purpose of DCSs and how they rate DCSs' utility for various purposes. All DCSs were considered.
Methods: Two separate searches were conducted in Medline Via Ovid and PsycInfo: one for articles assessing the main purpose of DCSs according to mental health professionals and one for studies on how practitioners rate the utility of DCSs for various purposes. The first search revealed eight articles on the main purpose of DCSs and the second three articles on how practitioners rate their utility for various purposes. The total number of participants from all included studies for the first search was 9,276 and for the second 2,363. The studies included clinicians from a wide range of world regions, languages, and income-level countries.
Results: The results of the meta-analyses for the first search showed that 44% (95%CI=38-49%) of the responders believe that the main purpose of the DCSs is facilitating inter-clinician communication, 20% (4-35%) to inform treatment decisions, 14% (11-16%) to aid the communication between clinicians and patients, 11% (4-18%) to reflect on aetiology/pathogenesis, 9% (2-16%) to facilitate research, 4% (2-7%) to provide a national statistical base and 1% (0.1-2%) to indicate prognosis. Regarding how responders rate the utility of DCSs for various purposes, the highest ratings were given for meeting administrative requirements and inter-clinician communication in the two of the three included studies, and clinical diagnosis and training in the third.
Conclusions: "Inter-clinician communication" was the most voted purpose of DCSs and was rated relatively high in the tier of DCSs' clinical utility. In contrast, "inform management decisions", even though it was voted as the second most popular purpose of DCSs, was placed on the bottom of the rating tier of DCSs' clinical utility. Interestingly, none of the included studies asked the responders whether "making a diagnosis" is the main purpose of DCSs. Further research is needed to assess what mental health professionals expect from DCSs, so as to improve their clinical utility in the future.

Disclosure of Interest: None Declared

O0012

Cumulative trauma exposure comparison between non-refugee immigrants and locals with psychotic disorder

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doi: 10.1192/j.eurpsy.2023.220

Introduction: A significant global increase in immigration has been reported due to humanitarian crisis around the world. Trauma exposure related to migration process is usually multiple and maintained in long-term which could provoke a cumulative effect. Moreover, several meta-analysis describe increased risk for psychosis in immigrant population. Despite this increase, there is a lack of research in non-refugee immigrants specially within those with psychotic disorder.
Objectives: The aim of the study is to describe and compare cumulative lifetime trauma between immigrants and locals with psychotic disorder.
Methods: Patients who have presented, according to DSM-V criteria, one or more non-affective psychotic episodes, were recruited in Acute and Chronic inpatients units at Hospital del Mar (Barcelona) from November 2019 to June 2021, leading to a total sample of 199 patients. Demographic characteristics of patients, clinical data and main pharmacological treatment were recorded through a questionnaire. Database information was completed with electronic medical records. Cumulative trauma Scale was used as instrument to assess lifetime trauma exposure frequency and distress. Comparative analysis was performed with IBM SPSS Statistics (Chicago INC) using Chi-Square Test for qualitative variables and t-Student test for continuous variables. Covariate adjustment with demographic and clinical variables was performed by ANOVA test. Study received local ethics committee approval "CEIC" (No. 2019/8398/I).
Results: From a total of 198 patients, 99 (50%) were immigrants and 99 (50%) locals. Immigrants were exposed on average 3 times more to lifetime traumatic events (16.12) when compared to locals (5.39). Likewise, distress intensity caused by trauma exposure had a mean of 97.13 in immigrants compared to 27.24 in locals. Traumatic events more present in immigrants' group were "uprooting" (82.8%), "physical abuse" (76.8%), racial discrimination (74.7%), threat of death (74.7%) and life-threatening to close friend (72.2%) and in local group was school failure (42.4%), serious disease (38.4%), accidents (36.4%), physical abuse (36.4%) and interpersonal relationship rejection (36.4%).
Conclusions: According to our results there are important differences in cumulative traumatic events between immigrants and locals with psychotic disorder. Immigrants showed three times more lifetime traumatic events than locals. Likewise, immigrants presented significant higher level of distress caused by lifetime trauma and the nature of traumatic events was more severe. These results should be considered in order to offer better assessment and treatment to this population considering this comorbidity.

Disclosure of Interest: None Declared

O0013

Detecting Functional Impairment Among Adolescents in South Africa Using Culturally Adapted Assessments

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doi: 10.1192/j.eurpsy.2023.221

Introduction: Functional impairment (FX) screening tools could potentially be used in resource-limited settings to identify adolescents who need mental health support.
Objectives: Culturally adapted, isiXhosa versions of FX questions and the Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7) were used to assess depression (MDD) and anxiety (GAD) among adolescents (10-19 years) in South Africa.
Methods: Adolescents were recruited from the general population and from nongovernmental organizations working with those in

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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doi: 10.1192/j.eurpsy.2023.222

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 ($\chi 2 = 135.57$, 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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doi: 10.1192/j.eurpsy.2023.223

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.