relevant, and as realistic as possible to existing trainees. The final stage of the project was November 2021 which involved filming with the production company and professional actors who brought our concept to life. Post-production, we presented them during trust academic program to launch the videos in mid-2022.

Results. The videos were received positively and quantitative scores completed by a questionnaire before and after showing the videos showed an improvement in confidence in assessing, managing and treating patient with physical health issues and those with physical health complications of their mental health in a psychiatric hospital from 39% to 88% (response rate 62/90).

Conclusion/recommendations. We are proud to report that these videos are now being used during every junior doctor induction and can be referred to if a refresher on that topic is required later.

We are excited about this innovative method of training using high-quality videos to ensure trainee engagement. We hope it will form a baseline for further discussions and teaching around the topics derived from the scenarios. The videos were designed to last many years and so we hope will be of benefit to current and future trainees of all levels. This successful project will be expanded further and we are in the process of developing other scenarios that can be used for training.

Depictions of Mental Health in " Top Boy "

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Aims. Social psychiatry faces a challenging relationship with pop culture. Understanding pop culture portrayals of mental health culture could be valuable to public mental health. ' Top Boy ' is a fictional show touching upon the experience of individuals living in the grip of a mental health syndemic in inner-city London.

Methods. AS & WQ had structured discussions to analysing themes, social determinants and psychiatric correlations in Top Boy.

Results. Top Boy touches on aspects of mental health including immigration, the impact of violence, the impacts of urbanicity and deprivation syndemics, domestic abuse and PTSD.

Violence as a trigger for PTSD is illustrated in the story of Jason, a young child who is exposed to domestic violence, resulting in avoidance of this environment and association with gangster Sully. Jason becomes desensitised to violence. Greater PTSD is linked with violence in a dose-dependent fashion (Abram et al., 2004).

Sully watches Jason die after a racially motivated attack, illustrating the nested nature of such trauma as Sully develops PTSD; he is seen re-experiencing the fire. Sully can later be seen to be hyperaroused to perceived threat. Exposure to violence, particularly in the context of gang membership, is strongly associated with anxiety disorders. (Coid et al 2011)

Impacts on relationships and childhood neglect are explored through Ra'Nell and Lisa. Lisa is a single mother who's survived an abusive relationship. She becomes severely depressed resulting in her being sectioned and an extended psychiatric admission. Ra'nell, her son, falls into the narcotic trade, leading to truancy and violence. His friend Gem is seen to try drugs when forced to act as a mule. Involvement in the drug economy leads to drug dependence among gang members (Coid et al 2011).

These come together in the estate syndemic; psychiatric morbidity is exacerbated synergistically with health inequalities caused by poverty, stress, structural violence and racial discrimination. This leads to educational disadvantage through truancy in the cases of Ra'nell and Ats, who's mother suffers from the mental health effects of unemployment and deportation threat. Individuals are then more likely to interact with gangs in this syndemic environment and so the cycle of illegal activity, violence and ill health perpetuate.

Conclusion. Gang members currently will make a large contribution to mental health disability and service burden in syndemic areas. Top Boy illustrates the challenge and opportunity for public mental health in the context of such syndemics.

Is Simulation a Practical and Effective Training Modality in Psychiatry? an Evaluation of What Works and Doesn't From Our Experience in North East

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Aims. Several studies on simulation as a method of teaching have identified advantages- on attitudes, skills, knowledge and behaviours, and non-technical skills such as situational awareness, team working, interpersonal interactions with improved confidence. Use of simulation in Psychiatry is growing, but studies are limited. We decided to evaluate our own delivery of simulation in trust and align this to the national strategy to identify gaps and further work

Methods. What are we offering now?

- Core trainees- Emergencies in Psychiatry- seclusion, suicide risk assessment and fracture neck of femur. Communication skills course, mock CASC, ILS.
- Higher trainees- Tribunal preparation and providing evidence, Induction- Out of hours supervising 1st on call, Managing serious incident
- In development-Immersive technology- Higher trainee supervising a junior doctor OOH

Results. Challenges and solutions

- Participant anxiety-Performing in front of peers can be demanding and reduces take up. 'What to expect' pre-session workbook, small group numbers (3), reiterating the focus of session on learning and confidentiality has improved participation.
- Resource (scenario development) - Takes time and effort to achieve high quality, piloting and continual adjustments to tailor to the learners' needs. We appointed 3 SIM leads and hold regular meetings.
- Resource (trainers)- Hard to resource trained trainers. Developed an in-house training programmes for trainers, but persistent difficulties in maintaining consistency and time commitments with same group of 'trained trainers'. Included brief training pre-session in morning for facilitators.