BUILDING FOR THE INSANE CRIMINAL

SOCIETY

PUNISHMENT
FOR THE VICTIMS
AND HURT THEY HAVE DONE

A CLOSED FACILITY
TO BE SEEN FROM THE OUTSIDE

J U S T I C E
S Y S T E M

IM PRISONMENT
SAFETY FOR SOCIETY
TO PREVENT MORE VICTIMS

SECURITY LAYERS
2 HIGH WALLS (5 METERS)
SLICE DOORS
(CENTERALLY LOCATED DOORS

TREATMENT
REDUCING THE RISK OF REOCURRENCE
TO PREVENT MORE VICTIMS

A PSYCHIATRIC CARE FACILITY

C O N T R O L

A SAFE ENVIRONMENT
TO WORK IN
(ALSO FOR PATIENTS TO FEEL SAFE)

SURVIVAL ABILITY
BY SIGHTLINESS, CAMERAS AND DETECTION SYSTEMS

MOTIVATING THE PATIENT
FOR TREATMENT

SAFE ENVIRONMENT
SOCIAL CONTROL

O P P O RT U N I T I E S T O P R O G R E S S
REWARDING BY CHOICE

P R A C T I C E G R O U N D S

LEARNING HOW TO LIVE
WITH THE PSYCHIATRIC DISORDER IN A
CONTROLLED ENVIRONMENT

MINI SOCIETY
LIVING WORK
EDUCATION
SPORTS
HEALTH CARE
HARBOR SQUARE
HOSTEL

F A M I L Y

A C C E S S I B I L I T Y
VISITATION POSSIBILITIES

ACCESSIBILITY LOCATION BY PUBLIC TRANSPORT

P A T I E N T

P R O T E C T I O N
TO FEEL SAFE

SURVIVAL ABILITY
BY SIGHTLINESS, SOCIAL CONTROL AND
THE KNOWLEDGE OF BEING WATCHED

A C C O U N T A N C E
TO FEEL LIKE THEY REGAIN
CONTROL

DIFFERENTIATION
BY CREATING ALTERNATIVES

H E A L I N G
E N V I R O N M E N T

U N D E R S T A N D A B I L I T Y
PSYCHIATRIC DISORDERS
DISTURBED MINDS

TO IDENTIFY
WITH THE DIFFERENT BUILDINGS

FUNCTION DIVISION
TREATMENT AND LIVING FUNCTIONS

I D E N T I T Y
STRESS RELIEF
FOR STAFF AND PATIENT

MATERIALIZATION
DIVIDING DIFFERENT HOUSING BLOCKS

P R O T E C T I O N

1:20 well maximum security

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ROBERT NOTROT / ELISE VAN DOOREN / COR WAGENAAR / 18 APRIL 2012 // POSTER 1/10
STABILIZATION
3 x 2 Rooms
≈ 6 Beds

MOTIVATION
2 x 6 Rooms
≈ 12 Beds

TREATMENT
12 x 11 Rooms
≈ 132 Beds

REHABILITATION
5 x 4 Rooms
≈ 20 Beds

3 walls and envelope
divide envelope
place housing outside wall
rotate main axes
lower outside wall
living departments
add nature

recent typology
divided hallway
enlarged hallway
double levels
opened up
close off courtyard

1:20 wall normal security
1:20 wall minimal security
Building for the Insane Criminal
Architecture for the Re-socialization of Forensic Psychiatric Care

Terrain East Section 1:500
Terrain West Section 1:500
Terrain North View 1:500
Terrain South View 1:500
Terrain Plan 1:500
Within the individual room for stabilization there is no privacy whatsoever. These patients are in high risk of hurting themselves or others. A camera is needed to control the patient at all times. Protection in this case is realized by the placement of the doors. The placement allows one part of the room to function as back coverage. Try to minimize the amount of doors. The plinth creates a back coverage when the patient wants to lean against the walls.

**Security and Testing**

Because the patient has to be isolated for a long time, the doors should not give any help. The only help that can be given is from the outside. The windows are that high that climbing is not possible. The main entrance is placed to be able to oversee the room through a peek hole in the door. The windows are that high that climbing is not possible.

**Acoustics**

The room is 'hanging' in the building. The walls, floor and ceiling are disconnected to prevent contact noise to disturb the neighbors. The slightly turned wall prevents an echo. Since patients can be very loud this is essential to these rooms. It would be advisable to have a sound reduction of 25 db(a) in the walls. The oblige in the wall prevent the noise to reflect on the walls. The echo should be under 0.5 seconds (T).

**Climate**

Mechanical ventilation is desired since none of the windows can be opened. The floor will provide heating and cooling. This because it is nice for the patients to sit on the floor and they do not wear any shoes. Also since the concrete is violent proof. The climate is centrally organized. Air needs to be refreshed by approximately 15 liter a second.

**Rewarding by Autonomy**

At this point the patients have no free choice. In some cases they are not even allowed to replace their mattress. The only reward they can get when they are stabilized is to move to another room.

**Identification and Personalization**

In most cases patients will leave the stabilization department relatively quick. There is no need to feel at home and they should be wanting to leave the department. There is no possibility of personalization. The patients are however able to write on the blackboard paint.

**Natural Environment**

Since these patients cannot handle much stimuli the views in this case are limited to the sky. The roof window does give a view on branches of surrounding trees. Though the window the patients are not able to see anything else or the weather.

**Understanding**

The rooms for stabilization need to be the most understandable rooms and departments of all. The patients are settled and inappropriate handling is inevitable. The rooms should therefore look as a clear orientation between sitting, sleeping and standing. The rooms should contain only what the patient is in need of. Through the usage of a glass partition the patient can be observed without disturbing him. The rooms should be divided in sections and an extra door is needed to ensure the other rooms are not disturbing.

Since all materials are made for easy maintenance and can be moved around. While the inside design can be changed easily there is no point when the patient is stable. The patients are however able to paint on the blackboard paint and draw on the walls.

**Privacy and Protection**

While the individual rooms are isolated from the other patients in a corner. These patients are high risk of being disturbed in other ways. Therefore a sound and visual barrier is essential. Protection in this case is realized by the placement of the doors. The placement allows one part of the room to function as back coverage. Though the windows the patients are not able to see anything else or the weather.
The saloon doors in the bathroom provide the patients to lock them selves in. The angled wall provide for clear views through the room.

**Acoustics**

Since some patients shout or can be hysteric the sound isolation should reduce the sound disturbance to a maximum of 20 dB(a) similar like a silten room. Echo will be less of a problem because of the furniture, but would be advised to be less than 0.5s.

**Climate**

The climate of the motivation room is managed centrally and to be adapted individual. The need for fresh air is approximately 16 liter/second. Floor heating is advised since it is violence proof solution for heating.

**Rewarding by Autonomy**

All of the furniture is fixed apart from the chair which is only allowed when the patient does not have a high risk of being aggressive. The armchair can be fixed in a standing up position. The window in the living room can be closed or opened when the patient is not in danger of escape.

**Identification and Personalization**

Identification is limited to the darkroom on the wall and a notice board in the living room. Personalization can be created by the patients themselves, which could be a reward for patients who behave well.

**Natural Environment**

The facade openings should provide some views. The patients are only allowed to have some views, but it should be limited to have the least possible views to a room.

**Understanding**

It would be best if patients are able to reduce stimuli when necessary. To patients who shut away would be the only way of restlessness, while some are already shut and they have no more variety in the environment. The ability to shut the doors is not possible, but the room is the place to put more soundproof material in the future.

**Privacy/Protection**

Patients in motivation departments have earned more privacy and should be able to handle more responsibilities. The same happens in the living room where a longer wall increases the security of the room.

**Security and Testing**

The solution here in the bathroom provides the patients to lock their doors. The wood panel could provide the view through the room.

**Archetypal**

Three main patients choose archetypal the ward design should have the same function as a maximum of 10 patients, while this solution has more rooms and more open spaces of the facade, but needs to be adapted to the needs for this.

**Conclusion**

The design of the motivation room is essential and should be adapted continuously. The need for banding is approximately 15 to 20 hours. From having a material room to a room with all varieties in the future.
The acoustics in these rooms should be compared to those of a normal room. The noise from the outside should be reduced to a maximum of 35 db(a).

**Ventilation**

The ventilation can be a combination of natural and mechanical means. The supply of fresh air can be either by natural means because of the door and windows. There needs to be a refreshing rate of at least 420 l/s because of the kitchenette.

**Rewarding by Autonomy**

Patients in rehabilitation are more or less on their own. Most patients are allowed to leave their room and the building between certain hours. The access to the balcony could be a privilege and also the use of the kitchen in their room.

**Identification and Personalisation**

The rooms are not furnished by staff but by patients. The decoration and interior design is in the hands of the department. The patient is able to express not only in the interior of the room, but also the decoration. The interior design of the rooms can be a place to show individuality.

**Natural Environment**

Balconies allow the patients to ‘outside’. The plants will take in nature. The view from the room should have natural elements in sight. Though the plants will provide for an
different
experience.

**Environmentality**

The environmentality of the rooms should be comparable to normal houses. The patients need to be aware that they are still in a hospital.

**Privacy and Protection**

Privacy is mainly for the comfort of the patients and the patients in the room and building. The door in theSchijnveld shows they are in a normal house. Thedg and windows will create a privacy zone when they are locking.

**Security and Testing**

The patients have passes to enter their room and department. They will check whether the door is closed and locked. There is a test shut on whether they are locked at night. The waiting area shows during the day, when they are allowed to leave the building and outside.

**Architectural Considerations**

The layout of the rooms should be compared to those of a normal house. The rooms are not furnished by staff but by patients. The decoration and interior design is in the hands of the department. The patient is able to express not only in the interior of the room, but also the decoration. The interior design of the rooms can be a place to show individuality.
11 Patients

**12 M2**

- **MEASUREMENTS OF UsABILITY**
  - The rooms are a separate space, away from the outside, for the patients to arrange their activities.

- **IDENTIFICATION AND PERSONALIZATION**
  - The patients will have their own rooms, from which they can retreat.
  - Their activities will be monitored, but they will have a sense of privacy and control over their environment.

- **ACOUSTICS**
  - The acoustics in these rooms should be comparable to those of a normal room. The noise from the outside should be reduced to a maximum of 35 dB(a).

- **CLIMATE**
  - The ventilation can be a combination of natural and mechanical means. The supply of fresh air can be either by natural means (due to the door and windows) or mechanical means (due to the air supply system).

- **REWARDING BY AUTONOMY**
  - Furniture in the room is no longer fixed. The patients are allowed, when earned, to move around the furniture according to their wishes.
  - They are also able to open their windows and regulate the installations.

- **IDENTIFICATION AND PERSONALIZATION**
  - The patients will live in these rooms for some time. When they move in, the room will be painted accordingly and the patients are allowed to have personal objects. One wall can be designed for expression or easy hanging of posters. Magnet paint or a large notice board would be integrated in the design.

- **NATURAL ENVIRONMENT**
  - The windows will give a view on nature like trees, bushes, fields or other natural elements. The protruding window frames allow patients to sit in the wall and experience the natural environment.

- **UNDERSTABILITY**
  - The patients can handle normality. The room is compared to an individual room within a normal house. The activities are more divided over the department and the building. The department being the house, the terrain being the city they live in. The room will be for retreat, individual activities, hygiene and sleeping.

- **PRIVACY AND PROTECTION**
  - The patients have privacy to enter their room and movement. They will check whether they are inside or not. A day staff will check the rooms on a daily basis.

- **SUPPORTING AND TUNING**
  - The patients have their own views and improvement. They will have their own tools to fix something if they are able to.