



SOCIAL PRESCRIPTIONS FOR WELL BEING BY DESIGN: THE ESSENTIAL ROLE OF INTERVENTIONS IN THE BUILT ENVIRONMENT

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Humans are social beings (The Social Animal, Brooks, 2011). Urbanists and social psychologists alike have long observed and documented that “people go where people are” (The Social Life of Small Urban Spaces, William Whyte, 1980). The desire for social connection and a sense of belonging is innate. There is evidence in social psychology textbooks, peer reviewed journal articles and academic behavioural science research laboratories that our attitudes, beliefs, emotions, behaviours, neurological responses, biochemistry and health are affected by our interactions with others.

Well being is defined as the state of being happy and healthy. Well being includes our feelings, our outlook on life, our social relationships, our physical health, and our interaction with the community. The foundation of our society has been built upon tribal and communal upbringings and much of the infrastructure of our current society still reflects this: the design of neighbourhoods around shared, communal green space, walkability, proximity to retail, hospitals and other services; restaurant design around long harvest tables to promote conviviality, and outdoor markets with a little something for everyone. In fact, scientists have identified a “neighbourhood effect” wherein connection to others becomes a key determinant of well being and health.

Whereas solitude can be restorative, social isolation is associated with adverse outcomes. Loneliness was once considered a condition associated with those in remote communities, the elderly, those without extended families, economically disadvantaged, and other perceived vulnerable groups. However, it has since, long before the introduction of COVID-19, been extended to the general population including workplaces, universities, and schools. Surprisingly, 78% of Canadians report feeling some degree of loneliness (A Portrait of Social Isolation and Loneliness in Canada Today, Angus Reid, 2019). Consequently, there are unprecedented rates of anxiety and depression and 53% of Canadians consider anxiety and depression to be epidemic in Canada (Canadian Mental Health Association, 2018). If being social is inherent in our nature, why do clinical psychologists, psychiatrists and our physicians’ prescription pads feature social prescriptions as much as they do chemical prescriptions for well-being?

Unfortunately, the COVID-19 pandemic that catapulted us into 2020 has offered a glimpse into a society without the softness of human contact that enables us to thrive. Experts have alluded to a looming post COVID-19 pandemic mental health crisis as we are grieving the more social aspects of our pre-pandemic lives. It is not only the social connection but our interaction with the built environment - those “third spaces” (workplaces, cafes, restaurants, neighbourhoods, public spaces) that create a pulse to a city, define our experience and that are integral to our identity. A social aspect that no matter how many social connections we have on online platforms, group chats, Zoom cocktail hours, virtual work meetings, online workouts, home schooling, virtual care giving and other adaptations in a time of crisis seemingly cannot be fulfilled.



How do we design and build our homes, neighbourhoods, healthcare environments, workplaces, public spaces, cities and neighbourhoods to optimize our experience and outcomes with the hopes that we might all one day get to share moments, spaces, and 'real life' conversations again?

There is no denying that the population of urban centres is on the rise. Within a few decades, the population of Toronto alone is expected to increase by an estimated 50%. Globally, we have witnessed a greater incidence of COVID-19 in urban centres but it is unlikely that a pandemic will alter the pace by which cities grow. Toronto is a city of interconnected neighbourhoods. Neighbourhoods, and all that they offer, enable individuals, businesses and communities to flourish. How can we ensure the defining features of our city, and others like it, are not lost in an attempt to accommodate an ever growing and ever changing city – now with the risks of global pandemics made salient - without losing a sense of connection, the softness that humans require and understanding the mechanisms that can serve to optimize human x built environment interactions? A sentiment captured in the 2013 documentary film [The Human Scale](#).

We need to balance the heightened vigilance required for infection prevention and control in a post pandemic context with ensuring that we collectively use data driven approaches to design our built environments to improve the human condition.

Greater attention is being paid to well-being in architecture, design and city building. Most notable among the initiatives are the [Well Building Standard](#), [Global Well Being Indices](#) and academic research institutes including the [Ryerson City Building Institute](#), and the [Global Cities Institute](#). Even the World Health Organization recognizes the importance of the social determinants of health and acknowledges the role of the built environment in promoting well-being. But how do we move from tokenistic mention of the concepts to embedding them in design and how do we know the buildings we design have reached their desired impact?

Evidence from our healthcare facility [Design Research & Evaluation projects](#) show that favourable impressions of social spaces are predictive of participants' perceived ability to cope and workplace satisfaction. Participants who felt a strong connection to the neighbourhood, city, and surrounding nature had higher levels of general wellbeing, better physical and mental health, were more optimistic, more satisfied, and experienced enhanced collaboration. One particular noteworthy finding was that a strong sense of connection – to neighbourhood, city, community, and others – mitigates depressive symptomatology.

In a post-pandemic society we believe the importance of social wellbeing will be ever more evident. We support a call for the inclusion of social wellbeing measures in not only the design of healthcare facilities but urban design, vertical cities, workplaces, educational institutions and more.

It may be a utopian concept; however, can architecture, urban and landscape design circumvent the need for prescriptions as a curative measure – social or otherwise? Can the built environment be designed to promote psychosocial well-being and optimize the human spirit?

We think it can, in fact, we've seen it happening.