

# Tertiary specialist neuropsychiatry pilot: A service evaluation

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## Introduction

Neuropsychiatry is a speciality that has been regarded as an interface between neurology and psychiatry. The International Neuropsychiatric Association definition states that neuropsychiatry is “a field of scientific medicine that concerns itself with the complex relationship between human behaviour and brain function, and endeavours to understand abnormal behaviour and behavioural disorders based on an interaction of neurobiological and psychological-social factors” (1).

Psychiatric comorbidity in patients with neurological conditions was estimated to be around 40-55% by several studies from Europe (2,3,4,5). There is a dearth of data on the assessment of neurological or organic conditions in mental health patients however, this is said to be around 10% (6). The prevalence of neuropsychiatric symptoms is estimated to range from 20 to 75% based on the nature and severity of the condition, assessment method and populations studied (7,8).

Patients presenting with psychiatric co-morbidities in neurological conditions often misdiagnosed, undiagnosed and go untreated due to a lack of specialist service such as Neuropsychiatry. Neuropsychiatry services include psychiatry and neurology working in close relationships to deliver effective interdisciplinary care, with patients at the heart of the care.

Specialist Neuropsychiatry services are underrecognized and underdeveloped, leading to gaps in the services affecting continuity of care. So, there is need for setting up specialist neuropsychiatry services to provide comprehensive assessment and effective delivery of care

## Aim

The role of neuropsychiatry service is to assess and treat patients with neurological diseases and associated severe psychiatric symptoms; or with severe and disabling neurological symptoms without identified neurological cause ((NHS England, 2019).

We set out to complete a service evaluation following the successful one-year operation of a pilot neuropsychiatry tertiary service in Derbyshire, U.K.

## Method

- **Design and setting:** A mixed methods service evaluation was conducted in a UK National Health Service Mental Health Liaison Team.
- **Participants:** 70 Adult service users (aged 18 years and over) who were referred to the Neuropsychiatry clinic between January 2022 and December 2022 were included in the service evaluation
- **Qualitative data:** We completed retrospective scrutiny of the collected responses from patients and referrers (clinicians)
- **Quantitative data:** collected data from the assessment letters and case records following weekly Neuropsychiatry OPC assessments
- **Data Analysis:** Data extraction and quantitative analysis were carried out using MS Excel and Thematic analysis was completed to analyse the qualitative data.
- **Feedback from service users: Table 1**

Table 1: Feedback Questionnaire for service users

No	Question	Options
1	Did you feel the staff member explained things in a way that was easy to understand?	Y/N
2	Did the staff member use medical words you did not understand?	Y/N
3	Did you feel the staff member was warm and friendly?	Y/N
4	Did you feel the staff member listened to you carefully?	Y/N
5	Did you feel encouraged to ask questions?	Y/N
6	Did you feel your questions were answered?	Y/N
7	If you have any other comments, please enter them here.	Free text

- **Feedback from Referrers:** 5 closed questions with 5 rating scale response option from strongly agree to strongly disagree and 3 open ended questions was asked:

## Results

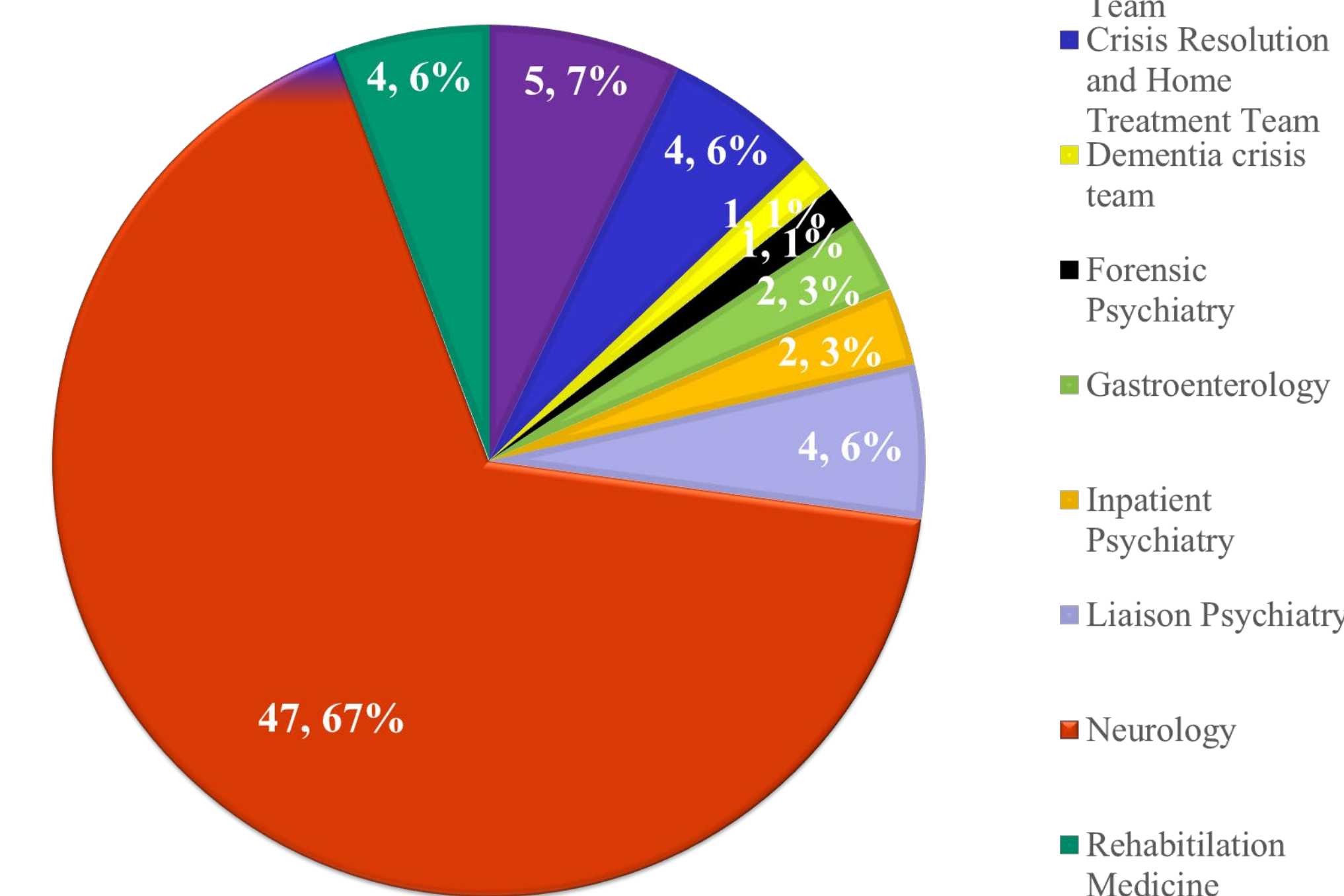


Fig 1. Pie chart showing referral source.

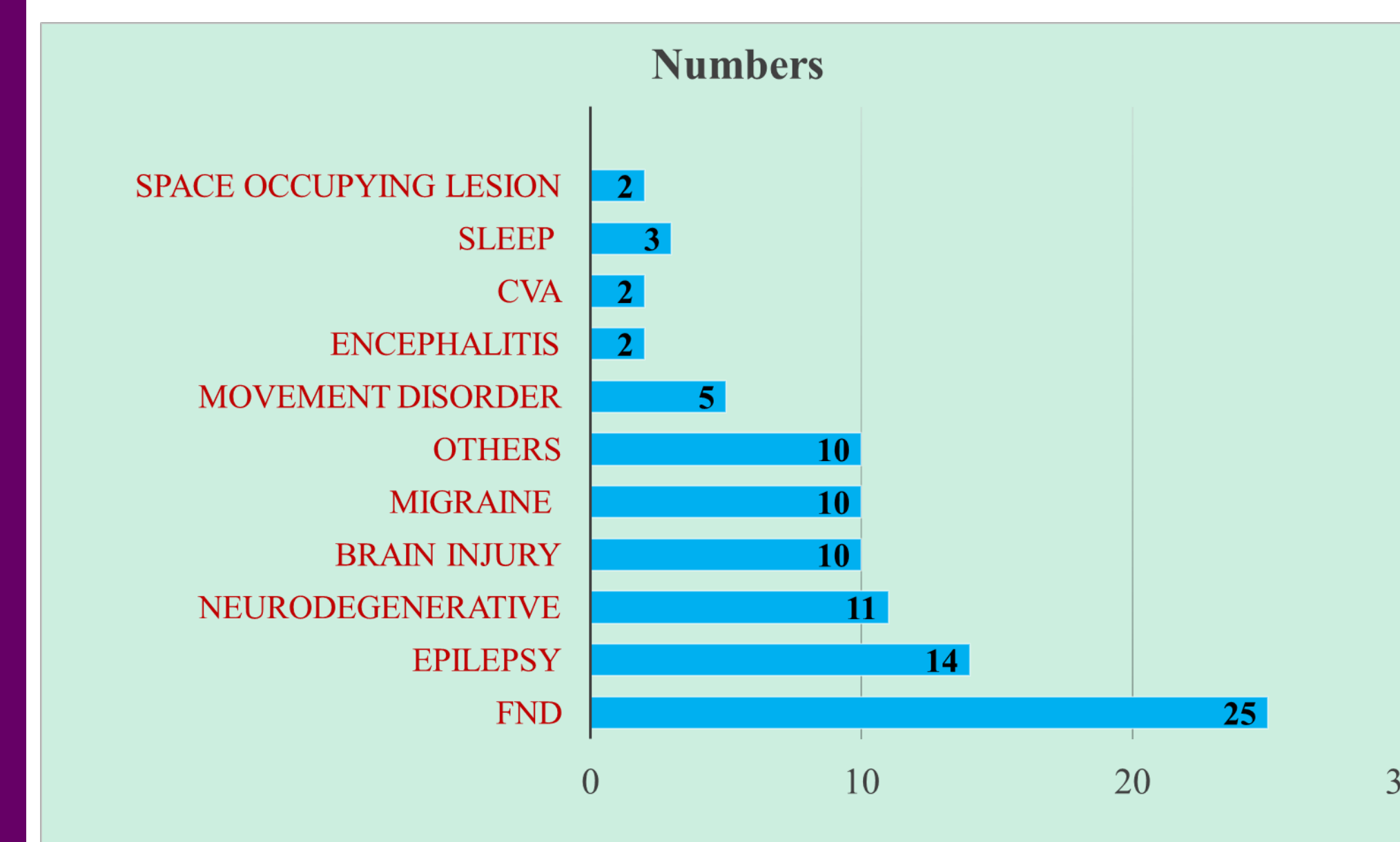


Fig. 2 Bar chart depicting number of patients presenting with neurological co-morbidities.

- Neuropsychiatric symptoms: varied widely, majority being anxiety (n=27, 39%), depression (n=23, 33%), subjective cognitive impairment (n=20, 29%) and neurodevelopmental disorders (n=16, 23%).
- Outcome Out of 70, 49% of patients received medication interventions, 31% received a referral for psychological therapy and 5% received new diagnoses in addition to person-centred formulations.

- Five themes were identified from 16 patients and 10 referrers feedback
  1. Patients had a positive experience of the clinic.
  2. Staff were friendly and knowledgeable.
  3. The service was accessible and responsive.
  4. There is a gap in current service provision that the clinic fills.
  5. The clinic should continue and increase offer of provision.

## Conclusion

- This service evaluation provides evidence for setting up a neuropsychiatry service within the local integrated care system
- Results adds valuable evidence towards collaborative working among different disciplines even under economic challenges and pressure on resources.
- We intend to repeat the service evaluation after two years of completion with a view to disseminating the results nationally and in peer-reviewed journals.

## References

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