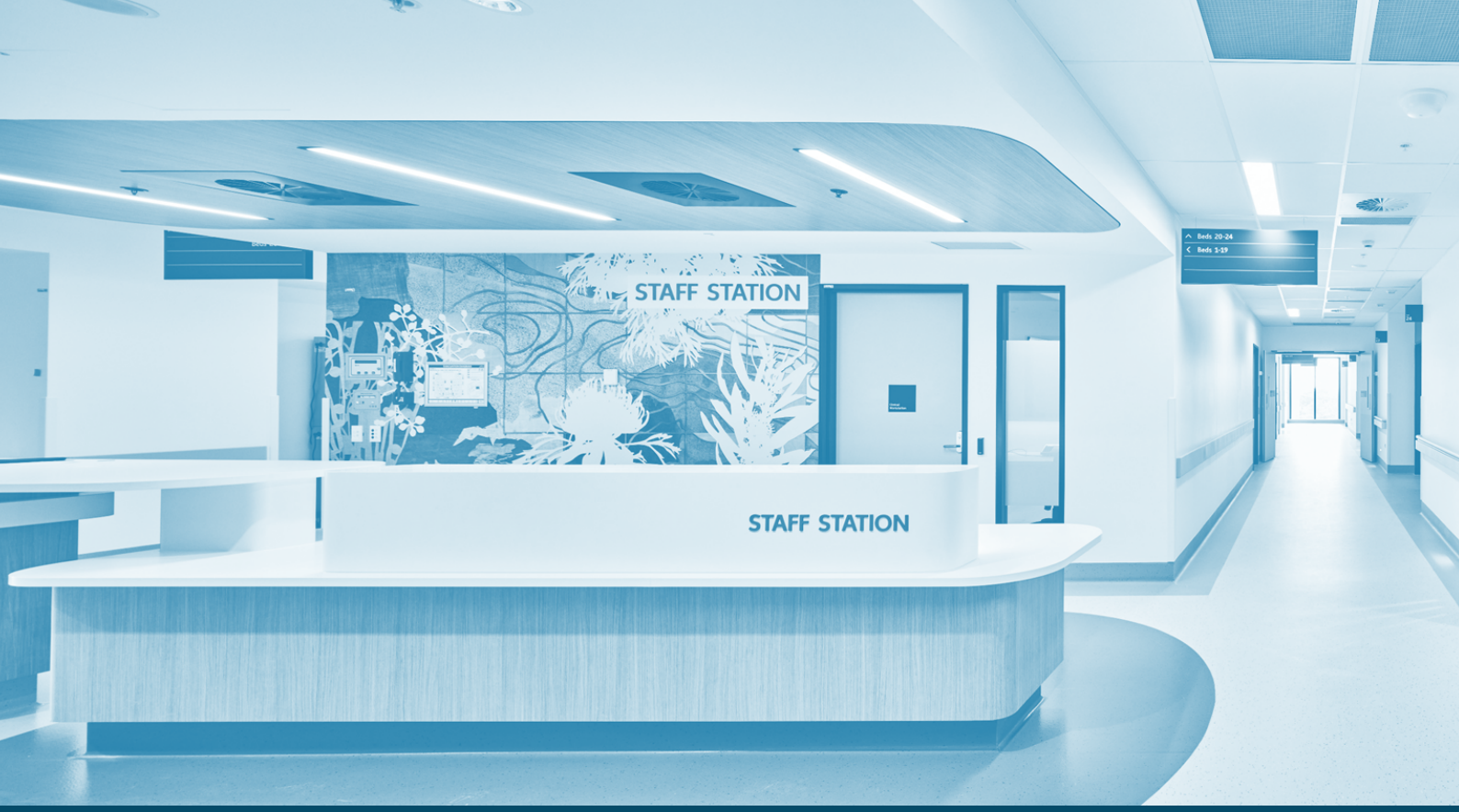

Australasian Health Facility Guidelines

HPU 136 Mental Health Inpatient Unit – Subacute and Non-Acute (MHIPU-SANA)

Health Facility Briefing, Planning and Design

August 2026

Version **4.0**

AHIA australasian health infrastructure alliance

AusHFG Australasian Health Facility Guidelines

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Australasian Health Facility Guidelines

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The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA). AHIA membership is comprised of representatives from government health infrastructure planning and delivery entities in all jurisdictions in Australia and New Zealand.

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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 and Torres Strait Islander People as traditional owners and continuing custodians of the land throughout Australia and the Torres Strait Islands.

We acknowledge their connection to land, sea, sky and community and pay respects to Elders past and present.

Acknowledgement of Te Tiriti o Waitangi

Te Tiriti o Waitangi obligations have been considered when developing the AusHFG 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 and 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.

Contents

Acronyms

Acronym	Definition
AHIA	Australasian Health Infrastructure Alliance
AusHFG	Australasian Health Facility Guidelines
HPU	Health Planning Unit
IPC	Infection Prevention and Control
MHIPU - SANA	Mental Health Inpatient Unit - Subacute and Non-Acute
NGO	Non-Governmental Organization
SC	Standard Component
SC-D	Standard Component - Derived
WHS	Work Health and Safety

1 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 document is intended for new-build projects; however, refurbishment projects should adhere to these guidelines as far as is possible. It is acknowledged that meeting the recommended spatial allocation may not be achievable in a refurbishment project.

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA). This revision has been informed by an extensive consultation process that was completed in 2026.

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 Mental Health Inpatient Unit – Acute Child and Adolescent (MHIPU-ACA)
- HPU 133 Mental Health Emergency Short Stay Unit (MHESSU)
- HPU 134 Mental Health Inpatient Unit - Acute Adult (MHIPU)
- HPU 135 Mental Health Inpatient Unit - Acute Older Persons (MHIPU-AOP)
- HPU 136 Mental Health Inpatient Unit - Subacute and Non-Acute (MHIPU-SANA)
- HPU 137 Mental Health Intensive Care Unit (MHICU).

This HPU was previously referred to as Non Acute Mental Health Unit. Subacute has been added to the naming to highlight that the guideline focuses on subacute and non-acute units as defined by the National Mental Health Service Planning Framework (NMHSPF). The focus of this document is Subacute and Non-Acute Inpatient Mental Health Units and information relating to this group of consumers 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 and
- Part B: 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:

- Pandemic Preparedness - Health Infrastructure Planning & Design Guidance
- Arts in Health Framework
- Culturally Sensitive Planning and Design
- Design Guidance: Doors.

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
- Te Whatu Ora – Health New Zealand, Facility Design Guidance Resources: Guidance for all New Zealand Health Facility design projects. 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 Policy Framework

HPU 131 Mental Health - Overarching Guideline, Section 1.3, outlines key reference documents relating to the planning and design of mental health units.

1.4 Description

1.4.1 Description of the Unit

This HPU is focussed on Mental Health Inpatient Unit - Subacute and Non-Acute (MHIPU-SANA) where there are 24-hour clinical presence and medical cover provided.

MHIPU-SANA services provide rehabilitation and recovery focused interventions for consumers with complex, recurring or ongoing mental illness or disorders, through the provision of well planned, goal oriented and time limited rehabilitation interventions.

All forms of mental health subacute and non-acute inpatient services are the subject of this HPU excluding high secure forensic units.

It is acknowledged that service models may vary across services and within jurisdictions. This variability underscores the importance of responsive design principles that can accommodate diverse consumer profiles. Differing levels of safety and security will be required as determined by the specific consumer cohort. Each project is responsible to define the level of security required for the cohort and the appropriate design responses and operational policies.

Given the length of stay which can vary from weeks to years, and model of care for these services, it is essential that the design delivers an individualised, comfortable, welcoming and therapeutic environment that supports the restoration of function and transition of consumers back to the community. Refer to HPU 131 Mental Health - Overarching Guideline, Section 1.6 for further details relating to overarching principles to promote physical environments that support recovery orientated mental health services.

1.4.2 Terminology

MHIPU-SANA Services

The National Mental Health Services Planning Framework (NMHSPF, 2018) notes that people accessing subacute and non-acute inpatient services have complex care needs that require high levels of support from clinical services that are beyond what could be appropriately provided in the community at the individual's place of residence. The goal is to provide treatment and rehabilitation aimed at promoting personal recovery and maximising independence. Individual and group programs have a focus on the development of strategies for managing mental and general health, promoting wellbeing, sustainable community living and meaningful engagement in the social, recreational and vocational activities of choice. Recovery-oriented pre-discharge and community transition planning is a focus to support the safe transition to more independent living and to maximise wellbeing. The length of stay is very individual and can vary from weeks to years.

Services are usually delivered by a specialist mental health team but in some cases as collaborations between specialist clinical and community support services.

Also refer to NZ Mental Health Strategy for specific delivery focus to improve mental health and wellbeing outcomes.

MHIPU-SANA Consumer Characteristics

Consumers of MHIPU-SANA have significant and persistent mental illnesses and have a relatively stable pattern of clinical symptoms. The rehabilitation needs and wellness priorities of consumers are broad and include clinical, psychosocial, recovery-oriented, trauma-informed and security considerations that inform infrastructure planning and design.

Consumers participate in structured programs aimed at individual recovery, skill-building, social inclusion, and community reintegration.

The inclusion of both formal and informal support networks, such as family, friends and support workers, is a key element of best practice rehabilitation and needs to be considered in infrastructure planning.

Consumers may be voluntary or involuntary, and some may have a legal forensic status.

2 Planning

2.1 Operational Models

2.1.1 Hours of Operation

The unit's operating hours are 24 hours per day, seven days per week. Visiting times will be determined locally.

2.1.2 Service Model

MHIPU-SANA may provide regional or state-wide services, depending on the service model for the jurisdiction. All units should have adequate medical cover, clinical support, peer workforce and may also include non-government organisation (NGO) involvement.

Admissions are generally planned, occur during business hours and should be direct to the unit rather than via the emergency department. Common sources of referral include acute mental health inpatient services, direct from the community, court, correctional services or other MHIPU-SANA services.

Key elements of the service model include:

- individualised and centred around the individual needs of each consumer
- consumer directed
- values privacy and dignity
- focused on maximising recovery and supporting the acquisition and/or strengthening of skills consistent with living well in the community of choice
- delivering a comprehensive and specialised mental health assessment, treatment, and rehabilitation services
- multidisciplinary team delivering the optimum range of interventions
- access to peer workers
- strong consumer input
- services are provided over a sustained, yet time limited period
- level of security commensurate with the consumer cohort
- services are provided in conjunction with other hospital services, such as acute units and diagnostic services
- requires partnership with NGOs which play a formal role in providing programs and support to consumers.

Unit based interventions should be considered in four contexts: individual, group, family, and milieu/ community or unit. A core set of integrated clinical rehabilitation programs should be offered that are linked to community-based services and programs. Services provided will vary between jurisdictions and facilities. Best practice supports the delivery of as many interventions as possible in the community, however for some consumers this is not appropriate (due to level of risk or vulnerability) and there should be a range of interventions delivered in the unit. Often these will be delivered simultaneously to cater for the range of individual needs of consumers. These may include:

- engagement programs
- diversional programs
- symptom management
- motivational interviewing
- self-management
- substance use programs
- social skills training

- activities of daily living (ADL) programs
- psychological therapy
- psychoeducation
- vocational programs
- creative therapies (art, music, dance/movement, drama and writing/poetry)
- medication self-management
- exercise programs
- offence specific programs
- social inclusion
- caring support programs
- health literacy
- family interventions.

Service models aim to provide a coordinated approach to supporting people with significant and persisting mental illness to re-establish their lives in the community. Transition to community living is guided by each person's particular strengths and needs and is supported with tailored housing, clinical care and psychosocial support. Examples of some specific initiatives include the Pathways to Community Living Initiative (PCLI) in NSW and the Adult Prevention and Recovery Care (APARC) model in Victoria.

2.1.3 Service Configuration

For MHIPU-SANA, the final number of beds will depend on the project's clinical service plan. When planning this unit, consider recurrent cost modelling to ensure it is cost-effective to staff and operate. Approximately 12 beds, if the unit is intended for adolescents, and 20 - 24 beds for adults would appear to be most appropriate for these units. However, smaller jurisdictions or regional facilities may offer fewer beds, reflecting the proportionately smaller population they serve.

The design of units should support the dynamic grouping of beds into smaller clusters or pods to ensure that consumers can have separate areas to meet their needs related to vulnerabilities, care level needs and/or gender. Groupings of four and eight beds are often quoted in the literature and provide practical pod sizes, with a range of support areas provided per pod and access to centralised shared areas such as lounge or dining rooms across the unit. Each pod should have the access to secure refrigeration of personal items and for simple meal preparation such as breakfast and snacks. The design of the unit should enable consumers to participate in activities of daily living and facilitate consumers to transition back to the community.

The pods should be configured to support flexibility, meet the diverse range of needs, for example, the unit may include an assessment and stabilisation pod, female gender and gender diverse specific pods and transition pods with separate step-down swing beds attached to self-contained living areas to accommodate a number of consumers who may be responsible for their own food preparation, laundry and medication management prior to discharge.

2.2 Operational Policies

2.2.1 General

The operational policy issues detailed in this section should be considered when identifying the models of care to be implemented, as they will drive the design and the configuration of the unit and overall space requirements.

Operational policies should be developed as part of the project planning process. A comprehensive list of operational policies is contained in HPU 131 Mental Health – Overarching Guideline, Section 2.2.

The following sections are policies specific to MHIPU-SANA.

2.2.2 Self-Management

Reduction and elimination of the use of seclusion is a recognised goal across contemporary mental health services both nationally and internationally. This is supporting the national imperative in reducing restrictive practices. Appropriate facility design, including adequate provision of de-escalation spaces to reduce and prevent agitation will contribute to this goal, along with a range of other self-regulation strategies. Having adequate spaces to engage in individual and group activity of appropriate stimulation is essential to support consumers to maintain emotional regulation. Jurisdictions may use the following variety of spaces to implement de-escalation strategies that are most suitable for the consumer cohorts:

- the consumer's bedroom
- quiet room/lounge
- sensory modulation room in which consumers can engage in activities that relax them e.g. music, aromatherapy etc
- de-escalation room
- indoor exercise room
- private outdoor areas.

Each project should determine the need for a seclusion suite based on the model of care and risk profile of the consumer cohort the service is intended for. Generally, a dedicated seclusion room is typically not required in MHIPU-SANA where other spaces for behavioural de-escalation are provided.

2.2.3 Safety and Security

As with all health settings, there is a duty of care to maintain the safety and security of consumers, staff and visitors. A balance must be maintained between the degree of restriction and the level of containment required with the opportunities provided for consumers to exercise choice and control during their stay. A safe environment will provide the structure necessary to maintain a therapeutic milieu, enabling effective treatment and rehabilitation.

The approach to security needs to consider relational, procedural and physical security requirements.

Relational security entails developing a good therapeutic alliance between staff and consumers. Quality multidisciplinary assessment that takes into account relevant history, problems, risks and strengths is the foundation of this task. Partnership between consumers and staff, good communication regarding unit routines, rules, and opportunities for recovery within the least restrictive environment are also a key component of relational security. Ensuring there is good opportunity for planning of treatment and recovery, review of progress, and revision of treatment and rehabilitation goals are all components of relational security.

Procedural security is the application of policies, procedures, routines and checking which should be taken into consideration during the planning and design of the unit. The establishment of a comprehensive range of effective procedures and infrastructure security across the service will include:

- preventing unauthorised departure from the facility
- alerting staff to incidents and emergency situations
- protecting people who are at risk of causing harm to themselves or others
- preventing access to illegal and illicit substances and technologies
- preventing illegal entry of people and contraband - including drone drop offs
- consideration of emerging technologies for unit access
- providing safety for visitors and other consumers
- keeping staff safe
- maintaining a safe responsive environment
- enabling staff to provide care, treatment and rehabilitation
- controlling access and egress (noting that that some units may have free egress for consumers depending on care model)

- providing gender and vulnerable person safety.

Physical security requirements are addressed in Section 3 Design and HPU 131 Mental Health - Overarching Guideline.

2.2.4 Food Services

The food services model for the unit should be confirmed early in the planning process. Meals may be pre-plated and delivered to the unit from a main hospital kitchen, or a dedicated kitchen and meal counter may be included on the unit. The use of meal hatches is not considered therapeutic and are to be avoided in the design. It is important the consumers retain choice of foods served to them as much as possible. In addition, the menu cycle should contain the widest variety of foods possible. Space requirements for this should be considered.

As part of the rehabilitation process, self-catering should be supported so consumers can participate in meal preparation to the extent which they are able, for example self-service at breakfast, preparing a simple lunch or dinner, assisting with a barbeque meal and participating in cooking lessons. Pod design should provide access to fridge space in a food zone to enable self-catering of breakfast and snacks. Opportunities for family/visitors to prepare food and dine with consumers should also be provided.

Some consumers may transition to preparing some of their own meals on the unit and will require access to a separate kitchen to accommodate 4 - 8 people at any one time with adequate bench space, fridge, freezer and individual, secured dry storage space.

It is essential that consumers have access to refreshments, fresh drinking water and handwash basin near food preparation and dining area.

Refer to jurisdictional IPC requirements and AusHFG Part D: Infection Prevention and Control for additional IPC considerations in food zones.

2.2.5 Shared Facilities

If the unit is co-located with other mental health facilities the sharing of support areas, such as staff amenities, tribunal room, public spaces, and staff office areas, may be appropriate. Sharing of clinical space and consumer recreational areas with other mental health units is not appropriate.

2.3 Planning Models and Functional Relationships

2.3.1 Unit Location and External Functional Relationships

These units are typically located alongside an acute hospital on a mental health campus. Close proximity to medical and diagnostic services is required.

The choice of location should be reflective of the consumer cohort and the intended role and function of the proposed unit. Co-location of a MHIPU-SANA with an acute inpatient mental health unit means that consumers and staff can be moved quickly and with relative ease between the units according to need; and security and emergency response situations are easier to manage.

Community based MHIPU-SANA facilities may form part of an integrated and staged service approach in some jurisdictions. Whilst this HPU is not intended to guide the design and construction of these community facilities, it may be used as a general guide.

A ground-level location is not inherently preferred, as multi-level facilities can also be planned and designed to integrate indoor and outdoor spaces and ensure ease of access. The design strategies should effectively support a therapeutic environment, avoid institutional aesthetics, and maintain strong, meaningful connections with surrounding services and community amenities.

The location and configuration of the unit should enable appropriate access for:

- consumers attending services outside of the unit or accessing community amenities
- consumers arriving at the unit by consumer transport/escort vehicle

- community mental health teams, NGOs and other specialist service providers
- police, ambulance and corrective services
- visitors.

If the unit is part of a hospital or mental health campus, intra-hospital movements to and from the following services should be considered when determining the optimal unit location:

- acute mental health inpatient unit
- ambulatory care clinics
- medical imaging
- operating theatres/day surgery unit for electroconvulsive therapy (ECT) or alternate physical therapies unit
- emergency unit
- pathology services
- pharmacy
- general services (food, linen and environmental services).

2.3.2 Unit Configuration and Internal Functional Relationships

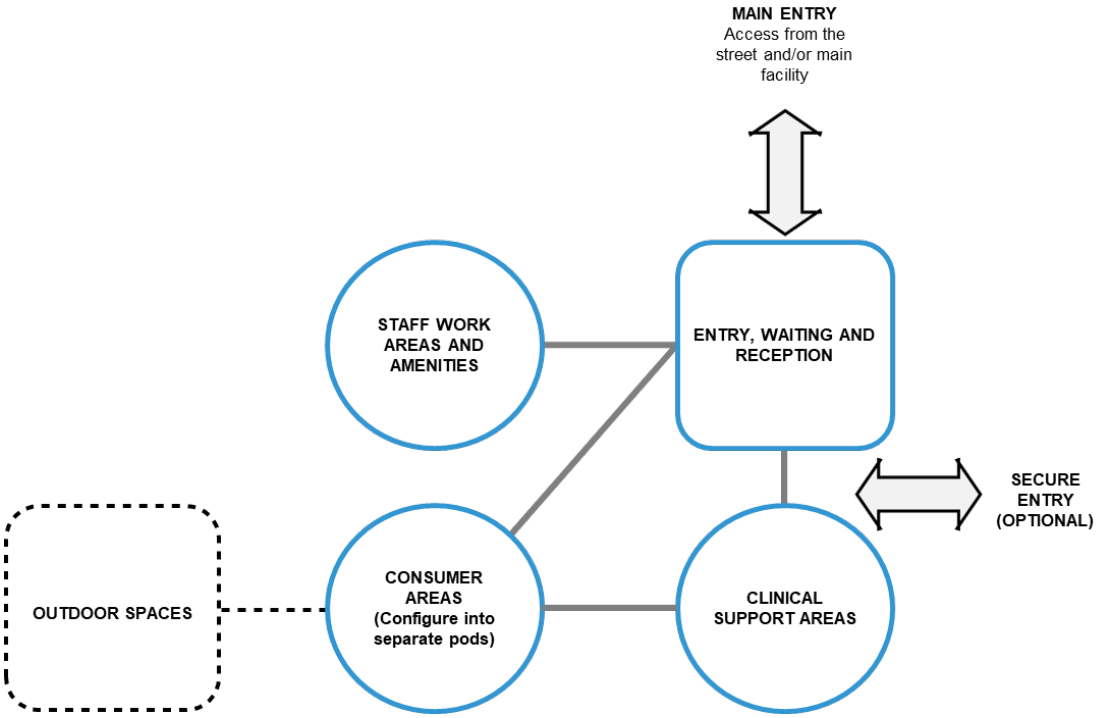
Planning of these units is complex and requires the correct relationships to be achieved between the functional zones listed previously.

Key internal relationship requirements include:

- the reception zone should feed into the interview and therapeutic intervention zone (including interview, consultation, treatment rooms)
- most consumers will enter through the main entry; however, some models of care may have consumers being admitted to the unit via a secure entry zone
- consider locating the reception next to the unit's main entry to improve safety and support an 'open unit' model of care (where consumers can enter and leave the unit as part of voluntary admission or transition to the community)
- 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 consumer zone
- ideally, and depending on the bed capacity provided and consumer profile, the consumer area will be zoned to allow for appropriate grouping/separation of consumers
- recreation areas, indoor and outdoor, will be located in close proximity to each group of bedrooms
- staff offices and amenities will be located in a consumer free zone and away from de-escalation zones.

2.3.3 Functional Relationships / Diagrams

The following diagram illustrates the typical functional relationships between zones within an MHIPU-SANA. Optional components, including the Secured Entry Zone and Seclusion Suite, are not represented, as they are not typically provided; however, they may be included in some units as identified in the Schedule of Accommodation (SOA).



2.4 Functional Areas

2.4.1 Functional Zones

The unit consists of the following functional zones:

- entry, waiting and reception, including main entry, tribunal room and visitor/family amenities
- secure entry zone (optional)
- consumer areas comprising bedrooms, shared, activity, group and education areas including sensory modulation and outdoor areas
- clinical support areas including interview and consult rooms
- staff zone including staff work areas, meeting rooms and amenities.

2.4.2 Entry, Waiting and Reception

All MHIPU-SANA should have a welcoming greeting/waiting area for consumers, carers and others that includes access to public amenities. A reception desk should enhance security while maintaining a visually welcoming environment. Security screens can be used; however, they should be designed so as not to impede communication or visibility.

The nature of the security requirements in the main entry/reception will differ according to the security status of the unit's consumers and the policies and procedures in place. Secure units will have a controlled entry with remotely operated door so that no visitor can directly access the unit without reporting to staff first. Video intercom will be appropriate to achieve this.

A room for interviewing or meeting arriving consumers should be provided with direct access from the waiting area where consumers can be received in a private and welcoming environment. This room can also be used for meeting with carers and visitors.

To provide privacy for visitors and staff, a separate area may be provided for undertaking security checks before allowing entry to the inpatient unit.

Maintaining a connection with family/carers is a key element of the model of care and must be supported through the design.

Families and carers require access to a comfortable lounge and outdoor areas in the unit for private visits with the consumer. The location and design of the space should give consideration to the needs of children visiting the unit - a calming area where children can relax and feel secure, particularly during times of heightened stress. Access to toilets and baby change facilities should also be provided.

Small lockers may be provided so that visitors' belongings can be safely stored while they are visiting.

The tribunal room is a multipurpose room that supports the functions of the Mental Health Tribunal and provides a safe and non-threatening environment for all participants. The room will be used to conduct hearings, undertake confidential discussions and/or counselling between staff, consumers and/or supporting members and representatives where required. Hearings may be conducted in person or by video conference. When not used for hearing, the room should be used as a multifunction meeting room including clinical handovers, education, staff meetings and in-services.

A small waiting area for family/carers should be positioned close to the tribunal room. Depending on the unit's layout, the reception waiting area may be sufficient, or a separate sub-wait might be required if this is not proximal to the tribunal room. External visitors should be able to readily access the room without traversing the inpatient unit; however close proximity to the consumer living areas is also required for ease of access by consumers.

The design requirements the tribunal room may vary between jurisdictions. The design and project team will need to review any guidance documents specific to the jurisdiction such as:
https://www.vhba.vic.gov.au/resources/design-guidelines

2.4.3 Secure Entry (Optional)

Most consumers will be admitted to MHIPU-SANA via the main unit entry. The model of care will determine if a dedicated and discreet secure entry zone is required for medium and higher-risk secure units. This will not be required if the unit is a low security unit.

The space will need to accommodate a vehicle with consideration of sufficient area to easily transfer the consumer. A discrete pathway to the unit should be provided.

Refer to section 4.2.2 Secure Entry Zone for additional information.

2.4.4 Consumer Zone

Bedrooms

All bedrooms should be provided as single rooms. One or more larger single bedrooms should be provided to accommodate bariatric consumers, and one bedroom should be accessible for an independent wheelchair user.

Bedrooms should be furnished to reflect the extended lengths of stay and rehabilitation goals in this unit. They should be designed to align with the AusHFG standard components for '1 Bedroom - Mental Health' with consideration of a larger than standard wardrobe to store clothing and personal effects for an extended period, and additional storage for books, personal television, stereo etc. and a desk for study/vocational activities. Bedrooms should provide a calm, homelike environment that supports personalisation. Design features may include joinery for personal storage and wall boards for displaying personal items such as cards, artworks and photos to support reflection and creative expression.

Bedroom doors should be lockable by the consumer with staff override.

Ensuites and Bathroom

Private ensuites should be provided to each bedroom to match the briefed bedroom i.e. accessible or larger than standard. Individual ensuites give consumers a greater sense of privacy and dignity, reduced concern of intrusion by others and reduced risk relating to sexual safety. Private ensuites may have a door that can be locked in the open or closed position, depending on individual requirements. Consideration of soft-close door hardware for safety reasons should be subject to a risk assessment of accessibility impacts (as some mechanisms may increase opening force).

Following a comprehensive assessment of consumer needs and risks, a common bathroom, including bath, may be included in the unit so that consumers may choose to take a bath for therapeutic purposes. Its

inclusion should be justified through demonstrated demand and service delivery requirements to ensure appropriate utilisation and to avoid the provision of unnecessary or underused infrastructure. If this bathroom is being provided solely to meet Australian National Construction Code (NCC) requirements and a bath on each level is not required for the identified consumer cohorts, a performance solution may need to be developed at the project level.

Sensory Modulation Room

Sensory modulation is the ability of a person to regulate and organise their response 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 consumers have opportunities to prevent and manage distress and agitation using sensory modulation equipment and learn sensory regulation skills to use in community living.

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

Activity and Recreation Areas – Indoor

A variety of spaces, both indoor and outdoor, are required to support recovery, therapeutic intervention, purposeful recreation, privacy and harmonious living. Indoor activity areas should be planned and designed to meet the specific needs and requirements of the consumer groups served within the unit.

A sufficient number of indoor activity spaces should be sized and furnished to accommodate individuals, small group and large group participating in a range of concurrent activities, both active and passive, e.g. meals, cooking, television, art, games, music, computers, reading, indoor facilities for exercise, as part of a consumer therapy program. Areas may include:

- dining rooms with beverage bay
- consumer kitchen
- group recreation areas (lounges, multipurpose activity spaces)
- quiet lounges and beverage bays associated with each pod of beds
- TV/music/computer area (media room)
- self-care laundries (requires consideration of IPC requirements)
- indoor exercise space.

The main lounge area should open onto an outdoor area and be large enough to cater for all consumers, particularly when outdoor areas are unusable in cold, wet weather. It may be appropriate for the media room to be a sub-lounge, adjacent to the main lounge, so that internet-based activities can be supervised by staff.

It is suggested that each pod of bedrooms has its own lounge, courtyard beverage bay and laundry. A kitchen and dining area may be shared between pods. By affording the pods a degree of self-containment, it is hoped that a domestic atmosphere will result and prevent increased agitation associated with a high number of consumers.

Indoor exercise areas should be located and designed to encourage use and achieve staff observation from recreational and therapy areas. Transparent barriers and passing traffic will enhance supervision. The room should overlook, and preferably open onto, accessible outdoor space.

Activity and Recreation Areas - Outdoor

Outdoor areas for programmed activities, exercise and relaxation are treated as therapeutic areas. Therefore, as much design effort and attention to detail should be given to achieving tranquil and functional outdoor spaces as to internal spaces.

The space should be zoned to achieve:

- passive areas such as private outdoor spaces and seating in landscaped gardens
- consideration for separate outdoor areas for vulnerable consumers and to maintain sexual safety
- active areas that encourage exercise for example fixed exercise equipment such as basketball or table tennis, park-style exercise stations, and walking paths
- barbeque and alfresco dining

- an edible or vegetable garden if appropriate for consumer cohort
- at least one outdoor area should be capable of hosting a large outdoor event such as a visitor barbeque
- landscaped culturally safe outdoor spaces with non-toxic local flora.

Access will be from the lounge/dining/activity spaces, and the design should enable good visibility by staff.

Some of the outdoor areas such as verandas should incorporate extensive weather protection and sun protection to ensure that outdoor spaces are useable all year round, and to prevent adverse effects for those consumers with medication-related photosensitivity. Shade cloth is not effective for weather protection but is suitable as a sun protection strategy if well designed.

Attention should be given to detailing weather protection, roof overhangs, guttering and drainpipes to minimise means of absconding, and eliminate ligature points and opportunities for self-harm.

Landscaping should allow people to participate in gardening (including consideration of edible gardens) and therapeutic mindfulness. Landscape features and plantings should be set back from the perimeter wall to avoid breaches of perimeter security, if applicable. Full and soft lighting should be provided to outdoor areas at night. Whilst views are desirable, design must also ensure that outdoor areas cannot be overlooked by the general public and other consumers.

2.4.5 Clinical Support Areas

Support areas will include:

- sufficient interview and consult rooms
- staff/consumer interface and clinical work room
- medication room
- clean store
- linen store
- dirty utility/disposal room
- storage - clinical, non-clinical and consumer.

Interview and consult rooms may be used for admission/assessment, education, consultation and treatment.

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

A consult room will be required for physical health assessments and minor procedures such as dressings and injections. Consultations rooms where procedures are undertaken should comply with relevant standard component requirements for treatment spaces and Part D: Infection Prevention and Control.

All interview and consult rooms require two exit doors.

Storage

Separate storage areas are required for equipment used in indoor and outdoor activities, e.g. sports equipment, surplus tables and chairs for special family/visitor events, library trolley, board games etc. Locate the storage close to where the respective equipment is most likely to be used. Consumer access to these areas will be according to local procedures.

General storage will be provided for unit functions, including bed accessories and bedding, mobility aids and occupational therapy materials. This will be accessible to staff only. Additional occupational therapy materials may be stored in the applicable multifunction activity room.

Consumer Storage

A storage area capable of storing large items is required for consumers' property that cannot be kept in the bedroom, e.g. suitcases, surplus clothing, electrical goods etc. Bulk storage shelving is recommended. This area will not be accessible to consumers without supervision.

Lockers, which may include phone charging, may be provided in a common area for storage of personal items that may be accessed regularly without supervision but are not permitted in bedrooms. A small electronic safe may be installed in each bedroom for storage of valuable personal items.

2.4.6 Staff Areas including Work Areas, Meeting Rooms and Amenities

Work areas for the unit manager and other staff should be located in the unit, however the majority of staff work areas and staff amenities should be located in a staff only zone away from consumer areas.

The size of the unit and staff establishment will determine the number of workspaces required. Sufficient space for the multidisciplinary team to be located together is important for the delivery of an integrated rehabilitation program. Refer to individual jurisdiction policies regarding provision and allocation of work areas.

Staff amenities comprise staff room, property bay, toilets and shower. The latter is optional depending on proximity to main hospital amenities. Also consider accessible amenities and staff parenting room depending on availability in adjacent facilities.

The size of the unit and the number of staff employed will determine the number and configuration of spaces in this zone. It should provide a quiet space for staff to withdraw from the consumer environment. Access to an outdoor space is important for the well-being of staff who work in demanding clinical environments.

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.

3 Design

Optimal physical environments are associated with shorter lengths of stay, lower levels of consumer agitation, improved consumer and staff safety, enhanced client outcomes and satisfaction, better staff conditions and satisfaction, and potential reduced recurrent costs associated with operational efficiency and reduced staff burnout.

Refer to HPU 131 Mental Health - Overarching Guideline, Section 3 for generic design requirements applicable to all mental health inpatient units.

3.1 Access

3.1.1 External

The unit requires an entry/exit for consumers and their families/carers. Security provisions for those entering the unit will vary based on the model of care. Where appropriate, this may include the provision of a dedicated secure entry zone to support safe and controlled access.

The requirement for a separate, secure entry point is dependent on the nature and risk profile of the unit, with consideration given to medium- and higher-risk secure units.

Ready access is required for support services such as pharmacy, food, linen, supplies and waste disposal. Consider access by these services from staff only areas to allow them to enter and leave the unit without accessing the consumer areas. This access is controlled by staff and is not accessible by consumers.

The unit should have access to public transport to support the independence of consumers and accessibility of the unit to visitors.

3.1.2 Internal

Provide direct access to the unit, not through other units. The unit should not be a thoroughfare to other units.

3.2 Parking

The following facilities are to be provided:

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

For information regarding staff parking, refer to Part C: Section 6, Security.

3.3 Environmental Considerations

3.3.1 Natural Light and Views

Access to natural light and quality external views supports occupant wellbeing and should be balanced with thermal performance to minimise heating and cooling demand. Where sunlight causes glare, operable low-transmission blinds that meet anti-ligature requirements should be provided. In spaces without access to daylight, circadian or adjustable RGBW lighting may be considered to simulate natural light and reduce patient delirium. Bedroom layouts should position beds to allow line-of-sight external views where possible.

3.3.2 Interior Décor, Design and Arts Integration

For MHIPU-SANA, furniture, soft furnishings, artwork and plants should be robust but domestic in style, to create a homelike and calming environment. Careful consideration should be given to areas in which furniture should be fixed versus moveable.

Biophilic design principles should guide interior design to support mental and physical wellbeing for consumers, staff, and visitors. Where internal planting is not feasible due to infection control or operational constraints, representations of nature including imagery, colours, textures, and patterns, should be incorporated.

Furniture should be arranged to promote positive group dynamics. Furniture items should be easily replaceable in case of breakage. It is important for consumers to have some control of their surroundings, e.g. access to light switches and television remotes.

Also refer to AusHFG 131 Mental Health - Overarching Guidelines and the AusHFG Culturally Sensitive Planning and Design and the Arts in Health framework for further guidance on the arts integration process.

3.3.3 Privacy

Strategies to enhance privacy within these units include:

- provision of single bedrooms with dedicated ensuites
- ability of consumers to control access to their bedroom (with staff ability to over-ride in the event of an emergency)
- design to allow areas that can be separated for dedicated use by vulnerable consumers if necessary
- reduced vision into the unit including de-escalation and seclusion suite, and its outdoor spaces, from public areas
- appropriate acoustic treatment

3.4 Safety and Security

For consumers with significant risk issues and coexisting conditions, a higher level of service support and security may be required. For these consumer groups, the physical security requirements may not be dissimilar to an acute inpatient mental health unit. In all instances, the physical security should be discreet and where appropriate, fully support rehabilitation and recovery endeavours.

A safe and secure environment in MHIPU-SANA is more likely to be achieved when good design is allied with appropriate staffing levels and operational policies.

The unit must not only be safe, but it must also feel safe. Security may be physical and psychological and must be unobtrusive. Within this context, the least restrictive environment that provides a safe environment is the goal.

Physical security must be built in as part of overall design and not superimposed on a completed building and surrounding outdoor areas. A safety audit via a risk analysis of potential hazards should be undertaken during the design process.

A consultative risk assessment addressing safety and security hazards should be undertaken during the design process, with specific consideration of the unique risks associated with the consumer group for whom the model of care is intended.

Facility planners and designers should enhance safety by means of the design, the methods of construction and the materials chosen, including the selection of fittings, fixtures and equipment. Also refer to AusHFG HPU 131 Mental Health - Overarching Guidelines and CPTED principles for additional elements to enhance environmental safety.

3.4.1 Access Control

Units should be designed with controlled entry and exit points so that consumer access/egress can be supervised. The level of control or observation applied when consumers leave the unit should be determined by the unit's security profile, particularly for medium- to higher-security units. Security features may include transfer lobby/airlocks, electronic locking, intercoms, video surveillance, and technologies such as real-time locations systems (RTLS) with integration to the automatic locking of doors and/or alarm and metal detector wands for property searches in higher acuity units.

All rooms should be lockable, including all corridor cupboard doors and fire hose reel cabinets. All meeting rooms used by consumers, including interview and tribunal rooms require:

- two means of egress
- duress alarms - combination of fixed and personal (mobile).

When the unit is located within a multi-storey building, it is critical that unauthorised and unsupervised access to external spaces above ground level, such as balconies or roof areas, can be prevented unless specifically designed for consumer use.

3.4.2 Perimeter Boundary and Security

MHIPU-SANA catering for voluntary consumers requires a boundary that deters inappropriate entry to or exit from the property. It does not require a secure perimeter designed to prevent absconding.

Medium secure units catering to involuntary consumers do require secure perimeter boundaries. In determining an appropriate height for perimeter fences or walls, consideration should be given to the proximity of fencing to buildings, the topography of the site and consumer profile. The design and height should not create a custodial environment or increase the possibility of falling injuries should an attempt be made to abscond. Technology such as RTLS to enable geofencing the perimeter to alert for wandering consumers may be considered.

Design of secure perimeter boundaries should avoid purchase points (hands and feet) to prevent scaling and incorporate barriers to the exchange of contraband such as illicit drugs, weapons etc. from public areas outside the unit. Landscape features, plantings and outdoor lighting must be set back from the perimeter wall or fence to avoid purchase points and design should avoid blind spots to facilitate good observation of consumers by staff and vice versa. Attention should be given to detailing roof overhangs, guttering and drainpipes, which may provide a means of absconding. Security design responses should be developed in consultation with staff and, where appropriate, police and/or security consultants. These responses should balance safety requirements with the need to maintain a therapeutic, non-institutional environment.

Refer to HPU 131 Mental Health - Overarching Guideline Section 3.8.10 Perimeter Wall and Fencing for additional guidance.

4 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) 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
- 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://healthfacilityguidelines.com.au/standard-components

4.2 Non-Standard Components

Non-Standard Components are unit specific and are described below:

- Property Bay - Visitors
- Secure Entry Zone (Optional)
- Consumer Kitchen
- Multifunction Group Room
- Activity / Therapy Room
- Indoor Exercise Room
- Sensory Modulation Room
- De-escalation Area
- Outdoor Areas
- Kitchen / Meal Counter
- Staff / Consumer Interface and Clinical Workroom

4.2.1 Property Bay - Visitors

Description and Function

Units will have security policies that define items that may be taken into the unit by visitors. All other visitor belongings will need to be stored in a locker for the duration of the visit.

Location and Relationships

The visitor property bay will be located in the reception area.

Considerations

An appropriate key management system will need to be operational.

4.2.2 Secure Entry Zone

Description and Function

This zone is used for consumer transfers, including arrivals by police, ambulance, or other vehicles and transfers to other health facilities or services as required, for example, when a consumer's condition deteriorates. The secure entry facilities should comprise:

- a secure, enclosed, and weather-protected entrance that remains open to natural light and ventilation, with sufficient clearance for vehicles to reverse directly into the entry lobby. However, it is acknowledged that some units may require a fully enclosed parking zone for police and ambulance vehicles that can be secured by a lockable roller door.
- consideration of electronic doors
- area for police to disarm and store weapons (if required by the jurisdiction)
- a small workspace for use by escorting officers to complete required paperwork (maybe a drop-down desk).

Location and Relationships

An entry zone should be located to allow consumers entering via the secure entry zone to access the unit directly, without going through the public reception area.

There should be easy access to an interview/assessment room in the consumer zone.

Where the unit is not located on the ground level, access and proximity of the lift is important as the goal is to ensure safe entry into the therapeutic space to support timely intervention and care.

Considerations

A video and intercom system between the secure entry and the staff station should be provided.

This area should have adequate soundproofing to prevent disruption to the remainder of the unit.

Design should consider making this entry zone more welcoming and less intimidating for the consumer.

This area will not be used for pedestrian access.

Access to cold drinking water for consumers on admission should be considered. Where a fixed design solution is preferred over operational management, it should balance IPC requirements, operational costs, and anticipated frequency of use.

4.2.3 Consumer Kitchen

Description and Function

As part of the rehabilitation process, it is beneficial for consumers to participate in meal preparation to the extent which they are able. Most consumers will transition to preparing some of their own meals and will require access to a kitchen, separate to the unit/staff only kitchen that may be required depending on the food services model.

Location and Relationships

The consumer kitchen should be located close to dining spaces in the general/open zone, with close proximity to zones managing consumers preparing for transition to the community.

Considerations

The consumer kitchen should accommodate 4 - 8 people at any one time with adequate bench space, fridge, freezer, microwave, dishwasher and individual, secured dry storage space. The final selection of appliances will be based on the consumer cohorts balanced with IPC and maintenance considerations.

Opportunities for family/visitors to prepare food and dine with consumers should also be provided.

Meal storage requirements for those suffering from eating disorders is to be considered if supported by models of care and patient cohorts.

4.2.4 Multifunction Group Room

Description and Function

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

Location and Relationships

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

Considerations

As this is a living space for consumers, every effort should be taken to create a homely environment. The layout should ensure whole group activities are possible, however, provision of a sub-lounge or sectioning some of the space through furniture placement assists in creating a more intimate atmosphere. The TV should also be positioned to avoid staff and consumers walking in front of it.

Lockable storage for activities should be incorporated in this area.

4.2.5 Activity / Therapy Room

Description and Function

This room should be a flexible use, welcoming, open space to facilitate a range of activities and therapies including art, diversional and occupational therapy.

It should be large enough to accommodate groups of consumers participating in activities (including 'wet' art/mindful activities), as well as space for equipment and materials for example, large tables or painting easels.

Location and Relationships

The activity/therapy room should be located in close proximity to the other shared living areas; 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 sound proofing applications.

Considerations

Fittings and equipment required in this room may include:

- height adjustable benches with inset sink (wheelchair accessible)
- lockable shelving for storage of equipment
- tables (adjustable height)
- chairs (adjustable height).

Enable sufficient hand hygiene and cleaning up facilities after activities such as art/painting.

4.2.6 Indoor Exercise Area

Description and Function

Physical activity is an important intervention for those undergoing mental health rehabilitation and part of the comprehensive care plan for transition into the community. Regular physical exercise is acknowledged as an important self-management strategy and provides significant health benefits as recognised by the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

Consumers can derive significant benefits from exercise such as resistance training, including improved physical health, reduced stress, enhanced social interaction, and better preparation for transition to the community through strengthened coping and self-management skills.

Location and Relationships

This space should be located in a space clearly observable from recreational and therapy areas in a way that allows for line of sight. Transparent barriers and passing traffic will enhance supervision.

The room should overlook, and preferably open onto, accessible outdoor space.

Exercise areas that are in corridors, next to bedrooms, away from main areas and that do not open into outdoor spaces significantly limits the useability.

Considerations

Careful consideration should be given to the type of equipment installed and circulation spaces around them, given the consumer profile and the therapy goals. High supervision and appropriate training by suitably qualified staff should be considered as part of the operational policies. Depending on risk assessment, this space may be an open area or if provided as a room, it would be locked when supervision is not available. Consideration to privacy of internal spaces should apply - e.g. using semi-transparent decal on the glass that limits visibility.

The types of equipment appropriate for use in the room, should be determined locally but could include free/non-fixed equipment (such as resistance bands, free weights) and fixed (exercise bikes, treadmills, multigyms/cable machines) with the understanding that the equipment will be risk assessed prior to use. Consider providing lockable storage for weights and other equipment that may require supervision to prevent misuse or ensure safe handling. There should be considerations in the design of this room for transitioning to a community gym, including ensuring access to equipment comparable to what consumers will encounter in community settings.

Consider work, health and safety (WHS) in designing storage solutions for heavy, mobile equipment that must be stored when not in use.

Refer to Section 6.2 Further Reading for recent research and evidence outlining the correlations between mental and physical health.

4.2.7 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 may be utilised to promote recovery and rehabilitation with different age groups and populations, where consumers have opportunities to learn to regulate their sensory systems and manage distress and agitation using prescribed sensory modulation equipment. Equipment may include weighted, movement, tactile, vibrating, squeeze and auditory modalities.

Location and Relationships

As staff may need to supervise consumers 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.

Consumer should have the capacity to control the lighting in the room (e.g. dimmable lighting) and sound through appropriate sound system and technology such as Bluetooth.

To support staff safety, consideration should be given to providing a second egress where staff are expected to be in the room with the consumer.

4.2.8 De-escalation Area

Definition

De-escalation is defined by The National Institute for Health and Care Excellence (NICE) guidance (NG10 2015) as ‘the use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression.’

The guidance also noted that ‘a de-escalation room should be a low stimulus room, where a consumer could go to calm down.’ De-escalation strategies promote relaxation, e.g. through the use of verbal and physical expressions of empathy and alliance.

Function

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

Location and Relationships

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

De-escalation room should be a consumer destination to assist with self-regulation, not a pathway to seclusion. It should be proximally located to the Seclusion Room (if provided) but not associated with the Seclusion Room and should be visually separated.

Consider the width of corridor to this room to allow for safe access of agitated consumer with two staff support (3 abreast).

Considerations / Environment

The De-escalation area may contain specialist seating that enables staff to perform de-escalation management. To support staff safety, consideration should be given to providing a second egress.

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 games console/TV. Dimmable lighting is essential to allow the consumer to adjust the lighting intensity in the room.

The door furniture (lock) enables the door to be locked from the outside when the room is not in use but allows those inside the room to leave without a key.

4.2.9 Outdoor Areas - Consumer

Description and Function

These are outdoor areas for programmed activities or relaxation. Functional requirements include passive areas such as seating in landscaped gardens and active areas that encourage exercise. Some outdoor areas should have alfresco areas for weather protection and sunshade so that they are useable all year around. Outdoor spaces can be small spaces for a quiet courtyard or private visit or be large enough to host a large visitor function or sporting activity.

Location and Relationships

Small outdoor areas should be accessible from the consumer lounges for each pod of bedrooms. Larger outdoor areas should be accessible from the main indoor lounge and be visible from the Staff / Consumer interface. Consider glare onto glazing that may impede passive observation from staff areas when viewing across the outdoor space.

Garden views from other parts of the unit should also be maximised.

Considerations

Consider designing the space which are culturally appropriate and with a therapeutic ambience feel rather than an institutional one, particularly for outdoor areas on upper floors. To ensure privacy and dignity, consideration must be given to screening views from upper levels into lower-level outdoor areas.

Outdoor spaces should provide a genuine connection to the outdoors. Enclosed concrete courtyards, particularly those surrounded by security mesh and finished with rubber flooring can become hot, uncomfortable, and lack the therapeutic benefits associated with nature. True outdoor environments support social interaction, physical activity, and mental wellbeing through exposure to fresh air, sunlight, greenery, and natural landscapes. The goal is to ensure real access to outdoor areas that enable sport, gardening, social gatherings, and exercise.

Perimeter fences should be screened and eliminate external viewing into the facility outdoor space. Additional screening such as trees or shrubbery should not compromise safety and security.

Furniture and fittings should be carefully selected to respond to the risk assessment including consideration for fixed furniture or loose furniture that may be used as a means of escape or used as a weapon. Seating when hosting large groups such as low wall yarning circle should be considered. Also consider risk assessment for provision of outdoor activity equipment such as basketball hoops and other exercise related equipment. Risk-assess provision, access and storage of barbecue equipment if being considered for consumer and/or staff use. Also consider the advantages and disadvantage of a fixed, securely lockable

barbeque area and mobile electric barbeque, power/fuel requirements, operational policies and maintenance protocol based on equipment provided.

Consider incorporating design and security measures in outdoor areas to mitigate the risk of illicit substances being delivered to consumers, including emerging methods such as drone drops.

Subject to appropriate risk assessment (including measures such as sufficient fence height to prevent scaling), staff-controlled louvres may be considered to provide airflow, shade, and weather protection when closed. Ensure adequate drains (anti-ligature) are installed in the flooring for water run off to prevent slip and mould. Also avoid hinged door opening out to outdoor spaces that can be utilised as a hand and foot point to facilitate absconding.

If building walls are being used to secure the facility which require adequate height to prevent scaling, effective airflow management, which may need to be mechanically assisted, should be considered.

4.2.10 Staff / Consumer Interface and Clinical Work Room

It is suggested that these two functions could be combined with an open counter area and an adjoining clinical work room (quieter enclosed area) in which confidential discussions can occur. Functions for these two spaces might be arranged as follows:

Staff / Consumer Interface:

- space where staff are ‘on-stage’ and available for consumers
- space for a telephone for consumers to access
- lockable storage for consumer’s personal belongings if not provided in the consumer bedrooms, i.e. mobile phone, bankcards, home keys, cash etc.
- lockable charging storage area for consumers phones, computers
- adequate bench space for consumers to engage with staff and or engage in mindfulness activities, i.e. puzzles, colouring in, reading the paper etc.

Clinical Work Room:

- space where staff are ‘off stage’ undertaking administrative work such as handovers and case discussions
- electronic patient journey board
- space for computers and multifunction device
- workstations on wheels with wireless computer access
- fire mimic panel and motion sensor panel
- charging stations for personal duress alarms
- locker storage for staff personal belongings (if a separate locker room is not provided).

A local risk assessment should be conducted to determine appropriate design of this space. Co-design with consumer and staff is essential to ensure the space meets operational and safety needs.

Note that fluorescent lighting is too strong for night duty requirements, unless dimmer controlled. Task lighting above workspaces for night duty staff should be considered.

4.2.11 Kitchen / Meal Counter

Description and Function

The requirement for and design of this area will depend on the model of care and method of food service delivery model, i.e. plated or bulk meals, and the management of used crockery and utensils.

The use of a meal hatch is not considered therapeutic and should be avoided in the design.

A Kitchen / Meal Counter will have a large food counter that allows consumers to select themselves at meal/snack times.

Location and Relationships

The Kitchen / Meal Counter should be adjacent to dining spaces in the shared zone.

It should be located so that it has ready access for delivery of food supplies and meals.

The delivery path of meals and food supply and collection of food service equipment should avoid access to the consumer environment.

Considerations

The Kitchen / Meal Counter should be a safe, secure environment for staff in compliance with WHS and IPC guidelines. There should be ample bench top area, open shelving, lockable cupboards, secure storage for food and equipment, and space to store food trays and distribution trolleys.

A dedicated power outlet for heating/cooling food trolleys may be required.

Adequate secure individual space for refrigerated items can greatly facilitate consumers access to preferred items for simple meals and snacks.

Regular tapware should be installed for hot and cold water so as to maximise consumers' ability to access their own drinks, wash dishes etc.

5 Schedule of Accommodation

The Schedule of Accommodation lists generic spaces for this HPU. Quantities and sizes of spaces will need to be determined in response to the service needs of each unit on a case-by-case basis.

This Schedule of Accommodation assumes a 20-bed unit. Bedrooms are assumed to be grouped into four pods, each of which has its own lounge, courtyard and access to laundry.

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'. 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.

5.1 Entry, Waiting and Reception

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m^2	
AIRLE-12	Airlock - Entry	SC-D	1	10	**Optional.**
RECP-10	Reception	SC	1	10	
RECP-10	Security Reception	SC-D	1	10	**Optional.** Depending on model of care e.g. for higher acuity units. Maybe also be designed as a flexible use private/enclosed room adjacent to reception for consumer or visitor property checks by staff prior to entering the unit.
WAIT-10	Waiting	SC-D	1	15	May be shared with other units.
WCAC	Toilet - Accessible	SC	1	6	Depending on proximity of other visitor amenities.
WCPU	Toilet - Public	SC	1	3	
	Property Bay - Visitors		1	2	**Optional.** Depending on model of care e.g. for higher acuity units.
INTV-MH	Interview Room - Mental Health	SC	1	14	To accommodate up to 3-4 people. Accessible from consumer and reception/waiting areas.
LNGE-10	Lounge - Consumer / Family / Carer	SC-D	1	15	
TRBNL	Tribunal Hearing Room	SC	1	30	Consider jurisdictional requirements for design and support rooms.
Discounted Circulation			**25%**		

5.2 Secure Entry Zone - Optional

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
	Police / Ambulance Enclosed Transfer Area		1	45	**Optional.**
AIRLE-12	Airlock - Entry	SC-D	1	10	**Optional.** Support an ambulance trolley and multiple staff assisting.
	Gun Safe Alcove		1	2	**Optional.** Includes bench for paperwork.
CONS	Consult Room	SC	1	14	**Optional.**
ENS-MH-IN ENS-MH-NE	Ensuite - Mental Health	SC-D	1	5	**Optional.**
Discounted Circulation			**32%**		

5.3 Consumer Areas

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
1BR-MH-IN 1BR-MH-NE	1 Bed Room - Mental Health	SC-D	18	16	Increased area for larger than standard wardrobe, TVs and additional storage for longer stay consumers.
ENS-MH-IN ENS-MH-NE	Ensuite - Mental Health	SC	18	5	All private ensuites recommended in Rehabilitation Unit.
1BR-MH-IN 1BR-MH-NE	1 Bedroom – Mental Health, Accessible	SC-D	1	16.5	
ENS-MH-IN ENS-MH-NE	Ensuite - Mental Health, Accessible	SC-D	1	7	All private ensuites recommended in Rehabilitation Unit.
1BR-MH-IN 1BR-MH-NE	1 Bed Room - Mental Health, Special	SC-D	1	18	Bariatric or consumers with specific needs. Number of beds will depend on local jurisdictional policies.
ENS-MH-IN ENS-MH-NE	Ensuite - Mental Health, Special	SC-D	1	7	Bariatric requirements will be dependent on local jurisdictional policies.
BHWS-B	Bay - Handwashing, Type B	SC	3	1	Recessed bays in corridors.
LAUN-MH	Laundry - Mental Health	SC	2	6	Qty to suit number of pods. Aim for 1 per 2 pods of bed rooms. Design to meet IPC and safety requirements.
	Consumer Kitchen		1	24	Consumer kitchen for self-service depending on models of care. More than one may be required depending on consumer cohort and model of care.

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
DINR	Dining Room (Mental Health)	SC-D	2	26	May be provided as 1 large, shared area. **Note:** Combined lounge, dining and activity areas to be provided at min. 10m² per person (dining room, beverage bay, lounge - general and small, and multifunction group/activity rooms).
BBEV-MH	Bay - Beverage, Mental Health	SC	2	4	May be provided as 1 shared area. **Note:** Combined lounge, dining and activity areas to be provided at min. 10m2 per person (dining room, beverage bay, lounge - general and small, and multifunction group/activity rooms).
	Lounge - General / Shared		1	30	Main lounge/activity area. **Note:** Combined lounge, dining and activity areas to be provided at min. 10m² per person (dining room, beverage bay, lounge - general and small, and multifunction group/activity rooms).
	Lounge - Small		4	15	1 per pod of bed rooms. Two small lounges may be consolidated into a larger space to flex as a Multifunction Group Room. **Note:** Combined lounge, dining and activity areas to be provided at min. 10m² per person (dining room, beverage bay, lounge - general and small, and multifunction group/activity rooms).
	Multifunction Group Room		1	40	**Note:** Combined lounge, dining and activity areas to be provided at min. 10m² per person (dining room, beverage bay, lounge - general and small, and multifunction group/activity rooms).
	Activity / Therapy Room		1	20	Multi-function activity area. Lockable store to be included in the room. **Note:** Combined lounge, dining and activity areas to be provided at min. 10m² per person (dining room, beverage bay, lounge - general and small, and multifunction group/activity rooms).
	Indoor Exercise Area		1	30	For consumer use, collocate with open lounge area for flexible use of space. Maybe open or a lockable room depending on models of care and risk assessment.
	Sensory Modulation Room		1	12	
	De-escalation Area		1	18	To be located with Outdoor Area - De-escalation. Refer to Outdoor Areas - Consumer.
STPP	Store - Patient Property	SC-D	1	14	Due to length of stay of consumers. Adjust area allocation to consider consumer cohorts and operational policies relating to storage of consumer belongings.
Discounted Circulation			**32%**		

5.4 Outdoor Areas - Consumer

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
	Outdoor Area - Dining & Activities		1	200	BBQ area (near consumer kitchen), tables and chairs, sink, exercise area and walking paths – 10m² per person.
	Outdoor Area			20	**Optional.** For low-security risk units, smaller decentralised outdoor spaces for each pod may be provided instead of a single centralised area, with a minimum size of 20m². This area form part of the unit's total outdoor space, which should be provided at 10m² per person.
	Outdoor Area - De-escalation		1	20	To be located with De-escalation Area.
Discounted Circulation			**0%**		

5.5 Seclusion Suite – Optional

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
SECL	Seclusion Room	SC	1	14	**Optional.** Where the Seclusion Suite is considered for the unit, all components of the suite should be provided.
	Seclusion Access Area		1	10	**Optional.** To support consumer privacy and dignity and safe access to room. Area requirement will be subject to design. Where the Seclusion Suite is considered for the unit, all components of the suite should be provided.
ENS-MH-IN ENS-MH-NE	Ensuite – Seclusion	SC-D	1	5	**Optional.** Consider remote ensuite door access control for staff safety. Where the Seclusion Suite is considered for the unit, all components of the suite should be provided.
Discounted Circulation			**32%**		

5.6 Clinical Support

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
	Staff / Consumer Interface		1	14	Base for staff/consumer engagement. Allocation of area may be adjusted between the staff/consumer interface and clinical workroom.
OFF-CLN	Office - Clinical Workroom	SC	1	15	Including benching and computers.
INTV-MH	Interview Room - Mental Health	SC	2	14	2 doors; 1 interview/consult room per 5 beds (1 also included near reception).
CONS	Consult Room	SC-D	1	14	If not provided as part of the secure entry zone.
OFF-1P-9	Office - 1 Person, 9m²	SC		9	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-WS	Office - Workstation	SC		4.5	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
MED-14	Medication Room	SC-D	1	10	Includes space for resuscitation trolley (1.5m²) and electronic medication requirements.
CLN-10	Clean Store	SC-D	1	8	
BLIN	Bay - Linen (Clean)	SC	2	2	Enclosed and lockable.
	Bay - Linen (Dirty)		4	0.5	Enclosed and lockable.
BMT	Bay – Meal Trolley	SC	1	4	**Optional.** May be combined with Kitchen / Meal Counter.
	Kitchen / Meal Counter		1	20	**Optional,** if supported by models of care and food services is bulk supply re-thermalisation model. May be combined with Bay - Meal Trolley.
CLRM	Cleaner's Room	SC	1	5	
DTUR-S	Dirty Utility - Sub	SC	1	8	
DISP-10	Disposal Room	SC-D	1	8	
STGN	Store - General	SC-D	1	8	
STEQ-20	Store - Equipment, 20m²	SC	1	20	Indoor and outdoor activity equipment.
Discounted Circulation			**32%**		

5.7 Staff Work Areas and Amenities

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
OFF-1P-12	Office - 1 Person, 12m²	SC		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	SC		9	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-WS	Office - Workstation	SC		4.5	For a range of medical, nursing, allied health and administrative staff. Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
BMFD-3	Bay - Multifunction Device	SC	1	3	May be incorporated into reception.
SRM-15	Staff Room	SC	1	18	
BPROP	Bay - Property, Staff	SC-D	1	3	
WCST	Toilet - Staff	SC	2	3	
SHST	Shower - Staff	SC	1	3	
Discounted Circulation			**25%**		

5.8 Outdoor Areas - Staff

Room Code	Room Name	SC/ SC-D	20 Beds		Comments
			Qty	m²	
	Outdoor Area - Staff		1	20	
Discounted Circulation			**0%**		

6 References and Further Reading

6.1 References

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Relevant Standards and Legislation

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