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#### 00119

# Changes in compassion and fears of compassion during the COVID-19 pandemic: Findings of a multinational study

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doi: 10.1192/j.eurpsy.2023.320

**Introduction:** Cross-sectional data has shown that compassion for self and from others may be a protective factor for greater psychosocial wellbeing in the COVID-19 pandemic whilst fears of compassion act as a risk factor for experiencing mental health difficulties.

**Objectives:** The current study sought out to explore the natural fluctuation of compassion (for self, for others and from others) and of fears of compassion (for self, for others and from others) across time during the COVID-19 pandemic in a multinational community sample.

**Methods:** Data from 4057 participants from 21 countries was collected at 3 time points during the pandemic (baseline, 3 months and 6 months). Other than demographic variables, participants completed the Compassionate Engagement and Action Scales and the Fears of Compassion Scales. Multilevel latent growth modelling was used to investigate the main aims.

Results: There was a significant increase in compassion for self and from others, whilst compassion for others remained unchanged throughout the 3 time points [Chi square 349.30(df=50) p< .001; RMSEA .035; CFI .93; TLI .91; SRMR (within) .043; SRMR (between) .70]. Fears of self-compassion and compassion for others significantly reduced throughout the pandemic whilst fears of compassion from others remained stable [Chi square 406.57 (df=50) p< .001; RMSEA .038; CFI .96; TLI .94; SRMR (within) .042; SRMR (between) .35].

**Conclusions:** The findings from this study seem to suggest that in a period of shared suffering people from multiple countries and nationalities tend to become more compassionate and less afraid of and resistant to compassion for and from others.

Disclosure of Interest: None Declared

## O0118

# Changes in UK Pre-Schooler's Mental Health Symptoms over the first year of the Covid-19 pandemic: data from Co-SPYCE Study

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**Introduction:** The COVID-19 pandemic caused significant disruption to the lives of children and their families. Pre-school children may have been particularly vulnerable to the effects of the pandemic, with the closure of childcare facilities, playgrounds, playcentres and parent and toddler groups limiting their opportunities for social interaction at a crucial stage of development. Additionally, for parents working from home, caring for pre-school aged children who require high levels of support and care, was likely challenging

**Objectives:** We aimed to conduct an intensive longitudinal study to examine trajectories of pre-schoolers' mental symptoms in the United Kingdom during the first year of the COVID-19 pandemic. **Methods:** UK-based parents and carers (n = 1520) of pre-schoolaged children (2 to 4 years) completed monthly online surveys about their pre-schoolers' mental health between April 2020 and March 2021. The survey examined changes in children's emotional symptoms, conduct problems and hyperactivity/inattention.

Results: Pre-schoolers' emotional problems and hyperactivity/ inattention symptoms declined from April through summer 2020 and then increased again during the autumn and winter 2020/2021 as lockdowns were re-introduced. Pre-schoolers who attended childcare showed greater decline in symptom severity than those who did not. Older children, compared to younger, showed greater lability of emotion symptom severity. Attending childcare predicted lower symptom severity across all three domains of conduct problems, emotional symptoms, and hyperactivity/inattention, while the opposite pattern was observed for children whose parent had a mental health problem.

**Conclusions:** Our findings reinforce the importance of examining pre-schoolers' mental health in the context of micro and macrolevel factors. Interventions focusing on family factors such as parent mental health, as well as continued provision of childcare, may have most potential to mitigate the impact of COVID-19 on young children's mental health.

Disclosure of Interest: None Declared

## O0119

# Cognitive impairment after post-acute COVID-19 infection: a systematic review of the literature

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**Introduction:** After coronavirus disease 2019 (COVID-19) infection, many individuals reported neurological and psychiatric sequelae, including cognitive impairment, even several months after the acute infection.

**Objectives:** The present study aims to provide a critical overview of the literature on the relationships between post-acute COVID-19 infection and cognitive impairment, highlighting limitations and confounding factors.

**Methods:** A systematic search of articles published from January 1st, 2020, to July 1st, 2022 was performed in Pubmed/Medline. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

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Results: Only studies using validated instruments for the assessment of cognitive impairment were included. Out of 5478 screened records, 72 studies met inclusion criteria. Time of patients' assessment varied from 4 weeks to 12 months after the infection. The available evidence revealed the presence of impairment in executive functions, attention and memory in subjects recovered from COVID-19. However, several limitations of the literature reviewed should be highlighted: most studies were performed on small samples, not stratified by severity of disease and age, used a cross-sectional or a short-term longitudinal design, and provided a limited assessment of the different cognitive domains. Few studies investigated neurobiological correlates of cognitive deficits in individuals recovered from COVID-19.

Conclusions: Based on the literature reviewed, it is difficult, to date, to draw conclusions about the relationships between COVID-19 infection and cognitive impairment. Therefore, further studies with an adequate methodological design are needed in order to better understand these relationships, identify neurobiological correlates of COVID-related cognitive deficits and evaluate their course over time. Enhancing the knowledge on this topic could favor the development of effective therapeutic strategies for cognitive deficits in individuals recovered from COVID-19.

Disclosure of Interest: None Declared

#### O0120

Differential Impact of Social Cohesion in the Lens of U.S. College Students with different Sexual and Gender Identities on their Mental Health during the COVID-19 Pandemic

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doi: 10.1192/j.eurpsy.2023.323

Introduction: Sexual and gender minority (SGM) college students endorsed higher psychological distress and worsened mental health outcomes than their cisgender heterosexual peers. Such disparity is exacerbated during the COVID-19 pandemic, during which SGM youth may be sent home to unaccepting environments or presented with fewer healthcare options. The "Black lives matter (BLM)" and "Anti-Asian Hate" also exposed college students disproportionally to more witnessed discrimination and poorer social cohesion, which in turn, might negatively affect the mental health outcomes. Objectives: The present study aims to explore the mental health outcome profile within SGM college students by (1) identify mental health disparities across different sexual and gender identities and (2) evaluating the impacts of discrimination, social cohesion and other factors on mental health outcomes of college students with different sexual and gender identities.

**Methods:** The study utilizes the 2020-2021 Healthy Minds Study data with 139,470 college students across 60 U.S. campuses. Multivariable regression models are built with minority status to predict mental health outcome (depression, anxiety, and suicidal ideation).

Results: SGM students reported higher symptoms of depression, anxiety, and suicidal ideation. Besides, SGM individuals having experienced or witnessed discrimination or hostile behaviors due to their race/ethnicity also showed worse mental health outcomes. Noted, perceived stronger social cohesion is a protective factor for lower depression (OR: 0.59; 95%CI: 0.45, 0.78) and anxiety (OR: 0.69; 95%CI: 0.51, 0.93) symptoms in SGM, while perceived weaker social cohesion is a risk factor for depression (OR: 1.37; 95%CI: 1.14, 1.64) and anxiety symptoms (OR:1.32; 95%CI:1.09-1.59) in cisgender heterosexual individuals.

**Conclusions:** These findings acknowledge the negative impact of discrimination on mental health, highlight the importance of recognizing social cohesion affect differently in SGM and their peers, and enhance the understanding of differential impact of social cohesion to inform public policy and early intervention in vulnerable populations during COVID-19 pandemic.

Disclosure of Interest: None Declared

### **O0121**

Helsinki University Hospital Personnel and Covid -19 Pandemic – a two-year follow-up of insomnia and psychological distress symptoms

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**Introduction:** Covid -19 pandemic challenged health care personnel, especially frontline employees. The increased workload was unevenly distributed.

**Objectives:** The aim of the present study is to assess potentially traumatic pandemic work-related events (PTEs), psychological distress and insomnia symptoms especially among employees who were in the frontline June 2020, after 24 -month follow-up.

Methods: Participants were recruited from the Helsinki University Central Hospital personnel on June 2020 and followed via electronic surveys for 24 months. Mental Health Index 5 (MHI-5) and Insomnia Severity Index (ISI) was used to assess psychological distress and insomnia symptoms. Potentially traumatic events related to pandemic work (PTEs) were asked. The study is described in detail elsewhere (R1, R2).

**Results:** On May 2022, early frontline employees from June 2020 (N=1171) continued to report a greater frequency of PTEs compared to those not in early frontline (N=3623) (19.4% vs. 9.5%; OR = 2.29, 95% CI = 1.51–3.46). They did not report statistically significantly greater frequency of psychological distress (14.2% vs. 9.9%; OR = 1.5, CI = 0.96–2.35), nor sleep problems (8.9% vs. 5.8%; OR = 1.57, CI = 0.91–2.72). The difference was not quite significant for the continuously varying MHI-5 scores either (p = 0.058 in t-test and p = 0.064 for Kruskal-Wallis test), but the continuous ISI scores at the last follow up were still statistically significantly higher for the early frontline employees than for the non-frontline employees (6.82 vs. 5.51; p = 0.001 in t-test and p = 0.001 in Kruskal-Wallis test). Attrition from the study was higher