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Designing beyond trauma

Words *Stephanie Clarke with Justin Littlefield and Cath Muhlebach of ClarkeHopkinsClarke Architects*

The pandemic and the Royal Commission into Victoria's Mental Health System have sparked transformative change in models of care and trauma-informed design.

For designers there are significant challenges and exciting opportunities in a new approach to co-design, which includes people with lived experience in designing models of care and the facilities that support them.

For those of us passionate about mental health design and its capacity to comfort, support and empower people living with mental illness and their clinicians and families, the transformations currently reshaping our sector could not be more welcome.

Huge growth in demand for services sparked by the pandemic, combined with the Royal Commission into Victoria's mental health system, have revealed unmet demand for services caused by years of under-funding, under-resourcing and other systemic issues, and the devastating impacts on individuals and communities. In Victoria, a year after the Royal Commission handed down its 65 recommendations, we're seeing increased funding and a concerted push for systemic change. The overarching goal is a more responsive, integrated health and wellbeing system where people receive their services locally, in their community, close to family, work, carers and supporters.

For us as interior designers and architects, this welcome change requires flexible design for emerging models of care, and a new model of co-design requiring from us new language, communication strategies and ways of working.

Our practice is now working on some of the first mental health facilities developed in response to the Royal Commission's full recommendations. The changes we're seeing are complex and nuanced. On one regional project, for example, we're creating spaces for a new model of service delivery that includes acute and community care, delivered by multiple services in varied settings, with extended hours of operation. All the usual priorities apply: designing welcoming, non-clinical, trauma-informed facilities that also help destigmatise mental health and provide the right mix of private and shared spaces. This project also needs to be safe and accessible day and night for a diverse cohort – from teens to older people and families – and offer distinct navigational and experiential journeys for those who may arrive in crisis for acute care and return to access other services throughout recovery.

Thankfully the new co-design process centres on the voices of people with lived experience. Their insights are invaluable in helping us design a variety of spaces that offer sensations of refuge, comfort and connection, and minimise triggering painful memories and emotions.

Previously, designers led a more curated approach to stakeholder engagement with fewer people with lived experience and more clinicians, who naturally focused on design that would make it easier for them to deliver services. Contemporary co-design is a close collaboration between clinicians and people who better represent the varied lived experiences and concerns of consumers accessing mental health care. This recognises that potentially distressing conversations necessary to fully inform designs are best handled by clinicians rather than designers.

We applaud this development and its many positive impacts for all concerned while recognising that for designers it requires significant adjustment to be absent from early design visioning and development conversations.

We're developing tools and strategies to help clinicians communicate our design proposals and elicit the detailed feedback needed to develop them – by refining our design visuals and narratives, for example. Honing our long lists of questions. Allowing extra time between meetings to receive feedback and respond in the next iteration of drawings, plans and 3D modelling. Preparation is key when the ability to draw 'live' is removed.

The people with lived experience we're interacting with often have no experience working on a design project. So we're helping them understand the process, what's expected of them, where to apply their focus, and what questions to ask when taking information to their user groups. This is integral to project success and avoids anyone feeling lost or overwhelmed by an unfamiliar process.

We're finding relationship building is more complex and gradual. But we're gaining trust over time by listening carefully, responding with empathetic design ideas, and embracing the new language, priorities and ways of working we're absorbing from their feedback.

That's leading to invitations into the process – initially as online observers to co-design meetings, then later as online participants, and eventually, once rapport has been established, as attendees at select in-person meetings.

This softly-softly approach is a valuable reminder of just how stressful these interactions can be for people with lived experience of trauma and the mental health system. How confronting to return to settings of intensely painful experiences. How challenging to critique design elements they feel don't quite work. People's resilience and generosity has been humbling.

There are huge advantages to the new co-design process. We're learning more over time, from more varied perspectives, sought at every step of the design process. Clinicians have the skills and language to take conversations further than designers ever could, even on potentially confronting topics like designing for harm minimisation. Design is now better informed, more nuanced and responsive. Services are recruiting more people with lived experience for clinical roles, which supports a shared focus on designing more supportive spaces for service users and their families. This supports better therapeutic outcomes, which ultimately make their jobs easier too.

Our design strategies and methods are informed by the latest research into biophilic design through closer collaboration with experts such as Dr Phillip B. Roös and Lana Van Galen from Deakin University.

They're giving us new language around generous, multi-layered interiors that deploy natural patterns, textures, tones and, where possible materials (deployed judiciously given OH&S and infection control requirements), which help people find moments of comfort and reconnection: to nature, others or themselves.

Dr Roös, Associate Professor and Director of Deakin`s Live+Smart Research Laboratory, is leading a multidisciplinary research team identifying key requirements for biophilic design in mental health facilities. "Badly designed spaces can have a direct negative impact on our mental health and wellbeing and can cause an increase in stress levels, anxiety, lack of concentration, tension, anger, fatigue, confusion and total mood disturbance," he says. "We are currently building up a large amount of evidence through our research projects that biophilia, our innate love for nature, is fundamental to the health and wellbeing of us as a human species."

It's early days yet and everyone's still feeling their way. We still have more questions than answers. How do we create biophilic interiors within existing buildings not shaped by these principles? How should we balance conflicting advice from more diverse user groups? How can we design sensitively for myriad experiences from neurodiversity to differing journeys through mental illness, knowing we all experience the same spaces differently from day to day and even moment to moment?

For us, the key is offering a rich variety and generous application of spatial types while avoiding over-stimulation, which can be agitating. This enables people to seek out the refuge, connection, engagement or interest they need in a given moment. We're recognising the power of natural motifs to orient people in settings where natural materials are impossible. Providing a helpful but not overwhelming number of design options. Preparing evocative sketches in advance rather than on-the-spot to help people visualise ideas in three dimensions. Being brave in our interior design by accepting that we won't get the balance right in every space for every person, but knowing that if we hold back we won't meet our overarching objectives either.

Designing in this changing space is a fascinating, ongoing conversation. It's one we feel immensely privileged to be part of.

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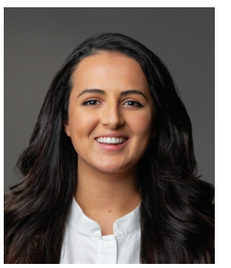

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