

to each employee participating in the program. If it was necessary, we provided psychological counseling, crisis intervention, brief psychotherapy, and psychopharmacotherapy. In addition, self-operated psychophysiological screening devices were used at the frontline work site, which provided an opportunity for continuous telemedicine monitoring.

Results: In our department, three psychologists and three psychiatrists kept in touch with an average of 150 frontline workers per month. Interventions were needed for a total of over 24% in December and January, over 17% in February and March, almost 9% in April, and only 4% in May. Helpers rated an average of two-thirds of these cases as moderate. They faced severe stress 2-3 times a month in sum, and for 2-3 workers needed medication.

Conclusions: Without a mental support system, self-report-based data suggest that nearly half of responders working at the frontline reached the threshold of clinically significant mental syndromes (Greenberg et al, 2021). Using our mental health support system, one-fifth of the workers needed intervention.

Disclosure: No significant relationships.

Keywords: proactive; psychophysiology; Distress; Suicide

EPP0027

An application for identification and stratification psychological crisis among pandemic frontline healthcare workers

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Introduction: The COVID-MENTA Screening Program was developed to monitor the mental health of frontline healthcare professionals and identify those at high risk for suicide at the Kiskunhalas Mobile Disease Control Hospital.

Objectives: Our post hoc analysis aimed to investigate the association between psychological distress and suicide ideation based on passively collected data during the screening work.

Methods: A sample of 50 healthcare professionals was analyzed from 167 participants in the COVID-MENTA Screening Program between the second and third waves of the COVID-19 pandemic. Data collection was performed during the breaks of healthcare professionals at work. Half of the group ($N=25$) perceived severe distress (scored $> 5/10$ on Distress Thermometer). The crisis monitoring application was based on Klonsky and May's 3-step theory (2015) and was built by adapting the questions on the appropriate international scales (Psychache Scale, Beck's Hopelessness Scale, Interpersonal Needs Questionnaire, Suicide Capacity Scale). The tool can stratify the current suicide risk into seven levels.

Results: Spearman's Rank Correlation was used for statistical analysis. There was a significant positive correlation between

the psychological distress and the suicide risk ($r(48) = 0,43$, $p < 0,01$).

Conclusions: Our findings supported the hypothesis of the study that the risk of suicide rises with the increase of the level of distress. The application has been proved effective in ecological conditions, helping in several cases to screen individuals currently at increased risk for suicide, allowing us to intervene in a timely and effective manner.

Disclosure: No significant relationships.

Keywords: psychological crisis; Suicide; screening; Distress

EPP0028

Psychological impact of the covid-19 pandemic on the operating room paramedical staff

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Introduction: the recent covid19 pandemic is not devoid of psychological risks on paramedical staff. Among them, those who work in the operating theaters are exposed to such risks.

Objectives: to determine the perceived stress level and the psychological impact of COVID-19 on paramedics in the operating room.

Methods: This is an observational, descriptive and analytical study carried out in the operating rooms of Sahloul University Hospital during a 3 month period. The data collection tool was a self-administered questionnaire composed of 5 main parts (socio-demographic characteristics, occupational characteristics, exposure to COVID-19, the Perceived Stress Scale (PSS) and the Hospital Anxiety and depression scale (HADS)).

Results: 96 paramedical staff participated in our study. The average perceived stress score was significantly higher among anesthetists. 48% of participants had anxiety. Anesthetists had significantly higher anxiety scores ($p = 0.001$). 26.1% of participants had definite depression. Of those with definite depression, 35.3% were anesthetists ($p = 0.028$). Factors significantly associated with the occurrence of anxiety were: psychiatric history, increased workload, contact with a positive coronavirus patient in the operating room, and severe perceived stress. However, the factors significantly associated with the occurrence of depression were: initial training in the management of covid-19 patients, personal infection with SARS-COV2 and severe perceived stress.

Conclusions: Covid-19 pandemic is causing significant symptoms of anxiety and depression among operation room staff. Primary and secondary prevention strategies must then be undertaken.

Disclosure: No significant relationships.

Keywords: COVID19; Anxiety; Depression; operating room

EPP0030

Healthcare workers' knowledge and management skills of psychosocial and mental health needs and priorities of individuals with COVID-19

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Introduction: Individuals confirmed with COVID-19 were isolated or treated in medical and well-designated units; however, such a situation probably causing psychological and mental health problems that require prompt intervention.

Objectives: The purpose of this study was to identify the knowledge and management of healthcare workers regarding psychosocial and mental health priorities and needs of individuals with COVID-19.

Methods: This is a cross-sectional descriptive study. The data collected conveniently at one single point in time from 101 healthcare workers in Jordan directly managing the health of individuals with COVID-19.

Results: healthcare workers have moderate to a high level of knowledge of psychological distress related to COVID-19; mean ranged from 50-70% agreement and confidence. Healthcare workers had moderate to a high level of management of psychosocial and mental health needs. In general, healthcare workers were able to identify mental and psychosocial health needs and priorities at a moderate level. Healthcare workers' knowledge had a positive and significant correlation with age ($r = .24$, $p = .012$) and years of experience ($r = .28$, $p = .004$), and a significant difference was found in their management towards using mental and psychosocial care between those who are trained on psychological first aids and those who are not ($t = -3.11$, $p = .003$).

Conclusions: there is a need to train healthcare workers to integrate psychosocial and mental health care while managing psychological distress related to COVID-19.

Disclosure: No significant relationships.

Keywords: mental health; Psychosocial Care; Covid-19; Mental Health Priorities

EPP0031

Mental Health Impacts of Quarantine: Insights from the COVID-19 International Border Surveillance Study in Toronto, CanadaC. Regehr^{1*}, V. Goel², E. De Prophetis², M. Jamil³, D. Mertz⁴, L. Rosella², D. Bulir⁵ and M. Smieja⁶

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Introduction: Nations throughout the world are imposing mandatory quarantine on those entering the country. While such

measures may be effective in reducing the importation of COVID-19, the mental health implications remain unclear.

Objectives: This study sought to assess mental well-being and factors associated with changes in mental health in individuals subject to mandatory quarantine following travel.

Methods: Travellers arriving at a large urban international airport completed online questionnaires on arrival and days 7 and 14 of mandated quarantine. Questionnaire items such as travel history, mental health, attitudes towards COVID-19, and protection behaviours were drawn from the World Health Organization Survey Tool for COVID-19.

Results: There was a clinically significant decline in mental health over the course of quarantine among the 10,965 eligible participants. Poor mental health was reported by 5.1% of participants on arrival and 26% on day 7 of quarantine. Factors associated with greater decline in mental health were younger age, female gender, negative views towards quarantine measures, and engaging in fewer COVID-19 prevention behaviours.

Conclusions: While the widespread use of quarantine may be effective in limiting the spread of COVID-19, the mental health implications are profound and have largely been ignored in public policy decision-making. Psychiatry has a role to play in contributing to the public policy debate to ensure that all aspects of health and well-being are reflected in decisions to isolate people from others.

Disclosure: No significant relationships.

Keywords: covid; quarantine; mental health

EPP0032

The moderated mediating effect of gender in the relationship between unemployment, depression, and suicide during the COVID-19 pandemic: An examination based on big data

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Introduction: The COVID-19 pandemic, and the consequent recession, have caused a decline in the job market, with the resultant job insecurity increasing the risk of depression. While this affected all genders, suicidal thoughts were observed to be more common among women than men, suggesting that the impact of unemployment on depression varies by gender, with gender differences affecting the outcome of depression.

Objectives: This study aims to verify the moderating effect of gender on the structural relationship between unemployment, depression, and suicide during the COVID-19 pandemic by using online search trend data.

Methods: The study utilized the search trend data from Naver's Data Lab service, by analyzing the searches of men and women under 65, between March, 2020 and September 12, 2021. The search terms were "unemployment," "depression," and "suicide." The analysis examined 1121 searches using the Model 7 research model through the SPSS Process Macro to verify the moderating effect of gender on the mediating pathways for unemployment, depression, and suicide.