

And Addiction (sanks), Karasjok, Norway and ⁶Health South-East, Institute Of Psychotherapy, Oslo, Norway

*Corresponding author.

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Introduction: There is increased migration of patients and physicians worldwide. In Norway, psychiatry is the medical discipline with highest proportion of foreign doctors (24%). We need empirical studies on transcultural clinical challenges among doctors training in psychiatry.

Objectives: What perceived clinical challenges do foreign and native Norwegian young doctors meet when they treat patients from another culture, and what independent factors are associated with such challenges?

Methods: We developed a new 6-item instrument ($\alpha=0.80$), Clinical Transcultural Challenges (CTC), with items about assessing psychosis, risk of suicide, violence etc. The doctors were recruited at mandatory training courses, and they filled in questionnaires about individual factors (age, gender, foreign/native) and work-related factors (training stage, frequency of transcultural meetings, number of working hours, work stress). Associations with CTC were analyzed by linear multiple regression.

Results: The response rate was 93% (216/233), of whom 83% were native and 17% were foreign doctors, 68% were women. Native doctors reported higher levels of CTC than did foreign doctors, 28.8 (6.2) vs 23.8 (7.2), $p<0.001$, $d=0.73$. Both native and foreign doctors rated "assessing psychosis" and "lack of helping tools" as most demanding. Independent factors associated with CTC were being a native doctor, Beta 3.9, $p<0.01$, and high levels of work-home stress, Beta 0.29, $p<0.05$.

Conclusions: Native doctors training in psychiatry report higher levels of transcultural clinical challenges than foreign doctors do. Both groups of doctors may need more training in transcultural assessment of psychotic disorders. They also report needs for more helping tools, and we should explore this further.

Disclosure: No significant relationships.

Keywords: Postgraduate training; Assessment in psychiatry; Transcultural psychiatry; Physician role

COVID-19 and Related Topics 03

EPP0221

Age and gender differences in coping and mental health during and post COVID-19 lockdown

O. Romano, D. Stout and A. Mendrek*

Bishop's University, Psychology, Sherbrooke, Canada

*Corresponding author.

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Introduction: As a reaction to growing number of COVID-19 cases in Quebec, the government issued a lockdown to prevent further spread of the virus in March 2020. The novelty of the imposed restrictions warranted an assessment of adult coping and potential effects on anxiety and depressive symptoms.

Objectives: The purpose of the present study was to evaluate methods of coping employed during Quebec's lockdown and their

potential ramifications on anxiety and depressive symptoms post-lockdown in Quebec.

Methods: In a retrospective longitudinal design, two-hundred and twenty-three ($n = 223$) adults (65.5% female; 34.5% male) completed the study online. They were asked to fill out several questionnaires and provide demographic information.

Results: Analysis revealed significant improvement in anxiety symptoms post-lockdown relative to during lockdown across the entire sample. Depressive symptoms also improved significantly across the sample, but the difference was less pronounced among 18–34-year-olds than those 35 and above. Male adults aged 18–34 utilized maladaptive coping strategies to the greatest extent. Moreover, maladaptive coping was significantly associated with anxiety and depressive symptoms and predicted depressive symptoms post-lockdown. Further investigation revealed that young adult males differed from females in their use of substances and self-blame to cope.

Conclusions: Overall, the data suggest that the lockdown adversely affected anxiety and depressive symptoms among the general population. Furthermore, young adults, particularly males, were most susceptible to depressive symptomatology due in part to their methods of coping with the novel context. A follow-up study is warranted. Future studies should also seek to recruit individuals whose self-identified gender is non-traditional (e.g., non-binary).

Disclosure: No significant relationships.

Keywords: Gender differences; coping strategies; Anxiety; Depression

EPP0222

The psychological well-being of family caregivers of autistic people during the COVID-19 lockdown in Italy

M. Martinez*, L. Fusar-Poli, V. Meo, F. Patania, T. Surace, C. Avanzato, E. Aguglia and M.S. Signorelli

University of Catania, Department Of Clinical And Experimental Medicine, Catania, Italy

*Corresponding author.

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Introduction: People with autism spectrum disorder (ASD) frequently need support due to the elevated prevalence of psychiatric and medical comorbidities. The Covid-19 outbreak has severely affected the routinary functioning of healthcare services, thus causing severe consequences for autistic people and their caregivers, an already fragile population prone to mental health diseases.

Objectives: 1. To compare the levels of psychological well-being, insomnia, and family distress perceived by caregivers of autistic people to those perceived by caregivers of people with other types of disability. 2. To evaluate predictors of individual and family distress reported by caregivers of autistic individuals.

Methods: We collected data through a cross-sectional web-based observational study from April 19 to May 3, 2020. Socio-demographic information were collected, and psychopathological variables were assessed using the General Health Questionnaire-12, the Insomnia Severity Index, the Brief Resilient Coping Scale, and the Family Distress Index.

Results: No significant differences emerged between the two groups of caregivers in terms of well-being, sleep quality, family distress, and level of resilience. The risk of individual distress during the pandemic was higher in people caring for younger autistic people. Lower levels of resilience predicted higher levels of individual distress among caregivers of autistic people.

Conclusions: Our study confirmed that caregivers' mental health is worthy of attention and that people with disabilities may benefit for well-organized healthcare support networks (e.g. in-home services). The non-significant differences found between caregivers of ASD and non-ASD individuals may be related to the severe distress that Covid pandemic caused on the entire population.

Disclosure: No significant relationships.

Keywords: Covid-19; psychological distress; caregivers; autism spectrum disorder

EPP0223

Treatment outcomes of COVID-19 infection in PSYCHIATRIC HOSPITAL

V. Borkovic*, K. Župan and D. Šušić

Psychiatric Hospital Ugljan, Geriatrics, Ugljan, Croatia

*Corresponding author.

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Introduction: The ongoing pandemic of coronavirus disease 2019 (COVID-19) has made a serious public threat worldwide. The first case in the Republic Croatia was reported on 25th February 2020 and the first case in Psychiatric hospital Ugljan was diagnosed on 3rd December 2020. To maximize protection and prevent spreading to other patients, COVID-infected-individuals were isolated. This poster will describe treatment outcomes of COVID 19 in Psychiatric hospital Ugljan.

Objectives: This rapid review summarizes outcomes of COVID-19 infected psychiatric patients with mild disease severity to provide synthesized evidence to support policy decision making.

Methods: PubMed, Medline, PsychINFO were systematically searched from January 2021 for COVID-19, with studies describing epidemiology, treatment and outcomes in various long-term care facilities. Studies were excluded if they did not report clinical evidence.

Results: In the time of COVID-19 breakthrough in psychiatric hospital, in December 2020 328 patients were hospitalized of whom 44 tested positive for SARS-CoV-2 infection: of 307 hospitalized patients in January 2021 36 tested positive for SARS CoV-2. By that time, there were no treatment options available, so we focused on repurposing efficacy of the currently used drugs. Five patients needed admission to ICU, we reported one death from coronavirus disease 2019 in that period.

Conclusions: The COVID-19 pandemic has highlighted extreme vulnerability of psychiatric patients who reside in long-term care psychiatric hospitals and there is an urgent need for evidence-based policy that can protect adequately psychiatric patients.

Disclosure: No significant relationships.

Keywords: Covid-19; psychiatry patients

EPP0224

Long-term Psychological Effects of the COVID-19 Pandemic on Patients with Alcohol Use Disorder

I. Fuchs-Leitner*, J. Rosenleitner, N. Gerstgrasser and K. Yazdi

Kepler University Hospital Linz, Department Of Psychiatry - Specialization Addiction Medicine, Linz, Austria

*Corresponding author.

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Introduction: Vulnerable groups like patients suffering from alcohol use disorders (AUD) are expected to be particularly affected by the negative consequences of the COVID-19 pandemic. In a prior study (N=127), we found that psychosocial COVID-19 factors and living alone elevated the probability for relapse during the initial stage of the pandemic, whereas long-term effects on mental health have yet to be investigated.

Objectives: Here we aimed to investigate the risk of PTSD, as well as levels and developments in depression, anxiety and stress symptomatology as a consequence of the COVID-19 pandemic among patients with AUD.

Methods: Data was collected from a clinical sample of patients with AUD (N=136) in late 2020 and early 2021. PTSD symptoms due to the pandemic were assessed using an adapted version of the impact of event scale (IES-R). Levels in clinical symptoms were collected on the depression, anxiety and stress scale (DASS-21), and changes since the onset of the pandemic were assessed additionally.

Results: The high-risk PTSD-group showed higher levels of depression, anxiety and stress, and reported more severe deteriorations in these symptoms, when compared to the low-risk group. A binary logistic regression model revealed psychological and social aspects of the pandemic to increase the probability for PTSD, whereas sociodemographic and other COVID-19 related factors showed no significant effects.

Conclusions: About 30% of patients with AUD indicated an elevated risk of PTSD due to the pandemic, as well as deteriorations in levels of depression, anxiety and stress. These concerning findings should be especially considered in current and future treatment settings.

Disclosure: No significant relationships.

Keywords: alcohol use disorder (AUD); Covid-19; PTSD; DASS-21

EPP0226

COVID-19 induced psychosis. Should we be concerned?

P. Costa^{1*}, I. Pinto² and P. Branco¹

¹Centro Hospitalar Psiquiátrico de Lisboa, Clínica 2 - Psicogeriatrics, Lisboa, Portugal and ²Centro Hospitalar Psiquiátrico de Lisboa, Clínica 1 - Unidade Partilhada, Lisboa, Portugal

*Corresponding author.

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Introduction: Coronaviruses traditionally are considered to cause pulmonary diseases, often accompanied by gastrointestinal symptoms. Since the COVID-19 pandemic start in early 2020, there have been reports of a high prevalence of neuropsychiatric symptoms. Recent data show significant rates of neuropsychiatric diagnosis over the subsequent 6 months post-infection. Some of the data suggest the COVID-19 as a cause of new-onset psychotic symptoms