

**Case report.** A 50-year-old Swiss woman spent a number of weeks travelling around the UK, reporting to police that her family in Switzerland were working with their police, doctors and the mafia to kill her. She was therefore running away for her own safety, and trying to seek legal help to investigate. She had been in close contact with a woman in London who claimed to be able to give her legal aid in exchange for payment. On admission to the ward, it was felt that the legal aid was actually feeding her persecutory delusions.

**Discussion.** We discovered that she had in fact been detained in Switzerland prior to coming to the UK, and the discharge report was obtained which diagnosed her with Michael Kohlhaas syndrome and Folie a deux.

**Conclusion.** This poster will further explore Michael Kohlhaas syndrome and litigious paranoia, with connection to this case.

## Education and Training

### Trainees' perspective on the best use of supervision-hour in psychiatry training – a qualitative study

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**Aims.** This study aims to identify the techniques to improve the quality of the weekly one to one supervision for Psychiatry trainees.

**Method.** An open-ended online questionnaire was prepared using principles of critical incident technique and distributed among psychiatry trainees working in various deaneries within the UK. The participants were asked to describe an example of a good and a bad supervision experience they had encountered during their training. In addition, participants were also requested to make suggestions to improve the supervision experience. All qualitative data were analysed using the thematic analysis approach, to identify common themes.

**Result.** A total of 53 trainees working in various deaneries across England and Wales, responded to the questionnaire. The respondents were at a different level of training in psychiatry from CT1-ST6 level. The supervision hour was reported to be useful for clinical case discussions, reflection on difficult cases and situations, pastoral support and wider issues relating to personal and professional development. Trainees appreciated a holistic scope for supervision rather than a narrow discussion of management of cases.

Trainees reported that the supervision hour should be trainee-led and tailored according to their unique learning needs. Participants also saw supervision hour as a safe space where they can receive constructive criticism and feedback on their performance. At times, trust and genuineness were appreciated, as well as the use of an informal tone by the supervisor. An effective supervision leads to trainees feeling valued.

**Conclusion.** Trainees acknowledged that the supervision hour is an effective tool in psychiatry training. Trainees should get regular, protected and uninterrupted time with consultants for weekly supervisions. Both trainees and trainers need to develop a better understanding of how this supervision experience could be improved and tailored to the individual learning needs of the trainee.

### The person behind the label: co-production as a tool in teaching about borderline personality disorder

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**Aims.** The overarching aim of the session was to address and reduce stigma around Borderline Personality Disorder among doctors. The three main objectives were:

To increase empathy and understanding around Borderline Personality Disorder by exposing junior doctors to service user perspectives outside a clinical setting;

To address knowledge gaps identified by junior doctors in a self-reported questionnaire disseminated prior to the teaching session;

To offer junior doctors a basic psychological framework to base their assessment and formulation of service users with personality disorders.

**Background.** 'Borderline Personality Disorder: The Person Behind the Label' was the title of the first co-produced teaching session in the Leeds and York Partnership Foundation Trust (LYPFT). Prior to the teaching session, an online questionnaire was sent out to trainees. The results highlighted three key issues:

Negative attitudes towards service users with personality disorders;

Poor subjective knowledge of the psychological models of personality disorders;

Perception among trainees that they do not receive adequate training to deal with the challenges service users with personality disorders present.

**Method.** A teaching session was co-produced by a team of two service users, a principal clinical psychologist within the Leeds Personality Disorder Network (PDN) and a core Psychiatry trainee. It was delivered in a 75 minute session to 40 attendees consisting of both trainee doctors and consultants.

**Result.** Feedback was collected immediately after the session through the use of anonymous feedback forms. The response to the training was overwhelmingly positive with all 28 respondents rating the session as 4/5 or 5/5 on a satisfaction scale ranging from 1 (poor) to excellent (5). Key themes from the feedback included appreciation for the service user perspective and teaching on psychological theory. The fourth question in the questionnaire: "How will this teaching impact your work?" produced the highest number of responses (25/28) and provided evidence that the above listed objectives of the session were met.

**Conclusion.** Co-produced teaching has great potential to address negative attitudes around highly stigmatised conditions by bridging the gap that often exists between service users and mental health professionals.

### Provision of training for accommodation providers in the London Borough of Hackney – results of a scoping exercise and educational session pilot

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**Aims.** To understand the level of training given to staff in providers of accommodation in the London Borough of Hackney across mental and physical health.

**Method.** The Urgent and Emergency Care Collaborative (Health Education England) put out a call for funding bids around a number of workforce priority areas. This included upskilling care home staff to reduce admissions. We considered care home staff as those working across supported living schemes, housing with care, residential and nursing homes. Some of these settings exclusively support people with mental health needs.

We obtained a list of accommodation providers across the borough via the Local Authority. As a Community Rehabilitation team we work closely with many of the providers. We also co-facilitate the Hackney Mental Health Supported Accommodation panel and review all funded placements annually. We made contact via email and phonecall and arranged face to face meetings with 11 providers. We asked a standard set of questions about the organisation and training provision. We also asked them to identify gaps in training.

**Result.** The level of training provided to staff varies vastly across different settings. There was a predominance of e-learning for some providers. Most staff in mental health settings are support worker level which limits the level of training offered/received.

Providers varied greatly in size of project and management structure and this directly impacts on access to training, often as a result of cost.

Providers were able to identify training gaps and were keen to have additional training.

Some common themes emerged – dual diagnosis, psychosis, medication – and some setting specific themes – dementia.

Based on the gaps identified we provided training sessions to a total of ~40 staff across a number of settings. Content included mental health awareness, crisis signposting and medicines management. All sessions were well received with pre and post-training questionnaires demonstrating an improvement in knowledge and confidence.

**Conclusion.** There is potential for knowledge sharing across accommodation settings and for stronger links between accommodation providers and healthcare providers. We plan to explore the possibility of quantitative data on the number of Emergency Department presentations from accommodation settings locally.

## Black and minority ethnic groups and forensic mental health

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**Aims.** To review the existent literature base regarding Black and Minority Ethnic (BAME) groups care pathway into and experience of care and treatment within secure services. This includes any differences (between BAME and majority ethnic groups) in rates of sentencing, sectioning, length of stay, received treatment and use of restrictive practice. Our overarching aim is to highlight the severe lack of research in this area and the corresponding need for increased research to both consolidate and progress the existing evidence base in order to inform and improve culturally competent service provision.

**Background.** Research suggests that BAME groups have an increased risk of involuntary psychiatric care, longer-stays within services and higher rates of re-admission. Several explanations have been proposed for this observed disparity, however few of

these proposed explanations have provided sufficient or consistent supporting evidence.

**Method.** A review of both quantitative and qualitative research regarding BAME groups within secure services was conducted. Approximately twenty journal articles, literature reviews and meta-analysis published between 1988 and 2019 were included. The current study should be considered a snapshot and not reflective of the full extent of published literature on the subject. For inclusion, studies should have been conducted in either a forensic mental health setting or a prison and differentiate a minimum of two ethnic groups

**Conclusion.** Research suggest that BAME individuals continue to experience an increased risk of involuntary psychiatric care, longer stays within secure services and higher rates of re-admission. Whilst many explanations for this disparity have been proposed, few have provided adequate supporting evidence. The ongoing lack of research within this field has led to a limited evidence base from which to inform culturally competent practice. The research which has been conducted has tended to produce inconsistent findings, in part due to the reliance on small scale studies with limited generalisability. Research within this area has been further complicated by varying definitions of culture and ethnicity across studies, leading to some suggestion that the issue of ethnic inequalities and pathways to care, has been misconceptualised. This highlights a critical need for increased research efforts to:

Understand why BAME individuals are at increased risk of involuntary psychiatric care, and how this disproportionate risk can be addressed

Explore potential disparities in the care and treatment of BAME individuals within services and how this might impact upon higher rates of re-admission

Ascertain how best to improve culturally competent service provision.

## The introduction of balint groups for core medical trainees – a pilot

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**Aims.** To introduce and assess the impact of balint groups on core medical trainee (CMT) doctors working within an acute medical trust.

**Background.** A high rate (80%) of dissatisfaction and burnout has been reported amongst trainee doctors. This has had a significant impact on recruitment with a large proportion of foundation doctors delaying their application into core specialist training. Of those already in training, up to 50% have reported taking time, out citing burnout as a cause. Balint groups are a form of reflective practice groups looking at the doctor-patient interaction. For core psychiatric trainees these groups are a mandatory part of their training.

**Method.** We piloted a total of three balint groups over a period of three months amongst CMT doctors based at an acute medical trust in London. A specialty registrar (ST6) in psychiatry facilitated the balint groups. Balint facilitators received supervision from a consultant psychiatrist in psychotherapy. CMT doctors were given questionnaires at the beginning of session one and emerging themes later explored. The questionnaires used were taken from the 'Bristol Trainee-led Balint Group Scheme'.

**Result.** The pre-questionnaires showed that all CMT doctors surveyed believed psychological factors play an important role on