examined the experience of PHCW who provide care for older people with depression in Nigerian primary health care (PHC) settings.

Methods: Using in-depth key informant interviews, we explored the views of 15 PHCWs, 11 of whom were community health workers (CHWs) and 4 were community health extension workers (CHEWs), selected from 10 rural and urban PHCs in South-Western Nigeria. Two additional focus group discussions, each comprising eight participants drawn from across different cadres of PHCW (N=16), were also conducted. Thematic analysis was carried out using a three-staged constant comparison technique to refine and categorise the data.

Results: Four overall themes were identified around PHCWs' experience of caring for older people with depression who presented to PHCs: depression presentation, treatment options, community outreach, and value of mobile technology. Participants identified depression in older people as being characterized by a range of behavioural, cognitive, sleep and bodily symptoms, which were often triggered by economic challenges and poor social support. Common treatment options used by PHCW included general advice and counselling, as well as vitamins and occasional sedatives. Although community outreach and follow-ups are parts of their expected work schedule, PHCW rarely implement these due to non-availability of transport facilities. Mobile technology was identified as a possible way of overcoming this constraint to providing community based mental healthcare for older people.

Conclusion: Our findings suggest that mobile technology could be a viable way to expand the quality of service provided to older persons with depression by including community outreach and follow-up.

P4: Help-Seeking Factors Among Older Adults on the National Psychosocial Support Helpline on COVID-19 in India

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The pandemic has halted the traditional way of life as we used to know it. Due to the highly contagious nature of the virus, physical distancing had become the primary norm for reducing the spread, inevitably leading to social isolation. The older adult population is vulnerable to environmental changes, making them very prone to stress during disasters. Comorbidities, lack of social support, loneliness and uncertainty can be common precipitating factors. The National Institute of Mental Health & Neurosciences, with the Ministry of Health & Family Welfare, commenced a helpline to provide psychosocial support and mental health services in thirteen languages to distressed persons across the Indian subcontinent. The study aims to explore the help-seeking factors due to which older adult callers have sought help from the helpline during the COVID-19 pandemic by analysing the call recordings and, as a secondary objective, to develop a checklist to assess the psychosocial issues of older adults to be used by telephone- based psychosocial care providers. The researcher would use a "Naturalised" conceptual framework of transcription, which would necessitate a literal interpretation of the call recordings. Recordings of the calls made will be transcribed. "Thematic analysis" shall be conducted to find psychosocial issues older adult callers face. Categories would be identified, refined, and specified for coding. A series of key-informant interviews would be conducted online with a group of mental health professionals (defined as per the Mental Health Care Act, 2017) associated with or working in geriatric mental health. The findings from the study would help look into the evolution of psychosocial needs of the older adult population during a pandemic and would also reflect the different aspects of telephone-based psychosocial support and mental health services and their need during disasters. The study's outcome would reveal the needs of this at-risk populace and explore the issues and concerns unique to the COVID- 19 pandemic. The findings would also be a substructure for future studies that would probe into research areas analogues to pandemics and other biological disasters, telephone-based psychosocial support, and the older adult populace.