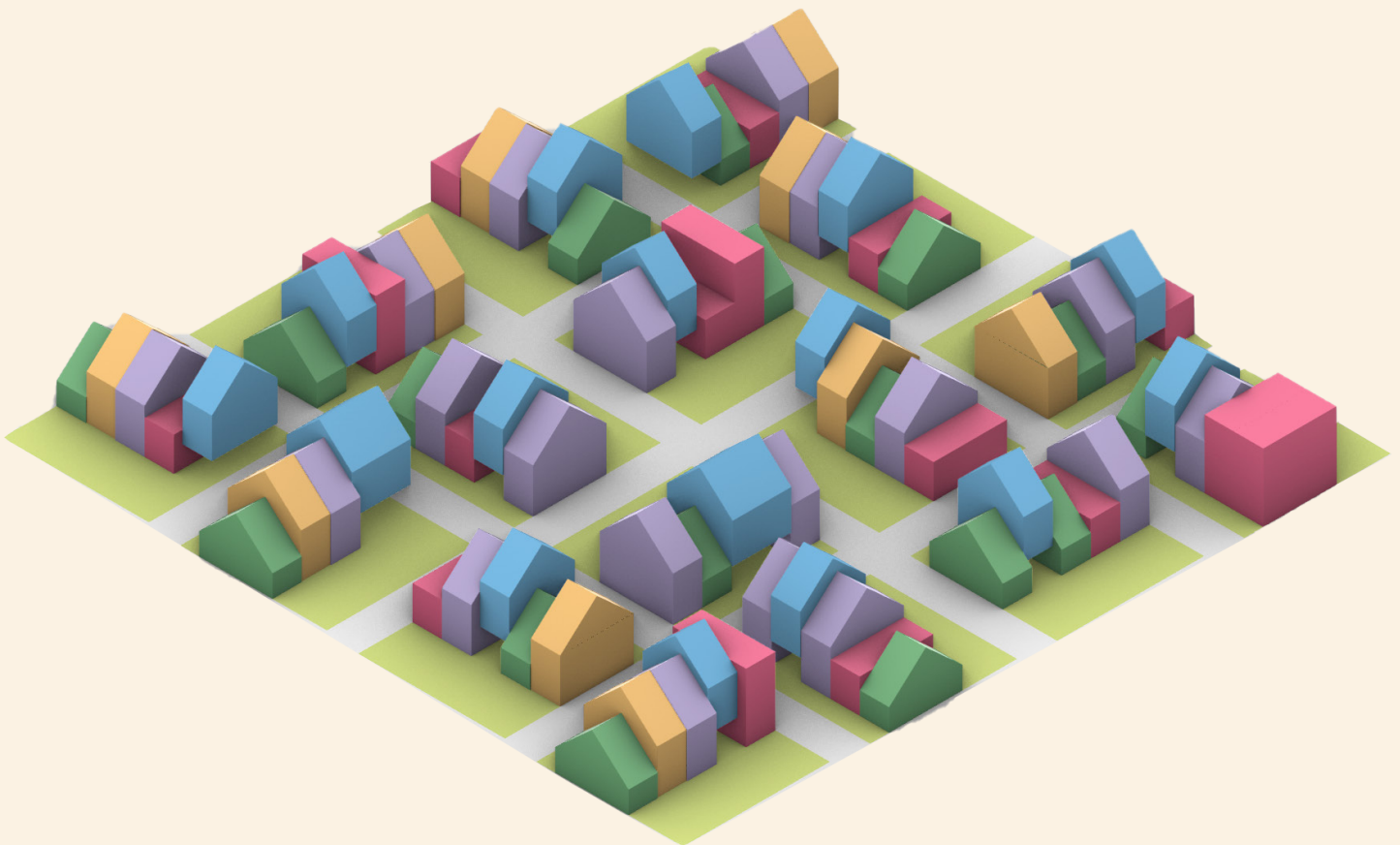


# Towards Normalisation: De-Institutionalising Mental Illnesses and Catering the Youth



*Figure 1: Vision of a district with pink indicating the health care centers*

MSC3 Graduation Studio AR3AD110  
Designing for Health and Care: Towards an Inclusive Living  
Environment  
Research Plan  
Rushil Raj Kapoor: 5607264

# TABLE OF CONTENTS

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## INTRODUCTION

01

*1.1 Problem Statement*

*1.2 Research Question*

*1.3 Goals*

*1.4 Design Hypothesis*

## THEORETICAL FRAMEWORK

05

*2.1 Prevention is Better Than Cure*

*2.2 Youth: The Socially Excluded*

*2.3 Changing Social Norms*

*2.4 Salutogenesis*

*Theoretical Framework Diagram*

## RESEARCH METHODS

09

*Research Scheme*

*Workplan Diagram*

*Planning*

## **APPENDIX I**

*Personal Fascination*

**15**

## **APPENDIX II**

*Definitions*

**16**

## **REFERENCES**

**17**

# 1. INTRODUCTION

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Key Words: Mental Illnesses, Young Adults, Normalisation, De-Institutionalisation, De-Stigmatisation

## 1.1 Problem Statement

References to mental illnesses\* are visible throughout history yet the evolution has not been linear but rather cyclical depending on what behaviour is considered normal and abnormal. In the 16th century, the mentally ill, the poor, the homeless, the unemployed and criminals all fell under the same category and were confined to hospitals and asylums. Towards the 18th and 19th century there were concerns towards the living conditions of mentally ill people as the facilities were considered inhumane. The 20th century saw a rise in a more humanitarian view towards mental illnesses which eventually led to more hygienic and liveable facilities. The 21st century has seen the beginning of a new cycle due to which mental illnesses are rapidly rising (Farreras, I.G., 2022) .

In today's day and age, mental health illnesses are getting more and more prevalent among the adolescents\* and youth\* (WHO, n.d). According to the World Health Organisation, one in seven, adolescents experience a mental disorder (WHO, 2021) . Due to the physical, emotional and social changes that they encounter in this time period, adolescents must be provided with social- emotional learning, psychological wellbeing and ensuring safe access to mental health care and support. While 14% of the adolescents face mental health challenges, it gets worse amongst the youth. According to a study done by UC San Francisco, 48% of young adults up to the age of twenty-five years, have mental health challenges (Berthold, 2022) . These numbers are a clear indication of how severe and sensitive the disease is.



Figure 2: Mental Health and its key themes

Over the years these numbers have escalated, and one may ask, what are the major influences? The pandemic and multiple lock downs have created a major imbalance in people's lives. Additionally, Mental Health often has a direct correlation to societal burdens which include poor access to public services, system fragmentation, unemployment amongst parents which leads to lack of support and care for the children, uneasy transition to adulthood etc, which have become recurring factors due to the pandemic. These societal burdens lead to an increase of crime rates, substance abuse and mental distress among the young adults\*.

Another prevalent topic in present day is the digital world. The evolution of technology has made social media more accessible to the mass. Online platforms such as Facebook, Instagram and Twitter have allowed people from every corner of the world to connect with one another. While social media is becoming an integral part of one's life, it is also highly associated to cause depression, anxiety, feeling of isolation and the fear of missing out amongst the young adults (Edmonds, n.d ). The phenomenon of "fear of missing out" also known as FOMO is so prominent that according to Anxiety and Depression Association of America, it is now classified as social media anxiety disorder. A report issued by GlobalWebIndex (University of Nevada, 2019) states that people with the age between sixteen and twenty-four spend an average of three hours and one minute on social media per day. Interestingly, another report issued by JAMA Psychiatry (Kim-Cohen et al., 2003) suggests that adolescents that use social media for more than three hours a day might be at heightened risk of mental health problems, particularly internalisation problems. This shows how addictive different platforms can be.

Whether it is social media or societal burdens, what is important to acknowledge is the fact that mental illnesses are omnipresent, even in countries that have taken conscious steps towards reduction. Netherlands is a country with a very sophisticated educational system. They have successful programs for children with Special Needs (Mameren, 2017) and also have psychologists in most of the ordinary schools for the students to talk to (d'Uva et al., 2022) . Yet according to the NL Times, Dutch young adults have higher rates of mental illness than the rest of Europe (NL Times, 2021) . This imposes a lot of questions that often lead towards understand the stigma behind seeking for help.

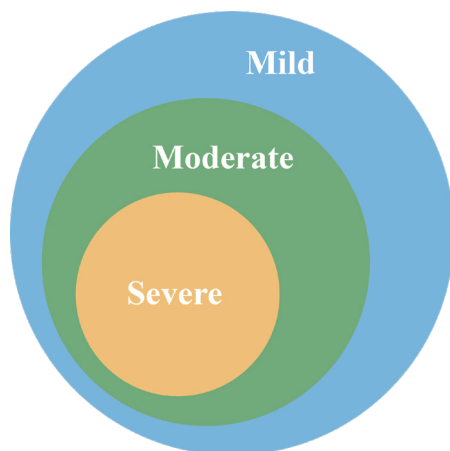
Stigmatisation\* of mental illnesses is a major barrier and a leading cause to the expanding mental health gap. Throughout history, people with mental illnesses have experienced discrimination and the built environment has played a crucial role. From asylums to inhumane and unhygienic hospital facilities. The recognition of the severity at hand led to sanitary care facilities, yet the institutionalisation of mental illnesses has played a key role in its stigmatisation. It is fictitious to say that edifices can cure mental illnesses, but it is true that the built environment curates and influences human behaviour. Architects are the mediators of the interaction between humans and buildings, therefore design with certain characteristics can strive towards the normalisation\* of mental health care and de-institutionalisation\* of mental illnesses.

## 1.2 Research Question

With the evidence and numbers provided, it is clear to say that mental health illnesses among the youth is on the rise. The new cycle of modern lifestyles and habits alongside additional influences such as social media, have a concerning impact on young adults. Current institutions and facilities lead to possible social exclusion and isolation for those afflicted. Certain design principles within the built environment can improve the approachability and attractiveness of mental health care facilities. It is important to analyse how these principles can be implemented in order to normalise visiting health care facilities especially for the youth that have mild to moderate mental illnesses, so that preventive measures can be taken at an early stage of the illness.

What design principles can support the prevention of mild to moderate mental health illnesses among young adults, to improve quality of life in their adulthood? In order to answer this research question, one must investigate the following sub questions:

1. What are mild to moderate mental health illnesses and what challenges do they impose?
2. What are the current facilities that accommodate young adults with mental illnesses and how are they designed?
3. In the spectrum of the built environment, how can the quality of life\* for young adults with mental illnesses be quantified?
4. What architectural tools would stimulate young adults to take preventive measures towards their mental health?



Mild Mental Health problem is when a person has a small amount of symptoms that have a limited effect on their daily life

Moderate Mental Health problem is when a person has a more symptoms that can make their daily life much more burdensome

Severe Mental Health problem is when a person has extreme symptoms that can make their daily life very problematic

Figure 3: Degrees of Mental Illnesses

## *1.3 Goals*

The research questions must be answered in order to achieve the desired goal. The goal of this thesis is to use design principles to make mental health care facilities more approachable by the youth, and by doing so it would intend a reduction of the mental illnesses. The goal is also to advocate normalisation and de-institutionalisation of these facilities, through design, to prevent the illness as much as possible. Using architecture and design as a platform to raise awareness and create solutions, there is also a hope to put the topic of mental health on a pedestal to increase the sense of urgency, with the desire of new reformed implementations in the future.

In order to achieve this goal, the research aims at understanding multiple factors that would suggest certain solutions and also provide a guidance towards better design strategies. For example:

Understanding the current systems. One must understand the current health care systems in place for the youth. It is important to indoctrinate the advantages and successful elements of current care facilities however one must be critical too. This would help in challenging the existing approaches with a goal of improving the programs in place.

Insight of the needs of the youth. To really achieve the goal of reducing mental health illnesses, the design strategy must work. In order for it to work, it is critical to understand and meet the needs of the target group. Only once the target group is satisfied and comfortable with the design solutions, the goal would be attainable.

Spatial planning and its requirements. With the main aim of understanding the current care systems as well as the needs of young adults, it is important to do a spatial analysis. From a neighbourhood to a district scale in order to identify the potential locations which is key.

## *1.4 Design Hypothesis*

With the help of literature studies and references to already existing programs, one could anticipate certain solutions that could help answering the research question. What is certain is that de-institutionalising and de-stigmatising the idea of seeking counselling for mental health issues, would definitely initiate the process of change. One could predict that creating multiple care facilities around a city with the aim of youth attraction and regular utilisation, might help in the 'normalisation' process.

These are predictions that require further investigation and verification in order to be accurate. Different methods of attaining first and second hand knowledge must be achieved and this is further discussed.



# 2. THEORETICAL FRAMEWORK

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The theoretical framework dives into the interesting and meaningful studies that would help in shaping the ideologies of the thesis framework. The four main themes that have a hierarchical weightage of importance are: Prevention is better than cure, Youth: The socially excluded, Changing societal norms and Salutogenesis.

## *2.1 Prevention is Better Than Cure*

A commonly used phrase that was first mentioned by the Dutch scholar, Desiderius Erasmus. The phrase speaks for itself as it follows the ideology of proactive awareness led by preventative interventions having more importance than a cure with remedy. This philosophy is crucial to the world of mental health in which early signs during adolescence are often ignored. Initiatives have been led by organisations such as WHO under the Mental Health Gap Action Program have led to the recognition of the importance of early prevention. Governments and policy makers have been introducing interventions for the betterment of their citizens and this is visible in countries like UK and New Zealand.

The slogan has empowered people to take self-initiatives to protect their fellow loved ones. While strategies exist to prevent mental and physical illnesses, the transition of a strategy into an action should not be left on the dependency of policy makers. Measures should be led by psychiatric advocacy. When threatened by fire in a town, Benjamin Franklin once told the citizens of Philadelphia that “An ounce of prevention is worth a pound of cure” (The Lancet Psychiatry, 2022) .

## *2.2 Youth: The Socially Excluded*

In the book Youth the ‘Underclass’ and Social Exclusion, Robert MacDonald talks about the rise of youth known as the underclass, witnessable in Britain, United States of America and other western societies. The ever-changing socio-economic demographics of cities with urban sprawl have placed young men and women at the centre of focus and label “underclass theories”. Commonly emerging themes among the underclass are unemployment, crime, homelessness, single parenthood etc. The book further goes on to mention that such situations require a shift in welfare and youth policy (Macdonald, 2016) .

What is important to take away from this book is that societies are ever- changing and this causes a lot of instability. Today it is a pandemic and tomorrow it might be an economic great depression. In these acute circumstances there is a rise in a certain category of people



known as the underclass. This often includes young adults of affected families and due to the harsh environments and conditions, the youth go through mental health illnesses. Welfare reforms and youth policies such as care centres are crucial in such conditions.

### *2.3 Changing Social Norms*

Adolescence is time of self-discovery and transformation for people to shape their personalities. External factors during this period play a huge role and directly impact the young adults. An article under the Journal of Pediatric and Adolescent Gynecology suggests that social networking sites have created this new form of identity among the youth. It allows users to create a virtual world in this physical reality. It is a new way of identity exploration without committing to real world consequences. While it truly shapes one's life behaviours, it is often unaccepted and incomprehensible by older generations. Psychologists suggest that one's behaviour is strongly influenced by the perception of their peers and their actions. Such subjective norms, whether they are real or not, influences a person's views about themselves and this thought process is curated by these social networking sites. What is perceived as normal depends on the popularity of the act's participation (Cookingham & Ryan, 2015) .

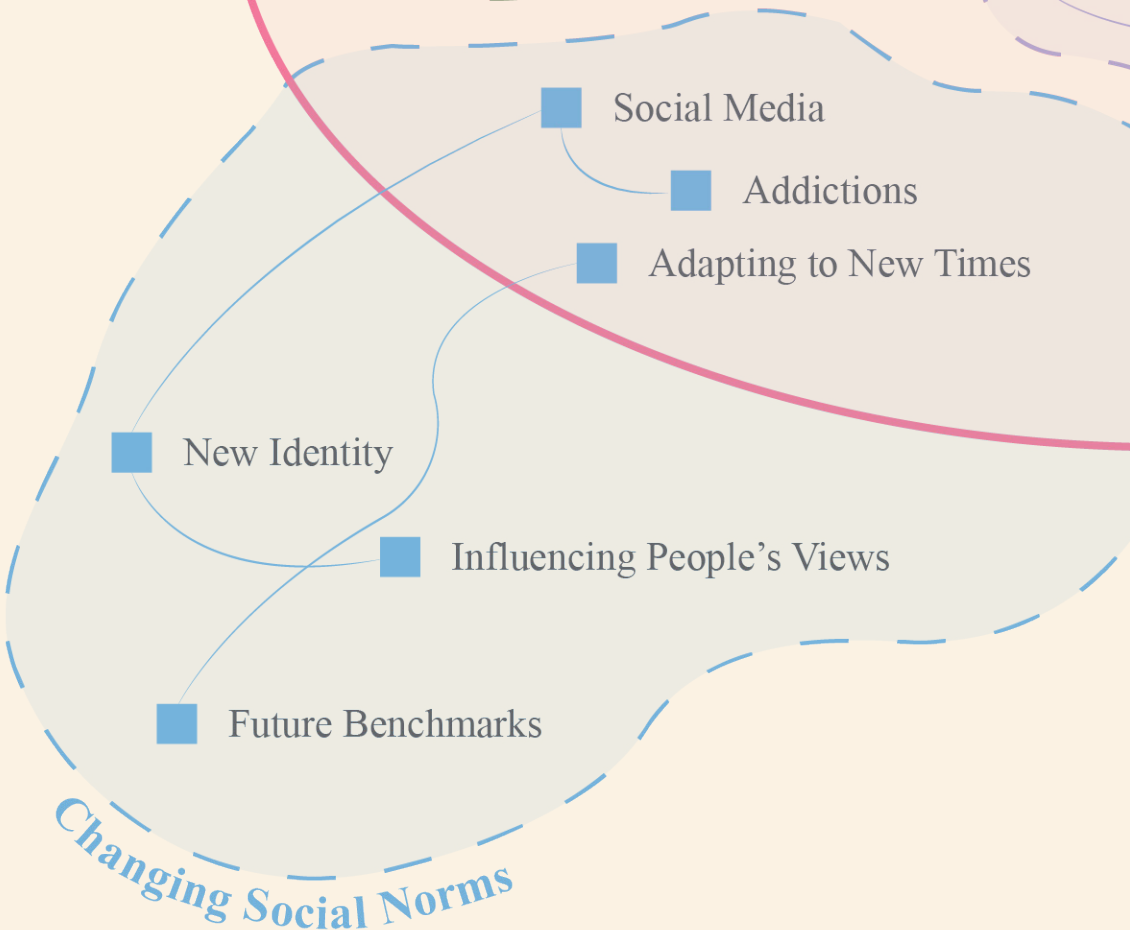
This article implies that as the world is changing, so are the ways of living and it is important to adapt to newer ideologies. One must cater to the youth as they set the new benchmarks and lead the way to the future. Constantly changing social norms must be accepted and cared for. Creating new "normals" can help in adapting to and stimulating behavioural changes.

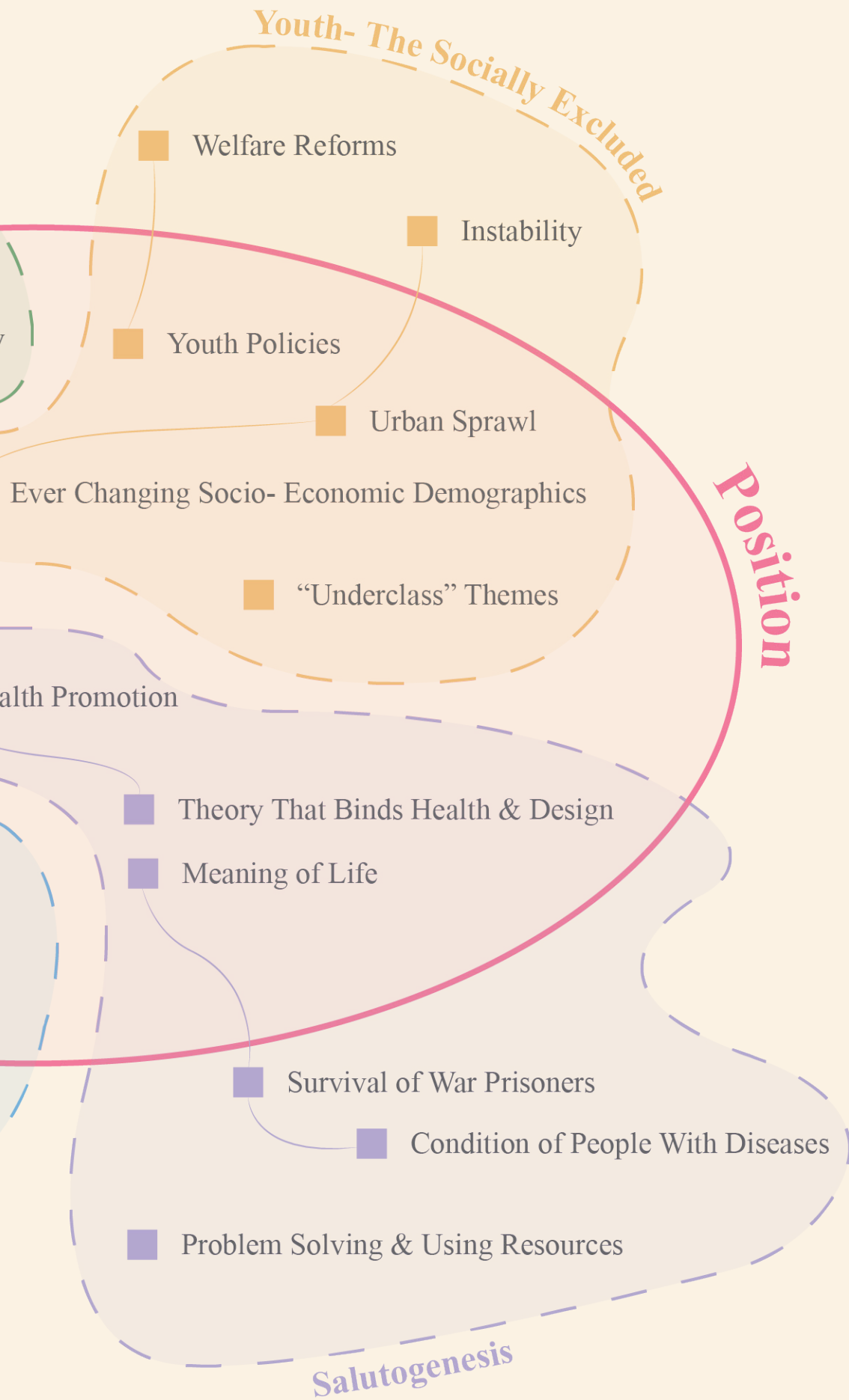
### *2.4 Salutogenesis*

Salutogenetics is a theory that was founded and developed by Aaron Antonovsky. With a great fascination in the survival of prisoners of death camps during the World War II, Antonovsky was convinced that the prisoners survived due to their motivation that life is meaningful. Despite the infectious diseases, malnutrition, hyperthermia and other extreme conditions, it was this motivation that made the prisoners survive. Based on this, the theory of Salutogenesis was adopted. A theory that binds health and design (Golembiewski, 2016)

With the stress towards problem solving and the capacity to use the resources that are available, the ideology suggests that despite stressful situations and hardships, people stay well. This theory has become very popular among health promotion and the public health sectors while targeting individuals, groups as well as on a societal level (Lindström & Eriksson, 2005) .

*Prevention is Better Than Cure*





# 3. RESEARCH METHODS

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The methods that will be used to obtain all the information necessary will be done by literature review, case study analysis, surveys, interviewing processes and urban analysis.

The initial and most predominant form of research is conducted through literature review. With the help of data bases such as the TU Delft library as well as online scholar platforms such as Scopus, a compilation of research papers, scientific articles, books and additional publications have been determined. With the aim of answering the research question, what design principles can support the prevention of mild to moderate mental health illnesses among young adults, to improve quality of life in their adulthood, the literature review has helped in establishing certain factors that directly influence the outcome. Rapid globally changing conditions have imposed challenges such as migration, war, violence etc. The book ‘Mental Health and Illnesses of Children and Adolescents’ talks about these challenges and its impacts on young adults (Taylor & Verhulst, 2020) . This helps in understanding a fundamental issue that has led to the overarching problem of mental illnesses among the youth. A study done by Aditi Desai suggests that physical environments can be conducive towards mental health recovery and factors such as exposure to ample day light has proven to reduce cortisol levels. High cortisol levels are an indicator of excessive stress levels (Desai, 2015) . Additional key themes that emerged through literature review suggests that therapeutic design\* has great benefits. With an eye towards interior details, patient rooms, nursing stations, security and privacy, the patient and staff well-being are catered to, directly effecting the occupancy levels. In retrospect to therapeutic design, Salutogenic design a theory developed by Aaron Antonovsky and further preached by Golembiewski talks about the amalgamation of health and design (Golembiewski, 2010) . The physical circumstances through design can be enriched to create a more meaningful atmosphere. All the literature sources lean towards certain design choices to elevate the atmosphere and help the ones in need. Some of these design elements include maximising daylight penetration, creating coherent and friendly corridors and staircases, prominent display of biophilic elements\*, use of specific colours etc. With the intention of reducing mental health illnesses among young adults, the design strategies must adhere to the factors mentioned in order to create a healthy and inviting aura.

In addition, to find the applicable data, several combinations of keywords such as Mental Health AND Youth AND Social Media are been used. Another combination of keywords being used are Youth AND Care AND Services. These combinations have given a large amount of results out of which relevant case studies have been discovered. Countries like Canada and New Zealand already have established systems in place that are similar to the goal of the thesis. Concepts such as “Community-Based Youth Service Hubs ” (Henderson et al., 2022) and “One-Stop Shops ” (Hetrick et al., 2017) are extremely relevant starting

points to analyse as case studies. The organisation called Foundrybc (Foundry, n.d) is an example of a community-based youth service hub, with ample online data such as videos and user experiences that could help and understand the already established systems. Studying about these programs is important to inspect the potential in a Dutch context. It is also crucial to compare these programs to already existing mental health facilities in the Netherlands, to then list down the advantages and disadvantages of each kind.

At last, the research includes site visits to care centres with the specific target group. This first-hand knowledge will be attained through observations and general conversations to get a personal understanding of the user needs and requirements. Additionally, interviews with the caretakers will help in understanding the correct use of spaces, undesired obstacles and preferred design outcomes which will be noted and sketched. These sketches and design imageries can also be cross-referenced with the patients to get their opinions.

The end result of these exercises should help in creating desired outcomes that elevate the current mental health systems for the youth, with the goal of encouraging the youth to seek for help and at the same time, to reduce the number of illness cases.

WHO

Young Adults with Mild to Moderate Mental Illnesses

WHY

Due to societal changes, mental illnesses among the youth is on the rise. The new cycle of modern lifestyles and habits alongside additional influences such as social media, have a concerning impact on young adults. Current institutions and facilities lead to possible social exclusion and isolation for those afflicted. Therefore, reformed design principles within the built environment that can improve the approachability and attractiveness of mental health care facilities is required.

WHAT

**RESEARCH AIM**

The goal of this thesis is to use design principles to make mental health care facilities more approachable by the youth, and by doing so it would intend a reduction of the mental illnesses. The goal is also to advocate normalisation and de-institutionalisation of these facilities, through design, to prevent the illness as much as possible.

GOAL

Understanding the current health care systems in place for the youth to implement the successful elements and principles.

GOAL

Meeting the needs of the target group. Once this is satisfied with the design solutions, the goal would be attainable.

GOAL

Spatial planning from a neighbourhood to a district scale to identify the potential locations which would attract the youth.

WHAT

**RESEARCH QUESTION**

What design principles can support the prevention of mild to moderate mental health illnesses among young adults, to improve quality of life in their adulthood?

SUB QUESTION

What are mild to moderate mental health illnesses and what challenges do they impose?

SUB QUESTION

What are the current facilities that accommodate young adults with mental illnesses and how are they designed?

SUB QUESTION

In the spectrum of the built environment, how can the quality of life for young adults with mental illnesses be quantified?

SUB QUESTION

What architectural tools would stimulate young adults to take preventive measures towards their mental health?

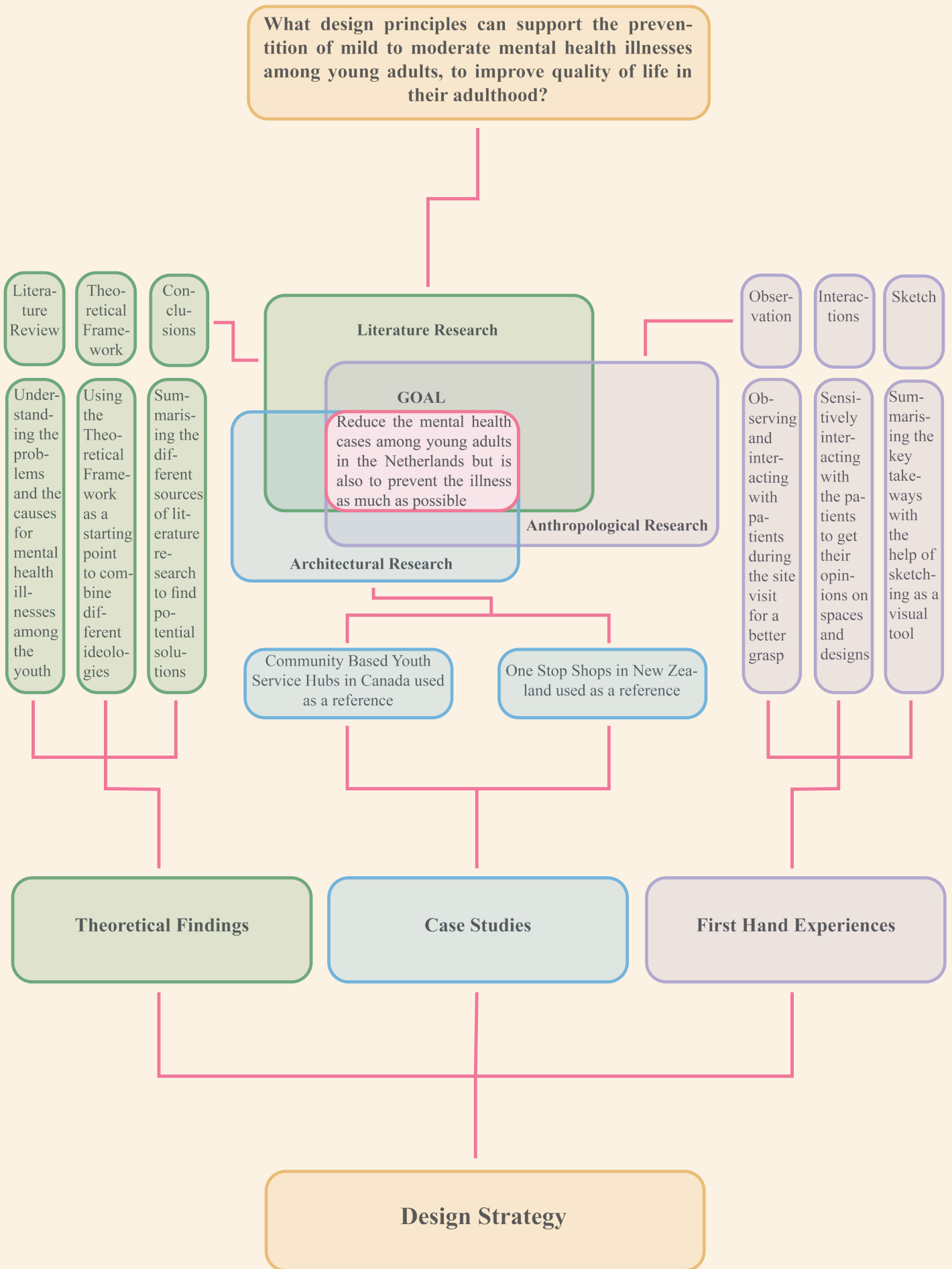
HOW

Literature Review  
Data Research

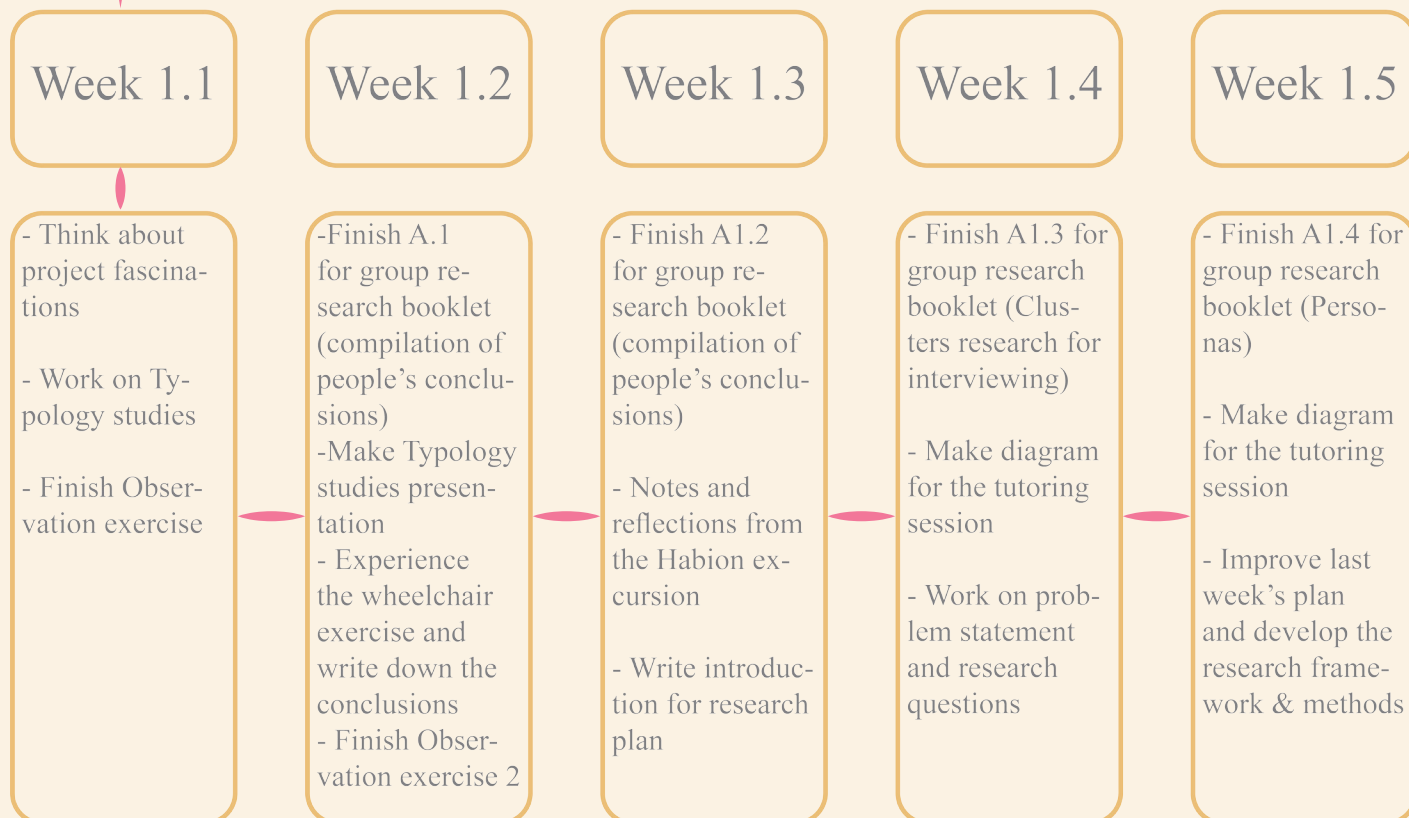
Literature Review  
Case Study Analysis

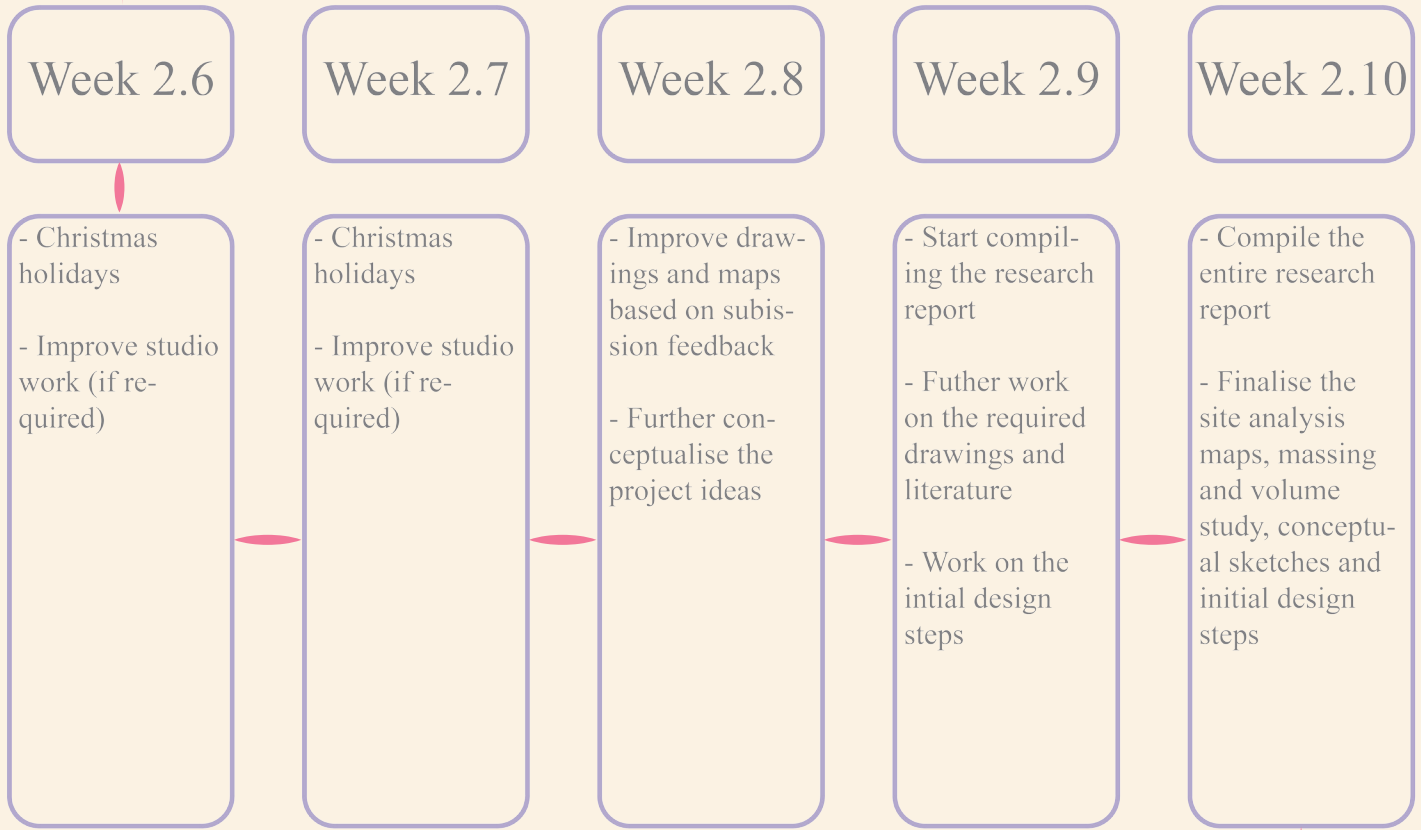
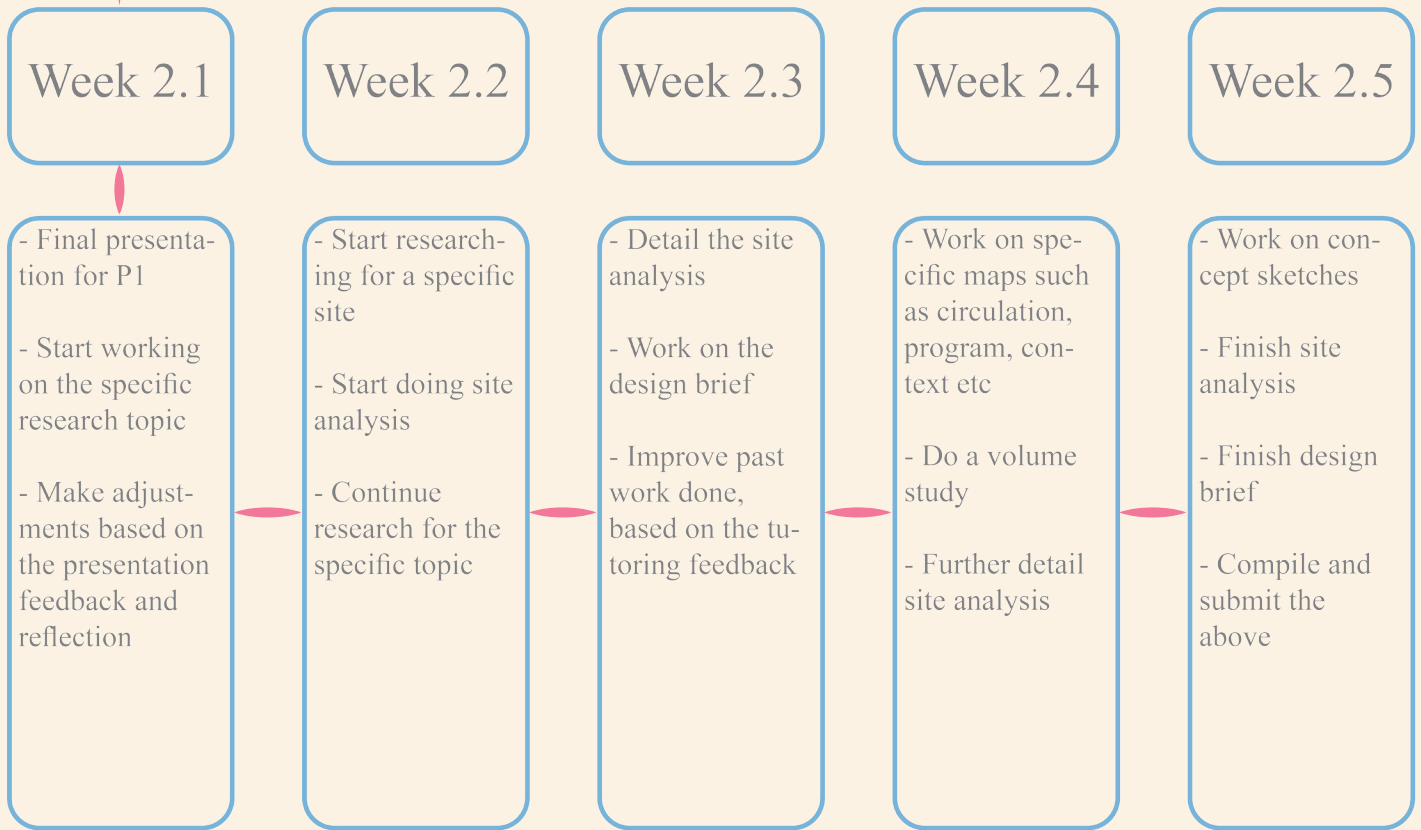
Literature Review  
Data Research  
Observation  
Fieldwork

Case Study Analysis  
Observation  
Fieldwork  
Surveys









# APPENDIX I

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## *Personal Fascination*

As I started my higher educational journey, I have come to a realisation that one's mental and physical wellbeing is utmost important in order to succeed in any field. Stress and anxiousness are elements that have been omnipresent throughout my academic life and instead of finding ways to overcome these challenges, I have had the tendency to act ignorant and continue with the norms of my life.

Seeking for help for a better mental state has always been stigmatised in my home country, India. While nature and nurture have shaped my upbringing, my persona has been positively embedded by the roots of my culture and traditions. However, absorbing positive attributes from other countries is a part of a learning process. Hence, living in the Netherlands has taught me the importance of seeking for help. Mental health is a very relevant topic in present day.

Through my architectural journey, I have realised that there is a symbiotic relationship between a building, space and human interaction. A building can easily influence one's emotions, experience and behavioural patterns. While I myself have had distresses in the past, a majority of the present-day youth go through a lot more severe situations. Yes, mental health is a prevalent topic however personally, it is hard to see how architecture is presenting valuable de-institutional solutions to the concurrent problem.

Hence this studio and topic has motivated me to work towards creating a positive change in society through design. A system that helps the youth with mental health issues to seek for help without being stigmatised in society.

# APPENDIX II

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## *Definitions*

**Mental Illnesses-** Disorders that affect your mood, thinking and behaviour (Mayo Clinic, 2019)

**Adolescents-** Classified age range of ten to nineteen, by the WHO (WHO, n.d)

**Youth-** Classified age range of fifteen to twenty-four, by the UN (UN, n.d)

**Young Adults-** The target age group within the thesis, consisting of people in the age range of twelve to twenty-five

**Stigmatisation-** The act of treating someone or something unfairly by publicly disapproving of them (Cambridge Dictionary, n.d)

**Normalisation-** The return to the usual or generally accepting a situation (Cambridge Dictionary, n.d)

**De-Institutionalisation-** The process of replacing long-stay psychiatric hospitals with less isolated community mental health services for those diagnosed with a mental disorder or developmental disability (Wikimedia Foundation, 2022)

**Therapeutic Design-** Architecture that can be described as the people-centred, evidence-based discipline of the built environment, which aims to identify and support ways of incorporating those spatial elements that interact with people physiologically and psychologically into design (Chrysikou, 2014)

**Biophilic-** Relating to, showing, or being the human tendency to interact or be closely associated with other forms of life in nature (Merriam- Webster, n.d)

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