

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.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

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)