

## Pre-recorded highlight presentations

### 1 CARER PERSPECTIVES OF TRUST AND AUTHORITY DURING COVID-19

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The COVID-19 global pandemic has had a significant impact in the way services are accessed and perceived by patients and their carers. Trust in services has shifted, and relationships with healthcare professionals have been affected, with carers now seeking alternative and more accessible sources of support. The aim of this paper is to explore the challenges and concerns including issues around trust that carers of people living with dementia and terminal illness have brought to support helplines, the decisions they are having to make, and the impact that the pandemic has had on end of life care. Eight helpline support workers were recruited from the Dementia UK and Marie Curie organisations, and semi-structured qualitative interviews were conducted through video calls on Microsoft Teams. Interviews were recorded with participants' consent and transcribed and checked via the Microsoft Stream automated system. The data was analysed by means of thematic analysis on NVIVO 11. Interview data was coded according to the point of time in the pandemic; early, later, or general. It was found that issues of trust, perceived loss of agency and confusion regarding government guidelines were expressed from the beginning of the pandemic to the current day. These stemmed from situations including care within hospitals and care homes, particularly due to a lack of communication from the aforementioned about the welfare of their relatives, and choices being removed from carers about their relatives' discharge pathways. There were also concerns raised about the rapidly and constantly changing guidelines for vulnerable people during the pandemic, with carers seeking information and reassurance from charity helplines rather than authority figures and the government.

### 2 EMBEDDING MISTRUST: AN EXPLORATION OF THE EMERGING UK POLICY FRAMEWORKS ON ALCOHOL AND PREGNANCY

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**Background** Due to the social and medical preoccupation with consumption of alcohol during pregnancy, public health policy has steadily sought to influence and shape maternal behaviour through increasingly coercive means. Throughout the last decade a clear policy framework aimed at addressing alcohol consumption during pregnancy has emerged. While institutional responses began with a 'simplified' message through the Chief Medical Officer's guidance of abstinence only, the precautionary principle has since been further operationalised, leading to the introduction of mandatory screening to enforce 'guidance'. **Aim/Objectives** To explore the influence of prevailing attitudes towards maternal alcohol consumption in the treatment of

evidence within relevant policy; to highlight the implications for pregnant women.

**Methods** A document analysis, informed by socio-cultural theory, of the introduction of key policy documents; namely: UK Chief Medical Officers' Low-Risk Alcohol Guidelines (2016), Scottish Intercollegiate Guidelines Network (SIGN) Guideline 156: Children and Young People Exposed Prenatally to Alcohol (2019), National Institute for Health and Care Excellence (NICE) Draft Quality Standards on FASD (2020).

**Results** Using a detailed exploration of ideas of risk, uncertainty and trust, we argue that policy documents, which facilitate action against any drinking in pregnancy, have relied upon the explicit removal of evidence relating to alcohol consumption and impaired foetal development from policy (SIGN 2019, NICE 2020), which legitimates the use of mandatory screening for alcohol under the guise of 'routine antenatal care'. This transformation of guidance into mandate is hinged on a lack of trust in women's ability to comprehend and act on the available evidence relating to alcohol consumption and harm.

**Conclusions** Our analysis highlights the importance of socio-cultural theory in understanding both the feasibility of actual and proposed policy responses to alcohol consumption during pregnancy, and the potential implications of this framework for women— including an erosion of trust in relationships with healthcare practitioners.

### 3 SOCIAL PRESCRIBING FOR INDIVIDUALS WITH MENTAL HEALTH PROBLEMS: A QUALITATIVE STUDY OF BARRIERS AND ENABLERS EXPERIENCED BY GENERAL PRACTITIONERS

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**Background** There is growing evidence for the use of social prescribing to improve the mental health of patients. However, there are gaps in understanding the experiences of General Practitioners (GPs) when engaging in social prescribing for patients with mental health problems.

**Aims** To explore the barriers and enablers faced by General Practitioners (GPs) engaging in social prescribing for patients with mental health problems.

**Methods** This study uses a qualitative approach involving one-to-one interviews with GPs from across the UK. The COM-B model was used to elucidate barriers and enablers, and the Theoretical Domains Framework (TDF) and a Behaviour Change Theory and Techniques tool were used to identify interventions to address these.

**Results** GPs recognised the utility of social prescribing in addressing the high levels of psychosocial need in their patient population, and expressed the need to de-medicalise certain patient problems. GPs were driven by a desire to help patients, and so they benefited from regular positive feedback, and robust evidence on social prescribing. Link workers, when available to GPs, were of fundamental importance in bridging the gap between the GP and community. The formation of trusting relationships was crucial at different points of the social prescribing pathway, patients needing to trust GPs in order for them to agree to see a link worker or attend a community activity, and GPs requiring a range of strong inter-