Medical Students' Attitudes to Mental Health and Psychiatry

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Aims: To assess medical students' attitudes towards mental health and psychiatry across three domains:

Psychiatry as a medical specialty.

Mental health patients.

Stigma in mental health.

Methods: Medical students on placement in the Northern Trust and in the South-Eastern Trust (NI) were sent a survey to complete. The survey contained demographic data as well as 15 statements attached to a 5-point Likert scale, for students to select *strongly agree*, *agree*, *neither agree nor disagree*, *disagree*, or *strongly disagree*. Completed surveys were collected via a third party and forwarded to me for review, ensuring anonymity.

Results: 17 students completed the survey in full and their responses were analysed. Some statements had very consistent responses which produced a strong theme, as follows:

- 100% agree/strongly agree that 'all medical students should complete a placement in psychiatry'.
- 100% disagree/strongly disagree that 'psychiatrists are not real doctors'.
- 100% disagree/strongly disagree that 'psychiatrists are less credible than doctors in other specialties'.
- 88% agree that 'mental health conditions can be effectively treated' – with 12% neither agreeing nor disagreeing. No students strongly agreed.

By contrast, a number of statements yielded a wide variety of responses with no clear theme, as follows:

- All five responses were selected (in various numbers) for the statement, 'medical professionals treat patients with mental illness differently to those with physical illness'.
- All five responses were also selected for 'patients with mental illness receive poorer care than those with physical illness'.
- All five responses were selected for "I worry that seeking help for my own mental health might negatively impact on my future career'.
- For the statement, 'I would feel uncomfortable being alone with a patient who has a serious mental health issue', 41% disagreed while 47% agreed/strongly agreed.

Conclusion: Some clear, consistent themes have emerged from the surveys. There is general respect for psychiatry as a specialty, with all students agreeing on psychiatry placements being necessary, and psychiatrists being credible, 'real doctors'. This may stand against the stigma experienced by psychiatrists.

Almost all students agree mental health conditions are effectively treatable (88%) – however zero students strongly agreed.

Some issues remain divisive for students: how mental health patients are treated, how comfortable they would feel seeking help for mental illness, or being left alone with a mental health patient.

This study had a small sample size (n=17), and would benefit from both more responses, as well as focus groups to gather qualitative data.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Acting Out Addictions: Developing Confidence in Addiction Psychiatry Through Simulation-Based Learning

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Aims: Substance misuse and addiction-related problems are routinely encountered within psychiatric services, yet many core psychiatry trainees report limited confidence in assessing and managing alcohol- and opioid-related presentations. Traditional didactic teaching may not adequately prepare trainees for the complexity of real-world clinical encounters. Simulation-based education allows learners to practise challenging scenarios in a controlled setting, while case-based discussions (CBDs) encourage reflective learning using authentic clinical material. This educational initiative aimed to explore whether combining simulation with CBDs could improve trainee confidence in addiction psychiatry.

Methods: Two dedicated addiction psychiatry teaching days were delivered within a regional core psychiatry training programme. Each day consisted of immersive simulation scenarios, structured debriefs, and faculty-facilitated CBDs. Scenarios focused on core clinical skills including substance use history taking, assessment of risk, and management planning for alcohol withdrawal and opioid use. The first session was attended by 12 trainees and the second by 11 trainees (CT1–CT3). In response to feedback, a simulation scenario was revised for the second teaching day to prioritise collaborative discussion of short- and long-term management plans with the patient. Changes in self-reported confidence were measured using pre- and post-session questionnaires, alongside qualitative feedback.

Results: Prior to the first teaching day (n=12), most trainees reported low or neutral confidence in managing addiction-related presentations. Following the session, all trainees reported increased confidence, with the majority describing themselves as somewhat confident and a smaller proportion as extremely confident.

At the second teaching day (n=11), baseline confidence levels were higher, with over one third of trainees reporting some confidence before the session. Post-session responses again demonstrated an upward shift, with most trainees reporting being somewhat or extremely confident. Attendance at both teaching days by some trainees may have contributed to this higher baseline confidence.

Qualitative feedback across both sessions consistently identified simulation as the most impactful learning modality. Trainees valued the opportunity to practise clinical decision-making in real time, make mistakes in a safe environment, and receive immediate, structured feedback. The integration of CBDs was viewed as complementary, supporting consolidation of learning and reflective discussion based on authentic clinical cases.

Conclusion: This combined simulation and CBD teaching programme was associated with improved self-reported confidence. While limited by small participant numbers and reliance on subjective measures, the findings support the continued use of experiential learning approaches. Future iterations will aim to enhance realism through involvement of individuals with lived experience of addiction, with further sessions planned for April 2026.

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