

INDEX

	Description
502680 250 .0.10	INTRODUCTION
	Preamble
	Introduction
	Policy Statement
	Description of Unit
	PLANNING
	Operational Models
	Models of Care
	Operational Policies
	Planning Models
	Functional Areas
	Functional Relationships
	DESIGN
	Access
	Car Parking Requirements
	Disaster Planning
	Infection Control
	Environmental Considerations
	Space Standards and Components
	Safety and Security
	Finishes
	Fixtures and Fittings
	Building Services Requirements
	COMPONENTS OF THE UNIT
	General
	Standard Components
	Non-Standard Components
	APPENDICES
	Schedule of Accommodation
	Functional Relationships Diagram
	Checklists
	Referenses and Further Reading

INTRODUCTION

Preamble

502681 250 .1.00 This Health Facility Guideline reflects advances in the understanding of optimal environments for care, advances in assessment and treatment, and changing practices in mental health service delivery. Clients who require ambulatory care have frequently been assessed and may have received initial treatment in a community setting. The person presenting for care may be acutely ill, highly distressed and require further assessment and diagnosis or is not responsive to current treatments. Suicide risk may be a further complexity to treatment. Thus, settings for mental health services must be flexible and optimally therapeutic to provide a setting that will enhance the individual's capacity for reassurance and responsiveness to treatment.

Open, spacious environments, natural light and pleasant surroundings can assist the recovery process. Cramped enclosed spaces that are dark with low ceilings can create a negative ambience that may add to the individual's agitation, fearfulness and even depression. A pleasant and relaxing environment can help to create an appropriate atmosphere of hope and positive expectation. Research in Australia and overseas supports the need for built environments that enables sufficient space to be provided to prevent people from feeling confined and restrained and that reduce the incidence of aggression towards staff.

Optimal physical environments are associated with lower levels of aggression and critical incidents, better client outcomes and better staff conditions and satisfaction. Recurrent costs will be substantially reduced and client services and outcomes improved with such settings.

Introduction

502682 250 .2.00 The guideline is offered as a resource to assist in the planning, design and construction of Ambulatory Mental Health Units. The information provided seeks to place the capital planning process within a framework that depends on prior and thorough service planning. It is expected that a service plan will be completed and approved prior to embarking on the design of a new facility or the reconfiguration of an existing facility.

Ambulatory Mental Health Units (AMHUs) are recognised as an essential component of mental health services in all Area Health Services. The continuum of care proposed for mental health services requires that non-inpatient services be provided for patients with mental illness who still need a regular interface with health professionals, while not requiring inpatient accommodation

502683 250 .3.00 EMERGING TECHNOLOGY AND CLINICAL WORK PRACTICES

In determining specific requirements and design, the impact of new technology and clinical work practices should be reviewed prior to commencing capital planning e.g. telepsychiatry - an expanding service linked to specialist clinicians in other locations and to inpatient units as well as for educational uses.

Policy Statement

502684 250 .4.00 Mental Health Services in NSW are underpinned by the NSW Mental Health Act 1990 and the National Mental Health Strategy. The National Mental Health Strategy... provides a framework for national reform from an institutionally based mental health system to one that is consumer focused with an emphasis on supporting the individual in their community. The Strategy was reaffirmed in 1998 with the Second National Mental Health Plan and again in 2003 with the endorsement by all health ministers of the National Mental

Part B - Health Facility Briefing and Planning

Health Plan 2003-2008.”
Also refer
“Charter for Mental Health Care in NSW”

PD2005_339. Manual – “Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities”.

NSW Health Policy Directive PD2005-576 – Office Accommodation Policy – Public Health Organisations and Ambulance Service.

Description of the Unit

502685 250 .5.00 DEFINITION OF HEALTH PLANNING UNIT (HPU)

The function of the Ambulatory Mental Health Unit (AMHU) is to provide – in a safe and therapeutic environment - appropriate facilities for the reception, assessment, diagnosis, treatment and rehabilitation of patients presenting with known or suspected psychiatric conditions and behavioural disorders.

The AMHU may be the patient's first point of contact with mental health services.

Referrals to the Unit may be from Intake Team Members, General Practitioners, inpatient services and others. However, patients may present to the Unit with no referral and no appointment.

Interview spaces will be readily available at the Reception for the prompt attention of persons presenting for care or attention to reduce stressful or anxiety-producing situations.

The operational policies are based on the philosophy of the AMHU, its role and function as well as the interface with other related service elements e.g. inpatient units, specialist services etc.

502686 250 .6.00 SIZE OF UNIT

The schedules of accommodation in this section propose a freestanding AMHU that can accommodate:

- Twenty persons sitting in the Waiting Area (Based on 1.2m² per person & 1.5m² for a wheelchair)
- Up to four staff in the Reception/Clerical/Assessment area
- Up to 40 consultations or interviews per day outside of office areas, being ten per consultation/interview room
- Up to 20 persons at a time in the large Meeting/Activities Room
- Up to 10 persons at a time in the small Meeting/Activities Room
- Office space for 15 full time staff;
- Courtyard or terrace to accommodate 10 persons.
- Amenities for up to 20 staff.

If the proposed unit is to differ from the above workload, the following method should be used to allocate space for key areas:

- Offices for permanent staff according to staff establishment using office sizes as a guide.
- Offices for visiting staff - casual office space in a group setting should be included to enable visiting staff to share a workstation with other visiting staff for the time required.

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- Consultation/examination rooms - One per 10 anticipated appointments per day that are to be held in consultation/interview spaces.

PLANNING

Operational Models

502687 250 .7.00 HOURS OF OPERATION

It is expected that the AMHU will generally operate during business hours from Monday to Friday but this may depend on Operational Policy. And it may be necessary to arrange for after-hours access by staff.

502688 250 .8.00 LOCATION

The location of the Unit will depend on the outcomes of Area Health Service planning across the catchment area. Options may include:

- Free-standing
- Attached to a mental health inpatient unit (existing or planned)
- Attached to (or integrated with) an existing Community Health Centre
- Attached to an existing hospital.

502689 250 .9.00 CONFIGURATION

The configuration of the AMHU will depend upon:

- whether it is collocated with another facility with which it could share facilities or free-standing
- the population of people who will use the service
- the number of staff to be accommodated
- the service mix.

502690 250 .10.00 SHARING

Operational policies and the design of facilities should provide for optimal use and sharing of major equipment. Sharing of equipment should be considered in the context of other service providers in the network. For example, one telepsychiatry unit could serve all the needs of multiple service providers if centrally located.

Operational Policies

502691 250 .11.00 GENERAL

Refer to Part B of these Guidelines for general examples such as Linen and Waste Handling etc

If the unit is to be part of a hospital precinct the operational policies already in place for the precinct will affect the operations of the ACU.

502692 250 .12.00 SPECIFIC POLICIES

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Policies specific to the AMHU will need to be ascertained and defined and may include:

- Whether a purely consultational / treatment service or whether allied health services and recreational activities will be provided – and the extent of same
- Whether patients will attend for a day or half-day or on a sessional basis for activities
- Whether clients will be provided with meals and refreshments
- That all consultation/interview will take place in rooms designed for these purposes. Use of offices can compromise staff safety and is not recommended.
- Storage and administration of medications
- Provision of Telepsychiatry services
- Management of medical records and appointment systems
- Handling of violent situations and restraint
- Arrangements for transfer to an inpatient facility if deemed necessary

502693 250 .13.00 STAFFING

Staffing levels and mix will vary depending on the size and configuration of the Unit, service profile and case mix, patient profile and staff availability

Planning Models

502694 250 .14.00 CONFIGURATION

Options may include:

- Within an existing hospital
- New building
- Freestanding building
- Ground floor or higher level location
- In an established mental health service
- Mental health unit in a new hospital

502695 250 .15.00 FLEXIBILITY AND SHARING

Design teams should ensure that by good design and functional location the sharing of spaces is maximised.

Encouraging part-time service providers to share common office and treatment spaces also increases utilisation and reduces operating costs.

It should also be remembered with regard to sharing, that the sharing of meeting rooms is considered good practice. But this should be cognisant of the demand from both services (ambulatory care unit and inpatient unit) and the fixed uses required of the space e.g. staff handover and magistrate's hearings.

Functional Areas

502698 250 .18.00 FUNCTIONAL ZONES

Zones will generally comprise the following:

- Main Entry / Waiting / Reception
- Client Activities
- Clinical and non-clinical support facilities
- Staff Offices & Amenities

502699 250 .19.00 MAIN ENTRY / WAITING

The Main Entry will be approached via a ground floor lobby or lift lobby dependent on the site and will be the designated entry point to the Unit.

It is one of the most important spaces in the building - essentially 'consumer friendly', welcoming and non-threatening to all users.

The environment should be non-institutional and 'home like' in nature with a safe play area for children to entertain themselves in full view of their parents if required.

The Waiting Area may be divided into sub-zones with actual or perceived separations to provide clients and their families with comfortable discrete spaces while waiting. Comfortable seating should be provided for clients awaiting appointments, relatives and/or significant others.

A Disabled Toilet/Baby Change should be accessed off the Waiting Area and additional public toilets as dictated by population and/or availability of toilets close by.

A bay for parking prams, wheelchairs etc should be included.

Secure and discreet access to Staff Offices and Amenities Zone. May be used 'after hours' for access to meeting rooms by support groups and others.

502700 250 .20.00 RECEPTION / CLERICAL /ASSESSMENT

The area provides reception services to clients, relatives and significant others, as well as space for clerical services for the administration of the unit. Access to secure storage for active medical records and other files is required and to stationery and office equipment.

Clear sight lines for single entry control and observation of the Waiting Areas.

There is an identified security risk for clerical staff working in this area and a second egress door to a safe retreat is essential. However, although this may reduce the risk, it does not eliminate it altogether; therefore very careful consideration must be given to the design of the reception desk such as a wide counter so that disturbed or angry clients/supporters cannot reach across and a physical glass or Perspex barrier designed so as to not interfere with communication and is not intimidating. Fixed and personal duress alarm systems should be in place.

The desk should have an access point for persons in wheelchairs and acoustic treatment is necessary to maintain confidentiality of client information and telephone conversations.

Part B - Health Facility Briefing and Planning

This area may also include an assessment office for staff on intake or telephone services.

502701 250 .21.00 ACTIVITIES ZONE

CONSULTATION / INTERVIEW ROOM

Used for the consultation with and assessment of clients and interview and counselling of family members and significant others.

The number of such rooms and their specific uses will be determined by the services provided by the unit and the client population. At times four or five persons may be involved in an interview or the interview may be limited to the client and the health professional.

Toughened glazing panels are to be used to enable observation from the corridor with window treatments preserving privacy whilst allowing client/clinician observation. This is particularly important in a 1:1 client/staff consultation.

All rooms are to have two doors for egress and duress alarms for security in addition to the use of personal duress system.

Rooms should be located in a quiet area remote from areas of high and noisy Activity. High level acoustic privacy.

The use of soft furnishings provides a less confrontational atmosphere whilst maintaining a secure/safe environment.

502702 250 .22.00 EXAMINATION / ASSESSMENT / MEDICATION ROOM

Located adjacent to Consult/Interview rooms. Discrete observation panel. Locked cupboards with adjustable shelving for storage of clinical equipment, drugs, dressings, syringes/needles and other possibly hazardous materials.

'Sharps' containers to be securely enclosed with easy access for sharps disposal. Adequate bench space. Handbasin with paper towels in container without sharp cutting edges. Furniture/joinery designed to prevent patient/ staff injury.

Two points of egress and duress alarms.

Medication storage must meet the requirements of the Poisons Act (1966) No. 31 (NSW).

A clinical washbasin with elbow operated tapware is required to meet Infection Control Guidelines as well as an examination couch and examination light if the room is to be used for patient examination and/or treatment.

A small desk and chair is also required for note taking.

It should be located in a quiet area remote from noisy waiting or activity areas.

502703 250 .23.00 EN SUITE SHOWER / TOILET

Locate so as to be accessible from two consultation/interview rooms or the examination/assessment/medication room and a consultation/interview room to increase access.