PLANNING AND DESIGN CONSIDERATIONS FOR GENERAL HOSPITAL PSYCHIATRIC UNITS

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ABSTRACT: The authors have responded to the increasing interest in the development of psychiatric units within the general hospital setting by providing a review of major planning and design considerations for such units. Environmental, functional and physical considerations are outlined as well as recommended space allocations.

Mental health services in the United States have undergone dramatic changes during the past two decades. In particular, the institutional setting within which inpatient care is provided has shifted significantly. The task panel reports submitted to the President's Commission on Mental Health in 1978 indicate that the number of annual admissions to state and county mental hospitals decreased by over 25 percent between 1955 and 1975, while admissions to all inpatient facilities (including state and county mental hospitals, private mental hospitals, general hospitals, Veterans Administration hospitals, and federally assisted community mental health centers) increased by almost 40 percent. Annual inpatient admissions to psychiatric services located within general hospitals have swelled by almost 300,000 during this twenty-year period.

These changes come at a time when many general hospitals have experienced less than desirable levels of overall inpatient utilization and/or reduced potential for future increases in medical/surgical, pediatric, and obstetrical utilization. For example, obstetrical utilization in many areas of the country has declined in conjunction with the falling birth rate; pediatric...
hospitalization has in some cases been reduced as a result of improved preventive and expanded office-based care; and medical/surgical utilization has been subject to declining lengths of stay.

Increasing emphasis has been placed on the development of psychiatric inpatient services as a means of both accommodating increasing demand and better utilizing existing facilities. As with the development of many new or expanded services, however, the provision of psychiatric services within a general hospital requires that certain specialized facilities be provided.

Generally, three options exist for the procurement of such facilities: new construction in the form of an addition, renovation of an existing area; or some combination of new construction and renovation. New construction often imposes the least number of physical constraints in the planning and design of a psychiatric unit. However, this approach may not be warranted if the institution's existing physical plant is not fully utilized. Because many of the required features of a psychiatric unit are similar to those provided in other types of inpatient units, potential areas of consideration for renovation are generally limited to vacated or underutilized nursing units. While this may provide an excellent starting point for the planning and design team, there are a number of critical issues that must be considered in order to develop a functional and aesthetically appropriate environment for patients.

**GENERAL CONSIDERATIONS**

At the outset of the planning and design process, it is important to recognize that there is a significant difference in the way psychiatric patients interact with a unit's environment as compared to the majority of medical/surgical patients. For the most part, medical/surgical patients are more confined or often restricted to their rooms. As the medical/surgical patient begins to walk in the hospital unit corridors and other common areas, his or her stay is generally coming to an end. For the most physically mobile psychiatric patient, however, almost every area within the unit may have a significant influence on his or her attitudes, feelings, and progress in treatment. In general, the psychiatric patient's interaction with many elements of the physical environment is more frequent and prolonged.

Additionally, the disturbed patient is often keenly influenced by colors, textures, form, and even spatial arrangements. Indeed, we are sometimes dealing with patients whose awareness of their surroundings has a strong influence on shaping behavior and mood. As a result, the interior design and furnishings within the unit or treatment environment can elicit or reinforce either desirable or undesirable patient behavior. The environment can either negate or reinforce many myths and misconceptions that patients and their families may have about psychiatric care, including the stigma of the "dark pit" or the "sterile back ward."