such as diabetes, arthritis, asthma, Multiple Sclerosis and other disabilities were involved in the study and were asked to respond to an internet-based questionnaire consisted of demographic questions and two scales: (1)Toulouse's Scale for Coping, (2) Kessler Psychological Distress Scale (K6).

Results: From the results derived by correlating specific parameters and factors such as gender, occupational status, marital status, educational level, place of residence and age, it was found that Chronic Disease's management is related to psychological distress of patients. Namely, withdrawal and denial were associated with negative mental health state. Therefore, participants' psychological distress and the strategies they chose to cope with their chronic illness were determined by a reciprocal relationship.

Table 1: correlations of coping strategies with psychological distress

Correlations	NERVOUS	DESPAIRED	RESTLESS OR HYPERACTIVE	NOTHING CAN MAKE YOU HAPPY	EVERYTHING NEEDED MORE EFFORT
FOCUS	.227*	.234*	0.155	.250**	.240*
SOCIAL SUPPORT	0.036	0.052	0.093	0.132	0.080
WITHDRAWAL	.536**	.466**	.418**	.551**	.457**
CHANGE	0.023	-0.177	-0.114	-0.009	0.035
CONTROL	-0.082	-0.156	-0.056	-0.083	0.082
DENIAL	0.167	0.173	0.183	.276**	<u>.316</u> **

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Conclusions: In light of the results, psychoeducational interventions aimed at alleviating psychological distress in patients with chronic diseases and improving their coping strategies are crucial.

Disclosure of Interest: None Declared

EPV0801

Positive Psychiatry: An Essential Tool to Treat Mental Health in the COVID-19 Era

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doi: 10.1192/j.eurpsy.2023.2105

Introduction: Positive psychiatry is broadly defined as the science of understanding and promoting well-being through interventions that involve positive psychosocial characteristics (PPCs) in people suffering from, or are at high risk of developing mental and physical illnesses (Jeste et al. JCP 2015; 76 675-683). Over the past 3 years, as the pandemic tested the limits of what our minds and bodies can handle, there has been an upward trend in the incidence of mental health conditions, including overdoses, suicide, and substance use (Czeisler et al. MMWR 2020; 69 1049-1057). COVID-19 has high-lighted the relationship between the environment and individual mental health, most notably as people have faced increased social isolation, loneliness, and stress (Jeste. SB 2022; 48 533-535). The

tools of positive psychiatry can be utilized to further address and target these deteriorations in mental health in hopes of improving outcomes.

Objectives: To educate about the modality of positive psychiatry and how it can be an especially critical tool in treating mental health in the post COVID-19 era. To advocate for the incorporation of positive psychiatry practices into the training curriculum of mental health care providers.

Methods: A literature review was conducted using Google Scholar and Pubmed databases with the term "positive psychiatry" in the title. The search showed 26 results, including 6 systematic reviews and 1 clinical trial. Subsequent searches of "COVID-19" and "mental health" were conducted to create formulations and recommendations for the post COVID-19 era.

Results: Growing evidence shows that PPCs are modifiable constructs that may be associated with improved mental and physical health outcomes. Research during the pandemic has demonstrated that PPCs such as resilience and optimism moderated the trajectory of OCD, depression, and anxiety, and that those with more resilience and optimism displayed lesser decline in their function (Hezel et al. JPR 2022 150 165-172). Beyond mental health, various PPCs, such as social support, have also shown positive outcomes in medical conditions such as hypertension and cardiovascular disease, and ultimately improved well-being (Jeste et al. JCP 2015; 76 675-683).

Conclusions: Based on our literature review, practices of positive psychiatry in conjunction with traditional psychiatry can serve as an invaluable modality in treating patients with various psychiatric conditions and improve mental health outcomes. These positive factors have historically been under-recognized among individuals with or at-risk for mental illnesses. As social distancing, fear of the "unprecedented" and loss of agency became more prevalent over the past couple years, the need for tools to target these notions increases. Further research into optimal incorporation of positive psychiatry into routine clinical practice can help address the trends in mental health brought on by the pandemic.

Disclosure of Interest: None Declared

EPV0802

Architecture and mental health wellbeing versus architecture therapy for mental disorders

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Introduction: Architecture is a particular art as well as a transversal science that evolves according to multiple variables that call upon, aesthetics, sociology, political science, technology, history, cultures, economy, tourism, as well as the satisfaction of human needs and the physical/psychological health. It addresses the four senses of human and it humbly configures man's environment, constitutes the set or the framework in which he evolves and in which he becomes an actor, both overwhelming and magical as Aldo Rossi says (1981).

Objectives: We aim through this review to show how does architecture affect human mental health wellbeing and what can we do to create a therapeutic architecture.

Methods: We comprehensively review the scientific literature using Pubmed database and other search platforms such as Google scholar to state the relationship between architecture and human mental health wellbeing and to delineate the meaning of architecture therapy in the field of mental disorders.

Results: Our bibliographic research revealed that Architecture and mental health are directly linked and that the concept of therapeutic architecture or architectural therapy has been generated in 1984 by Roger Ulrich, Professor of Architecture at the Centre for Health Design in Sweden to designate the influence of the environment on the healing and recovery process of patients. In fact, Architecture has the ability to create meaningful spaces. Churches, mosques and cathedrals planned centuries ago are a testament to architectural wonders, as they evoke a sense of magnificence, royalty, glory, serenity and tranquility. The intriguing details of these spaces were meant to induce positive feelings and emotions and are considered architectural masterpieces to this day, as they continue to fascinate humans around the world. In the other hand, many studies showed the positive effect of nature (therapeutic horticulture) and exposure to the outdoors; towards distraction from stress and anxiety levels of patients in a Health care setup. Recent studies analyzed how Architecture and interior design (safety and security, noise and external stressors, space and interior layout, nature, lighting and atmosphere, art, community, etc...) are important not only for the well-being of patients in health care centers, but also for humans in general in their living environments.

Conclusions: Mental health is impacted by different aspects of architecture and design. Incorporating elements such as natural lighting, open floor plans, private and open community spaces, artwork, safety procedures, and nature/views of nature, provides a supportive environment for the mental well-being and the treatment of mental disorders.

Disclosure of Interest: None Declared

EPV0803

Street play, wellbeing and mental health from childhood into adulthood

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Introduction: There is growing interest in the role of children's play in supporting children's mental health. Children's opportunitities for play vary according to the space available to them for play, with more adventurous play happening outdoors (Dodd et al., 2021). The area close to children's home, such as the street outside their home, can provide an important play space but, with increasing traffic, there has been a decrease in the use of local streets for play over the past generation or two. At the same time we have seen significant increases in children's mental health problems.

Objectives: Our objectives were: 1) to examine how trends in street play have changed over time; 2) to examine how children's self-reported wellbeing is associated with their use of streets for play; 3)

to examine how adult mental health is associated with their childhood street play experiences.

Methods: Working in collaboration with Save the Children and Play England, we surveyed a nationally representative sample of 1000 children and young people aged 6-16 years, 1000 adults aged 18+ and 1000 parents of children aged 6-16 years about children's play in their local area and their memories of play during their own childhood. All participants also completed measures of wellbeing (children) or mental health (adults). Participants were recruited from Great Britian.

Results: We found striking differences in the use of streets and local areas for play. For example, across all adults, 62% told us that they regularly played out in their street or area close to home as a child. In contrast 27% of children told us that they regularly play out now. By breaking down the proportion of participants who said they regularly played in their street or local area by their age group, their is a clear decline in outdoor street play over the past 70 years. We asked children about their wellbeing using the Stirling Children's Wellbeing Scale. Children who said that they regularly played out in their street had higher levels of positive emotion but this was only true for children under 13 years. Adults who told us that they regularly played out in their street or area close to their home as a child had better mental health as adults (lower scores on the K6). Similarly, adults who told us that there was freedom for children to go and explore in the neighbourhood they lived in as a child had better mental health as adults.

Conclusions: Taken together these findings suggest that being able to play in the street or area close to home is linked to wellbeing during childhood and early adolescence and further, that having these expriences during childhood may be beneficial for mental health into adulthood. This indicates that when considering how to support the development of good mental health we should keep in mind the importance of children's opportunities for play and the role that access to their local environment plays in supporting play.

Disclosure of Interest: None Declared

EPV0804

Dispositional Optimism in Christian Populations Compared to other Religious Groups: a Scoping Review

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doi: 10.1192/j.eurpsy.2023.2108

Introduction: There are various ways people cope with life events. One can expect generalized positive or negative outcomes across various life domains, called dispositional optimism. This can be explained by attribution theory: how people explain past events, their causations, and outcomes. Understanding attribution styles is important to help people reframe current circumstances and improve mental wellbeing. Our hypothesis is that people of different religious groups may exhibit various levels of optimism and pessimism based on their values, teachings, and practices. Previous research has found that people of Christian faith, or those with a religious faith in general, look to their religion as a way of coping during life adversities. Certain religious practices such as prayers and Church gatherings have been found to improve mental health