services delivered. Health facility try to adapt by utilizing volunteers to ensure modest service delivery. We deployed ethnographic observations and other qualitative approaches to understand the issues around volunteer recruitment and engagement. We focused to identifying accountability challenges in the engagement of volunteers.

Method
Six primary health centres and 3 local government administrative posts in a Southeastern Nigerian state were purposively selected for the study. Health facilities, host communities, and district offices were observed using ethnographic approaches. In-depth interviews of 30 health workers and volunteers and focus group discussions with service users across communities (n = 60) were conducted to understand concerns identified during ethnography. The multiple sources of data provided for quality triangulation of data. Thematic analysis was deployed in analyzing the data.

Results
Volunteers were typically as qualified as regular health workers, the only difference being that they are yet to find regular employment. Facility managers consider volunteers to be a pliable and useful group that can cover for health system inefficiencies. Policies are vague on how to recruit and engage volunteers. Higher placed stakeholders and district managers in a bid to maintain good political standings, transmit pressure from political platforms to frontline workers. Facility managers face pressure from community and district offices to sustain services. The outcome is that availability of health services improves, but absenteeism worsens for regular health workers. In some places, volunteers completely run the PHCs. Health managers become more aggressive with revenue generation to be able to pay the volunteers, meaning that informal payments are tolerated.

Conclusion
Volunteering in health facilities could be helpful in improving health services, but also have the potentials to be abused. Volunteer specific policies should emerge to regulate recruitment and engagement.

Abstracts

37 UNIVERSITY STUDENTS’ ACCESS TO MENTAL HEALTH CARE: A QUALITATIVE STUDY OF THE EXPERIENCES OF MENTAL HEALTH SERVICES PROFESSIONALS THROUGH THE LENS OF CANDIDACY

Tom Osborn, Rosa Town, Majeed Bawendi, Emily Stapley, Rob Saunders, Peter Fonagy, University College London, UK; Evidence Based Practice Unit, London, UK

Background
The escalating prevalence of mental health issues among university students is alarming, particularly as many do not receive necessary mental health interventions. While existing qualitative research has shed light on the perceived barriers students face accessing mental health care, our study explored the experiences of healthcare professionals who interact with these students. Our aim is to enhance the understanding of students’ accessibility to mental health care.

Methods
Between June 2022 and January 2023, we conducted semi-structured interviews with 23 professionals from university services, NHS general practice, crisis teams and psychological services in London. Data analysis was carried out concurrently with data collection, utilising reflexive thematic analysis and abductive analysis principles. The concept of ‘candidacy’ was instrumental in deciphering the ongoing phenomena observed in the data.

Results
Our findings indicate that students’ access to appropriate mental health care is intricately linked to their evolving social context, the structure, and pressures of the local health system. Professionals highlighted variability in students’ perceptions of what health issues warranted medical attention. The students who made it to a professional’s service were often those with more resources and better relationships to leverage. Once in the system, the actions professionals took were heavily influenced by their specific roles and expertise, available resources, but also by their service’s relationship with other organisations, and the types of support students deemed acceptable.

Conclusions
The concept of candidacy offers a useful lens to view university students’ access to mental health support. Access appears to be an increasingly intricate task for students, given the fragmented service landscape, surging demand for mental health care and the challenges of emerging adulthood. Our research suggests that mere policy shifts promoting increased use of mental health services may not yield better outcomes for students without holistic consideration of inter-service relationships and available resources.

38 THE HOPE TO LIVE: MEDICAL IMAGINARY AND THE POLITICAL ECONOMY OF LUNG CANCER CARE IN BANGLADESH

Pranto Paul, Afm Zakaria, Chand Mia. Shahjalal University of Science and Technology, Bangladesh

This study examines how the processes of biomedical practices of lung cancer care interact with medical imaginaries and the political economy of hope. In recent times, the prevalence of lung cancer patients has dramatically increased in Bangladesh due to the consumption of tobacco products, air pollution, and infectious diseases. Drawing on a qualitative approach, six-month fieldwork – 20 IDIs, 10 KIIs - in a privatized hospital’s oncology ward in Bangladesh, this study explores the narratives of ‘the hope to live’ of lung cancer patients. These narratives reveal that clinical therapy, while being considered a hope to recover from cancer, exacerbates biological health problems and involves social suffering associated with financial insecurity and vulnerability for seeking healthcare from the privatized sector. Family members of cancer patients recognize various hurdles in their responsibility, role, and support as caregivers. Engaging with medical anthropological literature, it discusses that patients’ lifeworld of biomedicine and clinical therapies is a socially constructed ‘medical imaginary’ and that seeking cancer care from the privatized healthcare sector reflects the political economy of hope because of the uncertainty of recovering from a fatal disease. This study contributes to the anthropological framing of cancer care experience, social suffering, and health system in Bangladesh.