Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189

http://amresearchreview.com/index.php/Journal/about

From Asylum To Healing Environments:A Comparative Study Of Mental Health Architecture With National And International Case Studies

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ABSTRACT

Ideas about architecture, health beliefs, and existing societal perspectives all have a significant impact on the provision of mental health care. The architecture of mental health facilities in Pakistan is still influenced by outdated colonial concepts that prioritise control and segregation over empathy and decency. This study investigates the evolution of mental healthcare in Pakistan from an architectural standpoint. It looks at how the treatment methods evolved between the pre-colonial native practices to asylum systems during the colonial rule and lastly to the establishment of mental health facilities in the post-colonial period. Besides similar sites in Sweden, Denmark and the US, we consider examples of the Punjab Institute of Mental Health (PIMH) and Fountain House in Lahore. The paper suggests that there exists a disparity between the traditional care systems which are often observable in Pakistan and the modern approaches of developing recovery programs which are applied in the world.The study emphasises how environments that are grounded in science, created with individuals in mind, and blend in seamlessly with their surroundings can enhance mental health.By contrasting different architectural styles, it achieves this. By considering current mental health practices, local culture, and environment, the findings are meant to help in the planning of future mental health facilities in Pakistan.

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Key Words: Mental health architecture, psychiatric hospitals, healing environments, Pakistan, institutional design, comparative study.

Introduction

How people with mental illness feel, how effectively their therapy works, and how they recover are all significantly impacted by building design. Mental health facilities must manage complex issues related to an individual's thinking, behaviour, and social life in addition to ensuring safety and respect(Tanoli & Bhatti, 2024). This is not how regular hospitals operate. Feelings of social exclusion, humiliation, and terror have impacted the design of mental health institutions. As a result, many facilities have been built more to confine people than to help them(O. S. Bhatti et al., 2025). While new ideas about recovery and community-based care have revolutionised mental health facilities in many developed countries, most mental health facilities in Pakistan still feature antiquated architecture(M. I. Bhatti et al., 2025).This disparity emphasises the need for a study that compares Pakistan's historical mental health system with current international standards(Bhatti et al., 2025). The development of mental health facilities in Pakistan is examined in this study(Ali et al., 2024). It concentrates on how historical, colonial, and post-independence architecture have inspired the design of modern mental health facilities(Bhatti et al. , 2024). This study attempts to ascertain how well mental health facilities in different countries support or impede rehabilitation in relation to global recovery-focused designs. In order to ascertain what environments, configurations, and architectural styles promote patients' sense of autonomy, respect, and mental health, it looks at examples from various countries (Khan et al., 2025).The main objective of the project is to produce useful architectural ideas that might guide the future development and building of mental health institutions in Pakistan. We carefully selected case studies from both domestic and foreign locations, including Chelsea Soldiers' Home, Helsignor Psychiatric Hospital, Östra Psychiatric Hospital, PIMH Lahore, and Fountain House Lahore. We examined the architecture, organisation, size, interior mobility, accessibility to natural light, building materials, degree of blending in with the surroundings, and if the buildings felt more like homes or institutions. We conducted our investigation using our own notes, sketches, and photographs in addition to data from books and periodicals.

HISTORICAL EVOLUTION OF MENTAL HEALTHCARE IN PAKISTAN

Indigenous and Pre-Colonial Approaches

In the Indian Subcontinent, mental illness was commonly believed to be caused by spiritual or magical reasons prior to British control. Ayurveda, Siddha, Unani (Greco-Arab), and later

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homoeopathy are examples of traditional medical systems that prioritise treating the full person — mind, body, and spirit (Qureshi, 1998). Despite their issues, these institutions recognised that mental illness is a condition that requires support rather than punishment. During Muhammad Khilji's rule (1436–1469), one of the earliest mental health clinics was established in Dhār (near Mandu, Madhya Pradesh). Maulana Fazalullah Hakim was the first doctor to arrive. This illustrates the early planning of mental health services in the area (Siddiqui, 2004).

Colonial Era and the Rise of Asylum Architecture

Lunatic asylums were created to cure mental diseases during British rule, but they also made it easier to control and isolate people. The first asylums were built in Bombay in 1745 and Calcutta in 1784, and they were initially reserved for Europeans. Although psychiatric care in jails was created by the Indian Lunacy Act of 1912, the design principles remained in place even after the term "lunatic asylum" was changed to "mental hospital" in 1922. Ernst (2010) These places put security before helping people heal.They used tall walls, barred windows, extensive halls, and stiff architecture to accomplish this. The 1947 division of India had an effect on mental health treatment. When Pakistan attained independence in 1947, just two of the over forty psychiatric hospitals in British India were taken over. Pakistan's mental health services were based on antiquated colonial laws that were followed in these two places (WHO, 2017). The Lahore Mental Hospital in Punjab was founded in the 1800s and has more than 1,400 beds. The Hyderabad Mental Hospital in Sindh was established in 1865 and has roughly 450 beds.

Early Organized Mental Health Efforts in Pakistan

Rather than government measures, professional efforts played a major role in the formation of organised mental healthcare in Pakistan. Two early attempts to improve mental health were the founding of the Pakistan Association for Mental Health in 1970 and the Indian Association for Mental Hygiene in 1929. In 1973, Pakistan's first Halfway House — later known as Fountain House in Lahore—was constructed. It was an important moment. It was based on Fountain House in New York and prioritised helping people get well and reintegrate into society.The Kirkbride Plan's Effect on International Architecture Thomas's Story The Kirkbride Plan was developed in the 1800s by Kirkbride, a physician with expertise in mental health, to employ architectural design to encourage rehabilitation. Because it was thought that buildings may promote healing, the concept incorporates features like non-linear wings, lots of natural light, fresh air, and garden areas (Yanni, 2007). This tactic was used at places like the Trenton State Hospital in 1848. By the early 1900s,

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problems such as poor care, high costs, and too many people living in institutions had shown that a block would not be sufficient to solve the problems.The distinctive features of the Kirkbride Plan distinguish it from other building designs: A linear echelon composition of long and uneven rows of buildings A is given a central office block as a focal point. This distinctive bat-wing design ensures comfort and health of patients since the wards are well-illuminated with sunlight and enough air.

The patients are grouped by the kind and level of their illnesses. Patients who were more aggressive were kept at a distance to the main office whereas patients that were calm were closer to the main office to provide good staff supervision. Centre Administration Core included office of task management, staff quarters and sometimes recreational facilities. The high profile location contributed to the increased power of the organization by making it easy to navigate and observe.

• Large Outdoor Areas and Landscaping: The concept was to have lots of spacious well developed outdoor space which was often in the form of walk, garden and farm. These parks were to be used as physical exercise areas besides being beneficial to health and serve as a visual barrier to the city. Victorian Institutional Style: These buildings consisted of turrets, slanting roofs and heavy decoration. They were often built of brick or stone. The scale, though beautiful, was often formal and remote and not intimate.

Purpose and Healing: The design of the building was also aimed at improving the moods of people as well as being functional. It reinforces the idea that clean, beautiful, and well-ventilated spaces can be more beneficial to the mind.

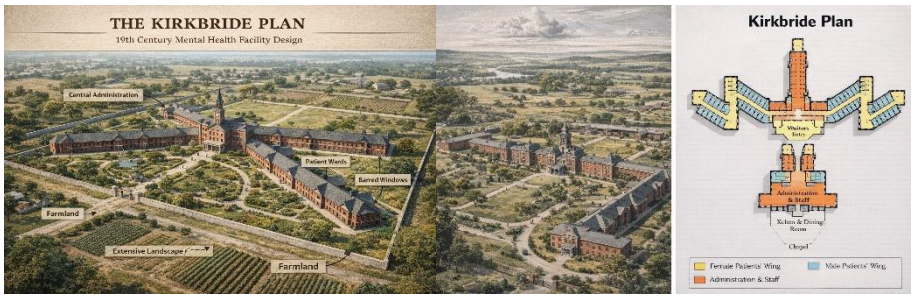

Figure 1KirkBride Plan Visual Representation

NATIONAL CASE STUDIES

Punjab Institute of Mental Health (PIMH), Lahore

The largest mental health facility in Pakistan is the Punjab Institute of Mental Health (PIMH).

It is located on Jail Road in Shadman, Lahore, and has more than 1,400 beds available. An unidentified British architect built the institute on a 56-acre tract of land in 1900, marking a

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pivotal moment in the history of mental health care in the country. PIMH is a large mental health centre that admits two to twenty new patients each day. It also treats 250 to 300 patients who stay at the facility as well as those who visit for routine examinations.

Most of the patients are young guys between the ages of 18 and 35. The facility has a high doctor-to-patient ratio, with about one physician for every 28 patients. The PIMH building experienced five significant changes over the course of more than a century:

Phase 1 (1890) saw the construction of the first facility for males, which comprised dwelling quarters for male patients.

Phase 2 (1937) saw the construction of two additional male sections with the same overall arrangement.

Phase 3 (1976) was a major improvement because it had a portion for patients to visit for examinations, staff offices, and an area for women. While the women's area followed the conventional housing style, the administrative and outpatient department featured a modern design.

Phase 4 (2004): To meet the increasing needs of patients, an emergency department was created.

Phase 5 created a section devoted to drug addiction in order to help people with treatment and rehabilitation (Javed& Malik, 2019). The PIMH master design shows a long, dispersed layout with poor internal linkages and buildings positioned along a primary corridor. This makes moving around difficult (Riaz, 2017).

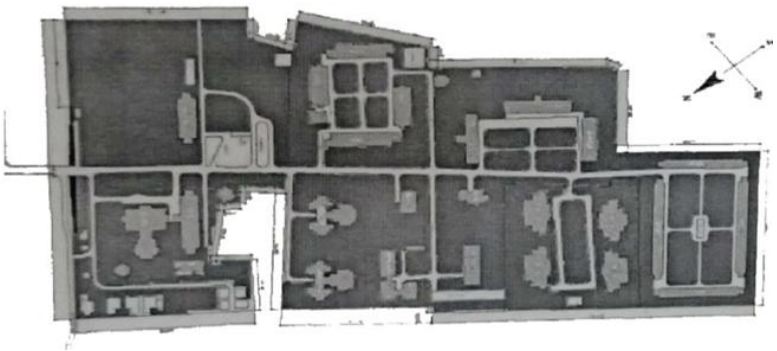

Figure 2 Master Plan of PIMH

The building plan of the institution includes offices, both indoor and outdoor patient rooms, separate wards for men and women, a blood bank, a drug addiction treatment centre, a rehabilitation department, an emergency room, teaching facilities and an intensive care unit (Khalid et al., 2018). Broad grassy areas and brick barriers that reduce noise and traffic set PIMH buildings apart from the city from an architectural and environmental standpoint.

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But with bars and other elements that imply it is more concerned with retaining inmates than improving their quality of life, the structure has a prison-like appearance (Ahmed & Tariq, 2016).

Even though the institute still has plenty of space to grow in the future and caters to patients spread all over the country, there are still a number of problems that create difficulties in running the institute in an effective way. The design is depressing, institutional in nature and does not take advantage of natural lighting and the room is limited in the way it can be customized to suit treatment requirements. To sum up, the Punjab Institute of Mental Health remains an important source of mental health services in Pakistan.

Architecturally, it is a good representation of the previous thoughts that did not allow individuals to advance. The design of the plan is highly formal and its set up is straight and partitioned.

Due to this, the region finds it hard to encourage the recovery of mental health. This illustrates how the design will need to evolve in future by adopting the principles of the current international practices.

Figure 3(i) Pathways Between Blocks (ii) Entrance to Patient's Block (iii) Female Patient Ward (iv) Patient Dining Area
Source: Taken by author

Fountain House

The Fountain House, a state-of-the-art mental health rehabilitation facility in Pakistan, is located at 37 Lower Mall Road in Lahore and has around 300 beds (Shah & Chaudhary, 2015). Designed by Fayyaz Ahmad and constructed on a 16-kanal site in 1971, the hospital

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was founded by Prof. Dr. Muhammad Rashid Chaudhary to provide a rehabilitative, community-focused environment for those with mental illness. The Fountain House was designed to be a recovery-oriented facility that prioritises social interaction, autonomy, and rehabilitation over confinement, in contrast to standard correctional mental health facilities (Haque et al., 2017).The hospital offers 70 to 80 in-patients and out-patients of all ages a structured program of psychosocial rehabilitation activities, including educational workshops, agrotherapy, and vocational training. The two major architectural features of the Fountain House are the Old Building and the New Building. The U-shaped structure provides the inhabitants with an open common space, which is complemented by a central lawn surrounded by the iconic fountain of the institution (Shah and Chaudhary, 2015).The arch design reminds traditional institutional architecture, including the Punjab University campus, but with the features of the colonial era, including pointed arches, brick facade, and columned parapets (Shah and Chaudhary, 2015). The New Building, however, was built to satisfy current psychiatric needs without losing a visual linkage with the Old Building. It adds working amenities required in the contemporary mental treatment without spoiling the same harmony with the historic block, but violating the initial symmetry and slightly altering the colour and treatment of the facade. Although the interior designs of the two buildings have very high priorities on natural light access and ventilation, even though certain hallways and rooms might have not been well lit due to the restrictions of the structures. The choice of materials (brick and plaster as the exterior and plastered and whitewashed walls as the interior) are balanced in terms of comfort and durability, and the presence of marble on the floor and ceramic tiles in the functional areas is considered (Haque et al., 2017). The planning is based on a therapeutic environment, where the wards, OPD, administration, drug rehabilitation, gym, library, and dispensary will be established to encourage routine, autonomy, and social interaction. Outdoor areas such as gardens and lawns are also utilized by the process of healing and leisure where nature is incorporated into the healing process.

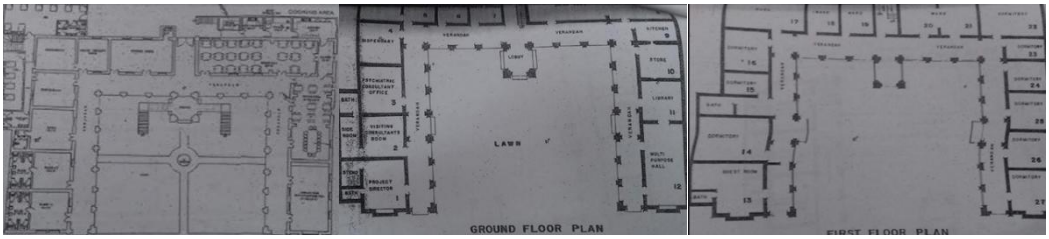

Figure 4 Floor Plans of Fountain House

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The Fountain House is a familiar one with regard to the therapeutic approach where residents have effortless access to wards and shared spaces to facilitate movement, interaction, and multi-use activity rooms. The Fountain House demonstrates how socially integrated and human-scale architectural designs may positively affect mental health outcomes and rehabilitation, unlike PIMH that features a custodial and prison-like attribute (Ulrich et al., 2008; Shah and Chaudhary, 2015).

Figure 5 Left: Patient Room Right: Entrance to New Block Source: Taken by Author

INTERNATIONAL CASE STUDIES

DCAMM Chelsea Soldiers Home

The DCAMM Chelsea Soldiers' Home is one of the most conspicuous veteran care facilities located in the city of Chelsea, Massachusetts. It has approximately 154 resident beds and provides mental health and long-term care services. This new facility was built under the Payette associates on a large piece of land of 247,000 square feet with the main aim of providing the veterans with modern services. It promotes independence, respect and help to recovery both mentally and socially instead of treating them as they are in a strict organization like most long term care facilities do with large hallways. Instead, it was supposed to promote a feeling of community and help in the healing process. It also has living quarters, treatment rooms, and social areas to encourage participation, wellbeing, and the feeling of home (Ulrich et al., 2008).The facility assists those in need of dementia support and long-term care. Through shared living spaces, activity rooms, and gardens, it promotes social interaction and offers personal care. The design includes large outside spaces and gardens to give the impression that the interior and exterior are one.These areas are accessible from various locations within the building and provide a tranquil setting. To encourage outdoor activities and social contacts, the facility features gardens, peaceful meditation spaces, and walking paths. According to studies on healthcare design, this demonstrates the beneficial effects of nature on health.

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Figure 6 Left: Master Plan Right: Ground Floor Plan Source: https://www.payette.com/project/chelseaveterans/

The Chelsea Soldiers' Home is constructed with small shared living areas instead of large dorm-style quarters. Giving the residents a cosier and more supportive environment is the aim of this arrangement. Each group is made up of a few people and has shared living rooms, dining areas, and activity spaces. This system allows people to live freely and engage with others while protecting their privacy. Perched atop Powder Horn Hill, the structure offers a view of Boston Harbour.The design utilises the vistas and the terrain's curve to help people feel more relaxed and connected to nature.Because the interior of the building is built to let in natural light and air, it is simple to watch the outdoor courtyards. This design seeks to enhance wellness by integrating nature into everyday life (Kaplan & Kaplan, 1989). Warm-colored masonry, wood surfaces, and neutral hues make it feel more like a house than a hospital. By employing techniques like sound management, fresh air movement, and effective utilisation of sunshine, residents can feel more at peace (Shepley & Pasha, 2017).The well-organised functional programs include places for physical and occupational treatment, shared kitchens, lounge areas, a chapel, and recreational rooms. These spaces are intended to foster healing, encourage participation, and make everyday tasks easier.

Figure 7Left: Patient Room Iso View Right: Interior of the Patient Room Source: https://www.payette.com/project/chelseaveterans/

Helsignor Psychiatric Hospital

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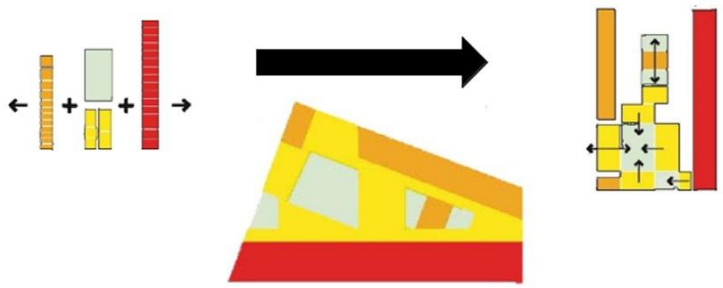
Helsignor Psychiatric Hospital is a cutting-edge mental health centre located in Helsignor, Denmark. It was designed by architect Julien De Smedt and built in 2005. Although the total size of the property is about 16 kanals, the completed space is 65,000 square feet. Both public and residential treatment programs make use of the hospital's 145 patient beds (De Smedt, 2005). With a focus on patients, the hospital's layout is distributed rather than concentrated. To encourage healing and improve patients' mood, it makes use of abundant of light, open areas, and natural views. The main idea is supported by the design of the institution, which demonstrates that everything is based on the autonomous, safe, and dignified recovery of patients with some control but no focus. Such an arrangement proves that the availability of the outdoor space, natural light, and breathtaking views can enhance the mental and emotional well-being of individuals. The three key components of the snowflake plan are also meant to facilitate living and treatment needs and keep the socialisation and isolation in a healthy balance. The hospital is comprised of patient rooms, communal areas, medical rooms and staff areas just to mention a few. Key components of the program consist of:

- Common rooms for social and recreational activities
- Dining areas and kitchens
- Meeting and conference rooms
- Offices for psychiatrists, nursing staff, and administrative personnel
- Spaces for social counseling and therapy



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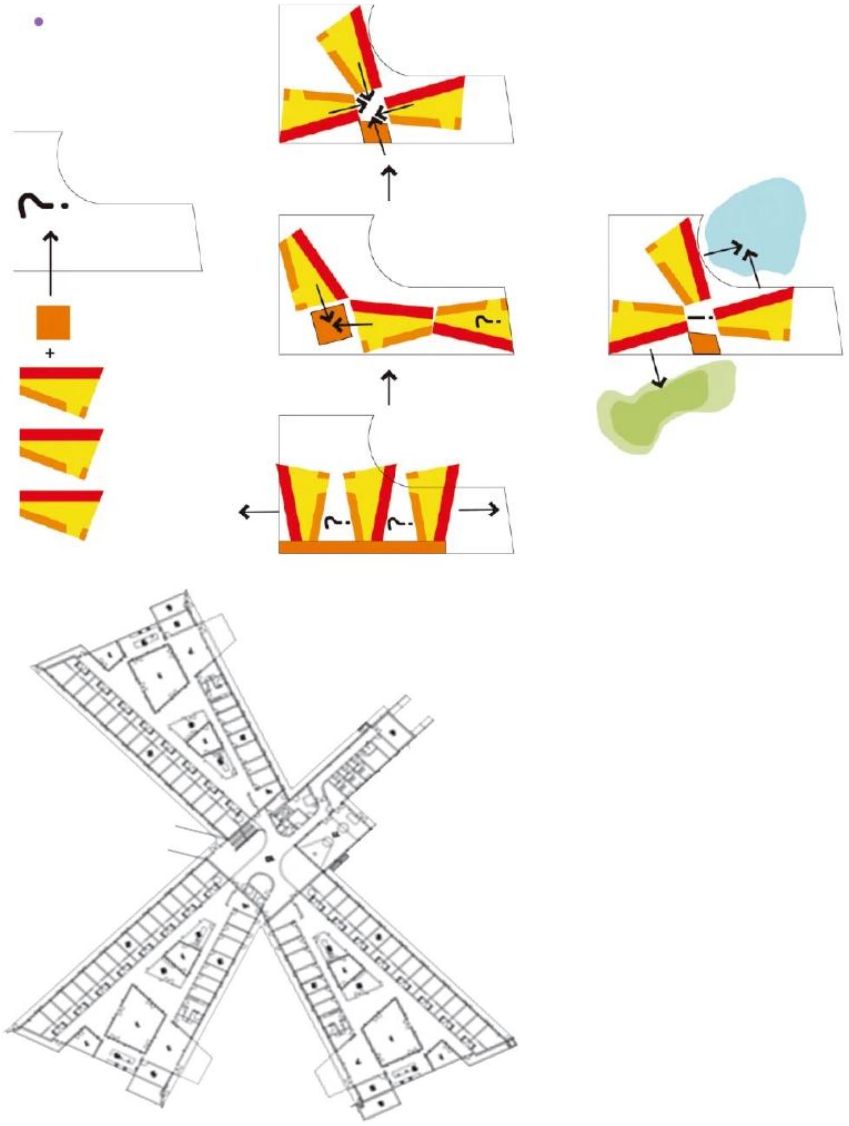

Figure 8 Flowchart and Concept for Finalizing the Patient Block Source: http://jdsa.eu/psy/

The building's architecture encourages social interaction while offering patients the choice between solitude and group involvement, which is consistent with the therapeutic goals of mental health care. The bridge between the psychiatric wards and the general hospital departments ensures easy accessibility without jeopardizing surveillance. The therapeutic approach of Helsignor Psychiatric Hospital relies mostly on the environment. There is an open view of courtyards, gardens and open spaces in patient rooms and common spaces. This design solution is recommended by the principles of the evidence-based design in psychiatric buildings because this solution promotes the sense of connection to the nature, reduces tension, and enhances openness (Kaplan and Kaplan, 1989). The scattered wing plan is made to ensure that each care unit is kept near the outdoors as well as being private. The

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materials that are used throughout the hospital highlight a home, non-institutional feeling. Earthly finishes, warm colours and human scaled proportions create a homey and welcoming atmosphere. The large windows and open hallways allow plenty of daylighting, and the sensory overload is kept down by the wise application of acoustics. The size of the hospital is also designed in a low-rise to make the environment comfortable, as well as to improve the effectiveness of operations and safety.

Figure 9Use of Glass to Include Landscape and Surroundings Source: http://jdsa.eu/psy/

Ostra Psychiatric Hospital

The Östra Psychiatric hospital is a famous mental healthcare organization in Gotebburg, Sweden. White Arkitekter AB designed it and finished it in 2009. The hospital has 120 beds and it highly emphasizes on offering modern care to patients. It enhances well-being and health through a combination of both the therapeutic methods and considerate constructions. The hospital has received acclaims regarding its creative healthcare design. In 2007, it won the WAN Healthcare Building Award which meant that it was perceived to be important in designing mental health buildings all over the world. It measures approximately 18,000 square meters or 193,750 square feet. This place was also meant to encourage people to have a relationship with nature in addition to being easily accessible and maintaining seclusion, unlike construction of hospitals, the planning strategy will focus on giving people comfortable living quarters. It allows individuals to socialise more slowly and makes them have more control over their life. The building has nine care flats that are designed as homes. The social spaces and treatment rooms are enclosed by the main gardens and courtyards. Arkitekter White (2010). The purpose behind the design of the Östra Psychiatric Hospital is to offer a healing and caring setting. The hospital chosen in the case of the Östra is more relaxed, which means that patients have more freedom, and yet their safety is not compromised as it would be in most large psychiatric institutions with strict policies and structure.

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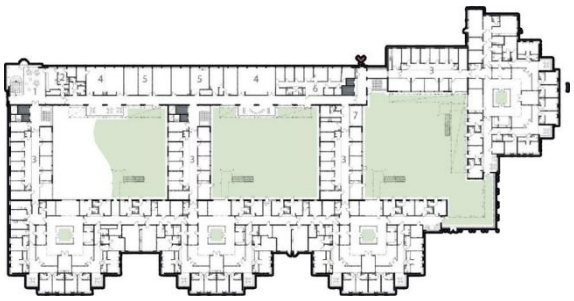

Figure 10 Ground Floor Plan

The home-like care is an important concept. It involves availing small communal spaces which promote socialisation and isolation and individual patient rooms. The fact that people can see their location in big, brightly lit hallways and outdoor spaces makes them feel more comfortable and more engaged. The availability of green garden areas is not problematic since the rooms of the hospital are located along the key hallways. Each care unit has its dining areas, therapy rooms, staff areas, patient rooms, and group activities spaces. This design will help in productive work as well as patient recovery. Consistent with current mental health ideas which deem respect and choice, this design enables the patients the freedom of the choice of whether they wish to be interacting with other people or remain secluded. The program consists of important elements which include:

- Private patient rooms
- Activity rooms and communal spaces
- Dining and therapy areas
- Courtyards with gardens and seating areas
- Administrative and staff facilities
- Landscape Integration

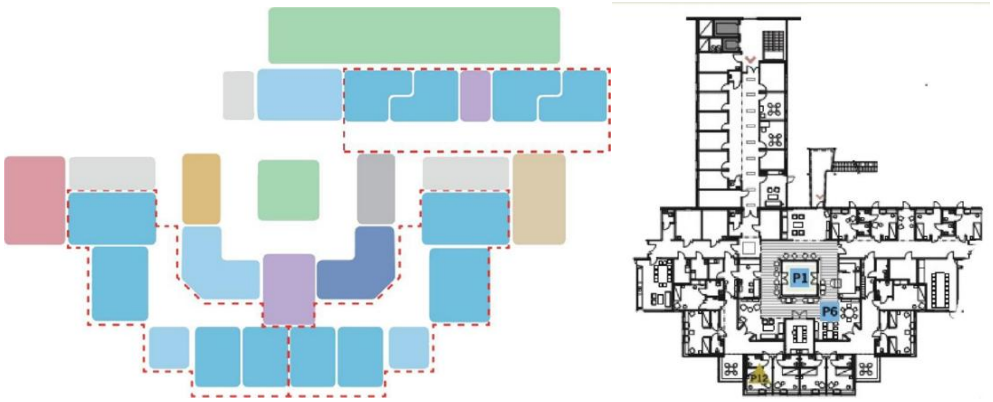

Figure 11Ward Layout Source Terrapin Bright Green. (2017). Östra Hospital psychiatric facility [Case study]. Terrapin Bright Green. https://www.terrapinbrightgreen.com/wp-content/uploads/2015/11/Ostra-Psychiatry-Case-Study.pdf

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The landscape is what determines the healing environment of the Östra Psychiatric Hospital. The courtyards, walkways and green spaces of the hospital are easily accessible to the patient rooms. The spaces are supposed to promote socializing, movement, and a relationship with nature, which will positively affect mental health and minimize stress. The materials are not supposed to make things warm like in a hospital, instead of giving it the appearance of a hospital. Wood, soft colors, and a sufficient share of natural light makes a room warm and inviting. Rather than applying obvious security measures, the hospital resorts to open areas and high visibility to ensure that patients have a comfortable space and experience less stress (Shepley and Pasha, 2017).Open spaces and high visibility are employed by the hospital to ensure that mental health patients are kept safe and allowed to make their own choices. The isolation is offered in the individual apartments, though it is easy to spy on the people in the passageways and courtyards. This will preserve all that and respect the value of the patient.

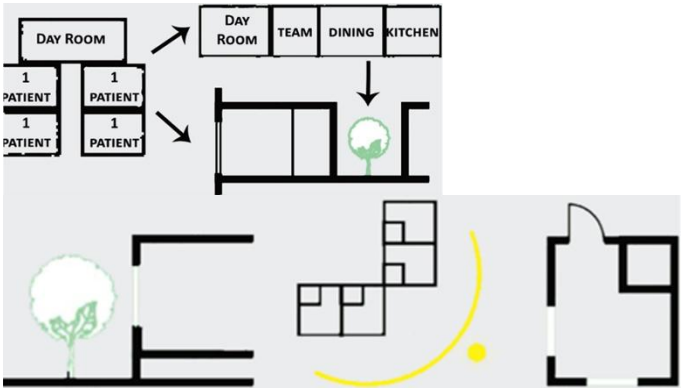

Figure 12 Left: Configuration for Placement of Dayrooms. Right: Orientation of Patient Room for SunLight Intake. Source: Drawn by author.

DISCUSSION

The following contrast shows a clear difference between designs that are supposed to keep people safe through the design that is designed to help them heal. PIMH Lahore is structured in such a manner that it puts a limit on patients, separates them in different areas, and provides very little to help the patients recover, akin to the traditional colonial hospitals. However, Fountain House is an important trend in the country to help people recover and create relationships with others through intimate interior zones and active exterior spaces despite its limitation in terms of scale and resources.Nonetheless, the examples on the global level, including Helsignor, Ostra and Chelsea Soldiers Home, have advanced best practices. These are a small-group setup, abundant natural light, nonhospital and noninstitutional materials, and decent connection between the indoors and the outdoors.Respecting the patients and allowing them to make their choices and taking care of their mental health is

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paramount in these facilities. This shows that healing may be induced through design of buildings. In general, the paper suggests that mental health institutions in Pakistan in the future should aim at establishing hospitable, research-based space meant to help people to recover as opposed to having strict, controlling designs.

Architectural Criterion	PIMH, Lahore	Fountain House, Lahore	DCAMM Chelsea Soldiers' Home, USA	Helsignor Psychiatric Hospital, Denmark	Östra Psychiatric Hospital, Sweden
Architectural Typology	Asylum / custodial institution	Rehabilitation center	Residential long-term care	Contemporary psychiatric hospital	Home-like psychiatric care
Form & Massing	Large, repetitive blocks	Compact, low-rise forms	Articulated, broken massing	Fragmented, wing-based massing	Small-scale, domestic volumes
Plan Geometry	Linear, axial, fragmented	U-shaped courtyard plan	Clustered, non-linear	Radial "snowflake" geometry	Decentralized linear clusters
Human Scale	Poor (monumental, impersonal)	Moderate (institutional yet humane)	High (domestic scale)	High (balanced proportions)	Very high (residential scale)
Facade Expression	Fortified, prison-like	Colonial institutional	Warm, residential	Minimalist, transparent	Soft, domestic articulation
Material Language	Brick, concrete, metal grills	Brick, plaster, marble	Brick, wood, neutral finishes	Natural finishes, warm tones	Wood, neutral palettes
Transparency & Openness	Low	Moderate	High	High	Very high
Indoor–Outdoor Relationship	Weak, peripheral	Strong, central lawn	Integrated courtyards	Integrated courtyards	Fully embedded landscapes
Circulation Logic	Confusing, corridor-driven	Clear but limited	Intuitive, looped	Clear, radial and legible	Clear, decentralized
Institutional vs Domestic Feel	Strongly institutional	Semi-institutional	Domestic	Semi-domestic	Strongly domestic

Table 1Comparison of National and International Casestudies.

Figure 131Comparison of National and International Casestudies

CONCLUSION

The results point to the fact that the remain of colonial ideas had a significant impact on the mental health system in Pakistan. It means that mental hospitals are segregated, have strict rules, and consider the beauty of the facilities rather than human decency and recovery. An analysis of a number of local and international cases confirms the main argument underlying the research i.e. architecture is fundamental in facilitating mental health care.

Annual Methodological Archive Research Review
http://amresearchreview.com/index.php/Journal/about
Volume 3, Issue 12 (2025)

Online ISSN 3007-3197
Print ISSN 3007-3189

http://amresearchreview.com/index.php/Journal/about

Even though such facilities as PIMH are large and occupy a great proportion of the healthcare system, they provide examples of the way in which overly simplistic planning, inadequate layouts, and detailed design may frustrate the process of patient recovery. Nevertheless, by creatively planning and using the external spaces, the Fountain House indicates the substantial change in the national focus on helping people recover and reintegrate into the community. Its usefulness is however hampered by resources and space available to it. With the help of small living groups, productivity between the indoor and outdoor environment, and the utilization of home-like materials, it can help the patients gain a lot of comfort, independence, and social abilities. An example of some other countries is the Helsignor Psychiatric Hospital, the Östra Psychiatric Hospital and the Chelsea Soldiers Home.

The paper illustrates that financial and technological gaps are not the only differences that exist between mental health services available in Pakistan currently and the present global standards. They spend the majority of time on design and ideas of the building. Our sustained rejection of the containment-based strategies shows that we should change our approach and focus on the designs that are conducive to recovery, evidence-based, and empathic. The research can help improve the mental healthcare facilities in Pakistan by establishing an example of architectural solutions that emphasise the need to make natural light available, provide a choice of space, make the plan user-friendly, and engage with nature.

The paper concludes that we should change the way we perceive buildings and regions to have the real impact on mental wellness. We should not consider them as a source of control; rather, we should perceive them as being a part of the healing process.

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Volume 3, Issue 12 (2025)

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Print ISSN 3007-3189

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