

O0029

The effects of compassion and fears of compassion on mental health during the COVID-19 pandemic: A multinational study across 21 countries

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Introduction: The COVID-19 pandemic is having an unprecedented detrimental impact on mental health in people around the world. It is therefore important to examine factors that may buffer or heighten the risk of mental health problems in this context.

Objectives: This study explores the buffering effects of different flows of compassion (for self, for others, from others) and the magnifying effects of fears of compassion on the impact of perceived threat of COVID-19 on depression, anxiety and stress, and social safeness.

Methods: 4057 adult participants collected from the general community population across 21 countries from Europe, Middle East, North America, South America, Asia and Oceania, completed self-report measures of perceived threat of COVID-19, compassion, fears of compassion, depression, anxiety, stress, and social safeness.

Results: Self-compassion moderated the impact of perceived threat of COVID-19 on depression, anxiety and stress, whereas compassion from others moderated the effects of fears of COVID-19 on social safeness. Fears of compassion moderated the impact of perceived threat of COVID-19 on psychological distress. Only fears of compassion from others moderated the effects of fears of COVID-19 on social safeness. These effects were consistent across countries.

Conclusions: Our findings highlight the universal protective role of compassion, in particular self-compassion and compassion from others, in promoting resilience by buffering against the harmful effects of the COVID-19 pandemic on mental health and social safeness. Furthermore, our results reveal that fears of compassion have a magnifying effect on the damaging impact of the COVID-19 pandemic on mental health and social safeness.

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Keywords: Compassion; mental health; Multinational study; Covid-19

O0028

Belief in false information regarding the COVID-19 pandemic and a tendency to conspiracy thinking as factors that may exacerbate symptoms of anxiety and depression among Polish citizens

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Introduction: The COVID-19 pandemic has become the subject of intense discussion on social media platforms. Fake news and conspiracy theories about the SARS-CoV-2 virus, in particular its origin, spread, impact on health and prevention, have become especially popular. The social crisis triggered by the COVID-19 pandemic is associated with a growing tendency to believe in conspiracy theories, which in turn may contribute to an increase in anxiety tension and thus deteriorate the psychological health of citizens.

Objectives: The aim of the study was to determine the relationships between the tendency to believe in false information about the COVID-19 pandemic and the severity of symptoms of anxiety and depression among the surveyed Polish citizens.

Methods: The study included 700 Polish people aged 24.7 ± 6.34 years. We used questionnaires such as: COVID-19 Conspiratorial Beliefs Scale to measure the level of belief in false information regarding the COVID-19 pandemic, Generic Conspiracist Beliefs Scale to measure tendencies to believe in conspiracy theories, and Hospital Anxiety and Depression Scale.

Results: Belief in false information about the COVID-19 pandemic may be associated with a slight increase in the severity of both anxiety symptoms ($b=0.044$; $p=0.021$) and depression ($b=0.048$; $p=0.004$). A factor known as belief in the criminal activity of government organizations may also contribute to predicting the increase in the severity of symptoms of anxiety ($b=0.172$; $p=0.001$) and depression ($b=0.169$; $p=0.000$) during the COVID-19 pandemic.

Conclusions: Belief in false information about the COVID-19 pandemic, as well as belief in general conspiracy theories, can contribute to the psychological deterioration of citizens during the COVID-19 pandemic.

Disclosure: No significant relationships.

Keywords: Covid-19; conspiracy thinking; Depression; Anxiety

O0029

COVID-19 infection, hospitalisation and mortality rates in people with severe mental illness: findings from two UK cohort studies

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Introduction: Recent systematic reviews have highlighted that people with Severe Mental Illness (SMI) have higher risks of infection, hospitalisation and death from COVID-19, although the full extent of these disparities are not yet established.

Objectives: Utilising electronic health records, we investigated COVID-19 related infection, hospitalisation and mortality among people with schizophrenia/psychosis, bipolar disorder (BD) and/or major depressive disorder (MDD) in two large UK samples: the UK Biobank (UKB) cohort study and GP-registered patients in Greater Manchester (GM).

Methods: We sampled 447,296 adults with and without SMI from UKB (inc. schizophrenia/psychosis = 1,925, BD = 1,483 and MDD = 41,448, non-SMI = 402,440) and 1,152,831 adults from GM (inc. schizophrenia/psychosis = 46,859, BD = 3,461, recurrent MDD = 134,661, non-SMI = 922,264). Primary care, hospital and death

records were linked to identify COVID-19 related outcomes. Logistic regression models were used to estimate unadjusted and adjusted Odds Ratios (ORs) to compare differences in COVID-19 outcomes by diagnosis, controlling for sociodemographic factors and comorbidities.

Results: We will report the findings of unadjusted and adjusted analyses, comparing ORs for people with and without SMI, by diagnosis. Findings will be compared between the two datasets, with attention to the demographic and clinical profiles of each sample. We will consider the role of demographic characteristics and comorbidities in attenuating outcomes.

Conclusions: Emerging evidence suggests that people with SMI have higher risks of COVID-19 infection, hospitalisation and mortality. Based on two large datasets utilising EHRs, we present findings from the UK on COVID-19 outcomes among people with SMI, a country that has been severely affected by COVID-19.

Disclosure: No significant relationships.

Keywords: UK; Covid-19; SMI; Electronic Health Records

O0032

How Covid-19 changed emergency department access: observational study comparison of patient stage of the day access in the psychiatric emergency department over three years.

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Introduction: A few studies have analyzed the impact of COVID-19 pandemic on psychiatric Emergency Department (ED) accesses. The pandemic may indeed have influenced the phase of day accesses for patients with psychiatric disorders.

Objectives: Aim of this cross-sectional study is to analyze how COVID-19 weighed on psychiatric patients daily accesses over the course of three years.

Methods: Data on 219 patients were retrospectively collected from the ED in the Policlinico Tor Vergata, Rome. According to the stage of the day, accesses were divided into 4 groups: between 00:00 and 6:00; between 6:00 a.m. and 12:00 a.m.; between 12:00 a.m. and 18:00 p.m.; between 18:00 p.m. and 00:00 p.m.

Results: Performing a regression analysis, a relation was found between psychiatric symptoms, stage of the day admission and year. In 2019 the admissions seem to be homogeneously distributed, however during 2021 and 2020 the admissions rates have a delayed evening trend.

Conclusions: Despite the low number of accesses considered, the Covid-19 pandemic appears to exert an effect that still lasts in terms of both accesses and worsening or new onset of psychiatric symptoms. Measures taken to prevent the spread of infections may have affected access in the ED of patients in various ways. However, the trend of increasing evening accesses could be related to a saturation of territorial psychiatric services that work mainly until the afternoon. Thus, an enhancement of territorial psychiatric services

seems highly necessary to cope with what could be an increase in psychopathology in patients without previous diagnosis.

Disclosure: No significant relationships.

Keywords: accesses; emergency room; stage of the day; Covid-19

Neuroimaging

O0034

Retinal single-layer analysis with optical coherence tomography (OCT) in schizophrenia spectrum disorder

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Introduction: Volume reductions in brain structures of patients with schizophrenia spectrum disorder (SSD) have repeatedly been found in voxel-based morphometry MRI studies. Hence, an underlying neurodegenerative etiological component of SSD is currently being discussed. In recent years, the imaging method of optical coherence tomography (OCT) has shown its potential in evaluating structural changes in the retina in patients with confirmed neurodegenerative disorders, providing a window into the brain.

Objectives: To evaluate potential differences in measurements of retinal layers between patients with schizophrenia spectrum disorder and healthy controls with OCT.

Methods: Twenty-six patients with schizophrenia or schizoaffective disorder and 23 age- and sex-matched healthy controls were examined with the Heidelberg Spectralis OCT system to derive a single-layer analysis of both retinas. The segmentation of retinal layers was manually corrected to minimize artifacts and software imprecisions.

Results: Compared to the control group, SSD patients showed reduced thickness and volume measurements for nearly all retinal layers, and these differences reached significance for macular volume, macular thickness, retinal nerve fiber layer (RNFL) and inner nucleiform layer (INL). Furthermore, a significant correlation between the duration of illness and the total volume of the RNFL was found.

Conclusions: Our OCT measurements demonstrate reduced single retinal layer thickness in patients with SSD. In the context of the MRI volume changes, our results provide further evidence that structural changes seen in the brain of patients are also observable in the retina, potentially allowing further insights into the different components of the nervous system that are altered in this highly etiological complex disorder.

Disclosure: No significant relationships.

Keywords: schizophrénia; Neuroimaging; optical coherence tomography; retina