

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning 0132 – Child and Adolescent Mental Health Unit

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Australasian Health Facility Guidelines

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CULTURAL ACKNOWLEDGMENT AND TERMINOLOGY

The Australasian Health Facility Guidelines (AusHFG) are developed in collaboration with stakeholders across Australia and Aotearoa, New Zealand.

Acknowledgement of Country

We acknowledge the Aboriginal people as traditional owners and continuing custodians of the land throughout Australia and the Torres Strait Islander people as the traditional owners and continuing custodians of the land throughout the Torres Strait Islands. We acknowledge their connection to land, sea and community and pay respects to Elders past and present.

Acknowledgement of Te Tiriti o Waitangi

We acknowledge Māori as tangata whenua in Aotearoa New Zealand; Te Tiriti o Waitangi obligations have been considered in developing these resources.

Terminology and Language in the AusHFG

Throughout the AusHFG resources, the term 'Indigenous Peoples' is used to refer to both the Aboriginal and Torres Strait Islander Peoples of Australia and Māori of Aotearoa, New Zealand. Where references to specific cultural requirements or examples are described, the terms 'Aboriginal and Torres Strait Islander Peoples' and 'Māori' are used specifically. The AusHFG respect the right of Indigenous Peoples to describe their own cultural identities which may include these or other terms, including particular sovereign peoples or traditional place names.

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01 INTRODUCTION

1.1 PREAMBLE

The Australasian Health Facility Guidelines (AusHFG) (www.healthfacilityguidelines.com.au) are freely available resources for health services and project teams across Australia and New Zealand to support better planning, design, procurement and management of health facilities.

The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA), a cross-jurisdictional collaboration of all health authorities across Australia and New Zealand. Part A of the AusHFG provides further information relating to the purpose, structure and use of these resources. It is acknowledged that the application of the AusHFG varies between jurisdictions across Australia and New Zealand.

This AusHFG Health Planning Unit (HPU) has been reviewed and updated by AHIA following an extensive consultation process with clinical, operational and technical experts, as well as people with lived/living experience of mental illness and their family/carers. The consultation process was completed in 2024.

1.2 INTRODUCTION

1.2.1 General

This HPU outlines the specific requirements for the planning and design of a Child and Adolescent Mental Health (CAMH) Unit.

It should be read in conjunction with the Australasian Health Facility Guidelines (AusHFG) generic requirements and Standard Components described in:

- Part A: Introduction and Instructions for Use
- Part B Section 80: General Requirements and Section 90: Standard Components, Room Data and Room Layout Sheets
- Part C: Design for Access, Mobility, OHS and Security
- Part D: Infection Prevention and Control
- Part E: Building Services and Environmental Design
- Part F: Project Implementation.
- HPU 131 Mental Health – Overarching Guidelines

1.2.2 Terminology

HPU 131 Mental Health – Overarching Guidelines will detail terminology commonly used across mental health services. The following terminology is specific to child and adolescent mental health services, and is frequently applied in this HPU:

- carer: carers provide unpaid care and support to family members, kin, whanau, friends or significant others who have a disability, mental illness, chronic condition, terminal illness or who are frail. A carer is intimately involved with the lives and treatment of their children/friend. In the mental health context, the carer is a recognised member of the multidisciplinary team.
- young people: jurisdictions will refer to their consumers as ‘adolescents’ or ‘young people’. This guideline adopts the term ‘young people’ as it gives greater scope for the jurisdiction to define the age group to which they refer.

Local ‘jurisdiction’ refers to the relevant authority, including health department service provider such as an area health service or local health district and other governing entities.

1.3 POLICY FRAMEWORK

1.3.1 Specific Policies and Guidelines

Before undertaking a project, planners and project staff should familiarise themselves with individual jurisdiction plans, policies, service specific guidelines and reports.

State and territory specific policy information is contained in the Further Reading section of this HPU. Relevant child and adolescent mental health policies include:

- Australian Government National Mental Health Commission, 2023, National Children's Mental Health and Wellbeing Strategy
- Australian Government, 2009, National Mental Health Policy 2008
- Australian Government, 2017, Fifth National Mental Health and Suicide Prevention Plan, Australian Government
- Australian Government, 2017, National Drug Strategy 2017-2026 and Sub-strategies
- Commonwealth of Australia, The National Mental Health and Suicide Prevention Agreement.
- Mental Health Standing Committee, 2012, Mental health statement of rights and responsibilities
- New Zealand, 2021, Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing
- New Zealand Ministry of Health, 2023, Oranga Hinengaro System and Service Framework
- New Zealand Ministry of Health, 2023, New Zealand Health Strategy
- Paediatrics & Child Health Division, RACP, 2008, Standards for the Care of Children and Adolescents in Health Services
- United Nations, 1990, Convention on the Rights of the Child
- United Nations High Commissioner for Human Rights, 1991, United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care.

1.4 DESCRIPTION OF UNIT

1.4.1 Description / Model of Care

This HPU describes generalist tertiary level services with regional and/or statewide responsibility.

Where possible, young people with mental health conditions should be managed in the least restrictive environment possible and close to their home. This care will ideally be in community settings, provided by child and adolescent mental health community teams.

Where an inpatient stay is needed, a Child and Adolescent Mental Health Unit is an acute unit that will provide short to medium term assessment and treatment for young people. The length of stay varies considerably from a couple of days to weeks. The age range is generally between 12 and 18 years but varies between jurisdictions. Young people admitted to the unit are:

- experiencing severe mental illness and are unable to be supported in an intensive community support environment
- treatment resistant and a supportive environment is required due to treatment complications.

There has been a significant increase in the number of young people presenting with substance use disorder and withdrawal related issues. This may influence the design of the unit to better manage the risks associated with these admissions.

There is also an increased complexity of young people presenting with mental health conditions. Many have multiple and complex needs e.g., neurodiversity. Multiple different flexible spaces should be provided for young people to feel supported and safe.

The environment should be therapeutic and supportive. A least restrictive environment should be provided in the management of complex behaviours while offering the capacity for observation of young people by staff to minimise and manage behaviours of concern. This should be achieved with a therapeutic focus to ensure that while necessary measures for safety and security are in place, they are non-intrusive.

Some jurisdictions may provide speciality programs including:

- statewide inpatient services for children aged 12 years and under
- family units, targeted at younger children with at least one parent in residence however this requirement is not detailed in this HPU
- eating disorder units
- behavioural intervention units.

In most cases, children under the age of 12 years requiring an inpatient admission, or older children with medical co-morbidities, will be cared for in a general Paediatric/Adolescent Unit, close to home wherever possible.

A young person who does not need inpatient admission will be provided services in the community and other outpatient services.

Families are integral to the provision of care to young people. This may include participation of family and carers in a young person's treatment, and access to supportive counselling when necessary.

Where young people are admitted to a general Paediatric/Adolescent Unit, they will be managed in a standard inpatient bed room. Staff should conduct a risk assessment to determine operational responses that are needed to support the safe care of the patient in the acute inpatient environment. Operational responses may include removing equipment from the bedroom, locating the patient in a bedroom near the staff station or 'specialling' (i.e., one-on-one nursing care). Refer to local jurisdictional specialling policy.

1.4.2 Therapeutic Care Environments

Mental health facility design requires a conscious balancing of the requirement to provide an effective therapeutic environment for acute mentally ill young people with the need to provide them and their families, whanau/kin, visitors and staff with a pleasant, spacious, light filled, comfortable and home-like facility.

The unit must create an environment for young people that:

- provides a comfortable welcoming environment with home-like furnishings, décor and artwork
- promotes ongoing engagement with the community to prevent social isolation
- supports choice for young people such as quiet spaces and active indoor and outdoor spaces for therapy, relaxation, activities and education
- maximises natural light and, where possible, views
- enables the safe and efficient operation to optimise outcomes
- enables privacy and safety, including gender, sexual and personal safety
- avoids isolated spaces for both the young person and staff safety (e.g., unsupervised blind spots, recessed areas, alcoves)

- provides space and dedicated equipment (e.g., sensory modulation) as a means self-management
- provides spaces with trauma informed design and recovery focus
- provides culturally sensitive services for Aboriginal and Torres Strait Islanders, Māori and Pacific Islanders, and other culturally and linguistically diverse young people
- provides a welcoming and safe environment for young people who identify as LGBTQIA+.

The environment must support the involvement of families and provide:

- access to culturally appropriate meals for the young people
- access to facilities for carers which may include an option for carer/whanau/kin to stay overnight, a private lounge and adequate space where a young person may meet with their family in private
- safe and supervised access for visiting family members, including other children and young people.

The safety and security of staff working in these open areas are paramount. Consultation during early stage of planning should involve documented risk assessment in the provision and extent of barrier designs and systems, to protect staff. A safe environment for the staff and young people must be ensured by:

- providing security that is as unobtrusive as possible
- providing clear line of sight to open lounges and activity areas from nurses' station
- providing space for peer workers and young people to participate in group meetings or individual consultations.

02 PLANNING

2.1 OPERATIONAL POLICIES

2.1.1 General

Operational policies have a major impact on design requirements and capital and recurrent costs of health facilities. These policies must be established at the earliest possible stage. Users will also be guided by local and jurisdictional policies.

Unit specific operational policies are detailed below. For a list of general operational policies that may apply, refer to AusHFG Part B: Section 80 General Requirements.

2.1.2 Hours of Operation

The unit will provide service 24 hours per day, seven days per week. Where a day hospital is established, it will generally operate during business hours Monday to Friday.

2.1.3 Admission

Admission to CAMH units will ideally be planned with clearly defined and established inpatient treatment goals prior to admission. Young people will generally be known to community mental health teams and enter the unit through the main entry of the service. Young people and their carers will be involved in all decisions relating to care planning. Unplanned admissions via the emergency department or via other pathways in the event of mental health crisis will still occur.

2.1.4 Young Person's Education / Schooling

A young person's participation in education or schooling should be maintained during treatment wherever possible. It is, however, acknowledged that activities such as schooling may be postponed for a short admission if the purpose is to confirm a diagnosis, stabilise the young person on medication prior to returning them to their support environment, or they are too unwell to participate.

Collocation of this unit with a Paediatric Unit that has a hospital school does not negate the need for an education room in the unit, as some young people will be too high risk to leave the unit. The education room should be readily available and be appropriately furnished for learning activities.

Hospital schools vary between jurisdictions and should be considered early in the planning and design process. A quiet study space/room may also be required dependent on the schooling provision of the facility.

2.1.5 Day Programs

A day program may be a component of an integrated child and adolescent mental health service and provide specialist programs and outpatient services for young people who need treatment but who do not require overnight admission. This program may also provide a step up/step down from home or inpatient admission. Day programs are not provided in all units. Where a day program is collocated with an inpatient unit, consider opportunities for sharing of reception, common consulting/treatment areas and staff support areas. Many services are provided in community settings and collocated with community mental health teams.

2.1.6 Activities

During their stay in the CAMH unit, young people are encouraged to actively participate in activities including individual and group work rather than spending time alone in their bed room. Activities may range from meal preparation, individual and group therapy, physical activities (e.g., exercise physiology, relaxation or ball sports), creative arts, music therapy, etc.

Toilets should be accessible in shared areas to ensure young people do not need to return to their bedrooms.

Outside-of-the-facility activities (i.e., offsite), such as dancing classes or gardening are also often part of the young person's activities and supported by peer workers.

Where virtual attendance to specific support groups, such as Alcoholics Anonymous, is supported by the model of care, a private and quiet space with appropriate ICT set up and equipment should be provided.

2.1.7 Sensory Approaches for Emotional and/or Behavioural Dysregulation

The Royal Australian and New Zealand College of Psychiatrists position statement states that seclusion and restraint should only be used '...as a safety measure of last resort where all other interventions... were considered' (RANZCP, 2021). The use of sensory approaches and tools to minimise and manage behaviours of concern is an alternative to traditional approaches such as seclusion and restraint. Refer also to:

- Australian Government National Mental Health Commission. The National Mental Health Seclusion Reduction Project – [National Safety Priorities in Mental Health: a National Plan for Reducing Harm](#)

Sensory modulation is described as 'the ability to regulate and organise responses to sensory input in a graded and adaptive manner' (Brundy, Lane and Murray, 2002). The process of sensory modulation and the associated tools/equipment should have a dedicated therapeutic space called a Sensory/Quiet room. Additional information regarding room and equipment requirements is provided in Section 4.2 Non-Standard Components.

De-escalation, defined as 'the provision of a low stimulus room/area to access by choice if required with the view to avoiding the need for seclusion and restraint', is another alternative approach to down-regulate challenging emotions and behaviours of concern.

Also refer to HPU 131 Mental Health – Overarching Guideline for further details.

2.1.8 Bedrooms

Young people will routinely be provided with single bedrooms. As most units are relatively small, this provides flexibility and gender separation. A dedicated or shared ensuite, depending on jurisdictional policies, may be provided.

CAMH units may allow young people to lock their bedroom doors (with staff override). Young people in a high dependency unit (HDU) would not be able to lock bedroom doors. Where jurisdictional policies do not support the locking of bedroom doors, lockable space for personal items is to be provided as an alternative.

In CAMH units with children, provisions should be made for a parent to stay in the room with their child, or alternatively, provide access to nearby family accommodation. In some jurisdictions and/or regional facilities where families or support people live a significant distance from the unit, provision of carer accommodation in-house or nearby will be important.

At least one bedroom and ensuite should be larger and suitable for independent wheelchair users, rooming-in by a parent or carer and selected bariatric care. The space will need to accommodate a mobile hoist.

Refer to Standards Australia, AS 1428.1 Design for access and mobility, Part 1: General requirements for access — New building work and NZS 4121:2001 Design for access and mobility - Buildings and associated facilities for Aotearoa / New Zealand facilities

2.2 PLANNING MODELS

2.2.1 Location

A ground floor location is preferred to facilitate easy access to outdoor space. However, enclosed courtyards provided on upper levels can also provide the required amenity and eliminate other risks such as fall height.

The building and outdoor areas should be designed to ensure privacy, and to prevent easy visibility from the public and other parts of the healthcare facility

The building's orientation needs to maximise sunlight to internal and external spaces in the unit, in particular bedrooms and activity areas.

Proximity and easy access to paediatric medical care is vital when planning and designing the unit.

2.2.2 Unit Configuration / Layout

The unit layout needs to be sufficiently flexible to allow for changing levels of acuity, ages and changes to the models of care over time. The ability to create small and flexible clusters of beds for distinct young person cohorts (e.g., based on gender, age, diagnosis or acuity) is required.

Unobtrusive observation of patient areas by staff is essential.

The staff establishment should be identified early in the planning process to determine staff workspaces provision. Staff establishment including the medical, allied health, support staff and proposed nursing model and allocated nursing staff - based on ratios for nurses, safe staffing and Nursing Hours per Patient Day (NHPPD), as applicable in state jurisdiction.

2.2.3 Facility Configuration

Common CAMH unit configurations are:

- stand-alone child mental health unit for children aged four to 12 years of age, with flexibility to admit children outside this age range according to an individual's developmental age. In some jurisdictions, family suites may be provided depending on the models of care, particularly for families from remote areas.
- a stand-alone adolescent mental health unit for young people aged 12 to 18 years, with flexibility to admit children outside this range according to an individual's developmental age
- a child and adolescent mental health unit, with services delivered in a single facility, providing there is opportunity for flexible differentiation of zones to meet the specific developmental and health needs of young person sub-groups.

The CAMH unit may be located adjacent to or embedded within an adolescent ward. However, it is important to consider the effects of potential lack of privacy and confidentiality of young people when this configuration is used.

Facilities for community-based services are generally provided in community settings.

2.3 FUNCTIONAL AREAS

2.3.1 Functional Zones

Functional zones may include:

- entry/reception/waiting
- parent/carer amenities
- assessment/meeting rooms
- inpatient areas including:

- bedrooms and ensuites
- activity and recreation areas – indoor and outdoor
- clinical support areas
- staff offices and amenities.

2.3.2 Main Entry

A safe and secure entry is needed (i.e., airlock). The reception can be shared with a day unit, if collocated.

The area will incorporate a welcoming greeting/waiting area for young people, carers and others. Public amenities will be provided. It is expected that young people being admitted to the CAMH unit will enter via the main entrance. Waiting areas should not be large but provide opportunities for small family groups to gather.

A water fountain or beverage bay may be provided in this area.

Access from the waiting area to other parts of the unit is controlled by staff (e.g., reception staff during business hours) or remotely using video intercom, for after hours. The video intercom is to be located outside the main door and at the entry door to the inpatient area.

The reception desk should provide a visually welcoming environment while enhancing security (e.g., having good lines of sight to the entry and to all waiting areas including any associated outdoor spaces).

Small lockers should be provided in the waiting area for safe storage of visitors' belongings.

Signage and artwork in the main entry should be age appropriate.

Main entry and/or reception design are encouraged to acknowledge the traditional lands on which the health service is built.

Consider inclusion of signage and other elements to acknowledge local cultural groups and to support for diversity and inclusion.

Refer to HPU 430 Front of House for further guidance on developing an Acknowledgement of Country as part of a wayfinding or as part of the facility's Arts strategy. Refer to specific local cultural guidance for projects in Aotearoa / New Zealand.

2.3.3 Assessment / Meeting Rooms

This zone will be used for a range of functions including initial assessments, meetings with families, and specialised meetings such as those with a Magistrate/Mental Health Tribunal. The room may also be used flexibly for staff meetings and in-services; however, it should be available at short notice if there is an admission. It will be located in an area accessible from the main entry/reception/waiting and inpatient areas. Project teams should refer to jurisdictional guidelines for detailed design for Magistrate/Tribunal rooms.

An interview room should be provided with direct access from the waiting area. The interview room is used for new admissions, for interviewing carers and visitors and undertaking pre-admission/re-entry checks before entry to the main unit.

All assessment/meeting rooms must have fixed duress and a secondary exit for staff to a safe space.

2.3.4 Inpatient Areas

Bedrooms

Bedrooms will be collocated in a zone that can be easily observed by staff yet separate from shared activity areas. Bedrooms are generally designed and furnished to facilitate self-care (e.g., domestic-type beds).

In the inpatient zone, young people may have direct bedroom access (individual ensuites), or corridor access (which may be a shared ensuite between two bed rooms). The mix of shared and individual ensuites will be determined by the young persons' ages, jurisdictional policies, requirements for specialising, and number of young people accompanied by a carer. Note that the sharing of ensuites impacts on the unit's flexibility. In high observation beds, ensuites with corridor access are preferred.

Ideally, bedrooms will be arranged to provide some separation. For example, in smaller units, two to four beds might be arranged in an adjacent location to other bedrooms. This will allow separation when behaviours become difficult to regulate or when gender separation is needed. These bedrooms should be directly observable from the staff station.

Activity and recreation areas

A range of indoor activity areas will be provided to accommodate concurrent activities, both active and passive and age appropriate. Where possible, rooms should be designed with flexibility to support small and larger group activities, and that are easily supervised by staff.

Lounge and dining areas should have direct access to an external area.

A toilet will be available in this area to ensure young people do not need to return to their bed rooms. Spaces in this area may include:

- lounge
- dining area
- kitchen
- meeting room for group activities
- interview rooms for individual/family therapy
- sensory modulation room
- activities room with wet area
- media room
- laundry
- school room.

The space will support all individual, small and large group activities.

Consider design elements to reduce the sound transmission in these areas. Select furniture that is robust and easy to clean and maintain.

Outdoor areas for programmed activities, play or relaxation are treated as therapeutic areas. As much design effort and attention to detail should be given to achieving a tranquil and functional external area as to internal spaces.

Children and young people require larger outdoor areas than adult consumers. The space should be zoned (Coombes and Coombes, 2004) to achieve:

- passive areas such as seating in landscaped gardens
- active areas that encourage games and exercise, such as walking paths, safe climbing areas etc.
- a barbeque area.

Some of the outdoor areas should have soft surfaces (e.g., 'soft fall', grass). Sun protection and weather protection should be incorporated so that outside recreation is not weather dependent. Most outdoor furniture should be fixed, and others can be loose depending on risk assessment and the young person cohort.

Fixed landscape features and plantings should be set back from the perimeter wall and from building lines to avoid breaches of perimeter security or young people gaining access to the roof. Blind spots should be avoided in the design to enhance supervision. Provide full and soft lighting to outdoor areas at night, taking care to avoid lights shining into the young person's bedrooms and disturbing sleep.

An outdoor area of 10m² per young person is recommended in a dedicated CAMH unit. Ideally a minimum of 60m² is also recommended in units with less than six young people to achieve active and passive areas.

Refer to section 3.2.2 for interior design elements guidance.

2.3.5 Clinical Support Areas

A range of rooms, shared across the CAMH unit will be provided and include:

- medications store
- treatment room
- handwashing bay
- staff station
- storage
- dirty utility, cleaners' room and disposal room.

Staff stations will have good visibility of all activity and recreation areas. Barrier design/requirement is to be determined early in the planning stage. Staff touchdowns may also be provided in the unit depending on the models of care.

Bays for handwashing should be located so they are easily observed by staff.

2.3.6 Visitor / Family Amenities

Appropriate spaces need to be provided to support the therapeutic environment and encourage/welcome families and carers to be involved. Carers and visitors require a comfortable lounge in the unit for time out, private interactions with their child, or interactions with other families. Access to a beverage bay is required which may be the central beverage bay within the unit.

Sleeping facilities for carers should be provided in the unit on a project-by-project basis. 'Rooming in' is applicable across all jurisdictions. In selected jurisdictions, separate family accommodation may be provided with good access to the unit.

2.3.7 Staff Workspaces and Amenities

Staff workspaces for selected mental health staff should be located in the unit so that they are readily available to support and supervise staff and young people, as well as having ready access to clinical information. Other workspaces and staff amenities should be located away from inpatient areas, with no access to young people or their families as planned interviews should occur in dedicated interview and consult rooms in the unit.

Toilet amenities should be planned to allow staff to access them from the secure area within the envelope of the inpatient area.

2.4 FUNCTIONAL RELATIONSHIPS

2.4.1 External

External relationships include:

- adult mental health unit
- paediatric inpatient unit/s

- emergency department
- hospital school, if centralised
- medical imaging unit
- pathology
- child protection unit
- day program
- drug and alcohol services
- retail and visitor amenities.

2.4.2 Internal

Planning of the unit is complex and requires the correct relationships to be achieved between the functional zones detailed in the Functional Relationships Diagram.

The entry/reception/waiting area should feed directly into the inpatient areas.

Depending on the bed numbers and young people profile, the inpatient area may be zoned to allow for appropriate grouping/separation of inpatients, according to characteristics such as developmental age (child/young person), behaviours (hypoactive/hyperactive), diagnosis and gender.

03 DESIGN

Specific design considerations for CAMH units are to be finalised on a project-by-project level. This section refers to specific children and adolescent design considerations. Refer to HPU 131 Mental Health – Overarching Guideline, Section 3 for additional design requirements applicable to all mental health inpatient units.

Refer to AusHFG Part D for infection prevention and control guidance.

3.1 PARKING

The following provisions should be made which may be shared if a CAMH unit is not a standalone unit:

- all weather drop-off area
- short term parking for ambulance vehicles and patient transport vehicles
- short term parking for police if jurisdiction allows direct admission instead of through Emergency Department (ED)
- visitor parking in close proximity
- parking for parents with prams
- some longer-term parking options in line with overall facility carparking, as some carers will be present throughout the admission.

For staff parking, refer to AusHFG Part C Section 6.0 Safety and Security Requirements.

3.2 ENVIRONMENTAL CONSIDERATIONS

3.2.1 Privacy

A major conflict in the design of inpatient accommodation often arises due to the need for young people and staff to see each other and have a clear line of sight to common areas from the nurses' station.

Strategies to enhance privacy include:

- single bedrooms with enclosed ensuites
- acoustic treatment
- discreet location of high observation beds and quiet rooms
- ensuring other health services and/or neighbours do not look out over the unit
- age-appropriate artwork applied as window glazing treatment.

Bedrooms and other areas occupied by young people should be designed and configured to give staff the greatest ability to observe young people, particularly those who are distressed or vulnerable. Different styles of unit design offer varying degrees of visibility/observation.

3.2.2 Interior Decor

Interior decor includes furnishings, style, colour, textures, ambience, perception and identity. All these features should help reduce an institutional atmosphere. However, cleaning, infection prevention and control, fire safety, staff safety and young person's care requirements and the young persons and their families'/carers' perceptions of a professional and therapeutic environment, should always be considered. Furniture must be carefully chosen and be robust and hard wearing.

Furniture and interior strategies should be curated with wayfinding and art to enable a finish that is appealing to young people (not infantilised colour and content). Extremes of colour and pattern

such as geometric designs which may disturb perception or create overstimulation should be avoided, however, strong colours may assist orienting the young person to their bedrooms and activity areas. In this unit design, furniture and interior decoration should be robust, but modern in style and comfortable to create a homelike environment (Devlin and Arneil, 2003). Furniture should be arranged to promote positive group dynamics. Furniture items should be easily replaceable in case of breakage.

Artwork and colour should be a key feature in CAMH units (Blumberg and Devlin, 2006). Opportunities for personalisation of space is particularly important for adolescents (Queensland Health, 2009), and they should be given the opportunity to contribute to the artwork on display.

Bedrooms should offer a homely, comforting atmosphere, with design features that enable patients to personalise their space. This may include joinery for storing personal belongings, anti-microbial felt boards for displaying items such as cards, artworks and photos or whiteboards/chalk boards for creative self-expression.

Refer to the below AusHFG resources for additional guidance relating to environmental considerations and interior design suitable for mental health areas and guidance on the arts integration process:

- HPU 131 Mental Health – Overarching Guideline
- Arts in Health Framework
- HPU 540 Paediatric / Adolescent Unit, section 3.5.4 Interior Design. Guidance in this section can be adapted to comply with mental health requirements.

3.3 SPACE STANDARDS AND COMPONENTS

Refer to the following for ergonomics, building elements and other space standards and components:

- AusHFG Part C: Section 03 Space Standards and Dimensions
- AusHFG Part C: Section 04: Human Engineering
- AusHFG HPU 131 Mental Health - Overarching Guidelines

3.3.1 Doors, Door Hardware and Doorways

Consider selecting a door with an anti-barricade function in bed rooms so it may be opened out if required.

Many services will allow young people to lock their bed room door. The door mechanism should enable staff to gain entry to the room in an emergency (e.g., the hinge should swing through 180° with a key operated door stop that staff can unlock to swing the door outwards).

Bedroom doors should have viewing panels which may be staff or patient operated, depending on the risk assessment. Two panels - one high and one low - may assist in observing small children in specialist units.

3.4 SAFETY AND SECURITY

Special consideration should be given to the minimisation of hazards for children, although this will not be needed for older adolescents. For example:

- the location of power outlets above child height, and shuttered
- service panels out of reach of small children
- access to boiling water units
- rounded edges on furniture

- lockable cupboards
- barriers and balustrades that allow small children/toddlers to be contained as necessary but can be see-through.

Two egress points will be provided in the consultation, interview and meeting rooms. Fixed and mobile duress systems will be used.

There is also a need to balance gender separation, providing sexual safety and supporting gender identity of young people.

Risk Assessment

Undertaking a risk assessment is important for all areas that are accessed by young people. This includes areas where close face-to-face interactions between young people and staff occur such as the reception and staff station.

The level of security barrier requirements at reception should be determined during the planning stage. Alternatively, the depth of the reception counter can be increased. If screens are used, they should be designed so as not to compromise ease of communication or visibility or create a relationship barrier between the young people/visitors and the reception staff. If open reception is provided, there should be adjacent space where staff can retreat to when they feel unsafe

A risk assessment should also be undertaken to plan and design a staff/young person interface area that can be combined with a clinical workroom. This combined area could include an open counter area and an adjoining clinical work room (quieter enclosed area) in which confidential discussions could occur. The safety and security of staff working in open areas is paramount. Consultation during the early stages of planning should involve a documented risk assessment in the provision and extent of barrier designs and systems to protect staff.

04 COMPONENTS OF THE UNIT

4.1 STANDARD COMPONENTS

Rooms/spaces are defined as:

- Standard Components (SC) which refers to rooms/spaces for which room data sheets, room layout sheets (drawings) and textual description have been developed.
- Standard Components – Derived (SC-D) are rooms based on a SC but vary in size. In these instances, the SC will form the broad room 'brief', and the room size and contents will be scaled to meet the service requirement.
- Non-standard Components are unique rooms that are usually service-specific and not common.

The SC types are listed in the attached schedule of accommodation. The current SC can be found at: www.healthfacilityguidelines.com.au/standard-components

4.2 NON-STANDARD COMPONENTS

Non-standard components are unit-specific and are provided in accordance with the facility's specific operational policies and service demands. The non-standard components for the CAMH unit are detailed below.

4.2.1 Recreation / Day Area

Description and Function

This is an indoor area in which a wide range of activities can occur including watching television, indoor games, use of computers and group activities.

Location and Relationships

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

Considerations

As this is the main living space for young people and their carers, every effort should be made to create a home-like environment. The layout should ensure whole group activities are possible. Provision of a sub-lounge or sectioning some of the space through furniture placement assists in creating a more intimate atmosphere. Furniture should be suitable for children, young people and their carers/visitors.

Lockable storage for activities should be incorporated in this area. Lockers for young people's possessions and schoolwork may also be placed in this room.

A telephone in the vicinity should be provided and positioned to minimise disturbance to other young people and vice versa.

4.2.2 Therapy Room

Description and Function

A therapy room may be provided for individual therapy sessions, using activities such as artwork, doll play, clay modelling and other therapeutic activities.

The room should be designed with both children and/or adolescents needs considered.

Location and Relationships

This room should be located within the treatment/therapy zone.

Considerations

Furniture will be suitable for children and adolescents. Storage for materials and a stainless-steel sink are required.

If appropriate, the Activity / Multipurpose Room may be considered to provide the function of this room.

4.2.3 Activity / Multipurpose Room**Description and Function**

This room will be a multipurpose space and will include a wet area to facilitate arts and creative activities.

Location and Relationships

This room will be located with other communal spaces.

Considerations

This room will be locked when not in use. Lockable storage will be required to store arts and associated materials. A space to dry artwork will be needed. Vinyl flooring will be required. Usually, tables and chairs will be provided in this room. Table should be sturdy but easily moveable so the room can be reconfigured to suit a range of activities and group sizes.

May be used for individual therapy when not in use for group activities.

4.2.4 Meeting Room – School / Multipurpose**Description and Function**

This room will serve as a multipurpose space, including use to educational activities. Verify additional jurisdictional requirements for schooling area provision.

Location and Relationships

This room will be located with other communal spaces.

Considerations

This room will be locked when not in use. Tables and chairs suitable to undertake a range of school activities will be required. Computer access will be needed. Lockable storage will be required for associated materials. Table should be sturdy but easily moved so the room can be reconfigured to suit a range of activities and group sizes.

Facilities for specialist education staff will be required. Provide lockers for each young person's personal items and schoolwork.

4.2.5 Dining Space**Description and Function**

This is an area for young people, carers and visitors to eat meals and snacks.

The dining spaces may be separated for children and adolescents in combined units.

Location and Relationships

Directly adjacent to the pantry/kitchen, preferably with a serving counter between the two areas that can be secured. Views over a garden/outdoor area are desirable.

Considerations

A hand washing bay should be included. Square or rectangular furniture is preferred, as this allows flexibility in table arrangement. Selection of furniture should give consideration to ease with which furniture can be moved if different configurations are required.

Connection to outdoor area with seating and tables is to be considered to encourage alfresco dining during pleasant weather.

If kitchen is closed outside of mealtimes, basic storage for access to snacks and drinks should be available at the beverage bay within this area.

4.2.6 Kitchen

Description and Function

A room/space for the receipt and serving of meals. It will also be used by capable older children, and carers of children, to prepare their own simple meals e.g., breakfast (cereal and toast etc.) and sandwiches etc., according to local operational policies. As such, it will have a pantry and refrigerator, stocked with a range of groceries.

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

Location and Relationships

The pantry/kitchen should be adjacent to dining spaces in the acute zone. If design and layout permit, there may be hatch access to the high dependency lounge/dining/activity areas for the transfer of plated meals. Counter access, with a grille, is an option for the acute zone main dining area.

Considerations

The kitchen should be a safe, secure environment for staff and young people in compliance with work health and safety policies, and infection control guidelines. There should be ample bench top area, open shelving, lockable cupboards, secure storage for food and equipment, space to store food trays, and distribution trolleys. A dedicated power outlet for heating/cooling food trolleys may be required.

Young person's access to power supply controls and hot water systems should be restricted by providing safety locks on the boiling water unit. The lockability of the kitchen will depend on the young people cohort and models of care.

4.2.7 Media Room

Description and Function

This is an area in which young people can use the internet, listen to music and watch television, without disturbing other young people and/or carers in the unit.

Location and Relationships

It may be appropriate for this area to be a sub-lounge of the recreation/day area to promote supervision of internet-based activities.

Considerations

Sufficient desk space should be provided for a computer and a printer, to be used under supervision. A small sound system, television and a lounge to sit on, should also be included.

Acoustic treatment should be provided to reduce the impact of noise from this room impacting on other areas of the unit.

4.2.8 Sensory Modulation Room

Description and Function

Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory based therapeutic space is utilised to promote recovery and rehabilitation. This space provides young people with opportunities to manage distress using

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

Sensory rooms may include vinyl artworks featuring calming imagery, or creatively designed, interactive audio-visual and tactile elements.

Refer to the AusHFG Arts in Health Framework for further guidance on developing sensory rooms in collaboration with creative teams.

Location and Relationships

The room should be situated to allow staff to effectively supervise young people as needed.

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.

The room should include comfortable seating, adequate clear floor space (e.g., a non-slip mat for yoga, meditation and/or lying down on the floor), integrated sound system, television, and adaptive sensory lighting. The room may also include equipment such as tactile kits, fibre optic lighting and other innovations to enhance calm and relaxation.

There should be local control for sound and light so young people can choose the sensory input. Low stimulation and high stimulation may be provided through lighting and sound control allowing young people to control their environment to suit their needs.

Adequate acoustics should be provided to allow young people to listen to music that does not transfer to other areas of the unit.

Storage is important to store sensory tools and kits when not in use.

Refer also to relevant jurisdictional policy directives for further information about sensory modulation rooms.

4.2.9 Exercise Room - Indoor

Description and Function

This space is included as an option for a unit accommodating young people. Regular physical exercise is acknowledged as an important strategy in managing mental illness and general health and wellbeing.

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 young people 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.

4.2.10 Outdoor Areas - Various

Description and Function

These are secure outdoor areas for programmed activities, play or relaxation. Functional requirements include passive areas, such as seating in landscaped gardens; active areas that encourage games and exercise; and some weather protection and sunshade.

The outdoor area may also be used for alfresco dining.

Location and Relationships

Outdoor areas are accessible from the recreation/day area and visible from the staff station. Garden views from other parts of the unit should also be maximised.

Considerations

Consider designing the space with a therapeutic ambience feel rather than an institutional one, particularly for outdoor areas on upper floors. The courtyard perimeter should be screened. If screening is achieved by planting trees or shrubbery, these should not compromise safety and security.

Furniture and fittings should be carefully selected to respond to the risk assessment including consideration for fixed furniture or loose furniture that may be used as a means of escape or used as a weapon. Also consider risk assessment for provision of outdoor activity equipment such as basketball hoops and other exercise related equipment.

05 APPENDICES

5.1 SCHEDULE OF ACCOMMODATION

A schedule of accommodation is shown below. The following schedule of accommodation assumes a 12-bed unit which will routinely be provided to accommodate adolescents.

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.

This document assumes no provision of a separate high dependency or seclusion room. The arrangement of bed rooms and support space should instead provide the capacity for some separation space when acute behaviours are exhibited by young people need to be de-escalated. For those projects that include a high dependency and/or seclusion room, refer to HPU 134 Adult Acute Mental Health Inpatient Unit for requirements.

ENTRY / RECEPTION / WAITING

Room Code	Room Name	SC/SC-D	12 Beds		Comments
			Qty	m ²	
AIRLE-12	Airlock - Entry	Yes	1	10	
PLAY	Activity Area	Yes	1	10 (o)	Optional. Activity area for waiting children/sibling.
RECP-10	Reception, 10m2	Yes	1	10	
WAIT-10	Waiting, 10m2	Yes	1	10	Access to beverage or water fountain to be considered.
WCAC	Toilet - Accessible	Yes	1	6	Includes baby change facilities.
LNGE-10	Lounge - Parent / Visitor	Yes	1	12	Access to beverage to be considered.
Discounted Circulation			32%		

ASSESSMENT / MEETING ROOMS

Room Code	Room Name	SC/SC-D	12 Beds		Comments
			Qty	m ²	
MEET-30	Meeting Room, 30m2	Yes	1	30	Formal hearings, staff meetings, in-service, family conferences, group/family therapy.
INTF-MH	Interview Room - Mental Health	Yes	2	14	Up to six participants.
	Observation Room		1	6 (o)	Optional. One-way observation window. Adjoins one interview room.
Discounted Circulation			32%		

BEDROOMS

Room Code	Room Name	SC/SC-D	12 Beds		Comments
			Qty	m ²	
1 BR-MH-A 1 BR-MH-C	1 Bed Room - Mental Health	Yes	11	15	
	1 Bed Room - Mental Health Special		1	18	To accommodate rooming in or other special requirements.
ENS-MH-A	Ensuite - Mental Health, Inboard	Yes	11	5	May be bedroom access, corridor access, or combination.
	Ensuite - Mental Health, Special		1	6	To accommodate rooming in, greater access, etc.
ENS-MH-B	Ensuite - Mental Health, Inboard Access from Corridor	Yes		5 (o)	Optional. May be provided instead of dedicated ensuites where supported by jurisdictional policies.
Discounted Circulation			32%		

ACTIVITY AND RECREATION AREAS

Room Code	Room Name	SC/SC-D	12 Beds		Comments
			Qty	m ²	
	Recreation / Day Area		1	56	TV, lounges, telephone bay, lockers for personal items/schoolwork etc. Consider sub-sectioning of area or furniture arrangements in pods to create flexible group sizes.
	Therapy Room		1	12	The Activity / Multipurpose Room may be considered to provide the function of this room, if appropriate.
	Dining Space		1	31	Assumes up to 12 young people plus 4 adults such as family members and/or staff. Separate children and adolescent areas may be required in combined unit.
BBEV-MH	Bay - Beverage, Mental Health	Yes	1	4	Safety considerations for boiling water unit.
	Kitchen		1	14	Collocated with dining room. Parent and young person access as appropriate depending on function. Provision dependent on food services model.
	Activity / Multipurpose Room		1	25	Activity room will include a sink for wet activities and storage. Assumes some lockable storage will be provided to support related activities. May be provided as multiple spaces rather than one large space. May be used for individual therapy when not in use for group activities.
MEET-30	Meeting Room - School / Multipurpose	Yes	1	30	Patient education, group therapy, computer terminals dependent on jurisdictional requirements. Assumes some lockable storage will be provided to support related activities.
	Sensory Modulation Room		1	12	
	Media Room		1	14	TV, music, internet room. Could also be used as a quiet space to achieve separation.
WCPT	Toilet – Patient	Yes	1	4	Carers, young people and visitors.
LAUN-MH	Laundry – Mental Health, 6m ²	Yes	1	6 (o)	Optional.
	Exercise Room, Indoor		1	20	
Discounted Circulation			32%		

OUTDOOR AREAS

Room Code	Room Name	SC/SC-D	12 Beds		Comments
			Qty	m ²	
	Outdoor Area		1	120	Weather protected to some areas.

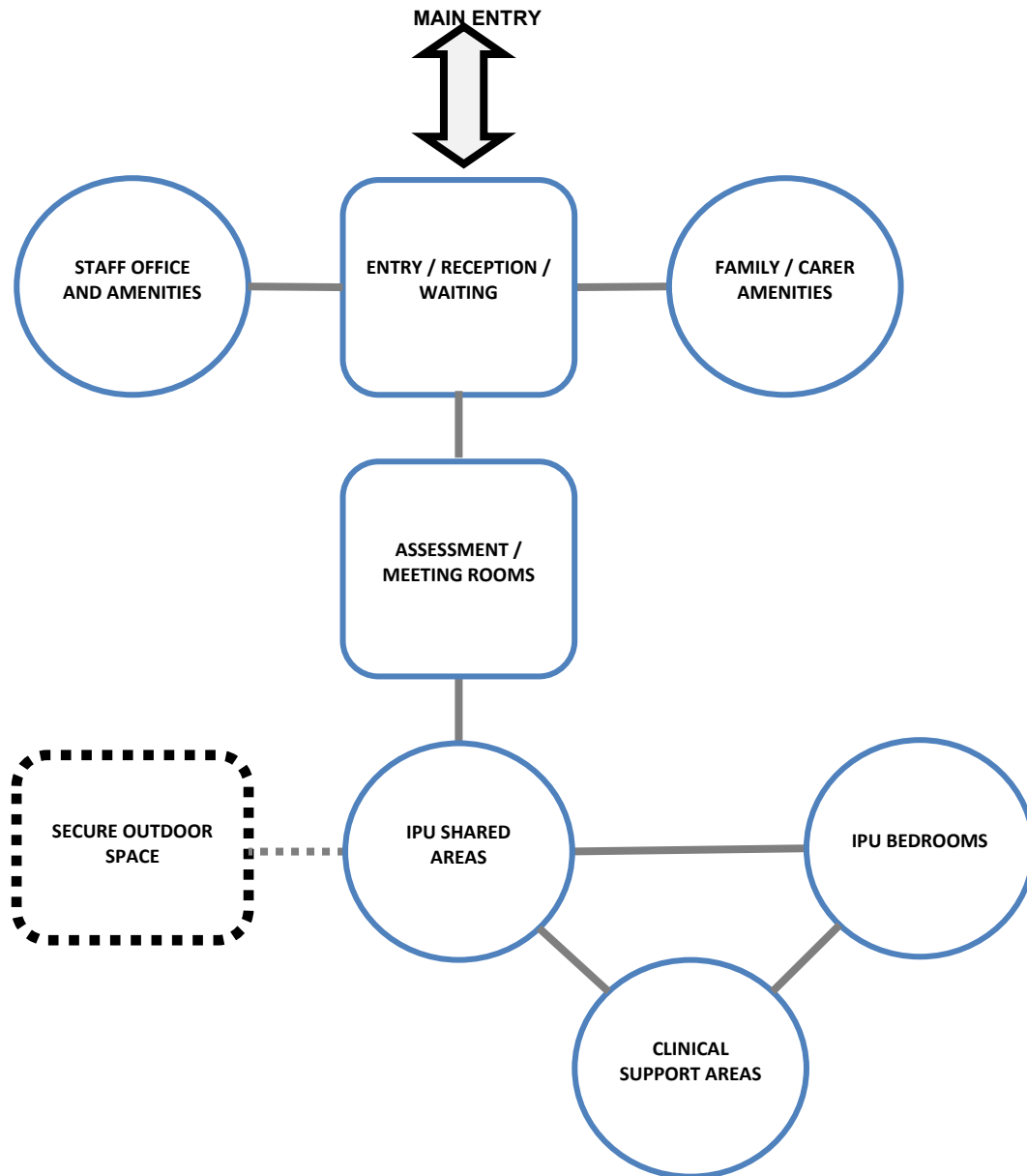
CLINICAL SUPPORT AREAS

Room Code	Room Name	SC/SC-D	12 Beds		Comments
			Qty	m ²	
SSTN-10	Staff Station, 10m ²	Yes	1	12	In main unit. Staff touchdowns may also be provided.
OFF-CLN	Office - Clinical Workroom	Yes	1	15	
BLIN	Bay - Linen	Yes	1	2	Enclosed and lockable.
MED-14	Medication Room	Yes	1	10	May be provided as a combined Clean Store / Medication Room depending on local jurisdictional policies.
CLN-10	Clean Store	Yes	1	6	May be provided as a combined Clean Store / Medication Room depending on local jurisdictional policies.
TRMT	Treatment Room	Yes	1	14	Includes spatial allowance for resuscitation trolley (1m ²).
STPP	Store - Patient Property	Yes	1	6	
DTUR-10	Dirty Utility, 10m ²	Yes	1	10	Includes disposal, dirty linen storage. Disposal room may need to be separate and shared with other units for ease of external collection.
STGN	Store – General	Yes	1	9	Educational resources; sports/recreation equipment; general storage. Assumes lockable storage will be located within those rooms used for education and activities.
STEQ-14	Store – Equipment, 14m ²	Yes	1	14	
BHWS-B	Bay - Hand Washing, Type B	Yes	2	1	Locate where it is accessible and observable by staff with one associated with dining area.
CLRM	Cleaner's Room	Yes	1	5	
Discounted Circulation			32%		

STAFF AREAS

Room Code	Room Name	SC/SC-D	12 Beds		Comments
			Qty	m ²	
OFF-1P-9	Office - Person, 9m2	Yes	9		Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-1P-12	Office - Single Person, 12m2	Yes	12		Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-2P	Office – 2 Person	Yes	12		Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
OFF-WS	Office - Workstation	Yes	4.5		Quantity and area allocation will be dependent on staff profile and local jurisdictional policies relating to staff work areas.
SRM-15	Staff Room, 15m2	Yes	1	15	With beverage bay.
BMFD-3	Bay - Multifunction Device, 3m2	Yes	1	3	
BPROP	Bay - Property, Staff	Yes	1	2	
WCST	Toilet - Staff	Yes	2	3	
SHST	Shower - Staff	Yes	1	3	
Discounted Circulation			25%		

5.2 FUNCTIONAL RELATIONSHIPS / DIAGRAMS



5.3 CHECKLISTS

For planning checklists, refer to AusHFG Parts A, B, C and D.

5.3.1 Legislation

- ACT Mental Health Act 2015
- New Zealand Public Health and Disability Act 2000
- Northern Territory Mental Health and Related Services Act 1998
- NSW Mental Health Act 2007
- Queensland Mental Health Act 2016
- South Australian Mental Health Act 2009
- Tasmanian Mental Health Act 2013
- The Commonwealth Disability Discrimination Act 1992
- Victorian Mental Health and Wellbeing Act 2022
- West Australian Mental Health Act 2014
- Jurisdiction specific Child Protection Acts
- Jurisdiction specific Education Acts.

5.3.2 Government Policies and Strategies

- Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards User Guide for Health Services Providing Care for People with Mental Health Issues. Sydney: ACSQHC; 2018.
- Australian Government, 2009, National Mental Health Policy 2008, Australian Government, Barton, ACT.
- Australian Government, 2017, Fifth National Mental Health and Suicide Prevention Plan, Australian Government, Barton, ACT.
- Australian Government National Mental Health Commission, 2023, [National Children's Mental Health and Wellbeing Strategy](#), Barton, ACT.
- Australian Government, 2017, [National Drug Strategy 2017-2023](#), Canberra ACT
- Department of Health and Human Services, Victoria 2013, Providing a safe environment for all: Framework for reducing restrictive interventions.
- NSW Health PD2020_004 Seclusion and Restraint in NSW Health Settings.
- NSW Ministry of Health, 2020, NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025, St Leonards, NSW.
- New Zealand Ministry of Health, 2023, [New Zealand Health Strategy](#). Wellington: Ministry of Health.
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5.3.3 Guidelines

- NSW Health, 2022, Accessing inpatient mental health care for children and adolescents: A framework.
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5.3.4 Articles and Books

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5.4 REFERENCES

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- AHIA, [AusHFG Part B: Section 80 General Requirements](#), Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney NSW.
- AHIA, [AusHFG Part B: HPU 131 Mental Health – Overarching Guidelines](#), Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, [AusHFG Part B: HPU 430 Front of House](#), Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, [AusHFG Part B: HPU 540, Paediatric / Adolescent Unit](#), Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, [AusHFG Part C: Section 2, Physical Models and Approaches](#), Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, [AusHFG Part C: Section 4, Human Engineering](#), Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW.
- AHIA, [AusHFG: Standard Components](#) - Room Data Sheets (RDS) and Room Layout Sheets (RLS), Australasian Health Facility Guidelines, AHIA, Sydney, NSW.
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- Commonwealth of Australia, [The National Mental Health and Suicide Prevention Agreement](#), Federal Financial Relations, Canberra, ACT.
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5.5 FURTHER READING

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