Adolescent Extended Treatment Centre - Co-design

Prepared for: Design in Mental Health Conference

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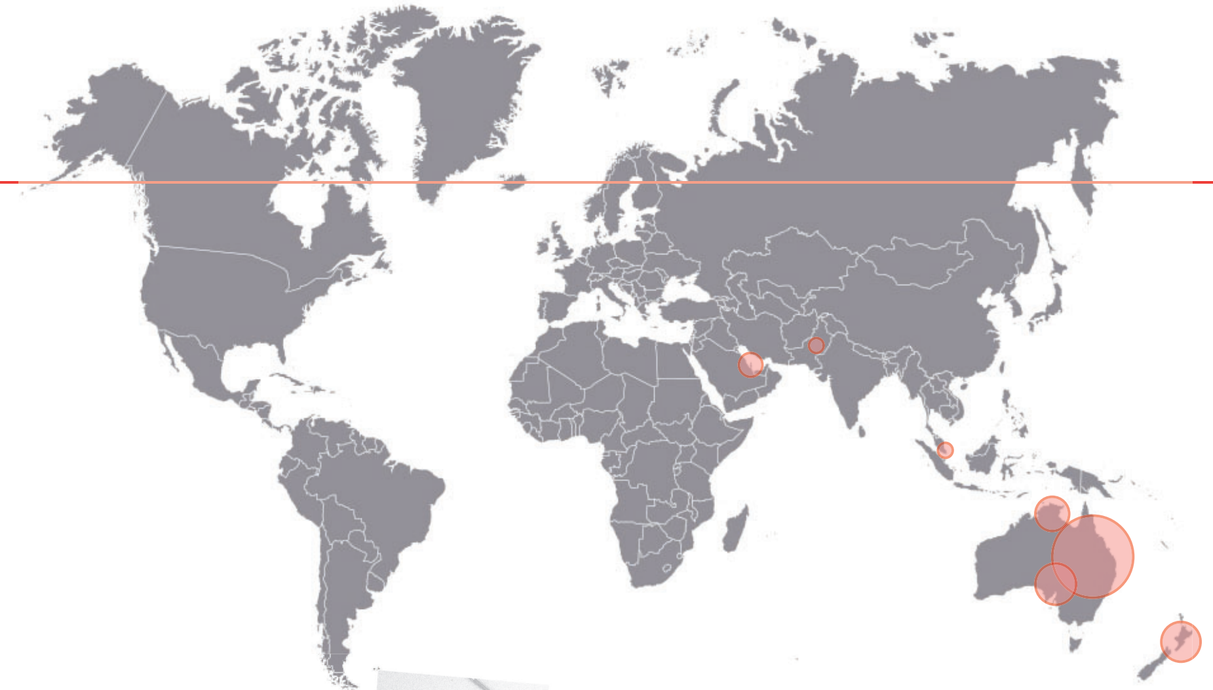
MAAP



MAAP are currently commissioned for projects in Australia, New Zealand and the Middle East and have recently been involved with projects in Singapore.

1991 – MAAP was formed in London by Mungo Smith & other founding directors

2008 – Started work in Australia

2012 – Established Sydney Office

Mungo Smith

MAAP Sydney Office

Methodology and Beliefs

MAAP believes in challenging orthodoxy through research, innovation, and user engagement offering a personal and fully engaged design process.

1. Exclusive

We work exclusively in the health and care sector. Our sector-focused approach helps us achieve excellent design outcomes and our projects regularly receive awards acknowledging our imaginative approach combining theory and practice.

2. Experience

We have 25 years experience master planning sites, designing buildings, and evaluating completed projects. We have accumulated a significant knowledge-base devoted to mental healthcare facilities.

3. Research and Innovation

We are committed to continually improving outcomes by leading research commissions and applying evidence-based findings to our projects. We frequently collaborate with leading international research partners and regularly undertake studies on the design of health facilities to inform future projects.

4. Challenging Orthodoxy

We have consistently challenged the accepted orthodoxy of the modernist hospital model as an appropriate physical environment for treatment and care. Essentially we believe that hospitals benefit holistically from better environments, meaning higher air quality, less noise pollution, better natural light, quality aesthetics, improved views and more domestic and human-scaled environments for patients, staff and visitors.

5. User Engagement

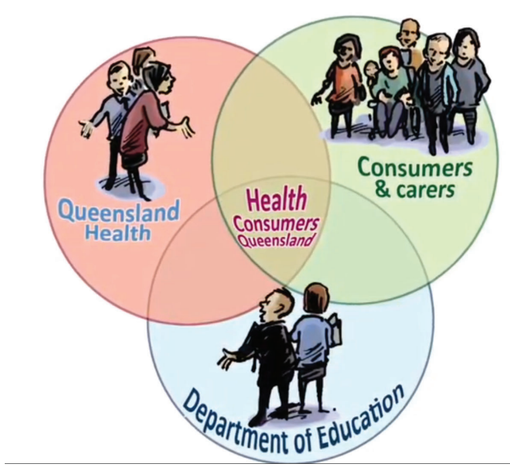
We often work with complex client and stakeholder organisations, including multiple agencies and tiers of services. We use a variety of “visioning” and participation tools to understand operational and workforce issues. We have personally spent many hours visiting inpatient units and connecting with the service users and service providers.

Adolescent Extended Treatment Facility

This presentation will track the briefing and design of a **new residential and treatment facility** for adolescents with mental illness, part of a state-wide strategy to **improve, expand and develop** the provision of acute services.

It will illustrate the techniques used in the **Co-design process** which was mandated by the project sponsor, Queensland Health.

Highlight the importance of involvement of **Consumers and Carers** but mostly focus on the **voices of children** which have been crucial in this process



Project Background

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Barret Centre

- **Closure of The Barrett Centre** in January 2014, the only specialist CAMHS unit providing **extended treatment** for the whole of Queensland.

- Following the loss of service - three adolescents commit suicide and there is a **major outcry by the community** and media.

- The prospective Labour Government make it their **election pledge to re-instate the service** in a new facility integrated with step-up step-down residential accommodation.

"Consultation with Barrett families and consumers after the closure of Barrett was not ideal. Beyond the involvement of carer and consumer representatives on the ECRG, there was no evidence of any two-way consultation with Barrett families and consumers. There was also no evidence of a process for receiving the views of patients, families and carers, and therefore no scope for those views to influence the decision-making about the Barrett" .

Queensland Government's Response to the Barrett Adolescent Centre Commission of Inquiry report

SATURDAY OCTOBER 3 2015 COURIERMAIL.COM.AU

PLEAS IGNORED

Springborg faces inquiry grilling after deaths of at-risk teenagers

DARYL PASSMORE

FORMER health minister Lawrence Springborg received repeated personal pleas from medical professionals for more than a year to keep open a centre for teenagers with severe mental health problems before its controversial closure.

Former patients Caitlin Wilkinson Whiticker, Will Fowell and Talieha Nebauer all died in the eight months after the previous LNP government shut the 15-bed Barrett Adolescent Centre at Wacol in January last year.

The facility offered 24/7 care for those at serious risk of suicide.

A commission of inquiry, ordered by the Palaszczuk Government and headed by retired Supreme Court and Mental Health Court judge Margaret Wilson, QC, opened in Brisbane this week and will begin hearing evidence at public hearings in mid-November.

As minister at the time, now Opposition Leader Mr Springborg will be a key witness and faces a grilling.

Documents, originally obtained under Right to Information legislation by the ABC, reveal that Mr Springborg received a string of letters and emails warning that the Barrett centre provided a unique level of support in the state.

"Without this facility, there will be an enormous gap in the care that can be provided to these young Queenslanders and their families," one child- and-adolescent psychiatrist wrote in November 2012.

Another wrote that he was "deeply concerned" about the proposed closure. "We only refer patients to the BAC when all and every other avenue of community treatment has been tried and exhausted."

And a letter from an occupational therapist in May 2013 said: "Most of the children I saw at BAC would probably have been dead without BAC."

A plan to build a replacement centre adjacent to Redlands Hospital, to open in 2014, was later scrapped and the money reallocated.

The report of an Expert Clinical Reference Group said Tier 3 support – such as that provided by the centre – to offer extended treatment and rehabilitation services was "essential" for a small group of young people.

Until funding and a location were found, patients would receive treatment through community services, day programs and acute inpatient services.

But the reference group warned: "It is emphasised that this is not proposed to be a clinically preferred or optimal solution and significant risks are associated with this interim measure."

Mr Springborg and Queensland Health said they were unable to comment while the inquiry was under way.

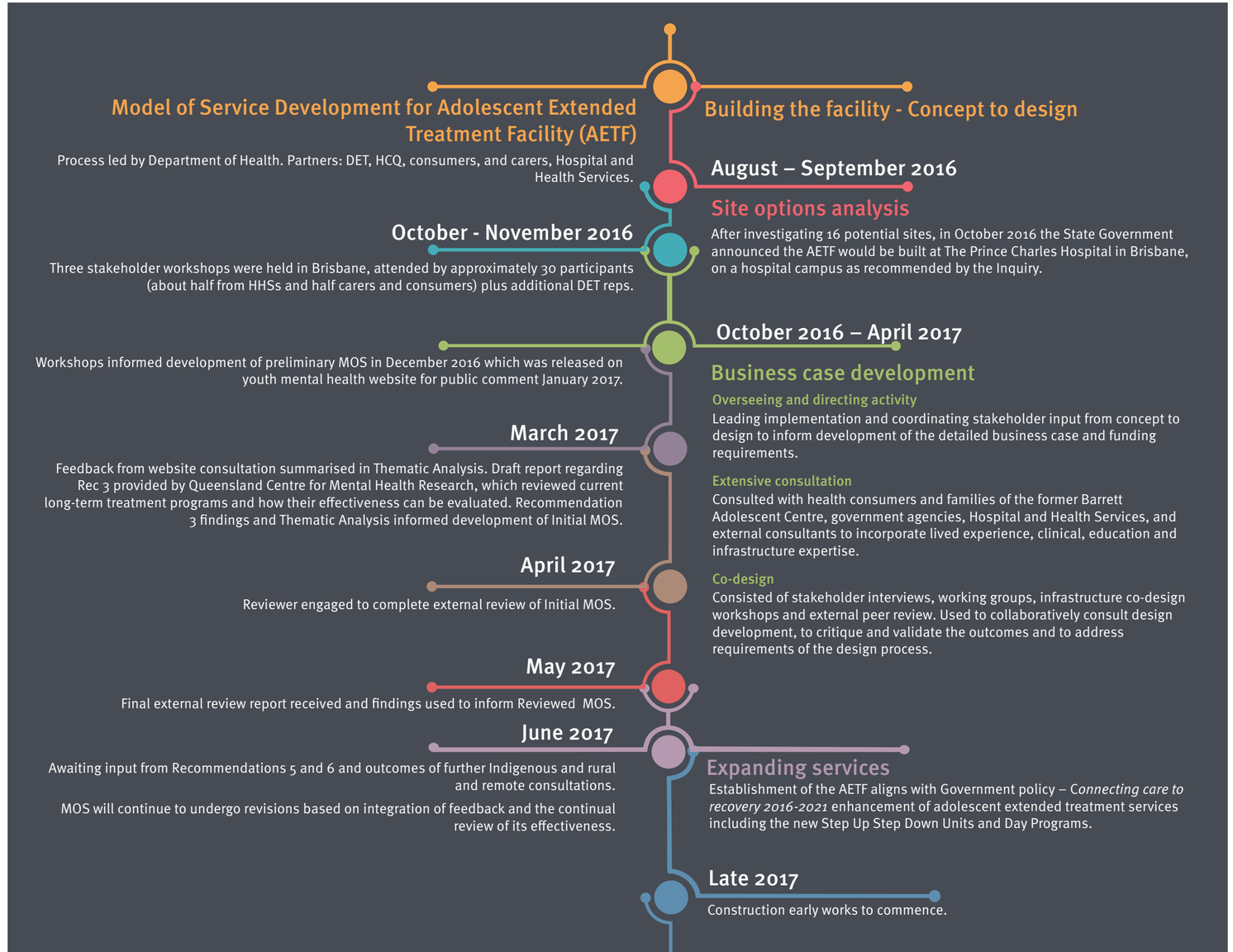
THERE WILL BE AN ENORMOUS GAP IN THE CARE THAT CAN BE PROVIDED

Psychiatrist's letter

TRAGIC LOSS: Caitlin Wilkinson Whiticker; and (above) Lawrence Springborg. Picture: AAP

The Process

- **Co-design** process commenced to develop new **Models of Care** involving service users, parents and other agencies.
- Business Case commenced, several locations were evaluated and a site in **north Brisbane** selected.
- **Maap** were commissioned to lead the **design briefing process** and to develop an architectural concept.
- Co-design user engagement was part of the promise to enable stakeholders to **participate** in developing the model of care **and design** the facility. This initiative was **sustained throughout the design process.**

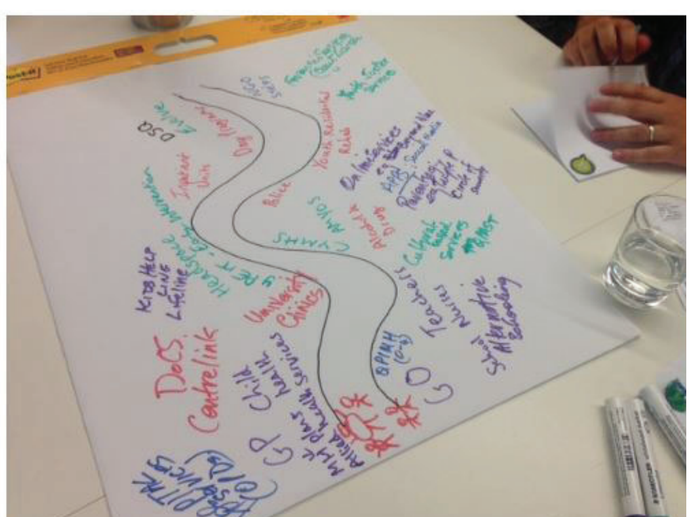


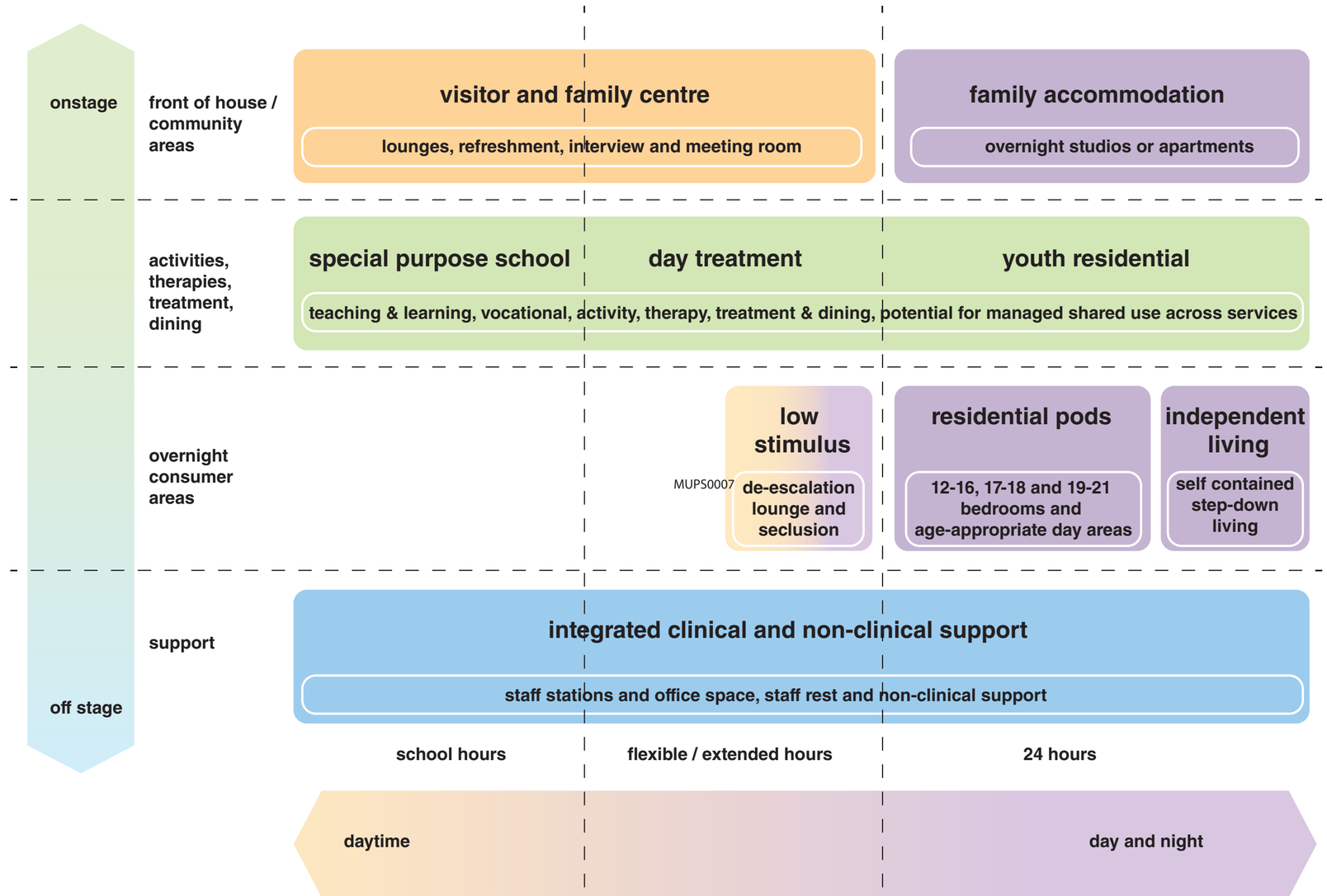
Model of Service

Early day co-design workshops with Consumers and Carers

- A fifteen-bed residential unit
- A twenty-place day programme
- An integrated vocational and training programme

The service will be supported by integrated clinical and non-clinical support facilities, a welcoming visitor and family centre, and family overnight accommodation.



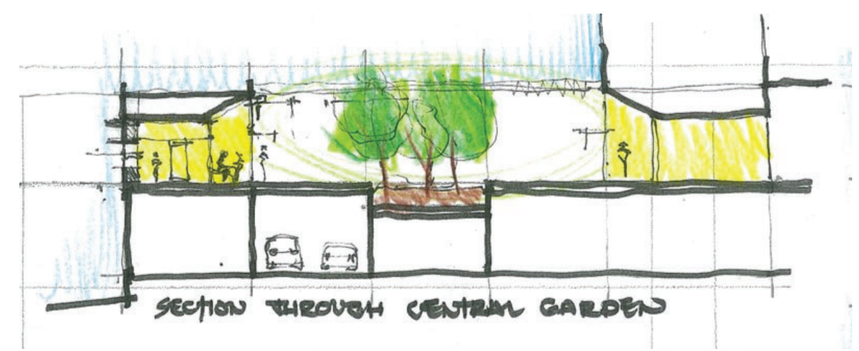


Design Concept

The facility aims to combine a spatially flexible, **patient-centred** and **culturally appropriate** design.

The patient environment is to be carefully curated as an **elegant and simple residential unit** alongside **welcoming and accessible** areas for the day program and vocational and training program.

Courtyards, therapeutic gardens, **outdoor activity** significant, creating visual buffers between different functions while providing with **views of nature and sky.**



Context

Location

North of Brisbane

At The Prince Charles Hospital site

Opportunities

- Hospital site with good public transport connections
- Street frontager

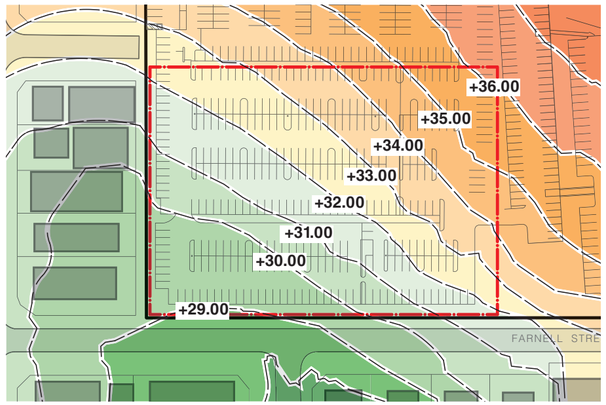
Context

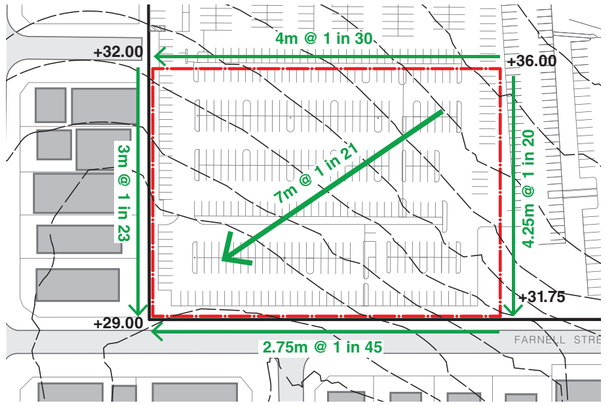
Constraints

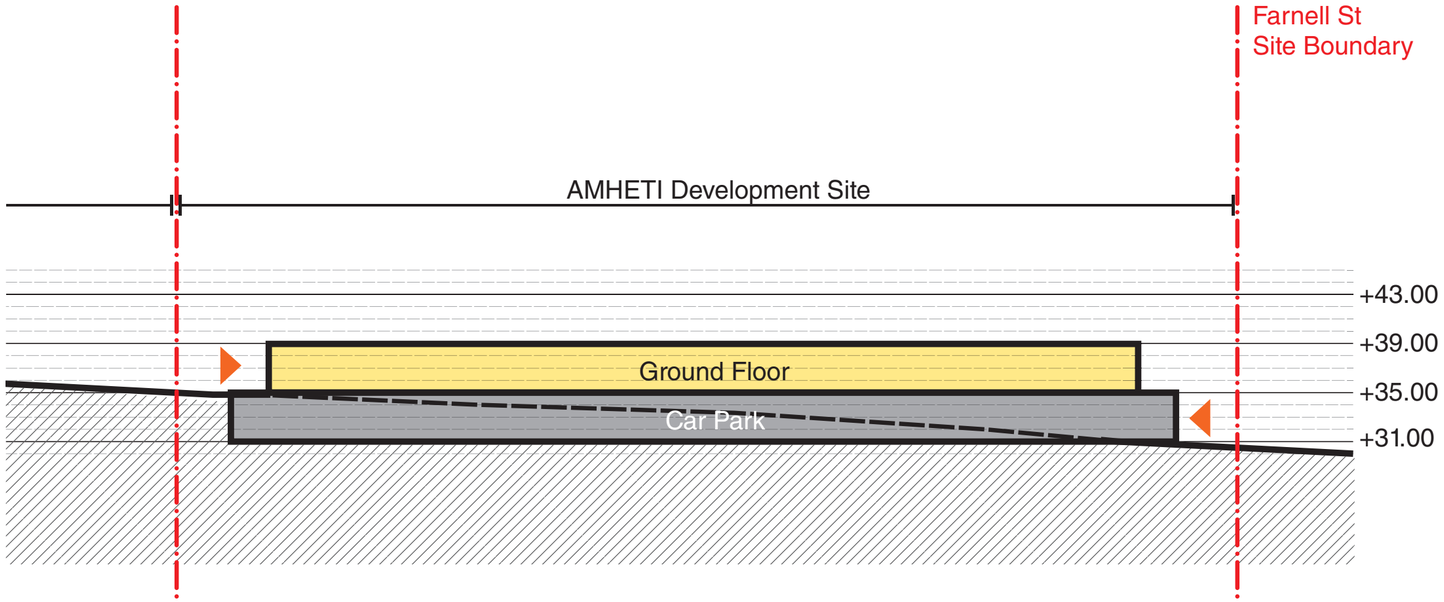
- Change in level limits access, requires a coordinated development approach with the adjoining site to the west, and necessitates significant ground work
- Urban site unsuited to single storey or low-rise development
- Unsuited to large area outdoor activities
- Loss of existing car parking

Opportunities

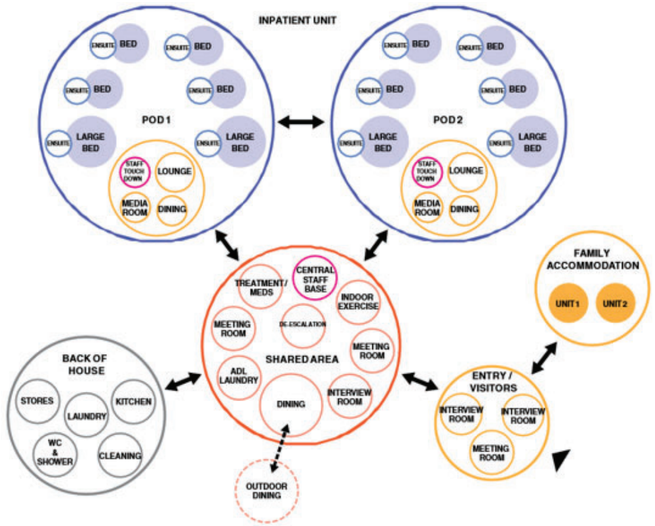
- Replace car parking, built on top.





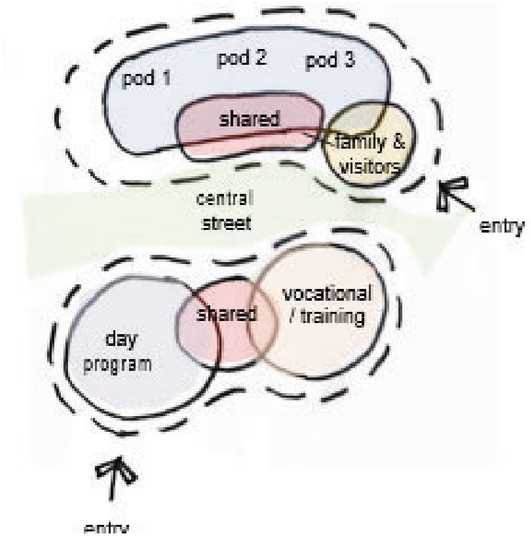


Model of Care

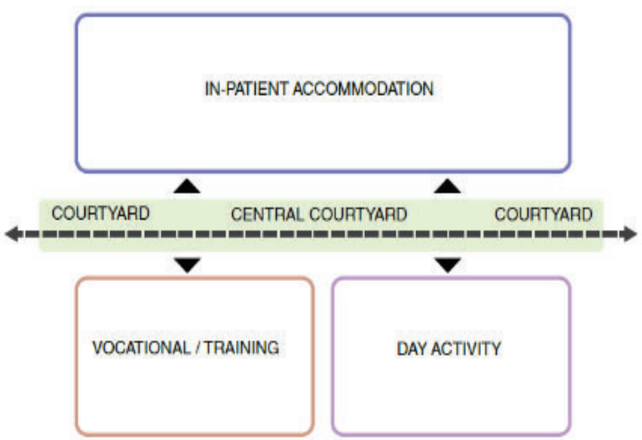


Residential zone

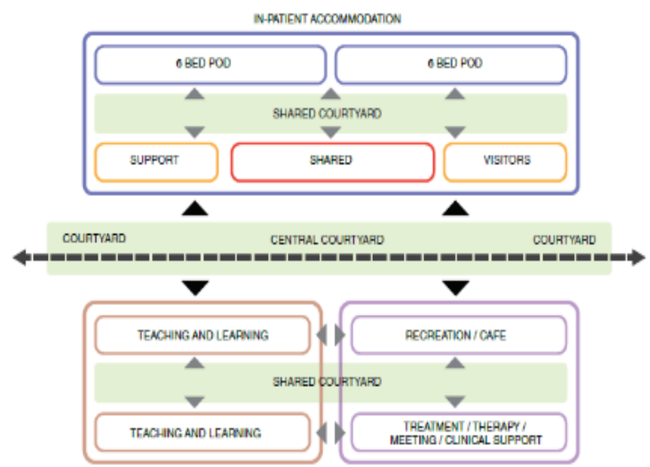
School and Day Program



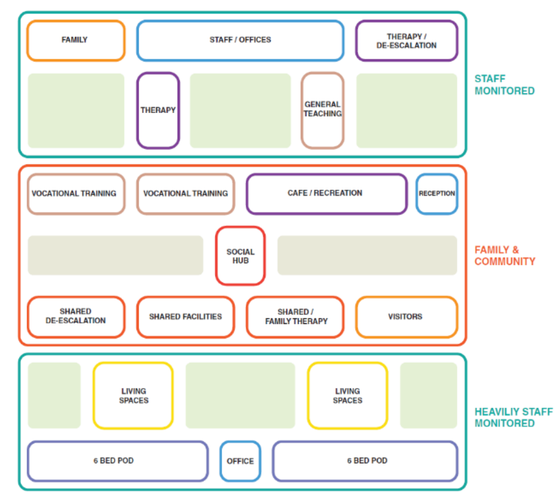
Facility layout



Zonal Relationships

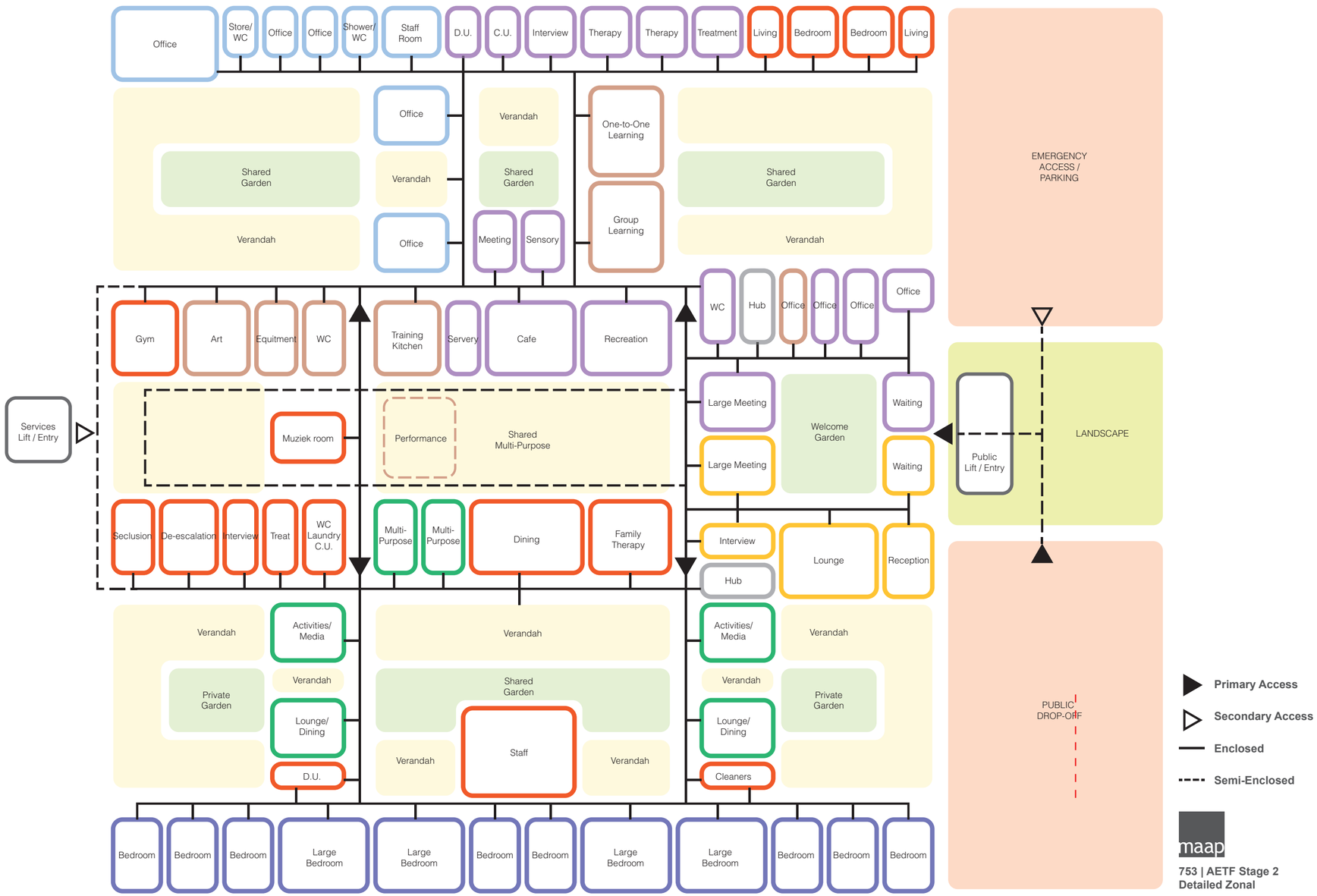


Departmental Relationships



Functional Relationships

Functional Relationships



Primary Access

Secondary Access

Enclosed

Semi-Enclosed

753 | AETF Stage 2
Detailed Zonal

Co-Design - Early Workshops

Setup

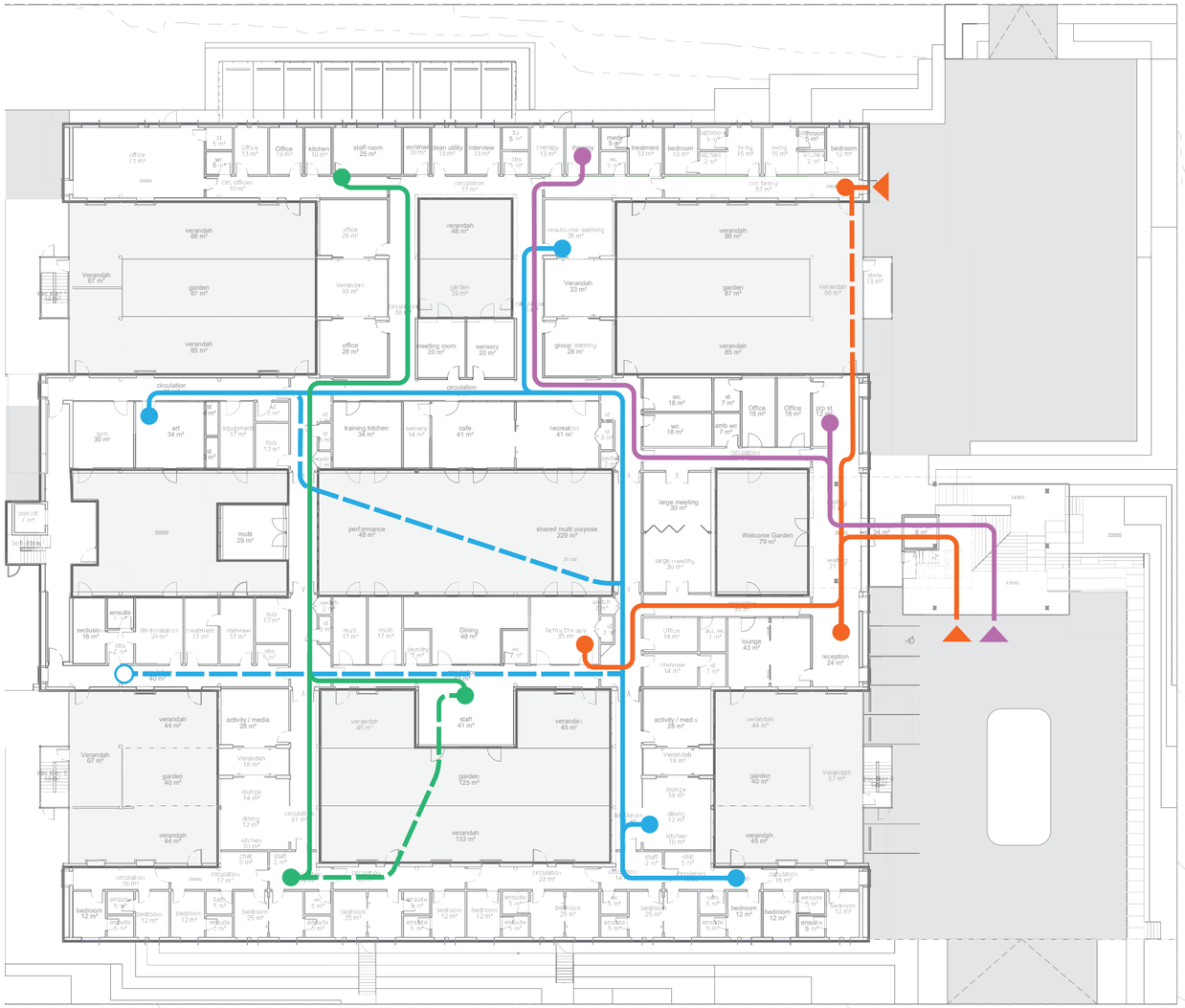
Day in the Life

Scenario 1: Family Visit to the Facility

Scenario 2: Attendance at the Day Program

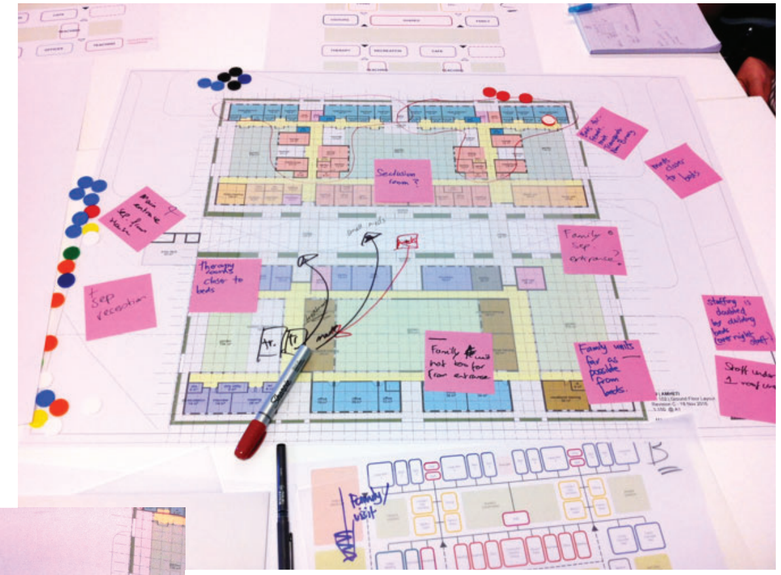
Scenario 3: Attendance inpatient at School/ Vocational Activities

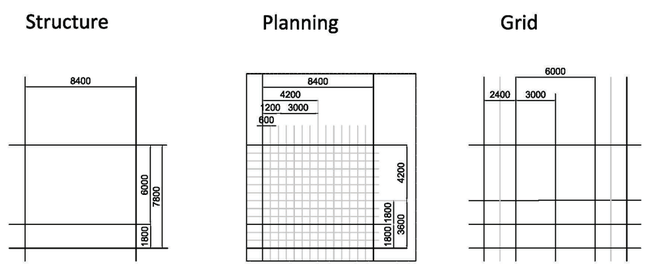
Scenario 4: Crisis Management Event



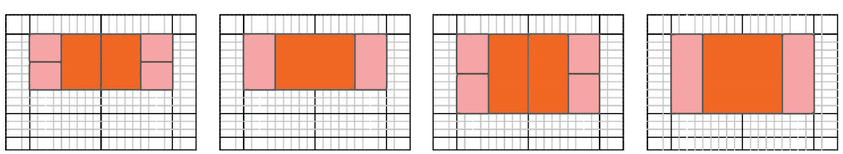
Co-Design - Early Workshops

- **Bubble diagrams** were used for months instead of actual floor plans
- Functional relationships felt less ‘fixed’
- **Modular planning** grid provided for easy interchangeable room layout





Standart Room Modules



Type A
12.6 sqm + 5 sqm

Type B
25.2 sqm + 10 sqm

Type C
18 sqm + 7.2 sqm

Type D
36 sqm + 14.4 sqm

Co-Design - Early Workshops

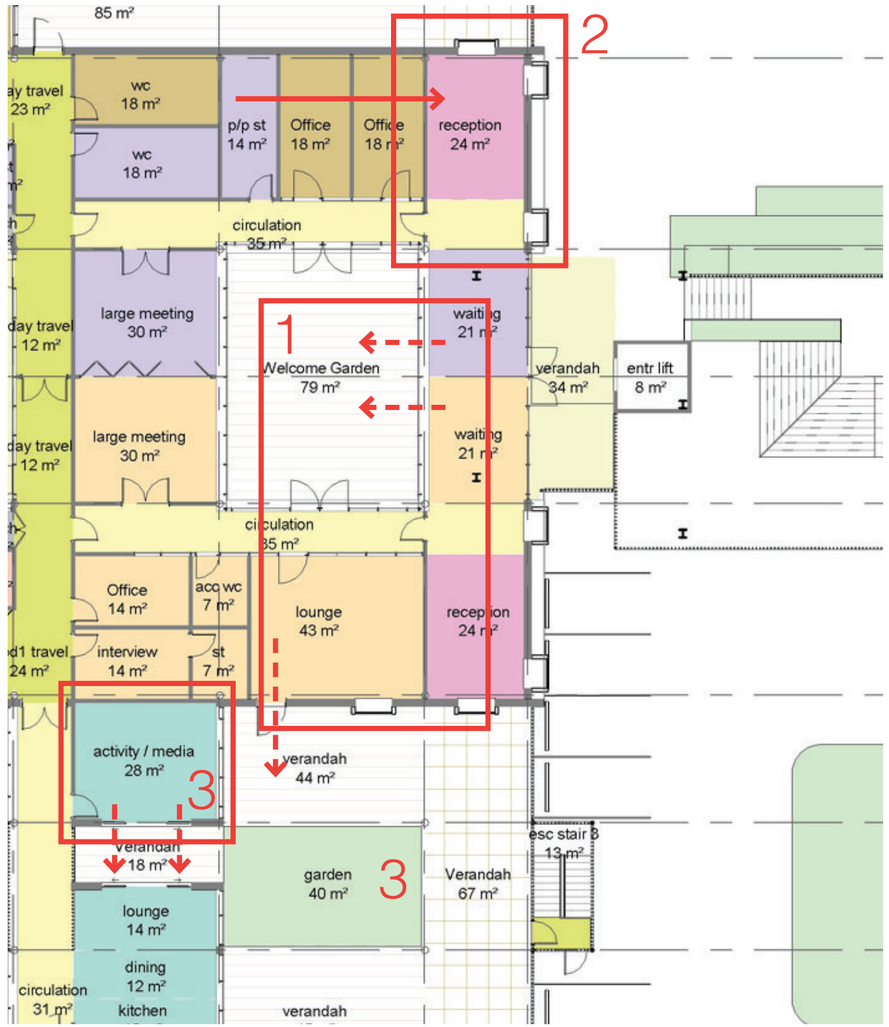
- Mixed groups
- Communal feedback

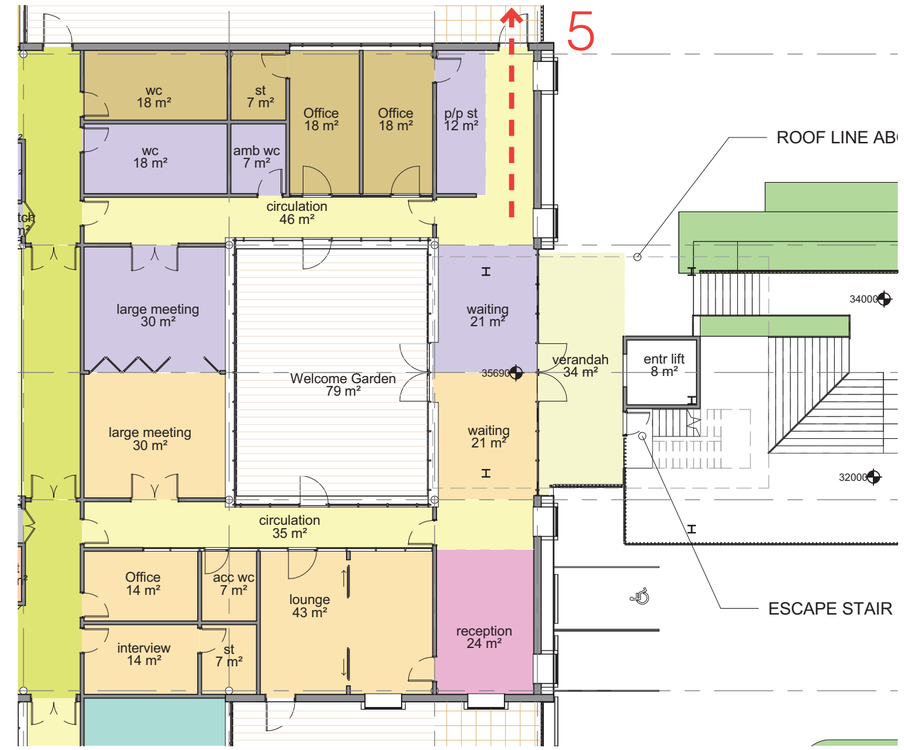
Co-design - Valuable User Input

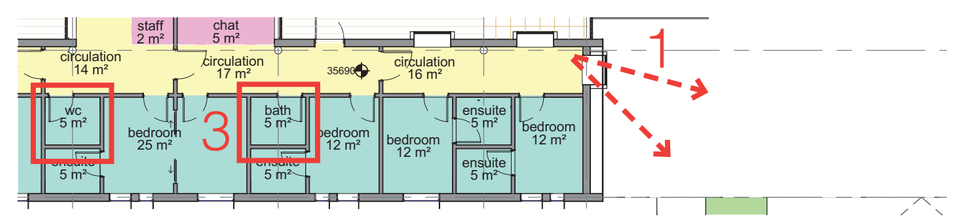
1. Outlook for patients awaiting family visits

2. Reduced number of receptions

3. Function of welcome garden as 'window' to the lives of the patients. Made accessible.

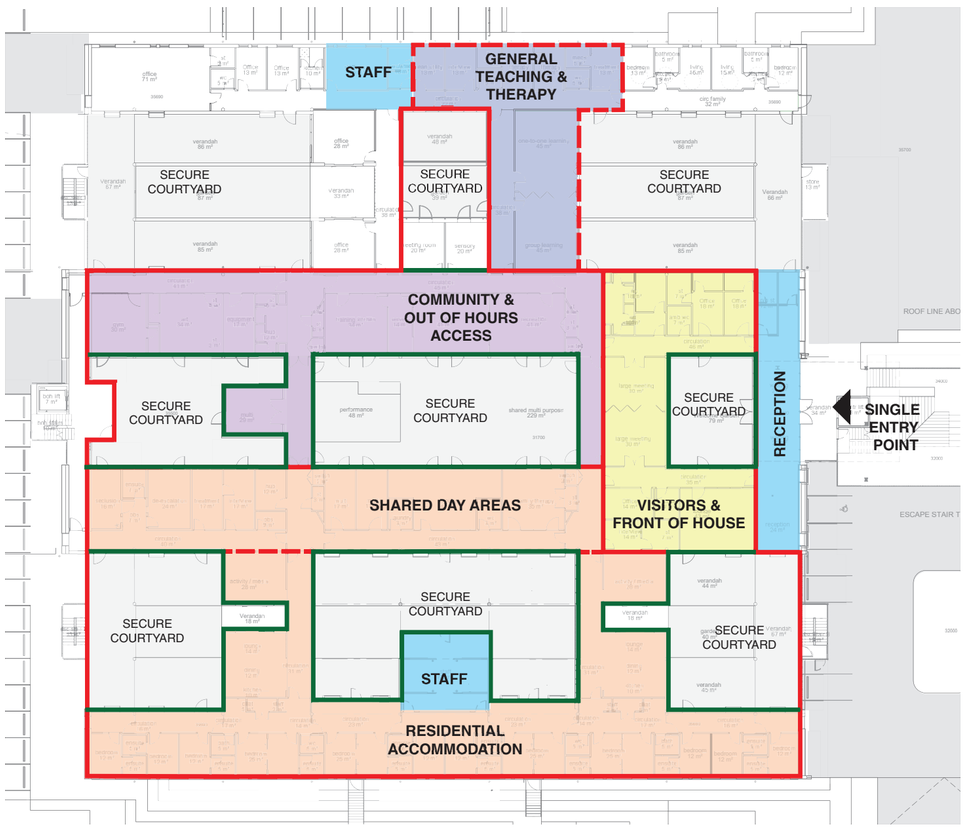






Co-design - Valuable User Input

- Barrett Centre School Areas were **closed after hours**
- Positioned in shared zone with double sided access
- Extended line of security



Co-Design - Conflicts

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Staff Base

- Day time Staff Base at location **B**
- Night time Staff Hotspots at Location **C**

Concerns of the Users:

- Travel distance Staff during the Day
- Not enough Staff present to use the Night Time Hotspots
- Staff Base too small

Designers perspective

- Privacy of patients high priority
- Staff should be doing rounds and not be in Staff Base
- Flexible working Hotspots also stimulate informal 1-on-1 chats with patients

Staff Sight-lines

Bedroom corridor - Corridor intended as extension of personal space

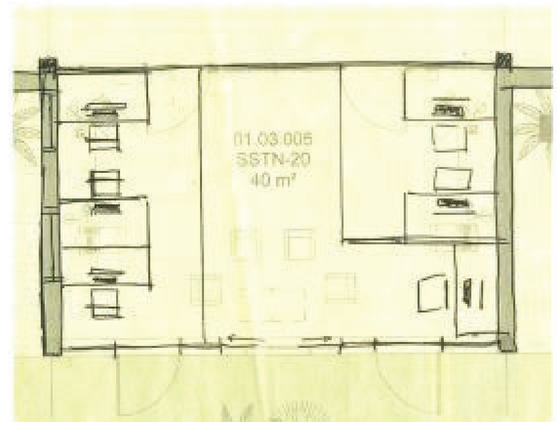
Co-Design - Conflicts

Staff Base Extension

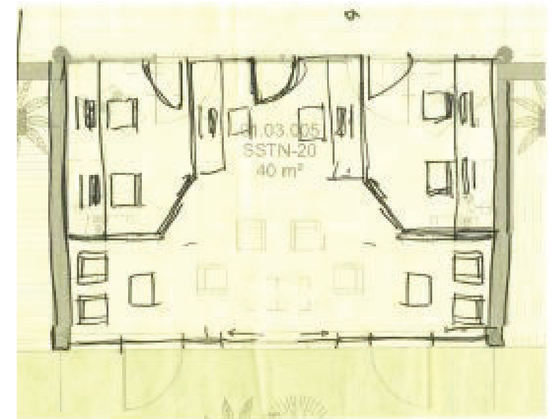
- Blocking daylight in corridors
- Fewer single loaded corridors
- Lost connection with courtyard
- Staff clustered not spread out

Option Staff Base extension

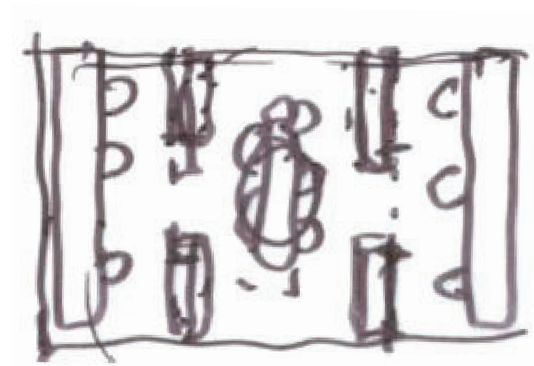
- Design options Staff base to increase workstations



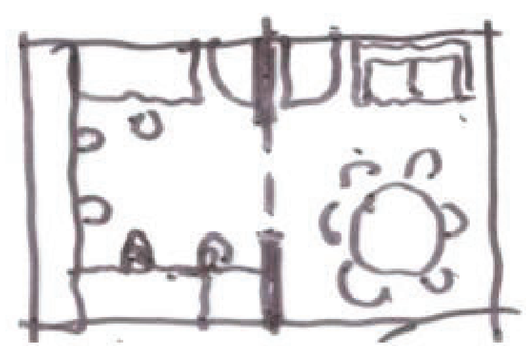
Option 1



Option 2



Option 3



Option 4

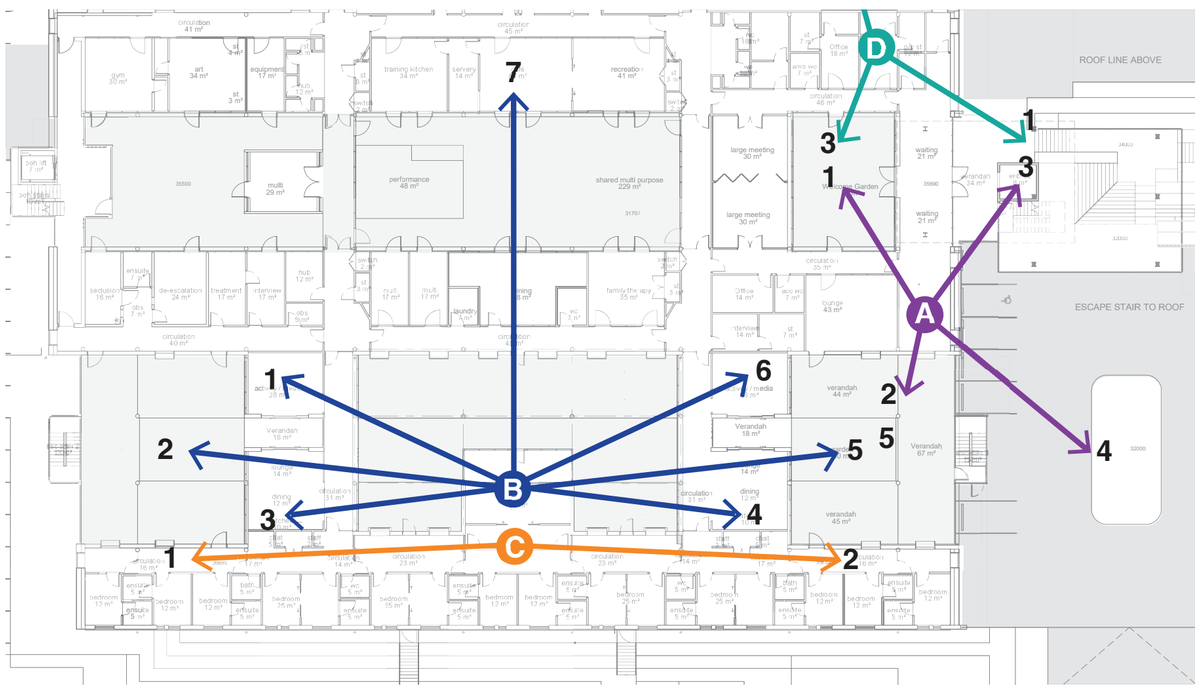
Co-Design - Conflicts

Staff Base

- Day time Staff Base at location **B**
- Night time Staff Hotspots at Location **C**

Redesign

- Constant supervision
- Short travel distance
- Separate night-base for short staffed hours



Staff Sight-lines

Bedroom corridor - Staff station opposite of bedrooms

Co-design - Design Development

- Opportunity to visually and spatially review the design and discuss the **content, use, size** and contextual relationship of the rooms
- Really **'living' the experience** is incredibly valuable.
- Feedback would often include comments not only on the room itself but **spaces adjacent to the rooms**, like courtyards

Co-design - Design Development

- Corresponding 360 panorama views presented outside the rooms on screens to improve the feeling of scale.

Co-design - The Voice of Children

- A lot of **young people** in the mental health system feel like **their voice is not heard.**
- To get them to **open up** in co-design workshops can be hard.
- Personal **attention, respect and understanding** are of great importance
- Health Consumers Queensland came with the idea to have **anonymous responses**

Co-design - The Voice of Children

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CO-DESIGN WORKSHEET

1. BEDROOM

What would you want in this room?

beanbags
Art work
white board
– Bright Colours :)

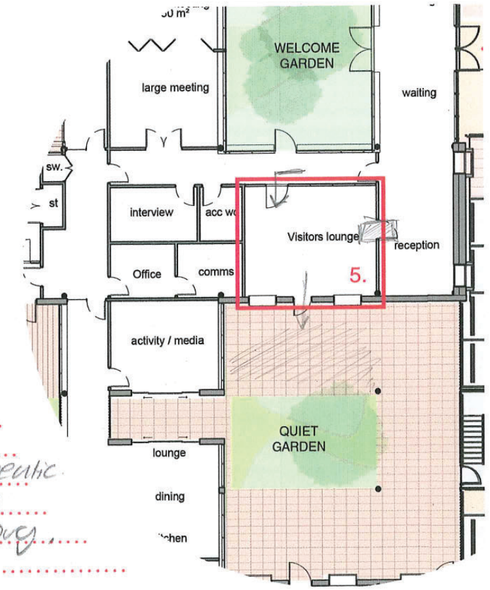
Would you change anything to make it better?

VERY IMPORTANT:
all nurses should be Kind, Patients Caring & not dismissive!
– Kellie

How would you use this room?

20th century

thank you for your ideas!



CO-DESIGN WORKSHEET

5. VISITOR'S LOUNGE

What would you want in this room?

welcome garden can have a fountain or a source of running water, can be therapeutic
A plant wall consisting of different greenery

Would you change anything to make it better?

More plants to make it look inviting, homely.
Books and toys are a good idea, though
seating furniture could be change to become and allow families to close connection.
Windows can be changed to be rounded off.

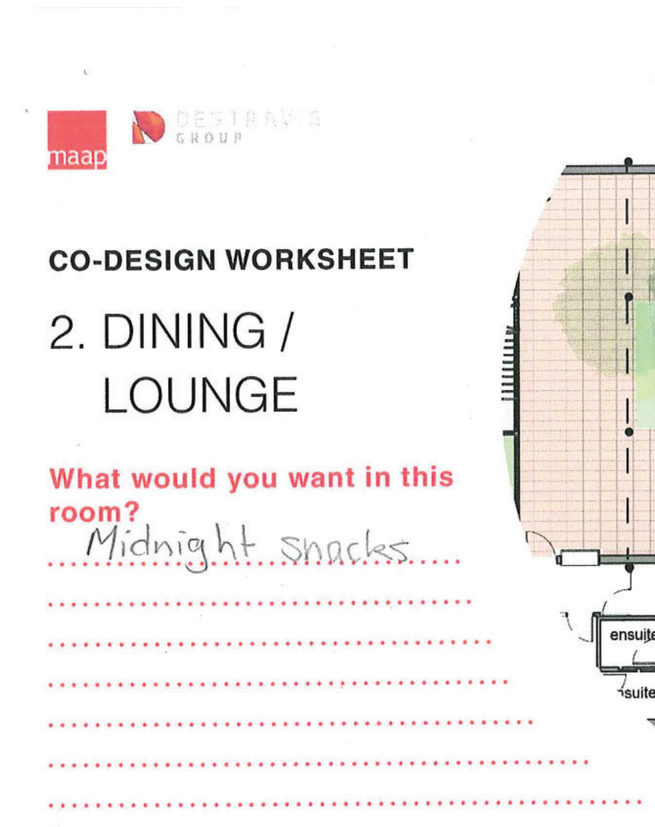
How would you use this room?

An inviting area for both family and patients. Allowing both comfort and privacy for both parties. Comfort and dessensitising anxiety.

thank you for your ideas!

Co-design - The Voice of Children

- this comment amongst other made us **revisit the catering strategy.**
- The feeling of **being independed** and preparing your own meals was greatly valued my the young patients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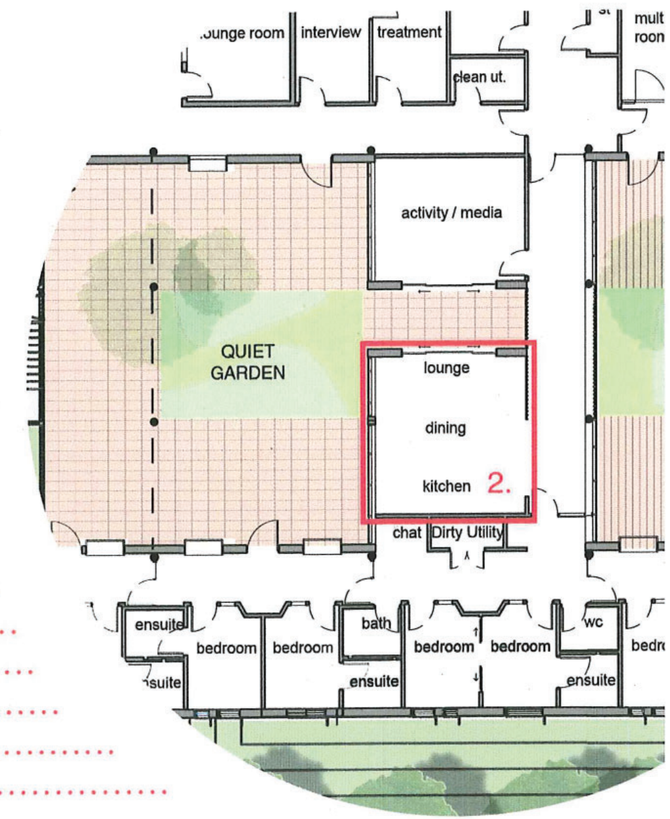
DESTRAVIS GROUP

CO-DESIGN WORKSHEET

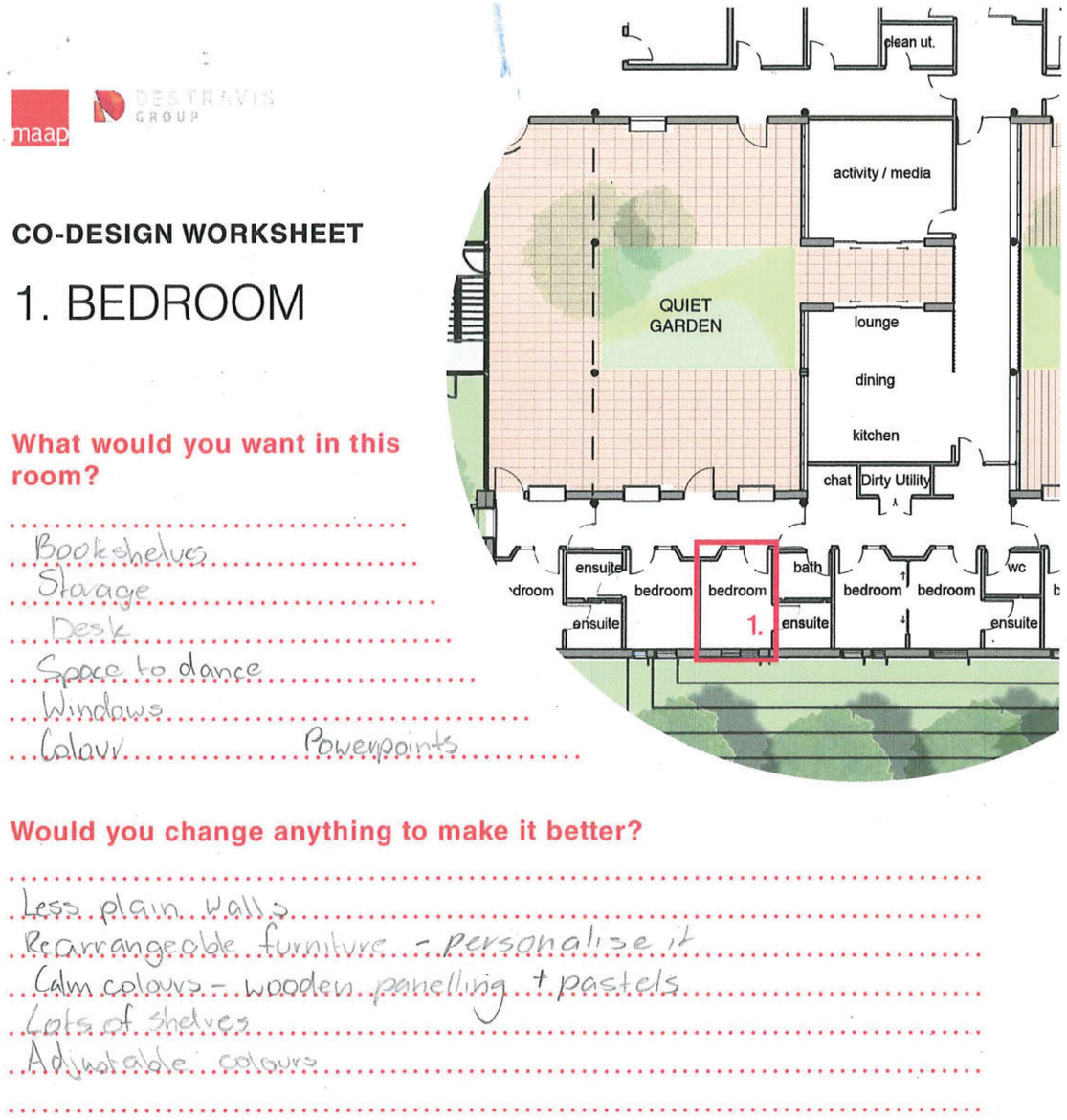
2. DINING / LOUNGE

What would you want in this room?

Midnight snacks



Co-design - The Voice of Children



CO-DESIGN WORKSHEET

1. BEDROOM

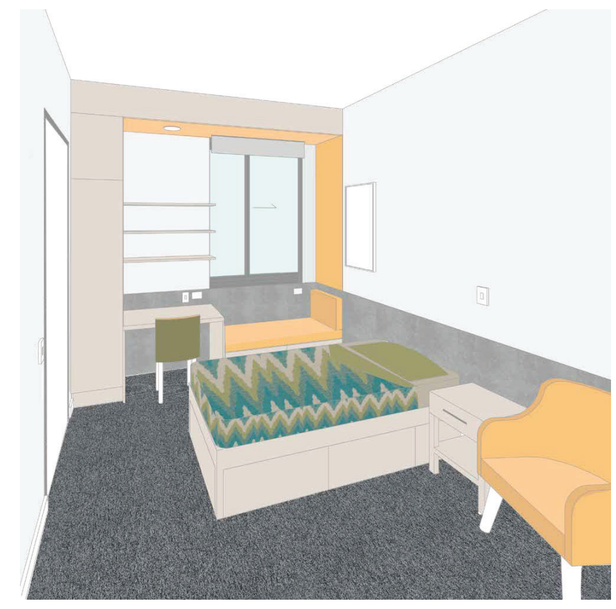
What would you want in this room?

Bookshelves
Storage
Desk
Space to dance
Windows
Colour Powerpoints

Would you change anything to make it better?

Less plain walls
Rearrangeable furniture - personalise it
Calm colours - wooden panelling + pastels
Lots of shelves
Adjustable colours

- Comments such as **'Re-arrangeable furniture'**
- Resulted in updating in the bedroom layout that made it possible to i**nterchange the bed and beside table with the window-seat.**
- And include **colour selection f**or newly admitted patients for 'soft' materials, like curtains, pillows, cushions and bedding.
- Important to **personalise** the room for extended stay



HCQ Feedback

Collaboration with Health Consumers Queensland

Helping participants feel supported

Acknowledge this is a complex process and tough issues can challenge participants

Matching consultation to different stakeholders

Develop a shared language

Acknowledge expertise

Demonstrate how your input will contribute to the end result

HCQ Feedback

Lessons Learnt

There is no "perfect" way – it's about context, relationships, communication, making it safe to make mistakes and having a common vision.

Changed problem solving happens when you equally value the different expertise everyone brings.

- The youth voice is powerful!
- Collaborative empowerment

Co-design brings innovation to the surface, in contrast to risk control as a method to deliver quality and outcome.

The success of these projects hasn't been due to one individual or organisations. The unique and outstanding part of this process has been the support from, and partnership between all of the key players.

HCQ Feedback

maap

"For consumers and carers, the co-design **process was invaluable** in both crystallizing and **challenging their thinking**. The co-design process meant that views from mental health consumers, carers, nurses, psychologists, educators and psychiatrists could be expressed particularly through the use of scenarios for example, considering a crisis situation."

"The service users were able to understand the **potential compromises** of design in requesting particular features and the pros and cons associated with each aspect of design. This enabled consumers and carers to be able to provide a more informed view on the **importance of particular design features** from their perspective."

- Judith Piccone

"My government is committed to making sure Queensland's **most vulnerable young people** have **access to highly specialised healthcare** services to help them recover and return to their family, friends and communities. … I want to thank the patients of the former Barrett Adolescent Centre and their families, and other young people with a lived experience of mental health services for their **invaluable input** which will ensure that this facility and its services will be safe and effective."

"… the design of this facility has been informed by **meaningful engagement with young people and their families**, and recognises their experiences in using mental health services … **The input of young people in the development and design of services for young people is critical** to providing better mental health services in Queensland."

- Melissa Fox, CEO of Health Consumers Queensland,

HCQ Feedback

maap

"From the closure of the Barrett Adolescent Centre to the implementation of the Government response to the Commission of Inquiry Report recommendations to the next phase of work as part of the Youth Mental Health Program, the involvement of young people, their families, consumers and carers over the past four years in **the co-design of new youth mental health services has gone from minimal to unparalleled."**