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ARCHITECTURE OF PSYCHIATRIC HOSPITALS IN THE CONTEXT OF PATIENT INTIMACY AND AUTONOMY

Unlike in previous centuries, when psychiatric hospitals reflected an institutional and isolating model of care, contemporary facilities are moving towards openness, integration, personalisation of spaces, giving them a homely atmosphere. The aim of this research was to determine the role of patient intimacy and autonomy in shaping the environment of contemporary psychiatric hospitals, as well as their impact on both safety and openness in these institutions. The study, in the form of a case study, examined Springfield University Hospital in London, which opened in 2023. The analysis included a site visit during the hospital's construction stage and an in-depth interview with the hospital's chief architect, who provided a detailed insight into the design concept. The hospital examined in this study can be considered a model example due to the adopted Evidence-Based Design approach. It is characterised by high-quality architecture, where daylight, greenery, art, and an innovative functional layout play a crucial role. Particular attention was paid to design solutions enhancing patient privacy and communal areas that maintain a balance between personal privacy and opportunities for social interaction with both patients and staff. Springfield University Hospital is an example of a modern psychiatric facility that harmoniously combines therapeutic needs with spatial and social aspects of care, setting a benchmark for future psychiatric facility designs.

Keywords: psychiatric hospital, patient autonomy, patient intimacy, hospital openness, psychiatric hospital architecture

1. INTRODUCTION

Psychiatric hospitals are a specific type of healthcare facility due to the nature of their specialisation, their development and their rather turbulent history. Very often, facilities of this type, as well as psychiatry itself, are viewed negatively by society. Stigmatisation, restrictions on patients' freedom and rights, and the ineffectiveness of therapies in recent centuries are the main factors that have left their mark

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on psychiatry. In the second half of the 20th century, changes began to take place, particularly in the approach to psychiatric treatment, resulting in extensive reforms that led to the closure of psychiatric hospitals in many countries. The most extensive reforms were carried out in the UK, where the last hospitals were closed in the 1990s [Sidi 2022; Joseph, Birchwood 2005]. Highly developed countries that have reformed their psychiatric care systems focus on the community treatment model, which involves the organisation of small, socially integrated therapeutic structures as an alternative to psychiatric hospitalisation [Hazelton 2005; Gostin 1983].

Historic buildings and psychiatric hospital facilities, despite being valuable architectural heritage, are difficult to adapt to modern requirements and treatment standards. For this reason, it is necessary to build new psychiatric facilities, as best demonstrated in the UK and Scandinavian countries [Strojny 2024]. One of the latest examples of preserving valuable heritage and building new facilities is Springfield University Hospital in London. The completed project is a large urban development with an additional residential function. The project was developed based on a wide range of data and research, with the active participation of end users, with the aim of creating a therapeutic space conducive to the well-being of patients, while at the same time enabling their integration into society, as opposed to historical models based on isolation. For these reasons, this hospital deserves special attention in the context of best practices for future facilities of a similar nature.

The aim of the research was to determine the role played by ensuring patient intimacy and autonomy in contemporary psychiatric hospitals and the impact of these aspects on the safety and openness of these facilities.

2. MATERIALS AND RESEARCH METHODS

The case study was carried out at Springfield University Hospital in London (Architects: C.F. Møller Architects), where two new facilities have been completed in recent years: the Shaftesbury Forensic Psychiatric Unit (opening in 2023) and the Trinity Standard Psychiatric Unit (opening in 2022). Their design reflects the latest research findings on the architecture of psychiatric facilities, while also being a model example of the application of the Evidence-Based Design method in hospital design. The solutions used are based on available scientific research and analyses carried out by the team of architects responsible for the project. End users, including medical staff and patients, were also involved in the space creation process.

The first stage of the research was a literature review to determine the nature of psychiatric facilities over the centuries in the context of patient intimacy and autonomy. In the next step, contemporary scientific publications were analysed to determine the key aspects in the design of psychiatric hospitals in the context of the adopted research topic. The following databases were used: Scopus, Google Scholar, ResearchGate, Semantischolar, PubMed, Springer, Wiley and Web of Science. The

literature was searched using the keywords: patient autonomy, patient intimacy, hospital openness, psychiatric hospital. The final stage of the research involved a case study of Springfield University Hospital. This study included a site visit during the construction of the hospital, an in-depth interview with one of the architects developing the design, and an analysis of design solutions based on project documentation.

3. RESULTS

3.1. Patient intimacy and autonomy in psychiatric hospitals in past centuries

The first forms of institutions for people with mental disorders were asylums for the insane. However, their function was not to treat patients, but to isolate them from the rest of society. Patients were kept in conditions that deprived them of their dignity – they were locked in cages, chained, and subjected to humiliating exercises. It was common practice to allow outsiders to visit psychiatric hospitals as a kind of attraction, in which patients were treated in an objectifying manner, like animals. The first hospitals, which aimed at treatment in addition to isolation, did not begin to appear until the second half of the 18th century [Brzeziński 2016]. The significant development of psychiatric hospitals began in the 19th century, which was due to changes taking place in psychiatry. This was related, among other things, to the implementation of humane methods of treating mental disorders. Over time, coercive measures such as chaining patients or isolating them in cages were abandoned. An important precursor of these changes was Philippe Pinel, who initiated reforms aimed at a more ethical and respectful approach to the treatment of people with mental disorders. The process of changing the approach to the treatment of people with mental disorders began at the end of the 18th century, but it did not start on a larger scale until the 19th century. One of the first examples of a psychiatric centre offering more humane conditions was The Retreat in England, founded by William Tuke and opened in 1796 [Staniewska 2020]. Although the reforms were still limited at this stage, the facility heralded the changes that gradually improved the standards of care for psychiatric patients in the 19th century. In the second half of the 19th century, hospitals began to take the form of pavilions surrounded by greenery [Strojny 2024]. The history of psychiatry in the 20th century was still full of controversial practices, including the functioning of large, institutional hospitals where the individual approach to the patient was lost. Furthermore, the therapeutic methods used at the time, such as electroshock therapy and lobotomy, often led to serious health consequences, often causing patients more harm than actual help [Miller 2013]. It was not until the late 20th century that developments in pharmacology and psychiatry led to changes in the approach to patients. However, it is only in hospitals built in the 21st century that the utmost care is taken to ensure the privacy and autonomy of patients with mental disorders.

3.2. Patient intimacy and autonomy in psychiatric hospitals – a contemporary approach

The modern approach to the patient's sense of intimacy and autonomy in psychiatric hospitals takes into account both ethical and spatial aspects, which are crucial to ensuring the dignity and comfort of hospitalised patients. In the context of the architecture of these facilities, the key challenge is to achieve a balance between protecting the patient and respecting their autonomy. Design solutions should allow for both privacy and interaction with staff and other patients in order to support the recovery process and build social relationships.

An important element of patient autonomy is the ability to exercise control over one's environment and to actively participate in decisions regarding the treatment process. As research shows, limiting self-determination leads to a feeling of powerlessness and, in extreme cases, can result in withdrawal from therapy [Brooks et al. 2025]. The design of psychiatric hospitals should therefore take into account both spatial and organisational issues, creating an environment that not only provides medical care but also supports the autonomy, dignity and privacy of patients as an integral part of their therapeutic process.

Designing private spaces, such as single rooms, plays a key role in promoting patients' intimacy. As D. Kirk Hamilton notes, individual rooms provide patients with a sanctuary where they can devote themselves to self-reflection and personal activities without the distractions or stressors that are inevitable in shared spaces [Hamilton 2019]. This privacy is essential for the mental health of patients, as it supports their recovery process by creating a safe environment that allows for emotional and physical regeneration. Patients hospitalised in psychiatric facilities often experience a loss of control over their lives. This is due both to their mental health and the specific nature of the institutional environment. The possibility of personalising a space, for example by introducing personal objects or photos, allows patients to identify more with their surroundings and give them an individual character. Such activities can significantly strengthen the sense of agency and self-determination necessary in the treatment process. The ability to control one's environment is linked to better mental health outcomes because it empowers patients and fosters a sense of responsibility for the recovery process.

The modern approach to design also takes into account the need for integrated communal and recreational spaces that enable patients to socialise on their own terms. Relaxation areas, conversation corners and access to therapeutic gardens promote a balance between privacy and the opportunity to build relationships with other patients. Research emphasises that a carefully designed therapeutic environment can significantly reduce the need for coercive interventions and speed up patient rehabilitation. As R. Pocobello notes, the calm and friendly atmosphere in psychiatric wards reduces the need for coercive measures while

supporting the recovery process [Pocobello et al. 2024]. Similar conclusions are presented by G. de Girolamo et al., who point to the importance of physical characteristics of the hospital environment, such as access to common areas and gardens, which promote socialisation, reduce anxiety and improve patients' mood [Girolamo et al. 2007]. Autonomy is supported by enabling patients to make decisions regarding their daily functioning, such as the choice of therapeutic activities or the way they use space. Despite advances in designing to support patient autonomy, the legitimacy of using isolation rooms such as 'psychiatric assessment rooms' is quite controversial. As C. Strike et al. point out, although these rooms are intended to ensure the safety of patients in a mental crisis, they often lead to feelings of isolation and anxiety [Strike et al. 2008]. N. Rzhetskaya emphasises the need to limit the use of coercive measures, pointing out that patients expect to be more involved in decisions about their treatment, which is crucial to their sense of autonomy [Rzhetskaya 2023]. Transparent procedures and open communication with staff strengthen trust and help to reduce the feeling of coercion, enabling patients to have more control over their own lives. Modern architectural designs also take into account access to technology that supports independence, for example through information systems that enable planning of the day or communication with loved ones.

The architecture of hospitals plays an important role in shaping the patient experience. Contemporary design takes into account, among other things, the principles of biophilia, which emphasise the importance of contact with nature in the healing process [McCuskey Shepley, Sachs 2020]. As S. Totaforti and A.Q. Nyrud et al. point out, the use of natural materials such as wood, as well as access to greenery and daylight, can significantly improve patients' well-being [Totaforti 2018; Nyrud et al. 2013]. The use of biophilic elements, such as therapeutic gardens, open spaces with a view of nature or the introduction of indoor plants, not only reduces stress but also fosters the creation of a friendly, less institutional environment and thus a greater sense of intimacy for patients. Since hospitals can accommodate patients with varying degrees of impairment, it is important to plan the space and select materials appropriately to create an environment in which all patients can coexist without major disruptions. An important aspect is to provide green open general and closed spaces for maximum safety [Roberts 2014].

A change in the approach to hospital location plays an important role in shaping modern psychiatric facilities. S. Pyykkönen and P. Kymäläinen point out that there is an increasing move away from isolating centres in remote, natural areas in favour of integration into the urban fabric [Pyykkönen, Kymäläinen 2024]. This type of location facilitates access to healthcare resources, reduces stigmatisation and supports the recovery process through patients' daily contact with the urban environment. The concept of 'therapeutic landscapes' is evolving to include social spaces, green areas and urban activities. This approach aims not only to improve the quality of life of patients, but also to better integrate them into the community.

The contemporary approach to the design of psychiatric hospitals combines therapeutic, social and ethical aspects. Models such as Safewards emphasise the importance of designing spaces that promote positive social interactions, which reduces the risk of conflicts and promotes a culture of understanding [Bowers 2014]. Involving patients in the design process, as noted by A. Faerden et al., further increases their sense of autonomy and satisfaction with care [Faerden et al. 2023]. As B.E. Karlin and R.A. Zeiss point out, patient-centred design can have a positive impact on social interaction, motivation and the emotional and physical well-being of patients [Karlin, Seiss 2006]. Modern psychiatric hospitals are no longer just places of treatment, but spaces that support the dignity, autonomy and recovery of patients. The integration of architectural elements such as access to nature, open spatial layouts or location in an urban environment reflects the growing awareness of the importance of a holistic approach to mental health.

3.3. Safety and openness in a psychiatric facility: the example of Springfield University Hospital in London

The introduction of a universal healthcare system in the UK, called the National Health Service (NHS) in 1948, initiated a process of psychiatric reform that focused on deinstitutionalisation and the integration of patients into the community [Freeman 1998]. In the second half of the 20th century, the concept of community treatment was introduced, and as a result, traditional psychiatric hospitals were gradually transformed or closed, and patients were transferred to smaller facilities closer to their place of residence [Jones 2000]. This change was intended to create a more open, supportive and less institutional model of care. Springfield University Hospital is an example of a facility that has undergone a revitalisation process, adapting its space to modern psychiatric care standards.

Openness and integration with the surroundings

The modern approach to mental hospital architecture aims to gradually move away from the model of institutional isolation and towards the inclusion of patients in social life. Springfield University Hospital is part of this process – its revitalisation included the construction of over 800 new apartments and the transformation of a former golf course into a public park. This means that the hospital is no longer an isolated unit but an integral part of the urban fabric. The complex consists of two new facilities: the Shaftesbury Forensic Mental Health Unit (opening in 2023) and the Trinity General Mental Health Unit (opening in 2022). It includes a psychiatric centre, adult wards, a recovery college, psychiatric clinics for children and adults, and teaching facilities. In addition, the complex has commercial premises and a multi-storey car park, available to patients, staff and residents of nearby housing estates.

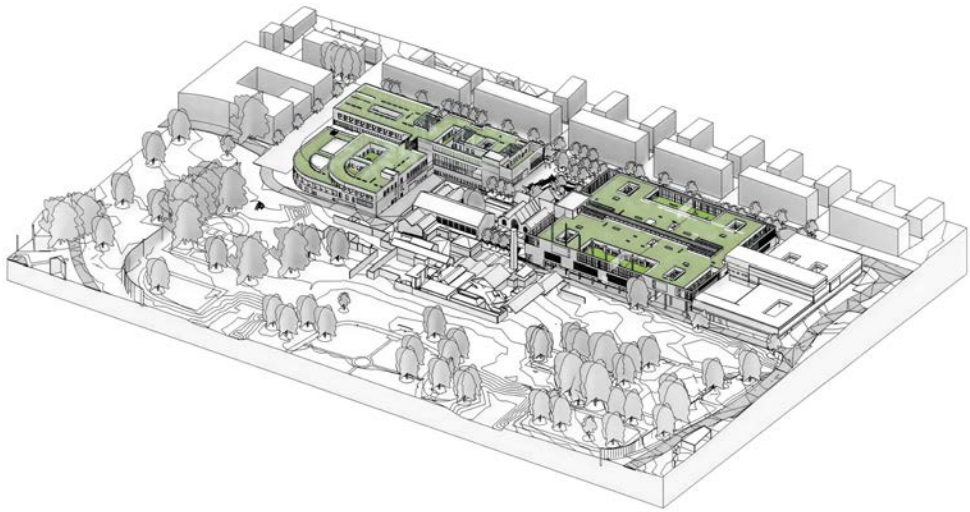


Fig. 1. Two new hospital buildings (green): Shaftesbury Forensic Psychiatric Centre on the right and Trinity Psychiatric Centre on the left, surrounded by residential buildings and communal areas [C.F. Møller Architects³]



Fig. 2. Shared spaces: view of the chapel and the forensic psychiatry department of Shaftesbury Hospital (A); public café (B) [C.F. Møller Architects, photo: Mark Hadden]

The use of shared spaces, such as car parks or a chapel, means that patients are not perceived as a separate group, but as an integral part of the community around them. Such solutions help to prevent stigmatisation and strengthen their sense of belonging.

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Private rooms with a view of the greenery

Ensuring patients' privacy and a space conducive to recovery is one of the cornerstones of modern psychiatric facility design. At Springfield University Hospital, all rooms are single rooms, allowing patients to spend time in seclusion and giving them more control over their environment. At the same time, the spatial layout takes into account the need for security and monitoring by staff.

Each room has a well-thought-out layout that eliminates so-called 'blind alleys' – all zones are clearly visible, which increases the level of control and safety. The bed is placed opposite the door, which allows the staff to monitor the patient's condition without the need for intervention. In the corner, there is a private bathroom with a specially cut wall, which allows for better visibility inside and minimises the risk of self-harm. Behind the bathroom, there is a niche with a desk and cupboards, allowing patients to organise their daily activities in an orderly and ergonomic way.

All rooms have large windows and window niches, which not only increase access to natural light, but also offer a view of the inner courtyards and green gardens. The bright, spacious interiors foster a friendly atmosphere, which is important in the therapeutic process. In addition, patients have the opportunity to personalise their space – for example, by displaying photos of loved ones – which can enhance their sense of security and emotional comfort.

All design and spatial elements have been conceived to combine comfort with high safety standards. The rooms have bathrooms adapted to the needs of psychiatric patients, eliminating potential hazards. Thanks to the carefully thought-out interior design, patients can enjoy a space that provides both privacy and adequate conditions for monitoring, supporting their recovery process.



Fig. 3. Private patient rooms: room diagram (A); room view (B, C)

[C.F. Møller Architects, photo: Mark Hadden]

Common areas and opportunities for socialising

In psychiatric facilities, it is important to provide patients with spaces where they can gradually transition from isolation to social interaction according

to their needs and current state of health. At Springfield University Hospital, spatial solutions have been used to enable a smooth regulation of the level of privacy and social contact. A variety of common areas allow patients to decide whether they want to participate in group interactions or spend time in a more isolated way – allowing patients to adjust the level of social engagement to their individual needs.



Fig. 4. Common areas providing different degrees of socialisation: mobile seating in public spaces (A); meeting room (B); alcoves with tables and seating and computer stations (C); spaces providing more privacy, in the windows of the seating alcoves (D)
[C.F. Møller Architects, photo: Mark Hadden]

At the centre of each ward are open spaces that encourage interaction and a smooth orientation in the building. Warm, natural materials such as wood and well-designed acoustics reduce noise levels. This helps to de-escalate tensions and creates a calm and friendly environment. The interiors are equipped with various forms of seating – both fixed and mobile, allowing patients to choose a space tailored to their needs. Common areas include reading alcoves, board game areas, computer stations and spaces for individual activities, allowing for gradual social integration. The modern approach to design emphasises that spaces should support both a sense of community and the need for individual retreat when the mood is low.

Access to gardens and biophilia elements

The hospital provides free access to green areas, which reduces stress, supports emotional regulation and promotes psychological regeneration. Each ward has internal courtyards in the form of therapeutic gardens, which provide both a space for rest and patient activation. The gardens have been designed to encourage various forms of activity. From physical exercise to private conversations. Next to the group and individual therapy rooms, there are smaller, more intimate spaces for contemplation. Seasonal plantings with different textures, scents and colours enrich the patients' sensory experience, and the variety of greenery promotes nature-based therapy.

Greenery is not only present outside the building, but also inside the hospital. Plant pots and small trees have been placed in the common areas, which reinforces the feeling of being in a natural environment. In addition, each patient room has been designed to provide a view of the greenery outside the window, which is an important element of visual therapy and improves the psychological comfort of patients. The link to nature is also reflected in the use of natural materials in the interior design. Warm wooden surfaces, used in both furniture and finishing elements, give the space a friendly, non-institutional character.



Fig. 5. Gardens and inner green courtyards in the individual buildings:
in the Trinity ward (A); in the Shaftesbury forensic ward (B)
[C.F. Møller Architects]



Fig. 6. Greenery in different areas of the hospital: view of the garden (A); view from the window to the courtyard (B); biophilic elements in common areas (C) [C.F. Møller Architects, photo: Mark Hadden]

Compact spatial arrangement and safety

One of the key aspects of the design of Springfield University Hospital was to create a compact spatial layout that ensures the safety of all users of the facility. The architects made sure to eliminate difficult-to-access alleys and to organise the main thoroughfares in a way that allows patients and staff to cross paths more frequently, making it easier to notice potential dangerous situations and provide immediate assistance if necessary.



Fig. 7. Ward communication system – diagram of the intersection of patient and staff routes (A) [C.F. Møller Architects]; climbing net in the forensic ward of Shaftesbury Psychiatric Hospital (B) [photo: author]; climbing net in the upper part of the forensic ward, exterior view (C) [C.F. Møller Architects, photo: Mark Hadden]

Particular attention has also been paid to safety in the forensic psychiatry department at Shaftesbury. The courtyards in this part of the facility have been enclosed with a specially designed mesh with a climbing structure, which ensures that patients are protected without feeling closed off in an isolated space. Its discreet design does not interfere with the perception of the surroundings, while at the same time providing security appropriate to the nature of a forensic ward.

Visibility and a surveillance system

One of the key objectives of contemporary psychiatric architecture is to provide patients with a sense of care without giving the impression of excessive control. Springfield University Hospital uses spatial solutions that allow staff to supervise discreetly while providing patients with privacy.

Nursing stations have been strategically placed to cover individual patient rooms without disrupting the comfort of those inside. The common areas have been designed in such a way as to allow natural insight into the interior through the use of glass, which allows for ongoing monitoring of the situation on the ward, eliminating the need for direct interference in the lives of patients.

The facility provides staff with a safe and comfortable working environment, while giving patients a sense of freedom and independence in their daily lives.



Fig. 8. Diagram of the visibility field of the ward from the nursing station (A) [C.F. Møller Architects]; nursing station as a risalit with glass corners, photo from the construction site (B) [photo: author]

Daylight and access to fresh air

Making the most of natural light was one of the main objectives of the project. Access to daylight is a key element in supporting the mental health of patients.

Adequate interior lighting improves spatial orientation, supports the natural circadian rhythm and helps regulate biological processes, which contributes to the well-being of patients and staff. All patient rooms and common areas have been designed to provide optimal access to daylight and fresh air. Natural ventilation is an integral part of the design – the hospital has been equipped with solutions that allow fresh air to circulate in patient rooms and common areas, which contributes to the quality of stay and comfort of both patients and staff. Open spatial layouts and the orientation of patient rooms towards courtyards and gardens enable constant contact with the outside environment. Such solutions reduce the feeling of isolation and improve the quality of life of patients.



Fig. 9. Spaces and building elements providing access to daylight and fresh air: large glazed areas in halls and common areas (A, B, C); windows opening onto the courtyard (D); windows in each patient room (E); glass roof in communal areas (F) [C.F. Møller Architects, photo: Mark Hadden]

4. SUMMARY AND CONCLUSIONS

Springfield University Hospital is an example of a modern approach to the design of psychiatric facilities, combining high-quality architecture with a patient-centred care model. The spatial solutions used support the treatment process by providing intimacy, autonomy and contact with the environment, which is in line with the broader aims of contemporary psychiatry to create environments that support

recovery and social reintegration. Key elements in architectural design in the context of ensuring patient intimacy and autonomy are:

- openness and integration with the surroundings,
- private rooms with a view of greenery,
- common areas and the possibility of socialisation,
- access to gardens and biophilic elements,
- compact spatial layout and safety,
- visibility and a surveillance system,
- daylight and access to fresh air.

The article analyses the contemporary approach to the design of psychiatric hospitals, focusing on the role of intimacy and patient autonomy in creating environments that support the treatment process. The introduction of single-occupancy rooms, the possibility of personalising the space and the application of biophilia principles have a significant impact on stress reduction, improvement of well-being and increase of patients' sense of control over their own environment. The article emphasises the importance of designing spaces that balance privacy with interactions between hospital users. Creating an environment conducive to intimacy and autonomy not only supports the healing process, but also contributes to reducing the feeling of isolation and increasing the sense of security among patients.

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ARCHITEKTURA SZPITALI PSYCHIATRYCZNYCH W KONTEKŚCIE INTYMNOŚCI I AUTONOMII PACJENTA

Streszczenie

W przeciwieństwie do poprzednich wieków, kiedy szpitale psychiatryczne odzwierciedlały izolacyjny model opieki, współczesne placówki zmierzają w kierunku otwartości, integracji, personalizacji przestrzeni, nadając jej domowy charakter. Celem badań było określenie roli, jaką odgrywa zapewnienie intymności i autonomii pacjenta we współczesnych szpitalach psychiatrycznych, a także ich wpływu na bezpieczeństwo i otwartość tych placówek. Badaniem w formie studium przypadku objęto Springfield University Hospital w Londynie otwarty w 2023 r. Analiza obejmowała wizytę studyjną na etapie budowy szpitala oraz wywiad pogłębiony z głównym architektem obiektu, który szczegółowo opisał założenia projektowe. Szpital ten można uznać za wzorcowy przykład ze względu na przyjęte w nim rozwiązania oparte na Evidence-Based Design. Charakteryzuje go wysokiej jakości architektura z kluczową rolą światła dziennego, zieleni, sztuki oraz wyjątkowy układ funkcjonalno-użytkowy. Szczególną uwagę zwrócono na rozwiązania sprzyjające intymności oraz przestrzenie wspólne, które stanowią równowagę dla prywatności i możliwości budowania relacji społecznych z innymi pacjentami i personelem. Springfield University Hospital to przykład nowoczesnej placówki psychiatrycznej, która harmonijnie łączy potrzeby terapeutyczne z przestrzennymi i społecznymi aspektami opieki, wskazując kierunek dla przyszłych projektów w tej dziedzinie.

Słowa kluczowe: szpital psychiatryczny, autonomia pacjenta, intymność pacjenta, otwartość szpitala, architektura szpitali psychiatrycznych