

EPV0796

Promoting health and wellbeing through building the relationship with built and cultural heritage

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doi: 10.1192/j.eurpsy.2023.2100

Introduction: For over two decades, much has been written about the role of heritage buildings and historic places on individual and societal well-being. Numerous manuscripts have been devoted to study the relationship between built and cultural heritage and well-being and to decrypt their mental and physical health benefits at the personal and societal levels. Other studies have focused on the diverse types of heritage experiences that enable these health benefits, ranging from perceptions, to the individual and societal engagements through exposure, protection and conservation of historic places and environment. Social benefits encompass enhancing of collective memories and identities, sharing experiences, social interaction, creative opportunities, etc.

Objectives: The objective of this research is to explore the relationship between personal and societal health and well-being, and cultural heritage. The main objective is to disclose international strategies and programs for assessing and promoting heritage-led wellbeing benefits.

Methods: We comprehensively reviewed the scientific literature using qualitative data-analysis methods to state, international frameworks for promoting heritage-led wellbeing benefits.

Results: Our bibliographic review revealed that there has been rising recognition that the conservation of cultural heritage is not just about the preservation of materials, but rather about safeguarding and sharing heritage for the improvement of people's lives. According to the WHO, culture and cultural heritage are recognized as fundamental determinants of what makes personal and social lives meaningful. Consequently, many countries such as the UK and Canada, have developed people centred approaches achieved by local authorities as a means of ensuring inclusivity and diversity, so that heritage is able to contribute to people's wellbeing. Politically, few agendas promoting wellbeing and engagement with the historic environment included guidelines of community-oriented projects and management systems that benefit people with building the relationship between people and place, while demonstrating the public value of the historic environment.

Conclusions: All professionals, at the architectural and urban level, as well as health and psychology level should have awareness about the concept of heritage-led wellbeing benefits and strategic views of the value of cultural heritage as process, as participation, as mechanism, as healing, as place and as environment to raise the planned positive effects by local authorities when promoting the perception of the role of cultural heritage in health and wellbeing.

Disclosure of Interest: None Declared

EPV0797

Assessing and Supporting Mental Health Outcomes Among Adolescents in Urban Informal Settlements in Kenya and Uganda

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doi: 10.1192/j.eurpsy.2023.2101

Introduction: Mental health problems among adolescents have been on the rise particularly among adolescents in sub-Saharan Africa (SSA) due to impoverished living conditions and a high burden of chronic diseases including HIV/AIDS. COVID-19 pandemic has further exacerbated the risk and placed additional stress on adolescents' mental health. While the burden might be high, there are fewer mental health services in the region.

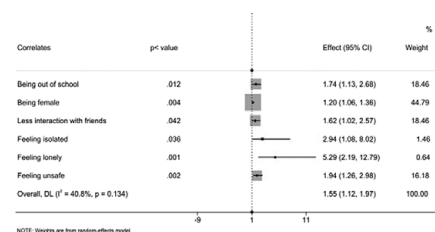
Objectives: To evaluate the psychological and mental well-being of adolescents living in and co co-design with civil society organizations (CSOs) interventions aimed at enhancing mental health and psychosocial well-being.

Methods: Firstly, we conducted a formative phase to assess the burden of various mental health problems in Kenya. We conducted a cross-sectional survey in which we assessed the mental health status of 1541 adolescents using standardized tools. The participants comprised in and out of school adolescents, adolescents with disability, and those living with HIV/AIDS. Furthermore, we undertook a qualitative study through FGDs and KIIs to identify the factors contributing to mental health problems.

Secondly, we aim to adapt interventions that seek to promote mental health. Finally, we aim to implement effective mental health interventions targeting over 2000 adolescents living in Kenya' informal settlements.

Results: We found the prevalence of depression to be higher among out-of-school adolescents at 36.0% compared to school-going adolescents at 20.6%. Furthermore, out-of-school adolescents had statistically significantly higher anxiety scores as well at 27.7 % when compared to their school-going counterparts at 19.1%. In-school adolescents had a better quality of life scores, lower pandemic anxiety scores, and lower emotional scores compared to their out-of-school counterparts. Results from regression models indicated that being out of school, having a COVID-19 infection, having poor relationships with parents and peers, loneliness, and living in an unsafe neighborhood were factors associated with poor mental health outcomes. During the qualitative interviews, participants noted that COVID-19 brought about financial stress, joblessness, led to early pregnancies, involvement in commercial sex work by adolescents, school dropouts, lead to stress, and depression among other issues.

Image 3:



Conclusions: Adolescents, especially those out of school are at a high risk of poor mental health outcomes due to exposure to a host of psychosocial risk factors. We have identified two interventions that we are keen to implement: the Shamiri Wellness Intervention (<https://www.shamiri.institute/the-shamiri-intervention>) and the Mental Health Literacy Programme (<http://mental-healthliteracy.org/>). We hope that by working with CSOs, the study will support the development of their capacity to offer mental health services that are sustainable, and contextually appropriate.

Disclosure of Interest: None Declared

EPV0798

Community resilience and associated factors in Fort McMurray a year after the devastating flood

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doi: 10.1192/j.eurpsy.2023.2102

Introduction: A natural disaster like flooding causes loss of properties and evacuation and effective mental health. Resilience after natural disasters is a crucial area of research which needs attention.

Objectives: To explore the prevalence and associated factors of low resilience a year after the 2020 floods in Fort McMurray.

Methods: A cross-sectional study was conducted in Fort McMurray using online surveys. The data were analyzed with SPSS version 25 using univariate analysis with the chi-squared test and binary logistic regression analysis.

Results: The prevalence of low resilience was 37.4%. Respondents under 25 years were nearly 26 times more likely to show low resilience (OR= 0.038; 95% CI 0.004 - 0.384). Responders with a history of depression and anxiety (OR= 0.212; CI 95% 0.068-0.661) were nearly four to five times more likely to show low resilience. Similarly, respondents willing to receive mental health counselling (OR=0.134 95%CI: 0.047-0.378) were 7.5 times more likely to show low resilience. Participants residing in the same house before the flood were almost 11 times more likely to show low resilience (OR=0.095; 95% CI 0.021- 0.427), and support from the Government of Alberta was a protective factor.

Conclusions: The study showed demographic, clinical, and flood-related variables contributing to low resilience. Receiving support from the Government was shown to be a protective factor against low resilience. More robust measures must be in place to promote normal to high resilience among flood victims in affected communities.

Disclosure of Interest: None Declared

EPV0799

Appropriate Therapeutic Disclosures in Improving Client Engagement in Mental Health Management

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doi: 10.1192/j.eurpsy.2023.2103

Introduction: As psychiatrists, we are taught not to disclose and to present a blank canvas to the client

Should mental health professionals be reconsidering this stance if aiming to effectively manage their clients who live in a world that promotes vulnerability and lived experience as powerful therapeutic strategies?

Objectives: Promote mental health and remove the shame and stigma limiting client engagement by advocating for 'real' psychiatrists

Methods:

- Discuss therapeutic disclosure and its history
- The impact of social media and current trends in mental health promotion
- Suggestions for improving client engagement through reclaiming the expert role in mental health promotion and the value of sharing lived experience within professional boundaries. To

Results:

- Clients improve communication and openness
- Mental health engagement promoted and encouraged

Conclusions: Clients respond favourably to psychiatrist vulnerability and authenticity with therapeutic disclosures

Disclosure of Interest: None Declared

EPV0800

Psychological Distress and coping strategies of patients with Chronic Diseases

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doi: 10.1192/j.eurpsy.2023.2104

Introduction: According to international research, chronic diseases affect people's life expectancy. There are many risk factors for Chronic Disease, both communicable and non-communicable. Chronic Disease can cause a variety of problems for the person suffering from it, such as physical, social and psychological distress. Therefore, patients' coping strategies can affect their quality of life and the progression of the disease

Objectives: This research aimed to investigate the relationship between Coping Strategies of patients with Chronic Diseases and their Psychological Distress experienced as a consequence of the disease.

Methods: Survey participants were recruited via social media groups for chronic disease. So, 106 people suffering from diseases,