

# 'The social invisibility of mental health: understanding social exclusion through place & space'

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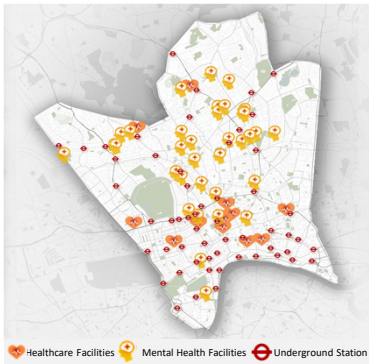
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## Background

Research indicates that recently created facilities in the community became new, smaller-scale institutions, where the mentally ill people lead isolated lives in poverty. This happens also in countries that are able to afford excellent healthcare facilities for the general population. Common factor in all these contexts is the fact that mental healthcare still remains the Cinderella of any healthcare system, with stigma being the main cause for these inequities.

## Aim

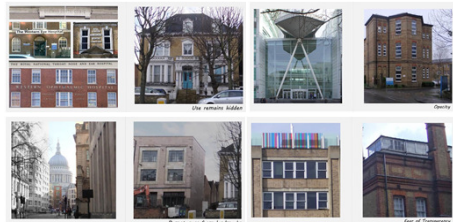
This is a multi-disciplinary, bottom-up, exploratory, research-through-arts project, involving a School of Architecture, a Division of Psychiatry and a School of Art. The aim of this project was to identify elements demonstrating inequality demonstrated from place and space related to the facility provision. The study explored the structural stigma of mental health facilities in comparison to healthcare facilities and aimed to identify the attitude of society for mental illness through the buildings that house these mental/general healthcare facilities.



The potential of a map of the healthcare and mental health facilities of a specific catchment area was conceived with the help of the psychiatrist, identifying the importance of location as a potential indicator of inequality.

## Methodology

We used proximity to transportation through mapping and architectural materiality/facade analysis using photographs of the health vs mental health facilities of a specific Catchment Area, raising awareness of inequalities and social exclusion through a visual, multimedia perspective. The project juxtaposes mental vs healthcare facilities in terms of access, condition and status compared to their surroundings.



Comparison of healthcare vs mental health facilities

## Results

Through mapping the facilities, the research conveyed differences to access to transportation with the healthcare facilities being much closer to London underground stations in comparison to the mental health ones, bringing another obstacle to their access and community integration, while making every day travelling to mental health facilities more difficult as it adds to the exhaustion of their already burnt-out staff.

Through the photograph comparison and the mapping of the facilities, we identified important differences between health vs mental-health networks in terms of demonstration of purpose vs hidden use, labelling vs invisible entrance, sheltered and highlighted entrance vs unsheltered entrance, visual transparency vs fear of transparency, variety of colours and textures vs predominantly dark facade colours, proximity to landmarks and location in high value land vs remoteness from landmarks, use of artwork or custom-made ornamental artefacts vs lack of artwork, complexity of volumes vs plain facades, grid on the facades with a repetition on windows vs incomppliance to grid, maintenance vs demonstrations of vandalism, Stand-alone healthcare use vs hybrids or mixed use.

## Conclusions

The research identified factors that contribute to the isolation of mental health facilities both in aspects of space and place and set the basis for further research in future projects.

The comparison of the facilities for the mentally ill people in the community to the facilities for healthcare in general illustrated in the most eloquent way what professionals involved in the care and treatment of mentally ill people already know: **that the phenomena of NIMBYism and social exclusion of mentally ill people in society are still a reality.**

## Impact

The project increased the awareness of the general public on social injustice, stigma and mental health. Also, the project influenced the Camden & Islington NHS Foundation Trust pre-brief stage for its re-development plan through a UCLC consultancy project led by the Bartlett Real Estate Institute.

### Publications:

- Chryssikou, E., Kostopoulou, E., Savvopoulou, E., Fatah gen. Schieck, A., 2017. Medical Architecture on the Social Valorisation of Psychiatric Patients: Employing transdisciplinary approaches between architecture, physical and mental well-being disciplines. *Proceedings of the AAE 2017 Conference, Architecture Connects*, 6th -9th September 2017. Oxford Brookes University, UK
- Chryssikou, E., 2017. *The social invisibility of mental health facilities*. London: UCL

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