guidelines, regarding smoking cessation in healthcare settings, with special attention to mental health settings.

Objectives: The aim of this study was to assess the current prevalence of smoking among inpatients in a psychiatric unit with a "Tobacco Free Campus" policy in place, and the associated patient factors. We also assess the efficacy at which mental health professionals are addressing smoking in this setting.

Methods: We performed a cross-sectional analysis of all patients admitted to the inpatient psychiatric unit on a single date. All inpatients were interviewed using a standardised format to ascertain smoking history and employment status. Case records were examined to record diagnoses and assess the patient's inpatient care plan, nursing admission proforma and medical admission proforma. Medication charts were examined to ascertain whether Nicotine Replacement Therapy (NRT) was prescribed to those identified as smokers. Using Microsoft Excel, we analysed the smoking behaviours data gathered, and the identification of smokers and their orientation to the Tobacco Free Campus policy, on admission.

Results: Of the 51 inpatients, 78% (n=40) had an Axis 1 diagnosis according to the DSM-4, 72% (n=37) were unemployed and 67% (n=34) were receiving Social Welfare. 57% (n=29) of inpatients were current smokers. 63% (n=25) of smokers had an Axis 1 diagnosis, 51% (n=19) were unemployed and 53% (n=18) were receiving Social Welfare. Since admission, 52% (n=15) of smokers have been smoking more, and 48% (n=14) have been spending more money on tobacco. 7% of smokers (n=2) started smoking on the unit. 50% (n=9) of smokers receiving Social Welfare were smoking more, with the majority in receipt of long-term disability allowance (n=7). Only 10% (n=3) of smokers were prescribed NRT, with only 1 patient taking NRT. 90% (n=26) of smokers did not have smoking addressed in their care plan. 38% (n=11) had a fully completed smoking history in the nursing admission, while only 14% (n=4) had one in the medical admission.

Conclusions: Despite a Tobacco Free Campus policy, smoking continues to be highly prevalent in an inpatient psychiatric setting. Smoking was particularly prevalent in patients with Axis 1 diagnoses, and in the unemployed. A large proportion increased their smoking on admission, and their expenditure on tobacco. More can be done to identify smokers on admission so as to promote quitting, and in turn, reduce the social consequences related.

Disclosure of Interest: None Declared

EPP0861

A Pragmatic Approach to define "DIFFICULT TO TREAT" patients

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doi: 10.1192/j.eurpsy.2023.1145

Introduction: Multiple definitions for "difficult to treat" patients (DTP) were given throughout the years. While most authors focus on diagnoses, others focus on clinical, social and demographic factors, which should be regarded as factors of bad prognosis and elevated costs for the healthcare systems.

Objectives: To identify and haracterize DTP patients admitted in acute ward, based on practical criteria.

Methods: Through the hospital's IT services, all acute inpatient episodes at Centro Hospitalar Psiquiátrico de Lisboa were collected, since 2017. Cluster analysis was performed, regarding number of previous admissions (PA) and days of admission. Descriptive and comparative statistics (with multiple comparisons) for the different clusters, regarding age, gender, diagnosis at discharge (according to ICD10), and, to the DTP, previous medical following, compliance to medication, and substance use at admission.

Results: Three clusters were identified: (C1, n=5861) a larger, uncharacteristic one; (C2, n=1168) with a higher number of PA (average of 8, versus less than 2 on the others); and (C3, n=1462) with higher number of days of admissions (58 versus less than 16). Statistical significance was found regarding age (higher in C3), gender (more men in C2), nationality (C1 with more foreigners). Regarding diagnosis at discharge, statistical difference was found between the 3 groups: C1 has significantly less patients with Schizophrenia (11% versus 30% in the others), but more depressive (21% versus 6% in C2 and 12% in C3) and neurotic disorders. C2 presented less dementias (0,5% versus 3% in C1 and 10% in C3) and delusional disorders, but more bipolar disorders (24% versus 15% in C1 and C3); C3 represented less episodes due to substance abuse (alcohol or others) and personality disorders. In both C2 and C3, no psychiatric consultation happened in the 3 months prior admission to around 40% of episodes, and 50% had stopped medication. The majority had only oral medication. Almost 24% of C2 tested positive for cannabinoids, with no differences regarding other substances.

Conclusions: These findings allow the definition of 2 kinds of DTP, which present unique characteristics but some common features (namely poor adherence to consultations and are in therapeutic compliance). An assertive multidisciplinary approach, focused on current treatment and relapse prevention (including social structures, more frequent clinical follow-up, and rehabilitation centers), will be the key to their treatment.

Disclosure of Interest: None Declared

EPP0862

Legalization of Cannabis – what's the impact on mental health?

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doi: 10.1192/j.eurpsy.2023.1146

Introduction: With the increasing push to legalize cannabis in Western nations, there is a need to gauge the potential impact of this policy change on vulnerable populations, such as those with mental illness, including schizophrenia, mood and anxiety disorders.

Objectives: Understand the effects of cannabis in people with mental illness and the impact of policies legalizing cannabis in societies.

Methods: Literature review performed on PubMed and Google Scholar databases, using the keywords "cannabis", "mental health", "psychiatry".

Results: Cannabis use is a modifiable risk factor for the development and exacerbation of mental illness. The strongest evidence of risk is for the development of a psychotic disorder, associated with early and consistent use in youth and young adults. Cannabis-related mental health adverse events precipitating Emergency Department (ED) or Emergency Medical Services presentations can include anxiety, suicidal thoughts, psychotic or attenuated psychotic symptoms, and can account for 25–30% of cannabis-related ED visits. Up to 50% of patients with cannabis-related psychotic symptoms presenting to the ED requiring hospitalization will go on to develop schizophrenia. With the legalization of cannabis in various jurisdiction and the subsequent emerging focus of research in this area, our understanding of who (e.g., age groups and risk factors) are presenting with cannabis-related adverse mental health events in an emergency situation is starting to become clearer.

Conclusions: There's a need to provide a reconciliation of the addiction vulnerability and allostatic hypotheses to explain addiction comorbidity in mentally ill cannabis users, as well as to further aid in developing a rational framework for assessment and treatment of problematic cannabis use in these patients.

Disclosure of Interest: None Declared

Mental Health Care 04

EPP0863

Dentists' level of stress and used coping strategies during COVID-19

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doi: 10.1192/j.eurpsy.2023.1147

Introduction: COVID-19 has increased the levels of psychological stress experienced by the dental team, and higher level of constant stress negatively impacts mental health.

Objectives: The study aimed to 1) assess dentists' level of stress and compare it to normal population data; 2) identify the hierarchy of coping strategies chosen by dentists and their perception of those chosen by team members to manage psychological stress caused by the pandemic; and 3) to ascertain the effects of these coping strategies on dentists' higher stress level.

Methods: Data from an electronic test battery comprising of general demographic and dental-related variables was collected from 182 licenced Hungarian dentists at the outset of the pandemic. Responses to an empirical series of questions regarding their perceived level of stress, choice of interventional coping skills and their perception of those used by team members were recorded.

Results: Dentists' level of stress was significantly lower than the stress level measured in a Hungarian normal population ($t(386)$=-2.227, p=0.027), while financial status has a moderating effect ($F(3,176)$=4.851, p=0.003). The hierarchy of coping strategies chosen by the dentist indicated that physical activity and exercise, particularly in groups settings (M=4.78, SD=0.463), and socialization with family (M=4.72, SD=0.626) were the most effective coping management strategies, superior to financial compensation, shifting work patterns, systems level change, and decisions within the team structure. Inclusionary strategies with family (M=4.64, SD=0.587), participating in individual leisure activities (M=4.49, SD=0.621) and socializing with friends (M=4.44, SD=0.825) were seen by dentists as more important to team members. Regression analysis was used to ascertain whether the use of these coping strategies increased the likelihood of having higher levels of perceived stress. The model was significant ($F(4,169)$=8.292, $p \leq 0.001$) with R^2 of 16.4%. Older age (B=-0.179, S.E.=0.050, t=-3.582, $p \leq 0.001$), gender (B=4.214, S.E.=1.423, t=2.961, p=0.004), active participation in developing COVID-19 protocols (B=-1.619, S.E.=0.575, t=-2.815, p=0.005) and socialization with family (B=-2.108, S.E.=1.058, t=-1.993, p=0.048) were the most effective coping mechanisms for having lower levels of perceived stress.

Conclusions: Our study provided insights into the value of importance attributed to perceived stress and a series of coping strategies used by the respondents and their perception of value ascribed to the same series by their team members. Active participation both in family life and in professional environment proved to be protective in such a highly stressful time like the COVID-19 pandemic.

Disclosure of Interest: None Declared

EPP0864

Prevalence of mental health effects among healthcare professionals during the COVID-19 pandemic

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doi: 10.1192/j.eurpsy.2023.1148

Introduction: The COVID-19 pandemic has placed extraordinary mental health burdens on healthcare professionals. For women, it is a major challenge to reconcile the diverse roles of a professional, mother, and wife. The COVID-19 pandemic has exacerbated this, increasing their vulnerability to mental health issues.

Objectives: The aim of the study was to assess COVID-19-related mental health of healthcare professionals and to investigate whether possible gender differences as well as other parameters are associated with mental health disturbances.

Methods: We conducted a nationwide cross-sectional study of healthcare professionals working in hospitals or primary care settings in Greece from April to June 2022. Participants answered a questionnaire that included socio-demographic and other parameters, the Coronavirus Anxiety Scale (CAS), the *Coronavirus Reassurance-Seeking Behaviors Scale* (CRBS), and the Obsession with COVID-19 scale (OCS).

Results: A total of 464 healthcare professionals participated in the study, 71.2% were females and two-thirds were 31-50 years old.