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The psychiatric ward as a therapeutic space

Papoulias *et al*[1] have added a great deal to our understanding of the research exploring the effects of ward design on both patients and staff. They highlight the breadth of study designs but also the varying quality of both patient and environmental measures. A further inherent limitation in many of the studies seems to be the difficulty in controlling for confounding factors such as staffing and patient characteristics.

Given these observations, it was unfortunate that our recent study[2] was not, at the time, ready for inclusion in this systematic review, as it adds to the body of work identified and also addresses some of the criticisms. Our work aimed to assess the impact of a changed ward environment on the levels of in-patient agitation and conflict on an NHS psychiatric intensive care unit (PICU).

Taking advantage of a PICU moving from an old, temporary building to a new, purpose-built ward, we were able to analyse routinely collected patient data that were markers of agitation and conflict, including number of seclusion episodes, duration of close observation, number of aggressive incidents and data from the Nursing Observed Illness Intensity Scale.[3] We also had an evidence-based, objective, before-and-after measure of the ward environment: the Environment Assessment Inventory (EAI).[4] This methodology, reviewing data before and after a ward change, enabled us to control for many of the important confounding factors that were highlighted by Papoulias *et al*,[1] as patient profiles, ward staffing and policies remained largely unchanged.

The results showed that the key measures of agitation and conflict were reduced on the new ward, and the EAI enabled us to identify quantifiable improvements and highlight critical design elements that had been improved upon.

Like many of the studies in the systematic review, ours suggested that the physical environment of the psychiatric ward had a significant effect on patient behaviours. Some of the critical changes included better visibility, increased space for therapeutic activities and more privacy in the form of single rooms. Papoulias *et al*[1] highlighted the common idea that improved privacy was a key environmental factor in reducing violence on psychiatric wards, and we too would make this interpretation. In the context of recent work by Ulrich *et al*,[5] we concluded that it might be because patient privacy fosters a sense of control that reduces stress levels and in turn agitation and conflict, which are closely linked to violence.

We hope that our findings can be set alongside the work to date and provide further evidence for optimising patient care by using evidence-based and objective standards to improve the environment of psychiatric wards.

1 Papoulias C, Csipke E, Rose D, McKellar S, Wykes T. The psychiatric ward as a therapeutic space: systematic review. *Br J Psychiatry* 2014; **205**: 171–6.

2 Jenkins O, Dye S, Foy C. A study of agitation, conflict and containment in association with change in ward physical environment. *J Psychiatr Intensive Care* 2014; doi:10.1017/S1742646414000065.

3 Bowers L, Brennan G, Ransom S, Winship G, Theodoridou C. The Nursing Observed Illness Intensity Scale (NOIIS). *J Psychiatr Ment Health Nurs* 2011; **18**: 28–34.

4 Dix R, Pereira S, Chaudry K, Dale C, Halliwell J. A PICU/LSU environment assessment inventory. *J Psychiatr Intensive Care* 2005; **1**: 65–9.

5 Ulrich RS, Bogren L, Lundin S. Towards a design theory for reducing aggression in psychiatric facilities. Presented at *Arch 12: Architecture, Research, Care, Health* in Gothenburg, Sweden, 13 November 2012. Chalmers University (http://conferences.chalmers.se/index.php/ARCH/arch12/paper/download/426/67).

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The systematic review by Papoulias *et al*[1] on the psychiatric ward as a therapeutic space reminds us of the important effects of environmental factors on in-patients. The physical environment is likely, however, to be particularly significant in settings where length of stay is long, whether in or out of hospital. The 1995 book by Halpern[2] describes the mental health effects of the built environment on residents of a housing estate, and the concerns of Papoulias *et al* should be explored in residential mental health facilities in the community.

For psychiatric in-patients, patient characteristics (including diagnosis) and psychosocial environmental factors are powerful determinants of what happens in the hospital, including behaviour disturbances, service user opinions and also, sometimes, illness outcomes.[3,4] Clark[5] was one of those who showed that different wards for different varieties of patient should have different sorts of environment, drawing on the extensive previous research in this field (e.g. Stanton & Schwartz[6]). A major problem with today's in-patient wards is that everyone has to be admitted to, and as like as not, stay in, the same environment, whether or not it suits them and their illness. This might remind clinicians with long memories of the features of the old observations wards, to which anyone putatively mentally ill could be admitted, primarily for triage and transfer to the setting which suited them best. Today there is, in these terms, only the triage.

1 Papoulias C, Csipke E, Rose D, McKellar S, Wykes T. The psychiatric ward as a therapeutic space: systematic review. *Br J Psychiatry* 2014; **205**: 171–6

2 Halpern D. *Mental Health and the Built Environment: More than Bricks and Mortar?* Taylor & Francis, 1995.

3 Bouras N, Trauer T, Watson JP. Ward environment and disturbed behaviour. *Psychol Med* 1982; **12**: 309–19.

4 Watson JP, Bouras N. Psychiatric ward environments and their effects on patients. In *Recent Advances in Clinical Psychiatry – 6* (ed. K Granville-Grossman). Churchill Livingston, 1988: 135–60.

5 Clark D. *Administrative Therapy*. Tavistock, 1964.

6 Stanton AH, Schwartz MS. *The Mental Hospital*. Basic Books, 1954.

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Author's reply: We are pleased to have received such commendations of our review on psychiatric ward design.[1] We believe, as the other commentators do, that this is a long-neglected area that needs more research to inform future investment – including the UK government's recently promised increase in in-patient wards for younger people.

The physical environment of healthcare facilities does affect the patient experience and their satisfaction and is recognised as