

THESIS REPORT ON
“SUKOON : PSYCHIATRIC CENTRE , NOIDA”

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CERTIFICATE

I hereby recommend that the thesis entitled “ **SUKOON : PSYCHIATRIC CENTRE , NOIDA**” under the supervision, is the bonafide work of the students and can be accepted as partial fulfillment of the requirement for the degree of Bachelor’s degree in Architecture, School of Architecture & Planning, BBDU, Lucknow.

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ABSTRACT

In recent years, there has been a significant global rise in mental health disorders such as depression, anxiety, schizophrenia, and bipolar disorder, making psychiatric rehabilitation an urgent concern in both public health and built environment discourse. This growing need calls for a rethinking of the spatial, functional, and therapeutic role of architecture in mental health care facilities. This thesis addresses the architectural response to mental illness through the design of a **Psychiatric Rehabilitation Center** that moves beyond conventional, institutionalized models of mental healthcare and envisions a **human-centered, healing environment** that promotes dignity, autonomy, and reintegration into society. The research explores how architecture can influence psychological well-being and recovery outcomes. Through a **multidimensional approach** involving literature review, comparative case studies, and site analysis, the project investigates architectural principles that support mental health. Key design theories such as **biophilic design**, **healing architecture**, and **evidence-based design** are examined in depth, with emphasis on their implementation in psychiatric care settings.

Two case studies—**VIMHANS** (Vidyasagar Institute of Mental Health) in Delhi, **VIMHANS** (Vidyasagar Institute of Mental Health) in Amritsar and the literature study **SOCISO Rehabilitation Centre** in Malaysia, **Worcester Recovery Center and Hospital** in the USA—are analyzed to extract functional zoning, spatial planning techniques, patient-centered features, and environmental strategies. These precedents offer insight into creating therapeutic, non-stigmatizing, and flexible environments tailored to the needs of psychiatric patients.

The final design proposal incorporates principles derived from these studies and theoretical frameworks. It emphasizes **clear zoning**, **sensory-friendly spaces**, **activity-based therapy areas**, and **integrated green zones**, aiming to create a setting that balances safety with openness and supervision with privacy. The design also addresses critical elements such as **patient circulation**, **accessibility**, **natural light**, **ventilation**, and **community interaction**, all of which contribute to a conducive healing atmosphere.

Ultimately, this thesis presents a design model that serves not only as a medical facility but as a **restorative architectural ecosystem** that supports emotional recovery, personal growth, and social inclusion for individuals experiencing mental illness.

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1. INTRODUCTION

A Psychiatric Rehabilitation Center is a specialized healthcare institution dedicated to supporting individuals living with severe and persistent mental health conditions such as schizophrenia, bipolar disorder, major depressive disorder, and substance use disorders. Unlike acute psychiatric hospitals that focus primarily on crisis intervention and short-term stabilization, rehabilitation centers emphasize long-term recovery and the reintegration of individuals into society. These centers adopt a **holistic approach**, addressing not only the clinical and medical aspects of mental illness through psychiatric care and medication management but also the psychological, emotional, social, and vocational dimensions of recovery.

The core objective of a psychiatric rehabilitation center is to help patients regain **functional independence** and improve their **overall quality of life**. This is achieved through a combination of individual and group therapy, occupational therapy, skill-building programs, life skills training, and vocational rehabilitation. Patients are guided in managing daily activities, building interpersonal relationships, coping with stress, and pursuing education or employment opportunities. Social workers, psychologists, psychiatrists, and occupational therapists work collaboratively to create personalized rehabilitation plans tailored to the unique needs of each individual.

Furthermore, these centers foster a **supportive and structured environment** that encourages community integration and reduces the risk of relapse or readmission to hospitals. Family involvement and community-based services are often integral to the rehabilitation process, promoting continuity of care and long-term support. By bridging the gap between acute psychiatric care and full societal participation, psychiatric rehabilitation centers play a vital role in empowering individuals with mental illness to lead meaningful, self-directed lives while contributing positively to their communities.

TYPES OF PSYCHIATRIC DISORDER:

Category	Disorder Examples	Key Symptoms
Mood Disorders	Depression, Bipolar Disorder	Persistent sadness, mood swings
Anxiety Disorders	Generalized Anxiety, PTSD, OCD	Excessive worry, fear, panic attacks
Psychotic Disorders	Schizophrenia, Delusional Disorder	Hallucinations, delusions, disorganized thinking
Neurodevelopmental Disorders	ADHD, Autism Spectrum Disorder	Impulsivity, social/communication difficulties
Personality Disorders	Borderline, Antisocial, Narcissistic	Unstable relationships, impulsivity
Eating Disorders	Anorexia, Bulimia, Binge Eating	Unhealthy eating habits, body image issues
Substance Use Disorders	Alcoholism, Drug Addiction	Dependency, withdrawal symptoms

1.1 BACKGROUND STUDY

A **Rehabilitation Center** is a facility designed to help individuals recover from physical, mental, or substance-related health conditions. It provides **medical care, therapy, counseling, and skill training** to promote recovery and reintegration into society.

Historically, rehabilitation was focused on institutional care, but modern approaches emphasize **patient-centered treatment, holistic healing, and community-based support**. Advances in healthcare have led to **specialized rehabilitation centers** for physical disabilities, mental health disorders, addiction recovery, and vocational training.

The study of rehabilitation centers includes **spatial planning, therapeutic design, accessibility, and sustainability** to create environments that support long-term healing and well-being.

A **Psychiatric Rehabilitation Center** is a healthcare facility designed to aid individuals with mental illnesses in their recovery and reintegration into society. The design of such a center plays a crucial role in providing a therapeutic and healing environment.

1. Evolution of Psychiatric Care

- Traditional asylums were restrictive and institutionalized.
- Modern approaches focus on patient-centered, community-based rehabilitation.

2. Design Considerations

- Healing Environment: Use of natural light, green spaces, and biophilic design.
- Zoning & Privacy: Separation of therapy, living, and recreational areas.
- Safety & Security: Anti-ligature fixtures, controlled access, and surveillance.
- Accessibility & Inclusivity: Barrier-free design for all users.

3. Functional Spaces

- Patient rooms (individual/shared)
- Therapy rooms (counseling, group therapy, art/music therapy)
- Recreational and activity areas
- Medical and nursing stations
- Dining and common spaces
- Outdoor healing gardens

4. Sustainable & Passive Design Strategies

- Natural ventilation and daylight optimization.
- Use of eco-friendly materials for a non-toxic environment.
- Water and energy-efficient systems.
- A well-designed psychiatric rehabilitation center promotes comfort, safety, and recovery, ensuring a therapeutic atmosphere while maintaining functional efficiency.

1.2 AIM

The aim of a **Psychiatric Rehabilitation Center** is to support individuals with mental health disorders in their recovery journey by providing comprehensive care. This includes medical treatment, therapy, social skills development, and vocational training. The goal is to enhance patients' independence, improve their quality of life, and help them reintegrate into society, enabling them to live as independently and fully as possible.

1.3 OBJECTIVES

The main objectives of a **Psychiatric Rehabilitation Center** are to support individuals with mental illnesses in achieving recovery and improving their quality of life. This is done by providing comprehensive care, including medical treatment, therapy, and skills training.

The center helps patients develop social, vocational, and life skills, enabling them to reintegrate into society, gain independence, and lead fulfilling lives. Through structured programs, counseling, and recreational activities, the center aims to promote emotional stability, reduce the impact of mental illness, and enhance overall well-being.

1.4 NEED

The **need** for such centers arises from the increasing prevalence of mental health conditions and the importance of long-term support for individuals after initial treatment. These centers provide a structured environment where patients can receive ongoing care, address social and vocational challenges, and foster emotional resilience, which is crucial for successful community reintegrate

1.5 SCOPE

- **Medical & Psychological Care** – Diagnosis, medication management, and therapy for mental health disorders.
- **Therapeutic Interventions** – Individual and group counseling, cognitive behavioral therapy (CBT), and alternative therapies like art and music therapy.
- **Social & Vocational Rehabilitation** – Training in social skills, job readiness, and independent living to reintegrate patients into society.
- **Physical & Recreational Activities** – Yoga, exercise, gardening, and creative activities to promote holistic well-being.
- **Residential & Outpatient Services** – Inpatient care for severe cases and outpatient support for continued recovery.

1.6 LIMITATIONS

- **Limited Accessibility** – Lack of centers in rural areas and high treatment costs make services inaccessible to many.
- **Stigma & Social Barriers** – Mental health stigma discourages patients from seeking rehabilitation.
- **Shortage of Professionals** – Insufficient trained psychiatrists, therapists, and caregivers affect service quality.
- **High Treatment Costs** – Long-term rehabilitation can be expensive, limiting affordability for many patients.
- **Relapse & Non-Compliance** – Patients may discontinue treatment, leading to relapse and ineffective rehabilitation.

1.7 DESIGN REQUIREMENTS FOR A PSYCHIATRIC REHABILITATION CENTER

Patient-Centered Environment

- Homely, calming spaces to reduce stress and anxiety.
- Private and semi-private rooms for comfort and dignity.

Safety & Security

- Non-restrictive yet secure design to prevent self-harm.
- Shatterproof glass, ligature-free fixtures, and rounded furniture.

Zoning & Space Planning

- Clear separation of inpatient, outpatient, therapy, and recreational areas.
- Easy navigation with minimal stress-inducing corridors.

Therapeutic & Healing Spaces

- Access to natural light and ventilation.
- Green spaces, sensory gardens, and open courtyards.

Multi-Functional Therapy Areas

- Spaces for group therapy, one-on-one counseling, and creative therapies (art, music, meditation).
- Quiet zones for reflection and relaxation.

Physical & Recreational Facilities

- Yoga/meditation rooms, fitness areas, and activity rooms.
- Safe walking trails and outdoor activity spaces.

Community & Social Spaces

- Common areas for social interaction to reduce isolation.
- Dining areas designed to encourage healthy socialization.

Accessibility & Inclusivity

- Universal design principles for mobility-impaired patients.
- Soundproofing and sensory-friendly spaces for neurodiverse individuals.

Sustainable & Biophilic Design

- Use of eco-friendly materials, energy-efficient lighting, and rainwater harvesting.
- Integration of nature through indoor plants and outdoor therapy gardens.

Administrative & Support Areas

- Reception, nurse stations, staff offices, and storage areas.
- Secure medication dispensaries and emergency response zones.

2. GENERAL STUDY

Mental health is a crucial part of overall well-being. Psychiatric disorders are not only medical conditions but also social and emotional challenges that affect individuals' ability to function, relate to others, and live independently. An understanding of these disorders helps architects design spaces that **support healing, autonomy, dignity, and social reintegration**.

2.1 COMMON PSYCHIATRIC DISORDERS

Psychiatric disorders vary in severity and type, but all affect how a person feels, thinks, behaves, and interacts with the world. The following are some of the most commonly encountered mental health conditions in psychiatric rehabilitation settings:

Schizophrenia

- A **chronic and severe mental disorder** that affects how a person thinks, feels, and behaves.
- Symptoms include **delusions, hallucinations, disorganized speech**, and social withdrawal.
- Patients may struggle with memory, decision-making, and daily functioning.
- **Design Implication:** Needs secure, non-triggering environments with low sensory overload. Clear navigation and visual access to nature can help reduce stress.

Bipolar Disorder

- Characterized by **extreme mood swings**—episodes of **mania** (elevated mood, hyperactivity) and **depression** (sadness, fatigue).
- Can affect sleep, energy levels, judgment, and behavior.
- **Design Implication:** Patients need calming, predictable environments. Privacy and personal control help stabilize emotions.

Depression

- A mood disorder marked by **persistent sadness, hopelessness, and loss of interest** in activities.
- May also include sleep disorders, appetite changes, and suicidal thoughts.
- **Design Implication:** Access to natural light, outdoor spaces, and opportunities for social interaction are beneficial. Avoid dark, enclosed spaces.

Anxiety Disorders

- Includes generalized anxiety disorder, panic attacks, phobias, and OCD.
- Symptoms include restlessness, fear, excessive worry, and physical symptoms like increased heart rate or shortness of breath.
- **Design Implication:** Spaces must be quiet, low-stimulation, and offer zones of refuge. Avoid overwhelming stimuli like bright lights or noise.

Substance Abuse and Addiction Disorders

- Dependence on substances like alcohol, opioids, or stimulants.
- Often accompanied by withdrawal symptoms, emotional instability, and physical health issues.
- **Design Implication:** Requires structured, supervised environments with activity-based therapies and restricted access to risky materials.

Personality Disorders

- Includes borderline, antisocial, narcissistic, and avoidant personality types.
- These affect interpersonal relationships and self-image, often leading to conflicts or emotional outbursts.
- **Design Implication:** Clear boundaries, safe environments, and opportunities for controlled social engagement are important.

2.3 ROLE OF COMMUNITY AND FAMILY

Recovery from mental illness is not just an individual journey—it's a collective effort involving the patient, caregivers, healthcare providers, and the community.

Social Support Is Critical

- Family and community support improve recovery rates and reduce relapses.
- Isolation can worsen psychiatric symptoms.
- Supportive interactions provide motivation, structure, and accountability.

Families as Care Partners

- Families are often the first responders and long-term caregivers.
- They help monitor symptoms, manage medications, and provide emotional support.
- Facilities should offer **family counseling rooms**, **waiting lounges**, and **interaction zones** for visi

Community Integration

- Community involvement through NGOs, skill-training centers, and outreach programs helps destigmatize mental illness.
- Facilities must engage local stakeholders for vocational training and rehabilitation.
-

Design Implication

- Provide multipurpose spaces for **community programs**, **family interactions**, and **open events**.
- Encourage **inclusive design**—spaces that invite community members in without making patients feel "different" or excluded.

2.4. ORGANIZATIONAL STRUCTURE

A psychiatric rehabilitation center operates through a well-defined organizational framework that ensures smooth functioning, quality patient care, and administrative efficiency. The structure typically includes **governance**, **clinical management**, **support services**, and **rehabilitation teams**, working in coordination.

GOVERNANCE AND MANAGEMENT

Board of Directors / Governing Body

- Oversees policy-making, funding, and institutional goals..

Executive/Administrative Director

- Overall operational head.
- Coordinates between departments, manages budgets, and oversees staff performance.

Clinical Director / Medical Superintendent

- Leads all medical and psychological services.
- Supervises treatment planning, patient safety, and clinical quality.

STAFFING AND HUMAN RESOURCES

A multidisciplinary team is essential to address the diverse needs of psychiatric patients.

Designation	Key Roles
Psychiatrists	Diagnose, prescribe medication, manage acute mental illnesses.
Clinical Psychologists	Provide psychotherapy, psychological assessments.
Psychiatric Nurses	Monitor patients, administer meds, assist in crisis intervention.
Social Workers	Connect patients to community services, support family counseling.
Occupational Therapists	Teach daily living skills, conduct vocational training.
Rehabilitation Trainers	Guide patients in skill-building and productive activities.
Support Staff	Includes reception, kitchen, housekeeping, and security personnel.

THERAPEUTIC AND SUPPORT SERVICES

Psychiatric rehabilitation involves a range of therapeutic and supportive interventions aimed at promoting recovery, independence, and social integration. These services work together to address emotional, cognitive, behavioral, and functional needs of patients.

MEDICATION MANAGEMENT

- **Purpose:** Ensures patients take prescribed medications correctly and consistently.
- **Activities:**
 - Monitoring for side effects and effectiveness.
 - Educating patients and families about medication use.
 - Supporting adherence to treatment plans.

PSYCHOTHERAPY AND COUNSELING

- **Purpose:** Helps patients understand their thoughts, emotions, and behaviors.
- **Types:**
 - **Individual Therapy** – one-on-one sessions for personal issues.
 - **Group Therapy** – peer-based support and communication practice.
 - **CBT (Cognitive Behavioral Therapy)** – focuses on modifying negative thinking.
 - **Trauma-Informed Care** – addresses past psychological trauma with sensitivity.

OCCUPATIONAL AND VOCATIONAL TRAINING

- **Purpose:** Prepares patients for productive, independent living.
- **Activities:**
 - Daily living skill training (cooking, hygiene, budgeting).

- Vocational workshops (handicrafts, IT, tailoring, gardening). Job placement assistance and internships for reintegration into the workforce.

RECREATIONAL AND SOCIAL ACTIVITIES

- **Purpose:** Enhances social interaction, creativity, and emotional expression.
- **Activities:**
 - Art and music therapy sessions.
 - Indoor/outdoor games, yoga, drama.
 - Supervised community outings and field trips.

GROUP THERAPY AND PEER SUPPORT

- **Purpose:** Builds community and reduces isolation.
- **Activities:**
 - Sharing personal experiences and recovery journeys.
 - Group discussions, role-play, conflict resolution exercises.
 - Peer mentoring and support networks.

2.5 NORMS AND LAWS GOVERNING PSYCHIATRIC CENTERS (INDIA)

Mental Healthcare Act, 2017

- A landmark law ensuring the **rights of persons with mental illness**.
- Key points:
- **Right to dignity, confidentiality, and non-discrimination.**
- **Informed consent** is mandatory for treatment.
- **Advance directives** allow patients to pre-decide their treatment.
- Establishes **Mental Health Review Boards** to protect patient rights.
- Prohibits inhumane practices like chaining or seclusion.
-

National Accreditation Board for Hospitals (NABH) Standards

- Provides guidelines for quality and safety in mental healthcare institutions.
- Emphasizes:
- **Safe infrastructure**, therapeutic design.
- Proper **record-keeping**, infection control, and staff training.
- Patient rights, grievance redressal, and ethical care.
-

Rights of Persons with Disabilities Act, 2016

- Recognizes **mental illness as a disability** under Indian law.
- Promotes **equal access** to education, employment, and healthcare.
- Mandates **barrier-free design** and inclusive facilities.
-

Indian Lunacy Act, 1912 (Obsolete)

- Now replaced by the **Mental Healthcare Act, 2017**.
- Was focused on custodial care, now replaced by rights-based rehabilitation.
-

Other Guidelines

- **WHO Mental Health Action Plan:** Promotes community-based care and deinstitutionalization.
- **State Mental Health Authorities (SMHA):** Oversee licensing, inspections, and service delivery.

3. DESIGN PARAMETERS

Designing for psychiatric rehabilitation requires a **human-centered, therapeutic, and secure environment** that supports recovery, dignity, and autonomy. The following are the essential architectural design parameters:

Safety and Security

- **Non-institutional, but controlled** environments.
- Use of **anti-ligature fittings**, tamper-proof fixtures, and impact-resistant materials.
- **No sharp corners**, secure windows, and **soft landscaping** to minimize self-harm risks.
- **Controlled access zones**: segregated patient, staff, and visitor areas.

Privacy and Personal Space

- Design must allow **personal space** for patients to reflect and relax.
- **Semi-private bedrooms** with attached toilets promote dignity.
- Quiet zones for **retreat and self-regulation** should be integrated.

Natural Light and Ventilation

- Maximize **daylight** in all patient areas to improve mood and circadian rhythm.
- Use **large, secure windows** and courtyards.
- **Cross ventilation** to avoid mechanical dependency and ensure indoor air quality.

Wayfinding and Spatial Clarity

- Simple, intuitive layout with **clear signage** to reduce confusion and stress.
- Avoid long, narrow corridors and closed-in spaces.
- **Color coding or material differentiation** for orientation.

Therapeutic Environment

- Incorporate **biophilic design**: views of greenery, indoor plants, and sensory gardens.
- Use of **soothing colors**, natural materials, and textured surfaces.
- Spaces for **art therapy, music, yoga, and recreation** to foster creativity and expression.

Flexibility and Zoning

- Spaces should be **adaptable** for group or individual therapy.
- Clear **zoning**:
 - Clinical area (therapy, doctor rooms)
 - Residential area (wards/rooms)
 - Recreational/social area
 - Vocational area
 - Admin and support services

Outdoor and Green Spaces

- **Therapeutic gardens**, walking paths, and activity lawns for physical and emotional well-being.
- Encourage interaction with **nature and seasonal changes**.

Inclusivity and Accessibility

- **Universal design principles**: wheelchair-accessible paths, toilets, and therapy areas.
- **Gender-sensitive spaces** and provisions for vulnerable groups.

3.1. DISPLAY SPACES

In a psychiatric rehabilitation center, **display spaces** play a subtle yet vital role in supporting **therapeutic engagement**, fostering **self-expression**, and creating a **stimulating, inclusive, and humanized environment**. These spaces should be carefully curated to inspire positivity, creativity, and a sense of belonging.

Types of Display Spaces

Art Display Walls

- **Location:** Therapy rooms, corridors, lobbies, and common areas.
- **Purpose:** Showcase patient-made art to encourage expression and build self-esteem.
- **Design:** Modular, flexible panels or pin-up boards; anti-glare coverings; safely mounted.

2. Information Boards

- **Location:** Near reception, ward entrances, and therapy units.
- **Purpose:** Provide daily schedules, inspirational quotes, wellness tips, and news.

Thematic Display Zones

- **Themes:** Mental health awareness, festivals, recovery journeys, achievements.
- **Purpose:** Encourage cultural participation, celebrate recovery milestones, and reduce stigma.

Digital Screens

- **Location:** Lobbies or waiting areas.
- **Purpose:** Display calming videos, therapy schedules, motivational clips, and mindfulness guides.
- **Design:** Screen brightness and content rotation must be soothing and non-intrusive.

Therapy Room Showcases

- Display tools, models, or work outcomes used in **occupational therapy** or **vocational training** (e.g., crafts, handicrafts, model work).

3.2 Design Considerations

- Use **non-reflective, safe materials** (no glass; shatterproof acrylic preferred).
- Ensure **easy maintenance** and flexibility for regular updates.
- Avoid overstimulating visuals; focus on **calm, encouraging, and personal content**.
- Maintain **patient confidentiality** when displaying any personal work.

5. CASE STUDY / LITERATURE STUDY

5.1 SOCSO REHABILITATION CENTER – MALASIYA

5.2 VIMHANS - VIDYA SAGAR INSTITUTE OF MENTAL HEALTH, AMRITSAR, PUNJAB

5.3 VIMHANS - VIDYASAGAR INSTITUTE OF MENTAL HEALTH, NEURO & ALLIED SCIENCES BEST MENTAL HEALTH, PSYCHIATRIC HOSPITAL IN DELHI.

5.4 BROADMOOR HOSPITAL PSYCHIATRIC HOSPITAL IN CROWTHORNE, ENGLAND

5.1 SOCSO REHABILITATION CENTER - MALASIYA



FIG 5.1.1 SESCO REHABILITATION CENTRE

Locality : Alor Gajah, Malaysia

Architect: Anuar Aziz

Area: 55 Acres

Year: 2014

Type of Building: Social Housing

Cost of Construction: \$50-\$100 Million

INTEND OF THE CASE STUDY

The **SESCO Rehabilitation Centre** in Malaysia is a sustainable, therapeutic facility for injured workers, utilizing **passive design strategies** like natural ventilation, daylighting, and shading to enhance energy efficiency and comfort. It incorporates **green spaces and biophilic design** to support healing. The study examines its integration of **vernacular and modern sustainable principles** to create a low-energy, user-friendly environment while reducing operational costs and maintaining a rehabilitative atmosphere.

ABOUT

- First rehabilitation complex globally to integrate medical and vocational rehabilitation with an allied health institute.
- Initiated under Malaysia's Social Security Organisation (SOCSO) 'Return to Work' programme.
- Serves SOCSO-insured individuals who have lost capabilities due to accidents or illnesses, including limb loss, blindness, deafness, or mobility impairments.
- Provides medical rehabilitation to help patients resume normal lives post-hospital treatment.
- Offers vocational rehabilitation with training facilities to equip patients with new skills for re-entry into the workforce.
- Allied health institute focuses on rehabilitation-related education to supply future professionals.

The site consists of mainly 5 blocks which are -

- **Administration Block,**
- **Vocational Rehabilitation Block,**
- **Medical Rehabilitation Block,**
- **Allied Health Block And Hostel And Dining.**

The reason for the choice is because in that area the quality of lighting and acoustics should be more soothing and comforting to avoid triggering any unnecessary psychological stress in the process of healing. The surrounding of medical rehabilitation block is rather quiet and has some trees to help shade.

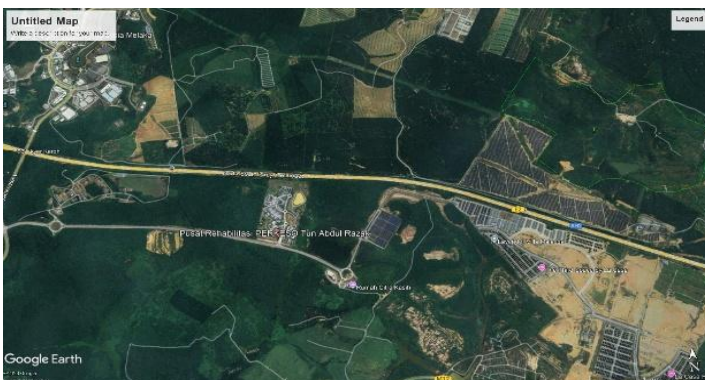


FIG 5.1.2 LOCATION



FIG 5.1.3 SITE

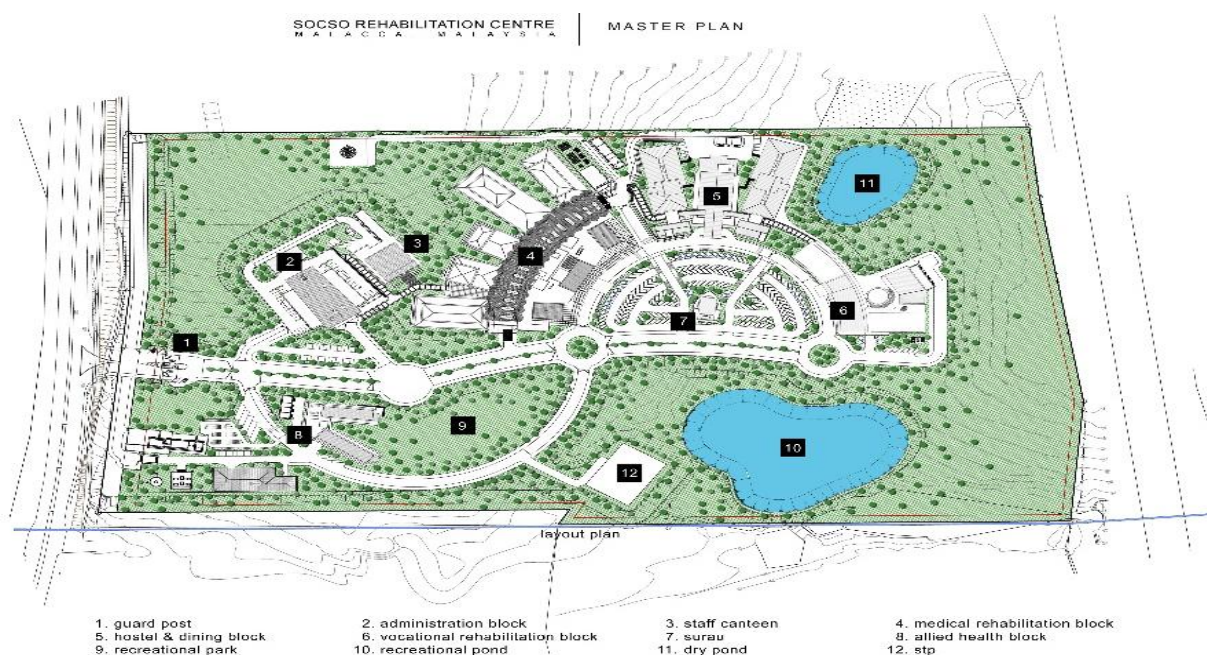


FIG 5.1.4 SITE PLAN

SITE ANALYSIS

ORIENTATION:



FIG 5.1.5 SUN PATH

WIND DIRECTION:

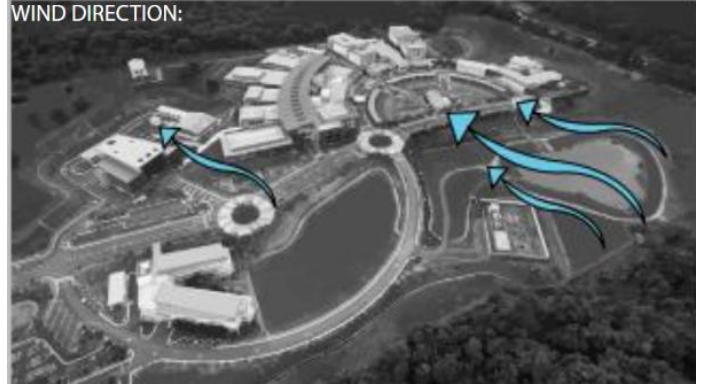


FIG 5.1.6 WIND DIRECTION

CLIMATE

The site enjoys tropical weather year round however due to its proximity to water the climate is often quite humid. Despite this, the weather is never too hot and temperatures range from a mild 20°C to 30°C average throughout the year; however the highlands experience cooler temperatures. Is set within a lush tropical garden to create a lush resort environment.

TYPOGRAPHY

The northern regions are divided by a series of mountain ranges that rise abruptly from the wide, at coastal plains. It's a good location, not very far from the Klang Valley. The site shows a series of contour. The whole area is a green zone and is designated for institutional buildings.

PARKING AND CIRCULATION



FIG 5.1.7 PARKING



FIG 5.1.8 PARKING ZONE

The parking for SOCSO is placed in the centre to occupy the users from Medical rehabilitation center, vocational center and Surau. About 200 vehicles could be parked in the ground level in the given area. 45° angular parking is provided between the roads which run semicircular around the Surau spiritual zone.

However services route and sta car park are tucked underground linked to the main vertical circulations inside the building. The main drop-o point is linked by covered pedestrian walkway.

Emergency pathway for ambulances are directed to the 'sanctuary garden' in the medical rehabilitation center. Administration block is built with stilt parking for the sta working in the building. Allied health block has a separate parking. Separate pathway connects to the main public car parking area.



FIG 5.1.9 ADMIN BLOCK PATH WAY



FIG 5.1.10 PARKING ZONE

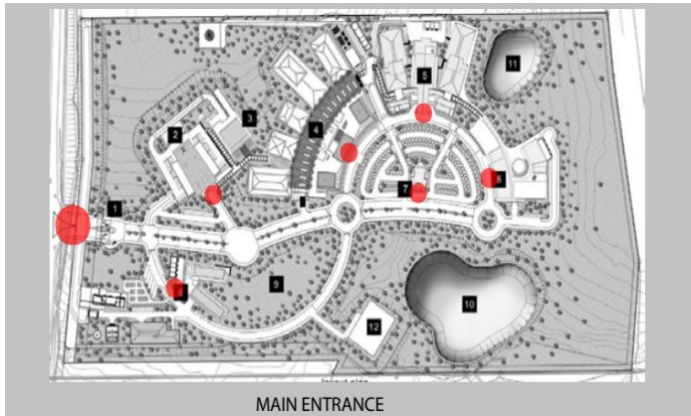


FIG 5.1.11

CIRCULATION

The clusters of building intimately connected via the designated 'primary spine' will provide ease of movement for walking, wheelchair or buggy. Multiple experiences created by landscape and resting areas provide 'pausing stations'. A single main entrance has been provided for vehicular and service entry abutting the main road. The circulation has been planned to provide easy movement through spaces

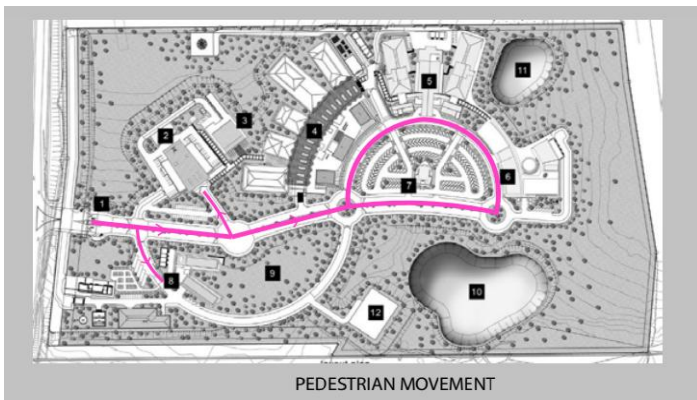


FIG 5.1.12

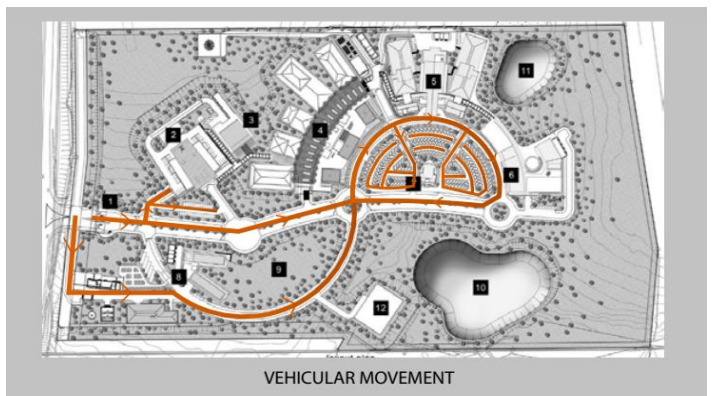


FIG 5.1.13

The "journey to healing" is translated architecturally into clusters of buildings according to different concept and arranged in a sequence based on function.

The building is rated certified under Malaysian Green Building Index. The concept of physical and vocational rehab; and allied health institute under one roof arguably the rest in the world. Strong building concept is based on 'movement/mobility' between activities. It emphasizes on 'nature' and 'spiritual' as part of healing process

ARCHITECTURE CONCEPT

The buildings are placed sensitively on existing topography; maintaining & enhancing wherever possible. Each buildings are given different outlook/ identity for easy recognition and orientation. Great emphasize on 'green design' such as orientation, maximise natural lighting and ventilation, creation of 'wind corridor', low e-glass, and movable shading panels . A conscious move from hospital outlook into a more corporate/resort environment; again to expedite the healing process.

PLANNING CONCEPT

The design prioritizes **ease of movement** for people with disabilities and their caretakers, following the **'access for all' concept** and Malaysian accessibility standards. A **primary spine** ensures smooth navigation for walking, wheelchairs, and buggies, while **landscaped resting areas** serve as **pausing stations** for comfort and relaxation.

There are five main clusters :

- (i) Administration Block & sta canteen;
- (ii) Medical & Vocational Rehab Blocks, Hostel and Canteen Blocks; iii. Allied Health Institute Block
- (iii) Surau (Muslim prayer hall) & main car park
- (iv) Services blocks

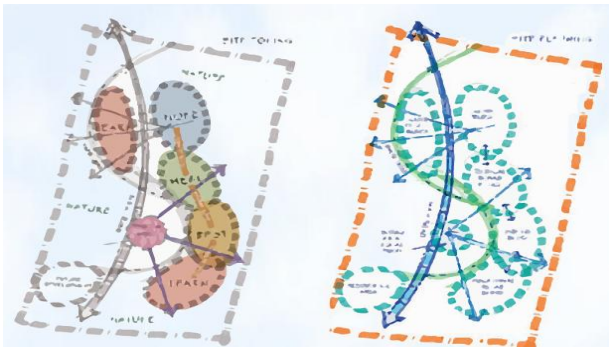


FIG 5.1.14

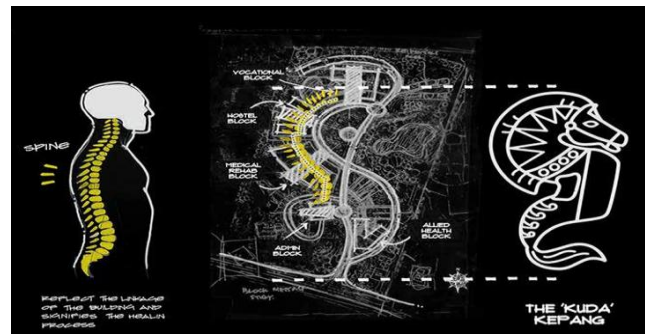


FIG 5.1.15

Buildings are clustered according to principle function; and each cluster is intimately connected via the 'primary spine'

MEDICAL REHABILITATION CENTRE AND ADMINISTRATION BLOCK



FIG 5.1.16



FIG 5.1.17

- The medical block is designed based on the 'healing hand,' where the main facilities and wards form the palm and the five fingers house the therapy blocks. A shaded garden forms a sanctuary for the patient to rest post therapy
- A multipurpose landscaped space links an indoor sanctuary garden to it provides respiratory main circulation spine. It is expressed architecturally local Malacca Nyonya fan.
- The 'Sanctuary Garden' is an indoor garden that provides a place for therapy during celebrations, a large therapy and non-therapy blocks designed as between therapies and formed part of the architecture by a signature roof derived from the fan, the focal point of all the resting place to the users during day-to-night activities. It is a calm oasis for activities stops. Occasionally indoor hall.



FIG 5.1.18 VANITY WALL

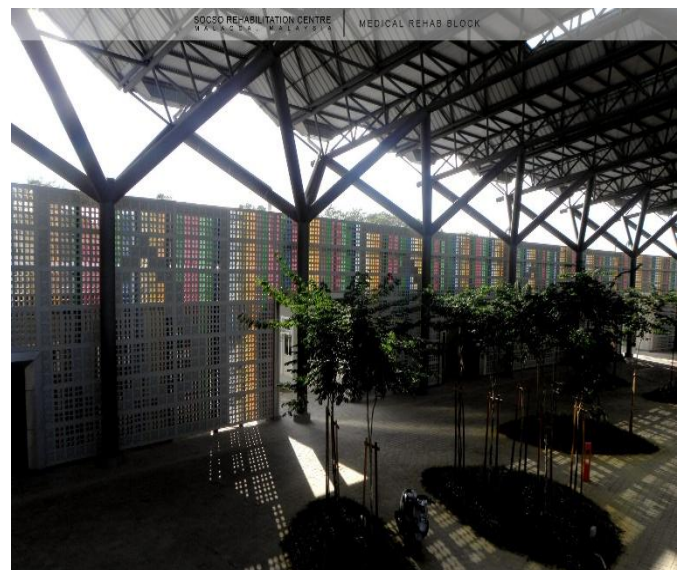


FIG 5.1.19

ADMIN BLOCK

- The administration block creates the starting point in the journey. The U-shaped building with a triple-height entrance court is designed to welcome and impress.
- Great emphasis on "GREEN DESIGN" such as low e-glass, fixed and movable shading panels
- Stilt parking is provided for admin block
- Low E Windows Reduce Energy Costs. Low E applied to windows helps block infrared light from penetrating the glass from the outside.

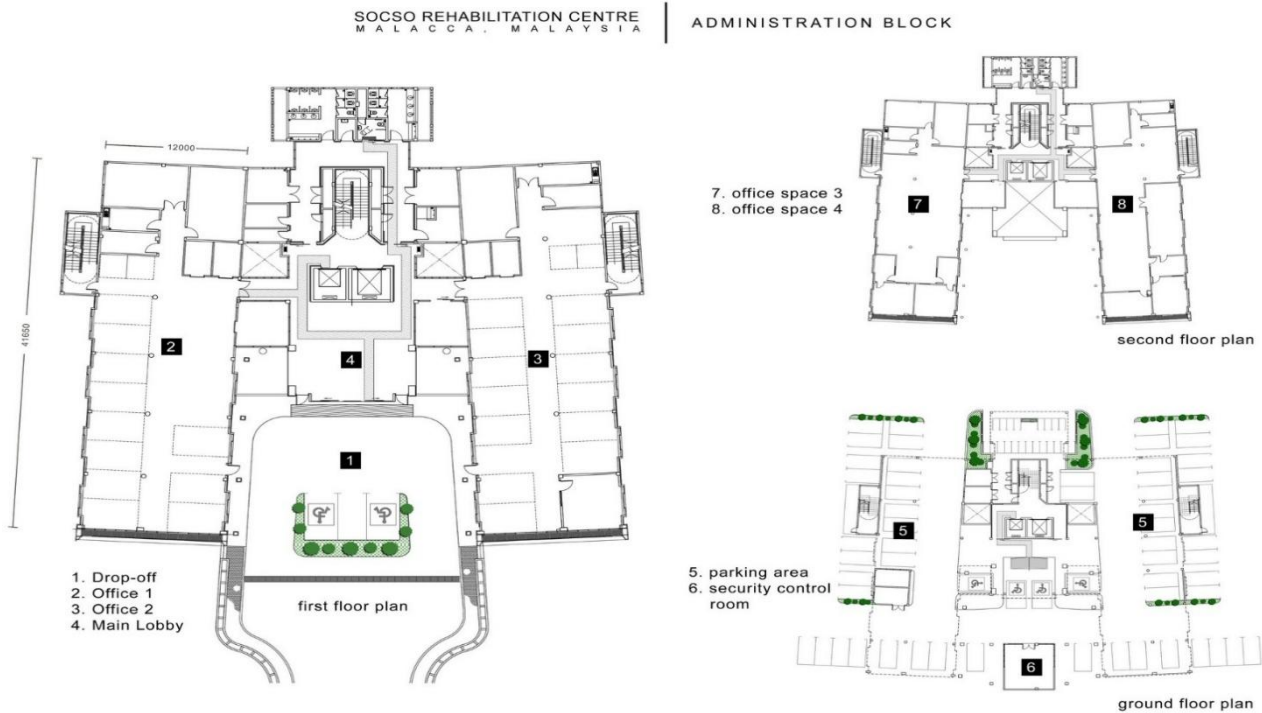


FIG 5.1.20

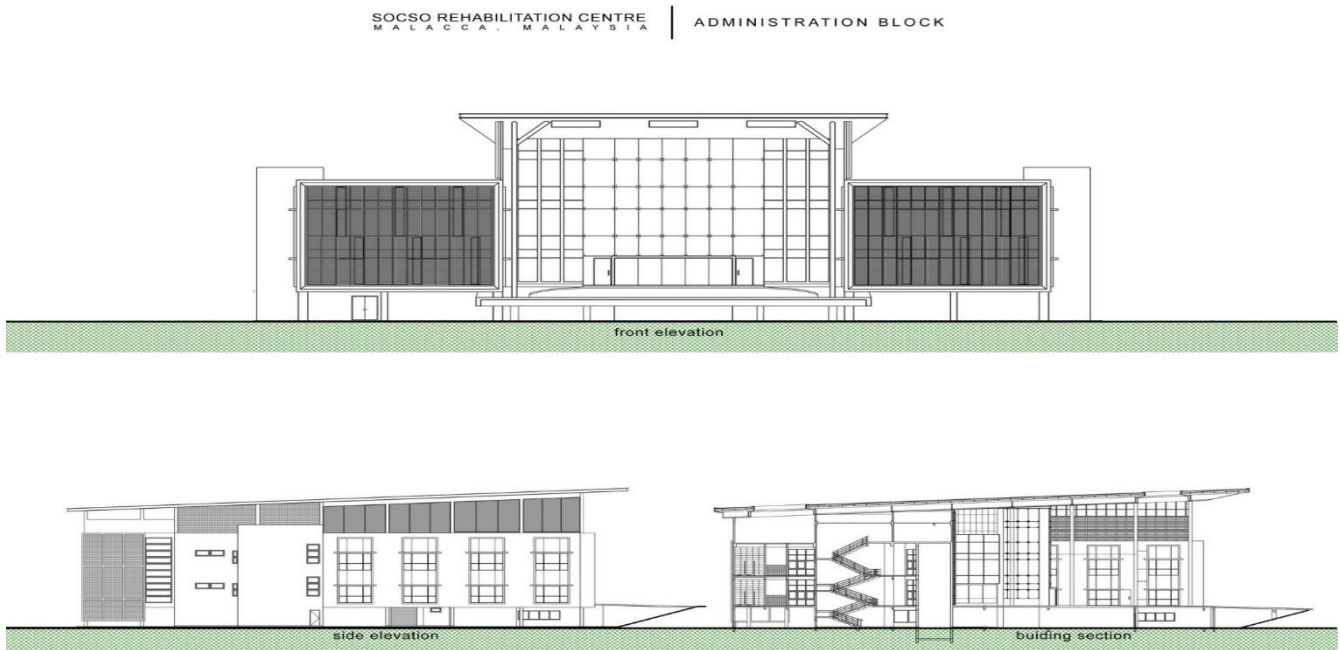


FIG 5.1.21

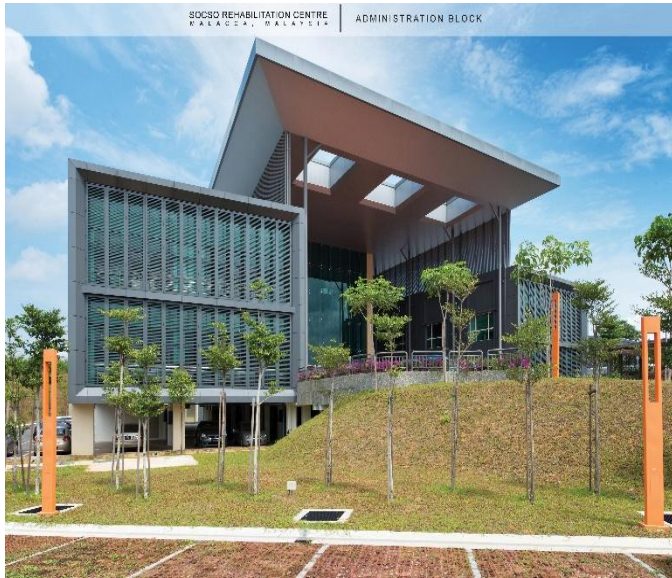


FIG 5.1.22

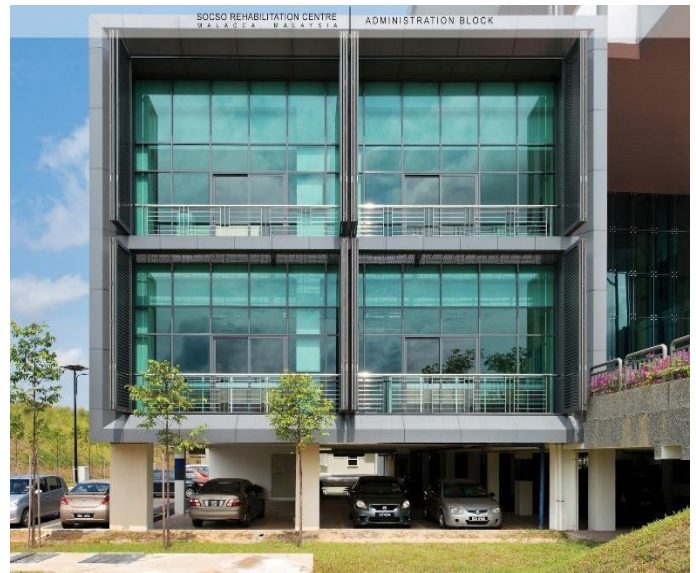


FIG 5.1.23

E GLASS



FIG 5.1.24

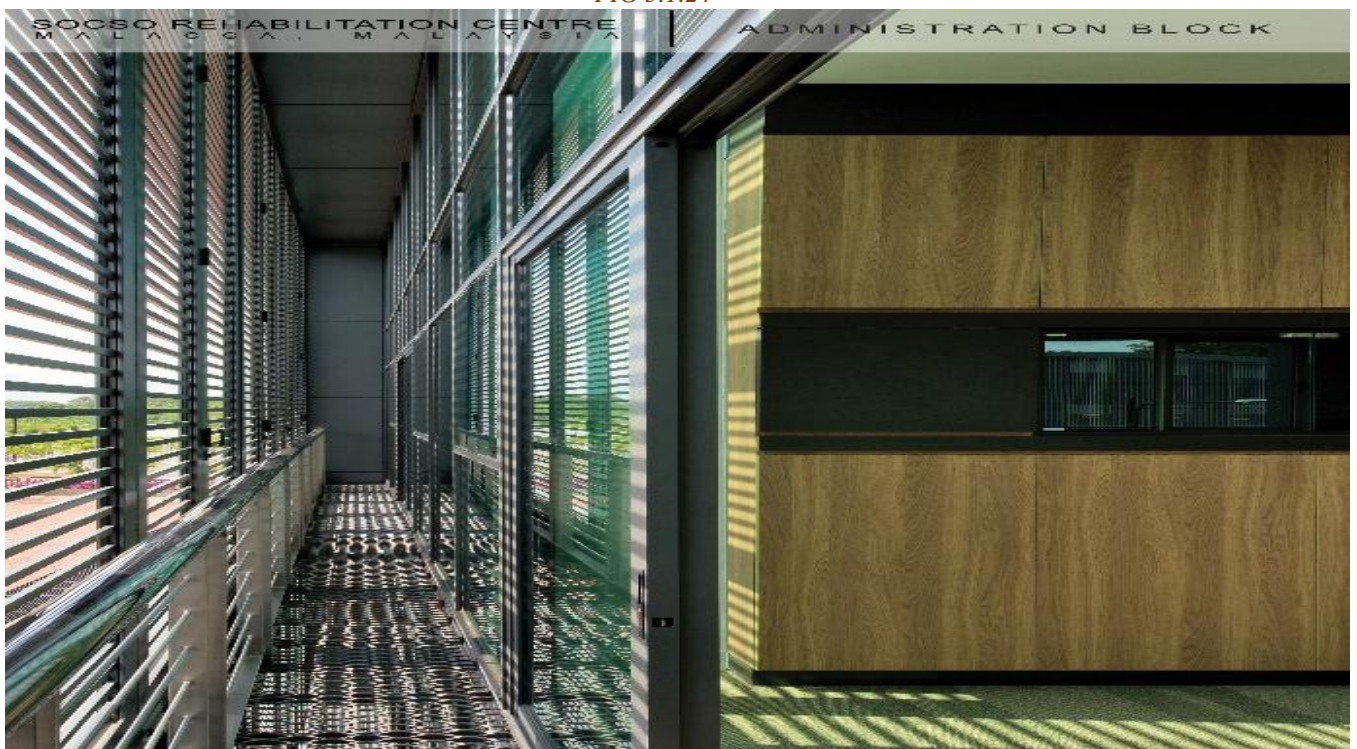


FIG 5.1.25 MOVABLE

SURAU AND ALLIED HEALTH CENTER

A surau is an Islamic assembly building in some regions of Sumatra and the Malay Peninsula used for worship and religious instruction. Generally smaller physical structures, its ritual functions are similar to a mosque, allow men and women, and are used more for religious instruction and festive prayer.

Surau is the muslim prayer hall which signifies spirituality. It is symbolically derived from the shape of a leaf. It is intended that the greenery and 'spiritual therapy' as part of the healing process

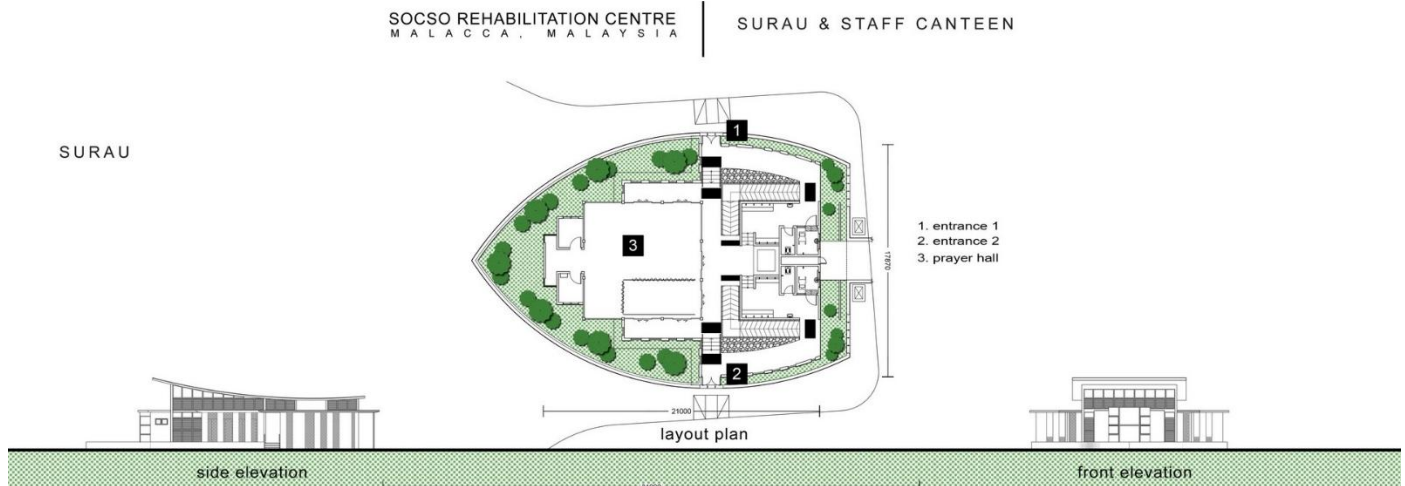


FIG 5.1.26

ALLIED HEALTH BLOCK

Allied health block provides a range of diagnostic, technical, therapeutic, and support services in connection with health care. It has a separate entry and is built in closer proximity to the main road for easy access.

Independent car parking is given for visiting users rather than the resting patients.

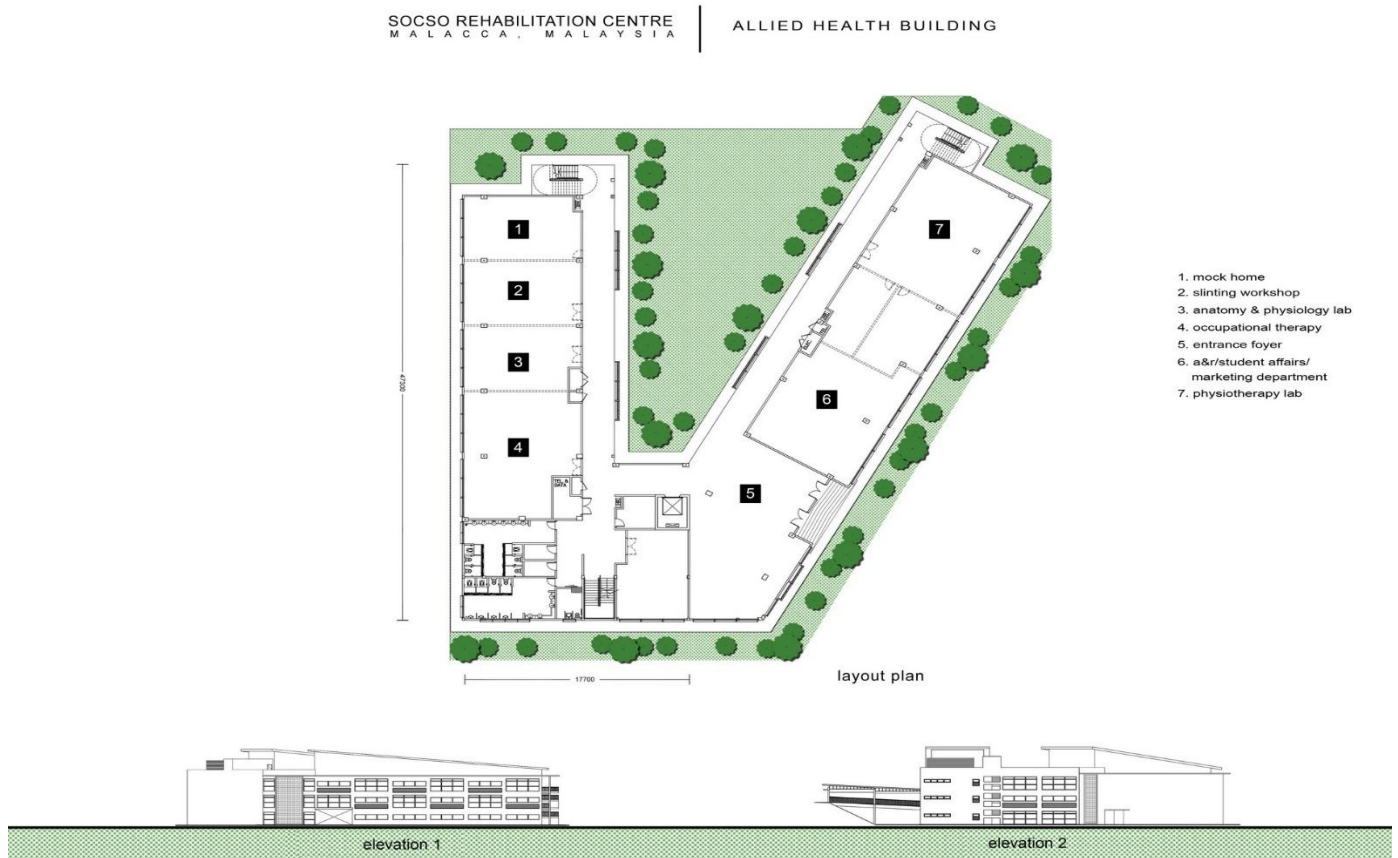


FIG 5.1.27

VOCATIONAL REHAB & HOSTEL BLOCK

Vocational Rehab & Hostel Block Socso prepares learners for future that are based in manual or practical activities, traditional non-academic and totally related to a specific trade, occupation or vocation. Under the ‘return to work’ concept , the patients are retrained to gain new skill at Vocational Rehab block according to the capability of the patients after completing the therapy session

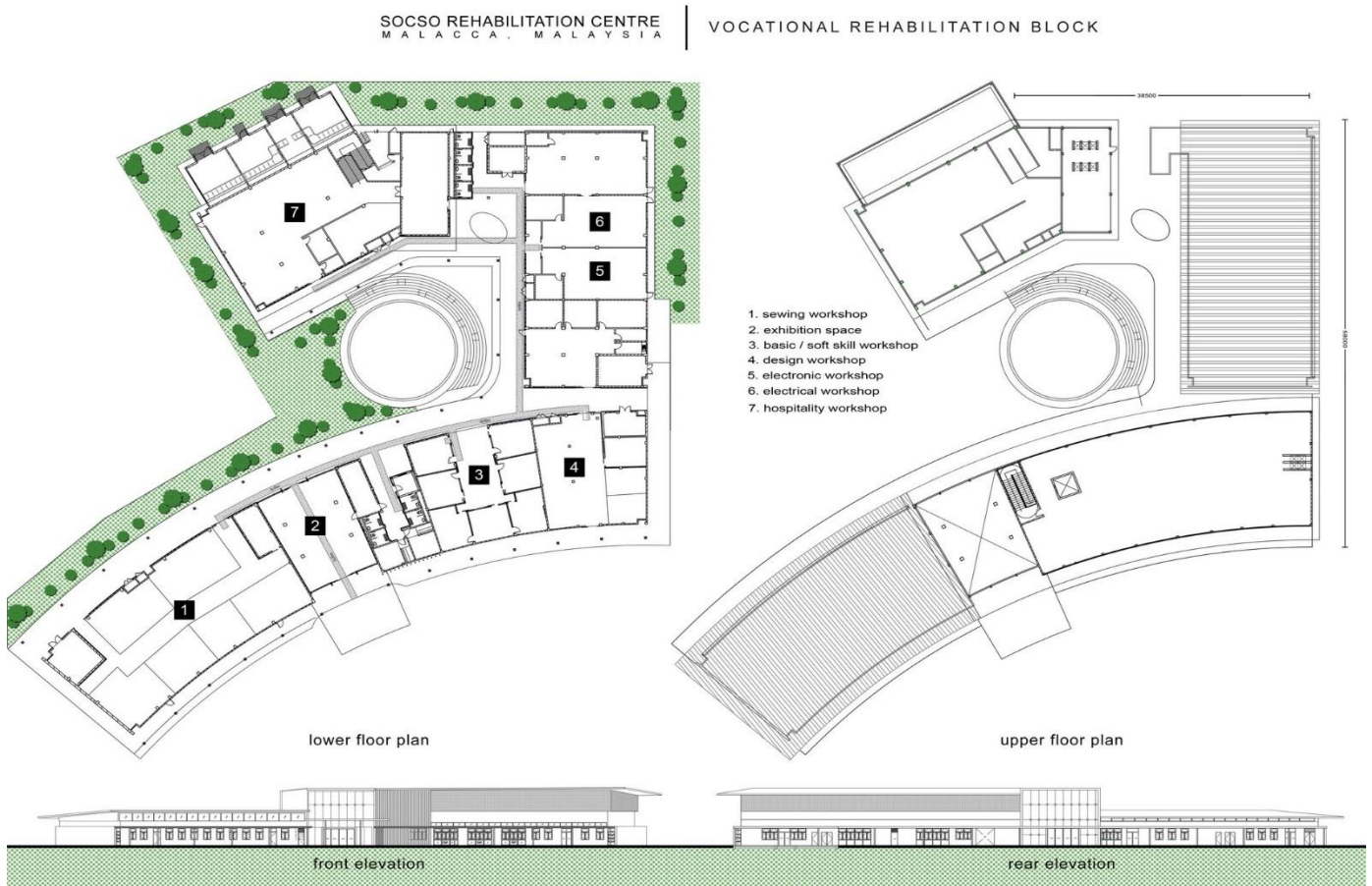


FIG 5.1.28



FIG 5.1.29



FIG 5.1.30

HOSTEL BLOCK

The hostel building is divided into two blocks with dining block in the centre. Each hostel block comprises of 21 rooms with attached toilets. Soft and hard landscaping is a very strong element that holds the whole development together. It aids in speedy recovery and the whole healing process.

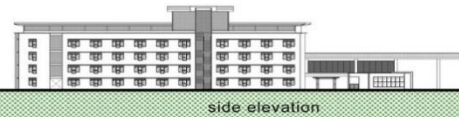


FIG 5.1.31

MEDICAL REHABILITATION CENTER

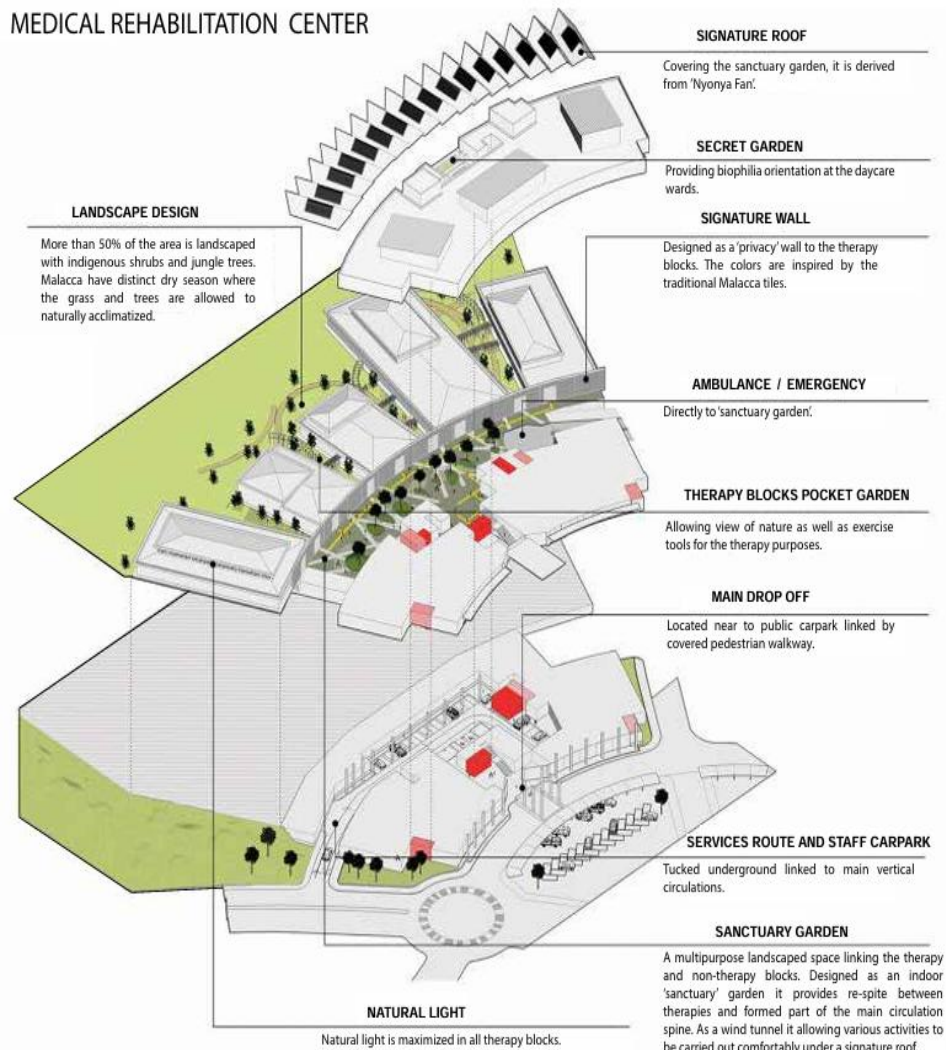


FIG 5.1.32

LANDSCAPE

It has been found that “therapeutic landscapes” is referred to green public spaces which are beneficial to people’s physical , mental and social health, by providing therapeutic activities and contemplation and encouraging social spaces for on relieving communications.

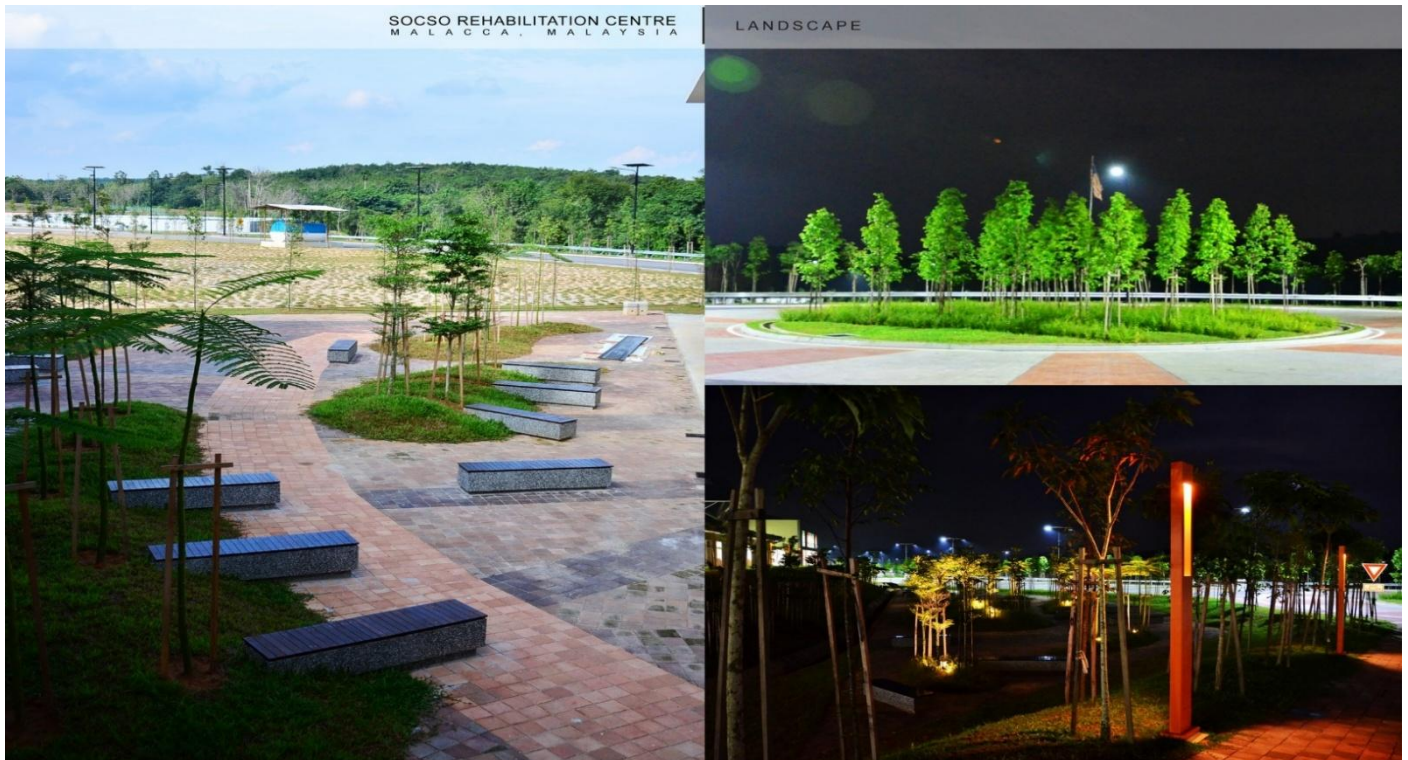


FIG 5.1.33

"There is a significant gap in intended that the greenery and ‘spiritual therapy therapy’ as part of the healing process. Chinese literature that theoretic scholars suggest usically,ng traditional Chinese medicine theories in healing garden design.

" Soft and hard landscaping is a very strong element that holds the whole development together. It is int ended that the greenery and ‘spiritual therapy’ as part of the healing process.

WATER FEATURES

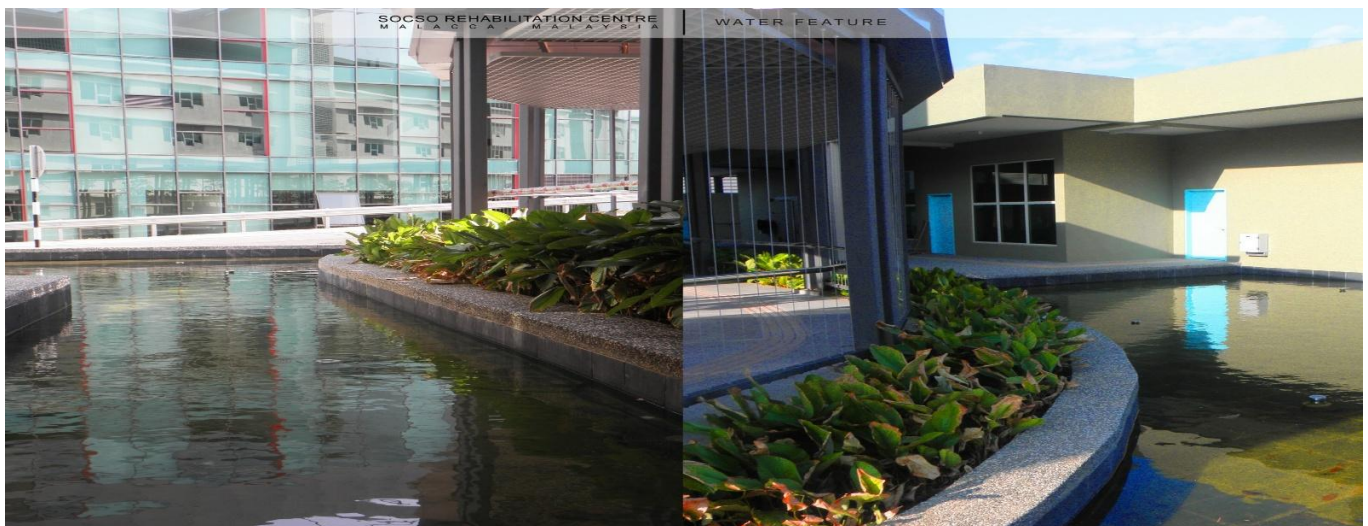


FIG 5.1.34

5.2 VIDYA SAGAR INSTITUTE OF MENTAL HEALTH, AMRITSAR

Locality : Circular Road, Amritsar, India

Architect: Sarbjit Singh Bahga,

Area: 45 Acre approximately

Year: 2004

Type of Building: Government + Health Medical Facility

INTENT OF THE CASE STUDY:

The intent of the case study is to learn the zoning and planning scheme of the entire complex, also to understand the impact of small pockets of interaction, which results in good outcome. To study the art of the building which seems to be a part of nature or which arises from nature. Also to acquire the philosophies of the architect Sarabjit Singh Bagha, who has done well in designing a mental institute by keeping in mind the psychology of different types of users and patients, and their special needs for a controlled environment.



FIG 5.2.1

The VSIMH, Amritsar is a mental hospital designed to cater to the unique needs of its patients. The **master plan** consists of two zones:

- **Outer Circle:** OPD, administrative block, rehabilitation unit, voluntary patients' unit, serai, shopping/cafeteria, staff quarters, and service buildings.
- **Inner Circle:** Separate male and female sections with dedicated wards for intermediate, forensic, acute, and chronic patients.

COMPOSITE LAYOUT PLAN OF THE INSTITUTE

1. MAIN ENTRY
2. PARKING
3. OPD/DIGNOSTICS? ADMINISTRATION
4. OCCUPATIONAL THERAPY/ REHABILITATION CENTRE
5. VOLUNTARY UNIT
6. CAFETERIA
7. SARAI PRESENTLY HOSTEL FOR NURSING STUDENT
8. INTERMEDIAT/ IMPROVED CARE
9. FORENSIC UNIT
10. ACUTE CARE
11. CRONIC CARE
12. KITCHEN AND LAUNDARY
13. STAFF RESCIDENCE
14. DOCTOR'S RESCIDENCE

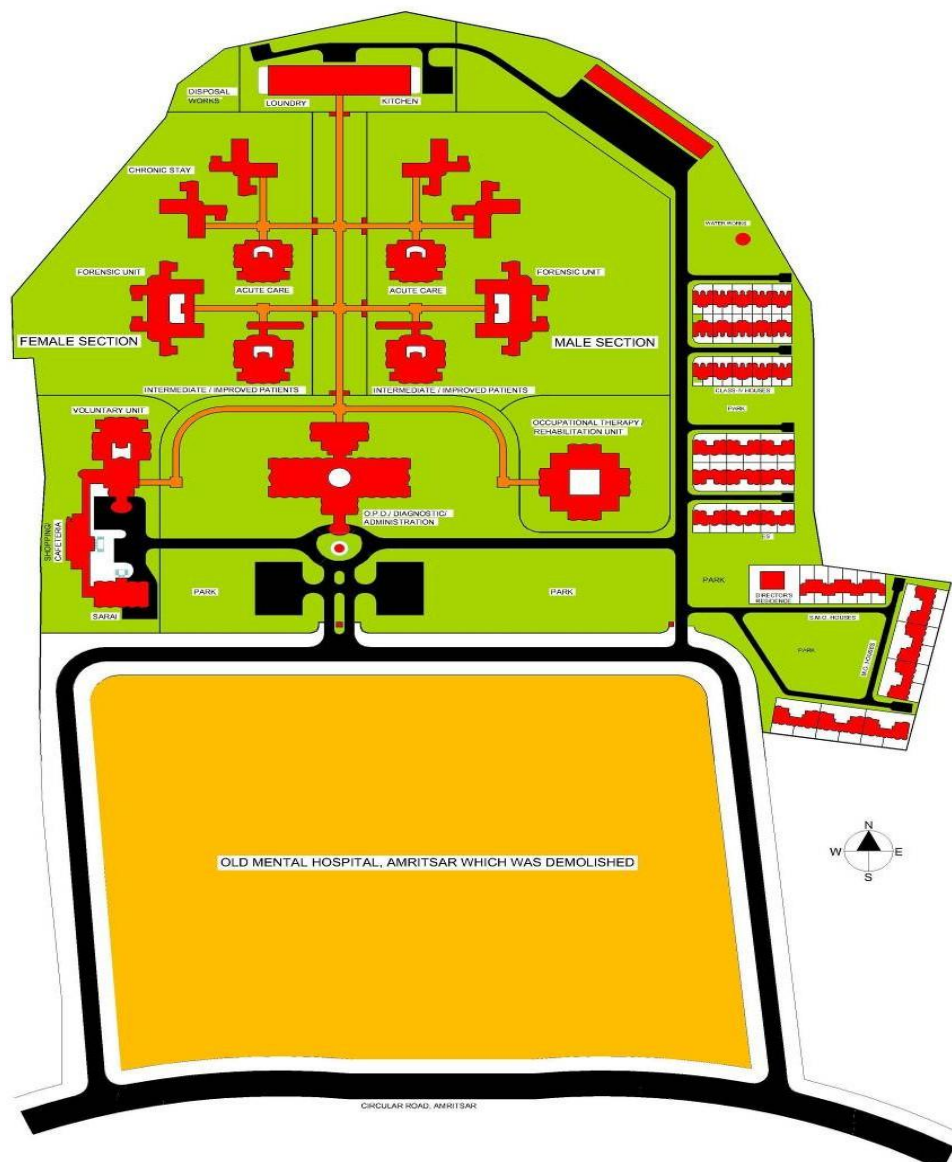


FIG 5.2.2 SITE PLAN

- The campus follows a **Cartesian layout** with symmetrical buildings, inspired by traditional Indian campuses. **Built-up masses and open spaces** are interwoven to create a **building-in-the-garden** effect. A **vaulted corridor** runs through open green spaces, with built-in benches for seating. Corridor intersections form **20x20 ft chowks** with high roofs.
- **Planned on a site of 45 acres, the master plan comprises primarily two zones:**
- **The Outer Circle And The Inner Circle.**
- The Outer Circle accommodates the buildings with out patient facilities.
- The **Inner Circle** having wards of different types has further been divided in two Sections: the **Male Section** on the east and the **Female Section** on the west.
- These Sections are enclosed by **6-foot- high boundary-walls** with restricted entries. Check-posts are provided at each entry point. Each section has separate ward blocks i.e. for **Intermediate/Im-proved Patients, Forensic Unit, Acute Care and Chronic Stay**



FIG 5.2.3



FIG 5.2.4

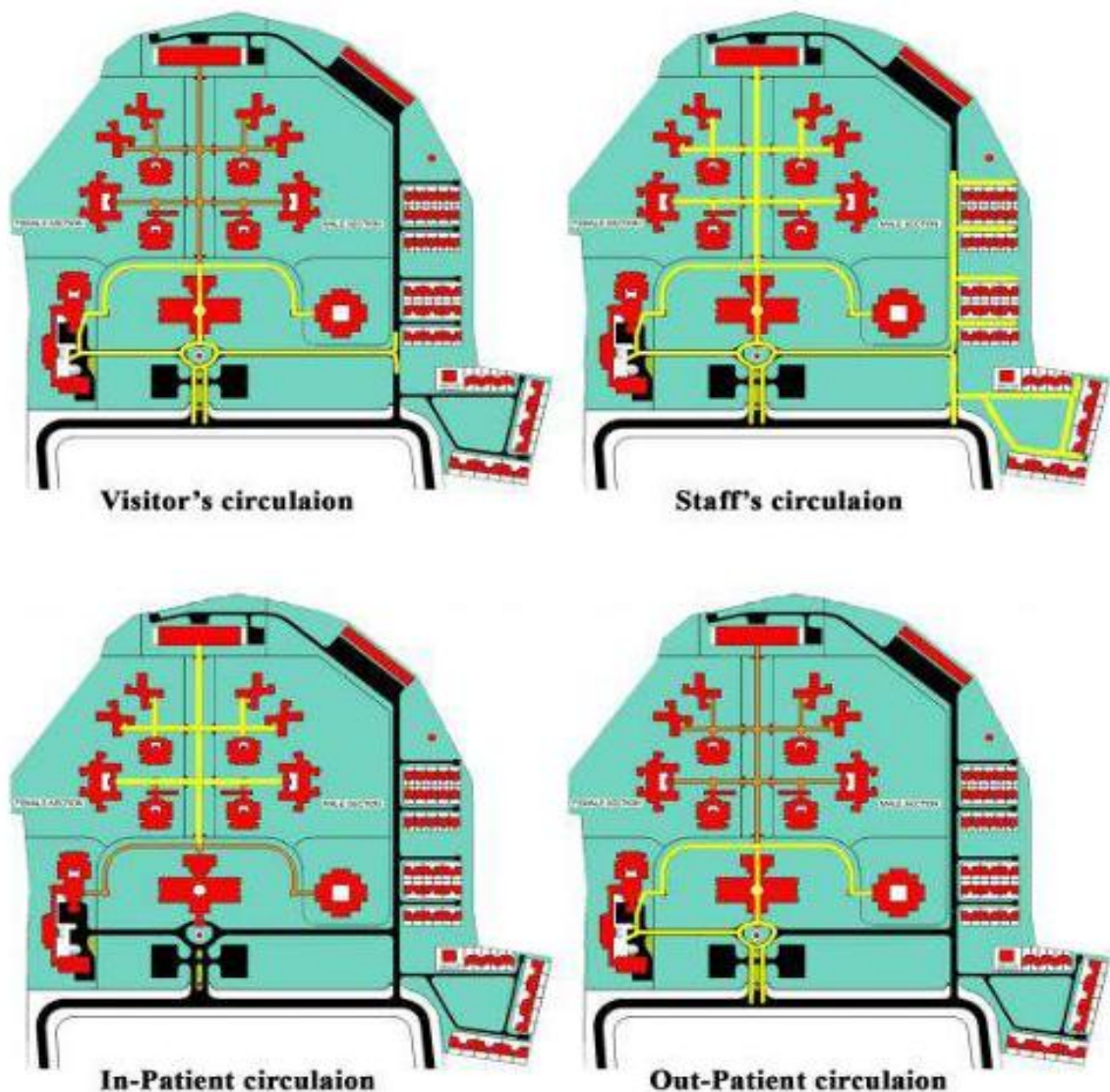


FIG 5.2.5

CIRCULATION PATTERN

- The architect has promoted pedestrian movement in the campus; all the roads have pedestrian walkways..
- He has accommodated staff and faculty away from the campus but to promote pedestrian walk, he has very beautifully designed the campus.
- Separate entry for the residential block is provided.
- Visitors entry is restricted to Outer circle of the complex, whereas doctors, patients, nursing and non nursing staff have movement inside the inner circle.
- Patients who are admitted once can not leave the inner circle without the prior permission of the doctors whereas patients in voluntary care free to move as their family members are present there for care of the patients

Fig 5.2.6 General views of Psychiatric



OPD-CUM-ADMINISTRATIVE WING

The Outpatient Department-cum-Administrative Block is strategically located on the southern side facing the main entrance to the hospital. By virtue of its location this block becomes a landmark in the entire campus. The three-storey building has a covered area of 8475 square metres, and is cross-shaped in plan.

Ground Floor:

- **Functions:** Registration, records, waiting areas, consultation rooms, medical emergency, and ECT wings.
- **Patient Flow:** Reception, registration, and guided access to consultation rooms.
- **Doctor's Room:** Includes office table, 3-4 chairs, an examination table, and an attached toilet. **Privacy ensured** to prevent interruptions

First Floor:

- **Diagnostic Wing:** Laboratory, CT scan, X-ray, EEG, ECG, etc.
- **Academic & Administrative:** Library, lecture halls, seminar hall, exhibition hall, and some offices.

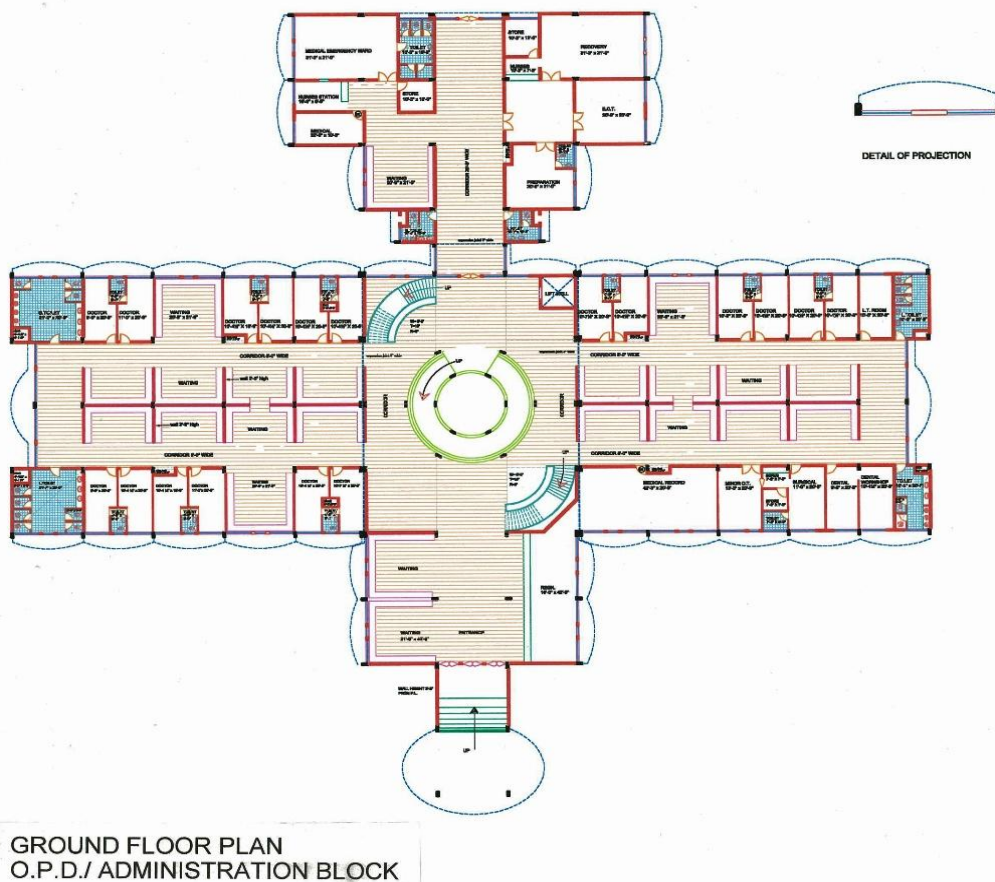
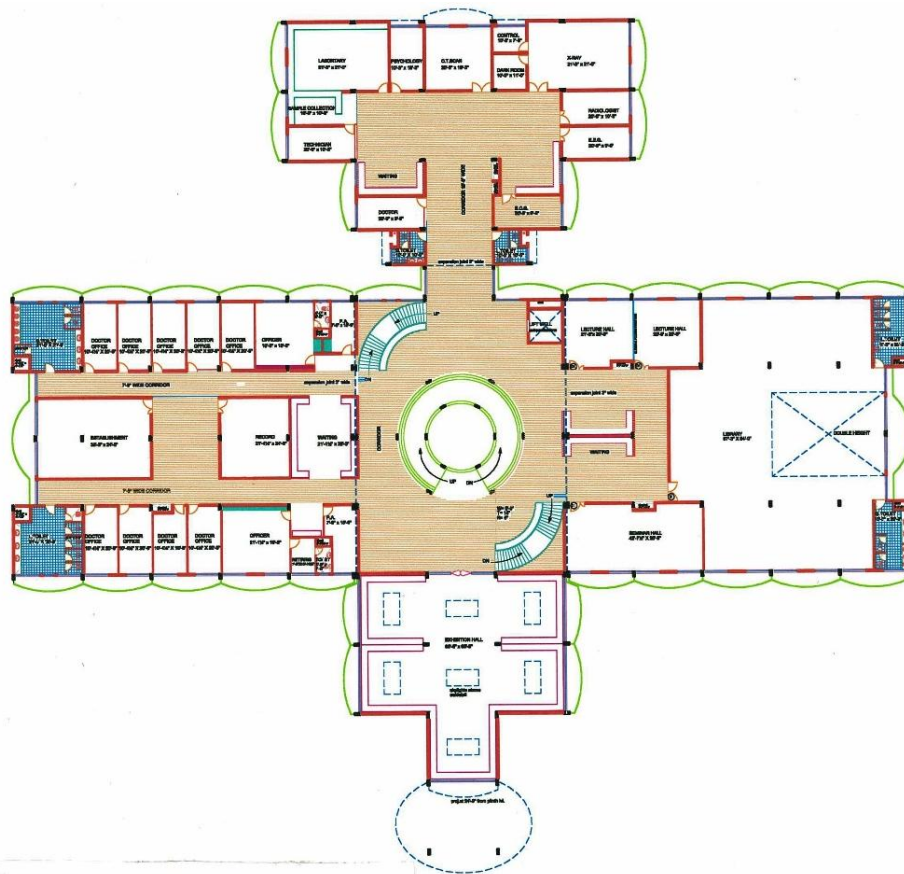
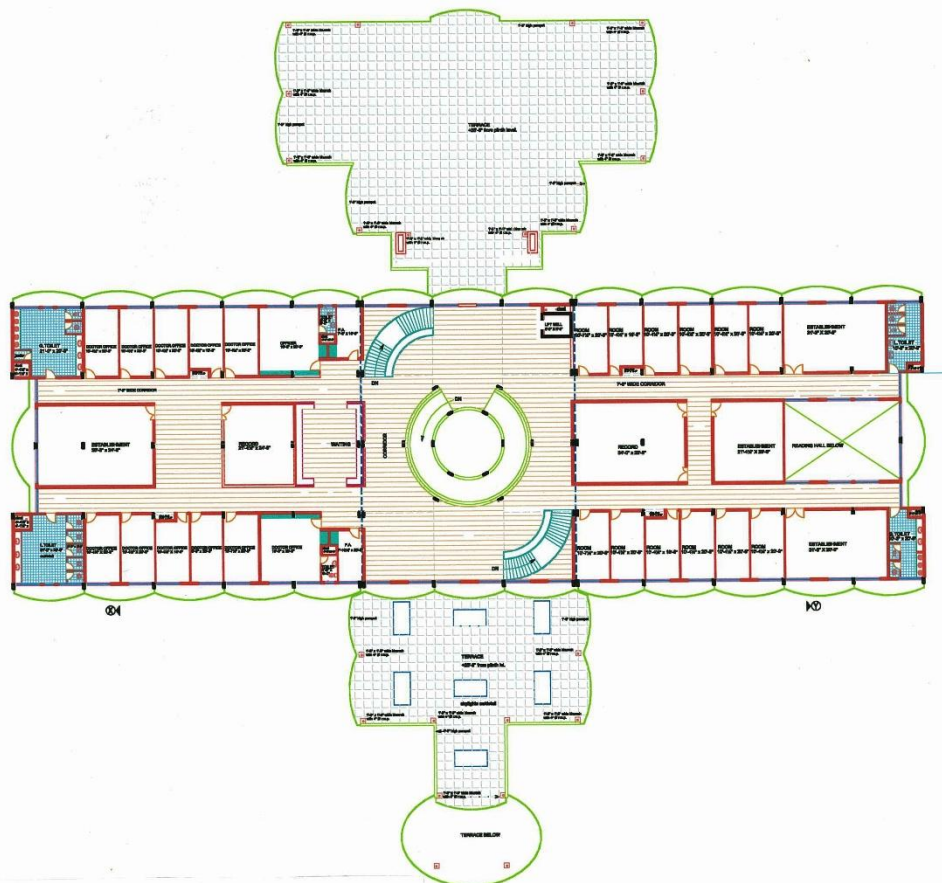


FIG 5.2.7 ground floor plan



FIRST FLOOR PLAN
O.P.D./ ADMINISTRATION BLOCK

Fig 5.2.8 first plan



SECOND FLOOR PLAN
O.P.D./ ADMINISTRATION BLOCK

Fig 5.2.9 second plan



Fig 5.2.10 OPD block

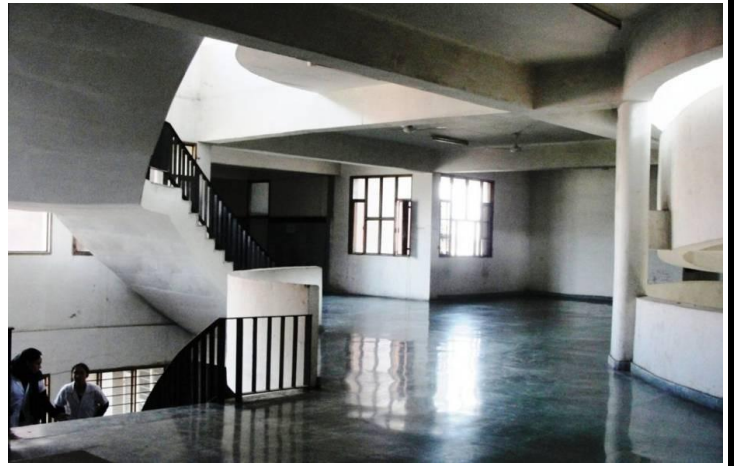


Fig 5.2.11 Foyer in OPD



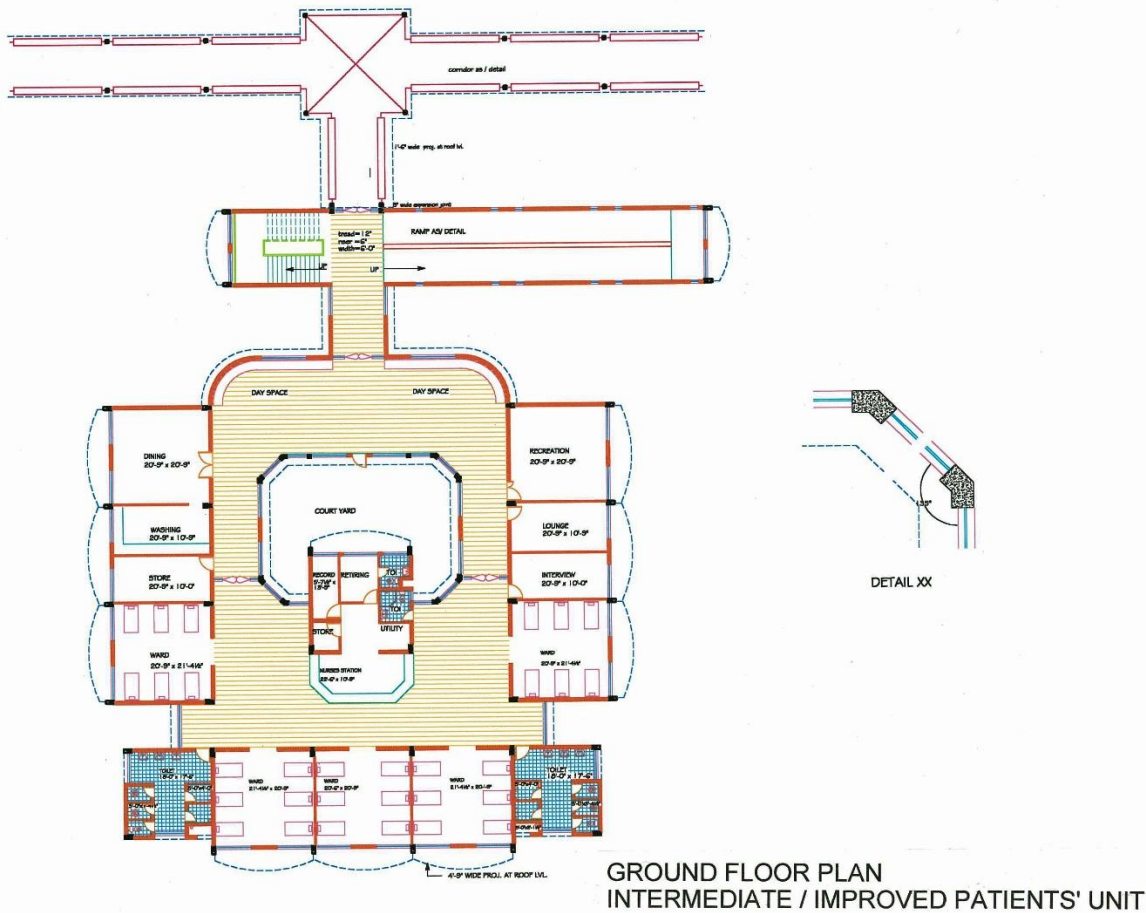
Fig 5.2.12 View Ramp OPD block



Fig 5.2.13 Top-lit atrium in OPD block

INTERMEDIATE/IMPROVED PATIENTS' UNIT

The **Intermediate/Improved Patients' Unit** is designed for patients who have improved after long treatment or require a shorter hospital stay and are likely to be discharged within weeks or months. Since these patients are in a comparatively better condition, their wards are constructed as multi-storey buildings.



Male Section:

Fig 5.2.14

- The block is three-storey high.
- Accommodates 100 patients.
- Covered area: 3240 square metres.

Female Section:

- The block is two-storey high.
- Accommodates 60 beds.
- Covered area: 2160 square metres.

Each floor of the blocks follows an identical layout, including:

- Six-bed dormitories.
- Recreation room.
- Lounge.
- Interview room.
- Dining room.
- Washroom

- Store.
- Toilets.
- Nursing station.

Comprehensive Nursing Station Features:

- Built-in counter.
- Record room.
- Retiring room.
- Toilet.
- Utility area.
- Store.
- Enclosed with a mild-steel grill for security.
- Positioned strategically to allow direct visual supervision of all dormitories.
- Centrally located control panels and switchboards to prevent patients from tampering with electrical points.

Dormitory Design:

- Semi-open layout.
- Front wall facing the nursing station has a six-foot-wide opening without a door.
- Six-foot-high panel walls on either side of the opening ensure privacy.
- This design provides visual monitoring, adequate privacy, and proper cross-ventilation.

Circulation Areas and Day-Spaces:

- Designed to be spacious.
- Allows patients to move freely within the unit.



Fig 5.2.15 Approach to the inpatient



Fig 5.2.16 Visually Linked Dormitories And Nursing Station

OCCUPATIONAL THERAPY AND REHABILITATION CENTRE

- The occupational therapy and rehabilitation is a vital component in the functioning of a mental hospital.
- Its purpose is to train the patients in utilising their time effectively and productively.
- The single storey building covers an area of 1685 sqm. and is located in outer circle.
- The building is designed around a central courtyard of 64x64 feet in size.
- All rooms and workshops draw sufficient daylight and large fenestrations on the outer periphery. In addition, ventilators have been provided on the internal courtyard side for effective cross ventilation.

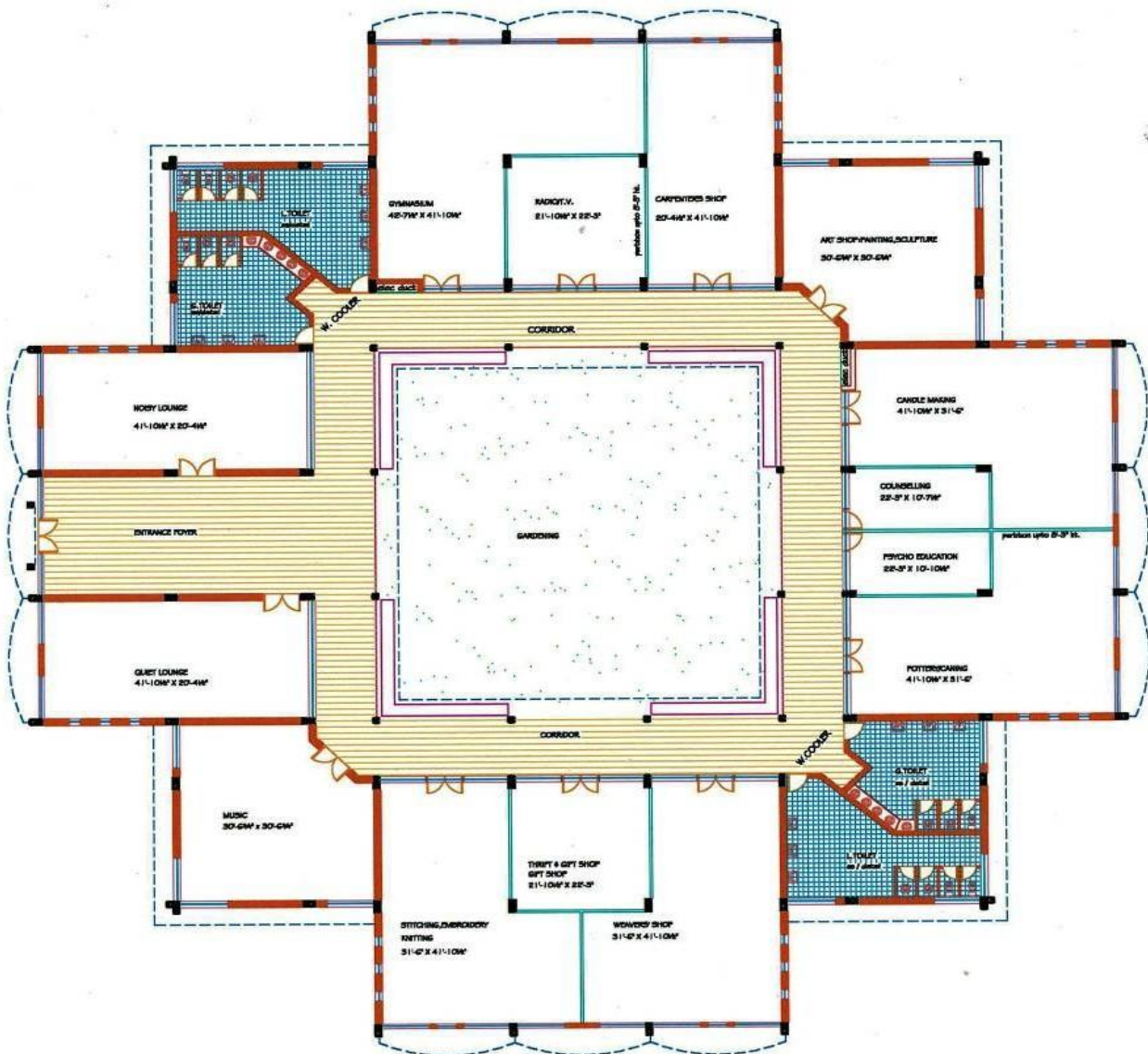


Fig 5.2.17

FORENSIC WARD

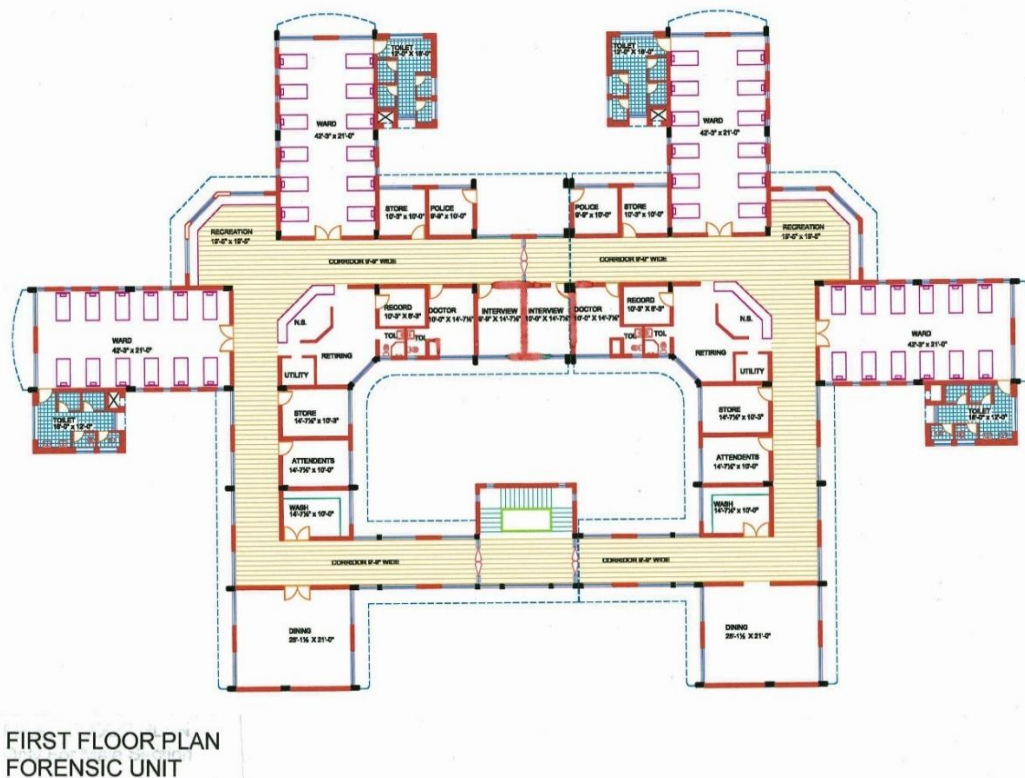


Fig 5.2.18

The Forensic Ward is designed to accommodate mentally ill offenders or criminals admitted under the law. Separate ward blocks are necessary to ensure the safety of other patients and provide adequate security by the police.

In the Male Section:

- Constructed as a double-storey structure.
- Covered area: 2660 square metres.
- Accommodates 80 patients.

In the Female Section:

- A single-storey block is constructed.
- Houses 20 patients for the time being.
- Designed for future expansion.

The scope of work given to the architect included:

- Nightingale-type wards/dormitories accommodating 10-12 beds each.
- Police attendants' rooms.
- Direct watch provision by the nursing staff.
- Dining hall.
- Recreation space.
- Doctor's rooms.
- Interview rooms.
- Attendants' rooms.

- The typical floor plan includes two independent units of 20 beds each.
- The **two units are mirror-imaged and joined together to create a symmetrical structure.**
- The structure **encompasses enclosed and semi-enclosed courts, which serve as outdoor activity areas for patients and provide essential cross-ventilation.**
- The **twin-unit is accessed through a single entry point at the end of a vaulted corridor leading to a small stair lobby.**
- The access **corridor bifurcates from the lobby, providing separate approaches to each unit.**
- The architectural form balances functionality for forensic patients **with aesthetically pleasing design.** The design reflects the architect's belief in the principle: **"Form Follows Function"**

ACUTE-CARE UNIT

- Acute-Care Units are **designed for mentally ill patients who are acutely serious and require long-term hospitalization with special care.**
- As these patients are not expected to move upstairs, the wards are planned as single-storey structures.
- **Two units, each with a 20-bed capacity,** are provided in both the Male and Female Sections.
- Each unit has a covered area of 790 square metres.
- The plan layout is nearly identical to the typical floor plan of the Intermediate/Improved Patients' Unit.

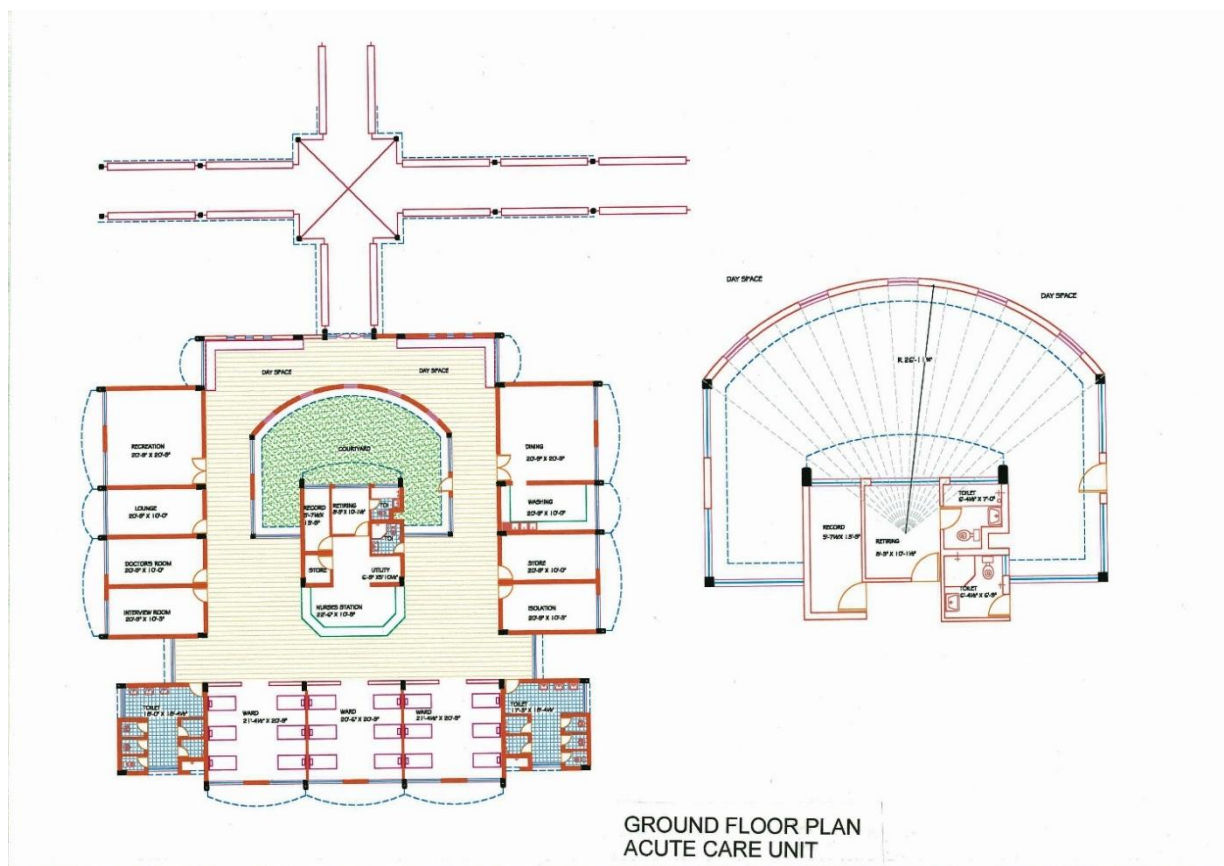


FIG 5.2.19



Fig 5.2.20 Single-storied acute-care units with ample open space around



Fig 5.2.21 Informal interaction

CHRONIC STAY UNIT

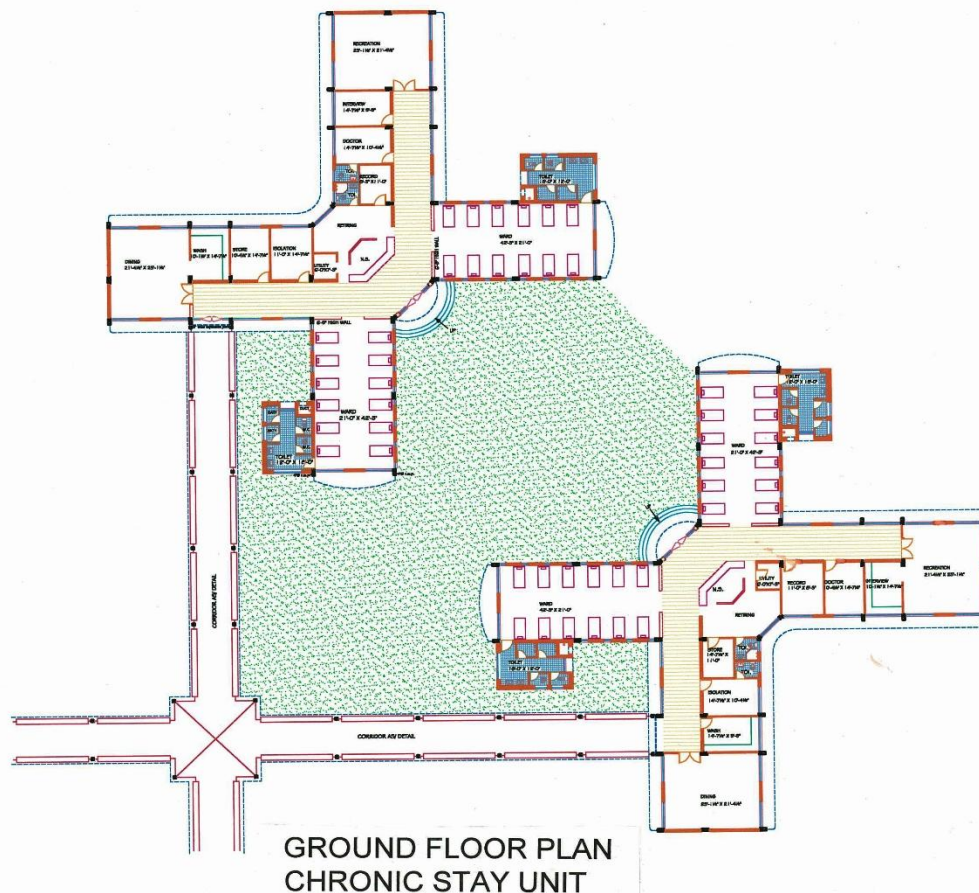


Fig 5.2.22

Chronic Stay Units are designed for chronically ill patients who cannot sustain their lifestyle independently and require external assistance for daily activities..Most patients in these units are unlikely to recover and need lifelong hospitalization.

The User-Group's Brief to the architect required:

- Single-storey dormitory-type accommodation with 10-12 beds per dormitory.
- Strategically positioned Nursing Stations for direct supervision of patients.
- Exclusive open spaces or courts for outdoor activities

- To fulfill these requirements, cross-shaped twin units were designed to accommodate 50 beds. The twin units are arranged to enclose a spacious open area between them.
- The Nursing Stations are positioned to allow attendants to monitor both the dormitories and the central court effectively.
- Each unit has a covered area of 1180 square metres.
- Apart from two dormitories, each unit includes:
 - Nursing station.
 - Dining hall.
 - Washroom.
 - Recreation hall.
 - Doctor's room.
 - Interview room.
 - Isolation room.
 - Store.
- Separate entry points are provided for both units to ensure better management and control of chronic patients.
- The low-height buildings are set amidst expansive lawns, providing a peaceful and homely environment for these underprivileged patients



Fig 5.2.23 Approach to



Fig 5.2.24 Approach to



Fig 5.2.25 Low- height buildings of chronic-stay units set amidst sprawling lawns



Fig 5.2.26 Open space in



Fig 5.2.27 Access to open space in

VOLUNTARY UNIT

Unlike Inner Circle Wards, where patients are admitted under The Mental Health Act 1987, the Voluntary Unit is for individuals who voluntarily seek admission for mental health treatment. Functions as a self-contained micro-hospital within the larger hospital complex.

Capacity & Layout

- Houses **50 beds** across three floors.
- **Ground & First Floors:** Wards for **20 beds each**.
- **Second Floor:** **10 private paid rooms**, each with an attached toilet, worktop for food preparation, and space for a family attendant.

Facilities

- Includes **doctors' rooms, common rooms, recreation rooms, interview rooms, psychology and therapy labs, dining hall, pantries, and day-spaces**.
- Each floor has a centrally located **Nursing Station** for direct patient supervision.

Architectural Features

- **Central Court:** Functions as a day space, ventilation shaft, and light well.
- **Circulation Corridor:** Runs along the court, providing access to various areas.
- **Entry:** Through an **oval-shaped porch** leading to a spacious foyer with a reception counter and waiting area.
- **Vertical Access:** Provided by a **ramp and staircase** at the end of the foyer.

Integration with Hospital Complex

- **Connected to the hospital via a single-storey link passage** leading to OPD, Administrative Complex, and Occupational Therapy Units.
- **Two-tier link corridor** connects to shopping arcade, cafeteria, and serai building.
- **Mini-Complex:** The Voluntary Unit, shopping area, and serai form a self-sustaining cluster for patients' relatives.
- **Serai:** Provides temporary accommodation for patients' relatives.
- **Cafeteria & Shopping Arcade:** Located at **first and ground floors**, respectively, catering to daily needs.



Fig 5.2.28 Voluntary unit is well integrated with rest of the hospital complex.



Fig 5.2.29 Voluntary unit – view

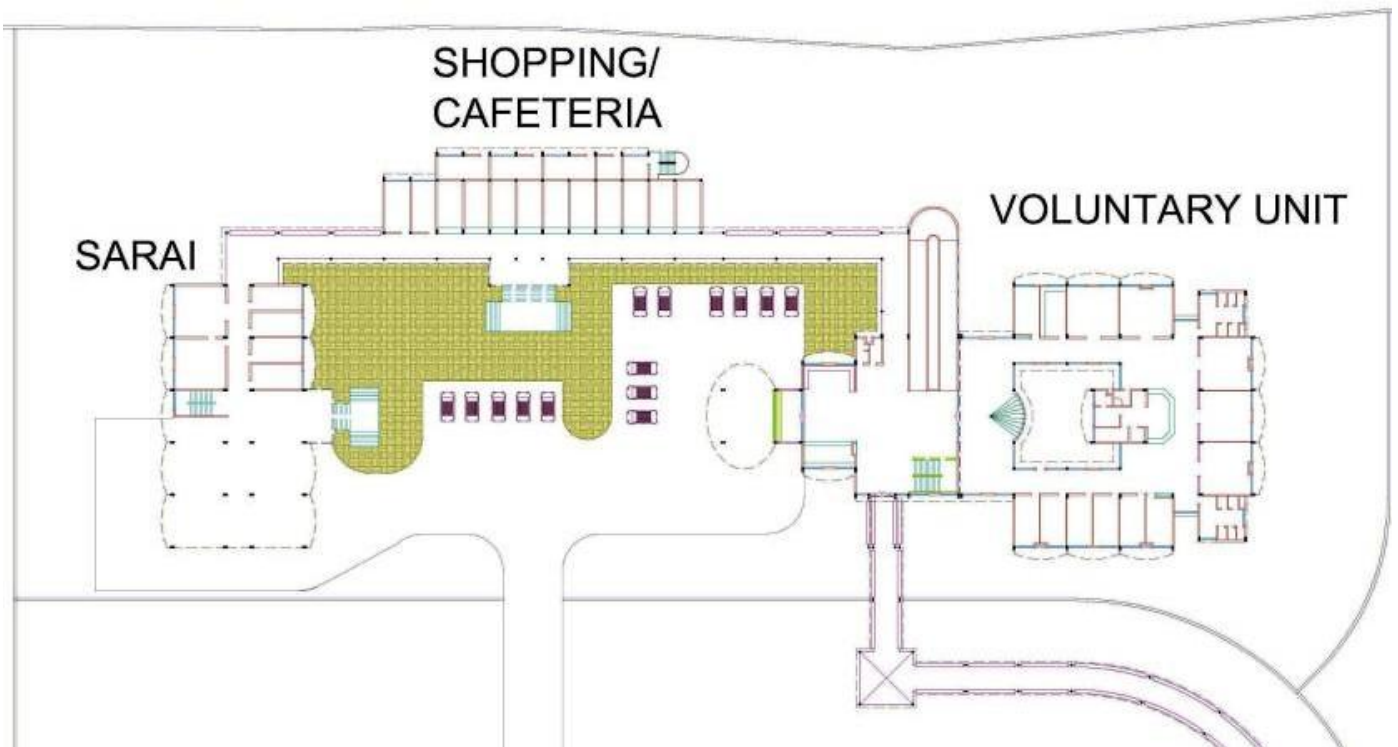


Fig 5.2.30 Part layout plan of voluntary unit, cafeteria and



. Fig 5.2.31 Detail of stairs in



Fig 5.2.32 Well-lit spacious ramp in

SHOPPING ARCADE AND CAFETERIA

- A **shopping arcade and cafeteria** serve the daily needs of staff, patients, relatives, and commuters.
- Forms part of a **mini-complex** with the **Voluntary Unit and serai** on the western fringe of the campus.
- **Ground Floor:** 10 shops, public toilets, and stores.
- **First Floor:** Cafeteria with a **100+ person capacity dining hall**, high ceilings, and clerestory windows for light and ventilation.
- **Two-tier covered link-passage** connects it to the **Voluntary Unit (north) and serai (south)**.
- **Direct access to the cafeteria** via wide steps from a central esplanade.
- **Main kitchen and pantry** at the dining hall level, with a **spacious terrace** for workers.
- **Workers' stay-rooms, toilets, and stores** at ground level, linked to the kitchen via an open-to-sky staircase.
- Serves as a **hub for shopping and relaxation** due to its **central location and easy access**.



Fig 5.2.33 Two-tier link corridor connects shopping arcade/café with voluntary unit and



Fig 5.2.34 Pleasant walkway connects cafeteria, serai

THE SERAI BUILDING

- **four-storey serai** is included as a vital component of the hospital complex to provide **temporary accommodation** for visiting relatives.
- Designed to house **76 persons** in both **dormitories and family suites**.
- **Total covered area:** 2366 square metres.

Ground Floor

- Elevated on **stilts** to allow **covered car parking**.
- Essential services like **electric sub-station, maintenance room, and laundry** are accommodated.

First Floor

Main entrance accessed via a **wide staircase** leading to the foyer.

- Contains **common facilities**:
- Waiting lounge
- Reception
- Administration
- Cloakroom
- Telephone booth
- Snack bar

Two special family suites with attached kitchenette and toilet.

Second Floor

- **Eight dormitories**, each with **five beds and an attached toilet**.
- Includes a **lounge and a store**.
- A **wide central corridor** provides access to all dormitories.

Third Floor

- **16 family suites**, each with an **attached toilet and double-bed accommodation**.
- Includes a **lounge and a store**.

Connectivity

Residents of the serai can access the cafeteria through a **covered link-corridor** for meals.



Fig 5.2.35 View of court in between cafe-teria, serai

KITCHEN AND LAUNDRY BLOCK

- **Kitchen and Laundry Block** is located at the **north end** of the campus, connected to all hospital buildings, especially the Wards.
- Designed for **functionality and utility**, with a **long, linear structure** of **1670 square metres**.
- A **projecting roof-overhang** protects fenestrations from harsh weather.
- **Central entrance** leads to a **spacious lobby** dividing the block into:
Eastern Wing: Kitchen
Western Wing: Laundry

Kitchen Features

- **Serves 450 inmates** three times a day.
- **Facilities include:** large cooking area, trolley stations, dish/pot wash, storage, and staff rooms.
- **Raw material entry:** parking, unloading platform, veranda.
- **Efficient flow:** prevents crisscrossing of raw materials and cooked food.
- **Cooked food exits** directly to Wards.
- **Gas-bank:** 50+ cylinders connected to a central supply line.
- **Modern equipment** ensures hygiene and efficiency.

Laundry Features

- Mechanized laundry designed for hospital-wide washing and cleaning needs.
- Includes:
 - Sorting/receiving area, washing, drying, tailoring/ironing, store, and issue area
 - Staff room, supervisor's room, boiler-room, and autoclave room
 - Large open-to-sky drying platform
- Ultra-modern equipment ensures efficient cleaning and maintenance of patient clothes.



Fig 5.2.36 A state-of-the-art kitchen.



Fig 5.2.37 Well equipped laundry with ultra-modern gadget

GALLERY OF OTHER INFRASTRUCTURE



Fig 5.2.38 Quarters for class-III staff. Quarters for class-III staff.



Fig 5.2.39 Quarters for class-IV staff. : Quarters for class-III staff.



Fig 5.2.40 Sculpturesque check post at



Fig 5.2.41 Houses for senior



: Fig 5.2.42 Sculpturesque emblem in front of OPD block.



. Fig 5.2.43 Sculpturesque over-head wa- ter



Fig 5.2.44 A pleasant blend of covered and



Fig 5.2.45 Security post at the entrance of male

5.3 MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH, WORCESTER RECOVERY CENTER AND HOSPITAL WORCESTER, MA, UNITED STATES



Locality : : Worcester, Massachusetts, USA

Architect: Ellenzweig, CannonDesign, Steffian Bradley Architects

Area: 309 Acres

Capacity :320 inpatient beds

Year: 2012

Type of Building: Mental Hospital

INTENT OF THE CASE STUDY

The intent of the case study is to learn the zoning and planning scheme of the entire complex, also to understand the impact of small pockets of interaction, which results in good outcome. To study the art of the building which seems to be a part of nature or which arises from nature. Also to acquire the philosophies of the architect who has done well in designing a mental institute by keeping in mind the psychology of different types of users and patients, and their special needs for a controlled environment.

CONCEPT-A WORLD WITHIN A WORLD

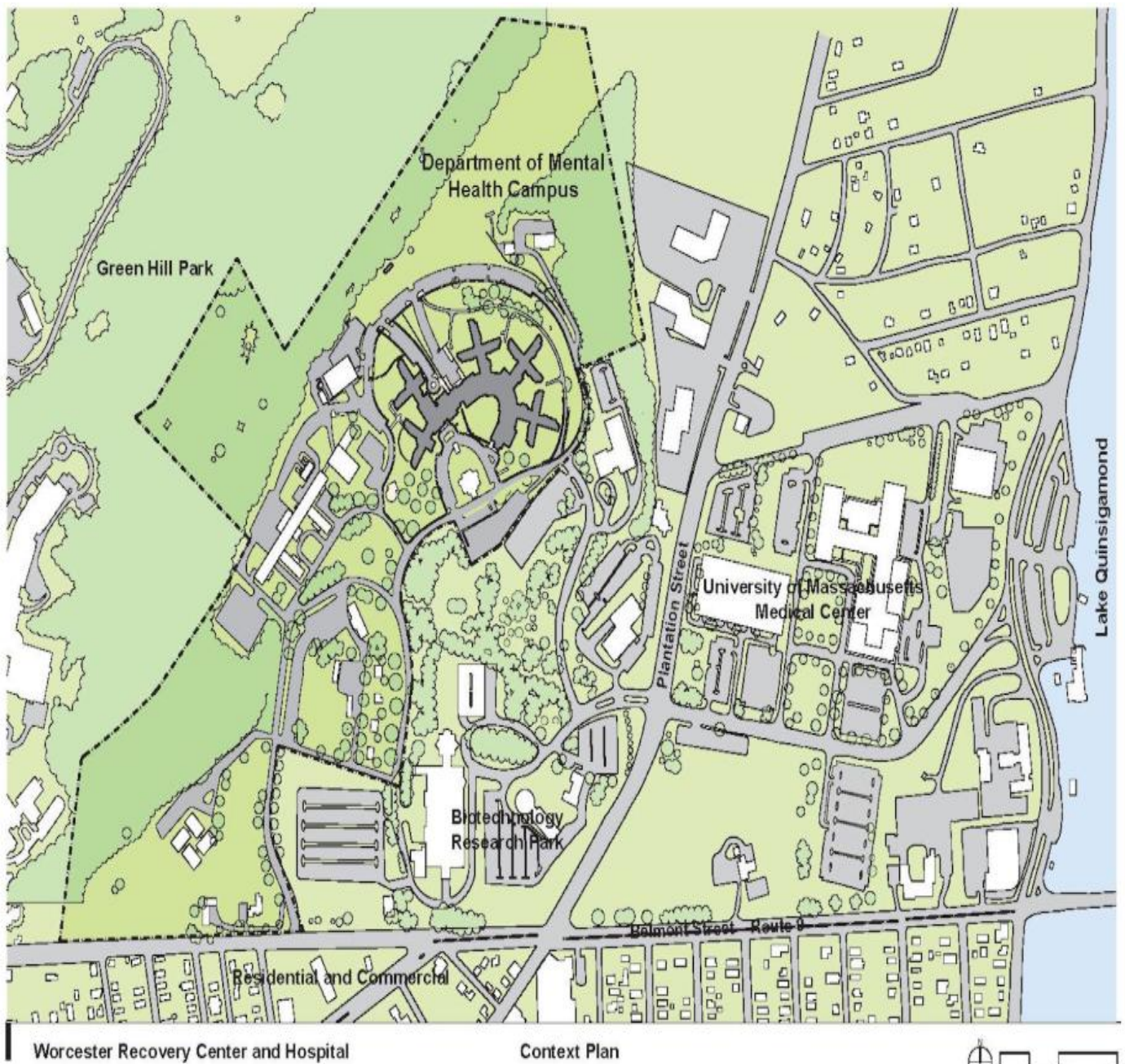


Fig 5.3.1

PROJECT DESCRIPTION

- **New 320-Bed, 428,000 SF Psychiatric Hospital**
- Largest non-road, state-funded building project in the Commonwealth's history.
- **260-Bed Adult Hospital; 30-Bed Adolescent Inpatient Facility; 30-Bed Adolescent Intensive Residential Treatment Beds.**
- Building plan reflects the various stages of recovery by using familiar environments such as “house”, “neighborhood” and “downtown”.
- The “downtown” area surrounds around a central “village green” that is shared by entire facility.
- Each living unit has a secure outdoor area with a basketball court and seating for patient's use as well as common space inside laid out like a living-room including TV's, couches and other seating arrangements.
- Each patient has a private room that enhances the staff's ability to provide individualized care.
- LEED Gold.

ABOUT

- The design of the institute is centered on the privacy of the patients, where they get to decide the amount of interaction they want to have. The room looks outward to nature, which has been proven to be a healer in the recovery process of the patient.
- **Patient Privacy & Choice:** Patients decide their level of interaction.
- **Nature-Facing Rooms:** Rooms open outward to nature, aiding healing and maintaining privacy while encouraging outdoor activity.
- **Therapeutic Treatment Facilities:** Shared by three in-patient units, ensuring accessibility.

Neighborhood Views & Downtown Concept:

- Downtown serves as an activity hub along interior streets and squares.
- Surrounds the **Village Green**, a secure outdoor communal space.

Social & Quiet Activity Zones:

- **Social spaces:** Café, arcade, store, music room, health club.
- **Quiet spaces:** Chapel, greenhouse, library, art rooms.
- **Privilege-Based Access:** Patients access Downtown based on privilege levels.
- **Hospital-Wide Resource Sharing:** Encourages a sense of belonging to a larger community.
- **Transition to Normal Life:** Supports gradual emergence from clinical care to life outside the hospital.

Design Philosophy and Spatial Organization

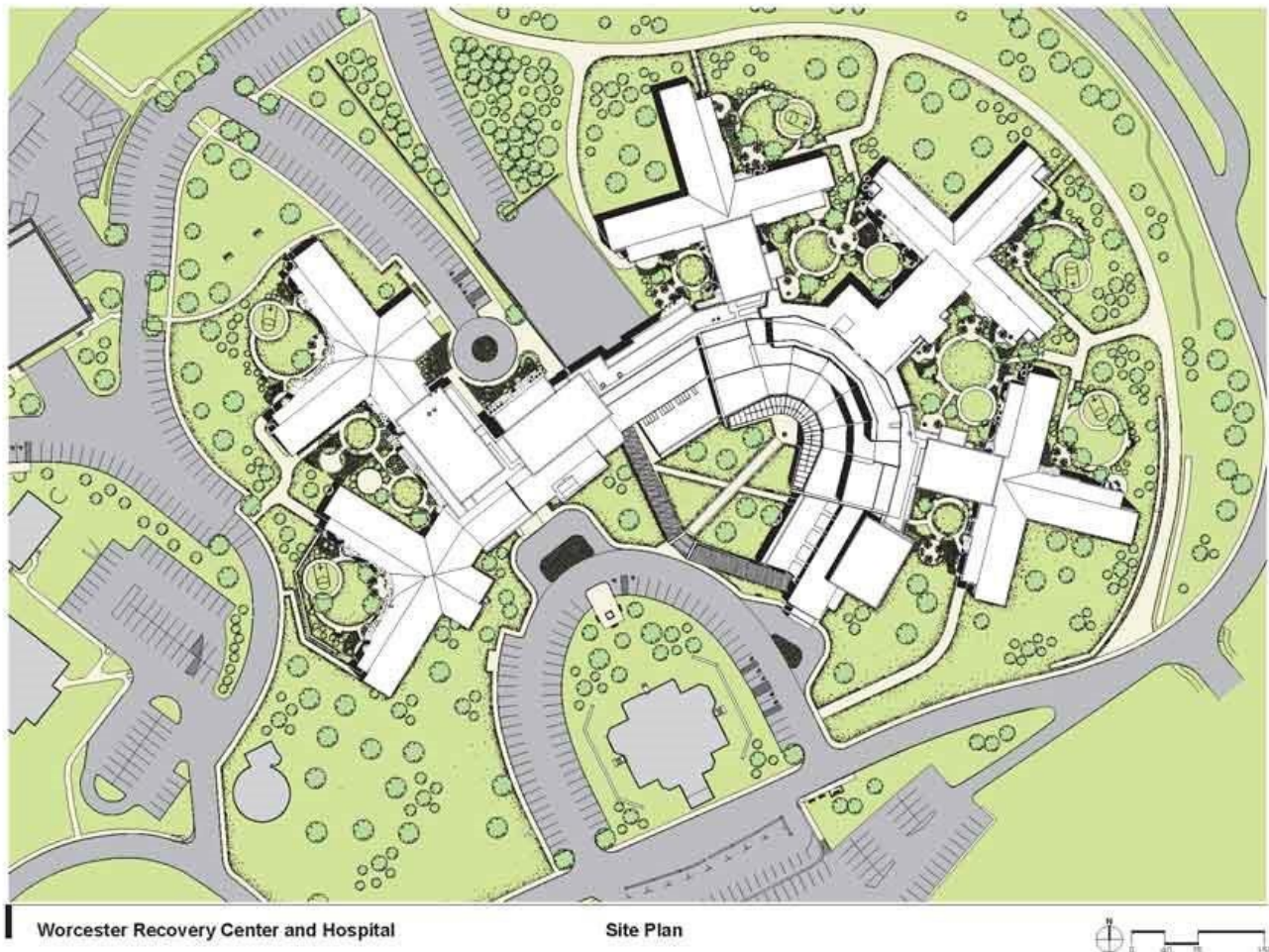
The **House, Neighborhood, Therapeutic Program, and Downtown** concept in the **Worcester Recovery Center and Hospital (WRCH)** is designed to support mental health recovery by creating a familiar, community-like environment. Here's why each element is important:

1. **House Units** – Provide **privacy and autonomy** while fostering small-scale social interaction. Each unit has both active and quiet spaces to accommodate different patient needs.
2. **Neighborhoods** – Group multiple houses together, encouraging **social connections and peer support** among patients, reducing feelings of isolation.
3. **Therapeutic Programs** – Located within the **neighborhoods**, these spaces integrate treatment into daily life, making therapy more accessible and less clinical.
4. **Downtown & Village Green** – Centralized social hub with cafes, stores, and activity spaces, **mimicking real-world environments** to help patients transition back to society gradually.

This design **blends therapy with everyday life**, creating a healing space that balances **independence, community, and structured care** to aid in long-term recovery.

SITE PLAN

Fig 5.3.2



FLOOR PLANS

First Floor Plan

1. Adult Wing (260 Beds)
2. Adolescent Wing (60 Beds)
3. Shared Gym
4. Chapel
5. "Downtown"

6. Food Prep and Café
7. Social Center and Arcade
8. General Store
9. Bank
10. Therapy

11. Social Workers and Offices
12. Dining Room
13. Classroom
14. Administrative Wing

- House
- Neighborhood
- Downtown
- Administration and Support



Worcester Recovery Center and Hospital

First Floor Plan

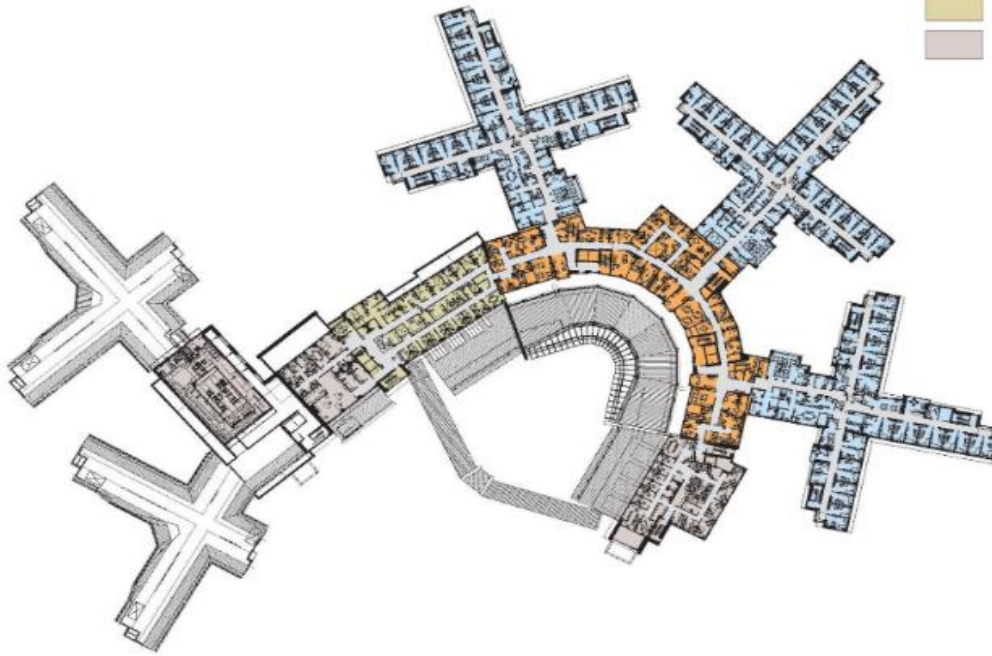


Fig 5.3.3

Third Floor Plan

1. Adult Wing (26 Beds)
2. Dining Room
3. Medical and Dental Clinics
4. Administrative Offices
5. Mechanical

- House
- Neighborhood
- Downtown
- Administration and Support



Worcester Recovery Center and Hospital

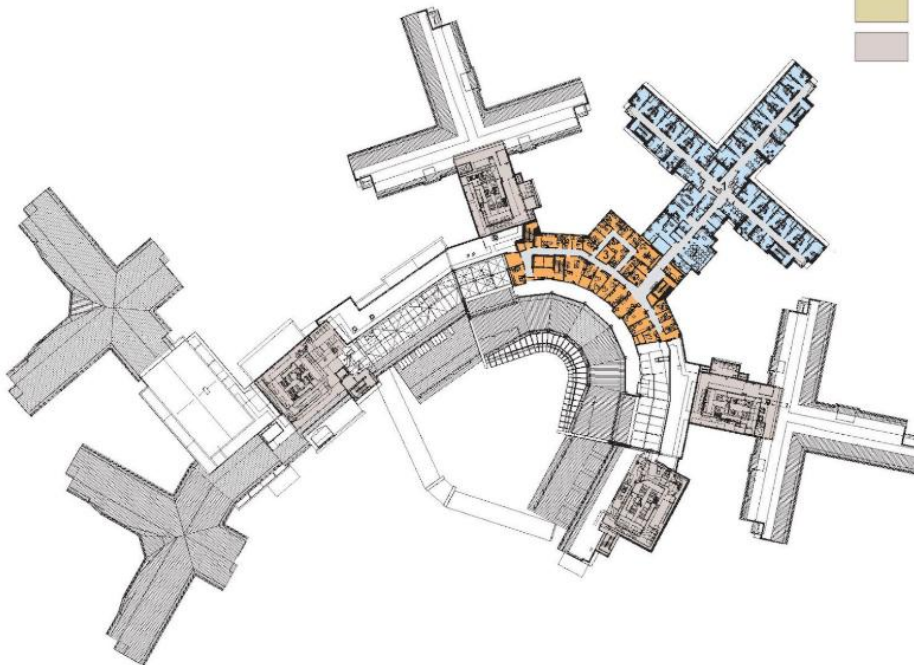
Third Floor Plan



Fig 5.3.4

1. Adult Wing (260 Beds)
2. Dining Room
3. Vocational/IT Medical Records/Clinics
4. Mechanical

- House
- Neighborhood
- Downtown
- Administration and Support



Worcester Recovery Center and Hospital

Fourth Floor Plan



Fig 5.3.5

ARCHITECTURE FEATURES

The **Worcester Recovery Center and Hospital (WRCH)** in Massachusetts exemplifies a therapeutic environment through its thoughtful architectural design. Below are key architectural features, each accompanied by a description and an image illustrating the specific space:

Therapeutic Program

- A central programmatic goal was to create an architectural response which directly supports a therapeutic program in order to promote emergence and recovery of patients in the hospital facility.
- The facility offers various therapeutic activity centers, **such as a café, arcade, store, music room, health club, chapel, greenhouse, library, and art rooms. These spaces provide diverse therapeutic activities, catering to different patient interests and promoting holistic recovery.**



Fig 5.3.6



Fig 5.3.7



Fig 5.3.8

Fig 5.3.9

House

The private bedrooms, the most basic element, are clustered in Houses having active and quiet living rooms. These Houses provide the basic social unit of eight to ten residents within a twenty-six bed inpatient unit.



Fig 5.3.10



Fig 5.3.11



Fig 5.3.12



Fig 5.3.13

Neighborhood

- Multiple houses form a "neighborhood," sharing therapeutic treatment facilities. This arrangement promotes social interaction and support among patients, creating a communal atmosphere that aids in recovery
- Therapeutic treatment facilities (Neighborhoods) are arranged as the patients' domain and shared by three inpatient units.
- Viewable from the Neighborhoods, the Downtown provides activity centers along interior streets and squares, surrounding the Village Green – a secure outdoor communal activity space.
- The Downtown centralizes the most social activities (café, arcade, store, music room, and health club), surrounded by quieter activities (chapel, greenhouse, library, and art rooms).



Fig 5.3.14



Fig 5.3.15



Fig 5.3.16

Downtown and Village Green

At the heart of the facility lies the "downtown" area, encompassing communal amenities such as a café, arcade, store, music room, and health club. This central hub encourages patients to engage in various activities, aiding in their recovery process. **The downtown area surrounds the "village green," a secure outdoor communal activity space that provides a connection to nature and opportunities for socialization.**



FIG 5.3.17



Fig 5.3.18



Fig 5.3.19

5.4 SANJEEVNI MENTAL HEALTH CENTRE



FIG 5.4.1

Location - South of IT, Near FAI, Bus Stand, A-6,, Qutab Institutional Area, New Delhi

Architect - Ar. Jasbir Sawhney & associates

Area – 30.6 Acre

No Of Story -2

Foot Fall - 5k -10k

ABOUT

Sanjivini is a registered non-profit voluntary organisation that was formed in 1976 in a single room from which it has come a long way and now operated itself from a well designed build- There are one entry 32 years has been today for its pioneering contribution in the field of mental health

ACCESS BLOCK

Main access through the Shaheed Jeet Singh Marg from 12 M wide road and connected internal road 6 M wide road Satsang Vihar Marg, of which otherside of the internal road is institutional area & plots with small residential area,there is only one entry.

ACCESS BLOCK ORIENTATION

The organic shaped form building and the level differences on the site The exterior and interior are used exposed brick work and some part is smoothing surfac

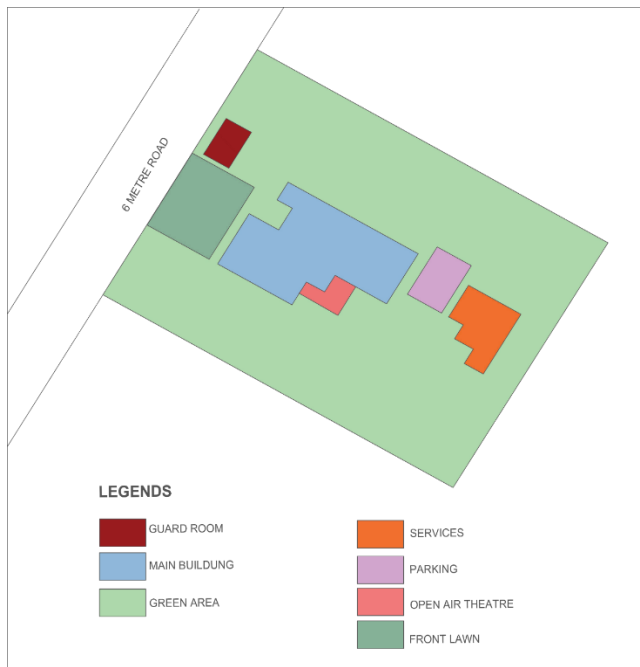


FIG 5.4.2



FIG 5.4.3

CIRCULATION

The features an efficient circulation strategy. Vehicular movement follows a one-way system, entering from the bottom, moving upward, and making a U-turn at the top-left corner before exiting. Pedestrian movement follows an L-shaped path, ensuring safety by separating foot traffic from vehicles. The centrally located building is surrounded by green spaces, promoting a well-organized flow that efficiently manages both vehicular and pedestrian circulation.

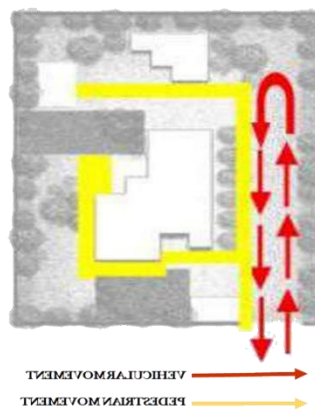


FIG 5.4.4

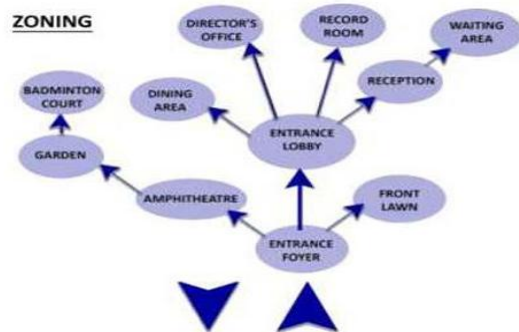


FIG 5.4.5

SITE PLAN

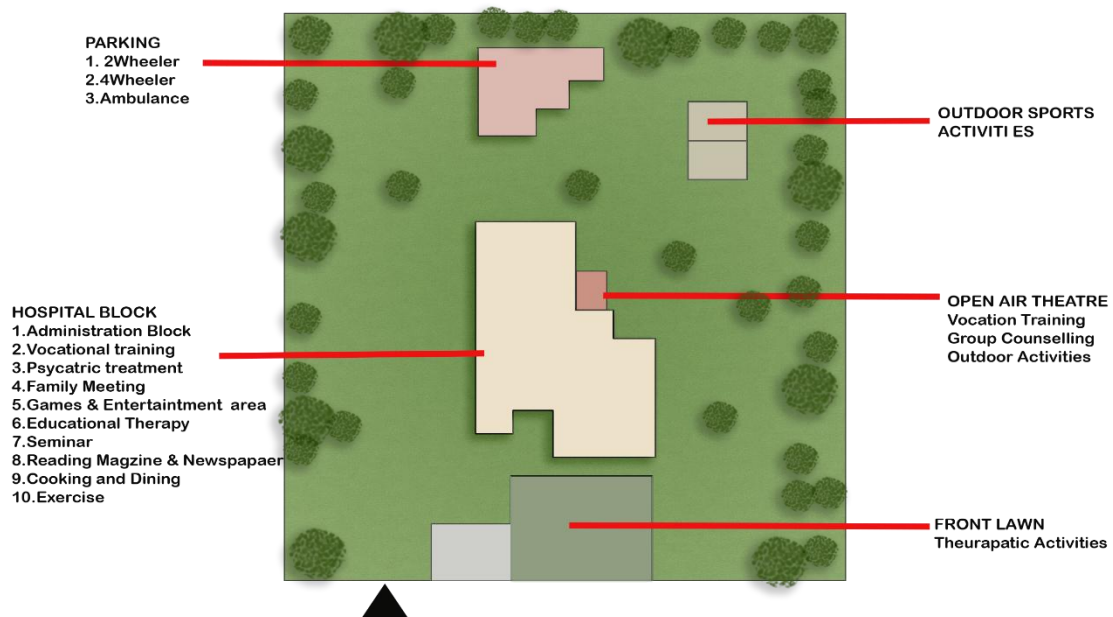


FIG 5.4.6

GROUND FLOOR AND FIRST FLOOR

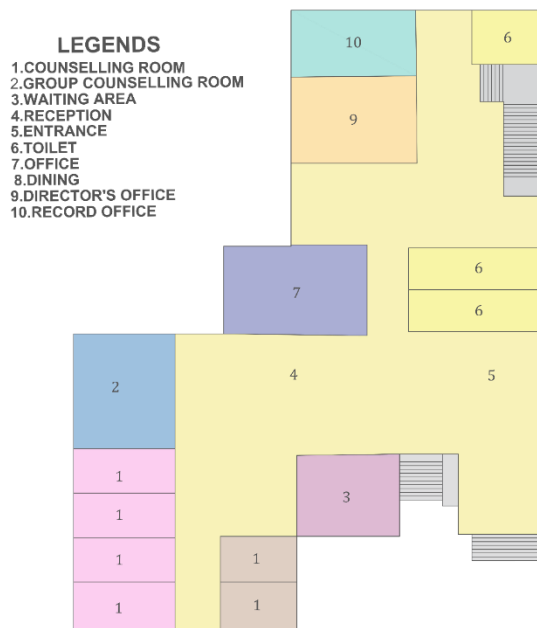


FIG 5.4.7

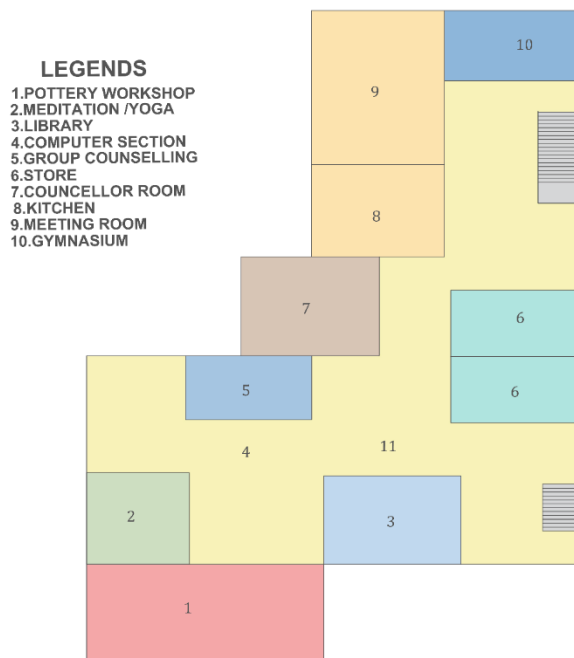


FIG 5.4.8

6.SITE ANALYSIS

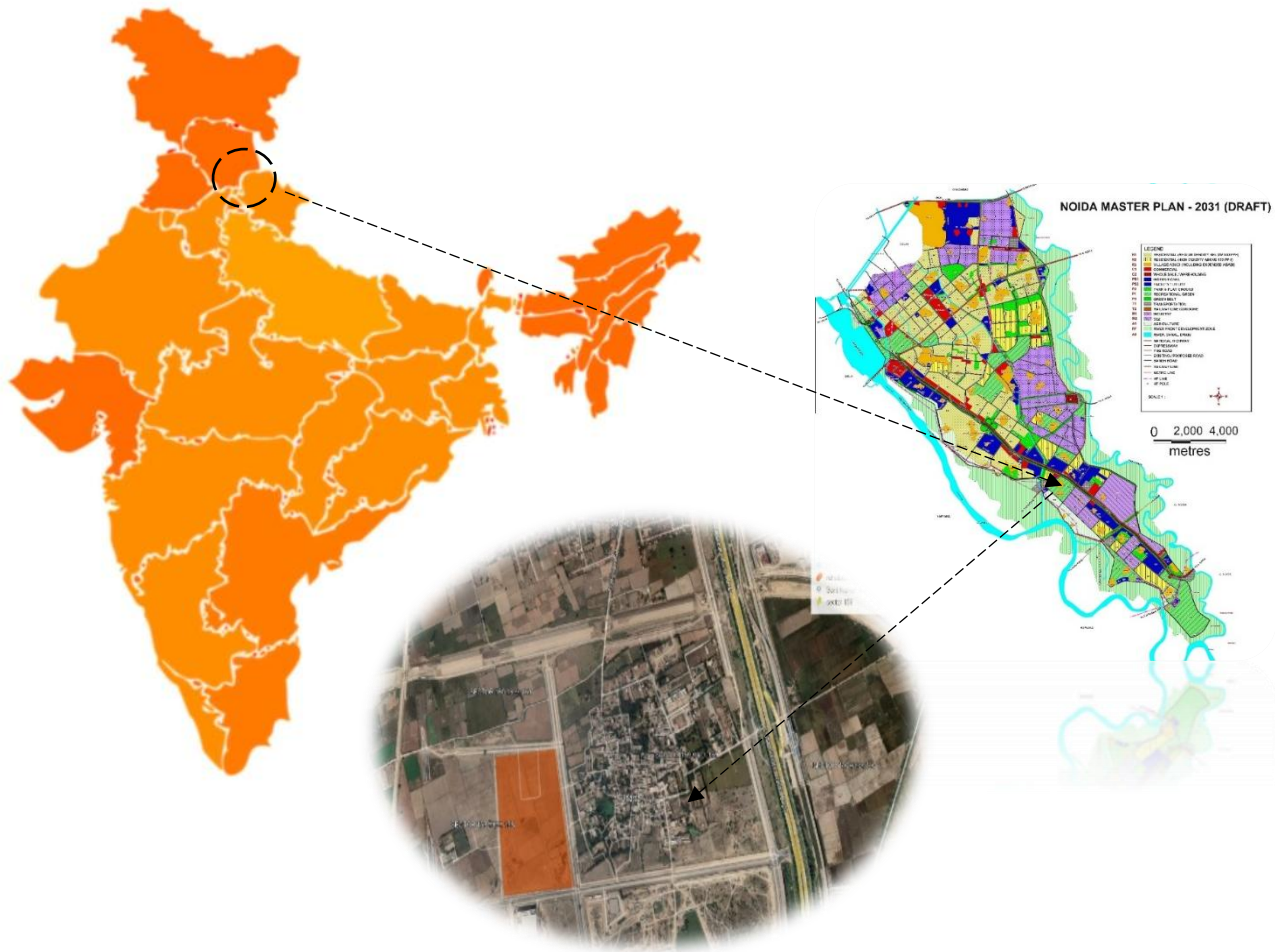


FIG 6.1.1



FIG: 6.1.2

SITE ANALYSIS

SITE INFORMATION

Site Area - 30 Acres (121406 Sqmt)

Permissible F.A.R. - 1.5

Permissible Ground Coverage - 30%

Permissible Ground Coverage - 9acre (36421.8sqmt)

Built up Area – 182109 SQMT

No. of Floors – 5

Minimum set back –

Front -15mt

Rear -6 mt

SITE CONSTRAINTS

Shape of site - Its a Plain And Rectangular in Shape Site.

Topography- Site Is Almost Flat

Vegetation- Site Is Partly Filled With Wild Grass and plants.

ACCESSIBILITY



Sector 144 Metro Station - 6.7 Km



Indira Gandhi International Airport - 42.80km



Boraki Railway Station - 18km



Surya Hospital -10.8km



Thana Knowledge Park- I, 15, Greater Noida -11.5km



Bharat Petroleum Fuel Station, EXPRESS WAY, 6th Ln, Sigma III, Greater Noida – 10.8km

SITE CONTEXT

Sector 158 in Noida is a strategic undeveloped area transitioning from agricultural land to urban development. Located along the Noida-Greater Noida Expressway, it is adjacent to sectors like 159, 160, and 146. Nearby landmarks include Republic Media House and Tata Consultancy Services. The presence of established villages such as Jhatta creates a unique urban-rural interface. This offers architectural opportunities to set new development patterns while addressing infrastructure challenges typical of emerging areas.



FIG 6.1.3



FIG 6.1.4

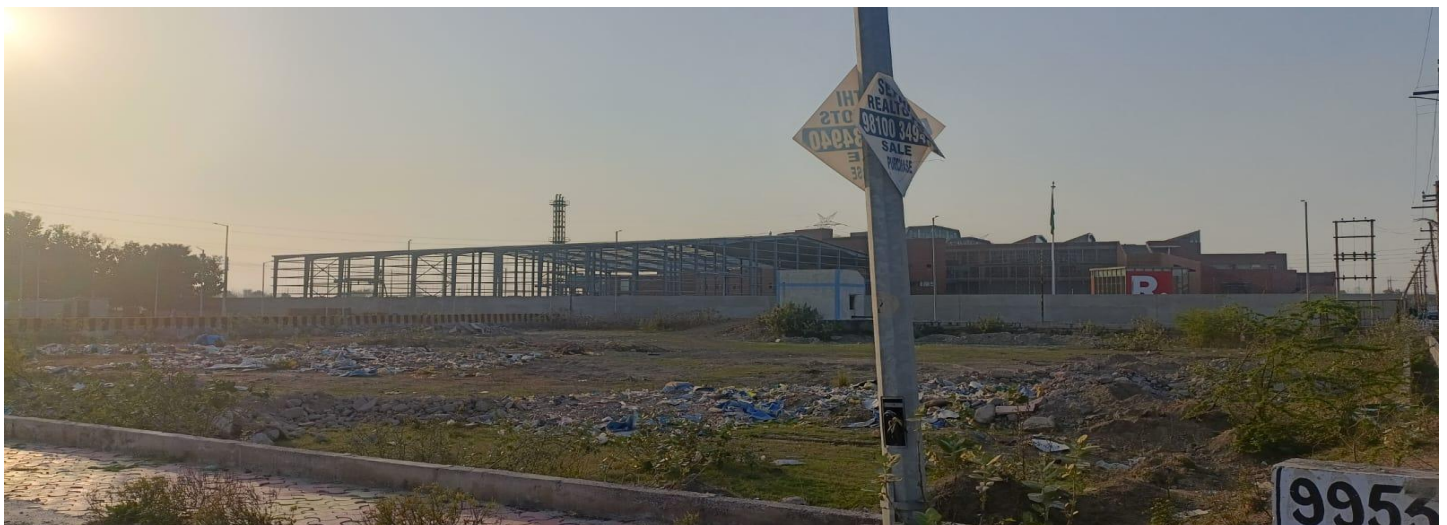


FIG 6.1.5



FIG 6.1.6



FIG 6.1.7

NOTABLE LANDMARKS & GENERATORS

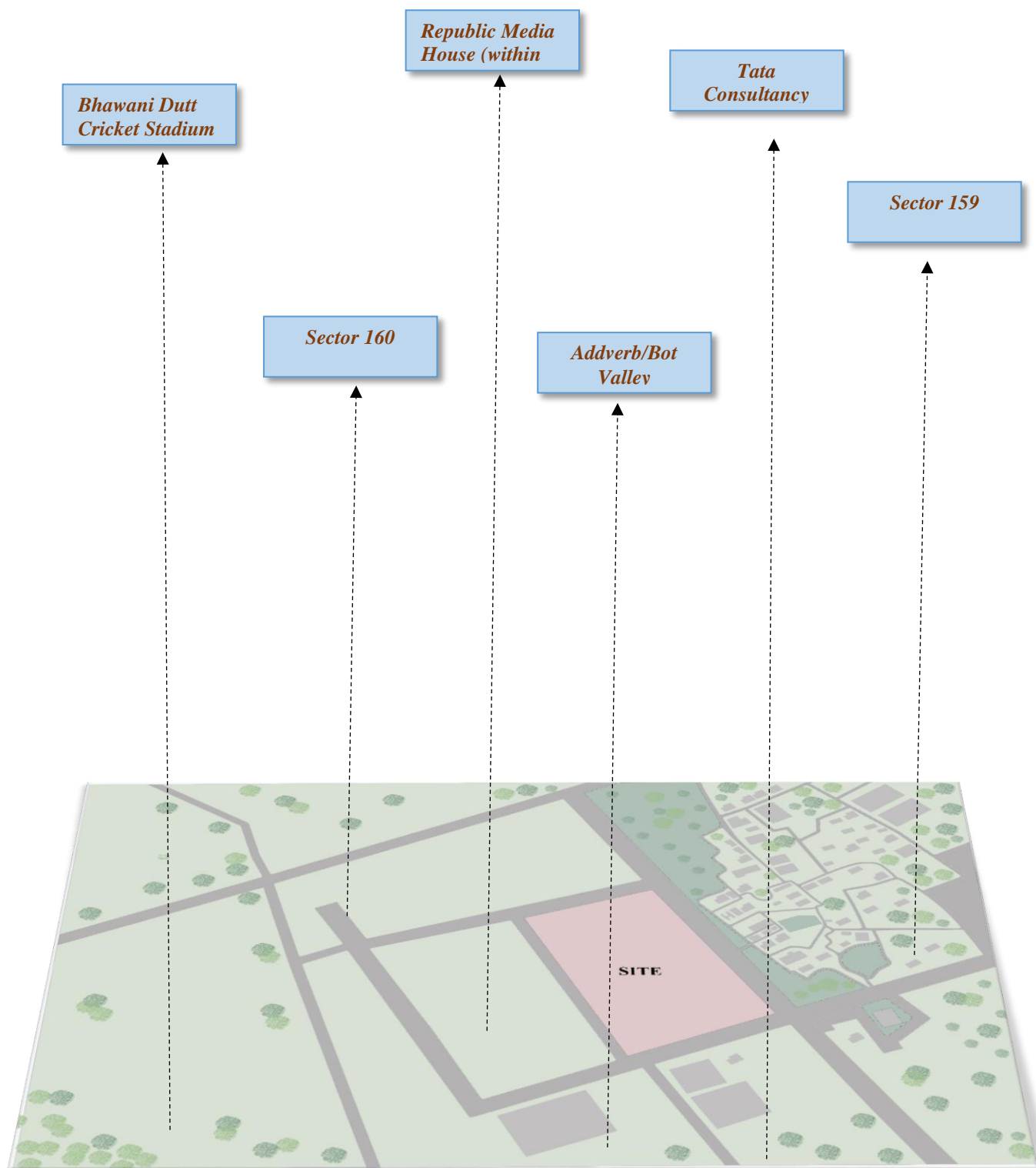


FIG 6.1.8

ELECTRICAL INFRASTRUCTURE

Existing Power Supply

Transformer available on site.

- **Grid Connection:** Visible transmission lines along expressway corridor
- **Substation Proximity:** Electrical infrastructure likely accessible from developed sectors nearby
- **Current Capacity:** Limited capacity within site boundary due to undeveloped nature
- **Power Quality:** Potential for voltage fluctuations common in developing areas
- **Distribution Network:** Minimal existing internal distribution infrastructure

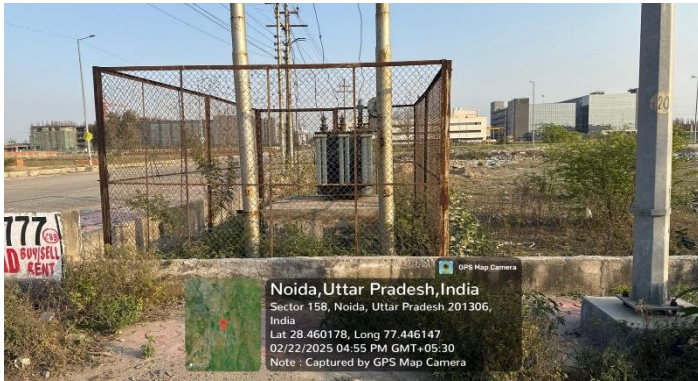


FIG 6.1.9



FIG 6.1.10

DRAINAGE

- **Current Drainage Pattern:** No visible engineered drainage systems within the highlighted area .
- **Water Flow Direction:** Likely natural drainage would follow subtle topography toward southeast (Hindon River visible in corner)

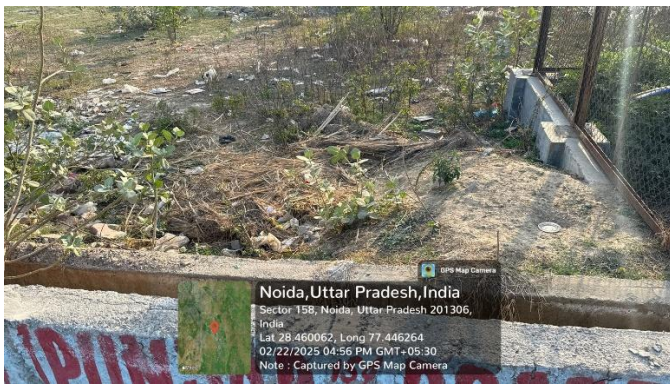


FIG 6.1.11 DRAINAGE



FIG 6.1.12 NALA

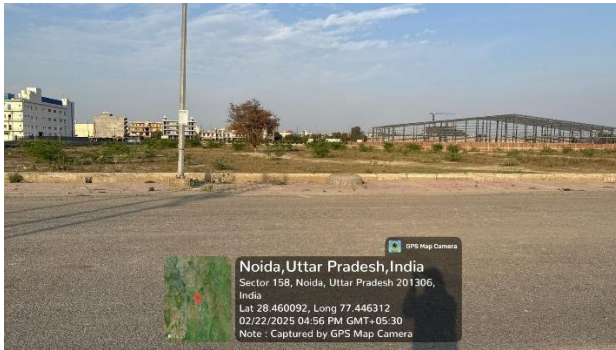
FOOT FALL PATTERNS

The pedestrian circulation patterns for the highlighted site show:

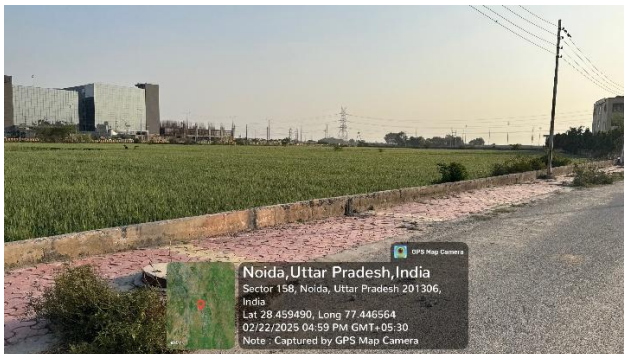
Current Activity: Minimal existing pedestrian activity visible within the orange area

Access Points: No formalized pedestrian entry points currently developed

ACCESS TO THE SITE



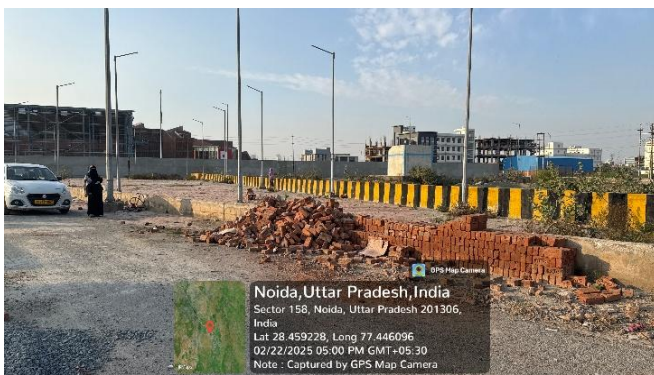
FRONT ROAD OF 25MT



LEFT SIDE ROAD OF 25 MT



RIGHT SIDE ROAD OF 25 MT



BACK SIDE ROAD OF 15 MT

FIG 6.1.13

7. AREA ANALYSIS

S.NO	REQUIREMENTS	VIDYASAGAR INSTITUTE OF MENTAL HEALTH (AMRITSAR)			SANJIVINI MENTAL HEALTH CENTRE , NEW DELHI			SOSGO REHABILITATION CENTRE, MALACCA MALASIYA			WOSGO RECOVERY CENTRE AND HOSPITAL, WANGCHESTER WORCESTER, MASSACHUSETTS, USA			IPHS / MENTAL HEALTH GUIDE AND MENTAL HEALTH FACILITIES DEPARTMENT OF VETERAN AFFAIRS
		CASE STUDY -1			CASE STUDY -2			LITERATURE STUDY -1			LITERATURE STUDY -2			
		250 IPD AND 550 OPD			25 MALE AND FEMALE									
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	
A.	ADMINISTRATION													
1.	Waiting & Entrance Lobby	-	-	-	1	20	20		300					40
3.	Director's Office	1	44	44	1	25	25				1	20	20	25
3.	Entrance Foyer	-	-	-	-	-	-							
4.	Coordinator's Office	4	5.6	5.6	1	12	12							12
5.	Social Worker's Office	6	12.5	75	-	-	-							12
6.	Accounts office	1	12.5	11.2	1	20	20							15
7.	Conference Hall	1	35	35	1	30	30	1	350	350	2	60	120	35
	Lecture hall													
	Seminar Hall													
8.	Management office							6	20	1200	10	20	200	
9.	Toilet Male	1	18	18	-	-	-							15
10.	Toilet Female	1	15	15	-	-	-							15
11.	Toilet(Handicapped)	-	-	-	-	-	-							20
B.	OPD													
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	
1.	Waiting & Entrance Lobby	1	20	20										
2.	Psychiatrist's Room	-	-											
3.	Doctor's Room / (General Physician)	-	-		20	15	300	6	23	138	10	20		12
4.	Nurse Station	-	-											12
6.	Counselling Room	2	25	50	2	20	40							
7.	Group Counselling Room	2	35	70	2	30					6	40	240	
8.	Family Counselling	1	30	30	-	-								
9.	Day Care Centre	1	150	150	1	150		2	300	600				
10.	Store	1	25	25	1	15	15							
11.	Pharmacy	-	-	-	-	-	-				1	150	150	
12.	physiotherapy													
C.	I.P.D													
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	
1.	General Ward (6patient)	4	50	2500	-	-	-	4	50	2000				60-80
4.	Special Ward / Isolation ward)	1	25	-	-	-	-	-	-	-				15
5.	Single Room	-	-	-	-	-	-	-			320	15	4800	22
6.	Living rooms	-	-	-	-	-	-	-	-	-	16	50	800	
7.	Dinning +Washing	1	60	60							8	80	640	
7.	Lounge	1	25	25	-	-	-	-	-	-	-	-	-	
8.	Recreation Area	1	44	44										
9.	Doctor's Room	1	15	15	-	-	-							11.1
10.	Nurse Station	1	15	15	-	-	-							15
11.	Rest Room	-	-	-	-	-	-							
12.	Ward Store	1	20	20	-	-	-							
7.	Bathing Unit M&F	2	20	40	-	-	-							
8.	ToiletM&F	1	30	30	-	-	-				16	20	320	30

S.NO	REQUIREMENTS	S.NO. VIDYASAGAR INSTITUTE OF MENTAL HEALTH (AMRITSAR)			SANJIVINI MENTAL HEALTH ,NEW DELHI (SQ. M.)			SOSGO REHABILITATION CENTRE ,MALASIYA			WOSGO HEALTH CENTRE WANCHESTER			PHS / MENTAL HEALTH GUIDE AND MENTAL HEALTH FACILITIES DEPARTMENT OF VETERAN AFFAIRS
		250 IPD AND 550 OPD			25 MALE AND FEMALE									
	TYPES OF SPAGES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	
A.	RECREATIONAL													
1.	Library	1	44	44	1	25	25	1	60	60				
2.	Yoga And Meditation Centre	-	-	-	-	-	-							
3.	Contemplation Hall	1	5.6	5.6	1	12	12							
4.	Seminar Hall	6	12.5	75	-	-	-							
5.	Mutipurpose Hall	1	12.5	11.2	1	20	20							
6.	Exhibition Hall							1	151	151				
7.	AV Room	-	-	-	1	20	20							
8.	Indoor Games	1	35	35	-	-	-							
9.	Gymnasium	1	18	18	-	-	-	4	80	320	2	200	200	
10.	Kitchen With Store	1	15	15	-	-	-				1	250	250	
12.	Dining Area	-	-	-	-	-	-				8	80	640	
13.	Cafetteria										1	250	250	
B.	THERAPY													
SNO.	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	
1.	Handicraft Room	1	25	25										
2.	Art & Painting													
3.	Dancing Room													
4.	Music Room													
5.	Gardening													
6.	Hydrotherapy + rooms							1	400	400				
7.	Speech and Audio Therapy							12	24	288				
8.	Pottery	6	8	48	6	8	48							
9.	Stitching/sewing	2	20	40	2	20	40	5	50	2500				
10.	Carpentry	-	-	-	-	-	-							
11.	Fabrication	1	150	150	1	150	150	4	140	560				
12.	Design Workshop							2	150	300				
13.	Hospitality Workshop							4	53	221				
14.	Ocupational therapy							6	50	350				
15.	Physiotherapy Lab													
16.	Soft Basic Skills							5	26	130				
SERVICES														
SNO.	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL							
1.	STP	1	120	120	-	-	-							
2.	Underground Tank	1	98	98	-	-	-							
3.	Transformer Area	1	84	84	-	-	-							
4.	Dg Room	1	80	80	-	-	-							
5.	Gate House	1	20	20	-	-	-							
STAFF ACCOMMODATION														
SNO.	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL	
1.	Double Bed Room		36.5	352										
2.	Double Bed Room Toilet	8	7.5	-										
3.	Single Bed Room	-	27	340										
4.	Single Bed Room Toilet	10	7	-										
6.	Stafftoilet And Locker	15	7	-									260	

S.NO	REQUIREMENTS	S.NO. VIDYASAGAR INSTITUTE OF MENTAL HEALTH (AMRITSAR)			SANJIVINI, NEW DELHI (Sq. M.)			STANDARDS
		250 IPD AND 550 OPD			25 MALE AND FEMALE			
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO. S	AREA	TOTAL	
A.	ADMINISTRATION							
1.	Reception cum Waiting	-	-	-	1	20		40
2.	Director 's Office	1	44	44	1	25	25	25
3.	Entrance Foyer	-	-	-	-	-	-	
4.	Coordinator ' S Office	4	5.6	5.6	1	12	12	12
5.	Social Worker's Office	6	12.5	75	-	-	-	12
6.	Accounts office	1	12.5	11.2	1	20	20	15
7.	Conference Hall	1	35	35	-	-	-	35
8.	Toilet Male	1	18	18	-	-	-	30
9.	Toilet Female	1	15	15	-	-	-	30
10.	Toilet(Handicapped)	-	-	-	-	-	-	30
B.	OPD							
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO. S	AREA	TOTAL	
1.	Waiting & Entrance Lobby	1	20	20				30
2.	Psychiatrist 'S Room	-	-					17.5
3.	Doctors ' Room	-	-					17.5
4.	Nurse Station	-	-					15
5.	Therapists /Physician	-	-					17.5
6.	Counselling Room	6	8	48	6	8	48	12
7.	Group Counselling Room	2	20	40	2	20	40	14
8.	Family Counselling	-	-	-	-	-	-	14
9.	Day Care Centre	1	150	150	1	150	150	
10.	Store	1	15					
11.	Pharmacy	-	-	-	-	-	-	
C.	I.P.D							
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO. S	AREA	TOTAL	
1.	General Ward (4patient)	1	60	60	-	-	-	50
3.	Relapse Ward	-	-	-	-	-	-	
4.	Special Ward	-	17.98	-	-	-	-	15
5.	Single Room	-	-	-	-	-	-	22
6.	Toilet Male	-	-	-	-	-	-	
7.	Bathing Unit	2	20	-	-	-	-	
8.	Toilet Female	-	-	-	-	-	-	
9.	Doctor's Room	-	7.4	-	-	-	-	17.5
10.	Nurse Station	-	11.1	-	-	-	-	15
11.	Rest Room	-	-	-	-	-	-	
12.	Ward Store	1	12	12	-	-	-	
13.	Ward Record	1	12	12	-	-	-	

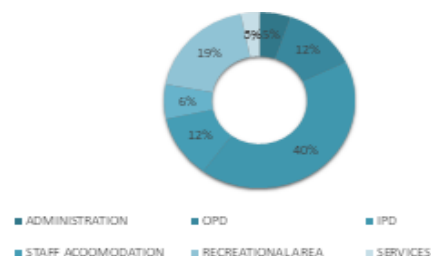
S.NO	REQUIREMENTS	S.NO. VIDYASAGAR INSTITUTE OF MENTAL HEALTH (AMRITSAR)			SANJIVINI, NEW DELHI (Sq. M.)		
		250 IPD AND 550 OPD			25 MALE AND FEMALE		
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL
A. RECREATIONAL							
1.	Library		44	44	1	25	25
2.	Yoga And Meditation Centre	-	-	-	-	-	-
3.	Contemplation Hall		5.6	5.6	1	12	12
4.	Seminar Hall	6	12.5	75	-	-	-
5.	Multipurpose Hall	1	12.5	11.2	1	20	20
6.	Audio Visual Room	-	-	-	1	20	
7.	Indoor Games	1	35	35	-	-	-
8.	Gymnasium	1	18	18	-	-	-
9.	Kitchen With Store	1	15	15	-	-	-
10.	Dining Area	-	-	-	-	-	-
11.	Toilet						
12.	Toilet						
B. OCCUPATIONAL THERAPY							
S.NO.	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL
1.	Handicraft Room	1	20	20			
2.	Art & Painting	-	-				
3.	Dancing Room	-	-				
4.	Music Room	-	-				
5.	Gardening	-	-				
6.	Pottery	6	8	48	6	8	48
7.	Stitching	2	20	40	2	20	40
8.	Carpentry	-	-	-	-	-	-
9.	Fabrication	1	150	150	1	150	150
SERVICES							
S.NO.	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL
1.	STP	1	120 SQ.M	120 SQ.M	-	-	-
2.	Underground Tank	1	98 SQ.M	98 SQ.M	-	-	-
3.	Transformer Area	1	84 SQ.M	84 SQ.M	-	-	-
4.	Dg Room	1	80 SQ.M	80 SQ.M	-	-	-
5.	Gate House	1	20 SQ.M	20 SQ.M	-	-	-
STAFF ACCOMMODATION							
S.NO.	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL
1.	Double Bed Room		36.5 SQ.M	352 SQ.M			
2.	Double Bed Room Toilet	8	7.5 SQ.M	-			
3.	Single Bed Room	-	27 SQ.M	340 SQ.M			
4.	Single Bed Room Toilet	10	7 SQ.M	-			
5.	Triple Bed Room For Helping Staff	-	50 SQ.M	855 SQ.M			
6.	Toilet	15	7 SQ.M	-			
7.	Stations	-	50 SQ.M	150 SQ.M			
8.	Utility (Kitchen And Dining Area) Helping Staff	3	120 SQ.M	120 SQ.M			
9.	Utility (Kitchen And Dining Area) Staff	1	120 SQ.M	120 SQ.M			
10.	Discussion Area	1	30 SQ.M	90 SQ.M			

AREA REQUIREMENT

ADMINISTRATION						
S.NO.	REQUIREMENTS	STANDARDS	QUANTITY	AREA (SQ.M)	TOTAL AREA (SQ.M)	REMARKS
1	Reception Cum Waiting	35 SQ.M.	1	40 SQ.M.	40 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
2	Director's Office	25 SQ.M.	1	25 SQ.M.	25 SQ.M.	CASE STUDY 2
3	Director's Secretary Room	12 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
4	Deputy Director's Office	15 SQ.M.	1	25 SQ.M.	25 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
5	Director's Assistant	12 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
5	Medical Superintendent's Office	35 SQ.M.	1	35 SQ.M.	35 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
7	Deputy Medical Superintendent's Office	21 SQ.M.	1	25 SQ.M.	25 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
8	Medical Superintendent Assistant	12 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
9	Accounts Officer	12 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
10	Record Room Keeper	15 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
11	Record Room	25 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
12	Maintenance Officer	12 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
13	CCTV Monitoring Room	12 SQ.M.	1	20 SQ.M.	20 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
14	Security Head Office	12 SQ.M.	1	15 SQ.M.	15 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
15	Library Cum Conference Hall	35 SQ.M.	1	35 SQ.M.	35 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
16	Cafeteria	50 SQ.M.	1	50 SQ.M.	50 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
17	Pantry	—	1	To be proposed	—	—
18	Toilet (M, F & Handicapped)	10 SQ.M.	3	30 SQ.M.	30 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
	Total				482 SQ.M	
	With 30 % circulation				626.6 SQ.M	

INPATIENT DEPARTMENT						
SNO.	REQUIREMENTS	STANDARDS	QUANTITY	AREA	TOTAL	REQUIREMENT
1	EMERGENCY WARD					
	Treatment Room (1 Person)	9.3 SQ.M.	4	15 SQ.M.	60	IPHS AND MENTAL HEALTH GUIDE
	Observations (4 Person)	50 SQ.M.	3	75 SQ.M.	375	IPHS AND MENTAL HEALTH GUIDE
2.	Utility Room	30 SQ.M.	3	45 SQ.M.	135	IPHS AND MENTAL HEALTH GUIDE
3.	Laundry Staff Room	21 SQ.M.	2	25 SQ.M.	50	IPHS AND MENTAL HEALTH GUIDE
	Laundry Supervisor Room	17 SQ.M.	1	20 SQ.M.	20	IPHS AND MENTAL HEALTH GUIDE
	Laundry And House Keeping	30 SQ.M.	2	30 SQ.M.	60	IPHS AND MENTAL HEALTH GUIDE
4.	Visitor Room	28 SQ.M.	3	35 SQ.M.	105	IPHS AND MENTAL HEALTH GUIDE
5.	Doctor On Duty General Physician	12 SQ.M.	5	17.5 SQ.M.	87.5	IPHS AND MENTAL HEALTH GUIDE
6.	Psychiatrist Room	12 SQ.M.	10	17.5 SQ.M.	175	IPHS AND MENTAL HEALTH GUIDE
7.	Psychologists	12 SQ.M.	5	15 SQ.M.	75	IPHS AND MENTAL HEALTH GUIDE
10.	Nurse Station	11.1 SQ.M.	10	15 SQ.M.	150	IPHS AND MENTAL HEALTH GUIDE
11.	Isolation Ward (Seclusion Room)	15 SQ.M.	4	15 SQ.M.	60	IPHS AND MENTAL HEALTH GUIDE
12.	Delux Room	25 SQ.M.	25	30 SQ.M.	750	IPHS AND MENTAL HEALTH GUIDE
13.	Single Bedded Room	22 SQ.M.	40	25 SQ.M.	1000	IPHS AND MENTAL HEALTH GUIDE
14.	Semi Private Room	13 SQ.M.	30	50 SQ.M.	1500	IPHS AND MENTAL HEALTH GUIDE
15.	Common Living Area	50 SQ.M.	3	50 SQ.M.	150	IPHS AND MENTAL HEALTH GUIDE
16.	General Wards For (4 Patients)	50 SQ.M.	6	75 SQ.M.	450	IPHS AND MENTAL HEALTH GUIDE
17.	Electrical Room	13 SQ.M.	1	20 SQ.M.	20	IPHS AND MENTAL HEALTH GUIDE
16.	Toilet M,f &H)	13 SQ.M.	2	35 SQ.M.	70	IPHS AND MENTAL HEALTH GUIDE
	TOTAL				6573.5 SQ.M	AREA DISTRIBUTION
	WITH 30 % CIRCULATION					

SERVICES				
SNO.	REQUIREMENTS	QUANTITY	AREA	TOTAL AREA
1.	STP	1	120 SQ.M.	120 SQ.M.
2.	UNDERGROUND TANK	1	98 SQ.M.	98 SQ.M.
3.	TRANSFORMER AREA	1	84 SQ.M.	84 SQ.M.
4.	DG ROOM	1	80 SQ.M.	80 SQ.M.
5.	GATE HOUSE	1	20 SQ.M.	20 SQ.M.
	TOTAL			420 SQ.M
	WITH 30 % CIRCULATION			522.65 QM



OUT PATIENT DEPARTMENT						
S.NO.	REQUIREMENTS	STANDARDS	QUANTITY	AREA (SQ.M)	TOTAL AREA (SQ.M)	REMARKS
1	Reception Cum Waiting	35 SQ.M.	1	130 SQ.M.	130 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
2	Office	25 SQ.M.	1	25 SQ.M.	25 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
3	Doctor (General Physician) Room	17.5 SQ.M.	2	25 SQ.M.	50 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
4	Psychiatric Consultant Rooms	17.5 SQ.M.	2	25 SQ.M.	50 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
5	Recovery Room for 5 Patients	45 SQ.M.	1	60 SQ.M.	60 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
6	Nurse Station	12 SQ.M.	2	12 SQ.M.	24 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
7	Clean Utility	12 SQ.M.	2	12 SQ.M.	24 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
8	Dirty Utility	12 SQ.M.	1	12 SQ.M.	12 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
9	Souvenir Shop	—	3	8 SQ.M.	24 SQ.M.	To be proposed
10	Pharmacy	—	1	To be proposed	—	To be proposed
11	Laboratory for Various Testings	25 SQ.M.	1	To be proposed	—	To be proposed
12	Toilet (M, F & H)	—	1	To be proposed	—	To be proposed
13	Nurse Rest Area	—	1	To be proposed	—	To be proposed
14	Doctor Rest Area	—	1	To be proposed	—	To be proposed
15	Staff Rest Area	—	1	To be proposed	—	To be proposed
16	Toilet (Visitors)	—	3	20 SQ.M.	60 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
17	Toilet (Staff)	—	2			
	Total				1572 SQ.M	
	With 30 % circulation				2043.6 SQ.M	

RECREATIONAL FACILITIES					
SNO.	REQUIREMENTS	QUANTITY	AREA	TOTAL AREA	REMARKS
1.	Library	1	150 SQ.M.	150 SQ.M.	TO BE PROPOSED
2.	Yoga And Meditation Centre	1	150 SQ.M.	150 SQ.M.	TO BE PROPOSED
3.	Contemplation Hall	1	75 SQ.M.	75 SQ.M.	TO BE PROPOSED
4.	Seminar Hall	1	100 SQ.M.	100 SQ.M.	TO BE PROPOSED
5.	Muti Purpose Hall	2	100 SQ.M.	200 SQ.M.	TO BE PROPOSED
6.	Audio Visual Room	2	40 SQ.M.	80 SQ.M.	TO BE PROPOSED
7.	Indoor Games	1	60 SQ.M.	60 SQ.M.	TO BE PROPOSED
8.	Gymnasium	1	60 SQ.M.	60 SQ.M.	TO BE PROPOSED
9.	Kitchen With Store	1	70 SQ.M.	70 SQ.M.	IPHS AND MENTAL HEALTH GUIDE
10.	Dining Area	3	125 SQ.M.	375 SQ.M.	IPHS AND MENTAL HEALTH GUIDE
	TOTAL			2195 SQ.M	
	WITH 30 % CIRCULATION			2853 SQ.M	

OCCUPATIONAL THERAPY ROOMS						
S.NO.	REQUIREMENTS	STANDARD	QUANTITY	AREA (SQ.M)	TOTAL AREA (SQ.M)	REMARKS
1	Handicraft Room	120 SQ.M.	1	150 SQ.M.	150 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
2	Art & Painting	120 SQ.M.	1	150 SQ.M.	150 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
3	Dancing Room	100 SQ.M.	1	100 SQ.M.	100 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
4	Music Room	100 SQ.M.	2	100 SQ.M.	200 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
5	Gardening	25 SQ.M.	1	30 SQ.M.	30 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
6	Pottery	120 SQ.M.	1	120 SQ.M.	120 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
7	Stitching	100 SQ.M.	1	100 SQ.M.	100 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
8	Carpentry	120 SQ.M.	1	150 SQ.M.	150 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
9	Fabrication	120 SQ.M.	1	150 SQ.M.	150 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
10	Photography	55 SQ.M.	2	60 SQ.M.	120 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
11	Candle Making	30 SQ.M.	2	25 SQ.M.	70 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
12	Therapist Room	13 SQ.M.	12	13 SQ.M.	156 SQ.M.	IPHS AND MENTAL HEALTH DESIGN GUIDE
	TOTAL				1566 SQ.M	
	WITH 30% CIRCULATION				2038.8 SQ.M	

S.NO	REQUIREMENTS	S.NO. VIDYASAGAR INSTITUTE OF MENTAL HEALTH (AMRITSAR)			SANJIVINI, NEW DELHI (SQ. M.)		
		250 IPD AND 550 OPD			25 MALE AND FEMALE		
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL
A.	ADMINISTRATION						
1.	DIRECTOR'S OFFICE	1	44	44	1	25	25
2.	ENTRANCE FOYER	-	-	-	-	-	-
3.	COORDINATOR'S OFFICE	4	5.6	5.6	1	12	12
4.	SOCIAL WORKER'S OFFICE	6	12.5	75	-	-	-
5.	ACCOUNTS	1	12.5	11.2	1	20	20
6.	WAITING	-	-	-	1	20	
7.	CONFERENCE HALL	1	35	35	-	-	-
8.	TOILET MALE	1	18	18	-	-	-
9.	TOILET FEMALE	1	15	15	-	-	-
10.	TOILET(HANDICAPPED)	-	-	-	-	-	-
B.	OPD						
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL
1.	WAITING & ENTRANCE LOBBY	1	20	20			
2.	PSYCATRIST'S ROOM	-	-				
3.	DOCTORS' ROOM	-	-				
4.	NURSE STATION	-	-				
5.	THERAPISTS /PHYSICIAN	-	-				
6.	COUNSELLING ROOM	6	8	48	6	8	48
7.	GROUP COUNSELLING ROOM	2	20	40	2	20	40
8.	FAMILY COUNSELLING	-	-	-	-	-	-
9.	DAY CARE CENTRE	1	150	150	1	150	150
10.	STORE	1	15				
11.	PHARMACY	-	-	-	-	-	-
G.	I.P.D						
	TYPES OF SPACES	NO.S	AREA	TOTAL	NO.S	AREA	TOTAL
1.	GENERAL WARD	1	20	20	-	-	-
2.	GENERAL WARD	-	-	-	-	-	-
3.	RELAPSE WARD	-	-	-	-	-	-
4.	SPECIAL WARD	-	17.98	-	-	-	-
5.	SINGLE ROOM	-	-	-	-	-	-
6.	TOILET MALE	-	-	-	-	-	-
7.	BATHING UNIT	2	20	-	-	-	-
8.	TOILET FEMALE	-	-	-	-	-	-
9.	DOCTOR'S ROOM	-	7.4	-	-	-	-
10.	NURSE STATION	-	11.1	-	-	-	-
11.	REST ROOM	-	-	-	-	-	-
12.	WARD STORE	1	12	12	-	-	-
13.	WARD RECORD	1	12	12	-	-	-

RECREATIONAL FACILITIES					
SNO.	REQUIREMENTS	QUANTITY	AREA	TOTAL AREA	REMARKS
1.	LIBRARY	1	150 SQ.M.	150 SQ.M.	TO BE PROPOSED
2.	YOGA AND MEDITATION CENTRE	1	150 SQ.M.	150 SQ.M.	TO BE PROPOSED
3.	CONTEMPLATION HALL	1	75 SQ.M.	75 SQ.M.	TO BE PROPOSED
4.	SEMINAR HALL	1	100 SQ.M.	100 SQ.M.	TO BE PROPOSED
5.	MUTIPURPOSE HALL	2	100 SQ.M.	200 SQ.M.	TO BE PROPOSED
6.	AUDIO VISUAL ROOM	2	40 SQ.M.	80 SQ.M.	TO BE PROPOSED
7.	INDOOR GAMES	1	60 SQ.M.	60 SQ.M.	TO BE PROPOSED
8.	GYMNASIUM	1	60 SQ.M.	60 SQ.M.	TO BE PROPOSED
9.	KITCHEN WITH STORE	1	70 SQ.M.	70 SQ.M.	IPHS AND MENTAL HEALTH GUIDE
10.	DINING AREA	3	125 SQ.M.	375 SQ.M.	IPHS AND MENTAL HEALTH GUIDE
11.	TOILET	2	30 SQ.M.	60 SQ.M.	IPHS AND MENTAL HEALTH GUIDE
12.	TOILET	2	30 SQ.M.	20 SQ.M.	IPHS AND MENTAL HEALTH GUIDE
TOTAL				2195 SQM	
WITH 30 % CIRCULATION				2853 SQM	

■ BUILT ■ UNBUILT ■ ONLY GREEN ■ THERAPEUTIC GARDEN ■ PARKING



DEPARTMENTS

■ OPD ■ ACADEMIC ■ PSYCHIATRIC ■ DIAGNOSTIC ■ NEUROLOGY



SERVICES				
SNO.	REQUIREMENTS	QUANTITY	AREA	TOTAL AREA
1.	STP	1	120 SQ.M.	120 SQ.M.
2.	UNDERGROUND TANK	1	98 SQ.M.	98 SQ.M.
3.	TRANSFORMER AREA	1	84 SQ.M.	84 SQ.M.
4.	DG ROOM	1	80 SQ.M.	80 SQ.M.
5.	GATE HOUSE	1	20 SQ.M.	20 SQ.M.
TOTAL				420 SQM
WITH 30 % CIRCULATION				522.65 QM

INPATIENT DEPARTMENT						
SNO.	REQUIREMENTS	STANDARDS	QUANTITY	AREA	TOTAL	REQUIREMENT
1	EMERGENCY WARD					
	TREATMENT ROOM (1 PERSON)	9.3 SQ.M.	4	15 SQ.M.	60	IPHS AND MENTAL HEALTH GUIDE
	OBSERVATIONS (4 PERSON)	50 SQ.M.	3	75 SQ.M.	375	IPHS AND MENTAL HEALTH GUIDE
2.	UTILITY ROOM	30 SQ.M.	3	45 SQ.M.	135	IPHS AND MENTAL HEALTH GUIDE
3.	LAUNDARY STAFF ROOM	21 SQ.M.	2	25 SQ.M.	50	IPHS AND MENTAL HEALTH GUIDE
	LAUNDARY SUPERVISOR ROOM	17 SQ.M.	1	20 SQ.M.	20	IPHS AND MENTAL HEALTH GUIDE
	LAUNDARY AND HOUSE KEEPING	30 SQ.M.	2	30 SQ.M.	60	IPHS AND MENTAL HEALTH GUIDE
4.	VISITOR ROOM	28 SQ.M.	3	35 SQ.M.	105	IPHS AND MENTAL HEALTH GUIDE
5.	DOCTOR ON DUTY GENERAL PHYSICIAN	12 SQ.M.	5	17.5 SQ.M.	87.5	IPHS AND MENTAL HEALTH GUIDE
6.	PSYCATRIST ROOM	12 SQ.M.	10	17.5 SQ.M.	175	IPHS AND MENTAL HEALTH GUIDE
7.	PSYCHOLOGISTS	12 SQ.M.	5	15 SQ.M.	75	IPHS AND MENTAL HEALTH GUIDE
8.	DIETITIAN	13 SQ.M.	5	15 SQ.M.	75	IPHS AND MENTAL HEALTH GUIDE
9.	MENTOR	14 SQ.M.	5	15 SQ.M.	75	IPHS AND MENTAL HEALTH GUIDE
10.	NURSE STATION	11.1 SQ.M.	10	15 SQ.M.	150	IPHS AND MENTAL HEALTH GUIDE
11.	ISOLATION WARD (SELUSION ROOM)	15 SQ.M.	4	15 SQ.M.	60	IPHS AND MENTAL HEALTH GUIDE
12.	DELUX ROOM	25 SQ.M.	25	30 SQ.M.	750	IPHS AND MENTAL HEALTH GUIDE
13.	SINGLE BEDDED ROOM	22 SQ.M.	40	25 SQ.M.	1000	IPHS AND MENTAL HEALTH GUIDE
14.	SEMI PRIVATE ROOM	13 SQ.M.	30	50 SQ.M.	1500	IPHS AND MENTAL HEALTH GUIDE
15.	COMMON LIVING AREA	50 SQ.M.	3	50 SQ.M.	150	IPHS AND MENTAL HEALTH GUIDE
16.	GENERAL WARDS FOR (4 PATIENTS)		6	75 SQ.M.	450	IPHS AND MENTAL HEALTH GUIDE
17.	ELECTRICAL ROOM	13 SQ.M.	1	20 SQ.M.	20	IPHS AND MENTAL HEALTH GUIDE
16.	TOILET M,F &H)	13 SQ.M.	2	35 SQ.M.	70	IPHS AND MENTAL HEALTH GUIDE
TOTAL				6573.5 SQM		
WITH 30 % CIRCULATION						

8.CONCEPT

WHAT IS SALUTOGENESIS?

Salutogenesis is a health-oriented concept introduced by **Aaron Antonovsky**, focusing on factors that promote well-being rather than just preventing or treating disease. Unlike traditional medical approaches that emphasize pathology, **salutogenesis** aims to understand how individuals **maintain and improve health despite stressors**.

Salutogenesis theory, in very simple terms, focuses on what keeps people healthy rather than what makes them sick.

Imagine two different approaches:

Traditional medicine asks: "Why do people get sick, and how can we fix them?"

Salutogenesis asks: "Why do some people stay healthy despite stress and difficulties, and how can we help everyone be more like that?"

Core Idea: Health as a Continuum

In **Aaron Antonovsky's Salutogenic Theory**, the **continuum** refers to a **spectrum between health and disease**, rather than seeing them as two separate states.

- Instead of classifying people as either **healthy or sick**, Antonovsky proposed that everyone exists somewhere on a **health-disease continuum**.
- The position on this continuum is influenced by **Generalized Resistance Resources (GRRs)** (which push toward health) and **Generalized Resistance Deficits (GRDs)** (which push toward disease).
- **Generalized Resistance Resources (GRRs)** – Factors that help individuals manage stress (e.g., social support, knowledge, financial stability, sense of control).
- **Generalized Resistance Deficits (GRDs)** – Factors that increase vulnerability to stress and illness (e.g., trauma, chronic illness, poverty).

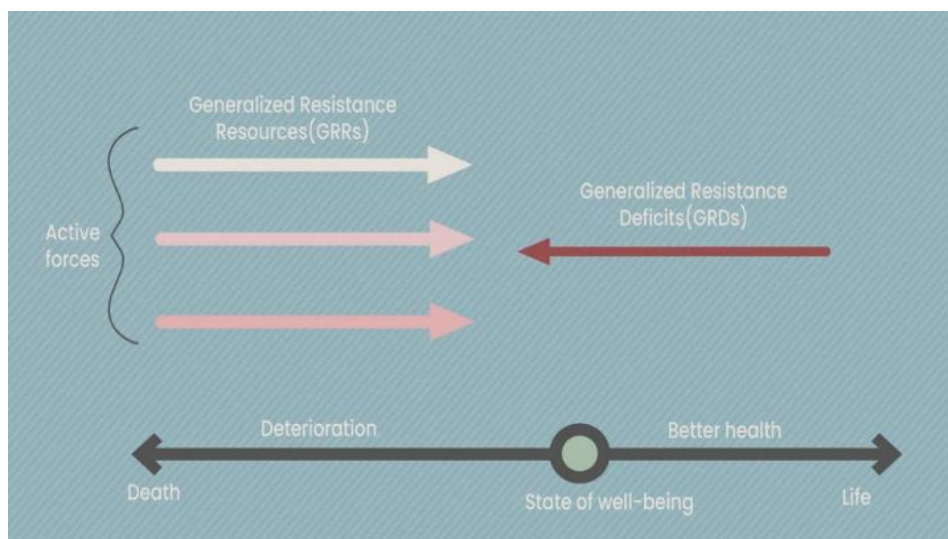


FIG .8.1

SALUTOGENIC DESIGN

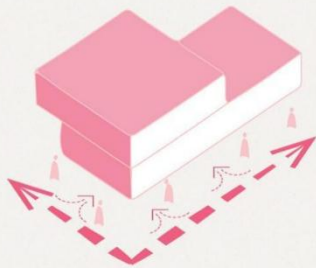
- In the 1990s, [Architect Alan Dilani](#) suggested that the salutogenic method be applied not only to medical treatment but also to the architectural design of healthcare facilities to encourage good health.
- Through his own research based on Antonovsky's work, Dilani proposed [Psychosocially Supportive Design](#) as a framework for eradicating anxiety through the physical design of spaces.
- The framework illustrates the causes of [stress](#) and introduces wellness factors that support the healing process.
- Branching from the concept of [Sense of Coherence](#), Dilani has identified design qualities that strengthen an individual's sense of comprehensibility, manageability, and meaningfulness.
- **Sense of Comprehensibility**
- **Sense of Manageability**
- **Sense of Control**
- **Sense of Meaningfulness**

ARCHITECTURAL HEALING PATTERN THROUGH SALUTOGENESIS THEORY

1. A PART OF URBAN TISSUE

Keeping an eye on the outside world is more beneficial for the healing process than isolating patients and siting healthcare centers in remote areas. By locating healthcare facilities in urban areas, patients' travel are shortened, they experience a sense of social inclusion, and they are motivated to work harder on their recuperation.

Within close proximity to significant routes
By placing medical buildings near intersections, it will be easier for the neighbourhood to access the facility by establishing additional walkways and gardens.



2. DIVERSE FUNCTIONS

Focusing more on recovery rather than cure in a hospital setting through varied secondary functions like music events, yoga centers, healing gardens, gardening activities help in the healing process of patients. Providing open spaces for the patients will enhance the quality of healthcare facilities and encourage the patients in the overall treatment procedures.



Space openings
External features such as gardens and outdoor sports are essential for the healing process.

Multiple secondary functions
Integrating various functions in the program helps to de-institutionalize the healthcare facilities, thus improving the well-being of patients.



5. THERAPEUTIC ENVIRONMENTS

The various user groups should have multiple opportunities to interact with nature within the healthcare campus. Areas can be met physically or by sensory perception and can be either interior or exterior. Every interaction with nature, whether it be through a photograph or simply resting on the grass, provides a wide range of beneficial psychological effects.

The setting for the hospital campus is provided by external environmental conditions, which also contribute to establishing its therapeutic nature. The therapeutic principles will be made easier by providing landscaping and green screens along the arrival sequence from the property boundaries, to the gateway, to the parking space, to the front door.



4. HETEROGENEOUS FORM

Opening up spaces to create interest and easy navigation process for the patients as well as staff and visitors without confusion is essential in healthcare facilities. This helps to make a straightforward wayfinding strategy for using of space and their recognition. Fragmented spaces create openness in plan which can be used as public and private courtyards for healing.



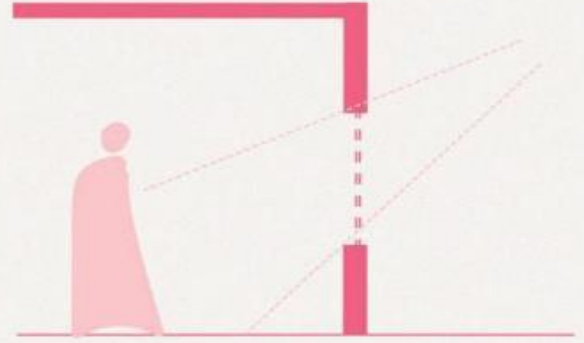
3. ARCHITECTURAL IDENTITY

Identification means perceiving the overall environment as meaningful. The function of identification is to promote a sense of belonging, and this is a fundamental relationship between environment and man. A sense of community and unity is important in order to feel safe and secure.



6. LIGHTING

According to research, effective lighting design can increase mood and lower patient anxiety, creating a more satisfying hospital environment. It has been demonstrated that exposure to natural light helps soothe patients and enhance sleep quality. Furthermore, good lighting might influence how patients see the aesthetics and cleanliness of a medical institution. In terms of design, lighting can be quite important to a healthcare facility's overall appeal.



7. COLOUR

Color is a crucial component of design, having an impact on not only the aesthetic and technical aspects of environments that have been created by humans, but also the psychological, physiological, and social responses of people. Despite being a significant issue, the impact of colour on healthcare design is a complicated and multifaceted one.

8. MATERIALS

Choosing the right building materials is crucial to ensuring that healthcare facilities meet hygienic standards. Materials and finishes must be durable, simple to maintain, and aesthetically pleasing. A thoughtful approach to design will be complemented by well chosen, functional furniture. Healthcare professionals choose to thoroughly disinfect contact surfaces, tools, and infrastructure because this is essential for microbial prevention.

FIG .8.2

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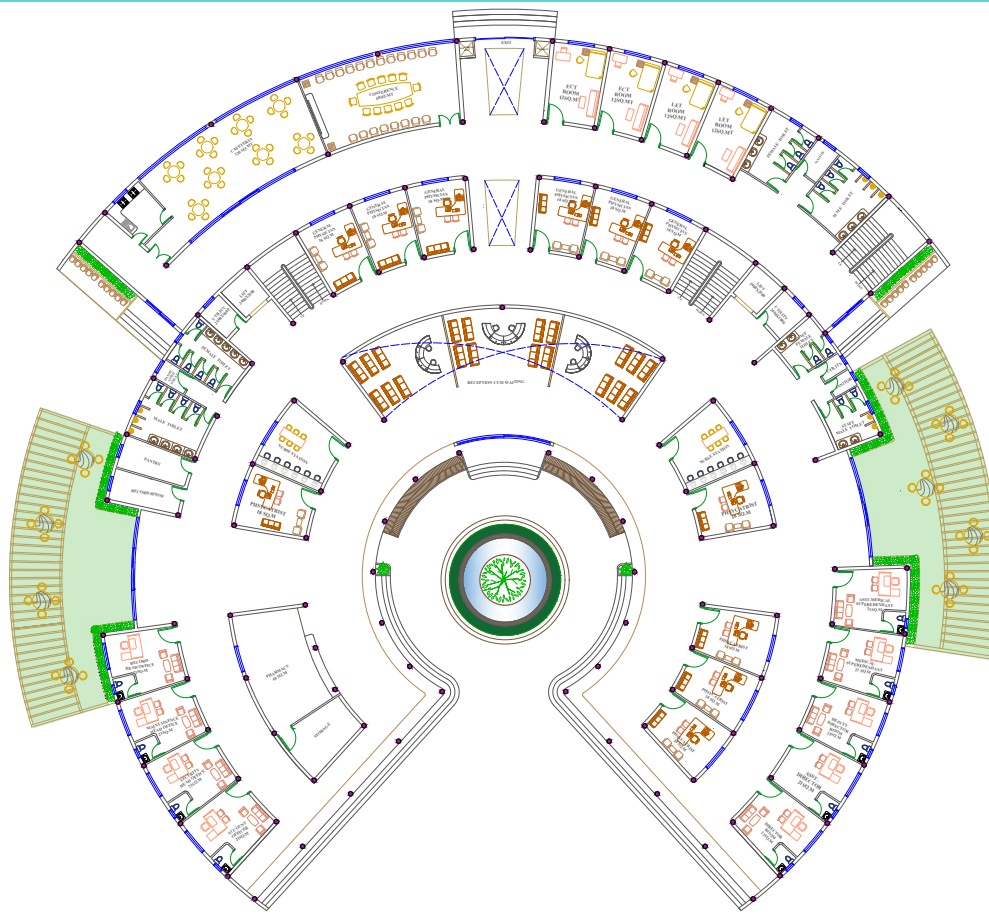
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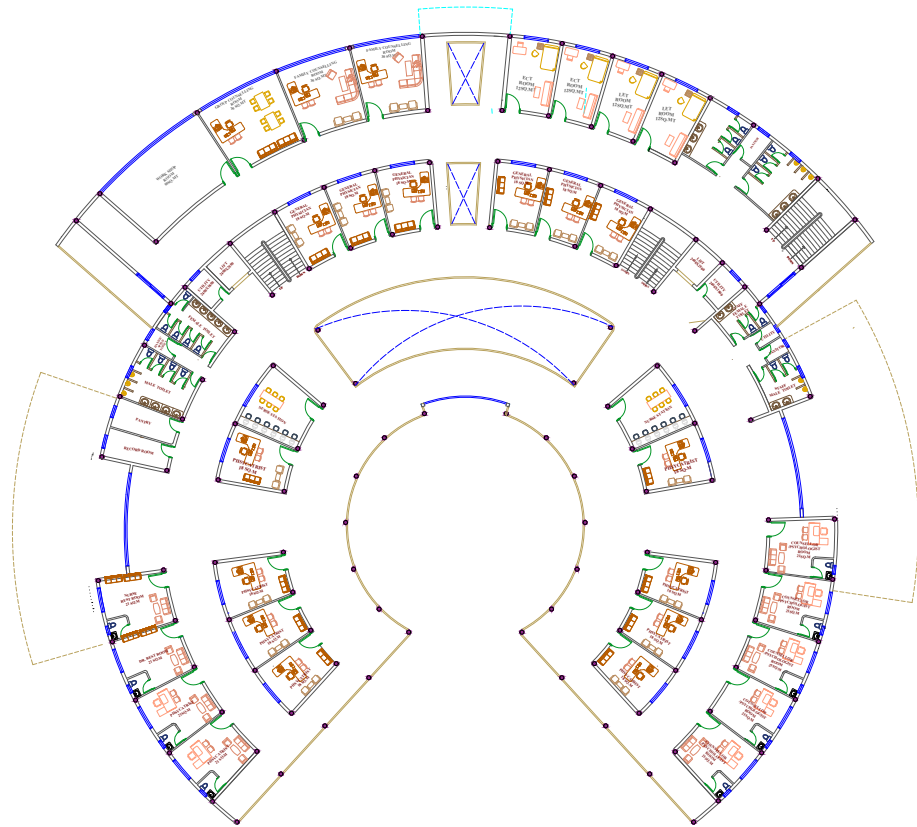
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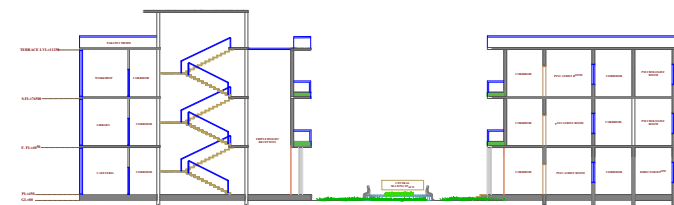
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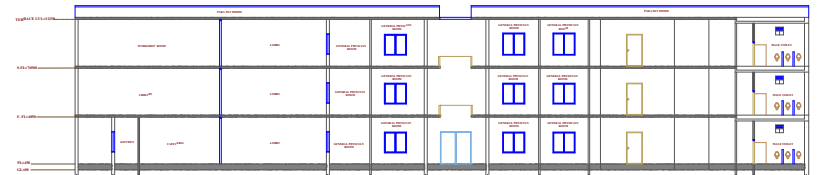
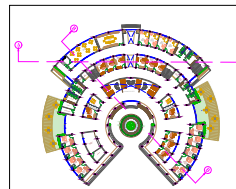
FRONT ELEVATION



SIDE ELEVATION



SECTION AA'



SECTION BB'

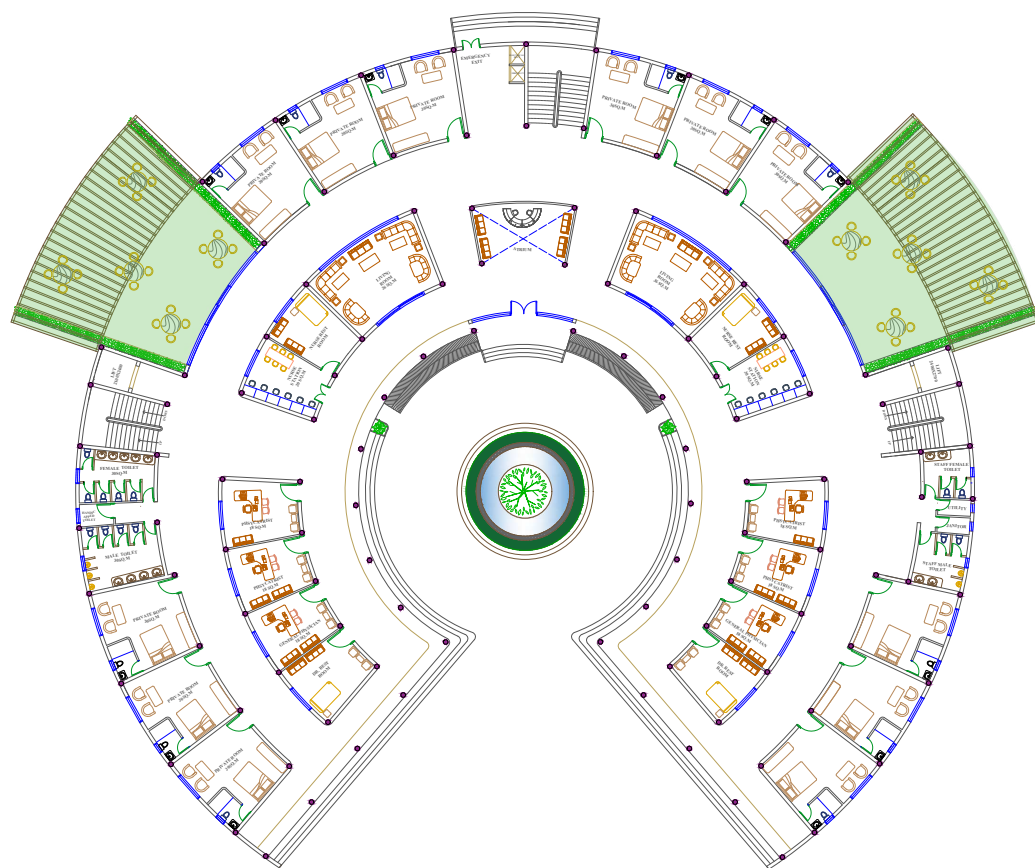
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SUKOON PSYCHIATRIC CENTRE AT NOIDA

SHEET TITLE :
GROUND FLOOR & FIRST
FLOOR

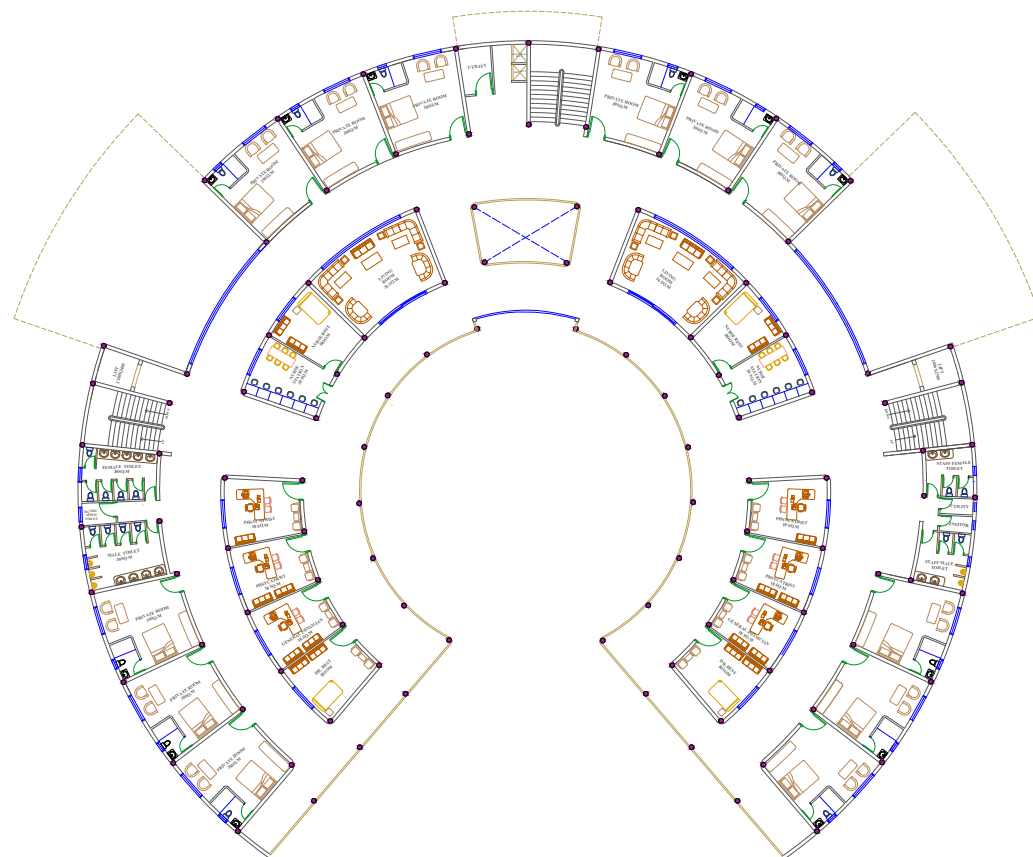


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GROUND FLOOR PLAN



FIRST FLOOR PLAN

THESIS TOPIC :
SUKOON PSYCHIATRIC CENTRE NOIDA

SHEET TITLE :
**IN PATIENT DEPARTMENT
PRIVATE DELUX WARD**

ORIENTATION

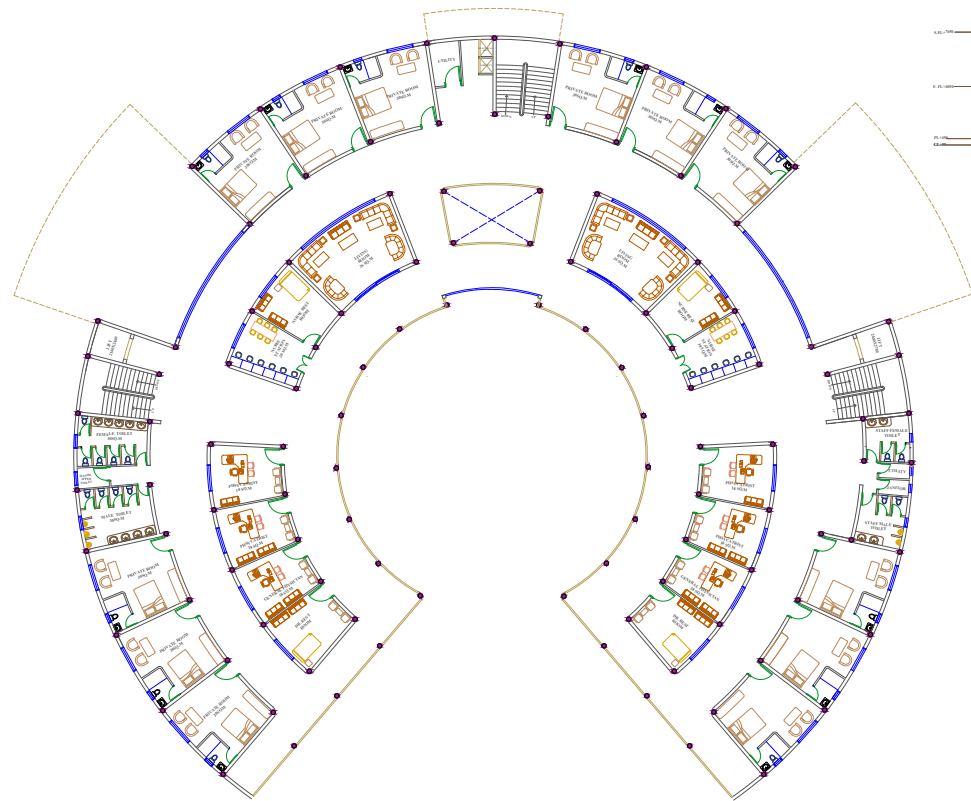


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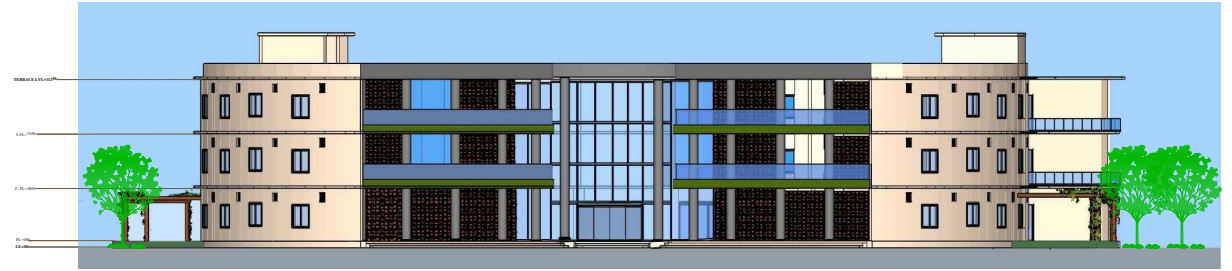
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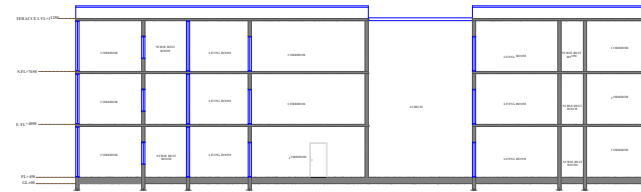
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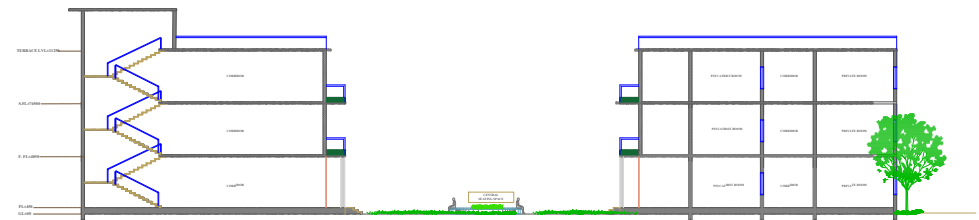
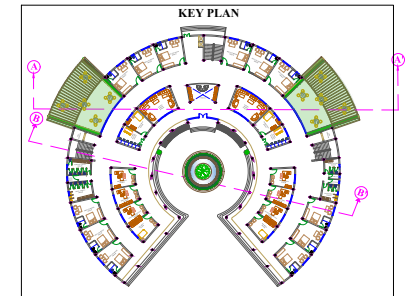
SECOND FLOOR PLAN



FRONT ELEVATION



SECTION AA'



SECTION BB'

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SHEET TITLE :
**IN PATIENT DEPARTMENT
PRIVATE DELUX WARD**

ORIENTATION

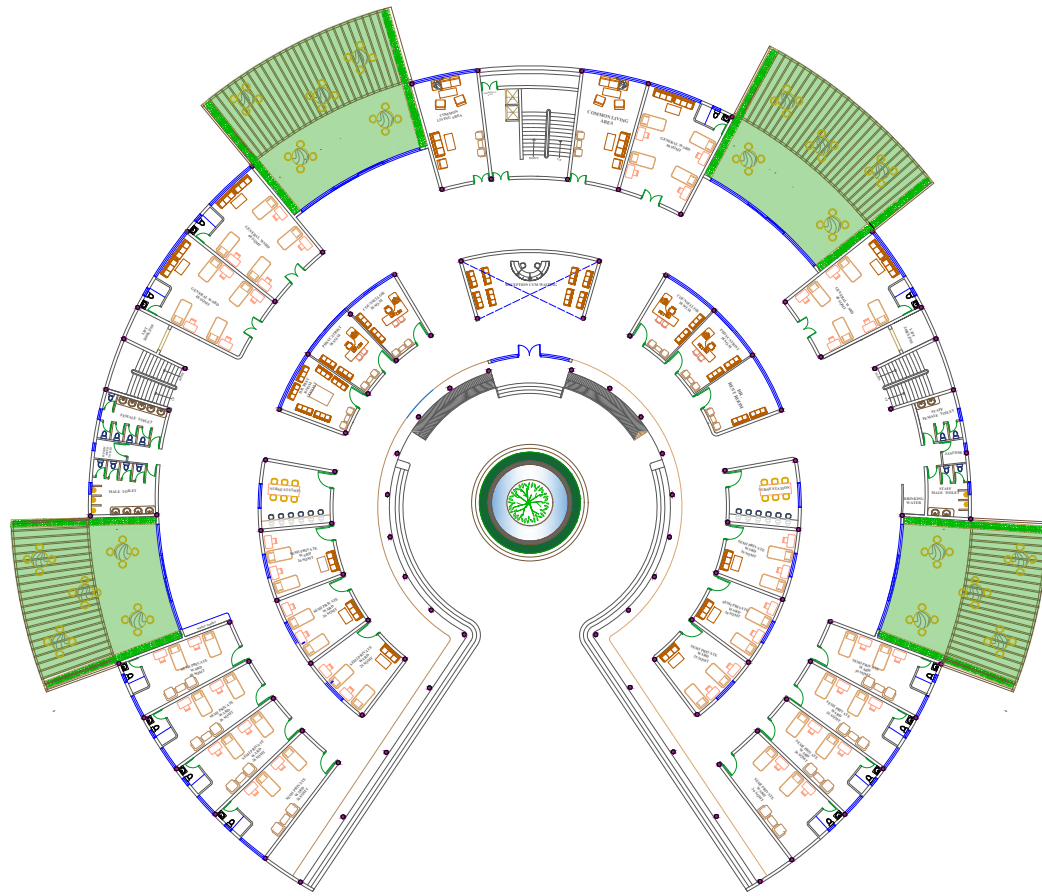


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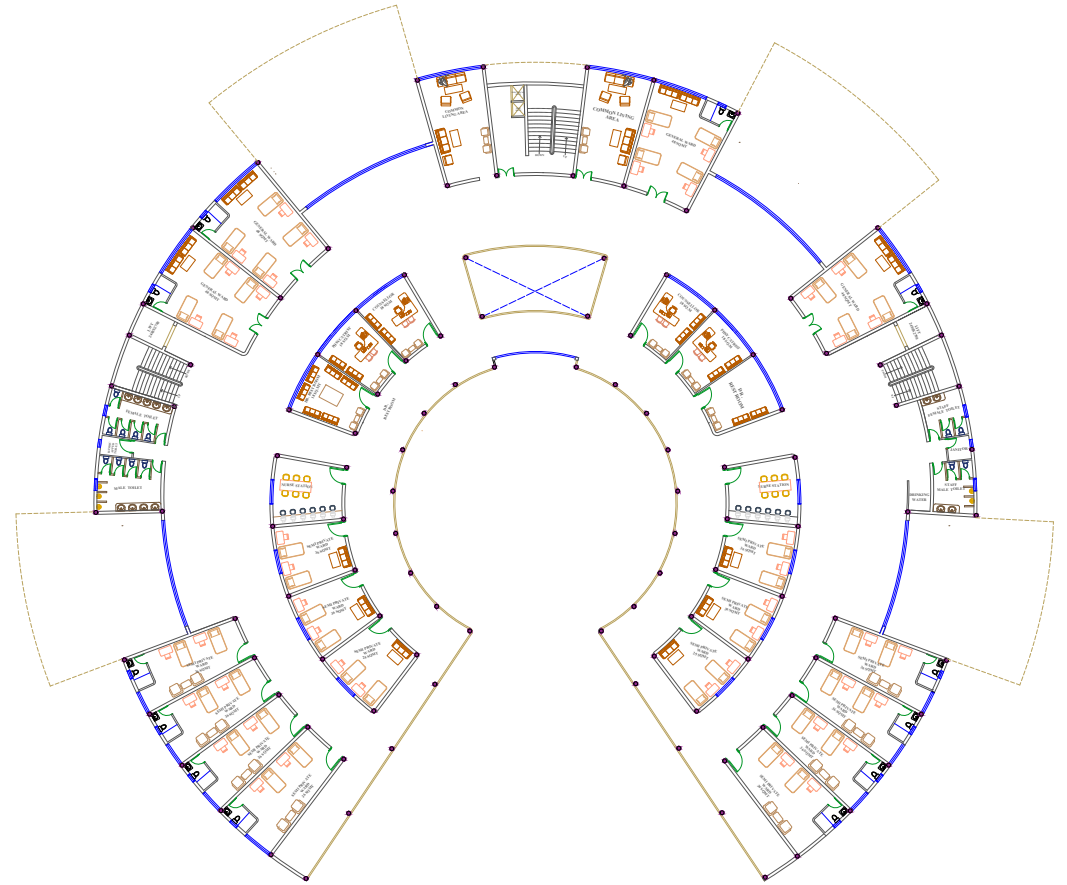
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GROUND FLOOR PLAN



FIRST FLOOR PLAN

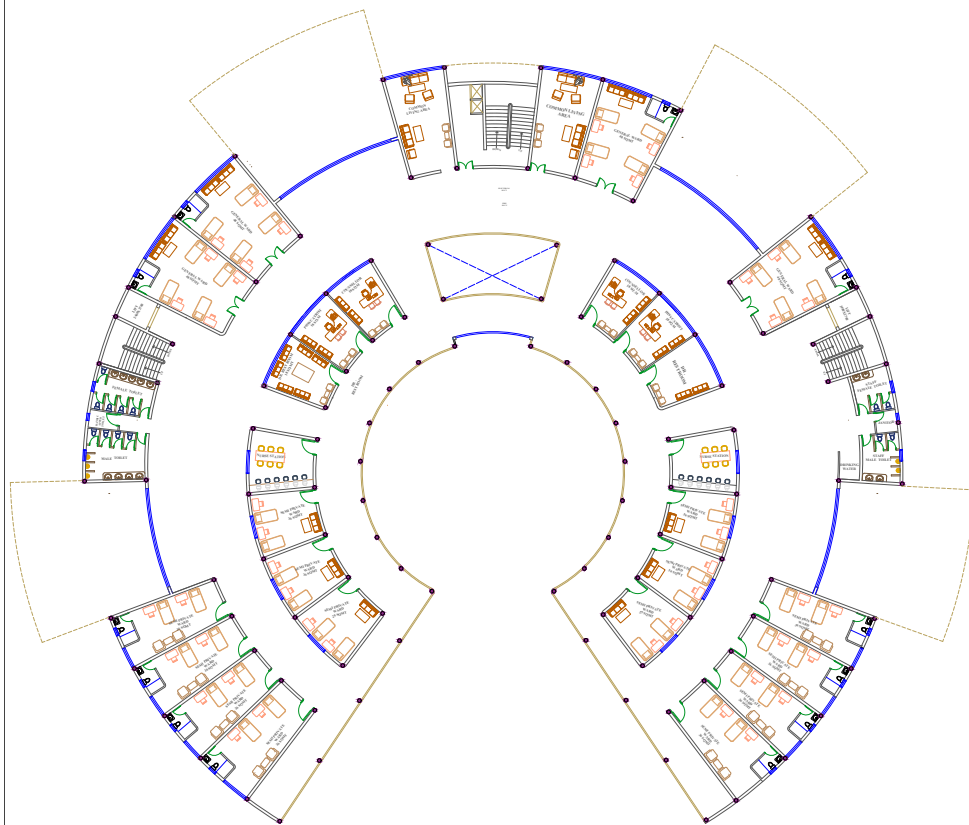
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SHEET TITLE :
**IN PATIENT DEPARTMENT
GENERAL WARD AND SEMI PRIVATE**



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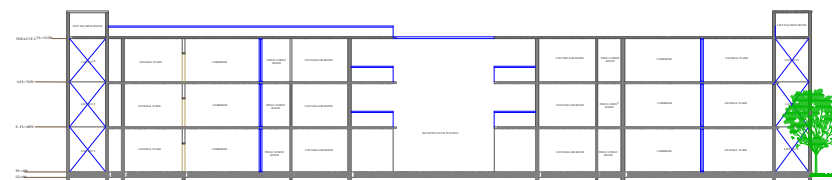
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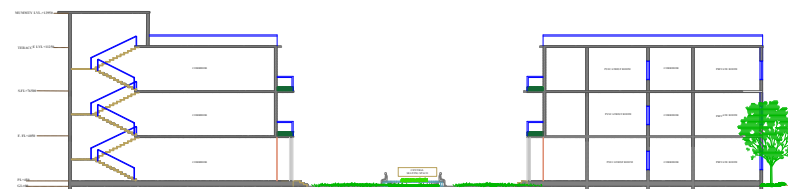
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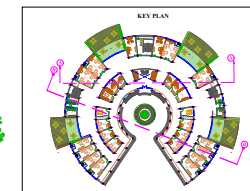
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SECTION AA'



SECTION BB'



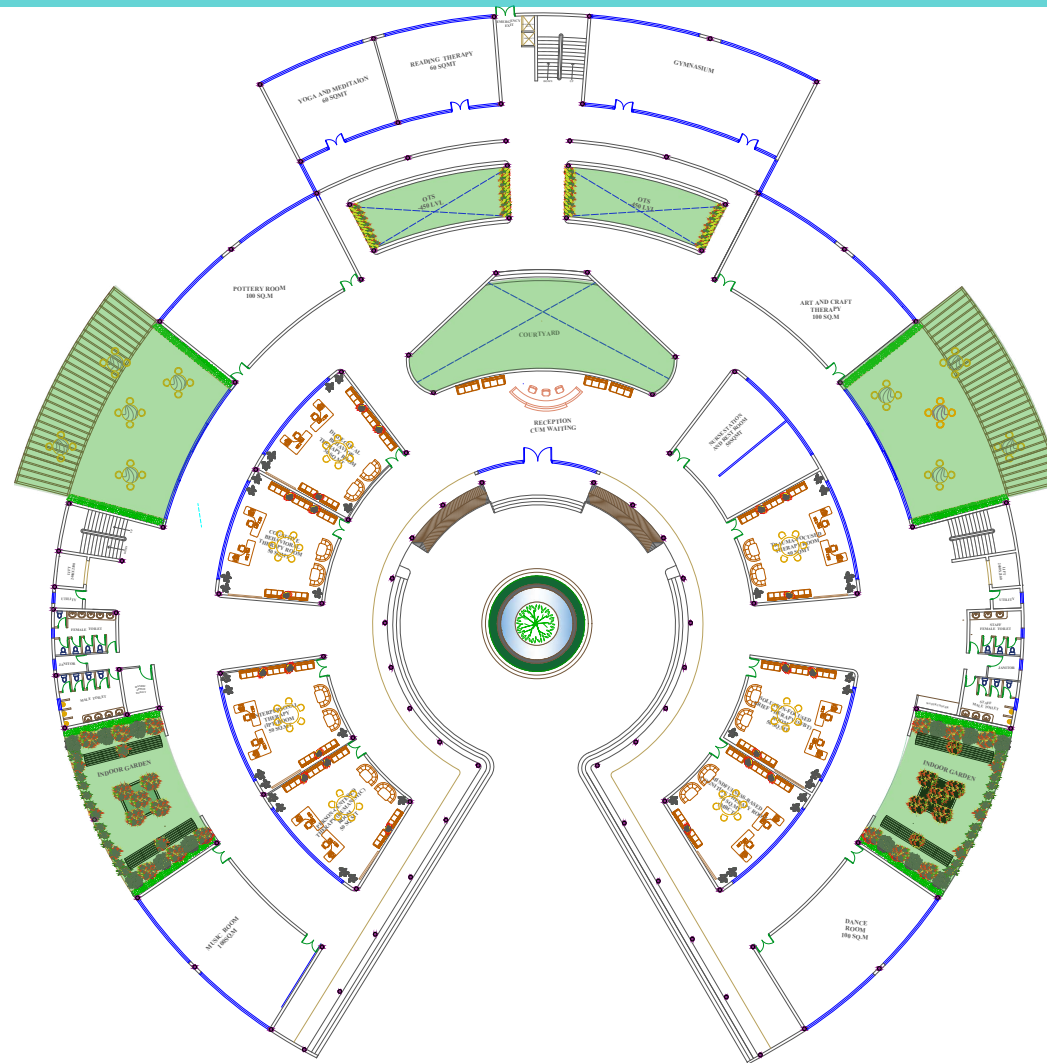
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SHEET TITLE :
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GENERAL WARD AND SEMI PRIVATE



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GROUND FLOOR PLAN

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SHEET TITLE :
THERAPY BLOCK

ORIENTATION

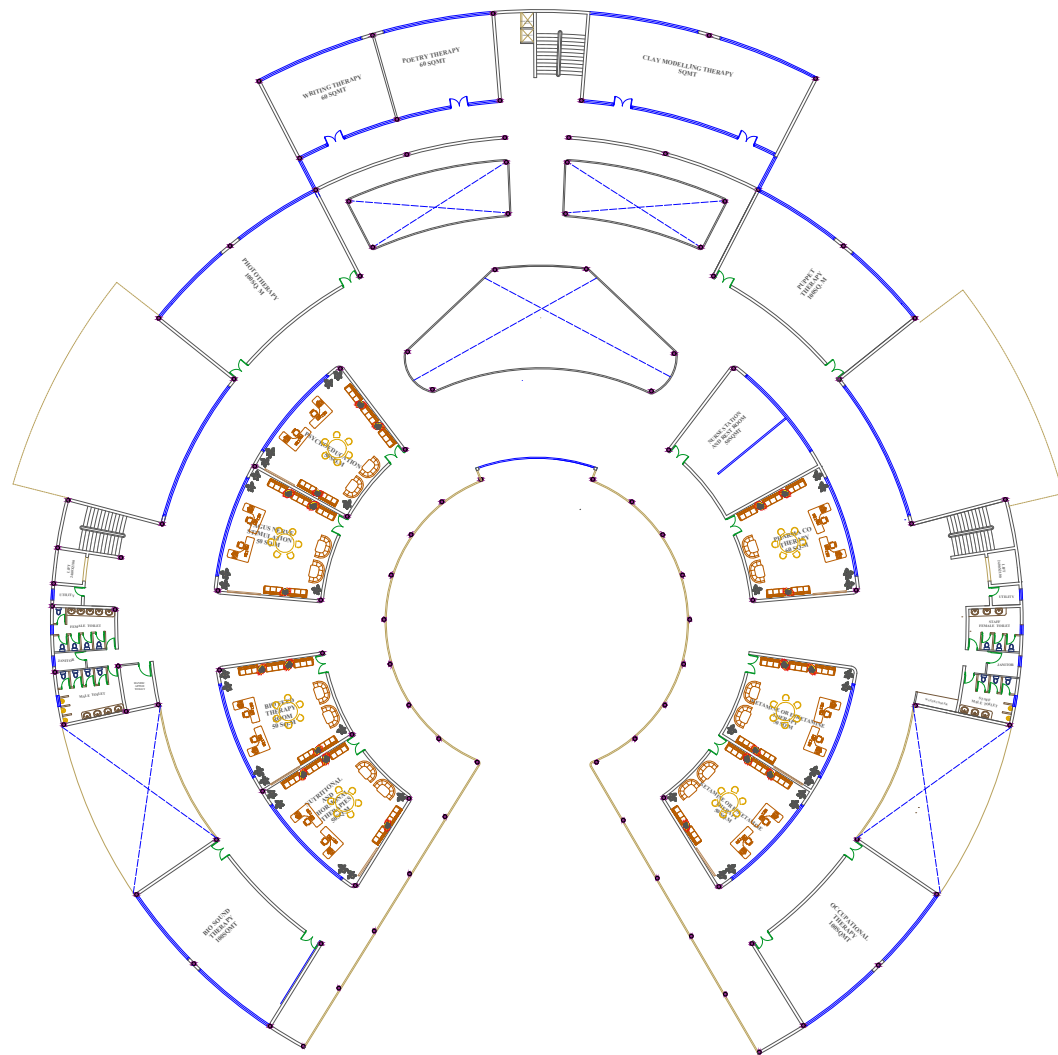


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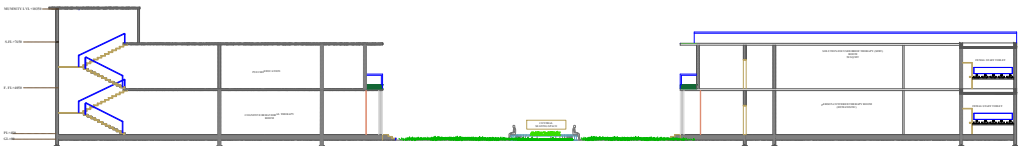
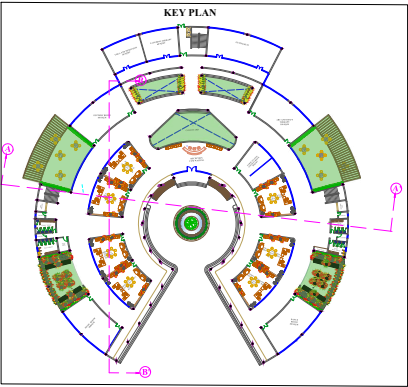
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FIRST FLOOR PLAN



SECTION AA'



SECTION BB'

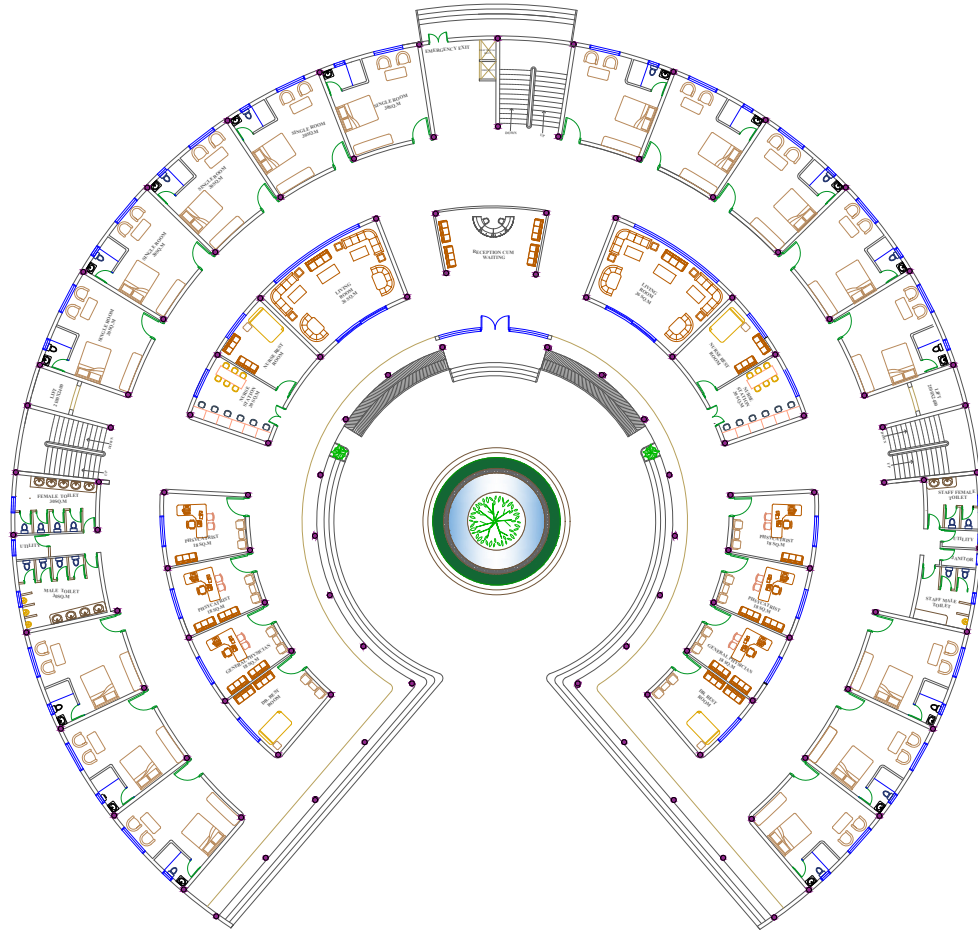
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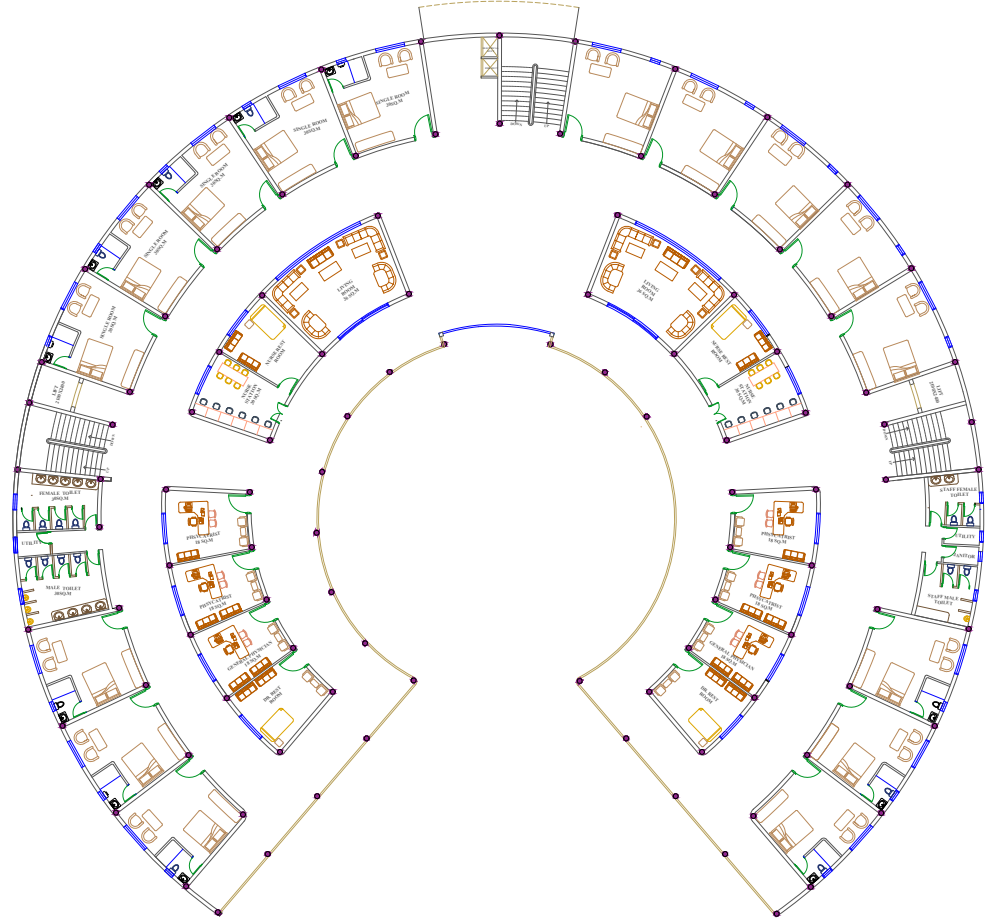


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GROUND FLOOR PLAN



FIRST FLOOR PLAN

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SUKOON PSYCHIATRIC CENTRE NOIDA

SHEET TITLE :
ACUTE CARE UNIT

ORIENTATION

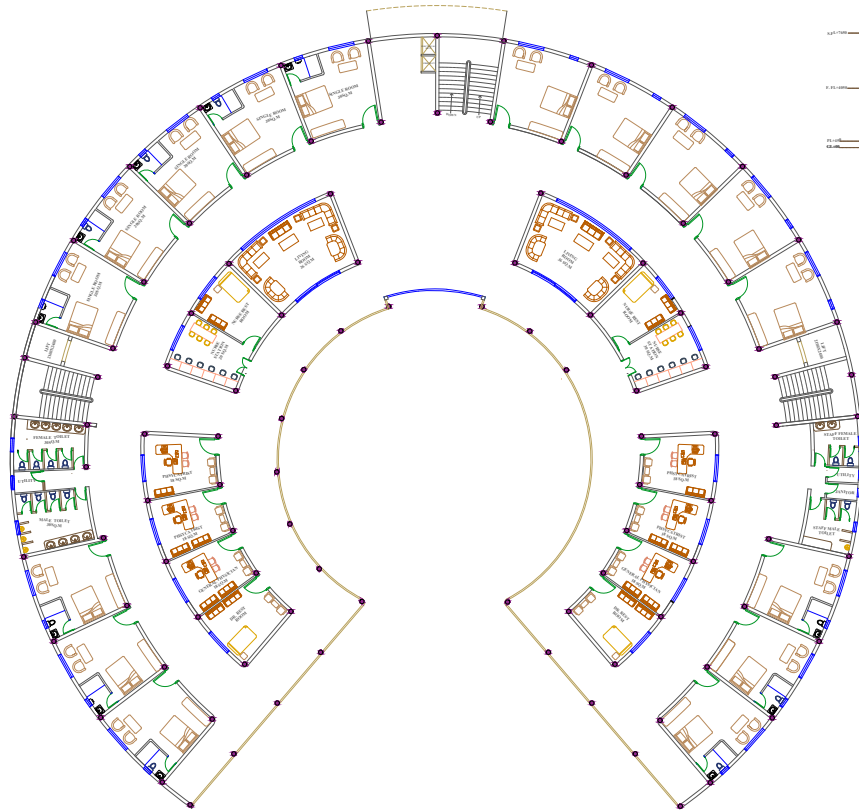


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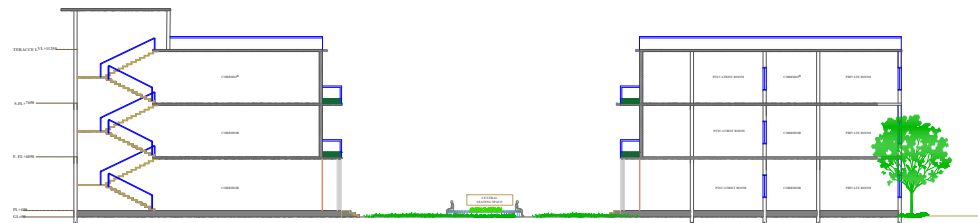
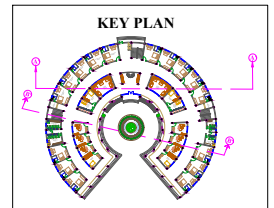
SECOND FLOOR PLAN



FRONT ELEVATION



SECTION AA'



SECTION BB'

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SHEET TITLE :
ACUTE CARE UNIT

ORIENTATION

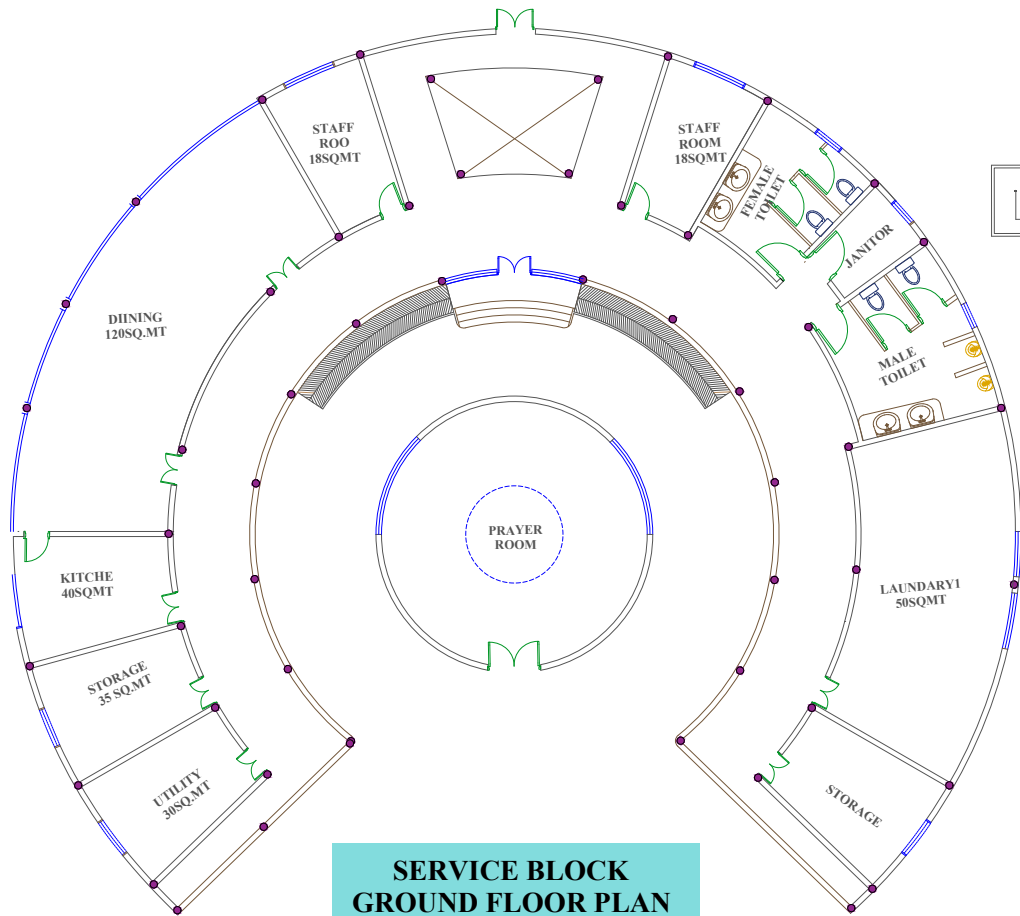


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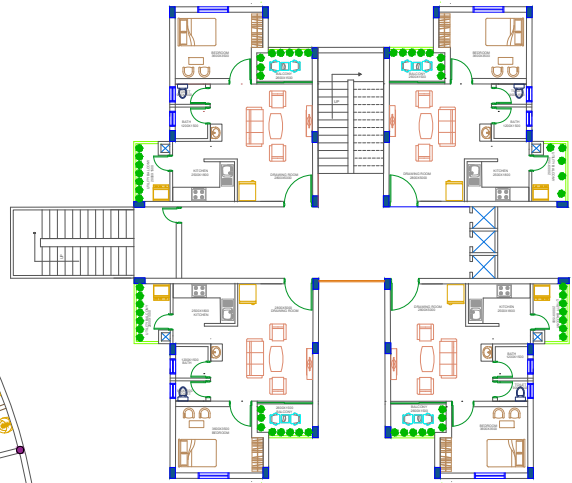
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SERVICE BLOCK
GROUND FLOOR PLAN

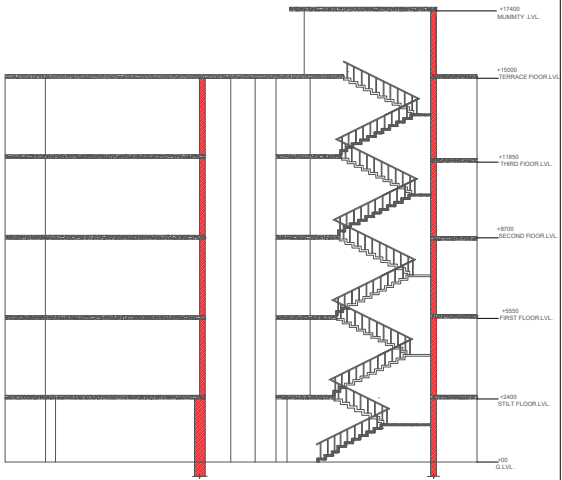


STAFF HOUSING CLUSTER
PLAN



ELEVATION

SECTION



THESIS TOPIC :
SUKOON PSYCHIATRIC CENTRE NOIDA

SHEET TITLE :
**SERVICE BLOCK AND
STAFF HOUSING**



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TOTAL AREA -30 ACRE

THESIS TOPIC :
SUKOON PSYCHIATRIC CENTRE , NOIDA

SHEET TITLE :
SITE PLAN

ORIENTATION



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SHEET TITLE :
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HYDROTHERAPY GARDEN

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SHEET TITLE :

VIEWS

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