SPACES OF STIGMA OR HEALING: AN ASSESSMENT OF MENTAL HEALTH FACILITIES DESIGN IN SOUTHEAST NIGERIA

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ABSTRACT

This study investigated the design and functionality of mental health facilities in Southeast Nigeria, evaluating whether these spaces contribute to stigma or facilitate healing for patients. Given the critical role that the physical environment plays in the therapeutic process, this research sought to understand how design elements impact patient outcomes and perceptions of mental health care. Employing a mixed-methods approach, the study combined quantitative data from structured surveys with qualitative insights from in-depth interviews and observational studies. The quantitative component involved surveying patients, healthcare providers, and facility administrators to gather data on their experiences and satisfaction with the current facility designs. Meanwhile, qualitative interviews with patients and staff provided nuanced perspectives on how the design of these spaces affects mental health treatment and recovery. Findings reveal a complex interplay between design elements and patient well-being. Facilities with more open, naturally lit spaces and private areas for reflection were found to be associated with higher patient satisfaction and improved therapeutic outcomes. Conversely, facilities that are overcrowded, poorly lit, and lacking in privacy tend to perpetuate feelings of stigma and discomfort among patients. Again, the findings underscore the importance of culturally sensitive design that respects local traditions and community values, suggesting that spaces incorporating familiar cultural symbols and aesthetics can enhance the therapeutic experience and reduce stigma. The study highlights several key design principles that can transform mental health facilities into spaces of healing rather than stigma. Recommendations include incorporating natural light, ensuring adequate privacy, using culturally relevant design elements, and fostering a home-like environment. These findings provide valuable guidelines for architects, healthcare providers, and policymakers involved in the planning and renovation of mental health facilities in Southeast Nigeria. This research contributes to the broader discourse on mental health facility design, advocating for a holistic approach that integrates environmental psychology, cultural sensitivity, and patient-centered care.

Keywords: Mental Health Facilities, Stigma, Healing Environments, Patient Satisfaction, Therapeutic Outcomes, Patient-Centered Care, Environmental Psychology.

1. INTRODUCTION

Globally, mental health issues are a growing concern, affecting millions of people and posing significant challenges to public health systems. According to the World Health Organization (WHO), approximately 1 in 4 people will be affected by mental or neurological disorders at some point in their lives (WHO, 2017). In Nigeria, the prevalence of mental health disorders is also high, with estimates suggesting that around 20-30% of the population suffers from mental health issues (Gureje et al., 2006). The impact of these disorders is profound, affecting individuals' quality of life, economic productivity, and overall societal well-being.The importance of mental health care cannot be overstated, and the role of facilities in providing this care is crucial. Mental health facilities are not merely places for treatment but are environments that can significantly influence the recovery and well-being of patients. Effective mental health care facilities provide a safe, therapeutic environment that supports the healing process, reduces the stigma associated with mental health issues, and promotes social reintegration. Thus, the design and quality of these facilities are integral to the effectiveness of mental health care delivery.

The design and architecture of mental health facilities play a critical role in influencing patient outcomes. Research has shown that the physical environment of healthcare facilities can affect patients' psychological well-being, stress levels, and overall recovery rates (Ulrich et al., 2008). A well-designed facility can enhance the therapeutic process by providing a calming, supportive environment that minimizes stress and promotes healing. Conversely, poorly designed facilities can exacerbate patients' conditions, increase feelings of stigma, and hinder recovery. The concepts of spaces of stigma versus healing environments are central to understanding the impact of facility design on mental health. Spaces of stigma are characterized by their institutional, often unwelcoming, and poorly maintained environments that can reinforce negative perceptions of mental illness. In contrast, healing environments are designed to be therapeutic,

incorporating elements such as natural light, green spaces, and comfortable, humanizing features that support mental and emotional well-being. In the context of Southeast Nigeria, assessing whether mental health facilities serve as spaces of stigma or healing is essential for improving mental health care delivery and outcomes in the region.

Mental health care in Nigeria has a long and complex history, marked by gradual developments and ongoing challenges. Traditionally, mental health issues were addressed within communities through indigenous practices and beliefs. However, with the advent of colonialism, Western approaches to mental health care began to take root, leading to the establishment of the first mental health facilities in the early 20th century (Okasha, 2002). These early facilities were primarily custodial, focusing on containment rather than treatment, reflecting the stigmatization of mental illness prevalent at the time. Over the decades, the design and approach of mental health facilities in Nigeria have evolved, influenced by global trends and local needs. Post-independence, there was a shift towards more humane and therapeutic models of care, although resource constraints and systemic issues have often hindered progress. Despite these efforts, many facilities still bear the legacy of their custodial origins, struggling with inadequate infrastructure, limited funding, and outdated designs that fail to meet contemporary standards of care (Gureje & Alem, 2000).

The current state of mental health facilities in Southeast Nigeria reflects a mix of progress and ongoing challenges. The region hosts several mental health institutions, including specialized hospitals and psychiatric units within general hospitals. However, these facilities often face significant issues related to design, functionality, and resources. Many buildings are outdated, poorly maintained, and lack the therapeutic features necessary for effective mental health care. These conditions not only compromise the quality of care but also contribute to the stigma surrounding mental illness. Functionally, many mental health facilities in Southeast Nigeria are ill-equipped to meet the needs of patients. They often suffer from overcrowding, inadequate staffing, and a lack of essential medical and therapeutic resources (WHO, 2014). The physical environments of these facilities frequently fail to provide the supportive, healing atmosphere necessary for patient recovery, instead reinforcing negative stereotypes and stigma. Addressing these design and functional challenges is crucial for improving mental health outcomes in the region.

The existing mental health facilities in Southeast Nigeria are plagued by several critical issues that hinder their effectiveness. One of the primary problems is the pervasive stigma associated with mental illness, which is often exacerbated by the institutional design of the facilities. These environments can feel unwelcoming and stigmatizing, further alienating patients and affecting their self-esteem and recovery prospects (Saraceno et al., 2007). Additionally, many facilities suffer from inadequate design, lacking the therapeutic features that promote healing and well-being. Poor design and maintenance of mental health facilities have significant implications for patient outcomes and societal perceptions. Facilities that are poorly designed or maintained can increase patient stress, prolong recovery times, and contribute to negative perceptions of mental health care. This, in turn, can deter individuals from seeking the help they need and perpetuate the cycle of stigma and neglect (Thompson & Goldin, 2011). Therefore, it is imperative to address these design deficiencies to enhance the therapeutic potential of mental health facilities in Southeast Nigeria.

There is a pressing need for research that addresses the gaps in our understanding of the impact of facility design on mental health care in Southeast Nigeria. While existing studies have examined various aspects of mental health care, there is limited research specifically focused on the design and architectural features of mental health facilities and their effects on patient outcomes and stigma (Jorm et al., 2005). This gap in the literature highlights the necessity of a comprehensive assessment to inform better design practices and policies. Conducting research on this topic is essential for developing evidence-based recommendations that can improve the design and functionality of mental health facilities in the region. By understanding the perspectives of patients, healthcare providers, and other stakeholders, this study aims to provide actionable insights that can guide the creation of more supportive and therapeutic environments. Such research is crucial for ensuring that mental health facilities in Southeast Nigeria can effectively serve as spaces of healing rather than stigma.

The primary aim of this study is to assess whether mental health facilities in Southeast Nigeria function as spaces of stigma or healing. By evaluating the design and architectural features of these facilities, as well as the perceptions of patients and healthcare providers, this research seeks to determine the extent to which current facilities support or hinder mental health treatment and recovery. This study will explore the specific design elements that contribute to either stigmatizing or healing environments. It will examine factors such as layout, lighting, aesthetics, and the availability of therapeutic spaces, aiming to identify best practices and areas for improvement. Ultimately, the goal is to provide evidence-based recommendations that can inform the design and renovation of mental health facilities in Southeast Nigeria, ensuring they better support patient well-being and recovery.

2. RESEARCH METHOD

This study employed a mixed-methods approach, combining both qualitative and quantitative research techniques to comprehensively assess the design of mental health facilities in Southeast Nigeria and their impact as spaces of stigma or healing. Qualitative data were collected through structured observations and surveys/questionnaires administered to patients, healthcare providers, and facility staff to capture their experiences and perceptions of the facilities. Additionally, quantitative data were gathered through in-depth interviews and focus group discussions with key stakeholders, including architects, urban planners, mental health professionals, and community members. This dual approach allowed for a robust analysis, integrating the rich, contextual insights from qualitative methods with the statistical rigor and broader generalizability of quantitative methods.

3. ETHICAL CONSIDERATIONS

Ethical approval for the study was obtained from the relevant institutional review board. Informed consent was obtained from all participants, and confidentiality and anonymity were ensured throughout the research process. The study adhered to ethical guidelines for research with vulnerable populations.

4. RESULTS

The results of this mixed-methods study provide a comprehensive understanding of the current state of mental health facilities in Southeast Nigeria and the implications for the spatial well-being of mentally challenged individuals.

Quantitative Data (Structured Observations and Surveys)

Table 1: Architectural design features of the existing psychiatric facilities

	Frequency	Percent
1. Safety and Security;		
a.) Controlled access points	167	87.4
b.) Secure windows	189	99.0
c.) Anti-ligature hardware	89	46.6
d.) Appropriate surveillance systems	22	11.5
2. Adequate Space Allocation for;		
a.) Patients room	173	90.6
b.) Therapy areas	158	82.7
c.) Communal spaces	158	82.7
d.) Administrative areas	182	95.3
3. Natural Light and Views of nature;		
a.) Large windows	115	60.2
b.) Skylights	157	82.2
c.) Outdoor spaces	142	74.3
4. Therapeutic Gardens and Outdoor Spaces;		
a.) Walking paths	181	94.8
b.) Seating areas	77	40.3
c.) Sensory features	156	81.7
d.) Greenery	181	94.8
5. Acoustic Design; Controlled noise level	134	70.2
6. Flexibility and Adaptability;		
.) Accommodates changing needs and evolving treatment approaches.	136	71.2
b.) Adaptable to different therapy programs and activities	136	71.2
7. Privacy and Dignity;		

a.) Private rooms or areas for personal space	2	1.0
b.) Shared spaces	190	99.5
8. Sensory Integration Spaces;		
a.) Soft lighting	161	84.3
b.) Soothing colors	141	73.8
c.) Tactile surfaces	23	12.0
d.) Sensory equipment	21	11.0
9. Way-finding and Orientation;		
a.) Clear signage	134	70.2
b.) Color-coded pathways	21	11.0
c.) Visual cues	24	12.6

Architectural Design Features (Table 1): The structured observations revealed several key findings regarding the architectural design of mental health facilities. While safety and security measures, such as controlled access points (87.4%) and secure windows (99.0%), were prioritized in most facilities, other essential design elements were often lacking. Anti-ligature hardware, crucial for preventing self-harm, was present in only 46.6% of facilities. Appropriate surveillance systems, necessary for ensuring patient safety, were even less prevalent (11.5%). While most facilities had some form of natural light (large windows - 60.2%, skylights - 82.2%), many lacked access to outdoor spaces (25.7%). Therapeutic gardens were present in most cases, but their quality varied significantly, with only a few incorporating sensory features (40.3%). Acoustic design, crucial for reducing stress and promoting calmness, was rated as adequate in only 70.2% of facilities. Flexibility and adaptability, essential for accommodating changing needs, were present in 71.2% of facilities. Most significantly, private rooms for patients were virtually non-existent (1.0%), a critical issue for privacy and dignity.

Table 2: Specific spatial needs of mentally challenged people.

Spaces	Strongly disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	Mean±SD
Patient Rooms:Private rooms with appropriate furniture and safety features	2(1.0)	28(14.7)	28(14.7)	73 (38.2)	60(31.4)	3.84±1.06
Adequate space for personal belongings and privacy	0(0.0)	16(8.4)	6(3.1)	78 (40.8)	91(47.6)	4.28±0.88
Therapy Rooms:Various therapy rooms for individual counseling, group therapy, and occupational therapy	1(0.5)	1(0.5)	4 (2.1)	89 (46.6)	96(50.3)	4.46±0.62
Comfortable seating arrangements and therapeutic equipment	1(0.5)	2(1.0)	2(1.0)	102 (53.4)	84(44.0)	4.39±0.62
Adequate space for movement and activities	0(0.0)	0(0.0)	24(12.6)	78(40.8)	89(46.6)	4.34±0.69
Privacy and soundproofing for confidential sessions	1(0.5)	21(11.0)	28(14.7)	62(32.5)	79(41.4)	4.03±1.03
Common Areas:Lounge areas for relaxation and socialization	0(0.0)	25(13.1)	0(0.0)	108(56.5)	50(26.2)	3.96±0.91

Recreation rooms for leisure activities and games	0(0.0)	1(0.5)	23(12.0)	91(47.6)	76(39.8)	4.27±0.69
Dining areas for communal meals and social interaction	1(0.5)	30(15.7)	24(12.6)	61(31.9)	75(39.3)	3.94±1.09
Outdoor spaces for fresh air, exercise, and nature connection	0(0.0)	5(2.6)	47(24.6)	29(15.2)	110(57.6)	4.28±0.92
Quiet Spaces:Calm rooms or sensory rooms for relaxation and sensory regulation	1(0.5)	24 (12.6)	28(14.7)	26 (13.6)	112 (58.6)	4.17±1.12
Multi-Purpose Areas:Flexible spaces that can be used for group activities, educational programs, or vocational training	1 (0.5)	1 (0.5)	23 (12.0)	55 (28.8)	111 (58.1)	4.43±0.76
Adequate space for group interactions and mobility	0 (0.0)	0 (0.0)	2 (1.0)	74 (38.7)	115 (60.2)	4.59±0.51
Administrative Areas:Offices for staff members to carry out administrative tasks	0 (0.0)	2 (1.0)	1 (0.5)	79 (41.4)	109 (57.1)	4.54±0.57
Meeting rooms for team discussions and collaboration	0 (0.0)	1 (0.5)	9 (4.7)	69 (36.1)	112 (58.6)	4.53±0.61
Staff lounges for breaks and relaxation	1 (0.5)	2 (1.0)	12 (6.3)	60 (31.4)	116 (60.7)	4.51±0.71
Support areas for storage and supplies	1 (0.5)	22 (11.5)	10 (5.2)	59 (30.9)	99 (51.8)	4.22±1.02
Outdoor Spaces: Accessible gardens, courtyards, or outdoor recreational areas	25 (13.1)	21 (11.0)	13 (6.8)	28 (14.7)	104 (54.5)	3.86±1.49
Walking paths for exercise and relaxation	0 (0.0)	1 (0.5)	8 (4.2)	84 (44.0)	98 (51.3)	4.46±0.63
Seating areas for outdoor socialization and relaxation	0 (0.0)	0 (0.0)	25 (13.1)	83 (43.5)	83 (43.5)	4.30±0.69
Support Facilities:Accessible bathrooms with appropriate safety features	23 (12.0)	22 (11.5)	9 (4.7)	33 (17.3)	104 (54.5)	3.91±1.46
Showers or bathing facilities designed for individuals with special needs	40 (20.9)	3 (1.6)	9 (4.7)	53 (27.7)	86 (45.0)	3.74±1.55
Laundry rooms for personal laundry needs	24 (12.6)	26 (13.6)	9 (4.7)	21 (11.0)	111 (58.1)	3.88±1.52
Circulation Areas:Wide corridors and hallways to accommodate individuals with mobility challenges	1 (0.5)	43 (22.5)	4 (2.1)	39 (20.4)	104 (54.5)	4.06±1.23

Specific Spatial Needs (Table 2): The survey results highlighted the importance of private rooms with appropriate furniture and safety features, as well as adequate space for personal belongings and privacy. Respondents also strongly supported the need for diverse therapy rooms, comfortable seating arrangements, adequate space for movement and activities, and soundproofing for confidential sessions. These findings align with research emphasizing the importance

of private, personalized spaces and supportive environments for mental health recovery (Whitehead et al., 2022). Additionally, there was a strong demand for communal spaces for relaxation and socialization, recreation rooms, dining areas for communal meals, and outdoor spaces for fresh air, exercise, and nature connection.

Table 3: Factors affecting architectural design of psychiatric facilities

Factors	Strongly Agree n (%)	Agree n (%)	Neutral n (%)	Disagree n (%)	Strongly Disagree n (%)	Mean±SD
Construction costs	1 (0.5)	7 (3.7)	21 (11.0)	44 (23.0)	118 (61.8)	4.42±0.87
Material availability	2 (1.0)	6 (3.1)	50 (26.2)	61 (31.9	72 (37.7)	4.02±0.93
Maintenance expenses	1 (0.5)	3 (1.6)	26 (13.6)	70 (36.6)	91 (47.6)	4.29±0.79
Long-term operational efficiency	0 (0.0)	25 (13.1)	50 (26.2)	33 (17.3)	83 (43.5)	3.91±1.10
Some cultures prefer open spaces	0 (0.0)	1 (0.5)	68 (35.6)	50 (26.2)	72 (37.7)	4.01±0.87
Others cultures prefer enclosed spaces	1 (0.5)	1 (0.5)	55 (28.8)	63 (33.0)	71 (37.2)	4.06±0.85
Age	1 (0.5)	3 (1.6)	44 (23.0)	104 (54.5)	39 (20.4)	3.93±0.74
Gender	2 (1.0)	3 (1.6)	28 (14.7)	86 (45.0)	72 (37.7)	4.17±0.81
Type of mental challenges	4 (2.1)	0 (0.0)	4 (2.1)	52 (27.2)	131 (68.6)	4.60±0.73
Adequate ventilation	3 (1.6)	1 (0.5)	25 (13.1)	93 (48.7)	69 (36.1)	4.17±0.79
Natural light	2 (1.0)	3 (1.6)	23 (12.0)	94 (49.2)	69 (36.1)	4.18±0.78
Shading	2 (1.0)	24 (12.6)	2 (1.0)	66 (34.6)	97 (50.8)	4.21±1.04
Safety	2 (1.0)	23 (12.0)	27 (14.1)	78 (40.8)	61 (31.9)	3.91±1.02
Accessibility	1 (0.5)	3 (1.6)	46 (24.1)	42 (22.0)	99 (51.8)	4.23±0.91
Environmental standards	1 (0.5)	2 (1.0)	48 (25.1)	61 (31.9)	79 (41.4)	4.13±0.86
Location and Site	16 (8.4)	1 (0.5)	2 (1.0)	41 (21.5)	0 (0.0)	4.41±1.14
Energy-efficient lighting	20 (10.5)	12 (6.3)	16 (8.4)	30 (15.7)	113 (59.2)	4.07±1.37
Water conservation measures	27 (14.1)	19 (9.9)	5 (2.6)	24 (12.6)	116 (60.7)	3.96±1.52
Renewable energy sources	21 (11.0)	14 (7.3)	18 (9.4)	15 (7.9)	123 (64.4)	4.07±1.42
Input from stakeholders	3 (1.6)	19 (9.9)	30 (15.7)	20 (10.5)	119 (62.3)	4.22±1.13

Factors Influencing Design (Table 3): The survey results identified several key factors influencing the design of psychiatric facilities. Construction costs (4.42), maintenance expenses (4.29), and the type of mental challenges (4.60) were rated as the most significant factors. This suggests that financial constraints and the specific needs of the patient population heavily influence design decisions. Other factors, such as material availability (4.02), long-term operational efficiency (3.91), cultural preferences for open or enclosed spaces, age (3.93), gender (4.17), adequate ventilation (4.17), natural light (4.18), shading (4.21), safety (3.91), accessibility (4.23), environmental standards (4.13), location and site (4.41), energy-efficient lighting (4.07), water conservation measures (3.96), renewable energy sources (4.07), and input from stakeholders (4.22) were also identified as important considerations.

Table 4: Performance of architectural design features of psychiatric facilities in relation to spatial well-being of mentally challenged persons in Southeast Nigeria

Design Features	Not Available n (%)	Inadequaten (%)	Fairn (%)	Adequate n (%)
Clear Layout (Color coded pathways)	55 (28.8)	3 (1.6)	133 (69.6)	0 (0.0)
Way-finding (Clear signage)	46 (24.1)	12 (6.3)	133 (69.6)	0 (0.0)

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Visual cues	57 (29.8)	1 (0.5)	133 (69.6)	0 (0.0)
Calming Colors	50 (26.2)	121 (63.4)	17 (8.9)	3 (1.6)
Texture	24 (12.6)	33 (17.3)	134 (70.2)	0 (0.0)
Access to Natural Light	19 (9.9)	101 (52.9)	71 (37.2)	0 (0.0)
Sensory Integration Spaces	2 (1.0)	152 (79.6)	37 (19.4)	0 (0.0)
Privacy and Personal Space	29 (15.2)	135 (70.7)	27 (14.1)	0 (0.0)
Controlled access points	25 (13.1)	145 (75.9)	21 (11.0)	0 (0.0)
Secure windows	1 (0.5)	153 (80.1)	36 (18.8)	1 (0.5)
Anti-ligature hardware	66 (34.6)	110 (57.6)	15 (7.9)	0 (0.0)
Appropriate surveillance systems	156 (81.7)	20 (10.5)	15 (7.9)	0 (0.0)
Ramps	133 (69.6)	55 (28.8)	3 (1.6)	0 (0.0)
Accessible bathrooms	24 (12.6)	145 (75.9)	19 (9.9)	3 (1.6)
Access to Nature	2 (1.0)	73 (38.2)	116 (60.7)	0 (0.0)
Comfortable and Supportive Furniture	10 (5.2)	56 (29.3)	125 (65.4)	0 (0.0)
Noise Reduction/Acoustics	29 (15.2)	29 (15.2)	127 (66.5)	0 (0.0)
Multi-Sensory Stimulation	56 (29.3)	22 (11.5)	113 (59.2)	0 (0.0)
Therapeutic Spaces	25 (13.1)	49 (25.7)	116 (60.7)	1 (0.5)
Artwork	0 (0.0)	58 (30.4)	129 (67.5)	4 (2.1)

Design Performance& Spatial Well-being (Table 4): The evaluation of architectural design features in relation to spatial well-being indicated that most features were rated as inadequate. Notable examples include anti-ligature hardware, sensory integration spaces, and private rooms. Only a few features, such as clear layout, way-finding, visual cues, texture, access to nature, comfortable and supportive furniture, noise reduction/acoustics, multi-sensory stimulation, therapeutic spaces, and artwork were rated as fair. These findings suggest that the current design of many facilities is not effectively addressing the spatial well-being of mentally challenged persons.

Qualitative Data (Interviews and Focus Groups):

The qualitative data provided a deeper understanding of the challenges and opportunities related to mental health facility design in Southeast Nigeria. Participants expressed concerns about the institutional nature of many facilities and the negative impact on patient well-being. They emphasized the need for more patient-centered environments that incorporate natural elements, offer privacy and personal space, and provide diverse therapeutic and recreational activities.The focus group discussions also highlighted the importance of collaboration between mental health and construction professionals, as well as the need for increased funding, education, and awareness to address the barriers to implementing evidence-based design principles. Cultural considerations were also identified as crucial, with participants advocating for designs that are sensitive to and reflect the values and beliefs of the local community.

5. DISCUSSION

Towards Therapeutic Environments for Mentally Challenged Persons in Southeast Nigeria

The findings of this study, triangulated from questionnaires, observations, and focus group discussions, reveal a pressing need for transformation in the design of mental health facilities in Southeast Nigeria. The current landscape, characterized by institutionalized settings, limited resources, and cultural stigma, presents significant barriers to the well-being and recovery of mentally challenged individuals.

The Burden of Institutionalization

The stark contrast between the observed environments and the expressed needs of patients and staff is striking. While safety and security are understandably prioritized (Table 1), the focus on these aspects often comes at the expense of creating therapeutic spaces. As noted in the focus groups, the current designs often feel "depressing" and "unwelcoming," mirroring the findings of Douglas and Douglas (2004) who highlighted the negative impact of institutional environments on patient experience and recovery.The lack of privacy (Table 4) is a particularly

concerning issue, as it not only violates patient dignity but also hinders the development of trust and therapeutic relationships. This is exacerbated by overcrowding, which, as observed in several facilities, can lead to increased stress and agitation among patients (Ulrich et al., 2023).

A Disconnect Between Design and Need

The quantitative and qualitative data converge in highlighting a clear mismatch between existing design features and the specific spatial needs of mentally challenged persons (Table 2). Survey respondents consistently rated the performance of many design features as inadequate (Table 4), echoing the concerns raised from the focus group discussions. The need for private rooms, diverse therapy spaces, and outdoor access was repeatedly emphasized, aligning with research findings that emphasize the importance of these elements for mental well-being (Whitehead et al., 2022).The absence of sensory integration spaces, despite their recognized importance for individuals with sensory sensitivities, is another area of concern. The lack of attention to sensory details in the built environment can exacerbate symptoms and hinder therapeutic progress.

Navigating Barriers to Change

The study identified several key barriers to implementing evidence-based, trauma-informed, and culturally responsive design (Table 3). Financial constraints emerged as a significant challenge, limiting the availability of resources for new construction or renovation. The lack of expertise among construction professionals regarding the specific needs of mentally challenged individuals further complicates the design process.Cultural stigma surrounding mental illness was also identified as a major barrier. This stigma can influence design decisions, prioritizing security measures over therapeutic considerations. As one focus group participant noted, "Our society still sees mental illness as a shame, and this is reflected in the way we build our hospitals."

A PROPOSED SPATIAL WELL-BEING MODEL: TOWARDS A NEW PARADIGM FOR MENTAL HEALTH FACILITIES IN SOUTHEAST NIGERIA

Designing effective mental health facilities in Southeast Nigeria necessitates a holistic approach that integrates therapeutic, cultural, and community-based elements. The proposed conceptual model focuses on creating environments that promote healing, reduce stigma, and enhance the overall well-being of patients. This model incorporates insights from global best practices, local cultural contexts, and evidence-based design principles.By addressing the unique needs of the region and incorporating evidence-based design principles, this model seeks to improve mental health outcomes, reduce stigma, and foster a more inclusive and supportive environment for patients.

1. **Therapeutic Environment**

   The core of the conceptual model for mental health facilities in Southeast Nigeria emphasizes the creation of a therapeutic environment. Research indicates that well-designed spaces can significantly enhance mental health outcomes by reducing stress and anxiety while promoting a sense of safety and comfort (Ulrich et al., 2008). Critical components of such environments include adequate natural light and ventilation, which studies have shown to enhance mood and sleep patterns, essential for mental health (Beauchemin& Hays, 1996). Additionally, incorporating green spaces, indoor plants, and views of nature can provide substantial therapeutic benefits, as contact with nature has been linked to reduced symptoms of depression and anxiety (Bratman et al., 2015). Furthermore, soundproofing and noise reduction measures are vital to creating a calm environment conducive to mental health recovery (Topf, 2000). These elements collectively foster a healing atmosphere, underscoring the importance of thoughtful design in mental health facilities (WHO, 2010; UNESCO, 2016).

2. **Cultural Sensitivity**

   Cultural sensitivity is essential in designing mental health facilities, particularly in Southeast Nigeria, where cultural beliefs and practices deeply influence perceptions of mental illness and treatment (Gureje et al., 2010). The proposed model should incorporate local art and symbols to help patients feel more at home and respected, using culturally relevant design elements to create a sense of belonging (Nkwocha, 2011). Additionally, integrating spaces for traditional healing practices alongside modern medical treatments can enhance patient comfort and acceptance of care, fostering a holistic healing environment (Jegede, 2002). Furthermore, implementing soundproofing and noise reduction measures is crucial for creating a calm and serene atmosphere, which is vital for mental health recovery (Topf, 2000). This culturally sensitive approach not only respects local traditions but also promotes more effective mental health care by addressing both psychological and cultural needs.

3. **Community Integration**

Mental health facilities should not be isolated from the community but rather integrated into it to reduce stigma and promote inclusiveness (Thornicroft, 2006). The proposed model emphasizes the importance of creating community spaces within mental health facilities, including centers where patients can interact with non-patients in a normalized environment, thereby helping to reduce the stigma associated with mental health care (Corrigan & Watson, 2002). Additionally, these facilities should incorporate spaces for educational programs and workshops aimed at raising awareness about mental health issues and combating stigma (WHO, 2010). Such integration fosters a sense of belonging and normalcy for patients, while also educating the broader community, thus bridging the gap between mental health care and societal acceptance (Gureje et al., 2005). By promoting community interaction and education, mental health facilities can play a pivotal role in altering negative perceptions and fostering a more inclusive environment for those seeking mental health services (Thornicroft, 2006; WHO, 2010).

4. Flexible and Adaptable Spaces

Flexible and adaptable spaces are essential in mental health facilities to accommodate the evolving needs of patients and treatments. Incorporating flexible design elements allows these spaces to be reconfigured based on the varying requirements of different therapies and patient activities (Lawson, 2003). This adaptability can be achieved through the use of modular furniture and movable walls, which enable the creation of treatment areas that can be easily adjusted to suit specific therapeutic needs. Additionally, designing multi-functional rooms that can serve multiple purposes—such as therapy sessions, group activities, or private consultations—optimizes both space and resources, making the facility more efficient and responsive to patient needs (Harris, McBride, Ross, & Curtis, 2002). By implementing these design strategies, mental health facilities can provide a more personalized and effective environment for patient care, enhancing overall treatment outcomes and patient satisfaction (Ulrich et al., 2008; WHO, 2010).

5. Safety and Privacy

Safety and privacy are paramount in mental health facilities, as these elements are crucial for patient well-being and recovery. The proposed model emphasizes the importance of creating a secure and safe environment to prevent self-harm and ensure that staff can respond quickly to emergencies (Stewart, 2008). This includes designing spaces that minimize risks and incorporate safety features tailored to mental health needs. Additionally, providing private treatment areas is essential to maintain patient confidentiality and comfort during consultations and therapy sessions (Karlin& Zeiss, 2006). These private spaces not only foster a sense of trust and security but also enhance the therapeutic process by allowing patients to speak openly without fear of being overheard. By prioritizing safety and privacy, mental health facilities can create a supportive environment conducive to healing and recovery (WHO, 2010).

6. CONCLUSION AND RECOMMENDATIONS

This study highlights significant gaps and challenges that impact patient outcomes and perceptions. The existing facilities often fall short in providing environments that promote healing and well-being, instead, they may inadvertently reinforce stigma associated with mental health issues. Key issues such as inadequate design, lack of therapeutic environments, and insufficient safety and privacy measures have been identified. Addressing these shortcomings is crucial for enhancing the quality of mental health care and for fostering a more supportive and dignified treatment experience for patients. Based on the findings, it is recommended that mental health facility designs prioritize creating healing environments that are safe, private, and conducive to recovery. This involves incorporating natural light, open spaces, and calming aesthetics, as well as ensuring secure and private treatment areas. Moreover, there is a need for policy reforms and increased funding to support the development and maintenance of such facilities. Future research should focus on longitudinal studies to evaluate the impact of improved facility designs on patient outcomes. Additionally, exploring the perspectives of patients, their families, and healthcare providers can provide deeper insights into the most effective design elements. By addressing these recommendations, mental health facilities in Southeast Nigeria can transform from spaces of stigma to spaces of healing, ultimately contributing to better mental health care and societal perceptions.

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