

Shaped around
the individual

Design, Mental Health and Intellectual Disabilities

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Praxis
Care 



Content

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Health Inequalities

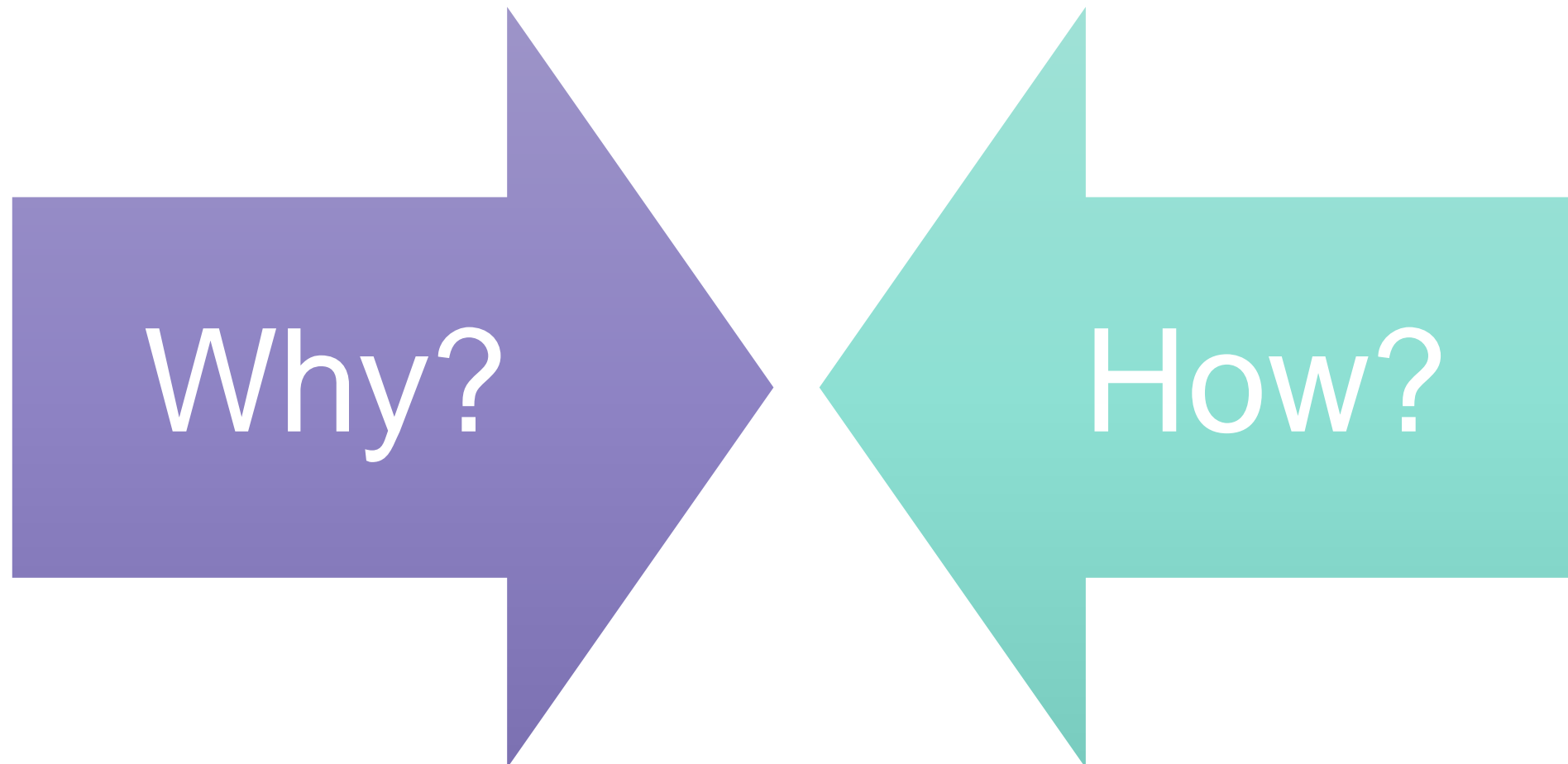
- More likely to suffer significantly poorer health than the general population (Emerson, 2007)
- Experience a range of co-morbidities (Park et al., 2013)

Design

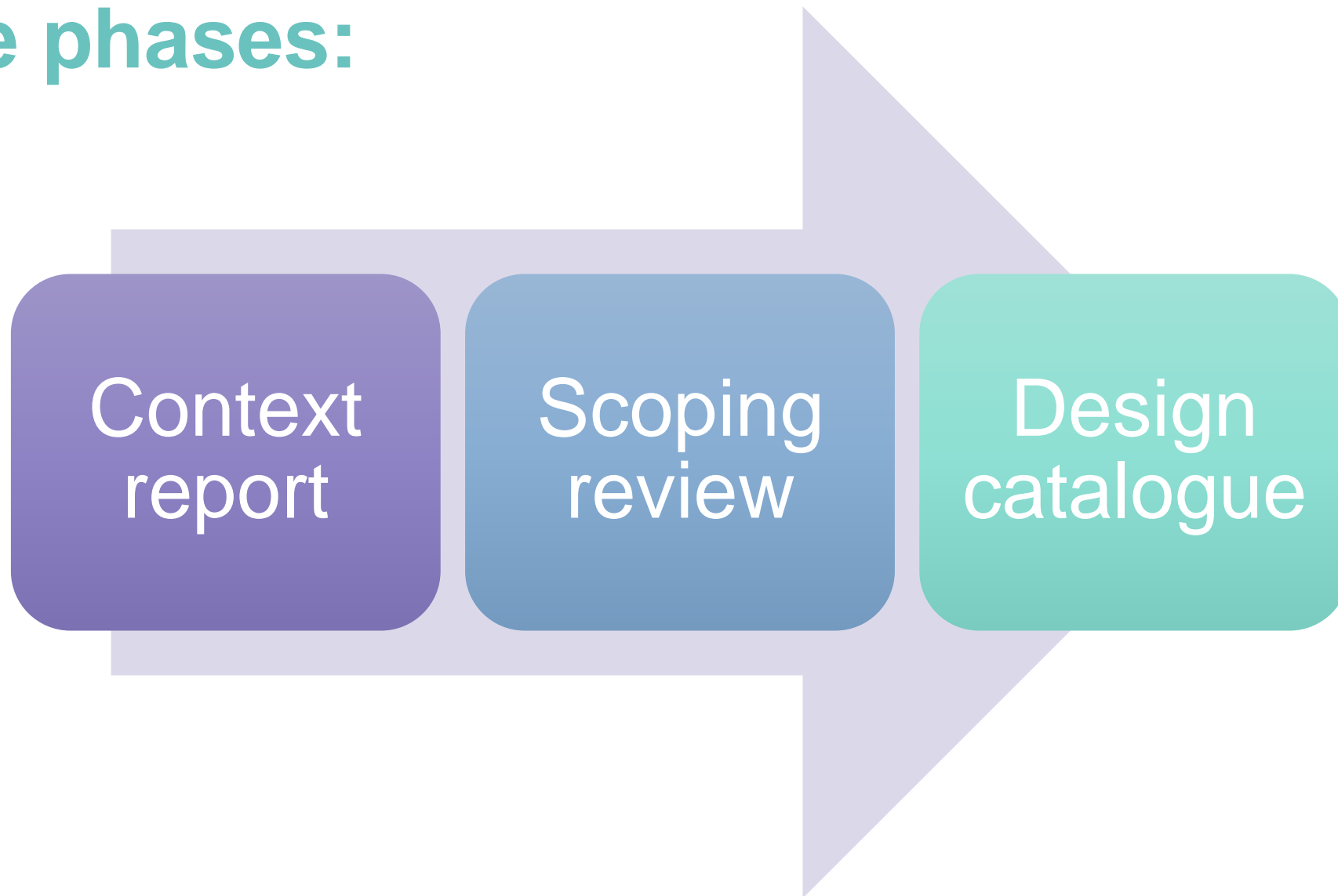
- The built environment can have an impact on physical and mental health (Hoisington et al., 2019)
- A relationship exists between wellbeing and architectural design (Liddicoat et al., 2020)

Design of healthcare settings

- Ulrich (1984) explored the impact of physical design on 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)



Three phases:

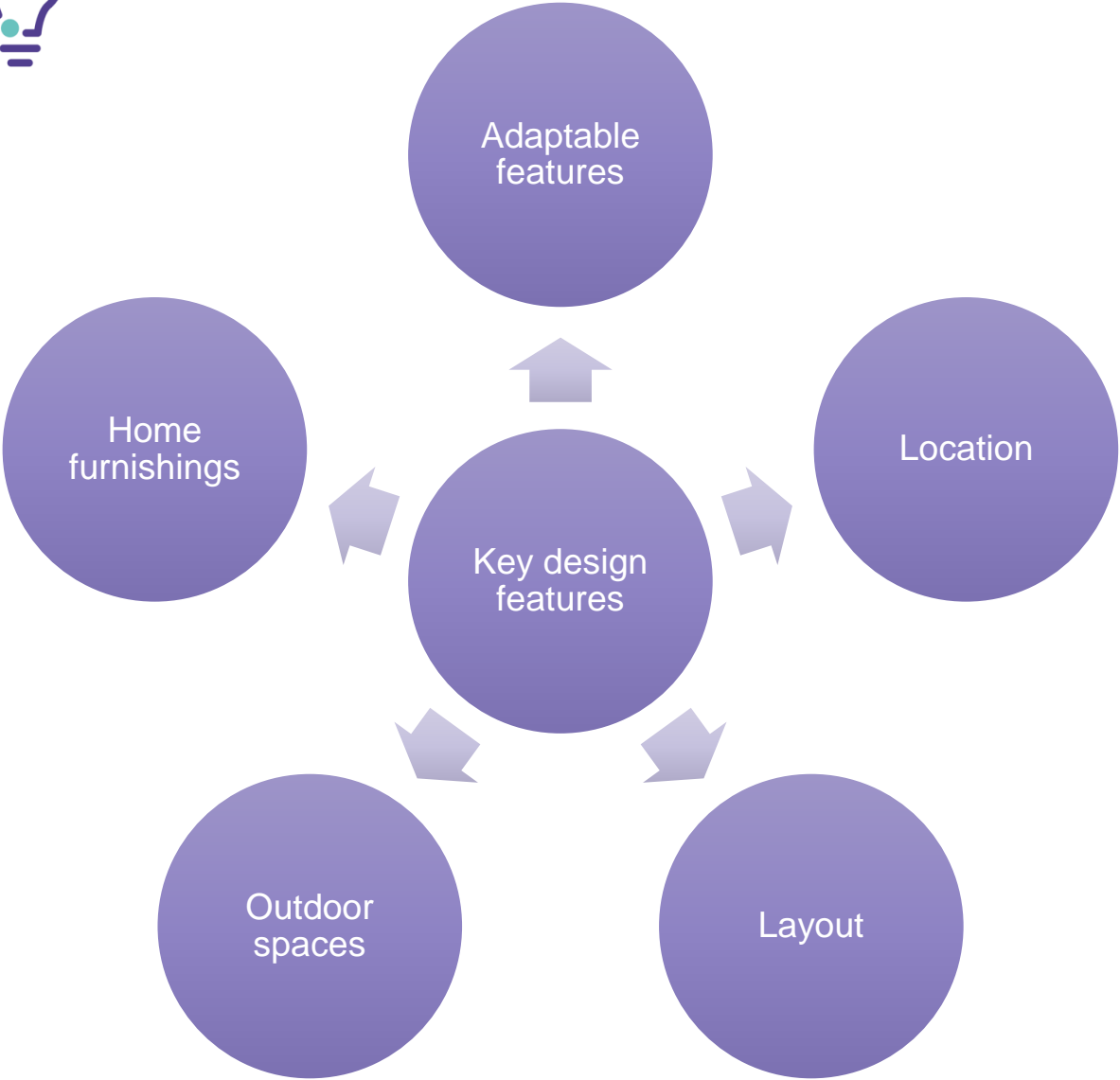


Design guidelines

- 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



Findings



Scoping review

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

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 of the physical design of supported accommodation on the health and wellbeing of service users and staff

Search strategy

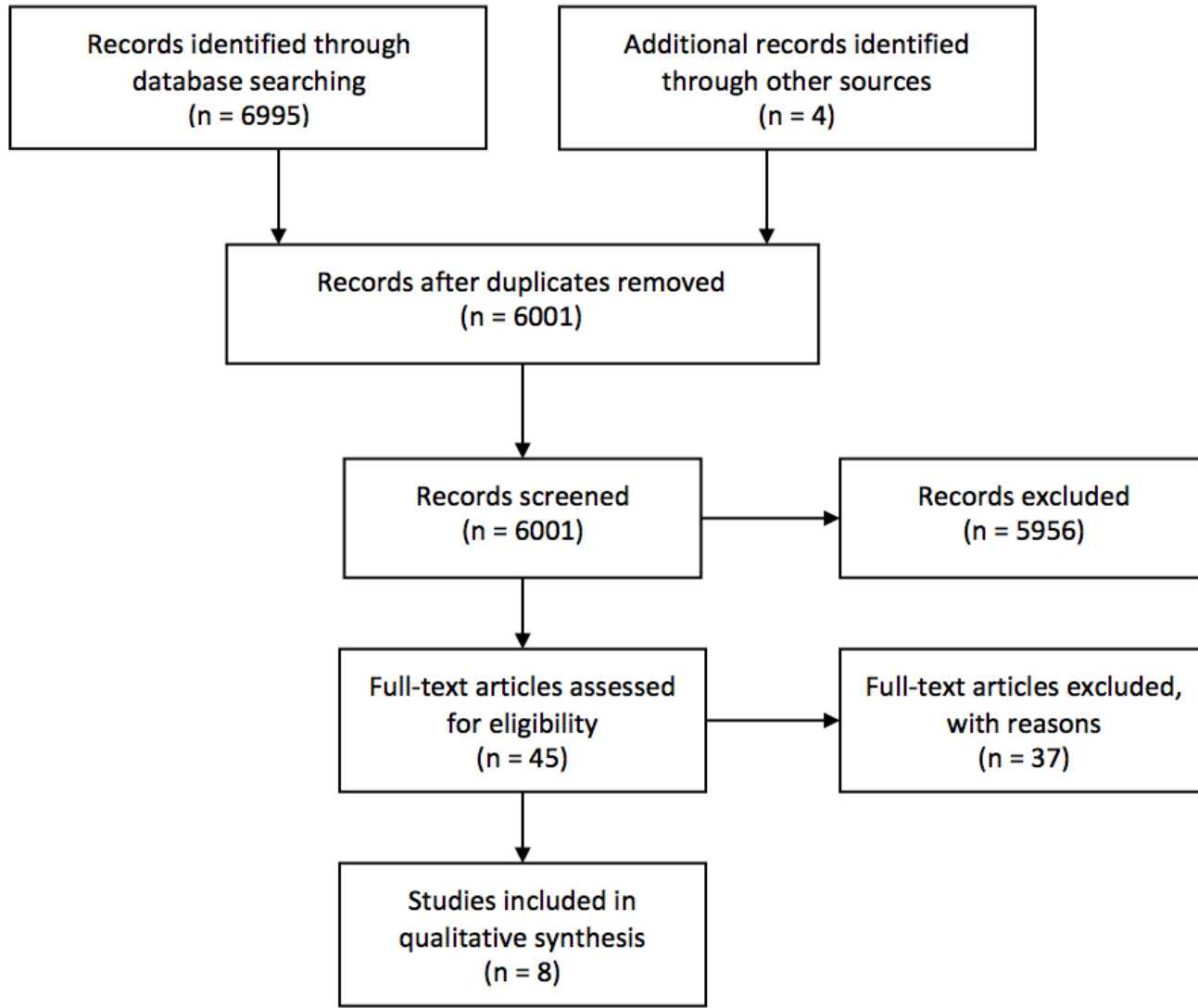
- 7 databases searched: Medline, PsycINFO, Embase, CINAHL, Scopus, Web of Science and RIBA
- Search terms: “Supported accommodation”, “Physical design” and relevant derivatives
- No timespan limits imposed
- Hand searched reference lists

Eligibility criteria

Studies were included if they met the following criteria;

1. Conducted in a supported accommodation setting
2. Reported at least one measure of physical design
3. Mean age of participants over 18 years
4. Adults with intellectual disabilities, mental ill health and/or challenging behaviour
5. Full text and available in English

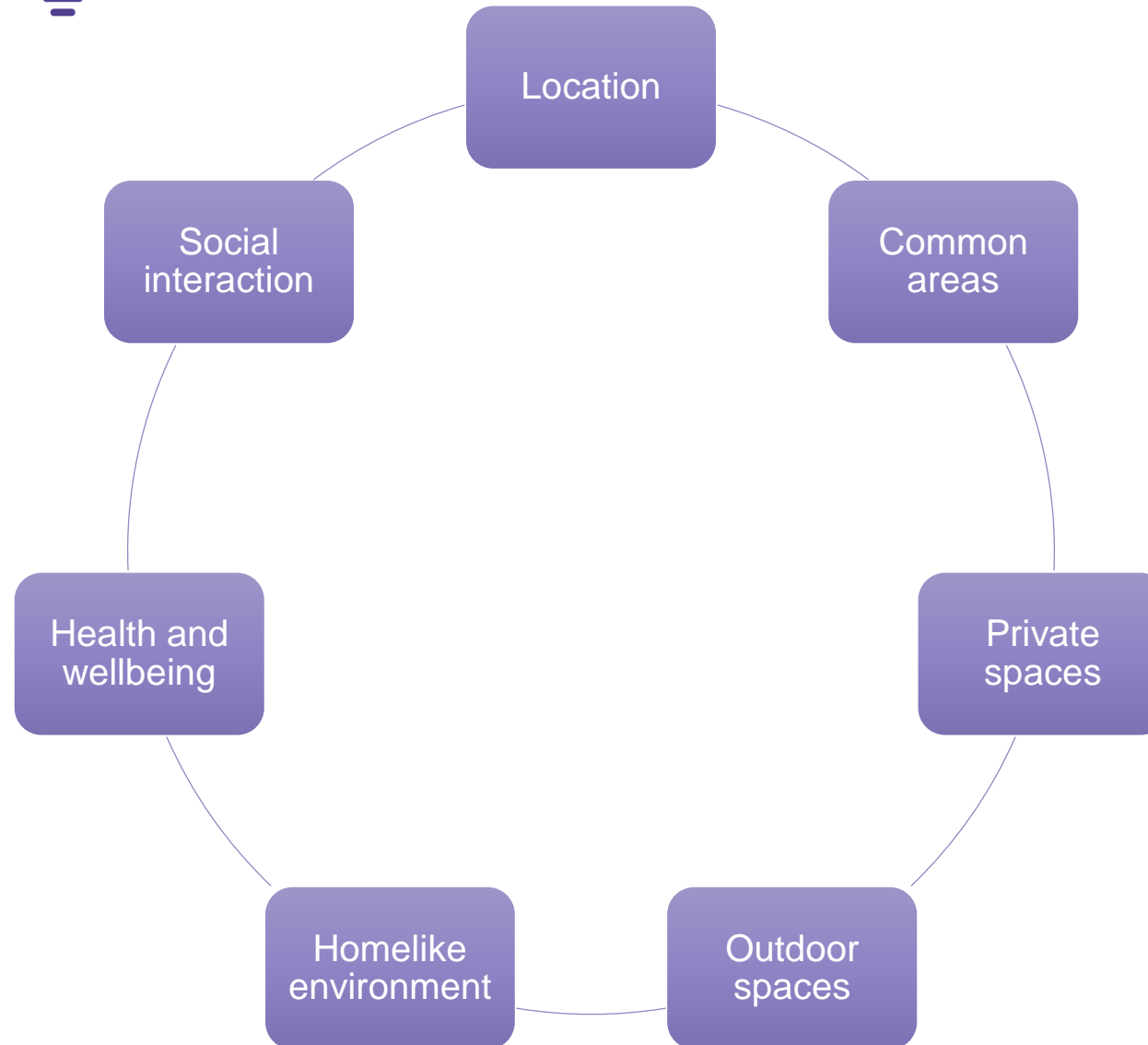
Identification
Screening
Eligibility
Included

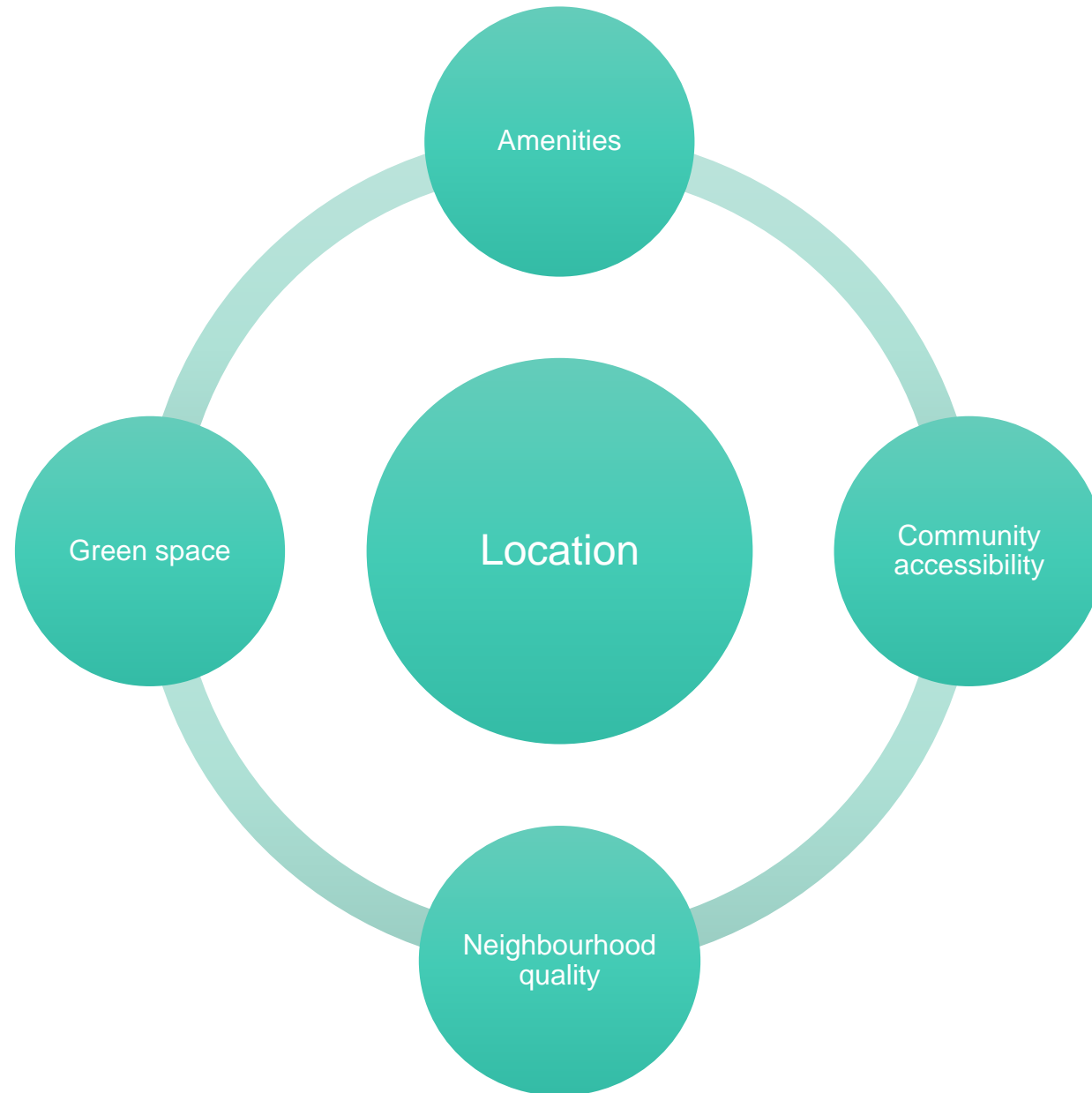


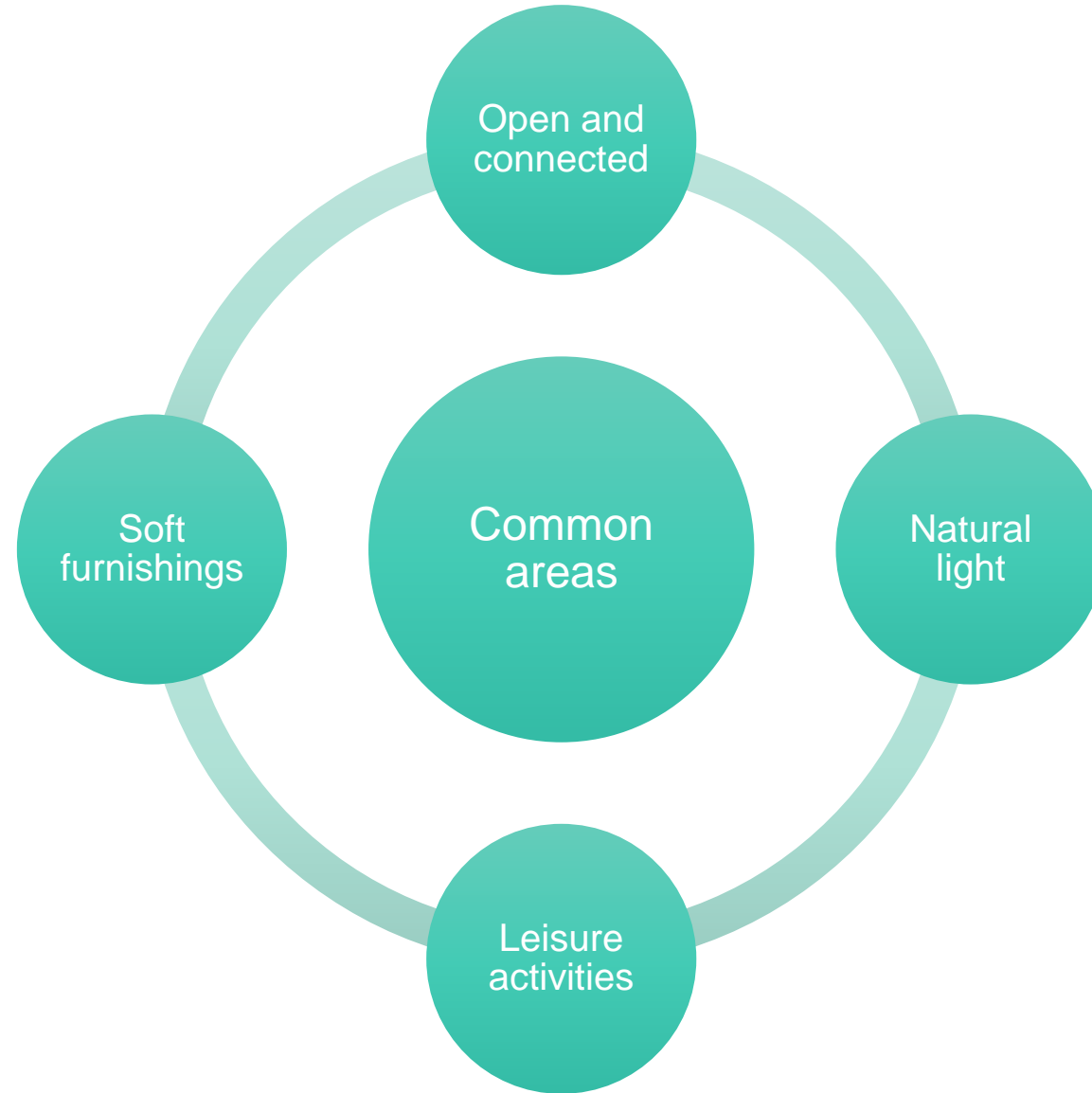
Overview of included studies

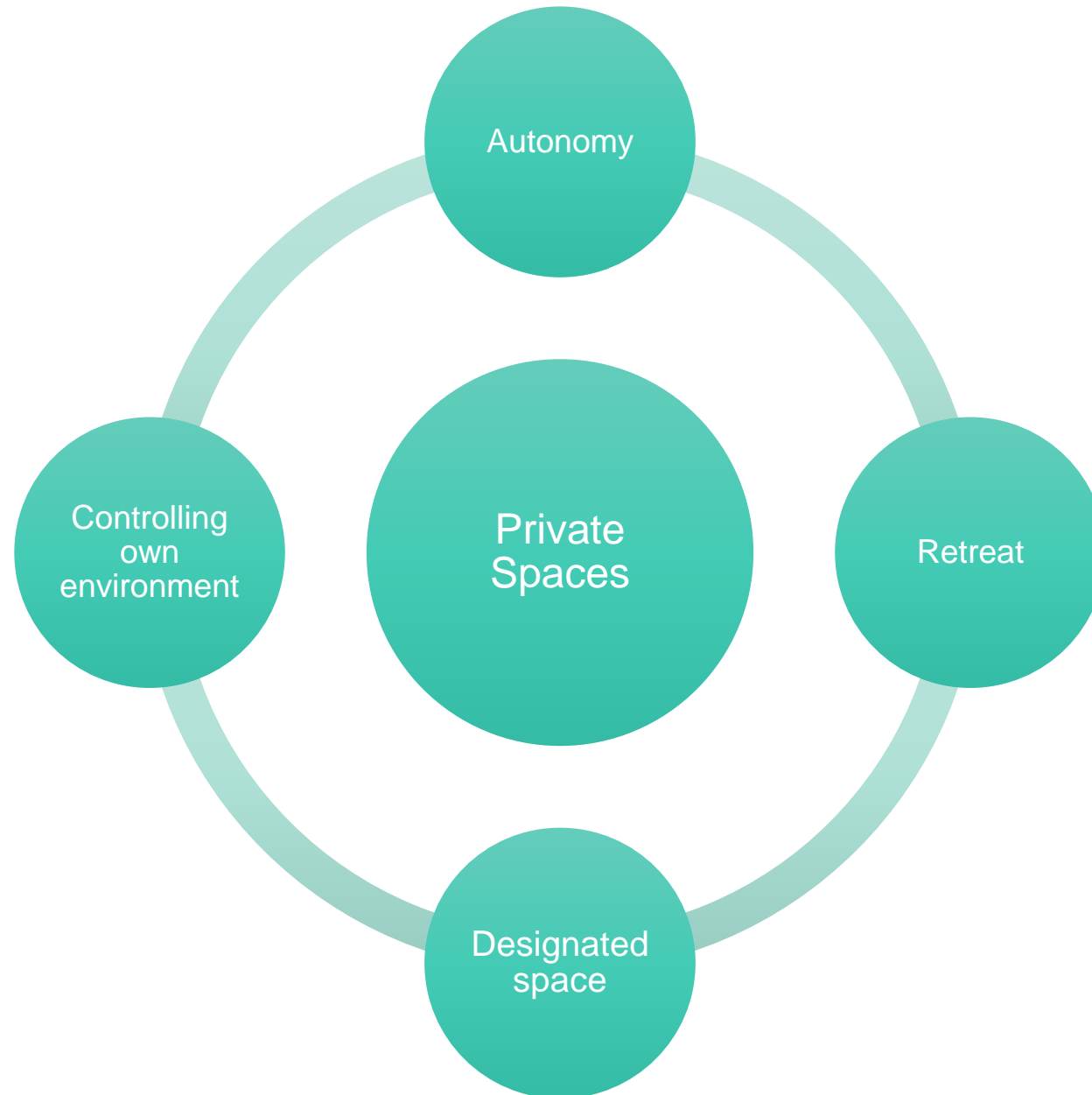
Author and Date`	Country	Participants	Study Description	Main Results
Harkness et al., 2004	USA	670 individuals with chronic mental illness	Relationship between design features and outcomes	Low quality housing associated with 28% increase in community based mental health service costs
Johansson and Brunt, 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

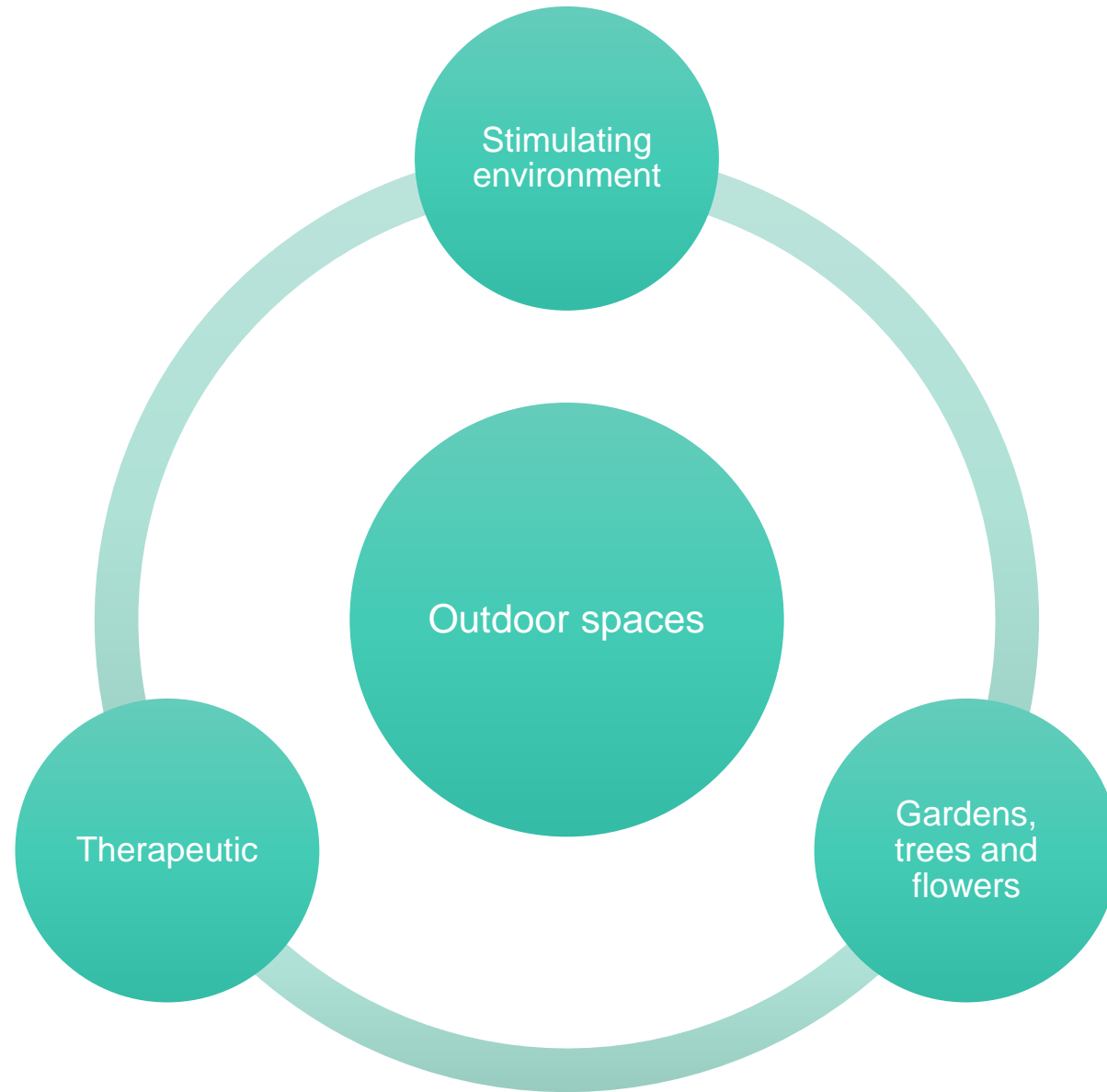
Findings



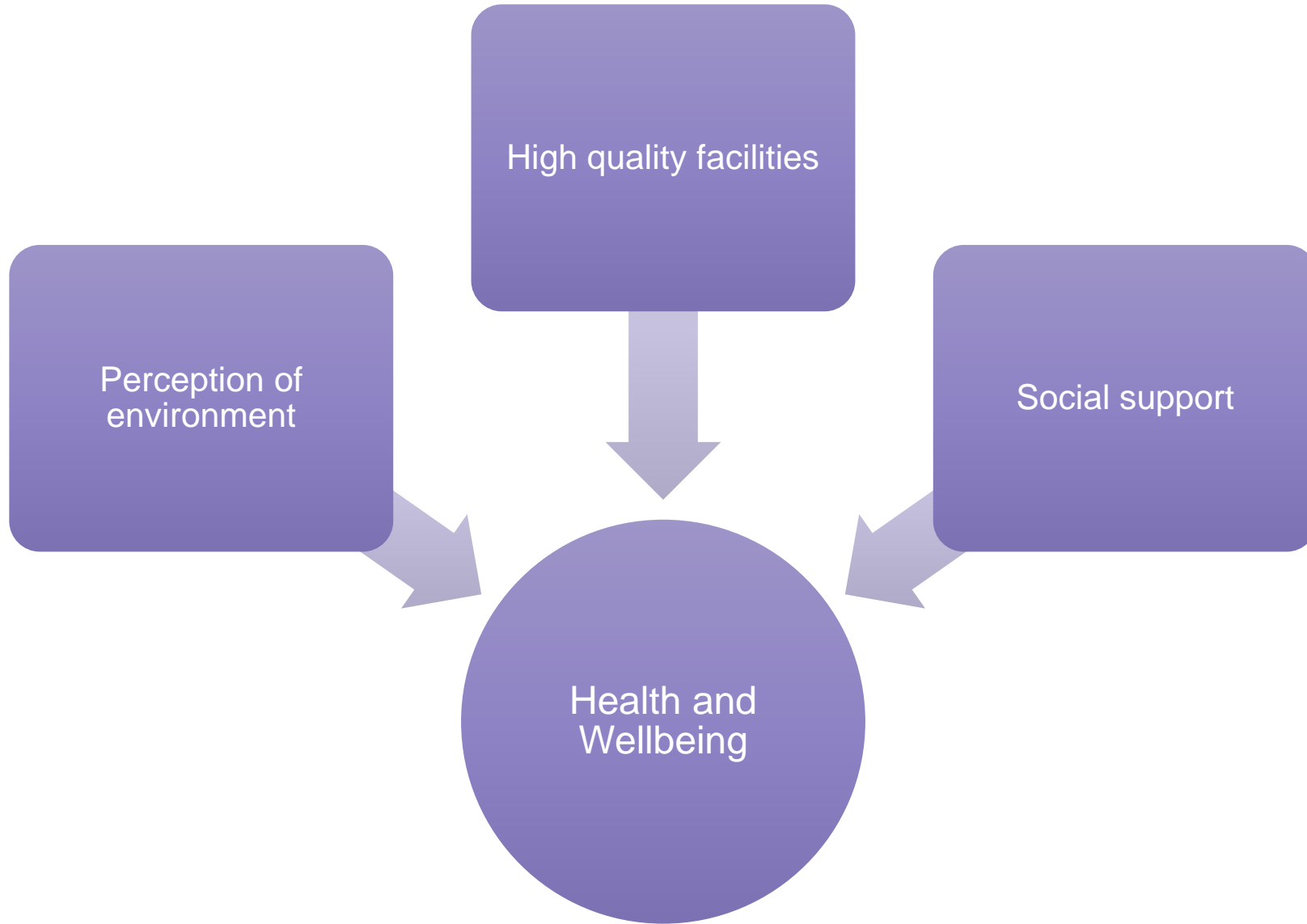


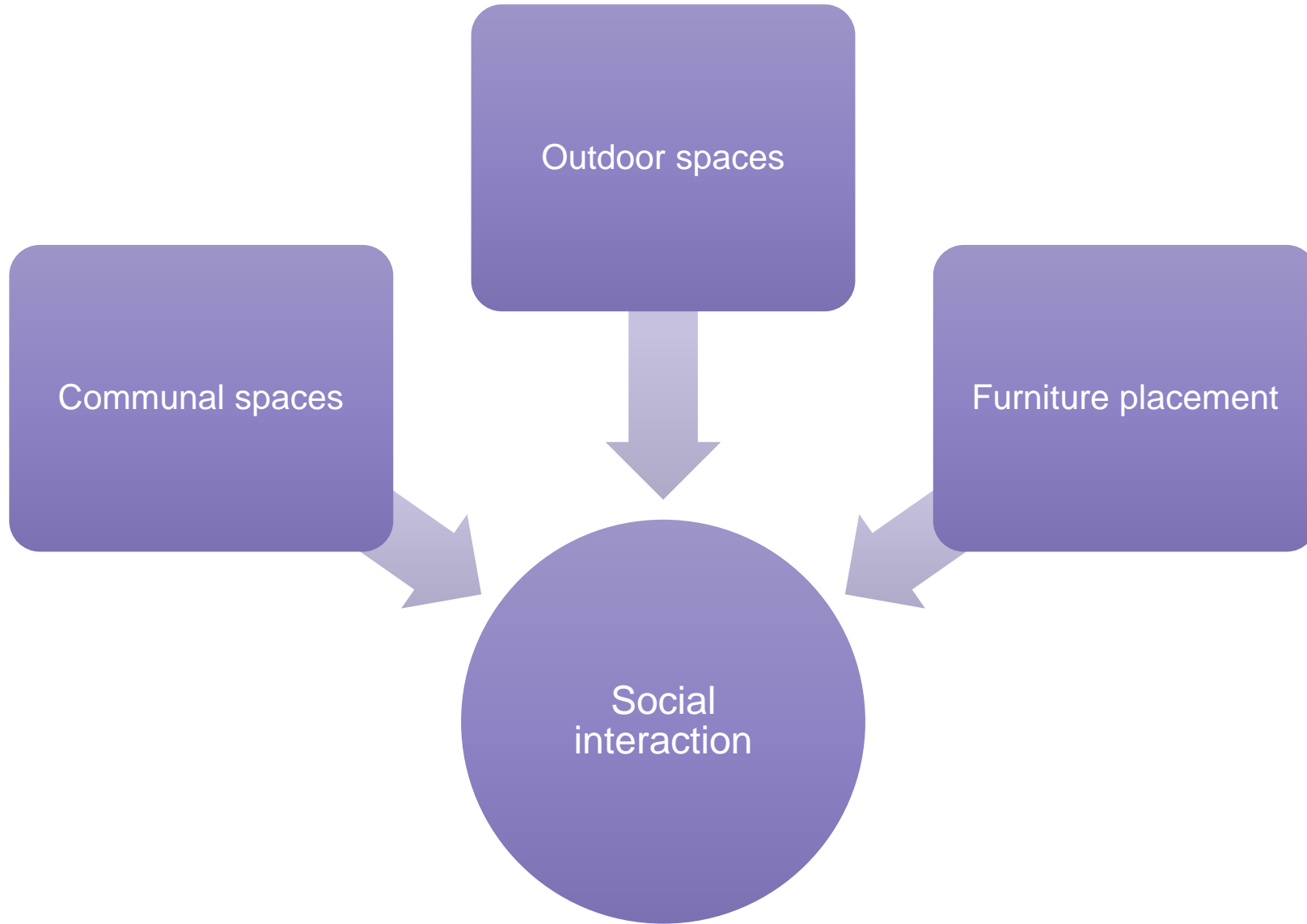




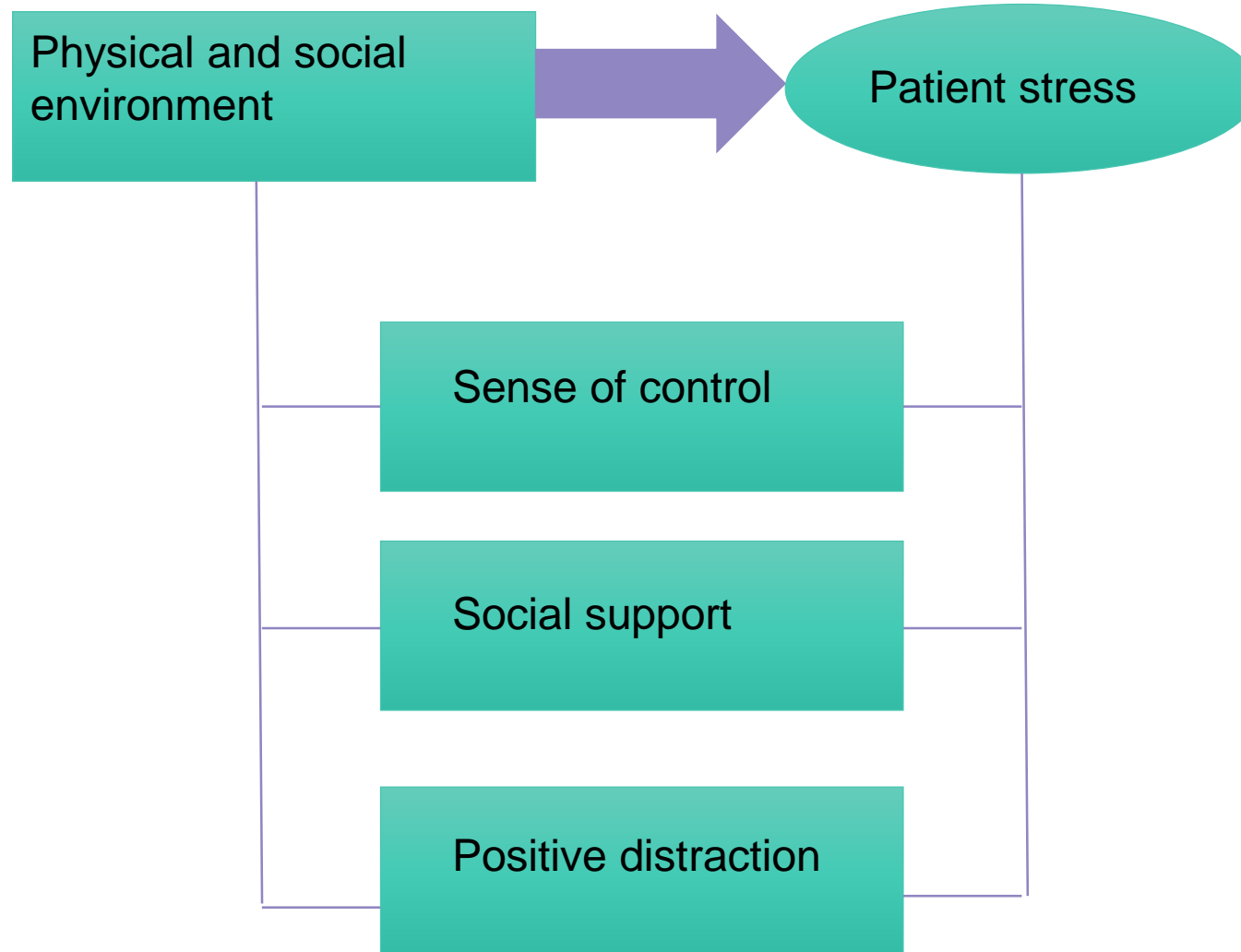








Ulrich's Theory of Supportive Design



Key messages

- Architecture and design has the potential to impact upon outcomes for service users
- Collaboration between architects, planners, builders and housing providers is crucial
- Co-production is key
- Autonomy, homely environment, outdoor spaces, location, community accessibility are 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 services

Thank you

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