

TAKEAWAYS



DESIGN FOR BEHAVIORAL AND MENTAL HEALTH:

More Than Just Safety

An Executive Summary on Emergency Department Throughput

INSIDE YOU WILL LEARN ABOUT:

The prevalence of behavioral and mental health conditions as comorbidities.

Design strategies for promoting psychological wellness.

A systematic benefit analysis approach to meet the psychological needs of all.

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Design for Behavioral and Mental Health: More Than Just Safety

Executive Summary

Behavioral and mental health (BMH) conditions affect one in five adults in the United States each year, and are even more common among patients receiving care for medical conditions. According to the National Institute of Mental Health, the spectrum of BMH conditions includes anxiety, attention deficit disorders, autism spectrum disorders, bipolar disorders, depression, obsessive-compulsive disorders, post-traumatic stress disorder (PTSD), substance abuse, and suicide, among others. Up to 45% of patients admitted to the hospital for a medical condition or presenting to the emergency department with a minor injury also have a concurrent BMH condition. These BMH comorbidities increase the risk of psychological harm associated with care.

The implications of these statistics are two-fold: (1) BMH patients may be found anywhere within the facility, even if BMH concerns are not the primary diagnosis for admission, and (2) those being treated for BMH conditions are likely also in need of treatment for other conditions. In fact, they are more likely than the general population to require medical care (Druss & Walker, 2011). The widespread shortage of beds to handle BMH conditions, in conjunction with the reality of comorbidities, is being addressed with the design of new unit types, such as the medical behavior unit at the Children's Hospital of Philadelphia (Dinardo, 2017) or Stabilization Units (Pinkerton & Johnson, 2017).

In this complex context of comorbidities, safety and “therapeutic” design (i.e., designing

Safety and “therapeutic” design are equally important in settings that are not specifically intended for BMH conditions, because BMH patients often have physical health problems, too.

BEHAVIORAL AND MENTAL HEALTH CONDITIONS IN THE U.S.

- 1 An estimated 8.1% of people 12 and older had a substance use disorder within the past year.
- 2 17.9% of adults had experienced a mental health issue (not counting developmental disorders) within the past year.
- 3 3.3% of adults experienced both a substance use disorder and a mental health issue during that timeframe. (Center for Behavioral Health Statistics and Quality, 2016)



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an environment that promotes psychological wellness and healing) are both important. This is not only true in settings that are “purpose-fit” for BMH, but also in health facilities of all kinds that serve patients with BMH comorbidities.

Most design teams acknowledge that providing BMH patients with a healing, therapeutic environment should be an important goal for health design, but the evidence base for designing for BMH in medically -oriented healthcare facilities has focused almost exclusively on physical safety. While safety is obviously the right place for the healthcare design community to start when designing for BMH, it is clearly not the right place to stop. Similarly, “normative” approaches have been criticized as oversimplifying the complexity of designing for BMH (Chryssikou, 2012). However, emerging evidence and expert opinion suggest that certain design features are important for BMH treatment facilities/units (Karlin & Zeiss, 2006; Shepley et al., 2016; Shepley & Pasha, 2013):

- A homelike, deinstitutionalized environment that supports patient autonomy and control over their own environment
- A well-maintained and well-organized environment
- Noise control
- Support for privacy
- Access to daylight and views of nature
- Physical access to the outdoors
- Support for feelings of personal safety/security
- Support for social interaction
- Positive distraction.

Many of these design features have also proven beneficial in other patient populations and may contribute to the comfort of staff members and visitors. For this reason, design interventions aimed at improving the psychological well-being of patients with BMH comorbidities may be more cost-effective than they initially appear if design teams leverage a universal approach to support improved well-being for all populations.

Click here to read the full [issue brief](#).



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