

EPP0032

Healthcare workers' knowledge and management skills of psychosocial and mental health needs and priorities of individuals with COVID-19

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Introduction: Individuals confirmed with COVID-19 were isolated or treated in medical and well-designated units; however, such a situation probably causing psychological and mental health problems that require prompt intervention.

Objectives: The purpose of this study was to identify the knowledge and management of healthcare workers regarding psychosocial and mental health priorities and needs of individuals with COVID-19.

Methods: This is a cross-sectional descriptive study. The data collected conveniently at one single point in time from 101 healthcare workers in Jordan directly managing the health of individuals with COVID-19.

Results: healthcare workers have moderate to a high level of knowledge of psychological distress related to COVID-19; mean ranged from 50-70% agreement and confidence. Healthcare workers had moderate to a high level of management of psychosocial and mental health needs. In general, healthcare workers were able to identify mental and psychosocial health needs and priorities at a moderate level. Healthcare workers' knowledge had a positive and significant correlation with age ($r = .24$, $p = .012$) and years of experience ($r = .28$, $p = .004$), and a significant difference was found in their management towards using mental and psychosocial care between those who are trained on psychological first aids and those who are not ($t = -3.11$, $p = .003$).

Conclusions: there is a need to train healthcare workers to integrate psychosocial and mental health care while managing psychological distress related to COVID-19.

Disclosure: No significant relationships.

Keywords: mental health; Psychosocial Care; Covid-19; Mental Health Priorities

EPP0031

Mental Health Impacts of Quarantine: Insights from the COVID-19 International Border Surveillance Study in Toronto, CanadaC. Regehr^{1*}, V. Goel², E. De Prophetis², M. Jamil³, D. Mertz⁴, L. Rosella², D. Bulir⁵ and M. Smieja⁶

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Introduction: Nations throughout the world are imposing mandatory quarantine on those entering the country. While such

measures may be effective in reducing the importation of COVID-19, the mental health implications remain unclear.

Objectives: This study sought to assess mental well-being and factors associated with changes in mental health in individuals subject to mandatory quarantine following travel.

Methods: Travellers arriving at a large urban international airport completed online questionnaires on arrival and days 7 and 14 of mandated quarantine. Questionnaire items such as travel history, mental health, attitudes towards COVID-19, and protection behaviours were drawn from the World Health Organization Survey Tool for COVID-19.

Results: There was a clinically significant decline in mental health over the course of quarantine among the 10,965 eligible participants. Poor mental health was reported by 5.1% of participants on arrival and 26% on day 7 of quarantine. Factors associated with greater decline in mental health were younger age, female gender, negative views towards quarantine measures, and engaging in fewer COVID-19 prevention behaviours.

Conclusions: While the widespread use of quarantine may be effective in limiting the spread of COVID-19, the mental health implications are profound and have largely been ignored in public policy decision-making. Psychiatry has a role to play in contributing to the public policy debate to ensure that all aspects of health and well-being are reflected in decisions to isolate people from others.

Disclosure: No significant relationships.

Keywords: covid; quarantine; mental health

EPP0032

The moderated mediating effect of gender in the relationship between unemployment, depression, and suicide during the COVID-19 pandemic: An examination based on big data

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Introduction: The COVID-19 pandemic, and the consequent recession, have caused a decline in the job market, with the resultant job insecurity increasing the risk of depression. While this affected all genders, suicidal thoughts were observed to be more common among women than men, suggesting that the impact of unemployment on depression varies by gender, with gender differences affecting the outcome of depression.

Objectives: This study aims to verify the moderating effect of gender on the structural relationship between unemployment, depression, and suicide during the COVID-19 pandemic by using online search trend data.

Methods: The study utilized the search trend data from Naver's Data Lab service, by analyzing the searches of men and women under 65, between March, 2020 and September 12, 2021. The search terms were "unemployment," "depression," and "suicide." The analysis examined 1121 searches using the Model 7 research model through the SPSS Process Macro to verify the moderating effect of gender on the mediating pathways for unemployment, depression, and suicide.

Results: We observed that searches for “unemployment” significantly increased with searches for “depression” ($B=1.860$, $p<.001$) and “suicide” ($B=.860$, $p<.001$). The analysis further revealed that the correlation between the increase in searches relating to depression and unemployment was seen more in women than men. This resulted in an accompanying increase in the volume of searches for suicide ($B=2.341$, $p<.001$).

Conclusions: The job insecurity caused by the COVID-19 pandemic led to varying degrees of depression according to gender. Thus, social security measures related to unemployment, depression, and suicide interventions require a gender-specific approach.

Disclosure: No significant relationships.

Keywords: Covid-19; Depression; unemployment; Suicide

Cultural Psychiatry / Oncology and Psychiatry

EPP0033

Does culture affect How Mental Health Is Treated And Diagnosed- What Is The Future Of It

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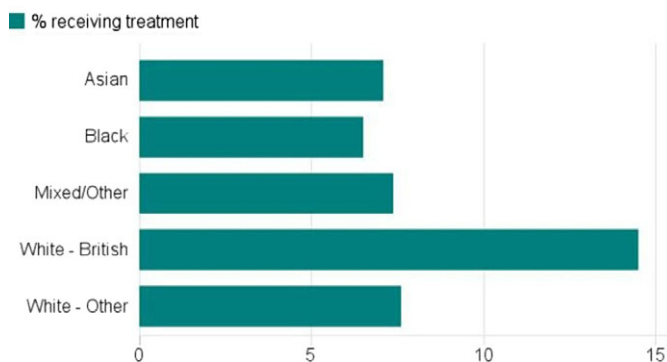
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Introduction: Culture is used to refer to the aspects of thinking, feeling, and behaviour related to nation, heritage, place of birth and ethnicity. I look at how the cultural context of mental disorders and the cultural context of mental disorders and the challenges of addressing ethnic diversity in psychiatric services because there is an over-representation of black people detained under the MHA.

Objectives: My aim is to understand what current data shows and use this to find a way forward which identify issues with culture and independently and challenge policies, services systems and address culture in clinical practice to provide culture complement care.

Methods:

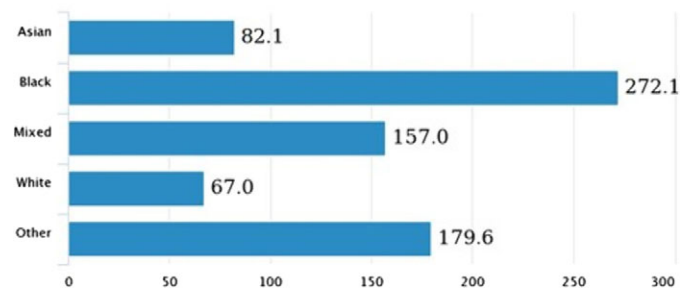
Percentage of adults receiving mental health treatment in England



Source: Adult Psychiatric Morbidity Survey 2014



Title: Rates of detention (per 100,000) under the Mental Health Act 1983 by broad ethnic group. Location: England. Time period: 2016/17. Source: Mental Health Services Dataset | Ethnicity Facts and Figures GOV.UK



. research on rates of detention

Results: The MHA acts tells us POC are 4 times more likely to be detained, arrested under 136 twice as much, and are 8 times as likely to be put on CTOS. 40% of black people will more likely asses care through the police system. (mind.org, Uk) This further shows us just how unrepresented POCs are when it comes to their diagnosis, treatment, and care, especially compared to their white counterparts.

Conclusions: In conclusion regulatory bodies and clinicians have to work towards understanding and identifying the reasons for these disparities and then implementing measures to address this. Such as putting people of color in higher positions in mental health positions in mental health positions to add diversities, also teaching the staff members and other people in high positions of power how much culture really impacts mental health, culturally appropriate advocacy, and improving research done.

Disclosure: No significant relationships.

Keywords: psychiatry; Cultural; cross cultural

EPP0034

Modifying Psychiatric Approaches to Respond Better to Indigenous People in Maine (North America)

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Introduction: Psychiatry has typically underserved indigenous people and immigrants. Indigenous people have different ways of viewing mind and mental health and conventional Euro-American psychiatry has not always acknowledged that.

Objectives: We wanted to modify conventional psychiatric approaches to better serve our indigenous population. We worked together to determine what that would be, gained feedback from indigenous patients and practitioners, and wanted to describe what we learned in an autoethnographic fashion.

Methods: We engaged each other, indigenous practitioners within the community and indigenous patients in an ongoing discussion of how psychiatry should change to be relevant to indigenous people. We monitored our own process in an autoethnographic fashion.

Results: 1. The typical DSM (Diagnostic and Statistical Manual) or ICDA (International Classification of Diseases) categories were difficult to apply to the lives of many of these patients, given the