

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

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%,