

Part B - Health Facility Briefing and Planning

250 AMBULATORY MENTAL HEALTH UNIT

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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

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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 HOSPITAL 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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502692 250 .12.00

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.

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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.

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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

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to increase access.

The en suite includes a shower, hand basin and toilet with spaces for toiletries.

Shower curtain rails – if required at all - are to either be flush with the ceiling, or to have a very low breaking strain. Grab rails – if needed - are to be solid. All showerheads should be able to be hand-held.

A minimum of two floor wastes are to be included and the floor is to be sloped away from the door to avoid flooding if taps are left on deliberately or inadvertently.

The mirror is to be constructed of toughened material that does not distort the image of the user.

502704 250 .24.00 MEETING/ ACTIVITIES ROOMS – LARGE & SMALL

All rooms may be used for group activities, meetings, education and training sessions. The large room may additionally be used for Magistrates Sessions, if required.

The exact use of such rooms will vary between units due to the different needs of patient groups and services provided and their use should be determined early in the planning process.

Occupational Therapy will need a sink with plaster trap, and possibly a kiln/exhaust.

Computer and/or TV/video need power outlets and appropriate seating; quiet spaces for 'time out' or listening to music need isolation from noise. Clearly observable spaces.

Access should be possible from the Main Entry/Reception Cluster so that public groups can utilise the space for self-help and client advocate groups.

For safety reasons two points of egress are essential. There should be multiple discrete duress alarm points and more than one telephone outlet.

Furnishings should be appropriate for the various activities in the room and be heavy enough to eliminate their potential use as weapons.

High ceilings and an external outlook are important in creating a spacious and less confrontational atmosphere. The colour scheme for this space should be selected with care to enhance a non-threatening environment.

Lockable cupboards (keyed alike) should be provided for the storage of educational and therapy equipment.

At least one room should be considered/cabled for video, telepsychiatry and teleconferencing facilities for consultations, education, and a possible future link to the Law Courts.

Refer to: Memorandum of Understanding for the Conduct of Review Hearings Under the Mental Health Act by Magistrates of the NSW Local Court, December 1999.

502705 250 .25.00 BEVERAGE PANTRY

The Activities Zone should have access to a Beverage Pantry located at the entry

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to the meeting/activity rooms so that attendees can prepare beverages and snacks prior to attending functions or meetings in the Unit. Self-serve access for clients. This room should be lockable so that staff can control access if necessary.

The cluster of spaces created by the meetings rooms, public toilet and the beverage pantry should be ideally located so that they can be utilised by public groups after hours without having access to the remainder of the unit.

502706 250 .26.00 SUB-WAITING

It may be appropriate to provide sub-waiting area/s close to the consultation/interview rooms for use by clients who would be adversely affected by waiting in the main waiting area. If the space is not required for waiting it could be designated as a quiet sitting space adjacent to the courtyard for persons requiring a separate area to sit and relax.

The number of sub-waiting areas will be governed by the nature of services provided and the possible mix of clients accessing Community services

502708 250 .28.00 SUPPORT FACILITIES

Provision of Stores, Dirty Utility, Disposal Room, Linen Storage, Cleaner's Room etc will depend on adjacency or otherwise to an adjoining unit. Unit layout should allow such spaces to be shared wherever possible.

502709 250 .29.00 STAFF ZONE

These spaces have been zoned separately to allow offices and staff amenities to be in a discreet location away from patient areas.

If any staff allocated to / working in the Ambulatory Mental Health Unit already has an office in another part of the precinct, no additional office space will be allocated or added to this Unit

The size of the unit and the number of staff employed will determine the number and configuration of spaces in this zone. Ideally, the office zone will provide a secure precinct for staff in accordance with Occupational Health & Safety Guidelines. Planners are referred to the NSW Health Policy Directive on Office Accommodation.

Staff Amenities may be shared with an adjoining Unit.

Functional Relationships

502710 250 .30.00 INTERNAL

Several relationships between spaces are considered important to ensure that the AMHU operates efficiently and effectively. These are:

Reception/Clerical area should have a clear view of the Main Entry and Waiting Area and be visible from and adjacent to the Staff Zone. There should be easy access to the Stationery/Files Store.

Rooms used for consultation/examination room should be easily accessible from the Main Entry/Waiting Area as well as from the Staff Zone.

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Meeting/activity rooms should be easily accessible from the Main Entry/Waiting Area and be able to be locked off from the rest of the unit so that community and support groups can use the area 'after hours'.

DESIGN

Access

502711 250 .31.00 EXTERNAL

The policy of mainstreaming Mental Health and its associated facilities requires that the Mental Health Unit is perceived as an integral and equal part of the health precinct. Its location should afford easy access to the shared services and facilities that will/may be used by the patients and staff of the Mental Health Unit.

These services include:

- Diagnostic Services
- Visitor amenities
- Staff and visitor parking
- Staff education facilities
- Deliveries for meals, laundry, medical records, stores and supplies and waste collection

If collocated with an adjoining Inpatient Unit, direct but controlled access for staff should be investigated.

Car Parking Requirements

502712 250 .32.00 All-weather drop-off parking for patients □

Discreet ambulance access and parking may need to be considered for patient transfer if necessary.

Refer to Part C, Section 790 for further information.

Disaster Planning

502713 250 .33.00 Refer to Part B Section 80 for further information.

Infection Control

502714 250 .34.00 Handbasins as indicated in Standard Components. Routine precautions.

Refer to Part D of these Guidelines for further information.

Environmental Considerations

502715 250 .35.00 ACOUSTICS

Adequate acoustic treatment is required to ensure that patient privacy is maintained and that disruptive incidents do not compromise the operations of the unit. Areas requiring special attention are noted in the relevant Room Data Sheets.

In acoustically treated rooms, return air grilles should be acoustically treated to avoid transfer of conversations to adjacent areas. Door grilles to these areas should be avoided.

502716 250 .36.00 NATURAL LIGHT

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502716 250 .36.00

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

502718 250 .38.00 INTERIOR DESIGN /DÉCOR

Decor is not just colour. It is furnishings, style, textures, ambience, perception and taste and can be very personal and subjective.

Decor can be used to prevent an institutional atmosphere. Cleaning, infection control, fire safety, patient care and the patient's perception of a professional, caring environment should always be considered when dealing with decor.

Space Standards and Components

502719 250 .39.00 ERGONOMICS

Refer to Part C of these Guidelines for information.

502720 250 .40.00 HUMAN ENGINEERING

□□□

Includes reference to access and mobility. Refer Part C of these Guidelines for information.

502721 250 .41.00

DOORS

Refer to Part C, of the Guidelines with specific reference to Secure Rooms (Clause 710).

502722 250 .42.00 WINDOWS AND GLAZING

Where areas of risk are identified, planners are referred to the Windows Section in Adult Acute Inpatient Units. Also refer to Part C of the Guidelines

502723 250 .43.00

Security within the facility and the surrounding outdoor area as it relates to patient movements requires careful consideration. The security of access for staff, community and domestic service deliveries should also be considered

502724 250 .44.00

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 patients' needs/skills. Staff should be able to view patient movements and activities as naturally as possible, whenever necessary.

502725 250 .45.00

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

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Finishes

502726 250 .46.00 WALL PROTECTION

Refer to Part C of these Guidelines

502727 250 .47.00 FLOOR FINISHES

Refer to Part C of these Guidelines

502728 250 .48.00 CEILING FINISHES

Refer to Part C of these Guidelines

Fixtures & Fittings

502729 250 .49.00 Refer to part C of these Guidelines and to the Room Data Sheets (RDS) and Room Layout Sheets (RLS) for further detailed information

Building Service Requirements

502730 250 .50.00 VIDEO SECURITY

The use of video security as an adjunct to personal observation of internal and external areas should only be decided after the operational policies have been developed for the unit. It should not be seen as an alternative to, or replacement for, the direct and necessary clinical observation of patients. When deciding on the use of video security, the following factors should be considered:

- Area Health Service policies
- Relevant NSW Department of Health policies
- The rights of patients to privacy balanced against the need to observe activities for safety and security reasons
- The ability of the staff establishment to manage the level of observation required without video security
- The maintenance costs involved
- The ability to negate the need for video security with improved functional design.

502731 250 .51.00 VOICE AND DATA

Communication systems may provide for:

- Alarm systems where necessary (eg. dangerous drug cupboard opening).
- Telephone services for staff, patients and visitors.
- Computer and internet access for patients/supporters and staff.
- Teleconferencing, videoconferencing and telepsychiatry facilities that are used for staff education, management and patient services.

Provision must be made at the outset for cabling and power outlets for computers.

502732 250 .52.00 DURESS ALARM SYSTEM

Refer to Part C of these Guidelines

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A discreet duress alarm system will be required at all Reception Points and Client Treatment Areas, where a staff member may be alone with a client.

Also refer to “Protecting People and Property, Chapter 11 – Alarm Systems.

COMPONENTS OF THE UNIT

General

502733 250 .53.00 The Mental Health Ambulatory Care Unit will consist of a combination of Standard Components and Non-Standard Components.

This section must be read in conjunction with Part B Standard Components Room Data Sheets and Room Layout Sheets.

The following text describes only specific requirements not covered by these documents.

Standard Components

502734 250 .54.00 Provide the Standard Components as identified in the Schedule of Accommodation

Non-Standard Components

502735 250 .55.00 Provide the Non-Standard Components as identified in the Schedule of Accommodation according to the Operational Policy and service demand.

502736 250 .56.00 OFFICE / CONSULTING ROOM

DESCRIPTION & FUNCTION

Room used by senior clinical staff as both office and for client interviews.

LOCATION & RELATIONSHIPS

Part of Staff Zone but easily accessible from the Main Entry without having to access other staff areas.

CONSIDERATIONS

Duress call.
Second egress door.
Door observation panels.
Comfortable chairs.

Schedule of Accommodation

502737 250 .57.00 A Generic Schedule of Accommodation for a Ambulatory Mental Health Unit at Levels 3, 4, 5, and 6 follows.

Notes: [o] next to qty/area = optional.

Public / Treatment Areas

ROOM/SPACE	Standard Component	Level 3 Qty x m2	Level 4 Qty x m2	Level 5 Qty x m2	Level 6 Qty x m2

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PUBLIC / TREATMENT AREAS							
RECEPTION	yes		1 x 10	1 x 10	1 x 10	1 x 10	Increase if more than 1 staff
WAITING	yes		1 x 20	1 x 20	1 x 30	1 x 30	
CHILD PLAY (OPTIONAL)			0	1 x 9	1 x 9	1 x 9	
STORE - PHOTOCOPY / STATIONERY	yes		1 x 8	1 x 8	1 x 8	1 x 8	May be combined with File Store
STORE - FILES			1 x 6	1 x 6	1 x 8	1 x 8	Will depend on Operational Policy
TOILET - DISABLED	yes		1 x 5	1 x 5	1 x 5	1 x 5	1 disabled/female/baby change
TOILET - PUBLIC	yes		1 x 3	1 x 3	1 x 3	1 x 3	1 male
CONSULT ROOM			14	14	14	14	Number will depend on service profile & throughput
SUB-WAITING	yes		1 x 5	1 x 6	1 x 10	1 x 12	
MEDICATION DISPENSING			0	1 x 8	1 x 8	1 x 8	May be combined with Treatment Room
TREATMENT ROOM			1 x 15	1 x 15	1 x 15	1 x 15	May incl. medication storage & dispensing
PATIENT TOILET / SHOWER - DISABLED			0	1 x 6	1 x 6	1 x 6	
PATIENT TOILET	yes		1 x 3	1 x 3	2 x 3	2 x 3	
ADL KITCHEN	yes		1 x 8 (o)	1 x 10 (o)	1 x 12 (o)	1 x 12 (o)	
ADL COMPUTER ROOM			1 x 12 (o)	1 x 12 (o)	1 x 12 (o)	1 x 12 (o)	
MEETING ROOM - SMALL (COUNSELLING ETC)	yes		12	12	12	12	Counselling
MEETING ROOM - LARGE (FAMILY GROUPS)	yes		1 x 20	1 x 20	2 x 30	2 x 30	Family groups, Group Therapy
BAY - BEVERAGE, ENCLOSED	yes		Share	1 x 5	1 x 5	1 x 5	Accessible to meeting rooms. Lockable.
STORE - GENERAL	yes		Share	1 x 9	1 x 9	1 x 9	
DISPOSAL	yes		1 x 2	1 x 2	1 x 2	1 x 2	
CLEANER'S ROOM	yes		Share	Share	1 x 5	1 x 5	
DISPOSAL ROOM	yes		Share	Share	1 x 8	1 x 8	

502738 250 .58.00 Staff Offices & Amenities

LIBRARY / RESOURCE ROOM			1 x 12 (o)	1 x 12 (o)	1 x 15 (o)	1 x 15 (o)	
OFFICE - SINGLE 12M2	yes		0	12	12	12	Service Manager, Director. Will depend on Staff Establishment
OFFICE - SINGLE 9M2	yes		9	9	9	9	Will depend on Staff Establishment & need for individual offices
OFFICE - WORKSTATION	yes		5.5	5.5	5.5	5.5	Will depend on Staff Establishment & need for individual offices

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PROPERTY BAY - STAFF	yes		1 x 2	1 x 2	1 x 2	1 x 2	
STAFF ROOM	yes		Share	1 x 2 (o)	1 x 15	1 x 15	
SHOWER - STAFF	yes		Share	Share	1 x 2 (o)	1 x 2 (o)	
TOILET - STAFF	yes		2 x 3	2 x 3	2 x 3	2 x 3	
DISCOUNTED CIRCULATION %			30%	30%	32%	32%	

Functional Relationships

502739 250 .59.00 A diagram of key functional relationships is attached.

Checklists

502740 250 .60.00 A Security Checklist is appended to this document. Refer also to Part C of these Guidelines for general requirements.

References and Further Reading

502741 250 .61.00 Design Series DS-26 – Mental Health Facility Planning Guideline, Volume 2, Ambulatory Care Unit, NSW Health Department 2003.

Safety, Privacy and Dignity in Mental Health Units – Guidance on Mixed Sex Accommodation for Mental Health Services. NHS Executive, June 1999.

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FUNCTIONAL RELATIONSHIP DIAGRAM –AMBULATORY MENTAL HEALTH UNIT

The following diagram sets out the relationships between zones in an Ambulatory Mental Health Unit:

