4. (11%) – Identified areas of psychological work has very little to no relation to interpersonal difficulties or relationships.
5. (11%) – A comorbid eating disorder (e.g. BMI < 17.5).
6. (9%) – Another service identified as being more appropriate (e.g. another psychological service).
7. (8%) – Risk of aggression to the therapist.
8. (5%) – Comorbid axis I disorder being the primary problem.
9. (5%) – Extreme self-harming behaviours requiring crisis interventions.

Conclusion.

Referrers

1. To accept that many patients with PD will fail to actively engage in psychotherapy.
2. To consider whether severity is of a level requiring specialist PD treatment; or if the patient needs a forensic psychotherapy service rather than a non-forensic PD service.
3. To consider whether the comorbid conditions (e.g. dependent alcohol use) are in fact the primary diagnosis and thus require treatment before the PD service intervention.

PD services

1. Need to develop novel interventions to help patients become more active and engaged in the assessment and thus progress onto treatment.
2. Need to inform referrers on their criteria for not offering treatment, allowing referrers the ability to gauge more accurately when to refer the patient.

Evaluating Multiprofessional Caseload Review in the Community Mental Health Team One Year On: Improving Patient Flow and Creating a More Responsive Service

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Aims. To evaluate the effectiveness and sustainability of multidisciplinary outpatient caseload reviews in the community mental health team (CMHT).

Methods. Caseload review for all patients under the outpatient clinics within South Leicestershire CMHT commenced in August 2022. A consultant psychiatrist and senior nurse spent 2–4 hours weekly reviewing each patient's electronic record chronologically from those waiting the longest for an appointment guided by a template including variables such as stability, risk and medication. Based on clinical need, the patient may be offered an outpatient appointment for ongoing treatment or review for discharge, nurse discharge clinic or transfer to another service.

This process is now embedded into routine clinical work, and momentum sustained by clinical and operational leadership roles within the team. The cycle is iterative and ongoing to ensure patients new to the service are included and flow from referral to discharge maintained.

Results. Between August 2022 to January 2024, 1460 out of a total of 1699 caseload reviews were completed. 622 (42%) of these are identified as suitable to be reviewed for discharge.

Of those, 256 (41%) were suitable for nurse discharge clinic, and 366 (59%) by a medic.

110 patients received an outpatient appointment following nurse discharge clinic, clinically indicated in 25.

Average additional wait time for an outpatient appointment has reduced from 34 weeks (September 2022) to 22 weeks (January 2024).

Conclusion. Consultant Psychiatrists in the CMHT frequently hold high outpatient caseloads with associated delays to care and treatment, and limited capacity and flexibility to respond dynamically to patient need contributing to reduced job satisfaction and burnout. Embedding multiprofessional caseload review into routine work creates greater capacity and responsiveness, reducing outpatient wait times and improving quality of care by earlier identification of those needing more expeditious review. Continuing this in an iterative cycle aligns with key principles of community transformation in the NHS Long Term Plan ensuring effective caseload management and fostering a more dynamic and responsive approach to meet patient need. Engaging senior clinicians and administrative staff is critical to successful implementation and close joint working has a positive ripple effect on team cohesion, morale and shared clinical decision making. The benefits are recognised at Trust board level with funding secured from the local Integrated Care Board to implement caseload reviews across all CMHTs within Leicestershire Partnership NHS Trust.

Clinical Effectiveness and Cost Implications of a Community Psychosocial Rehabilitation Service for Severe and Persistent Mental Illness in Nova Scotia, Canada

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Aims. People with severe and persistent mental illness (SPMI) present unique challenges in mental healthcare due to the enduring nature and complexity of their conditions. The study focuses on evaluating the clinical effectiveness and cost implications of a multidisciplinary community psychosocial rehabilitation team catering to individuals with SPMI in Nova Scotia, Canada. The investigation seeks to contribute valuable evidence to the limited literature on community psychosocial rehabilitation in the Canadian context.

Methods. The study adopts a retrospective approach, analyzing data from patients referred to community rehabilitation between 2016 and 2017. The assessment centers on the year before and after patient engagement with the community rehabilitation team. Clinical effectiveness is evaluated through measures of inpatient service use (admissions, length of stay) and emergency department (ED) visits. The Canadian billing system of Medical Service Insurance (MSI) is employed to examine the cost of acute service utilization.

Results. Results demonstrate a statistically significant reduction in mean admission rates and length of stay in the post-rehabilitation year compared with the pre-rehabilitation period. A substantial percentage of patients experienced no inpatient admissions or ED visits in the post-rehabilitation year. The analysis reveals a significant net reduction in hospital days, translating into substantial cost savings. The findings highlight the potential economic benefits of community rehabilitation in the context of SPMI.