for discussion. A proforma was supplied to assist. The junior doctor presented the summary and following discussion we explored various ideas on how to manage the patient's physical health. Feedback was provided to the patient teams afterwards and short before and after questionnaires were used to monitor effectiveness and collect feedback.
Results. The result showed a significant increase in support felt and individual feedback highlighted the need to continue this effort. The Huddle therefore provided a safe reliable space to freely discuss concerns regarding the day-to day management or escalation of complex physical health issues on psychiatric wards as well as on-call.
Conclusion. The Huddle successfully created a sustainable, effective and interactive short learning session which has shown to be effective in engaging trainees in this vital area and help us meet our aim. This format further has the potential to be refined and rolled out to a wider audience in the future to improve learning throughout the trust regarding physical health matters.

Generating Recommendations for Medical Curricula to Reduce Stigma Towards Psychiatry From Medical Students

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doi: 10.1192/bjo.2022.110

Aims. In 2021, we completed a project entitled: 'Stigma Towards Psychiatry: Correlating Personal Experience with Existing Literature' – 'International Congress Award Winning'. We aim to use the themes generated from this to inform recommendations to medical educators to reduce stigma in their curricula towards psychiatry.
Methods. Using previously identified themes, we generated a set of recommendations aimed at the pre-admission, pre-clinical and clinical phases of learning. Pre-admission themes include: misconceptions of the role of the psychiatrist and disinterested medical applicants. Pre-clinical themes include: dissociation of psychiatry from medicine and clinical role modelling. Our final category, clinical, includes: cross-speciality support for psychiatry, pathophysiology in de-stigmatisation of psychiatric disease, discrimination of the aspiring psychiatrist, psychiatric exposure in training not seeing conversion of students to psychiatrists and the role of unofficial mentors in continuing enthusiasm for the speciality. Division in this way gave us multiple opportunities to look for areas of potential intervention in influencing medical student's views on psychiatry. Further influencing our recommendations was the feedback from a group of consultant psychiatrists this project was presented to.
Results. Addressing the themes driving stigma from the previous project saw us producing a list of recommendations targeted at each phase of medical school. (1) Pre-admission stage: selecting candidates who are more psychologically minded by recognition of A level psychology as a core subject; encouraging people with experience in mental health settings to apply for medical training (Srivastava et al, 2018); highlighting psychiatry as a medical career in the prospectus. (2) Pre-clinical stage: making students aware of their unconscious stigma towards psychiatry; clearer links made to psychiatry in early medical school to relevant biochemistry, anatomy, physiology and pharmacology (Mahli et al, 2003); tutor / doctor led psychiatry based extracurricular groups; highlighting mental health aspects of functional neurological disorders and disorders within rheumatology such as fibromyalgia. (3) Clinical stage: making clinicians aware of their unconscious stigma towards psychiatry; encouraging cross-speciality support for psychiatry; improving contact with psychiatrists on mental health placements (Archdall et al, 2013).
Conclusion. Stigma towards psychiatry extends from medical school and into clinical practice. It feels important that medical school curricula should be altered in order to change students' experience of psychiatry within medical school. The recommendations target each stage the themes were identified within. Our local medical school has agreed to let us present this at their curriculum meeting which may pave the way for further refinement and implementation of our suggestions.

Barriers to the Use of the Mental Health Treatment Requirement as Part of a Community-Based Criminal Sentence for Mentally Disordered Offenders

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doi: 10.1192/bjo.2022.111

Aims. Due to the high rates of mental disorder in prison there have been a number of initiatives to divert mentally disordered offenders out of custody. One of these is the Mental Health Treatment Requirement (MHTR): a criminal sentence available as part of a Community Order, offered as an alternative to short-term custodial sentences in an attempt to address recidivism and encourage concordance with community psychiatric treatment. In spite of the prevalence of mental disorder amongst offenders, MHTRs represent less than 1% of all community sentences. Here we aim to identify obstacles to the use of the MHTR at sentencing and to suggest ways of overcoming them.
Methods. A literature review and brief case series will be used to identify and illustrate what may be obstructing or limiting the use of the MHTR. The terms 'MHTR' and 'Mental Health Treatment Requirement' were searched on Google, Google Scholar, Athens, and PubMed, and results analysed for recurrent themes. The issues encountered clinically by one of the authors who referred three defendants for MHTRs in psychiatric sentencing reports in 2021 were reviewed with the same purpose.
Results. The main barriers to the use of the MHTR which were identified were issues related to a lack of clinician awareness and experience, homelessness and housing, and service structure and provision. There may be a reluctance for Community Mental Health Teams (CMHTs) to accept offenders onto their caseloads, and there are challenges in obtaining assessments and recommendations for MHTRs. There are difficulties in securing an MHTR for homeless defendants on remand for whom identifying housing prior to sentencing, and thus a CMHT to supervise the MHTR, can be challenging. The MHTR assessment and referral process is more lengthy and cumbersome than that for most other disposals, leaving the defendant awaiting sentencing (potentially in custody) while the referral is processed.
Conclusion. Suggested solutions to improve access to the MHTR include increasing clinician awareness and confidence by providing teaching and training, and multi-agency meetings to enhance communication and create an understanding amongst

professionals of duties, roles, and responsibilities. Initiatives to identify housing for homeless remand prisoners before their release, as well as ensuring the availability of community services to supervise treatment, would overcome some of the obstacles identified and increase availability of the MHTR. Funding for additional staff to conduct the assessment and referrals process would also be likely to improve uptake.

Providing Mental Health First Aid Training to Hatzola

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doi: 10.1192/bjo.2022.112

Aims. Hackney is home to the largest Charedi Orthodox Jewish community in Europe. According to the Census 2011, 7% of the population of Hackney are Charedi. Hatzola is a non-profit, volunteer organisation established in 1979 to provide pre-hospital emergency medical response and transportation to acute hospitals at no cost, to those living in and around the North London Charedi community. Given the large Charedi population served by Homerton University Hospital it is a common occurrence for psychiatry liaison staff to work side by side with Hatzola in delivering care to those in mental health crisis. Our aim was to create and nurture a professional relationship between Homerton University Hospital Psychiatry Liaison Service and Hatzola ambulance. We wanted to gain an understanding of the perception of mental illness within the Charedi community, and identify issues faced by members of Hatzola when working with those with mental illness. We wanted to identify the learning needs of Hatzola around psychiatric illness as well as increasing confidence within team members when called to manage mental health crises.
Methods. We scheduled an initial meeting with Hatzola to gain an understanding of their service. We used questionnaires to ascertain their level of knowledge on managing mental health patients. We set out to provide teaching sessions to address Hatzola's learning needs.

We designed interactive teaching sessions based on providing mental health first aid, discussing case studies, considering the legal framework around emergency mental health. We ensured coverage of working with both adults and children with mental health difficulties. We delivered these teaching sessions in person over four consecutive weekly meetings, with the sessions being recorded to serve as an educational resource.
Results. We gathered qualitative evidence reflecting the impact of our intervention. We were able to compare levels of confidence among Hatzola members before and after our teaching programme.
Conclusion. Our training programme was well received by Hatzola, and it was an excellent opportunity to develop links with members of the community.

We have learned that mental health is a taboo subject for members of the Charedi community, and have identified a need for more support to Hatzola in coping with the emotional toll working with mental health patients can take. There may be scope for providing further training on developing reflective practice and more emotional support for Hatzola members in future.

Buddhist Philosophy and Mental Health: Lessons for the 21st Century

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doi: 10.1192/bjo.2022.113

Aims. The aim of this research was to highlight the aspects of Buddhist philosophy which may help to improve mental health. COVID-19 has had a considerable psychological impact on health-care staff and the general population, emphasizing the importance of treatments and techniques to aid their mental health.
Methods. Mindfulness, Impermanence and Non-self were discussed as core aspects of Buddhist philosophy and how these relate to mental well-being. Reference was made to peer-reviewed studies that show the positive effects of these concepts.
Results. This research highlighted the wealth of evidence that Mindfulness, Impermanence and Non-self has in improving mental well-being. However, there were also risks, including depersonalisation and increased anxiety in certain mindfulness practitioners.
Conclusion. The findings of this research has generated new ways in which we discuss mental well-being and challenges our current understanding of suffering, providing individuals with further tools to assist with their mental health. This study challenges the idea that philosophy and medicine must be discussed separately and seeks to find further common ground between these two disciplines.

Catch Them Young! Changing Attitudes and Perspectives Towards Psychiatry by Using Patients as Educators Early in Medical Training

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doi: 10.1192/bjo.2022.114

Aims. This teaching project aims to improve attitudes and perspectives towards psychiatry by using Patient as Educators (PaE) in a psychiatry teaching program early in medical training.
Methods. Following the success of a small pilot study in 2020, the project was rolled out to the entire second year medical student body in 2021. Two-hour interactive sessions were delivered online to groups of approximately twelve students. Each session was introduced by a psychiatrist, followed by PaE discussion with questions and answers. The students completed a bespoke online survey at the beginning and the end of the session, looking at attitudes towards psychiatry. Comparative analysis of attitudes pre- and post-intervention was then undertaken. Qualitative data were examined through content analysis and quantitative methods were used to compare pre- and post- attitudes on the Likert scale.
Results. The pre- and post-intervention questionnaires were completed by 373 and 305 students respectively. Both pre- and post-intervention attitudes were overwhelmingly positive. Post-intervention qualitative results demonstrate the session, especially the PaE, helped students to better understand the complexities of mental illness, the stigma faced and the potential efficacy of good treatment. There was a 25.7% increase in