



CENTRE FOR ADDICTION AND MENTAL HEALTH

**MASTER VISION**

*Transforming Lives*



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*Transforming Lives*

**Prepared by**

Alice Liang B.Arch., OAA, MRAIC, Montgomery Sisam Architects Inc

Graphics and Illustrations by Melissa Verge and Andy Guiry

**C3, Community Care Consortium**

Kuwabara Payne McKenna Blumberg Architects

Montgomery Sisam Architects Inc.

Kearns Mancini Architects Inc.

**January, 2008**



## Forward

***“With the redevelopment of CAMH’s Queen Street site, we have a once-in-a-lifetime opportunity to create a new facility that will reflect the most advanced knowledge in addiction and mental health – a place that will support clients to recover, health professionals to provide care and researchers to discover; a place that will erase barriers, reduce stigma and support equitable and humane care in the context of a civil society”***

The above quote, taken from the 2007 Centre for Addiction and Mental Health (CAMH) Foundation Annual Report titled “You’re Transforming Lives”, speaks poignantly to mental illness in the context of a civil society.

We are all too familiar now with the statistics that one in five people in our population is affected by either mental health or addiction issues. Whether it strikes a close relative, a friend or an acquaintance, we are all involved. We are all responsible, as part of the civil society, to ensure that there is no stigma, that there is acceptance and compassion to help those who are most vulnerable. Reduction of stigma is the most important step to treatment and recovery.

The statement also clearly echoes CAMH’s commitment and ambition to completely transform the Queen Street facility, to truly integrate it within the existing urban community and to create a normalized environment for clients.

**Paul E. Garfinkel, MD, FRCP (C)**  
**President & CEO, Centre for Addiction and Mental Health**

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## Acknowledgements

CAMH Executive Leadership Team / Project Steering Committee

CAMH Redevelopment Office

David Reville

Elizabeth Scott

### **C3, Community Care Consortium**

Kuwabara Payne McKenna Blumberg Architects

Montgomery Sisam Architects Inc.

Kearns Mancini Architects Inc.





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## Summary

This Master Vision document, "Transforming Lives", is the synthesis and encapsulation of CAMH's philosophy in **model of care, workplace strategy, community engagement, research & knowledge exchange, operational efficiency, post occupancy evaluation** and the articulation of a physical environment that supports this philosophy.

In order to position CAMH on the international stage, Community Care Consortium (C3) has scanned key issues and trends across the world in mental health and addictions care and the design of these facilities. In addition, C3 looked to examples and precedents of innovative approaches to the "working environment", outside of the traditional healthcare sector, to reinforce CAMH's belief that excellent care and research can only be accomplished in an excellent work setting.

The research of the most progressive global trends in the care & treatment strategies for mental illness and addictions, has made it clear that some of the best examples are found in Europe, Australia and New Zealand.

For instance in the UK, the Sainsbury Centre for Mental Health Vision for 2015<sup>1</sup> targets these objectives for the future:

- Schools will include emotional literacy in curricula and will support students experiencing mental health problems
- Employers will compete to become "Wellbeing Workplaces" which demonstrate good practice in supporting staff who experience mental health issues
- Workplaces which positively recruit those who are mental illness survivors
- Service users (Clients) will have a comprehensive care plan, advised by an "associate" with expertise in employment, benefits, housing, treatment and care
- Mental Health Services will be more holistic and integrated with overall health provisions for a full range of treatment
- Clients will receive care that is focused on supporting them to achieve their personal goals for recovery

All of the above goals reinforce the vision of Client Centred Treatment/Care that focuses on **Client Empowerment and Recovery**. CAMH, being on the leading edge of Client Centred Care, shares this same vision that aims to deliver a holistic continuum of care.

CAMH also recognizes that a critical part of the Vision is to provide the **Best Work Environment** for staff and care givers who are able to provide the best client care when they are fully supported in the workplace.

At the Queen Street site, CAMH has the prime opportunity to create a truly integrated urban environment to de-stigmatize mental illness and normalize treatment for all clients. Being an **Exemplary Neighbour in the Community** is fundamental to CAMH's ability to combat stigma.

One of CAMH's core goals is to contribute to strong and healthy communities by improving the lives of those affected by mental health and/or addictions issues, as well as promoting the health of people in Ontario and beyond. This is accomplished through the leadership role of the Research Program, Education and Health Promotion Programs in establishing a "**Centre for Discovery and Knowledge Exchange**".

The assurance of the quality of the delivery of care has to be also supported by optimal **Operational Efficiency**. The Master Vision sets the framework for the maximization of all operational strategies in staff work flow, material management and movement, use of advanced technology, environmental sustainability, long term flexibility and adaptability.

Finally, in order to further evolve the model of care moving towards 2020 and beyond, the Master Vision also incorporates measures to evaluate the success of its objectives through **Post Occupancy Evaluation**, at each phase as well as at full completion of the redevelopment project. As the Master Vision document is a living document, the outcome and evaluation should be incorporated over the ensuing years after the completion of the entire redevelopment.

## Introduction

"...I mention from experience, as quite perceptible in promoting recovery, the being able to see out of a window, instead of looking against a dead wall; the bright colour of flowers, the being able to read in bed by the light of a window close to the bed-head. It is generally said the effect is upon the mind. Perhaps so, but it is not less so upon the body on that account..."

Florence Nightingale, diary, 1860<sup>2</sup>

As a front line care provider, Florence Nightingale back in 1860 made these very perceptive observations, linking the physical environment with its effect on one's wellbeing. More recently, Professor Roger Ulrich<sup>3</sup> has published widely in the realm of evidence based design, making this same connection. This notion is perhaps best illustrated by the story of a psychiatric survivor – David Reville<sup>4</sup>

*"In a Toronto hospital, twenty-one-year-old David is told he has an "incurable mental illness" called manic depression..."*

*"David is sent to the Kingston Psychiatric Hospital where life quickly becomes Kafkaesque. He is placed on the geriatric ward, details of which he scribbles in an exercise book. "I walk past a long row of beds and into a large square room. The place smells of urine ...In the room are about fifty men, most of whom are busy with various occupations – dozing, mumbling, sucking their toothless mouths in and out, and staring in a variety of attitudes: wistfully, stoically, blankly, demonically..."*

*"For the next year and a half, the ex-law student lives in this surreal world, which first confounds and later angers him with its utter absence of logic, method, or compassion."*

*"I didn't handle it very strategically, ...I sort of acted up - acted out – in the hospital, which was mostly verbal acting out. And then I ran away once ...I basically turned myself in. And that left me being punished. They locked me up, and then they kind of threw away the key for a while. And then I really got depressed, and discouraged, and lost heart."*

*"Self-marginalizing," he calls it. "Part of it was my own sense of worthlessness, which I developed quite successfully while I was in hospital."*

*"A lot of my politics were formed while I was in the hospital. Virtually every moment, I was reminded that some people have no control over their lives and that others have extraordinary power over men."*

This story is a compelling account of a mentally ill individual's experience with a care and treatment environment that was **not**:

- Healthy, Healing and Therapeutic
- Dignified and Respectful
- Empowering
- Engaging
- Restorative and Recovery Oriented

It alludes to the close link between model of care, the physical milieu and the effect on the wellbeing of the person who suffers from mental disorder. It also highlights that it is essential that the physical care environment and the clinical treatment be mutually supportive. It is not enough to have a great physical facility without the compassion of the clinicians and care givers. At the same time, the treatment team cannot adequately provide care if the quality of the physical environment is lacking and undermined.

While there is continuing debate on “Evidence Based Design”, it is both intuitive and widely acknowledged that the quality of the physical environment, both indoor and outdoor, has significant impact on the human spirit and behavior. A well designed environment can reduce patient stress, enhance the healing process and raise staff morale.

A room with a view and ample natural light is what we all would like to have where we live. We all enjoy being close to nature, seeing trees and smelling the fragrance of flowers. This basic human need should not be any different for those who are mentally ill or who suffer from substance abuse. In fact, these physical attributes are essential for the healing and treatment process for recovery.

In recent years, a substantive amount of research and studies have been done linking healthcare design qualities and patients’ experience and recovery outcomes, as well as staff recruitment and retention. This has generated a heightened awareness and ambition for both the healthcare facilities and the design professionals to bring healthcare building design into mainstream architecture.

Rigorous reviews of design quality frameworks and indicators have been developed by design review bodies such as Commission for Architecture and the Built Environment (CABE) and (Medical Architecture Research Unit (MARU) in the UK. The intent is for all healthcare facilities, through a global sharing of



The Toronto Lunatic Asylum, a precursor organization to the Centre for Addiction and Mental Health, Men’s Ward circa 1910

research knowledge, to raise the level of design quality for a therapeutic environment. Hand in hand with the improvement on design quality, long term sustainability for the hospital's operation has also been addressed by C.A.B.E.

Most importantly, this new philosophical shift calls for Design Champions in every healthcare facility who are committed to mitigate all challenges (funding, resources, etc.) to deliver the vision for excellent health through excellent design.

The completion of the total redevelopment is projected to be in year 2020. Given the nature of a multi-phased project over a long duration of time, it is a challenge for CAMH to ensure that the phase-by-phase development occurs according to its Master Plan vision, over the span of the next 12 to 13 years.

In order to safeguard the long-established CAMH Vision over the duration of its redevelopment, C3 (Community Care Consortium)<sup>5</sup> was engaged in October of 2007, to prepare a comprehensive Master Vision document. This document encompasses all aspects of the Vision relating to client care, work environment and teaching role, urban integration, operational efficiency, and CAMH's internationally renowned role in research. It re-states the fundamental guiding principles of the hospital and ensures that these essential principles are not compromised as CAMH develops and evolves in the future.

This document, with narrative and visual images, sets out to illustrate how the exemplary model of care has a direct effect on the qualitative experience for clients, families and staff, as well as how this experience is reinforced by the quality of design for the physical spaces. This document stipulates the essential criteria for design excellence and for the successful delivery of the overall Vision of the CAMH Redevelopment.





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# CHAPTER 1

## BEST CLIENT CARE – INPATIENT & OUTPATIENT



Private Garden, Christopher Bradley Hole



## 1.1 MODEL OF CARE

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### RECOVERY ORIENTED

Through the continuing effort of the consumer advocacy movement in raising awareness, it is now widely recognized that individuals with mental illness and/or addictions are no longer willing to be passive bystanders. "Recovery" for an individual encompasses hope, choice, dignity, respect, rights, diversity, inclusion and empowerment.

CAMH is committed to providing holistic care to all clients and families. Recovery oriented services replace paternalistic, illness oriented perspectives with collaborative, autonomy enhancing approaches and represent a major shift in service delivery. The fundamental components of a recovery model include:

- Self-direction: Consumers lead and exercise choice over their own path of recovery by optimizing autonomy and independence.
- Individualized and person-centred: Care, by being client directed, builds on the individual's unique strength and resiliencies.
- Empowerment: Consumers have the right to choose from a range of services and to participate in all decisions. They also have the right to access the most current health care information to make informed choices.
- Holistic: It is recognized that recovery embraces all aspects of life including employment, education, mental/physical health treatment, addiction treatment, spiritual, social community participation and family support as determined by the person.
- Non-Linear: Recovery is not a step-by-step process but one based on growth, occasional setbacks and learning from experience.
- Strengths – Based: Recovery focuses on valuing and building on capacities, resiliencies, talents, coping abilities and inherent worth of all clients.
- Peer support: Mutual support which includes opportunities to share experiences and learn from others is essential.

- Respect: The protection of rights and elimination of stigma are crucial components of recovery.
- Responsibility: Consumers have a personal responsibility for their own journeys of recovery and can take steps to achieve their goals.
- Hope: Recovery provides the essential and motivating message that people can and do overcome the barriers and obstacles to recovery.

An important part of CAMH's vision in supporting the Clients' recovery is to create and foster employment opportunities at the Queen Street site. This can be accomplished by incorporating building uses, as part of the urban village that may accommodate recovering clients' vocational training and employment. This will further reinforce the integration and normalization of the overall treatment environment.

### NORMALIZING

A model of care focused on clients' recovery requires a normalized treatment environment for a person with mental illness and/or addictions. On a large scale, the urban integration is key to this normalizing process. Clients can access both outpatient and inpatient services in the context of a neighbourhood that includes healthcare and non-healthcare uses. A community that is inclusive and one that erases barriers reduces stigma.

At the level of inpatient care, the degree of normalization can increase as clients move from the initial more acute treatment setting to a transitional, more residential-like setting as they become more stabilized. Through Assisted Daily Living (ADL) programs, clients develop self-reliance and independence to facilitate a re-integration back into the community.

*"The concept of normalization often underpins the purpose of therapy. The design challenge is to develop a scalar and spatial vocabulary that supports the personal and social structures described in the model of care whilst the service itself may – however benign – conspire against the concept of "normal".*<sup>6</sup>

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The above statement points to the common challenge confronting the desire to provide a normalized care-setting. The physical environment has to balance between the goal for this model of care and the risk and safety concerns, associated with the potential behavioral issues for clients with higher acuity of illness. The best assurance in delivering the vision for a normalized care setting is to align the sensitivity for the physical environment with the services rendered by the care providers.

### WELLNESS CENTERED

Based on feedback from clients who have recovered from mental illness or addiction issues, the emphasis on wellness rather than illness as part of the care and treatment, reinforces the concept of “hope” for eventual recovery.

Wellness centered care focuses on the positive progress that clients make throughout the course of treatment. With the assistance of the multi-disciplined treatment team, clients are guided through the care plan to achieve the goals set out jointly by the clinicians and the clients and their families. Incremental progress made by clients should be acknowledged and celebrated. A good example of this is the “graduation” process for clients who have successfully achieved treatment milestones in CAMH’s Addictions Program.

### RESPECTFUL & DIGNIFIED

Basic respect for human dignity is fundamental to all individuals in our diverse society. We speak of “others” having a mental illness and/or addiction yet it can happen to anyone of us, our family members, friends, colleagues. Each of these individuals, regardless of race, culture, gender and sexual orientation, expects to be treated with respect regardless of their outward behavioral changes, brought on by mental disorder or substance abuse.

Being stripped of one’s dignity and self esteem, as relayed in David Reville’s experience with psychiatric treatment can lead to self marginalization, self loathing and the sense of “worthlessness” and further deterioration of one’s mental and physical health.

Respectful and dignified care not only comes from the care givers. The physical environment plays a major role in conveying the message that each individual’s wellbeing is being considered. It is essential to provide clients with privacy, choices, control of their immediate environment, equal and easy access to appropriate services and amenities.

The most important and challenging task is the design of the physical environment for clients who could be more at risk of self-harm and/or harming others, and for the staff who care for these clients. The natural response is to build in traditional security mechanisms such as surveillance cameras, high fences and barriers, visible security lighting, etc. Some of these measures which may be overtly visible to clients, who may already be distressed or paranoid, contradict the achievement of a respectful and dignified treatment environment. They may even evoke negative and aggressive behavior.

Understanding the balance between a safe physical environment and operational policy is fundamental in the success of creating a healing environment that is respectful and dignified for clients of all ages.

### EMPOWERING

Empowerment for an individual comes from being able to make decisions (however small), make choices and have a sense of independence.

Clients who are supported by the treatment team in formulating their own treatment plan feel more in control of their own goals and objectives. Their full engagement in determining the access to education, vocational training and employment opportunities is also vital to the empowerment of clients and to their recovery.

The empowering of clients is interlinked with the provision of a physical setting that is respectful and dignified. An environment that is calm, warm, comfortable and safe, and that allows clients to freely access services without unnecessary supervision from staff and care providers fosters a sense of independence and confidence. Options and choices are provided for clients to exercise their own decision making. An

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appropriate level of control of one's environment also enhances the sense of empowerment.

## ENGAGING

"Engagement" is a critical step to recovery for people suffering from mental disorder and addiction. Positive interaction with the clinical staff and care providers can help build trust and confidence. Participation in social and therapeutic activities helps clients develop skills in re-assimilating and fosters a sense of belonging.

Through encouragement from staff and mutual support from peers, clients will be motivated to engage in socialization to reinforce their sense of belonging in a community.



Bloorview Kids Rehab, Toronto,  
Montgomery Sisam Architects | Stantec Architecture



CAMH Redevelopment, Typical Client Care Lobby, Rendering by Andy Guiry (C3)

## 1.2 QUALITATIVE EXPERIENCE FOR CLIENTS AND FAMILIES

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### WELCOMING

In the context of the CAMH's new urban village, the "welcome" gesture extends to clients, families, visitors as well as the neighbours in the community. A positive arrival experience is fundamental to reinforce CAMH's vision of an integrated and normalized treatment environment.

#### Civic Presence

Today, the new thinking for healthcare facilities is to aspire to contribute to "place making", through design excellence, within the community. Hospitals will no longer be seen as stand-alone institutions but become good civic buildings that enrich our daily lives. In the case of mental health treatment facilities, this is also the best strategy to combat stigma.

#### Street Identity/Entrance Canopy

The welcoming message is firstly conveyed by a "front door" that is easily identifiable, signified by an entrance canopy of generous dimension to shelter clients, families, visitors from inclement weather.

Using a combination of durable material such as glass, wood accent and metal supports, the canopy will be light filtered and inviting.

#### Easy Access

There should be level access at all points of entrances to buildings. Elimination of steps and ramps from street level will ensure safe and convenient access for all clients, families and visitors.

#### Main Lobby/reception

The goal is to leave behind the old stereotypical image of the hospital as a sterile, cluttered and sometimes confusing environment which exacerbates the stress level of clients and visitors when they are already anxious.

The current approach to healthcare design is aligned with similar considerations for hospitality design, in order to reinforce the new shift to focus on "wellness" rather than illness. As in a hotel, the lobby and reception environment sets the tone and first impression of welcome, comfort and conviviality for clients and visitors, of diverse backgrounds.



Providence Centre, Toronto, Montgomery Sisam Architects | Kuwabara Payne McKenna Blumberg Architects



CAMH Redevelopment, Main Entrance Lobby, Rendering by Andy Guiry (C3)



The best “welcome” is the human touch. The presence of a meet-and-greet person who is trained, knowledgeable, friendly and helpful reflects the vision and the culture of caring, respect and compassion. However, it is essential that this role of “ambassador”, one who provides direct way-finding and orientation, be supported by the physical environment of the lobby/reception space.

The ambience of the lobby space should not be institutional. It should be warm, intimate (human scale) and calming, created through the use of varied lighting, appropriate tactile materials, finishes, colours, texture, art work, comfortable and durable furnishing. Seating arrangements should allow for social interaction if desired. The space should be uncluttered, clean and well maintained.

### Security

In order to support and convey the message of a less institutional setting, the security staff should operate in the background, in a non-obtrusive manner. Security should not be the explicit first point of contact for clients, families and visitors.

### Orientation

Clarity in way-finding can be achieved by clear hierarchy and organization of the circulation and arrival sequence. A lobby space that is filled with natural light, that has a view of landscaped outdoor space, provides clear orientation and creates a reference point.

A well designed and easily understood signage system can further enhance way-finding and it should allow people with any cognitive or visual impairment to navigate through the spaces.

### Diversions and delight

An excellent device to reduce stress and anxiety in a healthcare setting is the creation of “positive distraction” or “diversion and delight”. This is particularly relevant in creating a “child-friendly” setting for clients and visitors of a young age. The current clients’ artwork display at the Queen Street site is a successful example in using the entrance lobby area as an art gallery. This function not only showcases client achievement but also helps to alleviate anxiety for clients and families.



Bloorview Kids Rehab, Toronto,  
Montgomery Sisam Architects | Stantec Architecture



Bloorview Kids Rehab, Toronto,  
Montgomery Sisam Architects | Stantec Architecture



Bloorview Kids Rehab, Toronto, Montgomery Sisam Architects | Stantec Architecture



Davis Tower Birthing Suites, Anshen + Allen Architects

Common in many hospitals around the world, the space in lobby areas is often devoted to incorporate activities such as music and dance performances by small groups, sometimes with client participation.

In place of the traditional “gift shop” found in hospitals, a small retail space can be set up to sell clients’ arts and crafts or fresh produce grown by the clients in the gardening program (e.g. CAMH Sunshine Garden).

All of these activities provide positive diversion for clients and families. They can also engage the participation of visitors from the neighbourhood and the community at large. An active lobby strongly supports the vision of breaking down barriers and stigma.

In conveying the message of environmental sustainability, a green “living wall” can be included to modulate air quality and humidity. The subtle scent and fragrance emitted by the plants can be calming, healing and stimulate the senses. Furthermore, this living wall, where the donors can be symbolically

acknowledged by different “named” plants, presents an appealing Donor-Recognition opportunity.

All of these design considerations and qualities of experience should be applied to the elevator lobbies on the upper floors of all buildings as well. These spaces should convey the same message of welcome and caring, especially the elevator lobbies on the inpatient units.

### HEALTHY

A healthy environment signifies wellness and recovery. Fundamental to the wellbeing of our daily lives are these physical attributes: natural light, fresh air, access and view to nature.

#### Natural light & nature

Within an indoor environment, ample natural light, views of nature and the outside world are essential to providing an uplifting experience. Awareness of the circadian rhythms also reinforces normal sleeping patterns. Visibility of changing weather and passing seasons help build the connection between the individual and the surrounding physical



Bloorview Kids Rehab, Toronto, Montgomery Sisam Architects | Stantec Architecture



Boeing Surplus Warehouse, NBBJ Architects



CAMH Redevelopment, Child's Ambulatory Care Lobby, Rendering by Andy Guiry (C3)

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environment. Access to view and light should be provided throughout and in particular in circulation corridors where inpatient clients and staff spend much time of their daily routines. This visual connection is important for the sense of self and one's engagement with the reality of daily life.

Further to the common and intuitive understanding that exposure to natural day light increases a person's vitality, alertness and improved mood, it is also now widely acknowledged that sun light is a source of Vitamin D which promotes good physical health for all of us.

### **Fresh air & the outdoors**

Fresh air and direct connection with the outdoors is most therapeutic. The outdoor experience can be revitalizing for the spirit and the body. One can find solace in the quiet solitude of a contemplative garden or be energized by the stimulation of outdoor activities.

The outdoor gardens should have provision for shading from sun with trees planted in strategic locations. Comfortable yet durable seating should be provided to accommodate a variety of activities

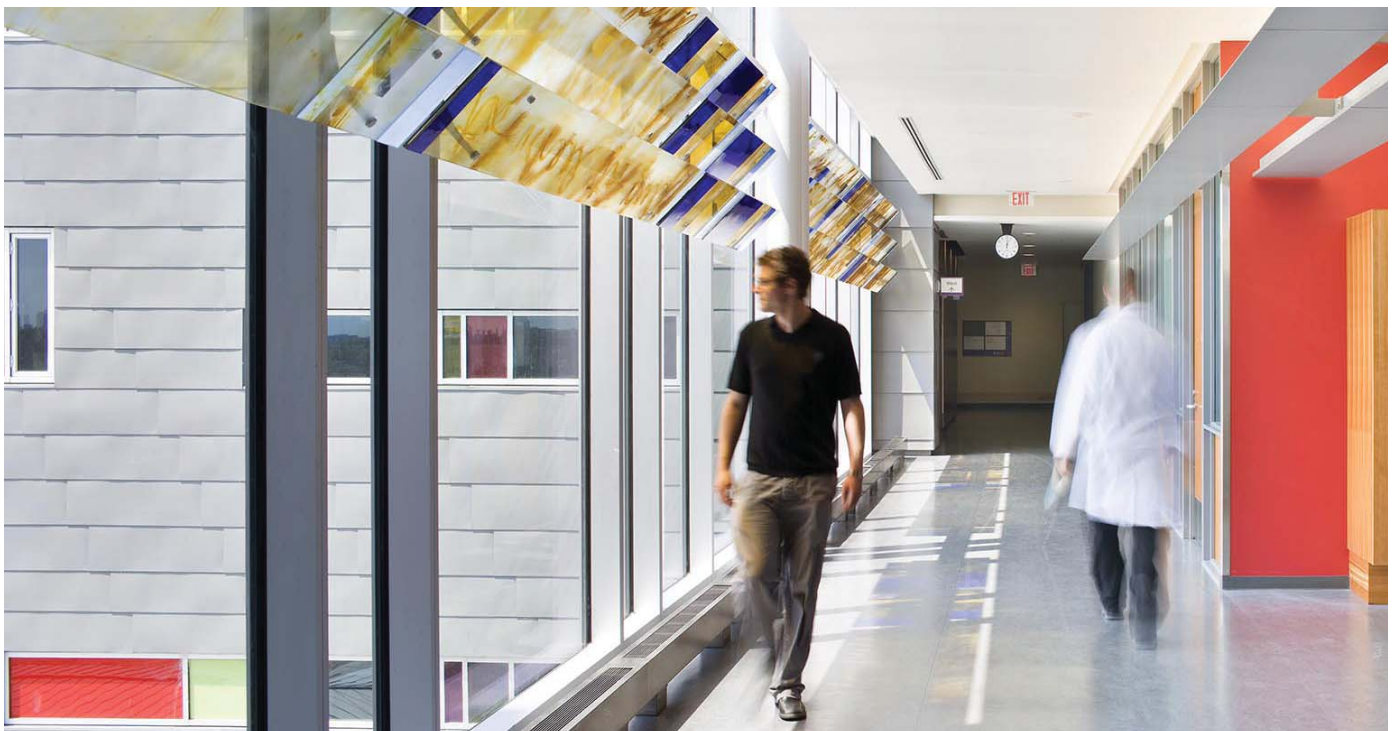
and uses. Raised planting beds are essential for therapeutic gardening use by clients with mobility limitations.

Other landscape design elements, such as water gently cascading down a wall with its soothing sound, can greatly enhance the therapeutic effect of the outdoor courtyard gardens.

It is essential that the outdoor gardens are safe for clients but more importantly, they should have the ambience of a domestic garden. The security fences should have a "soft" and friendly quality, perhaps made of wood covered with appropriate types of climbing plants. They should not convey any visible association with physical confinement.

The roof gardens and outdoor terraces should be given the same design considerations to balance the need for safety, security with a more humanistic and friendly approach.

If physical access to the outside is limited, safe, operable windows can provide the source of fresh air within the internalized environment.



Bloorview Kids Rehab, Toronto, Montgomery Sisam Architects | Stantec Architecture



CAMH Redevelopment, Informal Sitting Area on Inpatient Floor, Rendering by Andy Guiry (C3)

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### **Indoor air**

It is equally important that the quality of indoor air and ventilation, introduced through mechanical means, promotes good health for all occupants of the environment. It also plays a major role in infection control across health care settings. The vision is to meet all of the essential Indoor Environmental Quality components of the LEED (Leadership in Energy Efficient Design) criteria in order to:

- maximize ventilation effectiveness
- ensure clean air/dust-free air circulation
- minimize all toxic material and source or pollutants
- only use low-emitting materials for paint, adhesive and sealants, carpet, composite wood products, as well as select materials and finishes that do not off-gas

All of these environmental qualities are fundamental to the physical health of all occupants of the facilities.

### **Control**

It is empowering for the clients to have an appropriate degree of control of these aspects of physical comfort. It focuses on health and wellness and reinforces the recovery care model. Hope and optimism, generated by the sense of independence and self-reliance, promote healing.

## **CALMING AND SAFE**

Whether being an outpatient, an inpatient or a family member, it is essential that their experience of the treatment environment is calming and safe. A calm setting is more conducive to civil conduct and can help to minimize potential self-harm and harming others.

As many of the clients and their families are distressed and susceptible to being easily agitated, design considerations must be given to create a place of calm serenity. This sensitivity is most critical for the inpatient facilities.

### **Visual experience**

Physical space that is uncluttered, aesthetically pleasing and clean helps to reduce stress. The articulation of the interior should be non-institutional with the thoughtful selection of:

- variety of lighting – soft ambient lighting mixed with the basic lighting for functions and operational tasks
- material palette that suggests warmth and that is home-like
- colours that are soothing and cheerful
- variety of artwork (painting, textile art, sculpture, etc.) to create diversions and other points of interest to quell anxiety and stress

### **Sound**

Undesirable noises and acoustic disturbances can sometimes agitate those who are already distressed. Attention should be given to:

- reduce or eliminate sources of undesirable transmission of noise by using appropriate acoustic separation between rooms
- selection of materials and finishes that help to absorb or reduce ambient noise reverberation
- introduce, where appropriate, music that can be therapeutic and calming (while avoiding creating the effect of “muzak”)
- minimize clients’ exposure to loud noises from cleaning equipment or alarm bells and buzzers. This can be a source of aggravation for those who are severely distressed

### **Safety**

For the delivery of excellent client care, safety is paramount. Everyone should be protected against displays of physical acting-out. A serene and respectful environment can go a long way to minimize triggers or provocation for displays of aggression. However, further design considerations should be devoted to:

- areas of public circulation - generous dimension should be considered for corridors; on inpatient units in particular, to prevent potential confrontations and incidents. Some clients



Domestic Dining Area, The Essential House



CAMH Redevelopment, Phase 1A Client Bedroom Mock-up



are more sensitive to spatial confinement and constraints and react physically.

- seating arrangements, in public areas such as waiting areas, should offer options and variety to reduce potential disagreeable confrontations
- the provision for security and surveillance in an unobtrusive manner so that it does not become a source for agitated behavior

## HOME-LIKE

A treatment environment that focuses on and celebrates clients' recovery should strive to be less institutional and more homelike wherever possible, especially for the inpatient facilities, regardless of the length of stay.

### Intimate scale

The strategy to de-institutionalize the inpatient setting is to create a more intimate clustering of single client bedrooms, with ensuite washrooms, in smaller numbers. This helps to alleviate the sense of being overwhelmed by long and relentless corridors of endless rooms. The need for a large, glassed-in traditional central nurse station is

alternatively addressed by staff interacting directly with clients on the floors, convenient "landing pads" where appropriate and suitable confidential team communication spaces.

### Comfort

As most hospitals are now set to create care environments that incorporate some of the qualities of hospitality settings, an experience for clients and families that is convivial and homely signifies the hope for recovery.

As described in the previous section, the qualities and the physical attributes of a calm and serene environment also provide a sense of comfort. For most of us, home is what we have as a "retreat" and "place of refuge". However, for many of the clients, the inpatient environment is their temporary home away from home. In a setting that is safe and comfortable, clients are more likely to develop and build self-confidence and optimism.

### Cleanliness

In supporting the recovery care-model in a homelike setting, clients will be encouraged to take initiative,



St. Patrick's Hospital, Kearns Mancini Architects with ACBI



St. Patrick's Hospital, Kearns Mancini Architects with ACBI

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through ADL programs, in maintaining basic cleanliness in their own private space.

This vision has to be balanced with the demand of operational efficiencies in maintenance and upkeep. Sound Life Cycle analysis should result in the choice for good quality materials that are robust, hard wearing, easily cleaned and maintained and that address infection control concerns.

However, it is essential that these criteria do not imply or restrict to the sole use of typical institutional “tough” and indestructible finishes and hard furnishing. These choices can send a message of distrust to clients and families.

This balance can be achieved by lessons learned from the hospitality industry. All interior finishes selected in a hotel have to be durable to survive the expected wear and tear. But the design strategy for hotels is to respond to this by making it possible to anticipate and plan to change, replace and upgrade certain components at different times.

The Life Cycle cost analysis can incorporate this

long-term projection. It is essential to adopt this process so that the implementation of these critical vision strategies do not become compromised or not realized at all, due to unplanned budgeting or perceived cost constraints.

## HEALING & THERAPEUTIC

All of the physical qualities and attributes described in the previous sections under “Welcoming”, “Healthy”, “Calming and Safe” and “Homelike” are fundamental contributing factors to a healing and therapeutic treatment setting. Physical healing can be the direct result of the positive experience provided by the tangible design qualities of the environment.

### Healing

A “healing” care-strategy focuses on the potential and the strengths of each client. This Strength-Based care principle should be evident in the translation into the physical experience for the clients and families.

An environment that conveys respect and trust is healing for clients’ sense of self worth and self



Private Garden, Pepe Cortes Designer

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esteem. A model of care that underlines the fact that recovery is not a linear process, but a “step-by-step process based on growth, occasional setbacks and learning from experience” (Functional Program, Dec. 2004, RPG), should be reflected in a physical environment that is forgiving and accepting.

### Therapeutic

Within a physical setting that is inherently therapeutic (welcoming, healthy, calm, homelike and safe), the model of care encourages clients’ participation in programmed therapeutic activities such as:

- physical / recreational: indoor or outdoor hobbies, sports and fitness activities
- arts and crafts, visual arts
- music, dance and drama
- reading and writing
- therapeutic gardening
- Assisted Daily Living training including cooking and computer skills for online banking and education programs

However, the treatment environment should also provide and promote more informal and impromptu engagement in therapeutic activities such as:

- leisurely stroll in parks (for those who acquire privilege to do so)
- relaxing in a quiet contemplative courtyard garden
- reading in the library or on the outdoor terrace
- playing music in the clients’ lounge
- informal social interaction with staff or peers in sitting areas off the corridors

The physical design should ensure the provision for easy access to these opportunities without the reliance on staff supervision when appropriate, as much as possible, in order to foster clients’ sense of independence.

### RESPECTFUL OF PRIVACY AND DIGNITY

“The protection of rights and elimination of stigma are crucial components of recovery.”<sup>7</sup>

Historically, people with mental illness have been



Roof Garden, London, Christopher Bradley Hole

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neglected in terms of their rights due to stigma and general marginalization by our society. More recently, as the result of strong consumer advocacy movements, individualized care plans, choice and common standards around privacy and dignity play a major role in normalization.

Within the treatment setting, the clients' experience that is respectful and dignified is essential to healing and recovery. The care services provided should be inclusive regardless of the clients' race, culture, gender or sexual orientation. Respect for the diversity in our society is paramount

The model of care and the physical environment have to be aligned to be respectful of privacy and dignity. As inpatients, clients have the privacy of their own room and washroom. Balanced considerations should be given when the need for observation or surveillance arises. It is best that this be done in an unobtrusive and dignified manner when it is necessary.

Similarly, safety measures put in place to address behavioral issues (self harm and harming of others) should be done "behind the scenes" and not blatantly

evident to clients and families to the extent possible. A visibly calming environment can reduce stress and be conducive to civil behavior. Conversely, visible and explicit security mechanisms such as installation of cameras or mirrors in bedrooms, may result in clients acting out in reaction to these invasive measures.

Clients should also be given the options and choices to access programs and services, as well as the use of a variety of activity areas on an inpatient unit. They should be encouraged to exercise decision making and be responsible for their decisions and actions. It is important that clients have the choice to interact with clinical/front line staff within the privacy of their bedroom or an alternative setting that is completely confidential.

### SENSE OF COMMUNITY & BELONGING

People who experience mental illness quite often are not engaged in the reality of life around them. Their illness causes them to feel detached and disconnected from their family, friends, colleagues and the society. They become marginalized as a result of feeling disenfranchised.



Bloorview Kids Rehab, Toronto, Montgomery Sisam Architects | Stantec Architecture

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An important goal of the Recovery model is to help clients re-connect with society. The vision to remove stigma by integrating the CAMH facilities and its services into a regenerated neighbourhood is the first step in helping clients with their re-entry back into the community.

Clients, as part of the treatment and healing process, can interact with the community through potential employment opportunities created by CAMH and private partners. Through activities such as sidewalk sales of clients' arts and crafts or the fresh produce from the Sunshine Garden, clients have the direct connection to neighbours and passers-by.

Initiatives such as the client-run café are not only empowering for the participating clients, they are essential to create a community of peers who can support each other in achieving their goal of recovery.

On a more microcosmic level of the inpatient environment, the clustering of smaller number of bedrooms, helps to form a social group of "neighbours". Being able to identify with one's peers reinforces the sense of belonging.



Estrella Chapel, NBBJ Architects



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# CHAPTER 2

## Best Work Environment



Residence, Taylor Cullity Lethlean Landscape Architects





## 2.1 WORKPLACE STRATEGY

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One of CAMH's strategic goals is to "become the best place to work and learn" by encouraging innovation and attracting, supporting and retaining the best team of staff, physicians, volunteers and students who are committed to our mission, vision and values. CAMH has a strong commitment to diversity and a work place free from discrimination and harassment.

In achieving this goal, CAMH will have developed a healthy workplace with the aim to encourage and improve health and well being and sustain a culture that allows employees to make positive contributions to the organization. Culture is developed through the ongoing building of relationships and communication and it has important influence on the employees' mental and physical health. The organization's decisions on policies and procedure can greatly affect staff morale and their feeling about the workplace. The vision for the workplace addresses their needs for an environment that is healthy and safe, open and welcoming, and one that allows full participation as team members.

The objective is to enhance staff morale and to contribute to staff recruitment and retention. Staff across the board will be assisted in their work by high quality environments, conveniences and efficient work flow, leading to healthy morale, staff well being and anticipated improved work performance.

CAMH's vision for the "best place to work and learn" should view beyond simply the operational side of a Work Place Strategy. To be on the leading edge as a best employer of dedicated service providers, the strategy needs to set higher standards and qualities of the work place.

### STAFF AMENITIES: OASIS, A PLACE OF RETREAT, A PLACE FOR INTERACTION

#### Retreat

Staff members, especially front line clinical staff, should be able to have the time and place to unwind, relax and re-energize themselves during a long hard day of work. An oasis that is somewhat remote from the hub of activities on an inpatient floor can provide a quiet retreat as an "off-stage" area.

#### Interaction

As the "team approach" is used more and more in the work place, an integrated cross-disciplined team is appointed to collaborate in carrying out the care treatment plan for clients. The provision of an oasis creates an opportunity for informal socialization and interaction for staff and team members over coffee or lunch break.

### UNIVERSAL ACCESS

The approach on Universal Access is to "consider this standard for all new buildings at the Queen Street redevelopment, to accommodate the disabled, the visually and hearing impaired. This will include wheelchair access to all spaces (offices, washrooms, meeting rooms with raked floors, etc.), way-finding systems and emergency systems that address access issues." (Functional Program, Dec. 2004, RPG)

To be consistent with CAMH's Vision and principle of inclusiveness, the work place should provide equal access to all staff. It is the intent for CAMH to comply with the current 2006 Ontario Building Code requirement for accessibility. (At this point in time, CAMH's hospital wide Accessibility Standard is yet to be determined. This section will be modified based on this decision)

### APPROPRIATE SPACE STANDARDS

"The major objectives in providing standards for staff work areas are to provide appropriate and equitable space for similar functions and optimize the future flexibility of the built space." (Functional Program, Dec. 2004, RPG)

As part of the Functional Program, guidelines were established by identifying the types of spaces that require total privacy. Staff with senior clinical roles, corporate and management responsibilities will have private offices and others will have access to sharable private rooms for meetings, interviews, treatment and therapy.

In terms of the work environment, CAMH can explore the possibility of moving toward a scenario where a significant portion of staff will be more mobile in the future. The current trend in corporate development is a



CAMH Redevelopment, Double Height Oasis, Rendering by Andy Guiry (C3)

new way of thinking about the work place where “the office isn’t a little place with a door on it anymore. It’s the entire building. Throughout the day you will be in meetings in private conference rooms, in open spaces. You will be in big lecture halls. You’ll be at a desk, whichever one is available. You will be on your cell phone walking through the plaza. That’s the workplace.”<sup>8</sup>

### FLEXIBILITY

The working environment of the future described above is very dynamic and flexible. It suggests a more synergetic approach to how people can drop in and out of group situations, “plug” into any available hotelling station for individual work but not be tied down to a particular fixed “private office”. All functions requiring total privacy and strict confidentiality can take place in shared and bookable rooms.

This is a new concept which the health care profession may still find challenging to adopt since traditionally, clinicians always relied on the privacy and the confidentiality provided by their own private offices. However, workplaces of the future may require more

flexible and efficient use of real-estate, even in a health care setting.

### MULTI-DISCIPLINARY, INTEGRATED CARE TEAMS

The new cultural shift in service delivery creates a multi-disciplined treatment team that includes clinicians, researchers, therapists, social workers, consumer advocate, teacher, etc. This cross-disciplinary team approach to treatment applies to both inpatient and outpatient programs.

The integration of clinical, non-clinical and research staff fosters further synergies between these disciplines in order to provide better and more holistic treatment services.

The vision is to encourage more flexible use of space and use of hotelling style of work stations or landing pads. There should be IT support in staff lounges/oases, sitting areas off of corridors where team members can use their lap tops and other mobile working tools. The physical environment should also encourage and support informal and impromptu “water cooler” exchanges of ideas, knowledge or socialization.



Telenor’s Fornebu Headquarters, Oslo, NBBJ Architects



Starbucks World Headquarters, Seattle, NBBJ Architects

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These integrated teams should have access to conference/meeting rooms that are conveniently located and easily available and they should be equipped with all necessary IT infrastructure and multimedia capabilities.

**APPROPRIATE IT SUPPORT** (see Chapter Four)

Part of the future planning for the work place is to move to a near paperless environment as advanced technology and long-term sustainability both point to this direction for all large organizations.

(Summary of the IMG Vision Document will be included here when it is finalized)



Starbucks World Headquarters, Seattle, NBBJ Architects



Office Atelier A, Graz, Hans Walter Tanos Architect



Residential House, Frankfurt, Kohler Architecture BDA



Richmond City Hall, KPMB Architects



Arts and Administration Building , University of Toronto at Scarborough, Montgomery Sisam Architects

## 2.2 QUALITATIVE EXPERIENCE FOR STAFF

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### HEALTHY

A healthy environment is equally important for staff as it is for clients. It promotes wellness and improves our ability to perform our tasks and work assignments. Fundamental to the wellbeing of our working lives are these physical attributes:

#### **Natural light & nature**

Within an indoor environment ample natural light, views of nature and the outside world are essential in providing an uplifting experience. Visibility of changing weather and passing seasons help build the connection between the individual and the surrounding physical environment. The access to view and light should be provided throughout and in particular in circulation corridors where staff spend much time during their daily routines.

Ample exposure to natural day light increases a person's vitality, alertness and improves mood. It is also now widely acknowledged that sun light is a source of Vitamin D, which promotes good physical health.

#### **Fresh air & the outdoors**

Fresh air and direct connection with the outdoors is most therapeutic. Staff can find relief in the quiet solitude of a contemplative garden or park. The outdoor experience can be revitalizing for the spirit and the body. Operable windows can provide a source of fresh air when opportunity to access the outdoors is limited.

#### **Indoor air**

It is equally important that the quality of indoor air and ventilation, introduced through mechanical means, promotes good health for all occupants of the environment. It also plays a major role in infection control across the health care settings. The vision is to meet all of the essential Indoor Environmental Quality components of the Leadership in Energy and Environmental Design (LEED) criteria in order to:

- maximize ventilation effectiveness
- ensure clean air/dust free air circulation

- minimize all toxic material and source or pollutants
- only use Low-emitting materials for paint, adhesive and sealants, carpet, composite wood products, as well as select materials and finishes that do not off-gas.

All of these environmental qualities are fundamental to the physical health of all occupants of the facilities.

#### **Control**

To have the appropriate degree of control of these aspects of physical comfort is empowering and conveys the message to the staff that their physical wellbeing matters to the organization. The sense of being valued is affirmative to continue with the dedication of the staff to their work.

A healthy work place not only reduces absenteeism, it improves the retention rate and most importantly, it is essential for future staff recruitment.

### SAFE, CALM & STRESS RELIEVING

As described in the section Qualitative Experience for Clients and Families, a safe and calm environment for clients is in turn safe and calming for staff. If the serene, homelike setting can help to reduce stress and anxiety for clients, they are less likely to act out or be abusive.

Given that staff safety is always foremost on the minds of all health care service providers, consideration for staff safety in all areas of the work environment is paramount. However, the challenge is to achieve the best balance between protecting staff from potential harm and the respectful treatment of clients.

It is essential for the organization to ensure the best support for all staff, front-line staff in particular, to relieve stress by:

- providing a place of "retreat", easily accessed, where staff can unwind and relax during breaks and providing easy access to the outdoors, be it the roof terrace, roof garden, courtyard garden or city parks, to be with nature

- offering opportunities for staff to participate in therapeutic activities such as yoga, meditation, fitness, tai-chi, etc. in the gym on site during work break or after work
- ensuring that staff members have access to help if they find themselves with symptoms of depression due to work related stress. Early mental illness prevention initiatives in the work place are now being adopted in many corporate organizations

The success outcome of these efforts will speak volumes to staff retention and staff recruitment.

### Positive staff/client interaction

An essential part of the vision is to encourage and promote interaction between clients and care providers in a safe and friendly setting. The planning for the physical environment should allow for opportunities where this interaction can happen. Quite often spontaneous and informal exchanges that take place in a sitting alcove off the corridors, between staff and clients, can be convivial and constructive, complimenting structured interviews.

For the clients, the sense of having access to care providers when needed is reassuring and calming, knowing that their needs will be addressed. To this end, it is important that there are provisions in the patient care facilities where clients can seek staff assistance without lining up in front of a glazed-in nurse station.

Safe and positive interaction with clients can greatly reduce levels of stress for all staff, clinical and support staff, who come in direct contact with clients.

### Easy access and efficient work flow

These factors are essential in contributing to the notion of "Functional Comfort" which addresses staff's assessment of how effective the work environment is in assisting the users to perform their tasks.

In order for all staff members to work in a collaborative manner as part of an integrated team, easy and convenient physical communication and



General Office Space



Office Space with Glazing





Carl J. Shapiro Clinical Centre, Boston Anshen + Allen Architects



U.S. Census Bureau, Maryland, Skidmore, Owings and Merrill

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interaction is key. Planning and design should make provisions for:

- clear sight lines for visual supervision
- optimal co-locations and adjacencies of related program components
- easy or convenient access to team meeting rooms, group conference rooms
- easy access to vertical circulation via elevators and convenient stairs
- corridors of appropriate dimension to move people and material comfortably
- state-of-the-art information and communication technology for remote team work support
- convenient access from parking facilities to work place

### **Quality furniture standards**

Today's working world depends largely on the use of computer technology. The majority of people in the work force spend much of their time sitting in front of a screen or desk. Along with this modern day phenomenon, many physical ailments have been identified and associated with repetitive strain, related to the use of computers and spending long hours at a desk.

In considering the wellness and the health of all employees, it is essential that investment be made for the procurement of high quality furniture, modular or otherwise, to ensure that they are ergonomically sound and that they are adjustable to suit the range of physical body dimensions.

A common trend in the leading edge and best work places is to make provisions for an ergonomic survey where all employees are assessed for their ergonomic requirements. This is now done in the work place with the widely acknowledged fact that the best strategy for staff retention and increased productivity is to maximize the physical, thus mental, wellbeing of the work force.

### **Convenient access to "diversions"**

Being part of a regenerated urban neighbourhood, staff who work at CAMH Queen Street have easy access to all of the amenities the urban village will offer in the future, when the overall redevelopment is completed.

The vision for the mixed use of non-CAMH development is to support retail, cultural and recreational opportunities. The existing mixed fabric of artistic and commercial presence, has already contributed to the vibrancy of the neighbourhood. These amenities, all conveniently located within easy walking distance, offer positive diversions during the working day for all staff members.

### **Convenient staff interaction to promote team synergy**

Quite often the most interesting and collegial exchanges of information and knowledge take place in informal settings such as:

- a quiet corner in the lobby
- eating alcoves off the circulation corridors
- meeting each other in the convenient stairs
- sharing a coffee or lunch in the staff oasis
- chance meetings at an outdoor café, in a restaurant or in the park in the urban village

These unstructured, spontaneous congregations can generate exchange of creative ideas and informal communications on a social level which will reinforce the intent for the collaborative team approach to client treatment and care.



Blues Festival, Chicago © Project for Public Space, Inc.



Public Benches, Zurich © Project for Public Space, Inc.



Bryant Park NY © Project for Public Space, Inc.



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# CHAPTER 3

## Exemplary Neighbour in the Community





### 3.1 ENGAGEMENT WITH THE NEIGHBOURHOOD (CAMH & NON-CAMH USES)

Having scanned the international scene of mental health and addiction treatment and care, CAMH's vision of the urban village is truly leading edge and exemplary.

"Mental health facilities must be good neighbours if they are to combat stigma within their community."<sup>9</sup> CAMH's Vision to create an urban village at the Queen Street site will not only support the de-stigmatized healing environment for the clients, it will also greatly contribute to the vibrancy of the community life in the neighbourhood. The vision is for CAMH to prevail a civic presence not as a "monumental landmark" but through "neighbourly" gestures to engage and integrate with the community.

#### FULL INTEGRATION WITH THE SURROUNDING NEIGHBOURHOOD

The integration is achieved by the inclusion of a variety of building uses and the urban fabric of the redevelopment.

##### Building Uses

The amalgamation of CAMH and non-CAMH uses throughout the future city blocks will reinforce the

normalized setting for treatment and the social inclusion of people who suffer from mental illness and addiction. The mixed uses can be mutually supportive between "hospital" and "community" through:

- incorporating retail, cultural, creative and community oriented activities in the CAMH buildings to reach out to the community at large
- dissemination of information on wellness promotion and illness prevention for community access
- provision for client employment or training opportunities in the non-CAMH development uses to support the continuum of care to client recovery

##### Urban fabric

The creation of the precinct plan of streets and city blocks provides the framework for the construction of smaller and more flexible buildings for care and treatment uses, rather than one large hospital facility.



1 Filarete, Ospedale Maggiore, Milan, 1426-1497

Civic space outside hospital - Filarete Ospedale Maggiore. Milan 1426-1497

These individual CAMH buildings are strategically interspersed amongst non-CAMH developments not unlike any other urban neighbourhood in the city. The fact that all buildings, CAMH and non-CAMH, will only be differentiated by their municipal street addresses, will further blur the line between hospital and community and reinforce integration.

### STREETSCAPE

As part of the CAMH Plan of Subdivision, the extensions of existing city streets in the neighbourhood and the creation of a new street will all comply with the municipal streetscape design criteria applicable to the Queen Street West area.

All of the elements that form the streetscape, such as sidewalk, street lighting, tree planting and landscaping, street furniture, etc., should be considered to enhance and harmonize with the surrounding community.

As CAMH's Vision is for a multi-phased redevelopment, it is essential to ensure that the interim scenarios for streetscapes are designed and constructed as part of a cohesive overall plan. Given the uncertainty in the

timing of the phases, it is critical that the quality of streetscape design is not compromised at the end of each stage of the redevelopment.

### LANDSCAPED OPEN SPACES/PARKS

An important part of the civic contribution offered by the CAMH urban village to the community is its existing outdoor spaces. The well established existing green spaces and significant mature trees will be preserved, protected and revitalized to remain as public accessible private open spaces or become city parks.

Woven into the fabric of city blocks, these spaces encourage the sharing and integrated use by CAMH clients and the community at large, for leisure, recreational and therapeutic uses.

### PROGRAMS FOR OUTDOOR SPACES (CAMH & PUBLIC)

The success of "place making" and use of the public realm in any urban context relies on both informal, spontaneous daily use as well as structured and programmed activities of the outdoor spaces. In participating in community wide outdoor events



Bastille Day © Project for Public Space, Inc.



Tokyo, Japan © Project for Public Space, Inc.



Tango Lessons, Hospital Nacional José Tiburcio Borda.



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throughout the year, CAMH can further foster opportunities for interaction through outdoor creative, recreational, educational and retail events.

### **SIGNAGE/WAY-FINDING**

Although clear way-finding is fundamental to the easy identification of all CAMH buildings for clients and visitors, it is essential that a comprehensive signage strategy for these be considered as part of the existing urban infrastructure, in order to be fully normalized and integrated within the community.

The use of the conventional “hospital campus directory” maybe necessary during the interim stages of the redevelopment, prior to the establishment of city street signage, in order to incorporate wayfinding for the existing buildings.

However, at the end state of the development, all future streets will acquire standard city street-signage and each building on the site, CAMH or non-CAMH, will simply have a designated street address and associated signs (such as Donor signage, appropriate use of banners, etc.) identifying the use for each CAMH building as required.

### **BUILDING EXTERIOR ARTICULATION**

The massing, composition, elevations and image of each CAMH and non-CAMH building contributes to the overall vision of the integrated health care facility in an urban setting. These buildings are distinguished by their design quality, diverse and distinctive character, use of durable and sustainable material palette while being respectful to neighbouring buildings in scale and proportion.

The overall intention is to create a sense of place and a visual language for the identity of the precinct as a whole. At the same time, the building exterior articulation should convey the sense of familiarity, human scale and “welcome”.

### **NON-CAMH USES**

The determination of the non-CAMH uses is key to the success of the realization of the urban village. In order to create and sustain a truly normalized environment, the right mix and balance of non-CAMH uses should be mutually beneficial from the client care perspective, as well as creating a healthy neighbourhood.

It is important to recognize that the vitality of the existing neighbourhood is supported by more than just the established retail activities. The cultural and artistic presence contributes far more to the enduring vibrancy of the community.

The role of the non-CAMH uses, be they retail, institutional, cultural or residential, has to do more than simply draw in area residents and visitors. It is essential that they are not entirely exclusive of clients’ participation. It is equally important to provide a place of refuge, the “third place”, for the sometimes disenfranchised clients as well as people who live and work in this neighbourhood.

It is essential to include non-CAMH uses that foster street animation at all times of the day and night. Neighbours with “eyes-on-the-street” can help to create a lively, safe and convivial public realm of streets and parks.



Independence Mall, Philadelphia, Dan Kiley



National Gallery of Art, Washington, Dan Kiley

## 3.2 QUALITATIVE EXPERIENCE

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### "MAKING PLACES FOR ALL PEOPLE" – ATTRACTIVE AND WELCOMING

At CAMH's urban village, the quality of the buildings, streets and parks are critical to the quality of the clients' treatment environment as well as the overall public realm in the neighbourhood. Through consistent architectural and landscape design excellence, civic places that are attractive and welcoming can be the catalyst for the regeneration of the whole community.

#### **Grade/street level animation**

In order to support the life of the urban village, it is essential that pedestrian traffic is encouraged and that the experience of the pedestrians walking in the neighbourhood should be pleasant, stimulating and safe. The quality of the pedestrian environment relies directly on the "human-scale" experience of the street level functions and activities.

Ground floor uses for both CAMH and non-CAMH buildings should accommodate as much public related uses as possible to engage, activate and animate street life. There should be high degree of visual transparency at grade level to communicate to the passers-by the activities taking place within the space. Although retail and commercial uses are assumed to be most logical, CAMH's vision of integration may be better served and supported if preference can be given to uses of social/cultural/artistic nature that do not exclude clients, due to financial disadvantages.

An example of such a use can be a "storefront" type of art workshop, a pottery studio or something similar to the "knitting cafes" that have become rooted as part of Queen Street life. These spaces and activities combine leisure, therapy, education and the fundamental human social interaction, without placing financial constraint on the clients who wish to participate.

It is desirable that these uses have extended hours throughout the week to ensure that the evenings and weekends are equally enlivened in the urban village. This is also beneficial in providing the

neighbourly "eyes-on-the-street", to enhance the safety of the community.

The public spaces within the CAMH buildings, such as entrance lobbies, may offer a setting for a sense of occasion, welcome and outreach with inviting activities such as art gallery exhibit/reception, music and dance performances, film screening, poetry reading, etc.

The social spaces can foster conviviality by creating a backdrop for informal social exchanges. These "places", such as cafes and information centres can provide stimulation and distraction for clients and engage visitors.

### STREETSCAPE

#### **Planting**

An important ingredient of "place making" in any urban setting is its tree-lined streets. Fond memories and associations are often connected to the specific type trees in major cities in the world such as plane trees in London and Paris, orange trees in Rome, cherry trees in Tokyo and Victoria. Here in Toronto we treasure our maples, chestnut, oak trees, ginkos and lindens. A preferred neighbourhood is often valued by the canopy of trees arching over its street. Within the new urban village at the Queen Street site, the street trees selected can enhance the whole community and contribute to its identity. As part of a sustainable environment, the trees planted will be of native species, appropriate for urban habitat.

A diverse selection of mature trees and shrubs with seasonal changes of colours in foliage, fragrance of different flowers and blossoms will help to stimulate the senses, heighten the awareness of the environment for everyone living, working and receiving treatment in the urban village.

#### **Street Lighting**

A critical and integral part of the streetscape is the choice of street lighting. To be consistent with the vision of the urban integration, city standard lighting design, applicable for residential neighbourhoods, will be incorporated as part of the streetscape.

The illumination level along all of the future streets will ensure a safe night-time environment yet not creating any light pollution with excessive amount of illumination. The standardized residential-type lighting fixtures, offering a general warm glow, will further de-institutionalize the treatment environment for clients.

### Sidewalk

Sidewalks of generous dimensions with attractive paving material and level access at all points of entries to buildings, will be more inviting to pedestrian use and more conducive to public activities such as sidewalk display and sales of clients' and local artists' arts/crafts work, produce from Sunshine gardens and other participating vendors in the neighbourhood. Wide sidewalks can also accommodate and encourage street busking performances, to enrich the street life throughout the urban village.

Provisions should be made to incorporate the installation of bicycle racks as part of the planning for the sidewalks to ensure sufficient quantity, security and easy access. These amenities help to

encourage cycling as a more sustainable means of transportation.

### Street furniture

To further support street activities and pedestrian traffic, it is essential to include street furniture appropriate to meet the different demands of all people who populate the urban village. They should be durable yet inviting and comfortable to offer short term respite for people of all ages. Street furniture can often be part of a public art installation that showcases local artists' work as well as serving community use.

### Landscaped outdoor spaces

One of the best assets of the existing Queen Street site is the extensive green open spaces, well located, with their majestic, mature trees. These outdoor spaces have already been established as a place to stroll, walk the dogs and as short cuts to places, by area residents and neighbours.

As part of the new urban village, these spaces will be re-established as future City parks as well as CAMH's own outdoor space, shared with the general public.



Kitago Garden City, Martha Schwartz



Benches, Zurich© Project for Public Space, Inc.



Public Art Walk©Project for Public Space, Inc.

They are physically located adjacent to Queen Street and Shaw Street and lend themselves to be amenable to spontaneous recreational uses such as picnics, strolling, dog-walking, jogging and active games by clients and the community.

The outdoor spaces provide the natural healing environment for clients as well as opportunities for informal interaction with the community. Clients have the option to participate in and engage with community activities or seek out the quiet solitude in a more contemplative part of the open space (such as the outdoor worship space).

#### **Programmed activities for outdoor spaces**

At the Queen Street site, CAMH has already established participation in community activities, programmed for its existing outdoor spaces, such as the annual Arts Crawl, Nuit Blanche, Luminata, etc. CAMH's continuing involvement in supporting the diversity of the existing Queen West neighbourhood is essential to promote integration and to reduce stigma.

In conjunction with these annual city-wide activities,

regular and more frequent activities and events can be programmed by CAMH for the outdoor spaces.

#### **Art/craft exhibits (CAMH & Public)**

Areas of the parks and open spaces can be set up to showcase artwork, crafts, sculpture and installation by clients and local artists, as a regular community event.

#### **Education/ recreation programs**

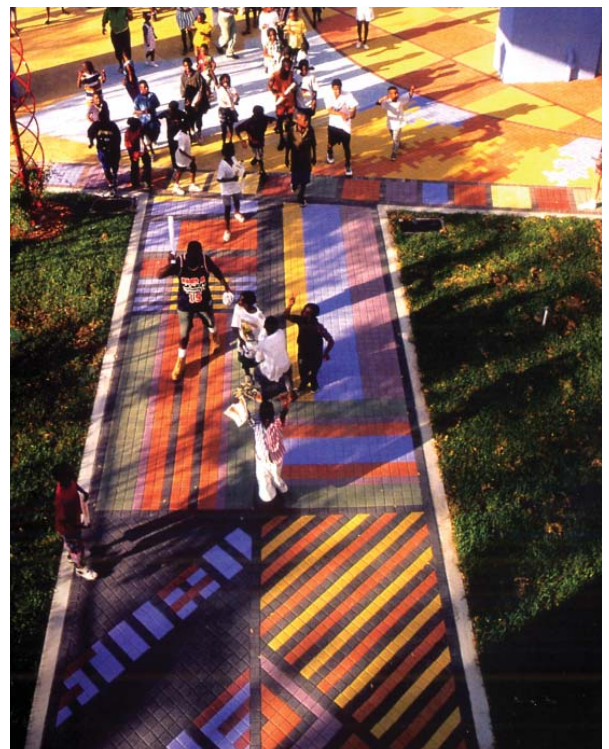
During seasons of favorable weather, activities around education on nature, art, music, dance and physical fitness (tai-chi, yoga, skating, etc.) can all take place outdoors. These programs can be provided to engage clients, neighbours and public at large. A good example of using this kind of social engagement to break down the barriers and stigma is the dancing lessons offered to mentally ill clients in the city's piazza by the Borda hospital in Buenos Aires.

#### **Creative performances**

As an extension of the Workman Theatre, theatrical and dramatic performances, music, dance recitals and poetry reading can all take place in the setting of



Benches, Hong Kong©Project for Public Space, Inc.



Overtown Pedestrian Mall, Wallace, Roberts & Todd

an outdoor (amphi) theatre. Outdoor film screening, as part of the annual film festival, will continue to draw large audiences from the community.

Participation by clients in any of these public performances will help build self confidence and self esteem which in turn will aid recovery.

### Gardening programs

The existing Sunshine Garden is a very successful model of an integrated activity involving the collaboration of clients and volunteers. Therapeutic gardening is a very effective healing treatment for clients. The harvesting of the "fruits of one's labour" is rewarding and reassuring of one's skill and ability.

The outdoor gardening program can be extended to include community gardening or allotment gardens where clients and neighbours can collaborate in making contribution to local food share charities.

### APPROPRIATE SIGNAGE AND WAY-FINDING

The strategy for signage for all CAMH and non-CAMH buildings is to integrate with the neighbourhood. All streets extended through the urban village will have standard city street signage as not to single out or differentiate the "health care" facilities. Individual buildings will be identified primarily by their municipal/ street address.

Additional signage required for identification of building use or donor recognition will be installed as secondary means of way-finding. There can be a common theme for this secondary signage design for the CAMH buildings where graphic representation of clients' artwork can be incorporated as part of a plaque or sign. This strategy helps to acknowledge and recognize clients' skills and creativity. It is also a gesture to respond to the existing artistic community in the Queen West area.

The signage design should have clear, well-sized script (fonts), distinct colour and proper lighting for night-time, to ensure easy way-finding for clients and visitors. The key to appropriate signage and way-finding throughout the urban village is to adopt the same normalizing strategy which helps to reduce stigma.



Sunshine Garden, CAMH



Motivate our Minds Garden©Project for Public Space, Inc.

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## BUILDING EXTERIOR ARTICULATION

### Natural, durable materials palette

"The design of the buildings needs to convey confidence, reliability and a sense of longevity: to communicate an enduring and significant quality expected of a civilized society."<sup>10</sup>

To build responsibly is to build with sustainable, high quality and durable material that meet Life Cycle Cost considerations. For building exteriors, the most durable cladding is the natural material of stone or brick which are both common and widely used in Toronto. High performance metal framed windows and curtain wall glazing systems can ensure a high quality of architectural aesthetics as well as energy performance for the building envelop.

### "TORONTO IDENTITY, EUROPEAN SCALE" (INTEGRATED WITH THE URBAN FABRIC)

The architectural design of the CAMH buildings and the design vision for the non-CAMH development components is intended to create buildings of high design qualities that support a lively, safe and convivial public realm of streets, sidewalk and open spaces.

The exterior articulation of all buildings at the Queen Street site also plays a key role in the success of its integration within the urban fabric. Through choice of the material palette and the building scale and height, these buildings can strike the right balance between creating an identity for the neighbourhood and being a "good citizen", not a monument, for the whole community.

The material use that combines masonry, punched-window and curtain wall glazing systems create a diversity of expression that is familiar in the context of the "Toronto Identity". Many good examples of buildings new and old in the urban areas of Toronto exist, be they renovated warehouses or newly constructed condominiums, all echo these same characteristics.

With the building heights as determined by the Zoning-by-Law, considerations are given to maintain a lower building profile around the perimeter of the Queen Street site where it borders on existing low-rise commercial/retail or residential neighbourhoods. However, the overall height and density of the future urban village will be more of a "European Scale" with buildings at six to eight storeys. Given the narrower street width of New



CAMH Redevelopment, Phase 1A, C3

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Street, it is prudent to avoid the “canyon” effect created by buildings much higher than eight storeys.

### FINE-GRAIN / HUMAN SCALE / PERMEABILITY AT GRADE LEVEL

In order to minimize the effect of higher buildings along street edges, set-backs are required on certain building facades. The building exterior articulation can further reduce the scale of the higher building by strategic change in material use, change in modulation and the rhythm of glazing/solid material or a more human scale delineation at the base of buildings.

As most people’s experience of a building is from the perspective of a pedestrian, at grade level, more detailed architectural exterior articulation at the ground floor can provide a sense of human scale by including:

- use of attractive, tactile, warm and natural material
- “glowing” exterior lighting to suggest warmth and safety
- transparency/legibility that communicates building functions behind the walls

- exterior elements such as entrance doors and windows that relate to human dimensions/height
- as many opportunities for inviting and “permeable” entrances and doorways to different grade-level functions as possible

### DESIGN EXCELLENCE

The most important contribution CAMH can make to the community as an “Exemplary Neighbour” is through Design Excellence for all of the buildings. As this attribute will be most evident in the architecture of the exterior articulation, the following design criteria are essential in delivering the best result:

- Carefully considered choice of stone or brick colour, module/size
- Well proportioned windows, optimally placed
- Right balance between solid masonry walls, punched windows and curtain wall glazing for best composition
- Thorough and well considered building envelope details to optimize technical performance as well as enriching the depth of the building exterior aesthetically



CAMH Redevelopment 1B Streetscape , C3





1. Kearns Mancini Architects 2. Saucier + Perrotte Architects 3. Kuwabara Payne McKenna Blumberg Architects 4. Architects Alliance  
 5. Kuwabara Payne McKenna Blumberg Architects 6. Quadrangle Architects



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# CHAPTER 4

## Leader in Discovery and Knowledge Exchange



Water Feature for Residence, Vladimir Sitta



## 4.1 RESEARCH & KNOWLEDGE EXCHANGE PROGRAM

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CAMH's leadership in mental health and addictions treatment and care includes an international reputation in research, health promotion, policy development and education. CAMH is:

- an academic health sciences centre fully affiliated with the University of Toronto
- focused on Mental Health and Addiction capacity building, health promotion and public policy activity
- a driving force in local, provincial, national and international collaborative system building and partnerships

### DISCOVERY OF KNOWLEDGE

CAMH is the leading mental health and addictions research facility in Canada and one of the largest in the world, as well as designated a Pan American Health Organization/World Health Organization Collaborating Centre.

The Research Program brings together four areas of scientific focus: Neuroscience, Clinical Research, Social, Prevention and Health Policy Research and Neuroimaging. It plays a special role in achieving CAMH's core goal of Discovery, Sharing and Applying Knowledge. With its breadth of resources including: the PET Centre, wet labs and animal facilities, internationally recognized scientists, extensive professional training opportunities; specialized Research Operations staff, Province-wide networks of community program staff and a comprehensive library collection, CAMH's Research Program is at the forefront of discovering, sharing and applying new knowledge. Its goal is to maintain an international level of excellence in all fields of the research mandate.

### SHARING OF KNOWLEDGE

The Policy, Education & Health Promotion (PEHP) and Communications & Community Engagement (CCE) divisions at CAMH are policy, communications, knowledge exchange and capacity-building centres within CAMH. They engage in activities that further the development, adoption, dissemination and communication of mental health and addiction policy, evidence-based health promotion and prevention to a

wide audience of professionals, clients, families and the general public.

The Research Program and PEHP also develop and maintain excellence in advanced teaching and research training. These are geared towards health professionals and related disciplines, locally, nationally and internationally, and where appropriate, clients, their families, care givers and communities.

### APPLICATION OF NEW KNOWLEDGE

Collectively, CAMH Research, PEHP, CCE and CLT (Clinical Leadership Team) aim to apply the scientific knowledge gained towards the development of new clinical, public health, prevention or policy initiatives and products at CAMH and beyond. Working in partnership with government and other important stakeholders, CAMH is set to promote and implement positive change to all facets of mental health and addiction care – from addressing policy, system change and determinants of health to original research, treatment and recovery.

### TRANSLATIONAL GOAL

CAMH also has a unique opportunity to translate its strength in science into tangible improvements in care – the goal to achieve "Personalized Medicine". The Research Program, Clinical Programs and PEHP collaborate to create integrated, multi-disciplined teams. This synergy will ensure excellence in the translation into clinical practices and knowledge exchange.

## 4.2 QUALITATIVE TRANSLATION OF RESEARCH VISION

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### COMMUNITY PRESENCE – LOCAL AND INTERNATIONAL

The building for the future “Centre for Discovery and Knowledge Exchange” (CDKE), at the Queen Street urban village, occupies a prominent location at the corner of Queen Street and Workman Way, directly adjacent to Shaw Park.

This highly visible and public site was chosen to convey and showcase the vision and achievement of the Research and PEHP programs at CAMH, to the local community as well as visiting international delegations.

All along the Queen Street frontage of this building, the most public functions of the programs will be located on the ground floor for direct visual and physical access. These include an art gallery, lobby to the Workman Theatre, Eli Lily Learning Centre and the Public Information Centre. The gathering of all these activities offers a friendly and welcoming public face, easy access to information on prevention and health promotion and also represent the collaborative spirit of the CDKE.

The Workman Theatre will host future world-wide conference events. Its public lobby will be designed to welcome and celebrate the congregation of world leaders in the field of mental health and addiction related research and knowledge sharing.

Other client related programs such as the Community Centre, outpatient pharmacy, etc. are conveniently located on the ground floor along Freedom Street for easy access and to animate the streets with activities.

A particularly poignant example of this excellent effort is the acclaimed and innovative Workman Arts program in examining and using the arts in the treatment and recovery of clients. The art gallery, directly associated with the Workman Theatre lobby with great street presence, showcases the on-going exhibition of clients’ art work and their remarkable accomplishment. Such display and presence in the community is the best reinforcement of CAMH’s vision of integration and normalization.

There are also opportunities within the urban village for partnerships with potential non-CAMH development in research related facilities, medical clinics or community based family health and wellness facilities at the Queen Street site. The close proximity and integration within the neighbourhood offer great benefits for CAMH, its partners and the community at large.

Being consistent with CAMH’s vision as an exemplary neighbour (as documented in previous Chapter 3), the physical articulation of the buildings, including those with Research and PEHP programs, will convey excellence in architectural design. The palette of material used will be durable and long lasting. Most importantly, the building exterior should achieve the right balance between creating an identity and being a “good citizen”, not a monument, for the whole community.

### WORKING ENVIRONMENT

The workplace for the various components of the Research and PEHP Programs calls for a setting that accommodates a variety of types of spaces. These range from spaces in client areas, clinical offices/workstations, support areas, labs with support areas, meeting and gathering spaces.

The concept of the integrated, interdisciplinary knowledge exchange facility not only fosters cross-disciplinary synergy which benefits the advancement of client care and capacity-building throughout Ontario, it also optimizes the use of real-estate and physical space by sharing administration & services, team meeting rooms, “hotelling stations” and support areas amongst the different groups. It is important to maintain flexibility in a generic “office type” space that is adaptable for different uses for present time and for the future.

Locating all client related program spaces such as the interview rooms, testing and protocol rooms close to the elevator lobby ensures easy access and clear way-finding for all clients. This also enhances interaction between staff and clients in the process of providing services.

The clustering of the lab functions together in one zone of the floor, separate from the office/work station zones,

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also increases the operational efficiency of the building systems for the HVAC and lighting requirements.

The offices and workstations are consolidated and integrated across all disciplines to allow flexibility in different grouping and configurations of teams or clusters as programs change and evolve in the future.

Consolidating the work stations in an open work area along the exterior wall allows natural light to penetrate well into the depth of the floor and to be experienced as one circulates around the various spaces. Natural light and good quality air ventilation are fundamental to a healthy indoor environment. This applies to not only the individual rooms and offices, but also the circulation corridors throughout the floor.

Provision of natural light, direct or borrowed, views to the outside along the circulation routes or at the end of corridors is the most effective way-finding device in helping people navigate through the space. Ample natural light also helps to reduce the daytime lighting requirement and energy consumption.

As described in detail in Chapter 2 – Best Work Environment and Chapter 5 – Optimal Operational Efficiency, all aspects of a healthy, calm, stress-relieving and efficient workplace will be in place to support the Discovery & Knowledge Exchange Vision for excellence.



Hamilton Hall, McMaster University, KPMB Architects





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# CHAPTER 5

## Optimal Operational Efficiency



Courtyard with Trees, Stockholm, Andersson



## 5 OPTIMAL OPERATIONAL EFFICIENCIES

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### 5.1 STAFF WORK FLOW

Seamless care for clients will be the challenge of the future and the creation of interagency partnerships will be the new working culture. This will be across different agencies, particularly social care, but also with other public sector providers such as housing, employment, physical health and fitness, etc.

In order to support and further evolve the Recovery-based treatment model for CAMH's clients, this holistic approach relies on optimizing the efficiency of the multi-disciplined, integrated teamwork and its organization.

#### **Clinical Staff**

As part of the future urban village, different client care programs will be located in separate buildings across the Queen Street site, rather than in one single large building. The vision for urban community integration applies to clients' treatment experience as well as the staff's mode of daily operation.

Well planned programmatic adjacencies, clear and intuitive circulation organization, spatial comfort in circulation routes for movement of people as well as materials are all essential criteria to optimize work flow.

Convenient inter-departmental work flow for clinical staff will be ensured by the co-location of both inpatient and outpatient components for different programs in one building, with the outpatient programs typically located on the ground floor, for easy street access by clients, families and staff.

Efficient general circulation can be enhanced and ensured by reliable, high performance elevators as well as convenient stairs with views out and ample natural light, as a healthy alternative to elevator usage.

Interaction between different multi-disciplined team members and cross-program collaboration/exchange can take place formally in team rooms provided on each floor of the client care buildings.

Alternatively, staff can meet informally across the site in different buildings and venues. These can take place in incidental places such as staff oases', shared meeting rooms, cafes and restaurants on the site or in outdoor spaces such as parks and gardens in good weather. The vision is that this innovative concept of "work flow" can foster potential synergistic exchange between staff members.

The urban village concept is to encourage and embrace the opportunity to include the streets, sidewalks, parks as part of the staff's daily routine. A short relief from the confines of the work space in the middle of the day can outweigh the inconvenience of putting on a coat to go outside. This brief glimpse of the outside world may even help to reduce stress.

#### **Non-clinical Staff**

Similar work flow optimization criteria for clinical staff will apply to Administration, Facility and Material Management staff as well. All of these functions are centrally located in the future urban village and can be easily accessed by all CAMH staff.

In particular, offices and work areas for the staff from Facilities and Materials Management will be closely located to the functional components of their programs (such as the central loading/shipping/receiving facilities). As part of the centralized support services for all of the CAMH buildings, a comprehensive underground tunnel system provides the infrastructure for convenient and efficient circulation for staff across the site at all times.

New underground tunnels will be built incrementally as an integral part of each new building structure. The network of new tunnels will always be linked to the existing infrastructure during interim stages of the redevelopment.

This centralized servicing system is also augmented by decentralized capabilities for functional components such as housekeeping, material storage

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(medication, clean & soiled), supplementary kitchens, etc. which are located at points of need, to minimize the transportation of large equipment and related staff movement.

## 5.2 MATERIAL FLOW

In the overall planning of the master plan for the CAMH urban village, it was determined to locate the main central servicing facility at the heart of the Queen Street site. The future city block that is centrally located was designated to accommodate the “hub” of the Materials Management and Facility Management functions. Its close proximity to main street intersections ensures easy access and vehicular movement.

The main loading, shipping & receiving facility, serving all of the CAMH buildings, is to be located on the ground floor of this central building that combines Materials and Facility Management, Administration, the IMG hub and various outpatient programs.

All material movement, incoming and outgoing, will be accommodated via a mid-block service lane, at grade. Locating the lane and the servicing activities at the rear of the building minimizes any disruption to the general vehicular and pedestrian movement around the site. For the same token, this provides uninterrupted material flow to and from the servicing hub.

Highly efficient service elevators located at the loading docks, with “clean”, “waste” and “hazardous” separation, will transport all material to and from the central location and distribute to all CAMH buildings on site through the underground service link system. Each CAMH building will also include a high-efficiency service elevator that accommodates and meets dimensional requirement for transporting material, equipment and accompanying staff.

## 5.3 PARKING / TRANSPORTATION

One of the advantages of the Queen Street site is its close proximity to different modes of public transit. Existing public transit routes will be extended into the future urban village site as part of the overall sustainable approach to new urban development. Public transit should be promoted as means of transportation as

much as possible. Cycling is also encouraged with the on site accommodation of bicycle racks, secure storage and shower facilities for staff. Both of these viable alternatives help to minimize the requirement for on-site parking for clients, families, visitors and staff in general. However, for those who rely on car transportation, the City’s standard parking requirement will be met with a combination of on-street parking, underground and above-grade parking structures.

### Staff parking

Convenient parking accommodation for staff is often cited as one of the important workplace-amenities that can have positive effect on staff morale and, indirectly, their task performance. Reliable parking availability eliminates yet another cause for daily stress.

To maximize efficiency and easy access, each CAMH building will have safe, secure parking accommodation either under the building or in close proximity of other parking facilities. All parking levels will be connected directly with program facilities above by elevators and stairs to serve staff who work in the building.

### Clients, families and visitor parking

Shorter term parking for clients, their families and visitors, will be available on future new streets, as well as designated areas of parking facilities. People with mobility constraints will be provided with easy and convenient short-term drop-off at all entrances to facilities.

## 5.4 INFORMATION TECHNOLOGY (IMG Vision)

“The Information Management Group will support CAMH’s vision to be a world-class centre for mental health and addiction care, research, education, health promotion and prevention and public policy.”<sup>11</sup>

The Mission for IMG is to:

- facilitate the delivery of programs and services
- facilitate positive external relationships for CAMH
- support internal management and administrative systems

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Through the implementation of the Information Management Strategy, the following Vision goals are to be realized:

- establish a near paperless environment
- provide integrated information system to support effective decision-making for all CAMH managers
- provide web-source for evidence-based information, knowledge exchange and education
- ensure competencies for all staff to work in the electronic work environment
- establish, support systematic, corporate wide strategies for the adoption of information systems
- support a flexible and mobile work environment where CAMH staff will have the ability to be totally portable and wireless anywhere in the world
- provide complete integration between tasks, people and technology
- instigate proactive work on protocols to influence policy development at CAMH, as well as at Municipal, Provincial, Federal and International levels

To support the above goals, the necessary infrastructure will be established to allow for the provision of, and accessibility to information across CAMH. IMG will:

- provide centralized expertise in highly technical and specialized areas of information management
- support for IT infrastructure and provide end-user training
- manage client information processing which will result in optimal reporting to CAMH constituents and external agencies

## 5.5 BALANCE BETWEEN STANDARDIZATION & CUSTOMIZATION

Part and parcel of CAMH's Vision to create a normalized treatment environment is to construct buildings that are not purpose-built, health care facilities. All of the CAMH buildings, be they patient care, administration or research oriented, are envisioned to be of a generic nature. They can all accommodate repetitive, standard types of program spaces (ie, client bedrooms, offices, workstations, etc.) and they have built in a degree

of flexibility and adaptability to meet the evolving demands and changes.

However, there are certain aspects of the physical environment that serve clients, families and staff best where uniqueness, distinct identity and character have greater priority than repetition.

### Standardization

In typical health care facilities, the most logical areas for standardization to achieve optimal operational and cost efficiency are:

- layouts of repetitive, cellular type of rooms such as bedroom suites, offices, work stations, standard treatment rooms, utility rooms, etc.
- specification of materials and finishes related to these repetitive elements
- building system components related to these standard rooms and spaces
- furniture and equipment specification for the standard rooms and spaces
- Information Technology Systems (process, data system, guiding principles) as applied throughout the facilities
- materials management and facility management systems

Standardizing spaces where appropriate can support adaptability through the development of generic and inter-changeable room types and the clustering of similar spaces.

### Customization

Significant public and social spaces that serve as focal points will require special planning and design considerations to create unique spaces, to support "place making" and to enrich the experience of clients, families and staff.

Areas such as main lobbies, worship space, community space for clients, theatre and performance space, client library, gardens, roof gardens and terraces, recreation spaces, etc. should all be given priorities for customized planning, design and implementation.

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## 5.6 SUSTAINABILITY

“The concept of sustainability addresses the need to develop a more long term understanding of buildings that acknowledges not only the current needs, but the need for future changes and the cost performance over time.”<sup>12</sup>

The three key criteria to be considered are Social, Economic and Environmental. These are all inter-related and considerations for all three are essential to maximize operational efficiency ultimately.

### **Social Sustainability**

Buildings should be designed, built and maintained to adapt to changing needs of society. Social sustainability factors can support and encourage growth for the communities by taking account of the impact of development on the local community with respect to land use, employment, community development, etc.

### **Economic Sustainability**

All development should implement a holistic costing framework that takes account of the whole life cycle costing and best value. The evaluation of life cycle cost and best value should also include the analysis of capital invested in improving the quality of the care and work environment, versus the beneficial outcome in reduction in staff absenteeism, better staff performance and retention, and most importantly, better recovery rate for clients.

### **Environmental Sustainability**

Planning for environmental sustainability should be applied at three levels: global, local and internal. However, the overall goal for the development of the urban village is to minimize its overall “eco footprint”, by consciously addressing the impact on the environment by accounting for what is both taken out (consumed) and given back (replenished).

As envisioned to be a leading-edge organization, CAMH will take the lead in delivering a responsible and sustainable development at the Queen Street site. Internally, within the leadership at CAMH, there will be a designated “Sustainability

Champion” who will provide stewardship to ensure the implementation of all essential sustainable initiatives for the redevelopment.

### **LEED (Leadership in Energy Efficient Design) Analysis (see Appendix A)**

The now widely used LEED document will be used as a guideline and a tool to:

- identify potential options of sustainable initiatives
- evaluate the environmental benefits for different levels of achievement
- analyze potential “Life-Cycle Cost” (capital cost premium against pay-back time period) impact of implementation of sustainable initiatives
- facilitate the certification of different levels of LEED achievement

The LEED Analysis, as appended in this document, will be used as a reference guide and check list to rationalize the implementation of sustainable initiatives, by identifying the benefits in terms of Best Client Care experience, Best Work Place environment, Exemplary Neighbour and Optimal Operational Efficiency, as set out in the Master Vision.

## 5.7 LONG-TERM FLEXIBILITY & ADAPTABILITY

In terms of the ultimate operational efficiency, considerations for long-term flexibility and adaptability are essential to ensure life-cycle cost sustainability.

Adaptability has been recognized as a key issue in the design of health care facilities. Evolution in clinical practices, technological development in medical equipment, communication and information technologies is a key driver behind the need to consider how best to accommodate change over the lifetime of a building.

CAMH’s vision to build generic structures which are flexible and adaptable, allow them to accommodate change of use for the whole building or parts of the building.

### Whole Building

The building(s) designed as generic office building type, accommodating administration function, outpatient programs, etc. can be converted into either loft office use or residential lofts, as demonstrated by many existing warehouse loft conversions in Toronto. The patient care buildings can easily be converted into long-term care facilities or hotel/hospitality uses.

The ability to support longevity of building use through adaptability is essential for long-term sustainability globally and locally.

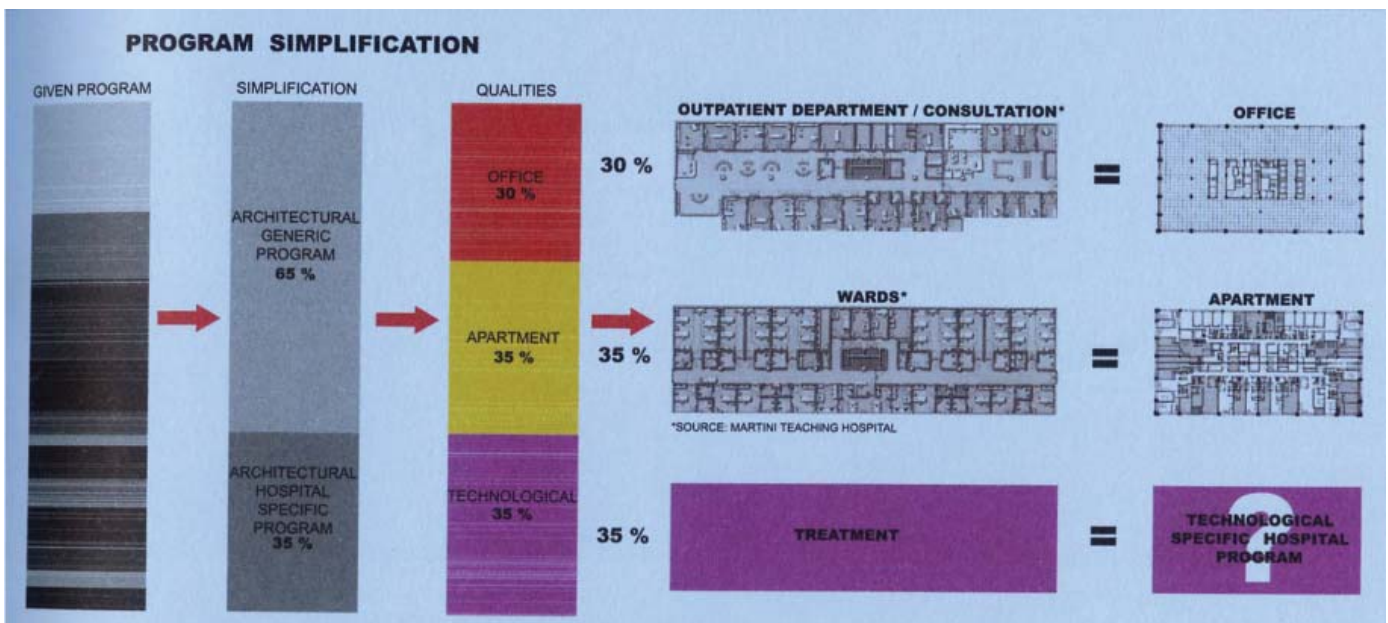
### Parts of building

On a more micro level, changes to internal parts of a building can be accommodated with built-in flexibility through design to:

- cluster spaces of similar uses and functions
- plan spaces to distinguish between “hard” areas that are unlikely to change over time and “soft” areas that can be easily modified for other purposes

- create and manage use of space as a resource rather than as territory where rooms are designed for activities and functions rather than being dedicated to individuals

Planning and design that anticipates these inevitable eventualities can help to minimize future renovation costs and operational disruptions. However, it is also essential to adopt a balanced approach of analysis to ensure that the quality of experience for clients, families and staff is not compromised as the result of an overly generic environment.



Graphic from “Building Hospitals - Hospital Buildings”, Markus Schaefer, Berlage Institute





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# CHAPTER 6

## Post Occupancy Evaluation



Ken Done Residence, Glen Murcutt Landscape Architect



## 6.1 MEASURING SUCCESS

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In order to measure “success”, the Master Vision should be a living document in such that the results of the on-going Post Occupancy Evaluations are documented as they progress through each of the redevelopment phases, as well as the final end state.

CAMH, with its internal Research, Clinical, Policy and Facility Management teams can devise and establish measuring tools for the assessment of each of the areas highlighted below.

### 6.1 Client Care Healing Environment

- Overall wellbeing of all clients
- Client recovery outcomes
- Family satisfaction
- Evolving model of care

### 6.2 Staff Work Environment

- Retention
- Recruitment
- Performance (absenteeism)
- Supportive of inter-disciplinary synergies

### 6.3 Contribution to Community

- Full integration (CAMH being normalized, de-stigmatized)
- Contributing the overall regeneration/vibrancy of the neighbourhood
- Supportive of and contributing to established local social diversity (artistic/cultural/leisure)

### 6.4 Operational/Building Efficiency

- Delivery of care
- Energy consumption efficiency
- Life-Cycle Cost monitoring

Different sets of evaluation tools and criteria should be determined for each of these vision goals by CAMH’s internal teams. Consultations with stakeholders may be necessary in the process of this determination.

For example, CAMH’s research team has already begun the Post Evaluation process for the Alternate Milieu client care setting in Phase 1A. This process will span a three-year period, following a set of surveying criteria, to evaluate its overall success. The final outcome can be appended to the Master Vision, as the document expands and evolves.

More importantly, in order to reinforce its international leadership status, CAMH should share the knowledge and outcome from these surveys, both in terms of “success” and “lessons learned” with the rest of world.



## FOOTNOTES

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1. Francis, Susan, et al. Building a 2020 Vision. Norwich: The Nuffield Trust, The Stationary Office, 2001.
2. Wagenaar, Cor, ed. The Architecture of Hospitals. Rotterdam: Nai Publishers, 2006.
3. Wagenaar, Cor, ed. The Architecture of Hospitals. Rotterdam: Nai Publishers, 2006.
4. Nunes, Julia and Simmie, Scott. Beyond Crazy. Toronto: McClelland & Stewart, 2002.
5. C3 (Kuwabara Payne McKenna Blumberg, Montgomery Sisam Architects Inc., Kearns Mancini Architects Inc) has been the Joint Venture Architect Team responsible for Master Plan, 2002, Fine-Tuned Master Plan, 2006, the design and construction of Phase 1A as well as being the PDC consultant for Phase 1B.
6. Shaw, Chris. "Design for Mental Health". UK Healthcare Design Review. Glasgow: Keppie Design, 2007.
7. Simpson, David. "Recovery: Hope for the Future". Hospital News: Oct. 2007
8. NBBJ, ed. Change Design. Atlanta: Greenway Communications, 2006.
9. Stark, David, ed. UK Healthcare Design Review. Glasgow: Keppie Design, 2007
10. Francis, Susan, et al. Building a 2020 Vision. Norwich: The Nuffield Trust ,The Stationary Office, 2001.
11. Centre for Addiction and Mental Health IMG Vision Document
12. Francis, Susan, et al. Building a 2020 Vision. Norwich: The Nuffield Trust ,The Stationary Office, 2001.



## BIBLIOGRAPHY

---

1. Bradley-Hole, Christopher. The Minimalist Garden. New York: The Monticelli Press, 1999.
2. Dilani, Alan, ed. Design and Health III. Stockholm: The International Academy of Health & Design, 2004.
3. Dilani, Alan, ed. Design and Health IV. Stockholm: The International Academy of Health & Design, 2006.
4. Francis, Susan, et al. Building a 2020 Vision. Norwich: The Nuffield Trust, The Stationary Office, 2001.
5. Lawson, Brian and Phiri, Michael. The Architectural Healthcare Environment and its Effects on Patient Health Outcomes. Norwich: The Stationary Office, 2003.
6. NBBJ, ed. Change Design. Atlanta: Greenway Communications, 2006.
7. Nunes, Julia and Simmie, Scott. Beyond Crazy. Toronto: McClelland & Stewart, 2002.
8. Peters, Tom. Re-imagine!. London: Dorling Kindersley Limited, 2003.
9. Stark, David, ed. UK Healthcare Design Review. Glasgow: Keppie Design, 2007.
10. Wagenaar, Cor, ed. The Architecture of Hospitals. Rotterdam: Nai Publishers, 2006.







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# APPENDIX

## LEED® Analysis



## LEED® ANALYSIS

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The LEED Checklist has been developed by LEED Canada to assist owners of building facilities in determining the sustainable initiatives to be targeted and achieved. By assigning points to each initiative, it is also used as a guideline for the certification requirements of the basic LEED Certified, LEED Silver, LEED Gold or LEED Platinum.

The inclusion of this checklist in the Master Vision document is to illustrate how the vision goals, Best Client Care, Best Work Environment, Exemplary Neighbour and Optimal Operational Efficiency, can be applied as evaluation criteria in determining the initiatives that CAMH should aim to implement.

Whether the organization aims to achieve any of the four certification categories or not, CAMH can use the vision goals as guidance in rationalize the implementation of appropriate sustainable strategies.

Sustainable Design Strategies	Best Client Care	Best Work Environment	Exemplary Neighbour in the City	Optimum Operational Efficiency
<b>SUSTAINABLE SITE</b>				
<b>(SSp1) Erosion &amp; Sedimentation Control:</b> Design and implement an erosion & sedimentation control plan that conforms to EPA Document EPA 832/R-9 005, Storm Water Management for Construction Activities (Chapter 3), or local standards, whichever is more stringent.			Yes. Good for the community at large	
<b>(SSc1) Site Selection :</b> Site must not be prime farmland, public parkland, identified as habitat for endangered species, within 1.5m (5 ft) vertical of floodplain or within 30m (100 ft) of water (or wetland).			Yes. Good for the community at large.	
<b>(SSc2) Development Density :</b> Site and surroundings (within a radius of 3*/π times the site radius) must have a high development density (i.e. GFA greater than 13 900 m <sup>2</sup> /hectare or 60 000 ft <sup>2</sup> /acre).			Yes. Good for the community at large.	
<b>(SSc3) Brownfield Redevelopment :</b> Site must be classified as a Brownfield and contamination must be removed prior to construction. Document both contamination and remediation.			Yes	
<b>(SSc4.1) Public Transportation Access :</b> Building must be located within 400m (1/4 mile) of 2 or more bus lines or 800m (1/2 mile) of a commuter rail or subway station	Yes. Easy access for clients. Meets with req't.	Yes. Incentive for staff not to drive.	Yes. Supports transit and reduces pollution.	
<b>(SSc4.2) Bicycle Storage &amp; Changing Rooms :</b> Provide bicycle storage and convenient changing facilities for 5% of building occupants.	Yes. Encourages clients to cycle for fitness as well.	Yes. Encourages staff to ride for health.	Yes. Reduces pollution and emission.	
<b>(SSc4.3) Alternative Fuel Refuelling Stations :</b> Provide alternative fuel vehicles and preferred parking for 3% of occupants or install alternative fuel refuelling stations for 3% of parking capacity.			Yes. Reduces fuel consumption globally.	
<b>(SSc4.4) Parking Capacity :</b> Size parking to meet zoning requirements. Provide preferred parking for carpools (for 5% of occupants).				Yes. Reduces overall parking demand and maintenance related to parking
<b>(SSc5.1) Protect or Restore Open Space :</b> Restore 50% of non-building area by planting native vegetation.	Yes. Reinforces the natural, healing environment.	Yes. Ensures healthy working environment.	Yes. Contributes to community at large.	

Sustainable Design Strategies	Best Client Care	Best Work Environment	Exemplary Neighbour in the City	Optimum Operational Efficiency
<b>(SSc5.2) Reduced Development Footprint</b> : Exceed zoning open space requirements (i.e. non-developed area) by 25% or if none, designate open space equal to building footprint.	Same as above.	Same as above.	Same as above.	
<b>(SSc6.1) Stormwater Rate and Quantity</b> : Decrease rate and quantity of stormwater runoff by 25%.			Yes. Good for community at large & globally	
<b>(SSc6.2) Stormwater Treatment</b> : Remove 80% of post-development total suspended solids and 40% of post-development total phosphorous from stormwater on an annual average basis.			Same as above	
<b>(SSc7.1) Heat Island Effect, Non-Roof</b> : Provide shade and/or use highly reflective material and/or use open grid pavement for 30% of non-roof surfaces or put 50% of parking spaces underground or use open-grid pavement for 50% of the parking lot area.			Same as above	
<b>(SSc7.2) Heat Island Effect, Roof</b> : Use highly reflective and highly emissive roofing (minimum 75% of roof area) or vegetated roof (minimum 50% of roof area).	Yes. Green roof option can be part of the healing environment (if accessible).	Yes. Green roof option can be part of the healthy working environment (if accessible)	Same as above	Yes. The use of underground parking can reduce winter maintenance needs
<b>(SSc8) Light Pollution Reduction</b> : Limit outdoor lighting to IESNA requirements. Design exterior lighting to be shielded or full cutoff as required. Maximum candela or exterior lighting shall fall within the property. No light from luminaries with 2.5 times the mounting height from the property line shall trespass. Maximum candela of interior lighting shall fall within the building.			Yes. Good for community at large (need to address security issues).	
<b>WATER EFFICIENCY</b>				
<b>(WEc1) Landscape Irrigation</b> : Reduce potable water consumption for irrigation by 50% or 100% relative to baseline or no permanent irrigation system.			Yes. Good for community at large and globally.	Use of draught resistant planting species can reduce maintenance needs and cost
<b>(WEc2) Innovative Wastewater Technologies</b> : Reduce potable water for sewage conveyance by 50% or treat 100% of wastewater to tertiary standards on-site.			Same as above.	

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<b>(WEc3) Water Use Reduction</b> : Reduce potable water use by 20% or 30% relative to baseline.				Yes. Reduce maintenance and operation costs (using shower on timers, hands-free faucets, etc.)
<b>ENERGY &amp; ATMOSPHERE</b>				
<b>(EAp1) Fundamental Commissioning</b> : Engage a commissioning authority (not otherwise personally involved in the design or construction of the project) to design, implement and document a fundamental commissioning plan.				Yes. Ensure optimization in maintenance and operation with development of commissioning plan, installation verification, performance testing, training verification, O&M manual review, etc.
<b>(EAp2) Minimum Energy Performance</b> : Design building to meet the minimum requirements of the Commercial Building Incentive Program (CBIP).			Yes. Good for community at large and globally.	Yes. Reduces maintenance and operation costs.
<b>(EAp3) CFC Reduction</b> : Eliminate CFC-based refrigerants in base building HVAC/R equipment.	Yes. Reinforces healthy indoor environment.	Yes. Reinforces healthy indoor environment.	Same as above.	
<b>(EAc1) Optimize Energy Performance</b> : Reduce design energy cost by 25% to 65% vs. Model National Energy Code of Canada for Buildings (MNECB)			Same as above.	Yes. Reduces maintenance and operation costs.
<b>(EAc2) Renewable Electricity</b> : Supply 5%, 10%, or 20% of total annual electricity (regulated loads only) by renewable electricity.			Same as above.	Same as above.
<b>(EAc3) Additional Commissioning</b> : Implement a commissioning plan with independent (i.e. third party) commissioning authority providing peer review of design and construction documents with additional tasks as specified.				Yes. Further benefits for maintenance and operator optimization.
<b>(EAc4) Ozone Depletion</b> : Install HVAC&R equipment that do not contain HCFCs or Halon.	Yes. Reinforces healthy indoor environment.	Yes. Reinforces healthy indoor environment.	Same as above.	

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<b>(EAc5) Measurement &amp; Verification</b> : Develop a long term continuous performance measurement and verification plan for ten basic building systems following International Performance Measurement Verification Protocol (IPMVP) requirements.				Yes. This is essential for Post Occupancy Evaluation. Install metering equipment for lighting, motors, VFD drives, chillers, economizers, heat recovery systems, ventilation systems, boilers, process loads and water risers.
<b>(EAc6) Green Power</b> : Engage in a two year contract to purchase certified green power.			Same as above.	Yes. Can reduce maintenance and operation costs
<b>MATERIALS &amp; RESOURCES</b>				
<b>(MRp1) Storage &amp; Collection of Recyclables</b> : Designate a recycling area in building.	Yes. Reinforces the normalized environment.	Yes. Reinforces the healthy working environment.	Same as above.	Same as above.
<b>(MRc1) Reuse Existing Building</b> : Maintain 75% of existing building shell or 100% or 100% shell plus 50% non-shell.	N/A	N/A	N/A	N/A
<b>(MRc2) Construction Waste Diversion</b> : Recycle and/or salvage 50% or 75% of construction waste from landfill.			Yes. Good for community at large and globally.	
<b>(MRc3) Resource Reuse</b> : Specify 5% or 10% of building materials (by cost) to be salvaged or refurbished.			Same as above.	
<b>(MRc4) Recycled Content</b> : Specify 5% or 10% of building materials (by cost) to be recycled content.			Same as above.	
<b>(MRc5) Local Materials</b> : Specify 20% of building materials (by cost) to be manufactured within 800km of the site. Of these 20%, specify 50% harvested locally.			Same as above.	
<b>(MRc6) Rapidly Renewable Materials</b> : Specify 5% of building materials (by cost) that are rapidly renewable.			Same as above.	
<b>(MRc7) Certified Wood</b> : Specify 50% of total new wood-based materials (by cost) that are Forest Stewardship Council (FSC) certified.			Same as above (use if locally available and acceptably priced).	
<b>INDOOR ENVIRONMENTAL QUALITY</b>				

Sustainable Design Strategies	Best Client Care	Best Work Environment	Exemplary Neighbour in the City	Optimum Operational Efficiency
<b>(EQp1) Minimum IAQ Performance</b> : Comply with ASHRAE 62-1999 "Ventilation for Acceptable Indoor Air Quality".	Yes. Mandatory requirement for healthy indoor environmental quality.	Yes. Mandatory requirement for healthy indoor environmental quality.		
<b>(EQp2) Tobacco Smoke Control</b> : Zero exposure of non-smokers to Environmental Tobacco Smoke (ETS).	Yes. Mandatory requirement for healthy indoor environmental quality.	Yes. Mandatory requirement for healthy indoor environmental quality.		
<b>(EQc1) Carbon Dioxide (CO2) Monitoring</b> : Install permanent carbon dioxide monitoring and controls for ventilation to limit level to 530 ppm above outdoors.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc2) Increase Ventilation Effectiveness</b> : Design for a minimum mechanical ventilation effectiveness of 0.9 according to ASHRAE 129-1997.	Same as above, but difficult to achieve.	Same as above, but difficult to achieve.		
<b>(EQc3.1) Construction IAQ, During Construction</b> : Design and implement an IAQ Management plan to Steel Metal and Air-Conditioning Contractors National Association (SMACNA) standards, protect materials and replace filter media prior to occupancy.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc3.2) Construction IAQ, Before Occupancy</b> : 2 week building flush-out at 100% outdoor air or baseline IAQ testing.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc4.1) Low-Emitting Adhesives &amp; Sealants</b> : Select adhesives and sealants that have volatile organic compound (VOC) contents below specified limits.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc4.2) Low-Emitting Paints</b> : Select paints and coatings that have VOC contents below specified limits.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc4.3) Low-Emitting Carpet</b> : Carpets must meet Carpet and Rug Institute (CRI) label requirements.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc4.4) Low-Emitting Composite Wood</b> : Composite woods must contain no added urea-formaldehyde resins.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc5) Indoor Chemical &amp; Pollutant Source Control</b> : Design to minimize cross-contamination of regularly occupied areas by chemical pollutants (including housekeeping areas).	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		



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<b>(EQc6.1) Controllability of Systems, Perimeter</b> : Minimum of one operable window and one lighting zone per 200 sf within 15 feet of perimeter.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc6.2) Controllability of Systems, Non-Perimeter</b> : Controls for each individual for airflow, temperature and relative humidity.	Same as above, but difficult to achieve.	Same as above, but difficult to achieve.		
<b>(EQc7.1) Thermal Comfort, ASHRAE 55-1992</b> : Comply with ASHRAE 55-1992 "Thermal Comfort" for temperature and relative humidity.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc7.2) Thermal Comfort, Permanent Monitoring System</b> : Permanent temperature and humidity monitoring with operator control over thermal comfort.				Yes. Thermal comfort monitoring and functionality control can reduce maintenance and operational costs (Life-Cycle costs)
<b>(EQc8.1) Daylight 75% of Spaces</b> : Minimum daylight factor of 2% in 75% of spaces for critical visual tasks.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		
<b>(EQc8.2) Views for 90% of Spaces</b> : Direct line of sight to vision glazing from 90% of occupied area.	Yes. Reinforces healthy healing environment.	Yes. Reinforces healthy working environment.		