The Social Invisibility of Mental Health Facilities
The social invisibility of mental health facilities:
Raising awareness on social exclusion in urban environments through artwork
Acknowledgments

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Mental illness is far too frequent but often hidden from sight. Those with mental health problems feel shame and experience stigma. Society responds by giving a lower priority to the treatment of mental illness in comparison with physical illness. Inequality in provision is often reflected in where treatment is provided and in what sort of building treatment is given. These inequalities reinforce and perpetuate shame and stigma and add further barriers that hinder successful treatment.

Professor Glyn Lewis
Professor of Psychiatric Epidemiology
Chair in Clinical Trials & Applied Epidemiological
Division of Psychiatry UCL
About the project

The project juxtaposes the view from the street and the distance from underground stations of the health vs mental health facilities of the same area, raising awareness of inequality and social exclusion. It demonstrates the obscurity that NIMBYism brings to mentally ill people, placing them inside remote and under-funded facilities.

We looked at a London mental Health Trust but still a Cinderella if we compare its facilities to surrounding hospitals, easily accessible by public transport. Contrary, travelling to mental health facilities everyday could add to the exhaustion of their already burnt-out staff. Yet, centrally located mental health facilities might be perceived as too institutional or too expensive for healthcare but just perfect for luxury accommodation. Thus, patients and staff must travel even further from their networks, families and places.

The WHO* proposed a target for the 5% of the healthcare budgets to go for mental health. Where are we now?

Looking for 20 years inside Community Care buildings, you become so familiar with it that you might suspect a building is used for mental health just by passing by, even if the label is an exaggerated address sign. So, it is time to pause and reflect: how is to look at these buildings afresh? What young architects, with no prior exposure to mental health would see? What a passerby would see? What would a patient see moments before crossing the threshold? Do they look like the rest of the health facilities? After Community Care and the big hospital closure (yet St Pancras Hospital is still there), where is this Community Care located?

On each left side of the booklet we see a health care facility and on the right, a mental health, of the catchment area of C&I NHS Foundation Trust, the mental health trust surrounding UCL. Only NHS facilities were included. There is also a map with all the NHS facilities of the area. Only mental health sites providing accommodation were photographed, to avoid those serving as offices only. In every picture the team could highlight several points but for communication purposes, we chose to highlight one point at a time that caught our attention most. Maybe you see something else, something more: We are interested in your comments too.

Dr Evangelia Chrysikou
Healthcare Architect, Marie Curie Fellow
The Bartlett School of Architecture UCL

* World Health Organization
Health vs Mental Health
Key Findings:

- Close to London Underground Stations (LUSs) VS non-walking distance from LUSs
- Proximity to landmarks and location in high value land VS remoteness from landmarks and location in more deprived areas
- Stand-alone healthcare use VS hybrids or mixed use, with some facilities included in residential or primary care complexes.
- Use clearly demonstrated on the façade VS lack of reference or label other than address
- Sheltered and highlighted entrance VS unsheltered entrance or hidden at the back
- Extensive use of glazing to bring light in VS opacity and extensive use of brick walls

- Glazing introduced in playful ways even combined with art VS avoidance of transparency: glazed areas viewed as a problem rather than a solution that brings light in
- Variety of colors and textures including the NHS uniform green VS predominantly dark façade colors
- Multi-volumed façades VS plain facades lacking canopies or balconies
- High maintenance VS demonstrations of vandalism
- Use of artwork or custom-made ornamental artifacts VS lack of artwork and ornaments attached
- Openings following a grid VS domestic-like openings, with restrictions

Which of the above could you spot on the images that follow?
Memo

- Healthcare Facilities *
- Mental Health Facilities*
- Underground Station

* The cross in the brain symbol and the centre of the heart indicates the exact location of the facility on the map.
Use remains hidden
Use remains hidden
Invisible entrance
Fear of Transparency
Lack of artwork
Remoteness from landmarks
Domestic-like openings
Restrictions
Hidden inside other hospitals
“But again the circle of ignorance, fear, and prejudice spins to condemn. Casting them in the role of the untouchables - the people to be avoided at all costs. Disabling them, for being different. Denying them their God given right to be included, to be part of their community. Denying them their right to live without fear of ridicule, hate, and exclusion.”

Diana, Princess of Wales

"Does the Community Care?“*
17th November 1993

Biographies

Dr Evangelia Chrysikou, Primary Investigator
Evangelia is an architect and medical planner. She is a Marie Curie Fellow at UCL, as Chief Investigator of the PEMETH project. Her work includes patient-focused care, mental health, patient and staff well-being, de-institutionalisation and stigma. She conducted multi-awarded research in the UK, France, Belgium, Greece, Middle East, New Zealand, the Netherlands etc. Parallel activities include teaching, advisory and policy making for EU. She is the author of the book ‘Architecture for psychiatric environments and therapeutic spaces’ and a TED-MED speaker.

Ava Fatah gen. Schiek, Co-Investigator
Ava is Associate Professor in Media Architecture and Urban Digital Interaction at UCL. Her research aims to develop a framework for the integration of media technologies (situated and mobile) and architecture. She leads ‘Body as Interface’ and ‘City as Interface’ studios, MSc Architectural Computation, Bartlett School of Architecture and is a Chair on Media Architecture Biennale Conference 2012, 14 & 16.

Anastasia Katikaridi
Anastasia is an Architectural Engineer from Greece, who is currently undergoing her Master of Research in Architectural Computation in the Bartlett School of Architecture in London. Her research interests focus on computational techniques and new technologies that could enhance the design process. At the time being, she is investigating the optimal performance of roof structures in terms of their adaptability to different environmental conditions.

Efstathia Kostopoulou
Efstathia is an architect, holding an MSc Advanced Architectural Studies UCL. She is also research assistant at UCL.

Professor Glyn Lewis
Glyn is Professor of Psychiatric Epidemiology, Head of Division of Psychiatry, Faculty of Brain Sciences UCL. Prof Glyn aims to carry out and assist research that has practical implications in improving clinical care of people with psychiatric disorders. Being involved deeply in psychiatric care he is deeply interested in means that would help the public understand how deprived mental health facilities are compared to the rest of the healthcare provision.

Dr Naaheed Mukadam, Co-Investigator
Naaheed is a NIHR Doctoral Research Training Fellow at the Division of Psychiatry, Faculty of Brain Sciences UCL. Her research is on dementia and stigma. Through her doctoral research, she is encouraging South Asian people to access help earlier for dementia especially those cases that are related to stigma.

Sarah Pickering
Sarah is a teaching fellow at the Slade School of Fine Art. She researches truth versus verisimilitude through the medium of photography. Her unmanipulated images preserve actions whose causality and construction seems to be part of an alternate, but no lesser, reality.

Eleftheria Savvopoulou
Eleftheria is an architect, holding an MSc on Architectural Project Management, University of Edinburgh. She is involved in the UCL European Commitment on Active and Healthy Ageing (AHA) under the title ‘Inclusive Urban and Rural Communities’.

Ioanna Tsimopoulou
Ioanna is clinical assistant psychologist at Camden and Islington NHS Foundation Trust, holding an MSc in Clinical Psychology.
Project partners

The Bartlett School of Architecture
UCL Division of Psychiatry
Slade School of Fine Art
The Bartlett Real Estate Institute
NOCLOR NHS Research Support
Camden & Islington NHS Foundation Trust
UCL Institute of Advanced Studies
FRINGE Centre
UCL European Commitment on Active and Healthy Ageing (AHA) under the title ‘Inclusive Urban and Rural Communities’
Creative Communities Group (CCGUK)
WONCA working group

‘Social Invisibility of mental health facilities’ event & exhibition opening, Bartlett UCL

9th May 2017, Mental Health Awareness Week

Dr Evangelia Chrysikou
Primary Investigator of the research project, Marie Curie Fellow, The Bartlett School of Architecture UCL

Professor Andrew Edkins
Director of The Bartlett Real Estate Institute, Professor of the Management of Complex Projects, the Bartlett UCL

Dr Ian Scott
Director of UCL Grand Challenges & Cross-Disciplinary Development

Jane Willis
Director of Willis Newson

Lynis Lewis
Service Director R&D, NOCLOR Research Support Service

Juliette Burton
Award-winning performer, writer, presenter and broadcast journalist

The exhibition also showcased the work of social anthropologist Prof Florence Weber and Photographer/Ethnographer Jean-Robert Dantou, ‘Walls Don’t Speak’.