



# Healthy Places – Towards a Mentally Flourishing Scotland

Report of workshop held 17<sup>th</sup> March 2008

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## 1 Executive summary

This workshop sought to gather input from the built environment community into the Scottish Government's discussion paper *Towards a Mentally Flourishing Scotland*. Participants identified how the built environment impacts both positively and negatively on the mental health and wellbeing, and also identified those factors that enable and inhibit the nature of this relationship. Key themes coming out of the discussions were: the significance of feelings of responsibility towards the physical environment; the importance of relationships; the importance of understanding how people use space; the importance of providing options and choice in the built environment. Key needs include better linkage into the planning process, adopting a cross cutting approach, and collating, undertaking and promoting research. There are significant opportunities currently to address these needs and develop this agenda in Scotland.

## 2 Introduction

The Chair of the Built Environment Forum Scotland, Robin Burley, welcomed everyone to the workshop. The workshop has been convened to enable discussion amongst built environment interests into the discussion paper, *Towards a Mentally Flourishing Scotland*, which is currently subject to stakeholder consultation. The paper has been prepared by the Scottish Government's DG Health and Wellbeing, and responses to the consultation will feed into a forward three year Strategy for improving Scotland's mental health and wellbeing.

The content of the paper is indicative of the paradigm shift away from a focus on 'mental health' towards 'mental well-being'. This workshop will explore how the physical environment affects people's mental well-being and what can be done to achieve environments that support positive mental well-being. Reference was made to the CABE (Centre for Architecture and the Built Environment) Health Week<sup>1</sup>, held in May 2006, which explored the relationship between health and the built environment. This initiative found surprisingly little work on the linkages between mental health and physical surroundings; a need to subvert the historical principles for designing mental health care provision: generating social inclusion rather than social exclusion; and that the links between mental health and different aspects of the built environment (housing quality, public space etc) are fertile areas for investigation. It was observed that there is a need to bring together a disparate range of agencies to focus on this issue.

## 3 Presentations<sup>2</sup>.

Gregor Henderson, National Director of the National Programme for Improving Mental Health<sup>3</sup>, presented the discussion paper<sup>4</sup> which outlines the proposed future

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<sup>1</sup> See: <http://www.cabe.org.uk/default.aspx?contentitemid=1242>

<sup>2</sup> Available at: <http://www.befs.org.uk/issues.htm>

direction for mental health improvement and population mental health for 2008-11. It builds on the work of the Scottish Government's National Programme for Improving Mental Health and Wellbeing.

Allyson McCollam, Chief Executive of the Scottish Development Centre for Mental Health, presented a summary of research evidence on this theme. The current policy environment is supportive and there is an emerging body of research evidence on this topic at the population level. Mentally healthy communities tend to be places where people feel safe, respected, supported; where there are opportunities for social interaction, for using skills, for participating and influencing, and for gaining access to resources. In relation to housing and neighbourhoods, features that are identified as promoting positive mental health and wellbeing comprise: the ability to control the internal environment; design and maintenance; noise; density and escape facilities; fear of crime and harassment; social participation. Key challenges include achieving equity and environmental justice; enabling partnerships between planners, service providers and local communities; making the best use of existing resources and amenities; assessing mental health impact of proposed developments; measuring benefits and impacts.

#### 4 Positive and negative impacts of the built environment

In break out groups, participants identified the following ways in which the built environment impacts positively and negatively on mental well-being:

##### 4.1 Positive impacts

- Philosophy behind early planning movement was very much about the linkages between the physical built environment and population health. People were empowered with responsibility for their local environment – reference was made to the experience in Edinburgh where communities had responsibility for/engaged with local public amenities such as gardens, landscapes, schools, hospitals. This connection has been lost although the growing popularity of allotments was also mentioned.
- The historic environment provides cultural context for locality – engendering a sense of place/sense of belonging.
- Victorian institutional buildings offer significant opportunities – but these are not being taken up, particularly by NHS Trusts as owners of this type of property.
- Significance of cultural associations with place, memories, family ties and connections.
- Importance of 'places' for communities to gather and interact.

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<sup>3</sup> See: <http://www.wellscotland.info/mentalhealth/national-programme.html>

<sup>4</sup> Available at: <http://www.wellscotland.info/news/item.php?id=220>

- An example was given of a leisure centre, tatty in appearance and under threat. The community took responsibility for the space and secured its continued use as a community centre: poor appearance does not necessarily mean negative associations and poor mental health.
- Green space provides more than an 'escape' function – particular reference was made to the seasonal element and connection to the natural external environment. Greenspace Scotland has carried out research in relation to the health impacts of green spaces.
- There have been successes at the community health care partnership level.
- Glasgow Homeopathic Hospital was referred to as an example of good practice – how was this achieved?
- The importance of beauty in the surrounding built environment – this should not be a luxury. The built environment must offer something more than purely 'function'.
- Reference was made to 'sense sensitive' design – particularly in the hospital environment. Also the arrangement and design of internal spaces enables users to feel accepted into the space, and then sustained by the space to engender activity and behaviour that elicits a sense of achievement.
- Strathclyde University has undertaken research into spatial psychology – is this still ongoing?
- Building height – variable reporting of evidence of positive and negative impacts in relation to buildings over 3-4 storeys; likely to relate to affluence, age of occupants – social groupings.
- Mixed opinions given on courtyard layouts with no external views.
- A positive example was given of the 'colonies' housing in Edinburgh which engender positive community 'feel' – possibly due to the external steps and gardens which act as semi-public space enabling neighbours to interact.

#### 4.2 Negative impacts

- Lack of choice – feeling of being 'stuck' in environment.
- 1960s social housing developments – lack of connection to communal external spaces between tower blocks/lack of feelings of responsibility towards a communal asset. Is this a scale issue?
- Traffic as something that people want to escape from. The need to rebalance streets as places for people as well as traffic and develop a better understanding of how people move about. An example was given of a 'traffic free' development where people entered into the rear of the property via the kitchen - as this was adjacent to the car. Traffic free is not the solution either.

## 5 Identifying enablers and inhibitors

In break out groups, participants were asked to consider the factors that enable and inhibit the creation and management of physical environments that impact positively on mental well-being:

### 5.1 Enablers

- Leadership (risk takers in local authorities) and holistic approach.
- Establishing positive relationships with key community players – brokerage role. Keying in to existing community establishments such as schools, where activity ‘spills out’ into the community.
- Understanding how people use their environments – which may not be in the way that was intended/designed for.
- The inclusion of people in planning and design processes through Health Impact Assessment – this can achieve particularly good outcomes as the topic addresses the more intangible, softer aspects of associations, value etc which cannot be readily addressed through the planning system.
- The process of design evaluation was seen as very important.
- Personal associations with the environment – understanding cultural value of surroundings.
- Supportive political context, recognition of social justice in policy documentation, sustainability agenda – good current opportunities to push for progress.
- Scope for housing associations to use this supportive context to push for funding initiatives that can improve the physical environment to support positive outcomes for mental wellbeing.
- Important linking of mental health with economic drivers.
- Value in linking in with major initiatives such as the Glasgow Commonwealth Games.
- There is evidence and activity ongoing (reference made to the work of Architecture and Design Scotland) to demonstrate the linkages and relationships – this needs to be promoted.
- Redefining of outcomes in this area to secure ‘proper’ directing of resources and prioritisation.
- Integrating neighbourhoods with other areas/broader geographical context.
- Self awareness and well-being of designers and decision-makers, and ability of designers to focus on positive outcomes for mental health.

- Partnership working can bring different agendas together, develop awareness and willingness.
- Promotion of good practice – reference made to Maggie’s Centres and specialised building programme for deaf blind people – what can be learned from these examples?
- Reference to good practice in England – for example at NHS Milton Keynes and in London. Reference made to Richard Wilkinson’s book ‘Impact of Inequality’ which provides context in relation to economic drivers.
- An example given of the use of Smart Cards by students at University College London which provide supportive messages to engender a sense of belonging.
- Building on key thinking: Dr Harry Burns, Chief Medical Officer will give the Royal Town Planning Institute’s 2008 Geddes lecture, on health and the impact of place. Reference also made to the lecture<sup>5</sup> given by Howard Frumkin to the Glasgow Centre for Population Health entitled ‘Urban Vision and Public Health: Designing and Building Wholesome Places’ (April 2006).

## 5.2 Inhibitors

- Low status of health and wellbeing in context of planning and design processes, in comparison with economic drivers.
- Is there audience to take this agenda forward and explore trade-offs between economic growth and health and wellbeing?
- Lack of evidence, or promotion of existing evidence, and tangible measurables to demonstrate linkages.
- Stigma attached to ‘bad’ areas.
- Lack of joined up approaches and vision in local authorities at middle management level – target at this level.
- Funding inflexibility: focus on value for money and short term perspective. An example given of the withdrawal of funding to support community engagement in planning. An example given of absence of funds available for landscaping work in sheltered housing accommodation – despite demand for this from residents and despite high profile design of the new accommodation. An example given of registered social landlords not being able to get funding for green space improvement.
- Mismatch between community development and funding rhetoric.

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<sup>5</sup> <http://www.gcph.co.uk/content/view/41/57/>

- Lack of funding to support forward progress in this area – fairly new agenda/developing understanding.
- Policies tending to focus on individual rather than collective approaches.
- ‘Gated communities’ forming in response to attempts to address inequalities.
- Lack of understanding of terms ‘social justice’, ‘fairer society’ – clarification from Government sought.
- Partnership working may be limited in terms of achieving real actions.
- Land ownership and low design quality – uniformity.
- Example given of lack of external space in a housing association development as the priority is to get as much accommodation on the site as possible – driver is economic.
- Example given of how the push for independent living in sheltered accommodation, supportive of engagement with the wider community, is reducing the amount of internal communal space in sheltered housing developments. However, residents want options and choice.
- Not using the media to express complex ideas.
- Ability of communities to take ownership and responsibility for land.
- The drivers for community engagement with external space could be better understood.
- Lack of understanding about mental health amongst design professionals.
- The observation that people adapting to/being accepting of, poor quality environments – learning to cope with the unbearable – will not lead to positive outcomes for mental health and well-being.
- Inaccessible environments: for many the Disability Discrimination Act is not effective – the lack of induction loops was given as an example.

## 6 Key themes, needs and opportunities

In plenary discussion the following key themes, needs and opportunities emerged:

### 6.1 Key themes

- The significance of feelings of responsibility towards the physical environment as engendering positive mental well-being.
- The importance of relationships, partnerships and listening to communities – solutions will not just be about technical fixes.

- The importance of understanding how people use space.
- The importance of providing options and choice in the built environment to enable people to participate and engage in activity in the public sphere.

## 6.2 Needs

- The need to key in to existing community establishments such as schools.
- The need for more dialogue at 'lower levels' to take forward this area in the current supportive national policy context.
- The need for linkage into planning guidance and national level.
- The need for health boards to become less target focussed, in order to take a more cross cutting approach.
- The need to develop a programme of research in this area, to collate and promote existing research and to follow the inspiration of key thinkers in this field.

## 6.3 Opportunities

- Feed in to the Single Outcome Agreement process. The concordat between central and local government with its single outcome agreements (15 targets and 45 indicators) is one opportunity for bringing the built environment and other perspectives like community empowerment together to link with health outcomes. Although the concordat takes a targets approach there is awareness that these have wider implications.
- The political context and the forward Strategy 08-11 on Mental Health and Wellbeing will be supporting an ongoing process of engagement on this issue over the next three years. Developing a Manifesto on the Built Environment and Mental Health and Wellbeing would be one opportunity to start/continue a conversation.

## 7 Conclusion

Robin Burley concluded the morning's discussion by noting the considerable synergy between the issues identified by participants in the workshop, and the themes that arise in the context of discussions on place-making within BEFS. In particular there is potential for further work to be developed under the sustainable development theme within the BEFS remit. Robin thanked participants for their contributions and considerable enthusiasm for the theme. It is hoped that BEFS will be able to continue to facilitate conversation on this important topic.

## 8 Acknowledgements

The workshop was sponsored by the Scottish Government's DG Health and Wellbeing and facilitated by the Built Environment Forum Scotland in partnership with the Scottish Development Centre for Mental Health. The workshop was held at the offices of the Royal Institution of Chartered Surveyors, 9 Manor Place, Edinburgh.

## 9 Participants

The workshop was attended by individuals from the following organisations:

Architectural Heritage Society of Scotland  
Association for the Protection of Rural Scotland  
Central Scotland Forest Trust  
Glasgow City Council  
Glasgow Merchant City Initiative  
Greenspace Scotland  
Landscape Institute in Scotland  
Margaret Blackwood Housing Association  
NHS Lothian  
NHS Health Scotland  
R M Architecture & Design  
Royal Town Planning Institute in Scotland  
Scottish Ecological Design Association  
Scottish Urban Regeneration Forum  
Sustrans Scotland

## 10 Appendix: Index Cards Transcript

Participants were asked to write down ideas on the topics covered in the break out groups:

### Positive Impacts

- Control – ability to influence home and neighbourhood
- Safety - social environment, noise etc
- Escape – green space/other public realm/gardens/allotments/access to goods and services
- Attractive and positive neighbourhoods and housing – providing positive social interaction
- Beauty
- Places that are cared for – the origin of town planning
- Bright – safe and cared for – sense of value
- Fluid – connectivity
- Safe – confidence for all sectors
- Inclusive – belonging
- Consultation – sense of ownership
- Inspirational – encourages youth
- Welcoming – encourages use
- Variety of scale
- Calm, order, security, safety – freedom from worry concerning health/finance etc
- Design of Maggie’s Centres as homely, welcoming and therapeutic resource for those facing/experiencing cancer treatment and their relatives. Design of hospices for the dying and their friends and relatives.
- Sense of wellbeing and self respect
- Strong sense of community
- Sense of a voice and ability to influence positive changes to local built environment. Important role of planning development and control to involve local communities.
- Sense of belonging. Historic environment is an important tool in creating a sense of local identity.
- Sense of connection and wellbeing.
- Interest in environment and stimulation as opposed to closing down.
- Improving quality of life
- Inclusive environments – empowerment
- Trees, sky, open space, bird song, plants, social interaction in street, warm houses, big windows
- Life circumstances of residents
- Cultural relevance of design/inclusion in planning and change
- Links to other centres/facilities/services
- Mix of community socially/economically/physically
- Maintenance and ongoing investment – resilience to change
- Good quality greenspaces/public spaces are vital components in creating interesting, accessible, attractive and active living and working environments

- Built environment is more than just buildings – linkages homes, workplace, recreation, transport, local facilities, and access to wider networks
- Well designed places are conducive to mental health – access to green spaces, layout, neighbourhood design, community facilities and services eg schools, enable all types of mobility, spaces and places – cohesion.

### Negative Impacts

- Dampness, lack of insulation against noise, poor air quality
- Unattractive/negative design
- Lack of access/social interaction
- Poor access by walking/cycling
- Lack of positive green spaces/public realm
- Dull
- Barriers
- No ownership
- Lack of connection to landscape and each other
- Lack of care leads to poor self and community worth
- Lack of activity – substance abuse
- Degraded landscapes
- Poor building design – lack of community cohesion
- Inclusive environments can set people apart – want to be part of ‘disabled’ community and wider community too
- Social housing – tight sites – ‘poor’ areas, no external space, not safe to go out, lack of views (if poor eyesight – need view right outside)
- Traffic noise and pollution
- Mess, litter, shut up shops
- Lack of control or opportunity to make basic choices/decisions about own life
- People can have lack of identity or importance – particularly within deprived areas – lack of interest in built environment in family
- Biophysical – pollution, toxins, pollutants, contaminants
- Lack of design to facilitate/prioritise human beings and everyday life – vehicle dominated, inhuman scale of buildings

### Enablers

- The issues here do not ‘belong’ to anyone – this is an opportunity
- Existing good practice – use to raise awareness with wider agencies and promote wider engagement with this issue
- Local involvement at community council level with some sense of being able to influence outcomes; respecting the process of dialogue with the community.
- Role of schools and other key services (health centres, post office, shops etc) within the community.
- School grounds research (children get the grounds they feel they deserve – self-esteem), Learning through Landscape research.
- Greenspace with opportunities for activities eg allotments, BBQ, kids football

- Sufficient internal space within housing
- Holistic framework of Scottish Government
- Good holistic design
- Access to community facilities and networks – community consultation, community activists
- Evaluation
- Mental health determined by social, psychological and biological factors
- A population approach
- Target areas in need
- Addressing social inequalities
- Courses in self awareness available
- Key staff in Local Authorities
- Central Scotland Forest Trust – Social Impact Study – the effect of central Scotland Forest on people’s lives
- Use of Health Impact Assessment during planning of developments – planners and community members on an equal footing
- Wider role of housing associations – reorganisation of importance of areas around housing. Regeneration policy.
- Cultural planning approach to regeneration
- Social enterprise/ownership and community empowerment agenda
- Maintenance of the environment by the Local Authority – engenders sense of value and control in the population
- Key community players
- Flexible funding
- Architecture + Design Scotland – scope for research and professional influence
- Transformational thinkers – leading voices in Government and design professionals, risk takers and listening to community
- Courage, determination, creativity, innovation
- Aspiration – enthused
- Non-material richness
- Flexible, holistic approaches
- Role of existing community groups
- Partnership working
- Role models
- Freely available information from sources such as Greenspace Scotland
- Tenant interaction and involvement in design
- More facilities to enable self-awareness
- Voicing of core values within institutions

#### Inhibitors

- Quantity, quality and ineffective use of resources
- Professionals, funding, and Government, operating in silos
- Key partners from other sectors do not realise the impact of their actions on mental health
- Poor design, lack of holistic planning

- Lack of inter-disciplinary co-ordination and joined up thinking
- Inflexibility in funding arrangements
- Difficulty in accessing funding and poor allocation of appropriate funding
- Funding – based on Value for Money and bare minimum – nothing for more than basic provision of outside space
- Policy – move away from communal facilities such as common rooms in sheltered housing. People want to be both part of the ‘disabled’ community and the wider community.
- Inaccessible external areas – space and buildings – keeps disabled people trapped at home – home has a greater significance for these people.
- Large public bodies/authorities – bureaucratic obstruction/inability to recognise benefits of better environmental design for mental health
- Lack of training for design professionals/administrator in the skills needed and their relationship with the social, emotional and psychological factors involved.
- Inadequate research budgets
- Stigma
- Peer pressure and fear
- Level of aspiration – depressed
- Poverty
- Inertia
- Anonymity
- Negative local opinion and press coverage
- Land ownership
- Profit driven housing development and high property values
- Economic growth as overriding driver (with GDP as measure)
- Economics/best value – need to extract as much as possible from the site
- Need further discussion of economic development objectives and mental health and wellbeing
- Excessive centralisation
- Centralisation/loss of local amenities/services eg school built between two communities and accessible to neither
- Sense of poverty (ref Helena Norberg-Hodge)
- Thin walls
- Out of town shopping
- Major roads
- Political cynicism (perceived and actual)
- Political structures are too large (in population terms) – demise of collective organisations
- Law/regulation/costs as barrier
- Short term thinking
- Lack of examples (or promotion of examples) of good practice that demonstrate benefits
- Need to encourage independent thinking
- Need to engender sense of belonging – but how?
- Lack of understanding of how developments are used/perceived of by residents.

