

**Abstract:** With a growing number of elderly persons, geriatric depression - associated with important morbidity and mortality- is becoming a significant health problem. Given the risk of polypharmacy and increased side effects, alternative non pharmaceutical treatments such as repetitive transcranial magnetic stimulation (rTMS) and transcranial direct current stimulation (tDCS) may be solution. Recently, the FDA approved deep brain TMS (dTMS) for depression, not only stimulating deeper cortical areas but response and remission rates may be better, especially in elderly populations. Nevertheless, beneficial follow-up options following rTMS treatment remains to be determined. Therefore, one week after the last accelerated dTMS, all patients followed a 3 week open label tDCS with a home-use device. Study rationale and preliminary findings will be discussed.

**Disclosure of Interest:** None Declared

### W0013

#### Findings from real-world clinical practice on tDCS treatment of MDD

A. Panhelainen

Sooma Oy, Helsinki, Finland  
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**Abstract:** This study characterizes the real-world effectiveness and tolerability of transcranial direct current stimulation (tDCS) and aims to identify predictors of treatment outcome in patients with major depressive disorder (MDD). Treatment data was collected by the treating physician to a structured data collection form, from the patients who were treated with tDCS as part of routine clinical practice (F3 - F4 electrode montage, 2 mA, 30-mins sessions, 5 sessions per week, 2–3 weeks + maintenance treatment according to patient's individual needs). Symptoms were scored according to common validated depression scales before and after the tDCS treatment. The study outcomes were clinical response (defined as >50% reduction from the baseline depression score) and remission. Furthermore, the data set allowed to investigate possible predictors of outcome, such as use of psychotropics and baseline depression severity. Overall, tDCS was found to be an effective and safe treatment for MDD in real-world patient population.

**Disclosure of Interest:** None Declared

### W0014

#### Spatial typologies in psychiatric facilities

J. Kirch

a|sh architekten, Ludwigshafen, Germany  
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**Abstract:** A psychiatric facility represents a temporary home for its patients. Multiple studies have provided ample evidence that the built environment has the potential to support patients in their recovery process, in part by offering a homely surrounding. If their environment also succeeds in creating a therapeutic milieu in which the patients' needs for protection, security, privacy, and orientation are met, the contribution of these surroundings can be even more

significant. For example, clear, comprehensible building structures help patients to find their way around the new environment and further provide a feeling of security. To fulfill this goal, planners should pay special attention to the access zones and semi-public spaces in these types of buildings, as psychiatric patients often spend a lot of time there. Corridors should provide high spatial quality with daylight areas and places to sit down.

Based on an analysis of more than 30 psychiatric facilities in Germany, three spatial typologies were identified within which the factors listed above have been explored.

Firstly, the "Pavilion type": square or slightly rectangular pavilion structures, generally with courtyards enclosed on four sides and multiple additions. This typology is found very often, especially on new build sites. The Pavilion type allows a useful combination of room functions and good lighting of all spaces. Secondly, the "L- or T-shaped type": Linked L- or T-shaped, often appearing as comb-like buildings. These structures are particularly successful in integrating with the surrounding landscape. Thirdly, the "Block type": Closed, block-like single-floor and two-floor typologies of different lengths. However, these building structures are increasingly rare as they often appear out of human scale and result in long, monotonous corridors.

In building design it is crucial to consider the triad of "architecture/ interior design/ and landscape design" and to emphasize the specifics of the site. Each of these typologies offer different opportunities to achieve this goal; yet, only when a unique atmosphere is created – one in which everyone feels accepted and is seen as an individual – can patients, staff and visitors feel the comfort and support of a successful homely environment.

**Disclosure of Interest:** None Declared

### W0015

#### Hospital architecture matters – rethinking the role of mixed sex wards and family rooms in psychiatric hospitals

N. Jovanovic

Wolfson Institute of Population Health, Queen Mary University of London, London, United Kingdom  
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**Abstract:** Hospital built environment can affect patient clinical outcomes, patient satisfaction with care and treatment, staff performance and wellbeing, and carers/visitors' engagement with services. Little is known about which urban planning, architecture and interior design characteristics can make environments therapeutic or detrimental for users.

We hope that the audience attending this presentation will i) get a good understanding of the impact of the hospital-built environment on patients, staff and visitors/carers and ii) understand which design elements can improve patient satisfaction with care.

As hospitals are among the most expensive facilities to build, their design should be guided by research evidence. In this presentation, we will review existing research evidence in this field and present our study of 18 psychiatric hospitals in Italy and the United Kingdom. Our findings indicate that out of several hospital built environment characteristics, two have the power to increase patient satisfaction with care.

These are (availability of) mixed-sex wards and rooms to meet family off wards.

We will show vignettes to further explore the role of mixed-sex wards and family rooms and discuss how to implement them when renovating, adapting or building mental health care facilities.

**Disclosure of Interest:** None Declared

## W0016

### Psychiatry's response to the climate change emergency

V. Pereira-Sanchez

Child and Adolescent Psychiatry, New York University Grossman School of Medicine, New York, United States

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**Abstract:** Dr. Pereira-Sanchez will discuss how the climate change emergency appeals psychiatrists and demands both personal and organized responses. Such responses are in the domains of awareness, research, education, and action. Dr. Pereira-Sanchez will present specific examples from his collaborative work at the World Network of Psychiatric Trainees, where a global forum about the topic for trainees was organized, and the World Psychiatric Association, where he assists the coordination of a Tri-Sectional initiative on the topic.

**Disclosure of Interest:** None Declared

## W0017

### Sociopetal design in psychiatric therapeutic settings

J. Danziger

Design, thinkbuild architecture BDA, Berlin, Germany

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**Abstract:** Sociopetal design methods can offer interesting means to support therapeutic concepts within ward environments. They can help to forge group identities through offering patients, staff and visitors opportunities to identify with the spaces they inhabit. "Sociopetal space" has been defined as "spaces which help bring people together"; but how does this actually work and what role can these types of spaces play in a hospital ward setting?

Some of these elements operate at a detail level and can be rather simple to deploy. Normalising the environment by making "regular" design decisions such as by using real rather than simulated materials (ie., actual wood rather than "wood patterned" furniture); or through offering a mix of lighting (ie., artificial and natural sources in variation) can create more homely spaces for patients and staff alike. Ultimately, design decisions at the detail scale can create phenomenal elements which can play a large role towards generating a favorable atmospheric experience on the ward.

It is also possible to explore how specific moments or places within a psychiatric ward might be designed to support patient agency, even on a closed ward. Sociopetal elements such as well-sited sitting spaces can offer moments of safety or retreat, leading to a greater sense of control. This can help patients feel more open to positive interactions with their colleagues and staff because they can safely

observe or choose less committed ways of participation in daily or group activities.

Zooming out from these details, we will also look at the layout of a psychiatric ward (ie. accommodations) to help identify where opportunities such as those listed can be found. Simple gestures such as a slight widening of the corridor leading to important shared areas or better access to light or views of nature have been shown to improve outcomes for patients. What other design elements can be placed on or within wards to further this approach? Recent and ongoing projects within our practice will be shared to help workshop participants gather literacy in case they may be involved in future design projects.

**Disclosure of Interest:** None Declared

## W0018

### Applying "Consensus Design" in the Development of Psychiatric Facilities

M. Voss

Department of Psychiatry and Psychotherapy, Charité University Medicine & St. Hedwig Hospital, Berlin, Germany

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**Abstract:** I will point out the important role of a thorough planning process in which all stakeholders work together starting in early phases of the design process („phase 0“) and engage in a truly interdisciplinary and iterative process throughout the entire planning phase as well as the building phase (where often *ad hoc* decisions have to be made in order to adjust to unforeseen circumstances).

I will examine the terms "Consensus Design" and "Evidence-Based Design" and relate them to lived reality by giving a number of examples from own experience. Here I will contrast different approaches in carrying out the planning process and demonstrate how only a truly interdisciplinary and iterative process can result in individualised and optimised therapeutic environments, strengthen identity and reduce stigmatisation.

As a support to future projects which workshop participants may be involved in, I will share some of the basic methods and tools which I have seen or used to help build and maintain this type of collaborative conversations throughout project phases.

**Disclosure of Interest:** None Declared

## W0019

### Craig Driver & Ross Warren (architects) will present examples of an innovative waymaking (wayfinding) concept from a current development in Norwich, UK

R. D. Warren\* and Architecture and psychiatry - spatial mechanisms that promote social cohesion

Architecture, ARB, London, United Kingdom

\*Corresponding author.

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**Abstract:** A new interpretation of the normalised "Wayfinding" design task offers the opportunity to become an important element