

# Evidence Brief: Psychiatry

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Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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There may have been an update to this Evidence Brief - to check you are reading the most current version please see the links below:

- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

There are also evidence briefs on:

- Autism
- Children and Young People's Mental Health
- Learning Disabilities
- Mental Health

## Key publications – the big picture

### [Progress in improving mental health services in England Report – Value for money](#)

Source: National Audit Office

Publication date: February 2023

Many people will experience mental health problems in their lives. Around one in six adults in England have a common mental health disorder, and around half of mental health problems start by the age of 14. The proportion of young people estimated to have a probable mental disorder rose between 2017 and 2022, following the COVID-19 pandemic: for example, among 17- to 19-year-olds, the proportion went up from 10% to 26%.

See also [Staffing 'significant barrier' to improving mental health services](#) (Nursing Times)

### [Children and Young People's Mental Health Services](#) View with a free NHSFutures log in

Source: Getting It Right First Time (GIRFT)

Publication date: April 2022

One in six (16%) children aged five to 16 years were identified as having a 'probable mental disorder', a rise from one in ten in 2004 and one in nine in 2017.<sup>3</sup> Self-harm is more common among young people than any other age group, with 25% of women and 9.7% of men aged 16-24 reporting that they have self-harmed.<sup>4</sup> Whilst this report focuses on the under-18 population this remains a significant statistic. Given these statistics it is fortunate that there is increased resource and support for children and young people's mental health. Yet resource alone will not be enough, and this report identifies the improvements that must be made to drive efficiency and effectiveness in this vital area of healthcare.

See p. 70 for Workforce

### [Mental Health Rehabilitation](#) View with a free NHSFutures log in

Source: Getting It Right First Time (GIRFT)

Publication date: April 2022

The opportunity: The opportunity afforded to get it right first time for people who will benefit from mental health rehabilitation services has never been stronger or more compelling. Policy, practice, and finances are aligned in a way that has not happened for decades. The NHS Long Term Plan<sup>3</sup> incorporates community rehabilitation as a core part of the Community Mental Health Framework<sup>4</sup>, with significant funds assigned to the development of dedicated functions, services and teams, in all trusts by March 2024. National Institute for Health and Care Excellence (NICE) guidance for the cohort of people who require rehabilitation and who have complex psychosis was published in August 2020.

### [Mental health workforce report](#)

Source: BMA

Publication date: February 2022

Our report shows the declining state of the mental health workforce, the workforce's wellbeing and data on workforce numbers.

"Many sub-specialties in psychiatry are facing under-recruitment year on year, old age psychiatry and psychiatry of learning disability have the lowest fill rates so are likely to remain shortage specialties in the foreseeable future."

"Recruitment into psychiatric specialties remains a challenge The fill rates for core psychiatry training have slightly improved over the last couple of years however, fill rates for higher specialty training show little to no improvement since 2016 with some specialty fill rates as low as 21%. It is likely that after core training many doctors step out before entering higher specialty training in psychiatry as fill rates are consistently low. Many psychiatric specialties are facing under recruitment year on year, old age psychiatry and psychiatry of learning disability have the

lowest fill rates so are likely to remain shortage specialties in the foreseeable future (See Annex 1. Charts 6 and 7)."

### [Workforce figures for consultant psychiatrists, specialty doctor psychiatrists and Physician associates in Mental Health](#)

Source: Royal College of Psychiatrists

Publication date: Census 2021

Every two years we run a survey of the non-trainee psychiatric workforce in the UK.

The survey provides a detailed analysis of the consultant and specialty doctor workforce in psychiatry across England, Scotland, Northern Ireland and Wales.

See also [Workforce shortages in mental cause 'painfully' long waits for treatment](#) (Royal College of Psychiatrists) and ['One psychiatrist per 12,567 people in England': Medics' mental health workforce warning](#) (Sky News)

[Mental Health – Adult Crisis and Acute Care](#) View with a free NHSFutures log in

Source: Getting It Right First Time (GIRFT)

Publication date: April 2021

One in four adults experiences at least one diagnosable mental health problem each year, and mental illness costs the UK economy £105bn annually.<sup>1,2</sup> In 2018/19 more than 3.2 million people in England accessed the Improving Access to Psychological Therapies (IAPT) programme and serious mental illness (SMI) services.

### [Physician associates working in mental health](#)

Source: Health Education England and Royal College of Psychiatrists

Publication date: 2019

The purpose of this document is to introduce the prospect of employing Physician Associates (PA) in Mental Health settings by explaining who Physician Associates are, their current scope

of practice in other specialties and in Mental Health in the National Health Service (NHS), their potential future roles in Mental Health and success stories thus far.

### [What staffing structures of mental health services are associated with improved patient outcomes? A rapid review](#)

Author(s): Lawes et al.

Source: NHS England National Collaborating Centre for Mental Health

Publication date: 2017

The focus of this rapid review is to summarise the best available evidence on safe staffing structures of mental health teams to inform the development of specific sustainable safe staffing guidance for the National Safe Sustainable Staffing Guidance Programme Board. The starting point for the review was evidence from mental health settings. If this evidence proved to be limited, the scope was broadened to include non-mental health settings.

## Case Studies

See p. 66 "[The Community Enhanced Recovery Team \(CERT\)](#)" (Mental health Rehabilitation GIRFT report) Free NHSFutures log in needed to view

## The Star for workforce redesign

More resources and tools are available in the **Mental Health** section of [the Star](#)

### Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Mental Health and Dementia**” filter

#### [Mental health and learning disabilities workforce in the NHS](#)

Source: NHS Digital

This interactive report allows users to explore trends in the size and composition of the mental health and learning disabilities (MHL) workforce in England.

### National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

### Published Peer Reviewed Research

#### Advanced Practice

#### [Addressing critical pandemic psychiatric staffing shortages through advanced practice provider training and resources](#)

Abstract only\*

Author(s): Luming and Gates

Source: Psychiatric Services (Controversies in Psychiatric Services)

Publication date: February 2023

Over the past two years, multiple factors have exacerbated psychiatric workforce shortages. The Covid-19 pandemic has brought dramatic increases in demand for psychiatric services

(1). The national implementation of the 988 Suicide and Crisis Lifeline has led to anticipated rise in mental health services needs. Inflation and high costs of health and care delivery without commensurate increases in insurance reimbursement have compounded supply-demand challenge. The workforce shortage of psychiatrists by 2024 is projected to be between 14,280 and 31,091 (2).

#### [Addressing Psychiatric Workforce Shortages: The Role of Advanced Practice Psychiatric Nurses and Physician Assistants](#)

Abstract only\*

Item Type: Generic

Author: Talley, Rachel M.

Publication Date: 2023

Publication Details: Psychiatric services (Washington, D.C.), pp.appips20220599. , United States:

ISSN/ISBN: 1557-9700

The Controversies in Psychiatric Services column aims to highlight different viewpoints on topics relevant to psychiatric services that have generated a debate or a divide in opinion. For this column, the editorial team chose to focus on the role of the advanced practice psychiatric nurses (APRNs) and physician assistants (PAs) in addressing psychiatric staffing shortages, asking authors to respond to the following statement:

Psychiatrist staffing shortages have been exacerbated by the Covid-19 pandemic, limiting access to mental health treatment. Increasing the role of advanced practice psychiatric nurses and physician assistants in the delivery of psychiatric services is the best approach to address these shortages.

#### [The distribution of advanced practice nurses within the psychiatric workforce](#) Abstract only\*

Item Type: Journal Article

Authors: Beck, Angela J.;Page, Cory;Buche, Jessica and Gaiser, Maria

Publication Date: 2020

Journal: Journal of the American Psychiatric Nurses Association 26(1), pp. 92-96

Abstract: Objective: To examine the size and distribution of the advanced practice psychiatric nurse workforce relative to the total psychiatry workforce to determine whether nurses are predominantly working in areas with higher or lower levels of behavioral health specialists. Methods: State-level data for psychiatric nurses were obtained from the American Nurses Credentialing Center, and included mental health psychiatric nurse practitioners, adult psychiatric nurse practitioners, child psychiatric clinical nurse specialists, and adult psychiatric clinical nurse specialists. Supply estimates of the full psychiatry workforce were calculated for comparison purposes. State population estimates were obtained from U.S. Census Bureau data. State workforce estimates were converted to a 1:100,000 provider-to-population ratio to analyze the density of providers across states. Results: In 2018, the psychiatric workforce supply was estimated to be composed of 66,740 providers, including psychiatrists ( n = 47,046; 71%), psychiatric nurses ( n = 17,534; 26%), physician assistants ( n = 1,164; 2%), and psychiatric pharmacists ( n = 966; 1%). Overall, psychiatric providers appeared to be most densely concentrated in the northeast region of the United States. A dearth of providers was most pronounced within areas in the 12-state Midwest region, southern states, California, and Nevada. The average concentration of psychiatric workers was 22.61 per 100,000 population. Conclusions: The findings of this study find inconsistent pattern of how psychiatric nurses are distributed relative to the rest of the workforce, but reinforce the idea that they are essential in addressing care needs in areas with low concentrations of psychiatry specialists—especially if they are authorized to work to the full extent of their training/education. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

(Source: journal abstract)

### Autism

[Current practice and adaptations being made for people with autism admitted to in-patient psychiatric services across the UK](#)

Item Type: Generic

Author: Jones, K., Gangadharan, S., Brigham, P., Smith, E. and Shankar, R.

Publication Date: 2021

Publication Details: BJPsych Open, 7, (3) pp.e102. , United Kingdom: Cambridge University Press.

Abstract: Background A significant number of people with autism require in-patient psychiatric care. Although the requirement to adequately meet the needs of people with autism in these settings is enshrined in UK law and supported by national guidelines, little information is available on current practice. Aims To describe characteristics of UK in-patient psychiatric settings admitting people with autism. Also to examine psychiatric units for their suitability, and the resultant impact on admission length and restrictive interventions. Method Multiple-choice questions about in-patient settings and their ability to meet the needs of people with autism and the impact on their outcomes were developed as a cross-sectional study co-designed with a national autism charity. The survey was distributed nationally, using an exponential and non-discriminatory snowballing technique, to in-patient unit clinicians to provide a current practice snapshot. Results Eighty responses were analysed after excluding duplications, from across the UK. Significant variation between units across all enquired parameters exist. Lack of autism-related training and skills across staff groups was identified, this becoming disproportionate when comparing intellectual disability units with general mental health units particularly regarding psychiatrists working in these units (psychiatrists: 94% specialist skills in intellectual disability units versus 6% specialist skills in



general mental health units). In total, 28% of survey respondents felt people with autism are more likely to be subject to seclusion and 40% believed in-patients with autism are likely to end in segregation. Conclusions There is no systematic approach to supporting people with autism who are admitted to in-patient psychiatric units. Significant concerns are highlighted of lack of professional training and skill sets resulting in variable clinical practice and care delivery underpinned by policy deficiency. This could account for the reported in-patient outcomes of longer stay and segregation experienced by people with autism. Copyright © The Author(s), 2021. Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

### Career choice and pathways

#### Factors that influence psychiatric trainees' choice of higher training specialty: mixed-methods study

Item Type: Generic

Author: Wolstenholme, Nicholas, McKinnon, Iain and Lloyd, Adrian J.

Publication Date: 2023

Publication Details: BJPsych bulletin, 47, (3) pp.171-177. , England:

Abstract: AIMS AND METHOD: Factors influencing trainees' decisions about choosing and remaining in higher training subspecialties have not been widely researched. We administered telephone questionnaires to higher specialist trainees in the north-east of England to ascertain what influences these decisions. Thematic analysis was employed to develop overall constructs., RESULTS: Twenty-seven trainees were interviewed, resulting in six overall constructs. These were: supervisory experiences; perceived work-life balance; career prospects; training and working environments; interest in the chosen subspecialty; and previous experience within the chosen subspecialty. Most trainees interviewed felt they had made the

right specialty choice., CLINICAL IMPLICATIONS: This study demonstrates the particular importance of exposure to a specialty and perceptions of the supervisory experience in determining trainees' choices of, and decisions to remain in, a particular psychiatric specialty. Factors highlighted in this study must inform training, recruitment and workforce planning in order to bolster the recruitment and retention of trainees into higher specialty training.

#### Factors associated with interest in psychiatry in UK medical students: qualitative study

Source: BJPsych Bulletin 47(1)

Publication date: August 2021

Aims and method: This study aimed to explore factors that positively influence UK medical students' interest in psychiatry. Delegates and committee members of the National Student Psychiatry Conference 2018 were invited to participate in individual semi-structured interviews. Nine interviews were conducted. Qualitative data were analysed using thematic analysis. Results: Four core themes emerged: psychiatry education and exposure, role of a psychiatrist, fitting in, and factors external to medical school. All students had some degree of interest in mental health before medical school, but placement and extra-curricular factors were strongly influential. Implications: Interest in psychiatry may be promoted by facilitating student exposure to enthusiastic psychiatrists and psychiatry subspecialties, encouraging extra-curricular activities and identifying early those with pre-existing interest in mental health on admission to medical school. Aspects of psychiatry that should be promoted include the potential to make a positive difference to patients' lives and the teamworking elements of the specialty.

#### Conference abstract: Are UK higher psychiatry trainees using special interest sessions to develop their career pathways as

[intended? what might help achieve this goal?](#) Abstract all available

Item Type: Generic

Author: Clay, F.

Publication Date: 2021

Publication Details: European Psychiatry, 64, pp.S594-S595. , Netherlands: Cambridge University Press.

Abstract: Introduction: UK Psychiatry Trainees are allocated one day per week in their final three years of training to use for "a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee". It is unclear how trainees in the East of England are using this time and what could help them optimise use of this time. We completed a survey to evaluate these areas. Objective(s): To determine details of how Special interest sessions (SIS) are spent by trainees: How much support/ planning for SIS is available and if this is adequate. Whether trainees feel they are able to use their SIS for its intended purpose of providing "a clinical or clinically related area of service which cannot be provided within the training post but which is of direct relevance to the prospective career pathway of the trainee" Exploration of barriers/tensions to maximizing use of SIS. SIS Record keeping What advice would trainees give re: special interest sessions to a new SPR? What lessons can be drawn to assist trainees from other countries/ training programmes to maximise their own development. Method(s): Survey sent to all Higher trainees in the East of England via Regional Training Programme. Result(s): Awaited. Survey sent 29/09/2020 Conclusion(s): Results pending. We will feedback in detail on outcomes from the survey and subsequent discussion with Regional training programme members.

[Are efforts to recruit to psychiatry closing the stable door after the horse has bolted? Knowledge and attitudes towards a career in psychiatry amongst secondary \(high\) school students: a UK-](#)

[based cross-sectional survey](#) Abstract only\*

Item Type: Generic

Author: Morgan, Lewys J., Finn, Gabrielle M. and Tiffin, Paul A.

Publication Date: 2021

Publication Details: Journal of mental health (Abingdon, England), pp.1-8. , England:

Abstract: BACKGROUND: Internationally there is a shortage of psychiatrists, whilst clinical psychology training is generally oversubscribed. School students interested in psychological health may not be aware of the possibility of studying medicine before specialising in psychiatry. This has implications for the mental health workforce., AIMS: To evaluate the knowledge and attitudes relating to a potential career in psychiatry amongst secondary (high) school students., METHOD: A cross-sectional survey evaluated attitudes and knowledge relating to psychiatry and clinical psychology, targeting students from five schools who were studying chemistry, biology and/or psychology at an advanced level., RESULTS: 186 students completed the survey (response rate 41%). Knowledge was generally poor with only 57% of respondents knowing that psychiatrists had medical degrees, and most participants substantially underestimating the salaries of consultant psychiatrists. Attitudinal response patterns were explained by two underlying factors, relating to generally negative attitudes towards psychiatry and positive attitudes towards the effectiveness of psychiatric treatments. Females and those studying psychology reported more positive attitudes towards psychiatry. Those studying chemistry reported more negative attitudes towards the effectiveness of mental health treatment., CONCLUSIONS: Studying psychology predicted positive attitudes towards psychiatry. Such students could be targeted by recruitment campaigns, which emphasise factual information about the specialty.

[Millennials in Psychiatry: Exploring Career Choice Factors in Generation Y Psychiatry Interns](#) Abstract only\*



Item Type: Generic

Author: Russo, R. A., Dallaghan, G. B., Balon, R., Blazek, M. C., Goldenberg, M. N., Spollen, J. J. and Rakofsky, J. J.

Publication Date: 2020

Publication Details: Academic Psychiatry, 44, (6) pp.727-733. , Switzerland: Springer Science and Business Media Deutschland GmbH.

Abstract: Objective: There is a national shortage of psychiatrists. To grow the workforce, educators must understand the factors that influence the choice of psychiatry as a specialty for medical students in the Generation Y cohort. Method(s): Psychiatry residents born between 1981 and 2000 were recruited from six psychiatry training programs across the USA and were interviewed in the fall of their first year. The interviews were coded and analyzed qualitatively for themes. Career Construction Theory (CCT) was applied to relate the themes within the four domains of Career Adaptability (a focus of CCT): concern, control, curiosity, and confidence. Result(s): The majority of themes mapped onto the four domains. A fifth domain, "contribution," was created to capture additional themes. Themes associated with choosing psychiatry as a career included Practice Concerns and Economic/Lifestyle Concerns (concern), Changes in Stigma and Changes in Legitimacy (control), Exploring Humanity and Exposures to Psychiatry (curiosity), Abilities Called Upon by the Field, Recognized Qualities in the Participant, and Recognized Qualities in the Faculty/Residents (confidence), and Hoping to Make a Difference and Engaging in Research/Technology (contribution). Conclusion(s): With the knowledge generated from this study, educators now have a guide for the kinds of learning experiences that may attract Generation Y students to the field, and can identify those with the background, values, or personality traits most likely to find a career in psychiatry to be attractive. Copyright © 2020, This is a U.S. government work and

not under copyright protection in the U.S.; foreign copyright protection may apply.

[Using experts by personal and professional experience \(EPPE\) to increase interest in psychiatry as a career at sixth-form level](#)

Abstract only\*

Item Type: Generic

Author: Hankir, A., Mahmood, J., Houbby, N., Ali, S., Carrick, F. R. and Zaman, R.

Publication Date: 2019

Publication Details: Psychiatria Danubina, 31, pp.242-248. , Croatia: Medicinska Naklada Zagreb.

Abstract: Background: Psychiatrists play a multifaceted and critical role in improving the lives of people with mental illness. However, despite how rewarding, important and thrilling a career in mental health is, there continues to remain a shortage of psychiatrists in Low-, Middle- and High-Income Countries. There has been resurgence in interest in improving the image of psychiatry over recent years and several initiatives have been launched to increase recruitment into the specialty at Sixth Form level in the UK. Design(s): We conducted a single-arm, pre-post, comparison study with Sixth Form students at an inner-city school in London. Students were invited to complete a survey before and after exposure to an assembly on mental health that was delivered by an Expert by Personal and Professional Experience (EPPE). Our aims were to detect and measure if there were any changes in perceptions of psychiatry and if there was an increase in interest in pursuing this profession as a career in this group. Result(s): 63 out of 123 participants completed the before and after survey (51% response rate). Following exposure to the assembly, there were statistically significant improvements between the pre- and post- intervention means for, "Psychiatry has a positive impact on peoples' lives" (p value <0.0001), "People with mental illness can achieve success and be the best at what they do" (p value <0.0001) and, "I would

consider psychiatry as a career" (p value <0.0001).  
Conclusion(s): Notwithstanding the limitations of this pilot study, our findings suggest that an assembly on mental health delivered by an EPPE (i.e. 'Wounded Healer') might be effective at increasing interest in psychiatry as a career at Sixth Form level. We suggest that assemblies on mental health and psychiatry be delivered by 'Wounded Healers' in schools and colleges nationwide to help drive recruitment into psychiatry. Copyright © Medicinska naklada - Zagreb, Croatia

### [Applying the apprenticeship model to psychiatry: An evaluation](#)

Full text available with NHS OpenAthens account\*

Item Type: Generic

Author: Nirodi, P., El-Sayeh, H. and Henfrey, H.

Publication Date: 2018

Publication Details: Progress in neurology and psychiatry, 22, (1) pp.25-29. , United Kingdom: John Wiley and Sons Ltd (Southern Gate, Chichester, West Sussex PO19 8SQ, United Kingdom. E-mail: [vgorayska@wiley.com](mailto:vgorayska@wiley.com)).

Abstract: Working within the 'firm', long the bedrock of medical student clinical education, has been in recent demise. This article assesses the success of an apprenticeship scheme piloted within a mental health setting for fourth year medical students. The results show that it was possible and indeed successful in terms of fulfilling the basic tenets of the apprenticeship model. It was also found to be a novel method of increasing the likelihood of students considering psychiatry as a future career. Copyright © 2018, John Wiley & Sons, Ltd. All rights reserved.

### [Innovative approaches to improving the image of psychiatrists and psychiatry amongst medical students and doctors in the UK](#)

Abstract only\*

Item Type: Generic

Author: Zaman, Rashid, Carrick, Fredrick R. and Hankir, Ahmed

Publication Date: 2018

Publication Details: Psychiatria Danubina, 30, pp.616-619. , Croatia:

Abstract: In this paper we identify some of the critical factors that contribute to the ongoing shortage of psychiatrists in the UK. We discuss initiatives that have been launched to try and encourage more medical students and trainee doctors to choose psychiatry as a career. We describe the innovative anti-stigma Wounded Healer programme that was pioneered in the UK with the aim of improving the image of psychiatry and psychiatrists and that was subsequently scaled up and rolled out to over 65,000 medical students and doctors in 14 countries in five continents worldwide. We conclude, with some suggestions that we believe will help recruitment efforts into psychiatry.

## Covid-19

### [The Impact of COVID-19 on Burnout, Psychological Well-being, and Work Satisfaction in Psychiatry Trainees in Ireland](#)

Item Type: Generic

Author: Mcloughlin, C., Abdalla, A., O'Callaghan, A. K., Casey, S. and Barrett, E.

Publication Date: 2022

Publication Details: Academic Psychiatry, , Switzerland: Springer Science and Business Media Deutschland GmbH.

Abstract: Objective: Prior to the pandemic, trainee doctors were at higher risk of psychological ill health. There is limited evidence measuring the impact of COVID-19 on psychiatry trainees. This study evaluates levels of burnout, work satisfaction, and psychological well-being in psychiatry junior doctors in Ireland and identifies potential contributing factors. Method(s): The authors carried out a cross-sectional online survey measuring demographic and work-related variables. Questions including exposure to COVID-19 and stress-related factors were included. We evaluated burnout, work satisfaction, and psychological well-

being using the Abbreviated-Maslach Burnout Inventory, Basic Needs Satisfaction at Work Scale, and WHO-5 Well-being Index. Result(s): One hundred and five doctors responded (21%). The biggest stressor reported was reduced face-to-face contact with family and friends (73%). Forty one percent reported weekly supervision changes. Sixty five percent met the criteria for burnout, compared with 36.2% in 2018. Significant factors associated with burnout included staff shortages, longer hours, and less experience. Changes in supervision and working in non-European Working Time Directive compliant rotas were associated with lower scores across all subdomains of the BNSW Scale. The WHO-5 Well-being Index identified 48% scored low in personal well-being, indicating these trainees met the threshold for depression. Changes in regular supervision ( $p=0.010$ ) were a significant predictor of low personal well-being. Conclusion(s): High prevalence of burnout and low levels of well-being in this vulnerable cohort, particularly those who are inexperienced, have changes in supervision, and working longer hours is concerning. This study highlights the importance of regular supervision and support for this group. Copyright © 2022, The Author(s).

### Teaching psychiatry to medical students in the time of Covid-19 : experiences from UK medical schools

Author(s): Leung et al.

Source: BJPsych 46(6)

Publication date: July 2021

Aims and method: Education leads for undergraduate psychiatry in UK medical schools completed questionnaires on adaptations made to undergraduate psychiatry education, their impact and what lessons could be learnt for the future. Results:

Respondents from 24 medical schools across the UK reported a major shift to online teaching delivery, with reduced workplace learning and increased use of teleconferencing, online tasks and self-directed learning. Changes were implemented with some

faculty training provided, but little additional funding or resources from medical schools or National Health Service trusts. A variety of challenges and opportunities were reported. Clinical implications: Despite the extraordinary efforts of education leads to maintain undergraduate psychiatry education, the pandemic may affect the development of students' professional competencies and recruitment into psychiatry. Individual clinicians, trusts and medical and foundation schools have much to offer, and need to work with students to replace what has been lost during the pandemic.

### Digital psychiatry and COVID-19: The Big Bang effect for the NHS?

Item Type: Generic

Author: Dave, S., Abraham, S., Ramkisson, R., Matheiken, S., Pillai, A. S., Reza, H., Bamrah, J. S. and Tracy, D. K.

Publication Date: 2021

Publication Details: BJPsych Bulletin, 45, (5) pp.259-263. , United Kingdom: Cambridge University Press.

Abstract: The COVID-19 pandemic has brought untold tragedies. However, one outcome has been the dramatically rapid replacement of face-to-face consultations and other meetings, including clinical multidisciplinary team meetings, with telephone calls or videoconferencing. By and large this form of remote consultation has received a warm welcome from both patients and clinicians. To date, human, technological and institutional barriers may have held back the integration of such approaches in routine clinical practice, particularly in the UK. As we move into the post-pandemic phase, it is vital that academic, educational and clinical leadership builds on this positive legacy of the COVID crisis. Telepsychiatry may be but one component of 'digital psychiatry' but its seismic evolution in the pandemic offers a possible opportunity to embrace and develop 'digital psychiatry' as a whole. Copyright © The Author(s), 2020.

Published by Cambridge University Press on behalf of the Royal College of Psychiatrists.

### [COVID-19, medical education and the impact on the future psychiatric workforce](#)

Item Type: Generic

Author: Greig, F.

Publication Date: 2021

Publication Details: BJPsych Bulletin, 45, (3) pp.179-183. , United Kingdom: Cambridge University Press.

Abstract: Since the start of the COVID-19 pandemic the UK's National Health Service (NHS) has been transformed to meet the acute healthcare needs of infected patients. This has significantly affected medical education, both undergraduate and postgraduate, with potential long-term implications for psychiatric recruitment. This article discusses these ramifications, and the opportunities available to mitigate them as well as to enhance the profile of psychiatry. Copyright © The Author, 2020. Published by Cambridge University Press on behalf of BJPsych Bulletin.

### [Psychiatrist experience of remote consultations by telephone in an outpatient psychiatric department during the COVID-19 pandemic](#)

Item Type: Generic

Author: Olwill, C., Mc Nally, D. and Douglas, L.

Publication Date: 2021

Publication Details: Irish Journal of Psychological Medicine, 38, (2) pp.132-139. , United Kingdom: Cambridge University Press.

Abstract: Objective In response to the COVID-19 pandemic, there has been a shift globally from face-to-face consultations to remote consultations. In our department, remote consultations have taken in the form of telephone consultations. In this paper, we set out to study a group of Irish psychiatrists' experience of these consultations. Methods We identified recurrent themes in

the existing literature on doctors' experience of telephone consultations with a view to determining the applicability of these themes to a group of Irish psychiatrists. A questionnaire was developed based on themes in the literature. This was sent to all psychiatrists working in a busy psychiatric service in Dublin. Results The questionnaire response rate was 72% (n = 26/35). Diagnostic challenges, the effect of phone consultation on the therapeutic alliance, challenges associated with the use of technology and ethical concerns were identified as issues. Flexibility in the working day and convenience were identified as possible benefits to telephone consultations. Conclusions The group that participated in this research study identified a number of challenges to carrying out successful phone consultations. This study highlights the need at our clinical site for interventions to address the issues identified by staff. The findings also highlight the requirement for larger studies with stronger methodologies to determine the generalisability of our results. © 2020 The Author(s). Published by Cambridge University Press on behalf of The College of Psychiatrists of Ireland. Copyright © 2021 Cambridge University Press. All rights reserved.

### [Lessons for psychiatrists from the COVID pandemic: the need for expanded roles and additional competencies](#)

Full text available with NHS OpenAthens account\*

Item Type: Generic

Author: Parekh, Vinay K. and Swartz, Karen L.

Publication Date: 2021

Publication Details: International review of psychiatry (Abingdon, England), 33, (8) pp.668-676. , England:

Abstract: The disaster of the COVID-19 pandemic has fundamentally changed the norms of psychiatric practice: from its methods of care delivery to its methods of practice. Traditional methods of care delivery using in-person visits became impractical or unsafe. Meanwhile, the pandemic has resulted in



an increased demand for services. The resulting pivot to telepsychiatry required a skillset that was not a part of traditional psychiatry training. To meet the demand for services, many providers needed to join collaborative models of care to help scale their expertise. Although many innovative collaborative models of care exist, providers remain in their traditional consultative roles within many of those models. In a disaster, when there is an expanding mental health care need in the population, psychiatrists need to adapt their practice to meet expanded roles that naturally build on their usual ones. We explore the expanded roles that psychiatrists will need to fill based on what is known about the field of disaster mental health and principles from Psychological First Aid (PFA). In preparation for a new normal, in what George Everly describes as a 'disaster of uncertainty,' we propose evolutions in the way psychiatrists are trained. Specific training on telepsychiatry best practices will prepare psychiatrists to use this method most effectively and appropriately. Additional training should focus on the core competencies of disaster psychiatry: effective crisis leadership and strategic planning, disaster surveillance, knowledge of benign vs. concerning symptoms, psychological triage, implementation of crisis interventions, resource facilitation, crisis communication, and self and peer care. Developing and integrating these competencies into psychiatry training programs will best prepare psychiatrists for the expanding mental health care needs of the community in this ongoing disaster and future ones.

### [Virtual psychiatric care fast-tracked: reflections inspired by the Covid-19 pandemic](#)

Author(s): Rosic et al.

Source: BJPpsych Bulletin 46(1)

Publication date: August 2020

For many patients and healthcare providers, the move to virtual psychiatric care has been fast-tracked by the COVID-19

pandemic. In this article, we consider a patient perspective and a provider perspective on the transition to virtual psychiatric care and its strengths and limitations, as well as a call for much-needed future research.

## Education and training

### [Psychiatry training in autism spectrum disorder and intellectual disability: Ongoing gaps and emerging opportunities](#)

Item Type: Generic

Author: Marrus, N., Koth, K. A., Hellings, J. A., McDonald, R., Gwynette, M. F., Muhle, R., Lohr, W. D. and Vasa, R. A.

Publication Date: 2023

Publication Details: Autism, 27, (3) pp.679-689. , United Kingdom: SAGE Publications Ltd.

Abstract: Autism spectrum disorder and intellectual disability are associated with psychiatric comorbidities, yet a 2009 study of US child and adolescent psychiatry program directors indicated that psychiatry residents receive insufficient training in autism spectrum disorder/intellectual disability. This follow-up study surveyed child and adolescent psychiatry and general psychiatry program directors to assess (1) the current extent of residency training in autism spectrum disorder/intellectual disability, (2) program director perceptions of educational topics and resident competency in autism spectrum disorder/intellectual disability, and (3) preferred resources to strengthen autism spectrum disorder/intellectual disability training. As in 2009, many child and adolescent psychiatry program directors reported few lecture hours, although current child and adolescent psychiatry residents saw slightly more patients with autism spectrum disorder but not intellectual disability. General psychiatry program directors reported fewer lecture hours in autism spectrum disorder/intellectual disability and fewer patients with autism spectrum disorder than child and adolescent psychiatry program directors. Both child and adolescent psychiatry and general

psychiatry program directors recognized the importance of a range of educational topics in autism spectrum disorder/intellectual disability. Child and adolescent psychiatry program directors reported higher resident competency, and lecture hours and patients seen moderately correlated with resident competency. Program directors indicated that online videos and other resources would help improve autism spectrum disorder/intellectual disability training in their programs. Collectively, these findings suggest minimal improvements in autism spectrum disorder/intellectual disability training over the past decade and highlight the urgent need to advance psychiatry training in this field through dissemination of resources. Lay abstract: Children, adolescents, and adults with autism spectrum disorder and intellectual disability experience high rates of co-occurring psychiatric conditions throughout their lifetime. However, there is a shortage of psychiatrists to treat these populations. We evaluated how much education psychiatrists-in-training receive on how to care for individuals with autism spectrum disorder/intellectual disability. We found that in many psychiatry programs, residents receive limited training experiences in autism spectrum disorder/intellectual disability involving lectures and patient contact and that psychiatry program directors would benefit from more resources to strengthen education in autism spectrum disorder/intellectual disability. Copyright © The Author(s) 2022.

### [Uncovering trends in training progression for a national cohort of psychiatry trainees: discrete-time survival analysis](#)

Item Type: Generic

Author: Silkens, Milou E. W. M., Sarker, Shah-Jalal and Medisaukaite, Asta

Publication Date: 2021

Publication Details: BJPsych open, 7, (4) pp.e120. , England:

Abstract: BACKGROUND: The global rise in mental health

issues calls for a strong psychiatry workforce. Yet, psychiatry training worldwide is facing recruitment challenges, causing unfilled consultant posts and possibly threatening the quality of patient care. An in-depth understanding of trainees' progression through training is warranted to explore what happens to recruited trainees during training., AIMS: To uncover current trends in psychiatry trainees' progression through training in the UK., METHOD: This national retrospective cohort study with data from the UK Medical Education Database used discrete-time survival analysis to analyse training progression for those trainees who started their core psychiatry post in 2012-2017 (2820 trainees; 59.6% female, 67.6% UK graduates (UKGs)). The impact of sociodemographic characteristics on training progression were also investigated., RESULTS: The overall probability of completing training in 6 years (minimum years required to complete psychiatry training in the UK) was 17.2% (ranging from 4.8% for non-UKG females to 29% for UKG males). The probability to not progress was highest (57.1%) from core to specialty training. For UKGs, trainees from ethnicities other than White, trainees with a disability, and trainees who had experienced childhood social deprivation (measured as entitlement to free school meals) had a significantly ( $P \leq 0.02$ ) lower probability of completing training in 6 years., CONCLUSIONS: Less than one in five psychiatry trainees are likely to complete training in 6 years and this probability varies across groups of doctors. Completing psychiatry training in 6 years is, therefore, the exception rather than the norm and this has important implications for trainees, those planning psychiatry workforces or responsible for psychiatry training.

### [Exploring UK medical school differences: The MedDifs study of selection, teaching, student and F1 perceptions, postgraduate outcomes and fitness to practise](#)

Item Type: Generic

Author: McManus, I. C., Harborne, A. C., Horsfall, H. L., Joseph,



T., Smith, D. T., Marshall-Andon, T., Samuels, R., Kearsley, J. W., Abbas, N., Baig, H., Beecham, J., Benons, N., Caird, C., Clark, R., Cope, T., et al

Publication Date: 2020

Publication Details: BMC Medicine, 18, (1) pp.136. , United Kingdom: BioMed Central Ltd. (E-mail: [info@biomedcentral.com](mailto:info@biomedcentral.com)).

**Abstract:** Background: Medical schools differ, particularly in their teaching, but it is unclear whether such differences matter, although influential claims are often made. The Medical School Differences (MedDifs) study brings together a wide range of measures of UK medical schools, including postgraduate performance, fitness to practise issues, specialty choice, preparedness, satisfaction, teaching styles, entry criteria and institutional factors. Method(s): Aggregated data were collected for 50 measures across 29 UK medical schools. Data include institutional history (e.g. rate of production of hospital and GP specialists in the past), curricular influences (e.g. PBL schools, spend per student, staff-student ratio), selection measures (e.g. entry grades), teaching and assessment (e.g. traditional vs PBL, specialty teaching, self-regulated learning), student satisfaction, Foundation selection scores, Foundation satisfaction, postgraduate examination performance and fitness to practise (postgraduate progression, GMC sanctions). Six specialties (General Practice, Psychiatry, Anaesthetics, Obstetrics and Gynaecology, Internal Medicine, Surgery) were examined in more detail. Result(s): Medical school differences are stable across time (median alpha = 0.835). The 50 measures were highly correlated, 395 (32.2%) of 1225 correlations being significant with  $p < 0.05$ , and 201 (16.4%) reached a Tukey-adjusted criterion of  $p < 0.0025$ . Problem-based learning (PBL) schools differ on many measures, including lower performance on postgraduate assessments. While these are in part explained by lower entry grades, a surprising finding is that schools such as PBL schools which reported greater student satisfaction with

feedback also showed lower performance at postgraduate examinations. More medical school teaching of psychiatry, surgery and anaesthetics did not result in more specialist trainees. Schools that taught more general practice did have more graduates entering GP training, but those graduates performed less well in MRCGP examinations, the negative correlation resulting from numbers of GP trainees and exam outcomes being affected both by non-traditional teaching and by greater historical production of GPs. Postgraduate exam outcomes were also higher in schools with more self-regulated learning, but lower in larger medical schools. A path model for 29 measures found a complex causal nexus, most measures causing or being caused by other measures. Postgraduate exam performance was influenced by earlier attainment, at entry to Foundation and entry to medical school (the so-called academic backbone), and by self-regulated learning. Foundation measures of satisfaction, including preparedness, had no subsequent influence on outcomes. Fitness to practise issues were more frequent in schools producing more male graduates and more GPs. Conclusion(s): Medical schools differ in large numbers of ways that are causally interconnected. Differences between schools in postgraduate examination performance, training problems and GMC sanctions have important implications for the quality of patient care and patient safety. Copyright © 2020 The Author(s).

### Equality, Diversity, and Inclusion

[Renewal of academic psychiatry without addressing gender equity will render it Jurassic rather than endangered](#) Abstract only\*

Item Type: Generic

Author: Galbally, Megan, Eggleston, Katherine, Northwood, Korinne, Siskind, Dan, Berk, Michael, Suetani, Shuichi, Gill, Neeraj, O'Connor, Nick, Harvey, Samuel B. and Every-Palmer,

Susanna

Publication Date: 2023

Publication Details: The Australian and New Zealand Journal of Psychiatry, 57, (3) pp.315-321. , England:

Abstract: While two editorials have raised concerns about the decline in Australian academic psychiatry, for a genuine rejuvenation to ever occur, we will need to re-examine how women can be better included in this important endeavour. While attainment of fellowship has reached gender parity, academic psychiatry has disappointingly lagged, with 80% of its senior leadership roles across Australia and New Zealand still held by men, with a similar situation in the United Kingdom and the United States as well as many other countries. Encouraging women into academic psychiatry is not only critical to progress as a profession but also will help address the current blindness to sex differences in biological psychiatry, as well the social impact of restrictive gender norms and the effects of gender-based violence on mental health. This potentially creates opportunities for significant gains and insights into mental disorders. However, addressing the barriers for women in academia requires tackling the entrenched disparities across salaries, grant funding, publications, teaching responsibilities, keynote invitations and academic promotions alongside the gender-based microaggressions, harassment and tokenism reported by many of our female academics. Many women must grapple with not just a 'second shift' but a 'third shift', making the burden of an academic career unreasonable and burnout more likely. Addressing this is no easy task. The varied research in academic medicine reveals no quick fixes, although promoting gender equity brings significant potential benefits. Areas such as academic psychiatry need to recognise our community's growing discomfort with workplaces that choose to maintain status quo. Gender equity must be a critical part of any quest to revive this important area of practice for our profession.

[Gender Diversity in the Psychiatric Workforce: It's Still a \(White\) Man's World in Psychiatry](#) Abstract only\*

Item Type: Generic

Author: Clark, C. T. and Payne, J. L.

Publication Date: 2022

Publication Details: Psychiatric Clinics of North America, 45, (2) pp.271-278. , United States: W.B. Saunders.

Academic psychiatry has slightly higher rates of women in the upper ranks and leadership positions than academic medicine as a whole but women continue to be seriously underrepresented. Psychiatry departments should take specific steps to address barriers for women in psychiatry including harassment and discrimination, Imposter Syndrome, lack of mentorship and sponsorship, work-life integration issues, and overinvolvement in nonpromotion generating activities. Addressing these barriers within academic psychiatry will improve the environment for all minorities.

[Psychiatrists on boards: The diversity of psychiatrists working as board directors in Mental Health Trusts in England](#) Full text

available with NHS OpenAthens account\*

Item Type: Generic

Author: Cornwall, P. L. and Osborne, A.

Publication Date: 2021

Publication Details: BMJ Leader, 5, (4) pp.274-277. , United Kingdom: BMJ Publishing Group.

Abstract: Background The lack of diversity in healthcare leadership has been reported as a risk factor for the impact of the COVID-19 pandemic on black and ethnic minority healthcare staff. The medical workforce is increasingly diverse but not necessarily in its senior leadership. Methods We aimed to describe the characteristics of psychiatrists with board-level responsibility in Mental Health Trusts in England, comparing the current picture to that of 2016, using publicly available sources of data. We examined whether the psychiatric leaders were

representative of the consultant workforce. Results Psychiatrists in senior leadership positions are unrepresentative of the consultant workforce, with UK and Irish graduates, and forensic psychiatrists being over-represented, and general adult psychiatrists being under-represented. There has been minimal change between 2016 and 2020, despite a 50% turnover in those holding board-level responsibility. Conclusions If greater diversity in psychiatric leadership is desired, stronger action needs to be taken to promote leadership development opportunities from under-represented groups. Copyright ©

### Gender equality in academic psychiatry in the UK in 2019

Item Type: Generic

Author: Dhingra, S., Killaspy, H. and Dowling, S.

Publication Date: 2021

Publication Details: BJPsych Bulletin, 45, (3) pp.153-158. , United Kingdom: Cambridge University Press.

Abstract: Aims and method To investigate whether gender balance in academic psychiatry in the UK has improved since a 2005 initiative to encourage career progression for female academics in UK universities. We surveyed the gender of academic psychiatrists across the UK and compared our findings with our previous 2003 London-wide survey and with the Royal College of Psychiatrists' 2001 workforce census. Results The percentage of women in academic psychiatry posts in the UK more than doubled, from 20% in 2001 to 40% in 2019, with increases at senior lecturer (from 25 to 50%), reader/associate professor (from 29 to 48%) and professor level (from 11 to 21%). Outside London, men occupy 72% of all posts and 89% of professorial posts. Within London, men occupy 45% of all posts and 74% of professorial posts. Clinical implications The representation of women in academic psychiatry has improved but men continue to dominate at professorial level. Gender equality appears worse outside London. The situation is

exacerbated by the diminishing availability of posts across the UK. Copyright © The Authors 2020.

## Leadership

### Nurses' leadership in psychiatric care-A qualitative interview study of nurses' experience of leadership in an adult psychiatric inpatient care setting

Item Type: Generic

Author: Sundberg, Kajsa, Vistrand, Cecilia, Sjostrom, Karin and Ormon, Karin

Publication Date: 2022

Publication Details: Journal of psychiatric and mental health nursing, 29, (5) pp.732-743. , England:

Abstract: WHAT IS KNOWN ON THE SUBJECT?: Previous studies on leadership in psychiatric care have focussed on a diversity of staff and on different healthcare settings. Nurses in both Sweden and internationally, working with patients newly diagnosed with psychosis and addiction, describe an overwhelming workload. Existing research points out that experience and leadership training are the most important factors to exert a good nursing leadership. In Sweden, requirements for leadership exists already from the first day of a nurse's career. The relationship and communication between nurses in psychiatric care and members of the staff is decisive for whether the leadership will work. WHAT THE PAPER ADDS TO EXISTING KNOWLEDGE: The study adds knowledge regarding the challenges leading the nursing care for patients diagnosed with psychosis and addiction. Ambivalence in the leadership role is prominent among nurses in psychiatric care and feelings of responsibility and meaningfulness are mixed with feelings of powerlessness and uncertainty. Swedish psychiatric nurses lack mandate to lead psychiatric nursing care. This may increase the feelings of uncertainty in their leadership role. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: A mandate

to lead as well as a leadership guidance in communication and teambuilding will enhance the leadership, especially among newly graduated nurses. Heightened awareness within the healthcare organization about nurse's experience of difficulties in leading the psychiatric nursing care of the most severe psychiatric illnesses could increase the right prerequisites for leadership. ABSTRACT: Introduction Research shows that psychiatric nursing care puts additional demands on the nurse as a leader due to the psychological complexity of care. Experience and leadership training are most important to exert leadership. In Sweden, demands for leadership exist already at the beginning of a nursing career, and in psychiatry, it may lead to an overwhelming workload. Aim/Question The aim of the present study is to highlight nurses' experiences of leading the psychiatric nursing care in an adult psychiatric context. Method A qualitative interview study of eleven registered nurses within psychiatric inpatient care. Content analysis was used for analysis. Results Leading with combined feelings of both meaningfulness and uncertainty were the theme arising from the result. Discussion Findings from Swedish and international studies stress special demands on leadership in psychiatric care. The result shows that nurses perceived an ambivalence of their leadership in terms of both meaningfulness and uncertainty. Implications for Practice An official mandate to lead as well as leadership guidance in communication and teambuilding will enhance leadership, especially among newly graduated nurses. Heightened awareness within healthcare organizations about difficulties in leading psychiatric nursing care could increase the possibility to create right prerequisites for leadership. Copyright © 2021 The Authors. Journal of Psychiatric and Mental Health Nursing published by John Wiley & Sons Ltd.

### The Royal College of Psychiatrists' Leadership and Management Fellow Scheme

Item Type: Generic

Author: Till, Alex, Bagepalli Krishnan, Deepa, Gibson, Russell, Hobkirk, Michael, Somerfield, David and Crimlisk, Helen

Publication Date: 2022

Publication Details: BJPsych bulletin, 46, (3) pp.168-173. , England:

Abstract: The Royal College of Psychiatrists' Leadership and Management Fellow Scheme aims to develop and support a new cohort of leaders within psychiatry. This article provides an introduction to the scheme, which is accessible to all higher trainees with the support of their host organisation. We explore its development, structure and how it is evolving to provide a strong platform for achieving the College's ambition to benefit patient care by embedding a culture of medical leadership within mental health services.

### Psychiatric leadership development in postgraduate medical education and training

Item Type: Generic

Author: Till, Alex, Sen, Radhika and Crimlisk, Helen

Publication Date: 2022

Publication Details: BJPsych bulletin, 46, (3) pp.174-181. , England:

Abstract: The value of strong, compassionate medical leadership in the delivery of high-quality care to patients within mental health services is clear. Leadership development, however, is far less well explored. This article is for psychiatric trainees, trainers and mental health organisations. It provides an introduction to the importance of leadership development within postgraduate medical training, the theory that should underpin its delivery, and the opportunities for both informal and formal leadership development within psychiatric training.



### Placements

#### Early career doctors' experiences of psychiatry placements: A qualitative study Abstract only\*

Item Type: Generic

Author: Stott, J., Haywood, J. and Crampton, P.

Publication Date: 2021

Publication Details: Medical teacher, 43, (10) pp.1196-1202. , United Kingdom: NLM (Medline).

Abstract: INTRODUCTION: On completion of a medical degree, junior doctors in the UK undergo a 2 year Foundation Programme. Since 2016, 45% of Foundation Programme doctors are required to undertake a psychiatry placement during foundation training. During this time, recruitment to Core Psychiatry Training has fluctuated, dropping to a 69% fill rate in 2017. METHOD(S): With the support of the Royal College of Psychiatrists, Health Education England and the UK Foundation Programme Office, a large-scale study was formulated utilising semi-structured focus groups. These exploring participant experiences help to understand how and if the psychiatry foundation placements are valuable, and their potential influence on a trainee choosing psychiatry as a career. A framework analysis was used to analyse data. RESULT(S): Seventy-four participants across 10 foundation schools in England participated. Experiences and perceptions were split into three broad themes; pre-placement, during placement, and post-placement. Within these, 12 sub-themes emerged. Doctors valued independence and responsibility especially if accompanied by a level of support from seniors. They also enjoyed working as part of a multi-disciplinary team. However, there were clear issues around staffing levels, stigma attached to psychiatry, and out of hours working. DISCUSSION: The pre-placement perceptions of psychiatry as a specialty as well as the trainees' personal priorities for career selection were influenced by psychiatry placement experiences. The results have important

implications for the recruitment to the specialty and need to be considered when designing and constructing placement aims.

#### Junior doctor psychiatry placements in hospital and community settings: A phenomenological study

Item Type: Generic

Author: Beattie, S., Crampton, P. E. S., Schwarzlose, C., Kumar, N. and Cornwall, P. L.

Publication Date: 2017

Publication Details: BMJ Open, 7, (9) pp.017584. , United Kingdom: BMJ Publishing Group (E-mail: [subscriptions@bmjgroup.com](mailto:subscriptions@bmjgroup.com)).

Abstract: Objectives: The proportion of junior doctors required to complete psychiatry placements in the UK has increased, due in part to vacant training posts and psychiatry career workforce shortages, as can be seen across the world. The aim of this study was to understand the lived experience of a Foundation Year 1 junior doctor psychiatry placement and to understand how job components influence attitudes. Design(s): The study was conducted using a cross-sectional qualitative phenomenological approach. Setting(s): Hospital and community psychiatry department settings in the North East of England, UK. Participants In total, 14 Foundation Year 1 junior doctors were interviewed including seven men and seven women aged between 23 and 34 years. The majority had completed their medical degree in the UK and were White British. Result(s): The lived experience of a junior doctor psychiatry placement was understood by three core themes: exposure to patient recovery, connectedness with others in the healthcare team and subjective interpretations of psychiatry. The experiences were moderated by instances of role definition, reaction to the specialty and the organisational fit of the junior doctor capacity in the specialty. Conclusion(s): The study reinforces and adds to the literature by identifying connectedness as being important for both job satisfaction and morale, which is currently damaged within the

junior doctor population. The study provides in-depth insights into the lived experience of psychiatry placements and can be taken forward by educationalists to ensure the placements are meaningful experiences for junior doctors by developing role definition, belonging, structure and psychiatric care responsibility. Copyright © Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2017. All rights reserved.

### Recruitment and Retention

#### [Enhancing Child and Adolescent Psychiatry Recruitment Through a Medical Student Mentorship Network: A Qualitative Study](#)

Item Type: Generic

Author: Kishore, A., DiGiovanni, M., Sun, K. L., Kolevzon, A., Benoit, L. and Martin, A.

Publication Date: 2023

Publication Details: Academic Psychiatry, 47, (2) pp.124-133. , Switzerland: Springer Science and Business Media Deutschland GmbH.

Abstract: Objective: There is a shortage of psychiatrists necessary to meet the clinical needs of children and adolescents. Efforts over the past decade to enhance the workforce have had a limited impact. This study sought to identify the critical components of a medical student mentorship network designed to increase recruitment into the subspecialty. Method(s): The authors conducted interviews via synchronized videoconferencing of network site leaders and medical students at 14 schools throughout the USA. In addition, they analyzed verbatim transcripts using a thematic-phenomenological qualitative approach. Result(s): The authors interviewed thirty-eight program participants during seven focus group sessions: nine program directors and 29 medical students or graduates, a median of five participants per session. They constructed a

framework consisting of two overarching domains, comprised of three themes each: (1) life cycle of a subspecialty mentorship network (Origins, Initiation, and Continuity); and (2) next steps to improve the program (Refining goals, Increasing accessibility, and Defining a path forward). Conclusion(s): Preliminary data have already documented the positive impact of participation in this mentorship program on medical student match rates into psychiatry. The qualitative model of this study provides a blueprint to develop, maintain, and optimize this and similar efforts aimed at increasing the child and adolescent psychiatry workforce. Copyright © 2022, The Author(s), under exclusive licence to American Association of Chairs of Departments of Psychiatry, American Association of Directors of Psychiatric Residency Training, Association for Academic Psychiatry and Association of Directors of Medical Student Education in Psychiatry.

#### [Evaluating workforce needs for higher specialist training for psychiatry of intellectual disability in Kent, Surrey and Sussex: A workforce scoping service evaluation](#) Abstract only\*

Item Type: Journal Article

Authors: Mukherjee, Raja A. S. and Ondrusz, Mary

Publication Date: 2023

Journal: Advances in Mental Health and Intellectual Disabilities 17(1), pp. 1-9

Abstract: Purpose: Whilst recruitment and retention of high-quality staff is vital to providing a good service, at the time of the evaluations, Kent, Surrey and Sussex (KSS) was the only area of the UK without a Higher Specialist Training (HST) scheme in intellectual disability (ID). The purpose of this project was to identify barriers to recruitment and support the need for change. Design/methodology/approach: This evaluation included conducting interviews with 16 practitioners in the region with links to ID to consider the gaps in training and find solutions. Findings: Four themes were identified, namely, good



experiences are important to recruiting people into the ID field; bad experiences or lack of exposure to people with ID are likely to prevent engagement with this field; there is an ongoing need for specialist psychiatrists in ID services; and there is a developing need for specialists in neurodevelopmental disorders. Finally, the challenge means we need to think differently about developing a workforce. Seven recommendations to support workforce delivery in KSS were developed. Originality/value: This paper highlights an important rationale for ongoing need for HST in ID work and also reasons to engage people in this field. This has not been undertaken in the ID field in this way previously. (PsyInfo Database Record (c) 2023 APA, all rights reserved) (Source: journal abstract)

### [Addressing the shortage of psychiatrists in Australia: Strategies to improve recruitment among medical students and prevocational doctors](#)

Item Type: Generic

Author: Nguyen, T. P. and Solanki, P.

Publication Date: 2023

Publication Details: Australian and New Zealand Journal of Psychiatry, 57, (2) pp.161-163. , United Kingdom: SAGE Publications Inc.

Access to timely and effective care is a primary goal for mental health services. However, chronic shortages in Australia's psychiatric workforce continue to plague effective service provision. Current projections conservatively predict an alarming undersupply of 124 psychiatrists by 2030, with 43% of psychiatrists intending to retire in the next decade ([Department of Health, 2017](#)). The recruitment of overseas psychiatrists has long been used to fill these gaps, yet this remains an unsustainable long-term strategy. While the government's recent AU\$1 million investment into 30 new psychiatry training positions partly addresses these gaps, these additional positions will need to be matched with increased numbers of trainees. In this article,

we describe factors that draw medical students and prevocational doctors into psychiatry and outline evidence-based recommendations that may increase overall recruitment numbers.

### [The retention of training doctors in the Irish health system](#)

Item Type: Generic

Author: Pierse, Tom, Morris, Roisin, OToole, Leah, Kinirons, Brian and Staddon, Eddie

Publication Date: 2023

Publication Details: Irish journal of medical science, , Ireland:

Abstract: BACKGROUND: There is limited quantitative evidence on the migration patterns of training doctors in Ireland. The aim of this study is to estimate the number of trainee doctors leaving the Irish health system and the numbers returning., METHODS:

This study uses administrative data to track the migration patterns of Irish trained doctors at various career stages., RESULTS: Eighty-four percent of interns who commenced intern training in 2015 subsequently commenced a basic specialist training (BST) or general practice (GP) training programme in subsequent years (2016-2021). Of those who completed BST training in 2017, 75% went on to higher specialist training (HST) in Ireland. In 2021, of the 2016 cohort of doctors awarded Certificates of Satisfactory Completion of Specialist Training (CSCST), 68% are employed in Ireland and 32% are abroad or unknown. Of the 2016 group that are abroad, the UK is the main country of practice. There are variations in the retention rate across disciplines; from the 2016 cohort, 52% of anaesthesiology CSCSTs were working in Ireland in 2021 compared to 88% of psychiatry CSCSTs., CONCLUSION: Previous research has highlighted Irish doctor's intentions to migrate and intentions to return to Ireland. This study documents for the first time the extent to which Irish doctors are leaving and returning to the Irish health system from 2015 to 2021. The paper also gives a picture of variations across medical disciplines and the location of

emigration of qualified specialists. Copyright © 2023. The Author(s).

### [Psych Socs: Student-led psychiatry societies, an untapped resource for recruitment and reducing stigma](#)

Item Type: Generic

Author: Pandian, H., Mohamedali, Z., Chapman, G. E., Vincenzo, P., Ahmed, S., Mulliez, Z., Bruce, H., Burn, W., Korszun, A. and Tracy, D. K.

Publication Date: 2020

Publication Details: BJPsych Bulletin, 44, (3) pp.91-95. , United Kingdom: Cambridge University Press (E-mail:

[journals\\_subscriptions@cup.cam.ac.uk](mailto:journals_subscriptions@cup.cam.ac.uk)).

Abstract: Medical recruitment and retention are national problems. Psychiatry has been more affected than many specialties, as a result of stigma from the public and other healthcare professionals. The Royal College of Psychiatrists has undertaken several initiatives to redress this, notably the 'Choose Psychiatry' campaign. In this editorial we argue that student-led university psychiatry societies are a wonderful but frequently untapped resource to help attract the brightest and best medical students to our profession. We describe the activities of three 'Psych Socs' across the UK and propose next steps to continue this work. Copyright © The Authors 2020.

## Remote working and telepsychiatry

[Remote Telepsychiatry Workforce: a Solution to Psychiatry's Workforce Issues](#) Full text available with NHS OpenAthens account\*

Item Type: Generic

Author: Gardner, J. S., Plaven, B. E., Yellowlees, P. and Shore, J. H.

Publication Date: 2020

Publication Details: Current psychiatry reports, 22, (2) pp.8. ,

United States: Springer.

Abstract: Purpose of Review: The purpose of this paper is to demonstrate how a remote workforce may increase access to care while reducing physician burnout. We review workforce issues and organizational and individual obstacles for implementing a telepsychiatry workforce including administrative, logistical, and clinical considerations and offer resources for how to overcome barriers that may arise in implementing a remote workforce. Recent Findings: There is an increasingly unmet demand for mental health services and a shortage in psychiatrists. Burnout may be a key factor contributing to psychiatrists working less, pursuing less acute cases, and leading to worsened outcomes for patients and the psychiatrists themselves. Telepsychiatry provides comparable patient and provider satisfaction and equal outcomes when compared with face-to-face encounters. Summary: We provided 3 case examples to demonstrate psychiatrists demonstrating successful delivery of care in a range of clinic settings and workplace configurations while optimizing their quality of life and reducing their risk of burnout. Copyright © 2020, Springer Science+Business Media, LLC, part of Springer Nature.

## Staff experiences

['You get this conflict between you as a person and you in your role...that changes you': A thematic analysis of how inpatient psychiatric healthcare staff in the UK experience restraint, seclusion, and other restrictive practices](#) Abstract only\*

Item Type: Generic

Author: Mooney, M. and Kanyeredzi, A.

Publication Date: 2021

Publication Details: International journal of mental health nursing, 30, (6) pp.1703-1712. , Australia: NLM (Medline).

Abstract: A high proportion of psychiatric inpatients experience Restrictive Practice (RP) during admission. Numerous reports

have highlighted adverse effects on patients and staff. However, qualitative research focussed on experience, impact, and coping mechanisms of healthcare staff in the UK is limited. Therefore, this study explored psychiatric healthcare staff experience of RP on inpatient wards in the UK. Eight semi-structured, audio-recorded interviews, of ~60 min, were conducted via telephone/Skype and transcribed verbatim. A critical realist epistemology was used to thematically analyse data. Three themes were identified: the coexistence of accountability, power and subjection; impacts on the individual and professional relationships, and coping with difficult experiences and emotions. Restrictive practice can negatively affect staff experience, working relationships, and wellbeing. Opportunities for support could mediate adverse effects. Future research could further explore coping mechanisms and organizational factors contributing to negative staff experiences. Copyright © 2021 John Wiley & Sons Australia, Ltd.

### Wellbeing, resilience, and burnout

[Female patient violence experienced by female qualified nurses working in an inpatient psychiatric department](#) Abstract only\*

Item Type: Generic

Author: Alanazi, B., McAndrew, S. and Warne, T.

Publication Date: 2023

Publication Details: International Journal of Mental Health Nursing, , Australia: John Wiley and Sons Inc.

Abstract: Whilst there is an increasing prevalence of healthcare staff facing aggression, psychiatric nurses are thought to be most at risk; with such events being a hazard to their physical, emotional and psychological health. This study explored how patient violence is experienced by qualified nurses employed in an in-patient psychiatric facility in the Kingdom of Saudi Arabia (KSA). As male and female patients and nurses are segregated in Saudi healthcare settings, this study focused on female patient

violence against female psychiatric nurses. Both the immediate and more long-term impacts were explored, together with approaches that could potentially facilitate avoiding, reducing and managing aggression within the work setting. The study adopted a qualitative descriptive design and used purposive sampling to recruit nine psychiatric nurses working in an in-patient setting, from a single KSA medical facility. Inclusion criteria required participants to be licensed, registered nurses, who, during the last 10 years, had worked in an acute in-patient psychiatric ward for adult females, and to have experienced some form of patient aggression. Semi-structured, one-to-one interviews were used to gather data, which was then subjected to thematic analysis. Two dominant themes were identified: (i) occurrence of violence and (ii) determination of violence. It was concluded that female psychiatric nurses were adversely affected by aggression towards them from female patients. Although the nurses considered this behaviour to be part of their nursing role, they reported minimal support from institutional managers, peers and their relatives. Copyright © 2023 John Wiley & Sons Australia, Ltd.

[Violations and Abusive Events as Experienced by Staff Within Adult Psychiatric Care: A National Cross-Sectional Survey](#)

Abstract only\*

Item Type: Generic

Author: Levinsson, H., Tham, K. F., Straht, M. and Wolgast, M.

Publication Date: 2023

Publication Details: Ethical Human Psychology and Psychiatry, 25, (1) pp.89-100. , United States: Springer Publishing Company.

Abstract: Background: Previous research has emphasized the high prevalence and far-reaching consequences of violations of ethical principles in patient care. Aim(s): To study the extent of violations perceived by healthcare professionals in Swedish adult psychiatric care. Method(s): Online survey among 2,538 mental

health professionals. A revised version of Transgressions of Ethical Principles in Health Care Questionnaire was used. Result(s): Events that could be perceived as abusive occur to a large extent. Respondents reported 96% observation and 84% self-involvement in at least one abusive event during the past 12 months and were considered unethical by 43% upon observation and by 34% upon self-involvement. Respondents who work in inpatient care report both more observations and more of their own involvement in abusive events compared to outpatient care. Conclusion(s): The findings indicate the importance of actively working with and preventing violations and abusive events, and could motivate healthcare professionals to talk about alternative ways of acting in certain situations. Copyright © 2023 Springer Publishing Company.

[Conference abstract: Resilience and wellbeing in mental health workforce: why it matters and how to develop it](#) Abstract all available

Author(s): Steinebach

Source: European Psychiatry 65(Special Issues 1)

Publication date: 2022

Resilience, mental health, and well-being are currently being discussed in general and for healthcare workers. Employees in the mental health workforce are subject to a variety of stresses. There have been long-standing stresses due to structural and discipline-specific conditions. In addition, there are special challenges due to the pandemic. The systemic perspective of the biopsychosocial model of human development focuses on biochemical, muscular-neuronal, emotional, cognitive, and environmental risk and protective factors. These systemic events are embedded in different environmental systems that represent micro- to macrosystemic conditions. All these factors need to be reflected, evaluated, and positively developed in a profession- and workplace-specific manner. In this sense, “career resilience” can be promoted individually, at team level and organizationally.

Corresponding evidence-based programs for prevention and intervention are presented. In the discussion, it becomes clear that expectations of societal requirements can also be derived under the concern of prevention and promotion. It is necessary to complement self-care with the “caring team community” to promote the development of a comprehensive “caring society”. Thus, we contribute to an overarching conception in terms of transdisciplinary consilience of resilience and wellbeing in mental health workforce.

[Burnout within forensic psychiatric nursing: Its relationship with ward environment and effective clinical supervision?](#)

Item Type: Generic

Author: Berry, S. and Robertson, N.

Publication Date: 2019

Publication Details: Journal of psychiatric and mental health nursing, 26, (7-8) pp.212-222. , United Kingdom: John Wiley and Sons Inc.

Abstract: What is known about this subject?: Burnout is a prominent issue in psychiatric nursing and associated with significant adverse consequences for staff, service users and at an organizational level. Exploration of the extent and predictors of burnout in secure settings has received little research attention. It is not fully understood why prevalence rates of burnout in forensic settings are not elevated in comparison to other settings, despite the presence of known risk-related correlates. What this paper adds to existing knowledge?: In contrast to previous research, findings suggest that clinical supervision may not be an effective, stand-alone intervention to support staff experiencing burnout. Thus, the current focus on clinical supervision to mitigate burnout may be insufficient in forensic services. The ward environment (specifically how safe staff feel, how therapeutic the ward feels and how well service users relate to one another) was found to be more important than clinical supervision in terms of burnout for forensic

psychiatric nursing staff. What are the implications for practice?: Policies regarding staff health and well-being should be developed with due consideration given to the association between burnout and the working environment. It should not be assumed that clinical supervision is sufficient to mitigate burnout in practice. Further research assessing all types of support and the ward environment is needed to gain a better understanding of its relationship to burnout. Abstract: Introduction Despite extensive research examining burnout in psychiatric nursing staff, literature exploring key predictors of burnout in secure psychiatric settings has been relatively neglected. Research has yet to explore burnout in these settings by adopting previously identified predictors such as support or the ward environment. Aim The current study aimed to reduce this gap by exploring burnout, the perceived effectiveness of clinical supervision and ward environment. Method In 2014, nursing staff working in a medium secure forensic psychiatric unit in the United Kingdom (N = 137) provided demographic information and completed the measures assessing: Burnout, clinical supervision and the ward environment. Results Approximately 10% of nursing staff could be classed as "burnt-out". The main predictors of burnout were age and ward environment. Clinical supervision had minimal association with burnout. Discussion The current study sheds doubt on clinical supervision as a potential intervention for burnout and results appear comparable to research within other settings. The implications of the ward environment, supervision and burnout are discussed herein. Implication for Practice Interventions may need to focus on a positive ward environment (including patient cohesion, experienced safety and enhancing the therapeutic atmosphere). Organizations should support younger nursing staff as they appear particularly vulnerable to burnout. Copyright © 2019 John Wiley & Sons Ltd

[Why is change a challenge in acute mental health wards? A cross-sectional investigation of the relationships between](#)

[burnout, occupational status and nurses' perceptions of barriers to change](#)

Item Type: Generic

Author: Laker, C., Cella, M., Callard, F. and Wykes, T.

Publication Date: 2019

Publication Details: International journal of mental health nursing, 28, (1) pp.190-198. , Australia: NLM (Medline).

Abstract: Changes in UK psychiatric wards have been difficult to implement. Specific areas of nursing staff resistance remain unclear. Previous healthcare research suggests that burnout is common and that managers' regard changes more positively than direct care staff. We will therefore examine whether burnout and workforce characteristics influence psychiatric nurses' perceptions of barriers to change. Psychiatric nurses (N = 125) completed perceptions measures of 'barriers to change' (VOCALISE: subscales included 'powerlessness, confidence and demotivation'); and 'burnout' (Maslach Burnout Inventory: subscales included 'emotional exhaustion, personal accomplishment and depersonalization'). Staff characteristics, such as length of employment, occupational status, education, ethnicity, gender and age, were also collected. Correlations between these measures informed random-effects regression models, which were conducted to predict the barriers to change score and to explore differential effects in the subscales of VOCALISE. Perceptions of barriers to change (VOCALISE) were correlated with burnout ( $r = 0.39$ ), occupational status ( $r = -0.18$ ) and age ( $r = 0.22$ ). Burnout (Coef. beta: 10.52;  $P > 0.001$ ) and occupational status (Coef. beta: -4.58;  $P = 0.05$ ) predicted VOCALISE. Emotional exhaustion (Coef. beta: 0.18;  $P < 0.001$ ) and low personal accomplishment (Coef. beta: 0.21;  $P = 0.001$ ) predicted powerlessness. Emotional exhaustion predicted low motivation regarding changes (Coef. beta: 0.11;  $P = 0.005$ ). Low confidence predicted high levels of depersonalization (Coef beta: 0.23;  $P = 0.01$ ). Direct care staff expressed significantly more powerlessness (Coef. beta: -2.60;  $P = 0.02$ ) and significantly less



confidence (Coef. beta: -3.07;  $P = 0.002$ ) than managers. For changes to be successful in psychiatric wards, burnout will need to be addressed. Future change strategies may consider involving direct care staff to improve perceptions of barriers to change. Copyright © 2018 The Authors International Journal of Mental Health Nursing published by John Wiley & Sons Australia, Ltd on behalf of Australian College of Mental Health Nurses Inc.

[The physical and mental health of acute psychiatric ward staff, and its relationship to experience of physical violence](#) Abstract only\*

Item Type: Generic

Author: Renwick, L., Lavelle, M., James, K., Stewart, D., Richardson, M. and Bowers, L.

Publication Date: 2019

Publication Details: International journal of mental health nursing, 28, (1) pp.268-277. , Australia: NLM (Medline).

Abstract: To evaluate and describe the physical and mental health of staff on acute psychiatric wards and examine whether violence exposure is linked with health status. We undertook a cross-sectional survey with 564 nursing staff and healthcare assistants from 31 psychiatric wards in nine NHS Trusts using the SF-36, a reliable and valid measure of health status and compared summary scores with national normative data. Additional violence exposure data were collated simultaneously and also compared with health status. The physical health of staff was worse, and their mental health was better than the general population. Physical health data were skewed and showed a small number of staff in relatively poor health while the majority were above average. Better physical health was associated with less time in the current post, a higher pay grade, and less exposure to mild physical violence in the past year. Better mental health was associated with being older and from an ethnic minority background. Violence exposure influenced

physical health but not mental health when possible confounders were considered. Mental health was strongly influenced by ethnicity, and further research might highlight the impact on own-group ethnic density on the quality of care. The impact of staff whom are physically unwell or impaired in the workplace needs to be considered as the quality of care may be compromised despite this being an example of inclusiveness, equal opportunities employment, and positive staff motivation. Copyright © 2018 Australian College of Mental Health Nurses Inc.

## Workforce

[Caring for carers within the psychiatry workforce](#)

Author(s): Maitra et al.

Source: Progress in Neurology and Psychiatry

Publication date: 2022

Caring responsibilities for children and family members with complex health care needs often go unnoticed among health care staff. Statistically, a significant portion of these responsibilities are met by women, widening the gender pay gap. This article highlights the impact of caring responsibilities on physicians and the need for more inclusive work and leave policies to support recruitment and retention of this workforce, valuing both professional and lived experience in care giving.

[Addressing Psychiatry workforce needs: where are we now?](#)

Author(s): Aggarwal et al.

Source: Acad Psychiatry 46(4)

Publication date: 2022

The psychiatric workforce shortage in the USA has been well documented. The nation is not graduating enough psychiatrists for its needs, these psychiatrists are not equitably distributed where they are needed the most, and subspecialty areas of current mental health demand (addiction, geriatrics, child



psychiatry) are particularly underserved [1]. The August 2022 issue of Academic Psychiatry demonstrates that the journal's authors are responding with evidence-based analyses of the challenges, as well as programs designed to overcome the obstacles. These papers offer insight into the problems and progress toward effective responses.

An essential aspect of addressing the shortage in the psychiatric workforce is increasing the number of psychiatry residency training slots. Critical to this increase is understanding both the potential obstacles and the opportunities. Pheister and colleagues [2] surveyed psychiatry residency and fellowship directors to find answers to these questions. They found that the primary motivation for starting new programs or expanding existing ones is the identified shortage of psychiatrists or subspecialists in the geographic areas of the respondents. The largest sources of funding for these new positions were the respondents' own institutions followed by state and other health systems. As the lack/loss of financing was the most cited reason for the closure of the programs or the inability to expand programs, it is vital to be aware of funding resources available to programs. It is also important for psychiatric leaders to identify sources that are underutilized and to advocate effectively at the national level for more funding.

### [Psychiatric Nursing Workforce Survey: Results and Implications](#)

Abstract only\*

Item Type: Generic

Author: Gerolamo, A. M., Delaney, K. R., Phoenix, B., Black, P., Rushton, A. and Stallings, J.

Publication Date: 2022

Publication Details: Journal of the American Psychiatric Nurses Association, , United States: SAGE Publications Inc.

Abstract: Objective: The last national survey of psychiatric-mental health (PMH) nurses was conducted in 2016 and was limited to advanced practice registered nurses (APRNs). Data on

the demographic and employment characteristics of the PMH workforce could inform how to optimize the PMH nursing workforce to address increasing demands for mental health services. The objective was to conduct a national survey of PMH registered nurses (RNs) and PMH-APRNs to gather data on their demographic, educational, and practice characteristics.

Method(s): An email survey was administered between October 2020 and February 2021 to all members of the American Psychiatric Nurses Association and to all PMH-APRNs certified by the American Nurses Credentialing Center. Separate surveys included 51 questions (RN) and 52 questions (APRN). Survey questions were informed by several sources including the Minimum Data Set for the Behavioral Health Workforce.

Result(s): Surveys were completed by 4,088 PMH-RNs and 5,158 PMH-APRNs, with a combined response rate of 12.1%. Findings suggest that the workforce is aging but has increased slightly in diversity. In all, 62.4% of RNs reported a hospital as their primary employment setting, while the majority of APRNs (70.4%) practice in outpatient settings. Forty-four percent of the PMH-APRN respondents indicated that most of their patients receive federal insurance. Conclusion(s): Nursing must plan for significant retirements in the PMH workforce in next 5 years. Hospital-based practice continues to dominate PMH-RN roles but might be expanded to community-based settings teaming with PMH-APRNs in outpatient sites. Increasing the diversity of the workforce should be prioritized. Copyright © The Author(s) 2022.

### [Mapping mobility and migration of psychiatry trainees](#)

Item Type: Generic

Author: Azvee, Z., El-Higaya, E. and Pinto da Costa, M.

Publication Date: 2021

Publication Details: Irish medical journal, 114, (6) pp.P377. , Ireland: Irish Medical Association.

Abstract: Introduction Ireland has been synonymous with

emigration. However, little is known about the migratory trends of its mental health professionals. This article looked at the patterns and driving forces of short-term mobility and long-term migration amongst psychiatry trainees in Ireland. Methods A cross-sectional survey was distributed to psychiatry trainees in Ireland as part of the European Brain Drain study, exploring the patterns and driving forces of short-term mobility and long-term migration. Results There were n = 104 respondents. Demographically, the trainees' mean age was 33.8 (SD: 5.7 years) with a female majority (n=62, 64.6%). A quarter of the trainees were non-Irish nationals (n=26, 25%). Many of Ireland's psychiatry trainees have experienced short-and long-term migration. Most trainees (n=93, 90.3%) have 'ever' considered leaving Ireland and almost half (n = 41, 47.7%) have taken 'practical steps' towards migration. Academia and work are integral migration factors. Conclusion Ireland is both a donor and host country for psychiatry trainees. Further research focussing on academic and work opportunities, quality of life both at home and work, equality and professional parity of esteem is required to strengthen Ireland's psychiatry workforce. Copyright © 2021, Irish Medical Association. All rights reserved.

### [The relationship between workforce characteristics and perception of quality of care in mental health: A qualitative study](#)

Item Type: Generic

Author: Baker, John A., Canvin, Krysia and Berzins, Kathryn

Publication Date: 2019

Publication Details: International journal of nursing studies, 100, pp.103412. , England:

Abstract: BACKGROUND: Mental health services worldwide are under strain from a combination of unprecedented demand, workforce reconfigurations, and government austerity measures. There has been relatively little research or policy focus on the impact of staffing and skill mix on safety and quality in mental health services leaving a considerable evidence gap. Given that

workforce is the primary therapeutic intervention in secondary mental health care this constitutes a major deficit., OBJECTIVE: This study aimed to explore the impact of staffing and skill mix on safety and quality of care in mental health inpatient and community services., DESIGN: Exploratory, qualitative methodology; purposive sampling., SETTINGS: Inpatient and community mental health services in the United Kingdom., PARTICIPANTS: 21 staff (including nurses, occupational therapists, psychiatrists, social workers, and care co-ordinators) currently working in mental health services., METHODS: We conducted semi-structured telephone interviews with a purposive sample of staff recruited via social media. We asked participants to describe the staffing and skill mix in their service; to reflect on how staffing decisions and/or policy affected safety and patient care; and for their views of what a well-staffed ward/service would look like. We conducted thematic analysis of the interview transcripts., RESULTS: The participants in this study considered safestaffing to require more than having 'enough' staff and offered multiple explanations of how staffing and skill mix can impact on the safety and quality of mental health care. From their accounts, we identified how the problem of 'understaffing' is self-perpetuating and cyclical and how its features interact and culminate in unsafe care. We conceptualised the relationship between staffing and safety as a 'vicious cycle of unsafe staffing' which comprised: (1) understaffing (the depletion of resources for safe care provision); (2) chronic understaffing (conditions resulting from and exacerbating understaffing); and, (3) unsafe staffing (the qualities of staffing that compromise staff capacity to provide safe care)., CONCLUSIONS: Continued policy focus on safestaffing is clearly warranted, especially in mental health as staffing constitutes both the principal cost and main therapeutic driver of care. This paper provides compelling reasons to look beyond regulating staff numbers alone, and to consider staff morale, burden and the cyclical nature of attrition to ensure the delivery of high quality, safe and effective services.

Future research should investigate other mechanisms via which staffing impacts on safety in mental health settings. Copyright © 2019. Published by Elsevier Ltd.

[Cost-effectiveness of staffing levels on conflict and containment on psychiatric wards in England](#) Abstract only\*

Item Type: Generic

Author: Kartha, M. R. and McCrone, P.

Publication Date: 2019

Publication Details: Journal of psychiatric and mental health nursing, 26, (9-10) pp.337-346. , United Kingdom: NLM (Medline).

Abstract: WHAT IS KNOWN ON THE SUBJECT?: Literature on staffing levels and outcomes in psychiatric wards is limited and shows mixed associations Lack of economic evidence on conflicts and containment in psychiatric care Data from the City-128 study showed that regular qualified nurse staffing levels in the preceding shifts were associated with raised conflict and containment levels WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?: This is the first economic analysis using the City-128 data, with costs and outcomes data have been combined. Cost-effectiveness of different staffing levels in relation to conflicts and containments in England, using data from the City-128 study Both day and night shifts appeared to show that the low staff scenario was cost-effective in terms of conflicts and containment averted, even after attempts were made to adjust for patient severity WHAT ARE THE IMPLICATIONS FOR PRACTICE?: This paper could be an indication towards further investigation into how mental health inpatient care, specially nursing is organized in England. Abstract Introduction Evidence from City-128 study shows a positive association between staffing levels and conflicts/containment. Economic evidence on this topic is scarce, with no economic analyses combining costs and outcomes. Aim/Question To assess the cost-effectiveness of different

staffing levels in relation to conflicts and containments in England, using City-128 study data. Methods Shifts were grouped into three groups based on staff-to-bed ratio. Cost information was combined with total conflicts and containment measures to assess cost-effectiveness. Results The cost-effectiveness analysis of the three staffing scenarios for both day and night shifts appeared to show that the low staff scenario was cost-effective in terms of conflicts and containment averted, even adjusting for patient severity. A production function analysis also revealed that increased staff numbers were associated with higher numbers of events. Discussion Causation cannot be attributed and neither can recommendations be made on optimal staffing levels. The impact on other outcomes such as symptoms, functioning and length of stay, and other factors should be explored, and these may all benefit from increased staff numbers. Implications for practice These results indicate that increasing staff numbers may not necessarily improve conflict and containment outcomes. They may produce positive outcomes in other domains. Copyright © 2019 John Wiley & Sons Ltd.

[Career medical officers in psychiatry and addiction in NSW: description, role and educational needs](#) Abstract only\*

Item Type: Generic

Author: Nash, L., Meltzer, M. and Karageorge, A.

Publication Date: 2019

Publication Details: Australasian Psychiatry, 27, (5) pp.528-531. , United Kingdom: SAGE Publications Inc. (E-mail: [claims@sagepub.com](mailto:claims@sagepub.com)).

Abstract: Objective: To describe the workforce of career medical officers (CMOs) working in psychiatry and addiction medicine across New South Wales (NSW) and to explore their training and education needs, and experience of their role. Method(s): A cross-sectional survey of CMOs in NSW working in psychiatry or addiction medicine. The survey consisted of quantitative data

and free-text responses, and was conducted online in late 2017. Result(s): Of the 41 CMOs identified and sent the survey link, 25 CMOs completed the survey (61% RR). Almost half had worked as a CMO for 11 years or longer. Only six respondents held a recognised senior CMO position. Common areas of expertise were clozapine, metabolic health, and electroconvulsive therapy (ECT). One-quarter of respondents did not receive supervision. Suggested education and training improvements included an annual 1-day training symposium and monthly peer review group for CMOs. Conclusion(s): CMOs are an often senior group of clinicians working in important areas of service provision. Ongoing educational support for this group of medical practitioners is prudent to ensure the delivery of best practice mental health and drug health care. Copyright © The Royal Australian and New Zealand College of Psychiatrists 2019.

[Building workforce capacity in Australia and New Zealand: A profile of psychiatrists with an interest in intellectual and developmental disability mental health](#) Abstract only\*

Item Type: Journal Article

Authors: Cvejic, Rachael C.; Eagleson, Claire; Weise, Janelle; Davies, Kimberley; Hopwood, Malcolm; Jenkins, Kym and Trollor, Julian N.

Publication Date: 2018

Journal: Australasian Psychiatry 26(6), pp. 595-599

Abstract: Objective: To describe the characteristics of psychiatrists working in the area of intellectual and developmental disability mental health (IDDMH) across Australia and New Zealand. Methods: A secondary analysis of data collected by the Royal Australian and New Zealand College of Psychiatrists 2014 workforce survey. Characteristics of the IDDMH workforce ( n = 146 psychiatrists) were compared with those of the broader psychiatry workforce ( n = 1050 psychiatrists). Results: The IDDMH workforce were more likely than the broader psychiatry workforce to be working across both

the public and private health sectors, be engaged in outreach work, endorse specialty practice areas pertinent to IDDMH, treat younger patients and work more clinical hours per week. Part-time status and retirement plans of the IDDMH workforce matched those of the broader psychiatry workforce. Conclusions: While some elements of the IDDMH workforce profile suggest this workforce is tailored to the needs of the population, the potential shortage of IDDMH psychiatrists highlights the need for the development of a specific training programme and pathway in this area. (PsycInfo Database Record (c) 2022 APA, all rights reserved) (Source: journal abstract)

[The professional psychiatric/mental health nurse: skills, competencies and supports required to adopt recovery-orientated policy in practice](#) Abstract only\*

Item Type: Generic

Author: Cusack, E., Killoury, F. and Nugent, L. E.

Publication Date: 2017

Publication Details: Journal of psychiatric and mental health nursing, 24, (2-3) pp.93-104. , United Kingdom:

Abstract: WHAT IS KNOWN ON THE SUBJECT?: Nationally and internationally there has been a movement away from the traditional medical model towards a more holistic recovery-oriented approach to mental health care delivery. At every level of service provision the emphasis is firmly on recovery and on facilitating active partnership working and involvement of service users, their carers and family members. WHAT THIS PAPER ADDS TO EXISTING KNOWLEDGE?: This is the first study to identify on a national level specific areas of care that are addressed most or least by psychiatric and mental health nurses in care planning for mental health service users in Ireland. In addition, this is the first study to identify nationally how the recovery approach is being implemented by psychiatric and mental health nurses in relation to current recovery-orientated policy. WHAT ARE THE IMPLICATIONS FOR PRACTICE?:



Mental healthcare staff require more education on the recovery concept and this needs to be multidisciplinary team wide. Further research is required to establish how best to develop a shared approach to working with service users and their families within the mental healthcare environment. Further investigation is required to help determine how funding could be allocated appropriately for education and training and service development nationally., ABSTRACT: Introduction The restructuring of national mental health policy to an integrated recovery ethos demands a clarification in the psychiatric/mental health nurse's role, skills and competencies. Aim/Question To explore the psychiatric/mental health nurse's role and identify skills, competencies and supports required to adopt recovery-orientated policy in practice. Method An exploratory mixed methods study in multiple health services in Ireland with N = 1249 psychiatric/mental health nurses. Data collection used a survey, focus groups and written submissions. Data analysis used descriptive statistics and thematic analysis. Results The medical profession use a symptom-focused approach to mental healthcare delivery. Nurses viewed this as a primary inhibitor to recovery-orientated practice. Professional development in prevention and earlier intervention within primary care environments requires development. Nurses require research support to measure the effectiveness of the mental health interventions they provide. Implications and conclusion The effective implementation of the recovery approach requires a multitude of strategies and narrative threads in an overall medical assessment. Nurses need support from medics in providing consistency of assessments/documentation of required psychosocial interventions. A greater range of specialist services provided by nurses including psychosocial interventions and health promotion is fundamental to quality care and improving service user outcomes in primary care. Copyright © 2016 John Wiley & Sons Ltd.

### Ongoing research

#### RoHMS (Retention of Mental Health Staff) University of Sheffield

Source: The Health Foundation

- Being run by the University of Sheffield.
- Research project to investigate variation in, and determinants of, mental health care staff retention.
- Aiming to better understand how organisational contexts and the experiences of registered health care staff in the workplace influence staff retention, and how this is associated with patient outcomes.
- The evidence gained will be used to form the basis of recommendations on how staff retention in mental health care can be improved across the NHS.

#### The association between mental health nurse to registered nurse ratio and patient outcomes in psychiatric inpatient wards:

Protocol for a systematic review Abstract only\*

Item Type: Journal Article

Authors: Moyo, Nompilo; Jones, Martin; Gilbert, Sue; Romero, Lorena and Gray, Richard

Publication Date: 2020

Journal: Journal of Psychiatric and Mental Health Nursing 27(6), pp. 821-828

Abstract: Aim: To assess the association between mental health nurse to comprehensive/general nurse ratio and relapse—determined by hospital admission—in adult psychiatric inpatients. Background information There is considerable variation in psychiatric inpatient nursing skill mix internationally. In most countries, wards are typically staffed by a mix of mental health and comprehensive/general nurses. To date, there have been no systematic reviews that have examined the association between the ratio of mental health to registered nurses and patient outcomes. Method: We will systematically search five

databases. Risk of bias will be determined using the Effective Public Health Practice Project Quality Assessment Tool. A meta-analysis will be undertaken if there are at least two similar studies. Results: For included studies, we will produce table summarizing risk of bias and extracted data. If we are able to undertake a meta-analysis, this will be reported as a forest plot. Discussion: This paper sets out a detailed plan for a systematic review of mental health nurse skill mix research. Implications for practice High-quality evidence about the association between nursing skill mix and patient outcomes is important to inform the planning of mental health services internationally. (PsycInfo Database Record (c) 2022 APA, all rights reserved) (Source: journal abstract)

## Competency Frameworks

### Older People's Mental Health Competency Framework

Source: Health Education England

Publication date: 2020

The aim of the Framework is to support the delivery of excellent services across disciplines which are directly or indirectly involved in supporting and promoting OPMH. This ensures that the workforce of today and tomorrow has the right skills, values and behaviours to provide high quality and effective care to this population.

### Physical health competency framework for mental and learning disability settings

Source: Health Education England

Publication date: December 2020

Taking into consideration the themes identified in national reports and research, this Framework incorporates elements of knowledge and skills needed for registered clinical staff working in mental healthcare and/or learning disability settings to be able

to meet the physical health needs of service users with serious mental illness and/or a learning disability.

### The Competence Framework for Mental Health Peer Support Workers Part 1: Supporting Document

Source: Health Education England

Publication date: October 2020

This document sits alongside The Competence Framework for Mental Health Peer Support Workers – Full Listing of the Competences (referred to as ‘the Competence Framework for MH PSWs’). It includes the story of peer support and its evolution from a ‘grass roots’ social movement to the present time. Today, we know that people who bring their own experience of mental health difficulties to supporting other people facing similar challenges have a unique and important contribution to make in statutory services.<sup>1,2</sup> While the relational basis of the work remains at its core, we also know that peer support work continues to develop and is not static, and that it will keep changing and progressing.

### The Competence Framework for Mental Health Peer Support Workers Part 2: Full listing of the competencies

Source: Health Education England

Publication date: October 2020

Part 1 of The Competence Framework for Mental Health Peer Support Workers (referred to as the Competence Framework for MH PSWs) is the supporting document, which contains important background information and discussion and is intended to be read before using the competence framework (Part 2). Part 3 is the curriculum, which is closely aligned to the competence framework. All three documents, including an online version of the competence framework, can be accessed on the UCL website.



### [The Competence Framework for Mental Health Peer Support Workers Part 3: Curriculum](#)

Source: Health Education England

Publication date: October 2020

The curriculum is laid out in five sections, each containing a number of units. The first section sets out areas of knowledge relevant to peer support; the second identifies the core relational skills that lie at the heart of the peer support worker role. The third focuses on working in partnership and contains two areas: supporting people as a peer support worker and working with teams to promote people's rights. The fourth addresses self-care and support. The final section sets out some optional skills that involve using psychological approaches to support personal recovery.

### [Prescribing Competency Implementation Guidance for Mental Health](#)

Source: Health Education England and Royal Pharmaceutical Society

Publication date: 2020

By engaging experts in the field, including those with lived experience, Health Education England (HEE) have developed a practical, accessible guidance document that supports prescribers to follow the Royal Pharmaceutical Society's (RPS) Prescribing Competency Framework and apply this in a mental health context.

### [Core Capabilities Framework for Supporting Autistic People](#)

Source: Department of Health and Social Care

Publication date: 2019

A key duty in the Autism Act statutory guidance is training for all frontline public service staff, in line with their job role, and developing specialist training for staff in health and social care. It is therefore the purpose of this framework to support this commitment by setting out the essential capabilities necessary

for all staff involved in supporting autistic people across their lifespan. The framework will enable individuals and organisations to:

- Identify key capabilities required for job roles.
- Identify the capabilities needed within a team or service.
- Plan the content of education and training
- Commission education and training
- Conduct training needs analysis
- Support the assessment of capabilities and the sharing of learning and outcomes across the whole workforce.

[Perinatal Mental Health Competency Framework](#) Register for a e-LfH account to view

Source: Health Education England eLearning for Healthcare

This framework from Health Education England outlines the skills, knowledge and abilities required for any healthcare professional to work with all people in the perinatal period. You can use it to record your own competencies and those you're working towards, or even research other roles in the perinatal field and your ongoing career development. At Health Education England, we'll be collecting the data you enter and using it to support the delivery of excellent healthcare and health improvement to the patients and public, by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

### [UCL Competency Frameworks](#)

This page gives you access to the suite of UCL competence frameworks. Some set out competences for the delivery of specific therapy modalities, others describe the competences associated with specific clinical populations and clinical contexts.

### [Mental Health Core Skills Education and Training Framework](#)

Source: Skills for Health and Health Education England

Publication date: 2016

The Mental Health Core Skills Education and Training Framework was commissioned and funded by the [Department of Health](#) and developed in collaboration by Skills for Health, [Health Education England](#) and [Skills for Care](#). The framework supports workforce development specific to implementation of the national mental health strategy, *No Health Without Mental Health*. The aim of the framework is to support the development and delivery of appropriate and consistent cross-sector mental health education and training.

### Advanced Practice Mental Health Curriculum and Capabilities Framework

Source: Health Education England

The value of advanced clinical practice in the delivery of mental healthcare has long been recognised as occupying a unique space in holistic patient care. This Advanced Practice Mental Health Curriculum and Capabilities Framework is aimed at clearly setting out both the capabilities required to achieve advanced practitioner level practice, and the route to enable it. As part of a wider drive to respond to the need to invest in the development of new roles and advanced skills – both in the wider NHS and in mental health – that is recognised in recent and current Government policy, this Framework will be contributory to both service transformation and excellence in care outcomes.

## \*Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can [self-register here](#).

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