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 questionnaire 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.

Results: The mean PHQ-9 score was 3.2 (SD 3.8). The value is highly comparable with other general population studies. At the cut-off score of 8, sensitivity was .85 and specificity was .91. At the cut-off value of 10, sensitivity dropped to .74, suggesting that the optimal cut-off score was 8. ROC analysis showed that the area under the curve was .95, indicating that the Serbian PHQ-9 can discriminate very well between persons with and without depression (Figure 1).

Table 1. Sensitivity, specificity and likelihood ratio tests at various cut-off points of the PHQ-9

Cut-offs	Sensitivity	Specificity	LR+	LR-
≥ 5.5	.96	.82	5.33	0.05
≥ 6.5	.89	.87	6.73	0.13
≥ 7.5	.85	.91	9.06	0.16
≥ 8.5	.74	.94	11.95	0.28
≥ 9.5	.74	.96	16.84	0.27
≥ 10.5	.63	.96	17.03	0.39
≥ 11.5	.59	.97	21.18	0.42
≥ 12.5	.59	.98	31.21	0.42

Conclusions: PHQ-9 is a highly useful screening tool, but the same cut-off score might not be appropriate in all settings. In European countries, studies of the general population that determine optimal cut-off PHQ-9 value against a validated interview to detect depression are rare. We demonstrated that the cut-off of ≥8 balances best its sensitivity and specificity when assessed against the structured diagnostic interview in the general population.

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O0018

Parent-child nativity, race, ethnicity, and mental health conditions among U.S. children

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Introduction: Over a quarter of U.S. children have at least one immigrant parent. Mental health disparities in children need to be assessed to better identify disproportionate burdens and promote health equity.

Objectives: To assess the associations between race, ethnicity, and parent-child nativity, and mental health conditions in the U.S.

Methods: Data were from the 2016-2019 National Survey of Children's Health (n=114,476 children aged 3-17 years), a nationwide, cross-sectional survey. Outcome variables included three mental health conditions (depression, anxiety, and behavior or conduct problems) reported by the parent/guardian. Additional measures included questions about healthcare access and use, demographics, and nine household challenge adverse childhood experiences (ACEs) used to quantify a total ACE score (0-9). Information on nativity was used to define immigrant generation (1st, 2nd, and 3rd+). Weighted logistic regression was used to assess the associations between race/ethnicity (Asian, Black, Hispanic, White, and Other), household generation, and outcome variables, among children who reported access to or utilized health services, adjusting for demographics. Multiple imputation was used to handle missing data.

Results: Asian, Black, Hispanic, and White 3rd+ generation children had increased odds of depression compared to their 1st generation counterparts, same as among White, 2nd generation children. Race/ethnicity was not associated with depression among 1st and 3rd+ generation children, but Asian, Black, and Hispanic children had lower odds of depression compared to White children among 2nd generation children. Asian, Black, Hispanic, and Other-race 3rd+ generation children had increased odds of anxiety compared to their 1st generation counterparts, with similar findings also observed for Black and Other-race 2nd generation children. Being racial/ethnic minorities was generally associated with decreased odds of anxiety among 1st and 2nd generation children compared to White children from the respective generations. Asian, Black, Hispanic, and Other-race 3rd+ generation children had increased odds of behavior/conduct problems compared to their 1st generation counterparts. The observed associations remained significant after adjusting for the modified ACE score.

Conclusions: We found significant differences in several mental health conditions in children by parent-child nativity, race, and ethnicity that could not be explained by demographics, childhood adversity, and healthcare access and use. Lower odds of mental health conditions among minority children could represent differences due to factors such as differential reporting, and higher odds of mental health conditions, including in third- and higher generation children, need further investigation to develop approaches to promote mental health equity.

Disclosure of Interest: None Declared

O0019

Borderline personality disorder in Irish Travellers: a cross-sectional study of an ultra-high-risk group

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Introduction: Irish Travellers are recognised as a minority ethnic group in Ireland. While mental health services are available to Travellers, these services are often perceived as inadequate at addressing the mental health needs of this population. Studies have shown that there is a higher prevalence of mental disorders in the Traveller community in Ireland compared to the general Irish