

Architecture and Psychiatric Disease - Rethinking places of care

Keywords: psychiatric facilities, supportive healing environment, interdisciplinary working

The interaction between patient and healthcare environment influences well-being and course of treatment (Douglas 2005). This influence is even stronger for users as sensitive as psychiatric patients and leads to research specific issues and approaches (Thiels, 1993; Golembiewski, 2010) to support the design of mental health facilities.

The presented work aims to investigate the relationship between psychiatric patients and places of care and the environmental aspects that can improve patient experiences and enhance the healing process.

In an exploratory phase, the multidisciplinary research team (psychology, architecture, ergonomics and design) built a common base of knowledge through informal discussions, sharing of data, focus groups with patients and medical staff.

Then the research was focused on “non-hospital residential services” and carried out through a field study in two phases: 1. exploratory visits and informal interviews with staff and patients of three residences, matched with issues from literature, to identify key issues to be investigated (e.g. privacy, safety); 2. semi-structured interviews with patients and direct observation (fig. 1) of the usage of the environment by patients and staff.

With the help of the Experimental Center of Cinematography, the work availed itself of an additional tool: three short films (fig.2) that explore, from different points of view, the relationship between patients and spaces.

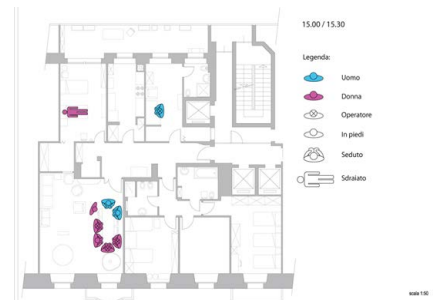


Figure 1: Example of “Space occupation” card, by FareSpazio, 2011.



Figure 2: From “The metamorphosis of space”, by Rita Maralla, CSC, 2011

The findings were formulated in 3 principles (e.g. “awareness about the importance of space by staff and users”) and 10 criteria (e.g. “non-medical environments, with no memories of hospital”, “integration and openness to the inhabited territory”) aimed at inspiring the design of psychiatric healing environments. These criteria will be the starting point for further processing of technical design requirements.

The field study and the multidisciplinary composition of the team were essential for understanding of patient’s needs. The adoption of an interdisciplinary and collaborative approach has allowed the team to develop shared criteria.

References

Douglas, C. H., 2005, “Patient-centred improvements in health-care built environments: Perspectives and design indicators”, *Health Expectations*, vol. 8, no. 3, pp. 264-276.
Golembiewski, J.A. 2010, “Start making sense: Applying a salutogenic model to architectural design for psychiatric care”, *Facilities*, vol. 28, no. 3-4, pp. 100-117.
Thiels, C. 1993, “The assessment of the therapeutic effects on psychiatric patients of a pleasant and congenial environment”, *Journal of Public Health*, vol.1, no 4, pp. 328-338.