Depression treatment center

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The Architecture of Interior, Fall 2014
Irene Cieraad Research Seminar AR3Ai055
07.01.2015
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Introduction

Depression has become one of the most important health problems worldwide, with an alarming growing rate of diagnosed people every year, and enormous amount of money spent by the governments on treatment and due to productivity loss. Yet, depression is treated together with other mental disorders, and there are no clinics in the Netherlands focused exclusively on the treatment of depression.

For the depression treatment center is a new architecture program, it was essential to study its feasibility as an independent health care typology, before going deeper into the patient’s needs and drawing any conclusions on the design. Therefore, the first part of my report is structured around the question: Why should a depression treatment center have a different program from a typical psychiatric clinic? The second part is focused on the patient’s needs and researching how can the building’s program support the patient’s need for social inclusion? The last question is based on recent research showing that social inclusion is the most cost-effective method in depression prevention and treatment, and the findings answer how the building’s program can support it.

In order to investigate for answers, I studied scientific articles which helped me to get a better understanding on the issue of depression worldwide and to find out about new directions in prevention and treatment. The interviews with several psychiatrists and psychologists, from Romania and The Netherlands showed me how depression is seen in different socio-political environments, pointed out the pros and cons of treating depression in a separate health care facility from other mental disorders, and offered useful ideas on how can the building encourage social inclusion. By interviewing patients suffering from depression, I found out their own definition of the disease and symptoms, as well as about their needs for social inclusion and what architectural functions would support it. Nevertheless, a study trip to mental care facilities in Castricum and Heiloo, showed me how depression is currently in the Netherlands, which are the issues and where there is still room for improvement.

Research question 1:

Why should a depression treatment center have a different program from a typical psychiatric clinic?

A depression treatment center is a new architectural typology, and therefore needs the confirmation that such a solution could be feasible. In order to investigate that, I discussed with specialists in the field and patients about advantages and impediments of such a program, I looked upon the depression statistics and the new directions for treatment and prevention worldwide and in particular in The Netherlands, and visited several mental care facilities in the Netherlands, where depression is treated together with other mental disabilities.
Statistics show that there is a high demand in slowing the depression expansion among the population. Depression rates are alarmingly increasing to over 350 million people suffer from depression today, which was named by the World Health Organization the greatest cause of disability worldwide (2012). Over 50% of the population still doesn’t get any treatment and the money loss because of lack of productivity at work, accounts for as much as twice the cost of the treatment. Depression is the most costly brain disorder in Europe, totaling 33% of the entire costs spent on healthcare.\(^1\)

It is estimated that 18.7% of The Netherlands’ population is expected to experience depression during lifetime, making it the most clinically depressed country in Europe. As a result, depression is a serious health and economic burden worldwide, and especially in The Netherlands.\(^2\)

With such a demand in prevention and treatment of depression, it was curious to me why such a typology specialized on depression treatment doesn’t exists in The Netherlands yet, in the conditions that other brain disorders like Alzheimer’s, with significantly lower prevalence rates and costs, already have specialized facilities.

‘Normally, a psychiatric clinic doesn’t treat only depression, but also anxiety, phobias, drugs and alcohol abuse and so on. Also the demands of the patients with depression are not really fixed, like in the case of Alzheimer’s for example, where you know that they are going to spend the rest of their life in the clinic. A depression clinic in the sense of a residency, it is more complicated and it might just not return its investment.’ (Razvan Balan, Psychologist)

Therefore, depression is still treated in psychiatric clinics along with more severe mental problems like psychotic disorders, bipolar disorders and other. Asking patients how they feel about this I realized that just being put in the same group with more severe mental illness, makes them to consider a psychiatric clinic as a negative and scary place, rather than a welcoming facility for treatment:

‘I was feeling that I didn’t belong there. I knew I needed treatment, but I was still reserved in going to a psychiatric clinic, and my first reaction when I entered the waiting room was to run away. I was impressed about the people around me, who actually had serious mental disorders, and I had two ideas fighting in the same time in my mind. First: “I am completely healthy compared to those people, so I should not be here”, and second “Am I really that sick that I have to come to a psychiatrist, where real health problems are treated?” (L.C., patient with depression)

Henk-Willem Klaassen, a Dutch social psychiatrist confirmed that in a psychiatry clinic you are going to meet people very ill, that can make you more depressed

\(^1\) www.who.int
\(^2\) Van Gelfrop 2013
just by seeing them, and thinking that you belong to the same group. Patients with depression tend to be very sensitive to emotional factors, and just by exposing them to a negative environment will make their state worst.

Both the statements of the patient and the psychiatrist, strengthened my hypothesis that there is need for a change of perception in depression treatment, in facilities specialized only on the needs of the patient with depression, and offering a positive atmosphere. Keeping in mind that there is a general negative stigma about the psychiatric clinics, I went to investigate how this perception can be changed, in a visit to several Dutch health care facilities in Castricum and Heillo, guided by Henk-Willem Klaassen.

In Castricum, the health care compound situated in the middle of the forest, was composed of psychiatric facilities from different construction periods. The simple fact that the buildings were situated away from the city had a negative impact on people with depression. Social isolation is one of the causes of depression, and a clinic that does not encourage the contact between patient and family or community only makes the patient feel more isolated and therefore, more depressed.

The Parnassia psychiatric clinic, is the newest facility in the campus providing inpatient services for 68 adults suffering from different types of psychiatric disorders. Seven different wings hosted patients within a specific group of mental illness, like drug and alcohol abuse, psychotic disorders, depressive disorders or bipolar disorders. All the wings were concentrated around a ‘healing garden’ which served as a meeting place for all categories of people. Encouraging social interaction was definitely a priority in the design of the clinic. Collective functions like the lobby, dining room, living room, gym, or activity rooms where distributed in the public area, creating an attractive environment where people could meet and interact, supported by the colorful architecture which created a positive feeling. At the first sight, the negative feeling that I expected to see in a psychiatric clinic was not present. Unfortunately, I was not
allowed to interact with the patients, which stayed in the private, residential wings, in order to find out their opinion.

By discussing with Henk-Willem Klaassen, I realized that this kind of clinics, even though they might have an attractive architecture, don’t work for people with depression. More important than the architectural environment is what kind of mental illnesses are treated there together with depression. People with depression need social interaction with people that can give them the positive energy that they lack of. Instead, in these types of facilities they meet people in a mental condition that is often more severe than the one of depressed patients. This can make the condition of people with depression even worst, and make the recovery slower.

In Heiloo, I went to see another type of psychiatric clinics, this time, situated in the city center. In this case, the position of the clinic inside the city provides for the patients an environment closer to their community and family. Social interaction with people from outside of the clinic occurs more often, which is a positive aspect for depressed patients. On the other hand, inside the St. Benedictus Psychiatric Hospital, we encounter the same mix of severe mental disorders treated there, which create a negative atmosphere. Moreover, the old architecture of the building, although monumental and impressive, reminds of the typical institutionalized mental hospitals that already bear a bad stigma.
Looking at the action plan until 2020 of the World Health Organization (WHO) we see the desire to close these large mental hospitals, in order to get rid of the bad stigma and change the image of mental illness in society. There is a shift of perspective in slowing down the depression rates with focus on increased awareness and prevention, together with cost-effective treatments. Therefore, WHO proposes school based programs targeting cognitive and social skills, family education to detect and prevent depression, exercise and activity programs for the elderly, and nevertheless opening community centers accessible to all groups of population.  

In the Netherlands, Trimbos Institute proposes the same, new direction of deinstitutionalization. Incentives for deinstitutionalization and opening of community centers have faded since 2002, and lots of this activity centers are closing, in the detriment of the population demands. By shifting the perspective from institutionalized large mental hospitals to community care and support, the patients will be treated in a friendly environment, closer to their family and friends, the patients with depression will not feel isolated being slowly reintegrated in the community instead. Therefore, for the Trimbos Institute, social inclusion represents the only sustainable answer to severe mental health problems.

So far in my research, I reached two conclusions:

1. A depression treatment center should be released from the bad stigma of the large mental hospitals, to focus exclusively on depression treatment and provide an atmosphere tailored on its patients needs.

2. Social inclusion which plays a crucial role in prevention, treatment and recovery from depression, should stay at the base of the building’s concept.

In order to make the first moves on design, I had to find out how can the building’s program support the patient’s needs for social inclusion.

**Research question 2:**

**How can the building’s program support the patient’s needs for social inclusion?**

In order to find out the ideal architectural program, I first needed to search deeper into the patient’s needs and to find out what kind of social interaction has the most positive effect on the patient’s state and in which functions should it take place.

*The first period was a state of panic and overwhelming, while being constantly tired. Afterward, the state of panic transformed into fear and disappointment,*

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3 [www.who.int](http://www.who.int)
and the state of guilt and constant thoughts as "I am good of nothing", with lack of energy to work and having an unhealthy lifestyle. Further, I experienced loss of interest for social activities, social interference, as well as any other activities, loss of hope and meaning in almost everything. In the end I had thoughts of suicide. (L.C., patient with depression)

Above, the road through depression is described by one of the patients whom I interviewed. Depression can be triggered by a wide variety of events – failure in career or love, prolonged stress, loss of someone close etc. – after which the patient is not able to find a way out. After depression is installed in the patient’s mind, it slowly takes over making the symptoms worst and stronger, up until the point where the person loses any hope to get over it and has thoughts of suicide. Usually, the symptoms before the suicidal thoughts are exactly as described by the patient: lack of energy, loss of interests in social activities, isolation, loss of hope and meaning in life.

Looking at the recent studies social and relational factors in major depression we find a correlation between the patient symptoms and the benefits of social support. If social events can cause depression, they can also prevent it from occurring in the first place: they help people change the unhealthy lifestyle habits or adopt new ones; they act as a stress reliever; provide guidance, entertainment, mental or physical assistance during crisis; and help increasing the self-esteem and find a meaning in life.

Comparing the patient’s feelings with the research of benefits of social relations, it seems that social support is the answer in depression prevention and treatment. Keeping that in mind, I asked the specialists in the field, about the effectiveness of group therapy, which is a basic practice in psychology, meant to provide social support.

'For some works, for some doesn’t. Some of them exclusively want private psychotherapy sessions because they don’t want to be judged by others. In order to create a group there is a lot of work, and it is about encouraging the patients to accept the others.’ (Razvan Balan, psychologist)

'It is good to find somebody that you can share your problems with, but on the other hand you are going to meet people very ill, that can make you more depressed just by seeing them, and thinking that you belong to the same group. Patients with severe depression don’t want social interaction, while for the ones with moderate depression it has some good results.’ (Henk-Willem Klassen, psychiatrist)

'As a beginning step of the therapy, I would not be eager to do a group session. I think that the psychotherapy requires a high level of openness from the patient, and the presence of others might restrict that. Being so vulnerable to
everything you hear from outside, the state of the others might have a negative influence.’ (L.C., patient with depression)

Despite the fact that depressed patients need social inclusion, the group therapy is not always the best way to support it, as it requires a certain level of openness and acceptance, while the patient might just not be ready for it yet.

As a result, I needed to investigate other ways to realize social inclusion, different from the typical group therapy.

A recent study shows the difference between the group therapy and group activities, and compares their effectiveness in providing social inclusion for depressed patients. The subjects were divided into two groups. Group 1 was pursuing group therapy sessions at a psychiatric facility, while Group 2 was involved in social participation in different activities like football, yoga, art and sewing. The results show that people that identify themselves with the group – as in the case of Group 2 – have better chances to recover from depression than people that don’t feel the sense of belonging to there – Group 1. With other words, a group has to matter psychologically, to involve the patient in a pleasant activity in order to be benefic for depression recovery. Simply showing up to a typical group therapy doesn't provide the desired results.

Therefore, scientific studies prove that group activities an effective solution in depression recovery. I was curious what the patient and the psychologist think of introducing spaces for those kinds of activities in the building’s program:

‘Many people associate the depression clinic with something very negative and the challenge is to develop a different image - not focused on the psychical problems, but on the benefits of those activities for our well-being. Depression appears after the loss of positive thinking and the idea to enter an environment where these positive facts are accessible will help in regulating the patient’s mental state’ (Adelina Muresan, psychotherapist)

‘While on the group therapy you are concentrated on your problems, a group activity has the role to shift your focus to something new and pleasant, and make you forget the negative thoughts, and that would be a catalyst for the treatment. Meeting people whom you can share you passions with can be really positive’ (L.C., patient with depression)

Attractive group activities concentrated on hobbies like arts, sports or meditation, do not only make the patients feel more involved and increase social interaction, but also change the negative image of a typical psychiatric clinic, usually focused on solving psychical problems instead of providing an attractive environment.⁴

⁴ www.allthingsdepression.com
I was interested to see how are the psychiatric facilities in the Netherlands providing these spaces for hobbies and group activities.

By visiting a shelter living facility in Castricum, and entering the room of one of those patients, I realized how important the hobbies are for mental ill people. The patient’s passion for music gave the main motif for the decoration of his place: several guitars and lots of audio systems, countless CD’s and posters. The first impression was not entering a patient room, but arriving into a museum of his favorite band – The Beatles.

In Parnassia Clinic, although the spaces for hobbies exist in a form of small multifunctional activity rooms and a gym, they are subordinated to the typical functions for residency and psychiatric treatment. The overall atmosphere of the building is still of a medical facility, rather than an attractive place for group activities.

Nevertheless, the visit at the activity center for mental ill patients in Heiloo, offered me important ideas about how these places for group activities should be integrated in a depression treatment facility. The activity center in Heiloo is an independent facility from the other psychiatric buildings, providing spaces for easy sports – table tennis, pool, darts-, music, a print shop, a sculpture room and other craft activities. The activities provided were concentrated on the demands for adults or elderly, with not many options for young people. Although presented as a large container of interesting activities, there were few patients actually using it.
It was clear to me that the activity center didn’t perform effectively as a stand-alone building. The idea is not to create a remote building where mental ill patients can choose to visit or not, but to combine the activity spaces in the same building with the treatment and residential facilities, in the way that the activity spaces are always present in the patient’s routine, and actually give a positive character to the whole place.

Moreover, the center was not accessible to the general public, being a space reserved exclusively for patients and their mentors. This solution is in contrast with the directions that the Trimbos Institute proposed for the treatment and prevention of depression. This kind of activity centers should be open for the public in order educate the society about mental illness and support the people suffering. People with mental illness should have ample opportunities to participate in social activities with the community and re-integrate themselves in the society.

My hypothesis at this point is that combining an activity center open for the general public with a depression treatment center, would create a hybrid that will actually perform better than the two programs alone. The next step was to find out about the emotional impact on the patients, when participating to activities with ‘normal’ people, as seen by patients and specialists in the field:

’I really like the idea, as the cause of depression is often the lack of social contact and positive believes, which the family doesn’t always have the resources to offer’. (Adelina Muresan, psychologist)

’I think that for a patient it is very good to meet normal people. To meet somebody who it is kind to him even if he is mentally ill, and who wants to participate in an activity together, that can only make the patient happier.’ (Henk-Willem Klassen, psychiatrist)

I think at the beginning would be difficult to interact with the public, but as a second stage, the energy of the others can have a good impact. Moreover, will
give you the feeling that you are good around people, and there is nothing to be ashamed of. (L.C. patient with depression)

After the idea of a hybrid building between a depression treatment center and an activity center for the community had positive reaction, I was interested to find out what are the best activities to provide both for the patients and the community:

‘I think the activities should be upgraded with the state of depression, meaning that higher state of depression should give easier tasks. I remembered I was trying to cook once for a dinner together with my housemates, and we didn’t manage have the expected result, and I blame it all on myself. So for the beginning, I would prefer to do easy tasks, or the ones that would help me express myself. For example: being part of an easy theater play would help me express myself, or play a positive role would help me focus my attention and rehearse something that might go hand in hand with the treatment. Sports activities would have a great impact, since normally I would stay in bed all day. For a second step I think I would like to do activities that I once used to like: drawing, playing an instrument’. (L.C., patient with depression)

It is interesting how patients with depression, having a really low self-esteem, might find some activities difficult and prefer to pursue easier activities where it is harder to fail in front of the others. In this sense, the clinic should provide a wide range of activities, meant to be suitable for people with different hobbies and different degrees of depression.

‘In these sense, I also have a vision for my dream clinic with integrated special activities. The clinic could provide spaces for art therapy, a library, indoor and outdoor sports, gardening, cafeteria etc. I also imagine a space of 200 m2 with a stage in the middle surrounded by benches, where patients can perform a theatre play in front of their family or other people that are interested. In this way you have a two folded result: you determine people from exterior to get closer to the patients, and vice-versa. The space should be flexible, the benches can be removed and the space can be used for dance therapy, drama therapy, group therapy. You can also treat disorders like phobias, through cinema projections. (Razvan Balan, psychologist)

Razvan Balan draws attention to the benefits of art therapy, bibliotherapy, drama therapy, sports and meditation in treating depression. Flexibility is in his opinion a key solution in the organization of those spaces, in order to provide the widest range of activities possible.

The answers to my second research question started to reveal themselves. Beside the treatment and residential facilities, in order to support the patient’s need for social inclusion, an activity center for the community will be added to the program. After the interviews, I identified six different categories of activities

**Conclusion**

The third report had the role to establish the building program in relation to the users’ needs. In order to answer my research questions, I linked the scientific information with the patients’ and specialists’ opinions, visited several psychiatric clinics and activity centers in Castricum and Heiloo, in order to study how depression is currently treated in the Netherlands, and form my own opinion on how can this be improved.

The first part of the report shows that although depression represents the most important burden from all mental diseases, it is still treated in large psychiatric hospitals together with other, more severe mental disorders, that create a negative atmosphere which actually make the depression symptoms worst. Because patients with depression have their own demands for a positive environment, a depression treatment center – as a new architectural typology – should be released from the bad stigma of the typical psychiatric facilities, and create its own atmosphere tailored on its users’ needs.

The second part aims to establish the building’s program based on the users’ need for social inclusion and a positive environment. Attractive group activities become the best solution in treatment of depression, for they provide the patients’ with the feeling of belonging to a group, increase their self-esteem and help them find a meaning, things that are lost during depression. In the same time, allowing the general public to participate to the same activities, and use the building as an open community center, will raise awareness and increase prevention, while speeding up the process of the patient’s reintegration in the society. The result is a hybrid building program, including psychiatric and residential facilities combined with spaces for attractive activities, which will create the dominant, positive image of the building.

The activity center will be tailored on the patients’ needs and fulfill, in the same time, the needs of the community in Amsterdam Noord. As presented in the second report, the residents of Amsterdam Noord are still craving for the old-welfare state measures that supported community centers in Amsterdam’s neighborhoods. Residents feel a certain sense of ownership for the well-being of the neighborhood, and would like to be more involved. Community-led initiatives like Noorderparkkamer, Broedstraten or Tolhuistuin are the starting point for a whole range of social developments that are about to change the image of the neighborhood. The new community center will inscribe itself in the process of gentrification of the whole area, bringing new activities in the Vliegenbos Park.
I propose six different categories of functions - performing arts & cinema, library, cooking school, sports, gardening, arts & crafts – organized in flexible spaces in order to accommodate the widest range of activities possible within each category.

In order to accommodate those functions together with the psychiatric and residential facilities, the Old School building needs to be extended. As one of my goals is to provide a positive atmosphere for the people with depression, I had to create what actually is the opposite of depression experience. A patient experiences depression as a very long road, which becomes more and more negative as he advances through. The new intervention recreates the same long road, this time with a more and more attractive experience as one is advancing through the different spaces for activities. In order to raise the curiosity of the user, each activity space will be designed with a different atmosphere in concordance to its function.

Therefore, the research seminar helped me to gather the necessary information in order to establish a building concept that will not only fulfill the patient’s need for social inclusion - belonging to activity groups - but also the demands of the community for social developments in the neighborhood. The challenge for the following design period, is to establish the right balance between private space of the patients and the public interior of the community, which should result in a rich architectural composition.
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Own illustrations
INTERVIEW 1. L.C., patient with depression

How do you define depression?
Depression is a mental disorder that affects men and women of all ages, and is defined as a constant low mood and ability to work, sleep, study, eat, and enjoy life, for a longer period of time.

What symptoms did you experience during the different states of depression?
The first period was a state of panic and overwhelming of the situation, while being constantly tired. Afterward, the state of panic transformed into fear and disappointment, and the state of guilt and constant thoughts as “I am good of nothing”, with lack of energy for work. Further, I experienced loss of interest for social activities, social interference, as well as any other activities. The last stage, for about two months, was a constant feeling of guilt and shame to talk or meet people, sleep disorder – poor quality of sleep, loss in hope and meaning in almost everything. In the end I had thoughts of suicide.

How is depression seen in the society?
I believe society is not yet aware that depression is a serious illness. Most of the time, people don’t take it as a serious health problem, and never seek treatment. People occasionally feel sad or blue. But this temporary state passes goes away in a few days most of the time. If this expands for a longer period of time, it can deepen its symptoms, and interfere with daily life.

Have you ever been to a psychiatric clinic? How did you find it?
I have been to a psychiatric clinic last year in Romania. I was feeling very low, and I knew I needed treatment, but I was still reserved in going to a psychiatric clinic, and my first reaction when I entered the waiting room was to run away. I was impressed about the people around me, who actually had serious mental disorders, and I had two ideas fighting in the same time in my mind. First: “I am completely healthy compared to those people, so I should not be here”, and second “Am I really that sick that I have to come to a psychiatrist, where real health problems are treated?”

Currently a psychiatric clinic treats people with different problems – psychosis, schizophrenia, drugs and alcohol abuse. How would you feel being treated in the same place? Would you consider that depression needs a separate space of treatment from the other mental diseases? Why?
As I stated above, from my experience, I was feeling I did not belong there, because I was suffering of a low self-esteem and lack of motivation. I felt my “disease” is not comparable to the others, since my state was temporary, and I was aware that the symptoms come just from my negative thoughts that overwhelmed me at the moment.

How did depression affect your relations with the others?
Because I avoided the contact with other persons, ignoring phone calls, a lot of people ignored me as well. Closest people tried to help me, but running away from them and ignoring their advice, estranged them. Most of the time, I felt like a burden for the others and a waste of time for them, so I become isolated. The relationship with my family was hard to endure, because they were a support, but I was feeling guilty that they have to pass through this because of me, and I do not deserve them. Although, after I passed over, it made it appreciate everyone around me more.
How did depression affect your desire for practicing relaxing activities/hobbies?

Even though I knew any other activity would make me feel better, I felt no desire in doing any activity. I had no interest in doing anything, and when I tried to involve in activities with my housemates, I felt awkward, and ashamed.

What do you think about group therapy in depression treatment? In which cases does it work or not, and why?

I had no experience with a group therapy, but I think that first, the level of depression should be more or less the same, because being so vulnerable to everything that you hear from outside, the state of the others might have a negative influence. Although as a beginning step of the therapy, I would not be eager to do a group therapy. I think that the psychotherapy requires a high level of openness from the patient, and the presence of other people might restrict that, or might reduce the level of accuracy of information. As the tendency was usually to see everything from a catastrophic and negative side, I am afraid the other would make me to feel inferior or terrified.

What is the difference from a group psychological therapy, and a group activity? Which one would be more effective in your case?

In a psychological therapy you have to discuss about your thoughts, and feelings, so you have to be focused on your “disease”, and try to change them. A group activity would have the scope in my opinion to move your focus to something new, and move you away from your negative thoughts, and would be a catalyst for the treatment.

In case you would have to stay for a temporary period in a depression clinic which offers group activities, what activities would you like to practice there, and why?

I think the activities should be upgraded with the state of depression, meaning that higher state of depression should give easier tasks. I remembered I was trying to cook once for a dinner together with my housemates, and we didn’t manage have the expected result, and I blame it all on myself. So for the beginning, I would prefer to do easy tasks, or the ones that would help me express myself. For example: being part of a easy theater play would help me express myself, or play a positive role would help me focus my attention and rehearse something that might go hand in hand with the treatment. Sports activities would have a great impact, since normally I would stay in bed all day. For a second step I think I would like to do activities that I once used to like: drawing, playing an instrument, but also new activities that would make me feel valuable, by helping the others.

Would you prefer those activities to be among the patients with depression, or combined with the public from outside, and why?

I think at the beginning would be difficult to do it with the public, but as a second stage, the energy of the others can have a good impact. Moreover, will give you the feeling that you are good around people, and there is nothing to be ashamed of.

INTERVIEW 2. Razvan Balan, psychologist

BR: Are people in Romania used to go to psychiatrists?

HWK: People are actually being afraid of the psychiatrists. Here is not like in the Nordic countries where depression is recognized as a common illness, and you can actually claim medical vacation based on the diagnosis. In Romania, there is no such thing and you might even have problems if your employer sees that you are diagnosed with
depression, thinking that you might have mental problems. It is a problem of culture and legislation, and until the legislation is not changed, nothing good can actually happen in this sense.

BR: There are no clinics so far that are concentrated exclusively on depression treatment. What do you think of the potential of a depression clinic?

RB: Normally, a psychiatric clinic doesn’t treat only depression, but also anxiety, phobias, drugs and alcohol abuse and so on. Also the demands of the patients with depression are not really fixed, like in the case of Alzheimer’s for example, where you know that they are going to spend the rest of their life in the clinic. A depression clinic in the sense of a residency, it is more complicated and it might just not return its investment.

BR: In my opinion the psychotherapy is the essential treatment of depression because the cure for it can only be psychological. If so, what is point of the medication? Can I eliminate the psychiatric facilities from my program, and concentrate on the ones for psychological cure?

RB: It would be wonderful. Unfortunately, research shows that we cannot renounce the medicine treatment. For patients with severe depression, medication is essential to relax them in critical condition, in order to receive their psychological treatment after. There is also a flipside of it. In the first days of treatment, the medication amplifies the mental state of the patient, making them more vulnerable to suicide thoughts and there is a chance for some patients to actually commit it. In these cases, the permanent supervision of the patients is essential.

BR: What facilities does a typical depression clinic need?

RB: You need a lot of medical staff. Some patients will be brought in the middle of a crisis, and they need close supervision 24/24 for few days until they get stabilized. Only after, they go to psychotherapy or other attractive group activities. You are going to have different type of patients. The ones living there temporary have more severe problems and there will be others coming for psychotherapy sessions and group activities. You need rooms for at least 2 patients, to encourage social interaction. You also need some isolation rooms for special cases of patients endangered to hurt themselves or the others. For patients in critical conditions, rooms for 4 to 6 patients are recommended.

BR: My concept is a building that provides different functions for activities, combined with the standard psychiatric facilities. Do you think that those group therapies have a positive effect on people with depression?

RB: For some yes, for some no. Some of them exclusively want private psychotherapy sessions because they don’t want to be judged by others. In order to create a group there is a lot of work, and it is about encouraging the patients to accept the others. It also depends on the state of the patients, but for some of them group activity might give a really good result.

BR: What group activities would you think of?

RB: In these sense, I also have a vision for my dream clinic with integrated special activities. The clinic could provide spaces for art therapy, a library, indoor and outdoor sports, gardening, cafeteria etc. I also imagine a space of 200 m² with a stage in the middle surrounded by benches, where patients can perform a theatre play in front of their family or other people that are interested. In this way you have a two folded result: you determine people from exterior to get closer to the patients, and vice-versa. The space should be flexible, the benches can be removed and the space can be used for dance therapy, drama therapy, group therapy. You can also treat disorders like phobias, through cinema projections.
RB: What about a cooking school? Would that work in a depression clinic?
RB: I think it is a great idea which can totally work. Of course, you need some extra supervision, as it is not recommended to let the patients work freely with objects that they may use to hurt themselves.

RB: Do you think that this kind of activities might make the relationship patient – therapist stronger?
RB: Usually, psychologists are recommended to keep a certain distance with the patients. I like to keep a closer relation with my patients because I have nothing to hide. Some patients may lose their trust if they find out certain things about their therapists.

RB: In what public facilities would you let the society inside in order to interact with the patients?
RB: I imagine that you can invite the society inside on a theatre play, in the cafeteria but also in a cooking school. You must also think about returning the investment. For example, if you create a really interesting cooking school, that might attract people from exterior willing to pay for the services. In this case, you can finance your clinic, by providing services to the community, while the patients from interior have permanent and free access to them.

BR: Do you have any idea about the architecture of these activity spaces?
RB: The activity spaces must always be filled, so there will be no waste of space. Imagine flexible spaces that can support different activities. Medical services are very expensive and not many people would invest in something that has a nice architecture and but it is a waste of space. My suggestion is to try to see this project as a business model that totally works, and then the architecture will be derived from that.

INTERVIEW 3. Henk-Willem Klaassen, social psychiatrist
BR: Which psychiatric clinics are you going to show us today and why did you choose these ones?
HWK: I think it is important for you to see different type of clinics, situated in different environments, both in the city and outside the city, in order to see how the idea of the psychiatric clinic has evolved over time. We are going to visit several psychiatric clinics around Amsterdam, situated in Heiloo and XXX.

BR: How is the compound xxx different from the other one?
HWK: The location is situated in the middle of nature, very far from the city center. In the past, there was a tendency to separate the ill from the healthy people and move them away from the city, to the forests or other isolated places. You can see here, very old buildings, some of them not used anymore, and also new facilities, built recently.

BR: How does the positioning of the healthcare facilities away from the city affect the patient?
HWK: The patient feels isolated from the society, and this doesn’t have a good impact on him. The clinics should be built in the city, so that the patient doesn’t lose contact with his family or friends. For example, the first patient that we are going to visit, lives in this old shelter leaving, and his mother visits him only once a week, because she lives far away.

BR: How does this shelter living function?
HWK: People staying here are dealing with severe mental illness. In this shelter living, people stay a long period of time, but don’t get medical treatment inside. Basically this is their home, and family pays visits to them periodically.

Entering patient’s home...
HWK: As you see, they live in really nice conditions, very large rooms, even better than
the conditions they had at home. Unfortunately they are alone, and rarely have social
contact.

BR: I see that he has lots of musical instruments in the house, CD’s and audio
devices. How is this helping his mental condition?

HWK: I met him 20 years ago, and took him this picture that he still keeps on this wall.
Back then he was a big fan of the Beatles, and now all his house is personalized around
his hobby. He really enjoys music, and that is a big part of his life. It helps him to relax,
and to forget some of the problems he is dealing with.

**Entering the new psychiatric clinic...**

HWK: The next clinic that I want to show you, is the newest facility built in this
healthcare campus. As you may see, it is really different from the old shelter living that
we’ve just visited and the elderly housing complex nearby, and this shows you the
evolution of the healthcare architecture.

BR: How many patients do you have what kind of psychiatric disabilities do they have?

Receptionist: We host around 40 patients with all kind of problems: drug and alcohol
abuse, medium to severe depression, psychosis etc.

**BR: How are the patients interacting among them?**

Receptionist: The building has 6 different wings concentrated around one circular patio
and the reception lobby. We have to control who goes in and out, and that’s why the
reception is situated in the center. Each wing is occupied by different type of patients,
which all meet in the lobby or the inner patio. We also have common spaces like gym, or
meeting rooms where patients gather for different activities.

**BR: People can walk around the building freely and look into the patient’s room. How do you find this?**

HWK: It is unacceptable that the public can walk outside the clinic, and look inside their
rooms. It gives them no intimacy and that is the fault of the architect.

**Entering the St. Willibrord Foundation Site...**

HWK: This time, I will show you a series of clinics situated in the city center of Heiloo.
St. Willibrord Foundation played an important role in the history of Heiloo and the
heathcare facilities of Netherlands, in general. Historically, it functioned like a village
itself, with different pavilions for different diseases, having common facilities around like
workshops, library or others. Lately, places where people learn to make beer or cheese
opened.

**BR: Are those places open for the patients or for the whole public?**

HWK: The cheese and the brewery are open for the public, but I will show you a new
workshop center nearby built only for the patients.

**BR: How are these social centers for activities working in the Netherlands?**

HWK: The Dutch government realized that we have too many of these centers. The
problem is that there are too many social centers in the same neighborhood, because
here you have a center for elderly people and next to it the center for young people and
so on. This is not very efficient, and the Dutch government is planning reduce the
number of these centers to only one for the whole neighborhood.

**Entering the social center for psychiatric people in Heiloo...**

**RB: What activities are the patients having in this social center?**

HWK: In the center there is a cafeteria and the sports area where they play table tennis
or pool. On the sides there are all kinds of workshops. Here there is a print shop where
they make postcards or books, over there they work with wood, and in the other pavilion it's a workshop for making Christmas decorations.

RB: **The activity center looks pretty empty. What is the reason for that?**
HWK: Maybe because it is a separate building from the healthcare facilities, and not many people arrive here easily. Another reason is that only the patients are allowed, and there are not so many patients to fill in this large space.

RB: **What if the center will also be open for the public. How would that affect the patient?**
HWK: I think that for a patient it is very good to meet normal people. To meet somebody that it is kind to you, even if you are mentally ill, and to want to participate in an activity together, that can only make the patient happier.

RB: **Seems that social interaction is positive for the patients. Then is the group therapy successful in treating depression?**
HWK: Group therapy is not for everybody, and it really depends on the degree of depression the patient is confronted with. Patients with severe depression don't want social interaction, while for the ones with moderate depression it has some good results. It is good to find somebody that you can share your problems with, but on the other hand you are going to meet people very ill, that can make you more depressed just by seeing them, and thinking that you belong to the same group with them.

RB: **If social interaction with mentally healthy people from outside is positive for the depressed patients, and their involvement in group activities together might help them be happier and regain their self-esteem, what do you think of the idea of a building that combines the psychiatric facilities with a social center where everybody is invited?**
HWK: I think it is a good idea. Don't invite normal people in the psychiatric facilities, but only in the ones for social activities.
Reflection P4

1) The relationship between the theme of the graduation lab and the subject chosen by the student within this framework

The graduation studio proposed the theme of the healthcare environment, where students had the possibility to choose one type of patient, and elaborate the design around its needs. My interest in the theme of depression came after my personal experience with anxiety, when I was treated with similar psychological therapies with the ones used on depressed patients. I learned how hard is it not to be able to control my own thoughts, and how important it is not to lose the social contacts. On top of that, I had close friends going through depression and I found more about their needs. Therefore, even before starting my research, I knew a lot about this disease.

2) The relationship between research and design

My research had the role to establish the building program in relation to the users’ needs. In order to answer my research questions, I linked the scientific information with the patients’ and specialists’ opinions, visited several psychiatric clinics and activity centers in Castricum and Heiloo, in order to study how depression is currently treated in the Netherlands, and form my own opinion on how can this be improved.
Although depression represents the most important burden from all mental diseases, it is still treated in large psychiatric hospitals together with other, more severe mental disorders, that create a negative atmosphere which actually make the depression symptoms worst. Because patients with depression have their own demands for a positive environment, a depression treatment center – as a new architectural typology – should be released from the bad stigma of the typical psychiatric facilities, and create its own atmosphere tailored on its users’ needs.

The building’s program was established based on the users’ need for social inclusion and a positive environment. Attractive group activities become the best solution in treatment of depression, for they provide the patients’ with the feeling of belonging to a group, increase their self-esteem and help them find a meaning, things that are lost during depression. The result is a hybrid building program, including psychiatric and residential facilities combined with spaces for attractive activities, which will create the dominant, positive image of the building.

I propose six different categories of functions - performing arts & cinema, library, cooking school, sports, gardening, arts & crafts – organized in flexible spaces in order to accommodate the widest range of activities possible within each category.

In order to accommodate those functions together with the psychiatric and residential facilities, the Old School building needs to be extended. As one of my goals is to provide a positive atmosphere for the people with depression, I had to create what actually is the opposite of depression experience. A
patient experiences depression as a very long road, which becomes more and more negative as he advances through. The new intervention recreates the same long road, this time with a more and more attractive experience as one is advancing through the different spaces for activities. In order to raise the curiosity of the user, each activity space will be designed with a different atmosphere in concordance to its function.

3) The relationship between the project and the wider social context

The activity center will be tailored on the patients’ needs and fulfill, in the same time, the needs of the community in Amsterdam Noord. By allowing the general public to participate to joint activities with the patients, and use the building as an open community center, will raise awareness and increase prevention, while speeding up the process of the patient’s reintegration in the society. The residents of Amsterdam Noord are still craving for the old-welfare state measures that supported community centers in Amsterdam’s neighborhoods. Residents feel a certain sense of ownership for the well-being of the neighborhood, and would like to be more involved. Community-led initiatives like Noorderparkkamer, Broedstraten or Tolhuistuin are the starting point for a whole range of social developments that are about to change the image of the neighborhood. The new community center will inscribe itself in the process of gentrification of the whole area, bringing new activities in the Vliegenbos Park.

4) The relationship between the methodical line of approach of the graduation lab and the method chosen by the student in this framework

I may say that my approach to the design was in some aspects similar and in other aspects different from the methodological line of the studio. The similarity between my approach and the one of the studio can be translated in the fact that both methods had the goal to put the patients’ needs in the
heart of the assignment, resulting in a building not only offering a rich interior experience but also
bringing a plus in the existing urban context.
The difference in approach is lying in the design process itself. In all my architectural projects I used
the same design process, no matter of the theme or the design studio I was part of. My
methodological process follows 2 different goals:

1. Designing the best interior experience in relations to the users’ needs
2. Designing the best exterior image in relation to the context

Often those 2 goals are explored on different paths, starting independently at the beginning and
slowly influencing each other in the later part of the design process. This is meant result in a building
where the concepts of experience and image are equally important.
Before the P2 presentation I was concentrated in translating my ideas in very conceptual designs,
with more concern on the experiential value and less regards to the contextual relation with the
existing Old School. This was somehow opposite to the studio general design approach of starting
from the Old School building and slowly developing the existing into a new experience. Nevertheless,
before P4 my experiential concepts were adapted with more care to the existing context. Even if my
design approach started from opposite directions from the one of the studio, I believe that they both
met somewhere in the middle after P2, resulting in a building well integrated in the environment
and still keeping my experiential concepts alive.