

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

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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

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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

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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

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