The social construction of ADHD is nourished from very heterogeneous fields that includes various kinds of knowledge, institutions and actors. One of the crucial actor of the field is psychiatrists who are active in the biggest part of research field and who hold the power of diagnosis. Hence, it is important to uncover the discourse of mental health professionals to prevent over diagnosis and overmedication.

**Background**

Patients on mechanical ventilator in ICU are subjected to various physical and emotional stressors which they may be unable to communicate causing further distress.

**Objective**

To describe the lived experiences of critically ill patients who were on mechanical ventilation in medical-surgical ICU of a Tertiary care hospital in Delhi, India.

**Methods**

This Phenomenological hermeneutic study included patients above 18 years who were on mechanical ventilator for at least 48 hours in the medical-surgical ICU of a tertiary care hospital between August to November 2017 and fulfilling inclusion criteria. Ethical approval was obtained from institutional ethical committee. The data was collected using in-depth interview guide with six patients only out of the twelve enrolled (n=6 dropped out of study). Audio recorded interviews were transcribed and further analyzed by Van Manen’s approach.

**Results**

All patients were on ventilator via Endotracheal tube and the duration of mechanical ventilation ranged from 48 hours and 15 min to 299 hours and 30 min, had no previous experience of ET intubation, mechanical ventilation or ICU stay and interviewed within three days after extubation. The analysis of verbatim revealed emergence of twenty themes and corresponding subthemes which were grouped under four fundamental existentials of human experience which are spatiality, corporeality, temporality and relationality. Most of the patients reported discomfort due to ET tube, problems due to suctioning, impaired communication, altered thirst, hunger and sleep-wake cycle. Two of the patients expressed that they felt more at ease and less embarrassed with staff of same gender. Even comforting words from relatives sometimes caused irritation to patients.

**Conclusion**

There is a need for provision of routine mental health assessment of ICU patients by mental health professionals and interventions to minimize impact of traumatic experiences of patients who are put on mechanical ventilation in order to promote healthy coping patterns.

**P15**

**PARENT PERSPECTIVES ON INTERACTIONS WITH SPEECH AND LANGUAGE THERAPISTS: WHAT FACILITATES ENGAGEMENT**

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**Background**

Speech and Language Therapists (SALTs) work closely with parents to engage them in making decisions about therapy, carrying out therapy at home and adapting the way they communicate with their child. The more parents engage in Speech and Language Therapy (SLT) the better the outcomes are for their child. Parent engagement is achieved through the parent-SALT interaction however very little research has investigated this. Research to date focuses on young children receiving early-intervention.

**Aims**

This study explores from the parent perspective how the parent-SALT interaction facilitates parent engagement in SLT for children with long term speech, language and communication needs (SLCN).

**Methods**

The qualitative design adopted an appreciative inquiry approach to guide sampling and interview questions. Parents engaged with SLT services across Cornwall were
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Abstracts

P16 CANCER SURVIVORS’ EXPERIENCE WITH TELEHEALTH: A SYSTEMATIC REVIEW AND THEMATIC SYNTHESIS

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Background There is a drive to transfer the care of cancer survivors to the community and encourage them to play an active role in their own care. Telehealth is an important contributor to this evolving model of care but we are lacking an integrative perspective and in-depth understanding of how cancer survivors accept it, engage with it, and benefit from it.

Objective To systematically identify, appraise, and synthesize qualitative research evidence on the experiences of adult cancer survivors participating in telehealth interventions, to characterize the patient experience of telehealth interventions for this group.

Methods We searched PsycINFO, Medline, CINAHL, Embase, and Cochrane Central Register of Controlled Trials for studies published in English between 2006 and 2016 reporting qualitative data (including verbatim quotes) on adult cancer survivors’ experience of participating in a telehealth care intervention (defined as remote communication or remote monitoring with a health care professional delivered by telephone, Internet, or hand-held or mobile technology). All papers underwent inductive analysis, involving comparison, re-examination, and grouping of codes to develop descriptive themes. Analytical themes were developed through an iterative process of reflection on, and interpretation of, the descriptive themes within and across studies.

Results Across 22 papers included in the review, three analytical themes emerged, each with three descriptive subthemes: (1) influence of telehealth on the disrupted lives of cancer survivors (convenience, independence, and burden); (2) personalized care across physical distance (time, space, and the human factor); and (3) remote reassurance—a safety net of health care professional connection (active connection, passive connection, and slipping through the net). Telehealth interventions represent a convenient approach to cancer care, which can potentially minimise treatment burden and disruption to cancer survivors’ lives.

Conclusions Telehealth interventions can engender an experience of personalised care, while providing cancer survivors with independence and reassurance.

P17 ADOPTING THE NOMINAL GROUP TECHNIQUE TO UNDERSTAND THE USE OF RELIGIOUS PRACTICES AND EXPERIENCES

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Background Religion plays a vital role in recovery of illness of which stroke is not an exception.

Aims/Objectives To determine the various and use of religious experiences and practices adopted as a recovery strategy in the face of stroke condition.

Methods 20 participants would be recruited from the Stroke Unit and the Physiotherapy Unit of the Korle-Bu Teaching Hospital (KBTH to participate in two Nominal Group Technique (NGT) meeting. Stroke survivors from the first group would be asked to generate list of religious practices and experiences in response to the question ‘What are the religious practices, values and beliefs that are related to the culture which aids in recovery after stroke?’; and the second group would be asked to generate responses relating to the impact of religion ‘What are the positive and negative impact of religion to health and recovery after stroke?’

Expected results It should be expected that the topmost religious practices and experiences that relate to recovery after stroke would include reading of scriptures and recitation of mantra, prayers and fasting, consultation and directions from pastors, and meditation. The topmost impact of religion on recovery may include issues with adherence to treatment, resorting to alternative forms of treatment, and healer-shopping.

Conclusion Most of the religious practices and experiences were considered to aid in recovery after stroke. On the other hand, although there are positive aspects of religion on health, there are negative aspects of it that worsens the recovery after stroke.

P18 DESIGNING FOR WELL-BEING: THE INFLUENCE OF A SCHOOLYARD INTERVENTION ON SUBJECTIVE WELL-BEING

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This study examines effects of a schoolyard intervention on primary school children’s perceived motivation, exploration, peer-relation, teaching and learning in Bangladesh. 43% of the children in developing countries grow with poorer mental development. More than 21% of children leave primary