need of mental health support. The PHQ-9 and GAD-7 were previously culturally adapted, translated into isiXhosa, and administered to 302 adolescents (10-19 years old, 56.9% female), and three culturally adapted items were asked to assess functional impairment regarding problems that 1) interfere with activities/relationships at home, 2) interfere with activities at school/work, and 3) cause any issues with peers. FX items were dichotomized into at least some impairment ("sometimes" and "often") and no impairment ("rarely" and "never"). The Kiddie Schedule for Affective Disorders and Schizophrenia (K-SADS) was administered by trained clinicians as the gold standard measures for MDD, GAD, and FX. To assess criterion validity against a clinician's diagnosis, we used total PHQ-9 and GAD-7 scores as well as combined FX and PHQ-9 and GAD-7 scores to construct receiver operating characteristic curves, and calculated the area under the curve (AUC) for each test as well as other psychometric properties.

Results: In the sample, 32.1% and 17.9% of adolescents screened positive for moderate to severe MDD and GAD respectively with the culturally adapted PHQ-9 and GAD-7. Among adolescents, 39.7%, 37.1%, and 29.1% reported at least some impairment at home, school, and among peers respectively. Spearman correlations between the three items (Cronbach's Alpha = 0.69) ranged from 0.35-0.53, and kappa statistics ranged from 0.18-0.47. For the culturally adapted PHQ-9, the AUC was 0.86 for the full sample. A score of >=10 had 97% sensitivity and 75% specificity for detecting MDD. For the culturally adapted GAD-7, the area under the curve was 0.69, and cutoff scores with an optimal sensitivity-specificity balance were low (>=6) and had 76% sensitivity and 69% specificity for detecting GAD. For the combination of the culturally adapted PHQ-9 with the FX questions, the AUC was 0.80 for the sample, and a score of >=10 had 77% sensitivity and 83% specificity for detecting adolescents with MDD. For the combination of the culturally adapted GAD-7 with the FX questions, the AUC was 0.68, and a score >=6 had 70% sensitivity and 76% specificity for detecting adolescents with GAD.

Conclusions: While the culturally adapted FX questions didn't enhance the assessment of MDD and GAD among adolescents in South Africa, these items still provide an opportunity to measure FX in different settings.

Disclosure of Interest: None Declared

O0014

Psychometric Evaluation of the Computerized Battery for Neuropsychological Evaluation of Children (BENCI) among School Aged Children in the Context of HIV in an Urban Kenyan Setting

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Introduction: Culturally validated neurocognitive measures for children in Low- and Middle-income Countries are important in the timely and correct identification of neurocognitive impairments. Such measures can inform development of interventions for children exposed to additional vulnerabilities like HIV infection. The Battery for Neuropsychological Evaluationo f Children (BENCI) is an openly available, computerized neuropsychological battery specifically developed to evaluate neurocognitive impairment.

Objectives: This study adapted the BENCI and evaluated its reliability and validity in Kenya.

Methods: The BENCI was adapted using translation and back-translation from Spanish to English language. The psychometric properties were evaluated in a case-control study of 328 children (aged 6 – 14 years) living with HIV and 260 children not living with HIV in Kenya. We assessed reliability, factor structure, and measurement invariance with respect to HIV. Additionally, we examined convergent validity of the BENCI using tests from the Kilifi Toolkit.

Results: Internal consistencies ($0.49 < \alpha < 0.97$) and test-retest reliabilities (-.34 to .81) were sufficient-to-good for most of the subtests. Convergent validity was supported by significant correlations between the BENCI's Verbal memory and Kilifi's Verbal List Learning (r =.41), the BENCI's Visual memory and Kilifi's Verbal List Learning (r = .32) and the BENCI's Planning total time test and Kilifi's Tower Test (r = -.21) and the BENCI's Abstract Reasoning test and Kilifi's Raven's Progressive Matrix (r = .21). The BENCI subtests highlighted meaningful differences between children living with HIV and those not living with HIV. After some minor adaptions, a confirmatory four-factor model consisting off flexibility, fluency, reasoning and working memory fitted well ($\chi2$ =135.57, DF = 51, N = 604, p < .001, RMSEA = .052, CFI = .944, TLI =.914) and was partially scalar invariant between HIV positive and negative groups.

Conclusions: The English version of the BENCI formally translated for use in Kenya can be further adapted and integrated in clinical and research settings as a valid and reliable cognitive test battery.

Disclosure of Interest: None Declared

O0015

Disentangling the multigenerational transmissions of socioeconomic disadvantages and mental health problems by gender and across lineages: Findings from the Stockholm Birth Cohort Multigenerational Study

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Introduction: There is a paucity of research examining the patterning of socioeconomic disadvantages and mental health problems across multiple generations. The significance of research on multigenerational processes is based on a concern with if and how (dis)advantages are generated and sustained across generations, and how socioeconomic, mental health, and gender inequalities evolve over a longer period of time.

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Objectives: The current study therefore aimed to investigate the interconnected transmissions of socioeconomic disadvantages and mental health problems from grandparents to grandchildren through the parents, as well as the extent to which these transmissions differ according to lineage (i.e., through matrilineal/patrilineal descent) and grandchild gender.
Methods: Drawing on the Stockholm Birth Cohort Multigenerational Study, the sample included 21,416 unique lineages by grandchild gender centered around cohort members born in 1953 (parental generation) as well as their children (grandchild generation) and their parents (grandparental generation). Based on local and national register data, socioeconomic disadvantages were operationalized as low income, and mental health problems as psychiatric disorders. A series of path models based on structural equation modelling were applied to estimate the associations between low income and psychiatric disorders across generations and for each lineage-G2 gender combination.
Results: We found a multigenerational transmission of low income through the patriline to grandchildren. Psychiatric disorders were transmitted through both the patriline and matriline, but only to grandsons. The patriline-grandson transmission of psychiatric disorders was partially operated via low income of the fathers. Furthermore, grandparents' psychiatric disorders influenced their children's and grandchildren's income.
Conclusions: We conclude that there is evidence of transmissions of socioeconomic disadvantages and mental health problems across three generations, although these transmissions differ by lineage and grandchild gender. Our findings further highlight that grandparents' mental health problems could cast a long shadow on their children's and grandchildren's socioeconomic outcomes, and that socioeconomic disadvantages in the intermediate generation may play an important role for the multigenerational transmission of mental health problems.

Disclosure of Interest: None Declared

O0016

Knowledge about mental illnesses among Tunisian students

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Introduction: Mental Health Knowledge specific to symptom recognition, treatment efficacy, help-seeking, and employment can facilitate understanding when communicating with clinicians and reduce personal stigma. Better knowledge of mental illness has also been shown to decrease fear and embarrassment when interacting with people with mental illnesses. Thus, knowledge can play a key role in influencing behaviors and attitudes associated with stigma.
Objectives: The objective of this study was to evaluate mental health knowledge among Tunisian students
Methods: This cross-sectional study was conducted on 2501 Tunisian students from different academic institutions. They anonymously filled in a questionnaire circulated online through social networks in pages and groups of each university. The validated Arabic version of the "Mental Health Knowledge Schedule" (MAKS) was used to assess the knowledge about mental illnesses.
Results: The median MAKS score was equal to 45 out of 60, ranging from 30 to 56. In our study, 60.2% of the participants answered "don't know" or "neither agree nor disagree" to item 1 indicating that "Most people with mental health problems want to have paid employment.". Exactly 83.7% of the participants thought they knew what advice to give a friend to get professional help and 90% thought that psychotherapy could be effective in treating a person with a mental illness. In addition, 57.1% of participants thought that medication could be effective and 68.8% thought that people with severe mental health problems could make a full recovery. People with mental health problems do not seek professional help according to 39% of participants. About 90% were considering depression, schizophrenia, and bipolar disorder as mental illnesses. Stress and drug addiction were considered mental illnesses according to 71% and 63% of participants respectively. Finally, 52.9% answered that grief was a mental illness.
Conclusions: In Tunisia, anti-stigma programs are almost nonexistent. Our results would allow us to take a baseline assessment of mental health knowledge and could be the starting point for anti-stigma interventions. We should combine these findings with a behavioral and attitudinal assessment to better address stigma.

Disclosure of Interest: None Declared

O0017

Patient health questionaire in the general population sample - establishing the cut-off score for detecting major depression

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Introduction: The traditional Patient Health Questionnaire (PHQ-9) cut-off score of ≥10 has been found to balance best sensitivity and specificity when used in patient populations. Depression screening has been recommended in general population surveys, however, in comparison to patient population a few studies have suggested different optimal cut-off values to detect possible depression.
Objectives: Aim of this research involving country-representative general adult population sample was to identify which PHQ-9 cut-off score distinguishes individuals with and without depression.
Methods: This was a cross-sectional observational epidemiological survey CoV2Soul.rs (registration number NCT04896983) using in-person interviews and multistage household probabilistic sampling in mid-2021 to recruit representative adult sample (N=1203; age 43.7 (SD 13.6); 48.7% male; mean education 12.7 (SD 2.9)). Current mental disorders were observer-rated on the Mini International Neuropsychiatric Interview (MINI Standard 7.0.2.). The PHQ-9 was self-rated by the participants and research assistants were not aware of their self-scoring. Sensitivity, specificity, and likelihood ratio tests for predicting current major depressive episode were evaluated at various cut-off points of the PHQ-9.

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