

# DHA Health Facility Guidelines 2019

Part B – Health Facility Briefing & Design

290 – Mental Health Unit – Child & Adolescent



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## Executive Summary

This Functional Planning Unit (FPU) covers the requirements of a Child & Adolescent Mental Health Unit (CAMHU) that provides short term acute inpatient mental health assessment and treatment of children up to 10 to 12 years of age and adolescents up to 16 -18 years, at varying stages of social, emotional and intellectual development with a broad range of mental health problems, disorders and challenging behaviours that must be managed safely and effectively, involving the patient's family.

The Child & Adolescent Mental Health Unit is arranged in Functional zones that include Entry/ Reception with Waiting and Interview rooms, Inpatient/ Therapy areas with single patient rooms and recreation/ activity and play areas, Parent/Carer lounge area with amenities, Clinical Support areas that may be shared between mental health units and Staff areas. Optional areas include a High Dependency Unit for adolescents, depending on the Service Plan.

The Functional Zones and Functional Relationship Diagrams indicate the ideal external relationships with other key departments and hospital services. This includes relationships with other mental health service units, Emergency Units, Inpatient Paediatric Units and child and family primary care mental health services. Optimum internal relationships are demonstrated in the diagram according to the functional zones whilst indicating the important paths of travel.

Design Considerations address a range of important issues including providing a domestic and therapeutic environment for children, acoustics, safety and security, fittings, fixtures and equipment, building services requirements and infection control. Ensuring the building fabric and fittings are impact resistant, suitable for children and ligature points are minimised are key issues.

The Schedule of Accommodation provided uses references to Standard Components (typical room templates) with quantities for a typical unit of 12 beds for Role Delineation Levels (RDL) 5 and 6, each with an optional Adolescent 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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## 290. Mental Health Unit – Child & Adolescent

### 1 Introduction

The Child & Adolescent Mental Health Inpatient Unit (CAMHU) provides short term acute inpatient mental health assessment and treatment of children up to 10 to 12 years of age and adolescents up to 16 -18 years where community approaches have proven (or are likely to prove) inadequate. The design, layout and functionality of Child and Adolescent Mental Health Units should meet the developmental needs of their age group. Notably, the Child and Adolescent Unit should enable active family involvement in daily care, treatment and program activities including family admission and residence where appropriate.

The patients have a broad range of mental health problems, disorders and challenging behaviours that must be managed safely and effectively. The layout and design of the Child and Adolescent Unit needs to accommodate children and young people at varying stages of social, emotional and intellectual development. Young people in the Adolescent Unit have families and others involved in their care who should feel welcome in the Unit.

The Unit may admit and treat patients who have:

- A risk of self-injury
- A risk of self-neglect
- A risk of injury to others
- A severe affective disorder
- Psychosis including early onset schizophrenia
- Pervasive developmental disorders
- Anorexia nervosa and related eating disorders



- Severe anxiety disorders
- Obsessive compulsive disorder
- Tourette's syndrome
- Co-morbid substance abuse problems
- Severe family relationship difficulties

This FPU is applicable to:

- A dedicated CAMHU within a general hospital campus
- A stand-alone CAMHU

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

- Adult Unit (Mental Health Unit- Adult)
- Older Persons Unit (Mental Health Unit - Older Persons)
- Psychiatric Emergency Care (Emergency Unit).

## 2 Functional & Planning Considerations

The Child & Adolescent 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.

### 2.1 Models of Care

Models of Care include:

- Children and adolescents together in a fully integrated unit, with separate programs and activities for relevant age groups; this arrangement optimises staffing and enables efficient use of resources



- Children and adolescents in the same unit but separate “zones” designed to cater for their differing needs and gender separation; they should operate as two discrete service types with separate functional areas, programs and activities although co-location allows sharing of facilities
- Inclusion of a secured dedicated unit collocated with a paediatric precinct to allow children to participate in activities with other children such as school and play therapy
- Incorporation of day recreation facilities for day patients to minimise the need for hospitalisation; the day facilities would provide for day activities and close down at night.

### 3 Unit Planning Models

The Unit is commonly located at ground level to provide access to outdoor recreational areas for patients. A Unit within a multi storey building requires 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.

#### 3.1 External Planning

Planning of external spaces must take into account the requirement for provision of secure gardens that have weather protection associated with the High Dependency/ Adolescent Area, and an open garden area with weather protection for general use. The area should be based on 10 m<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.



### 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.

Additional considerations include:

- Clearly defined patient residential areas readily identifiable by patients who may be disoriented or disturbed
- An effective balance between opportunities for patients' privacy and the need for staff to observe patient behaviours
- Provision of flexible use spaces that accommodate a variety of activities
- The inclusion of amenities to support families, carers, official visitors and consumers

### 3.3 Functional Zones

The Child & Adolescent 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 and Interview rooms
  - Examination/ Assessment room/s
  - Observation room, adjacent to Interview room
- Inpatient/ Therapy Area with:
  - Patient Bedrooms and Ensuites
  - Dining Area which could also be used for therapy activities





- Kitchen, co-located with Dining facilities
- Recreation/ Day Area
- Multipurpose Group Therapy/ Activity Rooms that can also be used for education purposes
- Multipurpose Room; including a Play Therapy Room and a Gymnasium
- Quiet/ Time-out Room
- Computer Room
- External Courtyards with protection from sun and rain
- Area for Recreation Therapy
- Parent/ Carer Amenities
  - Parent Lounge with provisions for beverages
  - Patient Laundry for patient or family use
- Clinical Support Areas
  - Cleaner’s Room
  - Disposal Room
  - Group Room/s
  - Medication Storage and Dispensing Area
  - Stores for patient belongings, activity materials and a range of age appropriate, therapy, sport and recreation equipment
  - Stores for equipment, consumable stock, files, linen, stationery
  - Treatment/ Examination 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:

- High Dependency/ Adolescent secure area including
  - Examination/ Assessment Room
  - Seclusion Room
  - Single Bedrooms and Ensuites
  - Lounge/ Dining/ Activities Area
  - Secured Courtyard



– Staff Station

The above zones are briefly described below.

**3.3.1 Entrance/ Reception**

A stand-alone unit should have a secure Airlock at the entry, sized to accommodate patients entering assisted with support staff. 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.

The Reception is the receiving hub of the Child & Adolescent 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. 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 generally includes Consult Rooms, Exam/ Assessment and Interview Rooms, for use by nursing, allied health and medical staff to examine and interview patients with relatives/ carers.

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 meetings with family and therapy.



### **3.3.2 Inpatient/ Therapy Areas**

#### **3.3.2.1 Patient Bedrooms**

The Unit includes 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.

Bedrooms for patients with parents or other family members should include a double bed and a single bed and be of sufficient size to allow a fold away cot for very young children. At least one larger patient Bedroom with 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 is dependent on the Operational Policy of the Unit. Bedroom doors should be key lockable from the outside, even if lockable from the inside.

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 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.

#### **3.3.2.2 Ensuites**



Each Bedroom in the CAMHU 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 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 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.

### **3.3.2.3 Dining/ Kitchen**

Patients 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.

A Kitchen may be located adjacent, from which patients and parents/ carers meals may access and prepare their own food according to the Unit Operational Policies.



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

#### **3.3.2.4 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, media, and school rooms.

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

#### **3.3.2.5 Recreation/ Day Area**

The Recreation/ Day Area is a multipurpose space for inpatients and day patients. The area provides a space for a range of activities including lounge area with television, indoor games area, group or computer activities. Patient lockers may be provided for patients' art and craft activities or school work. The area requires ready access to the secured courtyard and must be overseen from the Staff Station.

#### **3.3.2.6 Play Therapy Room**

A Play Therapy Room is an optional space that may be provided for 'regressive' therapies such as artwork, doll play and clay modelling. The room should be designed for children 10-12 years of age.

#### **3.3.2.7 Quiet/ Time-out Room**



The Unit requires a room to be used for quiet time/ time out for agitated and distressed children. The room shall be lockable and permit observation by staff while providing privacy to the room occupant.

The room should be located in an area that minimises disruption to Unit activities with ready access to a patient toilet without traversing the Unit.

#### **3.3.2.8 Computer Room**

The Computer Room provides an area for children and adolescents to access computers, internet and use computer games.

The Computer Room should be located in the activities area of the Unit with ready access to patient areas and under direct visibility of staff.

#### **3.3.2.9 Gymnasium**

The Gymnasium is an optional space for children to undertake indoor exercise activities under staff supervision. The room may include a range of exercise equipment, suitable for children and adolescents. 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

#### **3.3.2.10 Medication Room**

The Medication Room is used for storage of medication and medication trolleys. It may also be utilised for the dispensing of medications to patients.

#### **3.3.2.11 Treatment Room**

The Treatment Room may be used for patient's physical and neurological examinations, 'medication administration and treatments. The room should be located near the Staff Station and be secured with patient access only under staff supervision. Space for a paediatric resuscitation trolley should also be included.



#### **3.3.2.12 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.

#### **3.3.2.13 Staff Station**

The Staff Station should be located with good visibility of the Unit entrance and patient recreational areas. The Staff Station design is dependent on the patient acuity and may be a fully enclosed room with glazed security screens or open and accessible to patients and parents. Additional staff stations may be provided within sleeping zones for supervision of children at night. Patient information should be secured, and records may be electronic. Staff handovers and case discussions should be held in an enclosed space.

#### **3.3.2.14 Courtyards/ External Areas**

External Areas for child and adolescent mental health patients should be larger than for adult patients. Zones are required for outdoor games, exercise, barbeque area and gardens. 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.

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.

### **3.3.3 Parent/ Carer Amenities**



### **3.3.3.1 Parent Lounge**

The Parent Lounge is a space where parents may socialise, or use may be used as a private discussion space. The room shall include a Beverage Bay. The Lounge should have ready access to visitor toilets.

### **3.3.3.2 Patient Laundry**

A Patient Laundry with domestic washing machine, dryer and ironing facilities should be provided for parents/ carers or patients to launder small items of clothing. External ventilation for this area is essential to prevent moisture due to dryer heat. The room should be lockable with access under staff supervision.

### **3.3.4 Clinical Support Areas**

Support areas include:

- Beverage Bays
- Cleaner's Room
- Dirty Utility and Disposal Room
- Equipment Store/s

Group Room/s may be located with access for patients, family and carers, 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.

### **3.3.5 Optional Areas**

#### **3.3.5.1 High Dependency (Adolescent) / Seclusion**

The High Dependency (Adolescent) Unit 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.





This area should be capable of secure separation from the remainder of the Unit. There should be defined areas for male and female patients.

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 should the glass be broken or removed, a patient cannot put an arm through and operate the door lock. High Dependency Bedrooms may be accessible to both the low dependency and high dependency sections of the Unit. The High Dependency Areas requires a Toilet/ Shower, separate Lounge/ Dining/ Activities Room and access to a Seclusion Room. The High Dependency Area must have high impact resistant surfaces and finishes and 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 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.

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

Office 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 the patient area 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.

## 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.

### 4.1 External Relationships

The Child & Adolescent Mental Health Unit has a close functional relationship to:

- Other Units of the Mental Health Service including Adult Mental Health Units and outpatient mental health support services
- Other paediatric and adolescent medical Inpatient and Outpatient Units and services
- Primary care mental health support services
- External practitioners and mental health specialists
- Early Childhood services
- Child and family support services

The Unit, whether located within a hospital campus or stand-alone also has 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
- Laboratory Unit



## 4.2 Internal Relationships

The internal planning of the Child & Adolescent Mental Health Unit should be planned 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
- 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
- Activity Areas to be observable from the Staff Station/
- Staff Offices and amenities areas in a secure zone from patient areas

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

## 4.3 Functional Relationships Diagram

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

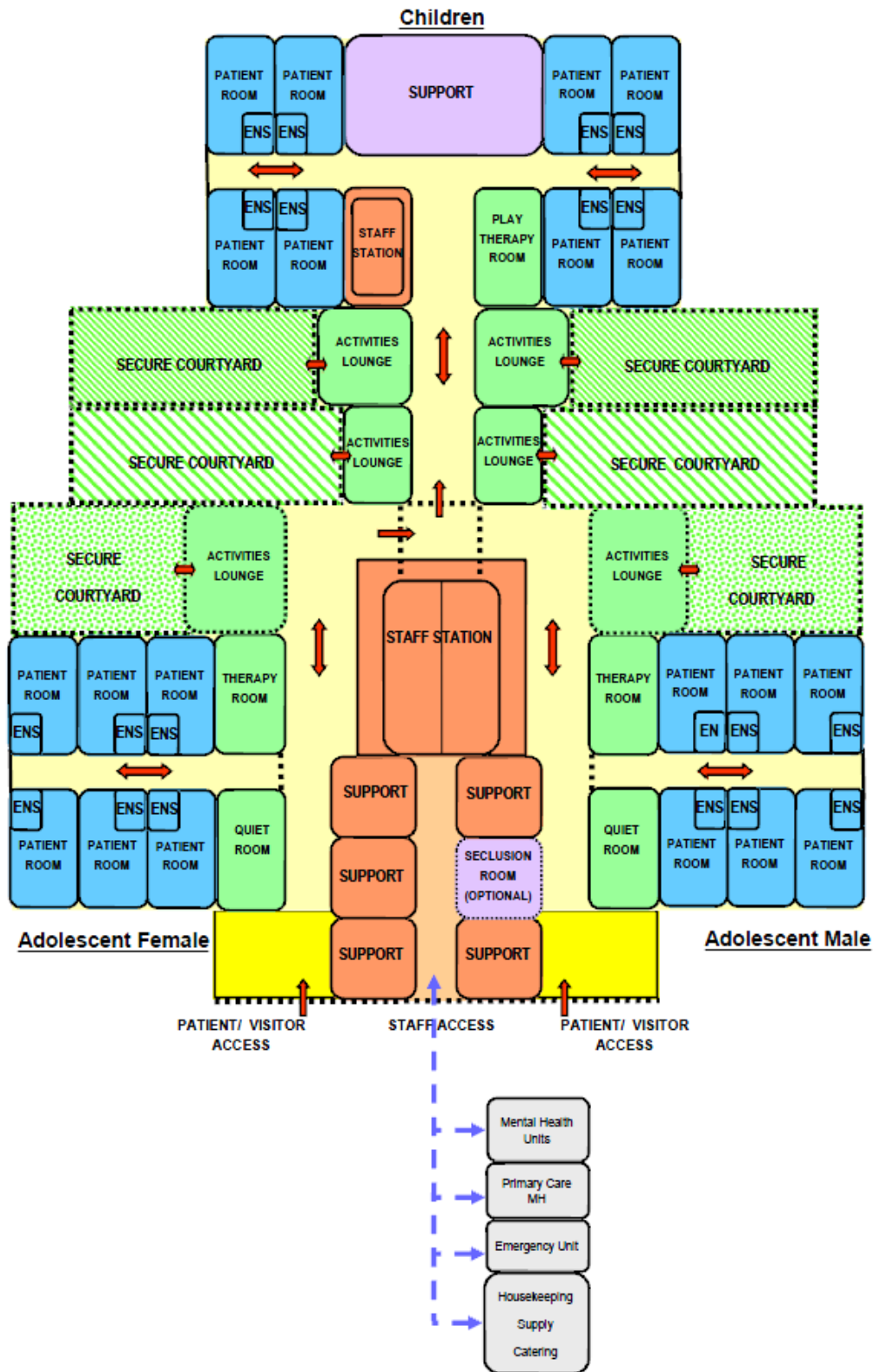
The optimum External Relationships include:

- Patient access from a public circulation corridor with a relationship to the Main Entrance and Car Park
- Separate entry and access for staff and patients transferred from other units via a Service Corridor
- Access for services such as Supply, 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 Rooms
- Patient Bedrooms located on the perimeter in smaller groups allowing for age, condition and gender separation
- Dining, / Activities and Day Recreation Areas centrally located
- Staff Station located with visibility to all patient zones including sub-stations in sleeping and high dependency 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 Child & Adolescent Mental Health Unit are demonstrated in the diagram below.





## 5 Design Considerations

### 5.1 General

The design of the Unit and external spaces should be domestic in nature rather than formal or institutional. Access to the Unit must not be through other units, also the Unit must not form a thoroughfare to any other unit.

The Mental Health Unit should 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 requires 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 includes floors, walls, ceiling, doors, glazing, all fittings, furniture and fixtures.

### 5.2 Environmental Considerations

#### 5.2.1 Acoustics



Acoustic treatment should be applied to the following areas:

- Patient Dining, Activities and Day Areas
- Bedrooms including High Dependency and Seclusion Rooms
- Consult and Interview 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.

### **5.2.2 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, the impact resistance of the glass should be graded from toughest at lower level to weakest at high 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 horizontal 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 do not allow patient escape, shall be provided. Locks, under the control of staff, shall be fitted.



### 5.3 Doors

Doors and door frames should be impact resistant. All doors except 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 by the use of integral blinds 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** for further information.

### 5.4 Size of Unit

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

The schedule of accommodation has been developed for a typical 12 Bed Unit. For alternative configurations, allocate space for key areas according to the following guide:

- Recreation/ Activities areas, 5.5m<sup>2</sup> per patient, minimum in general Inpatient/ Day Patient Area
- Lounge/ Activities/ Dining, 7.5m<sup>2</sup> per patient in High Dependency Area
- Separate Dining Area, 2.5m<sup>2</sup> per patient
- Outdoor Areas (courtyards and terraces), 10m<sup>2</sup> per patient

### 5.5 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 is required as an option in a number of functional areas. Such controls should be as unobtrusive as possible.

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

## 5.6 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 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.

## 5.7 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 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.

Surface mounted horizontal blinds, vertical blinds and curtains should be avoided in patient areas with the preference for integral horizontal blinds to external windows. Curtain tracks, pelmets and other fittings that provide cords or ligature points should be avoided noting the breaking strain of not more than 15kgs.

Light fittings, smoke detectors, thermal detectors and air-conditioning vents to higher 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.

## **5.8 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.

### **5.8.1 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

### **5.8.2 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 5 m<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 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.

### **5.8.3 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.

### **5.8.4 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.**



### **5.8.5 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.

## **5.9 Infection Control**

### **5.9.1 Hand Basins**

Handbasins for staff hand washing are required in the Treatment Room and Medication Room and corridors. 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.

### **5.9.2 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 are required.

Refer to **Part D – Infection Control** for additional details.



## 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 Child & Adolescent Mental Health Unit consists of Standard Components to comply with details described in these Guidelines. Refer also to Standard Components Room Data Sheets and Room Layout Sheets.

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 and are separately covered below.

## **6.1 Non-Standard Rooms**

### **6.1.1 Computer Room**

The Computer Room provides an area for children and adolescents to access computers and use computer games.

The Computer Room should be located in the activities area of the Unit with ready access to patient areas and with direct visibility of staff.

The room shall include the following furniture, fittings and equipment:



- Computer desks
- Computers
- Computer games consoles
- Chairs suitable for computer desks
- Whiteboard (optional)

All furniture in the area needs to be sturdy, vandal resistant and suitable for mental health areas. All cables should be secured and not accessible to patients.

### **6.1.2 Play Therapy**

The Play Therapy Room should be located within the patient Treatment / Therapy Zone of the Unit.

Fittings, fixtures and equipment include:

- Bench, open under
- Storage cupboards for materials
- Whiteboard
- Chairs
- Hand basin with soap and paper towel fittings

Finishes should be smooth and easily cleaned, flooring should be vinyl.

### **6.1.3 Quiet/ Time out room**

The room is very plain and simple with unbreakable fittings, similar to Lounge- Patient, suitable for mental health areas. Television, DVD and CD players are not permitted in this room.

### **6.1.4 Recreation/ Day Area**



The Recreation/ Day Area is a multipurpose indoor space for a range of activities including watching television, indoor games, group or computer activities. The room should be located with visibility from the Staff Station and with ready access to the secured courtyard.

The room may include:

- Patient lockers for patients' art and craft activities or school work
- Furniture suitable to the patient age range and the activities to be undertaken in the space including tables with chairs, lounge chairs, casual floor seating and computer tables
- Television, DVD, CD player, computers, computer games stations
- Bench, lockable cupboards and sink for craft activities





## 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 a typical SOA for a 12 Bed Unit with 8 general beds and 4 high dependency beds, incorporating a Recreation/ Day area, at RDL 5 and 6 for acute mental health patients. Child & Adolescent Mental Health inpatient services at RDL 3 and 4 may be provided within a Paediatric 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 DHA for approval.

### 7.1 Child & Adolescent Mental Health Unit with 12 Beds, incorporating day recreation facilities

ROOM/ SPACE	Standard Component Room Codes					RDL 5-6 Qty x m <sup>2</sup>	Remarks
						<b>12 Beds (8 + 4)</b>	
<b>Entry/ Reception</b>							
Airlock – Entry	airle-10-d					1 x 10	Optional
Reception	recl-10-d					1 x 10	May be shared with a collocated MH unit
Waiting, (Male/ Female)	wait-15-d					2 x 15	
Play Area - Paediatric	plap-10-d					1 x 10	Optional
Parenting Room	par-d					1 x 6	May share public facilities if located close
Consult Room - Mental Health	cons-mh-d					2 x 13	Quantity according to no. of inpatients & day patients
Examination/ Assessment Room - Mental Health	exas-mh-d					1 x 15	1 – 2 per unit depending on size of unit
Interview Room - Family	intf-d					1 x 12	Family meetings
Observation Room	obs-d					1 x 9	Adjacent to Interview room, one way window
Meeting Room	meet-l-30-d					1 x 30	Family conferences, meetings, reviews
Toilet - Accessible	wcac-d					2 x 6	May share public facilities if located close
Toilet - Public	wcpu-3-d					2 x 3	May share public facilities if located close
<b>Inpatient/ Recreational Areas</b>						<b>8 Beds</b>	
1 Bed Room - Mental Health	1br-mh-14-d					6 x 14	Without family escort



ROOM/ SPACE	Standard Component Room Codes					RDL 5-6 Qty x m <sup>2</sup>			Remarks
								<b>12 Beds (8 + 4)</b>	
1 Bed Room - Mental Health	1br-mh-14-d simialr							2 x 20	Special purpose room as required. Such for additional member to accompany the patient, disabled patients, frail patients, and bariatric patients
Ensuite - Mental Health	ens-mh-d							8 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	
Bay - Handwashing, Type B	bhws-b-d							3 x 1	With anti-ligature tapware & basin fittings
Bay - Linen	blin-d							1 x 2	Enclosed and locked
Dining Room (Mental Health)	dinbev-25-d similar							1 x 30	Based on 2.5 m2 per person for 8 inpatients + 4 family
Servery/ Trolley Holding (Mental Health)	serv-mh-d							1 x 15	Adjacent to Dining, may have patient/parent access
Computer Room	ns							1 x 12	
Gymnasium	gyah-p-d similar							1 x 20	Optional, indoor exercise room
Lounge - Activities	lnac-30-d similar							1 x 15	TV, music, separate to Day Area
Multifunction Activities Room	mac-20-d							1 x 20	Classroom, crafts
Play Therapy Room	NS							1 x 12	Optional, dependent on clinical service profile
Quiet / Time out Room	NS							1 x 9	
Recreation/ Day Area	NS							1 x 65	Based on 5.5 m2 per patient for 8 inpatients, 4 day patients
Courtyard/ Outdoor area	NS							1 x *	* An Outdoor Area,10 m2 per person, additional to other recreational areas
Toilet - Patient	wcpt-d							1 x 5	Locate near Activity areas
<b>Parent/ Carer Amenities</b>									
Lounge - Parent	Inpa-12-d							1 x 12	
Laundry - Mental Health	laun-mh-d							1 x 6	Optional
Toilet - Visitors	wcpu-3-d							2 x 3	Male/ Female, may share public facilities if located close
<b>Clinical Support Areas</b>									
Staff Station	sstn-14-d							1 x 14	May be re-sized or sub divided for surveillance



ROOM/ SPACE	Standard Component Room Codes							RDL 5-6 Qty x m <sup>2</sup>	Remarks
								<b>12 Beds (8 + 4)</b>	
Office - Clinical/ Handover	off-cln-d							1 x 15	
Bay - Resuscitation Trolley	bres-d							1 x 1.5	Locate in Staff Station or Medication/Treatment
Cleaners Room	clrm-6-d							1 x 6	
Dirty Utility	dtur-12-d similar							1 x 10	
Disposal Room	disp-8-d							1 x 8	
Store - Equipment	steq-14-d							1 x 14	
Store - General	stgn-8-d							1 x 8	
Store - Patient Property	stpp-d							1 x 8	
Toilet - Staff	wcst-d							1 x 3	Optional, Located in a staff only accessed area
Bathroom	bath-d							1 x 16	Optional; locked, may use raised bath for small children
<b>HDU - Adolescent (Secure Unit)</b>								<b>4 Beds</b>	<b>Optional - Dependent on Service Plan</b>
Airlock - Entry	airle-10-d							1 x 10	Secure entry (ideally interlocking system) with weather protection
Waiting - Secure	wait-sec-d							2 x 6	May be shared between secure units
Exam/ Assessment Room - Mental Health	exas-mh-d							1 x 15	May be shared between secure units
1 Bed Room - Mental Health	1br-mh-14-d							4 x 14	May be subdivided into pods, each with a Sitting room
Seclusion Room	secl-d similar							1 x 14	Optional
Ensuite - Mental Health	ens-mh-d							3 x 5	Accessible from Corridor 2 to 1 bed Room, 1 for Exam/Assessment Room
Lounge/ Dining – Activities (Mental Health)	lda-mh-20-d similar							1 x 30	Based 7.5 m2 per patient
Servery/ Trolley Holding (Mental Health)	serv-mh-d							1 x 15	Adjacent to Lounge/Dining/Activities, may have patient/parent access
Sitting Area	NS							4 x 3	Combine as appropriate depending on layout
Courtyard - Secure	NS							1 x *	*An outdoor area must be provided for each FPU additional to other recreational areas. Size to be determined by patient requirements.
Bay - Handwashing, Type B	bhws-b-d similar							1 x 1	With anti-ligature tapware & basin fittings
Bay - Linen	blin-d							1 x 2	Enclosed and locked
Staff Station	sstn-14-d similar							1 x 10	May be combined with General Unit Staff Station



ROOM/ SPACE	Standard Component Room Codes								RDL 5-6 Qty x m <sup>2</sup>	Remarks
									<b>12 Beds (8 + 4)</b>	
Store – Equipment / General	steq-10-d similar								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	Director
Office - Single	off-s9-d								1 x 9	Nurse Manager
Office – Single	off-s12-d								1 x 12	Psychiatrist, No. determined by Staff Establishment
Office - Workstation	off-ws-d								1 x 5.5	Medical Staff, Qty according to service plan & staffing establishment
Office - Workstation	off-ws-d								1 x 5.5	Nursing Staff, Qty according to service plan & staffing establishment
Office - Workstation	off-ws-d								1 x 5.5	Allied Health, Optimal, Qty according to service plan & staffing establishment
Property Bay - Staff	prop-3-d								2 x 3	
Meeting Room	meet-l-30-d								1 x 30	
Staff Room	srm-15-d								1 x 15	
Store - Files	stfs-10-d								1 x 10	For clinical records; optional if electronic records used
Store - Photocopy/ Stationery	stps-8-d								1 x 8	
Shower - Staff	shst-d								2 x 3	Optional
Toilet - Staff	wcst-d								2 x 3	
<b>Sub Total</b>									<b>1020</b>	
<b>Circulation %</b>									<b>35</b>	
<b>Area Total</b>									<b>1377</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



## Part B: Health Facility Briefing & Design

### Mental Health Unit – Child & Adolescent

- 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



## 8 Further Reading

In addition to Sections referenced in this FPU, i.e. **Part C- Access, Mobility, OH&S** and **Part D - Infection Control** and **Part E - Engineering Services**, 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.fgiguilines.org](http://www.fgiguilines.org)
- The Facility Guidelines Institute (US), Guidelines for Design and Construction of Outpatient Facilities, 2018. Refer to website: [www.fgiguilines.org](http://www.fgiguilines.org)