Part B – Health Facility Briefing & Design

180 Mental Health Unit - Adult

iHFG

International Health Facility Guidelines

2025

Table of Contents

180 Mental Health Unit - Adult

1 Executive Summary

This Functional Planning Unit (FPU) covers the requirements of an Adult Mental Health Inpatient Unit. This FPU provides inpatient accommodation and treatment for acute adult mental health patients.

Accommodation may be provided for different patient (client) types and conditions such as:

- Sub-acute Units (Open Units)
- Acute Units (Closed Units)
- High Dependency Units

This FPU is intended for the adults, both male and female. Mental Health Units for Older Persons, Paediatrics and Adolescents are covered by separate FPU's within these Guidelines.

The Adult Mental Health Unit may be provided as a Unit within a hospital building, a separate building 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 such as Staff Areas that may be shared between two back-to-back Mental Health Units. Optional areas may include ECT facilities which ideally should be provided in a Day Surgery Unit. ECT facilities should be either within or immediately adjacent to the Mental Health Unit (or shared between multiple Units).

Most facilities will have a combination of Open and Closed units which are identical in design but operated under different models. High Dependency Unit is regarded as an option and depends on the specific provisions of each facility service plan and anticipated patient mix. The same provisions for security and avoidance of self harm apply to all unit types.

Mental Health Units are preferred as a series of wings with a limited number of beds such as 8 per wing. Patients are encouraged or required to spend most of the day outside the bed areas, in lounge, dining, activity rooms or quiet rooms. Outdoor areas or terraces should be provided with access from the day areas, with adequate visibility from the staff 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) 4, 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.

2 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 behavioural conditions. In mental health, patients are also commonly referred to as “clients”.

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 closed unit. Certain patients requiring greater direct monitoring and treatment can be accommodated in High Dependency Units depending on the facility’s service plan.

The design requirements for the Open and Closed units will be identical even though the models of operation and level of security are different.

Patients in the unit may exhibit behaviour that is agitated, aggressive, violent or may pose a threat to themselves or others. Possible referral pathways to the Mental Health Unit could come via the Mental Health Outpatient Unit, General Outpatient Unit or Emergency Unit.

This FPU is applicable to:

- An Adult Mental Health Inpatient Unit integrated within a general hospital building; or
- An Adult Metal Health Inpatient Unit as a stand-alone building within a larger hospital campus
- A stand-alone Adult Mental Health Inpatient Unit or group of units

In each of the above, the facilities may also include a Mental Health Outpatient Unit.

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

- Mental Health Unit - Child & Adolescent
- Mental Health Unit - Older Persons
- Outpatients Unit - Outpatient

3 Functional & Planning Considerations

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

Models of Care

The Model of Care will reflect the patient type, acuity and the need for seclusion/ de-escalation spaces and secure entry spaces to the proposed units.

Closed Units (Acute) or Custodial Model

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 ‘disjointed’ corridors should be avoided due to the difficulty in maintaining patient visibility by staff. The Staff Station is a secured area, centrally located in direct view of the patient Recreation Areas. 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.

In a Closed Unit, the patient discharge or transfer to an Open Unit is based on clinical decisions rather than voluntary. Therefore, a Closed Unit is a highly secure environment to prevent the patients from leaving without permission.

Open Units (Sub-acute) Model

In this model, mental health care is a joint collaboration between clinical and non-clinical streams involving the patient, carers, community, consumers and other allied professionals and clinicians. The Open Units Model will ideally have patient/ client’ care coordinators who work individually with the patient/ client’ and their relatives or support persons.

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.

In an Open Unit, a patient may request discharge, which will not be unreasonably denied. The Open Unit is also a fully secure environment so that a patient cannot leave without a formal request and approval for discharge. Therefore, the requirements for patient visibility and observation of access and activities will be the same as the Closed unit. This will also permit an open unit to be operated as a closed unit at any time depending on the facility requirements.

Planning Models

Location

The Unit will commonly 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.

If the Unit is provided on an upper level, safe and fully secure outdoor space in the form of large terrace or balcony should be provided.

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 a secure garden(s) or other outdoor areas that have weather protection and are associated with difference facility zones according to patient type and acuity.

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 should 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 such as a prison. Patients should not be treated in the same manner as prisoners, even though a number of robust security features need to be provided within the facility for the safety of patient, staff and visitors.

Internal Planning

Units should be gender separated. Single Bedrooms are required 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 by acuity, age or preference. The clusters should provide access to day areas to allow for patient therapy/activities and access to outdoor areas with appropriate weather protection. The clusters may be arranged as wings of 8 to 10 beds each with 8 being the optimum.

A small number of 2-bed rooms may be provided in situations where multiple family members need to be admitted (such as father and son or mother and daughter).

Additional considerations include:

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

Functional Areas

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

  - Security Airlock
  - Waiting Areas
  - Mental Health Consult Room(s)
  - Examination/ Assessment Room(s)
- Inpatient/ Therapy Areas for general mental health patients including:
  - Patient Bedrooms and Ensuites
  - Seclusion Room/s (in closed Units)
  - Dining Area which could also be used for therapy activities
  - Servery, co-located with Dining facilities
  - Lounge
  - Activities Areas
  - Gymnasium (optional)
  - Medication Storage and Dispensing Area
  - Treatment/ Examination Room
  - Patient Laundry
  - Stores for patient belongings, activity materials, linen
  - External Courtyard or Terrace
- Clinical Support Areas that may be shared with adjoining Mental Health Units including:
  - Group Room/s
  - Stores for equipment, consumable stock, files, stationery and patient property
  - Cleaner's Room
  - Disposal Room
- Staff Areas that may be shared with adjoining Mental Health Units including:
  - Offices for administration, management and clinical staff
  - Meeting Room/s
  - Staff Room
  - Staff Toilets, Shower and Lockers

Optional Areas, depending on the service plan and patient acuity may include the following:

- Mental Health High Dependency (HDU) secure area including
  - Seclusion Room/s
  - Single Bedrooms and Ensuites
  - Dining/ Activities Area
  - Lounge/ Sitting Area
  - Secured Courtyard
  - Staff Station
- ECT suite, which may be attached to the unit or, ideally provided as part of Day Surgery Units with a link to the Mental Health Inpatient Unit.

The above zones are briefly described below.

Entrance/ Reception

The Entrance provides direct access to the Unit for patients referred for admission arriving with relatives. The entrance is also for the visitors to the Unit.

The Unit should have an alternative, restricted Entrance for patients transferred from the Emergency Unit and a direct approach by ambulance/ police vehicles that is secure and sheltered from the weather in a similar configuration as a secure garage. Provision should be made for a gun safe that allows Police to deposit firearms (if any) prior to entering the Mental Health Unit.

The Reception is the receiving hub of the Adult Mental Health Unit for visitors, 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.

As the entrance area connects to the interior of the Unit and considering the security requirements, there is a need for a security airlock (otherwise referred to as a man-lock) with interlock doors controlled by the reception, so un-authorised inpatients cannot freely exit (escape) from the unit. There should be provision for an intercom and CCTV that views all entrances and monitored from the Reception/ Staff Station.

By careful design it is sometimes possible to incorporate the Reception into a corner of the staff station, facing the Entrance and the security airlock. However, a separate reception outside the airlock is the preferred planning model.

The Entrance area may 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.

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. Duress alarms are required in Consult and Examination/ Assessment Rooms.

Consultation and Examination rooms typically used by one clinician and one patient should always have two doors at opposite sides for staff safety. The second door may be to a corridor or an adjoining room, which may be another Consultation or Examination room.

Inpatient/ Therapy Areas

Patient Bedrooms

The Unit will include mostly Single Bedrooms with ensuite bathrooms that are designed in such a way 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 minimum 2700mm 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 Ensuite should be provided for bariatric or special needs patients per unit.

Doors should open fully outwards for staff access in emergencies or should a patient attempt to blockade themselves in the room. Alternatively, doors should have a lock or latch feature which can be opened by the staff from the corridor side, permitting the door to swing in the opposite direction in case a patient attempts to barricade behind the door. Door viewing panels are optional in Open unit bedrooms but mandatory in Closed units and HDU. Bedroom doors should be key lockable from the outside with the masterkey held by the staff. They should also be lockable by patients from inside the room with a snib. The staff keys will over-ride the snib lock.

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

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

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

Multi-bedded rooms are generally not recommended due to difficulty in the allocation of suitable patients and may result in the disruptive movement of patients to other rooms in order to accommodate new admissions. However, a small number of two bedded rooms may be included in the Unit to provide an option for sharing of accommodation by family members such as mother and daughter or father and son depending on the operational policy of the facility. The family members may themselves be patients, displaying similar mental health conditions, or serve in a supporting role for the Patient.

Patient bedrooms should be designed to minimise the possibility of self-harm. The features include:

- Mental Health specific door hardware
- No hanging rods (for curtains or wardrobe)
- No air grilles with the usual blades (perforated sheet metal instead)
- Tamper proof light fittings
- No cupboard doors (shelves instead)
- Protective Perspex cover to TV screen
- Shatter proof window glazing
- No curtains or curtain rods (double glazing with internal venetians only)
- No ceiling tiles (instead cement board or similar set ceiling)

Ensuites

Each bedroom in the 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 typical issues related to this option which should be considered:

- 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 that could limit access to the Ensuite.

Ensuite doors should open outwards, avoid creating a blind spot when open and be positioned to 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 on the inside that can be opened from outside by staff in an emergency. Ensuites may require staff control of water supply or a discreet lockable observation panel from the corridor, dependent on the Operational Policy of the Unit, the patient acuity and safety considerations.

For certain patient types susceptible to self-harm (for example in the HDU), it would be advisable to provide ensuites which are accessible from the corridor rather than from the room. This will allow the access and egress to the ensuite to be monitored by the staff. This type of ensuite can also be shared between two adjoining rooms, if cost saving is intended.

Ensuites should follow the recommended safety features for mental health including specific anti-ligature fixtures which minimise the potential for self-harm. This will also apply to features such as grab rails. The usual horizontal grab rails may not be used in mental health facilities. Refer to Part C of these Guidelines for the recommended fixtures and fittings for mental health.

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 any carers. The Dining Room may be used for other activities when not in use for meals.

A secure Servery may be located adjacent the Dining Room, 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 servery counter will be open to the Dining Room. However, it

should have a shutter or similar to secure the Servery outside the mealtime or when there are no staff in attendance.

The Lounge and Dining Areas may be adjoining and combined to provide a larger Day Activities Area. Access to an external area from the Lounge area is highly desirable. Lounge and Dining Areas will require good visibility from the Staff Station. Staff view to the external area will be through the glazing to the Lounge and Dining area. Such glazing should be shatter proof.

The Lounge should have a variety of furniture which may be arranged to suit the desired function such as watching TV.

A separate quiet lounge should be provided for patients to retreat. An accessible toilet should be provided close to Lounge/ 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

Group Therapy Rooms

Space for group therapy shall be provided. Group Rooms may be combined with the quiet Activities Room provided that 0.7 m^2 per patient is added and a minimum room area is 21 m^2. Group rooms may include teleconferencing facilities for multipurpose use.

Occupational Therapy

Optionally, each Adult Acute Mental Health Inpatient Unit may contain 1.5 m^2 of separate space per patient for Occupational Therapy with a minimum total area of 20.0 m^2.

The Occupational Therapy space shall include provisions for:

- Hand-washing
- Workbenches
- Storage and Displays
- Sink for wet activities such as art and pottery

Occupational Therapy Areas may be shared between adjacent mental health units as required.

Medication Room

The Medication Room will be used for storage of medication and medication trolleys it may also be utilised for the direct dispensing of medications to patients. Ideally Medical Room should be attached to the Staff Station and be accessible from within the Staff Station. Dispensing to the patients may be via a window to the adjacent patient accessible corridor. Patients should not be permitted to enter the Medication Room.

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 (Optional)

A Patient Laundry with domestic washing machine and dryer (but not ironing) should be provided for patients to launder small items of clothing. The room may also be used for Activities of Daily Living assessment (ADL). The room should be lockable with patient use and 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 Store.

Staff Station

The Staff Station should be located with good visibility of the Unit entrance, patient day activity areas (such as Lounge/ Dinning) and bedroom corridors. The Staff Station design will be dependent on the Model of Care adopted for the Unit and the patient acuity. In the Closed Units, the Staff Station should be a fully enclosed room with shatter proof glazed security screens. In Open Units, the Staff Station may be an open counter without a glass barrier, subject to the operational policy of the facility. In both Closed and Open units, the patients should not be permitted to enter the Staff Station. Within the Staff Station, patient information should be secure. Records may be fully electronic. Staff handovers and case discussions should be held in an enclosed space.

Staff Station for High Dependency Units will be similar to the Closed Units.

Courtyards/ External areas

External Areas for mental health patients must be provided. External furniture should be fixed to the ground in a similar manner to park benches. Bench seats and tables should be constructed of solid, washable surface materials. Bench seats should not be placed adjacent the courtyard walls. External Areas should provide some covered space for shade and patient use in inclement weather.

Secure storage for activity equipment and access to toilet facilities near the courtyard should be considered. 3000mm high smooth walls without any ledges are required to surround external areas. Such walls may be made of shatter proof glass or tight anti-climb metal mesh to avoid the impression of a prison-like environment.

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 perimeter of secured External Areas or adjacent the building edges. This is to prevent attempts at climbing the trees or pots in order to escape over the adjacent walls or climb onto upper floors or the roof of the building.

Surfaces suitable for limited outdoor sporting activities should be provided.

Facilities in the courtyard may include a BBQ and a smoking area. Patient smoking in the exclusive case of Mental Health may be permitted only in the Courtyard smoking area under staff supervision to reduce patient stress.

In multi-storey mental health facilities, instead of (or in addition to) ground level courtyards, large, safe and secure terraces or balconies may be provided on each inpatient floor.

Ground level garden areas should be based on minimum 10 m^2 per patient. Upper level terrace or balcony areas should be based on minimum 3 m2 per patient.

Clinical Support Areas

Support Areas that may be shared between two adjoining units include:

- Group Rooms which may be combined with the quiet Activities Room provided that the room size is increased by 0.7 m2 per patient and is enclosed for privacy; Group Rooms may include teleconferencing facilities for multipurpose use
- Servery
- Cleaner's Room
- Dirty Utility and Disposal Room
- Equipment Store/s
- Patient luggage store (staff access only)
- Gym (time separated for patient use from each unit)

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 or restricted access areas.

Staff Administration Areas

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

The Unit Manager's Office is ideally located in, or directly adjacent to the patient areas and the Staff Station. Workstations for use by allied health and medical staff should be considered 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.

In Closed Units or HDU facilities, staff areas should form a safe and secure zone, possibly linked to the Staff Station so that in case of violence on the part of one or more patients, the staff may retreat into the safe zone and wait for assistance.

High Dependency

A High Dependency Unit (HDU) should be provided based on the facility's service plan. It should be planned to ensure good visibility by staff, enhance the safety of staff and patients, enable rapid staff response in patient emergencies and avoid transit of disturbed patients though the other Open or Closed units. As in the case of Open or Closed units, HDU is a single gender unit.

The High Dependency Bedrooms must be lockable and able to be opened from the corridor should a patient attempt to blockade themselves in the room. Doors require a viewing panel, positioned to ensure that in case the glass is broken or removed, a patient cannot put an arm through and operate the door lock. High Dependency bedrooms may be linked to both the Acute (Closed) and Sub-acute (Open) units via corridors with access control. The HDU requires a separate Dining/ Lounge/ Activities Room and access to at least one Seclusion Room. The High Dependency Area must have high impact resistant surfaces and finishes as well as tamper proof, anti-ligature fittings.

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 anti-ligature perimeter wall of 3000mm height to prevent climbing. Outdoor furniture should be fixed and positioned to prevent climbing onto the perimeter wall or building structure.

Seclusion

One or more Seclusion rooms with ensuites may be provided depending on the facility service plan. Seclusion rooms are common in Acute Closed units and High Dependency Units.

Seclusion room is intended for the separation of highly disturbed patients until they can calm down before transfer to the appropriate section of the facility. Seclusion rooms will have the bare minimum of provisions such as a mattress on the floor without any other furniture. Room finishes will be resilient without any sharp corners and flooring and walls shall be cushioned.

The Seclusion room should have a high level window with shatter proof glass. It should have an internal observation window which may be through the door. A second egress door should be provided for the staff safety. The seclusion room door should be observable from the Staff Station or a reporting station. Doors to the seclusion room should ideally have card access for secure staff egress when required. The room should be under CCTV observation.

After a period of seclusion, the patient may be assessed in a nearby Exam/ Assessment room before transfer to a High Dependency Unit or Acute Closed Unit.

Seclusion room should have access to an Ensuite from inside or outside the room. If an ensuite is provided inside the room, consideration should be given to having an open doorway without a door for maximum patient safety.

An optional courtyard maybe provided adjacent the Seclusion rooms. Such courtyards must be particularly secure, with an anti-ligature wall of minimum 3000mm high and a tight mesh roof at 3000mm above floor level which does not provide ligature points.

ECT Facilities

ECT procedures should ideally be undertaken in the Day Surgery/Procedure Unit or Operating Unit.

In larger Mental Health facilities, a dedicated ECT Suite, similar to a Day Procedure Unit may be attached to the Mental Health Unit for this purpose.

If the Mental Health Unit is part of a hospital campus, the patients may be escorted to a separate Day Procedure Unit for this treatment. Either way, all the requirements of the Day Surgery Unit within these Guidelines must be complied with, without shortcuts. This includes pre-op and post-op facilities.

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.

External

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

- Other Mental Health Inpatient Units
- ECT Services (this can be with either a Day Procedure facility or stand-alone ECT Suite)
- Mental Health Outpatient Unit
- Other specialist Outpatient Units
- External practitioners and mental health specialists
- Other medical services such as Operating Unit or Medical Imaging
- Police

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

- Emergency Units
- Supply services
- Housekeeping services (Cleaning, Linen, Waste Handling)
- Catering services
- Pharmacy
- Laboratory

Internal

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 via a security airlock (man-lock)
- Consult and Examination Rooms located near the entry to allow discussions and reviews without entering the Unit
- Lockable patient bed areas separate to communal dining and activity areas
- Staff Offices and amenities areas in a secure zone

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

Functional Relationship Diagram

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

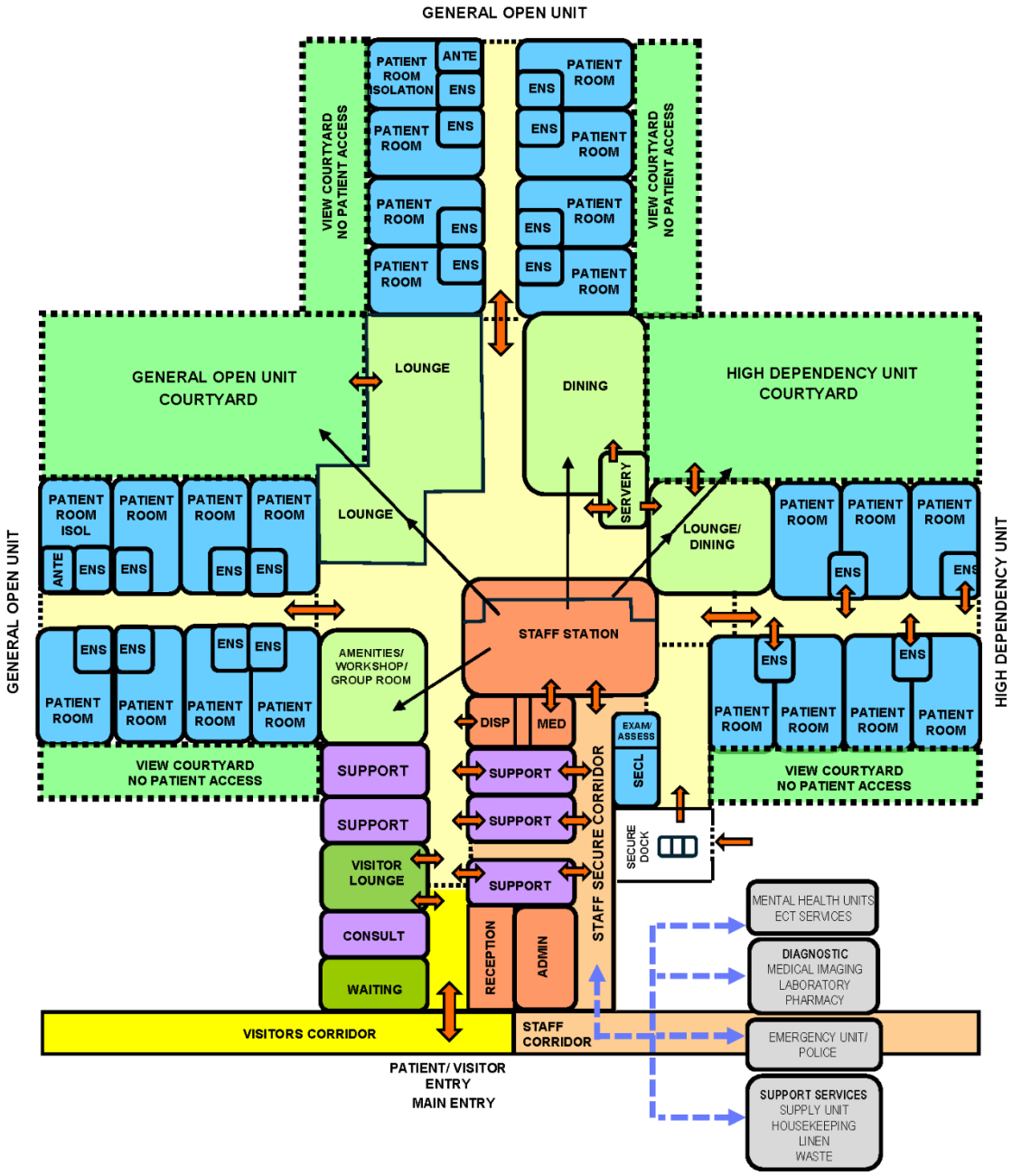
The optimum External Relationships include:

- 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 and separated in discrete wings (or pods)
- Dining, Lounge and Activities Areas centrally located
- Staff Station located with visibility to all patient zones and external courtyard
- Support Areas located close to staff areas for ease of staff access
- Staff Offices and amenities located in a secure zone

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



LEGEND

- Patient Areas
- Activities Areas
- Courtyards
- Direct Relationship
- Support Areas
- Circulation
- Public Areas
- Indirect Relationship
- Staff Areas
- Staff/Service Corridor
- Public Corridor
- Controlled Access
- Line of Sight

4 Design Considerations

General

The design of the unit and external spaces should be domestic in nature rather than institutional 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 greatest emphasis should be on the day areas, promoting a normalisation of the mental health treatment process through familiar space design and decoration whilst remaining safe and easy to maintain.

The design should:

- Create a therapeutic environment for patients which provides 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 both indoors and outdoors with unobtrusive environmental boundaries
- Provide staff with adequate and 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 potential violent behaviour and prevent opportunities for self-harm, irrespective of whether the Unit is Acute or Sub-acute (closed or open) or HDU. This will include floors, walls, ceiling, doors, glazing, all fittings, furniture and fixtures.

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
- Consulting, 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.

Natural Light

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

All windows and observation panels shall be glazed with toughened laminated and shatter proof glass.

Polycarbonate is not recommended due to surface scratching which may reduce visibility over time.

Windows shall be double glazed with internal venetian blinds 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.

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.

Space Standards and Components

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 unit should be considered in each patient wing or pod.

Doors

Doors and door frames should be impact resistant. All doors except those in Ensuites 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 using integral venetians or slide panels. The doors may also provide a ligature point which must be considered; doors are not preferred to patient wardrobes to minimise ligature points.

Door hardware must not provide points for ligature. Refer to Part C of these Guidelines for mental health specific fixtures and fittings.

Size of 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 - 7.5 m^2 per person
- Lounge/ Dining/ Activity areas - Secure HDU – 10 m^2 per person
- Courtyards 10 m^2 per person with a minimum area of 20 m2
- Balconies or Terraces 3 m2 per person with a minimum area of 20 m2
- Consult/ Interview rooms - 1 per 5 beds (which may also be used as family conference/ meeting rooms)
- Exam/ Assessment rooms - 1-2 per units

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 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.

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 are to be solid sheet not removeable 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 of these Guidelines.

Fittings, Fixtures and Equipment

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

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 polished stainless steel or other appropriate impact resistant and shatterproof construction and must not distort the patient's image. Mirrors shall be fully glued to a backing to prevent availability of loose fragments of broken glass.

Exposed holland blinds, venetian blinds and curtains should be avoided in patient areas with the preference for integral venetian blinds within double glazed 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.

Objects which may be easily removed and used as a weapon should be avoided or placed in secure cupboards.

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.

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/ Water Treatment

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.

Information Technology (IT) and Communications

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

Nurse Call / Emergency Call / 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 5m2 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.

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

Infection Control

Handbasins

Handbasins for staff hand washing are required in treatment areas, Medication Room and Patient Activities 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. Antiseptic Hand Rubs are to comply with Part D - Infection Control, in these guidelines. Antiseptic Hand Rubs, although very useful and welcome, cannot fully replace Handwash Bays. A combination of both is required.

Refer to Part D – Infection Control for additional details.

5 Components of the Unit

Standard Components

Standard Components are typical rooms in a health facility, each represented by a Room Data Sheet (RDS) and Room Layout Sheet (RLS). Sometimes, there are more than one configuration possible and therefore, more than one room layout sheet can be found in the Standard Components for a room with same function. They may differ in room size and/or the requirement of FF&FE items.

The Room Data Sheets are presented in a written format, describing the minimum briefing requirements of each room type divided into the following categories:

- Room Primary Information; includes briefed areas, occupancy, room description, relationships and special room requirements
- Building Fabric and Finishes; describes fabric and finishes for the room's 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/ Contractor
2	Provided by the Client and installed by the Builder/Contractor
3	Provided and installed by the Client

- Fixtures and Equipment; includes all the serviced equipment commonly located in the room along with the services required such as power, data, water supply and drainage; 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, HVAC (Heating, Ventilation and Air Conditioning), 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 a 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 by 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.

Standard Components have considered the required design parameters described in these Guidelines. Each FPU should be designed with compliance to Standard Components - Room Data Sheets and Room Layout Sheets, nominated in the Schedules of Accommodation of this FPU.

Non-Standard Components

Non-standard rooms are rooms are those which have not yet been standardised within these guidelines. As such there are very few Non-standard rooms. These are identified in the Schedules of Accommodation as NS.

6 Schedule of Equipment (SOE)

This Schedule of Equipment (SOE) below lists the major equipment required for the key rooms in this FPU.

Room Name		
Examination/ Assessment Room - Mental Health, Room Code (exas-mh-i)		
Table: examination/ treatment		
Medication/ Treatment Room - Mental Health, Room Code (med-mh-i)		
Air flowmeter	Monitor: physiologic, vital signs (optional)	Suction adapter
Cabinet: storage, medication, narcotics	Oxygen flowmeter	Table: examination/ treatment
Diagnostic set	Refrigerator: drugs	
Gymnasium, Room Code (gyah-45-i) similar		
Defibrillator: with monitor (optional)	Exercise stairs	Table: examination/ treatment, rehabilitation
Exercise bicycle	Parallel bars	Table: mat, 1200mm
Exercise mat	Pulley weights	Treadmill: exercise, automatic

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 simple sum of the room areas is shown as the Sub Total. The Total Area is the Sub Total plus the circulation percentage. The circulation percentage represents the minimum recommended target area for internal corridors 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 such as the total number of beds. 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 table below shows two alternative SOAs for a 10 Bed, 20 Bed Unit and a 30 Bed Unit at RDL 4, RDL 5 & 6 for acute mental health patients incorporating a High Dependency Unit. Mental Health inpatient services at RDL 3 include beds within a General Inpatient Unit for non-acute mental health patients.

Any proposed deviations from the mandatory requirements, justified by innovative and alternative operational models may be proposed within the departure forms included in Part A of these guidelines for consideration by the health authority for approval.

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.

Adult Mental Health Unit with 20 Beds and 30 Beds, located within a health facility

Room/ Space	Standard Component Room Codes	RDL 4 Qty x m2 10 Beds (8+2)			RDL 5 Qty x m2 20 Beds (16+4)			RDL 6 Qty x m2 30 Beds (24+6)			Remarks
Entry/ Reception											
Airlock – Entry	airle-10-i	1	x	10	1	x	10	1	x	10	Optional
Reception	recl-10-i recl-15-i	1	x	10	1	x	10	1	x	15	
Waiting, (Male/ Female)	wait-10-i wait-15-i wait-20-i	2	X	10	2	x	15	2	x	20	
Parenting Room	par-i	1	X	6	1	x	6	1	x	6	Optional, May share public facilities if located close
Consult Room - Mental Health	cons-mh-i	2	X	14	4	x	14	6	x	14	Interview function, family meetings; 1 per 5 beds
Examination/ Assessment Room - Mental Health	exas-mh-i	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-i	1	x	15	1	x	20	1	x	30	Family Conferences, Meetings, reviews.
Toilet - Accessible	meet-l-30-i	1	x	6	1	x	6	1	x	6	May share public facilities if located close
Toilet - Public	meet-l-55-i similar	2	x	3	2	x	3	2	x	3	May share public facilities if located close
Inpatient/Therapy Areas - General Open Unit		**8 Beds**			**16 Beds**			**24 Beds**			
1 Bed Room - Mental Health	1br-mh-20-i	5	x	20	12	x	20	20	x	20	
1 Bed Room - Mental Health	1br-mh-25-i	3	x	25	4	x	25	4	x	25	Special purpose room as required, such as disabled patients, frail patients, and bariatric patients.
Ensuite - Mental Health	ens-mh-i	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-i	1	x	12	1	x	12	1	x	12	
Bay - Handwashing, Type B	bhws-b-i	2	x	1	4	x	1	6	x	1	With anti-ligature tapware & basin fittings
Bay - Linen	blin-i	1	x	2	1	x	2	2	x	2	Enclosed and locked
Dining Room (Mental Health)	dinbev-25-i 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-i	1	x	15	1	x	15	1	x	15	Locate adjacent to Dining Room
Gymnasium	gyah-45-i similar	1	x	20	1	x	20	1	x	20	*Optional
Laundry - Mental Health	laun-mh-i	1	x	8	1	x	8	1	x	8	Optional
Lounge/ Activities Room	lnac-30-i 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-i similar	1	x	30	1	x	40	1	x	60	Recreational areas based on 7.5 m2 per person in total
Quiet Lounge	lnpt-15-i	1	x	15	1	x	15	1	x	15	Recreational areas based on 7.5 m2 per person in total
Seclusion Room	secl-i	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-i	1	x	6	1	x	6	1	x	6	Located near Dining/ Activities areas
Clinical Support Areas											
Bathroom	bath-i	1	x	16	1	x	16	1	x	16	Optional; locked
Bay - Resuscitation Trolley	bres-i	1	x	1.5	1	x	1.5	1	x	1.5	Locate in Staff Station or Medication/ Treatment
Cleaners Room	clrm-6-i	1	x	6	1	x	6	1	x	6	
Dirty Utility	dtur-s-i dtur-12-i dtur-14-i	1	x	8	1	x	12	1	x	14	
Disposal Room	disp-8-i	1	X	8	1	x	8	1	x	8	
Staff Station	sstn-10-i sstn-14-i sstn-20-i	1	x	10	1	x	14	1	x	20	May be re-sized or sub divided for surveillance
Office - Clinical/ Handover	off-cln-i similar	1	x	10	1	x	15	1	x	15	

Room/ Space	Standard Component Room Codes	RDL 4 Qty x m2 10 Beds (8+2)			RDL 5 Qty x m2 20 Beds (16+4)			RDL 6 Qty x m2 30 Beds (24+6)			Remarks
Store - Equipment	steq-10-i steq-20-i steq-25-i	1	x	10	1	x	20	1	x	25	
Store - General	stgn-8-i stgn-14-i stgn-20-i	1	x	8	1	x	14	1	x	20	
Store - Patient Property	stpp-i	1	x	8	1	x	8	1	x	8	
HDU - Secure Unit		**2 Beds**			**4 Beds**			**6 Beds**			**Optional - Dependent on Service Plan**
Airlock - Entry	airle-10-i	1	x	10	1	x	10	1	x	10	Secure entry (ideally interlocking system) with weather protection
Waiting - Secure	wait-sec-i	2	x	6	2	x	6	2	x	6	May be shared between secure units
Exam/ Assessment Room	exas-mh-i	1	x	15	1	x	15	1	x	15	May be shared between secure units
1 Bed Room - Mental Health	1br-mh-20-i	2	x	20	4	x	20	6	x	20	May be subdivided into pods, each with a Sitting room
Ensuite - Mental Health	ens-mh-i	2	x	5	3	x	5	4	x	5	1 to 2 Bedroom Accessible from Corridor, 1 for Assessment room
Dining Room/ Beverage Bay (Mental Health)	dinbev-25-i similar	1	x	12	1	x	15	1	x	20	Also used for activities
Servery/ Trolley Holding (Mental Health)	serv-mh-i	1	x	10	1	x	10	1	x	10	Locate adjacent to Dining Room
Lounge - Activities (Mental Health)	lnac-20-i lnac-30-i	1	x	20	1	x	20	1	x	30	
Multi-Function Activities Room	mac-20-i							1	x	20	
Seclusion Room	secl-i	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-i	1	x	1	1	x	1	2	x	1	
Bay- Linen (Locked)	blin-i	1	x	2	1	x	2	1	x	2	
Staff Station	sstn-10-i sstn-14-i	1	x	10	1	x	10	1	x	14	May be combined with General Unit Staff Station
Store - Equipment/ General	steq-6-i	1	x	6	1	x	6	1	x	6	May be combined with General Unit Equipment Store
Store - Patient Property	stpp-i similar							1	x	4	May be combined with general Unit
Staff Areas											
Office - Single	off-s12-i	1	x	12	1	x	12	1	x	12	Director
Office - Single	off-s9-i	1	x	9	1	x	9	1	x	9	Nurse Manager
Office – Single	off-s12-i	1	x	12	1	x	12	1	x	12	Psychiatrist, No. determined by Staff Establishment
Office - Workstation	off-ws-i	1	x	5.5	1	x	5.5	2	x	5.5	Medical Staff, No. determined by Staff Establishment
Office - Workstation	off-ws-i				1	x	5.5	2	x	5.5	Nursing Staff, No. determined by Staff Establishment
Office - Workstation	off-ws-i				1	x	5.5	1	x	5.5	Allied Health, Optional, No. determined by Staff Establishment
Property Bay - Staff	prop-3-i similar	2	x	3	2	x	3	2	x	6	
Meeting Room, Medium/ Large	meet-l-15-i meet-l-20-i meet-l-30-i	1	x	15	1	x	20	1	x	30	
Staff Lounge (Male/Female)	srm-15-i similar	2	x	10	2	x	15	2	x	20	
Store - Files	stfs-10-i	1	X	10	1	x	10	1	x	10	For clinical records; optional if electronic records used
Store - Photocopy/ Stationery	stps-8-i	1	X	8	1	x	8	1	x	8	
Shower - Staff	shst-3-i	2	x	3	2	x	3	2	x	3	Optional
Toilet - Staff	wcst-i	2	x	3	2	x	3	2	x	3	

Room/ Space	Standard Component Room Codes	RDL 4 Qty x m2 10 Beds (8+2)	RDL 5 Qty x m2 20 Beds (16+4)	RDL 6 Qty x m2 30 Beds (24+6)	Remarks
Sub Total		620	965	1338	
Circulation %		32	32	32	
Area Total		818	1274	1766	

Please also 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 will 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.

8 Further Reading

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

- Australasian Health Facility Guidelines, Part B Health Facility Briefing and Planning, Adult Acute Mental Health Unit, Rev 5, 2012; refer to website www.healthfacilitydesign.com.au
- National Advisory Council on Mental Health (Australia), December 2010, Fitting Together the Pieces: Collaborative Care Models for Adults with Severe and Persistent Mental Illness.
- 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
- 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.fgiguidelines.org