

## P02-193

### CORRELATION OF DIAGNOSIS, RISK ASSESSMENT AND INVOLVEMENT OF A CARE CO-ORDINATOR [CPA STATUS] IN AN ENGLISH COMMUNITY MENTAL HEALTH TEAM

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**Introduction:** The Care Program Approach [CPA] envisages that patients with serious mental illness who are deemed to be at risk [of self harm, harm to others, or serious deterioration of their condition] should have an appropriate assessment of needs, an appropriate care plan and should have an allocated care co-ordinator to implement the plan.

We investigated whether patients with Bipolar Disorder, Schizophrenia and Depression, who had recorded risk factors did indeed have an allocated care co-ordinator in a typical English Community Mental Health Team [CMHT]. This issue is of importance in describing 'Treatment as Usual' in a CMHT when comparing it to newer forms of management, such as assertive outreach teams.

**Method:** We used a database held by a CMHT in order to assess whether all patients with the above diagnoses did indeed have an appointed care coordinator.

**Results:** The results show poor correlation between diagnosis, presence of risk factors, and the appointment of a care coordinator. Interestingly, patients with bipolar disorder appeared more likely to have a care coordinator appointed than patients with schizophrenia. Patients with depression were least likely to have a care coordinator appointed.

**Conclusion:** Lack of resources in the CMHT may account for the results. Another issue may be that , with treatment, patients may become less risk prone, but the work of the care coordinator may not be completed , and so the care coordinator may continue to be involved, thus being unable to move to other more needy patients in the team.