

A Conceptual Framework on the Role of Healing Environment in Mental Healthcare to Shape the Behavioural Health and Wellness of Urban Youth

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According to the United Nations (2018) data set, the world's urban population will increase to 68% by 2050. Close to 90% of this increment occurs in Asia and Africa. Consequently, the intense urban setting has led to depression among urban youth which causes deterioration in functional wellness and a reduction in life quality. However, the current studies are only limited to the factors associated with a mental help-seeking attitude, the criteria for creating an emotionally healthy environment in mental healthcare impact that affects users' psychological behaviour are not highly emphasized. Therefore, this study aims to formulate a design framework of integrating a healing environment in rebuilding mental healthcare that gives positive physical and psychological responses from youth's perception. A qualitative method will be used to conduct interviews with the study group (urban youth and health professionals). The results are expected to lead towards background understanding of urban youth needs and the attributes of healing environment that improves youth wellness and behavioural health. The study contributes to combine different body of knowledge and contribute design framework for rebuilding mental healthcare. Future research can further investigate more variables to the existing study on aspect that can give youth positive physical and psychological responses in mental healthcare.

Keywords: Healing Environment, Mental Health, Behavioural Health, Framework

1. INTRODUCTION

1.1 Background Study

Urbanism reflects a complex organization of society in terms of a high population level, high mobility, technological advancement, and interdependence in fulfilling economic functions. According to the United Nations (2018) data set, the world's urban population will increase to 68% by 2050. Close to 90% of this increment occurs in Asia and Africa. This projection shows a gradual shift in residence of the human population from rural to urban areas, which leads to an exponential growth of urban residents. In "Urbanism as a way of life (1938)", Louis Wirth illustrated the rapid

growth of the country is causing a decline in intimate communication in predominantly urban society due to fast pace of change and individualism. Additionally, the growing competitive nature in urban society has exacerbated common academic stressors among youth, some of whom suffer from depression. (M. Fauzi et al., 2021)

To date, COVID-19 outbreaks in Malaysia have unfolded over the past two years. Several lockdown measures were implemented to flatten the curve. Undeniably, these measures caused social disruptions to the urban residents, especially developing youth. The prolonged financial insecurity, social distancing, and self-isolation have affected the mental and emotional

health of the urban youth. Consequently, depression is the most highly reported mental disorder in the country. It affects an estimated 2.3 million people at different stages of their life but remains widely unnoticed and uncured (Mukhtar & Oei, 2011a, b). A recent publication highlighted that youths between 16 to 24-years old recorded the highest prevalence of psychological problems such as stress, anxiety, and depression (SAD). (M. Fauzi et al., 2021) According to World Health Organization (WHO), the most frequent affliction intertwined with suicidal tendencies is depression and the most devastating outcome of depression is suicide. In July 2021, The Royal Malaysian Police force released the figure of 468 suicides in the first five months of 2021, nearly double the rate in 2020. This phenomenon further proves that the epidemic has magnified the vulnerability of the urban youth's mental health status.

The prevalence of depression among youth in Malaysia is high, yet the frequency of help-seeking is low. A review on the use of psychiatric treatment found that only 33% of youth with mental health problems were treated (Ibrahim et al., 2019). A similar trend was observed among young people who showed symptoms of depression and anxiety, of which only 18% to 24% sought professional help (Ibrahim et al., 2019). In Malaysia, there is a stigma that mental service users are regarded as dangerous, violent, unpredictable, and beyond professional help (Low, Lee & Ying, 2015). The stigma towards healthcare facilities is one of the deterring factors for seeking mental help. In addition, mental illness stigma in Asian communities has been associated with the 'shame-culture', especially among the youth generation. Consequently, the topic of mental illness is often shrouded in taboo which hinders open communication and becomes the most neglected health problem in Asia countries (Banis, 2019). This is because the Asian communities were raised on the values of multidimensional perfectionism; hence, the tolerance toward a mentally ill youth has decreased, causing the declining dependency on healthcare services. Unfortunately, the magnitude of mental healthcare underutilization has failed in alleviating emotional suffering among many adolescents.

1.2 Problem Statement

Dr. Tedros Adhanom Ghebreyesus stated that "The impact of the pandemic on people's mental health is already extremely concerning. Social

isolation, fear of contagion, and loss of family members is compounded by the distress caused by loss of income and often employment" (World Health Organization, 2020). Depression among urban youth causes deterioration in functional wellness and a reduction in life quality (Lim et al., 2012; Rapaport et al., 2005), devaluing the youth's role in relationships and society at large (Chong et al., 2012), and escalated danger of premature mortality. (Kessler & Bromet, 2013) It is undeniable that in 2017, the prevalence of suicidal ideation in Malaysia was 10.0%, compared with 2011, when only 1.7% reported suicidal ideation (NHMS, 2017). Despite highlighting the public understanding of, and attitude towards mental health, the aspects of current mental health manpower and facilities that need improvement are not identified. The interactions between the current health system model and youth self-expression in an urbanized area are required to understand the significance of depressive disorders among youth.

Presently, a recent report from the Ministry of Health, Malaysia stated that the current mental health services in Malaysia are not youth-friendly enough. These health services are deemed to be less visible and are often underutilized by adolescent patients (Awang et al., 2020). This is because mental healthcare system is increasing stress and poses a danger to the well-being of both patients and staff, such as exceeding noise due to the high population of patients and staff, small rooms especially for inpatient facilities, poor lighting, and small spaces (Edge, 2003). Additionally, living in a structured environment by following a one-size-fits-all treatment model in mental healthcare gives a feeling of isolation (Hovis, 2019). Furthermore, there is an imbalance in treatment between mental and physical health as the treatments are highlighting more on cure (technology) rather than care (humanity) (Korsch, 1978).

Furthermore, the current studies are only limited to the factors associated with a mental help-seeking attitude. The criteria for creating an emotionally healthy environment in mental healthcare that affects users' psychological behaviour are not highly emphasized. The absence of youth participation in a populated neighbourhood has impacted youth wellness and behavioural health. To sum up, it is vital to recognize the character and behaviour of urban youth. This study hypothesizes that a change in care from an enclosed environment into a

community-based setting can give positive physical and psychological responses to the urban youth. Therefore, there is a need to create a healing environment that simultaneously meets the youth's needs in the mental healthcare model.

1.3 RESEARCH GAP

There is less emphasis on the caring and human aspects in medical practice. The absence of youth participation in mental healthcare has impacted youth wellness and behavioural health. However, there is limited research focusing explicitly on young patients' needs in mental healthcare, and the criteria for creating an emotionally healthy environment that affects youth's psychological behaviour are not highly emphasized.

1.3 P.O.D.

There is a need to rebuild a mental healthcare model by recognizing the character and behavioural needs of urban youth to cope with the rise of mental health issues. This research aims to formulate a design framework of integrating a healing environment in rebuilding mental healthcare that gives positive physical and psychological responses from youth's perception.

2. LITERATURE REVIEW

2.1 Urban Youth

Youth communities that age between 10 -24 years are contributing about one-fourth of the total world population. (Aggarwal et al., 2012) In the context of Malaysia, the youth population constitutes about one-fifth of the total population of 23.3 million. To date, the urbanisation and Covid-19 crisis have deteriorated the youth's mental health and the results from previous studies reported that youth from urban areas had a high prevalence of emotional problems. (Ahmad et al., 2015; Teoh et al., 2009). According to (Aggarwal et al., 2012), mental health problems has been increasing among the urban youth community, as about half of the mental illness are known to begin by the mid-20s. On the other hand, referring to the views of Yahaya et al. (2012), he argued that the growing competitive nature of schooling has resulted in today's youth experiencing temporal challenges in striking a balance in life.

Mental health stigma and discrimination refer to social disapproval that leads to a negative

perception among a group of people. Along with Awang's (2020) study, he emphasised that youth are stereotypically recognized as the healthiest generation and are generally neglected from the healthcare services. According to Social Research Council (2013), prolonged social isolation and loneliness can put them at a higher risk of experiencing mental health issues throughout their lives. Moreover, from the mental illness perspective, the adverse social lens has been highlighted as a substantial obstacle to seeking assistance and receiving treatment. In 2020, it was reported by WHO that an estimated 10-20% of youth globally experience mental health conditions, yet these remain underdiagnosed and undertreated. Previous research has found that public stigma is a major factor in being hesitant to communicate and concerns about one's mental health state with friends, family members, and others.

Weiner B (1988) highlighted that the perceptions of stereotypes such as dangerousness and blameworthiness have a deleterious impact on the needs. Previous research has identified four types of behavioural responses to the public stigma. The first type is withholding assistance, in which individuals refuse to assist the individual suffering from mental illness. Followed by avoidance behaviour, in which the public refuses to socialise or study with a person suffering from mental illness. Segregated institutions and forcible treatment are the main drivers of social stigma, which entail the separation of individuals from their communities, imprisonment in hospitals and forcing mentally ill people to be hospitalised. (Piliavin, 1969; Weiner, 1988) Consequently, self-stigma occurs when people with mental disorders internalise stereotypes, and extend the stigma mindset to themselves, resulting in low self-esteem and self-efficacy. This involves being reluctant to discuss concerns about one's mental health status with friends, family members, and others. (Earnshaw & Quinn, 2012)

"It is a profoundly unnatural state of affairs for a human being to live among millions of strangers" (Ellard, 2017). Failures and deficiencies in the current development of healthcare, where facilities are bordered by grey buildings and patches of monotonous, dreary green belt, may repel the public and lead to social exclusion and anarchy. According to Chen et al. (2020), the leisure element, cleanliness, safety,

amenities, and the quality of existing features are the parameters that are needed by the urban youth.

Kellmer Pringle (1986) asserts that young people should meet the need for participation to realise their full potential, become adults, and enjoy their lives. Youth, more than any other social group, seek self-actualization via engagement in public activities. This is because young individuals are at a stage of self-identification, acceptance, and determining one role in life. Collectively, these studies demonstrate the importance of providing spaces for a place of engagement, and individual or group expression. Although the needs of the adolescents have been recognised, there is a lack of explanation as to how the needed spaces and activities might be included in the mental healthcare model. Hence, my research will delve deeper into the possibilities of incorporating young engagement in the healthcare setting.

The current youth challenges are only limited to the societal lens on mental health issues. There's little understanding of the importance of an environment that will have a substantial impact on the comfort and behaviour of the urban youth. Hence, this study will be looking into the youth's preferred environment that provides youth with a variety of self-healing and self-realisation possibilities.

2.2 Healing Environment

Patients especially for the younger age in hospitals endure several physical and psychological challenges, including being in an unfamiliar environment, experiencing painful medical procedures, and being separated from family and friends. Stressors for hospitalised patients include a lack of privacy, excessive noise, glare, and poor indoor air quality. As stresses, these difficulties have a substantial impact on the patients' recovery process. (Ulrich, 1991; Ulrich, Zimring, Quan, & Joseph, 2004). In addition, stress in healthcare settings stimulates different emotions, such as fear, anxiety, anger, sadness, and loneliness, which can have adverse effects on youth psychologically. (Eisen, 2006; BsiriMoghaddam et al., 2011; Norton-Westwood, 2012).

As can be observed, the existing built healthcare environment has failed to acknowledge the varying needs of youth as hospitals were not age-appropriate places, and the youth socialisation possibilities were limited. However,

these studies are predominantly focused on the negative impact of environments on psychological and physiological stress to the youth. Hence, my study will further explore proposing an age-appropriate healthcare model that imposes a positive emotional and social impact on youth.

The term "healing environment" refers to the overall atmosphere, including both physical and non-physical, which is cultivated to facilitate the recovery process. Healing, in contrast to curing, refers to improving one's physical and mental well-being spiritually. Also, the youth population tended to be more sensitive in the perception of the mental healthcare environment. (Ozcan, 2006). Hence, different types of aspects will be identified in relation to the healing environment: physical, psychological and social aspects.

In the context of assessing the physical aspects of the healing environment, the biophilia concept will provide positive environmental stimulation to the patients. Nor Hamzah (2020) emphasises that introducing greeneries or natural settings will give a micro-restorative experience. Owen (1988) investigated that adolescent patients preferred natural and outdoor spaces as a place for activities and being alone. Likewise, the utilisation and satisfaction of hospital garden environments are high especially for the younger patients as the natural landscape has a stress-reducing effect and improves their mood, said Whitehouse (2001). In addition, Dubose (2018) highlighted that a homelike environment, access to views and nature, natural light, noise control, barrier-free environments, and spatial layout are the physical attributes that influence youth moods and health. Furthermore, an aesthetically pleasing atmosphere improves the visual quality of the spaces and promotes younger patients' satisfaction. This includes the use of colours, light, ambient, finishes and texture. (Eriksen, 2000; Herweijer-van Gelder, 2016)

From a younger patient's perspective, providing a sense of control is one of the important elements of social and psychological aspect of healing environments. According to Ulrich et al. (2008) research showed that enhancing control over the position of the bed, sound, and lighting will give patients "more control" over the environment. In addition, positive distraction is an environmental features that "evokes positive emotion and draws people's attention", said Devlin & Arneill (2003). Social

support plays an important role in enhancing the social aspect of healing environments. According to Herweijer-van Gelder (2016), social support including emotional components and informative components could aid the recovery process by offering space for privacy and improving the quality of care.

It is crucial to understand the impact of the mental healthcare environment as the individuals that already facing psychosocial stress are more psychologically vulnerable to the suboptimal environment condition. However, the perception of healing attributes was only contributed to the participants with similar ratings and aesthetic judgments. Therefore, this study will further investigate the preferences of architectural forms that will draw the youth's attention. The more pressing needs are a better understanding of the psychosocial and biological processes that underlie the pathways potentially linking the healing-built environment to mental health.

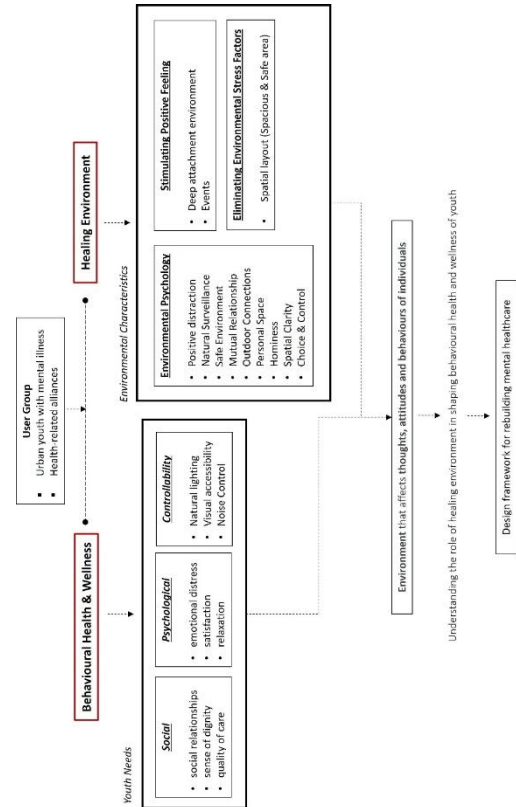
2.3 Behavioural Health and Wellness

Behavioural health refers to health-promoting behaviours and is a scientific study of behaviour and biology related to a person's mental well-being. Hence, the case for exercise and physical health is now widely supported by medical authorities (WHO, DHHS, MOH) across the world. There is a growing body of literature suggesting an active lifestyle can be beneficial in improving mental well-being, largely through improved mood and self-perception, particularly for certain teenagers who are prone to mental health problems or who live in vulnerable settings. (Fox, 1999; Williams, 2009) Fox's meta-analytic analyses of studies summarised the possibility of physical activities as a treatment for subclinical depression. Overall, this research emphasized the significance of aerobic and resistance exercise in boosting mood states and stress resilience of urban adolescents. However, there is no clear explanation of how daily life activities can function effectively in a healthcare setting. As a result, this study will include the appropriate and preferable social activities that aid in improving their quality of life in a healthcare setting.

In brief, it is important to understand the youth's emotions and behaviour as it is related to a person's mental wellbeing. The aim is to also improve the wellness of people by practising the act of healthy habits daily to achieve better physical and mental health outcomes.

3. CONCEPTUAL FRAMEWORK

Conceptual framework is planned and illustrated as below:



4. CONCLUSION

The main research question of the study is focusing on the relationship between mental healthcare and environment: What are the urban youth's perceptions on the design considerations for integrating the healing concept into rebuilding mental healthcare? A gap can be seen as most of the literature has acknowledged the factors associated with a mental help-seeking attitude and positive effects of healing environment however the causative research that ties elements of the healing environment to the youth behavioural health and wellness is lacking. Despite numerous theories about the benefits of a healing environment to urban youth's wellbeing, the level of implementation and the youth's satisfaction in the healthcare environment has not been pointed out. Therefore, the purpose of this study is to explore the benefits of integrating a healing environment in rebuilding mental healthcare to

give youth positive physical and psychological responses.

The results are expected to lead towards a background understanding of urban youth's behaviour and examine the psychological status of the general public in mental healthcare. After the introduction of the background problem, this paper will present the literature on urban youth, healing environment, and behavioural health and wellness and describe the research methodology before presenting the expected results. The study contributes to the proposed framework in rebuilding mental healthcare to improve the behavioural health and wellness of urban youth. It is to cope with the rise of mental health issues in an urban area in Cheras, a suburb in Kuala Lumpur.

All in all, the study is significant and beneficial for future designers as a guide in understanding the benefits and importance of a healing environment to urban youth. There is a great need to improve our understanding of the effects of the built environment in the healthcare model on the occurrence and severity of mental illness, as well as the factors that promote behavioural health and youth wellness. The Covid-19 pandemic represents an unprecedented threat to mental health among the urban youth, hence priority needs to be given to the prevention of mental disorders. (e.g. depression, suicide). Given that we spend the majority of our time within homes, it is critical to explore the mental health consequences of how we design, operate and maintain buildings. Negative behavioural health impacts many daily lives and it is important to put attention to rebuilding the mental healthcare environment.

5. CONTRIBUTIONS AND BENEFITS OF RESEARCH.

5.1 Research Contribution

This research is carried out primarily to identify the issues that contribute to youth detachment from other social groups. It is hoped to break the preconception of a healing environment and bring back youth identity in an urban setting. Therefore, potential strategies applied in the selected case studies will be evaluated to identify the most appropriate approaches for the urban youth. As a result, this helps restore the youth's behavioural health and

wellness, which positively impacts their well-being to facilitate their transition into adulthood's independence.

5.2 Benefits of Research

5.2.1 Urban Youth

This paper contributes to creating awareness to help assist in the early identification of depression among youth in an urban setting. Hence, this paper aims to develop sensitivity to the mental needs of youth in Asian culture by promoting positive attitudes and responses. Instead of hospitalizing and isolating the mentally ill youth from society, youth participation should be strengthened in a public setting.

5.2.2 Ministry of Health of Malaysia

With a great deal of attention to the design and creation of a healing environment, the implementation can be served as secondary support to facilitate the primary healthcare model. Additionally, the personal healing experience among youth can provide rich and detailed descriptions to the professionals in providing new or expanded care. This study will shed new light on research about the impacts of depressing space on youth development, especially in the Malaysian context.

This study encounters a common limitation where the study only covers the influence of consumer behaviours and qualities influencing the sociability of public space in shopping malls. In addition, convenience sampling is used, and the total number of respondents is small. Although it has prompted some new information, it is limited to a small scale of research. If a larger scale is used, the results may differ. It is recommended that in future research, the focus of the study be broadened by considering the behaviour of shoppers within specific age groups in the public spaces of shopping malls. In the future, a larger sample size could be used. Furthermore, to achieve better population representation, probabilistic sampling should be used.

5.3 Limitation of Research

This study encountered a limitation where the relatively small sample of participants. Moreover, the findings of the research are also limited to assessing six healthcare models. Future research can explore more understanding of the needs and relationships between the healthcare professionals

and other health-related alliances. Furthermore, the findings highlighted the need for further studies, particularly in Kuala Lumpur, on elements such as culture and considerations to be included in the questionnaire to correlate with the consistency of the youth satisfaction level.

6. REFERENCES

- Chen, A. H., Rosli, S. A., & Hovis, J. K. (2020). A Survey on Daily Activity Inclination and Health Complaints among Urban Youth in Malaysia. *Journal of Environmental and Public Health*, 2020. <https://doi.org/10.1155/2020/9793425>
- Coburn, A., Kardan, O., Kotabe, H., Steinberg, J., Hout, M. C., Robbins, A., MacDonald, J., Hayn-Leichsenring, G., & Berman, M. G. (2019). Psychological responses to natural patterns in architecture. *Journal of Environmental Psychology*, 62, 133–145. <https://doi.org/10.1016/j.jenvp.2019.02.007>
- DuBose, J., MacAllister, L., Hadi, K., & Sakallaris, B. (2018). Exploring the Concept of Healing Spaces. *Health Environments Research and Design Journal*, 11(1), 43–56. <https://doi.org/10.1177/1937586716680567>
- Ibrahim, N., Amit, N., Shahar, S., Wee, L. H., Ismail, R., Khairuddin, R., Siau, C. S., & Safien, A. M. (2019). Do depression literacy, mental illness beliefs and stigma influence mental health help-seeking attitude? A cross-sectional study of secondary school and university students from B40 households in Malaysia. *BMC Public Health*, 19(Suppl 4), 1–8. <https://doi.org/10.1186/s12889-019-6862-6>
- Ishak, N. A., Ahmad, N. S., & Omar, M. N. (2020). Issues and trends of depression among students in Malaysia. *Universal Journal of Educational Research*, 8(11 B), 5951–5957. <https://doi.org/10.13189/ujer.2020.082230>
- Manap, R., Abdul Hamid, S., & Abdul Ghani, M. (2019). Depression, Anxiety and Stress among Undergraduate Students. *Journal of Social Sciences and Humanities*, 16(2), 1–7.
- Nor Hamzah, A. I., Kuang Lee, C., Kamaruzzaman, Z. A., & Abdul Wahab, N. (2020). The Development of Healing Environment Concept: A review. *IOP Conference Series: Earth and Environmental Science*, 498(1). <https://doi.org/10.1088/1755-1315/498/1/012085>
- Peréa, F. C., Sayles, N. R., Reich, A. J., Koomas, A., McMann, H., & Martinez, L. S. S. (2019). Mejorando nuestras oportunidades: Engaging urban youth in environmental health assessment and advocacy to improve health and outdoor play spaces. *International Journal of Environmental Research and Public Health*, 16(4). <https://doi.org/10.3390/ijerph16040571>
- Raman, T. L., Aziz, N. A. A., & Yaakob, S. S. N. (2021). The effects of different natural environment influences on health and psychological well-being of people: A case study in Selangor. *Sustainability* (Switzerland), 13(15). <https://doi.org/10.3390/su13158597>
- Takino, S., Hewlett, E., Nishina, Y., & Prinz, C. (2021). Supporting young people's mental health through the COVID-19 crisis. May, 1–14. <https://www.oecd.org/coronavirus/policy-responses/supporting-young-people-s-mental-health-through-the-covid-19-crisis-84e143e5/>
- Thackeray, R., & Hunter, M. A. (2010). Empowering youth: Use of technology in advocacy to affect social change. *Journal of Computer-Mediated Communication*, 15(4), 575–591. <https://doi.org/10.1111/j.1083-6101.2009.01503.x>
- Zakaria, M. H., & Hassan, A. S. (2018). International Transaction Journal of Engineering, Management, & Applied Sciences & Technologies ARCHITECTURE FOR HEALING: PHENOMENOLOGY OF SPATIAL AWARENESS TO EVOKE HEALING ENVIRONMENT IN URBAN REALM. 9(3), 141–153.