higher GPAs. The high prevalence of poor sleep, moderate-to-severe anxiety, and depression symptoms particularly among female students highlights a pressing need for gender-sensitive interventions. Further studies are required to ascertain culturally appropriate approaches to improve quality of sleep and mental health among university students.
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Association Between Low Vitamin D Levels, Sleep During Pregnancy and Post-Delivery, Depressive and Anxiety Symptoms: Longitudinal Analysis of the NiPPeR Trial

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Aims: Sleep is altered during pregnancy, particularly during the third trimester. Low Vitamin D levels have been linked to shorter sleep duration, depression and anxiety. In the NiPPeR double-blind randomised controlled trial of nutritional supplementation, women received either a formulation with additional ingredients including Vitamin D ('intervention group') or standard prenatal vitamins ('control group'). The association between Vitamin D deficiency, sleep, depression and anxiety was examined from pre-conception to six months post-partum. We aimed primarily to determine if women deficient in Vitamin D (<50nmol/L) were more likely to have disordered sleep compared with those Vitamin D sufficient. A secondary aim was to examine if women deficient in Vitamin D were more likely to be depressed or anxious compared with those with adequate Vitamin D levels.
Methods: We examined sleep data from women with at least one measurement of Vitamin D in the pregnancy and post-delivery periods (n=515). Pittsburgh Sleep Quality Index (PSQI) scores were compared between those with sufficient or deficient Vitamin D levels: by convention a PSQI score of >5 is considered to indicate disordered sleep. Depression was assessed using the Edinburgh Postnatal Depression Score (EPDS), with a score >13 indicating depression. The State-Trait Anxiety short form scale was used to measure anxiety, with a cut off >45 indicating state anxiety. One-way ANOVA in Stata version 18.0 was used throughout.
Results: As reported previously, the intervention substantially reduced the proportion of women who were Vitamin D deficient during pregnancy but did not change EPDS scores; PSQI scores were also not changed by the intervention. In the combined control and intervention group total PSQI scores increased from pre-conception until six weeks post-delivery. Total hours of sleep declined from pregnancy weeks 19–20 to six weeks post-delivery. At recruitment preconception, PSQI scores were higher in those deficient in Vitamin D, compared with those with sufficient levels (p=0.015); at later time-points PSQI scores were higher in Vitamin D deficient women but not significantly so. Depression as assessed by EPDS >13 was associated with Vitamin D deficiency only at preconception recruitment (p=0.019) and at 7 weeks' gestation (p=0.004), but not later in pregnancy or post-delivery. There was no association found between anxiety and Vitamin D status.
Conclusion: At pre-conception, sleep was worse in women with low Vitamin D levels. At preconception and early in pregnancy, low Vitamin D levels were associated with depression. Intervention with a Vitamin D containing supplement did not improve sleep in pregnant women.

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.

Lost in Translation? Bridging the Gap in Communication Through Experiential Learning in Psychiatry

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Aims: Much like a doctor's diagnostic or procedural skills, communication skills are crucial in shaping patient outcomes. Poor communication in psychiatry through use of medical jargon, failure to validate concerns or a lack of empathy, can have far-reaching consequences including breakdown of the doctor-patient relationship, disengagement from treatment potentially resulting in a mental health crisis and future distrust of medical professionals. Concerningly, research suggests that without targeted training, medical students' communication skills and empathy declines during their degree. However, despite its importance, training in communication skills in psychiatry is often underrepresented in the medical curriculum. This workshop aimed to bridge this gap, equipping students with communication skills for mental health settings, improving student confidence and ultimately enhancing patient-centred care.
Methods: This workshop was co-developed by doctors in psychiatry at different stages of training, education fellows and patient actors. The aim was to integrate both clinical and communication expertise. Workshops were primarily delivered face to face, with one session trialled online. There were between 24–28 students in attendance for each workshop. The students were fourth year medical students from Queen Mary University, London, on placement in psychiatry at North East London NHS Foundation Trust. Forum theatre simulation techniques were used by facilitators to role play a doctor-patient consultation and encourage students to interact and actively reflect. Students then worked in groups and practiced explaining common psychiatric diagnoses and management plans to a simulated patient or relative.
Results: Pre- and post-session questionnaires were completed by students. Prior to the workshop, 80–92% of students reported lacking confidence in explaining a psychiatric diagnosis to a patient and 73–94% felt unprepared to discuss a psychiatric management plan. Whereas following the workshop, 72–80% felt quite or very confident explaining a psychiatric diagnosis and 82–95% reported reduced anxiety around communicating with patients in mental health settings; 91–100% rated the session as useful, engaging, and thought-provoking.
Conclusion: This workshop notably improved medical students' subjective confidence in communication in mental health settings. By integrating experiential learning, real-time feedback, and role-plays, students developed essential skills for communication in psychiatry. The overwhelmingly positive feedback from students supports the need for structured communication training in medical

curricula. Future sessions should include follow-up assessments to evaluate long-term skill retention and could expand to include other important areas of communication such as multidisciplinary team communication and conflict management.

Assessment of Impact of the ARIADNE Research: Insights Into Improving Access in Mental Health

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Aims: Enduring inequalities in mental healthcare exist between UK minority ethnic and White British groups, which were further aggravated during the pandemic. Through 2022–23 the nationally funded ARIADNE research project carried out qualitative research and co-production workshops to suggest local (in four participating sites of England) and also identified over-arching solutions to improve access and experience of care. After the ARIADNE research project ended, a further co-designed *impact analysis* initiative was carried out in 2024 in two original participating sites (Coventry/Warwickshire and East London).

Methods: Workshops were held in the two sites, attended by staff and experts by experience (carers and service users) to explore the impact and progress of the *action plans* from the ARIADNE study. Subsequently a national workshop was then held bringing together national opinion leaders and local stakeholders to identify key themes.

Results: A content analysis of the workshops and the national event minutes were carried out to identify progress, ongoing barriers and solutions to improving access:

There is a need to refine the concept of minoritised communities. Sharing experiences of racism towards individuals from *minority ethnic groups who grew up in England* and *towards immigrants* would be valuable. Care providers should arrange safe spaces for these conversations.

Pandemic and lockdown deteriorated the quality of mental health care provision and increased demand for mental health support. This disproportionately affected ethnic minorities and exacerbated their struggle in accessing mental healthcare complicated by *stigma* (both internal, in-group, external and cultural).

Professionals were in some cases experienced as being 'blind' to the issues of ethnic minorities and also impacted by institutional racism.

Education, cultural mediation and digital interventions that can offer solutions and overcome barriers to access the solutions need to be local and personalised.

Crucially, a human rights approach is required to promote integration and social cohesion. Offer of care should be diversified by including participatory culture, voluntary sector involvement and lived-experience involvement (e.g. peer work). Some potentially helpful developments and service reconfigurations were noted with population-based approach and neighbourhood models of community mental health care.

Conclusion: Locally led co-production research offer valuable intelligence and can be a resource to local health systems. It can utilised in planning of service re-design and resource allocation. Such continuous co-production increases research impact and minimises delay in putting research findings into practice. The themes raised and initiatives undertaken may be inspirational to other areas and national initiatives.

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.

Anticholinergic Burden in Older Adults Referred to Old Age Psychiatric Liaison: A Quality Improvement Project

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Aims: This quality improvement project (QIP) aims to evaluate the assessment of anticholinergic burden (ACB) of medications, using a validated tool, in patients admitted to Bristol Royal Infirmary and referred to Later Life Liaison Psychiatry, aiming to increase awareness and reduce ACB where appropriate.

Methods: The Anticholinergic burden Effect on Cognition (AEC) validated tool was selected to assess ACB. Baseline data was collected and anonymised from 20 patients via team assessments in patient records. Data included the AEC score, medications involved, prescription indication, whether ACB was considered, and if AEC score was documented.

An educational intervention involved teaching liaison psychiatry staff on ACB, AEC and strategies for deprescribing or switching medication. The team's knowledge was evaluated before and after teaching using questionnaires. An educational poster was displayed around the office.

Post-intervention data was collected from five additional patients, and the results were analysed.

Results: Baseline data showed 25% of patients (n=20) scored AEC $\geq$3. 30% were on multiple medications with an AEC score, 50% were prescribed antidepressants, predominantly mirtazapine and sertraline (both AEC=1). Only 15% of the assessments had a documented AEC.

Prior to the educational intervention, 71% of the team reported their ACB knowledge level as "very poor", "poor", or "average". After the teaching, 71% of the team rated their knowledge as "very good", indicating significant improvement.

Following the intervention, no patients (n=5) scored AEC $\geq$3, and 60% of assessments documented the AEC score.

Conclusion: The most prescribed medications contributing to ACB were, in order, cyclizine, mirtazapine and sertraline, aligning with current national literature. Most patients with AEC $\geq$3 were taking multiple drugs, leading to a cumulative effect. Of the assessments that did not document the AEC score after teaching, all had scores of 0, suggesting staff may not view this score as significant.

All psychiatry liaison colleagues acknowledged the importance of ACB, but had a knowledge gap prior to the educational intervention, which showed improvement following a well-received teaching session.

This QIP demonstrates patients interfacing with old age psychiatry liaison can have a high ACB. The liaison team are well-placed to acknowledge and review these medications collaboratively with medical colleagues. An education intervention shows improvements in assessing ACB in our service.