

***"Furniture says it all. As the paleontologist can reconstruct a prehistoric animal using a bone fragment from the jaw, one can reconstruct an interior and its user's attitudes by a single chair."***

Witold Rybczynski (1988)

# The interior design of psychiatric care -A dichotomy between safety and healing environments?

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-Partner, Designer HealSafe interior



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**Physical environment –Place, Care, Perspective  
Carceral Heritage - Orientation  
Risk and Safety -Opportunities  
Evidence Based Design, EBD  
Critical stance  
Conclusions**



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# **Carceral design -Understanding the meaning and impact of objects, furniture and interior design in institutional spaces of incarceration**







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**Forensic Psychiatric Hospitals, Adult Psychiatric Hospitals, Childrens' Psychiatric Hospitals, Jails, Prisons, Special Residential Youth Homes**



# Exterior – Space – symbol - alienation

Kresten Philipsens Vej 15

Sygehus  
Sønderjylland

Fælles  
Akutmodtagelse

**A** ↑  

**B** ↑ 



# Interior – Place - Body- Node - Connection





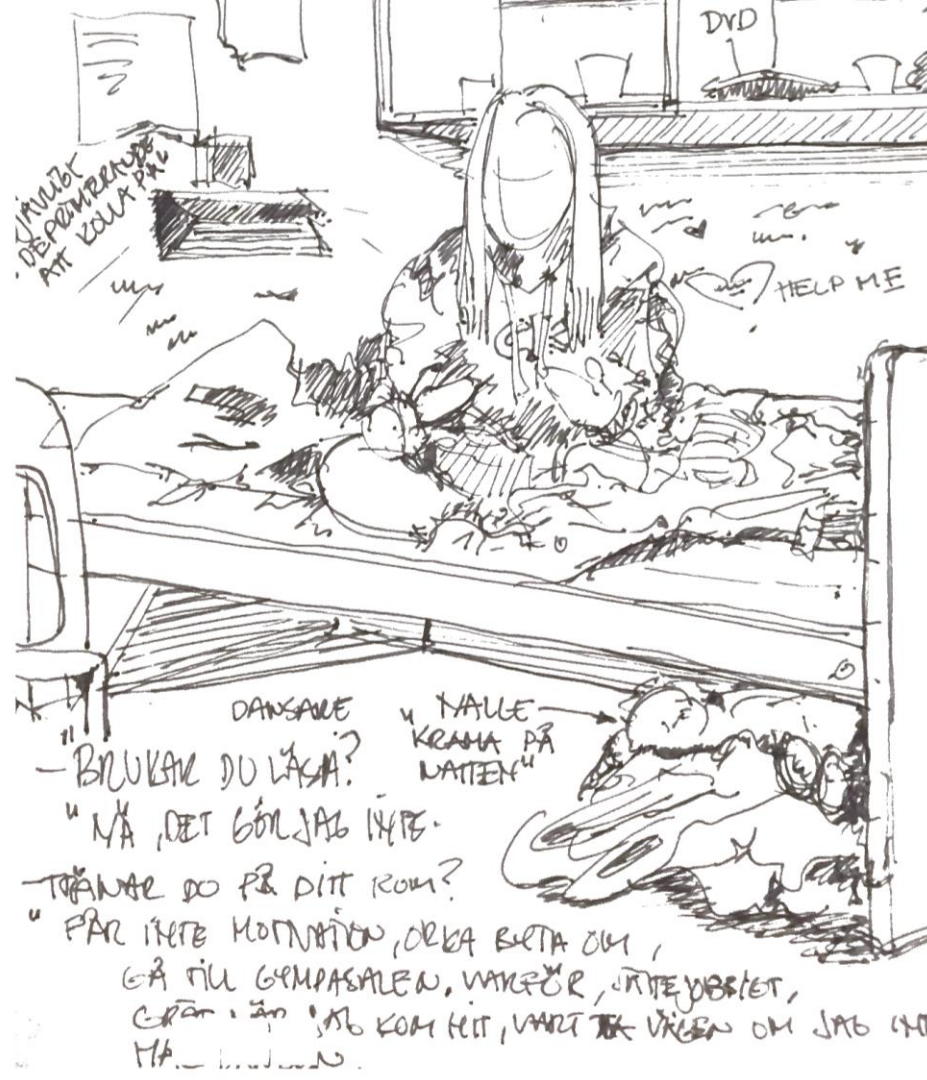
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# Theoretical Perspective

- Carceral Geography (Moran)
- Queer phenomenology: Orientations, objects, others (Ahmed)
- Researching lived experience: human science for an action sensitive pedagogy (van Manen)

## Method

### 'Sketch and Talk'





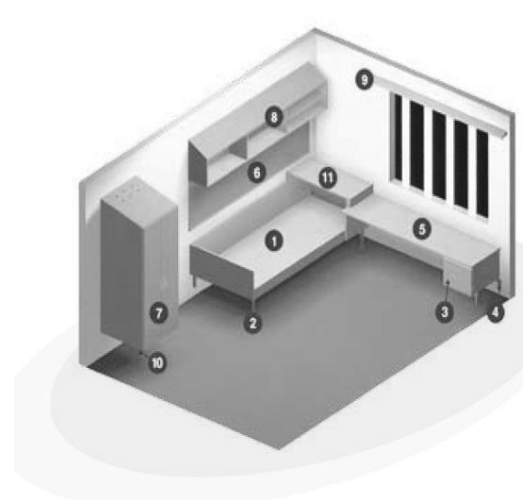
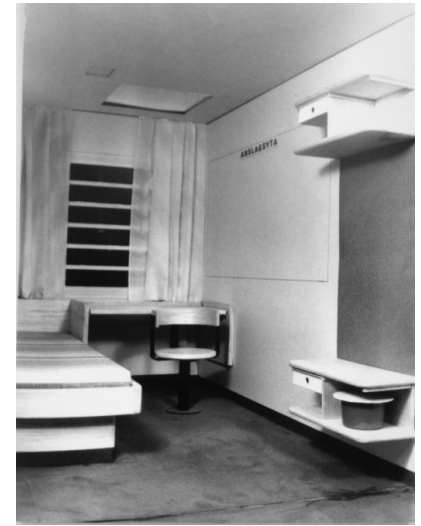


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## Carceral Design Heritage

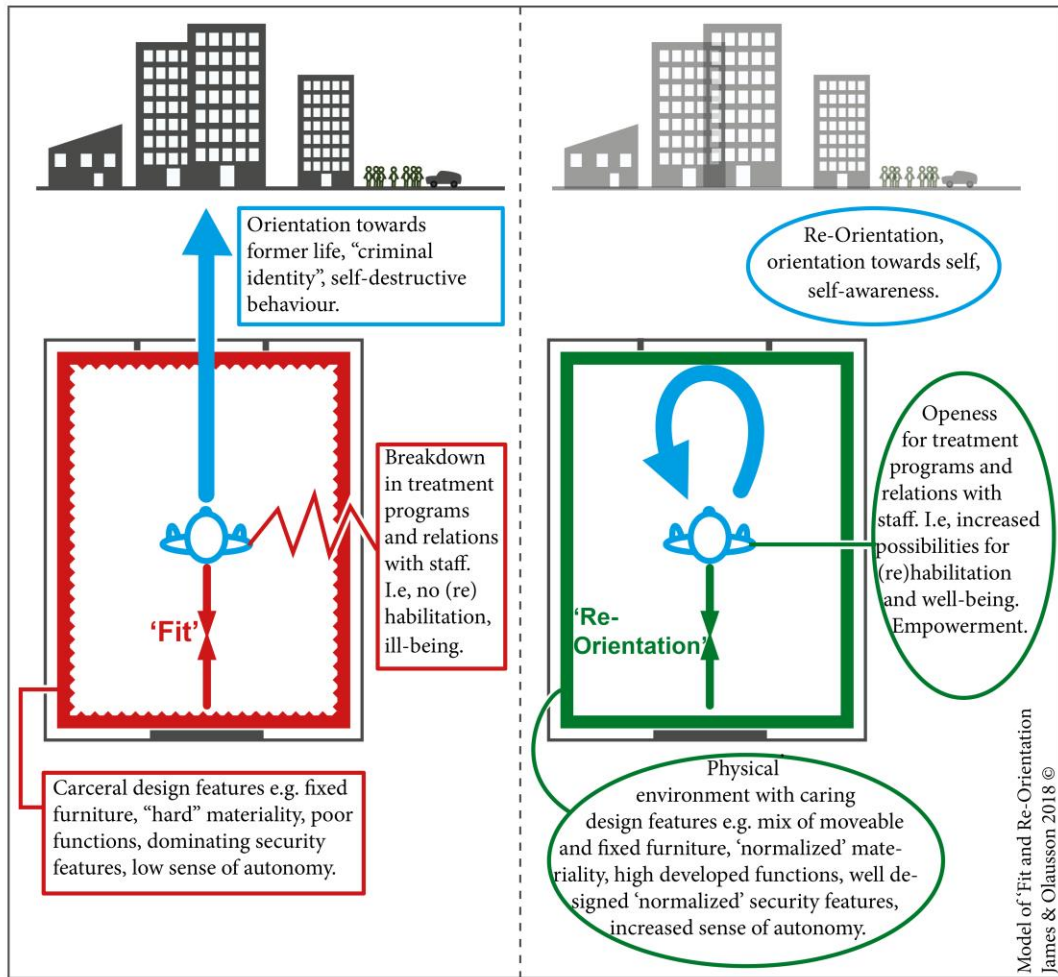
Unconscious (?) repetition of interior design

Can carceral design heritage affect care, wellbeing and Re-orientation in life?





# Model of 'Fit and Re-orientation'







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# Risk and Safety -Opportunities

- Risk related to interior design - self-harm, suicide, physical violence
- The physical environment cannot, be a substitute for staff's experience to evaluate risk



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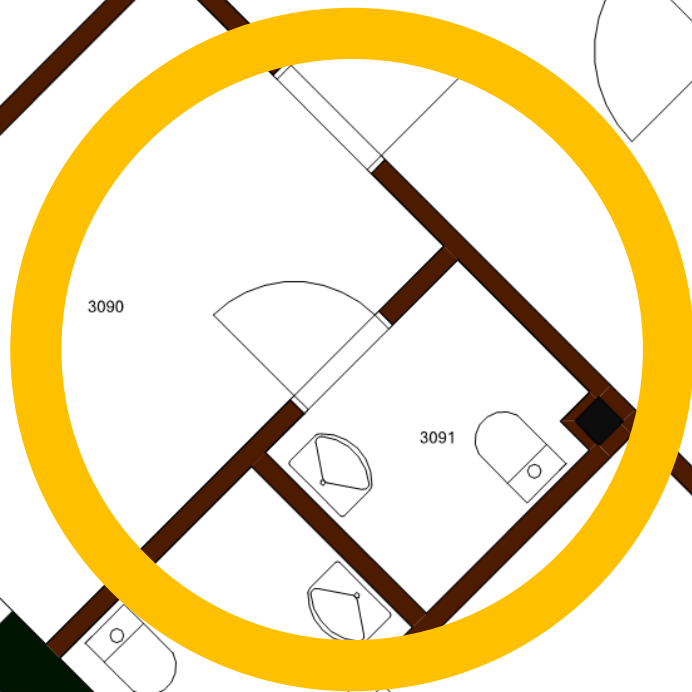
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# Modus

- Hanging/Strangulation
- Prevalent in studies and reports
- in Scandinavia, UK, and globally

**Table 1** Ligature points used in psychiatric inpatient ward suicides by hanging in England and Wales during the 2 years from October 2001 to September 2003

| Ligature point                          | <i>n</i> (%) <sup>a</sup> |
|---|---------------------------|
| Hook or handle                          | 19 (27.1)                 |
| Part of bed                             | 14 (20.0)                 |
| Door/wardrobe                           | 12 (17.1)                 |
| Shower fitting                          | 6 (8.6)                   |
| Pipes                                   | 4 (5.7)                   |
| Window fitting                          | 4 (5.7)                   |
| Bed curtain rail                        | 2 (2.9)                   |
| Radiator fittings, including thermostat | 2 (2.9)                   |
| Disabled toilet rail                    | 1 (1.4)                   |
| Curtains                                | 1 (1.4)                   |
| Light fixture                           | 1 (1.4)                   |
| Wooden beam                             | 1 (1.4)                   |
| Banister                                | 1 (1.4)                   |
| Stopcock in ceiling                     | 1 (1.4)                   |
| Telephone                               | 1 (1.4)                   |
| Total                                   | 70 (100)                  |



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# Modus

- Hanging / Strangulation
- Place: Patient room, Bathroom
- Ligature Point: Hook, Handle, Shower head, Bed



- Å bryte livet i fengsel. Hammerlin (2010)
- Factors influencing the decision to use hanging as a method of suicide: qualitative study. Biddle et.al (2010)
- Beskyttelse af selvmordstruede patienter fysiske rammer og patientsikkerhed. (2010)
- Where schizophrenic patients commit suicide: a review of suicide among inpatients and former inpatients. Maurizio (2005)



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# Why this field as a designer?

Helix Forensic Hospital, Stockholm, 2012





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# Notes from the field

The National Board of Institutional Care  
Youth Homes

Children and adolescents 12-21 years of age

Mental health problems, criminality





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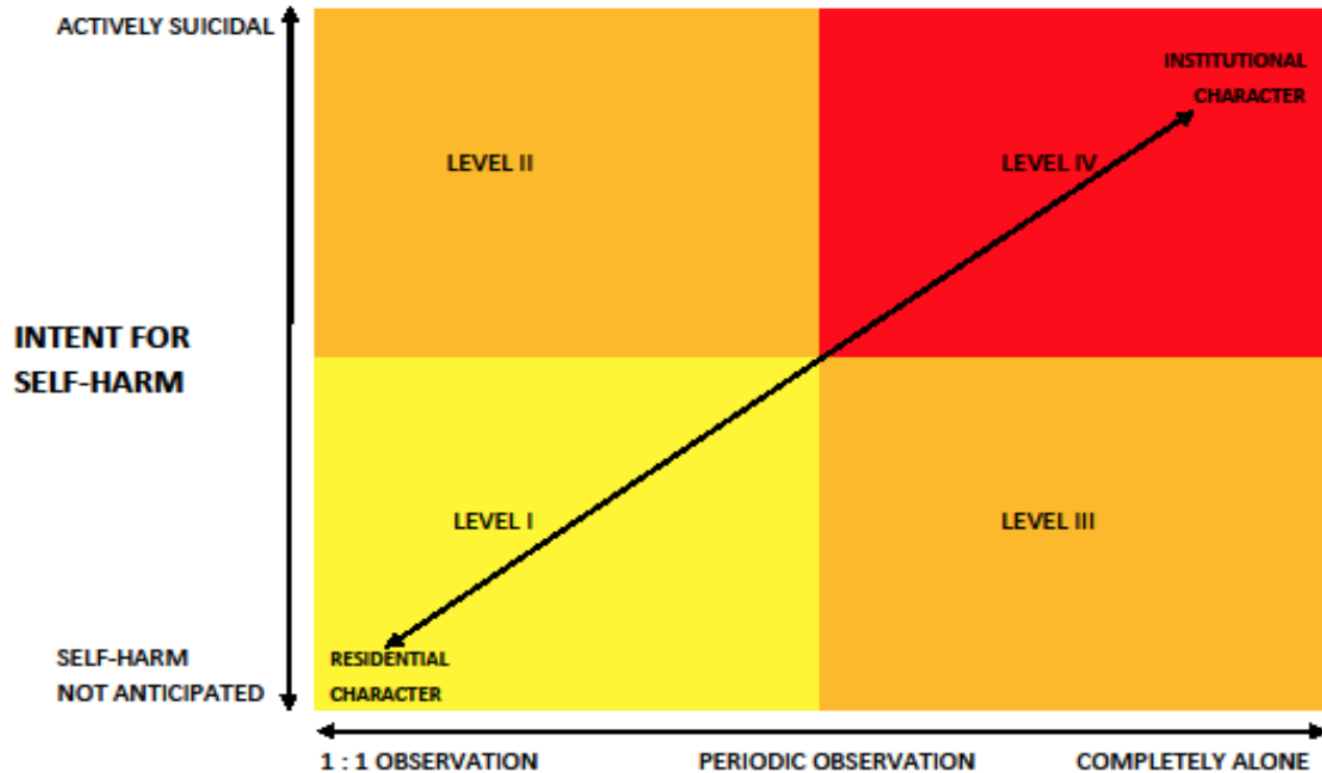


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## HUNT / SINE PATIENT SAFETY RISK ASSESSMENT

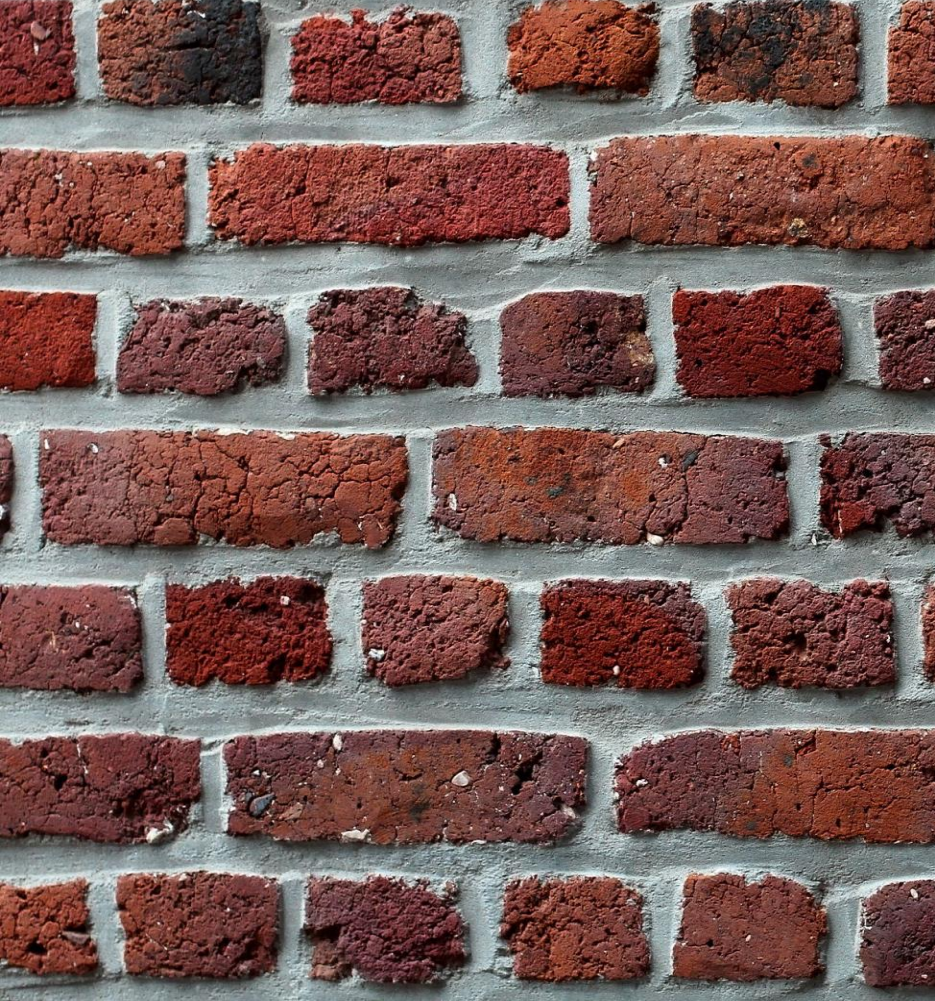




# Evidence Based Design, EBD

- Evidence-based research, process and method on the built / physical environment where healthcare is provided.
- Predominantly research on somatic care, psychiatry less explored





*View through a window may influence recovery from surgery, Ulrich, R., 1984*





Psychiatric hospital Bohnice

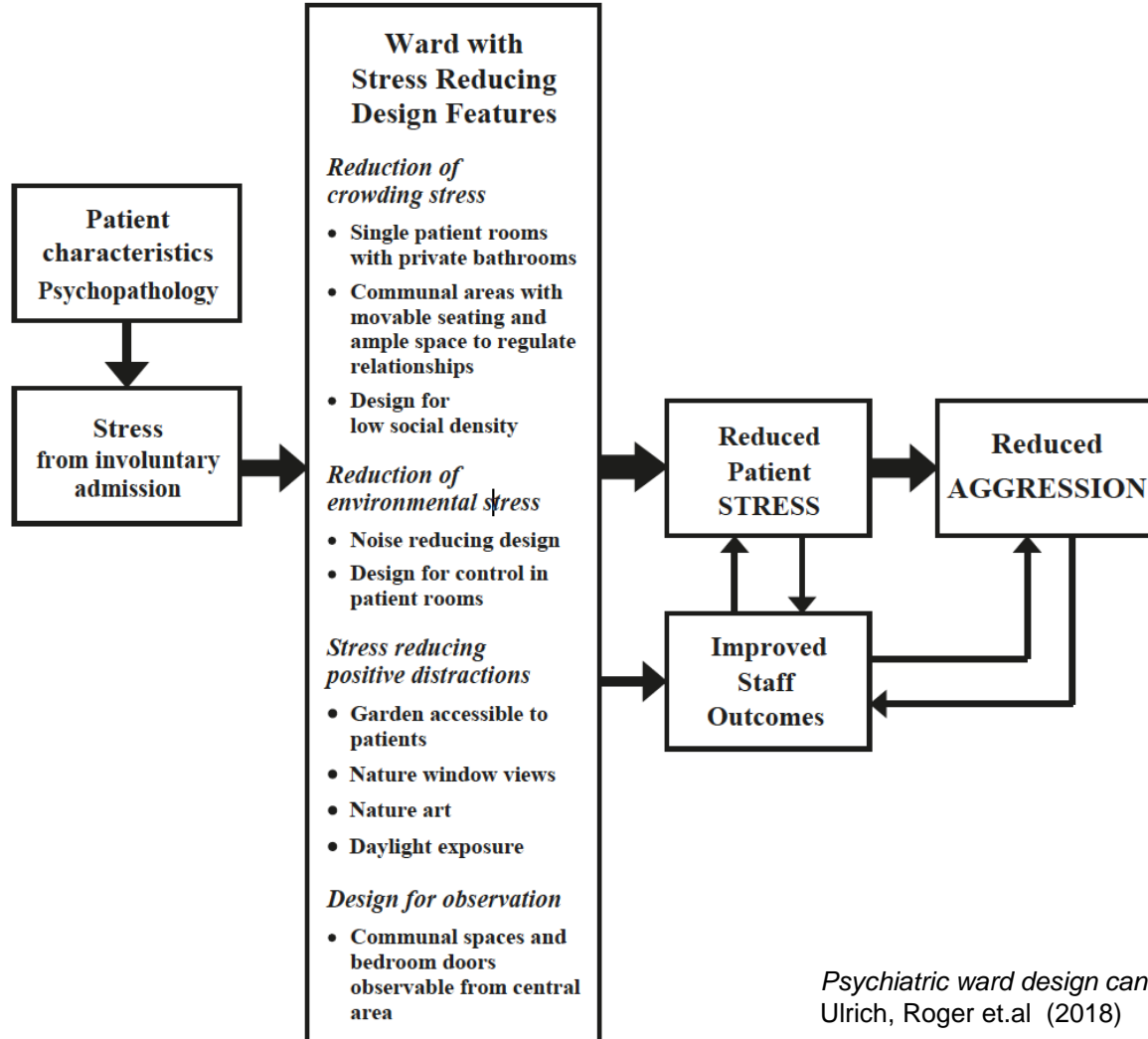








Salgrenska University Hospital, Göteborg, Sweden





A photograph of a winter forest. In the foreground, there is a snow-covered ground with several thin, bare, brown branches and a small evergreen tree covered in snow. To the left, a large tree trunk is heavily laden with snow. The background is filled with a dense forest of evergreen trees, some of which are also covered in snow. The sky is overcast and grey.

***HOWEVER...***





*Studies emphasize the importance of views and access to nature, single beds and autonomy.*

*But what it is like to **experience** the physical environment as a patient is a question that is rarely asked.*



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"Torn wallpaper, scribbings on the wall, engraved messages and tags, the evidence of prior inhabitants, the physical environment becomes a vessel for shared narratives of loneliness, loss of power, sorrow and isolation"

- TEJLA SANG/SOVA .SAXNAR?  
"HEHHA (OR JAG VAR) OJDE SANG,  
SPECIEL MADRASS." "SR SKON, GILNOR MJOKE  
MADRASSER!"

-5 MÅLT, SLITET "FEAT SLITET" "VIL FRA DET,  
FURAT SJAVOM DE LITT VIL VERTUGER. SKALL HIC  
SE UT SAHIL TAKTISK." -1 JUFER, MEN ANDA TREN?  
"HAN JATERKET I JUFER EKLAS, DAN MEN SKOVET,  
HOKERT."



*Designing for care: employing ethnographic design methods at special care homes for young offenders – a pilot study*

James, F & Olausson, S (2018) Design for Health





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Experiencing and understanding the patient room is to take the same position as the patient's. To lie in bed and study what you see 20 cm from the floor.

*The ceiling has sound absorbers, the wardrobe has a weird sloping top. The surveillance window in the door. To be looked at.*



A photograph of a sparsely furnished room, likely a hospital or institutional setting. In the foreground, a bed with a patterned blanket and a folded orange blanket is visible. To the left, a window with a white frame is set above a radiator. The room has plain white walls and a light-colored floor. The text is overlaid on the image.

“There are certain bodily comforts significant to the individual that tend to be lost upon entrance into a total institution – fore example, a soft bed or quietness at night.

(Goffman 1961, Asylums: essays on the social situation of mental patients and other inmates)





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## Safety and design is not a dichotomy

- View
- Open shelves
- Few ligature points
- The bed – safe design
- The bed – a private zone

Vermont Psychiatric Care Hospital  
Vermont Department of Mental Health





A photograph of a long, brightly lit hallway with a polished floor. Two young boys are running towards the camera. The boy on the left is wearing a white soccer jersey and black pants, while the boy on the right is wearing a blue t-shirt and grey pants. The floor is marked with yellow lines, creating a series of rectangular lanes that recede into the distance. In the background, other children are visible, and the hallway leads to a brighter area at the end. The walls are light-colored, and there are doors on both sides.

**ONE OF MANY OPORTUNITIES  
DESIGN FOR MOVEMENT  
INDOORS AND OUTDOORS**



# Conclusions

- Children's Psychiatric Hospitals and Prisons
- Be critical, even to research and EBD -Don't design everything the same at all wards, think of zones and patient groups
- Take the perspective of the person with the lived experience of psychiatry
- Carceral Design Heritage
- No "magic bullets" (Wener), but a lot of knowledge
- Fit and Re-Orientation
- Healing Environments- safety and design is not a dichotomy



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*Thank you for listening*

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