Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning

0136 – Non Acute Inpatient Mental Health Unit

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Australasian Health Facility Guidelines

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01 INTRODUCTION

1.1 PREMABLE

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 2018 which included clinical experts and consumer representatives.

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 Child & Adolescent Mental Health Unit;
- HPU 133 Psychiatric Emergency Care Centre (PECC);
- HPU 134 Adult Acute Mental Health Inpatient Unit;
- HPU 135 Older Peoples Acute Mental Health Inpatient Unit;
- HPU 136 Non Acute Mental Health Unit which includes rehabilitation, extended care and forensics; and
- HPU 137 Mental Health Intensive Care Unit.

The focus of this document is 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 & Section 90 - Standard Components;
- Part C: Design for Access, Mobility, Safety and Security; and
- Part D: Infection Prevention and Control.

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

Non acute inpatient mental health 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.

Services may be provided in residential, hospital or nursing home settings, however this HPU is focussed on non acute mental health inpatient units where there is a 24 hour clinical presence and medical cover provided, and includes the following types of units:

- rehabilitation and extended care non acute inpatient mental health services; and
- low to medium secure forensic services.

High secure units, residential supported accommodation and community based non acute mental health facilities are excluded from the HPU.

Given the length of stay and model of care for these services, it is essential that the design delivers an individualised, home-like 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 1.4.1 for further details relating to physical environments that support recovery orientated mental health services.

1.4.2 Terminology

Non Acute Inpatient Mental Health Services

The National Mental Health Services Planning Framework (NMHSPF, 2018) notes that people accessing non acute services present with a relatively stable pattern of clinical symptoms, which may include severe unremitting symptoms of mental illness and high level requirements for additional support, resulting in a limited capacity to function independently. The goal is to provide treatment and rehabilitation over an extended period, aimed at promoting personal recovery and reducing difficulties that limit independence. Consumers may be voluntary or involuntary.

Services are usually delivered as collaborations between specialist clinical and community support services. The range of services provided includes specialist behavioural and symptom management programs, individualised and group rehabilitation programs, and recovery oriented pre-discharge and community placement planning to support the safe transition to more independent living.

Rehabilitation and extended care units both focus on recovery and the transition of consumers back to the community where possible. The key difference between these units is that extended care units provide services over an extended period of time. Gains are expected to occur slowly and stays are measured in months and years. Measures of average lengths of stay are often distorted by the need to provide continuing care for some people over decades.

The goal in extended care is to reduce risk and vulnerability, improve functioning and promote a level of social inclusion for these consumers. Extended care units may also be best placed to provide crisis support and psychosocial interventions to consumers living in supported accommodation, with the aim of preventing illness relapse and acute admissions.

Forensic Services

A forensic unit is a secure unit that accommodates involuntary consumers who overlap the criminal justice and mental health systems and who come under the jurisdiction's Mental Health Act and associated legislation.

A forensic patient is a person who has committed a serious indictable offence and has been found:

- Not guilty by reason of mental illness; or
- Unfit to be tried (a person held awaiting sentencing who would benefit from treatment but is unable to understand the legal process due to an active mental illness).

Forensic patients are ordered to be detained in a mental health facility, correctional centre or other place, or released from custody subject to conditions.

Patients found Unfit may be given a 'limiting term.' At a special hearing the offence is found to have been committed on the limited evidence available and a 'limiting term' is nominated by the court.

The limiting term is the court's best estimate of the sentence the court would have considered appropriate if it had been a normal criminal trial and the accused was found guilty.

A third category of forensic consumers is those consumers who are detained in custody as a prisoner, either on remand on a criminal offence or convicted and serving a sentence, and who become mentally ill and would benefit from treatment (correctional). In some circumstances civil patients under the Mental Health Act may be detained within forensic services. This HPU does not directly deal with these groups of consumers, although facility design principles may be applicable.

Length of stay is dependent on the provisions of the Mental Health Act, but is likely to be in excess of 12 months.

02 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

Non acute rehabilitation and extended care mental health inpatient units may provide regional or state-wide services, depending on the service model for the jurisdiction. Forensic units are provided as state-wide services. All units should have adequate medical cover, clinical support and 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 or other non acute services.

Key elements of the service model include:

- centred around the individual needs of each consumer;
- values privacy and dignity;
- focussed on maximising recovery and supporting the acquisition of skills consistent with living well in the community of choice;
- specialised mental health assessment, treatment and rehabilitation;
- 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; and
- requires partnership with non-government organisations 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. Best practice supports the delivery of as many interventions as possible in the community, however for some consumers this is not appropriate (forensic, high risk, extremely vulnerable) and there should be a range of interventions delivered in the unit. These may include:

- engagement programs;
- diversional programs;
- symptom management;
- motivational interviewing;
- coping skills enhancement;
- substance misuse programs;
- social skills training;
- activities of daily living (ADL) programs;
- cognitive behaviour therapy (CBT);
- mental health education;
- vocational programs;
- medication self-management;
- exercise programs;
- offence specific programs; and
- social inclusion.

Common discharge destinations from a non acute mental health inpatient unit include direct to the community, residential supported accommodation and other non acute services in close proximity to support networks.

Service models aim to provide a coordinated approach to supporting people with enduring and serious mental illness who have been in hospital for extended periods of time to, wherever possible, 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 these initiatives include the Pathways to Community Living Initiative (PCLI) in NSW and the Adult Prevention and Recovery Care (PARC) model in Victoria.

2.1.3 Service Configuration

Recurrent cost modelling suggests that non acute inpatient units of less than 16 beds are generally not cost effective to staff and operate. Units with more than 20 beds may lose their rehabilitation focus as the management of relationships with external service providers becomes more complex. Therefore a range of 16 to 20 beds would appear to be most appropriate for these Units.

The design of units should support the dynamic grouping of beds into smaller clusters or pods to ensure that consumers can be separated according to gender, needs level and vulnerability. 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 across the unit. The design of the unit should enable consumers to participate in activities of daily living where appropriate and facilitate the transition of consumers back to the community.

The pods should be configured to meet the diverse range of need, for example, the unit may include an assessment and stabilisation pod, female gender specific pod and rehabilitative 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 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 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 non acute mental health units.

2.2.2 Self-Management

Reduction and eventual elimination of the use of seclusion is a recognised goal across contemporary mental health services both nationally and internationally. 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. Jurisdictions may use the following spaces to implement de-escalation strategies:

- 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.; and
- private courtyards.

It is unlikely that a dedicated seclusion room is required on non acute units however it may be necessary depending on the model of care, consumer need and / or where proximal access to an acute mental health inpatient unit is not available. Forensic services will require inclusion of a seclusion room.

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 engendered by security practices, the amount of containment required, and the level of safety of those on the unit. 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. Good communication regarding unit routines, rules, and opportunities for recovery 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. The establishment of a comprehensive range of effective procedures across the service will include:

- preventing unlawful 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;
- providing safety for visitors and other consumers;
- keeping staff safe;
- maintaining a safe responsive environment;
- allowing staff to provide care, treatment and rehabilitation;
- controlling access and egress; and
- 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 servery may be included on the unit.

As part of the rehabilitation process, it is beneficial for capable consumers to 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. Where possible, opportunities for family / visitors to prepare food and dine with consumers should also be provided.

A percentage of consumers will graduate to preparing a percentage 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.

A supervised, lockable, refreshment facility will be available for consumers. It is essential that consumers have access to fresh drinking water at all times.

2.3 PLANNING MODELS

2.3.1 Location

These units are typically delivered as standalone units and may be located alongside an acute hospital on a mental health campus or in a community location. 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. Collocation of a non acute inpatient unit 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. A community location may promote better integration with community services, however this location may not be appropriate for some consumer cohorts.

The location of the unit needs to support access to natural light and appropriately sized outdoor space (outdoor areas should not be overlooked), discreet access for consumers being admitted to the unit, and ease of access for consumers frequently entering and exiting the unit for day leave and / or to access community services.

2.3.2 Shared Facilities

If the Unit is collocated 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.

2.4 FUNCTIONAL AREAS

2.4.1 Functional Zones

The Unit consists of the following functional zones:

- main entry and reception, including 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; and
- staff zone including staff work areas, meeting rooms and amenities.

2.4.2 Main Entry / Reception including Tribunal Room and Visitor / Family Amenities

All non acute inpatient mental health units 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 Reception staff first. Video intercom may be appropriate to achieve this.

In addition to these measures, a medium secure forensic unit may have dedicated security personnel managing entry and egress from the Unit and monitoring perimeter security, in addition to other responsibilities.

A room for interviewing or meeting booked 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 interviewing carers and visitors. To provide privacy for visitors and staff, this area may also be used 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, commensurate with the level of security required.

Families and carers require access to a comfortable lounge and courtyard 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 and provide access to toilets and baby change facilities.

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

The **tribunal room** 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.

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.

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

2.4.3 Secure Entry (Optional)

Most consumers will be admitted to non acute mental health inpatient units via the main unit entry. However a dedicated and discreet secure entry lobby will be required for medium secure forensic units and other medium and high risk secure units. This will not be required if all consumers are voluntary.

The form of this entry may vary from a contained courtyard or sally port. The space will need to accommodate an emergency vehicle with consideration of sufficient area to easily transfer the consumer. Facilities may be required to support the safe carriage of police firearms depending on local police force requirements. This may include the requirement for a gun safe.

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

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.

Bedroom doors should be lockable with staff override.

Bathrooms and Ensuites

Provision of private ensuites to each bedroom is preferred in non acute rehabilitation units, giving 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.

An optional common bathroom, including bath, may be included in the HPU so that consumers may choose to take a bath for therapeutic purposes.

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.

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.

A sufficient number of indoor activity spaces should be sized and furnished to accommodate 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;
- consumer kitchen;
- group recreation areas (lounges, multipurpose activity spaces);

- quiet lounges associated with each pod of beds;
- TV / music / computer area (media room);
- self-care laundries (requires consideration of infection control requirements); and
- indoor exercise facility.

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 closely supervised by staff.

It is suggested that each pod of bedrooms have its own lounge, courtyard 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.

For security reasons, the dining and lounge rooms on forensic units should be open for optimal observation and to ensure there are no opportunities for concealment.

Indoor exercise areas should be located and designed to achieve excellent 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 courtyards and seating in landscaped gardens;
- active areas that encourage exercise such as half basketball court, walking paths;
- a fixed, securely lockable barbeque area; and
- at least one outdoor area should be capable of hosting a large outdoor event such as a visitor barbeque.

Access will be from the lounge / dining / activity spaces and doors should be visible from the staff station. The design should avoid blind spots to enhance supervision.

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 roof overhangs, guttering and drain pipes to minimise means of absconding and eliminate 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:

- interview and consult rooms;

- staff / consumer interface and clinical work room;
- medication room / clean utility;
- linen store;
- dirty utility / disposal room; and
- 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.

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 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.

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 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 (this would most likely apply to forensic units). A small electronic safe may be installed in each bedroom for storage of valuable personal items and medication in Webster packs.

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. 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.

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 a courtyard or external 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.

2.5 FUNCTIONAL RELATIONSHIPS

2.5.1 External

The location of the unit should enable appropriate access for:

- consumers attending services outside of the Unit including 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; and
- 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 (ECT) or alternate physical therapies unit; and
- cashiers office / trust.

2.5.2 Internal

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);
- in medium secure units consumers will access the unit via a secure entry zone.
- 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.

Refer to the Functional Relationship Diagram at Appendix 5.2.

03 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 reduced recurrent costs.

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

3.1 ACCESSIBILITY

3.1.1 External

The Unit requires an entry / exit for voluntary consumers and their families / carers. Security provisions for those entering the Unit will be dependent on the security rating of the service.

A separate, secure, entry point will be required for involuntary consumers.

Ready access is required for support services such as food, linen, supplies and waste disposal. 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 who have applicable leave provisions.

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; and
- some longer term parking options, given that some carers will be present throughout the admission.

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

3.3 ENVIRONMENTAL CONSIDERATIONS

3.3.1 Interior Decor

For non acute inpatient units, 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.

It is important for consumers to have some control of their surroundings, e.g. access to light switches and television remotes.

3.3.2 Privacy

Strategies to enhance privacy within these units include:

- provision of single bedrooms with dedicated ensuites;

- ability of consumers to control access to their bed room (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, and its outdoor spaces, from public areas; and
- appropriate acoustic treatment.

3.4 SAFETY AND SECURITY

3.4.1 Safety and Security

For consumers with significant risk issues and co-morbidities, 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 a non acute inpatient mental health unit 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, it must 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.

The following aspects need to be considered:

- safety of consumers, staff and visitors;
- consumer legal rights;
- the status of the hospital / unit or part thereof under the relevant Mental Health Act; and
- legislation in force at the time of development.

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.

3.4.2 Access Control

Forensic units and other medium secure units should be designed with controlled entry and exit points so that consumer access / egress can be supervised and no consumer should be able to leave the unit unobserved. Security features may include transfer lobby / airlocks, electronic locking, intercoms, video surveillance, and possibly technologies such as x-ray for property searches.

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

- two means of egress; and
- 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.

3.4.3 Perimeter Boundary and Security

Non acute units catering for voluntary consumers require a boundary that deters inappropriate entry to or exit from the property. It does not require a secure perimeter designed to prevent absconding.

Forensic units and other 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.

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 drain pipes, which may provide a means of absconding.

04 COMPONENTS OF THE UNIT

4.1 STANDARD COMPONENTS

Rooms / spaces are defined as:

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

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

The current Standard Components can be found at:
www.healthfacilityguidelines.com.au/standard- components

4.2 NON-STANDARD COMPONENTS

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

- Property Bay – Visitors
- Tribunal Room
- Secure Entry Zone
- Staff / Consumer Interface and Clinical Workroom
- Multifunction Group Room
- Activity / Therapy Room
- Indoor Exercise Room
- Sensory Modulation Room
- Consumer Kitchen
- Kitchen / Servery
- Courtyards

4.2.1 Property Bay - Visitors

Description and Function

Forensic and other medium to high risk secure 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 Tribunal Room

Description and Function

This room is used to support the functions of the Mental Health Tribunal including hearings, confidential discussions and / or counselling between staff, consumers carers and / or supportive members and representatives.

Location and Relationships

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.

Considerations

The tribunal room will require safe and effective access and egress including two doors, one of which should be behind the magistrate and not blocked by furniture.

Furniture such as tables and chairs should be appropriate for the various activities in the room but be heavy enough to eliminate their potential use as weapons. 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.

Personal duress alarms are assumed but there may also be fixed duress buttons, including one at the staff egress door and one under the staff side of the table.

The design should maximise natural light, with the consideration of the window placement in relation to table and seating layout so that no person is blinded by the natural light; and in relation to video conferencing equipment functionality.

A high level of acoustic privacy is required.

For Victorian projects refer to:

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

4.2.3 Secure Entry Zone

Description and Function

In circumstances where consumers are brought to the unit by police, ambulance or other consumer transfer vehicle, secure entry facilities should comprise:

- fully enclosed parking zone for vehicles that can be secured by a lockable roller door;
- consideration of electronic doors;
- separate area for police to disarm and for gun storage; and

- a small work space for use by escorting officers to complete required paperwork.

Location and Relationships

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

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 room in the consumer zone.

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.

This area will not be used for pedestrian access.

4.2.4 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 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; and
- 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:

- staff handovers and case discussions;
- electronic patient journey board;
- space for computers, printer, facsimile, copier;
- workstations on wheels with wireless computer access;
- fire mimic panel and motion sensor panel;
- docking stations for pagers and personal duress alarms; and
- locker storage for staff personal belongings (if a separate locker room is not provided).

There should be unobstructed emergency escape routes.

The staff / consumer interface areas should be configured in a way that promotes communication amongst staff and engagement with consumers, family members and carers. Optimal observation of consumer care areas should be provided, acknowledging that staff must be present and directly engage consumers in high risk areas.

Down lighting rather than fluorescent lighting should be installed above work spaces for night duty staff.

4.2.5 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.

Lockable storage for activities should be incorporated in this area.

4.2.6 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, 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 also considering proximity to the consumer bedroom areas.

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); and
- chairs (adjustable height).

4.2.7 Indoor Exercise Area

Description and Function

Regular physical exercise is acknowledged as an important self-management strategy.

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 by suitably qualified staff should be

considered as part of the operational policies. The room would be locked when supervision is not available.

4.2.8 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 manage distress and agitation using prescribed sensory modulation equipment under the supervision of suitable qualified staff. 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.

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

4.2.9 Consumer Kitchen

Description and Function

As part of the rehabilitation process, it is beneficial for capable consumers to participate in meal preparation to the extent which they are able. Some 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 and individual, secured dry storage space.

Where possible, opportunities for family / visitors to prepare food and dine with consumers should also be provided.

4.2.10 Kitchen / Servery (Optional)

Description and Function

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

A kitchen / servery will have a large servery counter that allows capable consumers to select themselves at meal / snack times.

Location and Relationships

The / kitchen / servery 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.

Considerations

The kitchen / servery should be a safe, secure environment for staff in compliance with work, health and safety and infection control 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. Regular tapware should be installed for hot and cold water so as to maximise consumers' ability to access their own drinks, wash dishes etc.

4.2.11 Courtyards

Description and Function

These are secure 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 weather protection and sun shade 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.

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

Considerations

Perimeter fences should be screened. If creating a screen by planting of trees or shrubbery these should not compromise security.

05 APPENDICES

5.1 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 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 'SD / SD-C' column identifies these rooms and relevant room codes and names are provided.

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

In some cases, Room / Spaces are described as 'Optional' or 'o'. Inclusion of this Room / Space will be dependent on a range of factors such as operational policies or clinical services planning.

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

ENTRY / RECEPTION

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
AIRLE-12	Airlock - Entry	Yes	1	10	Optional
RECL-10	Reception / Clerical	Yes	1	10	
RECL-10	Security Reception	Yes	1	10	Optional. For medium secure / forensic units only.
WAIT-10	Waiting	Yes	1	15	
WCAC	Toilet - Accessible	Yes	1	6	
WCPU-3	Toilet, Public	Yes	1	3	
	Property Bay - Visitors		1	2	Optional. For medium secure/ forensic units
INTF-MH	Interview Room - Mental Health	Yes	1	14	Accessible from inpatient and reception/waiting areas.
LNPT-10	Lounge - Patient/Family/Carer	Yes	1	15	
	Tribunal Room		1	30	
	Discounted Circulation %			32%	

SECURE ENTRY ZONE - OPTIONAL

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
	Police/Ambulance Enclosed Transfer Area		1	45	
AIRLE-12	Airlock - Entry	Yes	1	10	
	Gun Safe Alcove		1	2	Within police/ambulance area
CONS	Consult Room	Yes	1	14	
ENS-MH-B	Ensuite-Mental Health	Yes	1	5	
	Discounted Circulation %			32%	

CONSUMER AREA (20 BED UNIT)

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
1BR-MH-A	1 Bed Room - Mental Health	Yes	18	16	Increased area for larger than standard wardrobe, TVs and additional storage for longer stay consumers
1BR-MH-A	1 Bedroom – Mental Health, Accessible	Yes	1	16.5	
1BR-MH-A	1 Bed Room - Mental Health - Special	Yes	1	18	Bariatric or special needs patients. Number of beds will depend on local jurisdictional policies.
ENS-MH-A	Ensuite - Mental Health	Yes	18	5	All private ensuites recommended in Rehabilitation Unit.
	Ensuite - Mental Health - Accessible		1	7	As above
	Ensuite – Mental Health - Bariatric		1	7 (o)	Bariatric requirements will be dependent on local jurisdictional policies
	Bathroom - Therapeutic		1	12	Optional
BHWS-B	Bay - Handwashing, Type B	Yes	3	1	1 per pod
BPH	Bay - Telephone	Yes	1	1	Optional, recessed off corridor for consumer access
LAUN-MH	Laundry - Mental Health	Yes	2	6	1 per 2 pods of bed rooms
	Kitchen - Mental Health		1	24	
DINBEV-25	Dining Room/ Beverage Bay (Mental Health)	Yes	2	30	May be provided as 1 large shared area.
	Lounge - General / Shared		1	30	
	Lounge - Small		4	15	1 per pod of bed rooms.
	Multifunction Group Room		1	40	
	Activity / Therapy Room		1	20	Multi-function activity area. Lockable store to be included in the room.
	Indoor Exercise Room		1	22	Gym equipment
	Sensory Modulation Room		1	12	
WCAC	Toilet - Accessible	Yes	1	6	For consumer use, close to activity and outdoor areas
STPP	Store - Patient Property	Yes	1	14	Due to length of stay of consumers
	Courtyard - Outdoor Dining, Activities		1	200	BBQ area (near ADL kitchen), tables and chairs, sink, exercise area and walking paths.
	Courtyard - Passive		4	20	Optional for low security risk units.
	Discounted Circulation %			32%	

Note 1: Lounge, dining and activity areas (dining room; lounge-general; lounge-small, lounge-patient / family and multifunction group room) –10m2 per person.

SECLUSION SUITE - OPTIONAL

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
SECL	Seclusion room	Yes	1	14	
	Seclusion Access Area		1	10	To support consumer privacy and dignity and safe access to room. Area requirement will be subject to design.
ENS-MH-B	Ensuite – Seclusion	Yes	1	5	
	Discounted Circulation %			32%	

DE-ESCALATION SUITE - OPTIONAL

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
	De-escalation Area		1	18	
	De-escalation Courtyard		1	20	
	Discounted Circulation %			32%	

CLINICAL SUPPORT

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
	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	Yes	1	15	Including benching and computers
INTF-MH	Interview Room - Mental Health	Yes	2	14	1 interview/consult room per 5 beds (1 also included near reception)
CONS	Consult Room	Yes	1	14	If not provided as part of secure entry zone.
OFF-S9	Office - Single Person, 9m2	Yes	1	9	Unit manager
	Office - Workstation	Yes		4.4	Number determined by staff establishment
CLUR-14	Clean Utility/ Medication Room	Yes	1	16	Includes space for resuscitation trolley (1.5m2) and electronic medication requirements.
BLIN	Bay - Linen (clean)	Yes	2	2	
	Bay - Linen (dirty)		4	0.5	Recessed off corridor, for consumer access
BMT-4	Bay – Meal Trolley	Yes	1	4	Optional
	Kitchen / Servery		1	20	Optional, if food services is bulk supply rethermalisation model.
CLRM-5	Cleaner's Room	Yes	1	5	
DTUR-S	Dirty Utility, Sub	Yes	1	8	
DISP-8	Disposal Room	Yes	1	8	
STGN-8	Store - General	Yes	1	8	
STEQ-20	Store - Equipment	Yes	1	20	Indoor activity equipment, outdoor activity equipment
	Discounted Circulation %			32%	

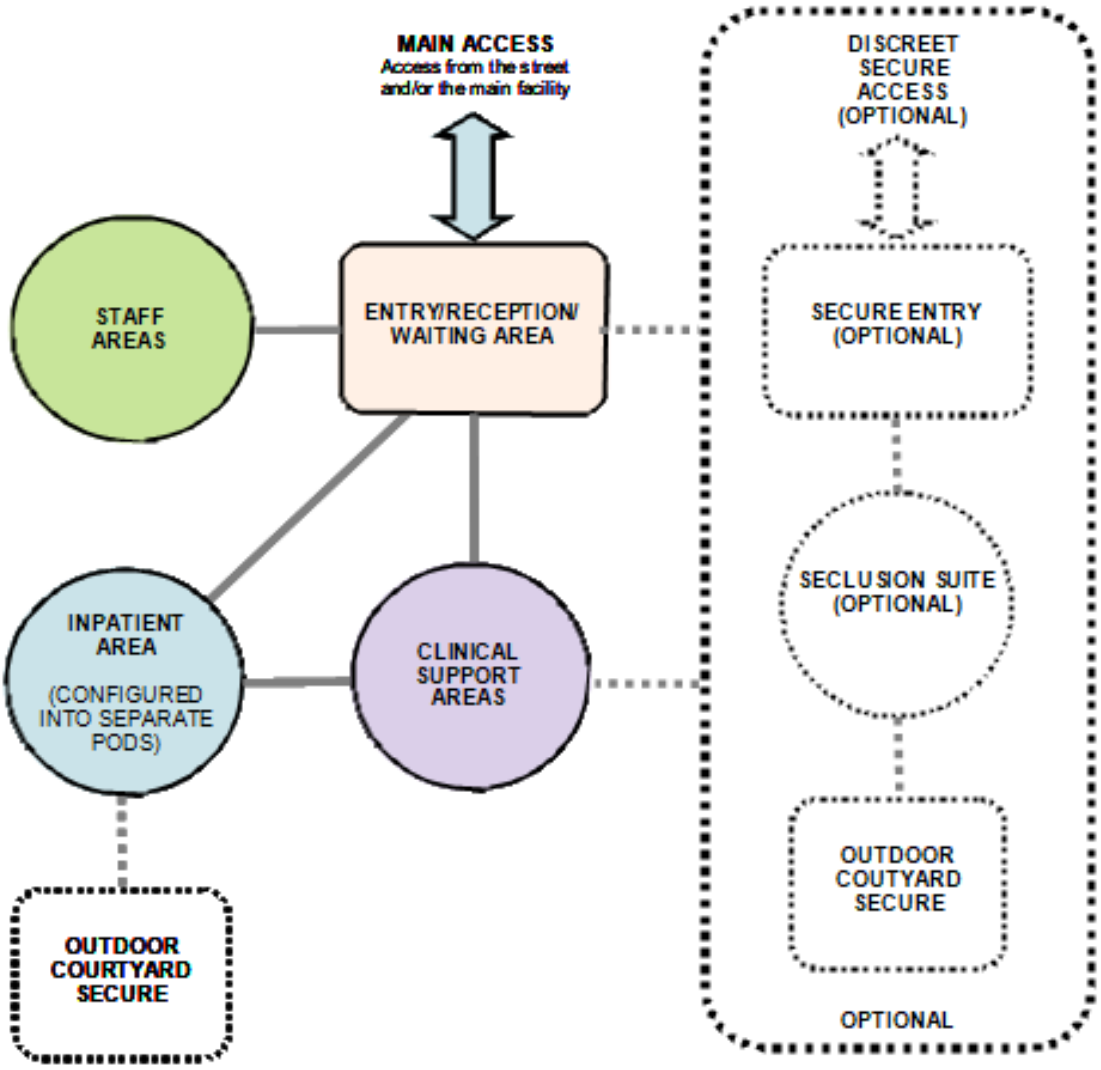
STAFF ZONE

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
OFF-S12	Office - Single Person, 12m2	Yes	1	12	Clinical Director
OFF-S9	Office - Single Person, 9m2	Yes	1	9	Number determined by staff establishment.
	Office - Workstation		4.4		Number determined by staff establishment. For a range of medical, nursing, allied health and administrative staff.
STPS-8	Store - Photocopier/ Stationery	Yes	1	8	May be incorporated into reception
SRM-18	Staff Room	Yes	1	18	
PROP-2	Property Bay - Staff	Yes	1	3	
WCST	Toilet - Staff	Yes	2	3	
SHST	Shower - Staff	Yes	1	3	
	Courtyard - Staff		1	20	
	Discounted Circulation %			25%	

Office areas are provided as a guide only; actual numbers are dependent on the staff establishment and individual jurisdiction's specific staff office accommodation policies.

5.2 FUNCTIONAL RELATIONSHIPS / DIAGRAMS

The following diagram sets out the functional relationships between zones in a non acute mental health inpatient unit.



5.3 CHECKLISTS

Refer to the Planning Checklists at the ends of Parts A, B, C and D of the AusHFG.

5.4 REFERENCES

The following references are cited in this document:

- AusHFG Part B: Section 80 General Requirements, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW.
- AusHFG Part C: Design for Access, Mobility, OHS and Security, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AusHFG Part D: Infection Prevention and Control, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW.
- AusHFG Part B: HPU 132 Child & Adolescent Mental Health Unit, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney Australia.
- AusHFG Part B: HPU 133 Psychiatric Emergency Care Centres (PECC), Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AusHFG Part B: HPU 134 Adult Acute Mental Health Inpatient Unit, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
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Further Reading

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- Commonwealth of Australia, Mental Health Statement on Rights and Responsibilities, 2012
- Commonwealth of Australia, A National Framework for Recovery-Orientated Mental Health Services: Guide for Practitioners and Providers, 2013
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- NSW Health Policy Directive PD2017_025 Engagement and Observation in Mental Health Inpatient Units, 2017
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- NSW Health 2008, Chronic and Continuing Care: Rehabilitation and Recovery, NSW Non Acute Inpatient Mental Health Service Strategy 2007-2012 (unpublished), NSW Health;

Relevant Standards and Legislation

- ACT Mental Health (Treatment and Care) Act 1994;
- Northern Territory Mental Health and Related Services Act 1998;
- NSW Mental Health Act 2007;
- Queensland Mental Health Act 2000;
- South Australian Mental Health Act 2009;
- Tasmanian Mental Health Act 1996;
- Victorian Mental Health Act 1986; and
- West Australian Mental Health Act 1996.