Balancing minds, Transforming spaces

Research Plan

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Graduation Studio
Designing for an inclusive environment
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01

Introduction

Background

The architecture of mental health hospitals is often referred to as ‘architecture of madness’ (Yanni, 2007). This phrase, which can be heard echoing through the pages of books and the halls of academic debate, alludes to the complex link between architectural design and public perception of mental health institutions. In a society where the media holds enormous power, portrayals of people with psychiatric problems can be exaggerated, inaccurate, and, at times, mocking. Such images add to the stigma associated with mental illness, propagating beliefs that can have a long-term impact on the health and well-being of the same people these institutions seek to serve and rehabilitate (Srivastava et al., 2018) .

Traditional mental health hospitals often embody an institutional and clinical atmosphere that inadvertently reinforces stigma. Patients, their families, and healthcare providers are confronted with an environment that fails to address their diverse needs and perpetuates feelings of alienation and marginalization (Brown & Davis, 2019). This persistent stigma not only impacts the quality of care but also hinders individuals from seeking the help they need, exacerbating the global mental health crisis.

Considering that health and wellbeing are human rights and an important driving force for social and economic development, it is crucial for the society to. However, removing the deeply embedded stigma around mental health remains a difficult task. Individuals dealing with mental illnesses have always carried the burden of society’s prejudice, persisting stereotypes, widespread ignorance, discrimination, and self-stigmatization. This collective prejudice has fostered in patients a widespread concern that they will be unfairly categorized or shunned. Equally worrisome is the fear that surrounds mental health services, a fear that causes many people to avoid obtaining the help they sorely require (Bil, 2016). This not only has an impact on the persons affected, but it also throws a long shadow over the well-being of their loved ones, who carry the weight of care for their family members’ health (Chang et al., 2016).

"Despite decades of deinstitutionalization, still 63% of the world's psychiatric beds remain in large mental hospitals, known for anti-therapeutic environments and human rights violations, taking up 67% of total spending (World Health Organization, 2011). Data from the World Health Organization's Mental Health Consortium Surveys show that, in developed countries, 35–50% of people with serious mental illnesses living in the community had not received treatment in the year prior to the survey. In developing countries, unmet need was as high as 85% (The WHO Mental Health Survey Consortium, 2004)" - Stuart, 2016.

The gap between developed nations and underdeveloped ones like Albania highlights the complex relationship between societal, cultural, and architectural aspects in destigmatization initiatives. Although there has been progress on a worldwide level, it is still vitally important to address the particular difficulties that poor nations experience in de-stigmatizing mental health institutions.

Albania is one of the many developing countries struggling with meeting the needs of their mental health patients. The current capacity of the combined mental health institutions of available beds for a population of 2.812 million, is approximately 635 beds (see Table 01), however the media reports that these hospitals not only meet their capacities but exceed them by double or triple (Hasanalliaj, 2019).

Limited access to mental health services, social taboos, and a lack of public awareness perpetuate the stigmatization of individuals seeking mental health support (Albanian Ministry of Health, 2019). Additionally, architectural design in mental health facilities often lags behind, with many structures reflecting a historical legacy of institutionalization rather than user-centric, therapeutic design (World Health Organization, 2017). For example, the hospital in Elbasan, lacks the infrastructure to create an adequate therapeutic environment for long-term psychiatric patients (see Figures 1,2). A report published by the Council of Europe's Committee for Prevention of Torture on Tuesday after a three-day visit to Albania said that there is an urgent need to establish a specialized forensic psychiatric facility in the country to accommodate and treat male and female forensic psychiatric patients (Sinoruka, 2022). In 2020, Albania lost a case at the European Court of Human Rights over the degrading treatment of a mentally ill person at the prison hospital in Tirana, and the Strasbourg court asked Albania to build a special hospital as soon as possible (Sinoruka, 2022).

According to Kurani (2023), there is a great deal of potential for the design of healthcare settings, especially those that are intended to provide for mental health treatment, to influence how people feel and behave. Another study shows that architecture can impact how patients receive mental health treatment has been found to influence how patients perceive their emotional wellbeing (Sui et al., 2023). A positive atmosphere in psychiatric hospitals in developed countries, has led to radical changes in hospital care as the main cause of changes in the psychiatric care system, thereby improving the care provided in psychiatric patient care centers (MA et al., 2022). By adopting a holistic perspective, we may reimagine these areas as therapeutic havens that not only promote patients' wellbeing but also confront cultural prejudices and mental health myths (Liddicoat et al., 2020).

This investigation is motivated by a deep commitment to using the transformational potential of architecture to promote recovery, inclusion, and dignity in the mental health institutions in developing countries like Albania. Drawing from literature research, professional expertise, user experience and real life applications of worldwide projects that successfully tackle specific architectural elements and concepts, the aim is to provide complete architectural guide-line suggestions including a wider scope of architectural elements that influence the stigmatization of a mental health institutes in Albania and serve as a reference for a similar socio-economical context.

Figure 1: Dinning room in the Psychiatric Hospital of Elbasan, Albania. Courtesy of Hoop voor Albanie

Figure 2: Patient Room in the Psychiatric Hospital of Elbasan, Albania. Courtesy of Hoop voor Albanie

Problem Statement

Contemporary studies and architectural designs for mental health facilities predominantly stem from the context of developed countries, where access to resources and expertise is more abundant (Wainberg et al., 2017). While these initiatives have yielded meaningful progress in reducing the stigma associated with mental health, a crucial disparity exists in their applicability to developing countries, which face unique challenges and constraints.

A fundamental concern is the disparity between the reality of the economy and infrastructure. Developed countries often boast well-funded mental health infrastructure, enabling sophisticated architectural solutions (Rathod et al., 2017). These designs prioritize modern technology, aesthetic appeal, and extensive facilities that contribute to a supportive and welcoming environment for mental health service users. However, the applicability of such designs to poorer countries like Albania is limited due to financial limitations, scarce resources, and infrastructural inadequacies.

Tight budgets, outdated infrastructure, and understaffing are common challenges faced by architectural designers of mental health facilities, especially in developing countries like Albania where healthcare resources are few (Suli et al., 2004). Comparisons between high- and low-income countries show a significant difference in the presence of a mental health workforce of psychiatrists, nurses, psychologists, and social workers (Rathod et al., 2017). These factors inevitably influence the design choices made, leading to spaces that, while functional, may inadvertently reinforce stigmatization. The discrepancy between the architectural designs tailored to the economic robustness of developed countries and the constrained reality of their developing counterparts highlights the need for more context-specific solutions.

Furthermore, cultural factors play a pivotal role in mental health stigma (Crowe et al., 2011). Designs rooted in developed countries may not consider the cultural norms, values, and perceptions unique to developing countries. The absence of cultural sensitivity in architectural design can lead to designs that inadvertently perpetuate stigma or create a sense of cultural alienation, ultimately impacting the effectiveness of mental health care (Kirmayer & Pedersen, 2014).

"Recent debates on global mental health have raised questions about the goals and consequences of current approaches. Some of these critiques emphasize the difficulties and potential dangers of applying Western categories, concepts, and interventions given the ways that culture shapes illness experience. The concern is that in the urgency to address disparities in global health, interventions that are not locally relevant and culturally consonant will be exported with negative effects including inappropriate diagnoses and interventions, increased stigma, and poor health outcomes." – Kirmayer & Pedersen

To address this critical disparity, it is essential to recognize that a one-size-fits-all approach to architectural design for mental health facilities is insufficient (Kirmayer & Pedersen, 2014). Even though the achievements of developed nations provide insightful information, these achievements need to be translated into solutions that are tailored to the unique context of developing nations and take into consideration the cultural, economic, and infrastructure factors at play. By acknowledging these disparities and tailoring architectural designs to suit the needs and constraints of poorer nations, we can take significant strides toward destigmatizing mental health care on a global scale.

Some modern mental health hospital designs have improved by creating more welcoming and less institutional spaces. However, not all design aspects have received equal attention. While physical environments have been enhanced, issues like the design of secure areas and societal attitudes toward mental health still need more comprehensive solutions to combat stigmatization effectively.

To address this issue, the research aims to uncover the architectural design elements that contribute to this stigmatization, as well as comprehend the different demands of users in Albania, improve their overall experience, thereby creating environments that promote recovery and inclusivity. Furthermore, the study aims to enhance non-users' perceptions of mental health services. The ultimate objective is to establish complete design principles for stigma reduction in mental health facilities, promoting environments that encourage healing, dignity, and inclusion for all.

PSYCHIATRIC HOSPITAL FACILITY	CAPACITY (BEDS)	ESTIMATED NEED BASED ON REPORTS ANNUALLY
ELBASAN	310	unknown
VLORE	200	498
QSUT, TIRANE (NON- RESIDENTIAL)	90	approx. 200
MENTAL HEALTHCARE SPECIALIZED FACILITY SHKODER	35	371
TOTAL	635	>1200

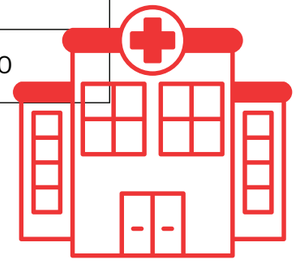


Table 1: Table showing the difference between the capacity of each psychiatric hospital in Albania and the exceeding reported demand of patients. Based on Information provided by Inva Hisnaliaj from Faktoje.al

Research Aim

The Goal of this research is to provide practical, user-centered architectural guidelines that destigmatize mental health hospitals in the socio-economical context of Albania. These guidelines will create environments that not only challenge the stigma surrounding mental health but also empower and support the diverse needs of users, contributing to a more compassionate and inclusive society. It aims to do so by:

1. Identifying the architectural factors affecting the stigmatization of mental health facilities.
2. Identifying user needs in the context of Albania.
3. Improving user experience.
4. Identifying ways to alter or improve society's perception.
5. Improving non user perception.
6. Providing design guidelines for reducing the stigmatization of a mental health facility.

Relevance

1. **Contextual Specificity:** While there is existing research on architectural design in mental health facilities and destigmatization, the research's specific focus on developing countries, with Albania as a case study, provides a unique context. Developing countries face distinct challenges and cultural dynamics that necessitate tailored solutions that often do not have to be considered by wealthy nations. This research directly addresses these complexities.

2. **Intersection of Multiple Disciplines:** This research bridges the fields of mental health, architecture, sociology, and cultural studies. The synergy of these disciplines offers a holistic approach that acknowledges the multifaceted nature of stigmatization and architectural design's potential to create a profound impact.

3. **Cultural Sensitivity:** The emphasis on cultural sensitivity in the research is a distinctive feature. It recognizes that architectural design must align with the cultural norms, values, and beliefs of the local population, making it uniquely attuned to the cultural fabric of Albania and other similar contexts

4. **Real-World Impact:** This research is not purely theoretical; it is grounded in the tangible transformation of physical spaces. By providing practical architectural design guidelines, this study has the potential to bring about actual change in the way mental health facilities are designed and perceived in Albania and beyond

5. **User-Centric Approach:** The inclusion of user perspectives and experiences in your research is unique. By actively involving mental health service users in the design process, their voices and well-being are prioritized, making your research a model of user-centricity.

6. **Potential for Policy and Advocacy:** The research is well-positioned to influence policy and advocacy efforts related to mental health care and stigma reduction. It offers evidence-based recommendations that can inform government policies, architectural standards, and advocacy campaigns.

7. **Global Relevance:** While the research is rooted in the specific context of Albania, its findings and guidelines have the potential for broader global applicability. Developing countries worldwide grapple with similar mental health challenges and stigmatization, making your research transferable to diverse settings.

02

Theoretical Framework

Literature Review

This chapter explores literature research with the goal of giving readers a thorough understanding of the fundamental ideas and factors pertaining to the destigmatization of mental health facilities through architectural design, all the while meeting the various needs of their clients. It thoroughly examines current theories, practices, and research findings in order to set the stage for the ensuing research chapters.

The first section lays the foundation by emphasizing how important architecture is to reducing stigma in the context of mental health facilities. A compilation of a wide range of studies at the nexus of psychology and architecture can be found in the following section. These studies demonstrate how specific modifications and design decisions made within the built environment can help to create spaces that promote healing. Finally, the final section highlights research demonstrating the significant influence of user-centered design on improving the general experience of people in mental health facilities.

This chapter establishes the groundwork for the upcoming research, which will provide useful, user-centered architectural guidelines for the destigmatization of mental health facilities in the particular socioeconomic context of Albania, by synthesizing these insights from the literature. Through an investigation of the complex interplay among architectural design, user experience, and stigma reduction, this study aims to promote a more accepting and humane community. (More literature needs to be added throughout the sections.)

Reducting Stigma Through Architecture.

The roots of stigmatization in mental health institutions are deeply embedded in historical attitudes toward mental health. Goffman's classic work, "Stigma: Notes on the Management of Spoiled Identity" (Goffman, 1963), offers insight on the notion of stigma and its influence on those suffering from mental illnesses. Goffman's work underscores the role of environments in either perpetuating or alleviating stigma. In mental health hospitals, the physical environment plays a crucial role in shaping the experiences and perceptions of users. Furthermore, his work implies that perceptions of individuals with stigmatized identities can be transformed. Through architectural design that promotes positive social contact and inclusivity, your project has the potential to shift societal perceptions of mental health facilities, making them more welcoming and less stigmatizing(Mehrad & Dadpour, 2022).

Thornicroft et al. (2008) explores therapies aimed at decreasing stigma associated with mental illness in "Reducing Stigma and Discrimination: Candidate Interventions." While not directly related to architectural design, it gives useful insights on future destigmatization initiatives, providing a broader perspective on stigmatization. Thus, understanding the link between architectural design and mental health is fundamental. The paper titled "The Role of the Physical Environment in the Hospital of the Twenty-First Century: A Once-in-a-Lifetime Opportunity" (Ulrich, 2004) highlights the importance of the physical environment in healthcare settings and provides insights into how architectural design might influence patient experiences. It serves as the foundation for our investigation into the impact of architectural design in stigma reduction. Furthermore, "Reducing Mental Illness Stigma: The Theory of Social Contact" (Hatzenbuehler et al., 2013), which explores the impact of social contact on reducing mental illness stigma and discrimination. The concept affects the design ap¬proach by emphasizing the necessity of interacting with people who have mental illnesses in destigmatization initiatives...

Architectural Psychology for creating a healing environment.

The work of Roger Ulrich demonstrated the importance of factors like natural light, access to nature, and spatial layouts in creating healing environments. This is supported by Mahnke's book Color and Light Theory, (1996), which sheds light on the psychological impact of color and lighting within architectural design. Understanding the subtleties of color and light can influence the overall atmosphere of mental health facilities and contribute to destigmatization. Other research such Calabrese's work on Biopilic Design incorporates natural elements into architectural environments. Studies by Kellert and Calabrese (2015) reveal that biophilic elements, such as greenery and water features can reduce stress and enhance the perception of mental health facilities...

User-based design.

In this research, the notion of user-centered design holds great importance. Participatory Design principles , as discussed by Muller and Kuhn (1993) and Sanders and Stappers (2012), empower facility users, staff, and the community to have a say in the design process. Additionally, research by Norman (2013) underscores the significance of designing spaces that align with users' needs and preferences. Engaging users in design decisions can help reduce stigma by promoting a sense of inclusivity. (interviews and questionnaires about how the users would like their space to be designed).

In other words, this research aims to understand the diverse needs of users within mental health facilities. "Deconstructing Stigma: Perceived Stigma and the Disclosure of Mental Health Conditions in the Workplace" (McDonald, 2016) sheds light on the experiences of individuals with mental health conditions in professional settings, highlighting the role of stigma and disclosure, informing an understanding of the diverse needs of patients and stakeholders...

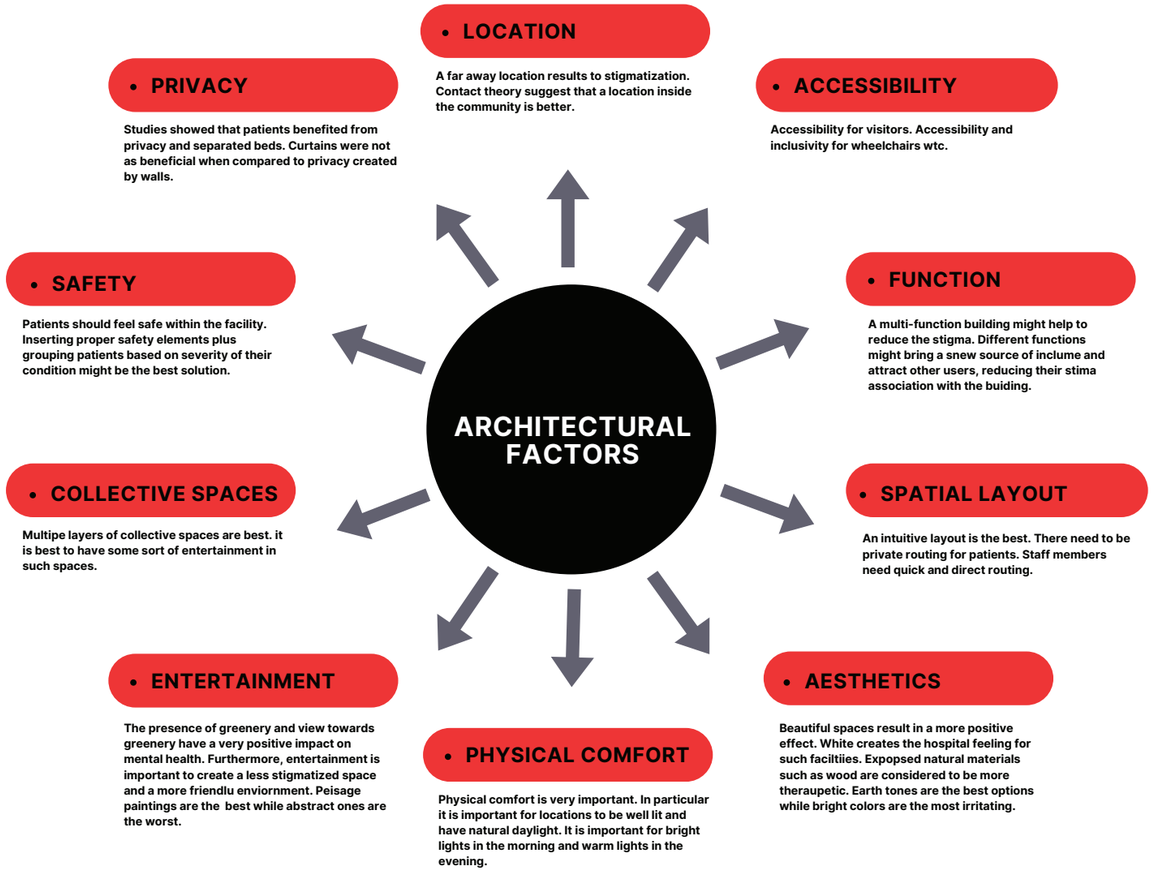


Figure 3: Highlights of Architectural Psychology Findings based on the literature research.

Theoretical Framework

The Stigma Theory

Erving Goffman's theory (Goffman, 1963) forms the basis for understanding the social stigma associated with mental health conditions. Stigma contributes to negative perceptions, discrimination, and marginalization. Goffman's theory is a valuable framework for understanding how stigma manifests in society. Four types of stigma are identified: Self-stigma, Structural stigma, Stigma by association and Public Stigma.

'Public Stigma' refers to the preconceived notions, discriminatory attitudes, and stereotypes that the broader public has about people who have conditions that are stigmatized. It causes social isolation and the exclusion of people who are stigmatized from many facets of society. Public attitudes and perceptions of mental health facilities can be influenced by the architectural design decisions made for these facilities. Public stigma can be lessened by using positive design elements to create spaces that are inclusive, hospitable, and non-institutional (Jarousse, 2023). *Contact Theory,* as proposed by Allport (1954) and empirically tested by Pettigrew and Tropp (2006), posits that intergroup contact, under certain conditions, can reduce prejudice and stigma. In the context of mental health facilities, this theory suggests that positive interactions between patients, staff, and the community can contribute to a reduction in stigma. Public perceptions can be positively impacted, for instance, by the use of warm and inviting colors (Mahnke, 1996), open and welcoming public areas, and architectural elements that integrate the facility with the neighborhood.

'Self-stigma' takes place when people who have conditions that are stigmatized internalize the unfavorable opinions and views held by the general public. Because of the stigma attached to their condition, they might experience feelings of guilt, low self-worth, and low self-esteem (CORRIGAN et al., 2009).This may result in social disengagement and a reluctance to ask for assistance (CORRIGAN et al., 2009). The self-stigma that people seeking mental health services may encounter can also be impacted by the architecture of mental health facilities. Facilities that are built with user-centered principles in mind can potentially lessen self-stigma by sending a message of respect, dignity, and support to their users (Livingston et al., 2011). A more positive user experience can be achieved by taking privacy concerns, designing therapeutic spaces with nature and art, and incorporating all of these elements. *Participatory Design* principles, as discussed by Muller and Kuhn (1993) and Sanders and Stappers (2012), empower facility users, staff, and the community to have a say in the design process. *User-centered design* principles emphasize the active involvement of users in the design process. Research by Norman (2013) underscores the significance of designing spaces that align with users' needs and preferences. Engaging users in design decisions can help reduce stigma by promoting a sense of inclusivity (Livingston et al., 2011).

'Stigma By Association' occurs when people or groups are made to feel less acceptable for being associated with someone who has a stigmatized condition. In the context of architecture, stigma by association may have to do with how architectural decisions made for mental health facilities affect the people and communities who are affiliated with those facilities in the context of your research. For instance, stigma may be experienced by association by the families of those receiving mental health care, the medical personnel, and the larger community. To create a healing environment, literature based on *Architectural psychology* will be implemented. *Architectural psychology* explores the impact of architectural design on human behavior and well-being. Scholars such as Ulrich (1991) have demonstrated the importance of factors like natural light, access to nature, and spatial layouts in creating healing environments.

'Structural stigma' includes the injustices, laws, and customs at the societal level that lead to the marginalization of people who are stigmatized (Corrigan & Lam, Citation2007). Inequalities in educational and employment opportunities, access to healthcare, and discriminatory laws are all part of it. Structural stigma makes it harder for people to access resources and support and reinforces stigma both in the public and in one's own mind. By looking at potential effects of Albania's socioeconomic, cultural, and architectural context on design choices, the research's feasibility evaluation can address structural stigma. This thesis will investigate if the capacity to establish stigma-reducing environments in mental health facilities is impacted by structural injustices, such as financial, technological, knowledge or architectural limitations. However, political influences are outside of the scope of this research.

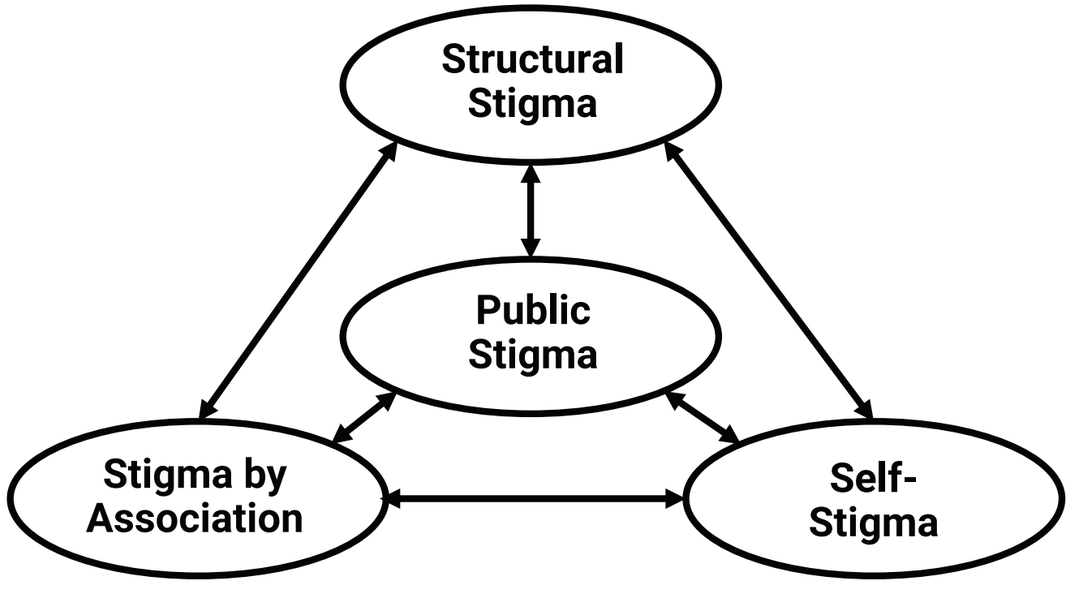


Figure 3: Goffman's Stigma Theory Diagram. Based on (Prydor & Reeder, 2011)

Architectural Design Elements

Based on the literature research, in particular the work of Roger Ulrich (Ulrich, 2004), several architectural elements that create a more healing environment have been identified. As a result, These elements create the basis for the framework of the identification and evaluation of architectural design strategies for destigmatization of mental health facilities for this research.

1. **Location:** Location of the facility in relation to urban structure.

2. **Accessibility:** Ensuring that the facility is accessible to individuals with diverse needs, including physical disabilities as well as the accessibility in relation to the location.

3. **Building function:** The main functions that the building provides.

4. **Spatial Layout:** The physical arrangement of spaces within a mental health facility, including routing and guided movement, as well as the sequence of spaces.

5. **Aesthetics:** The use of colors, materials, and aesthetics to create a welcoming and psychologically supportive atmosphere.

6. **Privacy Considerations:** Designing spaces that ensure confidentiality and dignity. Private rooms.

7. **Therapeutic Features and Entertainment:** Incorporating elements like nature, art, and sensory experiences to promote healing.

8. **Collective spaces:** Spaces offering social interaction etc.

9. **Safety:** Ensured physical and psychological safety through design choices; ex: railing, space allocation in favor of safety, protected areas etc.

10. **Physical Comfort:** Building physics aspects that ensure maximum physical and psychological well-being; ideal lighting condition, ventilation, acoustic insulation, thermal insulation etc.

Research Question

How can architectural design destigmatize mental health facilities in Albania?

01. What architectural design elements influence the stigmatization of mental health facilities in Albania?

- 1.1 How do the architectural elements contribute to the stigmatization of mental health facilities?
- 1.2 How are these elements implemented in Albania's mental health facilties?

02. How can the user experience of mental health facilities be improved?

- 2.1 What are the unique needs and preferences of mental health hospital users in Albania?
- 2.2 What architectural design strategies can be employed to enhance user experience in mental health hospitals?
- 2.3 Are these architectural design strategies feasible within the context of Albania?

03. How can the social perception of mental health facilities be improved?

- 3.1 How does the urban environment at a city level influence social perception for mental health facilities?
- 3.2 What architectural design strategies can be employed to enhance user experience in mental health hospitals?
- 3.3 Which of these strategies are feasible to the context of Albania?

Flowchart Diagram

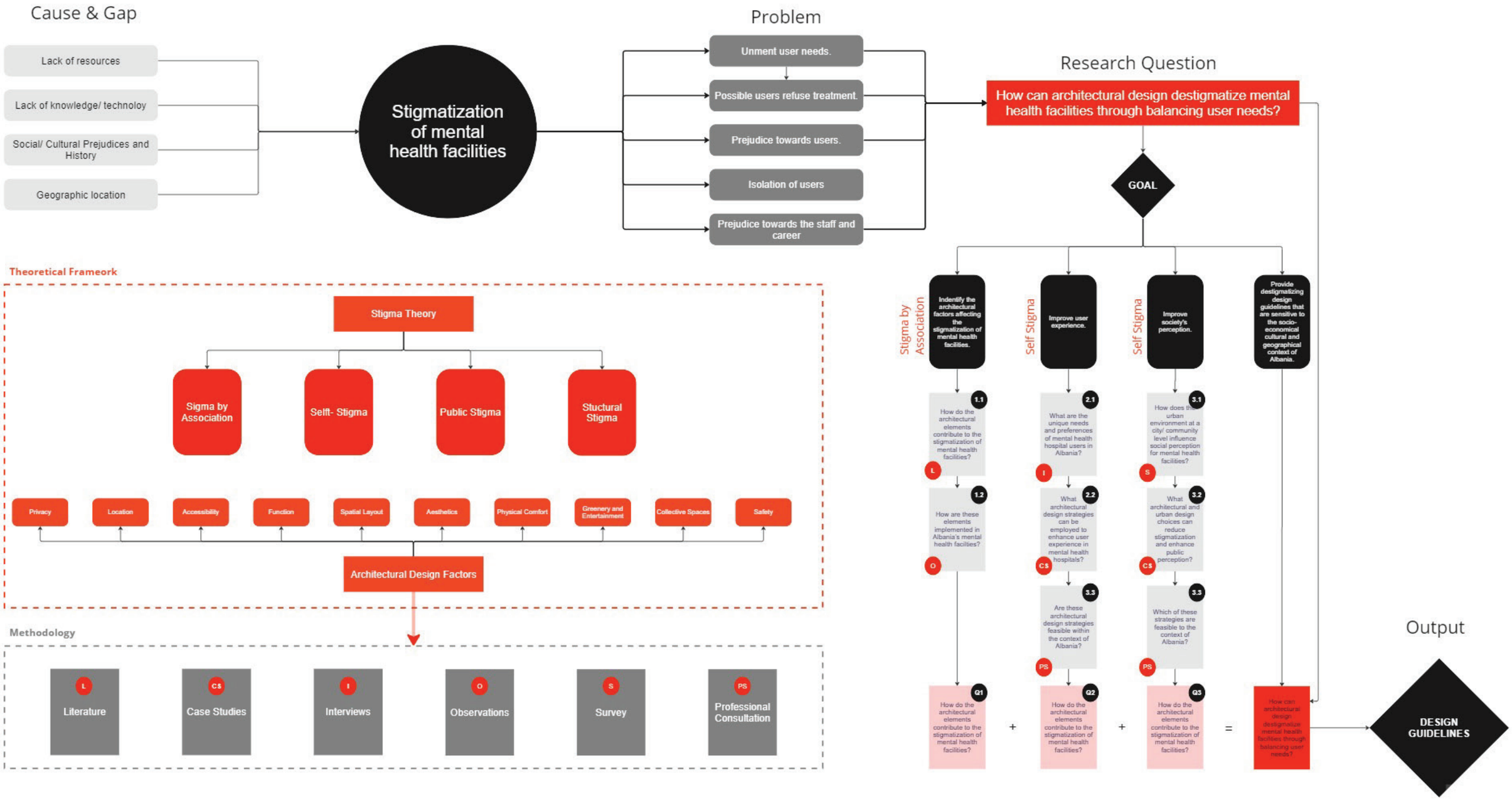


Figure 4: Flowchart of the research

03

Methodology

This study uses a thorough mixed-methods approach that was thoughtfully created to examine the complex interactions that exist between user experience, architectural design, and stigma reduction in mental health facilities within the particular sociocultural context of Albania. Informed by existing theories and practices, the research aims to provide practical, user-centered architectural guidelines for destigmatization, catering to the diverse demands of facility users. The research design is made up of several connected parts that work together to contribute different angles to the overall investigation.

Literature Review

A comprehensive and methodical review of the literature is done to lay a solid foundation. This review explores a wide range of scholarly publications, books, reports, online resources, and academic databases, providing an extensive array of perspectives from the fields of psychology, mental health, and architecture. The review of the literature summarizes what is known about user experience, stigma reduction, and architectural design principles in mental health facilities. It provides a thorough grasp of the dominant theories and methods in the field, laying the foundation for the ensuing empirical studies. The literature is collected through online sources such as google scholar and the TU Delft library and database.

Filedwork

The primary methods of gathering data are site visits, architectural analysis through observation, and staff and user interviews. The multidimensional perspective provided by photographs, sketches and floor plans enhances the qualitative data by visually documenting the architectural aspects. To make the fieldworkk research possible a board representative for each of the locations is contacted, to gain permission to conduct the study.

Location and Evaluation

The fieldwork research alongside the context case studies will be conducted in all three psychiatric hospitals of Albania: 'Ali Mihali' psychiatric hospital in Vlore, the psychiatric hospital of Elbasan and the 'Xhavit Gjata' in Tirana. This research excludes the psychiatric hospital in Shkodra.
Each of these context based case studies will be evaluated regarding the creation of stigma through the information provided by the literature research (see table XX).

Observation

During the fieldwork, an observational analysis will be conducted by the researcher. During the observational analysis the architecture of the locations will be observed in order to draw conclusions based on the literature research and valuate the stigmatization of the mental health facility. Furthermore, the different users will be observed based on how they interact with the space and their surroundings, as well as other users. These observations will be translated into sketches, maps and text.

Interviews

This research is centered around the user, and in order to do so, a series of semi-structured, in-depth interviews are conducted. Participants comprise a heterogeneous group that includes people with mental health disorders, medical professionals, supporting staff, families, and if possible, volunteers or other individuals present during the fieldwork. Through these interviews, users can express their needs, preferences, and points of view regarding the design of mental health facilities. Each interview is meticulously transcribed, recorded, and analyzed; emerging themes and insights inform the research's subsequent stages. To protect user privacy, interviewed and observed users will be documented into the final report as sketches or an abstract visual representation, while

altering their name. The interviews exclude specific members of the staff such as dieticians, volunteers, etc. and individuals that do not use any of the psychiatric hospitals. A copy of the example questions alongside transcripts of the interview will be included in the appendix.each of the locations is contacted, to gain permission to conduct the study.

Survey

The survey consists of a series of online questions which aim to evaluate the architectural factors stated in the architectural design elements framework. Each of the different factors is evaluated through questions tackling every architectural design suggestion creating destigmatization. A copy of the survey will be provided in the appendix.

Case Study

The thorough examination of several case studies of mental health facilities around the world forms the basis of the empirical research. The case studies showcase a wide range of facility types, architectural styles, and user requirements. Each of the case studies is selected on the basis of employing design strategies that aim to create a therapeutic environment

Professional Consultation

To gain better understanding of how socio-economical factors can affect the application of global modern architectural strategies and elements to improve the quality of mental health facilties, several professionals in the field of architecture and engineering with previous experience on mental health facilities will be interviewed. These professionals have the practical knowledge to provide an evaluation regarding the feasibility of the design choices, thus offer the final contextual filter to the guidelines.

Ethical Considerations

The research upholds the highest ethical standards throughout its entirety. Ethical considerations are integral to each stage of the research process, ensuring that the rights and well-being of participants are safeguarded. The following ethical principles guide the research:

- **Informed Consent:** All participants, including interviewees and expert panel members, are provided with comprehensive information about the research objectives, procedures, and their roles. They are encouraged to provide informed consent before engaging in any research activities.

- **Confidentiality:** The confidentiality of participants is rigorously maintained. Any personal or sensitive information shared during interviews is anonymized and protected, ensuring the privacy and identity of participants remain secure. This will be done by providing fake names and abstract visual representation of participants.

- **Privacy:** Interviews are conducted in settings that prioritize the privacy and comfort of participants. This includes providing secure and confidential spaces for interviews, enabling participants to express their views without reservation.

- **Debriefing:** Participants are debriefed after their involvement in the research, offering an opportunity to address any concerns or questions. This practice fosters transparency and ensures participants leave the research process feeling informed and valued.

- **Voluntary Participation:** Participation in the research is entirely voluntary. Participants have the freedom to withdraw at any stage without facing consequences.

- **Beneficence:** The research aims to benefit society by contributing to the destigmatization of mental health facilities and the creation of more user-centered designs. While minimizing harm is prioritized, the research is designed to enhance understanding and improve the well-being of users.

Limitations

The research acknowledges certain limitations inherent in its design and execution. These limitations are important to consider when interpreting the findings and implications:

- **Contextual Specificity:** The research is focused on the context of mental health facilities in Albania, which may limit the generalizability of findings to other cultural or geographical contexts. The architectural, socio-economic, and cultural factors unique to Albania shape the research outcomes.

- **Subjectivity:** The qualitative nature of the research, including user interviews and expert panels, introduces a degree of subjectivity in the data. Participants' perspectives and interpretations play a significant role in shaping the findings.

- **External Factors:** External factors, such as changes in healthcare policies or architectural regulations, may influence the feasibility of implementing design choices and recommendations in the future. These factors, including political factors in general, are beyond the scope of the research. Important laws and regulations will be included when informed by the interviewed professionals and the staff of the psychiatric hospitals.

- **Bias and Assumptions:** The research may unintentionally introduce biases and assumptions. Awareness of these potential biases is critical for a comprehensive and nuanced interpretation of the findings.

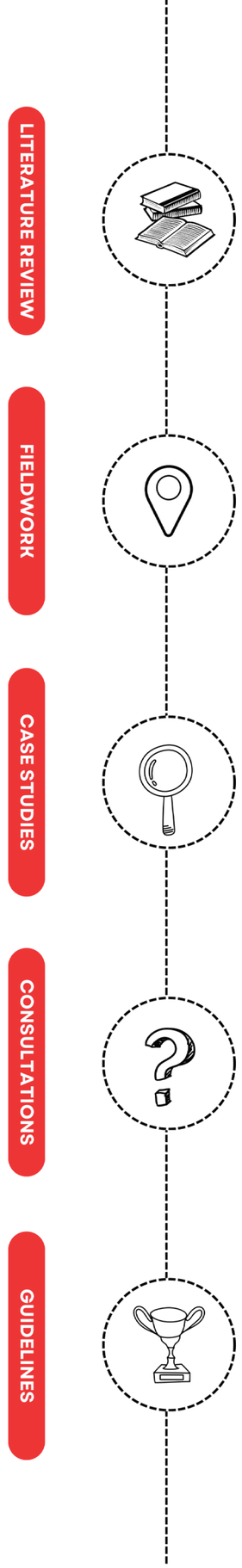


Figure 5: Research Process

SECOND PHASE

RESEARCH TIMELINE

Week 1

Fieldwork
Observations
Interviews
Survey

Week 2

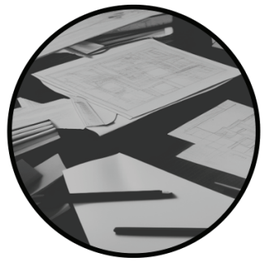
Data Analysis
Analyze the data
Draw Conclusions
Make Visualizations

Week 3

Site Analysis
Analyze the data
Draw Conclusions
Make Visualizations
Update the Report

Week 4

Volumes and Concepts
Finalize site analysis
Volume study
First concepts
Functions
Update Report + Case studies

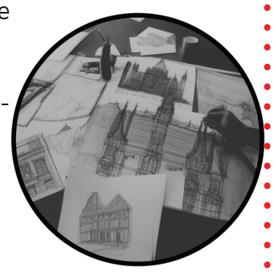


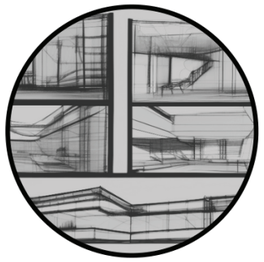
Week 5

Analysis and Case Studies
Analyze the multiple case studies
Site Analysis
Make a list of require-ments
Volume Study

Week 6

Concept and Ideas
Finalize site analysis
Concepts and Ideas
Make sketches and drawings
Update Report





Week 7

Design Ideas
Make drawings
Sketch volumes, sections, plans
Update Report

Holidays
Professional consultation

Week 8

Wrap Up
Finalize the report
Compile visuals
Final Conclusions

P1 — P2

Figure 6: Research Timeline for the second phase of the research, P1 to P2

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Fieldwork Planning

Location

Quick Notes

For the fieldwork week, three different psychiatric hospitals will be visited. They are located in Tirana, Elbasan and Vlore. As it is hard to obtain information regarding these facilities through official websites, newspapers and magazines have been included as resources.
For the fieldwork, the author will spend 2 days in Vlore, followed by 2 days in Elbasan and finally one day in TIrana, considering the smaller size of the facility.

Location: Tirana

Services are provided throughfour main units: Emergency, Admission, Subacute Pavilions, and the Children and Adolescents Pavilion.

Not much information provided.

approx. 90 beds

Problem with heat during summer based on topchannel.tv

150 patients have been abandoned by family.

Oldest facility

Capacity of 310, up to 8 patients per room according to abcnews.al

A bit more problematic

Location: Elbasan

Newest Facility

Location: Vlora

Capacity of 200, usually exceeded by three times more.

Weekly Planner

STUDENT: Martina Gjermeni

DATES: 12-17 November 2023

LOCATIONS: Vlore (13-14)
Elbasan (15-16)
Tirana (17)

DAY 1	**MORNING:**	Arrival & Interviews
	AFTERNOON:	Interviews
	EVENING:	Interview Transcript, Building mapping
DAY 2	**MORNING:**	Observations, sketches, darinws, photos...
	AFTERNOON:	Observations, make sketches and drawings
	EVENING:	Fix drawing, make diagrams,
DAY 3	**MORNING:**	Arrival & Interviews with staff
	AFTERNOON:	Interviews
	EVENING:	Interview Transcript, analyse building map, make notes
DAY 4	**MORNING:**	Observations, make sketches
	AFTERNOON:	Observation make sketches
	EVENING:	Fix drawings and sketches
DAY 5	**MORNING:**	Arrival & Interviews
	AFTERNOON:	Interviews and observation
	EVENING:	Observation. Transcript, fix drawings

Daily Planner

(Example)

LOCATION: Elbasan

DAY: 1

6:00	
7:00	Leave home.
8:00	
9:00	Meet the representative to show you around.
10:00	Interview medical staff
11:00	Interview medical staff
12:00	Interview medical staff
13:00	Lunch break.
14:00	Interview medical staff Interview medical staff
15:00	Interview supporting staff.
16:00	Interview supporting staff.
17:00	Interview family member.
18:00	Leave.
19:00	
20:00	Transcripts.
21:00	Transcripts.
22:00	
23:00	

GOAL

- ○ Get to know the place.
- ○ Mapping the place
- ○ Interview users

QUICK NOTES

- Ask for a map.
- Remember to ask if there is a patient or family you can contact.

FOR TOMORROW

- Map out locations.
- Remember you cannot access the second floor.

Interview

Representative/ Administrative staff:

1. Cultural Perceptions of Mental Health:

- How do cultural attitudes in Albania influence perceptions of mental health?
- Are there specific cultural beliefs impacting mental health views in Albania?

2. Cultural Expectations in Care:

- How do Albanian cultural expectations influence individuals seeking mental health care?
- Should architectural design consider unique cultural aspects in Albania?

3. Suggestions:

- What difficulties exist with the current facility?
- What additional features could enhance the therapeutic environment?

4. Safety and Security:

- How does the current design impact safety for users and staff?
- Are there safety concerns related to the architectural layout?

5. Community Perception:

- How does the facility's design influence community perception of mental health?
- Can design positively impact public opinion?

6. Flexibility and Adaptability:

- How well does the current design adapt to changes in user needs or cultural preferences?
- What design elements ensure long-term adaptability?

7. Society's Impression:

- What is important for Albanian society to know about psychiatric hospitals?
- In an ideal scenario, what would the ideal psychiatric hospital look like in Albania?

Supporting Staff:

1. **Impact of Design on Work:**
   - What does your average workday look like?
   - How does the current architectural design affect your work and interactions with users?
   - Are there aspects of the design that contribute to challenges in doing your job?
2. **Suggestions for Design Enhancement:**
   - From a support staff perspective, what changes would you propose in the architectural design to create a more therapeutic environment?
   - How can the facility better facilitate your role in supporting users?

Users (Patients):

1. **User Experience:**
   - How would you describe your overall experience within the psychiatric facility?
   - Can you share specific instances that stood out during your stay?
2. **Perceived Stigma:**
   - In your opinion, how is mental health perceived in our society?
   - Have you ever felt stigmatized or judged within the psychiatric facility?
   - Have you ever felt stigmatized or judged after your stay in the facility?
3. **Space Interaction:**
   - Are there specific areas in the facility that you find comforting or distressing?
   - How do you feel about the privacy and confidentiality of the spaces?
4. **Cultural and Social Factors:**
   - Do cultural or social factors impact your experience within the facility?
   - Are there cultural practices or preferences that should be considered in the design?
5. **Architectural Preferences:**
   - What architectural features would contribute to a more supportive and non-stigmatizing environment?
   - How do you envision an ideal mental health facility in terms of design?

Medical staff:

Introductory:

1. **Experience:**
    - Could you describe an average working day or week for you?
2. **Stigmatization:**
    - From your observations, do you think certain architectural choices contribute to stigmatization within the facility?
    - Can you provide examples of instances where architectural design may have influenced stigmatization perceptions among patients or staff?

User-patient dynamics

3. **User Interaction with Space:**
    - How do you observe patients interacting with the physical space and each other within the facility?
    - Are there instances where the architectural design seems to hinder or enhance staff-patient interactions?
4. **Staff Accessibility and Comfort:**
    - From your perspective, how does the current architectural layout impact your ability to provide care and support to patients?
    - Are there specific aspects of the design that contribute to challenges in your role as a healthcare professional?
5. **Visitors and patients:**

Suggestions for Improvement:

6. **Architectural Recommendations:**
    - What specific changes in the architectural design would you recommend to enhance the overall working environment and experience for the medical staff, creating a more therapeutic environment?
    - Are there design elements that you believe could positively impact the delivery of healthcare services in the facility?
    - What are some design choices you believe would enhance the wellbeing of patients?

Overall Facility Impact:

7. **Safety and Security:**
    - How does the current design contribute to or detract from the safety and security of both users and staff?
    - Are there specific safety concerns related to the architectural layout that you've observed?
8. **Flexibility and Adaptability:**
    - In your opinion, how well does the current design adapt to changes in user needs?
    - What design elements would ensure the facility remains adaptable over time?