

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.

Conclusion. The study suggests that community rehabilitation contributes positively to the clinical outcomes of individuals with SPMI, showcasing reduced inpatient service use and associated costs. The findings underscore the importance of further research into community psychosocial rehabilitation in the Canadian setting and emphasize the economic implications essential for demonstrating the efficiency of mental healthcare services.

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Challenges and Gaps in the Diagnosis of Personality Disorders in Older Adults: A Review of Current Practices in a UK Mental Health Trust

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Aims. Personality disorders (PDs) involve persistent deviations from societal norms causing distress, particularly in older UK adults. ICD-11 distinguishes general personality dysfunction from traits. Despite a low reported prevalence among the elderly, underdiagnosis and undertreatment are concerns, suggesting higher actual prevalence. PD presentations in older adults differ, with increasing prevalence noted. Existing research lacks large-scale, population-based studies, longitudinal perspectives, and diagnostic tools sensitive to age-related changes. Overlapping symptoms and delayed diagnosis challenge accurate assessment, while misdiagnosis can lead to repeat hospitalisations.

A UK mental health organisation observed such issues, prompting a diagnostic pathway review and a service evaluation study to identify healthcare professionals' challenges in diagnosing personality disorders in older adults.

Methods. An online survey, conducted from January to March 2023, targeted healthcare professionals in the Trust. It gathered demographic data and focused on professionals' knowledge, and confidence in diagnosing personality disorders, along with limitations and suggestions for improvement. Responses were qualitative, involving community mental health team managers, doctors, healthcare assistants, mental health nurses, occupational therapists, and psychologists. Results, collected in March 2023, aimed to provide detailed insights into professionals' experiences with PDs when treating older adults.

Results. Among 35 surveyed professionals (15 Consultant Psychiatrists, 2 community team managers, 6 nurses, 1 occupational therapist, 2 psychologists, and 9 junior doctors), 75% routinely conducted personality disorder assessments. They lacked specific diagnostic tools, relying on history and ICD-10/DSM-5 criteria. Confidence levels varied, with only 1 reporting high confidence and 37% not confident at all, citing a need for training and structured tools. Challenges in diagnosing older adults were acknowledged by 34 responders, attributing difficulties to comorbidities and ageing. All emphasised the importance of accurate diagnosis for tailored therapy, care, service workload, and healthcare financial implications.

Conclusion. Underdiagnosis and undertreatment of personality disorders in older adults impact their quality of life, posing

challenges to healthcare services with financial implications. This local survey and service evaluation study revealed healthcare professionals' lower confidence in diagnosing PDs in older adults, attributed to the complexity of presentation and lack of diagnostic tools. Professionals may underestimate PD prevalence, emphasizing the need for improved education and training. The review calls for validated diagnostic tools tailored to older adults and suggests a need for larger-scale, mixed-methods research to explore factors affecting diagnosis accuracy. It underscores gaps in knowledge and emphasises the importance of understanding and addressing PDs in this population through research, education of professionals, and improved screening.

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Treatment Trajectories of Young People With Emotion Dysregulation Engaging in Dysregulated Behaviours: An Exploratory Study

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Aims. Dysregulated behaviours are prevalent amongst young people worldwide. Emotional dysregulation plays a key role in these behaviours. Several psychiatric disorders have significant elements of emotional dysregulation, making it a potentially effective transdiagnostic therapeutic target. Dialectical behaviour therapy (DBT), mentalisation-based therapy (MBT), and schema therapy (ST) can effectively manage emotional dysregulation, however access may be limited in clinical practice.

We aimed to explore whether young people with emotional dysregulation engaging in dysregulated behaviours receive support for emotion regulation. We hypothesised that those with emotionally unstable personality disorder (EUPD) will have a higher prevalence of self-harm, disordered eating, and/or substance misuse and more referrals for DBT, MBT, or ST than those with bipolar disorder, autism, attention deficit/hyperactivity disorder (ADHD), schizophrenia, or schizoaffective disorder.

Methods. De-identified clinical records from the West London NHS Trust on 2,413 16- to 25-year-olds with an ICD-10 diagnosis of EUPD, bipolar disorder, autism, ADHD, schizophrenia, and/or schizoaffective disorder were obtained through Akkrivia. Chi-squared tests were performed.

Results. Young people with bipolar disorder had the highest prevalence of self-harm, disordered eating, and substance misuse (88.35%, $n = 182$), $\chi^2 (4, N = 3138) = 39.14, p < 0.001$, but the lowest number of references to DBT, MBT, or ST. Those with EUPD had the highest number of references to DBT, $\chi^2 (4, N = 2585) = 886.75, p < 0.001$, MBT, $\chi^2 (4, N = 2585) = 81.63, p < 0.001$, or ST, LR (4, $N = 2585) = 21.03, p < 0.001$.

Conclusion. There could be an unmet need for psychological interventions for young people with bipolar disorder. A more transdiagnostic approach to offering psychotherapies that target emotional dysregulation should be applied in clinical practice.

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