

Students' self-reported confidence was assessed via feedback forms before and after the session across all four domains.

Results: A total of 46 students participated, with confidence levels improving significantly across all areas:

History-taking confidence increased by 46.7%, and MSE confidence rose by 27.8%.

The greatest improvements were seen in rapport-building (+47.0%) and managing difficult situations (+68.7%), highlighting the effectiveness of peer-led sessions.

Cohort Comparison:

Group 1 (single PSW, 5-minute interactions) showed moderate confidence improvements, with a 43.5% increase in history-taking and 43.1% in rapport-building, but only a 20.6% gain in MSE confidence.

Group 2 (two PSWs, 8–10 minute interactions) experienced greater confidence gains, particularly in history-taking (+50.1%), MSE (+35.1%), and managing difficult situations (+74.9%).

Additionally, 96% of students rated the session highly relevant ($\geq 4/5$), reinforcing the value of integrating lived experience into medical education.

Conclusion: This study highlights that practicing psychiatric assessments with Peer Support Workers (PSWs) significantly enhances medical students' confidence, particularly in communication and handling complex patient interactions. Longer interactions with multiple PSWs led to greater improvements, emphasizing the importance of structured practice and immediate feedback. Expanding this model could strengthen psychiatric education and improve patient-centred care by bridging the gap between theoretical knowledge and real-world clinical skills.

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.

Practice Recommendations for Reducing Anticholinergic Burden in People with Intellectual Disability and Mental Health Difficulties

Mrs Reena Tharian¹, Dr Sreeja Sahadevan², Ms Melissa Hicks¹, Ms Elizabeth Patteril¹ and Professor Regi Alexander¹

¹Hertfordshire Partnership University NHS Foundation Trust, Norwich, United Kingdom and ²Norfolk and Suffolk Foundation NHS Trust, Norwich, United Kingdom

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Aims: In people with intellectual disability (ID), anticholinergic burden (ACB) is associated with multimorbidity, polypharmacy, and premature mortality. A previously reported baseline audit evaluated ACB over a period of 3 months in two inpatient units. This project reports on the development of practice recommendations and audit standards based on that work.

Methods: The baseline audit results were discussed in two peer group meetings of prescribers and two multidisciplinary continuing professional development (CPD) sessions. Based on a qualitative analysis of themes from these discussions, good practice recommendations and an Anticholinergic Quick Checklist (ACQC) for screening were finalized.

Results: The practice recommendations were

1. The indication(s) and rationale for prescribing all psychotropic medications, including those with anticholinergic properties, should be clearly stated.

2. Consent-to-treatment procedures or best-interest decision-making processes should be followed and documented.

3. ACB of the patient's medication regime should be calculated using an instrument like the AEC scale (Medichec), ACB calculator, or equivalent.

4. Side effects of psychotropic medication and treatment outcomes should be monitored using standardised scales like the LUNTERS, GASS, CGI Efficacy Index, CGI Global Improvement, or equivalents.

5. There should be regular monitoring of treatment response and side effects of all prescribed psychotropic medications, including those with anticholinergic properties.

6. There should be regular review and evaluation of the need for continuation or discontinuation of all prescribed psychotropic medications, including those with anticholinergic properties.

Conclusion: There is a need to evaluate the psychometric properties of the Anticholinergic Quick Checklist (ACQC). Larger scale studies and service evaluations are needed to further improve clinical practice in addressing anticholinergic burden (ACB) in people with intellectual disabilities (ID).

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Improving Patient Experience and Flow in the Referral Pathway with Multi-Disciplinary Team Interventions (MDT) in a Community Mental Health Team in Newham: A Quality Improvement Project

Dr Priyanka Tharian, Dr Gokce Saridogan, Ms Michelle Heffernan, Dr Ertugrul Saral and Ms Hanan Saleh
East London Foundation Trust, London, United Kingdom

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Aims: The goal of this quality improvement (QI) project is to enhance the patient journey and flow through the referral pathway into our sub-team in Newham's community integrated mental health service (CIMHS). The key objectives are to reduce waiting times for appointments, and reduce the high non-attendance rates by improving multi-disciplinary team (MDT) interventions from the point of referral through to review by a psychiatrist. We also aim to streamline the triage system to ensure clearer criteria for medical reviews.

Methods: Our methods include 6 major interventions:

Data will be collected from the admin team to understand “did not attend” (DNA) trends and address underlying factors.

An occupational therapy group programme will be used to support patients waiting for medical appointments.

Collaborating with the psychology department and addressing the lack of team psychologists will be explored for psychological support.

MDT members will use a standardised quality of life questionnaire, to screen patients' needs, offering appropriate interventions.

Through MDT meetings, actively managing the caseload and ensuring timely discharge of stable patients or those who no longer require the service.

Enhancing the quality of primary care referrals with clearer guidelines to improve the triage process incorporating a standardised new referral form.

Results: Within our caseload of 285 patients, we reviewed current waiting times for appointments in our team from the time of referral. The average waiting time for a medical review was 54 days, and for a non-medical appointment 38 days. These waiting