

# Newsletter of the Faculty of Liaison Psychiatrists

## LIAISON PSYCHIATRY: GROWTH IN A TIME OF CONSTRAINT?

DR PETER AITKEN, EDITOR

### Happy New Year 2012

In this edition we look back at a very successful Trainees and New Consultants Conference held in Exeter in November 2011 and forward to an engaging program for the Faculty Annual Residential conference at Malahide, Dublin in early March 2012. Both agendas have focused on the role liaison psychiatry and psychological medicine services can play in the management of general health symptoms and long term conditions in the community. In addition the RAID service in Birmingham grows from strength to strength and they celebrated their achievement with a one day conference for health leaders held in Birmingham on 27th Jan 2012 which was standing room only. Now that commissioners and health planners have gripped the gap in mental health care provision around the needs of people with general medical and surgical conditions as part of QIPP, we have their undivided attention to explain the resource we need to deliver the psychotherapeutic interventions evidenced to work. There is much to be made of connecting our assessment services to Improving Access to Psychological Therapies, and influencing that agenda to be broader than cognitive behavioural interventions and embrace the growing evidence base for Psychodynamic Interpersonal Therapy.

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Finally this explosion in activity has created a shortage of appropriately trained liaison mental health practitioners and consultants so the college and the faculty are ideally placed to do something about this by strengthening our voice with the providers of health professional training and those who commission it.

The wider NHS in England is changing fast almost regardless of the progress and progression of the health and social care bill. New clinical commissioning groups need to appreciate the value proposition of liaison psychiatry services and understand that we can help meet the needs of people with a wide range of symptoms in the hospital and in the general practice surgery.

We will have to find our voice in the NHS National Commissioning Board and the Strategic Clinical Networks that will come to support it. Academic Health Science Networks are to cover the whole of England and aim to align the clinical, scientific, innovation, industrial and educational effort within a managed system to the benefit of the health and wealth of the population.

I hope the newsletter jogs the memory of those of you yet to book for the Annual residential meeting, Malahide, Dublin, and I look forward to meeting as many of you as make it next month to discuss how we keep pace with the change.

## TRAINEE AND NEW CONSULTANT COMMITTEE— CHAIR COLM OWENS



Exeter, under the able chairmanship of Dr Colm Owens, newly installed Consultant Liaison Psychiatrist for Older Adults, hosted a very successful TNC at the Southgate Hotel. The conference attracted 64 people, including nurses, managers, physician assistants and medical students. The program opened with an awareness of the challenge facing all services and two views of the future, one on leadership by Dr Peter Aitken, the second on how the NHS may be developing by Dr Alan Cohen, formerly a GP in South London, most well known for his work with Sainsbury Centre and the creation of IAPT. Alan is now working for the West London Mental Health Trust as the GP for Broadmoor.

The conference heard from Jo Bromley on how symptom management clinics can improve the health use and outcome for people with other wise medically unexplained symptoms. There was a section on psychotherapeutic approaches suited for our work. Simon Heyland, a consultant psychiatrist in psychotherapy in the West Midlands delivered an excellent presentation outlining the practice and (extremely impressive) evidence base for Psychodynamic Interpersonal Therapy for patients with somatoform disorders. The value of Cognitive Analytical Therapy was presented convincingly by Amrit Sachar and it was very interesting to hear how this model could be applied in helping non-mental health staff understand their patients better.

Tayyeb Tahir presented a comprehensive overview of the current evidence base in delirium. This is clearly an area where more research is required and Chris Dickens, recently appointed as Professor of Psychological Medicine in Exeter rounded off the first day with a workshop on research methodology.

We were privileged to hear a service user's perspective on our services on the second day of the conference from Elaine Hewitt. Other speakers included Adrian Flynn on some innovative work his service in Cornwall have been carrying out with the Samaritans and Frank O'Kelly, a GP and commissioning lead who gave us a very thought provoking account of how psychiatric services look from primary care and the huge numbers of patients currently managed in primary care where our particular skills in working at the medical/psychological interface have the potential to make a difference.



We welcome any feedback you may have on the newsletter and its contents. Please email all articles for inclusion, feedback, comments, suggestions to [peter.aitken@nhs.net](mailto:peter.aitken@nhs.net) or [jayneclarke@nhs.net](mailto:jayneclarke@nhs.net)



Alternatively if you would like to write to the Editor please contact:

**Dr Peter Aitken**  
**Devon Partnership NHS Trust**  
**Wonford House Hospital**  
**Dryden Road**  
**Exeter, EX2 5AF**

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## **RAID CONFERENCE — CHAIRED BY PROFESSOR GEORGE TADROS, FRIDAY 27th JANUARY 2012, BIRMINGHAM**

Professor Tadros, Dr Mahnaz Hashmi and colleagues are to be congratulated on terrific success in developing a model of liaison psychiatry that has captured the imagination and the money of strategic commissioners in Birmingham and brought it together with the rigour of the London School of Economic and the West Midlands Strategy group to really set the standard for front door mental health services to a city of general hospitals. The RAID model is carrying the commissioning flag for Liaison Psychiatry Services firmly in the mind of networks of non-executive directors, senior health service executives and managers and the clinical and patient community it serves. Particularly impressive is the halo effect it is having on non mental health trained general nurses in the hospitals who are delivering improved mental health outcomes for their patient by the effect of having the RAID team working alongside. The conference told this story to over 120 people, commissioners, managers, general practitioners and liaison psychiatrists from around the country through a series of presentation from everyone involved. The web support tools for managing the system and creating evidence for output and outcome, clinical and financial is very impressive.

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## **ENGAGING COMMISSIONERS—DR SIMON KERR, GP OTTERY ST MARY, DEVON**

As a GP and a new commissioner in the land of emerging CCGs I was delighted to attend the RAID conference to hear the benefits of an integrated mental health model of care filling a historic gap at the point of admission to the acute care environment. It has helped me understand the difference between liaison psychiatry and other models of mental health care more familiar to me in General Practice. The impact of this on the right care in the right place at the right time for frail elderly people is compelling and has changed my appreciation of the possible in terms of mental health commissioning.

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## **LIAISON PSYCHIATRY TO A VIRTUAL WARD**

The piloting of a virtual ward of 22 patients managed by a GP and a Geriatrician has created an opportunity for liaison psychiatry to follow the patients out of the hospital and work with the team around the virtual ward. Colm Owens and Rachael Willett in Exeter have been providing input to this team. Initial results look promising and this model could be one of the many approaches we consider when looking at how we could move our model of liaison working into the community.

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## **HELP US TO HELP OUR ENVIRONMENT**



We are continually looking at our impact on the environment and at ways we can improve our carbon footprint. One way is to cut down on the amount of printing we produce. If you normally receive a hard copy of the newsletter but would like to receive future copies by email please register your email address at: [membership@rcpsych.ac.uk](mailto:membership@rcpsych.ac.uk)

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## **LOOKING AHEAD TO DUBLIN— LIAISON AND PHYSICAL HEALTH**

### **29 February - 2 March 2012, The Grand Hotel, Malahide, Dublin**

This years conference will take place at The Grand Hotel, Malahide, Dublin.

Often described as a picturesque maritime village, Malahide has been the overall winner of the Tidy Town Competition and in the summer months attracts both Dubliners and tourists to enjoy the local ambience.

The sea has played a major role in the development of tourism in the town. The extensive Velvet Strand stretches to the horizon and is extremely popular with bathers and water sports enthusiasts. Malahide also boasts a marina with some three hundred berths and the only natural inlet along the East Coast. As a result Malahide is a popular destination for visiting yachts from both Ireland and overseas.

Malahide has also acquired a reputation as the gourmet capital of the East Coast, with an array of restaurants noted for the quality and variety of their food representing many nationalities.

#### **Venue information**

Grand Hotel

Malahide

County Dublin

[http://www.thegrand.ie/contact\\_us.aspx](http://www.thegrand.ie/contact_us.aspx)

For more information about Malahide please visit

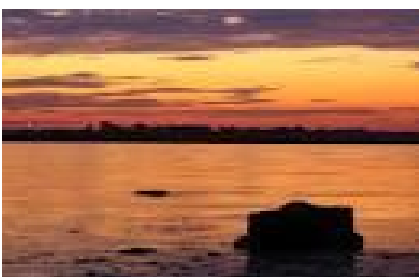
<http://www.malahide.ie/>

Dublin city centre is a 15 minute train journey from Malahide. For information about Dublin please visit

<http://www.visitdublin.com/>

**To find out more about the conference, programme, hotel and to book a place please go to:**

<http://www.rcpsych.ac.uk/events/facultysectionconferences/liaisonpsychiatry2012.aspx>



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## **NEWS FROM BRISTOL LIAISON SERVICE— LUCY GRIFFIN, CONSULTANT LIAISON PSYCHIATRIST, BRISTOL**

The most exciting development we have had here in Bristol, is the development of a liaison service dedicated to those in later life. We work closely with our later life colleagues ensuring that inpatients at the BRI get timely needs-driven psychiatric intervention, whatever their age. Ultimately we aim to provide a truly ageless service across the patch.

Other news includes an update on our self harm database. Under the direction of Prof Gunnell at Bristol University, we are 18 months into a project capturing all details on self-harm presentations at the BRI. This is giving us a wealth of information which is already informing clinical practice and, we hope, will ultimately be used in the suicide prevention strategy.

We continue to develop specialist psychiatric liaison input into various hospital departments. As well as our specialist GUM clinic and the work we do around interferon prescribing within hepatology, our development of a MUS service continues apace with the CBT accreditation of one of our Clinical Nurse Specialists. It seems that everyone wants a piece of us: we have had overtures from cardiology, respiratory medicine and endocrine and diabetes, and are busy building links with these departments.



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### **PSYCHO-ONCOLOGY AT THE CHRISTIE HOSPITAL, MANCHESTER TANIA HAWTHORNE, LIAISON PSYCHIATRIST**



The Christie hospital was developed in the late nineteenth century in Manchester, and has always specialised in treating cancer patients. It is now one of Europe's leading cancer centres, and sees around 14,000 new patients per year. There has been a liaison psychiatry/ psycho oncology service there since 1987, initially under Professor Peter Maguire and Dr Penny Hopwood. Peter Maguire's research on how cancer professionals communicate with patients has led to a national training programme for communication skills in cancer professionals. This is arguably an approach that would benefit every discipline of medicine.

The psycho oncology department now consists of a small multidisciplinary team of doctors, nurses, counsellors, psychologist and psychotherapist. As well as patients, we see a small number of relatives. The presence of counsellors and therapist on the team, although unusual in terms of liaison psychiatry services, provides a therapeutic approach to supporting patients struggling with a life threatening illness. Approximately one third of cancer patients report significant emotional distress, with anxiety the most common mood symptom. Body image disorders and sexual dysfunction often persist long into survivorship, with knock on effects on relationships and quality of life. We have annual psycho oncology study days, and have recently hosted a national cancer and sexuality study day, organised by Dr Josie Butcher. We provide special interest sessions for local psychiatry registrars or GPs who are interested in developing skills in psycho oncology and have in the past provided out of programme experience for registrars from further afield. For more information please contact [tania.hawthorn@christie.nhs.uk](mailto:tania.hawthorn@christie.nhs.uk), or [jane.younger@christie.nhs.uk](mailto:jane.younger@christie.nhs.uk)

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## **LIAISON PSYCHIATRY AND PUBLIC SERVICE PARTNERSHIPS**

**Dr Tayyeb Tahir, Consultant Liaison Psychiatrist [tayyeb.tahir@wales.nhs.uk](mailto:tayyeb.tahir@wales.nhs.uk)**

**Mr Dave Hitt, Cognitive Behavioural Therapist**

**Department of Liaison Psychiatry, University Hospital of Wales, Cardiff and Vale**

**University Health Board, Cardiff**

**Mr Lyndon Davies , Occupational Health Specialist Nurse Practitioner, Cardiff Council**

In addition to the bread and butter liaison psychiatry, clinical and educational activities, the Department of Liaison Psychiatry at the University Hospital of Wales provides occupational mental health support to the Cardiff Council under a partnership scheme. Access to this partnership is through the Council's Occupational Health Service that can refer to specialist advice and therapy from the Department of Liaison Psychiatry. The initiative provides specialist help to individuals who are affected by a range of psychological health conditions.

Occupational stress can be a major cause of sickness from work. This can lead to absence and poor productivity in any work environment. Studies estimate that up to 40% of all sickness/absence is as a consequence of work-related stress (Confederation of British Industry, 2000). Add to this any absence from work that is not directly work-related. Altogether significant proportion of work force can present to occupational health services at any time due to the consequences of mental ill-health. The challenge to occupational health departments is in staff having the necessary knowledge and skills to assess and manage the nature of individual's mental health issues in addition to other physical health concerns.

Increasingly evidence is pointing toward psychological therapies as providing the necessary ingredients to understand and to treat a significant proportion of mental health problems (BOHRF, 2005). Within this spectrum of therapies, Cognitive Behavioural Therapy (CBT) has a significant evidence base recognised by the National Institute for Clinical Excellence.

Due to the lengthy waiting lists for their staff for CBT service (up to 2 years locally in community mental health teams), the occupational health department of Cardiff County Council has formed a partnership with the Department of Liaison Psychiatry to fund a CBT practitioner (Band 7 RMN) with an aim to reduce sickness, absence and generally improve the mental health of local authority staff. Employees of Cardiff Council can benefit from access to a mental health assessment and therapeutic treatment service through this partnership. This initiative demonstrates the Council's commitment to maximising the health and wellbeing of its staff. This in turn can play a key role in helping to improve attendance and the provision of high quality services to the public.

The staff members referred to the department of Liaison Psychiatry were from various professions and vocations employed by the Cardiff County Council including teachers, admin staff, refuse collectors and maintenance department. Six reported to have issues that were work related. Six had a combination of work and personal concerns. Whereas twelve did not have work related problems. Mean age was 42 for the staff who completed the treatment.

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Depression (n=6), mixed anxiety and depression (n=4), PTSD (n=3), social anxiety (2), stress (n=2), panic (n=2), chronic fatigue (n=2), chronic pain (n=1), GAD (n=1) and anger (n=1) were the diagnosis for 24 patients who completed the treatment. The progress and improvement was measured using the Hospital Anxiety and Depression Scale (HADS), Patient Health Questionnaire (PHQ 9) and Work and Social Adjustment Scale (WSAS). Pre and post treatment

**Table: Mean (SD) scores with mean difference for pre and post CBT for PHQ9, HADS and WSAS.**

Scale	Pre CBT	Post CBT	Mean Difference (SD)	95% Confidence Interval of the Difference		Sig. (2- tailed)
	Mean (SD)	Mean (SD)		Lower	Upper	
PHQ 9 (n=24)	14.12 (5.161)	3.69(2.475)	10.438 (5.709)	8.027	12.848	.000
HADS (n=23)	22.17 (7.056)	8.28 (4.413)	13.891 (8.315)	10.296	17.487	.000
Work and Social Adjustment Scale (n=24)	23(8.861)	6.125(6.109)	16.875 (9.391)	12.90930	20.84070	.000

The possible benefit of this partnership is cost saving to both NHS and to the Council by:

A reduction in medication prescription

A reduction in burden on other NHS mental health services.

A reduction in sickness by improving the mental health related sickness of county council staff members.

The original push for the expansion of CBT services in England was based on economic data. Although we have not seen the same expansion of services in Wales, our experience demonstrates that similar aims can be achieved elsewhere in Wales.

Seeing the benefits of this service, Cardiff Council has increased the funding for this post from half time in the first year to full-time in the second year. It is hoped that these gains can be continued with an aim to further serve this area of the public sector.

The feedback so far has been promising and access to such a service clearly benefits the individuals affected as well as making a valuable contribution to the Council's goal of greater efficiency in the delivery of high quality public services.

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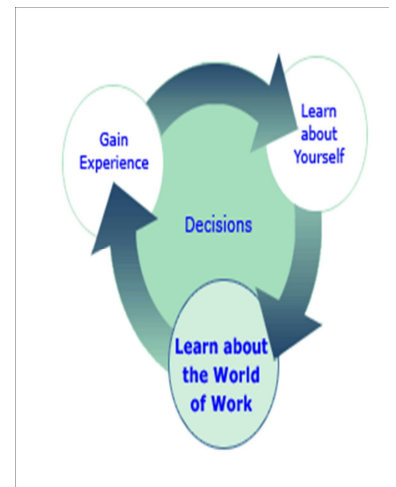
## **WORK EXPERIENCE IN LIAISON PSYCHIATRY, SHAYAN KHAN, CORPUS CHRISTI HIGH SCHOOL, CARDIFF**

### **Work Experience organised through Career Wales from 30<sup>th</sup> January to 3<sup>rd</sup> February 2012**

My work experience at the Department of Liaison Psychiatry of the University Hospital of Wales, Cardiff was interesting, exciting and very motivating. I observed patients in different wards with physical condition who either have psychiatric problems or have developed psychiatric symptoms during their stay in the hospital. I sat in outpatient clinic sessions and spent some time with junior doctors to talk about medical school.

I met patients with depression, anxiety, delusions, delirium and Alzheimer's disease. I saw how patients coped with their problems in different ways. I also observed how they communicated with the hospital staff and how the hospital staff communicated with them. Whatever the mood of the patient, the doctor would always be very soft spoken and understanding. If the staff wanted a straight answer they at times had to be quite blunt and to the point, yet still be empathetic.

When I went around with the old age liaison psychiatry nurse, I saw some elderly patients as well. One elderly patient that I met had come from a prison. Therefore, I did a brief search on forensic psychiatry, which I found quite fascinating. The process is to treat the patient and then rehabilitate them in a secure environment. The patients in forensic psychiatry may have a paranoid illness, substance dependence and personality disorders. Some patients have a delusion of jealousy, which is known as Othello's syndrome and is common with alcohol abuse. Another aspect of forensic psychiatry is the legal term psychopathy.



This is antisocial behaviour that has diminished a person's capacity for guilt and remorse. I realised that the term 'psychopath' has often been misused in tabloids. Some people diagnosed with a psychiatric illness don't willingly come for treatment. However because of the Mental Health Act individuals can be detained for treatment if it could prevent or improve deterioration of the disorder.

I thought that spending some time with the junior doctors was fairly useful. It gave me a better idea of the responsibilities of a junior doctor. For example how you write up all your notes on the patients and remain involved in day to day care of patients. It was useful to hear what they had to say about their time in medical school, how they prepared for it and what it took to get admitted.

This week I have developed a better understanding of how a hospital really works. How communication and working well as a team is extremely important. The psychiatric staff did this by having team meetings every week and going on ward rounds to see patients. Different departments in the hospital communicated with each other by writing extensive notes in each patient's folder and by talking to the consultants. Doctors and nurses were constantly communicating with each other. I figured out that I have to be good at working in a team and communicate well if I want to be a good doctor.

My experience at the hospital has changed my views on the way hospitals function. It has also clarified the reason why I want to study medicine. I want to study medicine because of how you go and see the patient and try to get through to them, help them and relieve them of their distress. This week has increased my motivation and determination to get in to a medical school and become a doctor.



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Would you like to contribute an article for the next edition of the Newsletter? Please email articles to [peter.aitken@nhs.net](mailto:peter.aitken@nhs.net) or [jayneclarke@nhs.net](mailto:jayneclarke@nhs.net)

Next edition due for publication:  
May 2012

