

level of alcohol-related teaching in the curriculum' theme highlighted that approximately 14 hours is dedicated to this crucial topic. Overall, these findings indicated the need for multifaceted interventions to change the current provision of education.

Conclusion. Currently, the BSP population fail to access treatment services due to fear of shame and stigma. Thus, doctors must be empathetic and sensitive to this, and be aware of how to explore psychosocial aspects of patient's lives and how this influences their AUD. Providing culturally competent services will ensure that holistic interventions are implemented, leading to earlier detection, prevention, and management of alcohol-related harms. This will ensure that individuals from the BSP community feel comfortable in help-seeking. Recommendations were targeted at medical schools and their students, with a predominant focus on the provision of culturally competent services.

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Rewilding Medical Education

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Aims. Access to a healthy environment offers broad health benefits and has been declared a human right (UNHCR, 2021). However, despite the release of position statements by royal colleges on the climate and ecological emergency, there appears to have been limited opportunities for dissemination and sharing of knowledge, understanding and opportunities for action for many doctors and medical students in the North of Scotland. Hence, this project was aimed to create awareness on the importance of nature connectedness and explore its association with good physical and mental health and well-being. It was also so the medical students can understand the relationship between nature connectedness and the experiences in nature through active observation and hands-on engagement activities alongside acknowledging already active allies providing practical environmental volunteering activities.

Methods. 9 Medical students, 3 Core Psychiatry Trainees, 1 Psychologist and 1 Child and Adolescent Psychiatrist met at Trees for Life, Dundreggan. We were introduced to 2.5 hours of mindful grounding techniques, mindful eating, connecting with nature through art along with sensory exercises such as tree hugging and trust building activities by Nature for Health. We interacted in group work to design nature-based activities that can be used in clinical practice to improve mental well-being in people living with OCD, depression, ADHD, trauma and eco-anxiety.

Results. Learning experience amidst nature was well received by participants who also gained positive effects on their own personal well-being. The project successfully brought the participants together to access, care for and enjoy green spaces whilst learning about allied programs available in the community. The participants also learnt how nature can aid mental health recovery and well-being, whilst giving people a chance to do their bit towards the fight against climate change.

Conclusion. We suggest to incorporate teachings on climate change in medical education with consideration on using green spaces as delivery sites to enhance nature connectedness (local green social prescribing opportunities such as Green Walking,

Green Gym, conservation volunteering, city farms, forest schools by The Conservation Volunteers, The Wildlife Trusts and the 'Rewild and Recover' programme from Trees of Life). We also suggest to promote our future healthcare professionals to collaborate with other groups linking nature restoration to human health and well-being. Awareness on benefits of nature connectedness should become one of the most important aspects of medical education in this century to foster a generation of healthcare professionals with pro-nature attitudes and active engagements with the natural world.

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Building a Trainee Network of Higher Trainees in Forensic Psychiatry

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Aims. It has long been recognised that psychiatry trainees face challenging and unique stressors within their working and training environment. Many of these stressors were exacerbated by changes to the working environment and training and education programmes during the COVID-19 pandemic. When elected to the role of Higher Trainee Representatives for the Faculty of Forensic Psychiatry one of our key aims was to create a national network of Higher Trainees in Forensic Psychiatry to improve trainee well-being, ensure national views are represented within the Faculty of Forensic Psychiatry and share educational and research opportunities.

Methods.

1. Creation of a National Forensic Trainee mailing list for the dissemination of networking, research and educational opportunities.
2. Links to the mailing list sign-up form were disseminated through a variety of avenues including local trainee 'WhatsApp' groups, by contacting postgraduate administration teams within appropriate NHS Trusts and appropriate social media outlets.
3. A National Forensic Trainee 'WhatsApp' group was established, combining several local groups. Members were encouraged to add their peers.

Results. Prior to May 2022, the previous Higher Trainee Representatives for the Faculty of Forensic Psychiatry only had access to a mailing list of 19 local representatives. This did not cover all deaneries nationally, and several email addresses were inactive following trainee rotations.

Following our campaign, we have established a mailing list of 66 interested parties which includes: 51 Higher Trainees in Forensic Psychiatry, 12 Core Psychiatry Trainees, 1 SAS doctor and 2 medical students.

Conclusion. By establishing new routes of communication, we believe we have met our aim of creating a supportive national network of Forensic Psychiatry Trainees. The Higher Trainee