Exam Room

Designing the Future of Integrated Behavioral Health

This guest post is by Jocelyn M. Stroupe, AAHID, IIDA, and Principal at Cannon Design.

Behavioral health covers a wide range of settings which may include psychiatric hospitals, psychiatric units in the general hospital environment, alcohol and addiction treatment facilities, behavioral health clinics, and emergency departments with psychiatric specialty. It is a diagnosis that covers a wide range of the population including children and adolescents, adults and the elderly, as well as members of the military. Diagnoses vary widely and can include depression, anxiety disorders, autism spectrum disorders, schizophrenia, dementia, post-traumatic stress and substance abuse. As a result, **design for facilities to care for this patient-type is complex**, with specific concerns not typically encountered in most healthcare design.

Demand for these services continues to outstrip supply. 29% of American adults have a diagnosable behavioral health condition. Each year, 5-7% of US adults have a serious mental illness. Mental health disorders are the fourth most costly health conditions to treat, equal to the cost of treating cancer.

Mental health is a central feature of the 2010 Patient Protection and Affordable Care Act (PPACA), which includes the expansion of mental health services. The law is providing services to individuals who currently do not receive the care they need. Estimates of approximately 60% of those with mental health disorders and 90% of people with substance abuse conditions do not receive proper care. This expansion is expected to impact 62 million Americans with expanded benefits that include mental health and substance abuse services starting in 2014.

Changes in care have shifted to a holistic approach to treatment, with patients taking charge of their healing process through individual and team-based care in a supportive, nurturing environment. Behavioral healthcare delivery is under continuous pressure to lower costs, streamline operations, and improve patient outcomes. As a result, new ways to deliver care and enhance the healing process have emerged. Treatment facilities are designed to be safe, comfortable, and to emphasize personal empowerment and individual dignity. This approach has become a catalyst for improving healthcare practices.

Dedicated psychiatric emergency departments are designed to specifically address the behavioral health population and, at the same time, reduce the demands on the ED. 23-hour crisis stabilization units are emerging as a solution to acute psychiatric needs, diverting psychiatric or crisis cases away from emergency departments, diverting adults from jails and juveniles from detention centers.

One example is the design for the Unity Point Emergency Department in Rock Island, Illinois. This project was an opportunity to rethink how care was being delivered in the Emergency Department with a focus on behavioral health patients. There was a need to provide alternative care models where behavioral health patients are identified, diagnosed, and treated effectively, as well as a desire to prevent inappropriate admissions to the hospital. Patient throughput was examined as a means to improve the patient experience.

Patients are escorted to the CSU after they are medically cleared. The CSU is staffed with Behavioral Health nurses, peer mentors and social workers who can provide psychiatric assessment, observation and support. The unit consists of six private treatment rooms, two consult rooms, clinical support and a team station, with the most unique feature being a 'Living Room'. This space is designed with the comfort of familiar home-like settings in mind. The use of natural wood materials, soft light levels, comfortable seating and visual distractions including artwork and an aquarium serve to support treatment in the physical environment. Families can spend time with the patient and peer-to-peer counseling can easily occur in the space.

This concept does not have empirical data to support its effectiveness. However, it supported the project's goals as a way to de-escalate patients and it is anticipated that many will not be admitted to the hospital as a result. The project is an example of **Health-Centered Design**, where understanding the issues of behavioral health in the Emergency Care delivery drove design decisions. A 5-year longitudinal research study on the impact of the Living Room Concept to improve care and throughput, avoid admissions, and improve safety and quality is underway.

Recently the project was shared by Cannon Design as a CHD webinar, serving to raise awareness about the issues around design for behavioral health and to promote innovation in treatment.

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