

the needs of patients with complex psychosis. This multidisciplinary service, comprising psychiatrists, pharmacists, occupational therapists, and administrators, commenced functioning in January 2023 and we examined the first year of operation. KCPS reviewed the detailed psychiatric/medication history, highlighting prior treatment and effectiveness, with a focus on doses, tolerability, duration, and adherence; we explored the social, occupational, and psychological functioning of each patient; liaised with referrers/carers, reviewed the relevant research literature and provided holistic recommendations to the referrers.

**Results.** From January to December 2023, there were 36 referrals from a mixture of services, 26.3% of these were from acute wards. The patient's mean age was 42.8 years; 75% were male; the most common diagnosis was schizophrenia (50%), and the commonest comorbidities were Autism spectrum disorder and diabetes (13.9% and 27.8% respectively). Feedback from referrers and carers reported a high level of satisfaction with the service.

**Conclusion.** Reasons for referral included diagnostic uncertainty, comorbidity, intolerable side effects of clozapine leading to its early discontinuation, and poor psychosocial functioning. The KCPS recommendations were deemed useful in changing the trajectory of illness in some individuals, leading to early discharge and avoiding an out-of-area placement for treatment. Professionals appreciated the opportunity to discuss complex cases in a supportive, friendly, and in-house environment.

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### Time From Diagnosis of Lewy Body Dementia to Death: Retrospective Study Exploring Patients Within Humber Older People's Mental Health Services

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**Aims.** Lewy Body Dementia (LBD) is the second commonest dementia. It accounts for around 7% of dementia cases in secondary care. Studies have shown that LBD patients have an accelerated trajectory towards death when compared with other forms of dementia. Studies have suggested that LBD cases, as compared with Alzheimer dementia, have accelerated cognitive decline, more comorbid conditions, a higher mortality rate, greater service use and poorer quality of life. Most previous studies of LBD have been based on select research cohorts, so less is known about the naturalistic patterns, characteristics, and outcomes of the disease in routine clinical settings.

The aim of the study is to determine the average duration from the time of diagnosis to death among patients with Lewy body dementia in OPMH to understand the prognostic pattern of LBD in our locality.

#### Objectives

1. To determine the commonest age of diagnosis and death of patients diagnosed with LBD in OPMH.
2. To explore sociodemographic distribution of patients within the study population.
3. To determine the time from diagnosis to death of patients diagnosed with LBD in OPHM.
4. To determine the common psychotropics combinations used in management of LBD in our psychogeriatric unit.

**Methods.** This is a retrospective cross-sectional study of all the patients with diagnosis of LBD that presented to Humber Older People Mental Health Services in Hull. The sample consisted of electronic records of all 39 patients under the team but only 38 met the inclusion criteria. Patients' records were reviewed and information such as gender, ethnicity, age at diagnosis, age at death or age at recruitment if alive, and psychotropic medication they are/were on was retrieved from the records. The time from diagnosis to death was obtained by subtracting age at diagnosis from age at death and this is recorded in years.

**Results.** The result showed that majority of our patients were male and about 68.4% of our patients received their diagnosis between the age of 70 and 84 years and that 59.3% of them died within 5 years of receiving their diagnosis. The result also showed that the commonest psychotropic prescribed for LBD patients were single anticholinesterase inhibitor (donepezil or rivastigmine).

**Conclusion.** This study showed that majority of patients died within 5 years of receiving their diagnosis of Lewy body dementia. This underscores the fatality and mortality associated with Lewy body dementia. More needs to be done in developing strategies to ensure improved awareness of Lewy body dementia in our community.

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### Reasons Why Patients Are Turned Down From Treatment at a Personality Disorder Service: Implications for Referrers and Personality Disorder Services

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**Aims.** Patients referred to a Personality Disorder (PD) Service are frequently not offered treatment. This has profound implications for patients (who feel dismissed or rejected), referrers (who are perplexed as they have clearly diagnosed a PD) and the PD services themselves (their raison d'être being to treat PD patients). A systematic search identified no literature on reasons for non-acceptance. This study aimed to describe reasons for not offering therapy in patients, after a specialist assessment.

**Methods.** We conducted a case series of 50 patients assessed in a specialist PD service. We collected data from routine service notes, using thematic analysis to identify categories of the reasons identified for treatment unsuitability.

**Results.** Reasons for assessing treatment unsuitability (in descending order) were:

1. (20%) – Lack of engagement (e.g. repeated non-attendance of appointments) and motivation to change (e.g. externalising all responsibility, or believing they completely lacked agency in their actions).
2. (18%) – Extremely harmful substance misuse or dependence.
3. (13%) – The underlying diagnosis (e.g. not meeting diagnostic criteria for a personality disorder or a severe psychopathy) and level of severity (e.g. too mild for a specialist service).

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.

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## 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.

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## 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.