

HAVEN IN THE MEADOWS

2021

KINJAL SHAH

HAVEN IN THE MEADOWS



SCAN THIS QR CODE TO
KNOW MORE ABOUT ME



EMPATHY. STRATEGY. DESIGN



ACKNOWLEDGEMENT

I would like to thank my parents for their unwavering support through out my architecture education. I am grateful for their sacrifices, so that I could do my post graduation in United States. While doing this project, I started giving importance to my own mental health, there was a time where I was struggling to cope up with loneliness and grief from continous family health issues. But one thing I learnt is that caring about mental health should be priority. That's how I came so far and found contentment about my achievements.

I have always been in awe with Prof. Kirk Hamilton's work, his research work and professional experience guided me in understanding the plausibility of my project. I am honored to be your student. I have always been inspired to push my limits and think out of box through out my grad life because of Prof. Lu. I have always seen him as a cheerleader and motivator. For Carly, I would say she has been such a great contributor to this project through her knowledge of psychology. Though my second year was bit different, but Prof. Ray made sure that our in studio and virtual studios were the most learning experiences. His attention to detail and motivation to be "over achievers" always kept us on toes to be the best.

I would like to thank our alumni Hilary Bales and Tim Rommel for helping me with the industry knowledge and giving me time throughout the project. Last but not the least, I couldn't have enjoyed my graduate life without my friends and classmates.

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01



PERSONAL SPACE

INTRODUCTION



1.2 PROBLEM STATEMENT

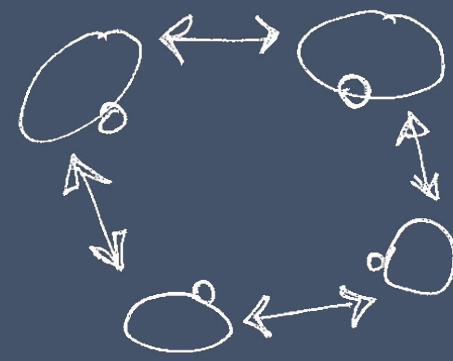
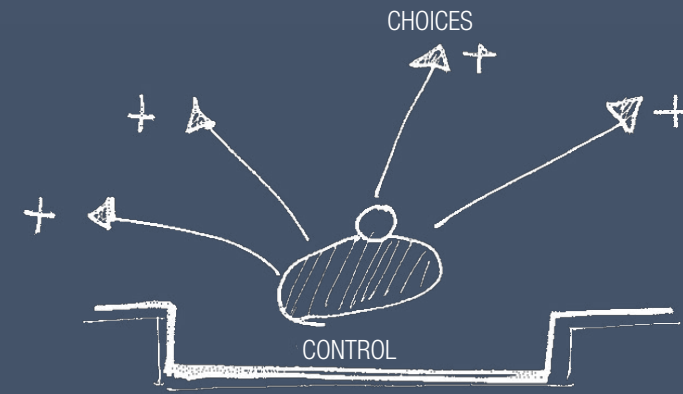
Stigma associated with mental health is very common. Apprehension of treatment is the fear of mental health services, which avoids patients to take treatment. The fear of stigma is more associated with facility itself, the mental health hospitals are symbolized more of an incarceration centers rather than a healing place. Despite all improvements introduced to mental health facilities, they are still labelled and stigmatised. Mental health facilities are often associated with a penitentiary, an asylum, or a substitute of a panopticon. The stereotypical image of a psychiatric hospital is inseparably linked with this object.

The architecture of psychiatric hospitals is sometimes referred to as the architecture of madness. That applies to both the architectural form and the quality of the built environment. Very often, architecture not only fails to guarantee appropriate conditions of stay, but it is also inadequate for its function. Some mental health facilities were not adapted to the changing requirements for healthcare facilities, and in some cases they were not designed to accommodate people. That creates inappropriate spatial and functional connections and results in inability to introduce required changes, provide particular technical conditions, and create a suitable healing environment for patients.

The task of reducing mental health stigma associated with the place (architecture) necessitates considering a wide range of diverse issues. To meet standards of quality for mental health facilities, the space need to ensure the protection of in-patients' dignity and privacy while maintaining security, as well as appropriate humanisation of hospital space with respect for local and cultural determinants. This allows focusing on the patients and facilitates their engagement on a personal and social level while appropriate therapy is being carried out.

The environment should be welcoming so that care can be given without any judgements. Mental health architecture should be neither the architecture of madness nor the architecture of stigma, but an architecture of therapy, humanity, empathy and safety.

02



CHOICE OF SOCIAL INTERACTIONS

OBJECTIVE & PURPOSE

2.2 PROJECT PLAN

Purpose & Aim:

The purpose of the project is to examine how design can improve the mental state of patients or aid the process of healing. The focus will be on how spatial planning and certain design features can be used to improve the state of well being.

Facility as a hub for eunoia:

The state of mental wellness just doesn't come with the temporary care it needs different levels of care at different stages of mental and behavioral state. Hence to fulfil all these stages a continuum of care needs to be established. This project will cater to all those needs by providing a complete care from inpatient care to residential supportive treatment along with social interactive activities.

Users:

The facility will have patients with mental and substance abuse disorders. Its an adult only behavioral health facility with services ranging from outpatient detox care and emergency department. The community will use be part of this facility for group therapy and well-being.

The plan:

A regional health facility which is like a hub for Larimer County ensure seamless care coordination and fill in critical gaps in the continuum of care for those experiencing crisis and substance use disorder issues. A place where education, health& wellness and early identification and intervention is encouraged. Design strategies include outdoor courtyards, views to nature, ample of daylight, form that creates passive secured barred for spaces that needs security The program has various common spaces for small and large groups. The inpatient units have combination single and double occupancy which helps in staff efficiency and also fulfils the cost restrains for the per bed.

Can architecture heal?

How can people be brought together in a pleasant environment and engage in beneficial interactions?

What are the relevant design strategies employed in creating a healing environment?

Who is it for?

2.1 FRAMING THE ISSUES

Behavioral health issues are complex diseases that require individualized treatment approaches tailored to the person's severity of disease and specific health care needs, just like any other chronic health condition. This requires a system of care that has a range of levels and types of care available to appropriately meet the needs of patients accessing the system. When appropriate levels of care are not available, individuals often go untreated or receive limited or fragmented treatment, resulting in the utilization of more costly services in hospitals, emergency departments, crisis care, and the County jail.

Understanding the need for passive privacy:

Every patient has been diagnosed with mental health disorder or substance abuse. These patients have tendency for harmful behavior like suicide and self harm. For this purpose, a continous supervision is needed to track their behavior, this supervision needs to be indirect and open so that patients and staff are comfortable with each other.

Understanding the need to reduce aggression:

Most patients feel that mental health facility can harm them and hence they become aggressive. The environment needs to portray calm and positive elements which helps in reducing aggression. Thus, the harmful behavior is controlled.

Understanding the need for psychological sensories :

The space around them can give behavioral cues, these cues should help in giving comfort, social choice and control. The environment needs to be designed to give positive distractions which would help in diverting the mind from illness to wellness.

Understanding the need for safety :

The harmful behavior can not only affect fellow patients but also to staff. Hence the environment needs to display safe materials and furniture so that objects for violence is reduced. The balance between patient and staff common spaces should be ligature resistant and free from any display of inappropriate art.



A happy human



Needs passive privacy

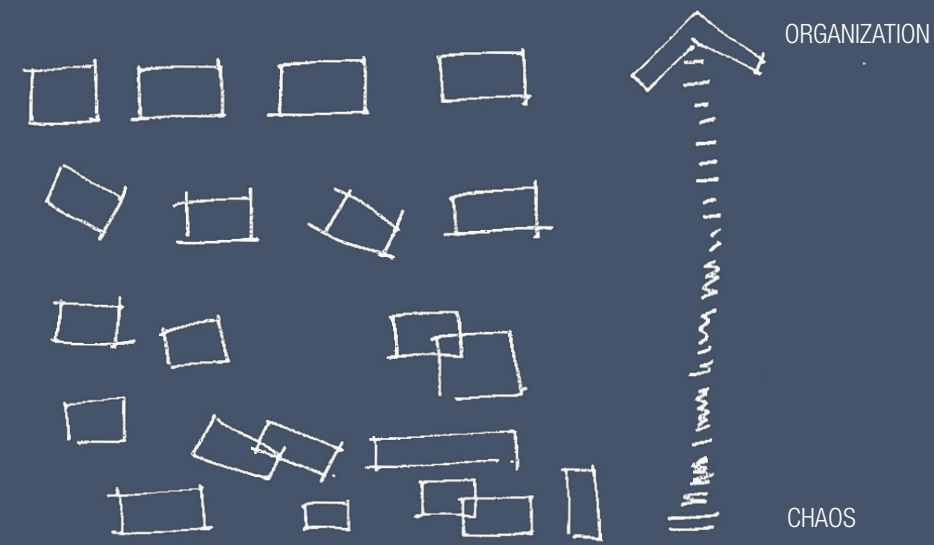


Needs emotional comfort



Needs a safe place to heal

03



SPATIAL ORGANIZATION MERGING WITH HUMAN SENSORIES

COMPLEXITY OF BEHAVIORAL HEALTH

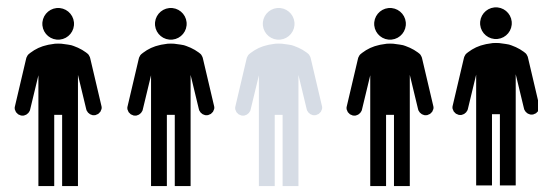
3.1 BEHAVIORAL HEALTH vs MENTAL HEALTH

The term “behavioral health” originated just a few decades ago, but the meaning has changed over time. There are several important differences between mental and behavioral health.

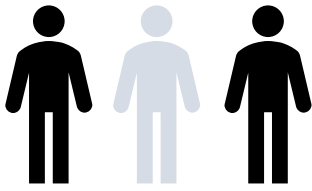
Mental health is a state of wellbeing in which an individual can cope with stress and be a productive member of the community. Your biology, habits and psychological condition all impact and are impacted by your mental health. Depression, generalized anxiety disorder, bipolar disorder and schizophrenia are all examples of mental health disorders that are not directly a result of behaviors. While some mental health challenges are related to behavioral health, others are caused by genetics or brain chemistry.

Behavioral health is the way your habits impact your mental and physical wellbeing. That includes factors like eating and drinking habits, exercise, and addictive behavior patterns. Substance abuse, eating disorders, gambling and sex addiction are all examples of behavioral health disorders. These conditions stem from maladaptive behaviors and may require behavioral health services to overcome.

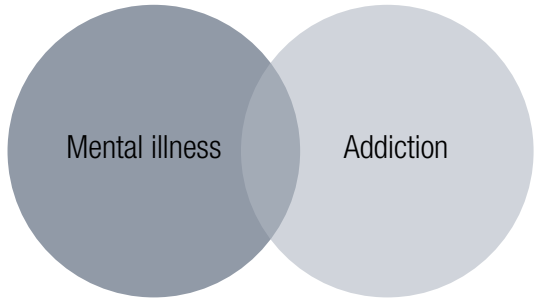
People who have substance use disorders as well as mental health disorders are diagnosed as having **co-occurring disorders, or dual disorders**. This is also sometimes called a dual diagnosis.



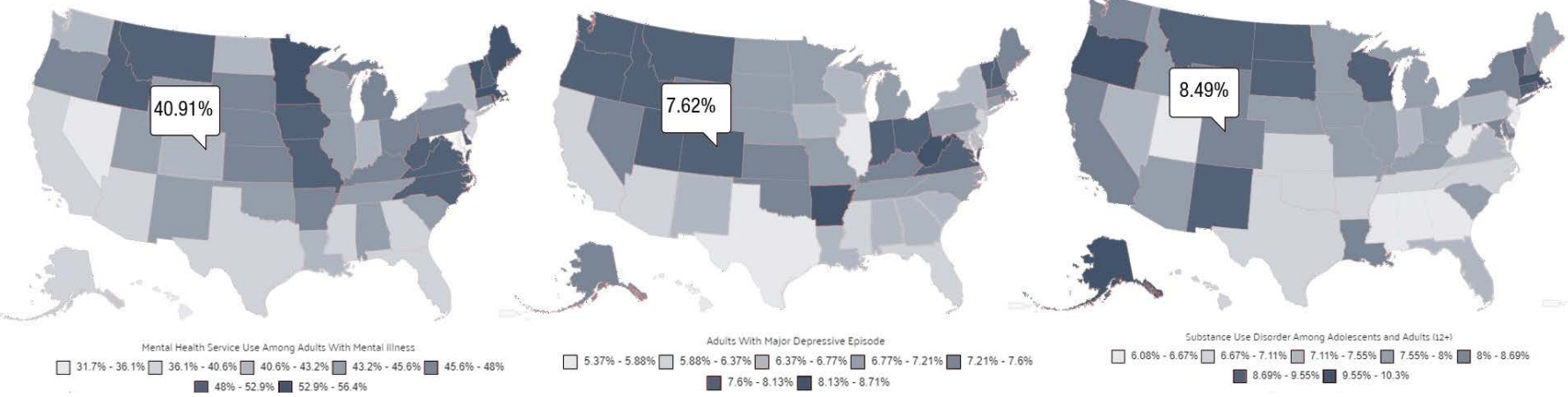
1 in 5 adults in America experience a mental illness



1 in 3 adults in America suffering from mental illness do not undergo treatment



Approximately 10.2 million adults have co-occurring mental health and addiction disorders



3.2 TREATMENT AND WELLNESS

1. **Psychotherapy** - Its also known as “talk therapy” has to be specially tailored around the patient’s anxieties in order to be effective. Cognitive Behavioral therapy (CBT) is a type of psychotherapy that encourage the patients to find different ways of thinking, behaving, and reacting to anxiety-producing and fearful situations. CBT is composed of cognitive therapy which is used to identify the problems and exposure therapy which represents confronting the fears, CBT is done individually or with a group of people and usually requires some “homework” to be done.

2. **Self help or Support Groups** - Some people will benefit from these group meetings as sharing their problems and achievements can be deeply satisfying . Group meetings, support groups and chat rooms, even talking to trusted friends can have a beneficial impact on one’s mental health.

3. **Dialectal Behavioral Therapy (DBT)** - DBT can be adapted for many substance abuse cases, but mainly focuses on treating severe personality disorders, such as borderline personality disorder. DBT works to reduce cravings, help patients avoid situations or opportunities to relapse, assist in giving up actions that reinforce substance use, and learn healthy coping skills.

4. **Stress Management Techniques (SMT)**- SMT and meditation can help people with anxiety disorders, calm themselves and may enhance the effects of therapy.



Psychotherapy



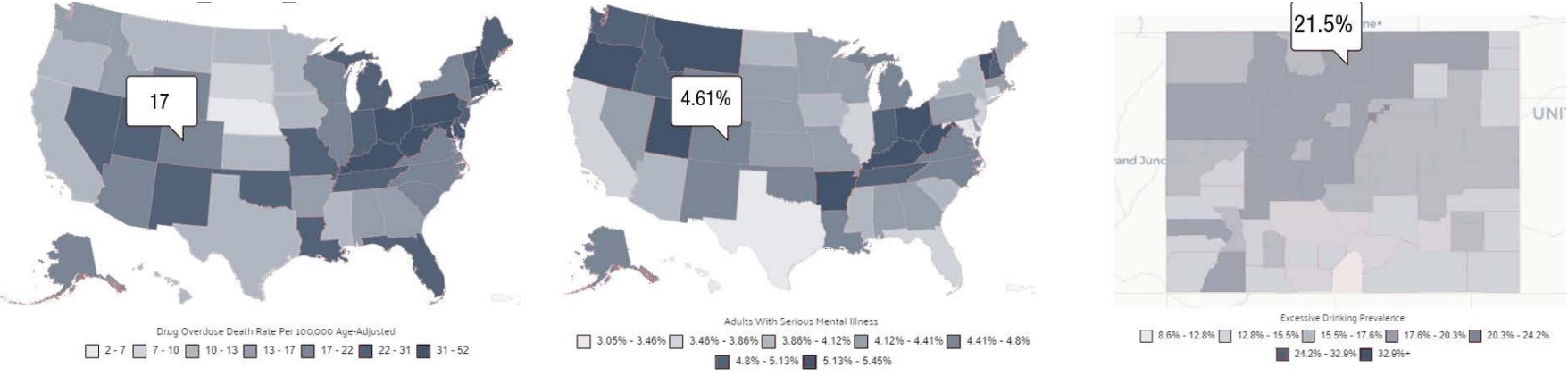
Support Group



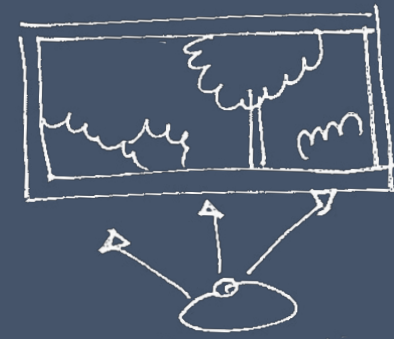
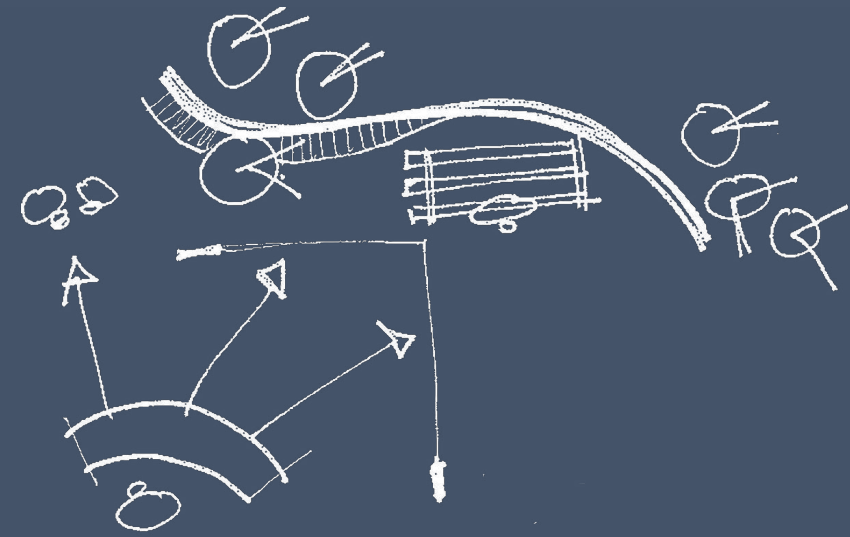
Dialectical Behavioral Therapy (DBT)



Stress Management Techniques (SMT)



04



ACCESS TO NATURE

INVESTIGATIONS

4.1 CASE STUDY



Lindner Center of Hope

Location : Cincinnati
 Area: 93,890 sq.ft
 Beds: 64 single inpatient rooms, 16 bed division

Form Inspirations Taken:
 -Spine connecting wings.
 -Connection to nature.
 -Downtown/Neighborhood/ Housing Concept.
 -Secured Courtyard between the building.
 -Rooms facing the woodlands.



Tampere Psychiatric Clinic

Location : Tampere, Finland
 Area: 122,917 sq.ft
 Beds: 180 single inpatient rooms, 15 bed division

Form Inspirations Taken:
 -Multiple Courtyards with different uses
 -Connection to nature
 -Distinct Entries to create sense of arrival
 -Window Style.
 -Rooms facing the courtyards.



Vejle Psychiatric Hospital

Location : Vejle, Denmark
 Area: 353,473 sq.ft
 Beds: 91 single inpatient rooms, 15 bed division

Form Inspirations Taken:
 -Multiple Courtyards
 -Square shaped units
 -Downtown/Neighborhood/ Housing Concept.
 -Rooms facing the courtyards and woodlands.

4.2 RESEARCH

Evidence- Based Design:

A deliberate attempt to base the building design decisions on the best available research evidence with the goal of improving outcomes and of continuing to monitor the success or failure for subsequent decision making.

RESEARCH GOAL 1

Improving the patient safety through environmental measures

- Reducing Patient injury and comorbidity
- Reducing medical errors
- Reducing Healthcare- acquired infections

RESEARCH GOAL 2

Improving other patient outcomes through environmental measures

- Considering Patient's social choices
- Reducing depression and anxiety
- Reducing spatial disorientation
- Improving patient privacy

RESEARCH GOAL 3

Improving staff outcomes through environmental measures

- Decreasing staff injuries
- Decreasing the staff stress
- Improving patient-staff communication

Salutogenesis:

A holistic approach towards healing process in all dimensions of a person – body, mind, social and spirit. To achieve this four factors of environment are considered:

Internal Environment

Healing intention and personal wholeness are crucial for significant impact on health creation & wellbeing

- Creating an environment where mind, body and spirit is connected to the environment.

Behavioral Environment

Healthy lifestyles and integrative care to promote the healing process

- Creating spaces that match with an individual's personal choices and creates an improved lifestyle.

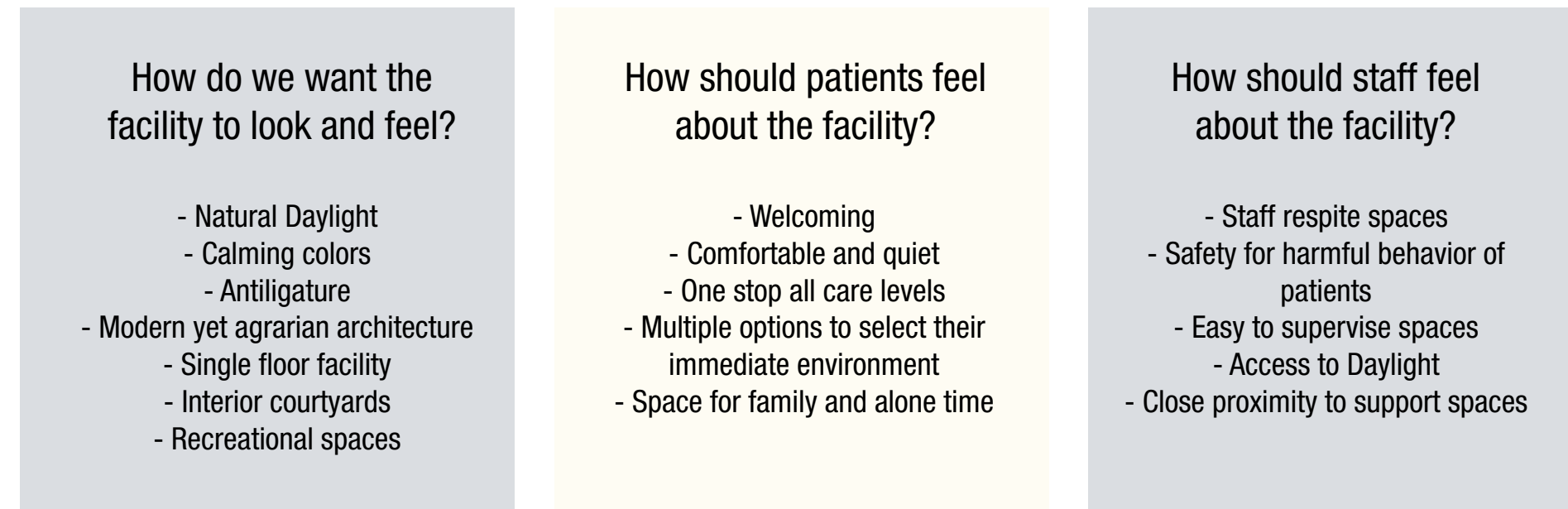
External Environment

Healing spaces with ecological sustainability and resilience for supporting the healing process

- Creating an outdoor environment which helps in the healing process by horticulture therapy or group therapy

4.3 CONNECTION TO PLACE

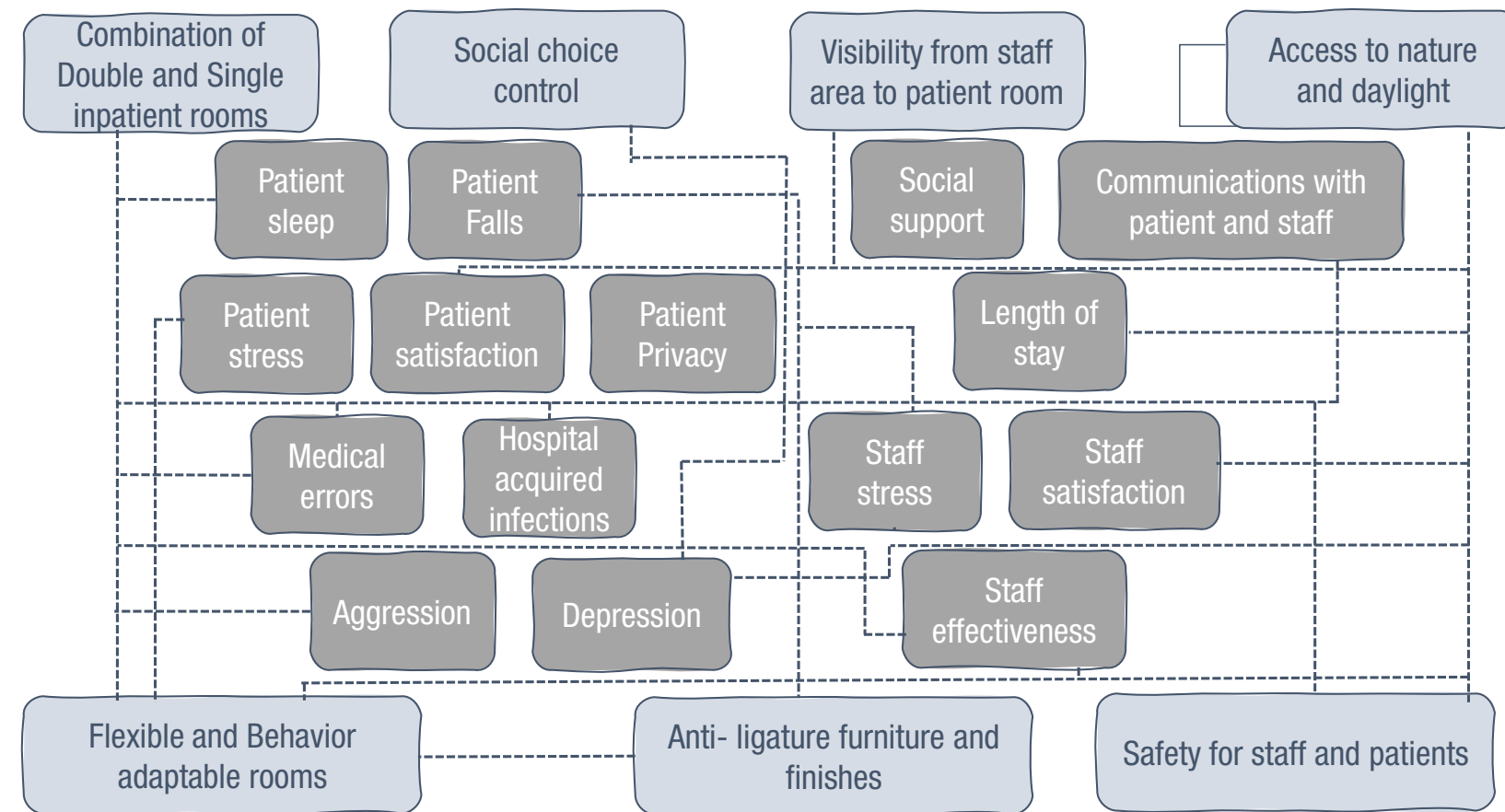
To translate the research into a built environment, a visioning process is determined to conclude the design strategies. This visioning process aims in imagining an environment that could check all the research goals and creates a salutogenic environment.



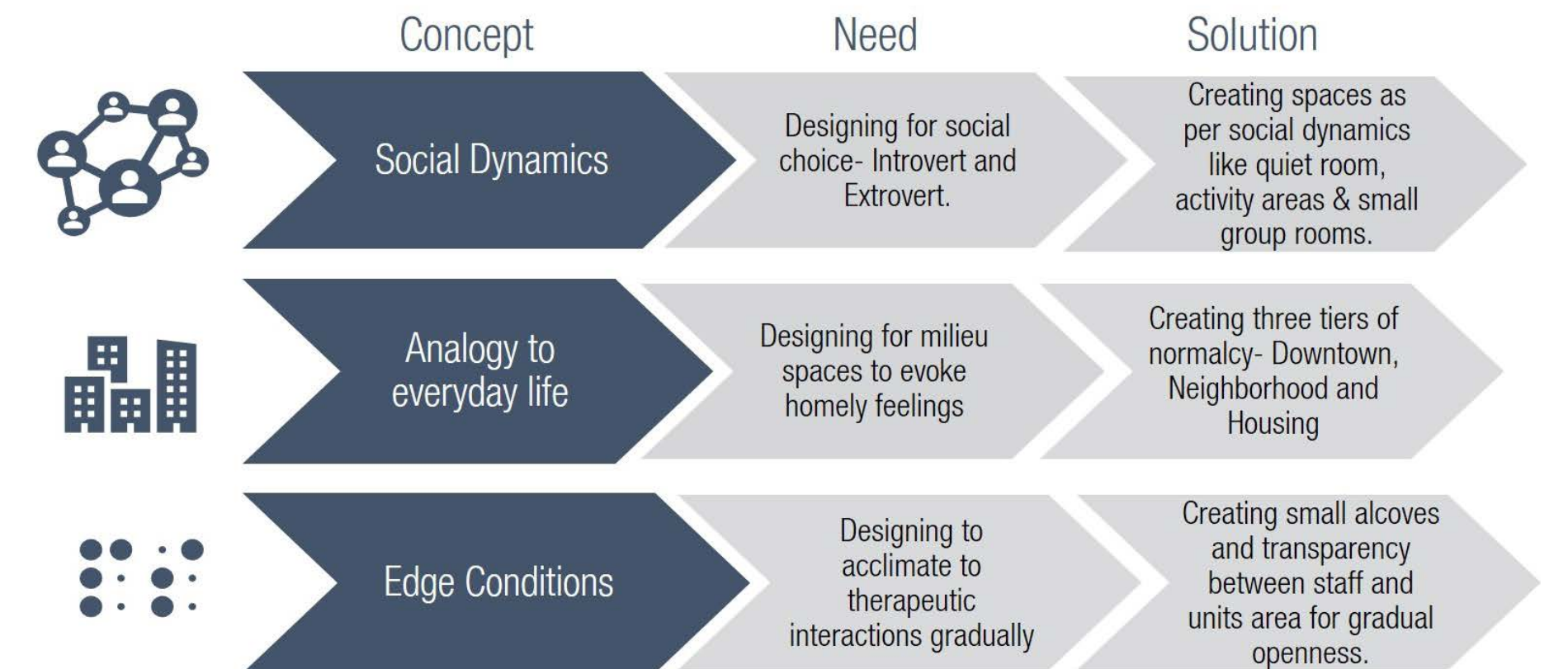
4.4 DESIGN GUIDELINES



Conceptual ideas to define the well-being of spatial relations



Defining the design strategies (blue boxes) in relation to patient/staff outcomes (grey boxes).



Understanding the Behavioral Psychology and defining the space relation

05

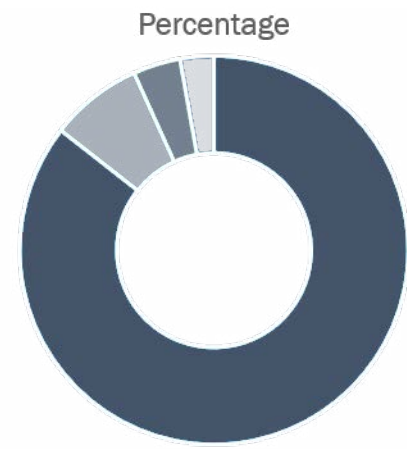


HOME-LIKE ENVIRONMENT

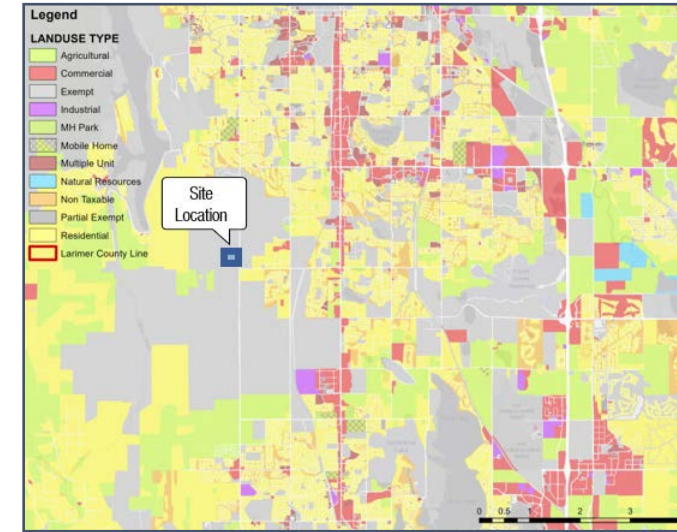
SITE & FACILITY

5.1 SITE LOCATION & ANALYSIS

National and local statistics indicate that one in five Americans has a mental health issue, and depression is the leading cause of disability worldwide. It is estimated that 41,000 Larimer County residents have a mental illness and 30,000 have a substance abuse disorder (some residents have both conditions). Larimer County holds one of the highest suicide rates in the country. While the County has many solid services, it does not currently have the continuum of care needed to meet differing severity and scope of needs. It also lacks a centralized facility where care can be effectively and efficiently managed in a continuum of care. A 2015 study of Larimer County Jail frequent utilizers (those booked four or more times in a year) found that 9 in 10 had substance use problems and half had a mental illness.



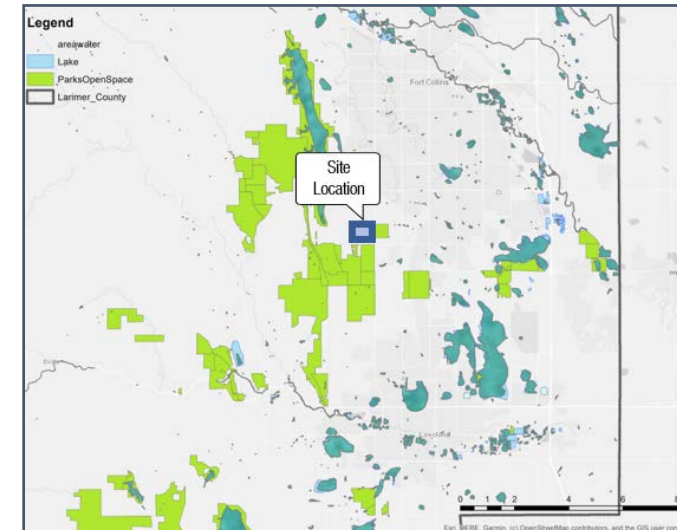
- Total Population - 335,000
- Population with Mental Illness - 11,000
- Population with Mental Illness - 30,000
- Population with Co-occurring - 15,000



Land use context around the site



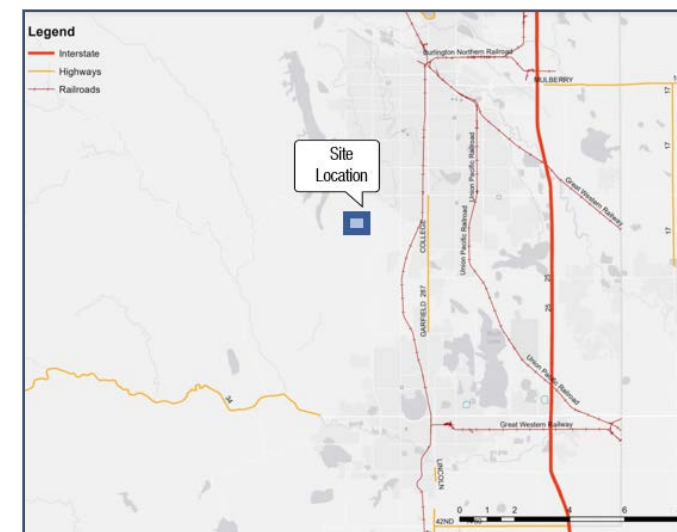
Satellite site image



Natural surrounding context



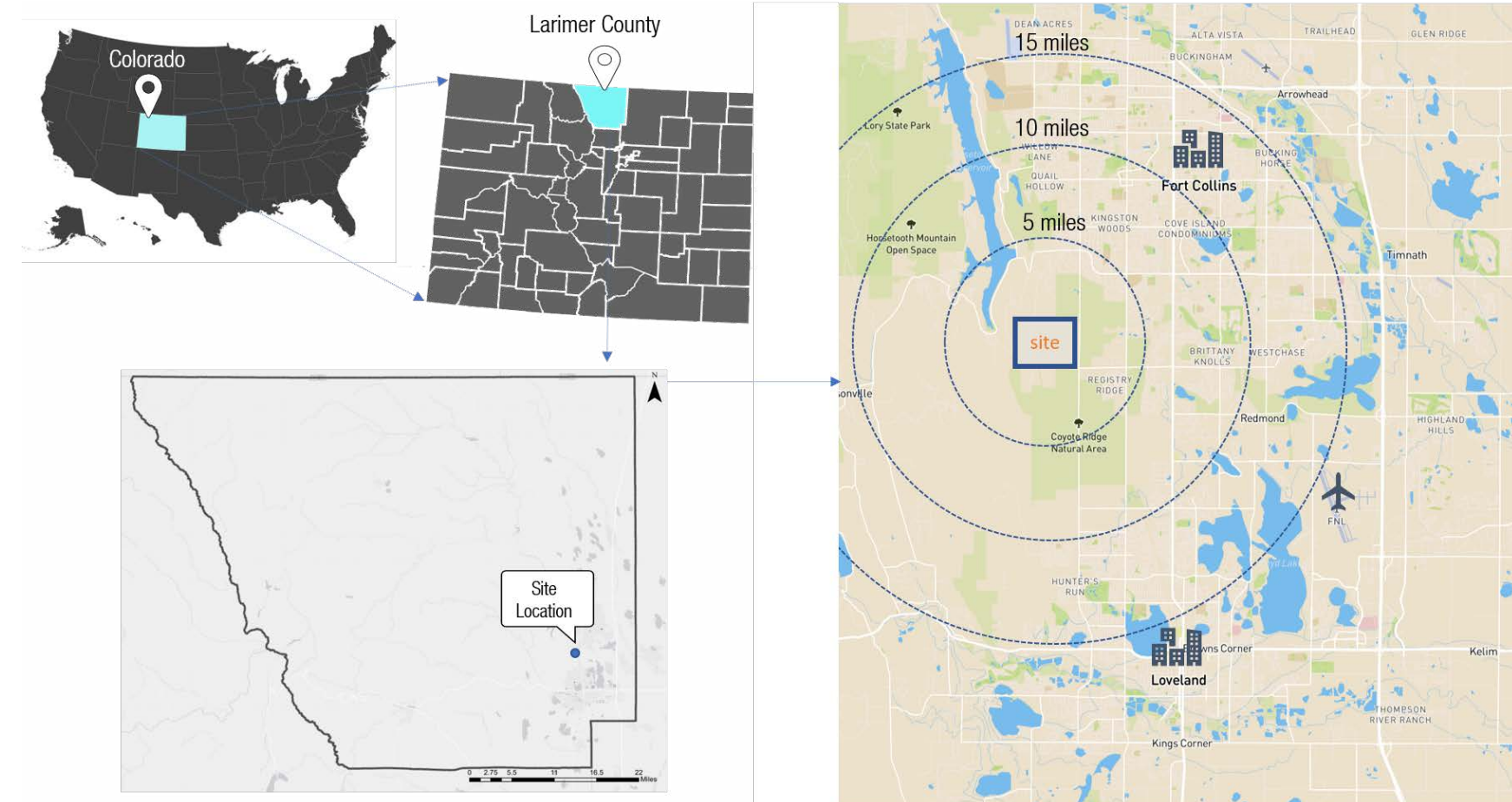
Site view 1



Transportation Connectivity

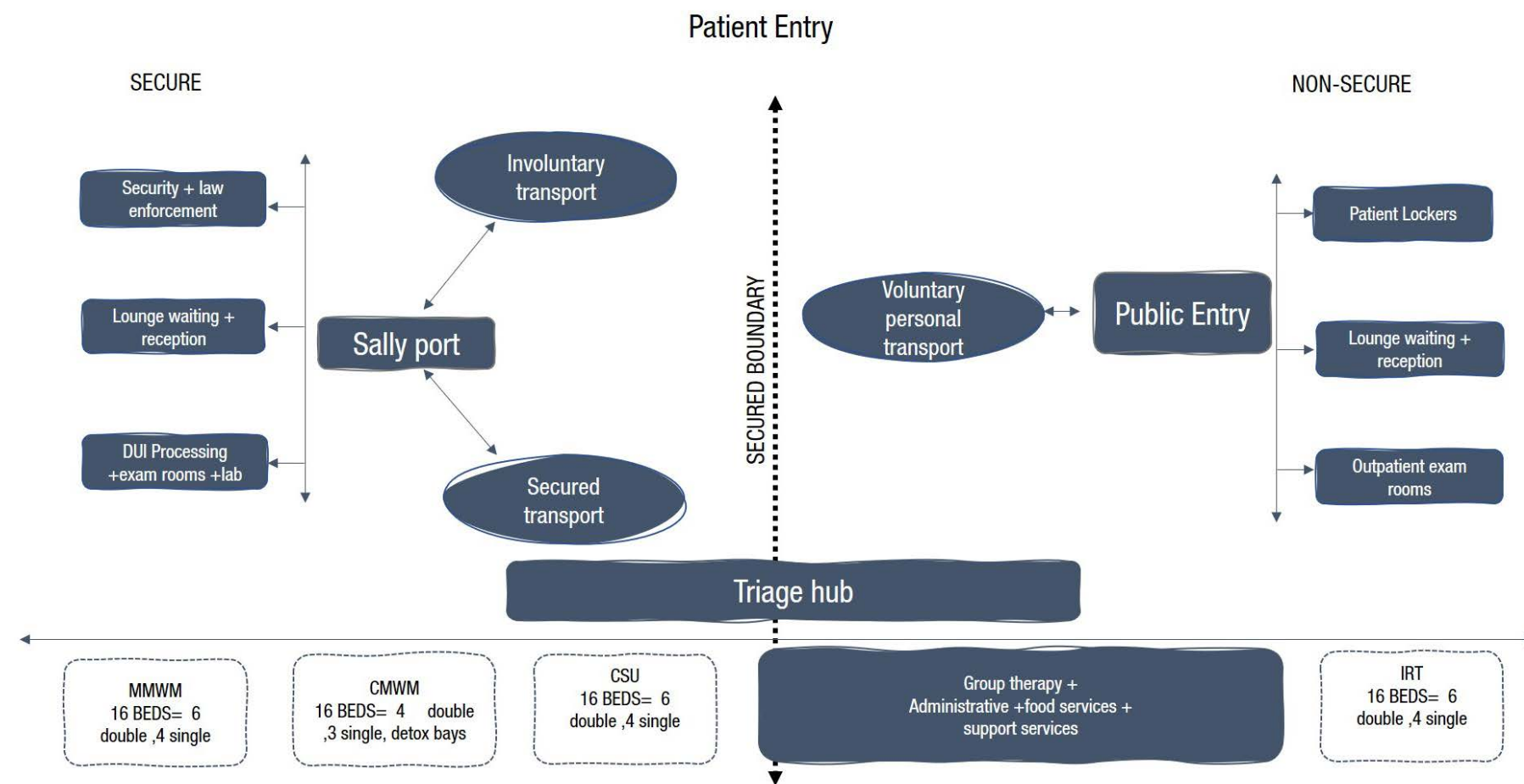
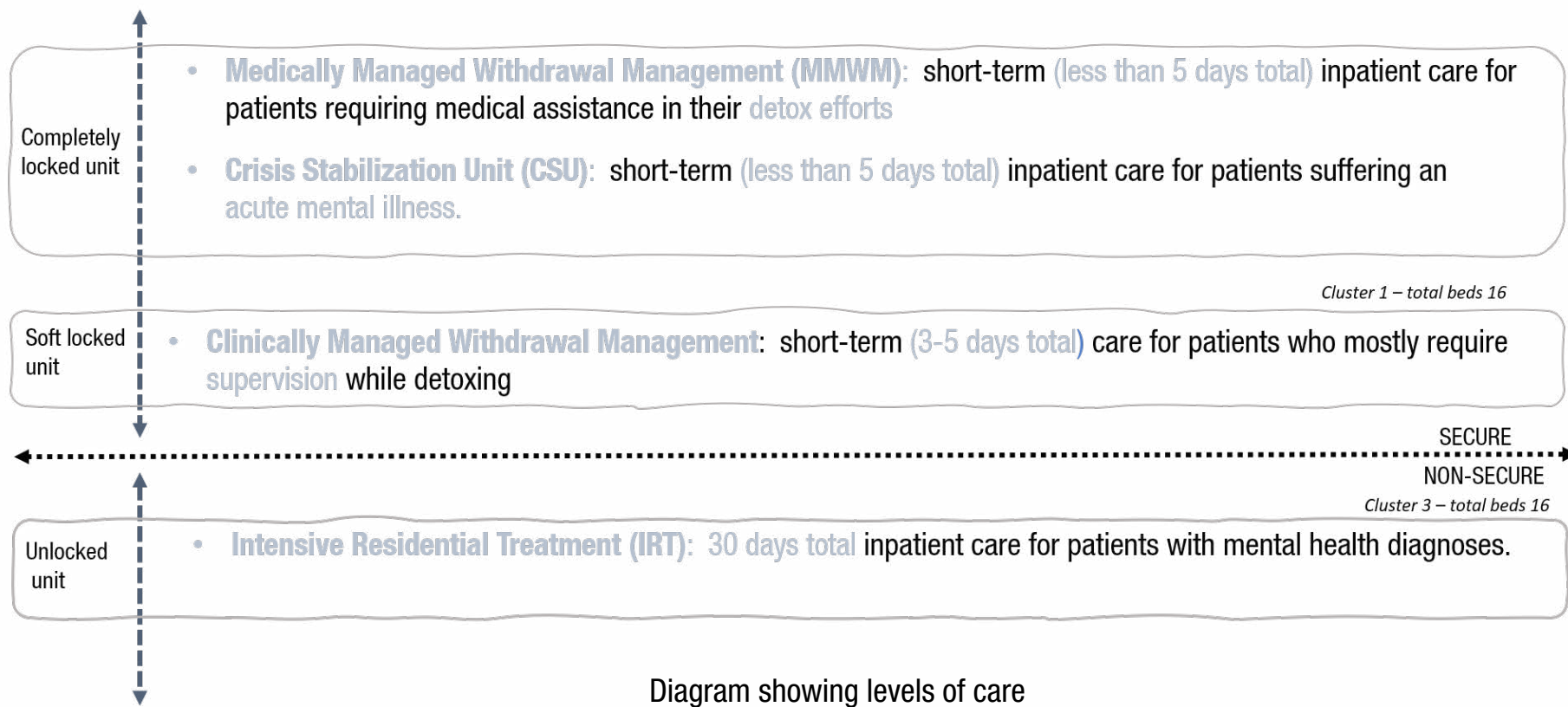


Site view 2



5.2 PROGRAM

Cluster 2 – total beds 16 +16



5.3 PROCESS WORK



DESIGN OPTION 1

- PROS:
- Central axis form creates a separation between secured and non-secured environments.
 - The courtyards with the spine facilitates the spatial orientation
 - Single- story form
- CONS:
- The rectangular form of housing units creates negative spaces for supervision from staff area.
 - All the inpatient room don't get hill views .

MODIFIED FURTHER



DESIGN OPTION 2

- PROS:
- The courtyards and spine work good for creating secured corridors.
 - V-shaped housing unit gives hill view to maximum room
- CONS:
- Open plan in housing not achieved.
 - V-shape creates negative spaces for supervision from staff area.
 - Two-storeyed.
 - Long corridors.
 - No passive separation of secured and non-secured environments.

REJECTED



DESIGN OPTION 3

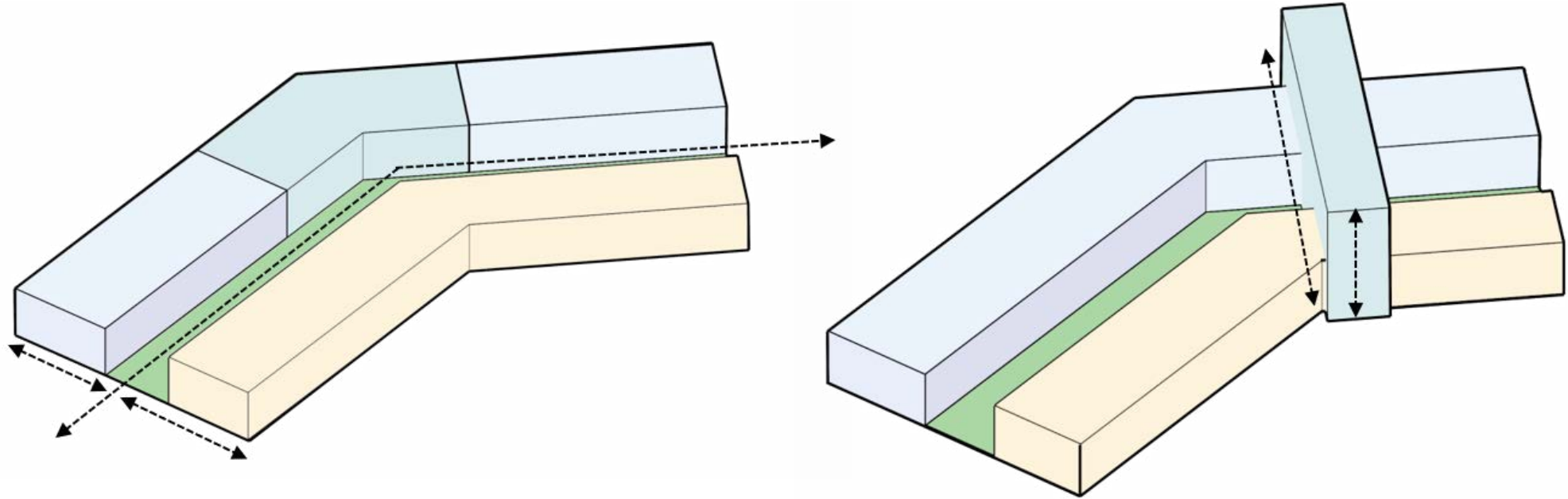
- PROS:
- Dynamic form
 - Housing plan with central supervision of nurse station
- CONS:
- Spatial orientation not formed.
 - All the inpatient room don't get hill views.
 - Two-storeyed
 - Courtyard not secured well
 - Home-like form not achieved.

REJECTED



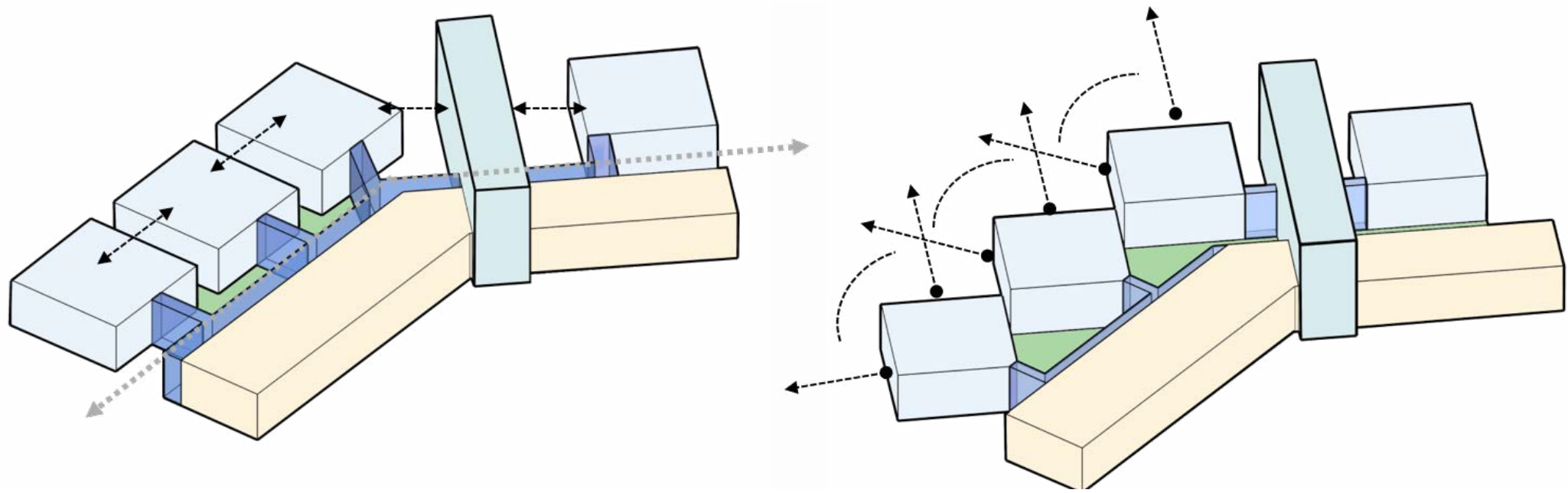
A HUB FOR EUNOIA

PART- DIAGRAMS



Divide & Add
Divide the mass and add the secured courtyard in between

Intersect & Elevate
Intersect the mass between the other mass to elevate the entry



Split & Connect
Split the housing and connect with transparent spine

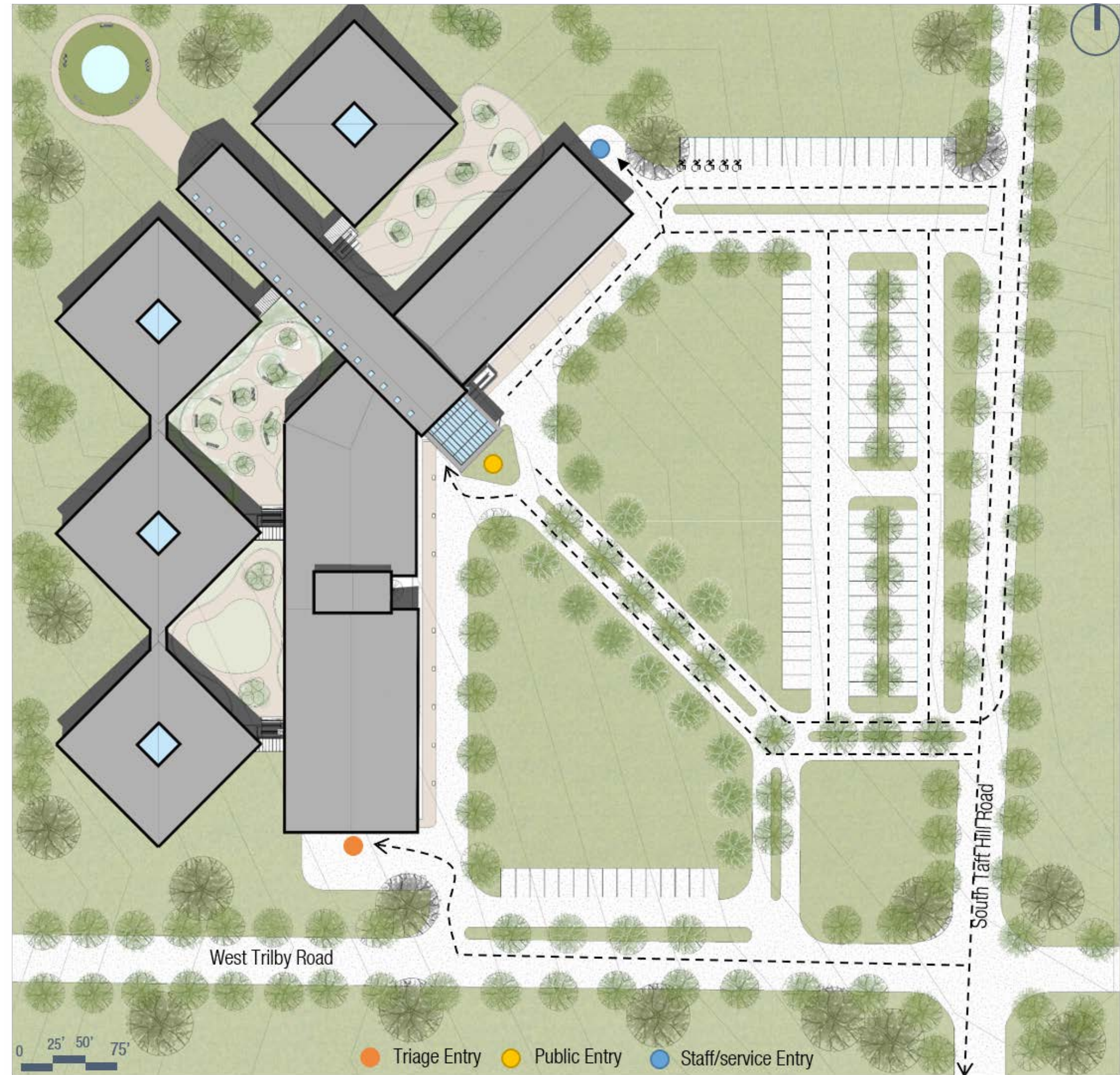
Rotate and Merge
Rotate the housing blocks and Merge the views in two categories

Downtown

Housing

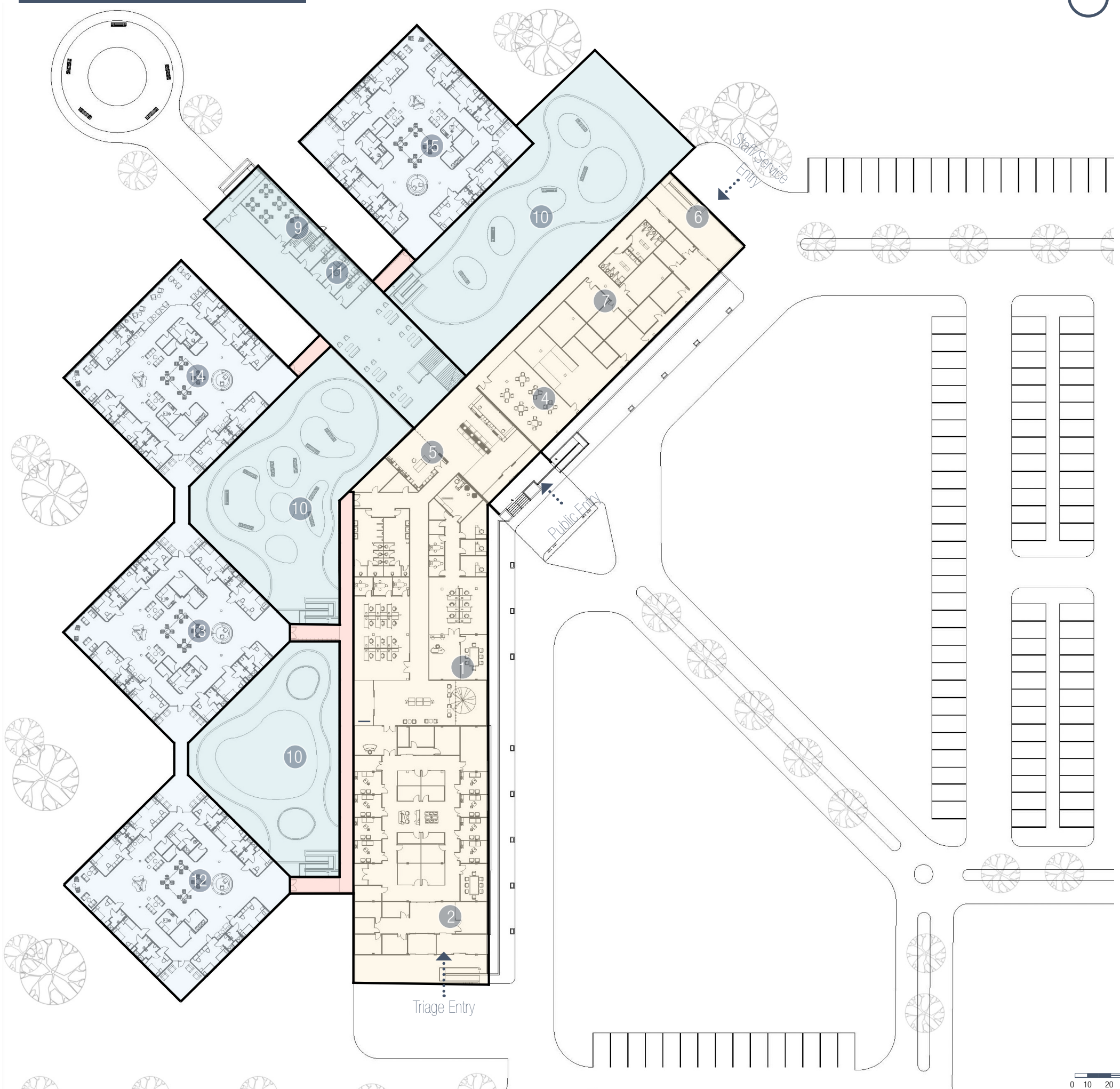
Neighborhood

SITE PLAN



● Triage Entry ● Public Entry ● Staff/service Entry

5.4 FINAL DESIGN



DOWNTOWN

	Total NSF	NTG	Departmental GF
1. Care Coordination	940	25%	1175
2. Triage + Secure Entry	4446	30%	2691
3. Administration	1730	25%	2162.5
4. Food Services	2305	15%	2650.75
5. Pharmacy	350	15%	3847.9
6. Staff Entry	2070	30%	2691
7. Building Support	3346	15%	3847.9

NEIGHBOURHOOD

	Total NSF	NTG	Departmental GF
8. Community Hall (on mezzanine level)	1510	30%	1963
9. Large Group therapy room	510	30%	663
10. Courtyards	2000	30%	2600
11. Family Visitation	460	30%	598

HOUSING

	Total NSF	NTG	Departmental GF
12. Medically Managed Withdrawal Unit	4724	40%	6613.6
13. Crisis Stabilization Unit	4724	40%	6613.6
14. Clinically Managed Withdrawal Unit	4724	40%	6613.6
15. Intensive Residential Treatment Unit	4434	40%	6207.6

Total Departmental Gross Square Feet	52,531.85
Building Gross Factor	15%
Total Building Gross Square Feet	60,411.63



Pharmacy
Triage

Haven
in the
Meadows

WELCOMING ENVIRONMENT





Waiting area view facing towards group therapy courtyard with ample of daylight and visual access to nature for calming environment

DOWNTOWN



Access to spaces for public, staff and outpatients



De-institutionalized & Homelike environment



Orderly & organized Environment



Visual and Physical access to nature

- | | |
|--------------------|-------------------------|
| 1. Entrance lobby | 10. Housekeeping |
| 2. Pharmacy | 11. Power Room |
| 3. Cafe | 12. Water pump room |
| 4. Kitchen | 13. Boiler Room |
| 5. Storage | 14. Loading/Unloading |
| 6. Soiled | 15. Staff locker/change |
| 7. Clean and store | 16. Medical gas storage |
| 8. Sorting | 17. Trash |
| 9. Mechanical Room | |





View of Group therapy courtyard between the downtown and housing units, the group therapy courtyards are meant for casual counselling between the patient and care giver. An open outdoor space helps in reducing the anxiety and aggression.

NEIGHBOURHOOD



Access to spaces for public, staff and patients from CMW unit and IRT unit



Social Dynamics: Choice of Large or private space for family visit



Analogy to Everyday Life: Connection to housing



Edge Conditions: Group closer to non secure and transitional housing units



Visual and Physical access to nature



- 1. Waiting Area
- 2. Family Visitation Room
- 3. Large Activity Room

0 10 20 25





View of Group therapy courtyard between the downtown and housing units, the group therapy courtyards are meant for casual counselling between the patient and care giver. An open outdoor space helps in reducing the anxiety and aggression.

HOUSING



Access to spaces for staff and patients from CMW unit and IRT unit



Social Dynamics: Choice of Single or double patient rooms



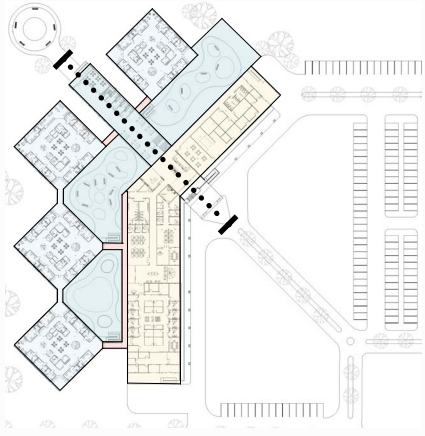
Analogy to Everyday Life: Front yard and Backyard concept, Open plan



Edge Conditions: Small Alcoves between rooms. Choice of informal space – quiet room, seating and activity area.

- | | |
|-----------------------------------|--------------------------------|
| 1. Secured Vestibule | 9. Nourishment |
| 2. Single Patient Room | 10. Medication |
| 3. Double Patient Room | 11. Storage |
| 4. Quiet Room | 12. Day Room |
| 5. Nurse Station | 13. Exam room/ Counsellingroom |
| 6. Small Activity Room | 14. Storage |
| 7. Detox Bays – Open and Enclosed | 15. Staff lounge |
| 8. Clean/soiled Utility | 16. Seclusion room |





SECTION



FACADE DESIGN

Downtown



Access to spaces for staff and outpatients and emergency patients for CSU and MMW



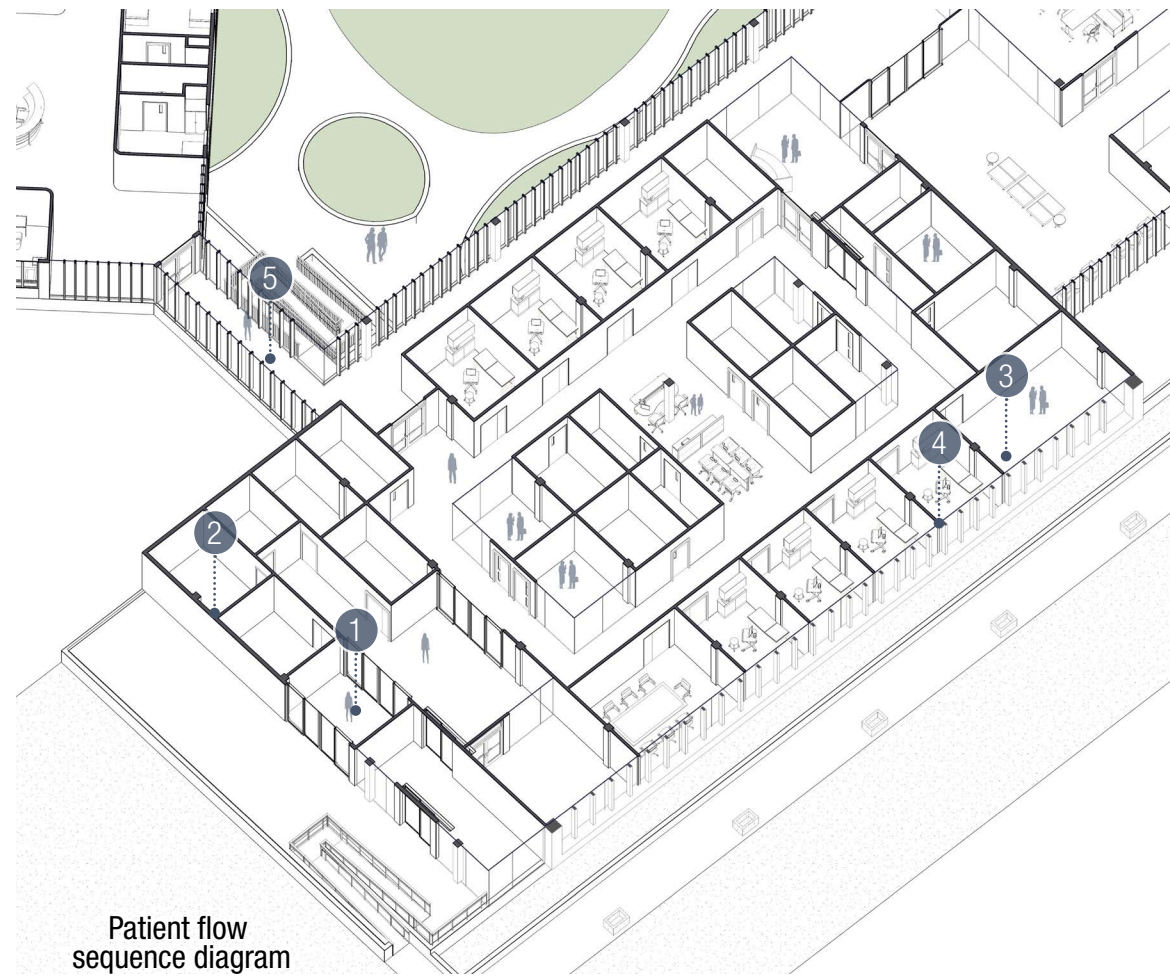
De-institutionalized & Homelike environment



Orderly & organized Environment



Visual and Physical access to nature



Patient flow sequence diagram



- 1. Involuntary patient arrives through sally port first and screened.
- 2. Patient is kept in seclusion room till the point stable
- 3. After legal processing done by staff, the patient is kept in observation room
- 4. Then patient is examined as per their condition in exam room
- 5. Once the diagnosis is done, patient is transferred to housing unit

Administrative and Staff support

1. Waiting Area
2. Administrative office reception
3. Conference Room
4. Workstations
5. Clinical Director
6. Executive Director
7. Facility Director
8. Medical Director
9. Storage
10. Pantry
11. Consult Rooms

Care Coordination

12. Workstations
13. Consult rooms

Secure Entry

14. Sally Port
15. Legal processing
16. Seclusion Room
17. Seclusion Toilet
18. Debug/furnace room
19. Storage
20. Secured Lobby
21. Transport lounge
22. Secured Entrance Vestibule

Triage

23. Consult/ Hot Office Room
24. Exam Room
25. MH observation room
26. Bull pen space
27. Nurse Station
28. Patient Effects Storage
29. Toilet
30. Documentation
31. Medication
32. Clean/soiled Utility
33. Nourishment
34. PPE storage
35. Lab
36. Reception



Housing



Access to spaces for staff and patients from MMW unit and CSU unit



Social Dynamics:
Choice of Single or double patient rooms, group seating options



Analogy to Everyday Life:
Front yard and Backyard concept. Open plan for better visibility

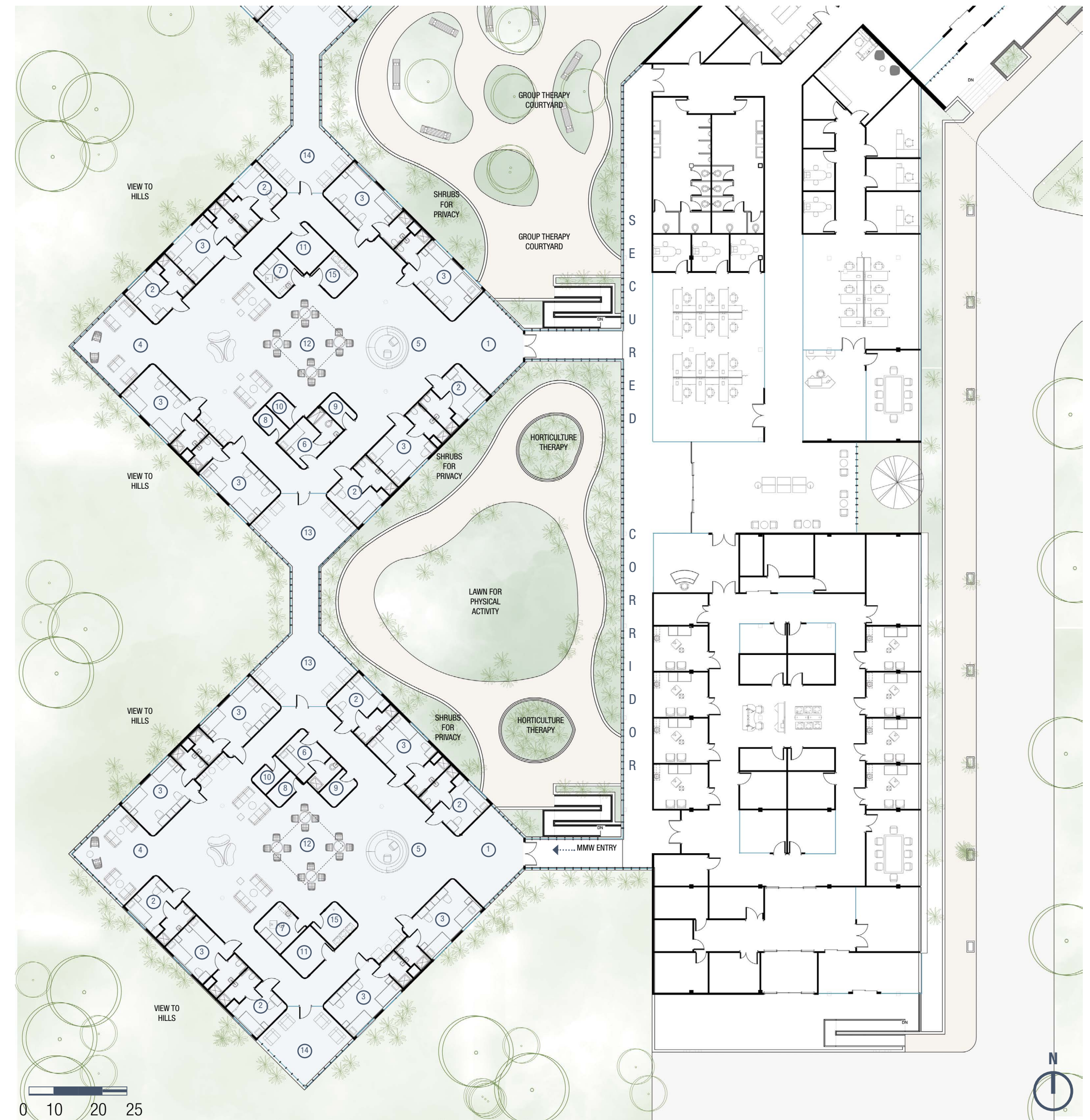
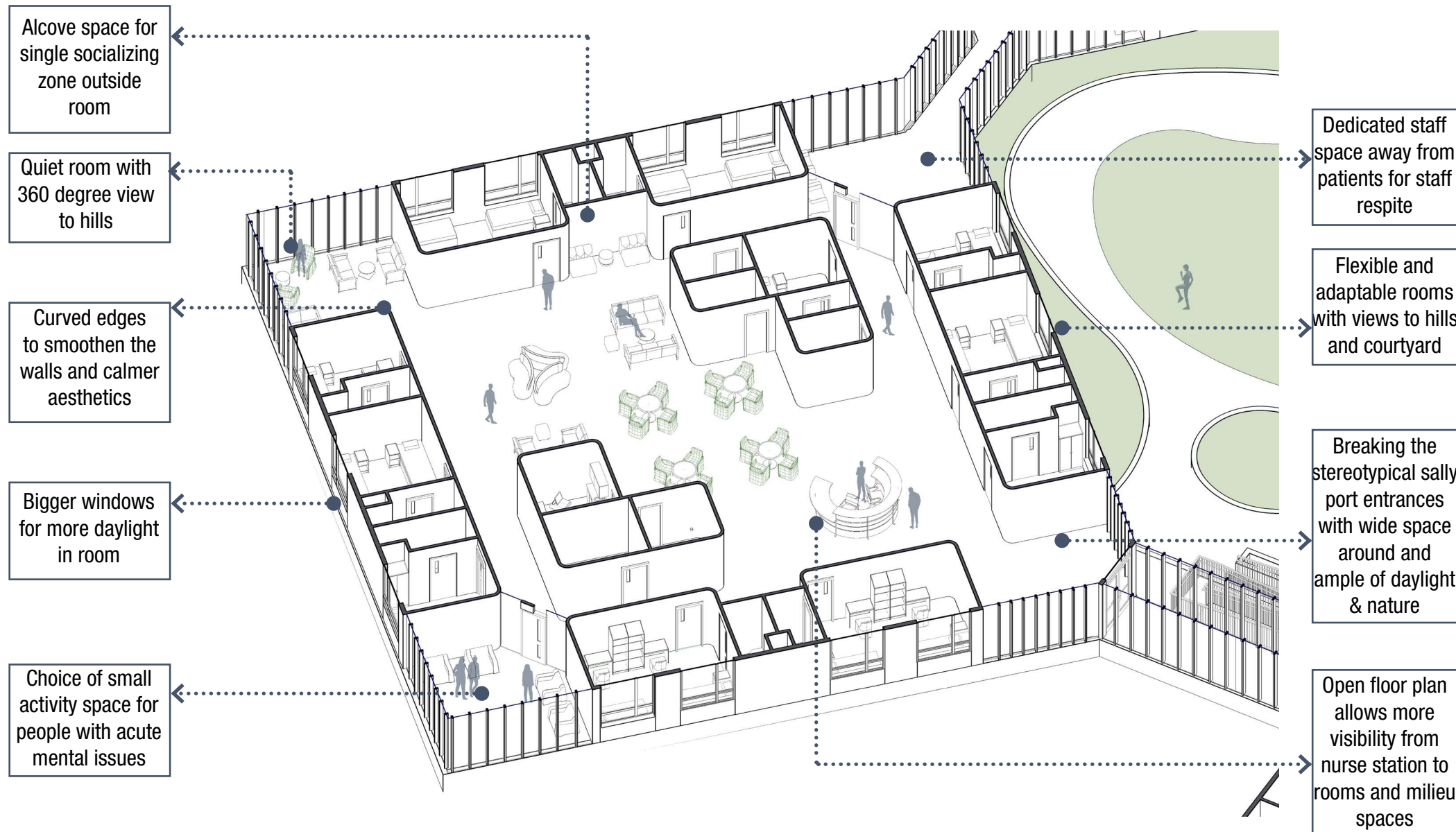


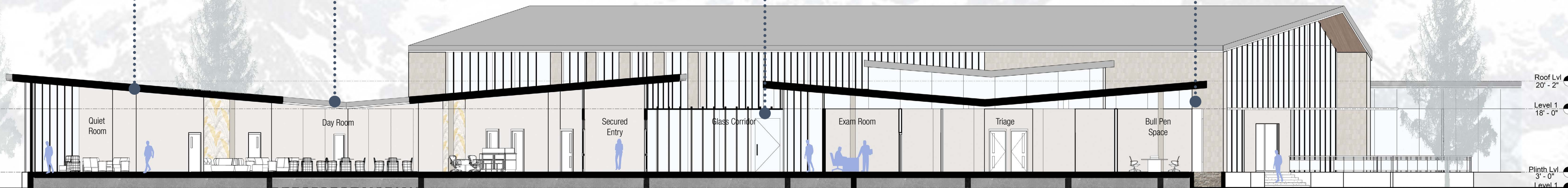
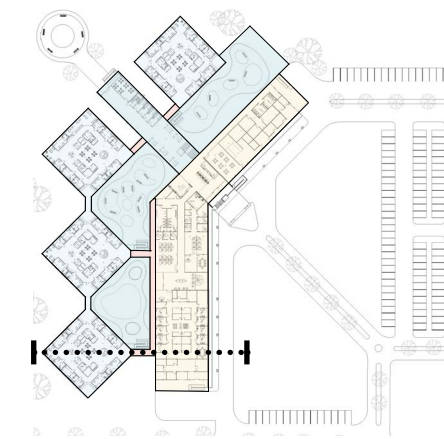
Edge Conditions:
Small Alcoves between rooms.
Choice of informal space – quiet room, seating area and activity area.



Visual and Physical access to nature

1. Secured Vestibule
2. Single Patient Room
3. Double Patient Room
4. Quiet Room
5. Nurse Station
6. Seclusion Room
7. Exam Room
8. Clean/soiled Utility
9. Nourishment
10. Medication
11. Storage
12. Day Room
13. Staff Lounge
14. Small Activity Room
15. Documentation





SECTION



MILIEAU SPACE

INPATIENT ROOM DESIGN



Design recommendation source: Sachs NA, Shepley MM, Peditto K, Hankinson MT, Smith K, Giebink B, Thompson T. Evaluation of a Mental and Behavioral Health Patient Room Mockup at a VA Facility. HERD. 2020 Apr;13(2):46-67. doi: 10.1177/1937586719856349. Epub 2019 Jul 15. PMID: 31304785.



Double inpatient room view



Single inpatient room view



MILIEAU SPACE

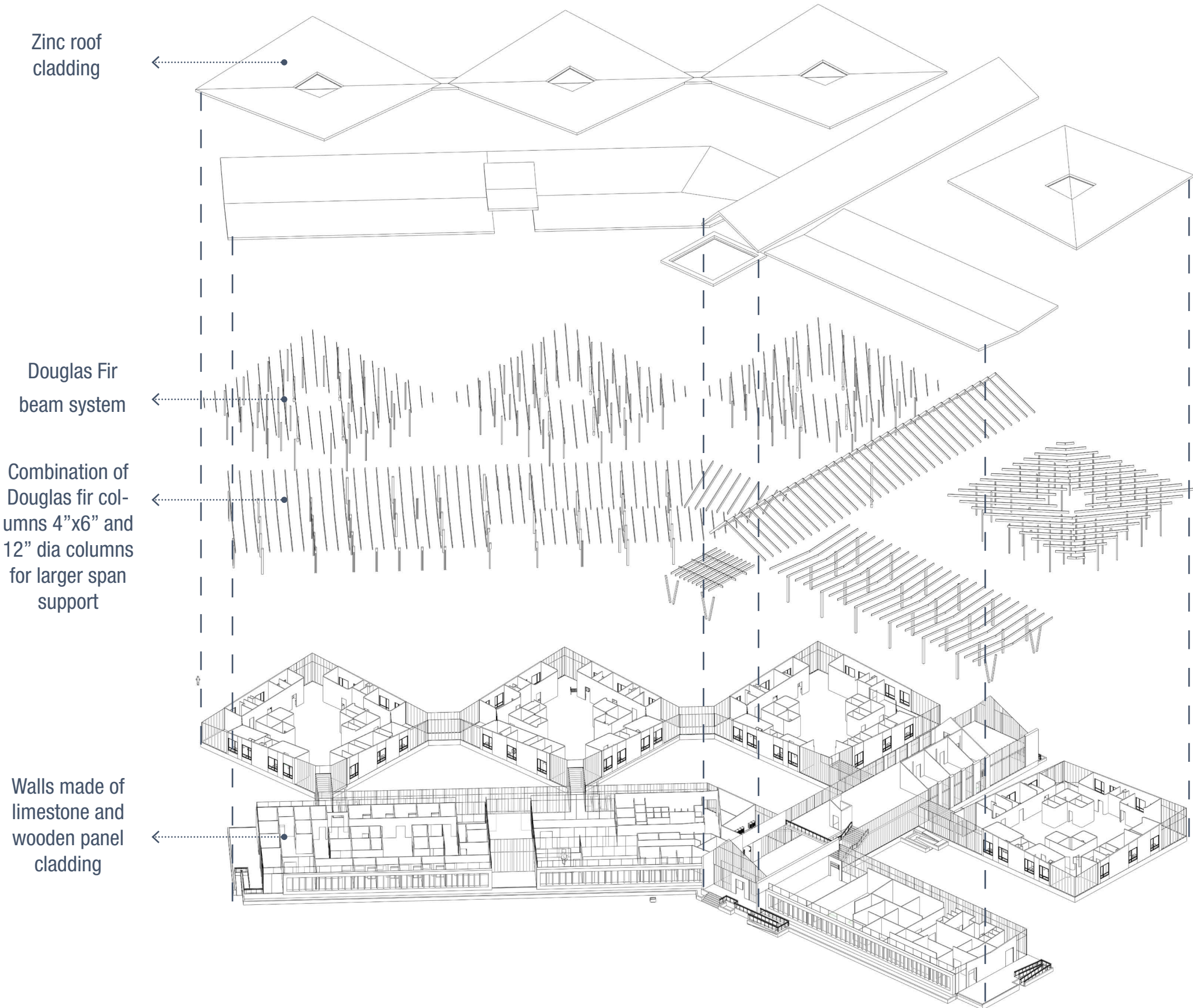


THERAPEUTIC LANDSCAPE



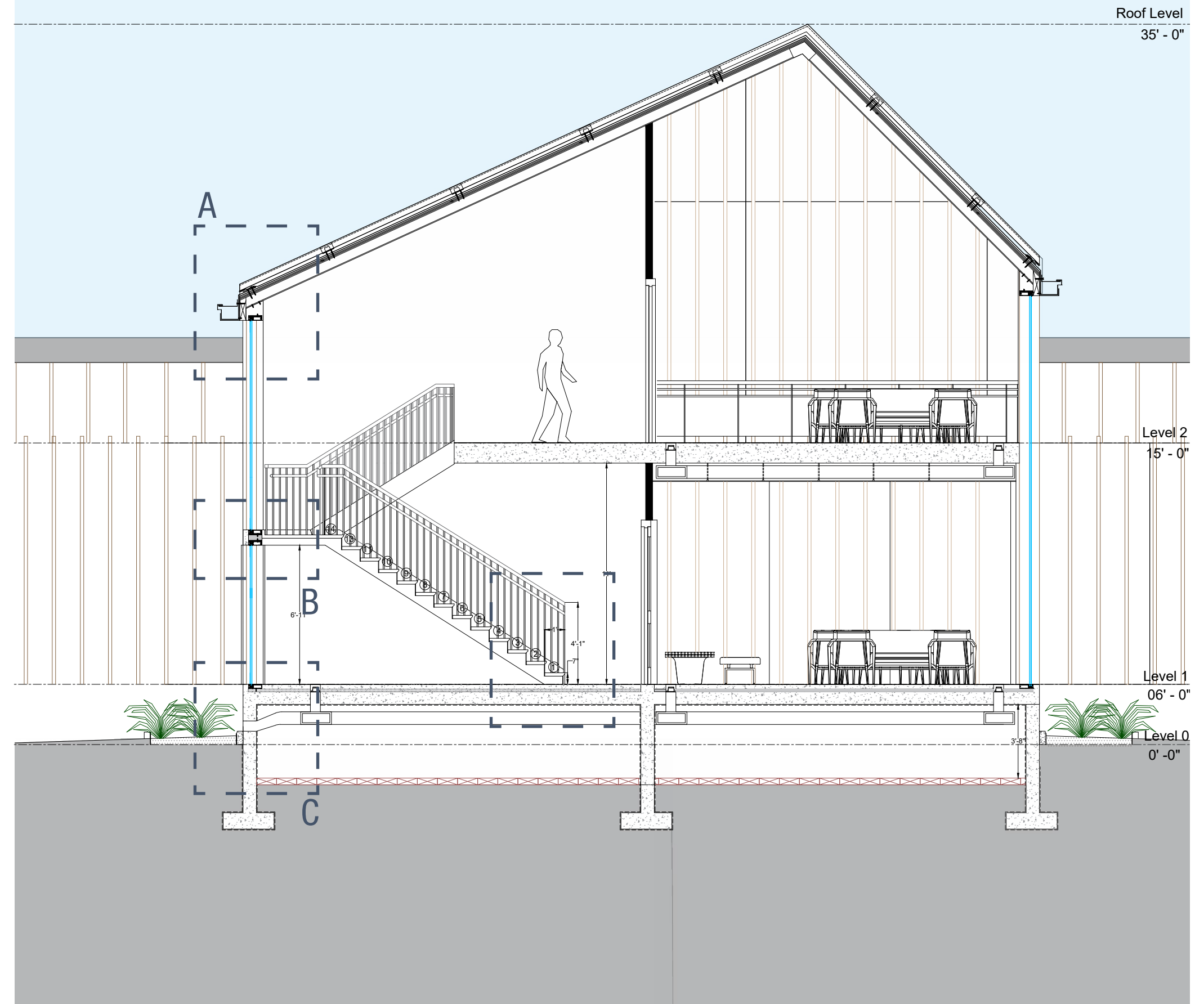
A TRANQUIL END TO THE JOURNEY.....

5.5 DETAILS



BUILDING ENVELOPE AND STRUCTURE

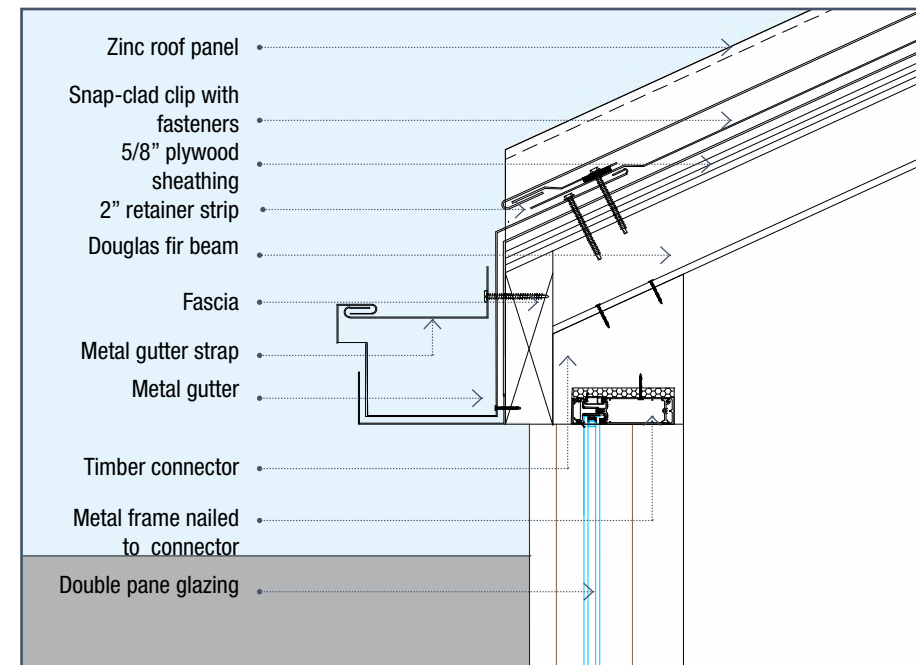
WALL DETAIL



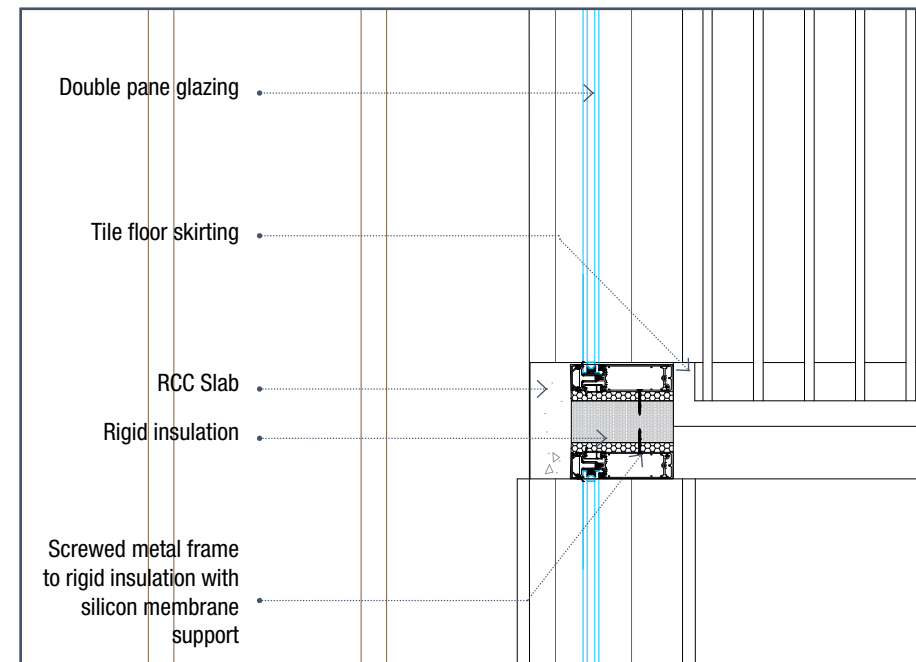
DETAIL

In order to maintain the sloping roofs in central axis mass, Displacement Ventilation is used to have all the mechanical ventilation from plinth and ground. DV provides better acoustics and better air quality than mixed-flow systems. Mixed-flow systems tend to be louder because of the higher velocity required from diffusers. Lower supply velocity at diffusers means lower pressure drop, smaller fans, and less energy consumption. Fan horsepower reductions can be attributed to less air movement.

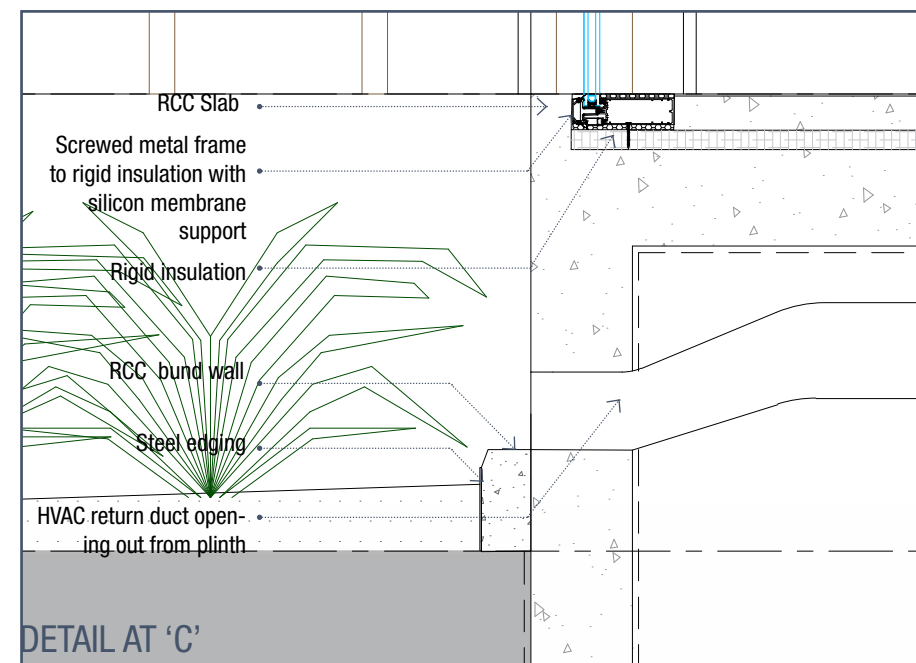
DV can use fewer diffusers and less ductwork. DV introduces supply air at the playing/teaching floor, improving indoor air quality by reducing accumulation of CO2, odor, and indoor contaminants. DV has a higher ventilation effectiveness than mixed-flow systems. If 100% outdoor air and exhaust is used, the heat gain due to the lights and roof can be eliminated from building cooling loads.



DETAIL AT 'A'

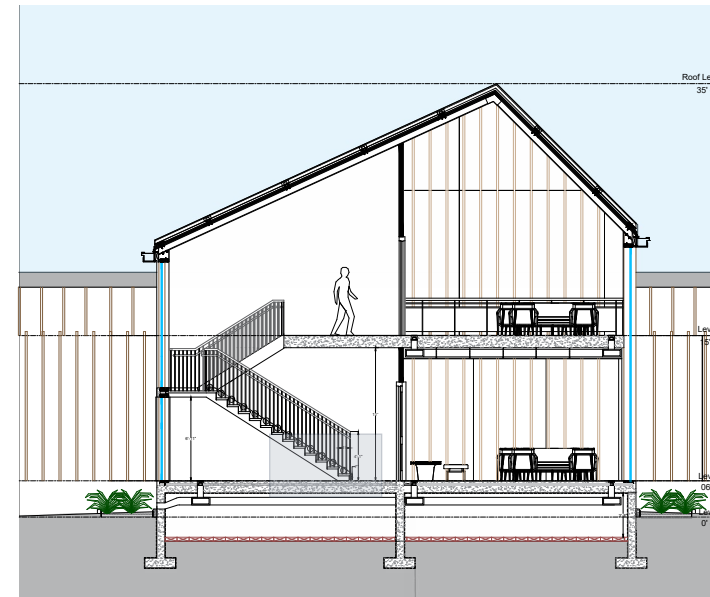


DETAIL AT 'B'

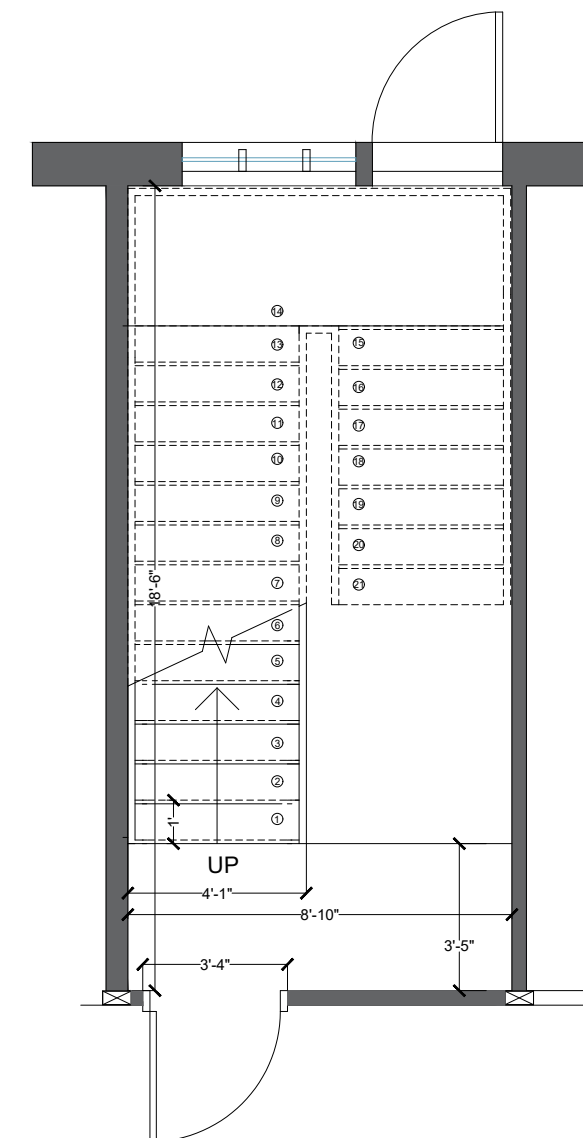


DETAIL AT 'C'

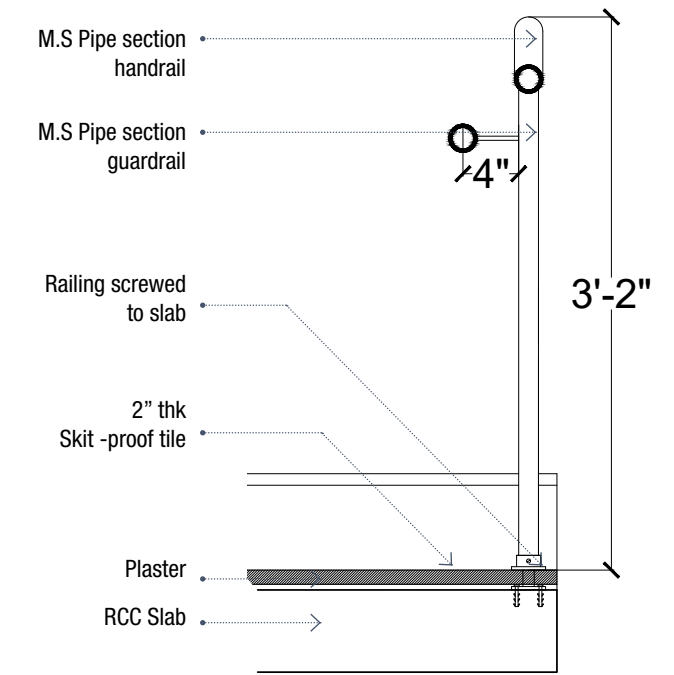
STAIRCASE DETAIL



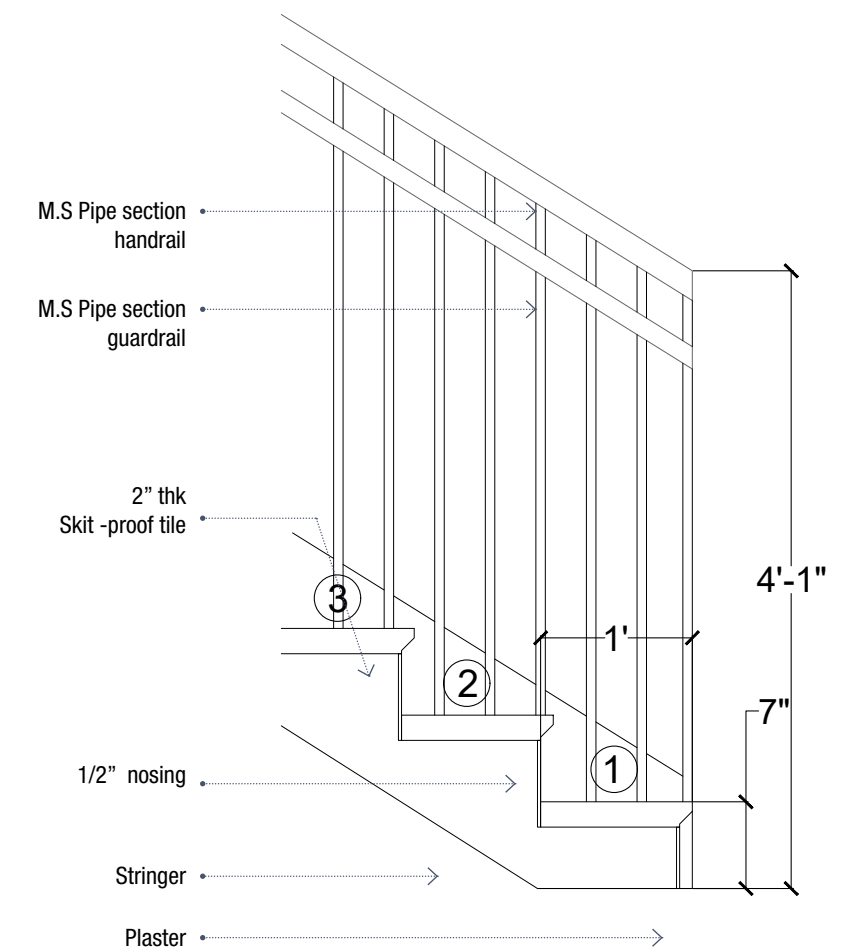
KEY SECTION



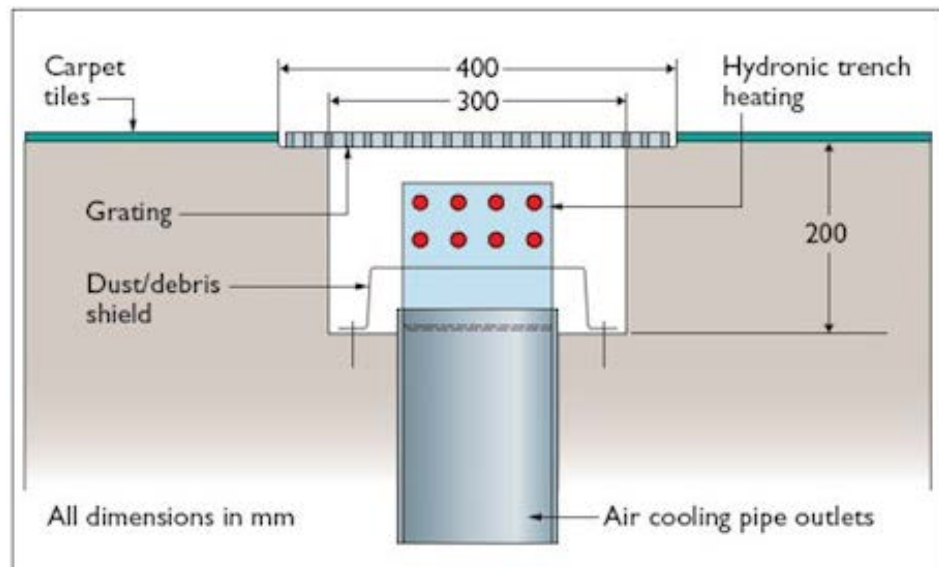
STAIRCASE PLAN



PART SECTION

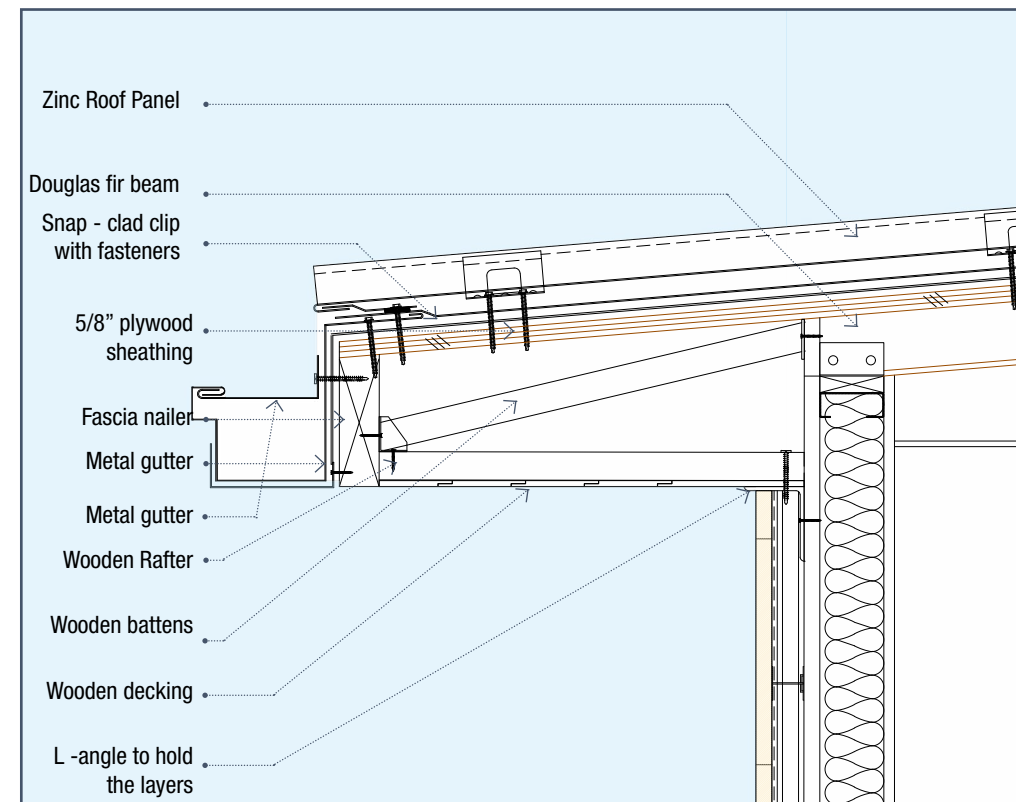


PART SECTION

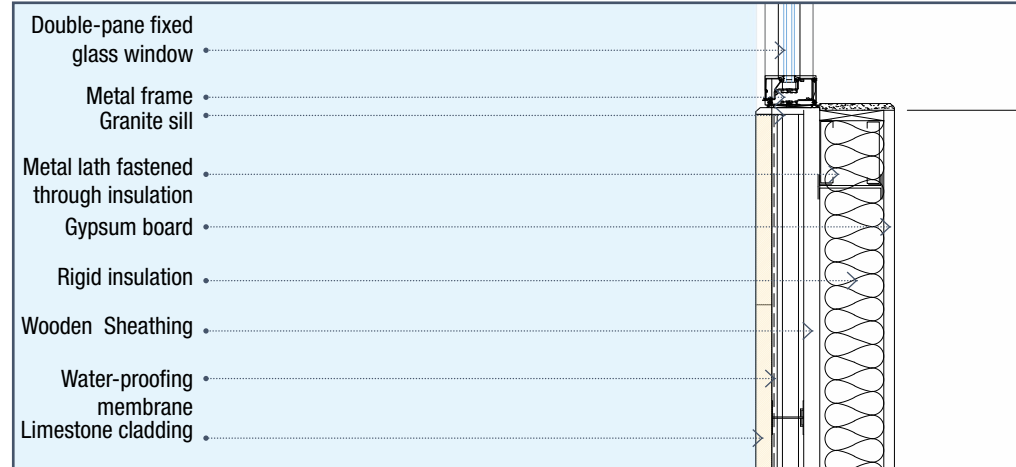


Source: www.bsria.com

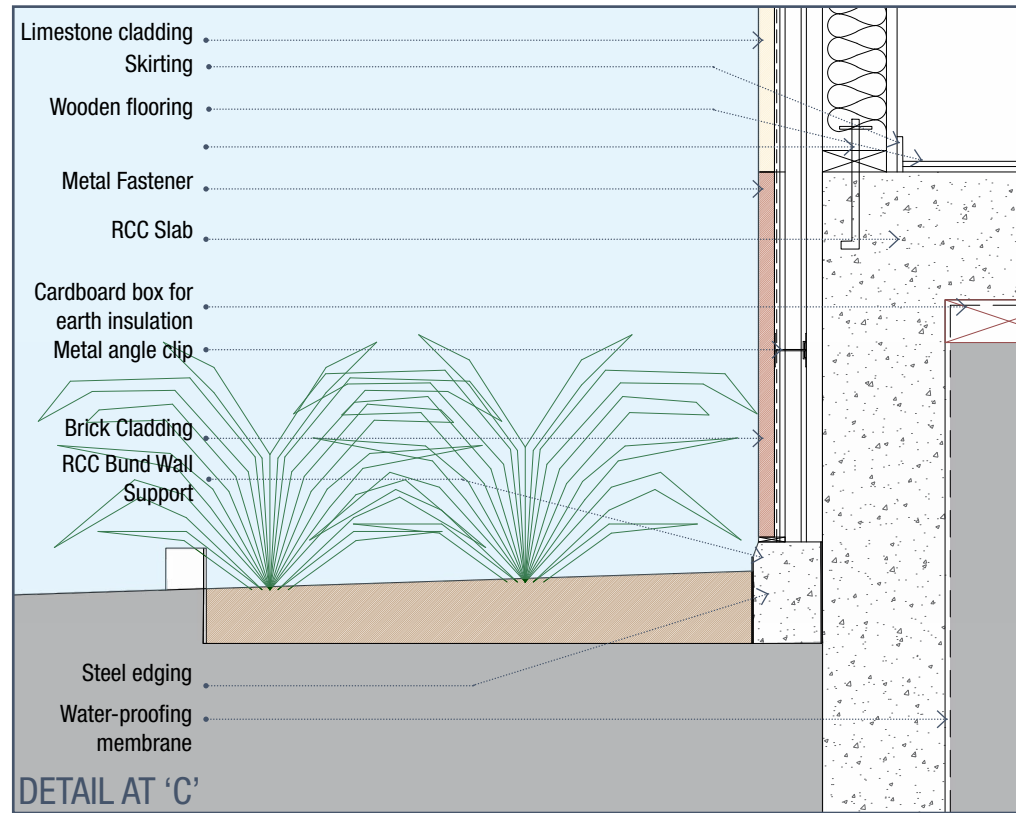




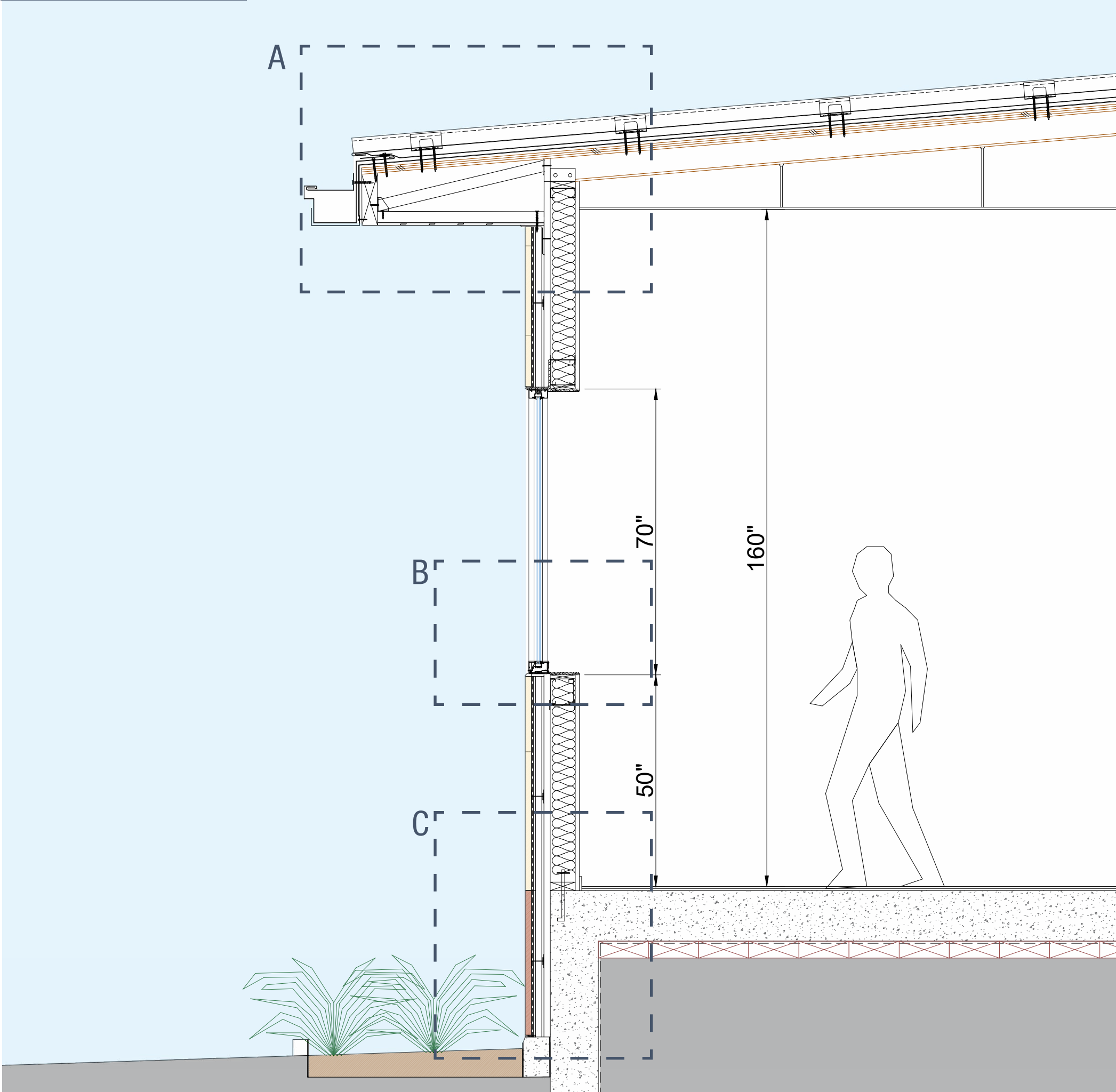
DETAIL AT 'A'



DETAIL AT 'B'



WALL DETAIL



06



A PLACE TO FEEL NORMAL

CONCLUSION



This project de-stigmatizes the way we look at mental health care, a place where all the levels of care given and designing the spaces not just focuses on all the users. The concept of patient-centered care has taught us, such as incorporating natural light, ensuring views of nature, providing access to the outdoors, offering a choice of one activity room or another, and offering a choice of where to sit in public rooms, such as by a window or in a quiet alcove. When people have a choice of where to be, they are less likely to become dangerous to themselves or others. The design strategies act as a toolbox for future projects and it will change the state of facility across the world. At the end, this project solves the question-

“How can architecture for behavioral health envisioned in future?”

How do you feel about this?



GLOSSARY

1. Addiction or Substance Use Disorder – a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

2. Behavioral Health – includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but also has as an aim preventing or intervening in alcohol/ substance abuse or other addictions.

3. Continuum of Care (Levels) – a system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care.

4. Co-Occurring Disorder (Dual Diagnosis or Co-existing) – refers to an individual who has a co-existing mental illness and a substance-use disorder, or another combination of disorders (such as mental disorders and intellectual disability).

5. Crisis Stabilization Unit (CSU) – within a behavioral health facility, a level of care and services provided for individuals to receive crisis stabilization services in a safe, structured setting.

6. Clinically-Monitored Withdrawal Management (CMWM) -This unit provides short-term (3-5 days total) care for patients who mostly require supervision while detoxing. This unit complies with the ASAM criteria 3.2WM. This unit has fewer bedrooms but includes smaller spaces for detox similar to a “Sobering Unit.”

7. Eunoia - It means “well mind” or “beautiful thinking”. It is a rarely used medical term referring to a state of normal mental health.

8. Intensive Residential Treatment (IRT)- This unit provides up to 30 days total inpatient care for patients with mental health diagnoses. This unit complies with the ASAM criteria 3.5 and is intended to be “soft locked”. If a patient has dual diagnoses (mental health and substance abuse disorder), they may stay in the IRT up to 90 days.

9. Medically-Monitored Withdrawal Management (MMWM)- This unit provides short-term (less than 5 days total) inpatient care for patients requiring medical assistance in their detox efforts (that is, using drugs to aid in detox with a severe alcohol, benzodiazapine, or heroin/other opiates addiction).

10. Mental Health – It includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices

11. Triage – The process of determining the priority of patients’ treatments based on the severity of their conditions.1

12. Wellness – The quality or state of being healthy in body and mind, especially as the result of deliberate effort.

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