

Twenty-one percent (21%) of patients reported infection with COVID-19 and 3.1% required hospitalization.

Forty-six percent (46%) had an infected family member and 2.5% had a death in the family caused by COVID-19.

The rate of access to vaccination among our patients was 73.0%. The majority received 2 doses (60.0%), and they were vaccinated on their own initiative (68.0%) and by appointment (71.4%).

Conclusions: The disability presented by mental disorders, particularly psychotic disorders, can expose patients to marginalization. Indeed, patients with severe mental disorders could constitute a vulnerable population to COVID-19 infection because of their difficulty in accessing care, especially during the COVID-19 pandemic, hence the recommendations.

Particular attention must always be paid to patients with mental health disorders, regarding their access to care and the promotion of health for this population.

Disclosure of Interest: None Declared

EPP0155

How the COVID-19 Pandemic affected the Bereavement Process

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Introduction: The COVID-19 pandemic has caused millions of deaths worldwide. However, unlike a natural disaster, it has also affected end-of-life care and funeral rites through social restrictions.

Objectives: Understand how the COVID-19 pandemic affected the grieving process.

Methods: A PubMed literature search for all relevant studies was conducted using terms such as “prolonged grief disorder”, “grief”, “mourning”, “bereavement” and “COVID-19”. The articles were selected after two different analyses, a first one based on their titles and abstracts and a second one based on their full texts.

Results: Based on the evidence extracted from these articles, it is clear that the COVID-19 pandemic has had an important effect on the bereaved population. More specifically, several articles found there to be an increase in the prevalence of severe grief symptoms caused by deaths that occur during the pandemic period, regardless of cause of death (Eisma and Tamminga 2020, Tang and Xiang 2021, Breen, Mancini et al. 2022, Downar, Parsons et al. 2022, Gang, Falzarano et al. 2022). These results were explained by the disruption of the grieving cycle due to social restriction which occurred during the pandemic period. These restrictions prevented the bereaved person from saying goodbye and being present at the time of death, holding mourning ceremonies, as well as having the needed social support during the mourning period (Goveas and Shear 2020, Kokou-Kpolou, Fernández-Alcántara et al. 2020, Mortazavi, Assari et al. 2020, Tang and Xiang 2021, Downar, Parsons et al. 2022). Regarding causes of death, the results were inconsistent, namely one study found to be higher grief levels associated with COVID-19 deaths when compared to natural causes, but not when compared to unnatural deaths, such as accidents and homicides (Gang, Falzarano et al. 2022). While another study found COVID-19 deaths caused are severe grief reactions when compared to natural deaths (Eisma and Tamminga 2022).

Conclusions: The COVID-19 pandemic has increased the prevalence of severe grief symptoms and therefore it is important for the scientific community to be sensitized to this effect. However, there is still a lack of studies concerning this theme, which are essential to define a course of action.

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EPP0156

PTSD and post-traumatic growth among healthcare workers during COVID-19

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Introduction: The COVID-19 pandemic has strongly impacted mental health outcomes of healthcare workers (HWs). In spite of the large literature reporting on Post-Traumatic Stress Disorder (PTSD) symptoms, only a few studies focused on potential positive aspects that may follow the exposure to the COVID-19 pandemic, namely post-traumatic growth (PTG) among HWs.

Objectives: In a large sample of Italian HWs, we aimed to investigate the prevalence of PTSD, its correlates and whether PTG dimensions independently affect the risk of PTSD during the first COVID-19 wave.

Methods: An online self-report survey was submitted to HWs throughout physicians’ and nurses’ associations, social networks and researchers’ direct contacts, between April 4th and May 13th, 2020. Sociodemographic data, information about possible COVID-19 related stressful events, Impact of Event Scale-Revised (IES-R) and PTG Inventory-Short Form (PTGI-SF) scores were collected. IES-R and PTGI-SF scores were compared between subjects based on main sociodemographic, work- and COVID-19-related variables using the Student T-test or the one-way ANOVA where appropriate. Post-hoc comparisons were conducted using the Tukey test. Participants with total IES-R score >32 were assigned a provisional PTSD diagnosis and binary logistic regression analysis was conducted to investigate the contribution of each variable to the provisional PTSD diagnosis.

Results: Out of 930 respondents, 256 (27,1%) reported a provisional PTSD diagnosis. Female sex ($p<.001$), separation from cohabiting family ($p<.001$), family members infected with ($p<.05$) or deceased due to ($p<.05$) COVID-19, increased workload ($p<.05$), relocation to a different work unit ($p<.05$) and unusual exposure to suffering ($p<.001$) were significantly associated with higher IES-R mean scores. The median PTGI-SF score was 24. Factors associated with greater mean PTGI-SF scores were female gender ($p<.001$), being a nurse ($p<.05$), being older than 40 years ($p<.05$), and increased workload ($p<.05$). The logistic regression model showed that previous mental disorders ($OR=1.65$; 95% $CI=1.06-2.57$) working in medical ($OR=2.20$; 95% $CI=1.02-4.75$), or service units ($OR=2.34$; 95% $CI=1.10-4.98$) (compared to frontline unit), relocation to a COVID-19 unit ($OR=1.90$; 95% $CI=1.06-3.36$), unusual exposure to suffering ($OR=2.83$; 95% $CI=1.79-4.48$) and exposure to a traumatic event implying threat to self (compared to other work-related events) ($OR=2.07$; 95% $CI=1.10, 3.89$) significantly increase the risk of receiving a provisional diagnosis of PTSD, while