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### **A Week in the Life of a Community Psychiatrist**

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**Introduction:** The role of the consultant psychiatrist is changing in line with social expectations, service reconfiguration and resource constraints. There is a clear expectation for a responsive practice concentrating on the most complex patients with devolved responsibility for less severe cases, and the flexibility to attend to urgent clinical work .

**Aim:** To assess the functioning of a consultant community workload against national standards.

**Method:** Review of consultant job plan and consecutive patient case records for a randomly selected week in July 2013. Data obtained was examined against standards derived from Royal College of Psychiatrists' guidance.

**Results:** The job plan was largely consistent with national standards. Time available within the job plan for emergency work was less than recommended. There was no time specified for Mental Health Act work, advice to team members, and clinical administration.

There were 27 patients (12 male and 15 female). 17 patients had a psychotic condition. There was evidence of antipsychotic polypharmacy in 2 cases. There were 5 unscheduled and 19 routine appointments, 2 discharge reviews and 2 new patient appointments. 17 patients had care-coordinators of whom 11 attended the reviews. 6 patients were classed as frequent attenders, having more than 3 appointments in the preceding 6 months. In terms of clinical interventions, 13 patients had medication adjustments, 5 patients increased monitoring, and 1 patient required admission. 4 patients missed appointments and were followed up by care-coordinators.

**Conclusion:** There is some scope for adjustments to current practice to facilitate more non scheduled clinical sessions and care-coordination.