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

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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

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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

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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.