

one new physical abnormality identified during the clinic. A statistically significant difference was found for the psychological domain of the WHOQOL-BREF and the HoNOS particularly at third assessment. ( $\beta=4.64$ , Wald  $\chi^2=7.38$ ,  $df:1$ ,  $p=0.007$ ,  $CI:1.3-8.1$ ,  $\beta=-.889$ , Wald  $\chi^2=4.08$ ,  $df:1$ ,  $p=0.043$ ,  $CI: -1.752$  to  $-.026$ ) respectively.

**Conclusions:** The results show a high prevalence of physical health conditions in this cohort, some of which represent a new diagnosis. This implicates better allocation of existing resources for screening and early detection, and potential to run joint clinics with primary care.

**Disclosure:** No significant relationships.

**Keywords:** Metabolic; chronic mental illness; physical health

## EPP0217

### The investigation of implicit Theory of Mind in patients with schizophrenia – a whole brain fMRI study

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**Introduction:** Theory of Mind is the ability to attribute mental states to others. Investigations have distinguished implicit and explicit forms of ToM. It is known, that patients with schizophrenia have deficits in their explicit ToM, and they also show altered brain activations during examining explicit ToM.

**Objectives:** In this study our aim was to investigate the underlying neural substrates of implicit ToM in patients with schizophrenia with fMRI.

**Methods:** Seven healthy subjects and two patients with first episode schizophrenia were involved. We used: false belief condition and control condition. All movies consisted of a belief formation phase and an outcome phase. The belief formation phase started with an agent placing a ball on a table in front of an occluder. Then the ball rolled behind the occluder. The movies could continue in different ways leading to a true or false belief. At the end of each movie, the agent reentered the scene and the occluder was lowered. In the outcome phase the ball was either present or absent behind the occluder. The control conditions started with a ball rolled behind the occluder on a table ended up with two different ways as the ball was either present or absent behind the occluder. There was no agent in the control movies.

**Results:** We found that healthy subjects activated significantly stronger the left lingual gyrus as well as the right temporoparietal junction.

**Conclusions:** Our findings suggest deficits in implicit ToM in schizophrenia and our findings also might help to clarify the underlying neural substrates of implicit ToM.

**Disclosure:** This research project was supported by the KTIA-13-NAP-A-II/12 (2018–2022) and the Hungarian National Excellence Centrum Grant 2018–2019.

**Keywords:** schizophrenia; Neuroimaging; Theory of Mind; fMRI

## EPP0218

### Digitised remote delivery of simulation in psychiatry during the pandemic and for the future.

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**Introduction:** Surrey and Borders NHS Foundation Trust's AVATr (Augmented Virtual-reality Avatar in Training) is a unique ground-breaking Virtual Patient simulation system, which uses the Xenadu platform to train learners in essential clinical and complex communication skills. Over 30 patient scenarios have been developed after identifying learner-specific development needs, including exploration of overt psychosis, assessment of capacity, sharing bad news, and neglect in care home residents.

During the session, the trainee is projected on to a large screen, using a camera and video special effects, which results in a life-like interaction with the Virtual Patient. Trainees can view themselves interacting with the Virtual Patient in real-time, from a unique 'out-of-body' perspective, immersed in a customdesigned interactive virtual environment. This is different to a first-person perspective used in virtual or augmented-reality systems in several clinical specialties. During the COVID-19 pandemic, we evolved the AVATr model to remote or hybrid sessions, where simulations were digitally enhanced, and have been run through Microsoft Teams. The simulation facilitator is connected to a multi-user video call, enabling the Virtual Patient to be projected as an attendee using Microsoft Teams.

**Objectives:** To evaluate the feedback from Doctors in training taking part on the education sessions.

**Methods:** We collected qualitative and quantitative information from participants after the teaching session.

**Results:** We received strongly positive results in all parameters measured. The presenters will show a detailed breakdown in the session.

**Conclusions:** The digitalised delivery of the virtual patient simulation, has been pivotal in limiting interruptions to communication skills training in mental health.

**Disclosure:** The NHS trust has co produced the simulation platform with a private software firm Xenadu Virtual Environments

**Keywords:** virtual reality; pandemic; remote education; simulation

## EPP0220

### Perceived clinical challenges when treating patients from another culture: a study among doctors training in psychiatry in Norway

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**Introduction:** There is increased migration of patients and physicians worldwide. In Norway, psychiatry is the medical discipline with highest proportion of foreign doctors (24%). We need empirical studies on transcultural clinical challenges among doctors training in psychiatry.

**Objectives:** What perceived clinical challenges do foreign and native Norwegian young doctors meet when they treat patients from another culture, and what independent factors are associated with such challenges?

**Methods:** We developed a new 6-item instrument ( $\alpha=0.80$ ), Clinical Transcultural Challenges (CTC), with items about assessing psychosis, risk of suicide, violence etc. The doctors were recruited at mandatory training courses, and they filled in questionnaires about individual factors (age, gender, foreign/native) and work-related factors (training stage, frequency of transcultural meetings, number of working hours, work stress). Associations with CTC were analyzed by linear multiple regression.

**Results:** The response rate was 93% (216/233), of whom 83% were native and 17% were foreign doctors, 68% were women. Native doctors reported higher levels of CTC than did foreign doctors, 28.8 (6.2) vs 23.8 (7.2),  $p<0.001$ ,  $d=0.73$ . Both native and foreign doctors rated "assessing psychosis" and "lack of helping tools" as most demanding. Independent factors associated with CTC were being a native doctor, Beta 3.9,  $p<0.01$ , and high levels of work-home stress, Beta 0.29,  $p<0.05$ .

**Conclusions:** Native doctors training in psychiatry report higher levels of transcultural clinical challenges than foreign doctors do. Both groups of doctors may need more training in transcultural assessment of psychotic disorders. They also report needs for more helping tools, and we should explore this further.

**Disclosure:** No significant relationships.

**Keywords:** Postgraduate training; Assessment in psychiatry; Transcultural psychiatry; Physician role

## COVID-19 and Related Topics 03

### EPP0221

#### Age and gender differences in coping and mental health during and post COVID-19 lockdown

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**Introduction:** As a reaction to growing number of COVID-19 cases in Quebec, the government issued a lockdown to prevent further spread of the virus in March 2020. The novelty of the imposed restrictions warranted an assessment of adult coping and potential effects on anxiety and depressive symptoms.

**Objectives:** The purpose of the present study was to evaluate methods of coping employed during Quebec's lockdown and their

potential ramifications on anxiety and depressive symptoms post-lockdown in Quebec.

**Methods:** In a retrospective longitudinal design, two-hundred and twenty-three ( $n = 223$ ) adults (65.5% female; 34.5% male) completed the study online. They were asked to fill out several questionnaires and provide demographic information.

**Results:** Analysis revealed significant improvement in anxiety symptoms post-lockdown relative to during lockdown across the entire sample. Depressive symptoms also improved significantly across the sample, but the difference was less pronounced among 18–34-year-olds than those 35 and above. Male adults aged 18–34 utilized maladaptive coping strategies to the greatest extent. Moreover, maladaptive coping was significantly associated with anxiety and depressive symptoms and predicted depressive symptoms post-lockdown. Further investigation revealed that young adult males differed from females in their use of substances and self-blame to cope.

**Conclusions:** Overall, the data suggest that the lockdown adversely affected anxiety and depressive symptoms among the general population. Furthermore, young adults, particularly males, were most susceptible to depressive symptomatology due in part to their methods of coping with the novel context. A follow-up study is warranted. Future studies should also seek to recruit individuals whose self-identified gender is non-traditional (e.g., non-binary).

**Disclosure:** No significant relationships.

**Keywords:** Gender differences; coping strategies; Anxiety; Depression

### EPP0222

#### The psychological well-being of family caregivers of autistic people during the COVID-19 lockdown in Italy

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**Introduction:** People with autism spectrum disorder (ASD) frequently need support due to the elevated prevalence of psychiatric and medical comorbidities. The Covid-19 outbreak has severely affected the routinary functioning of healthcare services, thus causing severe consequences for autistic people and their caregivers, an already fragile population prone to mental health diseases.

**Objectives:** 1. To compare the levels of psychological well-being, insomnia, and family distress perceived by caregivers of autistic people to those perceived by caregivers of people with other types of disability. 2. To evaluate predictors of individual and family distress reported by caregivers of autistic individuals.

**Methods:** We collected data through a cross-sectional web-based observational study from April 19 to May 3, 2020. Socio-demographic information were collected, and psychopathological variables were assessed using the General Health Questionnaire-12, the Insomnia Severity Index, the Brief Resilient Coping Scale, and the Family Distress Index.