

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.

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.

## 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%,