Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning

HPU 137 – Mental Health Intensive Care Unit

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Australasian Health Facility Guidelines

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01 INTRODUCTION

1.1 PREAMBLE

This Health Planning Unit (HPU) has been developed by the Australasian Health Infrastructure Alliance (AHIA). This revision has been informed by an extensive consultation process during 2018 which included clinical experts.

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

1.2 INTRODUCTION

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

- HPU 132 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 Mental Health Intensive Care 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

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

- NSW Health, Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Facilities, 2017
- Victorian Framework for Mental Health Intensive Care Services (2018).

1.4 DESCRIPTION

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

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

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

Criteria for admission to a MHICU are generally as follows:

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

In comparison with a mental health high dependency area / observation unit, a MHICU:

- is a defined unit as opposed to a high dependency area which is usually a separated zone on an acute mental health inpatient unit;
- is self-contained with dedicated support areas;
- has agreed staffing levels including a dedicated medical team; and
- provides a broader range of consumer amenities including therapeutic, self-management, communal and activity areas.

MHICU’s should provide a balance between achieving a high level of security and safety for consumers, family members / carers, visitors and staff; whilst facilitating the delivery of an effective therapeutic environment which is pleasant, spacious, light filled, comfortable, non-threatening and domestic in style.

02 PLANNING

2.1 OPERATIONAL MODELS

2.1.1 Hours of Operation

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

2.1.2 Service Model

The MHICU is a tertiary service (role delineation of level 5 or 6) with regional / district responsibility, providing short stay care to acutely mentally ill or disordered adults with higher safety needs.

Intensive, specialist mental health services with high staff to consumer ratios is provided by psychiatrists, Visiting Medical Officers, registrars, nurses and allied health staff (pharmacy, psychology, social work, occupational therapy etc.).

Admission and discharge will not be direct from the community in most instances. Referrals will mostly be made from acute units and HDUs, according to clinical need. Some MHICUs may admit consumers directly from emergency care and perform the assessment and admission process within the MHICU. Other MHICUs may choose to only admit via the acute mental health units.

If admission to the MHICU occurs during the course of an acute admission, the interruption to a consumer's therapeutic program should be minimised by continuing with the program as is achievable.

Consumers will remain within the unit for the minimum length of time required to overcome the 'crisis' period prior to being able to safely transfer to a less restrictive setting. It should be noted that there may be consumers who require their treatment to be supported in a MHICU until discharge.

2.1.3 Service Configuration

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

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

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

2.2 OPERATIONAL POLICIES

2.2.1 General

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

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

The following sections are policies specific to MHICUs.

2.2.2 Self-Management

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, de-escalation suite and sensory modulation rooms, to provide consumers with choice and control over the level of stimuli required to reduce and prevent agitation.

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

2.2.3 Seclusion

A Seclusion Room provides for the sole confinement of a distressed or agitated person requiring separation for short periods at any hour of the day or night on an involuntary basis. Seclusion is an intervention of last resort and generally will only be implemented after other de-escalation strategies have failed.

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

2.2.4 Emergencies

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

2.2.5 Staffing

A high staff-to-consumer ratio is a feature of a MHICU. Actual numbers of staff will depend on the size of the Unit and the clinical service plan, functional brief and supported models of care. The Unit should provide sufficient functional area to support staff in the safe and efficient delivery of care. The environment should be secure and facilitate effective emergency responses to acute situations on each shift. Designing the Unit on this basis will support efficient operation without imposing additional costs, whilst enabling compliance with security and occupational health and safety requirements.

2.2.6 Catering

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

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

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

2.3 PLANNING MODELS

2.3.1 Location

While a ground floor location is preferred for MHICUs, a location higher in the building is acceptable assuming there is appropriate and safe access to outdoor space, and discrete access to the unit is provided to maintain consumer privacy and dignity.

The location of the Unit needs to ensure that the general public and patients in other parts of the facility cannot see into the building or outdoor areas and should allow for consumers to have a level of visibility out of the unit. Consideration also needs to be given to the requirements associated with moving consumers to and from other areas of the facility, e.g. emergency department, an adult acute mental health inpatient unit, medical imaging unit and operating theatres. Activity flows should avoid the need to transfer consumers through high traffic public areas (refer to Section 2.5 Functional Relationship Requirements).

2.3.2 Shared Facilities

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

2.4 FUNCTIONAL ZONES

2.4.1 Functional Zones

The Unit consists of the following functional zones:

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

2.4.2 Main Entry / Reception / MHICU Entry Point

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

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

If a reception desk model is adopted at the MHICU entry point, it should be designed to enhance security while maintaining a visually welcoming environment. Security screens can be used, however they should be designed so as not to impede communication or visibility. Alternatively, the depth of the reception counter can be increased. The staff controlled entry point should have direct access to a safe retreat in an adjacent secure area. Personal and fixed duress alarms should be provided.

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

2.4.3 Visitor / Family Amenities

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

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

2.4.4 Secure Entry Zone

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

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

2.4.5 Meeting Rooms / Telehealth

Multipurpose meeting room(s) will be required for:

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

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

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

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

2.4.6 Admission, Assessment and Treatment Rooms

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

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

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

2.4.7 Consumer Areas

Bedrooms

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

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

Medical gases will not be provided.

Ensuites and Bathrooms

Each bedroom should have its own private ensuite. Private ensuites with direct access from a bedroom create a greater sense of privacy and reduce concern of intrusion by other consumers. These may be designed without a door, or the door can be lockable in the open or closed position depending on individual requirements. Ensuite doors should be lockable inside by the consumer but able to be opened by staff in an emergency.

In some circumstances, and depending on jurisdictional policy and / or local project requirements there may be a need to provide bathrooms directly accessed from the corridor. However it is noted that some consumers may perceive their privacy or safety to be compromised in a shared bathroom with corridor access and corridor access bathrooms increase the number of doors into the corridors which may in turn detract from efforts to create a domestic and easily navigable environment.

Sensory Modulation Room

Sensory modulation is the ability to regulate and organise a consumer's response to sensory input in a graded and adaptive manner. A sensory based therapeutic space is utilised to promote recovery and rehabilitation with different age groups and populations, where consumers have opportunities to manage distress and agitation using sensory modulation equipment. The types of equipment appropriate for use in the sensory modulation room will be guided by operational policies for the service.

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

Dining Room

There should be a large dedicated dining area where consumers can sit in groups or alone. Décor should reflect a domestic environment. There should be direct access to an outdoor area that also has overhead sun and wet weather protection for use in all weathers. Access to a toilet from both the dining and outdoor areas should be considered.

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

A small, secure servery will be required for storage of meal carts, basic provisions and rubbish, however it is anticipated that meals would be delivered from the hospital kitchen, or via a servery in collocated mental health inpatient units. It is not anticipated that the servery would be used by consumers for activities of daily living / food preparation.

Activity and Recreation Areas – Indoor

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

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

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

More than one lounge should be provided to support the management of different consumer groups. A large lounge for people engaged in a range of recreational activities should have direct access to a secure outdoor area. Gender specific areas are identified as a particular need in the literature. Each pod of beds should have access its own sitting areas. The arrangement of furniture in activity areas should seek to enhance social interaction.

Activity and Recreation Areas – Outdoor

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

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

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

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

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

2.4.8 Seclusion Suite

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

A collocated ensuite should be provided with the ability to be locked open or closed.

Refer to the AusHFG Standard Component for further information.

2.4.9 De-Escalation Suite

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

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

2.4.10 Clinical and Non-Clinical Support Areas

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

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

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

2.4.11 Staff Work Areas and Amenities

Staff work areas and staff amenities should be located away from inpatient areas with no consumer access, perhaps collocated with other mental health service office space. This may be on an upper floor that may be secured after hours and at weekends, whilst still giving authorised staff access to amenities, photocopier etc.

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

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

2.5 FUNCTIONAL RELATIONSHIPS

2.5.1 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:

- acute mental health inpatient unit;
- emergency department;
- medical imaging;
- day surgery unit or designated location for electroconvulsive therapy (ECT) or transcranial magnetic stimulation (TMS);
- security;
- back of house support services; and
- visitor and staff parking.

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

2.5.2 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 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 streaming of consumers;
- recreation areas, indoor and outdoor, will be located in proximity to each pod of bedrooms; 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. Design requirements specific to Mental Health Intensive Care Units are described below.

3.1 ENVIRONMENTAL CONSIDERATIONS

3.1.1 Acoustics

Noise is a constant source of complaint from consumers and may compromise comfort and recovery. In particular, noise at night may have a negative impact on the ability of consumers to sleep. Confidentiality of consumer information should also be protected.

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

- other consumers;
- sanitary facilities;
- operation of doors;
- equipment;
- staff activities, e.g. conversations, talking on phone, rounds, meetings, cleaning;
- areas of public movement, lift lobbies, etc.;
- traffic through the Unit including visitors, food, linen and other trolleys, or movement of consumers into or out of the Unit; and
- helipad / helicopter noise.

Solutions to be considered include:

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

For further information refer to Part C: Design for Access, Mobility, OHS and Security, Space Standards and Dimensions.

3.2 SPACE STANDARDS AND COMPONENTS

3.2.1 Building Elements

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

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

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

3.3 SAFETY AND SECURITY

3.3.1 Safety

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

Facility planners and designers should enhance safety by means of the design, the methods of construction and the materials chosen, including the selection of fittings, fixtures and equipment.

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

- reduction of self-harm and suicide;
- medication safety;
- reduction in levels of consumer agitation;
- cultural safety of indigenous people and other diverse cultural groups;
- sexual safety;
- safety of all consumers, staff and visitors in the Unit;
- ability to call for assistance; and
- containment of consumers within the Unit.

Strategies to address these safety concerns include:

- appropriate access control;
- ability to separate consumers in different zones of the Unit;
- two points of egress for consultation and interview rooms, tribunal room, clinical work room and activity areas;
- design supports observation and communication between staff and consumers;
- anti-ligature design – all fittings and equipment used in consumer areas should be of a type specifically manufactured and marketed as ‘anti-ligature’ and installed in accordance with the manufacturer’s instructions; and
- any fitting or fixture capable of supporting a consumer’s weight must be avoided, unless it is an item of furniture intended to bear the consumer’s weight. Fittings in this Unit require a breaking strain of no more than 15 kilograms.

3.3.2 Security

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

Enhance security by incorporating the principles of territorial reinforcement, surveillance, space management and access control into design decisions. Security may be physical or psychological and barriers may be real or symbolic. The least restrictive environment that provides a safe environment should be the aim.

Security features may include:

- transfer lobby / airlocks;
- unit exits or doors to external functional areas, e.g. garbage disposal, loading dock etc., should be located in staff only areas;

- key security;
- electronic locking;
- intercoms;
- CCTV (refer to HPU 131 Mental Health – Overarching Guideline for recommendations relating to the use of CCTV in mental health inpatient units) ;
- personal and fixed duress alarms;
- nurse call (optional);
- locking of consumer rooms with a clinical key;
- movement sensors / floor sensors in bedrooms / ensuites;
- all rooms should be lockable, including corridor cupboard doors and fire hose reel cabinets; and
- perimeter fencing.

3.3.3 Access Control

The Unit should be designed with controlled air-lock entry and exit points so that no consumer can leave the Unit unless in the company of staff. Public access to the Unit will be centrally controlled. Key pad locking systems should not be used as consumers will quickly learn the combination. If the Unit is located within a multi-storey building, ensure that there can be no unauthorised and unsupervised access to external spaces above ground level such as balconies or roof.

3.3.4 Perimeter Security

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

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

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

3.4 FINISHES

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

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.

4.2 NON-STANDARD COMPONENTS

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

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

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 consumer one; however close proximity to the consumer living areas is also required for the safe 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.

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

4.2.2 Secure Entry Zone

Description and Function

In circumstances where consumers are brought directly to the Unit by police or ambulance, secure entry facilities should comprise:

- fully enclosed parking zone for police and ambulance vehicles that can be secured by a lockable roller door. This reduces the risk of a consumer escaping when the van doors are opened;
- an entry lobby capable of accepting an ambulance trolley and at least two emergency personnel with ease;
- consideration of electronic doors;
- separate area for police to disarm and for gun storage; 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 / police vehicles and should provide weather protection for consumer transfer. There should be easy access to a consult room and to the seclusion room.

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.

4.2.3 Staff / Consumer Interface

It is suggested that the staff / consumer interface 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, 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;
- 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).

The size of the staff / consumer interface should be based on the number of staff who will occupy the areas given the high staff to consumer ratios. There should be unobstructed emergency escape routes. Note that fluorescent lighting is too strong for night duty requirements, unless dimmer controlled. Task lighting above work spaces for night duty staff should be considered.

4.2.4 Indoor Exercise Facility

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

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

4.2.5 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.

4.2.6 De-escalation Area

Definition

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

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

Considerations / Environment

The de-escalation area may contain specialist seating that enables staff to perform de-escalation management.

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

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 12 bed Unit that is planned in three pods.

The 'Room / Space' column describes each room or space within the Unit. Some rooms are identified as 'Standard Components' (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as 'Standard Components –Derived' (SC-D). The '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	
RECL-10	Reception / Clerical	Yes	1	10	A dedicated MHICU reception, depending on relationship to main reception for mental health services on site. Can be smaller depending on clerical functions occuring in this area.
WAIT-SUB	Waiting - Sub	Yes	1	5	May be shared with other units
WCAC	Toilet - Accessible	Yes	1	6	Depending on proximity of other visitor amenities.
	Property Bay - Visitors		1	2	
MEET-L-15	Meeting Room	Yes	1	15	To accommodate up to 8-10 people. Accessible from consumer and reception/waiting areas.
	Tribunal Room		1	30	
	Discounted Circulation %			32%	

SECURE ENTRY ZONE

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	Support an ambulance trolley and multiple staff assisting
	Gun Safe Alcove		1	2	Includes bench for paperwork
CONS	Consult Room	Yes	1	14	
ENS-MH-B	Ensuite-Mental Health	Yes	1	5	
	Discounted Circulation %			32%	

CONSUMER AREA

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
1BR-MH-A	1 Bed Room - Mental Health	Yes	11	15	Aligned with revised Standard Component
ENS-MH-A	Ensuite - Mental Health	Yes	11	5	
1BR-MH-A	1 Bed Room - Mental Health - Special	Yes	1	18	For bariatric, disabled consumers.
	Ensuite - Mental Health - Special		1	7	
WCPT	Toilet - Patient	Yes	1	4	Optional (corridor access)
SHPT	Shower - Patient	Yes	1	4	Optional (corridor access)
BHWS-B	Bay - Handwashing, Type B	Yes	2	1	Recessed bays in corridors.
	Staff/Consumer Interface		1	14	Decentralised base for staff/consumer engagement. Allocation of area may be adjusted between the staff/consumer interface and clinical workroom.
OFF-CLN	Office - Clinical Workroom	Yes	1	15	Including benching and computers
LAUN-MH	Laundry - Mental Health	Yes	1	6	
DINBEV-25	Dining Room/ Beverage Bay (Mental Health)	Yes	1	32	Also used as a multifuntional group space, may be separated spaces to enable separation of consumers.
	Lounge - General / Shared		1	25	Main lounge/ activity area
	Lounge - Sitting Area		3	10	Quiet sitting area adjacent to each pod
LNPT-10	Lounge - Patient / Family	Yes	2	15	For visitor access without traversing inpatient unit. Number of patient/family lounges to be determined.
	Indoor Exercise Room		1	20	For consumer use, collocate with open lounge area for flexible use of space.
	Sensory Modulation Room		1	12	Optional
WCAC	Toilet - Accessible	Yes	1	6	
STPP	Store - Patient Property	Yes	1	10	
	Courtyard - General		1	80	Based on 10m2 per person and 100% occupancy. Reduce to accommodate courtyards off pods.
	Courtyard - General		2	20	For smaller bed pods
	Discounted Circulation %			32%	

Note 1: Lounge / dining / activity areas – 10 metres2 per person (as per MHIPU_ HDU).

Note 2: Outdoor areas – 10 metres2 per person (as per MHIPU _ HDU).

Note 3: Consult rooms/Interview (inpatient only use) one per four beds.

Note 4: Treatment room – minimum one per unit.

SECLUSION SUITE

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

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

DE-ESCALATION SUITE

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

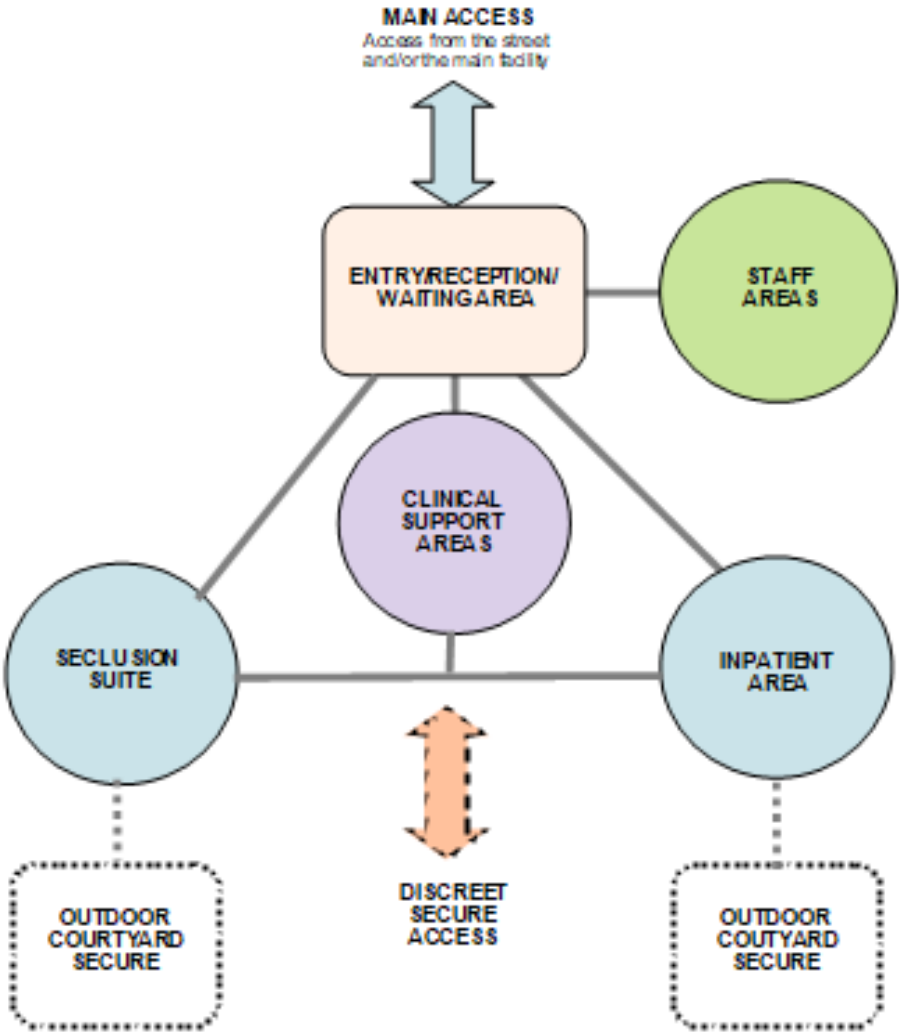
AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
INTF-MH	Interview Room - Mental Health	Yes	2	14	2 doors; 1 interview/consult room per 4 beds
CONS	Consult Room	Yes	1	14	If not provided as part of the secure entry zone
OFF-S12	Office - Single Person, 9m2	Yes	1	9	Nurse Unit Manager
OFF-2P	Office - 2 Person, Shared	Yes	1	12	Subject to staffing profile
CLUR-14	Clean Utility/ Medication Room	Yes	1	14	Includes space for resuscitation trolley (1.5m2)
BLIN	Bay - Linen	Yes	1	2	Enclosed and lockable
BMT-4	Bay – Meal Trolley	Yes	1	4	
	Kitchen		1	20	Optional, if food services is bulk supply rethermalisation model.
DTUR-S	Dirty Utility - Sub	Yes	1	8	Optional, may be shared with another unit
STGN-8	Store - General	Yes	1	8	
STEQ-14	Store - Equipment	Yes	1	12	Indoor and outdoor activity equipment, occupational therapy equipment
CLRM-5	Cleaner's Room	Yes	1	5	
DISP-8	Disposal Room	Yes	1	8	Second entry door to external corridor recommended to reduce access to MHICU
	Discounted Circulation %			32%	

STAFF WORK AREAS AND AMENITIES

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 - Workstations		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	15	
	Discounted Circulation %			25%	

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

5.2 FUNCTIONAL RELATIONSHIPS / DIAGRAMS



5.3 CHECKLISTS

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

5.4 REFERENCES

- 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.
- AHIA, 2010, AusHFG Part F: Section 680 Furniture Fittings and Equipment, 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.
- AusHFG Part B: HPU 135 Older Persons Acute Mental Health Inpatient Unit, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AusHFG Part B HPU 136 Non Acute Inpatient Mental Health Unit, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- NSW Health, Review of Seclusion, Restraint and Observation of Consumers with a Mental Illness in NSW Facilities, 2017
- NSW Health GL2015_001 Safe Use of Sensory Equipment and Sensory Rooms in NSW Mental Health Services, 2015
- Victorian Framework for Mental Health Intensive Care Services (2018, pending publication)

Further Reading

- 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
- NSW Health Policy Directive PD2017_025 Engagement and Observation in Mental Health Inpatient Units, 2017
- 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
- 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
- Scalzo S 2016 Design for Mental Health: Towards an Australian Approach
- 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.

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.