Aims and objectives

• Consider the development of Psychiatric Liaison services nationally

• Review the role of Liaison and the psychological interface

• Review the current local and national picture

• Conclusions and challenges
Development of Liaison

- Absence of any service model or design
- Large national variation
- Key ‘core’ professional groups within teams
Aims and functions of Liaison

• Non-discriminatory in approach

• Multiple functions

• Multifaceted delivery
Liaison and the psychological interface

Prevalence:

• Half of all inpatients have a mental health condition

• 5% of ED attendances have primary mental health condition
Liaison and the psychological interface

Co-morbidity:

- Emotional distress/illness 2-3 times higher with physical health problems

- Challenges in adjustment to LTC and associated treatment
Liaison and the psychological interface

Medically unexplained presentations:

• 30% all new outpatient referrals without organic pathology

• 27% frequent attenders to ED with one or more medically unexplained presentations
Liaison and the psychological interface

Risk:

• 200,000 cases of self-harm to EDs per year

• Within top 5 reasons for admission for medical treatment each year

• 1% risk of suicide in 12-month period after self-harm
Psychology as a ‘core’ profession?

• Not explicitly

• Other therapists

• Will any psychologist do?
Local and national picture

- Some psychology presence
- Wide variation
- Reflected in recent PLAN national report

“...some liaison teams also lack the multi-disciplinary team members recommended, for example, many teams do not have a psychologist...”

“...some patients might have better outcomes and reduced risk of suicide if they were offered a small number of follow up sessions...managers and commissioners should consider expanding liaison teams so that more are able to offer follow up to those patients who would most benefit...”
Local and national picture

- Cheshire and Merseyside SCN scoping exercise
- 11 services over 9 acute sites
- Questions based on PLAN guidance
- Specific questions about psychology/psychological provision
Local and national picture

Staffing configuration:

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Local and national picture

Staffing configuration:

Total Workforce in Liaison Psychiatry Services across Cheshire and Merseyside

- Team manager
- Psychiatry Consultants
- Other medics
- Nurses
- Therapists
- Liaison psychiatry
- Admin
Local and national picture

Provision of psychological interventions:
Local and national picture

Training, supervision and governance:

“...staff have received awareness training in CBT and SFT...”

“staff have received internal/in-house training in the interventions...”

“...specific, external training...”
Conclusions

• Development of services largely ‘ad hoc’
• Functions of Liaison and psychological interface is significant
• Lack of recognition of psychology as a ‘core’ profession within Liaison
• Impact upon
  – Provision of most basic function of liaison
  – Safe service delivery
  – Other functions of liaison?
Challenges

• Development of Clinical Liaison Psychology as a specialism

• Promoting the value of the role

• Minimising potential impact of the guidance

• Development of future workforce