

humanity and personality on their clinical work, and the symbolic meaning of the patient's symptoms. Notably, approximately 60% reported that the sessions were relevant to their ongoing training needs and that 95% of participants felt the sessions were a safe place to express and process anxieties and frustrations about their work. All participants either agreed or strongly agreed the group had changed the way they think and practice, and that they felt able to consider their clinical encounters in a new light.

**Conclusion.** Conclusion: This evaluation reports early findings on psychodynamic psychiatry teaching for different medical groups. Overall, the participants felt the sessions were relevant to their training and improved their personal and professional development. Key benefits of the group were highlighted and included increased insight into the emotional and symbolic aspects of the patient's symptoms and clinical issues, team working through cohesion, and the humanity of the doctor in the clinical relationship with the patient. This suggests that the sessions provide a much-needed space to process and reflect on the often-intense demands of clinical work, individually and as a team. The main theme within barriers to the group processes was external in terms of other clinical demands requiring prioritization.

### How Are Special Interest Sessions Used by Higher Psychiatry Trainees in Wessex Deanery?

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**Aims.** The aim of this survey was to establish how higher psychiatry trainees are using special interest sessions. Special interest sessions provide trainees with the opportunity to gain additional experience and are defined as 'a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee.' The Curriculum for Specialist Training in Psychiatry states that two sessions every week must be devoted during each year of Specialty training for such personal development, which may be taken in research or to pursue special clinical interests.

**Methods.** All higher psychiatry trainees working within Health Education England (HEE) Wessex Deanery were invited to complete a survey using Google Forms between 1<sup>st</sup> March 2021 and 1<sup>st</sup> April 2021. The survey included multiple choice and open questions relating to the accessibility, use and content of special interest sessions. Participants were asked to comment on their experiences. Quantitative data were analysed using Excel and qualitative data were collated and reviewed.

**Results.** 20 of the total 42 higher psychiatry trainees responded with the highest response rates from trainees in Old Age Psychiatry and dual training posts. 25% were using all their entitled special interest sessions. The remaining trainees were not able to use them consistently due to clinical service demands and 10% were not using any due to being unaware of opportunities available.

The majority of trainees were using special interest sessions for research, followed by postgraduate qualifications and psychotherapy. Other special interests included medical education, management experience and psychiatric liaison. 70% found their special interest sessions straightforward to arrange and supervisors were highlighted as a useful support.

Most trainees did not have a good awareness of special interest opportunities available within their specialty. 90% would like to be better informed of opportunities for special interest sessions.

**Conclusion.** The survey indicated that the majority of higher psychiatry trainees are having difficulty accessing special interest sessions due to clinical service demands and a lack of awareness of opportunities available. In order to meet Curriculum requirements, it is important that trainees are supported by supervisors and trusts to access special interest sessions. Specialty training job descriptions should allow for special interest time with appropriate cover arrangements. To improve awareness of special interest sessions, I have developed an information booklet listing opportunities available for higher psychiatry trainees in HEE Wessex Deanery.

### Late to the Party: Mental Health Professionals' Knowledge on Party Drugs and Harm Reduction Advice

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**Aims.** Knowledge of illegal substances has long revolved around addictions in psychiatry training and not of party drugs or harm reduction. Reasons for this could include it being a fairly taboo subject, and it being an area where information and advice change frequently. However, drug related deaths are at their highest since records began, and as our patients use them, it is important that professionals are knowledgeable and can offer sound harm reduction advice. The aims were to establish whether there was a deficit in mental health professionals' knowledge and understanding of party drugs and harm reduction, to give education on this subject, and to gain feedback on whether it is useful and/or important.

**Methods.** A questionnaire of 10 questions on party drugs and harm reduction was devised using resources from charities 'The Loop' and 'Talking Drugs'. These questions aimed to test general knowledge in this area that would be expected from professionals. The study was carried out using Mental Health professionals (MDT) in a busy South London Trust in November 2019 and March 2020. The questionnaires were given before and after teaching sessions on the subject. Feedback was then collected from the attendees on their experiences.

**Results.** Before the teaching sessions, professionals answered 44% of the questions correctly, 48% incorrectly, and 8% were 'don't know'. However, after the sessions these scores went up to 77% correct, 19% incorrect, and 4% were 'don't know'. Feedback was extremely positive, with an Addictions Consultant even commenting that she didn't know a lot of what was being taught! Professionals recognised the gap in their knowledge and were keen for more teaching.

**Conclusion.** Party drugs and harm reduction knowledge is lacking in Mental Health professionals despite it being commonly seen in our patients. Informed, tailored teaching sessions can help improve this and it seems most professionals would welcome it. In the future it may be useful to include this type of teaching as part of the official Psychiatry curriculum.

### A Virtual Introduction to Mental Health Tribunals: A Pilot Project

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