

EPP0026

Child abuse during COVID-19 pandemic: what we can seeF. Reina^{1*} and F. Vitrano²¹Università degli studi di Palermo, U. O. Child Neuropsychiatry Unit, Policlinico Paolo Giaccone, Palermo, Italy and ²ASP 6, Eiam, Palermo, Italy

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Introduction: COVID-19 caused an ongoing health emergency that rapidly spread worldwide, so all countries adopted exceptional health measures to reduce disease's transmission. The stress caused by pandemic presents increasing risks for family violence and for child abuses. Interinstitutional Equips of Abusive and Maltreatment (IEAM) deals with the management of abusive families in Palermo's territory. IEAM starts evaluations after the interventions of the court solicited by a complaint filed by teachers, law enforcements or members of the family. IEAM is formed by consultations in maternity ward, child welfare service and school educational psychologists.

Objectives: The purpose of this research was to evaluate the variations of child abuse and maltreatment reported during local and National lockdown due to pandemic. Reported cases were compared with the previous year.

Methods: The authors collected data of IEAM's advisory from January 2019 until August 2021. The number of cases was evaluated monthly.

Results: We observed 124 cases in 2019, 145 in 2020 and 94 until August 2021. Advisory reductions coincided with the service activity reduction in August of every year and in March 2020 when Italy declared national lockdown. Social isolation represents a risk factor for child abuse. Although the increase of cases was quite stable, there are reasons to speculate that the reporting of child abuse and maltreatment decreased since home isolation hampered the access to responsible services.

Conclusions: School closure together with the strong reduction of social care and monitoring during and after lockdown might have increased the domestic violence. Lastly, the child abuse may be underreported despite the effective increase.

Disclosure: No significant relationships.

Keywords: child welfare service; home isolation; Child abuse; Covid-19

EPP0025

Cognitive Trajectory of COVID-19 and Long COVID in Adult SurvivorsK. Vakani^{1*}, M. Ratto², A. Sandford-James², E. Antonova¹ and V. Kumari¹¹Brunel University London, Centre For Cognitive Neuroscience, London, United Kingdom and ²Beingwell, Thinkingwell, Sheffield, United Kingdom

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Introduction: Cognitive functioning and psychological well-being are considered negatively affected by COVID-19. An estimated

15%-40% of COVID-19 patients report disrupted cognitive performance. Higher rates of anxiety, depression and sleep disturbances are also reported post infection.

Objectives: We examined the profile of cognitive changes in a group of adults with a confirmed COVID-19 diagnosis, compared to those without a COVID-19 diagnosis (cross-sectional between-subjects investigation); and for a subgroup, compared to their pre-COVID-19 cognitive function (longitudinal within-subjects investigation).

Methods: One hundred and twenty-one adults (57 with no known history of COVID-19; 64 with confirmed COVID-19; 17/64 with long COVID symptoms) were assessed online for psychological well-being and cognitive function (attention, processing speed, working memory, episodic memory and executive function). Pre-COVID-19 cognitive data were available for 56 of 121 adults (24 adults with a confirmed diagnosis of COVID-19; 22 with no known history of COVID-19) through the MyCognition database.

Results: The COVID-19 group showed reduced processing speed in both cross-sectional and longitudinal investigations, and also showed significant attentional impairment when examined cross-sectionally. Five long COVID symptoms (abdominal pain, chest pain, sore eyes/conjunctivitis, sore throat and vomiting/nausea) were associated with reduced performance in multiple cognitive domains. Higher levels of depression and anxiety were also present in the COVID-19 group but these symptoms were mostly unrelated to cognitive performance.

Conclusions: COVID-19 survivors, especially those with long COVID symptoms, are very likely to experience cognitive disruption. Measures need to be implemented to support their cognitive recovery in addition to the physical recovery.

Disclosure: No significant relationships.

Keywords: cognitive function; Covid-19; Long COVID

EPP0026

COVID-MENTA: an integrated mental health protection system for pandemic frontline healthcare workersI. Szendi Md Habil^{1*}, O. Bóna¹, T. Jenei¹, C. Kovács¹, Á. Nagy¹, K. Németh-Rácz¹, I.A. Török¹, E. Rudics², V. Dalos², V. Bilicki³, M. Bácsfalvi³, K. Téglás³, Z. Szabó³ and E. Kelemen¹¹Kiskunhalas Semmelweis Hospital, University Teaching Hospital, Psychiatry Unit, Kiskunhalas, Hungary; ²University of Szeged, Department Of Psychiatry, Szeged, Hungary and ³University of Szeged, Department Of Software Development, Szeged, Hungary

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Introduction: At Kiskunhalas Semmelweis Hospital, a special mobile container hospital was set up to care for patients infected with SARS-CoV-2 during the first wave of the pandemic.

Objectives: We aimed to create a proactive integrated mental health protection system for the frontline healthcare workers that provides an opportunity for psychophysiological monitoring of stress and crisis during shifts, as well as providing staff with more lasting methods of coping with difficulties.

Methods: From the ascending branch of the second wave, every two weeks on the workers' rest day, mental helpers initiated a phone call