at completion.

The estimates shown below are from the end of Schematic Design. An updated estimate will be completed at end of Design Development, and final cost estimate will be sought prior to releasing the Tender.

	<b>COST ESTIMATE (\$)</b>
Base Project Cost Estimate (Construction plus Consultants and Design costs)	34,462,028
Design and Construction Contingency	6,079,838
<b>Design and Construction Sub-Total</b>	<b>40,541,866</b>
Professional and Consultant Fees (inc. project management, contract management etc.)	1,655,594
Permits, Fees and Charges	952,029
ICT Infrastructure and Equipment	745,000
Furniture, Fittings and Equipment (FFE)	3,000,000
Art in Public Buildings	80 000
<b>Client Cost and Fees Sub Total</b>	<b>6,432,624</b>
<b>Total Project Cost Estimate</b>	<b>46,974,490</b>

# Project Benefits

## Expected Positive Outcomes and Benefits

The North West Mental Health Precinct (NWMHP) will deliver a much-needed addition to the healthcare infrastructure of North West Tasmania. It will provide several key benefits such as enhancing access to comprehensive mental health services and reducing barriers to care.

The Project will:

- Develop a purpose-built facility to meet contemporary standards for a mental health services facility while maintaining a welcoming and 'homely' feeling.
- Provide a purpose-built facility that enables safe, high-quality care, contemporary stepped service models, flexibility and adaptability.
- Optimise the site for the delivery of health services through the effective use of the available space and the existing infrastructure.

The Project will deliver the following benefits for the Burnie and North West Tasmanian communities and health service providers:

- A dedicated mental health facility for inpatient service delivery.
- A modern and fit for purpose health facility with:
  - A combination of clinical, consultation and office spaces.
  - Improved staff workflows.
  - An open-plan office environment.
  - Efficient access to storage.
  - Flexible use areas to maximise opportunities and overcome service delivery constraints.
- Development of and adjustment to new operational workflows and models of care.
- Increased staffing and interest in working within the Tasmanian Health Service in response to the establishment of the new facilities in Burnie and Tasmania's North West.

## Health Planning and Clinical Design Principles

Key health planning and clinical design features of the North West Mental Health Precinct focus on creating a safe, therapeutic, and recovery-oriented environment aligned with the Australasian Health Facility Guidelines.

The inpatient unit is designed with clustered beds (pods) to allow separation of consumer cohorts when necessary, supporting infection control and flexibility in care delivery.

Clinical design emphasises clear separation between admitted and non-admitted zones, as well as front-of-house and back-of-house flows.

Secure staff entry points and dedicated service pathways for goods and waste ensure operational efficiency and minimise consumer exposure to support areas.

Staff amenities are designed to foster collaboration, safety, and well-being, with natural light, external views, and intuitive circulation routes.

Public spaces are family-friendly, with gender-neutral restrooms, baby change facilities, and sharps disposal units.

## Architectural Statement

The North West Mental Health Precinct (NWMHP) aims to deliver a contemporary, purpose-built mental health facility. This facility is designed to support recovery-oriented, trauma-informed models of care and provide a safe, therapeutic environment for consumers, carers, and staff.

The design responds to the brief by prioritising dignity, privacy, and connection to nature.

It integrates biophilic principles and non-institutional aesthetics to create spaces that feel welcoming and calming. The architectural concept draws inspiration from Burnie's coastal landscape, incorporating sloping rooflines, patterned brickwork, and warm timber finishes to harmonise with the surrounding environment.

The building is embedded into the sloping site to minimise visual bulk and maximise solar orientation and ocean views, while landscaped forecourts and internal courtyards offer therapeutic outdoor spaces.

Key design features include single-bed rooms with ensuite facilities, sensory modulation spaces, and dedicated courtyards for high and low care units, as well as a de-escalation courtyard.

Public areas are designed to provide intuitive wayfinding and a hotel-like feel, reducing the clinical atmosphere. Interior spaces use layered natural textures, soft colours, and acoustic treatments to enhance comfort and privacy.

The precinct also incorporates robust safety measures, including anti-ligature fixtures, and meets accessibility and sustainability standards.

Landscape design reinforces the healing environment through coastal planting, sheltered pathways, and activity zones.

## **Inclusive Access and Universal Design**

Inclusive access is a key feature of the design. The building will include a fully compliant passenger lift equipped with tactile controls, handrails, and sufficient space for bed movements. Tactile Ground Surface Indicators (TGSIs) will be installed at stairs, ramps, and hazard points. Accessible car parking bays will be provided with compliant dimensions and adequate headroom clearance. Braille and tactile signage will be installed throughout the facility, and hearing augmentation systems will be available at reception and meeting spaces.

Universal design enhancements include seating with backs and armrests at regular intervals, accessible lockers, breakout spaces, and luminance contrast for doors, signage, and vertical elements to improve visibility.

The facility will include two accessible bedrooms with ensuites and three special bedrooms with ensuites. An accessible bedroom/ensuite is designed for an independent patient using a wheelchair, requiring no additional staff assistance for daily activities. The special bedrooms/ensuites provide extra space for staff to assist consumers with daily activities such as showering and getting in and out of bed.

There will be a variety of furniture throughout the facility, giving patients, staff, and visitors the option to choose pieces that best meet their individual needs.

## **Wayfinding and Signage**

Wayfinding and signage have been carefully considered to ensure intuitive navigation for patients, staff, and visitors.

External signage will include totems and building identification signs, while internal signage will feature directories, lift signage, directional signs, amenities, and room identifiers.

Accessibility features such as Braille and tactile signage and vision strips on glazing will be incorporated.

All signage in consumer areas will comply with anti-ligature requirements.

## **Landscape Design**

The landscape concept is designed to create a therapeutic and restorative environment that complements the natural setting while enhancing user experience.

Sheltered entry realms, embankment softening, and three secure therapeutic courtyards form the core of the design, supported by coastal-tolerant planting for resilience in the local climate.

The entry sequence features a long, curving walkway with gentle gradients (1:20) to ensure accessibility. Coastal dune planting and sculptural undercover structures create a welcoming and distinctive arrival experience.

Dense perimeter landscaping provides privacy and wind protection, while mounding and mixed planting introduce texture and movement to the landscape.

## **Geotechnical Considerations**

The site is located on a modified slope within the North West Regional Hospital grounds, with a flat southern area and battered slopes to the north and east.

Elevation ranges from approximately 76 to 87 metres above the Australian Height Datum (mean sea level).

Subsurface investigations have identified uncontrolled fill up to 3.5 metres deep in some areas, underlain by high-plasticity silts derived from deeply weathered Cenozoic basalt.

No competent rock was encountered to a depth of 15 metres.

Groundwater monitoring indicates that the permanent water table lies more than 15 metres below ground level, making dewatering unlikely.

## **Service Engineering**

Engineering systems include:

- Upgrade and connect electrical infrastructure into existing substation located at the Burnie Ambulance Station south-west of the site,
- an external diesel generator capable of 24-hour operation in the event of a power outage, and
- UPS backup for IT and security systems.

Mechanical systems will provide heating and cooling including features that allow consumer control of their environment.

- ICT and security systems will include:
- secure Wi-Fi coverage,
- an optical fibre link to the main hospital,
- access control,
- duress alarms,
- CCTV coverage with three-month archive storage,
- and video intercoms.

Nurse call systems will be installed in bedrooms, ensuites, and treatment rooms, and medical gases will be provided via portable systems only.

## **Traffic and Carparking**

The design provides thirty-one car parking spaces, including two accessible spaces compliant with the Disability Discrimination Act.

Two drop-off spaces are also provided in front of the building entry along with six bicycle spaces and two motorcycle spaces. This meets the parking provision requirements as per the Tasmanian Planning Scheme to cater for the proposed building.

## **Design Methodology and Peer Review**

ARTAS Architects have been engaged as the Lead Design Consultant. Along with the lead clinical design architects, Billard Leece Partnership (BLP), specialist sub-consultants have been engaged by ARTAS to develop the design.

The design team collaborate with client representatives including executives from the relevant health services, clinicians and support (back of house) services representatives, along with consumers of mental health services to develop the design.

As directly impacted stakeholders, engagement with these representatives during the design phase of the project has enabled the project team to gain a thorough understanding of the service's clinical and functional requirements.

Jacobs Group have been engaged by the Department of Health to conduct a peer review at key stages of the design. Feedback from the peer review is incorporated into the design as it progresses.

## **Building Materials and Reference Images**

Selecting appropriate building materials for this project is an important decision that impacts the facility's safety, functionality, durability, and maintenance.

### **Cost Efficiency**

Post-tensioned concrete slabs and steel roof structures are selected specifically to reduce formwork costs and increase service space efficiency.

Use of standard materials and fixtures reduce cost variability. Materials are evaluated not only for upfront cost but for long term maintenance and operational cost impacts, ensuring value over the building's life cycle.

### **Sound Control**

Requirements for ambient noise, sound isolation, and reverberation control were set by acoustic consultants (NVC) and drive material choices for walls, ceilings, and floors.

High acoustic-performance wall types (e.g., Rw 59 partitions) are achieved using multilayer plasterboard, insulation, and discontinuous framing.

Carpet is preferred in larger open spaces as a sound-absorbing finish. Acoustic dividers and wall absorption panels are provided for staff areas and open-plan spaces.

External façades facing noise sources (e.g., helipad) are required to achieve Rw 45 minimum performance, influencing glazing and wall system selection.

## **Maintenance and Repair**

Surfaces and fixtures are tamper-resistant, anti-ligature, and resistant to damage or misuse, especially in consumer-accessible areas.

Brick veneer with steel stud framing provides a long-lasting, low-maintenance façade solution suited to the coastal Tasmanian environment.

Services equipment and plant are located to allow maintenance outside consumer zones reducing risk and operational disruption.

Materials with previously demonstrated performance in similar facilities are prioritised to reduce risk and replacement cost.

## **Patient Comfort**

Natural colours, warm materials, and nature-inspired textures create a calming environment, reduce stress, and promote wellbeing.

Materials are intentionally selected to avoid a clinical or institutional feel—drawing from Tasmanian coastal palettes, timber tones, and soft finishes.

Materials and fixtures enable consumers to have some control—adjustable light levels, operable window coverings, temperature choices all support recovery and dignity.

Anti-ligature safety requirements are met using materials that still feel warm, residential, and welcoming rather than institutional.

## **Reference Images**

A suite of design drawings is provided at Appendix A, capturing the precinct's floor plan, elevations and landscape design.

The following visual design views have been developed to further communicate the NWMHP design and its key features.



Figure 3 - Main Entry



Figure 4 - Overall External View of Front Facade



*Figure 5 - View from the Community Garden*



*Figure 6 - Internal View of Lounge Area*



*Figure 7 - Typical Inpatient Unit Bedroom*

## Finance and Procurement

### Preferred Procurement Method for the Project

An Open Tender will be advertised to secure the services of a lead contractor to undertake the construction of the North Western Mental Health Precinct. An Open Tender will result in a more competitive price, and diverse proposals and drive innovation and standards, mitigating the risk of monopolies and supply chain bottlenecks. Only Tenderers who are prequalified will be eligible to Tender, prequalification includes:

- Prequalification with Treasury and Finance in the 'Building Contractor – Institutional' Category to a value greater than \$30,000,000.

To ensure transparency and probity the procurement will adhere to the Department of Treasury and Finance's Treasurers Instructions and be guided by Department of Health's Contract Service Team and the Procurement Review Committee. In addition, Crown Law will advise contract negotiations once a preferred tenderer is selected by the Tender Evaluation Panel.

### Project Timelines

ACTIVITY	TARGET DATE	ACHIEVEMENT DATE
Project brief		09/08/2022
Service Planning & model of care		Finalised Sept 2025
Design consultant appointment		05/12/2024
Scoping report approval (V2)		20/10/2025
Planning application submitted		24/11/2025
Briefing and schematic design completion		19/11/2025
Design and Contract Documentation Complete	15/05/2026	
Planning permit obtained	05/03/2026	
Construction request for tender advertised	30/05/2026	
Construction contractor appointment	31/08/2026	
Construction commencement	07/09/2026	
Construction finish	25/02/2028	
Construction practical completion	01/03/2028	
Operational readiness	29/03/2028	

# Risks and Sustainability

## Major Risks and Proposed Mitigation Strategies

The project risks were identified by the Project Reference Group and rated using the department's risk register template.

The project risk register is reviewed and updated on a regular basis by the Project Reference Group.

### **Key Project Risks:**

#### ***Community and Local Stakeholders***

Perceptions about what might be happening to the site, construction impacts, visual impact, access and/or the new/additional services being provided may create concern amongst site neighbours and the local community.

Failure to engage residents may lead to increased concerns and increased negative public sentiment, posing a significant risk to the Project's success and ongoing relations for the Department of Health in the Burnie community.

This is being managed through early, active and responsive stakeholder engagement including ongoing communication of impacts and monitoring of feedback with escalation of issues as required.

#### ***Planning and Regulatory***

Planning constraints such as landslip hazard overlays and helipad obstacle limitation areas will be managed through compliance with performance criteria and careful design coordination.

#### ***Construction and Buildability***

Construction risks such as crane tipping on sloping terrain, confined spaces, and electrical hazards will be mitigated through excavation and levelling, Safe Work Method Statements, signage, training, and strict electrical isolation protocols.

#### ***Budget***

Limited availability of experienced head contractors in a heated market could result in poor program and budget outcomes. This will be mitigated through response of programming and budget to early market sounding outcomes.

The project team is actively managing the budget in accordance with the Department of Health Infrastructure Project Delivery RASCI framework.

#### ***Connectivity to North West Regional Hospital***

The site location brings separation from the main hospital and introduces the risk of operational needs not adequately being met.

A link bridge to the main hospital has been proposed and forms part of the NWRH Masterplan Stage 1 delivery.

### ***Construction Traffic and Parking***

Increased local traffic and temporary disruptions during construction may affect pedestrians, staff, and neighbours.

This is being mitigated through implementing a dedicated site entry and carparking space for construction traffic and contractors for the duration of the project. The main access road for the North West Regional Hospital (Hospital St) will not be impacted.

No significant detrimental impacts on the road network are expected because of this development once operational.

### **Sustainability Strategies to be Adopted**

The Tasmanian Government has set an energy consumption reduction target of 60 per cent across all Departments by 2050.

The project has been designed to incorporate integrated low energy consumption and sustainable features to support this aim.

The project incorporates sustainability strategies that prioritise environmental resilience, operational efficiency, and occupant wellbeing.

### ***Environmentally Sustainable Design (ESD) Principals***

Some ESD initiatives that are being applied to the building include:

- LED lighting throughout
- Double glazing to all external windows
- Light coloured roof finish to reduce heat gain in summer
- Awnings to external windows
- Water-efficient landscaping

### ***Building Management System***

A Building Management System (BMS) will be integrated with the Facility Management and Engineering Services (FMES) platform to enable real-time monitoring of critical equipment, including drug fridges, food re-thermalisation units, vending machines, and communications rooms.

This approach enhances energy efficiency and ensures operational reliability.

# Stakeholder Engagement

Stakeholder Engagement is managed by an active Stakeholder and Community Engagement Plan (SCEP).

## Public and Stakeholder Participation and Consultation

Public and stakeholder participation and consultation was developed as part of the SCEP using the Public Participation Spectrum developed by the International Association for Public Participation (IAP2).

The IAP2 Spectrum demonstrates the possible types of engagement with stakeholders and communities and shows the increasing level of public impact as engagement progresses from 'inform' through to 'empower'.

With a commitment to effective community engagement as part of Department of Health's core business through project planning, development, design, construction and completion, the engagement strategies and supporting documentation will reflect the spectrum below and the engagement levels nominated.

## IAP2 Spectrum of Public Participation



IAP2's Spectrum of Public Participation was designed to assist with the selection of the level of participation that defines the public's role in any public participation process. The Spectrum is used internationally, and it is found in public participation plans around the world.

INCREASING IMPACT ON THE DECISION					
	<b>INFORM</b>	<b>CONSULT</b>	<b>INVOLVE</b>	<b>COLLABORATE</b>	<b>EMPOWER</b>
<b>PUBLIC PARTICIPATION GOAL</b>	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
<b>PROMISE TO THE PUBLIC</b>	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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## Record of Stakeholder Consultation

There have been two engagement periods for the North West Mental Health Precinct concept design: the initial consultation in March 2025 and the updated design consultation in October–November 2025. These consultations aimed to raise awareness of the project, build community confidence, and gather feedback to refine the design.

The initial concept design was developed with input from clinicians and lived experience representatives and released for public feedback in March 2025.

Engagement activities included stakeholder meetings, community drop-in sessions, online surveys, and staff briefings. Participation was highest among staff and stakeholder organisations, with community members also contributing.

Feedback themes focused on building access and parking, service capacity and staffing, construction impacts, and operational considerations.

Overall, feedback was neutral to positive, with strong support for the project's intent to improve mental health services in North West Tasmania. All relevant feedback informed the updated concept design.

For details on the feedback provided, please refer to the attached Engagement Summary Report.

## Directly Affected Land Owners and Property Acquisition

The land is owned by Department of Health and no property acquisition is required for this project.

## Compliance

### List Commonwealth or State Legislation Triggered by the Project

The legislation triggered by the project is limited to the Building Code of Australia. Key provisions and codes include:

- Tasmanian Planning Scheme—Burnie (Community Purpose Zone): lighting (Clause 27.3.1 P2), car parking (Clause C2.5.1 P1)
- State Planning Provisions traffic (Clause C3.5.1 P1)
- Landslip Hazard Code C15 (critical use)
- Airport obstacle limitation overlay (helipad flight paths)

### Planning Approvals

A Development Approval application was submitted to Burnie City Council on 24th November 2025. Conditions applied to the development within this permit will be reviewed and incorporated into the design to ensure compliance is achieved.

Subsequently, a Building Application (BA) will be made to the building surveyor before the commencement of works.

### Heritage (Aboriginal and Historic)

The site does not form part of a listing to which the Local Historic Heritage Code in the State Planning Provisions (the “SPPs”) of the Planning Scheme apply. Additionally, it is not a place entered on the Tasmanian Heritage Register.

An Aboriginal Heritage Property Search has not identified any registered Aboriginal relics or apparent risk of impacting registered Aboriginal relics.

### Noise

Noise risks associated with the project primarily relate to the proximity of the helicopter pad, which is located approximately 90 metres North of the facility.

Internal noise levels during helicopter pass-by events are recommended to remain at or below an Lmax of 55 dBA, which is considered acceptable given the infrequency of these occurrences.

Noise breakout from courtyards is unlikely to impact nearby residences, which are situated around 100 metres south of the facility. There is only one small courtyard on the southern façade of the building with the medium courtyard on the north-east façade and the large courtyards internal to the building.

A series of acoustic design strategies will be implemented to address noise risks:

- Facades facing the helipad will achieve a minimum isolation rating of Rw 45, incorporating laminated glazing of 14.28 mm toughened glass in accordance with AusHFG guidelines.
- Mechanical plant installations will include resilient mounts, acoustic louvres, internally lined ductwork, and staggered stud walls for sensitive spaces to minimise vibration and airborne noise transmission.

- Internal partitions will be constructed using wall types providing Rw ratings between 30 and 59 depending on the functional requirements of each space.
- For areas requiring enhanced privacy, such as tribunal rooms, options include interconnecting doors fitted with acoustic seals or the use of airlock arrangements.
- Reverberation control will be achieved through a combination of acoustic ceiling tiles, wall absorbers such as Autex Cube, Quietspace, and EchoPanel, as well as perforated timber or plasterboard panels with air gaps.
- Carpets with a Noise Reduction Coefficient (NRC) of at least 0.35 will also be specified to further improve acoustic comfort.

## Environment (Flora, Fauna, Landscaping and Visual Amenity)

The project is located on a greenfield site adjacent to a tea tree wetland, requiring careful consideration of ecological values and visual integration.

Environmental permits and assessments will be finalised during the Development Application process to ensure compliance with statutory requirements and protection of sensitive habitats.

## Traffic, Parking and Waste Management

Traffic, parking and waste management strategies comply with planning and environmental requirements.

Once operational, internal access will be via Hospital Street, with swept path analysis confirming ambulance and waste vehicle access is achievable.

Traffic impacts are expected to be minimal, but pedestrian safety will be enhanced through signage, marked crossings, and potentially an on-demand shuttle.

The design team are considering alternate access to the site for construction vehicles to ensure separation of construction traffic from the general hospital traffic.

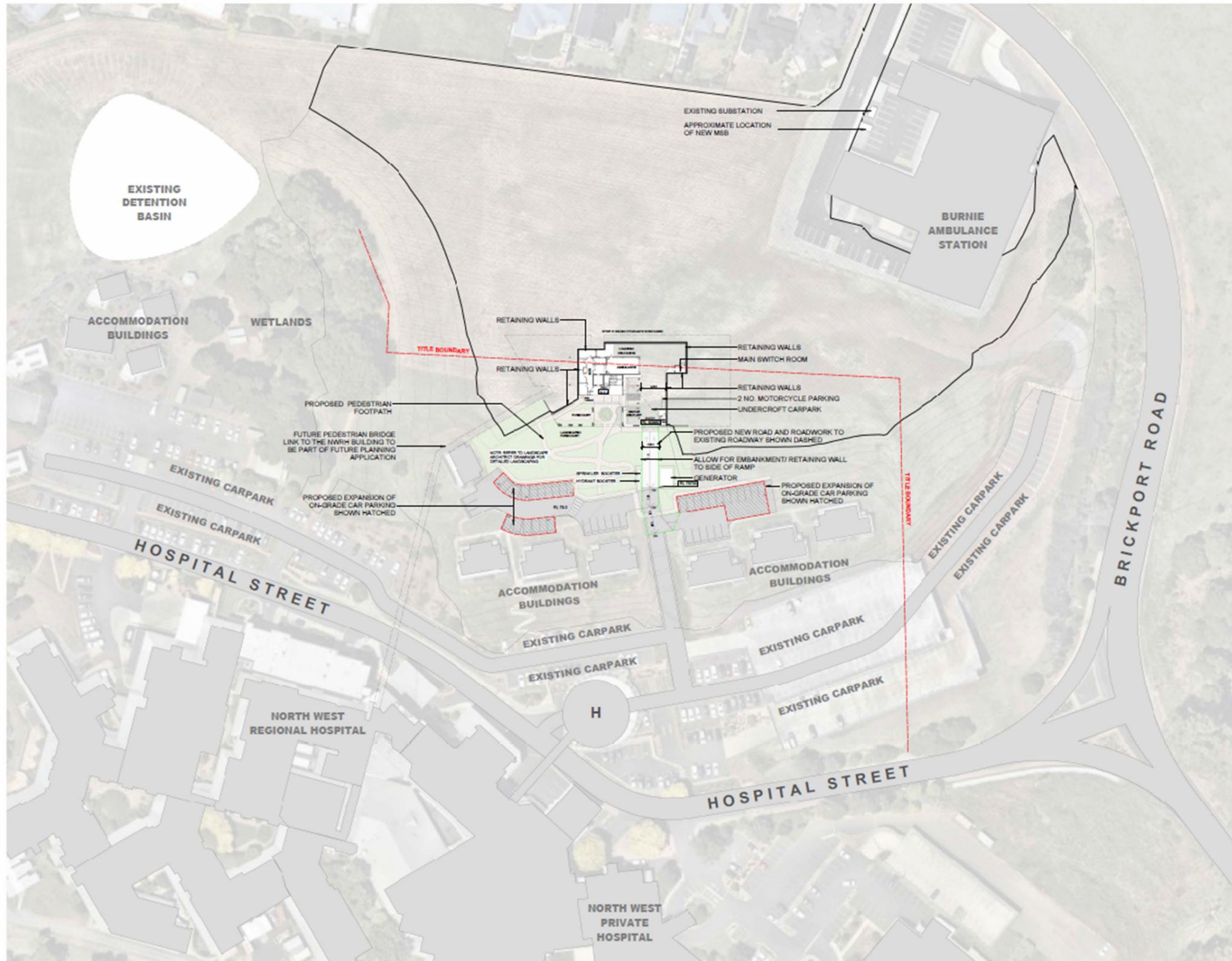
The design provides thirty-one car parking spaces, including two accessible spaces compliant with the Disability Discrimination Act.

Two drop-off spaces are also provided in front of the building entry along with six bicycle spaces and two motorcycle spaces. This meets the parking provision requirements as per the Tasmanian Planning Scheme to cater for the proposed building.

Waste management aligns with EMPCA 1994 and Tasmanian Health Service protocols, incorporating segregation systems and dedicated, ventilated storage areas.

# Appendix A: Schematic Designs (Architecture Drawings)

The following drawings represent the design at end of Schematic Design. Updated Design Development drawings will be provided once complete.



**REVISIONS**

No.	Description	Date

**SITE PLAN - NOTE**

1. THE INFORMATION ON THIS DRAWING IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE A CONTRACT. THE CONTRACT IS THE AGREEMENT BETWEEN THE CLIENT AND THE ARCHITECT.



**Project Name**  
TAS - Northwest Mental Health Precinct - Burnie

**Drawing Name**  
PLAN - SITE CONTEXT - PROPOSED

Project No.	Contract No.	Revision Date
241907	19-048	24/10/2025

**Scale**  
As indicated @ 1:1  
**Drawn by** GT  
**Checked by** MP

**FOR INFORMATION**

Drawing No: NMMHP-AR002-0001  
Rev: [A]

**ARTAS ARCHITECTS**

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GENERAL ARRANGEMENT - NOTE

NO.	DATE	REVISION

GENERAL ARRANGEMENT - NOTE

- 1. ALL ROOMS AND AREAS TO BE FINISHED TO THE FINISHES SPECIFIED IN THE SCHEDULES.
- 2. ALL ROOMS AND AREAS TO BE FINISHED TO THE FINISHES SPECIFIED IN THE SCHEDULES.
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CLIENT  
Tasmanian Government Department of Health



Project Name  
TAS - Northwest Mental Health Precinct - Burnie

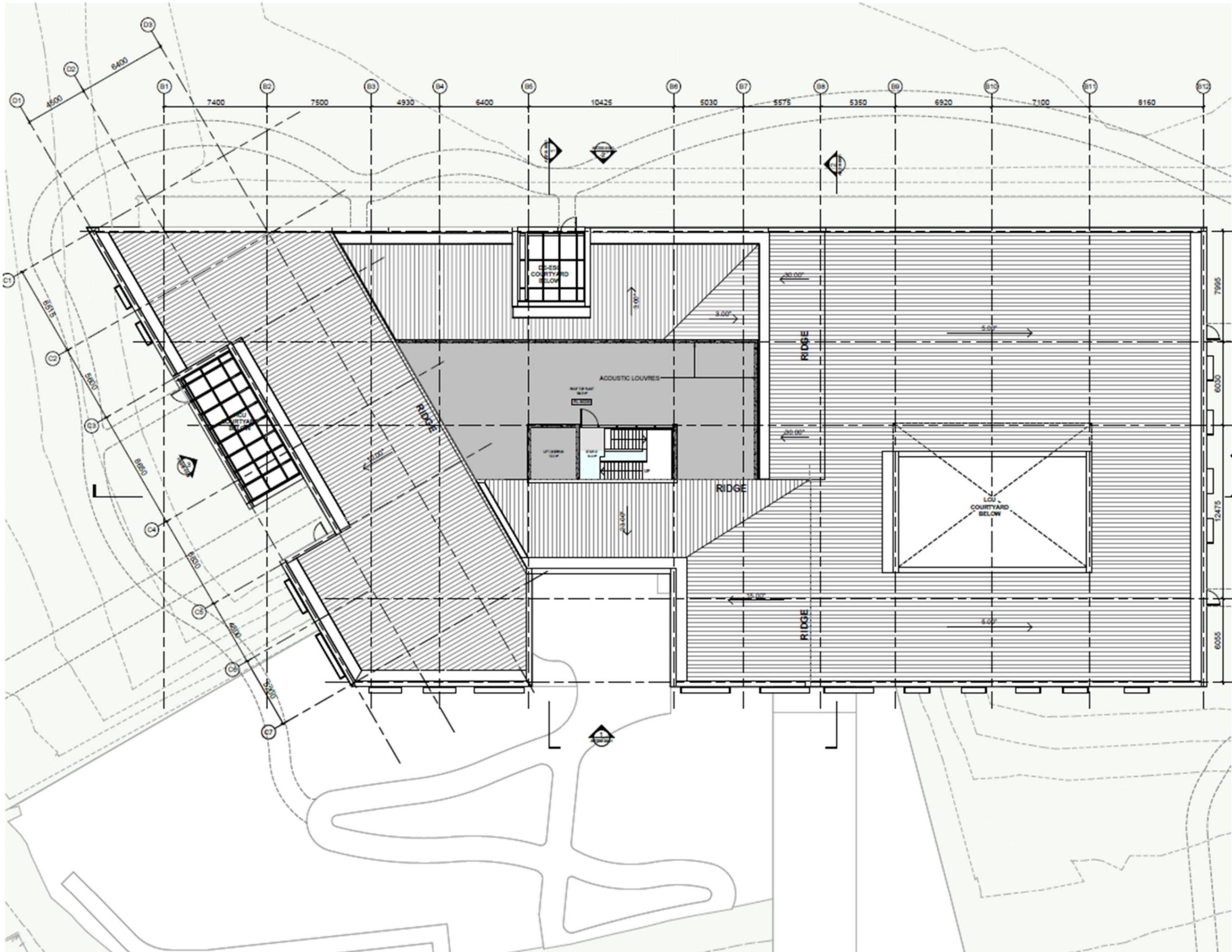
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Project No.	Contract No.	Revision No.
247047	15-048	24702005
Rev	Drawn by	Checked by
As Indicated	GT	MP

FOR INFORMATION  
Drawing No.  
NMMHP-AR100-0101 [A]

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**GENERAL ARRANGEMENT - LEGEND**

- Front of House
- Back of House
- Residual Asset Ref Area
- High Care Unit
- Low Care Unit
- ACM OPERATIONAL TRAYS
- UNENCLOSED AREA
- ENCLOSURE PLANT
- 1st FLOOR HALLDOOR
- 2nd FLOOR HALLDOOR

Client: **Tasmanian Government Department of Health**

Project Name: **TAS - Northwest Mental Health Precinct - Burns**

Scale: 1:100

North Arrow

Project No: 241007 | Contract No: 24-006 | Revision Date: 24/10/2025

Drawn by: GT | Checked by: MP

**FOR INFORMATION**

Drawing No: NMMH-AR100-0201 | Rev: [A]

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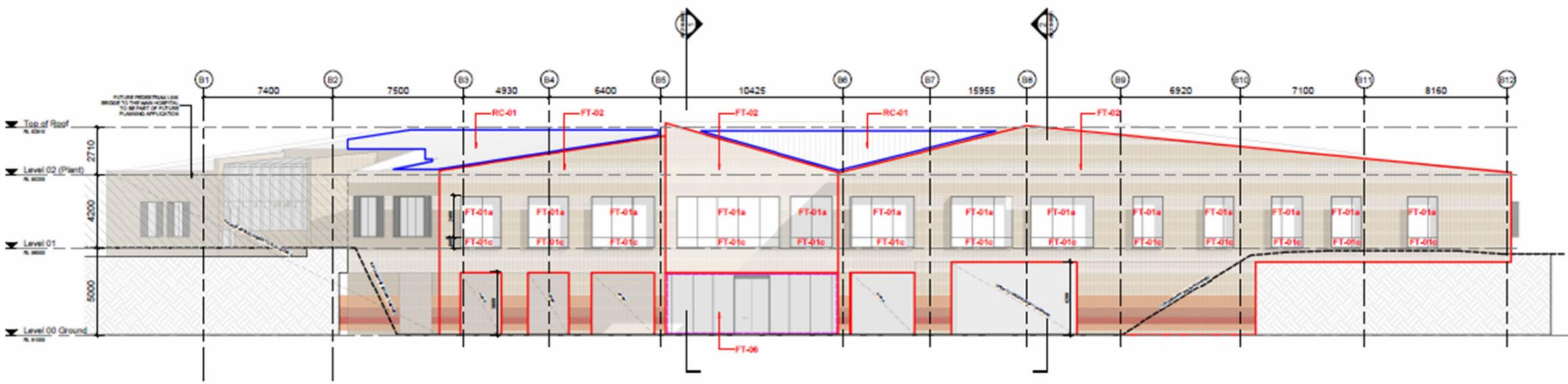
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NO.	DATE	REVISION



1 ELEVATION - NORTH  
SCALE 1:100

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  2. ALL MATERIALS AND FINISHES SHALL BE AS SPECIFIED IN THE SCHEDULES UNLESS OTHERWISE NOTED.
  3. ALL WORK SHALL BE IN ACCORDANCE WITH THE NATIONAL BUILDING REGULATIONS 2011 AND ALL APPLICABLE STANDARDS.
  4. ALL WORK SHALL BE IN ACCORDANCE WITH THE NATIONAL ELECTRICAL REGULATIONS 2017 AND ALL APPLICABLE STANDARDS.
  5. ALL WORK SHALL BE IN ACCORDANCE WITH THE NATIONAL PLUMBING REGULATIONS 2017 AND ALL APPLICABLE STANDARDS.
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Client  
Tasmanian Government | Department of Health



Project Name  
TAS - Northwest Mental Health Precinct - Burnie

Drawing Name  
ELEVATIONS - GENERAL ARRANGEMENT - NORTH & SOUTH

Project No.	Contract No.	Revision Date
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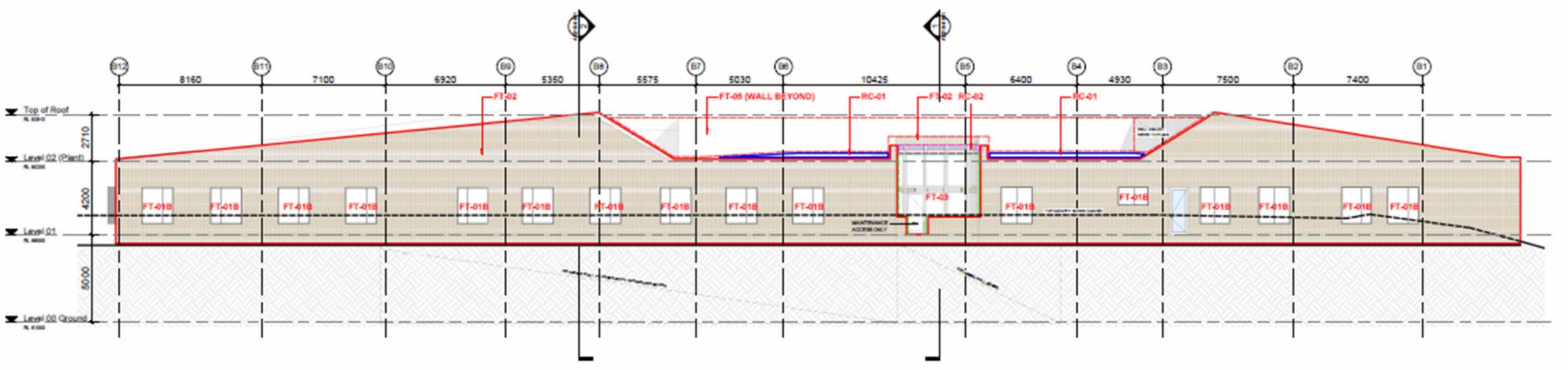
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Drawing No.	Rev.
NWMP-AR200-0001	[A]

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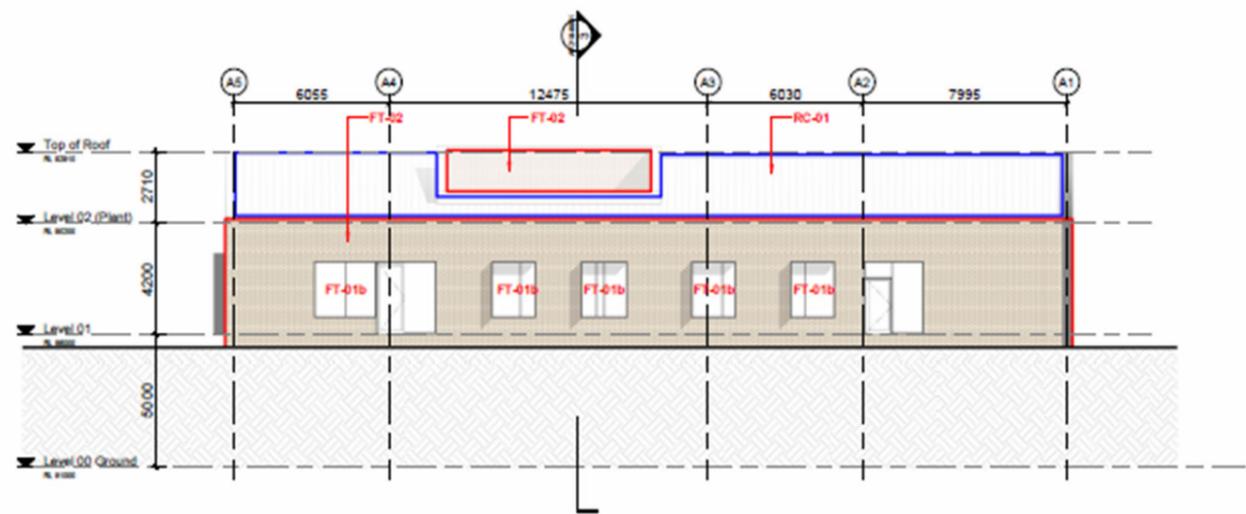
2 ELEVATION - SOUTH  
SCALE 1:100

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3 ELEVATION - NORTHEAST  
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4 ELEVATION - WEST  
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Project Name:  
TAS - Northwest Mental Health Precinct - Burnie

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ELEVATIONS - GENERAL ARRANGEMENT - EAST & WEST

Project No.	Contract No.	Revision Date
241007	04-08	24/12/2025

Scale:  
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**FOR INFORMATION**

Drawing No.:  
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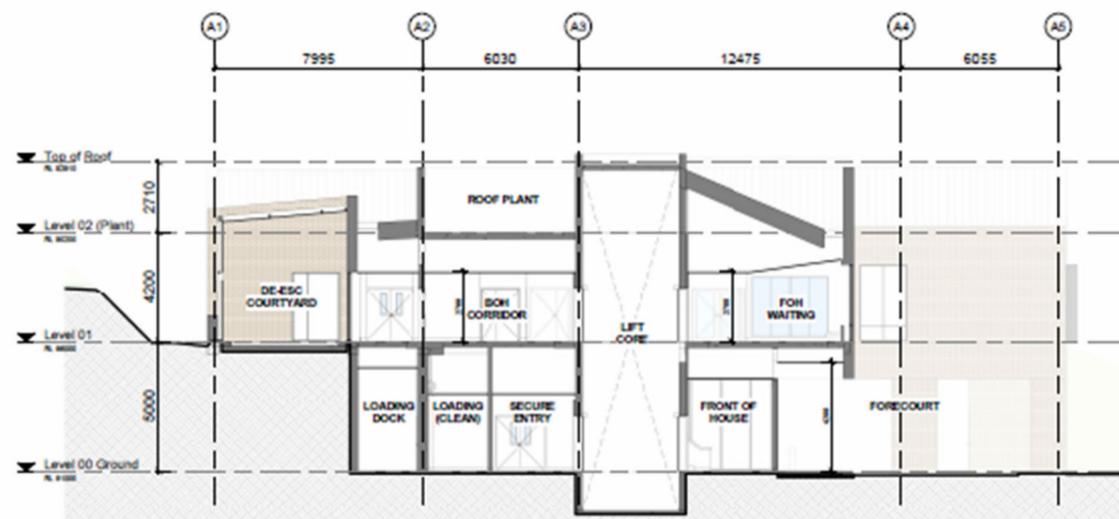
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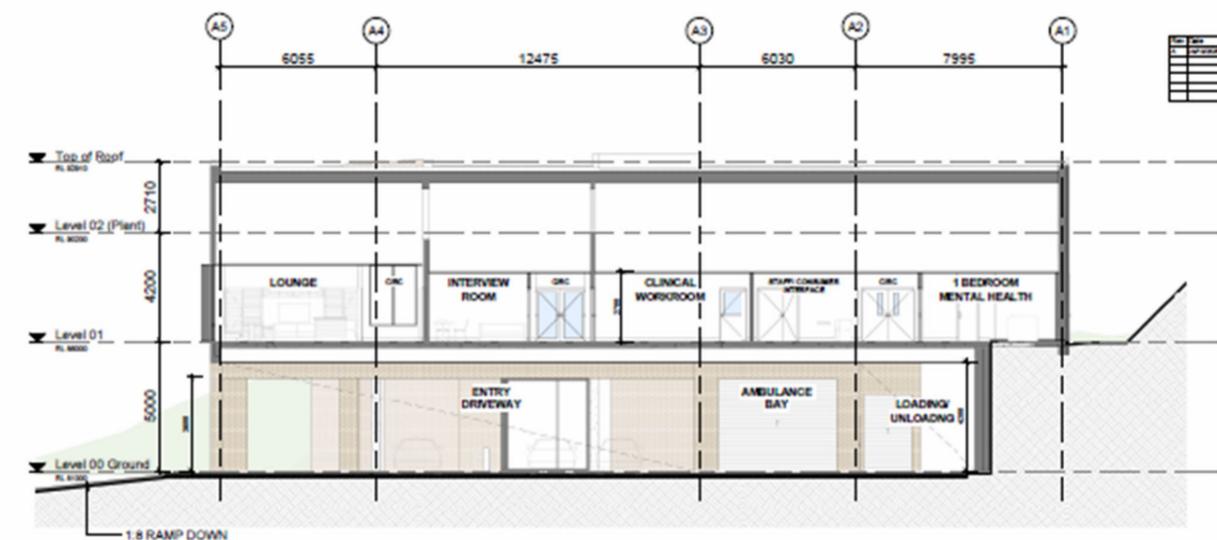
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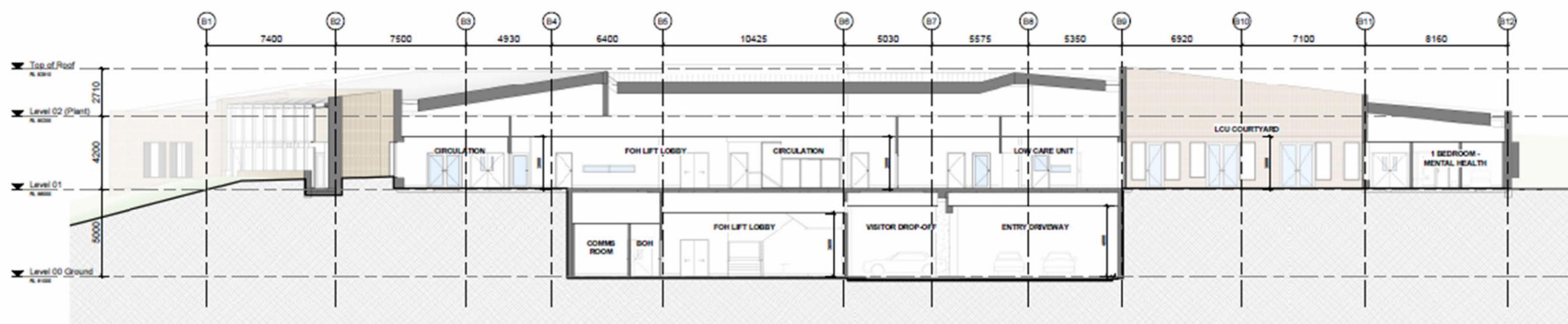
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 SECTION BB - GENERAL ARRANGEMENT  
 SECTION CC - GENERAL ARRANGEMENT



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 SCALE 1:100



2 SECTION BB  
 SCALE 1:100



3 SECTION CC  
 SCALE 1:100

NO	DESCRIPTION	DATE	BY

CLIENT  
 Tasmanian Government | Department of Health

Project Name  
 TAS - Northwest Mental Health Precinct - Burnie

Drawing Name  
 SECTIONS - GENERAL ARRANGEMENT

Project No: 241907  
 Client No: 05-069  
 Revision Date: 24/10/2025

Scale: 1:100 @ B1  
 Drawn by: GT  
 Checked by: MP

FOR INFORMATION

Drawing No: NMMH-P-A0210-0001  
 Rev: [A]

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## Appendix B: Stakeholder and Community Consultation Report

DECEMBER 2025

# North West Mental Health Precinct

Concept Design Stakeholder and Community Engagement Summary

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## Introduction

This report summarises the two North West Mental Health Precinct concept design release engagement periods in March 2025 and October-November 2025, including the activities completed, engagement outcomes and feedback received.

Engagement and communications activities for the March 2025 initial concept design release were undertaken during a three-week period from Tuesday, 18 March until Wednesday, 9 April 2025.

- All feedback received within the scope of the initial concept design engagement process was considered in the updated concept design for the North West Mental Health Precinct.
- Engagement and communications activities for the October-November 2025 updated concept design release were undertaken during a two-week period from Monday, 27 October until Friday, 7 November 2025.
- Some responses received during each engagement period were considered out of scope of the North West Mental Health Precinct Concept Design engagement process. This feedback was passed onto the relevant areas within the Department of Health for consideration.

## Project background

The North West Mental Health Precinct will be delivered as part of Stage 1 of the North West Regional Hospital (NWRH) Masterplan. The Mental Health Precinct will provide a 22-bed mental health inpatient unit to replace the current Spencer Clinic. It will deliver a range of mental health services and will support contemporary, best practice models of care and reflect contemporary standards in mental health facility design.

### Concept design development

An initial concept design for the North West Mental Health Precinct was developed in consultation with clinicians and mental health lived experience representatives. In March 2025, the initial concept design was released, and feedback was invited from stakeholders, consumers, and the community.

In mid-2025, the design was updated to incorporate feedback and respond to value-engineering opportunities, while maintaining quality and functionality of consumer and staff experience.

The updated concept design was released and targeted engagement undertaken with stakeholders, consumers and near neighbours in October 2025.

To deliver the project efficiently and effectively, the key changes from the initial concept design include reduction of overall building height to minimise visual impact, locating most of the car parking adjacent to the building, rather than underneath it, and removal of the 5-bed Short Stay unit.

The revised design delivers a safe, purpose-built 22-bed inpatient unit with healing gardens and outdoor therapeutic spaces. It improves staff workflows with flexible clinical zones, provides a distinct building identity and separate access from the main hospital,

and enhances privacy, comfort and amenities for users. The two-storey layout is designed to minimise visual impact and better integrate with the surrounding environment.

Following the October-November 2025 consultation period, the project team will continue to work with clinicians and mental health lived experience representatives to finalise the design.

## **Project benefits**

The new Mental Health Precinct will improve mental health outcomes by enabling the community to access timely care and services.

It will feature open spaces, healing gardens and safe, functional therapeutic outdoor areas to promote a calm environment, benefiting both mental health consumers and staff.

The Mental Health Precinct will play an important role in attracting and retaining mental health services staff to the North West of Tasmania by providing a modern and thoughtfully designed working environment that supports their well-being and professional growth.

## Engagement objectives

The purpose of engaging with stakeholders and the community during this phase of the North West Mental Health Precinct was as follows.

- Raise awareness among key stakeholders and the community about the concept designs for the new North West Mental Health Precinct.
- Raise community awareness and enhance community confidence in the planning and delivery of mental health and sub-acute service infrastructure while clearly articulating the difference between infrastructure planning and clinical service planning.
- Understand stakeholder and community interests, concerns, and communications preferences and enable constructive feedback opportunities in relation to the elements within the North West Mental Health Precinct development that can be influenced.
- Engage with directly affected stakeholders on the concept designs to understand their needs, values and priorities and refine the design of the North West Mental Health Precinct.
- Inform stakeholders and the community about how their input contributed to the final designs of the development.

## Consultation summary

A variety of communication and engagement methods were used during each engagement period. The communication materials delivered to support this consultation period provided project information, details about the community engagement process and images of the concept designs.

### Communication methods

#### Initial concept design release – March 2025

The communications channels used to support the March 2025 consultation were as follows:

- direct email to stakeholders
- internal news communication (for staff)
- Department of Health website
- Tasmanian Government Public Notice
- letter and / or letterbox flyer delivered to properties and a local business directly surrounding 23 Brickport Road, Burnie
- Department of Health social media (Facebook) boosted post
- poster displayed within the Spencer Clinic at the NWRH.

#### Updated concept design release – October-November 2025

The communications channels used to support the October-November 2025 consultation were as follows:

- Department of Health website
- direct email to stakeholders
- internal news communication (for staff)
- letter and / or letterbox flyer delivered to properties and a local business directly surrounding 23 Brickport Road, Burnie.

### Engagement methods

All engagement methods used during both consultation periods provided an overview of the North West Mental Health Precinct, images of the concept design, and included the opportunity to provide feedback, ask questions and raise concerns. All engagement activities were conducted at the Consult level of the IAP2 public participation spectrum.

#### Initial concept design release – March 2025

The following provides detail on the engagement methods used during the consultation in March 2025.

- Six stakeholder meetings were held via Microsoft Teams between Monday, 31 March and Monday, 7 April 2025, enabling the invited stakeholders to hear directly from the Project Manager.

- An online staff briefing was held on Monday, 7 April 2025 for a duration of 30 minutes. The intent of the activity was to share information on the project and the concept designs and capture feedback.
- An online feedback survey was open from Tuesday, 18 March until Wednesday, 9 April 2025. The survey included six questions about the respondent's connection to the area around the project site, what respondents value about the area and sought feedback on the concept designs. Respondents were offered the opportunity to register interest in being kept informed about the project and provide an email address for future communication.
- Two community drop-in sessions were held at the Upper Burnie Community Hall on Thursday, 27 and Saturday, 29 March 2025. The sessions were scheduled on two different days to allow the community to visit and have their say. Feedback was captured via interaction forms and attendees were given the opportunity to provide their email address to be kept informed about the project.

### **Updated concept design release – October-November 2025**

- During the October-November 2025 engagement period, one online staff briefing was held on Tuesday, 11 November 2025 for a duration of 30 minutes.

## **Who we heard from**

The section below provides an outline of the participant profiles for each engagement activity, key feedback themes collected and how they engaged in the process.

### **Participant profiles**

Participant profiles for the initial concept design release (March 2025) are detailed below.

- 20 people from seven organisations / groups took part in six stakeholder meetings.
- A 30-minute online staff briefing was scheduled on Monday, 7 April 2025. There were no attendees for the online staff briefing.
- 30 responses were received for the online feedback survey. Of the 30 respondents to the survey, 10 were residents, 10 were NWRH staff members / volunteers / students, one was a local worker / business operator, and seven identified as 'other'.
- A total of seven participants attended the community drop-in sessions across the two days. The participants included near neighbours, health service providers and members of the public.
- Two enquiries were made to the project 1800 number.

Participant profiles for the updated concept design release (October-November 2025) are detailed below.

- Two Department of Health staff members took part in the online staff briefing.
- One email with collective stakeholder feedback on the Project was provided directly via email to a member of the Project Reference Group.

# What we heard

## Key themes

This section outlines the key themes raised across both consultation periods by stakeholders and the broader community about the concept design and the overall project. Most of the feedback on the concept design for the North West Mental Health Precinct was received during the March 2025 initial concept design consultation, with minimal feedback received during the October-November 2025 consultation period.

While there were some clear similarities in feedback provided between stakeholder groups, notable differences also emerged. Staff feedback primarily focused on building access, service capacity, and ongoing operational considerations, whereas community feedback centred more on construction and ongoing impacts of the new building on near neighbours and the local area.

Online survey feedback received from the March 2025 consultation demonstrated that respondents most value the area's proximity to the North West Regional Hospital, followed by availability of parking, visual amenity and open spaces.

A summary of the key themes is provided below.

## Access to the building

Feedback demonstrated that access to the building – including vehicle and pedestrian access and car parking – was a primary concern among stakeholders during the initial concept design consultation. Stakeholders including NWRH staff and community members expressed concern regarding the adequacy of parking spaces for both staff and visitors, emphasising the need for increased capacity to accommodate the anticipated rise in patient and staff numbers.

Additionally, during both consultation periods, stakeholders raised concerns about the distance from the new facility from the main NWRH buildings. The concerns were related to both the impact on pedestrian movements and emergency situations. Stakeholders emphasised the importance of pedestrian connections to ensure that patients and staff can navigate between the facilities without delay.

## Proposed service capacity and staffing

Feedback received during both consultation periods indicated stakeholder concerns about the proposed service capacity of the new facility, specifically inpatient bed numbers. The feedback demonstrated the number of proposed inpatient beds, relative to the current capacity of the Spencer Clinic, was considered insufficient to meet the growing demand for mental health services. There was also a specific enquiry about whether beds would be allocated for alcohol and drug treatment patients, reflecting the need for integrated services.

Questions about staffing levels, including whether there will be an attendant on each ward, how more staff will be recruited, and the budget for hiring additional personnel were prominent during the initial concept design consultation. Stakeholders also shared concerns that the staff dynamic would change with such a large building, fearing that the current collaborative 'family' atmosphere might be lost due to potential segregation.

## **Construction impacts**

Some stakeholders during the initial concept design consultation raised concerns about construction impacts on surrounding properties including dust, noise, construction vehicle movements along Brickport Road and the removal of soil during site preparation works.

## **Ongoing operations**

Feedback was received during both engagement periods about the ongoing operations of the mental health facility, once complete. This included how emergency situations and safe patient transfer will be managed given the facility's layout and distance from the main hospital; particularly in emergency situations such as Code Blue, where timely access is critical. Stakeholders also expressed concerns about the adequacy of emergency protocols and the need for robust safety and security measures.

Questions were raised during the initial concept design consultation about the logistics of food delivery to the facility while maintaining safety and quality standards, particularly regarding exposure to the elements. One stakeholder enquired about the building's name and expressed a desire for a name that reflects its purpose and is easily recognisable. Concerns were also raised about water runoff and its impact on the surrounding environment were also mentioned, along with the need for careful consideration of the site's geological profile.

## **Concept design**

Overall, the initial concept design shared with stakeholders and the community was positively received and the delivery of the facility welcomed.

The importance of maintaining visual amenity and enhancing the surrounding area was emphasised, particularly regarding potential impacts on property values for nearby residents. Several stakeholders noted the requirement to ensure the new facility is visually appealing and welcoming when complete. The inclusion of open and landscaped areas for relaxation and therapeutic purposes was highly valued, with a specific emphasis on ensuring these spaces are sheltered from adverse weather conditions.

Additionally, it was noted that the design should consider the unique needs of dementia patients, incorporating features that aid wayfinding and cognitive stimulation. Stakeholders advocated for dedicated spaces for specific patient groups, particularly older patients, to ensure their safety and comfort while promoting a non-institutional, domestic atmosphere. Feedback about the need for spaces that facilitate family engagement and support was also received, with a strong desire for environments that encourage family involvement in patient care.

Specific requests from stakeholders during the initial concept design consultation included ensuring there is separation between patient bedrooms and common areas in the inpatient units. There was also a suggestion to accommodate smoking as a coping mechanism for patients, rather than enforcing a cold turkey approach upon admission. A suggestion was also made to incorporate a meditation circle in the garden instead of a chapel.

Other concerns raised about the concept design included the proposed building's height, impact on the views of surrounding residents and the need for adequate set back from

adjacent properties. A suggestion was also made to incorporate a wall / fence around the new facility for further delineation and security from properties along Brickport Road.

## Conclusion and next steps

Overall, stakeholder and community feedback about the initial concept design for the North West Mental Health Precinct across all engagement activities undertaken during the March 2025 period was neutral to positive. Feedback demonstrated that stakeholders and the community welcome the development and perceive it as valuable.

Topics of significance and importance included the access to the Mental Health Precinct, including to and from the NWRH, the capacity of the new facility and staffing. The concept design of the building and construction impacts were also topics of interest, with some concerns around the specific services and their location within the building, potential construction impacts and visual amenity. Ongoing operational considerations were also noted as a topic of interest and importance, including ancillary services, family engagement and how emergency situations will be managed.

Feedback was received from a range of stakeholders across the available methods of interaction. Although there were no attendees at the online staff briefing, staff had the highest level of participation, followed by stakeholder organisations / groups representatives and residents.

All feedback provided on the initial concept design of the North West Mental Health Precinct was considered in the delivery of the updated concept design.

A Development Application was submitted to Burnie City Council in late 2025 and subject to achieving regulatory approvals, construction is expected to begin in 2026 with the facility expected to be completed in 2028.