

# ABSTRACT

A community healthcare centre is proposed that integrates mental healthcare services into a primary healthcare clinic, alongside a broader social integration that seeks to combat stigma. Given new legislation that requires greater access to care for mental health users, alongside the relative anonymity offered patients who seek help in such general settings, South African government run clinics are striving to incorporate a mental health section or sub clinic. As such, the integration is already underway and has as yet to be carefully designed for.

In order to do so, an understanding of stigma and its relationship to treatment spaces is gleaned from a historical reading of insanity in the built environment across the Modern Period. From here a tension is discerned between integration and separation as being at both extremes constitutive of social stigma. Stigma is problematic since, given the chronic nature of most mental disorders, it can prevent those who need treatment from returning for regular follow up visits to their local clinic so as not to relapse. Existing infrastructure may further inculcate a sense of limited self-worth, as these ill designed and sparsely maintained structures are unable to accommodate nuances in its patient body. While those with broken legs or coughs, who visit their clinic on a handful of occasions, may be less unsettled by the lack of windows, inadequate ventilation and undersized waiting rooms, mental healthcare users do not fare well in these spaces. Sadly, for many of them such buildings need to remain part of their life long quest for wellbeing.

Subsequently, the need for place making becomes important in order to facilitate return visits to clinic by engendering positive associations with building and site. Arranging the scheme about public space also allows for the encounter between the general public and those who have come to be classified as different to it. Since these differences are both real and historically constituted, such encounters, which are part of the function of parks and squares, are necessary for prejudicial constructs to be challenged.

The relationship between architecture and public space is further developed with regards to staging heritage buildings through a major gateway component to the historically significant Hillbrow Health Precinct, within which the design is sited. Heritage considerations take on a key role in the development of the parti and the language of the architecture, such that this place of arrival, treatment, exercise, leisure and work resonates with a contrast of old and new, usual and unusual, intimate and open; which reflects the diverse personalities and practices of the people it serves.