

Methods. It was a cross-sectional, case-control study conducted from 2018 to 2021. OCD patients were recruited with purposive sampling from outpatient attendance at All India Institute of Medical Sciences, New Delhi following the inclusion and exclusion criteria. The patients were divided into two groups i.e. washing subtype and non-washing/other subtype based on dimensional YBOCS score. The healthy control group consisted of age and sex-matched healthy individuals. Each group had 10 individuals. The participants underwent functional MRI with resting fMRI and activation task-based MRI. Activation tasks included a cognitive task i.e. Stroop test and an affective task which included trigger words for OCD tailored according to the patient's triggers for OCD.

The results were studied for significance within a group and also compared among the three groups and between OCD patients and healthy controls as well.

Results. In OCD-specific task using trigger words, the right frontal gyrus, right medial frontal gyrus, and left cingulate gyrus showed hyperactivation in the washer OCD subtype group. After correction for family-wise error, p-FWE (<0.05) corrected < 0.05, there was no significant result. The non-washing subtype had no significant areas of activity on the OCD specific task.

But the combined OCD patient group (compared with controls), had hypoactivation of the right inferior frontal gyrus and fusiform gyrus at p-unc (<0.001) in the OCD task.

In the Incongruent part of the Stroop task, the non-washer subtype had hypoactivation of the right caudate body compared with healthy controls at p-FWE (<0.05).

In the congruent Stroop task, washer OCD subtype, the right insula was found to be hyperactive at p-FWE (<0.05).

Conclusion. Previous studies comparing activation on cognitive tasks in OCD patients and healthy controls have revealed differences in CSTC circuits as well as cerebellum and parietal areas. The washing symptom dimension is associated with insular hyperactivity in both emotional and cognitive tasks. It is associated with stimuli related to disgust. The role of the insula is being researched in functions like attention and response inhibition. Our study, with all its limitations, could replicate the insular findings in washing-subtype of OCD. With a better sample size, we may be able to explore further the findings that have not attained levels of significance in our study.

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Integrated Moving on After Breast Cancer and Culturally Adapted Cognitive Behaviour Therapy Intervention for Depression and Anxiety Among Pakistani Women With Breast Cancer: Randomised Controlled Trial

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Aims. Breast cancer is major cause of mortality in females, affecting 2.1m women annually. Annual mortality rates are double

within south Asian women compared with high-income countries. Pakistan has very high rates of breast cancer. Co-morbid depression and anxiety is reported in more than one third of breast cancer survivors and predict higher recurrence and poorer survival.

Objective:

To evaluate the clinical effectiveness of Moving on After Breast Cancer Plus Cognitive Behaviour Therapy (Moving on ABC Plus) to reduce depression and anxiety in breast cancer survivors in Pakistan.

Methods. A mixed method randomized controlled trial with 354 survivors of breast cancer recruited from the in- and out-patient services of oncology departments both from public and private hospitals of 5 major cities in Pakistan.

Individuals scoring 10 or higher on either the Patient Health Questionnaire-9 (PHQ-9) or the Generalized Anxiety Disorder scale (GAD-7) were enrolled. All participants underwent assessments using the PHQ-9, GAD-7, Functional Assessment of Cancer Therapy—Breast; EuroQol-5D; Multidimensional Scale for Perceived Social Support; Intrusive Thoughts Scale; and Rosenberg Self-Esteem Scale at the baseline and were randomly assigned to one of two trial groups: Moving on ABC plus or routine care. Those in the intervention group received 12 individual sessions of Moving on ABC plus, facilitated by trained master-level psychologists over 4 months. Follow-up assessments were conducted at 3- and 6-months after randomization. Individuals in routine care group continued their standard care. Qualitative interviews were conducted with 15 participants from the intervention group upon completion of the intervention.

Results. The trial established the effectiveness of the integrated intervention, at 6-month follow up preserving 96% of retention. Intervention group reported a significantly higher reduction in depression, anxiety and intrusive thoughts, and improvement in health-related quality of life and self-esteem compared with routine care arm at end of the intervention. They endorsed the usefulness of intervention during qualitative interviews with improvement in psychological well-being, social support network, and interpersonal relationships. Fatigue was reported as a potential barrier to participating in the intervention.

Conclusion. Results of this trial are in favour of psychological intervention; therefore, such programs should be implemented as part of routine care to reduce psychological distress and improve quality of life of this vulnerable population.

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Exploring the Feasibility of Suicide Prevention Intervention for Individuals With First Episode Psychosis Experiencing Suicidal Ideation: A Multi-Center, Mixed Method Study From Pakistan

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Aims. First Episode Psychosis (FEP) emerges at a young age, significantly shaping the trajectory of the disorder. Literature

indicates a 60% increased risk of suicide within the initial year of diagnosis in FEP, early intervention in psychosis reduces the risk of suicide. Therefore, this study aims to co-adapt an existing culturally appropriate suicide prevention intervention (CMAP) and integrate this with a culturally adapted Cognitive Behavioral Therapy for Psychosis (CaCBTp) for individuals with FEP experiencing suicidal ideation and to test its feasibility and acceptability in Pakistan.

Methods. This is a mixed-method study that involves two stages. Stage 1 was co-adaptation of the CMAP intervention for people with FEP patients. This involved one-to-one, in-depth interviews with individuals with FEP (n = 5), carers (n = 5) and a focus group discussion with 10 healthcare professionals. The second stage involves feasibility testing of the intervention. Participants are being recruited (n = 90) from outpatient psychiatric units across the cities of Karachi, Lahore, Rawalpindi, Multan, and Hyderabad in Pakistan. Eligible, consented participants are being randomized into either of two trial arms; intervention arm or treatment as usual arm (TAU). All participants are being assessed at baseline and at 3-month post-randomization on assessing participants on severity of suicidal ideation, severity of symptoms, functionality and quality of life using different scales. The intervention is comprised of 12 one-to-one sessions delivered over 3 months by trained therapists. Participants (n = 15) from the intervention arm will be interviewed at the end of intervention to explore the acceptance.

Results. Qualitative analysis of stage 1, utilizing thematic framework analysis, highlights barriers to help-seeking such as lack of awareness, inadequate social support, and mental health stigma. To adapt CMAP intervention, participants suggested changes in the use of Urdu words to make content simple for patients to understand, increase number of family sessions, include information about possible risk and protective factors of self-harm in this population and emphasize the addition of resilience-building messages in the manual. Stage 2 is currently ongoing, and we have successfully recruited healthcare facilities across all sites and randomized 12 participants into the trial.

Conclusion. This study will add valuable insights for refinement of existing interventions to address the unique needs of individuals with FEP in Pakistan. Intervention with suicide preventive strategies may help in reducing the risk of suicide. The culturally grounded approach ensures relevance, contributing to the global discourse on evidence-based mental health interventions.

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Culturally Adapted Problem-Solving Intervention for Women Experiencing Suicidal Ideation During Postnatal Period

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Aims. Suicide is a global public health concern, affecting not only the individuals but also families. It is the leading cause of

maternal death during pregnancy and up to one year after birth and commonly occurs after a period of suicidal ideation (SI). It is imperative to have interventions to help with SI and behaviors. We therefore aimed to adapt and test the feasibility and acceptability of a culturally adapted intervention for SI in women during postnatal period in Pakistan.

Methods. This is a two phase, mixed method Randomized Controlled Trial (RCT). First phase included adaptation of an existing Culturally Adapted Manual-Assisted Problem-Solving intervention (CMAP) for women experiencing SI. Adaptation process included two focus group discussion (FGDs), one with lived experience experts (women who experienced suicidal ideation during postnatal period), the other with health professionals (n = 8 in each group). Second phase involves a feasibility RCT with aim to recruit and randomize a total of 90 postnatal women experiencing suicidal ideation (screened using the Beck Scale for Suicidal Ideation), randomize into either of two study arms: CMAP (n = 45) or Treatment as usual (n = 45). Potential participants are being recruited from hospitals, communities, and self-referrals from 5 major cities in Pakistan. Culturally adapted CMAP is a brief problem-solving therapy of 6 individually delivered sessions, lasting about 50 minutes. The primary outcome is to assess the feasibility of CMAP through semi-structured qualitative interviews. Secondary outcomes include measuring SI, self-harm, depression, social support, and quality of life. Assessments will be conducted at baseline and 3rd month post randomization.

Results. Analysis of qualitative data from FGD with lived experience experts highlighted importance of incorporating additional techniques of trust building, modifying thinking behavior, mindfulness, distraction exercises including religious practices as a preventive measure of self-harm, child safety measures, and involvement of partner in intervention. Analysis of FGD with healthcare professionals emphasized addition of visualized content, re-assessing depression and suicidal ideation in-between the sessions to monitor relapse, involving family, and capacity building of health professionals to improve their understanding about perinatal mental health problems.

Conclusion. Women in postnatal period are at high risk of SI, specifically those women from low- and middle-income countries, due to limited resources and mental healthcare provision. The earlier detection of SI, early intervention for suicide risk by delivery of culturally sensitive interventions can help reduce maternal mortality rates.

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Co-Development of a Bereavement Support Program for Parents With Lived Experience of Stillbirth or Neonatal Death in Pakistan

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Aims. Rates of stillbirth and neonatal deaths are high in low- and middle-income countries including Pakistan and these are one of