



DOH Health Facility Guidelines 2019

**Part B – Health Facility Briefing & Design**  
**280 Mental Health Unit - Adult**



## Executive Summary

This Functional Planning Unit (FPU) covers the requirements of an Adult Mental Health Unit to provide assessment, inpatient accommodation and treatment for acute mental health patients. Accommodation may be provided in Open Care Units or in a secure, High Dependency Unit. The Adult Mental Health Unit may be provided as a Unit within a hospital, on a hospital campus or a stand-alone facility. The service plan of the Unit determines the planning needs and size of the Mental Health Unit.

The Adult Mental Health Unit is arranged in Functional Zones that include Entry/ Reception and Waiting, Inpatient/ Therapy Areas, Clinical Support Areas that may be shared between Mental Health Units and Staff Areas. Optional areas may include ECT facilities which ideally should be provided in a Day Surgery Unit and a High Dependency Unit. Direct access is crucial and the ECT facilities should be either within or immediately adjacent to the inpatient unit (or shared between multiple mental health units).

The Reception is the receiving hub and will provide access control to the Unit. Waiting Areas, Consult and Examination/ Assessment Rooms should be located at the Entry allowing access without entering the Inpatient Unit. Patient Areas may be planned in clusters of rooms that can be defined for groups of patients with good access to Recreational Areas.

The Schedules of Accommodation are provided using references to Standard Components (typical room templates) and quantities for typical units with 20 beds and 30 beds for Role Delineation Levels (RDL) 5 and 6, each with an optional High Dependency Unit.

Further reading material is suggested at the end of this FPU but none are mandatory.

Users who wish to propose minor deviations from these guidelines should use the **Non-Compliance Report (Appendix 4 in Part A)** to briefly describe and record their reasoning based on models of care and unique circumstances.

The details of this FPU follow overleaf.

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# 1. Mental Health Unit - Adult

## 1.1 Introduction

The Adult Mental Health Unit provides assessment, admission, inpatient accommodation and treatment in a safe and therapeutic environment suitable for adult patients with mental health and behavioral conditions. Possible referral pathways to the Mental Health Unit could come via PEC - Emergency (Psychiatric Emergency Care Centre) or non-PEC.

The Adult Mental Health Unit is suitable for patients with sub-acute conditions that can be cared for in an open, less secure unit or patients with acute mental health symptoms that may be accommodated in a secure or high dependency area. Patients in the Unit may exhibit behaviour that is agitated, aggressive, violent or may pose a threat to themselves or others.

This FPU is applicable to:

- A dedicated Adult Mental Health Unit within a general hospital campus
- A stand-alone Adult Mental Health Unit or group of units

Refer to the relevant FPUs in these Guidelines for other mental health services including:

- Child & Adolescent Unit (Mental Health Unit- Child and Adolescent)
- Older Persons Unit (Mental Health Unit - Older Persons)
- Psychiatric Emergency Care (Emergency Unit)

## 1.2 Functional & Planning Considerations

The Adult Mental Health Unit operates on a 24 hour per day basis. Specific Clinical Service Operational Models are dependent on the endorsed clinical service plan, the patient mix, number of beds and the Model of Care to be adopted.

### 1.2.1 Models of Care

The Model of Care will reflect the number of beds planned for the unit and identify the need for seclusion/de-escalation spaces and secure entry spaces to the proposed units.

The two primary Models of Care include:

#### **Closed – Acute &/or HDU**

In this model visibility of patients is critical; a direct line of sight between Staff Areas and Patient Areas should be maintained. Racetrack designs, long single corridors and 'disjointed' corridors are avoided due to the difficulty in maintaining patient visibility by staff. The Staff Station is a secured area, centrally located with patient Recreation Areas in direct view. Patient Bedrooms are provided along corridors visible from the staff base. In Closed Units access is controlled by staff and facilitated through the use of security measures including intercoms and interlocking doors at the entry of the Unit.

This model will also be utilised in High Dependency Units (HDU) where patients may be experiencing extreme psychological distress or disturbance and need close monitoring in a controlled and safe environment and where patient safety is paramount.

#### **Open – Sub Acute**

In this model, mental health care is a joint collaboration between clinical and non-clinical streams involving the patient, carers, community, consumers, other professionals and clinicians. The Collaborative Model will ideally have patient/ 'client' care coordinators who work individually with the patient/ 'client' and their relatives or support persons. Patients are generally admitted to the ward voluntarily or via referral from a general practitioner.

The Unit and staff will have strong links to Primary Care facilities and specialists support which may be external. Less emphasis is placed on visibility of patients/ 'clients' and more use is made of innovative technologies such as videoconferencing, teleconferencing, shared electronic health information, as well as direct consultation with patients/ 'clients' and carers.

### 1.3 Unit Planning Models

The Unit will be located at ground level to provide access to outdoor recreational areas for patients. A Unit within a multi storey building will require the consideration of difficulties in patient movement into and out of the Unit and the ability to provide sufficient functional external space for the clients.

#### 1.3.1 External Planning

For stand-alone Units, the principal concept of planning should be to integrate the new facility with its surrounds and other buildings. Planning of external spaces must take into account the requirement for provision of secure gardens that have weather protection associated with the High Dependency Area, and an open garden area with weather protection for general use. The area should be based on 10m<sup>2</sup> per person.

Mental health patients may at times exhibit disturbed or high-risk behaviour. Appropriate planning and use of materials (for example safety glass, low maintenance/ resilient surfaces etc.) can achieve an environment where all patients can co-exist with minimal disruption to each other. Access to toilet facilities and storage of equipment for activities shall also be of a high priority. The Unit should be able to accommodate patients of all levels of disturbance and distress without taking on the characteristics of a correctional institution.

#### 1.3.2 Internal Planning

Single Bedrooms are required for gender separation, to provide patients with safe personal space and reduce the risk of disturbance to other patients. Rooms may be grouped into clusters that can be defined for distinct patient groups or gender; each cluster of rooms should include a recreational and lounge space to allow for patient therapy/activities and flexibility for a variety of patient categories including access to outdoor areas with appropriate weather protection. It is also recommended that clusters of up to 10 single (+/- 2) beds are utilised.

Additional considerations include:

- Clearly defined patient residential areas readily identifiable to patients who may be disoriented or disturbed
- An effective balance between patient's ability to gain privacy and the need for staff to observe patient behaviours
- Provision of flexible use spaces that will accommodate a variety of activities
- The inclusion of amenities to support families, carers, official visitors and patients
- The design of the Unit should encourage patients to be outside of their rooms during the day

#### 1.3.3 Functional Zones

The Adult Mental Health Inpatient Unit consists of the following key Functional Zones:

- Entrance/ Reception which may be shared with adjoining Mental Health Units including:
  - Reception
  - Waiting Areas
  - Mental Health Consult Room/s
  - Examination/ Assessment Room/s
- Inpatient/ Therapy Area for general mental health patients with:
  - Patient Bedrooms and Ensuites
  - Dining Area which could also be used for therapy activities
  - Servery, co-located with Dining facilities
  - Lounge and Activities Areas
  - Gymnasium (optional)
  - Medication Storage and Dispensing Area
  - Treatment/Examination Room
  - Patient Laundry (optional, depends on acuity)
  - Stores for patient belongings, activity materials, linen
  - External Courtyards with protection from sun and rain

Note: There should be a separation of Day and Sleeping zones within the inpatient/ therapy areas.

- Clinical Support Areas that may be shared with adjoining Mental Health Units include:
  - Group Room/s
  - Stores for equipment, consumable stock, files, stationery and patient property
  - Cleaner's Room
  - Disposal Room
- Staff Areas consisting of:
  - Offices for administration, management and clinical staff
  - Meeting Room/s
  - Staff Room
  - Staff Toilets, Shower and Lockers

Optional Areas include the following and are dependent on the service plan:

- Seclusion Room is subject to strict operational policy, the usage of a seclusion room should be time limited and monitored appropriately at all times
- ECT facilities, ideally provided within the unit or immediately adjacent to the Inpatient Unit

The above zones are briefly described below.

### **Entrance/ Reception**

A stand-alone unit should have an airlock at the entry, sized to accommodate an ambulance trolley and support staff with ease. There should be provision for an intercom and CCTV that views all entrances and monitored from the Reception/ Staff Station.

The Entrance provides direct access to the Unit for patients referred for admission arriving with relatives. The Unit should have an alternative Entrance for patients transferred from the Emergency Unit and a direct approach by ambulance/ police vehicles that is secure and sheltered from the weather. Provision should be made for a gun safe that allows Police to deposit firearms prior to entering the Mental Health Unit.

The Reception is the receiving hub of the Adult Mental Health Unit for patients and arrivals and should be prominent and well signposted. The Reception also serves as the main access control point for the Unit to ensure security of the Unit. The Reception Area design must provide for staff safety with consideration given to security glazing, remote door releases, CCTV, intercoms and duress alarms.

The Entry will generally include Consult Rooms and Exam/ Assessment Rooms, for use by nursing, allied health and medical staff to interview patients and relatives/ carers and examine patients as necessary. Duress alarms are required in Consult and Examination/ Assessment Rooms.

The Consult and Examination/Assessment Area should be directly screened from the Waiting Area. Acoustic privacy in Consult and Examination Rooms is essential; noise transmission between rooms should be reduced to a minimum to maintain patient confidentiality.

The Inpatient Area should have access to Consult and Examination Rooms for use by medical and allied health professionals for consultation and therapy.

### **Inpatient/ Therapy Areas**

#### **Patient Bedrooms**

The Unit will include Single Bedrooms that are designed to avoid a narrow corridor at the entry to the room. There should be no 'blind spots' in the rooms, particularly those created by open doors. An external outlook coupled with high ceilings adds to the perception of light and space and creates a positive contribution to treatment and care.

At least one larger patient Bedroom with an Ensuite should be provided for bariatric or special needs patients.

Doors should open fully outwards for staff access in emergencies or should a patient attempt to blockade themselves in the room. Door viewing panels are optional in general unit bedrooms and will be dependent on the Operational Policy of the Unit. Bedroom doors should be key lockable from the outside.

Low wattage night lighting for use by staff when carrying out night time observations of patients should be provided. This may include wall inserted lighting to provide soft lighting to the floor.

Acoustic treatment to Bedrooms is required to minimise transference of noise between adjoining bedrooms.

Whilst domestic-style beds may be preferred for ambience, consideration should be given to occupational health and safety issues of staff attending to low height beds.

Two bedded rooms are not recommended due to difficulty in the allocation of suitable patients and gender separation which may result in the disruptive movement of patients to other rooms in order to accommodate new admissions. Two bedded rooms may be included in the Unit to provide an option for sharing or accommodation of a mother and child, if required by the service plan or operational policy.

#### **Ensuites**

Each Bedroom in the General Unit is to have access to an Ensuite. There are a number of configurations possible including inboard, outboard and externally accessible from the corridor. The inboard option provides improved privacy and dignity; however, design should consider the following issues related to this option:

- A narrow passage may be created at the entrance to the Bedroom that may limit observation through the door vision panel and facilitate barricading

- Blind spots may be created inside the bedroom
- Staff attending any emergencies in the room must enter in single file
- Position of inbuilt joinery in the Bedroom that could limit access to the Ensuite

Ensuite doors should open outwards, avoid creating a blind spot when open and be positioned prevent the Ensuite door and bedroom door to be tied together to create a barricade. Ensuite doors are to be lockable by staff when needed and have a privacy latch that can be opened by staff in an emergency. Ensuites may require staff control of water supply and drainage or discreet observation panels, dependent on the Operational Policy of the Unit, the patient acuity and safety considerations.

#### **Dining/ Servery/ Lounge Areas**

Patients will generally have meals in a communal Dining Room. The room should be sized to accommodate all patients in the Unit and carers. The Dining Room may be used for other activities when not in use for meals. These areas should be kept separate from the sleeping zone.

A secure Servery may be located adjacent, from which meals may be served. The Servery should be accessible only by staff. A Beverage Bay accessible by patients and controlled by staff may be provided in this area.

The Lounge and Dining Areas may be adjoining to provide a larger Activities Area. Access to an external area is desirable. A quiet lounge should be provided for patients to retreat. Lounge and Dining Areas will require good visibility from the Staff Station. An accessible toilet should be provided close to Dining/ Activities Areas for convenient patient use.

#### **Multifunction Activities Rooms**

Separate social spaces shall be provided for quiet and noisy activities. Activities Rooms may be provided as multi-function spaces for flexibility of use including arts and craft activities, music and TV areas. Access to an external area for use in all types of weather from at least one Activities Room is desirable. The spaces involving wet activities shall include:

- Hand-washing
- Workbenches
- Storage and Displays
- Bench and sink

#### **Gymnasium**

The Gymnasium is an optional space for patients to undertake indoor exercise activities under staff supervision. The room may include a range of exercise equipment, suitable for adults. The room should be located in the activities area of the Unit with ready access to patient areas and under direct visibility of staff. Equipment in the room should be securely fixed to walls or floor. The room should have no loose items that can be thrown and in turn causing harm.

#### **Medication Room**

The Medication Room will be used for storage of medication and medication trolleys; and may also be utilised for dispensing medications to patients. The Medication Room is to be located close to the nurse station with a medication dispensing area; patients will be brought in one by one by the staff.

#### **Treatment Room**

The Treatment room may be used for the administration of patient injections and treatments. The room should be located near the Staff Station and be secured with patient access only under staff supervision. Space for a resuscitation trolley should also be included.



### **Patient Laundry**

A Patient Laundry with domestic washing machine, dryer and ironing facilities should be provided for patients to launder small items of clothing. External ventilation for this area is essential to prevent moisture due to dryer heat. The room may also be used for activities of daily living (ADL) assessment. The room should be lockable with access under staff supervision.

### **Patient Property Store**

A secure Patient Property Store may be required for patient belongings not stored within the Bedroom such as additional clothing, bags and suitcases. Patient property should be stored in separate compartments within the room.

### **Staff Station**

The Staff Station should be located with good visibility of the Unit entrance and patient Recreational Areas. The Staff Station design will be dependent on the Model of Care adopted for the Unit and the patient acuity. If the custodial care model is implemented, the Staff Station may be a fully enclosed room with glazed security screens or open and accessible to patients in the Collaborative Care Model. Patient information should be secure, and records may be electronic. Staff handovers and case discussions should be held in an enclosed space.

A staff-safe zone should be included where nurses can retreat too. This zone should include all staff areas, such as staff station, toilets and offices. This area should be secured and at a location where staff are not required to by-pass the patient area for access. The staff station should be completely enclosed with safety glass enclosures.

### **Courtyards/ External Areas**

External Areas for mental health patients must be provided. External furniture must not provide ligature points. Bench seats and tables should be constructed of solid surface materials and securely fixed to the ground. External Areas should provide some covered space for shade and patient use in inclement weather.

The height of the fence surrounding this area should be ideally 3 metres without any footholds. For the High Dependency Unit courtyards, provide a mesh over the top of the 3 meter-high walls.

Secure storage for activity equipment and access to toilet facilities near the courtyard should be considered.

Landscaping in areas accessed by patients should avoid plants that can be climbed, have ligature points or are spiky, thorny or poisonous. Tall plants, trees or large pots should not be located near the perimeters of secured External Areas. Surfaces suitable for outdoor sporting activities should be provided.

### **Clinical Support Areas (Shared)**

Support Areas that may be shared include:

- Group Rooms which may be combined with the quiet Activities Room provided that the room size is increased by 0.7 m<sup>2</sup> per patient and is enclosed for privacy; Group Rooms may include teleconferencing facilities for multipurpose use.
- Beverage Bays
- Cleaner's Room
- Dirty Utility and Disposal Room
- Equipment Store/s

Group Room/s may be located with access for patients, staff and visitors without entering the Unit. Other shared Clinical Support Areas should be located in staff only accessible areas. If located within the patient areas, the rooms or bays must be enclosed and lockable.

### **Optional Areas**

#### **Seclusion**

The Seclusion Room should be provided based on facilities service plan; and should be located adjacent to the Staff Station to ensure good visibility by staff, security and enhanced safety of staff and patients, promote rapid staff response in patient emergencies and avoid transit of disturbed patients through the general unit.

One seclusion room is to be provided for every 30 beds, with a usage of up to 4 hours at a time for each patient. Both CCTV and an observation window through the door of the seclusion room must be provided.

This area should be capable of secure separation from the remainder of the Unit. There should be defined areas for male and female patients. An adjacent 'safe' toilet is recommended to be placed outside the room.

A separate, secured Courtyard must be provided for High Dependency mental health patients. The Courtyard should be supervised by staff and enclosed with a secure perimeter of a height and type to prevent climbing; footholds and handholds. Outdoor furniture should be positioned to prevent climbing onto fences or building structure.

#### **ECT Facilities**

ECT procedures should be undertaken within or adjacent to the Unit.

#### **Staff/ Administration Areas**

Staff and Administration Areas require controlled access to prevent unauthorised entry by patients or visitors.

The Unit Manager's Office should be located in, or directly adjacent to patient areas and the Staff Station. Workstations for use by allied health and medical staff should be available in a discreet area of the Staff Station.

Staff require access to the following:

- Meeting Room/s for education and tutorial sessions as well as meetings
- Staff Room with beverage and food storage facilities
- Toilets and Lockers

Staff amenities should be located in a discreet area with restricted staff only access 24 hours per day.

## **1.4 Functional Relationships**

A Functional Relationship can be defined as the correlation between various areas of activity which work together closely to promote the delivery of services that are efficient in terms of management, cost and human resources.

### **1.4.1 External Relationships**

The Adult Mental Health Unit will have a close functional relationship to:

- Other Units of the Mental Health Service including Inpatient and Outpatient Units
- ECT Services

- Primary care mental health support services
- External practitioners and mental health specialists
- Police

The Unit, whether located within a hospital campus or stand-alone will also have functional links to:

- Emergency Unit/s and Psychiatric Emergency Unit/s, for patient transfers/ admissions
- Supply services
- Housekeeping services (Cleaning, Linen, Waste Handling)
- Catering services
- Pharmacy

#### **1.4.2 Internal Relationships**

The internal planning of the Adult Mental Health Unit should be designed by considering the Functional Zones within the Unit.

Some of the critical relationships to be considered include:

- Reception Area to provide access control to Patient Areas
- Visitor's Lounge to be located on the perimeter of the Unit. Visitors can come into this directly without going through the Unit
- Observation by staff is required; this can be through CCTV as direct visual observation is not necessary
- Consult and Examination Rooms located near the entry to allow discussions and reviews without entering the Unit
- Patient bed areas separate to communal dining and activity areas
- Staff Offices and amenities areas in a secure zone away from patient areas

It is important for the Functional Zones to work effectively together to allow for an efficient, safe and pleasant environment.

#### **1.4.3 Functional Relationships Diagram**

The relationships between the various components within the Adult Mental Health Unit are best described by Functional Relationships Diagrams.

The optimum External Relationships include:

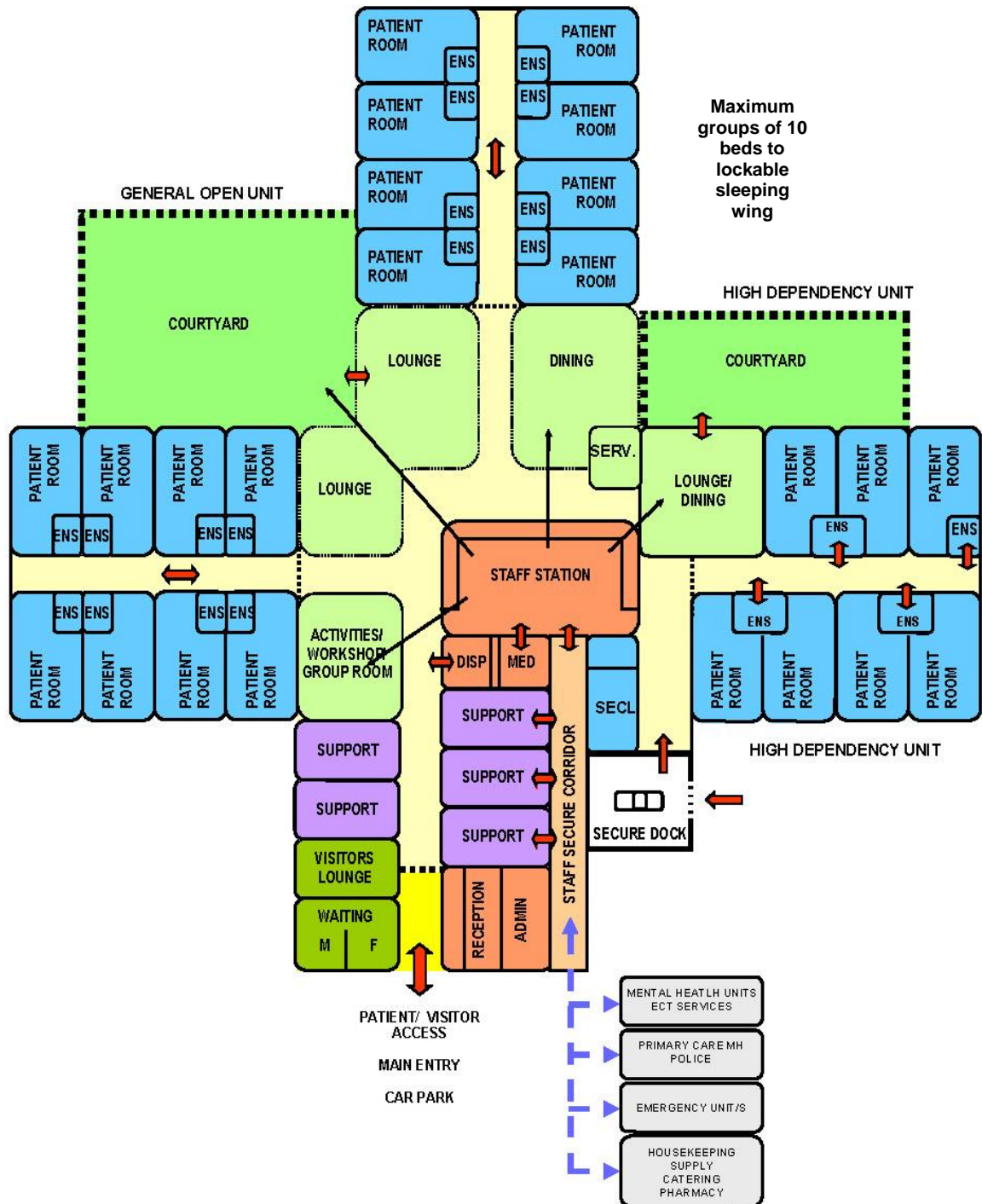
- Patient access from a public circulation corridor with a relationship to the Main Entrance and Car Park
- Separate entry and access for staff or Police via a Service Corridor
- Access for services such as Supply and Housekeeping via a Service Corridor

Optimum Internal Relationships should include the following:

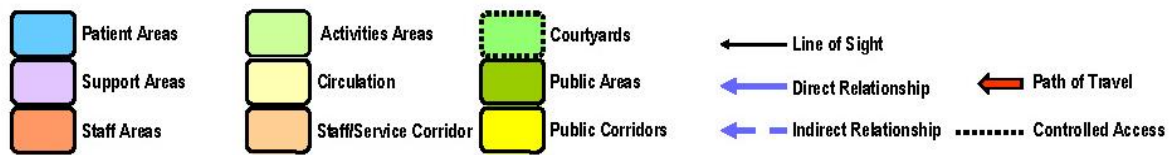
- Reception and Waiting at the entrance with access to a mental health Consult Room
- Patient Bedrooms located on the perimeter
- Dining, Lounge and Activities Areas centrally located

- Staff Station located with visibility to all patient zones
- Support Areas located close to staff areas for ease of staff access
- Staff Offices and amenities located in a secure zone away from patient areas

The optimum Functional Relationships of a typical Adult Mental Health Unit are demonstrated in the diagram below.



#### LEGEND



## 1.5 Design Considerations

### 1.5.1 General

The design of the Unit and external spaces should be domestic in nature rather than formal or monumental. The Mental Health Unit will need to provide a sufficient amount of space for patient recreation, to reduce potential for aggressive behaviour and minimise claustrophobia while not being excessive. The design should:

- Create a therapeutic environment for patients which provide opportunities for privacy, recreation and self-expression
- Keep entry points to a minimum with the focus being on the Main Entrance to the facility
- Separate the points of entry for patients and staff for safety issues
- Provide for patient movement/ ambulation both indoors and outdoors with unobtrusive environmental boundaries
- Provide staff with unobtrusive observation of patients
- Incorporate appropriate safety provisions for patients and staff
- Provide clear directional signage to the service both internally and externally

The Mental Health Unit will require building fabric that is resilient, impact resistant and able to withstand damage due to violent behaviour and prevent opportunities for self-harm- irrespective of whether the Unit is accommodating acute or sub-acute patients. This will include floors, walls, ceiling, doors, glazing, all fittings, furniture and fixtures.

### 1.5.2 Environmental Considerations

#### Acoustics

Acoustic treatment should be applied to the following areas:

- Patient lounge, dining and activities areas
- Bedrooms including High Dependency, Intensive Care and Seclusion Rooms
- Consult, Examination/ Assessment Rooms

In rooms requiring acoustic privacy, return air grilles should be acoustically treated and door grilles avoided, minimising transfer of conversations to adjacent areas.

Refer to **Part G – Acoustics** of these Guidelines for more information.

#### Windows and Glazing

Wherever possible, the use of natural light is to be maximised.

All windows and observation panels shall be glazed with toughened laminated glass. Polycarbonate is not recommended due to surface scratching which may reduce visibility over time.

Internal windows shall be double glazed in patient accessible areas; windows and frames are to be flush faced.

For glazing, graduate the impact resistance of the glass from toughest at lower level to weakest at high level. Specifically, toughened laminated glass with a minimum nominal thickness of 10.38mm, or equivalent approved is recommended for patient areas at low level.

In areas where damage to glass may be expected, avoid larger pane sizes. Smaller panes are inherently stronger for a given thickness than larger panes.

The use of integral venetian blinds in external windows should be considered to reduce the risk of self-harm.

The addition of fly screens to windows that are able to be opened should be secured to reduce the risk of removal by patients but still be able to be cleaned.

Where windows are operable, effective security features such as narrow windows that will not allow patient escape, shall be provided. Locks, under the control of staff, shall be fitted.

### 1.5.3 Accessibility

Ensure all Waiting Areas, Meeting Rooms, Consult, Examination and Assessment Rooms will accommodate patients/ visitors in wheelchairs. The provision of at least one fully accessible Patient Bedroom with Ensuite in the general unit should be considered.

### 1.5.4 Doors

Doors and door frames should be impact resistant. All doors except those in Ensuities should be fitted with vision panels of a suitable impact resistant glass. Where privacy is required, vision panels are to be covered or obscured, this can be achieved by the use of integral venetians or slide panels. The doors may also provide a ligature point which must be considered; doors are not required to patient wardrobes to minimise ligature points.

Door hardware must not provide points for ligature. Refer to **Part C - Access, Mobility, OH&S** in these Guidelines for further details.

### 1.5.5 Size of the Unit

The endorsed Clinical Service Plan and Operational Policy shall determine the size and function of the Adult Mental Health Unit.

The schedule of accommodation has been developed for typical 20 and 30 Bed Adult Mental Health Unit. For alternative configurations, allocate space for key areas according to the following guide:

- Lounge/dining/activity areas - General - 7.5m<sup>2</sup> per person
- Lounge/dining/activity areas - Secure HDU – 10m<sup>2</sup> per person
- Courtyards and Terraces - General – 7.5m<sup>2</sup> per person with a minimum area of 20m<sup>2</sup>
- Courtyards and Terraces - Secure HDU – 10m<sup>2</sup> per person
- Consult rooms - 1 per 5 beds (which may also be used as family conference/ meeting rooms)
- Exam/Assessment Rooms - 1-2 per Unit

### 1.5.6 Safety and Security

Security within the facility and the surrounding outdoor area, related to patient movement requires careful consideration and may include use of video surveillance, motion sensors, electronic locking and movement sensor tracking systems. The safe and secure access to the Unit by staff, community, domestic services and deliveries should also be considered.

The design should assist staff to carry out their duties safely and to supervise patients by allowing or restricting access to areas in a manner which is consistent with patient needs/skills. Staff should be able to view patient movements and activities as naturally as possible, whenever necessary.

Controlled and/or concealed access will be required as an option in a number of functional areas. Functionally the only difference between an open and a secured (locked) area in their design should be the provision of controls over the flow to, from and throughout the facility. Such controls should be as unobtrusive as possible.

A communication system which enables staff to signal for assistance from other staff should be included.

### 1.5.7 Finishes

The aesthetics are to be warm and user-friendly wherever possible. Surface finishes should be impact resistant and easily cleaned. Floor finishes are to be non-clinical where possible and easy to maintain.

Ceiling linings in patient areas within the Unit, especially in patients rooms, are to be solid sheet and not ceiling tiles. Provide secure, tamper resistant, solid sheet ceilings to all patient areas, Seclusion Rooms and High Dependency Units.

Refer also to **Part C - Access, Mobility and OH&S** in these Guidelines.

### 1.5.8 Fittings, Fixtures and Equipment

Furniture should be selected to be robust, impact resistant, and not be able to be used as a weapon.

All fittings must be suitable for mental health facilities with are anti-ligature types. Fittings and fixtures should be safe and durable and should avoid the potential to be used either as a weapon or to inflict personal damage, there should be no ligature points.

Fittings, including hooks, curtain tracks and bathroom fittings should have no sharp edges, no ligature points and a breaking strain of not more than 15kgs. Paintings, mirrors and signage should be rigidly fixed to walls with tamper proof fixings.

Mirrors shall be of safety glass or other appropriate impact resistant and shatterproof construction and must not distort the patient's image. Toughened and laminated glass that is tinted and double-glazed with integral venetians are recommended. Mirrors shall be fully glued to a backing to prevent availability of loose fragments of broken glass.

Holland blinds, venetian blinds and curtains should be avoided in patient areas with the preference for integral venetian to external windows. Curtain tracks, pelmets and other fittings that provide potential for patients to harm themselves should be avoided or designed so that the potential is removed noting the breaking strain of 15kgs.

Light fittings, smoke detectors, thermal detectors and air-conditioning vents to High Dependent Areas, particularly Seclusion Rooms, should be vandal proof and incapable of supporting a patient's weight.

Generally, all fixings should be heavy duty, concealed, and where exposed, tamper proof.

### 1.5.9 Building Service Requirements

This section identifies unit specific services briefing requirements only and must be read in conjunction with **Part E - Engineering Services** for the detailed parameters and standards applicable.

#### Information and Communication Technology

Unit design should address the following Information Technology/ Communications issues:

- Electronic Health Records (EHR) which may form part of the Health Information System (HIS)
- Hand-held tablets and other smart devices
- Paging, intercom and personal telephones replacing some aspects of call systems
- Electronic supplies management systems
- Data and communication outlets, servers and communication room requirements
- Wireless network requirements
- Videoconferencing requirements for meeting rooms.

#### Staff Call

An emergency call system must be provided and may include fixed and personal duress systems that are worn by staff; ceiling locators are installed to support mobile duress units with a 5m<sup>2</sup> position locator. Fixed duress call buttons should be located strategically around the Unit for convenient access by staff. A patient call system is recommended to be installed to patient Bedrooms and Ensuites. The Unit Operational Policies and guidelines will determine the need for inclusion of a patient/ nurse call system and the type required. Considerations include location of buttons that may not always be in easy reach of patients, patient abuse of systems and the type of patients in the Unit that are usually ambulant and able to seek assistance from staff independently.

Patient and emergency call buttons must be tamper proof and covered. Mobile duress units for staff may also include telephone capabilities e.g. DECT and mobile phones. Duress pendants are not supported due to risk of harm to the wearer.

#### Duress Call

The provision of both fixed and individual mobile duress equipment with location finders should be considered and planned for early in the project.

#### Heating Ventilation and Air-conditioning (HVAC)

The Unit should be air-conditioned with adjustable temperature and humidity for patient comfort.

All HVAC units and systems are to comply with services identified in Standard Components and **Part E – Engineering Services**.

#### Hydraulics

Avoid exposed services; for example, sink wastes which may be easily damaged or used as ligature points. Toilet cisterns should be enclosed behind the wall, Shower heads should be flush to the wall and downward facing and taps without ligature points.

Warm water must be supplied to all areas accessed by patients within the Unit. This requirement includes all staff handwashing basins and sinks located within patient accessible areas.

Refer to **Part E - Engineering Services** for details.



### 1.5.10 Infection Control

#### Hand Basins

Handbasins for staff hand washing are required in treatment areas and the Medication Room; it is only necessary for it to be located at the staff station and not at patient areas. Basins in patient areas should have a shroud or cover to plumbing and tapware and outlets must not provide ligature points, sensor or push button operated tapware is recommended.

#### Antiseptic Hand Rubs

Corridor handbasins may be replaced with Antiseptic Hand Rub dispensers, depending on infection control policies. These dispensers only need to be located at staff stations, and one outside the entrance of the Unit. Inclusion in patient areas is not necessary. Antiseptic Hand Rubs are to comply with **Part D - Infection Prevention and Control**, in these guidelines. Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Handwash Bays. A combination of both are required.

Refer to **Part D - Infection Prevention and Control** for additional details.

## 1.6 Standard Components of the Unit

Standard Components are typical rooms within a health facility, each represented by a Room Data Sheet (RDS) and a Room Layout Sheet (RLS).

The Room Data Sheets are written descriptions representing the minimum briefing requirements of each room type, described under various categories:

- Room Primary Information; includes Briefed Area, Occupancy, Room Description and relationships, and special room requirements)
- Building Fabric and Finishes; identifies the fabric and finish required for the room ceiling, floor, walls, doors, and glazing requirements
- Furniture and Fittings; lists all the fittings and furniture typically located in the room; Furniture and Fittings are identified with a group number indicating who is responsible for providing the item according to a widely accepted description as follows:

Group	Description
1	Provided and installed by the builder
2	Provided by the Client and installed by the builder
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment typically located in the room along with the services required such as power, data and hydraulics; Fixtures and Equipment are also identified with a group number as above indicating who is responsible for provision
- Building Services; indicates the requirement for communications, power, Heating, Ventilation and Air conditioning (HVAC), medical gases, nurse/ emergency call and lighting along with quantities and types where appropriate. Provision of all services items listed is mandatory

The Room Layout Sheets (RLS's) are indicative plan layouts and elevations illustrating an example of good design. The RLS indicated are deemed to satisfy these Guidelines. Alternative layouts and innovative planning shall be deemed to comply with these Guidelines provided that the following criteria are met:

- Compliance with the text of these Guidelines

- Minimum floor areas as shown in the schedule of accommodation
- Clearances and accessibility around various objects shown or implied
- Inclusion of all mandatory items identified in the RDS

The Adult Mental Health Unit will consist of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets.

## 1.7 Schedule of Accommodation

The Schedule of Accommodation (SOA) provided below represents generic requirements for this Unit. It identifies the rooms required along with the room quantities and the recommended room areas. The sum of the room areas is shown as the Sub Total as the Net Area. The Total area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for corridors within the Unit in an efficient and appropriate design.

Within the SOA, room sizes are indicated for typical units and are organised into the functional zones. Not all rooms identified are mandatory therefore, optional rooms are indicated in the Remarks. These guidelines do not dictate the size of the facilities, therefore, the SOA provided represents a limited sample based on assumed unit sizes. The actual size of the facilities is determined by Service Planning or Feasibility Studies. Quantities of rooms need to be proportionally adjusted to suit the desired unit size and service needs.

The Schedule of Accommodation are developed for particular levels of services known as Role Delineation Level (RDL) and numbered from 1 to 6. Refer to the full **Role Delineation Framework (Part A - Appendix 6)** in these guidelines for a full description of RDL's.

The table below shows three alternative SOAs for a 10 Bed Unit, a 20 Bed Unit and a 30 Bed Unit at RDL 3 to 6 for acute mental health patients. Each proposed SOA also incorporate a high dependency beds of 2, 4 or 6 respectively. Mental Health inpatient services at RDL 3 and 4 may include beds within a General Inpatient Unit for non-acute mental health patients.

For stand-alone facilities, designers may add any other FPU's required such as Main Entrance Unit, Housekeeping, Supply, Waste Management etc. based on the business model.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed and record in the **Non-Compliance Report** (refer to **Part A - Appendix 4**) with any departure from the Guidelines for consideration by the DOH for approval.

### 1.7.1 Adult Mental Health Unit with 10, 20 Beds and 30 Beds

ROOM/ SPACE	Standard Component Room Codes	RDL 3-6			RDL 3-6			RDL 3-6			Remarks		
		Qty	x	m <sup>2</sup>	Qty	x	m <sup>2</sup>	Qty	x	m <sup>2</sup>			
				10 Beds (8+2)			20 Beds (16+4)			30 Beds (24+6)			
<b>Entry/ Reception</b>													
Airlock – Entry	airle-10-d			1	x	10	1	x	10	1	x	10	Optional
Reception	recl-10-d recl-15-d			1	x	10	1	x	10	1	x	15	
Waiting, (Male/ Female)	wait-10-d wait-15-d wait-20-d			2	x	10	2	x	15	2	x	20	
Parenting Room	par-d			1	x	6	1	x	6	1	x	6	Optional, May share public facilities if located close

ROOM/ SPACE	Standard Component Room Codes		RDL 3-6 Qty x m <sup>2</sup>	RDL 3-6 Qty x m <sup>2</sup>	RDL 3-6 Qty x m <sup>2</sup>	Remarks
			<b>10 Beds (8+2)</b>	<b>20 Beds (16+4)</b>	<b>30 Beds (24+6)</b>	
Consult Room - Mental Health	cons-mh-d		2 x 13	4 x 13	6 x 13	Interview function, family meetings; 1 per 5 beds
Examination/ Assessment Room - Mental Health	exas-mh-d		1 x 15	1 x 15	1 x 15	1 – 2 per unit depending on size of unit
Meeting Room, Medium/ Large	meet-l-15-d meet-l-30-d		1 x 15	1 x 20	1 x 30	Family Conferences, Meetings, reviews.
Toilet - Accessible	wcac-d		1 x 6	1 x 6	1 x 6	May share public facilities if located close
Toilet - Public	wcpu-3-d		2 x 3	2 x 3	2 x 3	May share public facilities if located close
<b>Inpatient/Therapy Areas - General Open Unit</b>			<b>8 Beds</b>	<b>16 Beds</b>	<b>24 Beds</b>	
1 Bed Room - Mental Health	1br-mh-14-d		5 x 14	12 x 14	20 x 14	
1 Bed Room - Mental Health	1br-mh-14-d similar		3 x 20	4 x 20	4 x 20	Special purpose room as required, such as disabled patients, frail patients, and bariatric patients
Ensuite - Mental Health	ens-mh-d		8 x 5	16 x 5	24 x 5	If bed Room Special is for Bariatric use, Ensuite should be 7m2
Medication/ Treatment Room - Mental Health	med-mh-d		1 x 12	1 x 12	1 x 12	
Bay - Handwashing, Type B	bhws-b-d		2 x 1	4 x 1	6 x 1	With anti-ligature tapware & basin fittings
Bay - Linen	blin-d		1 x 2	1 x 2	2 x 2	Enclosed and locked
Dining Room (Mental Health)	dinbev-25-d similar		1 x 20	1 x 40	1 x 60	Based on 7.5 m2 per person in total
Servery/ Trolley Holding (Mental Health)	serv-mh-d		1 x 15	1 x 15	1 x 15	Locate adjacent to Dining
Gymnasium	gyah-45-d similar		1 x 20*	1 x 20*	1 x 20	*Optional
Laundry - Mental Health	laun-mh-d		1 x 6	1 x 6	1 x 6	Optional
Lounge/ Activities Room	lnac-30-d similar		1 x 30	1 x 40	1 x 60	Recreational areas based on 7.5 m2 per person in total
Multifunction Activities Room	mac-20-d similar		1 x 30	1 x 40	1 x 60	Recreational areas based on 7.5 m2 per person in total
Quiet Lounge	lnpt-s-d		1 x 15	1 x 15	1 x 15	Recreational areas based on 7.5 m2 per person in total
Seclusion Room	secl-d		1 x 14	1 x 14	1 x 14	Optional in a General Unit
Courtyard	NS		1 x *	1 x *	1 x *	*External Area, 7.5 m2 per person, additional to other recreational areas
Toilet - Accessible	wcac-d		1 x 6	1 x 6	1 x 6	Located near Dining/ Activities areas

ROOM/ SPACE	Standard Component Room Codes		RDL 3-6 Qty x m <sup>2</sup>	RDL 3-6 Qty x m <sup>2</sup>	RDL 3-6 Qty x m <sup>2</sup>	Remarks
			10 Beds (8+2)	20 Beds (16+4)	30 Beds (24+6)	
<b>Clinical Support Areas</b>						
Bathroom	bath-d		1 x 16	1 x 16	1 x 16	Optional; locked
Bay - Resuscitation Trolley	bres-d		1 x 1.5	1 x 1.5	1 x 1.5	Locate in Staff Station or Medication/ Treatment
Cleaners Room	clrm-6-d		1 x 6	1 x 6	1 x 6	
Dirty Utility	dtur-s-d dtur-12-d dtur-14-d		1 x 8	1 x 12	1 x 14	
Disposal Room	disp-8-d		1 x 8	1 x 8	1 x 8	
Staff Station	sstn-14-d similar sstn-20-d		1 x 10	1 x 14	1 x 20	May be re-sized or sub divided for surveillance
Office - Clinical/ Handover	off-cln-d similar		1 x 10	1 x 15	1 x 15	
Store - Equipment	steq-10-d steq-20-d similar		1 x 10	1 x 20	1 x 25	
Store - General	stgn-8-d stgn-14-d stgn-20-d		1 x 8	1 x 14	1 x 20	
Store - Patient Property	stpp-d		1 x 8	1 x 8	1 x 8	
Toilet - Staff	wcst-d		1 x 3	1 x 3	1 x 3	Optional, Located in a staff only accessed area
<b>HDU - Secure Unit</b>						
			2 Beds	4 Beds	6 Beds	Optional - Dependent on Service Plan
Airlock - Entry	airle-10-d		1 x 10	1 x 10	1 x 10	Secure entry (ideally interlocking system) with weather protection
Waiting - Secure	wait-sec-d		1 x 6	1 x 6	1 x 6	May be shared between secure units
Exam/ Assessment Room	exas-mh-d		1 x 15	1 x 15	1 x 15	May be shared between secure units
1 Bed Room - Mental Health	1 br-mh-d		2 x 14	4 x 14	6 x 14	May be subdivided into pods, each with a Sitting room
Ensuite - Mental Health	ens-mh-d		2 x 5	3 x 5	4 x 5	1 to 2 Bed Room Accessible from Corridor, 1 for Assessment room
Dining Room/ Beverage Bay (Mental Health)	dinbev-25-d similar		1 x 12	1 x 15	1 x 20	Also used for activities
Servery/ Trolley Holding (Mental Health)	serv-mh-d similar		1 x 10	1 x 10	1 x 10	Locate adjacent to Dining Room
Lounge - Activities (Mental Health)	lnac-30-d similar		1 x 20	1 x 20	1 x 30	
Multi-Function Activities Room	mac-20-d				1 x 20	

ROOM/ SPACE	Standard Component Room Codes				RDL 3-6			RDL 3-6			RDL 3-6			Remarks
					Qty x m <sup>2</sup>			Qty x m <sup>2</sup>			Qty x m <sup>2</sup>			
					10 Beds (8+2)			20 Beds (16+4)			30 Beds (24+6)			
Seclusion Room	secl-d similar				1	x	14	1	x	14	2	x	14	
Sitting Area	NS				2	x	3	4	x	3	6	x	3	Combine as appropriate depending on layout
Courtyard - Secure	NS				1	x	*	1	x	*	1	x	*	*External Area, Based on 10 m2 per person, additional to recreational areas. Size to be determined by patient requirements.
Bay - Handwashing	bhws-b-d				1	x	1	1	x	1	2	x	1	
Bay- Linen (Locked)	blin-d				1	x	2	1	x	2	1	x	2	
Staff Station	sstn-14-d similar				1	x	10	1	x	10	1	x	14	May be combined with General Unit Staff Station
Store - Equipment/ General	steq-10-d similar				1	x	6	1	x	6	1	x	6	May be combined with General Unit Equipment Store
Store - Patient Property	stpp-d similar										1	x	4	May be combined with general Unit
<b>Staff Areas</b>														
Office - Single	off-s12-d				1	x	12	1	x	12	1	x	12	Director
Office - Single	off-s9-d				1	x	9	1	x	9	1	x	9	Nurse Manager
Office – Single	off-s12-d				1	x	12	1	x	12	1	x	12	Psychiatrist, No. determined by Staff Establishment
Office - Workstation	off-ws-d				1	x	5.5	1	x	5.5	2	x	5.5	Medical Staff, No. determined by Staff Establishment
Office - Workstation	off-ws-d							1	x	5.5	2	x	5.5	Nursing Staff, No. determined by Staff Establishment
Office - Workstation	off-ws-d							1	x	5.5	1	x	5.5	Allied Health, Optional, No. determined by Staff Establishment
Property Bay - Staff	prop-3-d similar				2	x	3	2	x	3	2	x	6	
Meeting Room, Medium/ Large	meet-l-15-d meet-l-30-d similar				1	x	15	1	x	20	1	x	30	
Staff Room	srm-15-d similar				1	x	10	1	x	15	1	x	20	
Store - Files	stfs-10-d				1	x	10	1	x	10	1	x	10	For clinical records; optional if electronic records used
Store - Photocopy/ Stationery	stps-8-d				1	x	8	1	x	8	1	x	8	
Shower - Staff	shst-d				2	x	3	2	x	3	2	x	3	Optional
Toilet - Staff	wcst-d				2	x	3	2	x	3	2	x	3	

ROOM/ SPACE	Standard Component Room Codes		RDL 3-6 Qty x m <sup>2</sup>	RDL 3-6 Qty x m <sup>2</sup>	RDL 3-6 Qty x m <sup>2</sup>	Remarks
			10 Beds (8+2)	20 Beds (16+4)	30 Beds (24+6)	
<b>Sub Total</b>			794	1127	1542	
<b>Circulation %</b>			35	35	35	
<b>Area Total</b>			<b>1071.9</b>	<b>1521.4</b>	<b>2081.7</b>	

Please note the following:

- Areas noted in Schedules of Accommodation take precedence over all other areas noted in the Standard Components
- Rooms indicated in the schedule reflect the typical arrangement according to the sample bed numbers
- All the areas shown in the SOA follow the No-Gap system described elsewhere in these Guidelines
- Exact requirements for room quantities and sizes shall reflect Key Planning Units (KPU) identified in the Clinical Service Plan and the Operational Policies of the Unit
- Room sizes indicated should be viewed as a minimum requirement; variations are acceptable to reflect the needs of individual Unit
- Offices are to be provided according to the number of approved full-time positions within the Unit

## 1.8 Further Reading

In addition to Sections referenced in this FPU, i.e. **Part C- Access, Mobility, OH&S, Part D - Infection Prevention and Control**, and **Part E - Engineering Services, Part G-Acoustics** readers may find the following helpful:

- DH (Department of Health) NHS Estates (UK) Health Building Note 35 Accommodation for people with Mental Illness, part 1 – The Acute Unit., 2006; refer to website: <https://www.gov.uk/government/collections/health-building-notes-core-elements>
- International Health Facility Guidelines (iHFG) [www.healthdesign.com.au/ihfg](http://www.healthdesign.com.au/ihfg)
- Ministry of Health UAE, Unified Healthcare Professional Qualification Requirements, 2017, refer to website: <https://www.haad.ae/haad/tabid/927/Default.aspx>
- Royal College of Psychiatrists (UK), 2007, Standards for Medium Secure Units, Quality Network for medium secure units
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Hospitals, 2018. Refer to website: [www.fgiguideines.org](http://www.fgiguideines.org)
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018. Refer to website: [www.fgiguideines.org](http://www.fgiguideines.org)