

Objectives: In this study, we aimed to assess 1) the mental health of students from nine countries with a particular focus on depression, anxiety, and stress levels and their fields of study, 2) the major coping strategies of students after one year of the COVID-19 pandemic.

Methods: We conducted an anonymous online cross-sectional survey on 12th April – 1st June 2021 that was distributed among the students from Poland, Mexico, Egypt, India, Pakistan, China, Vietnam, Philippines, and Bangladesh. To measure the emotional distress, we used the Depression, Anxiety, and Stress Scale-21 (DASS-21), and to identify the major coping strategies of students - the Brief-COPE.

Results: We gathered 7219 responses from students studying five major studies: medical studies (N=2821), social sciences (N=1471), technical sciences (N=891), artistic/humanistic studies (N=1094), sciences (N=942). The greatest intensity of depression (M=18.29±13.83; moderate intensity), anxiety (M=13.13±11.37; moderate intensity), and stress (M=17.86±12.94; mild intensity) was observed among sciences students. Medical students presented the lowest intensity of all three components - depression (M=13.31±12.45; mild intensity), anxiety (M=10.37±10.57; moderate intensity), and stress (M=13.65±11.94; mild intensity). Students of all fields primarily used acceptance and self-distraction as their coping mechanisms, while the least commonly used were self-blame, denial, and substance use. The group of coping mechanisms the most frequently used was 'emotional focus'. Medical students statistically less often used avoidant coping strategies compared to other fields of study. Substance use was only one coping mechanism that did not statistically differ between students of different fields of study. Behavioral disengagement presented the highest correlation with depression (r=0.54), anxiety (r=0.48), and stress (r=0.47) while religion presented the lowest positive correlation with depression (r=0.07), anxiety (r=0.14), and stress (r=0.11).

Conclusions: 1) The greatest intensity of depression, anxiety, and stress was observed among sciences students, while the lowest intensity of those components was found among students studying medicine.

2) Not using avoidant coping strategies might be associated with lower intensity of all DASS components among students.

3) Behavioral disengagement might be strongly associated with greater intensity of depression, anxiety, and stress among students.

4) There was no coping mechanism that provided the alleviation of emotional distress in all the fields of studies of students.

Disclosure of Interest: None Declared

EPP0032

The analysis of risk factors for fear and aggression during global crisis – a study based on Polish students among the Covid-19 pandemic.

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Introduction: Although the Covid-19 pandemic ceased in the numbers of the affected patients, especially the ones with severe

manifestation of the disease, its influence on health still remains, affecting not only the somatic but also mental wellbeing. This global crisis impacted almost every person, but not equitable – the mental distress consisted of many, often synergic, risk factors which are not easily identifiable. The analysis of causal elements for aggression and fear deriving from the pandemic was conducted among Polish students, enabling thorough examination.

Objectives: The aim of the study was to analyse the risk factors contributing to the deterioration of mental health, especially presented as elevated fear and aggression levels.

Methods: Examination of fear and aggression levels was conducted on the group of Polish students using Fear of Covid and STAXI-2 questionnaires. Initially, 906 participants took part in the first round of the study. Four rounds were conducted, finally extracting a group of 231 participants tested in the four different time points of the pandemic in Poland, during the second and the third waves of the pandemic.

Results: Among the studied factors that have impact on the decline in the state of the mental health, statistically significant were female sex, being overwhelmed by the amount of news found in various media – a phenomenon called “infodemic” - altogether with poor health condition, both of the participants' and their relatives. Obtaining vaccination was a factor that lowered aggression in participants, but only the ones that were primarily eager to get one.

Conclusions: The present deterioration of mental health in society was largely fuelled by the initial disturbance arising from global pandemic, general lockdown and financial crisis bound with it. The discrimination of risk factors for inefficient resilience was not possible on such a huge scale before. Unfortunately, as new challenges arise, the knowledge about the social groups most prone to mental crisis is necessary, as this is the only way to elaborate the proper procedures and guide a successful diagnostic process and treatment.

Disclosure of Interest: None Declared

Cultural Psychiatry 01

EPP0033

Development of a youth version of the Here and Now Aboriginal Assessment (HANAA-Y) tool

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Introduction: Assessment of social and emotional wellbeing (SEWB) of Aboriginal people is challenging. A The culturally appropriate screening instrument for SEWB in Aboriginal adults entitled Here and Now Aboriginal Assessment (HANAA), has been developed and evaluated. The HANAA explores ten key domains and adopts a yarning process to initiate a semi-structured interview that covers each domain. This is recorded in narrative form and each domain rated as 'problem' or 'no problem' and a 'recommended action' is determined. The HANAA is widely used by Aboriginal mental health service providers around Australia.

Objectives: There have been multiple requests by service providers for a similar instrument to be developed for young Aboriginal