



KEY POINT SUMMARY

OBJECTIVES

To identify physical features within psychiatric environments that positively affect staff and patients, and create a tool that may be used to evaluate future MBH facility designs.

Mental and behavioral health environments: critical considerations for facility design

Shepley, M. M., Watson, A., Pitts, F., Garrity, A., Spelman, E., Kelkar, J., & Fronsman, A. 2016 | *General Hospital Psychiatry*. Volume 42, Pages 15-21

Key Concepts/Context

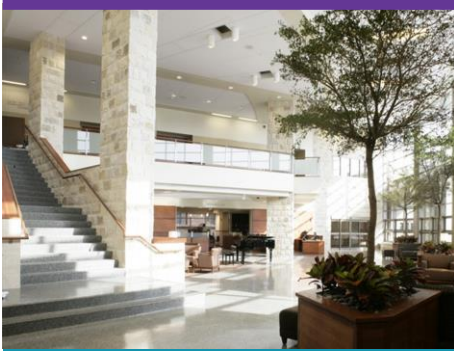
Mental and behavioral health (MBH) facilities are being built and renovated at an increasing rate, but research concerning best building practices has not kept pace with construction. Evidence-based design (EBD) involves the use of research to help multidisciplinary design teams create the most appropriate built environments. This paper focuses on how EBD may be applied to the physical environment of MBH inpatient and outpatient facilities, excluding therapeutic environments for patients with autism spectrum disorder, developmental disabilities, and dementia.

Methods

The researchers conducted a literature review in order to produce an interview script. Nineteen 40-minute interviews were conducted to gather responses to these issues from facility administrators, psychiatric staff, and architects. Interviews were transcribed and analyzed in order to create a survey document. The final survey contained a set of 17 issues relevant to facility design. These issues include: the creation of a deinstitutionalized and homelike environment, maintaining an orderly and organized environment, and providing visual or physical access to nature, among others.

Findings

All interviewees highlighted the importance of providing patients with the highest amount of natural lighting possible. In addition, all interviewees agreed that both aesthetically pleasing designs within MBH facilities and access to nature were of utmost importance. Most interviewees also agreed that deinstitutionalization (making institutions appear more homelike), indoor and outdoor therapy spaces, and private patient rooms were all of high importance in MBH facilities. The concept of private patient rooms was somewhat controversial, however;



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participants who favored shared patient bedrooms argued that private rooms were less safe and more expensive. Participants seldom addressed the topic of smoking rooms, as most of their facilities distributed nicotine substitutes to their patients. When deciding between open or closed nursing stations, participants indicated that the optimal choice depends largely on the nature of the ward itself, but that a balance between staff accessibility and staff safety should be sought.

Limitations

The authors note several limitations in this study. Families and patients were not included in the pool of interviewees. The study also focuses specifically on MBH facilities within Western cultures. Interview topics depended largely on previous studies, which rarely involved rigorously structured methods. There was a lack of individuals from a variety of specializations, such as adolescents or geriatrics. Lastly, the overall pool of participants was relatively small.

Design Implications

Research and professional opinion alike indicate that access to nature, high amounts of natural lighting, and aesthetically pleasing facilities can positively affect patient well-being in MBH settings. Making facilities appear less institutional and more homelike is also considered an effective design strategy for promoting patient health, along with providing both indoor and outdoor spaces for therapeutic activities. Providing single patient bedrooms can be an effective way to improve patient privacy, but the necessity of such rooms may vary by facility, especially when construction and upkeep costs are considered.

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