

Are traditional Balint groups a necessary component of Child and Adolescent Psychiatry training programmes?

Dr Andrea Barrett

Avon and Wiltshire NHS Partnership

Dr Anna Rose- Morris

Avon and Wiltshire NHS Partnership

Dr Rosie Hay

Oxford Health NHS Foundation Trust

BACKGROUND

Balint groups have long been established in the UK and provide a way for health professionals to reflect on their practice in a safe setting¹.

There is increasing evidence that these groups provide an outlet for stresses and frustrations associated with work, and many participating doctors have reported improved job satisfaction and wellbeing as a result².

Higher specialty training in Psychiatry requires that trainees develop their reflective capacity and deepen their understanding of the doctor-patient relationship³. It is suggested that trainees should not be required to use special interest sessions to gain mandatory psychotherapy training³, and participating in a Balint group has been approved as a suitable psychotherapy experience³. Of note, the UK Psychotherapy Training Survey 2016-17 indicated that very few psychiatry trainees were currently involved in a Balint group³.

AIM

The aim of this quality improvement project (QIP) is to evaluate the provision of a Balint group for Child and Adolescent Psychiatry (CAP) trainees in the Severn and Peninsula Deaneries.

METHODS

From October 2019, CAP trainees in the Severn and Peninsula Deaneries had access to monthly Balint groups, facilitated by an experienced Balint facilitator and a junior trainee facilitator. Such a resource has not existed in the history of CAP training in either Deanery.

Data was collected over the course of three PDSA (Plan, Do, Study, Act) cycles. As part of the first PDSA cycle great efforts were made to secure an experienced Balint group facilitator. In the second PDSA cycle an experienced Balint group facilitator was found with agreement for funding, and baseline questionnaires were given to all CAP trainees to begin to measure the qualitative value of the groups. Trainees reported that they were keen that this resource was made sustainable. Efforts were made to ensure that groups continued on a monthly basis and there was funding in place for the groups to be integrated into the CAP trainees' academic programme. Additionally, trainees' experiences of remote Balint groups, set up during the coronavirus pandemic, were also collated as part of a third PDSA cycle.

12 month follow up questionnaires are due to be completed in October 2020 to continue ongoing evaluation of the project.

RESULTS

11 CAP trainees working across the Severn and Peninsula Deaneries were invited to monthly Balint groups from October 2019. All trainees attended at least one group with a maximum of 10 trainees attending at any one time.

Interest

6 trainees returned questionnaires prior to starting the group. Of these trainees, all were interested or strongly interested in attending Balint group.

Hopes and expectations

All trainees hoped that Balint group would provide a safe and confidential space to talk about interpersonal aspects of work with patients (6/6), and that groups would enable a deeper level of understanding of patients' feelings and their own feelings (6/6). The majority of trainees also hoped that Balint groups would provide support with helping patients (5/6) and provide a way to avoid professional burnout and enjoy their work (4/6).

Trainees also highlighted the importance of 'peer group contact' to them and 'the opportunity to hear and think about the experiences of others in order to enhance my own clinical practice'.

Face to face group feedback

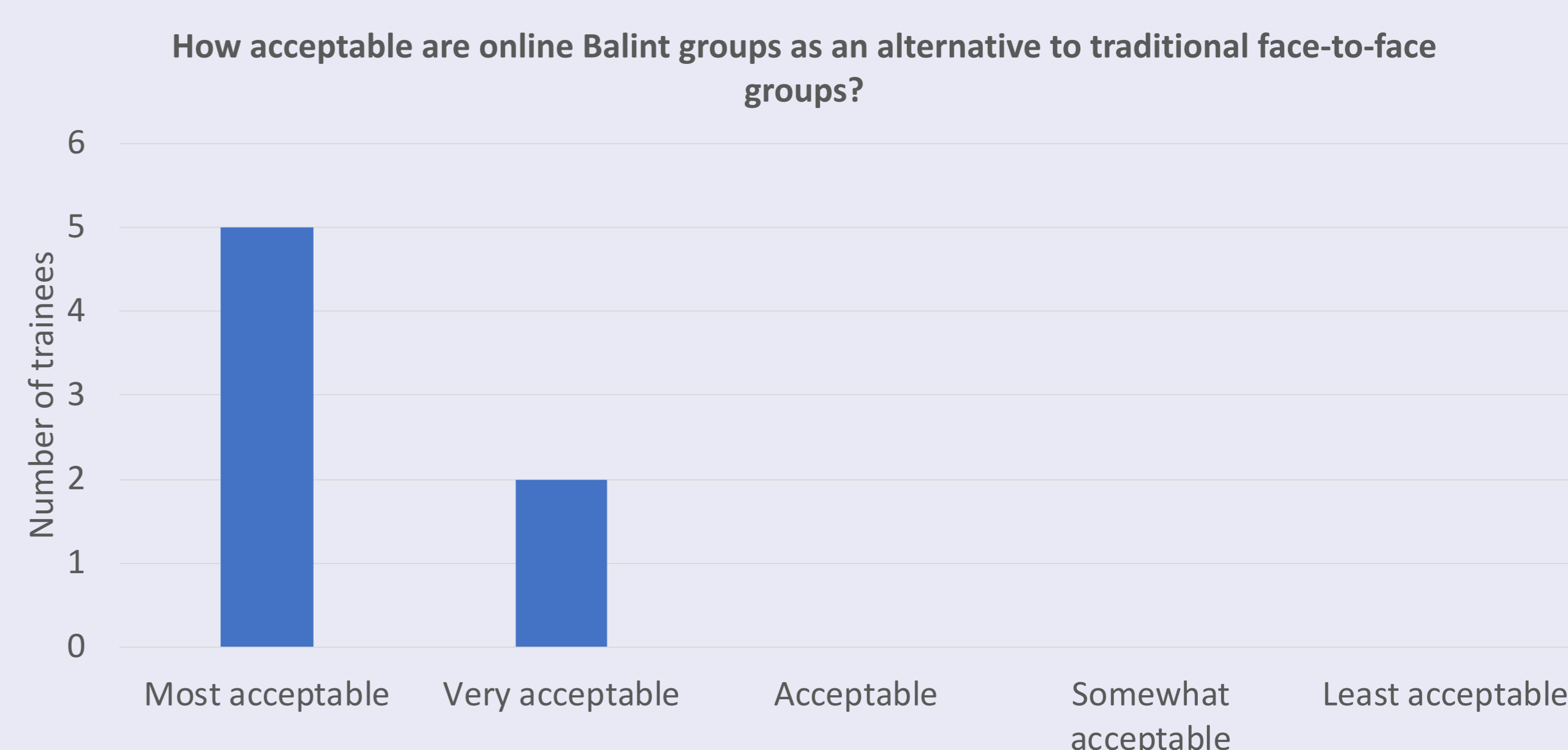
Feedback on the face to face Balint groups so far has indicated that trainees have had their expectations of Balint group completely met (4/5) or mostly met (1/5).

Trainees highlighted that 'the structure [of the groups] and experience [of the Balint facilitator]' were particularly helpful, and one trainee described the groups as providing 'a reflective space which I find really helpful'. Another trainee stated 'I really value the Balint group as a space to think about the cases that have impacted me in some way'.

RESULTS

Online Balint group feedback

Due to the coronavirus pandemic we switched to online Balint groups. Trainees' experiences of the online Balint groups were also collated. Trainees were asked whether these remote groups were acceptable as an alternative to face-to-face groups and trainees indicated these online groups would be 'definitely acceptable' or 'very acceptable' (See Graph below).



Trainees reported that the online Balint group was 'better than expected' and that the experience was 'surprisingly good'. At a time when trainees were not able to meet face-to-face feedback was that the group 'absolutely helped to alleviate a sense of isolation and strangeness'.

Trainees reported that 'the group itself felt very similar to being in a regular Balint group' and was 'quite an authentic experience of "normal" Balint and in some ways, possibly safer than regular Balint due to the fact that physically we are all in our own home'. One trainee said that the online groups were 'not unlike being in a room together' and it was 'easier to take a sit back'. Another trainee gave feedback that they preferred online Balint groups to traditional face-to-face groups and that the online group was a 'more than acceptable alternative'.

SUGGESTED IMPROVEMENTS

Although this was not a general concern, one trainee suggested that the safety of the Balint group space would be enhanced by not allowing any junior trainee facilitators to co-facilitate the group.

There was feedback from one trainee that the online group may lead to a 'blurring of professional boundaries' where professionals were logging on to the online group from home. This seemed more a reflection of working from home rather than online Balint groups in particular. However, as more of psychiatry training is done from home this is something that will need to be considered across all areas of training and working life.

Given the success of the CAP Balint group it was discussed whether to open the group up to psychiatry registrars from other specialties in the Deanery. Feedback on this suggestion was that 'continuity of membership' of the group is important and that part of the value of the group has been that it is specifically about CAP patients. As project leads we were in agreement with this and have decided that for now the group will remain CAP specific.

CONCLUSIONS

Although facilitated Balint groups are not a mandatory component of advanced training in CAP, our QIP demonstrates that the presence of a regular, protected and facilitated space to process the more subconscious and intangible aspects of clinical practice is both valuable and arguably necessary for trainees.

We have also shown that when it is not possible to meet face to face; remote groups are equally acceptable to trainees. Evaluation of this project is ongoing and given the success of the online groups we are considering continuing the online format over the longer term.

REFERENCES

1. The Balint Society: <https://balint.co.uk/about/the-balint-method/>
2. General Medical Council: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/balint-groups>
3. Best Practice Guide. Psychotherapy Training in higher specialist psychiatry training ST (4-6): https://www.rcpsych.ac.uk/docs/default-source/members/faculties/medical-psychotherapy/med-psy-psychotherapy-training-26-1-2018.pdf?sfvrsn=bcad8ff1_2

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Avon and Wiltshire
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