

PROVIDING INTEGRATED CARE: MULTIDISCIPLINARY

INVOLVEMENT BY DIAGNOSIS WITHIN A COMMUNITY MENTAL HEALTH TEAM (CMHT)



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BACKGROUND

Community Mental Health Teams (CMHTs) are now the cornerstone of modern mental health care and play a central role in assessment, diagnosis and care coordination. Such multidisciplinary working provides more benefits than traditional care by a single professional.¹ CMHTs vary widely in their service provision and composition.

Within teams there is latitude for variation of professional roles but the extent to which different disciplines undertake generic and profession-specific work is poorly defined. Research to date has largely focussed on case-load size rather than case-load mix, with few descriptive studies examining case-load mix by patient profile.² Such studies will lay the foundation for work towards optimising professional allocation for patient outcome.

Our aim was to establish how professional training influenced the distribution of case-load mix within a general adult community mental health team.

METHODS

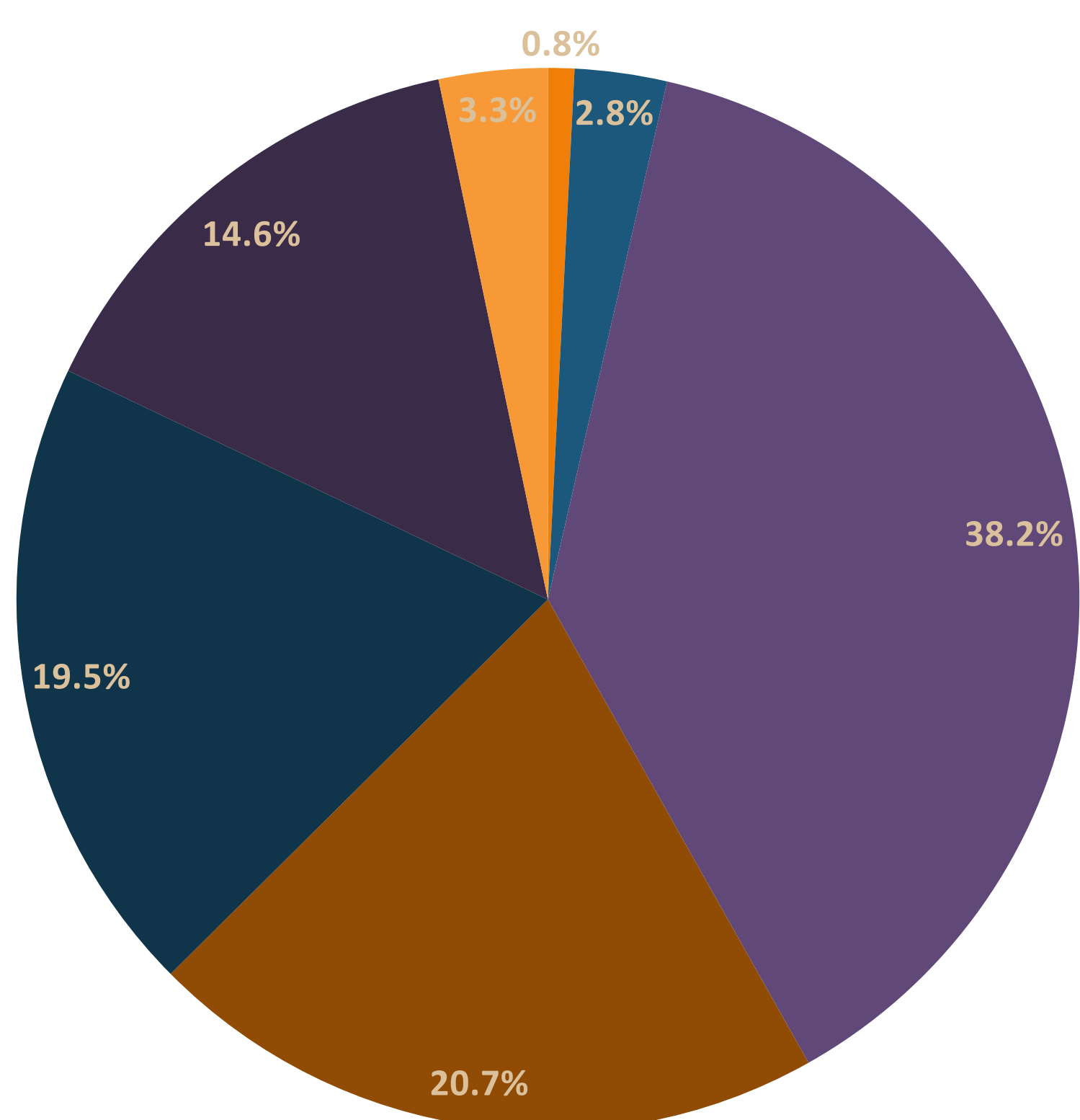
The GR1 Community Mental Health Team provides care to a population of 25,000 in West Galway city and South Connemara. A survey was conducted of multi-disciplinary case notes for all patients actively registered to the team on Dec 31, 2021 for a period of one year from January 1, 2020. Name, age, gender, whether referred or admitted in the past year, medication and day hospital attendance were recorded.

Clinical diagnoses were recorded from the clinical file but, where missing, verified with a relevant team member. The team consultant reviewed and verified the ICD-10 primary clinical diagnosis for all patients.

Evidence of clinical input by multidisciplinary team members was recorded from clinical files with the final electronic database being checked by each professional for accuracy. We examined any input over the past year rather than frequency of input. Patient characteristics and diagnosis by professional discipline was examined using descriptive statistics within Excel.

Figure 1: Primary ICD-10 Diagnosis (N=246)

■ F00-F09 Organic Disorders (N=2) ■ F10-F19 Substance Use Disorders (N=7)
■ F20-F29 Psychotic Disorders (N=94) ■ F30-F39 Affective Disorders (N=51)
■ F40-F49 Anxiety Disorders (N=48) ■ F60-F69 Personality Disorders (N=36)
■ F80-F89 Developmental Disorders (N=8)



RESULTS

A total of 246 patients were registered to the team with an average age of 56.3 years (51.2% female). 10.2% (N=25) were admitted to an inpatient psychiatry unit and 18.3% (N=45) attended a day service in the past one year.

37.8% (N=93) saw one, 34.6% (N=85) saw two and 24.4% (N=60) saw 3 or more team members. Of those who saw three or more team members, psychotic disorders represented the majority diagnoses (40%, N=24) followed by personality disorders (25%, N=15) and affective disorders (15%, N=9). Doctors saw 85% or more of all patients grouped by ICD-10 diagnoses.

The majority of social work and occupational therapy case-mix comprised psychotic disorders (SW=44.2%, OT=34.2%) followed by personality disorders (SW=25.6%, OT=23.7%). Of psychology case-mix, the highest was personality disorders at 41.6% (N=13) followed by anxiety and related disorders at 25% (N=8). CMHN case-mix was highest for psychotic disorders at 44.6% (N=58) followed by 21.5% mood disorders (N=28).

Figure 2. Number of team members seen by patients in past 1 year

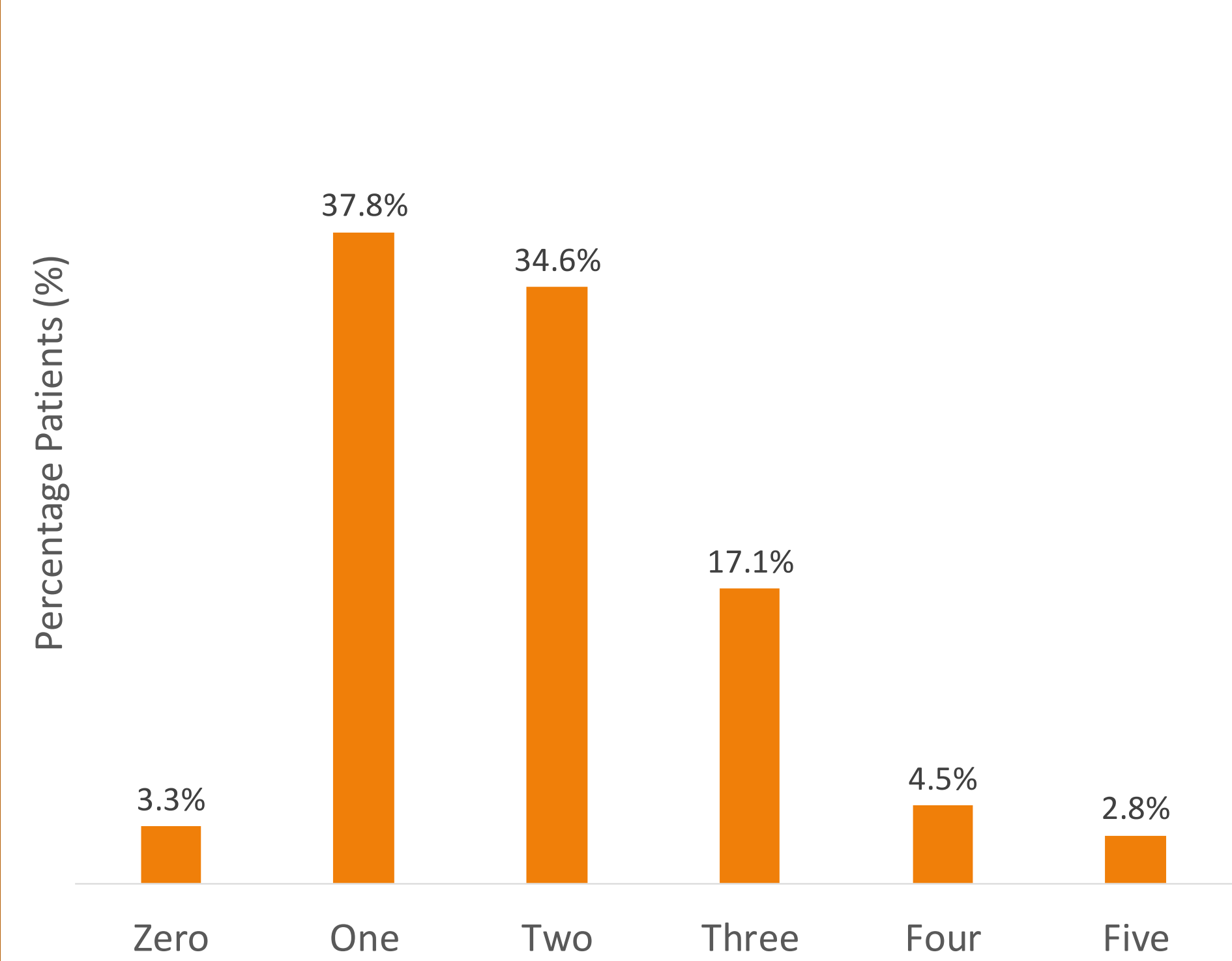


Figure 3. Percentage of total population seen per discipline

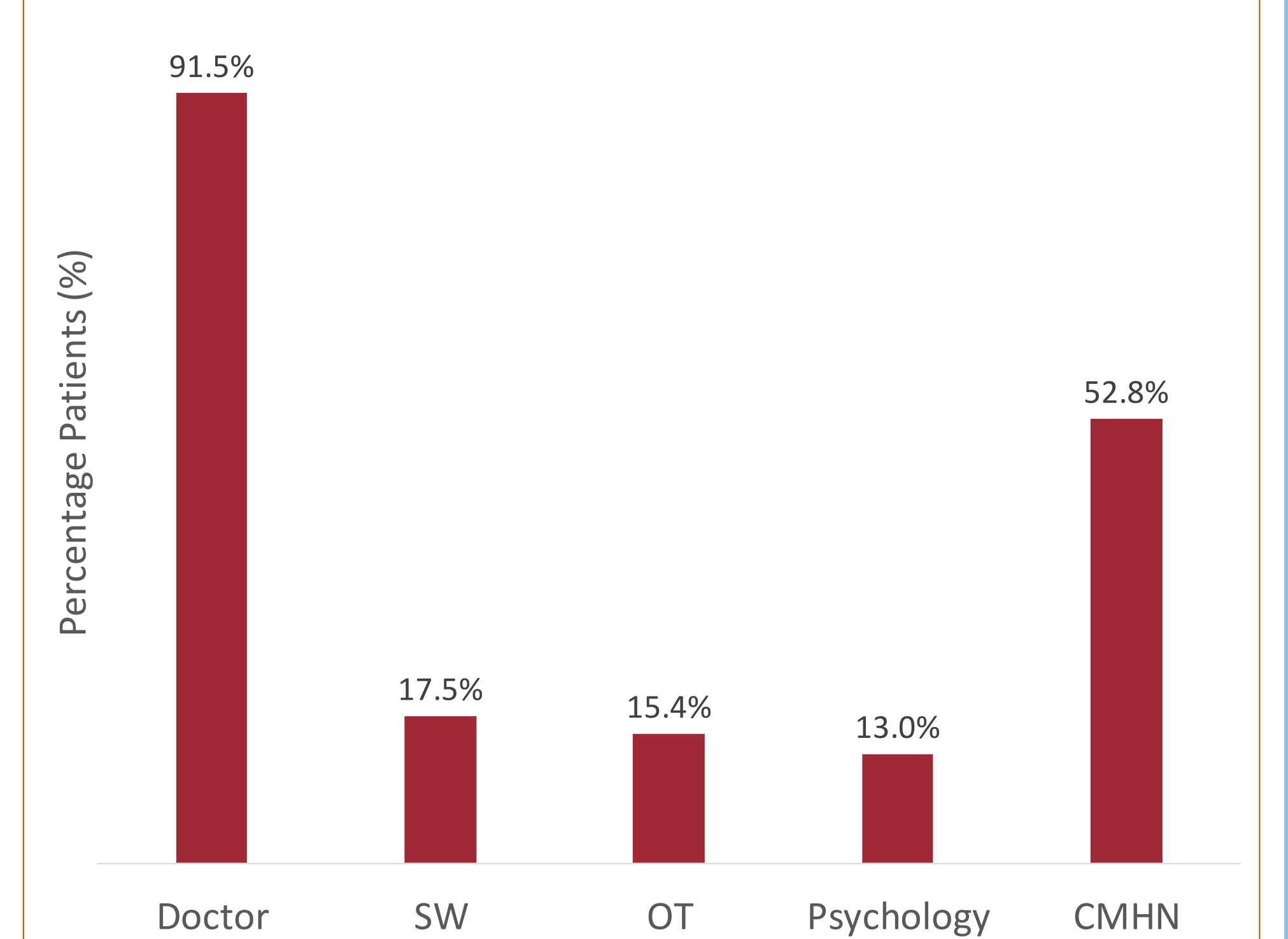


Figure 4. Number of team members seen by diagnosis

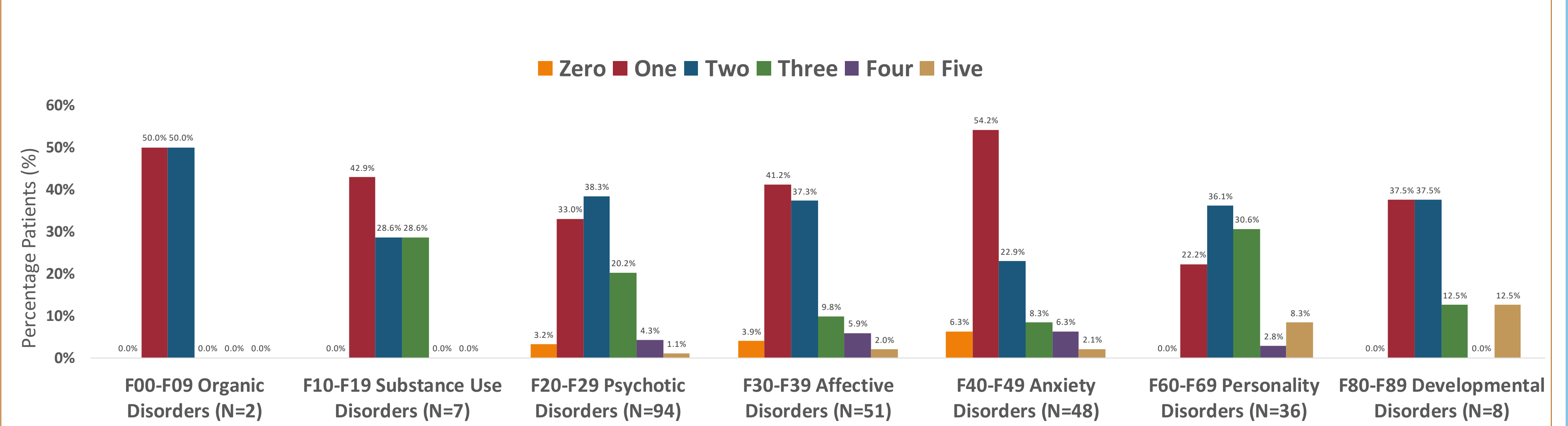
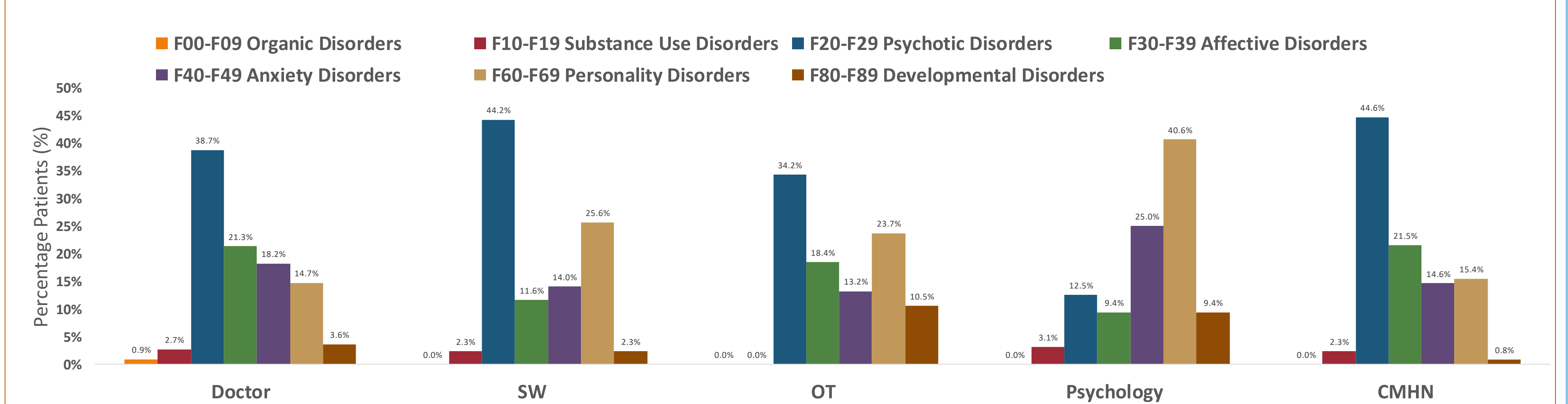


Figure 5. Casemix By Discipline



CONCLUSIONS

Multidisciplinary team work is a core component of the delivery of psychiatry services. Research in older persons psychiatry services suggests that case-mix varies by team and changes over time.³ This information is not currently available for general adult psychiatry teams and further research addressing this would have implications for resource allocation and policy development. This cross sectional survey informs how we currently target our specialist resources. We will further develop this to include frequency of contact to inform resource allocation and skill mix.

References

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- Wilberforce M, Tucker S, Brand C, Abendstern M, Jasper R, Stewart K & Challis D (2015). Community mental health teams for older people: variations in case mix and service receipt (II). *Int J Geriatr Psychiatry*, 30(6):605-13.

Permission for this survey was obtained from Dr. Margaret O'Grady, Clinical Director of the AAMHU, University Hospital Galway