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# World Hospitals and Health Services

The Official Journal of the International Hospital Federation

## Leadership and Innovation in Asia

- | Implementing successful strategic plans: A simple formula
- | The seven common pitfalls of customer service in hospitals
- | Prosocial motivation and physicians' work attitudes. Effects of a triple synergy on prosocial orientation in a healthcare organization
- | Development, empowerment and accountability of front line employees
- | Saving lives together
- | Quality improvement initiatives by Aga Khan Health Service in the mountains of northern Pakistan

## Opinion matters

- | Built environment and wellbeing in Italian psychiatric wards
- | Fast track surgery, a strategy to improve operational efficiency in a high-complexity hospital in Latin America

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# Built environment and wellbeing in Italian psychiatric wards



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**ABSTRACT:** The healthcare built environment has effects on patient's wellbeing. These effects are even heavier on sensitive patient such as psychiatric ones. Therefore the environment design can be a key factor in promoting the patients' well-being and the care process. This paper investigates how this vision is influencing the design of psychiatric facilities in the Italian context, known for its radical innovation of mental health services due to Law 180 (1978). The article identifies the current built environment issues of the psychiatric ward, the design indications available and the possible future actions to meet the needs of users and to improve wellbeing and care process. **Keywords:** mental care facilities, psychiatric ward, healing environment, healthcare design.

The approach to psychiatric disorder has changed radically since the second half of the '900. Before then, the idea of treatment was based essentially on the containment of the patient in order to achieve social security. The psychiatric hospital, the old asylum, reflected a vision in accordance with social isolation, protection and control, lack of temporal stimulus and liability (Goffman, 1961). Since the middle of last century, a common path has been launched towards the de-institutionalization of mental health services in many Western European countries, with the gradual transition from the old asylums to a network of community-based services, integrated into the local context and with an image as close as possible to the home (WHO, 2008; Gabel et al, 2012). This transformation of facilities is closely linked to the changed purpose of psychiatric treatment: less "containment", more "recovery" (Gilbur et al, 2013; Levin, 2007).

It is clear that the aims of medical treatment affect the design of healthcare environments and vice versa. This mutual influence is demonstrated by the increasing number of studies on the impact of a built environment on: the health perceptions and behaviors of users, the conditions of overall well-being of patients and their caregivers, the therapeutic process outcomes (Codinhoto, 2009; Alfonsi et al, 2014; Buffoli et al, 2014). The built environment plays an important role in the case of sensitive subjects such as psychiatric ones, with impacts on «the beliefs, expectations, and perceptions patients have about themselves, the staff who care for them, the services they receive, and the larger health care system in which those services are provided» (Department of Veteran Affairs, 2010) and effects on patients stabilization, psychosocial well-being and safety of patients and staff (De

Girolamo & Tansella, 2006).

The de-institutionalization trend of mental health services has also characterized the Italian scene, with a particularity: Italy is the only European country where in 1978, thanks to Law 180, psychiatric hospitals have been completely banned. These have gradually been replaced with a network of small specialized services on the territory, such as small psychiatric wards in general hospitals, day hospitals, non-hospital residential facilities (De Girolamo & Cozza, 2000). In this network, a crux is the psychiatric ward within the general hospital, the main Italian facility for acute in-patient care. The Italian intense change was unique and it was defined as "the most comprehensive community-oriented mental health act in the Western industrialized world" (Mosher, 1982). But, what kind of impact did the innovative path have, started by Law 180, on the design of physical care facilities? Is a psychiatric ward able to meet the needs and psychosocial well-being of the patient and staff, to support the current model of care?

### Environmental issues in current Italian psychiatric wards

Legislation requires small wards (each unit should have no more than 15 beds) in order to avoid duplicating the asylum system. Despite this aim, some problems remain, particularly for safety and emergency management. In Italy about 80% of psychiatric wards are "behind closed doors", contradicting the larger number of psychiatric wards with open doors in England or in Central Europe. Moreover, almost half of the wards do not have single bedrooms. Many of them have a considerable number of rooms with 3 or 4 beds. Less than two out of three wards have an open space accessible to

patients and about 40% do not have a common room for the patients, other than the dining room, and only about half of those without outdoor space have a living room (De Girolamo et al., 2007). The majority of wards is designed like other hospital wards (except for security windows and locked doors); if on one hand it is de-stigmatizing (placing psychiatry on the same level as other hospital disciplines), on the other it neglects some specific needs such as the need for movement, socialization and therapeutic-rehabilitative activities (Vita et al, 2011). In a study conducted in three psychiatric facilities in the Milan area, patients reported on some experiences in acute care facilities with restrictive security measures and, at the same time, impersonal and sterile spaces and furnishings, conformant to the other hospital wards. In contrast, patients expressed the need for cozy environments, different from the other hospital wards, with a high sanitary level (Plantamura, 2013).

In brief, the Italian psychiatric facilities reproduce in part the old asylum - long corridors, closed doors, etc.- and in part the spaces and the furnishings designed for a "standard hospital patient" - aseptic spaces, hospital beds, neon lights, etc. (Savuto, 2008; Dell'Acqua, 2009). No real effort has been made to develop an architecture that takes into account the new vision of care (De Vito, 2010). There are cases of new and renovated psychiatric wards in which necessary attention was given to user needs and the care process; however the quality of the design is essentially based on the experience and engagement of health professionals (physicians, nurses, department managers) and the designers directly involved. The knowledge, gained in the individual design experiences, is not subsequently formalized nor shared and extended in scientific literature.

### Available Design Tools

#### *The Italian context*

The lack of research produces a scarcity of technical standards and design guides. The Italian legislation provides some guidance in law "DPR 14.01.1997", on the features of psychiatric facilities. This law provides the "minimum structural, technological and organizational requirements" for the different types of services, including those for mental care. The requirements of psychiatric ward are the same as those for other hospital wards, with some specific differences: a ward with a living room and single room for private talks between patients and staff. The listed structural requirements are very synthetic and cannot be considered as an effective design guide.

Some indications can be found in different national and regional guidelines, such as the "National guidelines for mental health" (Italian Ministry of Health, 2008) that include some suggestions, for example: to locate the residences in the heart of residential areas, to encourage and promote small residences. The national guide "Physical Restraint in psychiatry: a possible strategy for prevention" (GISM, 2010) provides indications to develop a built environment that

helps to reduce and, if necessary, manage violent behavior. A technical group of the Lombardy Region recognizes the mutual influence between the spatial and organizational aspects (Vita et al, 2011). To prevent aggressive behavior and reduce mechanical restraint, it is suggested to focus on environmental safety, livability of all the ward, including attention to specific areas such as spaces for the initial contact between patients and ward. However, these indications are general principles and they do not constitute any real technical support for design activities (Baglioni & Capolongo, 2002).

#### *The international context*

International studies have not development as predicted in the 1970s, generating a proliferation of design options not carefully studied (Shepley & Pasha 2013, Chryssikou, 2012). It is possible to identify some specific difficulties which may have held back this field of research: the wide range of types of psychiatric services; the variety of diseases to be treated within the same facility; the difficulty in analyzing the direct needs of psychiatric patients (an activity that requires a multidisciplinary team of professionals that includes, at the least, psychiatric/psychological and design skills) and a fitful correspondence between the needs expressed by patients and those arising from the therapeutic approach (Thiels, 1993).

However, in the international arena (i.e. Northern Europe, USA, Australia) some studies deal with the relationship between psychiatric spaces and patient wellbeing. One of the issues analyzed is the need to support the social dimension of care, a feature of "recovery oriented" treatment (Australian Health Ministers' Advisory Council, 2013). To this end, positive features are proposed, including: locating structures in a local living-context and including public areas in the care spaces, with amenities and equipment than can also be used by local residents (Curtis et al., 2009); the choice of spatial configurations and the arrangement of furnishings that encourage social interaction and aggregation, stimulating patients to get out of a sort of capsule that they create around themselves, as a protection from the outside world (Cherulnik, 1993).

Hospitalized patients feel deeply about their inability to create a personal space and achieve a sufficient level of privacy. Oversized facilities, long interior hallways, no area for small groups or individually customizable space, low environment visual control, interfere with the personal control of the territory. Possible consequence is an increased level of aggression or fear of attacks by other patients (Evans, 2003). The international guidelines propose designing mental health care units with domestic features, avoiding an institutional aspect and, at the same time, responding to therapeutic needs and all the requirements of functionality and safety for patients and staff (NAPHS, 2012).

Safety, combined with livability and domesticity, is one of the most analyzed issues. Several design features intend to minimize the risk of escape and accidents, some

examples are: courtyards instead of external fenced areas or the technology integration to facilitate observation and maintain security in areas not immediately visible by the staff (Department of Veteran Affairs, 2010). Furthermore, the presence of natural light in the common and private areas, noise control, open layouts that minimize barriers between staff and patients can have positive effects in terms of stress reduction, with a consequent reduction of aggressions (Ulrich et al, 2012). The involvement of patients is a safety component too: if the patient feels connected to the medical and nursing staff, it is easier to manage critical situations, preventing or limiting individual crisis and aggressive events. A warm, cozy and familiar place contributes to involvement, instilling a feeling of calm and increasing the relationship between patient and context, a concept defined as “place attachment” (Florek, 2011).

### Conclusions and possible future actions

Nearly 40 years have passed (Law 180 - 1978), since the radical change in Italian psychiatric services began, with the abolition of psychiatric hospitals and the development of a community-based services network integrated into the territory. However, this high level of innovation wasn't accompanied by equivalent research on new design criteria for care environments. So, currently, in Italy most places for psychiatric care adopt in part design solutions suited for a “standard hospital patient” and in part solutions that reflect the old asylum model. The psychiatric wards are especially critical, because the major requirements for domesticity and safety seem irreconcilable.

Despite the awareness of the role that care space can play in pursuing the wellbeing and safety of patients and staff, adequate tools are not available to support the psychiatric facilities.

A design support can be found by examining international studies. Multidisciplinary research on psychiatric facilities should be increased in order to understand and use the role that a built environment can play in improving the conditions of well-being of patients and caregivers and in the care process. To this end, possible future steps are the identification and systematization of experience in space-patient-staff interaction gained by healthcare professionals and designers with the results of international research and the needs and expectations of patients, the central player in the care process.

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## References

Alfonsi, E., Capolongo, S. and Buffoli, M. (2014). Evidence based design and healthcare: an unconventional approach to hospital design. *Annali di Igiene*, 26(2), pp. 137-143.

Australian Health Ministers' Advisory Council. (2013). *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*. [www.health.gov.au](http://www.health.gov.au)

- Baglioni, A., Capolongo S. (2002). Ergonomics in planning and reconstruction. *G.Ital Med Lav Ergon.*, 24(4), 405-409
- Buffoli, M., Bellini, E., Bellagarda, A., Di Noia, M., Nickolova, M. and Capolongo, S. (2014). Listening to people to cure people: The LpCp – tool, an instrument to evaluate hospital humanization. *Annali di Igiene*, 26(5), pp. 447-455.
- Cherulnik, P. D. (1993). *Applications of environment-behavior research: case studies*. USA: Cambridge University Press.
- Chryssikou, E. (2012). Mental health design: From a normalization theory to a “fit for purpose” architecture for the mentally ill. *World Health Design*. nr.18, 68-77.
- Codinhoto, R. (2009). The impacts of the built environment on health outcomes. *Facilities*, 27(3/4), 138-151.
- Curtis, S., Gesler, W., Priebe, S. and Francis, S. (2009). New spaces of inpatient care for people with mental illness: A complex ‘rebirth’ of the clinic? *Health & Place*, 15(1), pp. 340-348.
- De Girolamo, G., Tansella, M. (2006). I reparti psichiatrici in ospedale generale. Problemi e prospettive in Europa. *Epidemiologia e Psichiatria Sociale*, 15, 2.
- De Girolamo, G. and Cozza, M., (2000). The Italian Psychiatric Reform: A 20-Year Perspective. *International journal of law and psychiatry*, 23(3–4), pp. 197-214.
- De Girolamo, G., Barbato, A., Bracco, R., Gaddini, A., Miglio, R., Morosini, P., Norcio, B., Picardi, A., Rossi, E., Rucci, P., Santone, G. and Dell’Acqua, G. (2007). Characteristics and activities of acute psychiatric in-patient facilities: National survey in Italy. *British Journal of Psychiatry*, 191(2), 170-177.
- Dell’Acqua, G. (2009). Incerti luoghi di ospitalità. In: *Scritti sull’esperienza triestina*, [http://www.triestesalutementale.it/letteratura/letteratura\\_scritti.htm](http://www.triestesalutementale.it/letteratura/letteratura_scritti.htm)
- Department of Veteran Affairs. (2010). *Mental Health Facilities Design Guide*. Washington, DC: Office of Construction & Facilities Management.
- De Vito, C. G. (2010). *I luoghi della psichiatria*, Fiesole: Polistampa.
- Evans, G. (2003). The built environment and mental health. *Journal of Urban Health*, 80(4), 536-555
- Florek, M. (2011). “No place like home: Perspectives on place attachment and impacts on city management”. *Journal of Town & City Management*, 1 (4): 346–354.
- Gaebel, W., Becker, T., Janssen, B., Munk Jorgensen, P., Musalek, M., Ressler, W., Sommerland, K., Tansella, M., Thornicroft, G. and Zielasek, J., (2012). EPA guidance on the quality of mental health services. *European psychiatry*, 27(2), pp. 87-113.
- Gilbert, H., Slade, M., Bird, V., Oduola, S. and Craig, T., (2013). Promoting recovery-oriented practice in mental health services: a quasi-experimental mixed-methods study. *BMC Psychiatry*, 13(1), pp. 167.
- GISM - Gruppo interregionale della salute mentale. (2010). *Contenzione fisica in psichiatria: una strategia possibile di prevenzione*. Roma: Conferenza delle Regioni e delle Provincie Autonome.
- Goffmann, E., (1961). *Asylums: Essays on the social Situation of Mental patients and Other Inmates*. Doubleday & Company, Inc.
- Italian Ministry of Health. (2008). *Linee di indirizzo nazionali per la salute mentale*. Roma: Ministero della Salute.
- Levin, A. (2007). Psychiatric Hospital Design Reflects Treatment Trends. *Psychiatric News*, 42(2).
- Mosher, L. R. (1982). Italy’s revolutionary mental health law: an assessment. *American Journal of Psychiatry*, 139(2), pp. 199–203
- NAPHS. (2012). *Design Guide for the Built Environment of Behavioral health facilities*. Washington, DC: National Association of Psychiatric Health Systems.
- Plantamura, F. (2013). Mental care - Patient’s contribution to the design of healing environments. In: *Proceedings of the International Conference NES 2013 - Ergonomics for Equality*. Reykjavík, Iceland, August 11th - 14th 2013. pp.1-6.
- Savuto, G. (2008). *Riflessioni sul luogo di cura in area psichiatrica – Internal report*. Milano: Lighea Onlus.
- Shepley, M., & Pasha, S. (2013). *Design Research And Behavioral Health Facilities*. USA: The Center For Health Design.
- Thiels, C. (1993). The assessment of the therapeutic effects on psychiatric patients of a pleasant and congenial environment. *Journal of public health*, 1(4), pp. 328-338.
- Ulrich, R.S., Bogren, L. and Lundin, S., (2012). Toward a design theory for reducing aggression in psychiatric facilities, *ARCH 12: Architecture / Research / Care / Health 2012*.
- Vita, A., Barale, F., Canzian, V., Cerati, G., Colmegna, V., Lora, A., Magnani, P. A., Mazza, U., Mencacci, C., Moro, C., Nahon, L., Percudani, M., Petrovich, L., Pisapia, D., Radici, S. (2011). GAT SPDC, *Ruolo del Servizio Psichiatrico di Diagnosi e Cura nell’ambito delle attività del Dipartimento di Salute Mentale, del trattamento dell’acuzie e dell’emergenza urgenza psichiatrica*. Milano: Direzione Generale Sanità, Regione Lombardia.
- WHO - World Health Organization, (2008). *Policies and practices for mental health in Europe - meeting the challenges*. WHO Regional Office for Europe.