promote awareness, detection and referral of students in need of professional psychological support; b) implementation of a Student Observatory, with tracking of psychopathological symptoms, supported on the Web; c) implementation of a psychological intervention program based on a stepped care model, which will include the following progressive phases by severity: 1) digital self-help manual; 2) web-based self-help groups; 3) psychological intervention groups supported by the Web; 4) face-to-face intervention groups and 5) individual psychological intervention.

Students will be assessed before and after each step of care, with the following psychological instruments: Mental Health Inventory (MHI); Patient Health Questionnaire (PHQ-9) and Generalized Anxiety Disorder (GAD-7).

Results: The implementation of the presented methods expect to achieve improvements on HES' mental health, namely improvement of MHI, reduction of PHQ-9 and GAD-7 after each step of the psychological care.

Conclusions: The project presented encloses evidence-based interventions, with inspiration on psychoeducation and cognitive behavioral approaches, and it is expected to contribute to the improvement of mental health of HES. The results will be collected and disseminated. We encourage other researcher and clinicians to perform studies about the mental health of HES.

Disclosure of Interest: None Declared

EPV0792

Evaluation of the effectiveness of two hospitalization alternatives compared to standard psychiatric hospitalization

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Introduction: In recent years there has been an ongoing search for alternatives to psychiatric hospitalizations, which might overcome the barriers of social stigma and institutionalization. Nonetheless, there is a paucity of empirical studies which address the effectiveness of these potential alternatives as compared to the traditional medical model.

Objectives: The purpose of the current study is to compare the effectiveness of psychiatric hospitalization with two alternatives: Soteria homes, which emphasize the cultivation of empathetic and non-intrusive relations, and technologically assisted home hospitalization, which places the emphasis on the provision of psychiatric care in a manner which resembles the medical model, but in close proximity to the patient's family.

Methods: Subjects and staff completed self-report measures of their symptomatic distress, social functioning, interpersonal relations, quality of life, self-stigma, therapeutic alliance, global functioning (GAF) and positive and negative symptoms of schizophrenia (PANSS). Measurements were completed at baseline, at discharge, and at three months, half a year, a year and a year and a half after discharge.

Results: Overall, the study included 214 subjects, which were non-randomly allocated to one of the three acute care modules: psychiatric hospitalization (N=66), Soteria homes (N=94) and technologically assisted home hospitalization (N=54). The average age in the total sample was 36 years (SD=14.2) and 49.1% of them were women. The majority of patients (47.7%) were diagnosed with a psychotic or bipolar diagnosis, followed by mood disorders (29.4%), PTSD or a personality disorders (19.6%) and others (3.3%). About 68.5% earned less than the average, 10.2% earned an average salary and 21.4% earned above the average.

Conclusions: Full description of the results elaborating on the differences between treatment modules across the three acute care settings will be presented and discussed. The results of the current study can provide significant insights about the effectiveness of psychiatric hospitalization alternatives for acute mental states and can influence decision-making processes and policy trends worldwide.

Disclosure of Interest: None Declared

EPV0793

Innovative Art-based Interventions Designed to Reduce Stress and Enhance Coping Strategies

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Introduction: Short term and immediate interventions are an essential tool to combat distress in times of community crises. The combination of cognitive behavioral interventions and art practice provides a unique tool for the transformation of stressful visual images into less threatening and more manageable images. Previous research has demonstrated the efficacy of cognitive behavioral- and art-based (CB-ART) interventions in reducing distress related to different types of community crises.

Objectives: The aims of the current study were (1) to compare the effectiveness of CB-ART interventions in reducing distress associated with two types of ongoing community crises: actual war conditions and the Covid-19 pandemic; and (2) to compare the mechanisms used in these contexts to transform the stressful image associated with the community crisis into a more manageable image.

Methods: CB-ART workshops were conducted during both the 2014 Israel–Gaza conflict and the first wave of COVID-19 in Israel. The CB-ART workshops included drawing pictures related to three topics: (1) emotions and thoughts related to the ongoing community crisis; (2) coping resources; and (3) integration of the stressful image and the resource picture. To examine the intervention effect, the Subjective Units of Distress (SUDs) values of the two *affected* groups were measured using a pre-post design.

Results: In both groups participants' distress levels significantly decreased after the intervention. A significantly larger decrease was found among the group that participated in the CB-ART workshops during war conditions. The dominant compositional changes within the integrative picture that emerged in both groups included a diminished size of the stressful image; use of several mixed-sized objects scattered all over the drawing, as opposed to one large–sized object placed at the center of the drawing, which typically characterized the stress drawing; and use of lighter optimistic colors.

Conclusions: Similar mechanisms of alterations in the stressful image were found in the two groups, accompanied by reduced distress, as depicted by the SUDs values reported by the participants. Future studies would benefit from examining the effectiveness CB-ART interventions in reducing stress and enhancing coping strategies during additional community crises.

Disclosure of Interest: None Declared

EPV0794

Healthy architecture map and architecture health indices in healthcare environments for mental disorders in the era of wellness revolution

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Introduction: Well-being encompasses positive emotions and good physical health as well as, positive meaningful social relationships and connections or social well-being. Philosophies about the healing powers of nature, the value of spaces as a determinant of health and the impact of design of buildings on human health and wellbeing can be traced back for centuries. Bringing hospitality experience to inhospitable environments and humanizing' healthcare environments according to a healthy architecture map and architecture health indices become currently an emergency to improve to improve the health of architectural environment and to promote the social and human wellbeing, in particular in healthcare environments.

Objectives: Given the increase in mental and social health problems, We aim through this review of literature to identify as architect what is a healthy architecture map and what are the architecture health indices in healthcare environments, in particular in hospitals for mental disorders.

Methods: We comprehensively review the scientific literature using Pubmed database and Google scholar to state the presence of consensual healthy architecture maps and architecture health indices in mental healthcare environments.

Results: Our bibliographic review revealed that, more than for other buildings, the construction of a hospital is extremely constrained involving highly complex program and multifaceted and interconnected factors with which the architect must deal. Medical and technological progress as well as the strong involvement of the healthcare personnel, who are requested, to turn towards the patient who must be at the heart of the medical and the space process make the program more complex. This lead all professionals, to have a deep reflection on the various and multi-layered challenges of the transformation of the hospital landscape especially when it is designed for patients with mental illnesses.

Conclusions: At this era of wellness revolution and precision medicine, despite some ambitious projects there are not yet a consensual healthy architecture map and precise architecture health indicators focusing on how the architectural composition of a mental health hospital may be planned.

Disclosure of Interest: None Declared

EPV0795

Architectural health indicators and the Building Information Model (BIM): Are they relevant to mental health?

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Introduction: BIM for Building Information Modeling is a process that ensures the planning, design, and construction of buildings in an efficient collaborative manner. BIM software encompasses computer files, which can be extracted, exchanged or networked to support decision-making regarding a built asset. It provides physical and functional/semantic digital data representations for building components as a single point of accuracy for all system users. As the design of the built environment plays an important role as a determinant of health, architectural health indicators provide quantitative and empirical data upon which all operators such as architects, customers, BIM users and other stakeholders (public health advisors, construction professionals, healthcare providers, social prescribers, etc.) might monitor and assess the healthiness of architectural design.

Objectives: The objective of this research is to explore the current state of knowledge about architectural health indicators for use in BIM models that address mental health and diseases.

Methods: We comprehensively reviewed the scientific literature using PubMed and Google Scholar as well as electronic bibliographic databases to assess architectural health indicators currently in use by the BIM process, to explore their potential usage and to state the value of indicators focusing on factors affecting mental and social health.

Results: Our bibliographic review revealed that used architectural health indicators in BIM computer systems are very limited. Most of them addressed communicable diseases through simple measurements e.g., air and water quality, etc. However, there is a gap in architectural health indicators pointing non-communicable diseases and their poor health outcomes. Very few indicators focusing on factors affecting mental and social health have been considered in scientific literature.

Conclusions: The research reveals serious gaps in architectural health indicators that address mental health. As there is worldwide a decline of the mental health and given the increase in mental and social health problems, there is an urgent need to address this situation through the incorporation of mental health data, mental disorders and mental disabilities data to enrich the health information of the BIM models and provide an efficient decision support.

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