Art Therapy Experiential Workshops During Work Hours to Promote Doctors' Wellbeing – A Quantitative Analysis

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Aims: Risk of burnout amongst Resident Doctors is higher now than even pandemic levels with 63% of trainees at moderate-high risk in the 2024 GMC NTS. With an ever-increasing need to consider novel approaches to tackle this, Art Therapy (AT) "experiential" workshops were delivered for attendees of the weekly academic programme at SABP NHS Foundation Trust.

The primary aim was to explore whether engaging in AT could positively impact doctors in 5 wellbeing measures: relaxation, self-awareness, self-confidence, connection with others and positivity about the day ahead. The secondary aims were for doctors to gain personal experience of the psychotherapeutic nature of AT and an understanding of the role of AT in treating mental illnesses.

Methods: The workshops were delivered by Art Therapists to 3 different cohorts between October and November 2024. The workshops comprised:

A 10-minute arts-based cross bilateral stimulation exercise.

A 40-minute art making session.

Collective reflection on individual art pieces with psychotherapeutic facilitation.

The pre- and post-workshop surveys included 6 Likert scales measuring wellbeing and understanding of AT, and 2 items exploring perceived personal and professional benefit of AT to doctors. Since the surveys were not labelled for matching, independent samples t-tests (α=0.05) and descriptive statistics were used for analysis.

Results: 62 participants completed the pre-workshop survey (55 Resident Doctors and 7 others (Consultants, non-training grade doctors, PAs)); 43 participants completed the post-workshop survey (39 Resident Doctors). All 6 Likert items scores increased post-workshop, with the following being statistically significant:

Relaxation ($p < 0.001$; MD 1.12, 95% CI 0.68 to 1.56);

Self-confidence ($p<0.001$; MD 0.73, 95% CI 0.31 to 1.15);

Connection with others ($p<0.001$; MD 0.66, 95% CI 0.30 to 1.01);

Positivity about day ahead ($p=0.04$; MD 0.46, 95% CI 0.02 to 0.90)

Understanding of art therapy ($p<0.001$; MD 1.35, CI 1.02 to 1.70).

The increase in self-awareness scores was borderline statistically significant ($p=0.06$; MD 0.65, 95% CI 0.19 to 1.11).

Post-workshop, there was an increase in the proportion of respondents who felt AT could be beneficial to doctors personally (74% to 98%) and professionally (61% to 93%).

Conclusion: Engaging in Art Therapy during work hours has a significantly positive impact on doctors' wellbeing, with particularly strong evidence for increased relaxation, self-confidence and connection with others. With an overwhelming majority of respondents agreeing it could provide personal and professional benefit to doctors, Psychiatry training schemes would do well to consider arts-based psychotherapeutic approaches within their localities to enhance trainee wellbeing.

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.

Resident Doctors' Perspectives and Experiences with Spiritual/Religious Considerations: A Survey-Based Project

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Aims: The RCPsych's position statement recommends a spirituality/religious belief (S/R) history be routinely considered in clinical assessments, and that an understanding of S/R and their relationship to psychiatric disorders are essential components of psychiatric training. In reality, psychiatric training at local and collegiate level is likely lacking in both quality and quantity of training in S/R considerations. There are likely a myriad of factors barring trainees from broaching this topic, which this survey-based QI project sought to explore.

Aims: 1. Explore Resident Doctors' attitudes towards the significance of spirituality/religion (S/R) in mental health. 2. Explore Resident Doctors' experiences and satisfaction with S/R training in Psychiatry. 3. Explore current frequency with which Resident Doctors' consider S/R in clinical assessments. 4. Establish Resident Doctors' perceived confidence in and barriers to exploring S/R in their clinical assessments.

Methods: An online, self-completion questionnaire was constructed for a target population of 108 Resident Doctors employed with SABP trust during the survey window from 16/07/2024 to 27/08/2024. It was advertised through work email and WhatsApp groups.

The survey included 8 quantitative items and 1 free-text item, exploring various aspects of trainees' perceptions around S/R. The quantitative items were analysed using simple descriptive statistics and the free-text item was analysed using thematic analysis via coding.

Results: The survey received a total of 39 responses (1 FY Doctor, 8 GP trainees, 19 core trainees and 11 higher specialty trainees).

Quantitative analysis: 90% felt S/R consideration was extremely or somewhat important clinically; 54% felt either neutral or not confident in exploring S/R clinically; 49% reported they rarely or never consider S/R clinically; 15% reported satisfaction with current S/R training; 90% felt there was an unmet training need on S/R considerations in Psychiatry.

Common barriers to consideration included: Lack of training (64%), concerns around triggering psychopathology (46%) and lack of time (46%).

Qualitative analysis: The free-text item explored any other perceived barriers. Responses were coded into 7 clear themes: fear of litigation, cultural barrier, lack of awareness, time pressures, lack of prompting and lack of training.

Conclusion: This project highlights a significant disconnect between the RCPsych's position on spirituality and trainees' current experiences. Interestingly, the common barriers that emerged are all factors that can be addressed via formal teaching/training at the local and regional level, which should seek to dispel fears and normalise conversation around and consideration of this oft neglected yet essential aspect of holistic mental health care.

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.