1. Austerity: Sexual health became a local government responsibility in 2013, exposing it to significant funding cuts. Spending reduced by 18% between 2013-14 and 2021-22, while incidence of chlamydia, gonorrhoea and syphilis grew over the same period. This contributed to the decision to adopt OPSS in some cities, as it was seen as a cost-saving initiative.

2. COVID-19: Lockdowns accelerated the implementation of OPSS in some cities, with access to clinics restricted. In other cities, it caused implementation to reverse, due to resources being redirected towards pandemic response or delivery models becoming unaffordable because of rapid, unexpected increases in OPSS use.

3. Mpxox: The epidemic in 2022 required at-risk individuals to be examined and/or vaccinated in sexual health clinics. Occurring immediately after COVID-19, it exacerbated many of the challenges services were facing but also enabled OPSS and clinic access to be rebalanced in some areas.

Discussion Sexual health services have been particularly vulnerable to disruption over the past decade, although the impact of this has varied depending on context. Although it can be damaging, it has enabled innovation and service improvement in some circumstances.

Remote consulting and digital triage have recently been adopted in response to the COVID-19 pandemic and are changing the nature of consultations in primary care. These new modes of consultation unsettle the interaction between patient and clinician which lies at the core of general practice.

Drawing on Bakhtin’s notion of language as dialogical we explore how these innovations open the consultation up to different voices and spatio-temporal arrangements.

We used mixed methods to explore remote consulting and digital triage in three general practices. We undertook team ethnography over two separate weeks in each practice, complemented by go-along interviews with staff and narrative interviews with patients. We also reviewed patient records to map consultation activity over the previous two years.

The findings demonstrate how digital triage and remote consulting disrupt the clinical consultation through spatio-temporal fragmentation coupled with the incorporation of multiple new voices. Before entering the consultation room, patients tell their problem(s) to receptionists and record them in online forms. Doctors review these accounts from patients (or receptionists), they liaise with colleagues about patients (in clinical meetings and triage rooms), send asynchronous text messages to patients (with or without the option to respond), and enter into synchronous conversation with patients via telephone (and sometimes face-to-face). This makes a ‘single’ consultation spatio-temporally dispersed, increasingly ‘crowded’, and ultimately more ‘heteroglossic’.

We have traced how digital triage and remote consulting create and disrupt dialogue by incorporating the voices of receptionists, clinicians, technology developers and policy-makers across online and physical spaces. By unpacking how patients and doctors create meaning in a changed communicative landscape, we identify sites for potential improvement.

46 MENTAL HEALTH PROFESSIONALS’ VIEWS OF MENTAL HEALTH SERVICES AND RESEARCH IN SOUTH ASIA

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10.1136/bmjopen-2024-UCL-QHRN2024.46

Background Mental health services and research are influenced by the socioeconomic, political and legal conditions within the country in which they are located. South Asia is the most populated region in the world with a prevalence of common mental disorders higher than the pooled prevalence of mental disorders in the world. Despite such an alarming disease burden, mental health services and funding for mental health research in South Asia are still in their infancy.

Aim To explore the views of mental health professionals practicing in South Asia on mental health services and evidence base for treatments available in their countries

Methods We conducted one-off interviews with mental health professionals practicing in South Asia. We analysed the data using reflexive thematic analysis. Our team consisted of clinical academics and expert qualitative researchers with a range of cultural backgrounds and at different career stages.

Results We conducted interviews with 15 mental health professionals practicing in six out of the eight South Asian countries. Key findings included underdeveloped mental health laws, non-specialist training of professionals, an insufficient mental health workforce, lack of licensure requirements, non-descriptive qualifications of professionals and lack of resources for developing the evidence base.

Conclusion This study highlights the need to expedite the development of low-cost training opportunities for mental health professionals and increase mental health research funding in South Asian countries. Further specialist training and capacity building of academics and researchers could improve the development of the mental health sector. Development of evidence for treatment from within the region could be more acceptable compared to adaptations of current treatments established in Western contexts.

47 HEAR OUR VOICE: A PHOTO-ELICITATION STUDY TO EXPLORE THE SOCIAL PARTICIPATION OF PEOPLE WITH MILD TO MODERATE INTELLECTUAL DISABILITY

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10.1136/bmjopen-2024-UCL-QHRN2024.47

Background People with intellectual disability are thought to be more socially isolated and lonely than the general population and this has important potential implications for mental health, quality of life and possibly future cognition. There is little knowledge of the barriers to and facilitators of social participation in this group, meaning uncertainty about how to support people with intellectual disability to increase social participation.

The study maps the world of social participation of people with mild to moderate intellectual disability using the photo-elicitation method. The participant was asked to take a photo of a place, object, or action that represented their social participation or lack thereof. The photo was then used as a prompt for a discussion about the participant's experiences and views on social participation.

Participants
- Twenty people with mild to moderate intellectual disability, aged between 18 and 60 years, were recruited from various organizations and services providing support for people with intellectual disability.

Methods
- Participants were provided with a camera and instructions on how to take a photo.
- Following the photo-taking, participants engaged in a photo-elicitation interview with a trained interviewer.
- The interview was audio-recorded and transcribed.

Findings
- Participants expressed a desire for social inclusion and interaction with others.
- Barriers to social participation were identified, including lack of opportunities, limited transportation, and stigma.
- Participants highlighted the importance of support from friends and family.

Conclusion
- This study provides a unique perspective on the social participation of people with mild to moderate intellectual disability.
- The findings suggest the need for interventions aimed at increasing social inclusion and reducing barriers to participation.

Further research is needed to validate these findings and explore strategies to support social participation in this group.
Aim We aimed to use photo-elicitation interviews to obtain people with mild to moderate intellectual disability’s views about their social participation, and the barriers and facilitators to this.

Methods We recruited people with mild to moderate intellectual disability, aged over 50, living in London, with mental capacity to consent to participation. All participants were loaned a digital camera and had at least 2 weeks to take photos of important aspects of their social participation. We then conducted semi-structured interviews using the photos as stimuli. Qualitative interview data and carers’ notes were integrated in a thematic analysis.

Results This study has to date recruited 10 participants. We found they typically took photos of social activities organised by charities, most of them tended to go out with professional carers and to places close to their homes where they know certain people. Themes emerging from interviews about barriers to social participation include, worries about safety, lack of confidence, needing support to go out, not trusting people without intellectual disability, and requiring support to find public facilities. All participants gave positive feedback about the photo elicitation process.

Conclusion We identified key barriers and facilitators to social participation in people with intellectual disability which can inform future interventions. Photo elicitation was an acceptable method to inform qualitative interviews in this population. We will continue to recruit participants to the study, aiming for sample size 15-20, until we reach theoretical sufficiency.