

high rates of suicide. The aim of this project is to identify the characteristics of older people who present with self-harm and suicidal ideation to an emergency department (ED) in a university hospital. In examining the variables associated with self-harm we may be better able to identify the characteristics of older adults who are at highest risk.

**Methods.** We conducted a cohort study of older adults (aged 65 years+) who presented to the Mater Misericordiae University Hospital with a mental health problem from 2008–2022 (a 15-year cohort). Data were extracted from the Electronic Patient Records including all patients who presented to the ED in that time period with a mental health triage code. We examined this cohort to collect detailed information on the characteristics of those older people presenting with self-harm and suicidal ideation.

**Results.** We identified 30,941 ED attendances with a mental health triage code between 2008 and 2022. Of these, 946 (3.1%) were older adults. One-fifth (20%) presented with self-harm, a further 21% reported suicidal ideation. Of these, 8% reported previous self-harm and 32% had previously been reviewed by psychiatry. Over one-third (38%) were admitted. Of those, the majority (78%) were admitted to a medical or surgical ward, 16% to a psychiatric ward and 5% to critical care.

Of those presenting with self-harm 37% were admitted to hospital – 32% to a medical or other ward and 5% to psychiatric unit. There was a significant difference in those who were admitted with self-harm versus suicidal ideation ( $p < 0.001$ ).

**Conclusion.** Our results demonstrate key insights into older adults who presented to the ED with self-harm and suicidal ideation. These patients were more likely to be admitted to a medical ward than a psychiatric unit, and those with self-harm were more likely to be admitted medically compared with those with suicidal ideation.

Possible reasons for these results include the higher rate of medical co-morbidity in older adults and the potential high lethality of self-harm in this cohort. Another explanation could be the scarcity of acute psychiatric beds necessitating medical admission. There is a need for further exploration of this high-risk population.

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### Assessing the Co-Variates of Suicide-Related Ideation and Self-Harm in an Older Adult Population Attending Emergency Departments in Ireland

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doi: 10.1192/bjo.2024.163

**Aims.** Older people (people aged 65 and older) have high rates of suicide, and self-harm is a major risk factor for suicide. While rates of self-harm decrease with age, rates of suicide increase amongst this age group. The aim of this project is to analyse data collected by the National Clinical Programme for Self-Harm and Suicide-related Ideation (NCPSHI) to identify

real-life evidence of the characteristics associated with older people who present with self-harm and suicidal ideation to emergency departments (ED) in Ireland. In examining the variables associated with self-harm we may be better able to identify the characteristics of older adults who are at highest risk, including those presenting with high lethality attempts.

**Methods.** The NCPSHI collects data on all patients who present with self-harm or suicide-related ideation to EDs in Ireland. We utilised a six-year cohort of anonymised data from the NCPSHI from 2018–2023, representing 5,041 presentations of older people (aged 60 and over); 6.9% of all presentations with self-harm and suicide-related ideation. We examined sociodemographic variables including sex, ethnic background, type of self-harm, lethality of self-harm and substance use contributing to the presentation, in addition to service use variables.

**Results.** Older people were less likely to present with self-harm – 45% of older people vs 52% of adults under 60 ( $p < 0.001$ ). However, those episodes of self-harm were more likely to be categorised as “high lethality” – 20% vs 12% of people under 60 ( $p < 0.001$ ). Older people were also more likely to have a mental health admission – 25% vs 16% ( $p < 0.001$ ). Older people were much less likely to present with substance misuse: 30% vs 45% ( $p < 0.001$ ). There were also significant differences in methods of self-harm. Older people were more likely to attempt drowning (1.5% vs 1.1%) or overdose (21% vs 20%). This was the common method of self-harm across all age groups.

**Conclusion.** Our results demonstrate the significant differences in characteristics of older people presenting to Irish emergency departments with self-harm versus younger people, where previously a paucity of data existed. The high lethality of self-harm amongst older people makes it imperative to identify the characteristics of self-harm in this population to understand the factors associated with increased risk and help us to develop treatments and services to meet their needs. It also highlights the importance of providing education to staff working with this cohort to appropriately stratify and manage risk.

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### An Investigation Into the Acceptability of the SAFER-YMH Care Bundle for Transitions Out of CAMHS Crisis and Liaison Services

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doi: 10.1192/bjo.2024.164

**Aims.** The NHS long-term plan focuses on the improvement of Child and Adolescent Mental Health (CAMHS) community services including the roll out of 24/7 Crisis teams universally across the country. Crisis and Liaison teams form an important alternative to inpatient admission, offering intense, short-term support to young people in mental health crisis and often high levels of risk. The number of referrals to Crisis and Liaison services are rising. In order to maintain patient flow and meet demand, these teams also need safe, evidence-based protocols for efficient discharge, transition and handover of young people to community teams and services. The SAFER care bundle was designed to

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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doi: 10.1192/bjo.2024.165

**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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doi: 10.1192/bjo.2024.166

**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