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Kaleidoscope Wellness | Destigmatizing Mental Health for Teens by Design

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KALEIDOSCOPE WELLNESS

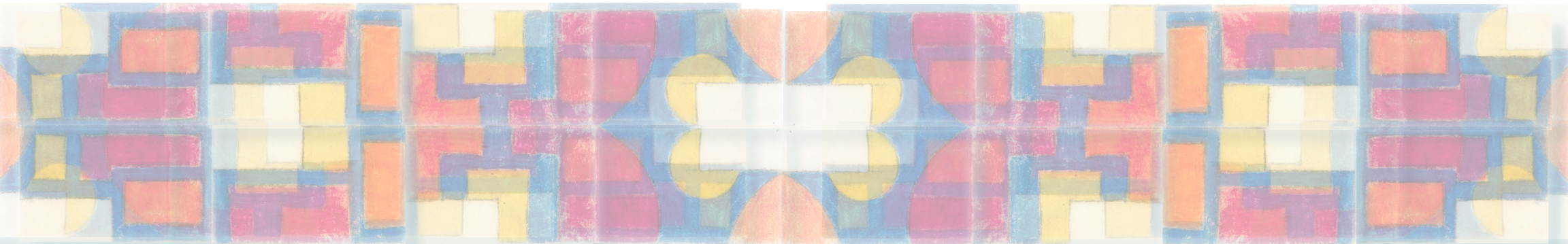DESTIGMATIZING MENTAL HEALTH FOR TEENS BY DESIGN

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MFA, Design | Interior Environments | Spring 2021
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Master of Fine Arts, Design: Interior Environments
Virginia Commonwealth University, 2021

Master of Science, Nursing: Public Health Nursing Leadership
University of Virginia, 2016

Bachelor of Science, Nursing
University of Virginia, 2012

Each step gives meaning to the last: a brush stroke leading another stroke,
a form calling another form, colors singing when put next to each other. As
a whole, they unite in harmony and become a symphony.

- Alev Oguz

CONTENTS

MANIFESTO

I believe

Design should have people and human activity at the center.

Design should be a catalyst for positive social change.

I believe

In creating environments that foster community.

In the sustainable use of resources.

In empowering people to take charge of their health and well-being.

I believe

In the power of design to better the human condition.

I believe design can transform lives for good.

INTRODUCTION

To design is much more than simply to assemble, to order, or even to edit: it is to add value and meaning, to illuminate, to simplify, to clarify, to modify, to dignify, to dramatize, to persuade, and perhaps even to amuse. To design is to transform prose into poetry.

–Paul Rand

I became a registered nurse about 10 years ago. My passion for caring for people, and the joy I find in advocating for others consequently led me to interior design. As a pediatric nurse, taking care of children and teens from all walks of life has been the privilege of a lifetime. My experiences working in healthcare, particularly while working in the Pediatric Primary Care and Adolescent Medicine clinic at VCU's Children's Pavilion, in downtown Richmond, VA, were a great inspiration for this project. Enjoy!

Motivation

Mental health is a global public health crisis. (Marcus et. al, 2012; WHO, 2020). Although there is a growing acceptance of the complexities surrounding mental illness, care delivery for adolescents with mental health concerns remains highly stigmatized, which contributes to delays in care (Hoisington et. al, 2019; Burns & Birrell, 2014). Half of all mental illnesses can be detected prior to the age of 14 (National Alliance for Mental Health, 2020). While research exploring how the physical health care environment impacts health and well-being for patients has evolved immensely over the past two decades, research on how facility design contributes to healing for adolescents with mental health concerns is lacking. (Hoisington et al, 2019).

Problem

Historically, adolescents in need of mental health services were often sent away to a mental health facility that was isolated from the community. The design of these facilities reflected a priority to maximize safety and minimize the risk for self-harm, over the need to provide a human-centered and therapeutic environment that facilitates ongoing healing and readjustment into a daily routine upon discharge (Bil, 2016). Seclusion from the community has contributed to a lack of awareness and stigmatizing attitudes toward peers with mental health concerns, amongst adolescents (Raballo et al., 2017; Shepley, 2016; Bil, 2016).

This is problematic because adolescents often prefer to seek help from peers; as such, there is a need for spaces to facilitate consistent peer-to-peer interaction and support. (Yap et. al, 2013; Hart, 2017).

The design of mental health facilities for adolescents has not focused on providing a therapeutic milieu that facilitates information sharing and relationship-building between adolescents with mental health concerns, and the peers they prioritize as their support network (Hoisington et. al, 2019). The design precedents found indicate a focus on design strategies for institutional spaces, such as hospitals and clinics, but few, if any, examples exist to provide guidance to designers looking to make spaces that facilitate community-based integrated care interventions for adolescents with mental health concerns (Hoisington, 2019).

Methods

An extensive literature review was conducted to assess the prevalence and efficacy of non-clinical programs taking place within community-integrated spaces, that focus on mental health education for adolescents. Interviews were conducted with an adolescent medicine physician, one licensed clinical social worker, two general pediatricians, and one high school counselor, to better understand the challenges facing adolescents with mental health concerns and the ways in which the built environment can influence healing and recovery during a time of significant biological, social, cognitive developmental changes and transitions. The literature was also reviewed to identify case studies with successful teen-centered interventions that can be replicated to improve awareness and peer-to-peer support. The Whole Building Design Guide for youth centers, and various design guides for designing teen spaces in public libraries were reviewed to better understand adolescents' perceived needs in the design spaces meant to help them thrive. (See appendix)

Results

Adolescents are a vulnerable population with unique psychosocial needs (Bluth, 2017). There is a need to normalize conversations around mental illness, to reduce stigmatizing attitudes and improve help-seeking behaviors for adolescents with mental health concerns (Hoisington, 2019, Shepley 2016; Clement et. al, 2015). In addition to understanding the health implications of the design of institutionalized health facilities for all of the users, designers must also consider the influence of the design of spaces thoughtfully embedded within communities, that provide mental health services for adolescents. This is an under-explored issue, and evidence-based design strategies can be used to positively impact the design of spaces where these services are offered (Liddicoat et. al, 2020). The research reveals a lack of spaces with programming focused on mental health education for teens and their peers.

Conclusion

For this project, a teen mental wellness and creative arts center was designed for adolescents with mental health concerns and their peers. This supportive resource center also aims to provide educational resources for professionals such as teachers, social workers, counselors, and physicians, as well as family members, and for the surrounding community. This space seeks to normalize conversations around mental health, by providing a safe space where evidence based-training is provided, to help increase awareness and facilitate a strong social support network for adolescents, to help improve their quality of life into adulthood. This space strives to change the narrative of how mental illness is perceived by providing an energizing environment and resources to encourage the development of sustained mental wellness habits for all teens and the community at large, whether or not there has been an official diagnosis of mental illness.

Introduction

The World Health Organization reports mental illness as a rising global public health concern (WHO, 2020). The National Alliance on Mental Illness reports that 1 in 5 adults, or nearly 19%, will experience a mental illness in a year's time (NAMI, 2020). Half of adults with a mental illness report the occurrence of symptoms prior to turning 14 years old; 75% of adults with a mental illness report experiencing symptoms prior to 24 (NAMI, 2020).

Adolescents are an especially vulnerable population, with over 21% of adolescents aged 13-18 reporting a serious mental health condition at least once during this critical moment of social, cognitive, and biological change and development (NAMI, 2020). The Health and Human Services Office of Adolescent Health projects a growth to 45 million by 2050, for the number of adolescents with a mental health disorder diagnosis (HHS, 2020). As the most vulnerable group in the population for developing mental illness, adolescents are often the least likely to utilize available mental health resources. Developmentally, this is the stage where peer support is prioritized. The research shows that amongst this population, professional help is typically sought only during a crisis (Hart, 2018).
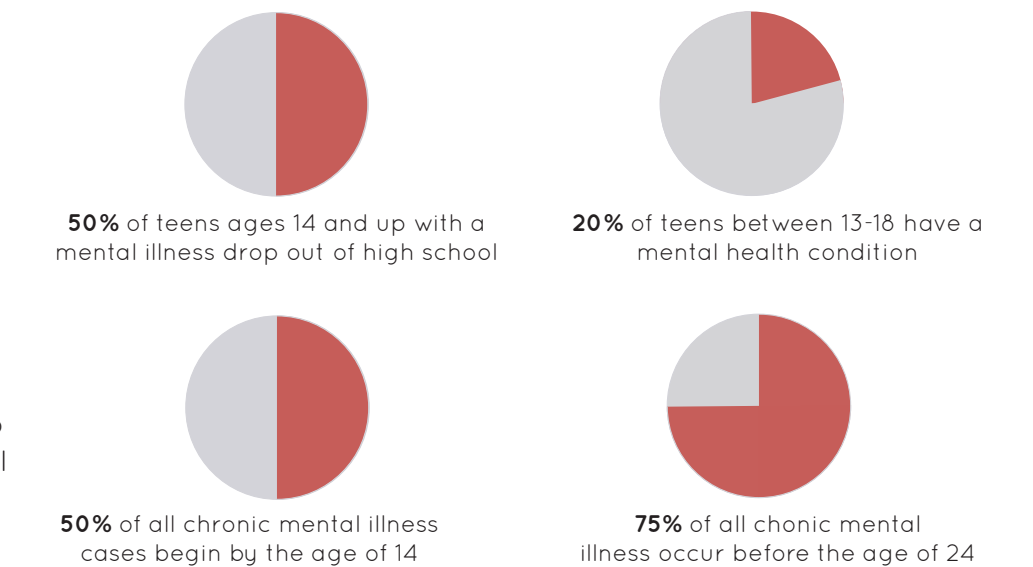
The growing numbers of adolescents with mental health issues present a significant public health problem and there is a need to recognize the factors that will improve health outcomes for these individuals.

Mental illness, unlike other types of physical illness, is a largely invisible condition (Hart, 2018). As a result, individuals confronted with mental health issues often fail to receive the necessary resources and care, in a timely manner. While the general public can readily be taught how to recognize the physical signs of a stroke, for example, or how to decipher whether or not cardiac pulmonary resuscitation (CPR) is needed for an individual in potential cardiac arrest, the warning signs and timely response strategies for the symptoms of mental health conditions such as anxiety or depression, are less recognizable and therefore, potentially more damaging, in the long term. While there has generally been more acceptance of mental health conditions over the past decade, significant stigma persists, which suppresses help-seeking behaviors, particularly amongst adolescents (Hoisington et al., 2019). This has resulted in a lack of education, awareness, education, treatment, and, for vulnerable communities who need mental health resources the most.

Adolescence Defined

Adolescence is defined as the period between puberty and adulthood. Certain cultural norms, coupled with individual developmental milestones help solidify the journey from adolescence to full-fledged adult (Blakemore, 2019). Adolescence is a time of significant physical, biological, social, and developmental change (Blakemore, 2019). Adolescents undergo various physiological changes as a result of puberty, including brain maturation. All of these changes largely contribute to how complex concepts of identity, self-confidence, emotional maturity, and resilience evolve (Hart, 2018). Additionally, these changes contribute to how adolescents relate to, and build relationships with others. During this time, peers play a significant role in the redefining of self. Research shows that adolescents are more likely to be influenced and swayed by the opinions and advice of their peers than adults (Blakemore, 2019; Hart, 2018). The various neurodevelopmental changes experienced during this period contribute to the mechanism known as neuroplasticity, defined as "the capacity of the brain to adapt and change in response to novel experiences" (De Oliveira, 2020). The mechanism of neuroplasticity demonstrates that brain maturation is largely influenced by environmental and social experiences. These processes further help to explain why the evolving adolescent brain is particularly susceptible to environmental experiences that are perceived as negative and stressful (Blakemore, 2019).

Although a large proportion of young people mature into healthy adults, adolescents are a vulnerable population when it comes to mental illness and mental health concerns. The National Alliance on Mental Illness reports that over 21% of aged 13-18 reporting a serious mental health condition at least once (NAMI, 2020). In this book, the terms "adolescents" and "teens" are used interchangeably.

50% of teens ages 14 and up with a mental illness drop out of high school

20% of teens between 13-18 have a mental health condition

50% of all chronic mental illness cases begin by the age of 14

75% of all chonic mental illness occur before the age of 24

Mental Health

Mental health has been defined as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO, 2004). Various definitions have emerged over the years, because the concept of mental health is understood and expressed in unique ways globally across countries, cultures, and social norms (Galderisi et al., 2015). Mental illness is said to be the leading contributor of chronic disability in wealthy countries, and the seventh leading contributor of disability in low-income and developing countries (Erskine at al., 2015). A team of mental health professionals proposed a more inclusive definition in 2015, which aims to emphasize that mental health is more than the absence of a mental illness, but more of a dynamic state, with ebbs and flows of emotions, that enable individuals to adjust to seasons, of the human experience (Galderisi, 2015). This definition appropriately speaks to the transitional period of adolescence.

Adolescent Mental Health

Historically, adolescents in need of mental health services were often sent away to a mental health facility that was isolated from the community. The design of these facilities reflected a priority to maximize safety and minimize the risk for self-harm, over the need to provide a human-centered and therapeutic environment that facilitates ongoing healing and re-adjustment into a daily routine upon discharge (Bil, 2016). Seclusion from the community has contributed to a lack of awareness and developing stigmatizing attitudes toward peers with mental health concerns, amongst adolescents (Raballo et al., 2017; Shepley, 2016; Bil, 2016). This is problematic because adolescents often prefer to seek help from peers (Yap et. al, 2013; Hart, 2017).

Historical Context: Mental Health Facility Design

Much of the stigma surrounding mental illness stems from the often uninviting and prison-like design that pervades the building of these types of facilities. Many individuals fail to seek proper and timely care often due to the perception of the dehumanizing environments commonly associated with these settings. The design of mental health facilities for adolescents has not always focused on providing a therapeutic milieu that facilitates information sharing and relationship-building between adolescents with mental health concerns, and the peers they prioritize as their support network (Hoisington et. al, 2019). The body of research around effective strategies for designing spaces to improve mental health is growing, however, the focus remains largely on institutionalized facilities, such as hospitals and clinics, but few examples exist to provide guidance to designers looking to make spaces that facilitate community-based integrated care interventions for adolescents with mental health concerns (Hoisington, 2019).

Historically, spaces designed for the provision of mental and behavioral health services have been incredibly institutionalized. Safety has been at the forefront, which meant that the focus was not as much on creating a therapeutic environment that promotes healing, as much as it was about preventing self-harm. Design of the built environment has historically focused on the impacts of interiors on the physical well-being of the occupants. The same level of attention has not been placed on designing interiors to intentionally promote better mental health. Architecture and design have the ability to help reduce the stigma, by focusing on designing spaces that not only promote safety, but also the dignity and humanity of every patient. The research has shown that many factors in the built environment, such as ventilation, temperature, lighting, and the level of microbial and chemical exposure in the products being used within the environment, can collectively impact mental health (Hoisington 2019). Evidence based research informs that there is a strong connection between a well-designed built environment and the wellbeing of the users (Liddicoat, 2020). The research also shows that there is great benefit and more favorable outcomes, when the design of spaces that promote better mental health is a multi-disciplinary endeavor (Papale et al., 2016).

Built environments that emerge as a result of interdisciplinary collaboration between health researchers, architects, engineers, building scientists, and social scientists, are highly encouraged. Neuroscientists and architects have been partnering for over a decade to better understand the role the relationship between neuroscience and the ways in which the built environment can stimulate certain behavioral responses. This idea is known as 'neuro-architecture.' From this relationship, the notion of hapticity emerged; this is defined as "the sensory integration of bodily concepts" (Papale et al., 2016) This concept focuses on the significance of tactiles within the built environment, as they often elevate one's sense of appreciation when architecture is being experienced. While much of how the inhabitants within a space perceive a space is based on visual cues, tactiles engage the sense of touch, which can serve as a key element for eliciting certain emotions, as well. An interdisciplinary approach, and continued partnerships between architects and neuroscientists are encouraged to better understand the combined impacts of visual cues and tactiles, and how that facilitates multisensorial engagement, in the built environment (Papale et al., 2016)

Teen Mental Health First Aid

Mental Health First Aid (MHFA) is a research and training program that was initiated in Australia in 2001 (Hart, 2018). It focuses on individuals being trained to provide help for others developing a mental health problem, or on the verge of a crisis, until the appropriate professional treatment becomes available. The structure is very similar to the Cardio-Pulmonary Resuscitation (CPR), where individuals are taught the signs and symptoms of respiratory distress and cardiac arrest, in order to effectively respond in a timely manner.

The teen Mental Health First Aid (tMHFA) program is based on the initial MHFA programs, and was developed for students in secondary schools in Australia. The tMHFA program emerged in response to a greater need within the adolescent population, since this population is most at risk, and also most likely to seek help from peers, who are often ill-equipped to provide the appropriate support needed to address mental health concerns. While teens commonly prefer to seek help from peers, the research shows that teens often do not have the proper training to provide support for their peers with mental health concerns. Training for tMHFA involves a several components: role-plays, videos, a PowerPoint presentation, group discussions, and small group activities. Moreover, participants attend three 75-minute classroom sessions by trained instructors. This program has been shown to be highly effective at reducing stigmatizing attitudes, and by providing appropriate skills and resources to facilitate help-seeking behaviors amongst teens (Hart, 2018).
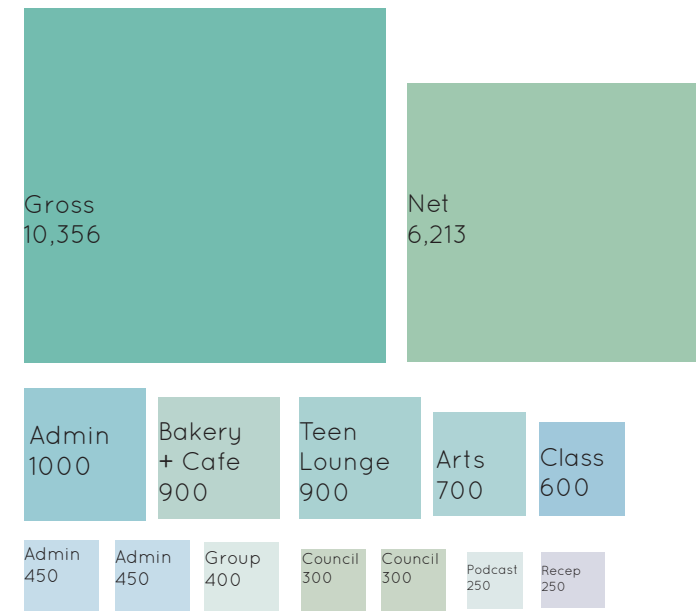
PROGRAM

Kaleidoscope Wellness is a non-profit space dedicated to the promotion of mental wellness for teens ages 12-18. The space facilitates peer-to-peer support, collaborative discussions, and workshops for teens, mental health professionals, and community members, to help heighten awareness around mental health and wellbeing. A variety of open, fluid, and flexible spaces encourage fruitful discussions.

The space incorporates regularly scheduled Teen Mental Health First Aid (tMHFA) classes to help provide ongoing education for teens, their peers, and members of the community.
(See Appendix A)

The various activities that take place are primarily developed and led by the teens, with guidance from the mentors, counselors, and mental health professionals.

Interior gross | 10,356 sq ft
Interior net | 6,213 sq ft

Gross
10,356

Net
6,213

Admin
1000

Bakery
+ Cafe
900

Teen
Lounge
900

Arts
700

Class
600

Admin
450

Admin
450

Group
400

Council
300

Council
300

Podcast
250

Recep
250

REFRESH

Reception - 250 sf

Occupant Load: 4
Occupancy: B

Bakery and Cafe - 900 sf

Occupant Load: 25
Occupancy: A2

Digital gallery on ceiling-suspended LCD screens. Gallery space on walls.

Conference/Classroom - 600 sf

Occupant Load: 10
Occupancy: E

Admin suite - 1000 sf

Occupant Load: 25
Occupancy: B

RELAX

Teen Wellness Lounge - 900 sf

Occupant Load: 25
Occupancy: B

Open space for relaxed activities such as casual conversation, reading, and listening to music.

Teen-led Podcast Recording - 250 sf

Occupant Load: 4
Occupancy: B

Weekly podcast recording hosted by teens.

RECHARGE

Group Therapy Lounge - 400 sf

Occupant Load: 10
Occupancy: B

Accomodates weekly therapy groups with a licensed therapist. TInformal teen-led group sessions take place here.

Counseling rooms (2) - 300 sf

Occupant Load: 4
Occupancy: E

Mental health counseling (individual + peer counseling)

RENEW

Yoga + Meditation - 600 sf

Occupant Load: 10
Occupancy: B

Sessions with a trained yoga instructor 3x/week. Open for informal personal and small group sessions.

Creative Arts Space -700 sf

Occupant Load: 12
Occupancy: B

Art studio that facilitaes various types of creative expression: including drawing, painting, writing.

SITE
+
NEIGHBORHOOD

Church Hill is Richmond's first neighborhood and where most of the city's original 32 blocks originated, as laid out by Captain William Mayo in 1737. Church Hill overlooks the city from one of the highest peaks in the East End. The district draws its name from St. John's Episcopal Church, which was built in 1742, by the founder of the city, William Byrd II.

Church Hill hosted Virginia's second revolutionary convention, and was home to some of America's earliest revolutionaries, during the 18th century. Patrick Henry for example, gave his well known "Give me Liberty or Give me Death" speech at St. John's Church in 1775. Church Hill is also known for Chimborazo Park, where the largest Civil War hospital was located.

The center of the historic district is St. John's Church, built in 1741, This is where Church Hill gets its name. The old WRVA studio by Phillip Johnson at 21st and Grace Streets is considered a Modernist landmark from 1970 and offers amazing sunset views. The classic architecture seen throughout is one of the most unique characteristics of the neighborhood; the area is filled with Richmond's oldest history from the red brick sidewalks and gas street lamps. Architectural styles on display throughout the neighborhood include: Greek Revival, Italianate, Federal, and Queen Anne.

Church Hill has undergone significant gentrification in recent years. Post World War II, Church Hill was mostly known for its crime rate and dilapidated housing. Beginning in the 1960's through the early 2000's, the phenomenon known as 'white flight' happened, during which white middle-class individuals fled to the suburbs. The remaining residents, primarily African American, experienced decades of disinvestment during this time. For much of the late twentieth century, Church Hill was avoided by those who did not live there. Yet, Church Hill is currently one of the most desired neighborhoods in Richmond, particularly for young professionals. While still in the midst of notable gentrification, Church Hill is home to several thriving small businesses, including restaurants, bars, hair salons, and boutiques.

N. 26th St, Richmond, VA

929 N. 26th St, Richmond, VA

The building selected for this project is one story with transitional elements of the Art Moderne-style as characterized by rounded corners and horizontal bands. The building was constructed in 1924 for commercial use. It was used as a public laundromat, known as Simmons Laundry, for many years. On the City of Richmond Building Permit, C. F. Duggins is listed as the builder.

Primary construction materials are undecorated brick walls with a combination of double hung, fixed, and pivoted windows with red painted steel frames. The last two-bays on the south side are two-stories.

Notable features such as smooth wall surfaces, vertical projections and geometric decorative motifs typical of Art Deco-style designs (1920-1940) are apparent. Zoning wise, it falls in the R-63 category. The site now serves as a childcare center, currently owned and operated by FRIENDS Association for children.

The site was chosen because of its prime location within a residential neighborhood. The goal was to find a building with high visibility within the community, to further help with destigmatizing conversations surrounding mental health, and increase support for adolescents most at-risk.

"Stylistic elements are concentrated at the northeast corner. This corner is curved and the entry door centered in the curve flanked by industrial metal sash windows wrapping around the corner. Centered above the northeast entrance is a curved element that projects above the roof line. The edges of the projection are defined by stepped piers. The intermediate curved surface is divided by four horizontal bands."

(National Register of Historic Places, 2000).

VICINITY MAP

The Kitchens at Reynolds

VCU Health Hub

East End Branch Public Library

NINE MILE RD

R ST

R ST

Q ST

Q ST

Robinson Theater Community Arts Center

P ST

P ST

N 25 TH ST

N 26 TH ST

N 27 TH ST

■ SITE

■ PARKING

● POINTS OF INTEREST

■ BUS STOPS

0 ft   180 ft

SITE PLAN

RESIDENTIAL

PARKING

RESIDENTIAL

RESIDENTIAL

P STREET

SITE

N 26TH STREET

RESIDENTIAL

RESIDENTIAL

RESIDENTIAL

0 ft   40 ft   80 ft
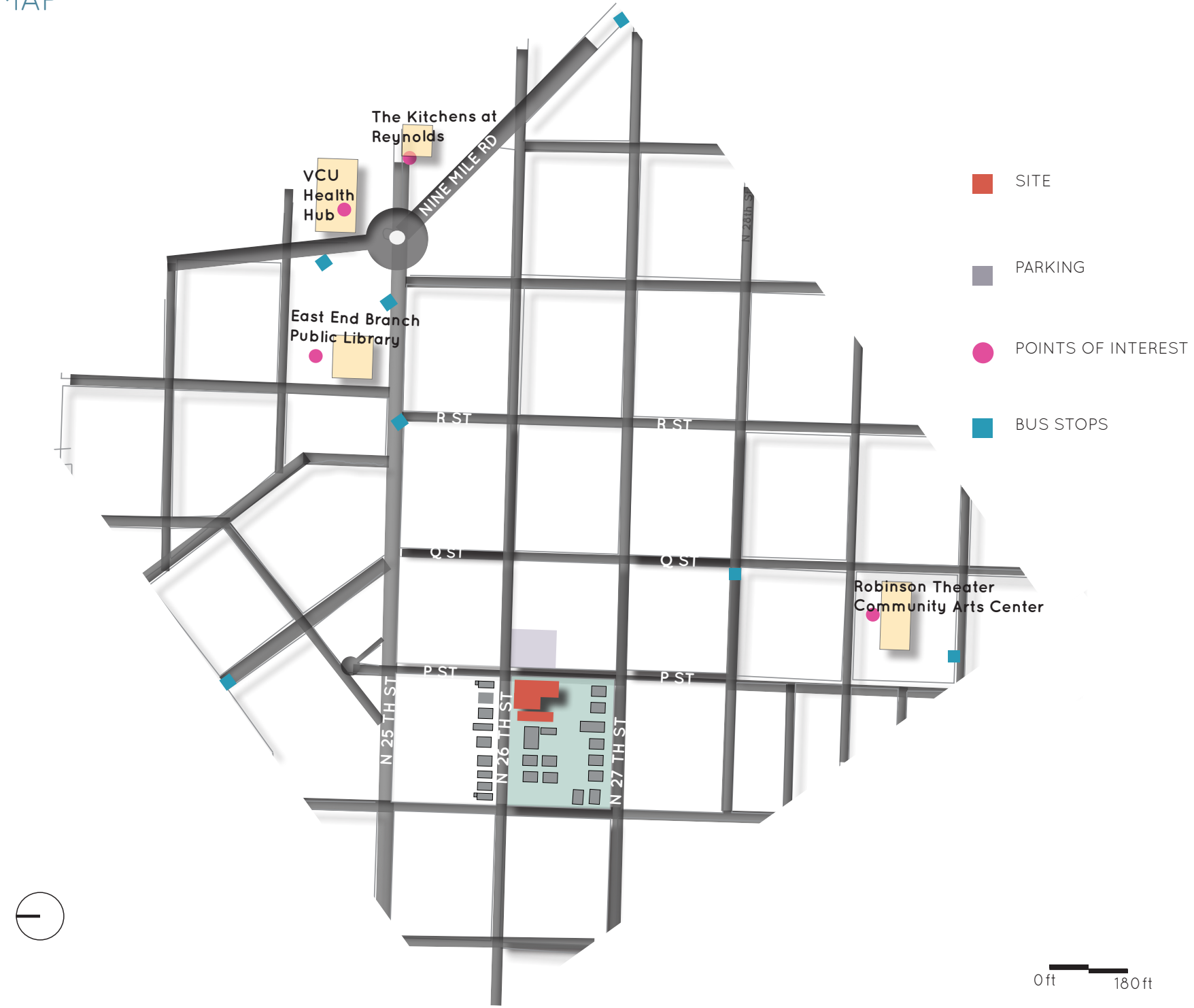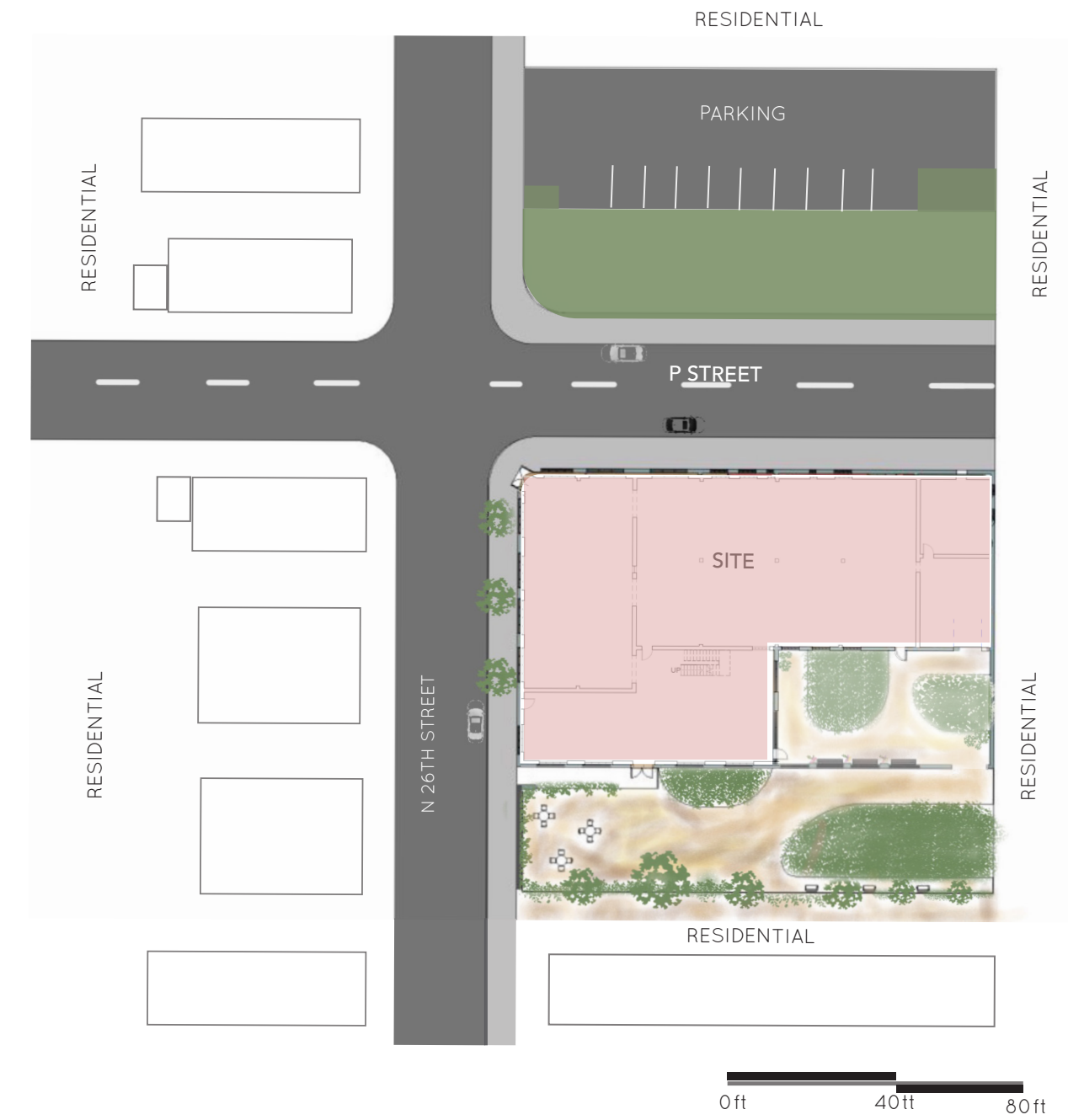
PRECEDENT
STUDIES

MARTIN LUTHER KING JR MIDDLE SCHOOL

BCWH/Quinn Evans, Richmond, VA
Area: 124. 060 sq ft
Year completed: 2015

https://dmwpv.com/portfolio/martin-luther-king-jr-middle-school/

Program spaces

Three academic houses   Administration spaces
Dining facilities   Performance space
Media center   Extensive green spaces
Full-size gymnasium   Open courtyards
Interior courtyards

Plentiful use of natural light to optimize interior spaces such as classrooms and dining, and to reduce energy consumption.

Building designed to facilitate use by community organizations with separate entries to public spaces.

Recessed lighting along circulation paths. Areas to pause/rest along circulation paths. Curved organic forms. Large windows allow for plentiful natural light.
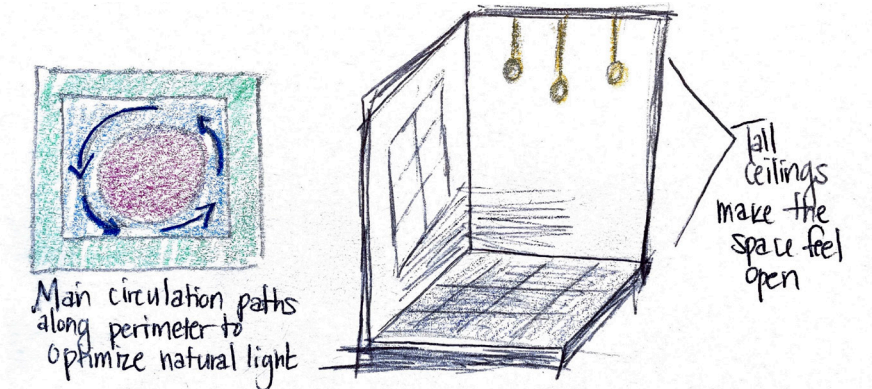
Main circulation paths along perimeter to optimize natural light

Tall ceilings make the space feel open

HAMILTON GRANGE TEEN CENTER
Rice+Lipka Architects - New York, NY
Area: 4400 sqft
Year: 2012

There are 7 different breakout zones, around the main two programmatic elements: a circular glazed multimedia lounge, and bamboo bleachers. The space was thoughtfully designed, to cater to the teenage population. Adolescence is a time of change, transition, socialization, and independence.

By having various zones that allow for group activity as well as solitary enjoyment. The openness of the plan allows for maximal flexibility and visibility, while also allowing for individual privacy. Foe the square footage, I think that this space is very well-designed. The use of a bold geometric pattern on the wall, color of materials and finishes, and the arrangement of furniture to maximize natural light all work together harmoniously, rendering a space that feels very balanced and relaxed.

adult   teen

normal bool
height

teen

the lower the better
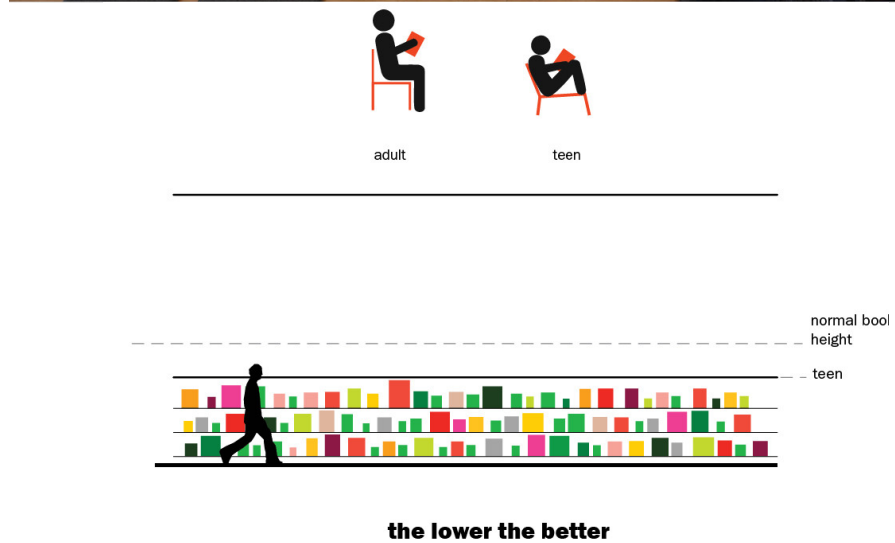
References

Moore, A. (2013, August 29). Harlem Shake Up. Retrieved October 23, 2020, from https://www.interiorsandsources.com/article-details/articleid/16195/title/harlem-shake-up

New York Public Library, Hamilton Grange Teen Center. (n.d.). Retrieved October 23, 2020, from https://www.architectmagazine.com/project-gallery/new-york-public-library-hamilton-grange-teen-center-2019

Media Vitrine; "open-top glass enclosure becomes the performative heart of the space where the physicality of gaming is exposed and sound is contained by using four Holosonic speakers that a produce a vertical column of short wavelength sound that does not propagate."

Bamboo bleachers with views to the outdoors

Breakout zones
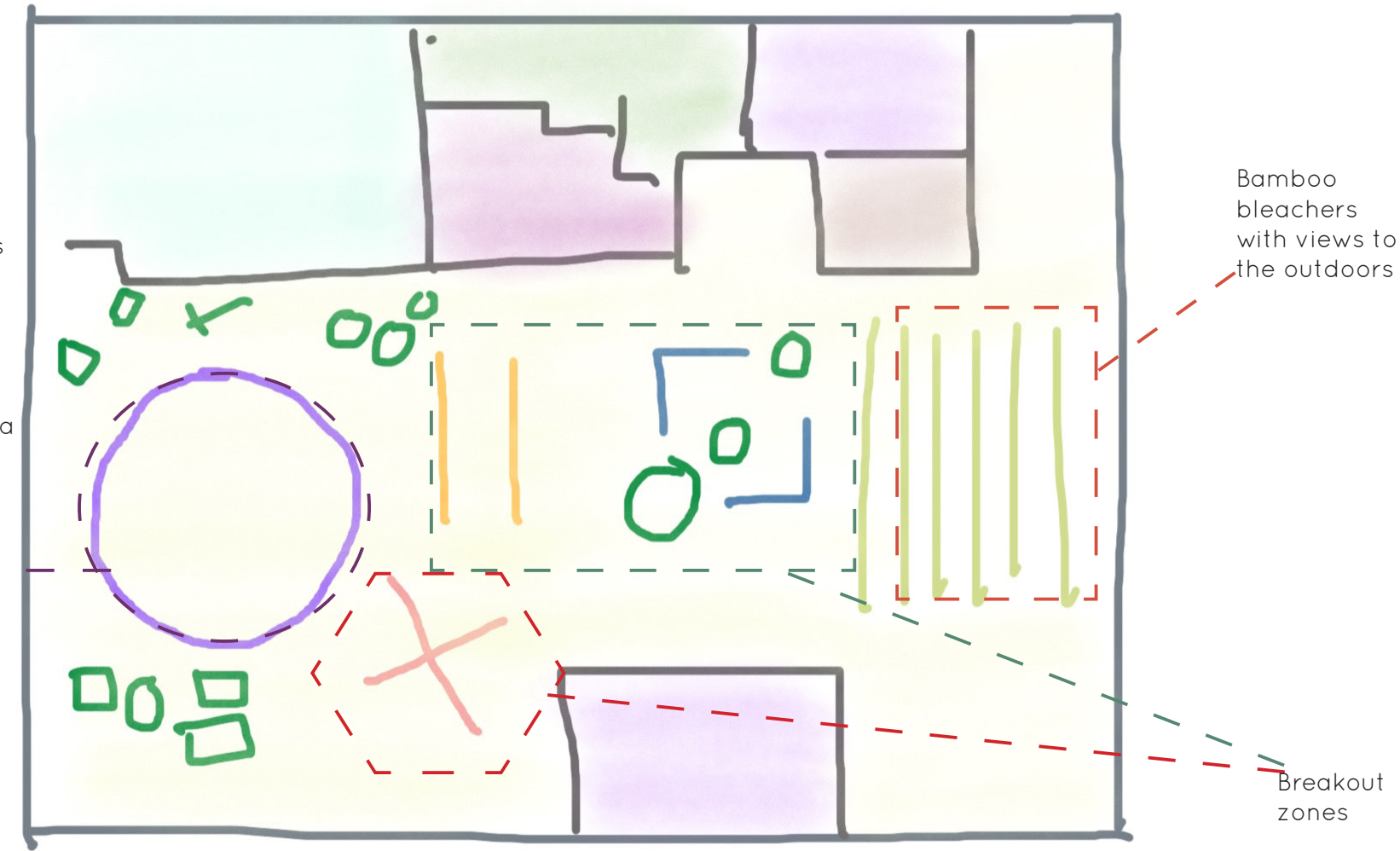
Fkexible furniture pieces that encourage postural diversity and movements.

Lighting choices do not obstruct views, but arranged in such a way as to complement the flexibility of the plan.
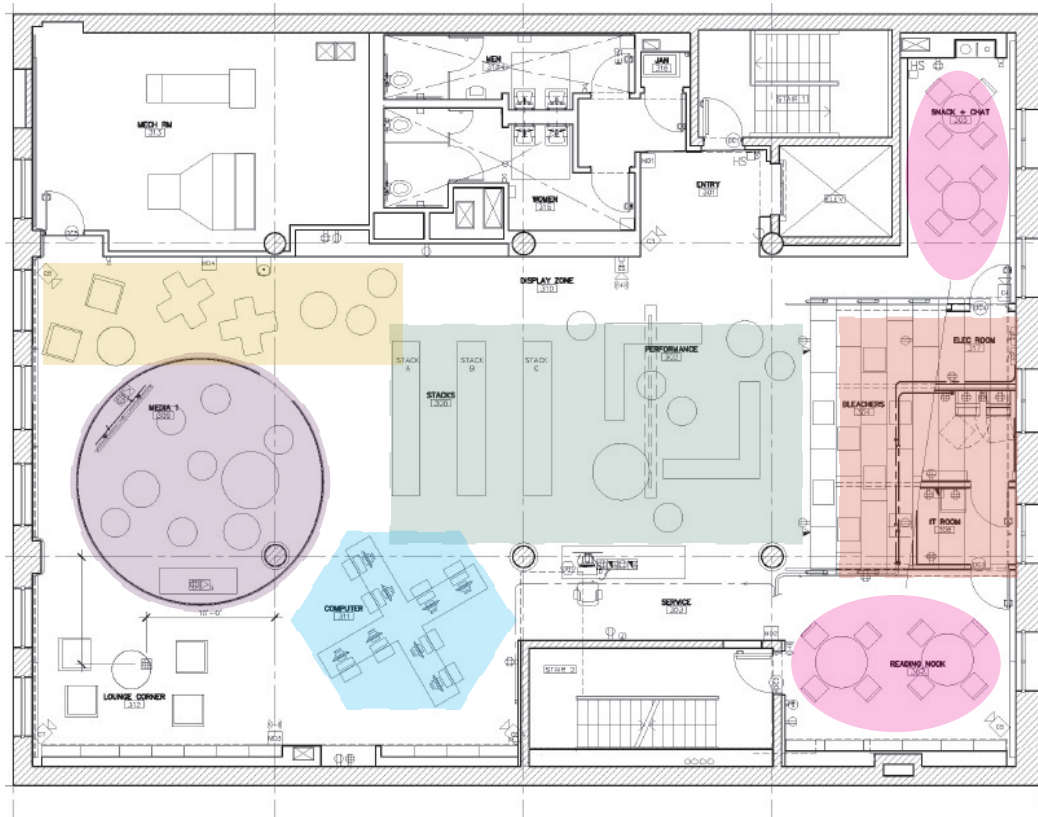
Actual floorplan is underlayed with key features highlighted.
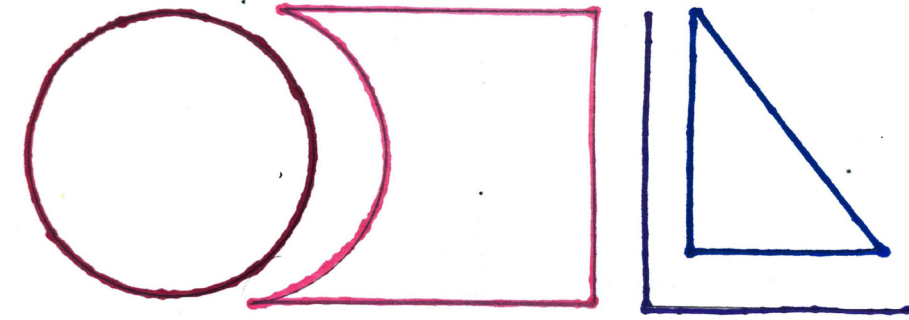
There are several breakout niches within the open floor plan of Hamilton Grange Teen Center, yet the space feels open, flexible, and uncluttered. Although various shapes of furniture are seen arranged in diverse configurations, the space feels cohesive. The open floor plan design allow for seamless transition from one place to the next. There seems to be a great sense of balance and harmony. There doesn't seem to be a strong hierarchy though the zones are of various sizes. One would expect for the large circular space to take prominence in the center, but it is not. Each of the zones stand out as unique and of equal importance to next.
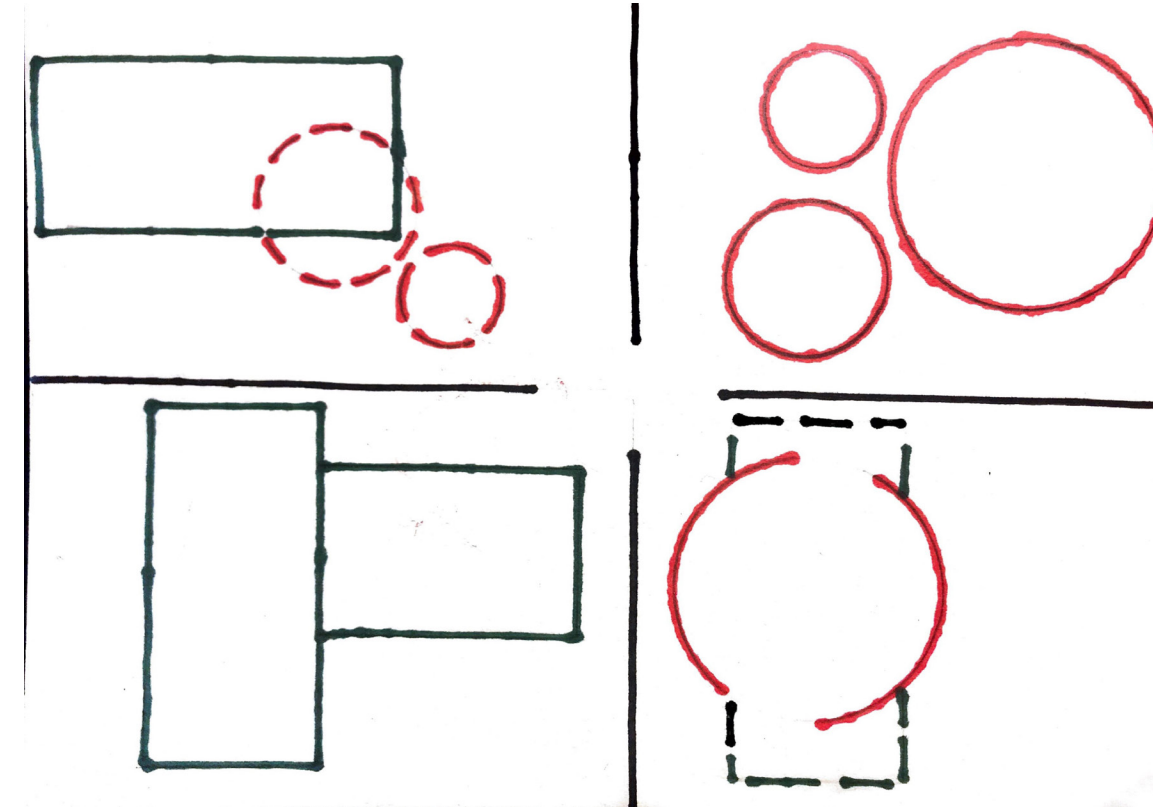
Hamilton Grange is a wonderful example of flexibility. There are a variety of spaces for learning and socializing to accommodate a diverse population of students, with various needs. The various spaces afford the ability for learning to extend beyond the commonplace classroom. Various seating options, and table surface heights maximize accessibility.

Furniture is used as partitions to create semi-private spaces. Different ceiling heights used throughout help to define spaces. There is a great balance between public and private, and different types of spaces are blended together to create smaller spaces that make the whole feel cohesive.

WORLD ACADEMY

Location: King Abdullah Economic City, Saudi Arabia
Architects: Innocad Architecture
Area: 133,500 sqf
Year: 2018

I was initially struck by the sleekness of the space and the use of geometric shapes throughout, to keep similar clusters of spaces easily recognizable. The use of built-in relaxed seating and cabinetry also help to reduce clutter. Overall, the space appears clean, professional, and modern. The simplicity of lighting, and the use of linear LEDS and colored linear lines on the floors to help with way-finding contribute to the design concept.

Natural light was maximized so the space feels open, sunny, and airy. Acoustic elements are used throughout as well as biophilic elements. Research has shown the benefits of biophilia in the environment in helping to foster students' wellbeing, creativity and learning agility. Overall, this international school design stands out because it is not the typical school interior. The design is highly innovative, and progressive, provides the type of environment that allows teens to thrive developmentally and socially.

Lots of flexibility in seating nook shapes and sizes, oriented to the windows; accommodates differemt postures and moods. Areas for personal or more intimate social encounters.

Different colors used to serve as a running theme for each area. Floors, ceilings, and walls work together harmoniously to create space.

Thoughtful attention paid to the in-between spaces, such as seating integrated slong stair paths, allowing for moments of spontaneous conversation.

CONCEPTUAL
DEVELOPMENT
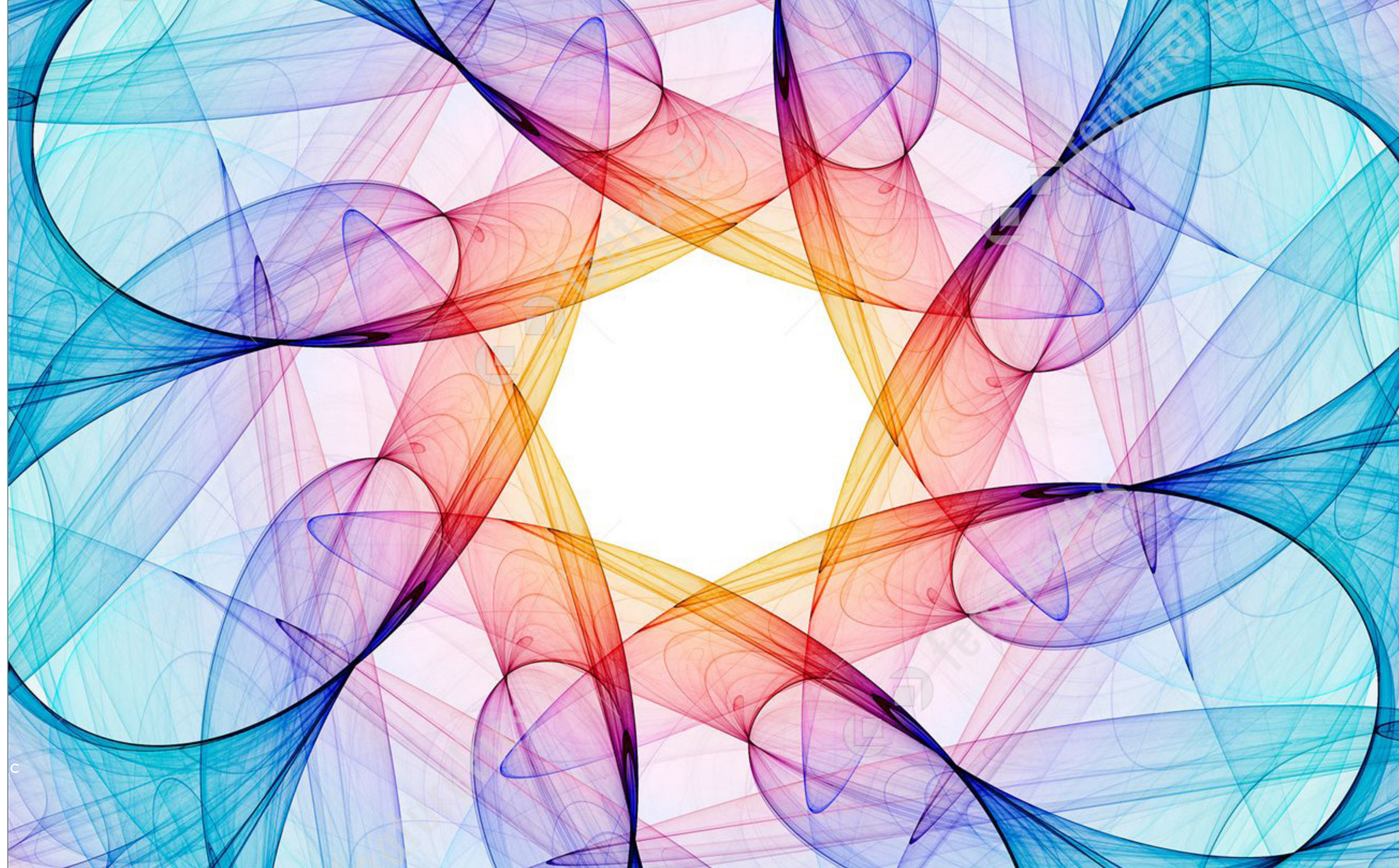
The design concept is Kaleidoscope.

The concept celebrates positive and productive shifts in perspective, to promote mental wellness. The space aims to give teens, their peers, and the community a more vibrant lens to see mental wellness through.

What comes to mind when you hear "kaleidoscope"?
(informal survey to nursing colleagues (12) + interior design classmates (9)
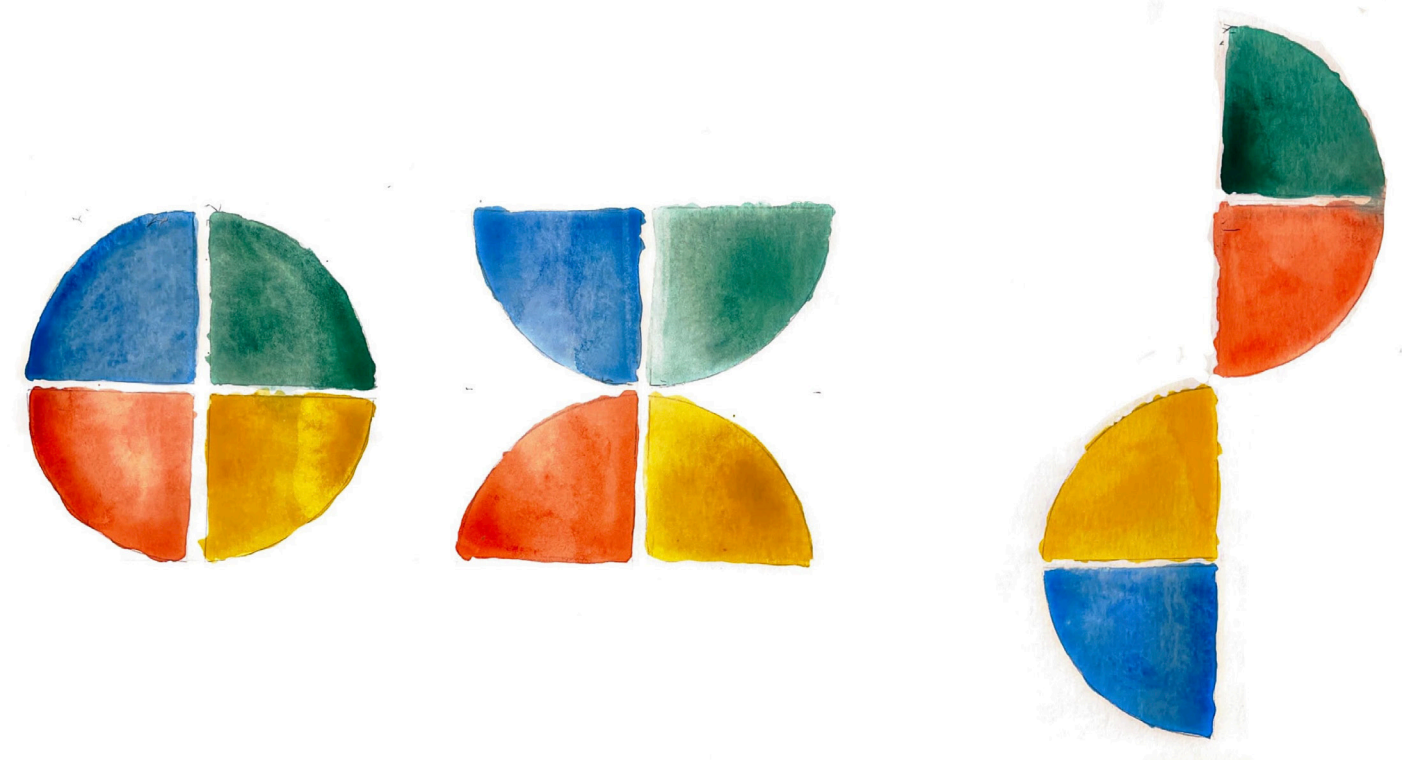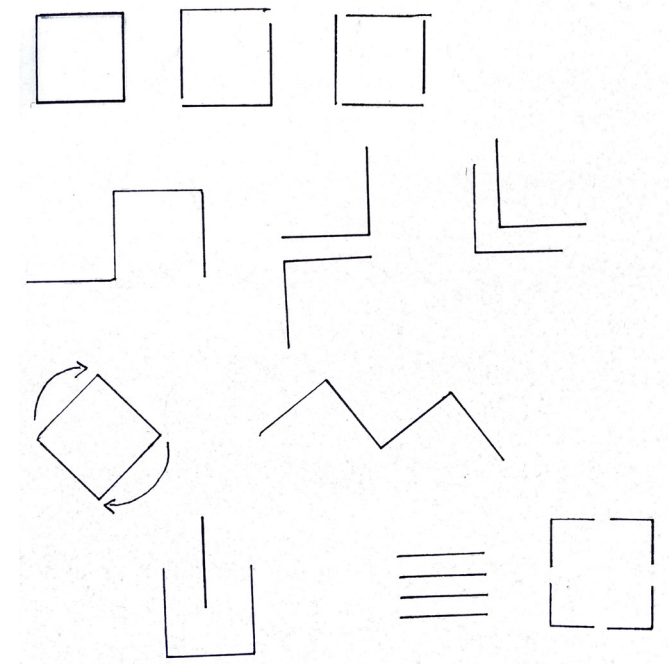
toy	magical	colors
church stained glass win-dows	beads	shape
prism	light	beauty
sun	designs	
colors	colors	ship
glitter	prism	scope
optical illuision		toys
transition	bright	geometry
colors	colorful	3D
objects	happy	Optical illusion
shapes	movement	* "looking through"
"elements of mindfulness and being present"	glitter	lucid dreams
*"you have to focus on what you're looking at"	"light shining on glitter"	unique
	"you see different colors"	
colors	shapes	colors
diamond shapes	light	shape
stained glass	twists	beauty
	colors	exciting
		new

*most impactful for concept development

moving	dazzle
landing	reflection
start/stop	multiplication
	complexity
	pattern
patterns	radial
circular	perception
	illusion
	dimension
mesmerizing	flatness
captivatiog	
art projection spaces - those	
museum/gallery spaces that	transparency
project art all over the walls	*possibility
tesselation	reflection
museum spaces	complexity
movement	opportunity
mixture	*control of unknown possibilities
	design meets
	science
geometry	
mirror	
repetition	ever changing
	fluctuating
	fluid
	complex
moving	
landing	
start/stop	transcendent
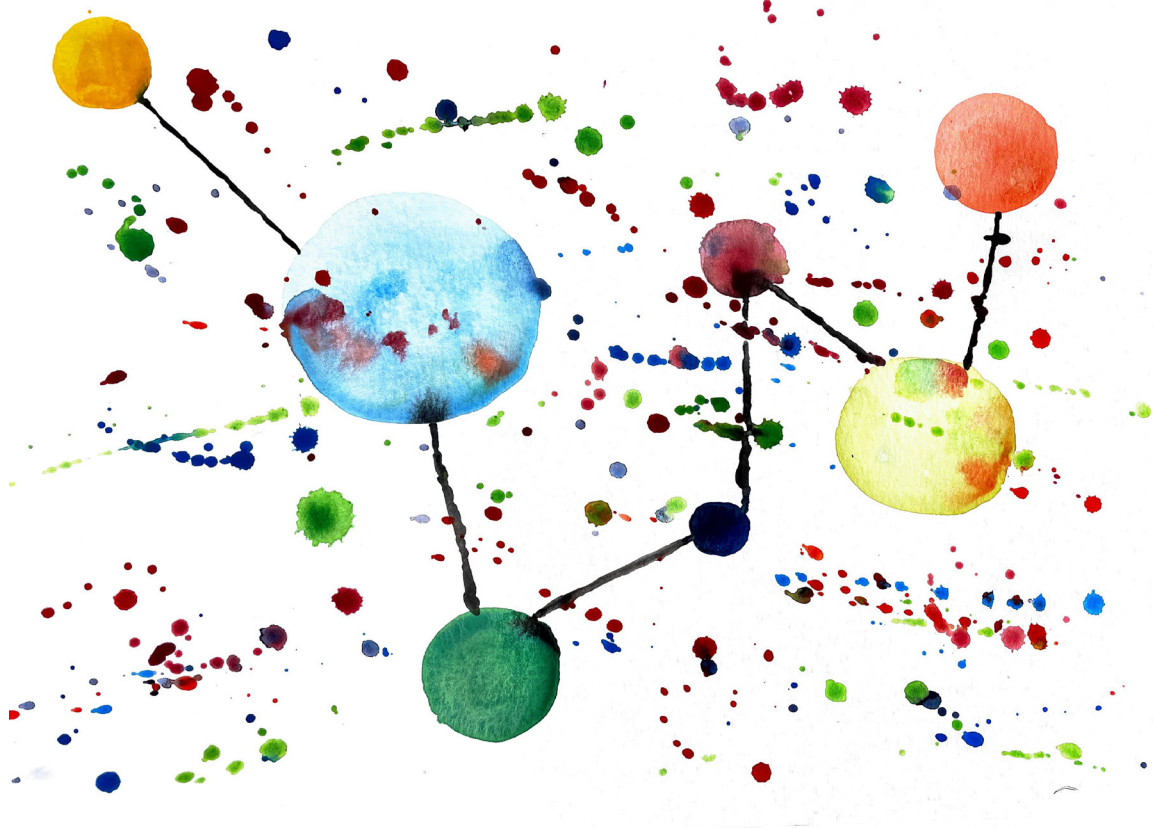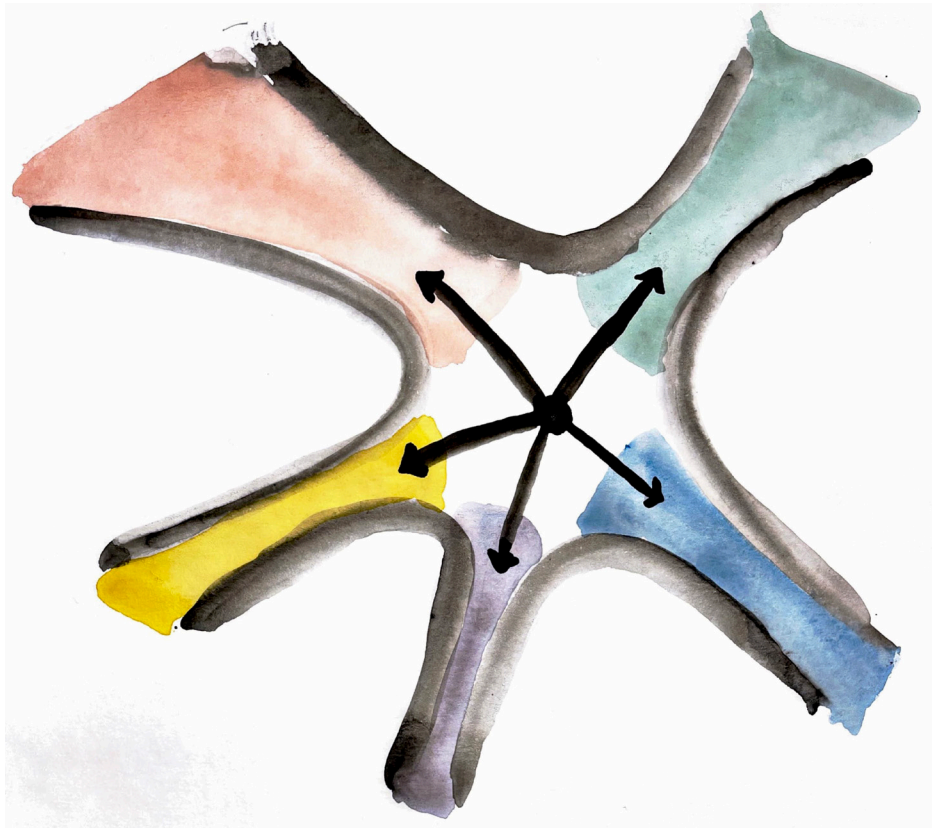
Possibility

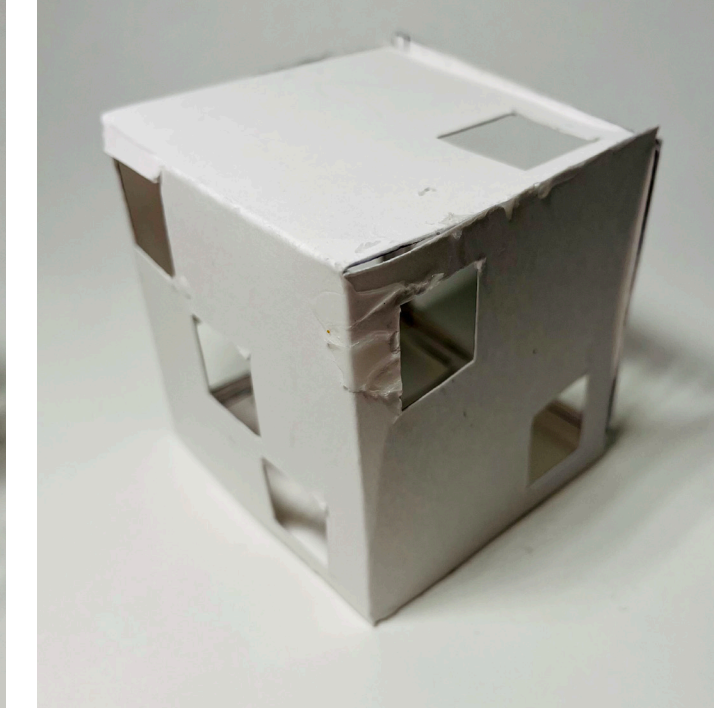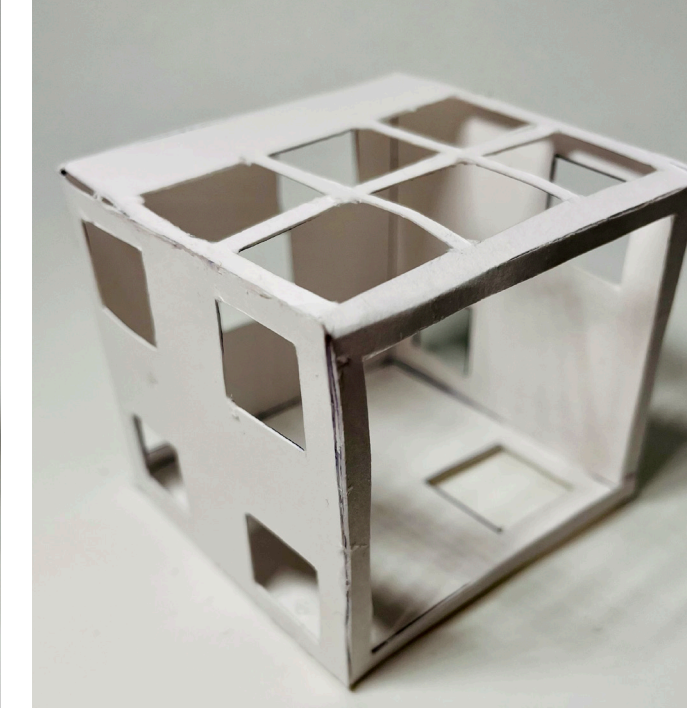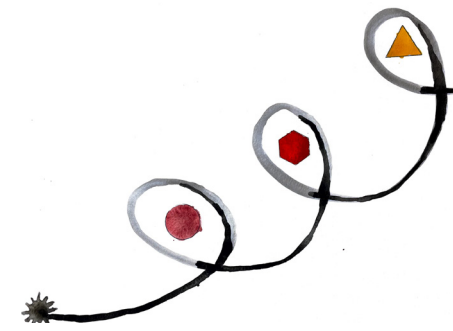
Flexibility
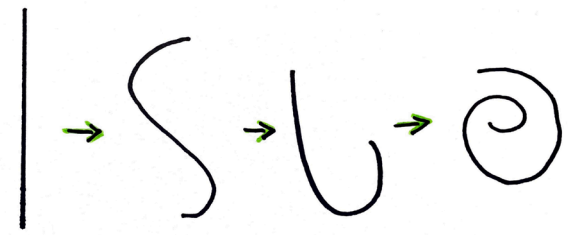
Smooth popsicle sticks are arranged along with popsicle sticks with slits, in an alternating fashion, to form a partition. The concept of cohesion with contrast is being explored here.

Control with transitions
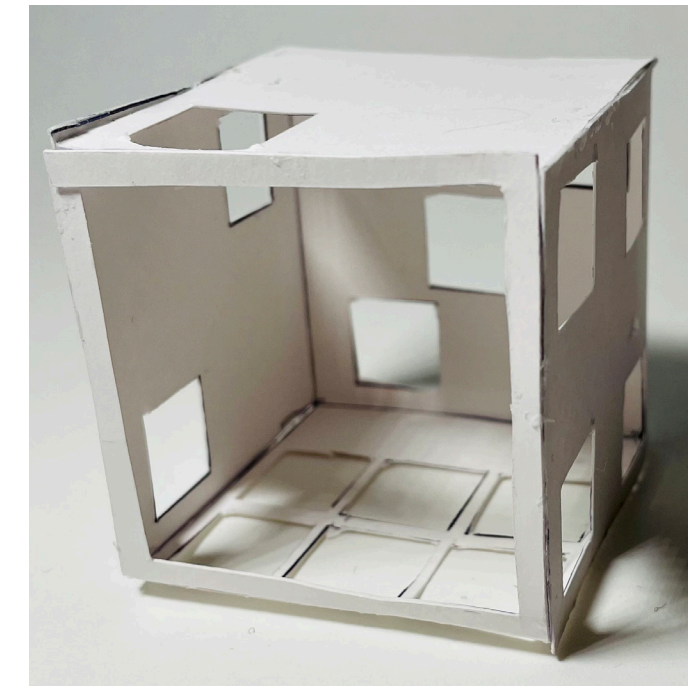
Possibility

Adolescence is a time of transition. This population has unique needs and values, including autonomy, safety, and privacy. There was a strong desire to have an open plan, with adequate flexibility to facilitate various levels of privacy, depending on the desired need, at any particular time. Levels of privacy are being explored with these models.
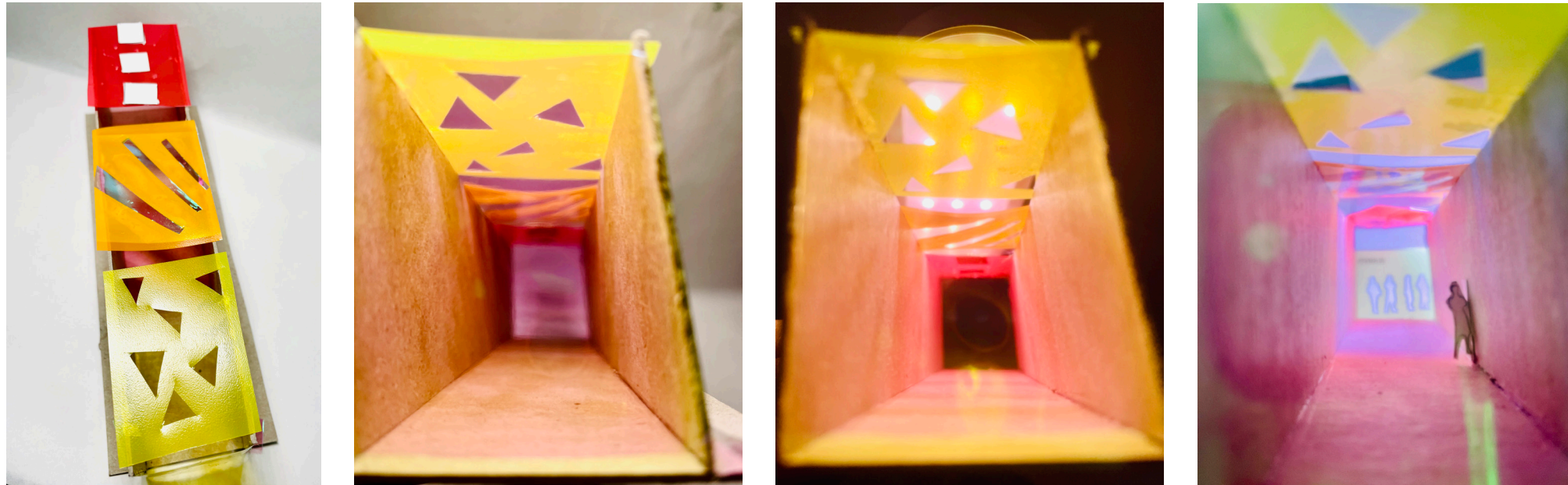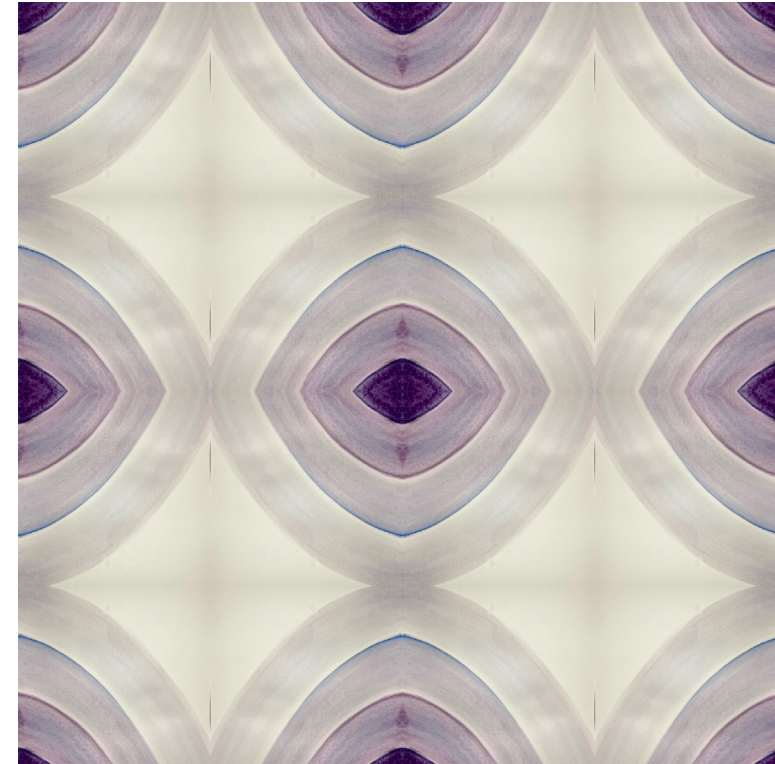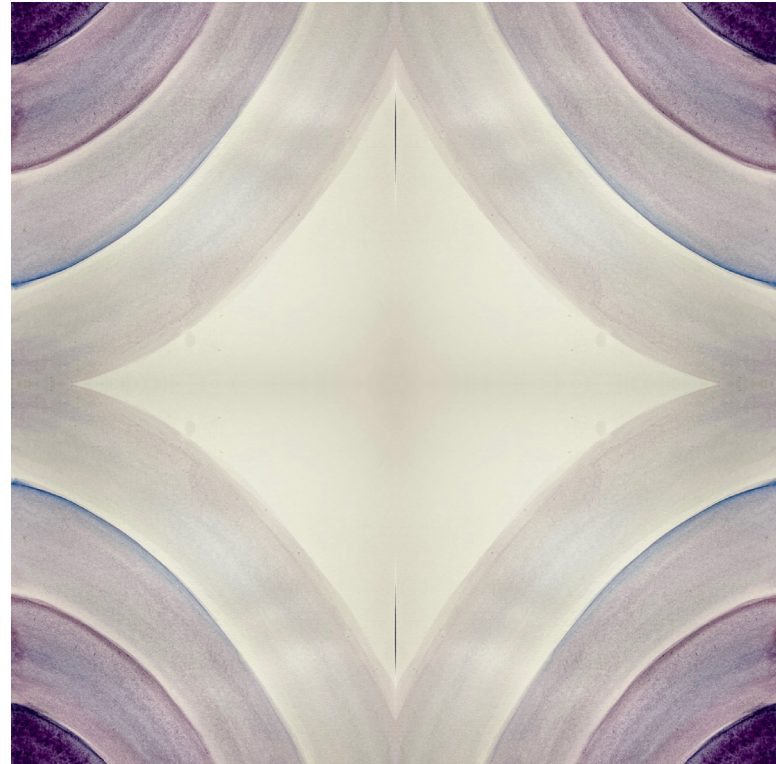
Creating space with color
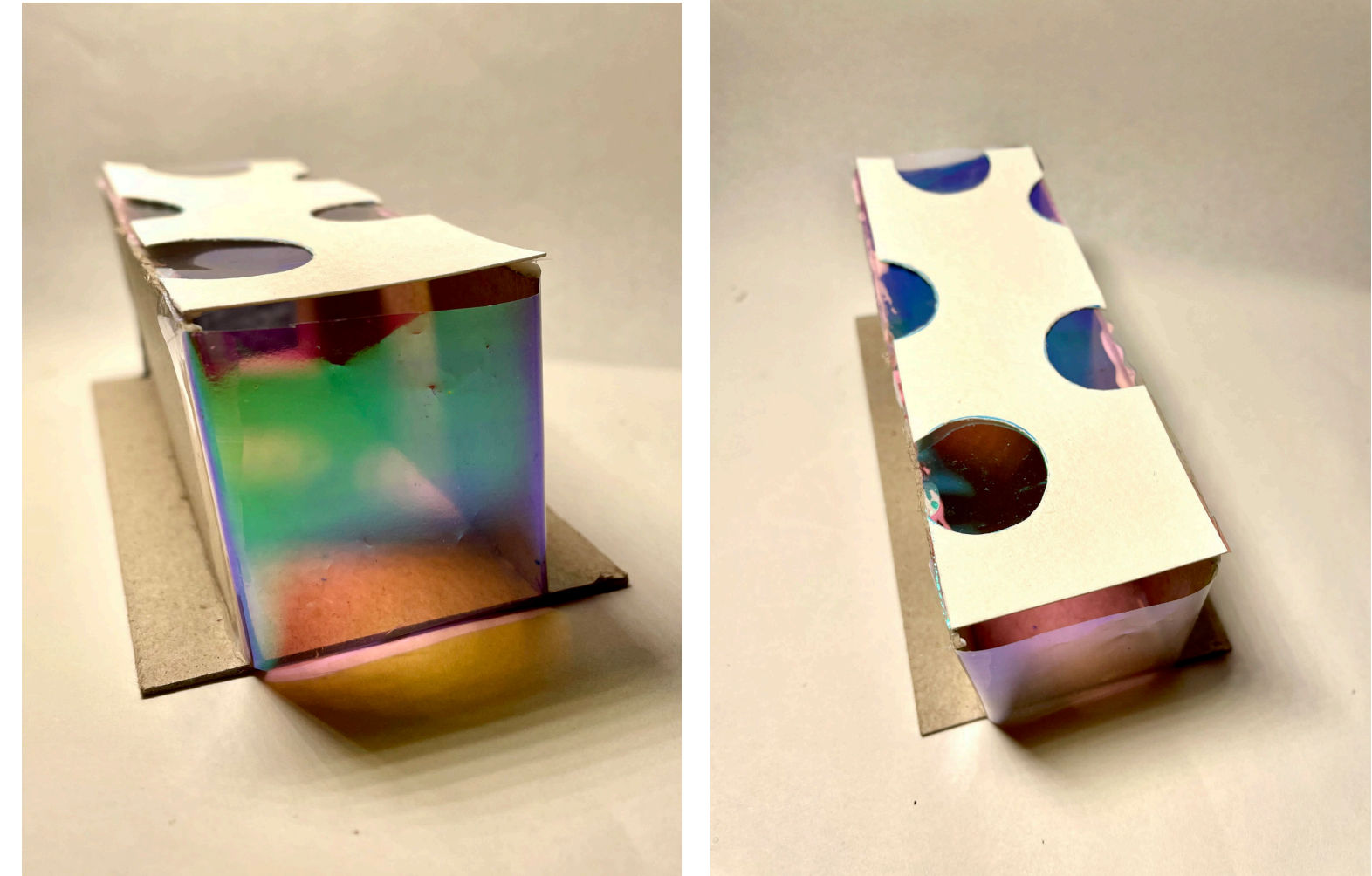
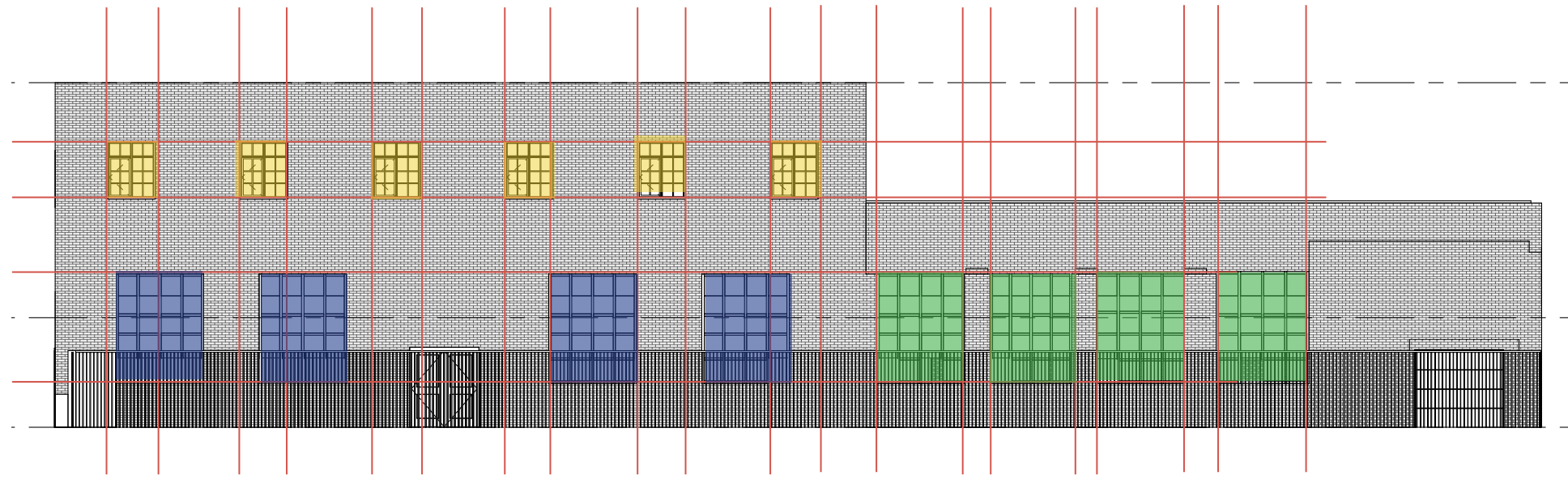Pockets of transparency/visibility
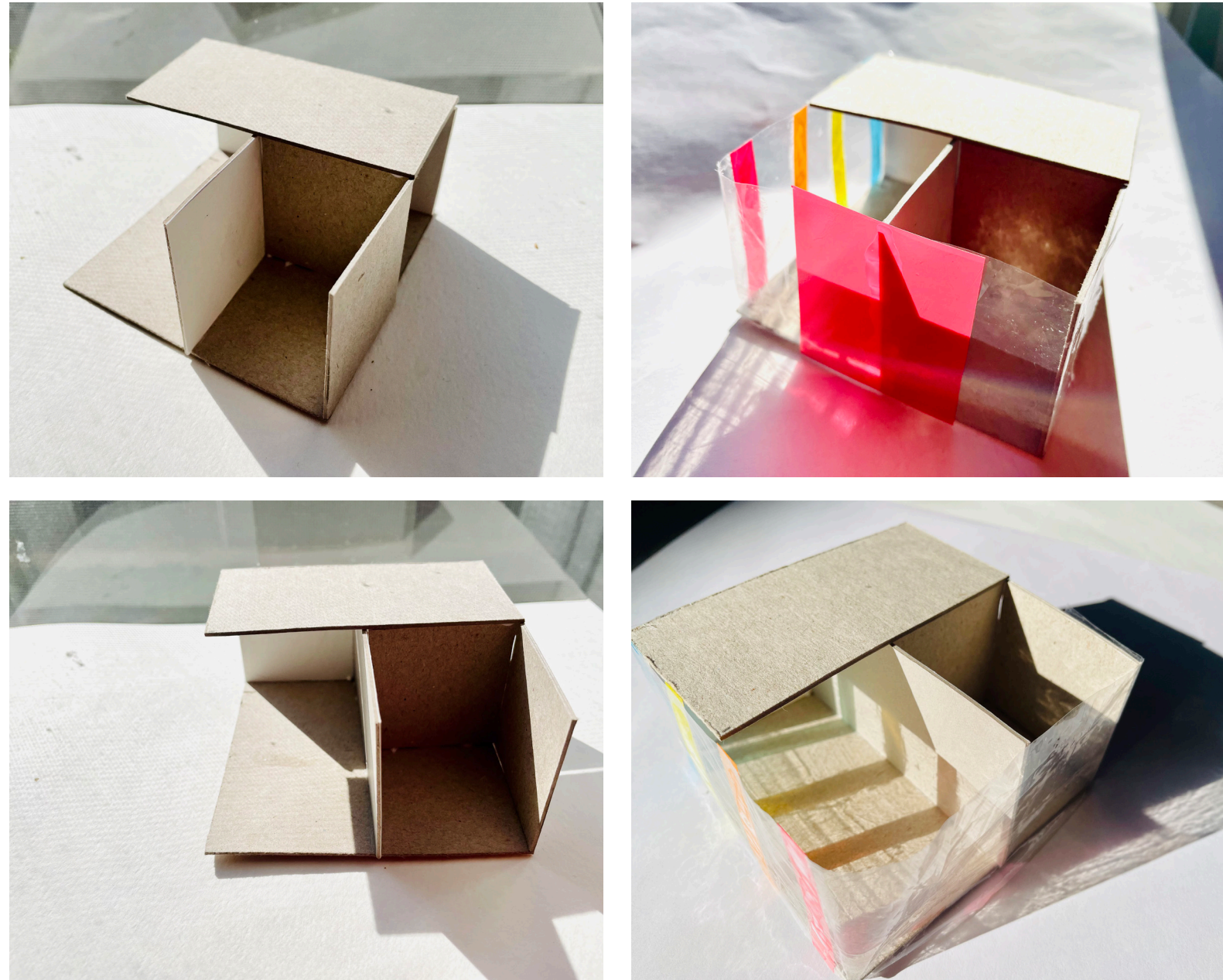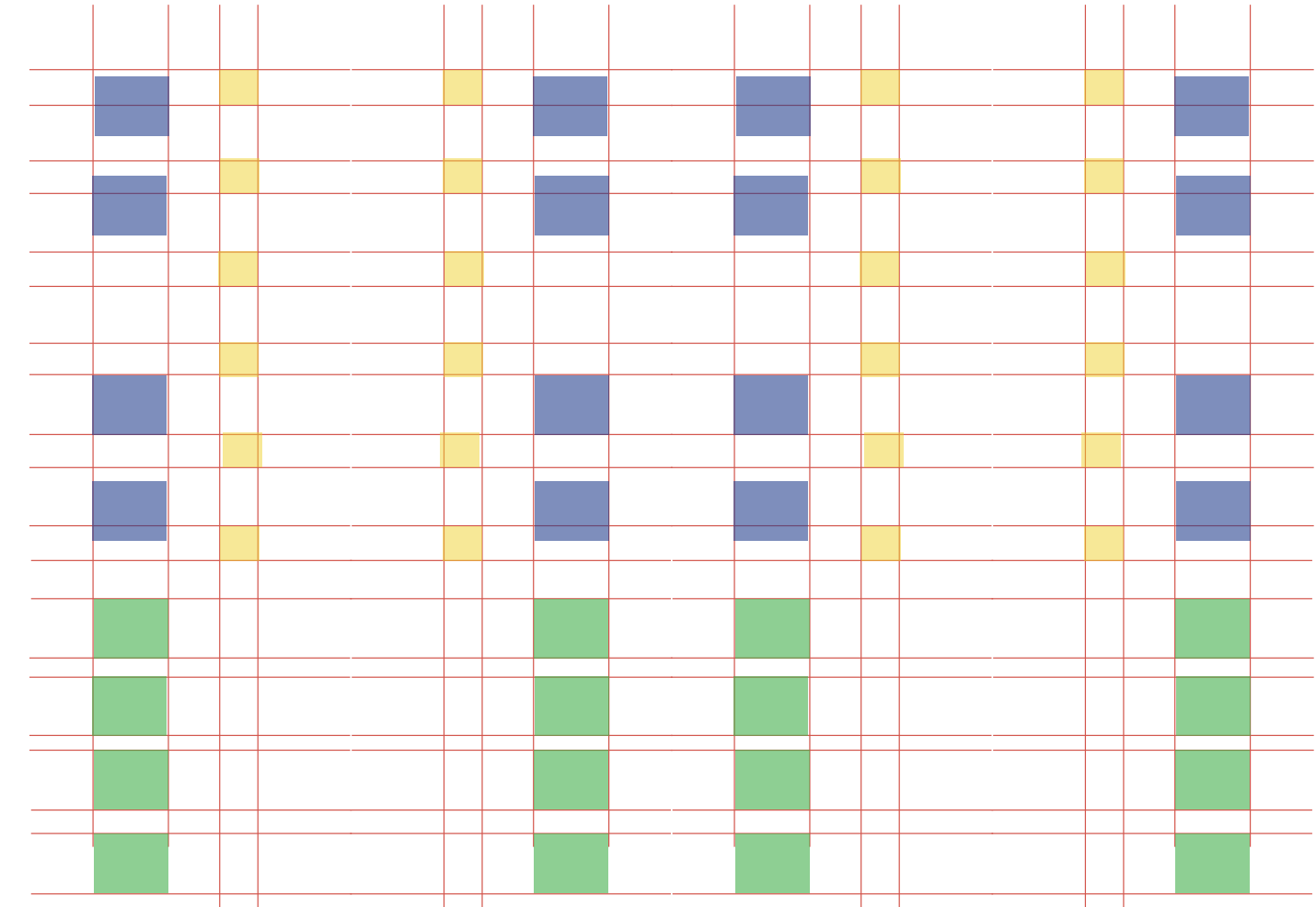
Public to private with light + color
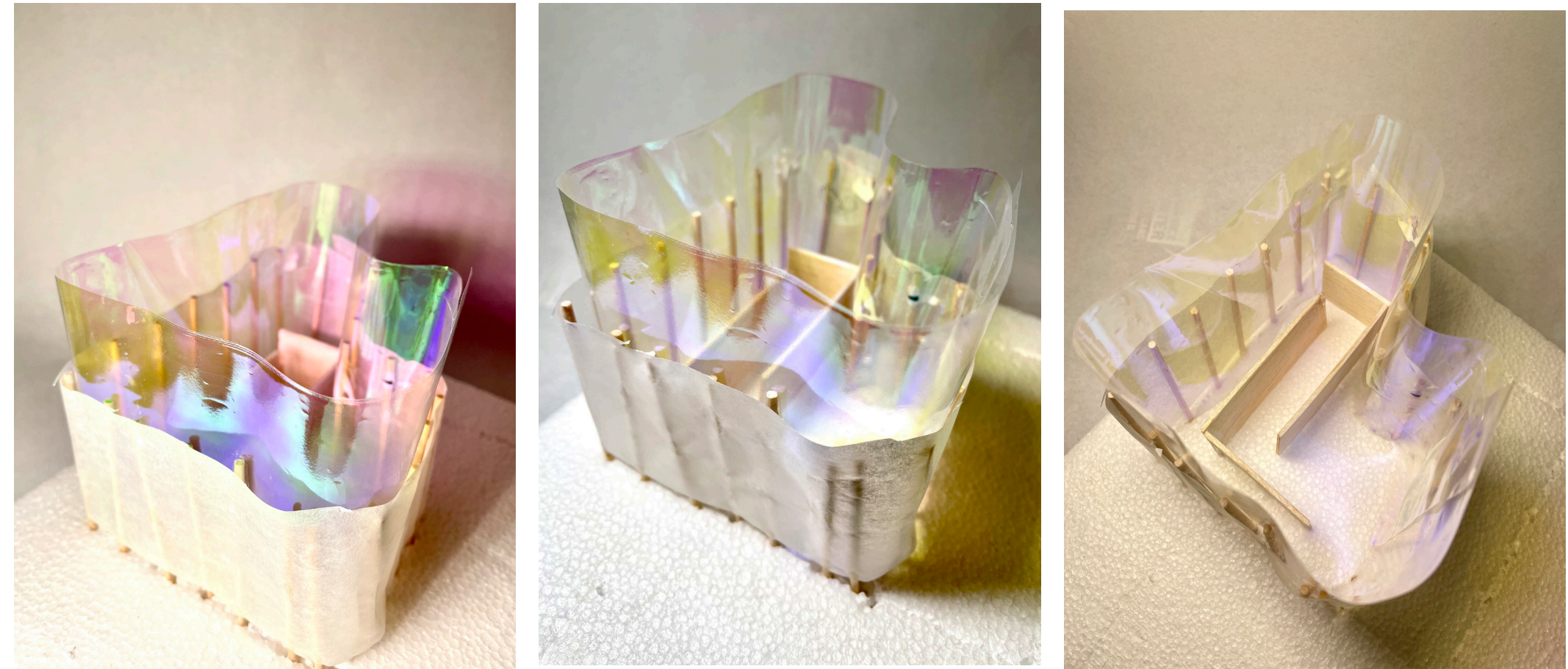
Transparency progression from the outside in
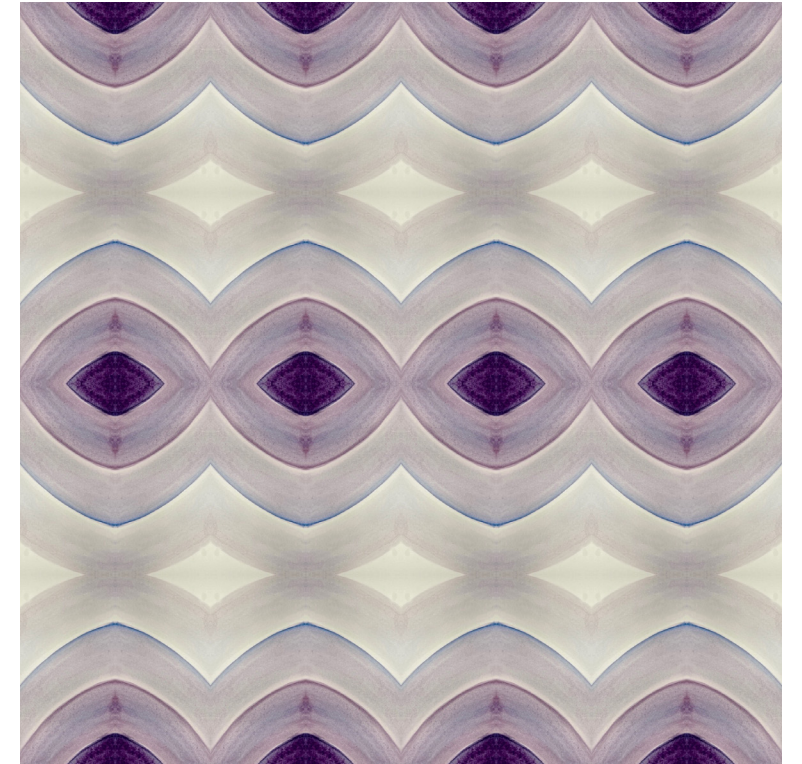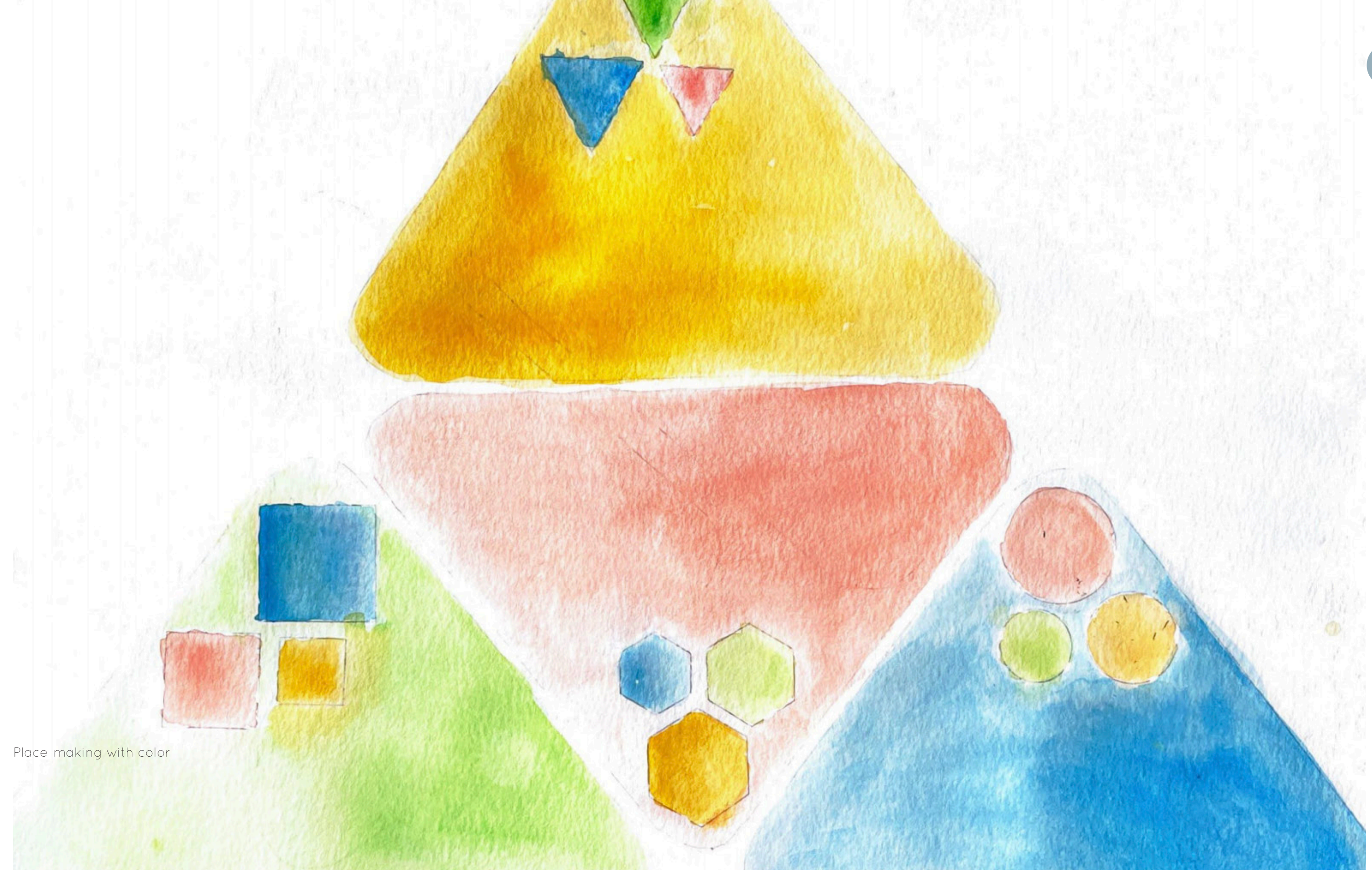
Spatial transitions

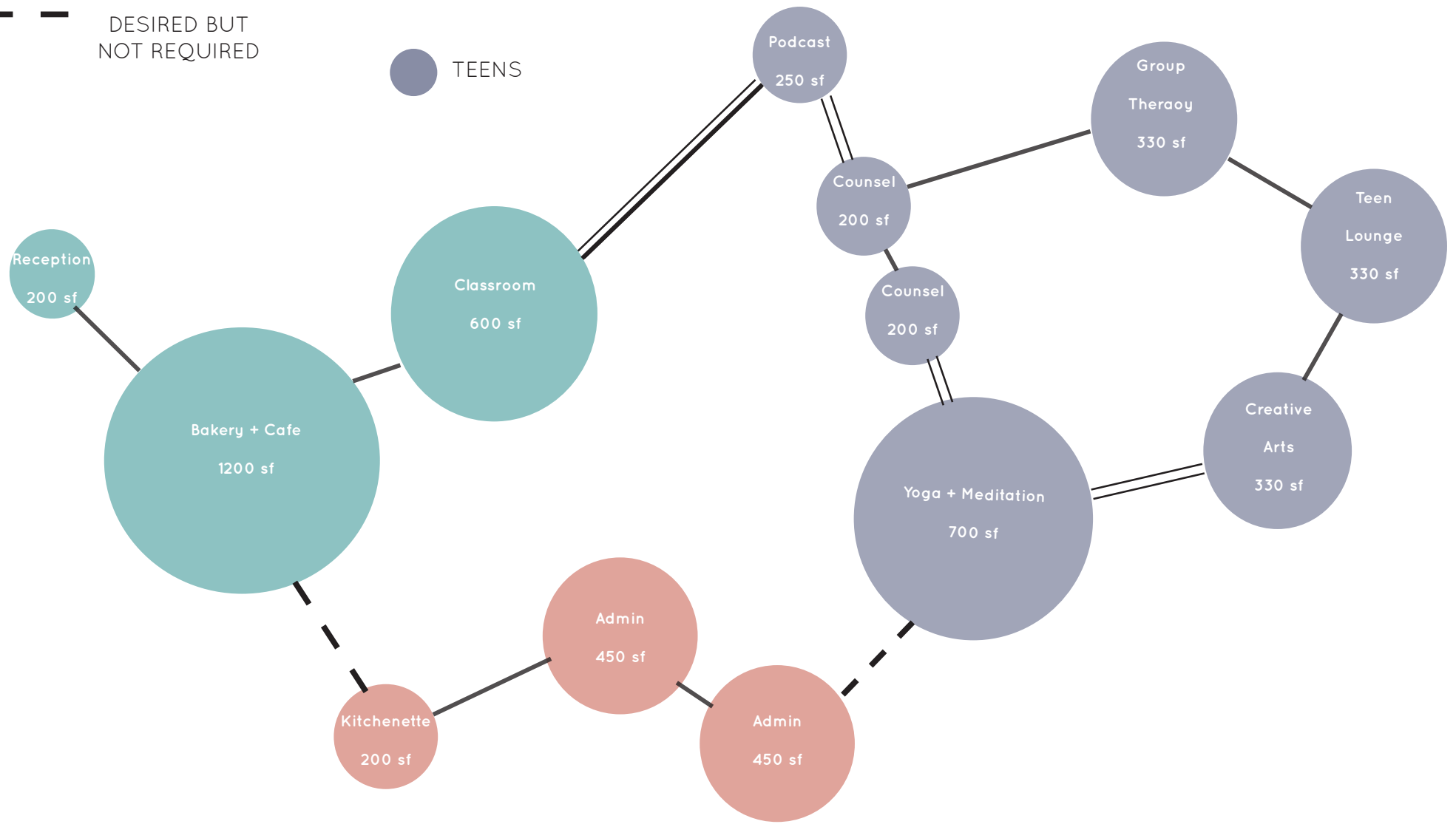West elevation pattern exploration with the windows

West elevation pattern integration
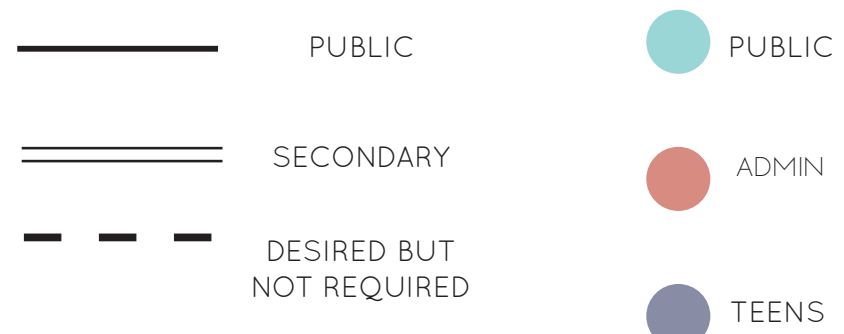
SCHEMATIC DESIGN

Place-making with color

Legend:
- PUBLIC
- SECONDARY
- DESIRED BUT NOT REQUIRED
- PUBLIC
- ADMIN
- TEENS

Bubbles:
- Podcast 250 sf
- Group Theraoy 330 sf
- Counsel 200 sf
- Teen Lounge 330 sf
- Reception 200 sf
- Classroom 600 sf
- Counsel 200 sf
- Bakery + Cafe 1200 sf
- Creative Arts 330 sf
- Yoga + Meditation 700 sf
- Admin 450 sf
- Kitchenette 200 sf
- Admin 450 sf

Floor Plan:
- PUBLIC
- TEENS
- ADMIN
- COURTYARD
- COURTYARD
- LEVEL 1
- ADMIN
- LEVEL 2
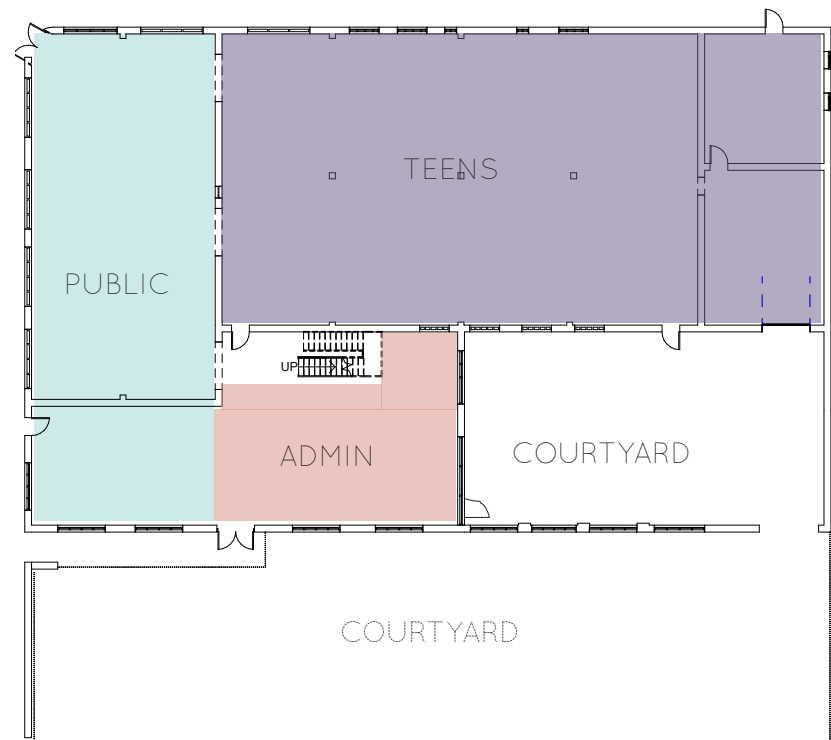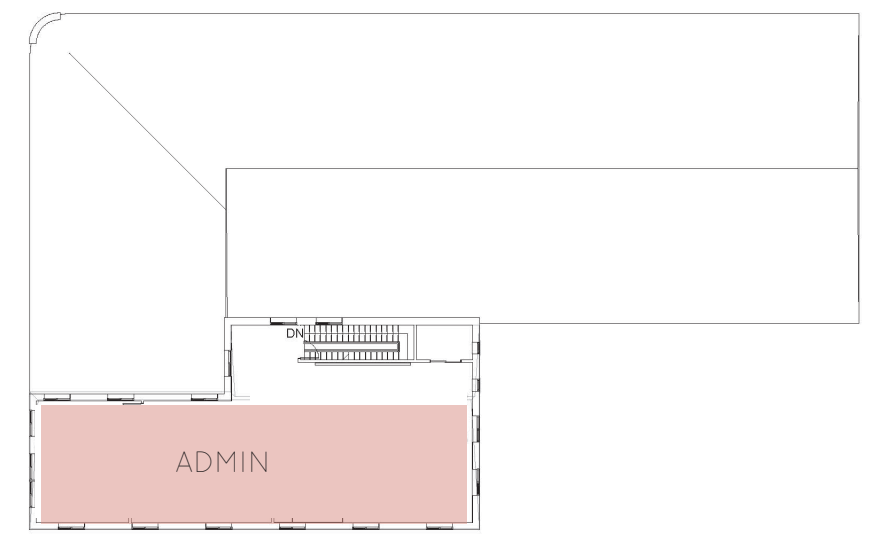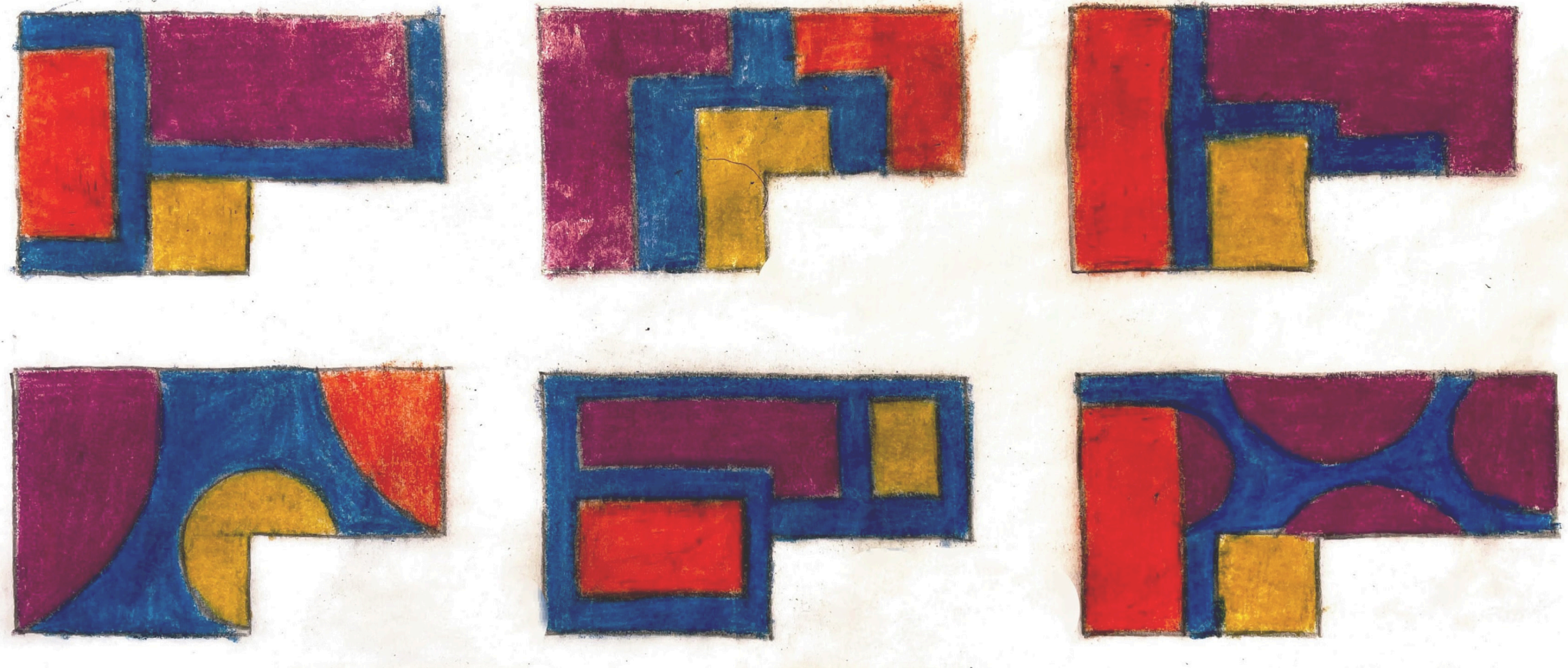
PUBLIC

TEENS

ADMIN

CIRCULATION
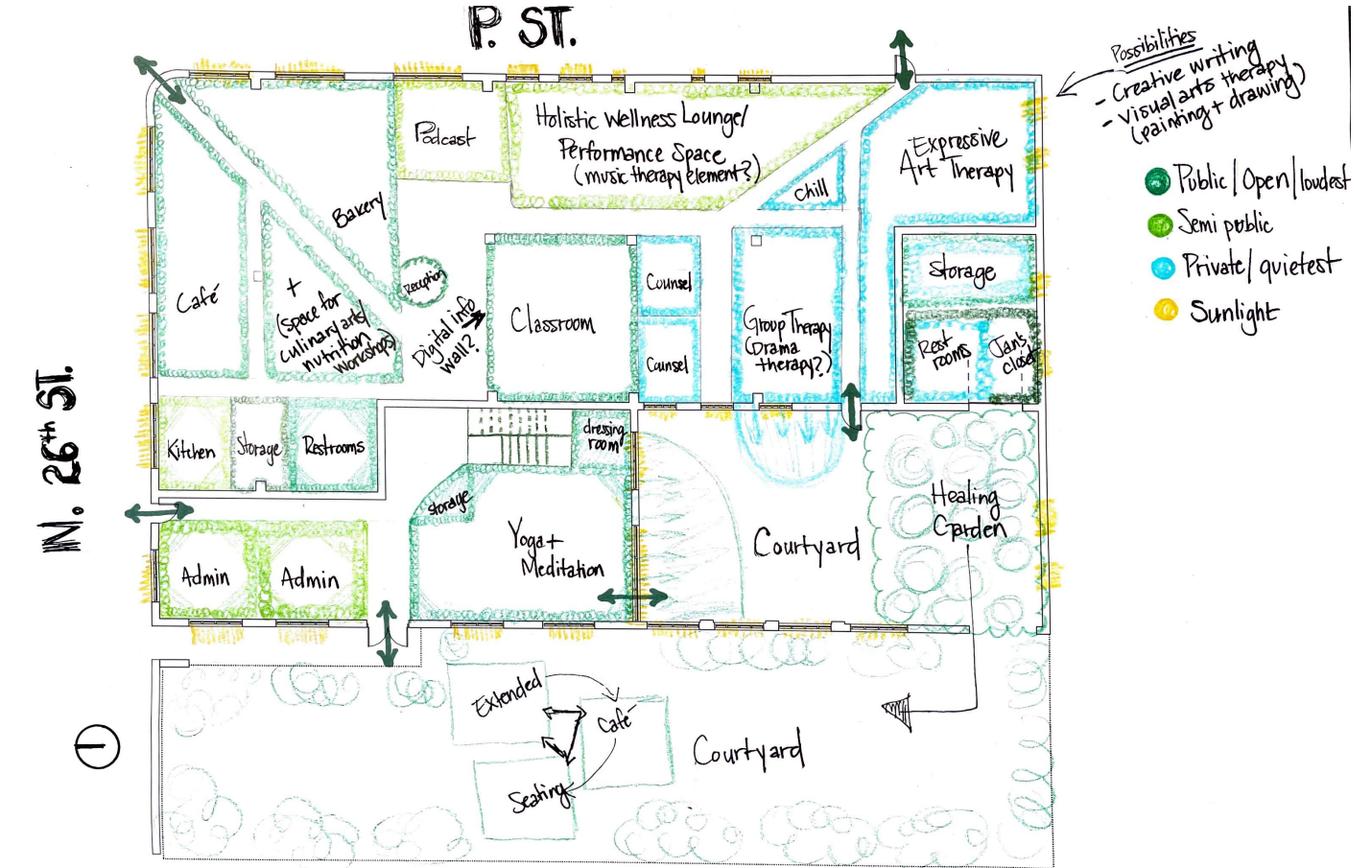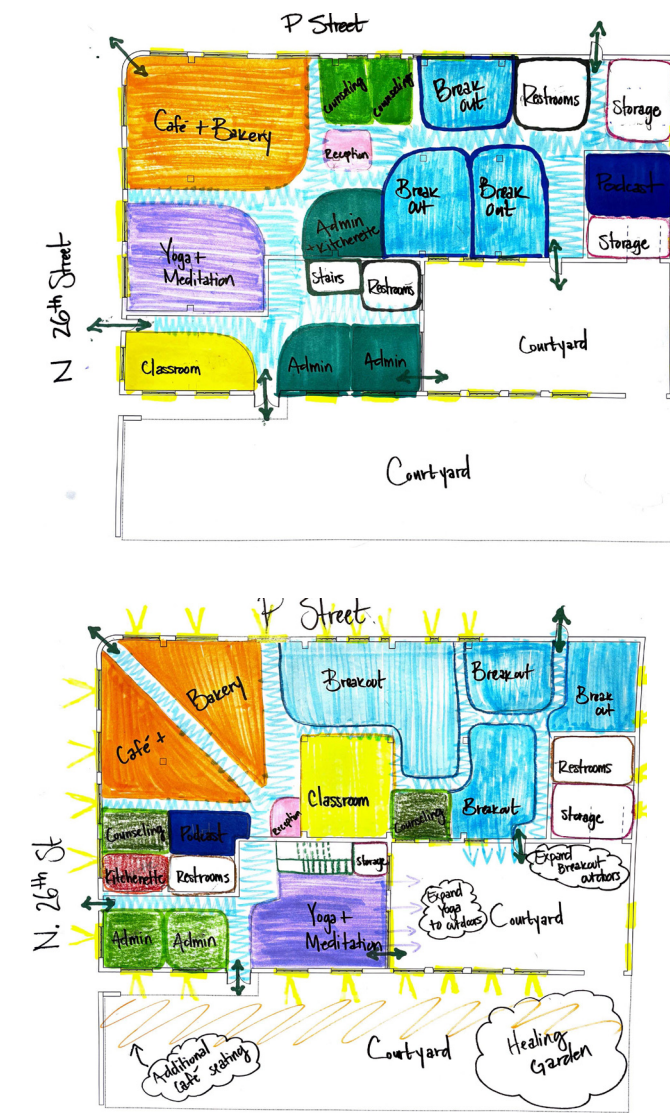
DESIGN DEVELOPMENT
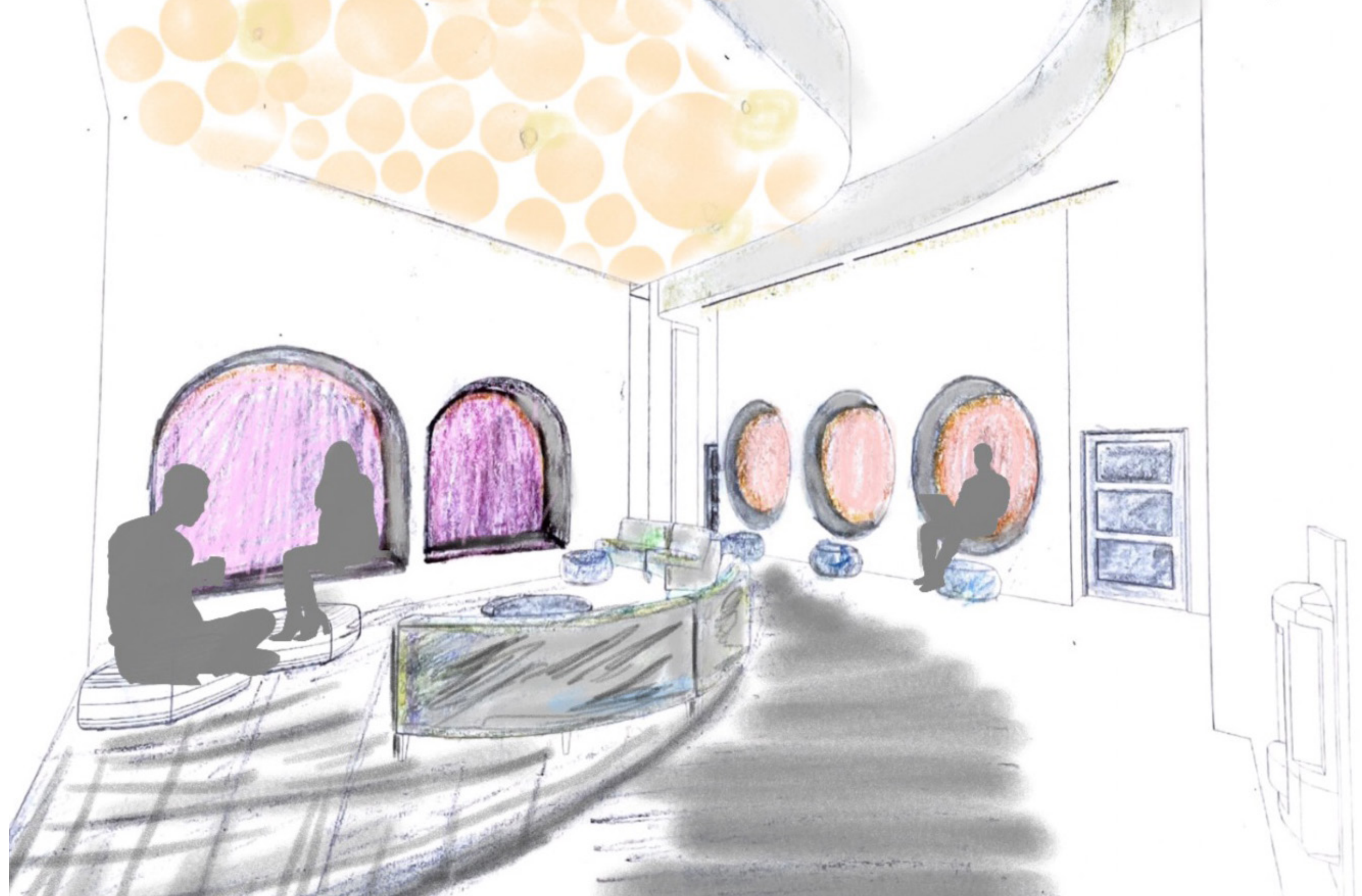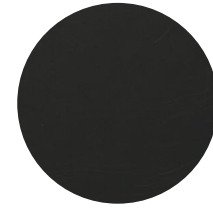
WHITE OAK

STEEL

GLASS

AVONITE

WOOD WOOL
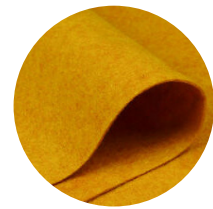
FELT

POLYVISION
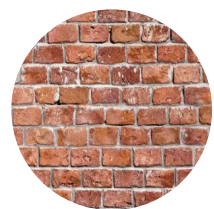
BRICK
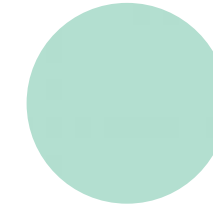
BENJAMIN MOORE - Gentle Breeze

BENJAMIN MOORE - Super White
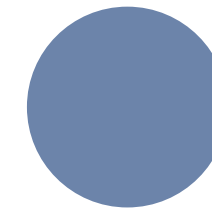
BENJAMIN MOORE - Yin Yang

Level 1 Furniture Plan labels:
- RECEPTION
- PODCAST
- TEEN LOUNGE
- ART STUDIO
- CAFE + BAKERY
- COUNSELING
- COUNSELING
- GROUP THERAPY
- YOGA
- STO
- UP
- STO
- CLASSROOM
- ADMIN
- COURTYARD
- COURTYARD
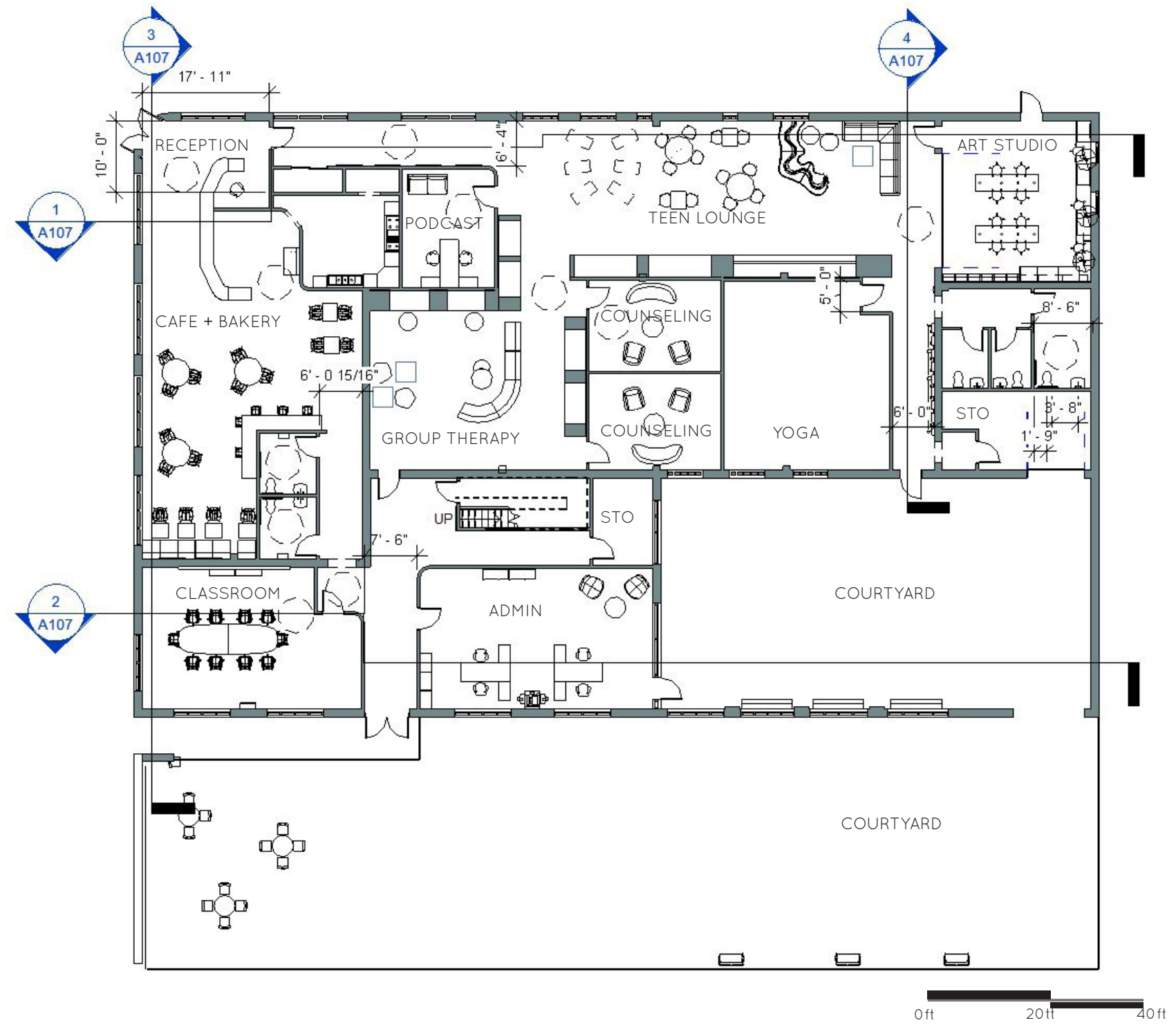
Dimensions: 17' - 11", 10' - 0", 6' - 4", 5' - 0", 8' - 6", 6' - 0", 8' - 8", 1' - 9", 6' - 0 15/16", 7' - 6"

Reference markers: 3 / A107, 4 / A107, 1 / A107, 2 / A107

Scale: 0 ft   20 ft   40 ft

Level 2 Furniture Plan labels:
- DN
- ADMIN SUITE

Dimensions: 4' - 0", 5' - 0", 15' - 1 17/32"

Scale: 0 ft   20 ft   40 ft
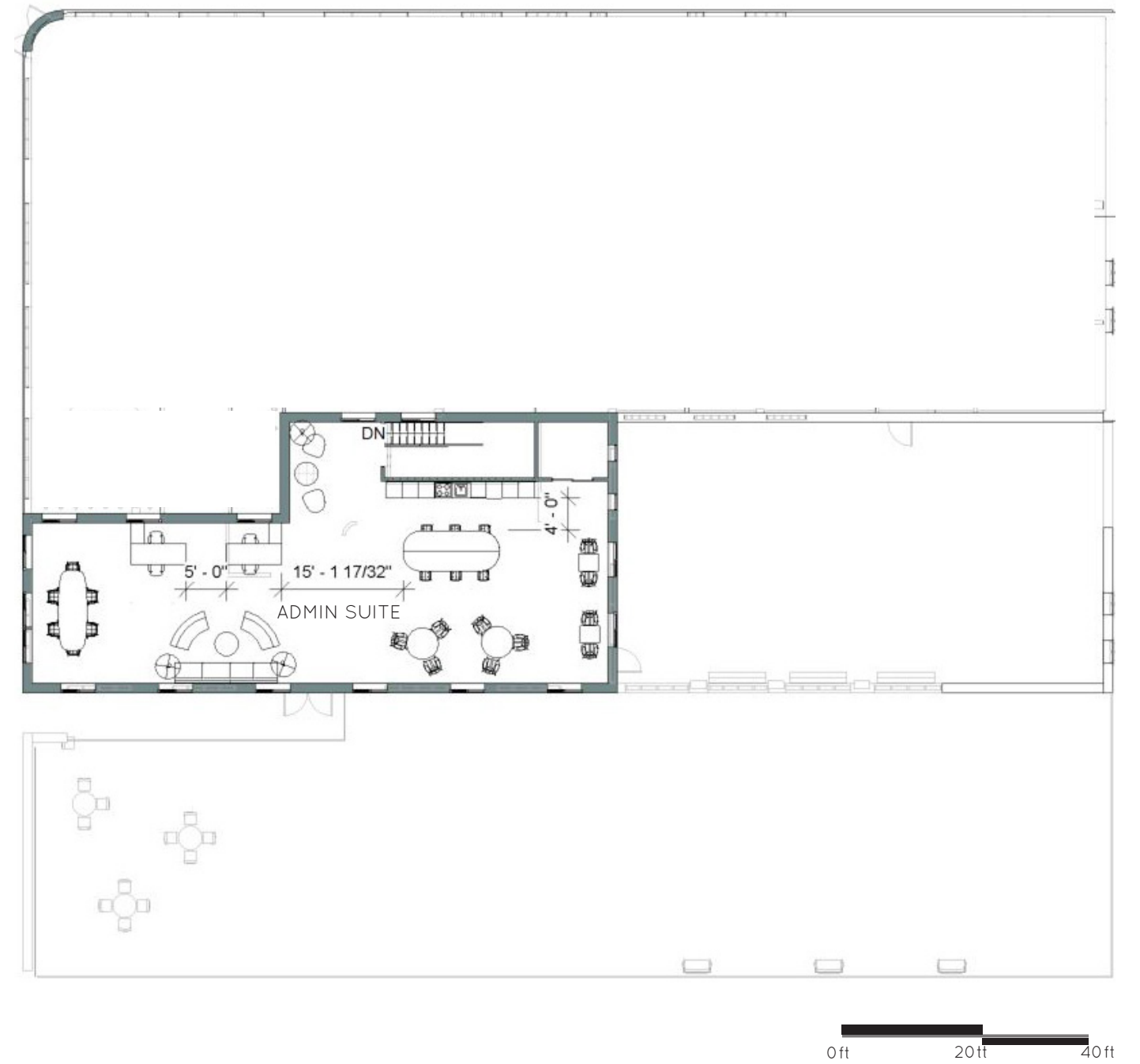
1. Wellborn + Wright
Solid white oak -
Frankfurt

2. Kairoistanbul A.
Terrazzo floor tiles

3. Interface-Broome St.
Carpet tiles
Turquoise -10621

4. Interface-Viva
Carpet tiles
Durazno-106037

5. Mutina - Verde
Unglazed porcelain
tile

6. Kairoistanbul A.
Terrazzo floor tiles

7. Interface-Viva
Carpet tiles
Lavanda-106035

8. Interface-Viva
Carpet tiles
Celeste-101148

0ft   20ft   40ft
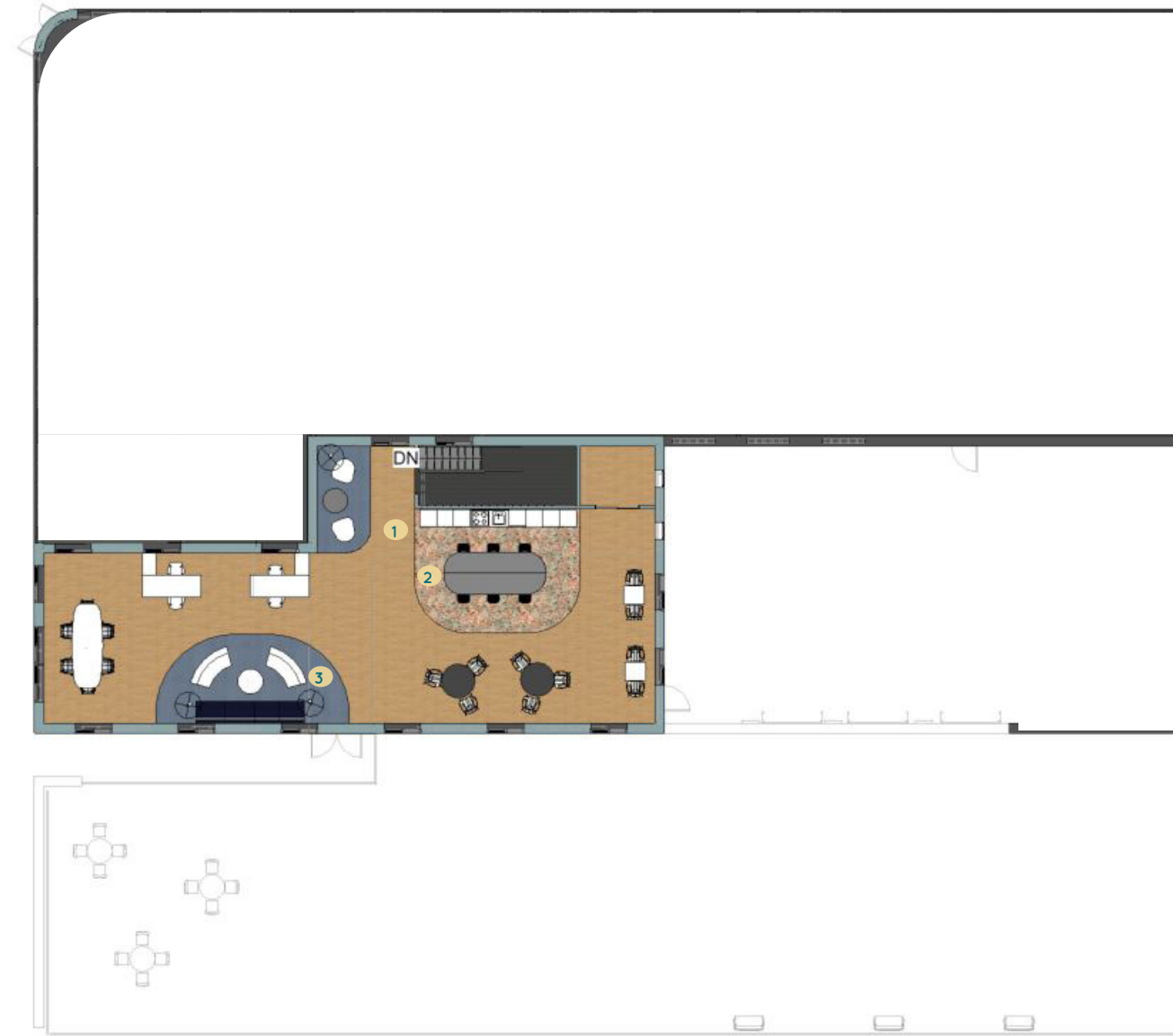
1. Wellborn + Wright
Solid white oak - Frankfurt

2. Kairoistanbul Architectura
Terrazzo floor tiles

3. Interface-Viva Colores
Carpet tiles -Celeste-101148
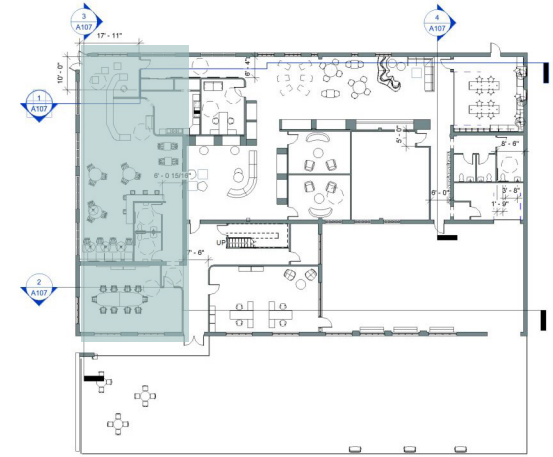
0ft   20ft   40ft

Zero-HOOP
LED pendant

Louis Poulsen CIRQUE
LED direct light pendant

Knoll
Cefe table

Casamania & Horm
Stackable polypropylene
chair with armrests

Martin Brattrud
La Purisima banquette
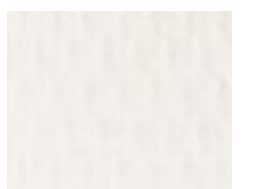
Blindster-Vinyl
blackout roller shades
(battery powered)

The bakery and cafe is designed to be a vibrant and welcoming space for teens and all guests. A digital platform consisting primarily of a website and downloadable app, created for the space, enables users to submit artwork to be displayed on the ceiling suspended LCD screens. Lighting is integrated within each tubular screen. Conceptually, these screens provide a kaleidoscope of community artwork for all to enjoy.

Moreover, the two gallery walls shown provide additional space for artwork created by teens who utilize the space, to be showcased.

Chairs of the various colors used throughout the teen spaces are used here as well, to further support the concept.

All guests are invited to REFRESH in this space.
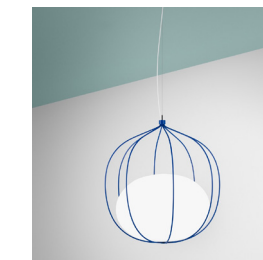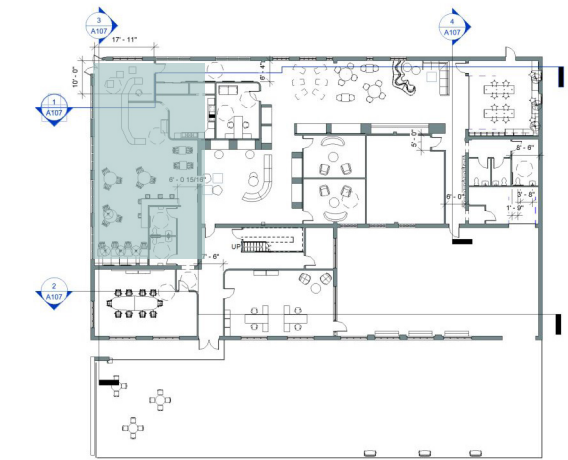
Zero-HOOP
LED pendant

Louis Poulsen CIRQUE
LED direct light pendant

Knoll
Cefe table

Casamania & Horm
Stackable polypropylene chair with armrests

Martin Brattrud
La Purisima banquette

Blindster-Vinyl
blackout roller shades
(battery powered)

0 ft   20 ft   40 ft

EUREKA - CYCLE
LED pendant lamp

HAY-ABOUT A CHAIR
Chair with armrests

Knoll
Cefe table

Verpan - Welle 2
Lounge Chair

Design Development
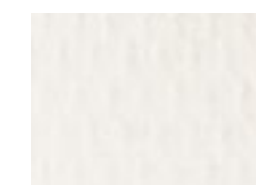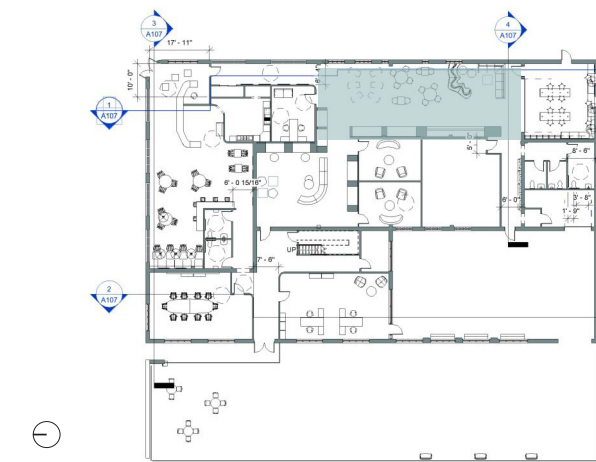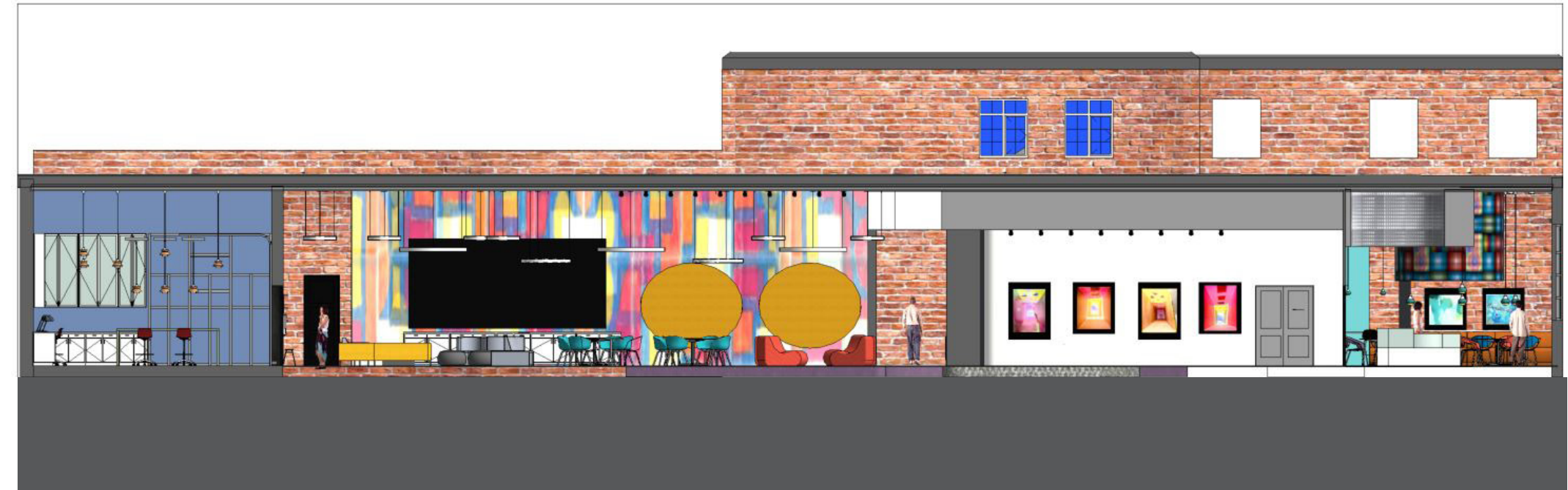
The teen wellness lounge is the first stop for a teen entering the teen area, after spending time in the bakery. A teen may also choose to come directly into the lounge. Teens are given access to this space via key card entry. Upon entering, the teen is greeted by eclectic artwork displayed on the gallery wall, original work by their peers. Piped-in music can be heard throughout.

The lounge serves as an extension of the cafe. A variety of seating types is offered to facilitate different types of acitivity. Cafe tables facilitate casual conversation, group volunteer work, or homework completion. Built-in seating nooks are lined with wool felt, with integrated lighting on dimmers allow for casual conversation between two friends or a comfortable reading nook for one.

A custom pattern in wood wool covers the main wall. Modular seating allows for easy reconfiguartion. A large LCD screen helps to facilitate telecommunications with teens from various high schools, as well as fun movie nights or dance parties. The space is open and very flexible. Every teen that enters is invited to RELAX.
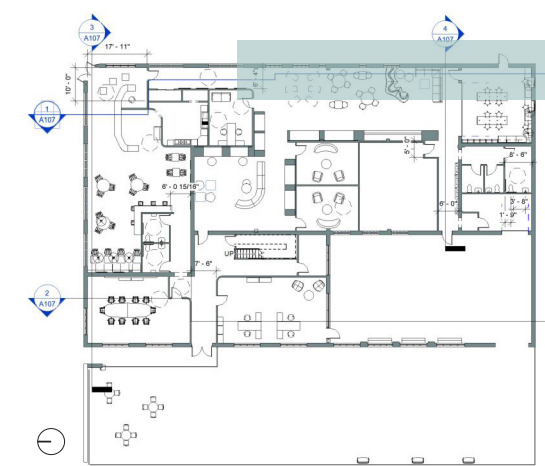
EUREKA - CYCLE
LED pendant lamp

HAY-ABOUT A CHAIR
Chair with armrests

Knoll
Cefe table

Verpan - Welle 2
Lounge Chair

Verpan - Welle 2
Lounge Chair

The group therapy and personal reflection zone invites teens, mentors, and counselors to gather in small groups for more intimate discussions. General group sessions are led by licensed therapists. Teens who have been trained in tMHFA can also lead these sessions as needed, with peers.

The circular built in seating nooks have integrated lighting on dimmers, to be turned on to a desired level of brightness, or kept off for more quiet personal time.

Those spending time in this area are encouraged to RECHARGE.
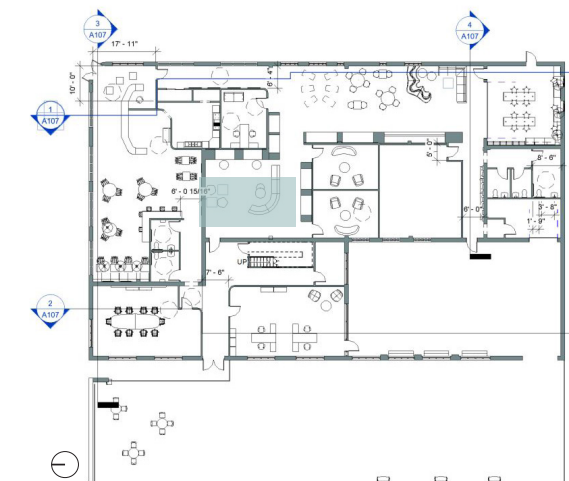
Coalessce - Circa Lounge System
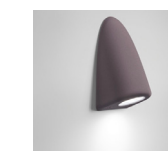
Visa Lighting - Touch operated task light

Prostoria-MATCH - Modular square pouf

The creative arts studio is a space for teens to let their creative minds run free. This space is designed to encourage different means of creative expression, including painting, drawing, and writing.

The studio offers plentiful storage with built-in casework, as well as a custom storage shelf for large posters, boards, and miscellaneous art supplies.

Cork boards along the west wall allow space for announcements of upcoming events, while also providing pin up space for works in progress.

Those spending time in this area are invited to RENEW.
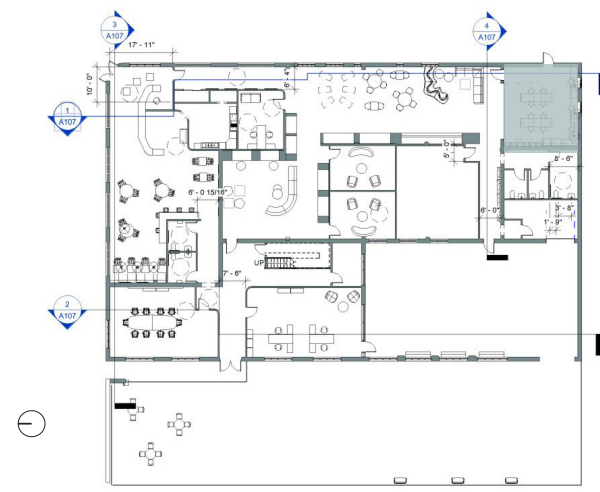
Louis Poulsen - Doo-Wop
LED Direct/Indirect pendant

ACTIU - Noom
stool with footrest

OMK - BRIDGE
Multi-layer wood table

Louis Poulsen - VL38
LED Direct light adjustable table lamp

A glass paneled garage door leads into the creative arts studio. A vibrant custom wall mural covers the entire length of the wall. Benches are provided in the corridor for individuals heading into the yoga studio to rest and catch up. Wall mounted storage is also provided along with a water bottle filling station.
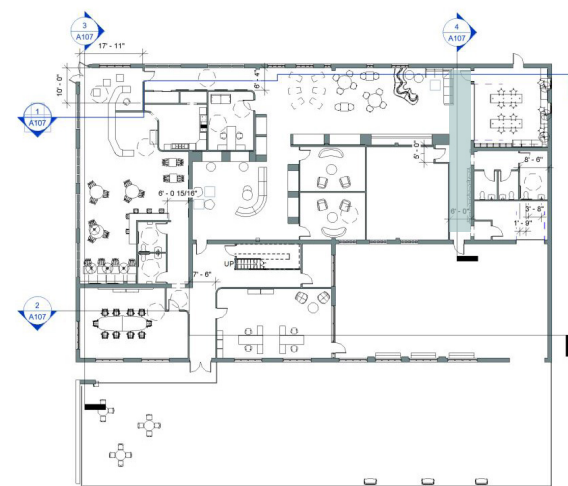
Deadgood
Steel and wood bench

EUREKA - CYCLE
LED pendant lamp

A generous amount of space was allocated for admin purposefully. Individividuals who work with teens, especially when mental health care is involved, need time to care for themselves too. In professional settings, staff spaces are often limited to multi-purpose break rooms that often don't encourage purposeful pause throughout a busy day. This space recognizes those challenges, and aims to encourage staff to also refresh, relax, recharge, and renew.
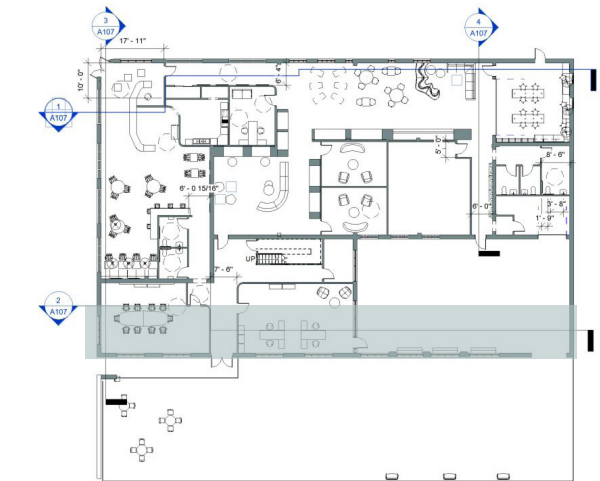
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Shepley, M., Watson, A., Pitts, F., Garrity, A., Spelman, E., Kelkar, J., & Fronsman, A. (2016). Mental and be havioral health environments: Critical considerations for facility design. General Hospital Psychiatry, 42, 15-21.

Two Virginia high schools prepare for Teen Mental Health First Aid. (2019). Mental Health Weekly, 29(14),

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IMAGES

A-pg 23

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B-pg 24

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C-pg 43

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PRECEDENT IMAGES

Hamilton Grange

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Teen Mental Health First Aid

teen
MENTAL HEALTH FIRST AID

1 in 5
teens has had a serious **mental health disorder** at some point in their life.

50%
of all **mental illnesses** begin by age 14, and

75%
by the mid-20s.

Suicide is the **second leading cause of death** for

15- to 24-
year-olds.

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH

Why teen Mental Health First Aid?

teen Mental Health First Aid teaches high school students **how to identify, understand and respond to signs of mental illnesses and substance use disorders among their friends and peers**. The training gives students the skills to have supportive conversations with their friends and get a responsible and trusted adult to take over as necessary. It is designed to be delivered in schools or community sites in three interactive classroom sessions of 90 minutes each or six sessions of 45 minutes each.

Schools and organizations offering the training are required to train at least 10 percent of adult staff in Youth Mental Health First Aid and to train the entire grade level. A critical step in the teen Mental Health First Aid action plan is connecting with a trusted adult. Youth Mental Health First Aid trains adults to be prepared to help young people facing a crisis.

WHAT IT COVERS
- Common signs and symptoms of mental illness.
- Common signs and symptoms of substance use.
- Common signs and symptoms of a mental health crisis, particularly suicide.
- How to open the conversation about mental illnesses and addiction with friends.
- The impact of school violence and bullying on mental health.
- How to seek the help of a responsible and trusted adult.

WHO SHOULD TAKE IT
- High school students in grades 10, 11 and 12
- High schools, organizations partnering with a high school and youth-serving organizations are eligible to teach teen MHFA to students.

The course will teach students how to apply the teen MHFA Action Plan to help a friend:
- Look for warning signs.
- Ask how they are.
- Listen up.
- Help them connect with an adult.
- Your friendship is important.

TO LEARN MORE ABOUT TEEN MHFA, VISIT **MHFA.org/teens**.

USA MENTAL HEALTH FIRST AID

"Schools offering this training can save lives, families and communities. Regardless of how happy, smart or popular someone seems on the outside, everyone is fighting battles we have no idea about. tMHFA taught me that sometimes we need a reminder of what is important and the tools to make that a priority." — **Katie Ramboyong**, teen Mental Health First Aider

BORN **THIS WAY**/ FOUNDATION

https://www.mentalhealthfirstaid.org/population-focused-modules/teens/

Interview with Sean Mckenna, MD - General Pediatrics, VCU Health

How long have you been practicing medicine?
20 years

How has the prevalence of mental health/behavioral health concerns in adolescents changed from when you first started practicing medicine, to present day?

Increased prevalence of anxiety. Some depression, but more anxiety. There seems to be slightly less stigma, and more acceptance.

What are the top 3 most common mental health concerns your teen patients (12-18) present with?

Anxiety, depression, ADHD, PTSD.

What screening tools do you currently use in your practice, to gauge mental wellness?

Mainly questionnaires, conversations, PHQ-2, PHQ-9, vanderbilt assessment scales to help diagnose ADHD.

Do you find that adolescents (without a diagnosis) are generally comfortable talking about their mental health, or do you normally have to poke and prod a bit?

Parents often bring it. If you give teens face, they bring it up.

In your experience, what are some of the contributing factors to help-seeking behaviors, in adolescents with mental health concerns?

Teens don't seek medical help for much of anything. Many of them accept it as what adolescence is.

What are some of the challenges facing adolescents with mental illness today (accessibility? Social media? Stigma? Lack of education? Lack of available services?, etc)

Social media contributes to anxiety--it is an easy place to be abused in. A new realm for bullying. A benefit is that teens are very open there, and it lets them find their place.

What roles do school officials (counselors, teachers, etc) play in the recognition, notification, and treatment of mental illness/behavioral health concerns?

Schools are often overwhelmed by the volume of work, and under-staffed. Direct notification of mental health concerns from schools is often non-existent or delayed.

Are there community-based mental health resources you commonly refer your patients to? If so, what are they?

No direct referrals to a particular community-based resource center. Organizations such as the Community Service Board and Virginia Treatment Center for Children (VTCC) offer services.

Do you think there are adequate mental health resources for teens in Richmond?

Teens are in an in-between space. More funding and creative therapeutic approaches are needed.

How has COVID-19 impacted the prevalence of mental health concerns in adolescents, and the provision of mental health services?

Isolation is not good for anybody.. COVID has created more anxiety in children. It has also highlighted social concerns. Staying home has been good for some kids, but some with stressful home lives have been faced with more stressors.

As a provider, if you could improve the ways in which mental health services are delivered to teens, what would you do?

Windows and sunlight. Nature. A water element. Open and closed spaces. Flexible spaces. Contemplative spaces. Fun secret hideouts.

Interview with Stephanie Crewe, MD - Adolescent Medicine, VCU Health

How long have you been practicing medicine?

For over 19 years.

How has the prevalence of mental health/behavioral health concerns in adolescents changed from when you first started practicing medicine, to present day?

Suicide is not stigmatized any longer, particularly in the black community. It's unfortunate but it's a reality. Kids are more open and honest with suicidal ideation.

What are the top 3 most common mental health concerns your teen patients (12-18) present with?

Anxiety, depression, and suicidal ideation.

What screening tools do you currently use in your practice, to gauge mental wellness?

PHQ-2 and PHQ-9.

Do you find that adolescents (without a diagnosis) are generally comfortable talking about their mental health, or do you normally have to poke and prod a bit?

We've tilt the pendulum to the far right of how kids view suicide. They get the message that "it's ok to be suicidal" but the resources to address those feelings are lacking. Teens need a welcoming and open environment, to push the boundaries, to get them involved in something they've never been involved with before.

In your experience, what are some of the contributing factors to help-seeking behaviors, in adolescents with mental health concerns?

Stigma persists. Giving resources to parents is critical. A peer-to-peer component is very necessary, incorporating LGBTQ issues, for example, and other issues specific to teens. Kids are losing their innocence earlier and earlier.

What are some of the challenges facing adolescents with mental illness today (accessibility? Social media? Stigma? Lack of education? Lack of available services?, etc)

There is still a high level of stigma. Teens more comfortable disclosing that they have anxiety than depression.

What roles do school officials (counselors, teachers, etc) play in the recognition, notification, and treatment of mental illness/behavioral health concerns?

Schools officials assist in the identification of mental health concerns, and communicate with parents as needed.

Are there community-based mental health resources you commonly refer your patients to? If so, what are they?

There are various community organizations that provide resources for families, but not many spaces specifically designed for teens to provide each other with peer support.

Do you think there are adequate mental health resources for teens in Richmond?

The is a need for spaces to level out physical health with mental health.

How has COVID-19 impacted the prevalence of mental health concerns in adolescents, and the provision of mental health services?

COVID is killing spirits, minds, and dreams

As a provider, if you could improve the ways in which mental health services are delivered to teens, what would you do?

It's a hard battle to fight. Building a spiritual component into these programs, a space to relax the mind, body, and soul, is critical. Things like massage therapy, culinary arts, or a rock climbing wall--something that says "keep going!" literally and figuratively.

Interview with Alethia Watford, LCSW

How long have you worked in social work?
Since 2007.

How has the prevalence of mental health/behavioral health concerns in adolescents changed from when you first started practicing medicine, to present day?

It has increased. As a younger social worker, I worked at the Chesterfield Juvenile Center with adolescents. Now as a clinical social worker in the acute and ambulatory settings, I have seen a steady rise in the numbers of patients being treated.

What are the top 3 most common mental health concerns your teen patients (12-18) present with?

Depression, anxiety, substance use, eating disorders, and suicide.

What screening tools do you currently use in your practice, to gauge mental wellness?

PHQ-2 + PHQ-9. A safety assessment is performed to help determine risk with each clinic visit.

Do you find that adolescents (without a diagnosis) are generally comfortable talking about their mental health, or do you normally have to poke and prod a bit?

It depends on the child. Some adolescents requests to talk with a specialist.

In your experience, what are some of the contributing factors to help-seeking behaviors, in adolescents with mental health concerns?

Home culture plays a large role. A safe space at home helps. Shame also plays a role. At times in seeking help, teens may perceive that as "people think you're crazy."

What are some of the challenges facing adolescents with mental illness today (accessibility? Social media? Stigma? Lack of education? Lack of available services?, etc)

There is a lot of pressure on adolescents to perform well, be on spots teams, and to get good grades. Males are being taught they cant show emotion, that they have to be strong, that they can't cry. Young women, especially black and brown, are bring told to be strong and do all the things. Language barriers also play a role.

What roles do school officials (counselors, teachers, etc) play in the recognition, notification, and treatment of mental illness/behavioral health concerns?

Alternative elementary schools have day treatment services. Case management services, group services, and one-on-one support is also available in some schools. School social workers offer psycho-education services and support.

Are there community-based mental health resources you commonly refer your patients to? If so, what are they?

In Richmond, there is the Community-Services Board, Child Savers, several private agencies, the Child Advocacy Center, Virginia Treatment center for Children (VTCC), among a few others, provide resources for families.

Do you think there are adequate mental health resources for teens in Richmond?
In addition to standard talk therapies, there is a need for additional therapies like art and more holistic support for mental, emotional, and nutritional well-being.

How has COVID-19 impacted the prevalence of mental health concerns in adolescents, and the provision of mental health services?

COVID has definitely made it worse. Some patients are on wit lists for a few months. Many are not interested in teleconferences.

As a provider, if you could improve the ways in which mental health services are delivered to teens, what would you do?

There is a great need for preventative services. it starts at home. It starts with parenyts. It starts with kids before they become teens. At times schools offer PE for physical education but no formal mental health services. Teens should be taught mental health strategies as part of daily functioning with everyday life. Taking care of yourself mentally and emotionally is equally as important as taking care of your body. Constant conversations on mental health amongst teens would help the topic feel less taboo.

Activities such as gardening, yoga, and meditation, or some form of body movement to help support mental health development are important components to include.

The presentation took place on May 7, 2021, at 2:30 pm, and the faculty in attendance were professors Roberto Ventura, Emily Smith, Sara Reed, Lexy Holcombe, and Camden Whitehead.

One of the first questions asked, by Dr. Sara Reed, was how I saw the kaleidoscope concept reflected in the plan and design choices. The themes that were most impactful for the concept were possibility, flexibility, and control. The space was designed to offer different options and choices for how certain things could function, so that the users can feel empowered to use the space in the way they deem most appropriate, for a particular event or point in time. An effort was made for the concept to reveal itself more conceptually than in obvious ways, in the design. For example, The pendants used in the teen lounge were hung at 3 maximum heights and in 3 different sizes. The Furniture poufs seen throughout were also used in different shapes and sizes to allow for maximal flexibility. Modular furniture pieces allow for the different spaces to be easily reconfigured. Additionally, the ceiling-suspended digital screens are of various sizes, and hung at slightly different heights, to serve as an ever changing gallery display, from week to week.

Dr. Sara Reed also asked for me to talk a bit more about the population being served. Kaleidoscope Wellness is not a formal treatment center or clinic, but a non-clinical supportive care resource and creative arts center. The space exists primarily to help destimagtize mental health by providing evidence-based education for teens, as well as community members. The space is designed to facilitate peer support amongst teens, by offering a safe space for conversations around mental health to happen regularly. The space is open to all teens, and not just teens with a known mental health condition. While the space does offer space for counseling, providers are not available to write prescriptions. Therefore, a teen in a depression crisis, for example, would still need to go see their primary care provider.

Professor Camden Whitehead wondered about the strategies used for limiting the limitless options that seemingly come with the kaleidoscope concept. How do you rein it in? I explained that initially, the focus was on furniture and lighting. With flexibility and control at the forefront, the focus was on offering the users as many choices as possible. In the cafe area, he wondered about the amount of brick. He wondered about the use of a different wall paneling material, on top of the brick, to minimize the possibility of brick's texture to be in competition with the art being displayed. Additionally, for the group therapy area, he suggested re-assessing the placement of the pattern, so that there is more of a relationship between the pattern and the circular seating nooks. He also wondered about whether a path was needed to delineate the flooring, since the ceiling is also doing that work.

Professor Lexy Holcombe asked about the large amount of square footage devoted to administration, and the rationale for that. Professionals who work with teens in general, need mental health too; this includes teachers, school counselors, social workers, mental health providers, coaches, mentors, etc. In some of the settings where these professionals work (i.e. schools, hospitals, clinics, etc.) based on the research and from personal experience, there is often not enough space for staff to temporarily step away and have purposeful mental pause throughout the day. Knowing how lacking staff respite spaces are in the professional/clinical settings, but how highly necessary they are to the promotion of mental wellness in staff, I wanted to thoughtfully dedicate enough space for the staff to feel empowered to take care of themselves too.

Lexy also asked about the seeming lack of adult presence in the teen spaces. The goal for the space is that it would be a collaborative environment. I envision teens interacting with mentors, as well as each other, in the teen spaces. Staff are not excluded from these spaces. In fact licensed counselors would be on site to lead one-on-one sessions and group therapy sessions. The goal, however, is that the teens would feel empowered to take ownership of the space, by leading peer groups, and creating podcasts, for example, to develop leadership roles, which would also help to facilitate their transition into adulthood.

Professor Emily Smith asked about whether or not I felt a great need to design more custom furniture to better fulfill the needs of the space and the populations being served. She also wondered about how things such as movable partitions, etc, might also be used to support the concept. While I would've loved a bit more time to add a personal touch with more custom pieces, I was satisfied with the modular pieces I found, because they facilitate the level of ease, lightness, and flexibility, I wanted the space to have. There was a great desire to for the space to feel vibrant and welcoming, but not childish. With every decision, I often found myself asking "is this too much?" When it came to using movable partitions, for example, I began to wonder if having too many moving pieces could backfire and lead to potential clutter and disorder.

Emily also asked about the circulation through the space, and the types of doors used, and whether or not certain spaces (i.e. the classroom on level 1) needed a door at all. I walked the faculty through a typical path for a teen compared to that of a guest. A door with a key card entry leads to the teen space from the reception, and from the admin suite on level 1. Guests would only be given access to this area to do a brief walk through, etc, on an as needed basis. Though I did explore the possibility of using a non-standard door height of 10 feet, for example, the familiarity of a door that resembled a home-like establishment led me to go with a standard height door of 8 feet. For the conference room, I went back and forth between whether or not it needed a door. I ultimately decided that it was better to have it and not need it, than to have moments where the users wished the space could be more private, for more sensitive discussions. There was also discussion about possibly combining the administrative suite with the conference room on level 1, since they function similarly.

Overall, it was a fruitful discussion, and I received great constructive feedback on things to consider. One of the most successful elements noted was the engagement of the floors, walls and ceilings. Additionally, positive feedback was received for some of the details discussed, such as integrated lighting on dimmers within the seating nooks, materials choices, and the overall organization of the space to support the kaleidoscope concept.

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