

Objectives: Study the impact of stigma on people with pre-existing mental disorders during Covid 19 pandemic. Also clinical, and dynamic characteristics of Covid 19 infection in people with severe mental illness.

Methods: A retrospective statistical analysis of medical records of all hospitalized patients (total 301) at the specialized Rustavi Covid –Psychiatric clinic from November 23, 2020, to March 15, 2022, according to the following parameters: age, gender, mental disorder diagnosis, comorbid chronic illness, vaccination rates, degree of covid infections ongoing, and outcome.

Results: 57% of patients were men. Average age-44 years. 67% were asymptomatic or mild with covid symptoms, 25% with moderate severity and 8% were referred to the intensive care unit. 56% of referred patients were hospitalized already in serious conditions. 46% of patients had schizophrenia spectrum disorders. Among referred patients, 60% were women, and 25% had comorbid diabetes mellitus. 44% of patients transferred to the intensive care unit died. Most of the hospitalized patients with pre-existing mental disorders were in remission, and only 7% were referred to other psychiatric clinics for continuing their inpatient treatment.

Conclusions: The study showed that only due to the lack of readiness of the relevant structures, individuals with Covid 19 infection were hospitalized in psychiatric clinics because of their past mental history. Vaccination rates were extremely low than in the general population. The aforementioned indicates a high degree of stigma in the country that makes obstacles for people with mental disorders from receiving adequate and timely medical care. Comorbidities played a big role in degree of COVID infections ongoing, especially diabetes. Statistics also showed that the majority of hospitalized patients did not require inpatient treatment and covid infection did not aggravate the course of most severe mental disorders.

Disclosure of Interest: None Declared

EPP0567

Monitoring of Essential Levels of mental healthcare during the Covid-19 epidemic outbreak. Evidence from an Italian Real-World study

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Introduction: Mental healthcare proved to have experienced a clear-cut reduction during the Covid-19 outbreak, and its responsiveness to patients' health needs showed relevant declines. Moreover, the impact of the pandemic on usual outpatient healthcare has never been systematically measured with a person-level approach in analytical studies.

Objectives: To assess how the access to, and the delivery of, recommended healthcare for patients with severe mental illness has changed during the Covid-19 pandemic.

Methods: Data were retrieved from the HCU of Lombardy Region (Italy), and a population-based study estimated the association between the level of epidemic restrictions (free, severe, light and moderate) and the recommended healthcare provided (outcome) to patients with schizophrenic and depressive disorders. For each disorder, prevalent and incident patients in the year 2019 were identified. These patients were then observed from 1st January 2020 to December 31, 2020. A Self-Controlled Case Series (SCCS) design was applied, and estimates were obtained with a conditional Poisson regression model. Adjustments for seasonality of medical services delivering were performed (SCC-RS design, with recruitment of a specific reference cohort in 2018, evaluated in 2019). The estimates were stratified according to gender, age and comorbidity profile of the patients included.

Results: Patients with prevalent schizophrenic disorder were 29,516 (Prevalence Rate=35.5x10'000 inhabitants, **Image 1**), 292 with incident disorder; patients with prevalent depressive disorder were 37,764 (PR=45.4, **Image 2**), 4,349 with incident disorder. The largest reductions were observed in the rate of psychosocial interventions delivery during the period of exposure to severe restrictions (IRR: 0.35; 95% CI: 0.34 - 0.36 for patients with schizophrenic disorder and 0.49; 0.45 - 0.53 for patients with depression, **Image 3**), compared to the pre-pandemic period. For patients with incident disorder, the largest reduction concerned the delivery of psychoeducational interventions during the period of exposure to moderate restrictions (0.19; 0.06 - 0.64 for patients with schizophrenic disorder and 0.27; 0.13 - 0.55 for patients with depressive disorder), compared to the pre-pandemic period.

Image:

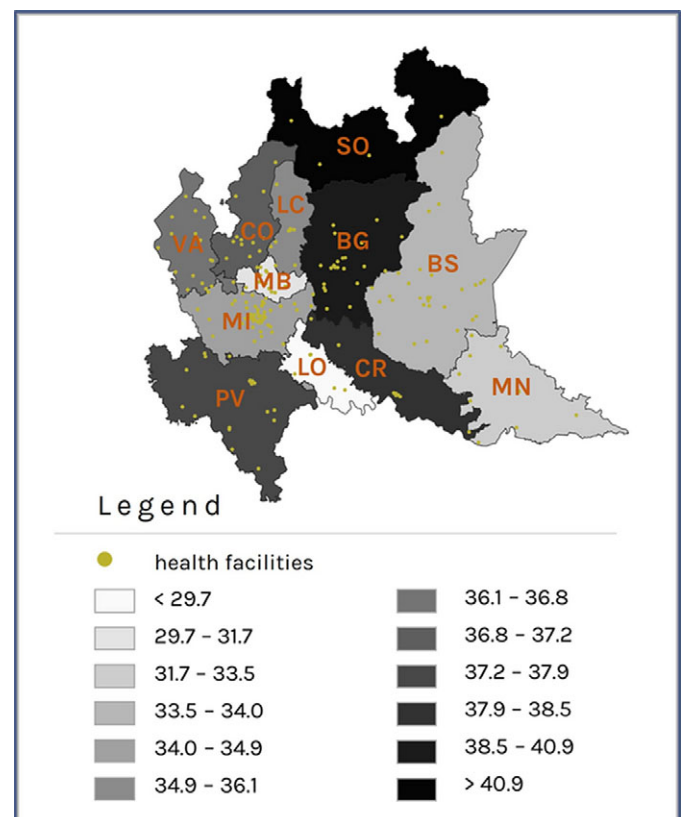


Image 2:

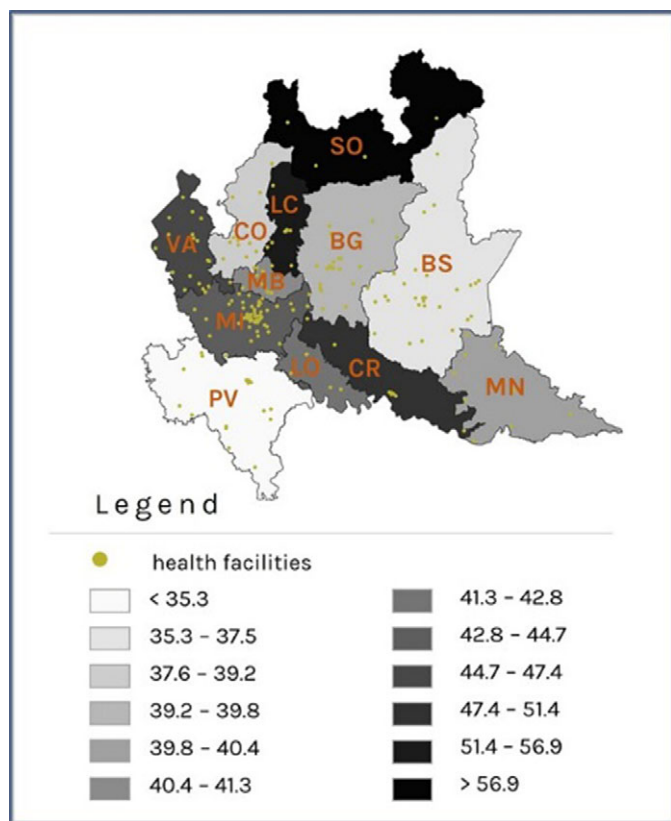
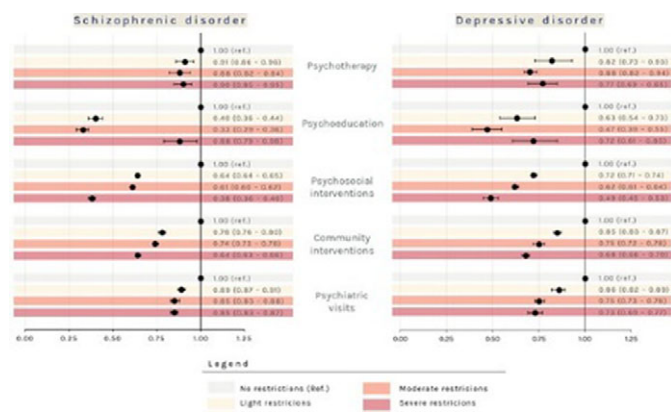


Image 3:



Conclusions: Real-world data can be used to assess how the individual access to psychiatric recommended healthcare changed during the Covid-19 epidemic. Also, compared to the pre-pandemic period, there was a general reduction in the delivery of recommended interventions to patients with mental disorders during the pandemic period.

Disclosure of Interest: None Declared

EPP0568

Burnout due to COVID-19 pandemic in frontline healthcare workers from low- and middle-income countries: A systematic review

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Introduction: The coronavirus pandemic was declared one of the deadliest pandemics in the world’s history, surpassing even the 1918 flu pandemic in some countries. The speed with which the virus spread around the world did not leave the slightest chance to prepare even for protected health systems of developed countries, let alone countries with fragile health systems, experiencing a large number of problems at work even at regular times. Although burnout is included in the ICD-11 classification only as a syndrome caused by occupational stress and not a disease, unrecognized and unaddressed, it has the capacity to transform into a wide range of mental disorders, including depressive and anxiety disorders. This poses a threat to healthcare workers and patients, so it is very important to understand the scale of the problem and the factors that can play protective and triggering roles.

Objectives: Our objective was to evaluate point-prevalence of burnout syndrome among healthcare workers from LMIC during the COVID-19 pandemic.

Methods: We conducted a systematic search in Ovid MEDLINE, Embase and PsycInfo, as well as a manual search in PubMed, Google Scholar and Grey Literature to select studies describing burnout prevalence in healthcare workers from low-and middle-income countries during the pandemic. We used a wide range of subject headings as well as main keywords, such as “mental health”, “burnout”, “coronavirus”, “health personnel”, “depression”, “anxiety”, “developing countries” and their synonyms study design search had no limitations and included cohort, case-control, cross-sectional and randomized controlled studies. All identified studies were screened and a final sample of relevant studies was used for data extraction and quality appraisal.

Results: Data was extracted from 15 studies and included 21,007 individuals from eight countries. The proportion of female healthcare workers in our sample was 69% and the overall mean age of participants was 34.3 (2.3). Burnout prevalence varied from 3.62% to 90.1%. Gender, age, workload-related factors and institutional support were mentioned among the most important aspects influencing the burnout level. Clinical heterogeneity was a major drawback of our study as cut-off points for overall burnout and burnout sub-scales were inconsistent even among studies using the same inventory.

Conclusions: It is of critical importance to adopt a wide range of burnout preventive measures for healthcare workers, in particular, easy access to mental health support services, proper organization of human force and more comprehensive educational training in emergency situations. Furthermore, it is suggested, that researchers use a more precise and evidence-based approach to the use of measurement tools in order to increase the reliability of their work and recommendations.

Disclosure of Interest: None Declared