familiar to the conviviality of campus life, explained these effects as a result of the drastic loss of social connectedness.

Conclusions: The current study highlights the key role of mental health support for university students, mainly during crisis times, and calls for measures to improve communication between students and the educational institution, as well as to encourage social connectedness.

Disclosure of Interest: None Declared

EPP0159

Comparison of mental health presentations of 16–25year-olds to the Emergency Department during the COVID-19 pandemic.

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Introduction: Studies reported an initial decrease in the number of presentations and incidence of self-harm in young people during the pandemic. As the pandemic progressed young people may have experienced increased levels of distress, contributing to worsened mental health. There is a need for mental health services to evaluate the presentations of young people presenting to the Emergency Department (ED) so that services can meet the needs of young people.

Objectives: To examine the mental health presentations of young people (aged 16-25) to the ED and how this may have changed since the start of the pandemic.

Methods: This study reviewed all 16–25-year-olds presenting to the Mater Misericordiae University Hospital (MMUH) who were triaged with a mental health issue in a 2 month period (September-October) over three years – 2019 (Period A), 2020 (Period B), 2021 (Period C). Approval for this service evaluation was granted by the Clinical Audit and Effectiveness Committee at the MMUH.

Results: Of 232 presentations across all periods, there was no significant difference in the number of presentations in each study period - Period A (n=76), Period B (n=79) and Period C (n=77). In all three periods, most presentations occurred out of hours (A: 57.9% [n=44]; B: 74.7% [n=59]; C: 68.8% [n=53]) statistically significant (p=0.034) from before (A) to during the pandemic (B and C). Out of hours arrival by ambulance was most common in in Periods A and B (45.5% and 55.9%). Over all three periods discharge home was the most frequent outcome of assessment (A: 69.7% [n=53]; B: 70.9% [n=56]; C: 76.6% [n=59]). Overall, there was a decrease in self-harm presentations over the period (A: 47.4% [n=36]; B: 41.8% [n=33]; C: 40.3% [n=31]). The percentage of presentations with self-laceration increased during the pandemic (A: 33.3% [n=12]; B: 39.4% [n=13]; C: 48.4% [n=15]). There was a significant increase in attendees who were already taking psychotropic medications (p<0.001).

Conclusions: The findings suggest that the majority of 16–25year-olds present out of hours and do not require admission. Although the number of presentations remained similar, the increase in out of hours presentations and arrivals by ambulance in Period B may reflect increased distress in the initial stages of the pandemic, and restricted access to services. The higher rates of medication prescribing suggests that these young people are already receiving health care, but that their needs are not being fully met. Mental health services should be designed to provide access to mental health care out of hours when young people are most likely to require them.

Disclosure of Interest: None Declared

EPP0160

Research of the preferred style of coping stress in relation to locus of control among healthcare workers during the COVID-19 pandemic

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Introduction: The locus of control is associated with a variety of psychological concepts, theories and researches, including learned helplessness, which is explained in way that person has learned to act helpless even when they actually have control over their situation or the ability to change a circumstance or outcome. In this scientific work, the aim is to examine the corelation between the locus of control and stress coping strategies in a group of health care workers. A sample is 110 respondents, of different age, gender, ages and educational degrees.

Objectives: In this research, the aim is to examine the connection between locus of control and coping strategies among healthcare workers during the Covid-19 epidemic. The research results showed that there are no statistically significant differences in the relationship between stress coping strategies and locus of control in relation to men and women and age. Also, there is a statistically significant difference in the stress coping strategy focused on avoidance in relation to the locus of control, i.e. it turned out that the coping strategy focused on avoidance is more pronounced in respondents with an internal locus of control than in those with an external locus of control.

Methods: The research was conducted at the Clinical Center of Montenegro, in Podgorica, in March 2022, through an online program, due to the epidemiological situation. The sample consists of 110 respondents, of both sexes and aged from 20 to 65 years old, who were chosen by the method of random selection. The CISS and RI-E scales were used.

Results: The research showed that there is a connection between the locus of control and strategies for overcoming stress, but that there are no statistically significant differences in the connection between strategies for overcoming stress and locus of control in relation to men and women and their age, as well as that there is a statistically significant difference in the strategy coping with stress focused on avoidance in relation to locus of control, i.e. it was shown that the coping strategy focused on avoidance is more pronounced in respondents with an internal locus of control than in those with an external locus of control.

Image:

		Sum of Squares	ď	Mean Square	F	Sig.
task-oriented coping	Between Groups Within Groups Total	118,622 7040,569 7159,491	1 108 109	118,622 65,193	1,820	,190
emotion-focused coping	BetweenGroups Within Groups Total	181,932 10437,523 10619,455	1 108 109	181,932 96,644	1,592	, 173
avoidance-oriented coping	Between Groups Within Groups Total	414,002 10781,671 11195,673	1 108 109	414,002 99,830	4,147	,044

Table 1: Results of analysis of variance, locus of control and coping strategy

Image 2:

		N		Std. Deviation	Std. Error	95% Confidence Intervalfor Mean			
			Mean			Lower Bound	Upper Bound	Minimum	Maximum
task-oriented coping	internal locus control	51	61,61	8,395	1,176	59,25	63,97	35	80
	external locus control	59	59,53	7,787	1,014	57,50	61,55	41	75
	Total	110	60,49	8,105	, 773	58,96	62,02	35	80
emotion-focused coping	sed internal locus 51 43,98 8,705 1,219 41,53 46,43	25	65						
	external locus control	59	46,56	10,707	1,394	43,77	49,35	25	68
	Total	110	45,36	9,870	, 941	43,50	47,23	25	68
avoidance-oriented coping	Internal locus control	51	53,94	9,052	1,268	51,40	56,49	30	79
	External locus control	59	50,05	10,736	1,398	47,25	52,85	23	72
	Total	110	51.85	10,135	. 966	49,94	53,77	23	79

Table 2: Descriptive data, locus of control and coping strategies

Image 3:

		N		Std. Deviatio n	Std. Erro r	95% Confidence Interval forMean			
			Mean			r Boun d	Uppe r Boun d	Minimum	Maximum
task-	male	47	61,51	8,137	1,187	59,12	63,90	35	75
oriented coping	female	63	59,73	8,061	1,016	57,70	61,76	41	80
	Total	11 0	60,49	8,105	, 773	58,96	62,02	35	80
emotion-	male	47	43,72	10,170	1,483	40,74	46,71	25	67
focused coping	female	63	46,59	9,539	1,202	44,18	48,99	25	68
	Total	11 0	45,36	9,870	, 941	43,50	47,23	25	68
avoidance-	male	47	52,13	10,288	1,501	49,11	55,15	23	72
oriented coping	female	63	51,65	10,097	1,272	49,11	54,19	30	79
	Total	11 0	51,85	10,135	, 966	49,94	53,77	23	79

Table 3: Descriptive data, gender differences, and stress coping strategies, p je 1.00

Conclusions: This research actually confirmed the importance of individuality and various factors that can affect a person, and because of this, it was very likely that not all hypotheses could be answered in the way the author expected before the research began. With this, it can be assumed that the personality of a person can hardly be related to broad styles of coping with stress, and that generalizations regarding gender, age, education and work experience cannot be made, because there are predominantly individual differences in the development of an individual.

Disclosure of Interest: None Declared

EPP0161

Factors associated with insomnia and aggression among healthcare workers during the COVID-19 pandemic

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Introduction: Healthcare workers are exposed to increased risks of insomnia and aggression during the COVID-19 pandemic.

Objectives: The aim of the study was to estimate the prevalence rate of insomnia and aggression and identify associated risk factors among healthcare workers during the COVID-19 pandemic

Methods: A total of 264 healthcare workers participated in the study. The study was conducted with the diagnostic survey method, using the Buss-Perry Aggression Questionnaire, the Athens Insomnia Scale, the Pittsburgh Sleep Quality Index, and a questionnaire of our authorship.

Results: The vast majority of the respondents (81.06%) suffered from insomnia and had poor sleep quality (78.03%). Education (p=0.038), marital (p=0.043) and parental status (p=0.004), and contact with patients suffering from COVID-19 (p=0.024) were statistically significant contributors to insomnia. Working time was found to significantly correlate with insomnia (r=0.124 p=0.044) and a physical aggression (r=0.168 p=0.006), anger (r=0.121 p=0.05), a verbal aggression (r=-0.132 p=0.032). Age was found to significantly correlate with total aggression (r=-0.133 p=0.031), verbal aggression (r=-0.138 p=0.025), anger (r=-0.151 p=0.014). Sex was found to be statistically significantly related to physical aggression (p=0.017), anger (p=0.032), and hostility (p=0.002).

Conclusions: A considerable proportion of HCWs experienced sleep disorders during the pandemic, emphasizing the need to establish ways to reduce long-term adverse outcomes associated with chronic insomnia and adjust interventions under pandemic conditions. Our findings confirm that insomnia and poor sleep quality are consistently associated with aggression.

Disclosure of Interest: None Declared

EPP0162

The impacts of the COVID-19 pandemic on adults who experience imprisonment in Greece – A qualitative study

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