

Method. The Urgent and Emergency Care Collaborative (Health Education England) put out a call for funding bids around a number of workforce priority areas. This included upskilling care home staff to reduce admissions. We considered care home staff as those working across supported living schemes, housing with care, residential and nursing homes. Some of these settings exclusively support people with mental health needs.

We obtained a list of accommodation providers across the borough via the Local Authority. As a Community Rehabilitation team we work closely with many of the providers. We also co-facilitate the Hackney Mental Health Supported Accommodation panel and review all funded placements annually. We made contact via email and phonecall and arranged face to face meetings with 11 providers. We asked a standard set of questions about the organisation and training provision. We also asked them to identify gaps in training.

Result. The level of training provided to staff varies vastly across different settings. There was a predominance of e-learning for some providers. Most staff in mental health settings are support worker level which limits the level of training offered/received.

Providers varied greatly in size of project and management structure and this directly impacts on access to training, often as a result of cost.

Providers were able to identify training gaps and were keen to have additional training.

Some common themes emerged – dual diagnosis, psychosis, medication – and some setting specific themes – dementia.

Based on the gaps identified we provided training sessions to a total of ~40 staff across a number of settings. Content included mental health awareness, crisis signposting and medicines management. All sessions were well received with pre and post-training questionnaires demonstrating an improvement in knowledge and confidence.

Conclusion. There is potential for knowledge sharing across accommodation settings and for stronger links between accommodation providers and healthcare providers. We plan to explore the possibility of quantitative data on the number of Emergency Department presentations from accommodation settings locally.

Black and minority ethnic groups and forensic mental health

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Aims. To review the existent literature base regarding Black and Minority Ethnic (BAME) groups care pathway into and experience of care and treatment within secure services. This includes any differences (between BAME and majority ethnic groups) in rates of sentencing, sectioning, length of stay, received treatment and use of restrictive practice. Our overarching aim is to highlight the severe lack of research in this area and the corresponding need for increased research to both consolidate and progress the existing evidence base in order to inform and improve culturally competent service provision.

Background. Research suggests that BAME groups have an increased risk of involuntary psychiatric care, longer-stays within services and higher rates of re-admission. Several explanations have been proposed for this observed disparity, however few of

these proposed explanations have provided sufficient or consistent supporting evidence.

Method. A review of both quantitative and qualitative research regarding BAME groups within secure services was conducted. Approximately twenty journal articles, literature reviews and meta-analysis published between 1988 and 2019 were included. The current study should be considered a snapshot and not reflective of the full extent of published literature on the subject. For inclusion, studies should have been conducted in either a forensic mental health setting or a prison and differentiate a minimum of two ethnic groups

Conclusion. Research suggest that BAME individuals continue to experience an increased risk of involuntary psychiatric care, longer stays within secure services and higher rates of re-admission. Whilst many explanations for this disparity have been proposed, few have provided adequate supporting evidence. The ongoing lack of research within this field has led to a limited evidence base from which to inform culturally competent practice. The research which has been conducted has tended to produce inconsistent findings, in part due to the reliance on small scale studies with limited generalisability. Research within this area has been further complicated by varying definitions of culture and ethnicity across studies, leading to some suggestion that the issue of ethnic inequalities and pathways to care, has been misconceptualised. This highlights a critical need for increased research efforts to:

Understand why BAME individuals are at increased risk of involuntary psychiatric care, and how this disproportionate risk can be addressed

Explore potential disparities in the care and treatment of BAME individuals within services and how this might impact upon higher rates of re-admission

Ascertain how best to improve culturally competent service provision.

The introduction of balint groups for core medical trainees – a pilot

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Aims. To introduce and assess the impact of balint groups on core medical trainee (CMT) doctors working within an acute medical trust.

Background. A high rate (80%) of dissatisfaction and burnout has been reported amongst trainee doctors. This has had a significant impact on recruitment with a large proportion of foundation doctors delaying their application into core specialist training. Of those already in training, up to 50% have reported taking time, out citing burnout as a cause. Balint groups are a form of reflective practice groups looking at the doctor-patient interaction. For core psychiatric trainees these groups are a mandatory part of their training.

Method. We piloted a total of three balint groups over a period of three months amongst CMT doctors based at an acute medical trust in London. A specialty registrar (ST6) in psychiatry facilitated the balint groups. Balint facilitators received supervision from a consultant psychiatrist in psychotherapy. CMT doctors were given questionnaires at the beginning of session one and emerging themes later explored. The questionnaires used were taken from the 'Bristol Trainee-led Balint Group Scheme'.

Result. The pre-questionnaires showed that all CMT doctors surveyed believed psychological factors play an important role on