

EPP0569

SARS-CoV2 vaccination status among psychiatry inpatients: a retrospective cohort analysis

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Introduction: The coronavirus infectious disease 2019 (COVID-19) pandemic has had a deleterious impact in many areas. Given this, efforts have focused on developing effective vaccines and vaccination campaigns have been carried out prioritizing population at risk. This should include mental health patients since they are at higher risk of developing complications or ending up in a critical status. Since it may be sometimes difficult for these patients to access vaccination, hospitalization may be a window of opportunity to evaluate and offer vaccination.

Objectives: This study aims to retrospectively assess vaccination status and offer during admission of psychiatry inpatients at Hospital Clínic of Barcelona during a 6-month period, in order to determine if there are differences regarding vaccination rates compared to general population and between main diagnostic categories.

Methods: We retrospectively evaluated all admitted patients to the acute psychiatry ward. The main collected variables included age, gender, main psychiatric diagnosis, presence of organic comorbidities, vaccination status at admission and vaccination offer during admission. We used descriptive statistics to extract most of the information. A binary logistic regression was also conducted to evaluate whether the main diagnosis, age and gender had some influence upon vaccination status at admission.

Results: Between January 1st and June 30th of 2022, 216 patients were admitted to the psychiatry ward. A total of 42% were female, with a mean age for the whole sample of 42.8 years (SD 14.7). More than half were current smokers (55%), and 46% of the patients had at least one significant organic comorbidity. The percentages of main diagnosis were as follows: addiction 21.3%; bipolar disorder 18.5%; schizophrenia 18.1%; non-specified psychosis 14.4%; depression 7.4%; cognitive impairment 0.9%; personality disorders 6.9%.

Vaccination status was available for 187 patients (86.6%). Of these, 78 patients were fully vaccinated, 68 had an incomplete vaccination status and 41 patients had not received any dose. No differences on the vaccination status were seen based on the psychiatric diagnosis. Among patients with incomplete or no vaccination, 19 patients (17.4%) were offered a vaccination dose. A total of 11 patients accepted and received it (57.9%). In the logistic regression model, the only significant variable predicting an increase in the likelihood of being fully vaccinated was age, with every year of age increasing the probability of full vaccination by 6%.

Conclusions: Our data suggest that routine screening of vaccination status during psychiatric admission and improved strategies for vaccination offer and acceptance should become a priority in psychiatric wards. Given the impact of the pandemics, and the likelihood of new waves or even new pandemics, more research on vaccination strategies among mental health patients is warranted.

Disclosure of Interest: None Declared

EPP0570

Mental Health Responses to Covid and Lock-down in Auckland, New Zealand

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Introduction: The Government of New Zealand closed the borders and introduced a number of restrictions following the first reported case of Covid-19 in February 2020. Comprehensive measures to control the outbreak included a strict managed isolation and quarantine (MIQ) system and rolling lockdowns that restricted movement. There were concerns about the mental health impact on the population. This presentation will outline the approach to maintaining social cohesion and supporting the psycho-social needs of the population through the pandemic.

Objectives: An overview of the Covid-19 response will be presented, including the Covid-19 alert systems and the strategies to support particular populations.

Methods: This will include:

1. The mental health support for the 229,000 people subjected to managed isolation and quarantine in government facilities
2. Psycho-social interventions for our Maori and Pacific populations
3. Specific approaches for people with severe mental disorders, including vaccination strategies and supporting people in the community with Covid-19
4. Interventions for homeless and socially vulnerable populations

Results: Reflections and learnings from our approach will be shared.

Conclusions: The government ended the Covid-19 Framework in September 2022 and returned to fully open borders in October 2022. There have been over 1.8 million cases and 2000 deaths during the period of restrictions.

Disclosure of Interest: None Declared

EPP0571

Sleep disturbances in the Croatian adult population amidst the COVID-19 pandemic

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Introduction: It has been shown that various traumatic events, such as social isolation connected with the COVID-19 pandemic, can produce psychological distress and anxiety symptoms which negatively impact sleep quality.

Objectives: This study aimed to investigate the influence of the COVID-19 preventive measures, especially social isolation, on sleep quality of the Croatian adult population during the COVID-19 pandemic.

Methods: This cross-sectional questionnaire study was conducted from February to June 2021 period. A validated, anonymous questionnaire that contained questions regarding demographic data, as

well as Pittsburgh Sleep Quality Index (PSQI) was self-administered to a convenient sample of Croatian adults from central and northwestern Croatia.

Results: The study sample included 939 subjects with, median age of 42 years (interquartile range 35-48), 35.4% males, and 64.6% females. According to the PSQI there were 22.6% of subjects who presented sleep disturbances. Sleep disturbances were more frequent among females ($p < 0.001$), inhabitants of the Croatian capital Zagreb ($p = 0.001$), subjects who were not infected with COVID-19 virus ($p = 0.042$), subjects who had fear of coronavirus infection in the workplace ($p < 0.001$), subjects who had fear of coronavirus infection during daily life activities ($p < 0.001$), subjects who had fear of coronavirus infection during daily physical activities ($p < 0.001$) and subjects who worked with limited social contact ($p = 0.005$).

Conclusions: The COVID-19 pandemic has a significant negative influence on the sleep quality of the Croatian general population. Development of appropriate supportive programs that enhance mental health and sleep quality during pandemics is needed to address mental health problems in Croatia during the ongoing pandemic.

Disclosure of Interest: None Declared

EPP0572

Changes in the characteristics of Suicide Attempts during COVID-19 pandemic

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Introduction: Different studies indicate high prevalence's of suicidal behaviour, anxiety, depression, insomnia, and PTSD associated with the COVID-19 pandemic. There is currently not enough scientific evidence available to analyze the impact that the COVID-19 pandemic has had on the rate of suicide attempts and their characteristics.

Objectives: To analyze and compare the characteristics of suicidal behavior (in terms of method, severity, medical damage produced and need for hospitalization) of patients attended during the COVID-19 pandemic compared to previous years.

Methods: A retrospective study was performed based on a standardized data collection of patients attending the University Hospital La Paz between April 2018 and November 2021. 581 patients who attempted suicide at least once were included in this study. We compared the severity using the Beck Suicide Intent Scale. Chi-square and Student's *t* were used to compare clinical characteristics such as medical damage, method of suicide attempt and indication for admission after the attempt, between suicide attempts during the COVID-19 pandemic and previous years.

Results: Our results suggest that during the COVID-19 pandemic suicide attempts caused more medical damage ($p < 0.001$), had higher severity ($p < 0.000$), and required more admission in Intensive Care

Units, General Internal Medicine and Psychiatry compared with pre-Covid years ($p < 0.000$).

Conclusions: This is the first study in Spain analysing the changes in characteristics of suicide attempts during the COVID-19 pandemic. This has important implications for reducing suicide rates, preventing future attempts, and enabling us to design specific treatments of Suicidal Behaviour.

Disclosure of Interest: None Declared

EPP0573

Impact of COVID-19 pandemic on psychiatric emergency care in a general hospital

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Introduction: The SARS-CoV-2 pandemic has produced an unprecedented clinical situation, causing a direct and indirect impact on the physical and mental health of the population. In Spain, between March 15 and June 21 of 2020, it was decreed a home confinement that caused the interruption of the daily life of millions of people. However, there are few studies that analyze the changes produced in psychiatric care in the Emergency Department (ED).

Objectives: To analyze the changes produced in psychiatric emergencies, subanalysing paediatric population, during the first year of the pandemic (COV1/Y-COV1) compared to the previous year (NOCOV/Y-NOCOV1). To analyze the clinical features of patients attended during the lockdown period of the pandemic (LOCK) and compare it to the period of the pandemic after the lockdown (NOLOCK).

Methods: Through the registry of computerized medical records, patients who attended the psychiatric hospital emergency department between 03/01/2019 and 02/28/2021 were identified. We also identified all attendances from 15/03 to 21/06 in 2019 and in 2020 to obtain variables from the lockdown period.

Results: During period of this study, 2694 psychiatric visits made in the ED (1744 patients - 54.3% women, and 69.5% were between 25 and 64 years-), 1537 in NOCOV and 1157 in COV1. Significant differences were found between COV1 and NOCOV in sociodemographic variables, such as employment status and number of offspring. At a clinical level, in COV1, we observed an increase in attendance due to heteroaggressive behaviors, mania, insomnia and problems due to substance use. An increase in the prescription and/or modification of treatment was observed (59.3% vs 54.3%). During COV1, in terms of discharge follow-up in the month following the ED visit, telematic assistance increased (11.4% vs. 5.3%). During the period of study, 282 ED attendances were performed, 153 in Y-NOCOV and 129 in Y-COV1. At a clinical level, during Y-COV1, a decrease in attendances related to substance use was found significant. The sub-analysis carried out for LOCK and NOLOCK yields similar data to those obtained in the COV1 vs. NOCOV1 comparison. During lockdown, the face-to-face follow-up in the month following the ED was significantly lower (39,5% vs 57,1%) regarding telematic follow-up (24,4% vs 5,8%)