



Design Solution

Group 8

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**“Discontinuation of group
face-to-face treatment”**



Introduction

spatial constraints

- Difficulty to get help from caregivers
- Sudden acts such as suicide attempts or threats
- Poor communication

psychological deterioration

- Deepening psychological anxiety
- Limitation Counseling treatment for mental illness



Background

Presentation by Yoon Young Nam, Director of the National Center for Mental Health

전통적인 치료 방식 Conventional treatment methods

- 대면 치료 Face-to-face therapy
- 개인과 개인, 집단 & 환경 사이의 상호작용에 기반 Based on interactions between individuals, individuals and groups, and individuals and environments
- 개인 사이의 상호작용을 격려 Encouraging interactions between individuals
- 공용 공간에서의 집단 활동이 격려 Encouraging group activities in public spaces



Background

Presentation by Yoon Young Nam, Director of the National Center for Mental Health

환자의 이중고 A twofold blow for the patients

- 사회적 거리 두기 & 사회적 고립 Social distancing & social isolation
- 우울, 불안, 이차극성 등 이차 증상 발현 & 증가 Appearance & progression of secondary symptoms such as depression, anxiety and irritation, etc.

감염병 확산 & 악화 위험 Spread of infectious disease & risk of exacerbation

- 입원치료 환경 : 마스크 미착용 / 사회적 거리 유지 어려움 Inpatient treatment environment: Masks not worn / Difficulty in maintaining social distance
- 발열, 기침 등 호흡기 증상 표현이 적음 Less respiratory symptoms such as fever and coughs
- 의학적 처치에 익숙하지 않음 (인식표, V/S 체크, 주사 등 각종 내과적 처지) Not familiar with medical treatment (identification tag, V/S check, various medical circumstances such as injection)

Background

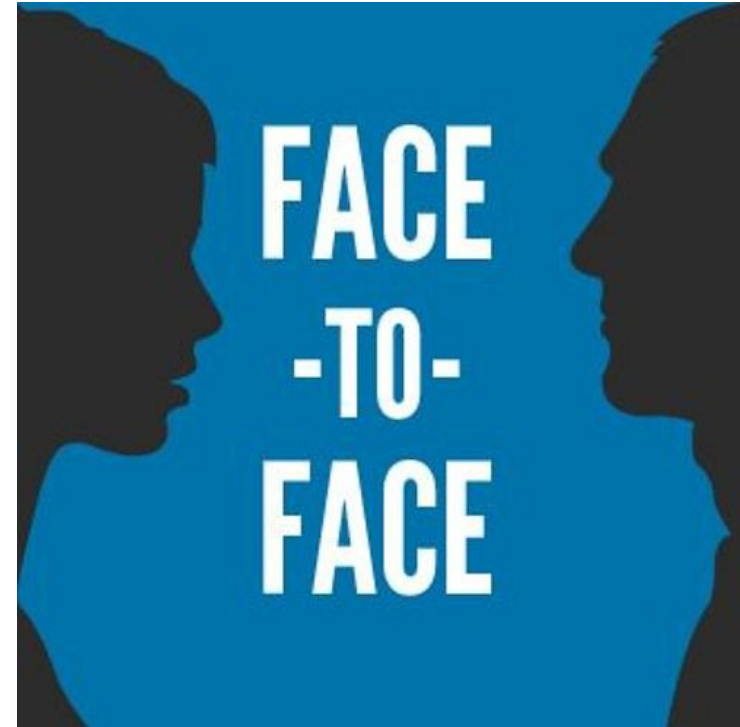
Necessity and effectiveness of group counseling





Background

Disadvantages of non-face-to-face and necessity of face-to-face





Group face to face treatment-Definition

Treatment of 8-11 people gathered together in a space where each other's faces can be directly seen by a counselor



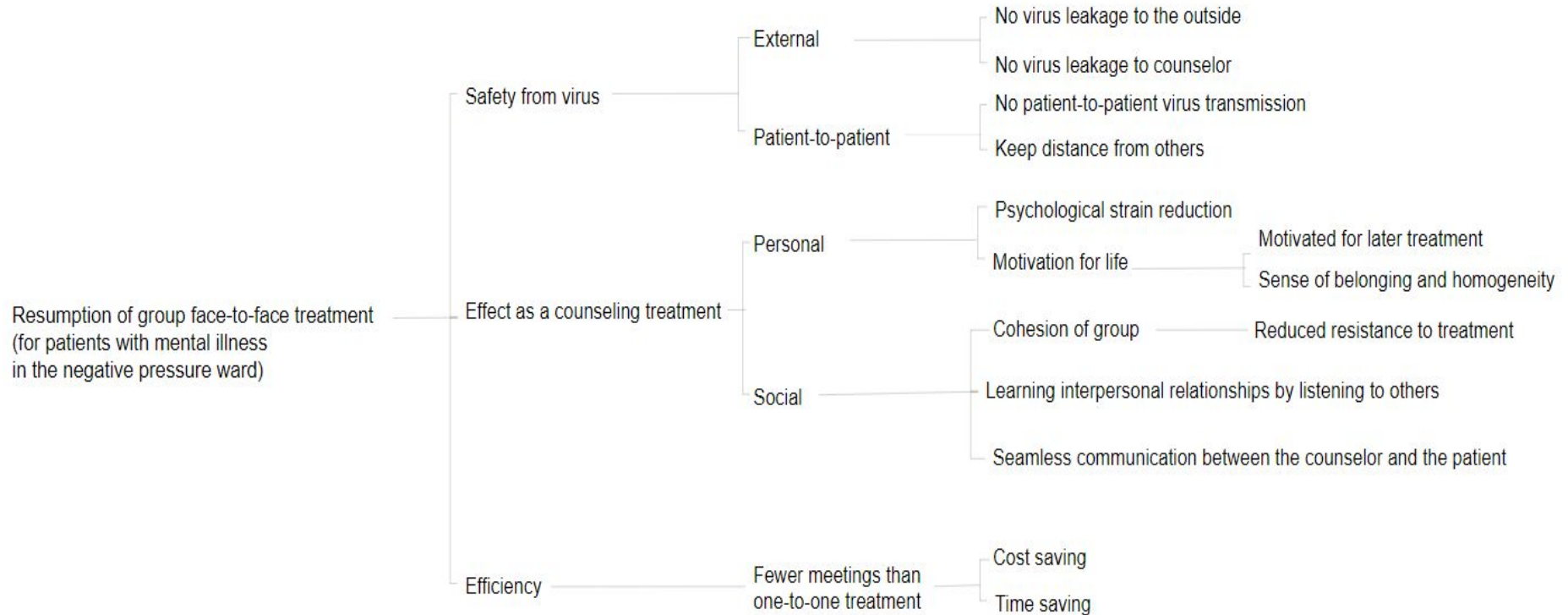
Group face to face treatment-Advantage

Great help in the progress of mental therapy and inpatient therapy

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2.Objective tree of Our Group





Core objective

- Everyone should be safe from viruses.
- The effect of counseling treatment should be on patients.
- As a group it should be efficient in your time and money.



Constraints

- At least 8 to a maximum of 11 people are needed for group face-to-face treatment
- A space must provide a distance of at least 2m each for 8 people

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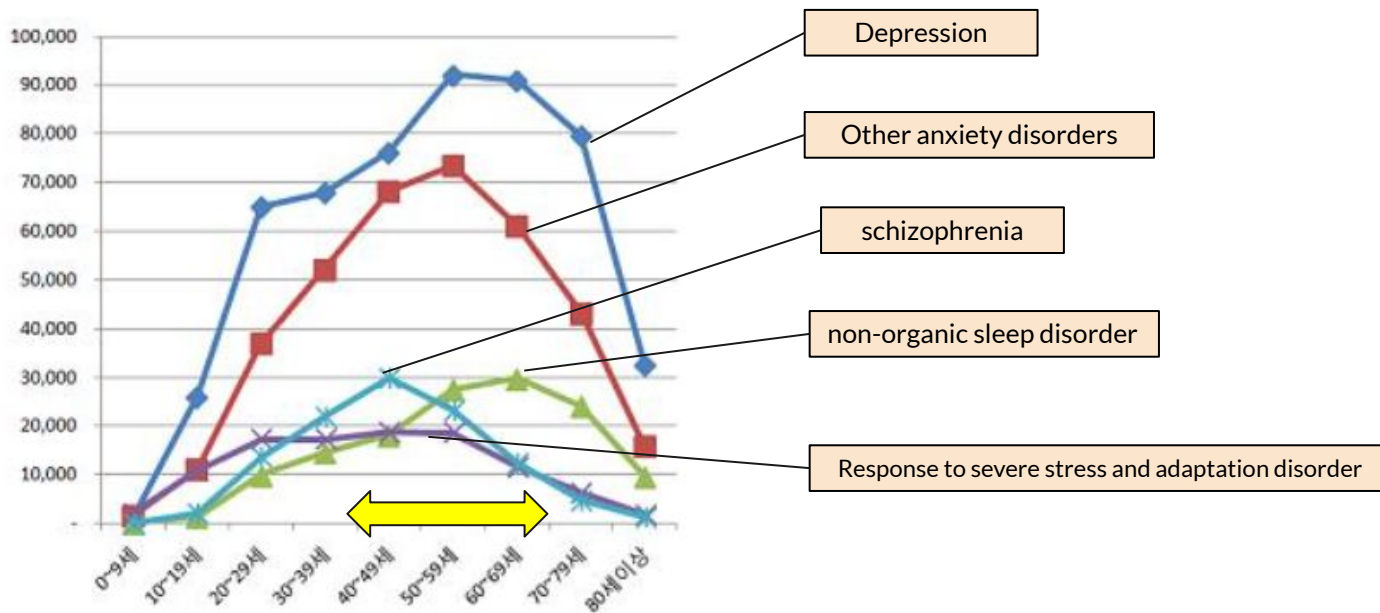
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A survey on the need of for Group face to face treatment

3. Necessity of Our Design

3. Necessity of Our Design

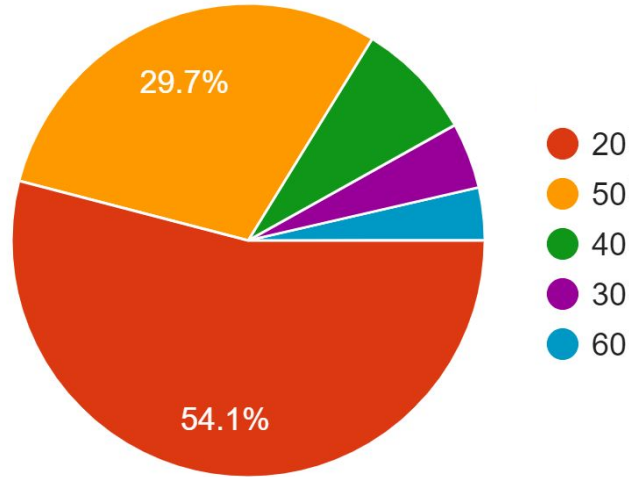
Number of patients by top 5 diseases of mental patients



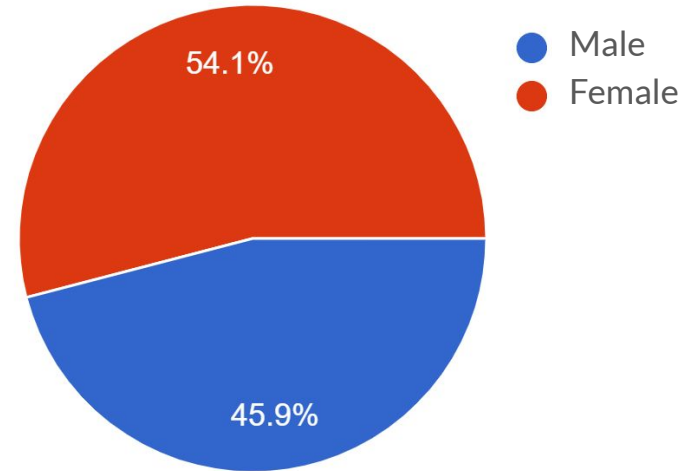
(Health Insurance Review and Assessment Service)

A total of 111 people responded.

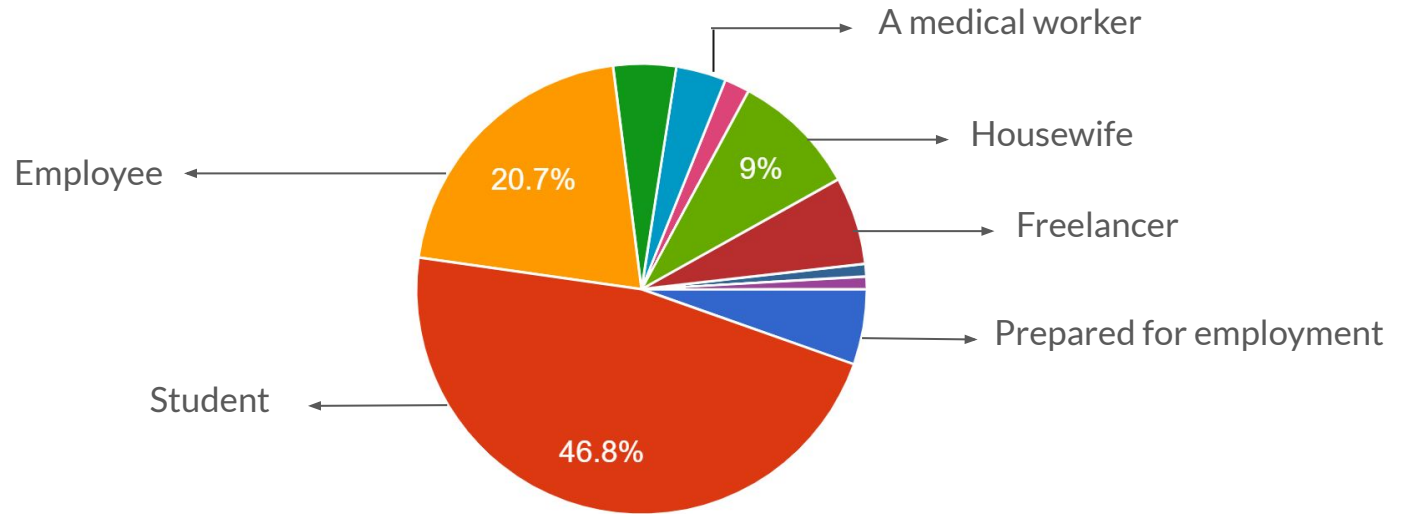
1. Survey in Age Group



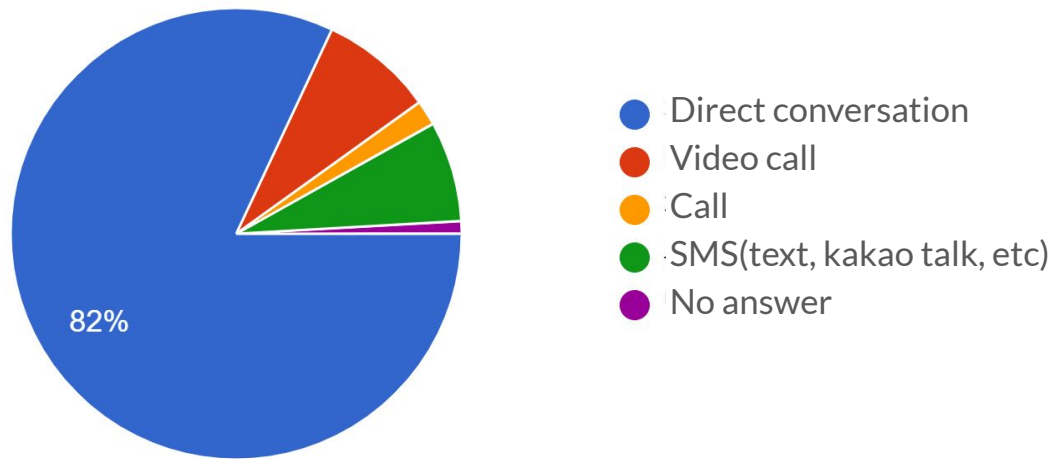
2. Survey in Gender



3. Survey in Occupation

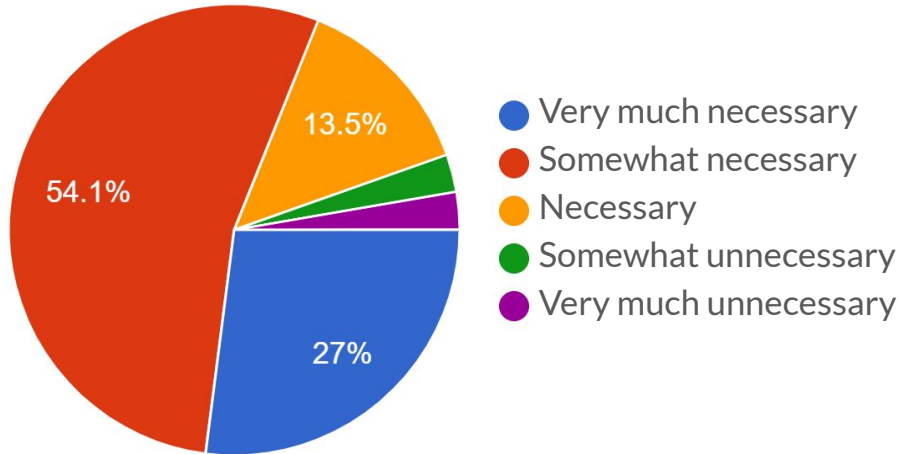


4. Which way for communication is more helpful to concentrate on a task or conversation ?

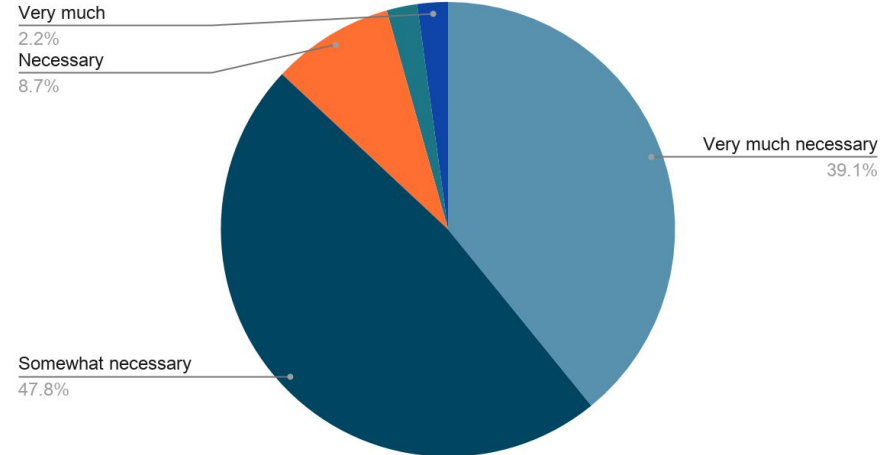


3. Necessity of Our Design

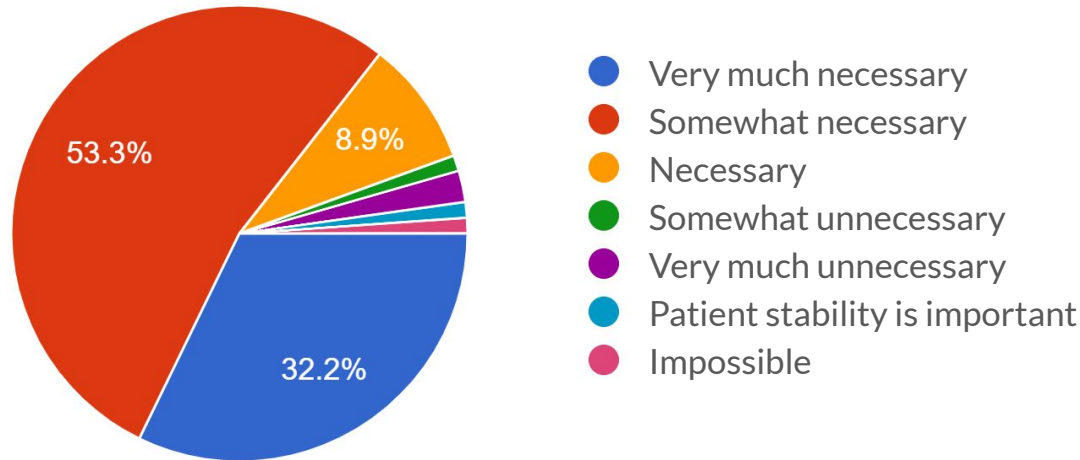
5. How necessary, you think, is a counselling treatment in a group to a mental patient?



In Forties to Sixties



6. do you think that face-to-face counseling (except online video counseling) is necessary?

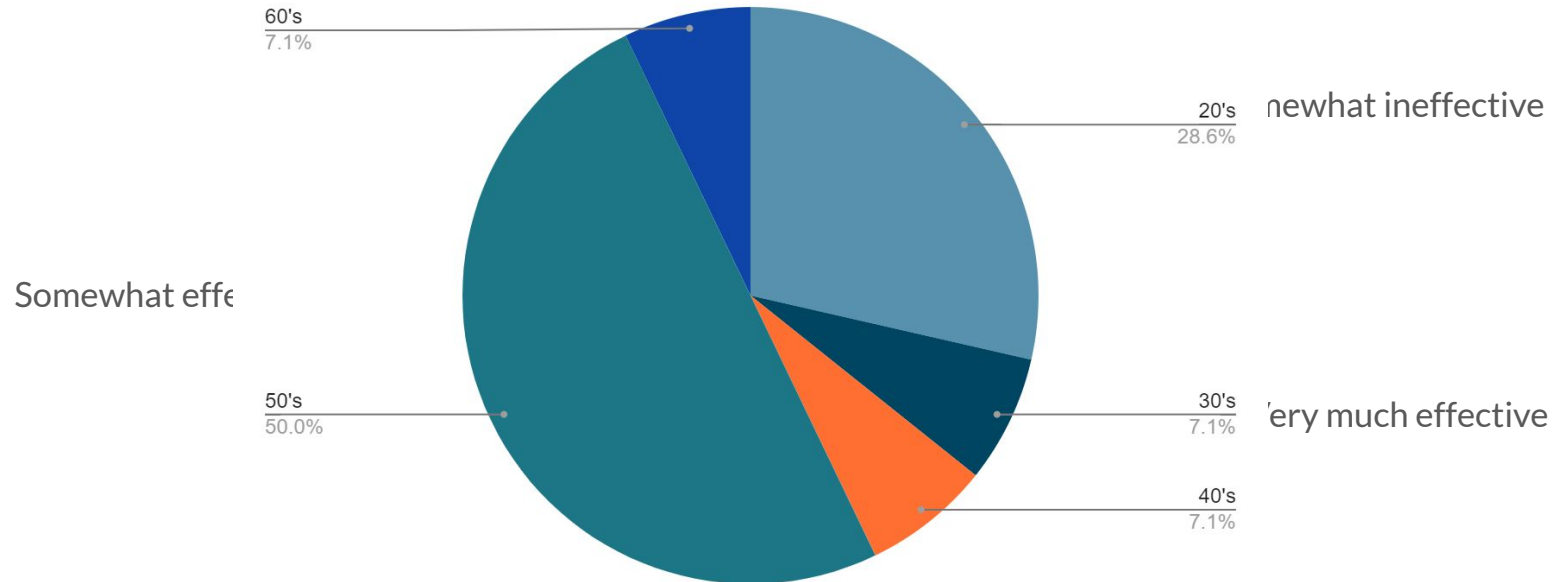




6-1. why do you think a counselling treatment in a group unnecessary?

- Personalized treatment is impossible.
- One-to-one treatment is more effective than group treatment.
- The need for group counseling treatment is questionable.

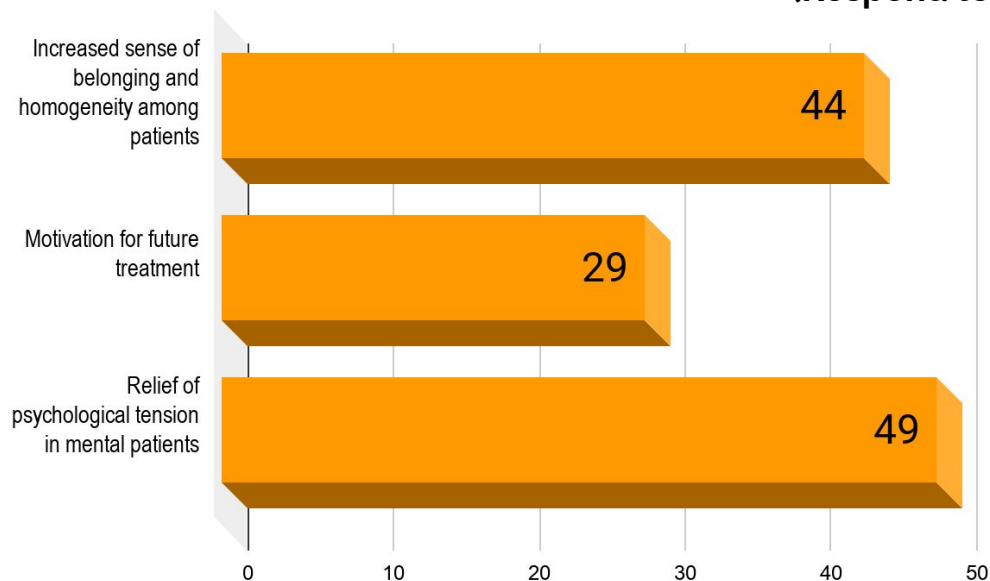
7. Do you think group counseling treatment will be effective for mental patients admitted to NPU?



3. Necessity of Our Design

7-1. what effect do you think group counseling treatment can bring to mentally ill patients admitted to NPU?

(Respond to all expected effects)





7-2. Why did you think group counseling was not effective for mental patients admitted to NPU?

- Personalized treatment is impossible.
- It seems difficult for counselors to have smooth counseling because of the thought that they may be exposed to risks.
- In the case of mentally ill patients, each patient has a peculiar disease, so if they are together, there is a great influence that will not help each other.
- Because the degree of recovery varies from patient to patient, group counseling treatment in NPU may not have the effect of treatment.

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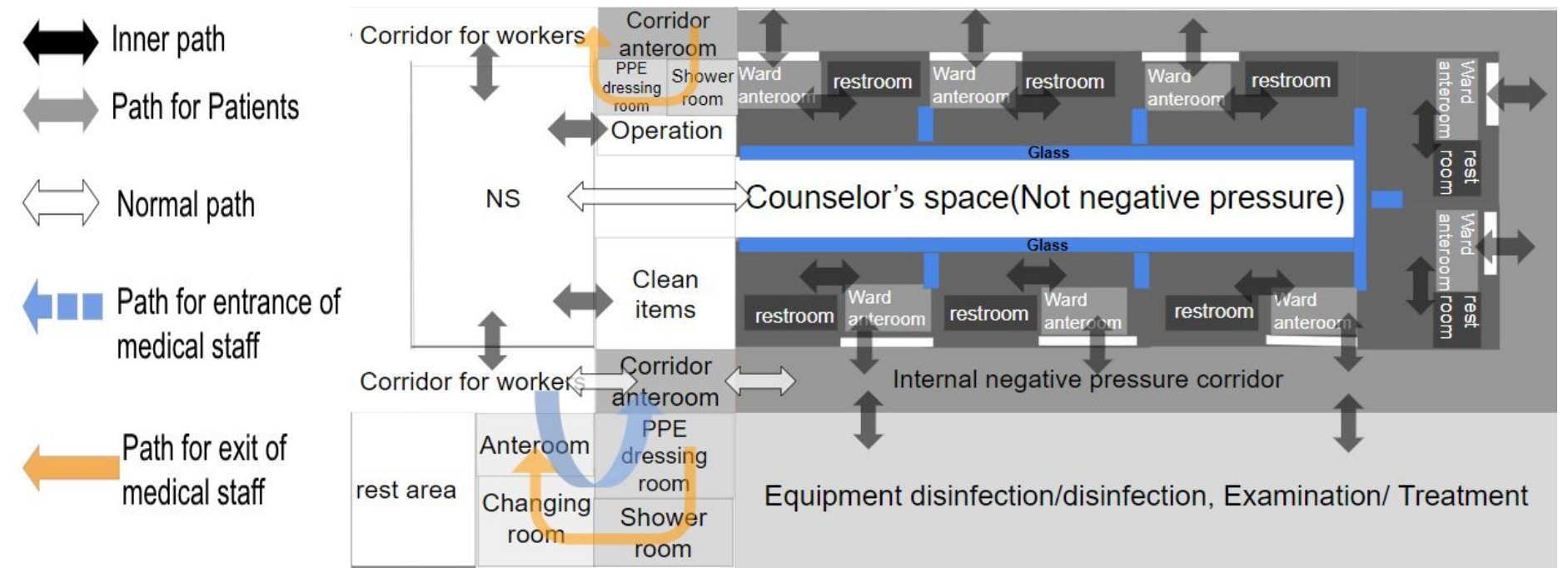
Final Design

4. Feature of Our Final Design



4. Feature of Our Final Design

Final Design (The darker the color, the stronger the negative pressure)





Final Design Specifications

Advantage

- 1) Counselors are less likely to be exposed to the infectious virus.
- 2) Space utilization is high for group face-to-face treatment in hospitals.
- 3) Because each patient has an independent space, it can prevent injury to other patients due to sudden behavior of mentally ill patients.
- 4) Patients are less likely to spread another disease because they have private units.

Disadvantage

- 1) Patients may not be able to hear well from counselors and other patients because they conduct group face-to-face counseling in a closed single unit.
- 2) There may be an equipment damage.

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Professor Feedback

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Professor Joontae Ko (Mail)



Hello

It's good topic. This idea is very fresh and impressive.

It's Realistically, when reviewing the blueprint, I think that it is a **most ideal ward structure** that can be used for people with greater mental problems or mild patients than those with severe respiratory infections.

However, for those who have a big problem with respiratory infections, such as receiving oxygen or pneumonia, **the accessibility of medical staff is low and the entry and exit route is too long**, making it inefficient and difficult to cope with emergency situations.

The other thing is that the hospitalization room is only surrounded by corridors and walls, so I think it can feel more stuffy because there are **no windows on the outside**.

It is thought that it may be applied **differently depending on the severity of the diseases**.

For diseases with a high fatality rate such as MERS and SARS, consultation in the above isolation negative pressure room is better. If the disease is about Covid-19, young people have almost mild or asymptomatic infections. Since the fatality rate under 40s is 0.1%, if the counselor is in their 40s or younger who are healthy, I think it would be better for patients to gather in a well-ventilated counseling room and wear masks to receive counseling.

Professor Aram Kim (Interview)



- It is necessary to maintain safety between “counselor-patient” in NPU. If the glass breaks, are there minimum safety devices to protect the counselor?
- How to deal with emergencies such as earthquakes or fires.
- The design may be devised differently according to the characteristics of each patient such as gender and age.
- Negative pressure corridor space is too much wasted.
- Since the counselor's space can be used for the purpose of attending a nurse, it is an appropriate structure to check the patient's condition.
- A design with additional options for personal consultation would be great.



Considerations for future development

- Necessity of different designs depending on gender, age, and severity of disease
- Medical staff accessibility and wasted space resolution
- Measures to cope with emergencies or disasters

6. Reference



Reference -Image

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Thank you