

patients, colleagues or in their personal lives. The fact that the training was delivered by trans and non-binary people has been described as unique and trail-blazing. Members of the trans community are also delighted to feel included and listened to.

The guidance booklet: Supporting Trans and Non-Binary People – Best Practice Guidance for Health & Wellbeing Practitioners was launched at various Pride events in the South West and shared with health professionals working in GP surgeries, mental health services and charitable organisations. The guidance itself has been praised widely reflected by a number of awards including AWP staff awards (winner) and the National Diversity Awards (finalist). The guidance has been cited as an essential education and guidance tool. It is updated regularly to reflect service changes and continues to be in high demand. This is something to be celebrated in this current climate where equality, diversity and inclusion remain central in how we support and look after our patients and each other.

(Copies of the booklet will be available to take away or can be accessed via the QR code on the day).

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Flumazenil; a Medication Considered for Reversal of Benzodiazepine Overdose in Rapid Tranquillisation, but Could Administering It Be Hazardous for Both Patient and Doctor? A Rapid Review Required

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Aims: Flumazenil is a benzodiazepine antagonist and competitively inhibits binding at the benzodiazepine receptor. In Northern Ireland (NI) mental health hospitals, and across other UK mental health hospitals, flumazenil is documented as the reversal agent for use in iatrogenic benzodiazepine overdose (usually lorazepam), as part of the rapid tranquillisation protocol. The indications for its use, contraindications and risks of use need to be considered carefully for safe and appropriate prescribing.

Methods: Case report (or lack thereof): Within the recent past, flumazenil has not been prescribed or administered to any patient receiving rapid tranquillisation within the Northern Trust mental health service in NI. The following is a hypothetical but common situation for consideration: A detained patient (under The Mental Health Order Northern Ireland 1986) presents with acute aggression/distress due to first episode drug-induced psychosis. They have no past medical or psychiatric history and are not on regular medication. They have not responded to other less restrictive interventions and the decision has been made to prescribe first-line rapid tranquillisation, lorazepam 1mg IM. Following this, the patient is noted to become sedated with a respiratory rate of 10 and oxygen saturations of 94%. The current policy suggests prescribing flumazenil.

Results: On review of multiple resources, including British Association for Psychopharmacology Guidelines, The Maudsley Prescribing Guidelines in Psychiatry 14th Edition, British National Formulary, Electronic Medicines Compendium, Toxbase and local rapid tranquillisation policies throughout the UK, there appears to be a discrepancy in the advice given on the circumstances in which it would be safe to prescribe flumazenil. Some resources document that flumazenil can be considered in iatrogenic benzodiazepine overdose in patients who do not have long term benzodiazepine use or mixed

intoxications, with others noting that it should be given by an “experienced” doctor. When flumazenil is used in a physical health setting its use is mostly limited to intensive care/post surgery, and should be given by a doctor with experience in anaesthesiology. Convulsions and cardiac arrhythmias are serious adverse effects of flumazenil use.

Conclusion: The use of flumazenil following iatrogenic benzodiazepine overdose is rare in the Northern Trust, NI, however, as it is available on all mental health wards it is paramount to highlight the importance of careful selection of patients, in which it may be indicated and beneficial, and the risks surrounding its use. The limited experience of most psychiatric doctors in using this drug would suggest it should not be administered in a stand-alone mental health unit.

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‘Dysgu Cymraeg’ (Learn Welsh) – Supporting Psychiatrists to Increase Welsh Language Skills in the Workplace

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Aims: The Welsh Government’s strategic framework for promoting the Welsh language in health and social care places a responsibility on providers to proactively offer services in Welsh.

For many Welsh speakers, accessing Welsh language services significantly improves their overall experience and health and wellbeing outcomes. However, people often find it difficult to access these services and are reluctant to ask for them.

All healthcare workers have the potential to make a difference. Our aim was to develop a programme to support psychiatrists to increase their Welsh language skills in the workplace.

Methods: In June 2024, the Royal College of Psychiatrists Wales (RCPsych Wales) collaborated with the National Centre for Learning Welsh (NCLW) to realise our ambition. Our members were surveyed to gather expressions of interest in accessing tuition. 43 responses were received (around 10% of our membership) covering all health boards. A broad range of specialities and grades were represented.

7 respondents described their Welsh language skills as ‘Foundational’, ‘Intermediate’ or ‘Advanced’. These were referred to the National Centre’s Increasing Confidence programmes offered in Welsh Health Boards. The remaining 36 said they had no skills or were ‘Beginners’. RCPsych Wales and NCLW agreed to develop bespoke provision for this group.

We also hosted a members’ webinar on the importance of learning Welsh and our partnership with NCLW.

Results: Following a tender exercise conducted by NCLW in December 2024, the Centre’s provider in the North West was contracted to provide a 10-week Welsh language taster course for psychiatrists.

A welcome meeting was held on 29 January 2025, with the course starting a fortnight later. Members were offered the flexibility to choose from 1 of 5 classes per week. These were delivered virtually and free of charge, each lasting an hour. Participants’ progress was also tracked to inform further future tuition.

The collaboration between RCPsych Wales and NCLW builds on the Centre's previous experience with other colleges, e.g. the Royal College of GPs, and offers a valuable case study for future engagement.

Conclusion: When people experience ill-health, it is vital that they are able to access care in the language that best meets their needs. As a result of 'Dysgu Cymraeg', more psychiatrists know how to say a few words in Welsh and have been inspired to continue their language journey. The programme supports professional development, positively impacts patients' lives, and contributes to the Welsh Government's vision of a million Welsh speakers by 2050.

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The Introduction of Simulation Sessions to the Psychiatry Teaching Programme for Graduate Entry Medical Students at Swansea University

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Aims: Simulation is an established part of medical education, but has taken longer to become embedded within psychiatry. Our aim was to introduce Simulation to the teaching programme during medical students' speciality attachment, using a range of stations to provide exposure to specific mental disorders for all students. Identified learning objectives were to practice psychiatric history taking and mental state examinations, to summarise and present this information and to generate differential diagnoses and propose management plans.

Methods: The teaching programme was adjusted to include half a day of Simulation stations during students' first week, after they receive teaching on history taking, mental state examination and risk assessment during induction.

The clinical tutor developed an introductory presentation, outlining learning objectives and expectations. Each cohort of 14 or 15 students were divided into four small groups and each group instructed to rotate around four different stations, providing exposure to different and realistic scenarios. Clinicians receive stations in advance, allowing time for preparation and familiarisation with the scenario.

We liaised with Simulation leads at two local hospitals for advice about running the stations and debriefing methods. Debriefing is provided during each station, and as a group at the end, and a template has been developed, ensuring the process is in line with Health Education and Improvement Wales and the Association for Simulated Practice in Healthcare expectations.

A Simulation room has been developed at the Education Centre. Simulation teaching is provided for each student cohort.

Results: The Simulation stations were introduced in September 2024, and have been carried out for four student cohorts to date. Feedback has been highly encouraging, with all medical students (total 46) rating the sessions as 4 or 5/5 in terms of how useful they have been.

Conclusion: Allowing medical students to practice history taking, mental state examinations, risk assessments and capacity assessments has clear advantages. Students can make mistakes, without exposing patients to avoidable harm, debriefing leads to deeper understanding of how diagnoses are made and treatment plans

formed. Individuals may identify gaps in their existing knowledge or areas of communication skills which they wish to develop. There is scope to develop this teaching further. We are working with simulation leads at local hospitals, developing VAR headset modules to simulate patients with psychosis, mania, delirium. New stations are being written, to cover situations arising in different clinical settings, demonstrating how relevant comprehensive psychiatric assessment will be in all areas of medicine.

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Impact of Social Media: A Cross-sectional Survey

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Aims: Social media has revolutionised our lives over the past two to three decades. With the advent of smartphones we see ourselves, family members, colleagues and general public whiling time away on social media platforms. In this context it would be prudent to explore the impact of social media and one's thoughts on the future.

Methods: An online survey was conducted looking into areas such as use of social media influence and opinions on adverse impact on individual use and future generation was looked into. The UK adult working population was studied and 100 individuals responded.

Results: 94% respondents feel mental health can be adversely affected by social media; 94% respondents worry about future generation being affected negatively by social media; 50% felt adversely affected by social media; 64% felt social media influenced them. However more than 50% of respondents used social media daily up to 4 hours despite their concerns.

Conclusion: Regular use of social media was very common despite one's worries about adverse impacts on mental health. The population studied was of working adults and though they used social media regularly 94% felt worries about impact of social media on future generation. Overall the use and influence of social media on working adult population sample was high despite their own conviction that this may adversely impact mental health and future generation.

An Afterthought; Should adults model less use of social media and phone to lead the way for future generation?

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Supporting Success: Qualitative Study of Mentoring CASC Candidates Through Structured Exam Preparation

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Aims: Differential attainment is recognised as a key factor in MRCPsych examinations, with gender, training status, ethnicity and international medical graduate (IMG) status significantly