

The Case for Good Design:

Creating Safe and Therapeutic Mental Health Environments



Welcome, please feel free to introduce yourself in the 'Teams chat'



Natural light
supports mood,
sleep and recovery



Views of nature
reduce stress
and support
healing



Privacy and dignity
create comfort
and choice



Spaces that feel
calm and safe
reduce anxiety
and distress

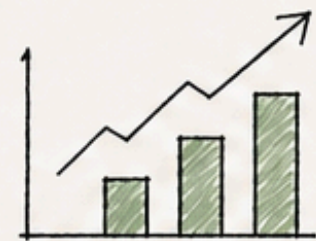


Supports staff
wellbeing,
performance and
retention



The
environment
is not
neutral

Design
with
empathy



BETTER OUTCOMES



SAFER CARE



GREATER WELLBEING

Design for Healthcare Environments Ireland (DHEI)



Design for Healthcare
Environments
CONFERENCE | EXHIBITION | CO-PRODUCTION *Ireland*

Design

Ciaran Cuddihy



What we will discuss today

- How everyday design elements can impact people experiencing mental distress
- The relationship between environment, risk, and restrictive practices
- The challenges of delivering therapeutic care within existing and often constrained settings
- The importance of early collaboration and co-production

Initial Thoughts

We often think of "design" as an aesthetic choice—the colour of a wall or the shape of a chair

But in a mental health setting, design is never neutral and always active

A flickering light isn't just an annoyance, it's a sensory assault

A heavy, locked door isn't just security, it's a symbol of exclusion

The physical environment acts as a "**silent clinician**," either aiding recovery or unintentionally fuelling the very distress we are trying to treat.

Mental Health Commission Ireland

Environments providing mental health services are regarded as having an effect on a service user's sense of well-being
Service users' experience of such spaces can have a highly emotional dimension, which is suggestive that environment design of mental health facilities should be investigated as a potential means to influence therapeutic efficacy

MHC 2019

General Evidence on Design

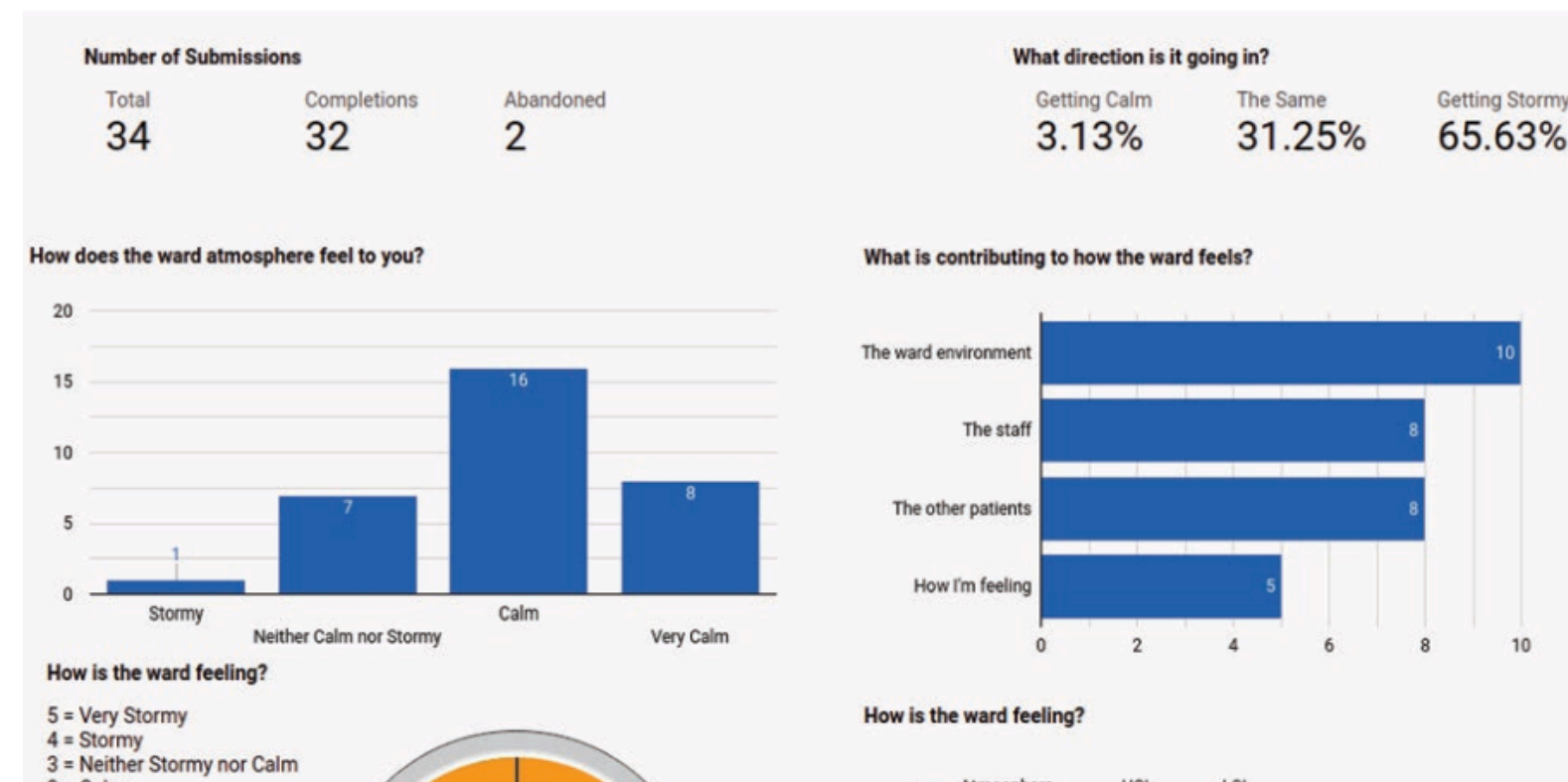
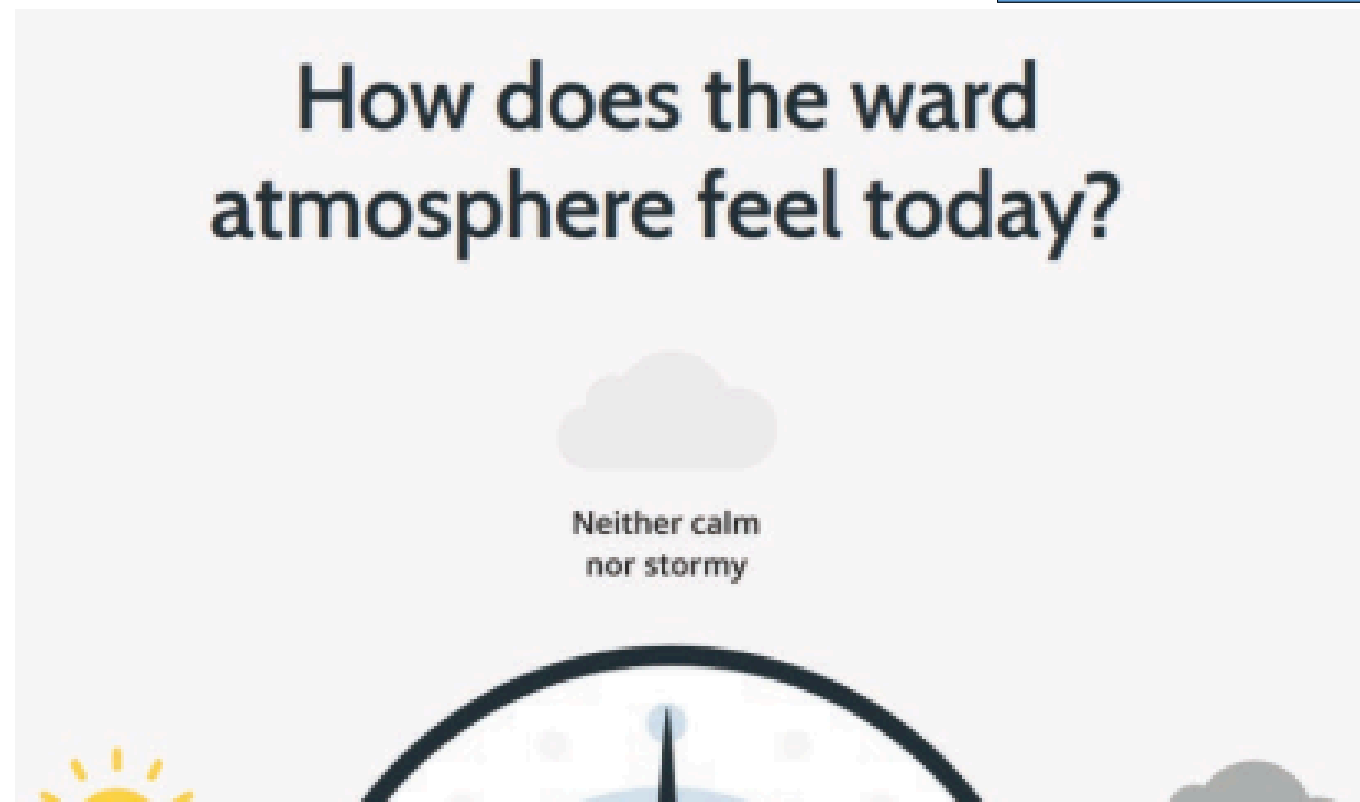
1. Homely and comfortable space that is healthy, safe and enabling
2. Individual service user bedrooms with controllable features, lockable doors and possibilities for personalization
3. A range of different and flexible communal spaces with sociopetal furniture arrangement (designed to bring people together) and which promote activity and opportunities for service users, staff and visitors to interact
4. Access to open space with facilities to support activities along with views of nature from within the ward
5. High quality ambient features including lighting (natural and artificial), good acoustic design, air quality and temperature
6. Open nursing stations
7. Sensory distraction including music and artwork and interior design features such as colour and decorations
8. Spiritual and contemplative spaces

Brown, S.D., Reavey, P. & Gardner, B. (2025) Design with People in Mind: The Key Evidence. Design in Mental Health Network, UK.

Why the need for good design

- Creates a better Atmosphere
- According to the World Health Organization, the single most important factor in the efficacy of treatment on an inpatient facility is the intangible, holistic element described as its atmosphere or "ward climate"

Dr John Baker The Ward Sonar



Reducing Restrictive Practices and Design



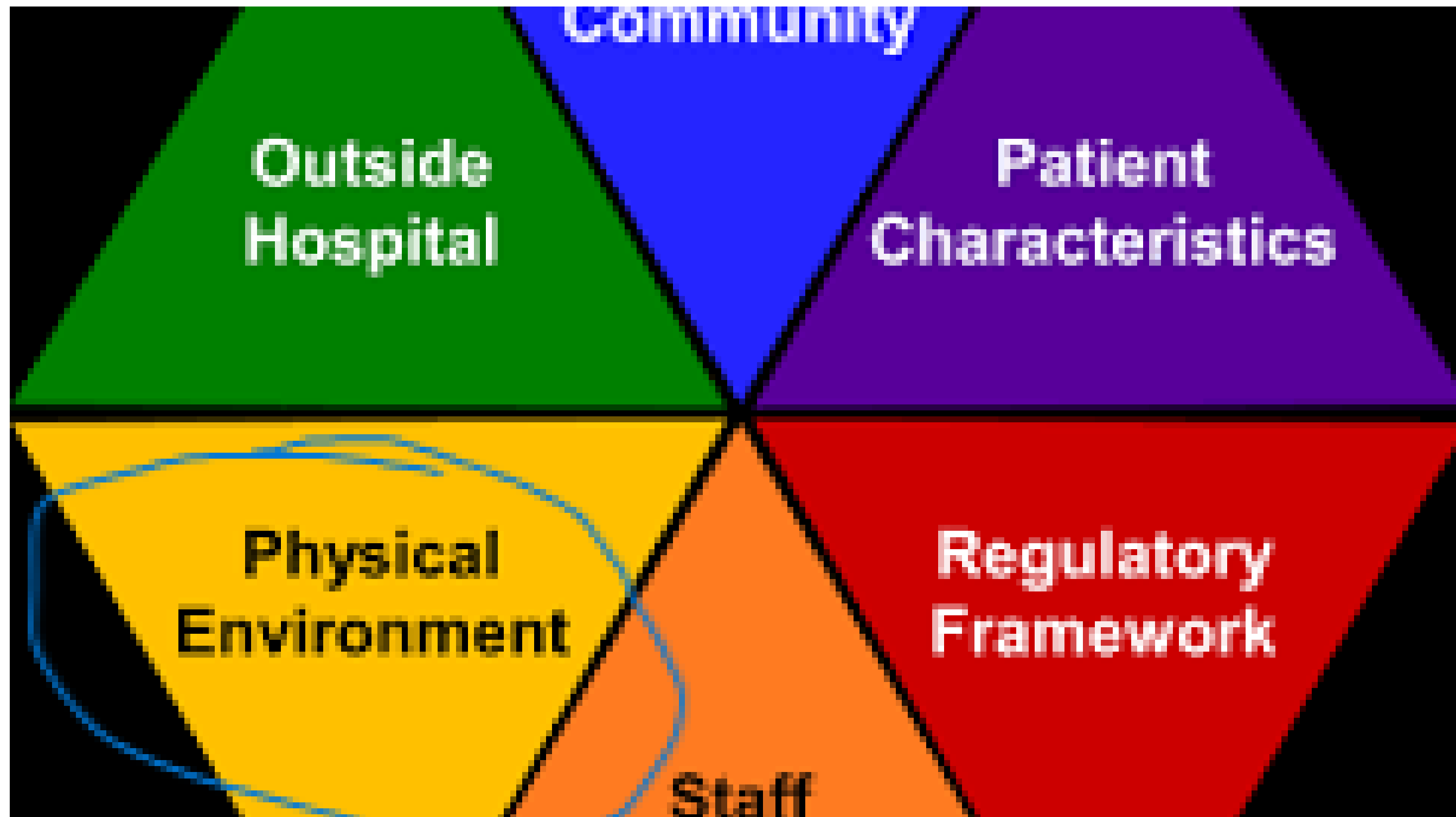
Six Core Strategies

Restraint Reduction (Riahi et al 2016)

1. Organizational and Leadership Commitment
2. Workforce Development
3. Use of Restraint Reduction Tools
4. Consumer and Family Involvement:
5. Data and Quality Improvement:
6. **Environmental Changes:** The physical environment of the unit can be modified to be more therapeutic and less institutional. This might include open spaces, natural light, and comfortable furnishings.

Safewards Model:

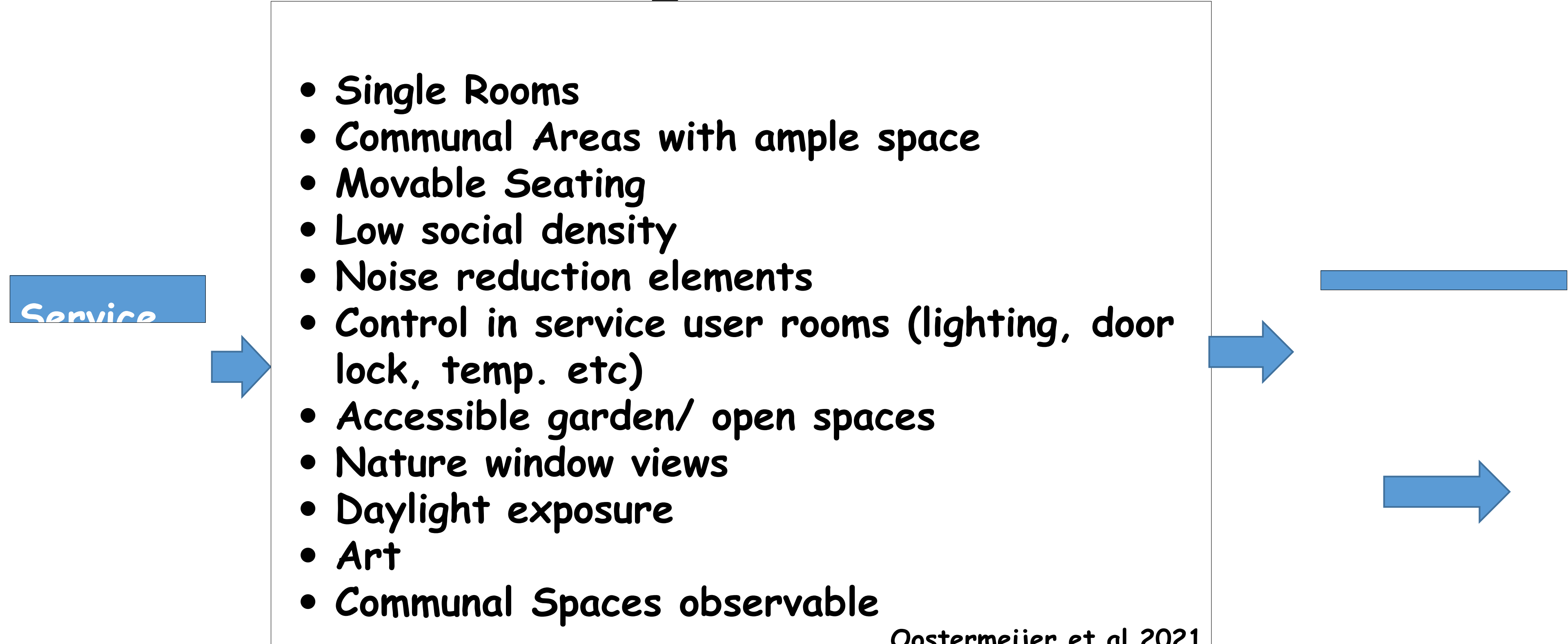
6 Domains (Bowers et al 2013)

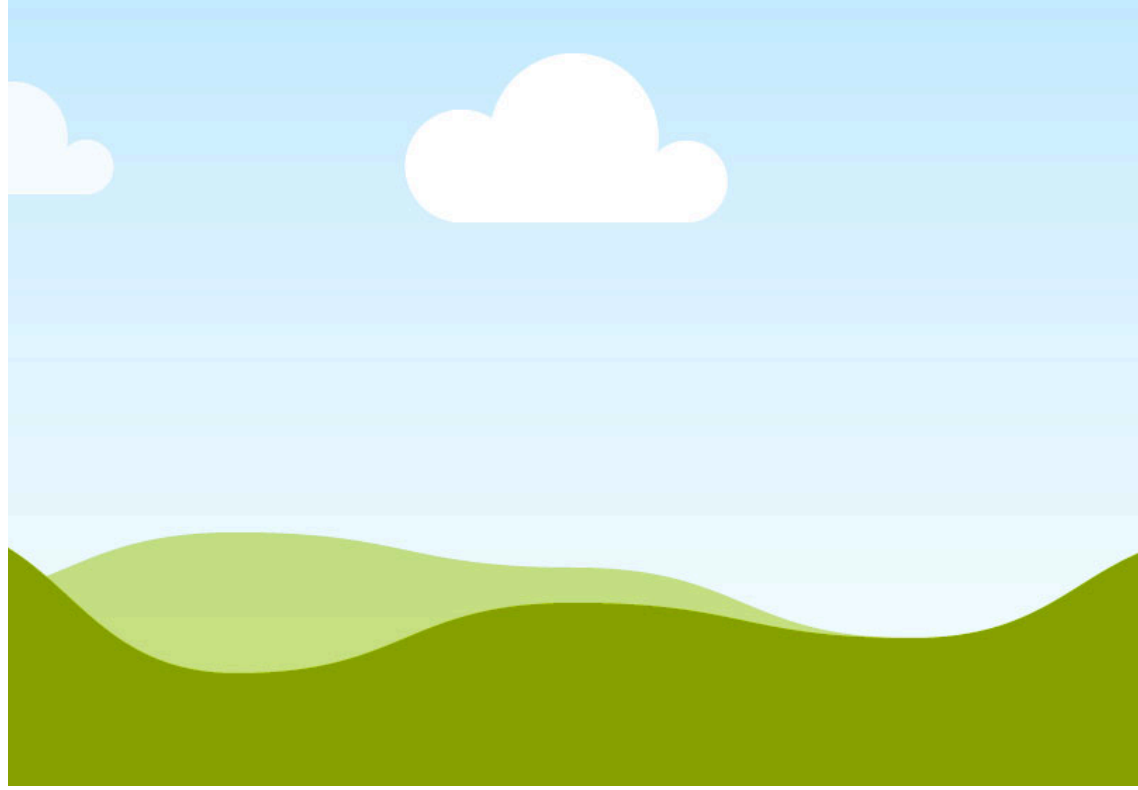


Mental



What Good Design can achieve

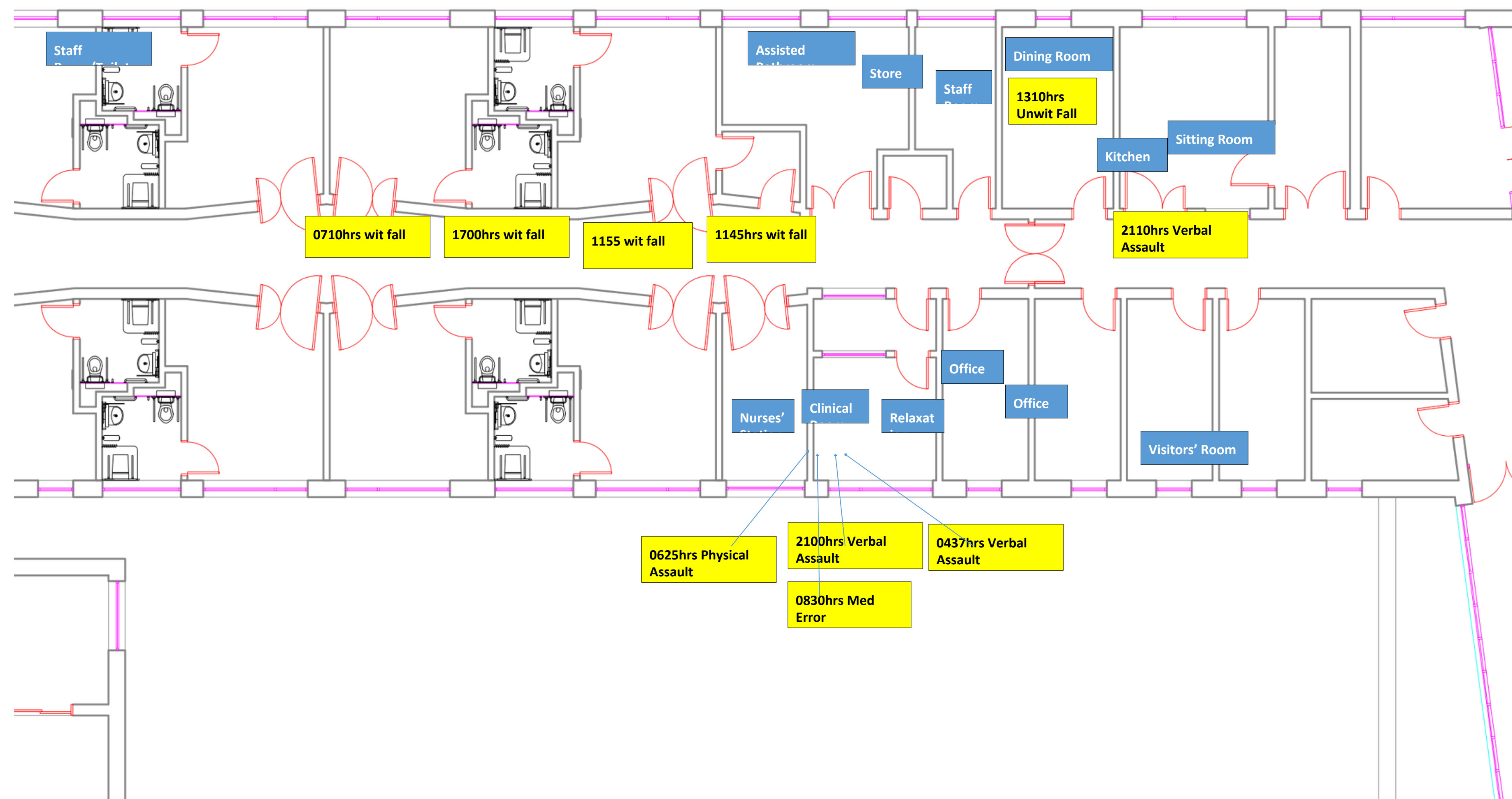
- 
- The diagram illustrates a process flow. On the left, a blue box labeled 'Service' has an arrow pointing to a large white box containing a list of design elements. From the right side of this box, an arrow points to a horizontal blue bar. Below the bar, another arrow points to the right.
- Single Rooms
 - Communal Areas with ample space
 - Movable Seating
 - Low social density
 - Noise reduction elements
 - Control in service user rooms (lighting, door lock, temp. etc)
 - Accessible garden/ open spaces
 - Nature window views
 - Daylight exposure
 - Art
 - Communal Spaces observable





Design, Data and

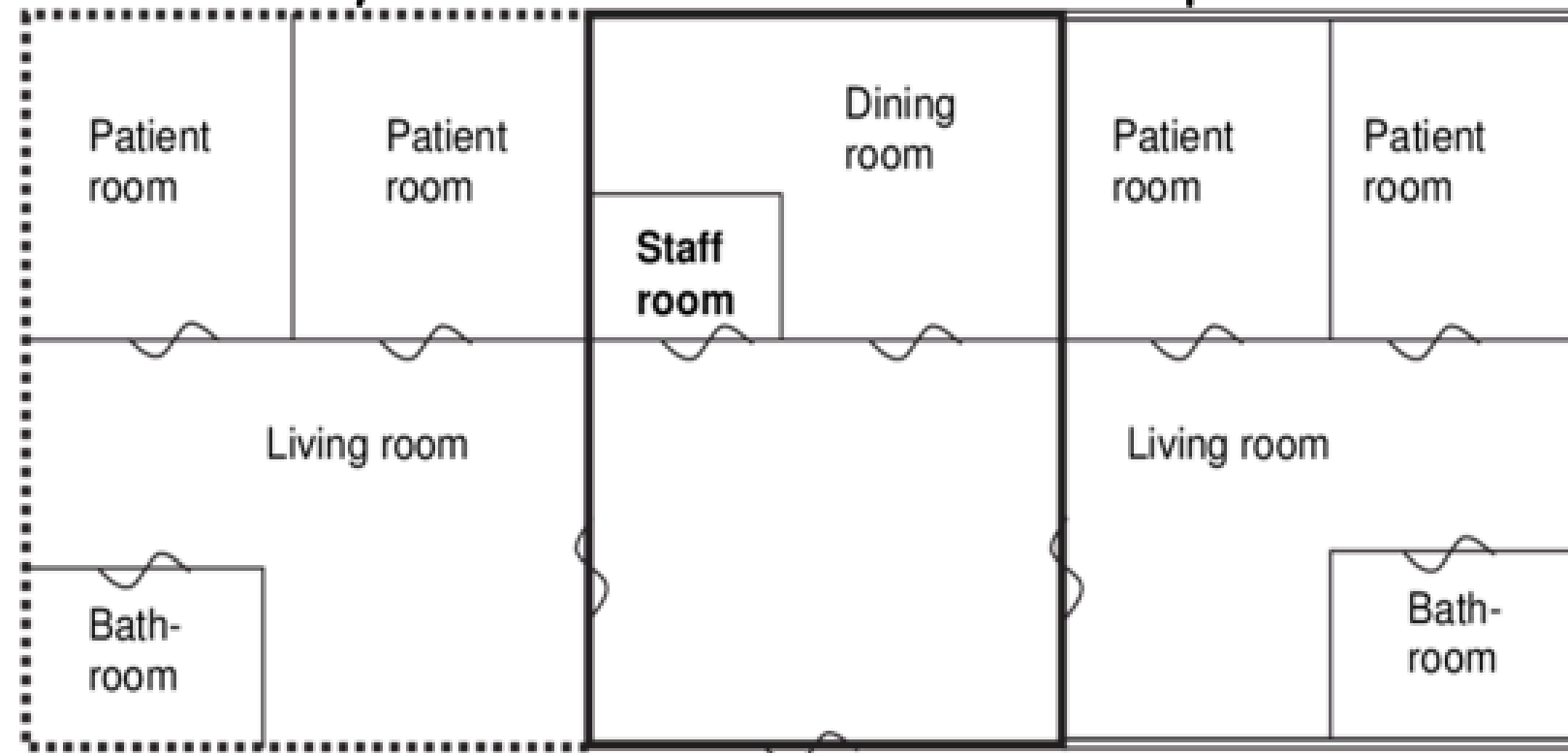
Inpatient unit plan



A Note on Technology



Problem:
Psychiatric Ward-Lack of Space



Immersion in Nature
Promotes engagement
Enhances Positive Emotions
Reduces Anxiety and Depressive Symptoms



Aesthetics (Clean and Tidy)

- Good maintenance of our environments is paramount
"If they can't fix that, how are they going to fix me"
- We'd encourage spot checks, walk rounds, maintenance inspections etc etc
- "The Broken Window"-ensuring a zero tolerance on damage



What's in a name

Names of Mental Health Units

- The Psychiatry Department
- Acute Mental Health Unit
- St. Somebody or Others
- The Centre for Mental Health Treatment

Good Examples

- Elmhurst
 - Forest Green
 - Elm Green
 - Sea View
- Many others you will all have seen

The names of our services can be a very important part of a service users' experience
They are worth I believe considering in

Thanks for listening

Design for Healthcare Environments Ireland (DHEI)



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Environments
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Changing rooms -

Refresh, renew and repurpose for Mental Health settings



Andrew Arnold
Director at Gilling Dod Architects
&
Trustee Board Member DiMHN

Context



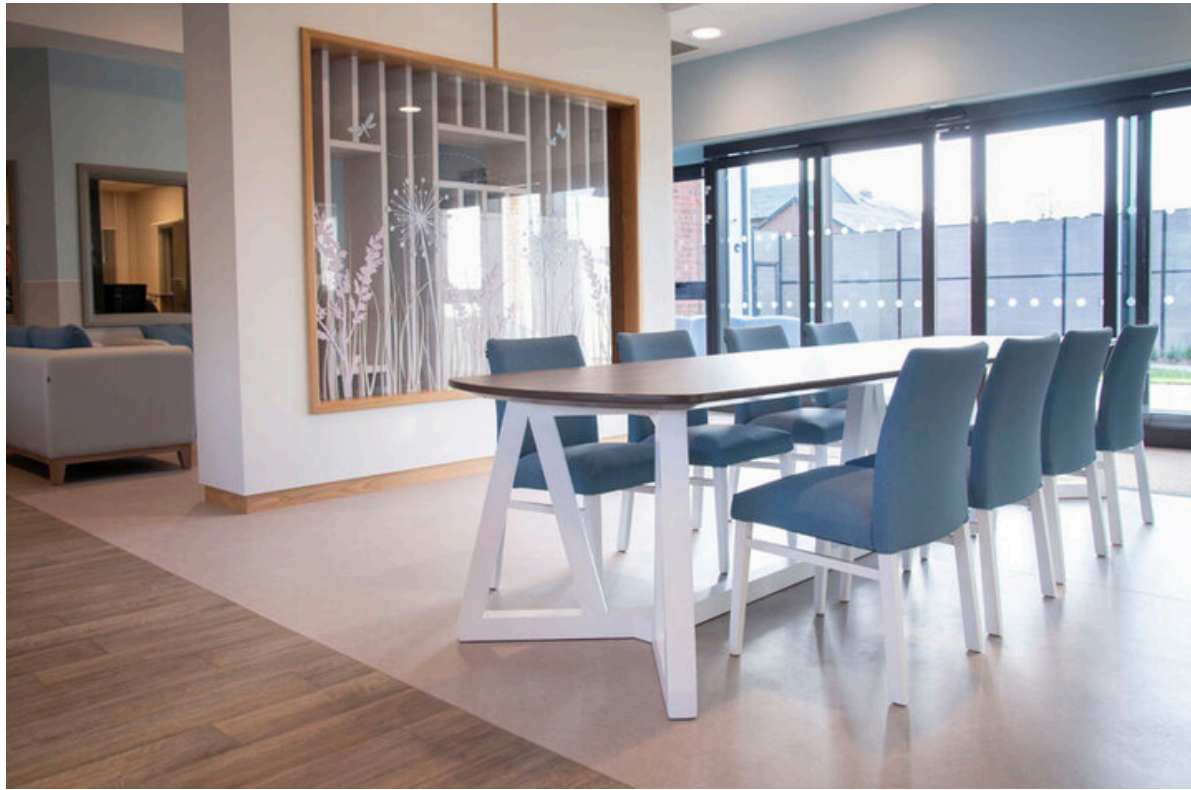
The dream...



The reality...



But the unique characteristics of refurb can drive design innov



Key drivers for refurbishment over new build...

- Not always about budget!
- Clinical interdependencies/pathway des
- Land availability
- Timescales/delivery pressures
- Planning context
- Historical and Social connections
- Estates management and strategy
- Capacity and necessity
- Political



Location, location, location...

Key issues/challenges...

- Site/Building constraints and opportunities
- History, legacy and social connections
- Derogations and compliance
- Risk and acuity
- Operational drivers/whole pathway design
- Revenue vs capital investment/ Business Case approval
- Lifespan, robustness and sustainability
- Buildability and interface (Fire/Thermal/acoustics etc)



Pathways

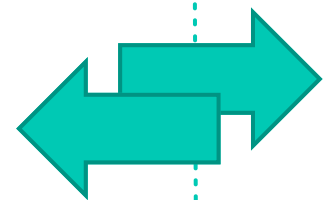
Mental Health Specialisms

High Secure

Med Secure

Low Secure

Secure / Forensic Services



Community Services



Clinical drivers/Person Centred design

Over-Stimulus

Accessibility / Mobility

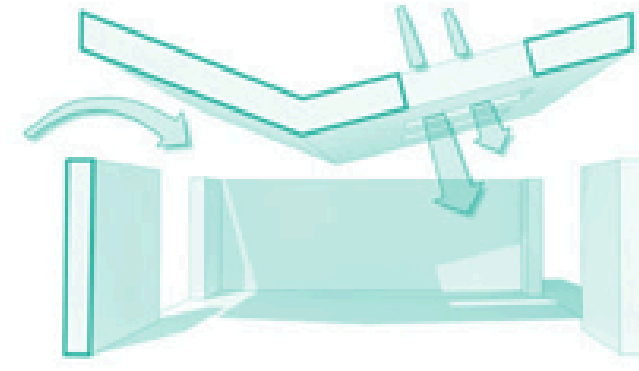
Empowerment

Communication

Challenging Behaviour



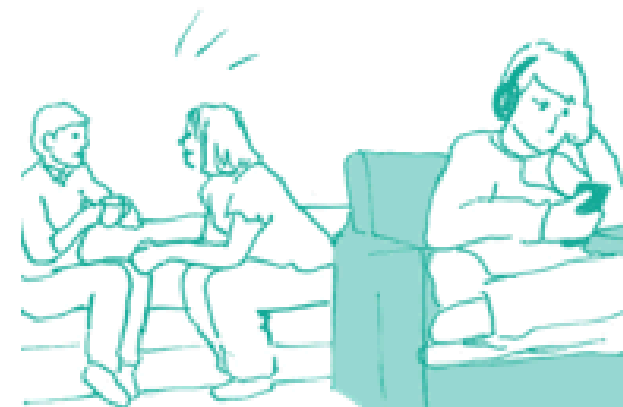
Avoid overuse of colour and texture



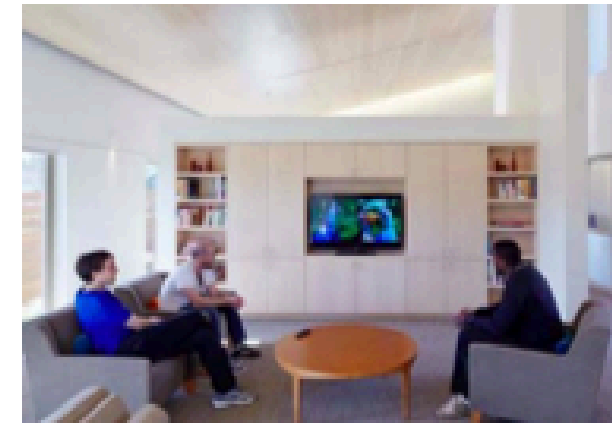
Consider indirect, dispersed lighting



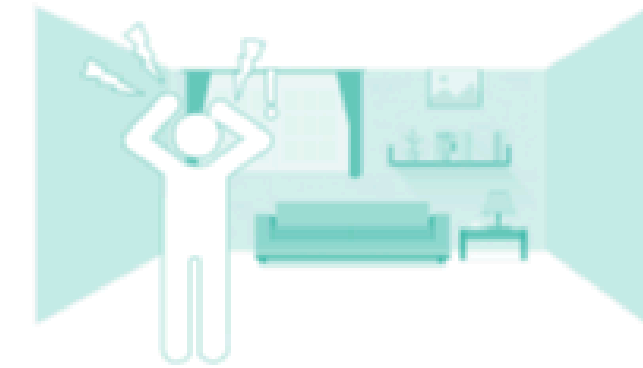
Visual clutter can be distracting and overstimulating



Avoid acoustic reverberation



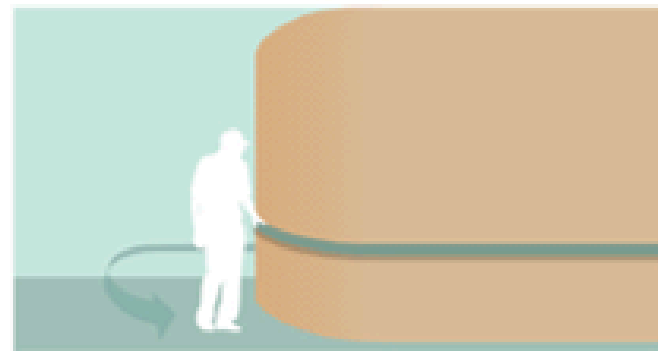
Simple internal spaces, limited colour palette



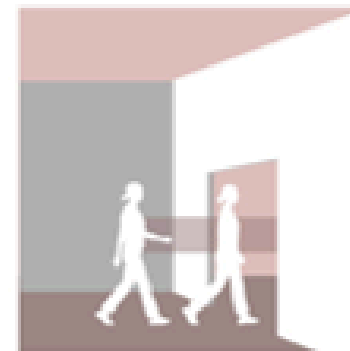
Confusing environments can trigger challenging behaviours



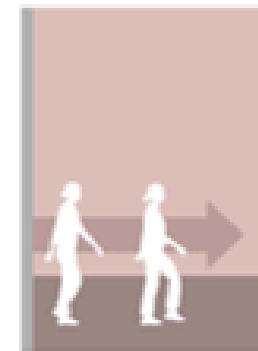
ACOUSTICS



SAFETY



TRANSITION SPACES

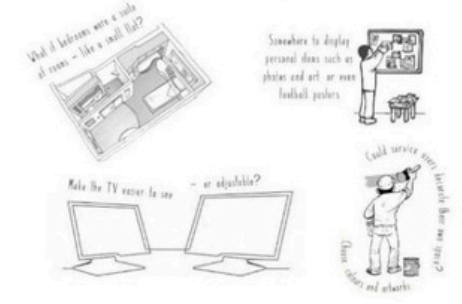
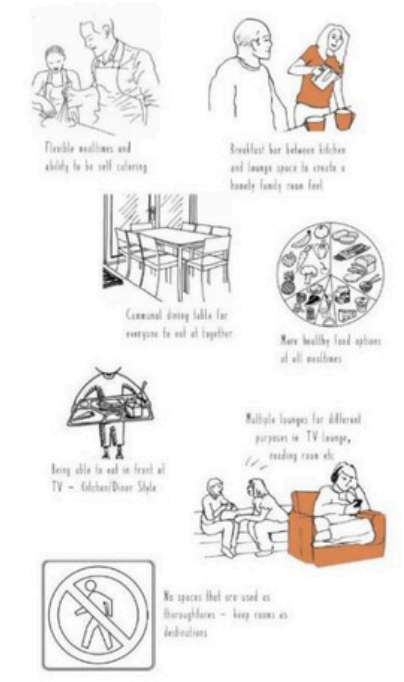
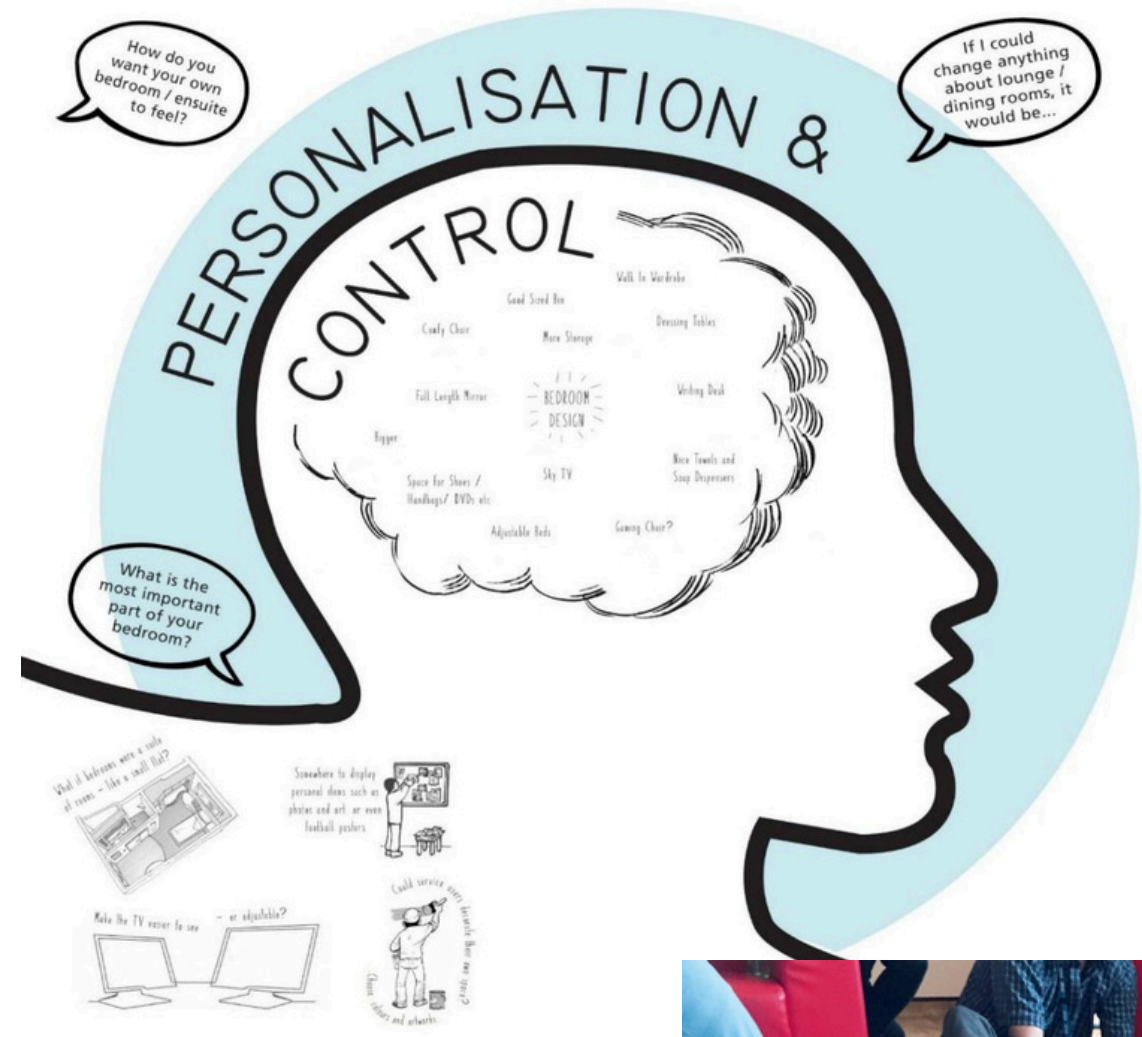
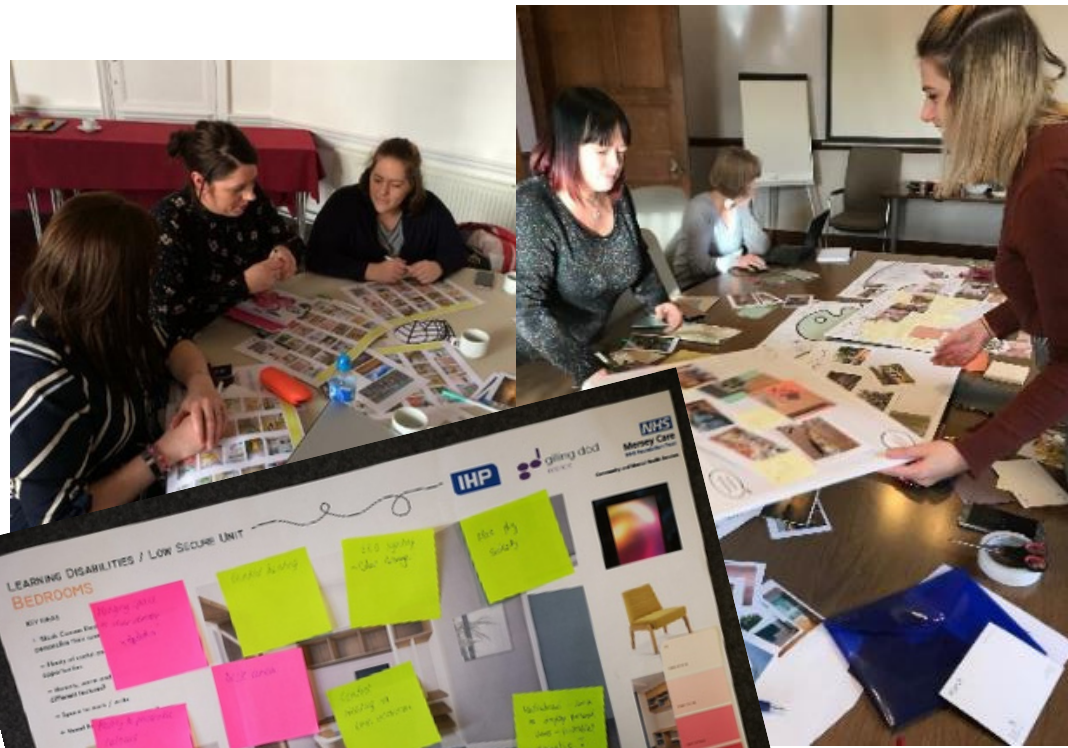


ESCAPE



SENSORY ZONING

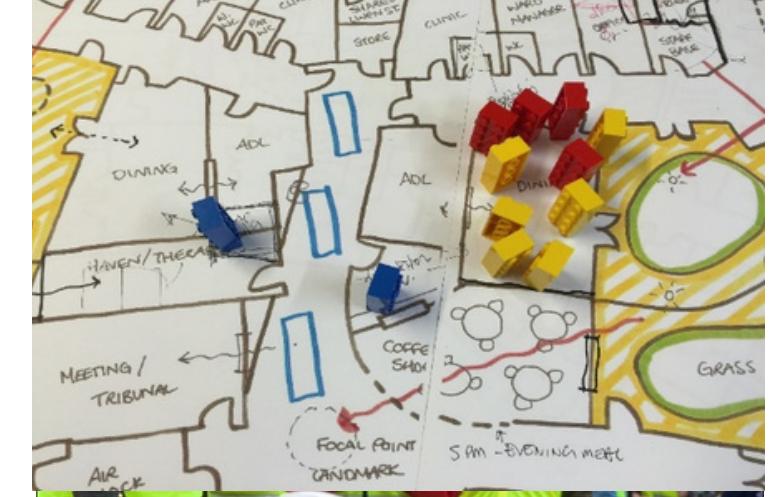
Co-production – Stakeholder outreach/Service User Voice/EBI



What would give you most comfort / enjoyment in a space?

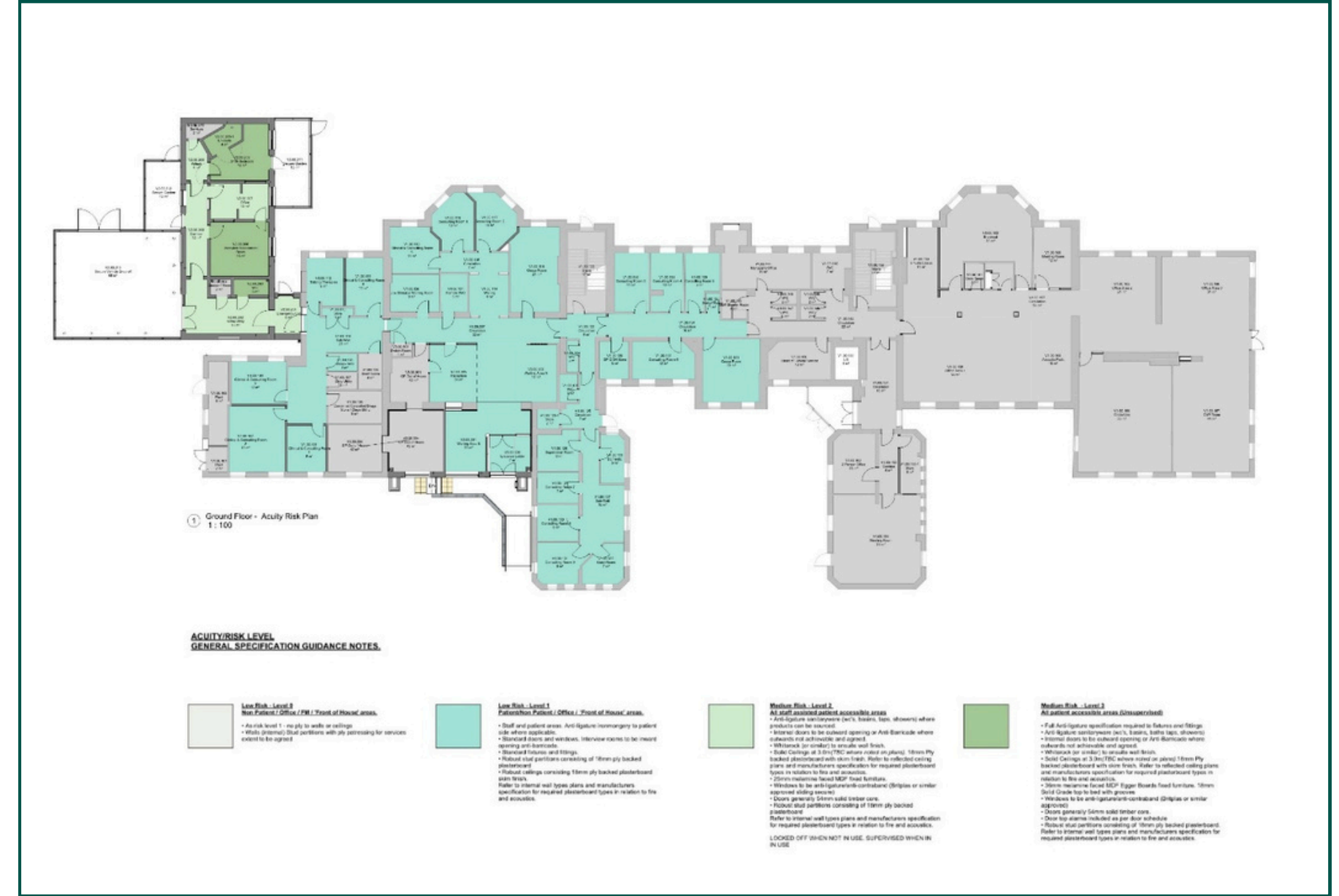


Ancora House is the shared vision of Cheshire and Wirral Partnership NHS Foundation Trust and the young people in their care.



Risk

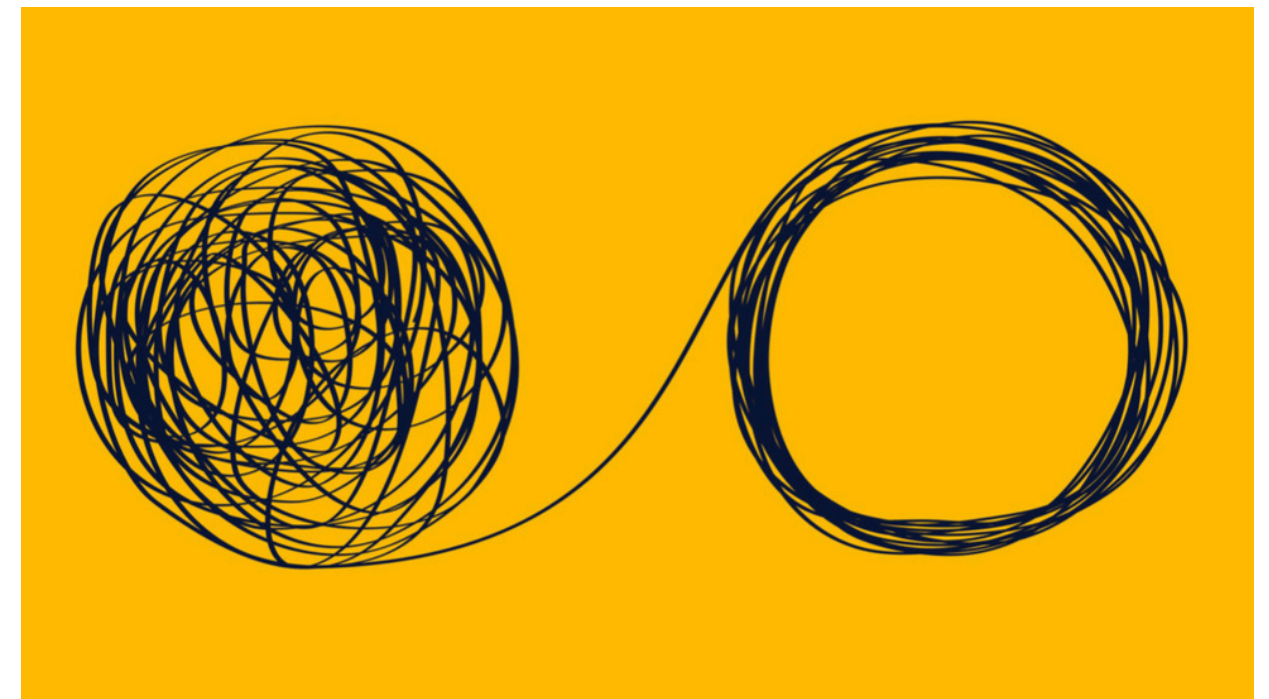
New build Refurb



Environment limitations, mitigation and operational resilience...

Critical success factors...

- Constraints and opportunities identification key (Pass Go point)
- A shared vision, committed team and informed brief
- Co-production and focussed outcomes
- Clear approach to Risk and derogations
- Quality of Survey information
- Governance - Continuity, honesty and trust
- Evidenced based solutions/innovation
- Appropriate cost plan, sensible programme
- Proactive and committed Contractor



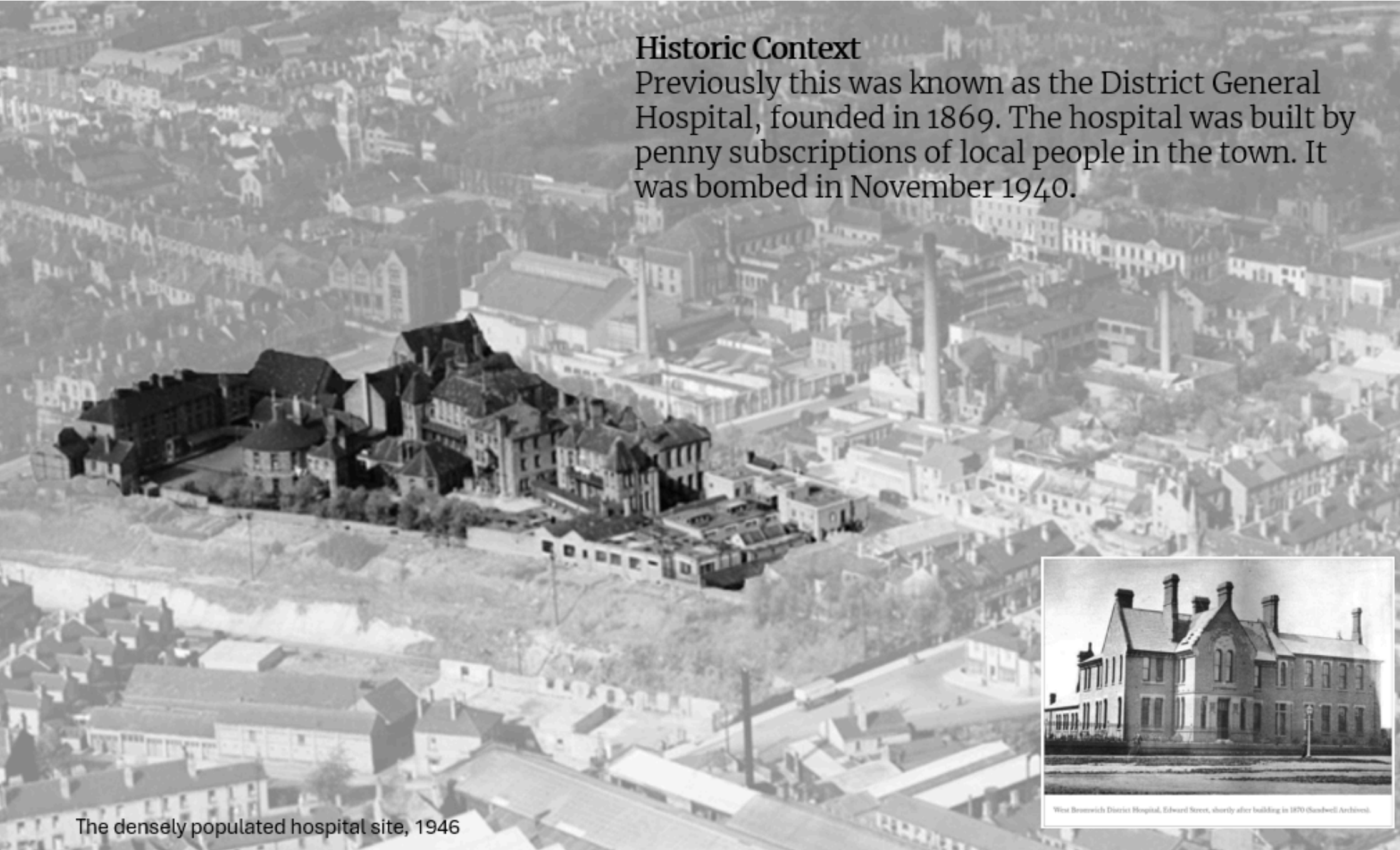
The art of the possible....

Project stories

Edward Street Hospital, West Bromwich

Historic Context

Previously this was known as the District General Hospital, founded in 1869. The hospital was built by penny subscriptions of local people in the town. It was bombed in November 1940.



The densely populated hospital site, 1946



West Bromwich District Hospital, Edward Street, shortly after building in 1870 (Sandwell Archives)

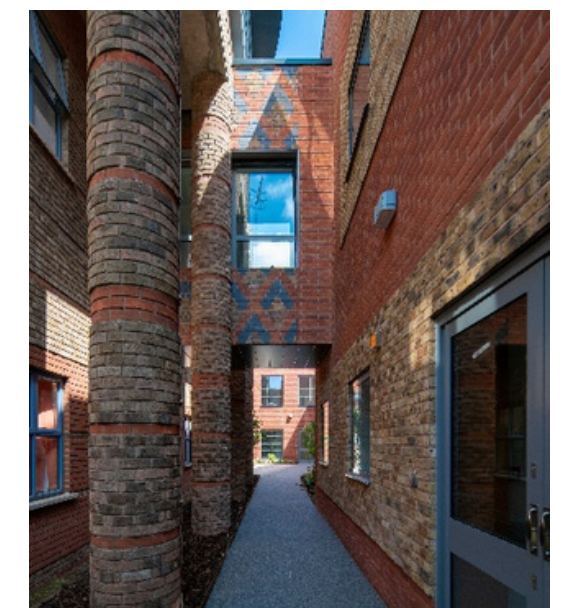


Lighthouse Project/Edward Street Hospital, West Bromwich



Lighthouse Project (Community Dementia Hub), ESH 2014

Lighthouse Project/Edward Street Hospital, West Bromwich

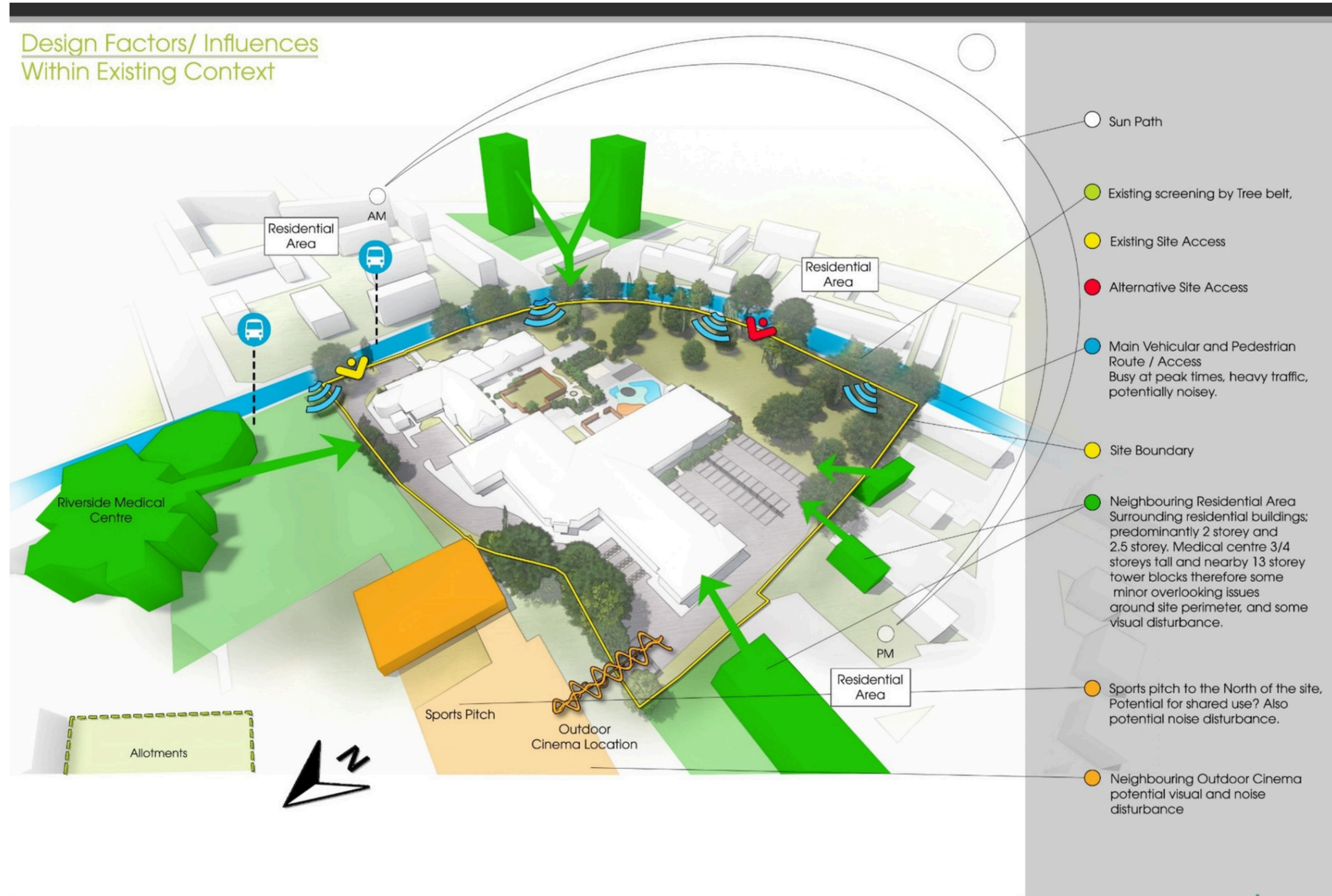


Multi-Storey Older persons inpatient wards extension. 20

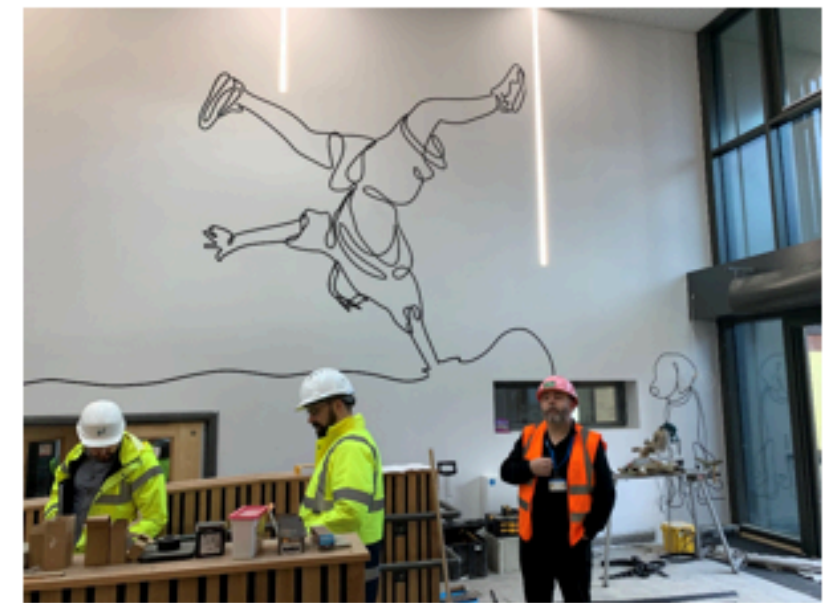
Inspire CAMHS, Hull



Design Factors/ Influences Within Existing Context

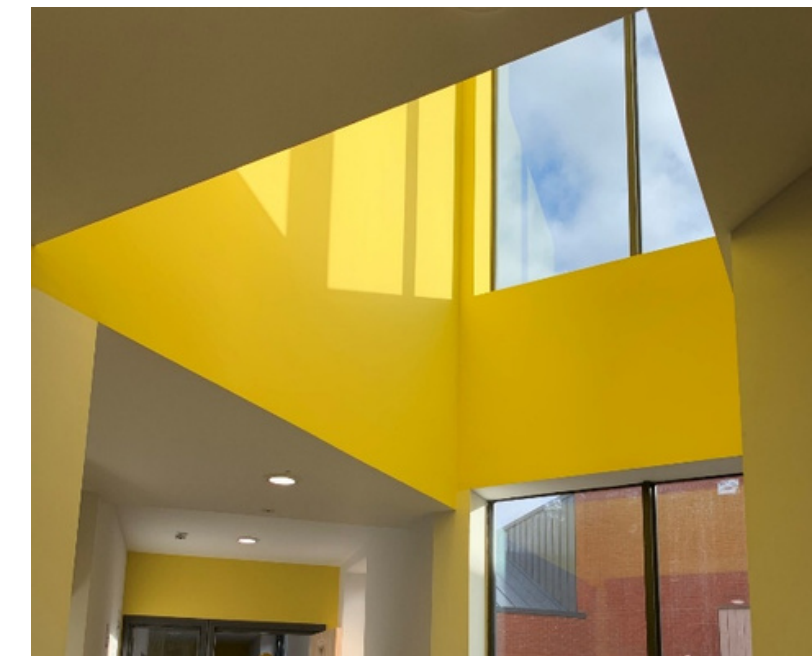


Inspire CAMHS, Hull



Inspire CAMHS, H

Humber Inspire CAMHS Inpatient Service Team



Inspire CAMHS, Hull

Part of the Trust's approach was for the Service Users to make their mark on the new facility. Own it. Through Charitable donations, funds were raised to implement a follow-on project that involved the re-imagining of a disused shipping Container into a garden room/concert venue/outdoor cinema / snug etc. Located in one of the therapy garden's, the design was evolved by GDA from initial Service user ideas and the Project is hopefully getting underway later this year.....

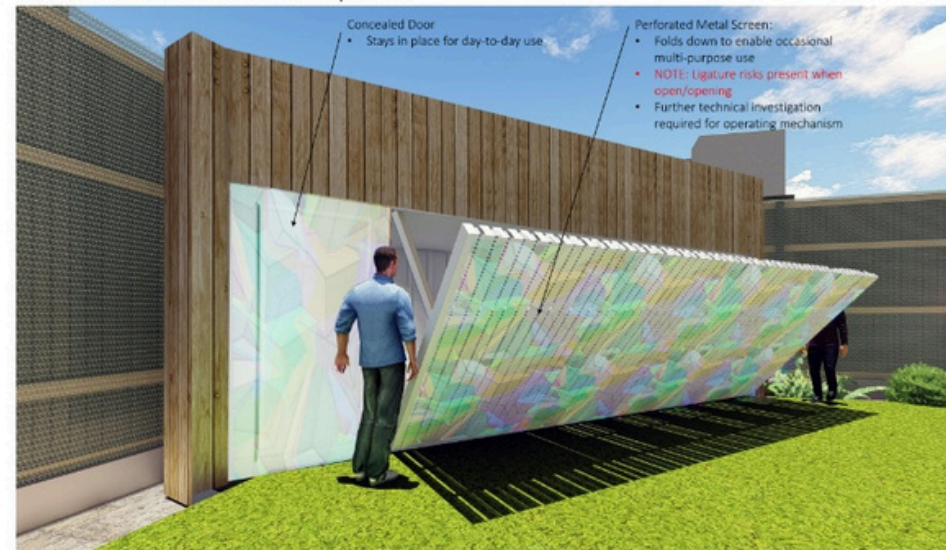


Concealed Door – Enables artwork to read as a single piece

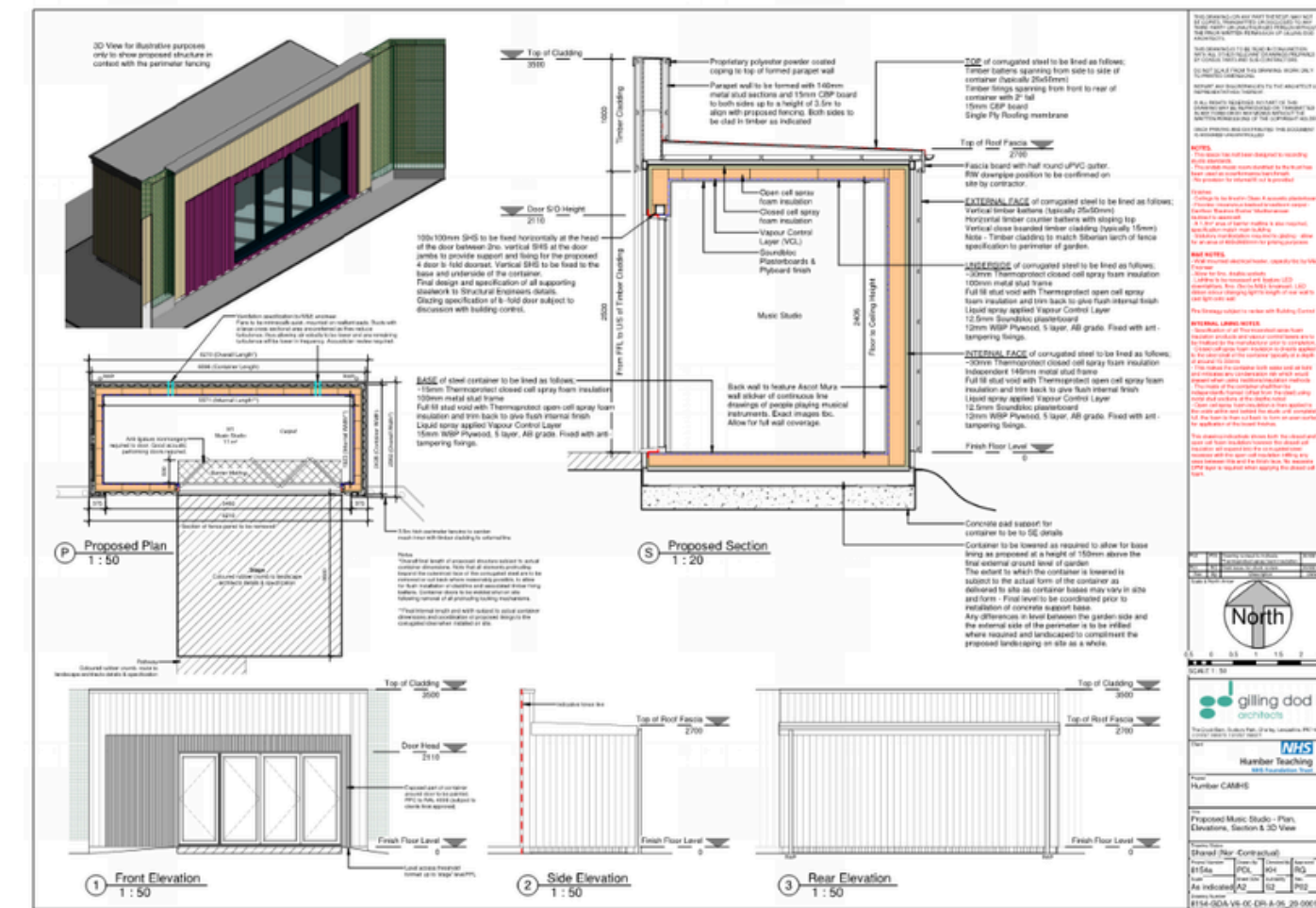
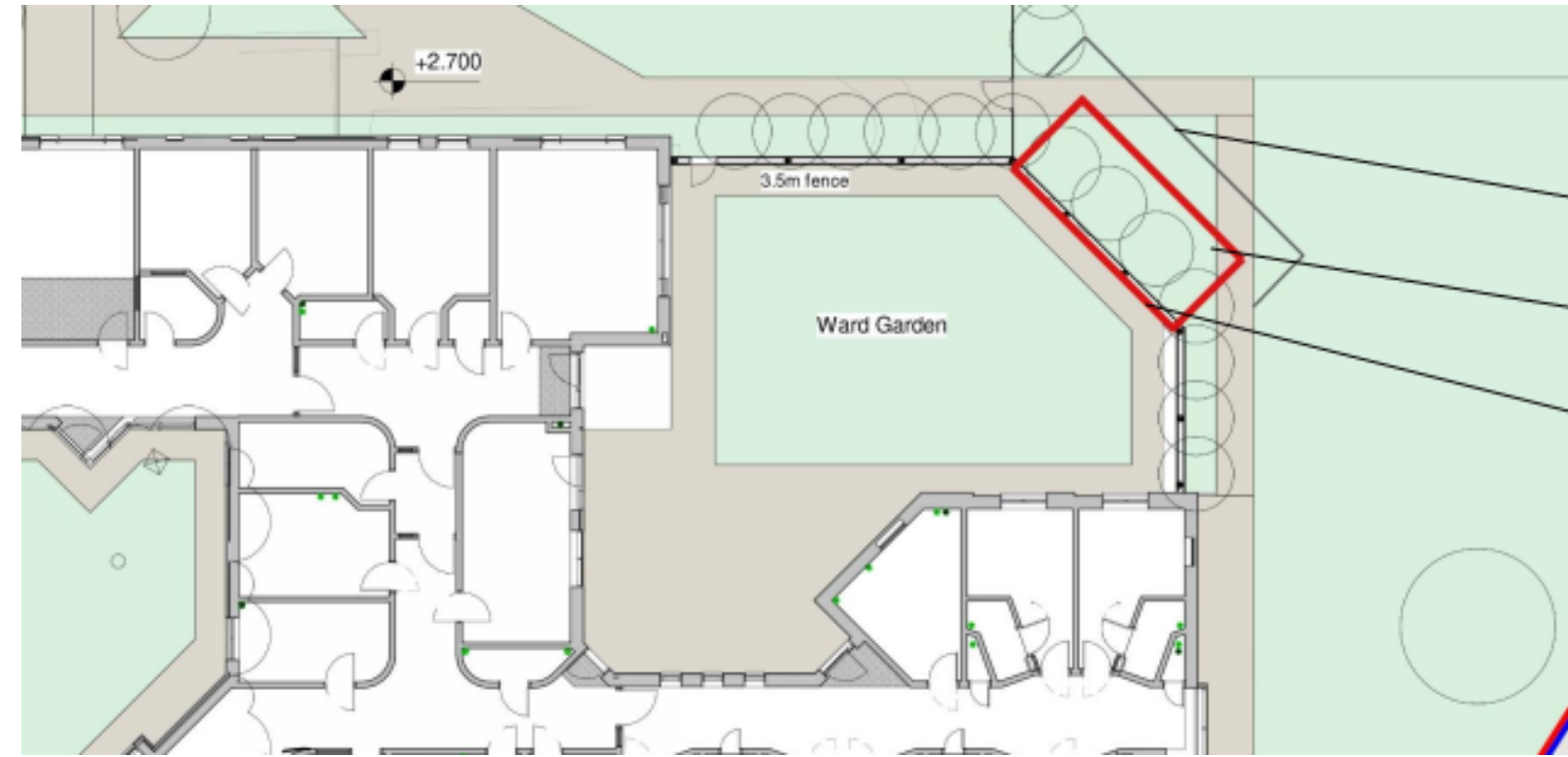


Music Studio

Fold-Down Screen Enables a Multi-Purpose Use



- Concealed Door
 - Stays in place for day-to-day use
- Perforated Metal Screen:
 - Folds down to enable occasional multi-purpose use
 - NOTE: Legature risks present when open/closing
 - Further technical investigation required for operating mechanism



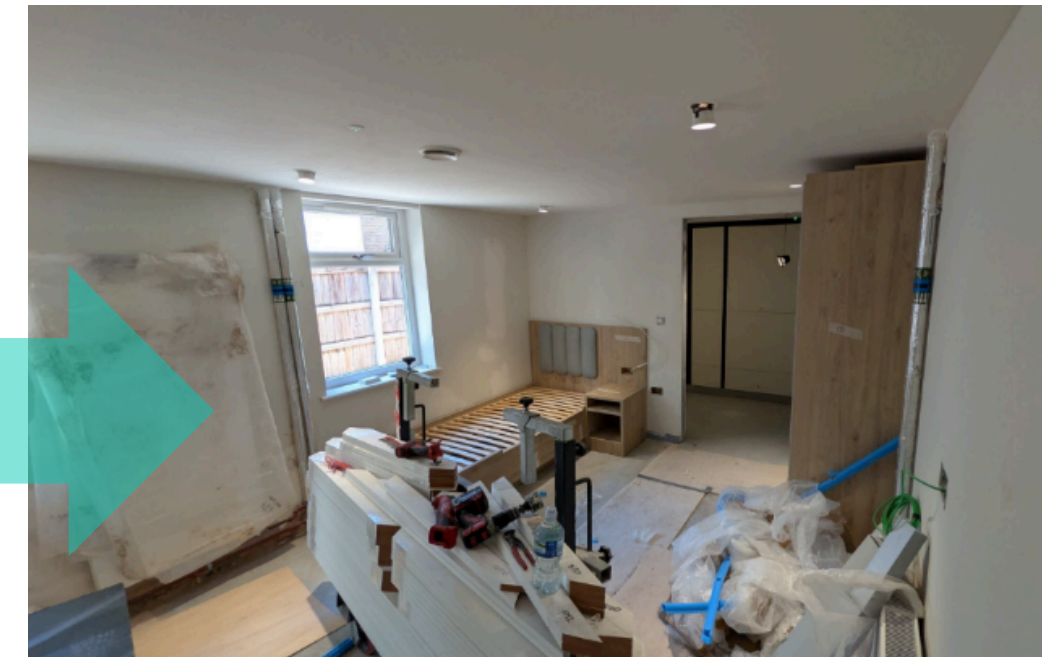
'Container project'



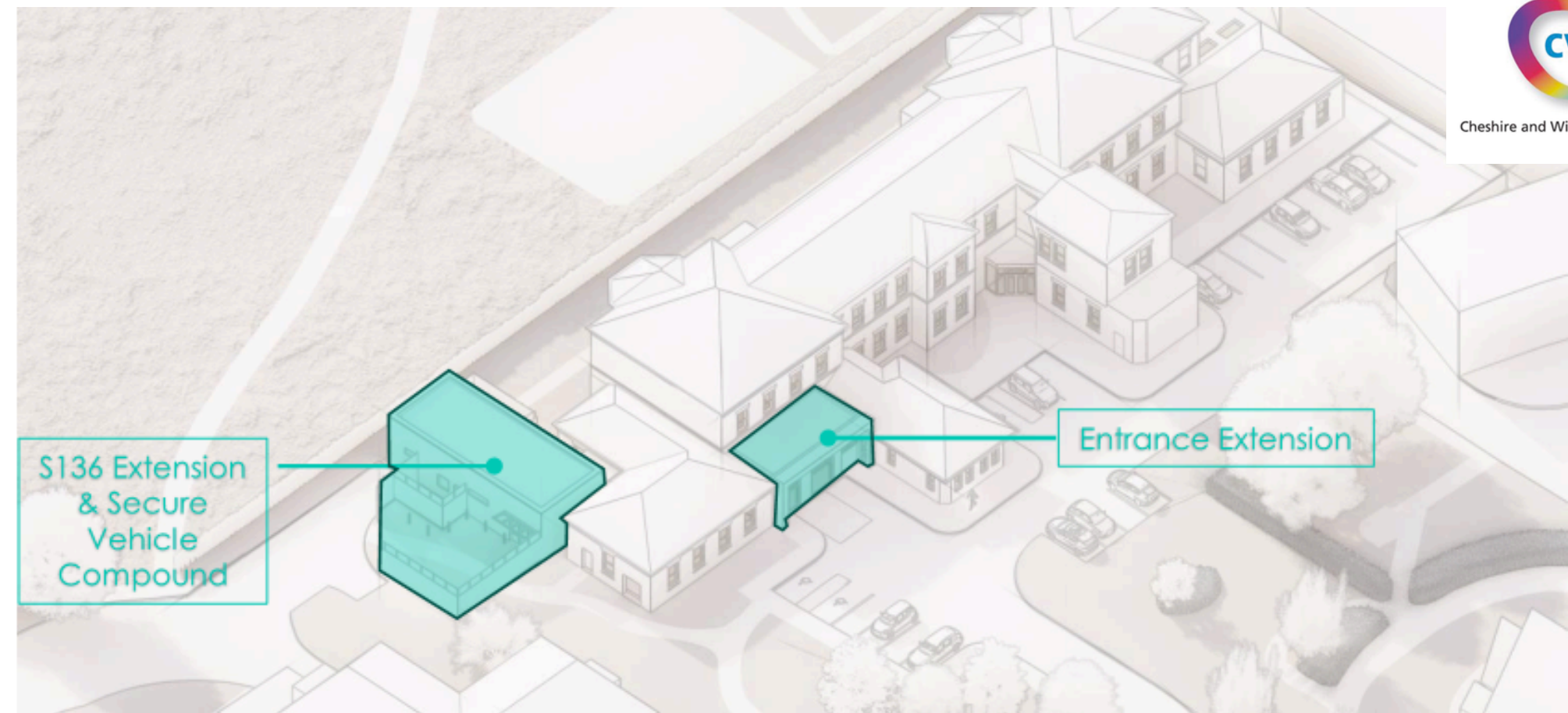
Crompton Street Crisis Café, Wigan



Park House / Wentworth House – Step down accommodation



Mental Health EDs/Crisis Assessment Centre



Urgent Response Centre (URC), Countess of Chester Hospital




Seren Lodge Mother and Baby Unit, Chester



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust

A new specialist Mother and Baby Unit (MBU) opening for Cheshire, Merseyside and North Wales

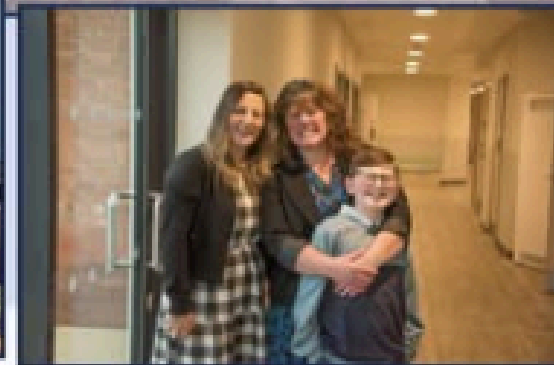
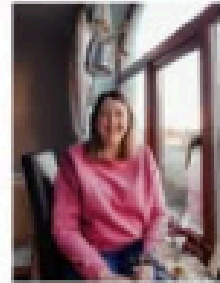


Maternal Mental Health Alliance



From lived experience to reality:
Chester Mother & Baby Unit opens!

NIA'S STORY
"I'm campaigning for an MBU for North Wales so other new mums and their families can access essential support both closer to home and in their first language"



#KeepMumsAndBabiesTogether

Postpartum psychosis (PP) is a rare, severe, and sudden-onset mental illness occurring in 1 in 500–1000 births, usually within the first two weeks. Symptoms include hallucinations, delusions, high mania, severe depression, and rapid mood swings. It is a **medical emergency** needing immediate treatment, often requiring hospital care

Helix

Cheshire and Merseyside
Perinatal Mental Health
Lead Provider Collaborative



The site



Existing building



Room Schedule			
Name	Department	Area	Count

Access. WC	Clinical	5 m ²	1
Activity	Clinical	16 m ²	1
ADL Kitchen	Clinical	12 m ²	1
ADL Laundry	Clinical	7 m ²	1
Baby Bath	Ablutions	7 m ²	1
Bath	Ablutions	10 m ²	1
Bedroom 1	Bedroom Cluster/ Pods	17 m ²	1
Bedroom 2	Bedroom Cluster/ Pods	16 m ²	1
Bedroom 3	Bedroom Cluster/ Pods	15 m ²	1
Bedroom 4	Bedroom Cluster/ Pods	16 m ²	1
Bedroom 5	Bedroom Cluster/ Pods	15 m ²	1
Bedroom 6 (Accessible)	Bedroom Cluster/ Pods	16 m ²	1
Bedroom 7 (Accessible / Twin)	Bedroom Cluster/ Pods	19 m ²	1
Bedroom 8	Bedroom Cluster/ Pods	19 m ²	1
Buggy Park	Support	8 m ²	1
Circulation	Circulation / Waiting area	207 m ²	6
Cleaners Store	Support	7 m ²	1
Clinical Treatment / Phys Exam	Clinical	14 m ²	1
Consultants Office	Office Accomodation	10 m ²	1
Data Room	Support	6 m ²	1
Dirty Utility	Support	10 m ²	1
Dispensary	Clinical	9 m ²	1
Duct	Bedroom Cluster/ Pods	3 m ²	2
E-S	Bedroom Cluster/ Pods	37 m ²	8
Elec	Support	0 m ²	1
Equipment Store	Support	10 m ²	1
Family Visit	Family Visit Flat	19 m ²	1
FM ST	Support	5 m ²	2
Interview	Entrance Zone	12 m ²	1
Linen	Support	2 m ²	1
Lobby	Circulation / Waiting area	21 m ²	2
Lobby Area	Circulation / Waiting area	26 m ²	3
Lounge	Communal / Shared Space	25 m ²	1
Lounge / Dining	Communal / Shared Space	45 m ²	1
MDT / Multi-Purpose	Office Accomodation	19 m ²	1
Milk Kitchen	Clinical	6 m ²	1
Nappy Ch / Acc. WC	Ablutions	7 m ²	1
Nursery	Communal / Shared Space	24 m ²	1

Room Schedule			
Name	Department	Area	Count

Office 5 desks	Office Accomodation	26 m ²	1
Plant Room	Support	18 m ²	1
Quiet Room / Talking Therapy	Communal / Shared Space	13 m ²	1
Reception	Entrance Zone	12 m ²	1
Regen Kitchen	Support	12 m ²	1
Sensory	Clinical	12 m ²	1
Shower Room	Family Visit Flat	5 m ²	1
Small Office	Office Accomodation	13 m ²	1
Staff Base	Communal / Shared Space	19 m ²	1
Staff Rest	Office Accomodation	16 m ²	1
Store	Support	11 m ²	2
Switch Board Room	Support	3 m ²	1
Visit Room	Family Visit Flat	16 m ²	1
Wait	Entrance Zone	6 m ²	1
Ward Manager	Office Accomodation	13 m ²	1
WC	Family Visit Flat	3 m ²	1
Grand total		921 m²	

Rev	By	Description	Date
P12	EP	Updated For Stakeholder Group Meeting	27/03/23
P11	EP	Revised following Robbierne Visit Feedback	02/03/23
P10	EP	Updated following Stakeholder meeting	27/02/23
P09	EP	Model Updated to suit Survey	20/02/23
P08	SK	General Update	06/02/23
P07	EP	Schedule Added to Drawing	16/12/22
P06	EP	Updated following User Group meeting	07/12/22
P05	EP	Revised for stakeholder Group meeting 3	06/12/22
P04	IF	Revised Plan as per Client's comments.	30/11/22
P03	IF	Revised Plan	15/11/22
P02	EP	Revised for Stakeholder Group meetings	07/11/22
P01	EP	Final Issue	02/11/22



Client Name:
Cheshire and Wirral Partnership NHS Foundation Trust

Site Name:
Countess of Chester

Project Name:
Cheshire and Wirral Partnership Mother and Baby Unit

Drawing Title:
Proposed Ground Floor Plan MBU





The build







We've been Shortlisted!



Join us at www.designinmentalhealth.com

Experts by Experience/ Co-production

Co-production ASD/Neurodiverse Bedroom initia



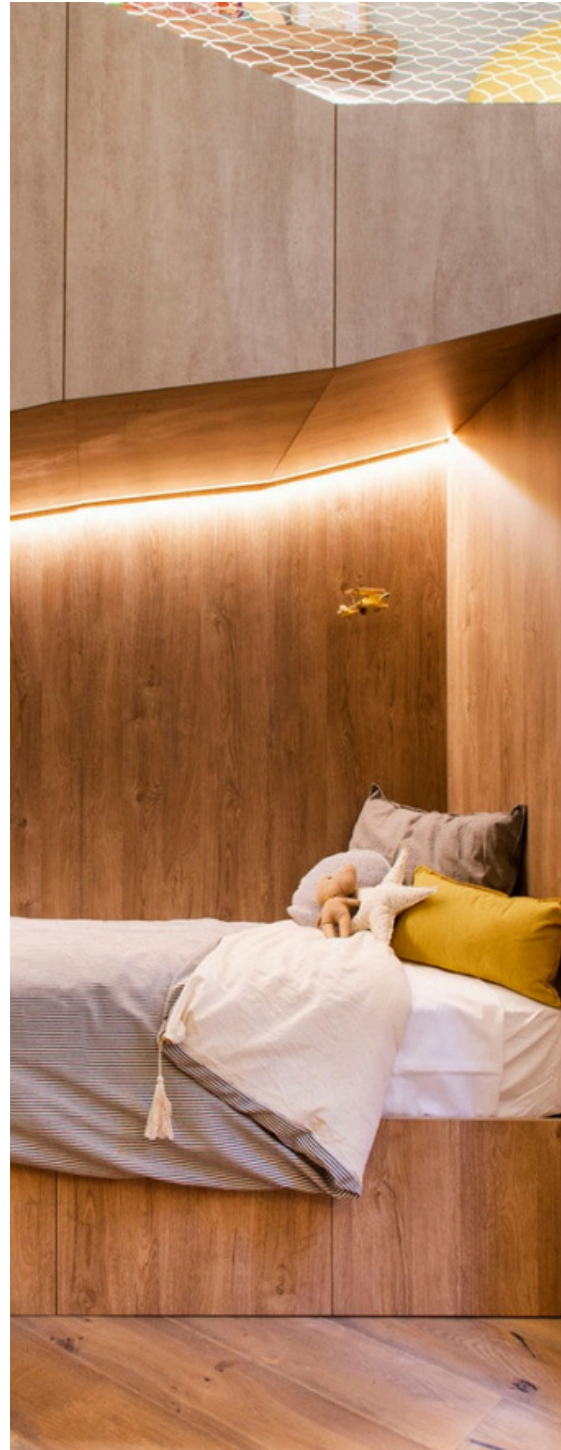
**Design in
Mental Health**
CONFERENCE | EXHIBITION | AWARDS



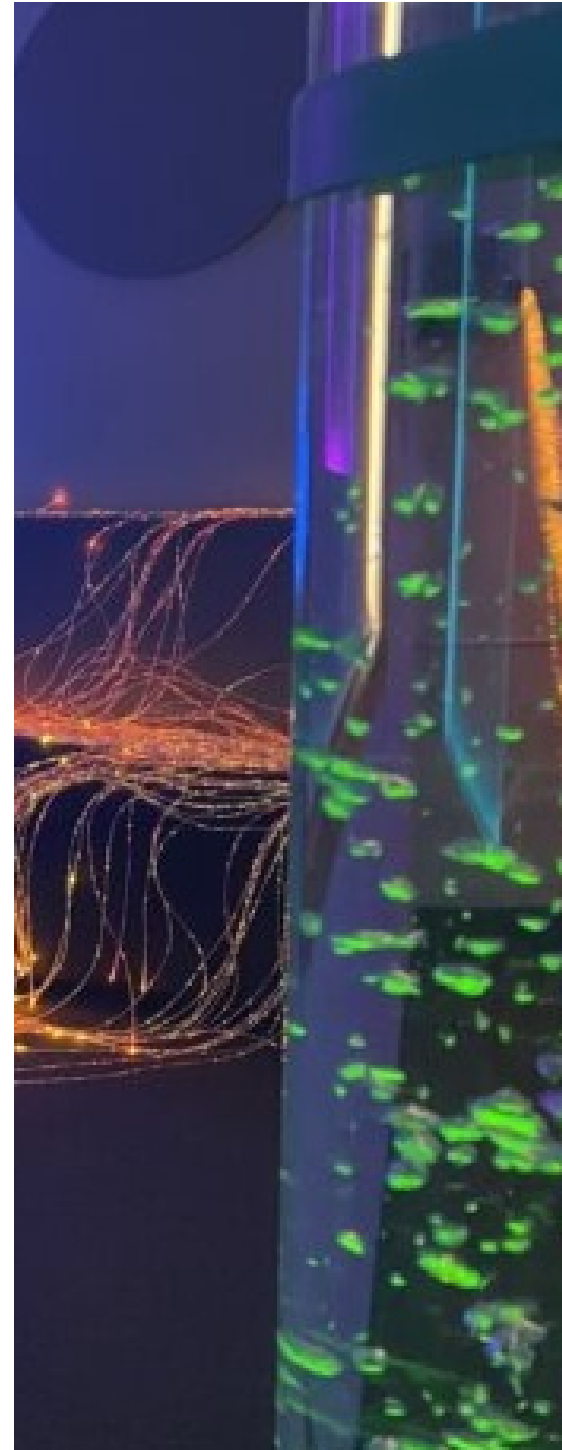
What we learnt...



Personalisation



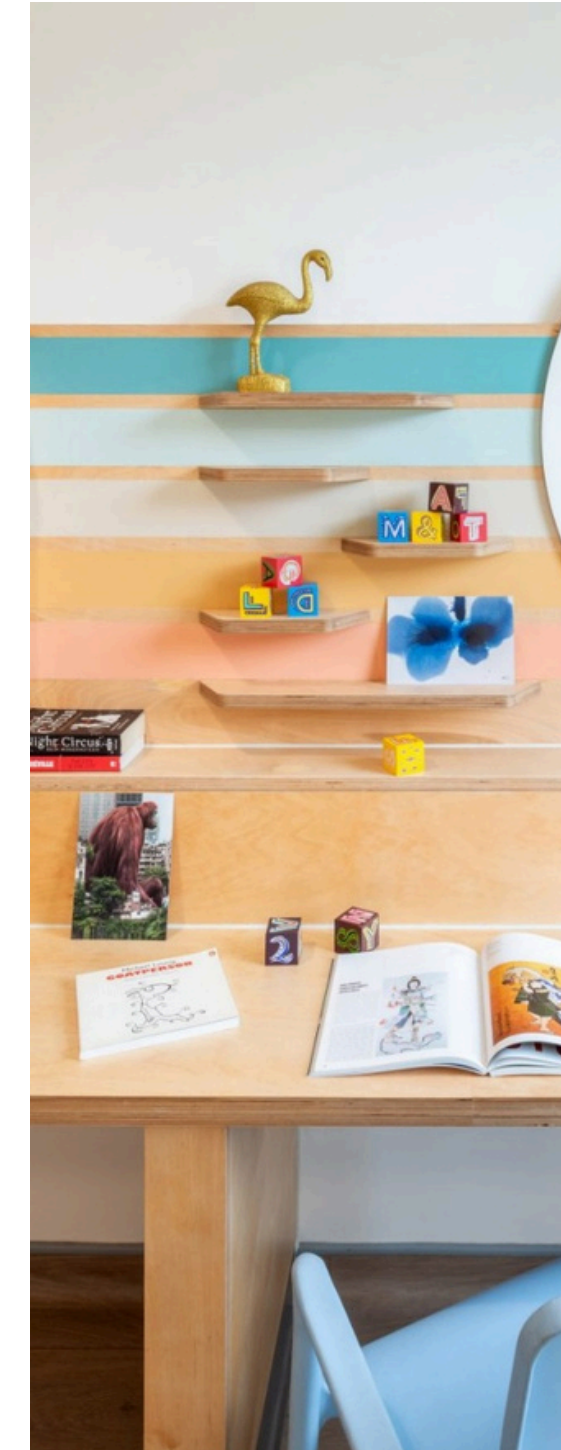
Sleep



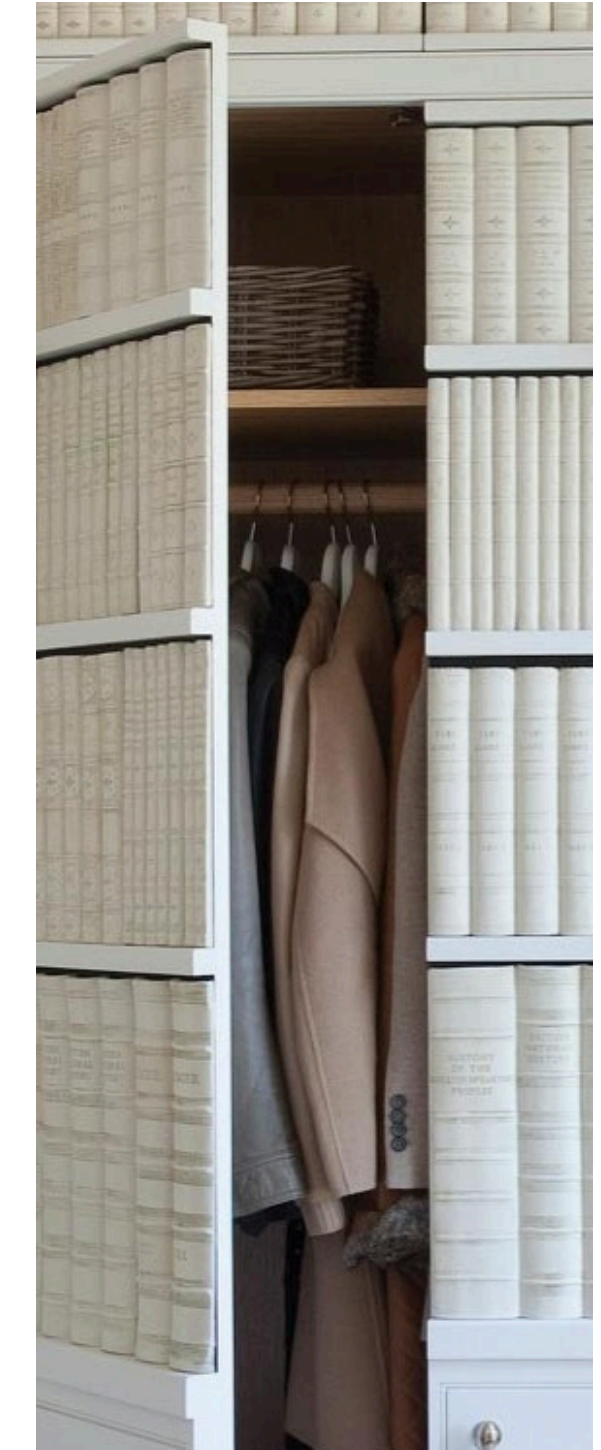
Sensory



Activities



"Their Stuff"

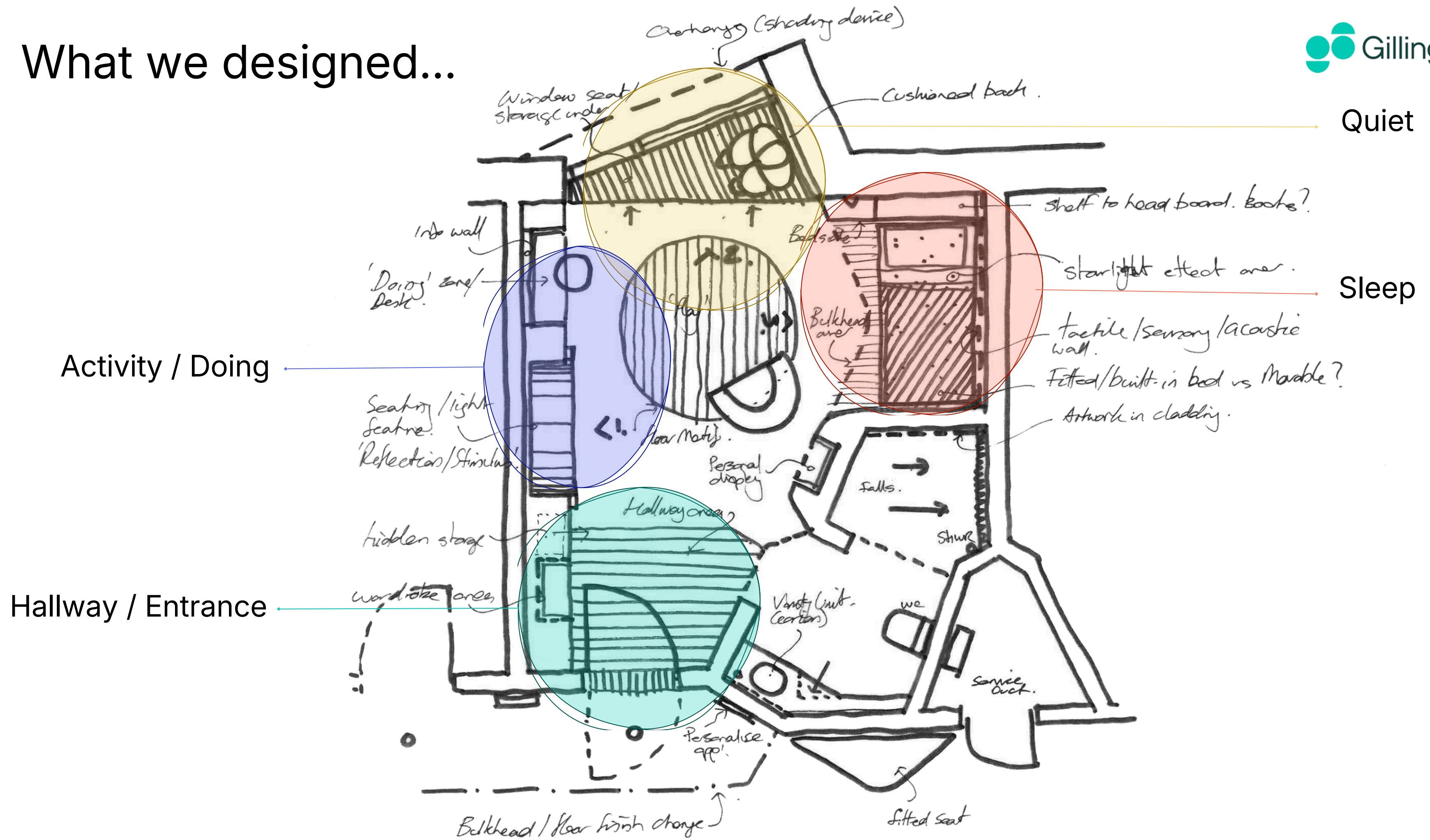


Secret Areas

Co-production CAMHS/Neurodiversity bedroom Project

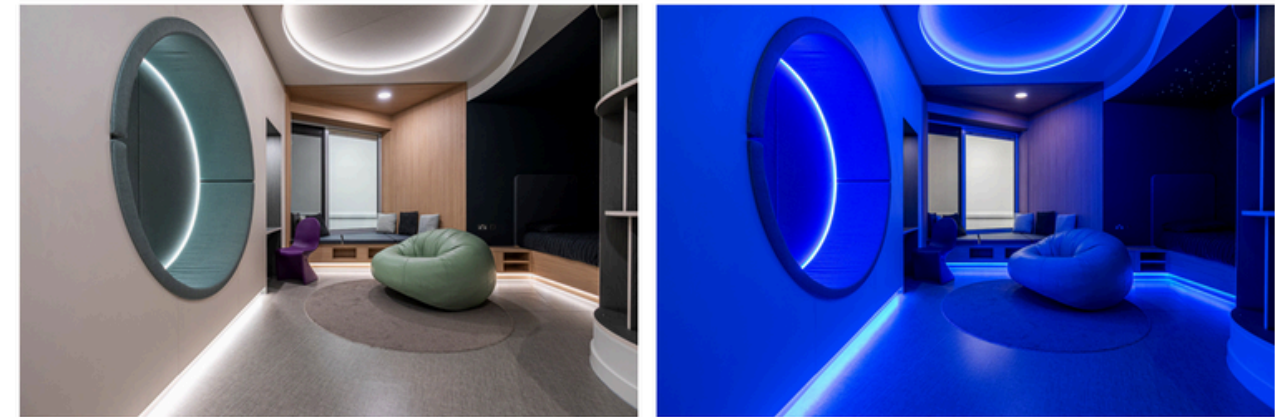


What we designed...





Completed prototype



Co-production CAMHS/Neurodiversity bedroom Project

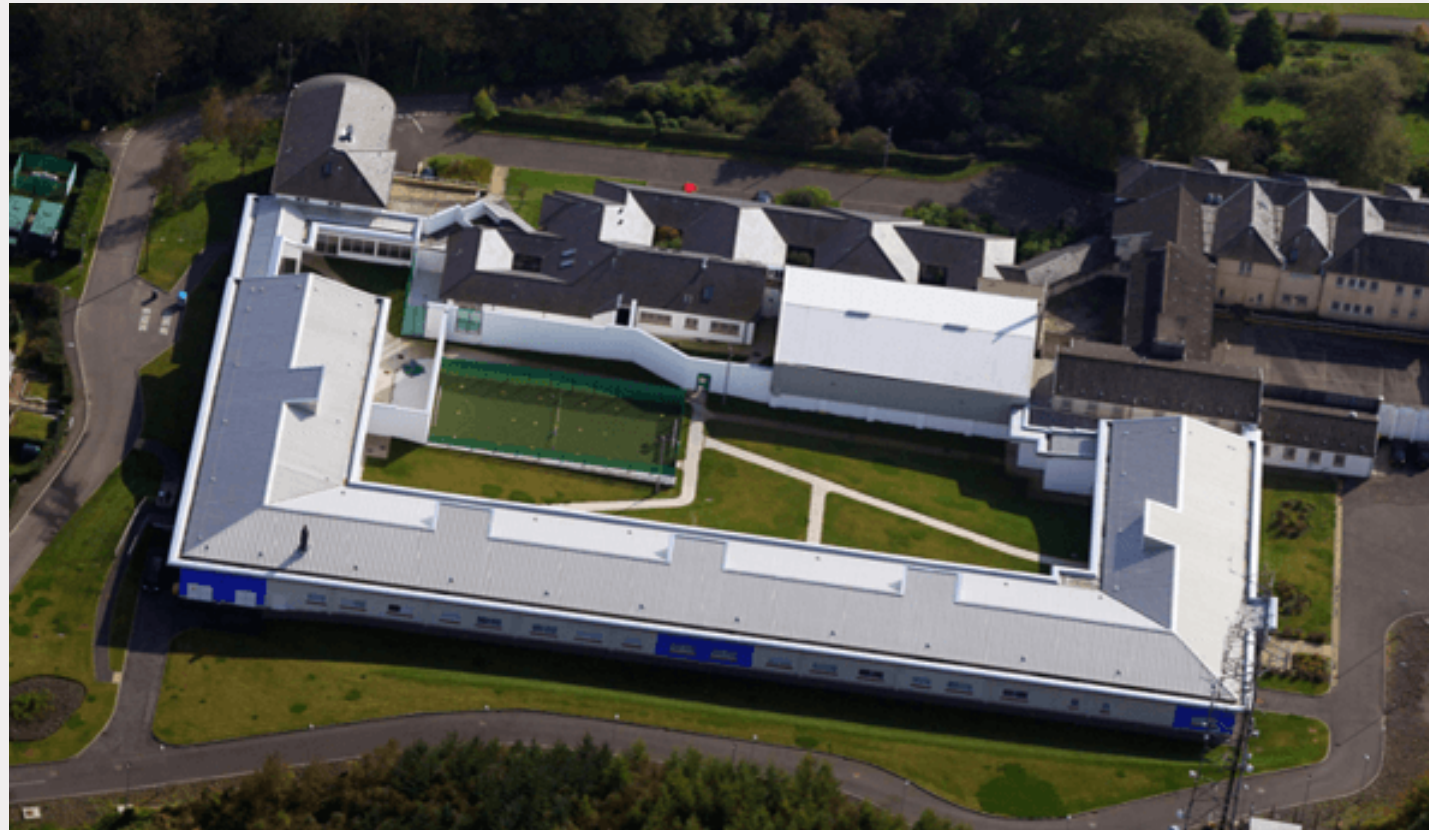




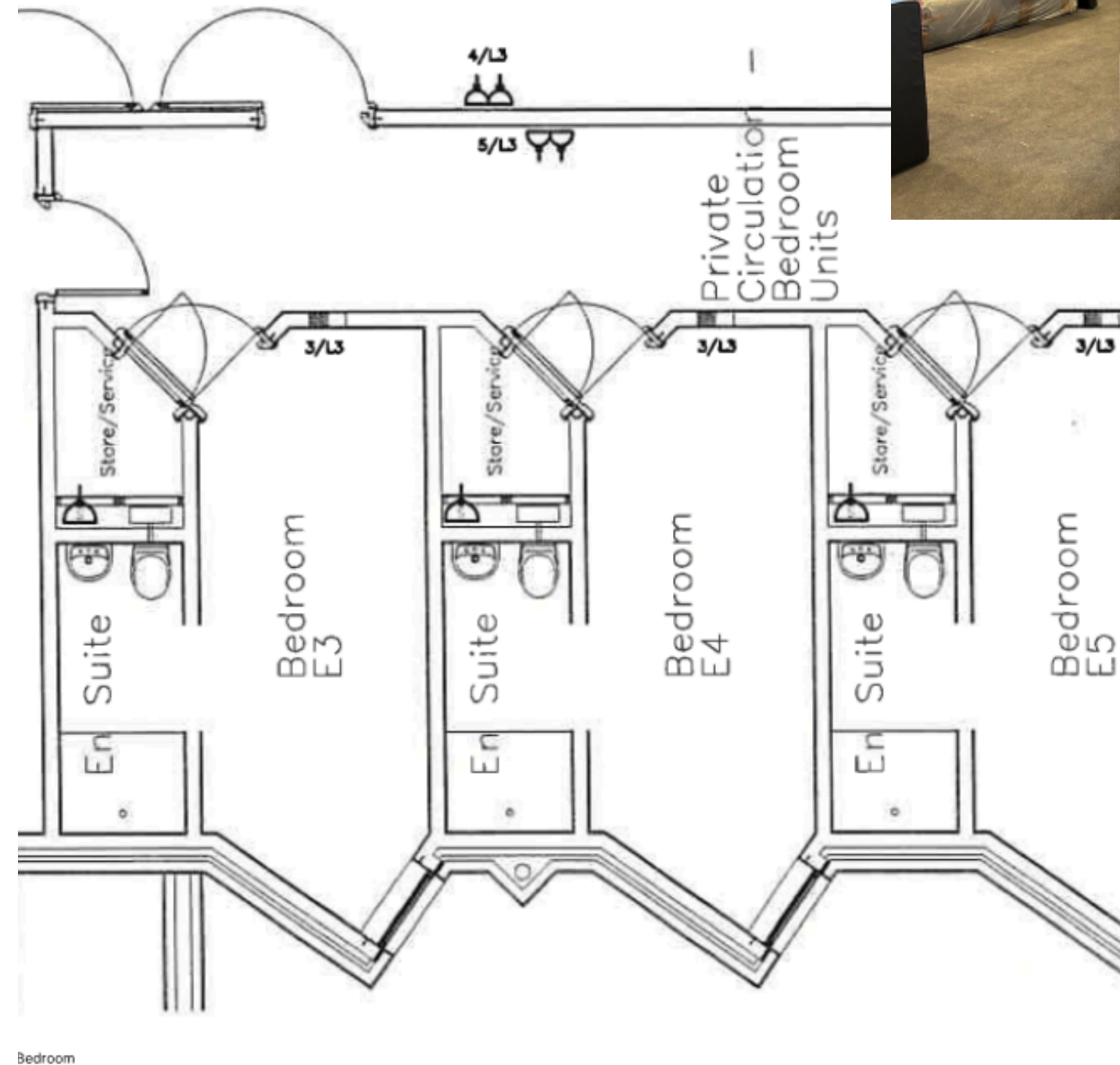
Above: With Alice and Lachlan (Expert co-designers) at DMH conference in Manchester, June 2024



Person-Centred Design | Service User Led Design
Designing Therapeutic Personal Spaces for Neurodiverse Young People

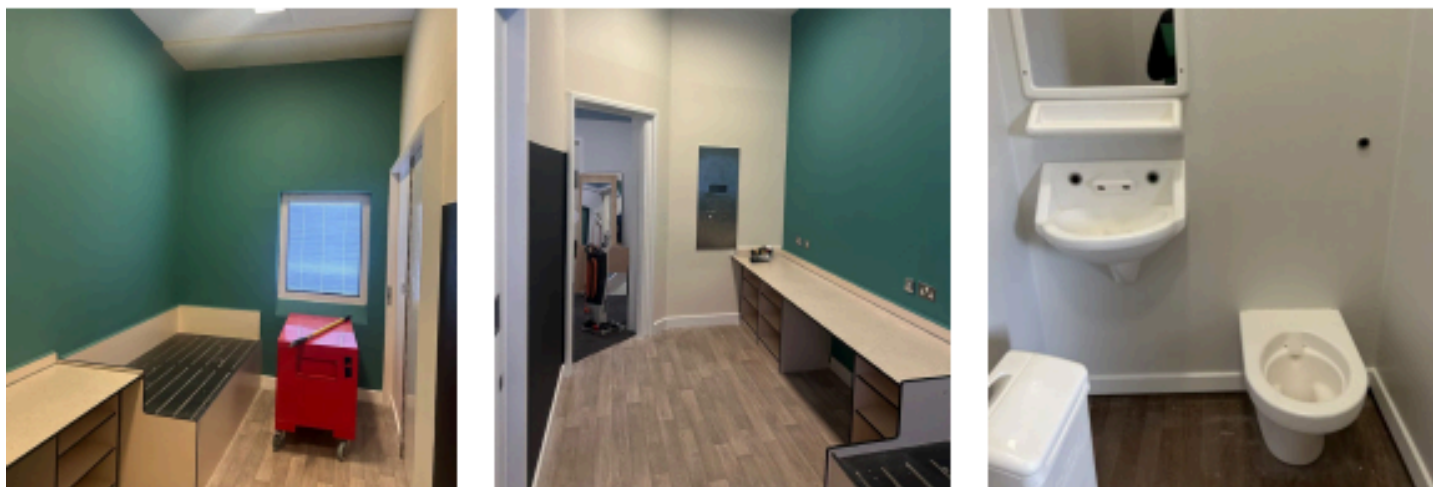


Rossie Secure Children's home, Montrose



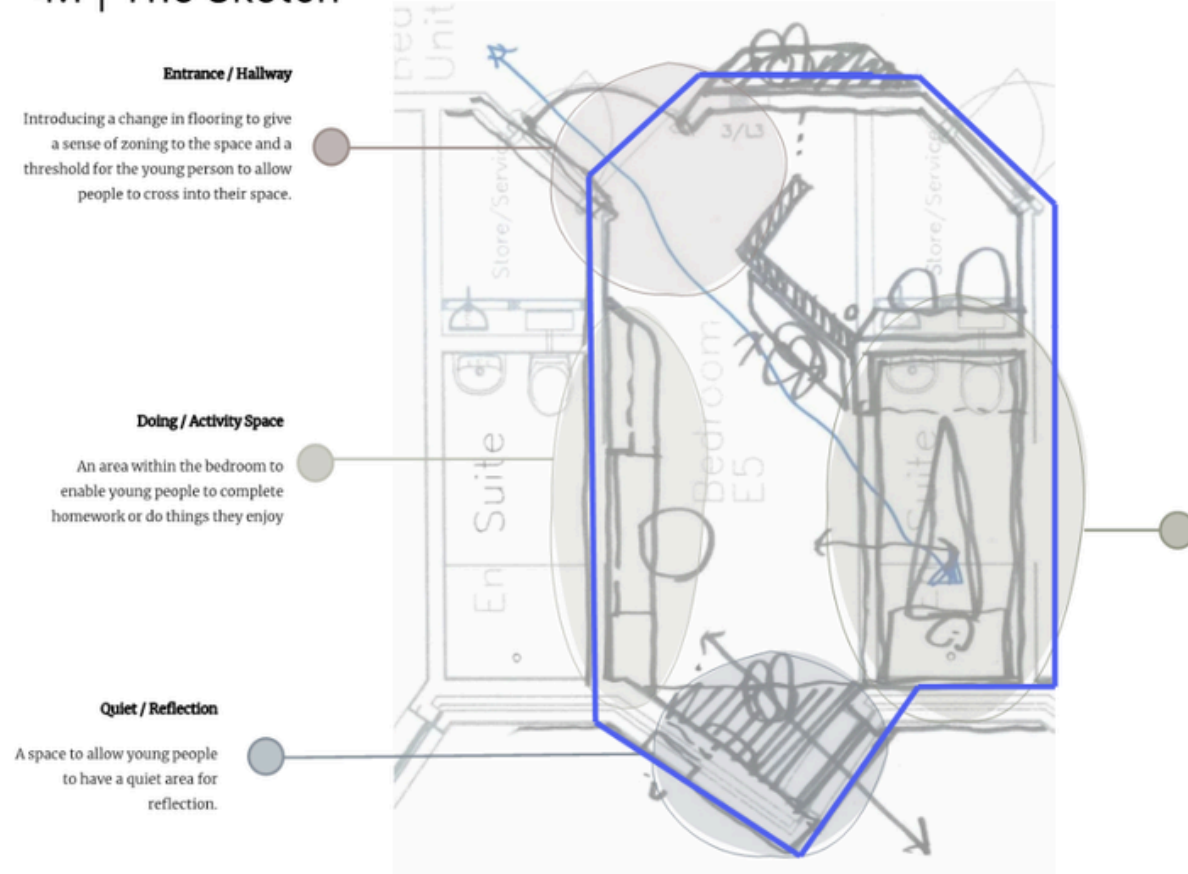
Challenges on the current design;

- Narrow and Long – feels like a corr
- Fight or Flight feeling
- A struggle for the bed location
- Exposed feeling for the User



Rossie Secure Children's home, Montrose

4.1 | The Sketch



4.3 | Detail



9148-001; Rossie Prototype Bedroom
Initial concept ideas

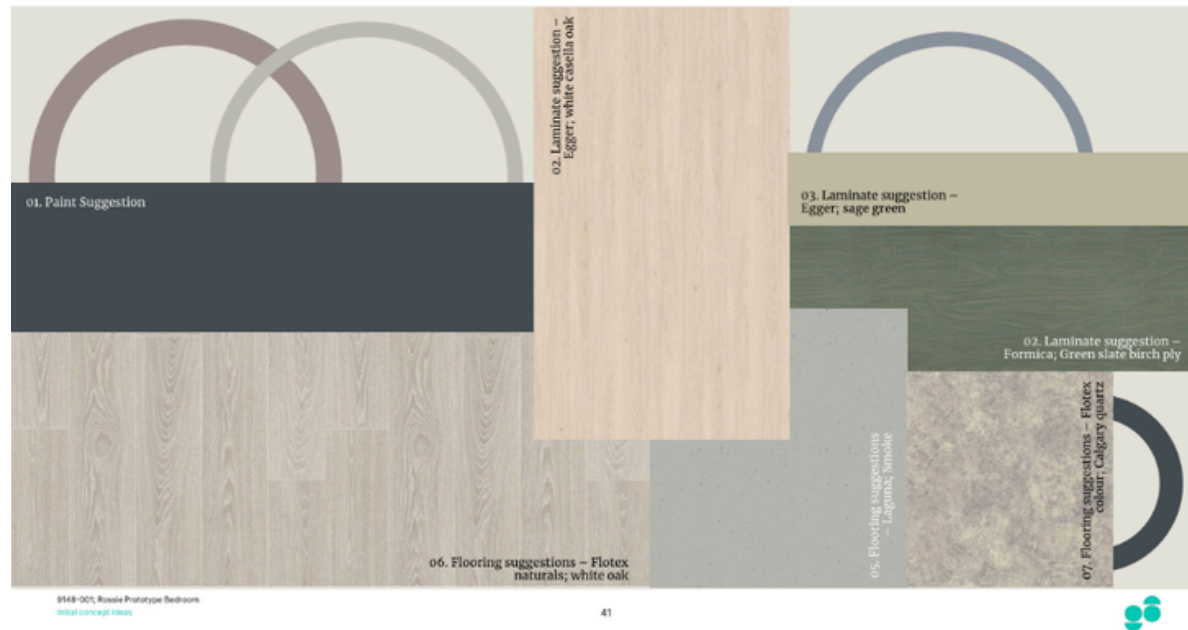


Rossie Secure Children's home, Montr



6.2 | Materials

This material board combines soft taupe, gray and warm light greige tones with the organic texture of natural wood, creating a palette that embodies calm sophistication and timeless comfort. The gentle taupe-gray brings warmth and depth, grounding the space with a subtle sense of stability, while the light greige adds airiness and balance, reflecting natural light to keep the palette open and serene. When paired with the tactile richness of natural wood — from pale oak to mid-tone ash — the combination evokes a feeling of effortless harmony and connection to nature. Together, these elements form a soothing, modern foundation ideal for interiors that prioritize wellness, mindfulness, and understated elegance.



Key takeaways...

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- Brief critical/manage expectations/governance
- Constraints and opportunities assessment key
- Derogations and compliance debate early in the pr
- Revenue vs Capital
- Co-production, person centred design and a 'shared visi
- Compliance and refurb not a barrier to innovation
- Work with what you have
- Lean into location, history and identity. > *Places not spaces*



Aim high...



Design for Healthcare Environments

CONFERENCE | EXHIBITION | CO-PRODUCTION *Ireland*

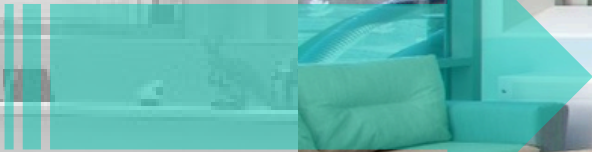



Design in Mental Health

CONFERENCE | EXHIBITION | AWARDS



The value of a collaboration, design community/network, shared lessons learned, innovation showcase, Service user voices, co-production, Best practice/POE, Product development, Evidence base, inspiration.....



Changing rooms – Refresh, renew and repurpose for Mental Health settings
07/05/26

Thank you



Environmental Spaces

from

an OT perspective


By Shai Zaidi & Brenda Garry



Background

Shaista Zaidi is a Mental Health Occupational Therapist, qualified since 2004, with over two decades of experience working across the full continuum of mental health services.

Brenda Garry - OT & Sensory Integration Practitioner working over 20 years with Adults with Intellectual Disabilities, Autism, co-occurring mental health diagnosis and behaviours of concern.



Regulation Spaces & Recovery - oriented Intellectual Disability & Mental Health Care

- Reduction of Restrictive Practices alternatives to seclusion and restraint
- Escalation often begins with emotional dysregulation
- Calm, sensory - informed spaces support early de - escalation
- Promotes autonomy, dignity and self - management
- Improves patient and staff experience on the ward

Environment is not neutral, it either escalates distress or support regulation.



Rethink Sensory spaces

provide calming and regulating input
support engagement and focus
reduces stress and distress
valuable - but often isolated



What Makes a Regulation Space Therapeutic?

From Sensory Room to Regulation Space

- Not high-stimulation sensory spaces
- Calm, neutral, adaptable environments
- Biophilic elements: for e.g. green tones, natural textures, soft lighting
- Ligature-reduced, safety-designed furnishings
- Intentionally minimal base design

The room remains neutral, intervention is added according to individual need.

Occupational Therapy: Individualised Regulation



- Recovery-focused and client-centred
- Assessment of sensory profile and arousal patterns
- Identification of triggers and regulation needs
- Tools matched to the individual

Examples may include:

- Sensory equipment
- Rocking or cocoon-style supportive chairs
- Grounding objects and textured materials
- Low-stimulation containment environments

**The room is blank. The intervention
is individual.**

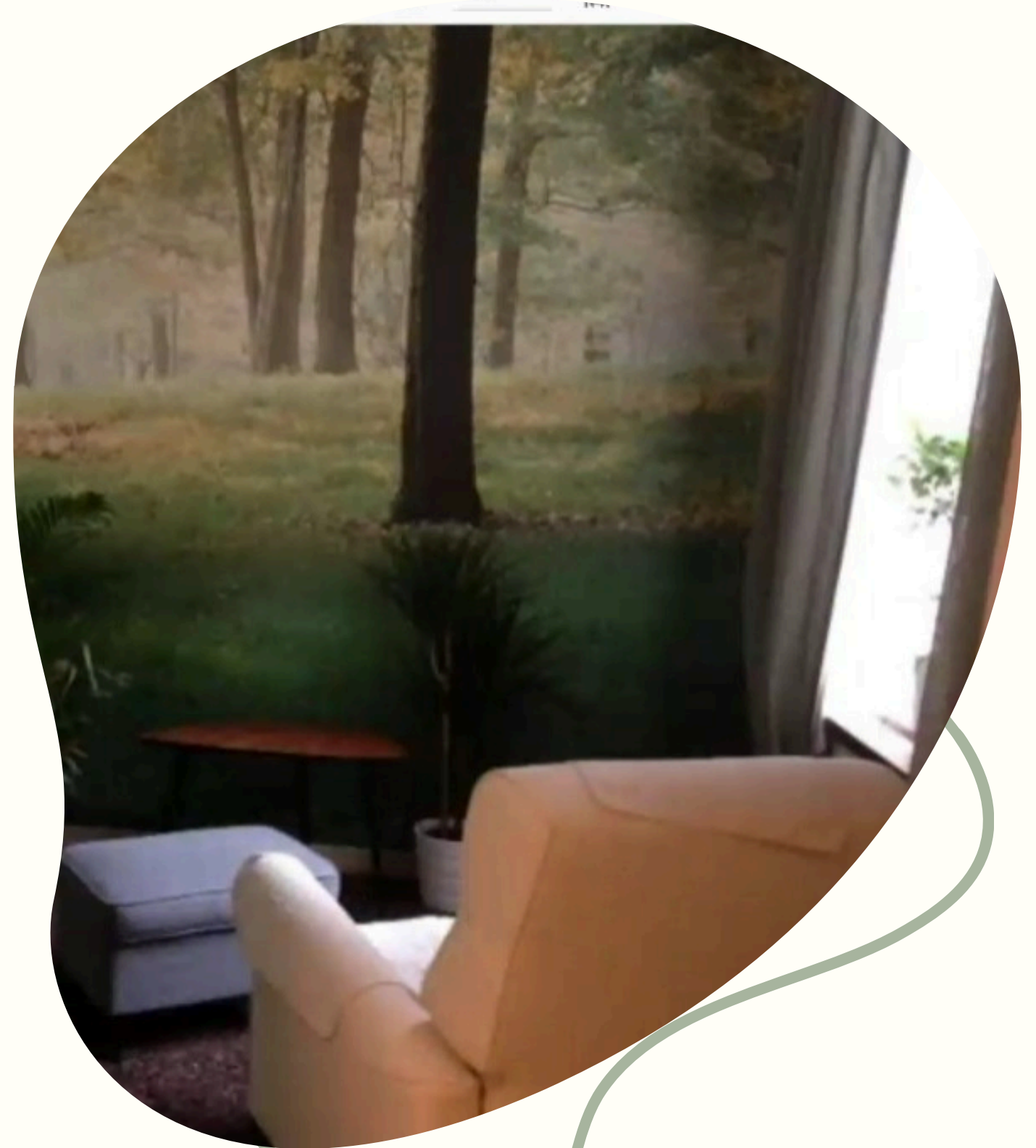
Regulation Across the Mental Health Journey

- Arousal fluctuates during inpatient admission
- Trauma responses influence regulation capacity
- Detoxification, visits, conflict, and stress impact nervous system state
- Spaces must flex to meet changing needs

Regulation spaces support:

- Emotional containment
- Skill-building in self-calming
- Transition from hospital to community

**This is treatment,
not just a room**



Reducing Restrictive Practice Through Recovery-Centred Design



“When environment supports regulation, restrictive practice becomes the exception, not the response.”

- Regulation spaces enhance autonomy and dignity
- Occupational therapy bridges assessment → environment
→ self-management
- Prevention replaces containment
- Policy becomes practice through intentional design

**This is not about controlling behaviour.
It is about enabling regulation, recovery, and
choice.**

Looking Beyond One Room

Regulation happens all day - not just in one space.

corridors, bedrooms, communal areas all matter

creative use of nooks, corners and used space

Regulation embedded in daily routines

Whole - environment approach

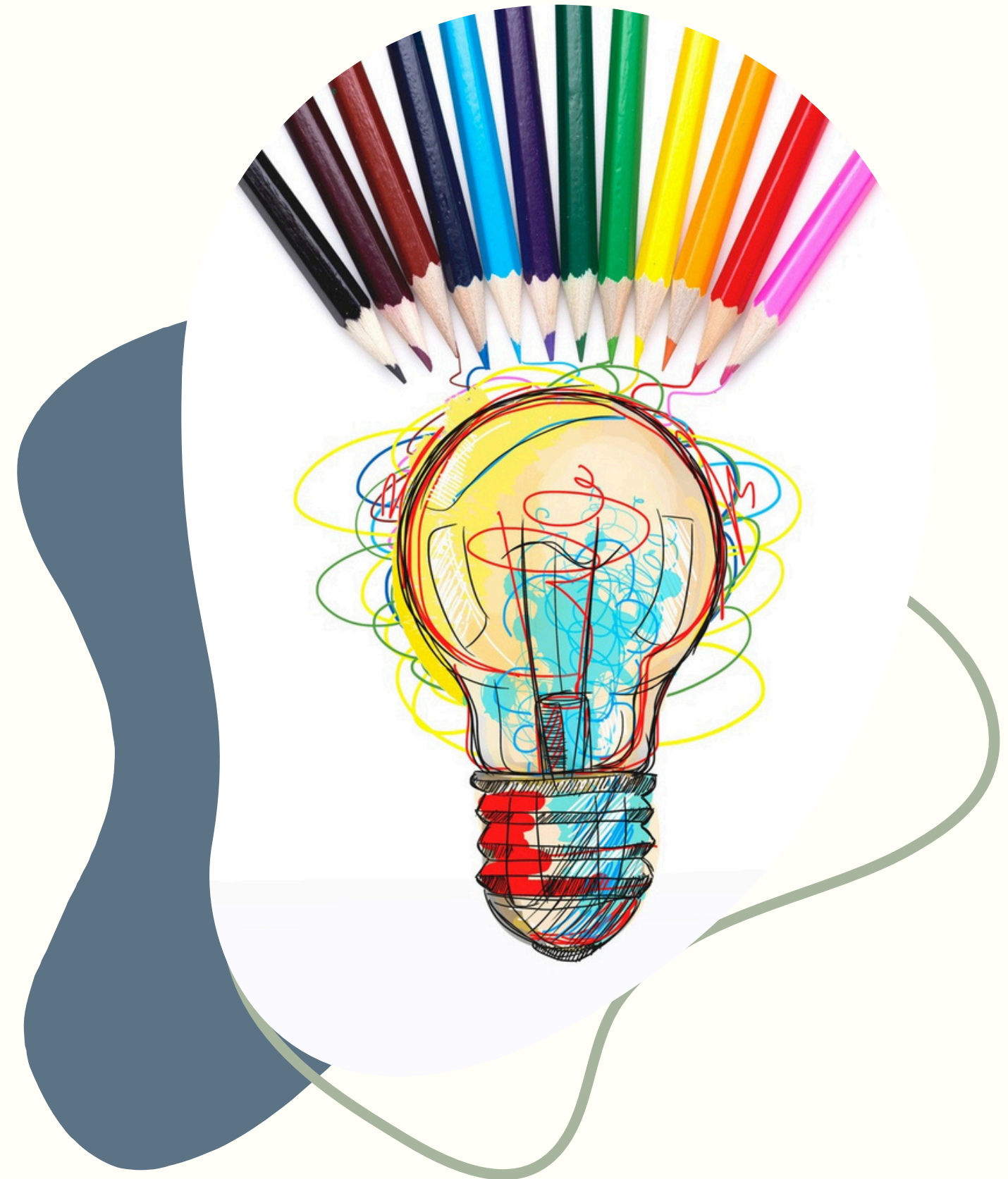
Internal Design Choices

Colour & lighting influences arousal

Reduce glare & visual clutter

Furniture can support proprioceptive & vestibular input

Consider acoustics & noise



Outdoor & Garden Environments



Movement supports sensory regulation

pathways, seats, quiet nooks

Texture & movement

Therapeutic space

Safety & Practical Reality

Balancing sensory design & risk

Sensory- informed

Safety is essential

Durable, practical material

Small changes still make impact



Conclusion

Sensory rooms have value

Regulation supports occupation

Environment enables participation

Small changes influence independence



Thank You

