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Creating 'therapeutic landscapes' for mental health carers in inpatient settings: A dynamic perspective on permeability and inclusivity

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A B S T R A C T

Although there has been a shift toward treatment in the home and the community, in the UK, inpatient facilities are still important in modern mental health care. 'Informal carers', including family members, often play an essential role, not only in providing care in the community but also in care of patients during periods of hospitalisation. UK National Health Service policies increasingly consider the position of these carers as 'partners' in the care process, but relatively little attention has been paid to their position within the hospital settings where treatment is provided for inpatients. This paper contributes to geographical work on carers experiences, by reporting how this issue emerged through a study focused on perceptions of a newly built hospital, compared with the inpatient facilities it replaced. We draw on qualitative research findings from discussion groups and interviews with informal carers. The material considered here focused especially on carers' views of aspects of the hospital environment that were important for wellbeing of carers and the people they look after. The carers' views were supplemented by relevant material drawn from other interviews from our wider study, which included service users and members of hospital staff. These accounts revealed how informal carers experienced the hospital environment; we interpret our findings through a conceptual framework that emphasises carers' experiences of a 'journey' along a 'caring pathway' to and through the hospital space. This perspective allows us to make a connection between three bodies of literature. The first relates to phenomenological interpretations of one's environmental perception, formed as one moves through the world. The second derives from the literature concerning 'permeability' of hospital institutions. Bringing these ideas together provides an innovative, dynamic perspective on a third strand of literature from health geography that examines hospitals as 'therapeutic landscapes'. The analysis helps to explore the extent to which carers in this study were positioned as 'outsiders' in the hospital space.

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Introduction

Over the last few decades emphasis in the UK has shifted from long-term institutional care for people with mental health difficulties to care in the community, complemented by short term hospital care during periods of severe illness. From a geographical perspective these changes are reflected in a shift towards 'post-asylum' geographies, which focus on the ways that individuals interact with spaces and places of care in a range of settings, in the community as well as in institutions (Curtis, 2010; Kearns & Joseph, 2000; Philo, 2000).

This paper focuses particularly on the experiences of 'carers'; family and friends who provide 'informal care' to people with mental health conditions. Their perspective is important, not least because in health services generally, the landscape of care and caregiving has been restructured (Brown, 2003), blurring the boundaries between the public and private spheres of care and redefining the roles and responsibilities of professionals working in the 'statutory care sector', and of family and friends providing 'informal' care (Milligan, 2001, 2003, 2005, 2009; Milligan, Atkinson, Skinner, & Wiles, 2007; Wiles, 2003). In the UK, recognition of the rights of informal carers and how their caring role may

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impact on their own needs and wellbeing has also been acknowledged, with the development of national carers strategies emphasizing how carers need to be '*supported and viewed as partners in the care of their family member*' (Milligan, 2003, p. 456).

British (NHS) strategies to support carers have been set out in government policy documents (Department of Health, 1999, 2010). These acknowledge that supporting carers has benefits for society and the wider economy and that carers '*are key players in their local communities in terms of their knowledge and experience*' (Department of Health, 2010; pp. 46–47, p. 34). In the case of carers who look after people with mental illness, the NHS invokes the idea of a '*Triangle of Care*', acknowledging the important role that they play and highlighting that '*they can be essential partners in the treatment and recovery process*' (Worthington & Rooney, 2010, p. 2). This guidance encourages better '*collaboration and partnership*' between service users, carers and professionals to address '*failures in communication*'; to include carers more effectively in NHS care processes; and to respond more effectively to requests for advice and information (Worthington & Rooney, 2010, p. 6). The 'triangle of care' is deemed to represent '*a therapeutic alliance between service user, staff and carer that promotes safety, supports recovery and sustains wellbeing*' (Worthington & Rooney, 2010, p. 3).

Since inpatient facilities continue to play an important role in the treatment and recovery of service users (e.g. Priebe et al., 2005, 2008; Turner, 2005), the inclusion of carers in the treatment and recovery process (while the patient is in hospital) is as important as supporting carers in the community. Historically, psychiatric inpatient settings have been described by Goffman (1968) as 'total institutions' intended to separate the patient from the outside world. This idea resonates with the discussion by Moon, Kearns, and Joseph (2006, p. 132) of care models that have '*sought to promote the recovery of mental health by the removal of the 'client' from the stresses of everyday life through confinement in an ordered, harmonious and calming place of sanctuary*'. Though this may be therapeutic in some respects, it leaves little scope for involvement of family and friends as carers.

In contrast, psychiatric hospitals can also be considered as 'spaces of transition', intended to prepare the 'service user' to return to life in the community, by encouraging a degree of connection between the community setting and the clinical environment (e.g. Curtis, Gesler, Priebe, & Francis, 2008; Quirk, Lelliott, & Seale, 2006). Nevertheless, movement across the interface between inside and outside the hospital is still carefully controlled by medical staff and has been described by Curtis et al. (2008, p. 344) as a condition of 'managed permeability', positioning informal carers as 'outsiders', and locating power and control with the medical staff working in the hospital. In this paper we examine the extent to which carers experienced the hospital space as offering a setting which is permeable to carers. Schweitzer, Gilpin, and Frampton (2004, pp. 72–73) suggest that '*poor design contributes to restrictive family access*' while '*buildings can be designed to encourage social connectedness by providing opportunities for social contact and engagement*'.

These notions of accessibility and permeability for carers were evident in the findings we report below. Also emerging from our findings were strong impressions of carers' perceptions of moving through the community and the hospital to exercise their role, emphasising the ways that the hospital environment facilitated or impeded their journey along a 'pathway of caring', and how this related to their overall assessment of the hospital setting. This is interesting to consider in light of phenomenological interpretations of the ways that human perceptions of the environment are formed, through the dynamic experience of '*being in the world*' (Merleau-Ponty, 2001) and of moving through spaces over time. We have therefore adopted the metaphorical and literal idea of a carer's 'journey' to and through the hospital space as a way to structure our findings about the ways that carers experienced the hospital setting and the extent to which it supported their caring role.

We consider how this dynamic perspective contributes to ideas about psychiatric hospitals as 'therapeutic landscapes' (Campling, Davies, & Farquharson, 2004; Curtis, Gesler, Fabian, Francis, & Priebe, 2007; Gesler, Bell, Curtis, Hubbard, & Francis, 2004; Karlin & Zeiss, 2006; Ruane, 2004, ch. 16; Schweitzer et al., 2004), which are not only 'clinically efficient' but also offer physical, social and symbolic features that are beneficial for one's sense of wellbeing and therefore help to promote healing in a more holistic sense. Brown (2003, p. 490) suggests that 'health care facilities hold a position of symbolic significance within their localities' and that 'the sense of ownership' by the community is important for the way they are perceived. For informal carers to achieve a 'therapeutic alliance' and be equal 'partners' in the treatment and recovery process, it is important to consider their views on hospital design and to examine whether it offers a therapeutic landscape, beneficial to the wellbeing of carers as well as patients and medical staff.

This paper therefore aims to use the analytical device of the carer's 'journey' to explore the extent to which carers seem to be positioned as 'outsiders' in the hospital space, the degree to which they experience the hospital space as 'permeable' and their individually variable and contingent sense of whether the hospital provides a 'therapeutic landscape'. While we focus on a specific case study, this approach makes an original contribution to the wider literature on hospital design and therapeutic landscapes by virtue of its specific focus on the carer's experience and the dynamic, individually variable sense of place reflected in our findings.

Context and methods

This research was part of a wider university research project, funded by the UK National Institute for Health Research, to evaluate a significant hospital building project. The research in this study took place between March 2010 and February 2011 and was located in a mid-sized industrial town in Northern England in an area with high average levels of socio-economic deprivation where the average health of the population is relatively poor. The research protocol was approved by a Research Ethics Committee under the UK NHS research governance process, and by the relevant research ethics committees in the University Institution hosting the research team. In accordance with their requirements, we have masked the locational details of the hospital.

At the start of the study period, psychiatric inpatient services in the study area were provided in what we refer to here as the 'Old Hospital', which was built in the late 1800s, with an original design typical of 19th Century asylums. While our research was progressing, construction of a new acute facility was completed on a site adjacent to the Old Hospital. We refer to this building as the 'New Hospital' and in the period covered by this study services were transferred to this new building. In addition, at the start of the study period, there were two acute mental health wards at a general hospital on another site about five miles distant from the 'New Hospital', referred to here as the 'General Hospital'. These wards at the 'General Hospital' were also closed and services transferred to the 'New Hospital'.

Since, in practice, many mental health service users spend extended periods of time in inpatient care, experiencing repeat admissions, these changes meant that many patients and their carers had experienced the environment at the Old or General Hospital, and at the New Hospital. The aim of the study overall was to understand how service users, carers and hospital staff felt about this move, and in particular which aspects of the building design and hospital environment were considered to be important for their sense of wellbeing.

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