Department Of Psychiatry, The University of Hong Kong, HK, Hong Kong PRC
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.337

Introduction: Socioeconomic status (SES) are well known to be associated with mental health. Previous studies are often restricted by the use of individual SES indicators, while contextual measures aggregating multiple dimensions would present a better picture of SES in multivariate context.
Objectives: The present study aims to construct the socioeconomic index (SEI) by integrating significant socioeconomic factors in predicting mental health of young adults in Hong Kong.
Methods: Data were drawn from the Hong Kong Youth Epidemiological Study of Mental Health (HKYES), a population-based psychiatric study of young people in Hong Kong. The present study exacted data of 1,164 participants who had completed baseline interviews between April 2019 to August 2020. Socioeconomic characteristics including age, gender, education years, income, expenditure, home ownership, housing type, household crowdedness and parental occupation were collected. Data were checked for the assumptions for normality, linearity and homoscedasticity before the standardized SEI were derived using Principal Component Analysis (PCA). Logistic regression analyses were performed to further examine the association between SEI and mental health outcomes.
Results: Our results identified five significant socioeconomic factors (education years, personal income, home ownership, housing type and household crowdedness) which together explained 67.7% of the total variation. SEI was associated with depression (OR=0.671, p=.003) and anxiety (OR=0.667, p=.015) after adjusting for potential confounders.
Conclusions: The PCA-generated SEI took account of the multiple dimensions of SES in younger adults including education, income, expenditure and housing. The indices would provide meaningful contextual information of SES across geographical areas or different groups of interest.

Disclosure: No significant relationships.
Keywords: Socioeconomic index; mental health; Young adults

O143

Prejudice against and desired social distance from refugees, people with mental illness and patients with COVID-19 in athens

L.E. Peppou[1]*, A. Bechraki[2], G. Petraki[2], M. Marouga[2], D. Mareta[2], K. Kontoangelos[2] and M. Economou[1,2]

[1]Unit Of Social Psychiatry & Psychosocial Care, University Mental Health, Neurosciences and Precision Medicine Research Institute "Costas Stefanis" (UMHRI), Athens, Greece and [2]First Department Of Psychiatry, National & Kapodistrian University of Athens, Athens, Greece

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.338

Introduction: Stigma is omnipresent in human societies, both globally and historically; while it is also discerned in other primates. On these grounds, it has been suggested to be the product of natural selection and therefore to protect against threats to effective group functioning. Nonetheless, in contemporary society, stigma raises fundamental ethical concerns, while it actually impinges on public health
Objectives: To explore prejudicial attitudes and desired social distance from recovered COVID-19 patients, people with mental illness and refugees in Athens region.
Methods: A convenience sample of 360 residents of Athens region participated in the study, after being recruited from social media. The questionnaire was distributed online and encompassed: i) the Prejudicial Attitudes Survey, (ii) the Social Distance scale, (iii) the Interpersonal Reactivity Index and information about respondents' sociodemographic characteristics and personal experience with the three population subgroups. The stigma measures were included three times, one for each out-group.
Results: Repeated ANOVA revealed that negative attitudes were predominantly expressed for refugees. On the contrary, positive attitudes were predominantly expressed for people with mental illness. Interestingly, desired social distance was greater from people with mental illness (mean = 32.37) compared to refugees (mean = 25.47) and recovered COVID-19 patients (mean = 24.17).
Conclusions: Stigma towards people with mental illness and refugees is still prevalent in Greece. Anti-stigma efforts should target prejudices in the case of refugees and social distance in the case of mental illness. To date, no stigma attached to COVID-19 has been discerned in the country

Disclosure: No significant relationships.
Keywords: social stigma; Refugees; Mental illness; coronavirus

O145

Death associated with coronavirus (COVID-19) infection in individuals with severe mental disorders in sweden during the early months of the outbreak

U. Werneke[1]*, M. Maripuu[2], M. Bendix[2], L. Öhlund[1] and M. Widerstrom[3]

[1]Sunderby Research Unit, Umeå University, Deparment of clinical science, division of psychiatry, Umeå, Sweden; [2]Department Of Clinical Sciences- Psychiatry, Umeå University, Umeå, Sweden and [3]Clinical Microbiology, Umeå University, Umeå, Sweden

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.339

Introduction: Individuals with severe mental disorder (SMD) have a higher risk of somatic comorbidity and mortality than the rest of the population.
Objectives: To assess whether individuals with SMD had a higher risk of death associated with a COVID-19 infection (COVID-19 associated death) than individuals without SMD.
Methods: Exploratory analysis with a cross-sectional design in the framework of a population-based register study covering the entire Swedish population. The Swedish Board for Health and Welfare (Socialstyrelsen) provided anonymised tabulated summary data for further analysis. We compared numbers of COVID-19 associated death in individuals with SMD (cases) and without SMD (controls). We calculated the odds ratio (OR) for the whole sample and by age group and four potential risk factors, namely diabetes, cardiovascular disease, hypertension, chronic lung disease.
Results: The sample comprised of 7,923,859 individuals, 103,999 with SMD and 7,819,860 controls. There were 130 (0.1%) COVID-

19 associated deaths in the SMD group and 4945 (0.06%) in the control group, corresponding to an OR of 1.98 (CI 1.66-2.35; p < 0.001). The odds were fourfold in the age group between 60 and 79 years. Cardiovascular diseases increased the odds by 50%. Individuals with SMD without any of the risk factors under study had three-folds odds of COVID-19 associated death.

Conclusions: Our preliminary results suggest that individuals with SMD are a further group at increased risk of COVID-19 associated death. The factors contributing to this increased mortality risk require clarification.

Disclosure: Ursula Werneke has received funding for educational activities on behalf of Norrbotten Region (Masterclass Psychiatry Programme 2014-2018 and EAPM 2016, Luleå, Sweden): Astra Zeneca, Eli Lilly, Janssen, Novartis, Otsuka/Lundbeck, Servier, Shire and Sunovi

Keywords: COVID-19; mental disorder; Mortality; coronavirus

O146

European study on the attitude of psychiatrists towards their patients

D. Ori[*,1], P. Szocsics[2], T. Molnar[3], K. Guevara[4], L. Bankovska-Motlova[5], I. Ivanovic[6], E.A. Carbone[7], K. Kotsis[8], E. Dashi[9], G. Ahmadova[10], A. Panayi[11], H. Yilmaz Kafali[12], I. M. Klinkby[13], K. Bruna[14], M. Vircik[15], M. Wallies[16], H. Kisand[17], A. Hargi[17], A. Mirkovic[18], P. Rus Prelog[19], C. Cabaços[20], A. T. Pereira[21], S. Boivin[22], V. Angyal[23], N. Grinko[24], G. Grech[25], F. Schuster[26], M. Valdivielso[27], S. Raaj[28], J. Maslak[29], S. Mörkl[30], R. Strumila[31], N. Nechepurenko[32], O. Kazakova[33], S. Kakar[34], M. Abdulhakim[35], S. Matheiken[36], V. Oanca[37], I. Salopek[38], G. Kalpak[39] and Z. Gyorffy[40]

[1]Acute Ward, Vadaskert Child and Adolescent Psychiatric Hospital, Budapest, Hungary; [2]Institute Of Experimental Medicine, Institute of Experimental Medicine, Budapest, Hungary; [3]Psychiatry, University of Pécs Medical School, Petz Aladár County Hospital, Győr, Hungary; [4]Department Of Psychiatry, Military Medical Academy, Sofia, Bulgaria; [5]Charles University, 3rd Faculty of Medicine, Prague, Czech Republic; [6]Clinic For Psychiatry, Clinical Centre of Montenegro, Podgorica, Montenegro; [7]University Magna Graecia Of Catanzaro, University Magna Graecia of Catanzaro, Catanzaro, Italy; [8]Department Of Psychiatry, University of Ioannina, Ionannina, Greece; [9]Xhavit Gjata Hospital, Xhavit Gjata Hospital, Tirane, Albania; [10]City Hospital N15, City Hospital N15, Baku, Azerbaijan; [11]Private Practice, private practice, Nicosia, Cyprus; [12]Ankara City Hospital Bilkent, Ankara City Hospital Bilkent, Ankara, Turkey; [13]Child And Adolescent Psychiatric Department, Child and Adolescent Psychiatric Department, Region of Zealand, Denmark; [14]Psychiatric Hospital Gintermuiza, Psychiatric Hospital GintermuizaPsychiatric Hospital Gintermuiza, Jelgava, Latvia; [15]Psychiatric Hospital Michalovce, Psychiatric Hospital Michalovce, Michalovce, Slovak Republic; [16]Psychiatrische Klinik Clienia Littenheid, Psychiatrische Klinik Clienia Littenheid, Sirnach, Switzerland; [17]University Of Tartu, University of Tartu, Tartu, Estonia; [18]Child And Adolescent Psychiatry, Children's Hospital Ljubljana, Ljubljana, Slovenia; [19]University Psychiatric Clinic Ljubljana, Centre for Clinical Psychiatry, Ljubljana, Slovenia; [20]Department Of Psychological Medicine, Faculty of Medicine, University of Coimbra, Coimbra, Portugal; [21]Institute Of Psychological Medicine, Faculty Of Medicine, University of Coimbra, coimbra, Portugal; [22]Epsm Étienne Gourmelen, EPSM Étienne Gourmelen, Quimper, France; [23]Child And Adolescent Psychiatric Clinic, Child and Adolescent Psychiatric Clinic, Jönköping, Sweden; [24]Chernivtsi Reginal Mental Hospital, Chernivtsi Reginal Mental Hospital, Chernivtsi, Ukraine; [25]Psychiatry, Mount Carmel Hospital, Attard, Malta; [26]Klinikum Rechts Der Isar, Technischen Universität München, München, Germany; [27]University Of Navarra Clinic, University of Navarra Clinic, Pamplona, Spain; [28]Department Of Liasion Psychiatry, Mater University Hospital, Dublin, Ireland; [29]Institute For Mental Health, Institute for Mental Health, Belgrade, Serbia; [30]Department Of Psychiatry And Psychotherapeutic Medicine, Medical University of Graz, Graz, Austria; [31]Medicine Faculty, Vilnius University, Vilnius, Lithuania; [32]The Serbsky State Scientific Center For Social And Forensic Psychiatry, The Serbsky State Scientific Center for Social and Forensic Psychiatry, Moscow, Russian Federation; [33]Psychiatric Clinic Of Minsk City, Psychiatric Clinic of Minsk City, Minsk, Belarus; [34]Erasmus University In Rotterdam, Erasmus University in Rotterdam, Rotterdam, Netherlands; [35]Department Of Psychiatry, Vrije Universiteit Brussel, Brussels, Belgium; [36]Department Of Psychiatry, Pennine Care NHS Foundation Trust, Oldham, United Kingdom; [37]Child And Adolescent Psychiatry Clinic, SCUC, Cluj-Napoca, Romania; [38]General Hospital Karlovac, General Hospital Karlovac, Karlovac, Croatia; [39]University Clinic Of Psychiatry, University Clinic of Psychiatry, Skopje, North Macedonia and [40]Institute Of Behavioural Sciences, Semmelweis University, Budapest, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.340

Introduction: Many people think that people with mental disorders might be dangerous or unpredictable. These patients face various sources of disadvantages and experience discrimination in job interviews, in education, and housing. Mental health-related stigma occurs not only within the public community, it is a growing issue among professionals as well. Our study is the first that investigates the stigmatising attitude of psychiatrists across Europe.

Objectives: We designed a cross-sectional, observational, multicentre, international study of 33 European countries to investigate the attitude towards patients among medical specialists and trainees in the field of general adult and child and adolescent psychiatry.

Methods: An internet-based, anonymous survey will measure the stigmatising attitude by using the local version of the Opening Minds Stigma Scale for Health Care Providers. Data gathering started in July this year and will continue until December 2020.

Results: This study will be the first to describe the stigmatising attitude of psychiatric practitioners across Europe from their perspectives.

Conclusions: The study will contribute to knowledge of gaps in stigmatising attitude towards people with mental health problems and will provide with new directions in anti-stigma interventions.

Disclosure: No significant relationships.

Keywords: Stigma; attitude towards patients; mental health related stigma; psychiatrists

O147

24-hour movement behaviours and the risk of common mental health symptoms: A compositional analysis in the UK biobank

A. Kandola[1*], B. Del Pozo Cruz[2], D. Osborn[1], B. Stubbs[3], K. Choi[4] and J. Hayes[1]

[1]Division Of Psychiatry, University College London, London, United Kingdom; [2]Institute For Positive Psychology And Education, Australian Catholic University, Sydney, Australia; [3]Institute Of