The place of psychiatry simulation in rural Scotland



Dr Neera Gajree¹ & Dr Kenneth Ruddock

Associate Postgraduate Dean for Psychiatry Simulation, NES¹ Neera.Gajree@lanarkshire.scot.nhs.uk

Background

Nearly one million people reside in rural Scotland. Vulnerability to loneliness and stigma acting as a barrier to seeking care in close knit communities can contribute to mental health difficulties in rural Scotland. It has been noted that many healthcare professionals in remote areas do not have mental health training.

Since 2009, NHS Education for Scotland has operated the Mobile Skills Unit (MSU), a training unit which brings state-of-the-art immersive simulation facilities to rural Scotland

Aim

To utilise the MSU to deliver a psychiatry simulation course in Stornoway, Isle of Lewis, thereby providing mental health training to staff working in rurally.



Methods

A high fidelity mental health simulation course was run for a group of 3 medical students and 3 junior doctors. The course comprised three 15 minute scenarios (a depressed patient, an agitated patient and a distressed relative), followed by a 30-minute debriefing session co-facilitated by 2 experienced psychiatrists. The patient in each scenario was simulated by an experienced mental health nurse. Feedback was collected via anonymous pre and post course questionnaires completed at the time of the course.



Results

When asked about challenges associated with mental illness in rural areas, participants noted difficulty transferring patients off the island, limited on-site support and the popularity of the area as a destination for patients with mental health problems to travel to.

The majority of participants felt that the course increased their confidence in assessing patients with depression (67%), conducting a suicide risk assessment (83%) and managing agitated patients (83%). All participants noted that the course increased their confidence in using Mental Health Act legislation. Despite the differing levels of the participants, they were all in agreement that the course was appropriate for their learning needs and stage of training. Participants universally agreed that the course increased their preparedness to deal with similar scenarios in a rural healthcare setting.

Conclusion

This was the first time that the MSU has been utilised to deliver mental health simulation to our knowledge. Participants highlighted specific challenges associated with managing patients with mental illness in remote areas, and valued the opportunity provided by simulation to improve their confidence in doing so.



