**EPP0320**

**Coronavirus lockdown and its impact on mental health of general population**

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**Introduction:** On March, Tunisian government imposed lockdown measures on cities to contain the COVID19 outbreak. Media coverage, social distancing, quarantine and isolation led to a global atmosphere of anxiety and depression.

**Objectives:** To assess the level of anxiety and depression among citizens of southern Tunisia and theirs associated factors.

**Methods:** We conducted a cross-sectional, descriptive and analytical online-based survey, from April 19, 2020, to May 5, 2020 on 331 citizens living in south of Tunisia. During this period, the total confirmed cases of COVID-19 exceeded 900 in Tunisia. We used a self-administered anonymous questionnaire containing citizen’s sociodemographic and clinical data. Hospital Anxiety and Depression Scale (HAD) validated in the Tunisian dialectal version was used to assess anxiety and depression. Data were analysed using SPSS version 21.

**Results:** The 331 Participants were males (35%), singles (43.2%), aged between 20 and 40 years old (71%). From them, 37.5 % were suffering from anxiety and 42% of them from depression. Anxiety was correlated to the personal history of anxiety (p<10\(^{-3}\)), the depression (p<10\(^{-3}\)), the fear of contamination (p<10\(^{-3}\)), the increased consumption of coffee and tea (p=0.005) and sleep disorders (p<10\(^{-3}\)). Meanwhile, depression was associated to a past psychiatric history (p=0.001), a personal experience of psychological violence (p=0.011), increased cannabis use (p=0.011) and a broken sleep (p=0.007).

**Conclusions:** Our study identified a high prevalence of adverse psychological symptoms experienced by Tunisian citizens during this first wave of virus spread. Mitigating coronavirus effect on mental health is becoming an international public health priority.

**Keywords:** General population; COVID-19; Anxiety; Depression

**Methods:** It seems that social media use has increased during lockdown. To analyse this in Malta we studied a dataset comprising more than 50,000 comments and more than 150,000 interactions that has been extracted from Facebook covering a time span of four months. These months were the first wave of COVID-19 cases in Malta. We conducted a quantitative and qualitative data analysis to establish the social polarity of the content.

**Results:** I will discuss how social media has in part replaced the social face to face interactions during COVID-19 pandemic initial months, and use the results of the study we conducted in Malta as an example.

**Conclusions:** It would be useful to analyse further the use of social media in the new social norm caused by COVID-19. Most importantly how it could be used to decrease social isolation effectively and increase psychological wellbeing.

**Keywords:** social media; COVID-19; psychological wellbeing; online interaction

**EPP0319**

**COVID-19 and lockdown impact on BPD patients and their families.**

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**Introduction:** It is large known that Coronavirus outbreak has had a psychological impact on the general population, specifically on those with a mental disease as Borderline Personality Disorder (BPD) and their relatives.

**Objectives:** The aim of the study is to identify and examine the individual and familiar impact of the coronavirus outbreak on patients diagnosed with BPD and their parents.

**Methods:** A qualitative research design using focus groups was selected to identify and discuss participants’ experiences, beliefs, perceptions and attitudes. The target population consisted of patients with BPD and their parents. Participants were recruited from the BPD psychiatric service from the Hospital Universitari de la Vall de Hebron (Barcelona, Spain). Data was collected via two focus groups, one with patients with BPD and other with their parents. Content analysis was used to determine categories and themes.

**Results:** The qualitative analysis of participants’ perceptions are presented using the following themes: changes and difficulties during lockdown, after lockdown concerns and challenges, general learning, and future needs. Results identify factors associated with the COVID-19 outbreak and other factors already present as family dynamics and individual difficulties.

**Conclusions:** Findings have been discussed focusing on individual and familiar impact, and allows us to consider challenges precipitated by the COVID-19 pandemic. The study evidence that a family intervention approach is essential to enhance BPD treatment.

**Keywords:** Borderline personality disorder; lockdown; family; coronavirus

**EPP0318**

**Did social media interaction replace quantitatively and qualitatively face to face interaction during first months of COVID-19 pandemic?**

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**Introduction:** COVID-19 has changed entire lives. Lockdowns all over the world have resulted in social isolation and whole populations started to live a new social norm.

**Objectives:** In this presentation I will discuss the role social media has played in social interactions during lockdown. Mainly if social media use has replaced social face to face interactions. This both in terms of quantity and emotional quality of interactions. I will be using a study we conducted in Malta in this regard.
EPP0320
COVID-19 stigma
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Introduction: ‘Health-related stigma’ is typically known as social rejection or exclusion of individuals and populations suffering from specific health problems. Results on previous infectious diseases showed that stigma can be experienced by survivors but also by health-care workers (HCW). Several factors contribute to stigma associated with infectious diseases, such as people’s knowledge, myths and stories transmitted by the mass and social media and psychosocial variables, such as risk perception and fear of being infected. COVID-19 is a new disease with many unknown aspects and, naturally, people are afraid of the unknown.

Objectives: To reflect on infectious diseases and social stigma during covid-19 pandemics.

Methods: Pubmed and Google Scholar search.

Results: Stigmatization can considerably increase psychosomatic distress and disturbance and can negatively affect people with infection and those at risk of infection in seeking medical care. HCWs and volunteers working in the field may also become stigmatized, leading to higher rates of distress, stress, and burnout. When people avoid groups or geographic areas related to infectious diseases, this can pose significant economic losses. Thus, stigma is more than a mere negative outcome of infectious diseases; it is both a factor that contributes to the epidemics and pandemics and a disease in itself.

Conclusions: Anticipating disease-related stigma during the COVID-19 pandemic enables policy-makers to address it, restricting its adverse effects. The hidden burden caused by this stigma can cause severe consequences for patients, HCW, and public health measures, so, coordinated psychological interventions to overcome this crisis seems essential.

Keywords: infectious diseases; Stigma; COVID-19

EPP0322
Immediate psychological effects of COVID-19 in Emilia Romagna, Italy
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Introduction: The epidemic caused by the SARS-CoV-2, which began in Wuhan city in December 2019, quickly spread to various countries around the world. On March Italy had already become the second country after China in terms of number of infections and deaths and Emilia Romagna was the second region in Italy by number of cases after Lombardy. On 11th of March 2020 through the “Stay at home” decree, the entire nation was sheltered-in-place (SIP).

Objectives: Main objective is to understand immediate psychological effects on sheltered in place persons living in Emilia Romagna.

Methods: This study is based on a cross-sectional online survey conducted anonymously in the period between the tenth and seventeenth day of SIP. We used Zung Anxiety Self-Assessment Scale, Insomnia Severity Index and Perceived Stress Scale 4. SPSS 21.0 was used for data analysis.

Results: We collected data on 651 individuals. About 38% of the sample reported having sleep problems; 31% of the population has a minimal-moderate level of anxiety while 4% marked-severe; finally, 54% of the interviewees perceive a moderate level of stress while 31% high. The MANOVAs showed that anxiety is influenced by gender, age, level of education and occupational status. Greater levels of stress are shown by individuals who declared the fear of contracting the virus and the concern of financial loss.

Conclusions: Our results could be used as a “psychological baseline” meanwhile the outbreak of COVID-19 is still ongoing. Despite the few days of SIP, we found the presence of a significant incidence and pervasive prevalence of psychological distress.

Keywords: Anxiety; stress; COVID-19; shelter in place

EPP0323
Professional burnout and increased workload during covid-19 in higher education teachers in monteria - colombia
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Introduction: Faced with the global health emergency, a product of Covid-19, the educational system was forced to change its dynamics, assuming new challenges and adapting to virtual environments (Sierra, López, Azar & Trevethan, 2020). In this sense, the teaching task from home supposes an increase in the hours dedicated to their work, since they have seen the need to be trained in digital platforms to be able to respond to the changes derived from confinement; which can quietly generate professional wear and tear.

Objectives: Analyze the relationship between professional burnout and increased workload on teachers

Methods: A cross-sectional study of correlational scope was carried out in 60 (n = 60) teachers, working actively at a higher education institution. A sociodemographic scale was designed to identify the hours dedicated to work before and during confinement and to evaluate professional burnout, the adaptation of the MBI instrument for the Colombian population was used (Barbato, Córdoba, González, Martínez & Tamayo, 2011)

Results: A 50% increase in the workload of teachers was observed during confinement, besides, a statistically significant correlation between professional burnout and the increase in hours dedicated to work (Table 1)