

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/patrilin-
eal 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

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Knowledge about mental illnesses among Tunisian students

M. Ben Amor*, Y. Zgueb, A. Aissa, U. Schöberlein Ouali and R. Zaibi Jomli

Psychiatry "A", Razi Hospital, Manouba, Tunisia

*Corresponding author.

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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 non-existent. 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

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

N. P. Maric^{1,2*}, L. Mihic³ and C. Study Group⁴

¹Faculty of Medicine, University of Belgrade; ²Institute of Mental Health, Belgrade; ³Faculty of Philosophy, University of Novi Sad, Novi Sad and ⁴University of Belgrade, Belgrade, Serbia

*Corresponding author.

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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.