

# 'An architectural validated tool for measuring institutionalisation in psychiatric wards and cross-country comparison results'

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## Background

During the 90s, care in the community instead of care within psychiatric hospitals emerged. Normalisation theory appeared compatible with the psychosocial rehabilitation movement of mental healthcare. Even though normalisation theory has been critiqued, the value of non-institutional built environments that it fostered stands as one of the most important elements of psychiatric space.

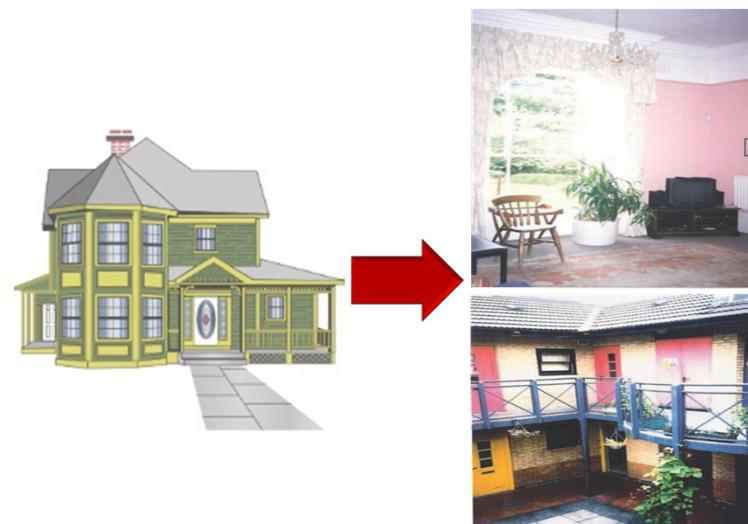


Figure 1: Care in the community

## Methodology

To understand the degree of institutionalisation in mental health wards, research was conducted in four different countries, two continents and four time periods.

To do so, a research tool - a stand-alone, architectural mental health checklist was developed initially by the author - to evaluate the architectural characteristics of the exterior and interior of psychiatric buildings and measure the degree of institutionalisation vs homeliness in psychiatric architecture.

The tool consists of 212 features, grouped into three main categories—context and site; building; and space and room.

The checklist has already been validated in the UK (n=7), France (n=5), New Zealand (n=4) catering also for the Maori population and lately in the US (n=5) and a mixture of secure psychiatric facilities in England (N=8).

Feature	Institutional (vs residential)	Ward
9. Relationship of front width to nearby buildings used for housing	Different	
10. Relationship of height to nearby buildings used for housing (number of stories)	Different	
11. Colour	Different from nearby buildings	
12. Materials	Different from nearby buildings	
55. Stairs within the residence are enclosed or between fire doors	Yes	
56. Staircase inside the ward or leading to it is naturally lit	No	
57. Stair surfaces inside the ward or leading to it are from	Concrete, metal or linoleum and other resilient material (vs wood, carpet, marble, mosaic)	
140. Kitchenette has natural light	No	
141. Food comes frozen in the unit and gets reheated in a trolley	Yes	

Figure 2: Stand alone tool: architectural mental health checklist extracts

## Findings

Cross-country comparison demonstrated that even though non-institutional environments are important in the design of psychiatric wards, there is great potential for improvement. There were very few features that were universally present, which raises question on what the absolute necessity as institutional features is. In France institutional facilities were detected, some of the most domestic facilities were within England, while the newest sample in New Zealand tended towards the most institutional one.

Percentages of institutional features per building	
Facility	Mean
Ward 1 (2019) - NZ	68
Ward 2 (2019) - NZ	65
Ward 3 (2019) - NZ	64
Ward A (2016) - UK	60.85
Ward 4 (2019) - NZ	59
Ward I (2002) - UK	56
Ward B (2016) - UK	54.72
Ward II (2002) - UK	48
Ward III (2002) - F	48
Ward IV (2002) - UK	47
Ward V (2002) - F	47
Ward VI (2002) - UK	44
Ward VII (2002) - F	44
Ward VIII (2002) - F	41
Ward IX (2002) - F	30
Ward X (2002) - UK	26

Figure 3: Mean institutional percentages for case studies in the UK, France and New Zealand (2002 - 2019)

## Conclusions

The current fluidity of design across and within countries provides a significant opportunity for designers and mental health providers to consider non-institutional design, from the planning stage. This tool enables the facilitation of this debate.

The new secure facilities in England as well as the US sample will provide further food for thought. Expanded research in other geographical areas with distinctively different cultures could provide new opportunities to extend this research with the potential to improve the lived experience of mental health services' users worldwide.

## Publications

- Chrysikou, E., Savvopoulou, E., Biddulph, J., Jenkin, G. 2022. Decoding the Psychiatric Space: Cross Country Comparison of Facilities for Mental Health Service Users. *Int. J. Environ. Res. Public Health* 2022, 19, 8832. <https://doi.org/10.3390/ijerph19148832>
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