

## EPP0026

**Child abuse during COVID-19 pandemic: what we can see**F. Reina<sup>1\*</sup> and F. Vitrano<sup>2</sup><sup>1</sup>Università degli studi di Palermo, U. O. Child Neuropsychiatry Unit, Policlinico Paolo Giaccone, Palermo, Italy and <sup>2</sup>ASP 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 Survivors**K. Vakani<sup>1\*</sup>, M. Ratto<sup>2</sup>, A. Sandford-James<sup>2</sup>, E. Antonova<sup>1</sup> and V. Kumari<sup>1</sup><sup>1</sup>Brunel University London, Centre For Cognitive Neuroscience, London, United Kingdom and <sup>2</sup>Beingwell, 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 workers**I. Szendi Md Habil<sup>1\*</sup>, O. Bóna<sup>1</sup>, T. Jenei<sup>1</sup>, C. Kovács<sup>1</sup>, Á. Nagy<sup>1</sup>, K. Németh-Rácz<sup>1</sup>, I.A. Török<sup>1</sup>, E. Rudics<sup>2</sup>, V. Dalos<sup>2</sup>, V. Bilicki<sup>3</sup>, M. Bácsfalvi<sup>3</sup>, K. Téglás<sup>3</sup>, Z. Szabó<sup>3</sup> and E. Kelemen<sup>1</sup><sup>1</sup>Kiskunhalas Semmelweis Hospital, University Teaching Hospital, Psychiatry Unit, Kiskunhalas, Hungary; <sup>2</sup>University of Szeged, Department Of Psychiatry, Szeged, Hungary and <sup>3</sup>University 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

to each employee participating in the program. If it was necessary, we provided psychological counseling, crisis intervention, brief psychotherapy, and psychopharmacotherapy. In addition, self-operated psychophysiological screening devices were used at the frontline work site, which provided an opportunity for continuous telemedicine monitoring.

**Results:** In our department, three psychologists and three psychiatrists kept in touch with an average of 150 frontline workers per month. Interventions were needed for a total of over 24% in December and January, over 17% in February and March, almost 9% in April, and only 4% in May. Helpers rated an average of two-thirds of these cases as moderate. They faced severe stress 2-3 times a month in sum, and for 2-3 workers needed medication.

**Conclusions:** Without a mental support system, self-report-based data suggest that nearly half of responders working at the frontline reached the threshold of clinically significant mental syndromes (Greenberg et al, 2021). Using our mental health support system, one-fifth of the workers needed intervention.

**Disclosure:** No significant relationships.

**Keywords:** proactive; psychophysiology; Distress; Suicide

## EPP0027

### An application for identification and stratification psychological crisis among pandemic frontline healthcare workers

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**Introduction:** The COVID-MENTA Screening Program was developed to monitor the mental health of frontline healthcare professionals and identify those at high risk for suicide at the Kiskunhalas Mobile Disease Control Hospital.

**Objectives:** Our post hoc analysis aimed to investigate the association between psychological distress and suicide ideation based on passively collected data during the screening work.

**Methods:** A sample of 50 healthcare professionals was analyzed from 167 participants in the COVID-MENTA Screening Program between the second and third waves of the COVID-19 pandemic. Data collection was performed during the breaks of healthcare professionals at work. Half of the group ( $N=25$ ) perceived severe distress (scored  $> 5/10$  on Distress Thermometer). The crisis monitoring application was based on Klonsky and May's 3-step theory (2015) and was built by adapting the questions on the appropriate international scales (Psychache Scale, Beck's Hopelessness Scale, Interpersonal Needs Questionnaire, Suicide Capacity Scale). The tool can stratify the current suicide risk into seven levels.

**Results:** Spearman's Rank Correlation was used for statistical analysis. There was a significant positive correlation between

the psychological distress and the suicide risk ( $r(48) = 0,43$ ,  $p < 0,01$ ).

**Conclusions:** Our findings supported the hypothesis of the study that the risk of suicide rises with the increase of the level of distress. The application has been proved effective in ecological conditions, helping in several cases to screen individuals currently at increased risk for suicide, allowing us to intervene in a timely and effective manner.

**Disclosure:** No significant relationships.

**Keywords:** psychological crisis; Suicide; screening; Distress

## EPP0028

### Psychological impact of the covid-19 pandemic on the operating room paramedical staff

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**Introduction:** the recent covid19 pandemic is not devoid of psychological risks on paramedical staff. Among them, those who work in the operating theaters are exposed to such risks.

**Objectives:** to determine the perceived stress level and the psychological impact of COVID-19 on paramedics in the operating room.

**Methods:** This is an observational, descriptive and analytical study carried out in the operating rooms of Sahloul University Hospital during a 3 month period. The data collection tool was a self-administered questionnaire composed of 5 main parts (socio-demographic characteristics, occupational characteristics, exposure to COVID-19, the Perceived Stress Scale (PSS) and the Hospital Anxiety and depression scale (HADS)).

**Results:** 96 paramedical staff participated in our study. The average perceived stress score was significantly higher among anesthetists. 48% of participants had anxiety. Anesthetists had significantly higher anxiety scores ( $p = 0.001$ ). 26.1% of participants had definite depression. Of those with definite depression, 35.3% were anesthetists ( $p = 0.028$ ). Factors significantly associated with the occurrence of anxiety were: psychiatric history, increased workload, contact with a positive coronavirus patient in the operating room, and severe perceived stress. However, the factors significantly associated with the occurrence of depression were: initial training in the management of covid-19 patients, personal infection with SARS-COV2 and severe perceived stress.

**Conclusions:** Covid-19 pandemic is causing significant symptoms of anxiety and depression among operation room staff. Primary and secondary prevention strategies must then be undertaken.

**Disclosure:** No significant relationships.

**Keywords:** COVID19; Anxiety; Depression; operating room