

headspace

multicultural centre for health & emotional wellbeing

preliminary work



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emotional wellbeing

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*“In danger of being corrupted by our
passions and led astray by the chatter and
commerce of our societies, we require
places where the values outside of us
encourage and enforce the aspirations
within us.”*

- Alan De Botton

“The Architecture of Happiness”

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Architecture possesses the unique ability to influence or craft our sensory experience of space. It is through the appreciation of this statement, together with the acknowledgement that thoughts and feelings affect wellbeing, that we begin to recognize the importance of giving place to healing within our physical environments. Through the exploration and evaluation of the role of architecture in healing as well as current approaches to mental health rehabilitation, this project aims to develop a socially relevant treatment option for depression experienced among culturally and linguistically diverse adolescents and young adults in Melbourne, Australia.

The following research questions are posed:

How can the role of architecture extend from housing practices of healing to include its participation in facilitating, encouraging and improving the process of healing?

Can a treatment center for mental health provide a scene of intermission from everyday life that, supplementary to offering rehabilitation from diagnoses of depression, responds to a more general need for healing posed by the multicultural city of Melbourne, Australia?





The psychological significance of space

In "The Architecture of Happiness" Alain De Botton questions why it should matter what our environment has to say to us: "Why should architects bother to design buildings which communicate specific sentiments or ideas, and why should we be so negatively affected by places which reverberate with what we take to be the wrong allusions? Why are we vulnerable, so inconveniently vulnerable, to what the spaces we inhabit are saying?" (2006, p.106). Our sensitivity to our surroundings may be traced back to what Button refers to as a troubling feature of human psychology: As humans we harbor a number of different selves within us, some which resemble and feel like 'us' more than others. When getting in touch with the versions that feel furthest away from our 'normal' personalities we often complain of having come adrift from what we judge to be our true selves. Button deliberates that as a consequence to counteraction of this, we look to our buildings for a helpless vision of ourselves and depend on our surroundings obliquely to embody the moods and ideas we respect and then to remind us of them. Unfortunately, the selves we miss at moment when we are led astray, the elusive authentic, creative and spontaneous sides of our character, are not ours to summon at will. Our access to it, Button claims, is to a overwhelming extent determined by the places we happen to be in, by the color of the bricks, the height of the ceilings and the layout of the streets. "We arrange around us material forms which communicate to us what we need – but are at constant risk of forgetting we need – within" (2006, p.107).

The purpose of controlling environments is, in addition to providing physical shelter, largely to evoke good feelings

among people in one way or another. Button has explained that the expressions of our physical environments affect our visions of selves and are important for keeping a sense of rootedness in situations where we feel lost. This confirms to us the importance of architecture's role in healing and rehabilitation generally. The feeling of rootlessness is something that anyone can experience but is especially strong among people suffering from mental diseases such as anxiety and depression. One of the reasons for mental illness is in fact the feeling of rootlessness, of no place to call home. Therefore, psychiatric patients benefit from attachment to certain places.

The need for 'home'

The strongest sense of attachment to place, one might say, is expressed with the term 'home'. According to Alan De Botton a 'home' does not need to offer us permanent occupancy or store our clothes to merit the name. Rather, it refers to a feeling we tend to honor places with whose outlook matches and legitimates our own. "To speak of home in relation to a building is simply to recognize its harmony with our own prized internal song. Home can be an airport or a library, a garden or a motorway diner" (2006, p.107). De Botton interestingly describes our love for 'home' as an acknowledgement of the degree to which our identity is not self-determined. In his opinion we need to achieve a feeling of home in the psychological sense in order to compensate for human vulnerability. "We need a refuge to shore up our states of mind, because so much of the world is opposed to our allegiances. We need our rooms to align us with desirable visions of ourselves and to keep alive the important, evanescent sides of us." (2006, p.108).





What is healing space?

In order to understand the effect of healing physical environments one must first attempt to define what these are. While no absolute definition will ever exist in this case, a closer look at certain stereotypes of healing space related to general opinion may prove to bring some insight. To facilitate this discussion a differentiation can be made between spaces that have been designed for healing and spaces that are said to have healing qualities. Importantly, the underlining question of whether these can intertwine should be considered.

Spaces designed for healing

Spaces that are specifically designed for healing are the easiest to identify and include such types as physician offices, rehabilitation centers or hospitals. These spaces commonly provide equipment and personnel to allow for practices and procedures related to health care to take place in an efficient manner. In terms of such institutions' ability to provide healing in a holistic way in regards to responding to emotional needs opinions are varied. In some regard, healthcare design has evolved greatly due to standards of care and technological advances. Yet, from a more critical humanistic point of view, the discipline often seems satisfied with designs that simply house and attempt to conceal the equipment used in healing treatment processes. Faced with the responsibility of providing room for people at a stage where they are most physically and emotionally sensitive, should we expect more from our health care facilities? As Alan Botton eloquently describes it in "The Happiness of Architecture"; "It is perhaps when our lives are at their

most problematic that we are likely to be most receptive to beautiful things. Our downhearted moments provide architecture and art with their best openings, for it is at such times that our hunger for their qualities will be at its height" (2006, p. 118). Indeed is a person hardly ever more susceptible to his or her environment than during these phases of life when faced with illness, and perhaps is this especially true for someone suffering from depression. The need to balance functional needs of physical rehabilitation with the spiritual and emotional sides connected to mental health imposes a complex demand on our buildings and remain one of the greatest challenges for contemporary health care culture and architecture.

Spaces that have healing qualities

Spaces that have healing qualities refer to any environment that has the reputable ability of reaching humans on an emotional level to promote mental wellbeing as a catalyst to physical wellbeing. These can be stress relieving or inspiring environments of practically any shape or form, and may vary from churches through spas to personal homes. To narrow down this category, or perhaps rather to be able to identify more specifically what elements may have relevance for healing, we confront Wilbert Gesler and his experiences of dealing with healing space. In "Healing Spaces" Gesler argues that healing and place are inseparable. Through the evaluation of places that are said to possess healing qualities, he was able to define four different "environments" which each contribute to a healing sense of place: **natural**, **built**, **symbolic** and **social** (2003,p.1). The following pages explain the relevance of these environments in terms of identifying the healing qualities of space.





The natural environment

Most societies around the world believe in the healing powers of nature and it has thereby become an accepted notion. The biophilia hypothesis explains this by stating that as humans evolved they acquired an affinity for nature and therefore feel comforted by it (Gesler, 2003, p 8). Many people are of the opinion that being surrounded by undisturbed nature makes them feel healthier, freer and more relaxed, and thereby seek out remote or isolated places embedded in a natural landscape. It is not an uncommon wish to escape the urban jungle for a weekend mountain retreat or a walk in the endless forest. Specific elements within nature have acquired a reputation for healing in many cultures. A common element is water, which is known to cleanse the soul and plays an important role in churches as wellness facilities or spas today. The comfort of animals has proven benefits in healing and this has therefore been implemented in certain types of therapies. Various experiments have proved that looking at or working in gardens has rehabilitative effects (Gesler, 2003, p. 9). The rising popularity of 'eco' therapies confirms the current appreciation on nature as an important element in healing.

The built environment

Environmental psychologists have conducted many scientific studies within the built environment to evaluate what effect different surroundings can have on the development of our mood and emotions. Most hospital patients tend to rate what they can see, hear, smell, taste and feel relatively highly. Consequently, our buildings have many elements to play with in terms of affecting our sensory

system. The significance of specific architectural aspects may vary greatly depending on users and functions. Some general elements that are said to easily influence emotion include materiality, light, color, openness and presence of nature. However, the most valuable consideration of the built environment is perhaps its overall ability to help to facilitate or inspire certain social environments as well as symbolic attachment, making it an extremely powerful tool in affecting human behavior.

The symbolic environment

One can argue that all landscapes are symbolic expressions of cultural values or social behavior. Gesler explains that "one cannot understand fully a person's reactions to an environment unless one recognizes that there are cognitive and symbolic mediators between stimulus and response" (2003, p. 12). People are often strongly affected by concrete or abstract symbols, hence the fact is that the 'meaning' we attach to things around us is incredibly important for our perception of the world in general, and thereby also requires great consideration by the built environment. For example, the way mentally ill people are thought of or treated is to a large extent dependent on the symbolic representations of them within a culture. Likewise, typical associations of a hospital such as white surfaces and long corridors can have negative or positive attachments depending on that person's previous impression or experience with such institutions. We should therefore be careful of what we 'remind' people of in the creation of healing environments. Arthur Kleinman suggests that symbols connect or mediate between biophysical and sociocultural worlds and that "healing occurs along a symbolic pathway of words,

feelings, values, expectations, beliefs and the like which connect events and forms with affective and physiological processes" (1973, p. 210). Based on Kleinman's findings it is important to remember that this symbolic pathway is made up of variables that will easily differ based on the differences among people, perhaps most easily defined by ethnicity and religion. It should therefore be important to consult cultural differences when constructing a symbolic place for healing. Gesler argues that, of all the four environments, perhaps most attention should be paid to symbolic environments because they are usually neglected.

The social environment

Healing is a social activity and it should be acknowledged that people play various social roles and must interact with each other in a variety of ways within a healing environment. The qualities of social relationships in health care settings are especially important due to the emotional sensitivity of ill people. Eyles and Woods explain that what is particularly important for healing is that there be equality between the healer and healed, feelings of mutual respect and trust. The therapeutic community movement that began in World War 2 attempted to break down divisions between patients and staff and develop full participation within a community atmosphere (Gesler, 2003, p.16). Generally, one might say that relationships characterized by dominance on one side and submission on the other are often met by resistance. We all like to be in control of a situation and this is never truer than in a hospital settings.

the role of architecture in healing



The spiritual dimension

Looking at why people identify with certain places to the extent of calling them 'home' can most definitely bring about some insight to our search for healing qualities within our environments. In terms of the role played by environments in determining identity, it is likely that is the world's great religions that have given most thought to this. The very principle of religious architecture has its origins in the notion that where we are critically determines what we are able to believe in, and while seldom constructing places where we might fall asleep, have shown the greatest sympathy for our need for a home. De Button claims that we will remain readily devoted to religion only when it is continually affirmed by our buildings: "We may be nearer or further away from God on account of what is represented on the walls and ceilings. We need panels of gold and lapis, windows of coloured glass and gardens of immaculately ranked gravel in order to stay true to the sincerest parts of ourselves." (2006, p.108)

It is interesting to contemplate upon the fact that religious buildings represent some of some of the most impressive architectural environments within the world. The concepts of 'the holy' or 'sacred' are traditionally accepted as belonging to the discipline of religion; yet, their implication in architecture appears to hold a universal appreciation. From a philosophical and sociological perspective Eivind Meland argues for the appeal of these concepts to the religious as well as secular side of society. In his opinion, the terms 'holy' or 'sacred' concern themselves with an understanding and respect for the basic conditions of life and a common awe for what we cannot understand within our existence. Meland places value in looking to the sacred

as representing a source of love, growth and reconciliation and believes in the healing powers of incorporating it as an active element of everyday life (2012, p. 19-22). We have seen how the trust in religion comforts people around the world. Is it possible that placing trust in the inexplicable can provide comfort without the intellectual commitment to a creed? We all know how our beliefs, feelings or attitudes can alter our ability to master something. Similarly, our thoughts on recovery from disease can influence the recovery itself. Many psychologists argue that spiritual strength is necessary to health and that there are correspondences between imbalances within the body, within society and between people and the physical environment (Gesler, 2003, p.14).

An analysis was performed by the Christian Research Association in Melbourne, Australia, in order to identify the multicultural city's changing face of faith. A key finding was that agnostics tend to cope less well with personal crises than either religious people or atheists, and that the rise of individualism means people want to work out answers for themselves rather than accept an authority, religious or atheist. According to Dr. Hughes the challenge for society is to help people come to some sense of clarity about what life is about, whether humanistic or religious. Without that, he claims, people tend to fall into the immediate, the here and now, something that is often a very consumerist way of living. "Younger people, but even those in their 40s and 50s, are not going to just accept the authority of a community, whether atheist or religious. They want to work it out for themselves, but some feel they don't have the capacity to work it out." Dr Hughes notes further on. (Zwartz, 2013, p.1)





a contextual approach



Melbourne: The 'cultural capital' of Australia

The exploration of Melbourne's relevance and potential in terms of the project context is a complex yet fascinating endeavour. This is a city that has been elected by multiple international organisations as one of the world's most livable places on the basis of its cultural attributes; climate; cost of living; and social conditions such as crime rates and health care. Understanding first the common appreciation of Melbourne from a worldly perspective; it becomes interesting to question what relevance, if any, certain core features of this society might have for the development of mental health problems such as depression.

Melbourne is commonly known as Australia's 'cultural capital'. The city places a strong emphasis upon the arts, particularly the performing arts, visual arts and culinary arts, and is home to a great range of recreational activities, sport indulgence and parks. However, one of Melbourne's most strongly defining features, and what sets it apart from not only other cities in Australia, but the rest of the world - is its incredibly strong sense of multiculturalism. One might say that diversity is not only central, but in fact essential, to the landscape of Melbourne, which has a population comprising of 70% overseas born to date. While immense cultural and religious differences has continued to bring strengths and opportunities to this city, the challenges presented by a multicultural society are undeniable, even in Melbourne. While Australian society is thought to be culturally inclusive and interracial tensions are kept to a minimum most of the time, the constant strains placed upon the city of Melbourne of how to best manage such diversity continues to preoccupy sectors such as the education and health system. A question commonly asked by the country's leading political organisations is thus:

How might society's institutions need to be transformed to reflect the multicultural reality and to ensure that cultural and linguistic minorities are not systematically disadvantaged?

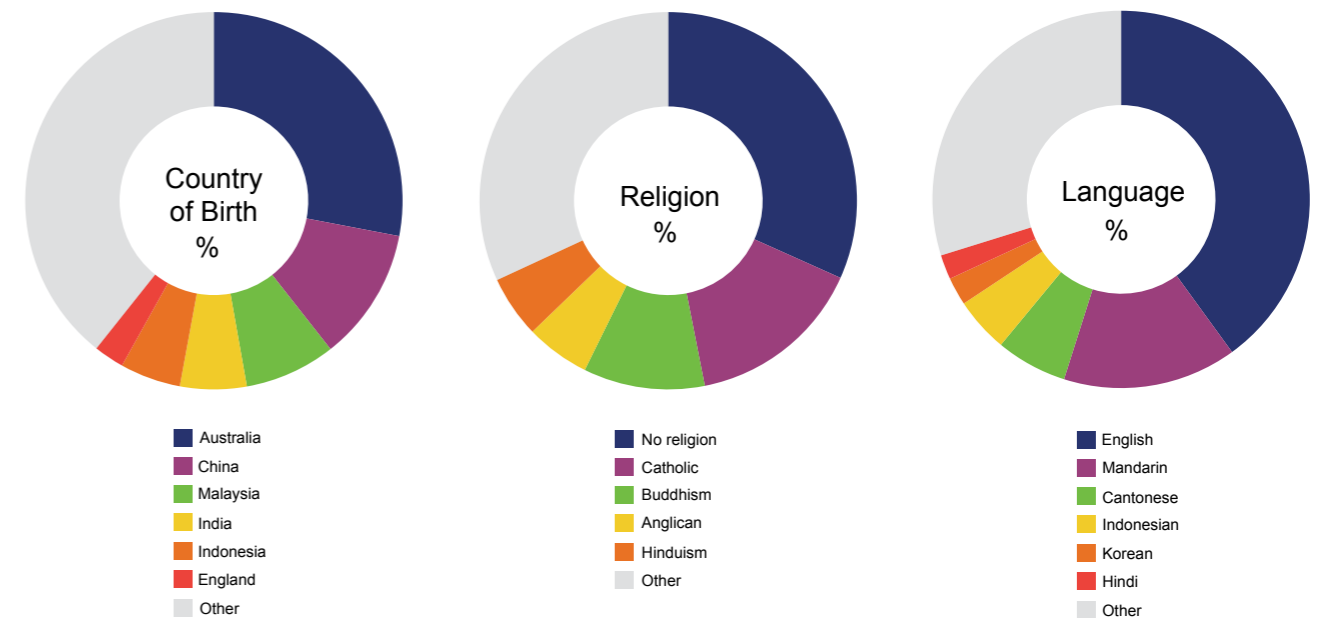




A culturally sensitive approach to mental health care

The future of mental health care and the question of how to effectively deal with the increasing prevalence of depression among citizens is of extreme relevance in Melbourne, in Australia, as well as on an international level. The World Health Organisation estimates that depression will become the number one health concern in both the developed and developing nations by 2030. Such a statement inevitable says something about the development of modern society and leads to the assumption that depression is strongly rooted in social, cultural and environmental developments as well as individual factors.

As for the case of Melbourne, increasing awareness of cultural diversity within the mental health sector is setting a current focus on the relevance of culturally sensitive approaches to the provision of help and treatment. The Federation of Ethnic Communities' Council of Australia (FECCA) argues that language and culture are important everywhere but nowhere more so than in understanding mental illness and providing effective mental health services. (2011, p. 4) The Mental Health in Multicultural Australia (MHMA) organisation expresses its concern for that the unique and pressing needs of culturally and linguistically diverse communities (CALD) have been consistently overlooked and unmet in Australia: "Failure to recognise or be assisted with mental health problems can lead to unemployment, social isolation, criminality and incarceration, domestic and family violence, child abuse and or homelessness. Even for English speaking Australians, stigma, shame, and an inability to recognise mental health issues inhibit access to mental health services. Adding in language difficulties, different cultural conceptualisations of mental illness, cultural stigma, lack of system knowledge, unfamiliarity with the Western health systems and the overall dearth of culturally competent healths services renders CALD Australians particularly susceptible to missing out on mental health support and recovery." (2013, p. 6)



Over the recent years, overseas-born population in Australia has escalated drastically. In 2011 this equated to 27%, and if expanded to include those with parents born overseas, the numbers increase to 44% of the total national population. In Melbourne, a shocking 70% of the current population is born overseas according to the 2011 consensus.

In Melbourne and Victoria you will find places of worship for over 100 faiths. Temples, mosques, churches and synagogues are found across the state. While the Australian society displays a wide range of religious cultures the secular part of the society has also risen steadily over the years. Those who did not state their religion or declared no religion has changed from 2% to over 30% since 1901.

The majority of recent immigrants and almost half of the longer-settled immigrants speak a language other than English at home. For longer-settled immigrants, Mandarin, Cantonese, Italian and Vietnamese were the most common languages other than English spoken at home, while for recent immigrants, Mandarin, Punjabi, Hindi and Arabic were most frequently spoken at home.

DIVERSITY: The Colours of Melbourne



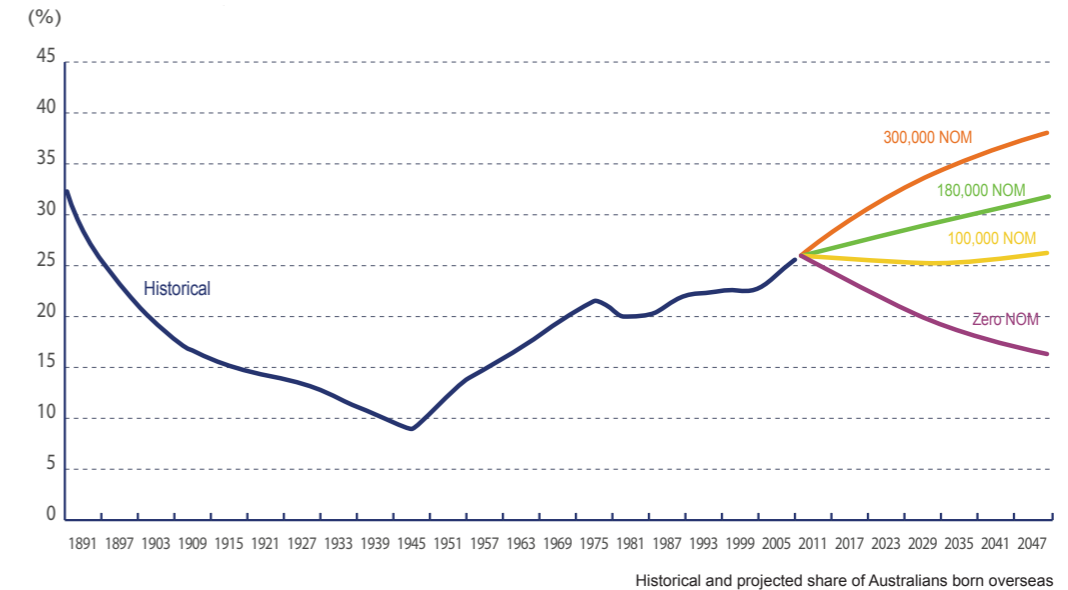
Focus on developing appropriate mental health treatment options for culturally and linguistically diverse communities is relevant due to two main points:

- 1 They are particularly susceptible to depression due to migration status
- 2 They are less capable of accessing treatment due to migration status

Future prospects - What should be done?

Refugees and asylum seekers living in Australia are particularly vulnerable to self-harm and suicidal behaviours, some of which may be attributed to pre-migration or migration settlement stresses including but not limited to, torture and trauma backgrounds, social isolation & unemployment. Mild to moderate or severe depression is however also common among settled migrants. Multicultural mental health issues are frequently tied to intergenerational issues, particularly amongst new arrivals, and so multicultural mental health is an area relevant to almost half of the Australian population.

The MHMA argues that while cultural, linguistic & religious diversity represents a significant challenge, the development of mental health services that are responsive, accessible, culturally appropriate and effective in meeting the needs of people with mental illness and their families and support persons is not a distraction from the 'core business' of mental health services (2013, p. 9). The FECCA underlines the importance of increased funding being allocated to ethno-specific and multicultural mental health organisations and agencies, and that more such agencies be created and dispersed across Australia. Work is currently undergoing to resource each territory and state with its own transcultural mental health center and community education and outreach programs are intended to be supported and broadened to counter stigma and other barriers to engaging with mental health services. All service providers and organisations must be equipped to manage cultural and language differences competently, so as to overcome the barriers to access and equity faced by so many CALD Australians. (2011, p. 3-7)



Cultural diversity is not a niche market in Australia - it is Australia

Cultural and linguistic diversity is a core feature not only of Melbourne but of the entire Australian population and is seen as a valued element of national identity. From a mental health perspective it is predicted that existing multiculturalism along with the arrival of immigrants and refugees from a very wide range of source countries will continue to present challenges for all forms of service delivery, including mental health services into the foreseeable future. The FECCA insists that the government must follow through on its commitment to Australia's multiculturalism by ensuring that CALD individuals with mental health issues are adequately and competently cared for within the mental health sector. In order to reflect the growing proportion of individuals in Australia who speak a language other than English at home and/or are otherwise considered of culturally and linguistically diverse background there should be demonstrated cultural competency in the planning and delivery of responsive mental health services. (2011, p. 9)



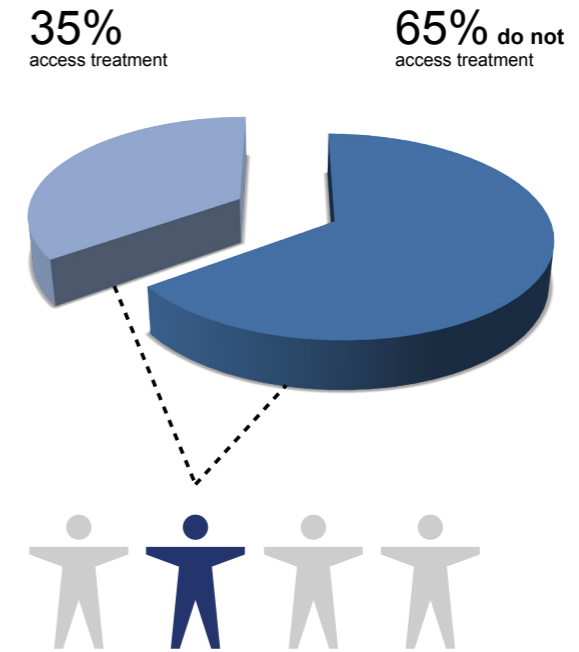
Barriers encountered by culturally and linguistically diverse Australians when seeking mental health care are commonly strengthened by:

- 1 Lack of system knowledge and familiarity with western health system
- 2 Limited English language proficiency and digital literacy
- 3 Culturally located stigma and varying understandings of mental health
- 4 Lengthy and complicated process of seeking treatment
- 5 Lack of cultural understanding expected or encountered within the institution

Accessing treatment for depression:

Research from both Australia and overseas has consistently highlighted not only that immigrants and refugee populations are at higher risk of developing mental illness, but also that they tend to display higher rates of diagnosis of psychosis upon presenting at acute inpatient units, than the host population. Culturally and linguistically diverse patients often tend to access specialist mental health services through emergency hospital departments at a severe, or crisis, stage of their condition, which drastically curtails recovery prospects. (FECCA, 2011, p. 6)

The inhibition of early diagnosis due to lack of cultural awareness, language proficiency and understanding in mental health services contributes to misunderstanding and stigma within CALD communities. Statistics show that people from cultural and linguistically diverse backgrounds do not access mental health services as often as the mainstream population and many communities, particularly Vietnamese and other Asian, access public mental health services at less than half the rate of the general population. Addressing the preconceptions and negative images of mental health institutions while considering more flexible approaches to access is however relevant in terms of encouraging all members of the Australian society to seek help. (FECCA, 2011, p. 7)



A scope on depression in Australia

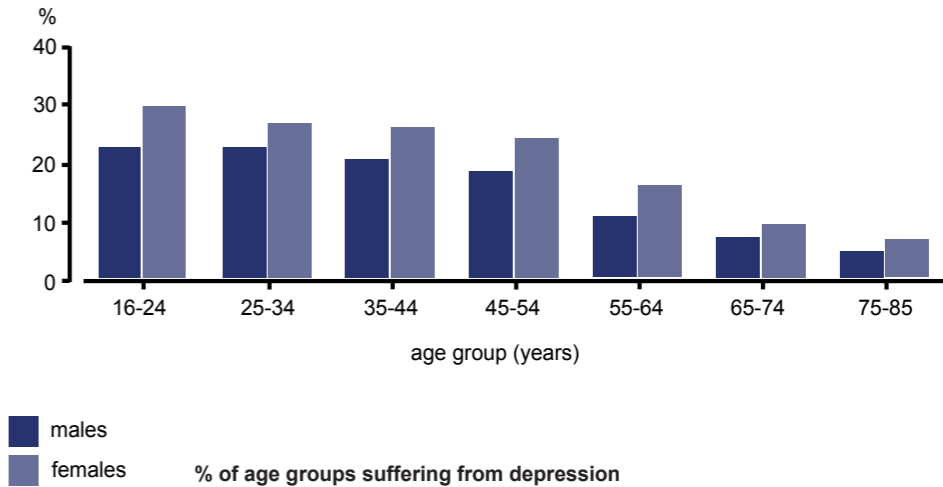
1 in 4 Australians experience a mental illness every year. Out of these 65% do not access any treatment. This is worsened by delayed treatment due to serious problems in detection and accurate diagnosis.



Depression among adolescents and young adults

In Australia, 9% of young people (16-24 years old) experience high to very high levels of psychological distress and youth suicide is the leading cause of death in people aged 15-24 years according to the Australian Institute of Health and Welfare. Adolescence. Young adulthood is the peak period of onset of most mental disorders and thus people aged 18-24 years show a higher prevalence than that of any other age group.

Likewise, do young refugees and migrants more broadly have an increased risk of depressive symptoms. Recent immigrants are younger than the general population and for these the common stresses implied by young adulthood can be added to by the stresses associated with migration and settlement. Depression can often be attributed to either pre migration related issue, the migration itself, or post-migration. Cases where the mental health of young migrants decline over the period of residency in Australia are also commonly observed. Culture shock, social isolation, goal-striving stress and culture change exemplify some commonly occurring psychological distress among many young skilled migrants. The 'foreign student syndrome', is referred to as being characterised by non-specific somatic complaints and a passive withdrawn interaction style, and this group of people is often less likely than others to seek help, also for physical illness. (Minas, 2013, p.1)



Depression by age

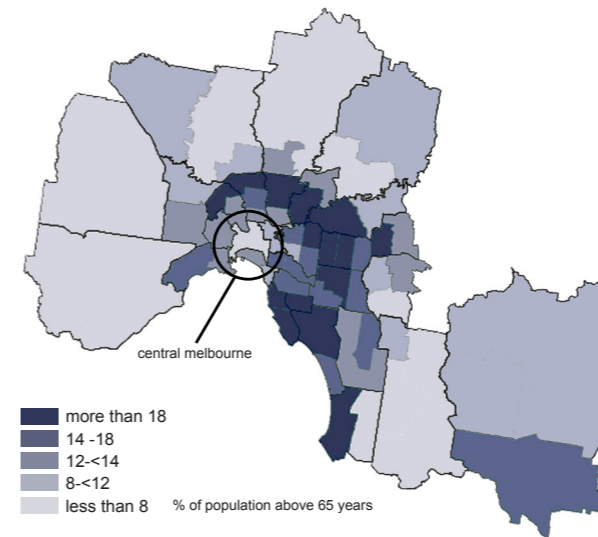
Depression is especially prevalent among age groups 16-24 years and 25-34 years.

a contextual approach



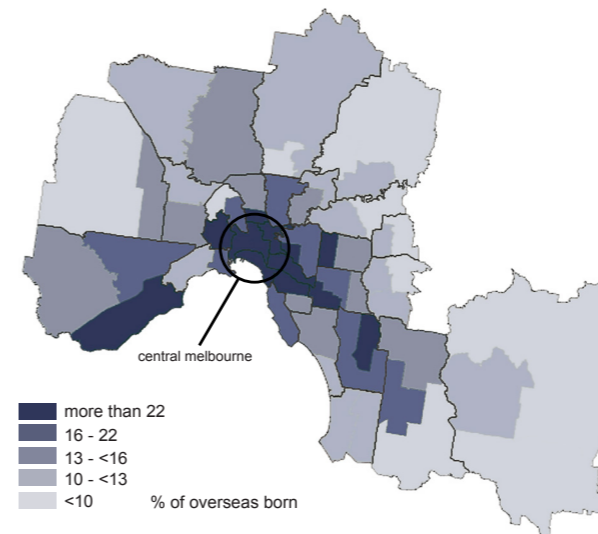
Contextual relevance of age and ethnicity

The concentration of young and ethnically diverse communities is extremely high within the central areas of Melbourne. These communities comprise mainly of a mix of skilled migrants and international students who together constitute one of the largest and most important target groups in terms of the development of culturally relevant mental health care.



Age groups

Young adults tend to locate in central and inner suburbs. For this reason the median age of central Melbourne is less than 30 years and proportions of people aged 65 years and over is less than 7%.



Ethnicity

Central areas of Melbourne show very high concentrations of recent migrants, many of whom would be overseas students or skilled migrants.



a historical perspective

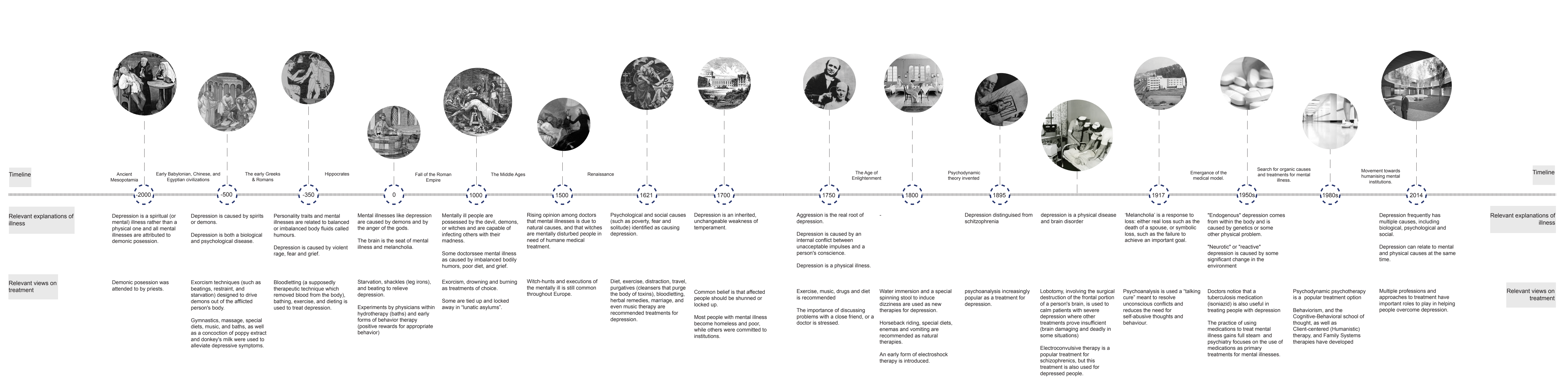


A quick view on the history of perception of mental illness and depression gives some insight in to how the diagnosis and treatment of this illness is not as straight forward as with certain other physical illnesses. Depression and its causes has been victim to a wide range of opinions over the years ranging from views that depression is caused by malicious spirits or past misdeeds to the perception of it being caused by physical brain injury. The relevance of stigma is still very much present today and is one of the major reasons why people are hesitant to reach out for help or declare themselves 'mentally ill'. This is important to consider in an architectural context as such negative symbolism resulting from stigma often attaches itself to place.

The conceptualisation of mental illness differs from culture to culture, and as does the level of stigma attached to mental disorder and mental health problems and cultural background also affects how people experience mental illness and how they understand and interpret the symptoms of it. There is some evidence that people with mental illness may be more stigmatised and marginalised in some cultural groups.

While depression, its symptoms, causes and treatment will be considered from a current Australian, or western, perspective, it is useful to remember that many culturally and linguistically diverse Australians may come from backgrounds where mental health is treated in a more traditional context, or its consideration has developed less, or in a different direction over the latter years to that of the Australian system.

(Nemede, Reiss & Dombec, 2013, p. 1-4)



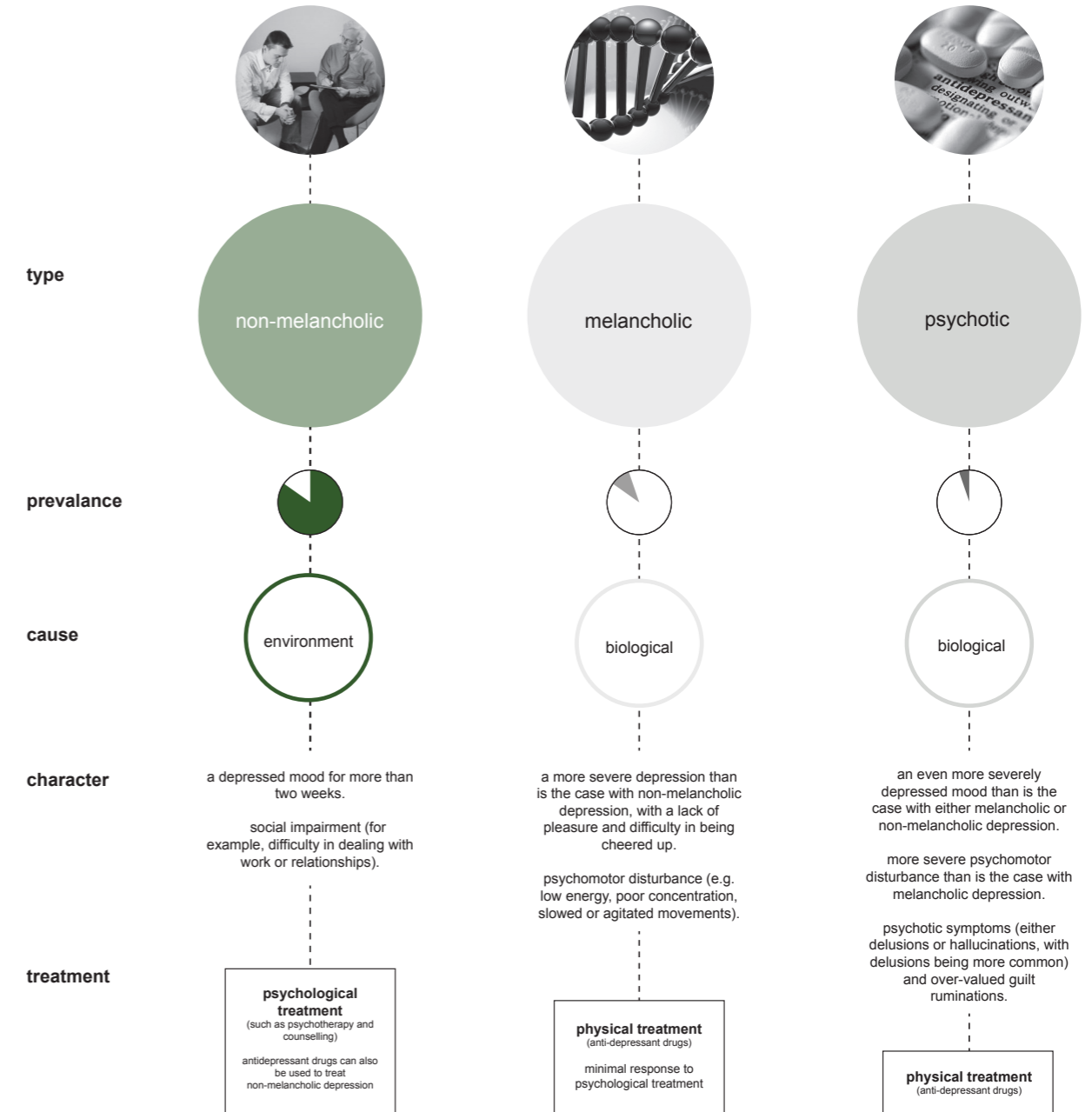
a current perspective



In Australia, the process of mental health system reform has been occurring in all states and territories since the 1950s. There has been a major shift from hospital to community based service delivery and continuing move from a focus on medical treatment to recovery-oriented mental health and psychosocial support services. It is not clear however whether immigrant and refugee communities, especially those who do not speak English, the most recently arrived and vulnerable refugees, have benefitted from the recent improvements to mental health care.

Depression defined

Currently, rather than adopting either the mind or the body explanation of depression, scientists and mental health practitioners recognize that depressive symptoms have multiple causes, including both physical and psychological ones. One can differentiate between 3 main types of depression which have their own causes, characters and appropriate course of treatment: non-melancholic, melancholic and psychotic depression.





Non-melancholic depression in migrants:

Various vulnerability factors, including culture shock and changed cultural identity can play important roles in the genesis of depression among migrants

Culture shock:

Culture shock can be seen as an emotional reaction to an inability to understand, control and predict behaviour. It is thus considered a stress reaction arising from the uncertainty of important physical and psychological rewards. Strain, a sense of loss or feelings of deprivation, rejection by members of the new culture, role expectation and role confusion, surprise and feelings of impotence are all feelings commonly related to culture shock.

Culture conflict:

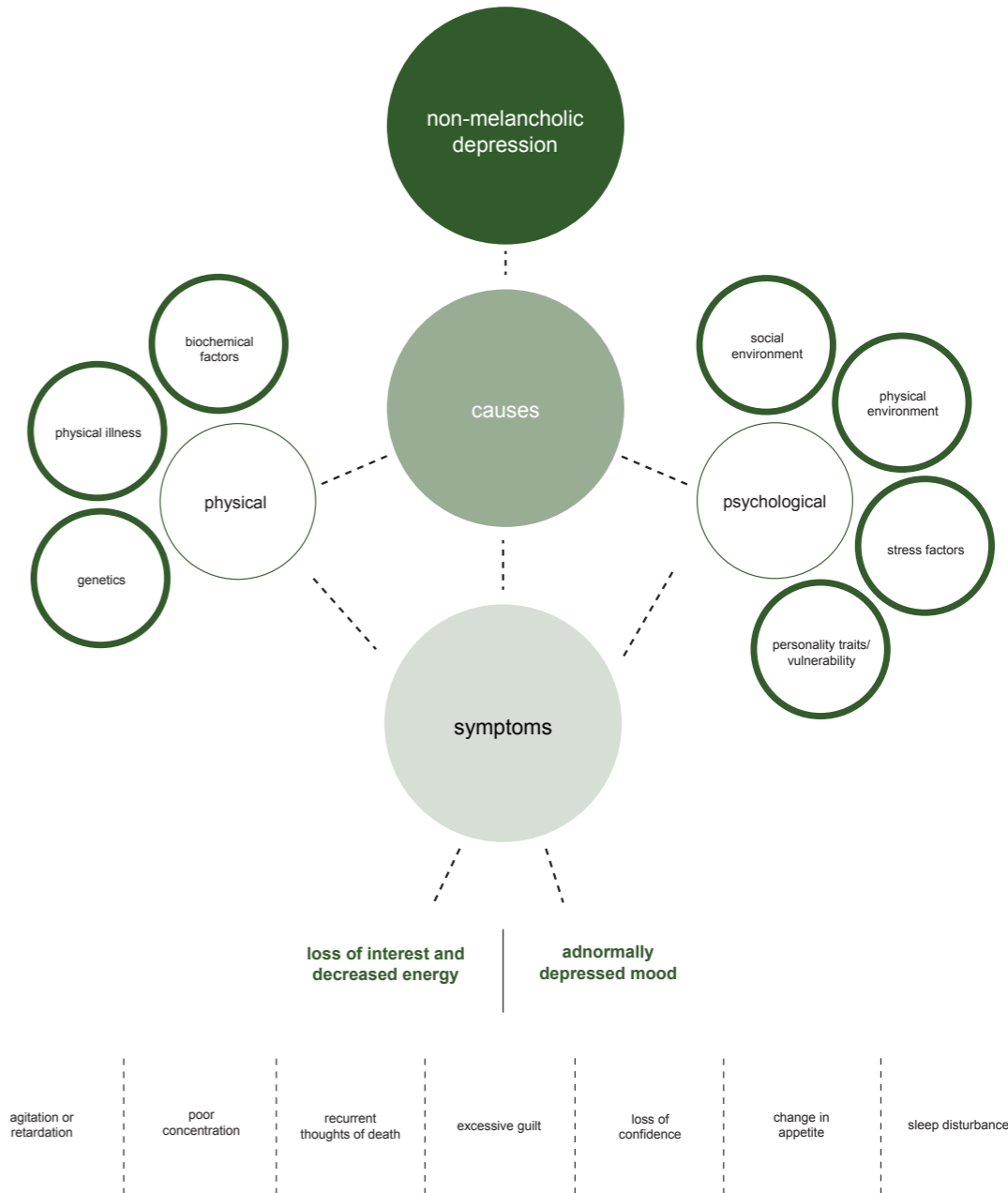
Culture conflict refers to the sense of tension experienced by people from a minority culture. This is much more common for the children of immigrant parents, when the parents' culture and values compete with the majority culture in which the children spend a significant part of the day. This conflict can contribute to a further sense of alienation and isolation, where the children find themselves 'belonging' to neither the majority nor the minority culture.

(Minas, 2013, p. 1-2)

Causes and symptoms of non-melancholic depression:

There is no simple explanation as to what psychologically anchored causes may lead to non-melancholic depression. What we can say is that these causes can be strongly connected to elements within the social or physical environments. Their variation is additionally heavily dependent upon individually experienced stress factors and personality traits as well as the vulnerability of the person in question. Depression can occur from any experience of negative resistance in life, but sometimes for no apparent reason at all.

Common symptoms of depression include abnormally depressed mood, loss of interest and decreased energy, loss of confidence, excessive guilt, recurrent thoughts of death, poor concentration, agitation or retardation, sleep disturbance and change in appetite. According to World Health Organization's International Classification of Disease occurrence of the first two symptoms and at least one other signifies a mild case of depression, while severe depression includes the first two symptoms and at least five other.





Relation between personality trait and depression

Personality factors lead to a number of stress-related illnesses and it is argued that there is sufficient evidence to show that personality factors and stress can lead to feelings of helplessness and hopelessness and finally to depression. It is possible that some personalities may be more prone to loss, and dealing with loss may produce depression in vulnerable individuals. The personality and vulnerability of a person can of course also be shaped by important life events. For example, many people from culturally and linguistically diverse and refugee backgrounds have experienced torture, trauma and enormous loss before coming to Australia, which can cause significant psychological distress to the extent of altering personality styles and increasing vulnerability to mental illness.

Personality styles at high risk of developing depression:

Rejection Sensitive

Someone who has a 'rejection sensitive' personality style tends to be hypersensitive to the quality of interpersonal relationships and perceives others as rejecting or demeaning.



Irritable

Someone who has an 'irritable' personality style is often easily rattled and has low tolerance for frustration.



Self-focused

Someone who has a 'self-focused' personality style tends to lack consideration and empathy for others, is often hostile and volatile in interacting with other people, and has a low threshold for frustration.



Anxious Worrying

Someone who has an 'anxious worrying' personality style tends to be highly strung, tense, nervy and prone to stewing over things.



Socially Avoidant

Someone who has a 'socially avoidant' personality style tends to be shy and avoids social situations for fear of their limitations being exposed or of being criticised by others.



Self-critical

A person with a 'self-critical' personality style tends to have low self-esteem and gives themselves a hard time.



Perfectionistic

A person with a 'perfectionistic' personality style tends to perceive that they've failed to meet their own high standards, or that somebody has criticised their performance for being suboptimal.



Personally Reserved

Finally, someone who has a 'personally reserved' personality style tends to be wary of others getting too close and becomes vulnerable and depressed when their inner worlds are exposed to others.





Environments preventative of depression

In terms of fostering an environment preventative of depression, it can be useful to remember that all humans have basic needs. The fulfillment of these needs influence the well-being of people physically as well as mentally, and it is therefore usual that one or several of these needs are unfulfilled among people who struggle with depression. The basic human needs have been well documented by philosophers throughout the decades. In relation to their implication within a physical environment we may decide to group these needs in to categories that will facilitate the discussion on requirements of space further on.

The basic human needs for space



A space to give and receive attention

This need is particularly obvious in people who have become isolated or alone. The lack of contact with other people can have severe effects on the emotional state and mental condition of anyone. Reduced communication skills and inability to control conversational outbursts is over observed and the prescription of drugs occurs unnecessarily in certain cases where a few hours of being listened to would suffice.



A space to take heed of the mind-body connection

The effect of physical condition on the mental is often neglected. It is extremely valuable to remember that nutrition, sleep and exercise can go a long way in improving the mental state of sufferers of depression as well as others. There seems to be a rising tendency within today's societies of people treating themselves like machines, and the effect of disrupted meal times, sleep patters and other regular habits are especially noticeable among adolescents having left their family home.



A space for the fostering of goals, purpose and meaning

Human beings possess a unique ability to identify, analyze and solve problems. If this ability is not stimulated by anything, the imagination starts to invent its own, often unhealthy, occupations, perhaps as a means of steering away from boredom. In general, mental illnesses can often develop when a person is deprived of the satisfaction resulting from accomplishment as well as lacking a valuable 'drive' to make them keep pushing further in life.



A space for creativity & challenge

This goes hand in hand with the needs for goals, purpose and meaning. Humans have an inherent need to challenge themselves and so the goals set should not be too easily attainable. Improving on existing skills gives great purpose to most people. In a society controlled by strict rules, it can be extremely valuable for a person to be able to unfold their creativity freely in some way or another.



A space for interaction & community

being part of a community and making a contribution

Fulfillers of this need can include belonging to a club, charity, religion, or contributing to community work. Everyone likes to be a part of something and feel that they belong somewhere. Fulfillment of this need contributes to the feeling of rootedness, while offering the possibility to realize personal needs for purpose, accomplishment and attention.



A space for intimacy

In addition to the general need for attention, people possess a need to share hopes, ideas or dreams with someone close. For most of us this requires an individual to talk to one on one. In architectural terms this means...



A space for control

No one likes to feel as if they have lost control of their life. For people left with the anxiety and desperation resulting from loss of control a way towards rehabilitation might be to focus on smaller goals or projects that can generate a counteracting feelings of accomplishment and achievement. Maintaining interests and activities is important.



A space for recognition

This need is related to the feeling of being recognized for something and appreciated within a social context. We all know how social status can affect confidence, and that to some people this means more than to others. Regardless, the appreciation of our roles within society is something most people desire on some level.



A space for safety and security

One of the most essential human needs is the need to feel secure in ones context. Security in this sense may refer to physical security, financial security or health, as well as the fulfillment of the other basic needs. While some people genuinely lack a feeling of security within their environments, some have taken this need too far letting it turn in to an obsessive disorder. The latter is often visible in cases where one of the other needs, such as creativity is not met.



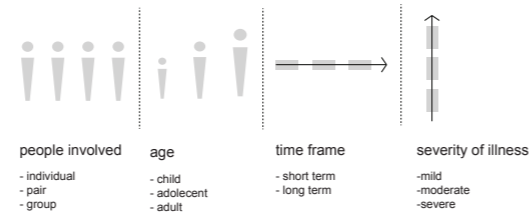
Treating depression

In contrast to the other types of depression, non-melancholic depression has a high rate of spontaneous remission which means that the depression resolves over time by itself. This is because non-melancholic depression is often linked to stressful life events which, when resolved, tend to result in the depression also lifting. Non-melancholic depression responds well to a range of treatment options including psychological interventions and counselling.

Relevant treatment options

The following pages display the current most appropriate yet diverse methods of providing psychological healing from depression in a holistic way.

Legend:



Talk therapy

Various psychological talk therapies have gained prominence in the treatment of depression. In addition to consisting of the therapeutic approaches that have been around for the longest amount of time, these also present the approaches that have been proven to be most effective in resolving depression to date.

Cognitive Behaviour Therapy (CBT)

CBT addresses the disfunction of emotions and maladaptive behaviors related to cognitive processes through a number of goal-oriented, systematic procedures. Once negative patterns are recognised, the person can make changes to replace them with ones that promote good mood and better coping. CBT helps the person to increase activities that give him/her pleasure or a sense of achievement. This is the behavioural component of CBT.

+ encourages healthy thought patterns and constructive behaviour



Interpersonal Therapy (IPT)

Interpersonal therapy is a short term, limited focus treatment for depression. The causes of depression can often be traced to aspects of social functioning (work, relationships, social roles) and personality. The goal of IPT is to help people understand how their vulnerabilities in terms of interpersonal issues can lead to current depression or the risk of developing depression in the future.

+ focuses on identifying and improving difficulty arising from social relations



Counselling

Counselling can be approached in a number of ways but is essentially aimed at helping an individual or group to solve long standing problems within their family situation, at work or to resolve sudden major problems (crisis counselling). It can help address low self-esteem, relationship issues or negative thinking and is effective in treating mild to moderate depression.

+ gives advice for persistent individual or group problems and crises.



Psychotherapy

Psychotherapy usually extends over several months or years during which a relationship is built up between a therapist and their patient. Techniques based on experiential relationship building, dialogue and communication are designed to explore how events in a person's past have led to their current depression.

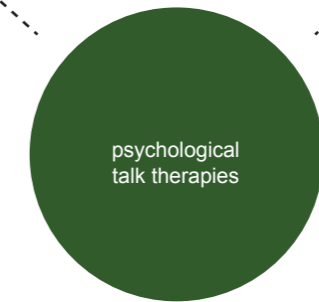
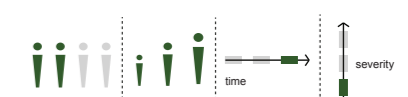
+ identifies problem cause and resolution through a trustworthy relationship



Narrative therapy

Narrative Therapy is a form of counselling based on understanding the 'stories' that people use to describe their lives. The therapist listens to how people describe their problems as stories and helps the person to consider how the stories may restrict them from overcoming their present difficulties. The method puts emphasis on identifying strengths and current abilities.

+ builds resilience against causes of depression by recognising strengths





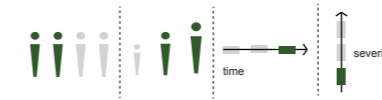
A time in transition

Today's reemerging views on the concepts of treatment of mental illness has brought about a shift in health care culture internationally. Traditionally, people expect treatment for physical or mental illness in hospital, but rarely anticipate spiritual, emotional or social healing. From a general health care perspective the present revival of alternative medical practices is a struggle against the dominance of the medical model. Discontented with the ability of biomedicine to treat many illnesses, especially chronic diseases, and angered and uncaring attitudes, millions of people are spending large sums of money on chiropractors, homeopaths, new age remedies, herbal teas, and a wide range of other non-biomedical treatments. As for the case of depression, this has given way for a wide range of alternative psychological treatments to flourish or be tested. This movement toward alternative treatment methods has also brought about an increased recognition of the importance of healing qualities within the physical environment, both in terms of wellbeing and reduction of negative stigma, and so hospitals and other health facilities are incorporating what they believe to be healing design features at an increasing rate.

Bibliotherapy

The basic concept behind bibliotherapy is that reading is a healing experience. Bibliotherapy involves reading books or other materials on how to overcome depression and apply the practices oneself. The person works by him or herself (or with some supervision) through the material, applying the techniques outlined in it. Bibliotherapy usually uses a cognitive behaviour therapy approach.

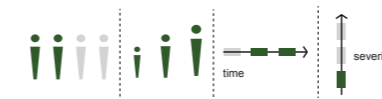
+ helps with mood regulation and is often effective in prevention of relapse



Art therapy

Art therapy is a form of treatment that encourages people to express their feelings using art materials, such as paints, chalk or pencils. A combination of techniques including drawing, painting or other types of art work are used to bring out emotional qualities or issues. These are used to help the person to cope better with stress, work through traumatic experiences, improve his/her judgment, and have better relationships with family and friends.

+ works through concealed emotions by the expression of these through art



Nature assisted therapy

Nature-assisted therapy is the use of plants, natural materials, and the outdoor environment to improve health. Nature-assisted therapy covers a variety of activities. These include therapeutic horticulture (gardening and plant-related activities to improve wellbeing) and wilderness or outdoor adventure excursions. It is thought that disconnection from the natural world can cause ill health and that reconnection can improve wellbeing.

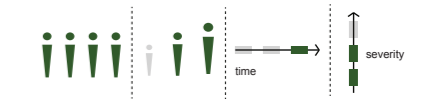
+ close connection with natural environment and fresh air leads to increased wellbeing.



Mindfulness Meditation

Mindfulness is a form of self-awareness training that is adapted from Buddhist mindfulness meditation. It focuses on being aware of what is happening in the present without making quick or negative judgements about it. Exercises based on gaining control of the mind's focus and the direction of thought patterns are effective in reducing the experienced anxiety and worry among patients.

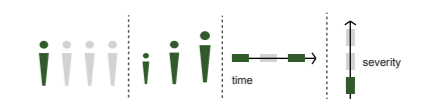
+ increases motivation and determination as well as acceptance of the present



Light therapy

Light therapy involves an exposure to bright light for around a half an hour daily. The bright light can be either in the form of conventional fluorescent lamps or bright sunlight and is shown to have particular benefit for people who suffer from a form Seasonal Affective Disorder (SAD), where depression occurs on a regular basis in particular seasons. This condition is more common in the northern hemisphere, but it does exist in Australia.

+ fixes disturbances in the body's internal rhythms caused by less sunlight in winter





A healthy lifestyle

Depression can often lead to the negligence of basic physiological human needs and the benefits of a healthy life style relating to aspects such as physical exercise and a nutritious diet. The lack of consideration of such can in some cases also be identified as either a contributing or leading cause to depression. Some types of depression arise more or less directly from the experience of physical illness. Taking heed of the mind-body connection can in certain scenarios be vital in increasing the prospects of recovery from depression.

In terms of recovery prospects, our motivation and belief in the recover process can have determining consequences for achieving desired results. Having an external locus of control, that is when the individual feels that external forces or events such as chance, fate or the stars are causing their behaviour or actions, has been shown to be related to poor mental health and a lack of adaptation. However, some argue that it is likely that individuals who accept their 'fate' also accept their stresses. It is interesting to question whether or not this may explain the lower than expected rates of reported mental distress among migrants from the Indian subcontinent, among whom belief in karma, fate or the stars is quite prevalent.

Acupuncture

Acupuncture is an ancient form of healing developed within the traditional medicine China, Japan and other Eastern countries. Fine needles are inserted into specific points (called acupuncture points) just below the surface of the skin in order to stimulate the nerves. It is believed that acupuncture can help to relieve depression, along with anxiety, nervous tension and stress by affecting the flow of energy in the body.

+ relieves stress by affecting the nerves



Massage therapy

Massage involves the manipulation of soft body tissues using the hands or a mechanical device. Massage is often done by a trained professional, however, non-professionals can be trained to do it. Massage produces chemical changes in the brain that result in a feeling of relaxation, calm and well-being. It also reduces levels of stress hormones - such as adrenalin, cortisol and norepinephrine - which in some people can trigger depression.

+ relieves tension in the body and reduces stress levels



Exercise

Low levels of physical activity are often linked with depression. Both aerobic and anaerobic exercise has the ability to change levels of chemicals in the brain such as serotonin, endorphins and stress hormones. Results can include improved sleep patterns, interruption of negative thoughts that make depression worse, as well as increased coping ability by learning a new skill.

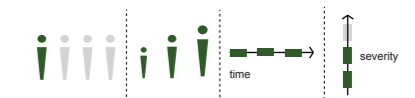
+ improves ability to relax and feeling of accomplishment



Prayer

Prayer as communication with the absolute is traditionally explained by that the supreme being responds to the prayer with a miracle of healing. Healing through prayer does however also have non-religious explanations. Prayer may be seen as a placebo treatment in which the expectation of healing produces the benefit. Additionally, the 'local mind theory' proposes that human consciousness operates beyond the physical location of the person who is praying, to have healing effects everywhere at once.

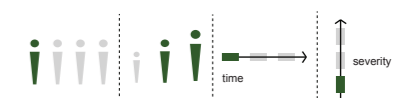
+ affects consciousness and thought patterns positively



Yoga

Yoga is an ancient Indian exercise philosophy that provides a gentle form of exercise and stress management. It consists of postures or 'asanas' that are held for a short period of time and are often synchronised with the breathing. It is very helpful for reducing stress and anxiety which are often precursors to depression. A number of studies have shown that yoga breathing exercises are beneficial for depression.

+ reduces stress and anxiety levels





Particular considerations with migrants

A person with mental illness who does not speak fluent English may or may not have access to an interpreter, and will thus not generally have access to psychotherapy, rehabilitation and social support programs. For recent arrivals from Somalia, Sri Lanka or Myanmar, for instance, it is unlikely that relevant cultural issues will be understood and incorporated into the treatment program (Minas, 2013, p. 1-2).

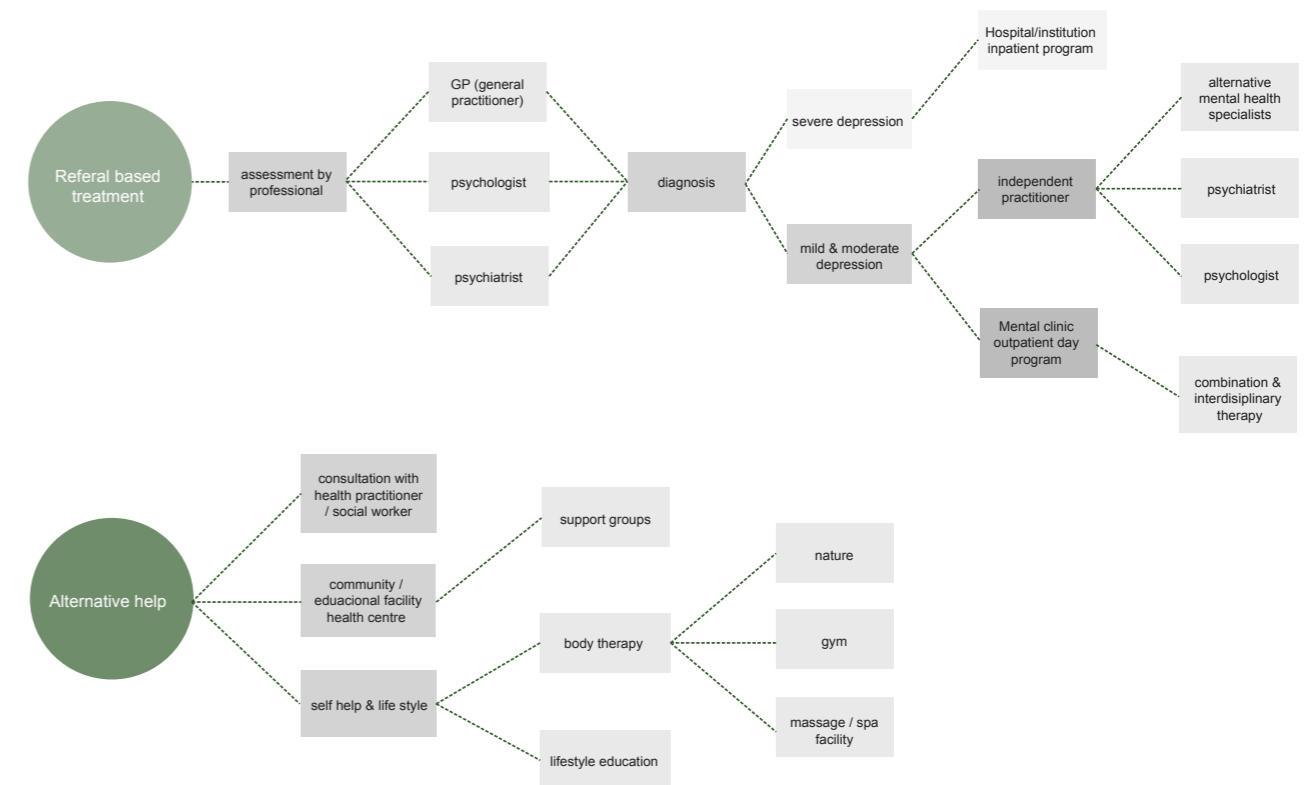
Seeking help for depression:

Because it has become the accepted view that depression frequently has multiple causes, it has also become the norm that multiple professions and approaches to treatment have important roles to play in helping people overcome depression.

We may differentiate between the types of treatment that require referral and those that do not. Referral based treatment include most official treatment programs involved with hospitalisation or inpatient or outpatient programs run through clinics. To participate in such treatment programs the patient has to go through a process of assessment of the illness nature and severity before being placed in the hands of those most appropriately equipped to handle the recover process. The need for detailed diagnosis in order to enter treatment programs ensures the appropriateness of approach but also leave some people with mild to moderate less inclined to seek help due to the common stigmatisation that comes along with a diagnosis of being mentally ill or is otherwise associated with the type of institutions hosting these types of programs.

Alternative self help treatments are not as goal oriented or focus specific as the depression treatment programs run by institutions. However, many of the psychological, social and physiological needs exhibited by depressed people can find some resolution in more flexible types of therapies that focus on increasing general wellness whether physical or mental. There is a good range of depression related support groups actively operating in Melbourne, however few of these are age group specific or include ages below 18.

The pathways for seeking out help for depression in Melbourne







Expression, identity & value

The way mentally ill people are thought of or treated is to a large extent dependent on the symbolic representations of them within a culture. Although the perception of mentally ill people has changed drastically over the decades it is argued that hospitals and mental institutions today still work actively to counteract stigma and often suffer from serious image problems. Naturally, changing cultures in terms of the way people 'normally' behave presents a tremendous challenge within a society and it is not the ambition of this project to change health culture generally. It should however be possible to lay the premises for sufferers of mental disorders to access rehabilitation at an early stage by giving it a different identity to that normally expected by health care facilities and thereby reducing stigma. Through the combination of usergroups and functions which I believe have the ability to complement each other I wish to achieve an identity within this project not simply as a mental institution for the diagnosed mentally ill, but rather as a wellness centre which in addition to its core in rehabilitative day programs includes facilities used by everyday people in need of a break from daily life. The decision to incorporate social environments where both healthy and diagnosed people meet is supported by the fact that ill people have a tendency or ability to inhibit the recovery of other ill people. Behaviour observed in others can often cause us to act likewise, and thus it is incredibly important for people recovering from mental illness to engage with and get inspired by other people that may exhibit a more positive outlook on life. This is especially

true for those in the later phases of recovery where the aim is to achieve a successful introduction back to society after completed inpatient treatment at institutions. Equally important as the concept of reducing stigma and promoting a healthy environment through the introduction of everyday people to the centre, is the benefit provided to those who may take part in activities and functions without a diagnosis. The feeling of being depressed is something that everyone can experience from time to time to larger or smaller extents. The importance of counteracting depression before it reaches the stage of diagnosis or even before it develops at all should not be denied and is little account for by our standard health care options.

A need has been established within Melbourne's culturally and linguistically diverse society to provide more flexible ways of accessing treatment appropriate for migrants and thus the project aims to achieve exactly this through the incorporation of CALD appropriate programs as well as the thorough consideration of culture in the expression of the architecture and choice of functions. The contested nature of healing is acknowledged, implying that the individual interpretations of symbolic or social settings should be accounted for in a context where culture and ethnicity will vary drastically. The aspect of religion and the 'sacred' qualities of space should be considered for their psychological health benefits in a context where what you believe about something matters to the outcome.



personal motivation



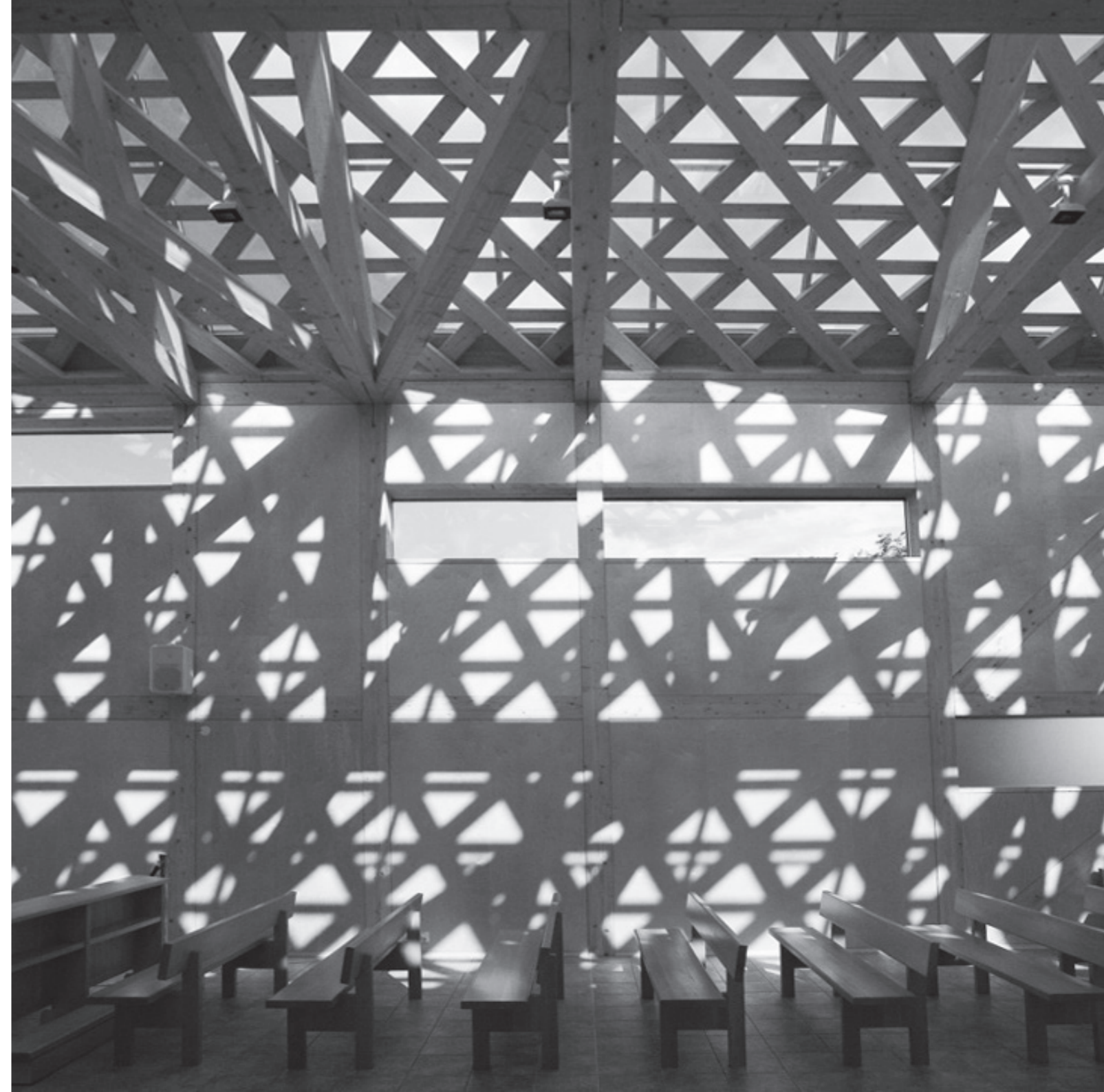
An architectural interest

The design of your very own project brief presents a unique opportunity to reflect upon why certain choices should be made and why things are put together the way they are in society. By establishing an outline for this project that combines functions & usergroups based on their inherent social and cultural possibility to compliment and enforce each other, I hope to take full advantage of this opportunity.

One of the most fascinating aspects of architecture is its ability to inspire a certain activity or feeling. Nowhere, perhaps, is this fundamental ability more crucial than in the development of mental health facilities. Architecture can be used as a tool in the creation of scenes for social interaction, allowing for, and encouraging, specific types of relationships to take place. We may argue that the experience of, for example, intimacy or control, safety or openness, are feelings that can translate in to our built environments through the careful mediation of architectural instruments. The activity based program of a building, and the relationship between functions, inevitable affects the behavior of those who will inhabit the space. Similarly can the adjustment of features such as materiality, color, lighting or openness affect our sensory experience of space. For the purpose of this project I hope to explore the potential of all of these elements in the promotion of mental health as a catalyst to physical wellbeing.

Context approach

The choice of project context is based upon a personal appreciation for the multicultural character of Melbourne as well as its relevance in terms of the present need for culturally responsive mental health care. My personal experiences both with the city and its diversity of culture are many and varied after a previous 3 year period in Australia where I was given the opportunity to experience life in the city as an international student first hand. The amount of Asian and Middle-Eastern influences present in this modern city struck me by surprise upon first encounter but soon became one of the most cherished qualities. Adding to my general interest in environmental aesthetics and the impact that physical environments can have on our health, I have felt encouraged by this context to investigate the effect that spirituality, religion and culture may have on the healing process.





The project will provide a place for healing from diagnosed depression that is additionally complimented by features that can offer relief for the 'undiagnosed' impacts of everyday life. A core component of treatment specific rehabilitation programs will therefore be supplemented by some public functions which can be accessed without a pre-approved referral. Treatment will be offered for adolescents and young adults aged 15-30 years old on an outpatient basis, targeting those with mild to moderate types of non-melancholic depression. Priority will be given to culturally and linguistically diverse Australians, and a sensitivity to culture, religion and language will be incorporated in to all aspects of treatment as well as the execution of facilities. Capacity and scale of the center should be sufficient enough to validate its functions, however, the benefit of intimacy and smaller groups sizes should be given consideration.

Day rehabilitation programs:

A referral based day program can help to prevent relapse and to promote long-term maintenance and rehabilitation for those with ongoing mental health issues. The center will therefore offer day programs on each day of the week. Patients normally attend once or twice weekly for 6-7 hours continually with a maximum of 10 people in each group. Up to three groups may run simultaneously. The day program can include a combination of activities including psychological talk therapies, art therapy, bibliotherapy, nature based treatment, culinary practice, meditation & body related therapies such physical exercise, acupuncture and massage. 3 hour rehabilitation programs on specific treatment types can also be offered in the afternoon or early evening.

Support groups and volunteer activities:

Voluntary support groups can use the centers meeting rooms and group activity spaces in the evening and on weekends. These types of support groups are common in Melbourne, however few exist specified for adolescents and young adults and especially for culturally and linguistically diverse Australians.

Informal drop-in center:

The center should maintain an area open for all of those in need of inquiry and help. A relaxed setting should be provided in connection with a small library for this use, offering a daytime home away for home, a place to reflect, be alone or do work whenever the need of assistance is not present. This part could be supervised by volunteer medical practitioners such as students for instance.

Public functions:

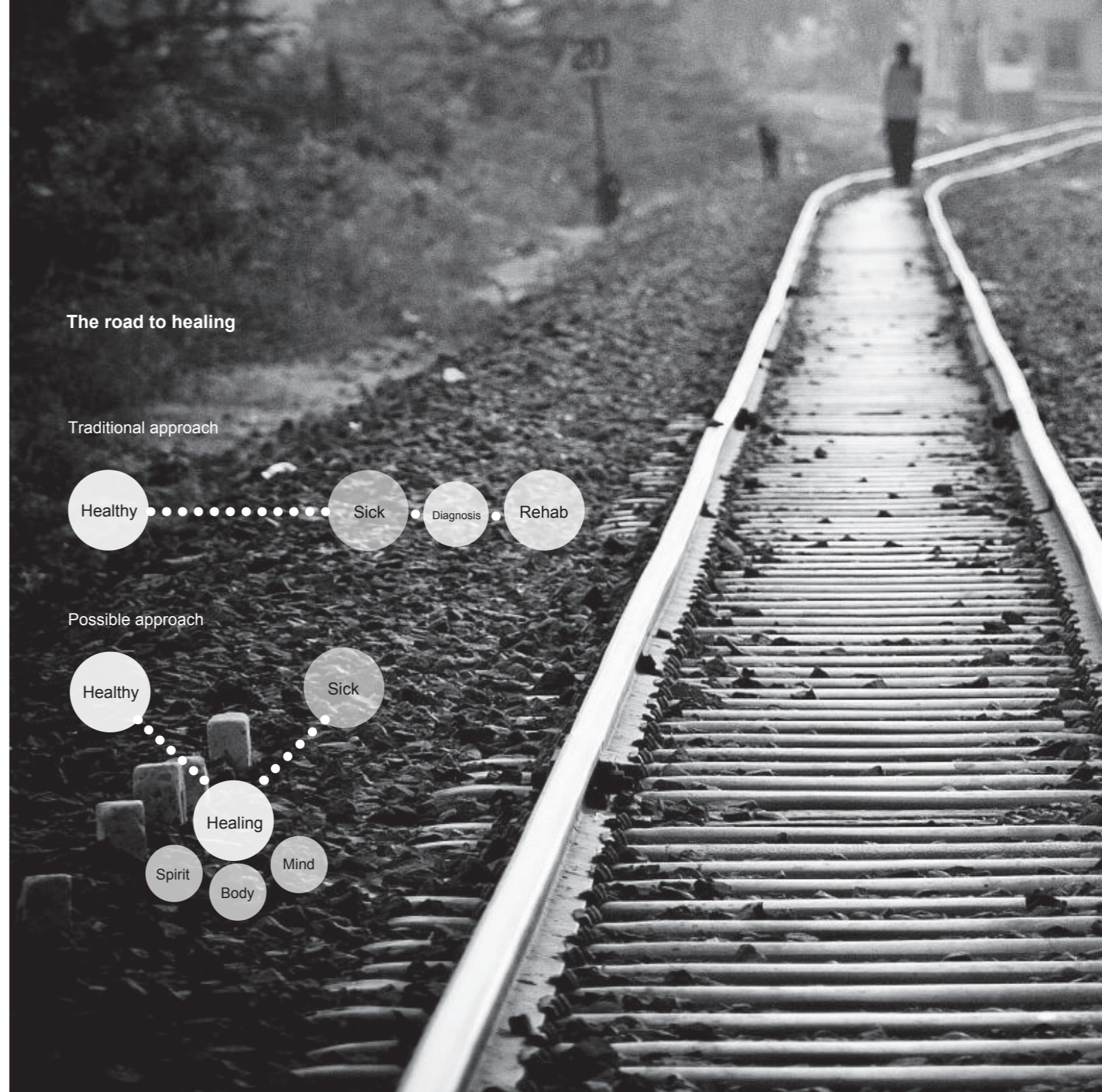
There are certain functions which both the rehabilitation program and other people may benefit from. Healing related to spiritual and bodily aspects are therefore made publicly available in order to benefit several usergroups, their interaction and to validate the presence of facilities too costly to run for the treatment programs alone. A universal prayer space, or simply a space for contemplation should be made publically available yet maintain an intimate and quiet character. A swimming pool and facilities for acupuncture and massage therapy will provide another public asset where members of the treatment programs may mix with other adolescents & young adults from the surrounding area.

The road to healing

Traditional approach



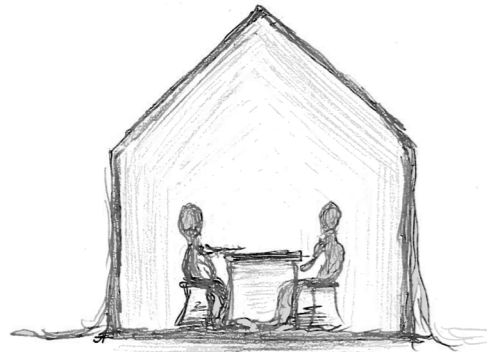
Possible approach





Strengthening the psychological meaning of home

One of the reasons for mental illness is in fact the feeling of rootlessness, of no place to call home. Mental illness can sometimes arise from the feeling of rootlessness, of no place to call home, and psychiatric patients in particular benefit from attachment to certain places. Button has explained how the expressions of our physical environments affect our visions of selves and are important for keeping a sense of rootedness in situations where we feel lost. The psychological meaning of home should therefore be strengthened throughout the project.



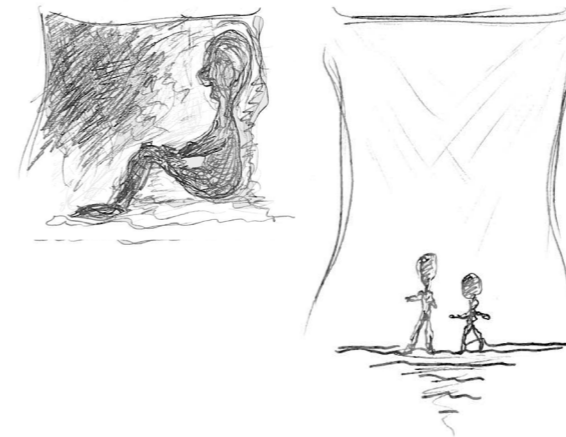
Providing a culturally inclusive environment

One of the most largest arising challenges in current provision of mental health care in Australia is the inclusion of culturally and linguistically relevant treatment. A flexible approach to the offer of a culturally and religiously sensitive environment should encourage early treatment and make mental health care more accessible to the CALD community. Public functions such as a universal prayer room and the informal drop in center will aim to make Australians of all cultural and religious backgrounds more inclined to seek out a consultation.



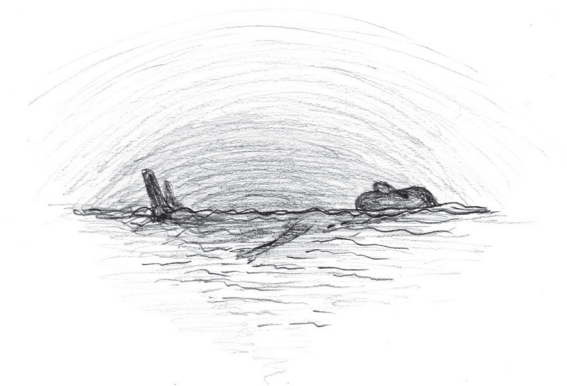
Variety in intimacy and openness

Depressed people often need time to open up in front of a big audience and so the variety in social and physical settings aims to foster feelings of a safe environment where personal needs for intimacy or openness are met as they occur. While group interaction and learning should be encouraged in some areas, the need for intimacy and private space should not be ignored, especially among socially avoidant personality styles and those dealing with trauma that causes significant psychological distress.



Remembering the mind/body connection

Focus on the body and its physiological needs are often neglected by sufferers from depression. The positive effects of physical stimulation and activity on mental wellbeing are many and so the center should encourage a wide range of physical activities to take place, whether as part of a program or on own initiative. People, whether depressed or not, attend spas and work out studios to maintain health and increase overall wellbeing. Such functions therefore provide the perfect scene members of the day program to engage with people from the general society.





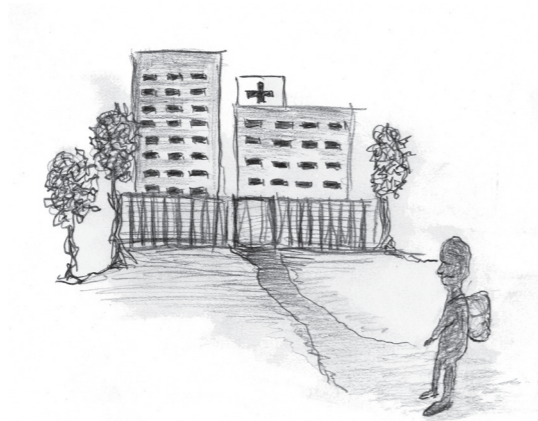
Maintain a universal appreciation for the sacred

Beliefs, feelings or attitudes possess the power to alter our ability to master something and so spiritual strength is seen as necessary to health. The need for a place to foster spiritual strength will be especially strong among culturally and linguistically diverse Australians, and so the project should maintain a respect and universal appreciation of the sacred through its execution. A universal prayer space should be provided for individual contemplation as well as religious manifestations to take place.



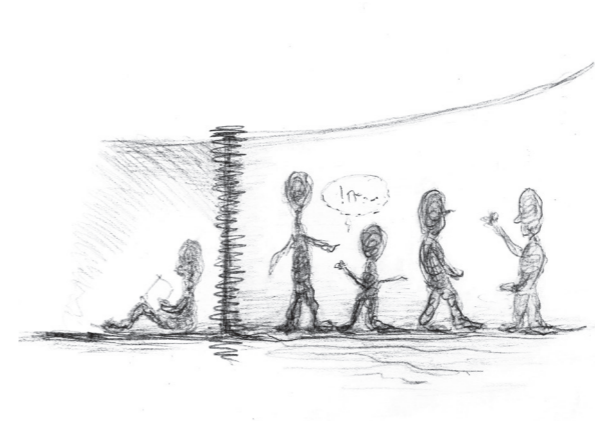
Avoid institution image and stigma

Symbolic representations of the mentally ill are strong within different cultures. Typical associations of a hospital such as white surfaces and long corridors can have negative or positive attachments depending on that person's previous impression or experience with such institutions. We should therefore be careful of what we 'remind' people of in the creation of healing environments and this should be taken into special consideration throughout the project in order to encourage rather than discourage people to seek help.



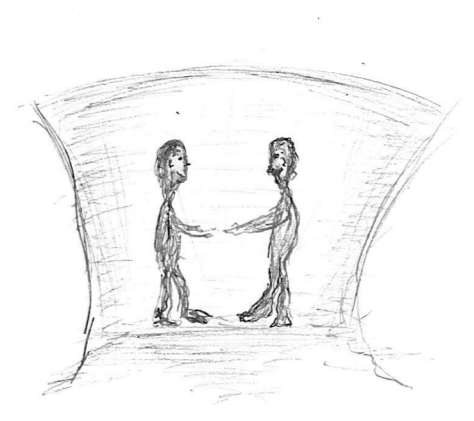
Interaction between public and private areas

The interaction between public and private areas will be equally important as the modulation between intimacy and openness within the project. The aim of many attending the day program is that of successful integration into society after completed inpatient treatment and so for this purpose the provision of places where healthy and sick people can meet are especially valuable. Simultaneously, it is incredibly important that safe and secure private spaces are maintained for those suffering from depression.



Fostering social environments

The qualities of social relationships in health care settings are especially important due to the emotional sensitivity of ill people. A sense of equality between the healer and healed should be achieved in order to encourage feelings of mutual respect and trust. Due to the high level of sensitivity and various personality styles experienced among depressed people the public spaces as well as other social settings where people meet to engage in group activity should be given great consideration in terms of their execution.







Choice of usergroup:

Many of the current treatment options or support groups for depression are targeted either at children or at any age above 18. While the wish of mental health care generally is to be all-inclusive to the greatest extent possible, it cannot be denied that general treatment with a large percentage of usergroups above 40 leaves adolescents and young adults less inclined to seek out help. One might say that biological differences as well as the difference in stages of life between older and younger age groups cause these age groups to have and a different sense of “normalcy”, including different goals and needs. By limiting the treatment to adolescents and young adults ages 15-30 the hope of this project is to achieve a higher relevance of treatment for this age group as well as increase the likeliness of these ages to seek out help.

As the project does not propose an inpatient facility, but rather a centre for outpatient care, informal drop-in and interaction with public functions, there will naturally also be set prerequisites beyond age group for those wishing to attend programs.

For the smooth operation of the center the admission criteria for the treatment programs are:

- Adolescents and young adults aged 15-30.
- Commitment to working towards personal change
- Ability to work in an intensive group environment
- Mild to moderate depression
- Stable mental state
- Referral from an accredited psychiatrist

Priority will be given to culturally and linguistically diverse Australians in the selection process and staff will be equipped to respond to cultural, religious or linguistically related needs.

Support groups prerequisites:

Support groups can be offered for specific target groups within the frame of 15 to 30 years and it is likely that also these age groups will split in to different groups. As the groups are run by volunteers these are cost free and also do not require referral or diagnosis for attendance.

Public functions prerequisites:

Public functions will be in use by the treatment programs at various times but can also be attended on own initiative. The target group is extended to include any members of the immediate society within the age group 15-30 years old, regardless of any specified mental health requirements.



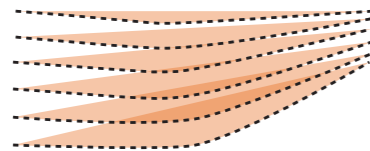
program definition



Activities to be accounted for:

Talk therapy:

- Cognitive behaviour therapy
- Psychotherapy
- Interpersonal therapy
- Counselling
- Narrative therapy
- Support groups

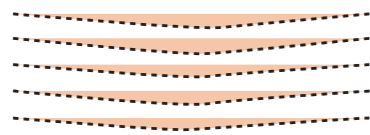


Physical requirements of functions:

Space for group interaction and meeting rooms of various intimacy (capacity of occupancy in rooms ranging from 2-30)

Alternative therapy:

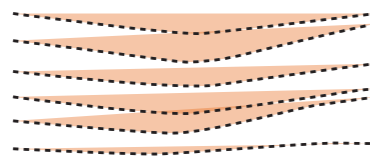
- Art therapy
- Bibliotherapy
- Mindfulness meditation
- Nature assisted therapy
- Light therapy



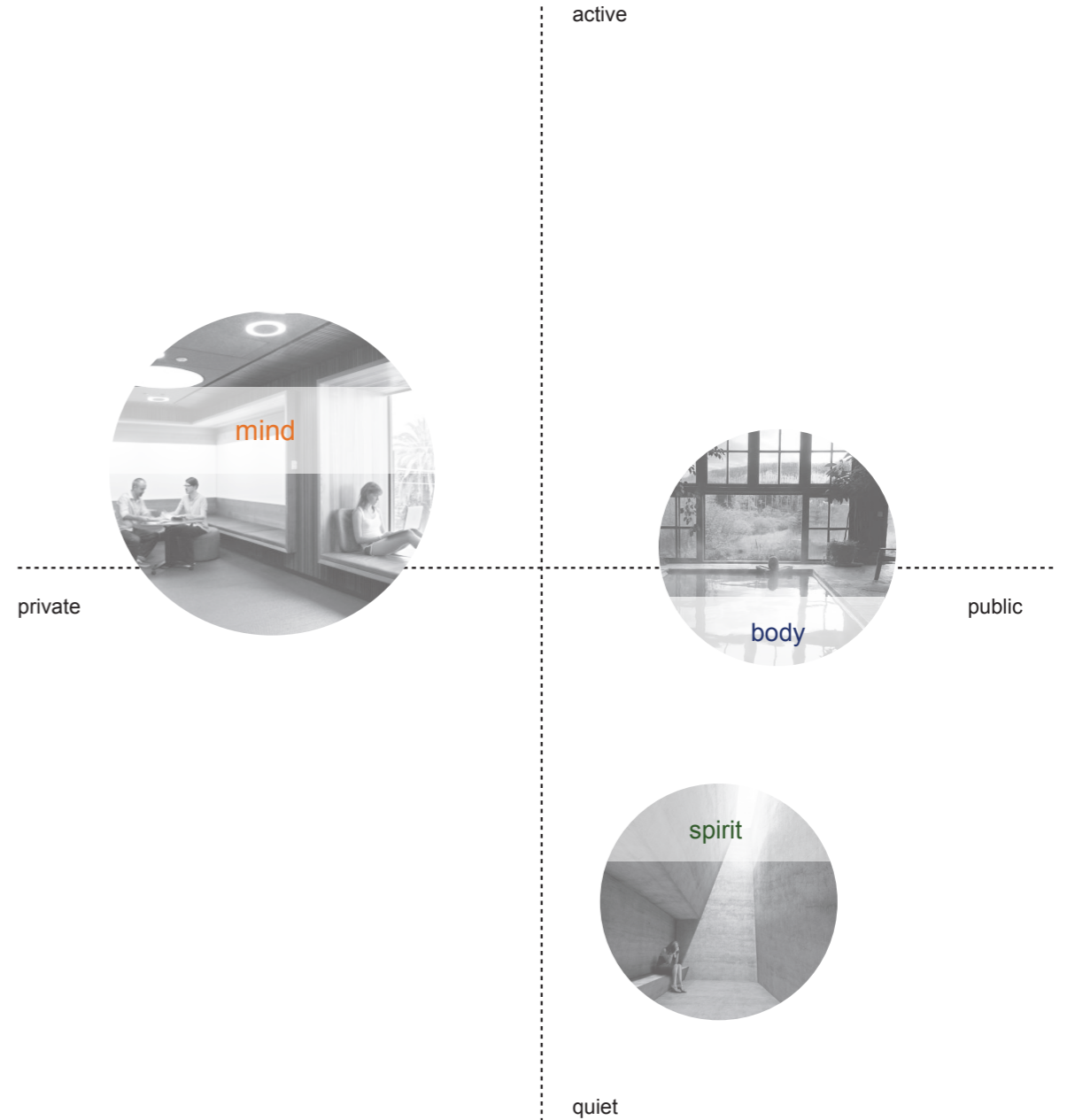
Open studio space/s for flexible use
Library and quiet reading space
Meditation rooms (individual & group)
Garden areas & growing facilities
Sun space

Lifestyle interventions:

- Acupuncture
- Massage therapy
- Prayer
- Exercise
- Yoga
- Nutrition



Massage and body therapy studios for one on one and group handling
Universal prayer space
Pool area, exercise rooms with equipment or open use
Kitchens, garden growing facilities



Grouping of physical requirements

Mind & learning related

Group interaction & meeting rooms of various capacity (2-30) serving talk therapy and support group discussions
 Open studio space/s for flexible use (art, drawing, music, acting therapy)
 Library including quiet reading spaces
 Kitchen facilities
 Garden areas & growing facilities

Body & movement related

Massage and body therapy studios for one on one and group handling
 Pool area
 Exercise rooms with equipment or open use (yoga ect.)

Spiritually related

Universal prayer space
 Meditation rooms (individual & group)
 Sun space

Relation to the basic human needs

Through human contact & learning

A space for creativity and challenge
 A space for interaction and community
 A space for control
 A space for recognition
 A space to give and receive attention
 A space for the fostering of goals, purpose and meaning

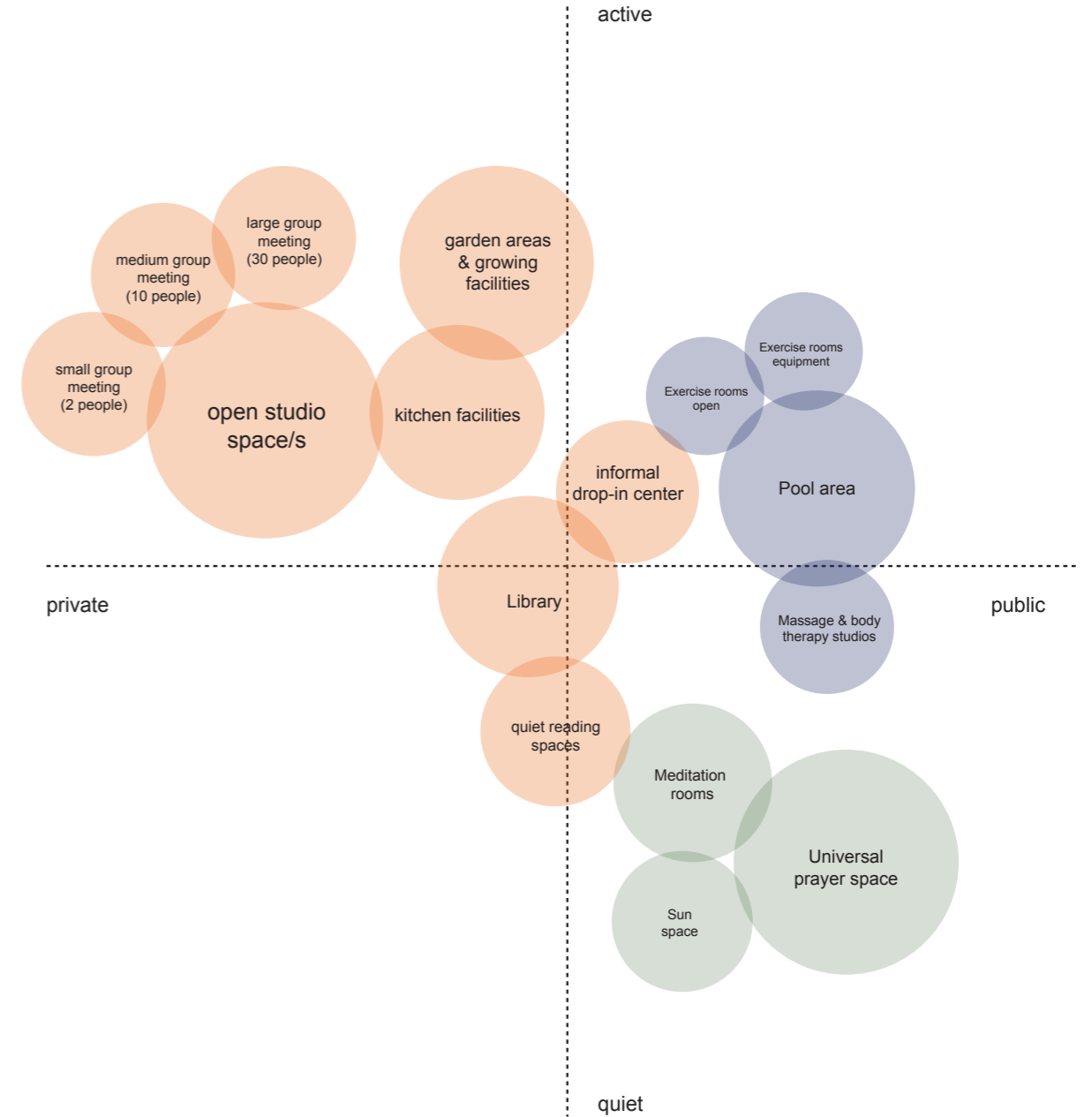
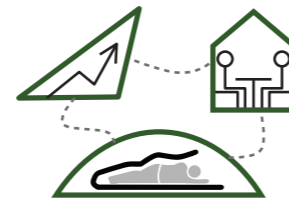
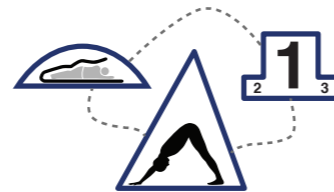
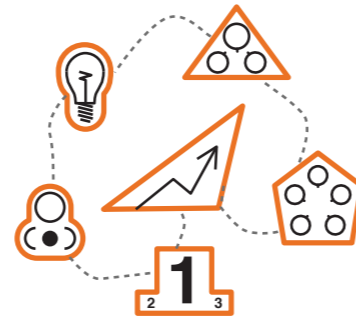
Through concentration on the bodily aspects

A space to take heed of the mind body connection
 A space for safety and security
 A space for recognition

Through individual contemplation

A space for intimacy
 A space for the fostering of goals, purpose and meaning
 A space for safety and security

program definition



site selection & criteria



The historical view on the treatment of mental illness maintained that people with mental illness could not cope well with the urban environments of the industrial society and should therefore recover in remote areas or peaceful natural surroundings. However, as discussed, the isolation of healing places can often result in fear and stigmatization towards or among its user groups. There is a strong tendency in today's urban settings of wanting to bring the natural environments closer, ensuring their presence and maintenance within the cityscape. Bringing natural surroundings in to our cities and as parts of our everyday lives confirms our inherent need for healing, for somewhere to escape to, a place to find peace and relaxation in the midst of stressful life.

For the purpose of encouraging access to healing in a more flexible manner close to everyday life the main prerequisites for site is simple for the project context.

The selected site should:

- Be centrally located within or of close proximity to Melbourne CBD.
- Be placed within a natural landscape.

Additionally, the proximation to central universities and main public attractions should be taken in to consideration to some extent.



Map of Melbourne CBD

- The Yarra river
- Public structures
- Central parks & green areas



project approach

The creative process is often not a straight forward one where you can go through and complete phases from beginning to end. I therefore hope to keep in mind that it is valuable to return to or go back and forth between different methods of approaching the project:

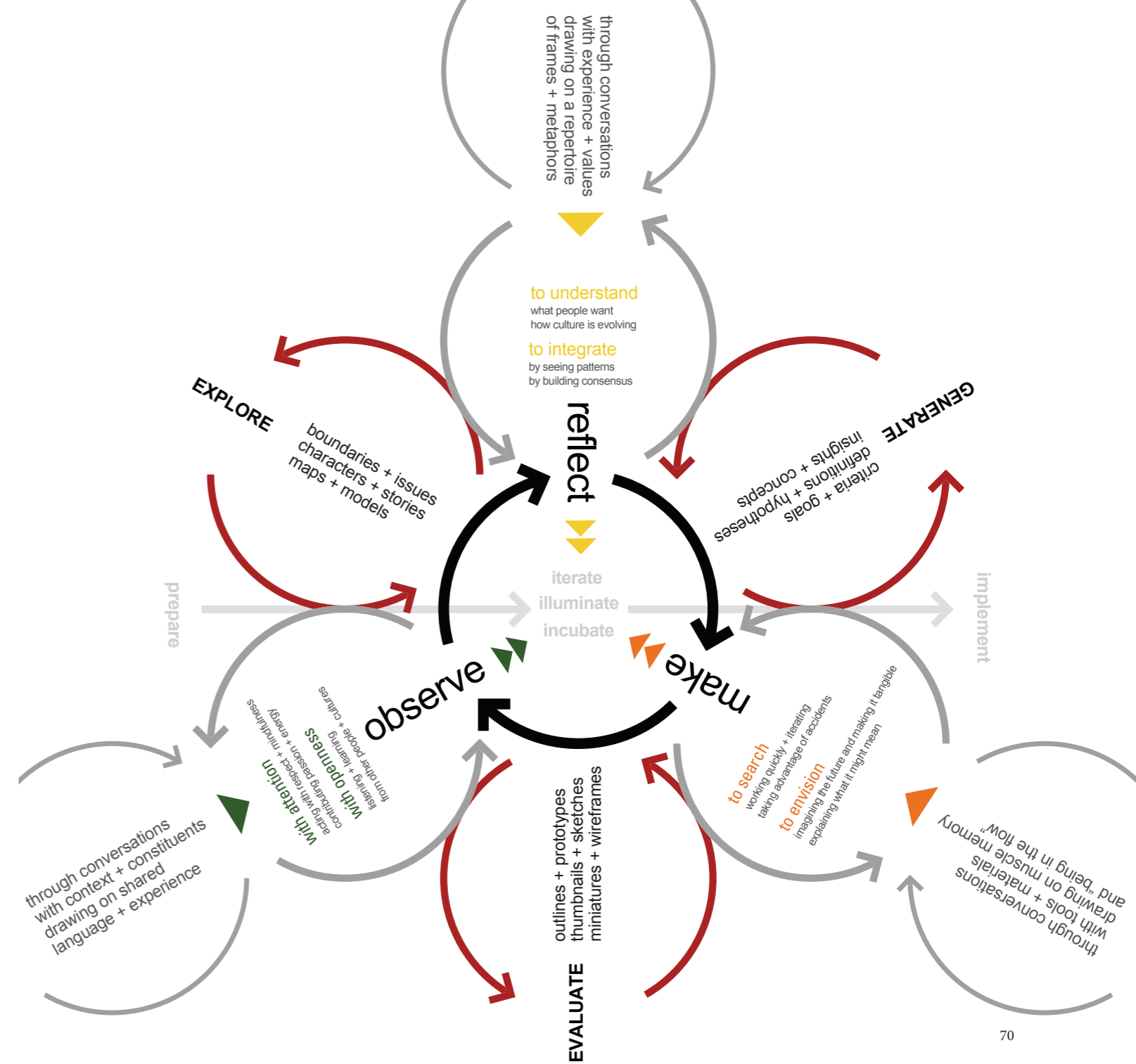
observe -----> observe ----->
 -----> reflect -----> reflect ----->
 -----> make -----> make ----->

The processes of observing, reflecting and making will be informed by generative, explorative and evaluative research:

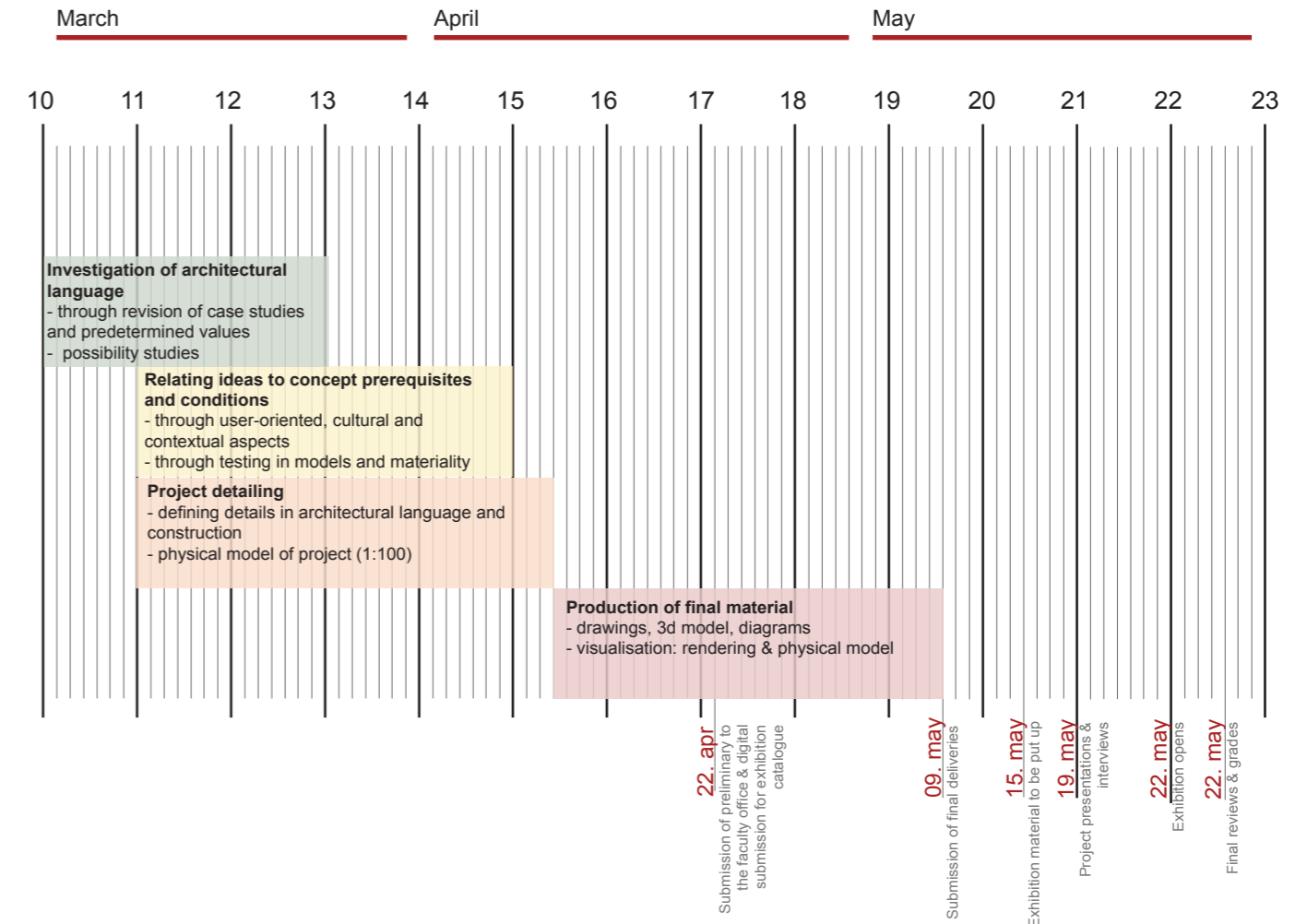
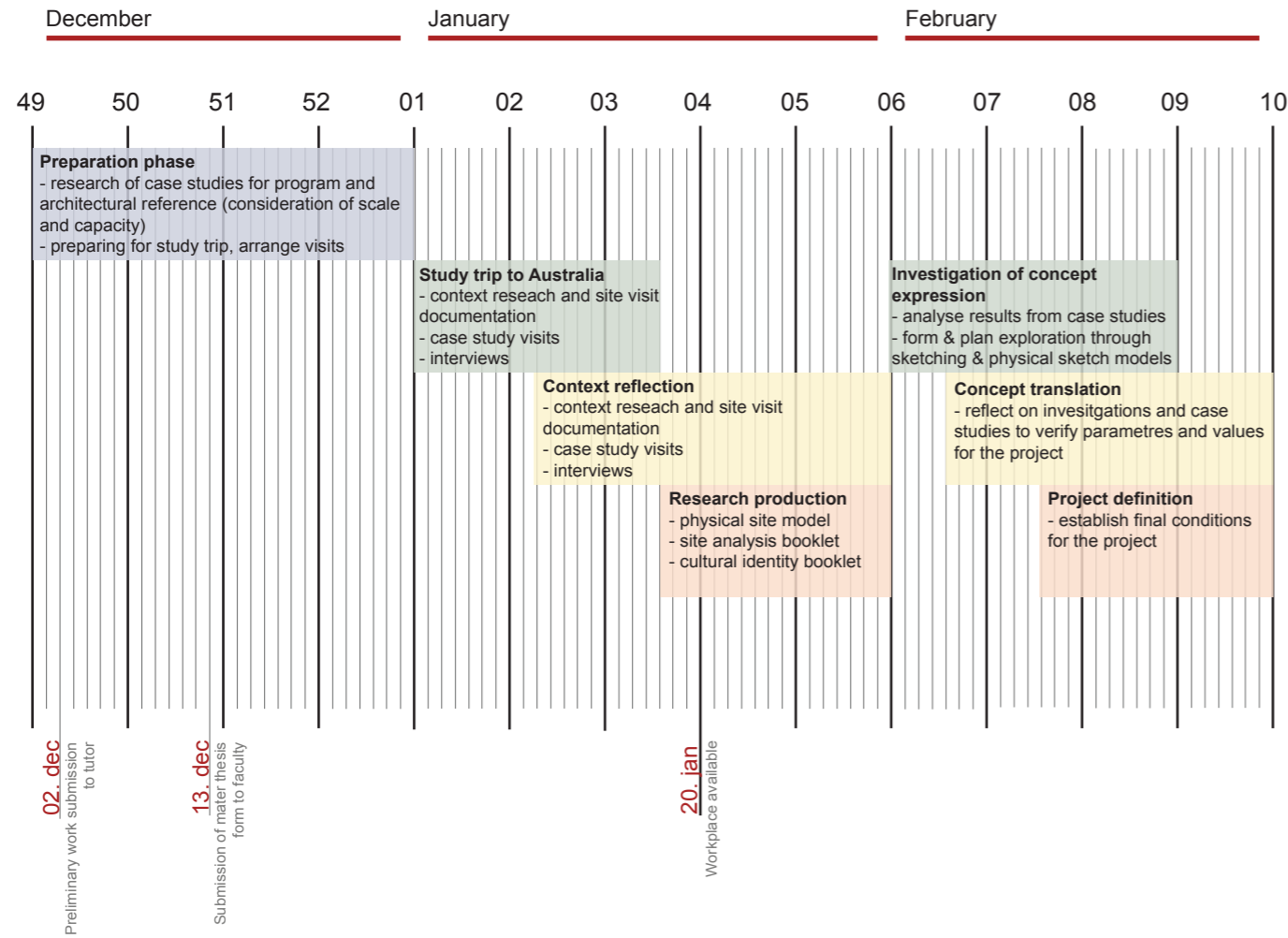
The explorative research will include case studies and visits, site research and interviews with relevant practitioners and usergroups. The exploration of relevant ideas can later be performed through sketch models, writing and drawing exercises. The main task of exploratory research is to "map the terrain." The goal is to build a shared understanding of the current situation.

The evaluative research will make judgements and draw conclusions from the research and information collected and this can be done through the applications of various methods in order to categorise and identify valuable elements to be taken further in to the generative process and to determine where prototypes fail to live up to expectations.

The generative research focuses on the establishment of clear criteria, goals, definitions and hypotheses for the project. The main task of generative research is therefore to come up with ideas and the goal is to build a shared understanding of the desired situation.



preliminary time schedule





The immediate process onwards will focus on arriving at a clearer definition of the scale and capacity that is appropriate for the project. This will be done through further examination and evaluation of programmatic case studies. It will be important in this process to gain further understanding of the operation of the center, the daily routines and staff requirements.

Potential sites should be investigated and evaluated prior to the study trip to Melbourne where a site will be selected, researched and documented. Potential case studies of interest to visit and persons to be interviewed should be identified as soon as possible to make arrangements for the trip.

Throughout the process of the project I hope to maintain a user sensitive approach which considers the relevance of cultural identity in Melbourne. Developing a site specific response will be especially important in terms of achieving a balance between public and private space as well as relation and integration in to the natural landscape.

The effect that religion and spirituality can have on the healing process has been one of personal interest and I therefore wish to further explore how these aspects can be intergrated within the project as well as influence the architectural expression.

Expected final delieved material:

Booklets

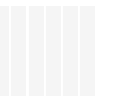
Preliminary work booklet
Process booklet
Case study booklet
Site investigation booklet
Project description booklet

Drawings

Situation plan 1:2000
Plans 1:200
Sections 1:200
Facades 1:200
Details 1:20

Models

Situation plan (1:500)
Project building models (1:100 or 1:50)
Detail model (1:20)



updated program



Throughout the phases of the project the specifics of the program for the centre have been determined, including some changes to the initial intentions. The final program to the right includes the introduction of a hammam for the physical treatment component as well as the change of the intended universal prayer room in to a series of intimate free standing pavilions. The changes are outlined here in some further detail.

The hammam:

I decided to discard the idea of involving active physical exercise within the project for the preference of therapy that can simulate the body comfortably in a calm setting. Large swimming pools are a costly affair and physical exercise equipment can be reached many places elsewhere in society or simply in nature. The hammam has a long tradition in the roman and islamic worlds and played a central role in promoting hygiene and public health while simultaneously functioning as meeting places where people could relax and socialize. The hammam involves the process of exposing the body to different levels of heat and coolth, which stimulates the blood levels to promote relaxation. There are several examples available of modern hammams operating today, and I see the function especially fit for the cultural identity within the footscray area. The pleasures of the hammam facilities can be enjoyed without particular treatment from personnel, and thus is a more viable option for patients to come and go as they please without having to pay for specialized treatment.

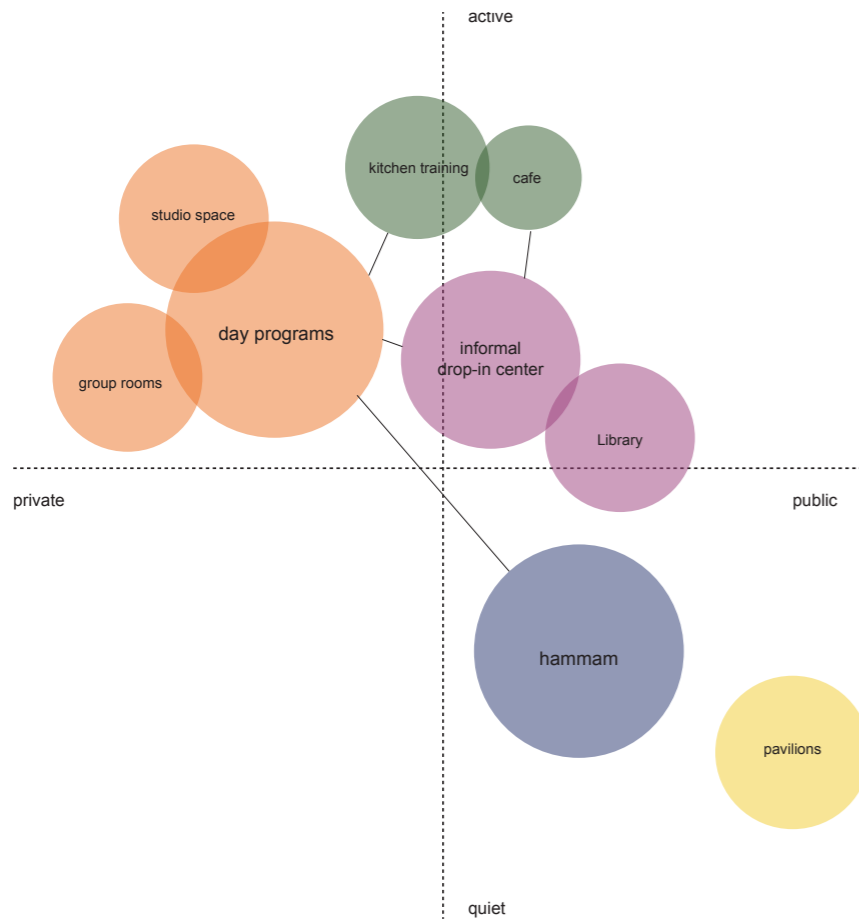
The pavilions:

As religion undoubtedly plays a central role within the multicultural context of the project my urge towards paying a sense of respect to the daily need for prayer of many individuals had been present throughout the process. Especially muslims require a space for the religious prayer which for them can be required to take place up to 5 times a day. Through the clarification of my intentions for the project, I see that my wish has been to cater for individual needs of intimacy for prayer rather than that of large groups or communities, and a large space as often required for ceremonies therefore seems unsuited. My research has shown me that the very basic and essential needs for space imposed by various religions to perform prayer are in fact rather few and I therefore feel convinced that a more simple approach to the provision of a space that provides privacy and a sense of atmosphere through its architecture will not only be sufficient but also more appropriate in terms of responding to the envisioned diversity of individuals that would visit the centre. I have been curious to explore the idea of a series of free standing pavilions that may provide different types of experiences and privacy, accounting for the variation of needs for individual space that is not provided elsewhere within the project. These pavilions will use materiality and lighting as tools for archiving atmosphere while regulating privacy in order to explore how feelings such as those of security, mystique and beauty could be expressed through architecture.

Function	Number	m2	total m2	capacity	with corridor
Informal drop in center					
Reception/drop in office (2 staff)	1	15	15	2	
PC area (2 computers)	1	10	10	2	
Library - shelving & couches	1	40	40	15	
Activity/games room	1	30	30	10	
Consultant's office	2	10	20	2	
Interview rooms	2	7	14	3	
Staff lunch/meeting room	1	15	15	8	
Flexible studio	1	100	100	30-40	
Pair work spaces	5	7	35	2	
Total			144		300
Psychotherapy section					
Group room (10 pers)	3	15	45	10	
Group room (20 pers)	1	30	30	20	
Classroom (30 pers)	1	60	60	30	
Tea area	1	5	5	3	
Total			140		210
Prep kitchen & training					
Training kitchen	1	70	70	13	
Schullery	1	10	10		
Cold room	1	7	7		
Dry store	1	6	6		
Dining (30 pers)	1	50	50	30	
Cafe vending area	1	15	15	2	
Cafe indoor seating	1	40	40	20	
Cafe outdoor seating	1	40	40	10	
Total			238		238
Physical therapy - hammam					
Entrance lobby & reception	1	30	30	30	
Wardrobes, showers (3 showers)	2	13	26	10	
Toilet booth (2 toilets)	2	8	16	10	
Treatment rooms (3 beds)	2	20	40	6	
Shampoo/wash room	2	10	20	12	
Plunge bath	1	20	20	7	
Cold room	1	45	45	8	
Warm room (tepidarium)	1	90	90	30	
Hot room (calidarium)	1	20	20	15	
Very hot room (laconicum)	1	10	10	10	
Staff toilet	1	5	5	1	
Staff tea break	1	10	10	5	
Yoga studio	1	50	50	35	
Technical	2	10	20		
Total			402		603
free standing pavilions	5	10	50	4	
Size of centre					1561

updated program 

The operational and organisational structure for the centre has been further outlined here:



INFORMAL DROP IN

- Free consultations
- Social & community support and activities

Staff: 2 volunteers, 2 consultants

Users: anyone in need of support

DAY TREATMENT PROGRAMS

- Combination programs of specific goal oriented therapy
- 3-4 programs simultaneously per day of 8-10 patients.
- Patients attend 1-2 programs per week from 9.00 to 16.00

Staff: 3-4 staff of various qualification

Users: referral from psychiatrist

EVENING SUPPORT GROUPS

- Language classes
- Community outreach talk groups

Staff: Volunteers, organisations

Users: anyone suited to the groups

TRAINING KITCHEN & CAFE

- Food prep certificates (barrista etc.)
- Cooking and nutrition learning
- Inclusion in day treatment programs

Staff: Volunteers, day program staff

Users: members of the community

HAMMAM

- Treatment focused on physical wellbeing
- Body and movement related therapies

Staff: 4-5 physical treatment experts

Users: program participants, the public

updated site selection



Another change to the initial outlines for the project has to do with the site selection. While the site conditions that were laid out previously involved determining a site within the immediate Melbourne CBD, numerous visits to the identified potential sites revealed the lack of appropriateness of such a central location for the project. The prerequisites for activity on and around the site combined with the preference of some secluded natural greenery made it difficult to find a compromise between an urban and natural setting until the discovery of some vacant land for development in Footscray, a suburb 4 km from the Melbourne CBD. As the site is close to the centre of Melbourne and additionally very well connected by public transport it soon became the obvious choice. Footscray is one of the most diverse areas of Melbourne, and the fact that so many culturally and linguistically diverse Australians reside and work there made it ideal as a focus area for the project. A sub centre does also, after some deliberation, appear to be more appropriate for the scale of the indented project. It allows a better community feel and character while still being able to draw visitors from all around Melbourne. The specifics of the initial site options as well as the final site are discussed further in the site context and process booklets.





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