

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.

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.

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