

the most stressful life-events for parents and families. Society does not appropriately recognize perinatal loss and support from healthcare professionals is often very limited or non-existent in Pakistan. Therefore, we aimed to co-develop and assess the feasibility of a bereavement support program for parents who experienced stillbirth/neonatal death in a public health facility in Pakistan.

Methods. This study adopted a sequential mixed-method design. The first phase involved co-development of a bereavement support program through a consensus process involving multi-disciplinary health professionals, stakeholders and parents with previous experience of perinatal death ($n=23$) using the Nominal Group Technique. Phase 2 includes a feasibility assessment using before and after cohort design. Sixty women (30 per phase) with recent experience of stillbirth and/or neonatal death will be recruited, from a public hospital in Pakistan. The main outcome measures will include recruitment and retention and acceptability of the study processes and data collection.

Results. Following the consensus process, agreed intervention components included an educational workshop for healthcare staff, creation of a bereavement champion group of health workers in the facility and offering post-natal telephone peer support to bereaved mothers. The educational component for healthcare staff includes Advance Bereavement Care (ABC) workshop for all staff and bereavement champions ($n=15$ healthcare workers) who later received one day's training and one-day training refresher. This component aims to improve care, act individually and as a group to identify areas for development, encourage good practice and support colleagues. The peer support component includes telephone support provided by women with previous experience of perinatal death ($n=7$) trained by the research team. Supervision arrangements are in place for champions and peer supporters. The feasibility study is ongoing.

Conclusion. The co-development process ensured the cultural relevance of both components of the bereavement support program. The process also contributed to improving the sense of ownership by healthcare facility. Feasibility study will confirm whether parents are willing to take part, acceptability and whether future research to assess the effectiveness of the intervention on improving care after SB/NND is feasible.

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A Multicenter Randomized Controlled Trial of Measurement-Based Care for Major Depressive Disorder in Pakistan

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Aims. A worldwide public health concern is major depressive disorder (MDD) with limited availability and access to evidence-

based treatment in low- and middle-income countries (LMICs) such as Pakistan. Measurement-based care (MBC) is a low-cost strategy to improve clinical outcomes for people with MDD that involves the systematic administration of validated outcome measures to inform treatment decisions. However, research on MBC's effectiveness in LMICs is scarce. This paper aims to evaluate the feasibility and clinical effectiveness of MBC against standard care for patients with moderate to severe MDD in Pakistan.

Methods. This is a multicenter randomized control trial. Participants ($n=154$) of 18 to 65 years of age recruited from psychiatric units of teaching and non-teaching hospitals and primary care settings such as General Physician (GP) clinics and Basic Health Units (BHUs) from 6 cities were randomised to receive MBC (guided by a schedule), or standard treatment (guided by clinicians' judgement). Patients were prescribed by treating clinicians either with mirtazapine (7.5–45 mg/day) or paroxetine (10–60 mg/day) for a period of 12 weeks. All participants, regardless of their treatment arm, were followed-up till 24 weeks post-randomization and assessed for severity of depression. Side effects were regularly monitored using standard checklist. Outcome assessors were blind to treatment allocation.

Results. The Pakistani National Bioethics Committee (NBC) has granted complete ethical approval. A total of 15 psychiatrists and 4 General Practitioners (GPs) were approached and invited to participate in the study and consent was given by 9 psychiatrists and 2 GPs. A total of 351 patients were screened against eligibility criteria and 177 were eligible to participate. A total of 154 eligible participants consented (87%) to participate and were recruited and randomized into the trial. A total of 131 randomized participants (85%) completed 24-month follow-up. Only two adverse events were reported during the trial period. Recruitment, retention and safety analysis indicates feasibility of the trial in Pakistani healthcare context. The data are being analyzed for effectiveness outcomes.

Conclusion. It is essential to investigate the viability, usefulness, and efficacy of MBC for MDD in low-resource settings due to mounting data from high-income settings confirming its effectiveness. The planned trial's outcomes may help build a scalable, low-cost method for effectively improving outcomes for MDD patients in Pakistan.

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Prevalence of COVID-19 Pandemic-Related Distress and Suicidal Ideation in Low- and Lower Middle-Income Countries: A Systematic Review and Meta-Analysis

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Aims. The COVID-19 pandemic has significantly impacted health-care systems, economies, and global health, raising concerns about its potential effects on mental health. A recent systematic review found a 40% prevalence of poor sleep quality, with 34%, 26%,

and 27% prevalence for psychological distress, depression, and anxiety. The systematic review investigated COVID-19-related stress, suicidal ideation, and self-harm thoughts among low- and lower-middle-income countries (LLMICs).

Methods. We search four electronic databases (PsycINFO, Medline, Embase, and PubMed). Quantitative studies, including both published and grey literature, from LLMICs focused on the prevalence of suicidal ideation or psychological distress during COVID-19 were included. Qualitative studies, non-English studies without full-text English translation, meta-analysis, commentary, books, and discussion articles were excluded.

Results. 1157 titles and abstracts were screened for inclusion and exclusion, resulting in 79 full-text articles. After full text screening, 11 articles were included. In Bangladesh, 12.8% of university students reported suicidal ideation (SI), while 19% of young adults had SI, and 18.5% reported suicidal planning. In addition to this, in Iran, 12.8% of pregnant women and in the Philippines, 24.9% of the general population reported SI. Mental health conditions like depression and anxiety, female gender, younger age groups, economic loss or financial stress, fear of COVID-19 infection, lack of social support, family problems, lower education levels, smoking, and substance use are identified as risk factors. Moreover, anosmia and dysgeusia symptoms were associated with a 30–80% increased risk of transitioning to suicidal ideation or depression in India. A study from Nepal reported a 44% increase in suicide attempts during lockdown compared with pre-pandemic periods in Nepal.

Conclusion. The findings of this review suggest that the impact of the COVID-19 pandemic on mental health in LLMICs is substantial. In addition to the increased risk of SI and suicide attempts, there was a significant rise in depression and SI associated with anosmia and dysgeusia symptoms. These results underscore the urgent need for increased psychosocial support in LLMICs to address the growing mental health burden caused by the pandemic. Moreover, understanding the long-term effects of the pandemic is crucial for developing effective interventions and support systems. Further research is needed to examine the lasting impact of the pandemic on mental well-being and identify future strategies.

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Assessing the Efficacy of a Brief Universal Family Skills Program on Child Behaviour and Family Functioning in Families in Gilgit Baltistan, Pakistan

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Aims. The burden of mental health difficulties is a global problem and preventing them from childhood is paramount. Children living in challenged and underserved settings can suffer various harmful lifelong consequences including alcohol and substance abuse, low self-esteem, health issues, poor school performance,

self-harm and suicide. This study aims to assess the feasibility, acceptability and efficacy of the culturally adapted Strong Families program in improving child behaviour and family functioning in families living in a challenged setting i.e. Gilgit-Baltistan (GB), Pakistan.

Methods. This is a two-arm, multisite feasibility randomised controlled trial with 90 families (n = 45 in intervention, and n = 45 in waitlist group) including a female primary caregiver (mostly mother) and at least one of their children between the age of 8–15 years in three districts of GB. There will be three raters' blind assessments: at baseline, week 2, and 6 weeks after Strong Families Program sessions.

Results. Strong Families Program is a brief evidence-based prevention programme designed to improve parenting skills, child well-being and family mental health. The primary outcome measures include the feasibility of Strong Families, as determined by families' recruitment, attendance rates, and program completeness (mean number of sessions attended, attrition rates). Additionally, purposefully selected participants, including up to 5 caregivers from each study site, researchers, and facilitators delivering the intervention, will be interviewed. Descriptive statistics will be used to analyse primary and secondary outcomes. The process evaluation will be conducted in terms of program context, reach, fidelity, dose delivered and received, implementation, and recruitment.

Conclusion. The findings from this feasibility trial hold the potential to carry out the large multicentre trial of clinical and cost-effectiveness and scale-up across Pakistan and other similar settings to meaningfully impact child behaviour and family dynamics in culturally diverse contexts.

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Culturally Adapted School-Based Suicide Prevention Program for Pakistani Adolescents: Feasibility, Acceptability, and Preliminary Outcomes

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Aims. Suicide is one of the leading causes of death among young people. For adolescents, schools are considered as the best place to identify and respond to youth suicide risk but evidence on culturally sensitive, school-based suicide prevention programs is limited in low-resource settings such as Pakistan. This study aims to explore the perspectives of students, parents, teachers, and general practitioners regarding cultural adaptation, participation experiences, identified areas for improvement, and recommendations for scaling up the school-based suicide prevention program in Pakistan.

Methods. This qualitative study was nested in a pilot randomized controlled trial that aimed at exploring the feasibility, acceptability and preliminary effectiveness of three suicide prevention interventions: (1) Linking Education and Awareness of Depression and Suicide-LEADS training for students (12–17 years), (2) Question-Persuade-Refer (QPR) training for teachers and parents and (3) Professional screening of at-risk students (ProfScreen) for health practitioners. A total of 8 focus group discussion (FGDs)