MENTAL_SPACE

The Anti-Panopticon: A Fictional Proposal for the Housing and Care of Pre-trial Detainees

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A thesis submitted to the Faculty of Graduate and Postdoctoral Affairs in partial fulfillment of the requirements for the degree of

Master

in

Architecture

Carleton University
Ottawa, Ontario

FIGURE_01 *The Dark Descent*

An expression of the silent war that one affected by mental illness constantly battles.

_ABSTRACT

Today pre-trial detainees who have not been convicted of a crime and are affected by mental health issues are sent to jail. An alternate model that differentiates crime and mental illness and where such individuals would receive medical care while in custody, is urgently needed. This thesis asks: How might an institution be designed to improve the mental wellbeing of the pre-trial community suffering from mental illness? Through an analysis of existing literature and scientific studies on mental health and illness, this thesis, taking the form of a non-sited fictional project, aims to explore, contextualize, and present a provocatively re-imagined approach to the architecture of pre-trial detention of persons with mental illness. With a view to unfolding an architecture of healing, this thesis subverts Jeremy Bentham's Panopticon penitentiary scheme both literally and theoretically. More specifically, the thesis examines the nature of the possible social relationships between detainees, staff and community, through the Panopticon's inverse. In so doing, the thesis questions how to inhabit the respective spectra of mental-illness and mental health, and of freedom and confinement, in a more healthy and life affirming way than is the norm today.

_ACKNOWLEDGEMENTS

Foremost, I wish to express my sincere gratitude and appreciation towards Federica Goffi, advisor to my thesis. Your infectious compassion towards teaching architecture will forever inspire me.

I would also like to thank the members of my thesis committee for your understanding, expression of support, and your interest in my work.

Thank you to my family and friends for your continued encouragement, love, and support over the years.

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_INTRODUCTION

Although the number of prisoners in Canada has remained relatively the same in the past fifteen years, an increasing percentage of those imprisoned are reporting mental health issues. In a 2002 study, fourteen percent of new intakes appeared to have mental disorders, while in 2015 it was found that over thirty-eight percent of new intakes exhibited signs of mental disorders. Thirty-five percent of the prison population is made up of pretrial detainees. The main issue being that these individuals, in the eyes of the law, are innocent until proven guilty in court, but instead are unjustly imprisoned, often for years at a time. (Walmsley, 2015)

One in five Canadians experience some form of mental illness throughout their lives. The person suffering from mental illness, what is more, has a higher chance of ending up within the Correctional Services of Canada system. This is a very relevant issue in today's society given that the majority of penitentiary facilities in Canada are ill-equipped to provide the treatment and care required by those with mental illnesses, and have actually shown to degrade the mental state of all those residing or working within. Conversely, given that prisoners are to be given the same basic human rights as regular citizens, prisons have been forced to provide an element of mental health treatment to all those imprisoned and because of this and the trend of mass imprisonment, prisons have now become the largest providers of mental health care in Canada. A new type of community-based mental health care centre could provide a much-needed connection between penitentiaries, psychiatric institutions, and 'at-risk' communities thus remedying the current condition where pre-trial detainees affected by mental health conditions are offered the only option currently available which is to be detained in prisons while awaiting a trial. (Canadian Mental Health Association, 2016)

Through the development of an investigation into the problems surrounding mental health care and imprisonment in Canada, how might an institution be designed not only to avoid the negative mental health effects of todays surviving 19th + 20th century penitentiary designs, but to encourage building lasting relationships within a greater community as well? An analysis of existing research literature and scientific studies on mental health and illness allows to pinpoint the problems within the existing framework surrounding imprisonment and to explore, contextualize, and present a provocative re-imagined approach to designing a mentally healthy space for pre-trial detainees. This design speculation can benefit pre-trial detainees while also helping transition them back into their community with the tools they need to avoid re-offending and cycling back through Correctional Services Canada.

In terms of mental health, the World Health Organization states:

"Advances have occurred not only in our understanding of mental functioning, but also in the knowledge of how these functions influence physical health. Modern science is discovering that, while it is operationally convenient for purposes of discussion to separate mental health from physical health, this is a fiction created by language. Most "mental" and "physical" illnesses are understood to be influenced by a combination of biological, psychological and social factors. Furthermore, thoughts, feelings and behaviour are now acknowledged to have a major impact on physical health. Conversely, physical health is recognized as considerably influencing mental health and well-being"

World Health Organization *2001 Report on Mental Illness*

While discussing mental health, the physical, psychological, and social factors all need to be considered. Also an understanding how the current built environment(s) affects individuals will be important in developing a thought provoking design. The culmination of the research of the problems surrounding penitentiaries and mental health will be the catalyst of the design. This hypothetical project aims to provide an alternative custody space for pre-trial detainees to reside within while awaiting a trial, while at the same time instigating conversations about mental health and imprisonment.

_MENTAL HEALTH
_Mental Well-being + Mental Health

"Mental health is the state of your psychological and emotional well-being. It is a necessary resource for living a healthy life and a main factor in overall health. It does not mean the same thing as mental illness. However, poor mental health can lead to mental and physical illness. Good mental health allows you to feel, think and act in ways that help you enjoy life and cope with its challenges. This can be positively or negatively influenced by life experiences, relationships with others, work or school environment, physical health, and the type of community in which you live."

Canada Public Health Services, 2016

The World Health Organization states that: "Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world" (World Health Organization, 2016). To elaborate, mental health isn't just considering mental illnesses, it encompasses the physical and mental state of a person as a whole. Given that mental health has the ability to affect every aspect of human life only adds to the significance of this topic.

Being mentally healthy is not an easy task, it takes time and effort similar to physical fitness. The Canadian Mental Health Association states that "when we are mentally healthy, we enjoy our life and environment, and the people in it, we can be creative, learn, try new things, and take risks. We are better able to cope with difficult times in our lives. We feel the sadness and anger that can come with the death of a loved one, a job loss, or relationship problems and other difficult events, but in time we are able to get on with and enjoy our lives once again (Canadian Mental Health Association, 2016).

When focusing on improving one's mental health, there are many aspects to consider. A first step in the right direction is to develop and maintain a physical exercise routine. Exercise has been shown to have a positive impact on the mental well-being of individuals whether in improving mood via endorphins or by increasing self esteem with an improved body image. Another important area to consider is eating a healthy diet, studies show that a diet with too many saturated fats and sugars, pesticides, additives and trans-fats can have detrimental effects on the human brain, many of which we are only beginning to understand. One of the biggest factors when discussing mental health is stress. Now more than ever we are seeing the negative effects of living in a society or culture that cultivates stress, whether in school, college, factory or firm, stress seems to be a constant in people's lives. Being able to manage stress is key to being mentally healthy in today's society.

_MENTAL HEALTH
_Mental Illness

"What we call 'normal' is a product of repression, denial, splitting, projection, introjection and other forms of destructive action on experience. It is radically estranged from the structure of being. The more one sees this, the more senseless it is to continue with generalized descriptions of supposedly specifically schizoid, schizophrenic, hysterical 'mechanisms.' There are forms of alienation that are relatively strange to statistically 'normal' forms of alienation. The 'normally' alienated person, by reason of the fact that he acts more or less like everyone else, is taken to be sane. Other forms of alienation that are out of step with the prevailing state of alienation are those that are labeled by the 'formal' majority as bad or mad."

RD Laing *The Politics of Experience, 1967*

One in four individuals will be affected by mental illness at some point in their lives (World Health Organization, 2016). Mental illness is a vast web of interconnected issues; at one 'extreme' there are mental illnesses that leave the patient in a rather vegetative state such as Parkinson's Disease, ALS, Dementia, Alzheimer's, Multiple-Sclerosis, etc.[1] These mental health affections all require significant medical aids and devices all while being graciously cared for by many physicians; physicians that not only require a high level of training, but come with a heavy salary. On the other 'extreme' there are much less debilitating mental

ppl/100k	_SUICIDE RATE
16	*World*
11	*Canada*
ppl/100k	_EXPERIENCE MENTAL ILLNESS
10 000	*World*
25 000	*Canada*
$/person	_MENTAL HEALTH SPENDING /yr
3.50	*World*
1450.00	*Canada*
$	_ECONOMIC LOSS /yr
in billions	(attributed to mental illness)
2500	*World*
51	*Canada*

FIGURE_02 *Mental Health Statistics*

illnesses such as Anxiety, Depression, Post Traumatic Stress Disorder, OCD, Social Anxiety, Seasonal Affective Disorder, etc. that with proper medication (if required), and a proper routine that encourages mental and physical activity, along with properly scheduled therapy with psychologists and/or psychiatrists can enable those diagnosed with a mental illness to become healthy and motivated members of society.

The Canadian Mental Health Association explains that the brain is the most complex organ in the human body. Mental illness occurs when the brain, just like any other organ such as the heart, or the kidney, is not working the way it should. Mental illness is a collection of disorders such as depression, bipolar disorder, depression, and anxiety. The symptoms can range from loss of motivation and energy, changed sleep patterns, extreme mood swings, disturbances in thought or perception, or overwhelming obsessions or fears. Mental illness interferes with relationships and affects a person's ability to function on a day-to-day basis, often leading to social isolation.

Looking into what causes mental illness, many agree that it is a combination or interaction of physical, environmental, and social factors. Physical is referring to an individual's genetic makeup but environmental and social factors are elements that we as designers

can manipulate to produce positive mental health outcomes (Canadian Mental Health Association, 2016). In Healing by Design*, Stichler states that architectural aspects of healing environments include those elements that create an optimally restful patient environment. These components include views to the outside or, if that is not possible, at least images of nature. Additional elements that are essential would be adequately sized bathrooms, extra seating, reduced noise levels, a variety of lighting options, comfortable room temperatures, and close attention paid to aesthetics. In regards to what pertains the staff members, the design should address: the workflow process of care-giving to minimize the steps necessary to secure supplies and equipment; safety features that reduce employee injuries resulting from repetitive movement, patient lifting, mobilization, and transfers. Visual access of patients from nursing stations is essential as well as security designs to enhance protection of staff from hostile visitors. Staff stress reduction can be achieved with the design of respite rooms, quiet, meditative environments (Connellan et. al., 2013).*

1. Illnesses such as Parkinson's, ALS, MS, the dementia spectrum are all more widely accepted as medical conditions that have neurological components or are primarily located in the brain. This is different than bipolar disorder, schizophrenia, social anxiety, OCD, etc. which are contested especially among those with lived experience. Some would suggest they are part of "neuro-diversity". I also wouldn't describe people with dementia, Parkinson's, etc. as being "vegetative" when there is considerable variation among people with these conditions and depending on the "stage" of the disease, and there is increasingly more of a recognition of personhood even during the end stages. (Zeisel, 2004)

_MENTAL HEALTH
_Evolving Views

As early as the 1970s scientists such as Oliver Sacks helped those affected by mental illness by offering readers a proper lens with which to understand the varied and uniquely troubled lives of those with, in many cases, rather severe mental disorders; "One must drop all presuppositions and dogmas and rules - for these only lead to stalemate or disaster; one must cease to regard all patients as replicas, and honor each one with individual reactions and propensities; and, in this way, with the patient as one's equal, one's co-explorer, not one's puppet, one may find therapeutic ways which are better than other ways, tactics which can be modified as occasion requires" (Sacks, 1973). Around this time a process of deinstitutionalization was also occurring, which promised community run institutions that were publicly funded and were to eventually replace all mental health institutions. Instead this approach lead to a lot of funds directed to a policy that drained what was to be used to financially support the existing institutions and forced many facilities to shut their doors, leaving many mentally ill patients homeless. The promised community centres failed to materialize and furthermore became a low priority political issue.

In 2001 the World Health Organization published a report on understanding mental health, stating that: "mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light. This proved that the deinstitutionalization movement in the sixties and seventies did not bring about the miraculous and overwhelming positive change it promised and that the problem exists at a global scale. (World Health Organization, 2001)

This thesis is not a proposal to mend all that is wrong within the field of mental illness. It will instead act as a fictional and provocative proposal for the treatment of mental illness within a programmed environment. Fictional in this case means that the proposal put forth in this thesis is not to be understood as a complete building design or a definitive solution. Rather, the proposition here developed is to be understood as a provocative position intended to contribute to a broader reflection on the architecture of mental illness and of confinement. Taking a step back, it is beneficial to get an overall history of mental illness to gain the proper context for this proposal. Treatment and care for the mentally ill have come a long way over time, from experimenting with lobotomies to the most current recommendations of oral medication alongside therapy.

"There is a turning point in the course of healing when you go from the dark side to the light, when your interest in the world revives and when despair gives way to hope. As you lie in bed, you suddenly notice the dappled sunlight on the blinds and no longer turn your head and shield your eyes. You become aware of birdsong outside the window and the soothing whir of the ventilation system down the hall."

Esther Sternberg *Healing Spaces, 2009*

As Sternberg points out, there is hope in mental illness, and when a change happens you notice it and are able to appreciate things you may have not even noticed before.

_MENTAL HEALTH
_Treatment

Ancient Greeks first coined the term 'hysteria'[1] and developed treatments, but the overall concept of the moral treatment and care of the mentally ill is credited to the medieval Islamic world, being instructed to "feed, clothe and speak kindly to [the insane]" (Quran). This countered the view of the medieval Catholic world where it was thought that the insane were under the influence of demons and isolating these individuals from society was the solution. During this period, we see the first Muslim built psychiatric hospital in Baghdad, Iraq (705AD) with many other cities following suit. These physicians invented and used occupational therapy and medication. A hospital in Cairo, Egypt, began using music therapy as part of their care (872AD). The medieval Catholic world begins to care for the insane in monasteries, fools towers and madhouses that kept them locked up and away from society. This begins to shift in the early thirteenth century, when the first psychiatric hospital is built in London, England (1247), Bethlem Royal Hospital and by the nineteenth century, several hundred mentally ill patients were being housed and cared for in similar institutions across Europe. (Drake, 2003)

In England in 1845, the Lunacy Act established mentally ill as patients requiring treatment, a well-intentioned effort that had different results. In the early nineteen hundreds, there were several hundred thousand individuals being 'housed' in institutions across the Western world, which became the socio-political movement known as institutionalization of the mentally ill. These institutions had become overcrowded virtually overnight and the explosive increase in patient population as well as the demand for institutional space was

not matched with an increased supply of trained physicians, psychiatrists, or beds. This left the majority of the mentally ill without proper care or treatment. Around the early nineteen sixties, advances in pharmacology, specifically in psychotropic drugs, promised to be a panacea that could remove the need for long-stay care and allow people to reintegrate into society. With all that promise came also new movement called deinstitutionalization, which intended to replace psychiatric hospitals with less isolated community mental health services. These early policies of community release lead to a lack of proper care and supervision, homelessness, and often imprisonment, as police were left to deal with an increased population of homeless mentally ill individuals. (Drake, 2003)

Examining the history of mental illness treatment in Canada, there was a role for psychiatric social workers established early in Canada's history of service delivery in the field of population health. Native North Americans understood mental trouble as an indication of an individual who had lost their the sense of place and belonging with the rest of the community. In native healing beliefs, health and mental health were inseparable. Similar combinations of natural and spiritual remedies were often employed to try to relieve both mental and physical illness. These communities and families greatly valued holistic approaches for preventative health care. Indigenous people in Canada faced cultural oppression and social marginalization through actions of European colonizers and their institutions since the earliest periods of contact. Culture contact brought with it many forms of depredation. The economic, political, and religious institutions of the European settlers all contributed to the displacement and oppression of indigenous people. The

officially recorded treatment practices started in 1714, when Quebec opened wards for the mentally ill. (The Canadian Encyclopedia, 2017)

Asylums for the insane were opened in 1835 in Saint John, New Brunswick, and in 1841, in Toronto, when care for the mentally ill became institutionally based. In the 1860s, industrial capitalism began. This lead to a social and economic dislocation, which took on many forms. By 1887, asylums were converted to hospitals and nurses and attendants were employed for the care of the mentally ill. In 1918 Clarence Hincks & Clifford Beers founded the Canadian National Committee for Mental Hygiene, which later became the Canadian Mental Health Association. In the 1930s, Dr. Hincks promoted prevention and treating sufferers of mental illness before they were incapacitated. World War II profoundly affected attitudes towards mental health. The medical examinations of recruits revealed that thousands of apparently healthy adults suffered mental difficulties. This knowledge changed public attitudes towards mental health, and stimulated research into preventive measures and methods of treatment. In 1951 Mental Health Week was introduced across Canada. For the first half of the twentieth century, with a period of deinstitutionalization beginning in the late 1960s, psychiatric social work transitioned to the current emphasis on community-based care. Psychiatric social work focused beyond the medical model's aspects on individual diagnosis to identify and address social inequities and structural issues. In the 1980s, the Mental Health Act was amended to give consumers the right to choose alternatives. Today the focus has shifted to workforce mental health issues and environment. (The Canadian Encyclopedia, 2017)

"Canadians who seek help for a mental illness will most often be prescribed medication, even though research shows that psychotherapy works just as well, if not better, for the most common illnesses (depression and anxiety) and does a better job at preventing relapse. According to a 2012 Statistics Canada study, while 91 per cent of Canadians were prescribed the medication they sought, only 65 per cent received the therapy they felt they needed. Access to evidence-based psychotherapy, which experts say should be the front-line medical treatment, is limited and wait lists are long."

Erin Anderson *How to fix Canada's Mental Health System, 2015*

Today mental illness continues to be an important socio-political issue as we break through the stigma that remains. Film and television often depict mental illness in a dark light, using mental asylums and hospitals as settings for horror and fear[2]. Modern mental health treatment includes many of the following: having regular access to a doctor, physician, or psychiatrist; access to pharmacy, prescription, supervision; access to areas that promote physical activity and routine; proper diet and nutrition; access to a bed, bedroom, healthy sleep routine; access to therapy, rehabilitation, monitoring. In addition to the medical factors of mental health services, there are also numerous non-medical factors, such as the challenges of everyday adult life. Services need to facilitate connections within communities, ensuring that those who seek help in mental health diagnosis can find the care and treatment they seek. (World Health Organization, 2016)

FIGURE_03 *The Royal Ottawa Mental Health Centre*

The Royal is a specialized mental health centre to treat people with complex and serious mental illness across Eastern Ontario. Located in Ottawa, Ontario, this facility is a 284-bed, 400,000 square foot mental health centre that opened in 1961. The Royal's team includes psychiatrists, psychologists, nurses, occupational therapist, social workers, recreation therapists, addictions counselors, child and youth counselors, pharmacists, speech therapists and dietitians as well as spiritual and religious services. Program services include inpatient, outpatient, partial hospitalization, day hospital, assertive community treatment, outreach and mental health rehabilitation. The inpatient portion of the hospital is composed of nine units: Geriatrics, Schizophrenia, Mood and Anxiety, Substance Use and Concurrent Disorders, Intensive Assessment, Youth, Forensic Assessment and Forensic Rehabilitation. Treating clients in and out of the community.

(Royal Ottawa Mental Health Centre, 2016)

As we have seen above, the spaces of treatment of mental illness have shuttled between protection and confinement. In recent history in Canada, persons with mental illness - variously self-described as psychiatric consumers, psychiatric survivors, 'Mad', or anti-psychiatry - and their advocates have challenged mainstream treatments of mental illness (and their inherent tendencies toward punishment and fear), promoting instead alternative strategies that emphasize supportive care and re-integration into society. The Consumer/Survivor Movement of the 1980s and 1990s, the Mad Pride Movement (started in 1993), and the contemporary Recovery Model, are vivid expressions of a desire to resist marginalization, labeling, and other adverse effects of institutional treatments. This thesis positions itself within this latter approach. In searching for a healing model for confining pre-trial persons with mental illness in architectural terms, this thesis explores relational planning, whereby the building in which pre-trial individuals are held nurtures connections between detainees and each other as well as between detainees and the surrounding community. (Diamond, 2013; 64-78) (Dixon, 200: 443-447) (Deegan, 1997: 11-24)

1. According to the Greeks, hysteria was rooted in biological causes (uterus) and triggered by passion (Mitchell, 2000: 117).

2. For example: Shutter Island (2010 Film), One Flew Over The Cuckoo's Nest (1975 Film), Prinsessa (2010 Film).

3.For a more in depth exploration of the history of the consumer/survivor movement, the Mad Pride Movement, and the Recovery Model, refer to LeFrancois, B. & et. al. (2013). Mad Matters: A Critical Reader in Canadian Mad Studies. Toronto, Canadian Scholar's Press. 6, 8, 20, 25, 87-88, 134, 180, 247, 331.

_MENTAL HEALTH
_Economics + Policy

The cost to the country's economy is staggering: fifty billion dollars a year in health care and social services, according to estimates by the Mental Health Commission of Canada (Anderson, 2015). The personal costs are often more devastating – lost productivity, unemployment, decreased quality of life, family breakup, and suicide.

Mental health policy in Ontario has moved from an emphasis on institutionalization of people with mental illness to a system that depends on effective and accessible services delivered in the community. This redirection in policy is frequently referred to as mental health reform. Many reports concerning mental health reform have been published in Ontario in the last 30 years. All reports have strongly endorsed the principle of moving mental health care from psychiatric hospitals into the community, where people with mental illness can receive the services they need when they need them.

Research has shown that the top five conditions with the highest economic burden in Ontario are: major depression, bipolar affective disorder, alcohol use disorders, social phobia, and schizophrenia. Major depression is number one, having a burden twice that of bipolar affective disorder. To give this another perspective, the burden of major depression in Ontario is estimated to be more than the combined burden of the four most common cancers. (Ratnasingham et. al., 2013)

_MENTAL HEALTH
_Criminalization of Mental Illness Part I

The term 'deinstitutionalization' refers to a period in Western society where governments replaced long-stay psychiatric hospitals with less isolated community mental health services for those diagnosed with a mental disorder. Or at least that was the intention at the time, the results, as we are still seeing today, were not exactly the expected outcome. When the majority of funding for psychiatric institutions was eliminated, most of them shut their doors for good and the patients who were being treated were often left homeless. The funding that was meant to go towards community based mental health services never seemed to materialize which left those who needed treatment without care. Without access to supports and services, some people with mental illness may end up being lead to commit crimes or behave in ways that draw police attention. Inevitably many ended up detained in prisons. (Centre for Addiction and Mental Health, 2013)

Today, North America's largest mental health institutions are actually prisons, and most are ill equipped to provide proper care and treatment for the mentally ill. Police have become the default informal first responders of our mental health system and have coined the term 'Emotionally Disturbed Persons' to describe the mentally ill (Center for Addictions and Mental Health, 2013: 3). Individuals who were often booked on breaking the law to survive; finding a warm place to sleep might require breaking and entering, having something to eat as to not starve to death might induce them into stealing. Examples such as these can sometimes lead to the individual being processed as 'Not Criminally

Responsible on Account of Mental Disorder'. Although these do not represent a very large number of cases (280 people per year) , the ones who are able to uphold this legal defence can be offered treatment through a mental health system instead of a punitive detention through the corrections services. This shift in the treatment has become known as the criminalization of the mentally ill. (Centre for Addictions and Mental Health, 2013)

Additional Note:

The deinstitutionalization movement as known in the United States began in the late 1940's after the publication of The Shame of the States and a variety of other investigative writings documenting the deplorable conditions of mental institutions. However, the effects of deinstitutionalization, both positive and negative, are still very much relevant and obvious to those who have contact with the mentally ill or find themselves involved in the system that treats the mentally ill. (Primeau, 2013)

_MENTAL HEALTH
_Evidence-Based Design + Healing Environments

"Over the past decade, evidence-based design (EBD) has emerged as a novel approach to architectural design practice. This approach promises a closer match between design intentions and operational and organizational outcomes, because design decisions are based on the best available research evidence in addition to professional experience."

Saif Haq & Debajyoti Pati *The Research-Design Interaction, 2010*

The Centre for Health Design states that Evidence Based Design is the process of basing decisions about the built environment on credible research to achieve the best possible outcomes (Martin, 2009). Today it is becoming a crucial tool wanted not only by clients, but designers and policy makers as well. Healing Environments can describe buildings and institutions such as hospitals, clinics, as well as natural environments like gardens and parks. When attempting to design for positive outcomes in healing environments, it makes sense to utilize available research and data through evidence-based design.

Healing environments in terms of healthcare, describe a physical setting and organizational culture that supports patients and families suffering from the stresses imposed by illness, hospitalization, medical visits, the process of healing, and sometimes, bereavement. The concept implies that the physical healthcare environment can make a difference in how quickly the patient recovers from or adapts to specific acute and chronic conditions.

The first modern healing environment was conceived by Florence Nightingale who called for nurses to manipulate the environment to be therapeutic. Nightingale outlined in detail the requirements of the "sick room" to minimize suffering and optimize the capacity of a patient to recover, including quiet, warmth, clean air, light, and good diet. Early healthcare design followed her theories outlined in her treatise, Notes on Hospitals. Following the discoveries by Louis Pasteur and others which lead to the Germ Theory, plus other technologies, the role of the environment was dominated by infection control and technological advances. (Malkin, 2003)

Starting in the 1960s, healing environments have been linked with Evidence-Based Design, giving the concept a strong scientific base. A 1984 study by Richard Ulrich found that surgical patients with a view of nature suffered fewer complications, used less pain medication and were discharged sooner than those who looked out on a brick wall. Since then, many studies have followed, showing the impact of several environmental factors on several health outcomes. Today the philosophy that guides the concept of the healing environment is rooted in research done in neuroscience, environmental psychology, psychoneuroimmunology, and evolutionary biology. The common thread linking these bodies of research is the psychological effects of stress on the individual and the ability to heal. Psychologically supportive environments enable patients and families to cope with and transcend illness. (Malkin, 2003)

FIGURE_04 *Nepean Mental Health Centre*

In Penrith, New South Whales Australia; the Nepean Mental Health Centre is designed to respond to the increase in demand for mental health services as a result of the growing and aging population. The NMHC includes 64-mental health beds servicing high dependency, acute and Specialist Mental Health Services for Older Persons. The unit will include a dedicated inpatient ward and new facilities for the outpatient day program. The hard steel and glazed exterior relates to the adjacent hospital buildings, and is contrasted with the non-institutional feel of the interiors and internal courtyards, where the focus is on healing by design and creating a sense of humanity and ownership. With generous solar access, these therapeutic internal courtyards create visual connectivity and engage users with a tapestry of landscaping that changes with the passage of time, allowing regeneration to become visibly tangible. The design of the unit provides a restorative health care unit, integrated into the local community and linked to the adjoining health precinct.

(Nepean Hospital, 2017)

The goal of environments conducive to healing is to engage patients in the conscious process of being well that leads to well-being. Spaces are designed to be nurturing and therapeutic and, most importantly, to reduce stress. These considerations are based on a research-based approach to design, aimed at eliminating environmental stressors and putting patients in contact with nature in the treatment setting. The physical setting has the potential to be therapeutic if it achieves the following:

_Eliminates environmental stressors such as noise, glare, lack of privacy, and poor air quality;

_Connects patients to nature with views to the outdoors, interior gardens, aquariums, water elements, etc.;

_Offers options and choices to enhance feelings of being in control – these may include privacy versus socialization, lighting levels, type of music, seating options, etc.;

_Provides opportunities for social support – seating arrangements that provide privacy for family groupings, accommodation for family members or friends in treatment setting, sleep over accommodations in patient rooms;

_Provide positive distractions such as interactive art, fireplaces, aquariums, internet, music, special video programmes with soothing images of nature and music developed for the healthcare setting and;

_Engenders feelings of peace, hope, and spiritual connection and provides opportunities for relaxation, education, humour and whimsy.

(Malkin, 2003)

The most important thing for inpatients at hospitals is the comfort and normalcy of having family members and friends that visit and spend time with them. With advances in health care most patients are treated in an outpatient setting, where they come in have a procedure or test run and then go back to their homes. Today's inpatients are most likely to have a serious condition and be there for a period of at least several days and sometimes even months. This explains the growing trend of creating healthcare environments that address the needs not only of the patient, but also of their loved ones, in such a way that they can feel like they can relax and maybe even forget that they are at the hospital. It is proven that if someone feel comfortable and relaxed, they can rest easier and heal faster. (Sternberg, 2009)

Eighty percent of what we interpret of our surroundings comes to us from what we see of our environment and that is greatly affected by the light available in that environment. Lighting design in healthcare environments is a major factor in creating places supporting the healing process of residents. Since the design of healthcare environments is said to influence patient outcomes, yet high costs prevent most hospitals form renovating or rebuilding, changes in lighting becomes a cost-effective way to improve existing environments. It is proven that people who are surrounded by natural light are more productive and live healthier lives. When patients are sick, and surrounded by medical equipment and white walls, the last thing they need is a dark, stuffy room. This is why it is important for every room to have a window for natural light to come into and help create a healing environment for the residents of a health care facility. (Sternberg, 2009)

_IMPRISONMENT
_Prisons + Institutions

A prison, correctional facility, detention center, jail, penitentiary, or remand centre is a facility in which inmates are forcibly confined and denied a variety of freedoms under the authority of the state as a form of punishment after being convicted of crimes. Prisons are most commonly used within a criminal justice system: people charged with crimes may be imprisoned until they are brought to trial: those pleading or being found guilty of crimes at trial may be sentenced to a specified period of imprisonment. (Hancock + Jewkes, 2011)

The term prison or penitentiary is often used to describe institutions that incarcerate people for longer periods of time, while jail is often used to describe institutions focused on confining people for shorter periods of time. Prisons often have facilities that are more designed with long-term confinement in mind in comparison to jails.

Prisons can be used as a tool of political repression to punish what are deemed political crimes, often without trial or other legal due process; this use is illegal under most forms of international law governing fair administration of justice. In times of war, prisoners of war or detainees may be detained in military prisons or prisoner of war camps, and large groups of civilians might be imprisoned in internment camps.

The use of prisons can be traced back to the rise of the state as a form of social organization. Corresponding with the advent of the state was the development of written language. which enabled the creation of formalized legal codes as official guidelines for society. The best known of these early legal codes is the Code of Hammurabi, written in Babylon around 1750 BC. The penalties for violations of the laws in Hammurabi's Code were almost exclusively centered on the concept of lex talionis, whereby people were punished as a form of vengeance, often by the victims themselves. This notion of punishment as vengeance or retaliation can also be found in many other legal codes from early civilizations, including the ancient Sumerian codes, the Indian Manama Dharma Astra, the Hermes Trismegistus of Egypt, and the Israelite Mosaic Law. (Foucault, 1975)

Ancient Greek philosophers, such as Plato, began to develop ideas of using punishment to reform offenders instead of simply using it as retribution. Imprisonment as a penalty was used initially for those who could not afford to pay their fines. Eventually, since impoverished Athenians could not pay their fines, leading to indefinite periods of imprisonment, until time limits were set instead. The prison in ancient Athens was known as the desmoterion. The Romans were among the first to use prisons as a form of punishment, rather than simply for detention. A variety of existing structures were used to house prisoners, such as metal cages, basements of public buildings, and quarries. One of the most notable Roman prisons was the Mamertine Prison, established around 640 BC. by Ancus Marcius. The

Mamertine Prison was located within a sewer system beneath ancient Rome and contained a large network of dungeons where prisoners were held in squalid conditions contaminated with human waste. Forced labor on public works projects was also a common form of punishment. In many cases. citizens were sentenced to slavery, often in ergastula. (Scott + Flynn, 2014)

During the Middle Ages in Europe, castles, fortresses, and the basements of public buildings were often used as makeshift prisons. The possession of the right and the capability to imprison citizens, however, granted an air of legitimacy to officials at all levels of government, from kings to regional courts to city councils: and the ability to have someone imprisoned or killed served as a signifier of who in society possessed power or authority over others. Another common punishment was sentencing people to galley slavery, which involved chaining prisoners together in the bottoms of ships and forcing them to row on naval or merchant vessels.

However, the concept of the modern prison largely remained unknown until the early 19th-century. Punishment usually consisted of physical forms of punishment, including capital punishment, mutilation, flagellation, branding, and non-physical punishments, such as public shaming rituals. From the Middle Ages, up to the 16th and 17th centuries in Europe, imprisonment was rarely used as a punishment in its own right, and prisons were mainly to hold those awaiting trial and convicts awaiting punishment.

An important innovation at the time was the Bridewell House of Corrections, located at Bridewell Palace in London, which resulted in the building of other houses of correction. These houses held mostly petty offenders, vagrants, and disorderly local poor. In these facilities, inmates were given jobs, and through prison labor they were taught how to work for a living. By the end of the 17th century, houses of correction were absorbed into local prison systems under the control of the local justice of the peace. (Innes, 1987)

During the 18th century, popular resistance to public execution and torture became more widespread both in Europe and in the United States. In particular, imposition of the death penalty for petty crimes, such as theft, was increasingly unpopular with the public, and many jurors were refusing to convict defendants of petty crimes when they knew the defendants would be sentenced to death. Rulers began looking for means to punish and control their subjects in a way that did not cause people to associate them with spectacles of tyrannical and sadistic violence. They developed systems of mass imprisonment, often with hard labor, as a solution. The prison reform movement that arose at this time was heavily influenced by two somewhat contradictory philosophies. The first was based in Enlightenment ideas of utilitarianism and rationalism, and suggested that prisons should simply be used as a more effective substitute for public corporal punishments such as whipping, hanging, etc. This theory, often referred to as deterrence, claims that the primary purpose of prisons is to be so harsh and terrifying that they deter people from committing

crimes out of fear of going to prison. The second theory, which saw prisons as a form of rehabilitation or moral reform was based on religious ideas that equated crime with sin and saw prisons as a place to instruct prisoners in Christian morality, obedience and proper behaviour. These later reformers believed that prisons could be constructed as humane institutions of moral instruction, and that prisoners' behaviour could be "corrected" so that when they were released, they would be model members of society. (Innes, 1987)

Penal transportation of convicted criminals to penal colonies in the British Empire—in the Americas between the 1610s and 1770s, and in Australia between 1788 and 1868—was often offered as an alternative to the death penalty, which could be imposed for many offenses. France also sent criminals to tropical penal colonies, including Louisiana, in the early 18th century. Penal colonies in French Guiana operated until 1951, such as the Ile du Diable. Katorga prisons were harsh work camps established in the 17th century in Russia, in remote underpopulated areas of Siberia and the Russian Far East, that had few towns or food sources. Siberia quickly gained a fearsome reputation of punishment. (Hancock + Jewkes, 2011)

Gaols contained both felons and debtors, with the latter being allowed to bring in wives and children. The gaoler made his money by charging the inmates for food, drink, and legal services, and the whole system was corrupt. One reform of the seventeenth century had been the establishment of the London Bridewell as a house of correction for women and children. This was the only place any medical services were provided.

As the practice of penal transportation was steadily curtailed in England at the end of the 18th century, a popular alternative emerged. Old sailing vessels, which came to be called hulks, were used as places of temporary confinement. Although conditions on these ships were often appalling, their use set a precedent, and persuaded many people that mass imprisonment and labour were viable methods of crime prevention and punishment. The turn of the 19th century would see the first organized prison reform movement, and by the 1810s, the first state prisons and correctional facilities were established, thereby creating the modern prison system as we know it today. (Hancock + Jewkes, 2011)

_IMPRISONMENT
_Prison Reform

ppl	_PRISON POPULATION
2 145 100	*USA*
85 442	*UK*
40 663	*Canada*
208	*Iceland*

ppl/100k	_PRISON POPULATION RATE
666	*USA*
146	*UK*
114	*Canada*
33	*India*

percent	_PRE-TRIAL DETAINEES
90.0	*Libya*
34.9	*Canada [13 000]*
20.3	*USA*
10.9	*UK*

percent	_OCCUPANCY LEVEL
454.4	*Haiti*
112.4	*UK*
103.9	*USA*
102.2	*Canada*

dollar	_COST/PRISONER/DAY
925	*Sweden*
322	*Canada*
265	*UK*
60	*USA*
25	*Romania*

FIGURE_05 *Prison Population Statistics*

John Howard was one of the most notable early prison reformers. After having visited several hundred prisons across England and Europe in his capacity as high sheriff of Bedfordshire, he published The State of the Prisons in 1777. He was particularly appalled to discover prisoners who had been acquitted but were still confined because they couldn't pay the gaoler's fees. He proposed wide-ranging reforms to the system, including the housing of each prisoner in a separate cell, the requirements that staff should be professional and paid by the government, that outside inspection of prisons should be imposed, and that prisoners should be provided with a healthy diet and reasonable living conditions. The prison reform charity, the Howard League for Penal Reform, was established in his honour. (Wines + Dwight, 1867)

Following Howard's criticism, the Penitentiary Act was passed in 1779 in the UK. This introduced solitary confinement, religious instruction, a labor regime, and proposed two state penitentiaries. However, these were never built due to disagreements in the committee and pressures from wars with France, and gaols remained a local responsibility. But other measures passed in the next few years, which provided magistrates with the powers to implement many of these reforms, and eventually, in 1815, gaol fees were abolished. (Wines + Dwight, 1867)

Quakers were prominent in campaigning against and publicizing the dire state of the prisons at the time. Elizabeth Fry documented the conditions that prevailed at Newgate prison, where the ladies' section was overcrowded with women and children, some of whom had not even received a trial. The inmates did their own cooking and washing in the small cells in which they slept on straw. In 1816, Fry was able to found a prison school for the children who were imprisoned with their parents. She also began a system of supervision and required the women to sew and to read the Bible. In 1817, she helped found the Association for the Reformation of the Female Prisoners in Newgate. (Wilkes + Dwight, 1867)

The theory of the modern prison system was born in London, influenced by the utilitarianism of Jeremy Bentham. Bentham's panopticon introduced the principle of observation and control that underpins the design of the modern prison. The notion of prisoners being imprisonned as part of their punishment and not simply as a holding state until trial or hanging, was at the time revolutionary. His views influenced the establishment of the first prisons used as criminal rehabilitation centers. At a time when the implementation of capital punishment for a variety of relatively trivial offenses was on the decline, the notion of imprisonment as a form of punishment and correction held great appeal to reform-minded thinkers and politicians. (Hancock + Jewkes, 2011)

FIGURE_06 *Kingston Penitentiary*

Kingston Penitentiary is a former maximum security prison located in Kingston, Ontario, Canada, between King Street West and Lake Ontario. Constructed in 1833-1834, opened on June 1, 1835 as the "Provincial Penitentiary of the Province of Upper Canada", it was one of the oldest prisons in continuous use in the world at the time of its closure on September 30, 2013. In 1990, Kingston Penitentiary was designated a National Historic Site of Canada. Upon its closure in 2013, it housed the largest population of offenders with mental disorders in the region, having been relocated several times since
(Friends of the Penitentiary Museum, 2017)

In the first half of the 19th century, capital punishment came to be regarded as inappropriate for many crimes that it had previously been carried out for, and by the mid-19th century, imprisonment had replaced the death penalty for the most serious offenses except for murder. By the 1840s, penal transportation to Australia and the use of hulks was on the decline, and the Surveyor-General of convict prisons, Joshua Jebb, set an ambitious program of prison building in the country, with one large prison opening per year. Pentonville prison opened in 1842, beginning a trend of increasing imprisonment rates and the use of prison as the primary form of punishment for crime. (Hancock + Jewkes, 2011)

But by 1820, faith in the efficacy of legal reform had declined as statutory changes had no discernible effect on the level of crime and prisons, where prisoners shared large rooms and booty including alcohol, had become violent and prone to escapes. In response, New York developed the Auburn system in which prisoners were confined in separate cells and prohibited from talking when eating and working together, implementing it at Auburn State Prison and Sing Sing at Ossining. The aim of this was rehabilitative: the reformers talked about the penitentiary serving as a model for the family and the school and almost all the states adopted the plan. (Innes, 1987)

The use of prisons in Continental Europe was never as popular as it became in the English-speaking world, although state prison systems were largely in place by the end of the 19th century in most European countries. After the unification of Italy in 1861, the government reformed the repressive and arbitrary prison system they inherited, and modernized and secularized criminal punishment by emphasizing discipline and deterrence. Italy developed an advanced penology under the leadership of Cesare Lombroso. Another prominent prison reformer who made important contributions was Alexander Paterson, who advocated for the necessity of humanizing and socializing methods within the prison system in Great Britain and America. (Johnston, 2001)

_IMPRISONMENT
_Criminalization of Mental Illness Part II

"The question arises, therefore, how far is it possible to extend this mode of analysis into the realm of prison architecture and design? Does the lack of an overt presence of power, of spatial and architectural repression, constitute a welcome absence of pain that nevertheless allows for the spatial dimension of prison to maintain its corrective functioning? Or, alternatively, do experiments in flexible, aesthetically sensitive penal architecture and design in fact represent an extension of state power over the individual; one all the more inhuman due to its apparent absence?"

Philip Hancock *Architecture of Incarceration, 2011*

Imprisonment has had varying degrees of success throughout history, but what you define as success in that situation changes everything. The major issue today is the number of those imprisoned that have not officially been charged with any crime and end up developing mental illnesses once enclosed within the prison walls. Given that oftentimes correctional facilities fail in their original purpose of correcting inmates behaviour, it would be beneficial to design spaces that are able to facilitate this 'reformation.' As a large percentage of inmates cases have yet to go to trial, this can be considered false imprisonment and in many cases these individuals develop mental issues from being exposed to harsh prison conditions for extended periods of time. Having a program that allows more freedom to the individual while offering safe spaces is paramount in maintaining one's mental capacity. This type of program is intended for the pre-trial detainees affected by mental illness as an alternative to being held in a cell, having been abruptly removed from society. (Roth, 2006)

Although this research brings to light many of the issues facing the modern system of mass imprisonment, the intent is to move away from these segregated styles of architecture which provide no lasting connections for those inside.

The following is a summary of a recent Canadian news article, highlighting an example of the degenerative affects of prisons;

> Lawyer calls for an end to ON prison segregation after it was revealed that an inmate has spent four years in solitary confinement. Ontario's Human Rights Commissioner reported on the inmate's condition after a visit to the jail where he is held. Adam Capay was found to be spending twenty-three hours alone in the dark in his cell every day. Permitted out for only an hour each day to perhaps shower and make a call. Calls for reform in Canadian jails are hindered by a secretive system.
>
> "We know the harm is can cause, we know how devastating it can be and we simply cannot allow it to [continue to] happen." Counsel to the Ashley Smith inquest - 19 year old suicide victim ending a 28 month solitary confinement sentence. (White, 2016)

Exposure to such conditions while being detained can lead to mental health problems for these individuals. This exemplifies the second way that the current system of imprisonment is perpetuating the criminalization of mental illness.

_IMPRISONMENT
_Design + Security

Prisons are normally surrounded by fencing, walls, earthworks, geographical features, or other barriers to prevent escape, multiple barriers, concertina wire, electrified fencing, secure and defensible main gates, armed guard towers, security lighting, motion sensors, dogs and roving patrols may all also be present depending on the level of security. Remotely controlled doors, CCTV monitoring, alarms, cages, restraints, nonlethal and lethal weapons, riot-control gear and physical segregation of units and prisoners may all also be present within a prison to monitor and control the movement and activity of prisoners within the facility. (Johnston, 2001)

Modern prison designs have increasingly sought to restrict and control the movement of prisoners throughout the facility and also to allow a smaller prison staff to monitor prisoners directly, often using a decentralized 'podular' layout. Smaller, separate and self-contained housing units known as pods or modules are designed to hold sixteen to fifty prisoners and are arranged around exercise yards or support facilities in a decentralized campus pattern. A small number of prison officers, sometimes a single officer, supervise each pod. The pods contain tiers of cells arranged around a central control station or desk from which a single officer can monitor all cells and the entire pod, as well as control cell doors and communicate with the rest of the prison. (Hancock + Jewkes, 2011)

Generally, when an inmate arrives at a prison, they go through a security classification screening and risk assessment that determines where they will be placed within the prison system. Classifications are assigned by assessing the prisoner's personal history and criminal record, and through subjective determinations made by intake personnel. This process will have a major impact on the prisoner's experience, determining their security level, educational and work programs, mental health status, and many other factors. This sorting of prisoners is one of the fundamental techniques through which the prison administration maintains control over the inmate population, and creates an orderly and secure prison environment. At most prisons, prisoners are made to wear a prison uniform. (Johnston, 2001)

The levels of security within a prison system are categorized differently around the world, but tend to follow a distinct pattern. At one end of the spectrum are the most secure facilities, which typically hold prisoners that are considered dangerous, disruptive or likely to try to escape. In recent times, supermax prisons have been created where the custody level goes beyond maximum security for people such as terrorists or political prisoners deemed a threat to national security, and inmates from other prisons who have a history of violent or other disruptive behaviour in prison or are suspected of gang affiliation. These inmates have individual cells and are kept in lockdown, often for more than 23 hours per day. Meals are served through "chuck holes" in the cell door, and each inmate is allotted

FIGURE_07 *Suomenlinna Island Facility*

Suomenlinna Island facility in Finland is an example of one such "open" correctional facility. The prison has been open since 1971 and, as of September 2013, the facility's 95 male prisoners leave the prison grounds on a daily basis to work in the corresponding township or commute to the mainland for either work or study. Prisoners can rent flat-screen televisions. sound systems. and mini-refrigerators with the prison-labor wages that they can earn-. With electronic monitoring. prisoners are also allowed to visit their families in Helsinki and eat together with the prison staff. Prisoners in Scandinavian facilities are permitted to wear their own clothing. (Suomenlinna,Sveaborg, 2017)

one hour of outdoor exercise per day, alone. They are normally permitted no contact with other inmates and are under constant surveillance via closed-circuit television cameras. (Johnston, 2001)

On the other end are minimum security prisons, which are most often used to house those for whom more stringent security is deemed unnecessary. For example, while white-collar crime rarely results in imprisonment, when it does, offenders are almost always sent to minimum-security prisons due to them having committed nonviolent crimes. Lower-security prisons are often designed with less restrictive features, confining prisoners at night in smaller locked dormitories or even cottage or cabin-like housing while permitting them free movement around the grounds to work or to perform other activities during the day. Some countries also have open prisons where prisoners are allowed home-leave or part-time employment outside of the prison. (Johnston, 2001)

Modern prisons often hold hundreds or thousands of inmates, and must have facilities on site to meet most of their needs, including dietary, health, fitness, education, religious practices, entertainment, and many others. Conditions in prisons vary widely around the world, and the types of facilities within prisons depend on many intersecting factors including funding, legal requirements, and cultural beliefs/practices. Nevertheless, in addition to the cell blocks that contain prisoners, there are also certain auxiliary facilities that are common in prisons throughout the world. (Hancock & Jewkes, 2011)

_MENTAL SPACE
_Thesis Proposal

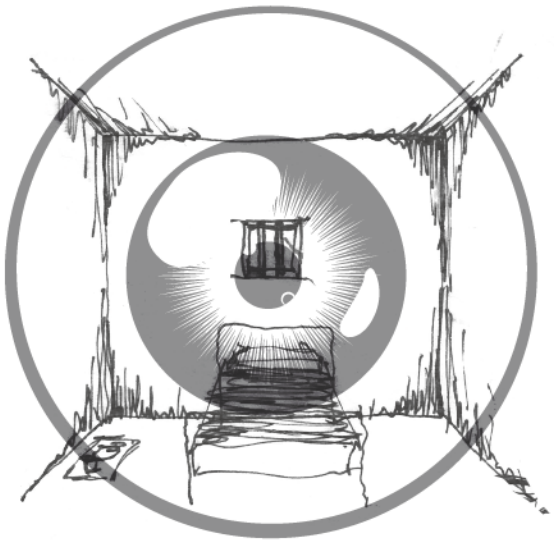

FIGURE_08 *Panopticon Prison 'Pod'*

At any given moment, penitentiaries in Canada house around thirteen thousand pre-trial detainees, the majority of which are being detained for a financial inability to post bail. (Statistics Canada, 2015) Not only does this perpetuate the greater issue of the criminalization of poverty within imprisonment, this also means that both convicted and unconvicted detainees are exposed to the same setting. A setting currently designed around crime and punishment, with an intent upholding both physical and mental segregation, isolation, and deterioration of those residing within. The proposal aims to counteract, and intentionally subvert, many of the long-held foundational aspects of imprisonment in Western Society today expressed by the representation of various places through the differing lenses of specific individuals in an attempt to instigate a re-imagined approach towards penitentiary programming for pre-trial detainees towards the design of containment places in care of the community to support individuals with mental health issues who have yet to be convicted of a crime and should be offered an alternate option to the jail system, which is conducive to their general well-being.

When looking back on the history of penitentiaries, I would argue that in their current state, the term 'penitentiary' has become a misnomer; originally stemming from the word 'penitent'; defined as an expression of regret or sorrow for wrongdoing while expressing an intent to atone or amend. Given the original meaning of the term, penitentiaries were first envisioned as places for community healing, where a members may atone for any

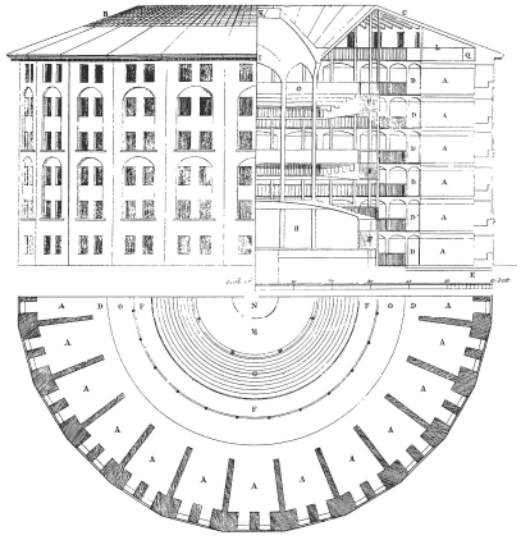

FIGURE_09 *Elevation, Section, and Plan of Bentham's Panopticon*

past wrongdoings in an open, inclusive, and collaborative centre. Today, 'penitentiary', 'prison', 'jail', and 'correctional institutions' are all used interchangeably around most of the world, and almost every country includes a standardized prison system as part of their government.

Jeremy Bentham's revolutionary 1789 Panopticon penitentiary design was chosen as a starting point for the designed aspect of the thesis. Bentham's design was simple in concept - centering the entire experience and design around one single watchman - but potentially revolutionizing in practice. Examining Bentham's overall design intent gave an excellent opportunity to utilize this design as a base for a complete inversion in the thinking about the issue at hand. Seen as a breakthrough in prison design at the end of the eighteenth century, the Panopticon was presented at the time as an economical solution to the growing prison population problem. The designer's intention was to give full control of the space over to one watchman, allowing that individual uninterrupted visual access into every prison cell in the block by way of a centralized watch tower. Any guard situated in the central watch tower could peer into the cells of every inmate in that wing. Additionally, the design intentionally constricted the views of the prisoner, directing their eyes toward the central watchtower, symbolizing continuous surveillance. This visual cue was intended to aid in modifying the prisoners behaviour, by continually reminding them of the ever watchful eye of 'big brother'. In this context the prisoners were expected to become self motivated in an effort to avoid conflict with any one in power. (UCL Bentham Project, 2017)

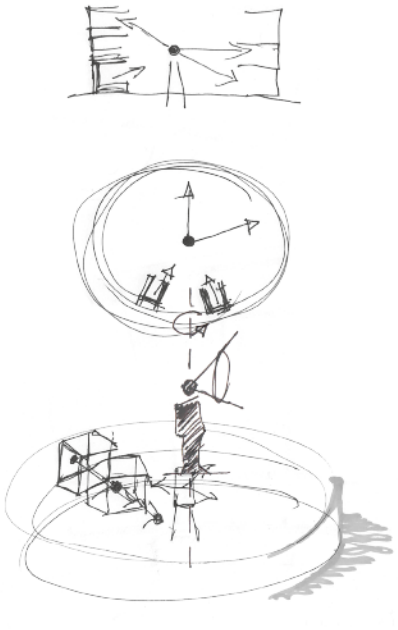

FIGURE_10 *Viewpoints of a Watchman*

The fictional project proposed in this thesis presents itself as a subversion of Jeremy Bentham's Panopticon. By situating the project within established Canadian neighbourhoods, the thesis proposes community engagement with pre-trial detainees affected by mental illness, and vise versa. This is a deliberate step that is meant to provoke the surrounding community and instigate conversations about imprisonment before conviction. The project introduces the intended occupants and the issues pertaining to the imprisonment of pre-trial detainees affected by mental illness to the neighbourhood. From another perspective, the decision to provide an alternative program and space for detainees situated within a public community space is an expression of the importance of community. The intent is to place pre-trial detainees back into the care of a community. This is to eliminate the current issues of detention and segregation where the first step to 'correcting' is to remove productive members of society from their communities, families, lives, and careers and place them in complete isolation from society; locked up in a prison cell for an undefined length of time, being forcefully removed from the public eye and concern.

The Panopticon design scheme revolves around giving the singular watchman full control from the centre, with their point of view being of utmost importance in security. For this proposal, the main guiding principle was emphasizing the importance of the detainee's perspective, by providing visual access through the built space and beyond into the

surrounding community. Bentham had designed for the security of the Panopticon by empowering less to control more. This proposal instead places the responsibility of surveillance, support, and accountability onto the community and the residents themselves, replacing the role of the ever-present powerful watchman. Where the Panopticon was an expression of proper punishment through a late 18th century utilitarian perspective, this design proposes rehabilitation through collaboration and transparency. The idea is to explore alternative spaces and treatment methods to those currently available in the prison system.

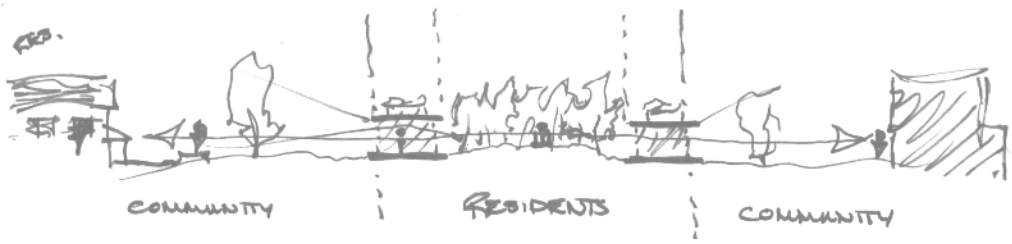

FIGURE_11 *Conceptual section through the Anti-Panopticon, showing progression from neighbourhood to building, to central space, to building, to neighourhood, from left to right.*

Envisioning a future correctional system designed around support and rehabilitation instead of punishment and payment is meant to provoke conversation and critical thought. The first step is to encourage community engagement and collaboration within existing neighbourhoods. Another direct contradiction of Canada's current direction results from the leaning towards privatization of the prison system. Using the term penitentiary's original community oriented intentions enables the project to take on the larger aspect of building up a community through a community building.

Another important aspect of the overall design is the expression and intent of transparency. The design form comes from an extrapolation of a complete subversion of Jeremy Bentham's Panopticon penitentiary concept, attempting to express and embody the principles and sentiments that directly oppose or contradict Bentham's. Transparency achieved through;

_MENTAL SPACE
_The Anti-Panopticon

Through a two step process, the development of the project starts by inverting Jeremy Bentham's Panopticon plan. Bentham's diagram is turned on it's head through the illustrated exploration of the circle's inward and outward directional views and paths as the first step. The result is further altered through the act of subversion; evading Bentham's Panopticon's singular and centralized viewpoint by allowing for uninhibited lines of sight for the occupant.

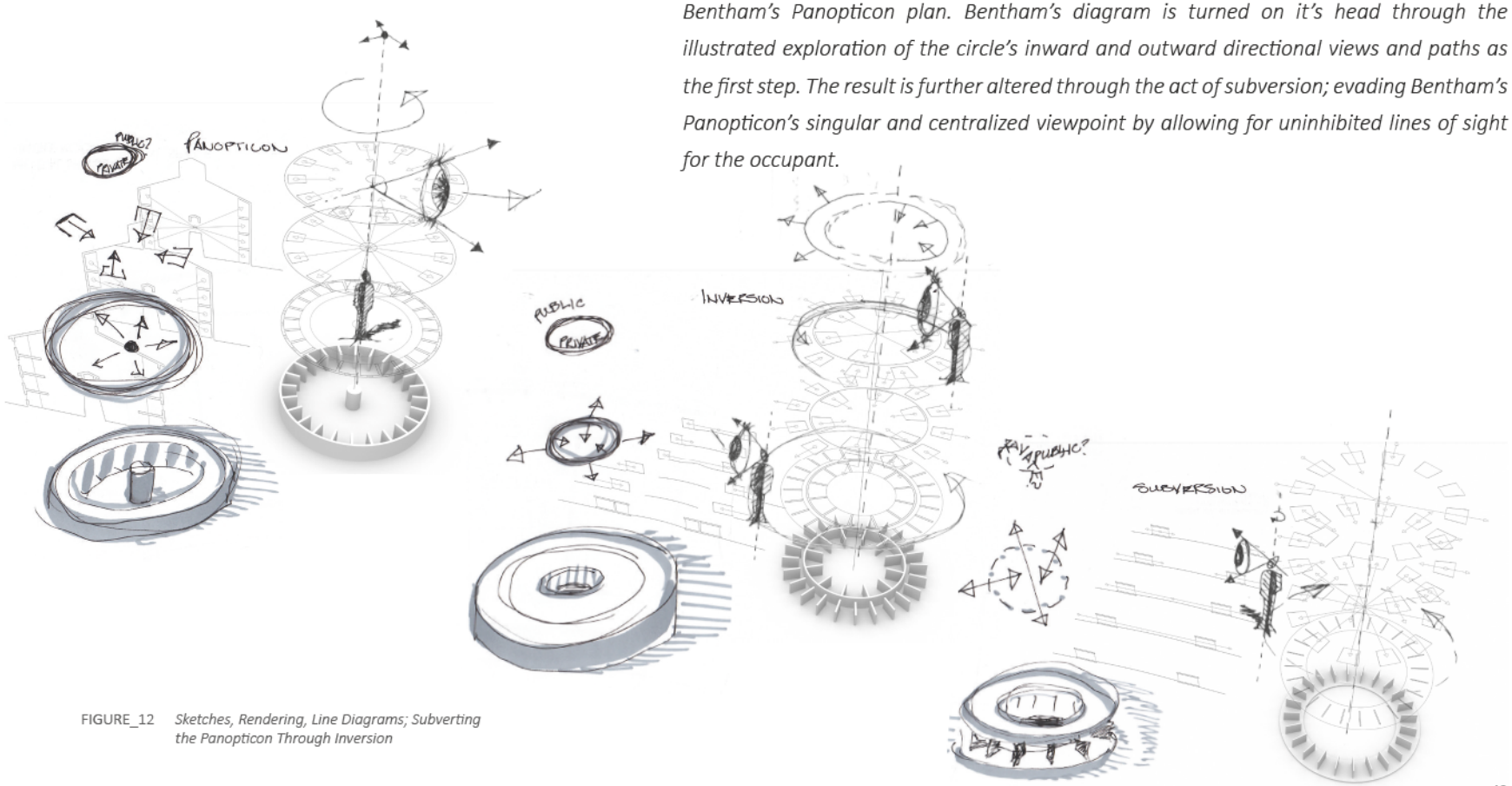

FIGURE_12 *Sketches, Rendering, Line Diagrams; Subverting the Panopticon Through Inversion*

_MENTAL SPACE
_Siteless

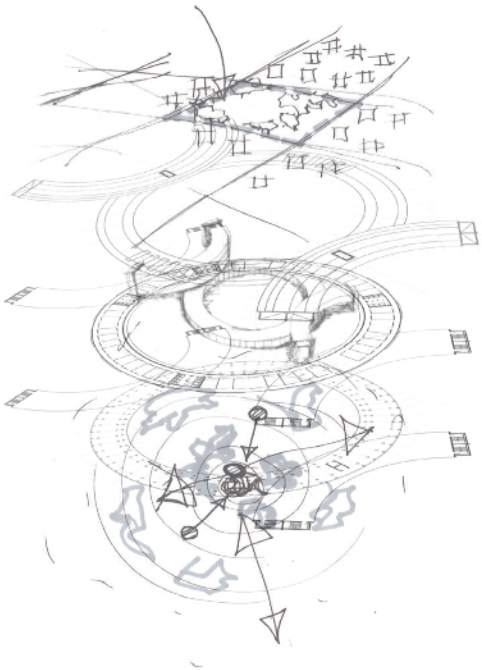

FIGURE_13 *Situating the siteless project; placing pre-trial detainees into the care of the community*

Prisons in Canada today are at an interesting crossroads where the former Harper Government's ill-advised passing of at least two 'tough on crime' bills intended to deter future criminals from entering the system through a show of force. Unsurprisingly, writing into law additional minimum sentencing and eliminating systems designed to shorten the duration of the detention of prisoners (two for one credit system for early release eliminated) did, in fact, have the exact opposite effect. Seeing a government seemingly ignore the virtually endless precedents that the American Model currently has and continues to provide while miming the political rhetoric and ideals that have been a part of the American Model for decades, putting forth under-researched bills with good intentions that have lead to the current American pandemic of mass imprisonment is not the direction for which we should strive. (Carlson, 2011)

One good thing to note is that the rate of adults being supervised by the correctional system has been on a steady decline since 2011. While keeping up with more recent stories on imprisonment in Canada, it does not appear to be changing for the better. An increased push towards enabling the privatization of federal prisons, continuously increasing government spending towards prisons, and the fact that nearly one hundred percent of the prison population actually comes from the poorest ten percent of the country are all the signs that the American Model just might still make it to Canada. (Ormond, 2014)

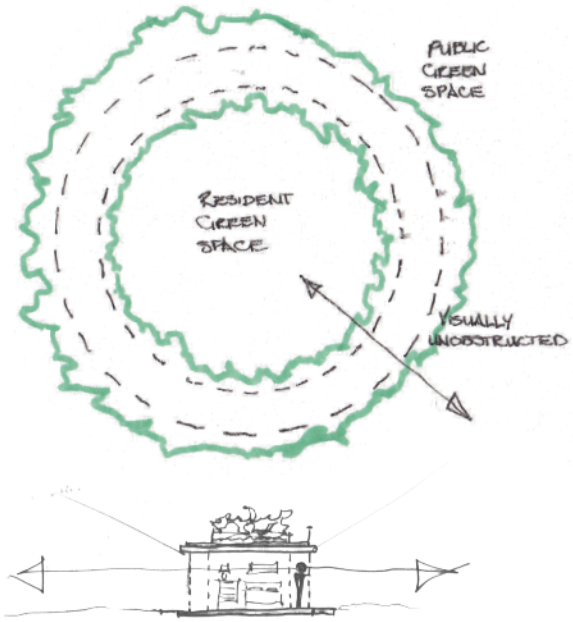

FIGURE_14 *The importance of the individual perspective: layering elements into view*

When considering the unfortunate direction Corrections Services Canada has decided to pursue and having seen the United States do it first, it is painfully evident that things may get worse before they get better. In an effort to imagine a brighter future for imprisonment and mental illness in society, this fictional and site-less design proposal should be understood as a provocation of the current state of things, highlighting the importance of treating both prisoners and detainees with the same respect as everyone else. Attempting to alter the current conversation by utilizing a more positive rhetoric. While traditional architectural methods produce the building form from a complex resolution of site and program, this, instead, aspires to envision and innovate for a diverse future. Through a process of inverting and subverting Panopticon, both as an architectural form and as a social idea, this fictional project proposal adopts the base form of a circle.

This proposal does not situate itself within an existing site, but instead is proposing a new program and style that could potentially be adopted by any community in Canada. When choosing the type of site for the proposal, a central green space/park/forest is recommended, allowing for layers of nature to become part of the setting. One must also consider how to align the viewpoints with elements specific to that community because this is an intentional placement of something currently unfairly unseen [pre-trial detention] directly into the public eye, bringing visibility to both the residents and the issues surrounding their situations.

_MENTAL SPACE
_System

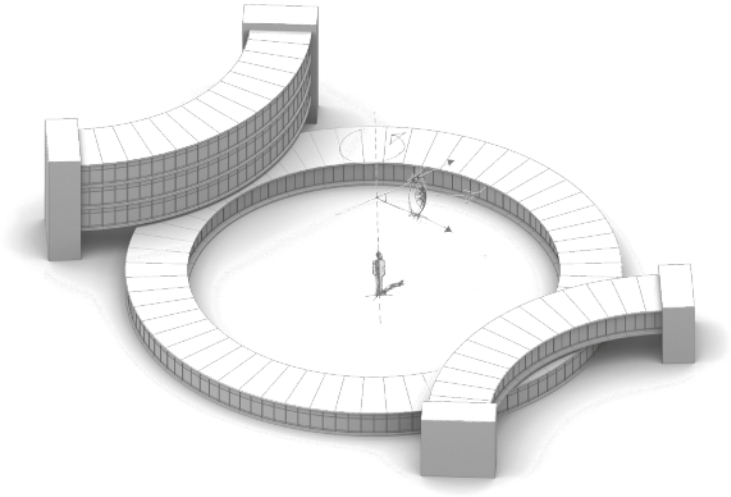

FIGURE_15 *Fictional Project Proposal Massing*

The design includes three distinct 'wings' or departments; a circular ground floor structure programmed for pretrial detainee residents as well as their support, living space, retreats and numerous other programming elements pertinent specifically to them. This space is proposed as an alternative place for those unfortunate individuals who entered Correctional Services and remain uncharged; the north wing contains additional re-programmable space, a three story structure allowing the project to house a greater number of pre-trial detainees with a dorm style massing; the south wing is designed to hold both a cafeteria for those living and working on site as well as a restaurant.

The cylindrical form of the Panopticon is retained to represent a historical ideology that is still present in the current system; while at the same time directly superimposing a design that is intended to counteract it. The Panopticon was a breakthrough at the time in its simplicity, by segregating those residing within and directing each cell towards a central post. That design also perpetuated the problems experienced by those imprisoned. The Panopticon changed nothing of the fact the prisoner was packed in overcrowded facilities, surrounded by solid walls of hard surfaces, cut off from their community. Often with no outside contact and little to no exposure to the outdoors individuals would develop mental illnesses. To counteract this, the proposal focuses on opening up the spaces that are to be occupied. Having the plan laid out in a circle allows there to be a distinct 'inside space' versus 'outside space'.

It is important to distinguish between space intended for the residents only, areas accessible to both residents and their support, and the outermost circulation being accessible to the support and community but not the residents, restricting a completely free reign over the site. All three wings of the proposal follow a similar design language, working through the dichotomy of public versus private space while providing a safe, secure place that expresses transparency and openness towards the community.

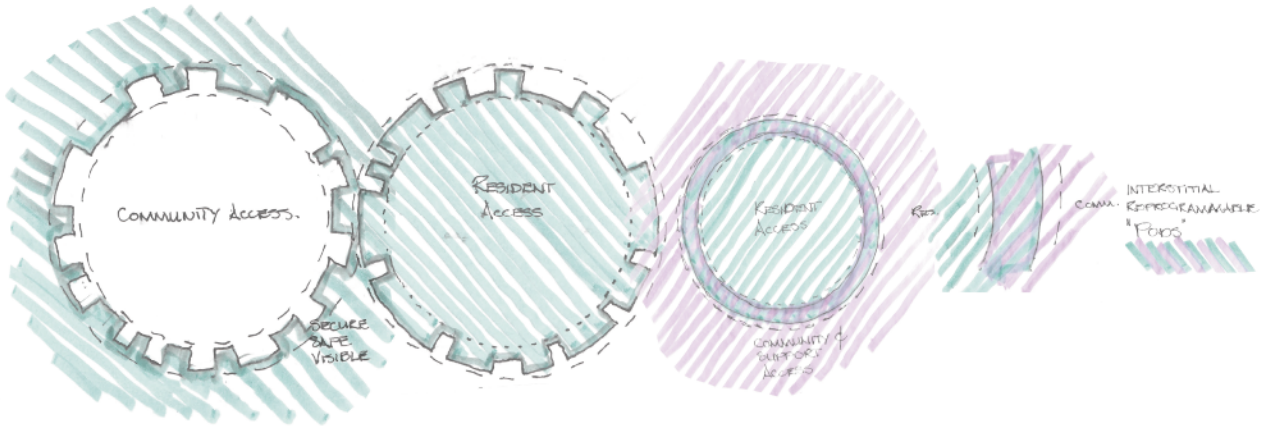

FIGURE_16 *Allocation of Access*

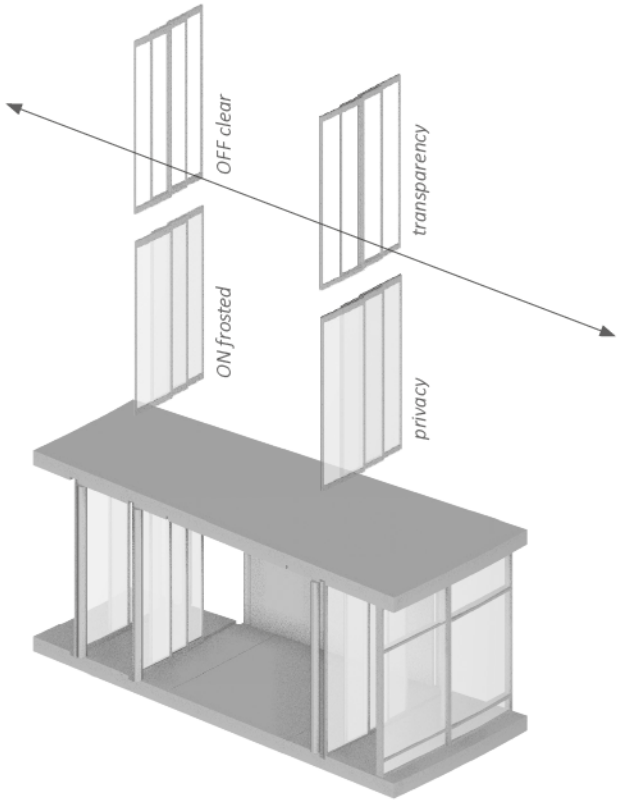

FIGURE_17 *Axonometric render of proposed pod system showing frosted or transparent inner partition sliding glass doors.*

Each resident is allowed full control of the views into or through their 'pod'. Through the utilization of smart glass technology within the inner partition sliding glass panels, residents are given the option to frost the panels for privacy. Additionally, the design implements a removable panel system to separate or integrate the variously programmed pods.

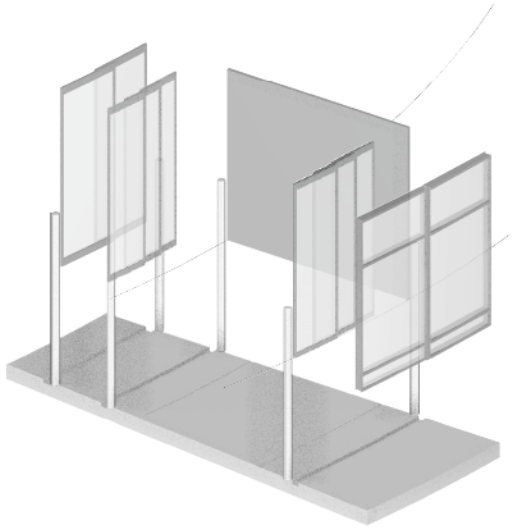

FIGURE_18 *Exploded axonometric render of proposed pod system for the fictional project.*

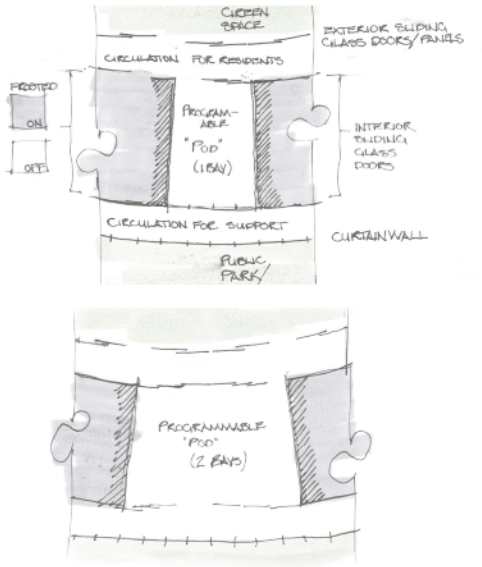

FIGURE_19 *[Re]Programmable, [Re]Configurable 'Pods'*

Instead of defining a static programmatic layout for the project, a series of examples of various potential programs are presented to show the malleability of the space which allows for endless reconfigurations freeing the project from programmatic constraints and aiding in the overall expression of a transparency which is controlled by the residents from the inside, each space having visual access out towards the community and in towards the central green space.

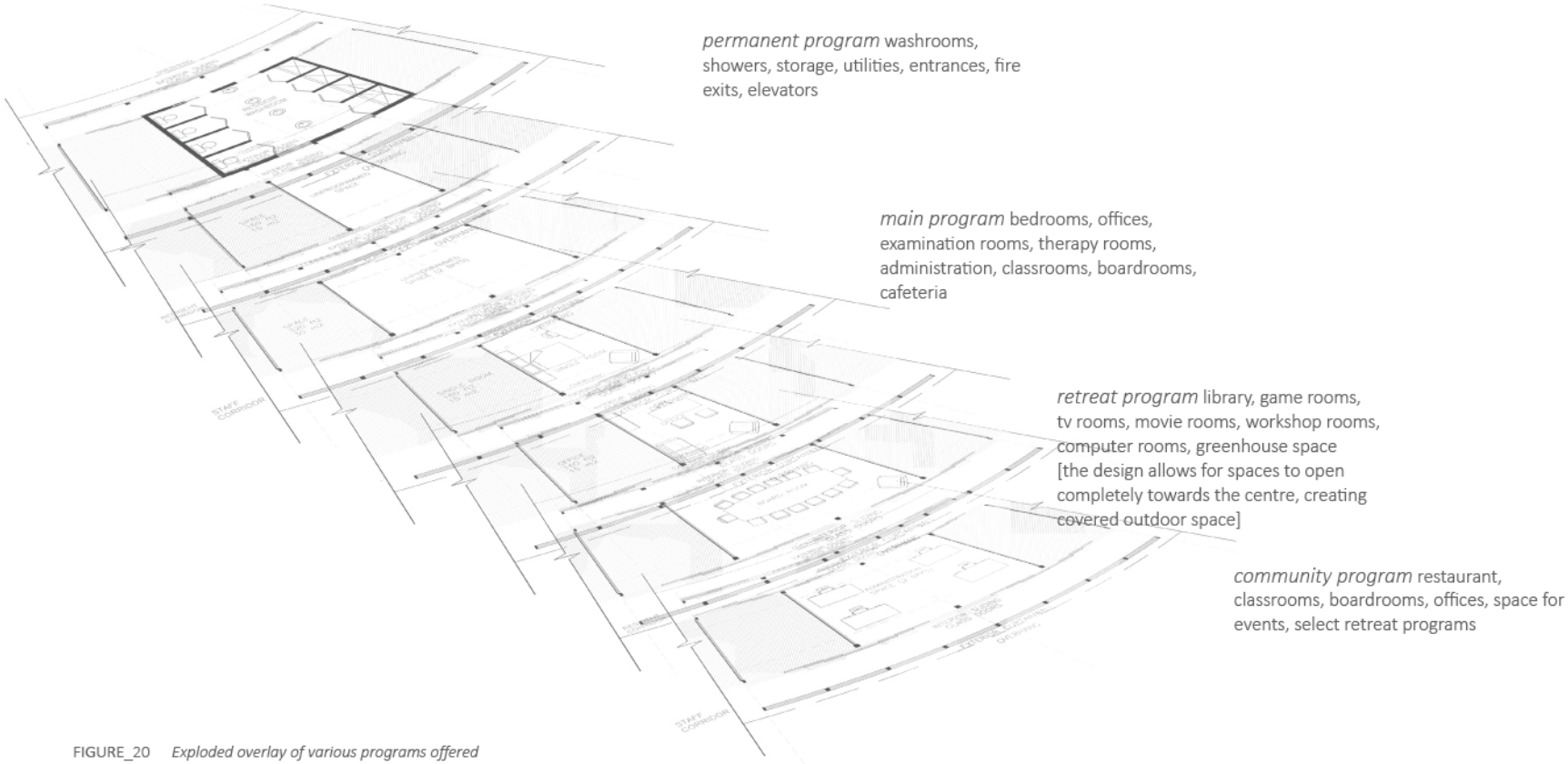

FIGURE_20 *Exploded overlay of various programs offered within the designed 'pod' system*

office space allowing the various support [lawyers, counselors, therapists, psychiatrists, medical doctors, etc.] functional space to perform their duties on-site, bridging the connection between the detainee and their support network.

classrooms to the benefit of both the community and the residents, as part of the continuous effort to build up the community, functional classroom space is offered for community courses, public presentations, support groups, etc.

retreats term used to describe the various "comfort" programs offered for the residents, these pods can provide entertainment, purpose, distraction to the residents, with certain programs also allowing the community access.

restaurant creating an immediate connection between the residents and the community, the public restaurant is implemented to bring the community to the site while providing job opportunities to the residents and ex-cons.

FIGURE_21 *Carousel of program. A graphical comparison of the cycling of programs of space to that of an old slideshow machine.*

FIGURE_22 *Section Through 'Pod'*

_MENTAL SPACE
_Perspective

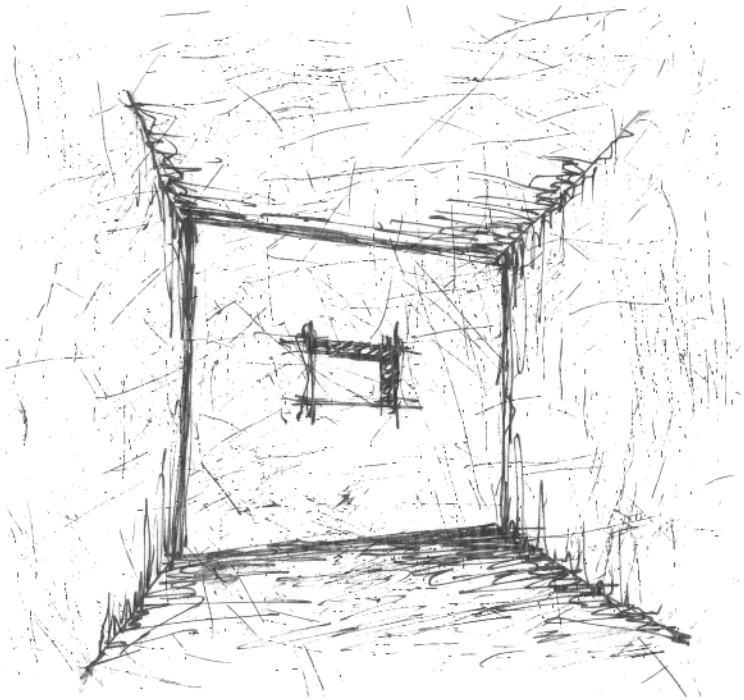

FIGURE_23 *Perspective into Panopticon 'Pod' as Reference*

Every individual person is unique and thusly experiences life uniquely. The mental health of that individual may have a large effect in altering their perspective through which they experience life; whether adversely (depression, for example, will paint life in a very negative light from the perspective of those affected), or not at all (if a person is mentally healthy overall, they may take for granted the privilege - what some may even consider a luxury - of experiencing life without the burdening lenses of mental illness) mental health remains an important consideration within the proposal given that this is attempting to understand the point of view of a pre-trial detainee affected by mental illness.

Mental space is the placement of oneself in the perspective of another individual with consideration given to the varying mental health lenses that may be altering it. The fictional proposal furthers this sentiment by placing individuals into 'pods' designed to positively affect the mental well-being of the occupant. This brings the issues, experiences, and sensations into a more tangible context and forces the immediate surrounding community to begin to positively alter their perspectives on mental health and prisons, an initial step towards tackling it globally.

The following is presented as a series of drawings exploring the mental spaces of those residing within the fictional proposal.

FIGURE_24 *Point of view of resident facing community*

FIGURE_25 *Point of view of resident towards central space.*

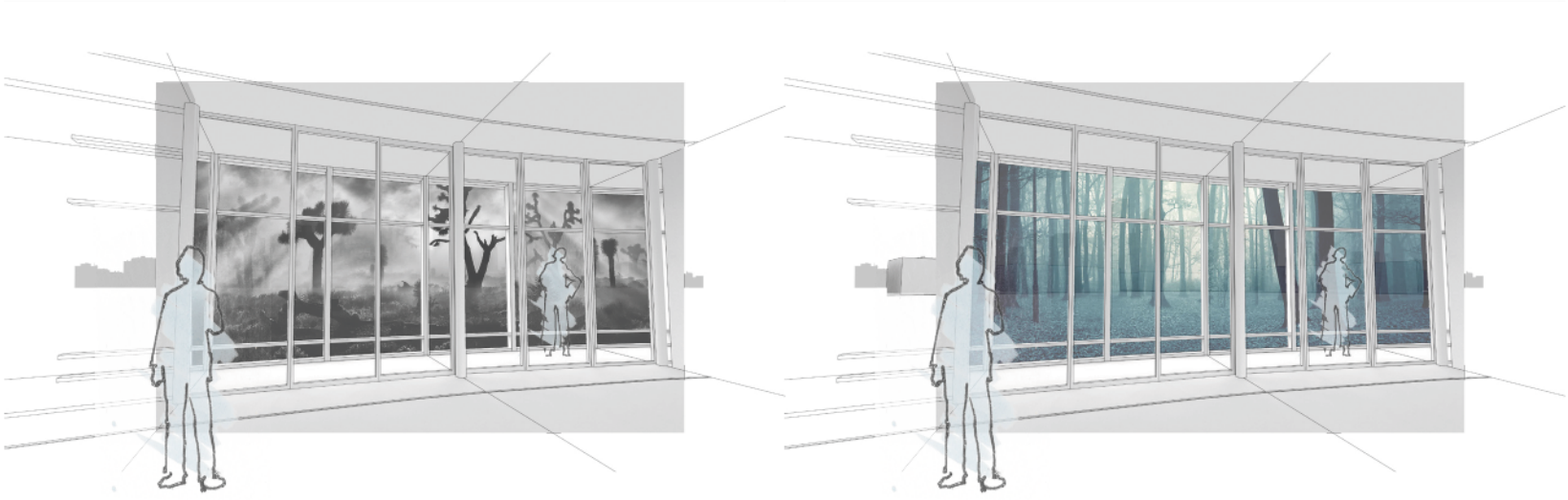

FIGURE_26 *Resident Towards Community Alternative Views*

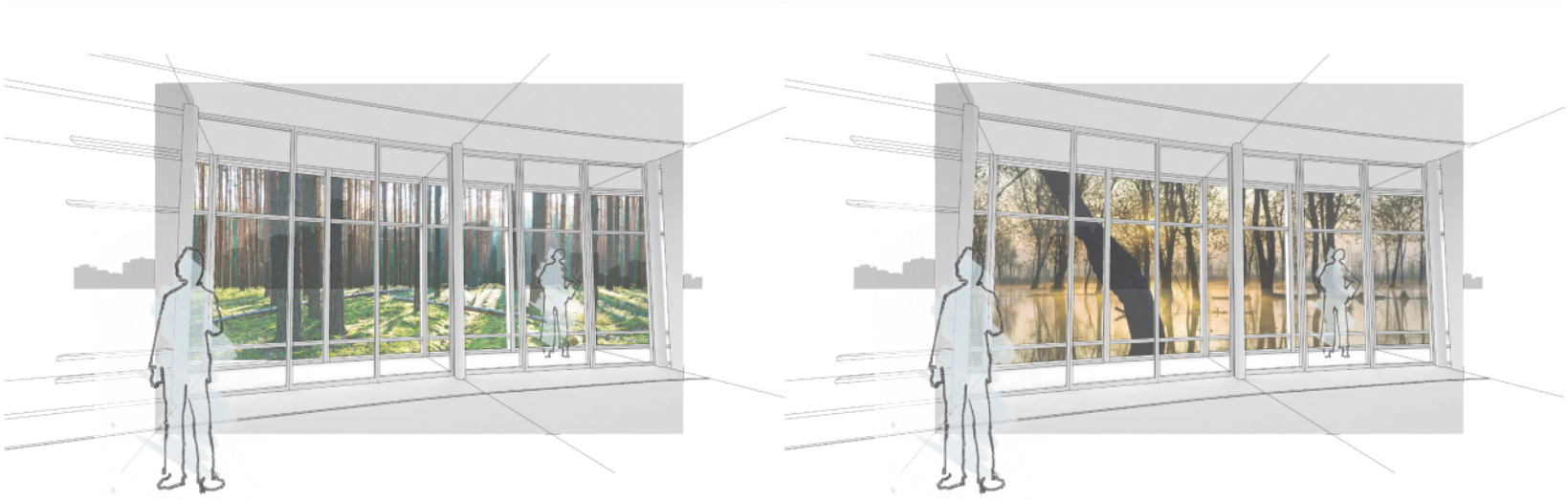

FIGURE_27 *Resident Towards Community Alternative Views*

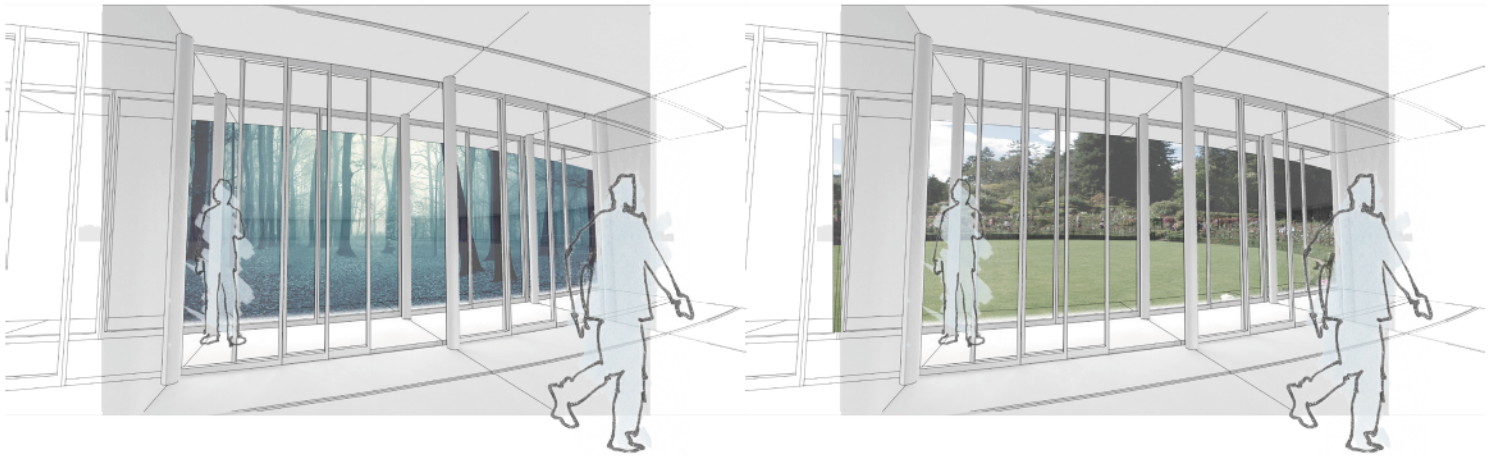

FIGURE_28 *Resident Towards Centre Alternative Views*

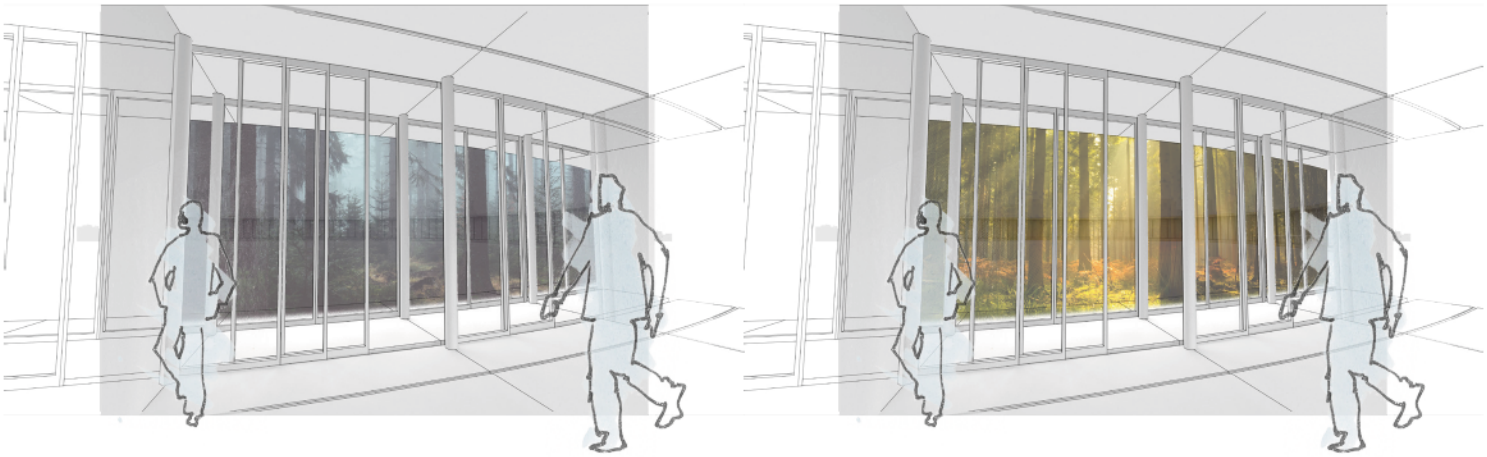

FIGURE_29 *Resident Towards Centre Alternative Views*

FIGURE_30 *Elevations*

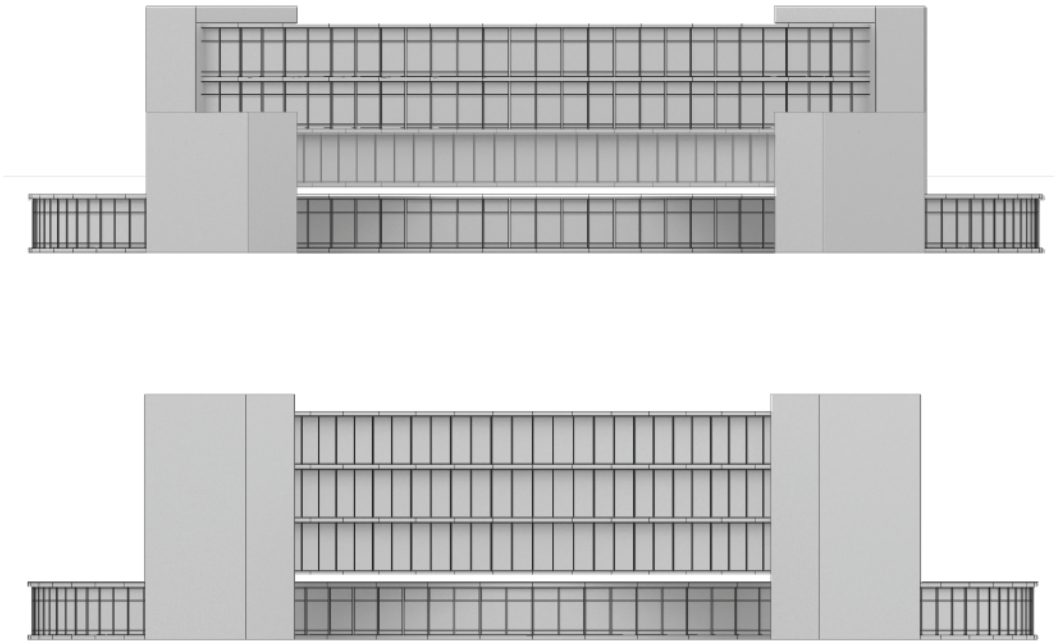

FIGURE_31 *Elevations continued*

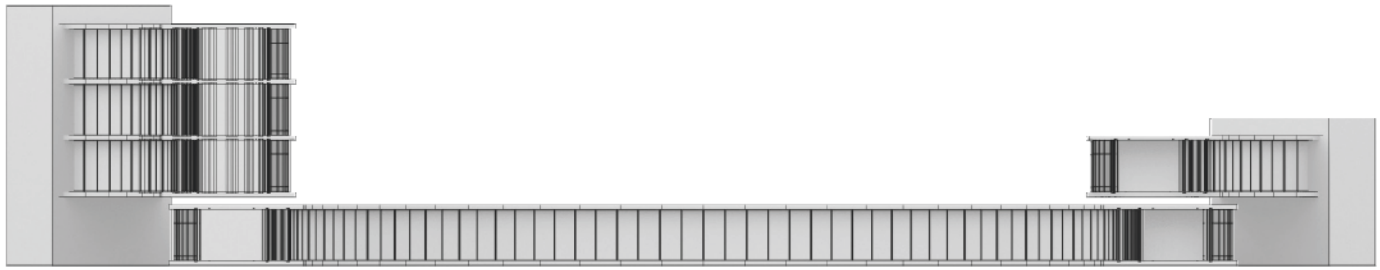

FIGURE_32 *Rendered Section*

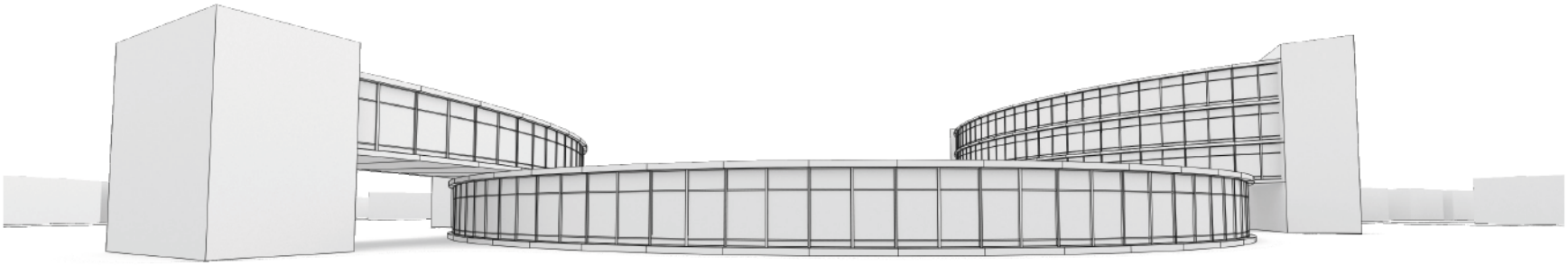

FIGURE_33 *Render on site*

_MENTAL SPACE
_Conclusion

The criminalization of mental illness is a dominating issue currently facing those affected by mental illness. Instead of being offered the help they require, more often than not, an individual today affected by mental illness may end up imprisoned. This investigation aimed to provoke a potential societal shift towards alternative treatment and detainment of prisoners and those affected by mental illness. We return here to the thesis methodology, as a way of reflecting on its findings.

In undertaking this search for a de-criminalized healing space for pre-trial detainees with mental illness, this thesis began with an examination of the workings of mental illness proper, by placing its research within the mental space(s) of those affected by mental illness. The idea was not to separate the larger issues of mental health from human scale and experience, in the design methodology.

The thesis turned, then, to the past, to historical models. This portion of the thesis revealed the striking fact that in the history of caring for mental illness, those providing the first examples in care in the past – while not understanding the disease fully – nonetheless offered some of the best kinds of treatments (and ones that are only recently resurfacing today). The thesis intentionally juxtaposed a problematic present with a positive example from the past. Provocation achieved through juxtaposition pointed to a promising possibility of treatment not being offered presently.

The thesis proceeded to explore the issue of mass imprisonment through history, revealing a core principle of penitentiary architecture. Situating the analysis through the lens of a pre-trial detainee proved important. For centuries the intent in the design of prison environments has been to push the limits of security and control, resulting in the global issue of mass imprisonment. Once again attempting to provoke, this portion of the thesis writing conversely presented the origins of the penitentiary as a place to repent and atone and a community support space. This provided a second example of using historical research to shed light on a current problem that has been solved differently and more successfully in the past. Through an analysis of the role architecture, the investigation emphasized the experience of the individual occupying the space. This intentionally directed the focus towards understanding these unique perspectives and thereby setting a base for which the proposal could be properly understood.

The thesis did not attempt to provide the ultimate solution to the difficult problem of pre-trial detention of persons with mental illness. Instead, it sought to highlight an altogether different method in the initial treatment of prisoners affected by mental illness. The fictional proposal that emerged from the research was intended to trigger change in individual perspectives, and to contribute to a larger shift in society's views, and thereby to positively change the future of prisons. By basing its architectural form upon an historical example of control and surveillance, Bentham's Panopticon, the fictional proposal aimed

to provoke the reader one last time. The resulting built form emphasized transparency and community through an open design language that considered individual experience of the space.

With regards to the site, within the considerations of the fictional proposal, the project opted not to work on one specific site but instead, on a condition of generic "site-less-ness." This decision was to make all places sites for such a proposal, and more poignantly, sites for living near and with persons with mental illness who, due to their illness, have found themselves on the other side of the law. By not situating the project specifically while specifying the type of site, the proposal intended to provoke the entire surrounding community. The organizational form (and its manipulations of the circle and arcs of circles) explored the notion of direct placement of responsibility and care into the hands of the community. In this sense, the fictional design operated as a device for nudging members of the community into conversations about detainment.

Finally, a further development of this fictional design would examine more ways to support the interaction between pre-trial residents, staff and community. Implementing the design on real sites would of course open up new, local and specific, neighbourhood opportunities to explore. In this, one could look forward to new, life affirming and healing, provocations between the spaces of confinement and mental illness and the spaces of freedom and social life.

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_GLOSSARY

synonyms or similar terms

term
[prəˌnənsēˈāSH(ə)n] *part of speech*

definition in terms of this thesis

paired based on dichotomy, juxtaposition, and interest

sorry regretful remorseful apologetic attritional

pen·i·tent
[penətnt] *adjective*

feeling sorrow or regret for wrongdoing and a willingness or expression to atone

lockup confinement correctional institution guardhouse prison

pen·i·ten·tia·ry
[penəˈten(t)SH(ə)rē] *noun*

a prison for people convicted of serious crimes

captive hostage imprisoned in custody convict

pris·on·er
[ˈpriz(ə)nər] *noun*

a person who is kept in jail against their will following conviction of a crime

captive hostage imprisoned enslaved caged

de·tain·ee (pre-trial)
dēˌtāˈnē,diˌtāˈnē] *noun*

a person who is kept in jail even though they have not been charged with a crime

dark unclear secretive questionable closed

o·paque
[ōˈpāk] *adjective*

hard to understand or explain; impenetrable to light

light clear understandable apparent open

trans·par·ent
[transˈperənt] *adjective*

having easily perceived motives; allowing light to pass through; easy to detect

protect nurture responsibility concern aid

care
[ker] *noun; verb*

the provision of the well-being of someone; to be concerned

punish rectify reprimand proper repair

cor·rect
[kəˈrekt] *noun; verb*

put right; punishment intended to reform, improve, or rehabilitate

alter convert turn inside out overturn inverse

in·vert
[inˈvərt] *verb*

put upside down or in the opposite position, order, or arrangement

debase invalidate undermine pervert corrupt

sub·vert
[səbˈvərt] *verb*

undermine the power and authority of; to overthrow; to ruin utterly

via thesaurus.com + dictionary.com