
AUDIT TO IDENTIFY THE NUMBER OF PATIENTS WITH MULTIPLE DIAGNOSES IN A COMMUNITY MENTAL HEALTH TEAM IN BEDFORD, ENGLAND

M. Agius¹, E.V.A. Bongards², R. Zaman¹

¹Psychiatry, University of Cambridge, Cambridge, United Kingdom ; ²School of Clinical Medicine, University of Cambridge, Cambridge, United Kingdom

Background: Patients with 'simple' mental health problems should be able to be managed exclusively in primary care. It is therefore anticipated that only the more complex cases would be referred to secondary care. In order to test this hypothesis, the number of patients registered with a community mental health team (CMHT) in Bedford, United Kingdom, who had received multiple psychiatric diagnoses in 2010, 2011 and 2013, was analysed.

Method: Using an anonymised database that contains all patient data, the proportions of patients with more than one diagnosis were audited for the months of August 2010, June 2011 and February 2013. The total number of patients registered was also determined .

Results: Many patients were found to have received multiple diagnoses. An increase in the proportion of patients with multiple diagnoses was observed; from 23.2% in 2010 to 25.2% in 2011 to 34.3% in 2013.

Discussion: Several psychiatric conditions are associated with particular psychiatric co-morbidities, which may be one reason why many of patients receive multiple diagnoses. The trend observed may reflect improving mental healthcare in primary care and therefore fewer referrals of patients with 'simple' mental health conditions to secondary care, thus causing the CMHT's caseload to become increasingly complex. It may also reflect improving communication between primary and secondary care, which may also lead to fewer referrals. Finally, the trend may merely reflect better use of the available database.

Conclusion: We have found that numerous patients received multiple diagnoses. We have also observed an increase in the proportion of such patients over three years, which may reflect improved management of mental health problems in primary care. Our results may therefore provide an incentive to establish formal shared care of psychiatric patients between primary and secondary care to improve patient management even further.