factor loadings, satisfactory levels of internal consistency, and satisfactory levels of temporal stability across four weeks. These findings are consistent with those reported in the original foundational research in Germany.
Conclusions: Although the sample size was small and restricted to students only, the present study does provide evidence for the reliability of the BSI-9 among a sample of Irish college students. Future work is now required to extend this work to examine the convergent validity of the BSI-9 among other English-speaking samples.

Disclosure of Interest: None Declared

EPV0821

The influence of Stigma, Disclosure, and Self-Esteem on Quality of Life in Individuals with Mental Illness

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Introduction: Stigma not only influences the willingness to disclose mental health conditions and self-esteem but may also diminish the overall quality of life in individuals with mental illnesses. However, limited research has examined the potential mechanisms underlying this complex relationship.
Objectives: This study aims to explore the mediating roles of disclosure and self-esteem in the association between mental illness stigma and quality of life.
Methods: We utilized the meta-analytic structural equation modeling (MASEM) approach and conducted a comprehensive literature search across various electronic databases to identify relevant publications up to July 2023. MASEM was employed to derive bivariate correlation matrices for stigma, disclosure, self-esteem, and quality of life. Additionally, two simple mediation models and one serial mediation model were tested to examine the relationships between these variables.
Results: The analysis included 181 articles reporting 195 independent samples (N = 33,162) and 278 effect sizes. The single mediator model indicated that self-esteem ($\beta = -0.155$, 95% CI [−0.276, −0.070], $p < .001$), rather than disclosure ($\beta = -0.019$, 95% CI [−0.094, 0.031], $p > .05$), served as a mediator. In the multiple mediator model, disclosure and self-esteem were found to have serial mediating roles between stigma and quality of life ($\beta = -0.016$, 95% CI [−0.0546, −0.0003], $p < .05$).
Conclusions: This study makes a significant contribution to understanding how stigma attitudes impact the quality of life in individuals with mental health problems, providing a strong empirical foundation for the development of mental health interventions. Future research directions and practical implications are also explored.

Disclosure of Interest: None Declared

EPV0823

The prevalence of adverse childhood experiences in systematic reviews of primary headache and cancer

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Introduction: Adverse childhood experiences (ACEs) describe an array of stressful exposures that occur during childhood/ adolescence, including types of abuse and neglect. As ACEs occur during a critical period of human development, they have been associated with a range of chronic diseases in adulthood.
Objectives: We aimed to systematically analyze the prevalence of ACEs in studies in two different disease severity populations, including primary headache and cancer. The objectives of this study are to examine,
The prevalence of ACEs hypothesized to impact chronic disease
The pooled association of the presence of "disease", which consists for this study only primary headache and/or cancer, with ACEs
Methods: The inclusion criteria for the studies in the systematic reviews/meta-analyses included observational studies with a comparator group, ACE(s) occurrence at ≤18 years of age, and disease diagnosis at ≥21 years of age. Searches were conducted up to Mar 16, 2023. Two review authors independently screened articles, extracted data, assessed risk of bias using QUIPS, and conducted GRADE assessment as part of the systematic reviews. In this study, we calculated the prevalence and the odds of experiencing ACEs among those with disease compared to those without disease.
Results: Of the total 39,658 articles screened, 44 studies were eligible for synthesis of 437,852 participants from 22 countries across five continents. Among included studies, the most commonly examined ACEs were physical abuse (82% of studies), sexual abuse (77%), household substance or alcohol abuse (52%), witnessing or threat of violence (50%), having a household member with a mental illness (45%), and emotional abuse (43%).
Of the 437,852 participants in the synthesis, an estimated total of 196,587 participants (45%) reported experiencing at least one ACE. Among participants with primary headache and/or cancer, 51% (29,838/58,580) reported experiencing at least one ACE, compared to 44% (166,749/379,272) of participants without primary headache and/or cancer (crude odds ratio = 1.32, 95% confidence interval: 1.30, 1.35).
Conclusions: The prevalence of ACEs is high when hypothesized to be associated with diseases, independent of the risk for mortality (i.e., primary headache low mortality, cancer high mortality). Abuse ACEs are more commonly considered in studies than neglect ACEs, and therefore, more consistent and comprehensive reporting of ACEs is needed. There is untapped opportunity for the expertise of psychiatrists to collaborate with clinicians and researchers of adult chronic disease studies.

Disclosure of Interest: None Declared