

Australasian Health Facility Guidelines

Part B - Health Facility Briefing and Planning 135 – Older Peoples Acute Mental Health Inpatient 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, completed in 2018, which included clinical experts and consumers.

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

1.2 INTRODUCTION

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

- HPU 132 Child and Adolescent Mental Health Unit;
- HPU 133 Psychiatric Emergency Care Centre (PECC);
- HPU 134 Adult Acute Mental Health Inpatient Unit;
- HPU 135 Older Peoples Acute Mental Health Inpatient Unit;
- HPU 136 Non Acute Mental Health Unit which includes rehabilitation, extended care and forensics; and
- HPU 137 Mental Health Intensive Care Unit.

The focus of this document is Older Peoples Acute Mental Health Inpatient Units and information relating to consumers using this type of facility is addressed. This document also includes detailed information on functional planning and a schedule of accommodation. This document should be read in conjunction with the Australasian Health Facility Guideline (AusHFG) generic requirements and standard components described in:

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

1.3 POLICY FRAMEWORK

The Fifth National Mental Health Plan (2017) and the National Framework for Recovery-Oriented Mental Health Services (2013) are key reference documents when developing mental health units, including those for older people. In addition to the other background documents listed in HPU 131 Mental Health – Overarching Guideline, Section 1.3, specific information relating to older people includes:

- Psychiatry services for older people, The Royal Australian & New Zealand College of Psychiatrists (RANZCP) Position Statement 22.

1.4 DESCRIPTION

1.4.1 Description of the Unit

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

The National Mental Health Services Planning Framework (2018) states that acute older peoples inpatient units provide short to medium term assessment and treatment services for those aged 65 and over (noting this age may be from 50 years for Indigenous people) and who are 'experiencing a severe episode of mental illness that cannot be adequately treated in a less restrictive environment.'

Older people with mental illness are more likely to experience social and physical health issues. Typical conditions managed by this service may include:

- acute stress / adjustment disorder, including those related to personality disorders;
- affective disorders, e.g. depression, bipolar disorder;
- schizophrenia and other psychoses in old age;
- anxiety disorders, e.g. post-traumatic stress disorder, social phobia, panic disorder, generalised anxiety disorder;
- severe behavioural and psychological symptoms of dementia; and
- delirium.

Key features of the acute inpatient services model for older people include:

- recovery focused and person-centred;
- biopsychosocial models supporting the complex needs of older people; and
- collaboration with the consumer, families, carers and friends.

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

The environment provided within an acute mental health inpatient unit should support the older person and issues such as assessment of falls risk will need to be considered to ensure physical health is optimised.

The cultural diversity, background and linguistic needs of consumers require consideration, along with planning and design requirements to support vulnerable consumers.

HPU 131 Mental Health - Overarching Guideline provides further detail regarding the core elements of recovery oriented mental health services and associated planning and design requirements that are common to all mental health units.

1.4.2 Terminology

Behavioural and psychological symptoms associated with dementia (BPSD): the non-cognitive symptoms of dementia including agitation and aggressive behaviour. BPSD has been defined as symptoms of disturbed perception, thought content, mood or behaviour, frequently occurring in consumers with dementia.

Refer to HPU 131 Mental Health – Overarching Guideline, Section 1.4.2, for other terminology relating to mental health services.

02 PLANNING

2.1 OPERATIONAL MODELS

2.1.1 Service Configuration

The total unit size and configuration will be determined by a range of factors including:

- the projected number of beds needed to support the catchment population;
- the need for separation between particular consumer cohorts such as those requiring intensive supervision and support; and
- the need to provide a suitable scale that promotes consumer wellbeing and avoids adverse outcomes associated with larger sized units.

In meeting these requirements, it is recommended that services are configured into smaller, physically distinct but flexible 'pods' of beds, each with their own dedicated support areas that can be deployed by clinicians as required to meet the differing care needs of consumers.

Pod capacity will vary depending on the cohort of consumers being managed, jurisdictional policies and consideration of emerging evidence regarding the optimal size required to provide a safe and therapeutic environment for consumers and staff. Project teams should consult their local jurisdiction at the commencement of planning for guidance on the optimal pod size to be provided within the Older Peoples Acute Mental Health Inpatient Unit.

It is recommended that pods should not be larger than 15 beds. Consumers requiring intensive support and supervision should be cared for in a separated zone of no more than 6 to 8 beds.

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.

2.2.2 Mobility Support

Consumers in the Older Peoples Acute Mental Health Inpatient Unit will require varying levels of mobility support and assistance with daily activities. This may include assistance with repositioning in bed and assistance to stand and / or mobilise around the unit. Consumers may also require assistance and support with movement and mobility during dressing, eating, bathing and toileting activities. A variety of equipment will be available for these purposes, e.g. walking frames, wheel chairs and lifters. Handrails are an important feature which support the mobility of consumers and should be located on both sides of corridors, other key locations, and ideally colour contrasted so consumers can readily identify and use them. Rest points for consumers should also be provided along corridors. Adequate space for the storage of lifting devices, commodes, walking frames, wheelchairs etc. is required so that they do not create clutter and become a trip hazard.

A proportion of bedrooms within each pod or unit should be designed to enable the safe management of bariatric consumers and to support the independent functioning of consumers through compliance with accessibility standards. The project team should seek advice from the relevant jurisdiction regarding the number of these specialised rooms to be provided within the unit.

While mental health units typically seek to utilise design solutions that minimise and / or eliminate the risk of potential self-harm by consumers, e.g. anti-ligature approaches, the needs of older people require a balanced approach so that adverse outcomes, such as deconditioning and falls, are avoided.

2.2.3 Self-Management

Mental health services are working towards reducing and where possible, eliminating the use of seclusion and restraint. A seclusion suite is not typically included in an older people's mental health acute inpatient unit, however project teams should seek guidance from their local jurisdiction regarding this requirement.

Alternative strategies to seclusion including self-management are to be used. These will be undertaken in a range of spaces accessible within the inpatient unit, e.g. quiet room, activity rooms and sensory modulation spaces.

2.2.4 Family / Carer Engagement

Family members and carers will be encouraged to participate in the recovery and therapy process.

Appropriate areas will be required for families and carers to meet away from the general and shared living spaces, as well as for education purposes which is a key element of the recovery process and to meet the consumer's extended care needs following an acute admission.

2.3 PLANNING MODELS

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

2.4 FUNCTIONAL AREAS

2.4.1 General

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

- entry foyer, reception and waiting, including a tribunal room accessible from the waiting area and inpatient zones;
- general acute inpatient zone comprising bed rooms and shared, activity and therapy areas including sensory modulation; and outdoor space (these may be provided as separate pods);
- high dependency zone for the management of consumers with intensive support needs comprising bed rooms, shared space and outdoor areas (noting that not all services will include a high dependency zone);
- visitor / family amenities;
- clinical support; and
- staff areas including staff work areas, meeting rooms and amenities.

These zones are described below.

2.4.2 Entry Foyer, Reception and Waiting

The entry foyer and reception area is the public face of the Unit for the arrival and reception of those visiting the Unit, and should provide a welcoming, non-institutional environment that reduces stress and encourages family and friends to visit.

Consumers being admitted to the Unit will enter via the main entry unless the cohort of consumers requires provision of a secure entry for some admissions. If the Unit is part of a mental health complex, a single main entry and reception area may be provided for access to a number of inpatient and outpatient mental health facilities.

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

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

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

A mental health interview room for admitting booked consumers should be provided either in close proximity to the main public entry or directly from the waiting space. This room may also be used for other purposes such as meetings with peer support workers.

2.4.3 Meeting Rooms including Tribunal Room

Meeting room(s) that are accessible from both the waiting area and inpatient zones will be required for:

- hearings to support the functions of the Mental Health Tribunal, noting that this room may be shared if a range of mental health units are collocated;
- case conferences that may be attended by more than a dozen people, especially if the case is complicated and community staff and other outside agencies are involved;
- educational sessions for staff, family and other carers; and
- after hours use by consumer groups, for education purposes, etc.

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

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

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

The **tribunal 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 supporting members and representatives where required. Hearings may be conducted in person, by video conference or by teleconference.

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

Project teams should refer to local jurisdictions for policies or guidance regarding the design and specifications of mental health tribunal rooms. Refer to Section 4.2 Non-Standard Components for additional information.

2.4.4 General Acute Inpatient Zone

Bed rooms and Ensuites

Bed rooms will be provided as single rooms with a dedicated ensuite. Double rooms are not recommended, even for couples.

A homely environment should be provided to assist with orientation and consumer comfort. Strategies include access to natural light, an external outlook, views of nature and options to display personal items, e.g. photographs and memorabilia on the door and inside bed rooms where appropriate (Joseph 2006). Items such as a day / date clock and small whiteboard or noticeboard may also assist consumers.

Consumers should be able to lock their door. Staff will have the ability to override the locking system where required.

Access to secured medical gases in a few rooms is desirable.

Project teams should liaise with the relevant jurisdiction to confirm local policy regarding the number of bariatric bedrooms, bariatric ensuites and accessible bedrooms and ensuites to be provided in an older people's acute mental health inpatient unit.

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

Interview, Consult and Meeting Rooms

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

- commitment to involving consumers in their own care;
- scheduling and the number of clinicians visiting on the same day; and
- the number of consumers, staff, and visitors to be accommodated.

An adequate number of mental health consulting rooms should be provided to ensure that staff and consumer safety is maximised at all times.

Consultations may be limited to the consumer and the health professional, but at times six to seven people may need to be accommodated, e.g. for family conferences.

All interview, consult and meeting rooms should be of a mental health type including the provision of two exit doors. The furniture arrangement should encourage informal discussion whilst not obstructing staff exit routes, should the need arise.

Sensory Modulation Room

Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory based therapeutic space can be utilised to promote recovery and rehabilitation, where consumers have opportunities to manage distress and agitation using sensory modulation equipment with the supervision of appropriately trained staff.

The room will usually accommodate one consumer, with the exception of times when staff are teaching small groups how to use the space.

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

Shared Areas

As visitors enter this zone from the main entry, reception and waiting zone, they will enter into the shared areas of the inpatient zone.

Shared areas will consist of a range of spaces that provide a choice of private, semi-private and social engagement opportunities.

Travel distances between bedrooms and shared areas should be considered given that a high proportion of consumers within this cohort are expected to have reduced mobility. Consideration should also be given to appropriate spaces for consumers to leave mobility aids within shared areas, e.g. within dining and lounge rooms.

A **dining room** will provide a defined space for consumers to eat at tables, seated as small groups or individually.

There should be:

- ready access to an accessible toilet so that consumers don't have to travel back to their bed room and for use by visitors (ensuring access to the toilet is not directly off the dining room);
- direct back of house access from the hospital corridor to the unit kitchen for delivery of food supplies and meals; and
- a beverage bay may be provided in the dining room or separate alcove for general use by consumers outside of mealtimes.

Activity and lounge areas may include:

- Smaller quiet lounges for relaxation, time out, prayer and reflection or small group socialising;
- general lounge area used by all consumers in the zone;
- group recreation room (including games area, art and craft facilities); and
- indoor exercise facility.

A large lounge for people engaged in a range of recreational and group activities should have direct access to a secure outdoor area, and be large enough to cater for all consumers within the pod, particularly when outdoor areas are unusable, e.g. during inclement or cold weather.

In a mixed gender unit, a female-only sitting room should be provided to address gender safety concerns. The arrangement of furniture should seek to enhance social interaction.

Activity and lounge areas provided require consideration of the need to accommodate a number of staff who may sit and undertake activities, talk etc. with consumers during the day.

These rooms should be clearly observable by staff so that they are able to monitor the flow of passing traffic.

Furniture should be selected carefully to ensure that it is comfortable, supportive, durable and can be configured for a range of activities and uses. It should also promote a welcoming and safe environment for companionship, the opportunity to be alone, or to be with visitors.

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

Cupboards should be lockable and durable.

Therapy areas will include spaces for group activities. These may be used as multi-functional shared space and facilities to support activities of daily living including an ADL kitchen and laundry. The kitchen should be large enough to accommodate small groups of 6 to 10 consumers.

Consistent with the Fifth National Mental Health Plan (2017) priority area 5 (improving the physical health of people living with mental illness) a small indoor exercise room with exercise equipment, including exercise bikes, should be included as some medications and lack of physical activity contribute to weight gain and general levels of frustration.

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

A walking path should be provided and may include a route through internal circulation routes that connect recreation areas as well as outdoor areas. Walking surfaces and grassed areas must be even to avoid the risk of falls and should consider safe fall surfaces.

There should be a dedicated outdoor space for each pod within the unit with a greater area per consumer allowance for a high dependency zone if provided. All outdoor areas need to be secure but a greater level of perimeter security will be required for a high dependency zone.

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

2.4.5 High Dependency Zone

A high dependency zone of approximately 4 to 8 beds may be required to safely manage consumers experiencing moderate to severe behavioural and psychological symptoms associated with dementia (BPSD) conditions that require a very high level of psychosocial and physical support. The inclusion of this zone will depend on the service profile and model of care for the facility. For example, these consumers may alternatively be managed in the adult acute mental health high dependency unit or within an acute geriatric unit.

If provided, this zone should be able to function as an independent pod, capable of secure separation from the general inpatient zone pods with the flexibility to be used as an unlocked facility at other times depending on clinical need. The area should be designed to provide a calming, therapeutic environment that meets the needs of this consumer cohort.

This zone may require a sensory modulation room for agitated and distressed consumers. The room should be located in an area that minimises disruption to other Unit activities.

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

- provision of shared consumer living and support areas dedicated to this zone;
- ease of access for emergency admissions and assessments; and
- careful planning for safe and efficient consumer movement.

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

2.4.6 Visitor / Family Amenities

Amenities for carers and visitors include a lounge area for private interactions with the consumer and staff, and a toilet. Design of such areas should ensure that children can visit family members safely.

Family interview space should be provided from the reception area, as well as in meeting rooms located in the pods within the Unit.

2.4.7 Clinical Support

A range of clinical support rooms are required as documented within the attached schedule of accommodation.

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

2.4.8 Staff Work Areas, Meeting Rooms and Amenities

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

If this Unit is a stand-alone mental health unit, a dedicated staff room, outdoor area and meeting facilities will be provided. If part of a larger mental health facility, these amenities can be shared.

Staff Work Areas

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

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

Meeting Rooms

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

Staff Amenities comprise staff room, property bay, toilets and shower. The latter is optional depending on proximity to main hospital amenities.

The size of the Unit and the number of staff employed will determine the number and configuration of spaces in this zone.

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

The staff room should not double up as a meeting room as this will invariably prevent staff from accessing food and refreshments during their breaks.

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

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

2.5 FUNCTIONAL RELATIONSHIPS

External

The Unit has functional relationships (of varying degrees) with the following facilities, services and organisations:

- adult acute mental health units;
- geriatrics / acute medical beds;
- theatres / procedure rooms (ECT);
- medical imaging (CT scans);

- emergency department;
- neurology unit (EEGs);
- pathology;
- other mental health services for older people including community teams, intensive outreach services, crisis teams and day programs;
- other community health teams including ACAT;
- drug and alcohol services;
- police and ambulance services;
- accessible parking for carers / visitors;
- public transport; and
- medical emergency response teams.

Internal

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

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

03 DESIGN

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

Mental health units typically seek to provide solutions that minimise risk, e.g. anti-ligature approaches, however a balanced approach to design is required for older people to optimise safety and independence.

3.1 ENVIRONMENTAL CONSIDERATIONS

3.1.1 Acoustics

The Unit needs to be designed to reduce auditory stimuli and to limit distress and confusion for this consumer group who are particularly sensitive to noise. A proportion of people with dementia, call out very loudly for lengthy periods. Noise may compromise consumer comfort and recovery particularly if it is impacting on the ability of a consumer to sleep. Effective acoustic design will also protect confidentiality of consumer information.

Noise sources arising from both within and outside of the unit need to be considered with respect to the location and internal layout of the unit.

Solutions to minimise distress associated with noise may include:

- use of sound absorbing materials and finishes;
- sound isolating construction;
- special acoustic isolation is required for sensory modulation rooms, consultation / therapy rooms and high dependency zones given consumers may call out loudly for lengthy periods;
- separation of quiet areas from noisy areas, e.g. service rooms and air-conditioning units located away from bedrooms; and
- use of door hardware to prevent slamming.

Hearing loops can be provided for consumers who are hearing impaired.

Refer to Part C for further information.

3.1.2 Lighting

Lighting systems should provide a pleasant, calming and non-institutional style approach where possible with consumers able to control the light, both natural and artificial, in their bed rooms.

Specific design requirements for older people include the need for night lighting within bedrooms and ensuites, avoidance of glare, while providing higher levels of lighting within activity rooms and ensuites where more activity occurs and improved visibility is required. High ceilings and the use of skylights as well as windows can promote the perception of light and space.

3.1.3 Interior Decor

Interior décor includes; furnishings, style, colour, textures, ambience, perception and taste. The appropriate choice of interior décor can facilitate orientation and assist older people to feel comfortable in their surroundings.

Colour contrasts between adjoining surfaces are required. However extremes of colour and patterns, such as geometric designs or highly reflective surfaces which may disturb perception, should not be used. Visual stimulation can be managed through the application of colour to highlight doors that consumers will use (bedrooms, bathrooms) and neutrals to hide doors that they will not use (utility rooms, staff areas etc.) (Fleming et al 2003). Variation between the colour of floor and wall surfaces can assist in wayfinding.

Decor should be domestic in style rather than institutional and consideration may be given to a style of design familiar from the consumers' early adulthood. Furniture should also provide functional assistance to older people with age-related physical limitations, e.g. use of arm rests, seat height, fabrics on chairs for continence issues etc.

3.1.4 Wayfinding

Specific way-finding considerations for this group are:

- placement of some signage on the floor or lower on the wall / door to attract downcast eyes which may be common in this consumer group;
- use of colour contrast;
- targeted use of signage (minimise unhelpful stimuli);
- use of pictorial guides (Lee 2007); and
- use of distinctive objects as landmarks (Alzheimer's Australia 2004).

Refer to Part C and TS-2 - Wayfinding for Health Facilities (NSW Health 2009).

3.2 SPACE STANDARDS AND COMPONENTS

3.2.1 Ergonomics

Furniture and fittings should be selected to functionally assist older people with age-related physical limitations. For example:

- chairs with arms and higher seats to assist sitting and standing;
- tap ware / door handles designed for people with reduced hand function;
- raised toilet seats to assist with sitting and standing;
- electric, adjustable height beds that may be lowered to the floor when used with consumers in the context of falls risk assessment and tailored fall prevention intervention. These beds may have a role in fall prevention and minimising injury resulting from falls, and can be raised when staff are administering consumer care; and
- firm, secure and steady furniture.

Hand rails and grab rails are an essential aid to the prevention of falls for older people, particularly in bathrooms, corridors, outdoor areas and activity spaces (Karlin and Zeiss 2006).

Mental health units typically seek to utilise design solutions that minimise and / or eliminate the risk of potential self-harm by consumers, e.g. anti-ligature approaches. However, the needs of older people requires a balanced approach to avoid the risk of deconditioning and falls.

Early in the planning process, the project team should undertake and document a rigorous assessment of anti-ligature fixtures and fittings available for potential use within consumer areas of the unit to identify those that best achieve the dual objectives of reducing the risk of self-harm and reducing the risk of falls. Where an anti-ligature product that satisfies both criteria cannot be sourced and the installation of an anti-ligature product is assessed as likely to increase the risk of resident falls and associated adverse outcomes, the project team may select a non-anti-ligature product but should note this as a potential ligature risk within their risk register and ensure that the potential risk is regularly communicated to staff and is routinely monitored and assessed.

3.2.2 Access and Mobility

Consumers in this Unit may require mobility aids which need to be accommodated in all consumer areas.

The requirements relating to the provision of bariatric bedrooms and ensuites, and accessible bedrooms and ensuites will require confirmation by the local jurisdiction. Alignment with universal design principles is required.

Refer to Part C for further information.

3.3 FINISHES

3.3.1 Floor Finishes

This consumer group may easily be disoriented by surfaces which reflect light. Shiny floor coverings which reflect glare are a barrier to consumers moving comfortably around the Unit (glare on floors can be interpreted as water) and may cause falls. Plain colours, rather than patterns, should be considered given older people often have difficulty with depth perception and interpreting designs. Colour contrast should be considered carefully as abrupt changes in flooring from light to dark may be misinterpreted as holes.

3.4 FIXTURES, FITTINGS AND EQUIPMENT

While mental health units typically seek to provide Fixtures, Fittings and Equipment (FF&E) solutions that minimise and / or eliminate risk, e.g. anti-ligature approaches, a balanced approach is required for older people to encourage independence and safe mobility. For example mobile hoists may be used as an alternative to ceiling mounted hoists.

The choice of Furniture, Fittings and Equipment should consider design elements, e.g. use of colour to reduce unhelpful stimuli and optimise helpful stimuli (Fleming et al 2003; NSW Agency for Clinical Innovation 2014). For example, in consumer bedrooms, visibility to the toilet / ensuite should be optimised through direct line of sight from the bed and use of contrasting colour for the toilet.

The project team should seek to identify the most appropriate FF&E items as early in the planning phase as possible as some items may need to be sourced internationally and will require extended delivery timeframes.

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
- Staff / Consumer Interface
- Multifunction Group Room
- Activity / Therapy Room
- Indoor Exercise Facility
- Sensory Modulation Room
- Kitchen / Servery

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 and / or supportive members and representatives.

Location and Relationships

External visitors should be able to readily access the room without traversing the inpatient unit; however close proximity to the inpatient bedroom areas is also required for ease of access by consumers.

Considerations

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

Furniture such as tables and chairs should be appropriate for the various activities in the room but be heavy enough to eliminate their potential use as weapons. The arrangement of tables for magistrate sessions should ensure that the distance between magistrate and consumer does not allow the latter to reach across the table to the magistrate. A round table may be seen as less intimidating. Video and teleconferencing facilities will be required.

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

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

A high level of acoustic privacy is required.

For Victorian projects refer to:

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

4.2.2 Consumer Interface

It is suggested that the staff / consumer interface area and clinical workroom could be combined with an open counter area and quieter enclosed resource area. An 'open' counter area could be considered for staff and for consumer / visitor interactions. An adjoining clinical workroom (quieter, secured enclosed office) can be provided in which confidential discussions can occur. Functions for these two spaces might be arranged as follows.

'Staff / consumer interface' area:

- space for a telephone for consumers to access;
- lockable storage for consumer's personal belongings, i.e. mobile, bankcards, home keys, cash etc.
- lockable charging storage area for consumers telephones, computers 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 workroom':

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

There should be unobstructed emergency escape routes.

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

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

4.2.3 Multifunction Group Room

Description and Function

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

Location and Relationships

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

Considerations

As this is a living space for consumers, every effort should be taken to create a homely environment. The layout should ensure whole group activities are possible, however, provision of a sub-lounge, or sectioning some of the space through furniture placement, assists in creating a more intimate atmosphere.

Lockable storage for activities should be incorporated in this area.

4.2.4 Activity / Therapy Room

Description and Function

This room should be a flexible use, open space to facilitate a range of activities and therapies including art, diversional and occupational therapy.

It should be large enough to accommodate groups of consumers participating in activities, as well as space for equipment and materials for example large tables or painting easels.

Location and Relationships

The activity / therapy room should be located in close proximity to the other shared living areas, however the activity / therapy room should be separated to ensure that consumers can continue to access living spaces as required.

Noise transmission from this room should be minimised by also considering proximity to the consumer bedroom areas.

Considerations

Fittings and equipment required in this room may include:

- height adjustable benches with inset sink (wheelchair accessible);
- lockable shelving for storage of equipment;
- tables (adjustable height); and
- chairs (adjustable height);

4.2.5 Indoor Exercise Area

Description and Function

Regular physical exercise is acknowledged as an important strategy in managing mental illness.

Location and Relationships

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

Considerations

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

4.2.6 Sensory Modulation Room

Description and Function

Sensory modulation is the ability to regulate and organise responses to sensory input in a graded and adaptive manner. A sensory based therapeutic space may be utilised to promote recovery and rehabilitation with different age groups and populations, where consumers have opportunities to manage distress and agitation using prescribed sensory modulation equipment under the supervision of suitable qualified staff. Equipment may include; weighted, movement, tactile, vibrating, squeeze and auditory modalities.

Location and Relationships

As staff may need to supervise consumers using this room, it should be located so that this can be achieved.

Considerations

The range of equipment may include fixed items, equipment requiring services or loose items. Requirements should be detailed by users so the fit-out will provide the expected therapeutic environment.

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

4.2.7 Trolley bay or Kitchen / Servery

Description and Function

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

These areas are separate to the kitchen for consumer use and group activities.

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

Location and Relationships

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

Considerations

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

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

05 APPENDICES

5.1 SCHEDULE OF ACCOMODATION

A generic schedule of accommodation for an older people's acute mental health inpatient unit is shown below for a 22 bed older people's acute mental health inpatient unit comprising 16 general beds plus a 6 bed high dependency zone. Given the size of the general inpatient zone it is assumed that these beds would be configured into two separate pods each with their own support spaces including dining, lounge and courtyard areas. The number of pods to be provided and the capacity of each should be determined through consultation with the local jurisdiction and will depend on the overall size of the unit, consumer cohort and local jurisdictional policies.

The 'Room / Space' column describes each room or space within the Unit. Some rooms are identified as 'Standard Components' (SC) or as having a corresponding room which can be derived from a SC. These rooms are described as 'Standard Components – Derived' (SC-D). The 'SD/SD-C' column identifies these rooms and relevant room codes and names are provided.

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

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

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

Entry / 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	
WAIT-10	Waiting	Yes	1	10	This area is indicative only. Consideration should be given to sharing of waiting areas with collocated units and requirements to support the Mental Health Tribunal.
WCAC	Toilet - Accessible	Yes	1	6	Includes baby changing facilities.
INTF-MH	Interview Room - Mental Health	Yes	1	14	Access to enclosed outside courtyard is beneficial.
	Tribunal Room		1	30	
	Discounted Circulation %			32%	

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

General / Open Inpatient Zone

It is assumed that the 16 bed general inpatient zone would be configured into two separate pods each with dedicated support spaces including dining, lounge and courtyard areas.

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
1BR-MH-A	1 Bed Room - Mental Health	Yes	14	15	Beds will be configured into separate pods. For back-to-back arrangement, refer to 1BR-MH-C.
1BR-MH-A	1 Bedroom - Mental Health - Accessible	Yes	1	16.5	
	1 Bedroom - Mental Health - Bariatric		1	18 (o)	Optional. Bariatric requirements will be dependent on local jurisdictional policies
ENS-MH-A	Ensuite - Mental Health	Yes	15	5	For access from corridor, refer to ENS-MH-B
	Ensuite - Mental Health - Accessible		1	7	
	Ensuite - Mental Health - Bariatric		1	7 (o)	Optional. Bariatric requirements will be dependent on local jurisdictional policies.
	Bathroom - Mental Health		1	15	Optional. May be fitted with lifting equipment or require use of mobile equipment. Inclusion of bath is optional.
BPH	Bay - Public Telephone	Yes	1	1	Optional, recessed off corridor for consumer access.
BHWS-B	Bay - Handwashing, Type B	Yes	2	1	
	Staff / Consumer Interface	Yes	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	
DINBEV-25	Dining Room / Beverage Bay (Mental Health)	Yes	1	40	Space to be distributed to support separated pods.
	Lounge - General	Yes	1	30	Space to be distributed to support separated pods.
LNPT-10	Lounge - Patient / Family	Yes	2	10	Quiet lounge areas for reading, reflection. One may be designated for a special group / gender specific, ie one per pod.
	Multifunction Group Room		1	30	Includes computers, television, lounges.
	Activity / Therapy Room		1	20	
	Indoor Exercise Room		1	20	
	Sensory Modulation Room		1	12	
	Kitchen - Mental Health		1	12	Sized for consumer use and group activities. Access to HWB required. May be adapted for use as ADL kitchen.
LAUN-MH	Laundry - Mental Health	Yes	1	6	
WCAC	Toilet - Accessible	Yes	1	6	Access from recreational areas.
STPP	Store - Patient Property	Yes	1	8	
	Courtyard - General		1	120	Based on 7.5m2 per person and 100% utilisation / occupancy. Weather protection required. Courtyard space to be distributed to support separated pods.
	Discounted Circulation %			32%	

Note 1: Lounge, dining and activity areas for the general zone (dining room, lounge - general, lounge - patient / family and multifunction group room) – 7.5m2 per person.

High Dependency Zone – 6 Beds

AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
AIRLIE-12	Airlock - Entry	Yes	1	10	Secure, covered entry for ambulance transfers or highly agitated or distressed consumers.
1 BR-MH-A	1 Bed Room - Mental Health	Yes	6	15	
ENS-MH-A	Ensuite - Mental Health	Yes	6	5	Some jurisdictions may substitute individual ensuites accessed from the bedroom with individual ensuites accessed off the corridor. Refer to local jurisdictional policies.
BHWS-B	Bay - Handwashing, Type B	Yes	1	1	
	Staff / Consumer Interface	Yes	1	10	Allocation of area may be adjusted between the staff / consumer interface and clinical workroom.
OFF-CLN	Office - Clinical Workroom	Yes	1	15	
	Lounge / Dining / Activity		1	60	Based on 10m2 per person. May be sub-divided / partitioned including options for quiet and group areas. Includes controlled access to beverage bay with chilled water.
	Sensory Modulation Room		1	12	
WCAC	Toilet - Accessible	Yes	1	6	Access from recreational areas
	Courtyard - Separated Zone		1	60	10m2 per consumer - weather protection required
	Discounted Circulation %			32%	

Clinical Support

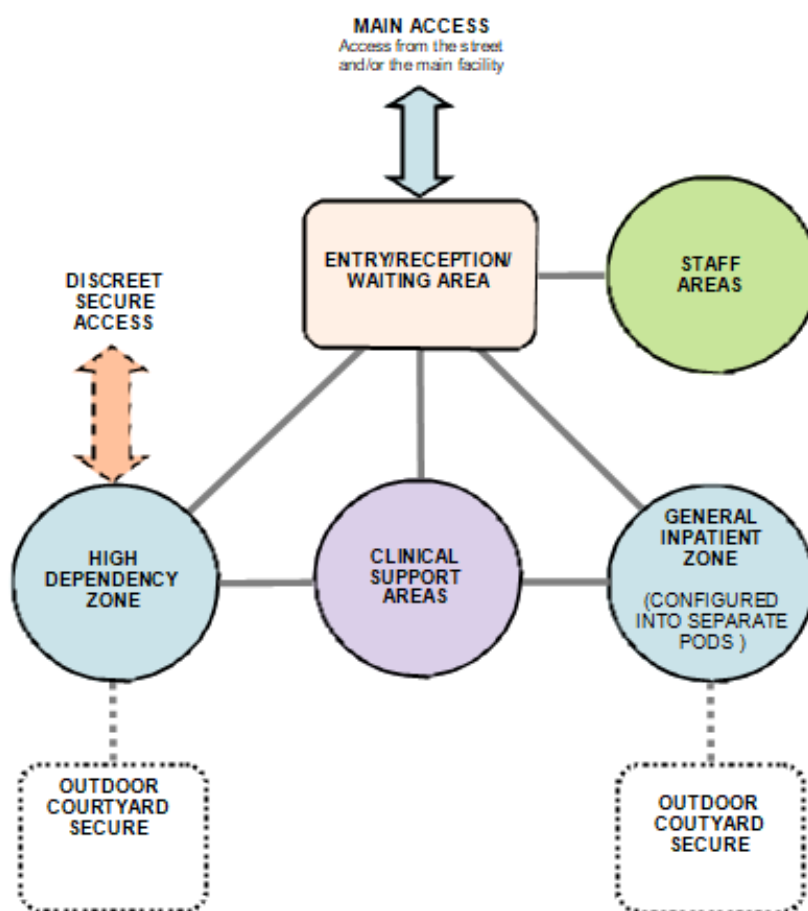
AusHFG Room Code	Room / Space	SC / SC-D	Qty	m2	Remarks
INTF-MH	Interview Room - Mental Health	Yes	2	14	Based on 1 interview / consult / treatment room per 5 beds; (1 also included near reception).
TRMT	Treatment Room	Yes	1	14	Based on 1 interview / consult / treatment room per 5 beds
OFF-S9	Office - Single Person	Yes	1	9	Subject to staffing profile
OFF-2P	Office - 2 Person Shared	Yes	1	12	Subject to staffing profile
CLUR-14	Clean Utility / Medication Room	Yes	1	16	Includes spatial allocation for resuscitation trolley (1.5m2)
BLIN	Bay - Linen (Clean)	Yes	2	2	Enclosed and lockable
	Bay - Linen (Dirty)		2	1	Recessed off corridor, for consumer access.
BMT-4	Bay - Meal Trolley	Yes	1	4	
	Kitchen / Servery		1	20	Optional, if food services is bulk supply rethermalisation model.
CLRM-5	Cleaner's Room	Yes	1	5	
DTUR-10	Dirty Utility	Yes	1	10	
DISP-10	Disposal Room	Yes	1	10	
STEQ-14	Store - Equipment	Yes	1	14	Mobility aids and medical equipment storage.
STGN-9	Store - General	Yes	1	9	General storage.
	Discounted Circulation %			32%	

Staff Areas (determined by staff establishment)

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

Office areas are given as a guide only. This plan is dependent on the staff profile and staff accommodation policy directives of individual jurisdictions.

5.2 FUNCTIONAL RELATIONSHIPS / DIAGRAMS



The general inpatient zone may be configured into smaller pods depending on the size of the unit, local jurisdictional policies and consumer cohort.

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

5.3 CHECKLISTS

For planning checklists, refer to Parts A, B, C and D of the Guidelines.

5.4 REFERENCES

- AHIA, 2016, AusHFG Part B: Section 90, Standard Components, Australasian Health Facility Guidelines, Australasian Health Infrastructure Alliance (AHIA), Sydney, NSW
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5.5 FURTHER READING

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- 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