Museum of Domestic Design & Architecture

Living Well: health, wellbeing and the built environment

A one-day conference for student nurses and health practitioners, Middlesex University, Hendon, Monday 10th February, 2020

Dr Laura McGrath: Space and mental distress

0:00 Thank you for that. So yeah my name's Laura McGrath and I'm a lecturer in psychology at the Open University which means that in terms of lots of my research is focused on this topic of space and mental distress. So when I'm talking about space I mean the material environment in all of its forms, from geography, from the broad way in which we organise our environments, right down to how people relate to the intricacies of what objects are around them. And as I'm a psychologist I'm really interested in people's experience of those material environments, how people make sense of the spaces that they're in; how people use them; and how people recruit them as part of managing their psychological experiences. And in particular I'm going to talk about mental health.

0:58 So why did I think this might be an interesting topic? So one of the things is that around over 30 years ago if you were somebody who was experiencing a severe mental health problem and you were in the psychiatric system you would go somewhere like this. So this is Friern Barnet, used to be an asylum and these were large out of town institutions where people would go in order to be treated and they would often be there for many years.
[https://en.wikipedia.org/wiki/Friern_Hospital]

So these were places that were sequestered away from normal everyday community spaces. And it really indicates that there would seem to be a clear divide between madness, if you like; people who were designated to be mad or designated as mentally ill in some way and the sane, so everybody else living in the community. And when you were in this kind of institution you were one category and then when you left it you were deemed to be in the other category. So there was a clear marker in our communities between these two categories of people and also you'll notice that the madness side of that division was private and hidden away. So it wasn't something that was in public or in everyday community spaces.

2:19 Now in the early 90s all of these were shut down and many of them are now luxury flats, so carry on with the theme of the morning. And so instead now when people are negotiating experiences of distress and recovery rather than being in these places which are designated for that purpose instead people negotiate these experiences across multiple community spaces.

So some of those are still institutional spaces like psychiatric wards, although these are only for short stay now, so the average stay on a psychiatric ward in the UK is now two weeks. So these are really not places where people stay for very long, community mental health services like the picture down here. But in the main when people are navigating even very severe experiences of mental distress they are at home; in workplaces; in public places like shopping centres; they're having social occasions, social lives; and they also have access to all of the same spaces that everybody who's not

experiencing those things does as well, like green spaces – this is Epping Forest which I'm very lucky to live near.

3:37 So there's been a real shift in the spaces which people are navigating mental dis tress across and as practitioners when you're meeting people who are experiencing severe mental health problems or even less severe mental health problems sometimes you might be in these institutional spaces but a lot of the time you might be meeting people in the community as well. So these are both places where people are experiencing crisis, experiencing recovery and also dealing with services. So we've got much more of a complexity.

4:13 So why might this matter? So we know that where people are affects their mental health. That's a kind of basis insight. So this map on the left is from a study in the 1930s, these were the first people in Chicago to try and map where people were likely to experience mental health problems. So Faris and Dunham mapped schizophrenia in Chicago. And you can see that the dark places on the map are the places where there is more schizophrenia diagnoses and the light ones are fewer. And they found that people, perhaps unsurprisingly, were much more likely to experience schizophrenia in the inner city poor areas of the city and less likely the further out you got and the richer the areas became.

And you can still see that pattern today. So this is from 2011 a map of England, again the dark places are the places with higher levels, this is long-term mental health problems, rather than specifically schizophrenia diagnosis, and the lighter places are with fewer. And you can see there are two factors really. One is poverty or economic deprivation and the other is urbanicity [sic].

5:35 So with the exception of Norfolk, generally you find that poor inner city areas have the highest levels of mental health problems. And partly that's to do with poverty because we know that mental health has a social gradient meaning that the poorer you are the more likely you are to experience a mental health problem and we can all think of lots of reasons why that might be, but it's also something to do with the particular areas as well. So income level but live not in these inner city areas actually also have a slightly reduced likelihood of developing a severe mental health problem. And there seems to be something about the particular areas, of living very close together, of disorganised areas, of transient areas that leads to people experiencing mental distress.

6:32 So just to plug my book again, [*The Handbook of Mental Health and Space: Community and Clinical Applications*, ed. Laura McGrath and Paula Reavey, Routledge, 2018] it's quite new, Paula and I looked at the literature on this thinking about why are there particular places where people are more likely to experience high levels of mental health problems and putting aside for a while the obvious material issues, there is a literature on just things like living with damp; living with noise; living with insecure housing, those kind of material factors; living with less money, which obviously do have a direct impact on people's mental health, but these are the more psychological components on top of those which are added into those material things, things like status and value.

So obviously in our society status is determined by material wealth and so people living in conditions which have less status, conditions which for instance if that area is visibly disorganised or if there's lots of crime, areas aren't well looked after, that has an impact on people's mental health. But also it's about the status of the area but also the status that people feel is being attributed to them. So there's even a study in South Africa which found that a poor area which was next to a rich area, so they could see the difference between their standard of living and the standard of living in the next area along actually had worse mental health than a similarly poor area which was surrounded by other poor areas.

8:16 So if you think about our city in London and the juxtaposition that's so often there between very, very poor housing and the kind of housing which we've seen in the talks earlier today, then that's very much reiterating people's status and value.

8:32 Issues of trust and belonging, so thinking about transient populations, whether people trust their neighbours, whether they feel like they belong in an area. Power and agency. So one on the things that impacts whether or not people's mental health is also how much power they have over local decision-making and whether they feel like they're having things done to them or whether they can enact things in their environment. And we've seen that talking about these kind of regeneration things which are done to people.

And safety, security and respite. So feeling, obviously there's lots of that with housing, there's the literal safety and security of whether or not you are safe in your home. Again crime and feelings of being in a violent area. But also that security of tenure, security of whether or not you know that what's going to happen to you in the next week or the next month or the next year. Those are all key things that really come into our psychology of these urban environments.

9:38 And these things also come right down to the level of the actual design of the environment. So there's a number of studies that have shown that particularly these studies that were done with women because they are assumed to spend more time in the home, but women who lived higher up the tower blocks have higher levels of anxiety and depression than women who lived at the bottom in the lower levels of tower blocks.

So we can think there first of all about isolation but also entrapment is a really important psychological experience in depression and anxiety. The more people feel trapped and like they can't change their situation the more likely they are to experience depression.

10:20 Also in a similar way there's been quite a lot of research looking at the design of multiple occupancy housing. So multiple occupancy housing isn't necessarily terrible for people to live in but some designs are better than others. And these kind of long corridors people have higher levels of mental health problems in these kind of designs than if you were in a kind of tower block but where your doors face your neighbours and you're in a kind of landing kind of design.

And also it's worse to have an open deck, like this picture up here, so where you see straight out into the world, rather than a closed corridor, which is maybe a little bit counter-intuitive, you might think that would be quite nice but the two key elements that have been identified are basically designs which facilitate social interaction and casual social interaction, so that you're basically going to bump into your neighbours and you know who they are. So again that builds all of the things we were talking about, of trust, of belonging and also controllability and ownership.

So if people feel like they have a sense that the space is theirs, not only in their own flat but also maybe their landing and then maybe their particular bit of the block and then maybe there's another bit, that feels much more security and safety than a feeling that you come out of your house and there's the world and you have no buffer between you and the world.

So within these there's lots and lots of detail of the way we can design urban, multiple occupancy living in ways that isn't as psychologically harsh as some of the ones that we actually have.

12:07 And finally there's lots and lots of research on green space and access to green space and particularly around the way that green space seems to provide a kind of respite for people.

So another study in Chicago, much more recently, compared women again living in tower blocks on the same estates. And one of the tower blocks had trees around it and the other one didn't. There were no other socio-economic differences. And they found that the women who could see trees every day had the same level of stressful life events as the other women but they rates those as less long-term and they rated them as less serious. So, obviously lots of other things could be going on but there seems to be some sort of buffer and resilience and respite impact of being able to see green space on an everyday basis.

13:01 Okay so that's a very quick whizz through some of the literature. And so what have I done in this? So I think the studies that I've done really pick on two ways of thinking about this. First of all on experiences of space. So this is really people who are in the mental health system, so people with ongoing mental health problems. I did one study looking at people's experiences of their everyday spaces, both institutional and community spaces and another study looking particularly at a forensic mental health unit which really are the institutions where people do live there for long periods of time unlike generic mental health wards.

And I've also looked at interventions in space, meaning mental health interventions which try and alter or impact on people's experience of space in some way.

So that includes walking groups, this is a walking group in Hackney, and a graffiti project in a forensic unit again.

14:13 So I'm just going to talk about the top two really, so the two which are based in community spaces, and draw out some key insights, firstly about people living with severe mental health problems in community spaces as they exist now in this kind of complex way and then about maybe working with people from more of a practitioner point of view.

14:42 Okay so I'm going to make four points here and these are all quotes from these various studies. So first of all if we start off with the nice fireplace in the corner when people talked about being actively distressed, so actually in mental health crisis, many participants talked about their homes being particularly important places: places of safety and places of sanctuary. Of course that's not everybody because for many people unfortunately home is neither safe nor a sanctuary.

But it wasn't just that they could go home but people talked about how homes, because they're private space and because they're private space that you have ownership over, not necessarily materially but psychologically, they're also the space where you're allowed to have the widest range of emotions. So as Zoë says here you can feel anything at home, nobody's allowed to tell you what you can and can't feel.

And what you can see here is that that division that I talked about at the beginning between distress being this private thing that needs to be hidden away and public space being where you are rational and where you show your sanity, your sane self, is still there, it still exists for people even though they're living in community spaces. So people talking about not really feeling like they're able to be, there's this full range of distress outside of the home.

16:16 And this was actually very problematic for lots of people who had to carry on with everyday life but were really feeling like public space was very hostile and very difficult for them to be in because they might display the wrong kind of emotion – they might start crying, they might start shouting. And so actually feeling like being public space gave them additional level of distress, mainly because they were fearful of being judged or worse, kind of being taken away somewhere.

16:48 And that tended to be true. The people who talked about their homes in this way tended to be people having extreme or intense experiences of depression and anxiety. But there was a whole other set of people whose crisis was more psychotic, so were maybe hearing voices or seeing visions, having very lurid experiences, having very intense beliefs.

And for that set of participants instead they talked about the home as a very difficult place to be when they were that distressed. So being at their most intense crisis actually they felt like they had to get out or they had to go out and they had to do stuff. And really feeling like being outside and moving around, talking to people, doing activities, really helped them to dissipate the intensity of that distress.

17:41 So as Juliet, bottom here, says that when she was at home that's when she would overdose because her voices would all get on top of her, but if she went outside and she went off onto the moor near her house then that kind of intensity would dissipate.

This is obviously a problem because this group of people were the ones who would tend to end up getting picked up by the police and sectioned because we don't tend to treat it particularly kindly, people wandering around in public space doing strange things or saying strange things.

So this group of people who wanted to be outside were the ones who ended up in the psychiatric ward, whereas the group of people over there who wanted to be inside were often not really coming to the notice of services at all because they were just staying at home.

18:33 So that's something to think about with crisis when people are in crisis they are quite creative about using the spaces that are available to them in ways which modulate and moderate and help their experiences of distress. So both of those categories of people are using the spaces that are available to make themselves feel better, to lessen and deintensify their crisis as its happening.

19:10 And this is also true of people when they're in less intensive stress, so when they're in recovery living in the community. So this palm tree here is a picture taken by one of the participants in the walking group and these are palm trees in Hackney. And she talked about how this was a place where just as part of her everyday life she liked to go and sit underneath these trees, who she refers to as her friends, and just sitting there and watching them and drinking tea. And again this is a quite externally unremarkable place or it doesn't look like much, these are just a couple of trees on a street but for this person they're really, really meaningful and they're part of how she's managed to create and curate a way of living well in the space that's available to her. So again it's using these spaces as a kind of resource which people can draw on in their recovery.

20:13 And this also goes right down to the objects that people use. So this final example is from Lou, this was a young woman who was living in supported housing. So she'd been in hospital, come out and she was very upset about living in supported housing. She didn't want to be there; she didn't want to become, as she viewed it, a kind of permanent patient service user; she didn't want this to be her life story that she was going to be somebody in and out of mental health services.

So one of the things that she talked about was that she had all of her kitchen equipment in her room in this supported housing and she hadn't unpacked any of it because she'd previously been a chef and she didn't want to unpack something that was so personally meaningful to her; she didn't want to cook there in this particular place; she didn't want to do anything domestic because as she said, 'I don't want that part of me to settle in this house. I don't want to make it my space.'

21:14 So she's using these objects as part of how she's navigating her recovery but it's also really important to note how subjective this is because often in institutional settings I've heard staff say

things like, ‘So and so is getting better because their room is tidy,’ or ‘So and so is not that well because their stuff is everywhere,’ whereas actually if you looked at Lou’s room and you saw that she hadn’t unpacked you could think that that was oh she’s still really depressed, she's not really engaging with this as a recovery process, whereas actually the opposite is true the reason she's not unpacked is because she's so determined to recover quickly and move on.

So it’s really, really important with both Sarah and Lou to ask people about what the meaning of spaces is for them, how they’re using them, so that you can build on those strategies that people already have and that people already use in some way.

22:11 Okay I think probably quickly, I've just got some points about working space as well. So now lots of mental health work happens in community spaces rather than in institutional spaces traditionally. So for instance this first quote over here this is from a woman who, they’d shut down her mental health building and she couldn’t meet at home, that wasn’t appropriate, so instead she was meeting her community psychiatric nurse everywhere in the community, including the Wetherspoon’s, and this is particularly about the Wetherspoon’s.

So she's talking about how this interaction with her community psychiatric nurse who she was seeing for ten minutes, half an hour every few weeks, is really, really difficult in these public places because she can't bring up the parts of her which are her distress. So she doesn’t want to talk about her feelings of suicide, for instance, or being distressed because instead she's in this place that she also exists in as a person in the community. She has a social life; she might go to that pub in her everyday life anyway and so is being put in this position where she is having to show a more vulnerable side of her in a way which is isn't.

23:42 So again we can see this public/private division coming into the interaction here, that's she's being asked to show something private, her distress, her intense emotion, in this really public space.

So always bear in mind when you are trying to talk to people about things that are private and difficult that different spaces afford people different ways of talking and different ways of being. And so just what you get from a person in one situation might not be everything that they have to say to you.

24:17 And this second example is from, as I said, this man Brian was meeting his community psychiatric nurse in his home. And first of all not everybody liked doing that, some people really, really didn’t want services in their home and they actually wanted to go and meet them in an institutional space because then they felt like that was just the service user part of them and they didn’t need to bring all of that home, but for Brian he talks about here because the psychiatric nurse came to his house then they had a conversation that was much more rounded than just about his mental health.

So they might talk about books, they talk about other things around his life, so he really feels like he is treated as a whole person and not just as a patient because he’s in this space which is his home, he's the one in control, he's the one who has ownership over that space.

So again you can see that these different spaces afford very different kinds of interaction and very different content to the conversation.

25:28 And then the final example, these are zips in case you’re confused, so another thing that's happened because people are now experiencing these really Intense mental health issues in community spaces is even when people are going into, say, a therapy session or in to work with practitioners and being able to disclose everything and work through really difficult things, they then

have to go back into their world where maybe that kind of version of themselves and that kind of internal vulnerability and intense distress is still not very welcome in the street, on the tube etc.

26:16 So this is a quote from Karl who was a man in his 40s talking about his experience after therapy when he said, 'Right I'll just pack everything back up, zip up the front of me and go back out into the world.' And he talks about having to decompress himself from this kind of very different experience of therapy where he's got all of his emotions out, he's feeling very soft and very vulnerable to going back out into the world where he has to be a kind of strong man who maybe doesn't show emotion very much, but those two normalities have to exist side by side because he's going straight back out into the world and straight back out to work.

27:00 So just to summarise these will be my four messages here. So first of all space or place or environment matters. So we know there's lots and lots of evidence of where people are shapes and facilitates their mental health and wellbeing. But it's not always as simple as what looks nice, makes people feel nice, the meanings that people give to spaces are quite complicated and vary as well.

But the spaces do have rules so we have these social rules about how you behave in particular spaces. There's things that you can't do here that you would be able to do downstairs or outside or in a pub for instance. And we all know these things, we're all very sensitive social creatures so they therefore facilitate or suppress different experiences, emotions, activities and interactions.

So when you're a practitioner be mindful of where you are and what that's allowing for people when you're talking to them, what that allows for people and what it doesn't and what it's suppressing, what you're not going to be hearing because of where you are. And part of that of course is power, so if you're in a more institutional space you, as a practitioner, are always going to be positioned with more power. So you might have to actively try and work against that.

Also though people are very creative in the way that they use the world in order to help themselves psychologically. So if you think of spaces as resources which people are recruiting to actively manage their distress and recovery to help themselves. So one of the things that you can do is ask people about where they like to go, what they like to do, what things are important to them, what places are important to them, because those give you indications really of what it is that people are seeking in order to help manage their experiences.

29:03 And finally remember that spaces and things are subjective. So meanings are personal and you can't always assume that what's true for one person is true for somebody else.

Thank you.

This paper was presented at an event called "Living Well: health, wellbeing and the built environment." This was a one-day conference for student nurses and health practitioners, held on 10th February, 2020, organised by the Museum of Domestic Design and Architecture in collaboration with the School of Health and Social Sciences at Middlesex University.

The conference touched on a variety of topics including the unhealthy city and homelessness, experiences of mental distress and housing, representations of council housing in the media, community-centred design of the built environment, and smart homes for ageing populations.

A list of further reading and resources can be found here:
https://rl.talis.com/3/mdx/lists/E6D01DCE-B34E-845A-4BF2-282B8157BF8C.html