

decisional conflict. We found that decisional conflict was significantly related to information sources. This conflict was highest among health care workers who did not use scientific information sources to inquire about the vaccine.

**Conclusions:** The announcement of the covid 19 vaccination campaigns raised a significant decisional conflict among the health care workers. Screening for decisional conflict among this population is important. Specific interventions to reduce this conflict are recommended by incorporating decision support tools (Decision Aids) and the shared decision making approach.

**Disclosure of Interest:** None Declared

### EPV0365

#### Intolerance of uncertainty and vaccine hesitancy of health care workers in response to covid 19 vaccination

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**Introduction:** The covid 19 pandemic was a period of uncertainty. This uncertainty was sustained even after the advent of the vaccine against covid 19. Several concerns have emerged related to the vaccine and health care workers were at the centre of this uncertainty.

**Objectives:** Study intolerance of uncertainty and vaccine hesitancy among health care workers in relation to covid 19 vaccination

**Methods:** This is a descriptive study conducted by a questionnaire posted on social networks using Google Forms targeting groups of health professionals before the launch of the vaccination campaign in Tunisia from January 16, 2021 to March 6, 2021.

We collected sociodemographic data and the attitudes of health care workers about COVID 19 vaccination. We used Intolerance of Uncertainty Scale short form (IUS 12) to evaluate the intolerance of uncertainty related to COVID 19 vaccine

**Results:** Our study included 168 health care workers represented mainly by medical personnel (81% of the respondents). The average age was  $34 \pm 10$  years and sex ratio was 0.22.

Sixty percent (60%) of population were hesitant in front of the COVID 19 vaccine.

This hesitancy was explained in 90% of cases by the insecurity of the new COVID19 vaccine. Thirty-seven percent (37%) doubted the efficacy of these vaccines and 22% trivialized COVID19 by expressing the worthlessness of preventing this disease.

The mean score for intolerance of uncertainty was  $26.57 \pm 9.68$  and a median of 26. The minimum score was 10 and the maximum score was 50. We found a significant association between intolerance of uncertainty and vaccine hesitancy ( $p=0.034$ ). Subjects with higher uncertainty intolerance scores were less hesitant in front of COVID19 vaccination.

**Conclusions:** Intolerance of uncertainty is a consideration when introducing a new covid 19 vaccine to health care workers and in a pandemic context

**Disclosure of Interest:** None Declared

### EPV0366

#### First episode psychosis Post-COVID 19 infection : case report

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**Introduction:** During the course of COVID-19 pandemic, the respiratory system is the most commonly affected while many neuropsychiatric manifestations of the disease have been observed.

**Objectives:** Emphasize the importance of detecting psychiatric symptoms in patients infected with Covid 19.

**Methods:** Presentation of case report

**Results:** A 44-year-old woman with no personal history of chronic diseases and with no psychiatric family history. About her experience with covid 19, her mother died as a result of covid 19 infection and our patient had been hospitalized for 17 days for pulmonary infection covid 19, during her hospitalization in COVID 19 unit she presented insomnia and anxiety without behavioural disorders. She had a good evolution of the respiratory symptoms and she was discharged under corticotherapy and anticoagulants.

She was admitted in our department after 45 days of her covid 19 infection for acute behavioural disorders.

On physical examination: she was hemodynamically stable and well oriented. Neurological examination was with no abnormalities. Cerebral CT scan was normal and lumbar puncture was indicated and the analysis of the CSF did not reveal any anomalies. At the psychiatric interview she was extremely agitated, anxious and hallucinated, she had disorganised speech with derailment and neologisms, she was disinhibited and her mood was exalted. She presented also a delusion of grandeur and delusion of persecution.

**Conclusions:** In individuals presenting with COVID-19 infection, consideration should be made for psychiatric manifestations because COVID-19 diagnosis predispose vulnerable patients to psychosis.

**Disclosure of Interest:** None Declared

### EPV0367

#### Impact of COVID-19 on the mental health of hospital staff

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**Introduction:** The COVID-19 pandemic had a significant psychological and physical impact throughout the world. Indeed, the rapid increase in the number of cases of infection created stressful situations and an anxiety-inducing climate that significantly affected the mental health of the world's population, particularly that of

healthcare workers (HCWs) who were massively mobilized to deal with the crisis.

**Objectives:** To assess the frequency of anxiety-depressive disorders in HCWs who have contracted the SARS-Cov2 virus.

**Methods:** Cross-sectional descriptive study interested the HCWs of the Charles Nicolle Hospital of Tunis having had COVID-19 during the period from September 1, 2020, to December 31, 2020. The psychological impact was studied through the HAD questionnaire (anxiety and depression assessment scale), administered to hospital workers at the time of the medical visit to return to work.

**Results:** The study population consisted of 531 Hcws. The mean age was 40 years with extremes ranging from 24 to 63 years. A female predominance of 76.6% was noted. The average professional seniority was 10 years [one year-37 years]. Nurses were the main professional category (32.4%). The study population belonged mainly to the departments of gynecology (8.3%), general surgery (7.2%), internal medicine (6.4%), and emergency (5.5%). A pathological history was found in 89.6% of cases, 7.2% of which were psychiatric. Anxiety (total score >10) was noted in 36.5% of patients. On the other hand, a certain depression (total score "depression" >10) was found in 33.3% of HCWs.

**Conclusions:** The COVID-19 pandemic induced a significant psychological impact on the HCWs placed in the first line in the management of this health crisis. As a result, long-term psychological follow-up of healthcare workers is essential in order to preserve health at work in care settings.

**Disclosure of Interest:** None Declared

## EPV0368

### Socio-professional stigmatization among healthcare workers with COVID-19

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**Introduction:** The COVID-19 pandemic had deeply altered the social and professional lives of people with SARS-COV2. The anxiety of being contaminated by the virus during the first waves had created avoidance behaviors and established a climate of rejection towards healthcare workers (HW) with COVID.

**Objectives:** The aim of this study was to assess stigmatization among healthcare workers with COVID-19

**Methods:** This is a retrospective cross-sectional study carried out on HWs in a university hospital in Tunis who were affected by COVID-19 and who consulted the occupational medicine department. The study was conducted between March 2021 and June 2021. Data collection was based on pre-established forms. The questionnaire assessing stigmatization was inspired by the questionnaire assessing stigma in AIDS patients

**Results:** The study included 100 health personnel. The sex ratio (M/W) = 0.29. The average age was 39.22 ± 9.3 with extremes ranging from 24 to 58 years. The average professional seniority was 11.39±9.4. Nurses were the most represented professional category

(26%). The psychiatric history was: Depressive disorder (14%) and anxiety disorder (10%). Eighty HW were infected with SARS-COV2 for the first time. Contamination was intra-hospital in 50% of cases. Eighteen HW had been rejected. Verbal abuse towards HW with COVID was noted in 8% and physical abuse in 11%. Twenty-six HW had lost their friends and 36 of them no longer had as much social activity as before. In the workplace, rejection was noted in 21% cases, 10 health personnel reported a discriminatory orientation for the care of patients with COVID and 19 HW felt useless at work.

**Conclusions:** Socio-professional stigmatization should help us to understand the vulnerability and psychological impact of this health crisis on health workers. Control and prevention strategies need to be established.

**Disclosure of Interest:** None Declared

## EPV0369

### COVID-19 related Delusional Beliefs: A Case Report

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**Introduction:** A delusion is a fixed false belief based on an inaccurate interpretation of an external reality despite evidence to the contrary. The diagnosis of a delusional disorder is made when a person has one or more non-bizarre (situations that are not real but also not impossible) delusional thoughts for one month or more that cannot be explained by any other condition. In patients with delusional disorder, delusions(s) do not impact the functionality and the patient's behavior is not overtly bizarre. Although delusional core themes tend to be the same throughout different epochs (i.e., persecution, grandiosity, guilt, religion, hypochondria, love, or jealous), clinicians commonly notice how delusions tend to rapidly incorporate popular hot topical issues. Hence, delusions are dynamic and often represent a combination of psychopathology and external events.

**Objectives:** The COVID-19 outbreak has affected millions of people globally and it also has a huge psychological impact. The objective of this case report is to outline the possible effect of the COVID-19 pandemic to delusional disorder in patients with healthy person.

**Methods:** The 40-year-old gentleman, a drum major (field commander), married, living with his wife and daughter (4,5 years old). He's current complaints started when he did not want to have the Covid vaccine in April 2021 and therefore was exposed to mobbing at work. It is understood that the patient had irrevocable ideas about vaccine and PCR testing (radioactive lights were coming out from the PCR rod in a video he watched). For this reason, it is understood during the clinical interview that the patient was exposed to social restrictions at work and in his social life (he could not travel by public transport, plane, bus, and enter social facilities because he did not have a vaccination card or did not have a PCR test). He was admitted to our ward for the purpose of arranging his diagnosis and treatment.