

POLYTECHNIC OF TORINO
FACULTY OF ARCHITECTURE
Degree in Architecture
Honors theses

Intermediate psychiatric structures: functional, distributive and hygienic requirements. Architecture and Psychiatry. Which opportunities?

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Beginning from the decline of the asylum the madness at last has started to be considered an ordinary disease.

Once the psychiatry once used to isolate insane people behind the high walls of the asylum and to confine them to be completely forgotten. Instead today its primary aim is their reintegration into social life.

The psychiatry no longer provides only one answer to the madness - see mental hospital - but specific solutions through different therapeutic facilities and various host places.

These places are exactly the subjects of this Thesis.

Thesis articulation

	PSYCHIATRIC ASSISTANCE	
	INTERMEDIATE STRUCTURES	
	ARCHITECTURE AND PSYCHIATRY	
	ELEMENTS FOR THE DESIGN	

At the beginning this work analyzes the changes occurred in the psychiatric field, about the idea of psychiatric places and about new trends and demands. Then it enters the most important actual topics problems about psychiatry places and not only. In fact they concern also each place designated for any general disease. In fact these places are often considered dissociated from residential context, subjected to architectonic plan tended mainly towards the management of medical procedures, so the disease is seen only from the point of view of "bed-post" logic. It is also necessary to remind you that the design has to face a lot of economical and bureaucratic problems.

With regard to the intermediate structures, they refer to rather strict and technical prescribing rules to define the kind of building structures, architectonic and organizing standards. Moreover these rules don't seem to emphasize the present tendency to have friendly and family environment in order to make the therapeutic-recovery more effective.

Then a problem arises, how we can conciliate the application of this prescribing and general rules (architectonic barriers; fire safety; etc.) with the necessity of friendly and family environment.

This Thesis tries exactly to give an answer to this problem, meaning:

- to make the rules closer to the actual necessities
- to look for the opportunities to build rooms in relation to people
- to study how the architecture could encourage the individual integration with the room structure
- to define environment requirements and characteristics connected to the reality of the insanes
- to provide methodological guide-lines regarding to functional, distributive and hygienic matters

The purpose of the Thesis is to show how the architecture in accordance with the psychiatry could become a useful device to mankind and then how it could promote not only a better individual integration with the structure, but also the same therapeutical modalities. The Thesis maintains that the architectural project should be a real terapeutical hypothesis which can give an answer to the need of comfort.

For this reason the main goals of the project are:

- to avoid situations of sensorial impoverishment and of environmental stress
- to make up for pricks of disorientation
- to spur the residual skills
- to guarantee security conditions
- to encourage privacy and socialization at the same time
- to allow the space flexibility
- to promote a family atmosphere

The Thesis maintains that a residential building structure mainly has to show peculiarities of familiarity, bearings and reception.

For this reason it points out and analyses the following requirements:

- accessibility
- recognizability
- comunication
- integration
- security
- flexibility

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hese peculiarities and requirements could be achieved with different elements of the project: furniture, materials, views, colours, etc. they should be completely integrated into the project to avoid casual and confused environment.

The Thesis deals with two main kinds of space regarding to the residential structure:

- private residential area
- common residential area

Finally it pays attention to security conditions and to rooms characteristics for the therapeutic and manual activities. It sums up their prescribing rules and integrating them with operators and patients needs, then it studies the relations between different environments arriving at defining distributive-functional schemes.

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