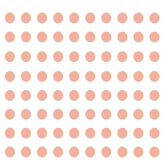
Introduction to topic and location

1. The problem

Although there is still a lot of stigma about this topic, globally, one in four people has some type of mental disorder in the course of their lives. The most frequent types, called therefore as “common mental disorders”, are depression and anxiety, which affect respectively more than 18 million and 11 million Brazilians (WHO, 2018).

Unfortunately, globally 75% of people with mental disorders do not receive any type of treatment, which is even worse in underdeveloped and developing countries, whose statistics are between 76 and 85% of the affected population (WHO, 2013).

Furthermore, the lack of treatment is a strong risk factor for suicide: over 90% of cases occur in people who have been diagnosed with mental disorders, most often depression (WHO, 2019).



Each year, more than 800,000 people take their own lives. This number continues to grow and refers only to the recorded data, however, it is estimated that the actual numbers are considerably higher, because diagnosing suicide involves determining intention – which makes it more difficult to prove this form of death –, besides there is a lot of underreporting due to stigma. Each case is a personal tragedy and has a ripple effect, dramatically affecting the lives of family, friends and communities. **To reverse this scenario, it is necessary to treat mental disorders.**

2. Justification

After the Psychiatric Reform in Brazil, asylum institutions were banned, as they reinforced the patient’s exclusion. In addition, psychiatric hospitals were closed and replaced by services integrated into society, such as Psychosocial Care Centers (CAPS) and clinics. However, there was no complete replacement of closed beds. In 2002 there were approx. 30 psychiatric beds/100,000 inhabitants in Brazil (BRASIL, 2004). In 2018, this number dropped to 12.32 beds/100,000 inhabitants (WHO, 2018).

This deficit generated an overcrowding of emergency services, with patients waiting for vacancies for psychiatric care, in addition to an erroneous migration of people with severe mental disorders to the prison population and to the condition of homeless people. This increased the rates of chemical dependency, disability, unemployment and suicide (BRASIL, 2019).

Regarding the local reality, Curitiba and its Metropolitan Region have 28 beds/100,000 inhabitants. This is above the national average, but still below the recommended by the Ministry of Health (BRASIL, 2019): 45 beds/100,000 inhabitants. Despite of that, 92% of the existing beds are located in Psychiatric Hospitals, most of them far from the city, in disagreement with the guidelines of the Psychiatric Reform. Furthermore, all the CAPS and Psychiatric Clinics are located in adapted residential properties. This brings them closer to a domestic scale, but causes problems in regard of the universal accessibility, safety against suicide and, in some cases, the adaptations limit the performance of therapeutic practices. **This panorama highlights the need to expand psychiatric beds, in spaces designed specifically for the treatment of mental disorders.**

3. The institution and the methodology for its formulation

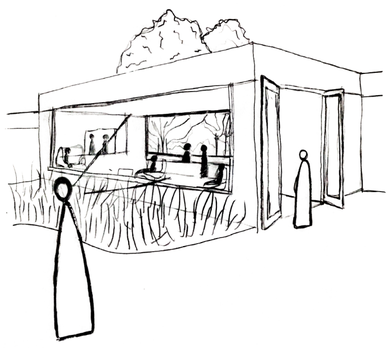
The proposed clinic follows the guidelines in the Brazilian Federal Laws for the CAPS type III: aimed at the adult public, offering consultations, day care and night support, in 3 degrees: intensive (daily); semi-intensive (weekly); and non-intensive (less attendance). Due to that, the treatment may include: psychotherapy; general practice and psychiatry consultations; individual, group and family care; occupational therapy (artistic, musical and movement); actions in the field of work and income generation; sports and complementary activities such as massage, acupuncture and meditation.

But beyond what is defined in the legislation, to deepen the understanding of how the built space can contribute to the treatment of mental disorders, interviews were carried out with healthcare professionals, patients and architects who have already designed psychiatric clinics; in addition to a bibliographical review and analysis of buildings related to the theme.

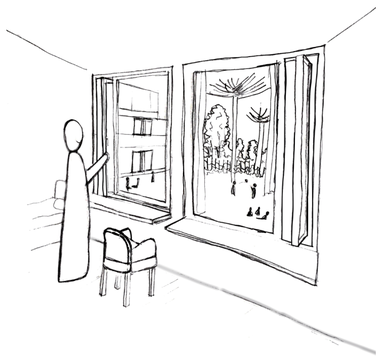
Considering what was studied, more therapy spaces were proposed; as well as individual rooms for the patients; free areas for sports and contact with nature; and a learning café (opened to the community and aimed at income-generating actions). These are situations that can contribute to the treatment, but they make the enterprise more expensive. Thus, it is believed that it would be appropriate to propose a public-private partnership to make this institution possible.

4. Project Guidelines

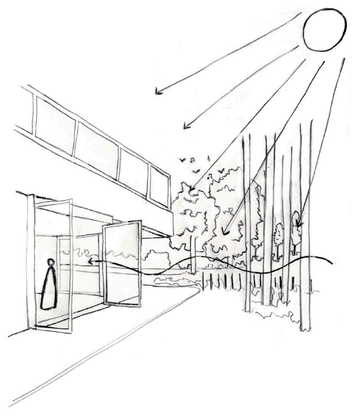
1. Reflect the term “open doors”, which designates the CAPS, creating a light and airy atmosphere throughout the building, to promote dignity in the treatment of mental disorders.



2. Create a safe environment, limiting the available methods of suicide, and at the same time supporting the autonomy of patients. This happens through the possibility of controlling lighting and ventilation of the rooms; through the universal accessibility; and through the free access to a protected outdoor area.

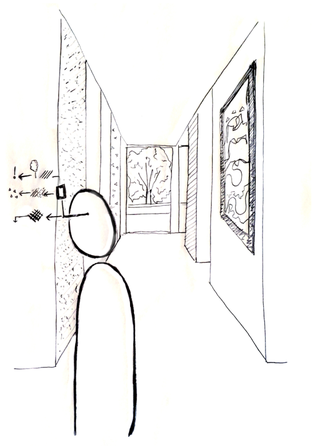


3. Create a therapeutic environment, with good natural lighting and ventilation, with the minimization of stressful noise and the possibility of contact with nature.

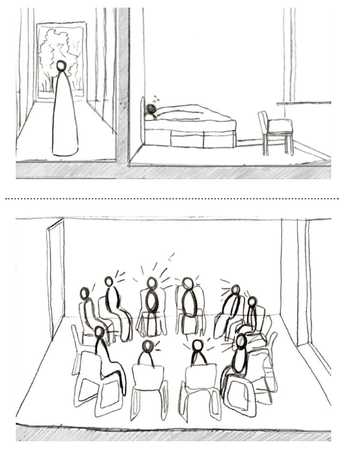


4. Encourage normality, creating an environment with residential characteristics, through the use of natural materials, colors and comfortable furniture, which should also be easily washable.

5. Support the spatial orientation of the patient, through the use of colors, special objects or landmarks, to favor the creation of a mental map of the building.



6. Create areas with different “stimuli intensities”, promoting possibilities for social interaction, but separating quiet and noisy areas.



5. The place

The following criteria were established for finding a site for the project:

1. Maximization of equity: a location that does not yet have psychiatric services should be favored. Due to that, two areas – marked on the map below as A and B – were listed.

2. Good urban insertion: places integrated into the urban environment reduce stigma and favor the monitoring of the services offered. This way, area A has proved to be the most suitable for the project.

3. Connection with an “UPA” (Emergency Unit): to facilitate relocation of patients, intersectoral actions and to minimize operational costs, the location should be within a 3 Km radius from an “UPA”.

4. Maximizing accessibility: the location should allow easy accessibility in different modes of transport (public transport, automobiles, ambulances and pedestrians).

5. Compatible Neighborhood: the place, in the intersection of the area A with the 3Km radius from the “UPA”, should also:

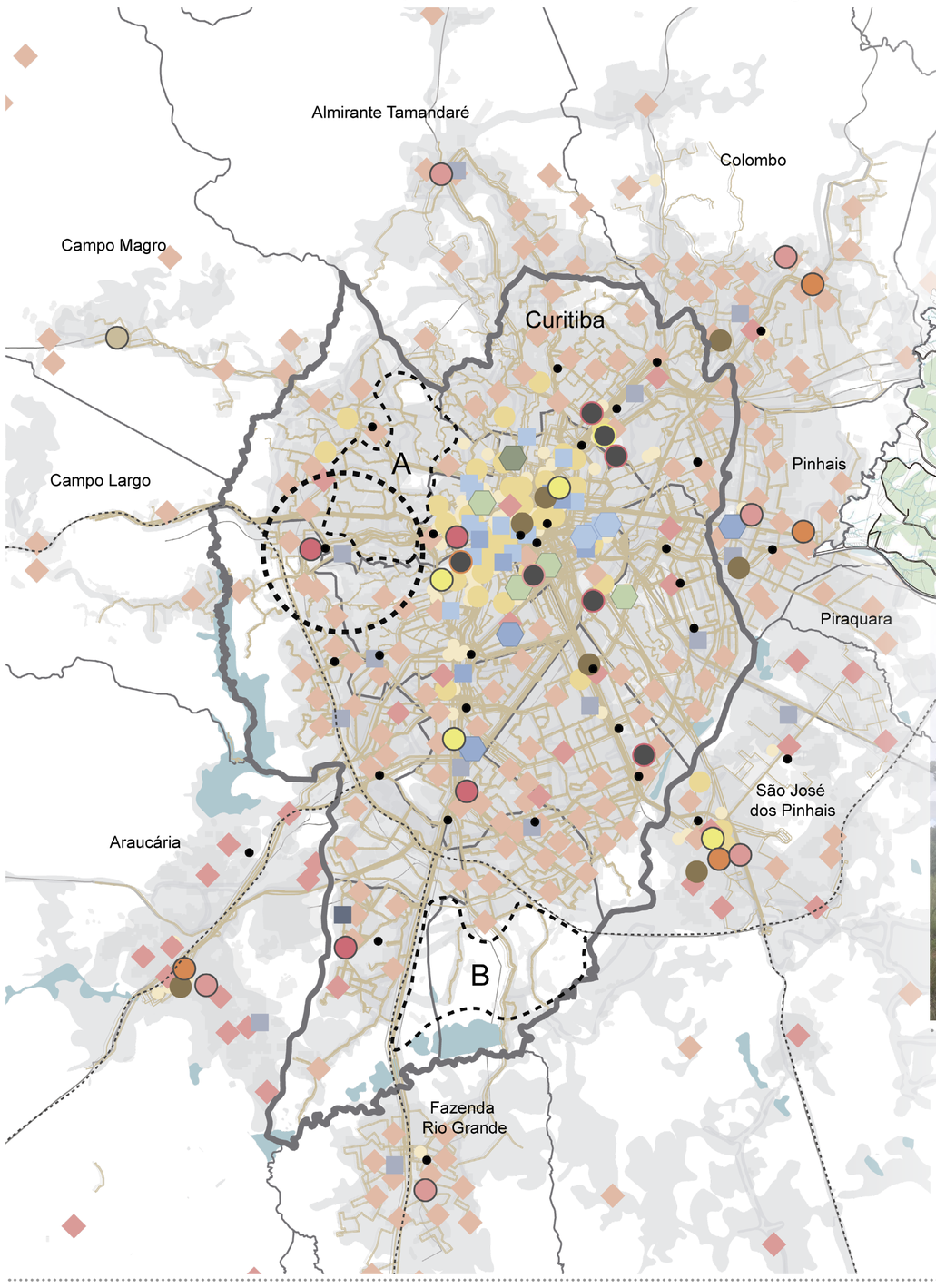
a) Be far from recurrent methods of suicide (roads, train tracks, bridges and cemeteries).

b) Enable contact with nature (which is extremely beneficial for treatment).

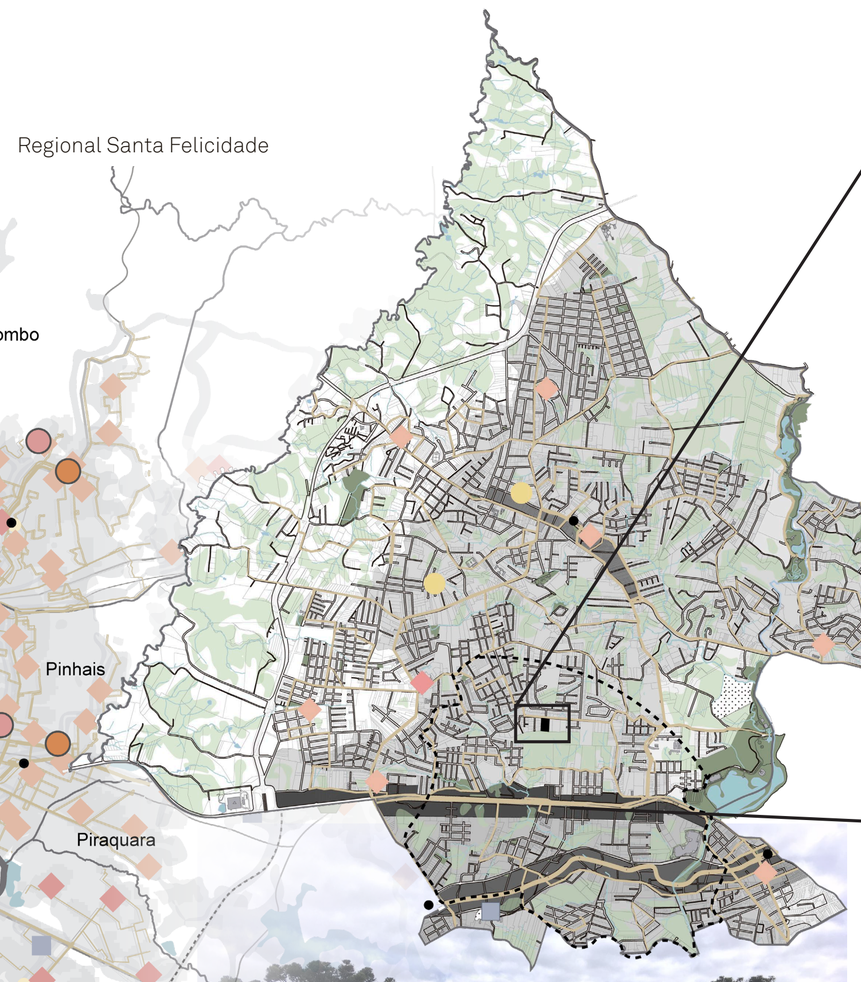
c) Have a good acoustic situation (avoiding the noise stress caused by roads with heavy traffic).

Considering these criteria, a lot was chosen at Rua João Batista Dallarmi, 1031, Regional Santa Felicidade, Curitiba.

Curitiba - Mental Health Treatment Points - Synthesis Map



Regional Santa Felicidade



The lot and its immediate surroundings

The immediate surroundings of the lot are mostly residential, with some commercial buildings. The place is quiet, but not isolated from the urban environment and there is a bus stop right in front of it.

The front portion of the land is flatter and unobstructed. Due to that, from the beginning it demonstrated potential for the location of the project. In addition, the proximity with the street facilitates logistical issues and brings the clinic closer to society’s eyes. At the back of the lot there are native woods.

Top left corner

Top right corner

Central portion of the site

Native woods

Native woods

Front portion of the site

Synthesis Map:
- Areas with low service coverage
- 3Km radius from the nearest UPA from area A
- Highways that segregate area B from downtown Curitiba

All:
- Urban area
- Public transport lines
- Public transport terminals

Regional Santa Felicidade:
- Delimited area to search for the lot: intersection of Area A, with a radius of 3 Km from the UPA
- Immediate surroundings and the chosen site
- Parks and squares
- Native woods
- Rivers and lakes
- Cemiteries

Close surroundings map
- Bus stops
- Residential
- Commercial

Basic Healthcare:
- Basic Healthcare
- Basic Healthcare with at least one mental health specialist professional

Emergency Services:
- Public Emergency Units
- Emergency Unit with mental health specialist
- Publich Emergency Center
- Private Emergency Center

Hospitals:
- Public general hospital w/ psychiatric bed
- Private general hospital w/ psychiatric bed.
- Public psychiatric hospital
- Private psychiatric hospital

Specialized Mental Health services:

CAPS with beds
- CAPS Territorial III
- CAPS III
- CAPS AD III
- CAPS i III

CAPS without beds
- CAPS Territorial II
- CAPS II
- CAPS AD II
- CAPS I
- CAPS i

Clinics
- Outpatient care
- Private clinics
- Offices

References:

Maps: elaborated by the author based in official available data from Brazilian institutes, such as IPPUC; IPARDES; and CNES; as well as unpublished data provided by the Health Secretariats of Curitiba and Paraná (SMS; SESA; and FEAES).

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