

Introduction: Sexual minority individuals face unique challenges in mental and sexual health, emotion regulation, and well-being. Although understanding the complex dynamics among these variables in the context of diverse sexual orientations and gender identities is crucial to supporting and tailoring comprehensive interventions, limited research has investigated their overlapping relationships and intersections.

Objectives: The current study aims to examine the connections between mental health, sexual health, emotion regulation, and well-being among sexual minority and heterosexual individuals in Israel. The main purpose was to provide a comprehensive understanding of the unique challenges sexual minority individuals face.

Methods: The study included 465 participants, 324 (70%) were identified as heterosexual individuals and 119 (26%) as sexual minority individuals. Various variables were assessed using an online anonymous questionnaire, including mental health (anxiety, depression, suicide ideation, substance use disorder), sexual health (sex-related distress, problematic pornography use, compulsive sexual behavior disorder), emotion-regulation, and well-being. Between-group differences were analyzed using Mann-Whitney U tests. Network analysis was conducted to examine the centrality and edges of relationships between variables within each group.

Results: Significant differences were found between the heterosexual and sexual minority groups across the measured variables. Sexual minority individuals reported higher levels of psychopathology, lower sexual health, as well as lower levels of emotion regulation and well-being compared to heterosexual individuals. Network analysis revealed that the number of diagnosed psychopathologies and depression were central nodes in the sexual minority group, while sexual functioning played a central role in the heterosexual group. The sexual minority group's network showed less stability, suggesting distinct subpopulations within this group.

Conclusions: This study contributes to understanding the unique mental and sexual challenges sexual minority individuals face and the intersections between mental health, sexual health, emotion regulation, and well-being. These findings highlight the importance for mental health professionals to acknowledge and address these connections, emphasizing the need for tailored psychosocial interventions that integrate sexual health.

Disclosure of Interest: None Declared

EPV1907

The Impact of Personality Traits on Mental Stress and Stigmatization in HIV+ Cases

E. Ilgin^{1*}, Ö. Yanartaş¹ and S. Göktaş²

¹Psychiatry, Marmara University and ²Psychology, Yeditepe University, Istanbul, Türkiye

*Corresponding author.

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Introduction: HIV (Human Immunodeficiency Virus) is a virus that damages the immune system, weakening the body's ability to defend against infections and certain types of cancer. If left untreated, HIV can progress to an advanced stage known as AIDS (Acquired Immunodeficiency Syndrome). HIV can be transmitted through blood, sexual contact, from mother to child during childbirth, or through breastfeeding. Today, with antiretroviral treatments, it is possible for individuals living with HIV to lead healthy

and long lives. In addition to health issues, HIV-positive individuals face mental stress and societal stigmatization. Their personality traits play a significant role in determining the level of mental stress they experience and their ability to cope with stigma. We have developed a survey for HIV-positive individuals addressing these aspects.

Objectives: This study, aimed to observe how HIV-positive individuals cope with societal stigmatization and the mental stress they experience based on their personality types, as well as the connection between these factors.

Methods: The study's survey was prepared using the open-source platform 'Google Forms' and will be administered in person. The tests used in this study are widely accessible and have been validated for reliability and validity in Turkey. Specifically, we utilized the Enneagram, the HIV Stigma Scale developed by Berger and colleagues, and the Hospital Anxiety and Depression Scale developed by Zigmond and Snaith. The study has no commercial purpose. The analysis was conducted on a total of 63 respondents, consisting of 45 men and 18 women.

Results: In the study, data were collected from 63 individuals, 71.4% of whom were male (n=45) and 28.6% female (n=18). The average age of participants was 39.69 years (range 20-77). It was observed that individuals with primary education were the most stigmatized, while those with middle school education experienced the least stigmatization. The most common personality type among both men and women was Type 2 (the helper). According to the data, participants had an average stigma score of 94.9.

Conclusions: The study did not find a significant relationship between age and stigmatization, nor between gender and stigmatization. Personality types that perceived the highest levels of stigmatization were Type 2 and Type 8, with average scores of 108. Conversely, the personality type that perceived the lowest levels of stigmatization was Type 5, with an average score of 74. These findings highlight that certain personality types may be more susceptible to experiencing or perceiving stigmatization, while others may experience it less. Further research could explore the underlying factors influencing these perceptions and their implications for support and intervention strategies.

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Sleep Disorders and Stress

EPV1909

Association between Anxiety and Depression with Sleep Quality among Iraqi Polypharmacy Older Adults: A Cross-Sectional Study

G. Alhashem¹, M. Aldawoudi^{1*} and M. AlZayadi¹

¹Pharmacy, AlSafwa University College, Karbala, Iraq

*Corresponding author.

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Introduction: Many definitions have been proposed for polypharmacy, but the most common is the concurrent use of five or more medications. It is a growing concern among older adults and is associated with numerous adverse effects and drug-drug interactions. Beyond its impact on physical health, research suggests that polypharmacy may also affect mental health, which could potentially be linked to poor sleep quality.