

Aims. To increase staff confidence about identifying Domestic Abuse (DA), particularly regarding 'how to ask' to encourage disclosure and the pathways available for appropriately safeguarding survivors; in a Community Mental Health Team (CMHT) setting.

Background. DA is bi-directionally associated with mental health (MH) disorders; 1:4 women in contact with MH services are currently experiencing DA. MH professionals (MHPs) are in a privileged position to identify DA and support survivors. However, this is dependent on MHPs receiving adequate training about DA. For this, we collaborated with Pathfinder, a national pilot project run by a consortium of five expert partners that aims to establish comprehensive health practice in relation to DA and Violence Against Women & Girls in Acute Hospital Trusts, MH Trusts and Primary Care. In Southampton, Pathfinder has funded two domestic and sexual abuse (DSA) advocates to both train MH staff and take a small caseload of MH service users who are experiencing abuse.

Method. We conducted a baseline survey of staff confidence across the following domains:

- Knowing the legal definition of DA,
- The process used to escalate a DA concern,
- How to make a referral,
- How to complete DASH forms,
- How and when to refer to Pathfinder,
- What the following acronyms mean: PIPPA, MAPPA, MARAC, IDVA, DASH,
- What HRDA and MASH mean,
- How to ask about DA,
- Who to signpost service users to if they make a disclosure, and when to involve the police.

We presented the survey results at the regional Pathfinder strategic group, with Trust management representatives present. This project fits within the strategic group's sustainability aims to increase DA awareness and safeguarding processes across the Trust.

The Pathfinder funded DSA Advisors delivered a four-hour training package targeting the surveyed questions and wider information on DA. We then re-surveyed to see if staff confidence had increased. We are currently analyzing the number of referrals to the Pathfinder service pre- and post-training.

Result. Staff confidence increased across all domains following the training (% mean increase): Qs1 (35%), Qs2 (9%), Qs3 (45%), Qs4 (81%), Qs5 (25%), Qs6 (49%), Qs7 (89%), Qs8 (62%) and Qs9 (48%).

We have now arranged a bi-monthly drop-in at the CMHT by the DSA advisor who provided the training, to embed the link between the services and maintain staff confidence. We will circulate these results to advocate that this training is provided across the Trust.

Physical Health Simulation Based Education (SBE) for psychiatrists in the first COVID-19 wave: improving the competence and confidence of the medical workforce

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Aims. At the start of the COVID-19 pandemic there was significant uncertainty for the NHS and its workforce. Within psychiatry, there was an expectation that junior doctors would be

redeployed, with senior psychiatrists stepping down to cover physical health and on-call duties.

Senior leadership in mental health trusts were also preparing for COVID-19 outbreaks on psychiatric wards and were developing strategies for managing a novel illness with a poorly understood clinical course. Many psychiatrists expressed anxieties around their competency in assessing and managing acutely physically unwell patients in a mental health setting.

This project aimed to improve confidence of psychiatrists in core physical health competencies through devising and delivering an evolving SBE package.

Method. Sussex Partnership Foundation Trust redeployed two higher trainees from their simulation faculty to work full time on developing a SBE package. This was requested by senior leadership to deliver training about assessing and managing physically unwell patients in the context of COVID-19. This training was devised as a 90 minute didactic lecture following by 90 minutes of SBE.

This was delivered at 6 sites through 10 opt-in sessions available to all doctors in the trust over 4 weeks. Pre and post-course questionnaires were given to all participants to measure the effect.

Result. 102 medical staff attended the SBE workshops. Feedback was completed by 93 (91%) doctors prior to the course and 97 (95%) post. Before the workshop, 33% did not feel they had a structured approach for assessing an acutely unwell patient, which reduced to 0% after completing the course.

On a 5-point Likert scale, confidence in managing COVID-19 symptoms increased from 2.54/5 to 4.07/5 overall with 89% of doctors feeling "confident" or "very confident". There were similar increases in confidence in managing critically unwell patients (2.7/5 pre; 3.95/5 post) and in identifying alternative causes for acutely unwell patients (2.63/5 pre; 4.02/5 post).

Conclusion. This project demonstrates that SBE is an effective way to rapidly develop effective interventions for the medical workforce, increasing confidence in the face of significant uncertainty and reducing anxiety within the system to meet the learning needs identified by medical leadership.

As part of this project Sussex Partnership Medical Education freely shared the workshop materials, which were later adopted and used by psychiatry departments internationally.

Responding to a pandemic with Simulation Based Education (SBE)? Sharing lessons learned from Sussex Partnership Foundation Trust (SPFT)

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Aims. In March 2020 SPFT was preparing for the first wave of the COVID-19 pandemic. Senior medical leadership supported the rapid development and delivery of SBE workshop for assessment and management of physically unwell patients in a psychiatric setting in the context of COVID-19. The training was delivered to 102 psychiatrists across 10 sessions over 4 weeks.

A learning review was completed to identify lessons learned from the delivery of this SBE workshop.

Method. The intervention was reviewed using open-space feedback from attendees, interviews with facilitators and medical leadership, and SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis.