analyses included Clarke's situational mapping to identify important contextual factors that influenced the KTA process. **Findings** This proactive response to maternal opioid use included targeted and tailored toolkits and guidelines of best practices as well as provision of multiple knowledge exchange opportunities between researchers, advocates, and practitioners. Findings demonstrate stakeholders' biases against maternal drug use and ambivalence towards evidence-based recommendations of harm reduction principles. Tensions around the interpretation of knowledge and the appropriate implementation of best practices occurred between 'experts' as well as among practitioners.

Conclusion This presentation describes a grassroots response to maternal opioid use within the KTA framework. Findings highlight the complex and iterative nature of a KTA intervention and demonstrate limitations in rational and cognitive approaches to knowledge exchange. The need to systematically address stigma is discussed.

Parallel session – Ethnographic Encounters (22 March 14:00 – 15:15)

028 NEOLIBERAL POLICY REFORMS & BIOMEDICAL RESIDUALISM IN COMMUNITY MENTAL HEALTH PRACTICE IN ENGLAND

Rich Moth. *Liverpool Hope University, Liverpool, UK*

10.1136/bmjopen-2019-QHRN.28

Background Mental health policy initiatives in England over the last three decades have led to significant restructuring of statutory service provision. One feature of this has been the reconfiguration of NHS mental health services to align with the requirements of internal and external markets in the context of wider neoliberal organisational transformations.

Aims/Objectives This paper examines the effects of neoliberal policy and service reforms on professional practice and conceptualisations of mental distress within one mainstay of NHS statutory services: the community mental health team (CMHT).

Methods The paper is based on findings from twelve months' ethnographic fieldwork and semi-structured interviews with practitioners and service users within two CMHTs.

Results and conclusions The paper begins with an account of the restructuring of the labour process in mental health services. This utilises the notion of 'strenuous welfarism'¹ to describe an organisational context characterised by escalating performance management, deskilling of professional practice and the intensification of mental health work. The study found that increasingly prominent aspects of managerialism and marketization disrupted attempts by mental health practitioners to sustain supportive and mutual structures with colleagues and engage with service users in therapeutic and relationship-based forms of practice. Moreover organisational processes increasingly recast service users as individual consumers 'responsibilised' to manage their own risk, or subject to increasingly coercive measures when perceived to have failed to do so. Consequently biomedical orientations were remobilised in practice in spite of a rhetorical shift in policy discourse towards socially inclusive approaches. The term 'biomedical residualism' is coined to describe this phenomenon.

However instances of ethical professionalism that reflected resistance to these residualised modes of practice were also visible.

REFERENCE

1. Mooney G and Law A. *New Labour/hard labour?: restructuring and resistance inside the welfare industry*. Policy Press, 2007.

029 EXPLORING THE NATURE OF HOME CARE FOR PEOPLE LIVING WITH DEMENTIA THROUGH ETHNOGRAPHIC OBSERVATIONS

Monica Leverton. *UCL, London, UK*

10.1136/bmjopen-2019-QHRN.29

In the UK, over 8 50 000 people are living with a diagnosis of dementia. Many of these people wish to remain living in their own homes which is often made possible by the support of family carers and paid home care workers. However, home care is a sector that has come under much scrutiny and the workforce is often criticised for providing unsatisfactory care¹. At an organisational level there is a high turnover of home care workers who are typically low-paid and receive little training and support². We have drawn from an ethnographic approach in order to explore the nature of home care first-hand and to develop an understanding of the knowledge and training needs of home care workers. This has involved participant-observations with eight home carers across six varied locations in England, as they provide home care for clients living with dementia. As a participant-observer, we have attempted to become immersed in the reality of home care as it is experienced in the real world for those involved. Qualitative observations have enabled us to go beyond the understanding gained through interviews in order to capture the everyday experience of dementia home care. In this presentation, we will discuss the experience of conducting ethnography in a complex social care setting, faced with challenges of observing in the context of scrutiny and mistrust. The process of engaging home carers and consenting people living with dementia will be shared in order to promote the use of qualitative observations as a way of gaining a more meaningful understanding of health and social care issues within the home care workforce. As part of a wider study, these findings aim to inform the intervention development of a training programme for paid home carers, to aid consistency and accessibility of training amongst the homecare workforce.

REFERENCES

1. Muntaner C, et al. County and organizational predictors of depression symptoms among low-income nursing assistants in the USA. *Sci Med* 2006;63(6):1454–1465.
2. Livingston G, et al. Making decisions for people with dementia who lack capacity: qualitative study of family carers in UK. *BMJ* 2010;341:c4184.

030 A WEB-BASED ETHNOGRAPHIC STUDY OF PSYCHOSTIMULANT USE: A NOVEL APPROACH FOR PUBLIC HEALTH RESEARCH

Caroline Robitaille. *Université de Montréal, Montréal, Canada*

10.1136/bmjopen-2019-QHRN.30

Background Psychostimulant use has increased over the past two decades, notably in North America, referring to pharmaceuticals such as Adderall, Ritalin, and Vyvanse. While these medications are prescribed for Attention Deficit/Hyperactivity Disorder, an accrued non-medical use is reported. Current understandings of this phenomenon focus on epidemiological or bioethical perspectives and interventions aimed at reducing non-medical use are largely prohibitive. However, there is a dearth of data concerning the underlying logics related to psychostimulant use within the socio-cultural context of Western societies. To shed light on this, we present a qualitative analysis of one online discussion forum, r/Adderall, part of the website Reddit.

Objectives Describe practices related to psychostimulant use among members of one online forum and examine how these contribute to shaping contemporary subjectivities.

Methods We utilize a web-based ethnographic approach, netnography, allowing access to accounts of use that would otherwise remain below the radar and bringing to light elements that are difficult to grasp through epidemiological approaches, such as the complexities related to mental and physical health. We also call upon Actor-Network Theory, envisaging psychostimulants as agentive entities contributing to socio-cultural transformations. We performed non-participant observation of r/Adderall over an 18 month period, observing exchanges between members, interactions with moderators, and collected 149 key posts for qualitative analysis.

Results Members share experiences, fostering a sense of belonging. Some offer guidance, sometimes contrary to prescribers' directives. Members often discuss drug effects, and experiential knowledge related to potential harms, notably, is circulated. Some describe a complex relationship with psychostimulants, at times positive, negative, or somewhere in between, underscoring their transformative power on subjectivities.

Conclusions Our findings contribute to shaping relevant harm reduction interventions and open the discussion to a wider debate regarding public health's understanding of psychostimulant use and how this may contrast with how it is being put into practice.

031 THERAPEUTIC ITINERARIES AND CHILDHOOD CANCER IN ARGENTINA: PERIPHERAL PERSPECTIVES

Eugenia Brage. *University of Buenos Aires, Buenos Aires, Argentina*

10.1136/bmjopen-2019-QHRN.31

Content In Argentina the attention of some childhood diseases, such as cancer, is centralized in Buenos Aires. About half of the children who fall ill with cancer must migrate to another city in search of diagnosis or medical treatment for this disease. This gives rise to different forms of territorial mobility for access to health services, a topic that has not received much attention in medical anthropology.

The aim of this presentation is to share the results of a doctoral research work about the therapeutic itineraries and care practices carried out by parents of children affected by cancer.

The ethnographic fieldwork was carried out during May 2013 to December 2015 at a public Hospital located in Buenos Aires, as well as a non-governmental organization created to support low-income families who are suffering from this

disease and, finally, a hotel where some families stay when they arrive to Buenos Aires during the period of the medical treatment and controls. The methodology consisted on observations and semi-structured interviews to child's parents and primary carers.

I will try to bring to discussion some theoretical and methodological implications about the notion of therapeutic itinerary, a category that has gained strength due to its enormous explanatory and analytical potential. Based on analyzing the reality of our health services, the work aims to expose the potential of 'peripheral perspectives'¹ to cope with a highly changing and uneven world.

REFERENCE

1. Oliveira LRCd. O ofício do antropólogo, ou como desvendar evidências simbólicas. *Anuário Antropológico Brasília: Departamento de Antropologia, UnB, 2008 2007.*

032 EVOLVING ETHNOGRAPHIC SENSIBILITIES: USING ACTOR-NETWORK THEORY IN HEALTH SERVICES RESEARCH

Amit Desai, Sara Donetto. *King's College London, London, UK*

10.1136/bmjopen-2019-QHRN.32

Background In a recent editorial,¹ discuss the use of ethnography and the 'ethnographic label' in health services research. Commenting on Vindrola-Padros & Vindrola-Padros² review of 'rapid ethnographies', the authors encourage further debate around the use of the ethnographic label in this scholarly field.

Aim and objectives We wish to contribute to this debate by discussing our experience of carrying out ethnographic observations informed by anthropological and Actor-Network Theory (ANT) sensibilities. To illustrate the methodological challenges and possibilities of ethnographic work in health care we use examples from our recent study of the collection and impact of patient experience data.³

Methods This paper draws upon a study which comprised two main phases: 1) a one-year long ANT-informed ethnographic study of five participating NHS Trusts in England, and 2) a series of workshops (one cross-site and five local workshops) in the format of Joint Interpretive Forums (JIFs).

Results We focus here in particular on how the researchers in our team – mainly trained anthropologists - worked through ANT 'sensibilities' throughout the duration of ethnographic observation and the further analytical work following data generation. We also discuss how interacting with NHS staff and patients in the context of the JIFs required adaptation and re-calibration of these sensibilities. We explore how these sensibilities are refined and challenged through engagement with the field in different ways to develop a particular amalgam of anthropological, 'ANTy' and health services approaches.

Conclusions We suggest that the use of the 'ethnographic label' should be reserved for studies which provide,⁴ words, 'thick description coupled with theoretical interrogation'. We suspect this process is unlikely to be 'rapid' but also that – as our experience demonstrates - it can still lead to applicable, generalisable and timely evidence for health policy and practice.