

Table of Contents

Acknowledgements

v

Part 1

1	Introduction	1
1.1	Care in the Community	2
1.2	Design for Domesticity	4
1.3	Mental health service users and their needs	6
1.4	Towards a Model for Rehabilitation	8
1.5	Structure of the Book and Presentation of Ideas	9
2	History of mental health and its expression in architecture	11
2.1	The onset of psychiatry: from God-given medicine to the deep roots of Western psychiatry and “back” to the Great Confinement	11
2.2	From the ideals of the French Revolution to the asylums	13
2.3	The transition from the “second Age of Confinement” to social psychiatry	17
2.4	Social psychiatry and the return of the mentally ill into the community	18
2.5	The rationalisation of mental health care under the managerial perspective and the involvement of social services	25
2.6	Community Care in the UK and France from the Eighties on	27
2.7	Key messages regarding Community Care	31
3	My view: the SCP model	33
3.1	Opposing frameworks for the planning of mental health services	34
3.1.1	Specialists’ concepts	34
3.1.2	Normalisation theory	35
3.1.3	Social exclusion in the community	38
3.1.4	From exclusion to social valorization	41
3.1.5	What lies between the asylum and the misinterpretation of domesticity: the need for a new paradigm	43
3.1.6	Safety and security	45
3.1.7	Competence	50
3.1.8	Personalisation and choice	53
3.2	The physical milieu of the psychiatric units	59
3.2.1	The interface with the community: location, scale and external appearance	59
3.2.2	Outdoor areas	61
3.2.3	Internal organisation of facilities	62
3.2.4	Decoration of facilities	64
3.2.5	Patterns	64
3.2.6	Colour	65
3.2.7	Light	66
3.2.8	Furniture and fittings	66
3.2.9	Dealing with tough budgets: small changes	66
3.3	Need for research	67

4 The physical context	71
4.1 The selection of cases	71
4.2 The SCP model': towards a critical scoping of the concept of Domesticity	73
4.3 The design of the user-centred questionnaires	74
4.4 The conduct of the fieldwork	74
4.5 The need for an architectural checklist	75
4.6 The detailed design of the Checklist	76
4.7 Advantages and limitations of the methodology	78
Part 2	
5 The physical milieu of research: the unit buildings	79
5.1 The care regimes	79
5.2 Building descriptions	84
5.2.1 Bois St Joseph	84
5.2.2 Elan Retrouve	85
5.2.3 Francois Tosquelles	85
5.2.4 Geraniums	87
5.2.5 Rene Capitant	89
5.2.6 Albany Lodge	90
5.2.7 Forest Lodge	92
5.2.8 Lakeside	93
5.2.9 New Bridges	95
5.2.10 Small Heath	97
5.3 Qualitative Evaluation of Case Studies	98
5.3.1 Safety and security	98
5.3.2 Competence	102
5.3.3 Personalisation and choice	106
5.3.4 Does size matter?	115
6 Architectural Checklist analysis	131
6.1 Overall performance according to the checklist	131
6.1.1 The foyers'/wards' performance according to the checklist	131
6.1.2 The Context and Site features	131
6.1.3 The "Building" group of features	132
6.1.4 The Space and Room Group of features	133
6.2 Overall Frequencies of Institutional features	134
7 The users' perspectives	145
7.1 Safety and security	145
7.1.1 Staff 145	
7.1.2 General organisation of the building and building features mentioned by staff	146
7.1.3 Service users' concerns on safety related issues	148
7.1.4 Issues related to safety and security that could be connected to design implications	149
7.1.5 Staff and service user perspective on the safety and the security of the facilities	150
7.2 Competence	151
7.2.1 Staff views on service users' competence	151

7.2.2	Spatial organisation issues related to service users competence according to staff	152
7.2.3	Service users' concerns regarding competence	154
7.2.4	Spatial organisation issues related to service users competence according to service users	154
7.2.5	Main findings related to competence for staff and service users	156
7.3	Issues related to personalisation and choice	157
7.3.1	Staff on issues regarding psychosocial aspects of care	157
7.3.2	Staff on personalisation and choice design features	159
7.3.3	Service users on personalisation and choice regime related issues	163
7.3.4	Service users on personalisation and choice issues that were relevant to the space of the foyers/wards	164
7.3.5	Main findings on personalisation and choice	168
8	Conclusions	173
8.1	The cross cultural comparison	173
8.1.1	Safety and security	174
8.1.2	Competence	177
8.1.3	Personalisation and Choice	179
8.2	Further research	183
8.3	The significance of architecture and design	184
References		189