We adapted a survey form to measure attitudes towards euthanasia, giving a score out of 16. 31% scored 0 (with very positive attitudes to euthanasia), 11% scored 16 (very negative), and the median was 2. Participants with negative attitudes to euthanasia had a higher degree of religiosity, were more likely to train outside of the UK, but had similar age distribution to the general population.

The second part of the survey looked at euthanasia in psychiatric patients. Only 14% agreed that it should be allowed for psychiatric illnesses, with 27% unsure and 59% opposed.

The most acceptable statement (86% agreement) was that psychiatric patients can find themselves in a medically hopeless situation. 75% agreed that psychiatric patients could suffer unbearably. 70% agreed that psychiatric patients may run out of treatment options.

Participants opposed to euthanasia also opposed it in psychiatric patients. They were more likely to doubt the above statements, but only one participant disagreed with all statements. Most disagreed with the statement that "a death request can be well-regarded and considered not only as a symptom of illness" (66%).

Of participants in favour of euthanasia in general, 42% said they were unsure of legalising euthanasia for psychiatric patients, while 21% were opposed. This group was more uncertain of the statement that "euthanasia assessment can be compatible with psychotherapeutic relationship" (50% disagreed or unsure).

Most participants had little education in this area. International Medical Graduates and those self-described as religious were more likely to have negative perceptions of assisted dying in general. While there was agreement that suffering from mental illness could be unbearable, very few supported euthanasia for mental illness alone.

Conclusion: There is a notable lack of education on euthanasia at both undergraduate and postgraduate levels which is known to have a strong influence on attitudes to assisted dying. There are aspects in medical ethics and medical law which need to be incorporated into curricula for medical training.

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ASD and Perceptual Disturbances - Do People With ASD Have an Increased Risk of Visual and Auditory Hallucinations?

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Aims: To establish if there is data to support the clinical impression that people with ASD are more likely to experience perceptual disturbances (visual and auditory).

Methods: Literature search using Athens/Pub Med. Clinical observations had been that young people with ASD seemed to experience increased perceptual disturbances but that these did not respond to antipsychotics. Detailed history taking also suggested that, especially visual hallucinations, were often long-standing and had started in mid childhood (typically while at primary school). These tended not to cause distress initially but often increased during adolescence.

Results: There is little specific data on this subject: there are numerous studies and case reports considering the increased risk of psychosis and schizophrenia in people with ASD but not specifically on non-psychotic young people with ASD who have perceptual disturbances (in the absence of other symptoms suggesting psychosis). Limited data that was available noted that people with ASD were 3 times more likely to experience auditory and/or visual hallucinations than their counterparts. Suggested pathways for this included shared pathological pathways (between schizophrenia and ASD), overlapping DNA (not established), that ASD is a risk factor for later development of schizophrenia and living with ASD may incur increased social stressors (bullying, exclusion, marginalisation, isolation etc.).

Conclusion: Having ASD does appear to increase the likelihood of experiencing (psychotic and non-psychotic) perceptual disturbances. The reasons for this are largely inconclusive but may explain our clinical impression; that young people with ASD who are hearing voices or seeing things but who are not psychotic, do not appear to respond positively to antipsychotics. We would advise medications are used with caution in this (non-psychotic) patient group and that other avenues are considered for treatment, including self-help, psychoeducation and psychological support. We must be cautious about causing iatrogenic harm and over medicating. More research is needed in this field.

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Formative Assessment Review Project

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Aims: Following the approval of the Assessment Strategy Review (ASR) in February 2023, the Formative Assessment Working Group (FAWG) was created to discuss areas for consideration, in relation to formative assessment.

The aim was to consider the broad range of the College's assessments, including written examinations, the Clinical Assessment of Skills and Competencies (CASC) and formative assessments undertaken throughout psychiatric training in the workplace. Whilst the ASR had a broad scope, one of the recommendations was to review formative assessment in detail, due to the varied nature of specialty and sub-specialty specific assessments and the differing experiences of resident doctors in the workplace.

Methods: The Formative Assessment Working Group (FAWG) met throughout 2023 and identified four specific areas for further consideration, development and implementation:

The introduction of enstrustability scales; a behaviourally anchored ordinal scale based on progression to competence, as part of workplace-based assessments (WPBAs).

Embedding formulation skills throughout training.

The introduction of feedback from patient and carers for resident doctors.

Consideration of guided supervision sessions relating to caseload-based discussion.

Results: Entrustability scales as part of WBPAs: An entrustability scale (ES) would not be suitable to all assessment types. Therefore, an adaptation of ES will be introduced to CS and ES reports. WPBA will see an improved version of the current Likert scale. Embedding formulation skills throughout training: Formulation training will be incorporated into case presentations. Resident doctors will be advised to undertake this yearly to demonstrate progression. For ST4 + trainees, one case-based discussion (CBD) will be replaced with a case presentation (CP), with the provision of presenting to MDTs.

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Introduce feedback from patients and carers for resident doctors: Resident doctors will be expected to collect one set of Multisource feedback (MSF) responses during core training and at least once per speciality training year. This will apply across all psychiatric specialties, including those who undertake dual training. The feedback should also form part of ARCP considerations. Introduce guided supervision session relating to caseload-based discussion: Direct Observation of Non-Clinical Skills (DONCS) will now feature HLOs 1–9 as part of the 'skills observed' part of the online portfolio. This will allow for resident doctors to capture skills and experience that aren't covered elsewhere in their portfolios.
Conclusion: The changes should allow resident doctors to demonstrate the skills and knowledge acquired across their training. They will also be able to demonstrate a clear understanding of their progression and benefit from a variety of feedback opportunities.

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Mental State of the Art: Creative Reflections from Psychiatry Placement

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Aims: Medical training, particularly in psychiatry, often confronts students with emotional challenges that extend beyond clinical skills. Recognizing that medicine is as much an art as it is a science, we invited fourth year medical students at the University of Birmingham to enter a creativity competition whilst on their psychiatry placements.

This project aimed to provide a reflective outlet for the students, encouraging them to explore and express their emotional responses to the realities of psychiatric practice. By drawing parallels between their own experiences and those of their patients, the students were able to utilise art as a source of personal insight on their clinical practice.
Methods: During their 5 week psychiatry rotation, students were invited to create and submit an artistic piece inspired by their clinical encounters. Creative submissions – ranging from poetry and paintings to drawings and even baking – were accompanied by a brief explanation of the inspiration behind the work. On the final day of placement, students had the opportunity to present or perform their piece in front of their peers, fostering an environment of shared reflection and support. One entry in each rotation would be selected as a prize winner, however the main focus of the project was to encourage students to utilise art as a medium of self-reflection and therefore understanding what impact the process had on them was key.
Results: 23 students participated in the initiative, producing a diverse collection of artworks that authentically portrayed their personal and professional experiences with mental health. Extracts from the explanations that accompanied the entries highlight that the students benefited from using art as a medium for processing and communicating complicated feelings about their psychiatric placement. The students reflected that art can be used as a therapeutic tool for both patients and clinicians. Many used their creative expression to consider the importance of seeing beyond the label of a diagnosis and to focus on the actual lived experience of the patient in front of us.
Conclusion: The creativity competition was met with enthusiasm, underscoring the value of artistic expression in medical education. Moreover, it suggested that integrating creative projects into clinical rotations can enrich students' learning experiences and bolster empathy. It also encouraged students to continue to use creativity as an outlet to improve their own wellbeing in busy clinical periods. Future plans include publishing the entries in an anthology to share the moving artwork with a wider audience.

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Building Reflective Practice: Establishing a Sustainable Balint Group Model for Child and Adolescent Psychiatrists in Wales

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Aims: The project aimed to establish a regular Balint group for Child and Adolescent Psychiatry (CAP) Specialist Resident (SpR) doctors in Wales, support the development of future Balint leaders through training, and enhance the sustainability of these groups. By increasing the number of accredited leaders across Wales, the project sought to expand opportunities for clinicians at various levels to engage in reflective practice, have a safe space to consider their relationship with patients, and ultimately increase levels of emotional capacity and wellbeing.
Methods: In July 2023, following notification of funding, interest was canvassed among CAP SpRs in Wales, resulting in the formation of a group of five SpRs committed to becoming accredited Balint leaders. Regular online meetings were set up for mutual support and to facilitate progress towards UK Balint Society accreditation. An online fortnightly term-time Balint group was organized for CAP psychiatrists, with an accredited leader overseeing the sessions. Despite initial challenges accessing funds, the project progressed, and the Balint group commenced in November 2023. Two members attended a Balint training day in December 2023, despite financial constraints, while plans to use funds for further events and supervision encountered delay due to complex bureaucratic pathways.
Results: A total of 16 child psychiatrists from Wales participated in the Balint group, with 12 (mostly SpRs) attending regularly. Feedback from 11 participants indicated overwhelmingly positive responses to the group's impact on their practice and well-being, with the majority expressing that it enhanced their understanding of the doctor-patient relationship and provided a safe space for emotional reflection. Key strengths identified included the supportive environment and the opportunity for group reflection. While online participation worked well for most, there were suggestions for occasional face-to-face meetings. Notably, two of the initial Balint leadership cohort are now leading the group following the funding phase, demonstrating the project's potential for sustainability.
Conclusion: The project successfully introduced Balint group practice to CAP SpRs in Wales and initiated a pathway for future leaders. Despite challenges with funding and administrative processes, the initiative has had a positive impact on SpRs' professional development, wellbeing, and reflective practice. The creation of a sustainable model for leadership development is a