

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