this field to document its use or explore its theoretical underpinnings.

This presentation will outline the design and development of an ambitious programme of QL research, the Health Utilisation Dynamics Study, directed by PATH. This is a qualitative 'add on' to a large-scale evaluation of the Malaria Vaccine Implementation Programme in Ghana, Kenya and Malawi. QL enquiry is uniquely placed to investigate health and illness biographies, changing health policies, the delivery, uptake and sustainability of new treatments, and to produce dynamic case studies of local health care systems. These are central themes in this study. In particular, we will explore innovative ways to discern causal mechanisms across the micro-macro plane. Our aim is to reflect the dynamic, open-ended and fluid nature of social actions, reactions, effects and counter effects in complex systems of change.

REFERENCES

1. Calman L, Brunton L and Molassiotis A. Developing longitudinal qualitative designs: lessons learned and recommendations for health services research. *BMC medical research methodology* 2013;13:14.
2. Grosssoehme D and Lipstein E. Analyzing longitudinal qualitative data: the application of trajectory and recurrent cross-sectional approaches. *BMC research notes* 2016;9:136.

04 VIEWS OF KEY STAKEHOLDERS IN SAUDI ARABIA ON PROTECTIVE SEXUAL HEALTH STRATEGIES

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Background Approaches to sexual health education diverge between promoting abstinence-until-marriage and supporting harm reduction (HR). The latter acknowledges that adolescence is a period of risk taking and aims to reduce the harms of STIs and unplanned pregnancies. In Saudi Arabia, there is no sexual health education and the sensitivities surrounding sex-related issues in a country that rules exclusively by Islamic laws, creates challenges for the provision of sexual and reproductive health information. This study aimed to explore the views of key stakeholders in Saudi Arabia on the relative merits of adopting an abstinence-only approach or HR strategies within a proposed sexual health education program and to examine which approaches are likely to be feasible in Saudi Arabia, and by extension in other Muslim communities around the world.

Methods In this qualitative study, semi-structured interviews with 28 participants were conducted. Four different groups were targeted, policymakers (n=6); healthcare providers (n=10); teachers (n=9); and religious scholars (n=2).

Results The need for sexual health education for adolescents was universally acknowledged by participants. Stakeholders' views spanned a spectrum rather than fitting in clear cut categories of adopting abstinence vs HR strategies. The concept of harm was conceptualized, contrary to the conventional public health discourse, as strictly health-related but focused on social and religious harm. Those who opposed HR strategies believed that these messages can encourage premarital sexual activity and hence damage traditional family norms. While those who leaned towards adopting HR strategies viewed it as a necessary step in preventing infectious harm from pervading the rest of society. Opinions varied on who should formulate the program and in what context it should be delivered.

Conclusion The results showed that understanding the local interpretations of harm and HR strategies is vital to formulating a culturally sensitive sexual health education program that can expand beyond international public health definitions and messaging.

05 COMPETING EXPECTATIONS: ADVANCED CARE PLANNING FROM THE PERSPECTIVES OF DOCTORS AND NURSES IN THE SOUTH-EAST ASIAN CONTEXT

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Introduction Singapore has the fastest ageing population in the world, with the number of individuals aged 65 and older increasing to an estimated 9 00 000 in the next thirty years. Corresponding demand for health and social care among the aged could surge, especially in terms of palliative care, which will more than double by 2020 to over 10 000 patients per year. In response, the national Advance Care Planning (ACP) programme was launched in Singapore in 2011 with the purpose of improving quality of palliative care through enabling patients to express their end-of-life care needs and wishes to healthcare professionals and caregivers. The purpose of this study is to examine the perspectives of doctors and nurses on facilitation of end-of-life care conversations and decision-making in Singapore

Methods Eight focus group discussions and dyadic interviews were conducted with physicians and nurses. Discussions were facilitated by members of the research team and focused on participants understanding of their role as a healthcare professional in the context of end-of-life care and their adherence to precepts of ACP. Transcripts and audio recordings of FGDs were stored digitally and analysed through QSR NVivo. Themes emanating from transcripts were identified through a framework analysis approach.

Results Facilitation of end-of-life conversations and decision-making processes were influenced by life and death culture. The ACP programme was mostly conducted in acute medical settings, wherein the prevailing institutional philosophy was that of the biomedical model of care. Consequently, the organisation of services was primarily focused on curation, with doctors playing a leading role in terms of decisions on patients' care. Nurses were often disempowered in terms of making decisions on patients' pathways through care.

Conclusion End-of-life conversations were often conducted in acute care settings, in which the structure of services were often hierarchical and predicated on the biomedical model of care.

06 PREVENT DISSENT: IMPLICATIONS OF NEW COUNTER-TERRORISM DUTY ON PRACTITIONER FREEDOM OF CONSCIENCE

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Background The PREVENT policy introduced a duty for health professionals to identify and report patients they suspect may be vulnerable towards radicalisation. Research on

PREVENT's impact in healthcare is scant, especially on the lived experiences of staff.

Aim The purpose of this study was thus to explore the experiences of dissenting NHS staff who have undergone PREVENT training.

Methodology This study examined individual interviews with 16 dissenting NHS health professionals who participated in mandatory PREVENT counter-radicalisation training.

Results Results reveal two themes central among dissenting health professionals. The first theme is the moralising discourse experienced within PREVENT training. This moralising discourse offers that criticism towards PREVENT may be perceived as paramount to sympathies for terrorism itself and is experienced more acutely by British Muslim healthcare staff who felt silenced. The 'morally correct position' then is to unquestioningly accept PREVENT policy. The second theme relates to the structures which extend beyond PREVENT but nonetheless contribute to the silencing of dissent: distrustful settings in which the gaze of unknown colleagues stifles personal expression; reluctant safeguarding leads who admit PREVENT may be unethical but nonetheless relinquish personal responsibility from the act of training; and contemporary socio-political conditions affecting the NHS which overwhelm staff with other concerns.

Conclusion This paper argues that counter-terrorism policy within the NHS may exacerbate the self-censorship of dissenting staff, unveiling novel concerns for medical ethics.

Parallel session – Critical Perspectives and Social Theory (22 March 11:30 – 13:00)

07 THE HOSPITAL IS NO LONGER AN OPTION: A CASE STUDY OF PREGNANT WOMEN GOING AGAINST MEDICAL ADVICE

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Background In the Netherlands, some women with high-risk pregnancies go against medical advice and protocol in their choice of place and mode of birth, and choose to birth outside the regular maternity care system with a 'holistic' midwife.

Aim To explore the defining moments for women choosing home birth in high-risk pregnancies and to determine if there was a general pattern in their experiences.

Methods The researchers in this study used a feminist approach informed by Critical Theory. The DESCARTE model (Carolan, Forbat, & Smith, 2016¹) was used in the design of this exploratory multiple case study. 10 cases were chosen based on 41 in depth interviews with Dutch women with a high-risk pregnancy who chose to birth at home against medical advice, their partners and their health care professionals (midwives and obstetricians). Within case (grounded theory) and cross-case analysis (based on propositions cf. Yin 2014²) of the cases was performed. The focus was on the negotiation of care during conversations with health care professionals wherein women with a high-risk pregnancy expressed their wishes.

Results Two patterns emerged. The dominant one was a trajectory of trauma, self-education, concern about paternalism, and

conflict during consultation leading to a negative choice for alternative/holistic care. Prior birth trauma often made consultations fraught with tension. The second pattern was a path of trust and positive choice for holistic care without conflict.

Conclusions For women to perceive the hospital as safe again, professionals will need to work on building a trusting relationship using continuity of care, true shared decision making, and an alternative risk discourse. Preventing initial birth trauma is a prerequisite.

REFERENCES

1. Carolan CM, Forbat L and Smith A. Developing the DESCARTE Model: The Design of Case Study Research in Health Care. *Qualitative Health Research* 2016; 26: 626-639. DOI: 10.1177/1049732315602488.
2. Yin RK. Case study research: design and methods 5th ed. *Thousand Oaks* 2014.

08

RE-THINKING 'MENTAL HEALTH' THROUGH FEELING: EMOTION CENTRED RESEARCH ABOUT FAMILY WITH LGBTQ+ YOUTH

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Background LGBTQ +young people experience disproportionately poor mental health outcomes compared to their heterosexual counterparts. Poor mental health is linked to family conflict about sexual orientation whereas supportive family relationships are correlated with mental wellness in LGBTQ +youth. However, little research focuses on family environments for LGBTQ +youth and to date there is no UK evidence on the topic. In addition, both 'family' and 'youth' remain under-theorised and mental health research typically uses a psycho-biomedical framework where emotion is pathologized. This limits our understanding of the complexity, relationality and meanings of youth mental health.

Aim/Objectives This methodological paper will explain the interdisciplinary critical mental health taken to researching LGBTQ+youth and family relationships in a small-scale study in England. Specifically, I will critically reflect on the epistemological and practical aspects of centralising emotion within this research project.

Methods Two phases of qualitative research with 13 LGBTQ +young people and 7 'family members' was conducted. Phase one involved family mapping and semi-structured interviews; and phase two used diary methods. Emotion mapping techniques were used throughout and an emotion-centred analysis conducted including through the development of 'I-feel poems'; and drawing on Hochschild's (1979) concept of 'emotion work.'

Results Our approach to researching LGBTQ+young people and their families yielded material that was saturated with emotion and highlighted myriad ways that LGBTQ+youth mental health is influenced by doing emotion work in their families for the purposes of becoming, belonging and survival.

Conclusions Our methodology successfully captured emotion and facilitated an emotion-centred analysis of LGBTQ +youth/family relationships. Although it's likely much emotion remains hidden from view and its exposure presents ethical risks for researcher and participant, this methodological approach offers a valuable alternative perspective on mental health that attends to the meanings and relationality of LGBTQ +youth experience.