The background features a complex, abstract pattern of blue and white lines. These lines are arranged in a way that creates a sense of depth and movement, resembling a series of overlapping, curved planes or a stylized architectural structure. The lines are most prominent in the upper right and lower left corners, where they form a dense, almost tunnel-like effect. The overall color palette is a soft, light blue, with the white lines providing contrast and highlighting the intricate details of the pattern.

Neuro Therapy:

Supporting the Healing of OCD through Architecture

NEURO THERAPY:
SUPPORTING THE HEALING OF OCD THROUGH ARCHITECTURE

A Design Thesis Submitted to the
Department of Architecture
North Dakota State University

By

Sophia Christina Queen LaMere

In Partial Fulfillment of the Requirements
for the Degree of
Master of Architecture

North Dakota State University Libraries Addendum

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May 2021

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THESIS ABSTRACT

There is a common misconception that Obsessive Compulsive Disorders, most commonly referred to as OCD, affect anyone and everyone that may experience a “need” for perfection or order in detail. In reality, less than 1.5% of the human population experience a life with OCD, most commonly developed in adolescence and young adult years. Here lies the understanding that there is indeed a significant difference between being a perfectionist — someone who requires flawless results or performance, for example — and having Obsessive Compulsive Disorders (Mayo Clinic). People with OCD often do not experience architectural environments that allow them the ease and comfort to aid in the rehabilitation of their disorder. Even though medication is often used to mask the compulsions in the OCD cycle, the only way to recover from the mental illness is to retrain the brain. This research thesis studies the connection between the psychosocial influence behind architectural building environments and the ability a building environment has on the rehabilitation and psychological reformation to those living with Obsessive Compulsive Disorders.

The Narrative of the Theoretical Aspect of the Thesis

When properly designed, rehabilitation environments consider a number of pathways and therapy methods for patient care, depending upon the age, gender, social and environmental backgrounds, as well as the severity of the mental disorder (in this case, predominantly Obsessive Compulsive Disorders). Due to the fact that each person living with obsessive compulsive disorders is developed on the basis of psychological makeup, no diagnosis is exactly like the other. By understanding the therapeutic needs and psychology behind people living with anxiety disorders, greater efforts can be developed to create a correlation with the impact architectural environments have upon the mental psyche of each patient. The importance of architectural environments is to convey the emotional aptitude for the user of the environment. With this intention, the design ability to create environments that can physically and mentally heal people will lead to more purposeful and influential architecture.

The most commonly used methods of rehabilitation and treatment consist of Cognitive Behavioral Therapies (CBT). Cognitive Behavioral Therapies are a form of psychotherapy; a common type of talk therapy. CBT therapies are known by medical professionals to be a very helpful tool in treating mental health disorders, “patients attend a limited number of sessions. CBT helps the patient become aware of inaccurate or negative thinking so they can view challenging situations more clearly and respond to them in a more effective way (Mayo Clinic).

The Narrative of the Theoretical Aspect of the Thesis

Cognitive Behavioral therapies are designed to be specific to the patients mental disorder or health condition. Although there are many benefits of CBT, patients with mental health disorders often experience discomfort or distress during the course of these psychotherapy methods. This thesis design in terms of the architectural building environments will aim to play an unique role in relieving the stress from existing forms of therapy through the calmness of the building environment.

The theoretical premise of this thesis project will address an continual question throughout the process of conducted research methods as well as the design simulation emphasis. The theoretical premise states if and how architectural environments can portray a positive influence on the psychological and mental health of those living with obsessive compulsive disorders. The goal of this design thesis is not only to answer this question on a theoretical premise, but more importantly develop an opportunity/solution that supports the answer through research findings and evidential support.

PROJECT TYPOLOGY

Building Typology

Mixed Use | Healthcare | Residential | Education

The Proposed design will be a Psychological Treatment and Rehabilitative Wellness Center - in dedication to those with Obsessive Compulsive Disorders.

Psychological: For the purpose and dedication to those with Obsessive Compulsive Disorders (OCD) the multi use healthcare facility will be designed to facilitate the needs of those living with OCD and related mental disorders. This component will also have a significant cooperation to the research of the thesis premise and primary question: how do architectural spaces impact the psychological experience of the user?

Treatment: As addressed previously, the facility's primary concern of attention revolves around the treatment methods of those with obsessive compulsive disorders and closely related mental disorders. Treatment methods will be addressed throughout conducted research in the fall semester of 2020. Treatment will be in accordance with in patient and outpatient stays.

Rehabilitative : In collaboration with treatment methods through an analytical and architectural approach, the facility will also serve as a mental rehabilitation center. A common therapeutic practice for treating Those living with Obsessive Compulsive Disorders are Cognitive Behavior Therapies. These therapy systems range depending on the patient, but include physical activities in assistance to the rehabilitation and treatment of the disorder. Supporting rehabilitative spaces include green spaces built within the interior and exterior grounds as well as laboratories that will serve as an educational component to the building function.

Wellness Center : On the premise of mental health awareness, a wellness center will be implemented into the programming elements of the building design, with spaces such as collaboration areas and physical activity spaces. The term wellness is represented in the design to exemplify the holistic and architectural approach to the healing environment, aiming to treat the entire patient.

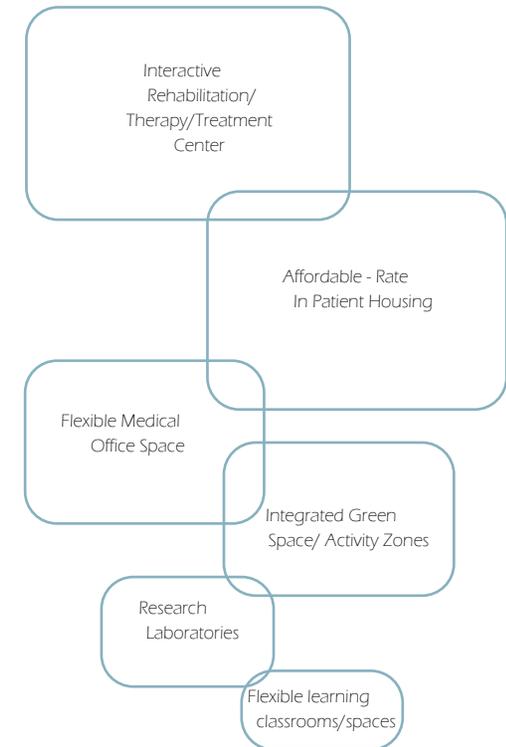


FIGURE 48 | Programming Elements

Typological Research An Overview

Meridian Center for Health

Seattle, Washington

Godstrop Hospital/ Psychological Center

Godstrop, Denmark

Shirley Ryan AbilityLab

Chicago, Illinois

Psychopedagogical Medical Center

Vic, Spain

Meridian Center for Health

LOCATION

Seattle,
Washington

CLIENT

Neighborcare
Health

TPOLOGY

Adaptive Mixed
Use, Healthcare

COMPLETION DATE

2015

SUSTAINABILITY

Zero net carbon
building, Tracking
LEED Gold

Firm

NBBJ



“The Meridian Center for Health, by unifying healthcare and human services into one building, introduces comprehensive care for the first time to an under-served, low-income population of North Seattle.”

FIGURE 1 | Entrance Perspective

DISTINGUISHING CHARACTERISTICS

Located just North of Seattle, **The Meridian Center for Health** is a sustainable, zero net carbon facility, registered to be on track for LEED Gold located in Seattle, Washington. The healthcare facility was designed with the intention and curation to provide integrated healthcare services: medical and dental; Seattle- King County Public Health for women, infants and children; as well as Valley | Cities Behavioral Health care for behavior and mental health (Meridian Health). The purpose of the facility is to **treat** the entire patient's needs, in other words the “**whole person**” for those with little to no insurance - food stamps, specialty assistance, families, elders, the homeless or people with disabilities.



FIGURE 2 | SITE ENTRY

ENVIRONMENTAL/SOCIAL RESPONSE

This particular case study addresses and highlights both environmental and social issues included in the healthcare system. The facility supports the services beyond healthcare, extending for community housing placement resources, job training, and other supporting stressors that affect an individual's mental health. Public spaces are included in the program of spaces within the building footprint, as well as a preserved and enhanced public park that allows for the growth of vegetation. Stormwater retention planning was also a key component introduced into the function of the design through the enhancement of an existing grass retention pond on site.



PROGRAM ELEMENTS

SIZE : 44,800 SQ.FT

With the “whole person” services built into the design and programming of the facility, rather than referring each patient to an external care provider outside of the medical campus, various healthcare providers are given the opportunity to meet within Meridian Center for Health. Several health providers are given a multitude of spaces within the footprint to meet together with patients simultaneously in the same room, ensuring the comfort and flexibility for each Meridian patient.

KEY FEATURES

Beyond the center clinical areas within the facility, community resource areas are placed within the program that remain open post general building hours. These spaces are shown in the Figure above outlining the orientation and circulation of spaces. The one stop facility not only eases the stress of time spent at appointments for patients, but also reduces the time spent on registration work, travel, and most importantly savors the well being of the patient. The building design includes a wide arrangement of circulation features for patients over the course of their time spent at Meridian.

Dedicated Site For Healing

This newly built clinic was the replacement of the previous clinic built in 1980, and was assisted through through partial funding from the federal Health Resources Services Administration (HRSA) grant. The material palette chosen for the building design consists of components and site planning that encourage healing for the users.

- ① Facade. The material that serves as the aesthetic piping surrounding the structure consists of weathering steel supported with a protective layer inspired by nearby oxide springs.
- ② Circulation. The selection in a warm material palette (wood crafted from regional cedar) encourages a sense of warmth for users and patients. The patios includes several expansive spaces that allow for the homeless and or behavioral health patients who are in discomfort indoors to have healthcare consultation. outdoors.
- ③ Landscape. Surrounding green spaces were preserved during the rebuild of the healthcare facility, through the use of bringing in stormwater retention planning as well as enlarging the previous green space to aid in the clietna and user experience.



FIGURE 4 | Ground Plane

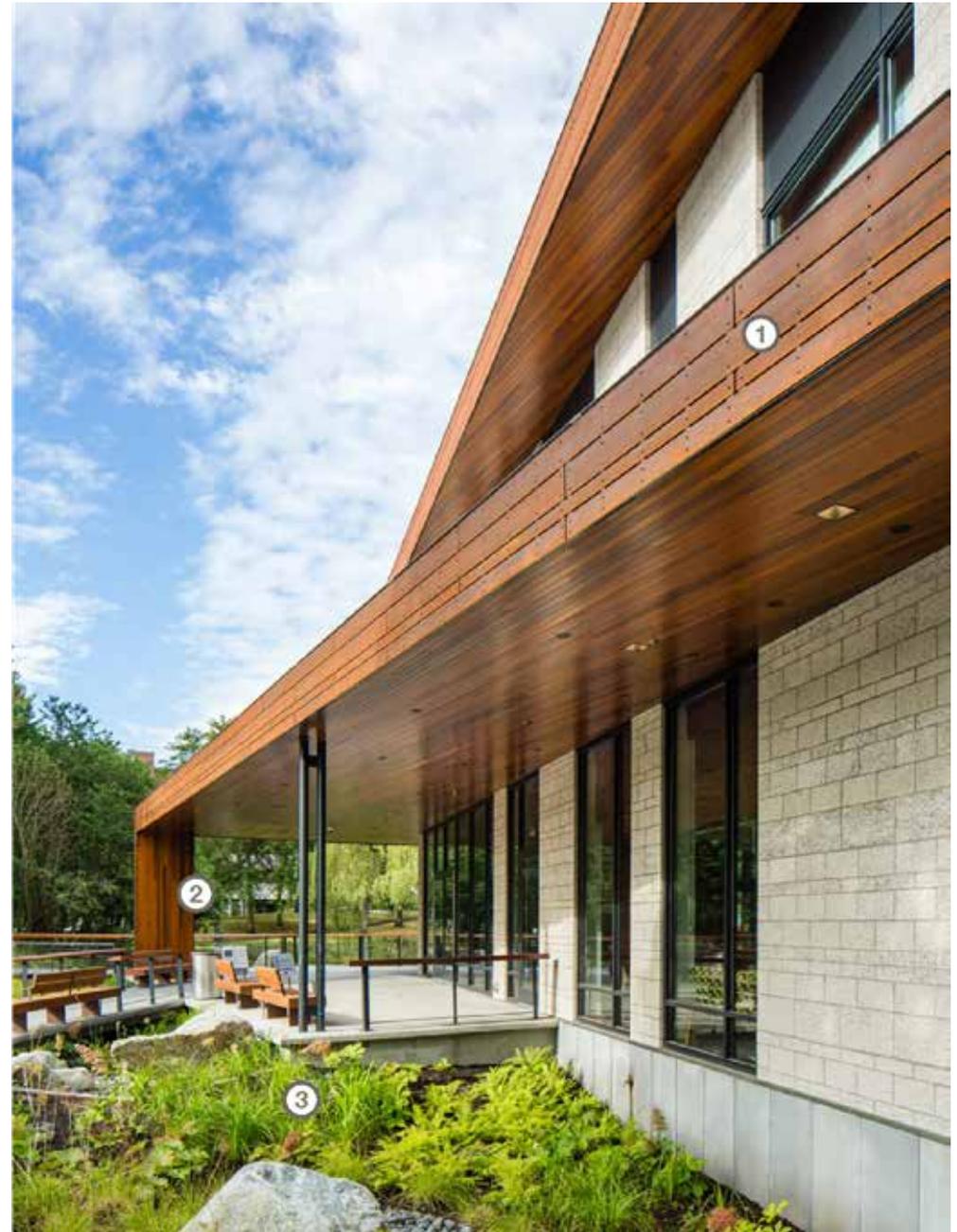


FIGURE 5 | Spatial Elements

BUILDING VERTICAL AND HORIZONTAL CIRCULATION



FIGURE 6 | BUILDING SECTION

Due to the amount of services available through the healthcare facility, the design of the circulation of spaces was carefully considered between the interaction of healthcare providers and the patient. These areas are designated by onstage areas (healthcare provider with patient) and offstage areas (healthcare provider without patient) and are organized to promote the engagement between the two types of users as well as for the purpose of properly controlling spaces with sensitive medical and patient information.

Circulation features include:

- Multi Functional Spaces serving as group therapy\ education in off time of patient visits and career building
- Large- format sliding/pivoting door access encouraging the flexible use of the various spaces within the facility



FIGURE 7 | Patio



FIGURE 8 | Hallway



FIGURE 9 | Patient Spaces



FIGURE 10 | Patient Visits



FIGURE 11 | Reception



FIGURE 12 |Vegetation

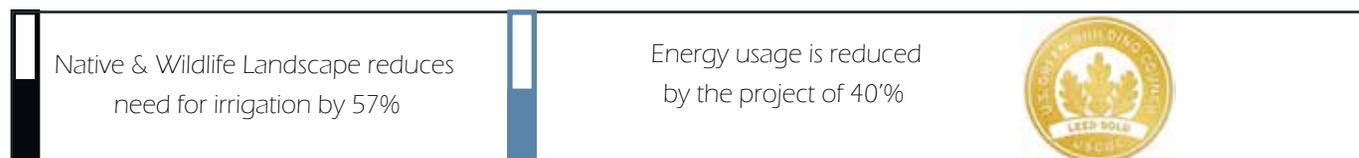


FIGURE 13 |LEED Standards

RESEARCH FINDINGS / CONCLUSION

The first case study, The Meridian Center for Health, was selected and analyzed due to prominent display of sustainable practices within the healthcare design typology (clinic in this case) and provided qualifications for being a HEALTHY building. The building design emphasizes a unique relationship to the existing site, playing a role in the historical significance of the site by improving the quality of the surrounding land redeveloping the spaces for public use and client rehabilitation and therapy. Further, the sensibility towards being a one stop shop for families of all backgrounds with low financial means, creates a redefining footprint to the site and location of the rehabilitated facility. The strong use of materials from a sustainable palette organizes and frames the circulation of the interior and exterior elements, appealing to the comfort of users and their entire building experience.

This case study demonstrated several characteristics as well as potential ways of making the psychological treatment and wellness center sustainable and effective to its users and patients. It suggests opportunities on how to properly design in a natural setting and the key components to remember over the course of the design development. This case study ensures streamlined design opportunity for this thesis in relation to creating a connection of architectural building environments and psychology treatment.

Godstrop Hospital/ Pyschiatric Center

LOCATION

Godstrop
Denmark

CLIENT

Region
Midtjylland

PROJECT TYPOLOGY

Masterplanning,
Government
Health,
Neurological
Rehab Centre

COMPLETION DATE

2021

Architects

Nordic Architecture



FIGURE 14 | Courtyard

Promote Wellbeing

Designed as a medical cluster with the purpose of inclusivity of all emergency services, surgery, diagnostics imaging as well as mental health facilities, The Godstrop Hospital/ Psychiatric center houses a new development of in-patient psychiatric and supporting healthcare for every patient. The master plan serves as one of six new “super hospitals” in Denmark, with the psychiatric care facility serving specialities in adult psychiatry and child/ adolescent psychiatry separated through various neighborhoods connected through a central entrance.

DISTINGUISHING CHARACTERISTICS

The regional psychiatric functions in Holstebro and Herning are an extension of the central hospital, connected through the basement, living room and 1st floor. The three wards are connected from the ground floor foyer, developed through an open set of spaces, allowing patients and healthcare personnel to move freely through departments without isolation.



FIGURE 15 | Hospital Lobby

Aside from the interactive and sensory awareness focus of the patient stay at Godstrop, this case study was chosen due to the focus of the design to provide a safe and holistic treatment environment. The incorporation of welcoming spaces, organic architectural details in the function and circulation of the design, along with the prominent sustainability factors in selection of natural materials, both interior and exterior aid to the comfort of young people during their stay.



FIGURE 16 | Masterplan ↑

Cluster Masterplan | Programming Elements

The psychiatric hospital consists of 13,000 m² (130,000 SQFT) in floor area, consisting of rectangular buildings, each containing four courtyards. The implementation of the courtyards encourages the overall comfort of the health and wellbeing of each patient during their stay at Glostrup, each courtyard representing a different experience. As shown in the figure, some courtyards include active environmental spaces, while others focus on sensory awareness and continuity of peace and patient comfort. Every patient bedroom is orientated in the programming to surrounding sweeping views of the countryside.

Designed within the clusters, the ground floor of the building footprint houses various patient activities aside from mental healthcare. These spaces include: sports hall, multi-activity rooms, creative workshops, and sensory rooms. These spaces not only give patients the opportunity to experience daily activities, but more importantly aid in the therapy and recovery of their psychiatric medical conditions.

Godstrop not only aims to create a multidisciplinary hospital equipped with specialized treatment programmatic solutions and state of the art research development, but most importantly creating a facility that represents a middle ground between a typical hospital environment and home. The facility accommodates both large outpatient services along with short and lengthy in patient stays. The design structure of the cluster serves to provide optimal security for patients and residents inside the medical facility to ease the stress of their treatment environment. The leading priority of the cluster organization serves to encourage patients to embrace communication and social interaction between the psychiatric residents, set on the belief system of quality and “efficiency” over the course of treatment.

FIGURE 18 | Patient Quarters



FIGURE 17 | Collaborative Spaces



Key Features



FIGURE 19 | Psychiatric Lobby

The vision for the Psychiatry planning consists of three areas of focus: **Better treatment, longer life - for more people with mental illness.**

The first area of treatment surrounding **Better Treatment**, focuses the attention on specific treatment clinical methods, opportunity for a wider range and realization of research methods, as well as placing the patient as their “own” and encouraging the network of their involvement with others.

The second area of focus planning includes the priority of attention towards **longer lives**. This will be achieved by decreasing the excess mortality among those with mental illness or related health conditions. This focus area will also be highlighted by implementing the clustered organization and collaboration of medical specialties within the hospital footprint.

The third and final area of focus surrounding the vision of psychiatry and arguably the most important of Godstrop includes the attention of **longer lives for more people with mental illness**. This includes exploration and greater reach to those who need services such as diagnosis, treatment, therapy, rehabilitation, and counseling regarding mental illness conditions and disorders.



FIGURE 20 | Interior View - Green Space



FIGURE 21 | Green Space



FIGURE 22 | Outdoor Patient Space



FIGURE 23 | Elevation

RESEARCH FINDINGS / CONCLUSION

The second case study, Godstrop Hospital, was selected and analyzed due to the reason that it is a closely related typology and functioning facility similar to the proposal of the psychological treatment and rehabilitation wellness center. The project emphasizes the needs of the patients as the first and foremost priority, from initial design concept, to final project completion. Given the fact that the soon to be completed project in Godstrop, Denmark (2021) has been an ongoing project through various phases since 2012, there is great intention represented throughout all areas of the psychiatric elements of the design for the user flow and patient feel.

The case study demonstrated a number of solution topics in the realm of generating various support systems for healthcare design, alongside a psychiatric department. Although the hospital/ care facilities are built within the hospital grounds, the design and function of the modular facility flows naturally, making the user experience a central part of the design. These considerations are notions I plan to take with me over the course of the thesis research development and design documentation phases.

LOCATION
Chicago, Illinois

CLIENT
Shirley Ryan
AbilityLab

PROJECT TYPOLOGY
Hospital,
Rehabilitation
Center,
Healthcare

COMPLETION DATE
2017

Architects

HDR in
Association with
Gensler Architects

SIZE
1,200,000 SQFT



FIGURE 24 | Rehabilitation Zones

Shirley Ryan AbilityLab

In dedication of the once former Rehabilitation Institute of Chicago, the Shirley Ryan AbilityLab was designed with the intention of being a central destination point for adults and children with the highest degree of medical conditions. These highly severe conditions include traumatic brain and spinal cord injuries to stroke, cancer, and amputation. The medical facility serves not only patients in recovery, but incorporates the collaboration of healthcare providers with various medical backgrounds working together in the same location.

DISTINGUISHING CHARACTERISTICS

The 1.2 million-square-foot facility has the goal of being the first “translational” research hospital in which medical professionals of all backgrounds are given the opportunity to work directly in the same location as patients. Through this method of healthcare design as well as the function of the spaces, this introduces the discovery of new research methods and application (translating) research effectively to patient success. The innovative translational approach allows patients the ability to have access to the multitude of spaces in the facility at all times, encouraging the best success rate for their medical condition or rehabilitation to recovery.



FIGURE 25 | Research Laboratories

DISTINGUISHING CHARACTERISTICS

The design elements incorporated into the central patient experience are displayed through the implementation of Curved walls. Curved walls encourage natural exposure from various open spaces within the five patient labs in the building facility. This allows for “frictionless” movement and fluidity between spaces. The use of curved walls also eases the movement and access for patients with physical disabilities.

THE ABILITY LABS **EMBED CLINICAL AND RESEARCH TEAMS** (PREVIOUSLY IN SEPARATE DEPARTMENTS) AMONG THE PATIENTS. RESEARCH WILL NOT JUST COEXIST WITH PATIENT CARE, IT **WILL BE INTEGRATED FULL TIME INTO THE CLINICAL ENVIRONMENT**, ENGAGING PATIENTS IN THE PROCESS

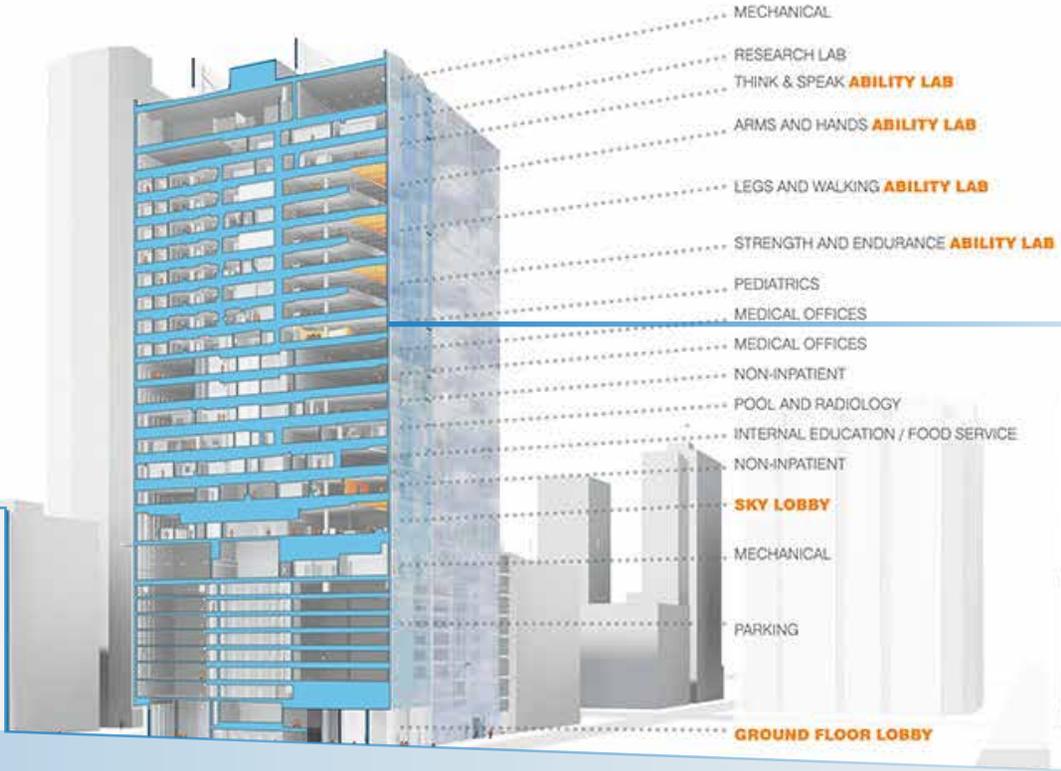


FIGURE 26 | Section Perspective

FIGURE 27 | PEDIATRICS FLOOR PLAN

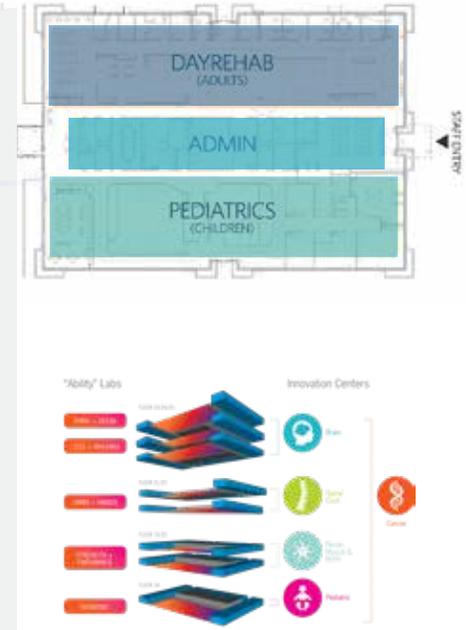


FIGURE 28 | Lab Setup

PROGRAM ELEMENTS

Each of five ability labs — Think + Speak Lab, Legs + Walking Lab, Arms + Hands Lab, Strength + Endurance Lab, and Pediatric Lab — provide for “front stage” patient work with clinicians and researchers, along with “back stage” space for analysis and programming.

Front Stage Spaces include:

Rehabilitation/ Recovery Zones

Active and visible demonstration from research, clinicians, or other supporting medical staff. These spaces encourage the patients to interact and connect with medical staff to aid in recovery.

Backstage Spaces Include:

Confidential Research, Field Analysis, & Patient Information

Backstage spaces are developed in the programming to ensure distinguished separation between medical staff and patients for the purpose of safety to inpatient and outpatient users. The newly designed “wet” lab gives medical research staff the ability to study the further exploration of various diseases, also encompassing patient conditions on the cellular plans. The speed of discoveries for patient related conditions are highly increased due to the cohabited spaces of medical teams and patients.



FIGURE 29 | Therapy Gardens

THERAPY GARDENS

The 10th floor Sky Lobby is the welcome center and communal hub with patient and staffing therapy gardens. The strength of the user circulation is highlighted through the use of built in seating in direct proximity to various vegetational means. The vegetation is tapered in a way that does not obstruct views of the city and also harnesses shade for users.



FIGURE 30 | Patient Rooms



FIGURE 31 | Rehabilitation Pool



FIGURE 32 | Stair Perspective



FIGURE 33 | Patient & Doctor

The attention to visual detail through the use of an arrangement of color is curated to create a unique and highly motivating interior set of spaces.

In visual scheme, color climbs to a “crescendo” as pathways aim to guide the patient to various collaborative departments of the labs. Every lab is labeled by its specific graphic and color, making it easier for the patient to navigate the labs.

The labs design integrated opportunities for measurement and metrics, hence the reinforcement of the founding statement “therapy happens everywhere and progress is measured in everything”.

Encouraging movement and progress. With an average visit of 24 days spent inside the facility doors, inpatient rooms are designed to provide visual access to all key components in a daily lifestyle: restrooms, places for personal items as well as an abundance of natural light and views of the city.



FIGURE 34 | Education Centers



FIGURE 35 | Youth Treatment Spaces

RESEARCH FINDINGS / CONCLUSION

The third case study, Shirley Ryan AbilityLab, was selected and chosen for the purpose of including a research element in combination to a rehabilitative healthcare facility. This case study in particular, functions also as a full service clinical environment within patient housing, laboratories, on going research, as well as the central component of the program, the rehabilitation zones. From a visual standpoint, the facility is organized in a visual reformation by programming spatial elements by a specific color. The facility also caters to those with physical disabilities limitations. In doing so, spatial configurations and circulation access are more efficient for those who are physically disabled, setting the facility apart from other rehabilitative facilities.

By AIA standards, the facility is known to be the first translational research facility. With that being said, the focal point of the rehabilitative center gears attention towards the patient, but more importantly how patients interact with medical professionals and are aware of ongoing research to best suit outcomes of patient medical conditions. This element, which has worked so effectively within this design and facility function for users, is something I plan to correlate to the proposed design of the psychological treatment and rehabilitation wellness center thesis design. The relationship between the patient and healthcare provider is imperative to rehabilitation, and the importance of maintaining communication between the patient and healthcare professional in this case study establishes great opportunity for the thesis design.

Psychopedagogical Medical Center

LOCATION

Vic, Spain

PROJECT TYPOLOGY

Healthcare
Center,
Medical Facility

COMPLETION DATE

2015

Architects

Comas - Point
Architects

SIZE

16,570 SQFT



FIGURE 36 | Reception/ Lobby

Psychopedagogical Medical Center

A psychiatric care center located in Vic, Spain, the Psychopedagogical Medical Center was designed and suited for those with mental illness and serves as an outpatient care facility. The building name consists of a combination of Pedagogy and Psychology, representing the connection between the study of human life and the specific attention to the learning process (Lore Central). The medical facility is labeled as a healthy building for the purpose of using a system of economic and energy sustainable solutions through the construction and material palette. The selection of a warm material palette in the interior spaces and regions of the building as well as playing on the relationship of space in connection to surrounding environment aid in the sustainable solutions achieved by the building design.

DISTINGUISHING CHARACTERISTICS

The mental health facility is placed on the perimeter of one of the central health centers of the city of Vic, surrounded by a park complex. This case study was selected due to conceptual design and function of the building, but more importantly through the floor plan being one floor to facilitate the mobility of the users. The rectilinear pavilions placed within the building modules are set along a central courtyard to aid in “adapting” to the existing topographical means and existing landscape terrain measures.



FIGURE 37 | Courtyard

KEY FEATURES

Within the modular building design, the facility possesses an economical and high efficiency rating system that allows for fluctuation depending upon the level of interior occupancy in the building at all times. The building structure houses a corrugated metal roof system that is responsible for ventilation between various air chambers along with conserving heat in the winter and radiating the interior in the summer months. In relation to the south facade of the building design, a linear porch with a depth of 1.5m serves as a thermal “mattress” courtesy of the greenhouse effect.



FIGURE 38 | "Green House Effect"



FIGURE 39 | Covered Patios

KEY FEATURES

PVC curtains play a role in the closure effect within the spatial design footprint by being closed in the winter (retaining heat and dispersing through the interior through the ventilation system). In warmer seasons, the PVC curtains are fully operable in the event of high heat days to offset heat gain by the porch serving as a prevalent shading device.



FIGURE 40 | Education Spaces

CONNECTIVITY TO THE USER

The vegetation and environmental spaces that can be found along the building premise serves as part of the holistic rehabilitation therapy methods, a central focus of not only the building design, but in the orientation of user spaces and patient connectivity. Nearly every interior space within the building program supports the focus of holistic treatment. An abundance of daylighting techniques are used within the structure (as mentioned previously) but are also found in the abundance of natural light that can be achieved by users to make them feel as though they are not in confined grounds.

FIGURE 41 | Site Entry



FIGURE 42 | Surrounding Environment



south façade

FIGURE 43 | South Elevation



S1 section

FIGURE 44 | Longitudinal Section



FIGURE 45 | Site Plan ▲

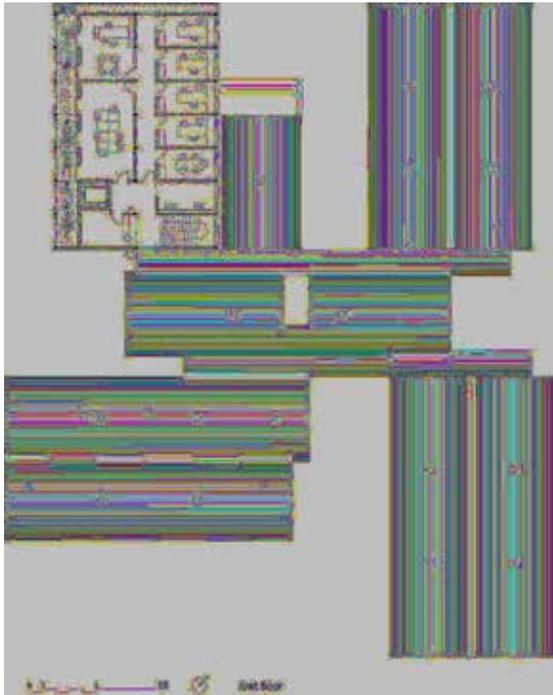


FIGURE 46 | Roof Plan ▲



Key Programming Elements

- Green Space (Developed within the footprint of the facility)
- Patient Visitation Rooms/ Therapy Treatment Spaces
- Entry/ Nutrition Areas/ Reception
- Flexible Patient Programming Spaces

FIGURE 47 | Ground Floor Plan ▲

RESEARCH FINDINGS / CONCLUSION

The case study, Psychopedagogical Medical Center, was selected and analyzed for display and use of unique and creative sustainability practices that help the building achieve The Energy Certification, placing the building in the category "A", the most efficient (ArchDaily). The building's structural components serve as a thermal "mattress" allowing for heat and air to be evenly dispersed throughout the spaces with the help of PVC curtain systems. The overall user environment is organized through a clustered arrangement, allowing each patient room/ treatment space to have optimal light and natural elements implemented into the rehabilitation spaces.

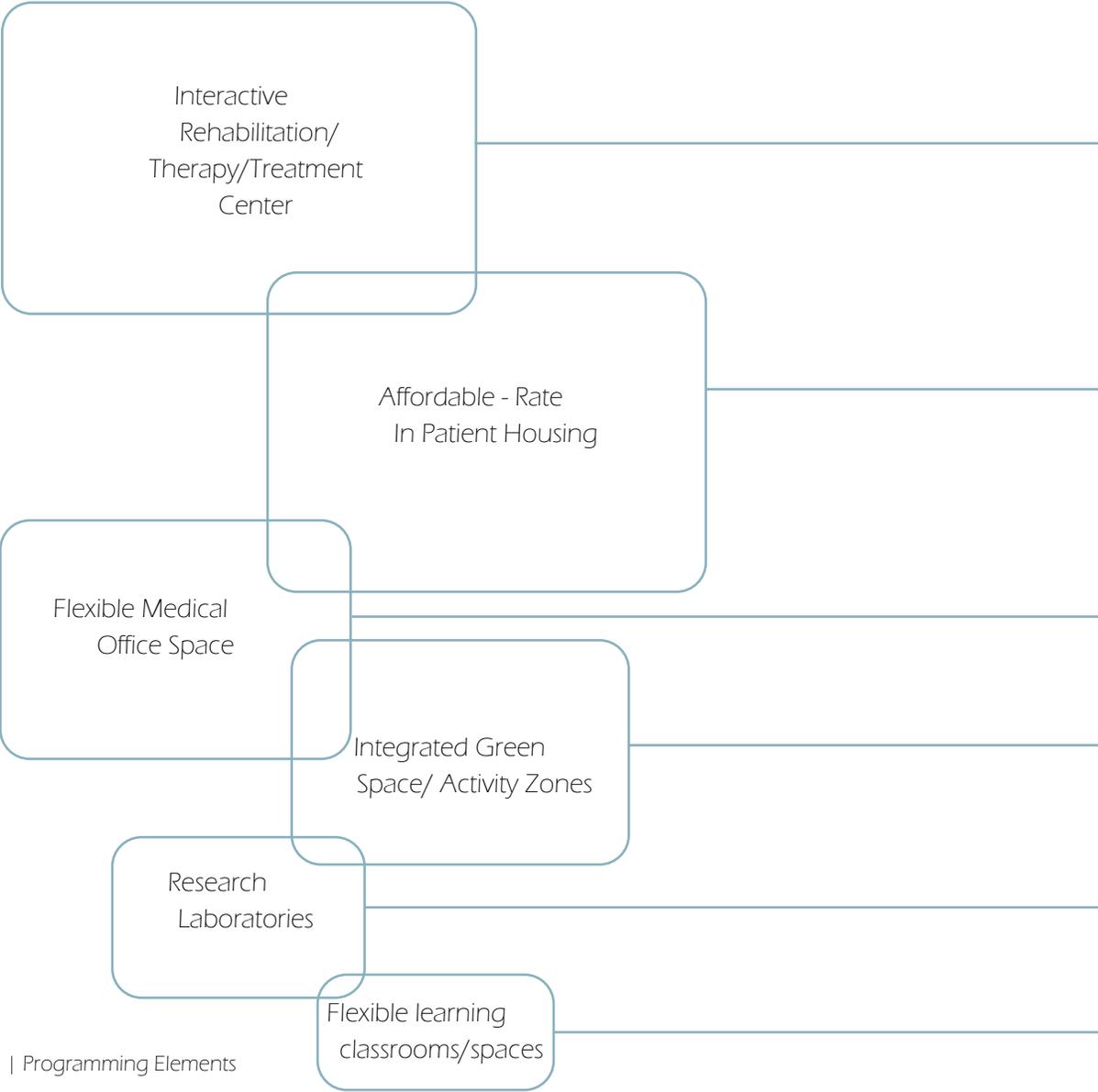
In conclusion, this case study not only demonstrated the practices of sustainable solutions to keep the building from negatively affecting the building environment, but also addresses mental health treatment on a smaller, more understandable scale (given the small building footprint).

Major Project Elements

Fundamental Features

PROGRAMMATIC SPACE IDEAS

ESTIMATED RELATIONSHIP
AND
SIZE OF MIXED-USE BUILDING TYPE



Treatment Facility/Zones Depending upon OCD disorder
Private and Public areas sectioned by patients and public

Short stay patients rooms
Long stay patient rooms
lobby/reception
Nurse offices

Square footage on multiple floors
Patient Visits
Patient Healthcare/ Treatment Visits

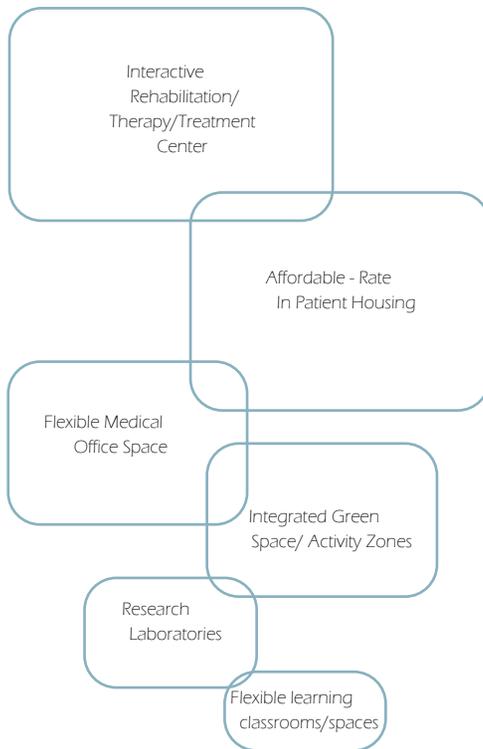
Treatment Methods
Patient Therapy
Sustainability

Educational Research
Interactive discipline with patients and public

Lunchrooms
Education
Public use

FIGURE 48 | Programming Elements

OVERVIEW



Developing a predominant healthcare facility in combination with supporting mixed use typologies establishes a need for various uses upon the building site but more importantly how those uses effect the intended users of the facility. In particular to this building design, the mixed use healthcare focused building design will include a rehabilitation/treatment facility comprising multi disciplinary levels depending upon the specific OCD condition as well as residential living, office space, laboratory zones, as well as educational facilities.

Although the facility will be dedicated to a wide variety of building typologies, they all work together in the means of addressing the psychological health of each patient and user. To re address the unifying idea and theoretical premise of the thesis project, The facility is designed and dedicated towards those who live with Obsessive Compulsive Disorders in essence: Neuro Therapy: The study of psychology behind architecture and the direct correlation to those with obsessive compulsive disorders.

The goal of this building typology is to focus attention towards everyday people who live with obsessive compulsive disorders specifically, as well as closely related mental disorders. The demographic includes adolescent to pre teen youth as well as young adults (roughly ages of 13-25). Obsessive compulsive disorders are most commonly developed in adolescent and young adult years, hence the target client group selection. The target demographic is guided towards giving the middle class/working class families opportunities to send their children to a facility that is covered by existing healthcare plans, or a small co pay fee.

FIGURE 48 | Programming Elements

Client Description

User Groups

Treatment	Prioritized Group, facility revolves around the treatment for patients. Perceived patients will encompass the age groups from youth to young adults (ages approximately 15-25). These users will have access to nearly all spaces and environments within the psychology treatment and rehabilitation center. The methods of treatment will focus on the means of psychotherapy and architectural influence derived from the building environment.
Residential	This sector falls under the included treatment methods, specifically to in patient services for both short term and long term stay periods. The residential sector of the building site will be designed into various sections, in order to properly separate age ranges. This housing will be affordable to market towards middle class families as the primary client base.
Clinical	The clinical target group will be used by healthcare professionals as well as being open to patient groups. Rehabilitation/Treatment spaces will be primarily housed in the clinical division of the design, with supporting medical treatment and daily visits available to outpatient groups and families. This area of the building will have separate entrances to the building, encouraging convenience to users but also maintaining safety for inpatient users.
Wellness	The target group for wellness includes all patients and users within the facility. The wellness areas will include interior green spaces as part of therapy and sustainability exploration, as well as community exercise spaces both indoor and outdoor. Portions of these spaces will be available to the public, in terms of membership or rehabilitation appointments. This sector of the user group is dedicated to the holistic notion of wellness, for everyone.
Education	The education environment will house ongoing research and exploration of mental health disorder awareness, pertaining to students for general health classes, mental health, and psychiatry disciplines. The target group for this sector ranges from students in grades 9-12 as well as interdisciplinary collegiate research.

FIGURE 49 | User Groups

Site Information

Region | Georgia | United State of America

REGION: South Eastern United States

Atlanta, Georgia, located in the south eastern part of the United States, is the best suitable location for the proposed project due to the need for mental health care facilities in the state. As a state, Georgia is one of the lowest ranked states in the United States in terms of access and received treatment to mental healthcare (National Alliance on Mental Health). These measures are based on a multitude of levels, including access to mental healthcare and treatment from youth and young adults. With this in mind, A treatment and rehabilitation center would not only be well suited for the state, but will serve as a trend to increase the attraction of health-care facilities to the geographical region.

CITY: Atlanta, Georgia

The city of Atlanta is one of the largest metropolitan areas in the country. Not to mention, Atlanta is one of the largest international airports in the country, making it a popular travel destination for work, leisure, travel, and vacation. Due to the city serving as a catalyst in terms of user engagement and circulation, placing a treatment facility for inpatient and outpatient users, would encourage residents outside of the state to visit the building environment. The city also poses a great amount of resources and diversity throughout the landscape, making it an optimal location for the building design.

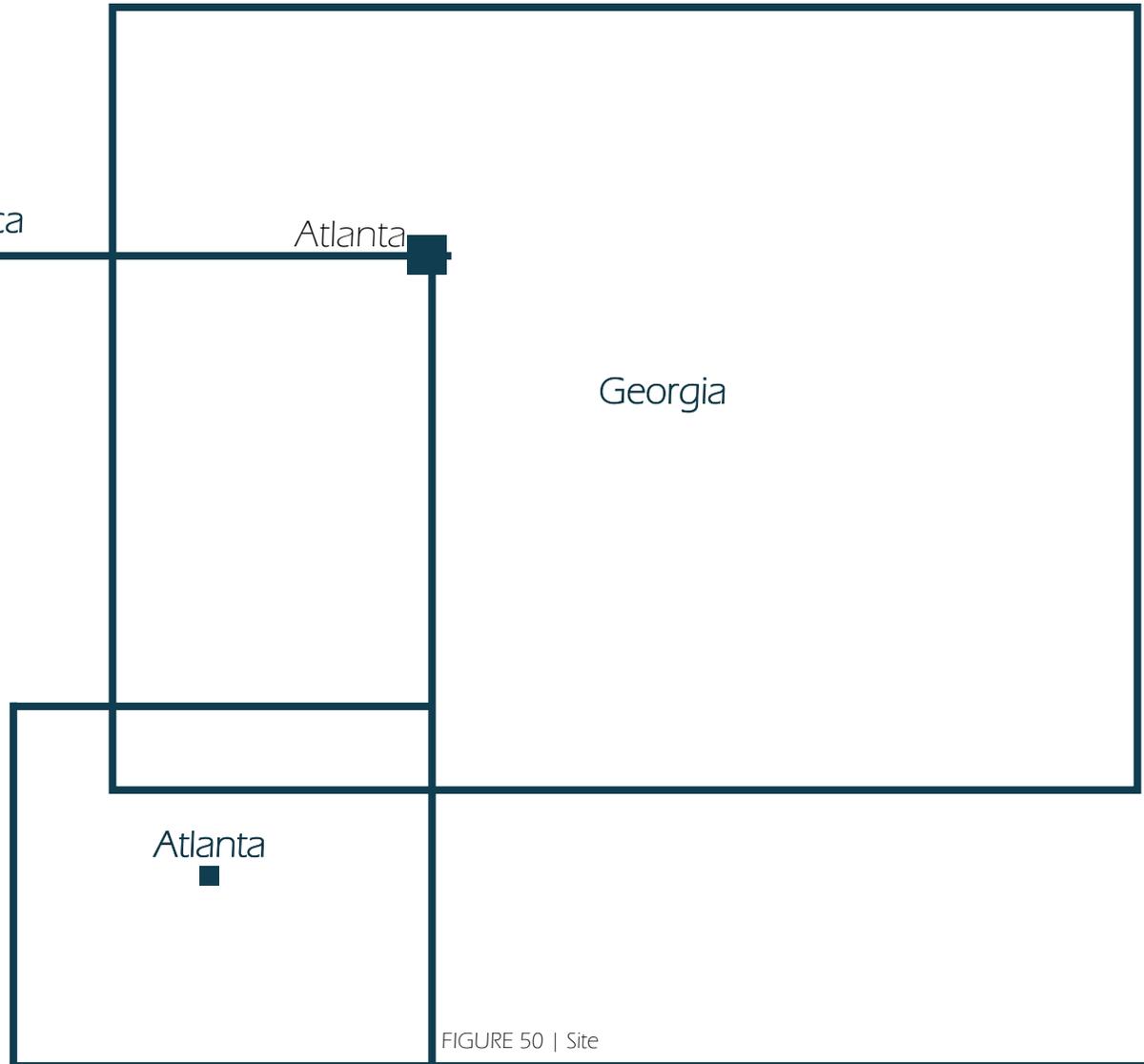


FIGURE 50 | Site

Site Information

City | Atlanta | 371 10th St NE, Atlanta, GA 30309

The site address is located at an open park complex near Midtown Atlanta, entitled "The Meadow". Although there are many safe areas in Atlanta, there are nonetheless many areas that are not due to the size of the city's growing population. The site itself is surrounded with lush vegetation right outside of the heart of Atlanta's busy streets. The area is considered to be one of the safer areas in Atlanta, and with this facility, it would have the opportunity to create a stronger sense of community through safety and wellness to the area.

Currently, the Meadow attracts many visits for celebrations, activities, events, and other social engagements. The user traffic is currently steady within the area, making the design proposal easily accessible to users in need and healthcare providers. The Piedmont commons consist of public spaces, trails, a public pool, tennis courts, as well as containing Lake Clara Meer.

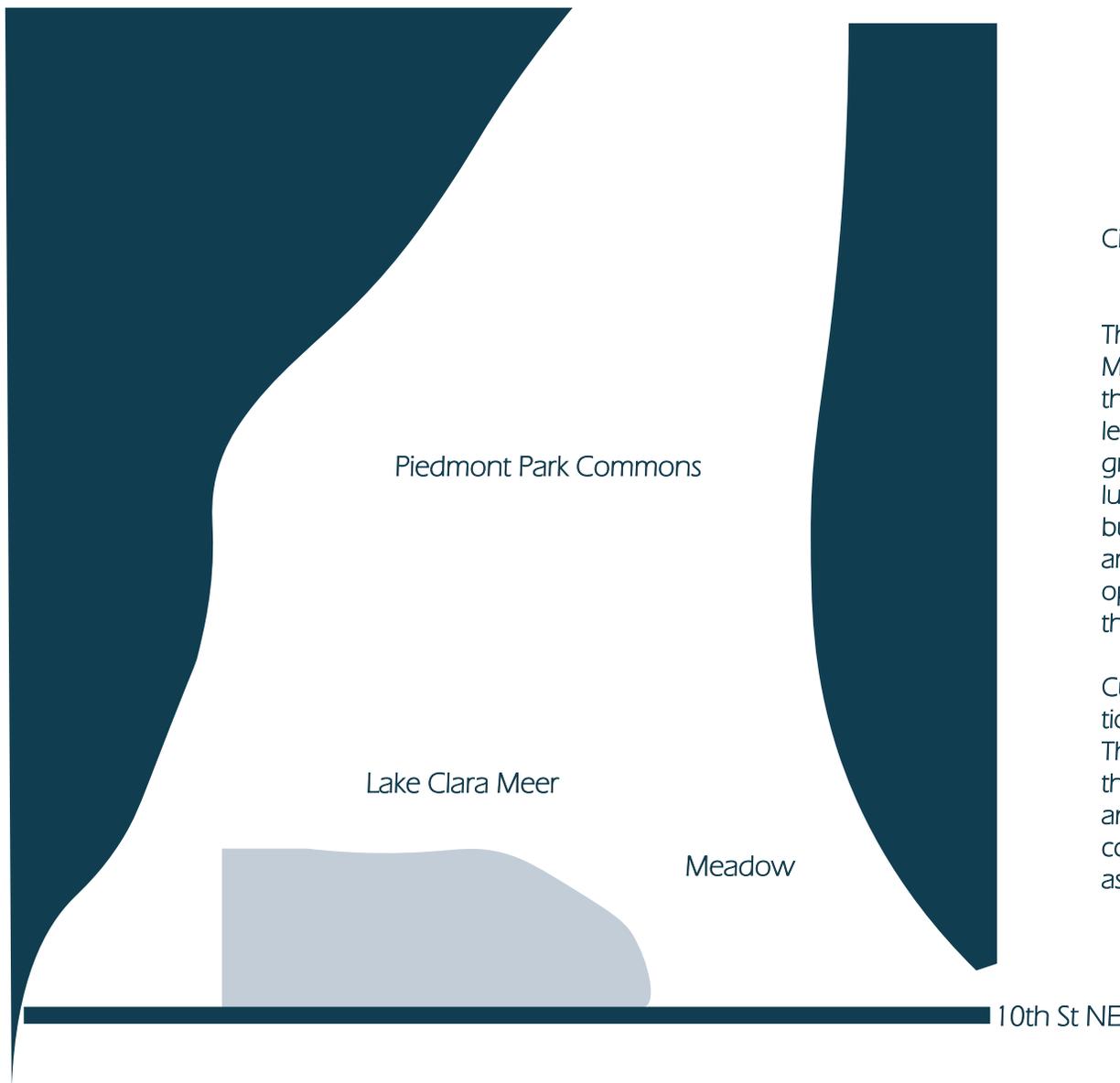


FIGURE 51 | Site Environment

The Project Emphasis

Theoretical Premise: Architecture can promote psychological treatment (specifically to those with OCD)

Prior to beginning the design of the thesis, points of focus must be addressed in order to promote the relationship between architectural building environments and the effect they have on human psychology.

KEY AREAS OF FOCUS

The thesis will be oriented towards a Mental Health-Based Design solution. This holistic approach to mental health will aid defining the research approach, and will serve in the deliverable representatio

1 | International Building Code (IBC) in accordance to Designing for Behavioral Health Facilities

Evaluate the set of international principles to properly adjust and potentially redesign for the purpose of improving future behavioral health treatment facilities.

2 | | Mental Health Based Design Strategies/Solutions - Specifically Pertaining to Behavioral Therapy Design

Channels the focus and intent of research exploration, findings, and project deliverables.

3 | Psychological Impact of Architecture on The Mind

This will serve as an important element in the research process, provide evidence in research in order to move forward in the design process and segway to solution principles

4 | Analyzing Cognitive Behavior Therapy

Identifying the success rates and failed therapies in order to best define programming elements and solutions into the final thesis design

PHYSICAL GOALS

1. Design the Psychological Treatment and Rehabilitative Wellness Center in a way which does not negatively impact the surrounding building environments nor site selection and ground footprint.
2. Create a treatment and wellness facility in a sustainable manner, using creative/innovative solutions to bring green elements and spaces into the programming of spaces within the building design.

THEORETICAL GOALS

1. Create knowledge which other designers and architects can refer to when designing community spaces, whether these spaces be within a hospital, school, or coffee shop.
2. Demonstrate importance of research-based design.
3. Update Oldenburg's original third-place theory for modern day, considering how technology (the ability to do solo work on laptops) has impacted third-place activities.

Goals of the Thesis Project

SOCIAL GOALS

Identify how architectural building environments can in fact serve as therapeutic environments to those that live with mental health disorders.

To create a project that responds to the intended site in a way that is influenced from the behavior response rather than a site that is chosen for alternate materialistic attitude or notions.

As a central reminder, design architectural spaces that make people with mental health disorders feel comfort and build a positive response to the included spaces within the building design.

PERSONAL GOALS

Foster a greater sense of empathy and psychological impact on people living with mental health disorders

Maintain a healthy lifestyle while designing a meaningful and powerful thesis deliverable.

Learn more about the existing therapy methods and psychotherapy methods of OCD to assist in learning how to apply it to my own journey in life with an Obsessive Compulsive Disorder.

A Plan for Proceeding:

A Definition of Research Direction

THE THEORETICAL PREMISE/UNIFYING IDEA

To research the theoretical premise (how architectural environments can promote psychological treatment - specifically to those with OCD) it is imperative to define and understand key terms related to Obsessive Compulsive disorders, health, wellness, and supporting medical conditions relating to OCD. Analyzing and understanding the roles cognitive behavioral therapies and other psychotherapies in relation to treatment of OCD will play a role in compiling qualitative and quantitative data. Mental health statistics will also possess a key component of qualitative and quantitative data.

PROJECT TYPOLOGY

To research the project typology, the preliminary research was conducted through a series of analyzing a number of case studies. The specific case studies chosen were selected on the premise of an underlying holistic approach to mental health disorders, specifically through the effect the building environment played on the patients and supporting users of the various case study projects. Due to the fact that the proposed design does not fit one specific typology, the case studies included various typological approaches.

HISTORICAL CONTEXT/ SITE ANALYSIS

To research the historical context, digital software analysis will be collected and analyzed in order to best identify site technicalities and the overall typographical studies. In terms of previous mental health design, conducted case studies will be used to determine what things worked and did not work effectively for patients. This will predetermined programming elements in the future design solution.

PROGRAMMATIC REQUIREMENTS

The programmatic requirements are based on the psychotherapy treatments in relation to architectural building environments that worked effectively and ineffectively from the analysis of case studies conducted. The case studies will be referred back throughout the project, specifically to study how the buildings can influence the activities and treatment for the thesis design.

A Plan for Proceeding Design Methodology

The qualitative and quantitative information collected will be used to not only define the programmatic elements for the building design, but more importantly aid in developing a trend for encouraging rehabilitative treatment and overall wellness patients with obsessive compulsive disorders.

The emphasis placed on the case study strategy was also a predominately used research strategy for this project. Throughout the process of the case study analysis, several projects were collected and analyzed in terms of the behavior of architectural environments and their ability to respond effectively to the patient in terms of therapeutic treatment or through rehabilitation means.

The real-life context of each case study specific to social context, in specific to research methods, the quasi- experimental research strategy was used. To present a background, the use of quasi- experimental studies was used because of the role they play in evaluating human behavior. This experimental study is commonly performed by psychologists and sociologists to research and study "individuals within the same environment facing similar circumstances" (open text).

Qualitative research will be used throughout research to understand the current standards of the existing International Building Codes (IBC) in relation to assign the building codes for Behavioral Health Facilities. There must be an emphasis placed on these documents because the codes and concepts will directly relate to the final design.

Millions of people are affected by OCD. 1 in 40 adults in the U.S. have OCD (about 2.3% of the world's populations, with. Reports showing that OCD can affect children as young as five years old" (Dr. Karen Vieira, PHD) Based on the collection of quantitative data, research efforts are oriented towards developing the prominent relationship and understanding between the built environment and its adaptations on mental health.

In regards to this specific design, there are given standards as well as questions that must be presented to properly reiterate the theoretical premise (how architecture can promote psychological therapy and treatment).

The given:

International Building Code Standards (Specific to Behavioral Health Design) are a key element in building design, and are a widely practiced set of rules and principles practiced by architects and supporting professions.

A Plan for Proceeding

Design Methodology/ Design Documentation

The unknown :

Updated Design standards regarding behavioral health design and architectural methods that serve in aid to the treatment and therapy of those living with Obsessive Compulsive Disorders (OCD). Even though this research will be followed, the result in research findings will accumulate an updated set of principles that will be applied to the international building code (IBC) behavioral health facility precedent.

The research process will also include qualitative data gathered from surveys surrounding the location and project site selection. The surveyed information will be specified towards behavioral health typologies / those with disorders in terms of treatment success as well as patient personal health and well being. Personal research testimonies will be conducted for the purpose of collecting real- life insight into personal experience in past treatment facilities, and what were positive/negative environmental influences that affected the treatment and health of the patient. A personal testimony will also be included from the author as a direct tie to the thesis premise and purpose of the project.

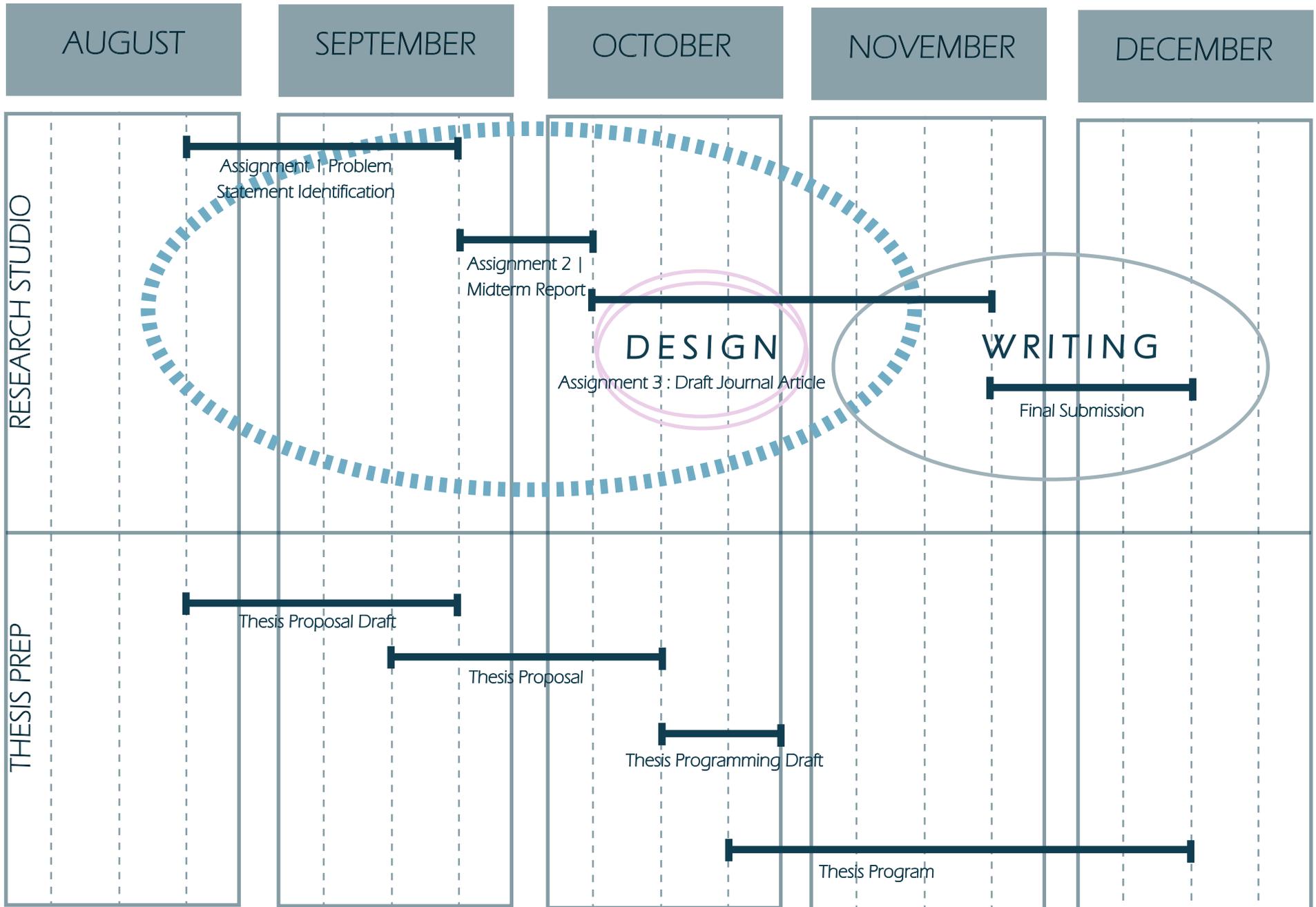
The deliverable will present a 3D isometric model in combination with a full set of architectural drawing documents and renderings

Design Documentation

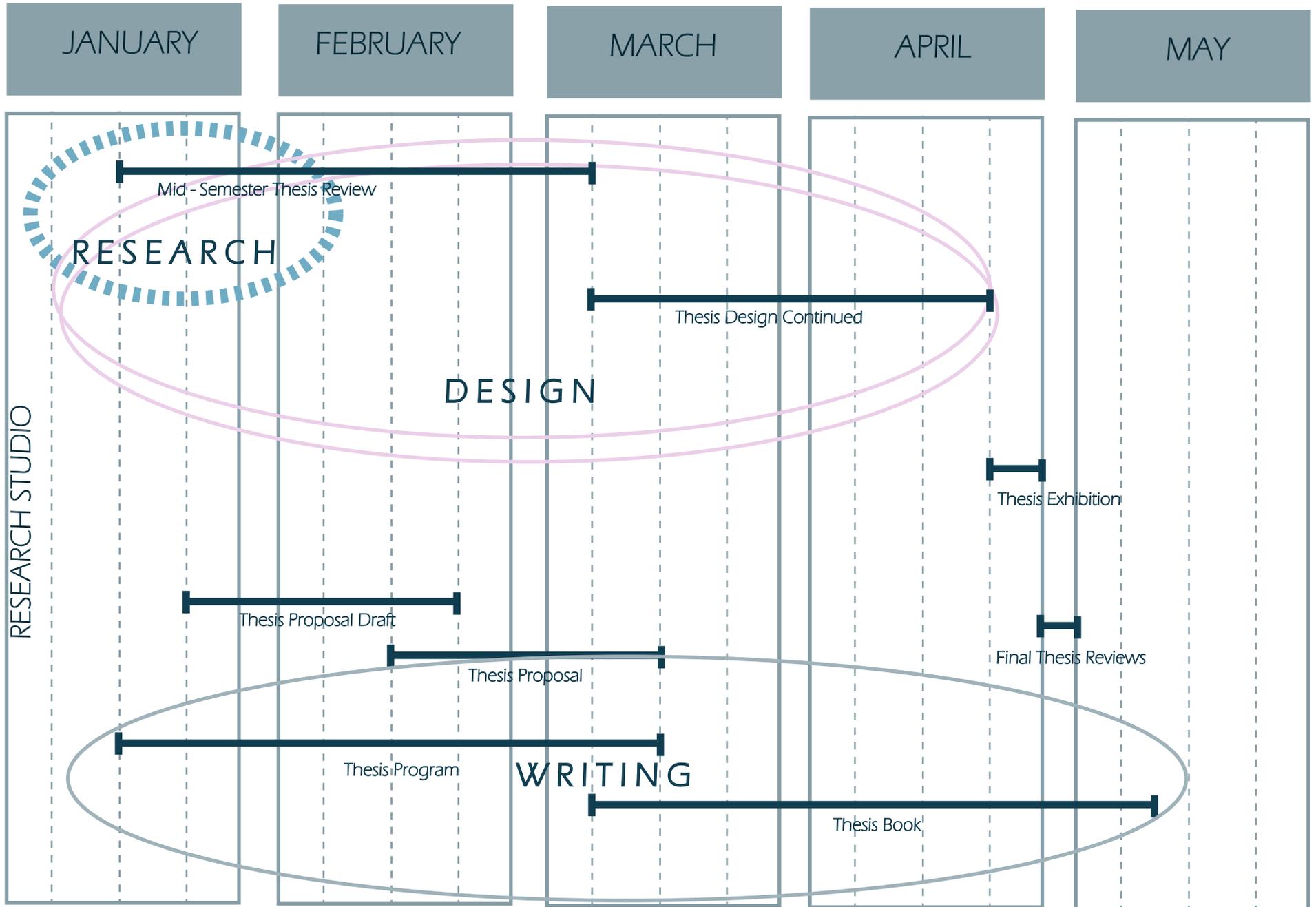
The intention behind the design documentation in combination with the design process will include an in-depth evaluation from the multitude of research findings in respect to qualitative and quantitative evaluations. Research will be found in a dedicated hand - written thesis manual notebook, as well as throughout electronic documentation. All conducted research will be organized and identified in separate files, depending on the qualitative and quantitative information. A collection of sources will be ongoing and is it imperative to continually update citations and use them appropriately to avoid plagiarism. In respect of research pertaining to personal testimonies, a confidential file will be kept with research and interview notes that will keep the interviewees personal identity protected from the public unless otherwise allowed for use in the research.

Over the course of the building design phases, design documentation will consist of 3- Dimensional model iterations as well as supplemental drawings, both hand drawings and electronic. All documentation for the thesis design will be archived and placed in electronic formatting for future reference. The design documentation of the thesis materials concentrates on the organization and formatting of the entire process of thesis design.

A Plan for Proceeding: Project Schedule



A Plan for Proceeding: Project Schedule



The background features a series of overlapping, wavy blue lines that create a sense of motion and depth. A solid, light blue horizontal bar spans the width of the page, positioned below the main text.

THE PROGRAM

Results From Theoretical Premise/ Unifying Idea Research

This research is intended for the demonstration of design created by Architects and supporting designers who are, or will be designing spaces that involve mental health architectural building environments. Examples of these spaces include healthcare facilities (both large and small), interaction with psychiatric facilities, masterplan design regarding healthcare design, and of course, specialized treatment facilities. This research also proposes further movement of the curated thesis premise based on the question, how does architectural building environments play a role in terms of benefiting the mental health of people that live with mental health disorders? In more strict terms, how does architecture improve the quality of life and mental health of people?

This research was conducted based on a number of compilations relating to the mental health of those living with obsessive compulsive disorders. As previously identified in the thesis proposal theoretical premise, existing treatment methods that have been used and continually adapted by healthcare professionals have been found to promote the healing of those who live with obsessive compulsive disorders, but more importantly do not have a cure approach.

Due to the fact that obsessive compulsive disorders do not have a known scientific cure, by scientific definition, the only way to “cure” a patient living the behavioral disorder is to retrain the brain entirely. Moreover, this thesis takes this statement as an opportunistic approach to identify and illustrate the holistic measures that can be adapted (in this case a unique architectural design approach) within the realm of treatment and overall influential care to the patient living with the behavioral health disorder. This research method is to identify essentially the historical means of treatment that has been both effective and failure by cause, as a way to best design a solution that presents a new compilation in understanding the powerful impact architecture not only has the being of a person with a mental health disorder, but also humans who do not suffer from mental health disorders.

This research article proposes the ideal spatial function in solutions relating to the holistic treatment of obsessive compulsive disorders. The programmatic function of research findings has predicted the essential components that must be considered when designing a facility that will serve as the therapy, rather than inhabiting existing functions of concurrent treatment methods. In terms of one of the most widely used holistic treatment methods, Cognitive Behavioral Therapy (CBT), the treatment method serves as an umbrella of behavioral treatment exercises that allocate behavioral rejuvenation of the mind depending on the patient's OCD subtype. Due to the fact that CBT is one of the most widely used treatment methods of attempting to treat OCD patients, the treatment method is a contributing research method of qualitatvaivr analysis. This analysis seeks to establish the treatment method from both a reference of positive and negative attributes, and to seek the findings of the errors and implications it has for patient health, all while contributing to the theory of architectural neuro healing.

Proceeding Statements by Mayo Clinic:

Cognitive behavioral therapy (CBT) is a common type of talk therapy (psychotherapy). You work with a mental health counselor (psychotherapist or therapist) in a structured way, attending a limited number of sessions. CBT helps you become aware of inaccurate or negative thinking so you can view challenging situations more clearly and respond to them in a more effective way. (Mayo Clinic)

CBT can be a very helpful tool - either alone or in combination with other therapies - in treating mental health disorders, such as depression, post-traumatic stress disorder (PTSD) or an eating disorder. But not everyone who benefits from CBT has a mental health condition. CBT can be an effective tool to help anyone learn how to better manage stressful life situations. (Mayo Clinic)

Results From Theoretical Premise Statements Presented By Mayo Clinic

Why it's done

Cognitive behavioral therapy is used to treat a wide range of issues. It's often the preferred type of psychotherapy because it can quickly help you identify and cope with specific challenges. It generally requires fewer sessions than other types of therapy and is done in a structured way.

CBT is a useful tool to address emotional challenges.

Manage symptoms of mental illness

Prevent a relapse of mental illness symptoms

Treat a mental illness when medications aren't a good option

Learn techniques for coping with stressful life situations

Identify ways to manage emotions

Resolve relationship conflicts and learn better ways to communicate

Cope with grief or loss

Overcome emotional trauma related to abuse or violence

Cope with a medical illness

Manage chronic physical symptoms

In some cases, CBT is most effective when it's combined with other treatments, such as antidepressants or other medications.

Risks

In general, there's little risk in getting cognitive behavioral therapy. But you may feel emotionally uncomfortable at times. This is because CBT can cause you to explore painful feelings, emotions and experiences. You may cry, get upset or feel angry during a challenging session. You may also feel physically drained.

Some forms of CBT, such as exposure therapy, may require you to confront situations you'd rather avoid — such as airplanes if you have a fear of flying. This can lead to temporary stress or anxiety.

However, working with a skilled therapist will minimize any risks. The coping skills you learn can help you manage and conquer

Results From Theoretical Premise Statements Presented by Mayo Clinic

Steps in CBT

CBT typically includes these steps:

Identify troubling situations or conditions in your life. These may include such issues as a medical condition, divorce, grief, anger or symptoms of a mental health disorder. You and your therapist may spend some time deciding what problems and goals you want to focus on.

Become aware of your thoughts, emotions and beliefs about these problems. Once you've identified the problems to work on, your therapist will encourage you to share your thoughts about them. This may include observing what you tell yourself about an experience (self-talk), your interpretation of the meaning of a situation, and your beliefs about yourself, other people and events. Your therapist may suggest that you keep a journal of your thoughts.

Identify negative or inaccurate thinking. To help you recognize patterns of thinking and behavior that may be contributing to your problem, your therapist may ask you to pay attention to your physical, emotional and behavioral responses in different situations. Reshape negative or inaccurate thinking. Your therapist will likely encourage you to ask yourself whether your view of a situation is based on fact or on an inaccurate perception of what's going on. This step can be difficult. You may have long-standing ways of thinking about your life and yourself. With practice, helpful thinking and behavior patterns will become a habit and won't take as much effort.

Length of therapy

CBT is generally considered short-term therapy — ranging from about five to 20 sessions. You and your therapist can discuss how many sessions may be right for you. Factors to consider include:

Type of disorder or situation

Severity of your symptoms

How long you've had your symptoms or have been dealing with your situation

How quickly you make progress

How much stress you're experiencing

How much support you receive from family members and other people

Results From Theoretical Premise/ Unifying Idea Research

After establishing the conditional aspects of the basis of the treatment program in retrospect to the selected research method, it can be established that there are many critical issues with the treatment method. For example, “Your therapist's approach will depend on your particular situation and preferences. Your therapist may combine CBT with another therapeutic approach — for example, interpersonal therapy, which focuses on your relationships with other people” although this method may be of use in terms of the particular context, the approach to the intended thesis design does not rely on the interpersonal relationships with humans, but rather within their own specific intellectual properties.

The most important goal and component of this thesis project is to not only ensure the safety and comfort of the patients with obsessive compulsive disorders, but to design the functionality of the building in a way that is specifically conducive to their personal journey of rehabilitation and treatment. A common misconception in the notion of healthcare design, specific to psychiatric measures, stands on the practice that one size fits all. As analyzed throughout the research document, the literature reviews will establish the systematic measures that are taken in the course of treatment methods for patients over the course of their individual journeys and how they connect to the building environment. The key research findings, specific to the existing holistic treatment methods, do not establish that personal connection with the patient, allowing them the ease and comfort of treatment they surely desire and long for. The results from the research findings promote the need for a stronger relationship between building environment and user, which can also establish a true connective process for the patient.

Social Trends

In terms of many social standards, mental health facilities and supporting rehabilitation/treatment centers often have a negative connotation associated with them for the way the media and news articulates those who visit the facilities. Historically speaking, mental health facilities have usually been associated with patients that are “crazy” “psycho” or “mentally unstable”. The play on words could not be more incorrect with those who check in as patients to mental health facilities. Moreover, film makers often associate psychiatric wards as abandoned institutes are encouraged to keep people away from the properties. In modern day, mental health is much less of a social taboo then it used to be, nonetheless it still faces many preconceived notions and judgements faced by those with mental health disorders.

“Millions of young adults are living with a mental or substance use disorder and many either do not realize they have one or are not paying attention to the signs and not seeking help. In fact, of the 8.9 million young adults who reported having a mental illness in 2018, more than 2 in 5 went untreated and of the 5.1 million with a substance use disorder, nearly 9 in 10 did not get treatment” (SAMHSA).

Social Context

As mentioned above, the number of people that receive access to mental health care throughout the United States for people in ages of youth to young adult years most commonly do not either have the access to mental health treatment nor available resources in order to receive treatment. The state of Georgia, specifically, is one of the lowest ranked states in the nation for youth and young adults access to mental healthcare and supporting treatment solutions.

In terms of access to mental health care for both adults and youth in the United States, Georgia ranks in the bottom 5%, with the supporting low rankings neighboring the state. Geographically speaking, the south eastern hemisphere of the United States is the number one underserved mental health care area in the country, ranking number 50 Mental Health America). The following list presents the ranking criteria:

The 9 measures that make up the Access Ranking include:

- Adults with AMI who Did Not Receive Treatment
- Adults with AMI Reporting Unmet Need
- Adults with AMI who are Uninsured



FIGURE 52 | Mental Health Statistics

Adults with Disability who Could Not See a Doctor Due to Costs
Youth with MDE who Did Not Receive Mental Health Services
Youth with Severe MDE who Received Some Consistent Treatment
Children with Private Insurance that Did Not Cover Mental or Emotional Problems
Students Identified with Emotional Disturbance for an Individualized Education Program
Mental Health Workforce Availability
Criteria Collected from Mental Health America

Historical Context

“The history of mental illness goes back as far as written records and perhaps took its first major leap forward in 400 B.C. when Greek physician, Hippocrates, began to treat mental illness as physiological diseases rather than evidence of demonic possession or displeasure from the gods as they had previously been believed to be. Asylums for the mentally ill were established as early as the 8th century by Muslim Arabs. (Healthy Place)”.

Prior to the 1800s, OCD was “a little understood condition. Its high levels of anxiety, worrying thoughts and repetitive behavior were explained as symptoms of a number of possible illnesses. Back then, OCD-related symptoms such as obsessive thoughts and compulsive actions were considered part of a number of possible diagnoses, among them: a break from reality, poor blood flow, an intellectual disability or emotional instability”(Brains Way). It wasn’t until German psychiatrist Carl Westphal announced a new definition to the world for those who lived with OCD related symptoms. Made even more accurate by his student Robert Thomsen in 1895, Westphal’s definition outlined OCD’s two central features—obsessive thoughts and compulsive behaviors—and highlighted how their presence causes patients increased anxiety. Their efforts resonate to this day, through the way OCD is currently defined and diagnosed (Brains Way). It wasn’t until German psychiatrist Carl Westphal announced a new definition to the world for those who lived with OCD related symptoms. Made even more accurate by his student Robert Thomsen in 1895, Westphal’s definition outlined OCD’s two central features—obsessive thoughts and compulsive behaviors—and highlighted how their presence causes patients increased anxiety. Their efforts resonate to this day, through the way OCD is currently defined and diagnosed (Brains Way).

There were several reasons that contributed to the extra focus now granted to OCD. First, OCD research has uncovered unique familial, genetic, and neural commonalities among OCD and other OCD-related disorders. In particular, a strong association was found between OCD and abnormalities in brain structures found to be connected to impulse and motor control, as well as self-regulation. A second contributing factor was the emerging Executive Functioning Hypothesis, which convincingly asserts that OCD evolves out of a disturbance in one’s self-regulatory abilities—while other anxiety-based disorders are more associated with emotional processing. Together, conclusions from cutting edge research and the Executive Functioning Hypothesis act to reaffirm one another, building the case for increased focus on OCD in light of these developments, as opposed to other disorders that are not yet as well understood (Brains Way).

This literature review analyzes and reflects on two contextual representations that were key components of the research that was conducted for this thesis project. The theoretical premise investigated the following question: How can architectural building environments improve the quality of life and mental health of those living with Obsessive Compulsive Disorders? The premise also lies on reaching the understanding of the relationship architectural environments have on human psychology but more specifically the behavioral methods of those living with obsessive compulsive disorders. The following two texts were analyzed for reference use as well as the purpose of obtaining a greater understanding of the thesis research selection. These two texts in particular were also selected for the purpose of the reliable information and were concluded as following suit.

Literature Review 1

Title: Psychiatric Institutions and the Physical Environment: Combining Medical Architecture Methodologies and Architectural Morphology to Increase Our Understanding

Author: Evangelia Chrysikou

The first literature review, based on the article *Psychiatric Institutions and the Physical Environment: Combining Medical Architecture Methodologies and Architectural Morphology to Increase Our Understanding* by Evangelia Chrysikou identifies and analyzes the history of mental healthcare design throughout medical facilities in particular to those who live with mental health disorders. The literature review begins with a historical reference to societal measures that are viewed when placing mentally ill people within treatment, and in prior medicine, a psychiatric ward. In modern day, patients are more commonly placed in treatment within a psychiatric department within full service hospitals. Prior to the modern day, medical treatment for mentally ill patients encompassed treated with medication processes unlike modern day medicine practices. Most importantly, the review focuses the attention on the spatial tendencies that are used to define a proper user environment, and how mental healthcare design is more distinguished with spatial comfort within their environment, as opposed to traditional building function.

In a holistic sense, the text was helpful in terms of identifying and addressing the historical notions behind mental healthcare design, and the important notions that lie behind designing environments that respond to the patients needs rather than standard care and function protocol. The text followed a newly developed model encompassing a new set of design thinking when designing for mental healthcare design. An important node in this model revolves around the idea of community health within mental health architecture and the 'radical transformation' that can take place when setting healing, comfort and user experience at the forefront of the architectural design method

Literature Reviews

After reading the text, I realized that it was essentially the first form of material that exposed me to the layout of mental healthcare design, and the length of history that it reaches prior to modern day. The term 'psychiatric' commonly used when referring to a mental institution or treatment facility, expresses a deep negative connotation in societal measures.

It was quite refreshing to read an article that discussed the history of mental healthcare design in terms of its origins, rather than societal tendencies and opinions. Moreover, although this terminology may not appear as a large token of interest to some readers, I personally found it to be extremely positive in the proper use of the treatment facility term especially as someone who lives with a behavioral health disorder. In terms of the psychological references related to mental healthcare design highlighted within the text, I found it be very interesting that the three topics of choice that were highlighted included:

1. Increased complexities of psychiatric care, including limited diagnostic and interventional accuracy of mental health conditions [36]. (ii) Institutional residues in community mental health facilities.
2. Bricks and mortar alone could not fully address social reintegration [37, 38]. (iii) 'e stigma [1].
3. Mental illness has been described as the most stigmatized illness, even by healthcare professionals and within the healthcare system [39, 40].

The three topics of choice that were highlighted within the text as a central focus of the argument are engaging and create a unique depth to the textual evidence presented. The fact that the article highlighted and established a focus around mental illness as a stigma made the argument more relatable to the audience. It also presented an increase in the understanding of mental illnesses to both societal members that live with mental illnesses as well as those who do not live with illnesses and establish a sense of awareness to be able to see the importance of effective healthcare design in correlation with architectural building environments.

In terms of the article as a whole, it was clear that the evidence in the text was supported with quantifiable information regarding a systematic approach to depicting the proper design layout and function of a floor plan design, but I feel as though missed the mark on the ability of the model working effectively in every case scenario.

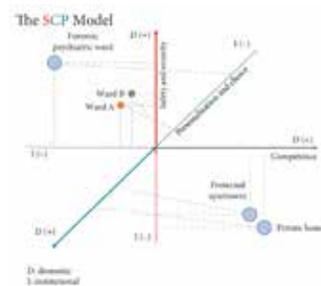


FIGURE 53 | LR Graph

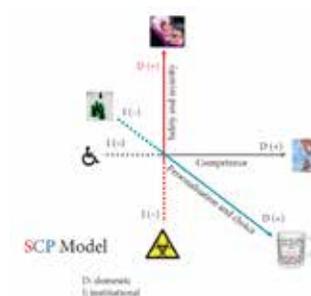


FIGURE 54 | SCP Model

As shown in the above diagrams, the SCP model illustrated the qualitative information regarding the basis of determining the patient and their need based treatment plan on the premise of safety and security, as well as their competence to completion and choice in personalization for the program. The positive implementations of this model follow the principle of incorporating the thoughts and opinions of the patients as well as medical professionals that work in the healthcare facility. However, to base a patient and their mental illness based on a strict qualitative data analysis leaves little room for flexibility within the patient comfort and user awareness that may strike concerns when present in the treatment environment.

The issue for concern with the specific methodology presented in the literature review suggests one floor plan type to be suitable for implementation by design professionals “based on” the given criteria:

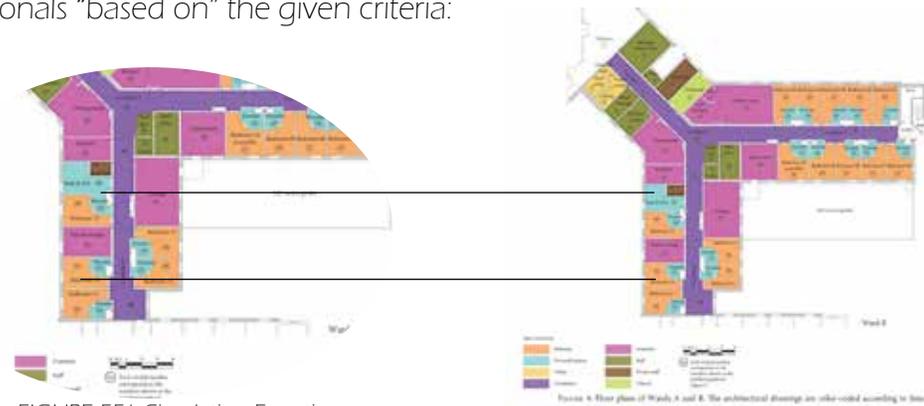


FIGURE 55 | Circulation Function

Although this floor plan has a strong connection between patient distinction and medical professionalism, the floor plan should refrain from serving as the “rule” for mental healthcare design in terms of every mental illness. Once again, it is important for mental healthcare design to have design strategies as presented to help illustrate the potential outcomes for design that is suited to stimulating positive mental health effects on patients, yet in a way that provides a holistic approach and solutogenic to the central argument: mental healthcare facilities are not one in the same for treatment approach. The article failed to address the fact that mental healthcare facilities are not only designed differently per the mental illness and treatment plans, but also the programming that is to be included within the design solution and strategic approach.

“The theory of architectural morphology has developed tools that could look in more depth on the opportunities for social encounters that buildings generate. In this case, it would investigate the sociospatial relations and dynamics of space.” The quote above reflects on the premise that the argument of the article serves a strong purpose in identifying the possibilities and strategies to designing mental healthcare in a way that is destigmatized to the public. This is beneficial to making patients feel more comfortable in the treatment of the facility and heightening their beliefs in the treatment itself. However, the question still bears further analysis and research, and fails to identify the different approach to mental healthcare design specifically to the extensive mental health illnesses millions of people live with today.

Literature Review 2

Title: Stressed Spaces: Mental Health and Architecture

Authors: By Kathleen Connellan, PhD; Mads Gaardboe, MA; Damien Riggs, PhD; Clemence Due, PhD; Amanda Reinschmidt; and Lauren Mustillo

The research premise of this literature review follows the question that directly correlates to my thesis question but prefaced as: How does the intersection of mental health care and architecture contribute to positive mental health outcomes? The text follows the notions of mental healthcare influential design, but more importantly draws attention to the various methods of mental health based design solutions depending on the patient and mental health illness type.

There is a continuity between the first literature review and the second by presenting that “ There is no question that the old institutional model of care with its associated asylum-styles architectural design is anathema to mental health practice; however, with the construction of new facilities, we question the extent to which seemingly innovative designs match contemporary mental health models of care”. This question raises further analysis throughout the article, identifying methods of how architectural environments can improve the in - patient and post in - patient experience within the building environment without hindering the medical practices and function/circulation of the design.

The text is difficult to critique due to the detailed analysis of the various time periods that pertain to mental health architecture. The clear exposure on the silver lining between psychiatric hospitals, the built environment, and the effect they have on healing environments in a natural and holistic manner was clear to the reader and engaging. The three main areas of focus on the review regarded:

1. Patient safety issues, such as infections, medical errors, and falls.
2. Other patient outcomes, such as pain, sleep, stress, depression, length of stay, spatial orientation, privacy, communication, social support, and overall patient satisfaction.
3. Scientific research relevant to staff outcomes, such as injuries, stress, work effectiveness, and satisfaction (p. 103).

I found these areas of focus to be strong because the authors made the choice to specify the expansive studies that have been conducted over the course of healthcare design, but also took into account the limitations of evidence that currently resides in the medical field when it comes to mental health design strategies pertaining to architectural building environments.

“It is important to allow patients to control their environment through meaningfulness.”

I found this quote from the text to be very intriguing in the sense that the article highlights the importance and strength behind the user

At first, I found the methodologies to be slightly overbearing in terms of the direct relationship they portray with mental health facilities, but as I read further in the reading, I began to attain a greater understanding of the ideologies in the argument that was made. The detailed analysis of the methodology explanation serves a great importance because of the ability for designers and architects to make proper and informed decisions over the course of a project. I was impressed to see that the authors of the article encouraged a methodological approach to design professionals as opposed to a quantitative approach that has come and gone for several years.

Given the fact that the article presented a strong methodological approach to mental healthcare design in terms of architectural building environments, "Acknowledging that unwell people do not necessarily adapt easily, Golembiewski suggested that "the salutogenic model seems an appropriate broad framework in which to locate the stress model because it supports the stress model with much needed substance; effectively **filling** the causation gap between action and effect" (p. 103)." I can not argue with the deliverable of the argument that is presented within the article for the reason that it is placing mentally ill patients' comfortability within the environment as a central priority. Although patients do not always automatically adjust to new environments, the idea of bringing in personal items to heighten the sensory awareness and overall comfort of the patient serves as a distinguished trait from other texts that I have read regarding mental health architecture. As discussed in the article, if the architectural environment can be designed in a way that centers the focus around the patient's comfort, the design has a stronger establishment and therefore has a higher chance of increasing the perception of health for the mentally ill patient.

The text placed the natural and surrounding site environment as playing a significant role in the effectiveness of the architectural building environment towards the patient, which is something I found to be very important in effective mental health design. However, the article failed to address the typological measures behind key interests of mental health design pertaining to the extensive mental health illnesses that fall underneath the umbrella of mental health treatment solutions. Due to the fact that my thesis focuses the direct attention towards Neuro Therapy and the connection that architectural building environments have on those with obsessive compulsive disorders, I would have appreciated the article addressing the fact there is not one single solution to designing for all mental health facilities. Moreover, every mental health disability and or illness is unique within the principles of its nature as well as the effect it has on each patient varying from person to person.

From the analysis of the text, the authors stated that "a hierarchy of effect of environmental elements ranging from simply nontoxic to safe (both physically and psychologically) to 'providing a positive context' to being actively salutogenic" (p. S71). Whether apparent to some design professionals or not, the surrounding environment that lies around the site of the architectural building environment in the case of mental healthcare design must be held as a priority. Given the quantitative and qualitative data that have been found pertaining to the positive impact on the treatment progression and positive effects on a patients overall health in terms of a physiological formation, it can also be apparent that different forms of mental health design affect different patients depending upon their specific mental illness they live with.

Literature Reviews

For example, someone living with Bipolar disorder would require different treatment methods as opposed to someone living with an obsessive compulsive disorder. Here lies the understanding that because psychological methodologies portray such a unique and rather significant role in the treatment of the patient, the architectural environments must be designed to recognize that distinction as well.

The article highlighted the various holistic notions pertaining to mental health on the basis of several principles including: advocated design to facilitate intention and awareness; wholeness and energy; healing relationships; health promotion; and collaborative treatments.

The article presented these in a way that was conducive to the argument of a holistic approach to mental health design. The authors of the text also presented a unique approach to the argument of the positive effects of architecture on mental health by addressing user senses in connection with building systems such as fresh air, ventilation, color, and aesthetics. In this area of the reading, the text further highlighted the distinction between the mental health illnesses and how the sensory awareness programming for patients can play a role in their personal treatment plans.

Commonalities in the literature on the impact of architecture on mental health

Perceptions include:

- Perceptual cues assist the perceptual processes, aid in avoiding confusion.
- Filling the environment with complexity, order, and aesthetic considerations is beneficial to not only the user, but also the treatment solutions.
- Access to nature can have positive mental health outcomes and add complexity and stimulation.
- Access to views of nature with gardens, through windows and in artwork, can reduce stress.

These elements highlighted in the above list, serve as the forefront of the design solutions that serve as a basis for the premise of effective mental healthcare design. One of the most unique elements of the textual evidence displayed in the article revolve around supporting the basis around how people of various ages are affected by mental illness. In particular to my thesis design, it is most common for people to develop the behavioral disorder between the age groups of young adolescents to early adulthood. The fact that the article supported a take on the need for developing strategies of solutions to patients not only based on their mental illness but just as important, their age, was well implemented.

“Therefore, the needs of young people who are subject to extreme bodily changes in their bodies and their lives during their adolescent period are a crucial category for study, particularly in terms of treatment for mental illness” (157).

The quote serves a significant importance for the reason that architectural designers oftentimes do not associate programming design for mental healthcare based design along with age and fully comprehend the extensive amount of differences that designing for age groups have. This also constitutes for treatment methods, as highlighted in the literature, that treatment evolves from age group to age group, and that there is no single model of design programming that can cover each discipline.

Literature Review 3

Title: The Designed Environment and How it Affects Brain Morphology and Mental Health

Author: Jan A. Golembiewski, BFA, BArch, MArch, PhD

“Northoff et al. (2004) discovered that people with severe mental illness are highly reactive to the environment, even if they are arrested by a state of catatonia. Further analysis of Northoff et al.’s data by Golembiewski (2012) suggested that the symptoms of psychiatric illness appear to have caused a “spillover” of excess neural excitation in response to negative stimuli whenever the frontal inhibitory process is insufficient. Just like in physics, every neural action has an equal and opposite reaction (pg.4)”.

This literature review discusses and analyzes the user environment for those with mental health conditions in a way that is separate from the previous literature reviews. For instance, this review focuses on the scientific and historical approach to understanding the human psyche and cerebral temporal, as well as the supporting components that assist in the chemical balance of someone who lives with a mental health disorder. I felt as though the argument presented within the article demonstrated a strong connection between not only the patient who experiences the many complexity of a life with a mental health disorder, but more importantly, how they interact with their specific environment. More specifically, this article highlights and analyzes how the built environment portrays a significant effect on the patient brain, and has the ability to create life psyche instances that impact the patient. The article also discusses the impact of building environments in a holistic sense as opposed to simply addressing those with mental illnesses, which is something I appreciated from both sides of the audience. In terms of those who do not experience a life with mental illness, the literature review identifies how building environments affect us as people scientifically, by introducing a new perspective to the fact that architectural building environment do indeed have an effect on the mental health of its inhabitants.

Patient Interview:

Patient A

Gender: Male

Age of Treatment: 14

Length of Stay: Seven Weeks

Patient Type: Resident (on scale from out patient, resident, high risk in patient)

Year: 2012

Background:

Male resident of OCD treatment center for seven weeks (October - November) of 2012.

The facility in which Patient A received treatment from was a full service mental hospital and rehabilitation center that offered specialities in OCD treatment as well as relating anxiety disorders in a broad spectrum. The patient received treatment for OCD based on the sub group contamination. The patient received various forms of treatment involving one on one counseling and therapy from licenced medical professionals as well as forms of cognitive behavioral therapy treatment throughout the treatment

Patient Interviews

Interview

Interview Questions

Note of disclosure: for the purpose of protecting the patient's personal identity, all forms of reference in the interview will be referred to as third person.

What were the amenities that you enjoyed best at the facility?

Wellness Facility, created a group environment that encouraged the patients to connect with one another. They felt as though it created an environment that made the patients feel more at home. Group activities and areas to engage definitely created a positive environment for treatment in terms of encouraging one another to keep moving forward.

Key Interview Phrases:

Important to reiterate "reassurance" aids in helping patients feel more empowered to refrain from compulsions

1-10 cycle (1 - high stress, 10 - low stress) assessed on daily basis with individual doctor

Daily consultations with doctors, allowed patients to feel safe and connected to their healthcare providers

Design Considerations:

Keep girls divided from boys

Refrain from having interaction between residents and out patient users, spaces and treatment should be separated to ensure comfort and safety

Separate OCD subtype by level and severity, importance of keeping public areas away from patients and their daily activities and treatment

Research and education elements should NOT interact with patients, unless allowed. Patients do not feel comfortable in environments where they feel as though they are being studied or analyzed. Keep areas separate.

Position public amenities in areas that have views of the site, this will ensure peaceful transitions for patients. Refrain from having “observation opportunities” for patients from community members

Project Justification

Personal Importance of Selected Thesis Topic

My thesis project presents a direct correlation to my personal life for the reason that I have lived with a form of OCD since my early childhood, in which I developed in early adolescence. Out of the five subtypes of obsessive compulsive disorders, I have compulsions falling underneath the checking and counting formations. More specifically, I am diagnosed with Trichotillomania, commonly known as the hair pulling disorder. Trichotillomania is presented on the obsessive- compulsive spectrum, meaning that it shares many behavioral tendencies as those who have one of the five subtypes of obsessive compulsive disorders (OCD). Trichotillomania and OCD are directly correlated due to the fact that they both run in the same families for medicative and holistic treatment practices to alleviate the symptoms of OCD (Mental Health in America).

Personal Knowledge Base

This project is going to add to my knowledge base both personally, academically, as well professionally. In a personal manner, this project is going to help me understand how treatment can be realized through the built environment, specifically to those living within OCD. Due to the fact that I have an OCD related disorder, the research throughout this project will not only help me to better understand the treatment of the disorder but more importantly understand how the disorder is associated with my personal health. Academically, the extensive research of the project will aid in a greater understanding of mental health treatment and the power architectural environments have on improving the health and well being of people. In professional terms, the exploration and research development will allow me to reach a greater understanding of architectural buildings environments and the role they play in improving the lives of people that occupy them.

Economic Justification

This project can be justified economically due to the intended programmatic elements that are to be included in the final project design. One of the central priorities of the project is to have a sector of the building in dedication to ongoing research and exploration of holistic treatment solutions for people living with OCD. Moreover, this research facility will be designed with the intended use of medical professionals as well as implementation of teaching practices for those who are medical students in post secondary education. Given the designated private and public research space for medical advice and ongoing research practices, the funding can be reached through the state higher board of education. As previously mentioned, the funds will be sourced from the state board of higher education along with the international OCD foundation in correspondence to mental health foundation. The proposed thesis project can be justified based on a return on investment. Due to the fact that a portion of the facility will be designated towards ongoing research of Obsessive compulsive disorders, a supporting clinic with outpatient services will be promoted to increase revenue flow and traffic.

Sustainability

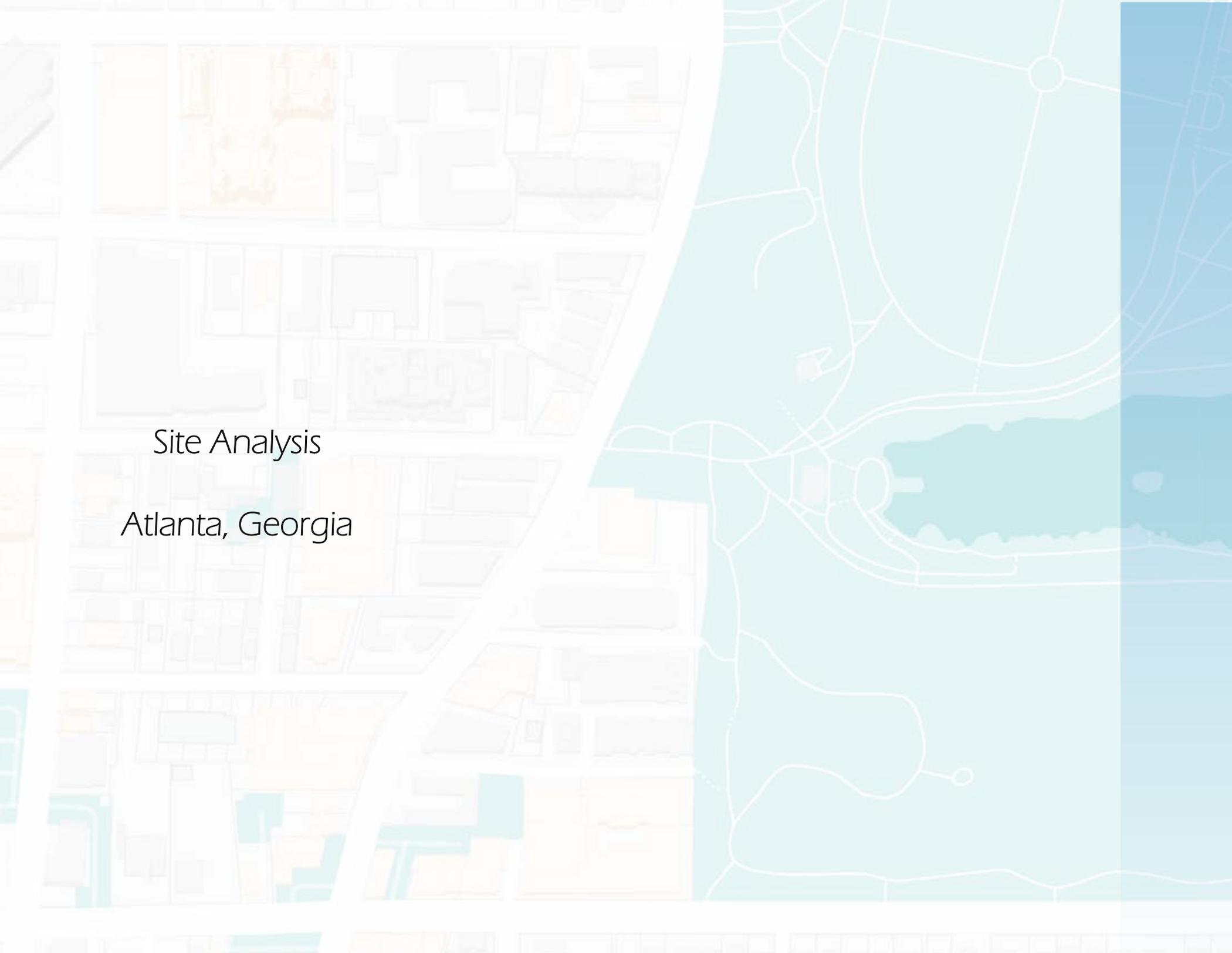
The environmental impacts of the thesis project will be focused around the rehabilitation and preservation of the supporting site environment that lies near the intended built environment. The building environment will be designed to interact and incorporate site elements as well as the surrounding landscape to better accumulate therapy treatment for patients.

Environmental Impacts

The environmental impacts of the thesis project will be minimal in obstruction to the existing site conditions and will aid in the rehabilitation and preservation of the supporting site environment. The building environment will be designed to interact and incorporate site elements as well as the surrounding landscape to better accumulate therapies for patients. The project intention lies within the direct correlation to the exterior environment of the architecture, throughout the use of vegetation and supporting site circulation. The site neighbors prominent circulation paths that allow for increased access to and from the selected project site.

Relevancy to Atlanta

The selected site location is set just outside of the downtown urban setting of Atlanta, Georgia. The selected site location is in one of the most underserved cities in the country for access to mental health care, specifically to youth and young adult access. Moreover, the selected geographic location marks it as the perfect location for a building design dedicated to better serving youth and young adult mental health treatment support. Due to the fact that project is dedicated to the treatment and increased awareness for those living with Obsessive Compulsive Disorders (OCD), the intention behind the project is to establish a foregon for trend forecasting that can be adapted and implemented into supporting large, metropoliatn areas around the United States.

The image is a site analysis map of Atlanta, Georgia. It is divided into two main sections. The left section shows a detailed street grid with various colored blocks representing different land uses or building footprints. The right section shows a more abstract map with white lines on a teal background, representing a network of roads or paths. A dark teal area in the center-right of the right section suggests a park or green space. The overall design is clean and modern, using a color palette of light teal, dark teal, yellow, and grey.

Site Analysis
Atlanta, Georgia

Qualitative Site Aspects

History of Site

Piedmont Park is an urban park in Atlanta, Georgia, located about 1 mile (1.6 km) northeast of Downtown, between the Midtown and Virginia Highland neighborhoods. Originally the land was owned by Dr. Benjamin Walker, who used it as his out-of-town gentleman's farm and residence. He sold the land in 1887 to the Gentlemen's Driving Club (later renamed the Piedmont Driving Club), who wanted to establish an exclusive club and racing ground for horse enthusiasts. The Driving Club entered an agreement with the Piedmont Exposition Company, headed by prominent Atlantan Charles A. Collier, to use the land for fairs and expositions and later gave the park its name.

The park was originally designed by Joseph Forsyth Johnson to host the first of two major expositions held in the park in the late 19th century. The Piedmont Exposition opened in October 1887 to great fanfare. The event was a success and set the stage for the Cotton States and International Exposition which was held in the park seven years later in 1895. Both exhibitions showcased the prosperity of the region that had occurred during and after the Reconstruction period. In the early 20th century, a redesign plan called the Olmsted plan, was begun by the sons of New York Central Park architect, Frederick Law Olmsted. The effort led to the addition of scenic paths in the park and the joining of the park with the Ansley park system.

Over the years, the park has also served as an athletic center for the city. Atlanta's first professional baseball team, the Atlanta Crackers, played in the park from 1902 to 1904. Several important intercollegiate rivalries were also forged in the park including the University of Georgia vs. Georgia Tech baseball rivalry and Georgia versus Auburn football which has been called the "Deep South's Oldest Rivalry".

Throughout the 20th century, many improvements have been made in the park, including the addition of covered picnic areas, tennis facilities, the Lake Clara Meer dock and visitors center, and two playgrounds. In 2008, a ground-breaking ceremony was held for a 53-acre (210,000 m²) extension to the park. On April 12, 2011, Mayor Kasim Reed cut the ribbon to open the first phase of a major expansion into the northern third of the park. Additional areas at the far north of the park (near Ansley Mall) are to be developed next.

Criteria Provided By City of Atlanta

Qualitative Site Aspects

Site Criteria Provided by City of Atlanta

The park hosts several miles of paved paths suitable for walking, running, biking, and inline skating. Skate Escape across from the park at the 12th Street entrance rents both bikes and skates. On weekend afternoons, skateboarders and inline skaters often share the open, paved area inside the 12th Street entrance.

Piedmont Park has picnic shelters located just to the East of the north soccer field. There are also various picnic tables and benches throughout the park. Many visitors choose to picnic on the expansive lawns as well. The first grill in Piedmont Park was erected for the 1895 Cotton States Exposition where the administrative offices now sit. There are 22 grills throughout the park. No portable grills are allowed.

The Noguchi "Playscape" is located near the 12th Street Gate. The geometrically shaped, modernist playground includes a soaring swing set, slide, sand pit, climbing dome and more made of bright and exciting colors. Also in the park is a new playground known as Mayor's Grove. It was designed as a Boundless Playgrounds and features a high level of accessibility and interactive play.

Sports
Piedmont Park is a popular place for organized sports. The Sharon E. Lester Tennis Center at Piedmont Park is a fully staffed, public facility with 12 lighted hard courts, offering leagues, lessons, and supplies.

The Active Oval has two softball fields, two soccer fields, and two beach volleyball courts, all ringed by a dirt running path. Kickball leagues also use the softball fields.

The lake

The lake is located in the south east part of the park. Fishing is permitted in the lake, which is stocked with large mouth bass, crappie, bream, and catfish. A 2002 renovation of the lake added a new bridge connecting the two bodies of water and three fishing piers located around the lake.

Oak hill (an area located at Piedmont), was selected as the thesis site due to the peace and serenity it brings its current residents. The area is large enough to designate a portion of the site as a means for the treatment facility, while maintaining the existing activities. The site itself is quiet and draws safety and comfort for its surrounding residents, one of the largest parameters of the site selection. As displayed in further site maps, the site is also close to downtown Atlanta and the Airport, easing transportation and access for its users.

Qualitative Site Aspects

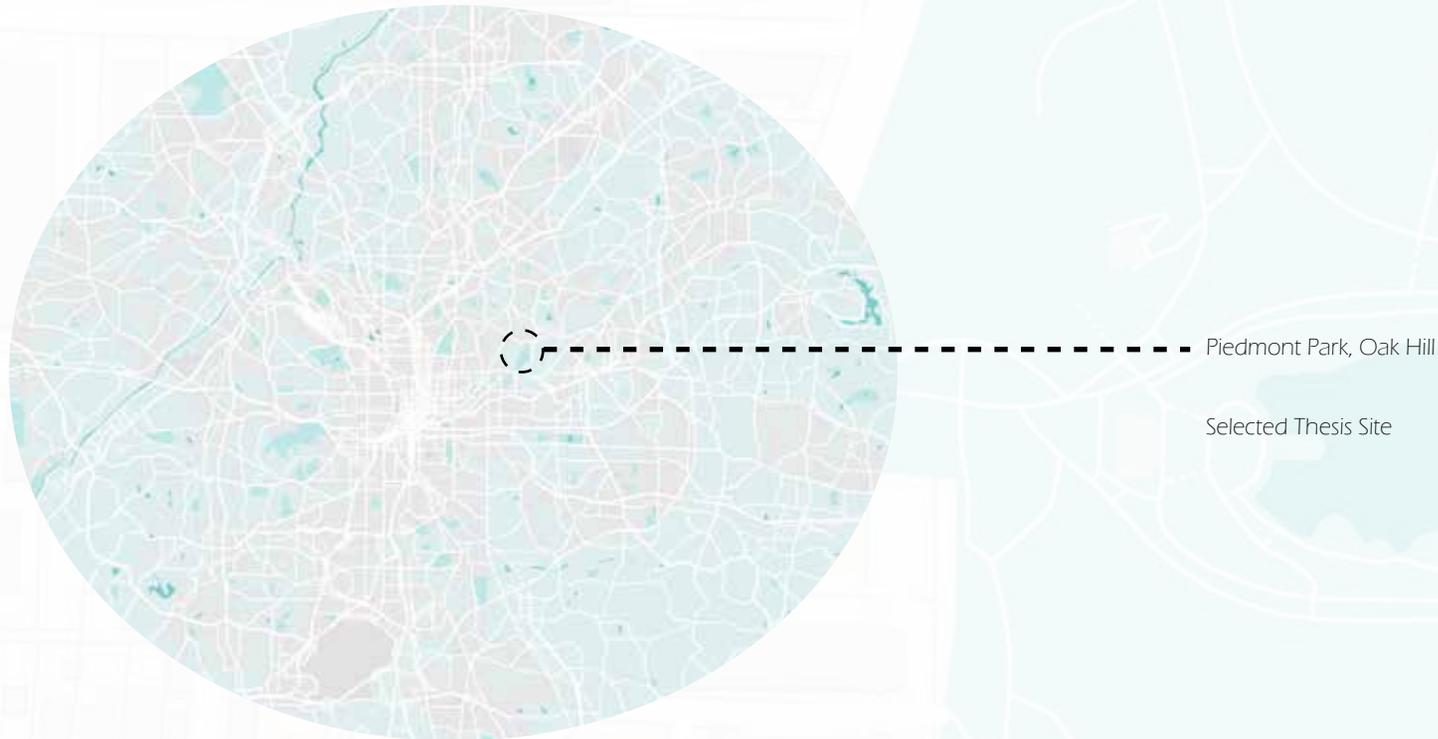


FIGURE 56 | Geographical Map

Atlanta is the capital and largest city in the state of Georgia. Atlanta ranks as the 38th-largest in the United States, and the sixth-largest city in the southeastern region. 2010 census results varied dramatically with previous Census Bureau estimates, counting 550,003 residents.

Atlanta is the core city of the ninth most populous United States metropolitan area at 5,268,860 (est. 2010), with a combined statistical area of 5,626,400

Atlanta's population grew steadily during the first 100 years of the city's existence, and peaked in 1970 at around 496,000. However, from 1970 to 2000, the city lost over 100,000 residents, a decrease of around 16 percent. During the same time, the metro area gained over three million people, cutting the city's share of the metro population in half, from over 25 percent in 1970 to around 12 percent in 2000.[5] However, the city's population bottomed out in 1990 at around 394,000, and it has been increasing every year since then, reaching 420,003 residents in 2010.

Qualitative Site Aspects

FIGURE 57 | United States

Administrative Area	
Parcel ID:	17 0054 LL002
Owner Name:	CITY OF ATLANTA
Fulton County Tax Assessor	
Dekalb County Tax Assessor	
LandLot & District	17-54
Cadastral PDF	More Info
City Council District	6
NPU	E
LandUse Planning	
Zoning:	R-4
Zoning Classification	More Info
Zoning Description	
Zoning Overlay:	Beltline
Overlay Classification	Beltline
Overlay Description	More Info
Mylar with old Zoning	
Mylar with old Zoning 2	
Inclusionary Zoning:	
Name	Virginia Highlands/Ansley
Land Use Code	OS
Land Use Description	Open Space
DENSITY	
Incentive Zone	
Tax Allocation District	Beltline
District	Reference Data

FIGURE 58 | Site

Qualitative Site Aspects



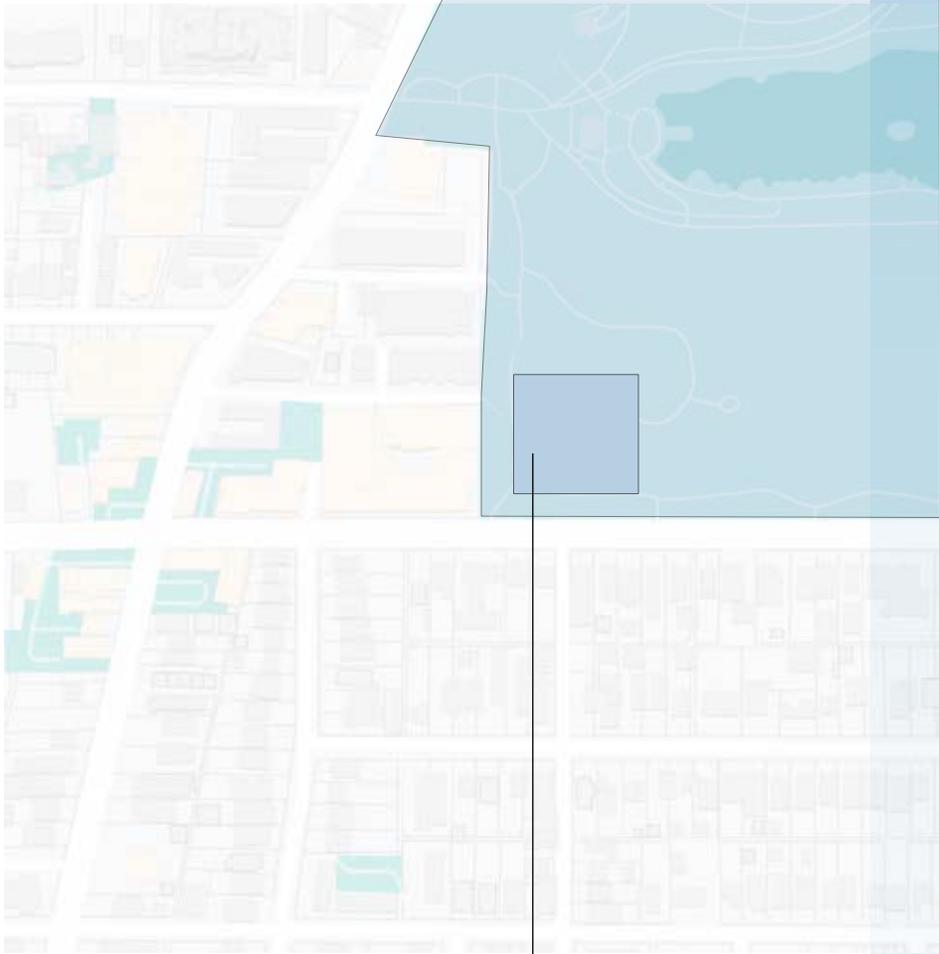
The Meadow

Mayor's Grove



N ▲

Existing Use Diagram



PROPOSED SITE LOCATION

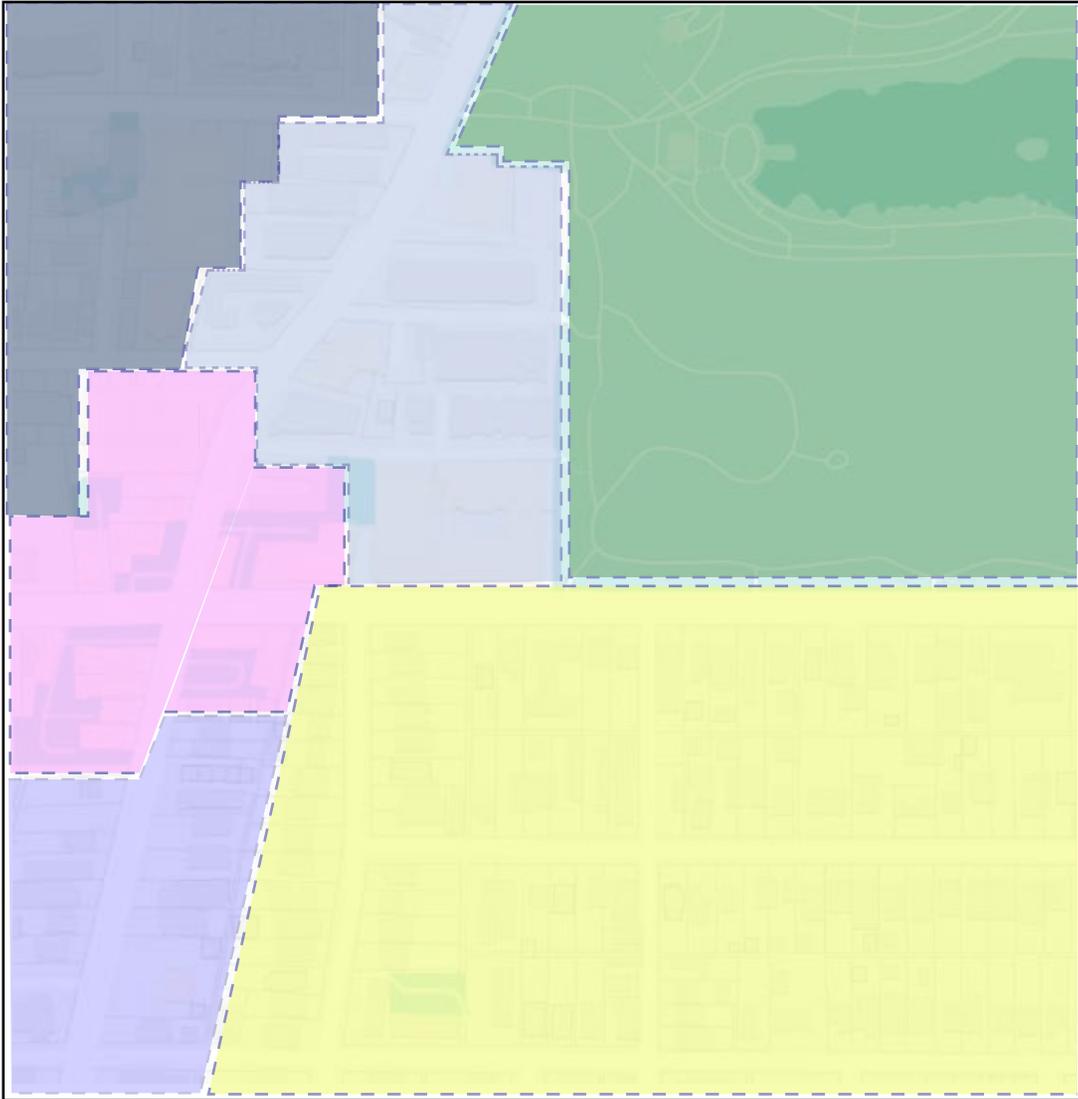
ATLANTA, GEORGIA

Midtown Atlanta Area, SW Corner Piedmont Park (Oak Hill)

Qualitative Site Aspects



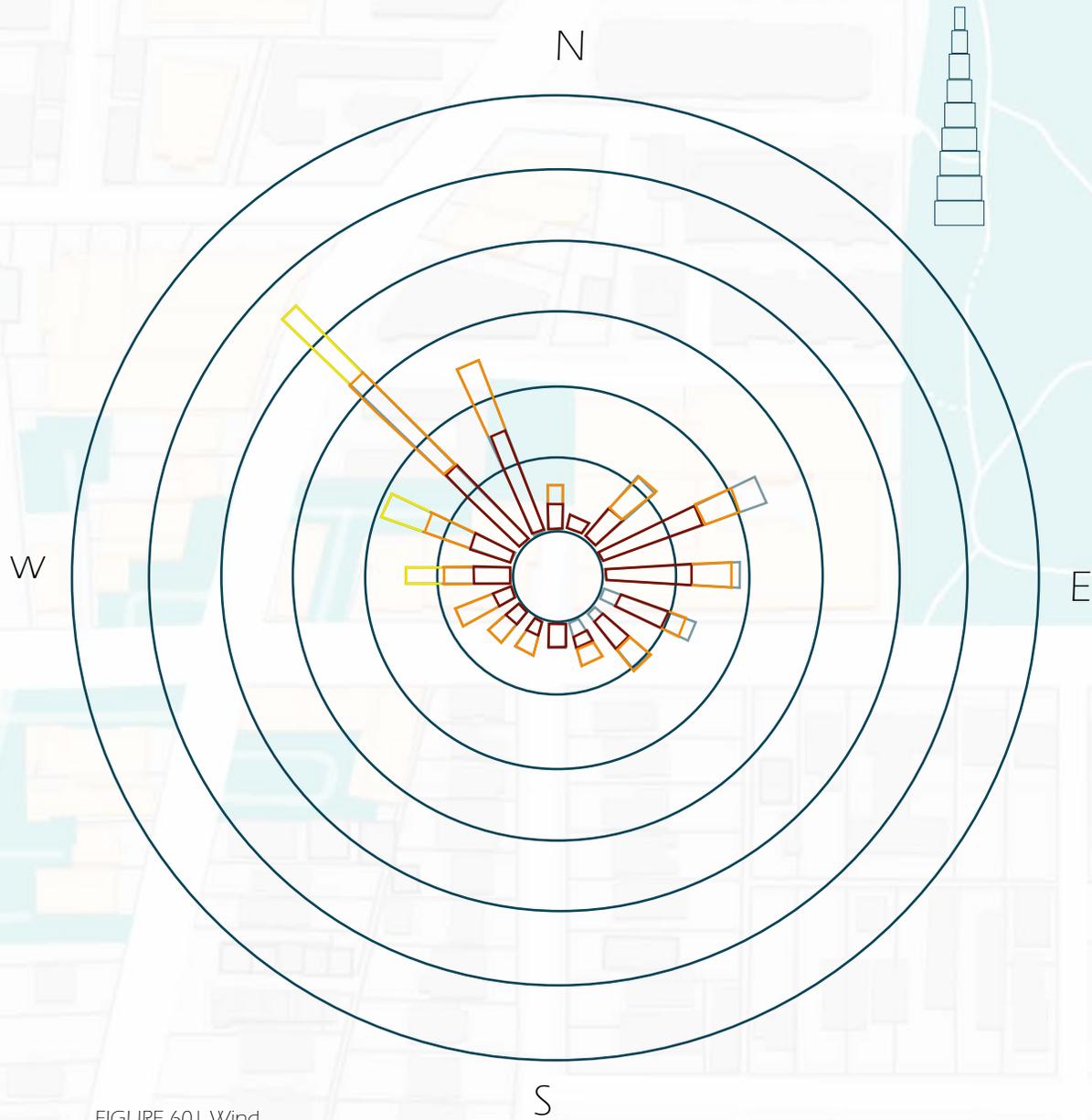
Qualitative Site Aspects Zoning



- Land Use Future
- Low Density Residential
- Medium Density Residential
- High Density Residential
- Low Density Commercial
- High Density Commercial
- Open Space

FIGURE 59 | Zoning

Site Analysis, Climate Data Wind



Atlanta Hartsfield Ap Georgia

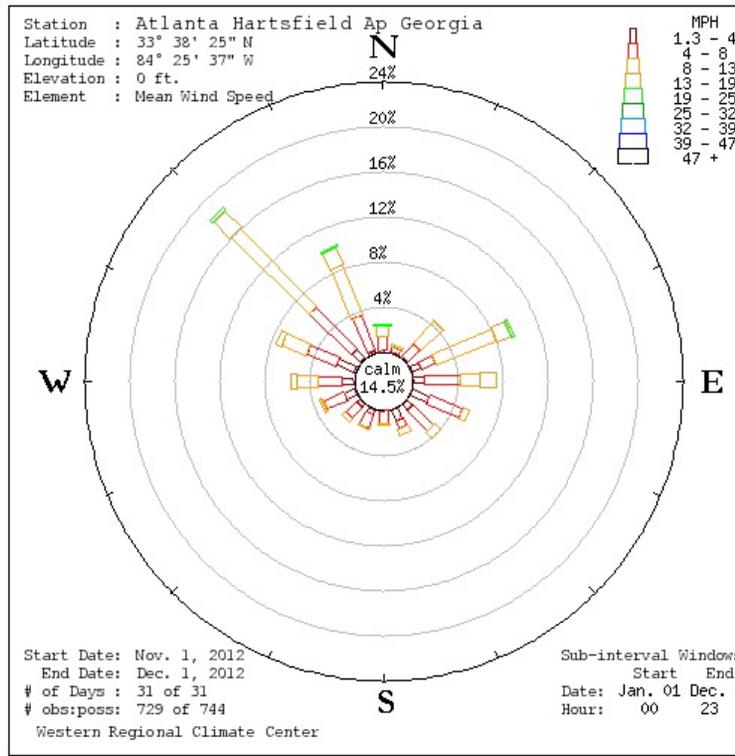


FIGURE 60 | Wind

Site Analysis, Climate Data Temperature

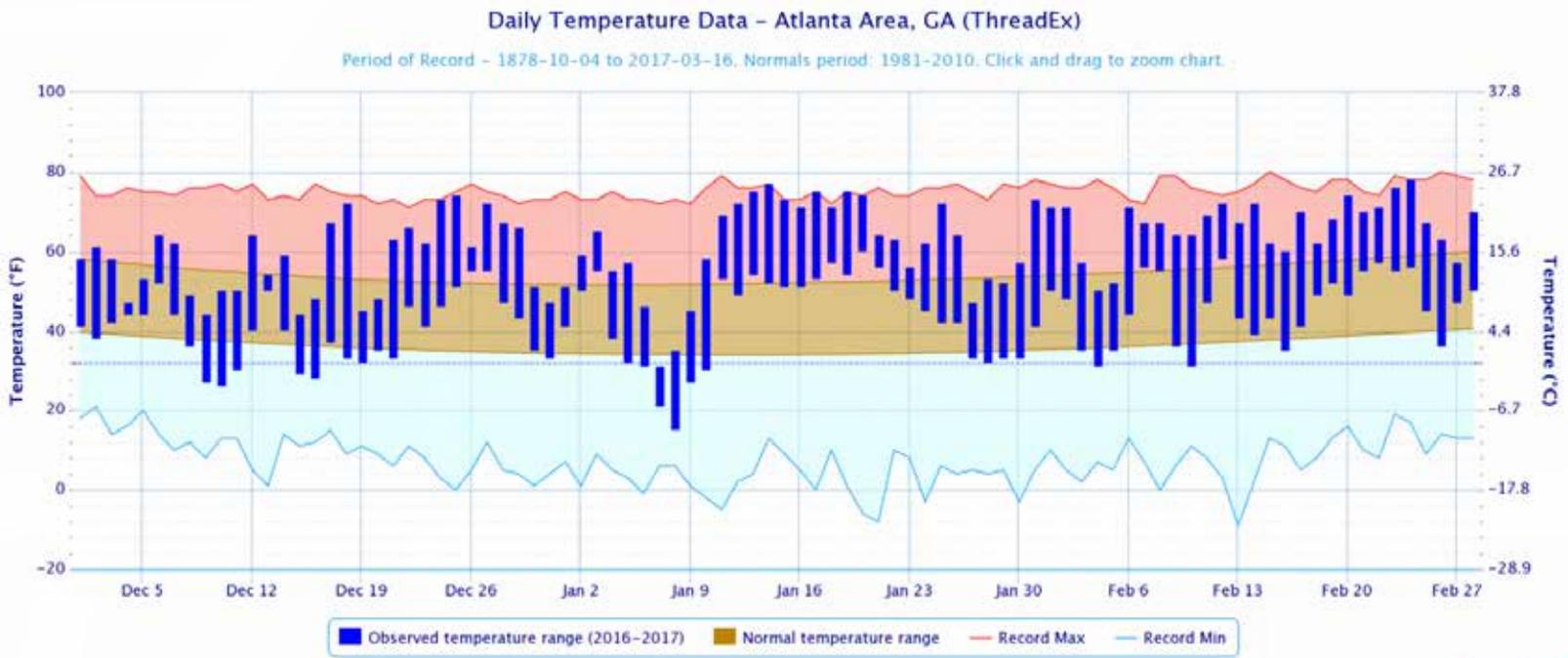


FIGURE 61 | Temperature

Site Analysis, Climate Data Sunshine

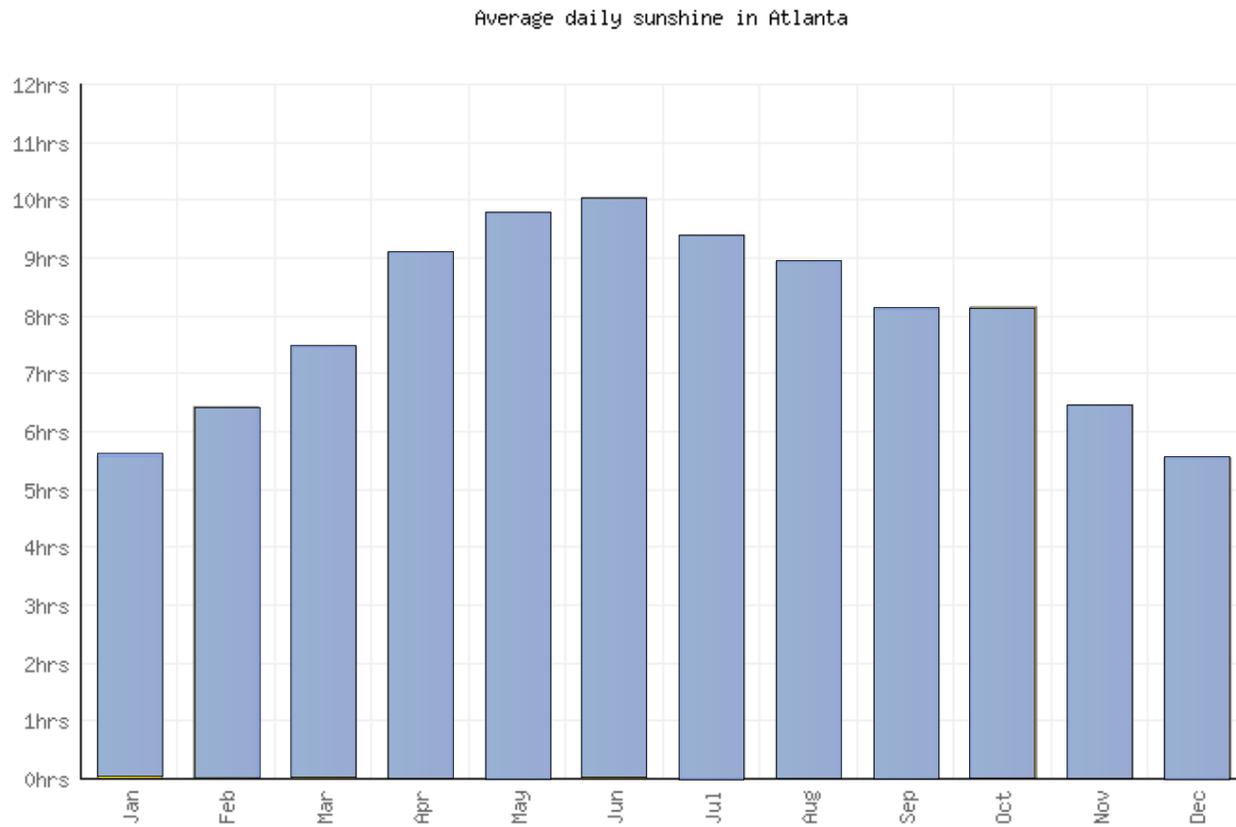


FIGURE 62 | Sunshine

The graph below shows the average relative humidity.

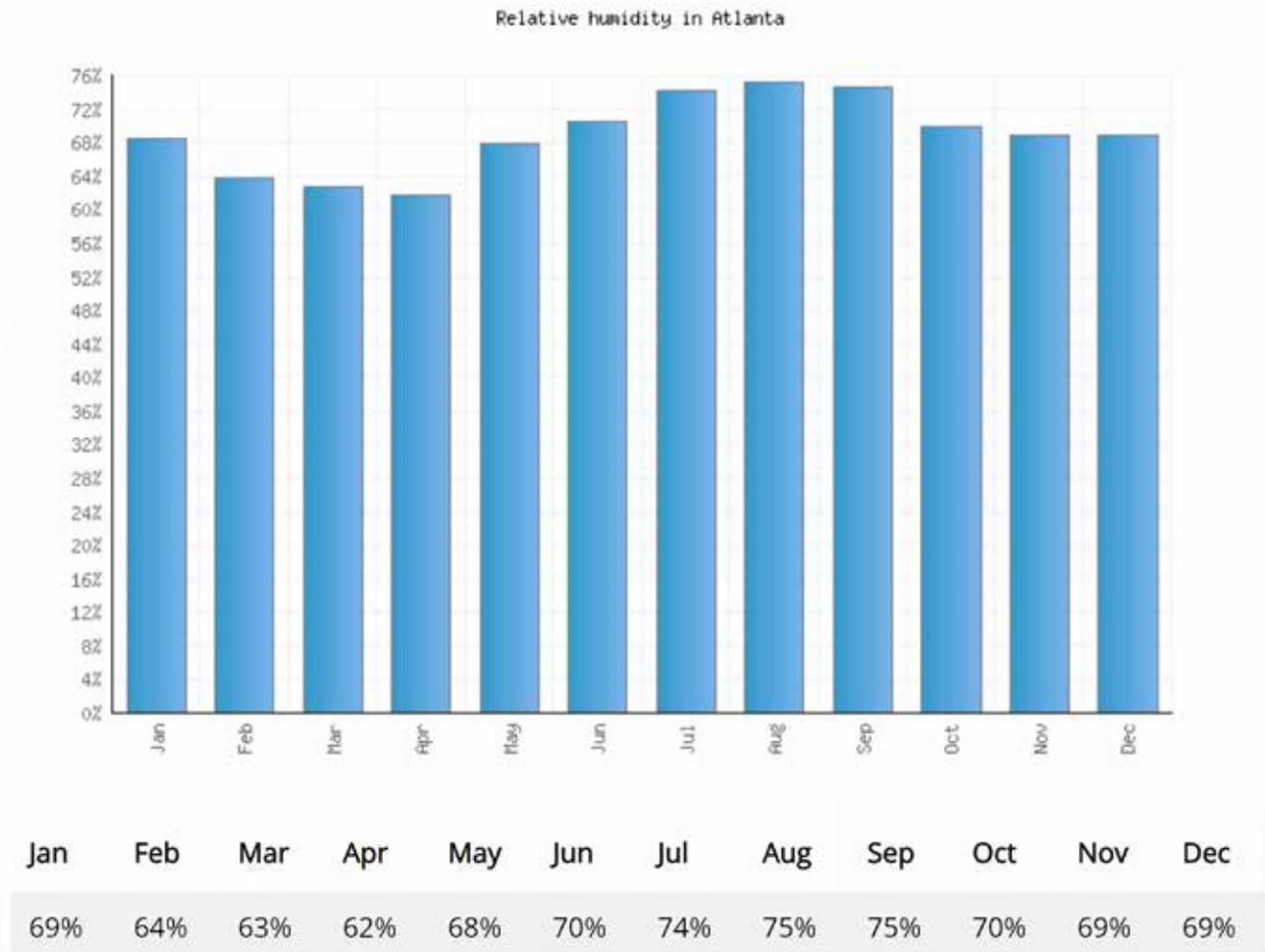
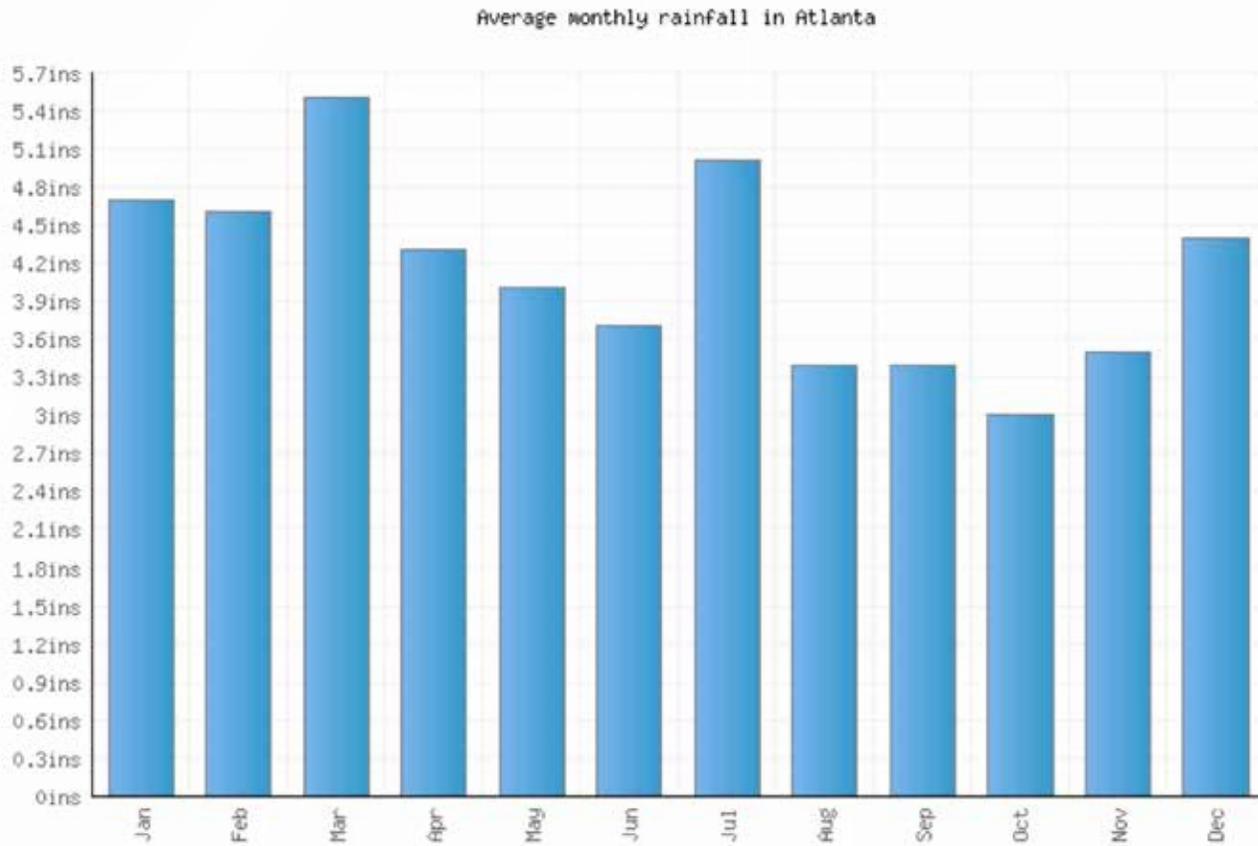


FIGURE 63 | Humidity

Site Analysis, Climate Data

Rainfall



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
inches	4.7	4.6	5.5	4.3	4	3.7	5	3.4	3.4	3	3.5	4.4
Rainy days	12	10	11	8	9	10	12	9	8	6	9	10

FIGURE 64 | Rainfall

Site Analysis The Site

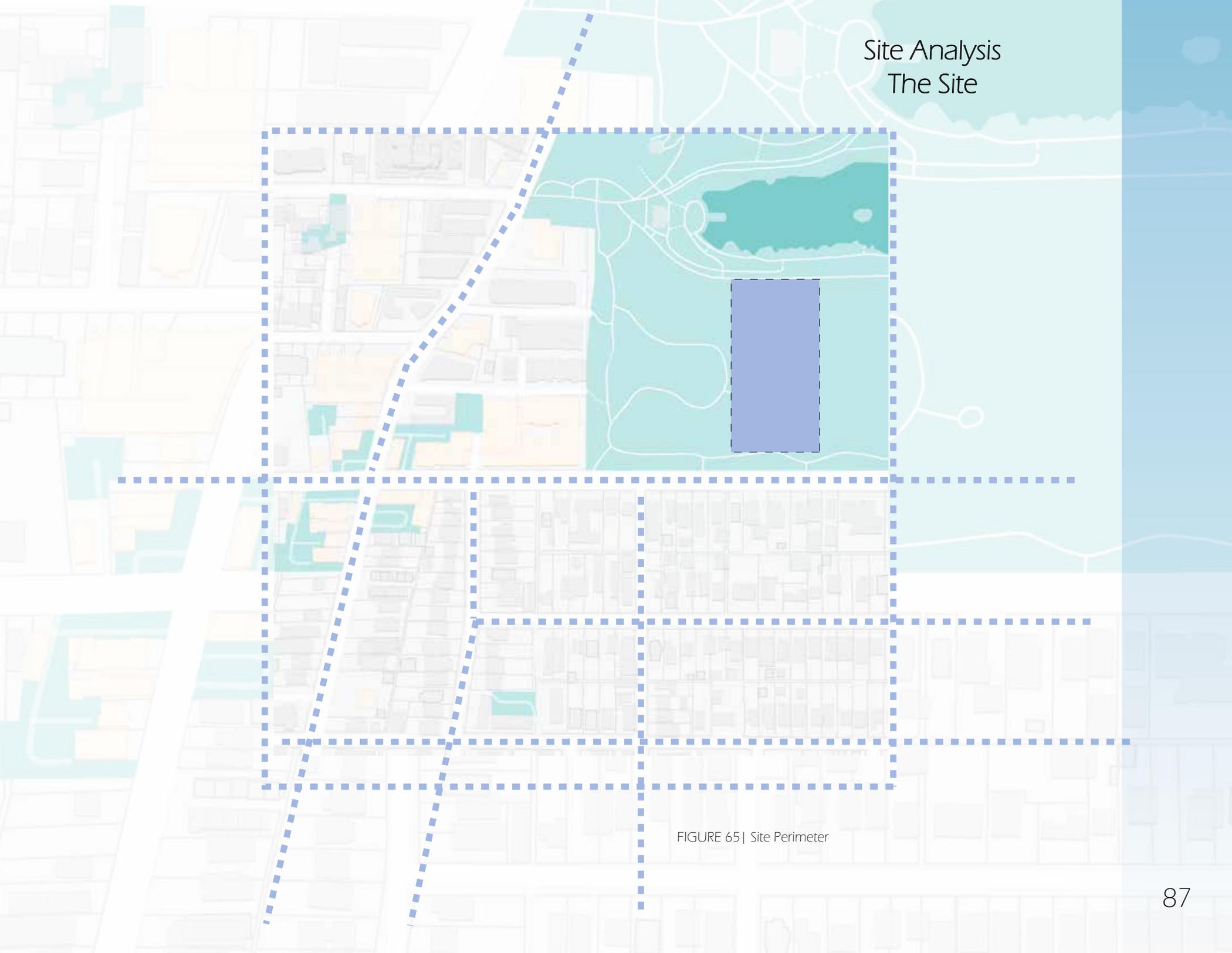


FIGURE 65 | Site Perimeter

Site Analysis Circulation



FIGURE 66 | Circulation 1



FIGURE 67 | Circulation 2



FIGURE 68 | Circulation 3

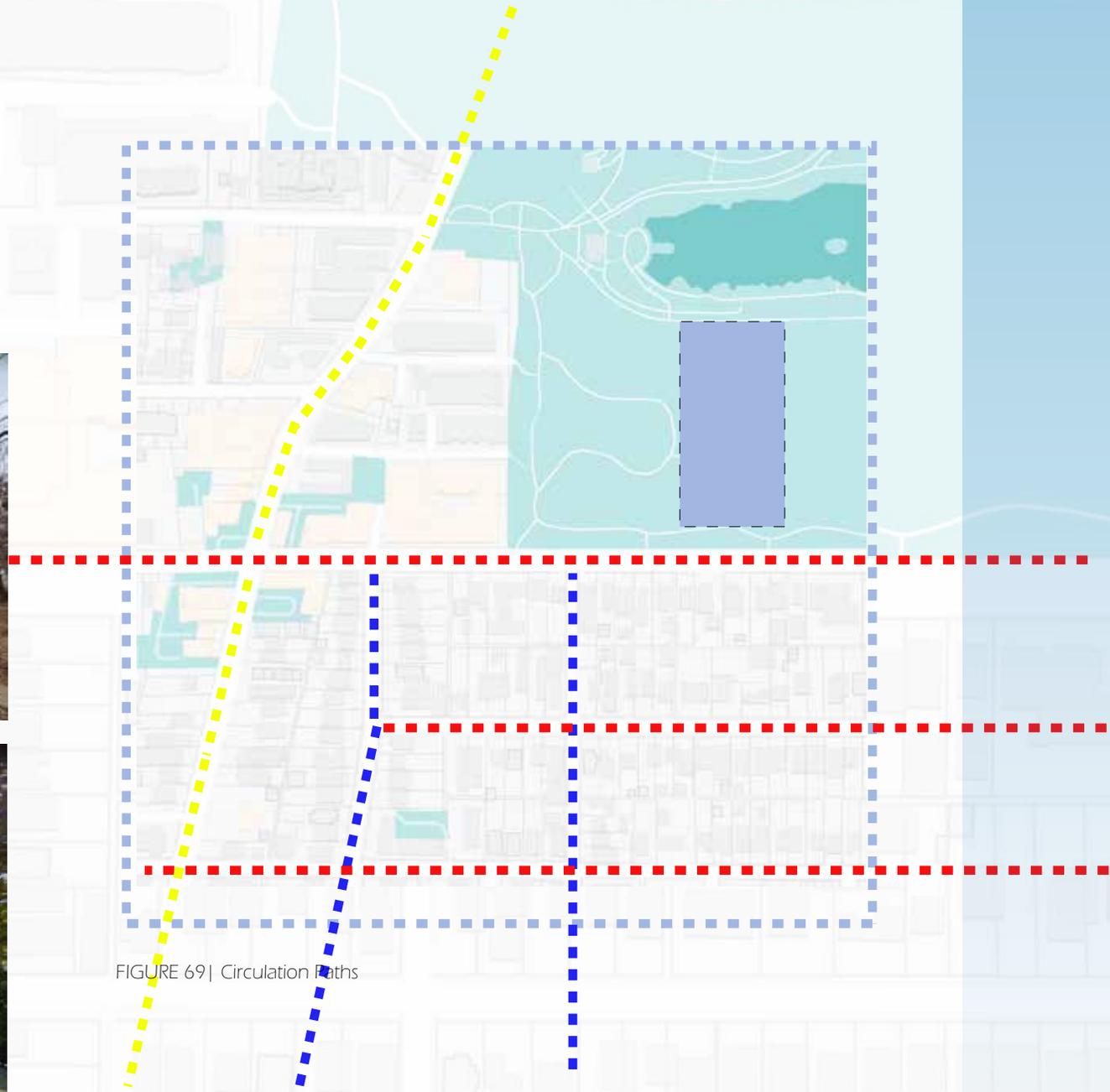


FIGURE 69 | Circulation Paths

Site Analysis Tree Cover



FIGURE 70 | Tree Cover 1



FIGURE 71 | Tree Cover 2



FIGURE 73 | Tree Cover Map

Site Analysis Views



FIGURE 74 | Views 1



FIGURE 75 | Views 2



FIGURE 76 | Views 3

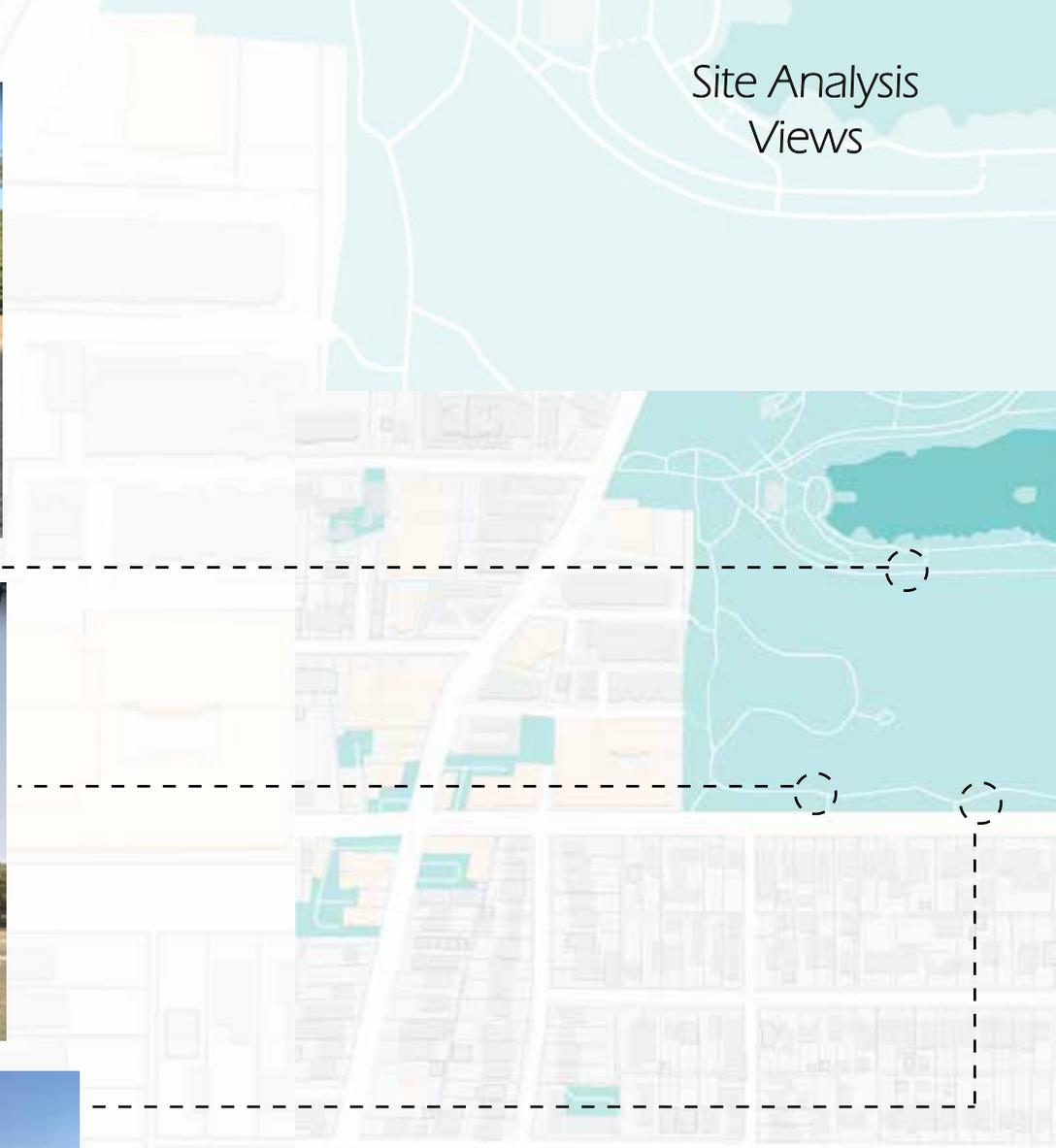


FIGURE 77 | Views Map

Site Analysis Context



FIGURE 78 | Context 1



FIGURE 79 | Context 2



FIGURE 80 | Context 3



FIGURE 81 | Context 4

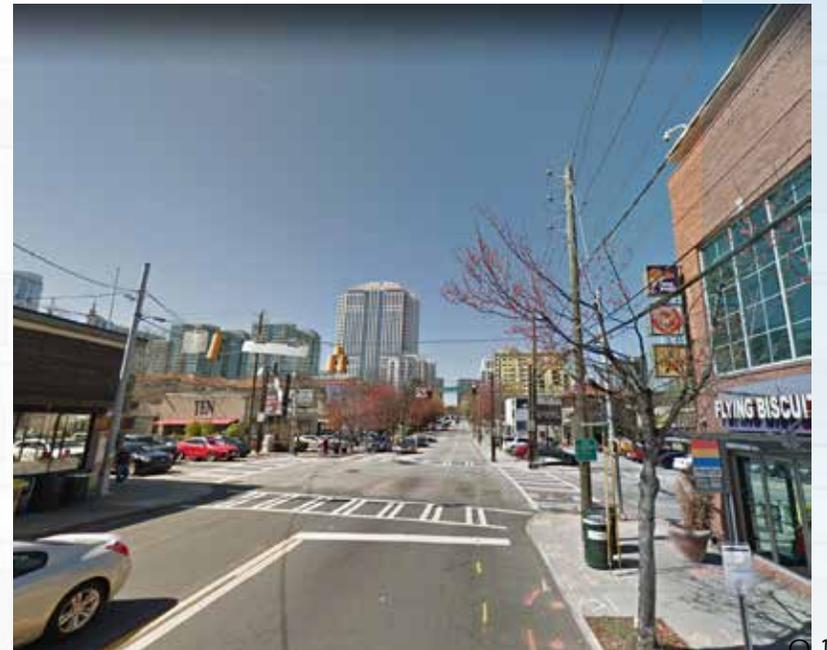


FIGURE 82 | Context 5

Space Allocation

Performance Measure: The aspect of performance within the design will be measured through a number of spatial solutions methods that will aid in orchestrating the circulation and movement for users throughout the facility. These spatial solutions include the following:

Mechanical

Storage

Parking/ Vegetation Paths (connecting to surrounding site and neighboring circulation)

Research Laboratory

Health & Wellness

Green Space

Residential Living Space

Healthcare Clinic

Public Space

Performance Measure Source: The performance measure will be obtained by taking note of the current conditions surrounding the existing site as well as the typological planning that is used for healthcare in the Atlanta region.

Performance Analysis: Space allocation planning will be analyzed and developed by referencing the International Building Code (IBC) as well as the American Disabilities Act (ADA) Standards. Strategically analyzing healthcare code will aid to ensure proper building function for occupancy load and circulation.

Performance Judgement: If the spatial allocation planning criteria follow the analyzed codes of ethics, and are developed in a way that ensures ease of user flow throughout the building environment, the performance criteria will be achieved.

Behavioral Performance (usage patterns)

Performance Measure: The aspect of performance within the design will be measured through the various patient and visiting activities that will occur inside and around the patient environment. The final design will support certain activities that correspond with research from Cognitive Behavioral Therapy methods (CBT). These demonstrated activities are: in patient living quarters (broken into various subdivisions to separate youth and young adult patients) as well as supporting spaces for therapeutic treatment, research, physical activity, as well as interactive simulation spaces dedicated to treatment. Additionally, the final design should incorporate an interactive and community area of the facility to develop a connection with the active neighboring site areas within the midtown Atlanta district. This central space will be predominantly dedicated to health and wellness for the use of community members, but will be sure to keep the patients of the facility the priority of the building function. The research/clinical department will allow access to outpatient users along with educators to retrieve personal medical information and check up appointments. The goal of the research department is to expand on the research of obsessive compulsive disorders, as well as similar cognitive behavioral disorders that have low exposure rates in the healthcare industry for public knowledge.

Performance Criteria

Performance Measure Source: The performance measure will be obtained through the use of research based on the premise of cognitive behavioral therapy practices to aid influencing the final design solution. Data simulation software will be used to distinguish corresponding spatial connections for users and patients.

Performance Analysis: Spatial planning will be completed through construction documentation in Revit and supporting databases.

Performance Judgement: If the spatial planning criteria and supporting circulation methods are developed in ways that are complementary to the various user and occupancy types, the behavioral performance will be achieved.

Psychological Impact (aesthetics, sensory experiences)

Performance Measure: A learning institute, not a psychiatric hospital. Based on ongoing precedent research for my thesis project, the performance measure of the design is measured through the patient occupancy comfort and overall well being within the building design. The intended goal is to create a building environment where patients' feel comfortable within the architectural environment through the implementation of the spaces that are dedicated to the rehabilitation of Obsessive Compulsive disorders. The spaces will be designed to physically adapt the patient towards a rehabilitation process of their particular compulsive disorder, rather than inhibiting existing treatment methods. This performance method will encourage users to not only feel more comfortable within the facility, but more importantly be able to adapt their experiences from the facility to their life outside.

Performance Measure Source: The performance measure will be obtained through the use of research based on the premise of previous patient experiences, as both inpatient and outpatient users.

Performance Analysis: I will obtain the performance measure by developing final presentation renderings of the completed design solution through the use of Revit, Lumion as well as Photoshop. These photorealistic images will aid in encouraging viewers to understand the design intentions behind the performance measure, as well engaging in the building design itself.

Performance Judgement: If the materials and circulation methods are displayed in a way that reflect a comfortable, warm, and casual space, then the performance aesthetic will be achieved. The facility must also have a correspondence to the surrounding site area of the Atlanta area, more specifically to the midtown atlanta district. If the vegetation and landscape is designed to be incorporated to the facility as opposed to serving as only supporting context, the sense of warmth and comfort mobility will be achitecvd for patients and secondary occupants.

Performance Criteria

Environmental Impact

Performance Measure: In terms of thermal performance for the entire building occupancy across various conditions of the building design, my goal is to keep the thermal temperatures between 60 and 75 degrees depending on the specific space, with research and supporting clinic spaces will slightly colder temperatures to maintain medical sterile specifications. The climate control within the facility must maintain patient comfort levels. Due to the fact that the geographical area of atlanta is a relatively warm climate, the vegetation will be incorporated into the inside - outside mantra of the building.

Performance Measure Source: The performance measure will be obtained through the use of research based on the premise of previous healthcare facilities that incorporate both in patient treatment as well as healthcare laboratories.

Performance Analysis:Revit Energy Performance software will be used to measure the key conditions of heat gain and retention throughout the various building space allocation design instruments.

Performance Judgement: The performance criteria will be considered met if the building design follows the implementation of solar heat gain, active and passive systems, natural lighting, along with renewable energy resources. This will encourage users to come to a facility that promotes their behavioral health, but more importantly by serving by example. .

PERFORMANCE CRITERIA
INTERACTION MATRIX

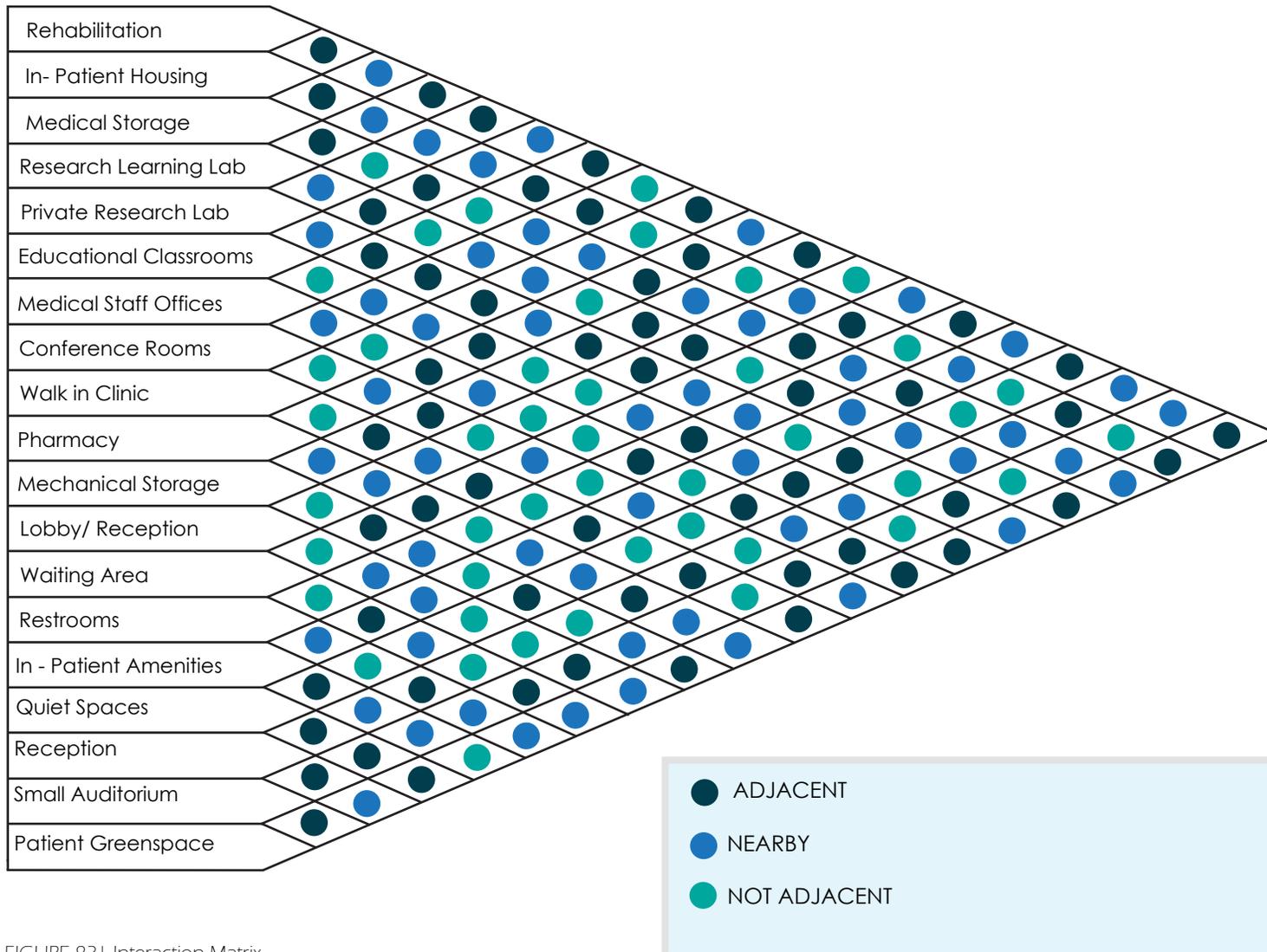


FIGURE 83 | Interaction Matrix

PERFORMANCE CRITERIA
SPACE INTERACTION NET

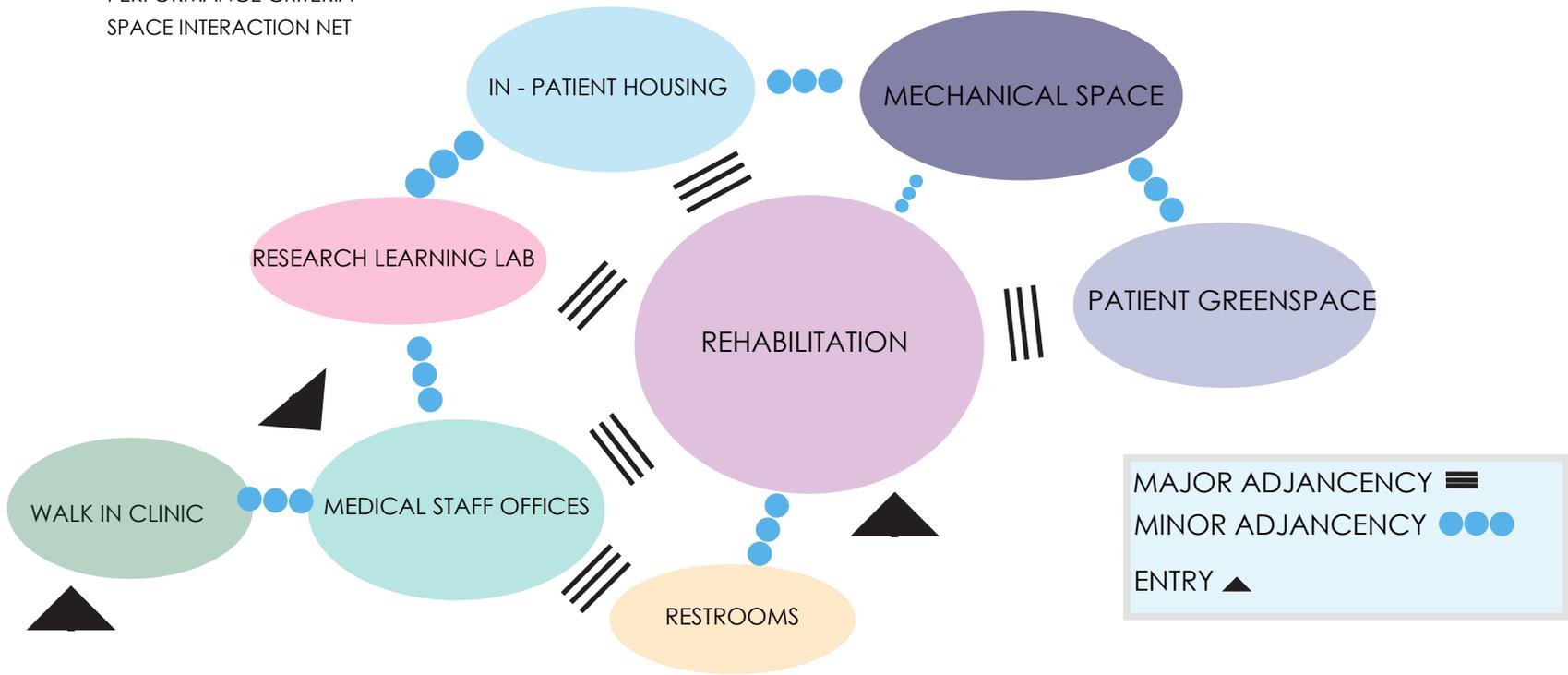


FIGURE 84 | Space Interaction Net

PERFORMANCE CRITERIA SPACE ALLOCATION TABLE

SPACES	PERCENT ALLOCATION
Rehabilitation	40%
In-Patient Housing	15%
Research learning lab	5%
Medical Staff Offices	5%
Walk in Clinic	5%
Restrooms	5%
Mechanical Space	5%
Patient Greenspace	20%

FIGURE 85 | Space Allocation Table

Space Allocation Table

Space Name	W	x	L	SOFT	QTY	NSF	Details/Attributes/Qualitative Aspect
Public Spaces							
Lobby 30	x	50	1500	1	1500		
Vestibule	12	x	12	144	1	144	
Concierge Service\ Offices					4		
Administrative Wing\Patient Outreach					6		
Reception	10	x	20	200	1	200	
Greenspace	30	x	30	900	4	3600	
Pharmacy	20	x	20	400	1	400	
Walk in Clinic	15	x	15	225	1	225	
Community Flex Space			50	x	50	2500	1
Café	25	x	30	750	1	750	
Patient Spaces							
Treatment Space	25	x	25	625	10	6250	5 Patients each
Wellness Space	30	x	30	900	2	1800	
Patient Rooms 14	x	12	160	60	9600		
Private Offices, Support Staff, Administrative							
In Patient Consult Rooms						12	
Out Patient Consult Rooms	12	x	10	120	10	1200	
Patient Toilets 8	x	10	80	60	4800		
In Patient Amenities	30	x	30	900	2	1800	Dining, Lounge, Community Space (SOFT)
Storage	3	x	10	30	2	60	
Supervisor Services							
Additional In Patient Staff Rooms							
Interactive Zones	30	x	30	900	4	3600	Library, Interactive Spaces, Community Space (SOFT)

Space Allocation

Space Name	W	x	L	SOFT	QTY	NSF	Details/Attributes/Qualitative Aspect
------------	---	---	---	------	-----	-----	---------------------------------------

Medical Staff Work Space - Outpatient

Healthcare Workstation			5	x	5	25	12	300	outpatient services
Shared work area/supplies			10	x	10	100	2	200	
Collaborative Workspace			20	x	20	400	2	800	
Private Offices	10	x	10		100	5		500	
Staff Toilet	9	x	7		63	2		126	
Family Waiting Area									90 spaces/ (10-15 SOFT)
Open/ Semi- Public Transition Space									

Laboratory/Education Services

Offices	10	x	12		120	4		480	
Storage	8	x	12		96	2		192	
Private Research			20	x	20	400	2	1200	
Interactive Research Lab			30	x	30	900	4	3600	
Classrooms	20	x	20		400	4		1600	
Toilet	6	x	8		48	4		192	

Building Services

Breakroom	12	x	12		144	1		144	
IT	8	x	10		80	1		80	
Electrical	8	x	4		32	1		32	5 percent (Define SOT)
Mechanical						0		0	10 percent (Define SOFT)

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Appendix: Previous Studio Experience

SECOND YEAR 2017 - 2018

Fall Studio Cindy Urness | Tea House and Gardens | Mixed Use Building

Spring Studio Darryl Booker | Mixed Used Recreational Center | Single Family House

THIRD YEAR 2018 - 2019

Fall Studio Paul Gleye | Mixed Use Building | Downtown Fargo Visitor Center

Spring Studio Regin Schwaen | Renaissance Hall Addition | Native American Cultural Museum

FOURTH YEAR 2019 - 2020

Fall Studio Cindy Urness | Miami High Rise

Spring Studio Mark Barnhouse | Sponge City Miami, Redevelopment of Miami Everglades

FIFTH YEAR 2020 - 2021

Fall Studio Lance Josal | Fenway Park Revitalization

Spring Studio Jennifer Brandel | Thesis Studio

Author's Note

Sophia LaMere

M.Arch Candidate | North Dakota State University

Class of 2021

Hometown | Saint Paul, Minnesota

In 2010, I developed Trichotillomania, a subform of OCD. However, I was not medically diagnosed with the behavioral disorder until 2017. This significant year gap was caused due to the lack of medical awareness that the healthcare environment has on OCD diagnosis and corresponding treatment. This thesis is not only dedicated to those who live with OCD and closely related behavioral health disorders, but more importantly to those who feel uncomfortable in their own skin for living with under-responsive mental health treatment opportunities. This thesis is dedicated to making those with mental health disorders feel as though there is a holistic process that ensures their comfortability and safety as a priority of architectural design.

Mental health treatment is important, as it constitutes for the entire well being of a patient. In order for a patient to proceed on the path to recovery, all areas of their health must be accounted for optimal, long lasting treatment. Mental health is the capstone of one's being, and this project is in honor of that approach to ensure a positive outlook for patients in the midst of dealing with mental illness.

Although I never had the opportunity to receive treatment for my OCD, I hope that this project reaches an audience that can bring awareness to those who may benefit from treatment. People with mental illness are deserving of finding peace, treatment and understanding in learning to live with their illness.

Thank you.



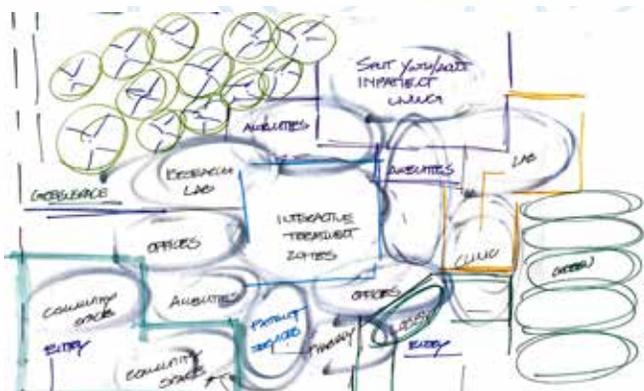
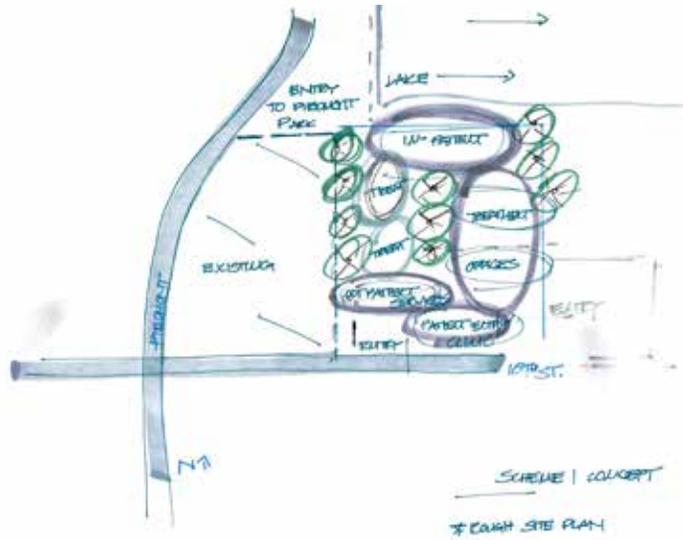
NEURO Therapy:

Supporting the Healing of OCD through Architecture



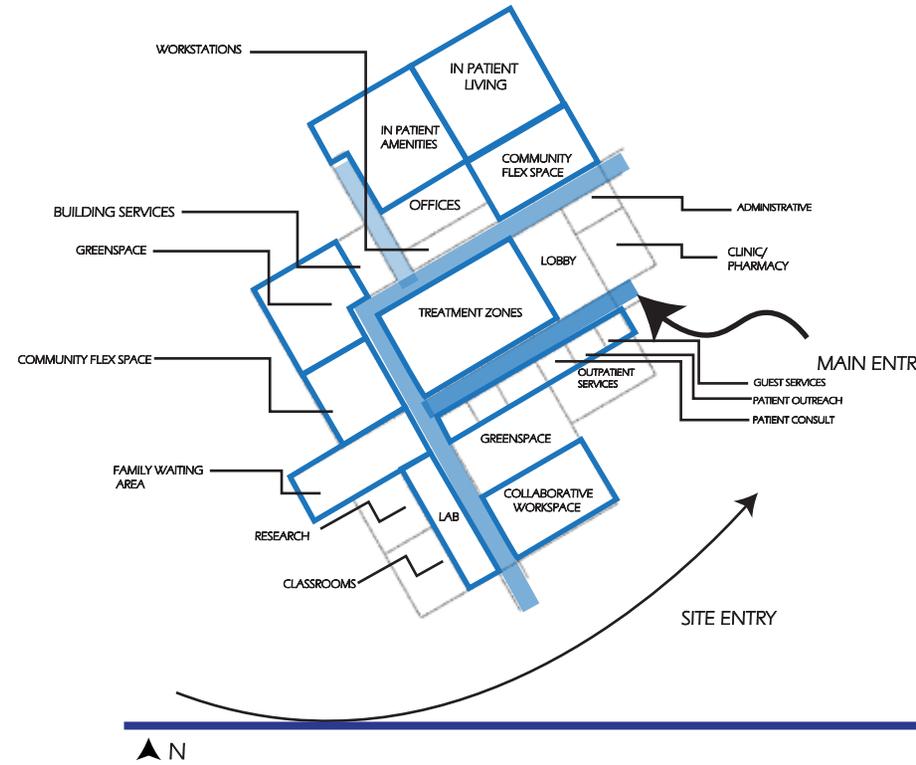
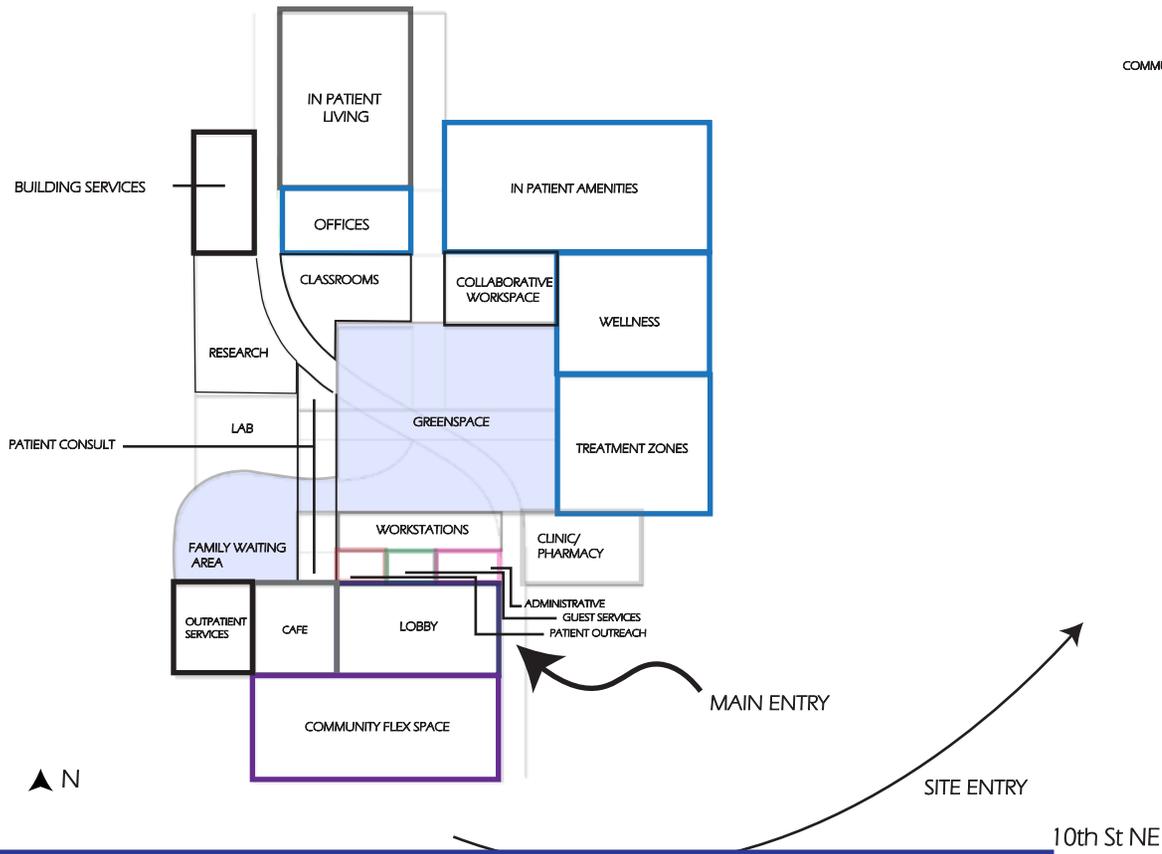
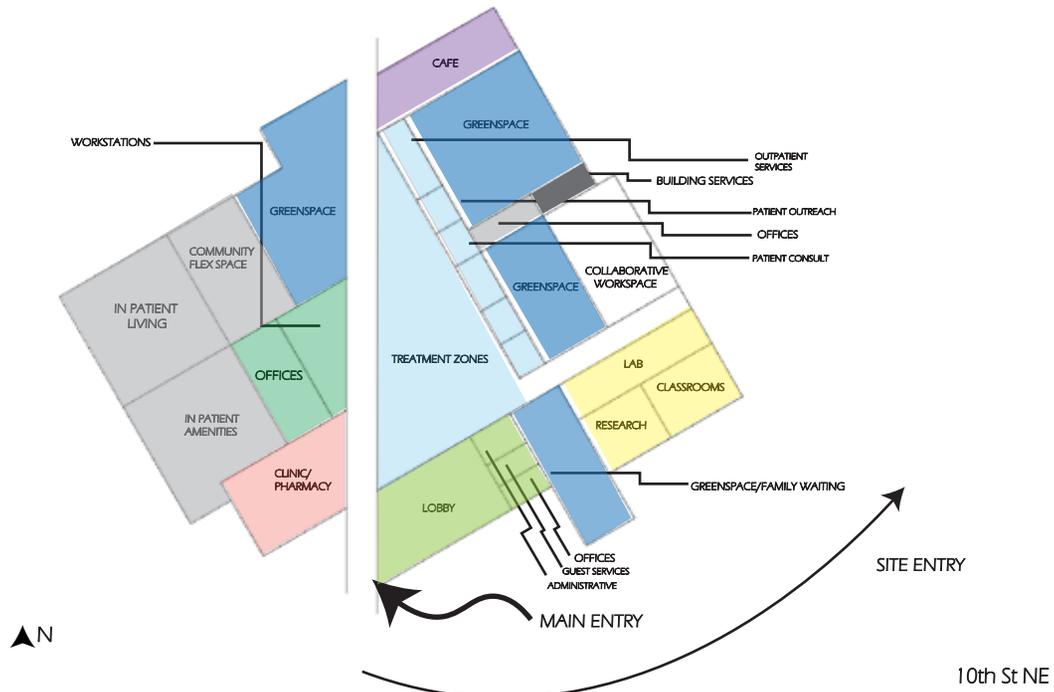
Design Response

Process Documentation



Design Response

Process Documentation



LAKE CLARA MEER

PRIVATE RESIDENTIAL
ACCESS

-20 FEET BELOW GRADE

LOADING DOCK

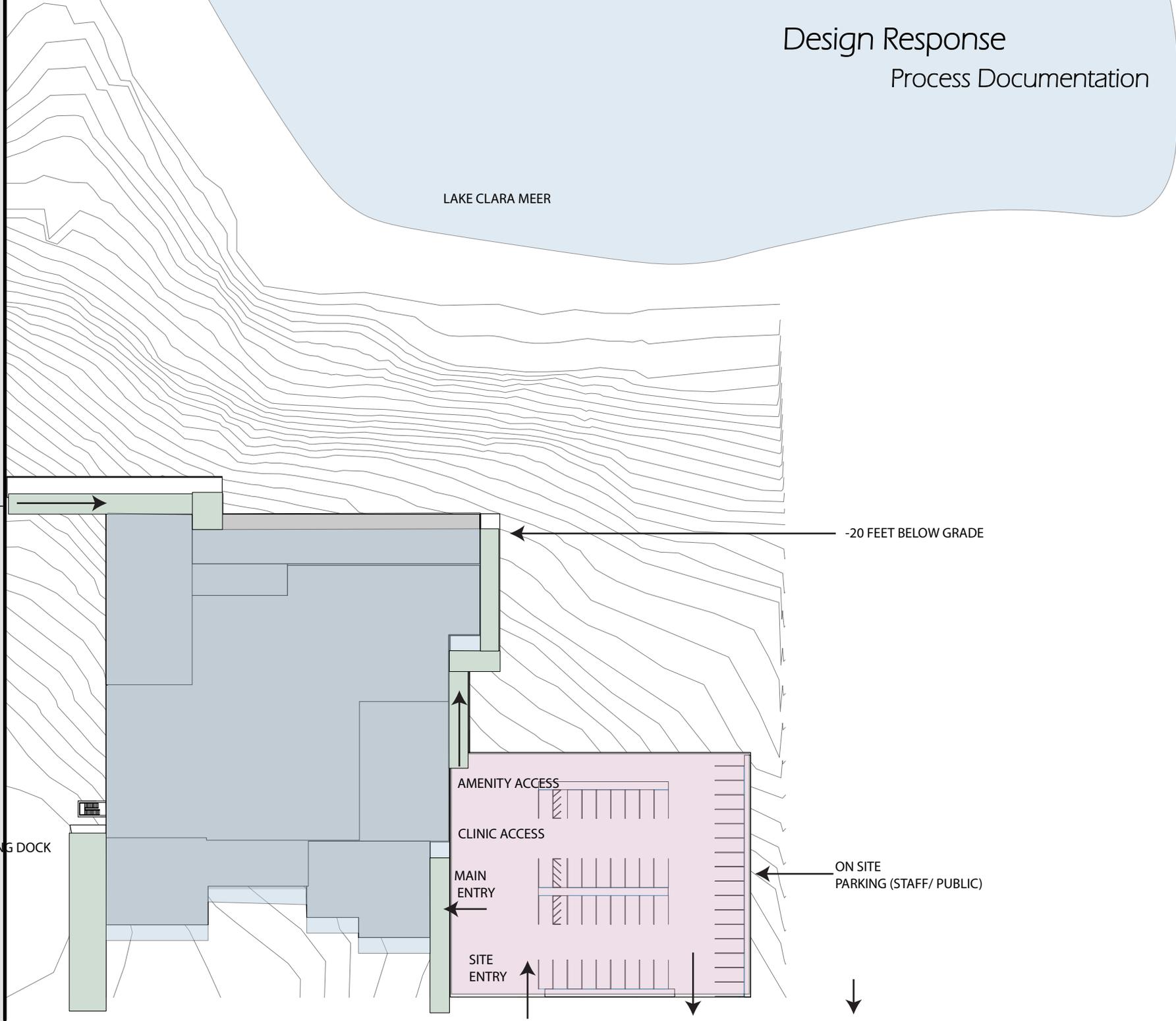
AMENITY ACCESS

CLINIC ACCESS

MAIN
ENTRY

SITE
ENTRY

ON SITE
PARKING (STAFF/ PUBLIC)





- LOBBY
- ADMINISTRATION/PATIENT OUTREACH
- TREATMENT
- INPATIENT LIVING
- PATIENT AMENITIES
- GREENSPACE
- COMMUNITY CLINIC
- COMMUNITY AMENITIES
- OUTPATIENT SERVICES
- STAFF OFFICES

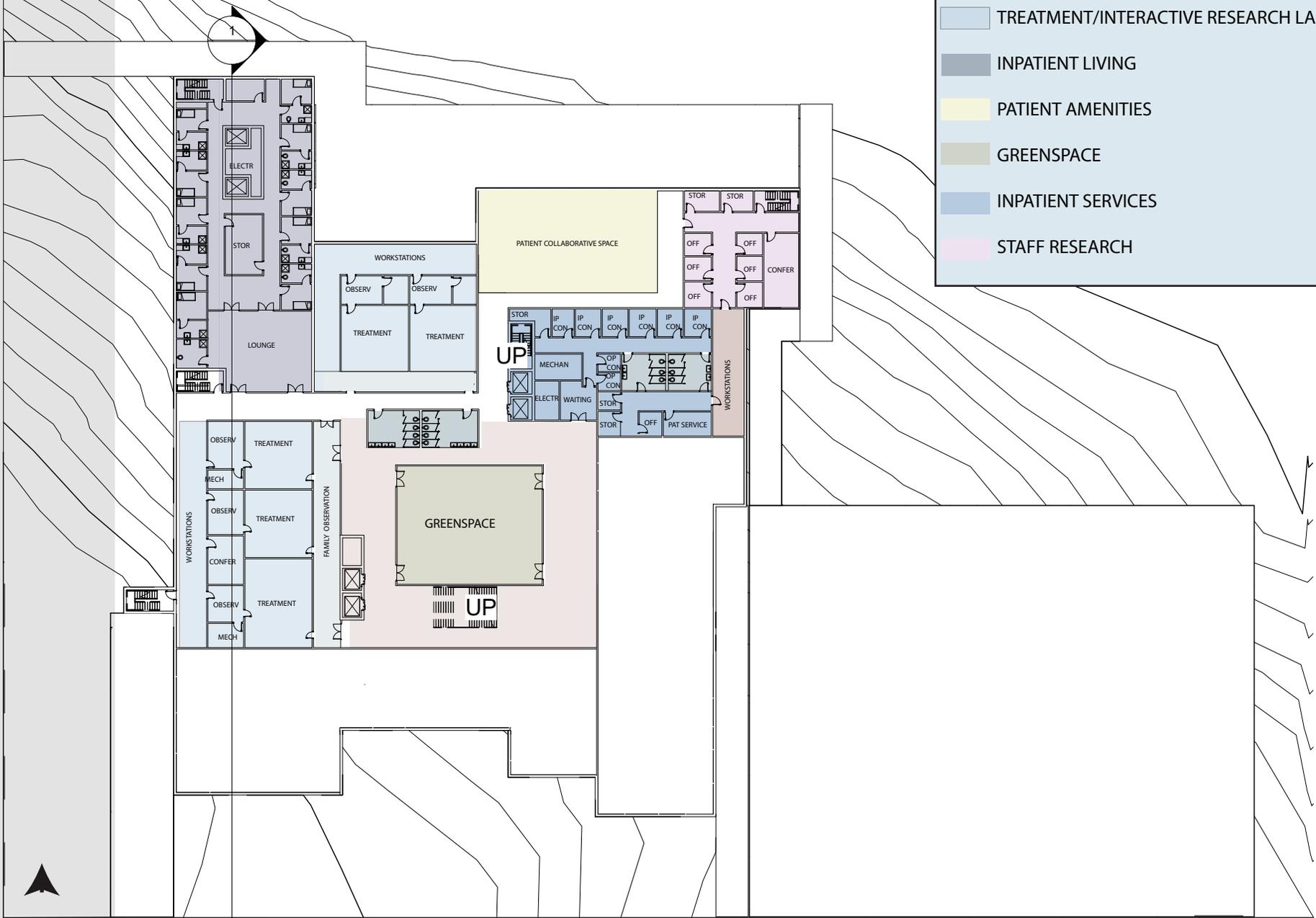
CLINIC ENTRY

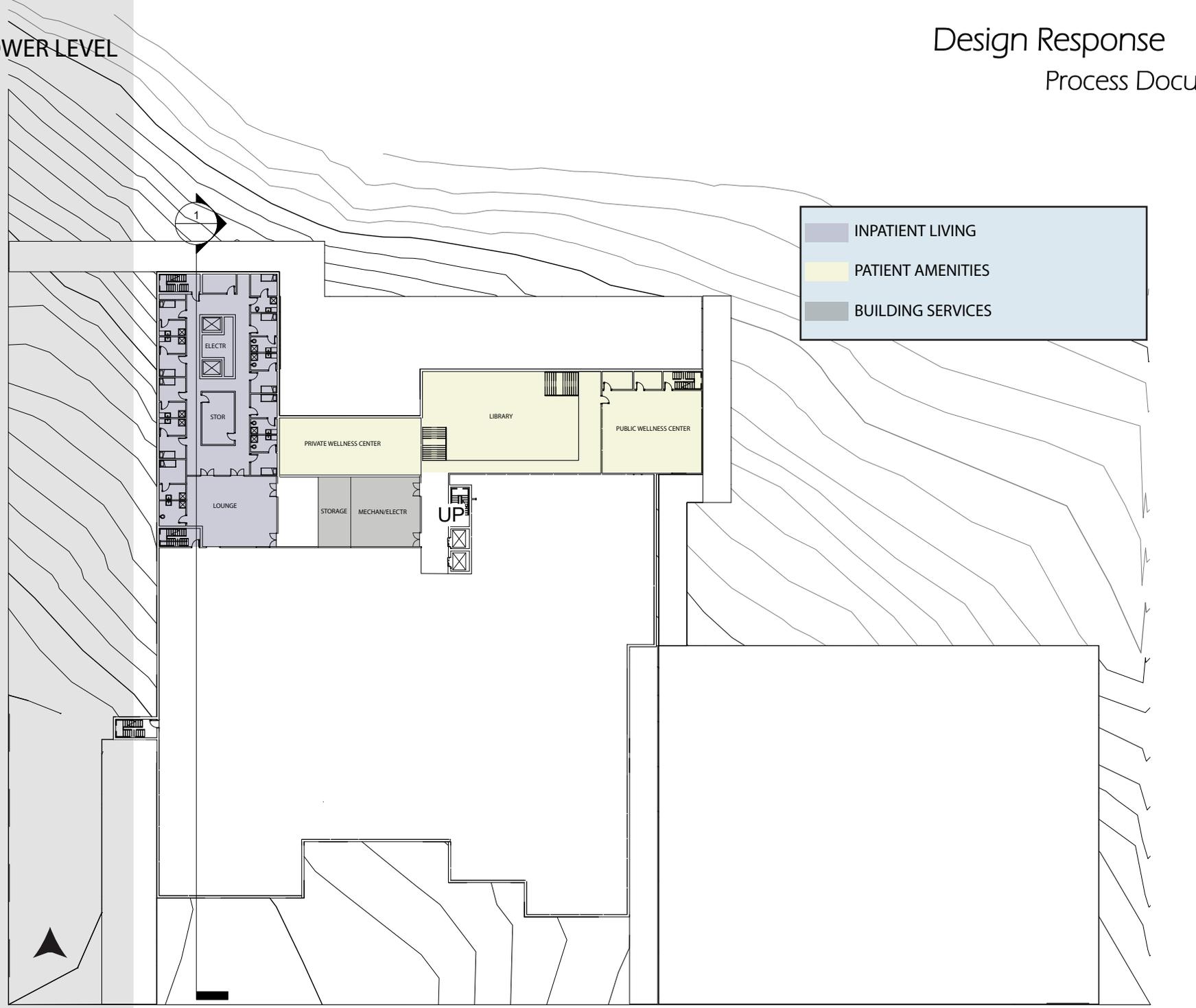
ENTRY





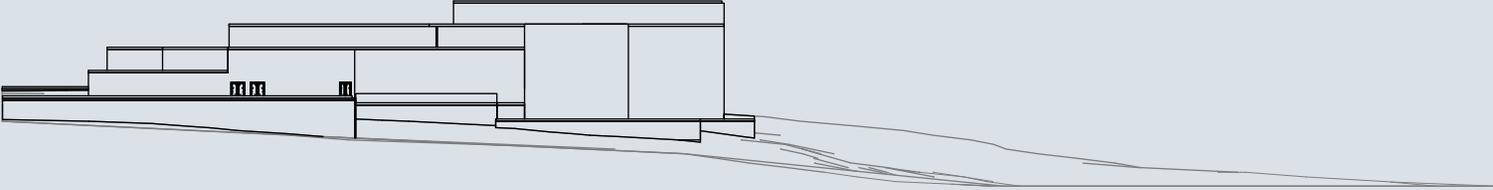
- TREATMENT/INTERACTIVE RESEARCH LAB
- INPATIENT LIVING
- PATIENT AMENITIES
- GREENSPACE
- INPATIENT SERVICES
- STAFF RESEARCH





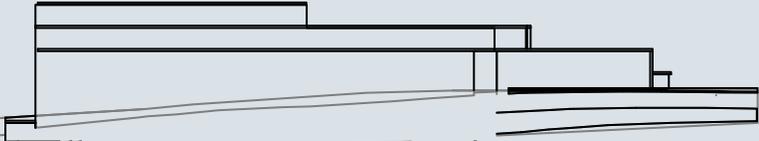
Design Response

Process Documentation



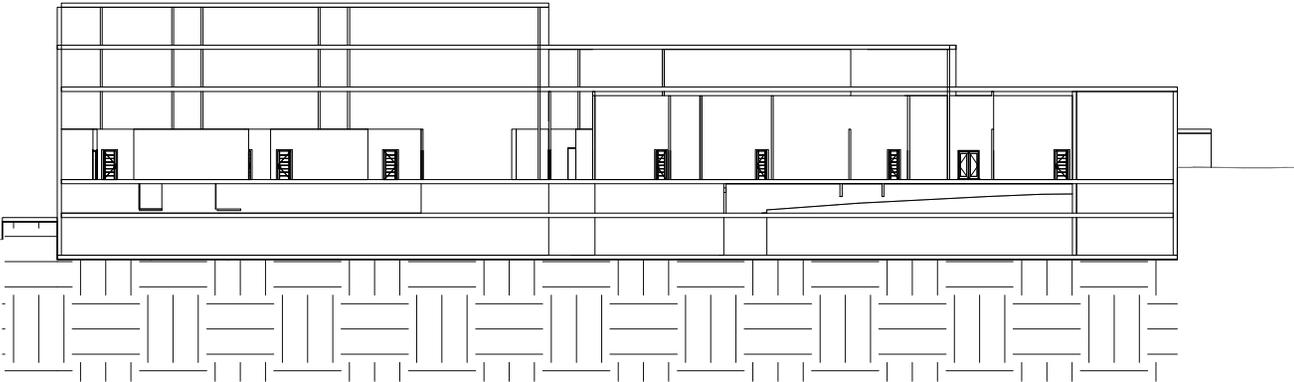
EAST ELEVATION

ELEVATIONS



WEST ELEVATION

LONGITUDINAL SECTION



FORM

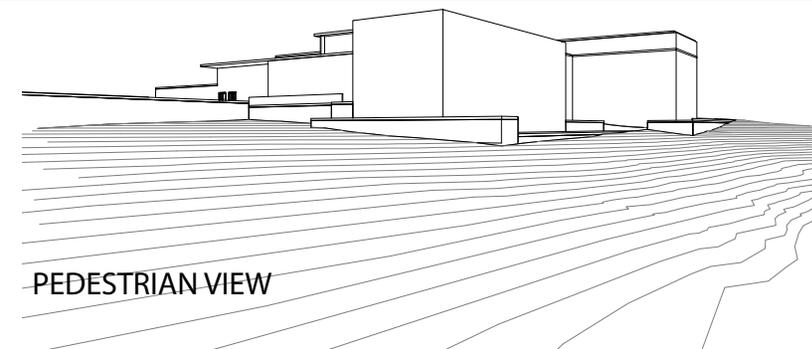
SITE EDGE | NORTH SIDE



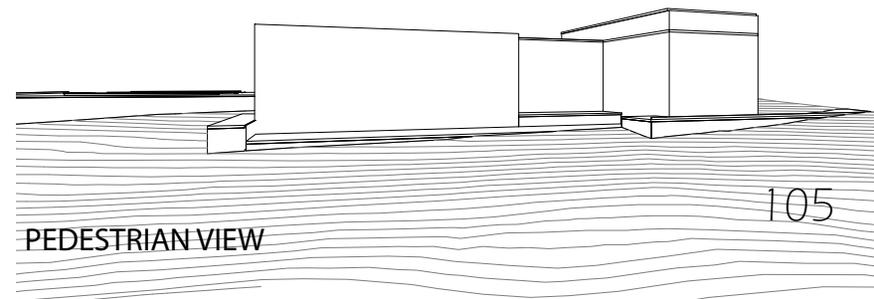
NORTHEAST VIEW | EXTERIOR

AERIAL VIEW

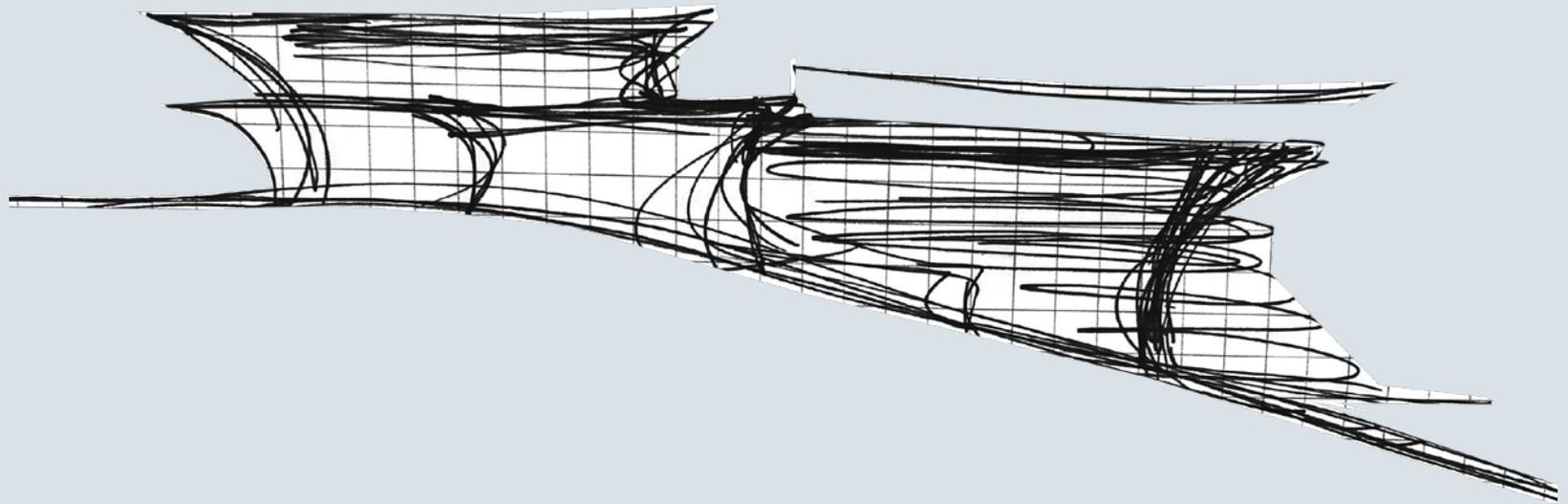
FORM ITERATION PROCESS



PEDESTRIAN VIEW



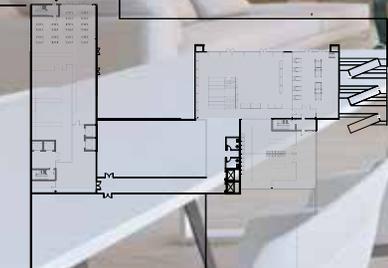
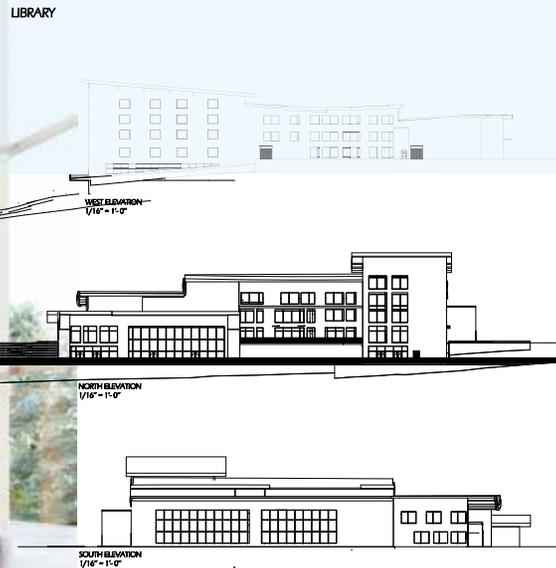
PEDESTRIAN VIEW



FINAL FORM ITERATION

NEURO Therapy:

Supporting the Healing of OCD through Architecture



User Experience Focused Design

Patient: The multi use healthcare facility will be designed to facilitate the needs of those living with OCD and related mental disorders. This component will also have a significant cooperation to the research of the thesis premise and primary question: how do architectural spaces impact the psychological experience of the user?

Family: To ensure the complete and total comfort of the patient, the parent user experience is one of the most important components to create a home like environment for the user. Flexible waiting areas and walking paths around the central greenspace aim to increase the experience of the family or friend waiting for their patient.

Community: As addressed previously, the facility's primary concern of attention revolves around the treatment methods of those with obsessive compulsive disorders and closely related mental disorders, but also serves as a place for community members to gather and interact.

Design Response

Project Solution Documentation



Abstract

There is a significant difference between being a perfectionist – someone who requires flawless results or performance – and having Obsessive Compulsive Disorders (Majo-Clinic). There is a common misconception that Obsessive Compulsive Disorders, most commonly referred to as OCD, affects anyone and everyone that may experience a "need" for perfection or order in daily life; in reality, less than 1.5% of the human population experience a life with OCD, which is most commonly developed in adolescence and young adults years. This in-patient and outpatient treatment center design addresses the specific spatial needs of those seeking treatment for OCD and closely related behavioral disorders.

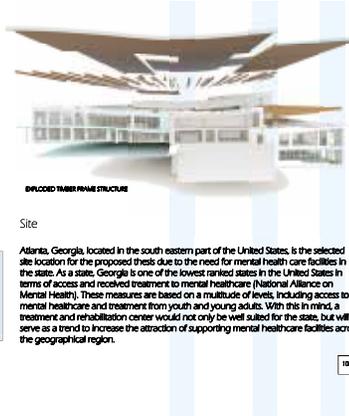
This thesis opens an analysis and design response to the psychosocial influence of the built environment and the impact it can have psychologically on users in the healing process. Safety, comfort, and patient experience reign as the foremost important elements of this architectural response to promote healing and adaptation therapy to adolescents and young adults during the most pivotal time in the healing process of OCD. This thesis deems the realization that architectural environments have a significant impact on the way humans feel during their time spent in a space and well beyond.

Spatial Programming



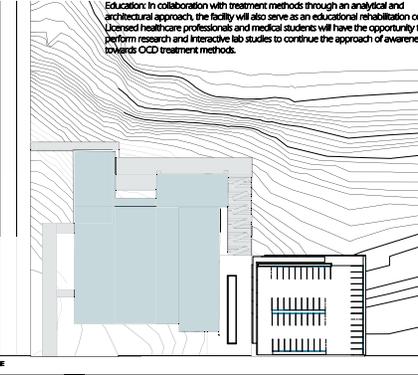
The spatial programming will be organized in terms of user group and function. Community services will be designated on the first and second floors of the building program, all located in the entry wing neighboring the public clinic. Additional community spaces are designed to limit the interaction between community users and patients activities. Patient treatment zones and supporting housing amenities are located at the north end of the building, all to ensure a conducive living and treatment environment. Research laboratories and classrooms will all be located in the education wing on the third floor.

- LOBBY
- PUBLIC
- TREATMENT
- INPATIENT AMENITIES
- GREENSPACE
- COMMUNITY CLINIC



Site

Atlanta, Georgia, located in the south eastern part of the United States, is the selected site location for the proposed thesis due to the need for mental health care facilities in the state. As a state, Georgia is one of the lowest ranked states in the United States in terms of access and received treatment to mental healthcare (National Alliance on Mental Health). These measures are based on a multitude of levels, including access to mental healthcare and treatment from youth and young adults. With this in mind, a treatment and rehabilitation center would not only be well suited for the state, but will serve as a trend to increase the attraction of supporting mental healthcare facilities across the geographical region.



Education: In collaboration with treatment methods through an analytical and architectural approach, the facility will also serve as an educational rehabilitation center. Licensed healthcare professionals and medical students will have the opportunity to perform research and interactive lab studies to continue the approach of awareness towards OCD treatment methods.



Abstract

There is a significant difference between being a perfectionist – someone who requires flawless results or performance – and having Obsessive Compulsive Disorders (Majo-Clinic). There is a common misconception that Obsessive Compulsive Disorders, most commonly referred to as OCD, affects anyone and everyone that may experience a "need" for perfection or order in daily life; in reality, less than 1.5% of the human population experience a life with OCD, which is most commonly developed in adolescence and young adults years. This in-patient and outpatient treatment center design addresses the specific spatial needs of those seeking treatment for OCD and closely related behavioral disorders.

This thesis opens an analysis and design response to the psychosocial influence of the built environment and the impact it can have psychologically on users in the healing process. Safety, comfort, and patient experience reign as the foremost important elements of this architectural response to promote healing and adaptation therapy to adolescents and young adults during the most pivotal time in the healing process of OCD. This thesis deems the realization that architectural environments have a significant impact on the way humans feel during their time spent in a space and well beyond.

Spatial Programming



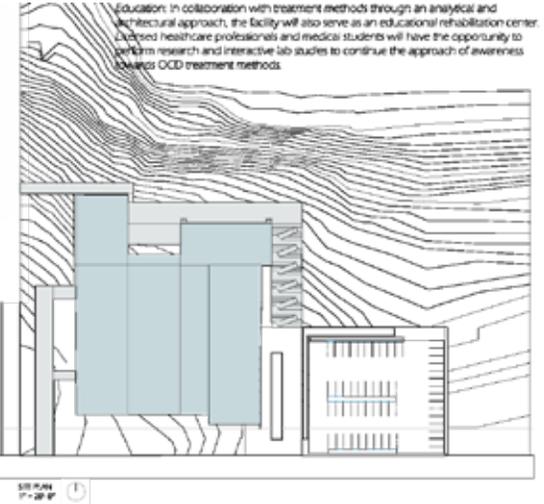
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- LOBBY
- PUBLIC
- TREATMENT
- INPATIENT AMENITIES
- GREENSPACE
- COMMUNITY CLINIC



Site

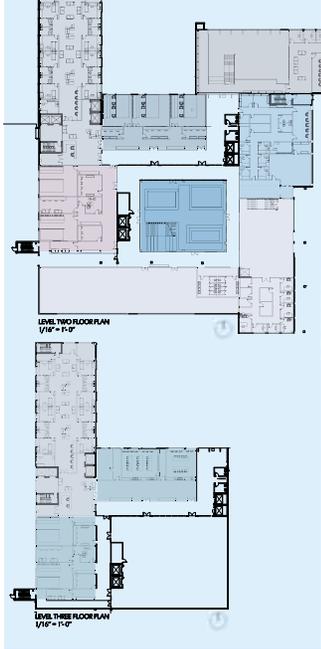
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Education: In collaboration with treatment methods through an analytical and architectural approach, the facility will also serve as an educational rehabilitation center. Licensed healthcare professionals and medical students will have the opportunity to perform research and interactive lab studies to continue the approach of awareness towards OCD treatment methods.

Design Response

Project Solution Documentation



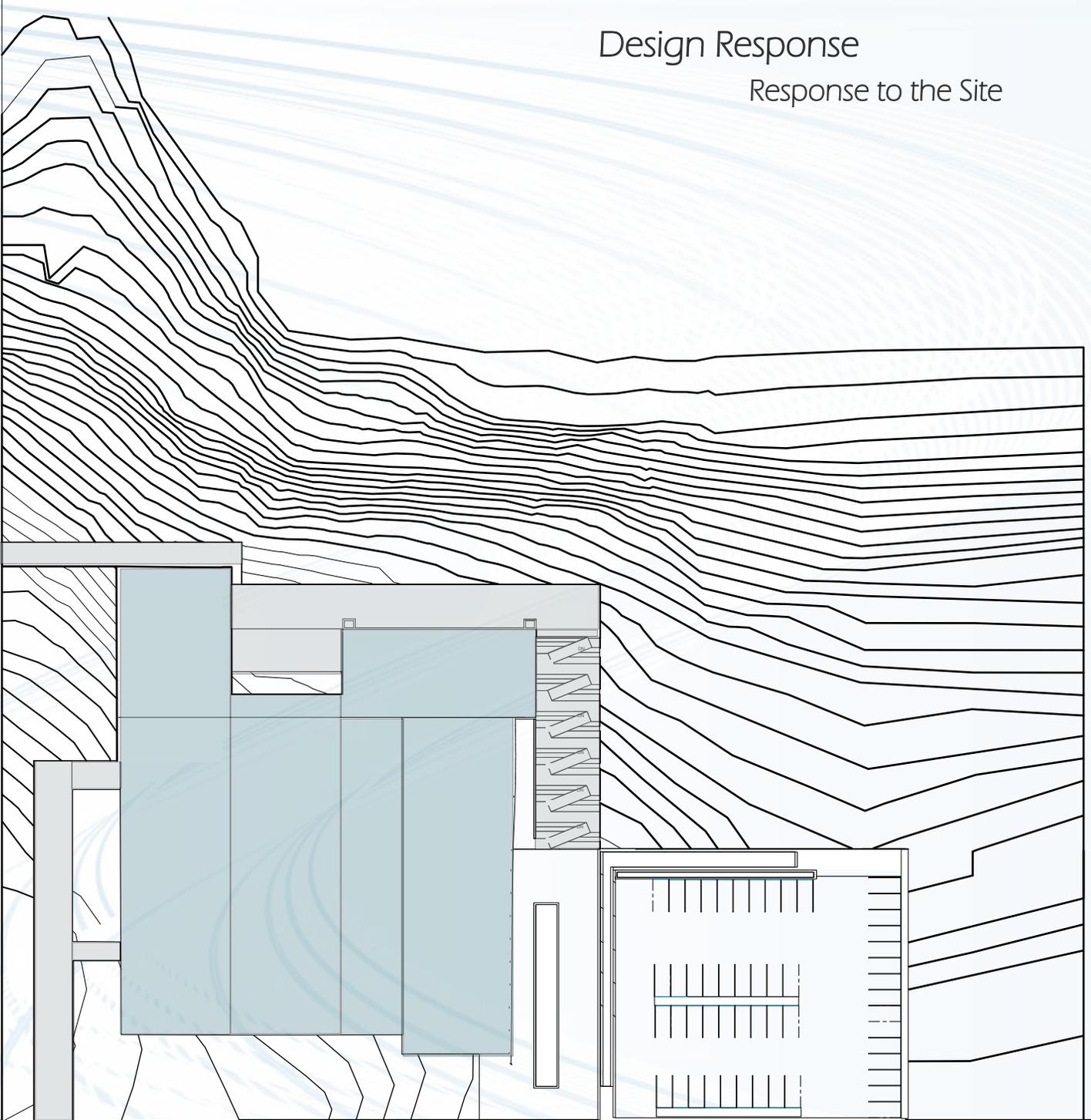
Design Response

Response to the Site

- EASE OF ACCESS
- TRANSPORTATION
- WALKABILITY
- USER FRIENDLY
- PATIENT FOCUSED

10th ST NE

SITE PLAN



LONGITUDINAL SECTION PERSPECTIVE



SEMI - PRIVATE

PRIVATE

SEMI - PUBLIC

PUBLIC

LEVELS OF USER SECURITY

Design Response

Response to the Site

KEY | LEVEL 1

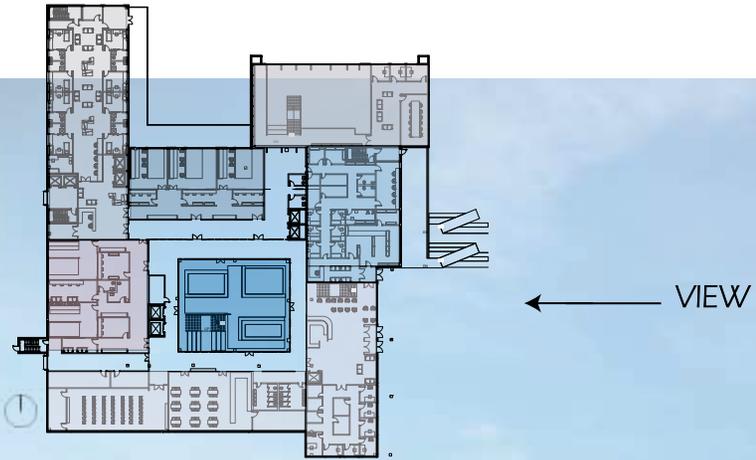
LOBBY	
CLINIC/ PHARMACY	
CONCIERGE SERVICES/ ADMINISTRATION	
CAFE	
COMMUNITY SPACE	
LIBRARY	
GREENSPACE	
PATIENT LIVING	
STAFF OFFICES	
TREATMENT SPACES	

FLOOR PLAN | LEVEL 1



Design Response

Response to the Site



MAIN ENTRY | EAST SIDE

Design Response

Response to the Precedent Research and Goals/Project Emphasis



CLINIC

LOBBY

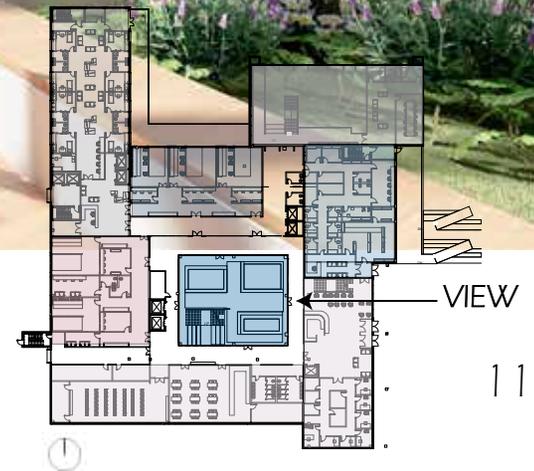
VIEW

Design Response

Response to the Precedent Research and Goals/Project Emphasis



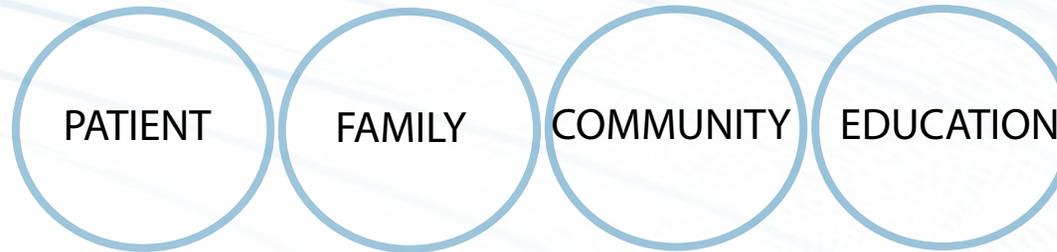
CENTRAL GREENSPACE



Design Response

Response to the Precedent Research and Goals/Project Emphasis

USER EXPERIENCE FOCUSED DESIGN



PATIENT AGES : 13-24

Patient: The multi use healthcare facility will be designed to facilitate the needs of those living with OCD and related mental disorders.

Family: To ensure the complete and total comfort of the patient, the parent user experience is one of the most important components to create a home like environment for the user.

Community: To serve as a place for community members to gather and interact

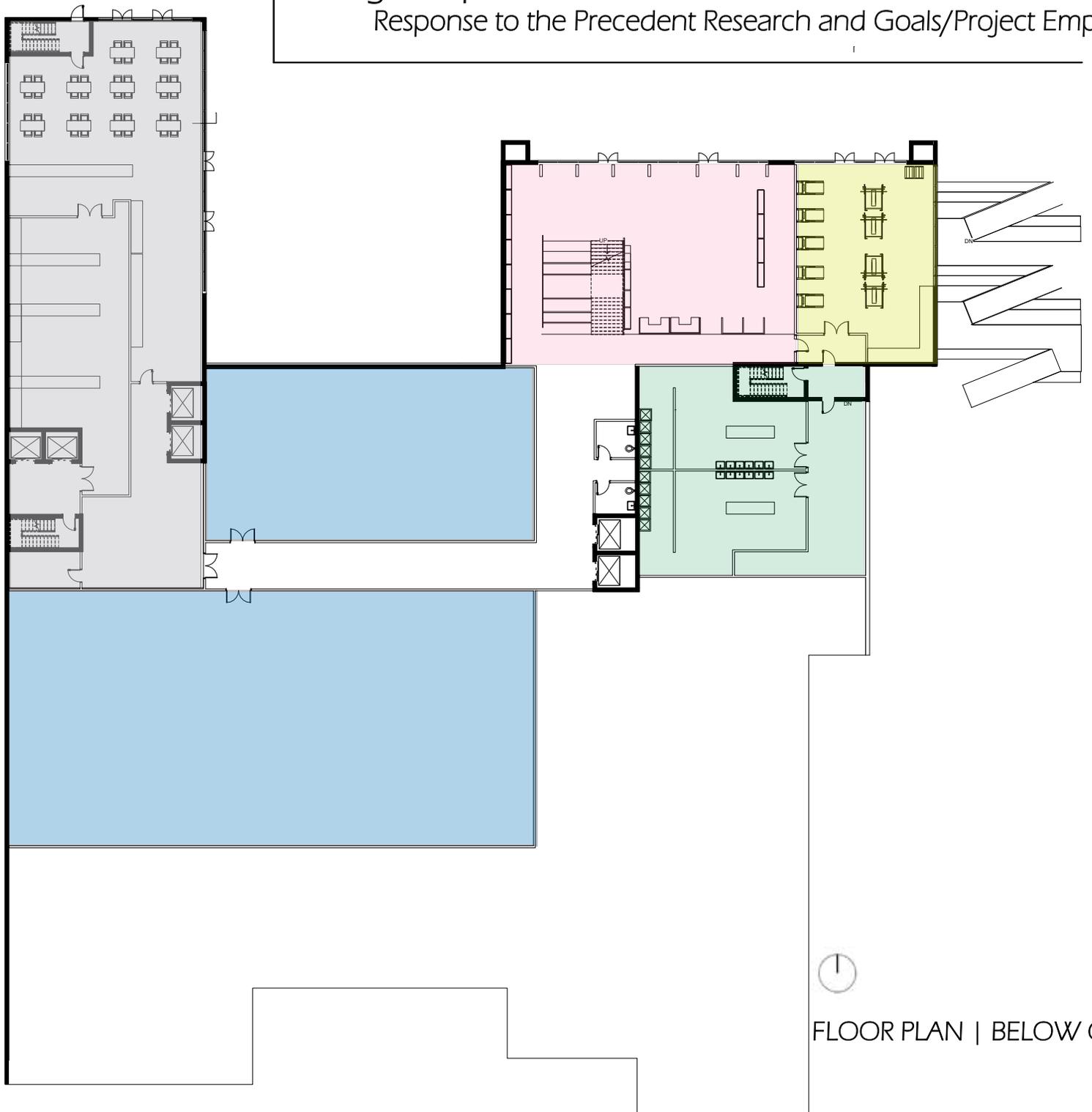
Education: In collaboration with treatment methods through an analytical and architectural approach, the facility will also serve as an educational rehabilitation center.

Design Response

Response to the Precedent Research and Goals/Project Emphasis

KEY | BELOW GRADE

PATIENT DINING	
LIBRARY	
MECHANICAL/ ELECTRICAL STORAGE	
WELLNESS SPACE	
LOCKER ROOMS	



FLOOR PLAN | BELOW GRADE

Design Response

Response to the Precedent Research and Goals/Project Emphasis



LIBRARY

Design Response

Response to the Precedent Research and Goals/Project Emphasis

KEY | LEVEL 2

OUTPATIENT SERVICES	Green
INPATIENT SERVICES	Light Blue
TREATMENT SPACES	Medium Blue
PATIENT LIVING	Light Grey
STAFF OFFICES	Purple



FLOOR PLAN | LEVEL 2



VIEW | THERAPY ROOM

Design Response

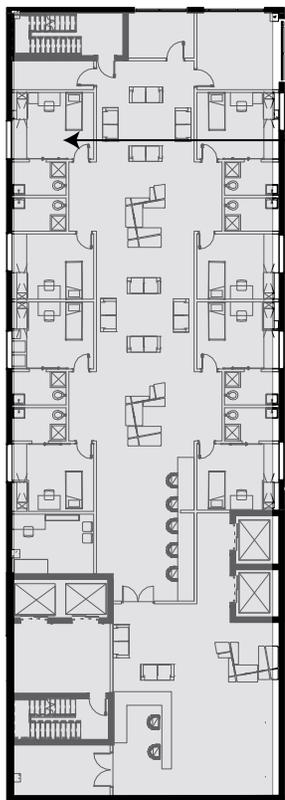
Response to the Precedent Research and Goals/Project Emphasis



PATIENT THERAPY ROOM

Design Response

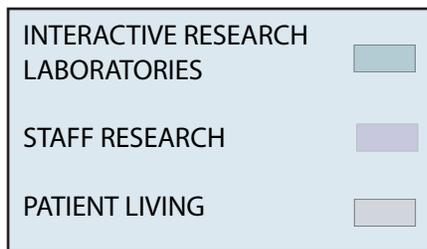
Response to the Precedent Research and Goals/Project Emphasis



FLOOR PLAN | PATIENT LIVING
LEVEL 1-5

VIEW |
PATIENT ROOM

KEY | LEVEL 3



FLOOR PLAN | LEVEL 3

VIEW |
INTERACTIVE RESEARCH

Design Response

Response to the Precedent Research and Goals/Project Emphasis



PATIENT LIVING

Design Response

Response to the Precedent Research and Goals/Project Emphasis



INTERACTIVE RESEARCH LABORATORY

Design Response

Response to the Precedent Research and Goals/Project Emphasis

EXPLODED STRUCTURE MODEL



MASS TIMBER CONSTRUCTION USE

Design Response

Response to the Precedent Research and Goals/Project Emphasis



EAST ELEVATION



WEST ELEVATION

Design Response

Response to the Precedent Research and Goals/Project Emphasis



SOUTH ELEVATION



NORTH ELEVATION



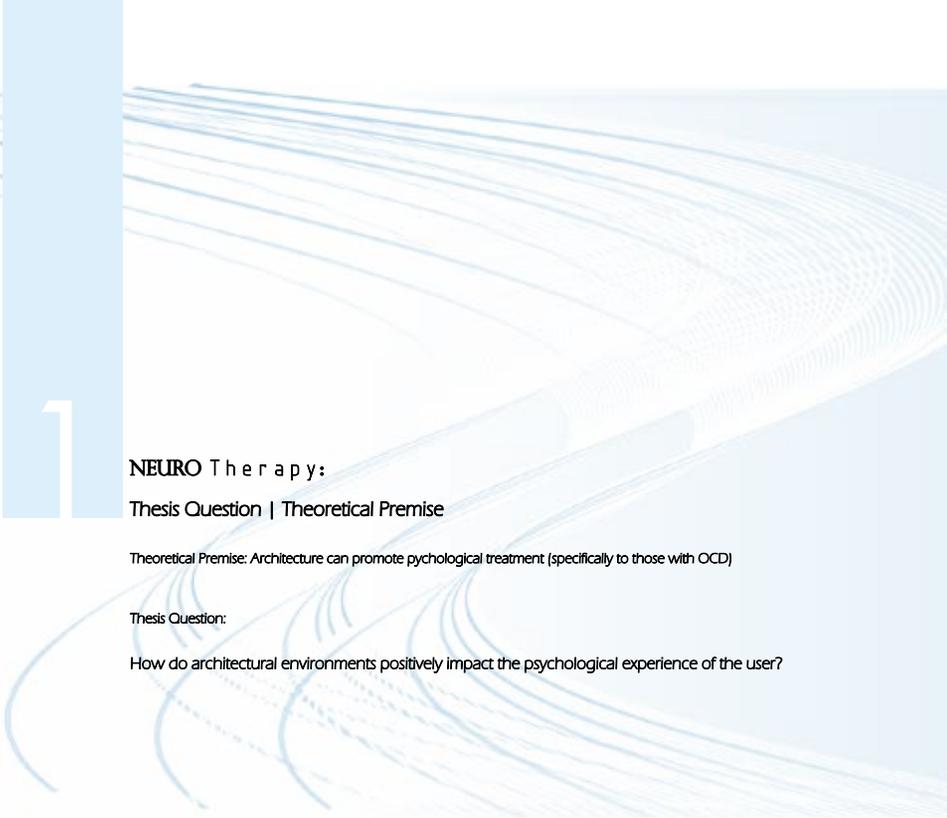
Design Response:

Digital Presentation



NEURO Therapy:

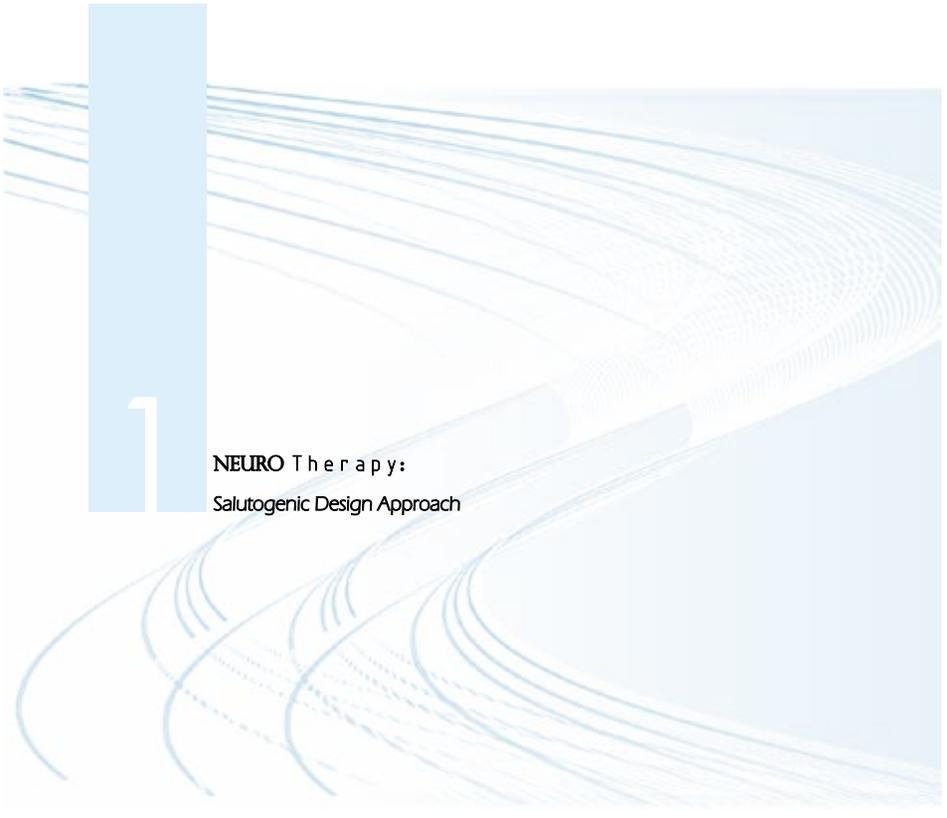
Supporting the Healing of OCD through Architecture



NEURO Therapy:
Thesis Question | Theoretical Premise

Theoretical Premise: Architecture can promote psychological treatment (specifically to those with OCD)

Thesis Question:
How do architectural environments positively impact the psychological experience of the user?



NEURO Therapy:
Salutogenic Design Approach



NEURO Therapy:
Mental Illness



NEURO Therapy:
Behavioral Disorders



NEURO Therapy:
Obsessive Compulsive Disorders

LIFE WITH OCD
TRENDS
NATIONAL HEALTH IN AMERICA FOUNDATION



NEURO Therapy:
Inspiration

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HISTORICAL BACKGROUND OF OCD

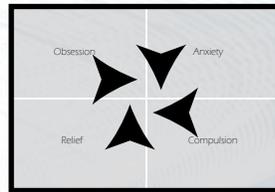
Millions of people are affected by OCD. 1 in 40 adults in the U.S. have OCD (about 2.3% of the world's populations, with Reports showing that OCD can affect children as young as five years old" (Dr. Karen Vieira, PhD) Based on the collection of quantitative data, research efforts are oriented towards developing the prominent relationship and understanding between the built environment and its adaptations on mental health

OCD | BEHAVIORAL HEALTH |
STIGMA
ACCESS TO HEALTHCARE IN UNITED STATES
DAILY LIFE



Six Sub Types
| The "Umbrella"

Healthcare Environment
| Delay in Diagnosis



OCD CYCLE

CHECKING

CONTAMINATION

MENTAL
CONTAMINATION

HOARDING

RUMINATIONS

INTRUSIVE THOUGHTS

3

CBT TREATMENT HISTORY/ METHODS

Healthcare Environment

- | General Treatment Methods
- | Cognitive Behavioral Treatment
- | Current Needs
- | Void in Treatment Solutions for Holistic Opportunities

International OCD Foundation
| Patient Stories

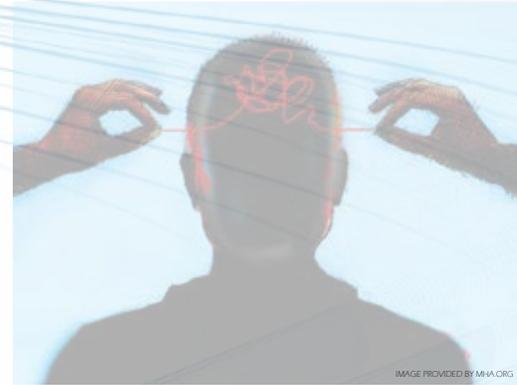


IMAGE PROVIDED BY MHA.ORG

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PROJECT CONSIDERATIONS

PROJECT GOALS

PATIENT EXPERIENCE

- Provide spaces that allow users to feel better in the place they work, feel at ease when they go to treatment, or relaxed within their place of residence

EDUCATION

- Implement research components/teaching spaces into the building program to establish medical awareness with healthcare workers/ general public

COMMUNITY OUTREACH

- De stigmatize "psychiatric" care outlook by involving community members into the programming elements to better understand behavioral health

USER FLOW/ ACCESSIBILITY

- Building program will focus efforts on multidisciplinary zones, individual meeting spaces, as well as interactive treatment

SUSTAINABILITY

- Incorporate green building design solutions (LEED, WELL) and prevent environmental pollution to nearby facilities and supporting infrastructure

HEALTH/WELLNESS

- Accommodate various patient needs specific to their behavioral disorder (OCD subtype, anxiety, etc.) to ensure successful rehabilitation methods

BUILDING TYPOLOGY

Mixed Use | Healthcare | Residential | Education

The Proposed design will be a Psychological Treatment and Education Center - in dedication to those with Obsessive Compulsive Disorders.

Psychological: For the purpose and dedication to those with Obsessive Compulsive Disorders (OCD) the multi use healthcare facility will be designed to facilitate the needs of those living with OCD and related anxiety disorders.

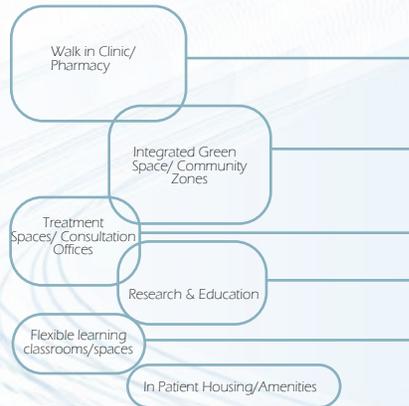
SPATIAL PROGRAMMING ELEMENTS

Treatment

Rehabilitation

Education

Wellness



USER EXPERIENCE FOCUSED DESIGN



PATIENT AGES : 13-24

Patient: The multi use healthcare facility will be designed to facilitate the needs of those living with OCD and related mental disorders.

Family: To ensure the complete and total comfort of the patient, the parent user experience is one of the most important components to create a home like environment for the user.

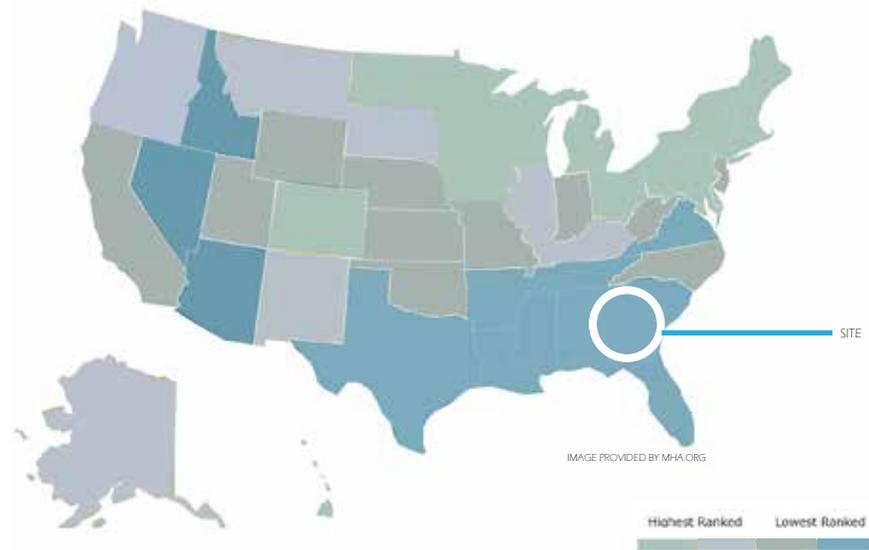
Community: To serve as a place for community members to gather and interact

Education: In collaboration with treatment methods through an analytical and architectural approach, the facility will also serve as an educational rehabilitation center.

5

SITE

SITE SELECTION



ACCESS TO MENTAL HEALTHCARE FOR YOUTH AND YOUNG ADULTS

STATE OF GEORGIA RANKING 50TH OVERALL

MENTAL HEALTHCARE HUB OPPORTUNITY

ATLANTA, GEORGIA



FIGURE 1 | Geographical Map

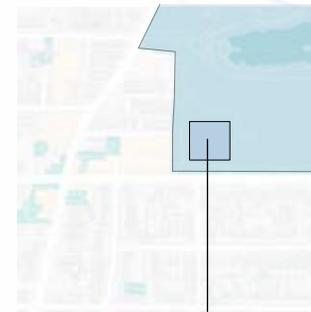


Southeast Area of the United States

PROPOSED SITE LOCATION



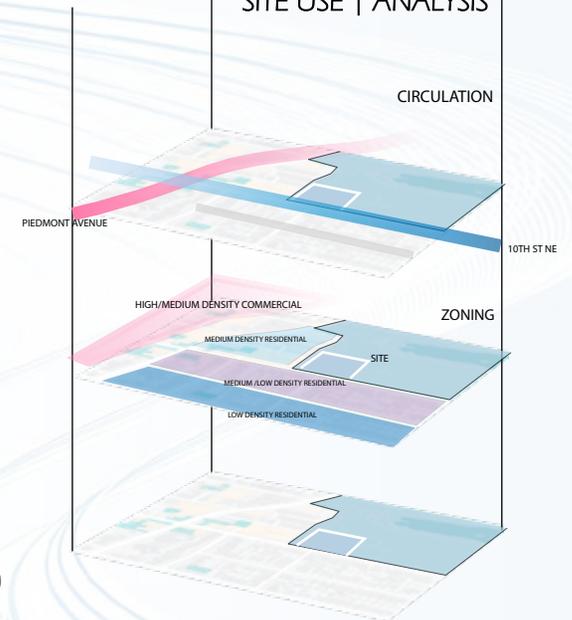
SITE USE | ANALYSIS



PROPOSED SITE LOCATION

ATLANTA, GEORGIA

Midtown Atlanta Area, SW Corner Piedmont Park (Oak Hill)

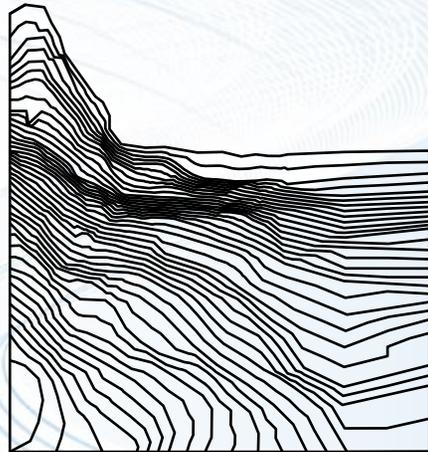


HISTORY OF SITE



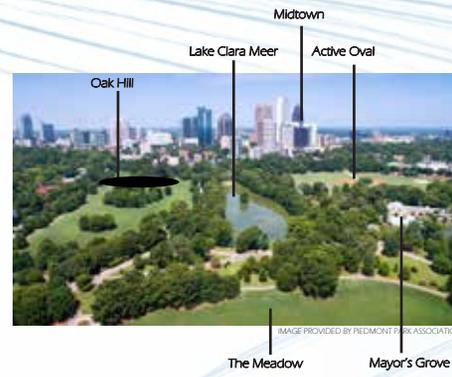
IMAGE PROVIDED BY PEDMONT PARK ASSOCIATION

Existing Use Diagram



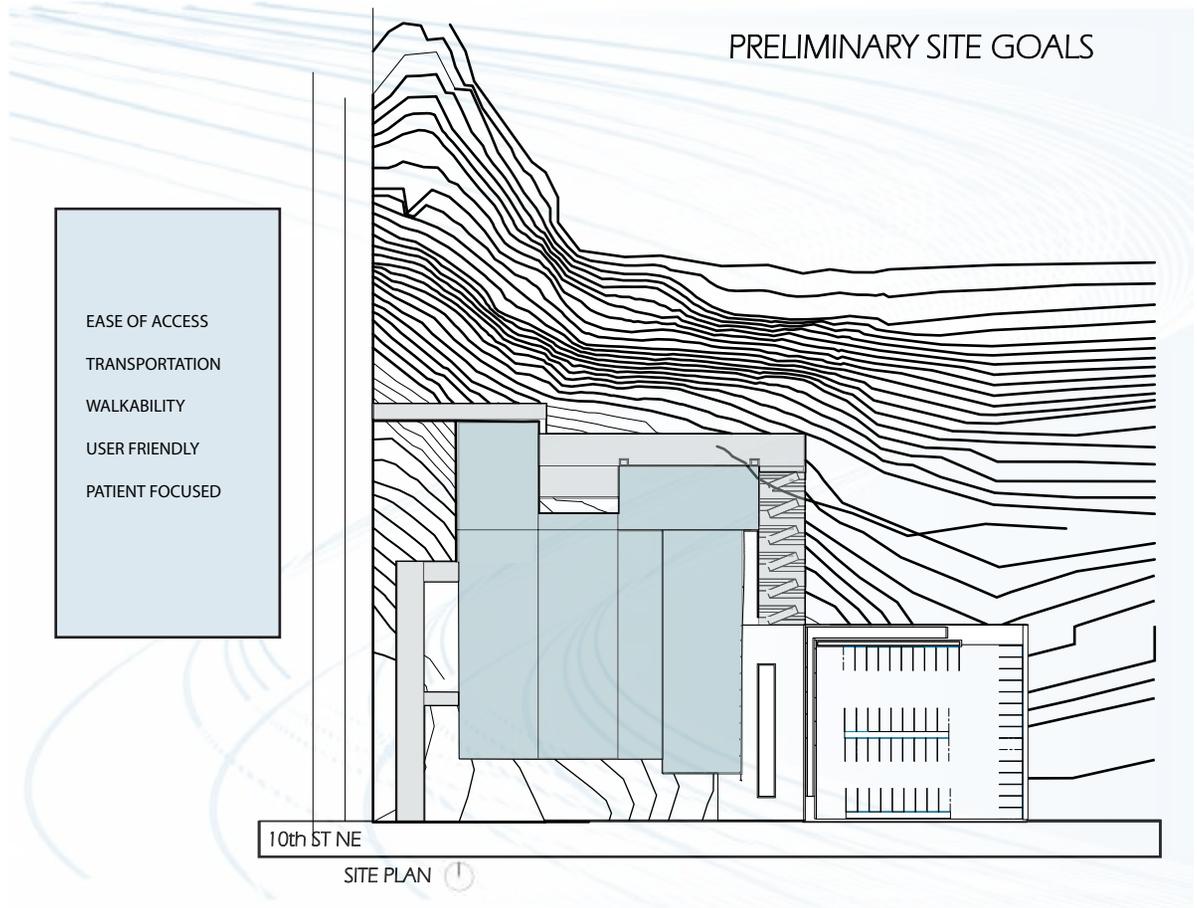
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TOPOGRAPHICAL SITE MAP

SURROUNDING CONTEXT

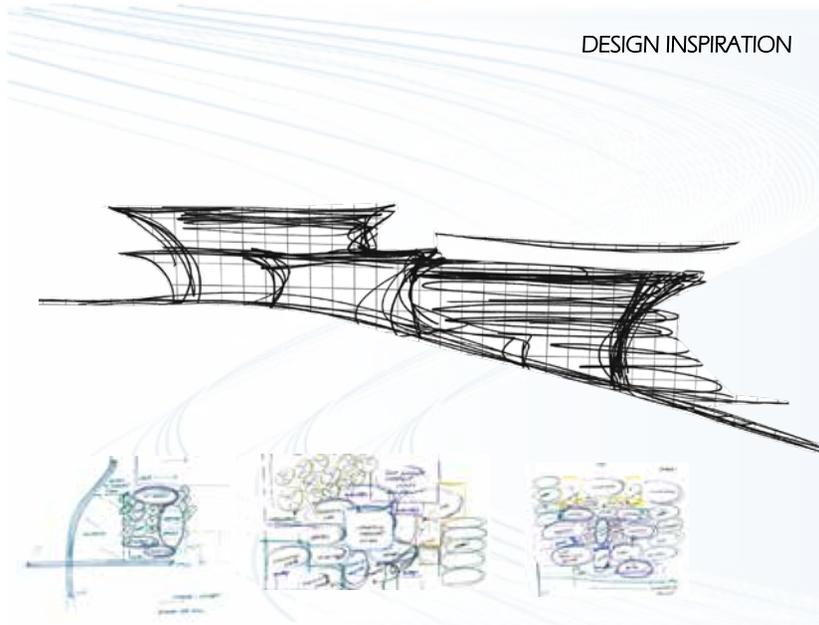


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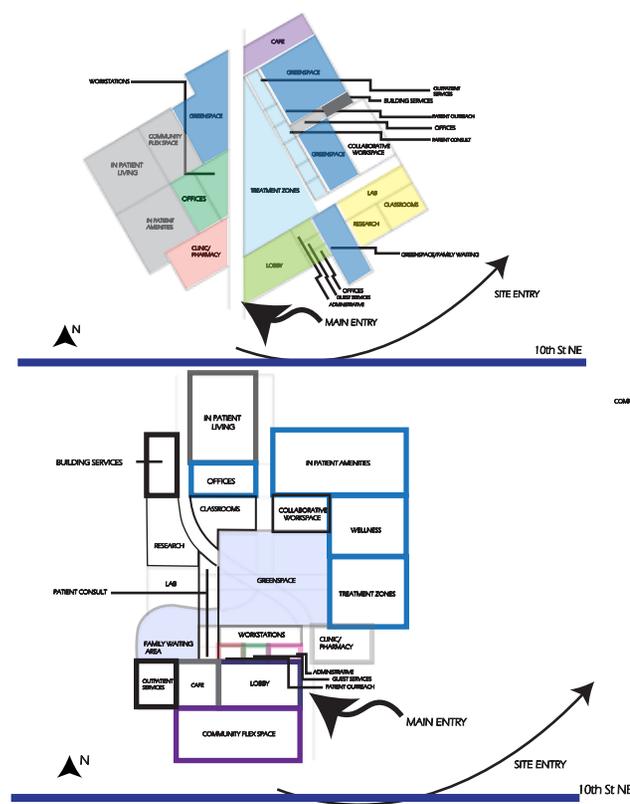
NEURO Therapy:
Design Planning



DESIGN INSPIRATION



DESIGN PROCESS



7

NEURO Therapy:
Design Solution

LONGITUDINAL SECTION PERSPECTIVE



SEMI - PRIVATE

PRIVATE

SEMI - PUBLIC

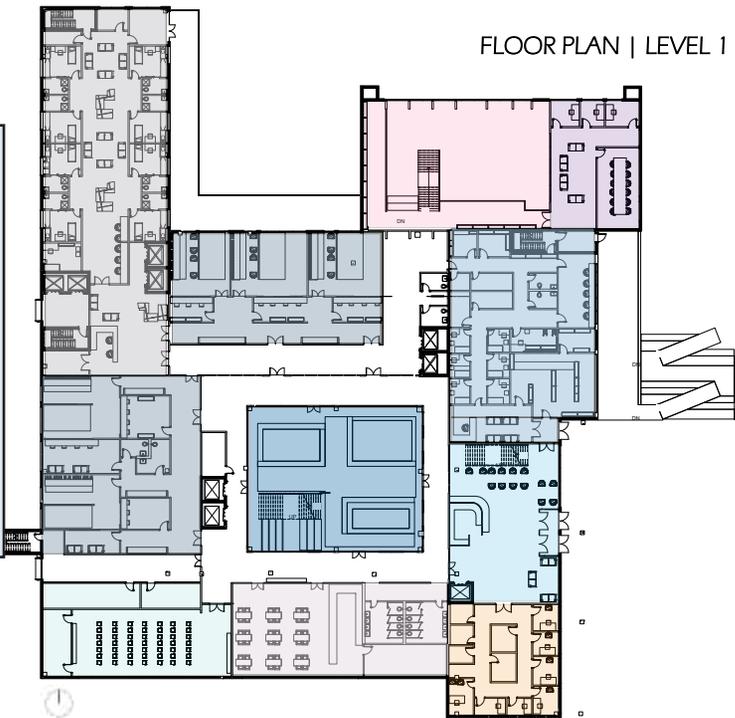
PUBLIC

LEVELS OF USER SECURITY

FLOOR PLAN | LEVEL 1

KEY | LEVEL 1

- LOBBY
- CLINIC / PHARMACY
- CONCIERGE SERVICES / ADMINISTRATION
- CAFE
- COMMUNITY SPACE
- LIBRARY
- GREENSPACE
- PATIENT LIVING
- STAFF OFFICES
- TREATMENT SPACES



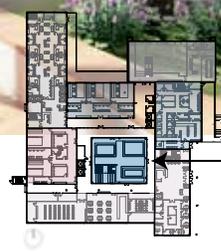
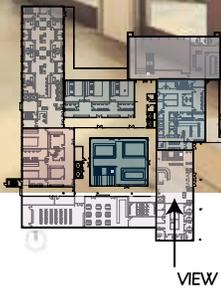
MAIN ENTRY | EAST SIDE



LOBBY



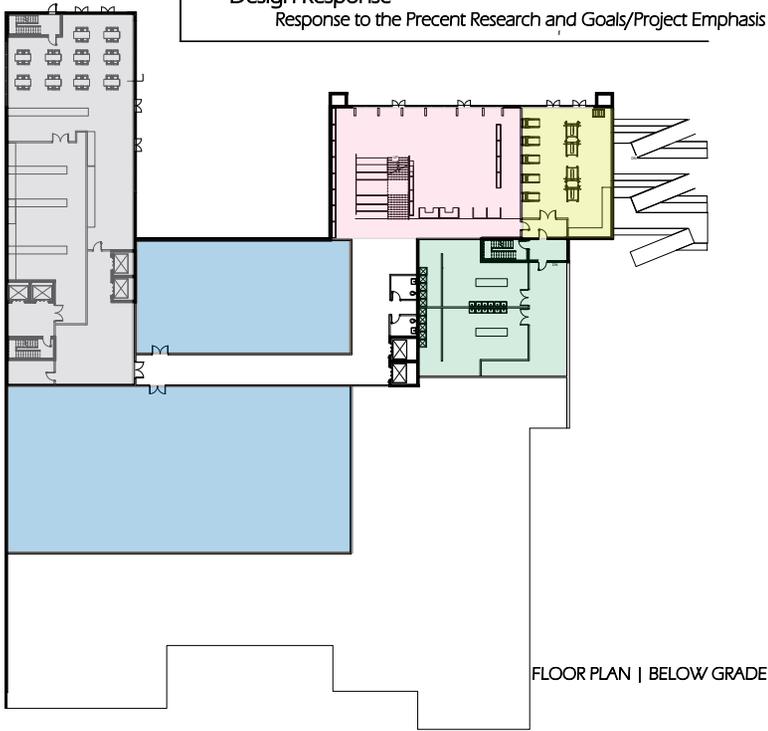
CENTRAL GREENSPACE



Design Response
Response to the Precent Research and Goals/Project Emphasis

KEY | BELOW GRADE

PATIENT DINING	Grey
LIBRARY	Pink
MECHANICAL/ ELECTRICAL STORAGE	Blue
WELLNESS SPACE	Yellow
LOCKER ROOMS	Green

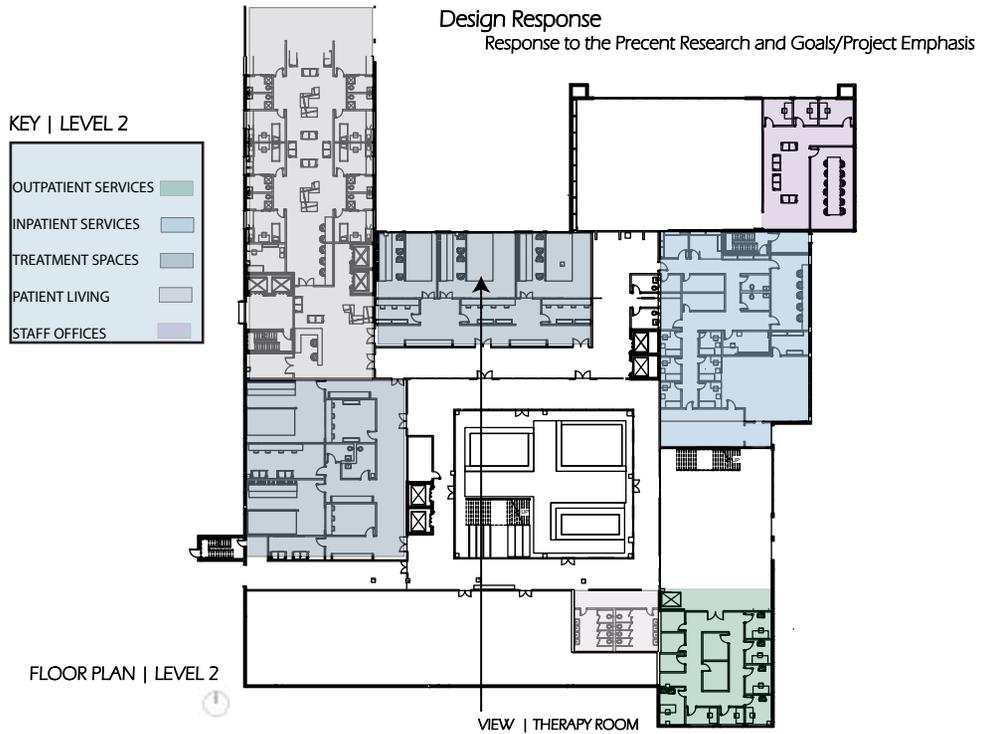


Design Response
Response to the Precent Research and Goals/Project Emphasis

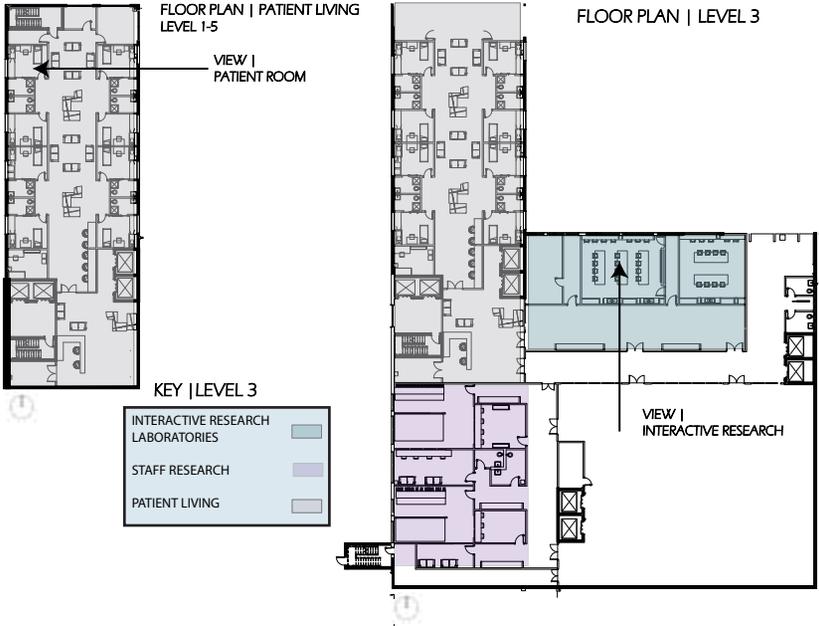


LIBRARY





Design Response
Response to the Precent Research and Goals/Project Emphasis



Design Response
Response to the Precent Research and Goals/Project Emphasis



PATIENT LIVING



INTERACTIVE RESEARCH LABORATORY



EXPLODED STRUCTURE MODEL

MASS TIMBER CONSTRUCTION USE



EAST ELEVATION



WEST ELEVATION



SOUTH ELEVATION



NORTH ELEVATION



Presentation

The background features a complex, abstract design. It consists of numerous thin, light blue lines that curve and flow across the frame, creating a sense of movement and depth. In the upper right quadrant, there is a distinct grid-like pattern formed by these lines, which appears to be a stylized architectural or structural element. The overall color palette is a mix of light blue and white, giving it a clean, modern, and technical feel.

Department of Architecture
Thank you.