

Elevated levels of anxiety, frequent reassurance seeking activities and persistent troubling thoughts related to COVID-19 were found in 5.8%, 3.2% and 6.1%, respectively. However, females reported significant higher mean levels on CAS and CRBS compared to males (2.41 vs 1.60, $p=0.015$, and 3.36 vs 2.64, $p=0.041$, respectively). Participants living in smaller areas had increased levels on all three scales (CAS, $p < 0.001$; CRBS, $p = 0.007$; OCS, $p < 0.001$), indicating thus higher coronaphobia, more frequent reassurance-seeking behaviors and disturbed thinking about COVID-19, compared to healthcare workers living in urban regions. Furthermore, lower educational level is also associated with higher values on CAS, CRBS and OCS ($p < 0.003$; $p = 0.017$; $p < 0.023$, respectively). Nurses experience higher anxiety scores (2.96) than physicians (1.92, $p=0.013$) or other healthcare workers (1.87, $p=0.016$). No dysfunctional thinking about COVID-19 is observed in medical doctors, whereas nurses and other healthcare workers experience higher levels on OCS.

Conclusions: Our study does not show any worrying increased psychological dysfunction related to COVID-19 pandemic among healthcare workers in general. However, females have increased levels than males. Thus, support and mental health protecting strategies should be applied primarily to female healthcare professionals when necessary.

Disclosure of Interest: None Declared

EPP0865

A Path Analysis Evaluating the Impacts of Childhood and Adult Trauma on Mental Health Outcomes at Two Psychiatric Hospitals in Johannesburg, South Africa

M. Galvin*, A. Scheunemann, A. Kim and A. Moolla

University of the Witwatersrand, Johannesburg, South Africa

*Corresponding author.

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Introduction: Like many under-resourced settings, there is a large gap between burden of mental illness and availability of services in South Africa. Because South Africa also bears a high burden of adverse childhood events (ACEs) and adult trauma, mental illness is often preceded in individuals by either or both. While studies within South Africa have examined the association between ACEs and distress in adulthood and adult trauma and adult mental distress, there is less knowledge of how these preceding factors interact to affect mental distress together, particularly in clinical populations.

Objectives: Using path analysis, this study seeks to ascertain the impact that ACEs and adult trauma have on mental illness in urban South Africa. Understanding the perceptions and experiences of people living with mental illness is key not only to expanding biomedical services and ensuring appropriate and effective mental health treatment, but can also help identify ways to prevent mental illness in the future.

Methods: This study uses data collected from 309 psychiatric outpatients at two public psychiatric hospitals in Johannesburg. Ethics approval was received and data were collected in-person between January and June of 2022. Patients 18 years and above, of African descent, and willing to provide informed consent were invited to participate. The survey included questions about demographics COVID-19, adverse childhood events, adult traumatic events,

depression, anxiety, and stress. Participants were also invited to take part in a brief, semi-structured interview. Data were analyzed via path analysis, using the lavaan package in R, version 4.1.1.

Results: Incidences of both ACEs and adult trauma were significantly associated with three mental illness outcomes – depression, anxiety, and stress. An aggregated adult trauma score was found to partially mediate the association between total ACEs and depression, anxiety, and stress. When analyzed separately, total adult trauma partially mediated the association between ACEs including childhood verbal abuse, sexual abuse, emotional neglect, and mental illness in the household and depression, anxiety, and stress. Total adult trauma also partially mediated the association between childhood physical abuse and depression and anxiety, but not stress.

Conclusions: This study highlights the importance of disaggregating adverse childhood events when exploring their effects, while also reinforcing previous findings that ACEs increase the likelihood of experiencing adult trauma and mental illness. Future studies should attempt to pinpoint which ACEs are most impactful, and target those in particular for prevention in childhood and intervention in adulthood, to mitigate their deleterious impacts.

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Depression, anger and coping strategies of students in polish medical faculties

M. H. Wizner^{1*}, A. Kawalec¹, N. Rodak¹, K. M. Wilczyński^{2,3} and M. Janas-Kozik^{2,3}

¹Students' scientific association at Department of Psychiatry and Psychotherapy of Developmental Age; ²Department of Psychiatry and Psychotherapy of Developmental Age, Medical University of Silesia, Katowice and ³Pediatric Centre of John Paul II, Sosnowiec, Poland

*Corresponding author.

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Introduction: Stress related to high expectations towards students, a large amount of knowledge necessary to assimilate in a brief period of time, and peer pressure are an important factor in the deterioration of the mental state of medical students. As a consequence, it can lead to burnout and even the development of mental disorders such as depression. Mechanisms of coping with difficulties play an extremely important role in moderating this risk. For this reason, it was of the interest what strategies medical students adopt in the face of everyday stress and how it affects their well-being and functioning.

Objectives: The objective was to determine how medical studies impact mental health of students and what coping strategies are used by them to mitigate the negative influence of stress associated with high expectations, peer pressure and overwork.

Methods: A cross-sectional study was conducted among students of polish medical faculties using an online questionnaire. Risk of depression was assessed using validated BDI inventory, aggression using STAXI inventory and evaluation of coping strategies was conducted with Brief-COPE inventory.

Results: Study was conducted among 329 participants. The majority of respondents were female (71.4%; $n=235$) and average age in the whole population equaled 22.46 years (95%CI: 22.1-23.01). There was no statistically significant difference in age between