

renters exhibiting an average mental health score of 5.3 (95% CI = 3.73, 6.34) points lower on a 100-point scale. The controlled direct effect interventional analogue suggested that complete elimination of financial strain could lead to a 22% reduction in the observed mental health disparity between renters and homeowners. The natural direct effect analogue indicated a 14% reduction in mental health inequality under a hypothetical intervention where the distribution of financial strain among renters is set to that of the homeowners.

Conclusion

Our study illustrates that addressing financial strain may substantially reduce the inequality in mental health outcomes between renters and homeowners. The application of causal mediation analysis, specifically the controlled direct effect and natural direct effect analogues, offers a novel and promising methodological approach for evaluating the impact of potential interventions on health disparities. These findings contribute to the development of future targeted interventions aimed at alleviating mental health disparities associated with housing tenure.

Anxiety and its major risk factors among the Ukrainian female refugees in the Czech Republic

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Introduction

More than 500,000 refugees from Ukraine were granted "temporary protection" in the Czech Republic after Russia invaded Ukraine on a large scale in 2022. Due to the numerous stressful situations that refugees must deal with, mental health issues have been rising in this population.

Methodology

This cross-sectional study used an online survey in the Ukrainian language to gather data from 919 Ukrainian female refugees living in the Czech Republic. The survey was distributed through non-governmental organizations that assist refugees, schools in the Czech Republic that educate Ukrainian children, and social media where Ukrainian refugees participate including Facebook, Telegram, and Viber. Data collection took place between June and September 2022.

Anxiety symptoms were measured by using the Beck Anxiety Inventory (BAI), which is a 21-item self-report questionnaire, created by Beck and colleagues (Beck et al., 1993) to measure typical anxiety symptoms separately from depressive symptoms (Beck et al., 1988).

Linear regression analysis was performed to investigate the associations between anxiety and self-reported physical and mental health determinants adjusted by socio-demographics. Depression was included as a covariate in the regression analysis because prior studies showed a correlation between depression and anxiety. Depression was measured by applying the Patient Health Questionnaire (PHQ-9). The PHQ-9 was developed as a screener for depression (PHQ-9; Kroenke et al., 2001). Additionally, perceived stress and coping strategies were also included in the analysis. Perceived stress was measured by the Perceived Stress Scale (PSS-14) which was invented by Cohen, Kamarck, and Mermelstein (1983). PSS-14 measures how people assess the degree of control they have or do not have over unpredictable, unmanageable and overburdened events in their lives (Cohen & Williamson, 1988). The BRIEF-COPE inventory (Carver et al. 1989) was employed to investigate coping strategies for stressful events.

Results

The respondents' average age was 38 years, and 68.4% of them were married; 70% with children under the age of 18. 71% of participants were university graduates, 86.7% of participants have lived in Ukrainian cities and towns, and 73.8% of participants have worked in Ukraine. It was revealed that more than half of the participants had moderate (31.3%) to concerning (22.1%) symptoms of anxiety. Also, it was found that 25.5% of participants had moderate, 17.5 % had moderately severe, and 10.4 had severe levels of depression. Further, Ukrainian

female refugees in the Czech Republic experienced moderate (75,2 %) to high (20.3 %) levels of perceived stress. Moreover, participants reported using emotion-focused coping (managing feelings and thoughts related to the stressor) and problem-focused coping (dealing with stressor sources) more frequently than avoidant coping (avoiding dealing with the stressor or associated emotions).

The conducted analysis showed that cultural differences in relationships and communication between Ukrainian female refugees and the Czech population, self-reported poor physical health, and self-reported poor emotional and psychological statuses were major risk factors for anxiety. On the contrary, being employed, and having good relations with relatives, colleagues and neighbors were protective factors. Besides, it was proof the a positive association between anxiety and depression.

Conclusion

The study showed that more than half of Ukrainian female refugees in the Czech Republic experienced moderate to concerning symptoms of anxiety, also, there are some risk and protective factors of anxiety as well as comorbidity with depression. These findings have potentially important public health implications.

Loneliness and its association with subsequent mental health problems in young people

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Introduction

Given the overall prevalence of loneliness and its adverse implications for health, it is acknowledged as a global public health concern (Taylor et al., 2023). Multiple studies have demonstrated its detrimental effects on adolescent health across various countries (e.g., Stickley et al., 2016; Lyyra et al., 2021). Specifically, there is growing evidence indicating a rising prevalence of loneliness among the adolescent population in the Nordic countries (Bartelink et al., 2021; Lyyra et al., 2022; Parlikar et al., 2023). Frequent and continued experiences of loneliness can exert an even more detrimental impact on adolescent health (Qualter et al., 2013). This impact may be particularly pronounced during the transition from adolescence to young adulthood—a period characterized by numerous social changes and recognized as vulnerable in terms of social relations (Lee et al., 2018). Furthermore, Hutten et al. (2021) illustrated in their study that one of the trajectories of loneliness from childhood to young adulthood was characterized by a peak in loneliness around the transitional period from adolescence to adulthood. Although many studies investigated the relationship between loneliness and mental health, few studies have specifically focused on this transitional period, examining a wide range of indicators of mental health problems. Utilizing data on mental health problems from both self-reports and register information can provide a more nuanced understanding of this relationship, representing a merit of the current study. Although the importance of studying loneliness in this life stage has been recognized, majority of prior studies rely on cross-sectional data. Therefore, there is a call for longitudinal studies. Beyond the opportunity to explore temporal associations, longitudinal data also enables the examination of changes in loneliness over time. The *aim* of this study is to examine the associations between loneliness and various subsequent mental health problems among young people, transitioning from late adolescence to young adulthood. In addition to exploring a diverse set of indicators for mental health problems, the current study will examine changes in loneliness over time and its association with subsequent mental health problems.

Methodology

The data is derived from Futura01, a national Swedish cohort study that included adolescents attending grade 9 in 2017 (~15–16 years). Follow-up surveys were performed in 2019 (when respondents typically attended the second grade of upper secondary school; ~17–18 years) and 2022 (~20–21 years). In the current study, self-reported information on loneliness, psychosomatic complaints, and depression and anxiety symptoms was utilized from two survey waves conducted in 2019 and 2022. Furthermore, this information was linked to registry data on in-patient and out-patient care, medication use and sociodemographic characteristics. That resulted in