time-series analyses and compared trends before and after the day of the first ED COVID-19 case (1st March 2020).

Results: In March 2020, there was a marked initial decrease of -12.8 (95%CI -21.9, -7.9) less monthly mental health ED visits. After April 2020, there was a subsequent increasing trend of 3.4 (95%CI 2.6, 4.2) additional monthly mental health ED visits.

Conclusions: After onset of the COVID-19 pandemic, there was an increase in paediatric psychiatric ED visits, especially due to suicide-related reasons. These data reinforce the crucial role of the ED in the management of acute mental health problems among youth and highlight the need for renovated efforts to enhance access to care outside of and during acute crises during the pandemic and its aftermath.

Disclosure: No significant relationships.
Keywords: Urgency; Child; psychiatry; Covid-19

EPV0447

Young and lonely? Results from the COMET study

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Introduction: The sudden changes in daily routine due to the containment measures adopted for facing the COVID-19 pandemic have had an impact on the mental health of the general population. In particular, young adults are exposed to a higher risk compared to the general population to suffer from the consequences of the pandemic, in terms of anger and irritability, depressive symptoms and somatic complaints, insomnia, lack of motivation and loneliness. In particular, loneliness can be particularly pronounced during young adulthood.

Objectives: This study aimed to describe the levels of loneliness in a sample of Italian young people during the national lockdown in 2020, evaluating clinical and socio-demographic differences and the role of coping strategies and levels of resilience.

Methods: A sub-analysis of a sample of adults aged 18-34 years has been drawn on a larger cross-sectional observational national trial (COMET, 2020) in which, among other psychopathological dimensions, the levels of loneliness have been assessed by the UCLA scale short version.

Results: Levels of loneliness were particularly severe in a third of cases (risk factors: unemployment, low income and vulnerability in mental health), in association with depression, anxiety, stress, OCD symptoms, higher rates of suicidal ideation, sleep disturbance and excessive use of Internet. Levels of loneliness tended to increase over time.

Conclusions: Overall, during the Italian COVID-19 lockdown young people have experienced quite high levels of loneliness: this dimension could represent a useful domain to assess in routine clinical practice.

Disclosure: No significant relationships.
Keywords: COVID-19 Loneliness Young Lockdown Pandemic Youth; Mental health Covid Mentalhealth Italy

EPV0448

Coping strategies among medical and paramedic frontline healthcare workers during the coronavirus pandemic

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Introduction: The epidemic of COVID-19 has affected the psychological health of people, especially frontline medical and paramedical staff. Several coping strategies have been used to combat the impact of this virus on their lives.

Objectives: Describe the impact of coronavirus on mental health and identify coping strategies

Methods: We carried out a cross-sectional, descriptive and analytical study, conducted over a period of two months (september and october 2020), in 22 hospitals in Tunisia, including frontline medical and paramedical staff. To evaluate anxiety and depression, we used the Beck Inventory. To identify coping strategies, we used the Brief COPE.

Results: We collected 78 professionals. The mean age was 29.86+-5.4. The majority were medical residents (67.9%) working in covid units in 39.7% of cases. The rythm of work was daily in almost half of the cases, giving direct care to the patients tested positive in 76.9%. More than half had not received adequate training, and protective equipment was available in only 50% of cases. We found 35.9% of the staff who had to move for fear of infecting their families. More than half of the frontline staff were victims of stigma (57.7%). Depression and anxiety were tested minor in 40%. The most used coping strategy in the face of this distressing virus was social support (64.1%) followed by emotion-focused mechanisms (53,8%). Social support strategy was significantly correlated with prevention of anxiety (p=0.048)

Conclusions: Participants practiced and recommended various coping strategies to deal with stress, depression and anxiety emerging from COVID-19 pandemic.

Disclosure: No significant relationships.
Keywords: covid 19; coping strategies; healthcare workers; Anxiety and depression

EPV0449

Measurement of COVID-19 related mental health problems

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Introduction: The spread of the corona virus (COVID-19) has an enormous psychosocial impact on humanity across the globe, resulting in an increase in mental health issues. There are no specific diagnostic instruments that could identify COVID-19 related mental health problems. In recent months, new scales have been developed to identify COVID-19 related problems.

Objectives: Our objective was to investigate the clinical utility of these new assessment instruments.

Methods: We performed a literature search, using Pubmed, EMBASE, Scopus and Cochrane library databases, to search for new scales identifying COVID-19 related mental health problems.
Results: During the first half of the year 2020, we found five published new self-report measurement instruments: Coronavirus Anxiety Scale (CAS), the COVID Stress Scales (CSS), the Fear of COVID-19 Scale (FCV-19S), the Obsession with COVID-19 Scale (OCS), and the Questionnaire on Perception of Threat from COVID-19. These instruments have been validated in a group of middle-aged ambulatory patients.
Conclusions: These new instruments might be useful in non-clinical settings. Although the psychometric reports are promising, the instruments have been validated in a less vulnerable group of patients. Future validation studies should also comprise other age groups, particularly the old and more vulnerable population.

Disclosure: No significant relationships.
Keywords: mental health; Covid-19

EPV0450

Schizophrenia in Covid-19 crisis : Is it a mortality risk factor ?

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Introduction: Patients with mental disorders mainly schizophrenia represent a vulnerable population. In Covid-19 pandemic situation ,could schizophrenia be considered as a significant mortality risk factor ?
Objectives: In this study, we aimed to explore the odds of significant COVID-19 mortality among schizophrenia patients
Methods: Our literature review was based on the PubMed interface and adapted for 2 databases: Science Direct and Google Scholar using the following combination (schizophrenia [MeSH terms]) AND (COVID-19, mortality[MeSH terms])
Results: Our review included 4 population-based cohort studies covering the period from december 2019 to May 2021. The data showed increased mortality risk among individuals with schizophrenia who have had COVID-19. Indeed, this high rate of mortality maybe associated with multiple factors such as unhealthy lifestyle , low socioeconomic status and comorbidities as obesity, diabetes and cardiovascular conditions. The use of antipsychotics can be considered as a risk factor regarded its immunomodulatory effects. Furthermore, stigma and discrimination towards mental illnesses particularly schizophrenia might have contributed to a worse prognosis .
Conclusions: Schizophrenia is a severe mental disorder ,associated with an increased high risk Covid-19. Thus, this population require enhanced preventive and disease management strategies .

Disclosure: No significant relationships.
Keywords: Covid-19; schizophrénia; mortality

EPV0451

Factors Associated With The Covid-19 Infection Severity In Patients With Mental Disorders

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Introduction: Recent research showed that persons with mental disorders may represent a population at increased risk for coronavirus disease (COVID-19) infection with more adverse outcomes.
Objectives: We aimed to analyze clinical profile of psychiatric inpatients during their infection with COVID-19, and to explore factors associated with the disease progression.
Methods: We analyzed retrospectively the medical records of 32 psychiatric inpatients, hospitalized in psychiatry "B" department at Hedi Chaker hospital (Sfax, Tunisia), and who contracted the COVID-19 infection. We used "Charlson Comorbidity Index Score" (CCIS), predicting 10-year survival in patients with multiple comorbidities.
Results: Somatic history was reported in 50% of patients. The CCIS ranged between 0 and 4. Psychiatric diagnosis was schizophrenia in 81.3% and bipolar disorder in 18.7% of cases. The clinical symptoms reported were fever (50%), dry cough (75%); dyspnea (34.4%). Biological assessment showed a lymphopenia in 40.6% and a high C-Reactive Protein (CRP) in 53.1%. Among our patients, 37,5% needed oxygen, and 25% were transferred to the intensive care unit. The COVID-19 complications were mostly bacterial pulmonary superinfections (21.9%) and pulmonary embolism (9.4%). Only three (9.4%) patients died from the virus. Patients with medical history were more likely to need oxygen (p<0.001). Clinical and paraclinical parameters associated with oxygen need were: fever (p<0.001); dyspnea (p<0.001); lymphopenia (p<0.001); high CRP (p=0.001). Patients presenting pulmonary superinfection or embolism were more likely to require oxygen (p=0.006 and p=0.044 respectively).
Conclusions: This study highlighted factors that may worsen the COVID-19 infection evolution, and which require special attention, in order to improve the prognosis of this disease.

Disclosure: No significant relationships.
Keywords: COVID19; psychiatry; Mental Disorders

EPV0454

Factors Associated with Mental Health Outcomes and the Level of Work Engagement Among Health Care Workers Exposed to Coronavirus Disease 2019 in Tunisia

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