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

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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.

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

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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:

