

To resolve this, changes within social media and self-awareness should be promoted, so this is less likely to happen.

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Implementing and Evaluating Online Revision Sessions for the MRCPsych Paper A Examination

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Aims. Preparing for postgraduate examinations is stressful for many doctors, with psychological, financial, and social impacts. Ensuring that doctors feel supported with exam preparation is likely to improve their well-being and performance, whilst also potentially addressing workforce retention and differential attainment. This quality improvement project aimed to improve the confidence and preparedness of trainees taking the MRCPsych Paper A exam in the North West School of Psychiatry.

Methods. Six weekly online revision sessions were held for trainees preparing for the MRCPsych Paper A examination. One session was devoted to each major curriculum topic, whilst two covered neurosciences. The sessions were held over Microsoft Teams for 1 hour and chaired by senior trainees and Consultant Psychiatrists. The sessions incorporated a combination of PowerPoint slides, discussion about relevant theory, and interactive practice questions using Slido. A baseline survey was completed to ascertain trainees current levels of exam preparation and confidence. Questionnaires were administered at the end of each revision session to measure their impact and gather feedback. Trainees indicated the extent to which they felt confident with each curriculum topic and their responses were compared, at group level, before and after the revision sessions (1 = strongly disagree with feeling confident, 5 = strongly agree with feeling confident).

Results. 40 trainees completed pre-session feedback and 56 trainees completed post-session feedback. The mean confidence scores of trainees improved by between 25.4% to 51.5% after the revision sessions, with the lowest pre-session mean confidence score being observed for neuroscience and the greatest improvement being observed for psychopharmacology. 77.8% of trainees rated the revision sessions as 'extremely useful' and 22.2% perceived them as 'useful'. All trainees agreed (43.4%) or strongly agreed (56.6%) that their knowledge improved after attending the sessions, and all trainees agreed (23.6%) or strongly agreed (76.4%) that they would recommend them to colleagues. Trainees favourite aspects of the revision sessions included completing multiple choice questions, combining Slido polling with PowerPoint slides, and the speakers explanations of difficult concepts. Suggestions for improvement included offering more frequent and longer revision sessions, concealing group voting choices on Slido until revealing the correct answers, and teaching more relevant theory alongside practice questions.

Conclusion. Online group revision sessions combining interactive polling and didactic teaching are popular and useful amongst trainees preparing for MRCPsych Paper A. These sessions appear to

improve trainees' self-reported confidence with exam curricula content, although further evaluation is required to determine whether they improve examination pass rates.

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Equality, Diversity & Inclusion in the Workplace: Exploring the Experiences of Psychiatry Trainees Across the North West of England

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Aims. Everyone in the NHS deserves to work in an environment that is safe, welcoming, and free from discrimination, however recent surveys have highlighted that this is often not the case. Alarming, it has been recognised that few psychiatrists report any forms of discrimination and of those who have, there is often dissatisfaction with the response received from their employer. Due to a paucity of data relating to the experiences of psychiatry trainees in the North West, we sought to understand their lived experience and to co-design proposals for future work that may improve the status quo.

Methods. All psychiatry trainees across the North West of England in 2022 and early 2023 have been invited to complete an electronic, core training or sub-specialty specific higher training survey. Basic demographic details were collected. Respondents were asked a range of questions around their experience of discrimination in the workplace and good practice observed in managing this. Subsequently, each group of higher sub-specialty trainees were invited to a two-hour reflective session held face-to-face or via an online platform. Two further reflective sessions were arranged in Liverpool and Manchester for core trainees. During reflective sessions, attendees were presented with vignettes of workplace discrimination, developed from the results of the initial survey. Session facilitators guided a discussion on the feelings evoked by each vignette, whether attendees wanted to discuss their lived experience of similar incidents and to consider ideas for what may be done to support a trainee in these situations. A post session questionnaire was circulated.

Results. Over 100 individuals have completed the pre-session survey and attended a reflective session. Survey respondents were predominantly trainees who identified as Asian, Asian British, Black, Black British, Caribbean or African ethnicity, with a roughly 50:50 split between Male and Female.

Themes highlighted include:

That the vignettes used in the reflective sessions are representative of everyday workplace discrimination.

That training in microaggressions should be given to trainers, trainees and other clinical staff on a regular basis.

That the burden of managing discriminatory behaviour should be on the institution and not the trainee experiencing discrimination.

Conclusion. Many psychiatry trainees across the North West have lived experience of workplace discrimination and systems need to

be implemented to improve trainees' experience. Proposals for future improvements; such as the formation of a deanery wide reporting and management system for trainees who have faced workplace discrimination; are being co-developed to address current challenges.

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Community Health Workers' Perceptions of Depression and of Barriers and Facilitators in Mental Health Care in Sierra Leone: A Qualitative Study

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Aims. Sierra Leone has a 98% mental health treatment gap. This has been attributed to lack of resources and attitudinal/cultural barriers. Community health workers (CHWs) are the backbone of healthcare delivery in the country, constituting 1,500 of the general health workforce. The government has trained CHWs to improve mental health care. However, evidence have shown that this training is inadequate, leading to poor mental health literacy among CHWs. Sierra Leonean CHWs' perceptions of mental health and experiences of mental healthcare delivery have not been investigated. Therefore, this study aims to assess CHWs' knowledge regarding depression and suicidality, as well as their perceptions of barriers to, and facilitators of, mental health care in Sierra Leone.

Methods. Purposive sampling and snowballing were used in this qualitative descriptive study (N = 10) to recruit CHWs in Kono and Freetown, Sierra Leone. Participants were interviewed remotely using Zoom. A short vignette on depression and suicidality was employed, together with remote semi-structured interviews exploring mental health literacy, perceptions of mental health care, and experiences in providing care during COVID-19. Thematic analysis was utilized.

Results. Five themes and 10 subthemes were derived from the thematic analysis. More than two-thirds of the participants viewed the problem as 'depression', while none mentioned suicidal ideation. Life events were the most commonly identified causes of depression, with no mention of spiritual, supernatural or biological attribution as possible causes. The inductively coded themes include the need for change; barriers to mental health care; accessing care; and COVID-19-related mental health care challenges. All participants agree that seeking counselling or speaking with a mental health expert is preferred. Stigma, prejudice, misconceptions, religious and traditional beliefs and insufficient government support were perceived as key impediments to care. Community health workers' experiences during COVID-19 were mixed. Awareness campaigns, training, establishing mental health policies, and integrating mental health into communities were identified as facilitators of mental health care.

Conclusion. The findings have shown that developing and implementing a comprehensive multi-agency approach is fundamental in dealing with mental health problems in Sierra Leone. In addition, future larger-scale research should be conducted on the underlying cultural principles and traditions regarding mental illness and the status of mental health care provision in Sierra Leone.

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'Cynefin, a Sense of Place', a National, Cultural, Public Education Programme to Ensure Young Peoples Voices Are at the Heart of Decision Making

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Aims. 'Cynefin' has many layers of meaning – it's a Welsh noun with no direct equivalent in English. The word conjures a very personal 'sense of place', belonging, familiarity, and relationship to the place of your birth or upbringing. The new school curriculum in Wales encourages young people to gain a fuller understanding of their identities, communities and histories that come together to form their 'cynefin'. Our aim was to develop a national and cultural programme of public education, co-produced with young people, that enabled them to explore issues that matter to them; whilst ensuring that these issues were at the heart of decision making in the national parliament of Wales 'Senedd'.

Methods. Through a series of design workshops and evaluation, a diverse programme of public education was created by the Royal College of Psychiatrists Wales, Technology Enabled Care (TEC) Cymru, and co-produced with young people.

The programme engaged 230 participants and was delivered across different mediums, including topical school debates; YouTube videos of facilitated discussion on areas of relationships, loneliness, finance, and body image. Further formal opportunities were created for secondary school pupils in giving consideration for careers in mental health e.g inception of a youth advisory group in TEC Cymru, establishing of a mental health research award for sixth form students and a summer school programme.

The debates were complimented through further creative opportunities. The National Children's Laureate undertook a series of creative workshops with Schools, capturing themes that were then animated and shared through social media campaigns.

The whole programme was delivered bilingually, in English and Welsh, and showcased at the URDD National Eisteddfod.

Results. The programme captured a series of issues that are important to young people, whilst it has informed and influenced the development of the National educational curriculum in Wales, and gave opportunity to directly inform Senedd members.

The programme informed the creation of the Senedd Cross-Party Group on Climate, Nature & Wellbeing that is co-chaired by a Senedd member and the Youth Climate Ambassadors.

The young people who attended the Senedd Summer School have been successful in applications to their first-choice university studies, whilst the recipient of the research award is now attending medical school.

Conclusion. A co-produced programme of public education can be both enriching for young people and serves to inform key government policy. It is a great way of engaging young people and destigmatising mental illness and related myths.