population in Ireland. Targeted interventions, such as preventive messaging in collaboration with key LGBT+ community and health service partners, may be warranted to reduce the burden of AUD among MSM.

P66 TRANSLATION AND VALIDATION OF THE SWAHILI WARWICK EDINBURGH MENTAL WELLBEING SCALE (WEMWBS) AND DISTRIBUTION OF MENTAL WELLBEING IN ADOLESCENTS AND ADULTS TAKING PART IN THE GIRLS' EDUCATION CHALLENGE PROJECT IN TANZANIA

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Background The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) is validated for measuring mental wellbeing in UK populations aged 11+ and has been translated into 30+ languages. The primary aim of this study was to translate and validate WEMWBS for use in Swahili-speaking populations. This will facilitate measurement and understanding of wellbeing in these populations, evaluation of policy and practice, and enable international comparisons. The secondary aim was to describe mental wellbeing in the participants of the Girls' Education Challenge (GEC) project in Tanzania, run by CAMFED and funded through the UK's Foreign, Commonwealth and Development Office. Specifically, to examine sociodemographic characteristics associated with higher and lower wellbeing in this population.

Methods We created a short questionnaire including WEMWBS and similar scales for comparison, socio-demographic information and self-reported health. This was translated into Swahili using gold standard methodology. We aimed to use this tool to collect data from secondary school students (girls and boys), learner guides, teacher mentors and teachers taking part in the GEC programme in Tanzania. Quantitative data analysis examined internal consistency of WEMWBS, correlation with comparator scales and confirmatory factor analysis. Qualitative work to assess acceptability and comprehensibility of WEMWBS and conceptual understanding of mental wellbeing was carried out through focus groups with GEC participants. These were audio-taped, transcribed and analysed thematically. Finally, we used multivariable logistic regression to explore associations between individual characteristics and 'low' and 'high' mental wellbeing, defined as the lowest and highest quartile of WEMWBS scores.

Results 3052 students were recruited into the study and 574 adults. Both WEMWBS and its short form met quantitative test of reliability and validity. They were correlated with comparator scales and met the criteria to determine that they were measuring one factor. Overall, WEMWBS seemed applicable, understood and relevant to the focus groups of students, learner guides and teachers. For students in the Girls Education Challenge supported government schools: being male, being urban, the absence of markers of marginality and better self-reported health were all significantly associated with better mental wellbeing. Mental wellbeing is higher in students in the final two 'forms' of school compared with the first two. For adults: being urban and better self-reported health were associated with better mental wellbeing.

Conclusion The Swahili translation of WEMWBS is available for use in Swahili speaking populations. Further work to explore how to intervene to increase mental wellbeing in vulnerable GEC participants is needed.

P67 CLASS-BASED NEIGHBOURHOOD MINORITY STATUS PREDICTS MENTAL HEALTH, FOR CULTURAL BUT NOT ECONOMIC COMPONENTS OF CLASS

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Background A considerable literature of ethnic density studies links mental health to ethnic minority status in one's neighbourhood. This design has also been applied to other types of identity, such as sexual minorities and Brexit identities, but surprisingly little attention has been paid to class-based identities. Bourdieu decomposes class into several distinct, but mutually reinforcing, forms of capital. Here, we examine whether a 'class density' association with mental health can be found for economic capital – people's material assets – and cultural capital – symbolic signifiers of class such as tastes and interests.

Methods Multi-level regression with post-stratification was used to make area-level estimates of cultural and economic capital for each middle super output area in Wales using data from the National Survey for Wales 2017/18 (N=11381). Mixed effects models were fitted to economic capital, operationalised using respondents' income, house ownership, and material deprivation, and cultural capital, operationalised using items on attendance at a variety of artistic, cultural, and heritage activities. Terms for demographic and area-level variables, as well as random effects of middle super output area were estimated and post-stratified using census to create estimates of area-level economic and cultural capital for all Welsh middle super output areas. These estimates were linked to independent individual-level data from the 2018/19 edition of the survey (N=4058). Mixed effects models containing individual-level capital, area-level capital, and their interaction were fitted, predicting whether respondents reported a mental health problem. Models were fitted unadjusted, adjusted for age and gender, adjusted for the other form of capital on the individual and area levels, and adjusted for all these and the other capital's cross-level interaction. Multiple imputation was used to account for missing data.

Results For cultural capital, a cross-level interaction was found where area-level cultural capital was protective in respondents reporting higher levels of individual-level cultural capital, but a risk factor for mental health problems in those with low individual-level cultural capital (odds ratio=.83, $CI_{95\%}$=.74-.93). No such relationship was found for economic capital (odds ratio=.96, $CI_{95\%}$=.88–1.06). These results remained robust in the adjusted models.

Conclusion The presence of a class density association with mental health for cultural capital but not economic capital