

‘National Policies for the Inclusion of Service Users back into the Neighbourhood’

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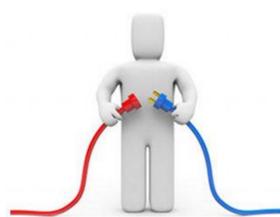
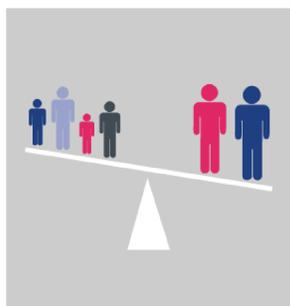


Introduction

Globally, the population suffering from mental illness presents a significant increase. In Europe, the illness affects  people at some point in life. Moreover,  countries with the highest suicide rates are in Europe (WHO 2013). Yet, even in the most advanced counties, society still allocates the risk associated with mental illness to closed institutions, despite limited evidence on their therapeutic effectiveness (Chrysikou 2014, Gilbert et al. 2014).

Although planning regulations might not appear as an obvious reason behind these inequalities, urban planning and architectural research demonstrate the strong connection between social inequalities and the built environment (Hillier et al. 1984).

This paper investigates how change of mental health facilities planning legislation could be more enabling for social integration.



Connection between social inequalities and the built environment

The case study

This paper explores in depth the case of one European country and examines its national mental health facilities planning and licensing legislation. It then focuses on how alterations on the change of use legislation for psychiatric facilities affect the national integration outcome.



The research was facilitated by the European Commission and the country's Ministry of Health. It involved the design of a questionnaire of 29 questions. In total 112 out of 116 of all community based facilities chose to participate. The research highlighted those elements in the existing planning legislation that favored segregated (geographically or organizationally) institutions.



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Methodology and Participating facilities

Findings & conclusions

The uses of land framework prevented facilities from becoming part of an integrated concept and promoted the development of mental health accommodation in buildings designed for other purposes (such as industrial, logistics or offices) or in segregated areas, different from what we would call neighbourhoods.

The research identified the country's planning legislation as an important contributor to exclusion.

Then, alternatives were tested and in particular the redefinition of uses. For example, for all the facilities offering accommodation requiring residential use instead of healthcare use, could have multiple benefits, including cost-effectiveness and the reduction of stigma. However, this change could generate functional pitfalls (Chrysikou 2013). Thus, the condition of altering uses alone, would be inadequate.

For that reason, the introduction of a new national set of design guidelines would act as a correction mechanism.

The final deliverable of the project was a set of fit for purpose guidelines. Findings of the research are useful to European countries that start their de-institutionalisation now but could also be beneficial for more advanced countries such as the UK or Belgium.



GUIDELINES



Literature

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Acknowledgements and links

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For future information on the progress of PEMETH, one could  the PEMETH project on Facebook (under the title <Design for Mental Health>)

