

Conclusions: COVID-19 pandemic-related stress is a source of additional stress for bereaved students. Grief is also associated with social isolation, poor mental health (depression, anxiety, lack of control) and sleep difficulties. Screening efforts, guidance, and counseling from professionals of mental health care, primary health care, and universities health care services during and after the COVID-19 pandemic could be extremely beneficial for bereaved students, particularly for those at higher risk of developing prolonged grief disorder.

Disclosure: No significant relationships.

Keywords: grief; students; Covid-19

EPP0416

Adherence Scale to the Recommendations for Mental Health during the COVID-19 pandemic from the Portuguese General Directorate of Health (ASR-MH-COVID19) - Development and validation

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Introduction: The COVID-19 crisis has generated an increasing stress throughout the population.

Objectives: To develop and validate the Adherence Scale to the Recommendations for Mental Health during the COVID-19 pandemic from the Portuguese General Directorate of Health (GDH) (ASR-MH-COVID19).

Methods: The items content was based on the GDH guides for the prevention of mental health and psychosocial well-being of the general population during the COVID-19 outbreak. After content and facial validity analysis, the preliminary version of the ASR-MH-COVID19 (8 items to be answered on a Likert scale) was completed by 413 individuals (69.2% female; mean age=31.02±14,272), in September-December 2020 (Sample1) and then by 967 (70.9% female; mean age=34.02±14,272), in February-May 2021 (Sample2). Sample1 was randomly divided in two sub-samples. Sample1A was used for exploratory factor analysis/EFA and Sample1B for confirmatory factor analysis/CFA; CFA was then replicated with Sample2. The online surveys also included the Adherence Scale to the Recommendations of Portuguese GDH to minimize the impact of COVID-19 (ASR-COVID-19; Pereira et al. 2020).

Results: CFAs were informed by EFA and showed that the unidimensional model presented acceptable-good fit indexes (Sample1B: $\chi^2/df=2.747$; RMSEA=.0980, $p<.001$; CFI=.973; TLI=.918, GFI=.972; Sample2: $\chi^2/df=3.327$; RMSEA=.0490, $p<.001$; CFI=.993; TLI=.983, GFI=.990). Cronbach's alphas were $\alpha<.850$. Pearson correlations between ASR-MH-COVID19 and ASR-COVID19 were significant ($p<.01$) and moderate-high for the total ($r=.753$) and dimensional

scores (Distance and respiratory hygiene, $r=.739$; House and personal hygiene, $r=.584$; Use of remote services and isolation $r=.425$).

Conclusions: The new ASR-MH-COVID19 has shown validity and reliability, allowing the investigation of this (mental) health behaviour.

Disclosure: No significant relationships.

Keywords: Covid-19; Adherence Scale to the Recommendations for Mental Health during the COVID-19

EPP0417

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Keywords: Covid-19; mental health; Psychometry