

## EPV0157

**Tunisians peoples dealing with death in COVID-19 pandemic: Lived experiences of grief**

H. Ghabi, A. Aissa\*, S. Meddouri, U. Ouali and F. Nacef

Psychiatry A, Razi Hospital, Manouba, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1749

**Introduction:** As Dame Cecily Saunders said, “How people die remains in the memory of those who live on.” For Muslim people, funerals and burial procedures are crucial moments that help them come to terms with the loss of a loved one. The COVID-19 pandemic has disrupted usual experiences of grief since funerals and burials are held without the presence of family. Approaches to support grief are needed to be adapted to these particular circumstances.

**Objectives:** Describe the lived experiences of grief of the Muslim Tunisian family for patients who died due to COVID -19.

**Methods:** This was a qualitative study with a phenomenological approach. Data of patients who died due to COVID -19 were collected. One family member or more of each deceased was contacted. Semi directive interview was conducted to help participants to describe the lived experience.

**Results:** 30 persons participated in this study. The reactions of participants towards death were crying, being sad, and being choked. The reactions of grief were influenced by several factors. These included: the circumstances of the deceased, relationship with him, the hospitalization in an intensive care unit, doctors' expectation, and the average length of stay in hospitals before the death. Islamic religious beliefs influenced the way family experienced grief, mainly toward the management of the dead body and the imposed funeral protocol.

**Conclusions:** This study describes the devastating impact of COVID-19 toward lived experiences of grief of Muslim Tunisian. In light of these results, grief therapies should be adapted and evaluated in this population.

**Disclosure:** No significant relationships.

**Keywords:** Grief; Muslim tunisian family; COVID-19; lived experiences

## EPV0159

**The impact of COVID-19 lockdown - case report**B. Jesus<sup>1\*</sup>, J. Martins Correia<sup>1</sup>, S. Freitas Ramos<sup>2</sup>, D. Cruz E Sousa<sup>1</sup> and M.I. Fonseca Marinho Vaz Soares<sup>1</sup>

<sup>1</sup>Department Of Psychiatry And Mental Health, Local Health Unit of Guarda, Guarda, Portugal and <sup>2</sup>Psychiatry And Mental Health, Hospital, Guarda, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1750

**Introduction:** In early 2020, governments started to implement different forms of public health measures, from physical distancing recommendations, to stay-at-home orders, to limit the propagation of COVID-19. Here we report the case of a 41-year-old woman, with a diagnosis of panic disorder. During the end of the lockdown, the patient presented psychopathological worsening, from her fear of

Covid-19 infection, stemming from a heart failure disease and concerns regarding the hygiene and safety measures of those around her.

**Objectives:** Presentation of a clinical vignette.

**Methods:** Selection and analysis of clinical case and review of the literature using PubMed database.

**Results:** The COVID-19 pandemic and the measures adopted to prevent the spread of the disease had a huge impact on a personal, social, and economic level for the world population. The rise of fear and anxiety among people due to uncertainty about the disease are coupled with essential yet disruptive measures such as lockdowns and quarantines. The chronically ill population are especially vulnerable during such circumstances and require addressing their physical health and any psychological difficulties they might experience, being at higher risk of suffering physically from the pandemic's disease as well as psychologically from the implemented countermeasures.

**Conclusions:** This vignette provides a case where a person's psychiatric conditions are worsened due to the end of a pandemic lockdown, rather than the lockdown itself. Additional work should aim at comparing the experiences of the different countries affected by the pandemic in order to understand the size of the psychological impact, the potential risk and protective factors.

**Disclosure:** No significant relationships.

**Keywords:** COVID-19; Anxiety; lockdown; mental health

## EPV0162

**Psychological impact and coping strategies of medical students during university closure due to COVID-19 in a state university in Sri Lanka – an online survey**Y. Rohanachandra<sup>1\*</sup>, P. Seneviratne<sup>1</sup>, L. Amarakoon<sup>1</sup> and S. Prathapan<sup>2</sup>

<sup>1</sup>Department Of Psychiatry, University of Sri Jayewardenepura, Nugegoda, Sri Lanka and <sup>2</sup>Department Of Community Medicine, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

\*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1751

**Introduction:** Loss of routine, disengagement from peers and adapting to distant learning during the pandemic may lead to psychological distress in medical students. Psychological impact of the pandemic on medical students has not been assessed in Sri Lanka

**Objectives:** To identify the psychological impact and coping strategies of medical students during the pandemic.

**Methods:** An online survey was done among 527 medical students in a state Medical Faculty in Sri Lanka. Depression Anxiety Stress Scale (DASS-21) was used to measure psychological impact.

**Results:** The main worries among the students was upcoming exams (74.4%, n=389) and taking a longer time than expected to complete their undergraduate medical education (68.1%, n=356). 68.7% (n=362) of the respondents experienced difficulty in working up the initiative to do things and 62.6% (n=330) had tendency to overreact to situations. Depressive symptoms were present in 40.8%, anxiety in 34% and high levels of stress were seen in 24.7%. In 10.8% depression was severe and anxiety was severe in 10.3%. Depression (p<0.01), anxiety (p<0.05) and stress (p<0.01) were significantly higher in students with a past history of psychiatric disorders. Depression, anxiety or stress was not associated with the gender, ethnicity, family income or living circumstances.