

health professionals are not necessarily the care providers they feel comfortable engaging with. However, they described their experience with the peer program as highly positive, empowering, safe, non-judgmental, and beneficial, satisfying their support needs. The program gave them hope and tools to manage their mental health challenges and opportunities to gain insight into non-clinical aspects of recovery. Participants conceptualised personal recovery in their own words and described the facilitators and barriers to their recovery. They emphasised that recovery is being empowered, strong within themselves and the leader of their journey, living their best possible life, understanding themselves, having the necessary knowledge about mental health, and looking forward in a hopeful way.

Conclusions: Our findings highlighted the demand and need for ongoing delivery of the RT program in the NT, which was highly effective in supporting personal recovery, addressing the service delivery gap and complementing the available clinical and mental health practices. They also showed the importance of providing recovery-oriented and trauma-informed education for medical and mental health professionals.

Disclosure of Interest: None Declared

EPP0034

The impact of clinical context on the recognition of facial expressions

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Introduction: Several authors have demonstrated the relevance of the therapist sensitivity to the affective expression of his client (Merten & Schwab, 2005; 150-158), as well as to his own emotional experience (Haynal-Raymond et al., 2005;142-148) in order to build a more effective therapeutic relationship, and results. An important source of information to decode the emotional expression hints is the face, and its expression (Ekman & Friesen, 1975; Russel & Fernández-Dolls, 1997;275-294). Despite common sense saying that context is relevant to understand the meaning of the emotional facial expression, the literature review shows inconsistent results.

Objectives: The main goal of this study was to evaluate the impact of clinical context over the perception of the emotional facial expression.

Methods: This study followed a within-subjects design, and its sample consisted of 60 clinical psychologists. 21 combinations of prototypical expression images with mixed emotional signals, and clinical information texts were presented to the participants. Then their judgement on the type of emotion displayed was requested. The presentation of the text-image pairs was randomized between three conditions: consistent, and non-consistent, and neutral.

Results: The results suggest that emotions are more easily recognized in the presence of a concordant context than a non-concordant or neutral one, and that the greater the similarity

between the facial expression of the image presented and the face prototypically associated with the context, the greater the influence of the context.

However, In the recognition of mixed emotional signs, there was greater recognition of signs of anger in the facial expression, as a non-dominant emotion, when in the presence of the neutral story than of the story that agreed with the dominant emotion (sadness). There was also greater recognition of sadness, as a non-dominant emotion, in the presence of a story in agreement with fear than in the presence of a neutral story. There was also a statistically significant increase in the attribution of anger to images in which it is not present and whose dominant emotion is fear, when associated with a context of aggression vs. a neutral context.

It was also found that there was a significant decrease in the attribution of fear to the sadness-anger image (25%-75%) in the presence of the aggression context compared to the neutral and panic contexts. There was also a statistically significant decrease in the attribution of sadness to an image of fear in the neutral context compared to the other contexts (panic and aggression).

Conclusions: In conclusion, our study have shown an impact of context over overvaluation or the undervaluation of the emotional facial expression as well as either with prototypical expressions or the mixed emotional signals when referring to sadness, fear, and anger. Thus, mental health clinicians should consider the influence of these contexts.

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EPP0035

Guidelines of inclusive architecture design for autism spectrum disorder: What is new?

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Introduction: Autism spectrum disorder (ASD) is a complex neuro-developmental condition. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), restricted interests and repetitive behaviors and difficulties with social communication and interaction characterize ASD. Different ways of learning, moving, or paying attention are related to the degree of impairments. By reducing environmental and social obstacles in school, work, and other areas of life, architecture could play a pivotal role in helping people on the spectrum become more independent and acquire more abilities.

Objectives: The aim of this study was to outline the recommendations and guidelines of the inclusive architecture design for ASD.

Methods: We conducted a comprehensive review of the scientific literature using the following keywords: inclusive design, architecture, autism or ADS.

Results: Our research found that the Autism ASPECTSS design index reported in 2013 by Magda Mostafa from Canada, which was based on the sensory design theory, is the world's first set of evidence-based design guidelines for managing built environments to serve ADS individuals interaction, particularly in schools and