An Ideal Ward

The Ideal Ward Brief

Introduction to this project
The group has made this brief with no financial or governmental constraints in mind but with the users needs prioritised. The design itself is for one ward and all of the facilities deemed to be needed for this one ward. The goal of the project was not to suggest that this ward be built the NHS but for it to be seen as a ward that users of the facility ideally wanted.

Elements that are a given
We assume that everyone there is either trying to get well or help others to get well. That there is a consideration for others be they patient or staff. That decision in the ward will be consensual unless dictated by medical reasons.

Logistics of the Space
The ward should be designed to house no more than 20 patients with a minimum of 10 staff members. Each patient's room would be made so that one person would live there but could accommodate two people. Each of these rooms would have a telephone. Each of the residential rooms should allow the patient to have control over things like light and sound. The building would be on the outskirts of the community in a semi rural setting with easy access to public transport. The grounds should be secure.

Activities
There are to be cooking, art, exercise, gardening and farming activities. Professionals in each field who have some training in mental health issues will run these facilities. The facilities will be accessible during normal business hours to patients.

Medical Facilities
There should be spaces made for individual consultation with psychiatrists, psychologists, pharmacists, physical therapists and nutritionists.

Recreational Facilities
The Building would house a small cinema, library, café, massage/relaxation therapy unit, art gallery, exercise and kitchen facilities. There would three different communal spaces for patients that would be designed with lesser to greater degrees of stimulus (sound, visual and social). One space should have a number of tranquil spaces (alcove windows etc). The grounds outside should house a garden with a greenhouse and a small farm. There should be forested grounds with walking paths.

The feel of the space
We would like the space to feel homely, spacious, non-institutional, light, clean, modern, comfortable and flexible. The space should have a clear logic to it so that it is easy to use. These should be lots of plants and furniture should be difficult to move about. Communal space should be minimal but domestic. Art in the facilities should be positive with a leaning toward landscapes.

Needs of Staff
There should be a space available for staff to relax and keep their things. Staff should have access to all in house facilities. There should be a day-care centre for children of the staff………………

Steven Duval: Robert you mentioned your experience at a hospital in Sweden a lot in our meetings. You compared that institution with a hotel. What about a hotel makes it relaxing?

Robert T: Well it was shaped like an "L", just like here at the Royal Edinburgh, but it was open and had a lot more space. One side was the women's ward and the other was the men's. They had all these tress through the hospital, like palm trees. Where the two quarters joined was this big open space with a huge window looking onto a forest. You could see deer running past (laughs). It was amazing, like, especially in the mornings. The deer would come to the edge of the forest to eat and then they would go back into the forest. It was just the way it was layed out. The main area was where we used to sit and eat our dinner. A meeting place but a comfortable place. Lots of comfortable chairs. Practical yet comfortable. Everything could be cleared away for people to play cards or read a book. There were lovely big couches. Women would sit a knit there. It was really good like. Even the rooms were so airy. Everyone had his or her own room. There were buttons you could press to get in touch with a nurse. If the hospital was getting flooded you could make a single room into a double. There were adjustable doors.

SD: Do you think the hospital is open to critique?

RT: What can remember is that they got my files from Sweden and then I was in here for observation. They would take you out to the cinema etc but there were only about one carer for ten of us. It was good like; we would go to the pictures and things like that. One guy even took us to the park. We had juice and a ghetto blaster on a summer's day. We had a great day. Enjoyed the sunshine and watched the girls go by. That's normal. I spoke to this guy and he said that they could do that anymore because of "restrictive practice". There needs to be one carer per patient. So you 've got to build that within the ground.

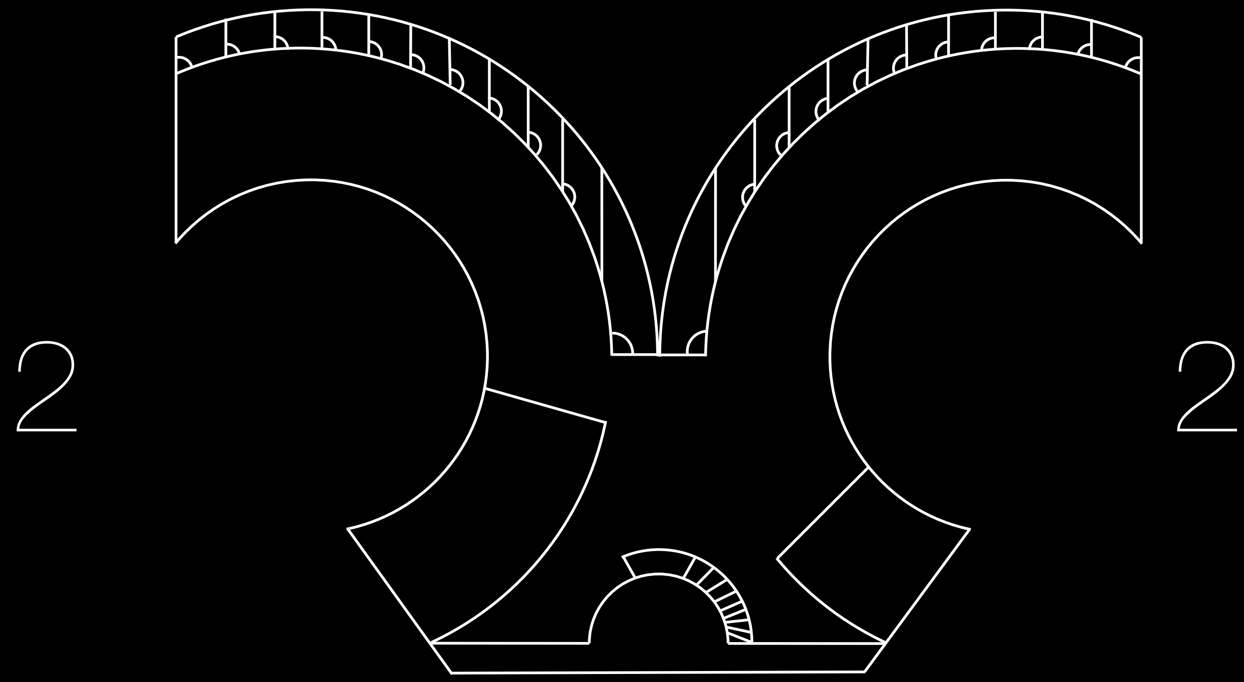
SD: The sociologist Irwin Altman defines privacy as "selective control to access of the self". Do you think that if patients had more control over the access to themselves they would find it easier to cope with their illness?

RT: It depends on how ill they are. If they are not well and they start reading things it can interfere with getting better. I started reading a book on psychotherapy and it mention bits about your dreams. If someone owns a sports car its like a phallic symbol. I had to stop reading it. Under controlled circumstance until you get well and more under control of yourself then it might help.

SD: There seems to be a prescribed notion of wellness here at the hospital. Do you think that this is useful?
RT: Well sometimes Albert will say something to me and I'll say I was just thinking that. So there is a kind of synchronicity between people that is good.

SD: Do you think if patients or ex-patients were given a larger role in the decision-making in the new hospital it would make it a better place for people to get well in?

RT: yeah, of course because they know what they like. They could say "Why is there not this and why is there not that?" and it would be a collection of ideas and then you could discuss it. Then come to some kind of conclusion.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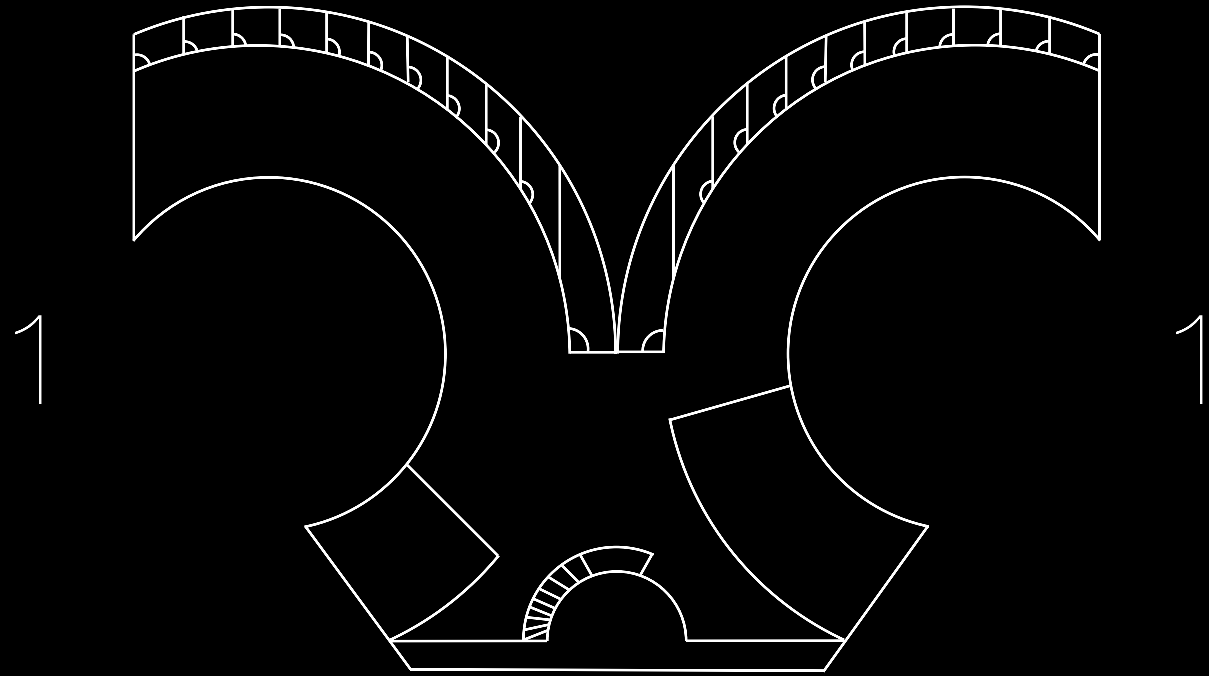
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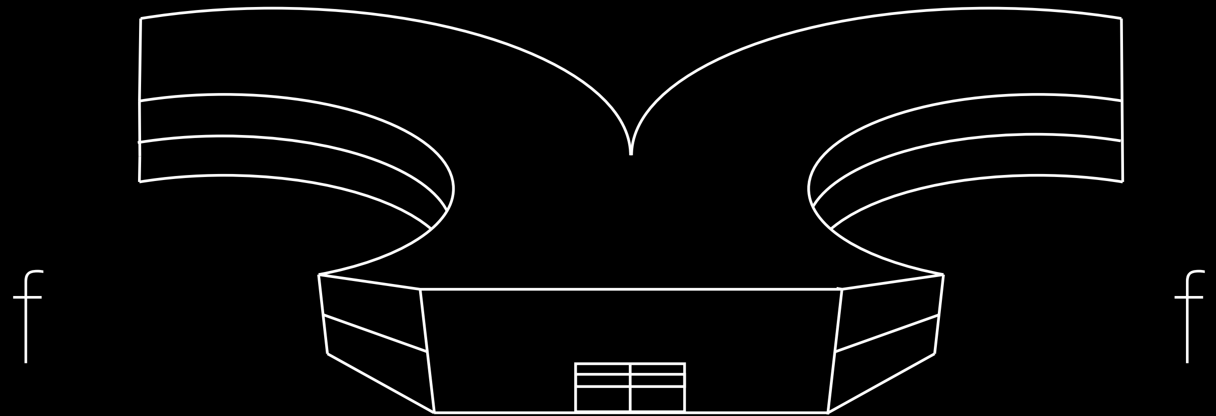
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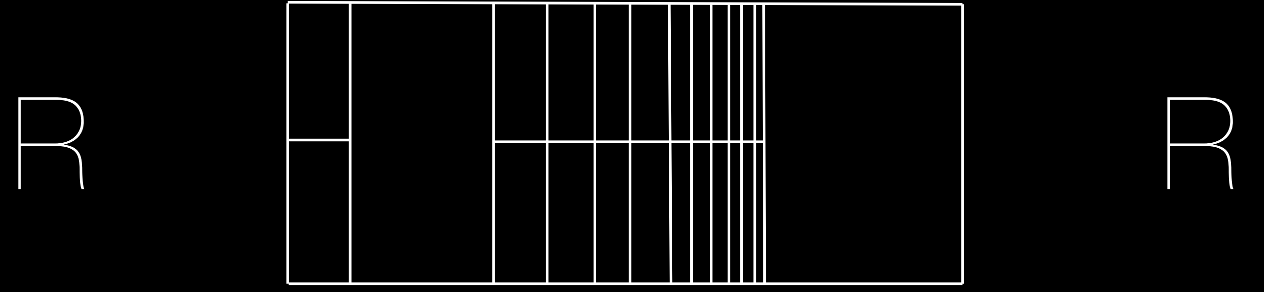
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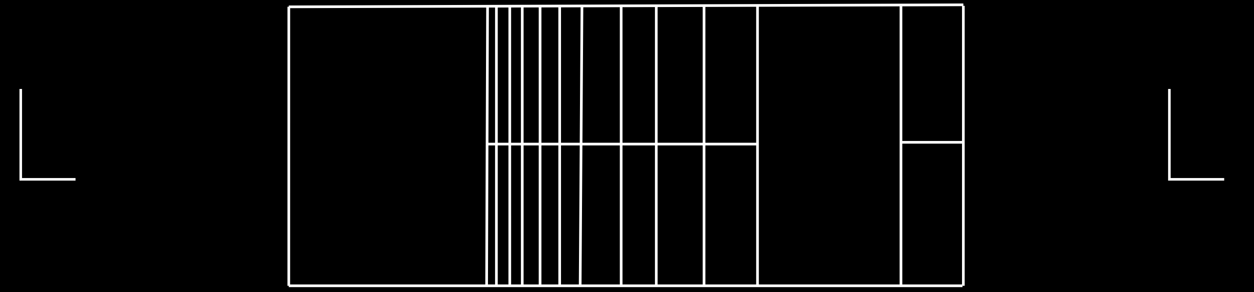
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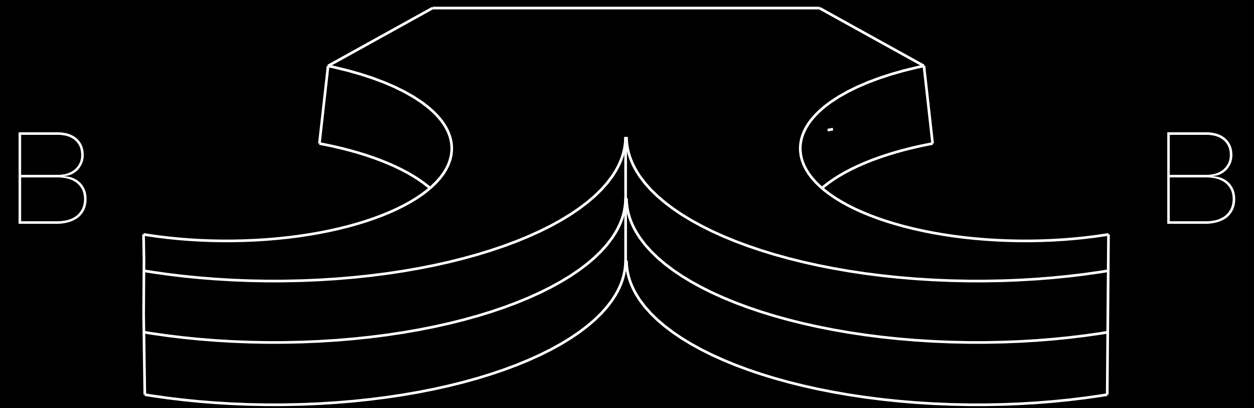
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An Ideal Ward: Neutrality as a Theme

"…when you leave a great hotel, you'll leave it whole again. We simply put you back together again, but this is almost mystically accomplished – this is the sympathy place I'm talking about – because you can't force anyone back together again; they have to grow their own way. We provide the light and the space"
"The Hotel New Hampshire" by John Irving

What is a focus group? I think of a focus group as being made up of a group of people who are at the top of a government body or institution. They are people who are going to "make the right decision", but they are rarely people who have to use the system being formulated. If they are going to be users of the apparatus, they will be the people with the most power within it. The focus group is the head of an immense monster known as bureaucracy. I proposed creating a head made up of people who wouldn't normally be involved in the decision making process and asking them to recreate the institution.

What I hoped to do was facilitate a discussion between nurses and ex-patients about their environment at the Royal Edinburgh Hospital. This, I hoped, would lead to the possibility of drawing up a brief for an ideal mental health ward. Forming the focus group within the disparate communities of the hospital was going to be difficult, but I felt that people were likely to be interested in the subject. The group that came together was made up of three patients, the Head of the Patient's Council and an Administrative Nurse who had previously worked in the wards. It soon became clear that much the group's discussion was going to be based upon interpersonal relationships that had existed long before this project had. This was not unintentional, as I was hoping to work with a group that was already formed in some way. The relationship between the members of the group was at times tense. This dynamic became the source of many disagreements and threatened the participation of members in the group. Fortunately nobody left for this reason.

Five one and a half hour discussion meetings took place on consecutive weeks. At the first session, the participants discussed their feelings about the existing buildings and the problems and successes of the current situation. The next week, I talked with them about the history of the mental health institution and how previous models have led up to the current one. We also discussed alternative approaches from the past like Kingsley Hall, Pinel's ideas about moral therapy and Erving Goffman's notion of the "total institution". Laing's theories gave rise to a heated discussion point for the group -- which was, in my opinion, surprisingly invested in the current system. To think of alternatives was not cricket. Unfortunately, after this meeting one person chose not to come again. The other four, although still involved, would rarely diverge from current conventions.

The paradigm shift that I had thought would be inevitable was not going to happen. I had been convinced that if I presented the group with alternatives to an institution that I perceive to be oppressive and antithetical to the healing process, the participants would create a completely new institution. I was very wrong. Over the last three weeks every alternative was discarded as being a bit too unconventional. What became apparent was the desire to subscribe to the norm. How can you be accepted by a society or institution if you don't sign up to its version of healing? This institutional transference suddenly became crucial. It also became clear that the majority of people entering the hospital wanted it to help them. Of course there were complaints, but most of these were about the lack of resources and personnel.

In the end, the group's ideal ward resembled a retreat for over-worked executives in need of relaxing holiday. I don't blame the group for discarding the sixties' Utopian ideas about mental health care that I had brought with me. They simply wanted a more relaxed and supportive environment and my assumptions about the need for radical chance were necessarily blown apart. I had spent eight months researching the history and theory of mental health institutions. If I had surrounded myself with people who thought as I did, we would have come up with a very different model that fitted with the theories I had read. Thankfully, I didn't work with like-minded people and the brief for the ideal ward that we came up with is representative of what the focus group members wanted.

In every decision that we made with regards to creating the brief we tried to consider everyone in the hospital. In common with many previous designers of institutions, we found that drawing up a brief for a space that suited everyone led to it being a bit bland; we also concluded that neutral colours are good for people who are very sensitive to their surroundings. These discoveries don't jive with artistic principles of stimulation and questioning, but they explain exactly why these qualities are not found in mental health hospitals.

We wanted people in our ideal ward to create their own sense of space. Our brief gives patients privacy as defined by the environmental psychologist Irwin Altman, who described it as "selective control to access of the self" I found working within the context of the hospital the hardest part of the project. The institution is unquestioned by the mental health community that it serves, and the act of questioning it without being a member of that community is perceived as threatening and unjustified. I thought was perfectly clear, that "total institutions" [is he quoting something – in which case a footnote is needed] like the Royal Ed need to be re-invented, and my original hope was in creating a brief for an ideal ward with a group of patients and staff from the hospital would open up a discussion about this re-invention, but this did not happen. However, I learned a lot from the people I worked with about the difficulty of navigating your way through an illness.

RD Laing was a Glaswegian psychoanalyst who was famous for writing books like "The Divided Self" and started Kingsley Hall, in London (1965 – 1970), where patients and doctors lived together under supposedly non-hierarchical roles.

A "Total Institution" as defined by Erving Goffman in his book "Asylums" is a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.

Phillipe Pinel (1745 – 1826) pioneered moral therapy in revolutionary Paris and supposedly struck off the chains from the patients at the Salpetriere and Bicetre asylums there.

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