

homelessness. Programmes involved students in health screening, education programmes, and street psychiatry placements. These have been shown to reduce bias and improve student preparedness.

Based on the overlap between literature and the author's own experiences, three focuses for curriculum improvement are proposed: supported exposure, compulsory education, and advocacy. Supported exposure would involve students having formal face-to-face contact with homeless populations, supported by supervision and debriefing. To prepare for these interactions and their potential challenges, students should receive trauma-informed training alongside teaching on inclusion health and social determinants of health. This should be emphasised by medical schools as mandatory, rather than a 'special-interest' topic that many students will not engage with. Finally, students should be encouraged to advocate for vulnerable patients both within the clinic, and on a broader systemic level.

**Conclusion.** This project stresses the urgent need for addressing homelessness within medical education. The proposed focuses aim to cultivate a deeper understanding among medical students about the health challenges faced by homeless populations, fostering empathy and competence in future healthcare professionals.

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## INSIGHT: Integrating Social Determinants of Health in Medical Education During Psychiatry Prison Placements

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### Aims.

Background. The importance of the social determinants of health (SDOH) is increasingly recognised. However, medical students are taught about them as epidemiological facts. We established a programme in North Wales involving prison placements for medical students, accompanied by specific teaching to contextualise SDOH to individual patients' mental health problems. This is being evaluated over a four-year follow-up. We report findings of qualitative evaluation of the second-year cohort.

**Methods.** Individual interviews with students and free text data from questionnaires were analysed thematically.

### Results.

Previous teaching about SDOH:

- "You do not understand until you see it in your own life. Lectures do not always deliver a point."
- "Mentioned but not very explicit session like here."

Baseline knowledge and attitudes to SDOH

- "I knew mental health and social determinants are a lot intertwined, but I would not have thought of it in such depth before coming here."
- "I knew what SDOH were, but I have not seen it on this scale."
- "Some students related the teaching to their personal experience of hardship."

### Prison placement

"I think the prison placement has given invaluable teaching about psychiatric conditions."

"I...think it helps widen experiences in medicine, seeing a different perspective of healthcare."

"I enjoyed the prison experience. It gave me the social aspects of health, and especially in the prison, it is clear and visible."

### Impact of the placements

"Humbling experience. A lot of patients I saw had some sort of childhood trauma."

"Maybe I will be treating someone that is not as privileged or someone who's been in prison, so it's important..."

"Learned to have confidence when taking patient history. Do not feel awkward when asking medical questions such as suicide."

### SDOH incorporation into medical education

"Introducing the modules in medical school would be good before the students meet the patients, as the social aspect is a big part of the history."

"These sessions need to be integrated throughout the module rather than at one point as social determinants also play a role in other specialities, not only psychiatry."

**Conclusion.** In previous publications, we reported positive responses to prison placements. By integrating a module about SDOH, students can develop a broader understanding of health and gain the awareness needed to address these factors in clinical practice.

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## Incorporating Trauma-Informed and Culturally Competent Care Within Domestic Violence Screening Training for Medical Students

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**Aims.** The link between domestic violence and poor mental health outcomes is well-established, with victims often experiencing anxiety, depression, and post-traumatic stress disorder (PTSD). This study aims to evaluate the current state of Domestic Violence (DV) screening training within the medical curriculum at King's College London, focusing on trauma-informed and culturally competent approaches. The objective is to identify gaps and propose recommendations for a comprehensive and inclusive training program.

**Methods.** Approved by the King's College London Research Ethics Office, this qualitative study was conducted using an online questionnaire that adopted a 5-point Likert-type scale. The study was conducted among KCL Medical Students (n = 25) to gather opinions on DV screening training, and the responses underwent thematic analysis.