

## **Implementing research and best practice for the development of community mental health facilities**

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Healthcare is a sociotechnical system in which the technical system is interrelated to a social system of people and organization, including users, staff, carers, equipment, medication. Emphasis remaining on the latter, contributes to stigma. Outpatient services provide for the public health key components of early detection and support. This project was initiated by an NHS Mental Health Trust at a stage of building redevelopment. It aimed at gathering state of the art, best practice, innovative and challenging approaches on psychiatric buildings to inform an extensive multi-stakeholder and patient inclusive co-design process, useful for both the UK and other settings.

Research followed a qualitative methodology gathering data on best practice in community mental health facilities globally. First, a literature review was conducted with focus on built environment. Additionally, best practice case studies were analysed. In parallel, interviews with international experts were conducted. How can we incorporate out of the box design thinking, as a means to challenge the culture of psychiatric provision? How can we enable integration with non-psychiatric health systems and potentially inverse-integration practices? Data were evaluated using the SCP model, a tool developed for the evaluation of psychiatric buildings.

Results were organised under 32 key themes. These were further digested in two sections - the first comprising a set of design learnings and the second presenting visual material. Findings from the key themes were then organised in a matrix of design recommendations for wards and community mental health hubs to support patient, staff and community consultations with food for thought.

By treating design and place-making as a therapeutic tool we could challenge the way people view mental health buildings. Creating the means –review and inclusive consultation structure - to disrupt a normally segregated architectural dialogue - was essential to this process.

Key message 1: Feedback methods for patient staff-consultation for capital planning: supporting staff and patients into the dialogue, increasing design and planning literacy

Key message 2: Evidence base, best practice and experimental design together for extracting meaningful feedback during capital planning consultation processes: we could learn from all three.