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PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS

INTENSIVE PSYCHOLOGICAL SUPPORT UNIT

Brought up by Mr Green and Ordered by the House of Assembly to be printed.

MEMBERS OF THE COMMITTEE

Mr *Wing* (Chairman)
Mr *Harriss*
Mr *Green*
Mr *Hidding*
Mr *Kons*

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INTRODUCTION

The Committee has the honour to report to the House of Assembly in accordance with the provisions of the Public Works Committee Act 1914 on the Intensive Psychological Support Unit (IPSU) to be located within the Royal Hobart Hospital (RHH).

The IPSU forms one part of the Royal Derwent Hospital/ Willow Court Centre (RDH/WCC) Redevelopment Project. This RDH/WCC Redevelopment Project will complete the full redevelopment of facilities that are currently on the RDH and WCC sites. The overall redevelopment includes new purpose-built facilities, the upgrading of premises on the Millbrook Rise site, purpose designed new buildings and the refurbishment of existing properties at other locations in the State. The RDH/WCC site will become surplus to requirements and the Government will dispose of it.

The RDH/WCC redevelopment will see the establishment of 6 new mental health facilities in the community, including this unit within the RHH and another in close proximity to it. This is in line with National Mental Health Strategy priority areas for reform. That is, to reduce the size, or close, psychiatric hospitals; provide an increased level of community based services; and provide acute psychiatric care in the general hospital environment.

BACKGROUND

RDH/WCC Complex

The combined RDH/WCC complex is the oldest institution of its kind in Australia continually operating on the same site. The site is therefore of considerable State and National historic and social interest as it has been used since the late 1820s. The oldest building was constructed in 1830 and occupation pre-dates Port Arthur.

The Lachlan Park Hospital offered combined services until the mid-1950s when the RDH and the WCC were designated to operate as two distinct services. This division reflects contemporary practice that recognises the distinct clinical and psycho-social needs of the two client groups.

The RDH is the State psychiatric hospital and supports people with a mental illness, which may be of an acute, episodic or chronic nature. The WCC is an institution that supports people with an intellectual disability, which is a life long and untreatable condition.

Most of the buildings at RDH/WCC are old and few of them are suitable for client use. The standard of accommodation in the current facilities does not match client needs, contemporary best practice standards, occupational health and safety standards and is not condusive to efficient work practices.

The combined RDH/WCC complex now accommodates fewer than 140 individuals compared with its peak occupancy of over 1,000 people in the early to mid 1970s.

Mental Health Services.

Mental Health Services is responsible for coordinating the provision of services to people with mental health problems in Tasmania. There is a statewide management structure with services provided through local management areas in the south and North/NorthWest.

The National Mental Health Strategy lays the foundation for the integration of mental health services. Mental Health Services in Tasmania are undergoing major change and are moving to create a unified and more integrated service, which focuses on early intervention and rehabilitation of clients with mental health disorders.

For Mental Health Services, the RDH/WCC Redevelopment Project has involved the development of facilities incorporating the Intensive Psychological Support Unit, the Step-Down Unit, Community Care Residential Unit and Group Homes.

Community Integration

The National Mental Health Policy, which supports the Second National Mental Health Strategy, endorses the establishment of a community orientated mental health system and service redevelopment aimed at achieving the appropriate mix of community and hospital based services.

The RDH/WCC Redevelopment Project affirms the key policy principles of a comprehensive and integrated service system which is timely and responsive to the needs of clients with serious mental illness.

Target Group for the IPSU

Adults who have an acute onset or relapse of severe mental illness, and/or behavioural disturbance, and for whom secure inpatient treatment is the most appropriate option.

PROPOSAL

Purpose

The primary purpose of the Intensive Psychological Support Unit is to provide short term intensive and/or specialist psychological care for adults who have

an acute onset or relapse of severe mental illness, and/or behavioural disturbance, and for whom secure inpatient treatment is the most appropriate option. Care needs to be provided within an environment where harm to self or others may be prevented.

Clients may be voluntary or involuntary patients and will be admitted through agreed protocols.

Location Considerations

The placement of this Unit on the site of the RHH was determined after consideration of the following elements:

- Access to specialist psychiatric services for comprehensive assessment;
- Access to community mental health and step-down services for appropriate and immediate follow-up to ensure continuity of care;
- Access to related specialist services such as medical and Alcohol and Drug services;
- Staffing a unit of this size as a stand alone unit would be extremely expensive; and
- The safety of both staff and patients is to be of primary importance.

COSTING

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Consultants, fees architectural and engineering	117,800
Construction cost	1,370,000
Design and construct contingency	50,000
Art in Public Buildings	32,000
Voice and data cable upgrade	9,000
Post occupancy contingency	21,200
TOTAL	$1,600,000

EVIDENCE

The Committee commenced its inquiry on Friday, 17 November 2000. The submission of the Department of Health and Human Services was received and taken into evidence. The Committee inspected the site for the proposed Intensive Psychological Support Unit. Following the inspection, the Committee returned to Parliament House and commenced hearing evidence. The following witnesses gave evidence at the hearing:

- Mary Bent, Director, Community and Rural Health Division, Department of Health and Human Services

- Coral Muskett, Director of Nursing, Mental Health Services, Department of Health and Human Services
- Kate Fennell, Senior Consultant, Community and Rural Health Division, Department of Health and Human Services
- Bill Cochrane, Consultant, Asset Strategies, Department of Health and Human Services
- Stan Andrewarthur, Senior Estimator, Hansen Yuncken Pty Ltd
- Clive Wilson, Architect, Brown Falconer Group Pty Ltd
- Barbara Wakefield, Member, Tasmanian Consumer Advisory Group on Mental Health

Background

The Director of the Community and Rural Health Division of the Department of Health and Human Services, Mary Bent outlined the background of the project to the Committee:-

> *"The Royal Derwent Hospital is the State's psychiatric hospital and supports people with a mental illness which may be of an acute episodic or chronic nature. During the late 1980s and early 1990s, the State Government adopted a policy of community integration and the development of a more integrated network of community support services in line with the national agreement and the United Nations human rights principles.*
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> *Mental health services in Tasmania are undergoing major change and are moving to create a unified and more integrated service system which is timely and responsive to the distinct clinical and psycho-social needs of clients with serious mental illness. This project finalises community integrated initiative by completing the move away from the large, outdated institutions into smaller, purpose-built facilities. The overall redevelopment will see the establishment of six new mental health facilities in the community, including this unit within the Royal Hobart Hospital and another in close proximity to it.*
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> *On 1 November 1999 Cabinet approved the provision of $1.6 million from the 2000-2001 capital investment program for the design and construction of the intensive psychological support unit to be located at the Royal Hobart Hospital. The primary purpose of the intensive psychological support unit is to provide short-term intensive and/or specialist psychological care for adults who have an acute onset or relapse of severe mental illness and/or behavioural disturbance, and for whom secure inpatient treatment is the most appropriate option. Care needs to be provided within an environment where harm to self or others is prevented.*
>
> *In approaching the design of this unit, the architects have implemented their strong belief that the unit is planned and*

detailed to meet the specific needs of the special client group. The proposed design incorporates specific design elements that ensure that primary consideration is given to the safety of both client and staff, while at the same time ensuring the required therapeutic environment. Hansen Yuncken will shortly commence construction pending approval from this committee. The program completion of the unit is June 2001."

Design Elements

The Project Architect, Clive Wilson described the design elements of the project:-

"This development is proposed to occupy the lower ground floor space of block B of the Royal Hobart Hospital and as such to accommodate almost entirely the required facilities within the existing floor space, with an addition to the rear which will in fact be the space dedicated to the provision of six en-suited bedrooms for this client group. The unit is designed in several zones of activity. The first is on the northern end of the block which is to the right hand frontage, and will be dedicated to the continuation of the current day care activities for people who are residing outside of the unit in the community and who come in for therapeutic and other treatment programs.

Those facilities are located around the existing lift and lobby area, and substantially reutilise existing open spaces which front onto a courtyard for outdoor activities and relief between program activities which fronts Campbell Street at that end of that building. This area has been designed largely as a free space, it is not secured in the sense that will be necessary for the accommodation, safety and care of those people who are clients of the intensive care unit. The accommodation proposed there is a large day dining activity area which replaces the existing facility on this level, which is combined with a wet activity space so that on a flexible basis, these people can be cared for within a single space with good flexibility, which is the major concern there to accommodate a wide range of activities.

Toilet facilities, disabled toilet facilities and staff areas will be provided related to that space, including three office areas which are intended to accommodate staff which currently operate those programs. As nominated earlier, these will be outside the secure unit and associated with the lift and external access at the northern end of the building. The rest of the building is to be dedicated as a secured unit, with the exception of the front waiting space which will be reutilising the existing front entrance waiting foyer to the building and will be used for the entry of visitors and voluntary admissions to the unit. These will be connected via a

reception space and corridor to a visitor's lounge and an external visitors courtyard.

Associated with this area of the building will also be staff dining and tea room facilities which are provided to enable the staff who are involved in the special care of these intensive care clients, to withdraw from the unit and to take some respite from their duties during the day. They have been provided also with a small courtyard externally which is enclosed on the Campbell Street frontage for them to enjoy at least some outdoor breaks from the fairly intensive activities they'll be engaged in internally.

The reception space to which we earlier referred has been designed with full surveillance and overlooks both the waiting area, the visiting courtyard, the visitors room and the public toilet space, and will also control entry to the building via a transfer transition area which, in a subtle and transparent way, will ensure that there is some security both from people coming into the unit as well as any attempts for people to transfer outside.

Once inside the unit, from that particular entry, the design of the facility is based on a twin-corridor basis of planning. One of the corridors will be reused from the current facility by way of its location and creates a spine, if you like, for the day activities and links the staff and living spaces across the front of the building. The dining servery area is provided along the current Campbell Street frontage and will be associated with a large lounge area adjacent and a kitchen servery. Meals will be supplied from the Royal Hobart and will be brought down to the kitchen for plating and distribution locally within a residential framework.

Both the dining room and the large lounge area open onto a covered exterior courtyard which has been designed to enable both outdoor all-weather activity as well as provide a secure private area for the clients which can be observed from the interior of the building but also which has enabled them to perambulate, if you like, with free movement inside and outside as they are enabled by their care plan.

The central core of the building is dedicated to staff activities, treatment, ablutions and consulting and treatment rooms and the accommodation has been established in the south-eastern corner as well as to the rear of the building in two groups. One enclave consists of four rooms with shared ensuite accommodation which has been separated from the other six to enable gender and behavioural management difficulties to be catered for in a most discreet way. Associated with that zone will be a small laundry, utility spaces and an assisted bathroom.

The major accommodation areas to the rear of the building through an extension which curves back into the rear void of the building area and those facilities are provided with shared ensuite accommodation and a small lounge and again would be able to be supervised both from the staff base and other meeting room and activity areas.

The nature of the design has been based around central staff-based locations and as indicated in the introduction, specifically to cater for both the safety of the clients in their stressed conditions and also for the staff in their capacities as carers for them.

The bedroom areas are substantially sized. A lot of research has been undertaken into the accommodation that has to be provided in that area. The plan has been devised in very close liaison with the user group, with the staff group that will be occupying and managing the centre and has been developed progressively through value management and briefing and a series of sketch preliminary assessments to arrive at this current plan.

The facility will be fully air-conditioned. The air conditioning system has been designed with an increased rate of fresh air intake above the standard so that we can maintain a fresh environment and of course all the areas which are internal in the building related to ablutions and stores and other things will be fully exhausted. The facility will be provided with a total fire safety system consistent with that installed at Royal Hobart and indeed the security and duress systems which will be incorporated in this facility will be networked in with the current systems which are currently being provided in the hospital.

The finishes and the construction of the building are such that externally the building will in fact retain very much its current design, its impact and benefit to the urban design of Campbell Street. The external courtyards have been designed in a lucid sort of way to incorporate tensile fabric covers which are reminiscent of the dockland perspective which is available down Campbell Street and in fact will project over the street to provide some fenestrations, some shadow lining and also some relief and benefit to the streetscape, given that we've had to accommodate the external courtyards with some degree of security.

The construction of the unit will be robust. We are working within the existing structural envelope of four slabs and external walls. As I said earlier, the extension to the rear will of course be a new addition but the construction of walls, fittings, fitments, will all be specifically designed for the special care of this client group and have developed a degree of robustness which will enable the maintenance of the facility and also the safety of the residents to

be treated equally, such that once established the building should have a very good life cycle.

As far as finishes internally are concerned, rooms will be largely clad in vinyl which are sponge-backed to prevent damage from impact and self-abuse. Doors swing through full 180 degrees to reduce any difficulty in respect of access and safety when stressed patients are being handled. There are some areas which are going to be provided with carpet to assist in the provision of a residential, calming environment. Lighting levels will be controlled in respect of dimming control as well as a clinical lighting levels, so there's a full ambit of environmental control in respect of lighting to accommodate each of the needs of the relevant conditions of the clients.

The internal environment will be designed with colour treatments which are restful and not particularly stimulating given that we're in this environment where we would want to in fact normalise people from stress conditions and so particular emphasis will be put to ensuring that the colour treatments and selections throughout the building are designed to optimise the care program which is in train."

Consultation

The Committee questioned Barbara Wakefield, Member of the Tasmanian Consumer Advisory Group on Mental Health regarding the consultative process that had been undertaken in relation to the project, specifically, as to whether members of the Group in areas of the State other than the southern region had been consulted. Mrs Wakefield responded:-

"It has been primarily confined to those in the south but there have been informal discussions about the progress and the planning of the unit by myself with other members."

The Committee questioned Mrs Wakefiled as to whether the concerns of the Group, if any, had been satisfactorily addressed. Mrs Wakefield responded:-

"...I was interested in the staff's perspective because I believe that those who actually have to deal with the patients are those who know it best. When I attended the first value-management meeting, there were half a dozen staff present - handling staff - and they had some concerns at that time, some of which I think they found difficult to articulate. They perhaps had some fears that were without good foundation but there were other concerns they had. My understanding is that the staff has been well consulted - I am sure people here can give evidence about that. So that's been a key factor in my feeling of satisfaction about the completed project to this point.

The other aspect that I was concerned with was easy access. I personally felt that to be based in the hospital was a wise decision because I have heard of people having to go out to New Norfolk in the past and ... the stigma of going to a separate unit, doesn't apply when they're coming to the hospital - I mean, they could be here for any purpose; they may be in the psych ward but they could be coming here for other reasons - apart from that stigma of going to another place, obviously the geographical location for me was important because there is easy access in Hobart, generally speaking. So access was pretty vital.

The lightness, the unclosed feeling in fact, I think that there is the creation of a closed unit but with the feeling, from what I can glean - fortunately my husband is a designer so I'm fairly experienced at looking at plans. So it seems that there's going to be space and light which in a sense contradicts the term 'a locked ward' or 'a closed ward'. I think that's great if that can be achieved.

I also was a little worried about the University staff and where they'd be placed but, again, I understand that's been happily solved and people here can give you more detail about that. I think that's about it.

The main thing was the staff fears. Again, I understand that they have been allayed. I visited the existing ward on my own and talked to the staff there. I understand from Clive that there's been lots of consultation. There certainly was at the value-management meeting. They were very articulate hands-on staff, as I said before. So that side of it I think has been well covered."

Project Funding

The Committee questioned the witnesses as to the budgetary arrangements made for the project. Ms Bent responded:-

"The removal of this project from the major Royal Derwent Hospital redevelopment project was necessary for the total Royal Derwent Hospital Willow Court redevelopment to be achievable within the level of recurrent funding that was available to the Government.

The proposal around this larger project was that there would be a consortium of financiers for the construction company developers that would develop all the facilities that are going to be required for the redevelopment of the Willow Court centre which this committee is already aware of and the redevelopment of the Royal Derwent Hospital. Then the department would occupy

those buildings, which would still be owned by the company, and we would be paying lease costs to the company.

It is obvious that we needed to be very sure that in the final outcome that the costs we were expending in recurrent terms was within our capabilities. It became clear that if we could remove some of the elements from that broader project out of that sort of financing arrangement then that would impact beneficially on our capacity to maintain those recurrent costs within our budget.

The other element that was important as we considered which of those units we might remove from the larger financial arrangement was that this is a highly specialised facility where the benefit of siting it at the Royal Hobart Hospital was very significant. It was clearly not appropriate for there to be a base at the Royal Hobart Hospital that was owned by a private institution. So that then left us with the alternative of seeing this project as something that could be funded through the capital investment program and where the ownership of the facility stayed within government.

So they were the two factors that lead us to remove this one from that larger overall project and to go down this line in relation to this.

We had a limit of $1.6 million in relation to the development of this unit and we were initially looking at eight beds. We've extended that to ten beds in this proposal because we are conscious that this is probably a once-off opportunity to build this unit within the confines of the Royal Hobart Hospital. It is a very full site and that if we weren't very conscious of needing to plan for the future and to meet future needs, then we would regret being tight on the number of beds. So the beds have been extended to ten but through very careful planning, through consultation with the staff, and I think particularly good work from our architect, we've managed to keep the limit still within $1.6 million. So the current estimate at the moment, I think, is $1.52 million which gives us a little bit of leeway as well."

Tendering Process

The Committee questioned the witnesses as to whether the project would be the subject of a competitive tendering and quantitative survey processes. Ms Bent responded:-

"Not for the construction of this element because it was competitive across the whole of the project. The tendering arrangements were open for the total project and this was

continued as part of that overall project even though it was funded through different forms.

Hansen and Yuncken were the successful tenderers in relation to the development of the whole Royal Derwent Willow Court construction project and this has come in as part of that."

The Committee questioned the witnesses as to what, if any, arrangements had been made for ongoing quantitative surveying of the project. The Consultant, Asset Strategies, Department of Health and Human Services Mr Cochrane responded:-

"My role is project manager, I'm looking after the project governance and that very aspect ...

As part of the progression of the project, we in fact do have an independent quantitative surveyor and that's the method by which we're ensuring that we get value for money. All the prices and elements within the project are broken down to a very finite level and put under a high degree scrutiny and that is happening as the project progresses. So we have a check mechanism in place to ensure we have value for money."

University of Tasmania

The Committee questioned the witnesses regarding the displacement of the University of Tasmania, the current tenant of the subject area of the project. Ms Bent submitted:

"... We are moving the offices for the university, for the psychological liaison service that currently occupy that to the ground floor of the north-east wing. That at present is a lecture theatre so it does require some significant redevelopment which Mr Cochrane can explain to you. The total cost of that will be in the vicinity of, I think, $450 000, and if the Chair wishes I will get Mr Cochrane to explain what we have in mind for that area."

Staff/Patient Ratio

The Committee sought evidence from the witnesses in relation to the current staff-patient ratio; how many patients are being treated and where; and what number can be accommodated. The following exchange took place:-

Ms BENT *- ... the clients are currently accommodated at Royal Derwent Hospital in the unit that we call ward seven. That unit comprises both acute clients and chronic clients, so it's a mixture which is not the best arrangement clinically. There are currently fourteen clients in ward seven at the Royal Derwent Hospital at*

the moment. There are two units being developed that will take the place of ward seven: one is at Millbrook Rise and it has six beds; it will be a closed, secure unit for chronic patients. The other is the one that is under consideration today, the intensive psychological support unit, and it will have ten beds.

***CHAIRMAN** - So the first one at Millbrook Rise will have six beds and for patients classified chronic.*

***Ms BENT** - Yes - chronic and requiring a secure environment. There are, of course, other wards, other units that are being developed at Royal Derwent Hospital as well that will have a range of other supervision capacities.*

***CHAIRMAN** - In addition to these two units.*

***Ms BENT** - Yes.*

***CHAIRMAN** - The second unit?*

***Ms BENT** - The second unit is this unit, the intensive psychological support unit, and it will have ten beds classified as secure and acute.*

'Fit-out' Detail

The Committee sought information on the proposed fit-out of the facility. Mr Wilson responded:

"There's a very deliberate design criterion which is being applied to the detailing of the development which, of course, is not evident on the scale of the drawings that are presented here which is intended to eliminate, as much as we are absolutely able, any hanging point positions.

As we discussed earlier, the ensuite bathrooms are designed with shower heads which are non-adjustable but are all applied at the angle that will not sustain any hanging device.

The application of shower screens are such that the tracks are located in concealed flush positions and that any hanging arrangements as far as the curtains are concerned are with the velcro arrangements so that they can be adjusted.

It should also be noticed that in the majority of cases there is a high degree of staff supervision in respect to any of the ablutions and bathing functions because of the need to be careful of patients and to ensure that any shift in activity towards that direction is not sustained.

Taps are all designed with a rounded device so that, again, as much as we're able within the function of actually turning a tap on and off, the design does not facilitate the attachment of any hanging device.

Things like traps on basins and so forth are concealed within the basin configuration. Cisterns are all concealed. Doorknobs and latches throughout the facility are designed such that any protrusions are obviated with 45 degree splay so that you can't attach anything to that. Most are pull handles and so forth are in fact flush finger grips as distinct from any latches or handles.

There has been considerable discussion and research in regard to the use of doors as being able to be hung off the corner of, and that's one which does present considerable difficulties. We've done some research upstairs with the people in the DPM to really work through that issue and we are in the process of further discussions with them on that one.

As far as the use of any other flexible arrangements, outlets into basins are, of course, all designed in that same sort of slip function so that you can't attach anything to that.

Fittings are designed with very light screwing mechanisms such as that if at the point of any pressure is applied in fact they will either withdraw from a wall or snap. So they've all been designed with a maximum loading level which is able to take towels and handrail functions but, for instance, all of the disability-type facilities will be incorporated in the main bathroom which will be a supervised facility. So where they do need those physical aids, in fact staff will supervise the operation in the same way as they would in any acute hospital.

Generally, things like corners of cupboards and all those other things are all handled with cut-offs so that there won't be any sustained facility. Lighting is all flush and secured. Registers for the air conditioning are specifically designed in the mesh fabric-type grilles without any hanging points, rather than the louvred-type distribution mechanisms which were quite able to be abused or belts or anything hung through. Of course, overall, there is a sub-system of monitoring which we are providing in every area in which clients are able to be secluded, if you like, who can enjoy some degree of privacy such that without the notion of people prying through video cameras or anything else. Nonetheless there is a movement-sensing device which is flush-mounted in ceilings so that if there is movement at any particular time that does become distressing, then staff will be aware of that on their pager-monitoring systems."

CONCLUSION AND RECOMMENDATION

The standard of accommodation in the current facilities does not match client needs, contemporary best practice standards, occupational health and safety standards or meet efficient work practices.

The new facility will provide for short term intensive and/or specialist psychological care for adults who have an acute onset or relapse of severe mental illness, and/or behavioural disturbance, and for whom secure inpatient treatment is the most appropriate option.

Accordingly, the Committee recommends the project, in accordance with the plans and specifications submitted, at an estimated total cost of $1,600,000.

Parliament House
HOBART
6 December 2000

Hon D. G. WING MLC,
CHAIRMAN