SYNOPSIS

KEY POINT SUMMARY

OBJECTIVES

The objective of this research was to obtain the perspectives of patients and staff on the restrictions of the movement of patients in mental health facilities and the use of universal accessibility devices.

Accessibility for Mental Healthcare

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Key Concepts/Context

Mental health facilities, according to the author, are designed and built to limit the mobility of patients, whether or not they are limited by physical disability. While physical mobility may be a consequence of the illness, in other cases the potential flight risk of a patient may require the facility policy to be restrictive regarding patient access to open spaces. Data for this research was collected via interviews with patients and staff in 10 mental health units in France and the UK. The main concerns that emerged from this study pertained to the access to outdoor spaces, stairs and lifts, and universal accessibility provisions in bathrooms and common areas.

Methods

This was an exploratory study which involved interviewing 65 patients and 50 non-medical staff at 10 mental health units, five each in the UK and France. Other data collected pertained to architectural audits of the buildings. The inclusion criteria were that the facilities should be community based and close to acute care facilities.

Findings

Access to outdoor areas:

- Four of the 10 facilities did not have a garden; three did not have any outdoor space - this was because of their location in the inner city.
- Gardens, balconies, terraces, and other outdoor spaces
    - In the UK, these were not considered to be secure, hence patients were not allowed to access these.
    - In France, all patients were allowed to use these external spaces.
- Internal courtyards could be used by patients if there was direct access from the wards.
- The absence of a fence or wall in three out of five wards was the reason the staff did not allow patients to use gardens or outdoor spaces.
- When a ward was not on the ground level, vertical access to an outdoor space was a barrier, as the patients needed a staff member to accompany them.

DESIGN IMPLICATIONS

The design of outdoor spaces should incorporate safety and security for the patients, staff, and the community.

Universal accessibility should be considered in an adequate number of rooms.

- The outdoor spaces could not be accessed by 43% of the patients.
- Policy restricted 29% of the patients in the UK from using gardens.

Vertical circulation: Of the 10 facilities, only one was located on the ground level and did not have the need for stairs or lifts.

- In the UK facilities, 21% of the patients reported boredom, as the day areas reachable by stairs or lifts were not accessible to the patients other than at designated times.
- In France, the stairs were poorly designed, leading to frequent accidents, especially for patients who had mobility problems or because of old age.
- In some of the French facilities, where the common areas were on different levels than the wards or patient rooms, there were no lifts to navigate the floors.
- In other French facilities, the foyers had physical accessibility design limitations, making it difficult for the patients to go to common areas like dining rooms, common rooms, and therapy rooms.
- According to the staff, facilities with multiple levels were a safety and security challenge, especially during emergencies and when patients attempt to escape.
- Patients did not have concerns regarding the use of staircases.

Accessibility devices in bathrooms, and bathroom layout:

- One of the 10 facilities had provisions for disabled patients. Although the room was designed on the ground level, the hoist required to assist during baths was on the upper level.
- The French facilities did not have accessible bathrooms.

Limitations

The author does not indicate any limitations that this study may have.

Limitations of this study include:

- The following demographics of the sample which would have added more perspective to the findings are not mentioned:
    - Patients: age, gender, state of physical mobility, mental illness
    - Staff: age, years of experience, responsibility/role
- There is no description of the physical design, layout, or age of the facilities involved in the study.
- Although in the results section the author discusses the location of a few facilities, location of the facilities is not specified.

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- There is no organized separation of findings pertaining to the two countries, making it difficult to make an effective comparison.
- The author does not mention if any approval or clearance was sought and received by an IRB or ethics committee.