

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.

Disclosure of Interest: None Declared

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.

Table 1 All-cause and cause-specific mortality of people hospitalised for depression in Scotland 2000-19

	Observed deaths, n (All)	Expected deaths, n (All)	SMR (95% CI) (All)	Observed deaths, n (Male)	Expected deaths, n (Male)	SMR (95% CI) (Male)	Observed deaths, n (Female)	Expected deaths, n (Female)	SMR (95% CI) (Female)
All-cause	7,931	2427	3.3(3.2-3.3)	3617	1052	3.4(3.3-3.5)	4314	1375	3.1(3.0-3.2)
Circulatory system diseases	2,020	806	2.5(2.4-2.6)	886	343	2.6(2.4-2.7)	1,134	463	2.4(2.3-2.6)
Neoplasms	1,153	682	1.7(1.6-1.8)	534	306	1.7(1.6-1.9)	619	376	1.6(1.5-1.8)
Respiratory system diseases	1,106	292	3.8(3.6-4.0)	453	112	4.0(3.7-4.4)	653	180	3.6(3.3-3.9)
Mental & behavioural disorders	835	131	6.4(5.9-6.8)	333	52	6.4(5.7-7.2)	502	79	6.3(5.8-6.9)
Accidents	395	69	5.7(5.2-6.3)	224	38	5.9(5.1-6.7)	171	31	5.5(4.7-6.3)
Suicide, self-harm & injuries of undetermined intent	805	53	15.2(14.1-16.2)	485	39	12.4(11.3-13.5)	320	14	22.9(20.3-25.4)
Other external cause	28	6	4.7(2.9-6.4)	16	3	5.3(2.7-7.9)	12	3	4.0(1.7-6.3)
Other natural diseases	1,589	388	4.1(3.9-4.3)	686	159	4.3(4.0-4.6)	903	229	3.9(3.7-4.2)

CI: Confidence interval; SMR: Standardised mortality ratio

Conclusions: People hospitalised for depression continue to have higher all-cause mortality than the general population in Scotland, with relative mortality varying by cause of death.

Disclosure of Interest: None Declared

EPP0702

Tokyo Teen Cohort study: a prospective cohort study on general population of adolescents

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Introduction: Adolescence is the period when many mental disorders have their peaks of onsets. Investigation into adolescent mental health problems and their risk factors is required, but there has been few prospective cohort studies on adolescent mental health.

Objectives: This study aimed to prospectively reveal the developmental trajectory of physical and mental health in adolescence, and to investigate factors associated with the trajectory.

Methods: We launched a prospective cohort study (Tokyo Teen Cohort: TTC) on general population of adolescents at three municipalities in metropolitan area in Tokyo, Japan. Using the resident register, we recruited 10-year-old children from the community between 2012 and 2015. The second, third, and fourth wave of data collection were conducted at 12, 14, 16 years of age, respectively. We collected multidisciplinary data including mental health by self-report questionnaire and home-visit interview. Further, we have

launched two subsample studies which focus on biological measures such as brain MRI, EEG, and sex hormones. TTC is based at three research institutes, and ethics approval has been granted by all of the three institutions.

Results: A total of 3171 children participated the TTC. Of those, 3007 children participated in the second wave of data collection (follow-up rate: 94.8). The third and fourth wave of data collection were completed and more than 80% of children continued to participate in TTC. More than 300 children participated in the two subsample studies. More than 30 papers were already published, and many national/international research collaborations have started.

Conclusions: The fifth wave of data collection at 20 years of age is being currently conducted. Further national/international collaborations are expected to examine cultural effects on mental health of adolescents.

Disclosure of Interest: None Declared

EPP0703

Mental health and well-being of Children in France : Enabée the 1st nationwide study

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Introduction: The Covid 19 pandemic has worsened mental health of teenagers and young adults in particular and highlighted the lack of data for children aged 3 -11 years living in France. To fill this gap, Santé publique France, the national public health agency set up the first nationwide study, Enabée, in 2022.

Objectives: Enabée (National study on Children wellbeing) aims at monitoring wellbeing and most frequent mental health disorders of children and at understanding associated factors, gathering information from children, parents and teachers. First analyses will be focused on children' and teachers' point of view.

Methods: Enabée is a nationwide cross sectional study. Elementary and nursery schools were randomly selected in Metropolitan France. Then a maximum of four classes were randomly selected in each school. Elementary school children (from 6 to 11 years old) gave their own assessment of wellbeing and mental health using the following self-administrated questionnaires on tablets: the Kindl and the Dominique Interactive. To get a comprehensive evaluation, parents and teachers also filled the web-administrated Strengths and Difficulties Questionnaire for each child. The parents' questionnaire also included questions on child's life habits and global health, parenting attitudes, parent's mental health, covid 19, major life events and household social situation. A pilot study was launched in January to assess the feasibility and the acceptance before implementing the study at a nationwide level. Key stakeholders of education, family and health participated at the setting up of the study.

Results: 706 schools were selected and 399 participated (participation rate 57%). Data were collected from May 2nd to July 31st 2022.