

PENRITH STAGE 3 MENTAL HEALTH CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN ASSESSMENT

1.0 INTRODUCTION

This report presents a detailed Crime Prevention Through Environmental Design Report to accompany the Part 3A project application submitted to Department of Planning for the Penrith Stage 3 Mental Health project located on the Nepean Hospital Campus.

The development proposal includes the construction of a new 3 storey building located adjacent to the Derby Street hospital entrance, comprising:

Level One

- 20 bed mental health inpatient unit for Older Persons
- Group activity rooms for outpatient services
- Delivery dock and storage areas
- Waste collection area
- Electrical switch room

Level Two

- 20 bed High dependency mental health unit
- 24 bed mental health inpatient unit
- Assessment and treatment area
- Staff offices and work areas

Level Three

- Staff offices and work areas

Construction of a new covered link between the main hospital and the mental health facility

2.0 CPTED PRINCIPLES

The key principles of Crime Prevention through Environmental Design as outlined in the Department of Planning guideline are itemised below:

2.1 *Territorial Reinforcement* uses actual and symbolic boundary markers, spatial legibility and environment cues to 'connect' people with space, to encourage communal responsibility for public areas and facilities and to communicate to people where they should or should not be and what activities are appropriate.

2.2 *Surveillance* is achieved through different measures: *Natural Surveillance* is achieved when normal space users can be seen and be seen by others; *Technical/ Mechanical Surveillance* is achieved through measures such as CCTV, help points and mirrored building panels; and *Formal Surveillance* achieved through providing on-site supervision.

2.3 *Access Control* uses physical and symbolic barriers, whether natural or mechanical to restrict pedestrian and vehicular movement.

2.4 *Space/ Activity Management* refers to providing well designed spaces which are well maintained. Space management strategies include activity coordination, site cleanliness, rapid repair of vandalism and graffiti, replacement of burned out pedestrian and car park lighting and the removal or refurbishment of decayed physical elements.

3.0 DESIGN ASSESSMENT AGAINST CPTED PRINCIPLES

The following assessment provides proposals which address each of the key CPTED principles for this project, including both design and management features as follows:

3.1 *Territorial Reinforcement*

The spatial planning of the new Mental Health unit is based around the separation of circulation systems for staff, visitors and patients. The circulation systems are designed so that the general public can not access areas other than main foyer, which is supervised during business hours.

The new Unit is visually linked to the existing hospital building with entrances directly opposite one another in the campus. The activity and supervision which occurs at the main hospital foyer will also help promote a natural surveillance of the entry to the Mental Health unit and provide a connectivity of this service to the other services provided on the campus. The building is located at a key entrance point to the building, and it is intended that the signage and front facade of the building along Derby Street provide identification of the building linking it to the important civic nature of the campus. Carparking provided for the facility will be on-grade parking only, with access from the carpark area to the building provided along Derby Street, the main hospital entrance road.

3.2 *Surveillance*

In building form, it is intended that the building provide a relatively solid edge to the perimeter, with the main facilities focused inward within the site. This ensures a limit on the entry points to the building and the design creates no obstruction of sight lines for pedestrian routes or roadways within the campus. External lighting for the building will be provided in keeping with the current campus strategy and ensure sufficient lighting levels around the building to allow appropriate levels of visibility.

Internally, staff station locations are positioned to maintain a visual link to most areas of the unit, with additional security systems including supervision and CCTV to those areas which can not be viewed from the staff station. Entry and exit to the units will be access controlled with the main entry points provided adjacent to the staff stations.

A security presence will be provided for the building, with additional back to base monitoring at the main campus of the hospital. In part this is a requirement of the type of patient accommodated within the unit, rather than the expectation of pedestrian- through traffic creating security issues.

3.3 *Access Control*

Due to the nature of the unit, free access will only be available to limited foyer areas of level two, which are monitored by reception desks during business hours. After hours the building access will be staff swipe card only. Access from the foyer areas to other areas within the facility will be access controlled. This is to stop patients from leaving the unit as well as to stop allowing free movement of people within the building. Access to staff only areas on level three will be restricted by swipe card access within the lift. Staff within the building will be fitted with mobile duress alarms to provide protection while with patients. As stated previously, the spatial planning of the new Mental Health unit has been designed to separate public, staff and patient circulation systems, as well as service staff circulation.

It is intended that security systems currently used across the hospital campus will be extended to the new building. These include CCTV, video links, intercoms and swipe card access.

3.4 *Space Management*

The maintenance of the new Hospital building will be managed in accordance with established Hospital procedure. The site will be subject to regular maintenance to all external (and internal) areas of the site and building. The maintenance program ensures the prompt removal of graffiti.

For patient safety, as well as for maintenance of the building, all glass to the project accessible by patients will be bandit rated to prevent breakage. The external faces of the building in patient areas will be designed to ensure there are no climbing points or ligature points.

4.0 CONCLUSION

In assessing the design of the new Mental Health unit for the CPTED issues, it is important to realise that the nature of the project requires an inherent amount of security to provide protection for patients and for staff who are usually at more risk from building occupants, than from external sources. The intention of the design is to prevent patient means of escape from the building, which inherently prevents entrance to the building spaces. Security systems are required to be in place to monitor patient activity and this, by need, will be extended to the monitoring of the external areas of the building and the surrounds.

The building does lie within the Nepean Hospital campus, ensuring that Hospital policies relating to signage, wayfinding, lighting and security will be extended into this facility. It is our belief that these strategies, working concurrently with the strategies outlined in this report address the requirements of the CPTED.