

Health: The Design, Planning and Politics of How and Where We Live

- **Paper / Proposal Title:**

Residential facilities for psychosocial rehabilitation: planning permit regulations and social inclusion

- **Format:**

Written paper / Presentation (in-person)

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- **Abstract (300 words):**

Mental illness presents significant increase affecting a quarter of the population. Yet, institutions are still responsible for containing the risk associated with dangerousness, preventing mentally ill people from having integrated lives in the community. Existing planning legislation might contribute to this. A potential mechanism is the requirement for non-residential use of land for mental health accommodation and their subsequent characterization as 'special buildings'. This might lead mentally ill people living prolonged periods either in non-residential buildings whilst normal residences or residential complexes being considered non-compliant to licencing requirements. This contradicts the principles of Social Psychiatry and ignores WHO directions. However, change of mental health accommodation planning and licencing legislation could be more enabling for people's social integration. The paper explores the planning legislation of a country with an extensive network of community-based mental health

facilities and the consequences of planning legislation to the actual integration of its mentally ill people. It then focuses on how alterations on the change of use legislation for accommodation for mental health affected the national integration outcome.

The research was top down, led by the European Commission and the Ministry of Health. The sample comprised 112 out of 116 community-based facilities. The research highlighted those elements in the existing planning legislation that favored segregated (geographically or spatially) institutions. The uses of land framework promoted the development of mental health accommodation in buildings designed for other purposes (i.e., industrial, logistics or offices) or in segregated areas. The research identified planning legislation as a key disabler of social inclusion. Then, alternatives were tested, including the redefinition of uses. This change initially generated functional complications. The condition of altering uses alone, proved inadequate. Then, the introduction of new design guidelines acted as quality control mechanism. A set of fit-for-purpose-guidelines incorporated in national legislation.

• **Author(s) Biography (200 words each):**

Dr Evangelia Chryssikou is Lecturer at the Bartlett Real Estate Institute UCL and registered architect. She is also coordinator of a EC European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) Commitment and Coordinator on D4 Action Group. Her research on therapeutic environments and architecture has received prestigious international awards (Singapore 2009, Kuala Lumpur 2012, Brisbane 2013, Birmingham 2014, London 2014, Vienna 2017). Applications of her research on mental health, accessibility and mental health, autism, social inclusion, healthcare, welfare and wellness facilities, medical architecture, medical tourism planning in several countries of the world (UK, France, Belgium, Greece, Middle East, etc.). Parallel activities in architecture include teaching at medical and architectural schools in Athens, London (MARU) and the Middle East, involvement in research schemes (Marie Curie H2020 Individual Fellowship) and advisory for professional bodies. She has also advised the Hellenic Secretary of Health and she is the author of the new national guidelines for mental health facilities in the community. Additionally, she is the author of the books 'Architecture for Psychiatric Environments and Therapeutic Spaces' & 'The Social Invisibility of Mental Health Facilities', a healthcare architecture editor, reviewer, active member of several professional and scientific associations and a TED-MED speaker. She is also Member of the Board at the Scholar's Association Onassis Foundation.