

are not having conversations with patients about voting rights and the support available to exercise these rights

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## Balint-Ly Obvious: The Value of Balint Groups in Medical Education

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**Aims:** In collaboration with Birmingham Medical School, Birmingham Solihull Mental Health Foundation Trust (BSMHFT) Clinical Teaching Academy piloted a novel Balint Group (BG) scheme for 4th-year medical students during their psychiatry placement. To the best of our knowledge, this is the first time BGs have been accessible to 460 students in one year, and to every student attending psychiatry placement. Research shows that empathy declines in medical students as they progress through their career. However, BGs are known to improve student empathy and support the development of a clinical identity, yet no research has assessed whether through the process of Balint, students successfully gain skills in transference, emotional and cognitive learning, and case mirroring in group dynamics.

**Methods:** All 4th-year students participated in weekly BG sessions during their placement. Upon completing the 4 sessions, students filled out the Balint Group Questionnaire, which assesses three main learning principles: Reflection of Transference Dynamics in the Doctor-Patient Relationship, Emotional and Cognitive Learning, and Case Mirroring in the Group Dynamic. The questionnaire consisted of 15 questions, with a total score of up to 75. The results were analysed using SPSS.

**Results:** 210 students completed the survey. The mean score was 47.1/75. Scores were highest for the Mirroring domain ( $M=3.42$ ,  $SD=1.05$ ), followed by Transference ( $M=3.27$ ,  $SD=1.04$ ), and Emotional and Cognitive Learning ( $M=2.94$ ,  $SD=1.15$ ). A repeated measures ANOVA showed statistically significant differences between the domains. Transference ( $M=3.27$ ) was rated higher than Emotional and Cognitive Learning ( $M=2.94$ ), with a mean difference of 0.326 ( $p<0.001$ ). Similarly, Mirroring ( $M=3.42$ ) was rated higher than Transference (mean difference  $-0.152$ ,  $p=0.022$ ), and Mirroring was also rated significantly higher than Emotional and Cognitive Learning (mean difference  $-0.479$ ,  $p<0.001$ ).

**Conclusion:** Higher engagement in Mirroring suggests that BGs help students develop self-awareness and empathy by reflecting on emotional responses to cases, potentially improving patient care and clinical insight. Two more cohorts of students will participate in the study, and we expect similar results with a larger sample size. These findings support the positive role of BGs in medical education.

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## 'How Do I Cure a Ghost?' From Story-Telling to Sense-Making: Exploring Psychiatrist Perspectives of Cultural Competence

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**Aims:** The culture of psychiatry in the UK is deeply rooted in Western biomedical paradigms, raising questions around its ability to meet the needs of culturally diverse patients. Literature consistently demonstrates that individuals from diverse backgrounds experience disproportionately poorer mental health outcomes, highlighting the need for a more culturally responsive approach to care.

This research examines how the concept of 'cultural competence' is understood by current trainee and consultant psychiatrists, through the retelling of their experiences of navigating culture in the clinic.

This research aimed to (1) explore perspectives of UK psychiatrists of navigating culture in the clinic, and to (2) evaluate the effectiveness of the current postgraduate psychiatric curriculum in fostering cultural competence.

**Methods:** Employing a narrative inquiry approach, the primary source of data was collected through open interviewing to promote the process of storytelling. Three clinicians of various clinical grades were recruited, and five narratives extracted for analysis. Data was analysed using Labov's method of structural organisation.

**Results:** The findings demonstrate that clinicians consistently frame their encounters with cultural diversity as challenging, often conceptualising them as conflicts to be overcome. Three core competencies for effective cross-cultural practice emerged:

1. *Curiosity and openness.*
2. *Polycultural practice.*
3. *Critical evaluation of resources.*

These competencies informed the development of a new proposed model of cultural competence designed to guide educators in fostering these qualities in psychiatric trainees.

**Conclusion:** The findings highlight a significant gap in the existing postgraduate psychiatric curriculum, suggesting that current medical education frameworks are insufficiently aligned with the demands of a multicultural society. The study advocates for comprehensive curricular reform that starts with a shift in the underlying conceptual frameworks of psychiatric education, encouraging practitioners to adopt a more holistic, culturally sensitive approach to mental health care. Only once this conceptual foundation is established can practical reforms effectively follow, ensuring that trainees develop not only technical competence but also the cultural insight necessary for inclusive, empathetic care.

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