



For better
mental health

60
Speaking out
for sixty years



Building solutions

Environments for better mental health

Improving mental healthcare environments

Background

Mind is concerned about the condition of our mental healthcare environments. The environments in which we spend time in to improve our health should have a positive effect on our mental wellbeing.

In 2004 Mind launched its 'Ward Watch' campaign to improve hospital conditions for mental health patients, which revealed two extremes of hospital conditions. For some patients the hospital environment helped recovery, for others the environment was inhumane where it should have been therapeutic.

In May 2006 Mind surveyed service users and held a series of focus groups across England and Wales¹ to gather a snapshot of what the situation was in wards across the country. Although the research focused on wards, we also want to celebrate other healing environments that have a positive impact. Some of the case studies look at how local Mind associations have improved their environment to the benefit of the users mental wellbeing.

¹ Mind carried out a survey of current and recent inpatients and frequent visitors to mental health wards via its service user networks in spring 2006. We received responses from 199 people who were either current inpatients or who had been inpatients or regular visitors in the last two years. A series of focus groups was also held with current inpatients and those who had been inpatients within the last two years in Lewes, Pontypool and Newcastle.

A special issue of *Mind in Action*, Mind's campaigning magazine, accompanies this report and provides ideas and support for campaigning for improvements in workplace environments.

To order a free copy, contact the Mind Campaigns Team on 020 8215 2424 or email action@mind.org.uk

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Introduction

The environment in which we spend time in makes an important contribution to our mental wellbeing. Spending time in an environment that is well designed and well looked after can help to boost our self-esteem by helping us feel valued. If the places we spend time in are respected then we are more likely to feel respected ourselves. "Good design... is not simply, as so often assumed, a superficial matter, but one of real consequence to the quality of life of the patients, their visitors and carers, and the staff of our hospitals" (Lawson and Phiri, 2003).

There is a wealth of evidence to show that the design of our buildings is more than a matter of personal

taste. It can actively contribute to, or detract from, our physical and mental health. There are key design features that our buildings should follow (Lawson, 2005).

Mental health wards are no exception.

Patients in mental health wards may have no choice over how long they are in hospital and may have to spend long periods of time in a ward. It is essential for people's recovery that a ward is a sanctuary that feels safe and provides a therapeutic environment.

Mind's key recommendations

A pleasant and stimulating environment?

- Wards and their facilities need to be a more stimulating and pleasant environment.
- There should be a range of activities on wards that are available to all.

Cleanliness

- Wards should be maintained to the highest level of cleanliness.

Isolation

- All new wards should be easily accessible by public transport, including evenings and weekends.
- NHS should work with transport planners within the local authority to develop good transport links with existing mental health wards.

Access to nature

- All patients should have access to a pleasant garden every day.
- Access should never be used as a reward or punishment.

Comfort and control

- Service users need to be comfortable in their environment.
- Wards need to be well ventilated and individuals should have reasonable control over temperature and ventilation.

Privacy and dignity

- All service users should have a single room if preferred.
- All wards sleeping accommodation and bathrooms should be single-sex.
- There should be access to single-sex communal areas.

Safety

- Safety in wards needs to be urgently addressed.
- Safety of service users needs to be considered at design stage.
- Service users should be consulted to get their views on how to improve safety on existing wards.

Safety from abuse

- Urgent action needs to be taken by the Department of Health and NHS Wales to address the levels of violence and assaults taking place on some mental health wards.
- Trusts must ensure that sleeping and bathroom areas are fully single-sex.

Service user involvement

- Service users should be involved in the design of new hospitals.
- The Department of Health and NHS Wales should issue guidelines on how to involve all service users.
- Service users should be consulted on a regular basis about their environment to give them an opportunity for improving the environment around them.

Saving time and money

Mind's key findings

- 23 per cent thought that the mental health ward was either pleasant or very pleasant and stimulating or very stimulating.
- 56 per cent rated the ward as either unpleasant or very unpleasant and unstimulating or very unstimulating.
- 46 per cent felt that the decoration of the ward had a significant effect on their mental health.
- 28 per cent were dissatisfied with the cleanliness of the wards.
- 28 per cent were dissatisfied with the amount of natural light on the ward.
- 29 per cent were dissatisfied with the state of repair of the ward.
- 26 per cent did not have easy access to a garden.
- 25 per cent felt unsafe when they were in hospital.
- 16 per cent felt very unsafe.

Getting it right at the start can save time and money later on.

15 to 25 per cent of the cost of running a hospital results from bad design. The running costs will exceed the building costs in less than two years. Even if we increased costs by 20 per cent to improve the design quality, it would still profit in the whole life term of the hospital (Lawson, 2006).

Evidence from Mind's focus groups reinforces this, "they built them on a shoestring...within a couple of years they had to close the hospital and re-design all the inside. Now this is going on in lots of places, it goes on a lot of the time".



A pleasant and stimulating environment?

Well-designed environments should be stimulating and offer variety and distraction to improve the mental wellbeing of patients. Too often this is not the case for mental health wards. Only 23 per cent of respondents to Mind's survey thought that the mental health ward was either pleasant and stimulating or very pleasant and stimulating. Over half (56 per cent) of respondents rated the ward as either unpleasant or very unpleasant and unstimulating or very unstimulating.

Lack of activities was a complaint from many respondents:

"There was absolutely nothing to do 90 per cent of the time."

"It was much like an old peoples' home with people sitting vacantly around a TV."

Service users taking part in focus groups in Sussex and South Wales mentioned that activity rooms were being used as offices in several of the hospitals they had been in.

"The creative arts room was converted to offices, so there is nothing to do."

The attitude from staff also led to a poor environment.

"The staff said they did not have time to spend with patients."

"My husband always says 'if you want to know who is staff, it will be the ones reading the newspapers!'"

Better design can help to address these issues. Research has shown that good design can have a positive impact on nurse recruitment, retention and performance (CABE, 2004) and our research shows how important the attitude of staff is to making a ward a pleasant and therapeutic place to be. Research has also shown that monotony and boredom caused by enforced idleness can contribute to vandalism (Mazuch and Stephen 2005). Vandalism of wards would obviously lead to them looking less cared for and create a distinctly less pleasant environment for people to spend time in.

Creative and innovative actions such as bringing in art to the wards can have a positive impact on patients health. A three-year study at the Chelsea and Westminster Hospital found that "bringing visual and performing arts into the hospital has measurable physiological effects" (Rhodes, 2006).

Mind's recommendations

- Wards and their facilities need to be a more stimulating and pleasant environment.
- There should be a range of activities on wards that are available to all.

Case study - Rochdale and District Mind

Rochdale and District Mind have recently redeveloped one of their centres. From what was a dark, dismal and depressing old hairdressers shop that 'looked like a funeral parlour' they have been creating a new centre. A small counselling room, disabled toilet and entrance area have been added to the ground floor. As a result of replacing the large existing staircase, entirely redecorating and putting in new floors and walls, the space is now much lighter and brighter. The

space is also more functional, with smaller rooms created out of the open plan area allowing several groups to meet at the same time.

Changes to the front of the building has made the shop far more welcoming to visitors. Service users from the art group will be working on artworks to decorate the walls once the centre has reopened.

For further details visit www.rochdalemind.org.uk

Appearance

The appearance of the environment we spend time in can have an effect on our mental wellbeing. Patients appear to make significantly better progress in the new purpose-designed buildings than in their older counterparts. In the mental health sector patient treatment times were reduced by 14 per cent (Lawson and Phiri, 2003).

There is evidence that patients "clearly see the environment as playing a role in their care" (Lawson and Phiri, 2003). The appearance of the ward, whether it is clean and well maintained, how colourful it is and what the decoration is like all affect a patient's experience. A ward does not have to appear clinical. We should be trying to make service users feel at home. When wards get the appearance right it can contribute to service users feeling cared for and boosts their self-esteem.

"The bedrooms all had duvets, some were blue, mine was yellow and it was lovely. It made you feel like you weren't in hospital... it feels more like home."

If the ward has a poor appearance, it can have a negative impact on the mental wellbeing of service users.

Cleanliness

28 per cent of Mind's respondents were dissatisfied with the cleanliness of the wards. Patients should be able to expect the highest level of cleanliness in a mental health ward. However, the Healthcare Commission's research in December 2005 found two-thirds of NHS and private hospitals were failing to meet the highest standards of cleanliness. Six of the worst performing hospitals were mental health hospitals (Healthcare Commission, 2005).

As the Healthcare Commission report noted, there were a number of NHS and independent sector mental health hospitals scoring the highest rating for cleanliness. "This indicates that high standards of cleanliness are possible in the mental health sector and we believe that more organisations could be performing at higher levels. It is

essential that the human rights of all patients and people who use services are respected and that they are all treated in appropriate surroundings" (Healthcare Commission, 2005).

"My shoes fell apart as I had to wash them so often after stepping through urine on the bathroom floor."

"The toilets were often ankle deep in faeces."

Over a hundred years ago Florence Nightingale mentioned that light and views and colour were "second only to fresh air" in terms of therapeutic qualities (Lawson and Phiri, 2003). Recent research has also shown that natural lighting and sunlight have therapeutic qualities (Beauchemin and Hays, 1996). Findings in Mind's research still bears this out, with 28 per cent of respondents expressing dissatisfaction with the amount of natural light on the ward.

As the Healthcare Commission points out "increasing numbers of patients are likely to be dissatisfied with an environment that in some cases may be clean, in that it poses no risk to patients, but is also rather shabby" (Healthcare Commission, 2005).

29 per cent of respondents were dissatisfied with the state of repair of the ward.

46 per cent of respondents felt that the decoration of the ward had a significant effect on their mental health.

"The environment is ugly, unloved and uncared for."

"I was bored beyond belief by the bland décor and utterly sterile setting. I felt bad enough, the décor only added to it."

Mind's recommendations

- Wards should be cleaned to the highest level of cleanliness.

Case study - Pembrokeshire Mind

Pembrokeshire Mind recently redesigned their day centre provision, moving the smoking room from a larger room to the smallest room in the centre. The move has so far reduced the amount of air extraction needed as well as cutting the electricity bills. The rest

of the centre is now less noisy and even the number of service users smoking has reduced. The larger room is now used for a range of other activities, open to all service users.

For further details visit www.pembrokeshiremind.org.uk

Isolation

The location of the ward and its accessibility can play an important part in helping service users stay in touch with friends and family when in hospital and reducing the sense of isolation and providing stimulation for patients on the ward. For some people visitors are the main source of stimulation when in hospital. Wards need to be accessible to everyone. About a third of respondents (31 per cent) said the wards were either difficult or very difficult to get to in terms of transport provision.

"A private car is the only means of getting there, consequently I had no visitors aside from family."

"After eight o'clock you have to walk up which is about a mile and a half."

"To get to the hospital from my home, some 35 minutes by car, it takes some people more than two hours when they have no car available. This has a huge impact on patient health."

Making it difficult to contact friends and family by phone was a problem in some wards:

"You have to run to the end of the corridor and kind of hang out the window and you can just about get a signal... It makes me feel extremely isolated that I can't have contact with my friends."

Mind's recommendations

- All new wards should be easily accessible by public transport, including evenings and weekends.
- NHS should work with transport planners within the local authority to develop good transport links with existing mental health wards.



Access to nature

Access to a pleasant outside space is essential for recreation and wellbeing for people in hospital. NHS guidelines recommend "ensuring access to an open space" to help prevent behaviour problems (NHS Estates, 1996). There is evidence from the USA that gardening and access to gardens has substantial benefits for the individual in terms of helping to improve mental health and wellbeing. Where hospitals have actively engaged in getting patients and staff out of the wards and into the gardens there have been positive outcomes. "The health walks at Barrow Hospital are a great way of escaping from ward life and help staff and patients to form better relationships" (WHI, 2006).

"I believe a lot of people...have this peace within then they are with nature and the gardens are hugely important."

When wards get this right it can have a big impact on the therapeutic environment of a ward.

67 per cent of respondents said the ward had a garden, which was easily accessible. Half of respondents said the garden was either pleasant or very pleasant.

"This made a significant contribution to the effectiveness of my patient stay, I was ward bound and being able to get outside is always helpful when I am unwell."

However, Mind's research shows that a significant number of service users are not able to get easy access to a garden during their stay in hospital. A quarter of respondents (26 per cent) did not have a garden that was easily accessible. There were different reasons for this: poor design of wards led to situations in which there was a garden, but service users were unable to access it.

"There is one ward that doesn't have access to any garden at all because it's an upstairs ward."

In several hospitals respondents mentioned that poor design leads to confusion over how to access the garden.

"I found the newer part very confusing in terms of which garden belonged to which ward...there were several external doors to several mini gardens."

Of course, the quality of any outside space is also important. Our research found that a good quality garden allowed service users to have time to themselves.

"The ward had a larger garden area than wards I have been on in the past. It was laid out with seats, bushes and trees so I could sit away from others without feeling watched. It was enclosed within buildings but I didn't feel enclosed due to its size and layout."

A miserable, grey courtyard is not enough.

"The courtyard is overlooked by windows from all sides and feels like a viewing enclosure."

The outside space needs to be a pleasant place to spend time in, a place that promotes wellbeing rather than increasing mental distress and needs to provide:

- A restful environment
- Safety
- Adequate seating
- Plants
- Thoughtful layout
- Space that is not too enclosed
- A clean and well-maintained environment.

Worryingly, there were reports from some service users in the research that access was dependent on behaviour.

"Staff used trips to the garden as a reward and withheld them as a punishment."

Punishment should have no place on an NHS ward. It can only be counterproductive in this case where the NHS's own guidelines suggest that access to a garden can help patients to stay calm.

Mind's recommendations

- All patients should have access to a pleasant garden every day.
- Access should never be used as a reward or punishment.



Comfort and control

A well-designed building should allow its users to be comfortable and have control over their surroundings (Lawson, 2005). Mind's research has found that this is not the experience for many people on mental health wards. The two biggest areas for dissatisfaction on mental health wards were with ventilation and temperature. 41 per cent of respondents were either dissatisfied or very dissatisfied with the ventilation of the ward. 33 per cent of respondents were either dissatisfied or very dissatisfied with the temperature of the ward.

"I felt suffocated as the windows only opened a bit."

"Staff were made ill being in there all the time, patients were driven more mad than they were in the first place because the place was so uncomfortably hot or freezing cold."

"We kept being promised that we would get air conditioning, but they wouldn't even provide us with fans. You just couldn't sleep. The coolest place was the smoking room, which I couldn't go in because I was an asthmatic."

Poor design leads to a ward that doesn't allow service users to exercise control over their environment in areas that are taken for granted in a home environment.

"It's choice again. It's being able to choose a hot shower or being able to choose a medium shower, whatever an individual wants."

Mental health wards are places that should be about recovery. Providing service users with an environment over which they can exercise a reasonable level of control is an essential part of the recovery process.

"It's good. There are about 50-60 photos around the place. And the OT department do a lot in terms of murals and things."

Mind's recommendations

- Service users need to be comfortable in their environment.
- Wards need to be well ventilated and individuals should have reasonable control over temperature and ventilation.

Privacy and dignity

One way of helping service users feel safe is by giving them an environment where privacy is respected as well as having safe areas for company when they choose.

"(there were problems with the)new hospital but following consultation with previous patients meant certain issues have been taken on board. My 12-year-old son was able to visit and a separate room meant he felt safe and I was able to see him a while."

Many wards are still not providing an environment that provides privacy and dignity for service users:

"Staff can see in. I don't agree with that because you've got no warning and if you're standing there naked and there's staff suddenly looking at you."

"I always felt exposed and watched."

"I found the dormitory really off putting. It made me feel even more paranoid."

"Visiting facilities are not very congenial and if a patient is not allowed off the ward there is no room to which they can take their visitors."

Mind's recommendations

- All service users should have a single room if preferred.
- All wards sleeping accommodation and bathrooms should be single-sex.
- There should be access to single-sex communal areas.

General safety

Well-designed wards should address some key environmental needs (Lawson, 2006). One of these needs is the need for safety and security. Mental health wards should be a place for recovery and feeling safe is an essential part of this. Two years after Mind's 'Ward Watch' campaign highlighted the lack of safety and security on mental health wards, our survey showed that an alarmingly high number of people still do not feel safe while they are in hospital. A quarter of respondents – 25 per cent – felt unsafe when they were in hospital and 16 per cent felt very unsafe. In comparison, 'Ward Watch' found 27 per cent of respondents rarely felt safe while in hospital.

There were different reasons for feeling unsafe. For some people it was because of aggressive behaviour from other patients.

"I've been assaulted twice."

The attitude of staff could also have an impact on whether patients felt safe

"Never know who will kick off next and often no visible staff presence."

Security measures that are put in place can add to service user's sense of unease, rather than improving the therapeutic environment.

"All doors key coded and CCTV. However this made it feel more like a prison than a hospital. Not conducive to a caring, positively supportive or pleasant experience."

Badly designed wards can cause an increase in aggression in patients and can impact on staff absenteeism. Reduction in staff absenteeism can have a positive impact on reducing aggression (Lawson, 2005).

Better design of wards can improve safety and have a positive impact on the safety for all service users.

"I felt very safe even though I was experiencing an acute and severe psychotic episode. This may sound contradictory, but I feel the staff know me and will care for me during these times."

Mind's recommendations

- Safety in wards needs to be urgently addressed.
- Safety of service users needs to be considered at design stage.
- Service users should be consulted to get their views on how to improve safety on existing wards.

Case study - North Kirklees Mind

North Kirklees Mind was renting different spaces for day centres throughout their 30 year history. Two years ago they decided to buy new premises and create an environment that service users would feel proud of and that would make them feel proud of themselves. They are currently half way through renovating their new premises and service user involvement has been central to the process. Architecture students from the University of Sheffield spent time with service users before the refurbishment to draw up what they would like to see. The refurbishment has introduced a café, which is open to members of the public, and helps to

break down the stigma attached to mental health. The café is also an employment project where members begin volunteering and work towards paid employment.

A private space was important to service users, so there are also rooms away from the café and public spaces. Since the renovation began service users feel a greater sense of ownership of the new building. More people who use the service are volunteering to help out with activities and getting involved in the way North Kirklees Mind is run.

For further details visit www.northkirkleesmind.co.uk

Safety from abuse

For many patients, and particularly those who have experienced sexual assault in the past, mental health wards can on occasion be particularly distressing environments.

"I was sickened at meal times by having to eat in the company of men who had their genitals hanging out of their pyjamas... This meant I didn't eat for five days."

"I was sexually assaulted by a male patient who wouldn't leave me alone."

"I personally witnessed a male patient attack and threaten a female patient and the nursing staff did nothing."

The National Patients Safety Agency (NPSA)'s recent report (NPSA, 2006) recorded an alarming 122 sexual incidents on mental health wards in England and Wales from November 2003 to September 2005, including 11 alleged rapes by staff. We would not accept such levels of violence anywhere else. Mind is concerned that there is under-reporting of incidents in mental health wards and that the real picture may be far worse. Mind's 'Ward Watch' report found that only 37 per cent of respondents who have been threatened, or the victim of verbal abuse, violence, racism or sexual harassment while in hospital had reported the incident to a staff member. Urgent action needs to be taken to address the levels of violence and assaults that are taking place in what should be a therapeutic environment.

"I felt safe when I was on the main ward, but not on the High Dependency Unit (HDU) area. This was mixed with no single sex toilet or shower."

The government have stated that

"99 per cent of mental in-patient wards meet the requirements that have been laid down by the Department. Those requirements are that there should be separate sleeping accommodation and separate toilets and bathrooms".²

However our research shows that wards are not being used in the way they are supposed to be used and that bed shortages are leading to mixed-sex provision even when this is not supposed to be the case.

"They're same sex corridors but often you get one man on the women's ward or a man stuck on the corridor."

Mind's recommendations

- Urgent action needs to be taken by the Department of Health and NHS Wales to address the levels of violence and assaults taken place on some mental health wards.
- Trusts must ensure that sleeping and bathroom areas are fully single-sex.



² Rosie Winterton, Minister of State for Health, House of Commons, 18 July 2006.

Service user involvement

Service users who took part in Mind's focus groups and research felt that wards were better designed and more fit for purpose where service users were involved in the design and planning process.

One woman mentioned that the newly built psychiatric hospital she was in had been "designed by professional architects, but using a survey carried out by inpatients, outpatients and expatients". As a result she felt that it was a much better designed space compared to the previous psychiatric hospital and that it bore evidence that utilising patient experience can have a very positive effect and "can be the difference between nurturing and thoughtful care and a horrendous effort".

This is borne out by research from Prof Bryan Lawson and Dr Michael Phiri, "...the vast majority of [our patients] were sensitive to and highly articulate about their architectural surroundings in hospital" (Lawson and Phiri, 2003).

Staff and patients may also have different views on what is important in a ward, particularly with regards to safety and security. Current guidance places a greater emphasis on safety of staff from violent patients and little mention of patients being safe from violence from others (NHS Estates, 1996).

The Department of Health provides tools to help designers and architects design wards and hospitals that will be beneficial to people's wellbeing and

recovery.³ However, there is a lack of clear guidance on how service users can be involved in the design and planning process. There is also a lack of clarity over who is a service user in this context. Obviously this should include doctors, nurses and other healthcare professionals, but should also include mental health patients.

Consultation needs to be easily accessible and creative. It is important for people involved in the design process to seek out the views of service users, rather than expecting that service users fit in with a timetable of long meetings.

Mind's recommendations

- Service users should be involved in the design of new hospitals.
- The Department of Health and NHS Wales should issue guidelines on how to involve all service users.
- Service users should be consulted on a regular basis about their environment to give them an opportunity of improving the environment around them.

³ Provided at www.design.dh.gov.uk

Case study - SEED group

The SEED group (Supporting Environment Encouraging Development) is an award winning project in Morecambe Bay PCT to redevelop the Lonsdale Low Secure mental health service at Ridge Lee Hospital, Lancaster.

As part of this project, service users have been viewed in the same way as business clients over the development of new designs. The service users involved have grown in confidence as a result of the project and are now confidently questioning other areas of regeneration.

In the past managers were told that there was no space or budget for single rooms on the unit. Working closely together, service users and designers worked through the brief and completely

redesigned the unit, enabling 18 single rooms with en suite accommodation to be built, and costs are actually lower than previously envisaged. The unit is now a space fit for the twenty-first century.

Plastic vases, bean bags and soft furnishings are personalising people's spaces. Better quality and less 'institutionalised' furniture was purchased which has created a non-clinical atmosphere in the community areas of the unit.

The SEED group has challenged the rigid ways of addressing issues within the built environment and have shown how beneficial creativity can be.

To view the 'Redevelopment of low secure mental health service' paper visit: www.mbpct.nhs.uk/public-reports/boardpaper/Jul2005

Conclusions

Wards should offer a therapeutic environment.

Wards are places for recovery for often vulnerable people. There is a strong evidence base for guiding principles of design that can make the built environment a place that has positive impacts on our mental health.

Many of our wards are doing this. They provide spaces which are clean and well maintained. They have good quality gardens, which are easily accessible. Staff have good contact with patients and provide a caring, pleasant environment for people to recover in.

However, many wards are falling short of the mark. Far too many service users do not feel safe on the ward. Far too many service users feel uncomfortable on the ward. Access to a garden is not universal and for too many service users wards are not therapeutic places to be.

Methodology

Mind carried out a survey of current and recent inpatients and frequent visitors to mental health wards via its service user networks in spring 2006. We received responses from 199 people who were either current inpatients or who had been inpatients or regular visitors in the last two years. A series of focus groups was also held with current inpatients and those who had been inpatients within the last two years in Lewes, Pontypool and Newcastle.

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Mind's mission

Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.

The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.

Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.

We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.

We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.



**For better
mental health**

For more information about any of the issues raised in this report, including details of your nearest local Mind association and local services contact Mind's helpline, *MindinfoLine* on 0845 766 0163, Monday to Friday 9.15am to 5.15pm. Speech impaired or deaf enquirers can contact us upon the same number (if you are using BT Text direct, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

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