Pre-recorded highlight presentations

1 CARER PERSPECTIVES OF TRUST AND AUTHORITY DURING COVID-19

¹N Aker, ²E West, ¹N Davies, ²K Moore, ²L Sampson, ¹P Nair, ²N Kupeli. ¹University College London, UK; ²Division of Psychiatry, UCL, UK

10.1136/bmjopen-2021-QHRN.1

The COVID-19 global pandemic has had a significant impact in the way services are accessed and perceived by patients and their carers. Trust in services has shifted, and relationships with healthcare professionals have been affected, with carers now seeking alternative and more accessible sources of support. The aim of this paper is to explore the challenges and concerns including issues around trust that carers of people living with dementia and terminal illness have brought to support helplines, the decisions they are having to make, and the impact that the pandemic has had on end of life care. Eight helpline support workers were recruited from the Dementia UK and Marie Curie organisations, and semi-structured qualitative interviews were conducted through video calls on Microsoft Teams. Interviews were recorded with participants' consent and transcribed and checked via the Microsoft Stream automated system. The data was analysed by means of thematic analysis on NVIVO 11. Interview data was coded according to the point of time in the pandemic; early, later, or general. It was found that issues of trust, perceived loss of agency and confusion regarding government guidelines were expressed from the beginning of the pandemic to the current day. These stemmed from situations including care within hospitals and care homes, particularly due to a lack of communication from the aforementioned about the welfare of their relatives, and choices being removed from carers about their relatives' discharge pathways. There were also concerns raised about the rapidly and constantly changing guidelines for vulnerable people during the pandemic, with carers seeking information and reassurance from charity helplines rather than authority figures and the government.

2 EMBEDDING MISTRUST: AN EXPLORATION OF THE EMERGING UK POLICY FRAMEWORKS ON ALCOHOL AND PREGNANCY

¹R Arkell, ²E Lee, ¹C Murphy. ¹Centre for Reproductive Research and Communication, British Pregnancy Advisory Service, UK; ²Centre for Parenting Culture Studies, University of Kent, UK

10.1136/bmjopen-2021-QHRN.2

Background Due to the social and medical preoccupation with consumption of alcohol during pregnancy, public health policy has steadily sought to influence and shape maternal behaviour through increasingly coercive means. Throughout the last decade a clear policy framework aimed at addressing alcohol consumption during pregnancy has emerged. While institutional responses began with a 'simplified' message through the Chief Medical Officer's guidance of abstinence only, the precautionary principle has since been further operationalised, leading to the introduction of mandatory screening to enforce 'guidance'. **Aim/Objectives** To explore the influence of prevailing attitudes towards maternal alcohol consumption in the treatment of

evidence within relevant policy; to highlight the implications for pregnant women.

Methods A document analysis, informed by socio-cultural theory, of the introduction of key policy documents; namely: UK Chief Medical Officers' Low-Risk Alcohol Guidelines (2016), Scottish Intercollegiate Guidelines Network (SIGN) Guideline 156: Children and Young People Exposed Prenatally to Alcohol (2019), National Institute for Health and Care Excellence (NICE) Draft Quality Standards on FASD (2020).

Results Using a detailed exploration of ideas of risk, uncertainty and trust, we argue that policy documents, which facilitate action against any drinking in pregnancy, have relied upon the explicit removal of evidence relating to alcohol consumption and impaired foetal development from policy (SIGN 2019, NICE 2020), which legitimates the use of mandatory screening for alcohol under the guise of 'routine antenatal care'. This transformation of guidance into mandate is hinged on a lack of trust in women's ability to comprehend and act on the available evidence relating to alcohol consumption and harm.

Conclusions Our analysis highlights the importance of socio-cultural theory in understanding both the feasibility of actual and proposed policy responses to alcohol consumption during pregnancy, and the potential implications of this framework for women— including an erosion of trust in relationships with healthcare practitioners.

3 SOCIAL PRESCRIBING FOR INDIVIDUALS WITH MENTAL HEALTH PROBLEMS: A QUALITATIVE STUDY OF BARRIERS AND ENABLERS EXPERIENCED BY GENERAL PRACTITIONERS

H Aughterson, D Fancourt, L Baxter. Department of Behavioural Science and Health, University College London, UK

10.1136/bmjopen-2021-QHRN.3

Background There is growing evidence for the use of social prescribing to improve the mental health of patients. However, there are gaps in understanding the experiences of General Practitioners (GPs) when engaging in social prescribing for patients with mental health problems.

Aims To explore the barriers and enablers faced by General Practitioners (GPs) engaging in social prescribing for patients with mental health problems.

Methods This study uses a qualitative approach involving one-to-one interviews with GPs from across the UK. The COM-B model was used to elucidate barriers and enablers, and the Theoretical Domains Framework (TDF) and a Behaviour Change Theory and Techniques tool were used to identify interventions to address these.

Results GPs recognised the utility of social prescribing in addressing the high levels of psychosocial need in their patient population, and expressed the need to de-medicalise certain patient problems. GPs were driven by a desire to help patients, and so they benefited from regular positive feedback, and robust evidence on social prescribing. Link workers, when available to GPs, were of fundamental importance in bridging the gap between the GP and community. The formation of trusting relationships was crucial at different points of the social prescribing pathway, patients needing to trust GPs in order for them to agree to see a link worker or attend a community activity, and GPs requiring a range of strong inter-

personal skills in order to gain patients' trust and motivate them.

Conclusion This study elucidates the barriers and enablers to social prescribing for patients with mental health problems, from the perspectives of GPs. Recommended interventions include a more systematic feedback structure for GPs and more formal training around social prescribing and developing the relevant inter-personal skills. This study provides insight for GPs, commissioners and community groups, to help design and deliver future social prescribing services.

4 'BLEEDING ANTIBIOTICS': NEGOTIATING CARE AND TRUST IN TURKISH HEALTHCARE INFRASTRUCTURES

AN Azak. *University of Oslo, Norway*

10.1136/bmjopen-2021-QHRN.4

Antibiotic prescriptions make up a quarter of all prescriptions in Turkey. These locally 'ordinary' pharmaceutical commodities are used as tokens of care, enablers of treatment and legitimisers of illness to navigate in everyday healthcare infrastructures. Patients express embodied experiences of antibiotics circulating in their blood stream to reveal the abundance of antibiotic use in their medical histories. Yet access to antibiotics is becoming increasingly regulated, which is necessitating negotiations of care and trust amongst patient, doctors and pharmacists. Antibiotics, which for a long time have been reliable and easily accessible objects of care, are now proving less effective as treatment. With the growing concern of antimicrobial resistance (AMR), the over-the-counter sales of antibiotics have stopped in Turkey since 2015. Which means that antibiotics are only legally available through a doctor's prescription. Moreover, the COVID-19 pandemic has recently limited doctor consultations, further restricting access to prescription medication.

This paper explores the implications of the recent regulations and AMR on prescription practices, patient experiences and patient-doctor relationships within antibiotic infrastructures. The research draws on a three-month ethnographic fieldwork in Istanbul, Turkey, to understand negotiations of care and trust in processes of prescribing and acquiring antibiotics during the COVID-19 pandemic. The theoretical framework of the research is rooted in medical anthropology. Drawing on qualitative interviews with doctors, pharmacists and patients, as well as participant observation in an unfolding pandemic, this study shows that antibiotic prescription processes are becoming embedded in negotiations between patients, doctors and pharmacists. Moreover, despair amidst tension and uncertainty is increasing the contingency of navigating care and trust in the healthcare system to enable alternative ways of access to antibiotics.

5 INDIAN MIDDLE-CLASS WOMEN AND POSTPARTUM DEPRESSION: UNDERSTANDING THE INFLUENCE OF TRADITIONAL GENDERED SOCIALIZATION

U Bhattacharya. *Tata Institute of Social Sciences, Mumbai, India*

10.1136/bmjopen-2021-QHRN.5

Background Globally the prevalence of postpartum depression amongst women ranges from 10%-15% per 1000 births.

However, many middle-class Indian women are dismissive about postpartum depression, often seeing it as a 'Western' mental disorder and considering it as 'medicalization' of the post-birth experience.

Objective Exploration of culturally specific expectations posed on Indian middle-class women in terms of what is mentally and physically permissible and non-permissible in 'motherhood' – how traditional gendered socialization influences women's medical beliefs and results in their dismissive attitude towards postpartum depression.

Method The researcher has conducted ethnography of seven middle-aged mothers based in Kolkata and their natal, conjugal and extended family members, to understand the expectations about biological 'motherhood' posed on women before and during their childbearing ages, women's post-birth experiences and women's sense of social and personal fulfilment in motherhood.

Results Culturally women suffering from postpartum depression are denied a 'sick role' as suffering is often understood as a 'social experience' and not only as an individual physical or mental one. Hence not denying the existence or not disowning their own experiences of postpartum depression poses new mothers a risk of being 'stigmatized' as it threatens to taint the image of 'motherhood' as constructed by Indian society. The non-perception of 'postpartum depression' as a mental disorder needing medical intervention often stems from the 'trust' women seem to have on their gendered socialization which imbibes them with the idea that birth of one's child is a joyful celebratory event – highest state of femininity, thereby shifting the focus from the mother to the newborn.

Conclusion When women have high traditional gender role conformity it causes women's social identity to overwhelm their personal identity - causing an 'alienation' from their own mental and physical needs in an effort to perform the socially mandated 'ideal type' of acceptable womanhood.

6 PARTNERING WITH CHILDREN IN HEALTHCARE: NO PARTNERSHIP WITHOUT TRUST

K Chagnon, M Montreuil. *McGill University, Ingram School of Nursing, Canada*

10.1136/bmjopen-2021-QHRN.6

Background The concept of patient-partnership in health services planning has become best practice in healthcare in numerous countries. This partnership is central to improve healthcare outcomes for patients and normalize their role as active participants in improving services. However, children are rarely involved in decision-making processes in healthcare. We put forth a needed shift from children as passive subjects of healthcare delivery, to active agents who should engage in health services planning of relevance to them, as well as healthcare decision-making. By recognizing children as active agents, we can apply advances from the field of patient engagement to child health to offer more inclusive care.

Aim We will present the results of a scoping review on how to engage children as patient-partners.

Methods We used the Joanna Briggs Institute framework to guide the review and included articles on models or frameworks to engage children aged below 14 years old as patient-partners in health services planning and delivery. 90 articles were included in the analysis.