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.

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