

Methods. Participants were recruited from emergency departments, primary care settings, medical units of participating hospitals and self-referral from community settings in Karachi, Lahore, Rawalpindi, Quetta and Peshawar. Eligible consented participants were assessed at baseline, 3- (end of intervention), 6-, 9- and 12-month post-randomization. Participants in the intervention arm received 6 one-to-one sessions of culturally adapted manual assisted psychological intervention (CMAP) over 3 months. The Client Service Receipt Inventory was used to record health service utilization, both formal and informal. Health related quality of life was measured using the EQ-5D-3L. The Thailand tariff value set (developed by the EuroQol Organization) was used to calculate quality-adjusted life year (QALY) because Thailand was deemed similar to Pakistan. The Incremental Cost Effectiveness Ratio (ICER) was calculated based on between arm differences in estimated cost and Quality Adjusted Life Years (QALYs) gains in the sampled population. Costs were converted to US dollars using the currency exchange rate on February 2024 (US\$1 = PKR276)

Results. A total of 901 participants were randomized into either the CMAP arm (n = 440) or E-TAU arm (n = 461). Total QALY gained in the CMAP arm was 0.40 (95% CI: 0.36–0.45) and in the E-TAU arm was 0.33 (95% CI: 0.30–0.38) at 12-month post-randomization. The additional QALY gained due to CMAP intervention is 0.07. The difference in costs per participant between CMAP and TAU arms was US\$59. The ICER for the CMAP versus E-TAU was US\$843 per QALY gain.

Conclusion. Results revealed that the CMAP intervention is likely to be cost-effective compared with the E-TAU, given the cost-effectiveness threshold. These findings suggest that implementing culturally relevant self-harm and suicide prevention measures such as CMAP can lead to significant societal cost savings by preventing self-harm and suicides.

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.

Longitudinal Trend Evaluation and Prescription Cost Analysis (PCA) of Clozapine in the United Kingdom

Dr Nadeem Gire^{1*}, Dr Atta Asif² and Professor Nusrat Husain³

¹University of Bolton, Bolton, United Kingdom; ²Ethnic Health Forum, Manchester, United Kingdom and ³University of Manchester, Manchester, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.150

Aims. Severe Mental Illnesses (SMI) are a group of disorders which can have a debilitating impact on an individual's daily life functioning. The National Institute for Health and Care Excellence (NICE) has set out clinical guidelines for the treatment of SMI including the use of Second Generation Antipsychotic (SGA) medication as well as psychological therapies. However, Treatment Resistant Schizophrenia (TRS) affects approximately 34% of patients with schizophrenia. Clozapine, a SGA, has shown superiority in treatment resistant schizophrenia as well as its potential benefits in reducing suicidality and improving functioning.

Methods. The following study aimed to examine the longitudinal trends in prescribing clozapine based on the NHS Digital prescription cost analysis (PCA) between 2015–2023.

Results. The results show that a number of prescriptions decrease simultaneously from the financial year 2015 (n = 5536) to

2023 (n = 3059). The cost was also found to be reducing until the financial year 2018–19 where there was an increase in costs which reached the maximum (14%) despite the number of prescriptions being lower as compared with 2015–16. In addition, it was found that clozapine prescribing trends have been reducing over time, despite a large proportion of service users with schizophrenia experiencing TRS (34%). Overall, since 2015–2023 a total of n = 34,440 items of clozapine were prescribed costing £1,252,052.27.

Conclusion. Considering clozapine's superior efficacy in the treatment of TRS, further research is required to better understand prescribing practices, monitoring compliance of clozapine and treatment adherence. Further qualitative research is needed to better understand the views and perspectives of both service users and prescribers in the clinical use of clozapine. Future research may also look at referrals of clozapine-prescribed patients to psychological services, the impact of clozapine in TRS patients who are offered psychological therapy, and the potential clinical and cost implications of not prescribing clozapine.

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.

Stakeholder's Views on the Development of Mobile Application (TechCare) for Patients With First Episode With Psychosis: Qualitative Study

Miss Zaib un Nisa¹, Dr Nadeem Gire^{2*},
Mr Ameer Bukhsh Khoso¹, Prof Imran B. Cahudhry³
and Prof Nusrat Husain⁴

¹Pakistan Institute of Living and Learning, Karachi, Pakistan; ²University of Bolton, Manchester, United Kingdom; ³Zia ud Din University Hospital, Karachi, Pakistan and ⁴University of Manchester, Manchester, United Kingdom

*Presenting author.

doi: 10.1192/bjo.2024.151

Aims. Psychosis is one of the leading causes of disability. First Episode Psychosis (FEP) significantly impacts the long-term course of the disorder. While a majority of FEP service users show signs of 'recovery' within 12 months of treatment, the early course involves frequent relapses, with up to 80% relapsing within five years. This elevates the risk of persistent psychotic symptoms, affecting cognitive, social, and occupational functioning. Medication, the core treatment, reduces relapse by 75%, necessitating additional psychosocial treatments. Mobile-based interventions are recognized for meeting families' needs in terms of information, guidance, and support. This paper explores stakeholder views on developing mobile interventions for those experiencing their first psychosis episode.

Methods. This qualitative paper was part of the TechCare app development process in which face-to-face interviews with patients (17), and 4 focus groups with health professionals were carried out. The qualitative interviews and focus groups explored the views of stakeholders on the need for mobile-based treatment, the structure of the application, the content of the application and barriers and challenges were also explored in detail. All the audio-recorded interviews were transcribed and analyzed through a framework approach.

Results. Qualitative analysis revealed three themes. The first theme centers on *stakeholders' views about mobile-based treatment*. Health professionals reported that app-based treatment enhances help-seeking behavior, reduces societal stigma, and aids in managing treatment and activities. The second theme