

PS02/19

Position statement on the provision of liaison psychiatry services across the lifespan

May 2019

POSITION STATEMENT

Purpose of the document

This position statement describes how liaison psychiatry services can be delivered to meet the needs of patients of all ages, with staff continuing to work within their recognised competences and areas of expertise. It is primarily aimed at commissioners and healthcare providers who are setting up or expanding liaison psychiatry services and recruiting staff.

NHS England has confirmed that it agrees with these principles and that the Five-Year Forward View ambition for ‘all-age liaison psychiatry’ is intended to ensure that hospitals have suitably trained professionals who are qualified to meet the mental health needs of people of all ages. Whether this is one service, or several separate services, professionals must not be asked to fulfil needs that are outside their competency.

This document refers to English commissioning guidance, but it is generally applicable to acute hospitals throughout the UK.

Issues and key evidence

Liaison psychiatry is concerned with the management of mental disorders in general medical settings. A liaison psychiatrist is a medically qualified doctor who has expertise in the diagnosis and management of:

- psychiatric illness in the medically ill
- psychiatric illness and other psychological factors that interfere with recovery from medical illness
- bodily symptoms that are not adequately explained by underlying physical illness
- use of psychiatric drug treatments and psychological therapies in the context of physical illness.

Liaison psychiatry services are often based in general hospitals, but are increasingly present in primary care settings for the management of co-morbid medical and psychiatric illnesses.

NHS England’s objective is to enhance provision for adult mental health (as detailed in Implementing the Five-Year Forward View for Mental Health, 2016), and a key part of this is summarised here:

“By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the ‘Core 24’ service standard as a minimum.”

This expansion of services is supported by transformation funding.

In the same document, as part of their objective to expand mental health services for children and young people, NHS England recommends the following:

“CCGs (Clinical Commissioning Groups) should commission improved access to 24/7 crisis resolution and liaison mental health services which are appropriate for children and young people.”

In addition to NHS England’s recommendations, the need for ‘age-inclusive’ services has been previously highlighted by the Joint Commissioning Panel for Mental Health (2012). The aim of the Five-Year Forward View regarding ‘all-age’ liaison psychiatry services in acute hospitals applies to services for adult patients, with an emphasis on ensuring that the needs of older adults are not neglected.

The coincidental recommendation, that there should also be liaison psychiatry services for children and young people, is sometimes interpreted as meaning that ‘all-age’ applies across the whole age span. While the College supports the provision of comprehensive liaison psychiatry services, there is a risk that this term encourages the incorrect assumption that services can be staffed by ‘all-age’ liaison psychiatrists, who are able to assess and manage patients of any age.

However, this would require medical staff to work beyond their competences, thus posing a risk to patient safety and resulting in inadequate patient care.

College Position

Needs-led liaison psychiatry services

The College believes that all mental health services should be available to people on the basis of need – not age – and that comprehensive liaison psychiatry services are essential for meeting such needs across the patient life span. This is consistent with the principle of recognising people's different needs, addressing those needs in an equal way, and not treating all people the same because their needs are likely to be different (Royal College of Psychiatrists (RCPsych), 2009a).

Instead of thinking of 'all-age' liaison psychiatry services, it is helpful to think of liaison psychiatry services *for patients of all ages*.

Many of the principles and benefits of liaison psychiatry apply across the age span, but patients' changing needs should be met by an age-appropriate service, or a single service that comprises staff who are competent to work with specific age groups. If people of all ages receive the same service, regardless of their specific needs, then the risks of delivering unsafe and inadequate care amount to indirect discrimination (RCPsych, 2009a).

The College acknowledges that resources may be limited, so that a balance must be struck between the responsiveness, quality and cost-effectiveness of these services, however service standards should not be adjusted to meet the allocated resources if this compromises safe and appropriate patient care. Discrimination exists when inequitable distribution of resources prevents services from meeting patient needs (RCPsych, 2009a).

Service requirements for managing patients of all ages

There are differences in the types of mental health problems arising in people of different ages and the psychosocial context in which they develop. Working with young people and their families and carers requires specific expertise in, and knowledge of, the appropriate treatment strategies and care pathways.

Note that this type of expertise is often very different to those employed among adult patients. The specific expertise required for assessing and managing children and young people includes competences in

- the different presentations of mental illness in this age group (e.g. psychosis and delirium)
- neurodevelopmental disorders (e.g. autistic-spectrum disorder)

- eating disorders the developmental aspects of assessment and management
- working with families and schools in the management of young people with a mental illness
- assessing and managing safeguarding issues related to children and young people.

As people get older, certain needs become more common, not only because of the differences in mental health problems that arise in later life, but also because of increasing multimorbidity in this age group, and the different psychosocial contexts behind their disorders (RCPsych, 2009b).

Specific expertise required for assessing and managing older adults include competences in:

- managing mental health problems that develop in later life, often with a different nature to those in younger people and requiring different treatment approaches (e.g. cognitive disorders, dementia, mood disorders, psychotic illnesses)
- working with older patients who have complex and interacting mental and physical comorbidities as well as frailty
- the potential adverse effects of drug treatments for physical illnesses in older adults
- multidisciplinary working with other services involved in the health and social care needs of older people (e.g. social services, residential care homes).

Two-thirds of NHS beds are occupied by older people, of whom up to 60% have (or will develop) a mental disorder during admission (NHS Confederation, 2009). As the population ages and there is a rise in the proportion of older adults among hospital patients, there will be an increasing need for specialist expertise in older people's mental health.

The model service specifications for a Core 24 liaison psychiatry service include the need for expertise among both consultants and nursing staff in working with older adults. A Core 24 service for most hospitals is anticipated to include two consultant staff, one of whom should be an old age psychiatrist with liaison psychiatry expertise.

Competences of staff

Following the completion of higher specialist training, doctors are awarded a Certificate of Completion of Training (CCT). The CCT confirms that they have completed an approved training programme in the UK, and are eligible for entry onto the GP Register or Specialist Register. Entry onto the Specialist Register is necessary for appointment to consultant level within the NHS.

CCTs in both general adult and old age psychiatry allow for a subspecialty endorsement for liaison psychiatry, for whom the following applies:

- psychiatrists with such an endorsement will have competences in working with adults of all ages in general hospital settings
- consultant psychiatrists will have specific expertise in working with adults in the age group determined by their CCT
- liaison psychiatrists with CCTs in general adult or old age psychiatry will have particular strengths in managing younger adults and older adults, respectively.

The requirement for a CCT in a particular specialty or subspecialty of psychiatry can only ever form part of the 'desirable' criteria for appointment to consultant level – making this requirement essential would discriminate against applicants from the European Economic Area, in which training programmes may differ from those in the UK (although such qualifications are considered equivalent).

Applicants for NHS consultant posts are assessed by an Advisory Appointments Committee on the basis of their expertise for the specific requirements of each post. Attention is paid to the candidates' overall skills, experience and suitability, underlined by a clear duty to patient safety.

Ultimately it is the responsibility of the employing organisation to ensure they are satisfied all psychiatrists are qualified for their roles. This is in compliance with the GMC's Good Medical Practice (2013), which states that a doctor must be competent in all aspects of their work, including management, research and teaching.

The introduction of endorsements in liaison psychiatry for those with CCTs in old age psychiatry is relatively recent, which means there are insufficient staff with endorsements for the anticipated number of posts required to meet patient needs. They may not have had opportunities to develop their competences in managing younger adults in general hospital settings that can be acquired through endorsement.

However, psychiatrists with a specific CCT in old age psychiatry will have the additional competences for managing this age group, as required for providing needs-led liaison psychiatry services for adults of all ages. Note that a CCT endorsement in liaison psychiatry does not equip consultants with competences to manage children and younger people. Liaison psychiatry services for this age group require consultants to have a CCT specifically in child and adolescent psychiatry.

There is no specific endorsement in liaison psychiatry for child and adolescent psychiatrists, but competences in the provision of a liaison psychiatry service to a paediatric department are included within the CCT.

To meet the needs of an acute hospital population, a gold-standard liaison psychiatry service (or services) should include consultant staff in general adult and old age psychiatry (each with endorsements in liaison psychiatry), and a consultant in child and adolescent psychiatry. Consultant staff would then be clinically responsible for patients in the age group relevant to their CCT.

This position is compatible with the general provision for secondary medical care, which recognises that specific expertise is required for working with patients of different ages. Acute hospitals usually have separate paediatric, adult, and care of the elderly (geriatric) medical services.

As with old age psychiatrists, care of the elderly physicians will have specific expertise for managing patients with multiple pathology and complex social needs.

Comparison of single and multiple services

Liaison psychiatry services within acute hospitals are usually delivered by separate services for children and younger people, and for adults. Larger hospitals are more likely to have separate services for younger and older adults; smaller hospitals often have a single service for adults of all ages.

The potential advantages of a single liaison psychiatry service for all ages include:

- cost-effective management, support services in place (e.g. administration) and accommodation
- they facilitate discussions of patients' needs and wider multidisciplinary input into patient care, especially when working with issues that cross age boundaries (e.g. ADHD, autistic spectrum disorder) (RCPsych, 2009b)

- appropriate management of patients at transition points through the life span (from adolescence to adulthood, including the consequences of increasing frailty).

The potential advantages of separate liaison psychiatry services for different ages groups include:

- the model mirrors service delivery in acute hospitals (in terms of separate paediatric, adult and care of the elderly services)
- they facilitate closer working relationships between liaison psychiatry and acute services (e.g. with provision of mental health training, service development, audit and quality improvement activities).

Where there are liaison psychiatry services for different age groups, there should be clear communication between the services, and they should collaborate as necessary to make decisions based on patient needs, with clear accountability at all times (RCPsych, 2009a).

In particular, responsibility for the mental healthcare of adolescents should be clearly described and understood. There is often an age within mental health services at which young patients become the responsibility of adult services, but the age cut-off point can vary between services.

A liaison psychiatry service for adults may therefore assess patients of 16 and 17 years of age; if this is the case, staff should be able to access specific advice on their management from a consultant child and adolescent psychiatrist as required.

Recruitment of staff

The College's most recent census of psychiatric staffing (RCPsych, 2017) reported an ongoing rise in the reported number of vacant or unfilled consultant posts across the UK. Most of these vacancies were in the three largest specialties – general adult psychiatry, child and adolescent psychiatry, and old age psychiatry.

Further expansion in liaison psychiatry services across the age span will require an increase in consultant staffing, especially in child and adolescent and old age psychiatry. The College estimates that an additional 220 consultant liaison psychiatrists will be required between 2021/22 and 2028/29.

This should be considered in national workforce planning, to ensure there are enough appropriately trained psychiatrists to meet the demand for high-quality age-comprehensive liaison psychiatry services.

Recommendations for action

- 1 When commissioning liaison psychiatry for acute hospitals, commissioners should ensure that service provision meets the needs of patients of all ages, taking into account the local demographics.
- 2 In acute hospitals, the gold standard for liaison psychiatry service provision for patients of all ages requires consultant staff with CCTs in child and adolescent psychiatry, General adult psychiatry, and old age psychiatry. Those with CCTs in general adult psychiatry should have an endorsement in liaison psychiatry; this is also recommended for those with CCTs in old age psychiatry (but at present there are not enough consultant staff with this endorsement to meet the anticipated needs of the NHS).
- 3 Staff in liaison psychiatry services should not be required to work beyond their competences. In particular, consultant psychiatrists with a CCT in general adult or old age psychiatry should not be required to assess or manage patients under the age of 16.
- 4 For separate liaison psychiatry services within a single hospital, psychiatrists should collaborate as necessary to make decisions that are based on patient need, and ensure clear accountability at all times (especially when there are age boundaries that determine service provision, and a patient's needs cross those boundaries).
- 5 National workforce planning should take into account the expansion in the consultant workforce that is required to deliver high-quality age-comprehensive liaison psychiatry services.

These recommendations will be monitored by the relevant College faculties and through the Annual Survey of Liaison Psychiatry in England.

References and further reading

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Compilation of this Position Statement

This Position Statement was compiled by a Working Group comprising representatives from the Faculties of Liaison, Old Age and Child and Adolescent Psychiatry, and following initial discussion by the Faculty of Liaison Psychiatry Executive Committee.

It was subsequently reviewed, and the principles were supported by Bobby Pratap (Senior Programme Manager for Adult Crisis and Acute Mental Health) and Dr Steve Jones (National Service Advisor for Children and Young People's Mental Health, NHS England).

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