Image 2:

Suicide Attempts of EarlyAdult, 2018-2022
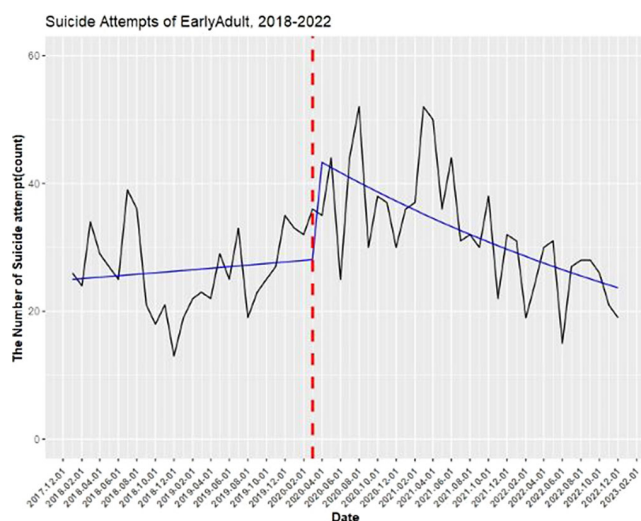
Conclusions: While suicide attempts and visits to the emergency room due to self-harm increased both before and after COVID-19, it is noteworthy that past suicide attempts are the most significant risk factor for future suicide attempts. Therefore, the data on vulnerable groups presented in this study can be instrumental for effective prevention and follow-up management of suicide attempts within the field of community psychiatry.

Disclosure of Interest: None Declared

EPP0393

Perceived vulnerability, fear of covid-19, and psychological distress of military hospital healthcare workers

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Introduction: The healthcare workers of military hospitals are actively involved in the fight against covid-19, as part of the national healthcare systems. Therefore, these health professionals may experience symptoms of psychological distress.
Objectives: The study of sociodemographic characteristics and pandemic-related psychosocial factors that affect the psychological distress of healthcare professionals in a military hospital.
Methods: 134 health professionals participated (- 34.3% doctors, 53% nurses and 12.7% other staff). A cross-sectional study was conducted using the DASS-21, PVDS, and FCV-19S questionnaires. Demographic variables were also collected. The data was analyzed using student's t-test and Mann-Whitney test, analysis of variance and Kruskal-Wallis test, Pearson's correlation coefficient and Spearman's correlation coefficient, as well as multivariate linear regression.
Results: 21.64%, 17.91%, and 16.42% of the sample showed symptoms of depression, anxiety, and stress respectively. A significant correlation emerged between all three dimensions with perceived infectibility and fear of covid-19. Contact with a possible covid-19 patient, female gender, marriage, underlying diseases, increased working hours were found as stressors. The mean values of perceived infectibility and germs aversion were 3.4 and 4.9, respectively. A significant correlation was found between the two subscales with fear of covid-19 ($p=0.001$ and <0.001 respectively). Participants who had undergone psychotherapy in the past had a higher score of perceived infectibility ($p=0.024$). Women and staff in the pathological sector showed greater aversion to germs ($p=0.040$ and 0.001 respectively). Educational level and working hours were negatively correlated with germs aversion ($p=0.037$ and 0.044 respectively). The mean of fear of covid-19 was 14.5, with 14.2% of the population being above the scale average. Fear of covid-19 showed a positive correlation with female gender, age, family, contact with a possible positive case. It was negatively correlated with the medical staff, the educational level, and the employees in a covid-19 clinic. According to the results of the multivariate linear regression analyses: (i) The increase in educational level was associated with a decrease in the fear for covid-19 score ($p=0.026$); (ii) The increase in perceived infectibility score was associated with an increase in the fear for covid-19 score ($p<0.001$); (iii) The increase in germs aversion score was associated with an increase in fear for covid-19 score ($p=0.014$).
Conclusions: The findings confirm the presence of psychological distress on the healthcare workers of the hospital and its dependence on perceived infectibility and fear of covid-19.

Disclosure of Interest: None Declared

EPP0394

Translation and validation of the Greek versions of the Coronavirus Anxiety Scale, the Obsession with COVID-19 Scale and the Coronavirus Reassurance-Seeking Behaviors Scale

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Introduction: Understanding coronophobia, or the heightened fear and anxiety related to the COVID-19 pandemic, involves assessing physiological, cognitive, and behavioral measures.
Objectives: We aimed to develop a Greek version of the Coronavirus Anxiety Scale (CAS), the Obsession with COVID-19 Scale (OCS), and the Coronavirus Reassurance-Seeking Behaviors Scale (CRBS), to identify groups that appear vulnerable to this form of pandemic-related anxiety.
Methods: We conducted a cross-sectional online study from February to April 2021 in Greek-speaking people living in Cyprus. Participants completed sociodemographic questions and questions related to COVID-19, the CAS, OCS, and the CRBS. All three scales

are rated on a 5-point scale, from 0 (not at all) to 4 (nearly every day). For CAS, a score ≥ 9 indicates probable dysfunctional coronavirus-related anxiety, for OCS a ≥ 7 score indicates probable dysfunctional thinking about COVID-19, and for CRBS score ≥ 12 suggests above-average reassurance-seeking activity.

Results: A total of 405 adults (66.4% women) from Cyprus participated in this study. The results of this study demonstrate that these Greek adapted measures have adequate reliability (Cronbach's alphas >0.70) and factor structure (exploratory and confirmatory factor analysis support). However, only the CAS demonstrated both convergent and divergent validity. Education personnel, housekeepers, and older adults were also found to have higher coronavirus anxiety relative to their counterparts.

Conclusions: The findings of this research support the use of these coronaphobia scales in Cyprus and other Greek-speaking populations. Assessing the potential for fear-driven behaviors may be of great benefit to both clinicians and researchers, helping to identify individuals at risk, adapt interventions, and improve our understanding of the psychological consequences of surviving a public health emergency.

Disclosure of Interest: None Declared

EPP0395

Comparing Psychiatric Admission Following Suicidal Presentations to the Emergency Department pre-COVID and During the COVID era

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Introduction: Suicide is one of the leading causes of death worldwide, (Centiti et al. 2020). Presentations to the emergency department (ED) with suicidal ideation (SI) or deliberate self-harm (DSH), and admissions following same, are a major part of unscheduled adult mental health service activity.

Objectives: To evaluate how suicidal presentations to the emergency department (ED), and admission following same have been affected by the COVID era thus far. To evaluate how key patient characteristics affect admission during the COVID era and pre-COVID, namely whether presentations were with suicidal ideation (SI) or deliberate self-harm (DSH), whether the patient was previously known to a community mental health team (CMHT), and whether the patient was intoxicated at the time of presentation.

Methods: Data is routinely collected on all adults presenting with SI/DSH to the ED. We looked at presentations, admissions and key patient characteristics over the 12 months of the COVID era thus far (March 2020-February 2021) and compared them to the preceding 12 months.

Results: Presentations over the two 12 month periods were similar (pre-COVID n=819, COVID era n=823). However, admission increased by 27% (139 to 177) over the COVID era as a whole. For nine months of the COVID era monthly numbers of admissions were higher than their pre COVID comparison. Admission rates during the COVID era were found to be increased across all patient groups examined, but were particularly increased in those presenting sober or with SI. Admission rates rose equivalently for those known or unknown to a CMHT.

Image:

Table 1: Patient Characteristics

Socio-Demographic Information	Pre-COVID	COVID era
Total	819	823
Gender		
Female	403 (49%)	421 (51%)
Male	416 (51%)	402 (49%)
Age		
18-19	66 (8%)	69 (8%)
20-25	180 (22%)	212 (26%)
26-29	98 (12%)	98 (12%)
30-39	179 (22%)	161 (20%)
40-49	139 (17%)	129 (16%)
50-59	93 (11%)	81 (10%)
60-64	21 (3%)	39 (5%)
65 or older	43 (5%)	34 (4%)

Image 2:

Figure 2 No difference in Presentations (incl. subgroups)

Figure 3 Rise in Admissions during COVID era (esp. SI, Sober)

Figure 4 Admission Rate higher in COVID era (esp. SI, Sober)

Figure 5 Presentations and Admissions by month