Australasian Health Facility Guidelines

HPU 137 Mental Health Intensive Care Unit (MHICU)

Health Facility Briefing, Planning and Design

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Australasian Health Facility Guidelines

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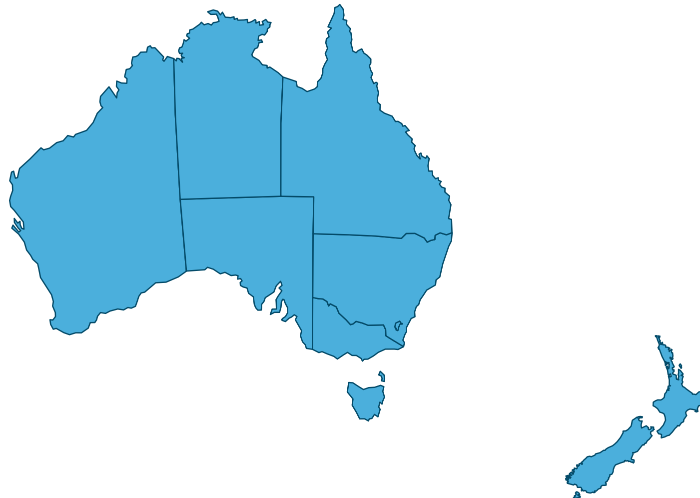
Cultural Acknowledgement and Terminology

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 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.

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Acronyms

Acronym	Definition
AHIA	Australasian Health Infrastructure Alliance
AusHFG	Australasian Health Facility Guidelines
HDU	High Dependency Unit
HPU	Health Planning Unit
HVAC	Heating, Ventilation, and Air Conditioning
ICU	Intensive Care Unit
MHESSU	Mental Health Emergency Short Stay Unit
MHICU	Mental Health Intensive Care Unit
SC	Standard Components
SC-D	Standard Components - Derived

1 Introduction

1.1 Preamble

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 during 2025-2026 which included clinical experts.

This document is intended to support the planning and design process for the design team, project managers and end users. It is recommended that the planning and design process for mental health facilities incorporates a consumer and carer co-design approach.

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).

The focus of this document is Mental Health Intensive Care Units (MHICU) 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
- Part B: Section 90 - Standard Components
- Part C: Design for Access, Mobility, Safety and Security
- Part D: Infection Prevention and Control
- Pandemic Preparedness - Health Infrastructure Planning & Design Guidance.

1.3 Policy Framework

In addition to the other background documents listed in HPU 131 Mental Health – Overarching Guideline, Section 1.3, specific information relating to MHICUs include:

- NSW Health, Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Facilities, 2017
- Victorian Framework for Mental Health Intensive Care Services, 2025.

1.4 Description

Mental Health Intensive Care Unit (MHICU) is the term most commonly used across the jurisdictions; however Psychiatric Intensive Care Unit (PICU) is also used. As the AusHFG already use the acronym 'PICU' to refer to Paediatric Intensive Care Unit, it will not be used in this HPU.

A MHICU provides specialist mental health services for the management and treatment of individuals with complex, high acuity, and severe behavioural disturbances associated with mental health illness.

A multidisciplinary team delivers intensive clinical management, psychiatric medications, close observation and therapeutic engagement in a secure (closed inpatient unit) environment, until the consumer's acute symptoms and behavioural disturbances have stabilised, and the level of risk is reduced such that the consumer can be safely transferred to a less restrictive setting.

Criteria for admission to a MHICU are generally as follows:

- experiencing acute episode of psychiatric illness/disorder
- level of risk associated with harm to themselves, harm to others and/or vulnerability means that management in an acute inpatient unit setting is not appropriate
- the consumer is medically stable
- 18 to 65 years of age, however flexibility is recommended according to consumer need and local policies
- may be subject to involuntary treatment provision under a Mental Health Act.

It is important to consider the eligibility criteria for admission to the MHICU in the jurisdiction or in specific projects within jurisdictions. This includes the definition of an 'adult,' the minimum age for admission, and any relevant jurisdictional, legislative, or health-facility requirements (e.g., considerations for individuals under 18 years of age or flexibility for a carer to remain in the room).

In addition to the criteria for admission, MHICU:

- is a defined unit
- is self-contained with dedicated support areas
- has agreed staffing levels including a dedicated psychiatric team
- provides a broad range of consumer amenities including therapeutic, self-management, communal and activity areas.

MHICUs should provide a balance between achieving a high level of security and safety for consumers, family members/whānau/carers, visitors and staff; whilst facilitating the delivery of an effective therapeutic environment which is pleasant, spacious, light filled, comfortable, non-threatening, welcoming and culturally safe.

2 Planning

2.1 Operational Models

2.1.1 Hours of Operation

The unit will operate 24 hours per day, seven days per week.

2.1.2 Service Model

The MHICU is a tertiary service (role delineation of level 5 or 6) with regional/district responsibility, providing short stay care for adults experiencing severe acute mental health crisis and psychotic symptoms requiring higher safety needs.

Intensive, specialist mental health services with high staff to consumer ratios are provided by psychiatrists, Visiting Medical Officers (VMOs), registrars, nurses, allied health staff (pharmacy, psychology, social work, occupational therapy etc.), peer support workers and First Nation/cultural liaison staff.

Admission and discharge processes within the unit will be guided by a person-centred approach, in alignment with relevant jurisdictional and unit-specific policies. Some consumers may be admitted and discharged directly from the community. Referrals may also be made from acute mental health inpatient units and high dependency units (HDUs), according to clinical need. Some MHICUs may admit consumers directly from emergency department following medical clearance) and perform the psychiatric assessment and admission process within the MHICU. Other MHICUs may choose to only admit via the acute mental health inpatient units.

If admission to the MHICU occurs during the course of an acute mental health admission, a consumer's therapeutic program and interventions should be maintained wherever feasible to ensure continuity of care. Therefore, consideration for access and connections to these programs should be considered if available within the facility grounds or via online participation.

Consumers will remain within the MHICU for the minimum length of time required to overcome the 'crisis' period prior to being able to safely transfer to a less restrictive setting. It should be noted that there may be consumers who require their treatment to be supported in a MHICU until discharge. Given the variability in length of stay, spaces should be thoughtfully planned and designed to meet the diverse needs of consumers - supporting different levels of acuity and behavioural presentations, irrespective of duration.

Project teams should incorporate unit- and service-specific policies, procedures, and model-of-care requirements alongside jurisdictional guidance to inform the planning and design. They should also provide opportunities for co-design with key stakeholders and users, including consumers, carers, and the workforce.

2.1.3 Service Configuration

It is not recommended that a MHICU be a standalone facility due to the need for rapid and timely access to additional clinical staff and security where required. They are also not equipped to manage acute physical deterioration of consumers. MHICUs should be delivered as a separate unit located within a mental health or acute care complex.

There is variation in the literature about the optimal unit size. Eight to 12 beds are the consensus range, depending on the service catchment demand.

It is acknowledged that in some jurisdictions, the unit may flex between mental health HDU and ICU depending on the needs of the consumer cohorts. Where this operational model is used, planning and design should carefully consider the unit's configuration, including measures to ensure appropriate physical separation of cohorts, thereby safeguarding consumer well-being and safety. Whether the unit is intended solely for MHICU or designed to flex between HDU and ICU functions, it should be planned to meet the highest design requirements. This ensures the unit can safely and effectively accommodate varying levels of acuity and behavioural presentations of MHICU consumers, who remain the primary focus of this HPU.

Also refer to HPU 134 Mental Health Inpatient Unit – Acute Adult for more information about mental health high dependency areas.

Ensure that the design of the MHICU supports physical, psychosocial and sexual safety and security, within an environment designed to support mental health and wellbeing, of all persons/users of the MHICU space. Jurisdictions or projects may need to adapt pod configurations according to specific operational needs guided by consumer admission trends and other relevant data sources. This information can help inform effective cohort separation strategies that align with local service requirements and promote optimal care delivery.

MHICU will be designed to have clusters or pods of bedrooms that enable streaming of consumers for acuity, gender (including considerations for transgender and gender diverse individuals), level of vulnerability and/or level of risk to themselves or others. Bedrooms may be broken down into pods to accommodate the need for safety, including sexual safety, with associated comfortable and welcoming spaces (internally and externally) to support each pod. This also supports ease of access for maintenance requirements without disrupting other pods. Configuration of the unit in pods should not reduce flexibility of use from day to day or over time, nor should it compromise the ability of staff to supervise.

Where physically separated pods are provided, wayfinding measures should be implemented to guide family members and visitors to the appropriate area efficiently and effectively.

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 all impact 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 MHICUs.

2.2.2 Self-Management

The consumers should be given opportunities to self-manage. A key strategy is to support self-management through the availability of a range of therapeutic spaces, e.g. quiet, activity, de-escalation suite and sensory modulation rooms, to provide consumers with choice and control over the level of stimuli required to reduce and prevent agitation. The intensity of sensory stimuli is particularly significant for neurodiverse individuals, as they may be more sensitive to bright lighting or elevated noise levels. If applicable, incorporate evidence-informed therapeutic design principles that are widely recognised as supporting MHICU consumers in optimising their self-management.

De-escalation strategies should provide an opportunity for the consumer to separate for a period of time from others.

2.2.3 Seclusion

Reduction and eventual elimination of the use of seclusion is a recognised goal across contemporary mental health services across Australasia and internationally. A Seclusion Room provides for the sole confinement of a distressed or agitated person requiring separation for short periods at any hour of the day or night on an involuntary basis. Seclusion is an intervention of last resort and generally will only be implemented after other de-escalation strategies have failed.

The requirement and optimal location of a seclusion room will depend on relevant jurisdictional policies and legislation, the consumer cohort, service need, and configuration of the unit.

2.2.4 Emergencies

Medical emergencies will be handled in accordance with the health facility’s standard policies and guidelines. A resuscitation trolley and portable oxygen and suction will be readily available in a secure area not accessible to consumers, such as the clean store/medication room. Psychiatric emergencies should be supported in accordance with unit policies, procedures and guidelines.

2.2.5 Staffing

A high staff-to-consumer ratio is a feature of a MHICU. Actual numbers of staff will depend on the size of the unit and the clinical service plan, functional brief, supported models of care and legislation requirements.

The design of the unit should provide sufficient functional area to support staff in the safe and efficient delivery of care. The environment should be secure and facilitate effective emergency responses to acute situations on each shift. Designing and providing efficient service configuration of the unit will support effective and high-quality care, efficient operation without imposing additional operational and capital cost costs, support staff wellbeing, whilst enabling compliance with security and occupational health and safety requirements.

2.2.6 Catering

It is recommended that meals be prepared for consumers in the hospital's main kitchen or as per the hospital's existing arrangements.

Depending on the consumer cohort, it may be appropriate for capable consumers to be involved in serving themselves, e.g. breakfasts or snacks, as a part of activities of daily living. If this practice is implemented, the unit kitchen will need a large serving bench attached to the kitchen which is accessible by consumers. Consumers should not have access to the unit kitchen.

A cold beverage facility should be accessible to consumers and their visitors at all times. Hot drinks, with controlled water temperature, will only be accessible under staff supervision.

2.3 Planning Models and Functional Relationships

2.3.1 Unit Location and External Functional Relationships

MHICU may be located at any level of the facility grounds. While the precise physical location of the unit within the facility grounds is of secondary concern, priority must be given to the following essential considerations, including but not limited to:

- ensuring adequate spatial capacity to support the requirements of consumers, staff, and visitors
- safeguarding consumer privacy and dignity through thoughtful environmental design
- establishing a secure unit perimeter that aligns with safety standards suitable for the acuity and risk profiles of the consumer cohort
- facilitating safe, efficient consumer transfer and visitor access
- providing access to, or visual integration with, landscaped green spaces
- maximising exposure to natural light and surrounding vegetation to support therapeutic outcomes
- selecting a site sufficiently distanced from sources of disruptive noise, such as helicopter pads, high-traffic roadways, or mechanical plant infrastructure. Refer to Section 3.1.1 Acoustics for additional information.

The location of the unit needs to ensure that the general public and patients in other parts of the facility cannot see into the building or outdoor areas and should allow for consumers to have a level of visibility out of the unit. Consideration also needs to be given to the requirements associated with moving consumers to and from other areas of the facility, e.g. emergency department, an adult acute mental health inpatient unit, medical imaging unit and operating theatres. Activity flows should avoid the need to transfer consumers through high traffic public areas (refer to Section 3.3.2 Security and 3.3.3 Access Control).

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

- acute mental health inpatient unit
- emergency department
- medical imaging

- day surgery unit or designated location for administration of electroconvulsive therapy (ECT) or transcranial magnetic stimulation (TMS)
- security
- back of house support services
- visitor and staff parking.

The design of wayfinding and access routes to external departments must consider site limitations, the characteristics of consumer groups, and available transport modalities. For instance, standard wheelchairs may be appropriate for general use, whereas bariatric consumers may necessitate dedicated transfer vehicles.

To preserve consumer privacy and dignity, it is essential that the location of the unit is carefully considered to provide discrete access and ensure that the general public and patients in other parts of the facility cannot see into the building or outdoor areas.

2.3.2 Unit Configuration and Internal Functional Relationships

Planning of the unit is complex and requires the correct relationships to be achieved between the functional zones.

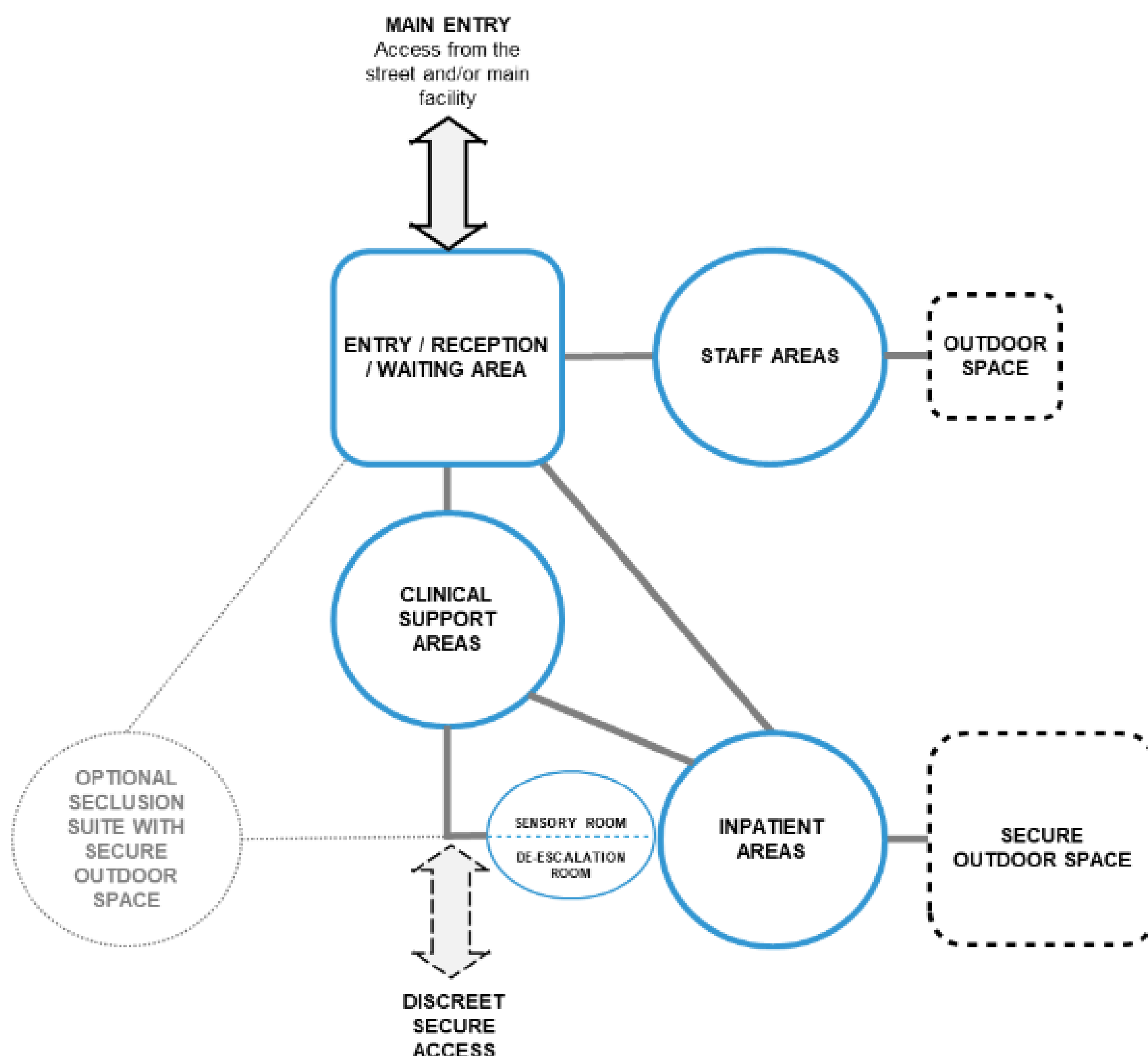
Key internal relationship requirements include:

- the 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 and provide person-specific care dependent on consumer cohorts and their clinical/ therapeutic needs
- recreation areas, indoor and outdoor, will be located in proximity to living spaces
- staff offices and amenities will be located in a consumer free zone.

2.3.3 Shared Facilities

Given MHICUs are co-located with other mental health facilities, every attempt should be made in the planning to avoid duplication of support areas such as public spaces, staff work areas and staff amenities. However clinical space and consumer recreational areas must be dedicated to the MHICU.

2.3.4 Functional Relationship Diagram



2.4 Functional Zones

2.4.1 Functional Zones

The unit consists of the following functional zones:

- entry foyer, reception and waiting, including meeting rooms accessible from the waiting area and consumer areas
- visitor/family amenities
- secure entry zone
- meeting rooms including tribunal room
- admission, assessment and treatment rooms
- consumer areas comprising bedrooms, therapy areas, and communal/activity areas including sensory modulation, de-escalation suite and outdoor space
- optional seclusion suite
- clinical support
- staff areas including staff work areas, meeting rooms and amenities.

2.4.2 Main Entry / Reception / MHICU Entry Point

The main entry and reception may be shared with other mental health services if they are co-located, however, a dedicated, secure, staff-controlled entry point to the MHICU is required to allow supervised access and egress to and from the unit.

The MHICU entry point should be designed so that no visitor can directly access the MHICU without either reporting to staff or having some means of communicating with staff inside the unit, e.g. video intercom.

If a reception desk model is adopted at the MHICU entry point, it should be designed to 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. Alternatively, the depth of the reception counter can be increased. The staff-controlled entry point should have direct access to a safe retreat in an adjacent secure area. Personal and fixed duress alarms should be provided.

Involuntary consumers being admitted to the MHICU are likely to enter via a secure entry (either via police or ambulance). An appropriate access route will be planned for consumers being transferred internally from an acute mental health inpatient unit or emergency department (if transfer by vehicle is not indicated or required). The area should have comfortable and ‘soft’ waiting space, inclusive design elements and access to public and visitor/family amenities including an accessible toilet and drinking water. Small lockers may be provided so that the belongings of visitors can be safely stored while they are visiting.

2.4.3 Visitor / Family Amenities

Maintaining a connection with family/whānau/carers, extended family and kin is a key element of the model of care and must be supported through the design of the unit. Areas should be provided for consumers to meet with visitors, including children in private, however these spaces must be observable by staff and need to be located so that visitors do not need to traverse the inpatient areas. The rooms should be designed to provide distractions/talking points, e.g. through art, culturally inclusive elements, external outlooks, children’s toys etc. This, or a separate meeting area, should also be available for interviews between carers, extended family, kin and staff.

A waiting space in close proximity to the tribunal room should be provided for visitors in attendance at hearings etc. Visitors should have access to a beverage bay and visitor toilets including all-gender/gender neutral amenities, and baby change facilities should be provided at the main entry/reception or the MHICU entry point.

2.4.4 Secure Entry Zone

Given that this type of unit will be a tertiary service, the mode of consumer transfer will regularly be inter hospital, requiring a secure vehicle and consumer reception/assessment area. The secure vehicle area will preferably have direct access to the MHICU. However, its optimum location will depend on overall planning solutions and resolution of functional relationships for the mental health or general acute care facility as a whole, as the secure vehicle area will likely be utilised by other consumers. If the secure entry is shared, it is not appropriate to expect the MHICU consumers, who are particularly unwell, to be escorted via a long route through other parts of the facility.

Risk assessment and jurisdictional/facility workflow requirements should be considered when planning and designing this zone. Also refer to 4.2.2 Secure Entry Zone for additional information.

A secure consumer admission/assessment area will be required in the MHICU.

2.4.5 Tribunal Room

The Tribunal Room is multipurpose meeting room required for:

- case conferences where there may be more than a dozen people in attendance, including community staff and other external agencies
- group therapy sessions
- staff meetings
- in-service/educational sessions for staff, family/whānau and other carers
- tribunal hearings for review of involuntary consumers.

The exact use and number of such room(s) will vary according to how many of these spaces can be shared between the various mental health services located on the site. For safety reasons two points of access/egress should be provided in all meeting rooms accessed by consumers. Video conferencing facilities should be available within or in close proximity to the MHICU so that the unit can fulfil its obligations as a tertiary level service in assessing consumers remotely or providing support/education to other services.

Direct access from the MHICU to a tribunal room is essential. This room should be designed to support the functions of the Mental Health Tribunal and provide a safe and non-threatening environment for all participants. The room will be used to conduct hearings, undertake confidential discussion and/or counselling between staff, consumers and/or supporting members and representatives where required. Hearings may be conducted in person or by video conference.

Consumers should have consistent and reliable access to interpreters throughout their care journey, whether through in-person interactions or via telehealth platforms. Additionally, facility design must incorporate features that prioritise interpreter safety, enabling secure and effective communication across all service modalities.

It is recommended that the Tribunal Room is co-located with MHICU to avoid transporting consumers long distances.

External visitors should be able to readily access the room without traversing the consumer zone; however close proximity to the consumer living areas is also required for the safe and ease of access by consumers.

Furniture such as tables and chairs should be appropriate for the various activities in the room and can be easily moved out of the way. The arrangement of tables for magistrate sessions should ensure that the distance between magistrate and consumer does not allow the latter to reach across the table to the magistrate. Video/teleconferencing facilities will be required. Consider articulated arm for the audio-visual TV screen that allows it to be pivoted or can be moved out of sight of the consumer.

An observation window (safety glass with integral venetians/electronic glazing) should be installed in the general access to the room. Also consider ‘room in use’ indicator to prevent accidental entry by unauthorised person during a session.

Personal duress alarms are assumed but there may also be fixed duress buttons, including those located in the pathway of egress.

A high level of acoustic privacy is required.

The design requirements for the Tribunal Room may vary between jurisdictions and may have a broader impact to the MHICU design and project team should refer to jurisdictional requirements such as https://www.vhba.vic.gov.au/resources/design-guidelines.

2.4.6 Admission, Assessment and Treatment Rooms

The number and specific purpose of interview, consult and treatment rooms will be determined by the unit’s size, service profile and number of clinicians visiting on any one day. Interview rooms should be located within the envelope of the inpatient zones within reasonable line of sight from the staff/consumer interface area. If both consumer and family access is required, some rooms may be positioned to be accessible from the unit entry. It is recommended that one interview/consultation room is provided per four beds, and each room should be large enough to comfortably accommodate up to six people, including the consumer, clinicians and carers.

Consultations/group therapy involving more than six participants (such as family conferences) will generally occur in a multipurpose meeting room. All rooms should have two exit doors and furniture arrangement should encourage informal discussion whilst not obstructing staff exit routes should the need arise.

A consultation room will be used for preliminary consumer assessment, examination and minor procedures such as dressings and injections. It requires locked cupboards (keyed alike) for the storage of clinical equipment, syringes/needles and other possibly hazardous materials. ‘Sharps’ containers need to be securely enclosed. An examination couch, examination light, hand basin and second exit door are required. Room doors should be lockable with swipe card (with key override) or similar restricted access, given the range of possibly hazardous equipment stored in this space. Sound-proofing and robust walls and doors are essential.

Consultations rooms where procedures are undertaken should comply with relevant standard component requirements for treatment spaces and Part D: Infection Prevention and Control.

2.4.7 Consumer Areas

Bedrooms

All bedrooms will be single.

To facilitate streaming of consumers, bedrooms may be provided as pods with access from each pod to a private sitting/small lounge area. The design should allow the pods to be managed independently or as required.

Consumers will have access to lockable storage for their personal possessions within the consumer area, accessible under staff supervision.

Medical gases will not be provided.

Ensuites and Bathrooms

Each bedroom should have its own private ensuite. Private ensuites with direct access from a bedroom create a greater sense of privacy and reduce concern of intrusion by other consumers. Ensuite doors should be lockable inside by the consumer but able to be opened by staff in an emergency. The door can be lockable in the open or closed position depending on individual requirements.

Ensuites may be designed without a door (but designed to provide visual privacy).

In some circumstances and depending on jurisdictional policy and/or local project requirements there may be a need to provide some bathrooms directly accessed from the corridor for high acuity consumer cohort. However, provision will remain based on a 1:1 ratio of bedrooms to ensuites with careful consideration of both consumers' and staff's well-being. The risk assessment should include consideration of the anti-ligature requirements associated with full-height doors of corridor accessed ensuites, as well as the implications of outward-swinging doors on safe circulation space external to the room.

It is noted that some consumers may perceive their privacy or safety to be compromised in a shared bathroom with corridor access and corridor access bathrooms increase the number of doors into the corridors which may in turn detract from efforts to create a domestic and easily navigable environment. Therefore, these shared bathrooms are generally not recommended.

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 with different age groups and populations, where consumers have opportunities to manage distress and agitation using sensory modulation equipment. The types of equipment appropriate for use in the sensory modulation room will be guided by operational policies for the service.

Refer to Section 4.2.4 Sensory Modulation Room for additional information.

De-escalation Area

The function of a de-escalation area is to provide a low stimulus, calming space for consumers to access if required with the view to avoiding the need for seclusion. The room requires safe access and egress, soft furnishings, the ability to play music and access to a dedicated courtyard.

Refer to Section 4.2.5 De-escalation Area for additional information.

Dining Room

There should be a large, dedicated dining area where consumers can sit in groups or alone. Décor should reflect a domestic environment. There should be direct access to an outdoor area that also has overhead sun and wet weather protection for use in all weathers. Provision of easy to access toilet facilities from both the dining and outdoor areas should be considered, such as through the utilisation of the consumer's own ensuite.

A small beverage bay with access to chilled water may be located in the dining room or separate alcove for general use by consumers outside of mealtimes, plus it facilitates easy hydration for consumers.

To promote a welcoming and therapeutic environment, food serving hatches should be avoided due to their association with institutional settings. A small, secure servery will be required for storage of meal carts, basic provisions and rubbish; however, it is anticipated that meals would be delivered from the hospital kitchen, or via a servery in co-located mental health inpatient units. It is not anticipated that the servery would be used by consumers for activities of daily living/food preparation.

The dining area is also often used as a multipurpose space for group activities. Locate a handwash basin near dining/multi-purpose areas to ensure consumers have access to hand hygiene facilities prior to consuming meals.

Activity and Recreation Areas – Indoor

Open areas, with a larger allocation of space per consumer compared with acute mental health units, are more conducive to the achievement of a calm environment. Although length of stay is intended to be brief, a variety of well-proportioned indoor activity areas should be provided so that consumers can participate in a range of activities concurrently, such as meals, television, art, games, music, computers, library, indoor facilities for exercise, and telephone contact. This will contribute to a positive therapeutic environment and influence the quality and efficacy of the clinical intervention. These areas may be used 24 hours a day, cater for a variety of activities and may be categorised as:

- quiet lounges for relaxation, time out or to socialise
- general shared lounge with TV, multimedia players etc.
- multi-function recreation area used by all consumers in the unit (a secondary use of the dining room)
- indoor exercise facility
- self-care laundry (for supervised access only).

Activity and recreation rooms should be clearly observable by staff and should be designed to enable consumers to self-navigate through the unit without having to seek permission to access these shared areas.

More than one lounge should be provided to support the management of different consumer groups. A large lounge for people engaged in a range of recreational activities should have direct access to a secure outdoor area.

While gender-specific areas are recognised as an important consideration, it is equally critical to ensure that the needs of gender diverse consumers are addressed - acknowledging that these may not be adequately met within traditionally gendered environments. Each pod of bedrooms should have access to its own sitting areas. The arrangement of furniture in activity areas should seek to enhance social interaction. Design decisions should also reflect cultural preferences, noting that some groups favour more enclosed pod arrangements, whereas others require larger, open spaces to accommodate extended family or community gatherings.

Activity and Recreation Areas – Outdoor

Outdoor areas for programmed activities or relaxation are treated as therapeutic areas. There should be passive outdoor spaces (seating in landscaped garden area) and active outdoor spaces that encourage exercise (half basketball court, walking paths etc.).

Some of the outdoor area should have soft surfaces, as well as weather protection and sun protection. Views from the unit into gardens are desirable, as is an outlook beyond the unit. Full and soft lighting should be provided to outdoor areas at night.

It may be appropriate to have one large and one small outdoor area to facilitate streaming of consumers. Alternatively, access to the outdoor area can be supported by staff to enable the streaming of consumers.

The following should be achieved in the design of outdoor spaces:

- visibility from day areas, avoiding blind spots, for supervision purposes
- screened from public view to protect privacy

- ordered rather than wild gardens are recommended, and plants with soft rather than prickly foliage
- shaded and weather sheltered areas available
- open/active areas, e.g. built in table tennis, air hockey or basketball ring with appropriate mitigation of ligature risks
- passive areas such as seating in landscaped gardens
- sensory garden including edible plants
- fixed outdoor furniture
- a barbeque area
- landscape features and plantings set back from the perimeter wall to avoid breaches of perimeter security
- lighting for night use and improved vision to outdoor areas after dark (ensure this does not impact on consumer bedrooms)
- culturally responsive outdoor and landscape design.

2.4.8 Seclusion Suite

The provision of a seclusion room needs to ensure it provides a safe, secure, calming and welcoming environment for consumers and staff safety. It should be located in a convenient location to the secure entry and de-escalation area, and away from bedroom and activity areas so as to maintain the privacy and dignity of consumers and minimise the impact on others in the unit.

A co-located ensuite should be provided with the ability to be locked open or closed by the consumer and can be opened externally by staff in the event of an emergency. Access to drinking water needs to be considered on the project level.

These spaces are used to prevent, manage, and reduce acute self-harm, suicidality, or aggressive, dangerous consumer behaviours. However, 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. Ideally, Seclusion Suites 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 such us modifying them into a de-escalation room or other consumer-focused room.

Refer to the AusHFG Standard Component for further information.

2.4.9 Clinical and Non-Clinical Support Areas

Support areas will include staff/consumer interface and clinical work room, medication room/clean utility, linen store, dirty utility, and storage (clinical, non-clinical and consumer related).

An office for the Nurse Unit Manager (NUM) should be located in the unit so that they are readily available to support and supervise staff, as well as having ready access to clinical information. An area for the registrar and staff workroom should also be located in the unit; however, the majority of staff work areas will be located in the staff zone.

Storage is required for common occupational therapy equipment and appropriate recreation equipment located in close proximity to indoor recreation areas. Storage for consumers' personal belongings will be provided and should be accessible under staff supervision. It may be appropriate to have a storeroom located in the outdoor recreation area for ease of accessing outdoor equipment.

2.4.10 Staff Work Areas and Amenities

Staff essential to critical functions and required to be physically present on the unit should be identified early in the planning process to ensure they are provided with appropriate workspaces. Staff work areas and staff amenities should be ideally located together and away from inpatient areas with no consumer access, perhaps co-located with other mental health service office space. This may be on an upper floor that may be secured after hours and at weekends, whilst still giving authorised staff access to amenities, photocopier etc.

Direct and convenient vertical access from the MHICU should be considered for staff areas if located on another level.

As this unit tends to have a relatively large staff establishment and high staff to consumer ratios, a higher number of workstations may be required to meet the needs of the various consultants, registrars, nursing, allied health, mental health peer workers and education staff.

Staff amenities will include a staff room and outdoor area, located to provide privacy to staff whilst on breaks. These amenities will be accessible at all times for staff use. Provide other staff amenities, e.g. toilets, showers, car parking, lockers etc. in accordance with standard requirements.

3 Design

Refer to HPU 131 Mental Health – Overarching Guideline, Section 3 for generic design requirements applicable to all mental health inpatient units. Design requirements specific to MHICUs are described below.

3.1 Environmental Considerations

3.1.1 Acoustics

Noise is a constant source of complaint from consumers and may compromise comfort and recovery. In particular, noise at night may have a negative impact on the ability of consumers to sleep. Confidentiality of consumer information should also be protected therefore acoustic measures must prevent confidential conversations from being overheard between spaces. Overcrowding should be avoided to minimise noise, risk of aggression and stress among consumers and to enhance privacy and dignity.

Noise sources may arise both within and from outside the unit and include:

- other consumers (in lounge/activity areas, seclusion room, etc)
- sanitary facilities
- alarms and call systems
- operation of doors
- equipment
- staff activities, e.g. conversations, talking on phone, rounds, meetings, cleaning
- waiting and family areas
- areas of public movement, lift lobbies, etc.
- traffic through the unit including visitors, food, linen and other trolleys, or movement of consumers into or out of the unit
- heating, ventilation and air conditioning (HVAC) systems
- ambulance/helipad/helicopter noise.

Solutions to be considered include:

- location of the unit
- sound isolating construction.

  Consider special acoustic isolation throughout this unit. Return air grilles should be acoustically treated to avoid transfer of conversations to adjacent areas. Door grilles to these areas should be avoided.
- use of sound absorbing materials and finishes
- separation of quiet areas from noisy areas
- changed operational management.

For further information refer to Part C: Design for Access, Mobility, Safety and Security.

3.1.2 Interior Design and Arts Integration

Where appropriate all areas should integrate inclusive and culturally sensitive design components - such as Aboriginal art, multicultural expressions, and other elements that promote belonging, dignity, and respect for all consumers. Aboriginal, Torres Strait Islander, Māori and other cultural art and design should be locally informed, not generic and community endorsed.

Where feasible, anti-ligature fixtures and fittings that closely resemble standard elements are recommended to support consumer wellbeing and minimise an institutional appearance. Biophilic design principles should be incorporated into interior décor due to their demonstrated mental and physical health benefits.

Refer to AusHFG Culturally Sensitive Planning and Design, and Arts in Health Framework for further guidance.

3.2 Space Standards and Components

3.2.1 Building Elements

Architects, designers, engineers and builders should recognise and understand that the fabric of a MHICU is required to be considerably more robust than other units.

Particular attention should be paid to walls, doors, ceilings and glazing, giving consideration to acoustic management, the potential for property damage by consumers and potential for consumers to self-harm.

For further information and guidance refer to HPU 131 Mental Health – Overarching Guideline and Part C.

3.3 Safety and Security

Jurisdictional policies addressing key aspects to maintain an effective safety and security management should be considered in MHICU such as NSW Health's Protecting People and Property (2022) and Health New Zealand – Te Whatu Ora, Safer Spaces (2024).

Also refer to Section 3.7 Safety and Security of HPU 131 Mental Health – Overarching Guideline.

3.3.1 Safety

Design and construction of the facility and selection of furniture, fittings and equipment should ensure that users are not exposed to avoidable risks of injury.

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.

Special consideration must be given to the safety needs of persons with acute mental health illness, including:

- reduction of self-harm and suicide
- medication safety (including secure staff access to medications, alongside accurate administration to the correct consumers)
- reduction in levels of consumer agitation
- cultural safety of indigenous people and other diverse cultural groups
- sexual safety (i.e. sexual assault and being at risk of sexualised behaviours)
- safety of all consumers, staff and visitors in the unit
- ability to call for assistance
- containment of consumers within the unit
- reduced risk of healthcare-associated infections.

Strategies to address these safety concerns include:

- appropriate access control
- ability to separate consumers in different zones of the unit
- two points of egress for consultation and interview rooms, tribunal room, clinical work room, activity areas and other areas that have been risk-assessed as potential areas that a consumer could enter uninvited
- design supports observation and communication between staff and consumers
- anti-ligature design - all fittings and equipment used in consumer areas should be of a type specifically manufactured and marketed as 'anti-ligature' and installed in accordance with the manufacturer's instructions
- consideration to the implementation of technologies - such as door ligature alarms and motion sensors - in designated high acuity areas to enhance clinical observation and environmental surveillance

- any fitting or fixture capable of supporting a consumer's weight must be avoided, unless it is an item of furniture intended to bear the consumer's weight.

  Fittings in this unit require a breaking strain of no more than 15 kilogram.
- consideration of HVAC designs in the planning and design phase to ensure staff and consumer safety and pandemic preparedness
- consider the location of building service engineering areas (e.g., electric distribution cabinets and other building services cupboards) outside consumer areas to enable maintenance without engineers or tradespeople needing to enter consumer spaces.

3.3.2 Security

An MHICU requires the highest level of security and safety provision of any health facility. The high staff-to-consumer ratio within a MHICU is essential for achieving a safe and secure unit and needs to be supported by appropriate operational policies and design.

Mental health and wellbeing principles in the design of the MHICU must support the safety and security of the MHICU and its users Enhance security by incorporating the principles of territorial reinforcement, surveillance, space management and access control into design decisions. Security may be physical or psychological, and barriers may be real or symbolic. The least restrictive environment that provides a safe environment should be the aim.

Security features may include:

- transfer lobby/airlocks
- unit exits or doors to external functional areas, e.g. garbage disposal, loading dock etc., should be located in staff only areas
- key security
- electronic locking
- intercoms
- closed circuit television CCTV (refer to HPU 131 Mental Health – Overarching Guideline for recommendations relating to the use of CCTV in mental health inpatient units)
- personal and fixed duress alarms
- nurse call (optional)
- locking of consumer rooms with a clinical key
- movement sensors/floor sensors in bedrooms/ensuites
- all rooms should be lockable, including corridor cupboard doors and fire hose reel cabinets
- consideration for fire doors when part of the consumer areas
- perimeter fencing.

Security measures may also incorporate technologies such as handheld metal detectors for property searches as well as secure storage solutions for items assessed as actual or potential weapons. Consider compliance with relevant legislation, regulations, policies, and associated governance requirements.

3.3.3 Access Control

The unit should be designed with controlled airlock entry and exit points so that no consumer can leave the unit unless in the company of staff. The use of interlocking doors within airlocks should be carefully considered due to significant safety concerns. Unlike two independently controlled doors, interlocking systems can trap staff and consumers in a small, enclosed space until the second door is released, increasing risk during emergencies or behavioural incidents.

Public access to the unit will be centrally controlled. Keypad locking systems should not be used as consumers will quickly learn the combination. If the unit is located within a multi-storey building, ensure that there can be no unauthorised and unsupervised access to external spaces above ground level such as balconies or roof.

3.3.4 Perimeter Security

The unit requires a secure perimeter which may be provided through the perimeter of the building, internal courtyards and/or fencing.

A recommended height for perimeter fencing has not been established; however, a typical height is 4.5 metres, which generally cannot be scaled by two average height consumers through one standing on the other's shoulders. Fencing should be high enough to contain consumers without increasing the possibility of falling injuries should a consumer attempt to abscond. In determining an appropriate height, consideration will be given to the proximity of the perimeter fence to buildings, the topography of the site and consumer profile. Security is enhanced by installing curved fencing rather than having angled joins. Attention should be given to landscaping and detailing roof overhangs, guttering and drainpipes which may provide a means of absconding.

Refer to HPU 131 Mental Health – Overarching Guideline and AusHFG Part C Section 6 – Security and Section 7 - Safety for further information on safety and security requirements.

3.4 Finishes

Refer to HPU 131 Mental Health – Overarching Guideline regarding design considerations relating to walls, floors and ceilings within mental health inpatient units.

3.5 Building Services Requirements

3.5.1 Air Handling Systems

Air handling system design should consider pandemic preparedness functionality and the ability to safely manage consumers with infectious diseases spread by the airborne route. During early planning and design phases, consideration should be given to requirements relating to pandemic preparedness and the provision of appropriate HVAC design for isolatable pods. This should be undertaken in consultation with infection, prevention and control (IPC) staff and engineers and in line with the recommendations of the AusHFG resources below:

- Pandemic Preparedness - Health Infrastructure Planning & Design Guidance
- Isolation Rooms - Engineering and Design Requirements.

Project team should also consider air handing requirements from relevant Australian and New Zealand Standards and jurisdictional engineering 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 rooms (SC-D) 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:

- Secure Entry Zone
- Staff / Consumer Interface and Clinical Workroom
- Indoor Exercise Room
- Sensory Modulation Room
- De-escalation Area.

4.2.1 Secure Entry Zone

Description and Function

In circumstances where consumers are brought directly to the unit by police, ambulance, community staff or other organisation, secure entry facilities should comprise:

- ideally 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.

  It is acknowledged that some MHICU may require a fully enclosed parking zone for police and ambulance vehicles that can be secured by a lockable roller door. This reduces the risk of a consumer escaping when the van doors are opened.
- an entry lobby capable of accepting an ambulance trolley and at least two emergency personnel with ease
- consideration of electronic doors
- separate area for police to disarm and for gun storage (if required by the jurisdiction)
- a small workspace for use by escorting officers to complete required paperwork.

Location and Relationships

The entrance should be capable of direct approach by ambulance/police vehicles and should provide weather protection for consumer transfer. There should be easy access to an interview/assessment room and to the seclusion room.

Where the MHICU is not located on the ground level, access and proximity of the lift is important as the goal is to ensure rapid entry into the therapeutic space to support timely intervention and care. Consider safety and security in the design for both consumer and staff during transfer.

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.

4.2.2 Staff / Consumer Interface

The Staff / Consumer Interface and Clinical Workroom could be combined with an open counter area and an adjoining Clinical Workroom (quieter enclosed area) in which confidential discussions can occur. Functions for these two spaces might be arranged as follows:

Open Counter Area

- space for a telephone for consumers to access
- lockable storage for consumer's personal belongings, i.e. mobile, bankcards, home keys, cash etc.
- lockable charging storage area for consumers telephones, computers
- adequate bench space for consumers to engage with staff and or engage in diversional activities i.e. puzzle, colouring in, reading the paper etc.

The lockable storage may be free standing lockers, but consumers will require staff supervision when obtaining personal belongings.

Clinical Workroom

- staff handovers and case discussions
- electronic patient journey board (or alternative technology)
- space for computers and multifunction device
- workstations on wheels, if supported by unit, with wireless computer access
- body protection RCD electrical panel, fire mimic panel and motion sensor panel
- docking stations for pagers and 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 staff is essential to ensure the space meets operational and safety needs.

The size of the Staff / Consumer Interface should be based on the number of staff who will occupy the areas given the high staff to consumer ratios. There should be unobstructed emergency escape routes.

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.

4.2.3 Indoor Exercise Facility

Description and Function

Regular physical exercise is acknowledged as an important self-management strategy and is important for consumers overall health management. It is particularly important for mental health consumers, who are often at increased risk of physical comorbidities.

Location and Relationships

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

Considerations

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

The types of equipment appropriate for use in the room, e.g. inflatable exercise balls, yoga mats, heavy exercise bikes etc., will be guided by service policies.

4.2.4 Sensory Modulation Room

Description and Function

Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory based therapeutic space is utilised to promote recovery and rehabilitation with different age groups and populations, where consumers have opportunities to manage distress and agitation using sensory modulation equipment.

Equipment may include weighted, movement, tactile, vibrating, squeeze and auditory modalities.

Location and Relationships

As staff may need to supervise 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.

Consumers should have the capacity to control the lighting in the room (e.g. dimmable lighting) and sound through appropriate sound system.

Refer to 6.2 Further Reading for additional information and consider jurisdictional guidance and policies in the design of this room.

4.2.5 De-escalation Area

Definition

De-escalation is defined by The National Institute for Health and Care Excellence (NICE) guidance (NG10 2015) as a complex range of skills designed to abort the assault cycle during the escalation phase.

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 area to provide a private low stimulus environment for the consumer with access to a dedicated outdoor area.

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 but not associated with the seclusion room and should be visually separated.

Considerations / Environment

The de-escalation area may contain specialist seating that enables staff to perform 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 games console/TV.

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.

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 12-bed unit that is planned in three pods.

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	12 Beds		Comments
			Qty	m^2	
AIRLE-12	Airlock - Entry	SC-D	1	10	
RECP-10	Reception	SC	1	10	A dedicated MHICU reception, depending on relationship to main reception for mental health services on site. Can be smaller depending on clerical functions occurring in this area.
WAIT-S	Waiting, Sub	SC	1	5	May be shared with other units
WCAC	Toilet - Accessible	SC	1	6	Depending on proximity of other visitor amenities.
BPROP	Bay - Property, Visitors	SC-D	1	2	Assess storage provision for visitor use.
BBEV	Bay - Beverage	SC-D	1	3	**Optional.** May be part of the Waiting Area.
TRBNL	Tribunal Hearing Room	SC	1	30	Consider jurisdictional requirements for design and support rooms. May be used as a multipurpose meeting room. Provision of associated adjacent rooms such as Bev Bay & WC required in some jurisdictions.
	Discounted Circulation		**25%**		

5.2 Secure Entry Zone

Room Code	Room Name	SC/ SC-D	12 Beds		Comments
			Qty	m^2	
	Police / Ambulance Enclosed Transfer Area		1	45	
AIRLE-12	Airlock - Entry	SC-D	1	10	Support an ambulance trolley and multiple staff assisting
	Gun Safe Alcove		1	2	**Optional.** Includes bench for paperwork.
INTV-MH	Interview / Discussion Room - Mental Health	SC	1	14	Size of room and furniture configuration to support movement of consumers and visitors in wheelchairs.
ENS-MH-IN ENS-MH-NE	Ensuite - Mental Health	SC	1	5	
	Discounted Circulation		**32%**		

5.3 Consumer Area

Room Code	Room Name	SC/ SC-D	12 Beds Qty	12 Beds m²	Comments
1BR-MH-IN 1BR-MH-NE	1 Bed Room - Mental Health	SC	11	15	
ENS-MH-IN ENS-MH-NE	Ensuite - Mental Health	SC	11	5	
1BR-MH-IN 1BR-MH-NE	1 Bed Room - Mental Health, Special	SC-D	1	18	For bariatric, disabled consumers.
ENS-MH-IN ENS-MH-NE	Ensuite - Mental Health, Special	SC-D	1	7	For bariatric, disabled consumers.
BHWS-B	Bay - Handwashing, Type B	SC	2	1	Recessed bays in corridors. Locate one near dining area for consumer access to hand hygiene facilities prior to consuming meals.
	Staff / Consumer Interface		1	14	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	SC	1	15	Including benching and computers. Allocation of area may be adjusted between the staff/consumer interface and clinical workroom.
LAUN-MH	Laundry - Mental Health	SC	1	6	For use by staff and/or supervised consumers.
DINR	Dining Room	SC-D	1	31	Also used as a multifunctional group space, may be separated spaces to enable separation of consumers. Overall size of dining/beverage bay and lounge/ recreational areas based on 10m^2 per person.
BBEV-MH	Bay - Beverage, Mental Health	SC	1	4	Adjacent to Dining Room. With 24-hour access to chilled water and controlled access to boiling/hot water. Overall size of dining/beverage bay and lounge/ recreational areas based on 10m^2 per person.
	Lounge - General / Shared		1	35	Main lounge/activity area. Overall size of dining/beverage bay and lounge/ recreational areas based on 10m^2 per person.
	Lounge - Sitting Area		2	10	Quiet sitting area adjacent to each pod. Lounge spaces may be distributed to support separated clusters/ pods. Overall size of dining/beverage bay and lounge/ recreational areas based on 10m^2 per person.
LNGE-10 LNGE-20	Lounge - Patient / Family	SC-D	2	15	For visitor access without traversing inpatient unit. This room must not be free egress upon entering the room. Lounge spaces may be distributed to support separated clusters/ pods. Overall size of dining/beverage bay and lounge/ recreational areas based on 10m^2 per person.
	Indoor Exercise Room		1	20	For consumer use, collocate with open lounge area for visibility, staff supervision and flexible use of space.
	Sensory Modulation Room		1	12	
	De-escalation Area		1	18	Refer to **Outdoor Areas - Consumer** for co-located outdoor area requirement.
STPP	Store - Patient Property	SC-D	1	18	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	12 Beds Qty	12 Beds m^2	Comments
	Outdoor Area - General		1	120	Based on $10m^2$ per person and 100% occupancy. Reduce to accommodate courtyards off pods. Outdoor space may be distributed to support separated clusters/pods. If divided into smaller areas, min. $20m^2$ size is to be provided in each location.
	Outdoor Area - De-escalation		1	20	To be located with De-escalation Suite.
	Discounted Circulation		**0%**		

5.5 Seclusion Suite - Optional

Room Code	Room Name	SC/ SC-D	12 Beds Qty	12 Beds m^2	Comments
SECL	Seclusion Room	SC	1	14	**Optional.**
	Seclusion Access Area		1	10	**Optional.** Required if Seclusion Room is provided. For safe access to seclusion room that supports consumer privacy and dignity. Area requirement will be subject to design.
ENS-MH-IN	Ensuite – Seclusion	SC	1	5	**Optional.** Required if Seclusion Room is provided.
	Discounted Circulation		**32%**		

This can be planned to swing between Acute/HDU Unit and MHICU, assuming separation of units is maintained.

5.6 Clinical Support

Room Code	Room Name	SC/ SC-D	12 Beds Qty	12 Beds m^2	Comments
INTV-MH	Interview Room - Mental Health	SC	2	14	2 doors; 1 interview/consult room per 4 beds. 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	SC-D	1	14	
OFF-1P-9	Office - 1 Person, $9m^2$	SC		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	SC		12	Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
MED-14	Medication Room	SC-D	1	8	Includes space for resuscitation trolley ($1.5m^2$)
CLN-10	Clean Store	SC-D	1	8	
BLIN	Bay - Linen	SC	1	2	Enclosed and lockable
BMT	Bay - Meal Trolley	SC	1	4	
	Kitchen		1	20	**Optional,** if food services is bulk supply rethermalisation model. Provision dependent on food service model. Staff access only.
DTUR-S	Dirty Utility, Sub	SC	1	8	**Optional,** may be shared with another unit.
STGN	Store - General	SC-D	1	8	
STEQ-14	Store - Equipment	SC-D	1	12	Indoor and outdoor activity equipment, occupational therapy equipment.
CLRM	Cleaner's Room	SC	1	5	
DISP-10	Disposal Room	SC-D	1	8	Second entry door to external corridor recommended to reduce access to MHICU. Size requirements 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%**		

5.7 Staff Work Areas and Amenities

Room Code	Room Name	SC/ SC-D	12 Beds		Comments
			Qty	m^2	
OFF-1P-12	Office - 1 Person, $12m^2$	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, $9m^2$	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.
BMFD-3	Bay - Multifunction Device	SC	1	3	May be incorporated into reception.
SRM-15	Staff Room	SC-D	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%**		

Office areas are given as a guide only; actual numbers are dependent on the staff establishment and to individual jurisdictions' specific staff office accommodation policies.

5.8 Outdoor Areas - Staff

Room Code	Room Name	SC/ SC-D	12 Beds		Comments
			Qty	m^2	
	Outdoor Area - Staff		1	15	
	Discounted Circulation		**0%**		

6 References and Further Reading

6.1 References

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6.2 Further Reading

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6.3 Relevant Standards and Legislation

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- New Zealand Mental Health (Compulsory Assessment and Treatment) Act 1992
- Northern Territory Mental Health and Related Services Act 1998
- NSW Mental Health Act 2007 No 8
- Queensland Mental Health Act 2016
- South Australian Mental Health Act 2009
- Tasmanian Mental Health Act 2013
- Victorian Mental Health and Wellbeing Act 2022
- Western Australian Mental Health Act 2014.