



A COMMUNITY MENTAL HEALTH CENTER
FOR
MUNCIE INDIANA

COMMUNITY MENTAL HEALTH CENTER

Thesis Program

College of Architecture and Planning

Ball State University

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INTRODUCTION

The selection of a Community Mental Health Center for a Fifth Year Architectural Thesis evolved through my association with people involved with mental health, and their mentioning the vast need for more and better facilities.

The Community Mental Health Center will be located in Muncie and is to serve a region composed of 211,000 people (1975 estimate), which geographically includes Jay, Henry and Delaware Counties. This catchment area is in agreement with the Indiana State Plan for the Construction of Community Mental Health Centers and Facilities for the Mentally Retarded.

A hypothetical site of 2.6 acres was chosen, by me, on St. Mary's Church grounds: the southwest corner of Gilbert Street and Nichols Avenue.

It is hoped that this thesis might provide some impetus for such a facility to be built in Muncie.

NATURE OF THE PROJECT

The original intent of the 1963 Federal Legislation was stated by Mr. Boisfeuillet Jones, Special Assistant for Health and Medical Affairs of the Department of Health, Education and Welfare: "What is contemplated in the Mental Health Program is an effort to transfer the care of the mentally ill from custodial institutions operated almost exclusively by the states, to community facilities and services wherein those who have mental and emotional problems can be served in their communities in a way comparable to the services provided for those who are physically ill."¹

The major purpose of a Community Mental Health Center is to provide service to the mentally ill. More specifically, the purpose is to provide: service which is closer to the patient's home; various intensities of care in a coordinated delivery system; attempting to draw in mentally ill patients who could benefit from treatment but who have not applied for it; and finally the center has the responsibility of preventing mental illness.

For the past century, the problems of caring for the institutionalized mentally ill have been so staggering, and the hope of cure so slim, that public pressure for improved conditions has been minimal. There has been far more concern for protection from the escaped "lunatic" than for his treatment. And this public fear is clearly expressed in the architecture of state mental hospitals.

"A few years ago the superintendent of one mental institution remarked that the problem was not the illness but the hospital. Its protective regimen and large wards have long been recognized as a prolonging and exacerbating influence that can only add to the

crippling effects of mental illness."²

The proposed catchment area for the center does not have some of the facilities for services which will be provided within the center: partial hospitalization, educational and preventative services and outpatient services. Although no detailed surveys have been as of yet compiled of the existing mental health facilities, services, patients and needs for the future in the Muncie region, a program for the center was developed through interviewing mental health officials in Delaware County, officials in the Mental Health Association in Indiana, and investigation and assimilation of information found in research of similar facilities.

The following considerations and objectives will be considered during the design of the Community Mental Health Center:

Order is a fundamental design consideration, consisting of more than the neat arrangement or grouping of parts. Order will be conveyed by a proper separation of parts and the differing visual expressions to the various parts of the building;

Clarity of form and space is necessary for the center. A patient should be able to sense where he is and be able to go from one part of the center to another without difficulty. The architectural elements (plans, forms, and spaces) should be distinct and identifiable.

The relative size and proportion of building forms, of interior and exterior spaces, and of the patterns and textures of surfaces produce a visual experience which should be scaled to the basic aims and use of the facility and its parts.

Flexibility, a generally basic contemporary need, will provide for necessary future change.

Facilities housing the Mental Health Center ought to be readily

identifiable, inside and outside as an expression of the community.

The building should present an open appearance to the community, but should provide private areas for patient use.

The center should have a readily identifiable character that will encourage patterns of early self-referral and the use of the center as a mental health resource rather than a last resort in time of crisis.

The perceptual difficulties of the handicapped must be considered - particularly those for which he cannot compensate.

"The mentally ill person requires an environment which both prevents dehumanization and encourages social interaction to the limits of, but not beyond, his tolerance."³

DESCRIPTION OF CONTEXT

The hypothetical site located on St. Mary's Church grounds, invokes a feeling of serenity and tranquility even though it is surrounded by institutions: Ball State University, Ball Memorial Hospital, Burriss School (K12) and St. Mary's Church grounds. The site borders on residential property, but this still maintains the calm character of the site through the placement of the two homes: both are set far back into their site and concealed with an entourage of trees.

The placating environment is shattered by one problem resulting from the surrounding institutions: traffic congestion produced by Ball State University, Ball Memorial Hospital visitors and outpatients, and mothers picking up Burriss students. This occurs on the north and east edges of the site, with the south and west edges reinforcing and expanding the tranquility of the site.

The Mental Health Center will serve a region composed of Jay, Henry and Delaware Counties with Delaware County (Muncie) being both the geographic and demographic centers of the region.

WHY SUCH A
LARGE AREA

The site is in the northwest section of Muncie, directly south of Burriss school, which places the center in a middle class neighborhood. The site is in close proximity to the city's existing traffic arteries (Jackson Street and Tillotson Avenue) and is at the termination point of the emergency vehicle network.

Through its location in an established neighborhood and location of existing institutions, all necessary utilities can easily be supplied to the site without overtaxing the existing systems. The soil consists of four to twelve inches of topsoil and mostly a clay

subsoil. The water table remains at elevation 927, and a maximum recommended building depth of elevation 930. Existing on the grassy site are a variety of trees: a gum, two oaks, one sycamore, a multiple tulip tree and five maples.

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TIME AND ITS EFFECTS ON THE PROJECT

The major consideration involving time, is the modification of the Mental Health Center over a period of time in order to remain in harmony with advancements in psychiatric treatment. A subpoint is the modification and expansion or contraction of the facilities as demand requires. Which implies that the structure must allow for future changes with a minimum of cost.

Both the hospital and university are interested in obtaining additional land in the area for future expansion; the few residences in proximity to the site could become institutional property, in addition to the land immediately west of the site could become hospital property in the future. A primary impetus for this land acquisition, in addition to physical facilities expansion, is the need for more parking, which is already evident in the university student parking lot east of the site.

} THIS WOULD
BE UNIFORM

CHARACTER OF THE PROJECT

The contribution of the center to Muncie and its environs will be the collecting of geographically diverse mental facilities under one roof and in so doing increase the potential for easily obtainable comprehensive care. This attribute would immediately affect those people under psychiatric care, but hopefully, the center's facility for preventive services would be providing a viable service which would help in early detection of potential patients, allowing them to then receive less intensive care.

An additional contribution would be the continued advancement of the general population to recognize the mentally ill as being affected with a curable disease and not dangerous raving lunatics. From this possible contribution the greatest negative factor is derived: the fear of the unfamiliar in the community.

Another negative factor is the traffic and its resulting congestion. No immediate solution or alleviation of the problem is foreseen by either the hospital or university.

The character of the center's architecture will respond to the patient: it will not be a dominating structure, it will be of human scale; it can not confuse or frustrate the patient, it must help re-orient and redevelop the patient's confidence in his environment. the facility should not appear "institutional", nor should it be residential, but it should attempt to achieve the qualities of a "friend", willing to help, listen and talk.

FINANCING

In October 1963, under President John F. Kennedy's Administration, the Federal Government committed itself to matching state funds from 30 to 80 percent for construction of Community Mental Health Centers, provided that the center meet Federal requirements. For the State of Indiana, the Federal Government will provide 50 percent of the construction costs. The remaining 50 percent will be split equally between the state and local government.

To meet the state portion, a dedicated cigarette tax of two cents per pack will be levied, and the County Government will meet their share for both construction and maintenance of mental health facilities by increasing the tax schedule four percent.

Another alternative is suggested, and is still under research, for the financing of the facility: is it possible to fund the project through private investment? Instead of increasing the tax schedule for construction and maintenance of mental health facilities, would it be possible to put these funds into mental health insurance, and the insurance companies finance the facility. Or, could private industry (insurance companies, Ball State Credit Union, union pension funds) be enticed into supporting the facility as a blue-chip investment? Another possible source of funds could come from Ball Memorial Hospital as a trade-off for services now provided there which would be provided at the mental health center.

ZONING

The present zoning status of the site is R-2, which does not allow mental health facilities to be constructed. The necessary procedure is to obtain special permission from the city's board of zoning for a contingency use. A set of plans would have to be submitted to them and the contingency use granted with the approval of the plans.

BUILDING FUNCTIONS

The three basic functions housed in the Community Mental Health Center are patient service, education and administration. These functions are further detailed below:

Entrance and Admissions:

Function: to provide an interesting and readily identifiable character that will encourage patterns of early self-referral and will attract the community to use the center's services and facilities.

Activities: the admissions area will become a "checkpoint" and information center. It should have direct access to patient's records to handle appointment, spontaneous self-referral and emergencies. It will also be for community information of the center's current and future activities in the form of displays and exhibits. Conference areas for use by both the community and center will be included.

Character: can not alienate itself from the community, must not be institutional architecture, but more like a "friend". It should have two scales - individual at admissions area and community in display and conference area.

Inpatient and Partial Hospitalization:

Function: to provide a service and environment by which a mentally ill patient can be revitalized and returned to society.

Activities: being one of the major services of the center the

inpatient and partial hospitalization areas will provide facilities for adequate treatment, which are also living spaces for the patients. Including such mandatory facilities as bedroom units, therapy areas, examining rooms and small meeting areas, will be other facilities which serve a double function - recreation and therapy; such areas could include art studios, craft studios, music areas for listening to records and also places to play instruments, areas for writing, facilities for free form drama, lounge areas for television and entertaining guests, and areas for more active therapy such as ping pong or possibly swimming.

Character: it is inherently expressed in the following philosophy:

"The most important space in the center is the private space of the patient. From this the patient has the choice of various social situations in keeping with his social capacities. The progression provided in this schematic solution is from private space to primary social space, thence to social space to secondary social space, and eventually to group areas and the community. The sanctity of the patient is maintained and he can venture into his environment to the maximum of his capacities."⁴ Restated, the center should provide a succession of spaces from private, individually scaled spaces to small group spaces with accordingly larger scale to larger group areas with appropriate scale.

Childcare: Inpatient, Outpatient, Daycare

Function: to provide comprehensive medical and mental health care

associated with children to rehabilitate and stabilize them to live normal lives in their respective neighborhoods.

Activities: similar facilities must be provided as in the other inpatient areas as described above, but will also include activities associated with the young.

Character: this will be a difficult area in that it must relate to the child's scale, but at the same time be occupied by the adult staff.

Outpatient:

Function: to provide facilities for mentally ill people who do not require hospitalization, but require contact with professional people.

Activities: the area contains facilities for interviewing, patient testing and staff offices which also can double as private interview rooms.

Character: attempt to achieve a psychologically pleasing area, and avoid an "institutional" atmosphere.

Emergency Services:

Function: the scope of this service will be limited to the psychiatric emergencies which consist of suicidal behavior, the anxious person, the intoxicated person and the aggressive patient.

Activities: the area will provide facilities to receive the psychiatric emergency such as a medication room, interview room, nurses' desk and visitor waiting area. This area could also incorporate 24 hour crisis hotline telephones.

Character: must be efficiently organized and well marked from outside.

Education and Preventitive Services:

Function: promote positive mental health by helping people acquire knowledge, attitudes and behavior patterns that will foster and maintain their mental well-being.

Activities: the program will probably be similar to adult education programs, rather than formal, academic training. Mental health education does not have a preset curriculum, but is tailored to the community needs, but it does utilize informal workshops, seminars, lectures and library facilities.

Character: provide a feeling of welcome and prevent public spaces from becoming sterile.

Rehabilitation Services:

Function: to provide the patient with an occupational skill to make him employable.

Activities: the basic work groups will include clerical work, housekeeping, maintenance, homemaking, wood and metal shop.

Character: achieve quality of each occupation in which patient will be employed.

Food Service and Cafeteria:

Function: to provide meals for the inpatients, children, partially hospitalized and staff.

Activities: preparation, production, and serving of meals and dishwashing.

Character: the kitchen and dining areas must be efficient and easy to maintain. In addition the dining area must be "friendly".

Administration:

Functions: to coordinate the mental health programs located within and without the Community Mental Health Center.

Activities: planning, coordinating, budgeting, fund raising collections, billing, accounting and purchasing.

Character: well organized and efficient.

SQUARE FOOTAGE OF FACILITIES

Entrance: Admissions and Information	sq. ft.
Waiting and information	750
2 conference areas (20 people ea.)	600
Display and communications	<u>600</u>
	2000
Adult Inpatient and Partial Hospitalization	
Inpatient bedrooms (24 beds, in groups of 1,2,&4)	5000
3 group activity spaces (20 people ea.)	900
3 small social activity spaces (8 people ea.)	600
4 quiet or intensive care bedrooms	600
Nurse, chart rm, pantry	200
Toilets, lockers, showers, and dressing	<u>200</u>
	7500
Adolescent Inpatient and Partial Hospitalization	
Inpatient bedrooms (12 beds, in groups of 2 & 4)	2500
2 group activity spaces (20 people ea.)	600
2 small social activity spaces (8 people ea.)	400
4 quiet or intensive care bedrooms	600
Nurse, chart rm, pantry	200
Toilets, lockers, showers, and dressing	<u>200</u>
	4500

Child Care: Inpatient, Daycare, Outpatient

8 inpatient beds	1600
Classroom (25 children)	600
3 playrooms (15 children ea.)	1800
Quiet area (5 children)	200
Nurse, pantry, and utility	200
4 offices: students, volunteers & teachers	500
Children's lockers, toilets	200
Staff lockers, toilets	200
Therapist's office	<u>150</u>
	5450

Outpatient Services

4 offices: therapists	600
2 offices: consultants, diagnosticians	300
Intake desk	150
Waiting area (20 people)	400
Testing	200
2 student staff	200
Interview room	80
Pantry & coffee, toilets, storage	500
Play/TV for children (10 children)	<u>200</u>
	2630

Emergency Service

Waiting area (6 people)	200
Doctor's interview room	180
Nurses' station and medication room	250
Toilets	200
Desk area	<u>120</u>
	950

Education and Preventitive Services

Director	200
Secretary	100
Psychologist	170
Community organization specialist	170
Volunteer coordinator	150
2 volunteer officies	240
Librarian	150
Library work room	200
Library	2400
Instructional materials	800
Conference room (25 people)	400
2 classrooms for 30 - convertible to 60	<u>1500</u>
	6480

Rehabilitation

Cerical group	750
Occupational group	750
Housekeeping	500
Kitchen group	500
Wood working	500
Crafts	500
Machine shop	750
Material supply	750
5 professional offices	850
Administration office	170
4 volunteers officies	500
3 art studios	<u>750</u>
	7270

Professional and Staff Offices

Psychologist (chief)	200
2 psychologist	340
2 secretaries	300
Statistical assistant w/ secretary	170
2 psychology internes	240
Medical doctor	170
Conference room (15 people)	<u>300</u>
	1720

Food Service and Cafeteria

Dining	1500
Production kitchen	1500
Storage	600
Dietitian	150
Toilets	<u>200</u>
	3950

Administration

Reception	320
Conference (15 people)	300
Toilets	200
Records	200
Clerks	500
3 officies	750
2 officies	350
2 officies	<u>300</u>
	2820

Building Maintenance

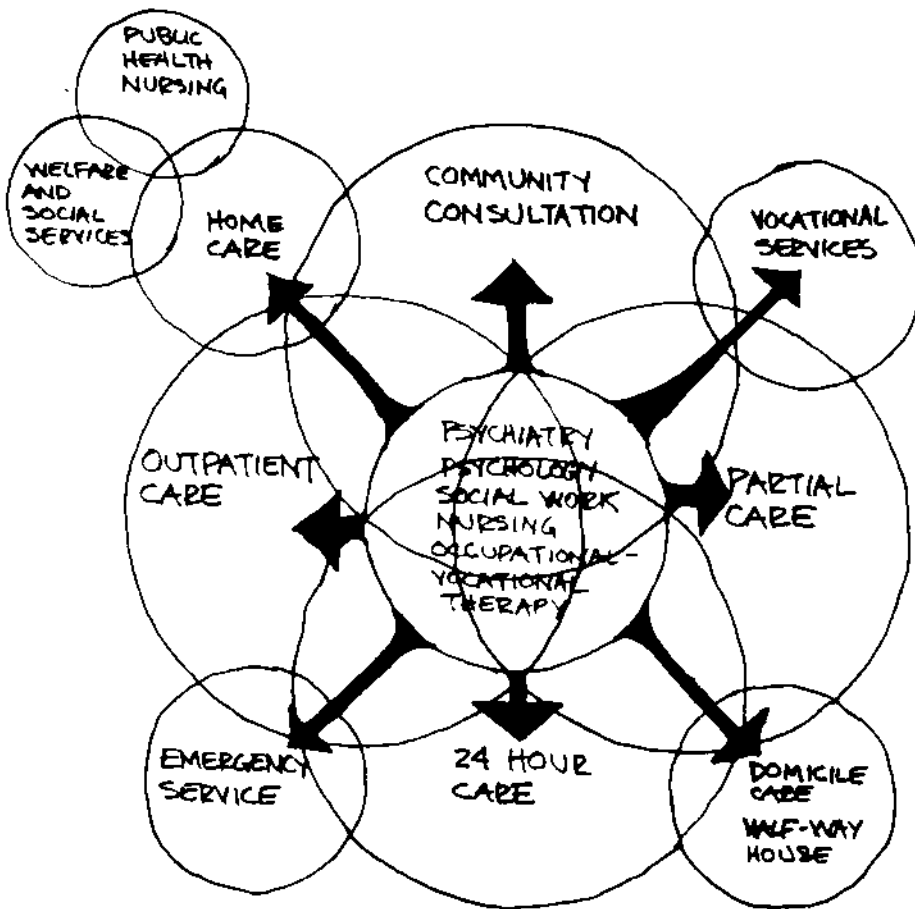
Receiving	575
Housekeeper	180
Linen	200
General storage	1000
Laundry	200
Mechanical equipment	<u>2000</u>
	4155

Total Building Square Footage

49,425 + % CIRCULATION
(SEE KLASIN'S 1.54 X NET)

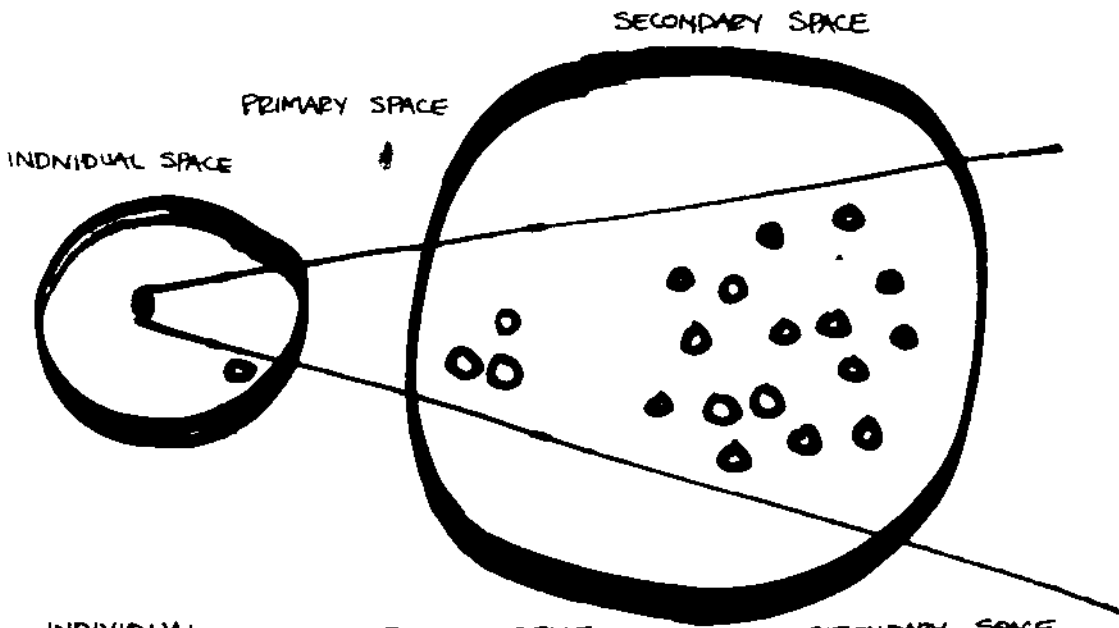
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2. "The Open Institution". Progressive Architecture. February 1969. p. 130.
3. Architecture for the Community Mental Health Center. A project sponsored by the National Institute of Mental Health. (Mental Health Materials Center, Inc., 1967) p. 38.
4. Ibid., 36.

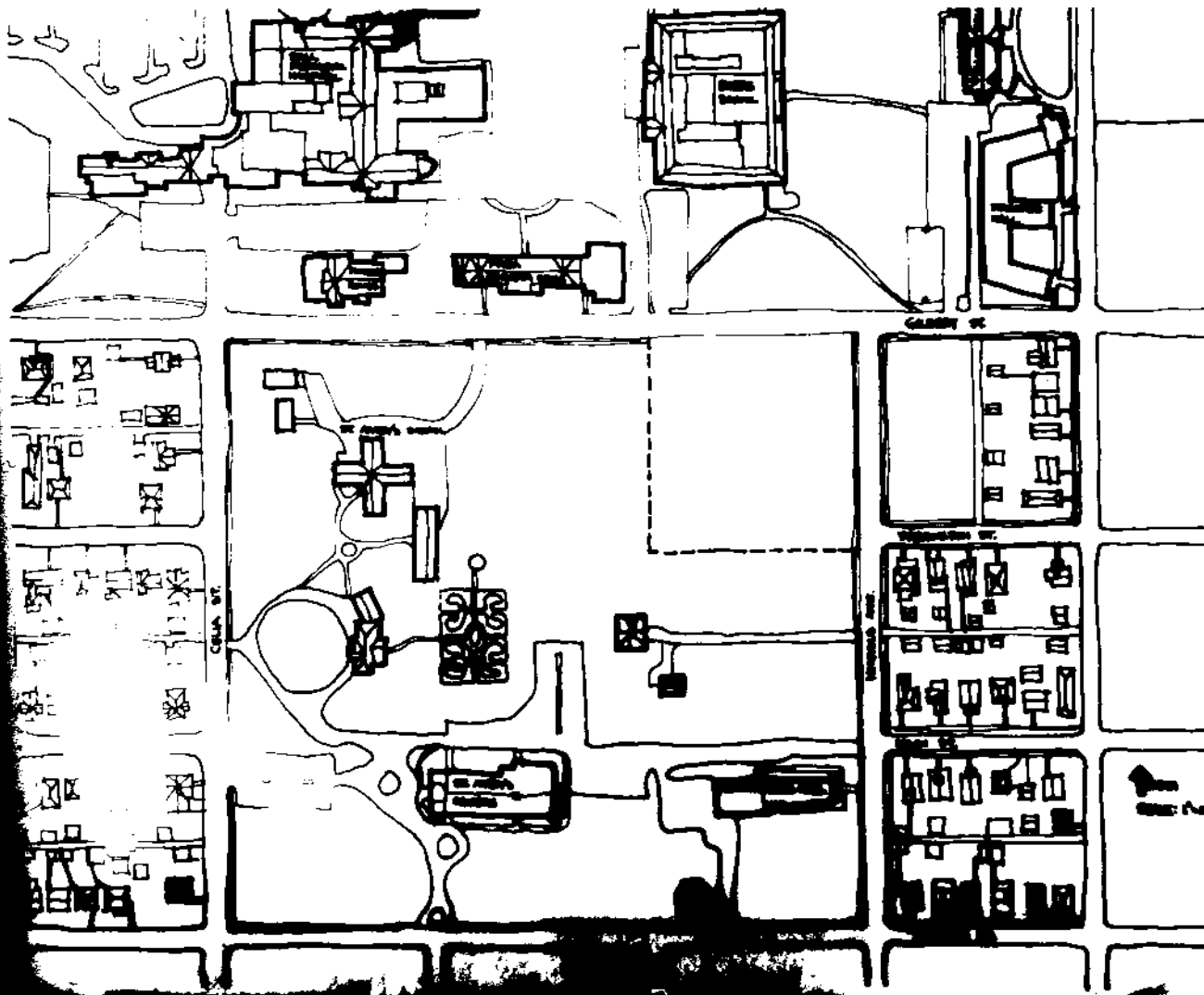


ACTIVITIES AND SERVICES OF
THE COMMUNITY MENTAL HEALTH CENTER

RANGE OF PERSONAL RELATIONSHIPS

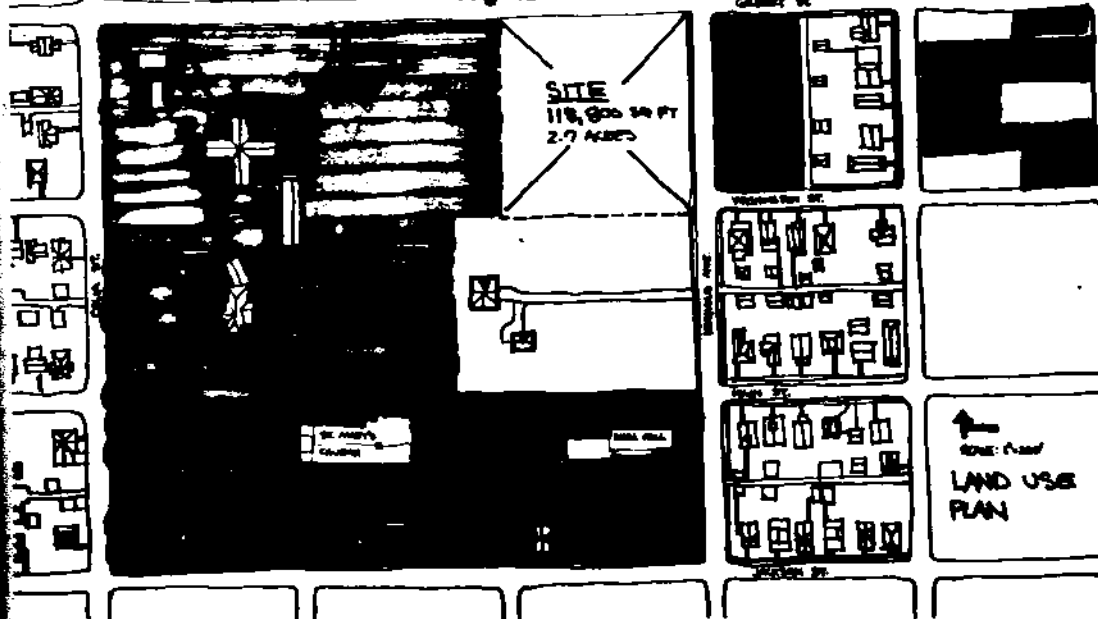


SPACE	INDIVIDUAL	PRIMARY SPACE	SECONDARY SPACE
ACTIVITIES	MENTAL ACTIVITY READING THINKING INDIVIDUAL EATING	INTIMATE CONVERSATION SMALL GAMES WATCHING PEOPLE SMALL GROUP EATING	GROUP INTERACTION PHYSICAL ACTIVITY RECREATION
QUALITIES	INDIVIDUAL SPACE PRIVACY INTIMACY RICH SIMPLICITY PERSONAL	PERSON SPACE GROUP PRIVACY SHARING PEOPLE PEOPLE STRUCTURED SPACE	PEOPLE SPACE ACTIVITY SUBROUNDED FLEXIBLE AREA ACTIVITY SHARING



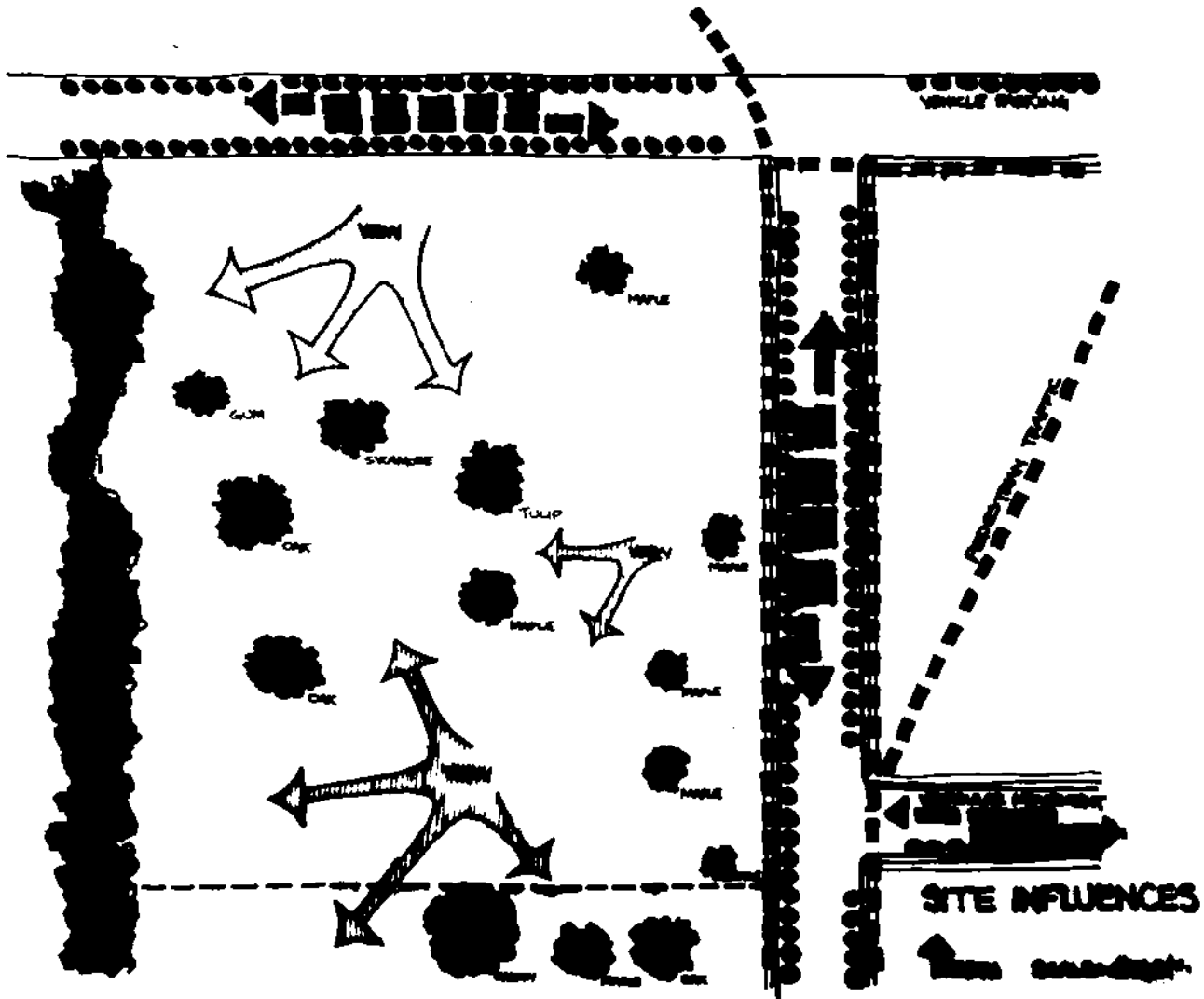


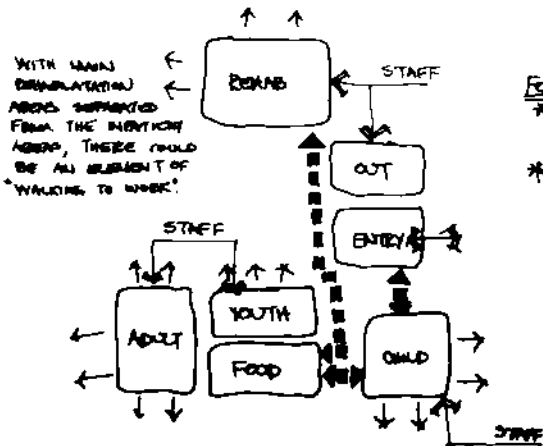
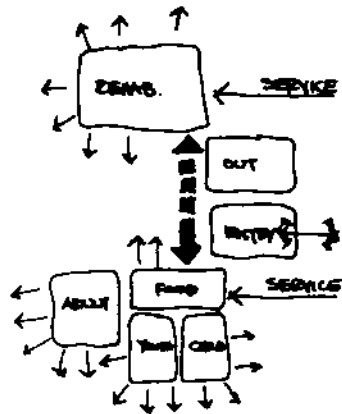
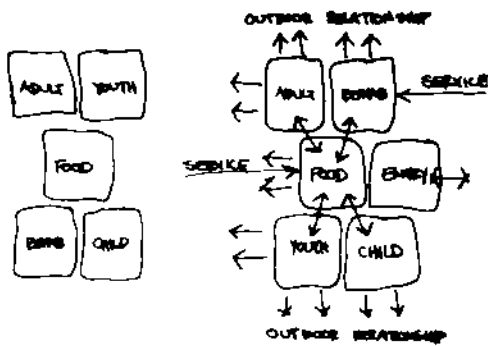
ALL STONE MONUMENTS
 ALL MEMORIAL MARKERS
 ALL STRUCTURES
 ST. ANNE'S CHURCH



SITE
 118,800 SQ FT
 2.7 ACRES

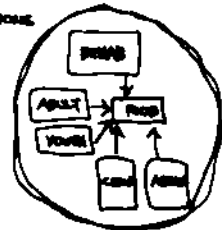
↑
 LAND USE
 PLAN





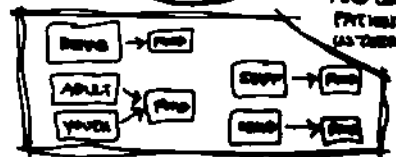
FOOD SERVICE

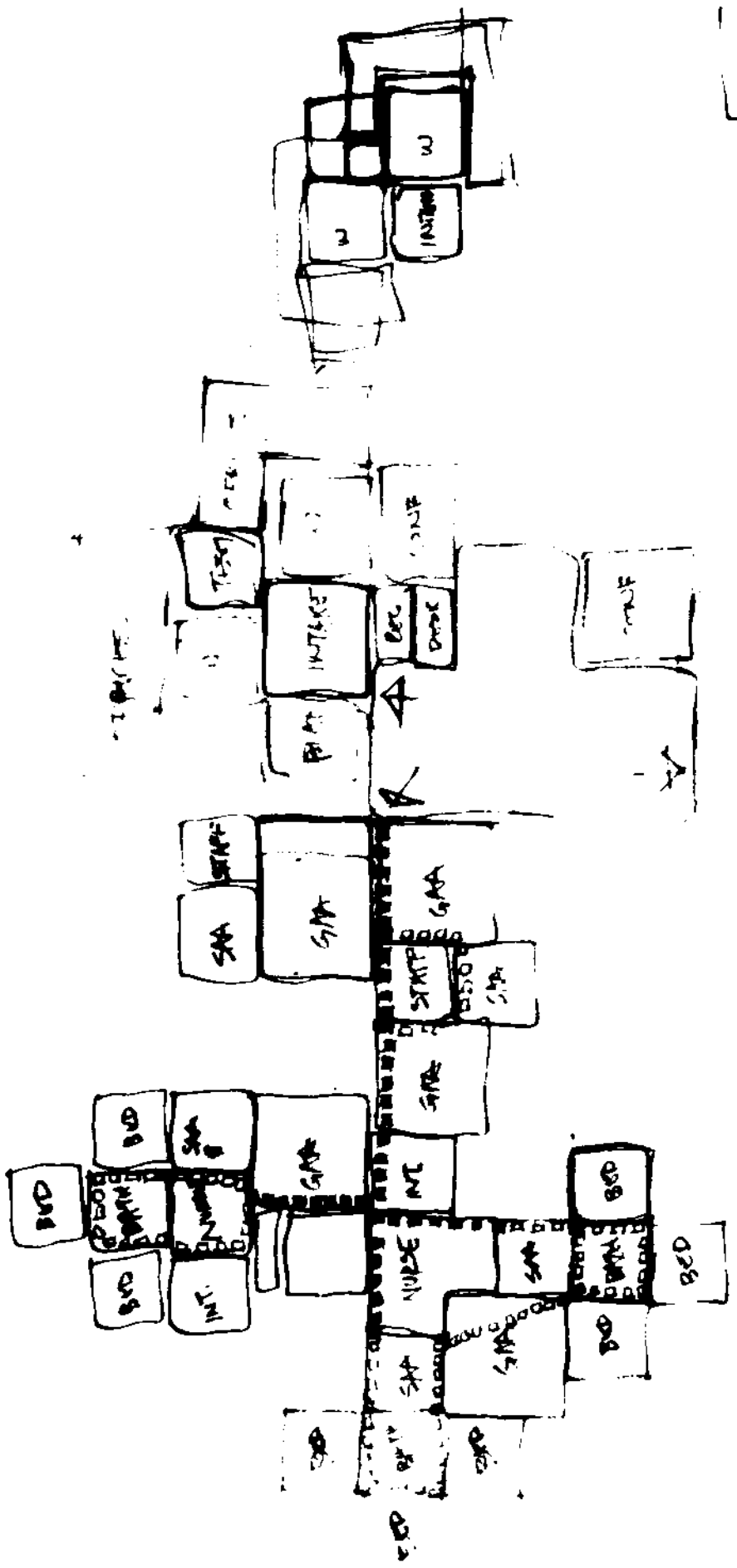
- * WITH FOOD SERVICE BEING CENTRAL, THE SOCIAL INTERACTIONS WILL BE GREATER
- * WITH FOOD SERVICE BEING DISPENSER, THE EATING EVENT BECOMES AN INTIMATE SOCIALIZATION



Food Service

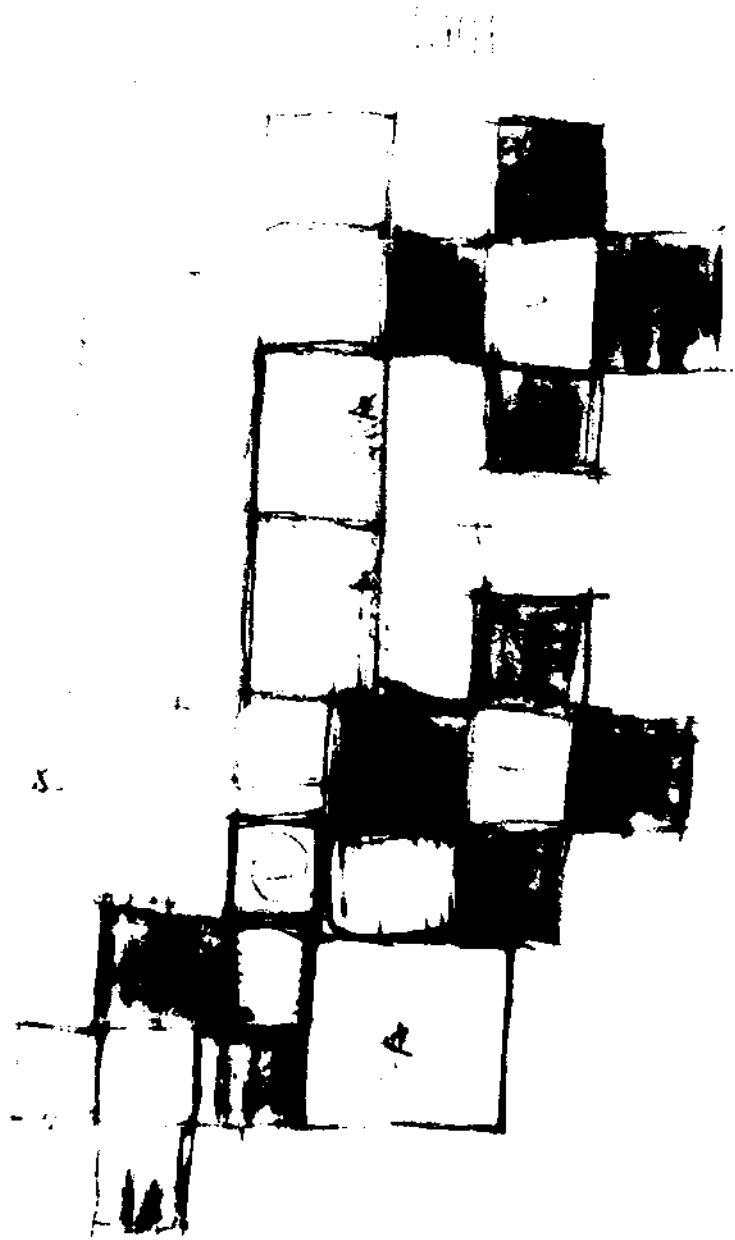
- * BECOMES CENTRAL TO CONCEPT BECAUSE ALL AGES UTILISE IT.
- * IS IT NECESSARY TO HAVE A CONTROLLED SERVICE IF A CONTROLLED SERVICE IS USED?
- * DOES THE DRINK FACILITY CONSTITUTE A SOCIAL THERAPY.
- * SHOULD THE DIFFERENT AGE GROUPS AND LEVELS OF FRIENDS BE DETERMINED?

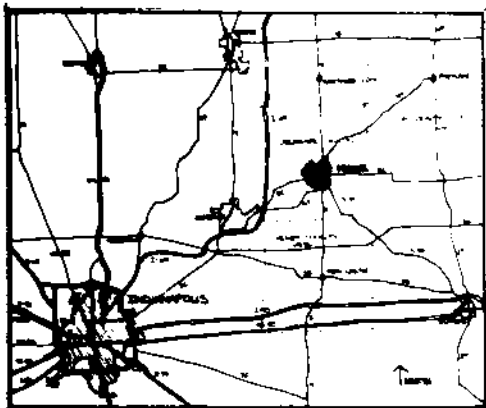




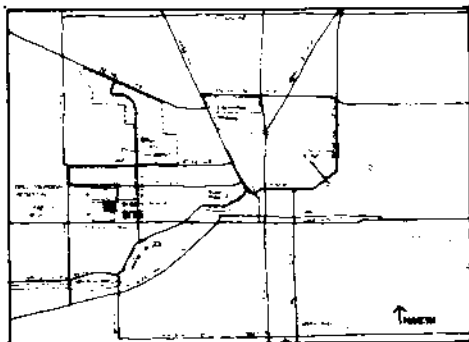
COURT



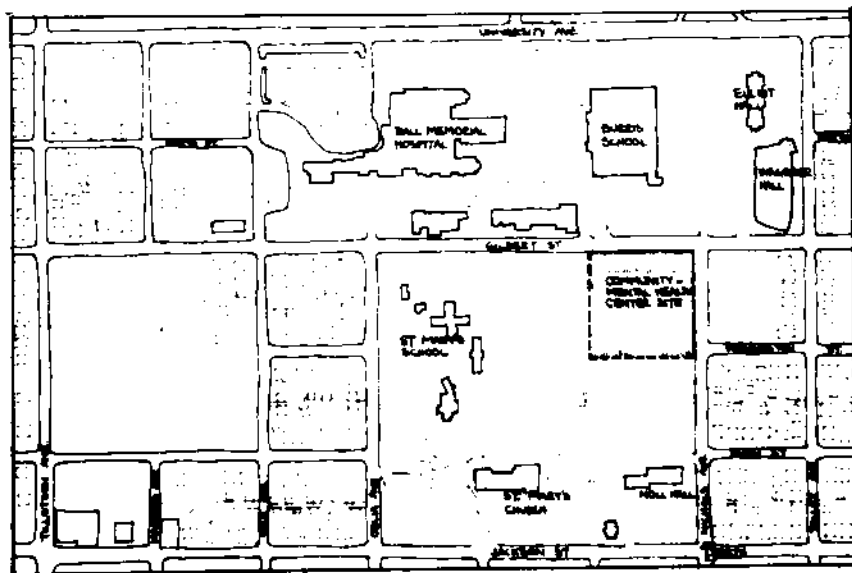




MUNCIE IN RELATION TO INDIANAPOLIS



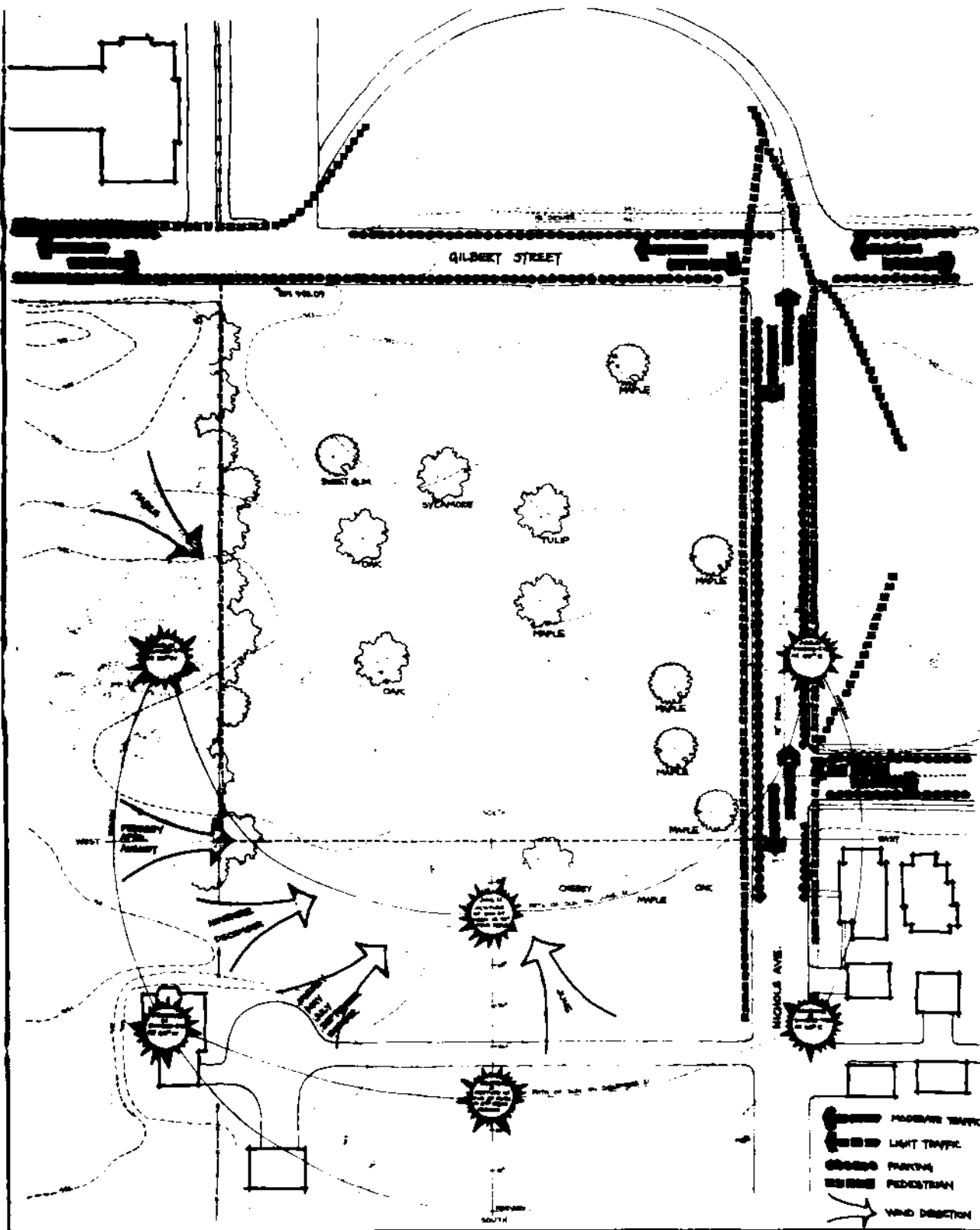
SITE IN RELATION TO MUNCIE



SITE IN RELATION TO ITS NEIGHBORHOOD

CMHC

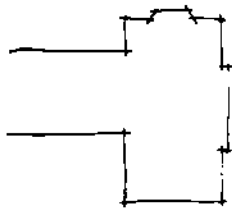
LOCATION



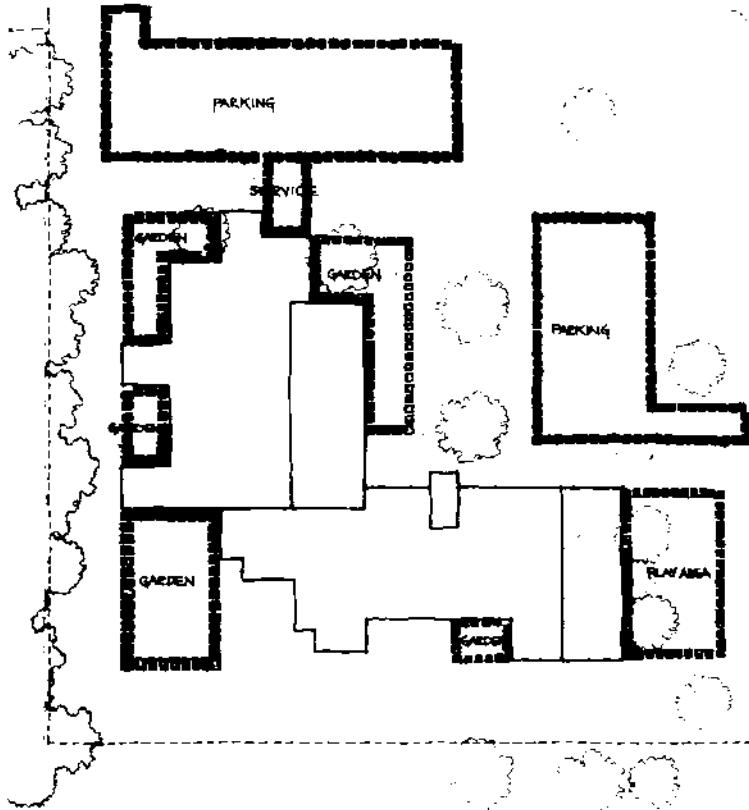
CMHC

SITE ANALYSIS

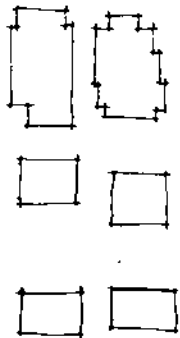
SCALE: 1" = 10'



GILBERT STREET



NICHOLS AVE.

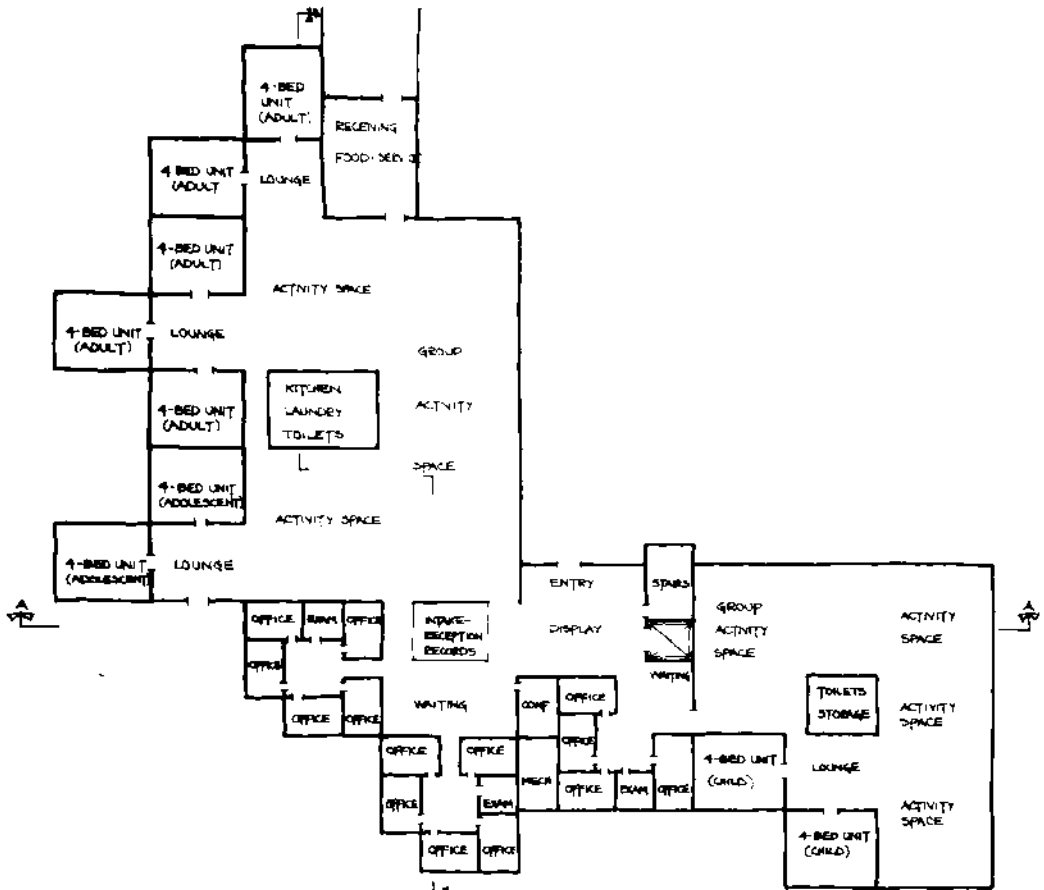


CMIHC

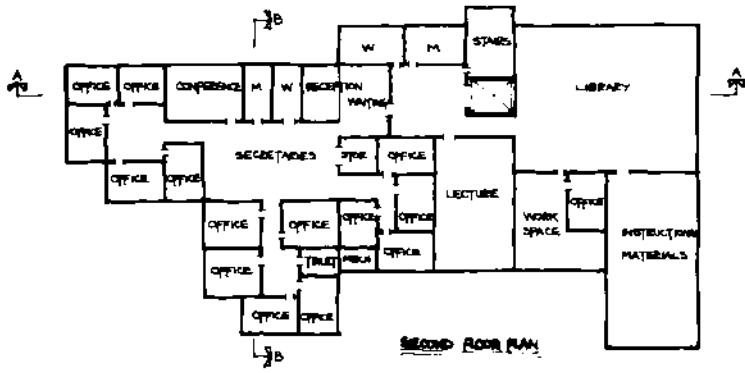
SITE PLAN DIAGRAM

SCALE 1" = 30'

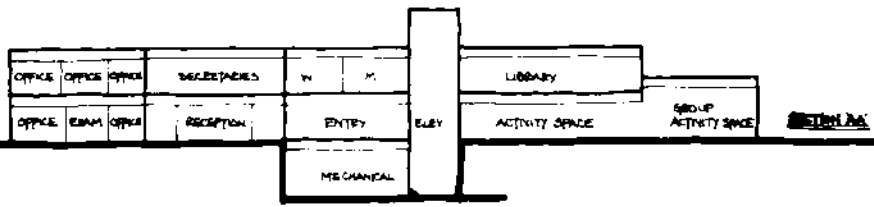




FIRST FLOOR PLAN



SECOND FLOOR PLAN



SECTION A-A

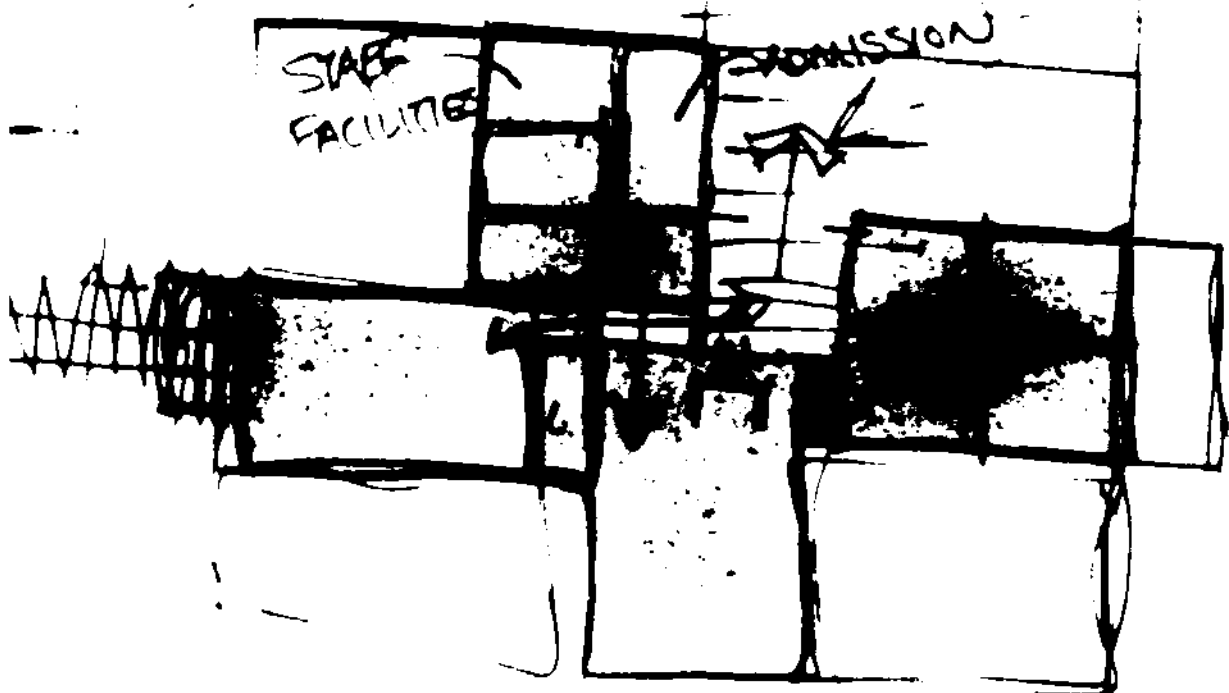


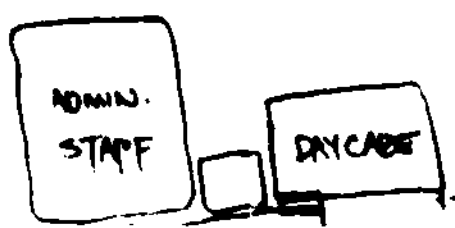
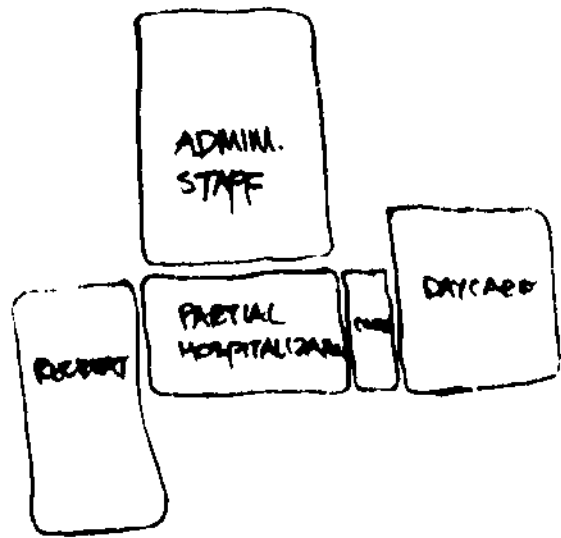
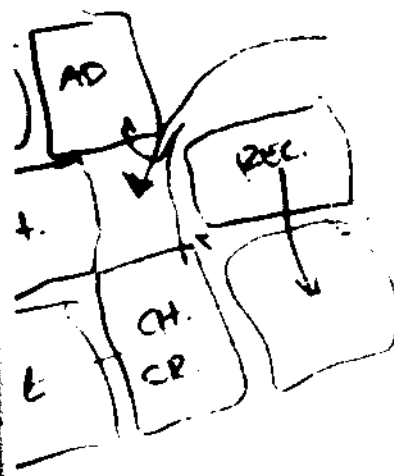
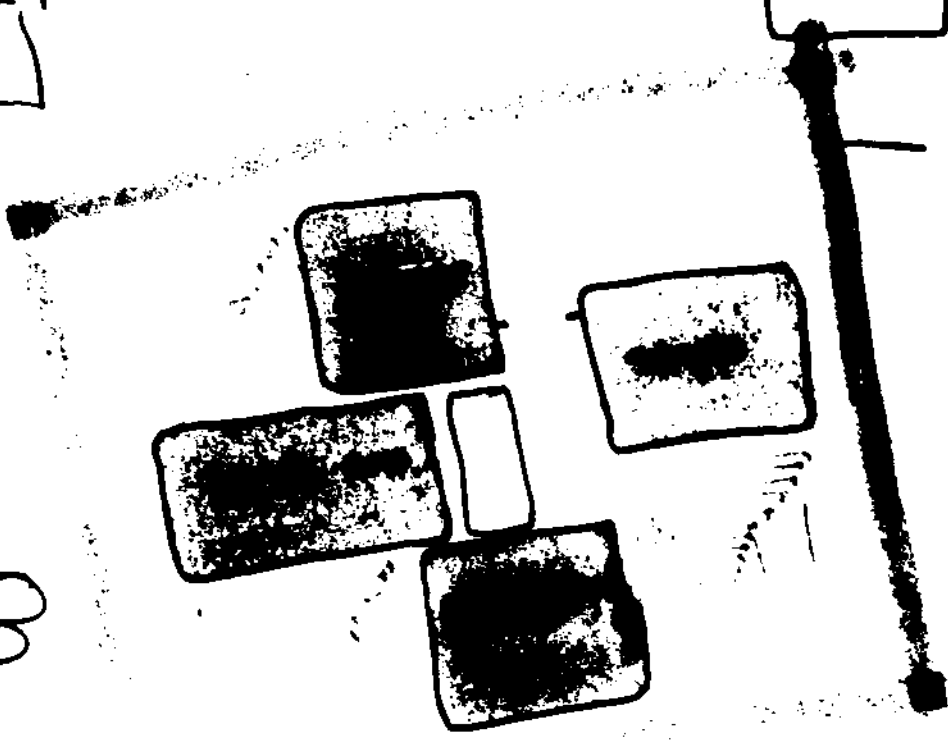
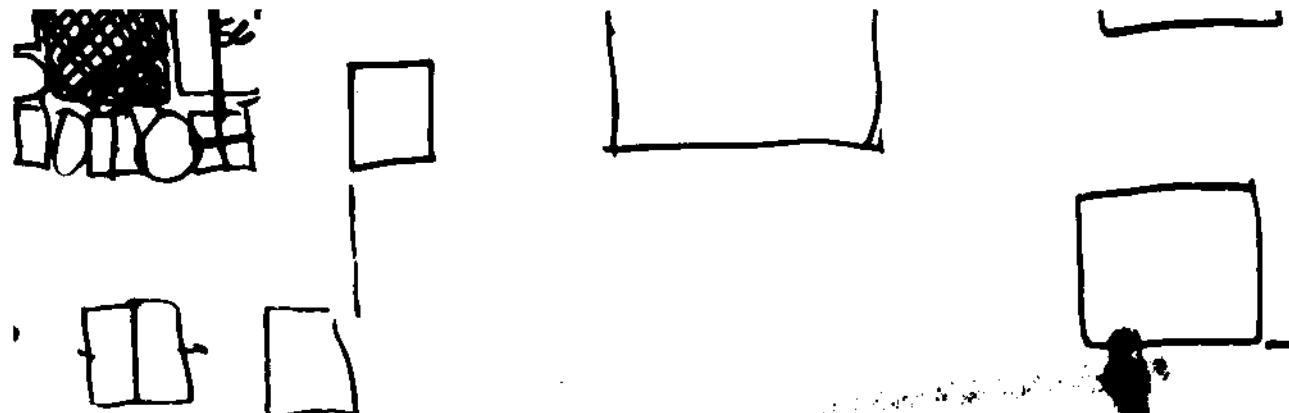
SECTION B-B

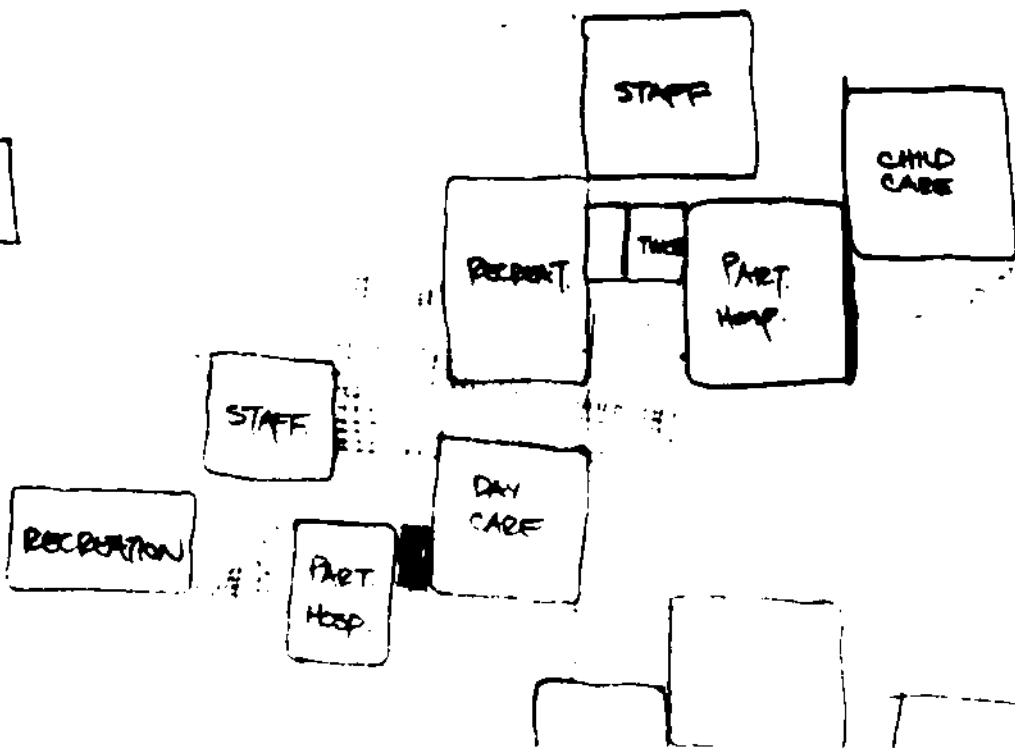
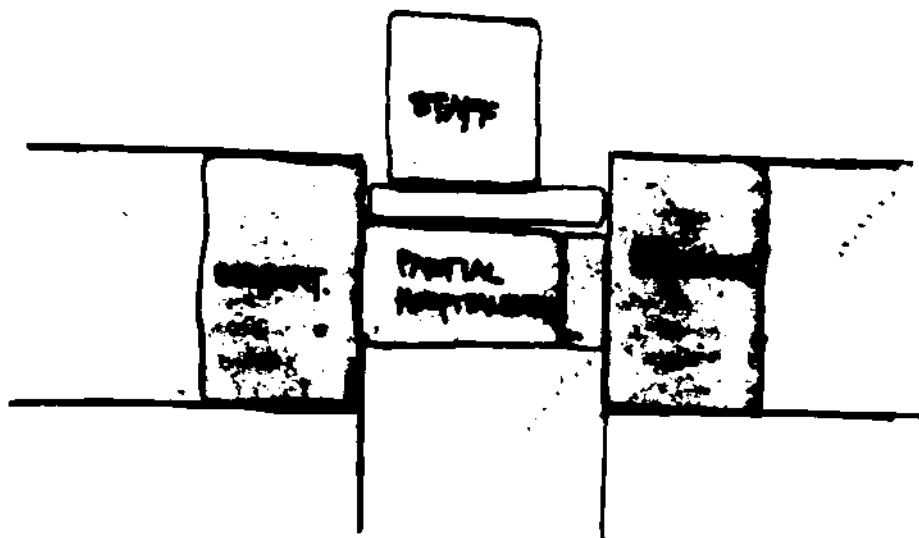
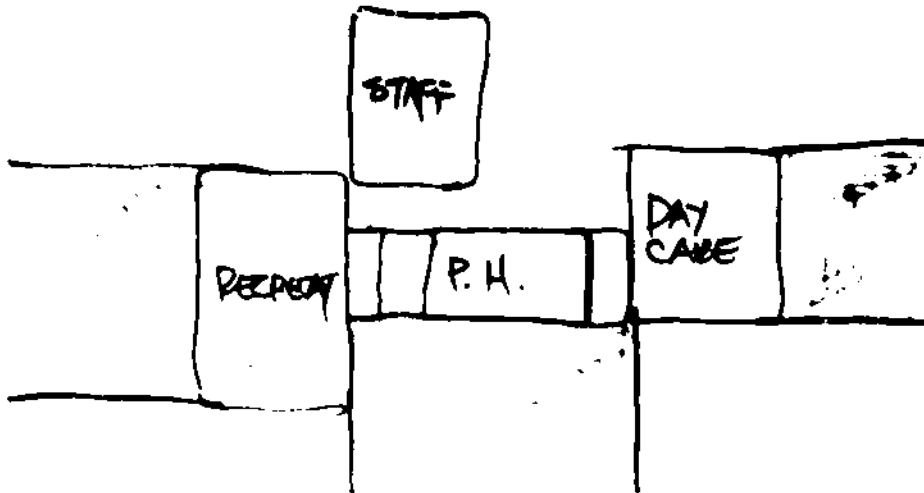
CMIIC

STAFF
FACILITIES

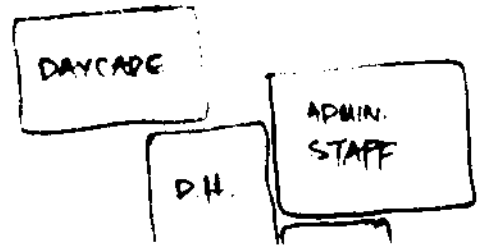
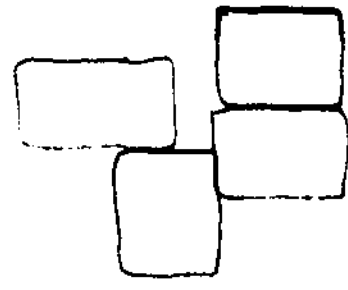
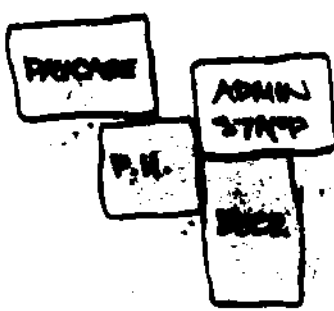
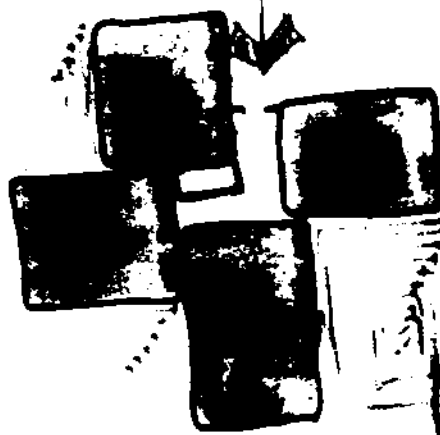
MISSION







ENTRY

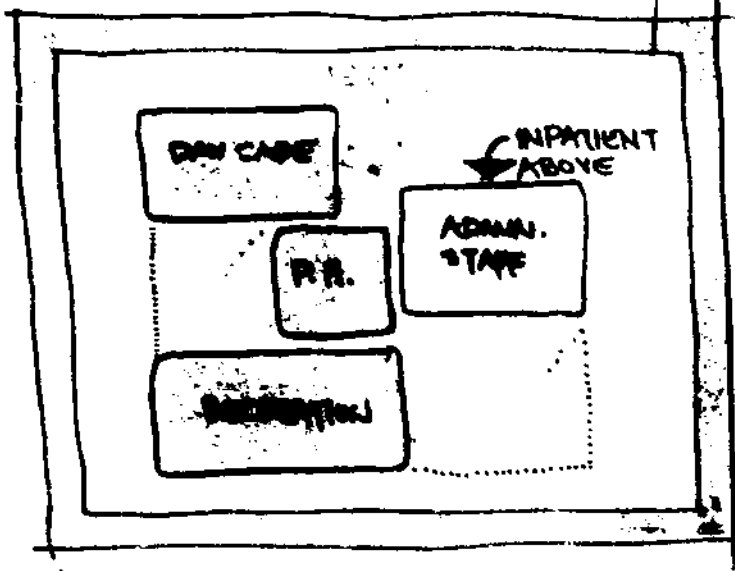


RECEPTION

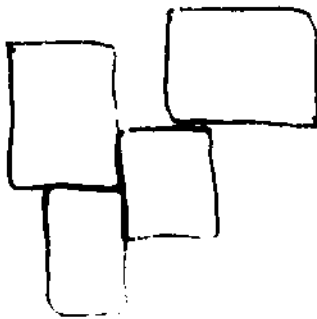
P.H.

ADMIN.
STAFF

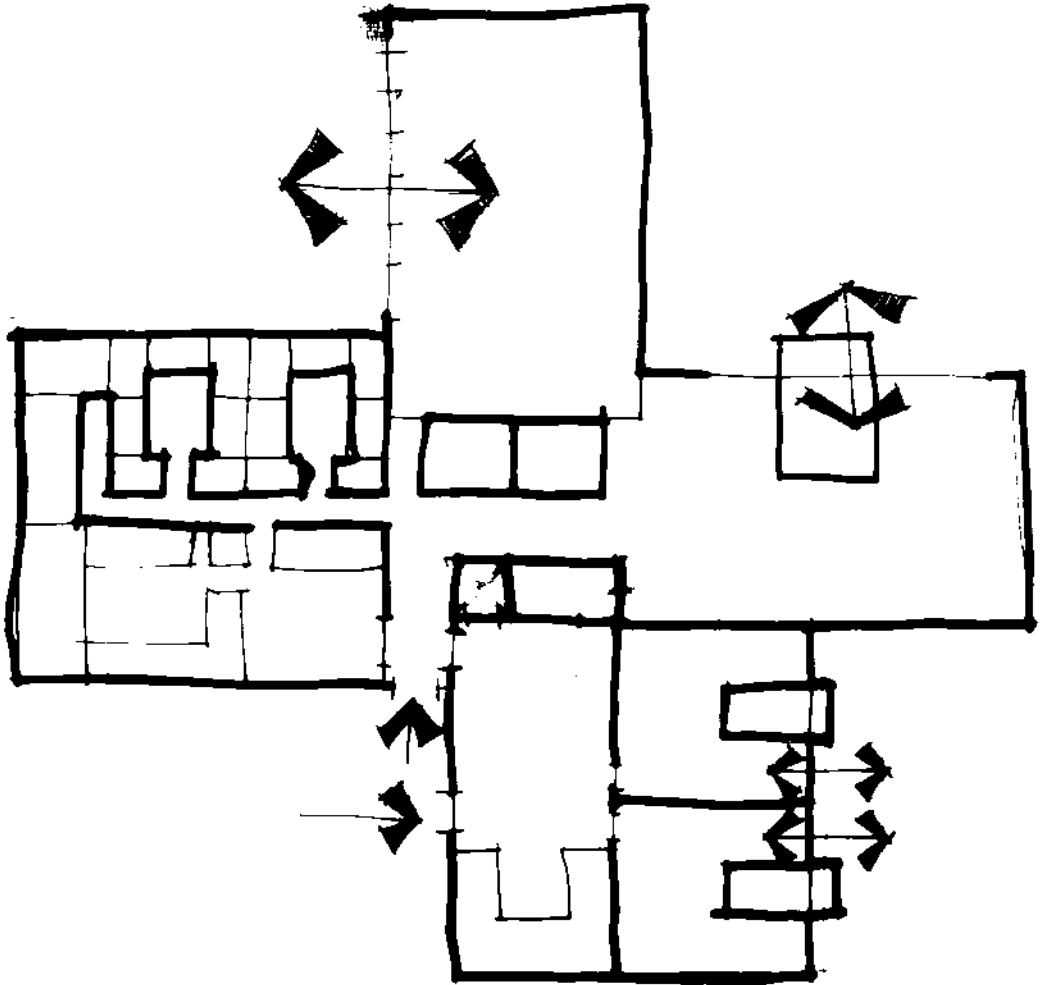
DAYCARE



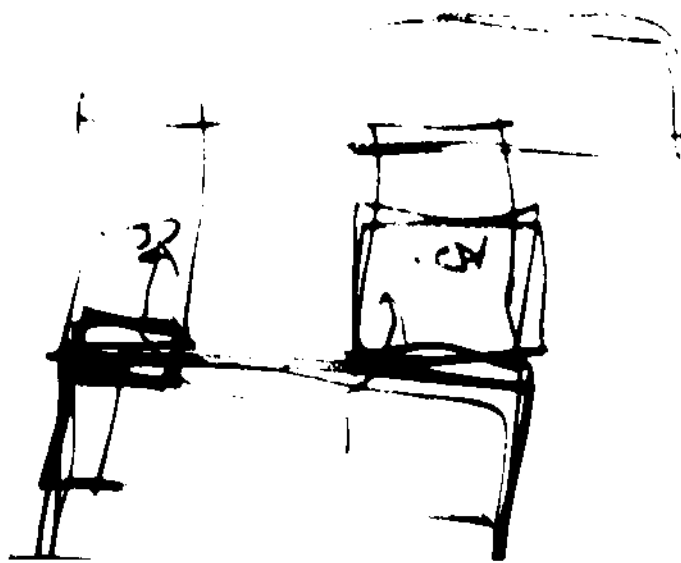
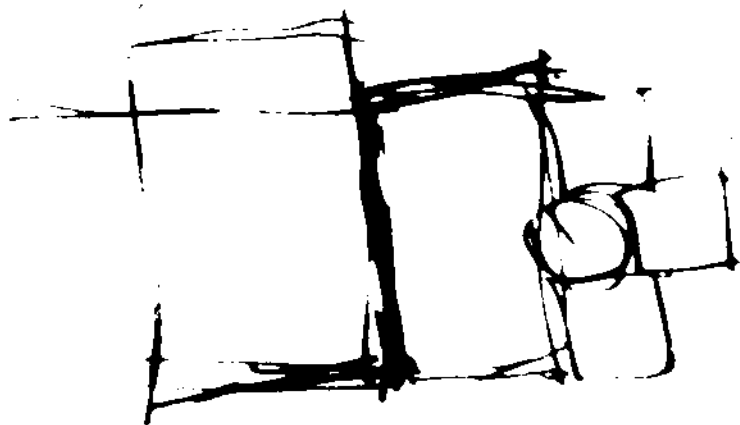
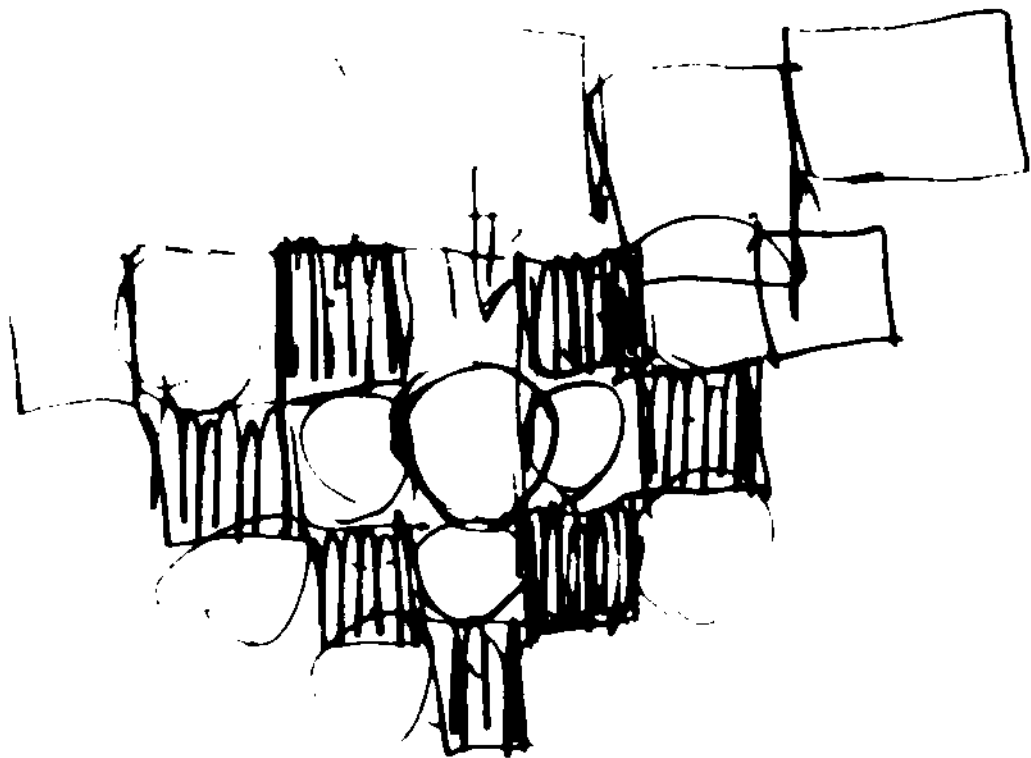
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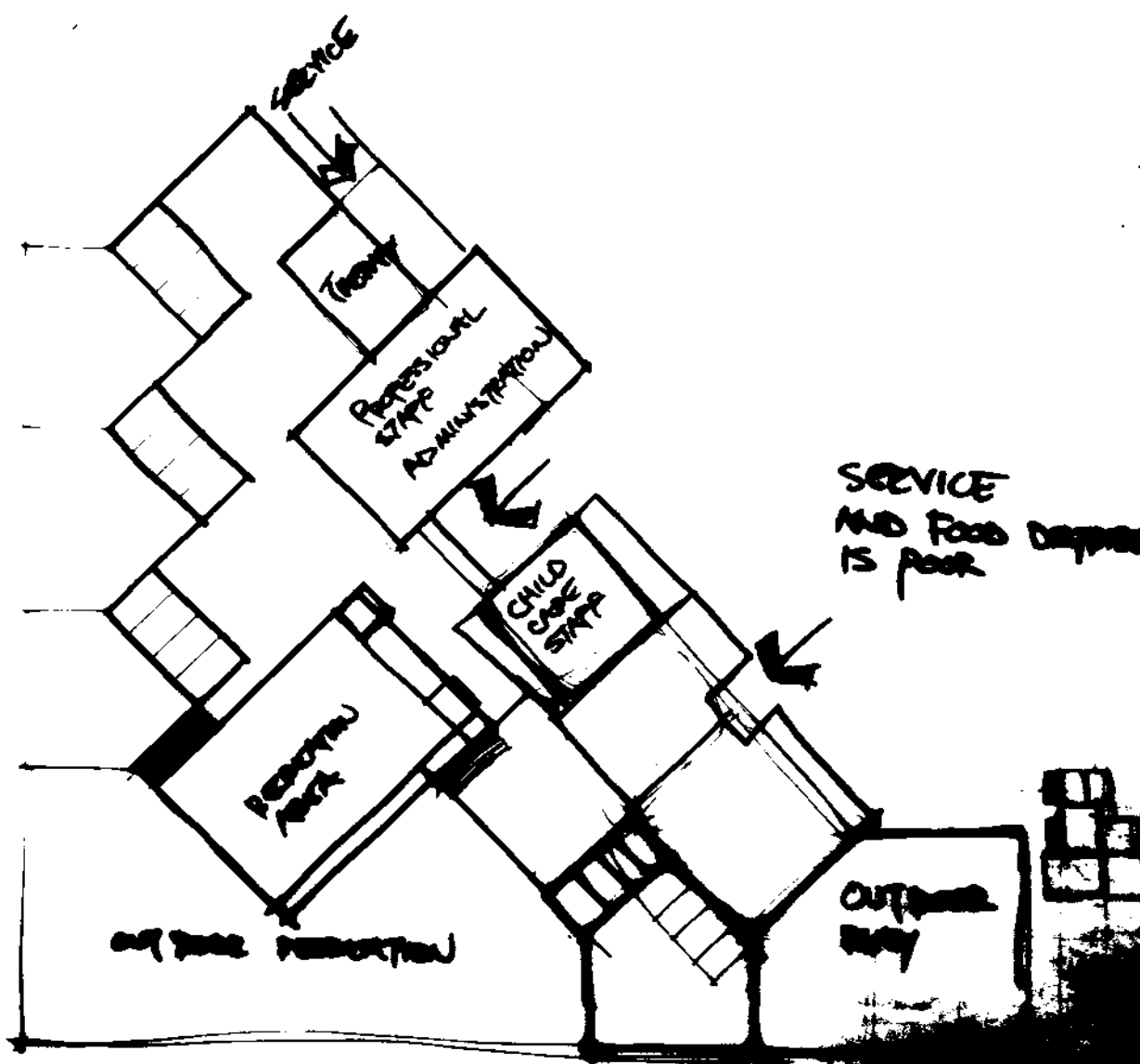


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11/8
Jm.

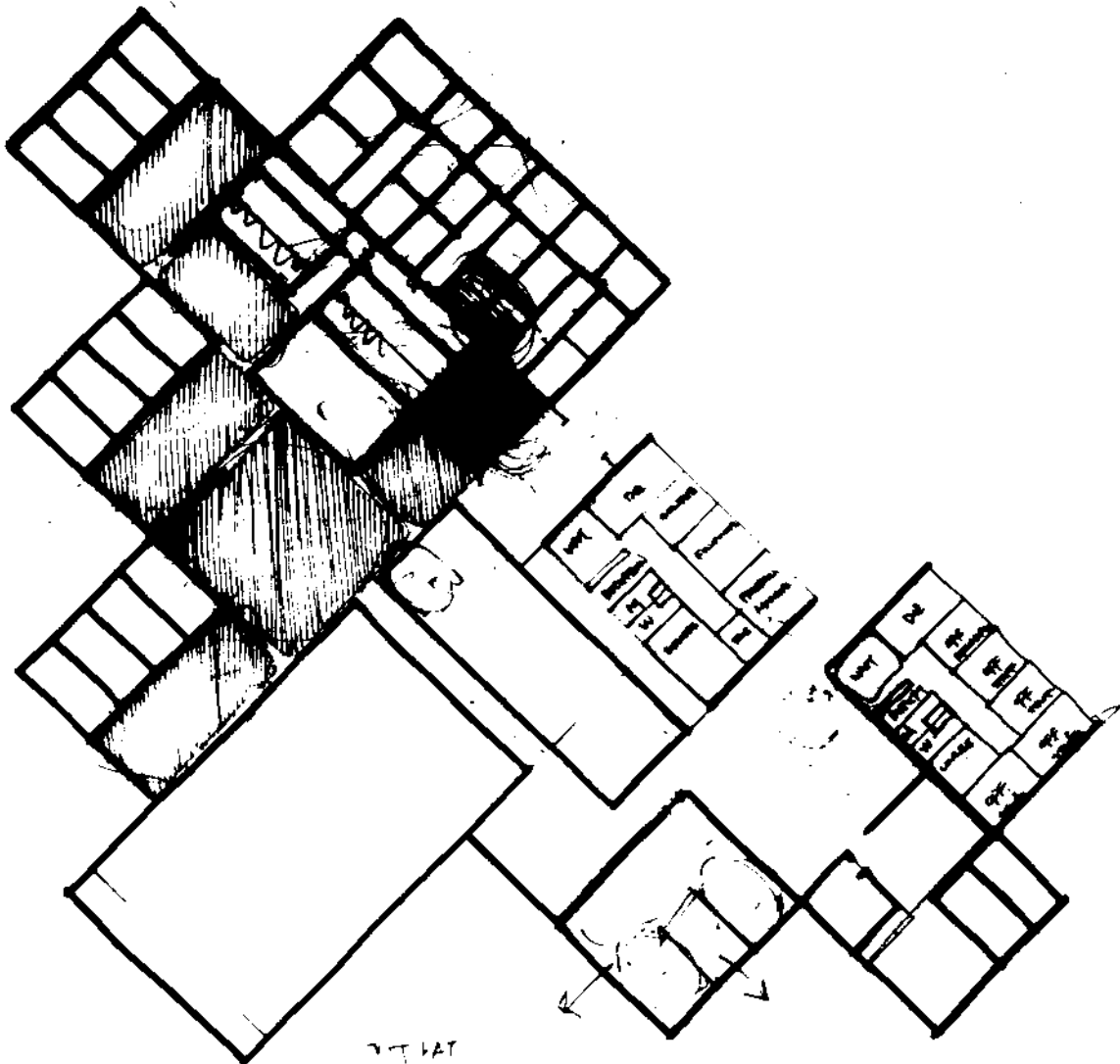




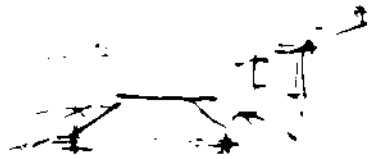
SERVICE AND FOOD DEPT IS POOR

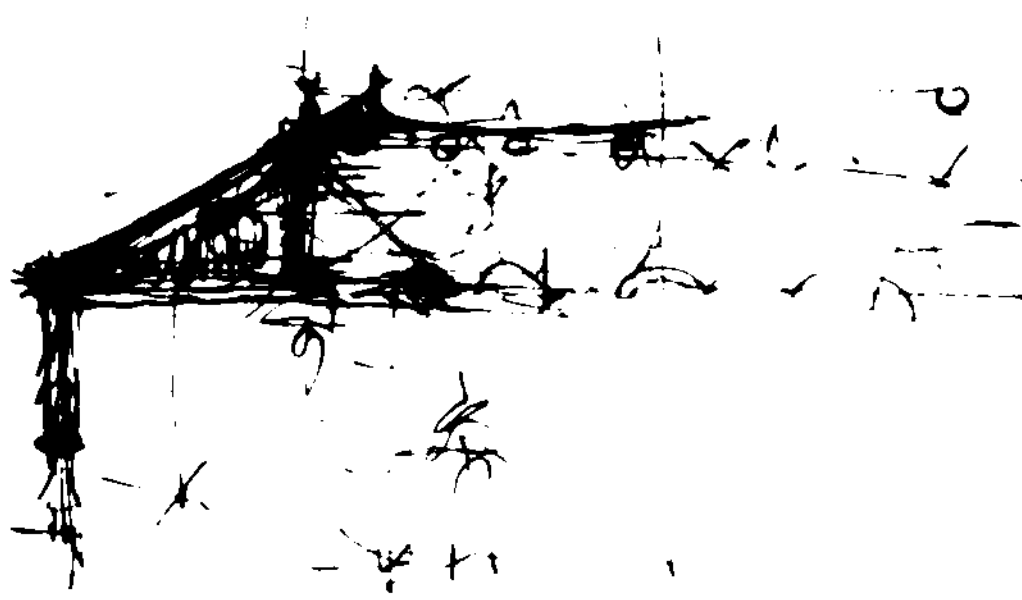
OUTSIDE PROMOTION

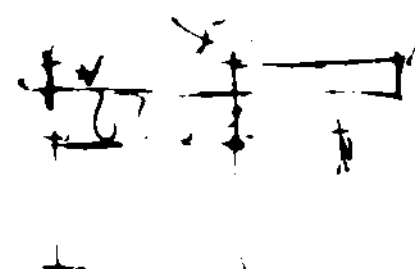
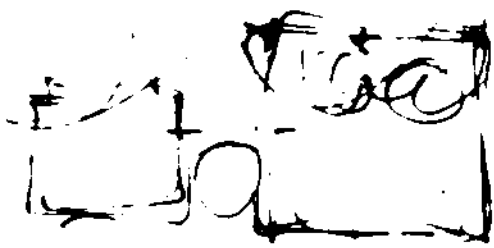
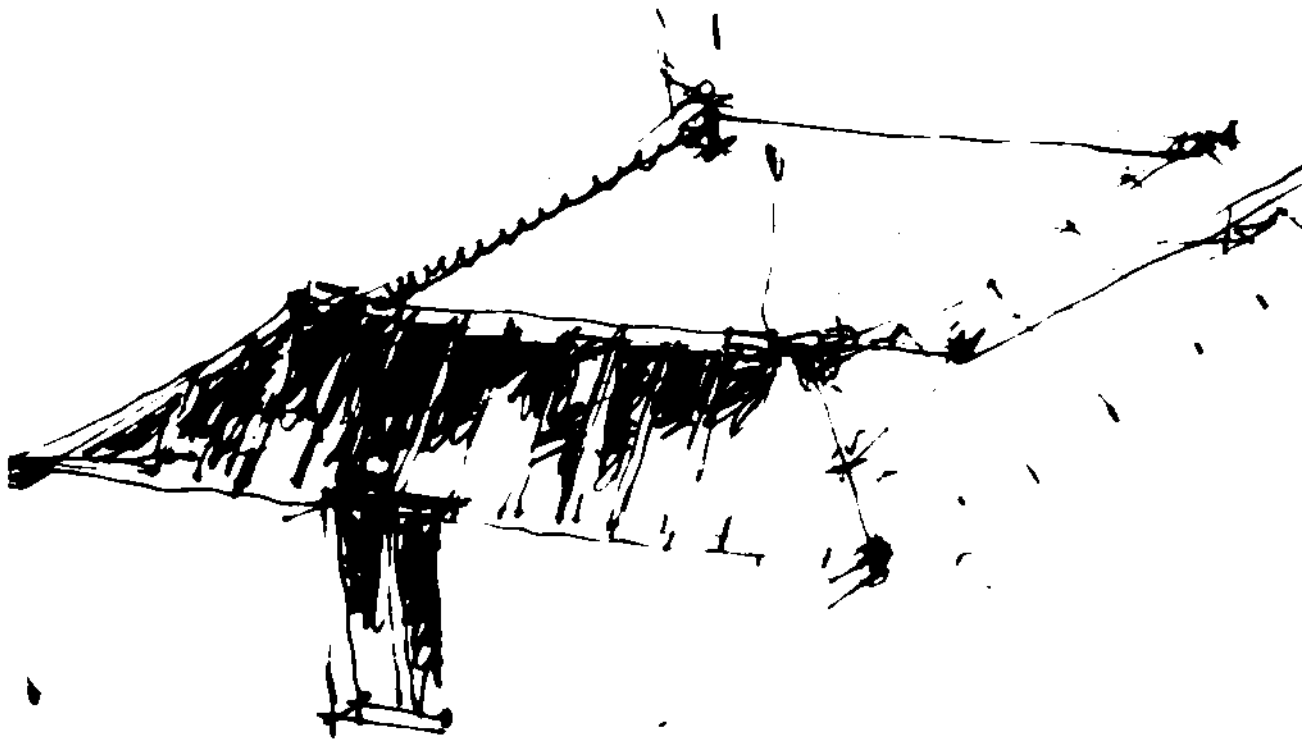
OUTSIDE



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