

**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.

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## 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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