

SUMMARY - PSYCHE, No 1 2022

The design and experience of a suicide preventive care environment at inpatient psychiatric hospitals

In the latest issue of "Psyche" – the Association of Psychiatric and Mental Health Nurses magazine in Sweden - Franz James and Susanne Tell reason around experience perspective, conceptual issues and communication.

Patients' experiences of inpatient care is a large knowledge bank, which is proposed to be utilized as a complement to enable new valuable perspectives in redesign of existing care facilities and development of new psychiatric care units. The patient's view would then add the perspective of the lived experience and reduce assumptions about what is important in the design of the rooms.

In the design process, you can then add a deeper understanding of what the care environment means on an existential level — who do you become and what do you need as a patient? For those people who struggle with self-harm and risk of suicide, the ward's good efforts to create a "normalized" environment may possibly pose a risk of injuries and suicide attempts if adequate prevention is lacking in the care environment.

However, there are no contradictions between the "normalized" environment and the suicide prevention requirements, there are good opportunities to create both a safe, secure and healing environment if you broaden the perspectives and take advantage of the knowledge and experience that is available.

The authors want to discuss three questions:

1. Can a failed suicide attempt interrupt the "suicidal crisis" and what happens afterwards? The suicidal crisis does not mean that a person's desire to take his/her life is permanent, but "The will to live is constant, the will to die is periodic." Through this approach we can more clearly understand that the crisis that arises is acute and transient. The crisis may return though it is not constant and interrupting it opens up for recovery and treatment. Those who have experience of this crisis sense that there is often a huge fatigue afterwards and

that the phase of recovery is burdensome and the patient's sensitivity is elevated. An increased sensitivity to social relationships and the surrounding environment then create a need for extra security and control of the close environment.

2. What is required of the care environment in order to prevent from suicide attempts?

The design of the care environment is about balance, care, innovation and knowledge to create the right conditions. Because "the will to die is periodic", the design of the care environment cannot be based on that there is a constant risk of suicide, however, that the risk exists. An ICU, where the patient is less well known, probably means greater risk of self-harm and suicide than a ward where the patient stays longer and create alliances with the staff. Regardless of the degree of risk, the staff's good knowledge in understanding the patient is a always crucial factor in preventing a suicide attempt. And to that, a preventative environment must support both staff and care recipients by reducing risk.

So, what is required of the environment? A preventative environment is also a healing environment that supports patients in the recovery, and support staff in their ability to provide care, which also means patient and staff safety. In the book Architecture as Medicine, the psychiatrist Erik Brenner describes the importance of psychiatry care environment such as "... one can somewhat simplistically say that suitable care facilities for psychiatry are as important as advanced medical-technical equipment is for the somatic specialties."

3. What is required of the physical environment to support recovery? When the acute

"suicidal crisis" passes into a period of recovery the care environment can get a changed role. Often the patient is more registering and has a different approach to interior design, clothing and things. In the reorientation phase after a suicide attempt, a supportive environment therefore becomes central. The right design of the interior environment (lighting, shielding from daylight, coat hanger, bed, etc.) can be chosen to avoid attachment points for a ligature that can allow suicide by strangulation.

The authors' hope with this topic and these three questions is to open up to conceptualize what a good care environment means in psychiatric care.

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