

# **Australasian Health Facility Guidelines**

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## **Part B - Health Facility Briefing and Planning 134 – Adult Acute Mental Health Inpatient Unit**

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### **Australasian Health Facility Guidelines**

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## Index

<b>01 INTRODUCTION</b> .....	<b>3</b>
1.1 Preamble.....	3
1.2 Introduction .....	3
1.3 Description .....	3
1.3.1 Description of the Unit.....	3
<b>02 PLANNING</b> .....	<b>4</b>
2.1 Operational Models .....	4
2.1.1 Service Configuration.....	4
2.1.2 Self-Management.....	4
2.2 Operational Policies .....	4
2.2.1 General.....	4
2.3 Planning Models.....	5
2.4 Functional Areas .....	5
2.4.1 General.....	5
2.4.2 Entry Foyer, Reception and Waiting.....	5
2.4.3 General Acute Inpatient Zone .....	6
2.4.4 High Dependency Inpatient Zone.....	8
2.4.5 Secure Entry .....	9
2.4.6 Clinical Support.....	10
2.4.7 Staff Work Areas, Meeting Rooms and Amenities.....	10
2.5 Functional Relationships .....	11
<b>03 DESIGN</b> .....	<b>12</b>
<b>04 COMPONENTS OF THE UNIT</b> .....	<b>12</b>
4.1 Standard Components .....	12
4.2 Non-Standard Components.....	12
4.2.1 Tribunal Room .....	12
4.2.2 Staff / Consumer Interface .....	13
4.2.3 Multi-Functional Group Room .....	14
4.2.4 Activity / Therapy Room.....	14
4.2.5 Indoor Exercise Area .....	14
4.2.6 Sensory Modulation Room.....	15
4.2.7 De-escalation Area .....	15
4.2.8 Secure Entry Zone .....	16
4.2.9 Trolley Bay / Kitchen / Servery.....	16
<b>05 APPENDICES</b> .....	<b>17</b>
5.1 Schedule of Accommodation.....	17
5.2 Functional Relationships and Diagrams .....	21
5.3 Checklists.....	21
5.4 References.....	21
5.5 Further Reading .....	22

## 01 INTRODUCTION

### 1.1 PREAMBLE

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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, completed in 2018, which included clinical experts and consumers.

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

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

- HPU 132 Child and Adolescent Mental Health Unit;
- HPU 133 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 Adult Acute Mental Health Inpatient Units and information relating to consumers using this type of facility is addressed. This document also includes detailed information on functional planning and a schedule of accommodation.

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

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

### 1.3 DESCRIPTION

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#### 1.3.1 Description of the Unit

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

The National Mental Health Services Planning Framework (NMHSPF, 2018) states that adult acute inpatient units provide short to medium term inpatient assessment and treatment services for people, typically aged 18 to 64, experiencing severe episodes of mental illness who cannot be adequately treated in a less restrictive environment.

Key features of the acute inpatient services model include:

- care seeks to reduce the severity of symptoms associated with a recent onset or exacerbation of a mental health illness; and
- delivery by a multidisciplinary mental health team.

Adult acute mental health inpatient units should provide safe and therapeutic, recovery-oriented care in the least restrictive environment possible. Refer to HPU 131 Mental Health – Overarching Guideline, Section 1.4.1 for further details relating to recovery oriented models of service delivery.

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

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

## **02 PLANNING**

### **2.1 OPERATIONAL MODELS**

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#### **2.1.1 Service Configuration**

While a mental health inpatient unit may contain a significant number of beds, contemporary understanding is that large institutional facilities do not provide a therapeutic, recovery focused environment. Instead, research indicates that recovery is better facilitated by the provision of clusters or 'pods' of beds with access to dedicated shared areas, e.g. lounge, dining etc., and outdoor spaces. These pods may be further configured to support distinct consumer groups to provide a safer environment for vulnerable individuals.

The capacity of each pod of beds will vary, depending on the cohort of consumers being managed, with consideration of the optimal size required to provide a safe and therapeutic environment for consumers and staff.

#### **2.1.2 Self-Management**

The reduction and eventual elimination of the use of seclusion is a recognised goal across contemporary mental health services, both nationally and internationally. A key strategy is to support self-management through the availability of a range of therapeutic spaces, e.g. quiet, activity, exercise areas, sensory modulation rooms and de-escalation areas, to provide consumers with choice and control over the level of stimuli required to reduce and prevent agitation.

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

### **2.2 OPERATIONAL POLICIES**

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#### **2.2.1 General**

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

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

## 2.3 PLANNING MODELS

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

## 2.4 FUNCTIONAL AREAS

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### 2.4.1 General

The Adult Acute Mental Health Inpatient Unit will typically comprise the following functional areas:

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

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

### 2.4.2 Entry Foyer, Reception and Waiting

The entry foyer and reception area is the public face of the Unit for the arrival and reception of those visiting the Unit. These areas should be welcoming and respectful, and encourage family and friends to visit.

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

The entry and waiting area should have a comfortable and 'soft' waiting space with access to amenities for visitors, families and the public, including an accessible toilet and drinking water. Ideally, the waiting area will be arranged to maintain some separation between groups. As visitors are not usually waiting for long periods it is recommended that a family visiting area, that also accommodates the needs of children, is accessible from the reception and waiting area.

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

The reception area should have oversight of the entry and waiting areas. Reception desk design solutions should support the provision of a visually welcoming environment whilst enhancing security. Security screens are one option and should be designed so as not to impede communication or visibility. The reception area should be safe for staff with two points of egress including direct access to a safe retreat in an adjacent secure area. A fixed duress alarm will be needed but mobile duress alarms should also be provided in this zone.

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

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

### **Meeting Rooms**

Meeting room(s) will be required for:

- tribunal hearings to support the functions of the Mental Health Tribunal;
- case conferences where there may be more than a dozen people in attendance, especially if the case is complicated and community staff and other outside agencies are involved;
- educational sessions for staff, family and other carers; and
- after hours use by consumer groups, for education purposes, etc.

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

Where used after hours by community groups, consider the location of these rooms including security requirements and design. For safety reasons two points of access and egress should be provided in all rooms accessed by consumers.

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

### **Tribunal Room**

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, by video conference or by telephone.

A mental health interview room should be located in close proximity to the tribunal room for private discussions, e.g. for consumers to discuss their situation with legal representatives.

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

## **2.4.3 General Acute Inpatient Zone**

### **Bed Rooms and Ensuites**

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

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

Consumers should be able to lock their door with a privacy lock. Staff will be able to override locks with a mental health clinical sub master key if necessary.

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

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

## Interview and Consult Rooms

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

- commitment to involving consumers in their own care;
- scheduling and the number of clinicians visiting on the same day;
- the number of consumers, staff, and visitors to be accommodated; and,
- possible use by community mental health if no adjoining ambulatory or community mental health unit exists.

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. Where both consumer and family access is required, some rooms may be positioned to be accessible from the unit entry.

All rooms should have two exit doors. Furniture arrangement should encourage informal discussion whilst not obstructing staff exit routes, should the need arise.

## Sensory Modulation Room

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

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

## Shared Areas

Shared areas will consist of a range of spaces that provide a choice of private, semi-private and social engagement opportunities. The approach to the provision of these areas should be informed through consumer and carer co-design with a focus on supporting consumer recovery and safety. A **dining room** will provide a defined space for consumers to eat at tables, seated in small groups or individually.

High ceilings and the use of skylights as well as windows can promote the perception of light and space. Décor should reflect a domestic environment.

There should be:

- direct access to an outdoor area that can be used in all types of weather;
- ready access to an accessible toilet, without having to travel back to the bed room areas; and
- direct access from the hospital corridor to the unit kitchen for delivery of food supplies and meals.

The food services model for the unit should be confirmed early in the planning process and in consultation with consumer representatives. Meals may be pre-plated and delivered to the Unit from a main hospital kitchen or a dedicated **kitchen and servery** area may be included on the unit.

Consumers and their carers should have access to self-serve beverage bays outside of meal times for cold drinks and snacks, such as fruit and other appropriate healthy snacks. This includes the requirement for 24 hour consumer access to chilled water. The temperature of hot water, if made available, should be suitable to prepare tea and coffee. The bays should be recessed and lockable.

If the Unit kitchen is used by consumers to prepare light meals as part of activities of daily living (ADL), including for Occupational Therapy assessments and group activities, it must be appropriately sized and lockable when not in use.



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

- quiet lounges for relaxation, time out, prayer and reflection or to socialise;
- designated lounge(s) for special groups based on age, gender etc.;
- television and music room with TV, multimedia players etc. within fixed cabinetry; and
- general lounge area used by all consumers in the zone.

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

The general lounge should open onto an outdoor area. Sufficient space is vital to prevent or minimise adverse outcomes associated with crowding. The general lounge area should be clearly observable by staff so that they are able to monitor the flow of passing traffic.

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

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

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

**Therapy Areas** will include a group / meeting room and occupational therapy room that may be used as multi-functional shared space and facilities to support activities of daily living including a kitchen and consumer laundry. Therapy areas should be separate from communal living spaces within the unit to ensure that consumers can continue to access living spaces as required while therapy or group activities are on.

Consistent with the Fifth National Mental Health Plan (2017) priority area 5 (improving the physical health of people living with mental illness) and, depending on the consumer cohort and length of stay, a small indoor exercise area with exercise equipment should be provided.

**Courtyards or Terraces** are integral components of a mental health unit and are essential to consumer treatment and well-being. As much design effort and attention to detail should be given to these areas as to internal spaces. This will include careful consideration of safety requirements, all weather access including shaded areas and provision of views while protecting privacy.

There should be separate outdoor space for the general, high dependency zone and pod of beds for vulnerable consumers where provided. All outdoor areas need to be secure but a greater level of perimeter security will be required for the high dependency courtyard.

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

#### **2.4.4 High Dependency Inpatient Zone**

This zone should be capable of secure separation from the general / open zone, but able to be used as an unlocked facility at other times depending on clinical need. The layout should facilitate the controlled movement of staff and consumers between zones, as well as safe access for families and carers.

Bedrooms may open onto a dedicated central lounge and dining area to enable ready engagement of consumers by staff. Sound attenuation is important to reduce stimulus.

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

- provision of shared consumer living and support areas that align with the model of care for this consumer cohort;

- ease of access for emergency admissions and assessments; and
- careful planning for safe and efficient patient flow.

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

Access to ensembles may be decided on a project-by-project basis. Individual toilets and showers accessed directly from a corridor may provide better supervision.

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

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

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

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 the service need, consumer cohort and configuration of the unit. The room should be located adjacent to the secure emergency entry where provided, as well as the de-escalation area. Although more aligned with the high dependency zone, ease of access to the seclusion room from the general acute mental health inpatient zone also requires consideration.

The provision of a seclusion room needs to ensure it provides a safe and secure environment for consumers and staff. A collocated ensuite should be provided with the ability to be locked open or closed.

Refer to the AusHFG Standard Component for further information.

#### 2.4.5 Secure Entry

A dedicated and discreet secure entry lobby will be required as a point of access into the high dependency zone of the Unit. The form of this entry may vary from a contained courtyard or sally port. The space will need to accommodate an emergency vehicle with the provision 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.

A **mental health consult room** should be located adjacent to the secure entry and the seclusion room for initial clinical assessment.

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

Doors should be lockable with swipe card or similar restricted access, given the range of possibly hazardous equipment stored within this area.

### 2.4.6 Clinical Support

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

Opportunities to share support rooms should be explored with consideration of the bed capacity of each pod and travel distances involved. The high dependency zone will require its own support areas to enable achievement of secure separation.

There should be no consumer access to the **medication room** and it should be of sufficient size to support the associated medication administration system. This may include the use of trolleys (traditional or electronic) for staff to administer medications to each consumer.

Access to the medication room should be via swipe card access with key override.

### 2.4.7 Staff Work Areas, Meeting Rooms and Amenities

Staff areas have been zoned separately in the schedule of accommodation to allow them to be located away from consumer areas. They may be located on an upper floor that may be secured after hours and at weekends whilst still giving authorised staff the necessary access to amenities, photocopier etc.

#### Staff Work Areas

The work area for the nurse unit manager should be located within the envelope of the consumer zones, so they are readily available to support and supervise other staff.

The size of the Unit and the staff establishment will determine the number of other workspaces required. Refer to individual jurisdiction policies for guidance on the provision and allocation of work areas.

#### Meeting Rooms

Meeting rooms will be required for staff meetings, training and other education requirements. These should be located on the periphery of the staff zone to enable ease of access by external staff.

**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. A quiet space for staff to withdraw from the consumer environment should be provided. Access to a courtyard or external space is important for the well-being of staff who work in demanding clinical environments.

The staff room should not double up as a meeting room to ensure staff are not prevented from accessing food and refreshments during their breaks.

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

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

## 2.5 FUNCTIONAL RELATIONSHIPS

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### External

The policy of mainstreaming mental health services requires that mental health units are perceived as an integral and equal part of the health precinct. 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 facilities include:

- emergency department and mental health assessment unit / psychiatric emergency care centre (PECC);
- medical imaging;
- other mental health units;
- day surgery unit (DSU) or designated location for electroconvulsive therapy (ECT) or transcranial magnetic stimulation (TMS); and
- visitor and staff parking.

### Internal

Planning of the Unit is complex and requires the correct relationships to be achieved between the functional zones listed previously. Key internal relationship requirements include:

- the central reception zone should provide direct and controlled access to the inpatient areas;
- access to the tribunal room and other meeting rooms attended by external visitors should be located for direct access from the reception, waiting area and inpatient zone;
- ideally, and depending on the bed capacity provided and consumer profile, the inpatient area will be zoned to allow for appropriate grouping / separation of inpatients;
- recreation areas, indoor and outdoor, will be located in close proximity to each group of bedrooms;
- the high dependency unit requires an appropriate allocation of support areas to ensure that it can operate independently when requiring secure separation. This will include the provision of a dedicated secure outdoor area; and
- staff offices and amenities will be located in a consumer free zone.

## 03 DESIGN

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

## 04 COMPONENTS OF THE UNIT

### 4.1 STANDARD COMPONENTS

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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.

### 4.2 NON-STANDARD COMPONENTS

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

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

#### 4.2.1 Tribunal Room

##### Description and Function

This room is used to support the functions of the Mental Health Tribunal, 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 inpatient and high dependency bedroom areas is also required for safe 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 the magistrate and consumer does not allow the latter to reach across the table to the magistrate. Video and teleconferencing facilities will be required.

An observation window (toughened glass with integral venetians) should be installed.

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.

A high level of acoustic privacy is required.

For Victorian projects refer to:

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

### 4.2.2 Staff / Consumer Interface

It is suggested that the staff / consumer interface area and clinical workroom 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, bank cards, home keys, cash etc.;
- lockable charging storage area for consumer 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;
- work stations 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.

### 4.2.3 Multi-Functional Group Room

#### Description and Function

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

#### Location and Relationships

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

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

#### Considerations

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

Bulletin boards and wall spaces for posters etc., with consideration of safety requirements, may reduce maintenance costs.

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

The following should be included:

- work benches;
- lockable storage; and
- access to toilet facilities.

### 4.2.4 Activity / Therapy Room

#### Description and Function

This room should be a flexible use, 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.

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

## Considerations

Provide a safe and secure environment for all staff and consumers and comply with WHS guidelines. Careful consideration should be given to the type and size of equipment and the degree of supervision required. Equipment should be carefully selected to provide appropriate activities for therapy and / or recreation without affording opportunities for injury to self or others.

### 4.2.6 Sensory Modulation Room

#### Description and Function

Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory based therapeutic space is utilised to promote recovery and rehabilitation 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.

Refer also to NSW Health GL2015\_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services.

### 4.2.7 De-escalation Area

#### Definition

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

The guidance also notes 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 (MHA Code of Practice 2015, p288).

#### Function

The function of a de-escalation area is to provide a low stimulus room for consumers to access by choice 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 courtyard.

It should be proximally located to the seclusion room but not associated with the seclusion room.

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

#### Considerations / Environment

The de-escalation area may contain specialist seating that enables staff to support 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 / T.V.



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

#### **4.2.8 Secure Entry Zone**

##### **Description and Function**

Where consumers arrive via the emergency unit of the main hospital, an entry lobby leading directly into the high dependency zone will be sufficient.

In circumstances where consumers are brought directly to the Unit by police, correctional services or ambulance, facilities will comprise:

- a fully enclosed parking zone for police, correctional services and ambulance vehicles that can be secured by a lockable roller door.
- an entry lobby capable of accepting an ambulance trolley and at least two emergency personnel with ease;
- electric doors, where required;
- facilities to support the safe carriage of police firearms depending on local police force requirements (this may include the requirement for a gun safe);
- examination / assessment room and ensuite; and
- a small work space for use by escorting officers to complete required paperwork.

##### **Location and Relationships**

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

##### **Considerations**

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

#### **4.2.9 Trolley Bay or Kitchen / Servery**

##### **Description and Function**

A room / space for the receipt and serving of meals. The design will depend on the method of service delivery, i.e. plated or bulk meals and the management of used crockery and utensils.

##### **Location and Relationships**

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

If design and layout permit, there may be a counter access to the high dependency lounge, dining and activity areas for the transfer of plated meals. Counter access, with a grille, is an option for the general or open zone main dining area.

##### **Considerations**

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

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

## 05 APPENDICES

### 5.1 SCHEDULE OF ACCOMODATION

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

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

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

The 'Room / Space' column describes each room or space within the Unit. Some rooms are identified as 'Standard Components' (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as 'Standard Components –Derived' (SC-D). The '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 Foyer, Reception and Waiting

AusHFG Room Code	Room / Space	SC / SC-D	20 beds		30 beds		Remarks
			Qty	m2	Qty	m2	
AIRLE-12	Airlock - Entry	Yes	1	10	1	10	Wind protection / security
RECL-10/12	Reception / Clerical	Yes	1	10	1	12	
WAIT-10	Waiting	Yes	1	10	1	15	
WCAC	Toilet - Accessible	Yes	1	6	1	6	
WCPU-3	Toilet - Public	Yes	1	3 (o)	2	3 (o)	Optional
PROP-2	Property Bay	Yes	1	1	1	2	Lockers for visitors
INTF-MH	Interview Room - Mental Health	Yes	1	14	1	14	
MEET-L-20	Meeting Room	Yes	1	20	1	20	Multipurpose - may be used for meetings / case conferences / education with large families, other external visitors, consumer groups, family reflection etc.
	Tribunal Room		1	30	1	30	
	Discounted Circulation %			32%		32%	

(The above facility is required only in a stand-alone unit)

## General Acute Inpatient Zone

AusHFG Room Code	Room / Space	SC / SC-D	14 Bed Open Zone		20 Bed Open Zone		Remarks
			Qty	m2	Qty	m2	
1BR-MH-A	1 Bed Room Mental Health	Yes	12	15	17	15	
1BR-MH-A	1 Bed Room - Mental Health - Accessible	Yes	1	16.5	1	16.5	
1BR-MH-A	1 Bed Room Mental Health - Special	Yes	1	18 (o)	2	18 (o)	Optional. For bariatric consumers, disabled consumers, mothers with baby or carer staying. Adjust number of standard bedroom numbers as necessary.
ENS-MH-A	Ensuite - Mental Health	Yes	12	5	17	5	
	Ensuite - Mental Health - Accessible	Yes	1	7	2	7	1 per 1 Bed Room - Special.
	Ensuite - Mental Health - Bariatric	Yes	1	7(o)	1	7(o)	Optional. Bariatric requirements will be dependent on local jurisdictional policies.
BHWS-B	Bay - Handwashing, Type B	Yes	2	1(o)	3	1(o)	
BPH	Bay - Public Telephone	Yes	1	1(o)	1	1(o)	Optional, recessed off corridor, for consumer access.
	Staff / Consumer Interface		1	14	1	18	Decentralised base for staff / consumer engagement. Allocation of area may be adjusted between the staff /consumer interface and clinical workroom.
OFF-CLN	Office - Clinical Workroom	Yes	1	15	1	25	
DINBEV-25	Dining Room / Beverage Bay (Mental Health)	Yes	1	42	1	60	Overall size of dining and recreational areas based on 7.5m2 per person - refer to Note 1. Includes beverage bay with 24 hour access to chilled water and controlled access to HWB. Space may be distributed to support separated clusters / pods.
	Lounge - General		1	22	1	30	
LNPT- 10	Lounge - Consumer / Family	Yes	1	10	2	10	Quiet lounge areas. One may be designated for a special group. Lounge space may be distributed to support separated clusters / pods.
	Multifunction Group Room		1	32	1	40	
	Activity / Therapy Room		1	20	1	30	Multi-function activity area. Lockable store to be included.
	Indoor Exercise Room		1	20	1	30	
	Sensory Modulation Room		1	12	1	12	
	De-escalation Area		1	18(o)	1	18(o)	Optional, if not provided through shared access to de-escalation area in high dependency zone.
	Kitchen - Mental Health	Yes	1	12	1	12	Sized for consumer use and group activities. Access to HWB required.
LAUN-MH	Laundry - Mental Health	Yes	1	6	2	6	May be used as ADL laundry
WCPT	Toilet - Patient	Yes	1	4	1	4	For consumer use from activity areas.
STPP	Store - Patient Property	Yes	1	6	1	8	
	Courtyard		1	110	1	150	Based on 7.5m2 per person and 100% utilisation / occupancy - refer to note 2 and 3. Courtyard space may be distributed to support separated clusters / pods.
	Discounted Circulation			32%		32%	

## Notes:

- Note 1: Lounge, dining and activity areas (dining, lounge - general, lounge - consumer / family and multifunction group room) – 7.5m2 per person.
- Note 2 Outdoor areas – 7.5m2.
- Note 3: Terrace – minimum area 20m2.

**High Dependency Zone**

AusHFG Room Code	Room / Space	SC / SC-D	6 Bed HDU		10 Bed HDU		Remarks
			Qty	m2	Qty	m2	
	Secure Entry Lobby		1	10	1	10	If no secure entry zone
1BR-MH-A	1 Bed Room - Mental Health	Yes	6	15	10	15	
ENS-MH-A	Ensuite - Mental Health	Yes	6	5	10	5	
	Staff / Consumer Interface	Yes	1	10	1	12	Allocation of area may be adjusted between the staff / consumer interface and clinical workroom.
OFF-CLN	Office - Clinical Workroom	Yes	1	12	1	15	
BHWS-B	Bay - Handwashing, Type B	Yes	1	1	1	1	
	Lounge / Dining / Activities Room		1	60	1	100	Based on 10m2 per person. May be subdivided including options for quiet and group areas. Includes beverage bay. Refer to note 1.
	Sensory Modulation Room		1	12	1	12	
SECL	Seclusion Room	Yes	1	14 (o)	1	14 (o)	Optional. Shared with General Acute Inpatient Zone.
ENS-MH-B	Ensuite - Mental Health - Seclusion	Yes	1	5	1	5	
	Seclusion Access Area		1	10	1	10	For safe access to seclusion room that supports consumer privacy and dignity. Area requirement subject to design.
	De-escalation Area		1	18	1	18	
	De-escalation Courtyard		1	20	1	20	
	Secure Courtyard - High Dependency		1	60	1	100	Based on 10m2 per person. Refer to Note 2.
	Discounted Circulation (%)			32%		32%	

**Notes:**

- Note 1: Lounge / Dining / Activity areas – 10m2 per person
- Note 2: Outdoor areas – 10m2 per person.

**Secure Entry Zone**

AusHFG Room Code	Room / Space	SC / SC-D	20 Beds		30 Beds		Remarks
			Qty	m2	Qty	m2	
	Police / Ambulance Enclosed Transfer Area		1	45	1	45	Sized to accommodate bariatric ambulance
AIRLE-12	Entry - Airlock	Yes	1	10	1	10	Needs to accommodate a consumer on trolley and escort staff.
	Gun Safe Alcove		1	2	1	2	Within police / ambulance area.
CONS	Consult room	Yes	1	14	1	14	
ENS-MH-B	Ensuite - Mental Health	Yes	1	5	1	5	
	Discounted Circulation (%)			32%		32%	

**Clinical Support**

AusHFG Room Code	Room / Space	SC / SC-D	Qty x m2 20 Beds		Qty x m2 30 Beds		Remarks
			Qty	m2	Qty	m2	
INTF-MH	Interview Room - Mental Health	Yes	2	14	4	14	Based on 1 interview / consult / treatment room per 5 beds; (1 also included near reception).
CONS	Consult Room	Yes	1	14	1	14	If not provided as part of the secure entry zone. Based on 1 interview / consult room per 5 beds.
OFF-S9	Office - Single Person	Yes	1	9	1	9	Subject to staffing profile.
OFF-2P	Office - 2 Person Shared	Yes	1	12	1	12	Subject to staffing profile.
CLUR-12	Clean Utility / Medication Room	Yes	1	16	1	16	Includes spatial allocation for resuscitation trolley (1.5m2) and electronic medication requirements.
BLIN	Bay - Linen	Yes	1	2	2	2	Lockable.
	Bay - Dirty Linen		1	1	2	1	Recessed off corridor, for consumer access.
BMT-4	Bay - Meal Trolley	Yes	1	4	1	4	
	Kitchen / Servery		1	20 (o)	1	20 (o)	Optional, if food services is bulk supply rethermalisation model.
DTUR-5	Dirty Utility - Sub	Yes	1	8	1	8	
STEQ-14	Store - Equipment	Yes	1	12	1	16	
STGN-9	Store - General	Yes	1	9	1	12	
CLRM-5	Cleaner's Room	Yes	1	5	1	5	
DISP-10	Disposal Room	Yes	1	10	1	10	Includes recycling bins.
	Discounted Circulation (%)			32%		32%	

**Staff Areas (requirements to be determined by staff establishment)**

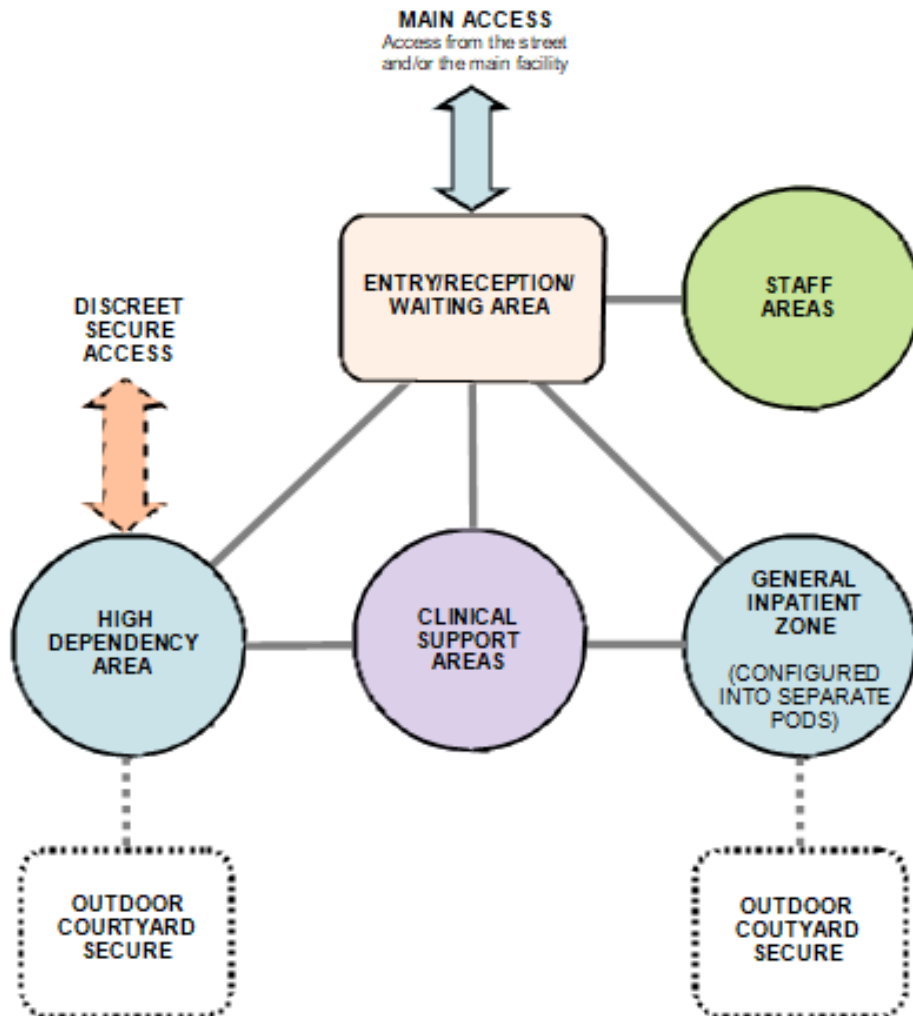
AusHFG Room Code	Room / Space	SC / SC-D	20 Beds		30 Beds		Remarks
			Qty	m2	Qty	m2	
OFF-S12	Office - Single Person, 12m2	Yes	1	12	1	12	Director
OFF-S9	Office - Single Person, 9m2	Yes	1	9 (o)	1	9	
	Office - Workstation		4.4		4.4		Number determined by staff establishment. For a range of medical, nursing, allied health and administrative staff.
STPS-8	Store - Photocopy / Stationery	Yes	1	8	1	8	May be incorporated as open plan space allocation.
MEET-L-20	Meeting Room	Yes	1	20	1	30	
SRM-15	Staff Room	Yes	1	15	1	20	
PROP-2	Property Bay - Staff	Yes	1	2	1	3	
SHST	Shower - Staff	Yes	1	3	1	3	
WCST	Toilet - Staff	Yes	2	3	2	3	
	Courtyard		1	20	1	30	
	Discounted Circulation (%)			25%		25%	

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

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

## 5.2 FUNCTIONAL RELATIONSHIPS AND DIAGRAMS

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



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

## 5.3 CHECKLISTS

For Planning Checklists refer to Parts A, B, C & D.

## 5.4 REFERENCES

- AHIA, 2016, AusHFG Part B: Section 90, Standard Components, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- AHIA, 2016, Part B: Section 80 General Requirements, Australasian Health Facility Guidelines Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW

- AHIA, 2018, Part C: Design for Access, Mobility, Safety and Security, Australasian Health Facility Guidelines Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- AHIA, 2016, Part D: Infection Prevention and Control, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
- Australian Commission in Safety and Quality in Health Care, National Standards in Mental Health Services
- 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
- Commonwealth of Australia, Fifth National Mental Health Plan and Suicide Prevention Plan, August 2017
- Mental Health Act Code of Practice, 2015, Safe and Therapeutic Responses to Behavioural Disturbance, pp. 281-314
- National Mental Health Services Planning Framework (2018)
- National Mental Health Commission, A Case for Change: Position Paper on Seclusion, Restraint and Restrictive Practices in Mental Health Services, 2015
- NICE Guideline (NG10) 2015 Violence and aggression: short-term management in mental health, health and community settings, National Institute for Health and Care Excellence (UK)
- NSW Health Policy Directive PD2017\_025 Engagement and Observation in Mental Health Inpatient Units, 2017
- NSW Health GL2015\_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services, 2015
- NSW Health, Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities, 2017
- State of Victoria Department of Health, Framework for Recovery-Oriented Practice, 2011

## 5.5 FURTHER READING

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- NSW Health 2013 IB2013\_024, Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies
- Golembiewski, JA 2015 Mental health facility design: The case for person-centred care, Australian & New Zealand Journal of Psychiatry, Vol. 49 (3) pp. 203-206
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- Te Pou. 2017. Sensory Modulation. [ONLINE] Available at: <https://www.tepou.co.nz/initiatives/sensory-modulation/103>. [Accessed 5 June 2017]
- United Nations High Commissioner for Human Rights 1991, Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care, United Nations.