

Twenty-one percent (21%) of patients reported infection with COVID-19 and 3.1% required hospitalization.

Forty-six percent (46%) had an infected family member and 2.5% had a death in the family caused by COVID-19.

The rate of access to vaccination among our patients was 73.0%. The majority received 2 doses (60.0%), and they were vaccinated on their own initiative (68.0%) and by appointment (71.4%).

Conclusions: The disability presented by mental disorders, particularly psychotic disorders, can expose patients to marginalization. Indeed, patients with severe mental disorders could constitute a vulnerable population to COVID-19 infection because of their difficulty in accessing care, especially during the COVID-19 pandemic, hence the recommendations.

Particular attention must always be paid to patients with mental health disorders, regarding their access to care and the promotion of health for this population.

Disclosure of Interest: None Declared

EPP0155

How the COVID-19 Pandemic affected the Bereavement Process

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Introduction: The COVID-19 pandemic has caused millions of deaths worldwide. However, unlike a natural disaster, it has also affected end-of-life care and funeral rites through social restrictions.

Objectives: Understand how the COVID-19 pandemic affected the grieving process.

Methods: A PubMed literature search for all relevant studies was conducted using terms such as “prolonged grief disorder”, “grief”, “mourning”, “bereavement” and “COVID-19”. The articles were selected after two different analyses, a first one based on their titles and abstracts and a second one based on their full texts.

Results: Based on the evidence extracted from these articles, it is clear that the COVID-19 pandemic has had an important effect on the bereaved population. More specifically, several articles found there to be an increase in the prevalence of severe grief symptoms caused by deaths that occur during the pandemic period, regardless of cause of death (Eisma and Tamminga 2020, Tang and Xiang 2021, Breen, Mancini et al. 2022, Downar, Parsons et al. 2022, Gang, Falzarano et al. 2022). These results were explained by the disruption of the grieving cycle due to social restriction which occurred during the pandemic period. These restrictions prevented the bereaved person from saying goodbye and being present at the time of death, holding mourning ceremonies, as well as having the needed social support during the mourning period (Goveas and Shear 2020, Kokou-Kpolou, Fernández-Alcántara et al. 2020, Mortazavi, Assari et al. 2020, Tang and Xiang 2021, Downar, Parsons et al. 2022). Regarding causes of death, the results were inconsistent, namely one study found to be higher grief levels associated with COVID-19 deaths when compared to natural causes, but not when compared to unnatural deaths, such as accidents and homicides (Gang, Falzarano et al. 2022). While another study found COVID-19 deaths caused are severe grief reactions when compared to natural deaths (Eisma and Tamminga 2022).

Conclusions: The COVID-19 pandemic has increased the prevalence of severe grief symptoms and therefore it is important for the scientific community to be sensitized to this effect. However, there is still a lack of studies concerning this theme, which are essential to define a course of action.

Disclosure of Interest: None Declared

EPP0156

PTSD and post-traumatic growth among healthcare workers during COVID-19

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Introduction: The COVID-19 pandemic has strongly impacted mental health outcomes of healthcare workers (HWs). In spite of the large literature reporting on Post-Traumatic Stress Disorder (PTSD) symptoms, only a few studies focused on potential positive aspects that may follow the exposure to the COVID-19 pandemic, namely post-traumatic growth (PTG) among HWs.

Objectives: In a large sample of Italian HWs, we aimed to investigate the prevalence of PTSD, its correlates and whether PTG dimensions independently affect the risk of PTSD during the first COVID-19 wave.

Methods: An online self-report survey was submitted to HWs throughout physicians’ and nurses’ associations, social networks and researchers’ direct contacts, between April 4th and May 13th, 2020. Sociodemographic data, information about possible COVID-19 related stressful events, Impact of Event Scale-Revised (IES-R) and PTG Inventory-Short Form (PTGI-SF) scores were collected. IES-R and PTGI-SF scores were compared between subjects based on main sociodemographic, work- and COVID-19-related variables using the Student T-test or the one-way ANOVA where appropriate. Post-hoc comparisons were conducted using the Tukey test. Participants with total IES-R score >32 were assigned a provisional PTSD diagnosis and binary logistic regression analysis was conducted to investigate the contribution of each variable to the provisional PTSD diagnosis.

Results: Out of 930 respondents, 256 (27,1%) reported a provisional PTSD diagnosis. Female sex ($p<.001$), separation from cohabiting family ($p<.001$), family members infected with ($p<.05$) or deceased due to ($p<.05$) COVID-19, increased workload ($p<.05$), relocation to a different work unit ($p<.05$) and unusual exposure to suffering ($p<.001$) were significantly associated with higher IES-R mean scores. The median PTGI-SF score was 24. Factors associated with greater mean PTGI-SF scores were female gender ($p<.001$), being a nurse ($p<.05$), being older than 40 years ($p<.05$), and increased workload ($p<.05$). The logistic regression model showed that previous mental disorders ($OR=1.65$; 95% $CI=1.06-2.57$) working in medical ($OR=2.20$; 95% $CI=1.02-4.75$), or service units ($OR=2.34$; 95% $CI=1.10-4.98$) (compared to frontline unit), relocation to a COVID-19 unit ($OR=1.90$; 95% $CI=1.06-3.36$), unusual exposure to suffering ($OR=2.83$; 95% $CI=1.79-4.48$) and exposure to a traumatic event implying threat to self (compared to other work-related events) ($OR=2.07$; 95% $CI=1.10, 3.89$) significantly increase the risk of receiving a provisional diagnosis of PTSD, while

the availability of personal protective equipment (OR=.61; 95% CI=.40-.94) and moderate or greater scores on PTGI-SF, particularly in the spiritual change domain (OR=.552; 95% CI=.35-.85), were found to be protective factors in relation to the PTSD diagnosis.

Conclusions: Our results shed light on possible protective factors against PTSD symptoms in HWs facing COVID-19 pandemic.

Disclosure of Interest: None Declared

EPP0157

One year later: mental health among employees in long-term care of the elderly after COVID-19 in Italy

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Introduction: The COVID-19 emergency have imposed a great burden on the Italian health and social health system. In this context, healthcare workers (HCWs) have been exposed to high levels of stress. While many studies addressed the consequences of COVID-19 on hospital workers, little interest has been devoted to the employees of nursing homes.

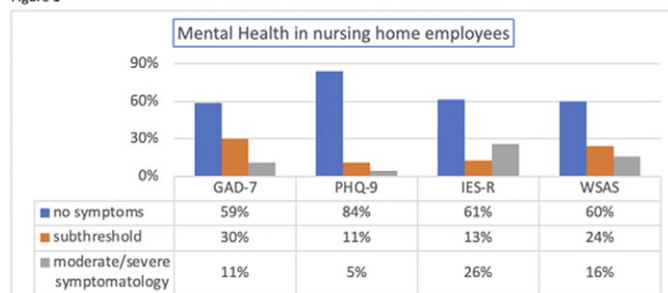
Objectives: To evaluate levels of depressive, anxious and post-traumatic symptoms in a population of nursing homes workers in Italy one year after the begin of the pandemic.

Methods: The research involved 177 nursing homes, to evaluate the Mental Health outcome of the COVID-19 pandemic 12 months after the first lockdown on a large sample of workers. Participants answered a self-assessment tools aimed to assess the level of trauma experienced, the level of anxiety and depression, the quality of professional life and social and work adjustment.

Results: A consistent level of psychological suffering in the HCWs 12 months after the first lock-down and after the third wave of Covid-19 is highlighted, in accordance with what has been observed in similar research. It turns out that about 30% of subjects, more often women, have elements suggestive of symptoms related to PTSD, with moderate levels of anxiety. On the other hand, 15% of the sample presents moderate levels of depressive symptoms and a severe impact on social and occupational functioning. Of these about 40% of staff has significant interference and just over 15% has a severe impact (see figure 1).

Image:

Figure 1



Conclusions: Interventions tailored to support mental health are needed not only for HCWs from hospital units but also for those working in nursing homes and long-term care units.

Disclosure of Interest: None Declared

EPP0158

Mental health and COVID-19 in university students: a qualitative study comparing Italy and the UK

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Introduction: The worldwide spread of the COVID-19 pandemic affected all major sectors, including higher education. The measures to contain this deadly disease led to the closure of universities across the globe, introducing several changes in students' academic and social experience. During the last two years, self-isolation together with the difficulties linked to online teaching and learning, have amplified psychological burden and mental health vulnerability of students.

Objectives: We aimed to explore in depth students' feelings and perspectives regarding the impact of the COVID-19 on their mental health and to compare these data among students from Italy and the UK.

Methods: Data were resulting from the qualitative arm of "the CAMPUS study", a large ongoing project to longitudinally assess the mental health of university students enrolled at the University of Milano-Bicocca (Unimib, Italy) and the University of Surrey (UoS, Guildford, UK). We conducted in-depth interviews through the Microsoft Teams online platform between September 2021 and April 2022, and thematically analysed the transcripts.

Results: A total of 33 students (15 for Unimib and 18 for UoS), with a wide range of sociodemographic characteristics, were interviewed. Four themes were identified: i) impact of COVID-19 on students' mental health; ii) causes of poor mental health; iii) most vulnerable subgroups; vi) coping strategies.

Anxiety symptoms, social anxiety, and stress were frequently reported as negative effects of the pandemic, while the main sources of poor mental health were identified in loneliness, exceeding time online, unhealthy management of space and time, bad organization/communication with university, low motivation and uncertainty about the future. Freshers, international or off-campus students, as well as both extremely extroverted and introverted subjects, represented the most vulnerable populations, because of their extensive exposure to loneliness. Among coping strategies, the opportunity to take time for yourself, family support, and mental health support were common in the sample.

Some differences were found comparing students from Italy and the UK. While at Unimib the impact of COVID-19 on mental health was mainly described in relation to academic worries and the inadequate organization of the university system, UoS students,