JISC update June – July 2018

Delusional infestation

A clinician is looking for a specialist 'delusional infestation' clinic or service – perhaps run jointly with infectious disease teams, or anything similar?

Responses: There is a tertiary referral psycho-dermatology clinic at the Royal London - not specifically a delusional infestation (DI) clinic but that that makes up about a third of their work. A similar clinic exists in Liverpool.

CAMHS 16-18

This Liaison Psychiatry Consultant is seeking information and experience regarding organising an adult hospital Liaison Psychiatry service response to the mental health need of adolescents/emerging adults with chronic illness as they transition from the paediatric hospitals to a large adult hospital. The largest groups they see are Diabetes, Sickle Cell, Haemophilia, cancer and HIV patients.

The question has arisen from the fact that they are being asked to see 16-18-year olds on both an emergency and routine basis in whom mental health needs have been identified. The adult hospital meets the needs of patients from aged 16. They feel ill-equipped as an adult-orientated service of health care professionals (psychiatrists, psychologists, clinical nurse specialists) trained in adult mental health to assess and manage the needs of this patient group; because training in 'adult' psychiatry is not developmentally/family/social system orientated.

At the moment this service does see 16/17-year olds who present in crisis (whether medical inpatients or in the ED).

Question 1 – do any of your liaison psychiatry services take any part in advising on the management of transitioning patients IN GENERAL from paediatric to adult medical hospital-based services?

Question 2 – does anyone have experience in managing the mental health needs of the adolescent/emerging adult populations from the perspective of a stand-alone adult hospital with no attached paediatric medical/mental health services? Who are the key members of staff managing these patients, and what training appears most relevant?

Question 3 – is there any useful evidence base regarding optimisation of transitioning outcomes in those with specific mental health needs (or indeed the normal population)? I have found the Cochrane review of transitioning but the evidence base does not appear to be strong.

Response: this clinician has been involved previously with this issue both in general and specifically for a diabetes service.

Her suggestion would be to search for information around Transition specifically for Diabetes, which has tended to be ahead of the game in tackling this issue and developing effective services. Notably for people aged 16-24, in order to be able to take account of both "young" 24-year olds and "old" 16-year olds.

What does 'integrated care' look like in liaison with respect to long term conditions and medically unexplained symptoms?

Clinicians on the faculty of liaison psychiatry are looking for information about work that you are or have been involved in; and which would demonstrate what 'integrated care' looks like in liaison with respect to long term conditions and medically unexplained symptoms. The purpose of this information is to update the previous college document; and include examples of services/initiatives which demonstrate integrated care. This will provide helpful evidence to clarify liaison's role in this arena.

What would be helpful is the following is about half a page of A4 detailing:

1) The name of the service/ initiative
2) Brief statement describing in what way this is an example of integrated care (e.g. working within a physical health team, training and supervising physical health practitioners to deliver CBT, bridging the gap between primary and secondary care etc.)
3) Brief description of service
4) Any outcome data
5) A short case example (patient consent needed or anonymise)
6) A quote from a patient or staff member about the service.
7) Contact email for more details.

We would be very grateful for your help in this; there is real value in strengthening arguments for the role of liaison mental health services in integrated care by producing concrete examples to help define what is meant and use that to further develop liaison services and improve patient care. What we would also like to do is collate all the examples in a database that can be drawn upon for people wanting to set up/improve services in the area and this valuable resource can help both inform and link people together in a national network.

Early responses: In Salisbury the health psychologists (funded by the acute trust) work embedded in physical health teams - but there is no dedicated liaison psychiatry.

Another respondent works in a very small district general hospital liaison team; and tries to do integration in an appropriate way to the size of the hospital. This clinician has an open inbox for the pain team who ask for advice about patients/ what their mental health history is (as like lots of places there is not joined up notes systems). 'I give advice about services/ medication/ interventions that might help but I also see some of the patients in my OPC. From the autumn I will be attending their monthly MDT. I also offered supervision to a CBT therapist who was doing a university module on medically unexplained symptoms.'

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