Many contemporary mental illness treatment models accept the notion that social inclusion and a sense of community can support patient recovery. “Permeable institutions” employ community integration as part of their recovery models. The authors of this paper suggest that these models and the studies that form their foundation tend to focus on interpersonal interactions and communal settings rather than the role that hospital environments themselves play in the recovery process. Since many psychiatric patients spend a considerable amount of time in hospital settings receiving care (as opposed to socializing in communal settings), it is important to understand how hospital environments themselves affect patient recovery from mental illness.

Participants were recruited from a psychiatric department within an urban Australian hospital. Nine inpatients took part in one of three focus groups, and 10 additional participants participated in semi-structured interviews. The two questions guiding focus group discussions were: “How does the environment and atmosphere on the ward increase or promote patient well-being?” and “How does the environment and atmosphere of the ward decrease or threaten patient well-being?” During subsequent interviews, patients were asked about hospital furnishings and décor, privacy-related experiences, experiences with visitors, and experiences after receiving hospital care. All qualitative data were recorded, transcribed, and organized into specific themes for analysis.

Analysis of participant responses revealed that patients valued having access to caring and approachable staff members throughout their treatment processes. A
number of participants described the physical space of their treatment environment as “confusing,” “confused,” and “weird,” often resembling a space that is half-home and half-hospital with a lack of privacy. Several patients who desired increased access to an outdoor courtyard as well as additional freedom for personal activities highlighted an overarching need for basic but diverse amenities. Participant responses also suggested that “permeable institution” settings often are not as socially integrated as they may be portrayed.

Limitations

The authors note that a small sample size of participants from one hospital were involved in this study, and that comparisons between this study and previous studies may be limited. The authors also note that the study design may have produced assessments of the environment that were generally more positive due to the fact that participants did not implicitly contrast community-based care with hospital-based care.

Design Implications

The design of a psychiatric care environment should work to strike a balance between community integration as well as overall individual patient comfort throughout the treatment process. While designs such as access to nature and interior social settings are of high importance, spaces for private activities and individualized care should also be considered.