

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