



QUEENSLAND GOVERNMENT

Building Guidelines for
Queensland Mental
Health Facilities



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Foreword

Mental health services are undergoing a period of major reform throughout Australia. The reforms are aimed at improving the range and standard of mental health services and improving the quality of life for people with mental illness.

The quality and style of accommodation for mental health services have been identified as important parts of all levels of service delivery. Many existing mental health buildings in Queensland are old and reflect superseded theories of mental health service delivery. Consumers have reported that the existing hospital facilities are overly institutional and give them a feeling of confinement and seclusion rather than of promoting rehabilitation and recovery.

It is now well recognised that environment has a marked influence on the treatment of people with mental illness. It is believed the best type of environment is one which has a domestic ambience and promotes a feeling of comfort, security and self-esteem in consumers.

With the planned expansion and relocation of mental health services, many new buildings and changes to existing buildings will be required over the next decade. There is a need to establish new directions and requirements for building design that can be used into the next century as the reforms to mental health services continue.

These building guidelines and accommodation space standards do not replace the need for professional design, user consultation and the need for ordered and proper planning. Rather, they are intended to facilitate this process. The guidelines are the result of detailed work by Queensland Health to combine current theory and practice of design in mental health facilities, input from consumers and carers, and the expertise of design and management professionals, to provide guidelines appropriate to Queensland conditions and needs.

These guidelines are the first comprehensive set of building guidelines established for mental health facilities, and I feel confident they will set the framework for ordered and responsive action in delivering the accommodation needs of Queensland's mental health services into the next century.



(Dr) R L STABLE
Director General
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Acknowledgements

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The document was prepared with the assistance and cooperation of many mental health service providers and consumers throughout Queensland.

A key component of the project was a consultation process with mental health consumers through a series of Focus Groups convened by consumers at Cairns, Mackay, Townsville, Charters Towers, Mt Isa, Caboolture, Toowoomba and Brisbane.

The following organisations and individuals made a significant input to the guidelines:

- Mental Health Branch, Queensland Health
- Capital Works Branch, Queensland Health
- Wolston Park Hospital
- West Moreton Mental Health Services
- Baillie Henderson Health Services
- Stones Corner Mental Health Services
- Queensland Mental Health Consumer Advisory Group
- 032 Design Pty Ltd
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Section 1
Background

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Background

Background to this document

The building guidelines for mental health services in Queensland have been developed as part of the process of mental health reform. The prime objective of the guidelines is to ensure that mental health services in Queensland consistently provide an optimal environment for the delivery of high quality treatment and rehabilitation services which best meet the needs of consumers.

There is a general recognition that mental health facilities currently in use reflect a different and out-of-date attitude to mental health care. Piecemeal development, ad hoc changes, and lack of continuous architectural traditions have all contributed to the current situation.

This project collates the most recent design experience in relation to mental health facilities, and proposes a comprehensive format for use by designers, service providers, consumers and carers.

How to use this document

The information contained herein is collated from the general to the specific.

- *Section 2: General principles* outlines the broad and conceptual directions design should take. Different facilities will require varying responses and will generate specific designs which are covered in the following sections.
- *Section 3: Facility design guidelines* provides conceptual design differences between building types.
- *Section 4: Accommodation and space standards* gives references and information in establishing spatial, equipment, furniture and other functional uses or environments.

Section 2: General principles

This document provides broad concepts under four headings:

Design objectives are the desired outcomes.

Design strategies represent strategies for achieving the desired outcomes.

Performance criteria are indicators for achieving desired outcomes.

Standards and policies must be complied with to achieve desired outcomes.

For example, for Signage and Art, the first Design Objective requires that 'each emergency service is readily identifiable'. This is the statement of desired outcome or objective to be achieved. The Design Strategy or the way one goes about achieving this is to 'provide clearly delineated circulation routes. Label spaces and facilities appropriate to service within'. The probable result if strategy is followed, the performance criteria, is the provision of 'clear directions for emergency vehicles and personnel' and 'signage is easily read'. The minimum standards for compliance are 'BCA, AS1216 and AS2786'.

Often there may only be a partial documentation.

For example, where no design policy exists, the designer and other members of the team should work to meet stated design objectives, and assess whether the strategies are effective in meeting design outcomes.

This method gives the organisation, the design team and the individuals involved a meaningful role in achieving the design outcomes, allowing for site-related, cost-related or requirements-related change to the design. It is envisaged that there will be an in-built flexibility to allow for the manipulation of the design throughout its production.

Section 3: Facility design guidelines

This section establishes the parameters under which site planning may occur for a generic mental health facility. Cross-references and subsections establish divergences for buildings or facilities of a particular type (which may have peculiarities found only in that type).

Section 4: Accommodation and space standards

The accommodation guidelines establish the detail for individual room or space types.

Objectives and methodology

Objectives of this document

This document has a number of stated uses. These are:

- an aide memoir for planning purposes
- a description of mental health planning policy and objectives
- a tool for facility and building planners and designers
- a constant and published cost-planning tool
- a charter for appropriate design
- an instrument for planning and design debate and consumer feedback
- a tool for rationalising and informing the production of the project definition plan in the planning process.

Methodology

The guidelines document is loosely based on similar design guidelines published by Victorian Health and Community Services, the New South Wales Public Works Department and the Queensland Department of Public Works and Housing.

The theoretical basis establishes the mechanism for design change outside the stated guidelines with the stated permission of the project officer, but maintains the general **accordance** with objectives, and particular compliance with stated policy.

The format is to be loose leaf so the document can be regularly updated. Updates should occur following:

- change in policy or objectives
- change in design theory
- change due to evaluation after project definition plan processing
- change due to recommendation by post-occupancy evaluation
- editorial and detail requirements update
- addition of different generic building types

Limitations, constraints and opportunities

Approved planning process

The approved planning process establishes the project definition plan as the primary briefing document for design. This document is to inform and educate the design team and others involved in the procurement process.

Consultation

The building guidelines are not intended to replace the formal consultation required between the design team and user groups, but to enhance the feedback and design skills of all involved. The architect, and the design team are part of an educational process that involves all the user groups, project management teams and consumers. The building guidelines ensure that the participants are adequately informed of the terminology and information being used.

Assumptions

The building guidelines have been based on assumed conditions for the purpose of establishing benchmarks for design action. The size, disposition and nature of the facility types offered are unlikely to meet actual requirements and site conditions. The maximum number of staff for each facility has been based on the model used by Queensland Health for its detailed mental health services planning. The actual number and mix of staff will vary according to each individual service's management and model of clinical care, and the occupancy rates achieved.

Therapeutic environments

The characteristics of therapeutic environments are difficult to establish, and the delivery of mental health care is continually under review. Current research indicates that the best type of environment is one that has a domestic ambience and promotes a feeling of comfort, security and self-esteem in consumers. Future architectural theory and health care delivery may lead to amendments of the building guidelines.

Amendment to the documents

The building guidelines have been published in a form that allows for regular updating of material. Feedback from users of the document would be welcomed for the purpose of its ongoing upgrade. Readers and users of these Building Guidelines should send their comments to the following address:

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