



Trauma-Informed Care in the UK: A Systematic Review and Thematic Synthesis of Qualitative Studies

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Aims: Experiences of trauma are highly prevalent within the UK. Within acute psychiatric care, current risk management includes the use of restrictive interventions. Frequent reports of re-traumatisation among service users have sparked debate about its effectiveness and acceptability. Trauma-informed care (TIC) has garnered more attention in recent years as a safer and more acceptable approach, aiming to recognise and respond to trauma in a way which resists re-traumatisation, but there is wide variation as to how this is implemented in the UK at present. The aim of this systematic review is to assess the effectiveness and acceptability of TIC in acute psychiatric care in the UK, and to determine its potential for national implementation.

Methods: Five databases (Embase; Global Health; Medline; PsycINFO; Web of Science) were searched for eligible studies between 21/10/24–09/12/24. A total of 2005 studies were found after applying the search terms. Following screening, 12 studies met inclusion criteria; 7 studies from database searching and a further 5 from reference list searching. Qualitative data was analysed and categorised into 7 global themes using thematic synthesis. Quantitative data was summarised in a narrative manner.

Results: The following themes were identified: 1) variation in the experiences of staff and service users; 2) barriers to providing psychosocial care; 3) the importance of trauma-informed training; 4) sustainability of TIC; 5) the importance of staff-service user relationships; 6) the importance of a patient-centred approach; and 7) governance and leadership issues. Results showed a decrease in restraint and seclusion incidents post-TIC implementation in acute psychiatric care facilities. Although most service users reported feeling safer and more in control of their treatment, others described feeling forced into reliving their trauma. There was a general consensus that feeling listened to and genuinely cared for by staff helped them to understand their feelings and find ways to address their trauma. Feelings of unpreparedness and unfamiliarity of TIC were common amongst staff. Most agreed that trauma-informed training packages helped them to feel more confident in delivering care.

Conclusion: TIC is an invaluable tool for trauma recovery, with existing literature suggesting that it is an acceptable and effective approach to psychiatric care. National implementation of TIC across the UK would likely benefit a large proportion of individuals. However, this study identifies key issues which still need to be considered, including training, sustainability factors, patient involvement, and leadership. Political backing, staff time and resource management would additionally need addressing.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Competence and Confidence of Healthcare Professionals in Using Clozapine: A Qualitative Systematic Review and Thematic Synthesis

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Aims: Clozapine is the only licensed medication for treatment-resistant schizophrenia although it is underused. Healthcare providers' (HCP) competence and confidence appear to have an effect on clozapine underutilisation. This review aims to synthesize the most pertinent literature examining the factors influencing HCP competence and confidence in the management of clozapine and how these factors influence variation in prescribing practice. **Methods:** A review of the literature focusing on these elements was conducted. The Population, Context, Outcome (PCO) framework was adopted to support the literature search. The databases Medline, Psycinfo, Scopus, Cinahl, Pubmed, Embase, British Library, Ethos e-thesis, Google Scholar, Dart Europe e-thesis were consulted; the search was completed in January 2025. Screening, selection, data extraction and quality assessment were conducted independently by 2 researchers. Thematic analysis was used to investigate and compare the data emerging from the studies.

Results: Thirty-four articles were included in the review. Six themes were identified: attitude toward and knowledge about clozapine, misconceptions (regarding side effects, monitoring and co-morbidities), guidance, education, training and experience. Clinicians self-reported as competent with guidelines, yet they expressed less confidence in their ability to adhere to them and were uncertain about managing side effects. Lack of education, training and insufficient exposure to clozapine management were significant factors impacting competence and confidence resulting in clozapine underuse. Few studies involving non-medical professionals highlighted a general lack of education and training related to clozapine use.

Conclusion: Deficiencies in knowledge and experience were identified among professionals. However, the studies included in this review were lacking in the involvement of non-medical professionals. Given their crucial role in managing side effects and educating patients and carers, it is evident that their inclusion in future research is imperative.

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Let's Address Hatred by Identifying Its Various Aspects and Appreciating the Usefulness of Different Tools and Interventions Aimed at Tackling Its Numerous Forms and Manifestations: A Systematic Review

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Aims: Hatred can manifest in several ways. This article aims to explore what information can be obtained from the medical literature to address a variety of manifestations and expressions of hatred.

Methods: A systematic search of the medical literature from the PubMed medical library was used to identify articles dealing with hatred. A review of 1226 articles from 2015 to the date of data collection was performed. 87 of these discussed the issue of addressing hatred by various means. Full text search of these 87 articles was carried out. Data collected was interpreted utilising thematic analysis.

Results: The thematic analysis of data suggests that there are three major ways of addressing hatred: a need to understand various aspects related to hatred; the usefulness of and/or unhelpfulness of