CONVERSATIONS

The Importance of Safety, Comfort, and Design in

# BEHAVIORAL HEALTH FURNITURE

An Interview on Behavioral Health With Suzanne Phillips Fawley, IDS

## INSIDE YOU WILL LEARN ABOUT:

The need for behavioral health furniture to encompass not only safety, but also comfort and beauty.

Why there is no "one-size-fits-all" solution to behavioral health design.

How lessons learned from the hospitality field can inform designers working on behavioral health projects.

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Suzanne Phillips Fawley, IDS

Suzanne Phillips Fawley is a Contract and HC Interior Designer specializing in Behavioral Health Interior Design and Furniture Product Development. She graduated from UNC Greensboro and Salem College and has more than 25 years of experience in healthcare design. She currently performs Behavioral Health Research and Product Development Design and Consulting for Stance Healthcare. Her recent achievements include a Nightingale Gold Award for the Stance Resilia Table Collection and Best Large Booth Space for a Neocon Stance Healthcare booth design that incorporated all of the elements of experiential design.

# The Importance of Safety, Comfort, and Design in Behavioral Health Furniture

## How did you become interested in behavioral health issues in healthcare settings?

I would like to pretend it was some intended plan that led me to design for behavioral health settings, but it is actually just the path that unfolded throughout my career. It all started with a college summer job building furniture for a notable furniture manufacturer, which gave me a "hands-on" understanding of the furniture industry, as well as construction and design.

After college, I worked in a design firm handling healthcare projects, as well as hospitality, or jumping in wherever they needed me. Eventually, I ended up moving to a large construction company that built hospitals, including those with a focus on behavioral health and addiction recovery. This was about 20 years ago now. One of my clients was a successful developer who had struggled with addiction early in his life and wanted to create a more humane facility, one that would make people feel more comfortable. I began visiting various types of facilities with him, and it was fascinating to see the range of settings that existed. This was before HIPAA (the Health Insurance Portability and Accountability Act of 1996) made it hard to observe.

This sparked my interest and got me thinking more deeply about how to design spaces and furniture for behavioral health that would improve the experience for patients and caregivers.

I also had some life experience that has been beneficial to my practice of interior design, especially for healthcare and behavioral health settings. My mother was an ED nurse, and between doing my homework in the emergency room and watching someone close to the family battle addiction, I have observed what it's like for people to navigate their way through various healthcare experiences. I realized very early in life how interior design affects the user experience.

## When you're designing for behavioral health, how do you tackle the broad range of conditions and populations that might need to be considered?

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I have come to understand that there isn't a "one-size-fits-all" solution for behavioral health. But I do think there is a practical way to design, which includes getting to know people in facilities—both staff and patients or residents. My belief is that the best design takes an almost hospitality approach, considering the safety, comfort, and uniqueness of the patient, as well as the experience of the caregivers and support partners.

Regardless of how restrictive the setting is, there is behavioral health furniture that we can use across the board. Even in low-risk addiction and recovery areas, you can still use the same designs that you would use in a more intensive treatment setting. The goal is for the aesthetic to remain consistent with the behavioral health construction features of the furniture. That being said, it is always helpful to keep the initial programming in mind when making selections.

It's also important to understand that there are so many things that could go wrong from the furniture perspective. The main thing is that, regardless of the population served, we are trying to design furniture that does not encourage harm to the user. At the same time, we need to remember that behavioral health furniture does not need to be industrial or look unapproachable and uncomfortable. It can be quite beautiful while still achieving our safety goals.

## What are some of the more common considerations when approaching behavioral health design?

There are so many things to consider when it comes to designing behavioral health furniture. For instance, many people use laminate, which can easily become dangerous for people with aggressive, repetitive behavior. If you hit laminate and it starts to crack, it becomes a pick point that is as sharp as a knife. I saw that happen in a large prison lounge. Presently, there is a movement to use higher-density urethane that can't be penetrated as easily. Gripping and digging into urethane can easily expose screws.

We should think about vinyl, too, which can shred easily and be used as a noose. There are lots of textiles that are more heavily woven and won't shred as easily. I think we will see a lot of improved materials in behavioral health furniture in the future.

In addition, we have to think about weighting the furniture to deter patients from using it as a weapon. At Stance Healthcare, we rarely use sand to weight the furniture due to the shift when it is moved. We found that a quick shift during relocation can cause a quick movement that may encourage back injuries. If we consider sand weight, it would be added to a chamber rather than free-floating. Most pieces produced by Stance are core-weighted, so sand is not required. Realistic weight is also considered since furniture needs to be moved by housekeeping.

The key is to work as a team with the interior designer, architect, contractor, and furniture and textile manufacturers to meet the specific needs of each setting and patient population.

## Are there specific populations or conditions that require targeted solutions?

Rather than segmenting furniture into categories for different types of behavioral health facilities, the move is to apply the same design standards across the board and then adapt the furniture specifications to the specific needs of the setting. For instance, the same chair could have different arm cap materials specified in different settings. It's important to think about how the furniture will support the patients, regardless of the general project programming. For instance, how would an older adult feel about a space with all brown rotomold furniture [a type of durable plastic furniture constructed as one piece]? This may be uncomfortable or even depressing for patients in a Geriatric area of the facility. In an Adolescent area where aggressive behavior needs to be addressed, this may be perfect.

We can all try to give comfort to the users and caregivers by selecting designs that are attractive and make people feel welcome and safe, regardless of how restrictive the setting is. I think that will go a long way toward helping people have a better healing experience.

When we program thoroughly and give it a little more thought, we can come up with more effective design solutions. I like to use the phrase "comfort design," especially when we think of furniture for behavioral health settings. We can all try to give comfort to the users and caregivers by selecting designs that are attractive and make people feel welcome and safe, regardless of how restrictive the setting is. I think that will go a long way toward helping people have a better healing experience.

## Are there any studies or evidence that you use as a guide?

I would love to say there are wonderful studies out there on behavioral health furniture design to guide us, but it is still early. There are several manufacturers—including Stance Healthcare—that are leading the way, thoughtfully considering the needs of this environment instead of building products based on the popularity of the segment. Also, we can learn from the process we used years ago for the bariatric population in terms of designing for both user support and aesthetic appeal.

The more I work with people, the more I draw on what I see and learn. It is truly observational research, documenting and understanding what works and what doesn't work. I also draw on my past experience working on design projects for other industries. I consider the impact design has on the user. For instance, I worked on a few banks early in my career, and we saw that people dressed and felt better about themselves when they were coming into a nicer space. The same is true in healthcare. We see patients and caregivers feel better in a nice setting. It's exciting to see what we can do in behavioral health. We really can help make life better.

## Are there any big gaps in the way we think about behavioral health furniture?

I think there are a lot of interior designers who are just looking for that one-stop, "this is how you do it" approach. They want to know if there is research that provides the "answer." The problem is that they can get so caught up in what they think behavioral health furniture *should* be that they forget to think about each space individually and look at the specific programming needs. Furniture design needs to be part of the whole picture. You need to think about what is going on in those spaces and how you can design for the needs that exist.

For instance, I have heard designers say they need to have a specific type of chair throughout the facility because they are worried about the risk of patients finding a way to use the material to commit suicide. But I believe that furniture should be selected based on the environment the furniture is being specified for, and then weigh the risks to patients. For example, the BMH public space is highly supervised and may not need the same construction features as the

lounge furniture in the treatment areas. These features come with a cost; budget considerations need to be factored in as well.

### Tell us a little bit about what you consider when you focus on safety.

When I think about safety, I think about what we are adding to the construction of the product. I think specifically for each setting, but for the most part I choose tamper-resistant screws, recognize the need for steel over wood, and opt for higher-density urethane over regular urethane. I also think about furniture all the way down to the ground (not stopping at the legs), and I ask myself: If someone has a belt or ligature device, is there anywhere they can hang it from the furniture? If legs on a chair are desired, could they be taken off easily and used as a weapon? Could a small table easily be thrown through a window or at someone? These are just a few of the many things to keep in mind.

We talk a lot about the physical structure of furniture, but a lot of other things also go into the equation. As interior designers, we must think about color, lighting, and artwork, too. We have to ask ourselves: If someone comes into the space, how will the design make them feel? In the past I have recommended that my interns do a self-study on color and art psychology for healthcare. It is not just one thing; it is everything coming together.

### Can you share your views on the balance between safety and other design goals, such as therapeutic or healing aspects?

Safety and durability are the first considerations in behavioral health design. Only after you check off those boxes can you think about color, light, texture, and other sensory aspects of the design. But remember that just because something is safe does not mean it has to be esoteric and uncomfortable. We need to consider safety *and* comfort.

### What changes have you seen in the industry in response to the growing awareness of behavioral health issues?

The most exciting change I have seen is that people now recognize that you can build a product that is as safe as possible, but also humane and beautiful. The tried-and-true concept of "concierge" healthcare design can be thoughtfully applied to BMH design. I am hopeful that, as we keep doing our part, a growing

number of people will adopt this mindset and it will become increasingly common throughout the field.

The important thing is that the more people talk about behavioral health design, and the more people hear about it from different places, the more research we will have out there. It is evolving. We are all learning together.

I am also seeing a growing acceptance of experiential design, something I was fortunate enough to study years ago in more of a marketing design capacity. This is the art and practice of designing to influence consumer behavior and decision-making through the user experience. As it relates to interior design, experiential design blends the traditional aspects of interior design with the sensory aspects that affect the user. The goal is to apply all aspects of experiential design to encourage positive outcomes—whether in healthcare facilities, retail environments, or our own homes. Thinking "experientially" makes great design memorable, which, after all, is the goal.

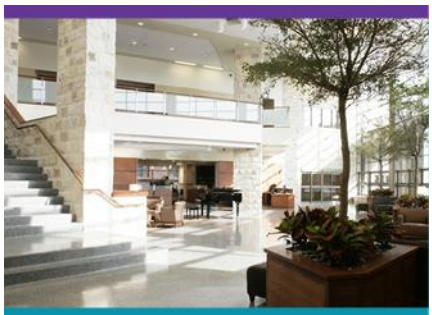
## Where do you see things headed in the future?

I believe that in the future, considering behavioral health needs will be a standard part of healthcare design. You will be able to open up any furniture portfolio and see collections that can be amended for specific areas within the BMH facility. You will be able to specify that you want to use these pieces for healthcare, and for behavioral health specifically. We all want to be comfortable, regardless of where we are.

In the past, with the clinical smell in the air, we used to fearfully go into a healthcare facility and see a row of chairs lined up against the wall. Now that's completely changed. People can sit in a comfortable way that makes them feel more at home. That's what is going to happen for behavioral health. We are trying to make it more humane, and to help everyone understand that thinking about aesthetics and comfort does not have to make the interior design less safe.

## If you could suggest a paper, website, or other resource for our audience, what would it be?

The Center for Health Design's website—specifically the Insights & Solutions, Tools, and Knowledge Repository sections—are the resources I use a lot. The



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Center continues to add more information and looks at the impact design has on so many levels of the equation. I also regularly do searches online to find examples of what other people are doing in the behavioral health area. We can learn so much not just from successes, but also from the problems people have faced in their efforts. This can help us evolve new ways of doing things.

HIPAA makes it harder for professionals to do their own observational research, so we need to find new ways to continue to learn and share our findings.

One approach is to learn from furniture companies who repair damage to furniture in behavioral health settings. The manufacturers, along with the interior designers, are usually the ones who hear about the breakdown of the furniture and finishes.

The Stance website also gives some guidelines that can help people in considering the needs of behavioral health patients and settings.

The main thing to remember is that we cannot practice in a silo in this field. It's evolving fast. Each aspect of the patient experience must tie in with the interior design. We can learn more if we work together and listen to people on the ground each day, working within the facilities. We cannot get that information purely from academics. It all has to come together for us to create the very best BMH design we can. I believe that when we keep in mind the common goal of supporting patients, residents, and caregivers in the best possible way, we will make a difference.