become ‘increasingly conscious of the value of recording and analysing what has been happening’ [7 p1] to make effective use of a limited service provision.

Aim The aim was to develop a participatory action research (PAR) method for engaging displaced people to collaboratively assess the full impact of arts and cultural interventions.

Methods A researcher spent five months in a London-based charity conducting a study following PAR principles of observation, focus groups and in-depth semi-structured interviews. Participants acting as ‘co-researchers’ comprised refugees and asylum seekers (n=7), charity staff (n=8) and volunteers (n=7). **Results** During focus groups, participants articulated their reflections on the impact of creative activities around three main themes of skills, social engagement, and personal emotions. Interviews based upon these themes showed that artistic and cultural activities impacted positively on participants by helping them to find a voice, create a support network, and learn practical skills useful in the labour market.

Conclusions The study expanded on arts and wellbeing research by exploring the effects of cultural and creative activities on the psychosocial wellbeing of refugees and asylum seekers. By focusing on the relationship between arts, wellbeing and forced displacement, the study was instrumental in actively trying to change the narrative surrounding refugees and asylum seekers often depicted in negative terms in the public sphere.⁸

REFERENCES

1. Katona C. Non-affective psychosis in refugees. *Br Med J* 2016;**352**:i1279. doi:10.1136/bmj.i1279.
2. Hollander A, Dal H, Lewis G, et al. Refugee migration and risk of schizophrenia and other non-affective psychoses: Cohort study of 1.3 million people in Sweden. *Br Med J* 2016;**352**:i1030. https://doi.org/10.1136/bmj.i1030.
3. Robjant K, Robbins I, Senior V. Psychological distress amongst immigration detainees: A cross-sectional questionnaire study. *Brit J Clin Psych* 2009;**48**: 275–286. https://doi.org/10.1348/014466508X397007.
4. Camic P, Chatterjee H. Museums and art galleries as partners for public health interventions. *Perspect Public Health* 2013;**133**:66–77.
5. Chatterjee H. Museums and art galleries as settings for public health interventions. In S Clift, P Camic (Eds.), *Oxford Textbook of Creative Arts, Health, and Wellbeing: International Perspectives on Practice, Policy and Research*. New York, Oxford: Oxford University Press 2016; p.281–289.
6. Clift S, Skingley A, Coulton S, Rodriguez J. The effectiveness and cost-effectiveness of a participative community singing programme as a health promotion initiative for older people: Protocol for a randomised controlled trial. *BMC Public Health* 2011;**11**:1–6. https://doi.org/10.1186/1471-2458-11-142.
7. Kidd B, Zahir S, Khan S. Arts and Refugees: History, Impact and Future. London: Arts Council England, 2008. https://baringfoundation.org.uk/wp-content/uploads/2014/10/ArtsandRefugees.pdf.
8. Khosravi S. *‘Illegal’ Traveller: An Auto-ethnography of Borders*. Basingstoke: Palgrave MacMillan 2010.

Parallel session – Innovative Research Methods (22 March 14:00 –15:15)

018 BREAKING THE GOLD STANDARD: QUALITATIVE METHODS FOR TRIALS OF COMPLEX HEALTH INTERVENTIONS

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Background Randomised controlled trials (RCT) are widely considered to be the ‘gold standard’ for evaluating health interventions. Qualitative methods are often perceived as an ‘add-on’ to robust quantitative intervention evaluations.

The current status of qualitative methods within trials undermines the enormous insights qualitative approaches contribute to our understanding of the impact interventions have on human health.

Objectives This presentation examines the ‘state of the art’ of qualitative methods currently used within trials of complex health interventions.

Methods In early 2018, we completed a rapid review of innovative qualitative methods mentioned in the RCT protocols of complex health interventions for a commentary to a special issue of *Qualitative Health Research*. ‘Innovative’ was used to refer to qualitative methods beyond atheoretical interviews or focus groups with trial participants. We generated a list of 189 qualitative research methods from a search of 27 qualitative methodology journals using the terms ‘*innovat* new novel emerg**’, and then used this list as key terms to search protocols published since 2012 and registered with the ISRCTN trial database.

Results Our search showed that while 1452 of the registered trial protocols mentioned some form of qualitative research, only 34 of these discussed more innovative qualitative methods. Qualitative methods were most often employed during trial process evaluations or as formative research in the pre-trial phase. Protocols rarely went into depth about the details of the methods used or explained how their analysis would contribute to the trial results.

Conclusions These gaps significantly undermine the potential of qualitative methods to improve understandings of the successes and failures of interventions in different contexts. We will discuss these gaps and their implications for health intervention evaluation in detail, and also point to some areas of good practice arising from the special issue that we hope will push the field forward.

019 REFLECTIONS ON DYADIC RESEARCH IN HEALTHCARE

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Background Although healthcare provision typically occurs within the context of clinician/service user relationships, and there is increasing recognition of the role and importance of families, qualitative data collection typically focuses on individuals (e.g. through interviews) rather than dyads. Dyadic interviewing has a long history in social research, and is now being used in health research to enable a unique exploration of healthcare experiences and relationships.

Aims To reflect on the use of dyadic interviewing in two studies, commenting on utility and potential pitfalls.

Methods The two studies will be described: both employed separate, confidential interviews, one with clinicians and service users on talking therapy assessments, the other with perinatal women and a family member on experiences of mental health services. Responses were compared and contrasted through a focus on ‘versus’ and ‘consensus’ coding. This meant that the integrity of individual accounts was retained, with an analysis of convergence and divergence within and between dyads generating a third, etic perspective.¹

Results Dyadic interviewing in healthcare raises a number of practical and ethical issues: 1) recruitment can be slow, for example because clinicians need the confidence to consent to