

Aims: Mental health disorders are a leading cause of disability and mortality globally, with the UK burden rising post COVID-19. Increasing understanding of mental health is key to better care. We advocate for using poetry to communicate mental health experiences. Integrating art with science, as shown by Carvalho, da Fonseca and de Melo Tavares, 2021, enhances emotional growth and self-awareness. Muszkat et al., 2010, found poetry reading fosters empathy in medical students.

Psychosis, often linked to schizophrenia, can be difficult to relate to. Hence, the first author aimed to create a poetry collection to deepen understanding of the phenomenon.

Methods: To construct poems, a library of 15 patient experience videos on psychosis was curated. They were analysed and key themes were identified for clinician learning. Poetic condensation was used to create a collection of 7 poems covering themes identified.

To assess the external validity of the poems, 40 participants spanning medical students, academic lecturers, and junior doctors were recruited. Participants read the collection and provided anonymous feedback via a questionnaire. Participants rated statements on a 5-point Likert scale and provided free-form comments.

Results: Sample poem:

Herring.

*It started with moving ground.
Melting objects and furniture
An itch I couldn't reach
Spiders I couldn't rid.
Waiting to be salvaged
One day I was fish in a car
drowning when no one was swimming.
That's when I knew*

'Herring' showcases hallucinations and delusions experienced during psychotic episodes and incorporates themes of isolation and fear.

External validity: One participant had personal experience of psychosis and reported that the collection accurately reflected their experience.

Among those with clinical experience, 80% agreed the poems depicted psychosis accurately. 75% of participants reported increased understanding, and 90% would recommend the collection. Some participants expressed interest in exploring the themes further in a workshop setting.

Conclusion: This study developed an evidence-based poetry collection on psychosis, using a method that allowed for patient voices to be centred while minimising damage to their mental wellbeing. Presenting knowledge in this way is also useful for engaging the public in recognising the signs of psychosis and understanding their loved one's experiences. Incorporating medical humanities, allows for novel and creative ways of information assimilation. Future work more directly assessing the impact on empathy in medical trainees would be beneficial.

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.

Empowering Mental Health Inpatients: Insights Into Voting Rights Awareness and Support

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doi: [10.1192/bjo.2025.10297](https://doi.org/10.1192/bjo.2025.10297)

Aims: This study explores the knowledge, barriers, and support related to voting rights among mental health inpatients and staff at an inpatient mental health hospital. It evaluates the impact of an educational intervention implemented prior to the July 2024 UK General Election, aimed at enhancing staff knowledge and supporting patient participation in the electoral process.

The aim of this study is to evaluate staff and patients' views on inpatient voting rights, identify barriers to participation, and evaluate the impact of an educational intervention on staff knowledge and patient support.

Methods: Surveys completed by 92 staff members pre-intervention and 28 staff members post-intervention to assess knowledge of voting eligibility, barriers to participation, and support strategies. Patient surveys were completed by 53 patients pre-election and 37 post-election, exploring their awareness, voting intentions, and challenges.

Results: Post-intervention, staff knowledge significantly improved, with 75% correctly identifying the voting rights of patients without capacity, up from 36%. Additionally, 17.6% of staff correctly identified all voting eligibility categories pre-intervention, with notable improvement afterwards. Common barriers reported by staff included lack of awareness, legal uncertainties, and logistical challenges. Among patients, 85% believed they had the right to vote, but only 43% intended to vote. Post-election, 81% of patients were aware of the general election, yet only 14% participated in voting. Barriers to participation included physical challenges and voter registration issues, with limited support contributing to low turnout.

Conclusion: The educational intervention enhanced staff knowledge of voting rights, but significant barriers remain, particularly around patient registration and logistical support. Despite high awareness among patients, low turnout highlights the need for continued staff training and efforts to address barriers. The findings from this research will guide the development of a trust-wide policy to support inpatient voting in future elections.

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INSIGHT (Staff): Prison Healthcare Professionals' Attitude to Medical Student Psychiatry Placements and Understanding of Social Determinants of Health

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doi: [10.1192/bjo.2025.10298](https://doi.org/10.1192/bjo.2025.10298)

Aims: The Social Determinants of Health (SDOH) are generally taught as epidemiological facts rather than clinically relevant context. Psychiatry placements at HMP Berwyn (INSIGHT) provide medical students with exposure to SDOH at an individual level, allowing them to learn about the unique challenges faced by both the inmates and clinicians.

Aims were to explore healthcare professionals' (HCPs) attitudes on psychiatry prison placements as a medical education measure to teach about social determinants in physical and mental health.

Methods: HCPs working at HMP Berwyn were surveyed. Questions were structured to answer whether these placements benefit

students, improve their understanding of SDOH, and whether having students present is disruptive.

Results: We collected 25 out of 42 (60%) responses in Mar 2024. Key results include: 75% of respondents strongly agreed that psychiatry placements in prison are beneficial for medical students; 71% believed the prison placements should be continued as part of the medical education; 54% indicated that students had a poor understanding of SDOH at the start of the placement; 42% agreed that students' understanding of SDOH improved by the end of their placements; and 42% strongly disagreed that having students in prison was disruptive.

Discussion: The majority of the participants viewed psychiatry placements in prison positively, emphasising their role in enhancing students' understanding of SDOH. Additionally, most of the staff did not find the placements disruptive, supporting the continuation or extension of the programme. Potential limitations include response bias from participants with strong opinions and the absence of time-dependent data. Our ongoing research will explore student experiences and track staff opinions over time.

Conclusion: In our previous publications during the past three years, we have highlighted students' positive responses to prison placements. This study further demonstrates that the HCPs at HMP Berwyn support these placements, recognising their value in improving students' understanding of SDOH in challenging environments. This awareness exposes the importance of in-depth patient history-taking and equips future doctors to approach patient care holistically, ultimately fostering more equitable healthcare delivery and improving patient outcomes.

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Simulation Based Education for Building Skills in the Management of Emotional Dysregulation and Self-Harm on Children and Adolescent Mental Health Inpatient Wards

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doi: [10.1192/bjo.2025.10299](https://doi.org/10.1192/bjo.2025.10299)

Aims: Professionals in Child and Adolescent Mental Health Services (CAMHS) inpatient settings frequently manage cases of heightened emotional dysregulation, self-harm, and risky behaviours. Successful management required specialised techniques and a deep understanding of both therapeutic interventions and legal frameworks.

We have created a one-day simulation course run multiple times reaching approximately 80 members of staff working across different Child and Adolescent Mental Health Services (CAMHS) units. The deliveries for this run from November 2024 through to March 2025, and are therefore still in progress at the time of submission. The course focuses on the use of Dialectical Behaviour Therapy (DBT) techniques and crisis de-escalation strategies. It also highlights the importance of legal frameworks, family involvement and inter-professional collaboration in the management and support of high-risk self-harm or suicidality.

Methods: Each course opens with introductions and an interactive icebreaker. The Maudsley Learning team, prioritises creating a psychologically safe environment that encourages learning and participation. To achieve this, we use a range of approaches, including a thorough icebreaker to build rapport, introducing the

concept of the Basic Assumption, and integrating Equality, Diversity, and Inclusion (EDI) as a core focus throughout the day. We also emphasise learning through imperfect practice, fostering a supportive atmosphere where participants feel comfortable engaging and refining their skills. The course involves a full day of face-to-face teaching, with participants encountering five simulated patient scenarios. Each participant has the opportunity to engage in a realistic, high-fidelity patient scenario designed to replicate the challenges of working with children and young people in inpatient settings. Scenarios are tailored to focus on key issues such as crisis management, self-harm, and family dynamics. These simulations are followed by in-depth debriefing sessions, led by experienced faculty members, where participants will reflect on their use of techniques, risk assessment, and the legal and ethical considerations involved in each case.

Results: At the time of submission, not all deliveries of the course have taken place. However, initial feedback shows increased confidence across all the learning objectives and very positive written feedback. These will be presented in full in the poster.

Conclusion: This simulation course provides novel training to CAMH's inpatient staff in DBT and de-escalation skills. It also provides a reflective space for staff to discuss the emotional impact of these presentations, and may be beneficial in reducing compassion fatigue.

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Exploring Factors That Influence Differential Attainment in MRCPsych Passing Rates in Resident Doctors in Core Training Based on Their Place of Qualification

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doi: [10.1192/bjo.2025.10300](https://doi.org/10.1192/bjo.2025.10300)

Aims: Differential Attainment (DA) based on place of qualification has been demonstrated with consistent trends in Psychiatry. Factors contributing to this however, are ill understood. A significant proportion of residents in core training in Psychiatry are International Medical Graduates (IMG). Retention and consultant recruitment continue to be ongoing challenges in Psychiatry. We aimed to explore the awareness amongst trainers and to explore factors that influence DA, in relation to passing rates in MRCPsych examination, between the groups of IMGs and UK Medical Graduate (UKMG) resident doctors in core training.

Methods: Following a constructivist ontology, eight semi-structured interviews were conducted with core psychiatry trainers who were recruited via purposive sampling technique. Interpretative phenomenological analysis was used to identify themes.

Results: DA in the CASC diet of the MRCPsych examination is known but not the extent of this. Trainers are not aware of DA within theory papers. Five themes were identified that influence DA: Trainee factors, examination factors, trainer factors, training factors and the relationship between trainer and trainee. Greater emphasis for communication in exams along with difficulties in communication within IMGs were identified as the most important factors driving DA. Understanding the nuances of cultural differences and mastering exam technique requires time, and IMGs may feel unprepared but feel pressured to follow the same progression