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Exploring Environmental Perception, Cognition, and NIMBY Sentiments Toward Psychiatric Hospitals: A Spatial Planning Perspective

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Abstract
This study through the Semantic Differential scales explores how spatial planning and design influence perceptions of psychiatric hospitals in Taiwan. Preliminary findings of the study show that hospitals situated within vibrant urban environments and possessing indistinct spatial boundaries are perceived as less 'lifeless' or 'dark'. Moreover, if the residents near the hospital with accurate knowledge of hospital departments and the patient the hospital services report lower levels of negativity. These results underscore the significance of environmental stimuli and cognitive familiarity in shaping public attitudes, suggesting that integrated spatial planning and enhanced transparency may mitigate stigma and facilitate community acceptance of psychiatric facilities.

Keywords: psychiatric hospital; psychiatric institution; NIMBY; perception

1. Introduction

The term 'deinstitutionalisation' first appeared in the 1950s in Europe and the United States, in the hope of removing the closed and institutionalised management of institutions and attempting to transform them into part of the community, with the right of patients in stable condition to live independently and be included in the community (UN Committee on the Rights of Persons with Disabilities, UN CRPD, 2021). In 2017, an international expert review of the Committee on the Rights of Persons with Disabilities (CRPD) also recommended the closure of large organisations in Taiwan.

However, in the process of promoting deinstitutionalisation in Taiwan in recent years, the emergence of community psychiatric rehabilitation, psychiatric nursing homes, and other places for the integration of people with mental disorders into community life has often led to a backlash from residents in the surrounding areas. For example, in 2019, residents of Zhoumei objected to a local group home for people with mental disorders due to concerns about safety and the impact on the quality of life, demonstrating that psychiatric facilities are still regarded as 'NIMBY facilities'.

The concept of mental healthcare has been introduced in Taiwan since the Japanese colonial period (1895-1945), but initially the psychiatric hospitals were still based on surveillance and management, and they were mostly located in the urban periphery. After the end of World War II, Taiwan's government attitude towards mental healthcare institutions changed from 'confinement and shelter' to 'therapy and care', but some urban planning land-use zoning regulations still kept psychiatric hospitals separate from medical institutions, restricting them from appearing in urban areas or new towns. Under the influence of historical context and spatial planning, the location of psychiatric hospitals has long been regarded as a space that 'should be located in remote areas.' This study explores whether spatial characteristics contribute to public perceptions, NIMBY sentiments, and the reinforcement of psychiatric stigma and spatial exclusion.

Therefore, this study aims to understand how the spatial planning of psychiatric hospitals affects people's attitudes, perceptions, and feelings about psychiatric hospitals by comparing the surroundings of psychiatric hospitals respectively in the 'urban frontier' and 'urban centre' regions. By understanding the exclusionary nature of spatial location for specific groups and its impact on facility perceptions and NIMBY sentiments, we propose recommendations for inclusive planning for disadvantaged groups, in the hope that spatial planning can help prevent the reproduction and deepening of stigma against disadvantaged groups.

2. Literature Review

2.1 Psychiatry hospitals (psychiatric institutions) in Taiwan

Mental health resources for mental disorders, as classified by Taiwan's Ministry of Health and Welfare, are broadly divided into three categories: 'psychiatric hospitals', 'psychiatric rehabilitation institutions', and 'psychiatric nursing homes', and established regulatory standards. This study focuses on 'psychiatric hospitals' that have been certified by the Ministry of Health and Welfare's Department of Mental Health through the 'psychiatric hospital accreditation' or 'psychiatric teaching hospital accreditation' and remain valid before the year 2027. However, the term 'psychiatric hospitals' only emerged in modern times, making it challenging to distinctly classify 'psychiatric hospitals', 'psychiatric rehabilitation institutions', and 'psychiatric nursing homes' in historical contexts. Therefore, the term 'psychiatric institutions' is used hereafter to refer to the aforementioned facilities in this study.

2.1.1 The Development of Psychiatric Institutions in Taiwan

'Yōkōdō', which was founded in 1929 by Professor Nakamura Yuzuru, is the earliest psychiatric institution in Taiwan, established from a medical treatment perspective. However, in 1930, the Taiwan Daily News reported incidents such as a patient smuggling firewood into a ward and setting a mosquito net ablaze, causing the second and third floors of the building to burn down, and another patient killing a nurse with a hammer in July. These events led the Governor-General's Office to take the social issues caused by mental disorders seriously, resulting in the establishment of the first public psychiatric hospital, 'Yōshin-in', in 1934 (Ko Yi-Ching, 2021).

During the Japanese colonial period, psychiatric institutions built in Taiwan included the 'Aigoryō' in Tainan (1929), 'Yōkōdō' in Taipei (1929), 'Xikou Yōshin-in' (1934), and 'Jōwa Hospital' in Taichung (1936). These institutions, regardless of their capacity, were mostly located on the outskirts of cities or in rural areas. Shen Xiancheng (2003) speculated on two possible reasons: first, in the 19th century, rural environments away from cities were considered ideal for patient recuperation, a common planning approach in Western countries at the time; second, influenced by the repeated relocations of Matsuzawa Psychiatric Hospital in Japan due to urban neighborhood rejection, the selection of remote hospital sites aimed to achieve isolation.

After World War II, U.S. aid became the main source for medical projects. In 1958, the Xikou Sanatorium (formerly 'Yōshin-in') added 200 beds, and the establishment of the Provincial Kaohsiung Sanatorium was also related to U.S. aid. Subsequently, with the World Health Organization's mental health programs, the invention of new medications, and the promotion of therapeutic environments, psychiatric hospitals gradually shifted from 'custodial' to 'therapeutic' models (Lin Xian, 1987, cited in Shen Xiancheng, 2003). However, when the Yuli Veterans Hospital was established in 1957, the concept of 'deinstitutionalsation' in Western psychiatry was emerging, but due to Taiwan's political and economic context at the time, psychiatric hospitals development still leaned towards 'institutionalisation' and geographical 'marginalisation'. To prevent patient escapes, hospitals and nursing homes were often enclosed by walls and situated on isolated blocks. During this period, stigmatisation still heavily influenced society. It wasn't until the lifting of martial law in 1987 that more opportunities were given to disadvantaged groups, indirectly leading to the legislation of the 'Mental Health Act' in 1990.

In the 1980s, the government successively completed facilities such as the Bali Psychiatric Center, Tsaotun Psychiatric Center, and the Daliao Branch of Kaohsiung Kai-Syuan Psychiatric Hospital. These facilities were mostly located in suburban areas with large land areas and included 'community-based' rehabilitation institutions within the hospitals. However, unlike the large sanatoriums in early Western countries, they still provided 'rehabilitation environments based on hospitals'. Hospitals like the Bali Psychiatric Center and the Daliao Branch of Kaohsiung Kai-Syuan Psychiatric Hospital were located in sparsely populated neighborhoods, even near some NIMBY facilities like landfills; indicating their peripheral positioning. Due to the strong negative connotations associated with psychiatric institutions, they are not considered desirable elements of a community's image. After 1990, 90% of institution operators indicated that communities still had low acceptance of these facilities (Shen, 2003).

Since 2000, the Executive Yuan has passed a series of mental health system restructuring plans, including strengthening social psychiatric rehabilitation resources and referral mechanisms after discharge, along with multiple amendments to the 'Mental Health Act', aiming to promote patients' integration into community life

after treatment. However, despite policies advocating for community-based and deinstitutionalised approaches, in practice, there is still strong opposition from residents to the establishment of psychiatric institutions in residential areas, such as 'community psychiatric rehabilitation' and 'psychiatric nursing homes.' For example, in 2000, the Recovery Friends Association's attempt to establish a full-day care institution faced protests from nearby residents, and in 2019, the Wenlin Home faced opposition from residents of the Zhoumei community, indicating that integrating psychiatric institutions into communities remains challenging even today.

2.1.2 Environmental Planning and Design for Mental Healthcare Institutions

Psychiatric institutions are often associated with 'isolation' and 'exclusion' (Gawlak et al., 2025), a perception that can be traced back to the historical perspective of psychiatry. Early psychiatric hospitals, as institutions for 'managing' patients, often featured physical barriers from the outside world, such as gates, high walls, fences, forests, or wilderness. Goffman (2012) referred to these as 'total institutions', categorising psychiatric hospitals as one such type. Due to the unique spatial requirements of psychiatric hospitals, they were designed to treat or care for patients while preventing their unpredictability from affecting external groups. However, overemphasis on management and surveillance functions in hospital planning and design, while neglecting actual users, can lead to cold and unwelcoming spaces. This sense of confinement is a significant reason why the public generally finds psychiatric medical institutions unapproachable (Ko Yi-Ching, 2021).

Over the past 30 years, numerous case studies on hospital environments have led to an increasing emphasis on 'evidence-based design (EBD)'. EBD involves using scientific evidence as a foundation for design, assessing the impact of the built environment on users' physical and mental health, and considering their experiences within the environment. The introduction of EBD concepts can enhance patient well-being during treatment and reduce stress for healthcare workers (Elisa et al., 2018; Szymańska et al., 2025). For instance, research by Mohamed and Roslinda (2010) indicated that diverse colours, natural elements (such as the sound of flowing water, plants, and vibrant gardens), and factors like homely, bright, and well-ventilated environments can effectively promote the caregiving environment for both healthcare workers and patients.

In terms of hospital locations, urban and rural hospitals can offer different therapeutic characteristics. According to a systematic literature review by Szymańska et al. (2025), urban hospitals can provide inpatients with more social stimulation, reducing feelings of social isolation. However, potential risks include safety concerns regarding interactions between patients and external individuals, necessitating environmental planning to ensure hospital security and alleviate nearby residents' fears of patient escapes. Rural hospitals, with generally larger spaces, allow for more flexible planning of suitable landscapes and buildings, meeting patients' needs for interaction with nature during treatment. However, transportation convenience becomes a barrier for patients without private vehicles. The study concluded that architectural planning and design can help improve public perceptions of psychiatric hospitals, summarising two influencing factors: 'locating hospitals in urban areas to promote shared green spaces with nearby residents' and 'using gentle materials and designs in hospital spaces to significantly impact spatial perception and cognition' (Szymańska et al., 2025).

However, as reviewed in the previous section, early psychiatric institutions in Taiwan were mostly located on the outskirts of cities or in rural areas. Even today, certain urban planning land-use zoning regulations continue to reflect this tendency. For example, the amended 2021 Taipei City Land Use Zoning District conditions allow for the use of psychiatric hospitals with more stringent standards than general hospitals, and the Tainan City Central and Western District Plan (Chinatown and Canal Diamond Area), which was released and implemented in 2016, avoids locating psychiatric institutions in the urban core area.

From the above literature, it is evident that past research on the environmental planning and design of psychiatric hospitals has primarily focused on 'patient treatment', 'patient safety', 'external personnel safety', and 'staff management', with few studies exploring how spatial planning indirectly affects residents' perceptions of psychiatric hospitals; early establishments on urban outskirts and current restrictions on setting up mental health care facilities in urban centers may stem from early construction habits or planners' perceptions of psychiatric institutions' environments, leading to the reconstruction of environmental perceptions through urban planning controls.

2.2 Not In My Back Yard

Not In My Back Yard (NIMBY) refers to facilities that are socially necessary but elicit negative emotions among local residents when sited nearby. NIMBY facilities can generally be categorised based on the nature of the rejection into three types: pollution-related, risk-clustering, and psychological dismay. Pollution-related facilities include sewage treatment plants and highways, which are opposed due to their direct environmental impacts; risk-clustering facilities are high-risk but low-probability facilities such as nuclear power plants; psychological dismay facilities include psychiatric hospitals, funeral parlours, and cemeteries—facilities that do not directly affect physical health but evoke long-term psychological rejection (Zhang et al., 2022). The psychiatric institutions explored in this study tend to fall under the category of psychological dismay NIMBY facilities.

When NIMBY facilities are constructed involuntarily by the surrounding residents, when they are beyond their control, provide no benefits to them, and are associated with fearful, adverse, or irreversible outcomes, a heightened perception of risk is often triggered. This may give rise to strong emotions such as worry, anger, anxiety, fear, and hostility, affecting individual attitudes and behaviours (Covello et al., 2001). These emotions are usually rooted in concerns over property values, personal safety, and quality of life (Dear, 1992). Chiu and Lo (2011), through interviews with key personnel from institutions serving people with intellectual and psychiatric disabilities, found that, unlike pollution-related NIMBY facilities, the resistance towards disability institutions is mainly linked to the 'facility users' themselves. Reasons for protest include damage to the landscape and feng shui, impact on air and water quality, concerns over child development (fear of imitation), personal safety concerns (fear of being frightened or of crimes committed by persons with disabilities), traffic safety or congestion, and declining property prices. These findings broadly align with Dear's (1992) summary of public concerns towards NIMBY facilities.

Regarding the formation mechanism of psychological dismay-type NIMBY emotions, Yu et al. (2022), in their literature review, cited Xu and Jing (2020), who found through qualitative research that community conflict over an elderly care centre in Wuhan in 2015 originated from 'psychological resistance', which gradually developed into heightened 'risk perception', eventually evolving into 'behavioural resistance.' Through an online questionnaire, they found that superstition, NIMBY attitudes, and perceived risk had a positive correlation with opposition to elderly care facilities in the community, while perceived knowledge and perceived benefits were positively correlated. These results indicate that NIMBY attitudes and risk perception greatly influence public support for elderly care facilities. In terms of attitude, Moon (1984) believed that aside from attitudes and beliefs, personal positive or negative experiences with psychiatric patients or care facilities also affect acceptance. However, to explore the entire community's NIMBY sentiment towards psychiatric institutions, broader structural factors such as social, economic, and political elements must be included, revealing differences between individual and community perspectives in understanding the formation of NIMBY sentiment.

3. Materials and Methods

3.1 Research Framework

Through literature review, it was found that psychiatric institutions in Taiwan have long been located in rural or urban fringe areas throughout their historical development. Therefore, this study uses questionnaires to investigate, within equal residential distances, whether residents of urban fringe areas and city centre areas differ in spatial familiarity with psychiatric hospitals, and whether the overall spatial locations and environmental planning create different spatial perceptions. Furthermore, the study seeks to identify the causes of these differences to understand how the spatial characteristics and surrounding environments of psychiatric hospitals influence the emotional perceptions of the public. The variable relationships in this study are shown in Figure 1.

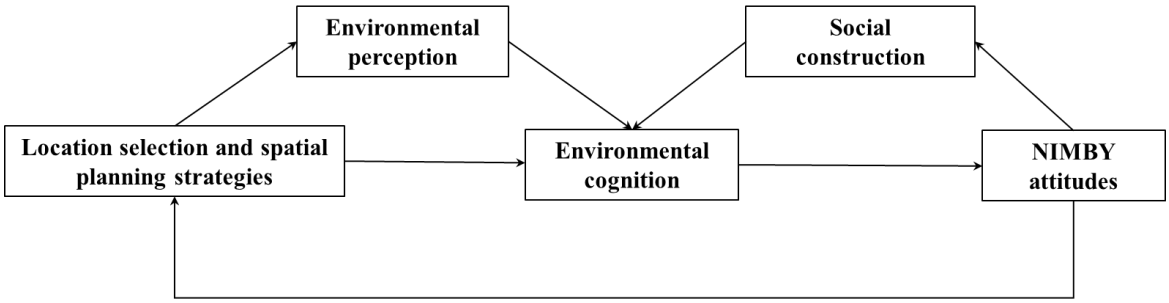

Figure 1 Relationship diagram of research variables

In terms of research locations, the study selected the two largest psychiatric hospitals in Tainan and Kaohsiung—Jianan Psychiatric Center in Tainan and Kai-Syuan Psychiatric Hospital in Kaohsiung. Jianan Psychiatric Center is situated on the border between East District and Rende District of Tainan City and has long been in an urban fringe area, with only recent developments in the past 30 years due to the Huwuiliao readjustment area (Figure 2). Kai-Syuan Psychiatric Hospital is located in the city centre of Lingya District, Kaohsiung, near the Kaohsiung Cultural Centre and National Kaohsiung Normal University, with relatively dense residential and commercial development in its surroundings (Figure 3).

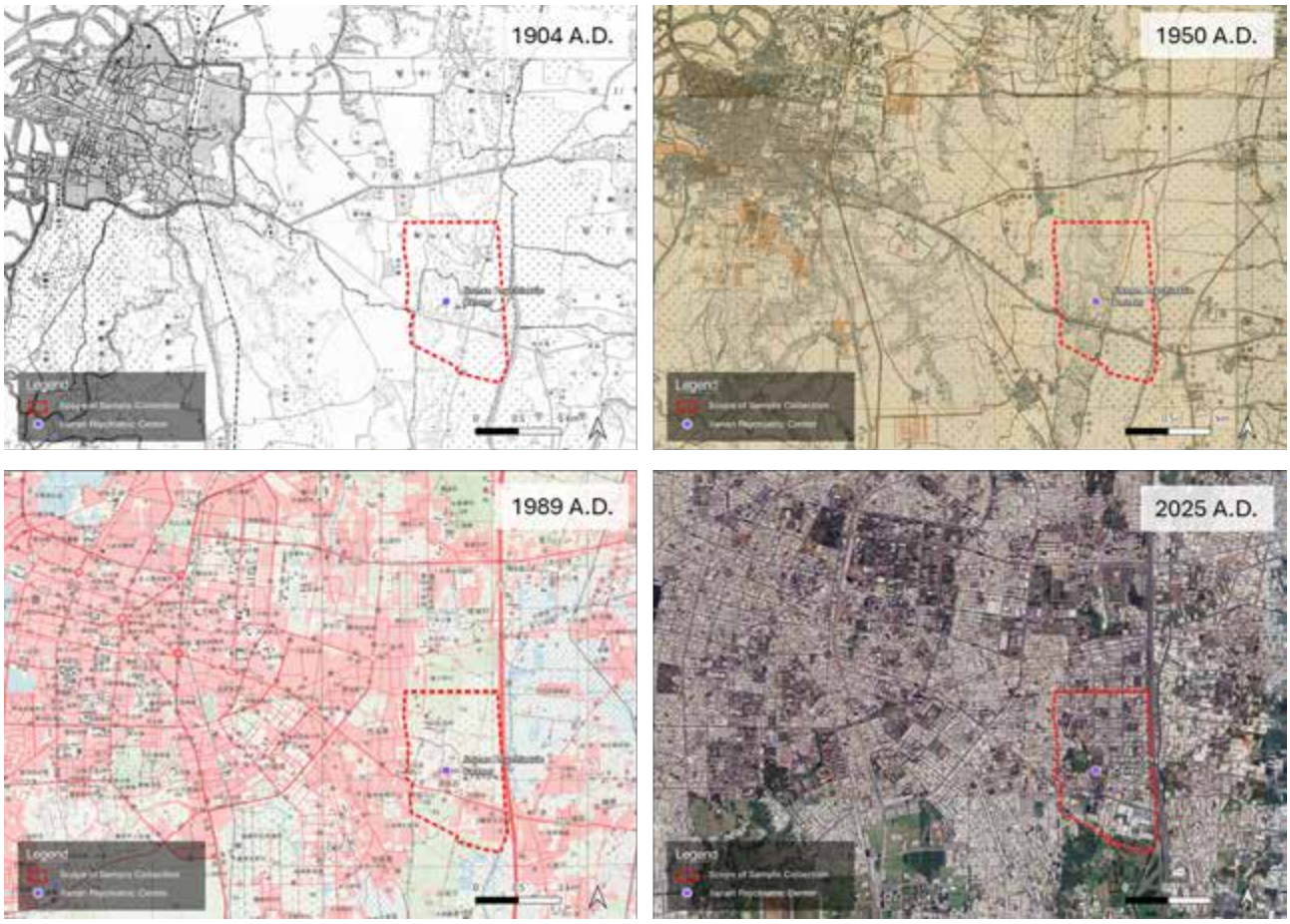

Figure 2 Urban development in Tainan City and around Jianan Psychiatric Centre

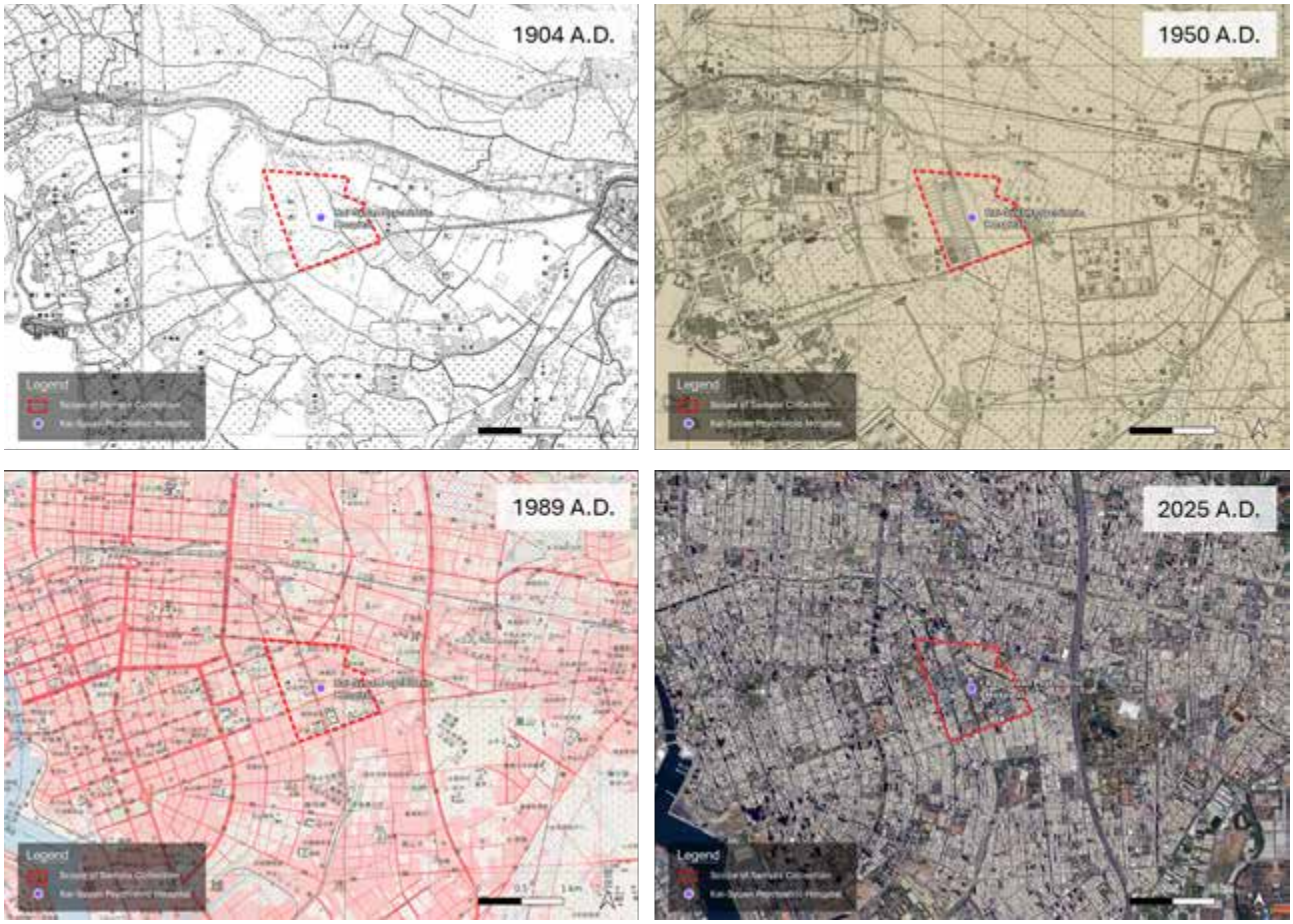

Figure 3 Urban development in Kaohsiung City and around Kai-Syuan Psychiatric Hospital

3.2 Research Methods

The purpose of this study is to use a questionnaire survey to understand the actual emotional perceptions of the public towards psychiatric hospitals and to compare whether NIMBY sentiments differ under different surrounding environmental conditions. To avoid over-focusing on the hospitals and thus losing authenticity, the questionnaire is divided into three parts:

The first part investigates the spatial images within about 500 metres of Jianan Psychiatric Center and Kai-Syuan Psychiatric Hospital, from the perspective of local community residents, to gain preliminary insight into impressions and perceptions of psychiatric hospitals in comparison to other spaces within the community.

The second part applies the Semantic Differential (SD) Scale to examine residents' emotional responses towards the hospitals within their block areas, and their perceptions of how the hospital environment reflects characteristics of its users (primarily the patients).

The third part is based on the premise that residents fully understand that both hospitals are psychiatric institutions and asks residents about their views on the relationship between psychiatric hospitals and the community and whether they consider them NIMBY facilities.

Through these three parts of the questionnaire, this study compares differences in overall spatial perceptions shaped by hospitals located in different communities and further explores whether spatial planning influences the public's NIMBY perceptions of psychiatric facilities.

4. Results

4.1 Current Conditions of the Research Sites

4.1.1 Kai-Syuan Psychiatric Hospital

Kai-Syuan Psychiatric Hospital is located in Lingya District, Kaohsiung City, in the city centre. The hospital site covers approximately 2.65 hectares and includes the main hospital, a psychiatric nursing home, and a community rehabilitation centre.

To the north of the site lies Fucheng Street, with the Kaohsiung City Department of Health located across the road. To the west is Kai-Syuan 2nd Road, a 20-metre-wide road with a light rail transit (LRT) line. The hospital entrance directly faces the Department of Health Station. To the south is Lane 189, Fude 3rd Road, lined with approximately 50-year-old residential townhouses. To the east is Zoujie Art Park, a neighbourhood park. The surrounding area is predominantly residential, with a large elderly population and relatively low traffic on the northern and southern roads. As a result, many residents take walks or engage in recreational activities in Zoujie Art Park, as well as along Fucheng and Fushou Streets in the evening.

Figure 4 Kai-Syuan Psychiatric Hospital Surrounding Environment

4.1.2 Jianan Psychiatric Center

Jianan Psychiatric Center is located in Rende District, Tainan City, on the urban fringe of the metropolitan area, adjacent to the southeastern side of the East District. The site covers approximately 5.3 hectares and includes the Chest Hospital under the Ministry of Health and Welfare, which is the only psychiatric teaching hospital in the Yunlin-Chiayi-Tainan area.

To the north of the site are wooded, unused lands and hospital car parks. To the west is Yuzhong Road, along which about ten new townhouses have been constructed over the past five years. Current land use in this area includes industrial, storage, and residential functions. To the south is the Chest Hospital, and to the east is Gong-Er-3 Park, which is adjacent to the hospital's rear entrance.

Figure 5 Jianan Psychiatric Center Surrounding Environment

4.2 Public Perceptions of the Community Environment Surrounding the Hospitals

As this stage involved pilot testing of the questionnaire, the sample size collected was insufficient for statistical analysis. Therefore, the following paragraphs will provide descriptive statistics to summarise the public's views on the areas surrounding the hospitals.

4.2.1 Kai-Syuan Psychiatric Hospital

A total of 5 questionnaires were collected in the area around Kai-Syuan Psychiatric Hospital. All respondents were former students who had attended senior high school or university in this area. Consequently, the 'most familiar place' was consistently identified as the surroundings of National Kaohsiung Normal University; the 'least familiar places' were typically Fudong Elementary School and Linjing Park, which are further away from the school. Two respondents mentioned Kaixuan Road and the hospital itself as places they were least familiar with. The 'least safe areas' were described as the dim alleyways and tree-lined boulevards.

According to the questionnaire's content, respondents did not express significantly more negative emotions towards Kai-Syuan Psychiatric Hospital compared to other areas. They did not spontaneously describe the area around the hospital using terms such as 'dangerous' or 'frightening', which are typical of NIMBY sentiments. Moreover, the field observations revealed that the layout of the roads, the proximity of the hospital to the park, and the absence of clear boundary walls encouraged many nearby residents to walk or engage in recreational activities in the park and along Fucheng Street. They did not deliberately avoid the hospital. Some shop owners even mentioned that the hospital and nearby medical facilities are important sources of business.

4.2.2 Jianan Psychiatric Center

A total of 9 questionnaires were collected in the area around Jianan Psychiatric Center, with all respondents having lived there for over ten years. 'Most familiar places' included major community parks such as Wensheng Park and areas surrounding primary schools. Three respondents identified the area around the Chest Hospital and Jianan Psychiatric Center as the 'least familiar', while four mentioned areas south of Zhongshan Road. Areas perceived as the 'least safe' were predominantly around the Chest Hospital and Jianan Psychiatric Center, mainly

due to lower pedestrian activity. One respondent mentioned that although they live near the hospital, their daily activities are centred in the east-side Huwuiliao readjustment area. The hospital's surroundings, being largely undeveloped, have little connection to their everyday life.

4.3 Public Perceptions of the Hospital Environment

This stage mainly sought to understand 'people's feelings when passing by the hospital' and 'the perceived atmosphere of the hospital itself'. Residents near Jianan Psychiatric Center generally described their feelings when passing the hospital as 'serious', without experiencing significant emotional burden or threat. However, the hospital atmosphere was perceived as 'quiet', 'gloomy', and 'lifeless'. Similarly, residents near Kai-Syuan Psychiatric Hospital also expressed a 'serious' and somewhat 'heavy' feeling when passing the hospital. The atmosphere was similarly seen as 'gloomy' and 'lifeless', but described as noticeably more 'dark' than that of Jianan Psychiatric Center.

4.4 Public Cognition of the Hospital

In this analysis, none of the five respondents near Kai-Syuan Psychiatric Hospital did not understand the hospital's departments or the patients they serve, making it difficult to assess how the hospital's presence influenced their understanding of psychiatric institutions. In contrast, five out of nine respondents near Jianan Psychiatric Center did understand the hospital's departments and the patients they serve.

During this stage, five respondents near Jianan Psychiatric Center were invited to 'recall the appearance and environment of the hospital, and describe their imagined image of the patients it serves. All five associated the patients with adjectives such as 'depressed' and 'controlled'. However, when asked whether they were concerned about being affected by the hospital's service users or whether they rejected psychiatric outpatient services, all respondents expressed little concern or rejection.

Comparing residents who 'understood' versus those who 'did not understand' the hospital's departments and the patients the hospital serves, it was found that those who lacked such understanding were more likely to perceive the hospital as 'threatening', 'dark', 'lifeless', and 'cold.' This suggests that the physical appearance and surrounding environment of a hospital can provide informational cues to the public, particularly for those unfamiliar with the hospital's function. Residents who understood the hospital showed fewer negative descriptions of the atmosphere, which may also reflect a lower level of stigma towards psychiatric hospitals.

5. Conclusion

Through the review of the literature, we can find that psychiatric hospitals were often initially sited on the urban periphery, and that conflicts arose during deinstitutionalisation between psychiatric facilities and surrounding residential areas. This study used semantic differential scales to explore how community residents perceive and accept psychiatric hospitals, aiming to test whether such peripheral siting influences public cognition and acceptance.

Preliminary results indicate that in terms of the physical environment, Jianan Psychiatric Center is located in a relatively remote area with fewer residential neighbourhoods, limited pedestrian activity, and primarily through traffic. Residents rarely pass by the hospital unless they have medical needs. They often described the area as 'unsafe', 'dark', and 'gloomy' due to its 'low flow of people' and abundance of 'vacant land'. In contrast, the area surrounding Kai-Syuan Psychiatric Hospital benefits from proximity to parks and daily amenities. The hospital has no boundary walls or clear separation from nearby residences, leading to perceptions of the hospital as 'gloomy' but not necessarily 'threatening'. Residents are more likely to engage in activities nearby. A comparison of the interface between each hospital and its surrounding residential areas shows that Jianan Psychiatric Center's layout and functions are more spatially separated from the community, resembling the spatial planning of 'total institutions' (Goffman, 2012), characterised by physical isolation, which gives rise to stronger feelings of 'darkness', 'insecurity', and 'threat', making the hospital less approachable. This suggests that the physical interface between psychiatric facilities and their surrounding neighbourhoods significantly influences public perception.

In terms of the residents' cognition about the hospital, long-term residents near Jianan Psychiatric Center had

a higher understanding of the hospital's function and the types of patients it serves, and demonstrated greater acceptance. Compared with those who did not understand the hospital's attributes, informed residents gave more neutral descriptions of the hospital and rated it lower in terms of 'coldness', 'darkness', and 'lifelessness.' On the other hand, although Kai-Syuan Psychiatric Hospital is located within the city and forms part of a medical cluster alongside the Kaohsiung City Department of Health and other institutions, it remains functionally detached from residents' daily routines. The medical area's circulation routes are separated from the community, which has not notably enhanced public familiarity or acceptance. Public understanding of the hospital remains limited. This phenomenon may reflect the findings of the research of Xu and Jing (2020), which found that perception knowledge significantly influences support for psychologically stigmatised NIMBY facilities.

Moreover, most respondents near Jianan Psychiatric Center were from small households living in newly developed residential areas from the past 30 years. In contrast, respondents near Kai-Syuan Hospital were mostly university students from the National Kaohsiung Normal University. A comprehensive comparison of community-wide NIMBY sentiments towards medical institutions requires consideration of broader structural factors such as social and economic status (Moon, 1984). This presents a future direction for refining questions and analyses.

Therefore, future research will further explore spatial layout and residents' daily interactions, focusing on the challenges and potential of integrating small-scale psychiatric care facilities (e.g., community psychiatric rehabilitation) into neighbourhoods amid the shift towards deinstitutionalisation. Key questions include: why do these community-based facilities, despite their proximity to residents' lives, still face psychological rejection or suspicion? Are these reactions linked to unfamiliarity with people with mental illness and limited spatial interaction? By comparing perceptions and attitudes under different facility and spatial conditions, future research will examine how urban planning might act as a mediator, designing spaces that foster understanding and inclusion—making it more natural for the public to engage with psychiatric service users and enabling patients to live more comfortably within the community.

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