Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning

0134 - Adult Acute Mental Health Inpatient Unit

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Australasian Health Facility Guidelines

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CULTURAL ACKNOWLEDGEMENT AND TERMINOLOGY

The Australasian Health Facility Guidelines (AusHFG) are developed in collaboration with stakeholders across Australia and Aotearoa, New Zealand.

Acknowledgement of Country

We acknowledge the Aboriginal people as traditional owners and continuing custodians of the land throughout Australia and the Torres Strait Islander people as the traditional owners and continuing custodians of the land throughout the Torres Strait Islands. We acknowledge their connection to land, sea and community and pay respects to Elders past, present and emerging.

Acknowledgement of Te Tiriti o Waitangi

We acknowledge Māori as tangata whenua in Aotearoa New Zealand; Te Tiriti o Waitangi obligations have been considered in developing these resources.

Terminology and Language in the AusHFG

Throughout the AusHFG resources, the term ‘Indigenous Peoples’ is used to refer to both the Aboriginal and Torres Strait Islander Peoples of Australia and Māori of Aotearoa, New Zealand. Where references to specific cultural requirements or examples are described, the terms ‘Aboriginal Peoples’, ‘Torres Strait Islander Peoples’ and ‘Māori’ are used specifically. The AusHFG respect the right of Indigenous Peoples to describe their own cultural identities which may include these or other terms, including particular sovereign peoples or traditional place names.

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01 INTRODUCTION

1.1 PREAMBLE

The Australasian Health Facility Guidelines (AusHFG) (www.healthfacilityguidelines.com.au) are freely available resources for health services and project teams across Australia and New Zealand to support better planning, design, procurement and management of health facilities.

The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA), a cross-jurisdictional collaboration of all health authorities across Australia and New Zealand. Part A of the AusHFG provides further information relating to the purpose, structure and use of these resources. It is acknowledged that the application of the AusHFG varies between jurisdictions across Australia and New Zealand.

This AusHFG Health Planning Unit (HPU) has been reviewed and updated by AHIA following an extensive consultation process with clinical, operational and technical experts, as well as people with lived and living experience of mental illness. The consultation process was completed in 2024.

1.2 INTRODUCTION

HPU 131 Mental Health – Overarching Guideline describes the generic planning and design requirements that should be used when planning mental health inpatient units. This document contains information that is common across all mental health inpatient units and should be read in conjunction with service specific HPU documents to ensure that planning considers both principles and design requirements. These service specific documents include:

- HPU 132 Child and Adolescent Mental Health Unit
- HPU 133 Mental Health Emergency Short Stay Unit (MHESSU)
- HPU 134 Adult Acute Mental Health Inpatient Unit
- HPU 135 Older Peoples Acute Mental Health Inpatient Unit
- HPU 136 Non Acute Mental Health Unit which includes rehabilitation, extended care and low to medium secure forensic services
- HPU 137 Mental Health Intensive Care Unit.

The focus of this document is Adult Acute Mental Health Inpatient Units and information relating to consumers using this type of facility is addressed. This document also includes detailed information on functional planning and a schedule of accommodation.

This document should be read in conjunction with the Australasian Health Facility Guideline (AusHFG) generic requirements and standard components described in:

- Part A: Introduction and Instructions for Use
- Part B: Section 80 - General Requirements & Section 90 - Standard Components
- Part C: Design for Access, Mobility, Safety and Security
- Part D: Infection Prevention and Control.

Additional AusHFG resources that complement this HPU include:

- HPU 155 Ambulatory Care and Community Health which can be used to plan ambulatory/community services
- Pandemic Preparedness - Health Infrastructure Planning & Design Guidance
- Arts in Health Framework
- Culturally Sensitive Planning and Design.

Consultation with local Aboriginal and Torres Strait Islander groups and communities' representatives is essential for their local needs and preferences to be accommodated in the new healthcare facility. For Aotearoa New Zealand health facility projects, consultation with local iwi is important to ensure units are designed to be welcoming and adhere to local kawa and tikanga. Specific guidance to supplement the AusHFG for Aotearoa New Zealand health facility projects can be found in:

- Te Whatu Ora – Health New Zealand. 2022. New Zealand Health Facility Design Guidance Note. Wellington: Te Whatu Ora.

A 'patient' will be referred to as the 'consumer' in this document as this reflects the terminology used within a mental health context.

Local 'jurisdiction' refers to the relevant authority, including health department service provider such as an area health service or local health district and other governing entities.

1.3 DESCRIPTION

1.3.1 Description of the Unit

This HPU describes the specific requirements for the planning and design of an Adult Acute Mental Health Inpatient Unit.

The National Mental Health Services Planning Framework (NMHSPF, 2023) states that adult acute mental health inpatient services provide short to medium-term 24-hour inpatient assessment and treatment services for adults with possible or diagnosed severe mental illness, often presenting with distress and sometimes accompanied by behavioural disturbance, who could not be adequately assessed and treated in a less restrictive setting.

Jurisdictional requirements and a project-based definition of the catchment population, including consumer age bracket, will determine the consumer cohorts to be admitted in the unit. The need for separation between consumer cohorts, such as younger adults from older adults, will depend on jurisdictional policies and consideration of emerging evidence regarding therapeutic goals and safe delivery of care for each cohort. The placement of consumers should, therefore, be needs-based and reflect consumer-focused care.

Key features of the acute inpatient services model include:

- care to reduce the severity of symptoms associated with a recent onset with no previous psychiatric history, or exacerbation of a mental health illness.
- care based on best practice, evidence based and collaborative planning, interventions and discharge preparation through therapeutic recovery-oriented practices and procedures.
- care delivered by a multidisciplinary mental health team.

Adult Acute Mental Health Inpatient Units should provide safe and therapeutic, recovery-oriented care in the least restrictive environment possible. Refer to HPU 131 Mental Health – Overarching Guideline, Section 1.4 for further details relating to recovery-oriented models of service delivery.

Consumers may be classified as involuntary consumers under the relevant Mental Health Act.

Following discharge, most consumers will return to the community and if required, supported by community based mental health teams. Those requiring additional support may require rehabilitation and care or treatment, post discharge within a non-acute mental health unit.

It is important that models of care are well defined and inform the design of a unit, to ensure that the unit suits the needs of the consumer cohorts, promotes access to quality care, and maintains staff safety.

1.4 TERMINOLOGY

Refer to HPU 131 Mental Health – Overarching Guideline, Section 1.5, for terminology relating to mental health services.

02 PLANNING

2.1 OPERATIONAL MODELS

2.1.1 Service Configuration

While a mental health inpatient unit may contain a significant number of beds, contemporary understanding is that large institutional facilities do not provide a therapeutic, recovery focused environment. Instead, research indicates that recovery is better facilitated by the provision of clusters or 'pods' of beds with access to dedicated shared areas, e.g., lounge, dining etc., and outdoor spaces. Refer to HPU 131 Mental Health – Overarching Guideline, Section 1.5, for definition of 'pods'.

These pods may be further configured to support distinct consumer groups, to provide a therapeutic and safe environment for vulnerable individuals such as those who have experienced past trauma, and to provide sexual safety for all consumers. Refer to HPU 131 Mental Health – Overarching Guideline, Section 2.2.9 for additional information relating to sexual safety.

The capacity of each pod of beds will vary, depending on the cohort of consumers being treated/cared for. The size of each pod must provide a safe and therapeutic environment for consumers and staff. The staff's line of sight to living areas and consumer spaces with vulnerable occupants must also be considered.

2.1.2 Self-Management

The reduction and eventual elimination of the use of seclusion is a recognised goal across contemporary mental health services, both nationally and internationally. The Royal Australian and New Zealand College of Psychiatrists recognizes and supports the statement that seclusion and restraint should only be used as a measure of last resort where all other interventions were considered (RANZCP, 2021). It is now recognised that seclusion has no therapeutic benefit, and can be harmful and traumatic to service users, their whānau and staff in mental health inpatient units (NZ Ministry of Health, 2023). It is also important to note that each jurisdiction has different policies, regulations, and legal criteria for the use of seclusion and restraints in adult acute mental health facilities.

A key strategy to support de-escalation and self-management is the availability of a range of therapeutic spaces, e.g., quiet spaces, activity, exercise areas, sensory modulation rooms and de-escalation areas, to provide consumers with choice and control over the level of stimuli required to reduce and prevent their agitation. The safe management of behavioural emergencies without the use of seclusion and restraint must consider the protection and safety of self, other consumers, staff, visitors, and property. Refer to HPU 131 Mental Health – Overarching Guideline, Section 2.2.8 for further information regarding seclusion and restraint.

Significant focus on restraint reduction is continuing and some jurisdictions do not expect future builds to provide dedicated seclusion facilities. Eventual elimination of seclusion is multifaceted and different jurisdictions may be at different stages of this journey.

Where seclusion rooms are not included, jurisdictional regulation is to be referred to, to ensure that at-risk cohorts will be supported/treated without the use of restrictive interventions. Services must have policies and procedures in place to treat, care, and support consumers with behaviours of concern.

Refer to HPU 131 Mental Health – Overarching Guideline, Section 2.1 for further details relating to operational models.

2.2 OPERATIONAL POLICIES

2.2.1 General

Operational policies should be developed as part of the project planning process and should be considered when identifying the models of care to be implemented, as they will impact on the configuration of the unit and overall space requirements.

2.2.2 Family / Carer / Supporter

Early in the planning process, each jurisdiction and/or project should develop suitable operational policies relating to the provision of family/carer areas in response to the needs of the local population and consumer cohort. This may require a whole facility or a localised mental health facility response. Consideration for a space where children and young people visiting can be present during meetings or visits may also be beneficial.

2.2.3 Surge Capacity

The Clinical Service Plan (CSP) determines the bed requirements of the project which should also determine the built-in capacity to manage surges in demand. Operational policies to manage unexpected increases/changes in consumer demands should be discussed by the project team during the planning stage. Consideration for surge capacity will be governed by jurisdictional policies and the models of care for the facility. The design of the facility needs to respond to the CSP requirements, models of care and operational policies during surge and disaster response. An example of the management of surge demand is the NSW Health's *Guiding Principles to Manage a Surge in Demand for Mental Health Services* (2021).

Flexibility should also be built into the design to accommodate different and evolving consumer needs.

2.2.4 Physical Health and Wellbeing

Support for the physical health and wellbeing of consumers in mental health units is important. Providing equal access to healthcare and addressing individual co-morbidities, risk factors and major mortality predictors associated with mental illness presentation is vital. Some of these predictors include smoking, illicit drug use, side effects of mental health medications, lack of exercise and poor diet.

Planning and design inclusions as well as strategies developed and employed by the unit will be dependent on the models of care and consumer cohort.

For further information about improving the physical health and wellbeing within people with mental illness, refer to:

Australia: National Mental Health Commission. 2023. Equally Well. Australian Government. [ONLINE] Available at: https://www.mentalhealthcommission.gov.au/lived-experience/contributing-lives,-thriving-communities/equally-well

New Zealand: Te Pou. 2023. Equally Well: Physical health. [ONLINE] Available at: https://www.tepou.co.nz/initiatives/equally-well-physical-health

A comprehensive list of other operational policies is contained in HPU 131 Mental Health – Overarching Guideline, Section 2.2.

2.3 PLANNING MODELS

Refer to HPU 131 Mental Health – Overarching Guideline, Section 2.3 for further details relating to planning models.

2.4 FUNCTIONAL AREAS

2.4.1 General

The Adult Acute Mental Health Inpatient Unit will be typically comprised of the following functional areas:

- entry foyer, reception and waiting (a meeting room accessible from the waiting area and inpatient zones)
- general acute inpatient zone (comprising bedrooms, shared activity, therapy areas including sensory modulation room and outdoor areas)
- high dependency zone (comprising bedrooms and shared space including sensory modulation, dining room, seclusion room in some jurisdictions, and outdoor areas, noting that not all services will include a high dependency zone)
- secure entry zone
- clinical support
- staff areas including staff work areas, meeting rooms and amenities.

These zones are described below. The approach to planning and design of these areas should incorporate correct stakeholder collaboration to ensure the development of positive physical environments that promote optimal recovery outcomes.

2.4.2 Entry Foyer, Reception and Waiting

The entry foyer and reception area are the public face of the unit for those visiting the unit. These areas should be welcoming, devoid of custodial appearance, accessible, respectful and culturally sensitive.

Consumers being admitted to the unit will enter via the main entry. If the unit is part of a mental health complex, a single main entry and reception area may be provided for access to a number of inpatient and outpatient facilities. Respecting the principles of provision of care in the least restrictive environment and respectful practices, more complex admissions may access the service via the secure entry.

The entry and waiting area should have a comfortable and ‘soft’ waiting space with access to amenities for visitors, families and the public, including an accessible toilet. Ideally, the waiting area will be arranged to maintain some separation between groups.

The main entry design should plan for a Welcome to Country/acknowledgment of traditional lands on which the health service is built and health services provided. In Australia, this may be interpreted as part of wayfinding and signage or may be incorporated as an artistic response to Recognition of Country within the main entry door or main reception area in general.

Recognition of Country should be informed through consultation with local Aboriginal and Torres Strait Islander groups and organisations. Only culturally authorised Aboriginal and Torres Strait Islander people can provide a Welcome to Country.

For further guidance on creating culturally safe environments through arts integration, refer to:

- AusHFG Arts in Health Framework
- AusHFG Culturally Sensitive Planning and Design

The reception area should be designed to act as an access control point to other parts of the unit. After hours, visitors will use a video intercom system to alert staff of their arrival when the reception is not staffed. When unattended, the reception should be secured.

The reception area should have oversight of the entry and waiting areas. Reception desk design solutions should be contemporary and support the provision of a visually welcoming environment whilst enhancing security. Glazed screens, which are also beneficial for workplace health and safety during pandemics, are one option and should be designed so as not to impede communication or visibility. Other design options such as decreasing reachability by increasing the height and depth of the counter can be explored to reduce risk factors. The reception area should be safe for staff including direct access to a safe retreat in an adjacent secure area. A fixed duress alarm will be needed but mobile duress alarms should also be provided in this zone.

A mental health interview/discussion room for supporting consumers upon admission should be provided either in close proximity to the public entry or directly from the waiting space. This room may also be used for other purposes such as meetings with peer support workers, families and carers, consumers returning from leave and others as required. Depending on the size of the unit, more than one room may be required in this zone.

The size of the interview/discussion room and furniture configuration must support movement of consumers and visitors in wheelchairs. Depending on the intended use of the room, some interview rooms may need to accommodate large families and family members with prams. Where multiple rooms are provided, some may be provided at a larger size depending on the consumer cohort, local cultural considerations, and population demographics. Access to water/beverage facilities near the interview rooms may be required. This may be provided by a collocated beverage bay or water fountain bay in the entry and reception zone and be accessible on the way to the interview room.

Small lockers must be provided to ensure that visitors' belongings are safely stored.

Meeting Rooms

Meeting room(s) will be required:

- to support the functions of the Tribunal processes
- for case conferences where there may be more than a dozen people in attendance
- for educational sessions for staff, family, and other carers
- after hours to be used by consumer groups, for education purposes, etc.

The exact use and number of such room(s) will vary between units due to the different needs of consumer groups, families and carers, and services provided. Their use should be determined early in the planning process to ensure adequate provision and optimal utilisation of space.

Where used after hours by community groups, consider the location of these rooms including security requirements and design. For safety reasons, duress alarms and two points of access and egress should be provided in the meeting room used for tribunals.

Teleconferencing and videoconference facilities will be required for clinical reviews involving family members and/or services and clinicians; to support education and training; and for nominated facilities to provide telepsychiatry services to other units.

Tribunal Room

The Tribunal Room provides a safe and non-threatening environment for all participants. The room will be primarily used to conduct hearings but may have other purposes such as for staff meetings, handovers, or for community mental health teams to use if they are located in close proximity. Depending on availability and location of the Tribunal Room, staff may also conduct activities with consumers in this room. Hearings may be conducted in person, by video conference or if allowed by the jurisdiction, by telephone.

When not in use, or if an interview/discussion room is not available, the Tribunal Room may also be used for private discussions, for example, for consumers to discuss their situation with legal representatives.

The location of the room should allow external agencies and other people to enter the room from a corridor without entering the inpatient zone.

Refer to Section 4.2 Non-Standard Components for additional information. A standard component for a Tribunal Room is in development at the time of writing of this HPU.

2.4.3 General Acute Inpatient Zone

Bedrooms and Ensuites

Bedrooms will be provided as single rooms with a dedicated ensuite.

An external outlook, views of nature and access to natural light will assist with orientation and contribute to the provision of a homely environment. The ability to control and moderate light is essential in responding to and respecting individual needs.

Ensure appropriate ventilation to allow a comfortable environment in the patient bedroom. Refer to HPU 131 Mental Health - Overarching Guideline for information regarding openable windows and door/door hardware in bedrooms.

At least one bedroom and ensuite will be provided for independent wheelchair users.

The types and sizes of beds to be used in the bedrooms will depend on jurisdictional requirements and consumer cohorts and should be considered during the design process.

The ability to sleep when needed is essential, which can be assisted by ensuring that doors close quietly, sounds are reduced to a minimum and unnecessary lights are removed from rooms. Non-essential announcements should be removed from individual rooms and electrical fittings should be replaced if they are making unnecessary noise. Consider lighting and temperature control to enhance consumer comfort.

Refer to the relevant Standard Components for mental health bedrooms and ensuites for further detail on configurations, room contents and design.

Interview and Consult Rooms

The number of such rooms and their specific uses will be determined by:

- staff scheduling
- the number of consumers and anticipated booked assessments, staff, and visitors to be accommodated
- potential use by community mental health if no adjoining ambulatory or community mental health unit exists.

The provision of a consult room will assist in the assessment of physical health of a consumer and the undertaking of physical interventions/treatments.

Assuming they are for inpatient use only, these rooms should be located within the envelope of the inpatient zones and be within reasonable line of sight from the staff/consumer interface area. Where both consumer and family access are required, some rooms may be positioned for access from the unit entry.

All rooms should have two exit doors. Furniture arrangement should encourage informal discussion whilst not obstructing staff exit routes. The room should not have a clinical feel and should include furniture that is comfortable and inviting, enabling individuals to feel relaxed.

Sensory Modulation Room

Sensory modulation is the ability to regulate and organise a consumer's response to sensory input in a graded and adaptive manner. A sensory based therapeutic space is utilised to promote recovery and rehabilitation, where consumers can manage distress and agitation using sensory modulation equipment.

The room should be future proofed for technology and other information and communication technology (ICT) capacity for the future.

Refer to Section 4.2 Non-Standard Components for additional information.

Shared Consumer Areas

Shared areas will consist of a range of spaces that provide a choice of private, semi-private and social engagement opportunities within that zone. The shared consumer areas for the general zone will be separate from the high dependency zone. The approach to the provision of these areas should be informed through consultations with consumers, carers, and staff with a focus on supporting consumer recovery and safety. A **dining room** will provide a defined space for consumers to eat at tables, seated in small groups or individually.

Access to light and views are important considerations. Décor should reflect a domestic environment.

There should be:

- direct access to an outdoor area that can be used in all types of weather
- ready access to an accessible toilet, without having to travel back to the bedroom areas
- direct access from the staff only/patient transfer corridor to the kitchen and/or servery, if provided, for delivery of food supplies and meals.

The food services model for the unit should be confirmed early in the planning process and in consultation with consumer representatives and relevant food agencies who service the unit. Meals may be pre-plated and placed on trolleys at the main hospital kitchen and delivered directly to the dining room where consumers collect their own food. A dedicated **kitchen and servery** area may be included on the unit if a Baine Marie style of food preparation and service is adopted.

Consumers and their carers should have access to self-serve beverage bays outside of mealtimes for drinks and snacks, such as fruit and other appropriate healthy snacks. This includes the requirement for 24-hour consumer access to chilled water. The temperature of hot water should be suitable to prepare tea and coffee. The bays may be open in a general acute inpatient unit (IPU) if supported by risk assessment but should have lockable drawers/cabinetry and fitted with hot water system that can be turned off, if located in high acuity areas.

A separate **activity/therapy kitchen** area may be provided to be used by consumers to prepare light meals and group activities. If the room is used to support models of care associated with activities of daily living (ADL), including for occupational therapy assessments, it must be appropriately sized and lockable when not in use.

Activity and lounge areas may be used 24 hours a day, catering for a variety of uses such as:

- lounges for relaxation, reading and other quiet activities
- lounge in private area for family/carer/supporter visit
- designated lounge(s) for special groups based on age, gender etc.
- television and music room with television, multimedia players etc. within fixed cabinetry
- general lounge area used by all consumers in the zone for socialisation.

Lounge areas may be distributed between pods of beds with appropriate access to support safety for all consumers, particularly of vulnerable consumer cohorts.

The general lounge should open onto an outdoor area. Sufficient space is vital to prevent or minimise adverse outcomes associated with overcrowding. The general lounge area should be clearly observable by staff so that they are able to maintain connection with consumer movement.

Lounges provided in high acuity areas should be visible from the staff station.

There should be careful selection of comfortable but durable furniture that can be configured for a range of activities and uses with non-institutional colours to promote a welcoming and safe environment.

Finishes and soft furnishings should be comfortable, washable, with a low flame index and easily maintained.

Cupboards should be lockable and durable, with access for consumers to resources where appropriate to support activities of choice.

Therapy Areas will include a multifunctional group room and occupational therapy room that may be used as multi-functional shared spaces and facilities to support activities of daily living. Although available for use by consumers as general support spaces, the activity/therapy kitchen and consumer laundry may also be used for consumer ADL assessment with the occupational therapist. The ADL areas are used to assess consumers for their suitability to go to the next level of accommodation e.g., residential accommodation. Therapy areas should be separate from communal living spaces within the unit to ensure that consumers can continue to access living spaces as required while therapy or group activities are on.

To assist with improving the physical health of people living with mental illness, depending on the consumer cohort and length of stay, an **indoor exercise area** with exercise equipment should be provided. The location and design of the indoor exercise area which supports and maintains staff observation of consumers from other staff or consumer areas, must be considered early in the planning stage. Ideally, the indoor exercise area should be located where it is easily supervised to maximise utilisation.

Outdoor Spaces such as courtyards, terraces or gardens which may be at grade, elevated, or internal are integral components of a mental health unit and are essential to consumer recovery and well-being. As much design effort and attention to detail should be given to these areas as to internal spaces. This will include careful consideration of safety requirements, all weather access including shaded areas and provision of good airflow and, views while protecting privacy. Weather protected; shaded areas are an important consideration to extend usability of the space.

Consumer access to outdoor spaces is for exercise, recreation and other activities. Depending on risk assessment results, outdoor exercise equipment could be included. Staff should be able to observe the outdoor areas adequately so as not to restrict consumer use.

There should be separate outdoor space for the general, high dependency zone and pod of beds for vulnerable consumers where provided. All outdoor areas need to be secure, and the level of perimeter security will be guided by risk assessment and location/level of the consumer outdoor spaces within the building.

Refer to HPU 131 Mental Health – Overarching Guideline, Section 3.8.9 and 3.8.10 for further details relating to courtyards, terraces, gardens and perimeter security.

2.4.4 High Dependency Inpatient Zone

This zone should be capable of secure separation from the general/open zone, but able to be used as part of the open zone in times of less acuity. Ideally, it should have the same layout as general care areas to allow for this flexibility. The layout should facilitate the controlled movement of staff and consumers between zones, as well as safe access for families and carers.

The layout of the zone should provide consumer safety and enable ready engagement of consumers by staff. Sound attenuation is important to reduce stimulus.

Physical separation of consumer cohorts is project specific and dependent on jurisdictional requirements. Refer to jurisdictional policies for sexual safety in high dependency units.

Depending upon the size of the high dependency zone and its layout, the following should be considered:

- provision of shared consumer living and support areas (that align with the model of care for this consumer cohort)
- provision of dedicated support areas (to enable achievement of secure separation)

- provision of extra spaces or specific design element (to allow for separation of consumer cohorts)
- ease of access for emergency admissions and assessments
- careful planning for safe and efficient consumer flow from secured entry point.

A high level of attention to building fabric and design of fittings and fixtures with a higher level of robustness compared with the open zone will be required in the high dependency zone.

Access to ensuites may be decided on a project-by-project basis. Although toilets and showers accessed directly from a corridor may provide better supervision, a more homelike ensuite with direct access from the bedroom is preferred. Risk assessment will be required to confirm the level of consumer observation needed.

A **Sensory Modulation Room** to provide consumers the opportunity to manage distress and agitation using sensory modulation equipment will be required in the high dependency zone.

A **De-escalation Area** provides a low stimulus, calming space for consumers to access by choice, where staff are accessible, and the company of others is available, with the view to avoiding the need for seclusion. The de-escalation room requires soft furnishings, the ability to play music and access to a dedicated courtyard, if possible.

Refer to Section 4.2 Non-Standard Components for additional information.

A designated **Seclusion Room** provides for the sole confinement of a distressed or agitated person at risk of causing harm to self or others requiring separation for short periods at any hour of the day or night on an involuntary basis. However, it is important to note that ‘seclusion’ is a restrictive practice, not just a room. A consumer who is placed alone and cannot leave from any room or enclosed space which is locked and unlocked from the outside is considered in seclusion.

In jurisdictions where a Seclusion Room is provided, such as those facilities with no access to a Mental Health Intensive Care Unit (MHICU), the room may be located adjacent to the secure emergency entry if risk assessment of staffing levels allows assistance from other unit staff in case of emergencies. It may also be located adjacent to the de-escalation area, but ideally the adjacency should be discreet and not be visually apparent. Although more aligned with the high dependency zone, ease of access to the Seclusion Room from the general acute mental health inpatient zone also requires consideration.

The provision of a Seclusion Room needs to ensure that it provides a safe and secure environment for consumers and staff. An adjoining ensuite should be provided with the ability to be locked open or closed. In addition to jurisdictional requirements, the seclusion room and ensuite must:

- be fitted with anti-ligature fittings as per Furniture Fixtures and Equipment (FF&E) requirements for mental health
- have higher level of robustness of finishes
- not have electrical outlets
- allow for discrete observation (use of CCTV will be based on jurisdictional requirements)
- provide orientation to time and place
- provide a means to communicate to staff for assistance.

Consider collocating a dedicated courtyard for use by consumers in the Seclusion Room.

Ideally, Seclusion Rooms should be designed in a manner that will facilitate transition into an alternative consumer focused room when the practice of seclusion is eventually phased out.

Refer to the AusHFG Standard Component for further information.

2.4.5 Secure Entry

A dedicated and discreet secure entry lobby will be required as a point of access into the high dependency zone of the unit. The form of this entry may vary from a contained courtyard or controlled transfer area. In some jurisdictions, the provision of the controlled transfer area may not be required. Where provided, the space will need to accommodate an emergency vehicle, including bariatric ambulance, with the provision of sufficient area to easily transfer the consumer. Facilities may be required to support the safe storage of police firearms depending on local police force requirements. This may include the requirement for a gun safe.

Refer to Section 4.2 Non-Standard Components for additional information.

A **Mental Health Consult Room** should be located adjacent to the secure entry and the Seclusion Room for initial clinical assessment.

The room will require a second egress door. Locked cupboards that are keyed alike are required for the storage of clinical equipment, syringes, needles and other possibly hazardous materials. 'Sharps' containers need to be securely enclosed for ease of disposal and prevention of adverse events. A hand basin is required.

Doors should be lockable with swipe card or similar restricted access, given the range of equipment which can be used as potential to self-harm or used as weapons.

2.4.6 Clinical Support

A range of clinical support rooms are required as documented within the schedule of accommodation (section 5.1).

Opportunities to share support rooms should be explored with consideration of the bed capacity of each pod and travel distances involved.

The **Medication Room** should be of sufficient size to support the medication storage, dispensing and administration model. Consider ICT and potential additional space requirements for automated/electronic medication dispensing.

Access to the Medication Room should be via swipe card access with key override.

2.4.7 Staff Work Areas, Meeting Rooms and Amenities

Staff working on the unit (nursing, multidisciplinary teams, back of house staff and others) should enter the unit from a secure staff zone and not travel through the unit.

Staff areas have been zoned separately in the schedule of accommodation to allow them to be located away from consumer areas. The staff area will be secured after hours and at weekends whilst still giving authorised staff the necessary access to amenities, photocopier etc.

Staff Work Areas

The work area location for the clinical nurse unit manager varies between jurisdictions. However, it should be located close to the consumer zones, so they are readily available to support and supervise other staff.

The size of the unit and the staff establishment, including nursing, medical, allied health staff and trainees, will determine the number of other workspaces required. Refer to individual jurisdiction policies for guidance on the provision and allocation of work areas. For the requirements of office or workplace facilities for psychiatrist trainees, refer to The Royal Australian & New Zealand College of Psychiatrist (RANZCP), Accreditation of Training Posts, 2023.

Meeting Rooms

Consider the workforce size as multidisciplinary teams tend to be larger in size which will require a larger collaboration space. These should be located on the periphery of the staff zone to enable ease of access by external staff.

Staff Amenities comprise of a staff room, property bay and toilets. Depending on the project, a staff shower may be included depending on proximity to main hospital amenities. This zone is a private place for staff to remove themselves from the 'noise' of their workspace and take a moment to recentre. Access to natural light is essential.

The size of the unit and the number of staff employed will determine the number and configuration of spaces in this zone. A quiet space for staff to withdraw from the consumer environment should be provided such as a sitting area in the staff room or staff external space. Depending on the location of the unit, access to a courtyard or external space is important for the well-being of staff who work in demanding clinical environments. The provision of outdoor area will be dependent on jurisdictional and overall facility policy for outdoor spaces for staff use. If a courtyard is not possible, consider providing access to natural lighting and fresh air through the provision of openable windows and the inclusion of natural features such plants or pictures of landscapes.

The staff room should not double up as a meeting room to ensure staff are provided with a dedicated area to take uninterrupted allocated meal breaks. A phone may be required in this space for staff to take short phone calls for clinical or operational purposes.

Amenities will need to be accessible 24 hours per day, seven days a week and are for the use of all staff. Depending on the location of amenities, it may be necessary to provide lockers and toilets within the envelope of inpatient areas for ready access, particularly at night.

Staff-only rooms located in the consumer zones should be lockable and accessible via swipe-card or similar. An accessible toilet should be available to staff.

2.5 FUNCTIONAL RELATIONSHIPS

External

The policy of mainstreaming mental health services requires that mental health units are perceived as an integral and equal part of the health precinct. The unit location should afford easy access to shared services and facilities that may be used by the consumers, staff, visitors and the general public. These facilities include:

- Mental Health Emergency Short Stay Unit (MHESSU)
- other Mental Health units
- Day Surgery Unit (DSU) or designated location for electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS) and other emerging therapies.

Internal

Planning of the unit is complex and requires that the correct relationships are achieved between the functional zones listed previously. Key internal relationship requirements include:

- the central reception zone should provide direct and controlled access to the inpatient areas
- access to the tribunal room and other meeting rooms attended by external visitors should be located for direct access from the reception, waiting area and inpatient zone
- ideally, and depending on the bed capacity provided and consumer profile, the inpatient area will be zoned to allow for appropriate grouping/separation of inpatients
- recreation areas, indoor and outdoor, will be located in close proximity to the main living areas and close proximity to group of bedrooms
- the high dependency zone requires an appropriate allocation of support areas, including a dedicated secure outdoor area, to ensure that it can operate independently when requiring secure separation
- appropriate planning of inpatient and consumer areas to allow staff to escape threats or retreat/withdraw to safety

- staff offices and amenities will be located in a consumer free zone.

03 DESIGN

Refer to HPU 131 Mental Health – Overarching Guideline, Section 3 for generic design requirements applicable to all mental health inpatient units and risk assessment/zoning to reduce risk in terms of ligature.

04 COMPONENTS OF THE UNIT

4.1 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 (SC-D)* are rooms/spaces, 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.
- *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:
https://www.healthfacilityguidelines.com.au/standard-components

4.2 NON-STANDARD COMPONENTS

Non-Standard Components are unit-specific, to be provided according to operational policy and service demand. These rooms/spaces are listed and described below:

- tribunal room
- staff/consumer interface
- multi-functional group room
- activity/diversional room
- indoor exercise area
- sensory modulation room
- de-escalation area
- secure entry zone
- food trolley bay or servery/kitchen.

4.2.1 Tribunal Room

Description and Function

This room is used to support the functions of the Mental Health Tribunal, and confidential discussions between staff, consumers, carers and/or supporters.

Location and Relationships

External visitors should be able to readily access the room without entering the inpatient unit, however close proximity to the inpatient and high acuity zone is also required for safe access by consumers.

Considerations

The Tribunal Room should feel welcoming and safe for all who use it and avoid the traditional authoritative room layout and interior décor. To ensure that individual levels of treatment, recovery or ill health can be assessed accurately, consumers should be supported to feel comfortable and at ease during assessments and hearings.

The Tribunal Room will require safe and effective access and egress including two doors, one of which should be behind the tribunal staff and not blocked by furniture. There should always be unobstructed emergency escape routes during meetings/sessions.

Furniture such as tables and chairs should be appropriate for the various activities in the room. The arrangement of furniture for magistrate sessions should ensure the safety of consumer, staff and other participants.

Video and teleconferencing facilities will be required. The facility may need to liaise directly with local court officials to ensure that the right video conferencing system is set up in the room. Consider jurisdictional requirements for the ICT system; provision of separate ICT systems may be required in the room due to additional security requirements.

An observation window or door with observation panel (laminated/toughened glass with integral venetians) should be installed.

Personal duress alarms are assumed but fixed duress buttons, including one at the staff egress door and one under the staff side of the table may be considered as alternatives. Consider specific jurisdictional requirements for CCTV installation.

A high level of acoustic privacy is required.

For Victorian (Australia) projects, refer to:

https://www.vhhsba.vic.gov.au/sites/default/files/2019-10/Mental-Health-Tribunal-Hearing-Room-Standard-Component-with-elevations-rom-data-sheet-VHHSBA-180904.pdf

For New Zealand (NZ) projects, refer to HPU 131 Mental Health – Overarching Guidelines, Section 3.10 Building Services Requirements for specific requirements relating to CCTV installation in mental health facilities.

4.2.2 Staff / Consumer Interface

Description and Function

The staff/consumer interface areas should be configured in a way that promotes communication amongst staff and engagement with consumers, family members and carers/supporters.

The space will be split into two components – a more open staff/consumer area and a private clinical work area.

The functions for these two spaces are dependent on the operational model and may be arranged as follows.

Staff/consumer interface may provide:

- lockable storage for consumer's personal belongings, i.e., bank cards, home keys, cash etc., if supported by the operational policy
- lockable charging storage area for consumer's mobile phones, tablets, and laptop
- adequate bench space, which may be provided as a decentralised space, for consumers to engage with staff and/or engage in mindfulness activities, such as puzzles, colouring/drawing, reading, etc.

Clinical work room shall provide:

- private space for staff handovers and case discussions
- location of electronic consumer journey board
- space for computers, printer, copier
- space for workstations on wheels with wireless computer access
- location of fire mimic panel and motion sensor panel, if used
- storage of docking and charging stations of personal duress alarms

- locker storage location for staff personal belongings (if a separate locker room is not provided).

Location and Relationships

The location should allow optimal observation of consumer care areas, including outdoor areas, acknowledging that staff must be present and directly engage consumers in high-risk areas.

Considerations

The staff/consumer interface area and clinical workroom should be designed to encourage staff and consumer engagement and reduce the need for consumers to knock and wait at staff station doors. The extent of barrier to be provided at the staff station should be established during the planning and design stage. Consideration should be given towards the prevention of establishing the 'fishbowl style' of observation hub to prevent feelings of 'us and them' between staff and consumers or consumers feeling unsafe, frightened, alien, uncomfortable or agitated.

An open staff/consumer interface area may be provided to allow for face-to-face interaction between staff and consumer. The open staff/consumer interface area encourages consumer engagement whilst an adjoining clinical workroom (quieter enclosed area) is where staff confidential discussions can occur.

Staff safety is paramount; the clinical workroom can be used by staff to retreat and withdraw to if they feel uncomfortable. There should be unobstructed emergency escape routes.

Down lighting, rather than fluorescent lighting, should be installed above workspaces for night duty staff.

4.2.3 Multi-Functional Group Room

Description and Function

This room may be used for closed consumer group work, television viewing, listening to music, using computers or other activities as determined by the nature and service needs of the unit.

Location and Relationships

Observation of activities undertaken within this room should be considered and enhanced by the unit layout.

The room may have access to internal or external courtyards, or terraces with weather protection. It should have a high acoustic rating to meet consumer comfort and confidentiality requirements.

Considerations

Surfaces should be washable and finishes and furnishings easily maintained and restorable.

Bulletin boards and wall spaces for posters etc. to be installed with consideration of safety requirements.

Colours, finishes and contemporary artwork should be carefully selected, the décor reflecting a domestic environment conducive to continued participation in community life and activities of daily living (ADL).

The following should be included:

- work tables
- lockable storage.

4.2.4 Activity / Diversional Room

Description and Function

This room should be a flexible use, appropriately sized area to facilitate a range of activities and therapies including art (wet area), diversional and occupational therapy.

It should be large enough to accommodate groups of consumers participating in activities, as well as space for equipment and materials, for example, large tables or painting easels.

Location and Relationships

The activity/diversional room should be in close proximity to the other shared living areas such as the dining room; however, the activity/therapy room should be separated to ensure that consumers can continue to access living spaces as required.

Noise transmission from this room should be minimised by considering proximity to the consumer bedroom areas.

Considerations

The design and finishes of the room should create an appropriate ambience to ensure the space is a pleasant environment to be in.

Suitable equipment should be provided that will enable consumers to undertake the activities that the room is purposed for.

4.2.5 Indoor Exercise Area

Description and Function

Regular physical exercise is acknowledged as an important self-management strategy. The types of physical exercise will be dependent on the consumer cohorts.

Refer to 2.2.4 Physical Health and Wellbeing for additional information.

Location and Relationships

This room should be located in a space clearly observable from the recreational and therapy areas. Transparent walling and the flow of passing traffic can also be used to aid in the monitoring of supervised activities within this room. It should overlook, and preferably open onto, accessible outdoor space.

Considerations

Provide a safe and secure environment for all staff and consumers. Careful consideration should be given to the type and size of equipment and the degree of supervision required. Equipment should be carefully selected to provide appropriate activities for therapy and/or recreation without affording opportunities for injury to self or others. Consider the placement of exercise equipment within the room to provide adequate personal space separation of consumers.

Sufficient storage of small exercise equipment is required to reduce trip hazards and injury risks.

4.2.6 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 where consumers have opportunities to manage distress and agitation using sensory modulation equipment. Equipment may include weighted, movement, tactile, vibrating, squeeze, visual, and auditory modalities.

Location and Relationships

This space may be utilised by consumers on their own, or with staff supervision. As such, the positioning of this room will depend on the specific unit's models of care.

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.

The room should include comfortable seating, adequate clear floor space (for example, a non-slip mat for yoga, meditation and/or lying down on the floor), integrated sound system, television, and adaptive sensory lighting. The room may also include equipment such as tactile kits, fibre optic lighting and other innovations to enhance calm and relaxation.

There should be local control for sound and light so consumers can choose the sensory input. Adequate acoustics should be provided to allow consumers to listen to music that does not transfer to other areas of the unit.

Storage is important to store sensory tools and kits when not in use.

Refer also to relevant jurisdictional policy directives for further information about sensory modulation rooms.

4.2.7 De-escalation Area

Definition and Function

De-escalation is defined by the National Institute for Health and Care and Excellence, UK (NICE) guidance (NG10 2015) as a range of skills designed to abort the assault cycle during the escalation phase. The de-escalation room should be a safe, quiet environment with low stimulus, enabling the consumer to self soothe, self-manage, and regulate their own behaviour away from noise and other environmental distractions of the shared/communal spaces.

The function of a de-escalation area is to provide a low stimulus room for consumers to access by choice if required, and with staff supervision, with the view to avoiding the need for seclusion.

Location and Relationships

The de-escalation area should be situated away from the main inpatient area to provide a private, low stimulus environment for the consumer with access to a dedicated courtyard.

It should be proximally located to the seclusion room but not associated with the seclusion room. Sound proofing required between de-escalation and seclusion rooms is essential if located next to each other.

Although more aligned with the high dependency zone, ease of access from the general acute zone is desirable.

Considerations

The de-escalation area should provide sufficient space between consumer and staff where comfortable seating will be provided for both consumer and staff to enable staff to support the de-escalation management.

The room should contain additional equipment, e.g., foam type lounges, music system within a lockable cupboard or alternative system and may contain access to a game console/television.

The door furniture (lock) enables the door to be locked from the outside when the room is not in use but allows free egress. The type of locking mechanism (swipe or key operated) will be determined on a project-by-project basis.

The room should have integral blinds controlled internally but with override which can be controlled externally by staff.

Consider the location of the room in relation to consumer toilet facilities so that individuals do not need to re-enter shared spaces to access a toilet.

4.2.8 Kitchen – Activity / Therapy

Description and Function

The Kitchen – Activity/Therapy is used by consumers to prepare light meals and for group diversional cooking activities. The room may also be part of the models of care for the training and assessment of consumers activities of daily living (ADL), including for Occupational Therapy assessments tasks. The kitchen can include a combination of fittings and appliances such as a sink, cooktop, oven/grill, microwave and refrigerator to support common ADL training and assessment tasks as per service requirements.

The room may be used on a one-on-one staff to consumer basis but may also be used for group activities.

Location and Relationships

The room may be located adjacent to Activity/Therapy Room or the Dining Area.

Considerations

The space is to be functional for a range of patients including wheelchair users.

Room exhaust is required to range hood over cooktop, if provided.

The room may be enclosed with a lockable door depending on security requirements.

External outlook and access to natural light is desirable.

4.2.9 Secure Entry Zone

Description and Function

Every jurisdiction will have their own entry pathways into the unit. Where consumers arrive via the Emergency Unit of the main hospital, an entry lobby leading directly into the high dependency zone will be sufficient.

In circumstances where consumers are brought directly to the unit by police, correctional services or ambulance, facilities will be comprised of:

- a fully enclosed parking zone for police, correctional services, ambulance, and community mental health vehicles that can be secured by a lockable roller door
- an entry corridor capable of accepting an ambulance trolley and at least two emergency personnel with ease
- electric doors, where required
- facilities to support the safe storage of police firearms depending on local police force requirements (this would include the requirement for a gun safe in some jurisdictions)
- consultation/assessment room and ensuite
- a small workspace for use by escorting officers to complete required paperwork.

The provision of a secure entry spaces including controlled transfer area and gun safe is as per jurisdictional requirements.

This zone should be welcoming and support consumers' privacy and dignity and the consumer admissions process.

Location and Relationships

The entrance should be capable of direct approach by ambulance and police vehicles and should provide weather protection for consumer transfer. There should be easy access to a consult room and seclusion room.

Where possible, easy access to consult room and interview/discussion room from both the Secure Entry Zone and the main entry to the unit should be provided.

Considerations

The layout of this zone is to be determined by the facilities' models of care and jurisdictional requirements. Consideration for the provision of a space or alternate route for family or friends in attendance may also be required.

A video intercom system between the secure entry and the staff/consumer interface area should be provided. This area should have a level of soundproofing to prevent disruption to the remainder of the unit.

Provide ventilation to exhaust vehicle fume emissions if a fully enclosed room is provided.

4.2.10 Trolley Bay or Kitchen / Servery

Description and Function

A room/space for the receipt, finishing and serving of meals. The provision and design of the kitchen/servery will depend on the food service model and the management of used crockery and utensils.

Location and Relationships

The trolley bay or kitchen/servery should be located adjacent to dining spaces in the general or open zone.

If the kitchen/servery design and layout permit, there may be a counter access to the high dependency lounge, dining and activity areas for the serving of plated meals.

Considerations

The work zones of the kitchen are for use by staff only and not suitable for consumer ADL assessment. The servery zone may be accessed by consumers from the dining area side.

The kitchen/servery should be a safe, secure environment for staff and consumers in compliance with work, health and safety (WHS) and infection control guidelines, with ample bench top area, open shelving and lockable cupboards for sharp utensils, supplies, etc., adequate secure storage for food and equipment and sufficient space to store food and distribution trolleys. A dedicated power outlet for heating/cooling food will be required.

If a kitchen/servery is provided as part of the food service model, ensure sufficient space for consumers in front of the servery to allow for circulation during meal service.

Access to a hand wash basin is required.

05 APPENDICES

5.1 SCHEDULE OF ACCOMODATION

The Schedule of Accommodation (SOA) in this HPU is for indicative purposes only. The final SOA and design inclusions for specific projects will be dependent on the Clinical Services Plan (CSP) and Functional Design Brief (FDB). The bed numbers and the ratio of general acute inpatient beds to high dependency beds will vary between jurisdictions' models of care, clinical services requirements and should allow for flexibility to address the needs of changing consumer cohorts.

A generic schedule of accommodation for an adult mental health inpatient unit is shown below for the following generic units:

- 20 bed acute inpatient unit comprising a 14-bed general acute inpatient zone plus a 6-bed high dependency zone.
- 30 bed acute inpatient unit comprising a 20-bed general acute inpatient zone plus a 10-bed high dependency zone.

Given the size of the general inpatient zones it is assumed that these beds would be configured into separate pods, each with their own support spaces, including dining, lounge and courtyard areas. The number of pods to be provided and the capacity of each should be determined through consultation with the local jurisdiction and will depend on the overall size of the unit, consumer cohort and local jurisdictional policies.

The 'Room/Space' column describes each room or space within the unit. Some rooms are identified as 'Standard Components' (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as 'Standard Components - Derived' (SC-D). The 'SC/SC-D' column identifies these rooms and relevant room codes and names are provided.

All other rooms are non-standard and will need to be briefed using relevant functional and operational information provided in this HPU.

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.

In line with the AusHFG Part C, the allocation of 32% intra-departmental circulation is recommended, however, this allowance will be subject to the design approach, e.g., a higher rate of up to 42% may be required for a 'courtyard' model.

Entry Foyer, Reception and Waiting

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1		Scenario 2		Remarks
			20 Beds		30 Beds		
			Qty	m2	Qty	m2	
AIRLE-12	Airlock - Entry	Yes	1	10	1	10	Wind protection/security.
RECP-10	Reception	Yes	1	10	1	12	
WAIT-10	Waiting	Yes	1	10	1	15	1.2m2 recommended per seat, 1.5m2 per wheelchair space.
WCAC	Toilet - Accessible	Yes	1	6	1	6	Risk zoning may be required for provision of anti-ligature fittings.
WCPU	Toilet - Public	Yes	1	3 (o)	1	3 (o)	Optional. Risk zoning may be required for provision of anti-ligature fittings.
BPROP	Bay - Property	Yes	1	1	1	2	Lockers for visitors
INTF-MH	Interview/Discussion Room - Mental Health	Yes	1	14	1	14	Size of room and furniture configuration to support movement of consumers and visitors in wheelchairs. May need larger room to accommodate large families and family members bringing prams.
MEET-20	Meeting Room	Yes	1	20	1	20	Multipurpose - may be used for meetings/case conferences/education with large families, other external visitors, consumer groups, family reflection etc.
BBEV	Bay - Beverage	Yes	1	3 (o)	1	3 (o)	Optional. May be part of the Waiting Area or Meeting Room.
	Tribunal Room		1	30	1	30	Could be shared with other Mental Health Units. Provision of associated adjacent rooms such as Bev Bay & WC required in some jurisdictions.
	Discounted Circulation		32%		32%		

The above facility is required only in a stand-alone unit. Where the facility is part of multiple mental health units, the Entry Foyer, Reception and Waiting may be shared, and areas and room provisions need to be adjusted accordingly.

General Acute Inpatient Zone

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1 14 Bed Open Zone		Scenario 2 20 Bed Open Zone		Remarks
			Qty	m2	Qty	m2	
1BR-MH-A 1BR-MH-C	Bed Room - Mental Health	Yes	12	15	17	15	
1BR-MH-A	1 Bed Room - Mental Health - Accessible	Yes	1	16.5	1	16.5	
1BR-MH-A	1 Bed Room Mental Health - Special	Yes	1	18 (o)	2	18 (o)	Optional. For bariatric consumers, mothers with baby or carer staying. Adjust number of standard bedroom numbers as necessary.
ENS-MH-A ENS-MH-B	Ensuite - Mental Health	Yes	13	5	19	5	Reinforcements of fittings for bariatric patients to be provided to ensuites adjacent to Mental Health Bedroom - Special.
	Ensuite - Mental Health - Accessible	-	1	7	1	7	1 per 1 Bed Room - Accessible.
BHWS-B	Bay - Handwashing, Type B	Yes	2	1	3	1	Locate per pod and one associated with dining area.
	Bay - Telephone	-	1	1 (o)	1	1 (o)	Optional, recessed off corridor, for consumer access.
	Staff/Consumer Interface		1	12	1	16	Decentralised base for staff/consumer engagement. Allocation of area may be adjusted between the staff/consumer interface and clinical workroom.
OFF-CLN	Office - Clinical Workroom	Yes	1	18	1	25	18m2 for up to 5 staff; 25m2 for up to 7 staff. Allocation of area may be adjusted between the staff/consumer interface and clinical workroom.
DINBEV-25	Dining Room/Beverage Bay (Mental Health)	Yes	1	42	1	60	The total area allocated for dining, lounge, and multifunctional group room areas is recommended to be provided at a rate of 7.5m2 per bed. Includes beverage bay with 24-hour access to chilled water and controlled access to HWB. Space may be distributed to support separated clusters/pods.
LNGE-20	Lounge - General	Yes	1	22	1	30	The total area allocated for dining, lounge, and multifunctional group room areas is recommended to be provided at a rate of 7.5m2 per bed.
LNGE-10	Lounge - Consumer/Family	Yes	1	10	2	10	The total area allocated for dining, lounge, and multifunctional group room areas is recommended to be provided at a rate of 7.5m2 per bed. Quiet lounge areas. One may be designated for a special group. Lounge space may be distributed to support separated clusters/pods.
	Multifunction Group Room		1	32	1	40	The total area allocated for dining, lounge, and multifunctional group room areas is recommended to be provided at a rate of 7.5m2 per bed.
	Activity/Therapy Room		1	20	1	30	Multi-function activity area. Lockable store to be included.
	Indoor Exercise Room		1	20	1	30	

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1 14 Bed Open Zone		Scenario 2 20 Bed Open Zone		Remarks
			Qty	m2	Qty	m2	
	Sensory Modulation Room		1	12	1	12	
	De-escalation Area		1	18 (o)	1	18 (o)	Optional, if not provided through shared access to de-escalation area in high dependency zone.
	Kitchen - Activity/Therapy		1	12	1	12	Sized for consumer use and group activities. May be collocated with the Activity Room or Dining Room and may be used for ADL assessment. Access to HWB required.
LAUN-MH	Laundry - Mental Health	Yes	1	6	2	6	May be used as ADL laundry.
WCPT	Toilet - Patient	Yes	1	4	1	4	For consumer use from activity areas.
STPP	Store - Patient Property	Yes	1	8	1	10	Area allocation to consider consumer cohorts and operational policies relating to storage of consumer belongings.
	Discounted Circulation		32%		32%		A higher rate of up to 42% may be required for a 'courtyard' model.

Outdoor Spaces - General Acute

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1 14 Beds		Scenario 2 20 Beds		Remarks
			Qty	m2	Qty	m2	
	Outdoor Spaces		1	105	1	150	Based on 7.5m2 per person and 100% utilisation/occupancy. Outdoor space may be distributed to support separated clusters/pods. If divided into smaller areas, min. 20m2 size is to be provided in each location.

High Dependency Zone

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1 6 Bed HDU		Scenario 2 10 Bed HDU		Remarks
			Qty	m2	Qty	m2	
	Secure Entry Lobby		1	10	1	10	If no secure entry zone.
1BR-MH-A 1BR-MH-C	1 Bed Room - Mental Health	Yes	6	15	10	15	Consider accessible bed room - based on needs and risk assessment.
ENS-MH-A ENS-MH-B	Ensuite - Mental Health	Yes	6	5	10	5	Consider accessible ensuite if accessible bed room is provided - based on needs and risk assessment.
	Staff/Consumer Interface	Yes	1	10	1	12	Allocation of area may be adjusted between the staff/consumer interface and clinical workroom.
OFF-CLN	Office - Clinical Workroom	Yes	1	12	1	15	12m2 for up to 3 staff. 15m2 for up to 4 staff.
BHWS-B	Bay - Handwashing, Type B	Yes	1	1	1	1	

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1 6 Bed HDU		Scenario 2 10 Bed HDU		Remarks
			Qty	m2	Qty	m2	
	Lounge/Dining/Activities Room		1	60	1	100	Based on 10m2 per person. May be sub-divided including options for quiet and group areas. Includes beverage bay. Refer to jurisdictional requirements for gender separation.
	Sensory Modulation Room		1	12	1	12	
SECL	Seclusion Room	Yes	1	14 (o)	1	14 (o)	Optional. Shared with General Acute Inpatient Zone.
ENS-MH-B	Ensuite - Mental Health - Seclusion	Yes	1	5 (o)	1	5 (o)	Optional. Provide only if Seclusion Room is provided.
	Seclusion Access Area		1	10	1	10	For safe access to seclusion room that supports consumer privacy and dignity. Area requirement subject to design.
	De-escalation Area		1	18	1	18	
	Discounted Circulation		32%		32%		A higher rate of up to 42% may be required for a 'courtyard' model.

Outdoor Spaces - High Dependency

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1 6 Bed HDU		Scenario 2 10 Bed HDU		Remarks
			Qty	m2	Qty	m2	
	De-escalation Courtyard		1	20	1	20	
	Secure Courtyard - High Dependency		1	60	1	100	Based on 10m2 per person.

Secure Entry Zone

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1 20 Beds		Scenario 2 30 Beds		Remarks
			Qty	m2	Qty	m2	
	Police/Ambulance Enclosed Transfer Area		1	45	1	45	Sized to accommodate bariatric ambulance.
AIRLE-12	Entry - Airlock	Yes	1	10	1	10	Needs to accommodate a consumer on trolley and escort staff.
	Gun Safe Alcove		1	2 (o)	1	2 (o)	Optional. Within police/ambulance area.
CONS	Consult Room	Yes	1	14 (o)	1	14 (o)	Optional. May be provided with/without adjacent Interview/Discussion Room or as part of Admission Suite.
INTF-MH	Interview/Discussion Room - Mental Health	Yes	1	14 (o)	1	14 (o)	Optional. May be provided with/without adjacent Consult Room or as part of Admission Suite. Size of room and furniture configuration to support movement of consumers and visitors in wheelchairs.
ENS-MH-B	Ensuite - Ensuite - Mental Health, Inboard Access from Corridor	Yes	1	5	1	5	
	Discounted Circulation		32%		32%		

Clinical Support

AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1		Scenario 2		Remarks
			20 Beds		30 Beds		
			Qty	m2	Qty	m2	
INTF-MH	Interview/Discussion Room - Mental Health	Yes	2	14	4	14	Based on 1 interview/consult/treatment room per 5 beds; (1 also included near reception). Size of room and furniture configuration to support movement of consumers and visitors in wheelchairs. May need larger room to accommodate large families and family members bringing prams.
CONS	Consult Room	Yes	1	14	1	14	If not provided as part of the secure entry zone. Based on 1 interview/consult room per 5 beds.
OFF-1P-9	Office - 1 Person, 9m2	Yes		9		9	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-2P	Office - 2 Person	Yes		12		12	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
MED-14	Medication Room	Yes	1	12	1	14	Includes spatial allocation for resuscitation trolley (1.5m2) and electronic medication requirements. May be provided as a combined Clean Store/Medication Room depending on local jurisdictional policies.
CLN-10	Clean Store	Yes	1	6	1	6	May be provided as a combined Clean Store/Medication Room depending on local jurisdictional policies.
BLIN	Bay - Linen	Yes	1	2	2	2	Lockable.
	Bay - Dirty Linen		1	1	2	1	Recessed off corridor, for consumer access.
BMT	Bay - Meal Trolley	Yes	1	4 (o)	1	4 (o)	Optional. Area dependent on plated/tray food model requirements. Provision dependent on food service model.
	Kitchen/Servery		1	20 (o)	1	24 (o)	Optional, if food services is bulk supply rethermalisation model. Provision dependent on food service model.
DTUR-S	Dirty Utility - Sub	Yes	1	8	1	8	
STEQ-14	Store - Equipment	Yes	1	12	1	16	
STGN	Store - General	Yes	1	9	1	12	
CLRM	Cleaner's Room	Yes	1	5	1	5	
DISP-10	Disposal Room	Yes	1	10	1	10	Includes recycling bins. Size requirements for a Disposal Room will be dependent on a department's estimated waste output, the frequency of waste collection and local operational policies for waste management that may dictate the number of waste streams and minimum bin sizes.
	Discounted Circulation		32%		32%		

Staff Areas (requirements to be determined by staff establishment)

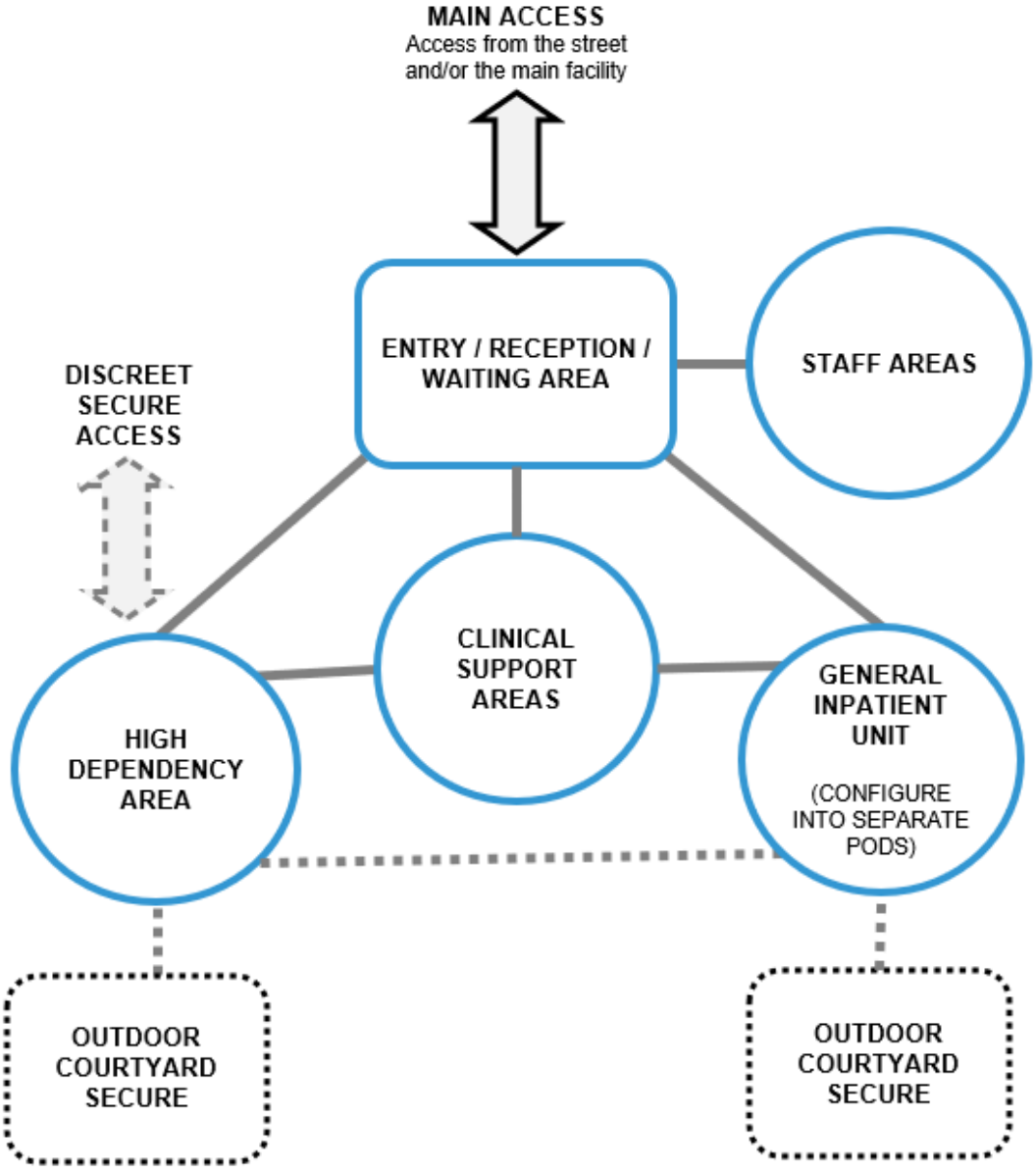
AusHFG Room Code	Room/Space	SC/SC-D	Scenario 1		Scenario 2		Remarks
			20 Beds		30 Beds		
			Qty	m2	Qty	m2	
OFF-1P-12	Office - 1 Person, 12m2	Yes		12		12	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-1P-9	Office - 1 Person, 9m2	Yes		9		9	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-WS	Office - Workstation	Yes		4.5		4.5	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
BMFD-3	Bay - Multifunction Device	Yes	1	3	1	3	May be incorporated as open plan space allocation.
MEET-20 MEET-30	Meeting Room	Yes	1	20	1	30	
SRM-15	Staff Room	Yes	1	15	1	20	
BPROP	Bay - Property, Staff	Yes	1	2	1	3	
SHST	Shower - Staff	Yes	1	3 (o)	1	3 (o)	Optional. May be shared with adjacent unit.
WCST	Toilet - Staff	Yes	2	3	2	3	
	Discounted Circulation		25%		25%		

The above are examples of staff spaces only. Reference should be made to individual jurisdictions' specific staff office accommodation policies.

The discounted circulation allowances are recommended as a starting point for briefing a typical unit. Refer to Part C for a Schedule of Circulation Areas for other parts of the health facility. Circulation percentages will vary as a result of the configuration of the unit. The actual spatial allocation will depend on the role delineation of the service, the re-use of existing buildings and the skill of the individual designer. The provision of appropriate areas for circulation requirements should be tested during the preliminary design phases.

5.2 FUNCTIONAL RELATIONSHIPS AND DIAGRAMS

A diagram showing the functional relationship the zones and the Adult Acute Mental Health Inpatient Unit is shown below.



Secure entry points for staff and back of house services, separate to the entry/reception access, will be required.

5.3 REFERENCES

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