

INTRODUCTION

The acute mental health ward is today's equivalent of the mental asylum. Despite an era of deinstitutionalisation post 1970's, the negative qualities are still apparent in the modern equivalent: ward design is generally inadequate and conveys confined atmospheres.

METHOD

This research analysed four New Zealand case studies. They were compared against key design concepts from current literature on the design of these types of facilities. Eight key themes were established from which design concepts were extracted. The key themes that emerged were: (1) Violence and aggression; (2) gender segregation; (3) locked vs unlocked; (4) seclusion and alternatives; (5) nurses Station: design and location; (6) outdoor spaces; (7) suicide prevention; (8) other (colour, lighting, patient rooms, furniture, smoking, domestic or institutional). In order to understand the role of the designed environment, significant findings were discussed as a design concept. A design concept either supported the qualities of a defensive environment or a therapeutic environment. A comparative case study analysis was then conducted from architectural plans, photos and service user interviews.

FINDINGS

By isolating the environmental qualities, the complex relationship of the care environment unfolded. Defensive design concepts that arose in the literature were evident in the analysis of the three existing case studies (CS1, CS2 and CS3). Despite different ward configurations, all wards were similar in that they had small rooms, long corridors, locked, secure areas and closed nurses' stations. The confined, institutional ward atmosphere emphasises a defensive rather than a therapeutic environment. Where there were attempts to enhance the ward environment, spaces failed to meet the full therapeutic potential. The final case study (CS4), currently under construction, will provide an environment to compare where space works differently; many of the design solutions suggested in the literature can be identified from the architectural plans. Corridors are wrapped around accessible courtyards, allowing for daylight, visibility and nature views. Living areas are large and open plan, allowing for different, flexible furniture configurations. The staff areas are a less intrusive and dominating feature on the ward. The high dependency unit is designed similarly to the low dependency unit, placing less emphasis on areas that are more secure, making for a less confined ward environment.

CONCLUSION

Currently appropriate policies and standards are yet to be established for the design of acute mental healthcare environments. Through understanding the case study ward environments, the aim was to validate current issues and motivations in the design of acute mental health wards and generate support for future evidence based design directions in New Zealand. To move forward, mental health spaces need to be re-conceptualised from being hierarchical, institutional and controlled towards a more patient centred care environment.

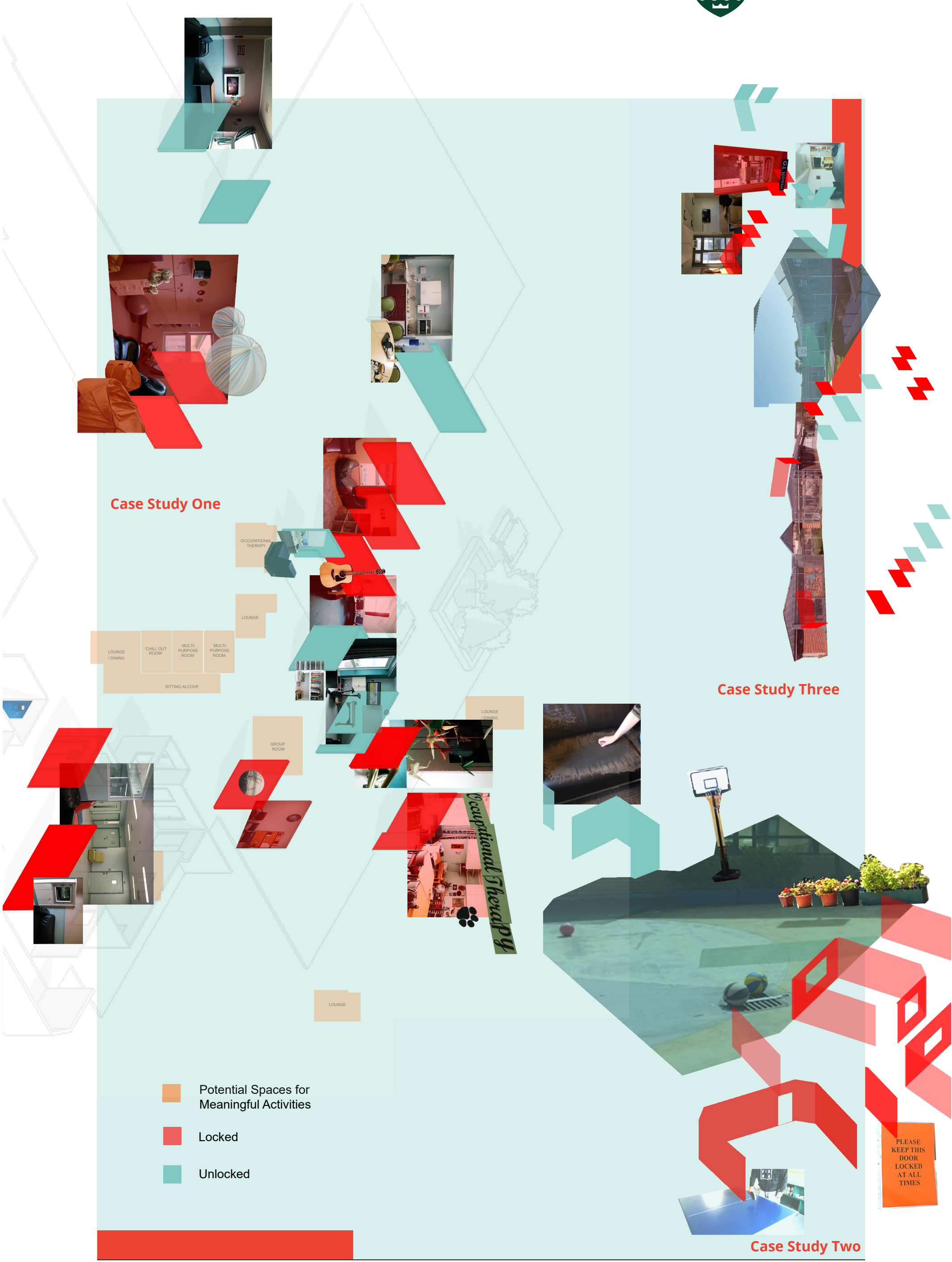


Image above
Graphic representation of locked and unlocked common spaces.

From the theme locked and unlocked spaces (3), a confined institutional acute mental health ward environment was found to provide limited opportunities for patients to engage in meaningful activities. The activities that were offered through therapy regimes such as art and music, were not necessarily considered as meaningful to all services users and only made available during restricted hours under supervision. There was little opportunity for un-prescribed activities and limited ability for services users to influence their own living environment in terms of privacy, access or personalisation. The existing environmental features combined with therapeutic regimes currently deprive service users of freedom and autonomy, however, the study finds opportunity in the redesign of the physical environment to eliminate some of the barriers to the provision of meaningful activity.

