

# 'Policies for psychiatric rehabilitation: inclusion through planning permit legislation changes'





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## Issue

Globally, the population suffering from mental illness presents a significant increase. In Europe, the illness affects  people at some point in life. Moreover,  countries with the highest suicide rates are in Europe (WHO 2013). Yet, even in the most advanced countries, society still allocates the risk associated with mental illness to closed institutions, despite limited evidence on their therapeutic effectiveness.

Although planning regulations might not appear as an obvious reason behind these inequalities, **urban planning and architectural research demonstrate the strong connection between social inequalities and the built environment.**

This paper investigates how change of mental health facilities planning legislation could be more enabling for social integration.



Connection between social inequalities and the built environment

## The case study

Changing mental health facilities planning legislation could support integration. This paper explores in depth the case of Greece and examines its national mental health facilities planning and licensing legislation.

This was policy, time-intensive project to address gaps remaining at the end of Psychargos—the national de-institutionalisation programme. It revisited the licensing of facilities to prevent the Greek psychiatric population from facing homelessness with Psychargo's closure.

The research identified solutions for the licensing of psychiatric service provision. Most of the remaining issues related to planning permits.



## Methodology

The research was facilitated by the European Commission and the country's Ministry of Health.

Methodology included literature review, site-visits, consultations with Psychargos leadership and a detailed questionnaire designed by the researchers distributed via email to all facilities of Greece. 112 out of 116 of all community based facilities chose to participate. The research highlighted those elements in the existing planning legislation that favored segregated (geographically or organizationally) institutions.

## Results

Research identified the country's planning legislation as important contributor to exclusion. The uses of land framework prevented facilities from becoming part of an integrated concept and promoted the development of mental health accommodation in buildings designed for other purposes (such as industrial, logistics or offices) or in segregated areas, different from what we would call neighbourhoods.

Then, alternatives were tested and in particular the redefinition of uses. For example, for all the facilities offering accommodation requiring residential use instead of healthcare use, could have multiple benefits, including cost-effectiveness and the reduction of stigma. However, the condition of altering uses alone, would be inadequate. For that reason, the introduction of a new national set of design guidelines would act as a correction mechanism. The final deliverable was a detailed set of architectural, interior design and equipment guidelines, separated in obligatory and optional.

## Lessons - Impact

The project shed light on a model of de-institutionalisation that has already been applied in a European country with limited resources. It could have great value to countries starting de-institutionalisation. It could be relevant to the most advanced countries such as the UK, as several of their 'community-based wards' are still in hospital campi.

Publications:

- Chrysikou, E., Savvopoulou, E., 2019. Residential Facilities for Psychosocial Rehabilitation: Planning Permit Regulations and Social Inclusion. Architecture\_MPS16
- Chrysikou, E., 2016. Inclusive Design and Mental Health: Policy and legislation challenges from the perspective of social inclusion. In: Langdon, P., Lazar, J., Heylighen, A., and Dong, H., eds. 2016. Designing Around People. Switzerland: Springer International Publishing. ISBN 978-3-319-29496-4

