Introduction: Burnout (BO) is a syndrome combining psychological and somatic symptoms caused by exposure to several years of chronic stress at work. Far from being a theoretical problem, it is a real social problem that has become globalized as societies change. Anesthesiology is among the most stressful medical disciplines which expose to BO in Tunisia and around the world.
Objectives: Identify associated factors to BO among anesthesia technicians.
Methods: We conducted a cross-sectional study during two months, from October 1st, 2015 to December 31th, 2015, among anesthesia technicians affected in the different operating rooms of the Farhat Hached teaching Hospital in Sousse. Data collection was based on a self-administered questionnaire with validated tools assessing BO (Maslach Burnout Inventory) and stress (Siegrist and Karasek)..
Results: Forty-six senior anaesthesia technicians was included in the study. The mean age of our population was 43.76 ±7.74 years with a female predominance (89.1%). According to the Karasek model, 59% of the workers were in job strain, and according to the Siegrist model 23.9% of the participants had an imbalance between high effort and low reward. The BO rate among anaesthesia technicians at the Farhat Hached University Hospital was 39.1%. The results showed a statistically significant association between working at the gynaecology-obstetrics department (p=0.001), the seniority in the department superior or equal to 20 years (p=0.006), the absence of break time at work (p=0.003) and the risk of the occurrence of BO. Furthermore, the last 2 consecutive day rest dates back to more than 15 days (p=0.001), the number of free weekends during the last 3 months less than four (p=0.044) were also significant associated to BO.
Conclusions: Our study confirms that BO is a tangible reality in our country especially among anesthesia technicians, so it must be addressed by adopting effective preventive strategies.

Disclosure of Interest: None Declared

Epidemiology and Social Psychiatry 02

EPP0698

Social stigma of people with mental disorders and attitude to psychiatric treatment in Polish society

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doi: 10.1192/j.eurpsy.2023.993

Introduction: People with mental disorders (MD) may experience social stigma in various spheres of their lives. This phenomenon is based on negative social beliefs and hostile perceptions about mental disorders. Stigma may lead to social exclusion and discrimination (unjust treatment compared to people without MD). It may also result in resistance to using professional medical help (psychiatrist, psychotherapist) by people who experience symptoms of MD.
Objectives: The study aims to analyze the attitude of Polish society toward people with mental disorders and the attitude toward psychiatric treatment. The study investigates the correlation between the abovementioned attitudes and socioeconomic parameters of the respondents.
Methods: The study was conducted on a group of 1,230 respondents with the anonymous, authorial questionnaire disseminated by the CAWI technique. The questionnaire consisted of 10 single-choice questions concerned with the socioeconomic parameters of the respondents (age, place of residence, education, gender) and their attitudes toward mental health problems. The chi-square test and Kendall's tau-b correlation coefficient (τb) were used to analyze the correlations between the above parameters (with p<0,05).
Results: Over 33% of respondents believes that people with MD are more aggressive than people who do not present this type of disorder. In turn, 16.4% of respondents admitted that they would feel uncomfortable in the presence of a person with mental disorders. There was no statistically significant correlation between the above beliefs and any socioeconomic parameter. Every tenth respondent would not hire a person with MD. Resistance to employment increased with the respondents' age and level of education, whereas it decreased with the population of respondents' domiciles. More than 17% of respondents would feel resistance to contacting with psychiatrist, and 4.1% of them already hide the fact of treatment from their family. The resistance to using psychiatric help was higher in villages and smaller towns than in bigger centers.
Conclusions: The study shows negative attitudes towards people with MD are still relatively frequent in Polish society. The stereotypical perception of this group of entities is generally not dependent on any analyzed socioeconomic parameter. Such correlations exist only in some areas (employment). Because of the negative perception of MD, some people who struggle with these problems do not use a psychiatrist's professional help. In effect, these entities remain undiagnosed and untreated. Treatment delay may lead to exacerbating symptoms, prolong treatment time (including the necessity of hospitalization), and increase its cost. Reducing the stigma is necessary for counteracting discrimination against people with mental disorders and improving the mental health condition of Polish society. It requires educational activities and appropriate legal regulations.

Disclosure of Interest: None Declared

EPP0699

The impact of COVID-19 on work-related mental health claims of healthcare workers in British Columbia: an interrupted time series analysis

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doi: 10.1192/j.eurpsy.2023.994

Introduction: Healthcare workers (HCW) have been at the forefront of providing care since the COVID-19 pandemic. In addition to physical demands, HCW are also vulnerable to mental health conditions due to the nature of their work. As a result, absenteeism among HCW is inevitable. In Canada, mental disorders caused by a

stressor at work results in a work-related claim provided it meets the criteria of a governing worker's compensation agency. While the literature points to varying prevalence rates of mental health illnesses among HCW, it remains unknown how the COVID-19 pandemic affected the number of work-related mental health claims in this population.
Objectives: To help fill this gap in knowledge, we will conduct this study that aims to determine the impact of the COVID-19 pandemic on the number of work-related mental health claims among HCW.
Methods: We will utilize deidentified individual data from a worker's compensation agency in all of British Columbia. Mental health claims will be identified using an indicator for mental health. Diagnoses for mental health conditions in these claims are ascertained by a psychologist or psychiatrist. Differences in the number of mental health claims between HCW and non-HCW before (January - February 2020) and after (March 2020 - December 2021) the pandemic will be estimated using interrupted time series analysis.
Results: The findings will inform disability case managers, healthcare providers, and employers the importance of identifying appropriate work accommodations, return to work programs and additional mental health supports for HCW under mental health claims. Healthcare unions in British Columbia can use the findings to advocate for better work accommodations and mental health support for HCW.
Conclusions: Further understanding the complications of long-term effects of COVID-19 on mental health of HCW will inform workforce planning and patient care.

Disclosure of Interest: None Declared

EPP0700

The behavior of Tunisian students toward people with mental illness

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doi: 10.1192/j.eurpsy.2023.995

Introduction: Over the years, several studies have shown the high rate of discrimination experienced in particular by mental health service users. Stigma is composed of three elements: knowledge, behaviors, and attitudes. Although behaviors are the core of discrimination, this element has often been overlooked or intertwined with the other components.
Objectives: Our study aimed to assess Tunisian students' behavior toward people with mental illness
Methods: This was a cross-sectional study conducted on 2501 Tunisian students who anonymously completed a form circulated online through social network groups and pages related to each academic institution. We have used the validated Arabic version of the "Reported and Intended Behaviour Scale" (RIBS) which assesses self-reported mental health behaviors and future intentions.
Results: The median RIBS score was 15 out of 20, ranging from 4 to 20. Among the participants, 40% were living or have lived with someone with a mental health problem and 49.7% would be willing to live with someone with a mental health problem. Moreover, 24% were working or have worked with a person with a mental health problem and 53.4% would be willing to work with him or her. In addition, 34% were having or have had a neighbor with a mental illness and 58% would be willing to have a neighbor with a mental illness. Finally, 51% were having or have had a close friend with a mental health problem and 83.7% answered that they would be able to maintain a relationship with a friend who had developed a mental health problem.
Conclusions: The assessment of behavior toward people with mental illness is fundamental as it has the most impact on individuals. However, behavior may be mediated by knowledge. Thus, it would be interesting to evaluate mental health knowledge to study the relationships between these constructs and optimize anti-stigma interventions.

Disclosure of Interest: None Declared

EPP0701

All-cause and cause-specific mortality in patients with depression in Scotland

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doi: 10.1192/j.eurpsy.2023.996

Introduction: Premature mortality in people with depression is well established. A better understanding of the causes of death and the relative risks of death from each cause may help identify factors that contribute to the health inequalities between people with and without depression.
Objectives: To describe all-cause and cause-specific mortality of people with a hospital admission record for depression in Scotland, relative to the general population.
Methods: We used a linked population-based dataset of all psychiatric hospital admissions in Scotland to the national death dataset to identify 28,837 adults ≥18 years of age who had a hospital admission record of depression between 2000 and 2019. We obtained general population estimates and mortality data from the National Records of Scotland and quantified the relative difference in mortality by calculating the standardised mortality ratio (SMR), using indirect standardisation and stratifying by sex.
Results: During a median follow-up of 8.1 years, 7,931(27.5%) people who were hospitalised for depression died. Circulatory system diseases were the most common causes of death. Standardised all-cause mortality was more than three times higher than would be expected based on death rates in the general Scottish population. SMRs were similar in men and women for all-cause mortality and, in general, for cause-specific death (Table 1). The SMR for the suicide category was markedly higher in women than men, partly explained by the higher suicide mortality in males than females in the general population.