Design, Mental Health and Intellectual Disabilities

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Health Inequalities

- More likely to suffer significantly poorer health than the general population (Emerson, 2007)
- Experience a range of co-morbidities (Park et al., 2013)

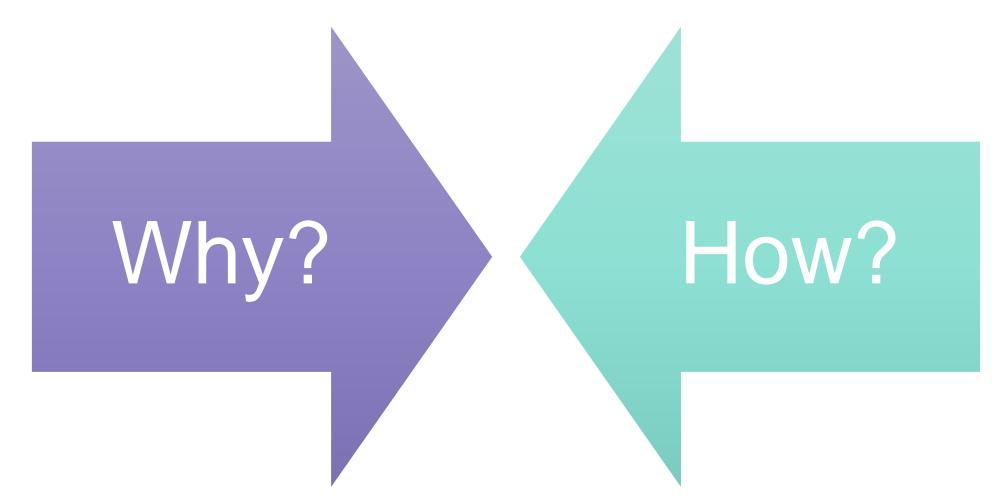
Design

- The built environment can have an impact on physical and mental health (Hoisington et al., 2019)
- A relationship exists between wellbeing and architectural design (Liddicoat et al., 2020)

Design of healthcare settings

- Ulrich (1984) explored the impact of physical design and outcomes for patients in inpatient settings
- Recent studies have shown that design of hospitals and psychiatric facilities can improve outcomes and quality of life (Ulrich et al., 2018; Seppanen et al., 2018)









Context report

Scoping review

Design catalogue

Phase 1: Context report



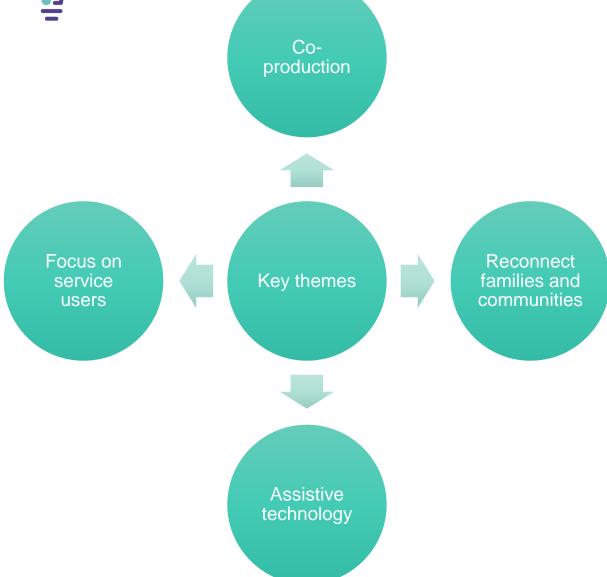
Aim: To explore the context for supported accommodation in the UK and more specifically in Northern Ireland

Objectives:

- Provide an overview of the Health and Social Care system in the UK and NI
- 2. Review policies/guidelines and recommendations relating to people with mental health problems and intellectual disabilities
- 3. Review guidelines for planning and building of supported housing with a focus on physical design







Design guidelines

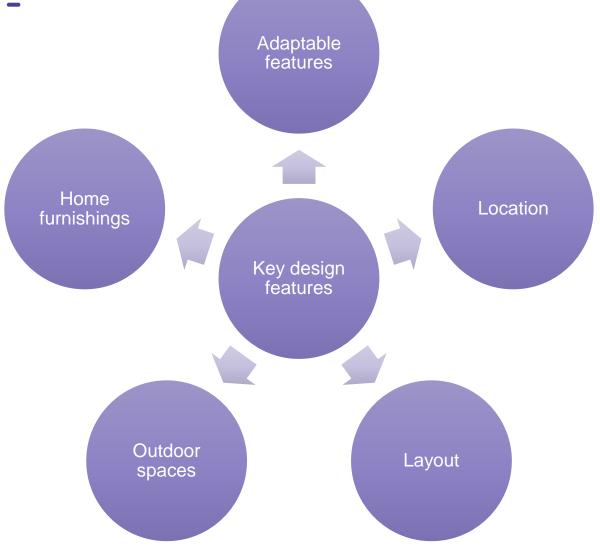
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- Lifetime Homes Standards
- Department for Communities Design Guide
- Autism Planning and Design Standards
- Autism ASPECTSS Design Index
- National Autistic Society Building Design Factors
- Living in the community Housing Design for Adults with Autism
- A Guide for Assisted Living









Phase 2: Scoping review

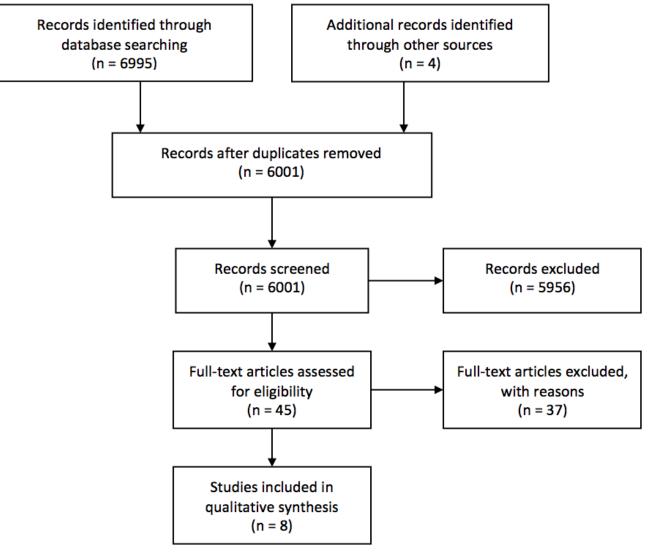


Aim: To review physical design of supported accommodation for people with intellectual disabilities, mental health problems and challenging behaviour

Objectives:

- 1. Examine the scope of the evidence in relation to physical design of supported accommodation
- 2. Identify physical design features of supported accommodation
- 3. Explore the impact of the physical design of supported accommodation on the health and wellbeing of service users and staff

Included





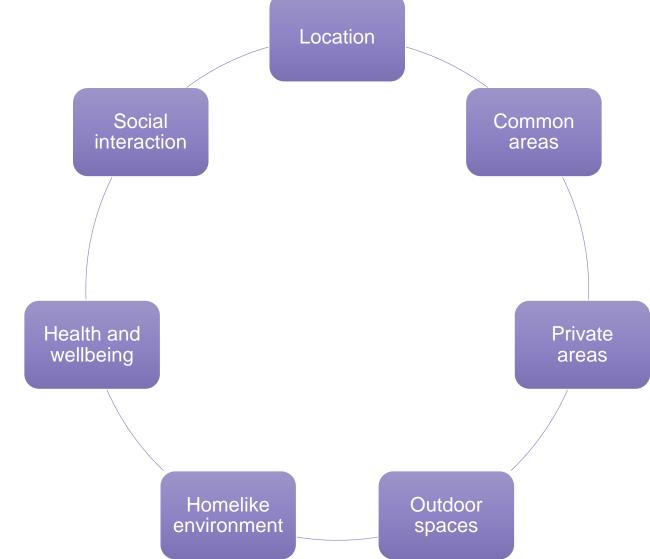
Overview of included studies



				Cure
Author and Date`	Country	Participants	Study Description	Main Results
Harkness et al., 2004	USA	670 individuals with chronic mental illness	Relationship between design features and outcomes	Low quality housing associated with 28% increase in community based mental health service costs
Johansson and Brunt, 2012	Sweden	55 supported accommodation residents	Assessing quality of physical environment features	Designated areas for different activities, light, colours, noise and temperature contribute to a high quality environment
Marcheschi et al., 2016	Sweden	29 people with severe mental illness	Investigating role of architectural features in sustaining interactional behaviour	Dining areas and outdoor environments of high quality facilities better supported social interactions
Wright and Kloos, 2007	USA	249 mental health consumers	Examining the effect of perceived housing environment on wellbeing	Better housing environments associated with better well being outcomes
Marcheschi et al., 2014	Sweden	72 residents with severe mental illness 117 staff	Investigating features of high and low quality supported accommodation	High quality facilities significantly more likely to offer better options for independent living
Marcheschi et al., 2015	Sweden	72 residents with severe mental illness	Investigating the effect of design on quality of life	Perceived physical and social environments accounted for 32% of variance in QOL
Bengtsson-Tops et al., 2014	Sweden	29 people with severe mental illness	User experiences of life in supported accommodation	Ownership over belongings., freedom and space to socialise were key themes
Piat et al., 2017	Canada	17 people with severe mental illness	Exploring how supported housing affects recovery	Homelike, amenities, accessibility, socialising with others all important features

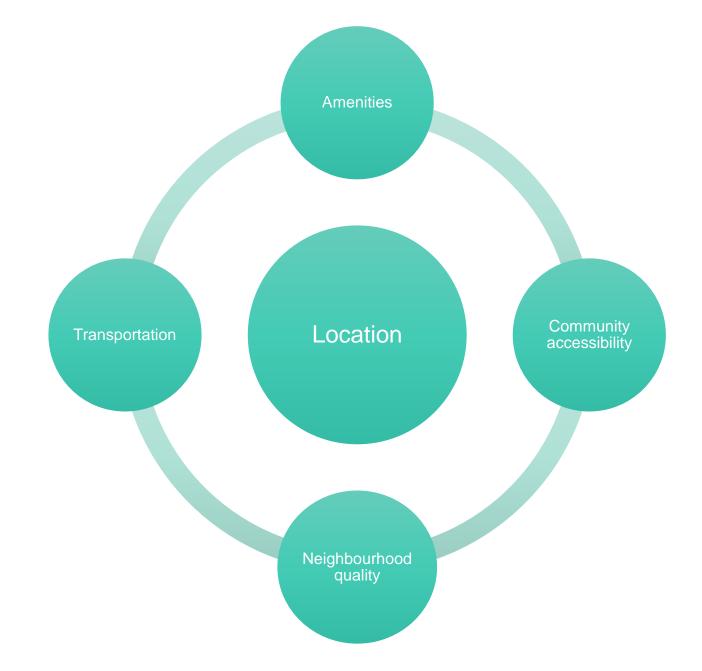






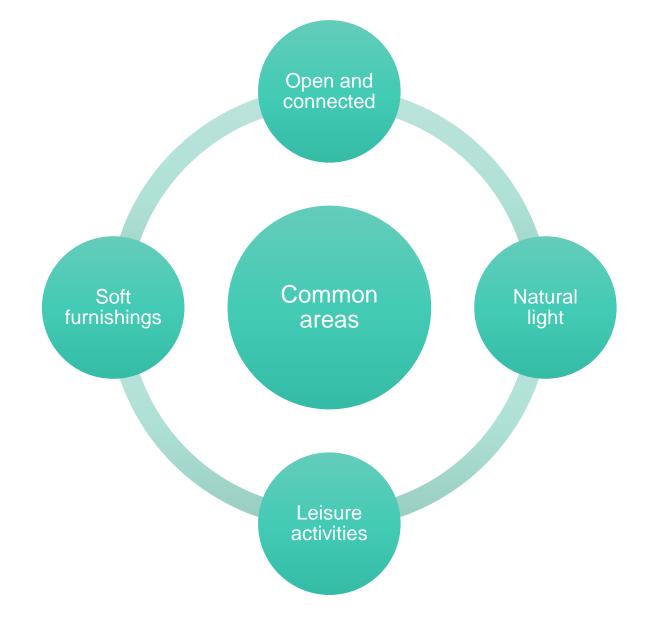






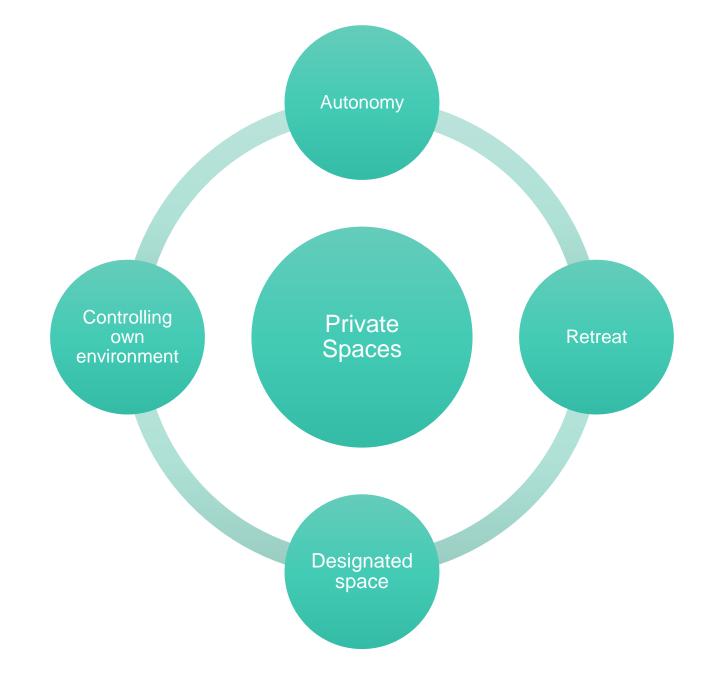






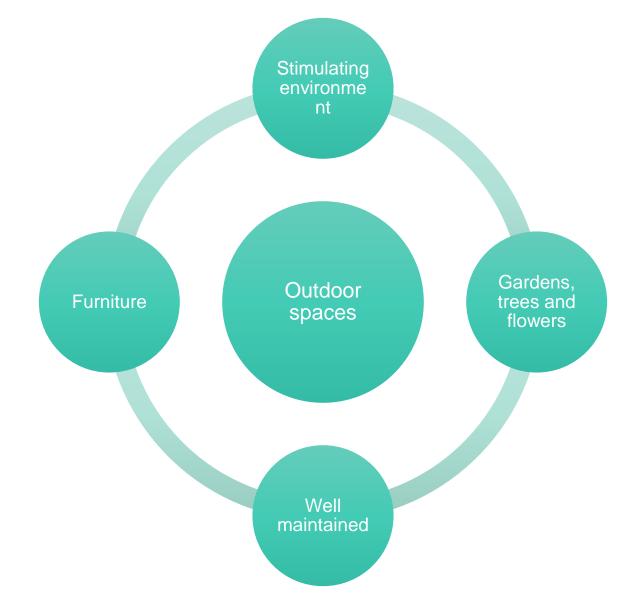






















High quality facilities Perception of environment Support Health and Wellbeing





Outdoor spaces Communal spaces Furniture placement Social interaction

Phase 3: Design catalogue



Aim: To produce an evidence based catalogue of key design features for people with mental health problems and intellectual disabilities

Objectives:

1. To collate physical design features identified in the context report and scoping review

Phase 3: Design catalogue



Design	Do	Think about	Avoid
Feature			
Planning	 Involve service users in the planning stage and give them choice of where they live and who they live with Place service users together with others with similar diagnoses, needs and routines Provide car parking close to the dwelling for service users, visitors and staff No steps at entrances Communal stairs should not be steep and handrails should be provided Windows should be at a height so that they can be opened by those with minimal reach Windowsills should be at a height to allow a seated person to have a view of outside 	 Ensure spaces are adaptable to change as the needs of a service user may change over time Location – rural vs. urban locations for access to green spaces, community services Ensure the building fits in with the style of the neighbourhood to increase community integration Neighbourhood quality and amenities Adaptable features that can be adjusted quickly without structural changes 	 Locations where there are high volumes of traffic Locations with poor transportation links and lack of access to community services Neighbourhoods with derelict buildings Having too many service users sharing a residence

Key messages



- Architecture and design has the potential to impact upon outcomes for our service users
- Collaboration between architects, planners, builders and housing providers is crucial
- Co-production is key
- Autonomy, common areas, outdoor spaces, location, community accessibility key themes
- Lack of robust evidence suggests further research required



Future research





Focus groups/ interviews with service users to identify what they consider to be important design features



Further development of a design catalogue which caters for the holistic needs of service users



Co-production of a physical design intervention involving service users and staff through an iterative process



Capturing the planning, designing and building process within Praxis

Thank you



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