

stressor at work results in a work-related claim provided it meets the criteria of a governing worker's compensation agency. While the literature points to varying prevalence rates of mental health illnesses among HCW, it remains unknown how the COVID-19 pandemic affected the number of work-related mental health claims in this population.

Objectives: To help fill this gap in knowledge, we will conduct this study that aims to determine the impact of the COVID-19 pandemic on the number of work-related mental health claims among HCW.

Methods: We will utilize deidentified individual data from a worker's compensation agency in all of British Columbia. Mental health claims will be identified using an indicator for mental health. Diagnoses for mental health conditions in these claims are ascertained by a psychologist or psychiatrist. Differences in the number of mental health claims between HCW and non-HCW before (January - February 2020) and after (March 2020 - December 2021) the pandemic will be estimated using interrupted time series analysis.

Results: The findings will inform disability case managers, healthcare providers, and employers the importance of identifying appropriate work accommodations, return to work programs and additional mental health supports for HCW under mental health claims. Healthcare unions in British Columbia can use the findings to advocate for better work accommodations and mental health support for HCW.

Conclusions: Further understanding the complications of long-term effects of COVID-19 on mental health of HCW will inform workforce planning and patient care.

Disclosure of Interest: None Declared

EPP0700

The behavior of Tunisian students toward people with mental illness

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Introduction: Over the years, several studies have shown the high rate of discrimination experienced in particular by mental health service users. Stigma is composed of three elements: knowledge, behaviors, and attitudes. Although behaviors are the core of discrimination, this element has often been overlooked or intertwined with the other components.

Objectives: Our study aimed to assess Tunisian students' behavior toward people with mental illness

Methods: This was a cross-sectional study conducted on 2501 Tunisian students who anonymously completed a form circulated online through social network groups and pages related to each academic institution. We have used the validated Arabic version of the "Reported and Intended Behaviour Scale" (RIBS) which assesses self-reported mental health behaviors and future intentions.

Results: The median RIBS score was 15 out of 20, ranging from 4 to 20. Among the participants, 40% were living or have lived with someone with a mental health problem and 49.7% would be willing to live with someone with a mental health problem. Moreover, 24% were working or have worked with a person with a mental health problem and 53.4% would be willing to work with him or her. In addition, 34% were having or have had a neighbor with a mental illness and 58% would be willing to have a neighbor with a mental illness. Finally, 51% were having or have had a close friend with a mental health problem and 83.7% answered that they would be able to maintain a relationship with a friend who had developed a mental health problem.

Conclusions: The assessment of behavior toward people with mental illness is fundamental as it has the most impact on individuals. However, behavior may be mediated by knowledge. Thus, it would be interesting to evaluate mental health knowledge to study the relationships between these constructs and optimize anti-stigma interventions.

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EPP0701

All-cause and cause-specific mortality in patients with depression in Scotland

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Introduction: Premature mortality in people with depression is well established. A better understanding of the causes of death and the relative risks of death from each cause may help identify factors that contribute to the health inequalities between people with and without depression.

Objectives: To describe all-cause and cause-specific mortality of people with a hospital admission record for depression in Scotland, relative to the general population.

Methods: We used a linked population-based dataset of all psychiatric hospital admissions in Scotland to the national death dataset to identify 28,837 adults ≥ 18 years of age who had a hospital admission record of depression between 2000 and 2019. We obtained general population estimates and mortality data from the National Records of Scotland and quantified the relative difference in mortality by calculating the standardised mortality ratio (SMR), using indirect standardisation and stratifying by sex.

Results: During a median follow-up of 8.1 years, 7,931 (27.5%) people who were hospitalised for depression died. Circulatory system diseases were the most common causes of death. Standardised all-cause mortality was more than three times higher than would be expected based on death rates in the general Scottish population. SMRs were similar in men and women for all-cause mortality and, in general, for cause-specific death (Table 1). The SMR for the suicide category was markedly higher in women than men, partly explained by the higher suicide mortality in males than females in the general population.