disorders, and substance use among sex workers, to date, there has been no research specifically addressing mental illnesses among sex workers in Germany.
Objectives: The research project aims to fill this gap by determining the 1-year prevalence as well as risk and resilience factors for mental illness among sex workers in Berlin. The research findings aim to enhance psychosocial care services for sex workers and foster meaningful contributions to the broader social discourse.
Methods: The socio-demographic composition of the sex worker population is constantly shifting, making it difficult to obtain a truly representative random sample. Quota sampling offers the closest alternative, with interviewees being approached at various workplaces. Additionally, we ensure a diverse age range is included in the study. A total of 500 participants will be surveyed using structured interviews. The interview consists of a sex work questionnaire, standardized research instruments, and a mental health screening. The sex work questionnaire gathers data on work type and intensity, socio-demographic characteristics, and individual access to counseling and support services. Standardized instruments include assessments for personality (TIPI), coping behaviors (Brief COPE), health-related quality of life (SF-12), stigmatization experiences (PASS 24), and childhood trauma (CTQ). The mental health screening will be conducted using the Mini-DIPS.
Results: The submitted poster will offer a detailed overview of the study design and methodologies. In addition, preliminary results will be shared, shedding light on the mental health status and access to healthcare services among sex workers.
Conclusions: This pioneering study seeks to address a significant gap in current research. The final findings will form the foundation for more in-depth analysis and guide future recommendations to improve support services for this population.

Disclosure of Interest: None Declared

EPV0819

Prescription of psychotropic drugs in persons with concurrent mental health and substance use disorders before and during the COVID-19 pandemic in Norway

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Introduction: The COVID-19 pandemic has had a profound impact on mental health globally, exacerbating existing mental health disorders (MHD) and substance use disorders (SUD). Various measures have been implemented to mitigate these adverse mental health consequences. Nevertheless, the significant rise in mental health challenges has underscored the role of psychotropic drug prescriptions as an important metric for assessing mental health trends in certain populations. During the pandemic, data from high-income countries, indicate an increase in the prescription of psychotropic drugs. This might reflect heightened mental health needs in the general population, but also may underscores the exacerbated vulnerability of individuals with pre-existing concurrent MHD/SUD. Prescribing psychotropic drugs can be complex due to the potential for misuse and the need for careful monitoring to balance therapeutic effects with the risks.
Objectives: This study aimed to evaluate 1) the number of prescriptions of psychotropic drugs in persons with concurrent MHD and SUD in the years before and during the two COVID-19 pandemic years (2020 and 2021) and 2) to study the impact of the COVID-19 pandemic on the consumption of psychotropic drugs among this population.
Methods: We conducted a retrospective cohort study based on a data file constructed by merging individual-level information from the Norwegian Patient Register and the Norwegian Prescribed Drug Registry, analysing data from 2019-2021. The International Classification of Diseases (ICD)-10 main diagnosis, chapter V have been used to identify persons with MHD/SUD. We recognised 35.000 individuals who received a diagnosis of co-occurring MHD/SUD between the years 2019-2021. A graphical approach and descriptives were applied to study the population. Interrupted time series analysis was used to compare changes in trends in the prescriptions dispensed by eight psychotropic drug classes, according to the consecutive COVID-19 waves during the first two years of the pandemic.
Results: Preliminary analysis show, an increased prescription rate in all eight psychotropic drugs classes in persons with MHD/SUD during the first two years of the pandemic, compared to 2019. The largest increases were shown to appear parallel with the COVID-19 waves. Antipsychotics and anxiolytics were the most prevalent prescribed drugs, followed by opiates, hypnotics & sedatives and antidepressants. Being female and older age was associated with higher odds of receiving a prescription, regardless psychotropic drug class.
Conclusions: The prescription of psychotropic drugs has gradually increased from 2019-2021. More research is needed to differentiate increases due to unmet needs versus overprescribing and further, to study the long-term effects of the pandemic regarding the utilization of psychotropic drugs in this vulnerable patient group.

Disclosure of Interest: None Declared

EPV0820

The Brief Symptom Inventory-9 (BSI-9): Psychometric properties among Irish college students

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Introduction: The Brief Symptom Inventory-9 (BSI-9) is a recently developed short (9-item) self-report scale measuring distress. It has three Subscales measuring Anxiety, Depression, and Somatisation. The BSI-9 is based on longer scales (BSI-18, BSI-53, and SCL-90) and was developed as a brief screening tool.
Objectives: The present study examined the generalisability of the original foundational research undertaken in Germany. The present study examined the psychometric properties of the BSI-9 among a sample of Irish college students.
Methods: A sample of 763 Irish college students completed the BSI-9, and a further 18 students completed the BSI-9 on two occasions, separated by four weeks, as part of a more extensive study. Factor analyses and reliability analyses were carried out.
Results: The BSI-9 scale and the three Subscales measuring Somatisation, Anxiety, and Depression were each found to have appropriate

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.

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