AHIA
australasian health infrastructure alliance
GOVERNMENTS COLLABORATING TO DELIVER QUALITY HEALTH FACILITIES

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning
0132 - Child and Adolescent Mental Health Unit

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Index

01 INTRODUCTION 4
- 01.01 Preamble 4
- 01.02 Introduction 4
- 01.03 Policy Framework 4
- 01.04 Description of Unit 5

02 PLANNING 7
- 02.01 Operational Policies 7
- 02.02 Planning Models 8
- 02.03 Functional Areas 9
- 02.04 Functional Relationships 11

03 DESIGN 12
- 03.01 Parking 12
- 03.02 Infection Prevention and Control 12
- 03.03 Environmental Considerations 12
- 03.04 Space Standards and Components 13
- 03.05 Safety and Security 14
- 03.06 Fixtures, Fittings & Equipment 14

04 COMPONENTS OF THE UNIT 17
- 04.01 Standard Components 17
- 04.02 Non-Standard Components 17

AX APPENDICES 21
- AX.01 Schedule of Accommodation 21
- AX.02 Functional Relationships / Diagrams 25
- AX.03 Checklists 26
- AX.04 References 28

01 INTRODUCTION

01.01 Preamble

PURPOSE OF GUIDELINE

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA) following extensive consultation with clinical experts and consumers. This HPU is intended to assist in the planning and design process for the design team, project managers and end users.

This document is designed to be read with an Overarching Mental Health Guideline. This document is currently in development. In the interim, it is recommended that this document is read in conjunction with HPU134 Adult Acute Mental Health Inpatient Unit to further inform mental health specific design requirements.

01.02 Introduction

GENERAL

This HPU outlines the specific requirements for the planning and design of a Child and Adolescent Mental Health Unit.

It should be read in conjunction with the Australasian Health Facility Guidelines (AusHFG) generic requirements and Standard Components described in:

- Part A: Introduction and Instructions for Use;
- Part B, Section 80: General Requirements;
- Part B, Section 90: Standard Components, Room Data and Room Layout Sheets;
- Part C: Design for Access, Mobility, OHS and Security;
- Part D: Infection Prevention and Control; and
- Part E: Building Services and Environmental Design.

TERMINOLOGY

HPU131 Mental Health - General Requirements will detail terminology commonly used across mental health services. The following terminology is specific to child and adolescent mental health services, and is frequently applied in this HPU:

- **carer:** carers provide unpaid care and support to family members, friends or significant others who have a disability, mental illness, chronic condition, terminal illness or who are frail. A carer is intimately involved with the lives and treatment of their children/ friend. In the mental health context, the carer is a recognised member of the multidisciplinary team; and
- **young people:** jurisdictions will refer to their consumers as ‘adolescents’ or ‘young people’. This guideline adopts the term ‘young people’ as it gives greater scope for the jurisdiction to define the age group to which they refer.

01.03 Policy Framework

SPECIFIC POLICIES AND GUIDELINES

Before undertaking a project, planners and project staff should familiarise themselves with individual jurisdiction plans, policies, service specific guidelines and reports.

State and territory specific policy information is contained in the Further Reading section of this HPU. Relevant child and adolescent mental health policies include:

- Australian Government, 2009, Fourth National Mental Health Plan - An agenda for collaborative government action in mental health 2009–2014;
- Australian Government, 2009, National mental health policy 2008;
- Mental Health Standing Committee, 2012, Mental health statement of rights and responsibilities 2012;
- New Zealand Government, 2005, Te Tāhuhu: Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan;
- Paediatrics & Child Health Division, RACP, 2008, Standards for the Care of Children and Adolescents in Health Services;
- United Nations, 1990, Convention on the Rights of the Child; and
- United Nations High Commissioner for Human Rights, 1991, United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.

01.04 Description of Unit

DESCRIPTION/ MODEL OF CARE

This HPU describes generalist tertiary level services with regional and/or statewide responsibility.

Where possible, young people with mental health conditions should be managed the least restrictive environment possible and close to their home. This care will ideally be in community settings, provided by child and adolescent mental health community teams.

Where an inpatient stay is needed, a Child and Adolescent Mental Health Unit will provide short term assessment and treatment for young people aged between 12 and 18 years who are:

- experiencing severe mental illness and are unable to be supported in an intensive community support environment; and
- treatment resistant and where a supportive environment is required due to medication complications.

Young people requiring admission should be referred so that other care options, such as community based support, can be fully explored.

The environment should be conducive to the management of complex behaviours offering the capacity for observation of young people by staff and security to minimise and manage disturbed behaviours in the least restrictive environment. However, this should be achieved with a therapeutic focus so that while necessary measures for safety and security are in place, they are non-intrusive and do not convey a custodial environment.

Some jurisdictions may provide speciality programs including:

- statewide inpatient services for children aged 12 year and under;
- family units, targeted at younger children with at least one parent in residence however this requirement is not detailed in this HPU ;
- eating disorder units; and
- behavioural intervention units.

In most cases, children under the age of 12 years requiring an inpatient admission, or older children with medical co-morbidities, will be managed in a general Paediatric/ Adolescent Unit, close to home wherever possible.

Community and other outpatient services for adolescents will continue to be delivered in community settings.

Families are integral to the provision of care to young people. This may include participation of family and carers in a young person's treatment, and access to supportive counselling when necessary.

Where young people are admitted to a general Paediatric/ Adolescent Unit, they will be managed in a standard inpatient bed room. Staff should conduct a risk assessment to determine operational responses that are needed to support the safe care of the patient in the acute inpatient environment. Operational responses may include removing equipment from the bedroom, locating the patient in a bedroom near the staff station or 'specialling' (i.e. one-on-one nursing care).

THERAPEUTIC CARE ENVIRONMENTS

Mental health facility design requires a conscious balancing of the requirement to provide an effective therapeutic environment for acute mentally ill young people with the need to provide them and their families, visitors and staff with a pleasant, spacious light filled, comfortable and homely facility.

The Unit must create an environment for young people that :

- enables the safe and efficient operation in order to optimise outcomes;
- enables privacy and safety, including sexual and personal safety;
- provides a comfortable welcoming environment with domestic furnishings, decor and artwork;
- promotes ongoing engagement with the community so social isolation is avoided;
- provides quiet spaces and active indoor and outdoor spaces for therapy, relaxation, activities and education;
- maximises natural light and, where possible, views;
- avoids isolated spaces for both consumer and staff safety (e.g. unsupervised blind spots, recessed areas, alcoves);
- provides space and dedicated equipment (e.g. sensory modulation) as a means of reducing the potential for aggressive behaviour;
- provides security that is as unobtrusive as possible; and
- provides culturally sensitive services for Aboriginal and Torres Strait Islanders, Maori and Pacific Islanders, and other culturally and linguistically diverse young people.

The environment must support the involvement of families and provide:

- access to facilities for carers. This may include an option for a carer to stay overnight, a private lounge and adequate space where a young person may meet with their family in private; and
- safe and supervised access for visiting family members, including other children and young people.

02 PLANNING

02.01 Operational Policies

GENERAL

Operational policies have a major impact on design requirements and capital and recurrent costs of health facilities. These policies must be established at the earliest possible stage. Users will also be guided by local and jurisdictional policies.

Unit specific operational policies are detailed below. For a list of general operational policies that may apply refer, AusHFG Part B: Section 80 General Requirements.

HOURS OF OPERATION

The Unit will provide service 24 hours per day, seven days per week. Where a day hospital is established, it will generally operate during business hours Monday to Friday.

ADMISSION

Admission to Child and Adolescent Mental Health Units will usually be planned so clear goals for inpatient treatment are identified prior to admission. Young people will generally be known to community mental health teams and enter the Unit through the main entry of the service. Young people and their carers will be involved in all decisions relating to care planning. Admissions via the emergency department will still occur.

CONSUMER EDUCATION / SCHOOLING

A young person’s participation in education or schooling should be maintained during treatment wherever possible. It is, however, acknowledged that activities such as schooling may be postponed for a short admission if the purpose is to confirm a diagnosis, stabilise the client on medication prior to returning them to their support environment, or they are too unwell to participate.

Collocation of this Unit with a Paediatric Unit that has a hospital school does not negate the need for an education room in the Unit, as some young people will be too high risk to leave the Unit. The room should be readily available and be appropriately furnished for learning activities.

DAY PROGRAMS

A day program may be a component of an integrated child and adolescent mental health service and provide specialist programs and outpatient services for young people who need treatment but who do not require overnight admission. This program may also provide a step up/step down from home or inpatient admission. Where a day program is collocated with an inpatient unit consider opportunities for sharing of reception, common consulting / treatment areas and staff support areas. Many services are instead provided in community settings and collocated with community mental health teams.

ACTIVITIES

During their stay in the inpatient unit, young people are encouraged to actively participate in activities including individual and group work rather than spend time alone in their bed room. Activities may range from meal preparation, individual and group therapy, physical activities (e.g. relaxation or ball sports), craft etc.

Access to toilets is required in shared areas so young people do not need to return to their bedroom.

SENSORY APPROACHES TO BEHAVIOURAL MANAGEMENT

The National Mental Health Seclusion Reduction Project – National Safety Priorities in Mental Health: a National Plan for Reducing Harm (2005) promotes the use of sensory approaches and tools to minimise and manage disturbed behaviours as an alternative to traditional approaches such as seclusion and restraint.

Sensory modulation is described as ‘the ability to regulate and organise responses to sensory input in a graded and adaptive manner’ (Brundy, Lane and Murray, 2002). This activity and associated tools/equipment is a dedicated therapeutic space called a sensory/ quiet room. Additional information regarding room and equipment requirements is provided in the Non-Standard Components.

BEDROOMS

Young people will routinely be provided with single bedrooms. As most units are relatively small, this provides flexibility and gender separation. A dedicated or shared ensuite, depending on jurisdictional policies, may be provided.

Inpatient units may allow young people to lock their bedroom doors (with staff override). Young people in a high dependency unit (HDU) would not be able to lock bedroom doors. Where jurisdictional policies do not support locking of bedroom doors, lockable space for personal items is to be provided as an alternative.

In units for children, include provision for a parent to room-in or, alternatively, provide access to family accommodation nearby.

At least one bedroom and ensuite should be larger and suitable for independent wheelchair users, rooming-in by a parent or carer and selected bariatric care. The space will need to accommodate a mobile hoist.

Refer to Standards Australia, 2010, AS 1428 (Set) 2010 Design for access and mobility Set (SAI Global).

02.02 Planning Models

LOCATION

A ground floor location is preferred for the patient areas in the unit to facilitate easy access to outdoor space. However, enclosed courtyards provided on upper levels can also provide the required amenity and eliminate other risks.

The public and people in other parts of the healthcare facility should not be able to easily see into the building or outdoor areas.

The building's orientation needs to maximise sunlight to internal and external spaces in the Unit, in particular bedrooms and activity areas.

UNIT CONFIGURATION / LAYOUT

The Unit layout needs to be sufficiently flexible to allow for changing levels of acuity, ages and changes to the models of care over time. The ability to create small and flexible clusters of beds for distinct consumer cohorts (e.g. based on gender, age, diagnosis or acuity) is required.

Unobtrusive observation of patient areas by staff is essential.

FACILITY CONFIGURATION

Common inpatient unit configurations are:

- stand-alone child mental health unit for children aged four to 12 years of age, with flexibility to admit children outside this age range according to an individual's developmental age;
- a stand-alone adolescent mental health unit for young people aged 12 to 18 years, with flexibility to admit children outside this range according to an individual's developmental age; and
- a child and adolescent mental health unit, with services delivered in a single facility, providing there is opportunity for flexible differentiation of zones to meet the specific developmental and health needs of consumer / patient sub-groups.

Facilities for community based services are generally provided in community settings.

02.03 Functional Areas

FUNCTIONAL ZONES

Functional zones may include:

- entry/ reception/ waiting;
- parent/ carer amenities;
- assessment/ meeting rooms;
- inpatient areas including
- bedrooms and ensuites
- activity and recreation areas – indoor and outdoor;
- clinical support areas; and
- staff offices and amenities.

MAIN ENTRY / RECEPTION/ WAITING

A safe and secure entry is needed (i.e. airlock). The reception can be shared with a day unit, if collocated.

The area will incorporate a welcoming greeting / waiting area for consumers, carers and others. Public amenities will be provided. It is expected that young people being admitted to this Unit will enter via the main entrance. Waiting areas should not be large but provide opportunities for small family groups to gather.

Access from the waiting area to other parts of the Unit is controlled by staff (e.g. reception staff during business hours) or remotely using video intercom outside the main door and at the entry door to the inpatient area after hours.

The reception desk should provide a visually welcoming environment while enhancing security (e.g. having good lines of sight to the entry and to all waiting areas including any associated outdoor spaces). Security screens can be used to secure receptions. Alternatively, the depth of the reception counter can be increased. If screens are used, they should be designed so as not to compromise ease of communication or visibility.

Small lockers should be provided in the waiting area for safe storage of visitors' belongings.

ASSESSMENT/ MEETING ROOMS

This zone will be used for a range of functions including initial assessment; meetings with families, group activities and specialised meetings such as those with a Magistrate/Mental Health Tribunal. It will be located in an area accessible from the main entry/ reception/ waiting and inpatient areas. Project teams should refer to jurisdictional guidelines for detailed design for magistrate/ tribunal rooms

An interview room should be provided with direct access from the waiting area. The interview room is for new admissions, for interviewing carers and visitors and undertaking security checks before allowing entry to the Unit.

INPATIENT AREAS

Bedrooms

Bedrooms will be collocated in a zone that can be easily observed by staff yet separate from shared activity areas. Bedrooms are generally designed and furnished to facilitate self-care (e.g. domestic-type beds).

In the inpatient zone, young people may have direct bedroom access (individual ensuites), or corridor access (shared ensuites between two). The mix of shared and individual ensuites will rely on the ages, jurisdictional policies, requirements for specialling, and number of consumers accompanied by a carer. Note that sharing of ensuites impacts on the Unit's flexibility. In the high observation beds, ensuites with corridor access are preferred.

Ideally, bedrooms will be arranged to provide some separation. For example, in smaller units, two to four beds might be arranged in an adjacent location to other bedrooms. This will allow separation when

behaviours become difficult to manage or gender separation is needed. These bedrooms should be directly observable from the staff station.

Activity and recreation areas

A range of indoor activity areas will be provided to accommodate concurrent activities, both active and passive and age appropriate. Where possible, rooms should be designed with flexibility to support small and larger group activates easily supervised by staff.

Lounge and dining areas should have direct access to an external area.

A toilet will be located in this zone so young people do not need to return to their bed rooms during the day.

Spaces in this area may include:

- lounge;
- dining area;
- kitchen;
- meeting room for group activities;
- interview rooms for individual/ family therapy;
- sensory modulation room;
- activities room with wet area;
- media room;
- laundry; and
- school room.

The space will support all individual, small and large group activities.

Outdoor areas for programmed activities, play or relaxation are treated as therapeutic areas. As much design effort and attention to detail should be given to achieving a tranquil and functional external area as to internal spaces.

Children and young people require larger outdoor areas than adult consumers. The space should be zoned (Coombes and Coombes 2004) to achieve:

- passive areas such as seating in landscaped gardens;
- active areas that encourage games and exercise, such as half basketball court, walking paths, safe climbing areas etc; and
- a barbeque area.

Some of the outdoor areas should have soft surfaces (e.g. 'soft fall', grass). Sun protection and weather protection should be incorporated so that outside recreation is not weather dependent. Outdoor furniture should be fixed.

Fixed landscape features and plantings should be set back from the perimeter wall and from building lines to avoid breaches of perimeter security or young people gaining access to the roof. Blind spots should be avoided in the design to enhance supervision. Provide full and soft lighting to outdoor areas at night, taking care to avoid lights shining into consumer bedrooms and disturbing sleep.

A minimum outdoor area of 60m2 is recommended to achieve active and passive areas. Additional space should be provided if the Unit exceeds 10 consumers.

CLINICAL SUPPORT AREAS

A range of rooms, shared across the Unit will be provided and include:

- medications store;
- treatment room;

- handwashing bay;
- staff station;
- storage; and
- dirty utility, cleaners room and disposal room.

Staff stations will have good visibility of all activity and recreation areas.

Bays for handwashing should be located so they are easily observed by staff.

VISITOR / FAMILY AMENITIES

Carers and visitors require a comfortable lounge in the unit for time out, private interactions with their child, or interactions with other families. Access to a beverage bay is required.

Sleeping facilities for carers should be provided in a children's mental health unit. 'Rooming in' is applicable across all jurisdictions. In selected jurisdictions separate family accommodation may be provided with good access to the Unit.

STAFF OFFICES AND AMENITIES

Staff offices for the unit manager and on-duty registrar should be located in the unit so that they are readily available to support and supervise staff and patients, as well as having ready access to clinical information. Other office space and staff amenities should be located away from inpatient areas, with no access to young people or their families as planned interviews should occur in dedicated interview and consult rooms in the Unit.

02.04 Functional Relationships

EXTERNAL

External relationships include:

- adult mental health unit;
- paediatric inpatient unit/s;
- hospital school, if centralised;
- medical imaging unit;
- pathology;
- child protection unit;
- drug and alcohol services; and
- retail and visitor amenities.

INTERNAL

Planning of the Unit is complex and requires the correct relationships to be achieved between the functional zones detailed in the Functional Relationships Diagram.

The entry/ reception/ waiting area should feed directly into the inpatient areas.

Depending on the bed numbers and consumer profile, the inpatient area may be zoned to allow for appropriate grouping / separation of inpatients, according to characteristics such as developmental age (child / young person), behaviours (hypoactive / hyperactive), diagnosis and gender.

03 DESIGN

03.01 Parking

The following provisions should be made:

- all weather drop-off for consumers;
- short term parking for police or ambulance vehicles;
- visitor parking in close proximity; and
- some longer term parking options - given that some carers will be present throughout the admission.

For staff parking, refer to AusHFG Part C Section 6.0 Safety and Security Requirements.

03.02 Infection Prevention and Control

GENERAL

The following aspects of planning and design contribute to the implementation of effective infection prevention and control measures and are relevant within the context of this HPU:

- hand hygiene facilities;
- isolation rooms (if applicable);
- linen handling;
- separation of ‘clean’ and ‘dirty’ work flows;
- storage;
- waste management; and
- surface finishes.

Refer to AusHFG Part D Infection Prevention and Control for and to individual jurisdiction policies and guidelines.

HAND BASINS

Hand basins are required in clinical areas (e.g. treatment and medication rooms).

Corridor basins may be replaced by alcohol hand wash in dispenser units, dependent on jurisdictions' infection control policies and guidelines.

03.03 Environmental Considerations

PRIVACY

A major conflict in the design of inpatient accommodation often arises due to the need to ensure consumers and staff can see each other, while also ensuring consumer privacy.

Strategies to enhance privacy include:

- single bedrooms;

- ensuites;
- acoustic treatment;
- discreet location of high observation beds and quiet rooms; and
- ensuring other health services and/or neighbours do not look into the Unit.

Bedrooms and other areas occupied by young people should be designed and configured to give staff the greatest ability to observe young people, particularly those who are unstable or vulnerable. Different styles of unit design offer varying degrees of visibility / observation.

INTERIOR DECOR

Interior decor includes: furnishings, style, colour, textures, ambience, perception and taste, that can help reduce an institutional atmosphere. However, cleaning, infection control, fire safety and young person's care requirements and the young persons and their families' / carers' perceptions of a professional and therapeutic environment, should always be considered.

Colours and furnishings should be age appropriate. Extremes of colour and pattern such as geometric designs which may disturb perception should be avoided, however, strong colours may assist orienting the young person to their bedrooms and activity areas. In this unit design, furniture and interior decoration should be robust, but domestic in style, to create a homelike environment (Devlin and Arneil 2003). Furniture should be sized appropriately to the child and/or young person consumer group (Malkin 1991) and be arranged to promote positive group dynamics. Furniture items should be easily replaceable in case of breakage.

Art work and colour should be a key feature for children (Blumberg and Devlin 2006). Opportunities for personalisation of space will be particularly important for adolescents (Queensland Health 2009), and opportunities given for young people to contribute to the artwork on display.

03.04 Space Standards and Components

ERGONOMICS

The design and build of the Units should be such to ensure that young people, staff, visitors and maintenance personnel are not exposed to avoidable risks of injury.

Furniture, fitting and equipment selections need to be appropriate for use by children and young people, without disadvantaging adults who work in and visit the Unit.

Refer to AusHFG Part C: Section 04 Human Engineering.

BUILDING ELEMENTS

Building elements include walls, floors, ceilings, doors, windows and corridors and are addressed in detail in Part C of the AusHFG.

All corridors, with the exception of those in staff-only areas, should be a minimum of 1800mm clear. For security and fire safety reasons, all exits should have at least six metres of clear space so that people are not encouraged to congregate outside perimeter doors. Dead-end corridors and recesses where consumers / patients may be out of view should be avoided. Recent units in Victoria have single loaded corridors around a courtyard, providing access to every room from two directions.

Building fabric needs to be particularly robust in this Unit to withstand abuse and minimise opportunities for self-harm e.g. no ligature points, non-removable fixtures and fittings.

Refer to AusHFG Part C: Section 03, Space Standards and Dimensions.

DOORS, DOOR HARDWARE AND DOORWAYS

Ensure doorways are sufficiently wide and high to permit the manoeuvring of beds, wheelchairs, trolleys and equipment without risk of damage or manual handling injury, particularly in rooms designed for bariatric consumers / patients.

Bedroom doors should be capable of opening outwards to prevent young people blockading themselves in their bedroom. Outward opening doors should be recessed to prevent obstruction of corridors although this should not result in spaces to hide.

Hinges and other hardware fitted to bedroom doors should be manufactured and marketed as anti-ligature products. All items should be installed as per the manufacturer specifications.

Many services will allow young people to lock their bed room door. The door mechanism should enable staff to gain entry to the room in an emergency (e.g. the hinge should swing through 180° with a key operated door stop that staff can unlock to swing the door outwards).

Bedroom doors should have a staff operated viewing panel. Two panels - one high and one low - may assist in observing small children in specialist units.

03.05 Safety and Security

Special consideration should be given to the minimisation of hazards for children, although this will not be needed for older adolescents. For example:

- the location of power outlets above child height, and shuttered;
- service panels out of reach of small children;
- access to hot water units and beverage bays;
- rounded edges on furniture at low levels;
- child proof locks on cupboards; and
- barriers and balustrades that allow small children / toddlers to be contained as necessary but can be seen through.

Ongoing management and repairs are essential to maintaining a safe environment for children, particularly while out of their home setting.

Night lighting in bedrooms should ensure sleep is promoted and allow staff to regularly observe the young person is safe and well.

Two egress points will be provided in consultation, interview and selected meeting rooms.

Fixed and mobile duress systems will be used.

03.06 Fixtures, Fittings & Equipment

DEFINITIONS

The Room Data and Room Layout Sheets in the AusHFG define fixtures and fittings as follows.

- fixtures: items that require service connection (e.g. electrical, hydraulic, mechanical) that include, but are not limited to hand basins, light fittings, medical service panels etc. but exclude fixed items of serviced equipment; and
- fittings: items attached to walls, floors or ceilings that do not require service connections such as curtain and IV tracks, hooks, mirrors, blinds, joinery, pin boards etc.

Refer to the Standard Components (Room Data Sheets (RDS) and Room Layout Sheets (RLS)) for further detailed information.

Also refer to AusHFG, Part F Section 680, Furniture, Fittings and Equipment.

GENERAL PRINCIPLES

The potential for self harm of consumers is of particular concern in a mental health unit. Therefore, fixtures and fittings should be assessed for potential use for self-harm or as a weapon.

Any fitting or fixture capable of supporting a consumer's weight should be avoided, unless it is an item of furniture intended to bear the consumer's / patient's weight. Fittings in this Unit require a breaking strain of no more than 15 kilograms.

In addition, fittings should be safe, durable, tamperproof and concealed where possible. They should be flush with the surfaces to which they are attached, or designed in a way that prevents attachment of anything around them.

ARTWORK, SIGNAGE AND MIRRORS

Artwork, signage and mirrors are to be rigidly fixed to walls with concealed, flush, tamper-proof mountings. Where possible include consumers, particularly young people, in the selection of art works. Opportunities should also be given for young people to contribute to the artwork on display.

Ensure that mirrors are made from safety glass or other appropriate impact-resistant and shatterproof construction; are scratch proof; and are free from distortion. Fully glue mirrors to a backing to prevent loose fragments of broken glass.

PLUMBING FIXTURES

All exposed plumbing fixtures should be tamper-proof and resistant to breakage and removal, particularly plumbing fixtures accessible to consumers / patients. The following considerations are recommended:

- shower heads should be flush with the wall, and be downward facing;
- taps should not be able to be used as ligature points; and
- sink and basin wastes, and toilet cisterns should be concealed.

It is suggested that water and electrical supply shut-off systems be installed in the staff station to reduce risk of inappropriate use of showers and consequent flooding, or access to live electrical currents if the consumer / patient is considered extreme risk.

RAILS, HOOKS AND HANDLES

Where used, provide rails and hooks that collapse under a breaking strain of 15 kilograms.

The use of horizontal grab rails in toilets and showers should be avoided. Solid, vertical rails with moulded hand grip are preferred. (Note that this does not apply to accessible toilets).

Alternative arrangements for towel storage, such as a bench or shelf, should be considered to avoid use of towel rails or hooks.

Door and cupboard handles/knobs should be designed to avoid ligature points.

Consider using fittings moulded to incorporate hand pulls, to avoid the use of handles.

SHOWER CURTAINS AND TRACKS

Ideally, the use of shower curtains and tracks should be avoided. This can be achieved if the shower cubicle has appropriate floor grading to the drain, and the water flow rate is controlled to prevent excessive splashing.

Where installed, shower tracks should be plastic and mounted flush to the ceiling. It is critical to ensure that the entire track plus hooks has a 15 kilogram breaking strain, so that if the curtains are gathered into a single cluster the aggregate does not exceed fifteen kilograms. Do not install a track which allows the hooks to be pushed together, as this will significantly increase the breaking strain.

WINDOW TREATMENTS

Curtains, blinds or other types of blinds / curtains with cords should not be used in consumer bedrooms. Integrated Venetian blinds within double glazed windows with flush controls, or electronic controls in the staff station, are suggested.

If curtains are selected for consumer recreational areas, provide tracks that are flush to the ceiling with a breaking strain of 15 kilograms.

Consider the fabric type with respect to weight / thickness and ease of tearing.

OTHER

Light fittings and CCTV cameras should be vandal-proof and incapable of supporting a consumer’s weight.

04 COMPONENTS OF THE UNIT

04.01 Standard Components

Rooms / spaces are defined as:

- standard components (SC) which refer to rooms / spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed;
- standard components – derived rooms are rooms, based on a SC but they vary in size. In these instances, the standard component will form the broad room 'brief' and room size and contents will be scaled to meet the service requirement; and
- non-standard components which are unique rooms that are usually service-specific and not common.

The standard component types are listed in the attached Schedule of Accommodation.

The current Standard Components can be found at: Standard Components, AusHFG.

Non-Standard Components for this HPU are described below.

04.02 Non-Standard Components

Non-standard components are unit-specific and provided in accordance with specific operational policies and service demand. These non-standard components for this Unit are detailed below.

ENSUITE - SHARED

Description and Function

This ensuite would be shared by two young people.

Location and Relationships

These ensuites would be accessed from a hallway adjacent to the bedrooms sharing it.

Considerations

Fit-out should be consistent with Ensuite – Mental Health.

RECREATION / DAY AREA

Description and Function

This is an indoor area in which a wide range of activities can occur including: watching television, indoor games, use of computer and group activities.

Location and Relationships

The area requires ready access to a secure outdoor area and should be able to be supervised from the staff station. Proximity to the dining area is desirable.

Considerations

As this is the main living space for consumers and their carers, every effort should be made to create a domestic environment. The layout should ensure whole group activities are possible. Provision of a sub-lounge or sectioning some of the space through furniture placement assists in creating a more intimate atmosphere. Furniture should be suitable for children, young people and their carers / visitors.

Lockable storage for activities should be incorporated in this area. Lockers for consumer possessions and school work may also be placed in this room.

Provide a consumer telephone in the vicinity, located so as to avoid disturbance to other consumers and vice versa.

PLAY THERAPY ROOM (CHILD UNIT ONLY)

Description and Function

A play therapy room may be provided for individual ‘regressive’ therapy sessions, using activities such as artwork, doll play and clay modelling. The room should be designed with children aged eight to 12 years in mind.

Location and Relationships

This room should be located within the consumer treatment / therapy zone.

Considerations

Furniture will be suitable for children up to 12 years of age. Storage for materials and a stainless steel sink are required.

MEETING ROOM – ACTIVITIES

Description and Function

This room will be a multipurpose space but will include a wet area so arts and craft activities can be undertaken.

Location and Relationships

This room will be located with other communal space.

Considerations

This room will be locked when not in use. Lockable storage will be required to store arts and crafts and associated materials. A space to dry art work will be needed. Vinyl flooring will be required. Usually tables and chairs will be provided in this room. Table should be sturdy but easily moved so the room can be reconfigured to suit a range of activities and group sizes.

MEETING ROOM – SCHOOL MULTIPURPOSE

Description and Function

This room will be a multipurpose space but also be used for schooling.

Location and Relationships

This room will be located with other communal space.

Considerations

This room will be locked when not in use. Tables and chairs suitable to undertake a range of school activities will be required. Computer access will be needed. Lockable storage will be required for associated materials. Table should be sturdy but easily moved so the room can be reconfigured to suit a range of activities and group sizes.

Facilities for specialist education staff will be required. Provide lockers for each young person's personal items and school work.

DINING ROOM

Description and Function

This is an area for consumers, carers and visitors to eat meals and snacks.

Location and Relationships

Directly adjacent to the pantry / kitchen, preferably with a serving counter between the two areas that can be secured. Views over a garden / outdoor area are desirable.

Considerations

A hand washing bay should be included. Square or rectangular furniture is preferred, as this allows flexibility in table arrangement. Selection of furniture should give consideration to ease with which it can be moved if different configurations are required.

KITCHEN

Description and Function

A room / space for the receipt and serving of meals. It will also be used by older capable consumers, and carers of children, to prepare their own simple meals e.g. breakfast (cereal and toast etc.) and sandwiches etc., according to local operational policies. As such it will have a pantry and refrigerator stocked with a range of groceries.

Design will depend on the method of service delivery i.e. plated or bulk meals, and the management of used crockery and utensils.

Location and Relationships

The pantry / kitchen should be adjacent to dining spaces in the acute zone. If design and layout permit, there may be hatch access to the high dependency lounge / dining / activity areas for the transfer of plated meals. Counter access, with a grille, is an option for the acute zone main dining area.

Considerations

The kitchen should be a safe, secure environment for staff and consumers in compliance with occupational health and safety, and infection control guidelines. There should be: ample bench top area; open shelving; lockable cupboards; secure storage for food and equipment; space to store food trays; and distribution trolleys. A dedicated power outlet for heating / cooling good trolleys may be required.

Consumer access to power supply controls and hot water systems should be restricted by placing these in keyed compartments.

MEDIA ROOM

Description and Function

This is an area in which young people can use the internet, listen to music and watch television, without disturbing other consumers and/or carers in the unit.

Location and Relationships

It may be appropriate for this area to be a sub-lounge of the recreation / day area to promote supervision of internet based activities.

Considerations

Sufficient desk space should be provided for a computer and a printer, to be used under supervision. A small sound system, television and a lounge to sit on should also be included.

Acoustic treatment should be provided to reduce the impact of noise from the media room impacting on other areas of the Unit.

SENSORY MODULATION ROOM

Description and Function

Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory based therapeutic space is utilised to promote recovery and rehabilitation with different age groups and populations, where clients have opportunities to manage distress and agitation using sensory modulation equipment. Equipment may include weighted, movement, tactile, vibrating, squeeze and auditory modalities.

Location and Relationships

As staff may need to supervise young people using this room, it should be located so this can be achieved.

Considerations

The range of equipment may include fixed items, equipment requiring services or loose items. Requirements should be detailed by users so the fit-out will provide the expected therapeutic environment.

Refer also to NSW Health GL2015_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services.

INDOOR EXERCISE FACILITY

Description and Function

This space is included as an option for a unit accommodating young people. Regular physical exercise is acknowledged as an important strategy in managing mental illness and weight gain associated with some treatment medications.

Location and Relationships

This room should be located in a space clearly observable from recreational and therapy areas. Transparent barriers and 'passing traffic' will enhance supervision. The room should overlook, and preferably open onto, accessible outdoor space.

Considerations

Careful consideration should be given to the type of equipment installed, given the consumer profile and the therapy goals. All equipment should be secured to the floor or walls. Supervision and appropriate training should be considered as part of the operational policies. The room would be locked when supervision is not available.

COURTYARDS - VARIOUS

Description and Function

These are secure outdoor areas for programmed activities, play or relaxation. Functional requirements include: passive areas, such as seating in landscaped gardens; active areas that encourage games and exercise; and some weather protection and sun shade.

Location and Relationships

Outdoor areas are accessible from the recreation / day area and visible from the staff station. Garden views from other parts of the Unit should also be maximised.

Considerations

The courtyard perimeter should be screened: if screening is achieved by planting trees or shrubbery, these should subsequently not compromise security.

TREATMENT ROOM

Description and Function

A treatment room may be used for performing examinations and minor procedures, such as dressings and injections, storage of resuscitation equipment and sterile supplies. Sterile stock may be stored in this room. It will require an examination couch, examination light and a second exit.

Location and Relationships

Access to the treatment room for consumers from the high dependency zone should not be through the acute zone.

AX APPENDICES

AX.01 Schedule of Accommodation

A schedule of accommodation is shown below. The following schedule of accommodation assumes a 12 bed unit which will routinely be provided to accommodate adolescents.

In some cases, room/ spaces are described as 'optional' or 'o'. Inclusion of this room/ space will be dependent on a range of factors such as operational policies or clinical services planning.

This document assumes no provision of a separate high dependency or seclusion room. The arrangement of bed rooms and support space should instead provide the capacity for some separation space when acute behaviours are exhibited by young people need to be de-escalated. For those projects that include that include a high dependency and/ or seclusion room, refer to HPU134 Adult Acute Mental Health Inpatient Unit for requirements.

ENTRY/ RECEPTION/ WAITING

ROOM CODE	ROOM / SPACE	SC/ SC-D	Qty x m2	REMARKS
AIRLE-12	Airlock - Entry	Yes	1 x 10	
RECL-10	Reception / Clerical, 10m2	Yes	1 x 10	
WAIT-10	Waiting, 10m2	Yes	1 x 10	
PLAP-10	Play Area – Paediatric, 10m2	Yes	1 x 10	Optional
LNPA-12	Lounge – Parent, 12m2	Yes	1 x 12	
WCAC	Toilet – Accessible, 6m2	Yes	1 x 6	Includes baby change facilities
	Discounted Circulation		32%	

ASSESSMENT/ MEETING ROOMS

ROOM CODE	ROOM / SPACE	SC/ SC-D	Qty x m2	REMARKS
MEET-L-30	Meeting Room, 30m2	Yes	1 x 30	Formal hearings, staff meetings, in-service, family conferences, group/family therapy.
INTF	Interview Room	Yes	2 x 14	Up to six participants.
	Observation Room		1 x 6	One-way observation window. Adjoins one interview room. Optional.
	Discounted Circulation		32%	

BEDROOMS

Note 1: May be bedroom access, corridor access, or combination.

ROOM CODE	ROOM / SPACE	SC/ SC-D	Qty x m2	REMARKS
1BR-MH-A	1 Bedroom - Mental Health, 14m2	Yes	11 x 14	
	1 Bedroom – Mental Health, Special		1 x 18	To accommodate rooming in or other special requirements
ENS-MH-A	Ensuite - Mental Health, 5m2	Yes	11 x 5	Refer to Note 1 above
	Ensuite – Mental Health, Special		1 x 6	To accommodate rooming in, physically disabled etc
ENS-MH-B	Ensuite – Inboard, Access from Corridor, 5m2	Yes	1 x 5	Provided instead of dedicated ensuites where supported by jurisdictional policies.
	Discounted Circulation		32%	

INPATIENT UNIT – ACTIVITY AND RECREATION AREAS

Note 3: Assumes some lockable storage will be provided in meeting/ activity rooms to support related activities.

ROOM CODE	ROOM / SPACE	SC/ SC-D	Qty x m2	REMARKS
	Recreation / Day Area		1 x 56	TV, lounges, telephone bay, lockers for personal items/ school work etc.
	Play Therapy Room		1 x 12	Only to be provided in unit managing young children.
DINBEV-25	Dining Room/ Beverage Bay (Mental Health)	Yes	1 x 35	Assumes 8 consumers plus 4 family members.
	Kitchen		1 x 14	Collocated with dining room. Parent and consumer access as appropriate.
	Activity/ Multipurpose Room		1 x 25	Activity room will include a sink for wet activities and storage.
MEET-L-30	Meeting Room	Yes	1 x 30	Patient education, group therapy, computer terminals.

	Sensory Modulation Room		1 x 12	
	Media Room		1 x 14	TV, music, internet room. Could also be used as a quiet space to achieve separation.
WCPT	Toilet – Patient, 4m2	Yes	1 x 4	Carers, consumers and visitors
LAUN-MH	Laundry – Mental Health, 6m2	Yes	1 x 6	Optional
	Exercise Room, Indoor		1 x 20	Optional
	Courtyard – outdoor secure		1 x 120	Note: discounted circulation will not apply
	Discounted Circulation		32%	

CLINICAL SUPPORT AREAS

ROOM CODE	ROOM / SPACE	SC/ SC-D	Qty x m2	REMARKS
SSTN-10	Staff Station	Yes	1 x 12	In main unit.
OFF-CLIN	Office - Clinical Workroom	Yes	1 x 15	
OFF-S9	Office - Single Person, 9m2	Yes	1 x 9	Nurse Unit Manager (NUM) or nurse manager. In main unit.
OFF-2P	Office – 2 Person, Shared, 12m2	Yes	1 x 12	Workstations for registrars for unit.
BLIN	Bay - Linen	Yes	1 x 2	Enclosed and lockable
STDR-10	Store - Medication	Yes	1 x 10	
	Treatment Room – Mental Health		1 x 14	Includes spatial allowance for resuscitation trolley (1m2)
STPP	Store - Patient Property	Yes	1 x 4	
DTUR-10	Dirty Utility, 10m2	Yes	1 x 10	Includes disposal, dirty linen storage.
STGN-9	Store – General, 9m2	Yes	1 x 9	Educational resources; sports / recreation equipment; general storage. Assumes lockable storage will be located within those rooms used for education and activities

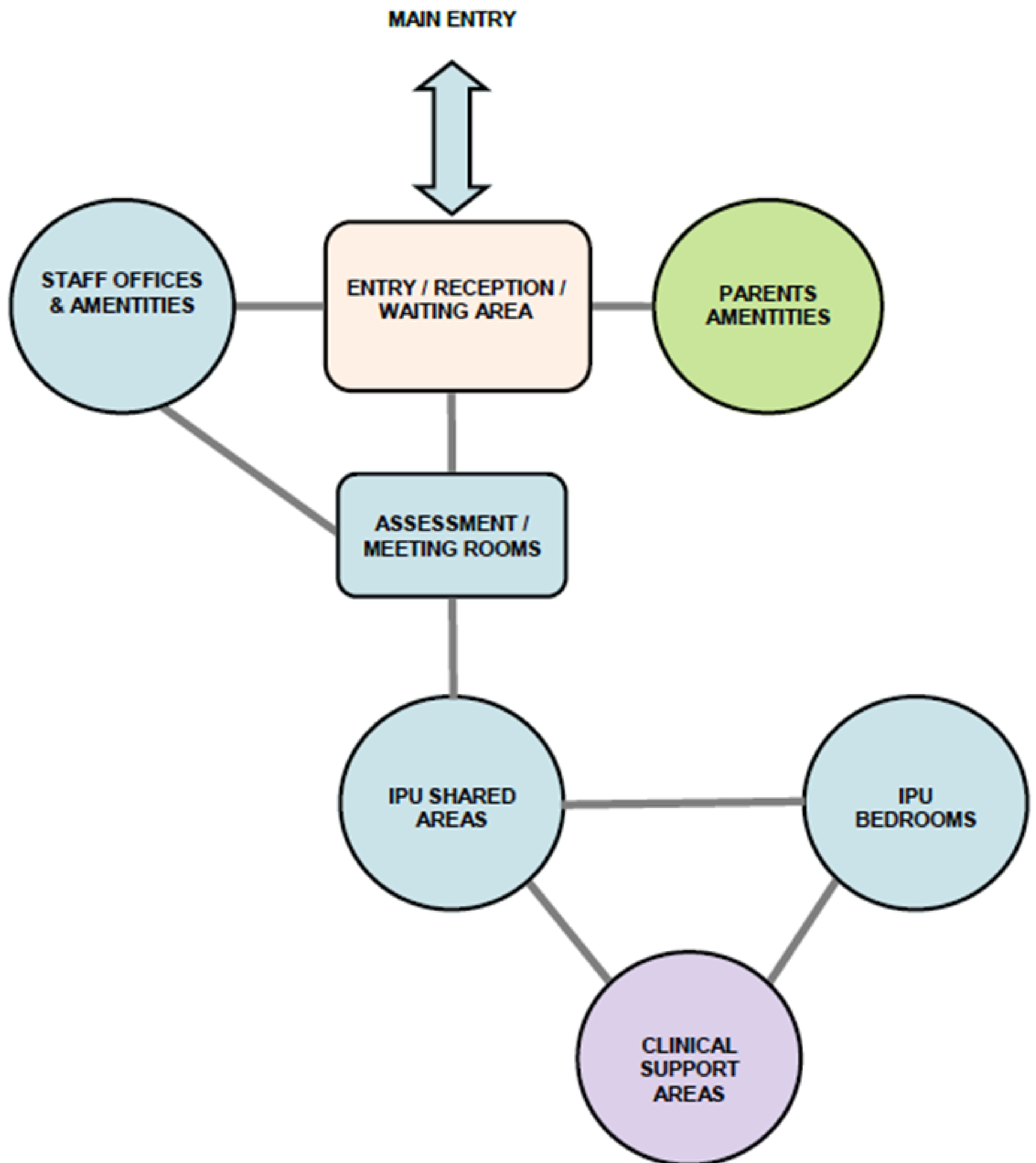
STEQ-14	Store – Equipment, 14m2	Yes	1 x 14	
BHWS-B	Bay - Hand Washing, Type B	Yes	2 x 1	1 per 6 beds
CLRM-5	Cleaner's room, 5m2	Yes	1 x 5	
	Discounted Circulation		32%	

STAFF AREAS - OFFICES AND AMENITIES

Note: Clerical, Education, Nursing and Allied Health. 4.4m2 per person. Actual number depends on staff establishment. Office Accommodation reference should be made to the relevant jurisdictional operational policies.

ROOM CODE	ROOM / SPACE	SC/ SC-D	Qty x m2	REMARKS
OFF-S9	Office - Single Person	Yes	1 x 12	Clinical Director
OFF-3P	Office - 3 Person, Shared	Yes	1 x 15	Consultants/ registrars. Actual number depends on staff establishment.
OFF-2P	Office - 2 Person, Shared	Yes	1 x 12	Clinical Nurse Consultant, Educator, Psychologist. Actual number depends on staff establishment.
	Office - Workstation		4.4	Refer to Note 4
SRM-15	Staff Room, 15m2	Yes	1 x 15	With beverage bay.
STPS-8	Store - Photocopy / Stationery, 8m2	Yes	1 x 8	
PROP-2	Property Bay - Staff	Yes	1 x 2	
WCST	Toilet – Staff, 3m2	Yes	2 x 3	
SHST	Shower - Staff, 3m2	Yes	1 x 3	
	Discounted Circulation		25%	

AX.02 Functional Relationships / Diagrams



AX.03 Checklists

For planning checklists, refer to Parts A, B, C and D of the Guidelines.

LEGISLATION

- ACT Mental Health (Treatment and Care) Act 1994;
- New Zealand Public Health and Disability Act 2000;
- Northern Territory Mental Health and Related Services Act 1998;
- NSW Mental Health Act 2007;
- Queensland Mental Health Act 2000;
- South Australian Mental Health Act 2009;
- Tasmanian Mental Health Act 1996;
- The Commonwealth Disability Discrimination Act 1992;
- Victorian Mental Health Act 2014;
- West Australian Mental Health Act 1996;
- Jurisdiction specific Child Protection Acts; and
- Jurisdiction specific Education Acts.

GOVERNMENT POLICIES

- Australian Government, National Standards for Mental Health, 2010;
- Department of Health and Human Services, Victoria 2013, Providing a safe environment for all: Framework for reducing restrictive interventions;
- National Mental Health Working Group 2005, National safety priorities in mental health: a national plan for reducing harm, Commonwealth of Australia, Canberra;
- NSW Health PD2012_035 Aggression, Seclusion and Restraint: Preventing, Minimising and Managing Disturbed Behaviours:
- NSW Health 2007b, PD 2007_059: Aboriginal Mental Health and Well Being Policy 2006-2010, NSW Health; and
- Victoria Government 2015, Victoria's 10-year mental health plan.

GUIDELINES

- Queensland Health 2009, Child and Adolescent Mental Health Inpatient Unit Design Considerations, Queensland Health

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