UNIVERSITY OF OXFORD

NHS
Oxford University Hospitals
NHS Foundation Trust

Psychiatry in the general hospital: past, present and future

Michael Sharpe MA MD

Professor of Psychological Medicine

The Past

The early general hospitals

The Radcliffe Infirmary Oxford, opened 1770

The new asylums

The Radcliffe Lunatic Asylum – later Warneford, opened in 1826

Separate Royal Colleges

- Psychiatrists were members of the Royal College of Physicians, founded in 1518

- Then members of the new (Royal) Medico-Psychological Association from 1865

- This was renamed the Royal College of Psychiatrists in 1971

Why drove the separation ?

Psychiatry went one way…

- Mental medicine
- Psychological science
- Professional prestige

Medicine went the other….

- Physical medicine
- Biomedical science
- Professional prestige

The Present

Separate Trusts

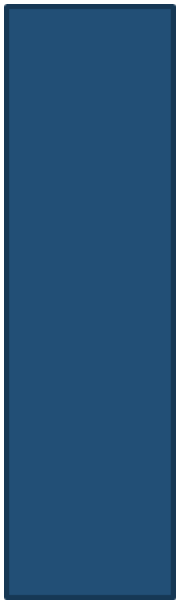
NHS
Oxford University Hospitals
NHS Foundation Trust

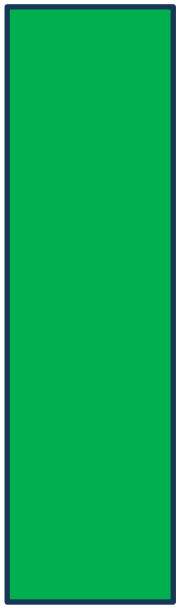
NHS
Oxford Health
NHS Foundation Trust

Psychiatry’s separation from medicine

Psychiatry

Medicine





Calls to address the problems resulting from the separation of psychiatry and medicine

CareQuality Commission

Assessment of mental health services in acute trusts programme

How are people's mental health needs met in acute hospitals, and how can this be improved?

RC PSYCH

PS07/19

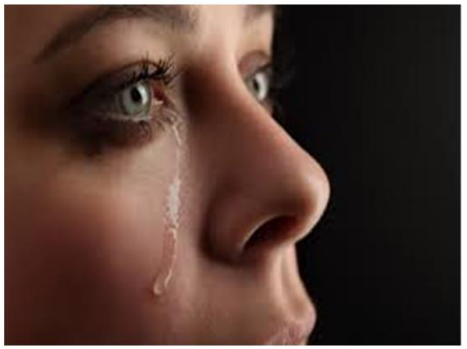
The role of liaison psychiatry in integrated physical and mental healthcare

December, 2019

POSITION STATEMENT

But what EXACTLY are the problems we are trying to solve?

Problems for patients



Inadequate care for those with:

- Serious mental illnesses e.g. schizophrenia
- Other psychiatric illnesses e.g. depression
- Broader psychosocial problems e.g. distressed family members

….leading to worse patient outcomes

Problems for General Hospitals

Inability to effectively manage:

- Risky or disruptive behaviour e.g. due to severe delirium
- Complex clinical problems e.g. ‘medically unexplained symptoms’
- Delayed discharges e.g. due to anxiety in family members

……leading to inefficient resource use

Problems for clinicians

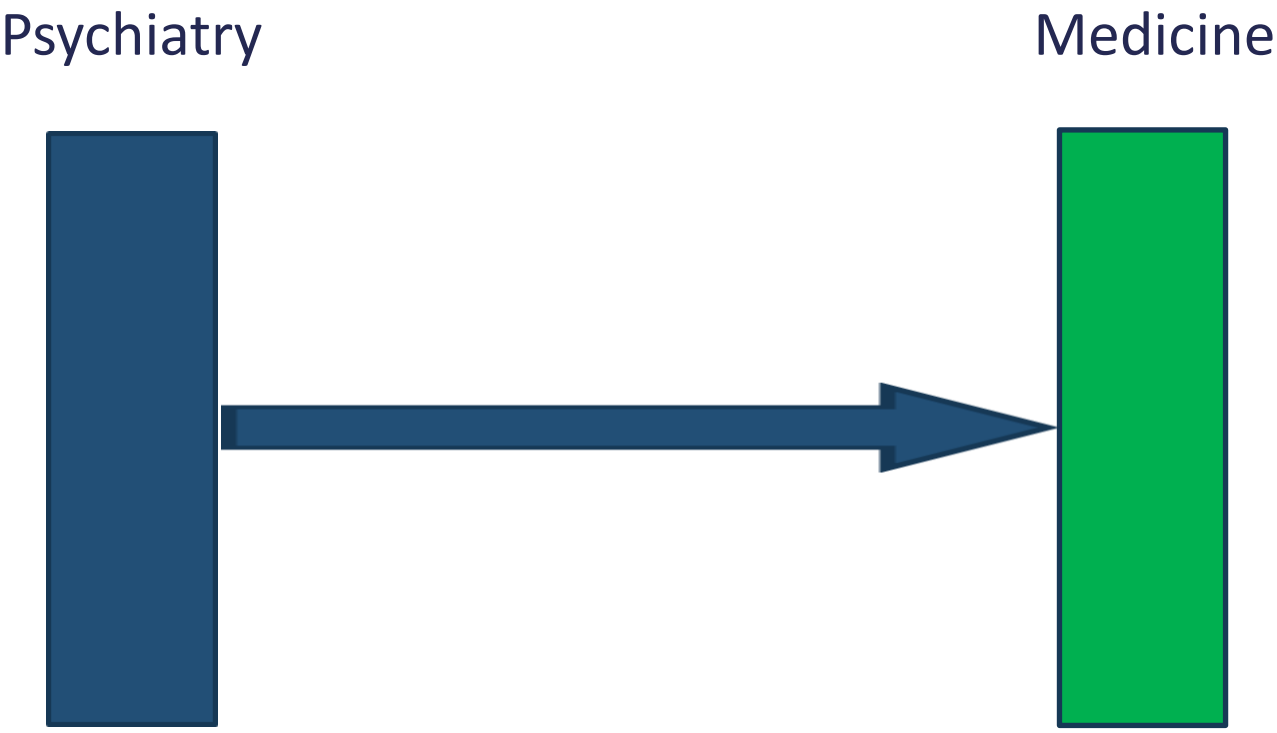
An organisational culture that lacks interest in:

- Psychological aspects of care e.g. time with distressed patients
- Self-reflection and self-care e.g. Balint groups
- Psychiatry e.g. as a medical specialty

……leading to poor clinician performance, conflict and burnout

What solutions do we have to offer for each of these problems?

Solution 1
Consultation-Liaison/Liaison psychiatry



Liaison psychiatry in the UK

A history of liaison psychiatry in the UK

Peter Aitken,[1] Geoffrey Lloyd,[2] Richard Mayou,[3] Christopher Bass,[4] Michael Sharpe[4]

BJPsych Bulletin (2016), **40**, 199–203, doi: 10.1192/pb.bp.116.053728

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Aims and method To record the development of liaison psychiatry in the UK and to summarise the current levels of activity. We also highlight the challenges the specialty may face if it is to develop further. History since the 1970s is reviewed by early pioneers and those involved in the present day, with a focus on the key role played by members of the Royal College of Psychiatrists.

Results We describe the development of training guidelines, the publication of joint documents with other Royal Colleges, establishing international collaborations and defining service specifications. We emphasise the importance of collaboration with other medical organisations, and describe successes and pitfalls.

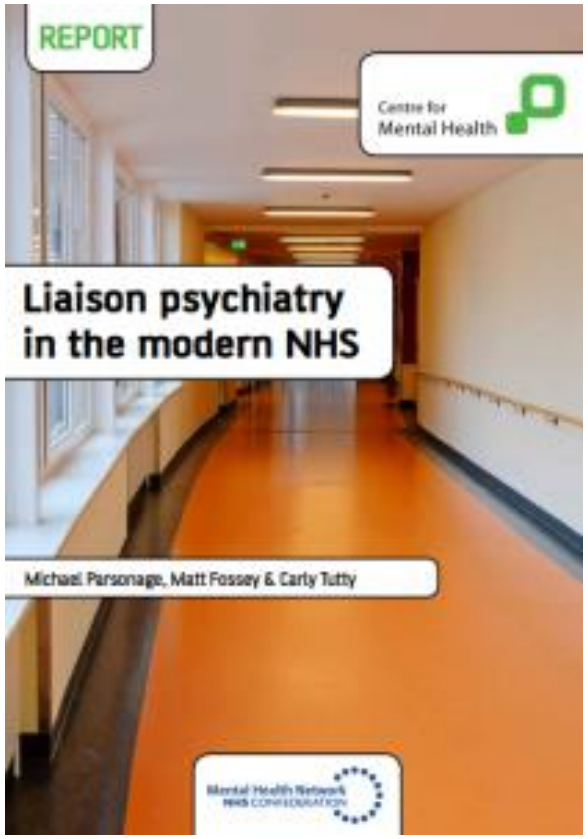
Clinical implications Much has been achieved but challenges remain. Liaison psychiatry has a potentially important role in improving patient care. It needs to adapt to the requirements of the current National Health Service, marshal evidence for cost-effectiveness and persuade healthcare commissioners to fund services that are appropriate for the psychological needs of general hospital patients.

Declaration of interest None.

Prof Richard Mayou

Liaison Psychiatry from 1970's
RCPsych Special interest group then Faculty in 2004

Modern liaison psychiatry



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ROYAL COLLEGE OF PSYCHIATRISTS

PLAN
PSYCHIATRIC LIAISON ACCREDITATION NETWORK

CORE24

But just how effective is liaison psychiatry - and for which problems?

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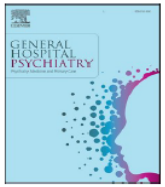
journal homepage: www.elsevier.com/locate/genhospsych



Review article

The effectiveness of inpatient consultation-liaison psychiatry service models: A systematic review of randomized trials

Mark Toynbee [a,1], Jane Walker [a,1], Felix Clay [b], Laura Hollands [a], Maike van Niekerk [a], Eli Harriss [c], Michael Sharpe [a,*]

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[b] Cambridgeshire and Peterborough NHS Foundation Trust, Cambridge, UK
[c] Bodleian Health Care Libraries, University of Oxford, Oxford, UK

ARTICLE INFO

Keywords:
C-L psychiatry
Randomized trials
Systematic review
Consultation
Liaison

ABSTRACT

Objective: To systematically review randomized trials of the effectiveness of inpatient Consultation-Liaison (C-L) Psychiatry service models in improving patient outcomes, reducing length of hospital stay and decreasing healthcare costs.

Method: We searched databases including Ovid Medline, Ovid Embase, Ovid PsycINFO and EBSCO CINAHL for relevant trials. Two independent reviewers assessed articles and extracted data. The review is registered with PROSPERO, number CRD42019120827.

Results: Eight trials were eligible for inclusion. All had methodological limitations and all were published more than ten years ago. None reported clear evidence that the C-L Psychiatry service model evaluated was more effective than usual medical care alone. All the service models tested focused on providing a consultation for patients identified by screening. Clinical heterogeneity precluded meta-analysis.

Conclusion: Whilst we found no evidence that any of the inpatient C-L Psychiatry service models evaluated is effective, the sparseness of the literature and its methodological limitations preclude strong conclusions. The trials do, however, suggest that purely consultation-based service models may not be effective. A new generation of robust clinical trials of a wider range of C-L Psychiatry service models is now required to inform future service developments.

Mismatch between problem, solution and outcome - example

Levenson, J. L., Hamer, R. M., & Rossiter, L. F. (1992).

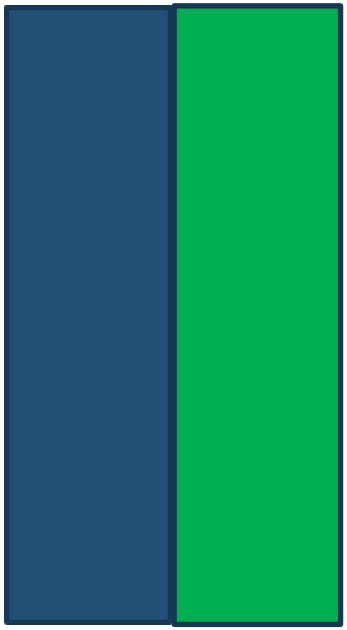
A randomized controlled study of psychiatric consultation guided by screening in general medical inpatients. The American Journal of Psychiatry, 149(5), 631–637.

Consults for patients with depression or pain did not reduce length of stay.

Alternative solutions

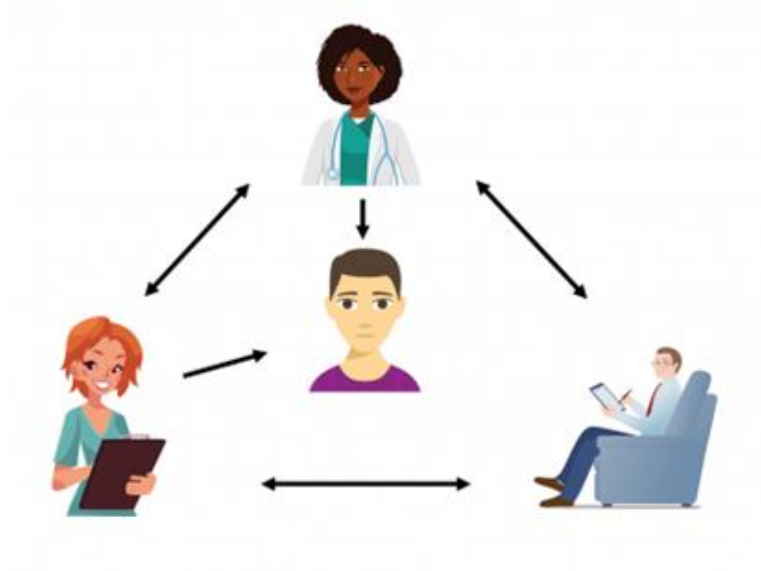
Solution 2
Integrated medical and psychiatric care

Psychiatry Medicine



Proactive C-L psychiatry

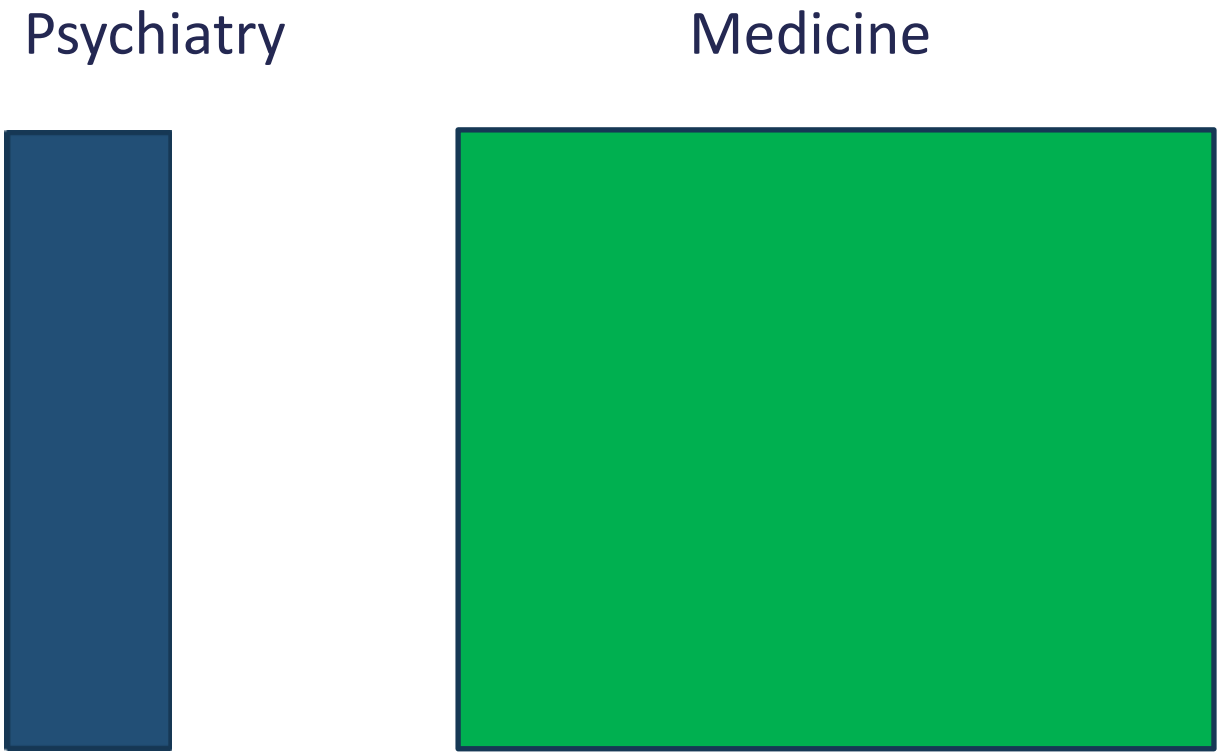
- ‘Inpatient collaborative care’
- Screening
- Assistants
- Work with ward team



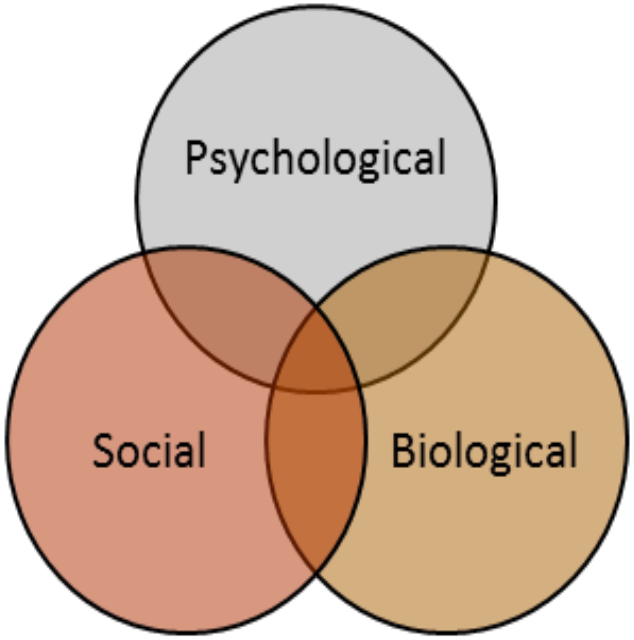
Psychological medicine in Oxford University Hospitals

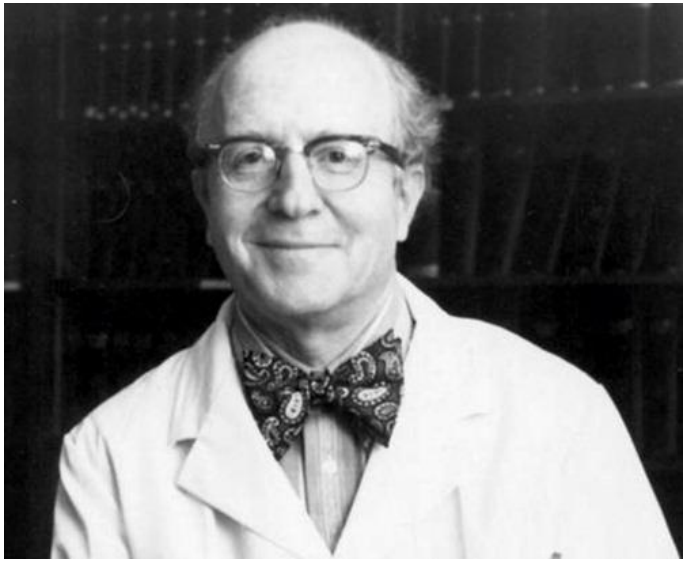
- Psychiatrists and psychologists on the staff of the acute trust
- Members of medical teams
- Same records, same patients, funded and governed by the acute trust

Solution 3
Enhanced medicine



Enhanced Medicine as biopsychosocial medicine





George Engel (1913 to 1999)

Enhanced medicine as Psychosomatic Medicine in Germany

Matching the solution to the problem

Problems resulting from separation of psychiatry and medicine and possible solutions			Liaison	Integration	Enhanced medicine
Patients	Inadequate care for	severe mental illness	Y	Y	?
		other psychiatric illnesses	?	Y	?
		broader psychosocial problems	N	?	Y
Hospitals	Inability to effectively manage	risky or disruptive behaviour	Y	Y	?
		complex clinical problems	?	Y	Y
		delayed discharges	N	Y	Y
Clinicians	Organisational culture that lacks interest in	psychological aspects of care	N	?	Y
		self-reflection and care	N	?	Y
		Psychiatry	N	Y	?

The Future

PAUL BOSTON
MULTIMORBIDITY

Integrated care systems explained: making sense of systems, places and neighbourhoods
kingsfund.org.uk/publications

Shortage of Doctors

So You Want to Be...
PHYSICIAN ASSISTANT

A plan for the future

1. We must choose a pressing problems to focus on
2. Then match service model(s) to the problem
3. And measure the right things as outcomes
4. And above all be humble, be useful and keep going……

"Energy and persistence conquer all things."- Benjamin Franklin.

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NEW CHALLENGES APPROACHES?

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Thank you for listening.

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