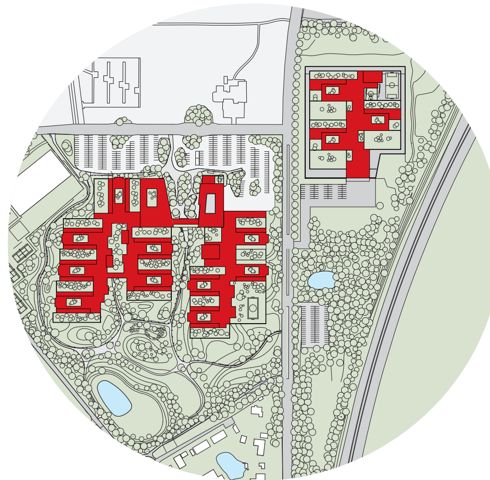
ROAD TO RECOVERY

A psychiatric hospital in Slagelse by Karlsson Architects and Vilhelm Lauritzen Architects challenges public stigma with an unabashed open and informal approach, writes *Jon Astbury*



WINNER

'It ain't no bad thing to need a safe place to go mad', came the rallying call from James Leadbitter and Hannah Hull in their project *Madlove: A Designer Asylum*, which was launched in 2014 to counter the myth that mental illness is 'dangerous and scary' by calling for new and radical design ideas. Architecture and the asylum share a sinister past: while it may conjure images of monolithic, overcrowded Victorian structures home to cruel experimental treatments, the asylum also offers some examples of architecture at its most deterministic, and with all determinism it seems to become more acute the more distant the architect's ability to relate to the user grows.

As an architectural proposition, then, the modern psychiatric hospital is a complex one to grasp, largely because the concept on which it is based and is required to respond to – determining when the socially unacceptable strays into the medically problematic and how this should then be dealt with – is fraught with contention. And so when the region of Zealand, Denmark, put out a call for proposals for a new €140 million facility in the town of Slagelse, they would invariably be making a statement not only about how to design for psychiatric treatment, but how society as a whole would view this practice.

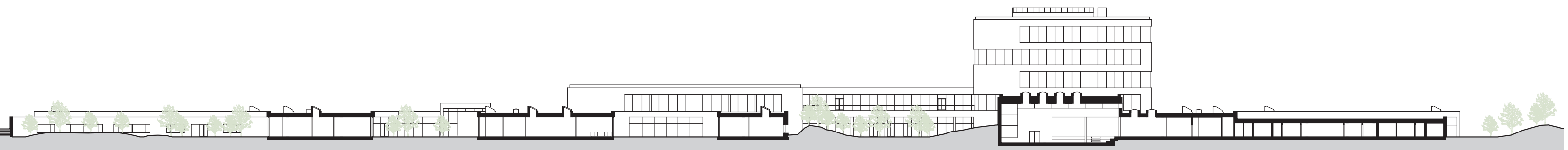
'When you come here, it is unlikely to be the best time in your life, whether you are a patient or a visitor,' says Christian Karlsson of Karlsson Architects, joint winner of the competition along with Vilhelm Lauritzen Architects. The brief was daunting: not only would the facility merge numerous scattered departments in the Zealand region, it also included those in Nykøbing some 80km away (home to an asylum opened in 1915 and now a museum), Denmark's first closed psychiatric ward for the criminally insane. At 44,000m² the new facility is the largest and most ambitious built in Denmark for over a century, and for Karlsson and VLA involved multiple discussions with the users of the building.

Arguably the most important of these was the creation of a porous boundary between the hospital and its surroundings. Karlsson distils the diagram down to that which is fundamental, a 'meeting between people'. 'Some may need a little help, and some may be able to give a little help, but it is a dignified meeting; the patient is not a guest, but an equal person.' The Slagelse Hospital Campus sits to the south-east of the town, adjacent to several parks that house a stadium and tennis club, and the new facility's position – straddling these two conditions – is key in allowing patients to feel a sense of removal from this wider context: to not necessarily feel as though they are living in a hospital. Similarly, it should not necessarily present itself to *others* as a hospital, and the low-slung taupe brick forms speak more to, say, London's latest social housing projects than the (admittedly rather more playful pomo-via-Denmark) '80s hospital opposite.

The entire facility is geared towards supporting a cycle – the progression from the removal of stimuli to their gradual reintroduction. 'In many of these spaces there are very few stimuli', says Karlsson, 'but when you are almost ready to leave you need to be able to better deal with the

1 emergency entrance
2 main entrance
3 auditorium
4 canteen
5 workspace
6 ward
7 common room
8 kitchenette
9 sports court

ground floor plan



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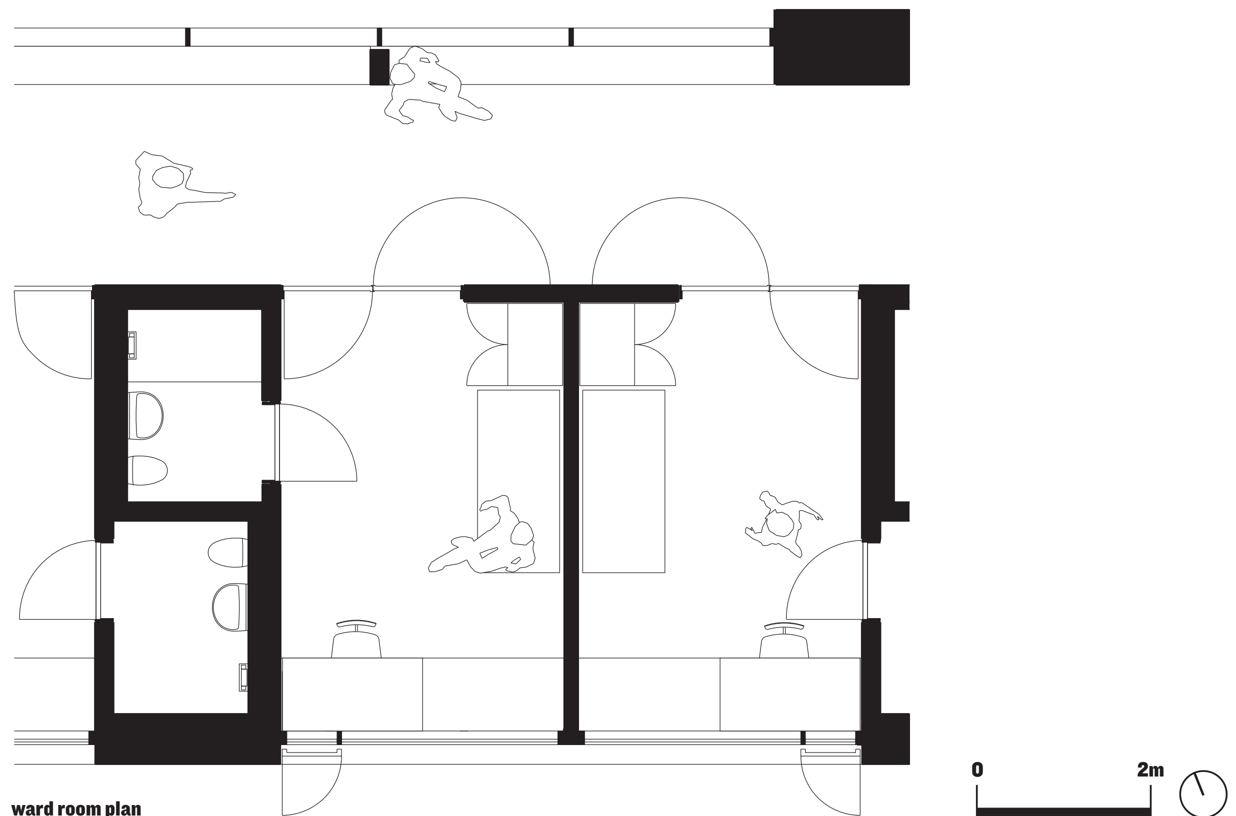
complexity of the real world.' The philosophy that patients do as much as they are able is reinforced by the provision of kitchens, common spaces, sports areas and spaces shared with staff, and the equally important philosophy that staff and patient are equal is one that applies down to the minutiae – they have even all been supplied with the same furniture.

The plan, with the appearance of a net, shares much of what in early asylum design was known as a 'pavilion plan' – in which ward spaces unfold off main arterial corridors. What is most impressive here is the way in which these elements play off one another, and the ability for the same ideas to be scaled or shifted (for security or site constraints) without detriment to the overall concept. With no strict boundaries between staff and patient space, it becomes more of a gradation throughout the plan, moving from the five-storey office and outpatient clinic – where there are far more stimuli in terms of materials, activity and sound – to the quiet landscape to the south of the facility. Even the forensic psychology wards, designed for patients potentially staying in the facility for several years, only shift the basic ward layout slightly, creating fewer corners and only one route from the ward to the exit.

The insular nature of the plan as a whole means fewer conventional security measures are needed, something Karlsson thinks it will take 'years for staff to get used to', and even for the closed high-security block, completely separate from the main complex, the same basic principles apply, only with higher walls and fewer ward areas.

The wards themselves run along two sides of a courtyard garden that patients can tend to, with a glass-walled staff space acting to connect them to the core corridors. Out onto these routes, the staff room protrudes slightly, forming what Karlsson calls a 'pigeon room' that is 'on show' to anyone moving through the facility. Facing inward towards the rooms themselves, the transparency of the staff space serves the dual purpose of both allowing patients to feel safe and staff to unobtrusively surveil. Almost symmetrically, the patient common rooms sit opposite the staff rooms, across the courtyards. Far removed enough to feel independent from the machinations of the hospital, just as the staff spaces jut out into the corridor these common rooms jut out into the surrounding landscape with tall, thin glass openings that peek out beyond the low walls that surround the facility, able to be looked into by passers-by.

What is a small step structurally is here perhaps a huge step in terms of what a simple line of sight can bring to patient and public relations. As Tom Johansen, the Quality Manager for Psychiatry in Zealand says, 'the public can walk through here with their dogs and children, so it is important it isn't too open – what is important is having the possibility for patients to choose for themselves'. Where two wards are adjacent, a green space sits between, or a walled garden if the ward has no neighbour. This garden, looked after by staff rather than patients, has a 'wilder' feel, one to be looked at rather than interacted with and perhaps for some a repose from the immaculate nature of the rest of the facility.



ward room plan

Lighting plays an important role in all of this, not only for the effect Karlsson believes it has on the recovery process, but for its ability to create several spatial conditions throughout what could have become bland circulation spaces. From those more public – the 'pigeon rooms' – to those requiring more privacy, which sit flush with the wall behind a skylight, each has a unique lighting condition, aided where necessary by LEDs that can mimic daylight or provide a warmer glow in the evenings. The result is like a street with a series of shop fronts: some you are invited to enter freely, such as the kitchen spaces, and some you are not, such as meeting or consultation rooms. Crucially it taps into a common spatial experience – one that inherently has a sort of unspoken hierarchy – to avoid any heavy-handed approaches to access and security. Colours chosen by Danish artist Malene Landgreen and poetry along the wall by Ursula Andkjær give each space a subtle character, aiding with wayfinding but also alleviating the coldness of some surfaces.

And if there is a criticism to be made of some spaces it is that they are, in terms of finishes, more aligned to a 'clinical' space than what might traditionally inspire a feeling of comfort – but there is a fine line between this and the sort of minimal simplicity devoid of stimuli that the hospital is aiming to promote. While effort has been made to offer warm, tactile finishes where possible, these still have an exceptionally neat, 'hands-off' feeling to them. Arguably this is an attempt to draw patients away from their rooms out into the shared spaces: those for sports, cooking, table tennis, or more experimental areas such as the 'sense rooms' equipped with projectors and giant cushions offer far more tactility.

The result of all of this is a deceptively complex matrix of levels of engagement in which the architecture plays the role of a subtle facilitator and mediator. These are of course the sort of considerations that inform all architecture, but here they are amplified, to the extent that it is easy to forget that a public route cuts directly through the centre of the complex or that the forensic psychiatry wards sit just a few doors past the shared canteen space.

A valuable product of the *Madlove* project – provided by responses from architects and furniture designers to nurses and activists, many of whom had been through mental health treatment themselves – was a 'checklist' of what people who'd experienced psychiatric facilities believed they needed to better operate: a less clinical feel with non-white walls, more greenery and open spaces, dance and sport spaces, and perhaps most importantly, a more fluid boundary with the public. At Slagelse, Karlsson and VLA have not only introduced all of these elements, but fostered a more intangible connectiveness between them. While both patients and staff at the new facility are still coming to terms with their new environment, it presents a bold future not only here, but for the entire type. The launch of the new facility, inviting all those involved with and affected by the construction, was attended by hundreds more than the architects expected. 'We wanted to challenge the public's stigma around these places', says Karlsson, 'and after seeing this turnout, we thought "there – done".'

LAV STOL

Architect
Karlsson Architects and
Vilhelm Lauritzen Architects
Engineers
NNE Pharmaplan, CENERGIA,
Moe og Brødsgård
Photographs
Jens Lindhe, Jesper Ray Manlay
Karlsson Architects