

facilitate discharges from hospital, and this has been adapted to the SAFER-YMH bundle for discharges from adolescent mental health wards. A similar care bundle for discharge from teams offering alternatives to inpatient care has not yet been developed.

This study aimed to investigate the acceptability and necessary adaptations required for the use of the SAFER-YMH care bundle to facilitate transitions out of CAMHS Crisis and Liaison teams.

Methods. This study used stakeholder feedback from multiple sources through focus groups to adapt the SAFER-YMH care bundle for use in young people in transitions out of CAMHS Crisis and Liaison teams. Normalisation process theory was utilised as the theoretical foundation upon which the development of the adapted care bundle, and its potential implementation in the complex multifaceted healthcare landscape was based.

Results. Initial focus groups were held with young people, parents/carers, healthcare professionals from CAMHS crisis and liaison teams, CAMHS NHS management, NHS IT services, community CAMHS teams and NHS commissioners in two trusts in England. Following each focus group adaptations were made to the care bundle in an iterative manner. In the second round of focus groups, the adapted care bundle was presented to a mixed group of participants and agreed to be acceptable.

Conclusion. Through stakeholder feedback this study has adapted the SAFER-YMH to create the SAFER-YCL care bundle; an acceptable version for use in discharges from CAMHS crisis and liaison services. End-user design and involvement is vital in the development of clinical applications and pathways which are user-friendly and time-saving for healthcare professionals and also helpful for young people and their families.

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Preventing Self-Harm Among Adolescents Through Culturally Adapted Psychological Intervention in Pakistan: A Multicenter RCT

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Aims. Self-harm is the preventable cause of premature death by suicide. In adolescents suicide is the fourth leading cause of death and Pakistan is one of the youngest nations in the world. Culturally relevant solutions for the prevention of self-harm among adolescent are almost non-existent in LMICs. The aim of this trial is to assess the clinical and cost-effectiveness of a culturally adapted manual assisted problem-solving intervention for youth (YCMAP) with history of self-harm (within 3 months) to reduce self-harm repetition over the period of 12 months.

Methods. This was a rater-blind, multicenter randomised controlled trial, with a nested qualitative component to explore perceived usefulness of the intervention from the perspective of different stakeholders. Primary care centers, emergency departments, medical units from participating healthcare facilities in Karachi, Hyderabad, Lahore, Rawalpindi and Multan, Pakistan served as recruitment sites in addition to self-referrals. Patients

with a recent history of self-harm ($n = 684$) were assessed and randomised (1:1) into either of the two trial arms; YCMAP with enhanced treatment as usual (E-TAU) or E-TAU. The YCMAP is a manualized, psychological intervention based on problem-solving therapy, principles of cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), psychoeducation, and a comprehensive assessment of the self-harm attempt using stories of four young people, comprising 8–10 one-to-one sessions delivered over three months by trained therapists. Primary outcome was the reduction in the self-harm repetition at 12-month post-randomisation and secondary outcomes were distress, suicidal ideation, hopelessness, health-related quality of life (QoL), and level of satisfaction with service received, assessed at baseline, 3-, 6-, 9-, and 12-month post-randomisation.

Results. We screened 1099 young people for eligibility and 684 eligible, consented patients were randomly assigned to the YCMAP plus E-TAU arm ($n = 342$) and E-TAU arm ($N = 342$). Improvement in repetition rates of self-harm, hopelessness, suicidal ideation and psychological distress were clinically significant in YCMAP arm as compared with E-TAU. Thematic analysis of interviews with adolescents who participated in the intervention arm ($N = 20$) highlighted the intervention as useful in improving their mental health and well-being, and easy to understand.

Conclusion. Adolescents are an important target population for the prevention of suicide and other mental health problems. Implementation strategies are needed such as digitalization of culturally adapted manual assisted psychological interventions or task shifting approach for scalable suicide prevention interventions in low resource settings like Pakistan to meet mental health needs.

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Integrated Parenting Intervention for Depressed Fathers of Young Children: A Nested Qualitative Study From Pakistan

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Aims. Depression is a leading cause of disability, contributing to the global burden of disease. Low- and middle-income countries (LMICs) carry over 80% of this disease burden. There are high rates of depression in men in Pakistan. Paternal depression is often overlooked and is an under-researched area. Fathers are at risk of depression particularly if their partner is depressed. There is a need for integrated partner inclusive interventions to improve both parent and child outcomes including overall child development. Therefore, this nested qualitative study aims to identify barriers in transition to scale up an innovative low-cost partner inclusive culturally adapted psychosocial intervention

for depressed fathers through a process evaluation from the perspective of fathers.

Methods. This qualitative study was nested within a cluster randomized controlled trial, with depressed fathers of young children (0–3 years) recruited from 18 towns in Karachi, Pakistan. Face to face or digitally audio-recorded interviews were conducted with depressed fathers (N = 24) from the intervention arm of the trial at end of intervention period (i.e., 4-month post-baseline). The intervention involved twelve sessions of a parenting intervention called Learning Through Play integrated with group Cognitive Behaviour Therapy and manual content from “Focus on Fathers”. Interviews were guided by a semi-structured topic guide to explore perceived usefulness of the intervention with particular focus on exploring any additional benefits or challenges of engaging partners into the intervention. Interviews lasted approximately an hour. Data were analysed using the principles of Framework Analysis. A concurrent analysis of initial interviews directed towards further interviews until data saturation.

Results. Analysis highlighted perceived usefulness of the intervention such as improvement in mood, engagement in routine tasks, healthy thinking patterns, increased attachment with child, improved relationship with the family, improvement in parenting knowledge and more positive attitudes towards child development, supporting partners in household chores, and recommendation to promote this partner inclusive parenting program throughout the country.

Conclusion. Addressing depression in parents is hugely important due to its adverse impact on both parents and children. This low-cost parenting program supported fathers in their parenting role along with improvement in psychological well-being. This has also informed barriers and facilitators to implement the LTP plus parenting program and the possibilities to roll out the intervention at national level.

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Cognitive Behavioral Therapy Optimizing Post-Operative Outcomes Among Coronary Artery Bypass Graft Surgery Patients: A Systematic Review

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Aims. This review aims to evaluate the lasting advantages of cognitive behavioral therapy (CBT) in alleviating anxiety and depression and improving overall health outcomes post-CABG.

Methods. A comprehensive search across databases including Science Direct, PsycINFO, PubMed, Google Scholar, VHL, Cochrane, and Scopus was conducted up to October 2023. The study adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement and Cochrane guidelines. Inclusion criteria involved randomized controlled trials reporting on CBT or CBT-based interventions tailored for CABG patients and control groups had usual care, with anxiety and depression symptoms, as well as quality of life, as primary

outcomes. Outcome variations were analyzed through standard deviation, while efficacy was measured via confidence intervals. Evaluation of the intervention process included examining feasibility, adherence, acceptability, inclusion rates, safety, and tolerability.

Results. Three randomized controlled trials including a pilot study in America and Denmark, encompassing a total of 286 patients, were reported in this review. The participants' pooled mean age was 63.19 years (intervention) and 63.9 years (control), the male-to-female ratio was approximately 2:1 [males n = 174 (intervention n = 101; control = 73) while females n = 91 (intervention n = 60; control n = 31)], and cardiac as well as non-cardiac comorbidities including psychiatric diagnosis have been reported. The array of therapies ranged from education on anxiety and depression management skills to a combination of CBT and supportive stress management (SSM), and psychoeducational interventions paired with physical therapy. Results indicated that both CBT and SSM led to improvements in anxiety and depression symptoms, accompanied by reduced hospital stays, decreased hopelessness, lower scores in dysmorphic mood and irritability, lowered perceived cognitive impairment and stress, and increased satisfaction with therapy. The cognitive behavioral therapy demonstrated commendable feasibility, acceptability, safety, and efficacy, with some concerns raised about potential issues of low adherence.

Conclusion. This systematic review emphasizes the positive impact of CBT on depression, anxiety, and quality of life in individuals post-CABG surgery. Future studies should adopt standardized CBT protocols, comprehensively evaluating CBT's influence on overall patient prognosis, considering cardiovascular outcomes across diverse ethnic groups, exploring cost-effectiveness, and specific patient cohorts that could benefit the most from CBT interventions.

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Behavioral Addictions Prevalence and Impact on Medical Sciences Students' Mental Health: A Systematic Review and Meta-Analysis

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Aims. This study aims to illuminate the prevalence of various behavioral addictions among health professions students and examine their negative effects on mental health.

Methods. In March 2023, a systematic literature search was conducted, encompassing randomized controlled trials, cohort, case-control, and cross-sectional studies from the past five years in PubMed and ScienceDirect. Adhering to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines, 19 papers underwent qualitative analysis, while 15 studies were subjected to quantitative analysis following a quality assessment review.