

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

doi: 10.1192/j.eurpsy.2023.171

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

doi: 10.1192/j.eurpsy.2023.172

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

doi: 10.1192/j.eurpsy.2023.173

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.

doi: 10.1192/j.eurpsy.2023.174

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

of the larger clinical and architectural project for a new “core” expansion of a large regional psychiatric hospital in the South-East of the UK. We call this new approach *Waymaking*, as it goes beyond signage, leveraging our deep-set knowledge and understanding of the entire project at all scales.

Waymaking at the **Rivers Centre for Mental Health** (Rivers) begins with the exploration of movement narratives into and around its larger site. It turns a classic design task into a design opportunity on all scales, starting with an urban design and planning perspective, through to the architectural and landscape design decisions outside of the building and into the specific on-ward atmospheres in a manner integrated with the detail interior design decisions of colour, built-in-furniture and others.

Rivers has been carefully composed out of existing structures as well as smaller new-build and extension buildings. These are all set within a large, sloping site of noteworthy natural beauty. As such, Rivers can well be understood as a hillside village or campus of health - rather than as a traditional “hospital.” As a health village, Rivers provides spatial sequencing as the landscape design directly introduces a series of smaller, more human scale spaces built and natural all of which together aid in orientation and identity across the site. This will help support the daily use of the buildings by all stakeholders.

This strategy has been “baked-in” to the architectural design as well, strategically distributed retreat/recovery spaces allow for space for de-escalation or relaxation. These can be found in the form of regular niches in the hallways and “porch” entrance spaces, usually with built-in benches and bespoke lighting elements. In addition to creating orientation affordances, these also provide opportunities for neurodivergent persons (ie. ASD, learning disabilities, etc.) to better understand and master independent movement around the Centre.

Disclosure of Interest: None Declared

W0020

Mental health of internally and externally displaced persons in war period

N. O. Maruta

Department of borderline disorders, Institution of neurology, psychiatry and narcology of NAMS of Ukraine, Kharkiv, Ukraine
doi: 10.1192/j.eurpsy.2023.175

Abstract: Workshop War in Ukraine – a Big Challenge for the Mental Health Care

Abstract of presentation

Mental health of internally and externally displaced persons in war period (Ukrainian experience)

Maruta

“Institute of Neurology, Psychiatry and Narcology of the National Academy of Medical Sciences of Ukraine” State Institution

The presentation is devoted to mental health problems of internally and externally displaced persons during the war. Issues of etiology, pathogenesis and clinic-psychopathological manifestations of mental disorders in displaced persons are considered.

The main focus is on risk, anti-risk factors and stress coping strategies that prevent the development of mental disorders.

The presentation also provided a system of therapy and rehabilitation for internally and externally displaced persons, as well as an evaluation of their effectiveness.

Disclosure of Interest: None Declared

W0021

The involvement of Croatian psychiatrists in helping the displaced persons from Ukraine

M. Rojnic Kuzman^{1,2}

¹Zagreb University Hospital Centre and ²Zagreb School of Medicine, Zagreb, Croatia

doi: 10.1192/j.eurpsy.2023.176

Abstract: After two years of pandemic with COVID-19 Europe is facing a war, which has already caused numerous death and injuries, mass displacement, and aggravated the economic and energy crisis and has left most countries completely unprepared and created a humanitarian crisis. The COVID-19 pandemic crisis pointed out the unpreparedness of the health (including mental health) sectors for the emergency situations. However, we also learnt some of the practices that proved effective – including the fast creation of collaborative networks on a larger scale that also allowed fast spread of good practices and practical organisation of help. The European Psychiatric Association as well as individual national psychiatric association have started an informal network of solidarity for Ukraine on February 28th, 2022 to respond to the needs of people in Ukraine as verbalized by the Ukrainian mental health professionals, but also to the need of surrounding countries where people from Ukraine fled to. Through this network several actions, including financial support, medical donations and education. The Croatian Psychiatric Association took the lead in the organisation of education for first line helpers and volunteers from Ukraine and countries surrounding Ukraine where displaced persons fled to, in collaboration with many partners.

Disclosure of Interest: None Declared

W0022

High number of refugees in Germany - how is the mental health care dealing with this major challenge?

M. Schouler-Ocak

Psychiatric University Clinic of Charité at St. Hedwig Hospital, Berlin, Germany

doi: 10.1192/j.eurpsy.2023.177

Abstract: Europe is again confronted with a new dramatic emergency, a war which has already caused civil victims, mass displacement and even fear about a nuclear war and energy crisis. Again, Europe is facing new waves of war refugees, forcibly displaced people. There is increasing evidence that a large proportion of refugees or forcibly displaced persons suffer from the consequences of traumatic events and exhibit psychological problems or develop mental disorders, including post-traumatic stress disorder, depressive and anxiety disorders, and relapses in psychotic episodes. European countries are trying to face with an extraordinary surge