The Effect of Suicide and Homicide on Clinicians & Those Left Behind: A Survey of Current Experiences and Improvement of Practice

Dr Christiana Elisha-Aboh*, Dr Rose Laud and Dr Sharon Nightingale

Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.271

Aims. Experiencing the death of a patient by suicide can be incredibly difficult, often associated with feelings of guilt and isolation, as doctors can hold themselves responsible. Most psychiatrists will be involved in a suicide/homicide on at least one occasion. This can lead to a variety of emotions and impact on clinical practice. The process of investigation can add to the overall stress of the incident and exacerbate the fear of legal retribution. Lack of support and understanding by an organisation may result in fewer discharges and increased defensive practice. Aimed at reviewing how supported involved clinicians feel following a serious untoward incident (SUI), including a suicide/homicide and consider improvement methods.
Methods. A webinar was organised with a guest speaker from Royal College of Psychiatrists, Dr Rachel Gibbons. Medical students and doctors across all grades were invited with 99 people in attendance. Anonymous feedback was received through survey monkey and analysed.
Results. 55 respondents found the seminar either extremely or very helpful. 40 respondents wanted to attend a similar future webinar. Of the 57 respondents, 36.8% (n=21) had been involved in an SUI during their medical career. 16 respondents (48.8%) had been involved in a suicide or homicide. Roughly a third of doctors felt supported by colleagues during an SUI and 21% felt they were not supported. In comparison, only 17% felt they were well supported by the Trust and 25% felt they were not well supported by the Trust. The bulk of respondents indicated that family/friends and colleagues were the most helpful support mechanisms. Others found defence unions, Trust support and counselling helpful. Respondents found out about the SUI in the following ways: from another team member or colleague (52%), manager/supervisor (22%), Trust investigation team (22%) and reading patient notes (13%). A third were dissatisfied with the way the found out. Finding out from managers/supervisors is preferable. A limitation to interpreting the results is that there were more responses to questions than those involved in a suicide/homicide.
Conclusion. This webinar was well received and indicated that clinicians preferred to find out about an SUI in a controlled and supportive environment. It appears that the most helpful support came from family, friends and colleagues which suggests that the Trust could be doing more. Our recommendations included to raise awareness on the trusts new People Well-being lead and other resources available locally and nationally, while ensuring adequate senior pastoral support and encourage buddying systems.

WHO AM I? Transcultural Psychiatry in Practice

Dr Christiana Elisha-Aboh[1]*, Mrs Wendy Tangen[1], Dr Nicholos Dodough[2], Dr Daniel Romeu[1], Dr Nyakomi Adwok[1], Dr Sharon Nightingale[1] and Dr Nazish Hashmi[1]

[1]Leeds and York Partnership NHS Foundation Trust, Leeds, United Kingdom and [2]South West Yorkshire NHS Foundation Trust, Wakefield, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.272

Aims. Culture refers to the way of life of a group of people and influences their value system. It affects virtually every area of life, unconsciously shaping one's outlook, behaviours and responses. As the world becomes more multicultural, it is essential that mental health professionals possess the much-needed awareness into the constructs of cultural variation and their impact on the expression of psychopathology and treatment. Black, Asian and Minority groups are a diverse group and make up 16% of the population in England & Wales. They are reported to have a less positive experience of mental health systems compared to white people. The common barriers ethnic minority groups face in accessing mental health care include: cultural barriers, stigma, language barriers, lack of cultural sensitivity from professionals, stereotyping, unconscious bias and so on. The aim of this quality improvement project is to improve the delivery of patient care and professional support to ethnically diverse groups.
Methods. A pre-workshop survey was set up to aid planning. The virtual workshop had over 80 people in attendance and included panel discussions, anchored by four professionals and three patients, all with lived experience. It lasted for 1-hour 15minutes, followed by a debrief. Feedback was obtained through survey monkey and the results were analysed with Microsoft Excel.
Results. The pre-workshop planning survey identified that 91 % of respondents within the Trust (57 individuals) worry about being misunderstood when working with culturally diverse patients. 93 % feel more education on cultural diversity is needed and only 20 % felt they had sufficient knowledge and resources for day-to-day practice with a diverse patient group.The feedback survey results on the day explored five questions which included: awareness of barriers minority groups experience, awareness of available transcultural resources, awareness of transcultural issues, awareness of local protocols and resources, and likelihood to intervene against discrimination showed an improvement of 41.2%; with average pre-workshop scores of 55% and average post-workshop scores of 96.2%. Using thematic analysis, other areas of interest relating to transcultural psychiatry, at future workshops were considered as; greater awareness, practical approaches, culture/intersectionality, social justice, greater time allocation, spirituality, resources, gender/sexuality and age
Conclusion. Overall, majority of the feedback received was positive. Attendees valued the interactive nature of the panel discussions and choice of topics. Suggested areas of improvement were having more time for discussion and including other relevant topics. Recommendations include repeating workshops and raising local/national awareness.

RCPsych Leadership and Management Fellowship Scheme (Lmfs): An Lypft Project on Equity, Transcultural Intelligence and Inclusion

Dr Christiana Elisha-Aboh[1]* and Dr Sharon Nightingale[2]

[1]Leeds and York NHS Partnership NHS Foundation Trust, Leeds, United Kingdom and [2]Leeds and York NHS Partnership Foundation Trust, Leeds, United Kingdom
*Corresponding author.

doi: 10.1192/bjo.2023.273

Aims. The Royal College of Psychiatrists (RCPsych) Leadership and Management Fellowship Scheme (LMFS) is aimed at accelerating a fellows' leadership and management development using a combination of structured leadership development programmes and a local apprenticeship model. It is open to all higher trainees, utilising special interest time over 12 months.In most establishments, certain groups are more prone to prejudice; whether due to age, gender, ethnic origin, sexual orientation, religion, career progression or disability. Leeds and York Partnership Foundation Trust (LYPFT) values diversity and strives to foster growth within a multicultural workforce and patient group. Equity accepts the difference between persons and ensures everyone reaches full potential, using individualised support. The aim was to create a culturally aware, inclusive and dynamic workforce. This project set out to achieve its objectives through four pillars.
Methods. Pillar 1-Initiating the local Medical Workforce Race Equality Standards (MWRES) LYPFT action plan: Appointment of the MWRES lead through advertisement and interviews. Pillar 2-Raising awareness on patient, carer and community involvement through a transcultural workshop: A virtual workshop anchored by four professionals and three patients, with lived experience was held, after which survey results were analysed. Pillar 3-Supporting International Medical Graduates (IMGs): Supporting IMGs through raising awareness on challenges and completing the regional handbook. Pillar 4-Interdisciplinary Undergraduate Education: Raising awareness on diversity and inclusion through undergraduate interdisciplinary education.
Results. Pillar 1: An MWRES lead was appointed after interviews and is now in office. Pillar 2: Results of survey questions from the workshop around awareness of barriers minority groups experience, available transcultural resources, transcultural issues, local protocols and resources, and likelihood to intervene against discrimination; showed an improvement of 41.2%; with average pre-workshop scores of 55% and average post-workshop scores of 96.2%. Pillar 3: The Health Education England, Yorkshire & Humber IMG handbook has been completed and results from the survey included. Pillar 4: Students reported an improvement in their learning following the session. The weighted improvement on equity and transcultural issues for the pre and post teaching intervention improved from 5.391 to 7.126.
Conclusion. Overall, the aims of the four pillars of the project were successful achieved, with positive feedback received. LMFS encourages trainees to develop their leadership and management skills through local mentoring structures and should be encouraged. This is a clarion call to all professionals to adopt a culturally informed approach in all aspects of their practice; related to the workforce and patient care.

Improvement of Ward Referral Quality to the Mental Health Liaison Service (MHLS), Antrim Area Hospital, Northern Ireland

Dr Adam Flynn[1]*, Dr Zarah Fleming[1] and Dr Uzma Huda[2]

[1]Northern Ireland Medical & Dental Training Agency, Belfast, United Kingdom and [2]Northern Health & Social Care Trust, Antrim, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.274

Aims. To achieve 90% of ward referrals to MHLS having adequate information provided on online referral system. To improve ward staff knowledge and confidence through education in order to empower them with ability to make appropriate and timely referrals.
Methods. Quality Improvement Project established at start of 2022 after discussion with MHLS with regards to referrals. MHLS acts at interface with acute medical wards and there were operational issues identified that could be improved. Driver diagram used to map these, to establish where intervention could be most effective. Lack of detailed referral often requires phone-call to the ward to seek further information, delaying patients' assessment.

Criteria to be included on referral defined as: reason for referral, reason for admission, investigations performed, past psychiatric history, medications prescribed, and substance use history.

Two Plan Do Study Act (PDSA) cycles were established, the first in February 2022 that involved targeted lunchtime teaching of F1 doctors who are new to making referrals and may lack confidence.

Second PDSA cycle was established from December 2022 to January 2023 and focused on nursing staff as it was predominantly this cohort referring. A poster campaign on good practice and preferred information to be included in referrals was established on acute wards and discussed at nursing safety briefs. Data were then reanalysed.

We subsequently acquired data regarding wards which made the highest number of referrals and were able to specifically target the top ten as a third intervention. Further data collected end of January 2023.
Results. Reason for referral inclusion improved (95.07% to 96.43%). Reason for admission to hospital similarly (92.56% to 100%). Past Psychiatric History inclusion improved (14.88% to 27.91%). There was an improvement in inclusion of prescribed medication (16.53% to 42.86%). Relevant investigations being included improved (9.92% to 17.86%) and substance abuse history improved (16.53% to 42.86%).

Overall number of referrals from same time period the previous year reduced from 349 to 307 post-interventions.
Conclusion. Whilst some clear improvements have been noted, there are still significant barriers towards the relevant referral content being included.

However, from speaking to ward staff there is evidence that thinking has improved in terms of appropriateness of referral, supported by reduction in referral numbers. This is possibly an impact of visual poster prompts, teaching and face to face discussion with staff.

Further work to help sustain improvement could include questionnaires distributed to wards, input at medical changeovers and prompting document circulated via email to all Trust staff.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Improvement of Junior Doctor Handover in Holywell Hospital, Northern Ireland

Dr Adam Flynn[1]*, Dr Richard Morrison[2], Dr Ryan O'Neill[2] and Dr Jill Fulton[1]

[1]Northern Ireland Medical & Dental Training Agency, Belfast, United Kingdom and [2]Northern Health & Social Care Trust, Antrim, United Kingdom

*Corresponding author.

doi: 10.1192/bjo.2023.275