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**Buildings as reflectors of societal values: what features of psychiatric wards reveal about stigma**

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Built Environment (BE) features bearing domestic attributes align with the concept of psychosocial re-integration. To understand the level of de-institutionalisation in relation to mental health infrastructure, a series of 29 case studies occurred in four countries from 2000 onwards. We collected data from Europe, the UK, New Zealand and more recently in the US: England (n = 15), France (n = 5), New Zealand (n = 4) and the US (n = 5). This included five acute wards in England and five in France in 2000-2004, two further acute wards in England in 2015-2017, four facilities in New Zealand in 2017-2020 (catering also for the Māori population), six further wards (older adult rehab, older adult dementia, acute, rehab, PICU, older adults) and two forensic wards in England and five wards in the US in three different hospitals (one mental health and four mental health wards in general hospital: two adult and two adolescent) in 2023-2024. An architectural checklist was developed to evaluate the traits of the exterior and interior and measure the degree of institutionalisation vs homelikeness for mental health buildings. Cross-country comparison revealed recent case studies to be closer to the institutional end with increased anti-ligature features. Most NZ and the US samples were the most institutional ones. The checklist revealed that acuity was potentially not a determinant of institutional versus domestic buildings. Data shown that very few features were universally present, questioning what is the absolute minimum in relation to the illness rather than the policies. The US sample provides further food for thought, especially in relation to the location of psychiatric wards inside general hospitals and the reasons that lead to this. Finally, by looking at the BE for mental health, we uncover issues regarding the service provision and institutional prejudices connected to stigma. This questions the adequacy of de-institutionalisation policies in certain contexts.

**Key messages:**

- The study of the architecture of healthcare facilities can depict aspects related to the health service provision and raise questions about the effectiveness of rehabilitation strategies.
- The architecture of psychiatric wards questions the success of some de-institutionalisation decision-making in a cross-country comparison.