

Objectives: To investigate the impact of the clinical and psychopathological consequences of COVID-19 on the course of mental disorders in patients with a history of mental disturbances.

Methods: 95 patients with a history of mental disorders who have experienced COVID-19 were examined and made up the main group (F 32.0–32.2, 33.1, 33.2 – 31 patients, F 06.3, 06.4 – 33 patients, F 41.1, 41.2, 42.2, 45.3, 48.0 – 31 patients). The comparison group included patients with 3 or more episodes of mental disorders in the anamnesis, including the current one. Clinical-psychopathological, clinical-amnesic, psychometric (the Clinical Global Impression Scale (CGI)) and methods of statistical analysis were applied.

Results: A comparison of the course dynamics of current mental disorders after COVID-19 and previous mental disturbances in the anamnesis of the studied patients was carried out according to the indicators of the duration and severity of mental disorders, as well as the duration of the remission that preceded them. The duration of current mental disorders after COVID-19 in the examined patients in most cases ranged from 2 weeks to 6 months (46.32% of persons); duration of remission preceding mental disorders after COVID-19 – from 6 to 12 months (47.37% of persons); the initial degree of severity of psychopathological manifestations according to the CGI-S scale – as “moderate disorder” (36.84% of persons). In comparison with the duration of remission preceding mental disorders in the anamnesis, it was found that in significantly more patients, the duration of remission preceding COVID-19 corresponds to the shortest interval from 6 to 12 months ($p < 0.05$). When comparing with the severity of mental disorders preceding COVID-19, it was established that a “pronounced disorder” was detected in significantly more patients after COVID-19 ($p < 0.05$). In comparison with the duration of mental disorders preceding COVID-19, no significant difference was found, however, when comparing indicators of minimum duration from 2 weeks to 6 months (46.32% of cases with current and 58.18% with previous disorders), the reliability indicator was $p = 0.0510$.

Conclusions: The obtained data indirectly confirm the complex impact of the SARS-CoV-2 pandemic on the formation and exacerbation of mental disorders, indicate a tendency to increase the severity of mental disorders as a result of the coronavirus disease, and also give reason to put forward a hypothesis about an increase in the duration of mental disorders after COVID-19, which is likely will appear on samples with a larger number of observations.

Disclosure of Interest: None Declared

EPV0544

The factor structure and use of the PHQ-4 among high school learners in selected South African districts

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Introduction: In this study, the scale's psychometric properties are estimated among South African high school learners during a period of the coronavirus-19 crisis. The study was a cross-sectional

design. The data were collected from 1603 high school learners in four South African districts. The PHQ-4 was administered for data collection, and was anchored from 0 (not at all) to 3 (nearly every day) over a two-week period, with higher scores indicating the extent of symptom severity (Kroenke et al., 2009).

Objectives: The study sought to validate the PHQ-4 among South African school learners in various South African districts, and tested a model that included the PHQ-4 to investigate the obtained factor structure's usefulness.

Methods: Useful questionnaires were collected from 1562 high school learners within a cross-sectional design. Grades 10 to 12 learners completed the PHQ-4 from March to May 2022.

Results: Confirmatory Factor Analysis (CFA) was conducted to validate the factor structure of the scale. CFA results show that all PHQ-4 items load onto a single factor. The factor structure reported in this study is unique. Whilst the PHQ-4 is commonly considered to measure anxiety and depression, the results suggest that the scale measures a unidimensional, psychological distress factor among the learners. The total score of the PHQ-4, characterized as psychological distress, could be predicated by associated factors, although the coefficients obtained were statistically significant but weak. The PHQ-4 was predicted by the Perceived Vulnerability and the Germ Aversion subscales but not the Fear of COVID-19 scale in girls. But the PHQ-4 was predicted by the Fear of COVID-19 scale and not the Perceived Vulnerability and the Germ Aversion subscales among boys.

Conclusions: Contrary to existing studies, the PHQ-4 did not consist of 2 factors. Evidence from the current study suggests that it should be used as a unidimensional, single factor scale. The PHQ-4 total scores of girls and boys were predicted by different factors, suggesting that gender should be considered an important factor when using the PHQ-4 in research.

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EPV0545

Exploring factors influencing depression among Polish nurses during the COVID-19 pandemic

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Introduction: The COVID-19 pandemic has been recognized as an international public health emergency.

Objectives: The aim of our study was to identify contributors to nurses' depression.

Methods: This survey-based study was conducted in the Pomeranian Medical University Hospital no. 1 in Szczecin and involved 207 nurses. The following standardized research instruments were applied: the World Assumptions Scale, the Athens Insomnia Scale, the Impact of Event Scale - Revised, the Patient Health Questionnaire-9, the Generalized Anxiety Disorder, the Perceived Stress Scale, and a questionnaire of our own authorship.

Results: The study showed that 72.95% of the subjects experienced severe stress, and 40.58% suffered from insomnia. In addition, 65.7% of the respondents had anxiety symptoms of varying degrees of severity, and 62.8% had depressive symptoms of mild to severe

severity. The mean score on the IES-R scale, reflecting a psychological impact of the COVID-19 pandemic, was 34.25 points.

Table 1. Influence of insomnia by AIS, anxiety by GAD-7, stress by PSS-10, World Assumptions Scale on the prevalence of depressive symptoms among nurses according to PHQ-9 (Model 1,2,3)

b - regression coefficient, $\beta_{\text{stand.}}$ - standardized regression coefficient, CI - confidence interval, ref - AIS reference level, Athens Insomnia Scale, GAD-7, generalized anxiety disorder; IES-R, Impact of Event Scale - Revised ; PSS-10, The Perceived Stress Scale; WAS, The World Assumptions Scale

Model	factor	b	$\beta_{\text{stand.}}$	-95% CI	+95% CI	p
Model 1	AIS (insomnia vs no insomnia)	1.571	0.250	0.155	0.344	0.000
	GAD-7 (total)	0.613	0.535	0.426	0.643	0.000
Model 2	AIS(insomnia vs no insomnia)	1.471	0.234	0.139	0.329	0.000
	GAD-7 (total)	0.600	0.524	0.416	0.632	0.000
	PSS-10 (steny)	0.402	0.101	0.001	0.200	0.047
Model 3	AIS(insomnia vs no insomnia)	1.536	0.244	0.148	0.340	0.000
	GAD-7 (total)	0.616	0.537	0.428	0.646	0.000
	PSS-10 (steny)	0.442	0.111	0.011	0.211	0.029

Conclusions: The COVID-19 pandemic affected the psychological health of medical staff, particularly through increased stress and anxiety symptoms. Anxiety levels and insomnia significantly affect the prevalence of depression among nurses.

Disclosure of Interest: None Declared

EPV0547

The impact of COVID19 on sleep quality among healthcare workers

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Introduction: Since the start of the pandemic, healthcare workers (HCWs) have faced a range of infectious and psychosocial risks. Contracting SARS-CoV-2 has impacted their physical, mental, and emotional well-being, with sleep also likely being affected.

Objectives: Our study aims to assess the impact of SARS-CoV2 infection on sleep quality in HCWs.

Methods: We conducted a descriptive cross-sectional study among staff at Sfax University Hospital who were infected with SARS-CoV-2 between October 2020 and June 2021, during post-COVID follow-up consultations. A questionnaire was utilized, with the medical section completed by a physician to assess sociodemographic, professional, and clinical characteristics of the infection.

A self-administered section evaluated the impact of the infection on sleep quality using the Insomnia Severity Index (ISI).

Results: Our study included 200 healthcare workers with an average age of 42.97 years. Nurses comprised 53.5% of the sample, and 41% of the participants were involved in the care of patients with SARS-CoV-2. Workplace infections accounted for 39% of the cases. At the post-COVID follow-up consultation, 83% reported persistent symptoms. According to the Insomnia Severity Index (ISI), 47.5% had no sleep disturbances, 3.5% had mild insomnia, 26% had moderate insomnia, and 8% had severe insomnia. Additionally, 38% of the staff were dissatisfied with their sleep quality following their SARS-CoV-2 infection.

Conclusions: SARS-CoV-2 infection impacts the sleep of healthcare workers, highlighting the need for strategies to improve sleep quality. Addressing these issues is crucial for maintaining staff well-being and ensuring the quality of care provided.

Disclosure of Interest: None Declared

EPV0550

Psychological Growth and Post-Pandemic Stress Among Healthcare Professionals: Challenges and Opportunities

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Introduction: The COVID-19 pandemic placed an unprecedented burden on healthcare workers worldwide, particularly those in primary care settings, who faced both physical and emotional challenges.

Objectives: The study aimed to assess the levels of psychological distress and anxiety, and the coping strategies among healthcare workers after the COVID-19 pandemic. It also examined changes in professional quality of life and the broader impact on personal life during the post-pandemic period.

Methods: A cross-sectional study was conducted on a sample of 100 healthcare workers from various primary care centers in Patras, Greece. The following validated psychometric instruments were used:

- Secondary Traumatic Stress Scale (STSS): assessing symptoms of secondary traumatic stress, reflecting the emotional impact of indirect exposure to trauma through patient care.
- Quality of Professional Life Scale (5th edition): assessing both the positive (compassion satisfaction) and negative (burnout, secondary traumatic stress) dimensions of professional life.
- Posttraumatic Growth Inventory (PTGI): measuring positive psychological changes and personal growth experienced as a result of coping with pandemic stressors.
- Brief-COPE Scale: identifying coping strategies used by nurses, distinguishing between adaptive and maladaptive mechanisms.

Results: The results of the study indicate a persistent and significant psychological distress among caregivers in the post-pandemic context of 2024. The STSS scores revealed elevated levels of secondary