Improving Resident Doctors' Consideration of Spirituality/Religious Beliefs in Clinical Assessments

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Aims: The spiritual dimension to an individual's presentation is rarely considered in psychiatric assessments despite the RCPsych's position statement on spirituality/religion (S/R) and a growing body of evidence. A 2024 SABP trust survey of Resident Doctors indicated a significant disconnect between trainees perceived importance of S/R clinically and actual practice. An audit was thus completed with the following **Aims:** gather baseline data exploring the frequency with which Resident Doctors are recording spirituality in inpatient admissions clerking; provide educational intervention to Resident Doctors tailored to training needs highlighted in survey; following intervention, re-audit to ascertain whether there have been any improvements.

Methods: The baseline audit was a retrospective review of admissions clerking recorded for all new admissions over February–March 2024 to 3 inpatient wards at SABP Trust. Each record was manually searched for key words, including spiritual*, religio*, spiritual or religious faith. Anonymised findings were recorded onto an Excel spreadsheet on a secure trust network.

Interventions were then carried out in August and October 2024. Following this, the same wards were re-audited between mid-October and mid-December 2024 using baseline audit criteria.

Results: Baseline audit: 1 of 53 new admission records mentioned patient's S/R beliefs – this was the patient's own description of their pre-morbid personality. Intervention 1: Segment dedicated to encouraging "spiritual history" taking in the "History Taking" presentation of the SABP Resident Doctors induction programme in August 2024. Intervention 2: An external speaker (Consultant and executive member of RCPsych's Spirituality SIG) was invited to provide an interactive session at the trust-wide academic programme for Doctors in October 2024, addressing key survey findings. Re-audit: 2 of 45 admission records had mention of patient's S/R beliefs. One was the patient describing own religiosity in context of religious delusions. In the other, the Doctor had created a "Spirituality" subheading in their clerking record to record patient's beliefs.

Conclusion: This audit indicates that Resident Doctors are still not routinely including spirituality/religious beliefs in clinical assessments despite tailored interventions. Ongoing barriers include reluctance to consider the role of spirituality within mental health care; this being rooted in pervasive cultural stigmas that cannot be fully addressed through one-off interventions.

A cultural shift may only manifest if spiritual history enquiry is recognised as a deserved and crucial component of psychiatric history taking. We thus call for medical educators to consider a "Spiritual History" subheading in their Psychiatry history proforma to promote a collective shift toward more holistic mental healthcare.

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.

Research

Medieval Wisdom and Modern Diagnosis: A 9th-Century Physician's OCD Description vs. ICD–11

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Aims: This study explores the historical roots of Obsessive–Compulsive Disorder (OCD) through an analysis of a ninth-century treatise *Sustenance of the Soul* by Abu Zayd al-Balkhi. It aims to compare al-Balkhi's descriptions and treatments of OCD with the modern-day classification and understanding of ICD–11. We hypothesise that al-Balkhi could offer a more nuanced, holistic understanding of OCD, including recognition of its physical, psychological, and social aspects, and that this historical perspective can offer valuable insights into current psychiatric practices.

Abu Zayd al-Balkhi, a notable Muslim polymath of the ninth-century, authored *Sustenance of the Soul*, a treatise addressing mental health and wellbeing. Al-Balkhi connected mental and physical health, describing psychological issues that resemble what we now classify as OCD. His work anticipated aspects of modern therapeutic approaches, such as cognitive-behavioural techniques, social support, and activity engagement, to manage obsessive-compulsive symptoms. This historical analysis seeks to illustrate the relevance of early descriptions of mental health disorders in shaping current diagnostic and treatment approaches.

Methods: A reading of the text took place in 3 stages, firstly to gain an overview of the key themes in the chapter, secondly to extract key psychological terms being explored and their understanding and lastly to compare and contrast with sections in the ICD–11 classification. The analysis explored themes such as symptomatology, aetiology, and therapeutic techniques, mapping these historical perspectives to contemporary understandings of OCD. The process was checked with another researcher.

Results: Al-Balkhi identified obsessional behaviours as stemming from both psychological and physical factors, whilst also suggesting that OCD has a strong heritable component. He recognised that obsessive thoughts could harm physical health and that sufferers might experience cognitive distortions, such as catastrophic thinking – an approach now central to cognitive-behavioural therapy (CBT). Al-Balkhi also noted the aggravation of symptoms through isolation and inactivity, highlighting social and behavioural strategies to mitigate symptoms, which resonates with modern therapeutic recommendations.

Conclusion: This study reveals that al-Balkhi's observations on OCD correlates to a significant degree with the ICD–11 classification. His writings integrated social, psychological, and physical treatments, which is argued to be advanced for his time. His insights offer a framework that complements and deepens current understandings of OCD, underscoring the potential benefits of examining historical perspectives in psychiatry. Al-Balkhi's work demonstrates the value of integrating historical knowledge into modern practice, promoting a more holistic approach to treating psychiatric disorders.

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