Background

Understanding the therapeutic environments for mental health adds a great understanding of mental illnesses. Key to this understanding is the psychosocial impact of the built environment through formulating interdisciplinary relations between architecture and health sciences. As mental illness has low diagnostic and low medical treatment accuracy factor, environment is central for the quality of care and treatment.

Aim & objectives

The inadequacy of new behavioural health buildings to perform according to expectations, generated the question on the relation of their building layout to psychosocial performance.

The research generated the following objectives:
(i) explore the mechanisms with which the built environment influences the personal and social milieu of psychiatric space, and
(ii) identify the environmental requirements of mentally ill people according to their needs, the therapeutic regime and the principles of de-institutionalisation.

Methodology

Methodology juxtaposes a healthcare planning, design and evaluation methodology to an architectural morphology theory based on social theory background. The locus for the fieldwork comprised two behavioral health wards of different public health authorities. Each was initially evaluated using an innovative method, the SCP Model. The methodology aimed to identify the relation between policy, care regime and patient-focused environment in terms of institutionalisation. Data collection involved plans, visits and detailed staff and patient interviews.

Yet the methodology presented limitations in identifying the social dynamics generated by architecture. To address that, Space Syntax analysis of plans was added to identify the social logic of layouts and its possible relation to people’s responses.

Findings & Conclusions

The juxtaposition of medical architecture, an area specialising in environments for patients, and the more generic syntactic methodology highlighted common factors being perceived differently between these two disciplines.

The SCP model (deriving from Medical Architecture) was sensitive to the experience of people, their interaction and their health & wellbeing. These were influenced both by the lack/presence of humane and compassionate qualities in design and by the layout.

Yet, spatial analysis (generic Architecture Methodology) by highlighting the most integrated areas, uncovered unexpected contradictions that a qualitative architectural analysis might not have picked. Counter to normative examples, though, these areas fostered social unrest and violence as opposed to what space syntax was suggesting (inverse result).

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